WORLD HEALTH STATISTICS

2018

MONITORING HEALTH FOR THE SDGs

SUSTAINABLE DEVELOPMENT GOALS

World Health Organization

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FOREWORD

In 2015, countries adopted the ambitious Sustainable Development Goals (SDGs), each of which has specific targets to be achieved over the next 15 years. The SDGs include one health goal and over 50 health-related targets which are applicable to all countries, irrespective of their level of development. It is essential that we track progress towards these targets in all countries – a mammoth task in itself.

One of the key roles of the World Health Organization (WHO) is to monitor global health trends. The World Health Statistics series, published annually since 2005, is WHO's annual snapshot of the state of the world's health. Since 2016, the World Health Statistics series has focused on monitoring progress towards the SDGs and this 2018 edition contains the latest available data for 36 health-related SDG indicators.

The story it tells is that while we have made remarkable progress on several fronts, huge challenges remain if we are to reach the targets for health we have set ourselves. In some areas progress has stalled and the gains we have made could easily be lost.

Under-five mortality has improved dramatically – yet each and every day in 2016, 15 000 children died before reaching their fifth birthday. After unprecedented global gains in malaria control, progress has stalled because of a range of challenges, including a lack of sustainable and predictable funding. And while the risk of dying from cardiovascular disease, chronic respiratory disease, diabetes or cancer has decreased since 2000, an estimated 13 million people under the age of 70 still died due to these diseases in 2016.

Maintaining the momentum towards the SDGs is only possible if countries have the political will and the capacity to prioritize regular, timely and reliable data collection to guide policy decisions and public health interventions. I care about outcomes and about accountability and I want to ensure that WHO, together with our partners, is doing all we can to get countries on track to reach the SDGs.

The WHO's 13th General Programme of Work is designed to do exactly that. At its heart are the ambitious "triple billion" targets: one billion more people benefitting from universal health coverage (UHC); one billion more people better protected from health emergencies; and one billion more people enjoying better health and well-being.

To keep ourselves accountable, we have developed an "Impact Framework" for the 13th General Programme of Work, aligned with the SDGs. This will allow us to measure the only progress that really matters: less death and disease, and more healthy living for everyone, everywhere.

Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

PREFACE

World health statistics 2018 signals WHO's continued commitment to work with Member States and all partners to ensure WHO provides the most trusted health-related data that are up to date, disaggregated and disseminated in an open manner, and widely used. These data are an essential resource to achieve the health-related SDGs and UHC. Robust health metrics, improved and focused measurement, and use of evidence and research are high priorities in the WHO's 13th General Programme of Work. The Health Metrics and Measurement cluster works across WHO as the hub streamlining the flow of data from Member States and within the Organization, reducing the reporting burden on Member States, and coordinating research activities. For the first time in the World Health Statistics series, *World health statistics 2018* provides labels to help users understand the types of data in the report. It also includes many updated data series as well as new indicators, and Part 3 is organized around WHO's new priority areas of work: UHC, health emergencies, and healthier populations. Our ultimate goal is to support countries to make ethical and evidence-informed decisions to maximize health gains for their populations. Sincere thanks are extended to all who helped in collecting, processing and presenting these data at the country, regional and headquarters levels. *World health statistics 2018* could not have been produced without this enormous dedicated collective effort.

Dr Lubna A. Al-Ansary
Assistant Director-General
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WHO headquarters
Geneva, Switzerland

World health statistics 2018 is the world's summary of health-related data produced through concerted engagement with WHO Member States. The report helps us to understand where data or estimates are available and, conversely, where we lack insights. We are at a pivotal moment to reset the global health data agenda and ensure continued focus on measuring the health-related SDG indicators. Improving data collection at the source, strengthening country capacity for data analysis and use, and introducing innovations in data capture, analysis and dissemination are WHO's primary objectives in the 13th General Programme of Work. In the coming years, we will support country-level capacity-strengthening through essential tools and public goods that focus on the fundamentals for reliable statistics. We will improve statistical analysis, expand support for the curation and dissemination of national data, strengthen civil registration and vital statistics systems, and promote the availability of timely and quality data for the SDG era. We look forward to engaging with Member States and partners on this journey to 2030, to ensure health for all.

Dr John T. Grove
Director
Information, Evidence and Research
Health Metrics and Measurement
WHO headquarters
Geneva, Switzerland

ABBREVIATIONS

AFR	WHO African Region
AIDS	acquired immunodeficiency syndrome
AMR	WHO Region of the Americas
ANC	antenatal care
ART	antiretroviral therapy
BMI	body mass index
CRD	chronic respiratory disease
CVD	cardiovascular disease
DHS	Demographic and Health Survey
DTP	diphtheria-tetanus-pertussis
EMR	WHO Eastern Mediterranean Region
EUR	WHO European Region
FCTC	Framework Convention on Tobacco Control
GATHER	Guidelines for Accurate and Transparent Health Estimates Reporting
GHO	Global Health Observatory
GNI	gross national income
HBsAg	hepatitis B surface antigen
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
IHR	International Health Regulations
LMIC	low- and middle-income countries
MCV	measles-containing vaccine
NCD	noncommunicable disease
NTD	neglected tropical disease
PCV	pneumococcal-conjugated vaccine
PM	particulate matter
RMNCH	reproductive, maternal, newborn and child health
SDG	Sustainable Development Goal
SEAR	WHO South-East Asia Region
TB	tuberculosis
UHC	universal health coverage
UN-IGME	United Nations Inter-agency Group for Child Mortality Estimation
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene
WPR	WHO Western Pacific Region

INTRODUCTION

The World Health Statistics series is WHO's annual compilation of health statistics for its 194 Member States. The series is produced by the WHO Department of Information, Evidence and Research, of the Health Metrics and Measurement Cluster, in collaboration with all relevant WHO technical departments.

World health statistics 2018 focuses on the health and health-related Sustainable Development Goals (SDGs) and associated targets by bringing together data on a wide range of health-related SDG indicators. It also links to the three SDG-aligned strategic priorities of the WHO's 13th General Programme of Work, 2019–2023.[1]

World health statistics 2018 is organized into three parts. First, in order to improve understanding and interpretation of the data presented, Part 1 outlines the different types of data used and provides an overview of their compilation, processing and analysis. The resulting statistics are then publicized by WHO through its flagship products such as the World Health Statistics series. In Part 2 summaries are provided of the current status of selected health-related SDG indicators at global and regional levels, based on data available as of early 2018. As indicated above, *World health statistics 2018* links to the SDG-aligned strategic priorities of the WHO's 13th General Programme of Work. In Part 3, each of these three strategic priorities of achieving universal health coverage (UHC), addressing health emergencies and promoting healthier populations are illustrated through the use of highlight stories. In Annexes A and B, country-level statistics are presented for selected health-related SDG indicators. Additionally, Annex B also presents statistics at WHO regional and global levels. For the first time, the type of data used for each indicator ("comparable estimate"; "primary data"; or "other data"), as described in Part 1, is also shown.

The statistics presented in *World health statistics 2018* are official WHO statistics based on data available for global monitoring in early 2018, and all comparable estimates have been consulted with Member States. The statistics have been compiled primarily using publications and databases produced and maintained by WHO or by United Nations groups of which WHO is a member, such as the United Nations Inter-agency Group for Child Mortality Estimation (UN-IGME). Additionally, a number of statistics have been derived from data produced and maintained by other international organizations, such as the United Nations Department of Economic and Social Affairs and its Population Division.

It is important to note that comparable estimates are subject to considerable uncertainty, especially for countries where the availability and quality of the underlying primary data are limited. However, to ensure readability while covering such a comprehensive range of health topics, the printed and online versions of the World Health Statistics series do not include the margins of uncertainty which are instead made available through online WHO databases such as the Global Health Observatory.

In some cases, as SDG indicator definitions are being refined and baseline data are being collected, proxy indicators have been presented. All such proxy indicators are clearly indicated as such through the use of accompanying footnotes. For indicators with a reference period expressed as a range, country values refer to the latest available year in the range unless otherwise noted. Changes in the values shown for indicators reported on in previous editions of the World Health Statistics series should not be assumed to accurately reflect underlying trends. This applies to all data types (comparable estimate, primary data and other data) and all reporting levels (country, regional and global).

More details on the indicators and statistics presented here are available at the WHO Global Health Observatory.[2]

[1] Draft 13th General Programme of Work, 2019–2023. Scheduled for consideration by the Seventy-first World Health Assembly in May 2018 (http://www.who.int/about/what-we-do/gpw-thirteen-consultation/en/, accessed 28 March 2018).

[2] The Global Health Observatory (GHO) is WHO's portal providing access to data and analyses for monitoring the global health situation. See: http://www.who.int/gho/en/, accessed 28 March 2018.

1 UNDERSTANDING DATA IN THE WORLD HEALTH STATISTICS SERIES

Since 2016 the World Health Statistics series has served as WHO's annual report on the health-related Sustainable Development Goals (SDGs). The effective monitoring of SDG indicators requires comprehensive national health information strategies based on the use of data from sources such as civil registration and vital statistics systems, household and other population-based surveys, routine health-facility reporting systems and health-facility surveys, administrative data systems and surveillance systems. Some indicators also rely on non-health-sector data sources.

Making sense of the often complex available data on health indicators can be highly challenging. Health data derived from health information systems, including health-facility records, surveys or vital statistics, may not be representative of the entire population of a country and in some cases may not even be accurate. Comparisons between populations or over time can also be complicated by differences in data definitions and/or measurement methods. Although some countries may have multiple sources of data for the same year, it is more usual for data not to be available for every population or year. For example, measurement frequency for data collected through household surveys is typically every 3–5 years. This means that the years for which data are available differ by country. To overcome these and other issues and allow for comparisons to be made across countries and over time, analysts develop mathematical and statistical models with the aim of producing unbiased estimates that are representative and comparable.

In *World health statistics 2017*,[1] more than 50 health-related SDG indicators were identified. Currently, sufficient monitoring data are available for 36 indicators and these data are presented in Annexes A and B of the current report, as well as online in the WHO Global Health Observatory (www.who.int/gho/en). For most indicators, **comparable estimates** are reported if they are available. Such data have been generated using a database of primary data and a mathematical or statistical model, followed by consultation with the relevant WHO Member State. In these cases, the database of primary data used to derive the estimates is available online, together with other documentation required by the Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER).[2]

For other indicators, the most recent observation from a database of **primary data** is reported. Primary data is

[1] World Health Statistics 2017. Geneva: World Health Organization; 2017 (http://www.who.int/gho/publications/world_health_statistics/2017/en/, accessed 28 March 2018).

[2] Stevens GA, Alkema L, Black RE, Boerma JT, Collins GS, Ezzati M et al. Guidelines for Accurate and Transparent Health Estimates Reporting: the GATHER statement. Lancet. 2016;388(10062):1–5 (https://www.researchgate.net/publication/304576854_Guidelines_for_Accurate_and_Transparent_Health_Estimates_Reporting_The_GATHER_statement, accessed 28 March 2018).

Fig. 1.1
Schematic overview of WHO data compilation, processing, analysis, consultation and reporting

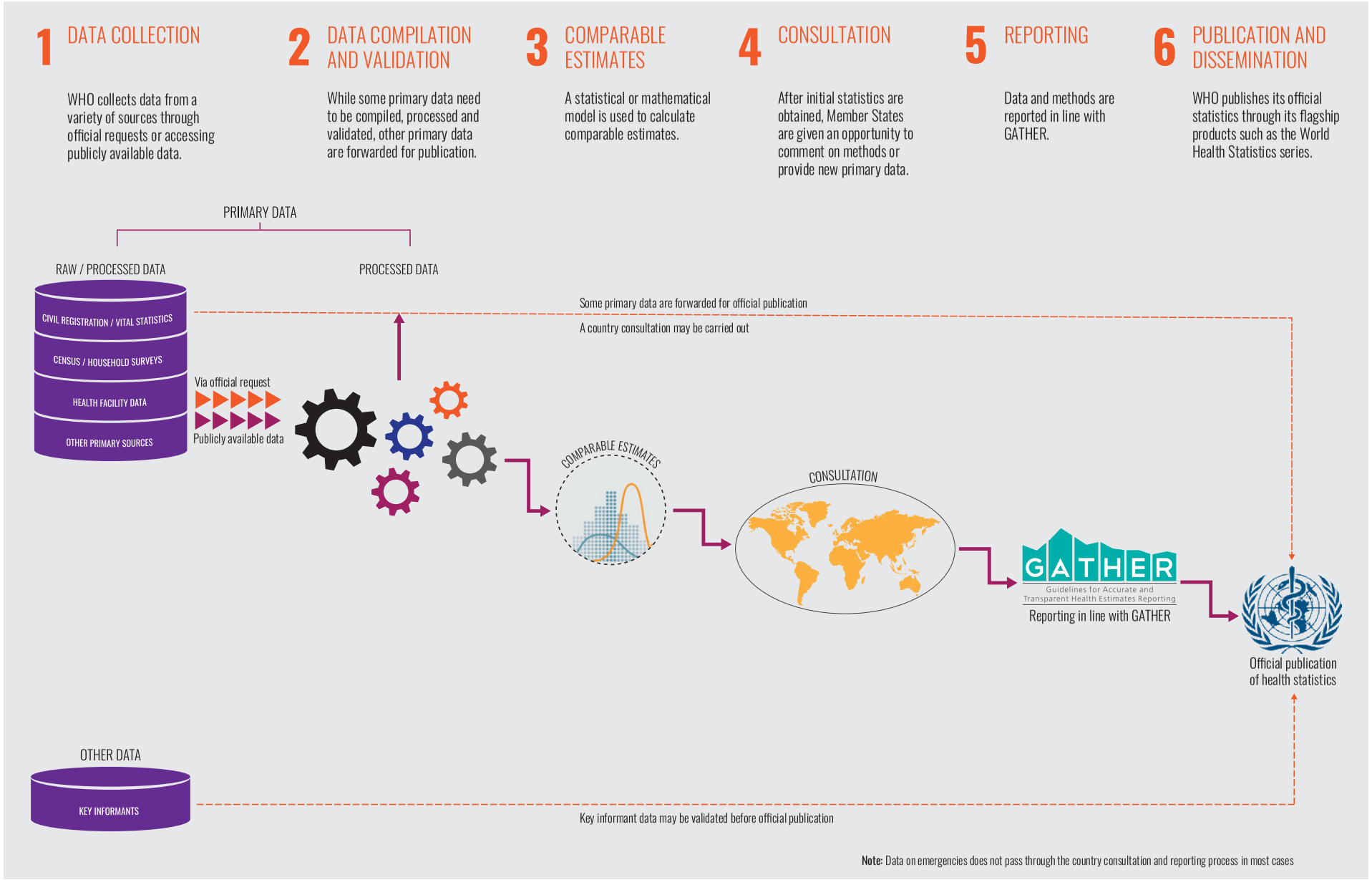


Table 1.1
Categories of data series appearing in *World Health Statistics 2018*

Label	Definition	Comparability	Evidence base	Member State consultation	Example (SDG indicator)
Comparable estimates	A statistical or mathematical model was used to generate comparable statistics for each country on the basis of available primary data.	Statistics mean the same thing in different countries.	Comparable estimates are reported for countries with primary data, as well as for countries with weak or no primary data.	Member States are provided with draft estimates, and may provide comments on the methods and data used.	Maternal mortality ratio (3.1.1)
Primary data	A compilation of summary statistics based on empirical measurements, for example statistics from individual surveys or case notification data. These may include raw or processed data.	Country data are typically from different years, and data years may differ by up to 10 years. Some data series include only statistics which are collected using the same measurement methods and calculated using the same indicator definition, while other data series include statistics collected and calculated in a variety of non-comparable ways (non-comparable statistics are identified by footnotes in the annexes).	If statistics are reported for a country, they correspond to primary (empirical) measurements from the last 10 years.	Although Member State consultation is not required, some data series are consulted upon with Member States.	Prevalence of stunting among children under 5 years of age (2.2.1)
Other data	Data which are neither primary data nor comparable estimates (usually key informant data).	Statistics may not mean the same thing in different countries.	Statistics are reported regardless of primary data availability.	Member State consultation is not required; these data are usually provided by Member States.	Average of 13 International Health Regulations core capacity scores (3.d.1)

an umbrella term that includes both raw data (measures derived from primary data collection with no adjustments or corrections) and processed data (calculated from raw data).[1] Processing raw health data can include cleaning data by removing implausible values, calculating an indicator with an algorithm or adjusting a statistic for bias. In some, but not all, cases these data have been consulted upon with each respective Member State.

Although most data series reported in World Health Statistics are either compilations of primary data or comparable estimates, there are some data series which do not clearly fit into either of these categories. Typically these are data series compiled using the results of surveys of key informants, such as government officials, in countries. Such data series may reflect primary data known to the informant, estimates known to the informant, or the opinion of the informant regarding the local situation. In order to label such data in the current report, a third data category – **other data** – is used.

A schematic overview of the compilation and processing of primary data, calculation of comparable estimates, consultation with Member States and publication in the World Health Statistics and other World Health Organization data products is provided in Fig. 1.1.

In *World health statistics 2018*, each data series has for the first time been labelled as "comparable estimates", most recent "primary data" or "other data" to clearly indicate the category to which it belongs. The features of each of these three types of data series are outlined in Table 1.1. These data labels can be used by readers of this report to guide interpretation of the data presented and to inform further investigation on data sources by topic. Users of comparable estimates should interrogate the availability and quality of the underlying data used to generate the estimates, and should take into account uncertainty intervals (available online at the WHO Global Health Observatory). Users of primary data should assess whether the data are comparable, taking into account the inclusion/exclusion criteria for the database, whether adjustments were made to improve comparability and the year of data collection. In this regard, attention should be given to the footnotes on country statistics provided in Annex B. Finally, users of statistics which are labelled as other data should be aware that primary data may not be available, and that data are often not comparable across countries.

In addition to the importance of understanding these different types of information at the global level to inform interpretation and policy dialogue, the reviewing of data sources and data availability at country level can also help to define the scope of ongoing and future health information strategies. In particular, any gaps in data collection can be identified and solutions prioritized to support the development of informed national health strategic plans.

[1] Stevens GA, Alkema L, Black RE, Boerma JT, Collins GS, Ezzati M et al. Guidelines for Accurate and Transparent Health Estimates Reporting: the GATHER statement. Lancet. 2016;388(10062):1–5 (https://www.researchgate.net/publication/304576854_Guidelines_for_Accurate_and_Transparent_Health_Estimates_Reporting_The_GATHER_statement, accessed 28 March 2018).

2 STATUS OF THE HEALTH-RELATED SDGs

Overview

While SDG 3 is the main SDG with an explicit focus on health, at least 10 other goals are also concerned with health issues. In total, more than 50 SDG indicators have been agreed upon internationally to measure health outcomes, proximal determinants of health or health-service provision *(1)*. These health-related indicators may be grouped into the following seven thematic areas:

- reproductive, maternal, newborn and child health
- infectious diseases
- noncommunicable diseases (NCDs) and mental health
- injuries and violence
- universal health coverage (UHC) and health systems
- environmental risks
- health risks and disease outbreaks.

Despite all the progress made during the Millennium Development Goal (MDG) era, major challenges persist in the MDG priority areas. These challenges will need to be addressed if further progress is to be made in reducing maternal and child mortality, improving nutrition, and combating communicable diseases such as HIV/AIDS, tuberculosis (TB), and malaria. Furthermore, the crucial importance of addressing NCDs and their risk factors – such as tobacco use, harmful use of alcohol and environmental conditions – within the sustainable development agenda is becoming ever clearer. However, in many countries, weak health systems remain an obstacle to progress and lead to shortages in coverage of even the most basic health services, as well as poor preparedness for health emergencies. Based on the latest available data, the global and regional situations in relation to the above seven thematic areas are summarized below. Where available, country-specific data for health-related SDG indicators are presented graphically in Annex A and in tabular form in Annex B.

2.1 Reproductive, maternal, newborn and child health

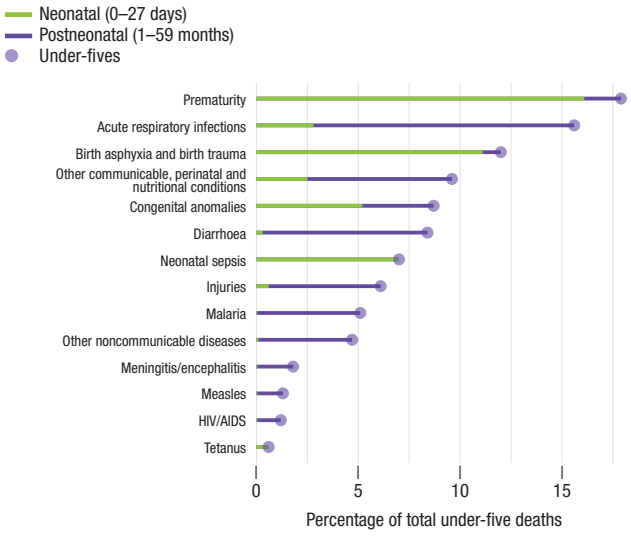
Far too many women still suffer – and die from – serious health issues during pregnancy and childbirth. In 2015, an estimated 303 000 women worldwide died due to maternal causes. Almost all of these deaths (99%) occurred in low- and middle-income countries (LMIC), with almost two thirds (64%) occurring in the WHO African Region *(2)*. Reducing maternal mortality crucially depends upon ensuring that women have access to quality care before, during and after childbirth. WHO recommends that pregnant women initiate first antenatal care contact in the first trimester of

pregnancy – referred to as early antenatal care. Such care enables the early management of conditions which may adversely impact upon pregnancy, thus potentially reducing the risk of complications for women and newborns during and after delivery. However, globally, it is estimated that more than 40% of all pregnant women were not receiving early antenatal care in 2013 *(3)*. Latest available data suggest that while in most high-income and upper-middle-income countries more than 90% of all births benefitted from the presence of a trained midwife, doctor or nurse, less than half of all births in several low-income and lower-middle-income countries were assisted by such skilled health personnel *(4)*.

An estimated 77% of women of reproductive age who are married or in-union have their family planning needs met with a modern contraceptive method – leaving nearly 208 million women with unmet need *(5)*. Latest estimates indicate that that there are 12.8 million births among adolescent girls aged 15–19 years every year, representing 44 births per 1000 adolescent girls in this age group *(6)*. Early childbearing can increase risks for newborns as well as for the young mothers.

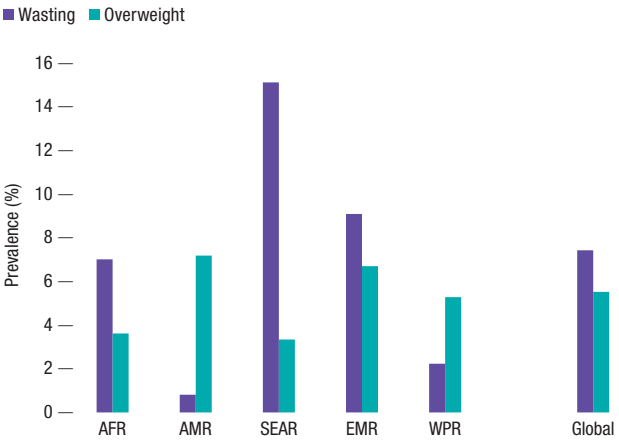
The world has made remarkable progress in reducing child mortality, with the global under-five mortality rate dropping from 93 per 1000 live births in 1990 to 41 per 1000 live births in 2016. Nonetheless, every day in 2016, 15 000 children died before reaching their fifth birthday. Children face the highest risk of dying in their first month of life, with 2.6 million newborns dying in 2016 – the majority of these deaths occurring in the first week of life *(7)*. Prematurity, intrapartum-related events such as birth asphyxia and birth trauma, and neonatal sepsis accounted for almost three quarters of all neonatal deaths. Among children aged 1–59 months, acute respiratory infections, diarrhoea and malaria were the leading causes of death in 2016 *(8)* (Fig. 2.1). With more young children now surviving, improving the survival of older children (aged 5–14 years) is an increasing area of focus. In 2016, about 1 million such children died, mainly from preventable causes *(7)*.

Fig. 2.1
Causes of death in children under 5 years of age, 2016



Globally in 2017, 151 million children under the age of five (22%) were stunted (too short for their age), with three quarters of such children living in the WHO South-East Asia Region or WHO African Region. High levels of stunting negatively impact on the development of countries due to its association with childhood morbidity and mortality risks, learning capacity and NCDs later in life. In 2017, 51 million children under the age of five (7.5%) were wasted (too light for their height), while 38 million (5.6%) were overweight (too heavy for their height). Wasting and overweight may coexist in a population at levels considered medium to high – the so-called "double burden of malnutrition" – as observed in the WHO Eastern Mediterranean Region (Fig. 2.2) *(9)*.

Fig. 2.2
Prevalence of wasting and of overweight among children under five years old, by WHO region and globally, 2017



Note: Estimates are not available for the WHO European Region due to low coverage of surveillance data.

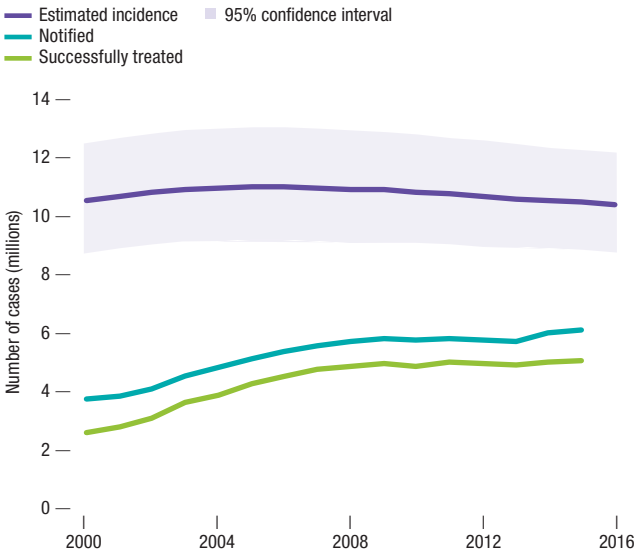
2.2 Infectious diseases

Globally, HIV incidence has declined from 0.40 per 1000 uninfected population in 2005 to 0.26 per 1000 uninfected population in 2016 *(10)*. The WHO African Region remained the most heavily impacted by HIV, with an incidence rate of 1.24 per 1000 uninfected population in 2016 *(11)*. In 2016, an estimated 1 million people died of HIV-related illnesses – 120 000 of whom were children under 15 years of age. The global scale-up of antiretroviral therapy (ART) has been the main driver of the 48% decline in HIV-related deaths from a peak of 1.9 million in 2005. By mid-2017, approximately 20.9 million people were receiving ART. However, ART only reached 53% of people living with HIV at the end of 2016, and a rapid acceleration of responses is needed to increase treatment coverage, along with other interventions along the continuum of services, including prevention, diagnosis and chronic care *(12)*.

After unprecedented global gains in malaria control, progress has stalled. Globally, an estimated 216 million cases of malaria occurred in 2016, compared with 237 million cases in 2010, and 210 million cases in 2013. Malaria claimed the lives of approximately 445 000 people in 2016 – a similar number to the previous year. The main challenge that countries face in tackling malaria is a lack of sustainable and predictable funding. Other challenges impeding the ability of countries to control and eliminate malaria include the risks posed by conflict in malaria endemic zones, anomalous climate patterns and mosquito resistance to insecticides, particularly those used for indoor residual spraying *(13)*.

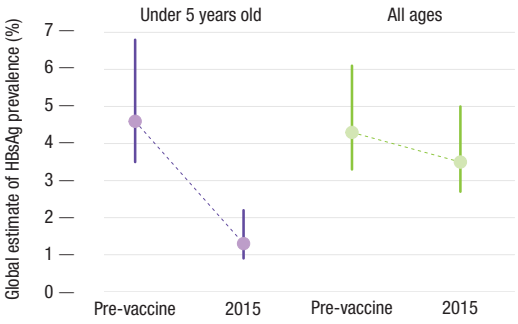
TB remains a high-burden disease and progress in fighting it, although impressive, is still not fast enough to close persistent gaps. Globally, TB incidence declined from 173 new and relapse cases per 100 000 population in 2000 to 140 per 100 000 population in 2016 – a 19% decline over the 16-year period. The TB mortality rate among HIV-negative people fell by 39% during the same period. In 2016, an estimated 10.4 million people fell ill with TB, of whom 90% were adults, 65% were male and 10% were people living with HIV. In that same year, there were an estimated 1.3 million TB deaths among HIV-negative people and an additional 374 000 deaths among HIV-positive people. While millions of people are diagnosed and successfully treated for TB each year, large gaps in case notification persist (Fig. 2.3). In addition, drug-resistant TB is a continuing threat. In 2016, there were 600 000 new cases of TB resistant to rifampicin (the most effective first-line drug) of which 490 000 were multidrug resistant *(14)*.

Fig. 2.3
Estimated, notified and successfully treated new and TB relapse cases, 2000–2016



In 2015, an estimated 325 million people worldwide were living with hepatitis B virus (HBV) or hepatitis C virus (HCV) infection. Such infection carries the risk of slow progression to severe liver disease and death unless timely testing and treatment are provided. Most of the burden of disease due to HBV infection results from infections acquired before the age of five. The widespread use of hepatitis B vaccine in infants has considerably reduced the incidence of new chronic HBV infections – as reflected by the decline in hepatitis B prevalence among children under 5 years of age from 4.7% in the pre-vaccine era[1] to 1.3% in 2015 (Fig. 2.4). At the same time, hepatitis B prevalence in the general population decreased from 4.3% to 3.5%. Unsafe health-care procedures and injection-drug use are the major routes of HCV transmission. To reduce this risk, well-targeted prevention interventions need to be expanded *(15)*.

Fig. 2.4
Estimated global prevalence of hepatitis B, by age, pre-vaccine era and 2015



Note: Vertical lines represent 95% confidence intervals.

Neglected tropical diseases (NTDs)[2] are a group of diseases characterized by their proliferation in tropical environments where multiple infections in a single individual are common, and by their association with poverty *(16)*. A reported 1.5 billion people required mass or individual treatment and care for NTDs in 2016 – down from 2 billion people in 2010. Progress has been driven by the elimination of diseases at country level in 2016, including the elimination of lymphatic filariasis in Cambodia, onchocerciasis (river blindness) in Guatemala and trachoma in Morocco. In the same year, more than a quarter of all those who required interventions against NTDs (27% equating to 409 million people) lived in low-income countries that are home to only about 9% of the world's population. This reflects the disproportionate burden borne by these countries. At the same time, the fact that over 1 billion people living in middle- and high-income countries still required treatment and care for NTDs indicates the presence of poverty and inequality worldwide *(17)*.

[1] Depending on the year of vaccine introduction, this can range from the 1980s to the early 2000s.

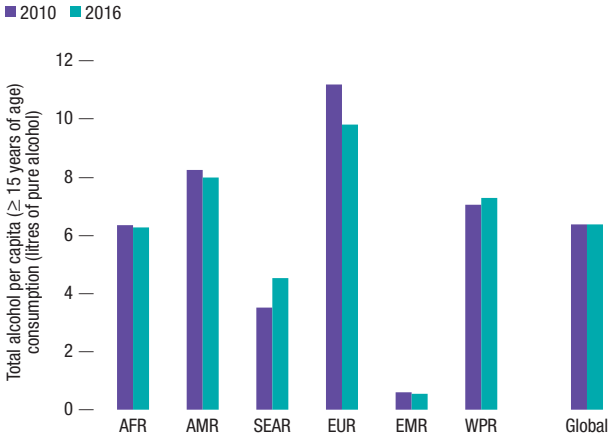
[2] The NTDs focused on by WHO are: Buruli ulcer; Chagas disease; dengue and chikungunya; dracunculiasis (guinea-worm disease); echinococcosis; foodborne trematodiases; human African trypanosomiasis (sleeping sickness); leishmaniasis; leprosy (Hansen's disease); lymphatic filariasis; mycetoma; chromoblastomycosis and other deep mycoses; onchocerciasis (river blindness); rabies; scabies and other ectoparasites; schistosomiasis; soil-transmitted helminthiases; snake-bite envenoming; taeniasis/cysticercosis; trachoma; and yaws (endemic treponematoses). See: http://www.who.int/neglected_diseases/diseases/en/.

2.3 Noncommunicable diseases and mental health

In 2016, an estimated 41 million deaths occurred due to noncommunicable diseases (NCDs), accounting for 71% of the overall total of 57 million deaths. The majority of such deaths were caused by the four main NCDs, namely: cardiovascular disease (17.9 million deaths; accounting for 44% of all NCD deaths); cancer (9.0 million deaths; 22%); chronic respiratory disease (3.8 million deaths; 9%); and diabetes (1.6 million deaths; 4%). In 2016, a 30-year-old man had a higher risk of dying before reaching the age of 70 from one of the four main NCDs than a 30-year-old woman (22% compared to 15% respectively). Adults in low- and lower-middle-income countries faced the highest risks (21% and 23% respectively) – almost double the rate for adults in high-income countries (12%). Globally, the risk of dying from any one of the four main NCDs between ages 30 and 70 decreased from 22% in 2000 to 18% in 2016 *(18)*. Meeting the SDG target of reducing premature NCD mortality by one third by 2030 will require the acceleration of progress, including action to reduce key risk factors such as tobacco use, air pollution, unhealthy diet, physical inactivity and harmful use of alcohol – as well as improved disease detection and treatment.

The worldwide level of alcohol consumption in 2016 was 6.4 litres of pure alcohol per person aged 15 years or older, a level that remained stable since 2010. Consumption levels and trends vary across WHO regions. Consumption in the WHO South-East Asia Region increased by almost 30% since 2010, while that of the WHO European Region decreased by 12%, but remaining the highest in the world in 2016 at 9.8 litres of pure alcohol per person aged 15 years or older (Fig. 2.5) *(19)*. Available data indicate that treatment coverage for alcohol and drug-use disorders is inadequate, though further work is needed to improve the measurement of such coverage.

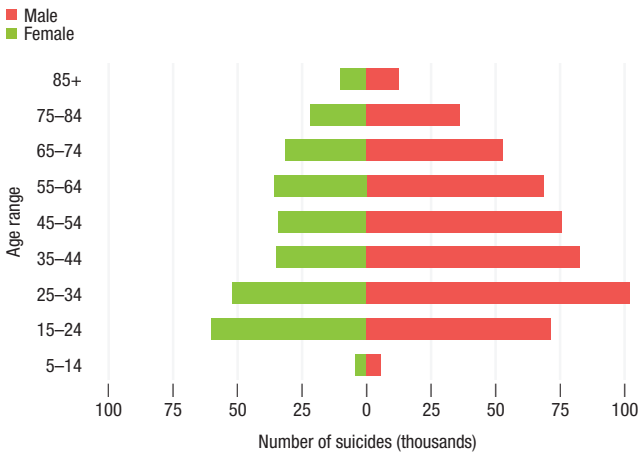
Fig. 2.5
Trends in alcohol consumption among people aged 15 years or older, by WHO region and globally, 2010–2016



Tobacco use is a major risk factor for cardiovascular disease (CVD), cancers and chronic respiratory disease (CRD), and has negative social, environmental and economic consequences. In 2016, globally more than 1.1 billion people aged 15 years or older smoked tobacco (34% of all males and 6% of all females in this age group) *(20)*. To date, the WHO Framework Convention on Tobacco Control (WHO FCTC) *(21)* has been ratified by 181 Parties, representing over 90% of the global population. During the period 2015–2016, over half (98) of WHO Member States strengthened their implementation of the WHO FCTC through various measures, such as introducing or strengthening legislation requiring health warnings to appear on tobacco product packaging (92 countries) and improving the national monitoring of tobacco use (14 countries). Although 146 countries are currently monitoring the smoking behaviour of their populations, only 109 are monitoring the use of all types of tobacco products.

Almost 800 000 deaths by suicide occurred in 2016 *(18)*. Men are 75% more likely than women to die as a result of suicide. Suicides deaths occur in adolescents and adults of all ages (Fig. 2.6).

Fig. 2.6
Global suicide deaths by age and sex, 2016



2.4 Injuries and violence

Road traffic crashes killed 1.25 million people worldwide in 2013 and injured up to 50 million more. The death rate due to road traffic injuries was 2.6 times higher in low-income countries (24.1 deaths per 100 000 population) than in high-income countries (9.2 deaths per 100 000 population), despite lower rates of vehicle ownership in low-income countries *(22)*.

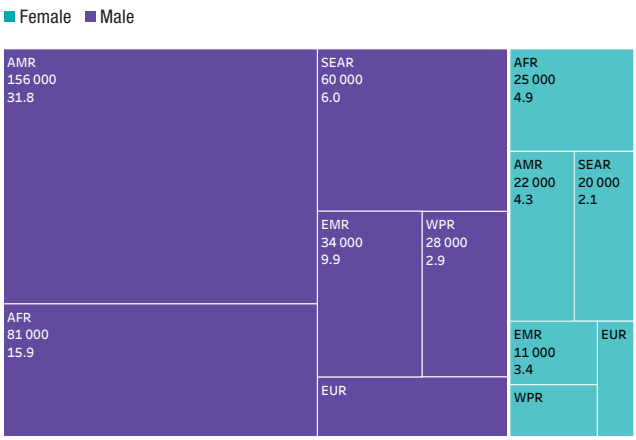
Latest estimates indicate that globally almost one quarter of adults (23%) suffered physical abuse as a child *(23)* and about one third (35%) of women experienced either physical and/or sexual intimate partner violence or non-partner sexual violence at some point in their life *(24)*.

Violence against children has lifelong impacts on the health and well-being of children, families, communities and nations. Violence against women results in serious short- and long-term physical, mental, sexual and reproductive health problems, affects their children, and leads to high social and economic costs for women, their families and societies.

Over the period 2012–2016, on average there were 11 000 deaths globally each year due to natural disasters, equating to 0.15 deaths per 100 000 population *(18)*. Low- and lower-middle-income countries typically have higher mortality rates and struggle to meet financial, logistical and humanitarian needs for recovery from disasters.

An estimated 477 000 murders occurred globally in 2016, with four fifths of all homicide victims being male (Fig. 2.7). Men in the WHO Region of the Americas suffered the highest rate of homicide deaths at 31.8 per 100 000 population – down from 33.5 per 100 000 population in 2000 *(18)*.

Fig. 2.7
Homicide numbers and rates per 100 000 population, by sex and by WHO region, 2016



It is estimated that in 2016, 180 000 people were killed in wars and conflicts, not including deaths due to the indirect effects of war and conflict such as the spread of diseases, poor nutrition and collapse of health services. The average death rate due to conflicts in the past five years (2012–2016), at 2.5 deaths per 100 000 population, was more than double the average rate in the preceding five-year period (2007–2011) *(18)*.[1]

2.5 UHC and health systems

Globally, the average national percentage of total government expenditure devoted to health was 11.7% in 2014, ranging from 8.8% in the WHO Eastern Mediterranean Region to 13.6% in the WHO Region of the Americas.[2] This measure indicates the level of government spending on health within the total expenditure for public sector operations in a country, and could constitute part of SDG indicator 1.a.2 on the proportion of total government spending on essential services (education, health and social protection).

SDG Target 3.8 on achieving UHC has two indicators: 3.8.1 on coverage of essential health services and 3.8.2 on the proportion of a country's population with large household expenditures on health relative to their total household expenditure. Both of these aspects must be measured together in order to obtain a clear picture of those who are unable to access health care and those who face financial hardship due to health-care spending. The UHC service coverage index is a single indicator computed from tracer indicators of the coverage of essential services in the areas of reproductive, maternal, newborn and child health (RMNCH), infectious disease control, NCDs and service capacity and access.

As measured by this index, the levels of service coverage varied widely across countries in 2015 – from 22 to 86 (out of a maximum index score of 100). At least half of the world's population do not have full coverage of essential health services. Among those who were able to access needed services, many suffered undue financial hardship. In 2010, an estimated 808 million people – 11.7% of the world's population – spent at least 10% of their household budget (total household expenditure or income) paying out of their own pocket for health services. For 179 million of these people such payments exceeded a quarter of their household budget. An estimated 97 million people – 1.4% of the world's population – were impoverished by out-of-pocket health-care spending in 2010 (at the 2011 poverty line of PPP $ 1.90 a day) *(25)*.

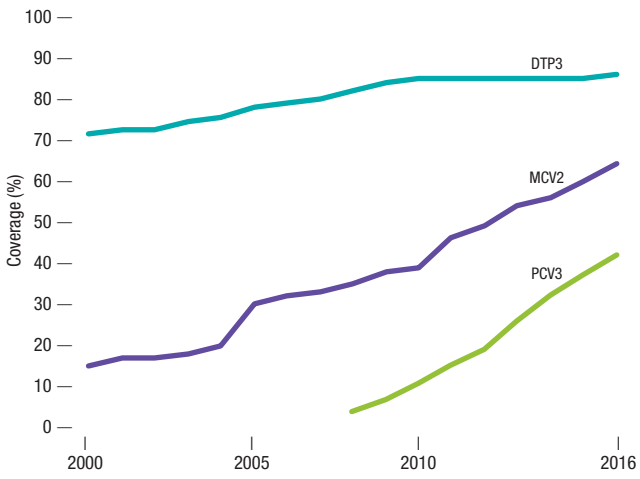
Functioning health systems require a qualified health workforce that is available, equitably distributed and accessible by the population. According to the latest available data for the period 2007–2016, 76 countries reported having less than one physician per 1000 population, and 87 countries reporting having fewer than three nursing and midwifery personnel per 1000 population. In many countries, nurses and midwives constitute more than half of the national health workforce *(26)*.

In addition to a qualified and accessible health workforce, health system functioning also relies crucially on access to affordable essential medicines of assured quality that are available at all times in adequate amounts and in the appropriate dosage forms. The term "essential medicines" covers a wide range of medicines, including those needed for pain management and palliative care. Data from health-facility surveys conducted nationally in 29 countries during the period 2007–2017 indicate that 64% of public-sector facilities surveyed in low-income countries and 58% of public-sector facilities surveyed in lower-middle-income countries

[1] Conflict deaths include deaths due to collective violence and exclude deaths due to legal intervention.

[2] Unweighted averages of country-specific data from: WHO Global Health Expenditure Database [online database]. Geneva: World Health Organization (see: http://apps.who.int/nha/database/Select/Indicators/en).

Fig. 2.8
Global coverage of DTP3, MCV2 and PCV3, 2000–2016



stocked medicines for pain management and palliative care. Less than 10% of the public-sector health facilities surveyed in low-income countries stocked opioid analgesics such as morphine, buprenorphine, codeine, methadone and tramadol – essential medications for treating the pain associated with many advanced progressive conditions *(27, 28)*.

Latest estimates indicate that in 2016, one in 10 children worldwide did not receive even the first dose of diphtheria-tetanus-pertussis (DTP1) vaccine. In the same year, the global coverage of three doses of DTP (DTP3) vaccine among children was 86% (Fig. 2.8). As shown in Fig. 2.8, this level has essentially remained unchanged since 2010. During this same period, coverage of a second dose of measles-containing vaccine (MCV2) increased from 39% to 64% but this is still insufficient to prevent measles outbreaks and avoid preventable deaths. Global coverage levels of more recently recommended vaccines such as rotavirus vaccine and pneumococcal-conjugated vaccine (PCV) are still under 50%. By the end of 2016, PCV had been introduced in 135 countries with global coverage of the third dose (PCV3) reaching 42%. Middle-income countries are lagging behind in the introduction of such new vaccines as their health budgets are insufficient to cover the costs and there may be a lack of external support *(29, 30)*.

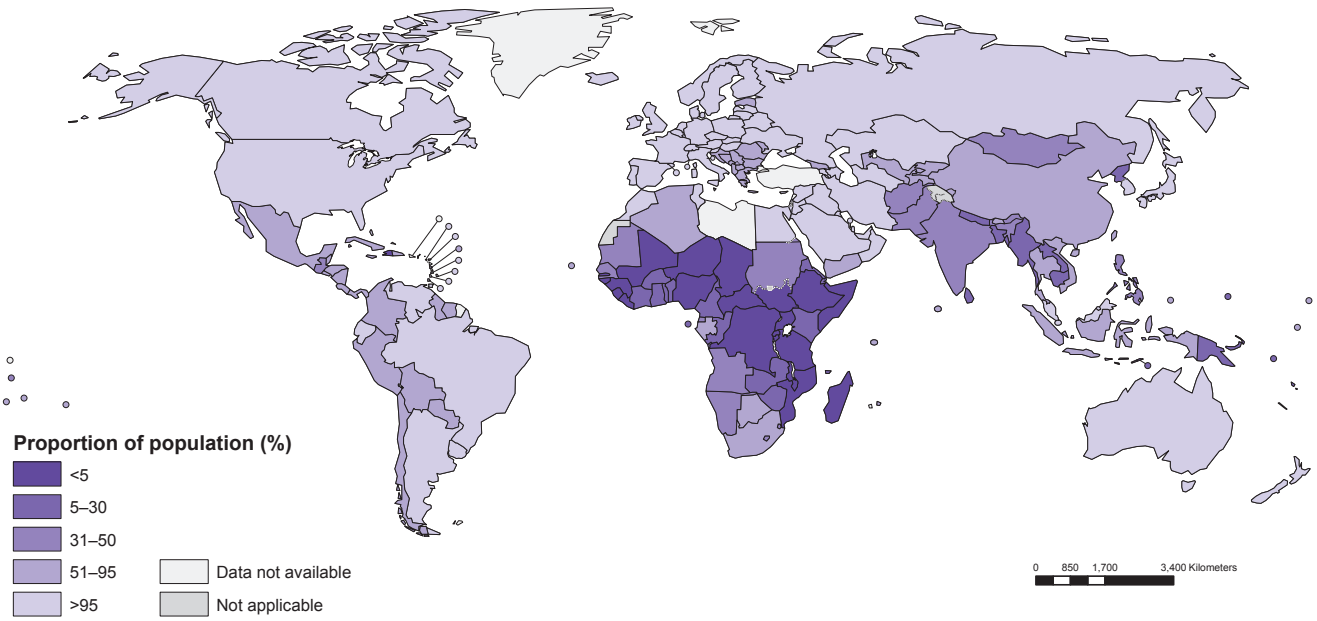
Each year, billions of dollars are spent on research and development into new or improved health products and processes, ranging from medicines to vaccines to diagnostics. But the way these funds are distributed and spent is often poorly aligned with global public health needs. Countries with comparable levels of income and health needs receive different levels of official development assistance for medical research and for basic health sectors. Of grant recipients by income group, low-income countries received only 0.3% of all direct grants *(31)*.

In terms of monitoring health status, WHO estimates that about half of its 194 Member States register at least 80% of deaths of population aged 15 years and older, with associated information provided on cause of death *(18)*. In addition, data-quality problems further limit the use of such information.

2.6 Environmental risks

Access to clean fuels and technologies for cooking has marginally improved and in 2016 reached 59% globally – an increase of 10 percentage points since 2000. However, coverage levels vary greatly between countries (Fig. 2.9)

Fig. 2.9
Proportion of population with primary reliance on clean fuels and technologies (%), 2016



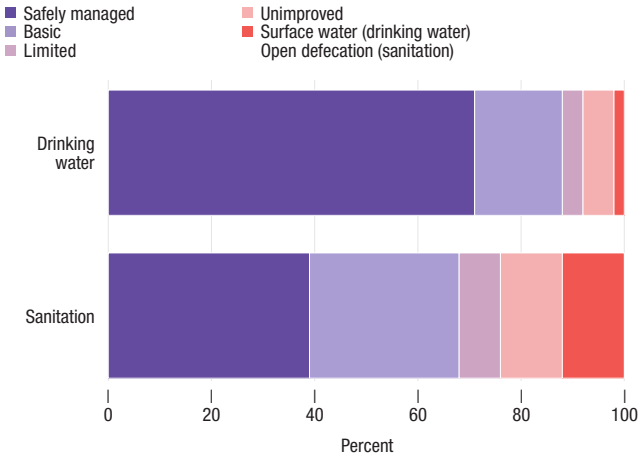
Note: Estimates for India, Israel, Lithuania and Portugal are under country consultation as of May 2018.

and population growth continues to outpace the transition to clean fuels and technologies in many countries, leaving over 3 billion people still cooking with polluting stove and fuel combinations *(32)*. The resulting household air pollution is estimated to have caused 3.8 million deaths from NCDs (including heart disease, stroke and cancer) and acute lower respiratory infections in 2016 *(18, 32)*.

In 2016, 91% of the world's population did not breathe clean air, and more than half of urban population were exposed to outdoor air pollution levels at least 2.5 times above the safety standard set by WHO. It has been estimated that in 2016 outdoor air pollution in both cities and rural areas caused 4.2 million deaths worldwide. Taken together, indoor and outdoor air pollution caused an estimated 7 million deaths – one in eight deaths – globally in 2016 *(18, 32)*.

Unsafe drinking water, unsafe sanitation and lack of hygiene also remain important causes of death, with an estimated 870 000 associated deaths occurring in 2016 *(18)*.[1] The WHO African Region suffered a disproportionate burden from such deaths, with a mortality rate four times the global rate. Available data from fewer than 100 countries indicate that safely managed drinking-water services – that is, located on premises, available when needed and free from contamination – were enjoyed by only 71% of the global population (5.2 billion people) in 2015, whereas safely managed sanitation services – with excreta safely disposed of in situ or treated off site – were available to only 39% of the global population (2.9 billion people) (Fig. 2.10) *(33)*.

Fig. 2.10
Proportion of global population by type of drinking-water services and sanitation services used, 2015



Unintentional poisonings were responsible for over 100 000 deaths in 2016. Although the number of deaths from unintentional poisonings has steadily declined since 2000, mortality rates continue to be relatively high in low-income countries *(18)*. Unintentional poisoning can be caused by household chemicals, pesticides, kerosene, carbon monoxide and medicines, or can be the result of environmental contamination or occupational chemical exposure.

2.7 Health risks and disease outbreaks

Under the International Health Regulations (2005), all States Parties are required to have or to develop minimum core public health capacities to implement the IHR (2005) effectively. Until 2017, the monitoring process involved the use of a self-assessment questionnaire sent to States Parties to assess the implementation status of 13 core capacities. In 2017, 167 States Parties (85% of all States Parties) responded to the monitoring questionnaire, up from 129 States Parties (66% of all States Parties) in 2016. All 196 States Parties have responded to the monitoring questionnaire at least once since 2010. The average core capacity score of all reporting countries in 2017 was 71% *(34, 35)*.

[1] Includes deaths from diarrhoea, intestinal nematode infections and protein-energy malnutrition attributable to lack of access to WASH services.

References

1. World Health Statistics 2017. Geneva: World Health Organization; 2017 (http://www.who.int/gho/publications/world_health_statistics/2017/en/, accessed 28 March 2018).

2. Trends in maternal mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2015 (http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/, accessed 12 April 2018).

3. Moller AB, Petzold M, Chou D, Say L. Early antenatal care visit: a systematic analysis of regional and global levels and trends of coverage from 1990 to 2013. Lancet Glob Health. 2017;5:e977–83 (http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30325-X/fulltext).

4. Joint UNICEF/WHO database 2018 of skilled health personnel, based on population-based national household survey data and routine health systems data (https://data.unicef.org/wp-content/uploads/2018/02/Interagency-SAB-Database_UNICEF_WHO_Apr-2018.xlsx).

5. Estimates and projections of family planning indicators 2018. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2018 (http://www.un.org/en/development/desa/population/theme/family-planning/cp_model.shtml, accessed 2 May 2018).

6. World Population Prospects. The 2017 Revision. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2017 (https://esa.un.org/unpd/wpp/Download/Standard/Fertility/, accessed 12 April 2018).

7. Levels & Trends in Child Mortality. Report 2017. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation. United Nations Children's Fund, World Health Organization, World Bank and United Nations. New York (NY): United Nations Children's Fund; 2017 (http://www.childmortality.org/files_v21/download/IGME%20report%202017%20child%20mortality%20final.pdf, accessed 12 April 2018).

8. Disease burden and mortality estimates [website]. WHO-MCEE estimates for child causes of death 2000–2016. Geneva: World Health Organization (http://www.who.int/healthinfo/global_burden_disease/estimates/en/index3.html).

9. Levels and trends in child malnutrition: UNICEF/WHO/World Bank Group Joint child malnutrition estimates; Key findings of the 2018 edition. New York (NY), Geneva and Washington (DC): United Nations Children's Fund, World Health Organization and World Bank Group; 2018.

10. AIDSinfo [online database]. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2017 (http://aidsinfo.unaids.org/, accessed 30 March 2018).

11. HIV/AIDS [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/hiv/en/, accessed 12 April 2018).)

12. Ending AIDS. Progress towards the 90–90–90 targets. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2017 (http://www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf, accessed 12 April 2018).

13. World malaria report 2017. Geneva: World Health Organization; 2017 (http://www.who.int/malaria/publications/world-malaria-report-2017/en/, accessed 12 April 2018).

14. Global tuberculosis report 2017. Geneva: World Health Organization; 2017 (http://www.who.int/tb/publications/global_report/en/, accessed 12 April 2018).

15. Global hepatitis report. Geneva: World Health Organization; 2017 (http://apps.who.int/iris/bitstream/handle/10665/255016/9789241565455-eng.pdf?sequence=1, accessed 12 April 2018).

16. Neglected tropical diseases. Prevention, control, elimination and eradication. Report by the Secretariat to the Sixty-sixth World Health Assembly, Geneva, 20–28 May 2013. Geneva: World Health Organization; 2013. Provisional agenda item 16.2 (http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_20-en.pdf?ua=1, accessed 12 April 2018).

17. Neglected tropical diseases [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/neglected_diseases/en/); and Neglected tropical diseases. Preventive chemotherapy and transmission control (PCT) databank. Geneva: World Health Organization (http://www.who.int/neglected_diseases/preventive_chemotherapy/databank/en/).

18. Global Health Estimates 2016: Deaths by cause, age, sex, by country and by region, 2000–2016. Geneva: World Health Organization; 2018 (http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html).

19. WHO Global Information System on Alcohol and Health (GISAH) [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/alcohol/en/).

20. WHO global report on trends in prevalence of tobacco smoking, 2nd edition. Geneva: World Health Organization; 2018 (upcoming).

21. WHO Framework Convention on Tobacco Control. Geneva: World Health Organization, 2003, updated reprint 2004; 2005 (http://www.who.int/fctc/cop/about/en/, accessed 12 April 2018).

22. Global status report on road safety 2015. Geneva: World Health Organization; 2015 (http://www.who.int/violence_injury_prevention/road_safety_status/2015/en/, accessed 12 April 2018).

23. World Health Organization, United Nations Office on Drugs and Crime and United Nations Development Programme. Global status report on violence prevention 2014. Geneva: World Health Organization; 2014 (http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/, accessed 12 April 2018).

24. World Health Organization, London School of Hygiene & Tropical Medicine and South African Medical Research Council. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization; 2013 (http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/).

25. Tracking universal health coverage: 2017 global monitoring report. Geneva and Washington (DC): World Health Organization and the International Bank for Reconstruction and Development / The World Bank; 2017 (http://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf?sequence=1, accessed 12 April 2018).

26. WHO Global Health Workforce Statistics. 2017 update [online database]. Geneva: World Health Organization (http://who.int/hrh/statistics/hwfstats/en/, accessed 12 April 2018).

27. Medicine Prices, Availability, Affordability & Price Components [online database]. Health Action International and WHO (http://www.haiweb.org/medicineprices/).

28. WHO Department of Essential Medicines and Health Products. MedMon Mobile Application. Geneva: World Health Organization; 2016–2017 (unpublished).

29. Progress and challenges with achieving universal immunization coverage: 2016 estimates of immunization coverage. WHO/UNICEF Estimates of National Immunization Coverage (Data as of July 2017). Geneva: World Health Organization; 2017 (http://www.who.int/immunization/monitoring_surveillance/who-immuniz.pdf?ua=1, accessed 12 April 2018).

30. WHO/UNICEF estimates of national immunization coverage [online database]. July 2017 revision. Geneva: World Health Organization (http://www.who.int/immunization/monitoring_surveillance/routine/coverage/en/index4.html, accessed 12 April 2018).

31. Global Observatory on Health R&D. One year on, Global Observatory on Health R&D identifies striking gaps and inequalities (http://www.who.int/features/2018/health-research-and-development/en/, accessed 12 April 2018).

32. Public health and environment [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/phe/en/).

33. Progress on drinking water, sanitation and hygiene. 2017. Update and SDG baselines. Geneva and New York (NY): World Health Organization and the United Nations Children's Fund; 2017 (https://washdata.org/sites/default/files/documents/reports/2018-01/JMP-2017-report-final.pdf, accessed 12 April 2018).

34. International Health Regulations (2005) Monitoring Framework [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/ihr/en/).

35. States Parties to the International Health Regulations (2005) [website]. Geneva: World Health Organization (http://www.who.int/ihr/legal_issues/states_parties/en/, accessed 24 April 2017).

3

A BROAD SPECTRUM OF HEALTH CHALLENGES – SELECTED ISSUES

3.1 INCREASING THE COVERAGE OF ESSENTIAL HEALTH SERVICES

Universal health coverage in the SDGs

Achieving universal health coverage (UHC) means ensuring that all people receive the essential health services they need without being exposed to financial hardship as a result. Such services include public health services to promote health and prevent illness, and to provide treatment, rehabilitation and palliative care of sufficient quality to be effective. SDG Target 3.8 commits all countries to work towards the achieving of UHC by ensuring access by all to quality essential health-care services, and to safe, effective and affordable medicines and vaccines.

In order to monitor the progress of countries towards UHC, two SDG indicators have been established – one on coverage of essential services and one on financial protection.[1] Taken together, these two indicators were chosen to capture the two key dimensions of health service coverage and protection against financial hardship, and are intended to be monitored jointly. In addition to the "tracer" indicators used to produce an overall index of essential health services coverage, other SDG indicators to monitor specific services have also been developed for: (a) births attended by skilled health personnel; (b) treatment interventions for substance use disorders; (c) family planning services; (d) implementation of the WHO Framework Convention on Tobacco Control; (e) vaccination coverage; (f) access to essential medicines; and (g) safely managed sanitation services. Achieving the SDG health targets on infant, child and maternal health, HIV, TB, malaria and NCDs will require the scaling-up of these and other essential services as key steps in the journey towards UHC.

One very clear aspiration of the SDGs is to "leave no one behind". Provided that data are available for all of the tracer indicators used to produce the overall service coverage index then this index could be computed and compared across different dimensions of inequality – such as level of wealth and education, geographical locations within a country, and age and sex. Currently this is not possible for all of the tracer indicators of SDG indicator 3.8.1 due to data limitations (Box 3.1). Nevertheless, a subset of indicators can be used to illustrate variations in health service inequalities across countries *(1)*. Data on inequalities in health service coverage are most readily available in the areas of reproductive, maternal, newborn and child health (RMNCH). As these indicators are measured at the individual level in a single survey it is possible to assess the fraction of needed services that each person receives. This measurement approach is often referred to as "co-coverage" *(2)*.

Box 3.1
Challenges of monitoring effective service coverage[2]

There are three key challenges associated with monitoring effective service coverage, which is defined as service coverage that results in the maximum possible health gains. The first challenge is accurate measurement of the population in need of the service. Administrative records from service providers and self-reported prior diagnosis are often unreliable sources of information, as those who do not have access to health services remain undiagnosed. A full assessment of population need requires alternative sources of data, such as a set of survey questions or biomarkers collected in a household health examination survey. Because few conditions requiring treatment can be diagnosed in this way, this substantially limits the set of effective coverage indicators that may be reliably monitored.

Determining effectiveness of service coverage – that is, the degree to which services result in health improvement – is a second challenge. For some indicators it is possible to directly measure quality of care. For example, monitoring of treatment for hypertension can include measurement of whether hypertension is effectively controlled, and monitoring of cataract surgical coverage can include measurement of current visual acuity *(5)*. However, generally speaking, measuring effectiveness of care is more complicated than measuring service provision.

The third key challenge is to monitor equity in access to quality health services. Making sure that no one is left behind as countries strive for UHC requires access to data disaggregated by inequality dimensions, such as wealth or geographical location. Disaggregated data are commonly available for RMNCH interventions and water and sanitation services in LMIC, as described here, as well as for malaria prevention, but may not be available for other health topics and indicators required for UHC monitoring. Therefore, investments are needed in data collection, especially for conducting regular household health examination surveys and developing electronic and harmonized facility reporting systems. In addition, it is crucial to build capacities for analysing and reporting health inequality data. Only then can countries tie this information to the policies they are implementing to improve health equity.

Inequalities in basic maternal, child and environmental health services in low- and lower-middle-income countries

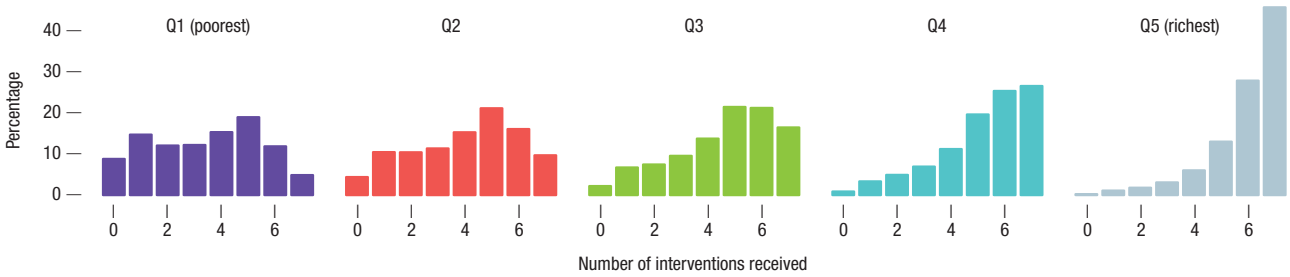
To assess inequalities in the coverage of basic maternal, child and environmental health services, co-coverage data collected in Demographic and Health Surveys (DHS) on seven basic health services in low- and lower-middle-income countries were evaluated *(3)*. The seven services were: (a) four or more antenatal care (ANC) visits; (b) at least one tetanus vaccination during pregnancy; (c) skilled birth attendance; (d) bacille Calmette–Guérin vaccination;[3] (e) receiving the third dose of a vaccine containing diphtheria, tetanus and pertussis; (f) measles vaccination; and (g) access to improved drinking water in the household. All seven indicators were calculated for children aged 12–59 months, using information available from their mothers' most recent pregnancy where relevant (for example, for ANC visits). The analysis shows the absolute number and proportion of the basic services received by each mother–child pair, and can be summarized across key dimensions of inequality such as wealth.

[1] SDG indicator 3.8.1: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged population); and SDG indicator 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income.

[2] Adapted from reference *(3)*.

[3] Although this vaccine is not part of the recommended series in all countries, it is recommended in all of the countries assessed here.

Fig. 3.1
Proportion of mother–child pairs in low- and lower-middle-income countries, by wealth quintile and number of basic interventions received (out of seven), 2005–2015

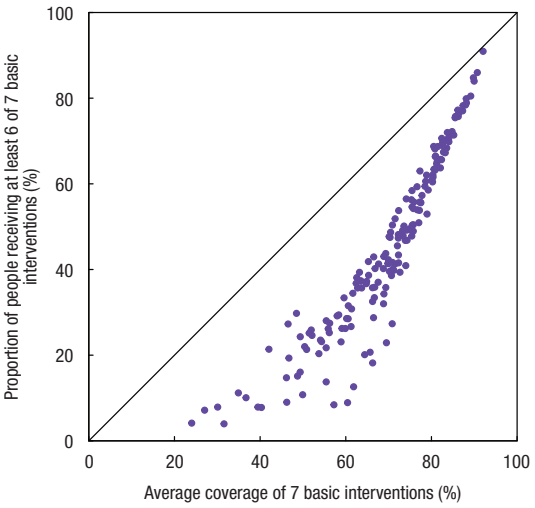


It is clear that in low- and lower-middle-income countries large gaps persist in basic maternal, child and environmental health services coverage. These gaps are not evenly distributed across population groups (Fig. 3.1).[1] Whereas 39% of mother–child pairs in these countries received at least six of the seven basic interventions, 4% of mother–child pairs received no interventions at all. When the data are stratified by wealth quintile, significant inequalities emerge. Overall, only 17% of those in households in the poorest wealth quintile (Q1) in their countries received at least six basic interventions – as opposed to 74% in the richest quintile (Q5). Those in the poorest wealth quintile in each country were also the most likely to receive no interventions at all (9%). The mean number of interventions received ranged from three in the poorest wealth quintile to six in the wealthiest, with an overall average of five out of the seven interventions being received.

Relationship between average coverage and full coverage

For communicating the sheer magnitude of the task ahead in increasing health service coverage to improve health outcomes and achieve the health-related SDGs, perhaps no single statistic is more in demand than the number of people receiving needed essential health services. Fully answering this question is highly challenging because there is no dataset that contains full information on the health service needs of all people and on whether they received those services (Box 3.1). However, the analysis of co-coverage of basic services in mother–child pairs outlined above offers one way of estimating the relationship between the average coverage of such services (which is more straightforward to monitor) and the proportion of people with full coverage *(3)*. Data obtained from 180 DHS in 63 countries were therefore analysed. To allow for measurement error, coverage with at least six of the seven basic services (85%) was used to approximate full coverage rather than coverage with all seven. This analysis demonstrated that the proportion of

Fig. 3.2
Average coverage of seven basic interventions against the proportion of mother–child pairs receiving at least six of the seven interventions



mother–child pairs with access to at least six of the seven basic services was far lower than the average coverage of the seven interventions (Fig. 3.2).

One very important implication of this finding is that the proportion of people who have access to a full range of essential services is far lower than the average coverage of such services (as approximated by the SDG index of essential services coverage). Thus, it would not be correct to simply multiply the average coverage of essential services by population in order to obtain the number of people with full access to them.

Way forward

Gaps in basic maternal, child and environmental health service coverage remain largest among those in the poorest wealth quintile. Unless health interventions are designed to explicitly promote equity, efforts to attain UHC may lead to improvements in the national average of service coverage while at the same time worsening national inequalities *(4)*. Health services must be structured in such a way as to ensure that no one is left behind. It is also likely to be the case that current gaps in the coverage of NCD services and hospital services will be even larger than the gaps in the basic interventions discussed here.

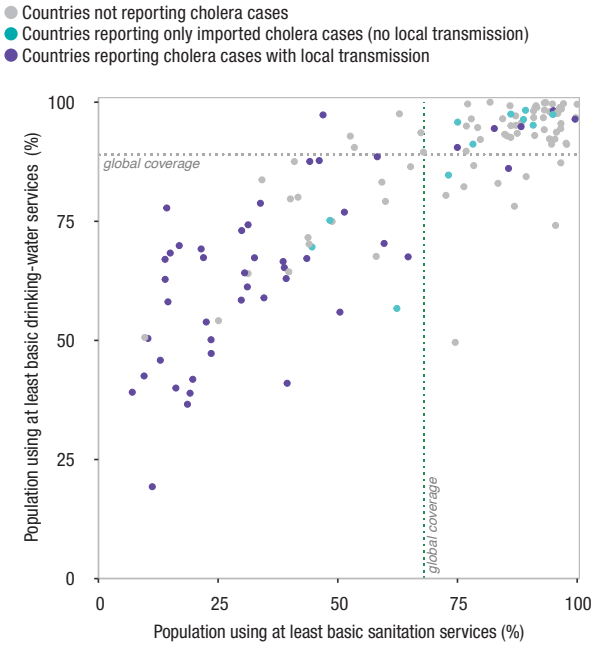
[1] In this paragraph and Fig. 3.1, all analyses were carried out using the most recent survey in each country during the time period 2005–2015. Data were available for 48 countries, covering 90% of all live births in 2010 in low- and lower-middle-income countries; the median survey year was 2012. To create estimates for all low- and lower-middle-income countries, country data were weighted by the number of live births in 2010 in each country.

Cholera and the SDGs

Cholera is an acute diarrhoeal infection caused by ingestion of food or water contaminated with the bacterium *Vibrio cholerae*. Cholera is extremely virulent, with a very short incubation period of between 12 hours and 5 days *(6)*, and affects all ages. If left untreated, cholera can kill within hours.

Despite the availability of prevention, control and treatment tools and approaches, cholera remains a serious threat to public health. In addition, cholera is a stark indicator of inequality and lack of social and economic development as it disproportionately affects the world's poorest and most vulnerable populations *(7)*. Cholera transmission is closely linked to inadequate access to clean water and sanitation facilities. As shown in Fig. 3.3, most of the countries that reported locally transmitted cholera cases to WHO during the period 2011–2015 were those in which only a low proportion of the population had access to basic drinking-water and sanitation services *(7)*.

Fig. 3.3[1]
Cholera reporting and level of access to basic drinking-water and sanitation services in LMIC, 2015 *(7, 8)*



Note: Cholera reporting status refers to the period 2011–2015.

SDG Target 3.3 calls for an end to the epidemics of communicable diseases, including waterborne diseases such as cholera, by 2030. In addition, SDG Target 3.9 aims to reduce deaths and illness from environmental pollution, including water contamination. Linked to these targets, the SDGs also strive to achieve universal and equitable access to safe and affordable drinking water (SDG Target 6.1) and to adequate and equitable sanitation and hygiene (SDG Target 6.2), paying special attention to vulnerable populations.

Estimated and reported burden of cholera

The exact burden of cholera is unknown as many cases and deaths go unreported. Factors contributing to the underreporting of cholera can include weak surveillance systems, inconsistencies in case definitions, lack of laboratory diagnostic capacity, and fear of impact on trade and tourism *(9)*.

It is estimated that during the period 2008–2012, a total of between 1.3 and 4.0 million cases of cholera occurred annually in 69 cholera-endemic countries, resulting in 21 000 to 143 000 deaths each year *(10)*. However, the average annual number of cases and deaths reported to WHO during this same period were only around 313 000 and 5700 respectively *(11–15)*. In 2016, 132 121 cholera cases and 2420 deaths were reported to WHO from 38 countries, including 47 imported cases reported in nine countries (Fig. 3.4) *(16)*.

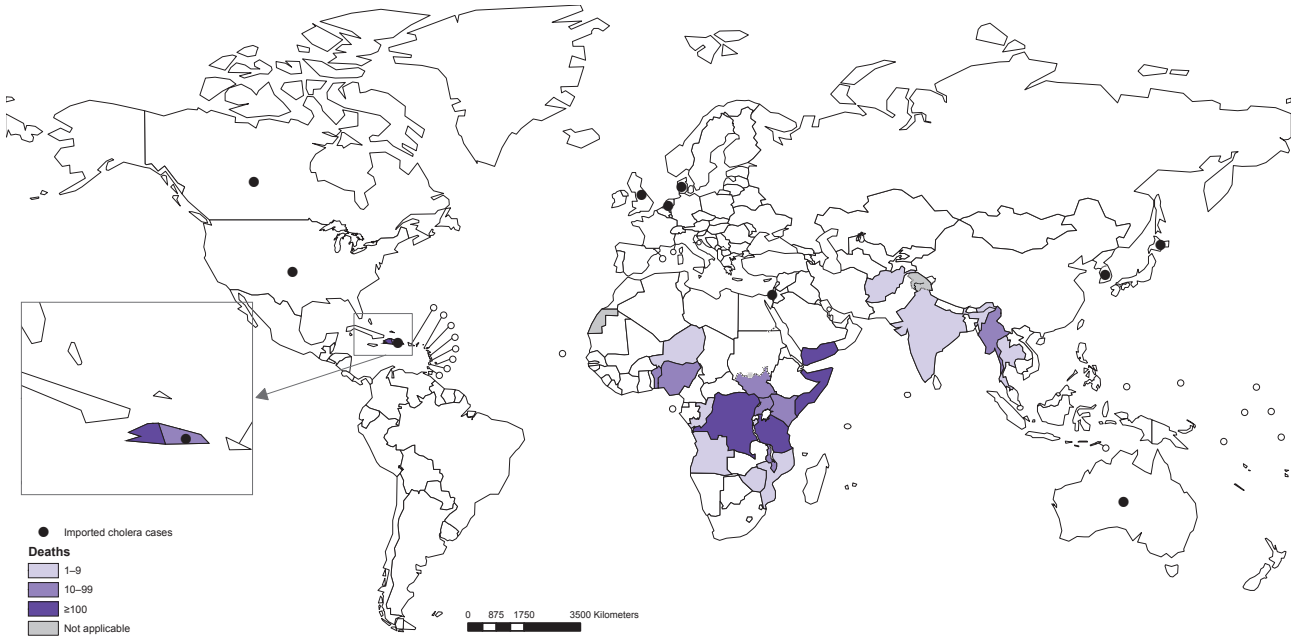
Cholera outbreaks: the role of surveillance in early detection and response

Cholera outbreaks often hit communities already made vulnerable by tragedies such as conflicts, natural disasters and famines *(7)*. During the 2010–2011 cholera outbreak following an earthquake in Haiti, over 7000 people died from cholera in the country and neighbouring Dominican Republic *(13, 14)*. During the 2016–2017 cholera outbreak in South Sudan, more than 20 000 suspected cases and over 400 deaths were reported (Box 3.2) *(17)*. Since January 2017, more than 1000 people have died of cholera in Somalia *(18)* and over 1000 in the Democratic Republic of the Congo *(17)*. Currently, Yemen is facing the world's largest cholera outbreak, with over 1 million suspected cases and more than 2000 deaths reported since April 2017 *(19)*.

In order to contain outbreaks and dramatically reduce the number of cholera deaths, early detection and immediate and effective responses are vital. This requires strong early-warning surveillance system and laboratory capacities, health systems and supply readiness, and the establishment of rapid response teams. Surveillance data is also a key element in helping to prioritize areas for intervention.

[1] Adapted from reference *(7)*.

Fig. 3.4
Countries reporting cholera deaths and imported cases, 2016



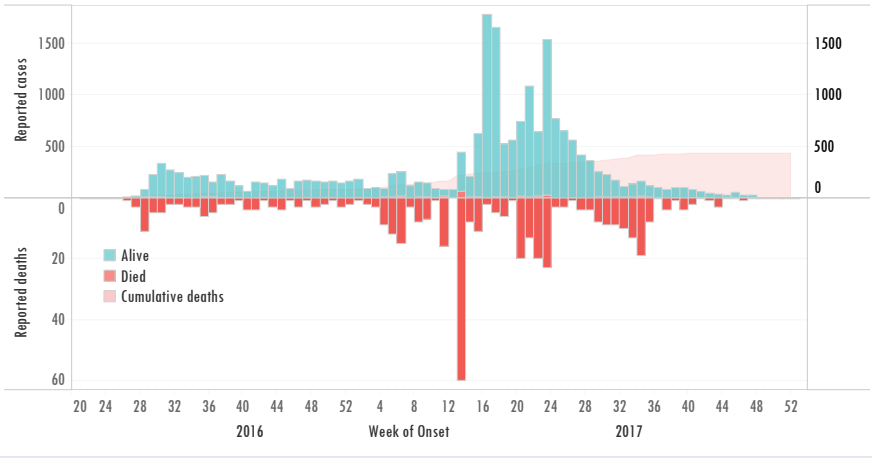
Box 3.2[1]
Responding to the 2016–2017 cholera outbreak in South Sudan

Cholera cases have been confirmed in South Sudan every year since 2013. The 2016–2017 cholera outbreak was the longest and largest in its magnitude and geographical extent, and resulted largely from the humanitarian crisis, associated population displacements and declining investments in water, sanitation and hygiene.

The outbreak was declared on 18 June 2016 and affected many parts of the country, including 27 counties and the capital Juba. When the outbreak was declared over on 7 February 2018, a total of 20 438 cases (including 512 laboratory-confirmed cases) and 436 deaths had been reported (Fig. 3.5), implying an apparent case-fatality rate of 2.1%. Based on reported cases, case-fatality rates appeared to be highest in counties with poor access to health care, particularly populations living on islands or in cattle camps.

The response to the South Sudan cholera outbreak was coordinated by a national taskforce led by the Ministry of Health with the participation of WHO and other partners. Collaborative efforts were made to enhance surveillance, deploy rapid-response teams to investigate and respond to cases, provide clean water, promote good hygiene practices and treat cholera patients. Around 2.2 million doses of oral cholera vaccine were secured from the Gavi-funded global stockpile. More than 885 000 people in cholera-affected and high-risk populations received the first round of the vaccine with almost 500 000 people also receiving a second round.

Fig. 3.5
Reported cases and deaths during the cholera outbreak in South Sudan, 2016–2017



Roadmap to 2030

In 2017, the Global Task Force on Cholera Control released a global strategy, *Ending Cholera – a global roadmap to 2030*, that aims to reduce cholera deaths by 90%, and to eliminate cholera in up to 20 countries *(7)*. The strategy focuses on 47 countries and is based on three strategic approaches: (a) early detection and response to contain outbreaks; (b) multisectoral interventions in cholera "hotspots";[2] and (c) effective coordination of technical support, resource mobilization and partnership at country, regional and global levels.

Achieving universal and equitable access to safe drinking water and adequate sanitation and hygiene – undertakings to which the world is committed by the SDGs – will be the key long-term and multisectoral interventions in controlling cholera and other waterborne diseases. Other required measures include effective surveillance and reporting, enhanced country preparedness for responding to outbreaks, strengthening of health systems, use of vaccination and treatments as necessary, and strong community engagement.

[1] Based on references *(17, 20, 21)*.

[2] A cholera "hotspot" is a geographically limited area in which environmental, cultural and/or socioeconomic conditions facilitate the transmission of cholera and where the disease persists or reappears regularly.

Malnutrition in the SDGs

Many parts of the world are facing a "double burden" of malnutrition, where undernutrition coexists with overweight and obesity within the same country, the same community and even the same household. Obesity in childhood and adolescence is associated with a higher risk of adult obesity, and with premature death and disability due to NCDs such as coronary heart disease in adulthood. In addition to such increased future risks, obese children can also experience hypertension, diabetes, asthma and other respiratory problems, sleep disorders, liver disease and psychological problems such as low self-esteem *(22)*.

SDG Target 2.2 commits the world to ending all forms of malnutrition by 2030, including overweight and obesity, while SDG Target 3.4 is to reduce premature deaths from NCDs by one third by 2030, including through prevention efforts. As a leading risk factor for NCDs later in life, preventing adolescent overweight and obesity is a pivotal global health objective, not only in its own right but also as a crucial element in the prevention of NCDs.

Global monitoring of overweight and obesity among children and adolescents aged 5–19 years

Body mass index (BMI) – defined as a person's weight in kilograms divided by the square of their height in metres (kg/m^2) – is a simple index commonly used to classify overweight and obesity in children, adolescents and adults. Childhood and adolescence is a time of rapid growth, and a healthy BMI depends on both the age and sex of the individual. WHO recommends the use of the WHO Reference 2007 *(23)* for children and adolescents aged 5–19 years, with "overweight" and "obese" defined as follows:

- **overweight:** BMI-for-age greater than 1 standard deviation above the WHO Reference 2007 median; and
- **obese:** BMI-for-age greater than 2 standard deviations above the WHO Reference 2007 median.

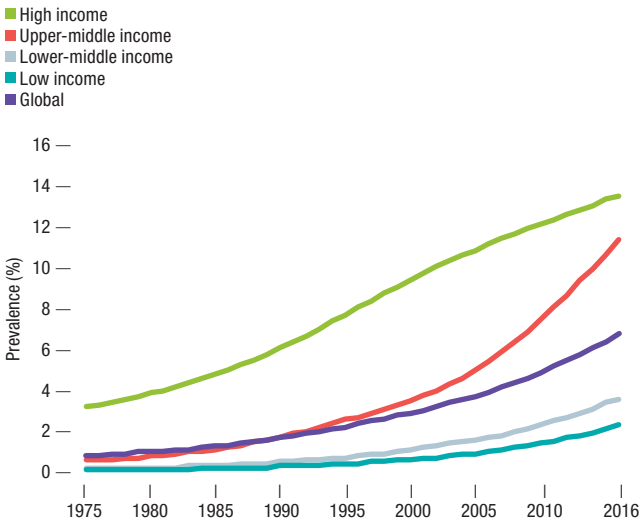
WHO estimates of the prevalence of overweight and obesity among children aged 5 years and older, adolescents and adults are generated by the NCD Risk Factor Collaboration (NCD-RisC).[1] In order to make these estimates, NCD-RisC compiles data from population-representative surveys or censuses which included the measurement of height and weight. Data sources that collect self-reported height and weight are excluded because self-reporting is systematically biased. Fewer data are available for children aged 5–9 years compared to younger children, adolescents and adults.

Trends in overweight and obesity among children and adolescents aged 5–19 years[2]

The world has seen a more than ten-fold increase in the number of obese children and adolescents aged 5–19 years in the past four decades – from just 11 million in 1975 to 124 million in 2016. An additional 213 million were overweight in 2016 but fell below the threshold for obesity. Taken together this means that in 2016 almost 340 million children and adolescents aged 5–19 years – or almost one in every five (18.4%) – were overweight or obese globally.

Analysis of these trends has shown that although population growth has played a role in the increase in numbers of obese children and adolescents, the primary driver has been an increase in the prevalence of obesity. Globally, the prevalence of obesity among children and adolescents aged 5–19 years increased from 0.8% in 1975 to 6.8% in 2016. Although high-income countries continue to have the highest prevalence, the rate at which obesity among children and adolescents aged 5–19 years is increasing is much faster in LMIC (Fig. 3.6).

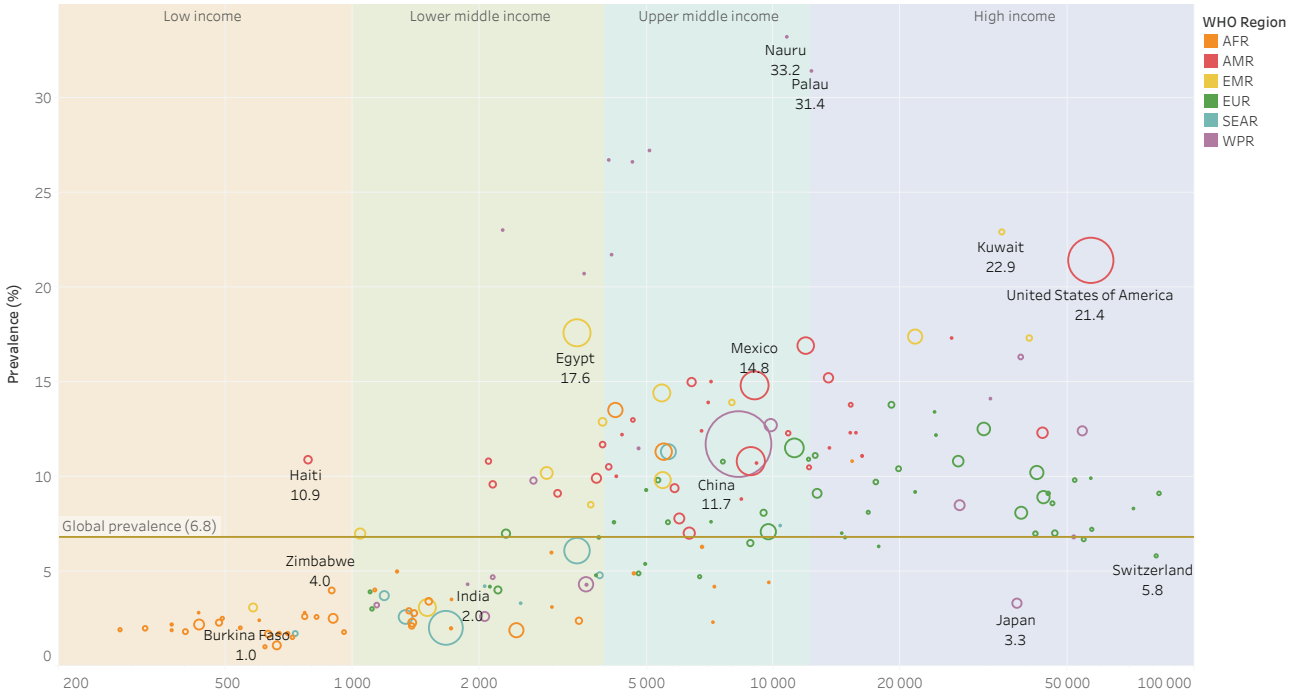
Fig. 3.6
Trends in prevalence of obesity among children and adolescents aged 5–19 years, globally and by country income group, 1975–2016



[1] NCD Risk Factor Collaboration (NCD-RisC). See: www.ncdrisc.org.

[2] Section content and Figures 3.6–3.8 based on reference (24). GNI per capita and income classifications used in Fig. 3.6 are taken from the World Bank's list of economies (July 2017), based on GNI per capita in 2016 and calculated using the World Bank Atlas method (see: https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups, accessed 10 April 2018).

Fig. 3.7
Estimated country-level obesity prevalence among children and adolescents aged 5–19 years by gross national income (GNI) per capita, in 2016



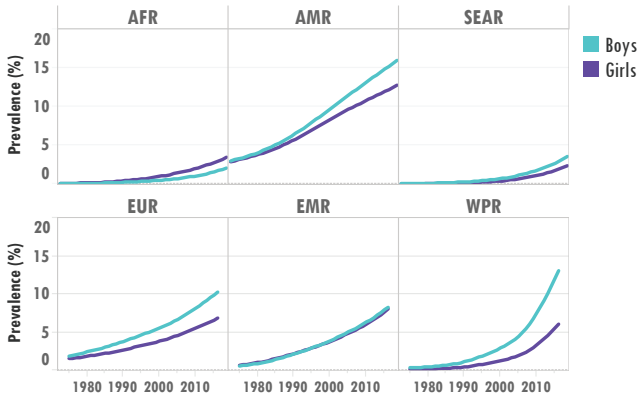
Note: Circle size indicates estimated number of obese 5–19 year-olds; circle colour indicates WHO region.

The increases observed in the prevalence of obesity among children and adolescents aged 5–19 years in LMIC have occurred at the same time as issues of undernutrition remain unaddressed. Infants and children in these countries are more vulnerable to inadequate prenatal, infant and young child nutrition than those in other countries. They are then at high risk of being affected simultaneously by stunted growth and overweight due to the consumption of nutrient-poor but energy-dense foods.

At individual country level, the prevalence of obesity among children and adolescents aged 5–19 years in a number of LMIC had reached alarmingly high levels by 2016 (Fig. 3.7). This stands in stark contrast to the situation in several high-income countries with relatively low prevalence, including Japan in which the national prevalence was half the global prevalence.

Fig. 3.8 shows that in most WHO regions, the gap in obesity prevalence rates among boys and girls aged 5–19 years has widened since 1975, resulting in a higher proportion of boys being obese compared to girls in 2016. The exceptions are the WHO African Region – where despite still being among the lowest globally, a higher proportion of girls (3.5%) were obese than boys (2.1%) – and the WHO Eastern Mediterranean Region – where the prevalence rates for girls and boys continued to be very similar (8.1% and 8.3% respectively). The WHO Region of the Americas continued to have the highest prevalence, with around one in six boys (16.0%) and one in eight girls (12.8%) aged 5–19 years being obese in 2016. The WHO Western Pacific Region had among the lowest prevalence in 1975 but has experienced a very sharp increase, and in 2016 the prevalence of obesity among boys was the second highest at 13.1%.

Fig. 3.8
Trends in prevalence of obesity among boys and girls aged 5–19 years, by WHO region, 1975–2016



Way forward[1]

Being overweight and obese are largely preventable conditions. The extent to which environments and communities are supportive and enabling is fundamental in shaping the behaviours of individuals. Preventing child and adolescent overweight and obesity will rely on helping people to eat healthy foods and to engage in regular physical activity, including by ensuring that these are accessible, available and affordable options.

[1] Section content based on reference *(25)*.

No single intervention can halt the rise in childhood and adolescent obesity on its own. A broad array of large-scale actions is needed if the rising tide of obesity is to be turned. This will require the engagement of multiple sectors, including education, communications, commerce, urban planning, agriculture and health.

Specific policy interventions to address child and adolescent obesity include:

- Implement national regulatory measures on nutrition labelling, including front-of-pack labelling, supported by public education of both adults and children to promote nutritional literacy.
- Adopt effective measures, such as legislation or regulation, to restrict the marketing of foods and beverages to children, and to ensure that schools and sporting events where children gather are free from unhealthy food marketing or promotion (including through sponsorship).
- Implement effective taxes on sugar-sweetened beverages.
- Establish and implement healthy nutritional standards for meals provided in all schools, ensuring that all foods and beverages sold and promoted in schools encourage and enable the adoption of healthy diets.
- Ensure that regular good quality physical education is included in the school curriculum for all children.
- Increase access to adequate and safe facilities in communities, schools and public spaces that allow children to be active through play, recreation and sports.
- Ensure that health services fully support breastfeeding through appropriate lactation counselling for prenatal and postpartum mothers, and through the application of the Ten Steps to Successful Breastfeeding *(26)* in all maternity facilities.
- Establish and disseminate national guidance for children and their parents on physical activity, regulating the use of screen-based entertainment, sleep and healthy nutrition.

References

1. Hogan DR, Stevens GA, Hosseinpoor AR, Boerma T. Monitoring universal health coverage within the Sustainable Development Goals: development and baseline data for an index of essential health services. Lancet Glob Health. 2018;6(2):e152–68 (http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30472-2/fulltext, accessed 22 March 2018).

2. Victora CG, Fenn B, Bryce J, Kirkwood BR. Co-coverage of preventive interventions and implications for child-survival strategies: evidence from national surveys. Lancet. 2005;366(9495):1460–6 (http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)67599-X/fulltext, accessed 22 March 2018).

3. Tracking universal health coverage: 2017 global monitoring report. Geneva and Washington (DC): World Health Organization and the International Bank for Reconstruction and Development / The World Bank; 2017 (http://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf?sequence=1, accessed 26 March 2018).

4. Hosseinpoor AR, Bergen N, Koller T, Prasad A, Schlotheuber A, Valentine N et al. Equity-oriented monitoring in the context of universal health coverage. PLoS Med. 2014;11(9):e1001727 (http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001727, accessed 22 March 2018).

5. Ramke J, Gilbert CE, Lee AC, Ackland P, Limburg H, Foster A. Effective cataract surgical coverage: an indicator for measuring quality-of-care in the context of universal health coverage. PloS One. 2017;12(3):e0172342 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5382971/, accessed 22 March 2018).

6. Azman AS, Rudolph KE, Cummings DAT, Lessler J. The incubation period of cholera: a systematic review. J Infect. 2013;66(5):432–8 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3677557/, accessed 25 March 2018).

7. Global Task Force on Cholera Control. Ending cholera – a global roadmap to 2030. Geneva: World Health Organization; 2017 (http://www.who.int/cholera/publications/global-roadmap.pdf?ua=1, accessed 25 March 2018).

8. Progress on drinking water, sanitation and hygiene. 2017. Update and SDG baselines. Geneva and New York (NY): World Health Organization and the United Nations Children's Fund; 2017 (https://washdata.org/sites/default/files/documents/reports/2018-01/JMP-2017-report-final.pdf, accessed 12 April 2018).

9. Interim guidance document on cholera surveillance. Global Task Force on Cholera Control (GTFCC) Surveillance Working Group; 2017 (http://www.who.int/cholera/task_force/GTFCC-Guidance-cholera-surveillance.pdf?ua=1, accessed 25 March 2018).

10. Ali M, Nelson AR, Lopez AL, Sack DA. Updated global burden of cholera in endemic countries. PLoS Negl Trop Dis. 2015;9(6):e0003832 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4455997/, accessed 25 March 2018).

11. Cholera: global surveillance summary, 2008. Wkly Epidemiol Rec. 2009;84(31):309–24 (http://www.who.int/wer/2009/wer8431.pdf?ua=1, accessed 9 April 2018).

12. Cholera, 2009. Wkly Epidemiol Rec. 2010;85(31):293–308 (http://www.who.int/wer/2010/wer8531.pdf?ua=1, accessed 9 April 2018).

13. Cholera, 2010. Wkly Epidemiol Rec. 2011;86(31):325–40 (http://www.who.int/wer/2011/wer8631.pdf?ua=1, accessed 9 April 2018).

14. Cholera, 2011. Wkly Epidemiol Rec. 2012;87(31-32):289–304 (http://www.who.int/wer/2012/wer8731_32.pdf?ua=1, accessed 9 April 2018).

15. Cholera, 2012. Wkly Epidemiol Rec. 2013;88(31):321–36 (http://www.who.int/wer/2013/wer8831.pdf?ua=1, accessed 9 April 2018).

16. Cholera, 2016. Wkly Epidemiol Rec. 2017;92(36):521–33 (http://apps.who.int/iris/bitstream/10665/258910/1/WER9236.pdf?ua=1, accessed 25 March 2018).

17. Weekly bulletin on outbreaks and other emergencies. Week 6: 9 February 2018. Brazzaville: WHO Regional Office for Africa; 2018 (http://apps.who.int/iris/bitstream/10665/260157/1/OEW6-030922018.pdf, accessed 25 March 2018).

18. Cholera outbreak updates [website]. Cairo: WHO Regional Office for the Eastern Mediterranean (http://www.emro.who.int/health-topics/cholera-outbreak/outbreaks.html, accessed 25 March 2018).

19. Cholera situation in Yemen. March 2018. Cairo: WHO Regional Office for the Eastern Mediterranean (http://applications.emro.who.int/docs/EMROPub_2018_EN_16998.pdf?ua=1, accessed 9 April 2018).

20. Prevention for a cholera free world [website]. Geneva: World Health Organization; September 2017 (http://www.who.int/features/2017/cholera-overview/en/, accessed 25 March 2018).

21. South Sudan declares the end of its longest cholera outbreak [website]. Brazzaville: WHO Regional Office for Africa (http://www.afro.who.int/news/south-sudan-declares-end-its-longest-cholera-outbreak, accessed 25 March 2018).

22. Global nutrition targets 2025: Childhood Overweight, Policy brief. Geneva: World Health Organization; 2014 (WHO/NMH/NHD/14.6; http://apps.who.int/iris/bitstream/handle/10665/149021/WHO_NMH_NHD_14.6_eng.pdf;jsessionid=219C715B3107EB472EC5D036186F03CA?sequence=2, accessed 10 April 2018).

23. De Onis M, Onyango AW, Borghi E, Siyam A, Nishida C, Siekmann J. Development of a WHO growth reference for school-aged children and adolescents. Bull World Health Organ. 2007;85:660–7 (http://www.who.int/growthref/growthref_who_bull.pdf?ua=1, accessed 10 April 2018).

24. NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128·9 million children, adolescents, and adults. Lancet. 2017;390(10113):2627–42 (http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32129-3/fulltext, accessed 23 March 2018).

25. Report of the Commission on Ending Childhood Obesity. Implementation plan: Executive summary. Geneva: World Health Organization; 2017 (WHO/NMH/PND/ECHO/17.1; http://apps.who.int/iris/bitstream/handle/10665/259349/WHO-NMH-PND-ECHO-17.1-eng.pdf?sequence=1, accessed 10 April 2018).

26. Protecting, promoting and supporting breast-feeding: the special role of maternity services. A Joint WHO/UNICEF Statement. Geneva: World Health Organization; 1989 (http://apps.who.int/iris/bitstream/handle/10665/39679/9241561300.pdf?sequence=1, accessed 10 April 2018).

ANNEX A

Summaries of selected health-related SDG indicators

Explanatory notes

The statistics shown below represent official WHO statistics for selected health-related SDG indicators based on evidence available in early 2018. They have been compiled primarily from publications and databases produced and maintained by WHO or United Nations groups of which WHO is a member. A number of statistics have been derived from data produced and maintained by other international organizations. For each indicator, the source of the data series is provided. Member States may have more data than are available for global monitoring.

For the first time in the World Health Statistics series, the type of data used for each data series (**comparable estimates**, **primary data** or **other data**) is also provided. Please refer to Part 1 of this report for more information on these different data categories.

It is important to note that comparable estimates are subject to considerable uncertainty, especially for countries where the availability and quality of the underlying primary data is limited. Uncertainty intervals and other details on the indicators and statistics presented here can be found online at the WHO Global Health Observatory.[1]

While every effort has been made to maximize the comparability of statistics across countries and over time, users are advised that data series based on primary data may differ in terms of the definitions, data-collection methods, population coverage and estimation methods used. Please refer to the accompanying footnotes for more details.

In some cases, as SDG indicator definitions are being refined and baseline data are being collected, proxy indicators have been presented in this annex and have been clearly indicated as such through the use of accompanying footnotes.

For indicators with a reference period expressed as a range, country values refer to the latest available year in the range unless otherwise noted. Within each WHO region, countries are sorted in ascending order for mortality, incidence and risk-factor indicators, and in descending order for coverage and capacity indicators. Countries for which data are not available or applicable are sorted alphabetically at the end of the respective regional listing.

Changes in the values shown for indicators reported on in previous editions in the World Health Statistics series should not be assumed to accurately reflect underlying trends. This applies to all data types (comparable estimates, primary data and other data) and all reporting levels (country, regional and global). The data presented here may also differ from, and should not be regarded as, the official national statistics of individual WHO Member States.

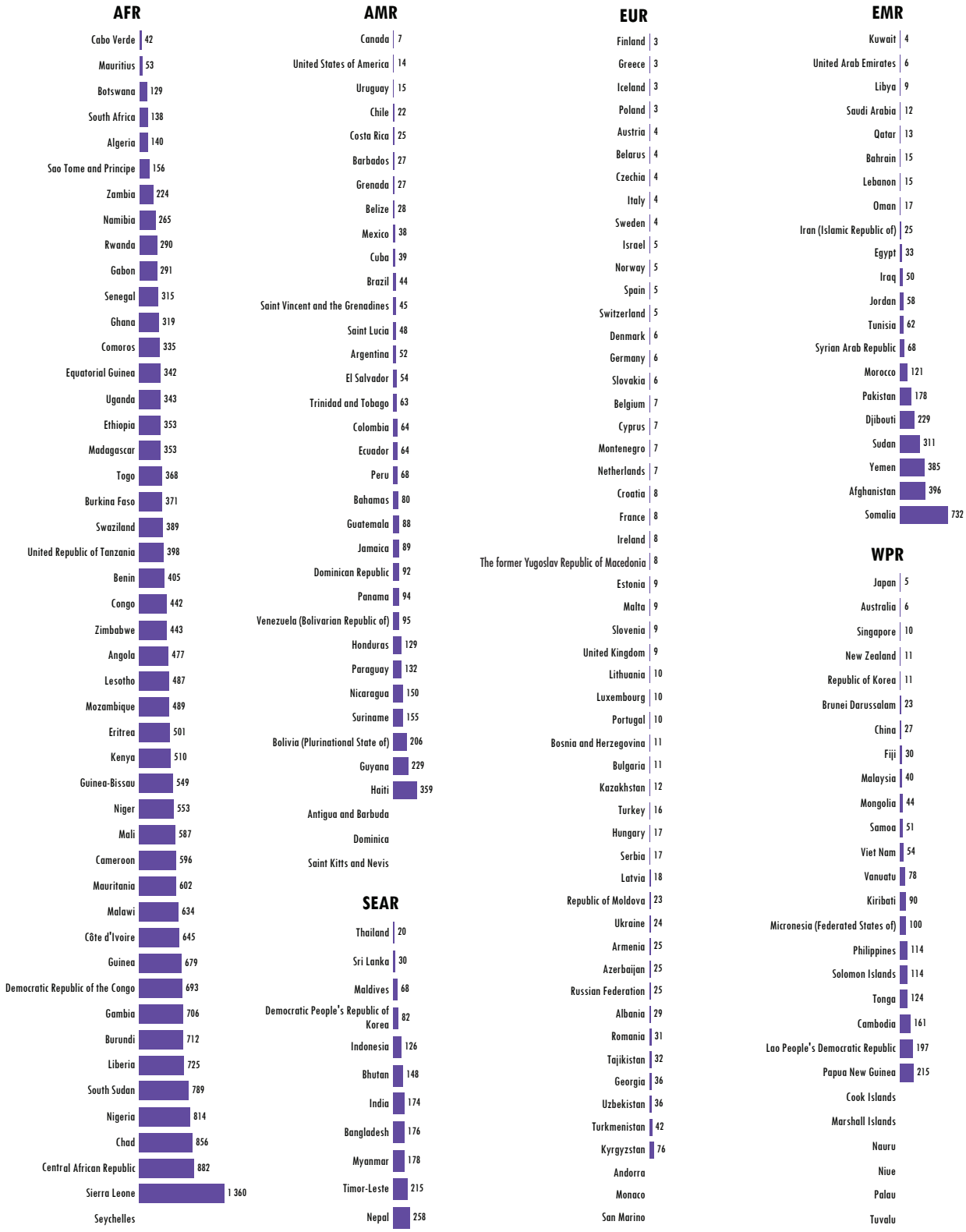
[1] The Global Health Observatory (GHO) is WHO's portal providing access to data and analyses for monitoring the global health situation. See: http://www.who.int/gho/en/, accessed 29 March 2018.

MATERNAL MORTALITY

SDG Target 3.1
By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births

Indicator 3.1.1: Maternal mortality ratio

Maternal mortality ratio (per 100 000 live births), 2015[1]
Data type: Comparable estimates



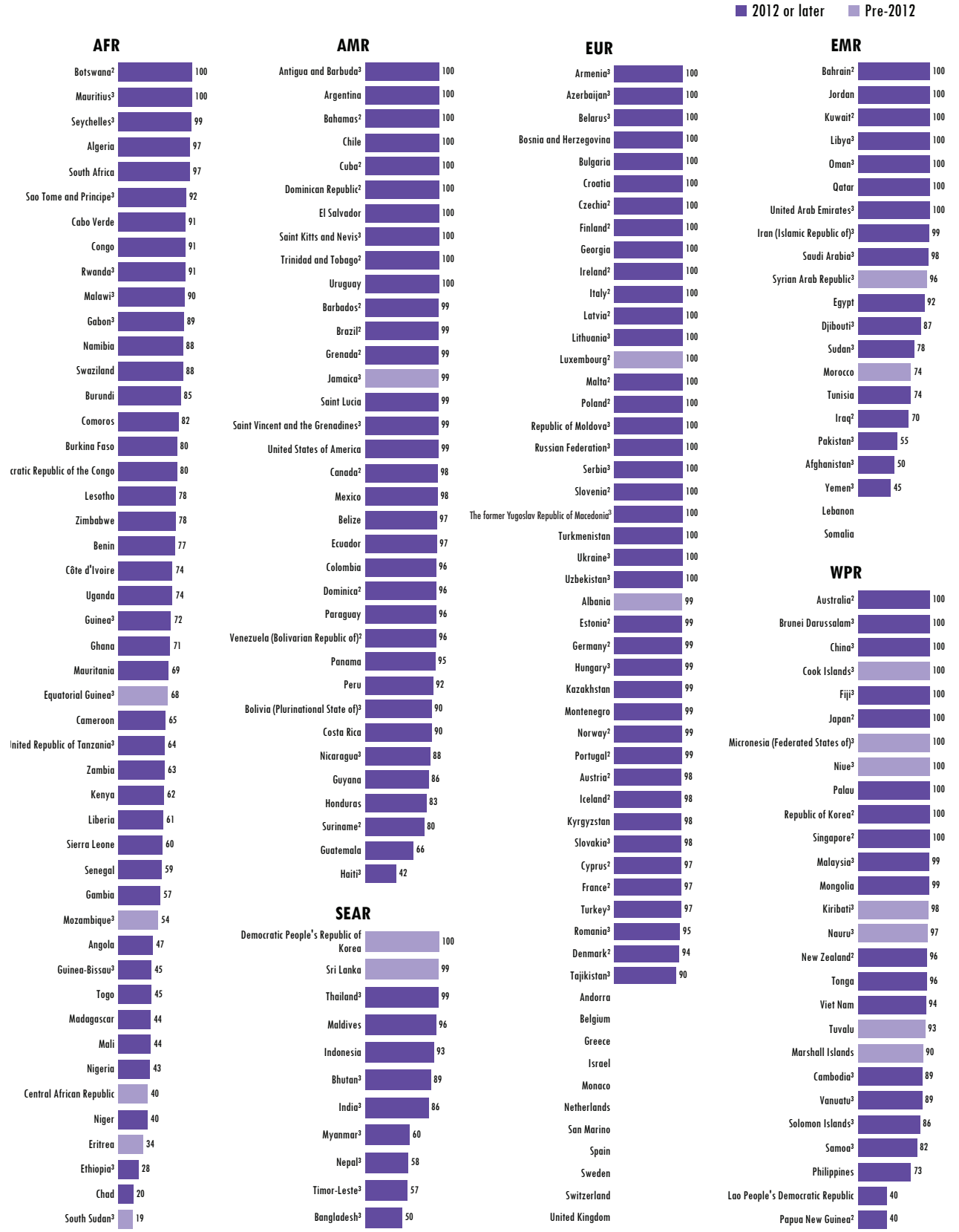
[1] Trends in maternal mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2015 (http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/, accessed 29 March 2018). WHO Member States with a population of less than 100 000 in 2015 were not included in the analysis.

SKILLED BIRTH ATTENDANCE

SDG Target 3.1
By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births

Indicator 3.1.2: Proportion of births attended by skilled health personnel

Proportion of births attended by skilled health personnel (%), latest available data, 2007–2017[1]
Data type: Primary data



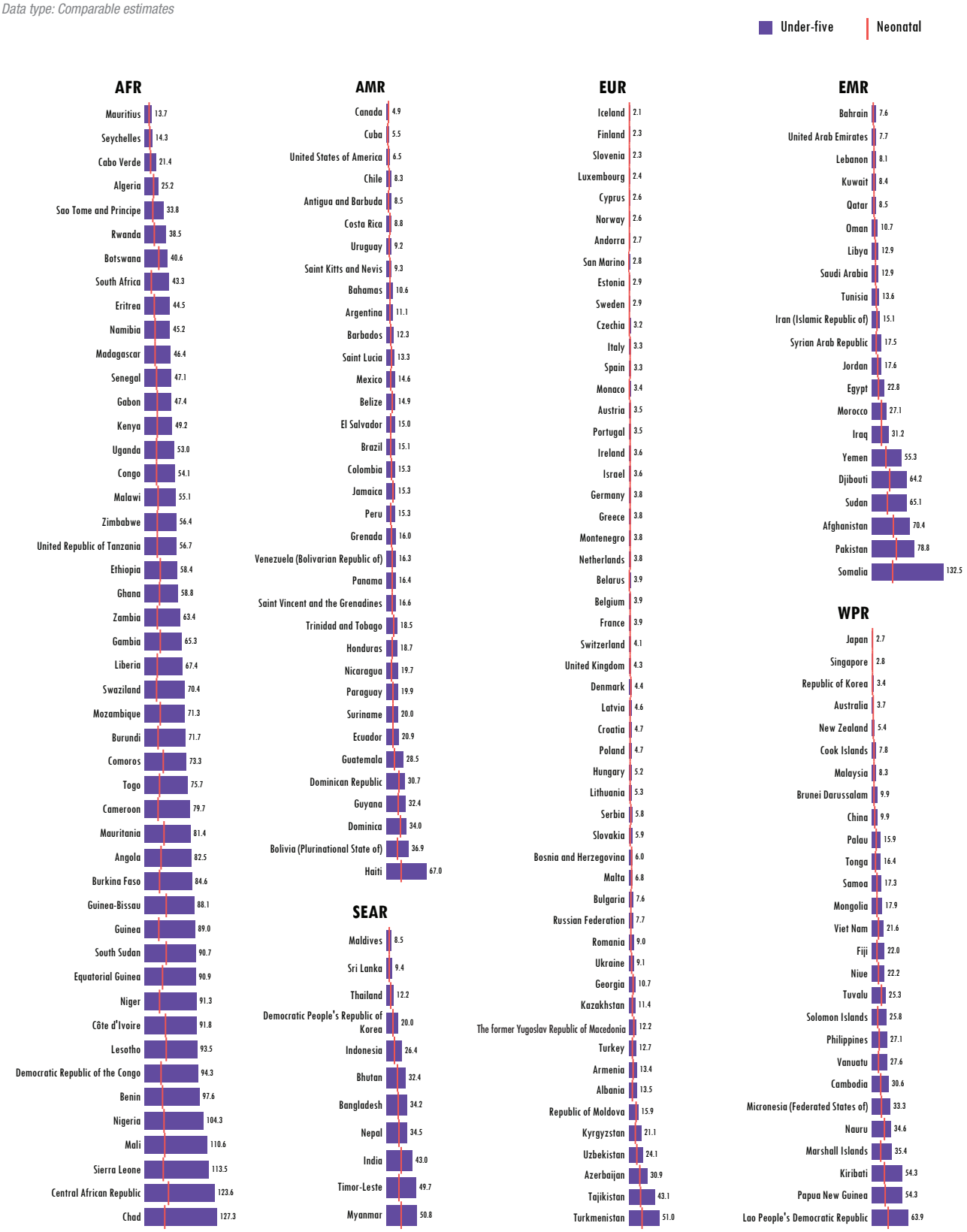
[1] Joint UNICEF/WHO database 2018 of skilled health personnel, based on population-based national household survey data and routine health systems data. New York (NY): United Nations Children's Fund; 2018 (https://data.unicef.org/wp-content/uploads/2018/02/Interagency-SAB-Database_UNICEF_WHO_Apr-2018.xlsx).
[2] Proportion of institutional births (%) used as a proxy for the SDG indicator.
[3] Non-standard definition of skilled health personnel. For more details see the Joint UNICEF/WHO database 2018 of skilled health personnel.

CHILD MORTALITY

SDG Target 3.2
By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-five mortality to at least as low as 25 per 1000 live births

Indicator 3.2.1: Under-five mortality rate / **Indicator 3.2.2:** Neonatal mortality rate

Under-five mortality (purple bar) and neonatal mortality (vertical line) rates (per 1000 live births), 2016[1]
Data type: Comparable estimates



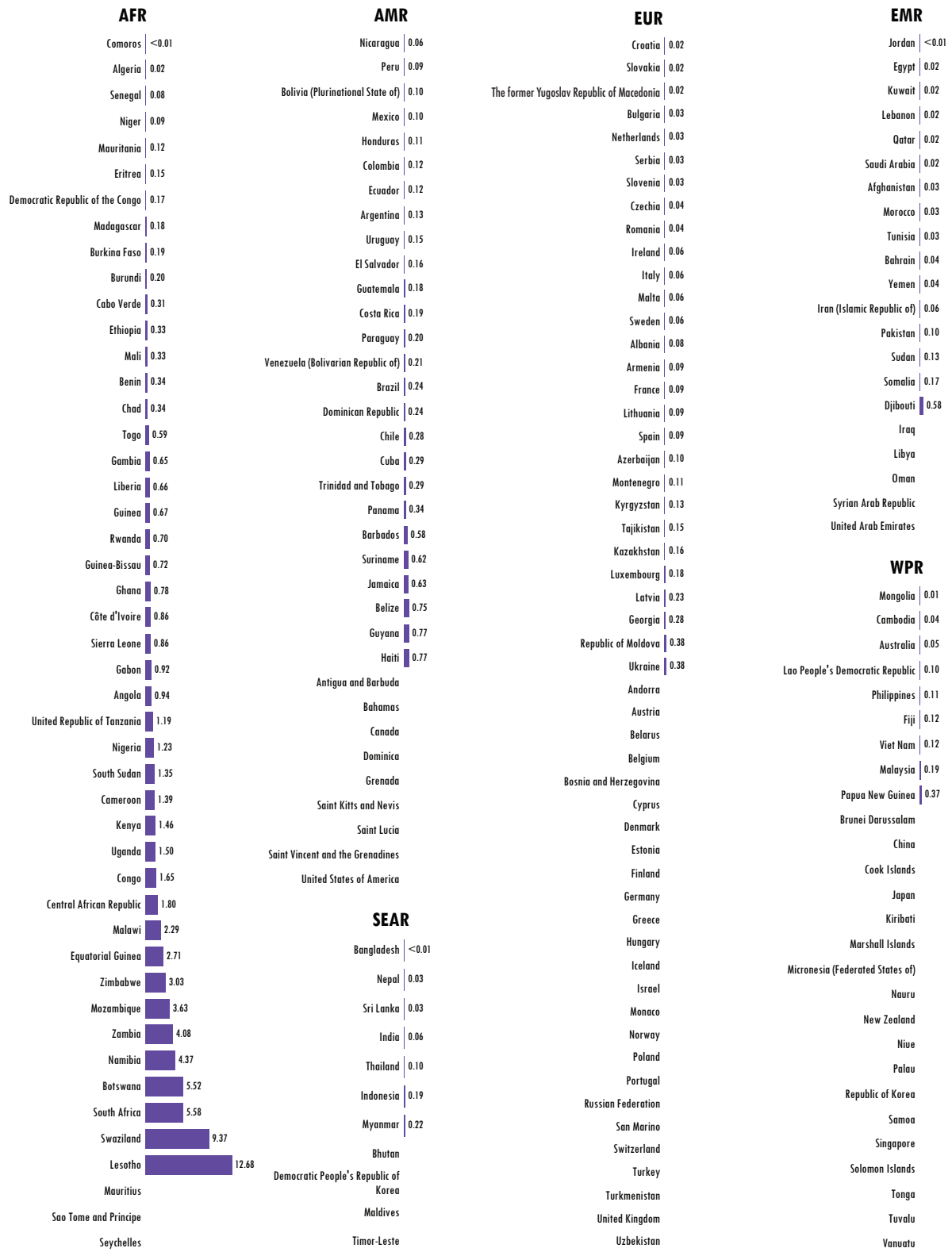
[1] Numbers next to the bars denote under-five mortality rates . Source: Levels & Trends in Child Mortality. Report 2017. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation. United Nations Children's Fund, World Health Organization, World Bank and United Nations. New York (NY): United Nations Children's Fund; 2017 (http://www.childmortality.org/files_v21/download/IGME%20report%202017%20child%20mortality%20final.pdf, accessed 29 March 2018).

HIV INCIDENCE

SDG Target 3.3
By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases

Indicator 3.3.1: Number of new HIV infections per 1000 uninfected population, by sex, age and key populations

New HIV infections (per 1000 uninfected population), 2016[1]
Data type: Comparable estimates



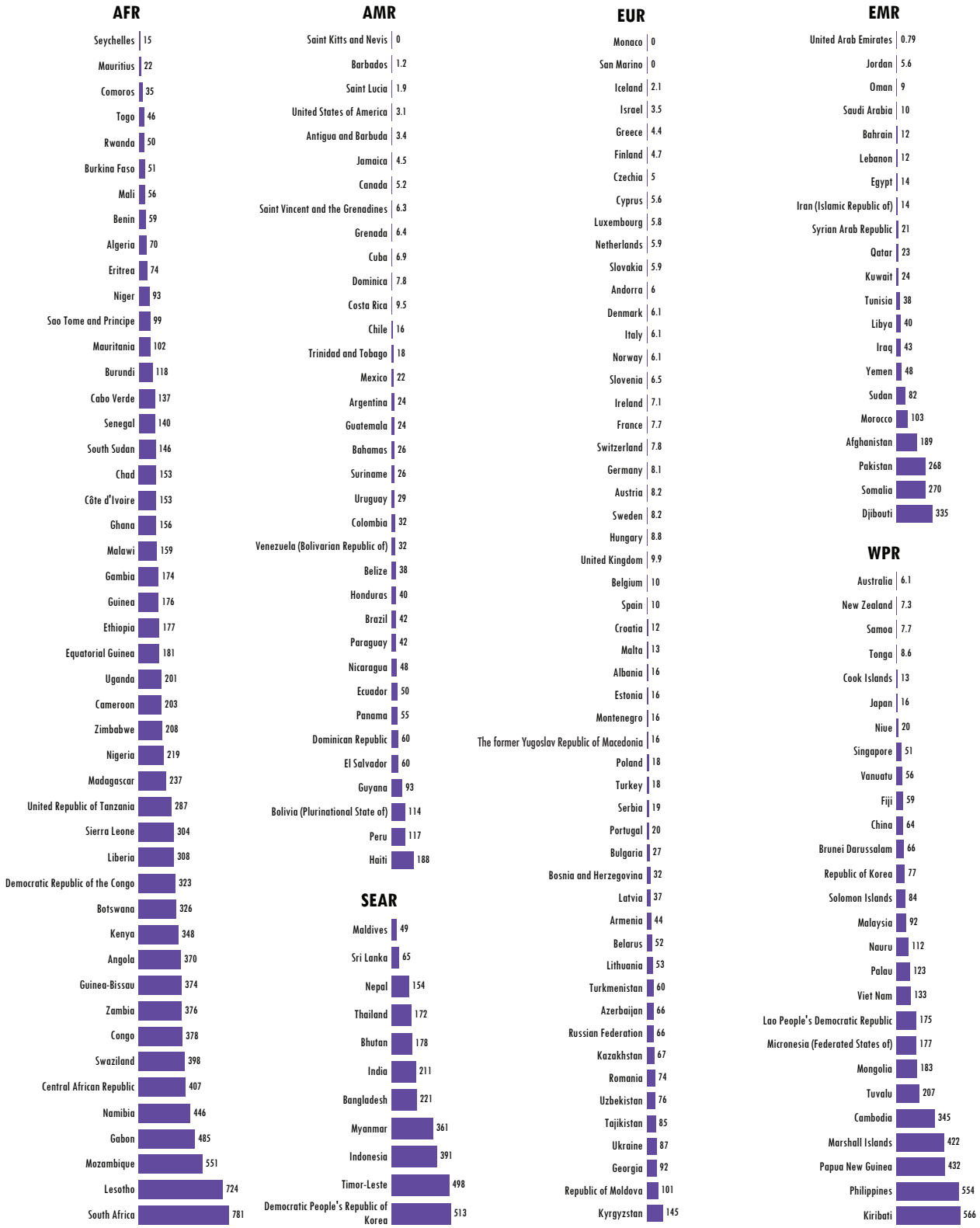
[1] AIDSinfo [online database]. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2017 (http://aidsinfo.unaids.org/, accessed 30 March 2018), and HIV/AIDS [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/hiv/epidemic_status/incidence/en/, accessed 30 March 2018).

TUBERCULOSIS INCIDENCE

SDG Target 3.3
By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases

Indicator 3.3.2: Tuberculosis incidence per 100 000 population

Tuberculosis incidence (per 100 000 population), 2016[1]
Data type: Comparable estimates



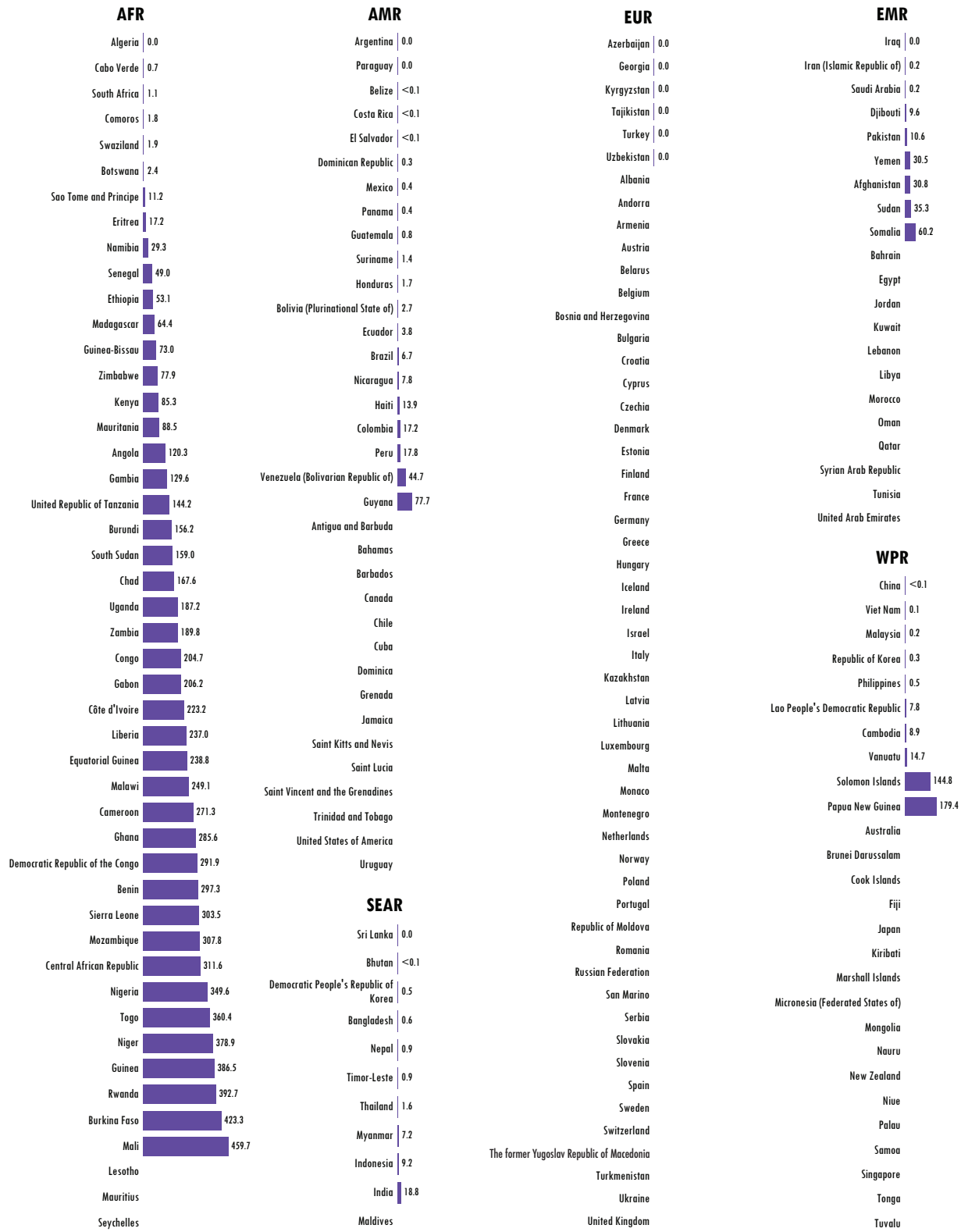
[1] Global tuberculosis report 2017. Geneva: World Health Organization; 2017 (http://www.who.int/tb/publications/global_report/en/, accessed 30 March 2018).

MALARIA INCIDENCE

SDG Target 3.3
By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases

Indicator 3.3.3: Malaria incidence per 1000 population

Malaria incidence (per 1000 population at risk), 2016[1]
Data type: Comparable estimates



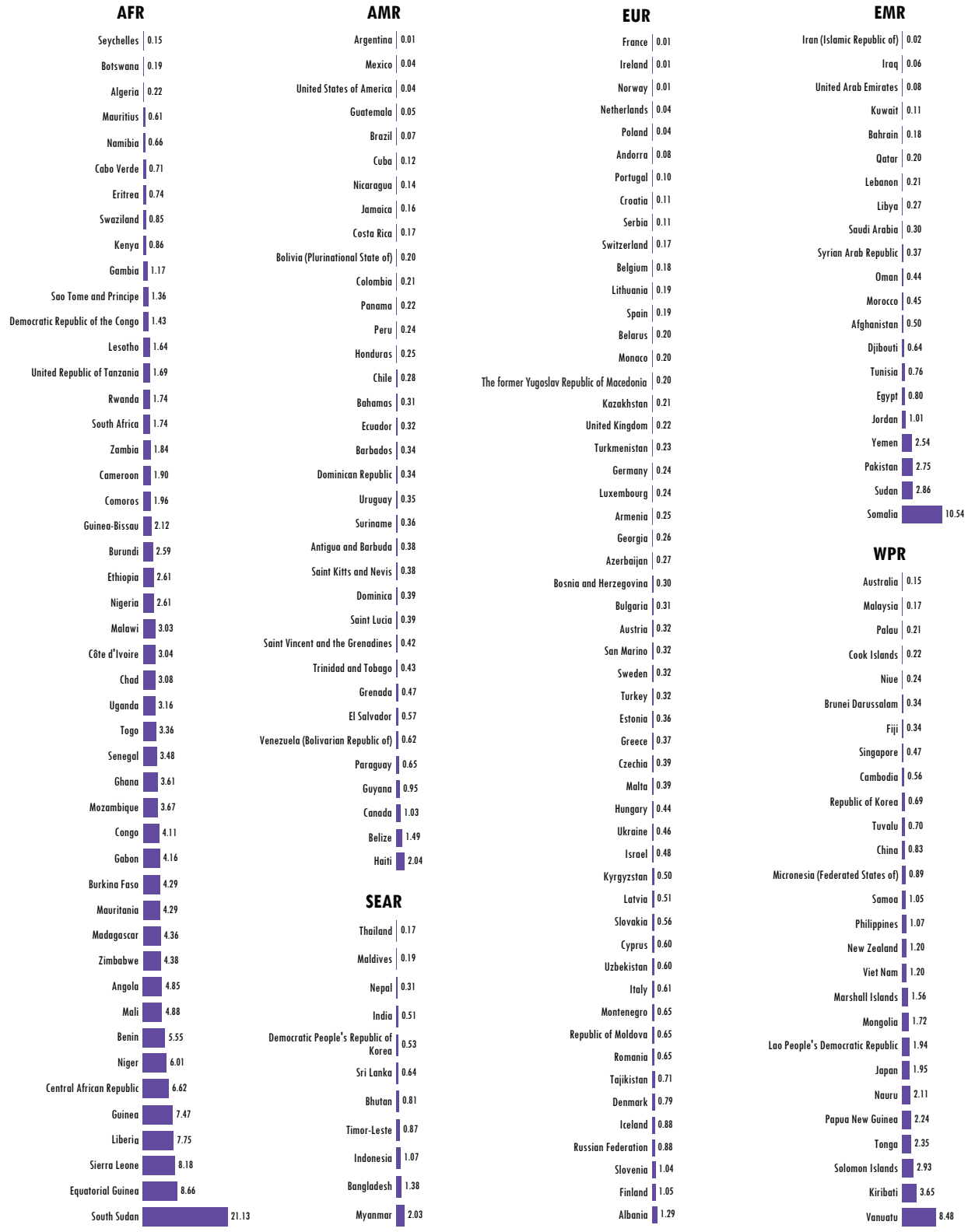
[1] World malaria report 2017. Geneva: World Health Organization; 2017 (http://www.who.int/malaria/publications/world-malaria-report-2017/report/en/, accessed 30 March 2018).

HEPATITIS B INCIDENCE

SDG Target 3.3
By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases

Indicator 3.3.4: Hepatitis B incidence per 100 000 population

Hepatitis B surface antigen (HBsAg) prevalence among children under 5 years old (%), 2015[1]
Data type: Comparable estimates



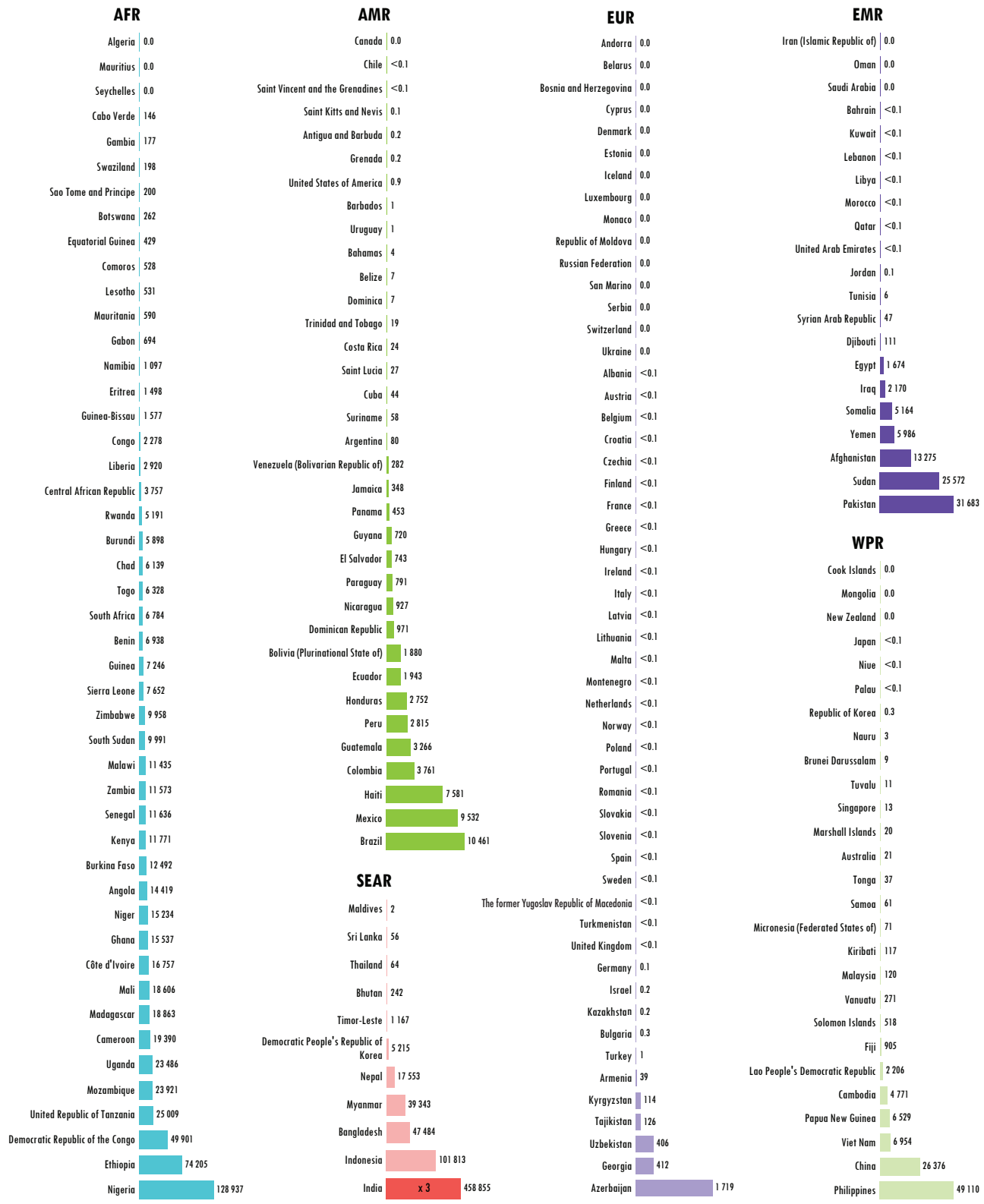
[1] This indicator is used here as a proxy for the SDG indicator. Data source: Global and Country Estimates of immunization coverage and chronic HBV infection [online database]. Geneva: World Health Organization; 23 March 2017 update (http://whohbsagdashboard.com/#global-strategies, accessed 30 March 2018).

NEED FOR NEGLECTED TROPICAL DISEASE INTERVENTIONS

SDG Target 3.3
By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

Indicator 3.3.5: Number of people requiring interventions against neglected tropical diseases

Reported number of people (in thousands) requiring interventions against NTDs, 2016[1]
Data type: Other data



[1] Neglected tropical diseases [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/neglected_diseases/en/). Scales differ by region. The bar for India is rescaled to one third of its actual length.

MORTALITY DUE TO NONCOMMUNICABLE DISEASES

SDG Target 3.4
By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being

Indicator 3.4.1: Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease

Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and exact age 70 (%), 2016[1]
Data type: Comparable estimates

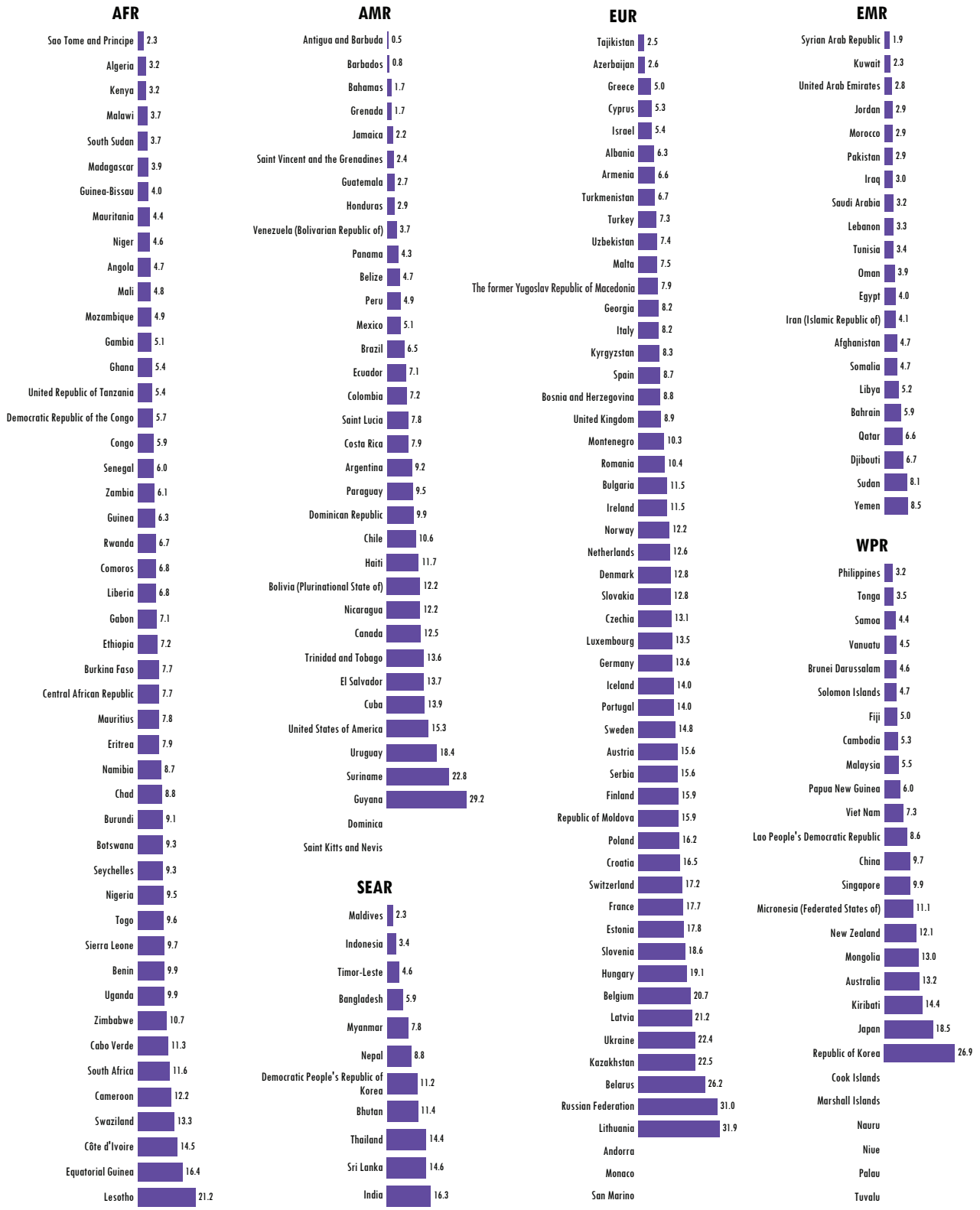
[1] Global Health Estimates 2016: Deaths by cause, age, sex, by country and by region, 2000–2016. Geneva: World Health Organization; 2018. WHO Member States with a population of less than 90 000 in 2016 were not included in the analysis.

SUICIDE MORTALITY RATE

SDG Target 3.4
By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being

Indicator 3.4.2: Suicide mortality rate

Suicide mortality rate (per 100 000 population), 2016[1]
Data type: Comparable estimates



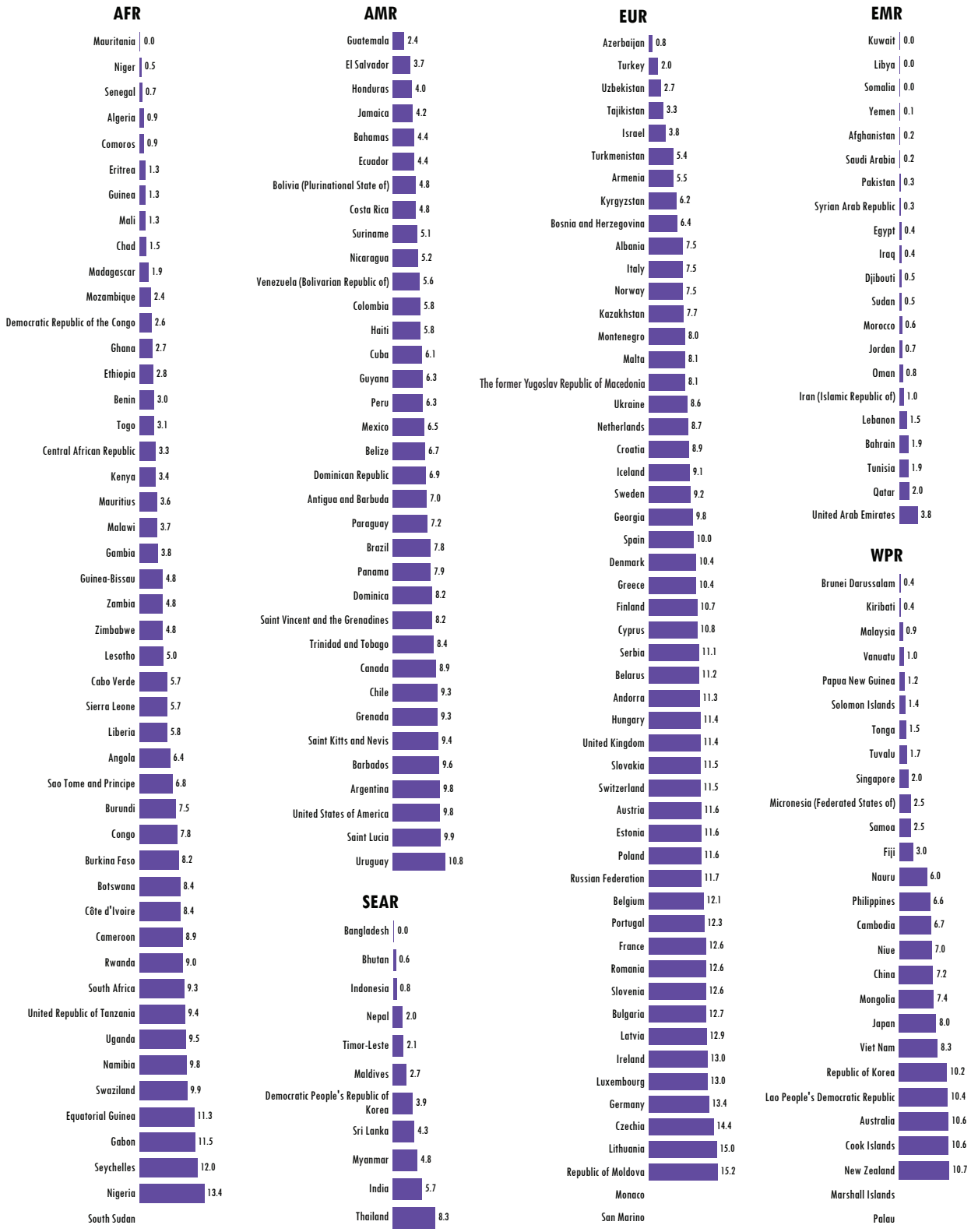
[1] Global Health Estimates 2016: Deaths by cause, age, sex, by country and by region, 2000–2016. Geneva: World Health Organization; 2018. WHO Member States with a population of less than 90 000 in 2016 were not included in the analysis.

ALCOHOL USE

SDG Target 3.5
Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

Indicator 3.5.2: Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol

Total alcohol per capita (≥ 15 years of age) consumption in litres of pure alcohol, 2016[1]
Data type: Comparable estimates



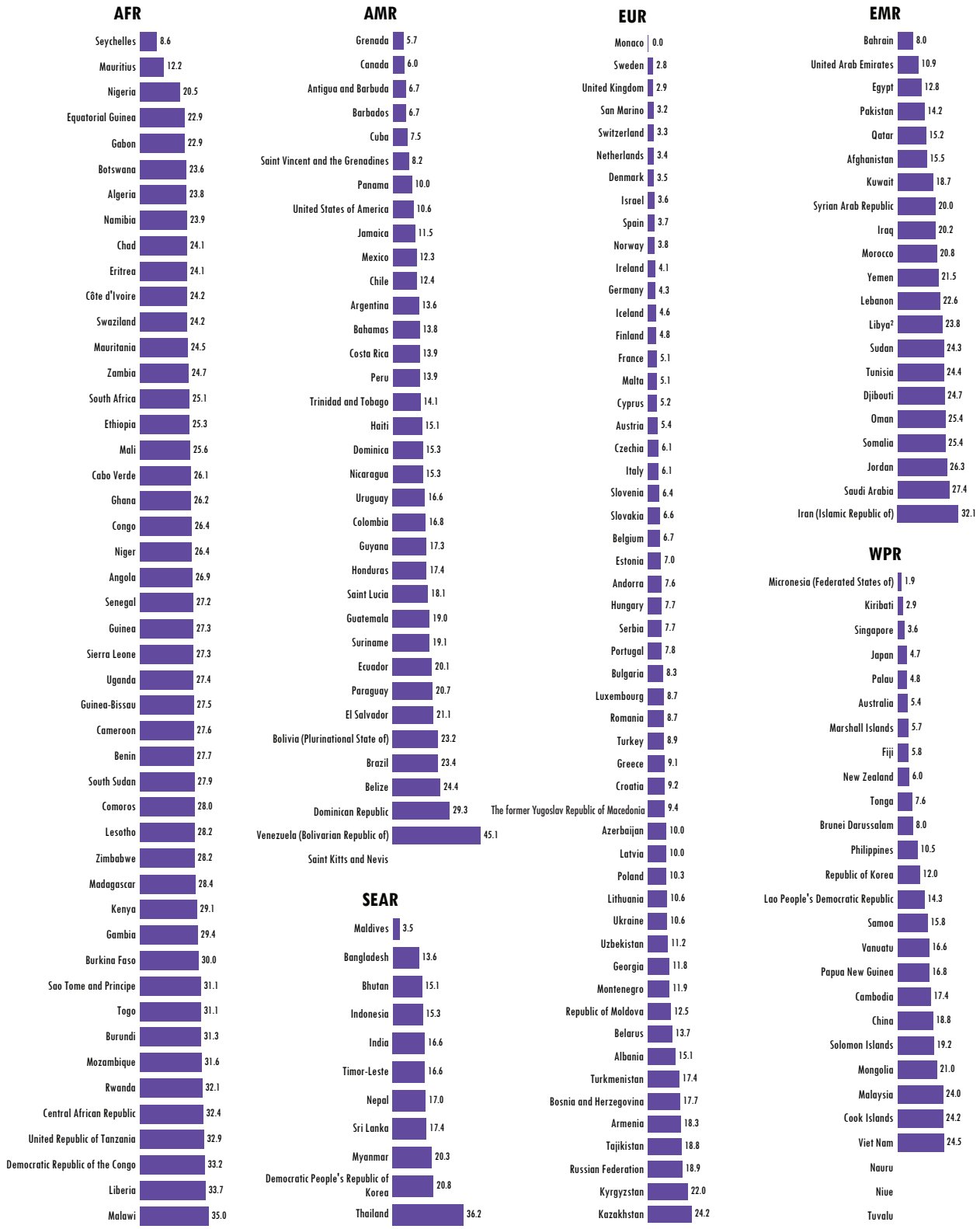
[1] WHO Global Information System on Alcohol and Health (GISAH) [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/alcohol/en/, accessed 30 March 2018).

DEATHS FROM ROAD TRAFFIC INJURIES

SDG Target 3.6
By 2020, halve the number of global deaths and injuries from road traffic accidents

Indicator 3.6.1: Death rate due to road traffic injuries

Road traffic mortality rate (per 100 000 population), 2013[1]
Data type: Comparable estimates



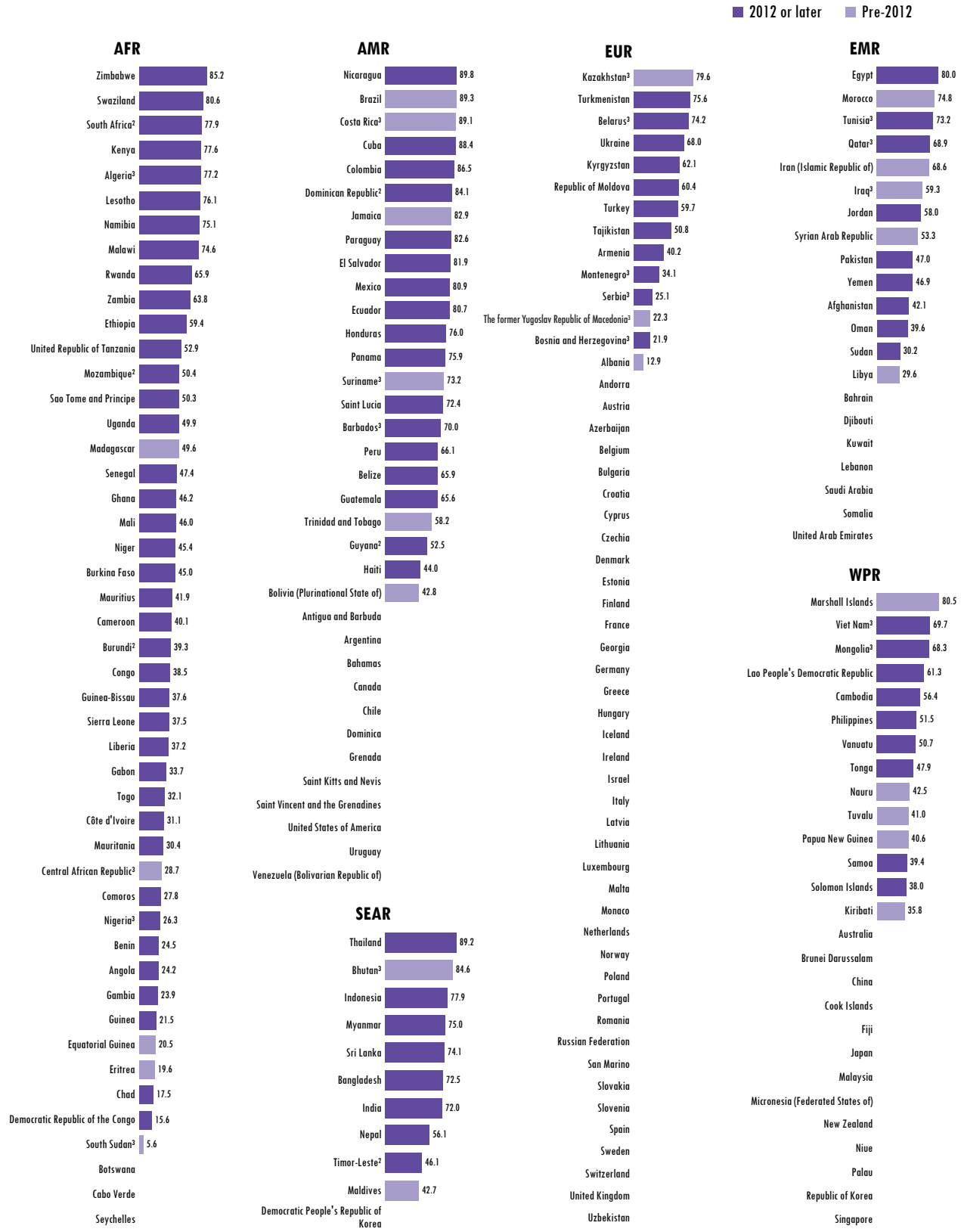
[1] Global status report on road safety 2015. Geneva: World Health Organization; 2015 (http://www.who.int/violence_injury_prevention/road_safety_status/2015/en/, accessed 30 March 2018). WHO Member States with a population of less than 90 000 in 2015 who did not participate in the survey used to produce the report were not included in the analysis.
[2] Updated estimate.

FAMILY PLANNING

SDG Target 3.7
By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

Indicator 3.7.1: Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods

Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods (%), latest available data, 2007–2017[1]
Data type: Primary data



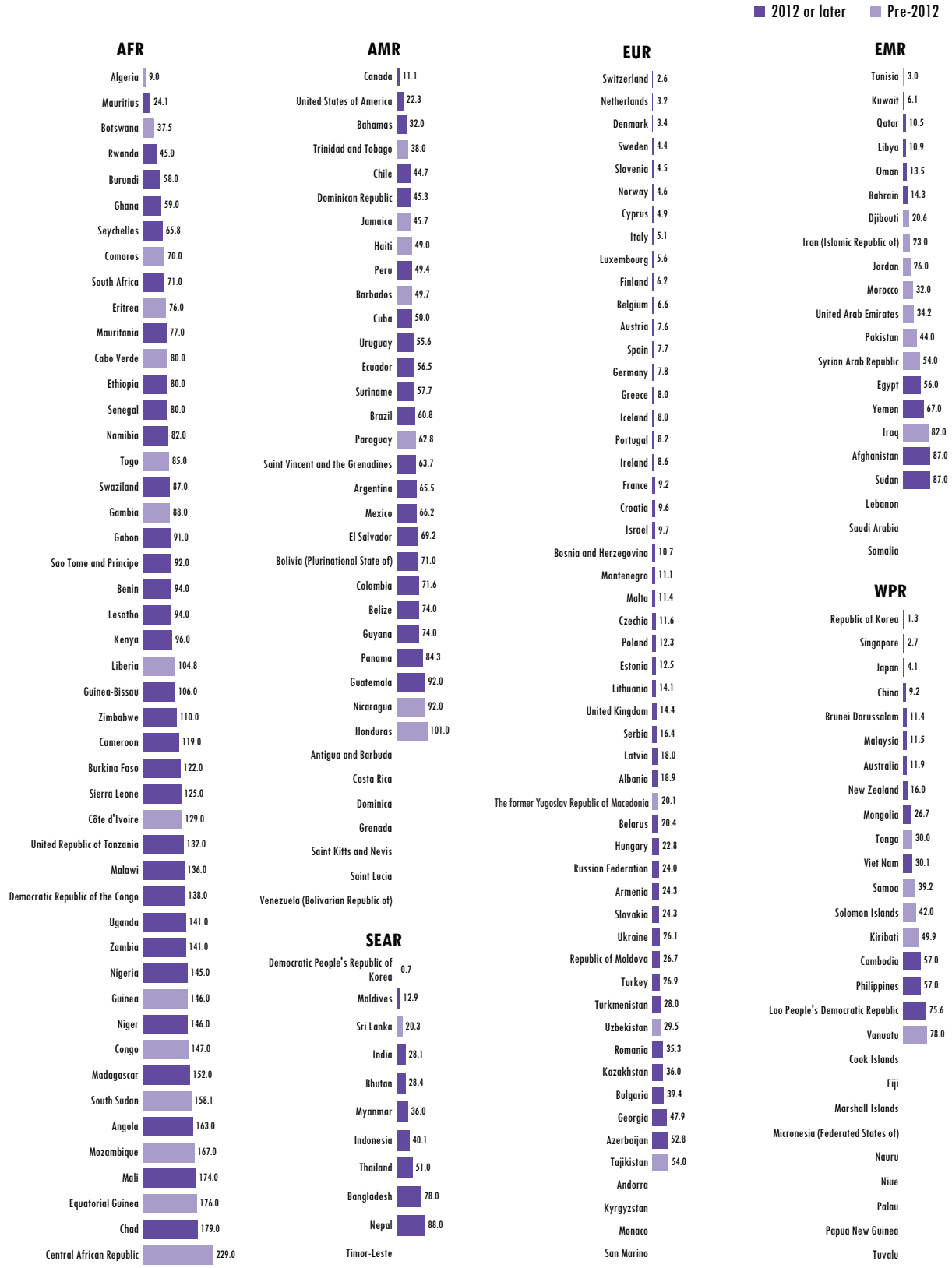
[1] Data pertaining to women aged 15-49 years who were married or in union, extracted by WHO from World Contraceptive Use 2018 [online database]. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2018 (http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2018.shtml, accessed 2 May 2018).
[2] Preliminary data.
[3] Deviation from standard question or measurement method. Please refer to World Contraceptive Use 2018 for more information.

ADOLESCENT BIRTH RATE

SDG Target 3.7
By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

Indicator 3.7.2: Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1000 women in that age group

Adolescent birth rate (per 1000 women aged 15–19 years), 2007–2016[1]
Data type: Primary data



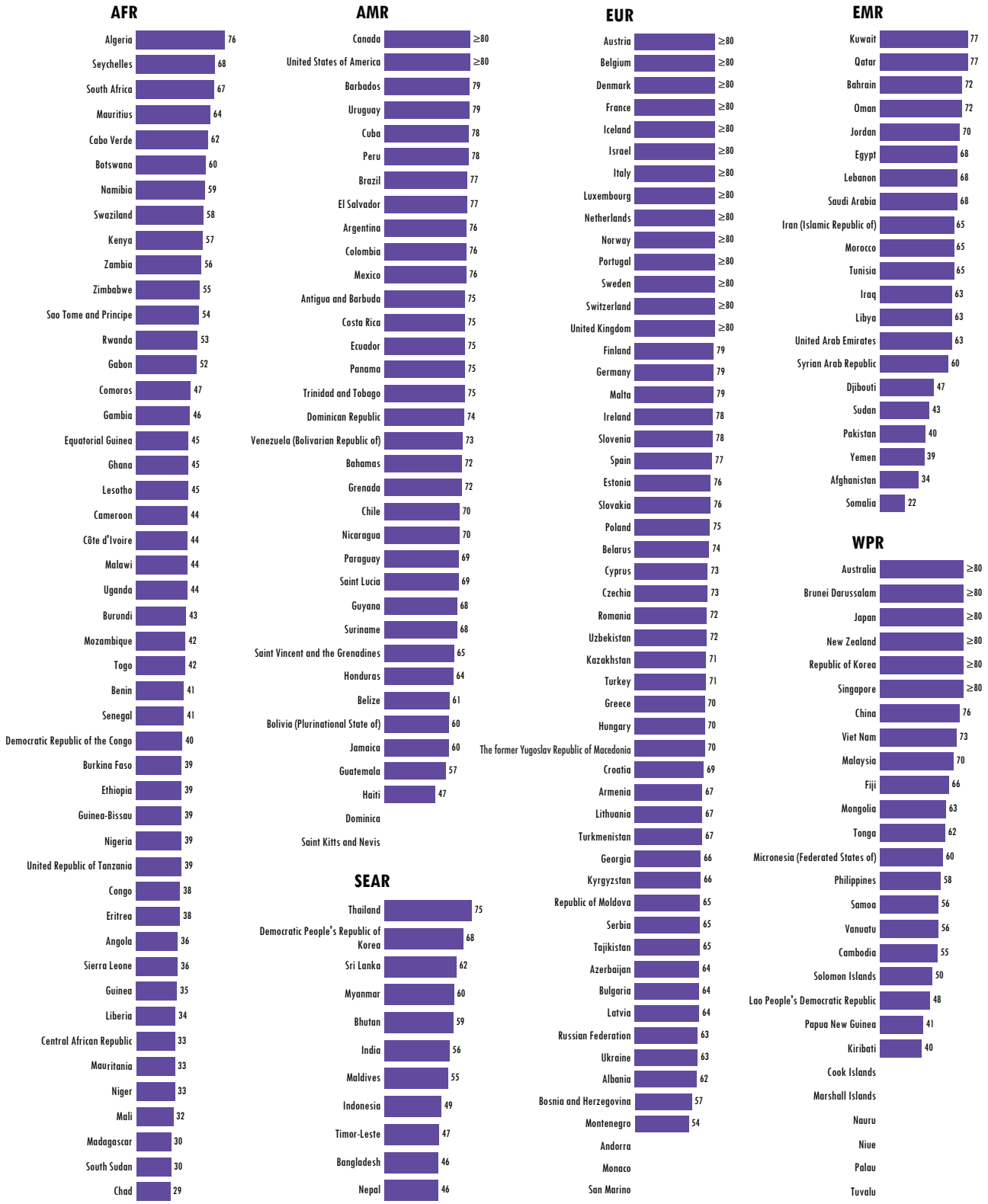
[1] Data extracted by WHO from World Fertility Data 2017 [online database]. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; November 2017 (http://www.un.org/en/development/desa/population/publications/dataset/fertility/wfd2017.shtml).

UNIVERSAL HEALTH COVERAGE: SERVICE COVERAGE

SDG Target 3.8
Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Indicator 3.8.1: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged population)

Universal health coverage: service coverage index, 2015[1]
Data type: Comparable estimates



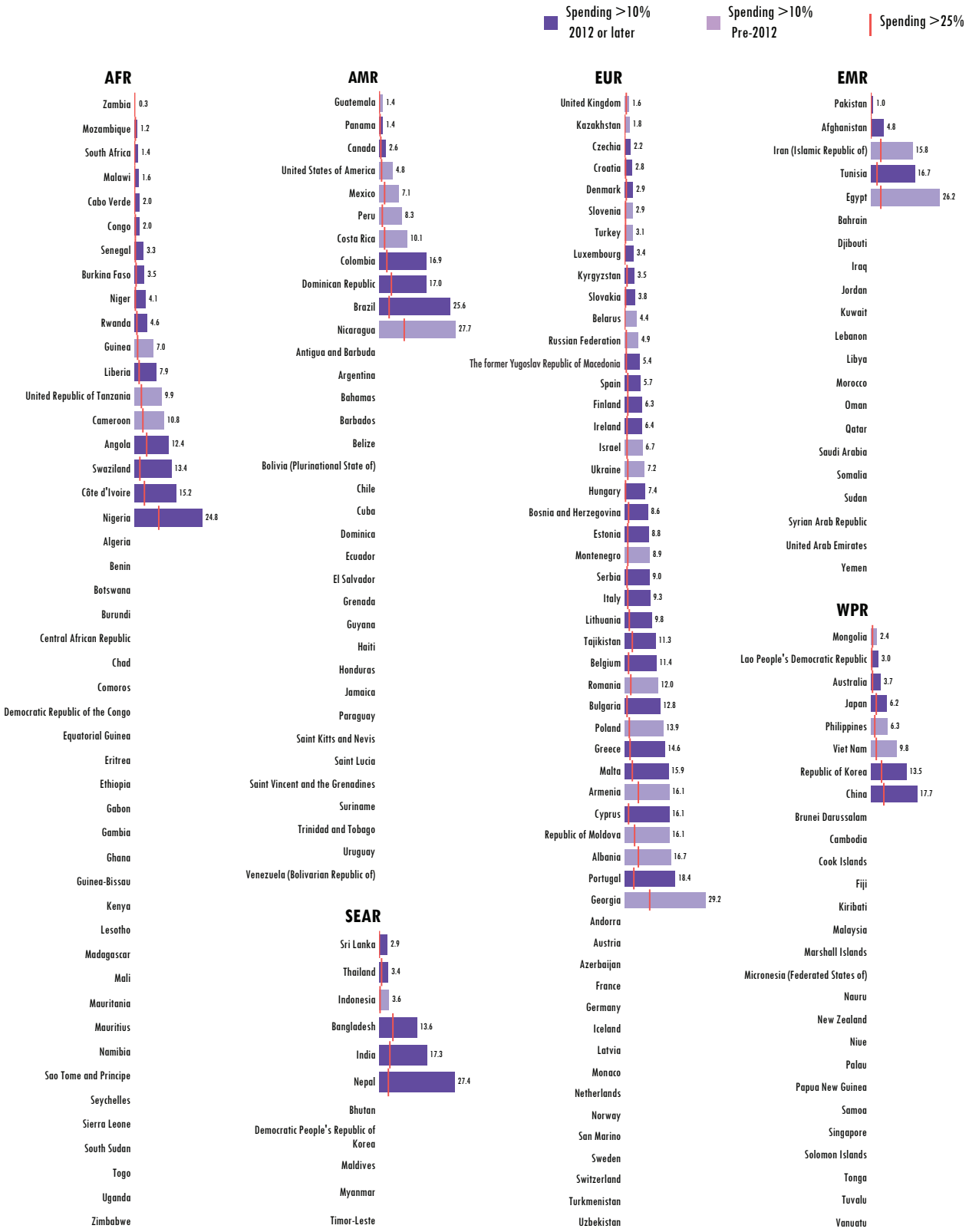
[1] Tracking universal health coverage: 2017 global monitoring report. Geneva and Washington (DC): World Health Organization and the International Bank for Reconstruction and Development / The World Bank; 2017 (http://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf?sequence=1, accessed 30 March 2018). WHO Member States with a population of less than 90 000 in 2015 were not included in the analysis.

UNIVERSAL HEALTH COVERAGE: FINANCIAL PROTECTION

SDG Target 3.8
Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Indicator 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income

Proportion of population (%) with total household expenditures on health > 10% and > 25% of total household expenditure or income, latest available data, 2007–2015[1]
Data type: Primary data



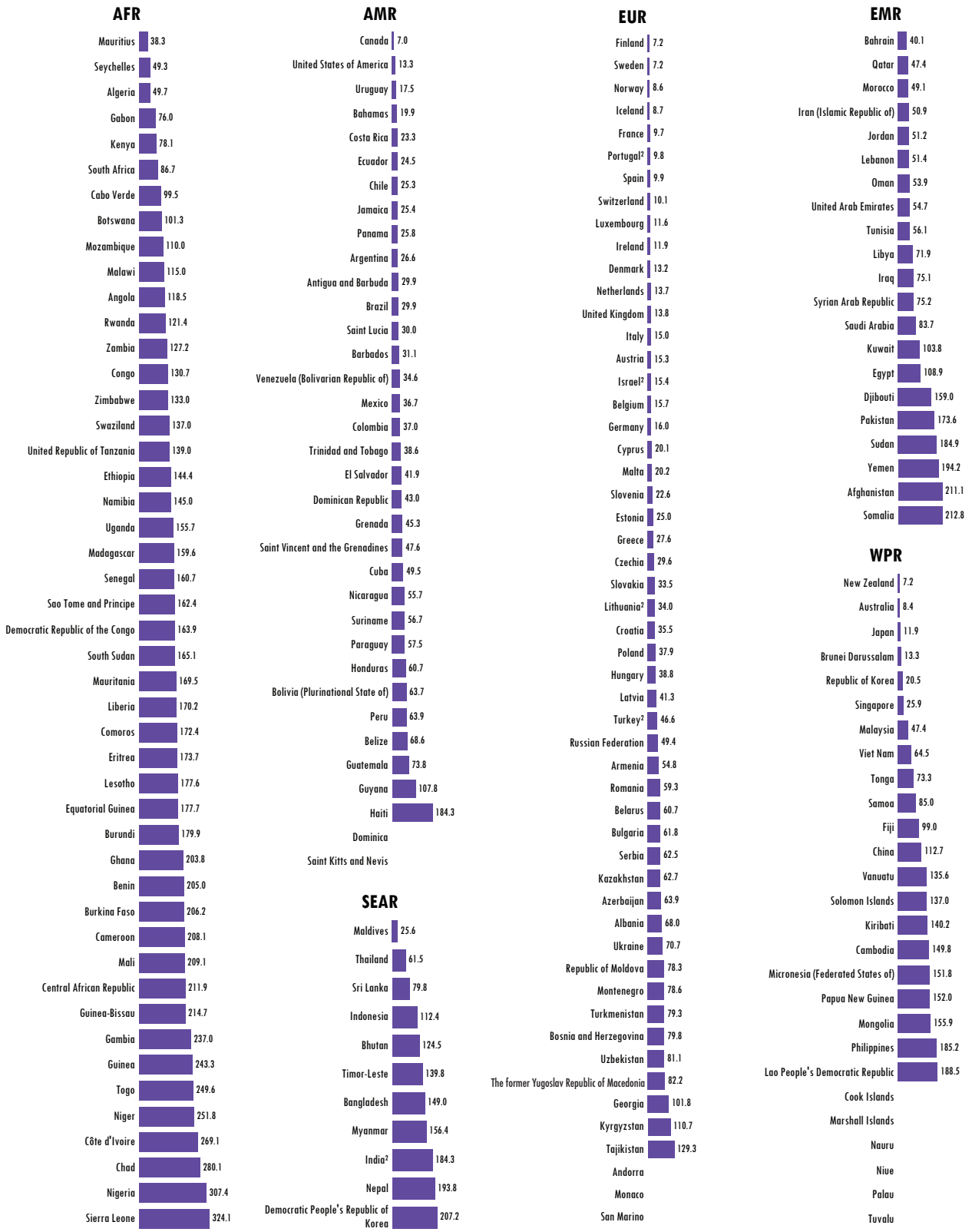
[1] Tracking universal health coverage: 2017 global monitoring report. Geneva and Washington (DC): World Health Organization and the International Bank for Reconstruction and Development / The World Bank; 2017 (http://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf?sequence=1, accessed 30 March 2018).

MORTALITY DUE TO AIR POLLUTION

SDG Target 3.9
By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

Indicator 3.9.1: Mortality rate attributed to household and ambient air pollution

Age-standardized mortality rate attributed to household and ambient air pollution (per 100 000 population), 2016[1]
Data type: Comparable estimates



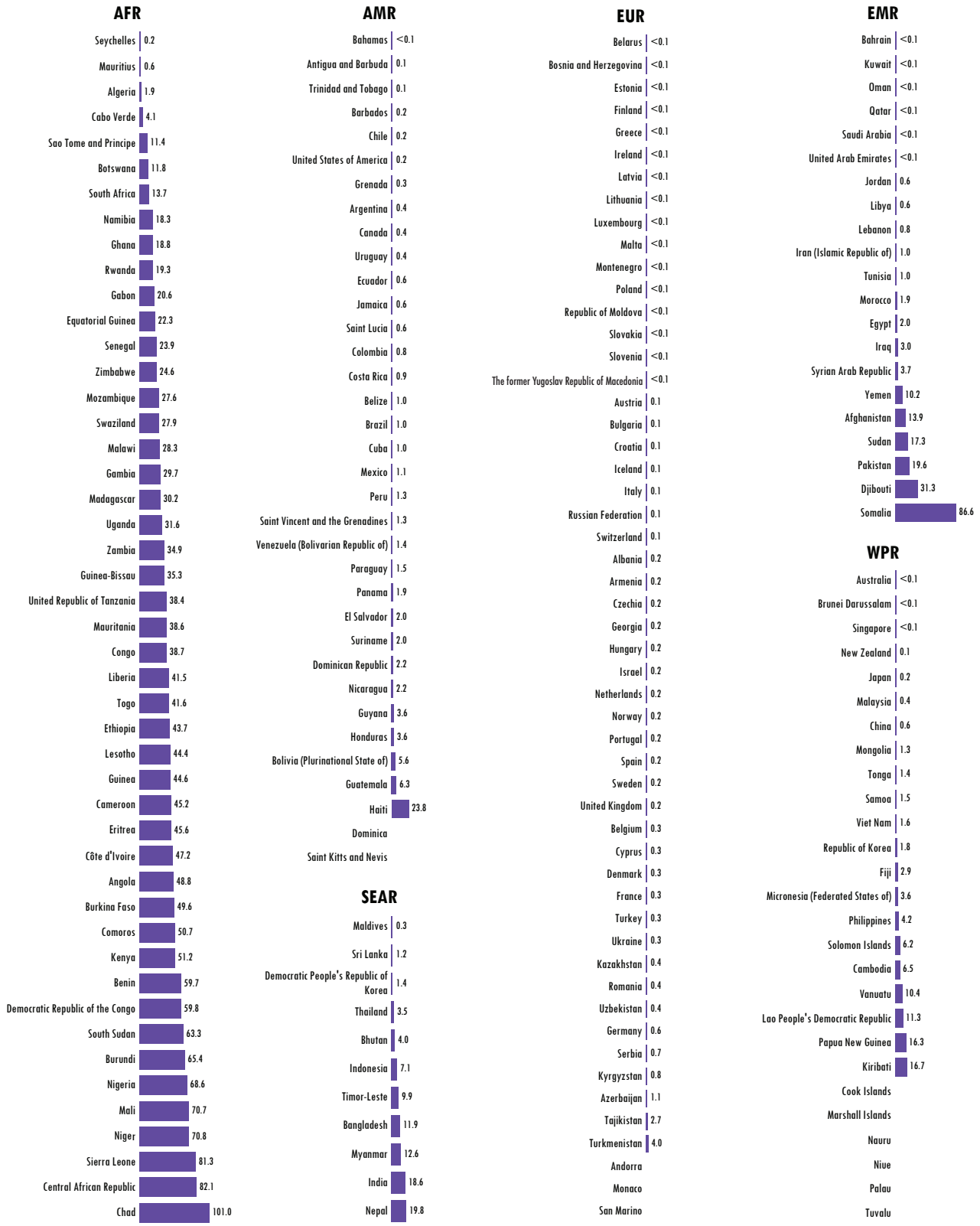
[1] Public health and environment [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/phe/en/). WHO Member States with a population of less than 90 000 in 2016 were not included in the analysis.
[2] Under country consultation as of May 2018.

MORTALITY DUE TO UNSAFE WASH SERVICES

SDG Target 3.9
By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

Indicator 3.9.2: Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)

Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population), 2016[1]
Data type: Comparable estimates



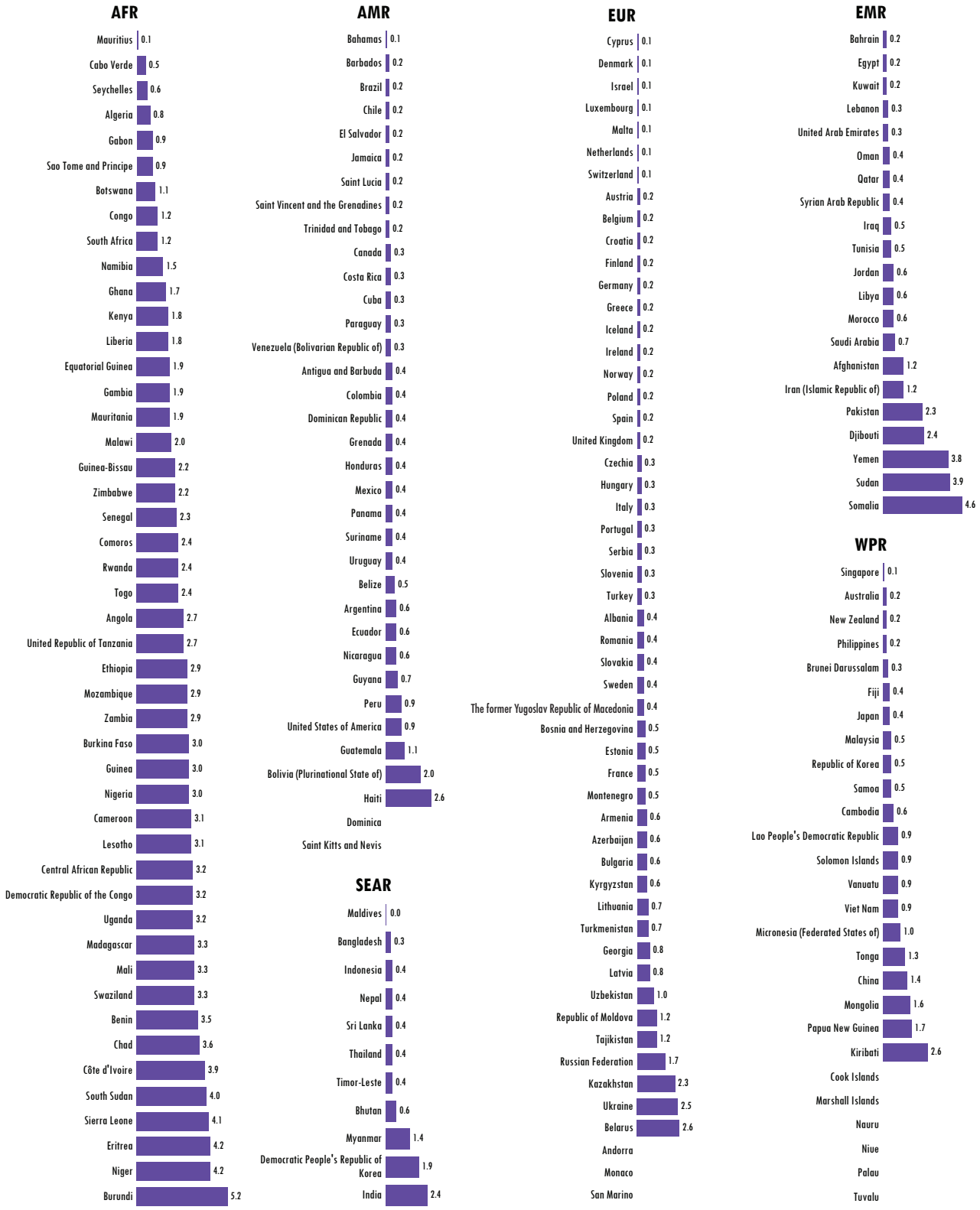
[1] Public health and environment [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/phe/en/). WHO Member States with a population of less than 90 000 in 2016 were not included in the analysis.

MORTALITY DUE TO UNINTENTIONAL POISONING

SDG Target 3.9
By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

Indicator 3.9.3: Mortality rate attributed to unintentional poisoning

Mortality rate attributed to unintentional poisoning (per 100 000 population), 2016[1]
Data type: Comparable estimates



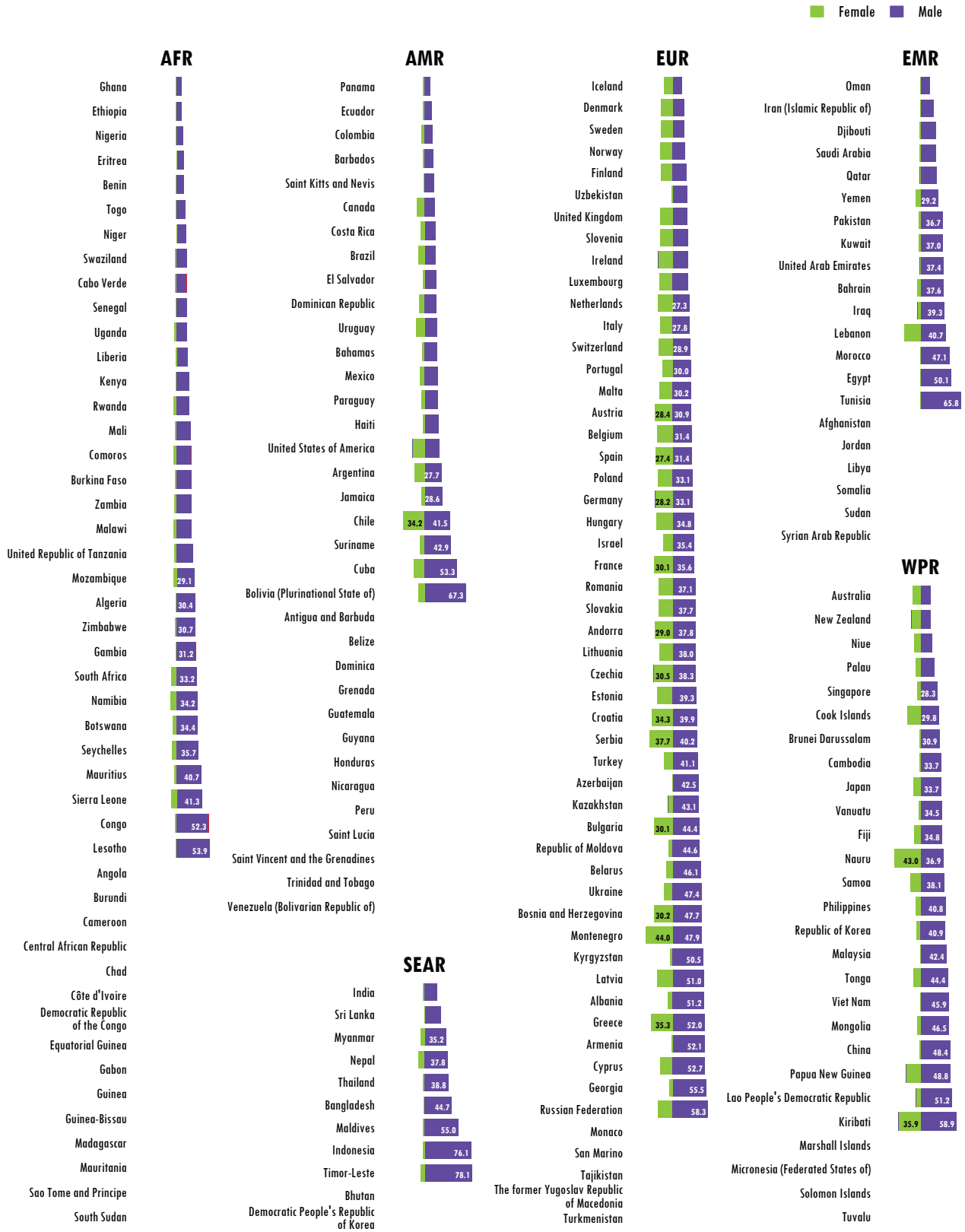
[1] Global Health Estimates 2016: Deaths by cause, age, sex, by country and by region, 2000–2016. Geneva: World Health Organization; 2018. WHO Member States with a population of less than 90 000 in 2016 were not included in the analysis.

TOBACCO USE

SDG Target 3.a
Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate

Indicator 3.a.1: Age-standardized prevalence of current tobacco use among persons aged 15 years and older

Age-standardized prevalence of tobacco smoking among persons 15 years and older, by sex, 2016[1]
Data type: Comparable estimates



[1] WHO global report on trends in prevalence of tobacco smoking, 2nd edition. Geneva: World Health Organization; 2018 (upcoming). Within each WHO region, countries are sorted in order of ascending prevalence among males.

VACCINE COVERAGE

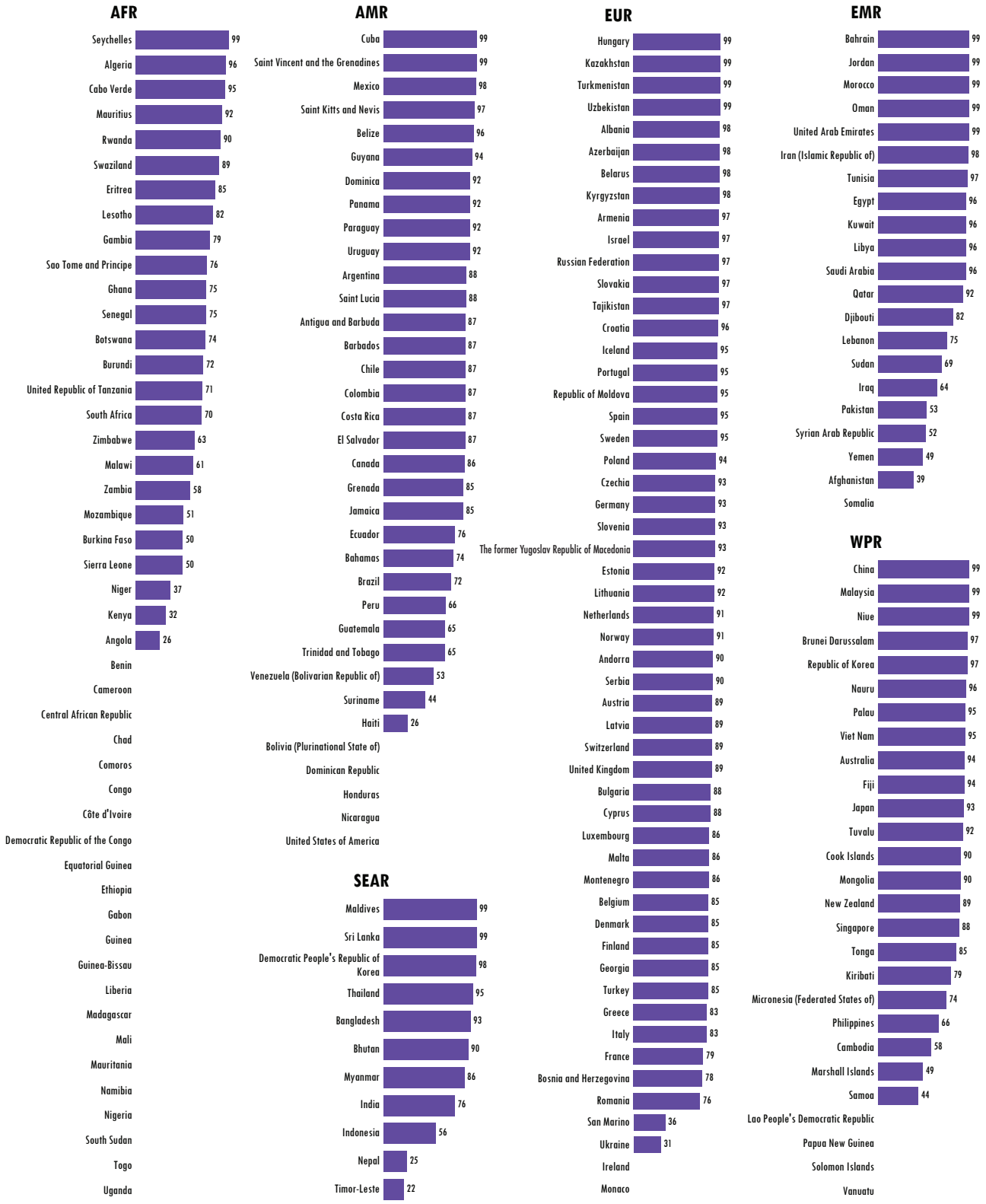
SDG Target 3.b

Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

Indicator 3.b.1: Proportion of the target population covered by all vaccines included in their national programme

Measles-containing vaccine second-dose (MCV2) immunization coverage by the nationally recommended age (%), 2016[1]

Data type: Comparable estimates



[1] The SDG indicator includes immunization coverage with diphtheria-tetanus-pertussis-containing vaccine third-dose (DTP3), MCV2, pneumococcal conjugate vaccine third-dose (PcV3) and human papillomavirus (HPV) vaccine. See Annex B for more data. Source: WHO/UNICEF estimates of national immunization coverage [online database]. July 2017 revision (http://www.who.int/immunization/monitoring_surveillance/routine/coverage/en/index4.html, accessed 30 March 2018).

DEVELOPMENT ASSISTANCE FOR HEALTH

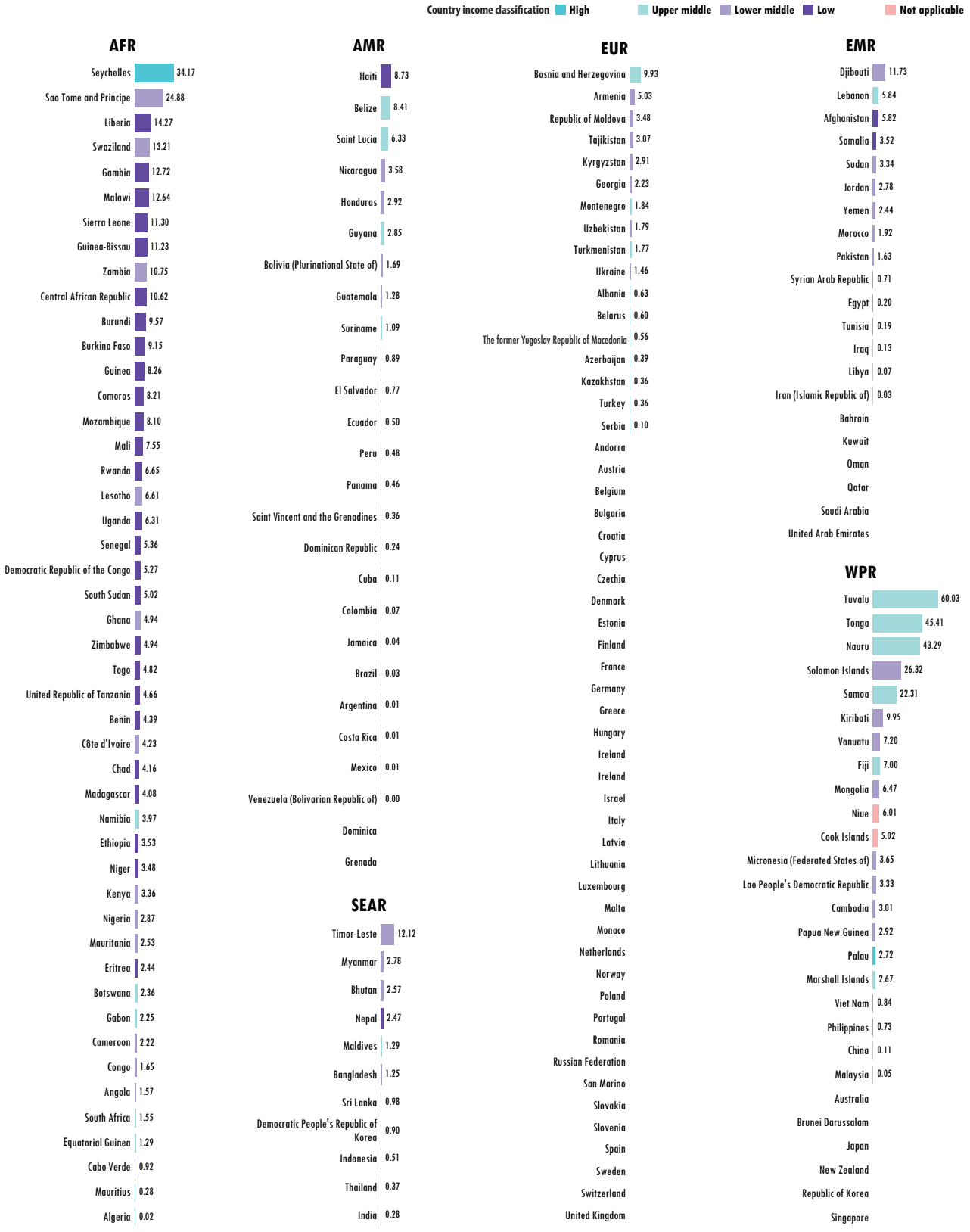
SDG Target 3.b

Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

Indicator 3.b.2: Total net official development assistance to the medical research and basic health sectors

Total net official development assistance to medical research and basic health sectors per capita (US$), by recipient country, 2016[1]

Data type: Primary data



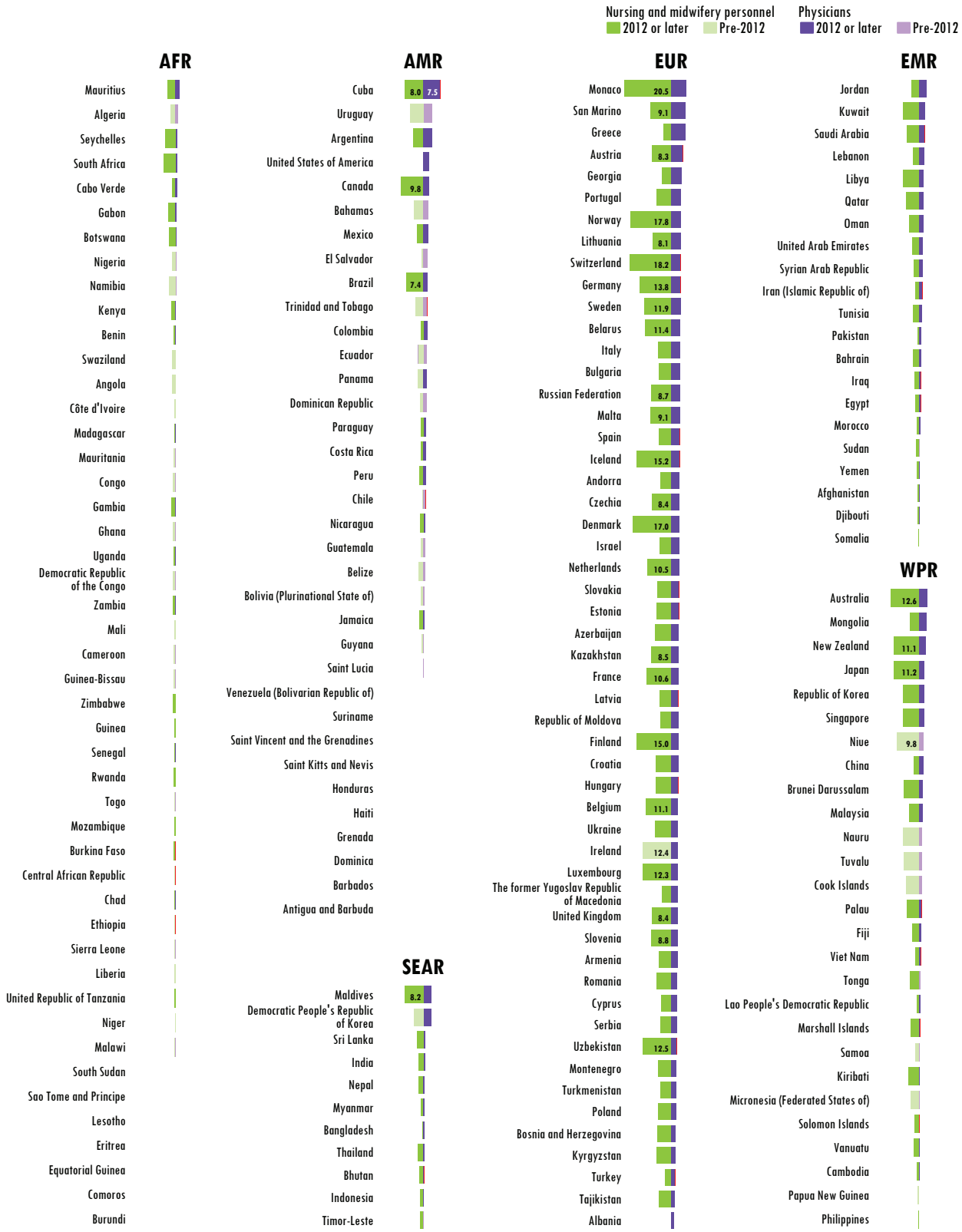
[1] Organisation for Economic Co-operation and Development. OECD.Stat [online database]. Paris: Organisation for Economic Co-operation and Development (http://stats.oecd.org/, accessed 19 January 2018). Income classification is based on the July 2017 World Bank list of economies (https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups, accessed 19 January 2018).

HEALTH WORKERS

SDG Target 3.c
Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least-developed countries and small-island developing States

Indicator 3.c.1: Health worker density and distribution

Density of physicians and of nursing and midwifery personnel (per 1000 population), latest available data, 2007–2016[1]
Data type: Primary data



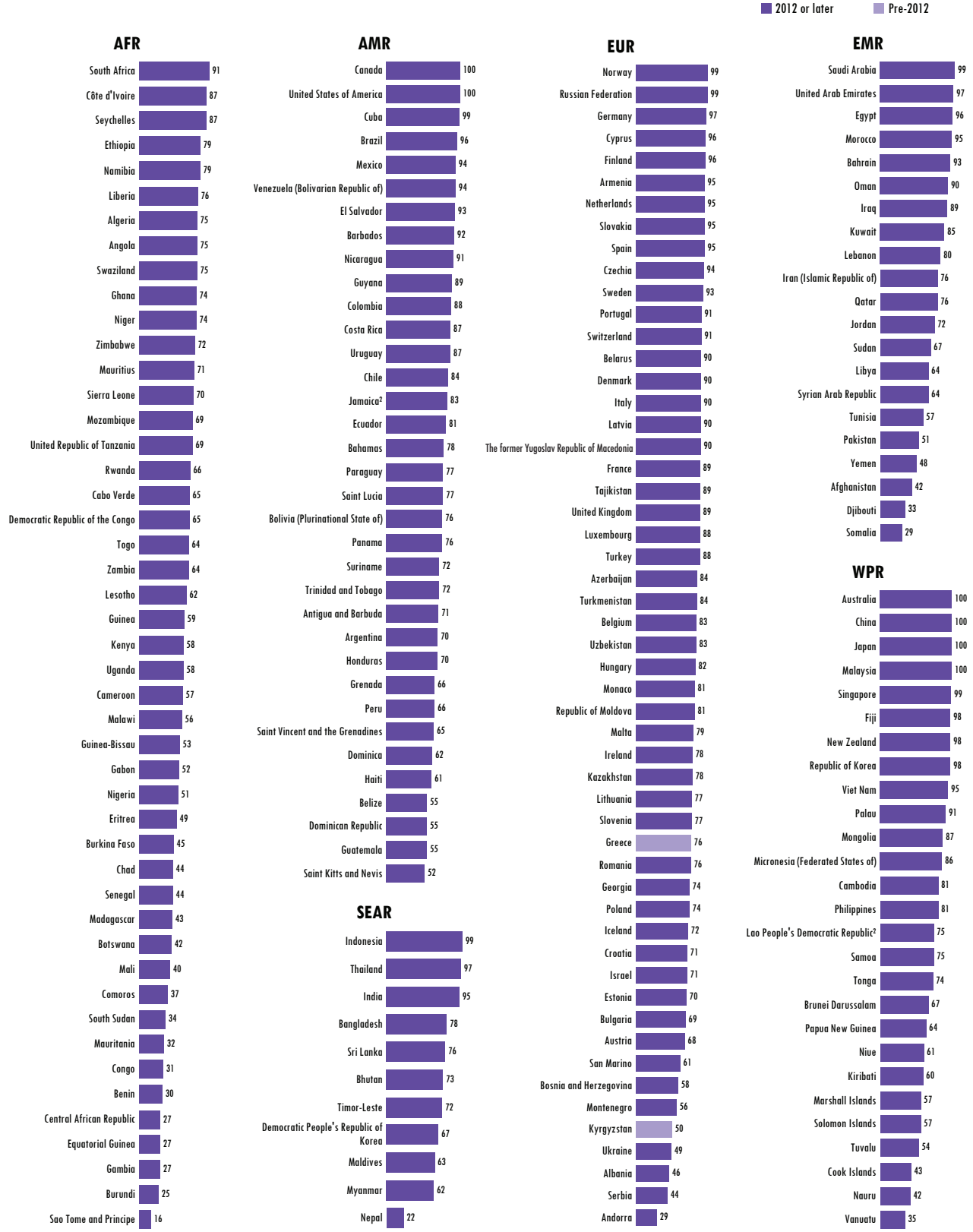
[1] Latest available data for more cadres are presented in Annex B. Source: WHO Global Health Workforce Statistics [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://who.int/hrh/statistics/hwfstats/en/). Country comparisons are affected by differences in the occupations included in the cadre. Please refer to the source for country-specific definitions and other descriptive metadata. Within each WHO region, countries are sorted in order of descending physician density.

IHR CAPACITY AND HEALTH EMERGENCY PREPAREDNESS

SDG Target 3.d
Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Indicator 3.d.1: International Health Regulations (IHR) capacity and health emergency preparedness

International Health Regulations implementation: average of 13 core capacity scores, latest available data, 2010–2017[1]
Data type : Other data



[1] International Health Regulations (2005) Monitoring Framework [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/ihr/en/).
[2] Data refer to year 2016. Data for 2017 were submitted in a format that could not be included in the analysis.

GOVERNMENT SPENDING ON ESSENTIAL SERVICES, INCLUDING HEALTH

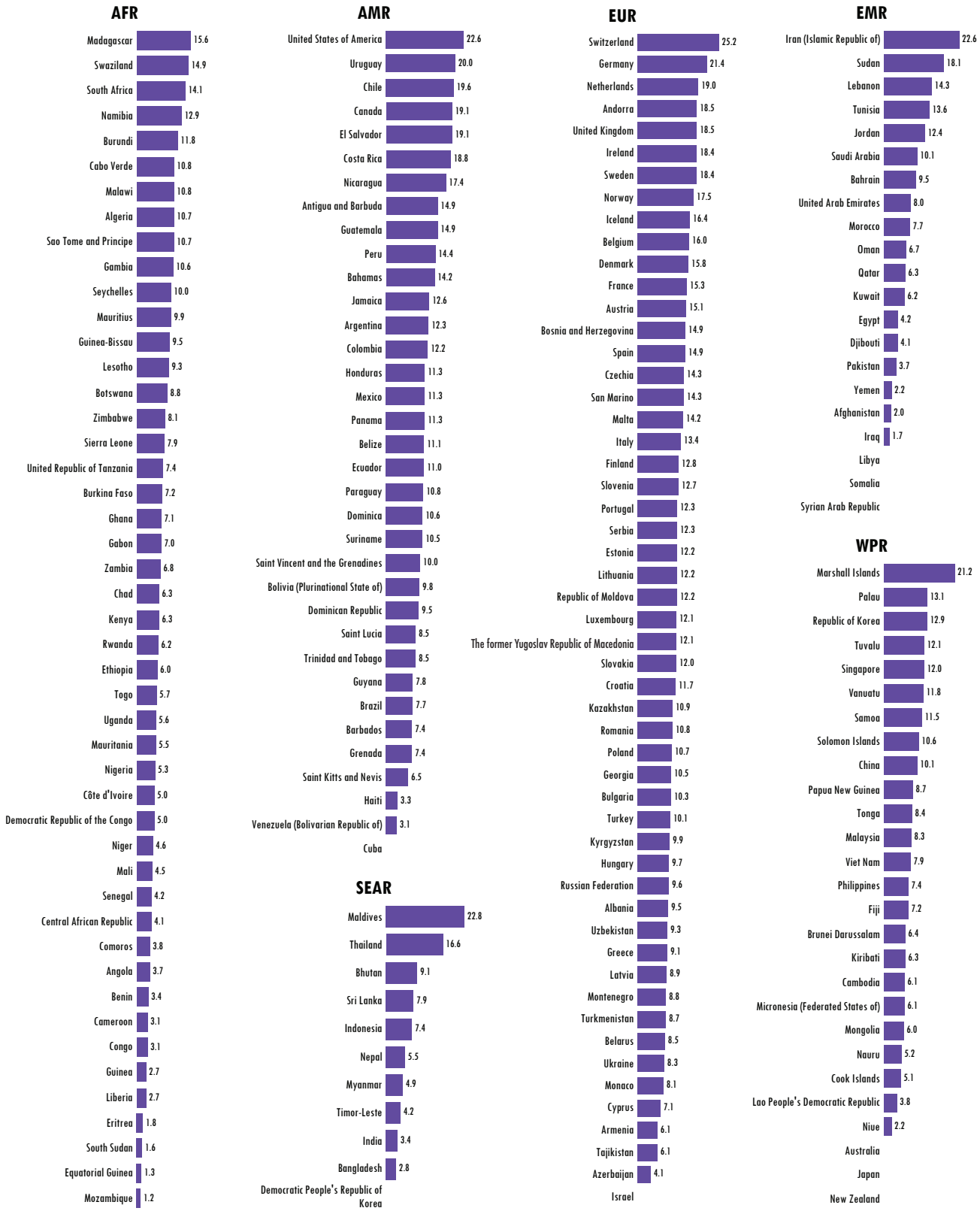
SDG Target 1.a

Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least-developed countries, to implement programmes and policies to end poverty in all its dimensions

Indicator 1.a.2: Proportion of total government spending on essential services (education, health and social protection)

Domestic general government health expenditure (GGHE-D) as a percentage of general government expenditure (GGE) (%), 2015[1]

Data type: Comparable estimate



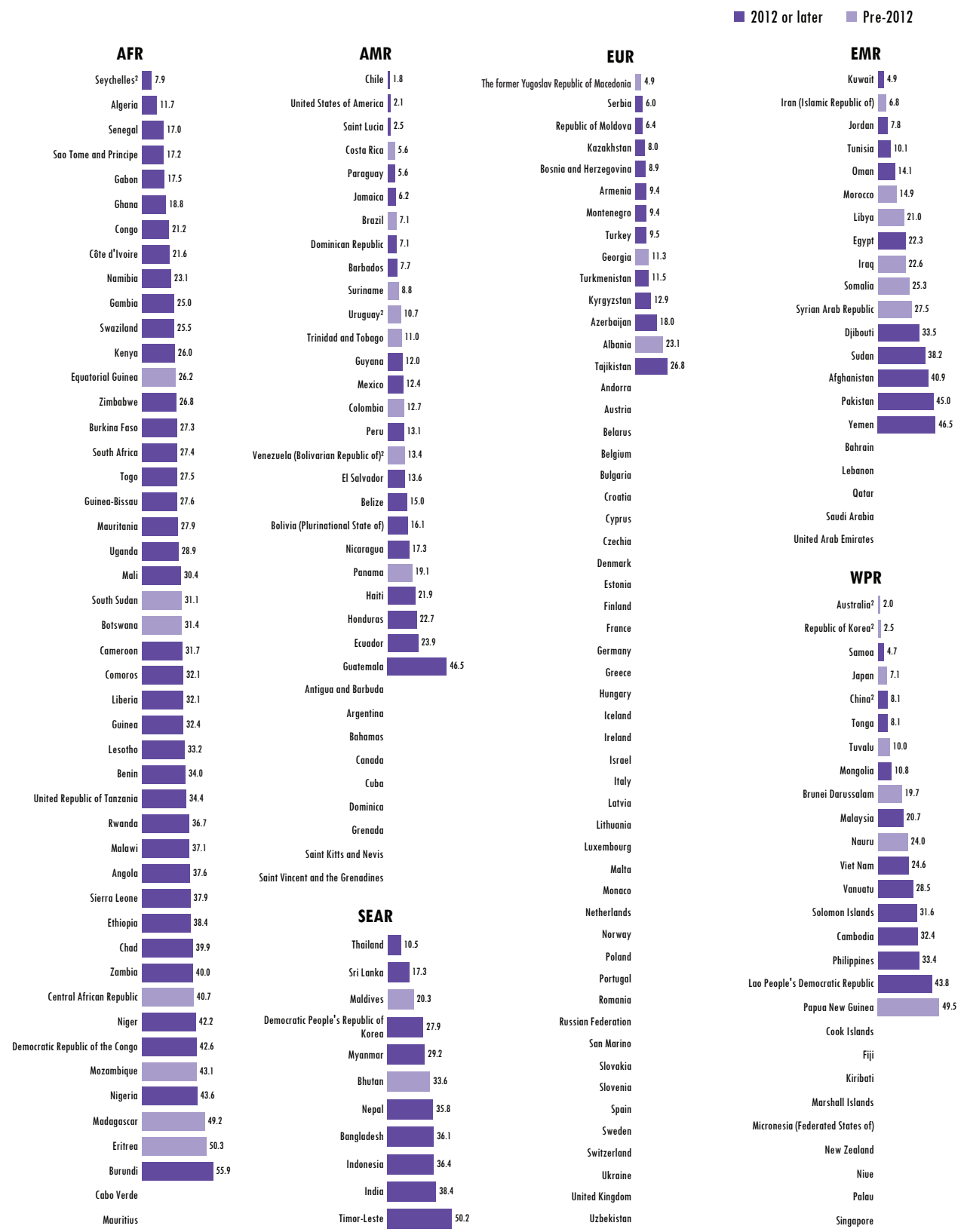
[1] This indicator is presented here as it could constitute the health-related portion of the SDG indicator. Source: Global Health Expenditure Database [online database]. Geneva: World Health Organization (http://apps.who.int/nha/database/Select/Indicators/en, accessed 7 April 2018).

STUNTING AMONG CHILDREN

SDG Target 2.2
By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons

Indicator 2.2.1: Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age

Prevalence of stunting among children under 5 years of age (%), latest available data, 2007–2016[1]
Data type: Primary data



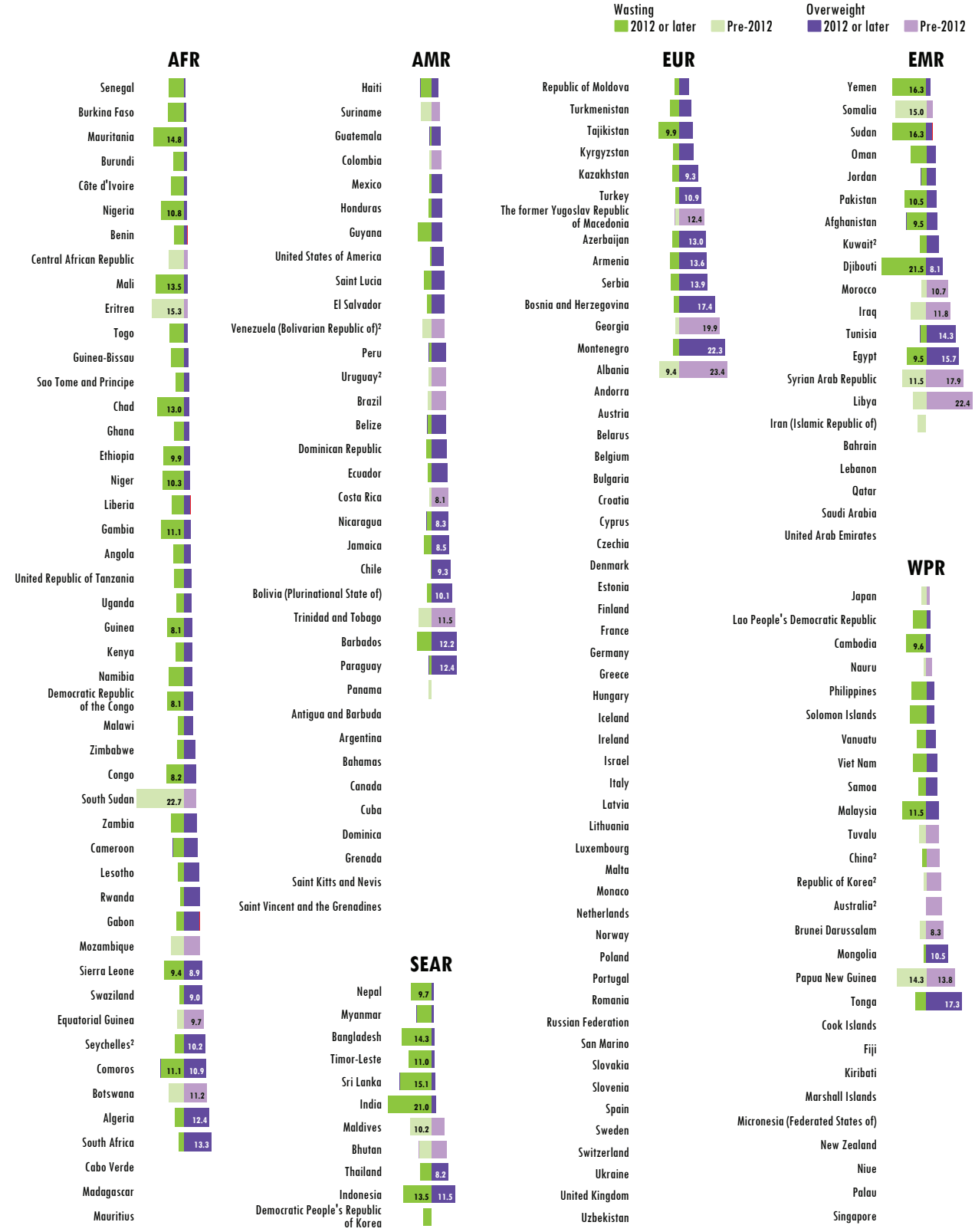
[1] Levels and trends in child malnutrition. UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates. New York (NY), Geneva and Washington (DC): United Nations Children's Fund, World Health Organization and the World Bank Group; 2018.
[2] See Annex B for additional information on this value.

WASTING AND OVERWEIGHT AMONG CHILDREN

SDG Target 2.2
By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons

Indicator 2.2.2: Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)

Prevalence of wasting and of overweight in children under 5 years of age (%), latest available data, 2007–2016[1]
Data type: Primary data



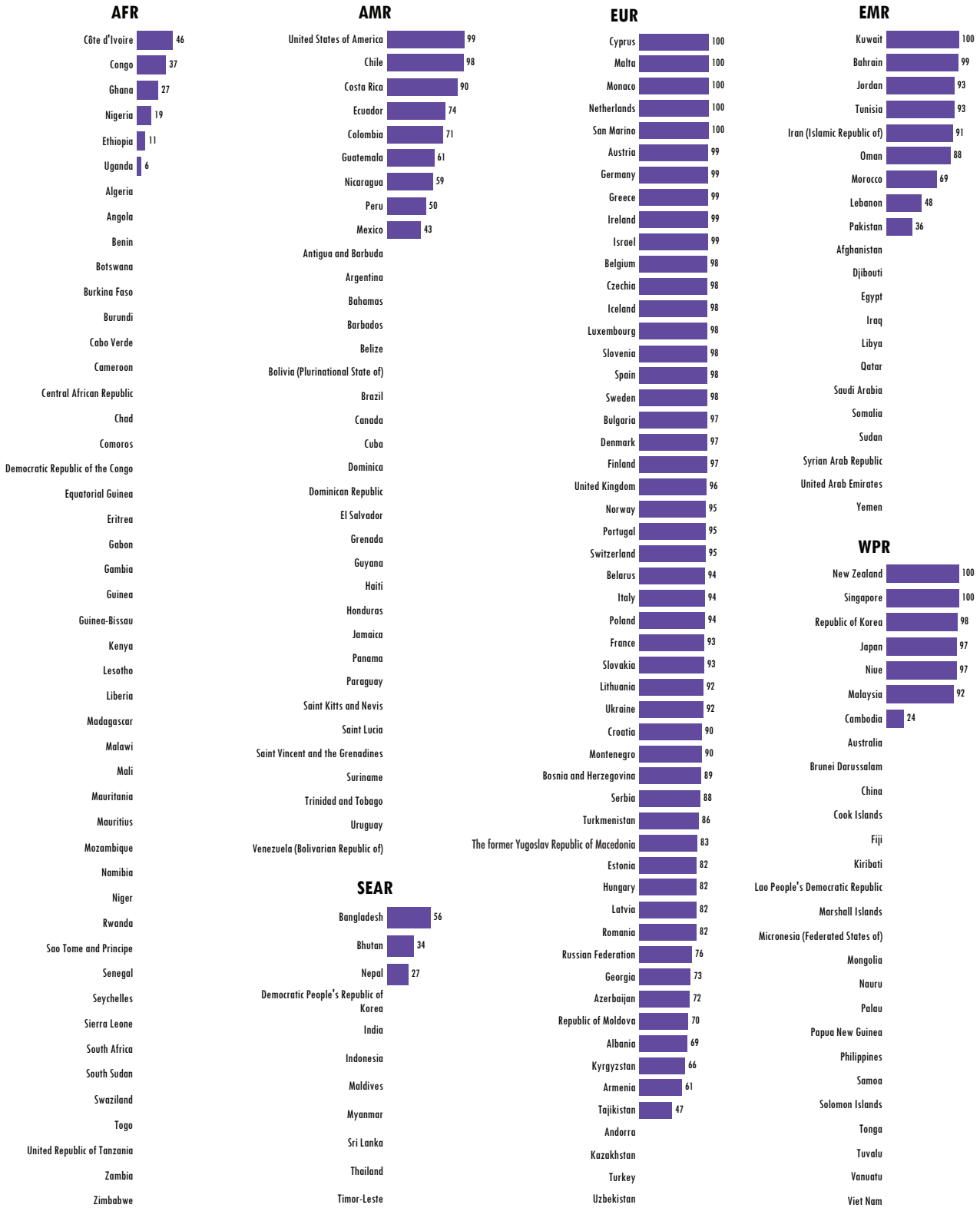
[1] Levels and trends in child malnutrition. UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates. New York (NY), Geneva and Washington (DC): United Nations Children's Fund, World Health Organization and the World Bank Group; 2018. Within each WHO region, countries are sorted in order of ascending overweight prevalence.
[2] See Annex B for additional information on this value.

SAFELY MANAGED DRINKING-WATER SERVICES

SDG Target 6.1
By 2030, achieve universal and equitable access to safe and affordable drinking water for all

Indicator 6.1.1: Proportion of population using safely managed drinking-water services

Proportion of population using safely managed drinking-water services (%), 2015[1]
Data type: Comparable estimates



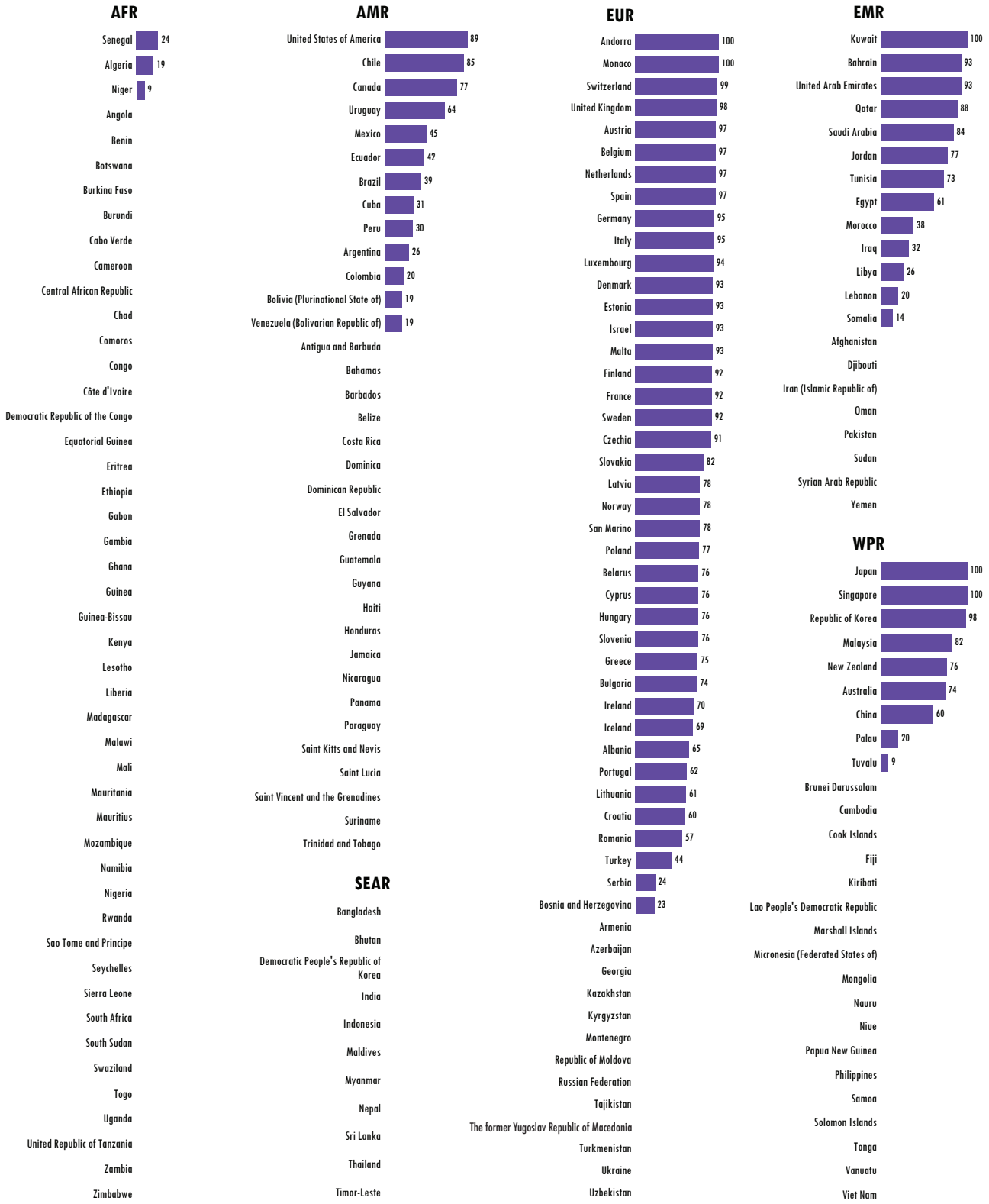
[1] Progress on drinking water, sanitation and hygiene – 2017 update and SDG baselines. Geneva and New York (NY): World Health Organization and United Nations Children's Fund; 2017 (https://washdata.org/sites/default/files/documents/reports/2018-01/JMP-2017-report-final.pdf, accessed 31 March 2018) and Water and sanitation [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/mdg/environmental_sustainability/en/). Comparable estimates are only shown for countries with recent primary data.

SAFELY MANAGED SANITATION SERVICES

SDG Target 6.2
By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

Indicator 6.2.1: Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water

Proportion of population using safely managed sanitation services (%), 2015[1]
Data type: Comparable estimates



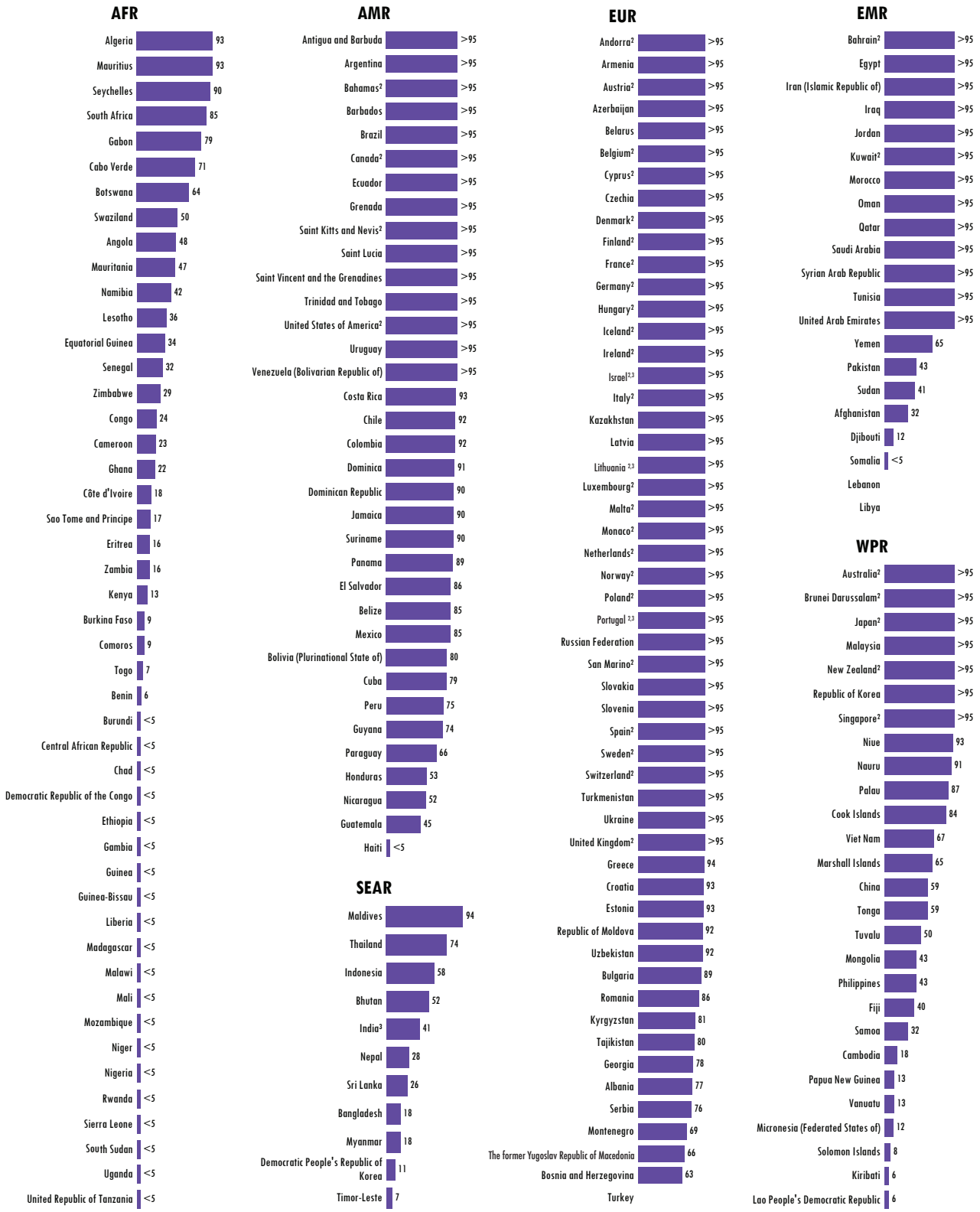
[1] Progress on drinking water, sanitation and hygiene – 2017 update and SDG baselines. Geneva and New York (NY): World Health Organization and United Nations Children's Fund; 2017 (https://washdata.org/sites/default/files/documents/reports/2018-01/JMP-2017-report-final.pdf, accessed 31 March 2018) and Water and sanitation [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/mdg/environmental_sustainability/en/). Comparable estimates are only shown for countries with recent primary data.

CLEAN HOUSEHOLD ENERGY

SDG Target 7.1
By 2030, ensure universal access to affordable, reliable and modern energy services

Indicator 7.1.2: Proportion of population with primary reliance on clean fuels and technology

Proportion of population with primary reliance on clean fuels (%), 2016[1]
Data type: Comparable estimates



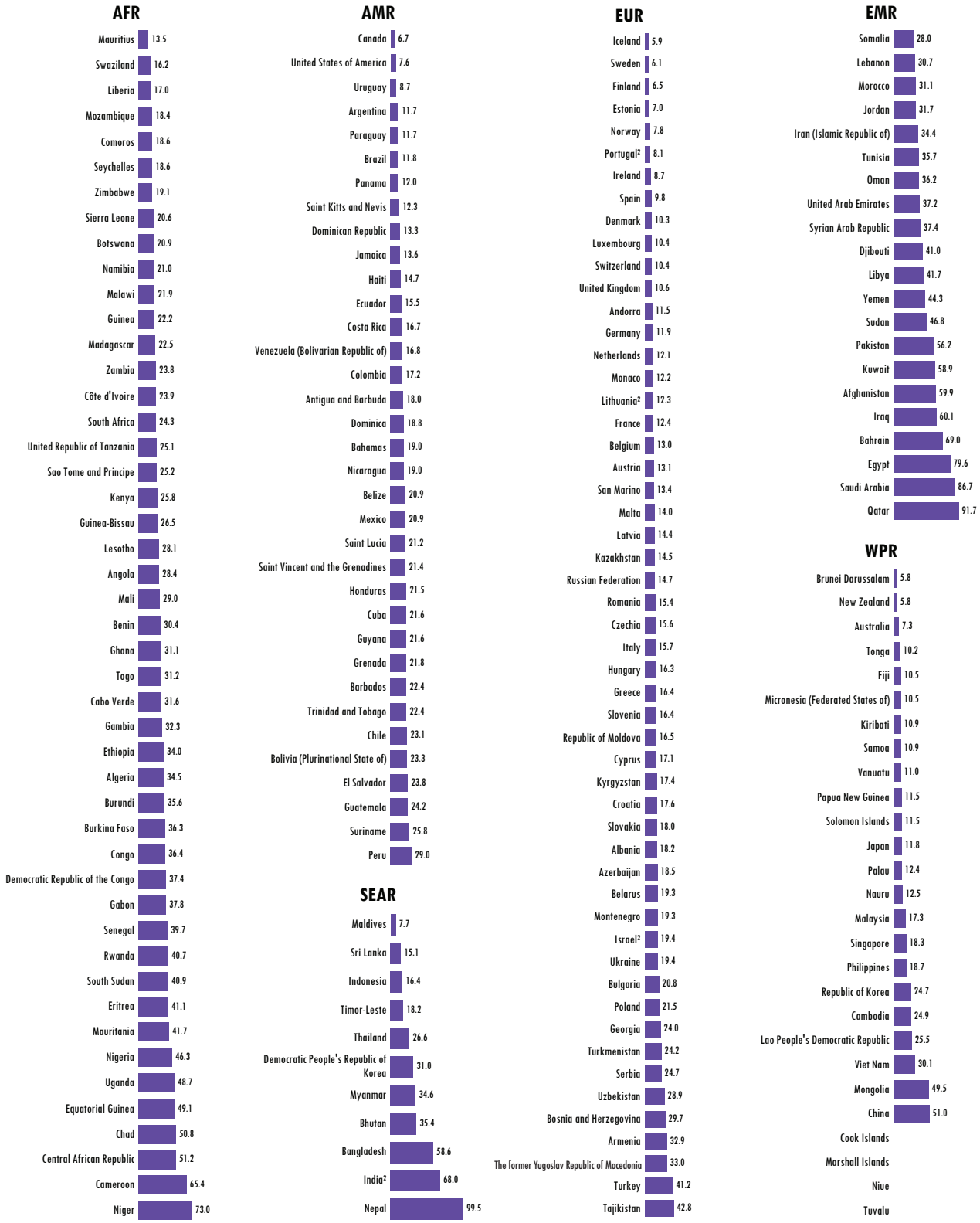
[1] Public health and environment [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/phe/en/).
[2] For high-income countries with no information on clean fuel use, usage is assumed to be > 95%.
[3] Under country consultation as of May 2018.

AIR POLLUTION

SDG Target 11.6
By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management

Indicator 11.6.2: Annual mean levels of fine particulate matter (e.g. $PM_{2.5}$ and PM_{10}) in cities (population weighted)

Annual mean levels of fine particulate matter ($PM_{2.5}$) in urban areas (µg/m³), 2016[1]
Data type: Comparable estimates



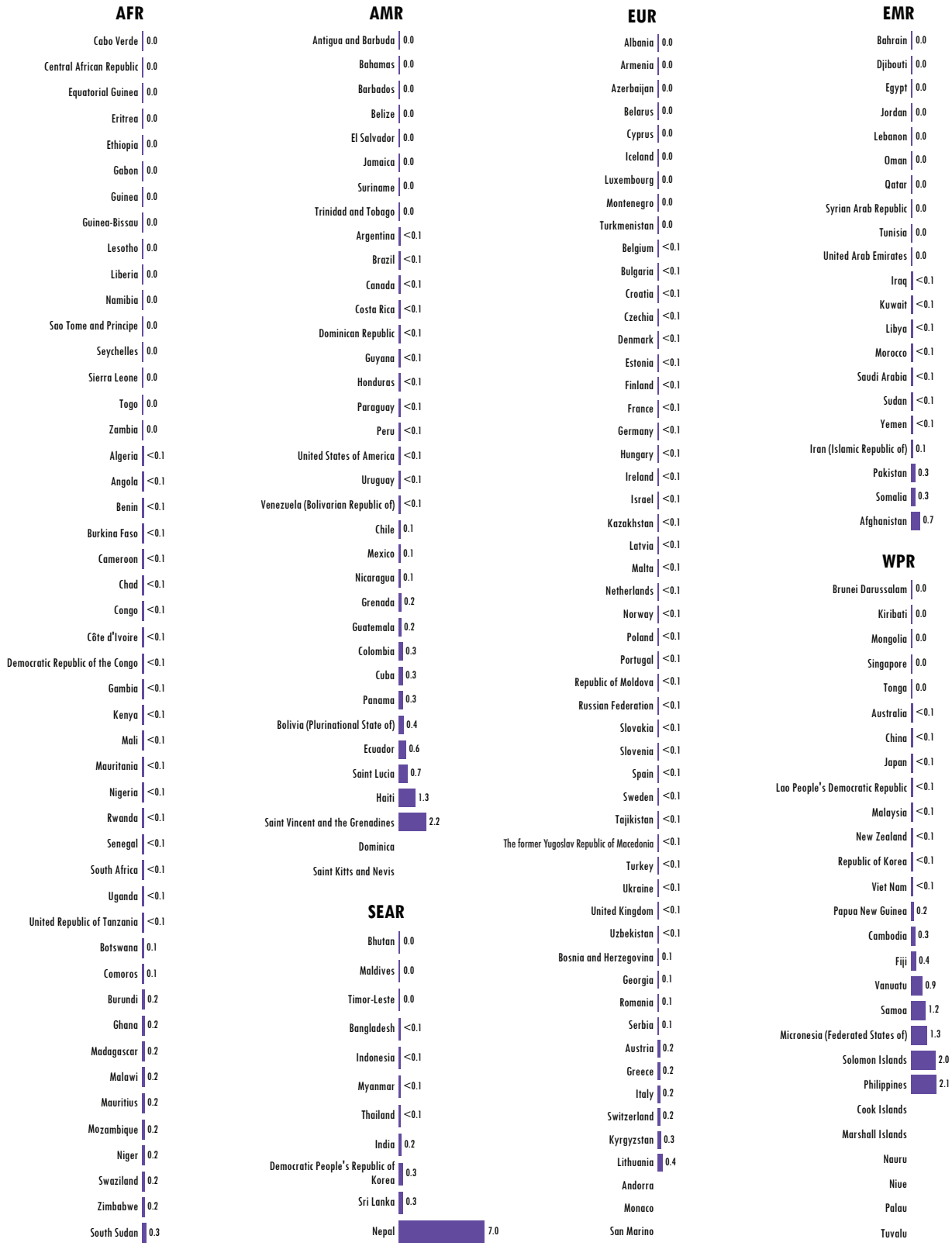
[1] Public health and environment [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/phe/en/).
[2] Under country consultation as of May 2018.

MORTALITY DUE TO DISASTERS

SDG Target 13.1
Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries

Indicator 13.1.1: Number of deaths, missing persons and directly affected persons attributed to disasters per 100 000 population

Average death rate due to natural disasters (per 100 000 population), 2012–2016[1]
Data type: Comparable estimates



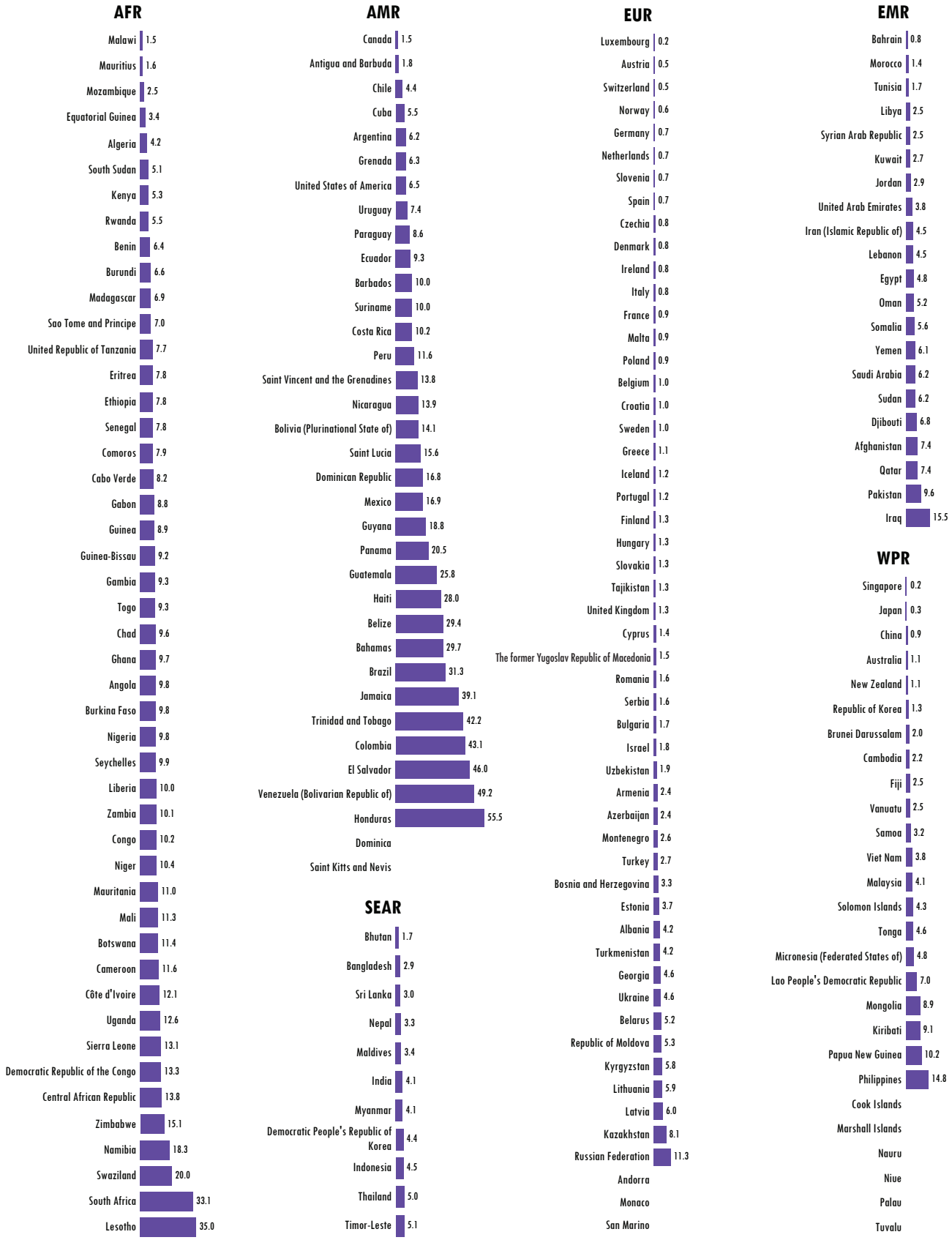
[1] Global Health Estimates 2016: Deaths by cause, age, sex, by country and by region, 2000–2016. Geneva: World Health Organization; 2018. WHO Member States with a population of less than 90 000 in 2016 were not included in the analysis. The death rate is an average over the five-year period.

HOMICIDE

SDG Target 16.1
Significantly reduce all forms of violence and related death rates everywhere

Indicator 16.1.1: Number of victims of intentional homicide per 100 000 population, by sex and age

Mortality rate due to homicides (per 100 000 population), 2016[1]
Data type: Comparable estimates



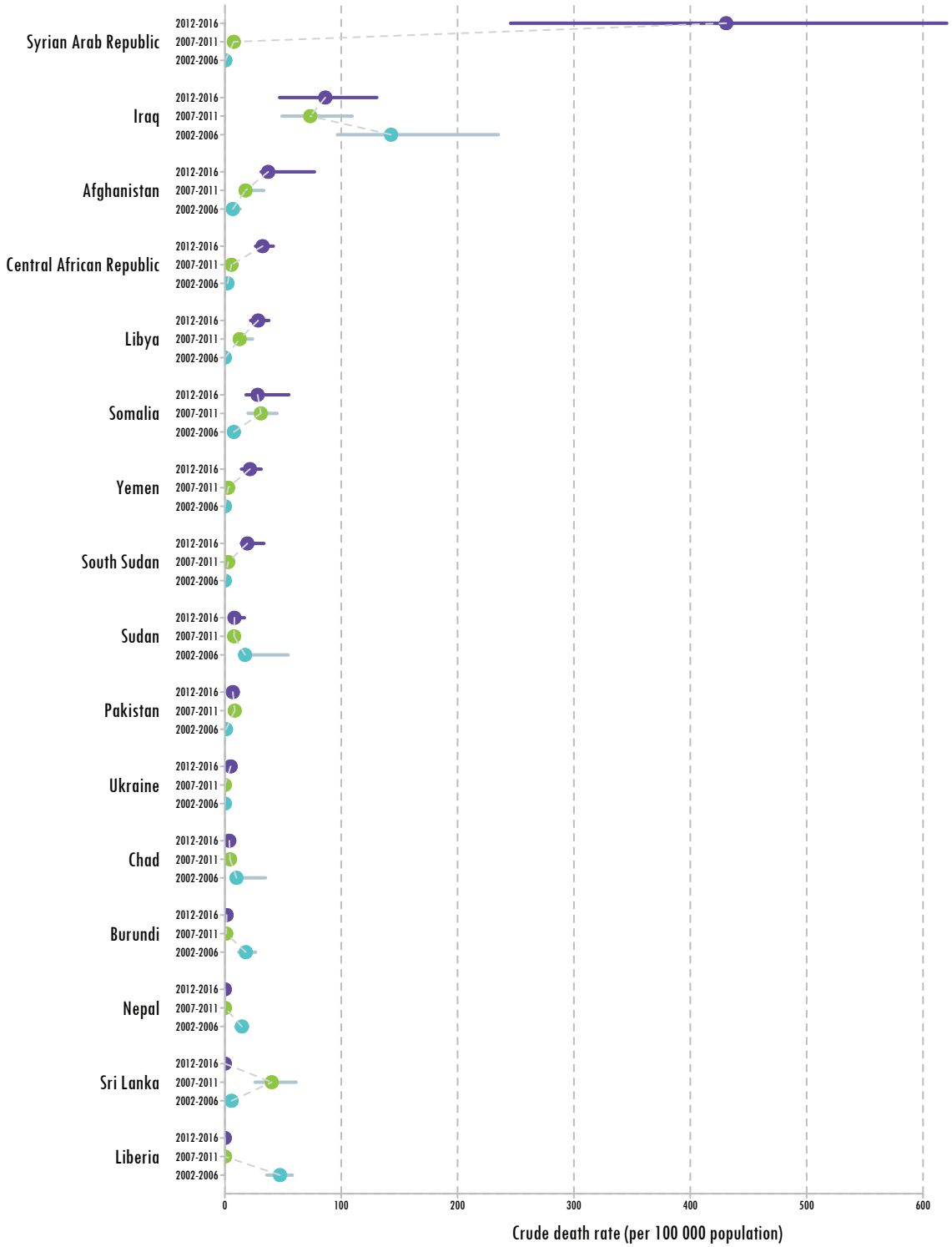
[1] Global Health Estimates 2016: Deaths by cause, age, sex, by country and by region, 2000–2016. Geneva: World Health Organization; 2018. WHO Member States with a population of less than 90 000 in 2016 were not included in the analysis.

MORTALITY DUE TO CONFLICTS

SDG Target 16.1
Significantly reduce all forms of violence and related death rates everywhere

Indicator 16.1.2: Conflict-related deaths per 100 000 population, by sex, age and cause

Estimated deaths from major conflicts (per 100 000 population), 2002–2016[1]
Data type: Comparable estimates



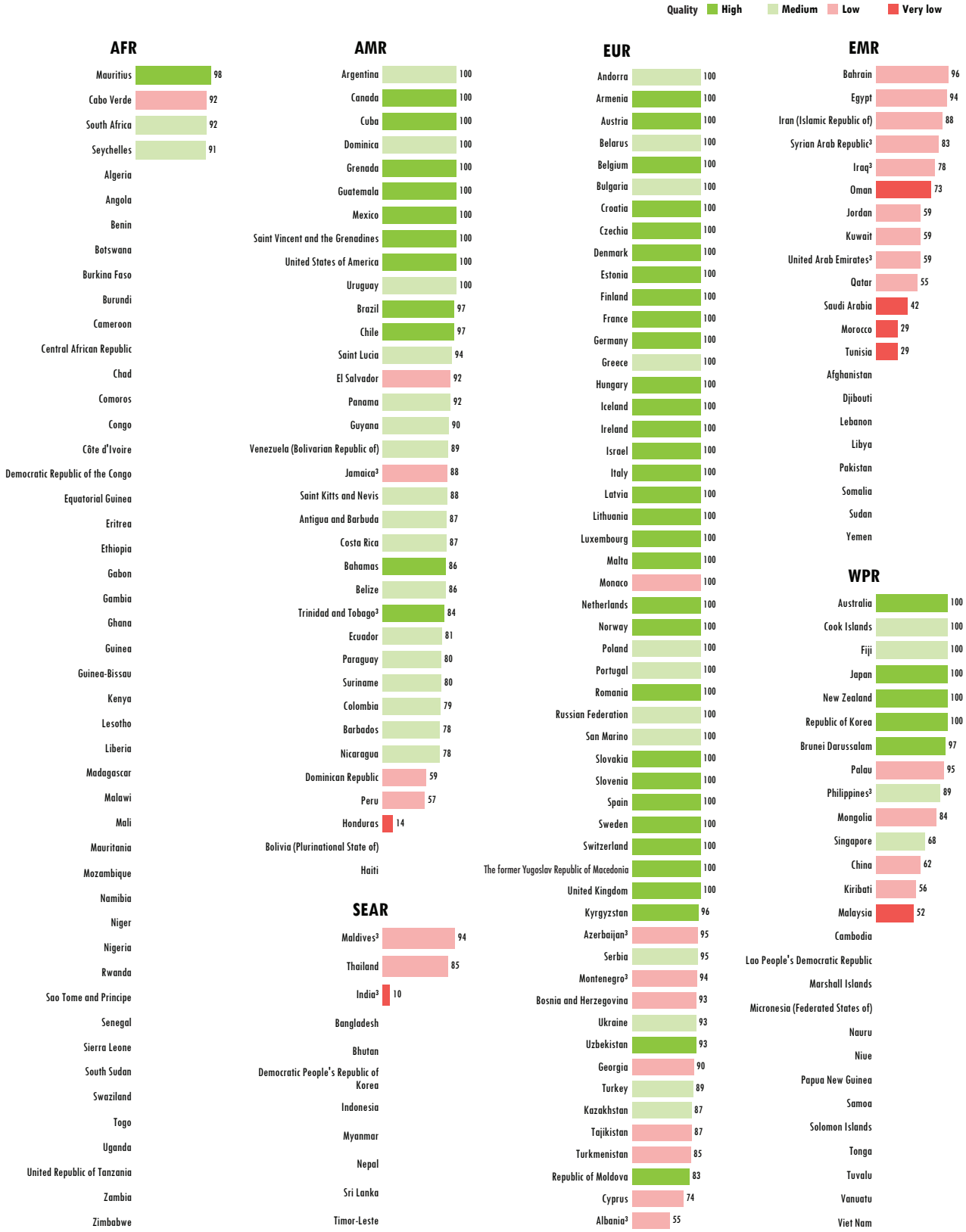
[1] Global Health Estimates 2016: Deaths by cause, age, sex, by country and by region, 2000–2016. Geneva: World Health Organization; 2018. Conflict deaths include deaths due to collective violence and exclude deaths due to legal intervention. WHO Member States with estimated conflict deaths exceeding 5 per 100 000 population in 2012–2016 or 10 per 100 000 population in earlier five-year periods. The death rate is an average over each five-year period. Horizontal lines represent 95% confidence intervals.

DEATH REGISTRATION

SDG Target 17.19
By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries

Indicator 17.19.2: Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration

Completeness[1] (%) and quality[2] of cause-of-death data, 2007–2016
Data type: Comparable estimates



[1] Figures shown for completeness refer to the latest available value for the period 2007–2016. Completeness was assessed relative to the de facto resident populations. Source: Global Health Estimates 2016: Deaths by cause, age, sex, by country and by region, 2000–2016. Geneva: World Health Organization; 2018.
[2] Colours represent assessed data quality for the period 2007–2016.
[3] Completeness refers to a year prior to 2012.

ANNEX B

Tables of health-related SDG statistics by country, WHO region and globally

Explanatory notes

The statistics shown below represent official WHO statistics for selected health-related SDG indicators based on evidence available in early 2018. In addition, summary measures of health such as (healthy) life expectancy, and basic demographic and health-economic statistics, are included to provide a general indication of the situation.

These statistics have been compiled primarily from publications and databases produced and maintained by WHO or United Nations groups of which WHO is a member. A number of statistics have been derived from data produced and maintained by other international organizations. For each indicator, the source of the data series is provided. Member States may have more data than are available for global monitoring.

For the first time in the World Health Statistics series, the type of data used for each data series (**comparable estimates**, **primary data** or **other data**) is also provided. Please refer to Part 1 of this report for more information on these different data categories. It is important to note that comparable estimates are subject to considerable uncertainty, especially for countries where the availability and quality of the underlying primary data is limited. Uncertainty intervals and other details on the indicators and statistics presented here can be found online at the WHO Global Health Observatory.[1]

While every effort has been made to maximize the comparability of statistics across countries and over time, users are advised that data series based on primary data may differ in terms of the definitions, data-collection methods, population coverage and estimation methods used. For indicators with a reference period expressed as a range, country values refer to the latest available year in the range unless otherwise noted. Please refer to the accompanying footnotes for more details. In some cases, as SDG indicator definitions are being refined and baseline data are being collected, proxy indicators have been presented in this annex and have been clearly indicated as such through the use of accompanying footnotes.

Unless otherwise stated, the WHO regional and global aggregates for rates and ratios are weighted averages when relevant, while for absolute numbers they are the sums. For indicators with a reference period expressed as a range, aggregates are for a specific year or period as indicated in the accompanying footnotes. Some WHO regional and global aggregates may include country estimates that are not individually reported.

Changes in the values shown for indicators reported on in previous editions of the World Health Statistics series should not be assumed to accurately reflect underlying trends. This applies to all data types (comparable estimates, primary data and other data) and all reporting levels (country, regional and global). The data presented here may also differ from, and should not be regarded as, the official national statistics of individual WHO Member States.

Note: – indicates data not available or not applicable.

[1] The Global Health Observatory (GHO) is WHO's portal providing access to data and analyses for monitoring the global health situation. See: http://www.who.int/gho/en/, accessed 29 March 2018.

ANNEX B
Part 1

								3.1		3.2
	Total population[a] (000s)	Life expectancy at birth[b,c] (years)			Healthy life expectancy at birth[b,c] (years)	Current health expenditure (CHE) per capita[d] (US$)	Current health expenditure (CHE) as percentage of gross domestic product (GDP)[d] (%)	Maternal mortality ratio[e] (per 100 000 live births)	Proportion of births attended by skilled health personnel[f] (%)	Under-five mortality rate[g] (per 1000 live births)
		Male	Female	Both sexes						
Data type	Comparable estimates	Comparable estimates			Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Comparable estimates
Member State	2016	2016			2016	2015	2015	2015	2007–2017	2016
Afghanistan	34 656	61.0	64.5	62.7	53.0	60	10.3	396	50[af]	70.4
Albania	2 926	74.3	78.6	76.4	68.1	266	6.8	29	99	13.5
Algeria	40 606	75.4	77.4	76.4	65.5	292	7.1	140	97	25.2
Andorra	77	–	–	–	–	4 316	12.0	–	–	2.7
Angola	28 813	60.3	64.9	62.6	55.8	109	2.9	477	47	82.5
Antigua and Barbuda	101	72.5	77.5	75.0	67.0	657	4.8	–	100[af]	8.5
Argentina	43 847	73.5	80.3	76.9	68.4	998	6.8	52	100	11.1
Armenia	2 925	71.2	78.1	74.8	66.3	366	10.1	25	100[af]	13.4
Australia	24 126	81.0	84.8	82.9	73.0	4 934	9.4	6	100[ag]	3.7
Austria	8 712	79.4	84.2	81.9	72.4	4 536	10.3	4	98[ag]	3.5
Azerbaijan	9 725	70.3	75.7	73.1	64.9	368	6.7	25	100[af]	30.9
Bahamas	391	72.6	78.6	75.7	66.8	1 685	7.4	80	100[ag]	10.6
Bahrain	1 425	78.6	79.6	79.1	68.1	1 190	5.2	15	100[ag]	7.6
Bangladesh	162 952	71.1	74.4	72.7	63.3	32	2.6	176	50[af]	34.2
Barbados	285	73.1	78.0	75.6	67.0	1 160	7.5	27	99[ag]	12.3
Belarus	9 480	68.8	79.2	74.2	65.5	352	6.1	4	100[af]	3.9
Belgium	11 358	78.8	83.5	81.2	71.6	4 228	10.5	7	–	3.9
Belize	367	67.9	73.4	70.5	62.5	301	6.2	28	97	14.9
Benin	10 872	59.7	62.4	61.1	53.5	31	4.0	405	77	97.6
Bhutan	798	70.4	70.8	70.6	60.7	91	3.5	148	89[af]	32.4
Bolivia (Plurinational State of)	10 888	69.1	74.0	71.5	63.0	197	6.4	206	90[af]	36.9
Bosnia and Herzegovina	3 517	74.8	79.8	77.3	67.2	431	9.4	11	100	6.0
Botswana	2 250	63.6	68.4	66.1	57.5	389	6.0	129	100[ag]	40.6
Brazil	207 653	71.4	78.9	75.1	66.0	780	8.9	44	99[ag]	15.1
Brunei Darussalam	423	75.3	77.6	76.4	67.9	812	2.6	23	100[af]	9.9
Bulgaria	7 131	71.4	78.4	74.8	66.4	572	8.2	11	100	7.6
Burkina Faso	18 646	59.6	60.9	60.3	52.9	33	5.4	371	80	84.6
Burundi	10 524	58.5	61.8	60.1	52.6	24	8.2	712	85	71.7
Cabo Verde	540	71.1	75.0	73.2	64.5	146	4.8	42	91	21.4
Cambodia	15 762	67.3	71.2	69.4	60.8	70	6.0	161	89[af]	30.6
Cameroon	23 439	56.7	59.4	58.1	51.1	64	5.1	596	65	79.7
Canada	36 290	80.9	84.7	82.8	73.2	4 508	10.4	7	98[ag]	4.9
Central African Republic	4 595	51.7	54.4	53.0	44.9	17	4.8	882	40	123.6
Chad	14 453	53.1	55.4	54.3	47.2	36	4.6	856	20	127.3
Chile	17 910	76.5	82.4	79.5	69.7	1 102	8.1	22	100	8.3
China	1 411 415	75.0	77.9	76.4	68.7	426	5.3	27	100[af]	9.9
Colombia	48 653	71.5	78.8	75.1	67.1	374	6.2	64	96	15.3
Comoros	796	62.3	65.5	63.9	56.6	59	8.0	335	82	73.3
Congo	5 126	63.0	65.6	64.3	56.7	59	3.4	442	91	54.1
Cook Islands	17	–	–	–	–	461	2.7	–	100[af]	7.8
Costa Rica	4 857	77.0	82.2	79.6	70.9	929	8.1	25	90	8.8
Côte d'Ivoire	23 696	53.6	55.7	54.6	48.3	75	5.4	645	74	91.8
Croatia	4 213	75.0	81.5	78.3	69.0	852	7.4	8	100	4.7
Cuba	11 476	76.8	81.3	79.0	69.9	826	10.9	39	100[ag]	5.5
Cyprus	1 170	78.4	83.1	80.7	73.3	1 563	6.8	7	97[ag]	2.6
Czechia	10 611	76.2	82.1	79.2	69.3	1 284	7.3	4	100[ag]	3.2
Democratic People's Republic of Korea	25 369	68.2	75.5	71.9	64.6	–	–	82	100	20.0
Democratic Republic of the Congo	78 736	58.9	62.0	60.5	52.5	20	4.3	693	80	94.3
Denmark	5 712	79.3	83.2	81.2	71.8	5 497	10.3	6	94[ag]	4.4
Djibouti	942	62.2	65.5	63.8	56.6	82	4.4	229	87[af]	64.2
Dominica	74	–	–	–	–	384	5.4	–	96[ag]	34.0
Dominican Republic	10 649	70.6	76.7	73.5	65.2	397	6.2	92	100[ag]	30.7

3.2	3.3					3.4		3.5	
Neonatal mortality rate[g] (per 1000 live births)	New HIV infections[h] (per 1000 uninfected population)	Tuberculosis incidence[i] (per 100 000 population)	Malaria incidence[j] (per 1000 population at risk)	Hepatitis B surface antigen (HBsAg) prevalence among children under 5 years[k] (%)	Reported number of people requiring interventions against NTDs[l]	Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and exact age 70[c,m] (%)	Suicide mortality rate[c,m] (per 100 000 population)	Total alcohol per capita (>= 15 years of age) consumption[n] (litres of pure alcohol)	
Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Other data	Comparable estimates	Comparable estimates	Comparable estimates	
2016	2016	2016	2016	2015	2016	2016	2016	2016	**Member State**
40.0	0.03	189	30.8	0.50	13 275 429	29.8	4.7	0.2	Afghanistan
6.2	0.08	16	–	1.29	21	17.0	6.3	7.5	Albania
15.6	0.02	70	0.0	0.22	0	14.2	3.2	0.9	Algeria
1.1	–	6	–	0.08	0	–	–	11.3	Andorra
29.3	0.94	370	120.3	4.85	14 419 092	16.5	4.7	6.4	Angola
3.8	–	3.4	–	0.38	176	22.6	0.5	7.0	Antigua and Barbuda
6.2	0.13	24	0.0	0.01	80 002	15.8	9.2	9.8	Argentina
7.4	0.09	44	–	0.25	39 149	22.3	6.6	5.5	Armenia
2.2	0.05	6.1	–	0.15	20 994	9.1	13.2	10.6	Australia
2.2	–	8.2	–	0.32	26	11.4	15.6	11.6	Austria
18.1	0.10	66	0.0	0.27	1 719 031	22.2	2.6	0.8	Azerbaijan
5.8	–	26	–	0.31	4 077	15.5	1.7	4.4	Bahamas
3.1	0.04	12	–	0.18	3	11.3	5.9	1.9	Bahrain
20.1	<0.01	221	0.6	1.38	47 484 224	21.6	5.9	0.0	Bangladesh
7.9	0.58	1.2	–	0.34	1 433	16.2	0.8	9.6	Barbados
1.5	–	52	–	0.20	0	23.7	26.2	11.2	Belarus
2.2	–	10	–	0.18	20	11.4	20.7	12.1	Belgium
10.3	0.75	38	<0.1	1.49	7 312	22.1	4.7	6.7	Belize
31.4	0.34	59	297.3	5.55	6 938 376	19.6	9.9	3.0	Benin
18.1	–	178	<0.1	0.81	241 761	23.3	11.4	0.6	Bhutan
19.0	0.10	114	2.7	0.20	1 879 813	17.2	12.2	4.8	Bolivia (Plurinational State of)
4.7	–	32	–	0.30	0	17.8	8.8	6.4	Bosnia and Herzegovina
25.5	5.52	326	2.4	0.19	261 950	20.3	9.3	8.4	Botswana
7.8	0.24	42	6.7	0.07	10 461 013	16.6	6.5	7.8	Brazil
4.4	–	66	–	0.34	9 240	16.6	4.6	0.4	Brunei Darussalam
3.8	0.03	27	–	0.31	272	23.6	11.5	12.7	Bulgaria
25.6	0.19	51	423.3	4.29	12 492 287	21.7	7.7	8.2	Burkina Faso
24.2	0.20	118	156.2	2.59	5 898 120	22.9	9.1	7.5	Burundi
10.2	0.31	137	0.7	0.71	145 562	17.2	11.3	5.7	Cabo Verde
16.2	0.04	345	8.9	0.56	4 771 389	21.1	5.3	6.7	Cambodia
23.9	1.39	203	271.3	1.90	19 389 766	21.6	12.2	8.9	Cameroon
3.2	–	5.2	–	1.03	0	9.8	12.5	8.9	Canada
42.3	1.80	407	311.6	6.62	3 756 993	23.1	7.7	3.3	Central African Republic
35.1	0.34	153	167.6	3.08	6 138 675	23.9	8.8	1.5	Chad
5.4	0.28	16	–	0.28	44	12.4	10.6	9.3	Chile
5.1	–	64	<0.1	0.83	26 375 574	17.0	9.7	7.2	China
8.5	0.12	32	17.2	0.21	3 761 361	15.8	7.2	5.8	Colombia
32.8	<0.01	35	1.8	1.96	527 919	22.9	6.8	0.9	Comoros
20.5	1.65	378	204.7	4.11	2 278 289	16.7	5.9	7.8	Congo
4.1	–	13	–	0.22	0	–	–	10.6	Cook Islands
5.7	0.19	9.5	<0.1	0.17	23 769	11.5	7.9	4.8	Costa Rica
36.6	0.86	153	223.2	3.04	16 756 532	29.1	14.5	8.4	Côte d'Ivoire
2.9	0.02	12	–	0.11	9	16.7	16.5	8.9	Croatia
2.4	0.29	6.9	–	0.12	43 687	16.4	13.9	6.1	Cuba
1.4	–	5.6	–	0.60	0	11.3	5.3	10.8	Cyprus
1.6	0.04	5	–	0.39	4	15.0	13.1	14.4	Czechia
10.7	–	513	0.5	0.53	5 214 937	25.6	11.2	3.9	Democratic People's Republic of Korea
28.8	0.17	323	291.9	1.43	49 900 757	19.4	5.7	2.6	Democratic Republic of the Congo
3.2	–	6.1	–	0.79	0	11.3	12.8	10.4	Denmark
32.8	0.58	335	9.6	0.64	110 561	19.6	6.7	0.5	Djibouti
24.0	–	7.8	–	0.39	7 473	–	–	8.2	Dominica
20.8	0.24	60	0.3	0.34	970 832	19.0	9.9	6.9	Dominican Republic

ANNEX B
Part 1

								3.1		3.2
	Total population[a] (000s)	Life expectancy at birth[b,c] (years)			Healthy life expectancy at birth[b,c] (years)	Current health expenditure (CHE) per capita[d] (US$)	Current health expenditure (CHE) as percentage of gross domestic product (GDP)[d] (%)	Maternal mortality ratio[e] (per 100 000 live births)	Proportion of births attended by skilled health personnel[f] (%)	Under-five mortality rate[g] (per 1000 live births)
		Male	Female	Both sexes						
Data type	Comparable estimates	Comparable estimates			Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Comparable estimates
Member State	2016	2016			2016	2015	2015	2015	2007–2017	2016
Ecuador	16 385	74.1	78.9	76.5	67.9	530	8.5	64	97	20.9
Egypt	95 689	68.2	73.0	70.5	61.1	157	4.2	33	92	22.8
El Salvador	6 345	69.0	78.1	73.7	65.5	283	6.9	54	100	15.0
Equatorial Guinea	1 221	57.9	61.7	59.5	53.8	280	2.7	342	68[af]	90.9
Eritrea	4 955	62.9	67.1	65.0	57.4	31	3.3	501	34	44.5
Estonia	1 312	73.0	82.1	77.8	68.2	1 112	6.5	9	99[ag]	2.9
Ethiopia	102 403	63.7	67.3	65.5	57.5	24	4.0	353	28[af]	58.4
Fiji	899	67.1	73.1	69.9	61.3	175	3.6	30	100[af]	22.0
Finland	5 503	78.7	84.2	81.4	71.7	4 005	9.4	3	100[ag]	2.3
France	64 721	80.1	85.7	82.9	73.4	4 026	11.1	8	97[ag]	3.9
Gabon	1 980	64.8	68.2	66.4	58.7	198	2.7	291	89[af]	47.4
Gambia	2 039	60.6	63.3	61.9	54.4	32	6.7	706	57	65.3
Georgia	3 925	68.3	76.8	72.6	64.9	281	7.9	36	100	10.7
Germany	81 915	78.7	83.3	81.0	71.6	4 592	11.2	6	99[ag]	3.8
Ghana	28 207	62.5	64.4	63.4	56.4	80	5.9	319	71	58.8
Greece	11 184	78.7	83.7	81.2	72.0	1 505	8.4	3	–	3.8
Grenada	107	71.0	75.9	73.4	64.7	460	5.0	27	99[ag]	16.0
Guatemala	16 582	70.4	76.0	73.2	64.2	224	5.7	88	66	28.5
Guinea	12 396	59.4	60.2	59.8	52.2	25	4.5	679	72[af]	89.0
Guinea–Bissau	1 816	58.4	61.2	59.8	51.7	39	6.9	549	45[af]	88.1
Guyana	773	63.6	69.0	66.2	58.3	184	4.5	229	86	32.4
Haiti	10 847	61.3	65.7	63.5	55.3	54	6.9	359	42[af]	67.0
Honduras	9 113	72.9	77.5	75.2	66.8	177	7.6	129	83	18.7
Hungary	9 753	72.3	79.4	76.0	66.8	894	7.2	17	99[af]	5.2
Iceland	332	80.9	83.9	82.4	73.0	4 375	8.6	3	98[ag]	2.1
India	1 324 171	67.4	70.3	68.8	59.3	63	3.9	174	86[af]	43.0
Indonesia	261 115	67.3	71.4	69.3	61.7	112	3.3	126	93	26.4
Iran (Islamic Republic of)	80 277	74.6	76.9	75.7	65.4	366	7.6	25	99[af]	15.1
Iraq	37 203	67.5	72.2	69.8	59.0	154	3.4	50	70[ag]	31.2
Ireland	4 726	79.7	83.4	81.5	72.1	4 757	7.8	8	100[ag]	3.6
Israel	8 192	80.3	84.2	82.3	72.9	2 756	7.4	5	–	3.6
Italy	59 430	80.5	84.9	82.8	73.2	2 700	9.0	4	100[ag]	3.3
Jamaica	2 881	73.6	78.5	76.0	66.9	294	5.9	89	99[af]	15.3
Japan	127 749	81.1	87.1	84.2	74.8	3 733	10.9	5	100[ag]	2.7
Jordan	9 456	72.7	76.0	74.3	66.4	257	6.3	58	100	17.6
Kazakhstan	17 988	66.8	75.3	71.1	63.4	379	3.9	12	99	11.4
Kenya	48 462	64.4	68.9	66.7	58.9	70	5.2	510	62	49.2
Kiribati	114	63.6	68.6	66.1	57.8	108	7.6	90	98[af]	54.3
Kuwait	4 053	73.9	76.0	74.8	66.3	1 169	4.0	4	100[ag]	8.4
Kyrgyzstan	5 956	67.7	75.2	71.4	63.5	92	8.2	76	98	21.1
Lao People's Democratic Republic	6 758	64.2	67.4	65.8	57.9	53	2.8	197	40	63.9
Latvia	1 971	70.0	79.6	75.0	66.2	784	5.8	18	100[ag]	4.6
Lebanon	6 007	75.1	77.7	76.3	66.1	645	7.4	15	–	8.1
Lesotho	2 204	51.0	54.6	52.9	46.6	91	8.4	487	78	93.5
Liberia	4 614	62.0	63.9	62.9	54.5	69	15.2	725	61	67.4
Libya	6 293	69.0	75.0	71.9	62.3	–	–	9	100[af]	12.9
Lithuania	2 908	69.7	80.2	75.0	66.1	923	6.5	10	100[af]	5.3
Luxembourg	576	80.1	84.6	82.4	72.6	6 236	6.0	10	100[ag]	2.4
Madagascar	24 895	64.6	67.6	66.1	58.3	21	5.2	353	44	46.4
Malawi	18 092	61.4	66.8	64.2	56.2	34	9.3	634	90[af]	55.1
Malaysia	31 187	73.2	77.6	75.3	66.6	386	4.0	40	99[af]	8.3
Maldives	428	77.2	79.9	78.4	69.8	944	11.5	68	96	8.5
Mali	17 995	57.5	58.4	58.0	50.7	42	5.8	587	44	110.6
Malta	429	79.6	83.3	81.5	72.2	2 304	9.6	9	100[ag]	6.8

3.2	3.3					3.4		3.5	
Neonatal mortality rate[g] (per 1000 live births)	New HIV infections[h] (per 1000 uninfected population)	Tuberculosis incidence[i] (per 100 000 population)	Malaria incidence[j] (per 1000 population at risk)	Hepatitis B surface antigen (HBsAg) prevalence among children under 5 years[k] (%)	Reported number of people requiring interventions against NTDs[l]	Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and exact age 70[c,m] (%)	Suicide mortality rate[c,m] (per 100 000 population)	Total alcohol per capita (>= 15 years of age) consumption[n] (litres of pure alcohol)	
Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Other data	Comparable estimates	Comparable estimates	Comparable estimates	
2016	2016	2016	2016	2015	2016	2016	2016	2016	**Member State**
11.2	0.12	50	3.8	0.32	1 942 753	13.0	7.1	4.4	Ecuador
12.8	0.02	14	–	0.80	1 673 826	27.7	4.0	0.4	Egypt
7.5	0.16	60	<0.1	0.57	742 568	14.0	13.7	3.7	El Salvador
32.0	2.71	181	238.8	8.66	428 948	22.0	16.4	11.3	Equatorial Guinea
17.7	0.15	74	17.2	0.74	1 497 725	23.9	7.9	1.3	Eritrea
1.3	–	16	–	0.36	0	17.0	17.8	11.6	Estonia
27.6	0.33	177	53.1	2.61	74 204 513	18.3	7.2	2.8	Ethiopia
8.8	0.12	59	–	0.34	905 113	30.6	5.0	3.0	Fiji
1.2	–	4.7	–	1.05	4	10.2	15.9	10.7	Finland
2.4	0.09	7.7	–	0.01	49	10.6	17.7	12.6	France
21.8	0.92	485	206.2	4.16	694 499	14.4	7.1	11.5	Gabon
27.5	0.65	174	129.6	1.17	177 144	20.4	5.1	3.8	Gambia
7.1	0.28	92	0.0	0.26	412 310	24.9	8.2	9.8	Georgia
2.3	–	8.1	–	0.24	111	12.1	13.6	13.4	Germany
26.9	0.78	156	285.6	3.61	15 536 910	20.8	5.4	2.7	Ghana
2.3	–	4.4	–	0.37	77	12.4	5.0	10.4	Greece
8.3	–	6.4	–	0.47	151	21.4	1.7	9.3	Grenada
14.0	0.18	24	0.8	0.05	3 265 661	14.9	2.7	2.4	Guatemala
25.1	0.67	176	386.5	7.47	7 246 135	22.4	6.3	1.3	Guinea
38.2	0.72	374	73.0	2.12	1 576 882	20.0	4.0	4.8	Guinea–Bissau
20.0	0.77	93	77.7	0.95	720 459	30.5	29.2	6.3	Guyana
24.6	0.77	188	13.9	2.04	7 581 135	26.5	11.7	5.8	Haiti
10.4	0.11	40	1.7	0.25	2 752 416	14.0	2.9	4.0	Honduras
2.8	–	8.8	–	0.44	5	23.0	19.1	11.4	Hungary
1.0	–	2.1	–	0.88	0	9.1	14.0	9.1	Iceland
25.4	0.06	211	18.8	0.51	458 855 231	23.3	16.3	5.7	India
13.7	0.19	391	9.2	1.07	101 813 236	26.4	3.4	0.8	Indonesia
9.6	0.06	14	0.2	0.02	0	14.8	4.1	1.0	Iran (Islamic Republic of)
18.2	–	43	0.0	0.06	2 170 486	21.3	3.0	0.4	Iraq
2.2	0.06	7.1	–	0.01	2	10.3	11.5	13.0	Ireland
2.0	–	3.5	–	0.48	233	9.6	5.4	3.8	Israel
2.0	0.06	6.1	–	0.61	12	9.5	8.2	7.5	Italy
10.9	0.63	4.5	–	0.16	347 536	14.7	2.2	4.2	Jamaica
0.9	–	16	–	1.95	5	8.4	18.5	8.0	Japan
10.6	<0.01	5.6	–	1.01	126	19.2	2.9	0.7	Jordan
5.9	0.16	67	–	0.21	185	26.8	22.5	7.7	Kazakhstan
22.6	1.46	348	85.3	0.86	11 770 703	13.4	3.2	3.4	Kenya
22.6	–	566	–	3.65	117 424	28.4	14.4	0.4	Kiribati
4.4	0.02	24	–	0.11	6	17.4	2.3	0.0	Kuwait
11.6	0.13	145	0.0	0.50	113 625	24.9	8.3	6.2	Kyrgyzstan
28.7	0.10	175	7.8	1.94	2 206 011	27.0	8.6	10.4	Lao People's Democratic Republic
2.4	0.23	37	–	0.51	11	21.9	21.2	12.9	Latvia
4.7	0.02	12	–	0.21	1	17.9	3.3	1.5	Lebanon
38.5	12.68	724	–	1.64	530 557	26.6	21.2	5.0	Lesotho
22.8	0.66	308	237.0	7.75	2 919 973	17.6	6.8	5.8	Liberia
7.1	–	40	–	0.27	1	20.1	5.2	0.0	Libya
2.5	0.09	53	–	0.19	26	20.7	31.9	15.0	Lithuania
1.5	0.18	5.8	–	0.24	0	10.0	13.5	13.0	Luxembourg
18.6	0.18	237	64.4	4.36	18 863 123	22.9	3.9	1.9	Madagascar
23.1	2.29	159	249.1	3.03	11 435 030	16.4	3.7	3.7	Malawi
4.4	0.19	92	0.2	0.17	120 318	17.2	5.5	0.9	Malaysia
4.8	–	49	–	0.19	1 937	13.4	2.3	2.7	Maldives
35.7	0.33	56	459.7	4.88	18 605 778	24.6	4.8	1.3	Mali
4.6	0.06	13	–	0.39	1	10.8	7.5	8.1	Malta

ANNEX B
Part 1

								3.1		3.2
	Total population[a] (000s)	Life expectancy at birth[b,c] (years)			Healthy life expectancy at birth[b,c] (years)	Current health expenditure (CHE) per capita[d] (US$)	Current health expenditure (CHE) as percentage of gross domestic product (GDP)[d] (%)	Maternal mortality ratio[e] (per 100 000 live births)	Proportion of births attended by skilled health personnel[f] (%)	Under-five mortality rate[g] (per 1000 live births)
		Male	Female	Both sexes						
Data type	Comparable estimates	Comparable estimates			Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Comparable estimates
Member State	2016	2016			2016	2015	2015	2015	2007–2017	2016
Marshall Islands	53	–	–	–	–	747	22.1	–	90	35.4
Mauritania	4 301	62.6	65.2	63.9	56.4	54	4.6	602	69	81.4
Mauritius	1 262	71.6	78.1	74.8	65.8	506	5.5	53	100[af]	13.7
Mexico	127 540	74.0	79.2	76.6	67.7	535	5.9	38	98	14.6
Micronesia (Federated States of)	105	68.4	70.8	69.6	61.1	395	13.1	100	100[af]	33.3
Monaco	38	–	–	–	–	3 316	2.0	–	–	3.4
Mongolia	3 027	65.7	74.2	69.8	61.9	152	3.9	44	99	17.9
Montenegro	629	74.4	79.2	76.8	68.1	382	6.0	7	99	3.8
Morocco	35 277	74.8	77.0	76.0	65.3	160	5.5	121	74	27.1
Mozambique	28 829	57.7	62.3	60.1	52.2	28	5.4	489	54[af]	71.3
Myanmar	52 885	64.6	68.9	66.8	58.4	59	4.9	178	60[af]	50.8
Namibia	2 480	61.1	66.1	63.7	55.9	423	8.9	265	88	45.2
Nauru	11	–	–	–	–	812	4.8	–	97[af]	34.6
Nepal	28 983	68.8	71.6	70.2	61.3	44	6.1	258	58[af]	34.5
Netherlands	16 987	80.0	83.2	81.6	72.1	4 746	10.7	7	–	3.8
New Zealand	4 661	80.5	84.0	82.2	72.8	3 554	9.3	11	96[ag]	5.4
Nicaragua	6 150	72.5	78.4	75.5	66.9	163	7.8	150	88[af]	19.7
Niger	20 673	59.0	60.8	59.8	52.5	26	7.2	553	40	91.3
Nigeria	185 990	54.7	55.7	55.2	48.9	97	3.6	814	43	104.3
Niue	2	–	–	–	–	867	6.3	–	100[af]	22.2
Norway	5 255	80.6	84.3	82.5	73.0	7 464	10.0	5	99[ag]	2.6
Oman	4 425	75.3	79.5	77.0	65.6	636	3.8	17	100[af]	10.7
Pakistan	193 203	65.7	67.4	66.5	57.7	38	2.7	178	55[af]	78.8
Palau	22	–	–	–	–	1 420	10.6	–	100	15.9
Panama	4 034	75.0	81.2	78.0	69.4	921	7.0	94	95	16.4
Papua New Guinea	8 085	63.6	68.3	65.9	58.0	77	3.8	215	40[ag]	54.3
Paraguay	6 725	72.4	76.1	74.2	65.3	321	7.8	132	96	19.9
Peru	31 774	73.4	78.3	75.9	67.5	323	5.3	68	92	15.3
Philippines	103 320	66.2	72.6	69.3	61.7	127	4.4	114	73	27.1
Poland	38 224	73.8	81.6	77.8	68.5	797	6.3	3	100[ag]	4.7
Portugal	10 372	78.3	84.5	81.5	72.0	1 722	9.0	10	99[ag]	3.5
Qatar	2 570	77.3	79.9	78.1	68.6	2 030	3.1	13	100	8.5
Republic of Korea	50 792	79.5	85.6	82.7	73.0	2 013	7.4	11	100[ag]	3.4
Republic of Moldova	4 060	67.6	75.3	71.5	63.6	186	10.2	23	100[af]	15.9
Romania	19 778	71.6	79.0	75.2	66.6	442	5.0	31	95[af]	9.0
Russian Federation	143 965	66.4	77.2	71.9	63.5	524	5.6	25	100[af]	7.7
Rwanda	11 918	66.1	69.9	68.0	59.9	57	7.9	290	91[af]	38.5
Saint Kitts and Nevis	55	–	–	–	–	907	5.6	–	100[af]	9.3
Saint Lucia	178	73.0	78.3	75.6	66.4	482	6.0	48	99	13.3
Saint Vincent and the Grenadines	110	69.4	74.9	72.0	63.4	284	4.2	45	99[af]	16.6
Samoa	195	72.0	78.4	75.1	66.0	223	5.6	51	82[af]	17.3
San Marino	33	–	–	–	–	3 243	6.8	–	–	2.8
Sao Tome and Principe	200	66.7	70.7	68.7	60.7	160	9.8	156	92[af]	33.8
Saudi Arabia	32 276	73.5	76.5	74.8	65.7	1 194	5.8	12	98[af]	12.9
Senegal	15 412	64.7	68.7	66.8	58.8	36	4.0	315	59	47.1
Serbia	8 820	73.8	78.9	76.3	67.4	491	9.4	17	100[af]	5.8
Seychelles	94	69.0	78.0	73.3	65.7	492	3.4	–	99[af]	14.3
Sierra Leone	7 396	52.5	53.8	53.1	47.6	107	18.3	1 360	60	113.5
Singapore	5 622	80.8	85.0	82.9	76.2	2 280	4.3	10	100[ag]	2.8
Slovakia	5 444	73.8	80.9	77.4	68.3	1 108	6.9	6	98[af]	5.9
Slovenia	2 078	78.0	83.7	80.9	70.5	1 772	8.5	9	100[ag]	2.3
Solomon Islands	599	69.7	72.7	71.1	61.9	152	8.0	114	86[af]	25.8
Somalia	14 318	53.7	57.3	55.4	50.0	–	–	732	–	132.5
South Africa	56 015	60.2	67.0	63.6	55.7	471	8.2	138	97	43.3

3.2	3.3					3.4		3.5	
Neonatal mortality rate[g] (per 1000 live births)	New HIV infections[h] (per 1000 uninfected population)	Tuberculosis incidence[i] (per 100 000 population)	Malaria incidence[j] (per 1000 population at risk)	Hepatitis B surface antigen (HBsAg) prevalence among children under 5 years[k] (%)	Reported number of people requiring interventions against NTDs[l]	Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and exact age 70[c,m] (%)	Suicide mortality rate[c,m] (per 100 000 population)	Total alcohol per capita (>= 15 years of age) consumption[n] (litres of pure alcohol)	
Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Other data	Comparable estimates	Comparable estimates	Comparable estimates	
2016	2016	2016	2016	2015	2016	2016	2016	2016	**Member State**
16.4	–	422	–	1.56	19 594	–	–	–	Marshall Islands
33.7	0.12	102	88.5	4.29	589 697	18.1	4.4	0.0	Mauritania
8.4	–	22	–	0.61	0	22.6	7.8	3.6	Mauritius
7.8	0.10	22	0.4	0.04	9 532 039	15.7	5.1	6.5	Mexico
17.2	–	177	–	0.89	70 736	26.1	11.1	2.5	Micronesia (Federated States of)
1.8	–	0	–	0.20	0	–	–	–	Monaco
9.7	0.01	183	–	1.72	0	30.2	13.0	7.4	Mongolia
2.4	0.11	16	–	0.65	6	20.6	10.3	8.0	Montenegro
17.8	0.03	103	–	0.45	25	12.4	2.9	0.6	Morocco
27.1	3.63	551	307.8	3.67	23 920 538	18.4	4.9	2.4	Mozambique
24.5	0.22	361	7.2	2.03	39 343 021	24.2	7.8	4.8	Myanmar
17.8	4.37	446	29.3	0.66	1 097 233	21.3	8.7	9.8	Namibia
22.2	–	112	–	2.11	2 844	–	–	6.0	Nauru
21.1	0.03	154	0.9	0.31	17 552 881	21.8	8.8	2.0	Nepal
2.5	0.03	5.9	–	0.04	38	11.2	12.6	8.7	Netherlands
3.0	–	7.3	–	1.20	0	10.1	12.1	10.7	New Zealand
8.8	0.06	48	7.8	0.14	926 646	14.2	12.2	5.2	Nicaragua
25.7	0.09	93	378.9	6.01	15 233 885	20.0	4.6	0.5	Niger
34.1	1.23	219	349.6	2.61	128 936 746	22.5	9.5	13.4	Nigeria
11.6	–	20	–	0.24	1	–	–	7.0	Niue
1.5	–	6.1	–	0.01	3	9.2	12.2	7.5	Norway
5.2	–	9	–	0.44	0	17.8	3.9	0.8	Oman
45.6	0.10	268	10.6	2.75	31 683 212	24.7	2.9	0.3	Pakistan
8.4	–	123	–	0.21	41	–	–	–	Palau
9.6	0.34	55	0.4	0.22	453 129	13.0	4.3	7.9	Panama
23.5	0.37	432	179.4	2.24	6 528 722	30.0	6.0	1.2	Papua New Guinea
11.1	0.20	42	0.0	0.65	790 833	17.5	9.5	7.2	Paraguay
7.5	0.09	117	17.8	0.24	2 814 779	12.6	4.9	6.3	Peru
12.6	0.11	554	0.5	1.07	49 110 117	26.8	3.2	6.6	Philippines
2.8	–	18	–	0.04	64	18.7	16.2	11.6	Poland
2.1	–	20	–	0.10	6	11.1	14.0	12.3	Portugal
4.1	0.02	23	–	0.20	36	15.3	6.6	2.0	Qatar
1.5	–	77	0.3	0.69	323	7.8	26.9	10.2	Republic of Korea
11.9	0.38	101	–	0.65	0	24.9	15.9	15.2	Republic of Moldova
4.3	0.04	74	–	0.65	13	21.4	10.4	12.6	Romania
3.4	–	66	–	0.88	0	25.4	31.0	11.7	Russian Federation
16.5	0.70	50	392.7	1.74	5 190 529	18.2	6.7	9.0	Rwanda
5.9	–	0	–	0.38	136	–	–	9.4	Saint Kitts and Nevis
9.2	–	1.9	–	0.39	26 921	18.8	7.8	9.9	Saint Lucia
10.3	–	6.3	–	0.42	89	23.2	2.4	8.2	Saint Vincent and the Grenadines
9.2	–	7.7	–	1.05	61 325	20.6	4.4	2.5	Samoa
0.6	–	0	–	0.32	0	–	–	–	San Marino
15.0	–	99	11.2	1.36	200 169	18.5	2.3	6.8	Sao Tome and Principe
6.9	0.02	10	0.2	0.30	0	16.4	3.2	0.2	Saudi Arabia
20.6	0.08	140	49.0	3.48	11 635 621	18.1	6.0	0.7	Senegal
3.7	0.03	19	–	0.11	0	19.1	15.6	11.1	Serbia
9.0	–	15	–	0.15	0	21.2	9.3	12.0	Seychelles
33.2	0.86	304	303.5	8.18	7 651 657	30.5	9.7	5.7	Sierra Leone
1.1	–	51	–	0.47	13 098	9.3	9.9	2.0	Singapore
3.0	0.02	5.9	–	0.56	4	17.2	12.8	11.5	Slovakia
1.3	0.03	6.5	–	1.04	3	12.7	18.6	12.6	Slovenia
10.4	–	84	144.8	2.93	518 106	23.8	4.7	1.4	Solomon Islands
38.8	0.17	270	60.2	10.54	5 163 752	21.8	4.7	0.0	Somalia
12.4	5.58	781	1.1	1.74	6 784 419	26.2	11.6	9.3	South Africa

ANNEX B Part 1

									3.1		3.2
	Total population[a] (000s)	Life expectancy at birth[b,c] (years)			Healthy life expectancy at birth[b,c] (years)	Current health expenditure (CHE) per capita[d] (US$)	Current health expenditure (CHE) as percentage of gross domestic product (GDP)[d] (%)	Maternal mortality ratio[e] (per 100 000 live births)	Proportion of births attended by skilled health personnel[f] (%)	Under-five mortality rate[g] (per 1000 live births)
		Male	Female	Both sexes						
Data type	Comparable estimates	Comparable estimates			Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Comparable estimates
Member State	2016	2016			2016	2015	2015	2015	2007–2017	2016
South Sudan	12 231	57.7	59.6	58.6	50.6	28	2.5	789	19[af]	90.7
Spain	46 348	80.3	85.7	83.1	73.8	2 354	9.2	5	–	3.3
Sri Lanka	20 798	72.1	78.5	75.3	66.8	118	3.0	30	99	9.4
Sudan	39 579	63.4	66.9	65.1	55.7	152	6.3	311	78[af]	65.1
Suriname	558	68.7	75.1	71.8	63.2	577	6.5	155	80[ag]	20.0
Swaziland	1 343	55.1	59.9	57.7	50.2	233	7.0	389	88	70.4
Sweden	9 838	80.6	84.1	82.4	72.4	5 600	11.0	4	–	2.9
Switzerland	8 402	81.2	85.2	83.3	73.5	9 818	12.1	5	–	4.1
Syrian Arab Republic	18 430	59.4	68.9	63.8	55.8	–	–	68	96[af]	17.5
Tajikistan	8 735	68.7	73.0	70.8	63.5	63	6.9	32	90[af]	43.1
Thailand	68 864	71.8	79.3	75.5	66.8	217	3.8	20	99[af]	12.2
The former Yugoslav Republic of Macedonia	2 081	73.8	78.0	75.9	67.1	295	6.1	8	100[af]	12.2
Timor–Leste	1 269	66.8	70.4	68.6	59.2	72	3.1	215	57[af]	49.7
Togo	7 606	59.7	61.5	60.6	53.9	37	6.6	368	45	75.7
Tonga	107	70.5	76.4	73.4	64.3	221	5.9	124	96	16.4
Trinidad and Tobago	1 365	68.2	75.6	71.8	63.3	1 146	6.0	63	100[ag]	18.5
Tunisia	11 403	74.1	78.1	76.0	66.3	258	6.7	62	74	13.6
Turkey	79 512	73.3	79.4	76.4	66.0	455	4.1	16	97[af]	12.7
Turkmenistan	5 663	64.7	71.7	68.2	61.4	405	6.3	42	100	51.0
Tuvalu	11	–	–	–	–	439	15.0	–	93	25.3
Uganda	41 488	60.2	64.8	62.5	54.9	46	7.3	343	74	53.0
Ukraine	44 439	67.6	77.1	72.5	64.0	125	6.1	24	100[af]	9.1
United Arab Emirates	9 270	76.5	78.7	77.2	66.7	1 402	3.5	6	100[af]	7.7
United Kingdom	65 789	79.7	83.2	81.4	71.9	4 356	9.9	9	–	4.3
United Republic of Tanzania	55 572	62.0	65.8	63.9	56.5	32	6.1	398	64[af]	56.7
United States of America	322 180	76.0	81.0	78.5	68.5	9 536	16.8	14	99	6.5
Uruguay	3 444	73.2	80.8	77.1	68.8	1 281	9.2	15	100	9.2
Uzbekistan	31 447	69.7	75.0	72.3	64.5	134	6.2	36	100[af]	24.1
Vanuatu	270	70.1	74.1	72.0	62.7	99	3.5	78	89[af]	27.6
Venezuela (Bolivarian Republic of)	31 568	69.5	79.0	74.1	66.1	973	3.2	95	96[ag]	16.3
Viet Nam	94 569	71.7	80.9	76.3	67.5	117	5.7	54	94	21.6
Yemen	27 584	63.9	66.8	65.3	55.1	72	6.0	385	45[af]	55.3
Zambia	16 591	60.2	64.4	62.3	54.3	69	5.4	224	63	63.4
Zimbabwe	16 150	59.6	63.1	61.4	54.4	94	10.3	443	78	56.4
WHO region										
African Region	1 019 922	59.6	62.7	61.2	53.8	115	6.2	542	–	76.5
Region of the Americas	992 155	73.8	79.8	76.8	67.5	974	6.9	52	–	14.2
South-East Asia Region	1 947 632	67.9	71.3	69.5	60.4	176	4.6	164	–	38.9
European Region	916 315	74.2	80.8	77.5	68.4	2 192	7.9	16	–	9.6
Eastern Mediterranean Region	664 336	67.7	70.7	69.1	59.7	557	5.3	166	–	51.7
Western Pacific Region	1 889 901	75.0	78.9	76.9	68.9	920	7.0	41	–	12.9
Global	7 430 261	69.8	74.2	72.0	63.3	822	6.3	216	–	40.8

3.2	3.3					3.4		3.5	
Neonatal mortality rate[g] (per 1000 live births)	New HIV infections[h] (per 1000 uninfected population)	Tuberculosis incidence[i] (per 100 000 population)	Malaria incidence[j] (per 1000 population at risk)	Hepatitis B surface antigen (HBsAg) prevalence among children under 5 years[k] (%)	Reported number of people requiring interventions against NTDs[l]	Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and exact age 70[c,m] (%)	Suicide mortality rate[c,m] (per 100 000 population)	Total alcohol per capita (>= 15 years of age) consumption[n] (litres of pure alcohol)	
Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Other data	Comparable estimates	Comparable estimates	Comparable estimates	
2016	2016	2016	2016	2015	2016	2016	2016	2016	**Member State**
37.9	1.35	146	159.0	21.13	9 991 337	19.8	3.7	–	South Sudan
2.0	0.09	10	–	0.19	87	9.9	8.7	10.0	Spain
5.3	0.03	65	0.0	0.64	55 720	17.4	14.6	4.3	Sri Lanka
29.4	0.13	82	35.3	2.86	25 572 281	26.0	8.1	0.5	Sudan
10.6	0.62	26	1.4	0.36	58 237	21.7	22.8	5.1	Suriname
21.4	9.37	398	1.9	0.85	198 319	26.7	13.3	9.9	Swaziland
1.6	0.06	8.2	–	0.32	27	9.1	14.8	9.2	Sweden
2.9	–	7.8	–	0.17	0	8.6	17.2	11.5	Switzerland
8.9	–	21	–	0.37	47 402	21.8	1.9	0.3	Syrian Arab Republic
19.9	0.15	85	0.0	0.71	125 863	25.3	2.5	3.3	Tajikistan
7.3	0.10	172	1.6	0.17	64 094	14.5	14.4	8.3	Thailand
8.3	0.02	16	–	0.20	5	20.3	7.9	8.1	The former Yugoslav Republic of Macedonia
21.6	–	498	0.9	0.87	1 167 125	19.9	4.6	2.1	Timor–Leste
26.0	0.59	46	360.4	3.36	6 328 077	23.6	9.6	3.1	Togo
6.8	–	8.6	–	2.35	37 131	23.3	3.5	1.5	Tonga
12.6	0.29	18	–	0.43	19 498	21.3	13.6	8.4	Trinidad and Tobago
8.1	0.03	38	–	0.76	6 082	16.1	3.4	1.9	Tunisia
6.5	–	18	0.0	0.32	1 497	16.1	7.3	2.0	Turkey
22.3	–	60	–	0.23	52	29.5	6.7	5.4	Turkmenistan
17.2	–	207	–	0.70	10 782	–	–	1.7	Tuvalu
21.4	1.50	201	187.2	3.16	23 486 474	21.9	9.9	9.5	Uganda
5.4	0.38	87	–	0.46	0	24.7	22.4	8.6	Ukraine
4.0	–	0.79	–	0.08	40	16.8	2.8	3.8	United Arab Emirates
2.6	–	9.9	–	0.22	5	10.9	8.9	11.4	United Kingdom
21.7	1.19	287	144.2	1.69	25 008 679	17.9	5.4	9.4	United Republic of Tanzania
3.7	–	3.1	–	0.04	932	14.6	15.3	9.8	United States of America
5.0	0.15	29	–	0.35	1 340	16.7	18.4	10.8	Uruguay
13.8	–	76	0.0	0.60	405 951	24.5	7.4	2.7	Uzbekistan
11.8	–	56	14.7	8.48	271 465	23.3	4.5	1.0	Vanuatu
10.3	0.21	32	44.7	0.62	282 294	18.1	3.7	5.6	Venezuela (Bolivarian Republic of)
11.5	0.12	133	0.1	1.20	6 953 978	17.1	7.3	8.3	Viet Nam
26.8	0.04	48	30.5	2.54	5 985 649	30.6	8.5	0.1	Yemen
22.9	4.08	376	189.8	1.84	11 573 334	17.9	6.1	4.8	Zambia
22.9	3.03	208	77.9	4.38	9 958 235	19.3	10.7	4.8	Zimbabwe
									WHO region
27.2	1.24	254	239.6	3.00	591 698 691	20.6	7.4	6.3	African Region
7.5	0.16	27	11.3	0.20	49 500 544	15.1	9.8	8.0	Region of the Americas
22.6	0.08	240	16.5	0.70	671 797 672	23.1	13.2	4.5	South-East Asia Region
5.1	0.25	32	0.0	0.40	2 821 690	16.7	15.4	9.8	European Region
27.7	0.06	114	20.5	1.60	85 715 716	22.0	3.9	0.6	Eastern Mediterranean Region
6.5	0.05	95	4.2	0.90	98 201 330	16.2	10.2	7.3	Western Pacific Region
18.6	0.26	140	90.8	1.30	1 499 735 642	18.3	10.6	6.4	**Global**

ANNEX B Part 2

	3.6	3.7		3.8			3.9		
	Road traffic mortality rate[o] (per 100 000 population)	Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods[p] (%)	Adolescent birth rate[q] (per 1000 women aged 15–19 years)	UHC service coverage index[r]	Population with household expenditures on health > 10% of total household expenditure or income[s] (%)	Population with household expenditures on health > 25% of total household expenditure or income[s] (%)	Age-standardized mortality rate attributed to household and ambient air pollution[c,t] (per 100 000 population)	Mortality rate attributed to exposure to unsafe WASH services[c,t] (per 100 000 population)	Mortality rate from unintentional poisoning[c,m] (per 100 000 population)
Data type	Comparable estimates	Primary data	Primary data	Comparable estimates	Primary data	Primary data	Comparable estimates	Comparable estimates	Comparable estimates
Member State	2013	2007–2017	2007–2016	2015	2007–2015	2007–2015	2016	2016	2016
Afghanistan	15.5	42.1	87.0	34	4.8	0.1	211.1	13.9	1.2
Albania	15.1	12.9	18.9	62	16.7	5.0	68.0	0.2	0.4
Algeria	23.8	77.2[aj]	9.0	76	–	–	49.7	1.9	0.8
Andorra	7.6	–	–	–	–	–	–	–	–
Angola	26.9	24.2	163.0	36	12.4	4.5	118.5	48.8	2.7
Antigua and Barbuda	6.7	–	–	75	–	–	29.9	0.1	0.4
Argentina	13.6	–	65.5	76	–	–	26.6	0.4	0.6
Armenia	18.3	40.2	24.3	67	16.1	4.9	54.8	0.2	0.6
Australia	5.4	–	11.9	≥80	3.7	0.5	8.4	<0.1	0.2
Austria	5.4	–	7.6	≥80	–	–	15.3	0.1	0.2
Azerbaijan	10.0	–	52.8	64	–	–	63.9	1.1	0.6
Bahamas	13.8	–	32.0	72	–	–	19.9	<0.1	0.1
Bahrain	8.0	–	14.3	72	–	–	40.1	<0.1	0.2
Bangladesh	13.6	72.5	78.0	46	13.6	4.8	149.0	11.9	0.3
Barbados	6.7	70.0[aj]	49.7	79	–	–	31.1	0.2	0.2
Belarus	13.7	74.2[aj]	20.4	74	4.4	0.1	60.7	<0.1	2.6
Belgium	6.7	–	6.6	≥80	11.4	1.4	15.7	0.3	0.2
Belize	24.4	65.9	74.0	61	–	–	68.6	1.0	0.5
Benin	27.7	24.5	94.0	41	–	–	205.0	59.7	3.5
Bhutan	15.1	84.6[aj]	28.4	59	–	–	124.5	4.0	0.6
Bolivia (Plurinational State of)	23.2	42.8	71.0	60	–	–	63.7	5.6	2.0
Bosnia and Herzegovina	17.7	21.9[aj]	10.7	57	8.6	1.3	79.8	<0.1	0.5
Botswana	23.6	–	37.5	60	–	–	101.3	11.8	1.1
Brazil	23.4	89.3	60.8	77	25.6	3.5	29.9	1.0	0.2
Brunei Darussalam	8.0	–	11.4	≥80	–	–	13.3	<0.1	0.3
Bulgaria	8.3	–	39.4	64	12.8	0.8	61.8	0.1	0.6
Burkina Faso	30.0	45.0	122.0	39	3.5	0.6	206.2	49.6	3.0
Burundi	31.3	39.3[ai]	58.0	43	–	–	179.9	65.4	5.2
Cabo Verde	26.1	–	80.0	62	2.0	0.0	99.5	4.1	0.5
Cambodia	17.4	56.4	57.0	55	–	–	149.8	6.5	0.6
Cameroon	27.6	40.1	119.0	44	10.8	3.0	208.1	45.2	3.1
Canada	6.0	–	11.1	≥80	2.6	0.5	7.0	0.4	0.3
Central African Republic	32.4	28.7[aj]	229.0	33	–	–	211.9	82.1	3.2
Chad	24.1	17.5	179.0	29	–	–	280.1	101.0	3.6
Chile	12.4	–	44.7	70	–	–	25.3	0.2	0.2
China	18.8	–	9.2	76	17.7	4.8	112.7	0.6	1.4
Colombia	16.8	86.5	71.6	76	16.9	2.8	37.0	0.8	0.4
Comoros	28.0	27.8	70.0	47	–	–	172.4	50.7	2.4
Congo	26.4	38.5	147.0	38	2.0	0.4	130.7	38.7	1.2
Cook Islands	24.2	–	–	–	–	–	–	–	–
Costa Rica	13.9	89.1[aj]	–	75	10.1	1.8	23.3	0.9	0.3
Côte d'Ivoire	24.2	31.1	129.0	44	15.2	3.6	269.1	47.2	3.9
Croatia	9.2	–	9.6	69	2.8	0.3	35.5	0.1	0.2
Cuba	7.5	88.4	50.0	78	–	–	49.5	1.0	0.3
Cyprus	5.2	–	4.9	73	16.1	1.5	20.1	0.3	0.1
Czechia	6.1	–	11.6	73	2.2	0.0	29.6	0.2	0.3
Democratic People's Republic of Korea	20.8	–	0.7	68	–	–	207.2	1.4	1.9
Democratic Republic of the Congo	33.2	15.6	138.0	40	–	–	163.9	59.8	3.2
Denmark	3.5	–	3.4	≥80	2.9	0.5	13.2	0.3	0.1
Djibouti	24.7	–	20.6	47	–	–	159.0	31.3	2.4
Dominica	15.3	–	–	–	–	–	–	–	–
Dominican Republic	29.3	84.1[ai]	45.3	74	17.0	4.4	43.0	2.2	0.4

3.a		3.b.1			3.b.2	3.c				3.d	
Age-standardized prevalence of tobacco smoking among persons 15 years and older[u] (%)		Diphtheria-tetanus-pertussis (DTP3) immunization coverage among 1-year-olds[v] (%)	Measles-containing-vaccine second-dose (MCV2) immunization coverage by the nationally recommended age[v] (%)	Pneumococcal conjugate 3rd dose (PCV3) immunization coverage among 1-year olds[v] (%)	Total net official development assistance to medical research and basic health per capita[w] (US$), by recipient country	Density of physicians[x] (per 1000 population)	Density of nursing and midwifery personnel[x] (per 1000 population)	Density of dentistry personnel[x] (per 1000 population)	Density of pharmaceutical personnel[x] (per 1000 population)	Average of 13 International Health Regulations core capacity scores[y]	
Male	Female										
Comparable estimates		Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Primary data	Primary data	Primary data	Primary data	Other data	
2016		2016	2016	2016	2016	2007–2016	2007–2016	2007–2016	2007–2016	2010–2017	**Member State**
–	–	65	39	65	5.82	0.3	0.4	0.0	0.0	42	Afghanistan
51.2	7.1	98	98	98	0.63	1.3	–	–	0.8	46	Albania
30.4	0.7	91	96	61	0.02	1.2	1.9	0.3	0.2	75	Algeria
37.8	29.0	98	90	92	–	3.7	4.4	0.9	1.2	29	Andorra
–	–	64	26	58	1.57	0.1	1.4	–	–	75	Angola
–	–	99	87	–	–	–	–	–	–	71	Antigua and Barbuda
27.7	16.2	92	88	82	0.01	3.9	4.2	–	–	70	Argentina
52.1	1.5	94	97	94	5.03	2.8	5.4	0.4	0.0	95	Armenia
16.5	13.0	94	94	94	–	3.5	12.6	0.6	0.8	100	Australia
30.9	28.4	87	89	–	–	5.2	8.3	0.6	0.7	68	Austria
42.5	0.3	97	98	97	0.39	3.4	6.9	0.3	0.2	84	Azerbaijan
20.4	3.1	94	74	94	–	2.3	4.0	0.4	0.8	78	Bahamas
37.6	5.8	99	99	99	–	0.9	2.5	0.2	0.2	93	Bahrain
44.7	1.0	97	93	97	1.25	0.5	0.3	0.0	0.6	78	Bangladesh
14.5	1.9	97	87	96	–	–	–	–	–	92	Barbados
46.1	10.5	98	98	–	0.60	4.1	11.4	0.6	0.3	90	Belarus
31.4	25.1	98	85	94	–	3.0	11.1	0.7	1.2	83	Belgium
–	–	95	96	–	8.41	0.8	1.8	0.0	0.4	55	Belize
12.3	0.6	82	–	75	4.39	0.2	0.6	0.0	0.0	30	Benin
–	–	98	90	–	2.57	0.4	1.5	0.1	0.0	73	Bhutan
67.3	10.5	99	–	97	1.69	0.5	1.0	0.1	0.1	76	Bolivia (Plurinational State of)
47.7	30.2	78	78	–	9.93	1.9	5.9	0.2	0.1	58	Bosnia and Herzegovina
34.4	5.7	95	74	95	2.36	0.4	2.7	0.1	0.2	42	Botswana
17.9	10.1	86	72	94	0.03	1.9	7.4	1.2	0.7	96	Brazil
30.9	2.0	99	97	–	–	1.7	6.5	0.4	0.2	67	Brunei Darussalam
44.4	30.1	92	88	90	–	4.0	5.3	1.0	–	69	Bulgaria
23.9	1.6	91	50	91	9.15	0.0	0.6	0.0	0.0	45	Burkina Faso
–	–	94	72	94	9.57	–	–	–	0.0	25	Burundi
16.5	2.1	96	95	–	0.92	0.8	1.3	0.0	0.0	65	Cabo Verde
33.7	2.0	90	58	87	3.01	0.1	1.0	0.0	0.0	81	Cambodia
–	–	85	–	84	2.22	0.1	0.5	0.0	0.0	57	Cameroon
16.6	12.0	91	86	79	–	2.5	9.8	1.3	1.0	100	Canada
–	–	47	–	47	10.62	0.0	0.3	0.0	0.0	27	Central African Republic
–	–	46	–	–	4.16	0.0	0.3	–	0.0	44	Chad
41.5	34.2	95	87	90	0.01	1.0	0.1	0.0	0.0	84	Chile
48.4	1.9	99	99	–	0.11	1.8	2.3	–	0.3	100	China
13.5	4.7	91	87	89	0.07	1.8	1.1	1.0	–	88	Colombia
23.6	4.4	91	–	–	8.21	–	–	–	–	37	Comoros
52.3	1.7	80	–	80	1.65	0.1	0.9	–	0.0	31	Congo
29.8	21.2	99	90	–	5.02	1.2	5.8	0.9	0.4	43	Cook Islands
17.4	6.4	97	87	94	0.01	1.1	0.8	0.1	0.2	87	Costa Rica
–	–	85	–	83	4.23	0.1	0.5	0.0	0.0	87	Côte d'Ivoire
39.9	34.3	93	96	–	–	3.1	6.5	0.9	0.7	71	Croatia
53.3	17.1	99	99	–	0.11	7.5	8.0	1.8	0.3	99	Cuba
52.7	19.6	97	88	81	–	2.5	4.1	0.7	0.2	96	Cyprus
38.3	30.5	96	93	–	–	3.7	8.4	0.8	0.7	94	Czechia
–	–	96	98	–	0.90	3.5	4.2	0.2	0.4	67	Democratic People's Republic of Korea
–	–	79	–	77	5.27	0.1	1.0	0.0	0.0	65	Democratic Republic of the Congo
18.8	19.3	94	85	94	–	3.7	17.0	0.8	0.5	90	Denmark
24.5	1.7	84	82	82	11.73	0.2	0.6	0.0	0.2	33	Djibouti
–	–	99	92	–	–	–	–	–	–	62	Dominica
19.1	8.5	87	–	30	0.24	1.5	1.3	0.2	–	55	Dominican Republic

ANNEX B Part 2

	3.6	3.7		3.8			3.9		
	Road traffic mortality rate[o] (per 100 000 population)	Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods[p] (%)	Adolescent birth rate[q] (per 1000 women aged 15–19 years)	UHC service coverage index[r]	Population with household expenditures on health > 10% of total household expenditure or income[s] (%)	Population with household expenditures on health > 25% of total household expenditure or income[s] (%)	Age-standardized mortality rate attributed to household and ambient air pollution[c,t] (per 100 000 population)	Mortality rate attributed to exposure to unsafe WASH services[c,t] (per 100 000 population)	Mortality rate from unintentional poisoning[c,m] (per 100 000 population)
Data type	Comparable estimates	Primary data	Primary data	Comparable estimates	Primary data	Primary data	Comparable estimates	Comparable estimates	Comparable estimates
Member State	2013	2007–2017	2007–2016	2015	2007–2015	2007–2015	2016	2016	2016
Ecuador	20.1	80.7	56.5	75	–	–	24.5	0.6	0.6
Egypt	12.8	80.0	56.0	68	26.2	3.9	108.9	2.0	0.2
El Salvador	21.1	81.9	69.2	77	–	–	41.9	2.0	0.2
Equatorial Guinea	22.9	20.5	176.0	45	–	–	177.7	22.3	1.9
Eritrea	24.1	19.6	76.0	38	–	–	173.7	45.6	4.2
Estonia	7.0	–	12.5	76	8.8	1.2	25.0	<0.1	0.5
Ethiopia	25.3	59.4	80.0	39	–	–	144.4	43.7	2.9
Fiji	5.8	–	–	66	–	–	99.0	2.9	0.4
Finland	4.8	–	6.2	79	6.3	1.0	7.2	<0.1	0.2
France	5.1	–	9.2	≥80	–	–	9.7	0.3	0.5
Gabon	22.9	33.7	91.0	52	–	–	76.0	20.6	0.9
Gambia	29.4	23.9	88.0	46	–	–	237.0	29.7	1.9
Georgia	11.8	–	47.9	66	29.2	9.0	101.8	0.2	0.8
Germany	4.3	–	7.8	79	–	–	16.0	0.6	0.2
Ghana	26.2	46.2	59.0	45	–	–	203.8	18.8	1.7
Greece	9.1	–	8.0	70	14.6	1.8	27.6	<0.1	0.2
Grenada	5.7	–	–	72	–	–	45.3	0.3	0.4
Guatemala	19.0	65.6	92.0	57	1.4	0.0	73.8	6.3	1.1
Guinea	27.3	21.5	146.0	35	7.0	1.2	243.3	44.6	3.0
Guinea–Bissau	27.5	37.6	106.0	39	–	–	214.7	35.3	2.2
Guyana	17.3	52.5[ai]	74.0	68	–	–	107.8	3.6	0.7
Haiti	15.1	44.0	49.0	47	–	–	184.3	23.8	2.6
Honduras	17.4	76.0	101.0	64	–	–	60.7	3.6	0.4
Hungary	7.7	–	22.8	70	7.4	0.3	38.8	0.2	0.3
Iceland	4.6	–	8.0	≥80	–	–	8.7	0.1	0.2
India	16.6	72.0	28.1	56	17.3	3.9	184.3[ak]	18.6	2.4
Indonesia	15.3	77.9	40.1	49	3.6	0.4	112.4	7.1	0.4
Iran (Islamic Republic of)	32.1	68.6	23.0	65	15.8	3.8	50.9	1.0	1.2
Iraq	20.2	59.3[aj]	82.0	63	–	–	75.1	3.0	0.5
Ireland	4.1	–	8.6	78	6.4	0.7	11.9	<0.1	0.2
Israel	3.6	–	9.7	≥80	6.7	0.9	15.4[ak]	0.2	0.1
Italy	6.1	–	5.1	≥80	9.3	1.1	15.0	0.1	0.3
Jamaica	11.5	82.9	45.7	60	–	–	25.4	0.6	0.2
Japan	4.7	–	4.1	≥80	6.2	2.0	11.9	0.2	0.4
Jordan	26.3	58.0	26.0	70	–	–	51.2	0.6	0.6
Kazakhstan	24.2	79.6[aj]	36.0	71	1.8	0.1	62.7	0.4	2.3
Kenya	29.1	77.6	96.0	57	–	–	78.1	51.2	1.8
Kiribati	2.9	35.8	49.9	40	–	–	140.2	16.7	2.6
Kuwait	18.7	–	6.1	77	–	–	103.8	<0.1	0.2
Kyrgyzstan	22.0	62.1	–	66	3.5	0.8	110.7	0.8	0.6
Lao People's Democratic Republic	14.3	61.3	75.6	48	3.0	0.3	188.5	11.3	0.9
Latvia	10.0	–	18.0	64	–	–	41.3	<0.1	0.8
Lebanon	22.6	–	–	68	–	–	51.4	0.8	0.3
Lesotho	28.2	76.1	94.0	45	–	–	177.6	44.4	3.1
Liberia	33.7	37.2	104.8	34	7.9	1.6	170.2	41.5	1.8
Libya	23.8[ah]	29.6	10.9	63	–	–	71.9	0.6	0.6
Lithuania	10.6	–	14.1	67	9.8	1.6	34.0[ak]	<0.1	0.7
Luxembourg	8.7	–	5.6	≥80	3.4	0.1	11.6	<0.1	0.1
Madagascar	28.4	49.6	152.0	30	–	–	159.6	30.2	3.3
Malawi	35.0	74.6	136.0	44	1.6	0.1	115.0	28.3	2.0
Malaysia	24.0	–	11.5	70	–	–	47.4	0.4	0.5
Maldives	3.5	42.7	12.9	55	–	–	25.6	0.3	0.0
Mali	25.6	46.0	174.0	32	–	–	209.1	70.7	3.3
Malta	5.1	–	11.4	79	15.9	2.8	20.2	<0.1	0.1

3.a		3.b.1			3.b.2	3.c				3.d	
Age-standardized prevalence of tobacco smoking among persons 15 years and older[u] (%)		Diphtheria-tetanus-pertussis (DTP3) immunization coverage among 1-year-olds[v] (%)	Measles-containing-vaccine second-dose (MCV2) immunization coverage by the nationally recommended age[v] (%)	Pneumococcal conjugate 3rd dose (PCV3) immunization coverage among 1-year olds[v] (%)	Total net official development assistance to medical research and basic health per capita[w] (US$), by recipient country	Density of physicians[x] (per 1000 population)	Density of nursing and midwifery personnel[x] (per 1000 population)	Density of dentistry personnel[x] (per 1000 population)	Density of pharmaceutical personnel[x] (per 1000 population)	Average of 13 International Health Regulations core capacity scores[y]	
Male	Female										
Comparable estimates		Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Primary data	Primary data	Primary data	Primary data	Other data	
2016		2016	2016	2016	2016	2007–2016	2007–2016	2007–2016	2007–2016	2010–2017	**Member State**
12.3	2.0	83	76	84	0.50	1.7	2.1	0.3	0.1	81	Ecuador
50.1	0.2	95	96	–	0.20	0.8	1.4	0.2	0.3	96	Egypt
18.8	2.5	93	87	90	0.77	1.9	0.5	0.8	0.4	93	El Salvador
–	–	19	–	–	1.29	–	–	–	–	27	Equatorial Guinea
11.4	0.2	95	85	95	2.44	–	–	–	–	49	Eritrea
39.3	24.5	93	92	–	–	3.4	6.4	0.9	0.7	70	Estonia
8.5	0.4	77	–	76	3.53	0.0	0.3	–	0.0	79	Ethiopia
34.8	10.2	99	94	99	7.00	0.8	2.9	0.3	0.1	98	Fiji
22.6	18.3	92	85	87	–	3.2	15.0	0.7	1.1	96	Finland
35.6	30.1	97	79	91	–	3.2	10.6	0.7	1.1	89	France
–	–	75	–	–	2.25	0.4	2.9	0.0	0.1	52	Gabon
31.2	0.7	95	79	95	12.72	0.1	1.6	0.0	0.1	27	Gambia
55.5	5.3	92	85	75	2.23	4.8	4.0	0.5	0.1	74	Georgia
33.1	28.2	95	93	86	–	4.2	13.8	0.9	0.7	97	Germany
7.7	0.3	93	75	93	4.94	0.1	0.9	0.0	0.1	74	Ghana
52.0	35.3	99	83	96	–	6.3	3.4	1.2	1.1	76	Greece
–	–	96	85	–	–	–	–	–	0.8	66	Grenada
–	–	80	65	81	1.28	0.9	0.9	0.2	–	55	Guatemala
–	–	57	–	–	8.26	0.1	0.4	–	0.0	59	Guinea
–	–	87	–	80	11.23	0.1	0.7	0.0	0.0	53	Guinea–Bissau
–	–	97	94	92	2.85	0.2	0.5	0.1	0.1	89	Guyana
23.1	2.9	58	26	–	8.73	–	–	–	–	61	Haiti
–	–	97	–	97	2.92	–	–	–	–	70	Honduras
34.8	26.8	99	99	98	–	3.1	6.6	0.6	0.7	82	Hungary
15.2	14.3	91	95	90	–	3.8	15.2	0.8	1.1	72	Iceland
20.6	1.9	88	76	–	0.28	0.8	2.1	0.1	0.6	95	India
76.1	2.8	79	56	–	0.51	0.2	1.3	0.0	0.1	99	Indonesia
21.1	0.8	99	98	–	0.03	1.5	1.6	0.4	0.2	76	Iran (Islamic Republic of)
39.3	4.7	63	64	–	0.13	0.9	1.8	0.2	0.2	89	Iraq
25.7	23.0	95	–	91	–	3.0	12.4	0.6	1.1	78	Ireland
35.4	15.4	94	97	93	–	3.6	5.1	0.8	0.8	71	Israel
27.8	19.8	93	83	89	–	4.0	5.7	0.8	1.1	90	Italy
28.6	5.3	99	85	–	0.04	0.5	1.7	0.1	0.1	83[al]	Jamaica
33.7	11.2	99	93	99	–	2.4	11.2	0.8	1.7	100	Japan
–	–	98	99	–	2.78	3.4	3.1	0.9	1.6	72	Jordan
43.1	7.0	82	99	97	0.36	3.3	8.5	0.4	0.8	78	Kazakhstan
20.4	1.2	89	32	78	3.36	0.2	1.6	0.0	0.1	58	Kenya
58.9	35.9	81	79	79	9.95	0.2	4.6	0.2	0.1	60	Kiribati
37.0	2.7	99	96	99	–	2.6	7.0	0.7	0.5	85	Kuwait
50.5	3.6	96	98	–	2.91	1.9	6.4	0.2	0.0	50	Kyrgyzstan
51.2	7.3	82	–	78	3.33	0.5	1.0	0.1	0.2	75[al]	Lao People's Democratic Republic
51.0	25.6	98	89	82	–	3.2	4.9	0.7	0.8	90	Latvia
40.7	26.9	81	75	–	5.84	2.4	2.6	1.0	1.4	80	Lebanon
53.9	0.4	93	82	93	6.61	–	–	–	–	62	Lesotho
18.1	1.5	79	–	79	14.27	0.0	0.5	0.0	0.0	76	Liberia
–	–	97	96	96	0.07	2.1	6.9	0.7	0.6	64	Libya
38.0	21.3	94	92	82	–	4.4	8.1	0.9	–	77	Lithuania
26.0	20.9	99	86	95	–	2.9	12.3	1.0	0.7	88	Luxembourg
–	–	77	–	76	4.08	0.1	0.2	0.0	0.0	43	Madagascar
24.7	4.4	84	61	83	12.64	0.0	0.3	0.0	0.0	56	Malawi
42.4	1.0	98	99	–	0.05	1.5	4.1	0.5	0.5	100	Malaysia
55.0	2.1	99	99	–	1.29	3.6	8.2	0.2	1.1	63	Maldives
23.0	1.6	68	–	70	7.55	0.1	0.4	0.0	0.0	40	Mali
30.2	20.9	97	86	–	–	3.9	9.1	0.5	1.3	79	Malta

ANNEX B Part 2

	3.6	3.7		3.8			3.9		
	Road traffic mortality rate[o] (per 100 000 population)	Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods[p] (%)	Adolescent birth rate[q] (per 1000 women aged 15–19 years)	UHC service coverage index[r]	Population with household expenditures on health > 10% of total household expenditure or income[s] (%)	Population with household expenditures on health > 25% of total household expenditure or income[s] (%)	Age-standardized mortality rate attributed to household and ambient air pollution[c,t] (per 100 000 population)	Mortality rate attributed to exposure to unsafe WASH services[c,t] (per 100 000 population)	Mortality rate from unintentional poisoning[c,m] (per 100 000 population)
Data type	Comparable estimates	Primary data	Primary data	Comparable estimates	Primary data	Primary data	Comparable estimates	Comparable estimates	Comparable estimates
Member State	2013	2007–2017	2007–2016	2015	2007–2015	2007–2015	2016	2016	2016
Marshall Islands	5.7	80.5	–	–	–	–	–	–	–
Mauritania	24.5	30.4	77.0	33	–	–	169.5	38.6	1.9
Mauritius	12.2	41.9	24.1	64	–	–	38.3	0.6	0.1
Mexico	12.3	80.9	66.2	76	7.1	1.9	36.7	1.1	0.4
Micronesia (Federated States of)	1.9	–	–	60	–	–	151.8	3.6	1.0
Monaco	0.0	–	–	–	–	–	–	–	–
Mongolia	21.0	68.3[aj]	26.7	63	2.4	0.5	155.9	1.3	1.6
Montenegro	11.9	34.1[aj]	11.1	54	8.9	1.0	78.6	<0.1	0.5
Morocco	20.8	74.8	32.0	65	–	–	49.1	1.9	0.6
Mozambique	31.6	50.4[ai]	167.0	42	1.2	0.3	110.0	27.6	2.9
Myanmar	20.3	75.0	36.0	60	–	–	156.4	12.6	1.4
Namibia	23.9	75.1	82.0	59	–	–	145.0	18.3	1.5
Nauru	–	42.5	–	–	–	–	–	–	–
Nepal	17.0	56.1	88.0	46	27.4	3.3	193.8	19.8	0.4
Netherlands	3.4	–	3.2	≥80	–	–	13.7	0.2	0.1
New Zealand	6.0	–	16.0	≥80	–	–	7.2	0.1	0.2
Nicaragua	15.3	89.8	92.0	70	27.7	8.9	55.7	2.2	0.6
Niger	26.4	45.4	146.0	33	4.1	0.4	251.8	70.8	4.2
Nigeria	20.5	26.3[aj]	145.0	39	24.8	8.9	307.4	68.6	3.0
Niue	–	–	–	–	–	–	–	–	–
Norway	3.8	–	4.6	≥80	–	–	8.6	0.2	0.2
Oman	25.4	39.6	13.5	72	–	–	53.9	<0.1	0.4
Pakistan	14.2	47.0	44.0	40	1.0	0.0	173.6	19.6	2.3
Palau	4.8	–	–	–	–	–	–	–	–
Panama	10.0	75.9	84.3	75	1.4	0.2	25.8	1.9	0.4
Papua New Guinea	16.8	40.6	–	41	–	–	152.0	16.3	1.7
Paraguay	20.7	82.6	62.8	69	–	–	57.5	1.5	0.3
Peru	13.9	66.1	49.4	78	8.3	1.2	63.9	1.3	0.9
Philippines	10.5	51.5	57.0	58	6.3	1.4	185.2	4.2	0.2
Poland	10.3	–	12.3	75	13.9	1.6	37.9	<0.1	0.2
Portugal	7.8	–	8.2	≥80	18.4	3.3	9.8[ak]	0.2	0.3
Qatar	15.2	68.9[aj]	10.5	77	–	–	47.4	<0.1	0.4
Republic of Korea	12.0	–	1.3	≥80	13.5	4.0	20.5	1.8	0.5
Republic of Moldova	12.5	60.4	26.7	65	16.1	3.6	78.3	<0.1	1.2
Romania	8.7	–	35.3	72	12.0	2.3	59.3	0.4	0.4
Russian Federation	18.9	–	24.0	63	4.9	0.6	49.4	0.1	1.7
Rwanda	32.1	65.9	45.0	53	4.6	0.7	121.4	19.3	2.4
Saint Kitts and Nevis	–	–	–	–	–	–	–	–	–
Saint Lucia	18.1	72.4	–	69	–	–	30.0	0.6	0.2
Saint Vincent and the Grenadines	8.2	–	63.7	65	–	–	47.6	1.3	0.2
Samoa	15.8	39.4	39.2	56	–	–	85.0	1.5	0.5
San Marino	3.2	–	–	–	–	–	–	–	–
Sao Tome and Principe	31.1	50.3	92.0	54	–	–	162.4	11.4	0.9
Saudi Arabia	27.4	–	–	68	–	–	83.7	<0.1	0.7
Senegal	27.2	47.4	80.0	41	3.3	0.2	160.7	23.9	2.3
Serbia	7.7	25.1[aj]	16.4	65	9.0	0.7	62.5	0.7	0.3
Seychelles	8.6	–	65.8	68	–	–	49.3	0.2	0.6
Sierra Leone	27.3	37.5	125.0	36	–	–	324.1	81.3	4.1
Singapore	3.6	–	2.7	≥80	–	–	25.9	<0.1	0.1
Slovakia	6.6	–	24.3	76	3.8	0.4	33.5	<0.1	0.4
Slovenia	6.4	–	4.5	78	2.9	0.3	22.6	<0.1	0.3
Solomon Islands	19.2	38.0	42.0	50	–	–	137.0	6.2	0.9
Somalia	25.4	–	–	22	–	–	212.8	86.6	4.6
South Africa	25.1	77.9[ai]	71.0	67	1.4	0.1	86.7	13.7	1.2

3.a		3.b.1			3.b.2	3.c				3.d	
Age-standardized prevalence of tobacco smoking among persons 15 years and older[d] (%)		Diphtheria-tetanus-pertussis (DTP3) immunization coverage among 1-year-olds[v] (%)	Measles-containing-vaccine second-dose (MCV2) immunization coverage by the nationally recommended age[v] (%)	Pneumococcal conjugate 3rd dose (PCV3) immunization coverage among 1-year olds[v] (%)	Total net official development assistance to medical research and basic health per capita[w] (US$), by recipient country	Density of physicians[x] (per 1000 population)	Density of nursing and midwifery personnel[x] (per 1000 population)	Density of dentistry personnel[x] (per 1000 population)	Density of pharmaceutical personnel[x] (per 1000 population)	Average of 13 International Health Regulations core capacity scores[y]	
Male	Female										
Comparable estimates		Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Primary data	Primary data	Primary data	Primary data	Other data	
2016		2016	2016	2016	2016	2007–2016	2007–2016	2007–2016	2007–2016	2010–2017	**Member State**
–	–	71	49	51	2.67	0.5	3.6	0.5	0.1	57	Marshall Islands
–	–	73	–	73	2.53	0.1	0.7	0.0	0.0	32	Mauritania
40.7	3.2	96	92	10	0.28	2.0	3.3	0.3	0.4	71	Mauritius
21.4	6.9	97	98	92	0.01	2.2	2.6	0.1	–	94	Mexico
–	–	69	74	63	3.65	0.2	3.6	0.4	0.2	86	Micronesia (Federated States of)
–	–	99	–	–	–	6.6	20.5	1.0	2.6	81	Monaco
46.5	5.5	99	90	–	6.47	3.3	4.1	0.2	0.5	87	Mongolia
47.9	44.0	89	86	–	1.84	2.3	5.7	0.0	0.2	56	Montenegro
47.1	0.8	99	99	98	1.92	0.6	0.9	0.1	0.3	95	Morocco
29.1	5.1	80	51	80	8.10	0.1	0.4	0.0	0.1	69	Mozambique
35.2	6.3	90	86	14	2.78	0.6	0.9	0.1	–	62	Myanmar
34.2	9.7	92	–	81	3.97	0.4	2.8	0.0	0.2	79	Namibia
36.9	43.0	91	96	–	43.29	1.4	7.0	0.6	1.0	42	Nauru
37.8	9.5	87	25	46	2.47	0.6	2.0	–	0.2	22	Nepal
27.3	24.4	95	91	94	–	3.5	10.5	0.5	0.2	95	Netherlands
17.2	14.8	92	89	93	–	3.1	11.1	0.4	0.7	98	New Zealand
–	–	98	–	98	3.58	0.9	1.4	0.0	–	91	Nicaragua
15.4	0.1	67	37	64	3.48	0.0	0.1	0.0	0.0	74	Niger
10.8	0.6	49	–	26	2.87	0.4	1.5	0.0	0.1	51	Nigeria
19.3	10.5	99	99	99	6.01	1.8	9.8	2.5	0.6	61	Niue
20.7	19.6	96	91	94	–	4.4	17.8	0.9	0.7	99	Norway
15.6	0.5	99	99	99	–	1.9	4.2	0.2	0.9	90	Oman
36.7	2.8	72	53	72	1.63	1.0	0.5	0.1	–	51	Pakistan
22.7	7.7	98	95	98	2.72	1.2	5.3	0.2	0.0	91	Palau
9.9	2.4	73	92	83	0.46	1.6	2.3	0.3	–	76	Panama
48.8	23.5	72	–	20	2.92	0.1	0.5	0.0	0.0	64	Papua New Guinea
21.6	5.0	93	92	99	0.89	1.3	1.0	0.2	–	77	Paraguay
–	–	89	66	86	0.48	1.1	1.5	0.1	0.1	66	Peru
40.8	7.8	86	66	36	0.73	–	0.2	0.0	0.9	81	Philippines
33.1	23.3	98	94	–	–	2.3	5.7	0.3	0.7	74	Poland
30.0	16.3	98	95	–	–	4.4	6.4	0.9	0.9	91	Portugal
26.9	0.8	98	92	97	–	2.0	5.7	0.6	0.9	76	Qatar
40.9	6.2	98	97	98	–	2.3	6.9	0.5	0.7	98	Republic of Korea
44.6	5.9	89	95	77	3.48	3.2	4.5	0.4	0.5	81	Republic of Moldova
37.1	22.9	89	76	–	–	2.7	6.4	0.7	0.8	76	Romania
58.3	23.4	97	97	35	–	4.0	8.7	–	–	99	Russian Federation
21.0	4.7	98	90	98	6.65	0.1	0.8	0.0	0.0	66	Rwanda
15.2	0.8	97	97	–	–	–	–	–	–	52	Saint Kitts and Nevis
–	–	95	88	–	6.33	0.1	–	0.2	–	77	Saint Lucia
–	–	98	99	–	0.36	–	–	–	–	65	Saint Vincent and the Grenadines
38.1	16.7	62	44	–	22.31	0.3	1.5	0.2	0.3	75	Samoa
–	–	66	36	12	–	6.4	9.1	0.7	0.7	61	San Marino
–	–	96	76	96	24.88	–	–	–	–	16	Sao Tome and Principe
25.4	1.8	98	96	98	–	2.6	5.2	0.4	0.7	99	Saudi Arabia
16.6	0.4	93	75	93	5.36	0.1	0.3	0.0	0.0	44	Senegal
40.2	37.7	92	90	–	0.10	2.5	4.7	0.3	0.5	44	Serbia
35.7	7.1	96	99	–	34.17	1.0	4.4	0.1	0.0	87	Seychelles
41.3	8.8	84	50	84	11.30	0.0	0.3	0.0	0.0	70	Sierra Leone
28.3	5.2	97	88	78	–	2.3	7.1	0.4	0.5	99	Singapore
37.7	23.1	96	97	96	–	3.4	6.0	0.5	1.1	95	Slovakia
25.0	20.1	94	93	50	–	2.8	8.8	0.7	0.6	77	Slovenia
–	–	99	–	87	26.32	0.2	1.8	0.1	0.1	57	Solomon Islands
–	–	42	–	–	3.52	0.0	0.1	–	–	29	Somalia
33.2	8.1	66	70	69	1.55	0.8	5.2	0.2	0.7	91	South Africa

ANNEX B Part 2

	3.6	3.7		3.8			3.9		
	Road traffic mortality rate[o] (per 100 000 population)	Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods[p] (%)	Adolescent birth rate[q] (per 1000 women aged 15–19 years)	UHC service coverage index[r]	Population with household expenditures on health > 10% of total household expenditure or income[s] (%)	Population with household expenditures on health > 25% of total household expenditure or income[s] (%)	Age-standardized mortality rate attributed to household and ambient air pollution[c,t] (per 100 000 population)	Mortality rate attributed to exposure to unsafe WASH services[c,t] (per 100 000 population)	Mortality rate from unintentional poisoning[c,m] (per 100 000 population)
Data type	Comparable estimates	Primary data	Primary data	Comparable estimates	Primary data	Primary data	Comparable estimates	Comparable estimates	Comparable estimates
Member State	2013	2007–2017	2007–2016	2015	2007–2015	2007–2015	2016	2016	2016
South Sudan	27.9	5.6[aj]	158.1	30	–	–	165.1	63.3	4.0
Spain	3.7	–	7.7	77	5.7	1.2	9.9	0.2	0.2
Sri Lanka	17.4	74.1	20.3	62	2.9	0.1	79.8	1.2	0.4
Sudan	24.3	30.2	87.0	43	–	–	184.9	17.3	3.9
Suriname	19.1	73.2[aj]	57.7	68	–	–	56.7	2.0	0.4
Swaziland	24.2	80.6	87.0	58	13.4	2.0	137.0	27.9	3.3
Sweden	2.8	–	4.4	≥80	–	–	7.2	0.2	0.4
Switzerland	3.3	–	2.6	≥80	–	–	10.1	0.1	0.1
Syrian Arab Republic	20.0	53.3	54.0	60	–	–	75.2	3.7	0.4
Tajikistan	18.8	50.8	54.0	65	11.3	2.7	129.3	2.7	1.2
Thailand	36.2	89.2	51.0	75	3.4	0.7	61.5	3.5	0.4
The former Yugoslav Republic of Macedonia	9.4	22.3[aj]	20.1	70	5.4	0.6	82.2	<0.1	0.4
Timor–Leste	16.6	46.1[ai]	–	47	–	–	139.8	9.9	0.4
Togo	31.1	32.1	85.0	42	–	–	249.6	41.6	2.4
Tonga	7.6	47.9	30.0	62	–	–	73.3	1.4	1.3
Trinidad and Tobago	14.1	58.2	38.0	75	–	–	38.6	0.1	0.2
Tunisia	24.4	73.2[aj]	3.0	65	16.7	2.4	56.1	1.0	0.5
Turkey	8.9	59.7	26.9	71	3.1	0.3	46.6[ak]	0.3	0.3
Turkmenistan	17.4	75.6	28.0	67	–	–	79.3	4.0	0.7
Tuvalu	–	41.0	–	–	–	–	–	–	–
Uganda	27.4	49.9	141.0	44	–	–	155.7	31.6	3.2
Ukraine	10.6	68.0	26.1	63	7.2	1.1	70.7	0.3	2.5
United Arab Emirates	10.9	–	34.2	63	–	–	54.7	<0.1	0.3
United Kingdom	2.9	–	14.4	≥80	1.6	0.5	13.8	0.2	0.2
United Republic of Tanzania	32.9	52.9	132.0	39	9.9	2.5	139.0	38.4	2.7
United States of America	10.6	–	22.3	≥80	4.8	0.8	13.3	0.2	0.9
Uruguay	16.6	–	55.6	79	–	–	17.5	0.4	0.4
Uzbekistan	11.2	–	29.5	72	–	–	81.1	0.4	1.0
Vanuatu	16.6	50.7	78.0	56	–	–	135.6	10.4	0.9
Venezuela (Bolivarian Republic of)	45.1	–	–	73	–	–	34.6	1.4	0.3
Viet Nam	24.5	69.7[aj]	30.1	73	9.8	2.1	64.5	1.6	0.9
Yemen	21.5	46.9	67.0	39	–	–	194.2	10.2	3.8
Zambia	24.7	63.8	141.0	56	0.3	0.0	127.2	34.9	2.9
Zimbabwe	28.2	85.2	110.0	55	–	–	133.0	24.6	2.2
WHO region									
African Region	26.6	52.2	99.1	44	10.3	2.6	180.9	45.8	2.7
Region of the Americas	15.9	83.0	48.6	78	11.1	1.9	29.7	1.1	0.6
South-East Asia Region	17.0	75.1	33.0	55	12.8	2.8	165.8	15.4	1.8
European Region	9.3	75.1	16.6	73	7.0	1.0	36.3	0.3	0.7
Eastern Mediterranean Region	19.9	63.6	44.5	53	9.5	1.4	125.0	10.6	1.5
Western Pacific Region	17.3	89.7	14.2	75	14.8	3.9	102.8	1.0	1.1
Global	17.4	77.4	43.9	64	11.7	2.6	114.1	11.7	1.4

3.a		3.b.1			3.b.2	3.c				3.d	
Age-standardized prevalence of tobacco smoking among persons 15 years and older[u] (%)		Diphtheria-tetanus-pertussis (DTP3) immunization coverage among 1-year-olds[v] (%)	Measles-containing-vaccine second-dose (MCV2) immunization coverage by the nationally recommended age[v] (%)	Pneumococcal conjugate 3rd dose (PCV3) immunization coverage among 1-year olds[v] (%)	Total net official development assistance to medical research and basic health per capita[w] (US$), by recipient country	Density of physicians[x] (per 1000 population)	Density of nursing and midwifery personnel[x] (per 1000 population)	Density of dentistry personnel[x] (per 1000 population)	Density of pharmaceutical personnel[x] (per 1000 population)	Average of 13 International Health Regulations core capacity scores[y]	
Male	Female										
Comparable estimates		Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Primary data	Primary data	Primary data	Primary data	Other data	
2016		2016	2016	2016	2016	2007–2016	2007–2016	2007–2016	2007–2016	2010–2017	**Member State**
–	–	26	–	–	5.02	–	–	–	–	34	South Sudan
31.4	27.4	97	95	–	–	3.9	5.3	0.7	1.2	95	Spain
27.0	0.3	99	99	–	0.98	0.9	2.8	0.1	0.1	76	Sri Lanka
–	–	93	69	93	3.34	0.3	1.2	0.0	0.0	67	Sudan
42.9	7.4	91	44	–	1.09	–	–	–	–	72	Suriname
16.5	1.7	90	89	90	13.21	0.1	1.4	0.0	0.0	75	Swaziland
18.9	18.8	98	95	97	–	4.2	11.9	0.8	0.8	93	Sweden
28.9	22.6	97	89	81	–	4.2	18.2	0.5	0.5	91	Switzerland
–	–	42	52	–	0.71	1.5	2.3	0.9	1.5	64	Syrian Arab Republic
–	–	96	97	–	3.07	1.7	5.3	0.2	–	89	Tajikistan
38.8	1.9	99	95	–	0.37	0.5	2.3	0.3	0.2	97	Thailand
–	–	95	93	–	0.56	2.9	3.8	0.9	0.5	90	The former Yugoslav Republic of Macedonia
78.1	6.3	85	22	–	12.12	0.1	1.3	0.0	0.1	72	Timor–Leste
14.2	0.9	89	–	89	4.82	0.1	0.3	0.0	0.0	64	Togo
44.4	11.8	78	85	–	45.41	0.6	3.9	0.4	0.3	74	Tonga
–	–	97	65	91	–	1.8	3.3	0.3	0.5	72	Trinidad and Tobago
65.8	1.1	98	97	–	0.19	1.3	2.6	0.3	0.3	57	Tunisia
41.1	14.1	98	85	98	0.36	1.7	2.6	0.3	0.3	88	Turkey
–	–	98	99	–	1.77	2.3	4.8	0.1	0.2	84	Turkmenistan
–	–	94	92	–	60.03	1.2	6.5	0.4	0.2	54	Tuvalu
16.7	3.4	78	–	78	6.31	0.1	0.6	0.0	0.0	58	Uganda
47.4	13.5	19	31	–	1.46	3.0	7.0	0.6	0.0	49	Ukraine
37.4	1.2	99	99	99	–	1.6	3.1	0.3	0.4	97	United Arab Emirates
24.7	20.0	94	89	92	–	2.8	8.4	0.5	0.9	89	United Kingdom
26.7	3.3	97	71	96	4.66	0.0	0.4	0.0	0.0	69	United Republic of Tanzania
24.6	19.1	95	–	93	–	2.6	–	–	0.9	100	United States of America
19.9	14.0	95	92	94	0.05	3.9	5.8	0.7	0.3	87	Uruguay
24.7	1.3	99	99	99	1.79	2.5	12.5	0.2	0.0	83	Uzbekistan
34.5	2.8	64	–	–	7.20	0.2	2.2	0.1	0.1	35	Vanuatu
–	–	84	53	7	0.00	–	–	–	–	94	Venezuela (Bolivarian Republic of)
45.9	1.0	96	95	–	0.84	0.8	1.4	–	0.3	95	Viet Nam
29.2	7.6	71	49	71	2.44	0.3	0.8	0.0	0.1	48	Yemen
24.7	3.1	91	58	90	10.75	0.1	0.9	0.0	0.1	64	Zambia
30.7	1.6	90	63	90	4.94	0.1	1.2	0.0	0.0	72	Zimbabwe
											WHO region
17.5	2.2	74	24	65	–	–	–	–	–	56	African Region
21.4	12.4	91	54	84	–	–	–	–	–	80	Region of the Americas
31.6	2.2	88	75	9	–	–	–	–	–	73	South-East Asia Region
38.1	20.7	92	88	62	–	–	–	–	–	79	European Region
34.0	2.2	80	69	48	–	–	–	–	–	72	Eastern Mediterranean Region
46.0	3.0	97	93	14	–	–	–	–	–	79	Western Pacific Region
33.7	6.2	86	64	42	–	–	–	–	–	71	**Global**

ANNEX B Part 3

	1.a	2.2			6.1	6.2	7.1	11.6	13.1
	Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE)[d,z] (%)	Prevalence of stunting in children under 5[aa] (%)	Prevalence of wasting in children under 5[aa] (%)	Prevalence of overweight in children under 5[aa] (%)	Proportion of population using safely managed drinking-water services[ab] (%)	Proportion of population using safely managed sanitation services[ab] (%)	Proportion of population with primary reliance on clean fuels[t] (%)	Annual mean concentrations of fine particulate matter ($PM_{2.5}$) in urban areas[t] (µg/m³)	Average death rate due to natural disasters[c,m,ac] (per 100 000 population)
Data type	Comparable estimates	Primary data	Primary data	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates
Member State	2015	2007–2016	2007–2016	2007–2016	2015	2015	2016	2016	2012–2016
Afghanistan	2.0	40.9	9.5	5.4	–	–	32	59.9	0.7
Albania	9.5	23.1	9.4	23.4	69	65	77	18.2	0.0
Algeria	10.7	11.7	4.1	12.4	–	19	93	34.5	<0.1
Andorra	18.5	–	–	–	–	100	>95[aq]	11.5	–
Angola	3.7	37.6	4.9	3.3	–	–	48	28.4	<0.1
Antigua and Barbuda	14.9	–	–	–	–	–	>95	18.0	0.0
Argentina	12.3	–	–	–	–	26	>95	11.7	<0.1
Armenia	6.1	9.4	4.2	13.6	61	–	>95	32.9	0.0
Australia	–	2.0[am]	0.0[am]	7.7[am]	–	74	>95[aq]	7.3	<0.1
Austria	15.1	–	–	–	99	97	>95[aq]	13.1	0.2
Azerbaijan	4.1	18.0	3.1	13.0	72	–	>95	18.5	0.0
Bahamas	14.2	–	–	–	–	–	>95[aq]	19.0	0.0
Bahrain	9.5	–	–	–	99	93	>95[aq]	69.0	0.0
Bangladesh	2.8	36.1	14.3	1.4	56	–	18	58.6	<0.1
Barbados	7.4	7.7	6.8	12.2	–	–	>95	22.4	0.0
Belarus	8.5	–	–	–	94	76	>95	19.3	0.0
Belgium	16.0	–	–	–	98	97	>95[aq]	13.0	<0.1
Belize	11.1	15.0	1.8	7.3	–	–	85	20.9	0.0
Benin	3.4	34.0	4.5	1.7	–	–	6	30.4	<0.1
Bhutan	9.1	33.6	5.9	7.6	34	–	52	35.4	0.0
Bolivia (Plurinational State of)	9.8	16.1	2.0	10.1	–	19	80	23.3	0.4
Bosnia and Herzegovina	14.9	8.9	2.3	17.4	89	23	63	29.7	0.1
Botswana	8.8	31.4	7.2	11.2	–	–	64	20.9	0.1
Brazil	7.7	7.1	1.6	7.3	–	39	>95	11.8	<0.1
Brunei Darussalam	6.4	19.7	2.9	8.3	–	–	>95[aq]	5.8	0.0
Bulgaria	10.3	–	–	–	97	74	89	20.8	<0.1
Burkina Faso	7.2	27.3	7.6	1.2	–	–	9	36.3	<0.1
Burundi	11.8	55.9	5.1	1.4	–	–	<5	35.6	0.2
Cabo Verde	10.8	–	–	–	–	–	71	31.6	0.0
Cambodia	6.1	32.4	9.6	2.0	24	–	18	24.9	0.3
Cameroon	3.1	31.7	5.2	6.7	–	–	23	65.4	<0.1
Canada	19.1	–	–	–	–	77	>95[aq]	6.7	<0.1
Central African Republic	4.1	40.7	7.4	1.8	–	–	<5	51.2	0.0
Chad	6.3	39.9	13.0	2.5	–	–	<5	50.8	<0.1
Chile	19.6	1.8	0.3	9.3	98	85	92	23.1	0.1
China	10.1	8.1	1.9	6.6[as]	–	60	59	51.0	<0.1
Colombia	12.2	12.7	0.9	4.8	71	20	92	17.2	0.3
Comoros	3.8	32.1	11.1	10.9	–	–	9	18.6	0.1
Congo	3.1	21.2	8.2	5.9	37	–	24	36.4	<0.1
Cook Islands	5.1	–	–	–	–	–	84	–	–
Costa Rica	18.8	5.6	1.0	8.1	90	–	93	16.7	<0.1
Côte d'Ivoire	5.0	21.6	6.0	1.5	46	–	18	23.9	<0.1
Croatia	11.7	–	–	–	90	60	93	17.6	<0.1
Cuba	–	–	–	–	–	31	79	21.6	0.3
Cyprus	7.1	–	–	–	100	76	>95[aq]	17.1	0.0
Czechia	14.3	–	–	–	98	91	>95	15.6	<0.1
Democratic People's Republic of Korea	–	27.9	4.0	0.0	–	–	11	31.0	0.3
Democratic Republic of the Congo	5.0	42.6	8.1	4.4	–	–	<5	37.4	<0.1
Denmark	15.8	–	–	–	97	93	>95[aq]	10.3	<0.1
Djibouti	4.1	33.5	21.5	8.1	–	–	12	41.0	0.0
Dominica	10.6	–	–	–	–	–	91	18.8	–
Dominican Republic	9.5	7.1	2.4	7.6	–	–	90	13.3	<0.1

16.1		17.19.2	
Mortality rate due to homicide[c,m] (per 100 000 population)	Estimated direct deaths from major conflicts[c,m,ac,ad] (per 100 000 population)	Completeness of cause-of-death data[c,m,ae] (%)	
Comparable estimates	Comparable estimates	Comparable estimates	
2016	2012–2016	2007–2016	**Member State**
7.4	37.3	–	Afghanistan
4.2	<0.1	55[ar]	Albania
4.2	0.7	–	Algeria
–	–	100	Andorra
9.8	<0.1	–	Angola
1.8	0.0	87	Antigua and Barbuda
6.2	<0.1	100	Argentina
2.4	<0.1	100	Armenia
1.1	<0.1	100	Australia
0.5	<0.1	100	Austria
2.4	0.8	95[ar]	Azerbaijan
29.7	0.0	86	Bahamas
0.8	0.3	96	Bahrain
2.9	<0.1	–	Bangladesh
10.0	0.0	78	Barbados
5.2	<0.1	100	Belarus
1.0	<0.1	100	Belgium
29.4	0.0	86	Belize
6.4	0.0	–	Benin
1.7	0.0	–	Bhutan
14.1	0.0	–	Bolivia (Plurinational State of)
3.3	<0.1	93	Bosnia and Herzegovina
11.4	0.0	–	Botswana
31.3	0.3	97	Brazil
2.0	0.0	97	Brunei Darussalam
1.7	<0.1	100	Bulgaria
9.8	0.2	–	Burkina Faso
6.6	1.5	–	Burundi
8.2	0.0	92	Cabo Verde
2.2	0.0	–	Cambodia
11.6	3.7	–	Cameroon
1.5	<0.1	100	Canada
13.8	32.4	–	Central African Republic
9.6	3.8	–	Chad
4.4	<0.1	97	Chile
0.9	<0.1	62	China
43.1	0.5	79	Colombia
7.9	0.0	–	Comoros
10.2	0.4	–	Congo
–	–	100	Cook Islands
10.2	0.0	87	Costa Rica
12.1	<0.1	–	Côte d'Ivoire
1.0	<0.1	100	Croatia
5.5	<0.1	100	Cuba
1.4	<0.1	74	Cyprus
0.8	<0.1	100	Czechia
4.4	<0.1	–	Democratic People's Republic of Korea
13.3	2.2	–	Democratic Republic of the Congo
0.8	<0.1	100	Denmark
6.8	2.0	–	Djibouti
–	–	100	Dominica
16.8	0.0	59	Dominican Republic

ANNEX B Part 3

	1.a	2.2			6.1	6.2	7.1	11.6	13.1
	Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE)[d,z] (%)	Prevalence of stunting in children under 5[aa] (%)	Prevalence of wasting in children under 5[aa] (%)	Prevalence of overweight in children under 5[aa] (%)	Proportion of population using safely managed drinking-water services[ab] (%)	Proportion of population using safely managed sanitation services[ab] (%)	Proportion of population with primary reliance on clean fuels[t] (%)	Annual mean concentrations of fine particulate matter ($PM_{2.5}$) in urban areas[t] (µg/m³)	Average death rate due to natural disasters[c,m,ac] (per 100 000 population)
Data type	Comparable estimates	Primary data	Primary data	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates
Member State	2015	2007–2016	2007–2016	2007–2016	2015	2015	2016	2016	2012–2016
Ecuador	11.0	23.9	1.6	8.0	74	42	>95	15.5	0.6
Egypt	4.2	22.3	9.5	15.7	–	61	>95	79.6	0.0
El Salvador	19.1	13.6	2.1	6.4	–	–	86	23.8	0.0
Equatorial Guinea	1.3	26.2	3.1	9.7	–	–	34	49.1	0.0
Eritrea	1.8	50.3	15.3	1.9	–	–	16	41.1	0.0
Estonia	12.2	–	–	–	82	93	93	7.0	<0.1
Ethiopia	6.0	38.4	9.9	2.8	11	–	<5	34.0	0.0
Fiji	7.2	–	–	–	–	–	40	10.5	0.4
Finland	12.8	–	–	–	97	92	>95[aq]	6.5	<0.1
France	15.3	–	–	–	93	92	>95[aq]	12.4	<0.1
Gabon	7.0	17.5	3.4	7.7	–	–	79	37.8	0.0
Gambia	10.6	25.0	11.1	3.2	–	–	<5	32.3	<0.1
Georgia	10.5	11.3	1.6	19.9	73	–	78	24.0	0.1
Germany	21.4	–	–	–	99	95	>95[aq]	11.9	<0.1
Ghana	7.1	18.8	4.7	2.6	27	–	22	31.1	0.2
Greece	9.1	–	–	–	99	75	94	16.4	0.2
Grenada	7.4	–	–	–	–	–	>95	21.8	0.2
Guatemala	14.9	46.5	0.7	4.7	61	–	45	24.2	0.2
Guinea	2.7	32.4	8.1	4.0	–	–	<5	22.2	0.0
Guinea–Bissau	9.5	27.6	6.0	2.3	–	–	<5	26.5	0.0
Guyana	7.8	12.0	6.4	5.3	–	–	74	21.6	<0.1
Haiti	3.3	21.9	5.2	3.6	–	–	<5	14.7	1.3
Honduras	11.3	22.7	1.4	5.2	–	–	53	21.5	<0.1
Hungary	9.7	–	–	–	82	76	>95[aq]	16.3	<0.1
Iceland	16.4	–	–	–	98	69	>95[aq]	5.9	0.0
India	3.4	38.4	21.0	2.1	–	–	41[ak]	68.0[ak]	0.2
Indonesia	7.4	36.4	13.5	11.5	–	–	58	16.4	<0.1
Iran (Islamic Republic of)	22.6	6.8	4.0	–	91	–	>95	34.4	0.1
Iraq	1.7	22.6	7.4	11.8	–	32	>95	60.1	<0.1
Ireland	18.4	–	–	–	99	70	>95[aq]	8.7	<0.1
Israel	–	–	–	–	99	93	>95[ak,aq]	19.4[ak]	<0.1
Italy	13.4	–	–	–	94	95	>95[aq]	15.7	0.2
Jamaica	12.6	6.2	3.6	8.5	–	–	90	13.6	0.0
Japan	–	7.1	2.3	1.5	97	100	>95[aq]	11.8	<0.1
Jordan	12.4	7.8	2.4	4.7	93	77	>95	31.7	0.0
Kazakhstan	10.9	8.0	3.1	9.3	–	–	>95	14.5	<0.1
Kenya	6.3	26.0	4.0	4.1	–	–	13	25.8	<0.1
Kiribati	6.3	–	–	–	–	–	6	10.9	0.0
Kuwait	6.2	4.9	3.1	6.0[ap]	100	100	>95[aq]	58.9	<0.1
Kyrgyzstan	9.9	12.9	2.8	7.0	66	–	81	17.4	0.3
Lao People's Democratic Republic	3.8	43.8	6.4	2.0	–	–	6	25.5	<0.1
Latvia	8.9	–	–	–	82	78	>95	14.4	<0.1
Lebanon	14.3	–	–	–	48	20	–	30.7	0.0
Lesotho	9.3	33.2	2.8	7.4	–	–	36	28.1	0.0
Liberia	2.7	32.1	5.6	3.2	–	–	<5	17.0	0.0
Libya	–	21.0	6.5	22.4	–	26	–	41.7	<0.1
Lithuania	12.2	–	–	–	92	61	>95[ak,aq]	12.3[ak]	0.4
Luxembourg	12.1	–	–	–	98	94	>95[aq]	10.4	0.0
Madagascar	15.6	49.2	–	–	–	–	<5	22.5	0.2
Malawi	10.8	37.1	2.7	4.5	–	–	<5	21.9	0.2
Malaysia	8.3	20.7	11.5	6.0	92	82	>95	17.3	<0.1
Maldives	22.8	20.3	10.2	6.5	–	–	94	7.7	0.0
Mali	4.5	30.4	13.5	1.9	–	–	<5	29.0	<0.1
Malta	14.2	–	–	–	100	93	>95[aq]	14.0	<0.1

16.1		17.19.2	
Mortality rate due to homicide[c,m] (per 100 000 population)	Estimated direct deaths from major conflicts[c,m,ac,ad] (per 100 000 population)	Completeness of cause-of-death data[c,m,ae] (%)	
Comparable estimates	Comparable estimates	Comparable estimates	
2016	2012–2016	2007–2016	**Member State**
9.3	<0.1	81	Ecuador
4.8	0.6	94	Egypt
46.0	0.0	92	El Salvador
3.4	0.0	–	Equatorial Guinea
7.8	0.0	–	Eritrea
3.7	<0.1	100	Estonia
7.8	0.2	–	Ethiopia
2.5	0.0	100	Fiji
1.3	<0.1	100	Finland
0.9	<0.1	100	France
8.8	0.0	–	Gabon
9.3	0.0	–	Gambia
4.6	<0.1	90	Georgia
0.7	<0.1	100	Germany
9.7	0.0	–	Ghana
1.1	<0.1	100	Greece
6.3	0.0	100	Grenada
25.8	<0.1	100	Guatemala
8.9	0.2	–	Guinea
9.2	<0.1	–	Guinea–Bissau
18.8	0.2	90	Guyana
28.0	0.0	–	Haiti
55.5	<0.1	14	Honduras
1.3	<0.1	100	Hungary
1.2	<0.1	100	Iceland
4.1	<0.1	10[ar]	India
4.5	<0.1	–	Indonesia
4.5	<0.1	88	Iran (Islamic Republic of)
15.5	86.3	78[ar]	Iraq
0.8	0.0	100	Ireland
1.8	0.3	100	Israel
0.8	<0.1	100	Italy
39.1	0.0	88[ar]	Jamaica
0.3	<0.1	100	Japan
2.9	<0.1	59	Jordan
8.1	<0.1	87	Kazakhstan
5.3	0.7	–	Kenya
9.1	0.0	56	Kiribati
2.7	0.2	59	Kuwait
5.8	<0.1	96	Kyrgyzstan
7.0	<0.1	–	Lao People's Democratic Republic
6.0	0.0	100	Latvia
4.5	3.3	–	Lebanon
35.0	<0.1	–	Lesotho
10.0	0.0	–	Liberia
2.5	28.7	–	Libya
5.9	0.0	100	Lithuania
0.2	0.0	100	Luxembourg
6.9	<0.1	–	Madagascar
1.5	0.0	–	Malawi
4.1	<0.1	52	Malaysia
3.4	0.9	94[ar]	Maldives
11.3	3.9	–	Mali
0.9	0.0	100	Malta

ANNEX B Part 3

	1.a	2.2			6.1	6.2	7.1	11.6	13.1
	Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE)[d,z] (%)	Prevalence of stunting in children under 5[aa] (%)	Prevalence of wasting in children under 5[aa] (%)	Prevalence of overweight in children under 5[aa] (%)	Proportion of population using safely managed drinking-water services[ab] (%)	Proportion of population using safely managed sanitation services[ab] (%)	Proportion of population with primary reliance on clean fuels[t] (%)	Annual mean concentrations of fine particulate matter ($PM_{2.5}$) in urban areas[t] (µg/m³)	Average death rate due to natural disasters[c,m,ac] (per 100 000 population)
Data type	Comparable estimates	Primary data	Primary data	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates
Member State	2015	2007–2016	2007–2016	2007–2016	2015	2015	2016	2016	2012–2016
Marshall Islands	21.2	–	–	–	–	–	65	–	–
Mauritania	5.5	27.9	14.8	1.3	–	–	47	41.7	<0.1
Mauritius	9.9	–	–	–	–	–	93	13.5	0.2
Mexico	11.3	12.4	1.0	5.2	43	45	85	20.9	0.1
Micronesia (Federated States of)	6.1	–	–	–	–	–	12	10.5	1.3
Monaco	8.1	–	–	–	100	100	>95[aq]	12.2	–
Mongolia	6.0	10.8	1.0	10.5	–	–	43	49.5	0.0
Montenegro	8.8	9.4	2.8	22.3	90	–	69	19.3	0.0
Morocco	7.7	14.9	2.3	10.7	69	38	>95	31.1	<0.1
Mozambique	1.2	43.1	6.1	7.9	–	–	<5	18.4	0.2
Myanmar	4.9	29.2	7.0	1.3	–	–	18	34.6	<0.1
Namibia	12.9	23.1	7.1	4.1	–	–	42	21.0	0.0
Nauru	5.2	24.0	1.0	2.8	–	–	91	12.5	–
Nepal	5.5	35.8	9.7	1.2	27	–	28	99.5	7.0
Netherlands	19.0	–	–	–	100	97	>95[aq]	12.1	<0.1
New Zealand	–	–	–	–	100	76	>95[aq]	5.8	<0.1
Nicaragua	17.4	17.3	2.2	8.3	59	–	52	19.0	0.1
Niger	4.6	42.2	10.3	3.0	–	9	<5	73.0	0.2
Nigeria	5.3	43.6	10.8	1.5	19	–	<5	46.3	<0.1
Niue	2.2	–	–	–	97	–	93	–	–
Norway	17.5	–	–	–	95	78	>95[aq]	7.8	<0.1
Oman	6.7	14.1	7.5	4.4	88	–	>95	36.2	0.0
Pakistan	3.7	45.0	10.5	4.8	36	–	43	56.2	0.3
Palau	13.1	–	–	–	–	20	87	12.4	–
Panama	11.3	19.1	1.2	–	–	–	89	12.0	0.3
Papua New Guinea	8.7	49.5	14.3	13.8	–	–	13	11.5	0.2
Paraguay	10.8	5.6	1.0	12.4	–	–	66	11.7	<0.1
Peru	14.4	13.1	1.0	7.2	50	30	75	29.0	<0.1
Philippines	7.4	33.4	7.1	3.9	–	–	43	18.7	2.1
Poland	10.7	–	–	–	94	77	>95[aq]	21.5	<0.1
Portugal	12.3	–	–	–	95	62	>95[ak,aq]	8.1[ak]	<0.1
Qatar	6.3	–	–	–	–	88	>95	91.7	0.0
Republic of Korea	12.9	2.5[am]	1.2[am]	7.3[am]	98	98	>95	24.7	<0.1
Republic of Moldova	12.2	6.4	1.9	4.9	70	–	92	16.5	<0.1
Romania	10.8	–	–	–	82	57	86	15.4	0.1
Russian Federation	9.6	–	–	–	76	–	>95	14.7	<0.1
Rwanda	6.2	36.7	1.7	7.7	–	–	<5	40.7	<0.1
Saint Kitts and Nevis	6.5	–	–	–	–	–	>95[aq]	12.3	–
Saint Lucia	8.5	2.5	3.7	6.3	–	–	>95	21.2	0.7
Saint Vincent and the Grenadines	10.0	–	–	–	–	–	>95	21.4	2.2
Samoa	11.5	4.7	3.7	5.4	–	–	32	10.9	1.2
San Marino	14.3	–	–	–	100	78	>95[aq]	13.4	–
Sao Tome and Principe	10.7	17.2	4.0	2.4	–	–	17	25.2	0.0
Saudi Arabia	10.1	–	–	–	–	84	>95	86.7	<0.1
Senegal	4.2	17.0	7.2	0.9	–	24	32	39.7	<0.1
Serbia	12.3	6.0	3.9	13.9	88	24	76	24.7	0.1
Seychelles	10.0	7.9[ao]	4.3[ao]	10.2[ao]	–	–	90	18.6	0.0
Sierra Leone	7.9	37.9	9.4	8.9	–	–	<5	20.6	0.0
Singapore	12.0	–	–	–	100	100	>95[aq]	18.3	0.0
Slovakia	12.0	–	–	–	93	82	>95	18.0	<0.1
Slovenia	12.7	–	–	–	98	76	>95	16.4	<0.1
Solomon Islands	10.6	31.6	7.9	3.9	–	–	8	11.5	2.0
Somalia	–	25.3	15.0	3.0	–	14	<5	28.0	0.3
South Africa	14.1	27.4	2.5	13.3	–	–	85	24.3	<0.1

16.1		17.19.2	
Mortality rate due to homicide[c,m] (per 100 000 population)	Estimated direct deaths from major conflicts[c,m,ac,ad] (per 100 000 population)	Completeness of cause-of-death data[c,m,ae] (%)	
Comparable estimates	Comparable estimates	Comparable estimates	
2016	2012–2016	2007–2016	**Member State**
–	–	–	Marshall Islands
11.0	0.0	–	Mauritania
1.6	0.0	98	Mauritius
16.9	2.1	100	Mexico
4.8	0.0	–	Micronesia (Federated States of)
–	–	100	Monaco
8.9	0.0	84	Mongolia
2.6	0.0	94[ar]	Montenegro
1.4	0.0	29	Morocco
2.5	0.1	–	Mozambique
4.1	1.9	–	Myanmar
18.3	0.0	–	Namibia
–	–	–	Nauru
3.3	<0.1	–	Nepal
0.7	0.2	100	Netherlands
1.1	<0.1	100	New Zealand
13.9	<0.1	78	Nicaragua
10.4	1.2	–	Niger
9.8	4.1	–	Nigeria
–	–	–	Niue
0.6	<0.1	100	Norway
5.2	0.0	73	Oman
9.6	6.9	–	Pakistan
–	–	95	Palau
20.5	0.0	92	Panama
10.2	0.1	–	Papua New Guinea
8.6	0.1	80	Paraguay
11.6	<0.1	57	Peru
14.8	1.6	89[ar]	Philippines
0.9	<0.1	100	Poland
1.2	0.0	100	Portugal
7.4	0.0	55	Qatar
1.3	0.5	100	Republic of Korea
5.3	0.0	83	Republic of Moldova
1.6	<0.1	100	Romania
11.3	0.3	100	Russian Federation
5.5	0.3	–	Rwanda
–	–	88	Saint Kitts and Nevis
15.6	0.0	94	Saint Lucia
13.8	<0.1	100	Saint Vincent and the Grenadines
3.2	0.0	–	Samoa
–	–	100	San Marino
7.0	0.0	–	Sao Tome and Principe
6.2	0.2	42	Saudi Arabia
7.8	<0.1	–	Senegal
1.6	<0.1	95	Serbia
9.9	0.0	91	Seychelles
13.1	0.0	–	Sierra Leone
0.2	<0.1	68	Singapore
1.3	0.0	100	Slovakia
0.7	0.1	100	Slovenia
4.3	0.0	–	Solomon Islands
5.6	28.2	–	Somalia
33.1	<0.1	92	South Africa

ANNEX B Part 3

	1.a	2.2			6.1	6.2	7.1	11.6	13.1
	Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE)[d,z] (%)	Prevalence of stunting in children under 5[aa] (%)	Prevalence of wasting in children under 5[aa] (%)	Prevalence of overweight in children under 5[aa] (%)	Proportion of population using safely managed drinking-water services[ab] (%)	Proportion of population using safely managed sanitation services[ab] (%)	Proportion of population with primary reliance on clean fuels[t] (%)	Annual mean concentrations of fine particulate matter ($PM_{2.5}$) in urban areas[t] (µg/m³)	Average death rate due to natural disasters[c,m,ac] (per 100 000 population)
Data type	Comparable estimates	Primary data	Primary data	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates
Member State	2015	2007–2016	2007–2016	2007–2016	2015	2015	2016	2016	2012–2016
South Sudan	1.6	31.1	22.7	6.0	–	–	<5	40.9	0.3
Spain	14.9	–	–	–	98	97	>95[aq]	9.8	<0.1
Sri Lanka	7.9	17.3	15.1	2.0	–	–	26	15.1	0.3
Sudan	18.1	38.2	16.3	3.0	–	–	41	46.8	<0.1
Suriname	10.5	8.8	5.0	4.0	–	–	90	25.8	0.0
Swaziland	14.9	25.5	2.0	9.0	–	–	50	16.2	0.2
Sweden	18.4	–	–	–	98	92	>95[aq]	6.1	<0.1
Switzerland	25.2	–	–	–	95	99	>95[aq]	10.4	0.2
Syrian Arab Republic	–	27.5	11.5	17.9	–	–	>95	37.4	0.0
Tajikistan	6.1	26.8	9.9	6.6	47	–	80	42.8	<0.1
Thailand	16.6	10.5	5.4	8.2	–	–	74	26.6	<0.1
The former Yugoslav Republic of Macedonia	12.1	4.9	1.8	12.4	83	–	66	33.0	<0.1
Timor–Leste	4.2	50.2	11.0	1.5	–	–	7	18.2	0.0
Togo	5.7	27.5	6.7	2.0	–	–	7	31.2	0.0
Tonga	8.4	8.1	5.2	17.3	–	–	59	10.2	0.0
Trinidad and Tobago	8.5	11.0	6.3	11.5	–	–	>95	22.4	0.0
Tunisia	13.6	10.1	2.8	14.3	93	73	>95	35.7	0.0
Turkey	10.1	9.5	1.7	10.9	–	44	–	41.2	<0.1
Turkmenistan	8.7	11.5	4.2	5.9	86	–	>95	24.2	0.0
Tuvalu	12.1	10.0	3.3	6.3	–	9	50	–	–
Uganda	5.6	28.9	3.6	3.7	6	–	<5	48.7	<0.1
Ukraine	8.3	–	–	–	92	–	>95	19.4	<0.1
United Arab Emirates	8.0	–	–	–	–	93	>95	37.2	0.0
United Kingdom	18.5	–	–	–	96	98	>95[aq]	10.6	<0.1
United Republic of Tanzania	7.4	34.4	4.5	3.6	–	–	<5	25.1	<0.1
United States of America	22.6	2.1	0.5	6.0	99	89	>95[aq]	7.6	<0.1
Uruguay	20.0	10.7[am]	1.3[am]	7.2[am]	–	64	>95	8.7	<0.1
Uzbekistan	9.3	–	–	–	–	–	92	28.9	<0.1
Vanuatu	11.8	28.5	4.4	4.6	–	–	13	11.0	0.9
Venezuela (Bolivarian Republic of)	3.1	13.4[an]	4.1[an]	6.4[an]	–	19	>95	16.8	<0.1
Viet Nam	7.9	24.6	6.4	5.3	–	–	67	30.1	<0.1
Yemen	2.2	46.5	16.3	2.0	–	–	65	44.3	<0.1
Zambia	6.8	40.0	6.3	6.2	–	–	16	23.8	0.0
Zimbabwe	8.1	26.8	3.2	5.6	–	–	29	19.1	0.2
WHO region									
African Region	6.9	33.6	7.0	3.7	26	–	17	35.5	<0.1
Region of the Americas	12.0	6.3	0.9	7.2	82	43	92	13.4	0.1
South-East Asia Region	8.5	33.0	15.2	3.4	–	–	41	57.3	0.2
European Region	12.5	–	–	–	91	67	>95	17.6	<0.1
Eastern Mediterranean Region	8.5	24.6	9.1	6.8	56	–	71	54.0	0.2
Western Pacific Region	8.8	6.9	2.3	5.3	–	57	63	42.9	0.2
Global	9.9	22.2	7.5	5.6	71	39	59	39.6	0.1

16.1		17.19.2	
Mortality rate due to homicide[c,m] (per 100 000 population)	Estimated direct deaths from major conflicts[c,m,ac,ad] (per 100 000 population)	Completeness of cause-of-death data[c,m,ae] (%)	
Comparable estimates	Comparable estimates	Comparable estimates	
2016	2012–2016	2007–2016	**Member State**
5.1	19.4	–	South Sudan
0.7	<0.1	100	Spain
3.0	<0.1	–	Sri Lanka
6.2	8.3	–	Sudan
10.0	0.0	80	Suriname
20.0	0.0	–	Swaziland
1.0	<0.1	100	Sweden
0.5	<0.1	100	Switzerland
2.5	430.8	83[ar]	Syrian Arab Republic
1.3	<0.1	87	Tajikistan
5.0	0.4	85	Thailand
1.5	<0.1	100	The former Yugoslav Republic of Macedonia
5.1	0.0	–	Timor–Leste
9.3	0.0	–	Togo
4.6	0.0	–	Tonga
42.2	0.0	84[ar]	Trinidad and Tobago
1.7	0.4	29	Tunisia
2.7	1.1	89	Turkey
4.2	<0.1	85	Turkmenistan
–	–	–	Tuvalu
12.6	1.4	–	Uganda
4.6	5.0	93	Ukraine
3.8	0.0	59[ar]	United Arab Emirates
1.3	<0.1	100	United Kingdom
7.7	<0.1	–	United Republic of Tanzania
6.5	0.2	100	United States of America
7.4	<0.1	100	Uruguay
1.9	<0.1	93	Uzbekistan
2.5	0.0	–	Vanuatu
49.2	0.3	89	Venezuela (Bolivarian Republic of)
3.8	0.0	–	Viet Nam
6.1	21.6	–	Yemen
10.1	0.0	–	Zambia
15.1	<0.1	–	Zimbabwe
			WHO region
10.4	1.7	6	African Region
17.9	0.4	93	Region of the Americas
4.1	0.1	10	South-East Asia Region
3.3	0.4	98	European Region
6.7	24.1	33	Eastern Mediterranean Region
1.9	0.1	64	Western Pacific Region
6.4	2.5	49	**Global**

[a] World Population Prospects: the 2017 revision. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2017.

[b] Global Health Estimates 2016: Life expectancy, 2000–2016. Geneva, World Health Organization; 2018 (http://www.who.int/gho/mortality_burden_disease/life_tables/en/).

[c] WHO Member States with a population of less than 90 000 in 2016 were not included in the analysis.

[d] Global Health Expenditure Database [online database]. Geneva: World Health Organization (http://apps.who.int/nha/database/Select/Indicators/en/, accessed 7 April 2018). Global and regional aggregates are unweighted averages.

[e] WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Trends in maternal mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2015 (http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/, accessed 29 March 2018). WHO Member States with a population of less than 100 000 in 2015 were not included in the analysis.

[f] Joint UNICEF/WHO database 2018 of skilled health personnel, based on population-based national household survey data and routine health systems data. New York (NY): United Nations Children's Fund; 2018 (https://data.unicef.org/wp-content/uploads/2018/02/Interagency-SAB-Database_UNICEF_WHO_Apr-2018.xlsx).

[g] Levels & Trends in Child Mortality. Report 2017. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation. United Nations Children's Fund, World Health Organization, World Bank and United Nations. New York (NY): United Nations Children's Fund; 2017 (http://www.childmortality.org/files_v21/download/IGME%20report%202017%20child%20mortality%20final.pdf, accessed 29 March 2018).

[h] AIDSinfo [online database]. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS) (http://aidsinfo.unaids.org/, accessed 30 March 2018), and HIV/AIDS [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/hiv/epidemic_status/incidence/en/, accessed 30 March 2018).

[i] Global tuberculosis report 2017. Geneva: World Health Organization; 2017 (http://www.who.int/tb/publications/global_report/en/, accessed 30 March 2018).

[j] World malaria report 2017. Geneva: World Health Organization; 2017 (http://www.who.int/malaria/publications/world-malaria-report-2017/report/en/, accessed 30 March 2018).

[k] Global and Country Estimates of immunization coverage and chronic HBV infection [online database]. Geneva: World Health Organization; 23 March 2017 update (http://whohbsagdashboard.com/#global-strategies, accessed 30 March 2018). This indicator is used here as a proxy for the SDG indicator.

[l] Neglected tropical diseases [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/neglected_diseases/en/, accessed 30 March 2018).

[m] Global Health Estimates 2016: Deaths by cause, age, sex, by country and by region, 2000–2016. Geneva: World Health Organization; 2018. (http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html).

[n] WHO Global Information System on Alcohol and Health (GISAH) [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/alcohol/en/, accessed 30 March 2018).

[o] Global status report on road safety 2015. Geneva: World Health Organization; 2015 (http://www.who.int/violence_injury_prevention/road_safety_status/2015/en/, accessed 30 March 2018). WHO Member States with a population of less than 90 000 in 2015 who did not participate in the survey used to produce the report were not included in the analysis.

[p] Data by country, pertaining to women aged 15-49 years who were married or in union, extracted by WHO from World Contraceptive Use 2018 [online database]. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2018 (http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2018.shtml, accessed 2 May 2018). Global and regional aggregates are estimates for the year 2018 from: Model-based Estimates and Projections of Family Planning Indicators 2018. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2018 (http://www.un.org/en/development/desa/population/theme/family-planning/cp_model.shtml, accessed 2 May 2018).

[q] Data by country extracted by WHO from World Fertility Data 2017 [online database]. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; November 2017 (http://www.un.org/en/development/desa/population/publications/dataset/fertility/wfd2017.shtml, accessed 21 March 2018). Global and regional aggregates refer to a five-year period, 2015–2020, from: World Population Prospects: the 2017 Revision. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2017 (https://esa.un.org/unpd/wpp/Download/Standard/Fertility/, accessed 16 February 2018).

[r] Tracking universal health coverage: 2017 global monitoring report. Geneva and Washington (DC): World Health Organization and the International Bank for Reconstruction and Development/The World Bank; 2017 (http://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf?sequence=1, accessed 30 March 2018). WHO Member States with a population of less than 90 000 in 2015 were not included in the analysis.

[s] Tracking universal health coverage: 2017 global monitoring report. Geneva and Washington (DC): World Health Organization and the International Bank for Reconstruction and Development/The World Bank; 2017 (http://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf?sequence=1, accessed 30 March 2018). Global and regional aggregates refer to year 2010.

[t] Public health and environment [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/phe/en/).

[u] WHO global report on trends in prevalence of tobacco smoking, 2nd edition. Geneva: World Health Organization; 2018 (upcoming).

[v] WHO/UNICEF estimates of national immunization coverage [online database]. July 2017 revision (http://www.who.int/immunization/monitoring_surveillance/routine/coverage/en/index4.html, accessed 30 March 2018).

[w] Organisation for Economic Co-operation and Development. OECD.Stat [online database]. Paris: Organisation for Economic Co-operation and Development (http://stats.oecd.org/, accessed 19 January 2018).

[x] WHO Global Health Workforce Statistics [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://who.int/hrh/statistics/hwfstats/en/, accessed 30 March 2018). Country comparisons are affected by differences in the occupations included in the cadre. Please refer to the source for country-specific definitions and other descriptive metadata.

[y] International Health Regulations (2005) Monitoring Framework [online database]. Global Health Observatory (GHO) data. Geneva: WHO (http://www.who.int/gho/ihr/en/). Global and regional aggregates are for the year 2017.

[z] This indicator is presented here as it could constitute the health-related portion of the SDG indicator 1.a.2.

[aa] Levels and trends in child malnutrition. UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates. New York (NY), Geneva and Washington (DC): United Nations Children's Fund, World Health Organization and the World Bank Group; 2018. Global and regional aggregates are for the year 2017.

[ab] Progress on drinking water, sanitation and hygiene – 2017 update and SDG baselines. Geneva and New York (NY): World Health Organization and United Nations Children's Fund; 2017 (https://washdata.org/sites/default/files/documents/reports/2018-01/JMP-2017-report-final.pdf, accessed 31 March 2018) and Water and sanitation [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/mdg/environmental_sustainability/en/). Comparable estimates are only shown for countries with recent primary data.

[ac] The death rate is an average over the five-year period.

[ad] Conflict deaths include deaths due to collective violence and exclude deaths due to legal intervention.

[ae] Completeness was assessed relative to the de facto resident populations and refer to the latest available value for the period 2007–2016. Global and regional aggregates are for 2016.

[af] Non-standard definition. For more details see the Joint UNICEF/WHO database 2018 of skilled health personnel (https://data.unicef.org/wp-content/uploads/2018/02/Interagency-SAB-Database_UNICEF_WHO_Apr-2018.xlsx).

[ag] Proportion of institutional births (%) used as a proxy for the SDG indicator.

[ah] Updated estimate.

[ai] Preliminary data.

[aj] Deviation from standard question or measurement method. For more details see World Contraceptive Use 2018 (http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2018.shtml).

[ak] Under country consultation as of May 2018.

[al] Data refer to year 2016. Data for 2017 were submitted in a format that could not be included in the analysis.

[am] Survey data did not cover the 0–59 months age range. Data were adjusted for comparability.

[an] Conversion of estimates based on the old NCHS/WHO references to WHO Child Growth Standards when raw data were not available to allow comparability.

[ao] Data are from a facility-based surveillance system, which include 80% of health centres in the country.

[ap] Prevalence of overweight was calculated using BMI-for-age z-scores.

[aq] For high-income countries with no information on clean fuel use, usage is assumed to be >95%.

[ar] Completeness refers to year prior to 2012.

[as] Data are from the Nutrition Survey System, which covers 25 provinces.

ANNEX C

WHO regional groupings

WHO African Region: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

WHO Region of the Americas: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, Venezuela (Bolivarian Republic of).

WHO South-East Asia Region: Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste.

WHO European Region: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, The former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland, Uzbekistan.

WHO Eastern Mediterranean Region: Afghanistan, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen.

WHO Western Pacific Region: Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands, Micronesia (Federated States of), Mongolia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu, Vanuatu, Viet Nam.

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