

# WORLD HEALTH STATISTICS

# 2020

MONITORING  
HEALTH FOR THE

**SDGs**

S U S T A I N A B L E  
D E V E L O P M E N T G O A L S



World Health  
Organization



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World health statistics 2020: monitoring health for the SDGs, sustainable development goals

ISBN 978-92-4-000510-5 (electronic version)

ISBN 978-92-4-000511-2 (print version)

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**Cataloguing-in-Publication (CIP) data.** CIP data are available at <http://apps.who.int/iris>.

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# FOREWORD



I have often said that to make progress, we must be able to measure progress.

The Sustainable Development Goals offer a compelling vision of a healthier, safer, fairer world, with concrete targets to work towards across all of the most pressing health challenges of our time. Part of realizing that vision knowing where we are, so we can see what we need to do to reach our destination.

As part of WHO's Transformation, we have worked to scale up to reporting country level data for 46 health-related SDG indicators, which are presented in the World Health Statistics 2020.

The 2020 edition finds steady improvements in many key health indicators, while showing that we are still lagging in other areas. We have made remarkable progress in several important indicators, such as reductions in maternal, neonatal and child mortality since 2000, but there is still a long way to go to meet the SDG targets.

There is mixed news about noncommunicable diseases, the world's leading causes of death. While the overall rate of premature deaths related to noncommunicable diseases has declined in the past two decades, progress has slowed since 2010 and key risk factors such as obesity are on the rise.

Monitoring progress depends on strong country data and health information systems. There are large gaps in the availability of SDG data in many parts of the world. Strengthening country capacity for data and information requires collaboration across governmental and non-governmental institutions, including ministries of health and finance, national statistics offices, offices of the registrar general, local and regional government, and think tanks and academia.

One of the key lessons from the COVID-19 pandemic is that we must invest in data and health information systems, as part of our overall public health capacity, before a crisis strikes. To emerge from this crisis stronger, we must be able to monitor progress with real-time, reliable and actionable data.

Strong health data systems are a core requirement for improving population health outcomes and meeting the SDG health targets. WHO is committed to working with the international community to provide support for these critical systems, so that every country can have reliable, timely, accessible data. Strong health information systems are one of the cornerstones of our mission to promote health, keep the world safe and serve the vulnerable.

A handwritten signature in black ink, which appears to read 'Tedros Adhanom Ghebreyesus'. The signature is fluid and cursive.

**Dr Tedros Adhanom Ghebreyesus**

Director-General  
World Health Organization

# ABBREVIATIONS AND ACRONYMS

<b>AIDS</b>	acquired immunodeficiency syndrome
<b>ART</b>	antiretroviral therapy
<b>CRVS</b>	civil registration and vital statistics
<b>DBP</b>	diastolic blood pressure
<b>DOTS</b>	directly-observed treatment, short-course
<b>DTP3</b>	diphtheria, tetanus and pertussis vaccine (third dose)
<b>GHO</b>	Global Health Observatory
<b>GPW13</b>	13th Global Programme of Work
<b>HALE</b>	healthy life expectancy
<b>HIV</b>	human immunodeficiency virus
<b>HPV</b>	human papillomavirus
<b>ICD-10</b>	International Statistical Classification of Diseases and Related Health Problems (10th revision)
<b>IHR</b>	International Health Regulations
<b>IPV</b>	intimate partner violence
<b>ITN</b>	insecticide-treated net
<b>MDG</b>	Millennium Development Goal
<b>MMR</b>	maternal mortality ratio
<b>NCD</b>	noncommunicable disease
<b>NSO</b>	national statistics office
<b>NTD</b>	neglected tropical disease
<b>RHIS</b>	routine health information systems
<b>SBP</b>	systolic blood pressure
<b>SDG</b>	Sustainable Development Goal
<b>TB</b>	tuberculosis
<b>UHC</b>	universal health coverage
<b>UN</b>	United Nations
<b>UNICEF</b>	United Nations Children's Fund
<b>VAW</b>	violence against women
<b>WHO</b>	World Health Organization
<b>WHS+</b>	World Health Survey Plus

# INTRODUCTION

The *World health statistics 2020* report is the latest annual compilation of health statistics for 194 Member States.<sup>1</sup> It summarizes trends in life expectancy and causes of death and reports on progress towards the health and health-related Sustainable Development Goals (SDGs) and associated targets. Four indicators of emerging public health importance relating to poliomyelitis, hypertension and obesity in adults and school age children have been included. These are part of the WHO's Thirteenth General Programme of Work 2019–2023 (GPW13), which the 71st World Health Assembly approved in May 2018.<sup>2</sup> The GPW13 is largely based on the SDGs and sets out WHO's strategic direction until 2023.

It also assesses the current availability of data for the indicators, and describes the data gaps and WHO's efforts to support countries to improve health information systems. Regional statistics and highlights are provided in Annex 1, while country-level statistics for selected health-related SDG indicators are presented in Annex 2, along with the lists of countries in the WHO Regions (Annex 3).

Since 2016, the *World health statistics* reports have been the place to consolidate health and health-related SDGs, which WHO is tasked with monitoring together with partner UN agencies, as a tool for Member States and decision makers.<sup>3</sup>

<sup>1</sup> The *World health statistics* series is produced by WHO's Division for Data, Analytics and Delivery, in collaboration with WHO technical departments and Regional Offices.

<sup>2</sup> Thirteenth General Programme of Work 2019–2023: promote health, keep the world safe, serve the vulnerable. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf>).

<sup>3</sup> The information presented in *World health statistics 2020* are based on the data that were available for global monitoring as of March 2020. Those data have been compiled primarily from publications and databases produced and maintained by WHO or by United Nations (UN) groups of which WHO is a member, such as the UN Interagency Group for Child Mortality Estimation. In addition, some statistics have been derived from data produced and maintained by other international organizations, such as the UN Department of Economic and Social Affairs and its Population Division. The Global Health Observatory database (available at <http://apps.who.int/gho/data/?theme=main>.) contains additional details about the health-related SDG indicators, as well as interactive visualizations.



# KEY MESSAGES

The coronavirus disease (COVID-19) pandemic has caused significant loss of lives, disrupted livelihoods and undermined well-being throughout the world. The COVID-19 crises have underscored how unprepared most health systems were and the negative impact this can have towards achieving the Sustainable Development Goal (SDGs). These is an urgency to invest in health systems, services and workforce.

The 2030 Agenda is a powerful accountability mechanism for the world. It is now more critical than ever to take stock of the lessons learned and progress made in improving population health, and more importantly, to identify and address the gaps that persist where progress is not on track.

*World Health Statistics 2020* sheds light on the progress towards relevant SDGs and their implications in the midst of the current COVID-19 emergency. The report highlights the need to track population health and its determinants in a comprehensive and continuous manner. This report's key messages are presented below.

## **1. The world population is not only living longer but living healthier**

Life expectancy and healthy life expectancy (HALE) have both increased by over 8% globally between 2000 and 2016, and remain profoundly influenced by income. Despite the largest gains in both indicators being due primarily to the progress made in reducing child mortality and fighting infectious diseases, low-income and lower-middle-income countries continue to suffer from the poorest overall health outcomes, lagging far behind the global average.

To effectively sustain the progress in ensuring longer and healthier lives, timely and effective health policies and interventions are needed to minimize the potential direct and indirect impact of COVID-19 on life expectancy, due to excess mortality, and on HALE for populations of different ages, especially among older adults.

## **2. The overall improvements in health move along the fault lines created by inequalities and echo the status and the progress made towards universal health coverage**

Overall access to essential health services improved from 2000 to 2017, with the strongest increase in low- and lower-middle-income countries. Yet, service coverage in low- and middle-income countries remains well below coverage in wealthier ones. Due to the serious inadequacy of service coverage in low-resource settings, the overall access to essential health services is still way below optimum. Only between one third and one half of the world's population was able to obtain essential health services in 2017. The inability to pay for health care poses another major challenge.

The COVID-19 pandemic not only draws into focus the need to rebuild resilient health systems with increased access to quality health services, lowered financial cost and a strengthened health workforce, but also calls for the provision of services such as routine vaccinations and basic hygiene and sanitation.

## **3. Compared with the advances against communicable diseases, there has been inadequate progress in preventing and controlling noncommunicable diseases**

Rapid epidemiological transition and demographic changes have shifted the disease burden from those that received attention in the Millennium Development goals (MDGs) era to noncommunicable diseases (NCDs), particularly in low- and middle-income countries where delivery of effective NCD interventions remains an overwhelming challenge to health systems. In 2016, NCDs accounted for 71% of all global deaths, and 85% of the 15 million premature deaths (deaths between ages 30 and 70) occurred in low- and middle-income countries.

Despite the increase in the proportion of all deaths due to NCDs, the overall rate of NCD-related premature deaths has been declining in the past two decades, but progress has slowed since 2010. Premature mortality from NCD parallels,

and can partly be attributed to, a lack of success in addressing many NCD risk factors. Although tobacco use is steadily declining, the prevalence of obesity is on the rise and reduction in harmful alcohol consumption has stagnated globally and is increasing in some regions.

In the event of a health emergency such as COVID-19, patients with pre-existing NCD conditions such as hypertension and diabetes, become more vulnerable and at higher risk of dying, not only because they are more susceptible to the virus but also due to the medical resources that have to be directed towards caring for patients with COVID-19. This makes addressing risk factors to prevent NCDs such as obesity, mental health conditions, in the first place even more crucial.

#### **4. Investing in strengthening country health information systems to improve timeliness of data could have the greatest positive impact and is vital for countries to monitor progress towards SDGs**

Accurate, timely, and comparable health-related statistics are essential for understanding population health trends. Decision-makers need the information to develop appropriate policies, allocate resources and prioritize interventions.

For almost a fifth of countries, over half of the indicators have no recent primary or direct underlying data. Data gaps and lags prevent from truly understanding who is being included or left aside and take timely and appropriate action. The existing SDG indicators address a broad range of health aspects but do not capture the breadth of population health outcomes and determinants. Monitoring and evaluating population health thus goes beyond the indicators covered in this report and often requires additional and improved measurements.

WHO is committed to supporting Member States to make improvements in surveillance and health information systems. These improvements will enhance the scope and quality of health information and standardize processes to generate comparable estimates at the global level.

Getting accurate data on COVID-19 related deaths has been a challenge. The COVID-19 pandemic underscores the serious gaps in timely, reliable, accessible and actionable data and measurements that compromise preparedness, prevention and response to health emergencies. The International Health Regulations (IHR) (2005) monitoring framework is one of the data collection tools that have demonstrated value in evaluating and building country capacities to prevent, detect, assess, report and respond to public health emergencies. From self-assessment of the 13 core capacities in 2019, countries have shown steady progress across almost all capacities including surveillance, laboratory and coordination. As the pandemic progresses, objective and comparable data are crucial to determine the effectiveness of different national strategies used to mitigate and suppress, and thus to better prepare for the probable continuation of the epidemic over the next year or more.

#### **5. Current rate of progress falls short and COVID-19 further risks getting the world off track to achieve SDGs**

Prevention and treatment coverage have substantially improved for major infectious diseases, maternal, neonatal and child health care, leading to steady decline in incidence and mortality from these diseases in the past two decades. However, the current rate of change is insufficient to reach the 2030 SDG targets. Preserving progress made, constant vigilance, early detection and monitoring, a unified national response (in coordination with global partners) and, rapidly scaling up solutions for high risk, resource limited and marginalized populations are key to achieve SDGs.



## MAJOR GAINS IN LIFE EXPECTANCY IN LOW-INCOME COUNTRIES

Significant progress towards several health-related SDGs increased average life expectancy at birth by 5.5 years globally between 2000 and 2016: from 66.5 to 72.0 years (1). Many of the health-related SDG indicators tracked in this report have shown improvements, much of it reflecting momentum that was built during the preceding Millennium Development Goals (MDGs) era and sustained subsequently.<sup>1</sup> For several indicators, however, advances are currently stalling or are progressing too slowly to achieve the relevant SDG targets.

Life expectancy remains profoundly influenced by income: In 2016, it was 18.1 years lower in low-income countries (62.7 years) than in high-income countries (80.8 years). Since 2000, that gap has narrowed somewhat. Low-income countries have seen the biggest recent gains in life expectancy: On average in those countries, it rose by 21% between 2000 and 2016 (or 11 years), compared with 8% (5 years) globally and 4% (3 years) in high-income countries (Figure 1.1). In all age groups other than people 65 years and older, the biggest decreases in mortality rates occurred in low-income countries. Similarly, healthy life

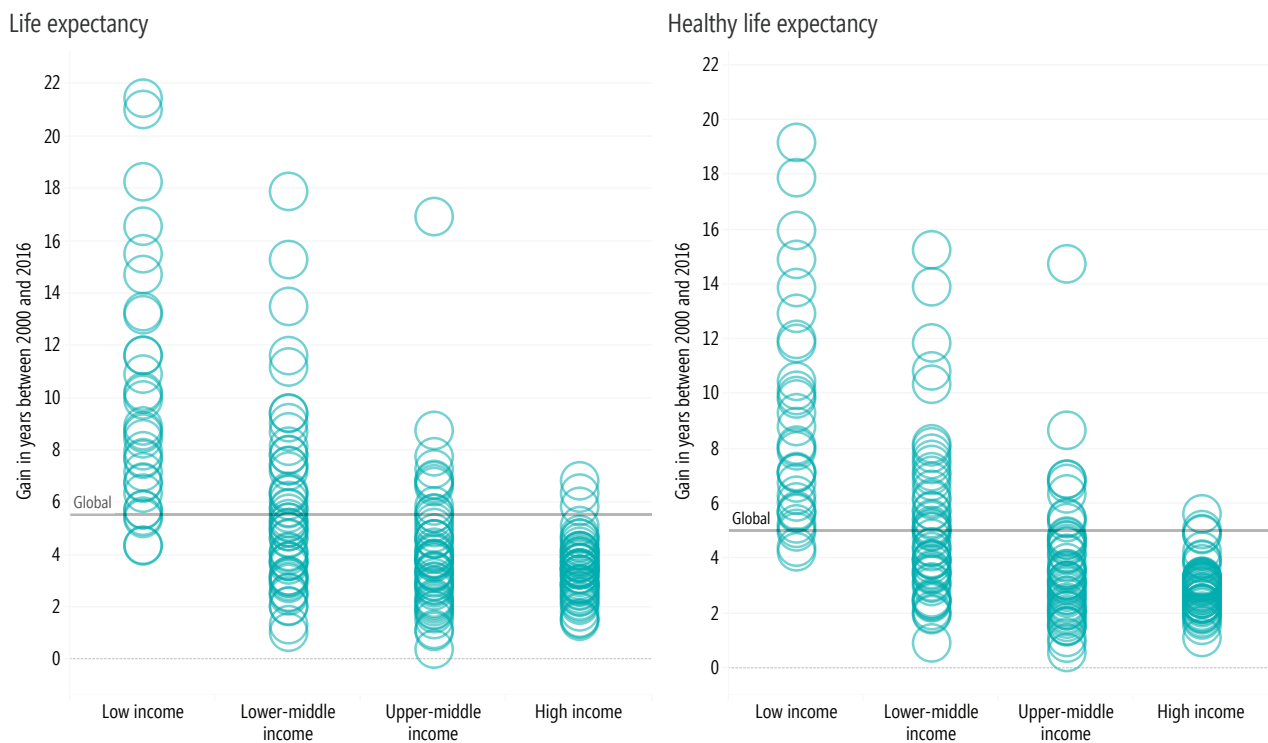
expectancy rose by 18% in low-income countries compared with 8% globally over the same period (1).

The recent life expectancy gains in low-income countries are largely due to major reductions in mortality in children under 5 years in low-income countries (1), a reduction of 53% from 143 deaths per 1000 live births in 2000 to 68 in 2018 (2). There is room for further progress, given the persistent and substantial gap that remains between average life expectancy in low- and in high-income countries.

In low-income countries overall, fewer than 3 out of 5 newborns are expected to reach the age of 70 and more than one third of all deaths are among children younger than 15 years. Premature deaths<sup>2</sup> in those countries are due primarily to lower respiratory infections, diarrhoeal diseases, acquired immunodeficiency syndrome (AIDS), malaria and preterm birth complications. In high-income countries, 80% of newborns are expected to live beyond the age of 70. Ischaemic heart disease, lung cancer and suicides are the three top causes of premature death in the latter countries (3).

<sup>1</sup> See section 2.

<sup>2</sup> Deaths occurring before the age of 70.



Note: Each circle represents a country.

Source: Global health estimates 2016: Life expectancy, 2000–2016. Geneva: World Health Organization; 2018 (1).

**Fig. 1.1**  
Gains in life expectancy and healthy life expectancy between 2000 and 2016, by country income group

## NEW INDICATORS IN THE 2020 EDITION

### SDG indicators

**SDG 2.2.3:** In 2016, the global prevalence of anaemia among women of reproductive age was 32.8% (compared with 30.3% in 2012). Applied to the latest UN population estimates, that equated to 615.8 million women with anaemia. The rates of anaemia were highest in the WHO South-East Asia (45.8%), Eastern Mediterranean (39.8%) and African (39.0%) regions (4).

**SDG 3.b.1:** Human papillomavirus (HPV) is the most common viral infection of the reproductive tract, and can cause cervical cancer. The vaccine targeting 9–14 year-old girls is now offered in 90 countries, but is yet to reach the poorest countries where the risk of cervical cancer is the greatest. Global coverage for a full course of HPV vaccines increased from 3% in 2010 to 12% in 2018 (5).

**SDG 3.b.3:** Based on a sample of 25 countries, surveyed between 2008 and 2019, on average only 22.4% of health facilities provided an available and affordable (accessible) core set of relevant essential medicines for treatment, prevention and management of acute and chronic, communicable and noncommunicable diseases in primary health care settings. A lot of variation in access to medicines is observed between these 25 countries. Specifically, in 28% of countries none of the facilities provided accessible medicines (6).

**SDG 3.d.2:** By rendering medicines ineffective, antimicrobial resistance undermines the treatment of common infections and increases the risk of spread to others. After the launch of the Global Antimicrobial Resistance Surveillance System (GLASS) in 2016, as of 21 April 2020, a total of 91 countries and territories have been supported to enroll into the system and participate in the annual data call on antimicrobial resistance and consumption. Data on the overall prevalence of antimicrobial-resistance pathogens are currently limited, but completeness and representativeness of the data have continuously increased at every GLASS data call. The last data call run in 2019 gathered frequency of antimicrobial resistant pathogens in common acute bacterial infections, including bloodstream infections from 66 countries and territories (7). Monitoring AMR will help inform control strategies and actions to mitigate impact on the population such as informing the treatment protocols, enhancing Infection Prevention and Control (IPC) and water, sanitation and hygiene (WASH) in health care facilities, increasing the availability of “Access” group antibiotics, as well as continuous improvement of AMR surveillance capacities. Establishing AMR surveillance systems will also build country capacity to monitor and respond to risks from emerging pathogens.

**SDG 6.2.2(b):** Proportion of population using a hand-washing facility with soap and water.<sup>a</sup>

### GPW13 indicators<sup>b</sup>

Number of cases of *poliomyelitis* caused by wild poliovirus.<sup>c</sup>

Age-standardized prevalence of *raised blood pressure* among persons aged 18+ years (defined as systolic blood pressure of >140 mmHg and/or diastolic blood pressure >90 mmHg) and mean systolic blood pressure.<sup>d</sup>

Prevalence of *obesity*.<sup>e</sup>

<sup>a</sup> See Section 2.

<sup>b</sup> The GPW13 impact measurement indicators (8) of public health importance are related and complementary to SDG monitoring. These additional indicators with available numerical data are reported in the main report and in the annexes. The GPW13 indicators that currently lack numerical data are: Vaccine coverage of at-risk groups for epidemic- or pandemic-prone diseases; Proportion of vulnerable people in fragile settings provided with essential health services; Patterns of antibiotic consumption at the national level; Percentage of blood stream infections due to antimicrobial-resistant organisms; Percentage of people protected by effective regulation on trans fats.

<sup>c</sup> See Section 2.

<sup>d</sup> See Section 3.

<sup>e</sup> See Section 3.

The progress being made offers a platform for further improvements. But it does not guarantee that the world will meet the health-related SDG targets for 2030. Currently, none of the nine main health-related SDG indicators with explicit targets for 2030 are on-track to meet them. However, some individual countries have achieved or are on-track to achieve SDG targets; they should intensify their efforts to ensure progress is equitable.

## Health systems and universal health coverage

In the SDG monitoring framework, progress towards universal health coverage (UHC) is tracked with two indicators: (i) a service coverage index (which measures coverage of selected essential health services on a scale of 0 to 100); and (ii) the proportion of the population with large out-of-pocket expenditures on health care (which measures the incidence of catastrophic health spending, rendered as percentage).

The service coverage index improved from 45 globally in 2000 to 66 in 2017, with the strongest increase in low- and lower-middle-income countries, where the baseline at 2000 was lowest. However, the pace of that progress has slowed since 2010. The improvements are especially notable for infectious disease interventions and, to a lesser extent, for reproductive, maternal and child health services. *Within* countries, coverage of the latter services is typically lower in poorer households than in richer households (9).

Overall, between one third and one half the world's population (33% to 49%) was covered by essential health services in 2017 (9). Service coverage continued to be lower in low- and middle-income countries than in wealthier ones; the same held for health workforce densities and immunization coverage (Figure 1.2). Available data indicate that over 40% of all countries have fewer than 10 medical doctors per 10 000 people, over 55% have fewer

than 40 nursing and midwifery personnel per 10 000 people, over 68% have fewer than five dentists per 10 000 population and over 65% have less than five pharmacists per 10 000 population (10).

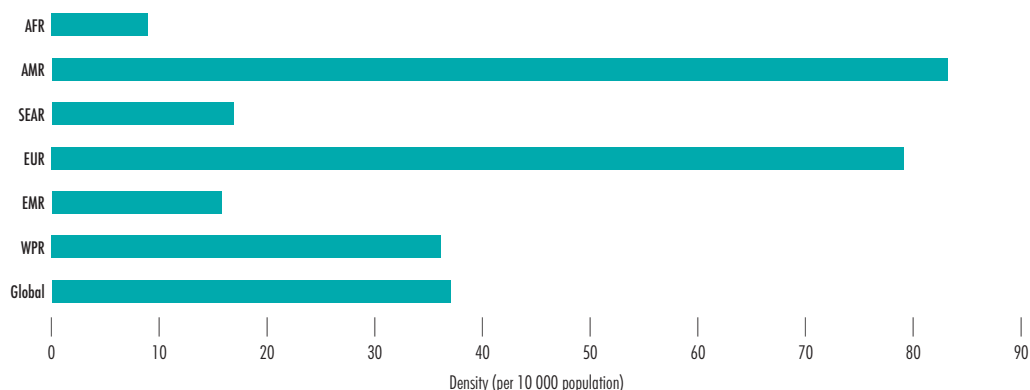
Globally, women comprise over 76% of medical doctors and nursing personnel, although the sex distribution varies considerably depending on the occupation and region. While women comprise a little over 40% of medical doctors worldwide, they make up 90% of nursing personnel. Nursing is by far the largest occupational group in the health sector, with nurses accounting for an average 59% of health professionals in the 172 countries with available data (11).

The age distribution of the nursing workforce is also noteworthy: 1 in 6 nurses in the world is aged 55 years or older and is expected to retire in the next decade. That proportion is even higher in the Region of the Americas (24%) (11). The sex distribution of health workers shows that, although women represent the majority of the health workforce, they are often under-represented at senior management levels (12).

Disparities in distribution of health workforces – e.g. in terms of their age and sex distribution, employment status and pay levels – hinder UHC and the achievement of the SDGs.

In health systems with strong financial protection, health service coverage should not be a source of financial hardship for people accessing those services. Yet, the proportion of the global population experiencing catastrophic health expenditure<sup>1</sup> has increased steadily since 2000.

Out-of-pocket health spending can force people to choose between spending on health and spending on other necessities. The proportion of the global population



Source: State of the world's nursing report. Geneva: World Health Organization; 2020 (11).

**Fig. 1.2**  
Number of nurses per 10 000 population, by WHO region, 2018

<sup>1</sup> Defined as large out-of-pocket spending in relation to household consumption or income (SDG 3.8.2).



Source: Primary health care on the road to universal health coverage: 2019 monitoring report. Geneva: World Health Organization; 2019 (13).

**Fig. 1.3**  
Levels of service coverage and financial protection, by country income group

spending more than 10% of household budgets on health care reached 12.7% in 2015, up from 9.4% in 2000 and equivalent to about 927 million people. The proportion of the population spending more than 25% of household budgets on health care reached almost 3% in 2015, up from 1.7% in 2000. Increases occurred in all regions except for the Americas (since 2010). The vast majority of people (87%) suffering large out-of-pocket health payments in 2015 were living in middle-income countries. On current trends, approximately 1 billion (12.9%) people will be spending at least 10% of their household budgets on health care by 2020 (13).

Out-of-pocket health spending can also push people into poverty. Most of the people pushed into extreme poverty (surviving on less than US\$ 1.90 per person per day) by out-of-pocket payments live in lower-middle-income countries and South-East Asia. Globally, between 2000 and 2015, the total number of people pushed below the extreme poverty line by such spending decreased, however: from 123.9 million people (2%) to 89.7 million people (1.2%). That decline coincided with a reduction in the total number of people living in extreme poverty.

Out-of-pocket health spending is also a major driver of economic disadvantage compared with other factors. Between 2000 and 2015, there was an increase in relative poverty due to out-of-pocket health spending: from an

additional 110.9 million people globally (1.8%) who had been pushed below the relative poverty line of 60% of median consumption) to an additional 183.2 million people (2.5%).

Reaching UHC remains a challenge for countries around the world. While service coverage is increasing, progress on financial protection is mixed. Countries should assess their performance against both of these key indicators (Figure 1.3).

Countries with high service coverage and low financial hardship (quadrant I) face the challenge of sustaining their gains, while those with high service coverage and high health-related financial hardship (quadrant II) need to give more attention to health financing reforms to bend the curve. Countries with low service coverage and high health-related financial hardship (quadrant III) need to thoroughly reform their service delivery models and health financing strategies. Countries with low service coverage and low health-related financial hardship (quadrant IV) need to build stronger foundations for their health systems. That includes strengthening human resources, health infrastructure and supply chains to ensure basic service delivery, particularly for the rural poor, while protecting people against having to pay out-of-pocket costs for health services. The focus throughout should be on removing inequalities in service coverage and financial protection.

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# FEWER MATERNAL AND CHILD DEATHS, AND GAINS AGAINST MAJOR EPIDEMICS

The Millennium Development Goals (MDGs) era (2000–2015) showed that the world can work together towards a common set of global goals with success. Improvements were made in many areas of health and well-being. Maternal and child survival improved, and mortality from infectious diseases, notably human immunodeficiency virus (HIV)/AIDS, TB, malaria and neglected tropical diseases (NTDs) declined. The SDGs, ratified by UN Member States in 2015, are aimed at sustaining the progress made through the MDG efforts.

## Maternal mortality has declined but progress is uneven across regions

A total of 295 000 [UI<sup>1</sup> 80%: 279 000–340 000] women worldwide lost their lives during and following pregnancy and childbirth in 2017, with sub-Saharan Africa and South Asia accounting for approximately 86% of all maternal deaths worldwide. The global maternal mortality ratio (MMR, the number of maternal deaths per 100 000 live births) was estimated at 211 [UI 80%: 199–243], representing a 38% reduction since 2000. On average, global MMR declined by 2.9% every year between 2000

and 2017. If the pace of progress accelerates enough to achieve the SDG target (reducing global MMR to less than 70 per 100 000 live births), it would save the lives of at least one million women (1).

The majority of maternal deaths are preventable through appropriate management of pregnancy and care at birth, including antenatal care by trained health providers, assistance during childbirth by skilled health personnel, and care and support in the weeks after childbirth. Data from 2014 to 2019 indicate that approximately 81% of all births globally took place in the presence of skilled health personnel, an increase from 64% in the 2000–2006 period. In sub-Saharan Africa, where roughly 66% of the world's maternal deaths occur, only 60% of births were assisted by skilled health personnel during the 2014–2019 period (2).

Maternal deaths can also be reduced through improved spacing of births, which is easier to achieve when family planning needs are satisfied. Worldwide, the proportion of women whose family planning needs were satisfied with modern methods increased slightly from 73.6% in 2000 to 76.8% in 2020. However, coverage in sub-Saharan Africa was only 55.5% in 2020 (3). Adolescent girls (15–19 years), who have a higher risk of complications during pregnancy, are having fewer births: their fertility rate has declined

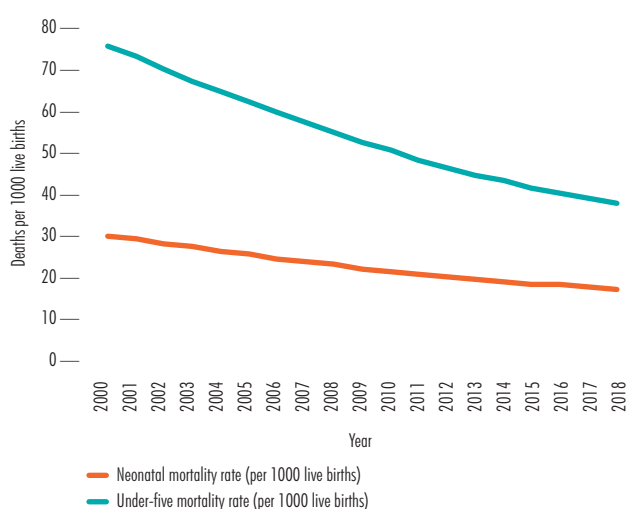
<sup>1</sup> UI = uncertainty interval.



from 56 births per 1000 adolescent girls in 2000 to 41 in 2020 (4).

## There has been significant progress in under-five and neonatal mortality, and deaths are now concentrated in specific regions and countries

Between 2000 and 2018, the under-five mortality rate fell from 76 [75–78]<sup>1</sup> per 1000 live births to 39 [37–42], and the neonatal mortality rate declined from 31 [30–31] per 1000 live births to 18 [17–19] (Figure 2.1). This represented an estimated 5.3 [5.1–5.7] million under-five deaths and 2.5 [2.4–2.7] million neonatal deaths in 2018 (5).



Source: Levels and trends in child mortality. Report 2019. New York: United Nations Children's Fund; 2019 (5).

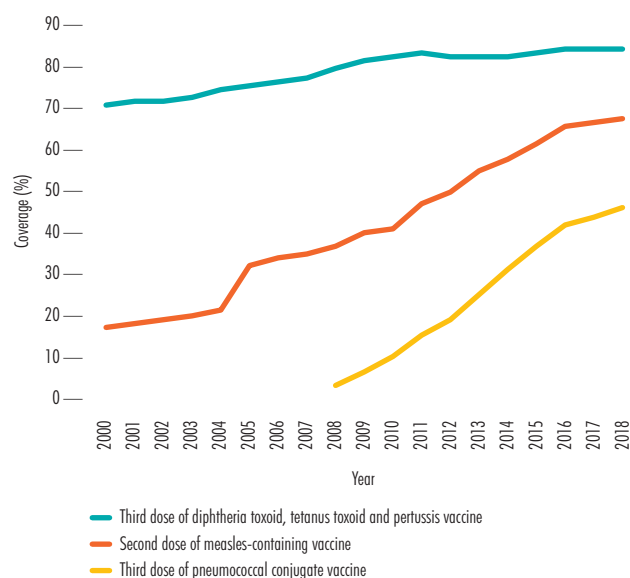
**Fig. 2.1**  
Global child and neonatal mortality, 2000–2018

One hundred and twenty-one countries<sup>2</sup> have already met the SDGs target for under-five mortality, and a further 21 countries are expected to do so by 2030 if current trends continue. Efforts to accelerate progress need to be scaled up in the remaining 53 countries, two thirds of which are in sub-Saharan Africa (5).

Many child deaths can be prevented through interventions such as immunization, exclusive breastfeeding, proper nutrition, and prompt and appropriate treatment of common childhood illnesses. Reductions in air pollution and greater access to basic hygiene, safely managed drinking-water and sanitation also contribute to save many young lives.

In 2018, global coverage rates for the third dose of the diphtheria, tetanus- and pertussis-containing vaccine (DTP3) reached 86%, up from 72% in 2000. However, progress has stalled during the current decade and

83 countries have yet to reach the *Global Vaccine Action Plan* target of at least 90% coverage. Similar levels of coverage were achieved for a single dose of the measles-containing vaccine (86%), while coverage of a second-dose reached 69% in 2018 (up from 18% in 2000) (6). Despite progress, disparities in measles vaccine access and use persist across and within countries of all income levels, resulting in new measles outbreaks (7). Pneumococcal conjugate vaccine coverage increased more than 10-fold since 2008, but was still below 50% globally in 2018 (Figure 2.2).



Source: WHO/UNICEF estimates of national immunization coverage [online database]. July 2019 revision. Geneva: World Health Organization/United Nations Children's Fund; 2019 (6).

**Fig. 2.2**  
Global coverage of immunization interventions, 2000–2018

Global coverage of immunization of children against polio has also been a major success, reducing reported wild poliovirus cases by 99.9% since 1988 (from an estimated 350 000 cases to 175 in 2019) (8), and rendering 210 countries, territories and areas polio-free.<sup>3</sup> About 84% of infants globally received the hepatitis B vaccine (3rd dose) in 2018, compared with 30% coverage in 2000 (6). Hepatitis B prevalence among children under 5 years of age declined from 4.7% in the pre-vaccine era to 0.8% in 2017 (9).

More than half (55%) of the global population was estimated to lack access to safely-managed sanitation services in 2017, and more than one quarter (29%) lacked safely-managed drinking-water. In the same year, two in five households globally (40%) lacked basic hand-washing facilities with soap and water in their home (10,11). Globally in 2016, unsafe drinking-water and sanitation, and lack of hand hygiene were responsible for nearly 1.2 million deaths, including almost 300 000 of children aged under 5 years who died due to diarrhoea (12).

<sup>1</sup> Unless indicated otherwise, the bounds refer to the 95% uncertainty interval.

<sup>2</sup> Includes one territory.

<sup>3</sup> Further information available from: [www.polioeradication.org](http://www.polioeradication.org).

Malnutrition and undernutrition continue to make millions of children more susceptible to disease and death. Globally in 2019, about one fifth (21.3%) of children under 5 years of age were stunted, compared with one third (32.4%) in 2000. Approximately 144.0 million [133.6–154.5 million] children under 5 years worldwide suffered from stunting in 2019, two thirds of whom lived in the WHO Africa and South-East Asia regions. More than 47.0 million [38.7–55.3 million] children (6.9%) under 5 years of age globally suffered from wasting in 2019 (13).

In addition, significant in-country inequalities persist, as is evident in relation to several indicators:

- In one third of 88 low- and middle-income study countries, demand for family planning using modern methods was at least 20% higher among the women living in the richest household quintile than among their counterparts living in the 20% poorest households (14).
- In one third of 47 low- and middle-income countries studied, the under-five mortality rate was 20 deaths per 1000 live births higher in rural areas than in urban areas (14).
- In 29 out of 86 low- and middle-income study countries, DTP3 immunization coverage among one year-olds was at least 20% higher in the richest than in the poorest quintile of households (14).
- About 8 in 10 of people worldwide who lack access to basic drinking-water services live in rural areas, as do 7 out of 10 of those lacking basic sanitation services (10).
- In one quarter of 63 low- and middle-income study countries, stunting prevalence was at least 20% higher among children under five years whose mothers lacked formal education than among the children whose mothers had at least secondary education (14).

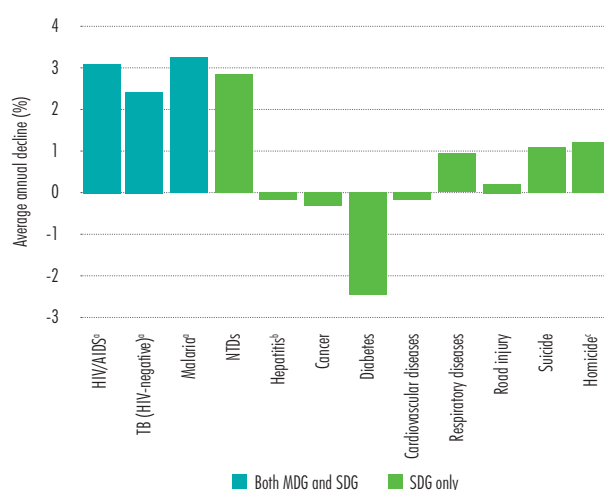
## Steady progress is being made against major infectious diseases, but stronger efforts are needed to bring the SDG targets within closer reach

The incidence of HIV, TB and malaria infections has declined, while the proportion of people requiring interventions against NTDs has diminished. The decades-long mobilization against the HIV epidemic has led to an almost two-fold reduction in HIV incidence globally between 2000 and 2018 (from 0.47 [0.36–0.61] to 0.24 [0.18–0.31] per 1000 uninfected persons). However, the current rate of change is too slow to reach the SDG target to end the HIV/AIDS epidemic by 2030. Interventions need to reach the populations who are at very high risk and who accounted for an estimated 54% of new HIV infections

in 2018,<sup>1</sup> but who are marginalized by punitive laws and discrimination (15).

TB incidence has declined gradually, from 172 [144–204] new and relapsed cases per 100 000 population in 2000 to 132 [118–146] in 2018. It ranged between 100 and 400 per 100 000 population in most of the 30 TB high-burden countries and above 500 in a few others in 2018 (16). Longstanding interventions against malaria have reduced the incidence rate from 81 cases per 1000 population at risk in 2000 to about 57 cases in 2018, but progress has stalled since 2014 (17). The number of people requiring interventions against NTDs decreased from 2190 million in 2000 to 1755 million in 2018 (18), and to date 40 countries or territories have eliminated at least one NTD (19).

Death rates attributable to HIV, TB, malaria and NTDs have decreased annually by an average 2.4–3.2% globally since 2000, a larger reduction than for deaths caused by noncommunicable diseases (NCDs) and injuries targeted for action during the SDGs era (Figure 2.3) (15–17, 20–22). HIV, TB (among HIV-negative people) and malaria accounted for 0.8 [0.6–1.1], 1.2 [1.1–1.3] and 0.4 [0.4–0.5] million deaths, respectively, in 2018 (15–17).



Note: Unless otherwise noted, the latest year is 2016. <sup>a</sup> Latest year is 2018. <sup>b</sup> Hepatitis includes acute hepatitis, cirrhosis due to hepatitis B and C, and liver cancer secondary to hepatitis B and C. <sup>c</sup> Latest year is 2017.

Source: Global AIDS update 2019: communities at the centre. Geneva: Joint UN Programme on HIV/AIDS; 2019 (15); Global tuberculosis report 2019. Geneva: World Health Organization; 2019 (16); World Malaria Report 2019. Geneva: World Health Organization; 2019 (17) Global health estimates 2016: deaths by cause, age, sex, by country and by region, 2000–2016. Geneva: World Health Organization; 2018 (20); Global status report on road safety 2018. Geneva: World Health Organization; 2018 (21); Global status report on preventing violence against children 2020. Geneva: World Health Organization [in press] (22).

**Fig. 2.3**  
Global annual decline in all age mortality rates associated with selected causes of death since 2000

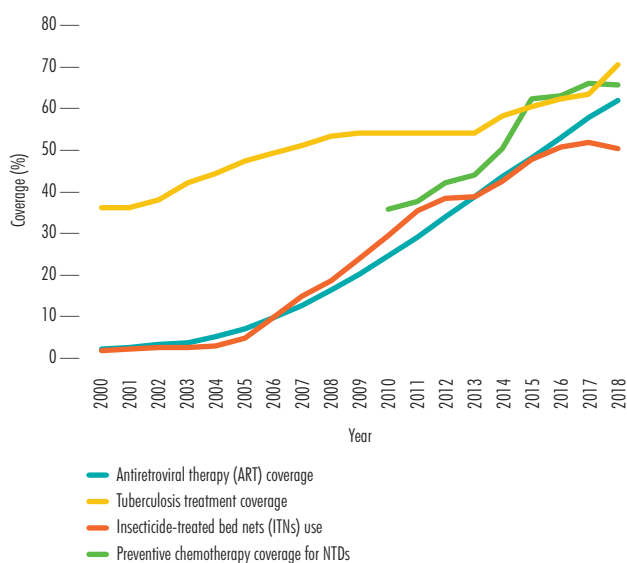
Progress observed since 2000 for all three major infectious diseases, as well as for NTDs, has been largely due to massive scale up of prevention and treatment interventions (Figure 2.4). The scale up of HIV treatment has been

<sup>1</sup> Such as sex workers, people who inject drugs, men who have sex with men, transgender people and incarcerated persons.

particularly successful and has saved almost 14 million lives between 2000 and 2018 (23).

For TB, the biggest increases in treatment coverage were observed in the late 1990s and early 2000s, during the roll-out of the directly-observed treatment, short-course (DOTS) strategy. Coverage continued to increase subsequently and reached 69% globally in 2018, although large gaps in detection and treatment mean that close to 3 million incident cases of TB went undiagnosed or unreported in that year (16).

For malaria, the gains observed since 2000 have been largely due to an expansion in the use of insecticide-treated mosquito nets, indoor residual spraying, diagnostic testing and artemisinin-based combination therapy. However, insecticide-treated bed net use to protect against malaria has increased little since 2015 and the use of indoor residual spraying is diminishing (17). The NTD response has expanded coverage of preventive chemotherapy for at least one of the NTDs from 36% in 2010 to 65% in 2018 (24), representing more than 1.1 billion people treated in 2018 (25).



Note: For ITNs, data are only for countries with moderate to high transmission in sub-Saharan Africa. Preventive chemotherapy coverage is reported for five NTDs.

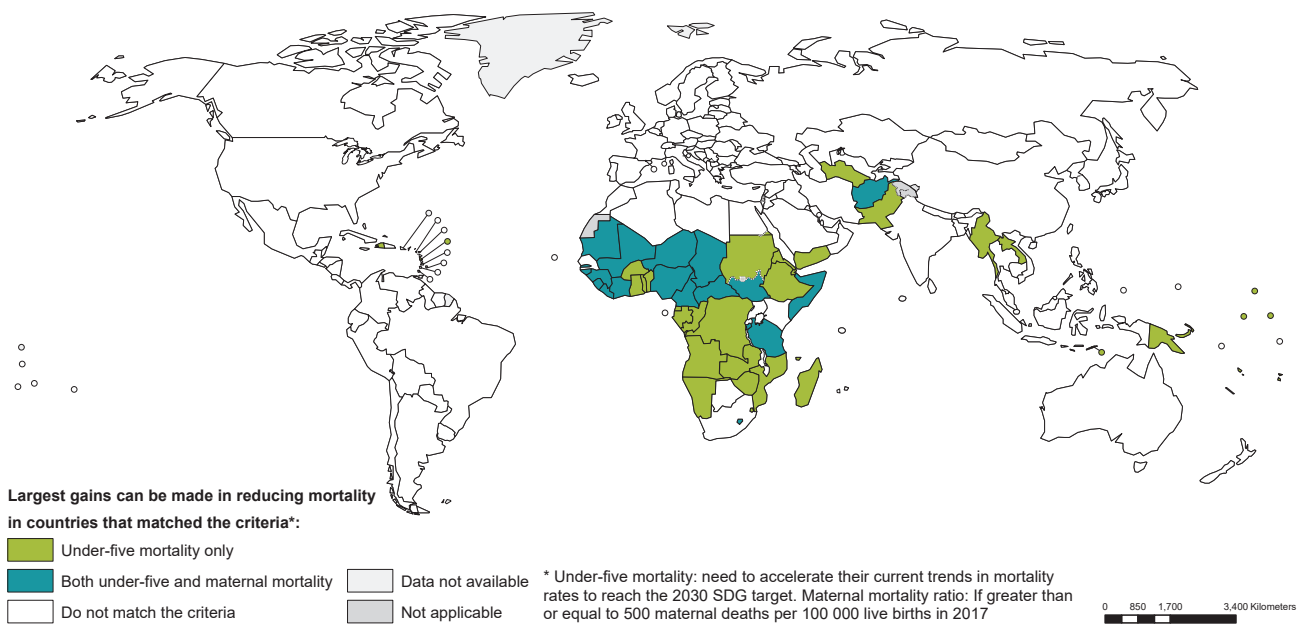
Source: Global AIDS update 2019: communities at the centre. Geneva: Joint UN Programme on HIV/AIDS; 2019 (15); Global tuberculosis report 2019. Geneva: World Health Organization; 2019 (16); World Malaria Report 2019. Geneva: World Health Organization; 2019 (17); Preventive Chemotherapy (PC) data portal. Geneva: World Health Organization; 2020 (24).

**Fig. 2.4**  
Global coverage of selected interventions, 2000–2018

More rapid progress towards the SDG goals and targets requires strengthened efforts in low- and lower-middle-income countries where the largest gains can be made (Figures 2.5 and 2.6), especially in the:

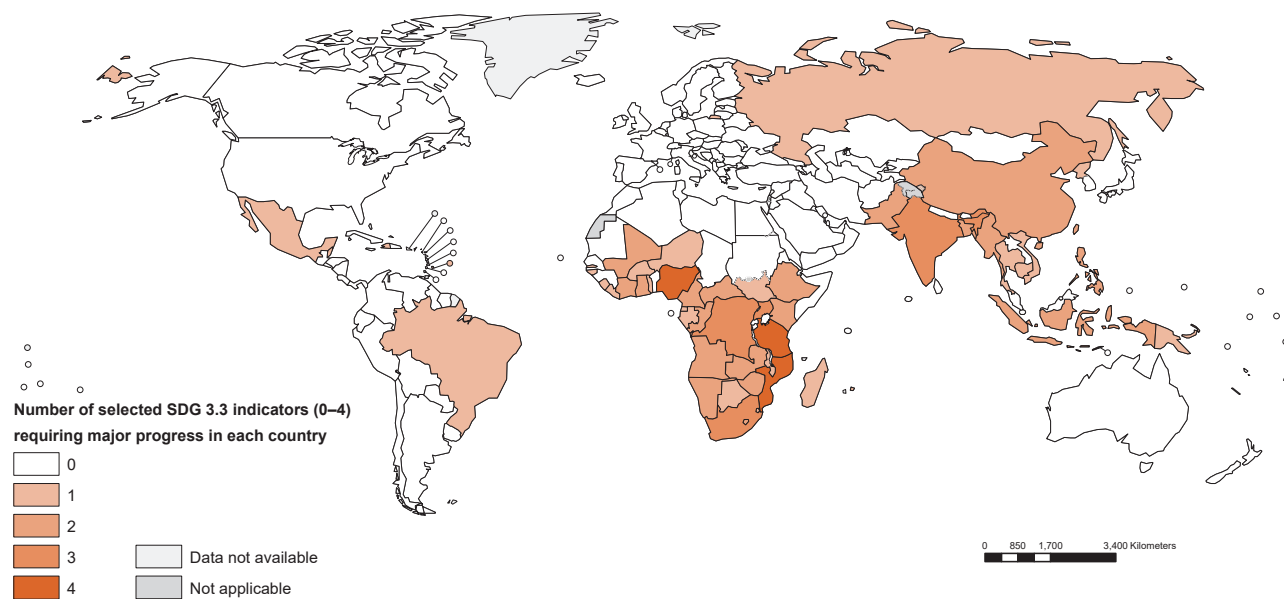
- 19 countries with a very high maternal mortality ratio in 2017 (1);<sup>1</sup>
- 53 countries that need to accelerate their current trends in under-five mortality rates to reach the 2030 SDG target (5);
- 30 countries where the number of new HIV infections among adults 15–49 years exceeded 100 per 100 000 uninfected persons in 2018 (15);
- 30 countries that accounted for 87% of new TB cases in 2018 (16);
- 11 countries that accounted for 70% of the estimated global malaria case burden in 2018 (17); and
- 17 countries that accounted for 80% of the burden of NTDs in 2018 (18).

<sup>1</sup> Considered very high if in the 500–999 per 100 000 live births range and extremely high if greater than or equal to 1000 maternal deaths per 100 000 live births.



Source: Trends in maternal mortality, 2000 to 2017; estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2019 (1); Levels and trends in child mortality. Report 2019. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation. New York: United Nations Children's Fund; 2019 (5).

**Fig. 2.5**  
Countries where the largest gains can be made in reducing under-five and/or maternal mortality



Source: Global AIDS update 2019: communities at the centre. Geneva: Joint UN Programme on HIV/AIDS; 2019 (15); Global tuberculosis report 2019. Geneva: World Health Organization; 2019 (16); World Malaria Report 2019. Geneva: World Health Organization; 2019 (17); Ending the neglect to attain the Sustainable Development Goals – A road map for neglected tropical diseases 2021–2030. Geneva: World Health Organization; 2020 (18).

**Fig. 2.6**  
Countries where major gains can be made against at least one of the four selected SDG 3.3 indicators

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# TRENDS IN NONCOMMUNICABLE DISEASE MORTALITY AND RISK FACTORS, AND DEATHS FROM INJURIES AND VIOLENCE

## Noncommunicable disease mortality

Compared with the advances against communicable diseases, there has been inadequate progress in preventing and controlling premature death from noncommunicable diseases (NCDs). However, countries need comprehensive strategies to reduce these causes of death more effectively in order to achieve global targets by 2030.

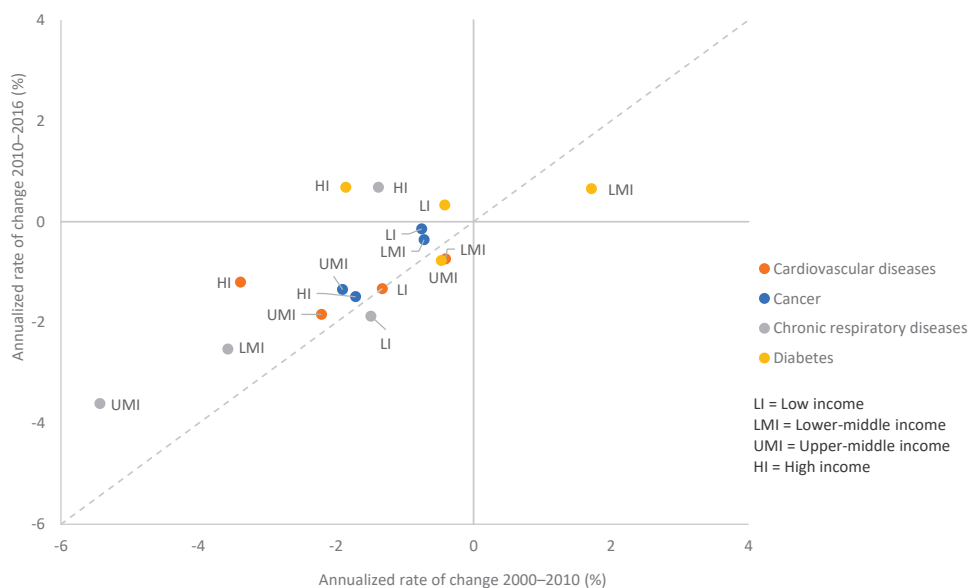
An estimated 41 million people worldwide died of NCDs in 2016, equivalent to 71% of all deaths. Four NCDs caused most of those deaths: cardiovascular diseases (17.9 million deaths), cancer (9.0 million deaths), chronic respiratory diseases (3.8 million deaths), and diabetes (1.6 million deaths) (1).

The probability of dying from any one of the four main NCDs between the ages of 30 and 70 decreased by 18% globally between 2000 and 2016. The most rapid decline in the age-standardized 'premature' mortality rate – defined as mortality rate between ages 30 and 70 – is seen for chronic respiratory diseases (40% lower), followed by cardiovascular diseases and cancer (both 19% lower). Diabetes, however, is showing a 5% increase in premature mortality. In high-income countries, cancer has become the leading cause of premature death. In other country

income groups, particularly low- and lower-middle-income countries, cardiovascular diseases continue to be the main NCD cause that claims the largest number of lives among people in the age group, yet the progress of mortality reduction is slowest among all country-income groups.

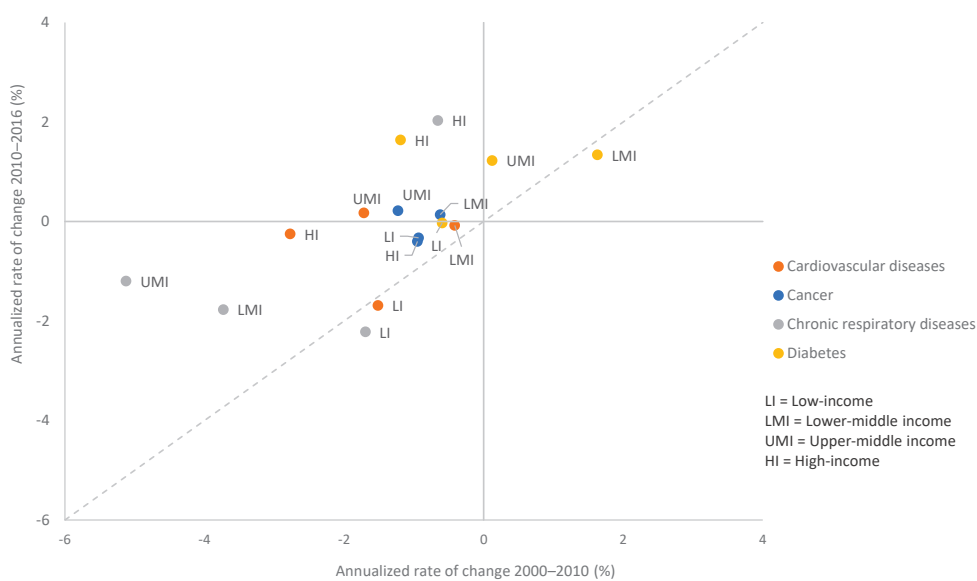
Despite the considerable progress made in the first decade of the 21st century, the momentum of change has dwindled since 2010, with annual reductions in the age-standardized premature mortality rates slowing for the main NCDs. Disaggregating the data by World Bank country income groups (Figure 3.1), in high-income countries the premature mortality rate due to diabetes and chronic respiratory diseases decreased from 2000 to 2010 but then increased in 2010–2016. In lower-middle-income countries, the premature mortality rate due to diabetes increased across both periods.

In contrast to the overall decline in age-standardized mortality rates, the demographic transition (towards older populations) and the rapid epidemiological transition from communicable diseases to NCDs appear to have not only slowed the decline in the crude premature mortality rate from NCDs since 2000, but also contributed to an observed increase since 2010, particularly in lower- and upper-middle-income countries (Figure 3.2).



Source: Global Health Estimates 2016: Deaths by cause, age, sex, by country and by region, 2000–2016. Geneva, World Health Organization; 2018 (1).

**Fig. 3.1**  
Annualized rate of change of age-standardized premature mortality rates from the four major NCDs highlighted in SDG Target 3.4, by country income group, 2000–2010 and 2010–2016



Source: Global Health Estimates 2016: Deaths by cause, age, sex, by country and by region, 2000–2016. Geneva, World Health Organization; 2018 (1).

**Fig. 3.2**  
Annualized rate of change of crude premature mortality rates from the four major NCDs highlighted in SDG Target 3.4, by country income group, 2000–2010 and 2010–2016

Considering the population age-structures in countries with a high burden of premature NCD mortality, the slow progress in NCD mortality reduction holds major implications for societies' health and welfare, as well as for national economies. Policies and actions that substantially reduce that mortality risk are needed in at least half of the countries worldwide where progress towards SDG target 3.4 is markedly lacking (2). More effective action against the key risk factors for NCDs and more intensive management for those with existing NCDs through strengthened health systems including improved diagnosis, treatment, rehabilitation and palliation is needed especially in low- and middle-income countries, which in 2016 accounted for 85% of the 15 million premature deaths due to NCDs.

## NCD risk factors show mixed trends

The underlying causes of the main NCDs are complex. They include genetic predispositions, as well as modifiable risk behaviours (such as tobacco use, harmful use of alcohol, physical inactivity and unhealthy diets) and environmental risks (such as air pollution), the prevalence of which varies geographically, by income groups and by sex.

### Modifiable risk factors

The rising mortality rates from diabetes are associated with – among other factors – the increasing prevalence of obesity, a major risk factor for diabetes. Since 2000, the age-standardized prevalence of obesity among adults (18 years and older) globally has increased 1.5 times, and the crude prevalence in children (5–19 years) has more than doubled (from 2.9% to 6.8%) in 2016 (3).

In addition to obesity, overweight among children has shown a concerning upward trend. Worldwide, an estimated 5.6% – or 38.3 million children under 5 years of age – were overweight in 2019, compared with approximately 30.3 million in 2000. In the WHO African Region, the proportion of children under 5 who were overweight decreased from 4.6% in 2000 to 3.1% in 2019, although their numbers increased from 5.1 million to 5.3 million. The prevalence of children under 5 years of age who are overweight has increased across almost all country income groups since 2000, and it was highest in the upper-middle income group (8.8%) in 2019 (Figure 3.3) (4).

Although not listed as official SDG indicators, the modifiable risk factors of unhealthy diets (e.g. insufficient consumption of fruit and vegetables, high salt intake and/or inadequate fat intake) and insufficient physical activity are also monitored as part of the NCD agenda for which global targets were adopted by the 2013 World Health Assembly. In 2016, the global age-standardized prevalence of physical inactivity<sup>1</sup> for adults aged 18+ years was 27.5%.

<sup>1</sup> Defined as not meeting the WHO recommendations of at least 150 minutes of moderate activity per week, or equivalent.



Source: Joint child malnutrition estimates: Levels and trends. Geneva: World Health Organization/United Nations Children's Fund/World Bank; 2020 (4).

**Fig. 3.3**  
Prevalence of overweight in children under 5 years of age, by country income group, 2000 and 2019

Women had higher levels of insufficient physical activity (31.7%) than men (23.4%) (5). Over four out of five school-going adolescents aged 11–17 years (81.0%) did not meet the WHO recommendations of doing at least one hour of physical activity daily in 2016 and, as with adults, levels were higher among girls (84.7%) as compared to boys (77.6%) (6).

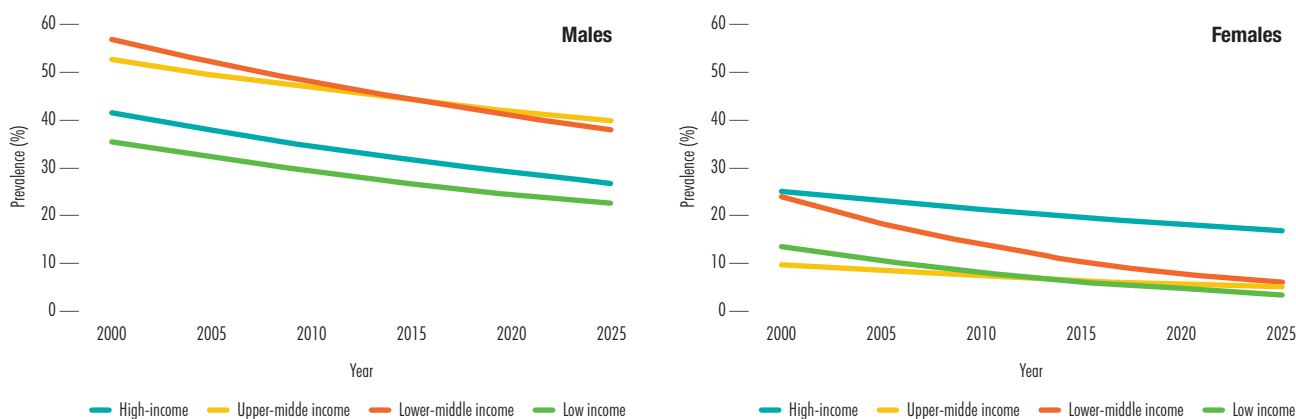
Raised blood pressure (hypertension)<sup>2</sup> is considered a major risk factor for the development of several NCDs, including heart and brain diseases. Global prevalence of hypertension decreased by 11% from 2000 to 2015. Disaggregation by World Bank country income groups shows that the prevalence of hypertension was highest in low-income countries (28.4%) and lowest in high-income countries (17.7%) in 2015 (7).

Tobacco use, another major risk factor, has decreased steadily among both adult men and women globally, and across all income groups, a trend that is projected to continue (Figure 3.4). A little under one quarter (23.6%) of adults (15 years and older) globally used tobacco in some form in 2018, down from one third (33.3%) in 2000. The average prevalence of tobacco use among men globally declined from 50.0% in 2000 to 38.6% in 2018. However, that rate is expected to remain above 35% until at least 2025 unless tobacco control policies are tightened immediately. Among women globally, tobacco use declined from 16.7% in 2000 to 8.5% in 2018 (8).

The total number of adult tobacco users remains very high, however: approximately 1.3 billion in 2018. Governments can protect citizens from tobacco-related harms by strengthening implementation of evidence-based measures set out in the WHO *Framework Convention on Tobacco Control* (WHO FCTC) and relatedly, its Protocol to Eliminate Illicit Trade in Tobacco Products. In the 181 Parties to the WHO FCTC, covering more than 90% of the world's population,

<sup>2</sup> Defined as systolic blood pressure  $\geq 140$  mmHg and/or diastolic blood pressure  $\geq 90$  mmHg.





Source: WHO global report on trends in prevalence of tobacco use 2000–2025, third edition. Geneva: World Health Organization; 2019 (8).

**Fig. 3.4** Current and projected global trends in tobacco use among people aged ≥15 years, by country income group and by sex, 2000–2025

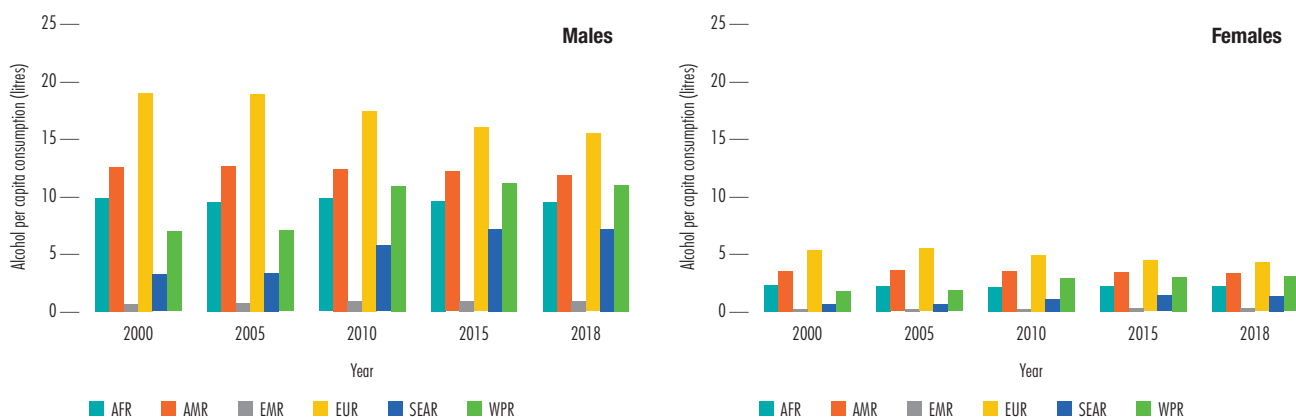
the status of implementation has consistently improved since the Convention’s entry into force in 2005. However, more efforts are needed to swiftly and effectively reduce prevalence and deaths by 2030 (9).

Harmful use of alcohol resulted in more than 3 million deaths worldwide in 2016 (5.3% of all deaths); men made up more than three quarters of alcohol-related deaths (10). Worldwide alcohol consumption, measured in litres of pure alcohol per person of 15 years or older, has been relatively stable since 2010 and was estimated at 6.2 litres in 2018 (11). However, current trends and projections point to an anticipated increase in global alcohol per capita by 2025, largely driven by increases in the Americas, South-East Asia and the Western Pacific regions (10).

The WHO European Region continues to have the highest per capita consumption in the world (9.7 litres per capita

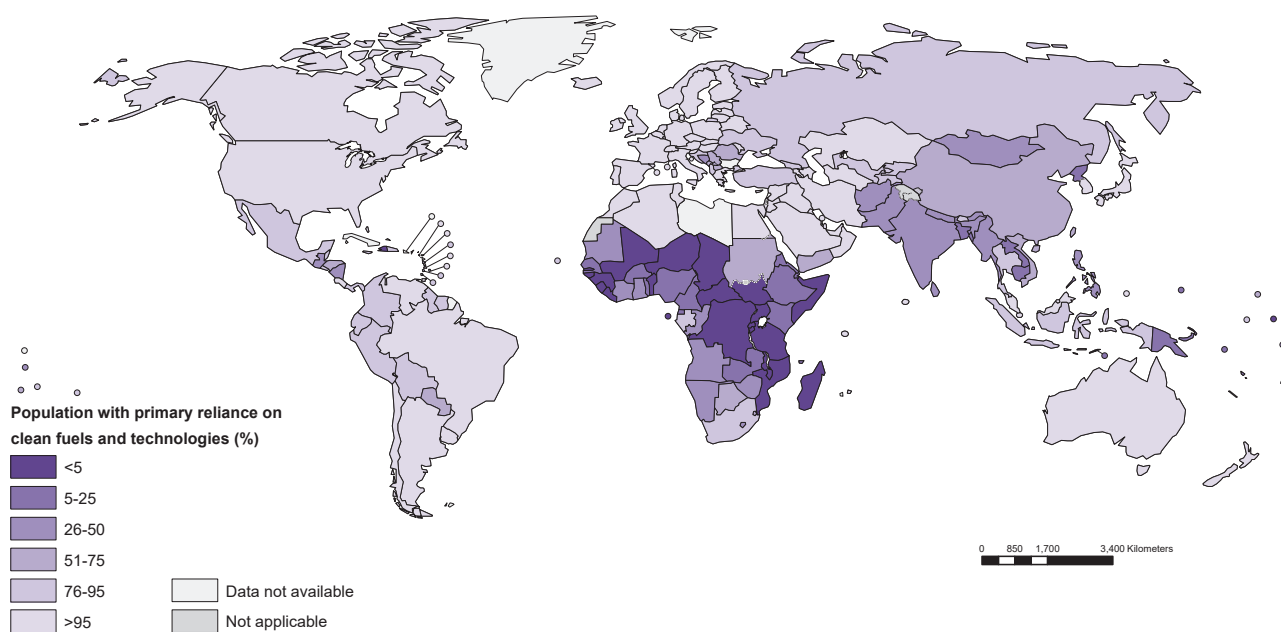
in 2018), even though consumption has decreased by more than 10% since 2010. Across all regions, women are less likely than men to drink alcohol and those who do drink alcohol tend to drink less (Figure 3.5) (11). Effective control measures can reduce alcohol consumption. Those include increasing taxes on alcoholic beverages, bans or comprehensive restrictions on alcohol advertising, restricting the physical availability of alcohol, enacting and enforcing drink-driving laws, and providing brief psychosocial interventions (10).

Substantial reductions in NCD mortality require a strengthened health system in countries to deliver equitable and high-quality management of NCDs beginning with hypertension control, and policies that drastically reduce tobacco and alcohol use, prevent and control hypertension, and promote and facilitate healthier diets and physical activity.



Source: WHO Global Information System on Alcohol and Health (GISAH) [online database], Global Health Observatory (GHO) data. Geneva: World Health Organization (11).

**Fig. 3.5** Alcohol consumption per capita (aged 15 years and older) within a calendar year in litres of pure alcohol, by sex and by WHO region, 2000–2018



Source: Public health and environment [online database], Global Health Observatory (GHO) data. Geneva: World Health Organization (13).

**Fig. 3.6**  
Percentage of the population with primary reliance on clean fuels and technologies, 2018

### Environmental risk factors

Air pollution is a major environmental risk to health. The combined effects of ambient and household air pollution caused about 7 million deaths in 2016, largely as a result of stroke, heart disease, chronic obstructive pulmonary disease, lung cancer and acute respiratory infections (1,12,13).

In 2016, nine out of ten people breathed air that did not meet the WHO air quality guidelines and more than half of the world's population was exposed to air pollution levels at least 2.5 times above the safety standard set by WHO. People in low- and middle-income countries are disproportionately at risk and accounted for more than 90% of deaths attributable to air pollution in 2016 (1,12,13).

In addition to ambient or outdoor air pollution, household air pollution threatens the health of the estimated 2.8 billion people who relied primarily on polluting cooking systems (13). Although the proportion of the global population with access to clean cooking fuels and technologies has increased steadily since 2000 and reached 63% in 2018, the actual number of people without clean cooking has remained relatively constant over the past three decades. The regional disparities are stark: Only 18% of the population in the WHO African Region mainly use clean fuels and technologies for cooking, compared with more than 90% in the WHO European Region and the Region of the Americas (Figure 3.6).

Policies and investments promoting cleaner industries, power generation, transport and energy-efficient homes would reduce key sources of outdoor air pollution as well as mitigate the impact of climate change. Wider and more

equitable availability of affordable, reliable and convenient clean cooking fuels and technologies would help reduce both household and outdoor air pollution.

### Homicides, violence against women, suicides, road traffic injuries and unintentional poisoning

#### Homicides

An estimated 478 000 people were killed in homicides globally in 2017, four fifths of them boys or men. The rate of homicide deaths was highest in the WHO Region of the Americas, at 19.6 per 100 000 population – over three times the global average of 6.3 per 100 000 population (14).

#### Violence against women

Violence against women (VAW) is common worldwide and is associated with numerous, serious health problems for women and their children. The collection, analysis and reporting of data on intimate partner violence and other forms of VAW are important for developing effective and sustainable interventions to reduce such violence. WHO is working with other UN agencies to collate data on intimate partner violence and non-partner sexual violence from population-based prevalence surveys/studies and to produce estimates (see Section 4, Box 2 on Improving data on violence against women).

#### Suicides

There were almost 800 000 suicide deaths globally in 2016, equivalent to an annual suicide mortality rate of 10.6 per

100 000 population (1). Suicide mortality rates decreased by 16% in men and 21% in women globally between 2000 and 2016. Men were nearly twice as likely to die of suicide than women (13.5 and 7.7 deaths per 100 000 population, respectively, in 2016). Across country-income groups, suicide mortality rates were highest among men in high-income countries (21.0 per 100 000 population). Despite some progress made, the reduction of the global suicide rate at the current pace (8% reduction from 2010–2016) would not be sufficient to reach global targets by 2030.

Preventing homicides, suicides and non-fatal violence requires comprehensive multisectoral approaches that cover not only health and mental health services, but also go beyond the health sector and deal with the underlying causes, such as gender and socioeconomic inequalities, social norms that allow violence, access to highly hazardous pesticides, and irresponsible reporting by the media.

### **Road traffic injuries**

The overall mortality rate due to road traffic injuries has stayed fairly constant between 2000 and 2016, at around 18 deaths per 100 000 population in 2016, despite the increasing numbers of motor vehicles in use. The

mortality rate was more than three times higher in low-income countries (27.5 deaths per 100 000 population) than in high-income countries (8.3 deaths per 100 000 population). Globally, road traffic crashes killed 1.35 million people worldwide in 2016 – nearly 3700 deaths per day – and injured 50 million more people. More than half of global road traffic deaths are among pedestrians, cyclists and motorcyclists who still tend to be neglected in road traffic system design and safety strategies in many countries (15).

### **Unintentional poisoning**

More than 106 000 people worldwide died due to unintentional poisoning in 2016. Across the WHO regions, the mortality rate was highest in the WHO African Region (2.7 per 100 000 population) and lowest in the Region of the Americas (0.6 per 100 000 population). Low-income countries had the greatest mortality burden (2.8 per 100 000 population), with death rates almost six times those of high-income countries (0.5 per 100 000 population) (1).

Countries need to put in place the proven measures that exist to improve road safety and reduce unintentional poisoning.

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## DEALING WITH DATA CHALLENGES

Global monitoring of progress towards the health-related SDG goals and targets, and the WHO's GPW13, requires high-quality country data for tracking changes against specific indicators.

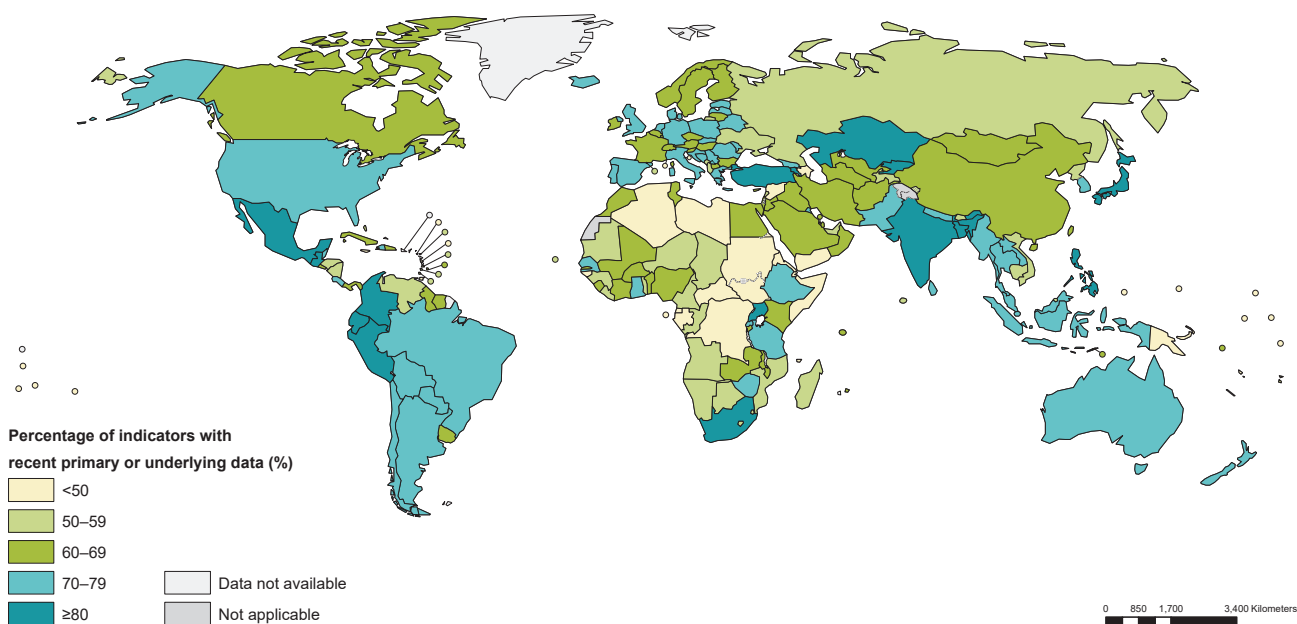
Ideally, global monitoring should use country-level data that are produced by national statistical systems. Those data should be comprehensive, accurate and comparable across countries and over time. Despite substantial progress in recent decades, however, national statistical systems and the health data they generate often have limitations. For example, administrative reporting systems (such as civil registration and vital statistics systems, and routine facility-based health information systems) may have incomplete coverage. Surveys may not be nationally representative or conducted frequently enough to allow for effective monitoring. Disease surveillance systems may suffer from under- or over-reporting of cases. Disaggregated data, essential for monitoring health inequalities, are often lacking.

Information bias, errors in the processing or reporting of the collected information, time lags in reporting, and the use of multiple definitions and methodologies in different countries, present additional difficulties, leading to outdated, incomplete or inaccurate data, undermining

monitoring of health-related indicators and compromising progress towards the SDGs.

For each of the health-related SDG indicators, the preferred data sources have been identified (1–2). For global monitoring, ideally, high-quality country-produced primary data are used. However, when primary data are not sufficiently comparable, in some cases WHO and other international agencies use approaches such as mathematical or statistical models to produce comparable estimates, based on available primary data as the underlying data.

As a result, the country-level statistics presented in *World health statistics 2020* are a combination of *primary data* for some indicators and *comparable estimates* for others. Primary data are typically compiled from routine reporting or from publicly available sources such as Demographic and Health Surveys. Statistics are presented as they are reported or with some adjustment. Comparable estimates are achieved by adjusting or modelling country data to allow comparisons across countries and over time. Comparable estimates for the same reference years are produced for countries with underlying primary data and, in some cases, also for those without (3).



**Fig. 4.1**  
Availability of recent primary or underlying data to inform global health-related SDG monitoring

This report presents each country-level statistic in Annex 2 in a way that indicates whether the statistic is based on recent or older underlying primary data,<sup>1</sup> or whether it lacked direct underlying primary data.

The availability of recent underlying primary data is uneven (Figure 4.1), although it is likely that more data exist at the country level but were not available for use by the agencies, for various reasons.<sup>2</sup> For most countries, recent primary or underlying data were available for between half and 80% of the health-related SDG and GPW13 indicators included in Annex 2. For almost one fifth of countries, however, over half of the indicators have no recent primary or direct underlying data.<sup>3</sup> Low- and lower-middle-income countries are more likely to lack recent underlying data for comparable estimates, especially those requiring complete cause-of-death registration data. However, they tend to have more data for indicators that are derived from population-based surveys, such as indicators on child nutrition and family planning, compared to higher-income countries.

The underlying data for a given set of estimates may also vary in quality. This report considers underlying data that were used as input to generate estimates, regardless of the adjustments applied to them in the estimation process. Moreover, health-related SDG indicators have varying definitions and methodologies, so what is considered as underlying data in this report also varies. For complex indicators that are derived from multiple parameters, only the most important parameter(s) are considered as underlying data.

Significant gaps exist in the availability and quality of data to inform global health-related SDG monitoring. Many national health information systems require urgent improvements, starting with greater investments in human and technical resources and collaboration. Collecting, analysing and utilizing data of good quality is an important step to improving and addressing inequities in health care.

<sup>1</sup> For indicators reported as primary data, a statistic is considered recent if the reference year is 2015 or more recent. For comparable estimates, underlying primary data are considered recent if the latest year of reference period falls within four years of the year of the estimate.

<sup>2</sup> Low data availability could mean that the estimates presented in the current edition date several years back (when more recent data were not yet available). It could also mean that more recent data were available but did not reach international agencies in time or did not meet the inclusion criteria to be used in reporting or in the estimation process. A report with a more detailed picture of actual country-level data availability and the quality of the underlying health information systems will be available in late 2020.

<sup>3</sup> As the indicators included in this edition are not exactly the same as those in the *World health statistics 2019* report, and the data availability assessment criteria for some indicators have been refined, the changes between the two editions should not be interpreted as trends.

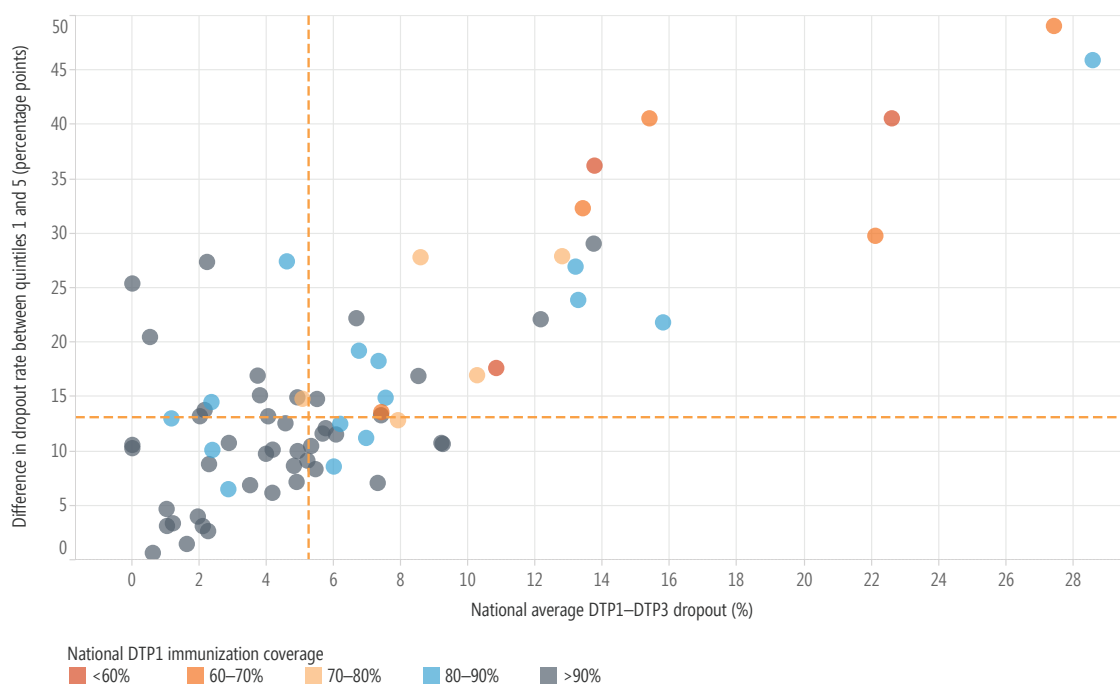
## BOX 1. A NEED FOR DISAGGREGATED DATA TO ACHIEVE EQUITY IN HEALTH

Monitoring health inequalities is essential for achieving health equity: It allows for identifying populations that are being 'left behind' and it helps inform equity-oriented policies, programmes and practices that can close existing gaps. Such monitoring requires various forms of disaggregated data, which currently are lacking for several health-related SDG indicators.

For example, geographical monitoring is crucial to reveal subnational variations in immunization coverage. The *2011–2020 Global Vaccine Action Plan* has a goal of attaining 90% national coverage of the third dose of diphtheria, tetanus and pertussis (DTP3) vaccine, and it specifies a target of 80% coverage in every district. But district-level immunization inequality monitoring has been hindered by limited availability of data and data quality concerns.

One option was to use administrative immunization coverage data (collected by health facilities) at district (or second administrative) level, which the United Nations Children's Fund (UNICEF) and WHO have collated annually at the global level since 2016, to monitor subnational inequalities in immunization. However, data quality issues (mainly denominator data issues due to inaccurate estimates of target populations) limit the ability of that data to accurately monitor subnational inequalities. To circumvent the problem, the DTP1–DTP3 dropout rate (or the proportion of children who received one dose of DTP-containing vaccine but who did not receive the third dose) was used as an indicator in 72 countries where country-reported administrative data allowed for calculating the dropout rate and for comparing subnational geographical inequalities across countries by grouping districts into quintiles within each country.

Across the 72 countries, reported national average DTP1–DTP3 dropout rates ranged from 0% to 28.6% (with a median of 5.3%). For most countries, however, national dropout rates conceal significant inequalities between districts. In the 20% of districts with the lowest dropout rates (quintile 5), the median dropout rate was 1.3%, compared with 14.7% in the 20% of districts with the highest dropout rates (quintile 1). Nineteen out of 72 countries had differences of over 20 percentage points between the district quintiles with the highest and lowest dropout rates. Moreover, most countries had a group of districts where DTP dropout rates tended to lag disproportionately. These findings can potentially be used to inform strategies to improve national DTP3 immunization coverage.



Notes: Coloured circles indicate countries – each study country is represented by one coloured circle. Dashed orange lines indicate the median values (middle points).

Sources: Subnational immunization coverage data. Geneva: World Health Organization; 2019 (4); WHO/UNICEF estimates of national immunization coverage. Geneva: World Health Organization; 2018 (5).

**Fig. 1**  
Within-country district-level inequality in DTP dropout rates compared to national average dropout rates and DTP1 immunization coverage in 72 countries, 2018

Using such administrative data, however, has limitations. Data quality is still a concern. In addition, DTP dropout rates only reflect one aspect of an immunization programme and do not include children who are unvaccinated. For effective equity monitoring, subnational dropout rates should therefore be combined with other indicators, such as the proportion of 'zero-dose' children. This underscores the need for continued strengthening of health information systems, so that sufficient data can be collected and used to monitor and inform equity-oriented immunization programmes.

## BOX 2. IMPROVING DATA ON VIOLENCE AGAINST WOMEN

The availability, quality and comparability of population-based data on violence against women (VAW), particularly intimate partner violence (IPV), are improving. At least 147 countries currently have population-based prevalence data on either physical, sexual and/or psychological IPV, compared with 87 in 2011.<sup>a</sup> A significant proportion of those data are from the 'Domestic violence module' of the Demographic and Health Surveys. Dedicated surveys, often conducted by national statistics offices, are another important source of data.

WHO is also leading efforts to develop consensus on defining, measuring and reporting on psychological intimate partner violence, in order to produce more robust and reliable estimates of the prevalence of such violence. Improved measurement will enable reporting on all three types of partner violence in the future.

Some remaining challenges relate to the heterogeneity of data and a lack of age-disaggregated data (especially for older age groups). Some countries still lack VAW data entirely, while most have only ever conducted one representative survey on VAW. Additionally, data on non-partner sexual violence suffers from non-standardized measurement and/or lack of disaggregation by act and/or violence by a partner/non-partner. Further work is needed to strengthen measurement of different forms of sexual violence.

<sup>a</sup> Only survey data on physical and/or sexual violence from 58 countries were available for this report and met the criteria for inclusion in Annex 2.

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## HIGH-QUALITY HEALTH INFORMATION AND DATA

Accurate, timely and comparable health-related statistics are essential for understanding health trends. Decision-makers need the information to develop appropriate policies, allocate resources and prioritize interventions. The data are also vital for Member States to monitor the impact of their efforts to achieve the SDG targets.

The health-related SDGs require numerous data systems to be functioning in each country, including civil registration and vital statistics (CRVS), routine health facility reporting and other administrative data, household and other population-based surveys, surveillance systems, and other sources. Some indicators also rely on non-health sector data sources (1). It is important to develop integrated health statistics/data systems that produce key metrics and provide information to inform policy decisions. As the COVID-19 emergency has illustrated, a functioning system must be flexible enough to adapt to unexpected situations, and provide timely, relevant data to inform decisions.

### Civil registration and vital statistics

Robust public health decision-making is dependent on accurate statistics on births and deaths, including cause of death. This is best collected through a CRVS system. The latest assessment suggests that less than one third of countries have high-quality data on cause of death (2). The

recent rapid advancement of digital technologies provides unprecedented opportunities to accelerate improvement in CRVS systems worldwide. There is no single blueprint for establishing and maintaining such systems – each country faces a different set of challenges, and strategies must be tailored accordingly.

There are many approaches to mortality surveillance worldwide, involving all-cause and cause-specific mortality systems in the health sector. A unified mortality surveillance system with high levels of coverage and completeness that captures all deaths from all causes can be used to generate necessary mortality data in a timely manner. In the context of health emergency such as COVID-19, *rapid mortality surveillance* capturing total, all-cause mortality enables measurement of sudden variations in mortality levels. WHO is rapidly modernizing its mortality database to facilitate the reporting of mortality data from countries and providing training and technical assistance to improve medical certification of cause of death to facilitate timely and reliable information.

In collaboration with UN agencies and partners, WHO is providing technical expertise to empower Member States to more effectively mobilize their health sector to engage and contribute to strengthening CRVS systems

and ensuring maximum benefit from such systems for policy development. Through direct technical assistance to countries; strengthening capacity at the regional level to support all Member States; and offering an intensive in-service fellowship accessible to countries.

### **Administrative, health services and facility data**

Administrative, health services and facility data are generated through several data systems and subsystems, such as routine health information systems (RHIS), registries, health facility surveys, and other logistics and health workforce information systems. The value of the data, however, is often hampered by disconnected systems, lack of standardization, poor quality data and limited analytical capacity. These limitations impede public health action.

WHO offers a suite of integrated tools and technical assistance packages to help address many of these issues by providing measurement tools to set standards, monitor and analyse information. For example, to strengthen RHIS, specialized modules (e.g. on HIV, TB, malaria, NTDs, road safety, NCDs and immunization) have been developed and can be configured into any digital and health information system such as District Health Information Software (DHIS2) and country-specific systems. The Data quality review toolkit (3) improves the quality of RHIS data using standardized data quality metrics and tools. Standardized health facility survey modules, covering key topics such as service availability, service readiness, quality of care and safety, and management and finance, assess the extent to which health facilities adhere to the service standards needed to provide quality health care.

### **Population-based surveys**

Household and other population-based surveys are an indispensable part of a comprehensive health data system. They are particularly suited for measurement of multiple indicators and for providing key information to understand interrelationships between indicators. While in many countries the CRVS systems and administrative data systems are fragmented and inadequate to report meaningful health data, surveys can be implemented rapidly to collect representative data related to important health, social, economic and policy topics. Household surveys are particularly important to obtain more timely information on financial hardship.

The World Health Survey Plus (WHS+) (4) is a multi-topic, multi-platform, multi-modal survey, including the use of mobile technologies. It addresses critical data gaps and is designed to be tailored to country needs. The WHS+ is improving the understanding of linkages between financial hardship and service coverage at household level. During the COVID-19 pandemic, mobile phones offer a means of rapidly collecting rapid data to inform programmes and policies.

Collaboration across ministries and government institutions including ministries of health and finance, national statistics offices (NSOs), offices of the registrar general and academia is necessary to strengthen country statistical capacity, while ensuring careful coordination and oversight to avoid multiple surveys being conducted in a fragmented, duplicative and uncoordinated manner. It is critical for national ministries of health to collaborate with partners, particularly NSOs, in the design, analysis and scheduling of household surveys.

Data use for policy design is much more likely when governments, academia, and civil society fully understand and own every step of the measurement process, including data processing and data synthesis. It will be necessary to address process gaps collaboratively, for example where data exists but is not accessible or has very delayed availability.

### **Country ownership**

Country ownership is a central principle – along with aligning WHO support with national health priorities and health system needs and harmonizing its work with that of United Nations and other partners. Each *WHO Country Cooperation Strategy* identifies a set of agreed joint priorities for WHO collaboration in the areas where the organization has a comparative advantage (5). The collection, management, strengthening analytical capacity and use of reliable health information is one such area. A core part of WHO's work in countries entails support to improve national health information systems and strengthen capacities to collect, analyse, report and use health-related data.

### **Review and assessment of existing data sources**

In order to address and close data gaps, it is important to understand the status of a country's health information systems. Using the *SCORE (Survey, Count, Optimize, Review, Enable) for health data packages*, countries can identify strengths and weaknesses and identify gaps in country health information systems. SCORE facilitates tracking of progress towards the SDGs, monitors and measures the maturity of health information systems, supports interventions, and provides guidance on best practice measurement methods, standards and tools.

### **Producing estimates**

WHO collaborates with countries and partner agencies to produce global, regional and country health estimates for agreed global indicators, helping to ensure that the data are comparable and of high quality. To do so, WHO adheres to several key principles and supports countries for the collection, analysis, use and sharing of data, including a commitment to make data a public good that is freely available and shared, while adhering to clear ethical and legal frameworks (6,7).

WHO supports partners to follow the *Guidelines for Accurate and Transparent Health Estimates Reporting* (GATHER) (8), which identify 18 items that should be reported every time new global health estimates are published (including descriptions of input data and estimation methods). Adherence to those guidelines allows scientists and decision-makers to evaluate the quality and comparability of the data.

WHO data principles also include fostering local ownership of health indicator monitoring, collaborating closely with countries to enhance the quality of statistics, ensuring that the methods used to fill data gaps have demonstrated predictive validity, and consulting with countries prior to releasing health data.

### **Strengthening world health data capacity**

In addition to targeted country support, WHO is working at the global level in:

- Developing standards and best practices for data collection, data processing and synthesis. This includes: following UN open data standards; making data accessible by using a coherent system for data sharing, collection, storage, analysis and use; promoting the GATHER guidelines; advancing population health metrics, digital and methodological standards through the WHO Reference Group on Health Statistics and Digital Health Technical Advisory Group.
- Consolidating and improving international data classification standards, for example, the *International Classification of Diseases* (ICD). The 11th ICD revision (ICD 11) is on a digital platform that facilitates easier reporting of timely and accurate cause of death data (9).
- Strengthening country capacity through training and mentoring. This includes statistical methods, epidemiology, quality assurance, analysis of big data, modelling and forecasting, inequality monitoring, and effective ways to communicate and use data to drive policy impact.
- Building a one-stop-shop World Health Data Platform that will include health statistics from the Global Health Observatory (home to data for over 1000 indicators), regional and country observatories, the 'Triple Billions' dashboards, health-related SDG indicators, and reference data and metadata sets.

WHO works with all Member States to strengthen and improve their national health systems. At global and regional levels, it provides direction and coordination on public health issues by defining norms and standards and by outlining policy options. At country level, it supports

governments and other partners to translate that guidance into national health strategies, and to prioritize, monitor and act on health and health-related issues.

Through these and other collaborations with United Nations agencies and nongovernmental partners, WHO is supporting countries to make improvements in health data and surveillance at country level. Those improvements will enhance the scope and quality of health information and standardize processes to generate comparable estimates at the global level.

### **Monitoring the implementation of International Health Regulations to strengthen health security**

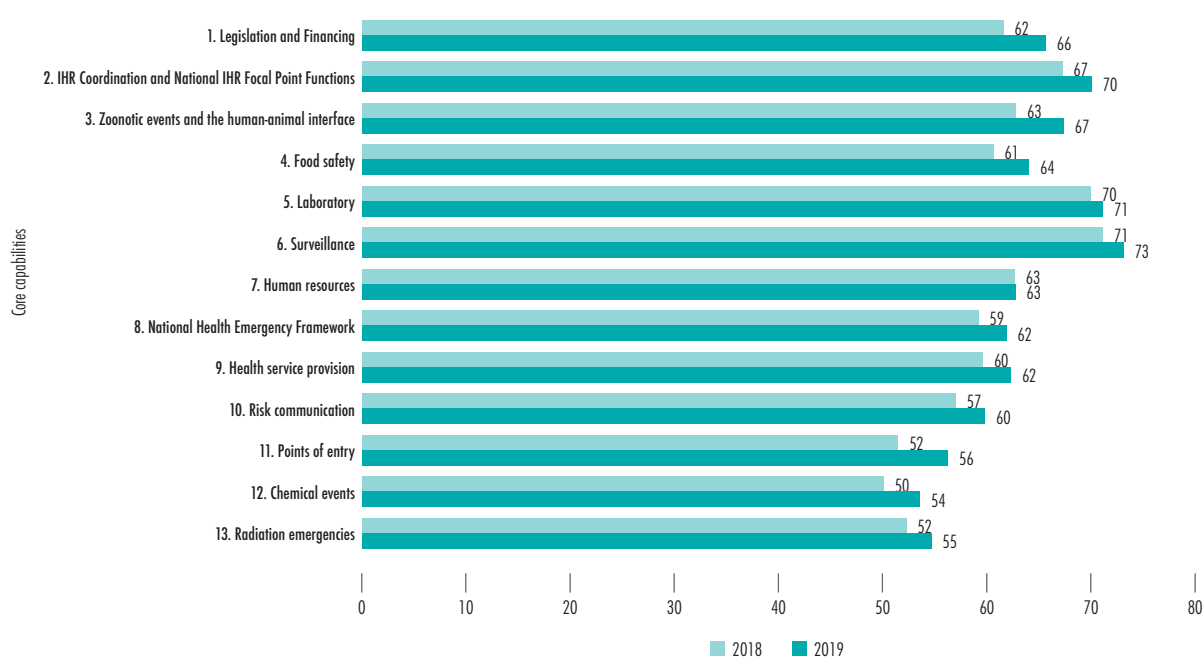
The *International Health Regulations* (IHR) (2005). require that all 196 signatory countries and territories (State Parties) work together for global health security and build their capacities to detect, assess, report and respond to public health emergencies.

WHO plays an important role in supporting and monitoring the implementation of the IHR. By using the WHO monitoring framework, countries assess their capacities and report annually on the status of the 13 agreed core capacities (Figure 5.1). A preliminary analysis of reports from 165 State Parties for 2019<sup>1</sup> indicates steady progress across almost all the core capacities, except for those related to human resources.

Almost all States Parties are performing better on detection (such as surveillance and laboratory detection) and coordination, and on the functioning of IHR National Focal Points. There are still gaps, however, with respect to capacities required at points of entry (such as ports, airports and ground crossings) and in relation to chemical safety and radiation emergencies. Nonetheless, the reported data show that countries and territories are heeding their obligations to improve early warning systems to reduce and manage public health risks.

Those capacities have proved crucial for detecting, monitoring, reporting, planning and taking initial actions in response to the COVID-19 pandemic. As the world struggles to control the pandemic, the need for strong emergency preparedness, rapid scale-up response capacities, and close multisectoral and international collaboration is clearer than ever.

<sup>1</sup> Data as of 23 March 2020.



Note: SPAR-2018 (n=183); SPAR-2019 (n=165, as of 23 March 2020).

Source: International Health Regulations (2005) monitoring framework – State Parties Self-Assessment Reporting Tool – e-SPAR platform. Geneva: World Health Organization (10).

**Fig. 5.1**  
**International Health Regulations States Parties capacities, 2018–2019**

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# ANNEX 1

## Regional highlights of health-related SDG indicators

### Explanatory notes

Unless otherwise noted, the statistics shown below represent official World Health Organization (WHO) statistics for selected health-related Sustainable Development Goal (SDG) indicators and selected *13th General Programme of Work* (GPW13) indicators, based on evidence available in early 2020. They have been compiled primarily from publications and databases produced and maintained by WHO or by United Nations (UN) groups of which WHO is a member. Unless otherwise noted, all statistics presented here are available in Annex 2. Owing to limited space, indicators are often referred to using SDG targets, along with a shorter indicator name (Annex 2 has a full summary of indicator names and relevant references).

Comparable estimates are subject to considerable uncertainty, especially for countries where the availability and quality of the underlying primary data are limited (1). Uncertainty intervals and other details on the indicators and statistics presented here can be found at the WHO Global Health Observatory<sup>1</sup>.

### Reference

1. World Health Statistics 2018: Monitoring health for the SDGs. Geneva: World Health Organization; 2018 ([https://www.who.int/gho/publications/world\\_health\\_statistics/2018/en/](https://www.who.int/gho/publications/world_health_statistics/2018/en/), accessed 20 April 2020)

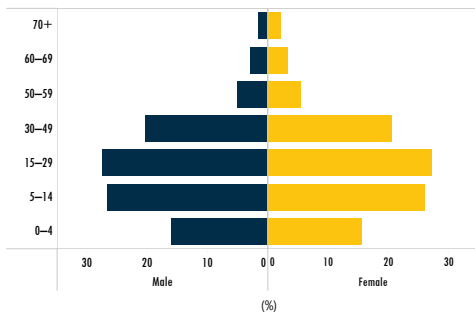
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<sup>1</sup> The Global Health Observatory is a WHO online portal that provides access to data and analyses for monitoring the global health situation (available at <https://www.who.int/gho/en/>).

# African Region

## Key statistics

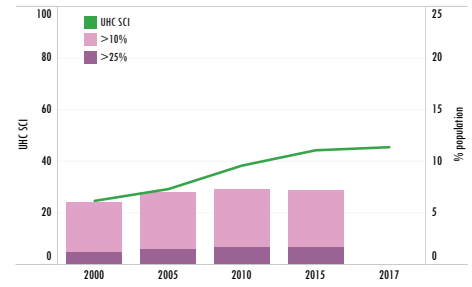
Population age distribution by sex, 2018



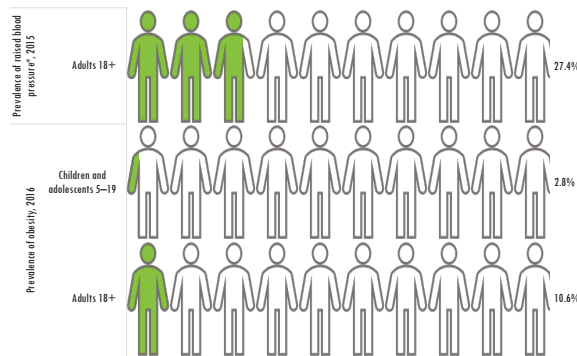
Life expectancy at birth by sex, 2016



UHC: Service Coverage Index (SDG 3.8.1) and population with OOP health spending exceeding 10% or 25% thresholds (SDG 3.8.2)



13th General Programme of Work 2019–2023: NCD risk factors



Note: \* Defined as systolic blood pressure of >140 mmHg and/or diastolic blood pressure >90 mmHg

## Accelerating the collection of routine mortality and morbidity data in the WHO African Region through implementation of ICD-11

Monitoring goals such as the SDGs requires extensive country data and standards that allow for comparing results across countries and over time. In the WHO African Region, the absence of reliable overall and cause-specific mortality statistics is a major hindrance for understanding the patterns and effects of health interventions.

The *International Statistical Classification of Diseases and Related Health Problems (ICD)* is the global standard for gathering such data (1). Worldwide, approximately 120 countries have been using the 10th revision of the ICD (ICD-10) to certify, code and report their death and cause-of-death events (2).

Released in 2019, the 11th revision of the ICD (ICD-11) (3) makes use of new data technologies so countries can generate accurate mortality and morbidity information more rapidly and at lower cost, while adding recent scientific updates to the classification system. Designed for use in multiple languages, the ICD-11 allows for uncomplicated, electronic recording and reporting of health statistics. Costly manuals, training and support have been minimized, with countries able to access online or offline versions, depending on their digital environments.

The new features of ICD-11, along with its interactive architecture and search functions, are easing its adoption in the WHO African Region. Whereas countries had faced difficulties implementing the ICD-10, uptake of the ICD-11 has been rapid.

One of the first countries to pilot the ICD-11 was Namibia, which used it to code information on causes of death for the 20 000 deaths that occurred annually in 2016 and 2017. In early 2020, Rwanda piloted and integrated the ICD-11 in its electronic medical records to code morbidity data. Uganda and the United Republic of Tanzania have also progressed to embed the ICD-11 in their electronic medical records and cause of death reporting systems. Other countries are keen to also become 'early-adopters' – unlike with the ICD-10, when many countries in the region opted for a wait and see approach. The ICD-11 has also been embedded in the WHO Africa Regional Office Digital Health Platform.

The ICD-11 marks an important step towards capturing real-time information to facilitate decision-making. Its widening use shows that more equitable availability and use of health information is feasible in all countries, whatever their income group. Countries that used to have low coverage or poor quality of coded mortality and morbidity data can now routinely generate and use health information that conforms to international standards.

## Summary of SDG 3 indicators for which country-level values are reported as comparable estimates<sup>a</sup>

Member State	3.1.1	3.2.1	3.2.2	3.3.1	3.3.2	3.3.3	3.3.4	3.4.1	3.4.2	3.5.2	3.6.1	3.8.1	3.9.1	3.9.2	3.9.3	3.a.1	3.b.1	3.b.1	3.b.1	3.b.1
	Maternal mortality ratio <sup>b</sup>	Under-five mortality rate <sup>c</sup>	Neonatal mortality rate <sup>c</sup>	New HIV infections <sup>d</sup>	Tuberculosis incidence <sup>e</sup>	Malaria incidence <sup>f</sup>	Hepatitis B prevalence <sup>g</sup>	Probability of dying from the four major NCDs <sup>h</sup>	Suicide mortality rate <sup>e</sup>	Alcohol consumption <sup>i</sup>	Road traffic mortality rate <sup>e</sup>	UHC service coverage index <sup>j</sup>	Air pollution mortality rate <sup>k</sup>	WASH mortality rate <sup>e</sup>	Poisoning mortality rate <sup>e</sup>	Tobacco use prevalence <sup>k</sup>	DTP3 immunization <sup>l</sup>	MCV2 immunization <sup>m</sup>	PCV3 immunization <sup>l</sup>	HPV vaccine <sup>n</sup>
	2017	2018	2018	2018	2018	2018	2015	2016	2016	2018	2016	2017	2016	2016	2016	2018	2018	2018	2018	2018
Algeria	112	23	15	0.03	69		0.22	14.2	3.2	0.9		78	49.7	1.9	0.8	18.8	91	77	91	
Angola	241	77	28	1.01	355	228.9	4.85	16.5	4.7	6.9	23.6	40	118.5	48.8	2.7		59	35	67	
Benin	397	93	31	0.34	56	386.2	5.55	19.6	9.9	2.8	27.5	40	205.0	59.7	3.5	7.2	76		73	
Botswana	144	36	24	4.36	275	0.6	0.19	20.3	9.3	6.6	23.8	61	101.3	11.8	1.1	23.7	95	74	91	82
Burkina Faso	320	76	25	0.12	48	398.7	4.29	21.7	7.7	12.0	30.5	40	206.2	49.6	3.0	16.0	91	71	91	
Burundi	548	58	22	0.16	111	250.3	2.59	22.9	9.1	7.2	34.7	42	179.9	65.4	5.2	12.6	90	77	90	
Cabo Verde	58	19	12	0.19	46	<0.1	0.71	17.2	11.3	5.6	25.0	69	99.5	4.1	0.5		98	88		
Cameroon	529	76	27	1.02	186	247.0	1.90	21.6	12.2	5.6	30.1	46	208.1	45.2	3.1	9.3	79		79	
Central African Republic	829	116	41	1.20	540	347.3	6.62	23.1	7.7	2.4	33.6	33	211.9	82.1	3.2		47		47	
Chad	1140	119	34	0.44	142	164.8	3.08	23.9	8.8	1.4	27.6	28	280.1	101.0	3.6	11.8	41			
Comoros	273	67	32	0.01	35	18.8	1.96	22.9	6.8	0.7	26.5	52	172.4	50.7	2.4	19.5	91			
Congo	378	50	20	1.03	375	235.1	4.11	16.7	5.9	9.3	27.4	39	130.7	38.7	1.2	16.1	75		73	
Cote d'Ivoire	617	81	34	0.70	142	330.6	3.04	29.1	14.5	2.7	23.6	47	269.1	47.2	3.9	13.0	82		81	
Democratic Republic of the Congo	473	88	28	0.21	321	319.8	1.43	19.4	5.7	1.0	33.7	41	163.9	59.8	3.2		81		81	
Equatorial Guinea	301	85	30	4.21	201	269.0	8.66	22.0	16.4	2.2	24.6	45	177.7	22.3	1.9		25			
Eritrea	480	42	18	0.15	89	28.9	0.74	23.9	7.9	1.4	25.3	38	173.7	45.6	4.2	7.2	95	88	95	
Eswatini	437	54	17	8.62	329	0.8	0.85	26.7	13.3	10.0	26.9	63	137.0	27.9	3.3	10.7	90	75	88	
Ethiopia	401	55	28	0.24	151	31.8	2.61	18.3	7.2	2.4	26.7	39	144.4	43.7	2.9	4.6	72		67	
Gabon	252	45	21	1.01	525	248.2	4.16	14.4	7.1	8.7	23.2	49	76.0	20.6	0.9		70			
Gambia	597	58	26	1.06	174	66.0	1.17	20.4	5.1	3.6	29.7	44	237.0	29.7	1.9	14.4	93	71	93	
Ghana	308	48	24	0.70	148	224.3	3.61	20.8	5.4	2.8	24.9	47	203.8	18.8	1.7	3.7	97	83	96	
Guinea	576	101	31	1.52	176	283.9	7.47	22.4	6.3	1.1	28.2	37	243.3	44.6	3.0		45			
Guinea-Bissau	667	81	37	1.43	361	123.3	2.12	20.0	4.0	5.4	31.1	40	214.7	35.3	2.2		88		88	
Kenya	342	41	20	1.02	292	70.1	0.86	13.4	3.2	2.8	27.8	55	78.1	51.2	1.8	11.8	92	45	81	
Lesotho	544	81	35	7.80	611		1.64	26.6	21.2	4.6	28.9	48	177.6	44.4	3.1	29.7	93	82	93	
Liberia	661	71	24	0.39	308	361.5	7.75	17.6	6.8	6.1	35.9	39	170.2	41.5	1.8	8.4	84		84	
Madagascar	335	54	21	0.24	233	82.4	4.36	22.9	3.9	2.0	28.6	28	159.6	30.2	3.3	28.9	75		75	
Malawi	349	50	22	2.28	181	213.6	3.03	16.4	3.7	3.6	31.0	46	115.0	28.3	2.0	12.8	92	72	92	
Mali	562	98	33	0.78	53	386.8	4.88	24.6	4.8	1.3	23.1	38	209.1	70.7	3.3	12.0	71		68	
Mauritania	766	76	33	0.03	93	39.4	4.29	18.1	4.4	<0.1	24.7	41	169.5	38.6	1.9		81		77	
Mauritius	61	16	9	0.70	13		0.61	22.6	7.8	4.3	13.7	63	38.3	0.6	0.1	26.9	97	99	96	81
Mozambique	289	73	28	5.25	551	305.4	3.67	18.4	4.9	2.3	30.1	46	110.0	27.6	2.9	14.4	80	59	80	
Namibia	195	40	16	2.82	524	26.7	0.66	21.3	8.7	5.4	30.4	62	145.0	13.3	1.5	17.9	89	50	61	
Niger	509	84	25	0.08	87	356.6	6.01	20.0	4.6	0.7	26.2	37	251.8	70.8	4.2	8.6	79	48	79	
Nigeria	917	120	36	0.65	219	291.9	2.61	22.5	9.5	10.8	21.4	42	307.4	68.6	3.0	4.8	57		57	
Rwanda	248	35	16	0.29	59	486.5	1.74	18.2	6.7	9.0	29.7	57	121.4	19.3	2.4	13.3	97	96	97	84
Sao Tome and Principe	130	31	14	0.07	124	13.9	1.36	18.5	2.3	5.9	27.5	55	162.4	11.4	0.9	5.4	95	76	95	95
Senegal	315	44	21	0.08	118	55.8	3.48	18.1	6.0	0.8	23.4	45	160.7	23.9	2.3	9.1	81	63	81	
Seychelles	53	14	9		18		0.15	21.2	9.3	20.5	15.9	71	49.3	0.2	0.6	21.1	99	97	16	99
Sierra Leone	1120	105	33	0.55	298	320.4	8.18	30.5	9.7	5.7		39	324.1	81.3	4.1	19.8	90	55	90	
South Africa	119	34	11	4.94	520	1.7	1.74	26.2	11.6	9.5	25.9	69	86.7	13.7	1.2	31.4	74	50	73	57
South Sudan	1150	99	40	1.56	146	235.9	21.13	19.8	3.7		29.9	31	165.1	63.3	4.0		49			
Togo	396	70	25	0.70	36	267.3	3.36	23.6	9.6	2.5	29.2	43	249.6	41.6	2.4	7.6	88		88	
Uganda	375	46	20	1.40	200	289.2	3.16	21.9	9.9	15.1	29.0	45	155.7	31.6	3.2	9.8	93		92	72
United Republic of Tanzania	524	53	21	1.41	253	124.3	1.69	17.9	5.4	11.3	29.2	43	139.0	38.4	2.7	13.3	98	84	98	16
Zambia	213	58	23	2.97	346	156.7	1.84	17.9	6.1	6.5		53	127.2	34.9	2.9	14.7	90	65	90	
Zimbabwe	458	46	21	2.79	210	51.0	4.38	19.3	10.7	4.7	34.7	54	133.0	24.6	2.2	13.9	89	78	89	

<sup>a</sup> Comparable estimates refer to country values of the same reference year, which may be adjusted or modelled to allow comparisons between countries and are produced for countries with underlying primary data and, in some cases, for those without. Refer to Annex 2 for the full set of SDG 3 indicators. Shading from blue to orange represents low to high for mortality, incidence and prevalence indicators; and from high to low for immunization coverage and service index indicators.

<sup>b</sup> per 100 000 live births

<sup>c</sup> per 1000 live births

<sup>d</sup> per 1000 uninfected population

<sup>e</sup> per 100 000 population

<sup>f</sup> per 1000 population at risk

<sup>g</sup> among children under 5 years (%)

<sup>h</sup> between ages 30-69 (%)

<sup>i</sup> litres of pure alcohol per capita ≥15 years

<sup>j</sup> age-standardized, per 100 000 population

<sup>k</sup> age-standardized, among adults 18+ (%)

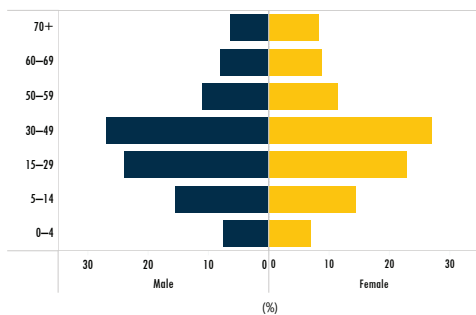
<sup>l</sup> among 1-year-olds (%)

<sup>m</sup> by the nationally recommended age (%)

<sup>n</sup> among 15 year-old girls (%)

## Key statistics

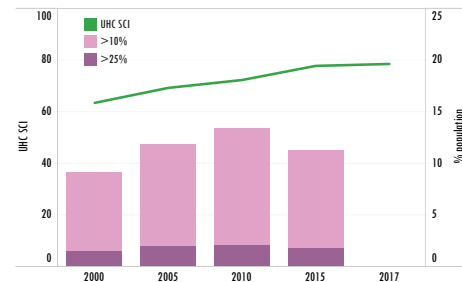
Population age distribution by sex, 2018



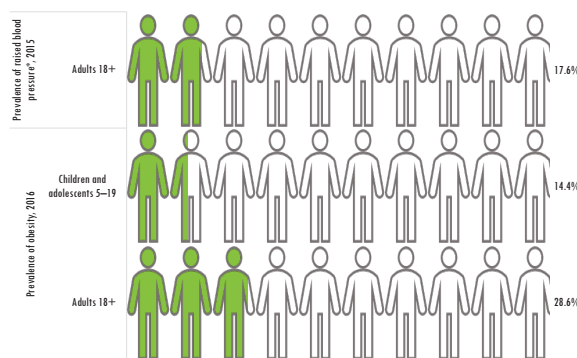
Life expectancy at birth by sex, 2016



UHC: Service Coverage Index (SDG 3.8.1) and population with OOP health spending exceeding 10% or 25% thresholds (SDG 3.8.2)



13th General Programme of Work 2019–2023: NCD risk factors



Note: \* Defined as systolic blood pressure of >140 mmHg and/or diastolic blood pressure >90 mmHg

## Trends and social inequalities in the risk of dying prematurely due to noncommunicable diseases in the Region of the Americas<sup>1</sup>

In the WHO Region of the Americas, noncommunicable diseases (NCDs) are major causes of death in the adult population. SDG 3.4.1 singles out four NCDs for priority action: cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. In 2016, the probability of dying between the ages of 30 and 70 years due to one of these four main NCDs was 17.8% for men and 12.6% for women. In countries of this Region during the Millennium Development Goals (MDGs) era (2000–2015), there was a steady reduction in the risk of dying due to any of these NCDs. In that period, the probability of dying between the ages of 30 and 70 years due to one of the four main NCDs declined by approximately 21% for both men and women. The annual average reduction for both sexes was 1.6%, which meant men remained at greater risk of dying of an NCD than women (Figure A1).

Modelling of the 2000–2016 data indicates a likely, further reduction of about 23% for men and women in the probability of dying between the ages of 30 and 70 years due to one of the four main NCDs during 2015–2030.<sup>2</sup> Since that would amount in less than the one-third reduction called for in SDG 3.4.1, countries of the Americas need to intensify their prevention and treatment efforts to limit premature mortality due to NCDs.

The premature mortality caused by NCDs continues to be disproportionately concentrated in the most socially disadvantaged countries, and that inequality is most apparent among women. An estimation of cross-country absolute and relative inequality show that this pattern changed little in the 2000–2010 period, but that the inequality reduced slowly from 2011 onwards.<sup>3</sup> Two favourable

trends therefore appear to be underway in the Region in relation to the SDG 3.4.1 indicator: a reduction regionally of the average premature mortality due to NCDs, and a reduction of absolute and relative inequality between countries. This points to increasingly equitable progress towards the SDG target.

Since income and wealth inequality in the Region of the Americas is among the highest in the world (4), it is important to explicitly apply an equity lens when assessing progress towards the health-related SDGs. That requires building the institutional capacity to measure and monitor social inequalities in health, and making use of survey microdata as well as disaggregated national and subnational administrative data to strengthen accountability so that greater equity can be achieved, fulfilling the commitment to 'leave no one behind'.



Note: In the lower two graphs, SI and CIx negative values account for negative inequality; i.e. the probability of dying was disproportionately concentrated among the most socially disadvantaged countries; the closer to zero (0), the lesser the inequality.

Sources: Global Health estimates 2016: deaths by cause, age, sex, by country and by region, 2000–2016. Geneva: World Health Organization; 2018 (6); Global human capital estimates 1990–2016 (average years of educational attainment, from 0 to 18 years). Seattle: Institute for Health Metrics and Evaluation; 2018 (7).

Fig. A1. Regional trends and cross-country educational inequalities in the probability of dying (%) between the ages of 30 years and 70 years from one of the four main non-communicable diseases (SDG 3.4.1). Region of the Americas (33 countries), 2000–2030.\*

\* Cross-country inequalities in premature NCD mortality were measured across the social hierarchy, as defined by the weighted average number of years of educational attainment of men and women aged 30 to 70 (over 5-year age groups). For information regarding the calculation of the Slope Index of Inequality (SI) and the Relative Concentration Index (RCI, or CIx) as summary measures of absolute and relative within-country inequality, refer to the WHO Handbook for health inequality monitoring (https://www.who.int/gho/health\_equality/handbook/en/) (5).

<sup>1</sup> Unless otherwise noted the data found here are from the Global Health estimates 2016: deaths by cause, age, sex, by country and by region, 2000–2016. Geneva: World Health Organization; 2018 (https://www.who.int/healthinfo/global\_burden\_disease/estimates/en/)

<sup>2</sup> Modelling undertaken by WHO/PAHO.

<sup>3</sup> The estimation was based on the 2000–2016 time series for the SDG 3.4.1 indicator and the weighted average number of years of education attained by men and women aged 30 to 70 years (an indicator of social capital used as an equity stratifier) for each country in the Region of the Americas.



## Summary of SDG 3 indicators for which country-level values are reported as comparable estimates<sup>a</sup>

Member State	3.1.1	3.2.1	3.2.2	3.3.1	3.3.2	3.3.3	3.3.4	3.4.1	3.4.2	3.5.2	3.6.1	3.8.1	3.9.1	3.9.2	3.9.3	3.a.1	3.b.1	3.b.1	3.b.1	3.b.1
	Maternal mortality ratio <sup>b</sup>	Under-five mortality rate <sup>c</sup>	Neonatal mortality rate <sup>c</sup>	New HIV infections <sup>d</sup>	Tuberculosis incidence <sup>e</sup>	Malaria incidence <sup>f</sup>	Hepatitis B prevalence <sup>g</sup>	Probability of dying from the four major NCDs <sup>h</sup>	Suicide mortality rate <sup>e</sup>	Alcohol consumption <sup>i</sup>	Road traffic mortality rate <sup>e</sup>	UHC service coverage index	Air pollution mortality rate <sup>j</sup>	WASH mortality rate <sup>e</sup>	Poisoning mortality rate <sup>e</sup>	Tobacco use prevalence <sup>k</sup>	DTP3 immunization <sup>l</sup>	MCV2 immunization <sup>m</sup>	PCV3 immunization <sup>l</sup>	HPV vaccine <sup>n</sup>
	2017	2018	2018	2018	2018	2018	2015	2016	2016	2018	2016	2017	2016	2016	2016	2018	2018	2018	2018	2018
Antigua and Barbuda	42	6	3	0.57	6.0		0.38	22.6	0.5	6.4	7.9	73	29.9	0.1	0.4		95	95		
Argentina	39	10	6	0.15	27		0.01	15.8	9.2	9.7	14.0	76	26.6	0.4	0.6	21.8	86	89	88	57
Bahamas	70	10	5	0.55	14		0.31	15.5	1.7	4.8		75	19.9	0.1	0.1	10.9	90	69	90	
Barbados	27	12	8	0.58	0.4		0.34	16.2	0.8	9.7	5.6	71	31.1	0.2	0.2	8.7	95	74	89	25
Belize	36	13	9	0.81	30	<0.1	1.49	22.1	4.7	6.2	28.3	64	68.6	1.0	0.5		96	91		64
Bolivia (Plurinational State of)	155	27	14	0.13	108	1.4	0.20	17.2	12.2	4.4	15.5	68	63.7	5.6	2.0		83	38	83	61
Brazil	60	14	8	0.26	45	5.1	0.07	16.6	6.5	7.4	19.7	79	29.9	1.0	0.2	16.5	83	69	84	69
Canada	10	5	3		5.6		1.03	9.8	12.5	8.9	5.8	89	7.0	0.4	0.3	17.5	91	87	81	83
Chile	13	7	5	0.27	18		0.28	12.4	10.6	9.1	12.5	70	25.3	0.2	0.2	44.7	95	93	93	75
Colombia	83	14	8	0.14	33	8.5	0.21	15.8	7.2	5.7	18.5	76	37.0	0.8	0.4	7.9	92	88	94	29
Costa Rica	27	9	6	0.21	10.0	<0.1	0.17	11.5	7.9	4.9	16.7	71	23.3	0.9	0.3	9.8	94	93	96	
Cuba	36	5	2	0.15	7.2		0.12	16.4	3.9	5.8	8.5	83	49.5	1.0	0.3	27.1	99	99		
Dominica		36	28	0.28	6.4		0.39			11.2	10.9						94	81		
Dominican Republic	95	29	19	0.26	45	0.1	0.34	19.0	9.9	6.7	34.6	74	43.0	2.2	0.4	9.4	94	31	70	6
Ecuador	59	14	7	0.13	44	3.3	0.32	13.0	7.1	4.2	21.3	77	24.5	0.6	0.6		85	74	85	91
El Salvador	46	14	7	0.11	70	0.0	0.57	14.0	13.7	3.9	22.2	76	41.9	2.0	0.2	12.7	81	85	75	
Grenada	25	15	10	0.25	2.1		0.47	21.4	1.7	9.5	9.3	72	45.3	0.3	0.4		96	74		
Guatemala	95	26	12	0.14	26	0.3	0.05	14.9	2.7	2.4	16.6	55	73.8	6.3	1.1		86	76	85	33
Guyana	169	30	18	0.51	83	44.4	0.95	30.5	29.2	6.9	24.6	72	107.8	3.6	0.7	12.2	95	84	91	9
Haiti	480	65	26	0.69	176	1.6	2.04	26.5	11.7	2.7		49	184.3	23.8	2.6	8.3	64	38	1	
Honduras	65	18	10	0.09	37	0.1	0.25	14.0	2.9	3.8	16.7	65	60.7	3.6	0.4		90	94	90	61
Jamaica	80	14	10		2.9		0.16	14.7	2.2	4.2	13.6	65	25.4	0.6	0.2	11.0	97	82		8
Mexico	33	13	8	0.08	23	0.3	0.04	15.7	5.1	5.0	13.1	76	36.7	1.1	0.4	13.9	88	99	88	99
Nicaragua	98	18	9	0.07	41	7.1	0.14	14.2	12.2	5.2		73	55.7	2.2	0.6		98	95	98	
Panama	52	15	8	0.32	52	0.2	0.22	13.0	4.3	8.0	14.3	79	25.8	1.9	0.4	6.9	88	99	92	69
Paraguay	84	20	11	0.16	43		0.65	17.5	9.5	7.6	22.7	69	57.5	1.5	0.3	12.8	88	83	94	56
Peru	88	14	7	0.10	123	4.7	0.24	12.6	4.9	6.4	13.5	71	63.9	1.3	0.9	9.6	84	66	82	68
Saint Kitts and Nevis		12	8	0.25	0.0		0.38			8.9							97	96		
Saint Lucia	117	17	12	0.31	3.2		0.39	18.8	7.8	10.6	35.4	68	30.0	0.6	0.2		95	68		
Saint Vincent and the Grenadines	68	16	10	0.89	6.3		0.42	23.2	2.4	9.1		71	47.6	1.3	0.2		97	99		4
Suriname	120	19	10	0.49	38	0.3	0.36	21.7	22.8	5.3	14.5	71	56.7	2.0	0.4		95	39		38
Trinidad and Tobago	67	18	12		21		0.43	21.3	13.6	6.7	12.1	74	38.6	0.1	0.2		99	92	99	14
United States of America	19	7	4		3.0		0.04	14.6	5.3	9.9	12.4	84	13.3	0.2	0.9	25.1	94	94	92	46
Uruguay	17	8	5	0.26	33		0.35	16.7	18.4	6.9	13.4	80	17.5	0.4	0.4	21.8	91	91	93	42
Venezuela (Bolivarian Republic of)	125	25	15		48	32.7	0.62	18.1	3.7	4.1	33.7	74	34.6	1.4	0.3		60	39	0	

<sup>a</sup> Comparable estimates refer to country values of the same reference year, which may be adjusted or modelled to allow comparisons between countries and are produced for countries with underlying primary data and, in some cases, for those without. Refer to Annex 2 for the full set of SDG 3 indicators. Shading from blue to orange represents low to high for mortality, incidence and prevalence indicators; and from high to low for immunization coverage and service index indicators.

<sup>b</sup> per 100 000 live births

<sup>e</sup> per 100 000 population

<sup>h</sup> between ages 30-69 (%)

<sup>k</sup> age-standardized, among adults 18+ (%)

<sup>n</sup> among 15 year-old girls (%)

<sup>c</sup> per 1000 live births

<sup>f</sup> per 1000 population at risk

<sup>i</sup> litres of pure alcohol per capita ≥15 years

<sup>l</sup> among 1-year-olds (%)

<sup>d</sup> per 1000 uninfected population

<sup>g</sup> among children under 5 years (%)

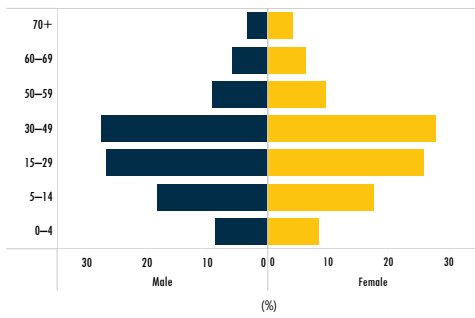
<sup>j</sup> age-standardized, per 100 000 population

<sup>m</sup> by the nationally recommended age (%)

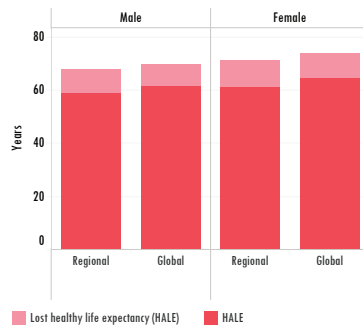
# South-East Asia Region

## Key statistics

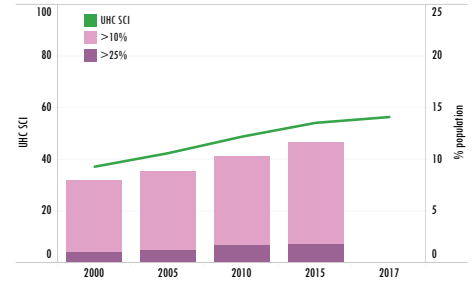
Population age distribution by sex, 2018



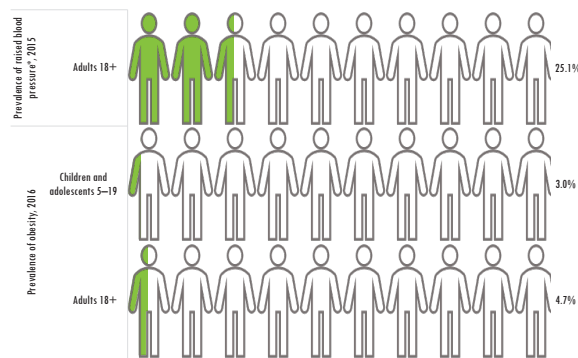
Life expectancy at birth by sex, 2016



UHC: Service Coverage Index (SDG 3.8.1) and population with OOP health spending exceeding 10% or 25% thresholds (SDG 3.8.2)



13th General Programme of Work 2019–2023: NCD risk factors



Note: \* Defined as systolic blood pressure of >140 mmHg and/or diastolic blood pressure >90 mmHg

## Steady improvements against SDG health indicators

Rates of maternal mortality and mortality among children under 5 years of age have declined significantly across the entire WHO South-East Asian Region since 2010 (8). Those improvements reflect expanding coverage of antenatal care among pregnant women, rising percentages of births being attended by skilled health professionals, and increasing coverage of basic immunization among children (<1 year old). Widening coverage of antiretroviral therapy continued to reduce the numbers of HIV-related deaths,<sup>1</sup> while deaths due to malaria have also decreased (9). Although deaths due to tuberculosis also declined (10), prevention and treatment activities need to intensify if the goal of elimination is to be achieved by 2030.

<sup>1</sup> Country-reported programme data, 2019.

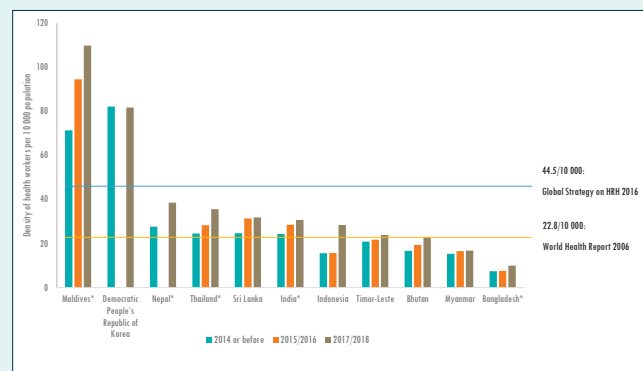
Prevention and control of NCDs have also improved, with many Member States introducing screening and treatment programmes for selected NCDs, including diabetes and hypertension. However, Member States are at different stages in developing and implementing multisectoral NCD plans. For example, almost 30% of hypertension cases in Thailand have been treated and controlled, compared with less than 10% of cases in several other countries in the region. More than half of the diabetes cases in Thailand have been treated, compared with less than 10% in Bhutan or Timor Leste (Figure A2) (11,12).

The overall progress in the region is being facilitated by the increasing density of health workers, which rose from 21.5 doctors, nurses and midwives per 10 000 population in 2014 to 27.1 per 10 000 population in 2017. Most countries in the region have surpassed the previous MDG-era WHO threshold of 22.8 health workers per 10 000 population (14) (Figure A3). However, the region is well short of the current SDG threshold of 44.5 per 10 000 population (15). Only two countries have surpassed the new threshold.



Note: \*For 15 selected states only, among people who were assessed to be hypertensive or diabetic at the time of the survey.  
Sources: Calculated from various WHO STEPS surveys or equivalent population-based surveys (respective years in parentheses by country) (11), and for Thailand (12) and Nepal (13).

Fig. A2. Diagnosis and treatment gaps for hypertension and diabetes in the WHO South-East Asia Region, by country



Note: \*National health professional and medical councils data.

Sources: Country data reported to the WHO Regional Office for South-East Asia, 2018–2019 (main data sources are Ministries of Health and national health professional councils).

Fig. A3. Trends in the availability of health workers in the WHO South-East Asia Region, by country

## Summary of SDG 3 indicators for which country-level values are reported as comparable estimates<sup>a</sup>

Member State	3.1.1	3.2.1	3.2.2	3.3.1	3.3.2	3.3.3	3.3.4	3.4.1	3.4.2	3.5.2	3.6.1	3.8.1	3.9.1	3.9.2	3.9.3	3.a.1	3.b.1	3.b.1	3.b.1	3.b.1
	Maternal mortality ratio <sup>b</sup>	Under-five mortality rate <sup>c</sup>	Neonatal mortality rate <sup>c</sup>	New HIV infections <sup>d</sup>	Tuberculosis incidence <sup>e</sup>	Malaria incidence <sup>f</sup>	Hepatitis B prevalence <sup>g</sup>	Probability of dying from the four major NCDs <sup>h</sup>	Suicide mortality rate <sup>e</sup>	Alcohol consumption <sup>i</sup>	Road traffic mortality rate <sup>e</sup>	UHC service coverage index	Air pollution mortality rate <sup>j</sup>	WASH mortality rate <sup>e</sup>	Poisoning mortality rate <sup>e</sup>	Tobacco use prevalence <sup>k</sup>	DTP3 immunization <sup>l</sup>	MCV2 immunization <sup>m</sup>	PCV3 immunization <sup>l</sup>	HPV vaccine <sup>n</sup>
	2017	2018	2018	2018	2018	2018	2015	2016	2016	2018	2016	2017	2016	2016	2016	2018	2018	2018	2018	2018
Bangladesh	173	30	17	0.01	221	0.7	1.38	21.6	5.9	<0.1	15.3	48	149.0	11.9	0.3	39.1	98	93	97	
Bhutan	183	30	16	0.11	149	<0.1	0.81	23.3	11.4	0.4	17.4	62	124.5	3.9	0.6		97	91		90
Democratic People's Republic of Korea	89	18	10		513	0.4	0.53	25.6	11.2	3.8		71	207.2	1.4	1.9	18.8	97	99		
India	145	37	23		199	5.3	0.51	23.3	16.3	5.5	22.6	55	184.3	18.6	2.4	27.0	89	80		6
Indonesia	177	25	13	0.17	316	3.9	1.07	26.4	3.4	0.6	12.2	57	112.4	7.1	0.4	37.9	79	67	8	1
Maldives	53	9	5		33		0.19	13.4	2.3	2.2	0.9	62	25.6	0.3	<0.1		99	99		
Myanmar	250	46	23	0.20	338	3.4	2.03	24.2	7.8	5.1	19.9	61	156.4	12.6	1.4	45.5	91	87	91	
Nepal	186	32	20	0.03	151	0.4	0.31	21.8	8.8	2.1	15.9	48	193.8	19.8	0.4	31.9	91	69	82	
Sri Lanka	36	7	4	0.01	64		0.64	17.4	14.6	4.1	14.9	66	79.8	1.2	0.4	22.9	99	99		67
Thailand	37	9	5	0.09	153	0.4	0.17	14.5	14.4	8.3	32.7	80	61.5	3.5	0.4	22.8	97	87		
Timor-Leste	142	46	20		498	0.0	0.87	19.9	4.6	2.2	12.7	52	139.8	9.9	0.4	38.2	83	54		

<sup>a</sup> Comparable estimates refer to country values of the same reference year, which may be adjusted or modelled to allow comparisons between countries and are produced for countries with underlying primary data and, in some cases, for those without. Refer to Annex 2 for the full set of SDG 3 indicators. Shading from blue to orange represents low to high for mortality, incidence and prevalence indicators; and from high to low for immunization coverage and service index indicators.

<sup>b</sup> per 100 000 live births

<sup>e</sup> per 100 000 population

<sup>h</sup> between ages 30-69 (%)

<sup>k</sup> age-standardized, among adults 18+ (%)

<sup>n</sup> among 15 year-old girls (%)

<sup>c</sup> per 1000 live births

<sup>f</sup> per 1000 population at risk

<sup>i</sup> litres of pure alcohol per capita ≥15 years

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<sup>d</sup> per 1000 uninfected population

<sup>g</sup> among children under 5 years (%)

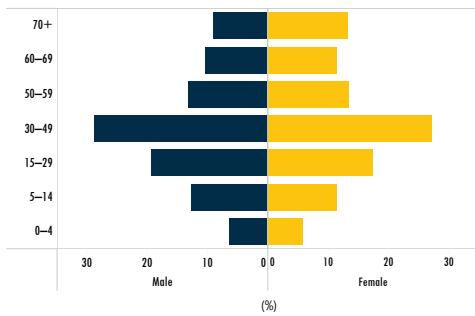
<sup>j</sup> age-standardized, per 100 000 population

<sup>m</sup> by the nationally recommended age (%)

# European Region

## Key statistics

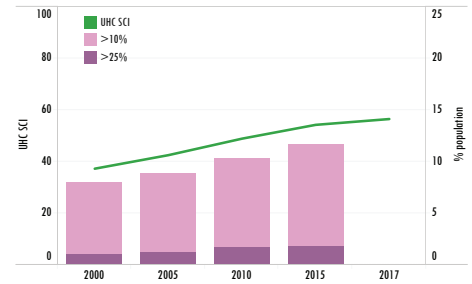
Population age distribution by sex, 2018



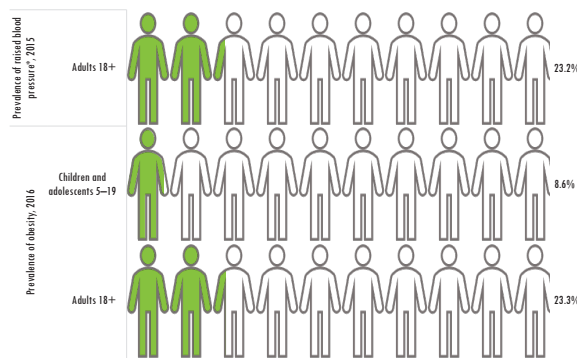
Life expectancy at birth by sex, 2016



UHC: Service Coverage Index (SDG 3.8.1) and population with OOP health spending exceeding 10% or 25% thresholds (SDG 3.8.2)



13th General Programme of Work 2019–2023: NCD risk factors



Note: \* Defined as systolic blood pressure of > 140 mmHg and/or diastolic blood pressure > 90 mmHg

## Context-specific monitoring supports progress towards universal health coverage in Europe

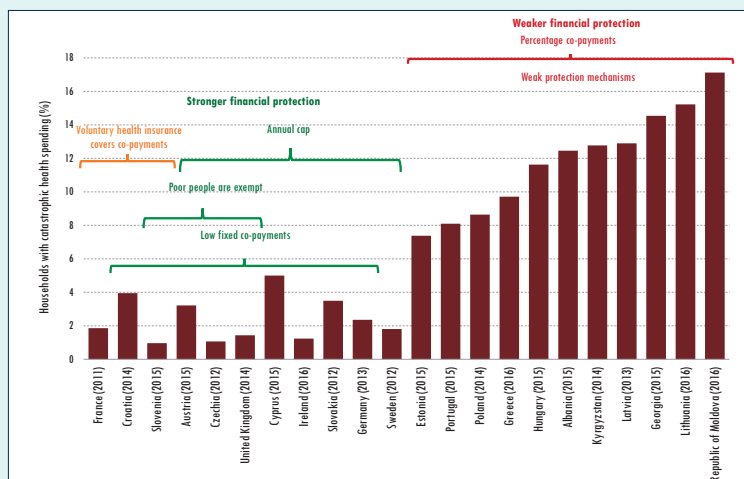
Financial protection is a key dimension of universal health coverage. The WHO European Region is monitoring financial protection by using an approach that revolves around three elements: (i) the use of metrics that are sensitive to financial hardship among people living in poverty; (ii) data on unmet need for health services; and (iii) country-level policy analysis (16).

Using this approach, recent analysis of financial protection in 24 countries has shown:

- out-of-pocket payments push people into poverty or make them even poorer – even in Europe’s richest countries – and are most likely to cause financial hardship in the poorest households;
- out-of-pocket payments for outpatient medicines are the main driver of financial hardship and they lead to unmet need among poorer people; and
- the design of co-payments (user charges) is a key determinant of financial protection.

The analysis shows that countries with a relatively low incidence of catastrophic health spending use a range of mechanisms to protect households against the impact of co-payments for outpatient medicines (Figure A4). Those mechanisms include co-payment exemptions for poor people, annual caps on co-payments, and low, fixed co-payments instead of percentage co-payments (i.e. whereby users pay a standard proportion of the medicine price). In contrast, countries with a high incidence of catastrophic health spending consistently rely on percentage co-payments. Although some of the latter countries do attempt to protect people from co-payments, the mechanisms they use are inadequate.

Combining statistical analysis with analysis of national policies provides policy-makers with evidence they can use to bring about improvements. By carefully redesigning their coverage policies, countries can reduce both unmet need and financial hardship for the people most in need of protection.



Note: Catastrophic health spending refers to out-of-pocket payments greater than 40% of the capacity to pay for health care. Capacity to pay for health care is defined as total household consumption minus a standard amount to cover basic needs (i.e. food, housing and utilities).

Source: WHO Regional Office for Europe (2019).

Fig. A4. Catastrophic incidence and the design of co-payments for outpatient medicines in the WHO European Region

## Summary of SDG 3 indicators for which country-level values are reported as comparable estimates<sup>a</sup>

Member State	3.1.1	3.2.1	3.2.2	3.3.1	3.3.2	3.3.4	3.4.1	3.4.2	3.5.2	3.6.1	3.8.1	3.9.1	3.9.2	3.9.3	3.a.1	3.b.1	3.b.1	3.b.1	3.b.1
	Maternal mortality ratio <sup>b</sup>	Under-five mortality rate <sup>c</sup>	Neonatal mortality rate <sup>c</sup>	New HIV infections <sup>d</sup>	Tuberculosis incidence <sup>e</sup>	Hepatitis B prevalence <sup>f</sup>	Probability of dying from the four major NCDs <sup>g</sup>	Suicide mortality rate <sup>e</sup>	Alcohol consumption <sup>h</sup>	Road traffic mortality rate <sup>e</sup>	UHC service coverage index	Air pollution mortality rate	WASH mortality rate <sup>e</sup>	Poisoning mortality rate <sup>e</sup>	Tobacco use prevalence <sup>j</sup>	DTP3 immunization <sup>k</sup>	MCV2 immunization <sup>l</sup>	PCV3 immunization <sup>k</sup>	HPV vaccine <sup>m</sup>
	2017	2018	2018	2018	2018	2015	2016	2016	2018	2016	2017	2016	2016	2016	2018	2018	2018	2018	2018
Albania	15	9	7		18	1.29	17.0	6.3	7.2	13.6	59	68.0	0.2	0.4	29.2	99	96	98	
Andorra		3	1		3.0	0.08				11.0					33.8	99	95	94	
Armenia	26	12	6	0.06	31	0.25	22.3	6.6	5.5	17.1	69	54.8	0.2	0.6	26.7	92	96	92	2
Austria	5	4	2		7.1	0.32	11.4	15.6	12.0	5.2	79	15.3	0.1	0.2	29.1	85	84		
Azerbaijan	26	22	11		63	0.27	22.2	2.6	4.4	8.7	65	63.9	1.1	0.6	19.6	95	96	95	
Belarus	2	3	1	0.22	31	0.20	23.7	26.2	11.4	8.9	76	60.7	0.1	2.6	26.6	97	98		
Belgium	5	4	2		9.0	0.18	11.4	20.7	11.1	5.8	84	15.7	0.3	0.2	25.0	98	85	94	67
Bosnia and Herzegovina	10	6	4	0.01	25	0.30	17.8	8.8	7.1	15.7	61	79.8	0.1	0.5	38.3	73	76		
Bulgaria	10	7	4	0.05	22	0.31	23.6	11.5	12.7	10.2	66	61.8	0.1	0.6	38.9	92	87	88	5
Croatia	8	5	3	0.02	8.4	0.11	16.7	16.5	9.2	8.1	71	35.5	0.1	0.2	36.6	93	95		
Cyprus	6	2	1		5.4	0.60	11.3	5.3	10.8	5.1	78	20.1	0.3	0.1	36.7	99	88	81	64
Czechia	3	3	2	0.05	5.4	0.39	15.0	13.1	14.4	5.9	76	29.6	0.2	0.3	31.5	96	84		
Denmark	4	4	3	0.02	5.4	0.79	11.3	12.8	10.3	4.0	81	13.2	0.3	0.1	18.6	97	90	96	54
Estonia	9	3	1	0.23	13	0.36	17.0	17.8	9.2	6.1	75	25.0	<0.1	0.5	30.5	92	88		44
Finland	3	2	1	0.04	4.7	1.05	10.2	15.9	10.8	4.7	78	7.2	<0.1	0.2	19.7	91	93	88	62
France	8	4	3	0.09	8.9	0.01	10.6	17.7	12.3	5.5	78	9.7	0.3	0.5	34.6	96	80	92	
Georgia	25	10	6	0.18	80	0.26	24.9	8.2	8.2	15.3	66	101.8	0.2	0.8	29.7	93	96	81	
Germany	7	4	2	0.03	7.3	0.24	12.1	13.6	12.9	4.1	83	16.0	0.6	0.2	28.0	93	93	84	31
Greece	3	4	3		4.5	0.37	12.4	5.0	10.2	9.2	75	27.6	<0.1	0.2	39.1	99	83	96	
Hungary	12	4	2	0.02	6.4	0.44	23.0	19.1	11.3	7.8	74	38.8	0.2	0.3	30.6	99	99	99	71
Iceland	4	2	1	0.05	2.7	0.88	9.1	14.0	9.1	6.6	84	8.7	0.1	0.2	13.8	91	95	90	85
Ireland	5	4	2	0.08	7.0	0.01	10.3	11.5	12.9	4.1	76	11.9	0.1	0.2	23.6	94		90	62
Israel	3	4	2	0.05	4.0	0.48	9.6	5.4	4.2	4.2	82	15.4	0.2	0.1	25.5	98	96	94	50
Italy	2	3	2	0.05	7.0	0.61	9.5	8.2	7.8	5.6	82	15.0	0.1	0.3	23.4	95	89	92	40
Kazakhstan	10	10	6	0.14	68	0.21	26.8	22.5	4.8	17.6	76	62.7	0.4	2.3	24.4	98	98	95	
Kyrgyzstan	60	19	13	0.09	116	0.50	24.9	8.3	6.3	15.4	70	110.7	0.8	0.6	27.9	94	96	92	
Latvia	19	4	2	0.19	29	0.51	21.9	21.2	12.8	9.3	71	41.3	<0.1	0.8	36.7	96	94	82	53
Lithuania	8	4	2		44	0.19	20.7	31.9	13.2	6.0	73	34.0	0.1	0.7	27.1	92	92	82	46
Luxembourg	5	2	1	0.09	8.0	0.24	10.0	13.5	12.9	8.3	83	11.6	<0.1	0.1	21.7	99	90	96	14
Malta	6	7	5		14	0.39	10.8	7.5	8.0	6.1	82	20.2	<0.1	0.1	25.1	97	95		81
Monaco		3	2		0.0	0.20										99	79		
Montenegro	6	3	2	0.08	15	0.65	20.6	10.3	11.5	10.7	68	78.6	<0.1	0.5		87	83		
Netherlands	5	4	2		5.3	0.04	11.2	12.6	9.6	3.8	86	13.7	0.2	0.1	23.4	93	89	93	46
North Macedonia	7	10	7	0.02	13	0.20	20.3	7.9	6.2	6.4	72	82.2	0.1	0.4		91	97		40
Norway	2	3	1	0.02	4.1	0.01	9.2	12.2	7.4	2.7	87	8.6	0.2	0.2	18.4	96	93	94	86
Poland	2	4	3	0.04	16	0.04	18.7	16.2	11.7	9.7	75	37.9	0.1	0.2	26.0	95	92	60	
Portugal	8	4	2	0.07	24	0.10	11.1	14.0	12.0	7.4	82	9.8	0.2	0.3	27.9	99	96	98	80
Republic of Moldova	19	16	12	0.25	86	0.65	24.9	15.9	11.4	9.7	69	78.3	0.1	1.2	25.3	93	96	94	
Romania	19	7	3	0.04	68	0.65	21.4	10.4	11.7	10.3	74	59.3	0.4	0.4	25.5	86	81		
Russian Federation	17	7	3		54	0.88	25.4	31.0	11.2	18.0	75	49.4	0.1	1.7	28.3	97	97	82	
San Marino		2	1		0.0	0.32				0.0						90	84	58	16
Serbia	12	6	3	0.02	17	0.11	19.1	15.6	8.7	7.4	65	62.5	0.7	0.3	40.6	96	90	48	
Slovakia	5	6	3	0.02	5.8	0.56	17.2	12.8	11.1	6.1	77	33.5	<0.1	0.4	32.3	96	97	96	
Slovenia	7	2	1		5.3	1.04	12.7	18.6	11.9	6.4	79	22.6	<0.1	0.3	22.7	93	94	60	45
Spain	4	3	2	0.07	9.4	0.19	9.9	8.7	12.7	4.1	83	9.9	0.2	0.2	27.9	93	94	93	69
Sweden	4	3	2		5.5	0.32	9.1	14.8	8.9	2.8	86	7.2	0.2	0.4	28.8	97	95	97	75
Switzerland	5	4	3		6.4	0.17	8.6	17.2	11.5	2.7	83	10.1	0.1	0.1	25.1	96	89	85	57
Tajikistan	17	35	15	0.09	84	0.71	25.3	2.5	3.3	18.1	68	129.3	2.7	1.2		96	97		
Turkey	17	11	5		16	0.32	16.1	7.3	2.0	12.3	74	46.6	0.3	0.3	29.3	98	87	97	
Turkmenistan	7	46	21		46	0.23	29.5	6.7	4.9	14.5	70	79.3	4.0	0.7		99	99		95
Ukraine	19	9	5	0.28	80	0.46	24.7	22.4	8.3	13.7	68	70.7	0.3	2.5	25.5	50	90		
United Kingdom	7	4	3		8.0	0.22	10.9	8.9	11.4	3.1	87	13.8	0.2	0.2	19.2	94	88	92	81
Uzbekistan	29	21	12	0.16	70	0.60	24.5	7.4	2.6	11.5	73	81.1	0.4	1.0	12.3	98	99	96	

<sup>a</sup> Comparable estimates refer to country values of the same reference year, which may be adjusted or modelled to allow comparisons between countries and are produced for countries with underlying primary data and, in some cases, for those without. Malaria incidence is not included in this graph because all countries in this region are certified malaria free, or considered to have eliminated malaria. Refer to Annex 2 for the full set of SDG 3 indicators. Shading from blue to orange represents low to high for mortality, incidence and prevalence indicators; and from high to low for immunization coverage and service index indicators.

<sup>b</sup> per 100 000 live births

<sup>e</sup> per 100 000 population

<sup>h</sup> litres of pure alcohol per capita ≥15 years

<sup>k</sup> among 1-year-olds (%)

<sup>c</sup> per 1000 live births

<sup>f</sup> among children under 5 years (%)

<sup>i</sup> age-standardized, per 100 000 population

<sup>l</sup> by the nationally recommended age (%)

<sup>d</sup> per 1000 uninfected population

<sup>g</sup> between ages 30-69 (%)

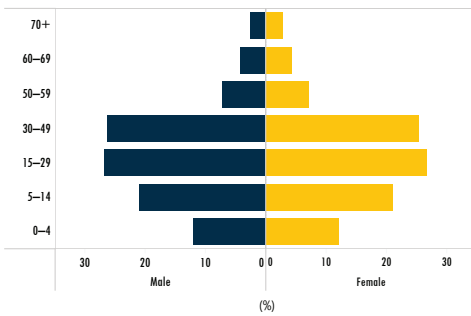
<sup>j</sup> age-standardized, among adults 18+ (%)

<sup>m</sup> among 15-year-old girls (%)

# Eastern Mediterranean Region

## Key statistics

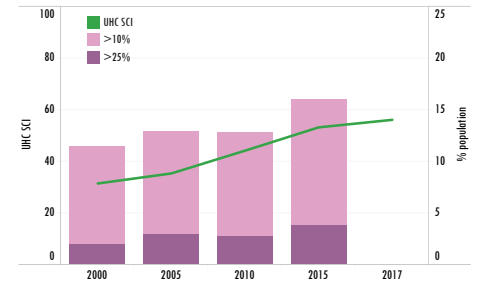
Population age distribution by sex, 2018



Life expectancy at birth by sex, 2016



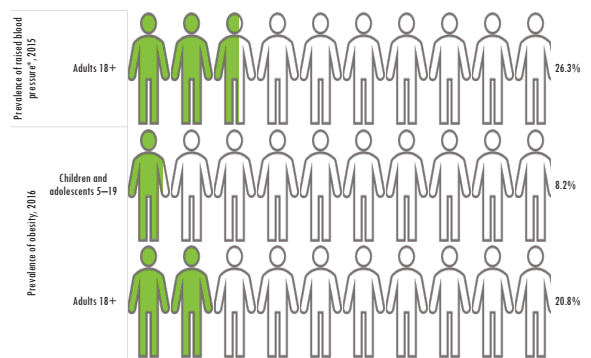
UHC: Service Coverage Index (SDG 3.8.1) and population with OOP health spending exceeding 10% or 25% thresholds (SDG 3.8.2)



### Treating TB in the Eastern Mediterranean Region

High coverage of appropriate tuberculosis (TB) treatment is a fundamental requirement for preventing TB-related illness and death, and for achieving the milestones and targets of the *End TB Strategy* (17). In the WHO Eastern Mediterranean Region, the gap between the number of notified new and relapse TB cases and the estimated number of incident TB cases each year has been narrowing (10). The coverage of TB treatment increased from 60% of estimated incidence in 2015 to 65% in 2018 across the region, and it exceeded 80% in several countries. The regional TB treatment success rate was the highest in the world (91% in 2017). This has enabled the region to reduce its estimated number of TB deaths from 88 200 in 2015 to 79 500 in 2018 (including HIV/AIDS-related deaths with TB as a contributory cause) – a 10% reduction. There is room for further improvement, as the incidence rate has declined by only 2.9% since 2015. The region is not on track to meet the 2020 End TB Strategy milestones of a 20% reduction in incidence rate and a 35% reduction in TB deaths.

13th General Programme of Work 2019–2023: NCD risk factors



Note: \* Defined as systolic blood pressure of >140 mmHg and/or diastolic blood pressure >90 mmHg

### Building stronger health information systems

Reliable and timely health information is essential for proper health management, evidence-based decision-making, optimal use of resources, and monitoring and evaluation of public health situations, actions and outcomes.

To strengthen their health information systems, countries in the WHO Eastern Mediterranean Region are reporting on a list of regional core indicators endorsed by the WHO Regional Committee in 2014 (18,19). The core indicators focus on three main areas: 1) monitoring health determinants and risks; 2) assessing health status, including morbidity and cause-specific mortality; and 3) assessing health system response.<sup>1</sup> In 2016, the total number of core indicators was increased to 75.

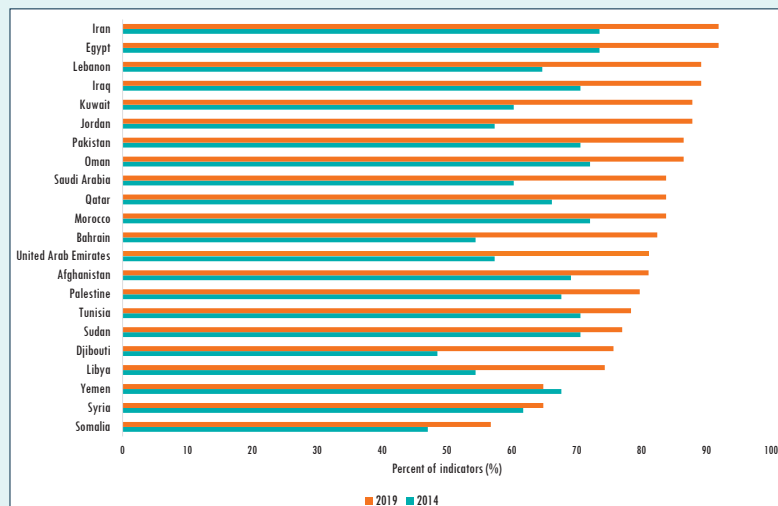
There has been remarkable improvement in reporting against those indicators. By 2019, countries were reporting on 57%–92% of the core indicators – an impressive feat, given that several countries were experiencing humanitarian

crises. Improvements from the 2014 baseline ranged from 3% to 30% across the region, with an average increase of 17% over the 2014–2019 period (Figure A5). Particularly notable increases in reporting (greater than 20%) were observed in Bahrain, Djibouti, Kuwait, Lebanon, Libya, Saudi Arabia and United Arab Emirates. Only one country saw a slight decline in the number of indicators it was able to report on.

Amid that progress, however, the core indicators programme is revealing limitations in the national health information systems in many countries. It therefore is now being augmented with other forms of support to enhance routine health information systems, as well as civil registration and vital statistics systems, surveys and collation of census data.

WHO continues to support countries in the region with health information system strategies and assessments, as well as with improving national death certification and analysis, and ICD coding to enhance the reporting of routine data.

<sup>1</sup> The full list of indicators is available in reference (20).



Source: (20).

Fig. A5. Reporting on regional core health and health-related SDG indicators, 2014–2019

## Summary of SDG 3 indicators for which country-level values are reported as comparable estimates<sup>a</sup>

Member State	3.1.1	3.2.1	3.2.2	3.3.1	3.3.2	3.3.3	3.3.4	3.4.1	3.4.2	3.5.2	3.6.1	3.8.1	3.9.1	3.9.2	3.9.3	3.a.1	3.b.1	3.b.1	3.b.1	3.b.1
	Maternal mortality ratio <sup>b</sup>	Under-five mortality rate <sup>c</sup>	Neonatal mortality rate <sup>c</sup>	New HIV infections <sup>d</sup>	Tuberculosis incidence <sup>e</sup>	Malaria incidence <sup>f</sup>	Hepatitis B prevalence <sup>g</sup>	Probability of dying from the four major NCDs <sup>h</sup>	Suicide mortality rate <sup>i</sup>	Alcohol consumption <sup>j</sup>	Road traffic mortality rate <sup>k</sup>	UHC service coverage index	Air pollution mortality rate <sup>l</sup>	WASH mortality rate <sup>e</sup>	Poisoning mortality rate <sup>e</sup>	Tobacco use prevalence <sup>k</sup>	DTP3 immunization <sup>l</sup>	MCV2 immunization <sup>m</sup>	PCV3 immunization <sup>l</sup>	HPV vaccine <sup>n</sup>
	2017	2018	2018	2018	2018	2018	2015	2016	2016	2018	2016	2017	2016	2016	2016	2018	2018	2018	2018	2018
Afghanistan	638	62	37	0.02	189	29.0	0.50	29.8	4.7	0.2	15.1	37	211.1	13.9	1.2		66	39	65	
Bahrain	14	7	3		11		0.18	11.3	5.9	1.1		77	40.1	<0.1	0.2	25.1	99	99	98	
Djibouti	248	59	32	0.57	260	35.2	0.64	19.6	6.7	0.4		47	159.0	31.3	2.4		84	81	84	
Egypt	37	21	11	0.04	12		0.80	27.7	4.0	0.4	9.7	68	108.9	2.0	0.2	21.4	95	94		
Iran (Islamic Republic of)	16	14	9	0.05	14	0.0	0.02	14.8	4.1	1.0	20.5	72	50.9	1.0	1.2	14.0	99	98		
Iraq	79	27	15		42		0.06	21.3	3.0	0.4	20.7	61	75.1	3.0	0.5	22.2	84	81	32	
Jordan	46	16	9	0.01	5.0		1.01	19.2	2.9	0.7	24.4	76	51.2	0.6	0.6		96	96		
Kuwait	12	8	4	0.04	23		0.11	17.4	2.3	<0.1	17.6	76	103.8	<0.1	0.2	22.1	99	99	99	
Lebanon	29	7	4	0.02	11		0.21	17.9	3.3	1.7	18.1	73	51.4	0.8	0.3	42.6	83	63	82	
Libya	72	12	6	0.07	40		0.27	20.1	5.2	<0.1	26.1	64	71.9	0.6	0.6		97	96	96	
Morocco	70	22	14	0.03	99		0.45	12.4	2.9	0.7	19.6	70	49.1	1.9	0.6	14.7	99	99	99	
Oman	19	11	5	0.07	5.9		0.44	17.8	3.9	0.8	16.1	69	53.9	<0.1	0.4	9.6	99	99	99	
Pakistan	140	69	42	0.11	265	3.4	2.75	24.7	2.9	0.3	14.3	45	173.6	19.6	2.3	20.0	75	67	79	
Qatar	9	7	4		31		0.20	15.3	6.6	1.6	9.3	68	47.4	<0.1	0.4	14.0	98	95	98	
Saudi Arabia	17	7	4		10.0	<0.1	0.30	16.4	3.2	0.2	28.8	74	83.7	0.1	0.7	16.6	96	97	98	
Somalia	829	122	38	0.03	262	34.3	10.54	21.8	4.7	<0.1	27.1	25	212.8	86.6	4.6		42			
Sudan	295	60	29	0.13	71	46.8	2.86	26.0	8.1	0.5	25.7	44	184.9	17.3	3.9		93	72	93	
Syrian Arab Republic	31	17	9	0.01	19		0.37	21.8	1.9	0.2	26.5	60	75.2	3.7	0.4		47	54		
Tunisia	43	17	11	0.02	35		0.76	16.1	3.4	2.1	22.8	70	56.1	1.0	0.5	26.0	97	99		
United Arab Emirates	3	8	4		1.0		0.08	16.8	2.8	3.9	18.1	76	54.7	<0.1	0.3	18.2	99	99	99	26
Yemen	164	55	27	0.04	48	45.8	2.54	30.6	8.5	0.1		42	194.2	10.2	3.8	20.9	65	46	64	

<sup>a</sup> Comparable estimates refer to country values of the same reference year, which may be adjusted or modelled to allow comparisons between countries and are produced for countries with underlying primary data and, in some cases, for those without. Refer to Annex 2 for the full set of SDG 3 indicators. Shading from blue to orange represents low to high for mortality, incidence and prevalence indicators; and from high to low for immunization coverage and service index indicators.

<sup>b</sup> per 100 000 live births

<sup>e</sup> per 100 000 population

<sup>h</sup> between ages 30-69 (%)

<sup>k</sup> age-standardized, among adults 18+ (%)

<sup>n</sup> among 15 year-old girls (%)

<sup>c</sup> per 1000 live births

<sup>f</sup> per 1000 population at risk

<sup>i</sup> litres of pure alcohol per capita ≥15 years

<sup>l</sup> among 1-year-olds (%)

<sup>d</sup> per 1000 uninfected population

<sup>g</sup> among children under 5 years (%)

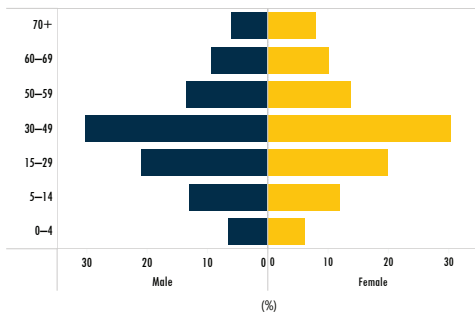
<sup>j</sup> age-standardized, per 100 00 population

<sup>m</sup> by the nationally recommended age (%)

# Western Pacific Region

## Key statistics

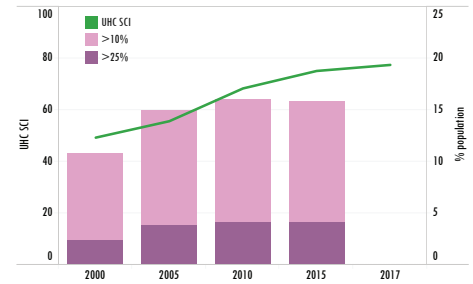
Population age distribution by sex, 2018



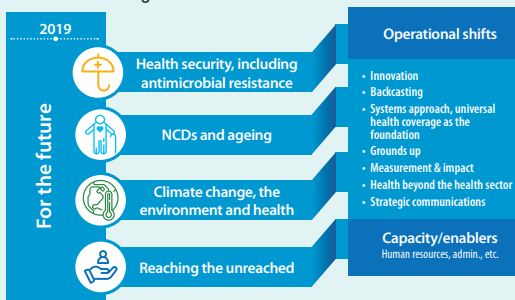
Life expectancy at birth by sex, 2016



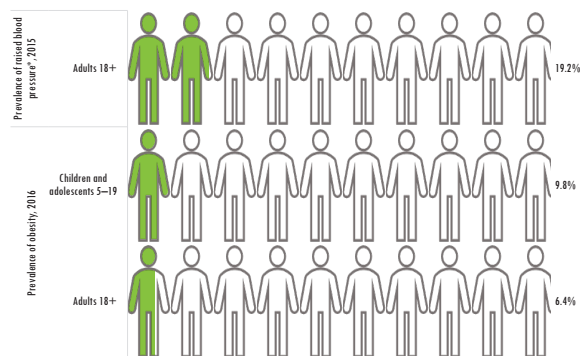
UHC: Service Coverage Index (SDG 3.8.1) and population with OOP health spending exceeding 10% or 25% thresholds (SDG 3.8.2)



At the Western Pacific Regional Committee Meeting in 2019, Member States endorsed 'For the Future' as a shared vision on how to implement GPW13 to address the challenges of tomorrow in making the Western Pacific Region the healthiest and safest region in the world.



13th General Programme of Work 2019–2023: NCD risk factors



Note: \* Defined as systolic blood pressure of >140 mmHg and/or diastolic blood pressure >90 mmHg

## Dealing with new health challenges in the Western Pacific Region

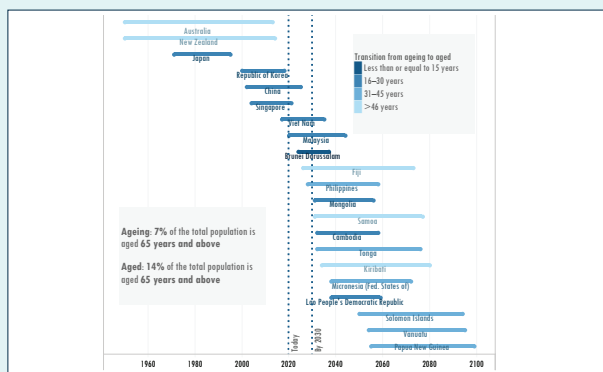
The Western Pacific Region is undergoing rapid changes, with unprecedented economic growth creating opportunities for healthier and longer lives. However, progress has also brought new health challenges: The emergence of new health security threats; an increase in NCDs; and environmental changes that put people's health at risk. Populations are also rapidly ageing: by 2030, at least 14% of the populations in six countries (Figure A6) and three areas (China, Hong Kong SAR; China, Macao SAR; Guam) in the region will be 65 years or older.

Rapid development has created new opportunities for some people, but has left others behind, fuelling health- and gender-related, as well as other inequities. An example of inequities among women are the differences in the access to family planning services (Figure A7). In addition, some parts of the region still face a high burden of infectious diseases and experience unacceptably high rates of child and maternal mortality.

Nevertheless, Member States in the region have made extraordinary progress in public health. Notably, the number of people benefiting from essential health services has steadily increased during the past two decades. There is strong recognition of the need to act today to address the challenges of tomorrow. The WHO Regional Office for the Western Pacific focuses on the four priorities set out in its vision paper *For the future: towards the healthiest and safest region* (21), which reflect the region's unique context:

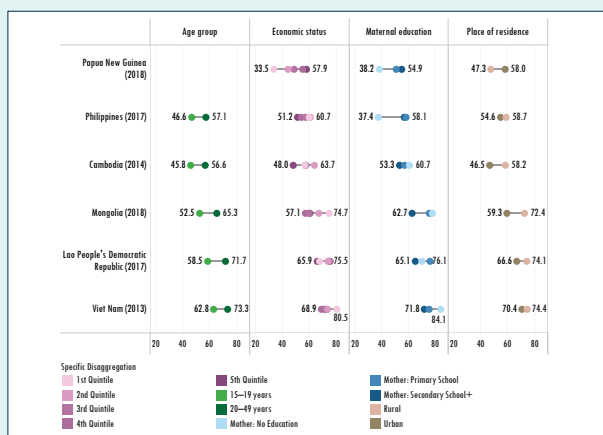
- health security, including antimicrobial resistance;
- NCDs and ageing;
- climate change, the environment and health; and
- reaching the unreached.

The 37 countries and areas in the Western Pacific are remarkably diverse, but these concerns unite them all. By working together, the greatest progress can be achieved.



Source: World Population Prospects, United Nations, Department of Economic and Social Affairs, Population Division (2020) (22).

Fig. A6. Speed of ageing in the WHO Western Pacific Region: time taken from an ageing to an aged society, by country



Source: Health equity monitoring database (23); Papua New Guinea: Demographic and Health Survey (2016–18) (24); Lao People's Democratic Republic: Social Indicator Survey 2017 (25); Mongolia: Social indicator sample survey 2018 (26). <https://www.washdata.org/sites/default/files/documents/reports/2019-10/Mongolia-2018-MICS-report.pdf>

Fig. A7. Proportion of married or in-union women of reproductive age who had their need for family planning satisfied with modern methods, selected countries in the WHO Western Pacific Region



## Summary of SDG 3 indicators for which country-level values are reported as comparable estimates<sup>a</sup>

Member State	3.1.1 Maternal mortality ratio <sup>b</sup>	3.2.1 Under-five mortality rate <sup>c</sup>	3.2.2 Neonatal mortality rate <sup>c</sup>	3.3.1 New HIV infections <sup>d</sup>	3.3.2 Tuberculosis incidence <sup>e</sup>	3.3.3 Malaria incidence <sup>f</sup>	3.3.4 Hepatitis B prevalence <sup>g</sup>	3.4.1 Probability of dying from the four major NCDs <sup>h</sup>	3.4.2 Suicide mortality rate <sup>i</sup>	3.5.2 Alcohol consumption <sup>j</sup>	3.6.1 Road traffic mortality rate <sup>k</sup>	3.8.1 UHC service coverage index <sup>l</sup>	3.9.1 Air pollution mortality rate <sup>m</sup>	3.9.2 WASH mortality rate <sup>e</sup>	3.9.3 Poisoning mortality rate <sup>e</sup>	3.a.1 Tobacco use prevalence <sup>k</sup>	3.b.1 DTP3 immunization <sup>l</sup>	3.b.1 MCV2 immunization <sup>m</sup>	3.b.1 PCV3 immunization <sup>l</sup>	3.b.1 HPV vaccine <sup>n</sup>
	2017	2018	2018	2018	2018	2018	2015	2016	2016	2018	2016	2017	2016	2016	2016	2018	2018	2018	2018	2018
Australia	6	4	2	0.04	6.6		0.15	9.1	13.2	10.5	5.6	87	8.4	0.1	0.2	16.2	95	93	95	80
Brunei Darussalam	31	12	5		68		0.34	16.6	4.6	0.5		81	13.3	<0.1	0.3	15.5	99	98		89
Cambodia	160	28	14	0.05	302	23.7	0.56	21.1	5.3	6.6	17.8	60	149.8	6.5	0.6	21.8	92	70	84	
China	29	9	4		61	0.0	0.83	17.0	9.7	7.0	18.2	79	112.7	0.6	1.4	24.7	99	99		
Cook Islands		8	4		0.0		0.22				17.3					26.6	99	99		99
Fiji	34	26	11		54		0.34	30.6	5.0	3.3	9.6	64	99.0	2.9	0.4	26.7	99	94	99	46
Japan	5	2	1	0.01	14		1.95	8.4	18.5	8.0	4.1	83	11.9	0.2	0.4	21.9	99	93	98	<1
Kiribati	92	53	23		349		3.65	28.4	4.4	0.5	4.4	41	140.2	16.7	2.6	52.0	95	79	94	
Lao People's Democratic Republic	185	47	23	0.08	162	4.2	1.94	27.0	8.6	10.7	16.6	51	188.5	11.3	0.9	37.8	68	57	56	
Malaysia	29	8	4	0.18	92	0.0	0.17	17.2	5.5	0.9	23.6	73	47.4	0.4	0.5	21.8	99	99		83
Marshall Islands		33	15		434		1.56										81	61	67	28
Micronesia (Federated States of)	88	31	16		108		0.89	26.1	11.1	2.5	1.9	47	151.8	3.6	1.0		75	48	67	60
Mongolia	45	16	9	0.01	428		1.72	30.2	13.0	8.2	16.5	62	155.9	1.3	1.6	27.6	99	98	26	
Nauru		32	20		54		2.11			3.7						52.1	90	94		
New Zealand	9	6	3	0.03	7.3		1.20	10.1	12.1	10.6	7.8	87	7.2	0.1	0.2	14.8	93	90	96	58
Niue		24	12		71		0.24			10.7							99	99	99	
Palau		18	9		109		0.21									23.7	95	75	89	48
Papua New Guinea	145	48	22	0.26	432	184.5	2.24	30.0	6.0	1.4	14.2	40	152.0	16.3	1.7		61		43	
Philippines	121	28	14	0.13	554	0.2	1.07	26.8	3.2	6.9	12.3	61	185.2	4.2	0.2	24.3	65	40	43	1
Republic of Korea	11	3	1		66	0.1	0.69	7.8	26.9	9.7	9.8	86	20.5	1.8	0.5	22.0	98	97	97	63
Samoa	43	16	8		6.4		1.05	20.6	4.4	2.7	11.3	58	85.0	1.5	0.5	28.9	34	13		
Singapore	8	3	1	0.04	47		0.47	9.3	9.9	2.0	2.8	86	25.9	0.1	0.1	16.5	96	84	82	<1
Solomon Islands	104	20	8		74	133.6	2.93	23.8	4.7	1.8	17.4	47	137.0	6.2	0.9	37.9	85	54	84	
Tonga	52	16	7		10.0		2.35	23.3	3.5	0.8	16.8	58	73.3	1.4	1.3	30.2	81	85		
Tuvalu		24	16		270		0.70			1.5						48.7	89	81		
Vanuatu	72	26	12		46	4.0	8.48	23.3	4.5	2.2	15.9	48	135.6	10.4	0.9	24.1	85			
Viet Nam	43	21	11	0.06	182	0.1	1.20	17.1	7.3	8.7	26.4	75	64.5	1.6	0.9		75	90		

<sup>a</sup> Comparable estimates refer to country values of the same reference year, which may be adjusted or modelled to allow comparisons between countries and are produced for countries with underlying primary data and, in some cases, for those without. Refer to Annex 2 for the full set of SDG 3 indicators. Shading from blue to orange represents low to high for mortality, incidence and prevalence indicators; and from high to low for immunization coverage and service index indicators.

<sup>b</sup> per 100 000 live births

<sup>e</sup> per 100 000 population

<sup>h</sup> between ages 30-69 (%)

<sup>k</sup> age-standardized, among adults 18+ (%)

<sup>n</sup> among 15 year-old girls (%)

<sup>c</sup> per 1000 live births

<sup>f</sup> per 1000 population at risk

<sup>i</sup> litres of pure alcohol per capita ≥15 years

<sup>l</sup> among 1-year-olds (%)

<sup>d</sup> per 1000 uninfected population

<sup>g</sup> among children under 5 years (%)

<sup>j</sup> age-standardized, per 100 000 population

<sup>m</sup> by the nationally recommended age (%)

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# ANNEX 2

## Tables of health statistics by country, WHO region and globally

### Explanatory notes

The statistics shown below represent official World Health Organization (WHO) statistics for selected health-related Sustainable Development Goal (SDG) indicators and selected *13th General Programme of Work* (GPW13) indicators, based on evidence available in early 2020. In addition, summary measures of health, such as (healthy) life expectancy and basic demographic statistics, are included to provide a general indication of the current situation.

These statistics have been compiled primarily from publications and databases produced and maintained by WHO, or United Nations (UN) groups of which WHO is a member. Some statistics have been derived from data produced and maintained by other international organizations and in each instance the source of the data series is provided.

The type of data used for each data series (comparable estimate or primary data) is also provided (1). Comparable estimates are subject to considerable uncertainty, especially for countries where the availability and quality of the underlying primary data are limited. Uncertainty intervals and other details on the indicators and statistics presented here can be found at the WHO Global Health Observatory.<sup>1</sup>

The availability of the underlying data is indicated in the annex table of SDGs/GPW13 indicators for country values.<sup>2</sup> Indicators that are of primary data type are formatted in bold font if the reference year is 2015 or later, and shown in normal font if the reference year is between 2010 and 2014. For comparable estimates, data are formatted in bold font if they were based on underlying primary data from four years preceding the estimate year, in normal font if they were based on underlying primary data outside of the four preceding years and using a faded font if they lacked direct underlying primary data since 2000. The accompanying footnotes provide more details.

Although every effort has been made to maximize the comparability of statistics across countries and over time, 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; the accompanying footnotes provide 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; where this is the case, proxy indicators have been clearly indicated as such through accompanying footnotes.

Unless otherwise stated, the WHO regional and global aggregates for rates and ratios are presented as weighted averages when relevant, whereas for absolute numbers they are the sums. Aggregates are shown only if data are available for at least 50% of the population (or other denominator) within an indicated group. For indicators with a reference period expressed as a range, aggregates are for the reference period shown in the corresponding table column heading above the WHO regional values. Some WHO regional and global aggregates may include country estimates that are not individually reported.

Changes in the values shown for indicators reported 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 and primary 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 that data is not applicable or not available.

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<sup>1</sup> The Global Health Observatory (GHO) is a WHO online portal that provides access to data and analyses for monitoring the global health situation (available at <https://www.who.int/gho/en/>).

<sup>2</sup> Excludes total population, life expectancy and healthy life expectancy indicators that are not official SDG or GPW13 indicators.

## ANNEX 2

### Part 1

Member State	Total population <sup>a</sup> (000s)			Life expectancy at birth <sup>b,c</sup> (years)			Healthy life expectancy at birth <sup>b,c</sup> (years)		
	Comparable estimates			Comparable estimates			Comparable estimates		
	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes
	2018			2016			2016		
Afghanistan	19 093	18 079	37 172	61.0	64.5	62.6	52.1	54.1	53.0
Albania	1 468	1 414	2 883	74.3	78.6	76.4	66.7	69.6	68.1
Algeria	21 332	20 896	42 228	75.4	77.4	76.4	65.4	65.6	65.5
Andorra	-	-	77	-	-	-	-	-	-
Angola	15 241	15 568	30 810	60.3	64.9	62.6	53.8	57.7	55.8
Antigua and Barbuda	46	50	96	72.5	77.5	75.0	65.2	68.8	67.0
Argentina	21 632	22 729	44 361	73.5	80.3	76.9	65.9	70.7	68.4
Armenia	1 389	1 563	2 952	71.2	78.1	74.8	63.6	68.7	66.3
Australia	12 399	12 499	24 898	81.0	84.8	82.9	71.8	74.1	73.0
Austria	4 372	4 519	8 891	79.4	84.2	81.8	70.9	73.9	72.4
Azerbaijan	4 963	4 986	9 950	70.3	75.7	73.1	62.8	66.9	64.9
Bahamas	187	198	386	72.6	78.6	75.7	64.7	68.8	66.8
Bahrain	999	570	1 569	78.6	79.6	79.1	68.3	67.6	68.1
Bangladesh	81 677	79 700	161 377	71.1	74.4	72.7	62.6	64.1	63.3
Barbados	139	148	287	73.1	78.0	75.6	65.4	68.5	67.0
Belarus	4 400	5 053	9 453	68.8	79.2	74.2	61.4	69.3	65.5
Belgium	5 673	5 809	11 482	78.8	83.5	81.1	70.2	73.0	71.6
Belize	191	192	383	67.9	73.4	70.5	60.7	64.5	62.5
Benin	5 731	5 754	11 485	59.7	62.4	61.1	52.5	54.4	53.5
Bhutan	400	355	754	70.4	70.8	70.6	60.8	60.5	60.7
Bolivia (Plurinational State of)	5 701	5 652	11 353	69.1	74.0	71.5	61.3	64.8	63.0
Bosnia and Herzegovina	1 628	1 696	3 324	74.8	79.8	77.3	64.9	69.4	67.2
Botswana	1 088	1 166	2 254	63.6	68.4	66.1	55.2	59.5	57.5
Brazil	102 996	106 473	209 469	71.4	78.9	75.1	63.4	68.7	66.0
Brunei Darussalam	223	206	429	75.3	77.6	76.4	67.0	68.8	67.9
Bulgaria	3 426	3 626	7 052	71.4	78.4	74.9	63.5	69.2	66.4
Burkina Faso	9 857	9 895	19 751	59.6	60.9	60.3	52.7	53.1	52.9
Burundi	5 541	5 635	11 175	58.5	61.8	60.1	51.2	54.0	52.6
Cabo Verde	273	271	544	71.1	75.0	73.2	63.1	65.8	64.5
Cambodia	7 930	8 320	16 250	67.3	71.2	69.4	59.4	62.1	60.8
Cameroon	12 607	12 609	25 216	56.7	59.4	58.1	50.1	52.0	51.1
Canada	18 392	18 682	37 075	80.9	84.7	82.8	72.0	74.3	73.2
Central African Republic	2 313	2 354	4 666	51.7	54.4	53.0	43.9	45.9	44.9
Chad	7 726	7 752	15 478	53.1	55.4	54.3	46.5	48.0	47.2
Chile	9 228	9 501	18 729	76.5	82.4	79.5	67.9	71.5	69.7
China	736 377	699 274	1 435 651	75.0	77.9	76.4	68.0	69.3	68.7
Colombia	24 371	25 290	49 661	71.5	78.8	75.1	64.4	69.8	67.1
Comoros	420	412	832	62.3	65.5	63.9	55.4	57.8	56.6
Congo	2 619	2 626	5 244	63.0	65.6	64.3	55.9	57.6	56.7
Cook Islands	-	-	18	-	-	-	-	-	-
Costa Rica	2 499	2 500	4 999	77.0	82.2	79.6	69.1	72.7	70.9
Côte d'Ivoire	12 655	12 414	25 069	-	-	-	-	-	-
Croatia	2 001	2 155	4 156	75.0	81.5	78.2	66.4	71.7	69.0
Cuba	5 631	5 707	11 338	76.8	81.3	79.0	68.4	71.4	69.9
Cyprus	595	594	1 189	78.4	83.1	80.7	71.9	74.8	73.3
Czechia	5 247	5 419	10 666	76.2	82.1	79.1	67.0	71.6	69.3
Democratic People's Republic of Korea	12 495	13 054	25 550	68.2	75.5	71.9	62.1	66.9	64.6
Democratic Republic of the Congo	41 952	42 116	84 068	58.9	62.0	60.5	51.3	53.8	52.5
Denmark	2 860	2 892	5 752	79.3	83.2	81.2	70.7	73.0	71.8
Djibouti	505	454	959	62.2	65.5	63.8	55.3	57.9	56.6
Dominica	-	-	72	-	-	-	-	-	-
Dominican Republic	5 313	5 314	10 627	70.6	76.7	73.5	63.1	67.5	65.2
Ecuador	8 547	8 537	17 084	74.1	78.9	76.5	66.1	69.7	67.9
Egypt	49 733	48 690	98 424	68.2	73.0	70.5	59.9	62.4	61.1
El Salvador	3 010	3 410	6 421	69.0	78.1	73.7	61.7	69.0	65.5
Equatorial Guinea	727	582	1 309	57.9	61.7	59.5	52.5	55.3	53.8
Eritrea	1 730	1 722	3 453	62.9	67.1	65.0	56.0	59.0	57.4

3.1		3.2		3.3					Member State
Maternal mortality ratio <sup>a</sup> (per 100 000 live births)	Proportion of births attended by skilled health personnel <sup>e</sup> (%)	Under-five mortality rate <sup>f</sup> (per 1000 live births)	Neonatal mortality rate <sup>f</sup> (per 1000 live births)	New HIV infections <sup>g</sup> (per 1000 uninfected population)	Tuberculosis incidence <sup>h</sup> (per 100 000 population)	Malaria incidence <sup>i</sup> (per 1000 population at risk)	Hepatitis B surface antigen (HBsAg) prevalence among children under 5 years <sup>j</sup> (%)	Reported number of people requiring interventions against NTDs <sup>k</sup>	
Comparable estimates	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	
2017	2010–2019	2018	2018	2018	2018	2018	2015	2018	
638	59	62	37	0.02	189	29.0	0.50	14 834 701	Afghanistan
15	100	9	7	-	18	-	1.29	47	Albania
112	97	23	15	0.03	69	-	0.22	10 909	Algeria
-	100 <sup>al</sup>	3	1	-	3.0	-	0.08	0	Andorra
241	47	77	28	1.01	355	228.9	4.85	15 220 708	Angola
42	100 <sup>al</sup>	6	3	0.57	6.0	-	0.38	1 201	Antigua and Barbuda
39	94	10	6	0.15	27	-	0.01	162 233	Argentina
26	100 <sup>al</sup>	12	6	0.06	31	-	0.25	39 149	Armenia
6	97 <sup>am</sup>	4	2	0.04	6.6	-	0.15	20 123	Australia
5	98 <sup>am</sup>	4	2	-	7.1	-	0.32	41	Austria
26	99 <sup>al</sup>	22	11	-	63	-	0.27	1 655 112	Azerbaijan
70	99 <sup>al</sup>	10	5	0.55	14	-	0.31	10	Bahamas
14	100 <sup>al</sup>	7	3	-	11	-	0.18	1	Bahrain
173	53 <sup>al</sup>	30	17	0.01	221	0.7	1.38	56 339 394	Bangladesh
27	99 <sup>al</sup>	12	8	0.58	0.4	-	0.34	67	Barbados
2	100 <sup>al</sup>	3	1	0.22	31	-	0.20	0	Belarus
5	-	4	2	-	9.0	-	0.18	1	Belgium
36	94 <sup>al</sup>	13	9	0.81	30	<0.1	1.49	2 158	Belize
397	78	93	31	0.34	56	386.2	5.55	5 685 180	Benin
183	96 <sup>al</sup>	30	16	0.11	149	<0.1	0.81	222 639	Bhutan
155	72 <sup>am</sup>	27	14	0.13	108	1.4	0.20	194 759	Bolivia (Plurinational State of)
10	100	6	4	0.01	25	-	0.30	0	Bosnia and Herzegovina
144	100 <sup>am</sup>	36	24	4.36	275	0.6	0.19	238 203	Botswana
60	99 <sup>am</sup>	14	8	0.26	45	5.1	0.07	9 489 512	Brazil
31	100 <sup>al</sup>	12	5	-	68	-	0.34	1	Brunei Darussalam
10	100	7	4	0.05	22	-	0.31	1	Bulgaria
320	80	76	25	0.12	48	398.7	4.29	10 152 760	Burkina Faso
548	85	58	22	0.16	111	250.3	2.59	5 484 235	Burundi
58	92	19	12	0.19	46	<0.1	0.71	125 137	Cabo Verde
160	89 <sup>al</sup>	28	14	0.05	302	23.7	0.56	4 182 394	Cambodia
529	69 <sup>al</sup>	76	27	1.02	186	247.0	1.90	16 537 416	Cameroon
10	98 <sup>am</sup>	5	3	-	5.6	-	1.03	0	Canada
829	40	116	41	1.20	540	347.3	6.62	3 300 000	Central African Republic
1140	24 <sup>al</sup>	119	34	0.44	142	164.8	3.08	6 233 571	Chad
13	100	7	5	0.27	18	-	0.28	25	Chile
29	100 <sup>al</sup>	9	4	-	61	0.0	0.83	26 378 300	China
83	99	14	8	0.14	33	8.5	0.21	3 350 646	Colombia
273	82	67	32	0.01	35	18.8	1.96	828 148	Comoros
378	91	50	20	1.03	375	235.1	4.11	1 323 442	Congo
-	-	8	4	-	0.0	-	0.22	0	Cook Islands
27	99	9	6	0.21	10	<0.1	0.17	4 017	Costa Rica
617	74	81	34	0.70	142	330.6	3.04	21 002 613	Côte d'Ivoire
8	100	5	3	0.02	8.4	-	0.11	1	Croatia
36	100 <sup>am</sup>	5	2	0.15	7.2	-	0.12	2 348	Cuba
6	98 <sup>am</sup>	2	1	-	5.4	-	0.60	2	Cyprus
3	100 <sup>am</sup>	3	2	0.05	5.4	-	0.39	3	Czechia
89	100	18	10	-	513	0.4	0.53	5 459 159	Democratic People's Republic of Korea
473	80	88	28	0.21	321	319.8	1.43	52 756 552	Democratic Republic of the Congo
4	95 <sup>am</sup>	4	3	0.02	5.4	-	0.79	0	Denmark
248	87 <sup>al</sup>	59	32	0.57	260	35.2	0.64	110 561	Djibouti
-	100 <sup>al</sup>	36	28	0.28	6.4	-	0.39	562	Dominica
95	100 <sup>am</sup>	29	19	0.26	45	0.1	0.34	2 700 201	Dominican Republic
59	96	14	7	0.13	44	3.3	0.32	5 060	Ecuador
37	92	21	11	0.04	12	-	0.80	5 066 393	Egypt
46	100	14	7	0.11	70	0.0	0.57	1 443 743	El Salvador
301	68 <sup>al</sup>	85	30	4.21	201	269.0	8.66	429 326	Equatorial Guinea
480	34	42	18	0.15	89	28.9	0.74	956 062	Eritrea

## ANNEX 2

### Part 1

Member State	Total population <sup>a</sup> (000s)			Life expectancy at birth <sup>b,c</sup> (years)			Healthy life expectancy at birth <sup>b,c</sup> (years)		
	Comparable estimates			Comparable estimates			Comparable estimates		
	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes
	2018			2016			2016		
Estonia	624	699	1 323	73.0	82.1	77.8	64.6	71.4	68.2
Eswatini	555	581	1 136	-	-	-	-	-	-
Ethiopia	54 635	54 589	109 224	63.7	67.3	65.5	56.1	58.9	57.5
Fiji	448	436	883	67.1	73.1	69.9	59.6	63.3	61.3
Finland	2 721	2 801	5 523	78.7	84.2	81.4	69.8	73.5	71.7
France	31 466	33 525	64 991	80.1	85.7	82.9	71.8	74.9	73.4
Gabon	1 079	1 040	2 119	64.8	68.2	66.4	57.8	59.7	58.7
Gambia	1 131	1 149	2 280	60.6	63.3	61.9	53.7	55.2	54.4
Georgia	1 910	2 093	4 003	68.3	76.8	72.6	61.5	68.4	64.9
Germany	41 013	42 111	83 124	78.7	83.3	80.9	70.2	73.0	71.6
Ghana	15 084	14 683	29 767	62.5	64.4	63.4	55.8	57.0	56.4
Greece	5 165	5 358	10 522	78.7	83.7	81.1	70.5	73.6	72.0
Grenada	56	55	111	71.0	75.9	73.4	63.0	66.5	64.7
Guatemala	8 493	8 755	17 248	70.4	76.0	73.2	62.2	66.2	64.2
Guinea	5 981	6 433	12 414	59.4	60.2	59.8	52.1	52.2	52.2
Guinea-Bissau	915	959	1 874	58.4	61.2	59.8	50.6	52.9	51.7
Guyana	391	388	779	63.6	69.0	66.2	56.4	60.4	58.3
Haiti	5 489	5 634	11 123	61.3	65.7	63.5	53.9	56.8	55.3
Honduras	4 789	4 798	9 588	72.9	77.5	75.2	65.1	68.5	66.8
Hungary	4 618	5 090	9 708	72.3	79.4	76.0	64.1	69.5	66.8
Iceland	169	168	337	80.9	83.9	82.4	72.3	73.8	73.0
India	703 056	649 587	1 352 642	67.4	70.3	68.8	58.7	59.9	59.3
Indonesia	134 788	132 882	267 671	67.3	71.4	69.3	60.4	63.0	61.7
Iran (Islamic Republic of)	41 359	40 441	81 800	74.6	76.9	75.7	64.9	65.9	65.4
Iraq	19 444	18 990	38 434	67.5	72.2	69.9	57.4	60.6	59.0
Ireland	2 389	2 430	4 819	79.7	83.4	81.5	71.1	73.2	72.1
Israel	4 166	4 216	8 382	80.3	84.2	82.3	71.7	74.1	72.9
Italy	29 479	31 148	60 627	80.5	84.9	82.7	72.0	74.3	73.2
Jamaica	1 457	1 477	2 935	73.6	78.5	76.0	65.3	68.5	66.9
Japan	62 126	65 076	127 202	81.1	87.1	84.2	72.6	76.9	74.8
Jordan	5 043	4 922	9 965	72.7	76.0	74.3	65.4	67.5	66.4
Kazakhstan	8 883	9 437	18 320	66.8	75.3	71.1	59.9	66.7	63.4
Kenya	25 534	25 859	51 393	64.4	68.9	66.7	57.0	60.8	58.9
Kiribati	57	59	116	63.6	68.6	66.1	56.0	59.4	57.8
Kuwait	2 501	1 636	4 137	73.9	76.0	74.8	66.3	66.2	66.3
Kyrgyzstan	3 119	3 185	6 304	67.7	75.2	71.4	60.7	66.4	63.5
Lao People's Democratic Republic	3 546	3 516	7 061	64.2	67.4	65.8	56.9	58.8	57.9
Latvia	887	1 042	1 928	70.0	79.6	75.1	62.4	69.5	66.2
Lebanon	3 450	3 410	6 859	75.1	77.7	76.3	65.5	66.8	66.1
Lesotho	1 039	1 069	2 108	51.0	54.6	52.9	45.0	47.9	46.6
Liberia	2 421	2 398	4 819	62.0	63.9	62.9	53.9	55.1	54.5
Libya	3 374	3 305	6 679	69.0	75.0	71.9	60.5	64.2	62.3
Lithuania	1 294	1 507	2 801	69.7	80.2	75.0	61.9	70.0	66.1
Luxembourg	305	299	604	80.1	84.6	82.5	71.1	73.7	72.6
Madagascar	13 099	13 164	26 262	64.6	67.6	66.1	57.1	59.5	58.3
Malawi	8 944	9 199	18 143	61.4	66.8	64.2	53.9	58.4	56.2
Malaysia	16 212	15 316	31 528	73.2	77.6	75.3	65.3	68.1	66.6
Maldives	324	192	516	77.2	79.9	78.4	69.7	69.7	69.8
Mali	9 550	9 528	19 078	57.5	58.4	58.0	50.4	51.0	50.7
Malta	220	219	439	79.6	83.3	81.4	71.3	73.3	72.2
Marshall Islands	-	-	58	-	-	-	-	-	-
Mauritania	2 209	2 194	4 403	62.6	65.2	63.9	55.6	57.2	56.4
Mauritius	626	641	1 267	71.6	78.1	74.8	63.6	68.2	65.8
Mexico	61 721	64 470	126 191	74.0	79.2	76.6	65.8	69.6	67.7
Micronesia (Federated States of)	57	55	113	68.4	70.8	69.6	60.4	61.7	61.1
Monaco	-	-	39	-	-	-	-	-	-
Mongolia	1 564	1 606	3 170	65.7	74.2	69.8	58.6	65.5	61.9

3.1		3.2		3.3					Member State
Maternal mortality ratio <sup>a</sup> (per 100 000 live births)	Proportion of births attended by skilled health personnel <sup>e</sup> (%)	Under-five mortality rate <sup>f</sup> (per 1000 live births)	Neonatal mortality rate <sup>f</sup> (per 1000 live births)	New HIV infections <sup>g</sup> (per 1000 uninfected population)	Tuberculosis incidence <sup>h</sup> (per 100 000 population)	Malaria incidence <sup>i</sup> (per 1000 population at risk)	Hepatitis B surface antigen (HBsAg) prevalence among children under 5 years <sup>j</sup> (%)	Reported number of people requiring interventions against NTDs <sup>k</sup>	
Comparable estimates	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	
2017	2010–2019	2018	2018	2018	2018	2018	2015	2018	
9	99 <sup>am</sup>	3	1	0.23	13	-	0.36	0	Estonia
437	88	54	17	8.62	329	0.8	0.85	247 084	Eswatini
401	28 <sup>af</sup>	55	28	0.24	151	31.8	2.61	77 653 029	Ethiopia
34	100 <sup>af</sup>	26	11	-	54	-	0.34	917 552	Fiji
3	100 <sup>am</sup>	2	1	0.04	4.7	-	1.05	1	Finland
8	98 <sup>am</sup>	4	3	0.09	8.9	-	0.01	86	France
252	89 <sup>af</sup>	45	21	1.01	525	248.2	4.16	937 923	Gabon
597	83 <sup>af</sup>	58	26	1.06	174	66.0	1.17	171 391	Gambia
25	99 <sup>am</sup>	10	6	0.18	80	-	0.26	412 310	Georgia
7	99 <sup>am</sup>	4	2	0.03	7.3	-	0.24	132	Germany
308	78	48	24	0.70	148	224.3	3.61	16 582 444	Ghana
3	100 <sup>af</sup>	4	3	-	4.5	-	0.37	51	Greece
25	100 <sup>af</sup>	15	10	0.25	2.1	-	0.47	463	Grenada
95	70 <sup>af</sup>	26	12	0.14	26	0.3	0.05	4 957 871	Guatemala
576	55 <sup>af</sup>	101	31	0.52	176	283.9	7.47	7 480 197	Guinea
667	45 <sup>af</sup>	81	37	1.43	361	123.3	2.12	1 206 042	Guinea-Bissau
169	96	30	18	0.51	83	44.4	0.95	719 312	Guyana
480	42	65	26	0.69	176	1.6	2.04	5 771 386	Haiti
65	74 <sup>am</sup>	18	10	0.09	37	0.1	0.25	2 721 691	Honduras
12	100 <sup>af</sup>	4	2	0.02	6.4	-	0.44	0	Hungary
4	98 <sup>am</sup>	2	1	0.05	2.7	-	0.88	0	Iceland
145	81 <sup>af</sup>	37	23	-	199	5.3	0.51	696 937 272	India
177	95	25	13	0.17	316	3.9	1.07	100 847 287	Indonesia
16	99 <sup>af</sup>	14	9	0.05	14	0.0	0.02	15 581	Iran (Islamic Republic of)
79	96	27	15	-	42	-	0.06	2 170 486	Iraq
5	100 <sup>am</sup>	4	2	0.08	7.0	-	0.01	0	Ireland
3	-	4	2	0.05	4.0	-	0.48	276	Israel
2	100 <sup>am</sup>	3	2	0.05	7.0	-	0.61	147	Italy
80	100 <sup>af</sup>	14	10	-	2.9	-	0.16	988	Jamaica
5	100 <sup>am</sup>	2	1	0.01	14	-	1.95	5	Japan
46	100	16	9	0.01	5.0	-	1.01	151	Jordan
10	100 <sup>am</sup>	10	6	0.14	68	-	0.21	40	Kazakhstan
342	62	41	20	1.02	292	70.1	0.86	11 645 569	Kenya
92	98 <sup>af</sup>	53	23	-	349	-	3.65	121 374	Kiribati
12	100 <sup>am</sup>	8	4	0.04	23	-	0.11	13	Kuwait
60	100	19	13	0.09	116	-	0.50	113 625	Kyrgyzstan
185	64	47	23	0.08	162	4.2	1.94	2 031 804	Lao People's Democratic Republic
19	100 <sup>am</sup>	4	2	0.19	29	-	0.51	6	Latvia
29	-	7	4	0.02	11	-	0.21	0	Lebanon
544	87	81	35	7.80	611	-	1.64	382 336	Lesotho
661	61	71	24	0.39	308	361.5	7.75	3 094 538	Liberia
72	100 <sup>af</sup>	12	6	0.07	40	-	0.27	3 016	Libya
8	100 <sup>af</sup>	4	2	-	44	-	0.19	28	Lithuania
5	-	2	1	0.09	8.0	-	0.24	0	Luxembourg
335	46 <sup>af</sup>	54	21	0.24	233	82.4	4.36	20 224 527	Madagascar
349	90 <sup>af</sup>	50	22	2.28	181	213.6	3.03	12 423 068	Malawi
29	100 <sup>af</sup>	8	4	0.18	92	0.0	0.17	80 797	Malaysia
53	100	9	5	-	33	-	0.19	3 411	Maldives
562	67	98	33	0.78	53	386.8	4.88	7 535 901	Mali
6	100 <sup>am</sup>	7	5	-	14	-	0.39	6	Malta
-	92	33	15	-	434	-	1.56	19 594	Marshall Islands
766	69	76	33	0.03	93	39.4	4.29	916 692	Mauritania
61	100 <sup>af</sup>	16	9	0.70	13	-	0.61	1	Mauritius
33	96 <sup>af</sup>	13	8	0.08	23	0.3	0.04	19 900 177	Mexico
88	-	31	16	-	108	-	0.89	70 736	Micronesia (Federated States of)
-	-	3	2	-	0.0	-	0.20	1	Monaco
45	99 <sup>af</sup>	16	9	0.01	428	-	1.72	1 810	Mongolia

## ANNEX 2

### Part 1

Member State	Total population <sup>a</sup> (000s)			Life expectancy at birth <sup>b,c</sup> (years)			Healthy life expectancy at birth <sup>b,c</sup> (years)		
	Comparable estimates			Comparable estimates			Comparable estimates		
	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes
	2018			2016			2016		
Montenegro	310	317	628	74.4	79.2	76.8	66.1	70.1	68.1
Morocco	17 869	18 160	36 029	74.8	77.0	76.0	65.0	65.5	65.3
Mozambique	14 313	15 183	29 496	57.7	62.3	60.1	50.3	53.9	52.2
Myanmar	25 883	27 825	53 708	64.6	68.9	66.8	56.9	59.9	58.4
Namibia	1 186	1 262	2 448	61.1	66.1	63.7	53.8	57.9	55.9
Nauru	-	-	11	-	-	-	-	-	-
Nepal	12 774	15 322	28 096	68.8	71.6	70.2	60.5	62.1	61.3
Netherlands	8 492	8 567	17 060	80.0	83.2	81.6	71.3	72.8	72.1
New Zealand	2 332	2 411	4 743	80.5	84.0	82.2	71.8	73.9	72.8
Nicaragua	3 187	3 279	6 466	72.5	78.4	75.5	64.8	69.0	66.9
Niger	11 273	11 170	22 443	59.0	60.8	59.8	52.0	53.1	52.5
Nigeria	99 238	96 637	195 875	54.7	55.7	55.2	48.7	49.2	48.9
Niue	-	-	2	-	-	-	-	-	-
North Macedonia	1 042	1 041	2 083	-	-	-	-	-	-
Norway	2 694	2 644	5 338	80.6	84.3	82.5	71.8	74.3	73.0
Oman	3 187	1 643	4 829	75.3	79.5	77.0	64.0	67.7	65.6
Pakistan	109 217	103 012	212 228	65.7	67.4	66.5	57.6	57.9	57.7
Palau	-	-	18	-	-	-	-	-	-
Panama	2 092	2 084	4 177	75.0	81.2	78.0	67.2	71.8	69.4
Papua New Guinea	4 392	4 214	8 606	63.6	68.3	65.9	56.7	59.5	58.0
Paraguay	3 537	3 419	6 956	72.4	76.1	74.2	64.2	66.4	65.3
Peru	15 887	16 103	31 989	73.4	78.3	75.9	65.8	69.2	67.5
Philippines	53 601	53 050	106 651	66.2	72.6	69.3	59.4	64.2	61.7
Poland	18 380	19 541	37 922	73.8	81.6	77.7	65.4	71.7	68.5
Portugal	4 850	5 406	10 256	78.3	84.5	81.4	70.0	74.0	72.0
Qatar	2 100	681	2 782	77.3	79.9	78.1	68.4	68.4	68.6
Republic of Korea	25 628	25 543	51 172	79.5	85.6	82.7	70.7	75.1	73.0
Republic of Moldova	1 943	2 108	4 052	67.6	75.3	71.5	60.7	66.4	63.6
Romania	9 491	10 015	19 506	71.6	79.0	75.2	63.7	69.7	66.6
Russian Federation	67 531	78 203	145 734	66.4	77.2	72.0	59.1	67.5	63.5
Rwanda	6 045	6 257	12 302	66.1	69.9	68.0	58.8	61.0	59.9
Saint Kitts and Nevis	-	-	52	-	-	-	-	-	-
Saint Lucia	90	92	182	73.0	78.3	75.6	64.6	68.3	66.4
Saint Vincent and the Grenadines	56	54	110	69.4	74.9	72.0	61.5	65.6	63.4
Samoa	101	95	196	72.0	78.4	75.1	64.1	68.0	66.0
San Marino	-	-	34	-	-	-	-	-	-
Sao Tome and Principe	106	105	211	66.7	70.7	68.7	59.0	62.3	60.7
Saudi Arabia	19 397	14 305	33 703	73.5	76.5	74.8	65.5	65.8	65.7
Senegal	7 725	8 130	15 854	64.7	68.7	66.8	57.3	60.1	58.8
Serbia	4 313	4 490	8 803	73.8	78.9	76.3	65.4	69.4	67.4
Seychelles	50	47	97	69.0	78.0	73.3	62.2	69.5	65.7
Sierra Leone	3 816	3 834	7 650	52.5	53.8	53.1	47.2	48.1	47.6
Singapore	3 014	2 744	5 758	80.8	85.0	82.9	74.7	77.6	76.2
Slovakia	2 654	2 799	5 453	73.8	80.9	77.4	65.3	71.2	68.3
Slovenia	1 034	1 044	2 078	78.0	83.7	80.9	68.3	72.6	70.5
Solomon Islands	332	321	653	69.7	72.7	71.1	61.4	62.5	61.9
Somalia	7 484	7 524	15 008	53.7	57.3	55.4	48.8	51.3	50.0
South Africa	28 495	29 297	57 793	60.2	67.0	63.6	53.2	58.2	55.7
South Sudan	5 493	5 483	10 976	57.7	59.6	58.6	50.0	51.3	50.6
Spain	22 928	23 765	46 693	80.3	85.7	83.0	72.2	75.4	73.8
Sri Lanka	10 197	11 032	21 229	72.1	78.5	75.3	64.4	69.3	66.8
Sudan	20 881	20 921	41 802	63.4	66.9	65.1	54.7	56.8	55.7
Suriname	290	286	576	68.7	75.1	71.8	61.0	65.4	63.2
Sweden	4 991	4 980	9 972	80.6	84.1	82.3	71.5	73.4	72.4
Switzerland	4 226	4 299	8 526	81.2	85.2	83.3	72.4	74.5	73.5
Syrian Arab Republic	8 504	8 441	16 945	59.4	68.9	63.8	52.5	59.5	55.8
Tajikistan	4 588	4 513	9 101	68.7	73.0	70.8	61.7	65.3	63.5



3.1		3.2		3.3					Member State
Maternal mortality ratio <sup>a</sup> (per 100 000 live births)	Proportion of births attended by skilled health personnel <sup>e</sup> (%)	Under-five mortality rate <sup>f</sup> (per 1000 live births)	Neonatal mortality rate <sup>f</sup> (per 1000 live births)	New HIV infections <sup>g</sup> (per 1000 uninfected population)	Tuberculosis incidence <sup>h</sup> (per 100 000 population)	Malaria incidence <sup>i</sup> (per 1000 population at risk)	Hepatitis B surface antigen (HBsAg) prevalence among children under 5 years <sup>j</sup> (%)	Reported number of people requiring interventions against NTDs <sup>k</sup>	
Comparable estimates	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	
2017	2010–2019	2018	2018	2018	2018	2018	2015	2018	
6	99	3	2	0.08	15	-	0.65	0	Montenegro
70	87	22	14	0.03	99	-	0.45	40	Morocco
289	73	73	28	5.25	551	305.4	3.67	23 023 478	Mozambique
250	60 <sup>al</sup>	46	23	0.20	338	3.4	2.03	41 778 536	Myanmar
195	88	40	16	2.82	524	26.7	0.66	1 094 020	Namibia
-	-	32	20	-	54	-	2.11	2 844	Nauru
186	58 <sup>al</sup>	32	20	0.03	151	0.4	0.31	14 520 580	Nepal
5	-	4	2	-	5.3	-	0.04	2	Netherlands
9	97 <sup>am</sup>	6	3	0.03	7.3	-	1.20	3	New Zealand
98	96 <sup>al</sup>	18	9	0.07	41	7.1	0.14	1 611 101	Nicaragua
509	40	84	25	0.08	87	356.6	6.01	14 338 992	Niger
917	43 <sup>al</sup>	120	36	0.65	219	291.9	2.61	131 361 930	Nigeria
-	100 <sup>al</sup>	24	12	-	71	-	0.24	0	Niue
7	100 <sup>al</sup>	10	7	0.02	13	-	0.20	12	North Macedonia
2	99 <sup>am</sup>	3	1	0.02	4.1	-	0.01	5	Norway
19	99	11	5	0.07	5.9	-	0.44	1	Oman
140	69	69	42	0.11	265	3.4	2.75	31 683 212	Pakistan
-	100	18	9	-	109	-	0.21	1	Palau
52	93	15	8	0.32	52	0.2	0.22	50 833	Panama
145	56 <sup>al</sup>	48	22	0.26	432	184.5	2.24	6 261 977	Papua New Guinea
84	98 <sup>am</sup>	20	11	0.16	43	-	0.65	1 974 836	Paraguay
88	92 <sup>am</sup>	14	7	0.10	123	4.7	0.24	346 737	Peru
121	93	28	14	0.13	554	0.2	1.07	47 078 380	Philippines
2	100 <sup>am</sup>	4	3	0.04	16	-	0.04	36	Poland
8	99 <sup>am</sup>	4	2	0.07	24	-	0.10	17	Portugal
9	100	7	4	-	31	-	0.20	0	Qatar
11	100 <sup>am</sup>	3	1	-	66	0.1	0.69	6	Republic of Korea
19	100	16	12	0.25	86	-	0.65	0	Republic of Moldova
19	97	7	3	0.04	68	-	0.65	0	Romania
17	100 <sup>al</sup>	7	3	-	54	-	0.88	3	Russian Federation
248	91 <sup>al</sup>	35	16	0.29	59	486.5	1.74	4 717 934	Rwanda
-	100 <sup>am</sup>	12	8	0.25	0.0	-	0.38	6	Saint Kitts and Nevis
117	100 <sup>al</sup>	17	12	0.31	3.2	-	0.39	98	Saint Lucia
68	99 <sup>al</sup>	16	10	0.89	6.3	-	0.42	4	Saint Vincent and the Grenadines
43	83 <sup>al</sup>	16	8	-	6.4	-	1.05	191 219	Samoa
-	-	2	1	-	0.0	-	0.32	0	San Marino
130	93 <sup>al</sup>	31	14	0.07	124	13.9	1.36	201 784	Sao Tome and Principe
17	99 <sup>al</sup>	7	4	-	10	<0.1	0.30	940	Saudi Arabia
315	74	44	21	0.08	118	55.8	3.48	9 061 189	Senegal
12	100 <sup>al</sup>	6	3	0.02	17	-	0.11	0	Serbia
53	99 <sup>al</sup>	14	9	-	18	-	0.15	0	Seychelles
1120	87	105	33	0.55	298	320.4	8.18	6 498 480	Sierra Leone
8	100 <sup>am</sup>	3	1	0.04	47	-	0.47	6	Singapore
5	98	6	3	0.02	5.8	-	0.56	6	Slovakia
7	100 <sup>am</sup>	2	1	-	5.3	-	1.04	1	Slovenia
104	86 <sup>al</sup>	20	8	-	74	133.6	2.93	542 215	Solomon Islands
829	-	122	38	0.03	262	34.3	10.54	2 286 299	Somalia
119	97	34	11	4.94	520	1.7	1.74	18 807 465	South Africa
1150	19 <sup>al</sup>	99	40	1.56	146	235.9	21.13	7 467 149	South Sudan
4	-	3	2	0.07	9.4	-	0.19	7	Spain
36	100	7	4	0.01	64	-	0.64	55 489	Sri Lanka
295	78 <sup>al</sup>	60	29	0.13	71	46.8	2.86	11 930 091	Sudan
120	98 <sup>al</sup>	19	10	0.49	38	0.3	0.36	265	Suriname
4	-	3	2	-	5.5	-	0.32	11	Sweden
5	-	4	3	-	6.4	-	0.17	0	Switzerland
31	-	17	9	0.01	19	-	0.37	1 767 108	Syrian Arab Republic
17	95	35	15	0.09	84	-	0.71	3 230 054	Tajikistan

## ANNEX 2

### Part 1

Member State	Total population <sup>a</sup> (000s)			Life expectancy at birth <sup>b,c</sup> (years)			Healthy life expectancy at birth <sup>b,c</sup> (years)		
	Comparable estimates			Comparable estimates			Comparable estimates		
	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes
	2018			2016			2016		
Thailand	33 833	35 595	69 428	71.8	79.3	75.5	64.0	69.8	66.8
Timor-Leste	641	627	1 268	66.8	70.4	68.6	57.7	60.7	59.2
Togo	3 923	3 966	7 889	59.7	61.5	60.6	53.6	54.2	53.9
Tonga	52	52	103	70.5	76.4	73.4	62.6	66.0	64.3
Trinidad and Tobago	687	703	1 390	68.2	75.6	71.8	60.4	66.2	63.3
Tunisia	5 732	5 833	11 565	74.1	78.1	76.0	65.3	67.3	66.3
Turkey	40 612	41 728	82 340	73.3	79.4	76.4	64.4	67.6	66.0
Turkmenistan	2 881	2 970	5 851	64.7	71.7	68.2	58.7	64.1	61.4
Tuvalu	-	-	12	-	-	-	-	-	-
Uganda	21 033	21 696	42 729	60.2	64.8	62.5	52.9	56.9	54.9
Ukraine	20 491	23 755	44 246	67.6	77.1	72.5	60.3	67.6	64.0
United Arab Emirates	6 680	2 951	9 631	76.5	78.7	77.2	66.0	68.3	66.7
United Kingdom	33 144	33 997	67 142	79.7	83.2	81.4	70.9	72.9	71.9
United Republic of Tanzania	28 128	28 185	56 313	62.0	65.8	63.9	54.9	58.0	56.5
United States of America	161 847	165 249	327 096	76.1	81.1	78.6	66.9	70.1	68.5
Uruguay	1 665	1 784	3 449	73.2	80.8	77.4	65.8	71.2	68.8
Uzbekistan	16 194	16 283	32 476	69.7	75.0	72.3	62.9	66.2	64.5
Vanuatu	148	144	293	70.1	74.1	72.0	61.9	63.7	62.7
Venezuela (Bolivarian Republic of)	14 261	14 626	28 887	69.5	79.0	74.1	62.5	70.0	66.1
Viet Nam	47 681	47 865	95 546	71.7	80.9	76.3	64.2	70.7	67.5
Yemen	14 360	14 139	28 499	63.9	66.8	65.3	54.6	55.5	55.1
Zambia	8 590	8 761	17 352	60.2	64.4	62.3	52.6	56.0	54.3
Zimbabwe	6 879	7 560	14 439	59.6	63.1	61.4	52.7	55.9	54.4

WHO region	2018			2016			2016		
African Region	530 907	532 833	1 063 740	59.6	62.7	61.2	52.6	54.9	53.8
Region of the Americas	493 940	507 706	1 001 647	73.8	79.8	76.8	65.5	69.6	67.5
South-East Asia Region	1 016 068	966 171	1 982 238	67.9	71.3	69.5	59.5	61.3	60.4
European Region	449 315	477 596	926 911	74.2	80.8	77.5	66.1	70.7	68.4
Eastern Mediterranean Region	360 913	338 106	699 019	67.7	70.7	69.1	59.1	60.4	59.7
Western Pacific Region	978 281	942 859	1 921 140	75.0	78.9	76.9	67.7	70.0	68.9
<b>Global</b>	<b>3 829 425</b>	<b>3 765 271</b>	<b>7 594 696</b>	<b>69.8</b>	<b>74.2</b>	<b>72.0</b>	<b>62.0</b>	<b>64.8</b>	<b>63.3</b>

3.1		3.2		3.3					
Maternal mortality ratio <sup>a</sup> (per 100 000 live births)	Proportion of births attended by skilled health personnel <sup>e</sup> (%)	Under-five mortality rate <sup>f</sup> (per 1000 live births)	Neonatal mortality rate <sup>f</sup> (per 1000 live births)	New HIV infections <sup>g</sup> (per 1000 uninfected population)	Tuberculosis incidence <sup>h</sup> (per 100 000 population)	Malaria incidence <sup>i</sup> (per 1000 population at risk)	Hepatitis B surface antigen (HBsAg) prevalence among children under 5 years <sup>j</sup> (%)	Reported number of people requiring interventions against NTDs <sup>k</sup>	
Comparable estimates	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	
2017	2010–2019	2018	2018	2018	2018	2018	2015	2018	Member State
37	99 <sup>al</sup>	9	5	0.09	153	0.4	0.17	55 073	Thailand
142	57 <sup>al</sup>	46	20	-	498	0.0	0.87	1 293 316	Timor-Leste
396	69 <sup>al</sup>	70	25	0.70	36	267.3	3.36	4 292 784	Togo
52	96	16	7	-	10	-	2.35	37 131	Tonga
67	100 <sup>al</sup>	18	12	-	21	-	0.43	160	Trinidad and Tobago
43	100	17	11	0.02	35	-	0.76	6 650	Tunisia
17	98 <sup>am</sup>	11	5	-	16	-	0.32	0	Turkey
7	100	46	21	-	46	-	0.23	212	Turkmenistan
-	-	24	16	-	270	-	0.70	12 052	Tuvalu
375	74	46	20	1.40	200	289.2	3.16	21 407 858	Uganda
19	100 <sup>al</sup>	9	5	0.28	80	-	0.46	0	Ukraine
3	100 <sup>al</sup>	8	4	-	1.0	-	0.08	0	United Arab Emirates
7	-	4	3	-	8.0	-	0.22	7	United Kingdom
524	64 <sup>al</sup>	53	21	1.41	253	124.3	1.69	26 707 925	United Republic of Tanzania
19	99	7	4	-	3.0	-	0.04	516	United States of America
17	100 <sup>al</sup>	8	5	0.26	33	-	0.35	7	Uruguay
29	100 <sup>al</sup>	21	12	0.16	70	-	0.60	405 951	Uzbekistan
72	89 <sup>al</sup>	26	12	-	46	4.0	8.48	284 095	Vanuatu
125	99 <sup>al</sup>	25	15	-	48	32.7	0.62	7 493 106	Venezuela (Bolivarian Republic of)
43	94	21	11	0.06	182	0.1	1.20	6 147 296	Viet Nam
164	45 <sup>al</sup>	55	27	0.04	48	45.8	2.54	12 339 767	Yemen
213	63	58	23	2.97	346	156.7	1.84	12 032 435	Zambia
458	86	46	21	2.79	210	51.0	4.38	10 660 813	Zimbabwe
2017	2014–2019	2018	2018	2018	2018	2018	2017	2018	WHO region
525	-	76	27	1.07	231	229.3	2.34	592 459 240	African Region
57	-	14	7	0.16	29	6.7	0.07	62 906 099	Region of the Americas
152	-	34	20	0.09	220	4.9	0.26	917 512 156	South-East Asian Region
13	-	9	5	0.19	28	0.0	0.21	5 857 390	European Region
164	-	47	26	0.07	115	10.0	0.69	82 215 011	Eastern Mediterranean Region
41	-	12	6	0.06	96	2.6	0.38	94 381 715	Western Pacific Region
211	81	39	18	0.24	132	57.4	0.80	1755 331 611	Global

## ANNEX 2 Part 2

Member State	3.4		3.5	3.6	3.7	
	Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and exact age 70 <sup>1</sup> (%)	Suicide mortality rate <sup>1</sup> (per 100 000 population)	Total alcohol per capita (≥ 15 years of age) consumption <sup>m</sup> (litres of pure alcohol)	Road traffic mortality rate <sup>n</sup> (per 100 000 population)	Proportion of women of reproductive age who have their need for family planning satisfied with modern methods <sup>o</sup> (%)	Adolescent birth rate <sup>p</sup> (per 1000 women aged 15–19 years)
	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Primary data
	2016	2016	2018	2016	2010–2019	2010–2018
Afghanistan	29.8	4.7	0.2	15.1	42.2 <sup>an</sup>	62.0
Albania	17.0	6.3	7.2	13.6	6.3	15.9
Algeria	14.2	3.2	0.9	-	74.7 <sup>an</sup>	9.7
Andorra	-	-	11.0	-	-	2.7
Angola	16.5	4.7	6.9	23.6	29.8	163.0
Antigua and Barbuda	22.6	0.5	6.4	7.9	-	27.7
Argentina	15.8	9.2	9.7	14.0	-	54.4
Armenia	22.3	6.6	5.5	17.1	40.2 <sup>an</sup>	21.2
Australia	9.1	13.2	10.5	5.6	-	10.1
Austria	11.4	15.6	12.0	5.2	-	6.7
Azerbaijan	22.2	2.6	4.4	8.7	-	45.0
Bahamas	15.5	1.7	4.8	-	-	29.0
Bahrain	11.3	5.9	1.1	-	-	13.6
Bangladesh	21.6	5.9	<0.1	15.3	72.6 <sup>an</sup>	74.0
Barbados	16.2	0.8	9.7	5.6	69.9 <sup>an</sup>	-
Belarus	23.7	26.2	11.4	8.9	73.0 <sup>an</sup>	14.2
Belgium	11.4	20.7	11.1	5.8	-	5.9
Belize	22.1	4.7	6.2	28.3	64.9	64.3
Benin	19.6	9.9	2.8	27.5	28.0	108.0
Bhutan	23.3	11.4	0.4	17.4	84.6 <sup>an</sup>	28.4
Bolivia (Plurinational State of)	17.2	12.2	4.4	15.5	50.3 <sup>an</sup>	71.0
Bosnia and Herzegovina	17.8	8.8	7.1	15.7	21.9 <sup>an</sup>	11.0
Botswana	20.3	9.3	6.6	23.8	-	50.0
Brazil	16.6	6.5	7.4	19.7	-	52.7
Brunei Darussalam	16.6	4.6	0.5	-	-	9.8
Bulgaria	23.6	11.5	12.7	10.2	-	38.2
Burkina Faso	21.7	7.7	12.0	30.5	56.8	132.3
Burundi	22.9	9.1	7.2	34.7	39.6	58.2
Cabo Verde	17.2	11.3	5.6	25.0	-	80.0
Cambodia	21.1	5.3	6.6	17.8	56.5	57.4
Cameroon	21.6	12.2	5.6	30.1	35.5 <sup>an</sup>	119.0
Canada	9.8	12.5	8.9	5.8	-	7.7
Central African Republic	23.1	7.7	2.4	33.6	22.0 <sup>an</sup>	-
Chad	23.9	8.8	1.4	27.6	20.2	179.4
Chile	12.4	10.6	9.1	12.5	-	26.4
China	17.0	9.7	7.0	18.2	-	9.2
Colombia	15.8	7.2	5.7	18.5	86.6	61.0
Comoros	22.9	6.8	0.7	26.5	28.8	70.3
Congo	16.7	5.9	9.3	27.4	43.2	111.3
Cook Islands	-	-	-	17.3	-	67.0
Costa Rica	11.5	7.9	4.9	16.7	82.7 <sup>an</sup>	50.4
Côte d'Ivoire	29.1	14.5	2.7	23.6	44.1	123.3
Croatia	16.7	16.5	9.2	8.1	-	9.1
Cuba	16.4	13.9	5.8	8.5	88.8	52.0
Cyprus	11.3	5.3	10.8	5.1	-	4.4
Czechia	15.0	13.1	14.4	5.9	-	12.1
Democratic People's Republic of Korea	25.6	11.2	3.8	-	89.6 <sup>an</sup>	1.0
Democratic Republic of the Congo	19.4	5.7	2.0	33.7	18.9	138.1
Denmark	11.3	12.8	10.3	4.0	-	2.8
Djibouti	19.6	6.7	0.4	-	-	21.0
Dominica	-	-	11.2	10.9	-	-
Dominican Republic	19.0	9.9	6.7	34.6	81.7	51.0
Ecuador	13.0	7.1	4.2	21.3	79.4	71.1
Egypt	27.7	4.0	0.4	9.7	80.0 <sup>an</sup>	51.8
El Salvador	14.0	13.7	3.9	22.2	80.0	74.0

3.8			3.9			3.a	Member State
UHC: Service coverage index <sup>a</sup>	Population with household expenditures on health >10% of total household expenditure or income <sup>e</sup> (%)	Population with household expenditures on health >25% of total household expenditure or income <sup>e</sup> (%)	Age-standardized mortality rate attributed to household and ambient air pollution <sup>c,s</sup> (per 100 000 population)	Mortality rate attributed to exposure to unsafe WASH services <sup>c,s</sup> (per 100 000 population)	Mortality rate from unintentional poisoning <sup>c,l</sup> (per 100 000 population)	Age-standardized prevalence of tobacco use among persons 15 years and older <sup>e</sup> (%)	
Comparable estimates	Primary data	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	
2017	2010–2018	2010–2018	2016	2016	2016	2018	
37	14.6	2.0	211.1	13.9	1.2	-	Afghanistan
59	16.7	5.0	68.0	0.2	0.4	29.2 <sup>30</sup>	Albania
78	-	-	49.7	1.9	0.8	18.8	Algeria
-	-	-	-	-	-	33.8 <sup>30</sup>	Andorra
40	-	-	118.5	48.8	2.7	-	Angola
73	-	-	29.9	0.1	0.4	-	Antigua and Barbuda
76	-	-	26.6	0.4	0.6	21.8	Argentina
69	16.1	4.9	54.8	0.2	0.6	26.7 <sup>30</sup>	Armenia
87	3.7	0.5	8.4	0.1	0.2	16.2	Australia
79	-	-	15.3	0.1	0.2	29.1 <sup>30</sup>	Austria
65	-	-	63.9	1.1	0.6	19.6 <sup>30</sup>	Azerbaijan
75	2.7	0.2	19.9	0.1	0.1	10.9 <sup>30</sup>	Bahamas
77	-	-	40.1	<0.1	0.2	25.1	Bahrain
48	24.7	9.5	149.0	11.9	0.3	39.1	Bangladesh
77	16.4	3.8	31.1	0.2	0.2	8.7	Barbados
76	9.2	0.7	60.7	0.1	2.6	26.6 <sup>30</sup>	Belarus
84	11.5	1.4	15.7	0.3	0.2	25.0 <sup>30</sup>	Belgium
64	-	-	68.6	1.0	0.5	-	Belize
40	10.9	5.4	205.0	59.7	3.5	7.2	Benin
62	1.8	0.4	124.5	3.9	0.6	-	Bhutan
68	6.0	1.1	63.7	5.6	2.0	-	Bolivia (Plurinational State of)
61	8.2	1.4	79.8	0.1	0.5	38.3 <sup>30</sup>	Bosnia and Herzegovina
61	-	-	101.3	11.8	1.1	23.7	Botswana
79	-	-	29.9	1.0	0.2	16.5	Brazil
81	-	-	13.3	<0.1	0.3	15.5 <sup>30</sup>	Brunei Darussalam
66	12.8	0.8	61.8	0.1	0.6	38.9 <sup>30</sup>	Bulgaria
40	3.1	0.4	206.2	49.6	3.0	16.0	Burkina Faso
42	3.3	0.4	179.9	65.4	5.2	12.6	Burundi
69	-	-	99.5	4.1	0.5	-	Cabo Verde
60	15.3	5.2	149.8	6.5	0.6	21.8	Cambodia
46	10.8	3.0	208.1	45.2	3.1	9.3	Cameroon
89	2.6	0.5	7.0	0.4	0.3	17.5	Canada
33	-	-	211.9	82.1	3.2	-	Central African Republic
28	-	-	280.1	101.0	3.6	11.8	Chad
70	14.6	2.1	25.3	0.2	0.2	44.7 <sup>30</sup>	Chile
79	19.7	5.4	112.7	0.6	1.4	24.7	China
76	8.2	2.2	37.0	0.8	0.4	7.9 <sup>30</sup>	Colombia
52	8.8	1.6	172.4	50.7	2.4	19.5	Comoros
39	4.6	0.7	130.7	38.7	1.2	16.1	Congo
-	-	-	-	-	-	26.6 <sup>30</sup>	Cook Islands
77	9.8	1.7	23.3	0.9	0.3	9.8 <sup>30</sup>	Costa Rica
47	12.4	3.4	269.1	47.2	3.9	13.0	Côte d'Ivoire
71	2.8	0.3	35.5	0.1	0.2	36.6 <sup>30</sup>	Croatia
83	-	-	49.5	1.0	0.3	27.1 <sup>30</sup>	Cuba
78	16.1	1.5	20.1	0.3	0.1	36.7 <sup>30</sup>	Cyprus
76	2.2	0.1	29.6	0.2	0.3	31.5 <sup>30</sup>	Czechia
71	-	-	207.2	1.4	1.9	18.8 <sup>30</sup>	Democratic People's Republic of Korea
41	4.8	0.6	163.9	59.8	3.2	-	Democratic Republic of the Congo
81	2.9	0.5	13.2	0.3	0.1	18.6 <sup>30</sup>	Denmark
47	-	-	159.0	31.3	2.4	-	Djibouti
-	-	-	-	-	-	-	Dominica
74	-	-	43.0	2.2	0.4	9.4 <sup>30</sup>	Dominican Republic
77	10.3	2.4	24.5	0.6	0.6	-	Ecuador
68	26.2	3.9	108.9	2.0	0.2	21.4	Egypt
76	1.7	0.3	41.9	2.0	0.2	12.7	El Salvador

## ANNEX 2 Part 2

Member State	3.4		3.5	3.6	3.7	
	Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and exact age 70 <sup>e-l</sup> (%)	Suicide mortality rate <sup>e-l</sup> (per 100 000 population)	Total alcohol per capita (≥ 15 years of age) consumption <sup>m</sup> (litres of pure alcohol)	Road traffic mortality rate <sup>n</sup> (per 100 000 population)	Proportion of women of reproductive age who have their need for family planning satisfied with modern methods <sup>o</sup> (%)	Adolescent birth rate <sup>p</sup> (per 1000 women aged 15–19 years)
	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Primary data
	2016	2016	2018	2016	2010–2019	2010–2018
Equatorial Guinea	22.0	16.4	7.2	24.6	20.7 <sup>an</sup>	176.0
Eritrea	23.9	7.9	1.4	25.3	21.0	-
Estonia	17.0	17.8	9.2	6.1	-	10.5
Eswatini	26.7	13.3	10.0	26.9	82.9	87.1
Ethiopia	18.3	7.2	2.4	26.7	63.9	79.5
Fiji	30.6	5.0	3.3	9.6	-	23.1
Finland	10.2	15.9	10.8	4.7	-	4.9
France	10.6	17.7	12.3	5.5	-	8.6
Gabon	14.4	7.1	8.7	23.2	44.0	91.0
Gambia	20.4	5.1	3.6	29.7	37.6 <sup>an</sup>	86.0
Georgia	24.9	8.2	8.2	15.3	50.5 <sup>an</sup>	32.3
Germany	12.1	13.6	12.9	4.1	-	5.7
Ghana	20.8	5.4	2.8	24.9	46.3	75.1
Greece	12.4	5.0	10.2	9.2	-	8.6
Grenada	21.4	1.7	9.5	9.3	-	35.9
Guatemala	14.9	2.7	2.4	16.6	66.1	78.9
Guinea	22.4	6.3	1.1	28.2	21.5 <sup>an</sup>	120.0
Guinea-Bissau	20.0	4.0	5.4	31.1	55.7	106.4
Guyana	30.5	29.2	6.9	24.6	51.5	73.7
Haiti	26.5	11.7	2.7	-	45.4	54.8
Honduras	14.0	2.9	3.8	16.7	76.0	88.7
Hungary	23.0	19.1	11.3	7.8	-	22.9
Iceland	9.1	14.0	9.1	6.6	-	6.0
India	23.3	16.3	5.5	22.6	72.8	10.7
Indonesia	26.4	3.4	0.6	12.2	77.6	36.0
Iran (Islamic Republic of)	14.8	4.1	1.0	20.5	68.6 <sup>an</sup>	33.2
Iraq	21.3	3.0	0.4	20.7	53.7 <sup>an</sup>	-
Ireland	10.3	11.5	12.9	4.1	-	7.2
Israel	9.6	5.4	4.2	4.2	-	9.9
Italy	9.5	8.2	7.8	5.6	-	4.4
Jamaica	14.7	2.2	4.2	13.6	-	51.7
Japan	8.4	18.5	8.0	4.1	-	3.4
Jordan	19.2	2.9	0.7	24.4	56.7 <sup>an</sup>	27.0
Kazakhstan	26.8	22.5	4.8	17.6	73.2 <sup>an</sup>	25.6
Kenya	13.4	3.2	2.8	27.8	77.6	96.0
Kiribati	28.4	14.4	0.5	4.4	-	49.0
Kuwait	17.4	2.3	<0.1	17.6	-	6.3
Kyrgyzstan	24.9	8.3	6.3	15.4	64.0 <sup>an</sup>	33.9
Lao People's Democratic Republic	27.0	8.6	10.7	16.6	72.3	83.4
Latvia	21.9	21.2	12.8	9.3	-	16.1
Lebanon	17.9	3.3	1.7	18.1	-	13.3
Lesotho	26.6	21.2	4.6	28.9	79.8 <sup>an</sup>	94.0
Liberia	17.6	6.8	6.1	35.9	41.4	150.3
Libya	20.1	5.2	<0.1	26.1	24.0 <sup>an</sup>	10.9
Lithuania	20.7	31.9	13.2	8.0	-	12.6
Luxembourg	10.0	13.5	12.9	6.3	-	4.0
Madagascar	22.9	3.9	2.0	28.6	65.9	152.0
Malawi	16.4	3.7	3.6	31.0	73.9	137.6
Malaysia	17.2	5.5	0.9	23.6	-	9.3
Maldives	13.4	2.3	2.2	0.9	29.2	8.9
Mali	24.6	4.8	1.3	23.1	41.2	164.0
Malta	10.8	7.5	8.0	6.1	-	12.5
Marshall Islands	-	-	-	-	-	84.5
Mauritania	18.1	4.4	<0.1	24.7	30.5 <sup>an</sup>	84.0
Mauritius	22.6	7.8	4.3	13.7	40.8 <sup>an</sup>	24.0
Mexico	15.7	5.1	5.0	13.1	79.8	70.5
Micronesia (Federated States of)	26.1	11.1	2.5	1.9	-	-

3.8			3.9			3.a	Member State
UHC: Service coverage index <sup>a</sup>	Population with household expenditures on health >10% of total household expenditure or income <sup>e</sup> (%)	Population with household expenditures on health >25% of total household expenditure or income <sup>e</sup> (%)	Age-standardized mortality rate attributed to household and ambient air pollution <sup>c,s</sup> (per 100 000 population)	Mortality rate attributed to exposure to unsafe WASH services <sup>e,s</sup> (per 100 000 population)	Mortality rate from unintentional poisoning <sup>l</sup> (per 100 000 population)	Age-standardized prevalence of tobacco use among persons 15 years and older <sup>f</sup> (%)	
Comparable estimates	Primary data	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	
2017	2010–2018	2010–2018	2016	2016	2016	2018	
45	-	-	177.7	22.3	1.9	-	Equatorial Guinea
38	-	-	173.7	45.6	4.2	7.2	Eritrea
75	-	-	25.0	<0.1	0.5	30.5 <sup>ao</sup>	Estonia
63	-	-	137.0	27.9	3.3	10.7	Eswatini
39	4.9	1.4	144.4	43.7	2.9	4.6	Ethiopia
64	-	-	99.0	2.9	0.4	26.7 <sup>ao</sup>	Fiji
78	6.4	1.0	7.2	<0.1	0.2	19.7 <sup>ao</sup>	Finland
78	1.4	0.2	9.7	0.3	0.5	34.6 <sup>ao</sup>	France
49	-	-	76.0	20.6	0.9	-	Gabon
44	0.2	<0.1	237.0	29.7	1.9	14.4	Gambia
66	29.2	9.0	101.8	0.2	0.8	29.7 <sup>ao</sup>	Georgia
83	1.7	0.1	16.0	0.6	0.2	28.0 <sup>ao</sup>	Germany
47	1.1	0.1	203.8	18.8	1.7	3.7	Ghana
75	16.9	1.6	27.6	<0.1	0.2	39.1 <sup>ao</sup>	Greece
72	-	-	45.3	0.3	0.4	-	Grenada
55	1.4	<0.1	73.8	6.3	1.1	-	Guatemala
37	7.0	1.3	243.3	44.6	3.0	-	Guinea
40	-	-	214.7	35.3	2.2	-	Guinea-Bissau
72	-	-	107.8	3.6	0.7	12.2 <sup>ao</sup>	Guyana
49	11.5	4.0	184.3	23.8	2.6	8.3 <sup>ao</sup>	Haiti
65	-	-	60.7	3.6	0.4	-	Honduras
74	7.4	0.3	38.8	0.2	0.3	30.6 <sup>ao</sup>	Hungary
84	-	-	8.7	0.1	0.2	13.8 <sup>ao</sup>	Iceland
55	17.3	3.9	184.3	18.6	2.4	27.0	India
57	2.7	0.5	112.4	7.1	0.4	37.9	Indonesia
72	15.8	3.8	50.9	1.0	1.2	14.0	Iran (Islamic Republic of)
61	3.3	0.4	75.1	3.0	0.5	22.2	Iraq
76	6.4	0.7	11.9	0.1	0.2	23.6 <sup>ao</sup>	Ireland
82	6.7	1.0	15.4	0.2	0.1	25.5 <sup>ao</sup>	Israel
82	9.3	1.1	15.0	0.1	0.3	23.4 <sup>ao</sup>	Italy
65	-	-	25.4	0.6	0.2	11.0	Jamaica
83	4.4	0.6	11.9	0.2	0.4	21.9 <sup>ao</sup>	Japan
76	-	-	51.2	0.6	0.6	-	Jordan
76	2.6	0.1	62.7	0.4	2.3	24.4 <sup>ao</sup>	Kazakhstan
55	5.4	1.5	78.1	51.2	1.8	11.8	Kenya
41	-	-	140.2	16.7	2.6	52.0 <sup>ao</sup>	Kiribati
76	-	-	103.8	<0.1	0.2	22.1	Kuwait
70	3.5	0.7	110.7	0.8	0.6	27.9	Kyrgyzstan
51	-	-	188.5	11.3	0.9	37.8	Lao People's Democratic Republic
71	-	-	41.3	<0.1	0.8	36.7 <sup>ao</sup>	Latvia
73	-	-	51.4	0.8	0.3	42.6	Lebanon
48	4.5	1.4	177.6	44.4	3.1	29.7	Lesotho
39	-	-	170.2	41.5	1.8	8.4	Liberia
64	-	-	71.9	0.6	0.6	-	Libya
73	9.8	1.6	34.0	0.1	0.7	27.1 <sup>ao</sup>	Lithuania
83	3.4	0.2	11.6	<0.1	0.1	21.7 <sup>ao</sup>	Luxembourg
28	1.6	0.2	159.6	30.2	3.3	28.9	Madagascar
46	4.2	0.9	115.0	28.3	2.0	12.8	Malawi
73	-	-	47.4	0.4	0.5	21.8 <sup>ao</sup>	Malaysia
62	-	-	25.6	0.3	<0.1	-	Maldives
38	6.5	1.1	209.1	70.7	3.3	12.0	Mali
82	15.9	2.8	20.2	<0.1	0.1	25.1 <sup>ao</sup>	Malta
-	-	-	-	-	-	-	Marshall Islands
41	11.7	3.0	169.5	38.6	1.9	-	Mauritania
63	8.9	1.8	38.3	0.6	0.1	26.9	Mauritius
76	1.6	0.2	36.7	1.1	0.4	13.9 <sup>ao</sup>	Mexico
47	-	-	151.8	3.6	1.0	-	Micronesia (Federated States of)

## ANNEX 2 Part 2

Member State	3.4		3.5	3.6	3.7	
	Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and exact age 70 <sup>e-l</sup> (%)	Suicide mortality rate <sup>e-l</sup> (per 100 000 population)	Total alcohol per capita (≥ 15 years of age) consumption <sup>m</sup> (litres of pure alcohol)	Road traffic mortality rate <sup>n</sup> (per 100 000 population)	Proportion of women of reproductive age who have their need for family planning satisfied with modern methods <sup>o</sup> (%)	Adolescent birth rate <sup>p</sup> (per 1000 women aged 15–19 years)
	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Primary data
	2016	2016	2018	2016	2010–2019	2010–2018
Monaco	-	-	-	-	-	-
Mongolia	30.2	13.0	8.2	16.5	63.6	32.6
Montenegro	20.6	10.3	11.5	10.7	27.8 <sup>an</sup>	10.0
Morocco	12.4	2.9	0.7	19.6	72.0 <sup>an</sup>	19.0
Mozambique	18.4	4.9	2.3	30.1	55.5	180.0
Myanmar	24.2	7.8	5.1	19.9	74.9	28.0
Namibia	21.3	8.7	5.4	30.4	80.4	63.9
Nauru	-	-	3.7	-	-	94.0
Nepal	21.8	8.8	2.1	15.9	56.0 <sup>an</sup>	88.2
Netherlands	11.2	12.6	9.6	3.8	-	2.9
New Zealand	10.1	12.1	10.6	7.8	-	13.8
Nicaragua	14.2	12.2	5.2	-	92.6 <sup>an</sup>	-
Niger	20.0	4.6	0.7	26.2	45.5 <sup>an</sup>	154.0
Nigeria	22.5	9.5	10.8	21.4	35.6	106.0
Niue	-	-	10.7	-	-	20.0
North Macedonia	20.3	7.9	6.2	6.4	22.3 <sup>an</sup>	15.1
Norway	9.2	12.2	7.4	2.7	-	2.9
Oman	17.8	3.9	0.8	16.1	39.6 <sup>an</sup>	11.7
Pakistan	24.7	2.9	0.3	14.3	48.6 <sup>an</sup>	46.0
Palau	-	-	-	-	-	33.8
Panama	13.0	4.3	8.0	14.3	65.2	75.9
Papua New Guinea	30.0	6.0	1.4	14.2	49.2	68.0
Paraguay	17.5	9.5	7.6	22.7	78.9	72.0
Peru	12.6	4.9	6.4	13.5	66.6 <sup>an</sup>	44.0
Philippines	26.8	3.2	6.9	12.3	56.0	39.0
Poland	18.7	16.2	11.7	9.7	-	11.1
Portugal	11.1	14.0	12.0	7.4	-	8.0
Qatar	15.3	6.6	1.6	9.3	68.9 <sup>an</sup>	8.5
Republic of Korea	7.8	26.9	9.7	9.8	-	1.0
Republic of Moldova	24.9	15.9	11.4	9.7	60.4 <sup>an</sup>	21.4
Romania	21.4	10.4	11.7	10.3	-	38.1
Russian Federation	25.4	31.0	11.2	18.0	72.4 <sup>an</sup>	21.5
Rwanda	18.2	6.7	9.0	29.7	62.9	41.0
Saint Kitts and Nevis	-	-	8.9	-	-	-
Saint Lucia	18.8	7.8	10.6	35.4	72.0 <sup>an</sup>	36.0
Saint Vincent and the Grenadines	23.2	2.4	9.1	-	-	52.3
Samoa	20.6	4.4	2.7	11.3	39.4 <sup>an</sup>	39.2
San Marino	-	-	-	0.0	-	1.4
Sao Tome and Principe	18.5	2.3	5.9	27.5	52.2	92.0
Saudi Arabia	16.4	3.2	0.2	28.8	-	-
Senegal	18.1	6.0	0.8	23.4	53.9	77.5
Serbia	19.1	15.6	8.7	7.4	25.1 <sup>an</sup>	15.2
Seychelles	21.2	9.3	20.5	15.9	-	68.3
Sierra Leone	30.5	9.7	5.7	-	45.4 <sup>an</sup>	101.3
Singapore	9.3	9.9	2.0	2.8	-	2.5
Slovakia	17.2	12.8	11.1	6.1	-	26.8
Slovenia	12.7	18.6	11.9	6.4	-	4.1
Solomon Islands	23.8	4.7	1.8	17.4	38.0 <sup>an</sup>	78.0
Somalia	21.8	4.7	<0.1	27.1	-	-
South Africa	26.2	11.6	9.5	25.9	79.7	40.9
South Sudan	19.8	3.7	-	29.9	5.2 <sup>an</sup>	-
Spain	9.9	8.7	12.7	4.1	-	7.1
Sri Lanka	17.4	14.6	4.1	14.9	74.3 <sup>an</sup>	21.0
Sudan	26.0	8.1	0.5	25.7	30.1 <sup>an</sup>	86.8
Suriname	21.7	22.8	5.3	14.5	57.5	56.7
Sweden	9.1	14.8	8.9	2.8	-	4.6
Switzerland	8.6	17.2	11.5	2.7	-	2.4



3.8			3.9			3.a	Member State
UHC: Service coverage index <sup>a</sup>	Population with household expenditures on health >10% of total household expenditure or income <sup>e</sup> (%)	Population with household expenditures on health >25% of total household expenditure or income <sup>e</sup> (%)	Age-standardized mortality rate attributed to household and ambient air pollution <sup>c,s</sup> (per 100 000 population)	Mortality rate attributed to exposure to unsafe WASH services <sup>e,s</sup> (per 100 000 population)	Mortality rate from unintentional poisoning <sup>o,l</sup> (per 100 000 population)	Age-standardized prevalence of tobacco use among persons 15 years and older <sup>f</sup> (%)	
Comparable estimates	Primary data	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	
2017	2010–2018	2010–2018	2016	2016	2016	2018	
-	-	-	-	-	-	-	Monaco
62	2.4	0.5	155.9	1.3	1.6	27.6	Mongolia
68	10.3	0.8	78.6	<0.1	0.5	-	Montenegro
70	-	-	49.1	1.9	0.6	14.7	Morocco
46	1.6	0.4	110.0	27.6	2.9	14.4	Mozambique
61	14.4	2.8	156.4	12.6	1.4	45.5	Myanmar
62	-	-	145.0	18.3	1.5	17.9	Namibia
-	-	-	-	-	-	52.1	Nauru
48	10.7	2.4	193.8	19.8	0.4	31.9	Nepal
86	-	-	13.7	0.2	0.1	23.4 <sup>so</sup>	Netherlands
87	-	-	7.2	0.1	0.2	14.8 <sup>so</sup>	New Zealand
73	14.8	3.0	55.7	2.2	0.6	-	Nicaragua
37	6.6	1.9	251.8	70.8	4.2	8.6	Niger
42	15.1	4.1	307.4	68.6	3.0	4.8	Nigeria
-	-	-	-	-	-	-	Niue
72	-	-	82.2	0.1	0.4	-	North Macedonia
87	-	-	8.6	0.2	0.2	18.4 <sup>so</sup>	Norway
69	-	-	53.9	<0.1	0.4	9.6	Oman
45	4.5	0.5	173.6	19.6	2.3	20.0	Pakistan
-	-	-	-	-	-	23.7	Palau
79	-	-	25.8	1.9	0.4	6.9	Panama
40	-	-	152.0	16.3	1.7	-	Papua New Guinea
69	7.1	1.9	57.5	1.5	0.3	12.8 <sup>so</sup>	Paraguay
77	9.2	1.3	63.9	1.3	0.9	9.6 <sup>so</sup>	Peru
61	6.3	1.4	185.2	4.2	0.2	24.3 <sup>so</sup>	Philippines
75	14.1	1.3	37.9	0.1	0.2	26.0 <sup>so</sup>	Poland
82	18.4	3.3	9.8	0.2	0.3	27.9 <sup>so</sup>	Portugal
68	-	-	47.4	<0.1	0.4	14.0	Qatar
86	21.8	3.9	20.5	1.8	0.5	22.0 <sup>so</sup>	Republic of Korea
69	18.7	3.6	78.3	0.1	1.2	25.3 <sup>so</sup>	Republic of Moldova
74	13.4	2.2	59.3	0.4	0.4	25.5 <sup>so</sup>	Romania
75	4.9	0.6	49.4	0.1	1.7	28.3 <sup>so</sup>	Russian Federation
57	1.2	0.1	121.4	19.3	2.4	13.3	Rwanda
-	-	-	-	-	-	-	Saint Kitts and Nevis
68	-	-	30.0	0.6	0.2	-	Saint Lucia
71	-	-	47.6	1.3	0.2	-	Saint Vincent and the Grenadines
58	-	-	85.0	1.5	0.5	28.9 <sup>so</sup>	Samoa
-	-	-	-	-	-	-	San Marino
55	-	-	162.4	11.4	0.9	5.4	Sao Tome and Principe
74	-	-	83.7	0.1	0.7	16.6	Saudi Arabia
45	3.3	0.2	160.7	23.9	2.3	9.1	Senegal
65	8.1	0.5	62.5	0.7	0.3	40.6 <sup>so</sup>	Serbia
71	3.5	1.6	49.3	0.2	0.6	21.1	Seychelles
39	54.2	22.2	324.1	81.3	4.1	19.8	Sierra Leone
86	9.0	1.5	25.9	0.1	0.1	16.5 <sup>so</sup>	Singapore
77	3.8	0.4	33.5	<0.1	0.4	32.3 <sup>so</sup>	Slovakia
79	2.9	0.3	22.6	<0.1	0.3	22.7 <sup>so</sup>	Slovenia
47	-	-	137.0	6.2	0.9	37.9 <sup>so</sup>	Solomon Islands
25	-	-	212.8	86.6	4.6	-	Somalia
69	1.4	0.1	86.7	13.7	1.2	31.4	South Africa
31	-	-	165.1	63.3	4.0	-	South Sudan
83	5.7	1.2	9.9	0.2	0.2	27.9 <sup>so</sup>	Spain
66	5.4	0.9	79.8	1.2	0.4	22.9	Sri Lanka
44	-	-	184.9	17.3	3.9	-	Sudan
71	4.9	1.4	56.7	2.0	0.4	-	Suriname
86	-	-	7.2	0.2	0.4	28.8	Sweden
83	-	-	10.1	0.1	0.1	25.1 <sup>so</sup>	Switzerland

## ANNEX 2 Part 2

Member State	3.4		3.5	3.6	3.7	
	Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and exact age 70 <sup>e-l</sup> (%)	Suicide mortality rate <sup>e-l</sup> (per 100 000 population)	Total alcohol per capita (≥ 15 years of age) consumption <sup>m</sup> (litres of pure alcohol)	Road traffic mortality rate <sup>n</sup> (per 100 000 population)	Proportion of women of reproductive age who have their need for family planning satisfied with modern methods <sup>o</sup> (%)	Adolescent birth rate <sup>p</sup> (per 1000 women aged 15–19 years)
	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Primary data
	2016	2016	2018	2016	2010–2019	2010–2018
Syrian Arab Republic	21.8	1.9	0.2	26.5	-	-
Tajikistan	25.3	2.5	3.3	18.1	52.1 <sup>an</sup>	54.3
Thailand	14.5	14.4	8.3	32.7	89.2 <sup>an</sup>	37.8
Timor-Leste	19.9	4.6	2.2	12.7	45.9	41.9
Togo	23.6	9.6	2.5	29.2	37.0 <sup>an</sup>	88.7
Tonga	23.3	3.5	0.8	16.8	47.9 <sup>an</sup>	30.0
Trinidad and Tobago	21.3	13.6	6.7	12.1	58.2 <sup>an</sup>	-
Tunisia	16.1	3.4	2.1	22.8	63.2 <sup>an</sup>	4.0
Turkey	16.1	7.3	2.0	12.3	60.1 <sup>an</sup>	20.9
Turkmenistan	29.5	6.7	4.9	14.5	75.6 <sup>an</sup>	28.0
Tuvalu	-	-	1.5	-	-	26.6
Uganda	21.9	9.9	15.1	29.0	55.2	131.5
Ukraine	24.7	22.4	8.3	13.7	68.0 <sup>an</sup>	19.1
United Arab Emirates	16.8	2.8	3.9	18.1	-	5.4
United Kingdom	10.9	8.9	11.4	3.1	-	12.4
United Republic of Tanzania	17.9	5.4	11.3	29.2	55.1	138.9
United States of America	14.6	15.3	9.9	12.4	77.2 <sup>an</sup>	18.8
Uruguay	16.7	18.4	6.9	13.4	-	35.8
Uzbekistan	24.5	7.4	2.6	11.5	-	18.9
Vanuatu	23.3	4.5	2.2	15.9	50.7 <sup>an</sup>	51.2
Venezuela (Bolivarian Republic of)	18.1	3.7	4.1	33.7	-	94.5
Viet Nam	17.1	7.3	8.7	26.4	69.5 <sup>an</sup>	30.1
Yemen	30.6	8.5	0.1	-	40.5 <sup>an</sup>	67.2
Zambia	17.9	6.1	6.5	-	68.1 <sup>an</sup>	135.0
Zimbabwe	19.3	10.7	4.7	34.7	84.8	77.6

WHO region	2016	2016	2018	2016	2020	2015–2020
African Region	20.6	7.4	5.9	26.6	56.5	102.1
Region of the Americas	15.1	9.8	7.6	15.6	82.8	49.9
South-East Asia Region	23.1	13.2	4.4	20.7	75.3	26.1
European Region	16.7	15.4	9.7	9.3	76.7	17.1
Eastern Mediterranean Region	22.0	3.9	0.6	18.0	60.9	46.5
Western Pacific Region	16.2	10.2	7.2	16.9	86.8	14.4

<b>Global</b>	18.3	10.6	6.2	18.2	76.8	42.5
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3.8			3.9			3.a	
UHC: Service coverage index <sup>a</sup>	Population with household expenditures on health >10% of total household expenditure or income <sup>e</sup> (%)	Population with household expenditures on health >25% of total household expenditure or income <sup>e</sup> (%)	Age-standardized mortality rate attributed to household and ambient air pollution <sup>c,s</sup> (per 100 000 population)	Mortality rate attributed to exposure to unsafe WASH services <sup>e,5</sup> (per 100 000 population)	Mortality rate from unintentional poisoning <sup>1</sup> (per 100 000 population)	Age-standardized prevalence of tobacco use among persons 15 years and older <sup>f</sup> (%)	
Comparable estimates	Primary data	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Member State
2017	2010–2018	2010–2018	2016	2016	2016	2018	
60	-	-	75.2	3.7	0.4	-	Syrian Arab Republic
68	-	-	129.3	2.7	1.2	-	Tajikistan
80	2.2	0.4	61.5	3.5	0.4	22.8	Thailand
52	2.9	0.5	139.8	9.9	0.4	38.2	Timor-Leste
43	-	-	249.6	41.6	2.4	7.6	Togo
58	-	-	73.3	1.4	1.3	30.2 <sup>30</sup>	Tonga
74	3.9	1.9	38.6	0.1	0.2	-	Trinidad and Tobago
70	18.4	2.7	56.1	1.0	0.5	26.0	Tunisia
74	3.2	0.4	46.6	0.3	0.3	29.3 <sup>30</sup>	Turkey
70	-	-	79.3	4.0	0.7	-	Turkmenistan
-	-	-	-	-	-	48.7	Tuvalu
45	15.3	3.8	155.7	31.6	3.2	9.8	Uganda
68	7.8	0.9	70.7	0.3	2.5	25.5 <sup>30</sup>	Ukraine
76	-	-	54.7	<0.1	0.3	18.2	United Arab Emirates
87	1.6	0.5	13.8	0.2	0.2	19.2 <sup>30</sup>	United Kingdom
43	3.8	1.2	139.0	38.4	2.7	13.3	United Republic of Tanzania
84	4.8	0.8	13.3	0.2	0.9	25.1	United States of America
80	-	-	17.5	0.4	0.4	21.8 <sup>30</sup>	Uruguay
73	-	-	81.1	0.4	1.0	12.3 <sup>30</sup>	Uzbekistan
48	-	-	135.6	10.4	0.9	24.1	Vanuatu
74	-	-	34.6	1.4	0.3	-	Venezuela (Bolivarian Republic of)
75	9.4	1.9	64.5	1.6	0.9	-	Viet Nam
42	15.8	4.2	194.2	10.2	3.8	20.9	Yemen
53	0.3	<0.1	127.2	34.9	2.9	14.7	Zambia
54	-	-	133.0	24.6	2.2	13.9	Zimbabwe

2017	2015	2015	2016	2016	2016	2018	WHO region
46	7.3	1.8	180.9	45.8	2.7	12.7	African Region
79	11.3	1.8	29.7	1.1	0.6	18.6	Region of the Americas
56	16.0	3.8	165.8	15.4	1.8	29.1	South-East Asian Region
77	7.4	1.2	36.3	0.3	0.7	26.3	European Region
57	11.7	1.9	125.0	10.6	1.5	19.3	Eastern Mediterranean Region
77	15.9	4.2	102.8	1.0	1.1	26.3	Western Pacific Region
66	12.7	2.9	114.1	11.7	1.4	23.6	Global

## ANNEX 2 Part 3

Member State	3.b						3.c	
	Diphtheria-tetanus-pertussis (DTP3) immunization coverage among 1-year-olds <sup>u</sup> (%)	Measles-containing-vaccine second-dose (MCV2) immunization coverage by the nationally recommended age <sup>u</sup> (%)	Pneumococcal conjugate 3rd dose (PCV3) immunization coverage among 1-year olds <sup>u</sup> (%)	Human papillomavirus (HPV) immunization coverage estimates among 15 year-old girls <sup>u</sup> (%)	Total net official development assistance to medical research and basic health sectors per capita <sup>v</sup> (US\$), by recipient country	Proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis <sup>w</sup> (%)	Density of medical doctors <sup>x</sup> (per 10 000 population)	Density of nursing and midwifery personnel <sup>t</sup> (per 10 000 population)
	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Primary data	Primary data	Primary data
	2018	2018	2018	2018	2018	2010–2019	2010–2018	2010–2018
Afghanistan	66	39	65	-	6.46	-	2.8	1.8
Albania	99	96	98	-	3.11	-	12.2	36.5
Algeria	91	77	91	-	0.01	-	17.2	15.5
Andorra	99	95	94	-	-	-	33.3	40.1
Angola	59	35	67	-	1.47	-	2.1	4.1
Antigua and Barbuda	95	95	-	-	0.01	-	29.6	45.2
Argentina	86	89	88	57	0.26	-	39.9	26.0
Armenia	92	96	92	2	3.16	-	44.0	61.1
Australia	95	93	95	80 <sup>aq</sup>	-	-	36.8	125.5
Austria	85	84	-	-	-	-	51.7	2.6
Azerbaijan	95	96	95	-	0.32	-	34.5	64.3
Bahamas	90	69	90	-	-	-	20.1	45.7
Bahrain	99	99	98	-	-	-	9.3	24.9
Bangladesh	98	93	97	-	1.37	-	5.8	4.1
Barbados	95	74	89	25	-	-	24.8	30.6
Belarus	97	98	-	-	0.41	-	51.9	110.0
Belgium	98	85	94	67 <sup>aq</sup>	-	-	30.7	194.6
Belize	96	91	-	64	11.48	-	11.2	23.4
Benin	76	-	73	-	4.95	-	0.8	3.9
Bhutan	97	91	-	90	1.92	-	4.2	18.5
Bolivia (Plurinational State of)	83	38	83	61	1.32	23.1 <sup>as</sup>	15.9	15.6
Bosnia and Herzegovina	73	76	-	-	3.94	-	21.6	57.3
Botswana	95	74	91	82 <sup>aq</sup>	6.78	-	5.3	54.0
Brazil	83	69	84	69 <sup>at</sup>	0.04	-	21.6	101.2
Brunei Darussalam	99	98	-	89	-	-	16.1	59.0
Bulgaria	92	87	88	5	-	-	40.3	48.2
Burkina Faso	91	71	91	-	5.76	0.0 <sup>as</sup>	0.8	8.8
Burundi	90	77	90	-	9.05	0.0 <sup>as</sup>	1.0	8.5
Cabo Verde	98	88	-	-	8.97	-	7.8	13.0
Cambodia	92	70	84	-	3.73	-	1.9	6.9
Cameroon	79	-	79	-	2.90	-	0.9	0.1
Canada	91	87	81	83 <sup>aw</sup>	-	-	23.1	99.4
Central African Republic	47	-	47	-	8.52	-	0.7	2.1
Chad	41	-	-	-	3.26	-	0.4	2.3
Chile	95	93	93	75	-	36.4 <sup>as</sup>	25.9	133.2
China	99	99	-	-	0.06	-	19.8	26.6
Colombia	92	88	94	29	0.09	8.3 <sup>as</sup>	21.8	13.3
Comoros	91	-	-	-	8.26	-	2.7	6.3
Congo	75	-	73	-	2.26	0.0 <sup>as</sup>	1.6	6.3
Cook Islands	99	99	-	99 <sup>az</sup>	12.95	-	14.1	67.4
Costa Rica	94	93	96	-	0.59	-	28.9	34.1
Côte d'Ivoire	82	-	81	-	3.92	-	2.3	6.0
Croatia	93	95	-	-	-	-	30.0	81.2
Cuba	99	99	-	-	0.11	-	84.2	75.6
Cyprus	99	88	81	64 <sup>ba</sup>	-	-	19.5	52.5
Czechia	96	84	-	-	-	-	41.2	84.0
Democratic People's Republic of Korea	97	99	-	-	0.48	-	36.8	44.5
Democratic Republic of the Congo	81	-	81	-	5.14	-	0.7	11.1
Denmark	97	90	96	54	-	-	40.1	103.2
Djibouti	84	81	84	-	9.14	-	2.2	7.3
Dominica	94	81	-	-	0.01	-	11.2	64.4
Dominican Republic	94	31	70	6	0.35	-	15.3	13.8
Ecuador	85	74	85	91	0.39	50.0 <sup>as</sup>	20.4	25.1
Egypt	95	94	-	-	0.28	-	4.5	19.3
El Salvador	81	85	75	-	1.16	-	15.7	18.3
Equatorial Guinea	25	-	-	-	1.11	-	4.0	5.0

3.c		3.d	1.a	2.2			Member State
Density of dentists* (per 10 000 population)	Density of pharmacists* (per 10 000 population)	Average of 13 International Health Regulations core capacity scores <sup>f</sup>	Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) <sup>e</sup> (%)	Prevalence of stunting in children under 5 <sup>aa</sup> (%)	Prevalence of wasting in children under 5 <sup>aa</sup> (%)	Prevalence of overweight in children under 5 <sup>aa</sup> (%)	
Primary data	Primary data	Primary data	Comparable estimates	Primary data	Primary data	Primary data	
2010–2019	2010–2018	2019	2017	2010–2019	2010–2019	2010–2019	
<0.1	0.5	43	2.3	38.2	5.1	4.1	Afghanistan
-	8.4	62	14.7	11.3	1.6	16.4	Albania
3.7	4.5	80	10.7	11.7	4.1	12.4	Algeria
8.2	10.1	52	14.0	-	-	-	Andorra
-	-	63	5.4	37.6	4.9	3.4	Angola
0.4	-	-	9.5	-	-	-	Antigua and Barbuda
-	-	61	16.1	7.9	1.6	10.0 <sup>ap</sup>	Argentina
5.6	0.5	83	5.3	9.4	4.4	13.7	Armenia
5.9	8.8	92	17.8	-	-	22.0 <sup>ar</sup>	Australia
5.7	7.1	69	15.3	-	-	-	Austria
2.7	2.0	87	2.8	17.8	3.2	14.1	Azerbaijan
2.7	5.6	62	11.3	-	-	-	Bahamas
1.0	1.6	80	8.5	-	-	-	Bahrain
0.6	1.8	67	3.0	30.8	8.4	2.2	Bangladesh
3.1	-	-	9.1	7.7	6.8	12.2	Barbados
6.2	3.6	-	10.6	-	-	-	Belarus
10.5	19.1	84	15.3	-	-	-	Belgium
1.4	6.8	-	11.0	15.0	1.8	7.3	Belize
<0.1	0.3	35	4.6	32.2	5.0	1.9	Benin
0.8	0.6	59	7.9	33.5	5.9	7.6	Bhutan
2.2	2.2	-	11.5	16.1	2.0	10.1	Bolivia (Plurinational State of)
2.4	1.3	35	15.5	8.9	2.3	17.4	Bosnia and Herzegovina
0.4	2.1	30	14.3	-	-	-	Botswana
12.5	6.8	87	10.3	-	-	-	Brazil
2.5	1.7	-	6.2	-	-	-	Brunei Darussalam
10.5	-	-	12.0	7.0 <sup>au</sup>	6.3 <sup>au</sup>	6.9 <sup>au</sup>	Bulgaria
<0.1	0.1	44	10.0	24.9	8.4	1.0	Burkina Faso
<0.1	<0.1	48	8.5	54.2	5.1	1.4	Burundi
0.1	0.1	48	9.9	-	-	-	Cabo Verde
0.2	0.3	50	6.1	32.4	9.7	2.2	Cambodia
<0.1	0.1	42	3.1	28.9 <sup>av</sup>	4.3 <sup>av</sup>	11.0 <sup>av</sup>	Cameroon
6.4	11.2	99	19.3	-	-	-	Canada
<0.1	<0.1	17	5.0	40.8	6.6 <sup>ax</sup>	2.0	Central African Republic
<0.1	<0.1	30	4.7	39.8	13.3	2.8	Chad
12.5	5.3	76	17.7	1.8 <sup>ay</sup>	0.3 <sup>ay</sup>	9.3 <sup>ay</sup>	Chile
4.5	3.2	93	9.1	8.1	1.9	9.1	China
9.7	-	69	17.5	12.7	1.6	5.7	Colombia
0.4	0.2	27	3.4	31.1	11.2	10.6	Comoros
0.3	0.4	33	3.4	21.2	8.2	5.9	Congo
3.4	0.6	-	5.7	-	-	-	Cook Islands
0.1	7.3	77	26.9	-	-	-	Costa Rica
0.1	1.1	44	5.1	21.6	6.1	1.5	Côte d'Ivoire
7.9	7.2	78	12.4	-	-	-	Croatia
16.8	-	78	15.9	-	-	-	Cuba
7.5	6.5	74	7.6	-	-	-	Cyprus
7.3	6.9	68	15.2	-	-	-	Czechia
2.2	4.0	69	-	19.1	2.5	2.3	Democratic People's Republic of Korea
<0.1	0.1	35	3.3	42.7	8.1	4.4	Democratic Republic of the Congo
7.4	5.2	95	16.6	-	-	-	Denmark
0.2	2.3	32	4.1	33.5	21.5	8.1	Djibouti
0.7	-	71	7.3	-	-	-	Dominica
1.9	-	55	15.6	7.1	2.4	7.6	Dominican Republic
3.2	0.4	77	11.9	23.9	1.6	8.0	Ecuador
20.0	4.6	83	5.4	22.3	9.5	15.7	Egypt
-	6.5	89	19.2	13.6	2.1	6.4	El Salvador
-	-	22	2.9	26.2	3.1	9.7	Equatorial Guinea

## ANNEX 2 Part 3

Member State	3.b						3.c	
	Diphtheria-tetanus-pertussis (DTP3) immunization coverage among 1-year-olds <sup>u</sup> (%)	Measles-containing-vaccine second-dose (MCV2) immunization coverage by the nationally recommended age <sup>u</sup> (%)	Pneumococcal conjugate 3rd dose (PCV3) immunization coverage among 1-year olds <sup>u</sup> (%)	Human papillomavirus (HPV) immunization coverage estimates among 15 year-old girls <sup>u</sup> (%)	Total net official development assistance to medical research and basic health sectors per capita <sup>v</sup> (US\$), by recipient country	Proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis <sup>w</sup> (%)	Density of medical doctors <sup>x</sup> (per 10 000 population)	Density of nursing and midwifery personnel <sup>t</sup> (per 10 000 population)
	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Primary data	Primary data	Primary data
	2018	2018	2018	2018	2018	2010–2019	2010–2018	2010–2018
Eritrea	95	88	95	-	8.74	-	0.6	14.4
Estonia	92	88	-	44	-	-	44.8	111.6
Eswatini	90	75	88	-	13.91	-	3.3	41.4
Ethiopia	72	-	67	-	4.22	-	0.8	7.1
Fiji	99	94	99	46	8.56	-	8.6	33.8
Finland	91	93	88	62 <sup>aw</sup>	-	-	38.1	147.4
France	96	80	92	-	-	-	32.7	114.7
Gabon	70	-	-	-	1.76	-	6.8	29.5
Gambia	93	71	93	-	20.92	-	1.0	15.4
Georgia	93	96	81	-	0.79	-	71.2	47.3
Germany	93	93	84	31 <sup>aq</sup>	-	-	42.5	132.4
Ghana	97	83	96	-	5.54	12.5 <sup>as</sup>	1.4	42.0
Greece	99	83	96	-	-	-	54.8	36.3
Grenada	96	74	-	-	-	-	14.1	62.8
Guatemala	86	76	85	33	1.10	-	3.5	0.7
Guinea	45	-	-	-	5.85	12.5 <sup>as</sup>	0.8	1.2
Guinea-Bissau	88	-	88	-	13.53	-	1.3	6.9
Guyana	95	84	91	9	3.48	-	8.0	10.4
Haiti	64	38	1	-	6.38	0.0	2.3	6.8
Honduras	90	94	90	61	0.99	-	3.1	7.4
Hungary	99	99	99	71	-	-	34.1	69.2
Iceland	91	95	90	85	-	-	40.8	162.1
India	89	80	6	-	0.18	-	8.6	17.3
Indonesia	79	67	8	1 <sup>ba</sup>	0.30	14.6	4.3	24.1
Iran (Islamic Republic of)	99	98	-	-	<0.01	-	15.8	4.4
Iraq	84	81	32	-	0.21	-	7.1	20.4
Ireland	94	-	90	62	-	-	33.1	161.0
Israel	98	96	94	50 <sup>aq</sup>	-	-	46.2	3.3
Italy	95	89	92	40	-	-	39.8	57.4
Jamaica	97	82	-	8	0.69	-	13.1	8.1
Japan	99	93	98	<1	-	-	24.1	121.5
Jordan	96	96	-	-	2.80	-	23.2	28.2
Kazakhstan	98	98	95	-	0.32	-	39.8	72.9
Kenya	92	45	81	-	3.42	-	1.6	11.7
Kiribati	95	79	94	-	12.98	-	2.0	38.3
Kuwait	99	99	99	-	-	-	26.5	74.1
Kyrgyzstan	94	96	92	-	4.11	0.0 <sup>as</sup>	22.1	59.4
Lao People's Democratic Republic	68	57	56	-	4.18	25.3	3.7	9.5
Latvia	96	94	82	53	-	-	31.9	47.5
Lebanon	83	63	82	-	4.51	52.5	21.0	16.7
Lesotho	93	82	93	-	12.09	-	0.7	32.6
Liberia	84	-	84	-	12.84	-	0.4	5.3
Libya	97	96	96	-	0.81	-	20.9	65.3
Lithuania	92	92	82	46	-	-	63.5	98.5
Luxembourg	99	90	96	14 <sup>aq</sup>	-	-	30.1	121.7
Madagascar	75	-	75	-	4.40	-	1.8	1.5
Malawi	92	72	92	-	13.38	-	0.4	4.4
Malaysia	99	99	-	83	0.07	-	15.4	34.7
Maldives	99	99	-	-	5.81	-	45.6	64.3
Mali	71	-	68	-	6.86	0.0 <sup>as</sup>	1.3	3.6
Malta	97	95	-	81	-	-	28.6	94.8
Marshall Islands	81	61	67	28	3.84	-	4.2	33.4
Mauritania	81	-	77	-	4.14	-	1.9	9.3
Mauritius	97	99	96	81	0.74	-	25.3	35.2
Mexico	88	99	88	99	0.02	-	23.8	24.0
Micronesia (Federated States of)	75	48	67	60	3.25	-	-	20.4

3.c		3.d	1.a	2.2			Member State
Density of dentists* (per 10 000 population)	Density of pharmacists* (per 10 000 population)	Average of 13 International Health Regulations core capacity scores <sup>f</sup>	Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) <sup>e</sup> (%)	Prevalence of stunting in children under 5 <sup>aa</sup> (%)	Prevalence of wasting in children under 5 <sup>aa</sup> (%)	Prevalence of overweight in children under 5 <sup>aa</sup> (%)	
Primary data	Primary data	Primary data	Comparable estimates	Primary data	Primary data	Primary data	
2010–2019	2010–2018	2019	2017	2010–2019	2010–2019	2010–2019	
-	-	49	2.7	52.5	14.6	2.1	Eritrea
13.8	10.9	-	12.2	-	-	-	Estonia
0.1	0.3	40	10.0	25.5	2.0	9.0	Eswatini
0.2	0.4	63	4.8	36.8	7.2	2.1	Ethiopia
1.2	1.1	-	7.2	-	-	-	Fiji
7.3	10.9	-	13.0	-	-	-	Finland
6.7	10.6	82	15.5	-	-	-	France
0.2	0.6	27	9.7	17.0	3.4	7.7	Gabon
0.1	<0.1	38	3.1	13.6 <sup>bb</sup>	6.0 <sup>bb</sup>	2.5 <sup>bb</sup>	Gambia
7.6	1.0	58	9.5	-	-	-	Georgia
8.5	6.5	88	19.9	1.7 <sup>bc</sup>	0.3 <sup>bc</sup>	3.2 <sup>bc</sup>	Germany
-	0.2	49	6.1	17.5	6.8	1.4	Ghana
12.5	10.6	57	10.2	-	-	-	Greece
1.5	6.8	-	9.0	-	-	-	Grenada
0.1	<0.1	53	17.2	46.7	0.8	4.9	Guatemala
<0.1	0.1	44	4.1	30.3	9.2	5.6	Guinea
<0.1	<0.1	25	3.0	27.6	6.0	2.3	Guinea-Bissau
0.4	0.1	88	8.5	11.3	6.4	5.3	Guyana
0.2	0.3	-	5.2	21.9	3.7	3.4	Haiti
0.3	-	60	11.7	22.6	1.4	5.2	Honduras
7.1	8.1	68	10.1	-	-	-	Hungary
8.6	5.1	83	15.7	-	-	-	Iceland
2.0	8.9	78	3.4	34.7 <sup>bd</sup>	17.3 <sup>bd</sup>	1.6 <sup>bd</sup>	India
0.6	0.9	73	8.7	30.5	10.2	8.0	Indonesia
4.5	2.9	-	22.9	6.8 <sup>be</sup>	4.0 <sup>be</sup>	-	Iran (Islamic Republic of)
2.6	3.3	58	5.0	12.6	3.0	6.1	Iraq
6.7	11.6	-	20.0	-	-	-	Ireland
7.3	8.0	87	11.9	-	-	-	Israel
8.2	10.9	-	13.4	-	-	-	Italy
0.9	0.2	84	13.3	6.0	3.6	8.3	Jamaica
8.0	18.0	95	23.6	7.1	2.3	1.5	Japan
7.1	16.0	43	12.4	7.8	2.4	4.7	Jordan
2.9	8.1	82	7.9	8.0	3.1	9.3	Kazakhstan
0.2	0.2	43	8.0	26.2	4.2	4.1	Kenya
0.7	0.3	-	6.9	-	-	-	Kiribati
6.7	4.9	76	8.9	6.4 <sup>bf</sup>	2.5 <sup>bf</sup>	5.5 <sup>sp,bf</sup>	Kuwait
1.9	0.4	47	6.2	11.8	2.0	6.9	Kyrgyzstan
0.6	2.5	35	4.0	33.1	9.0	3.5	Lao People's Democratic Republic
7.1	8.3	77	9.0	-	-	-	Latvia
10.2	12.9	73	13.5	-	-	-	Lebanon
-	-	29	11.8	34.6	2.1	6.6	Lesotho
<0.1	0.1	46	4.2	30.1	4.3	2.7	Liberia
8.8	6.0	54	-	38.1	10.2	29.6	Libya
10.0	9.9	83	12.8	-	-	-	Lithuania
9.8	7.0	97	10.8	-	-	-	Luxembourg
<0.1	<0.1	29	15.0	41.6	6.4	1.4	Madagascar
<0.1	0.1	36	9.8	39.0 <sup>ax</sup>	1.3 <sup>ax</sup>	2.5 <sup>ax</sup>	Malawi
3.1	3.5	-	8.9	20.7	11.5	6.0	Malaysia
2.0	3.5	51	21.8	-	-	-	Maldives
0.1	0.1	48	5.8	26.9 <sup>bg</sup>	9.0 <sup>bg</sup>	2.0 <sup>bg</sup>	Mali
4.8	12.9	60	16.5	-	-	-	Malta
1.2	0.7	-	9.5	34.8 <sup>bh</sup>	3.5 <sup>bh</sup>	4.1 <sup>bh</sup>	Marshall Islands
0.2	0.2	35	6.1	22.8	11.5	1.5	Mauritania
2.8	4.2	64	10.0	-	-	-	Mauritius
1.4	0.5	83	11.0	10.0	2.0	5.3	Mexico
-	-	38	4.9	-	-	-	Micronesia (Federated States of)

## ANNEX 2 Part 3

Member State	3.b						3.c	
	Diphtheria-tetanus-pertussis (DTP3) immunization coverage among 1-year-olds <sup>u</sup> (%)	Measles-containing-vaccine second-dose (MCV2) immunization coverage by the nationally recommended age <sup>u</sup> (%)	Pneumococcal conjugate 3rd dose (PCV3) immunization coverage among 1-year olds <sup>u</sup> (%)	Human papillomavirus (HPV) immunization coverage estimates among 15 year-old girls <sup>u</sup> (%)	Total net official development assistance to medical research and basic health sectors per capita <sup>v</sup> (US\$), by recipient country	Proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis <sup>w</sup> (%)	Density of medical doctors <sup>x</sup> (per 10 000 population)	Density of nursing and midwifery personnel <sup>t</sup> (per 10 000 population)
	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Primary data	Primary data	Primary data
	2018	2018	2018	2018	2018	2010–2019	2010–2018	2010–2018
Monaco	99	79	-	-	-	-	75.1	201.6
Mongolia	99	98	26	-	7.80	26.7	28.6	38.9
Montenegro	87	83	-	-	0.29	-	27.6	52.3
Morocco	99	99	99	-	0.56	-	7.3	13.9
Mozambique	80	59	80	-	5.90	-	0.8	6.8
Myanmar	91	87	91	-	1.98	-	6.8	10.0
Namibia	89	50	61	-	6.97	-	4.2	19.5
Nauru	90	94	-	-	38.38	-	13.5	76.6
Nepal	91	69	82	-	1.97	-	7.5	31.1
Netherlands	93	89	93	46 <sup>aw</sup>	-	-	36.1	111.8
New Zealand	93	90	96	58	-	-	35.9	124.5
Nicaragua	98	95	98	-	2.97	-	9.8	15.3
Niger	79	48	79	-	4.63	-	0.4	2.7
Nigeria	57	-	57	-	2.43	-	3.8	11.8
Niue	99	99	99	-	9.82	-	-	125.0
North Macedonia	91	97	-	40	0.21	-	28.7	37.9
Norway	96	93	94	86	-	-	29.2	182.2
Oman	99	99	99	-	-	-	20.0	42.0
Pakistan	75	67	79	-	1.69	-	9.8	6.7
Palau	95	75	89	48	4.94	-	14.2	72.6
Panama	88	99	92	69	1.11	-	15.7	30.7
Papua New Guinea	61	-	43	-	6.09	-	0.7	4.5
Paraguay	88	83	94	56	1.59	-	13.5	16.6
Peru	84	66	82	68	0.36	69.2 <sup>as</sup>	13.0	24.4
Philippines	65	40	43	1 <sup>ba</sup>	0.61	-	6.0	49.4
Poland	95	92	60	-	-	-	23.8	68.9
Portugal	99	96	98	80 <sup>aw</sup>	-	-	51.2	69.7
Qatar	98	95	98	-	-	-	24.9	72.6
Republic of Korea	98	97	97	63	-	-	23.6	73.0
Republic of Moldova	93	96	94	-	2.49	21.7	32.1	49.2
Romania	86	81	-	-	-	-	29.8	73.9
Russian Federation	97	97	82	-	-	-	37.5	85.4
Rwanda	97	96	97	84	4.98	-	1.3	12.0
Saint Kitts and Nevis	97	96	-	-	-	-	26.8	42.2
Saint Lucia	95	68	-	-	2.13	-	6.4	31.5
Saint Vincent and the Grenadines	97	99	-	4	3.42	-	6.6	70.1
Samoa	34	13	-	-	18.68	-	3.4	24.9
San Marino	90	84	58	16	-	-	61.1	82.1
Sao Tome and Principe	95	76	95	95	13.90	-	0.5	19.2
Saudi Arabia	96	97	98	-	-	-	26.1	54.8
Senegal	81	63	81	-	5.59	7.7 <sup>as</sup>	0.7	3.1
Serbia	96	90	48	-	0.06	-	31.1	60.9
Seychelles	99	97	16	99 <sup>az</sup>	-	-	21.2	80.8
Sierra Leone	90	55	90	-	9.15	-	0.3	2.2
Singapore	96	84	82	<1	-	-	22.9	62.4
Slovakia	96	97	96	-	-	-	34.2	3.2
Slovenia	93	94	60	45	-	-	30.9	99.7
Solomon Islands	85	54	84	-	10.45	-	1.9	21.6
Somalia	42	-	-	-	2.85	-	0.2	1.1
South Africa	74	50	73	57 <sup>aq</sup>	2.59	-	9.1	13.1
South Sudan	49	-	-	-	9.91	-	-	-
Spain	93	94	93	69	-	-	38.7	57.3
Sri Lanka	99	99	-	67	1.29	-	10.0	21.8
Sudan	93	72	93	-	2.71	41.0	2.6	7.0
Suriname	95	39	-	38 <sup>aq</sup>	3.04	-	12.1	27.6
Sweden	97	95	97	75 <sup>aw</sup>	-	-	39.8	118.2



3.c		3.d	1.a	2.2			Member State
Density of dentists* (per 10 000 population)	Density of pharmacists* (per 10 000 population)	Average of 13 International Health Regulations core capacity scores <sup>f</sup>	Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) <sup>e</sup> (%)	Prevalence of stunting in children under 5 <sup>aa</sup> (%)	Prevalence of wasting in children under 5 <sup>aa</sup> (%)	Prevalence of overweight in children under 5 <sup>aa</sup> (%)	
Primary data	Primary data	Primary data	Comparable estimates	Primary data	Primary data	Primary data	
2010–2019	2010–2018	2019	2017	2010–2019	2010–2019	2010–2019	
10.2	26.3	81	6.7	-	-	-	Monaco
2.3	5.0	84	8.2	9.4	0.9	10.5	Mongolia
0.5	1.9	-	-	9.4	2.8	22.3	Montenegro
1.4	2.6	75	7.5	15.1	2.6	10.9	Morocco
0.1	0.1	60	4.7	42.3	4.4	7.0	Mozambique
0.7	0.7	64	3.5	29.4	6.6	1.5	Myanmar
0.7	2.4	59	10.7	22.7	7.1	4.0	Namibia
3.7	1.9	-	5.6	-	-	-	Nauru
1.0	4.0	34	4.5	36.0	9.6	1.2	Nepal
5.1	2.1	90	15.3	-	-	-	Netherlands
6.2	7.2	-	19.3	-	-	-	New Zealand
0.4	1.9	78	18.6	17.3	2.2	8.3	Nicaragua
<0.1	<0.1	39	9.7	48.5 <sup>ax</sup>	14.1 <sup>ax</sup>	1.0 <sup>ax</sup>	Niger
0.2	1.3	51	4.6	36.8	6.8	2.1	Nigeria
-	-	67	5.2	-	-	-	Niue
8.8	-	60	12.8	4.9	1.8	12.4	North Macedonia
8.7	8.3	93	17.9	-	-	-	Norway
3.0	5.6	86	7.6	11.4 <sup>bi</sup>	9.3 <sup>bi</sup>	4.2 <sup>bi</sup>	Oman
1.0	1.6	49	4.3	37.6	7.1	2.5	Pakistan
2.2	1.1	63	17.4	-	-	-	Palau
3.0	2.1	76	20.1	-	-	-	Panama
0.1	0.1	-	9.2	49.5	14.1	13.7	Papua New Guinea
1.6	0.3	65	10.5	5.6	1.0	12.4	Paraguay
1.8	0.5	48	14.9	12.2	0.5	8.6	Peru
<0.1	3.3	53	7.1	30.3	5.6	4.0	Philippines
3.5	7.7	70	10.9	2.6	-	-	Poland
10.1	9.1	82	13.0	-	-	-	Portugal
6.1	8.9	96	6.3	-	-	-	Qatar
5.0	7.2	97	13.4	2.5 <sup>ar</sup>	1.2 <sup>ar</sup>	7.3 <sup>ar</sup>	Republic of Korea
4.2	4.1	60	11.6	6.4	1.9	4.9	Republic of Moldova
8.0	9.1	67	12.1	-	-	-	Romania
2.8	0.5	99	8.8	-	-	-	Russian Federation
0.2	0.7	71	8.9	36.9 <sup>bj</sup>	2.0 <sup>bj</sup>	5.6 <sup>bj</sup>	Rwanda
3.9	-	51	8.2	-	-	-	Saint Kitts and Nevis
1.7	4.4	69	8.9	2.5	3.7	6.3	Saint Lucia
-	-	49	9.5	-	-	-	Saint Vincent and the Grenadines
1.1	0.7	-	11.6	4.9	3.9	5.3	Samoa
6.7	6.7	-	12.2	-	-	-	San Marino
-	-	32	10.8	17.2	4.0	2.4	Sao Tome and Principe
5.0	8.6	75	-	-	-	-	Saudi Arabia
0.1	0.1	54	3.9	18.8	8.1	2.6	Senegal
2.1	8.1	69	11.9	6.0	3.9	13.9	Serbia
4.3	4.7	53	10.1	7.9 <sup>bk</sup>	4.3 <sup>bk</sup>	10.2 <sup>bk</sup>	Seychelles
0.1	0.1	40	7.9	29.5	5.4	4.5	Sierra Leone
4.1	5.1	92	12.6	-	-	-	Singapore
4.9	-	73	13.3	-	-	-	Slovakia
7.0	6.8	86	13.6	-	-	-	Slovenia
0.5	1.2	-	7.2	31.7	8.5	4.5	Solomon Islands
-	-	-	-	-	-	-	Somalia
1.1	2.7	70	13.3	27.4	2.5	13.3	South Africa
<0.1	-	34	2.1	31.3	22.7	6.0	South Sudan
7.9	11.5	85	15.3	-	-	-	Spain
0.7	0.8	54	8.5	17.3 <sup>be</sup>	15.1 <sup>be</sup>	2.0 <sup>be</sup>	Sri Lanka
2.1	0.3	57	8.3	38.2	16.3	3.0	Sudan
-	-	57	11.8	8.8	5.0	4.0	Suriname
8.2	7.7	92	18.7	-	-	-	Sweden

## ANNEX 2 Part 3

Member State	3.b						3.c	
	Diphtheria-tetanus-pertussis (DTP3) immunization coverage among 1-year-olds <sup>u</sup> (%)	Measles-containing-vaccine second-dose (MCV2) immunization coverage by the nationally recommended age <sup>u</sup> (%)	Pneumococcal conjugate 3rd dose (PCV3) immunization coverage among 1-year olds <sup>u</sup> (%)	Human papillomavirus (HPV) immunization coverage estimates among 15 year-old girls <sup>u</sup> (%)	Total net official development assistance to medical research and basic health sectors per capita <sup>a</sup> (US\$), by recipient country	Proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis <sup>w</sup> (%)	Density of medical doctors <sup>x</sup> (per 10 000 population)	Density of nursing and midwifery personnel <sup>z</sup> (per 10 000 population)
	Comparable estimates	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Primary data	Primary data	Primary data
	2018	2018	2018	2018	2018	2010–2019	2010–2018	2010–2018
Switzerland	96	89	85	57 <sup>aw,bl</sup>	-	-	43.0	175.4
Syrian Arab Republic	47	54	-	-	1.98	-	12.9	15.4
Tajikistan	96	97	-	-	3.33	15.0	21.0	47.5
Thailand	97	87	-	-	0.29	-	8.1	27.6
Timor-Leste	83	54	-	-	8.93	-	7.2	16.7
Togo	88	-	88	-	2.96	-	0.8	4.1
Tonga	81	85	-	-	26.22	-	5.4	41.6
Trinidad and Tobago	99	92	99	14	-	0.0 <sup>as</sup>	41.7	40.9
Tunisia	97	99	-	-	0.29	-	13.0	25.1
Turkey	98	87	97	-	0.82	-	18.5	27.1
Turkmenistan	99	99	-	95 <sup>aq</sup>	0.35	-	22.2	44.3
Tuvalu	89	81	-	-	1.08	-	9.1	42.6
Uganda	93	-	92	72	5.54	-	1.7	12.4
Ukraine	50	90	-	-	1.11	-	29.9	66.6
United Arab Emirates	99	99	99	26 <sup>ba</sup>	-	-	25.3	57.3
United Kingdom	94	88	92	81	-	-	28.1	81.7
United Republic of Tanzania	98	84	98	16	4.24	0.0 <sup>as</sup>	0.1	5.8
United States of America	94	94	92	46 <sup>aw,bl</sup>	-	-	26.1	145.5
Uruguay	91	91	93	42	-	-	50.8	19.4
Uzbekistan	98	99	96	-	1.04	-	23.7	112.8
Vanuatu	85	-	-	-	15.84	-	1.7	14.2
Venezuela (Bolivarian Republic of)	60	39	0	-	0.03	-	-	9.4
Viet Nam	75	90	-	-	0.96	-	8.3	14.5
Yemen	65	46	64	-	5.79	-	5.3	7.9
Zambia	90	65	90	-	11.34	16.7 <sup>as</sup>	11.9	13.4
Zimbabwe	89	78	89	-	7.80	-	2.1	19.3

WHO region	2018	2018	2018	2018	2018		2018	2018
African Region	76	26	73	8	4.42	-	3.0	10.1
Region of the Americas	87	82	82	57	0.36	-	24.0	83.3
South-East Asia Region	89	80	17	1	0.39	-	8.1	17.9
European Region	94	91	78	21	1.08	-	34.1	81.3
Eastern Mediterranean Region	82	74	53	0	1.69	-	10.1	14.5
Western Pacific Region	93	91	13	5	0.26	-	18.8	36.3

<b>Global</b>	86	69	47	12	1.20	-	15.6	37.6
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3.c		3.d	1.a	2.2			
Density of dentists* (per 10 000 population)	Density of pharmacists* (per 10 000 population)	Average of 13 International Health Regulations core capacity scores <sup>f</sup>	Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) <sup>e</sup> (%)	Prevalence of stunting in children under 5 <sup>aa</sup> (%)	Prevalence of wasting in children under 5 <sup>aa</sup> (%)	Prevalence of overweight in children under 5 <sup>aa</sup> (%)	
Primary data	Primary data	Primary data	Comparable estimates	Primary data	Primary data	Primary data	
2010–2019	2010–2018	2019	2017	2010–2019	2010–2019	2010–2019	Member State
5.0	7.0	95	11.0	-	-	-	Switzerland
7.2	10.7	48	-	27.9	11.5	17.9	Syrian Arab Republic
1.6	-	62	5.9	17.5	5.6	3.3	Tajikistan
2.4	5.5	85	15.0	10.5	5.4	8.2	Thailand
0.1	1.9	37	5.2	51.7	9.9	1.6	Timor-Leste
<0.1	0.3	39	5.1	23.8	5.0	1.5	Togo
1.6	0.4	-	7.4	8.1	5.2	17.3	Tonga
3.2	6.6	53	11.2	9.2	6.4	11.4	Trinidad and Tobago
3.1	2.3	71	13.6	8.4	2.1	17.2	Tunisia
3.4	3.5	77	9.7	6.0	1.7	8.1	Turkey
1.2	1.7	69	8.7	11.5	4.2	5.9	Turkmenistan
4.6	2.7	-	10.0	-	-	-	Tuvalu
0.1	<0.1	66	5.1	28.9	3.5	3.7	Uganda
6.0	0.3	66	7.4	-	-	-	Ukraine
6.5	8.8	96	7.9	-	-	-	United Arab Emirates
5.2	8.9	93	18.7	-	-	-	United Kingdom
0.1	0.1	51	9.5	31.8	3.5	2.8	United Republic of Tanzania
5.8	9.2	92	22.5	3.5	0.4	9.4	United States of America
14.9	-	84	19.8	10.7 <sup>af</sup>	1.3 <sup>af</sup>	7.2 <sup>af</sup>	Uruguay
1.5	0.4	57	10.2	10.8	1.8	4.6	Uzbekistan
0.3	1.2	-	5.3	28.9	4.7	4.9	Vanuatu
-	-	70	1.4	-	-	-	Venezuela (Bolivarian Republic of)
-	3.4	66	9.5	23.8	5.8	5.9	Viet Nam
0.2	1.1	52	-	46.4	16.4	2.5	Yemen
<0.1	0.4	60	6.9	34.6	4.2	5.2	Zambia
0.1	1.0	50	15.2	23.5	2.9	2.5	Zimbabwe
		2019	2017	2019	2019	2019	WHO region
-	-	44	7.2	32.5	6.4	3.1	African Region
-	-	71	13.2	6.3	0.8	7.3	Region of the Americas
-	-	61	8.1	31.0	14.7	3.0	South-East Asian Region
-	-	75	12.3	-	-	-	European Region
-	-	66	8.7	24.2	7.5	5.7	Eastern Mediterranean Region
-	-	71	9.6	6.2	2.1	6.2	Western Pacific Region
-	-	63	10.2	21.3	6.9	5.6	<b>Global</b>

## ANNEX 2 Part 4

Member State	2.2 continued	5.2	6.1	6.2		6.3	7.1
	Prevalence of anaemia in women of reproductive age (15–49 years) <sup>3b</sup> (%)	Proportion of ever-partnered women and girls aged 15–49 years subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months <sup>3c</sup> (%)	Proportion of population using safely-managed drinking-water services <sup>3d</sup> (%)	Proportion of population using safely-managed sanitation services <sup>3d</sup> (%)	Proportion of population using a hand-washing facility with soap and water <sup>3d</sup> (%)	Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan <sup>3e</sup> (constant 2017 US\$ millions)	Proportion of population with primary reliance on clean fuels and technology <sup>3f</sup> (%)
	Comparable estimates	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Comparable estimates
	2016	2010–2017	2017	2017	2017	2018	2018
Afghanistan	42.0	46	-	-	38	133.19	37
Albania	25.3	-	70	40	-	24.24	80
Algeria	35.7	-	-	18	84	4.07	>95
Andorra	13.9	-	91	>99	-	-	>95 <sup>bm</sup>
Angola	47.7	26	-	-	27	23.09	48
Antigua and Barbuda	22.1	-	-	-	-	0.01	>95
Argentina	18.6	-	-	-	-	39.63	>95
Armenia	29.4	4	86	48	94	61.24	>95
Australia	9.1	-	-	76	-	-	>95 <sup>bm</sup>
Austria	17.3	-	99	97	-	-	>95 <sup>bm</sup>
Azerbaijan	38.5	-	74	-	83	104.24	>95
Bahamas	23.1	-	-	-	-	-	>95 <sup>bm</sup>
Bahrain	42.0	-	99	96	-	-	>95 <sup>bm</sup>
Bangladesh	39.9	29	55	-	35	269.54	24
Barbados	21.6	-	-	-	-	-	>95
Belarus	22.6	-	95	81	-	1.41	>95
Belgium	16.2	-	>99	97	-	-	>95 <sup>bm</sup>
Belize	21.7	-	-	-	90	0.78	83
Benin	46.9	-	-	-	11	70.59	<5
Bhutan	35.6	-	36	-	-	19.32	77
Bolivia (Plurinational State of)	30.2	27	-	23	25	120.83	84
Bosnia and Herzegovina	29.4	-	89	22	-	15.71	45
Botswana	30.2	-	-	-	-	0.08	53
Brazil	27.2	-	-	49	-	40.03	>95
Brunei Darussalam	16.9	-	-	-	-	-	>95 <sup>bm</sup>
Bulgaria	26.4	-	97	64	-	-	-
Burkina Faso	49.6	9	-	-	12	101.90	10
Burundi	26.7	28	-	-	6	36.58	<5
Cabo Verde	33.3	-	-	-	-	7.70	78
Cambodia	46.8	11	26	-	66	125.36	22
Cameroon	41.4	33	-	-	9	96.27	24
Canada	9.5	-	99	82	-	-	>95 <sup>bm</sup>
Central African Republic	46.0	-	-	-	-	10.50	<5
Chad	47.7	18	-	-	6	37.87	<5
Chile	15.0	-	99	77	-	-	>95
China	26.4	-	-	72	-	68.06	64
Colombia	21.1	18	73	17	65	7.58	93
Comoros	29.3	5	-	-	-	7.61	8
Congo	51.9	-	45	-	48	22.90	32
Cook Islands	-	9	-	-	-	6.88	77
Costa Rica	14.9	-	94	-	-	10.93	>95
Côte d'Ivoire	52.9	22	37	-	19	36.75	29
Croatia	27.3	-	90	58	-	-	86
Cuba	25.1	-	-	44	85	104.01	-
Cyprus	25.2	-	>99	75	-	-	>95 <sup>bm</sup>
Czechia	25.7	-	98	94	-	-	>95
Democratic People's Republic of Korea	32.5	-	67	-	-	1.12	10
Democratic Republic of the Congo	41.0	37	-	-	4	146.18	<5
Denmark	16.3	-	97	95	-	-	>95 <sup>bm</sup>
Djibouti	32.7	-	-	36	-	35.07	6
Dominica	24.4	-	-	-	-	0.97	82
Dominican Republic	29.7	16	-	-	55	1.58	89
Ecuador	18.8	11	75	42	81	55.03	94
Egypt	28.5	14	-	61	90	345.56	>95

11.6	16.1	GPW13				Member State
		Number of cases of poliomyelitis caused by wild poliovirus (WPV) <sup>aj</sup>	Age-standardized prevalence of raised blood pressure among persons aged 18+ years <sup>ai</sup> (SBP of 140 mmHg and/or DBP >90 mmHg)	Prevalence of obesity among children and adolescents (5–19 years) <sup>ak</sup> (%)	Age-standardized prevalence of obesity among adults (18+ years) <sup>ak</sup> (%)	
Comparable estimates	Comparable estimates	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	
2016	2017	2019	2015	2016	2016	
59.9	8.5	29	30.6	3.1	5.5	Afghanistan
18.2	3.4	0	29.0	7.6	21.7	Albania
34.5	1.5	0	25.1	13.5	27.4	Algeria
11.5	-	0	18.7	12.8	25.6	Andorra
28.4	9.5	0	29.7	2.4	8.2	Angola
18.0	5.0	0	23.4	11.5	18.9	Antigua and Barbuda
11.7	6.4	0	22.6	16.9	28.3	Argentina
32.9	3.8	0	25.5	4.8	20.2	Armenia
7.3	1.0	0	15.2	12.4	29.0	Australia
13.1	0.5	0	21.0	8.6	20.1	Austria
18.5	2.5	0	24.5	4.9	19.9	Azerbaijan
19.0	32.2	0	20.9	17.3	31.6	Bahamas
69.0	0.2	0	21.4	17.2	29.8	Bahrain
58.6	2.7	0	24.7	2.6	3.6	Bangladesh
22.4	11.2	0	24.4	12.3	23.1	Barbados
19.3	3.5	0	27.1	7.6	24.5	Belarus
13.0	1.4	0	17.5	7.0	22.1	Belgium
20.9	36.7	0	22.7	12.2	24.1	Belize
30.4	6.3	0	27.7	2.6	9.6	Benin
35.4	2.0	0	28.1	3.3	6.4	Bhutan
23.3	8.1	0	17.9	9.1	20.2	Bolivia (Plurinational State of)
29.7	1.6	0	30.8	5.4	17.9	Bosnia and Herzegovina
20.9	17.3	0	29.6	6.3	18.9	Botswana
11.8	33.3	0	23.3	10.8	22.1	Brazil
5.8	1.3	0	18.9	14.1	14.1	Brunei Darussalam
20.8	1.4	0	28.4	10.8	25.0	Bulgaria
36.3	9.6	0	32.6	1.0	5.6	Burkina Faso
35.6	6.3	0	29.2	1.9	5.4	Burundi
31.6	12.5	0	29.5	3.1	11.8	Cabo Verde
24.9	2.5	0	26.1	3.2	3.9	Cambodia
65.4	6.4	0	24.8	2.8	11.4	Cameroon
6.7	1.8	0	13.2	12.3	29.4	Canada
51.2	22.9	0	31.2	2.2	7.5	Central African Republic
50.8	9.3	0	32.9	1.5	6.1	Chad
23.1	4.0	0	20.9	15.2	28.0	Chile
51.0	0.9	0	19.2	11.7	6.2	China
17.2	41.7	0	19.2	7.0	22.3	Colombia
18.6	7.8	0	27.9	2.8	7.8	Comoros
36.4	10.3	0	26.2	2.0	9.6	Congo
12.0	-	0	22.3	32.2	55.9	Cook Islands
16.7	12.2	0	18.7	12.3	25.7	Costa Rica
23.9	11.8	0	27.2	3.4	10.3	Côte d'Ivoire
17.6	1.1	0	32.4	10.9	24.4	Croatia
21.6	4.8	0	19.0	11.4	24.6	Cuba
17.1	1.2	0	19.8	12.2	21.8	Cyprus
15.6	0.7	0	27.9	9.7	26.0	Czechia
31.0	4.4	0	18.2	8.5	6.8	Democratic People's Republic of Korea
37.4	13.0	0	28.5	2.2	6.7	Democratic Republic of the Congo
10.3	1.1	0	20.6	7.2	19.7	Denmark
41.0	6.8	0	26.8	5.3	13.5	Djibouti
18.8	-	0	22.5	15.0	27.9	Dominica
13.3	16.0	0	21.5	15.0	27.6	Dominican Republic
15.5	6.4	0	17.9	9.4	19.9	Ecuador
79.6	3.8	0	25.0	17.6	32.0	Egypt

## ANNEX 2 Part 4

Member State	2.2 continued	5.2	6.1	6.2		6.3	7.1
	Prevalence of anaemia in women of reproductive age (15–49 years) <sup>3b</sup> (%)	Proportion of ever-partnered women and girls aged 15–49 years subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months <sup>3c</sup> (%)	Proportion of population using safely-managed drinking-water services <sup>3d</sup> (%)	Proportion of population using safely-managed sanitation services <sup>3d</sup> (%)	Proportion of population using a hand-washing facility with soap and water <sup>3d</sup> (%)	Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan <sup>3e</sup> (constant 2017 US\$ millions)	Proportion of population with primary reliance on clean fuels and technology <sup>3f</sup> (%)
	Comparable estimates	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Comparable estimates
	2016	2010–2017	2017	2017	2017	2018	2018
El Salvador	22.7	7	-	-	91	10.97	91
Equatorial Guinea	43.7	44	-	-	-	0.02	24
Eritrea	38.1	-	-	-	-	0.31	9
Estonia	25.6	-	93	97	-	-	>95
Eswatini	27.2	-	-	-	24	3.62	54
Ethiopia	23.4	20	11	-	8	187.22	5
Fiji	31.0	-	-	-	-	2.05	28
Finland	15.9	-	>99	>99	-	-	>95 <sup>bm</sup>
France	18.1	-	98	88	-	-	>95 <sup>bm</sup>
Gabon	59.1	32	-	-	-	0.97	87
Gambia	57.5	7	-	-	8	1.54	<5
Georgia	27.5	-	80	27	-	58.13	81
Germany	16.3	-	>99	97	-	-	>95 <sup>bm</sup>
Ghana	46.4	-	36	-	41	58.65	28
Greece	15.9	-	>99	90	-	-	>95
Grenada	23.5	-	87	-	-	0.01	89
Guatemala	16.4	9	56	-	77	23.30	46
Guinea	50.6	-	-	-	17	27.44	<5
Guinea-Bissau	43.8	-	-	-	6	3.27	<5
Guyana	32.3	-	-	-	77	9.40	76
Haiti	46.2	14	-	-	23	45.35	<5
Honduras	17.8	11	-	-	-	10.14	57
Hungary	25.8	-	90	96	-	-	>95 <sup>bm</sup>
Iceland	16.1	-	>99	82	-	-	>95 <sup>bm</sup>
India	51.4	22	-	-	60	575.19	49
Indonesia	28.8	-	-	-	64	117.84	80
Iran (Islamic Republic of)	30.5	-	92	-	-	0.87	>95
Iraq	29.1	-	59	41	95	89.09	>95
Ireland	14.8	-	97	82	-	-	>95 <sup>bm</sup>
Israel	15.7	-	>99	94	-	-	>95 <sup>bm</sup>
Italy	17.3	-	95	96	-	-	>95 <sup>bm</sup>
Jamaica	22.5	9	-	-	-	0.60	84
Japan	21.5	-	98	99	-	-	>95 <sup>bm</sup>
Jordan	34.7	14	94	81	-	307.55	>95
Kazakhstan	30.7	-	90	-	99	0.71	>95
Kenya	27.2	26	-	-	25	264.95	10
Kiribati	26.1	-	-	-	-	3.79	<5
Kuwait	23.8	-	>99	>99	-	-	>95 <sup>bm</sup>
Kyrgyzstan	36.2	17	68	-	89	8.07	77
Lao People's Democratic Republic	39.7	6	16	58	50	67.50	7
Latvia	25.1	-	95	86	-	-	>95
Lebanon	31.2	-	48	22	-	166.77	-
Lesotho	27.4	-	-	-	2	9.86	39
Liberia	34.7	-	-	-	1	45.65	<5
Libya	32.5	-	-	26	-	0.28	-
Lithuania	25.5	-	92	91	-	-	>95 <sup>bm</sup>
Luxembourg	16.1	-	>99	97	-	-	>95 <sup>bm</sup>
Madagascar	36.8	-	-	-	-	23.44	<5
Malawi	34.4	24	-	-	9	81.07	<5
Malaysia	24.9	-	93	89	-	2.34	>95
Maldives	42.6	-	-	-	96	10.79	>95
Mali	51.3	-	-	19	52	143.10	<5
Malta	16.4	-	>99	93	-	-	>95 <sup>bm</sup>
Marshall Islands	26.6	20	-	-	83	1.87	65

11.6	16.1	GPW13				Member State
		Number of cases of poliomyelitis caused by wild poliovirus (WPV) <sup>aj</sup>	Age-standardized prevalence of raised blood pressure among persons aged 18+ years <sup>ai</sup> (SBP of 140 mmHg and/or DBP >90 mmHg)	Prevalence of obesity among children and adolescents (5–19 years) <sup>ak</sup> (%)	Age-standardized prevalence of obesity among adults (18+ years) <sup>ak</sup> (%)	
Comparable estimates	Comparable estimates	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	
2016	2017	2019	2015	2016	2016	
23.8	82.3	0	18.7	11.7	24.6	El Salvador
49.1	3.3	0	28.4	2.3	8.0	Equatorial Guinea
41.1	11.5	0	29.1	2.1	5.0	Eritrea
7.0	2.5	0	27.4	6.3	21.2	Estonia
16.2	18.1	0	29.8	6.0	16.5	Swaziland
34.0	7.5	0	30.3	1.1	4.5	Ethiopia
10.5	2.3	0	21.7	11.5	30.2	Fiji
6.5	1.2	0	19.4	9.1	22.2	Finland
12.4	1.3	0	22.0	8.1	21.6	France
37.8	8.6	0	25.5	4.2	15.0	Gabon
32.3	8.5	0	29.1	2.8	10.3	Gambia
24.0	2.3	0	26.3	6.8	21.7	Georgia
11.9	1.0	0	19.9	8.9	22.3	Germany
31.1	5.9	0	23.7	2.1	10.9	Ghana
16.4	0.8	0	19.1	13.8	24.9	Greece
21.8	7.4	0	24.3	10.7	21.3	Grenada
24.2	24.7	0	21.2	9.9	21.2	Guatemala
22.2	9.1	0	30.3	1.7	7.7	Guinea
26.5	9.4	0	30.3	2.4	9.5	Guinea-Bissau
21.6	18.6	0	23.1	10.0	20.2	Guyana
14.7	19.9	0	24.5	10.9	22.7	Haiti
21.5	57.8	0	21.4	9.6	21.4	Honduras
16.3	1.5	0	30.0	11.1	26.4	Hungary
5.9	1.4	0	19.7	9.9	21.9	Iceland
68.0	3.9	0	25.8	2.0	3.9	India
16.4	4.5	0	23.8	6.1	6.9	Indonesia
34.4	3.2	0	19.7	9.8	25.8	Iran (Islamic Republic of)
60.1	15.8	0	25.2	14.4	30.4	Iraq
8.7	0.9	0	19.7	9.8	25.3	Ireland
19.4	1.5	0	16.6	11.9	26.1	Israel
15.7	0.7	0	21.2	12.5	19.9	Italy
13.6	57.4	0	21.8	13.0	24.7	Jamaica
11.8	0.2	0	17.6	3.3	4.3	Japan
31.7	2.8	0	21.0	12.9	35.5	Jordan
14.5	6.0	0	27.1	6.5	21.0	Kazakhstan
25.8	5.6	0	26.7	2.3	7.1	Kenya
10.9	4.8	0	21.5	23.0	46.0	Kiribati
58.9	1.8	0	23.6	22.9	37.9	Kuwait
17.4	4.1	0	26.7	3.9	16.6	Kyrgyzstan
25.5	6.8	0	24.8	4.7	5.3	Lao People's Democratic Republic
14.4	5.9	0	29.4	7.0	23.6	Latvia
30.7	4.1	0	20.7	13.9	32.0	Lebanon
28.1	46.2	0	29.0	5.0	16.6	Lesotho
17.0	10.0	0	28.3	1.9	9.9	Liberia
41.7	2.4	0	23.7	14.6	32.5	Libya
12.3	5.1	0	29.3	6.8	26.3	Lithuania
10.4	0.6	0	21.9	8.3	22.6	Luxembourg
22.5	6.9	0	28.1	1.8	5.3	Madagascar
21.9	2.8	0	28.9	2.0	5.8	Malawi
17.3	2.7	0	22.9	12.7	15.6	Malaysia
7.7	1.9	0	24.4	7.4	8.6	Maldives
29.0	11.0	0	32.6	2.6	8.6	Mali
14.0	0.9	0	19.4	13.4	28.9	Malta
9.4	-	0	21.3	26.6	52.9	Marshall Islands

## ANNEX 2 Part 4

Member State	2.2 continued	5.2	6.1	6.2		6.3	7.1
	Prevalence of anaemia in women of reproductive age (15–49 years) <sup>ab</sup> (%)	Proportion of ever-partnered women and girls aged 15–49 years subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months <sup>ac</sup> (%)	Proportion of population using safely-managed drinking-water services <sup>ad</sup> (%)	Proportion of population using safely-managed sanitation services <sup>ad</sup> (%)	Proportion of population using a hand-washing facility with soap and water <sup>ad</sup> (%)	Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan <sup>ae</sup> (constant 2017 US\$ millions)	Proportion of population with primary reliance on clean fuels and technology <sup>af</sup> (%)
	Comparable estimates	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Comparable estimates
	2016	2010–2017	2017	2017	2017	2018	2018
Mauritania	37.2	-	-	-	43	62.38	43
Mauritius	25.1	-	-	-	-	0.36	>95
Mexico	14.6	10	43	50	88	1.39	84
Micronesia (Federated States of)	23.3	26	-	-	-	0.22	8
Monaco	-	-	>99	>99	-	-	>95 <sup>bm</sup>
Mongolia	19.5	15	24	-	71	23.31	50
Montenegro	25.2	-	94	-	-	24.95	56
Morocco	36.9	-	70	39	-	158.39	>95
Mozambique	51.0	-	-	-	-	113.25	<5
Myanmar	46.3	11	-	-	79	112.28	28
Namibia	23.2	20	-	-	45	5.01	46
Nauru	-	-	-	-	-	0.06	90
Nepal	35.1	11	27	-	48	130.79	29
Netherlands	16.4	-	>99	97	-	-	>95 <sup>bm</sup>
New Zealand	11.6	-	>99	89	-	-	>95 <sup>bm</sup>
Nicaragua	16.3	8	52	-	-	60.02	48
Niger	49.5	-	-	10	-	78.29	<5
Nigeria	49.8	11	20	27	42	204.69	10
Niue	-	-	97	-	-	-	84
North Macedonia	23.3	-	81	17	-	17.09	65
Norway	15.3	-	98	76	-	-	>95 <sup>bm</sup>
Oman	38.2	-	90	-	97	-	>95
Pakistan	52.1	-	35	-	60	210.58	44
Palau	-	10	-	-	-	6.86	>95 <sup>bm</sup>
Panama	23.4	-	-	-	-	17.33	88
Papua New Guinea	36.6	-	-	-	-	32.96	8
Paraguay	22.8	-	64	58	80	16.32	68
Peru	18.5	11	50	43	-	71.65	80
Philippines	15.7	6	47	52	78	113.01	46
Poland	25.7	-	>99	93	-	-	>95 <sup>bm</sup>
Portugal	17.5	-	95	85	-	-	>95 <sup>bm</sup>
Qatar	27.7	-	96	96	-	-	>95
Republic of Korea	22.7	-	98	>99	-	-	>95 <sup>bm</sup>
Republic of Moldova	26.8	-	73	-	-	11.39	>95
Romania	26.7	-	82	77	-	-	75
Russian Federation	23.3	-	76	61	-	-	90
Rwanda	22.3	21	-	-	5	44.77	<5
Saint Kitts and Nevis	-	-	-	-	-	-	>95 <sup>bm</sup>
Saint Lucia	21.9	-	-	-	-	1.85	>95
Saint Vincent and the Grenadines	24.5	-	-	-	-	0.00	95
Samoa	31.3	-	59	48	-	18.30	35
San Marino	-	-	>99	77	-	-	>95 <sup>bm</sup>
Sao Tome and Principe	46.1	-	-	-	41	8.03	<5
Saudi Arabia	42.9	-	-	78	-	-	>95
Senegal	49.9	12	-	21	24	211.94	23
Serbia	27.2	-	75	25	-	36.28	66
Seychelles	22.3	-	-	-	-	-	>95
Sierra Leone	48.0	29	10	13	19	47.68	<5
Singapore	22.2	-	>99	>99	-	-	>95 <sup>bm</sup>
Slovakia	26.6	-	>99	83	-	-	>95
Slovenia	24.4	-	98	83	-	-	>95
Solomon Islands	38.9	-	-	-	36	9.68	9
Somalia	44.4	-	-	-	10	14.63	<5
South Africa	25.8	-	-	-	44	1.70	85



11.6	16.1	GPW13				Member State
		Number of cases of poliomyelitis caused by wild poliovirus (WPV) <sup>aj</sup>	Age-standardized prevalence of raised blood pressure among persons aged 18+ years <sup>ai</sup> (SBP of 140 mmHg and/or DBP >90 mmHg)	Prevalence of obesity among children and adolescents (5–19 years) <sup>ak</sup> (%)	Age-standardized prevalence of obesity among adults (18+ years) <sup>ak</sup> (%)	
Comparable estimates	Comparable estimates	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	
2016	2017	2019	2015	2016	2016	
41.7	11.2	0	31.7	4.0	12.7	Mauritania
13.5	3.3	0	25.0	4.4	10.8	Mauritius
20.9	25.7	0	19.7	14.8	28.9	Mexico
10.5	4.6	0	25.0	20.7	45.8	Micronesia (Federated States of)
12.2	-	0	-	-	-	Monaco
49.5	7.1	0	29.0	4.3	20.6	Mongolia
19.3	2.1	0	29.1	7.6	23.3	Montenegro
31.1	2.1	0	26.1	10.2	26.1	Morocco
18.4	4.2	0	29.1	2.3	7.2	Mozambique
34.6	4.0	0	24.6	3.7	5.8	Myanmar
21.0	18.4	0	28.5	4.9	17.2	Namibia
12.5	-	0	20.5	33.2	61.0	Nauru
99.5	2.6	0	29.4	1.7	4.1	Nepal
12.1	0.8	0	18.7	7.0	20.4	Netherlands
5.8	1.1	0	16.2	16.3	30.8	New Zealand
19.0	9.4	0	20.8	10.8	23.7	Nicaragua
73.0	10.0	0	33.4	1.4	5.5	Niger
46.3	9.6	0	23.9	1.9	8.9	Nigeria
11.5	-	0	24.2	29.5	50.0	Niue
33.0	1.5	0	28.5	9.3	22.4	North Macedonia
7.8	0.6	0	19.7	9.1	23.1	Norway
36.2	0.6	0	24.8	14.9	27.0	Oman
56.2	5.2	146	30.5	3.1	8.6	Pakistan
12.4	-	0	22.9	31.4	55.3	Palau
12.0	14.3	0	19.9	10.5	22.7	Panama
11.5	10.9	0	25.6	9.8	21.3	Papua New Guinea
11.7	9.1	0	24.6	10.5	20.3	Paraguay
29.0	9.1	0	13.7	7.8	19.7	Peru
18.7	14.3	0	22.6	4.3	6.4	Philippines
21.5	0.9	0	28.7	9.1	23.1	Poland
8.1	0.9	0	24.4	10.4	20.8	Portugal
91.7	0.4	0	22.4	19.5	35.1	Qatar
24.7	0.7	0	11.0	8.5	4.7	Republic of Korea
16.5	3.4	0	29.8	4.2	18.9	Republic of Moldova
15.4	1.4	0	30.0	8.1	22.5	Romania
14.7	9.1	0	27.2	7.1	23.1	Russian Federation
40.7	4.5	0	26.7	1.7	5.8	Rwanda
12.3	-	0	25.3	12.3	22.9	Saint Kitts and Nevis
21.2	23.3	0	27.1	8.8	19.7	Saint Lucia
21.4	28.3	0	23.3	12.4	23.7	Saint Vincent and the Grenadines
10.9	3.2	0	24.0	21.7	47.3	Samoa
13.4	-	0	-	-	-	San Marino
25.2	6.7	0	25.8	3.5	12.4	Sao Tome and Principe
86.7	1.5	0	23.3	17.4	35.4	Saudi Arabia
39.7	7.9	0	30.2	1.8	8.8	Senegal
24.7	1.8	0	29.5	9.8	21.5	Serbia
18.6	13.8	0	23.5	10.8	14.0	Seychelles
20.6	7.5	0	30.3	2.5	8.7	Sierra Leone
18.3	0.3	0	14.6	6.8	6.1	Singapore
18.0	1.3	0	28.5	8.1	20.5	Slovakia
16.4	1.0	0	30.5	9.2	20.2	Slovenia
11.5	4.1	0	22.0	4.3	22.5	Solomon Islands
28.0	5.5	0	32.9	3.0	8.3	Somalia
24.3	39.7	0	26.9	11.3	28.3	South Africa

## ANNEX 2 Part 4

Member State	2.2 continued	5.2	6.1	6.2		6.3	7.1
	Prevalence of anaemia in women of reproductive age (15–49 years) <sup>ab</sup> (%)	Proportion of ever-partnered women and girls aged 15–49 years subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months <sup>ac</sup> (%)	Proportion of population using safely-managed drinking-water services <sup>ad</sup> (%)	Proportion of population using safely-managed sanitation services <sup>ad</sup> (%)	Proportion of population using a hand-washing facility with soap and water <sup>ad</sup> (%)	Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan <sup>ae</sup> (constant 2017 US\$ millions)	Proportion of population with primary reliance on clean fuels and technology <sup>af</sup> (%)
	Comparable estimates	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	Primary data	Comparable estimates
	2016	2010–2017	2017	2017	2017	2018	2018
South Sudan	34.0	-	-	-	-	51.87	<5
Spain	16.6	-	98	97	-	-	>95 <sup>bm</sup>
Sri Lanka	32.6	-	-	-	-	173.19	31
Sudan	30.7	-	-	-	23	36.08	50
Suriname	24.1	-	-	-	-	0.36	94
Sweden	15.4	-	>99	93	-	-	>95 <sup>bm</sup>
Switzerland	18.3	-	95	>99	-	-	>95 <sup>bm</sup>
Syrian Arab Republic	33.6	-	-	-	71	24.16	>95
Tajikistan	30.5	19	48	-	73	68.91	81
Thailand	31.8	-	-	-	84	1.56	79
Timor-Leste	41.3	35	-	-	28	2.53	12
Togo	48.9	13	-	-	10	18.29	9
Tonga	21.3	-	-	-	-	1.11	50
Trinidad and Tobago	23.6	7	-	-	-	-	>95
Tunisia	31.2	-	93	78	79	216.97	>95
Turkey	30.9	11	-	65	-	47.06	95
Turkmenistan	32.6	-	94	-	>99	-	>95
Tuvalu	-	-	-	6	-	0.09	43
Uganda	28.5	30	7	-	21	144.74	<5
Ukraine	23.5	-	92	68	-	11.04	95
United Arab Emirates	27.8	-	-	96	-	-	>95
United Kingdom	15.3	-	>99	98	-	-	>95 <sup>bm</sup>
United Republic of Tanzania	37.2	30	-	25	48	158.99	<5
United States of America	13.3	-	>99	90	-	-	>95 <sup>bm</sup>
Uruguay	20.8	3	-	-	-	-	>95
Uzbekistan	36.2	-	59	-	-	93.59	85
Vanuatu	24.0	-	44	-	25	1.44	8
Venezuela (Bolivarian Republic of)	23.9	-	-	24	-	0.10	>95
Viet Nam	24.2	-	-	-	86	541.22	64
Yemen	69.6	-	-	-	50	51.09	60
Zambia	33.7	27	-	-	14	141.43	13
Zimbabwe	28.8	20	-	-	37	27.75	29

WHO region	2016	2017	2017	2017	2017	2018	2018
African Region	39.0	-	29	20	28	2774.35	18
Region of the Americas	19.1	-	79	49	-	650.18	92
South-East Asia Region	45.8	-	-	-	60	1414.13	50
European Region	22.7	-	92	68	-	584.06	95
Eastern Mediterranean Region	39.8	-	56	-	66	1927.61	72
Western Pacific Region	25.3	-	-	67	-	1026.11	67

<b>Global</b>	32.8	-	71	45	60	9042.87	63
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11.6	16.1	GPW13				
Annual mean concentrations of fine particulate matter (PM <sub>2.5</sub> ) in urban areas <sup>99</sup> (µg/m <sup>3</sup> )	Mortality rate due to homicide <sup>98</sup> (per 100 000 population)	Number of cases of poliomyelitis caused by wild poliovirus (WPV) <sup>91</sup>	Age-standardized prevalence of raised blood pressure among persons aged 18+ years <sup>91</sup> (SBP of 140 mmHg and/or DBP >90 mmHg)	Prevalence of obesity among children and adolescents (5–19 years) <sup>92</sup> (%)	Age-standardized prevalence of obesity among adults (18+ years) <sup>92</sup> (%)	
Comparable estimates	Comparable estimates	Primary data	Comparable estimates	Comparable estimates	Comparable estimates	
2016	2017	2019	2015	2016	2016	Member State
40.9	15.9	0	-	-	-	South Sudan
9.8	0.7	0	19.2	10.8	23.8	Spain
15.1	2.8	0	22.4	4.8	5.2	Sri Lanka
46.8	6.0	0	-	-	-	Sudan
25.8	6.9	0	22.4	13.9	26.4	Suriname
6.1	1.1	0	19.3	6.7	20.6	Sweden
10.4	0.6	0	18.0	5.8	19.5	Switzerland
37.4	2.6	0	24.5	11.5	27.8	Syrian Arab Republic
42.8	2.1	0	26.1	3.0	14.2	Tajikistan
26.6	4.1	0	22.3	11.3	10.0	Thailand
18.2	4.7	0	27.6	4.2	3.8	Timor-Leste
31.2	9.2	0	28.9	2.0	8.4	Togo
10.2	3.5	0	23.7	26.7	48.2	Tonga
22.4	36.2	0	25.8	11.1	18.6	Trinidad and Tobago
35.7	3.3	0	23.2	8.5	26.9	Tunisia
41.2	5.0	0	20.3	11.5	32.1	Turkey
24.2	4.1	0	25.4	4.7	18.6	Turkmenistan
11.4	-	0	23.7	27.2	51.6	Tuvalu
48.7	13.2	0	27.3	1.7	5.3	Uganda
19.4	7.1	0	27.1	7.0	24.1	Ukraine
37.2	0.7	0	21.1	17.3	31.7	United Arab Emirates
10.6	1.5	0	15.2	10.2	27.8	United Kingdom
25.1	8.1	0	27.3	2.5	8.4	United Republic of Tanzania
7.6	6.3	0	12.9	21.4	36.2	United States of America
8.7	8.1	0	20.7	13.8	27.9	Uruguay
28.9	1.7	0	25.6	4.0	16.6	Uzbekistan
11.0	2.3	0	24.2	8.3	25.2	Vanuatu
16.8	62.0	0	18.6	14.1	25.6	Venezuela (Bolivarian Republic of)
30.1	1.7	0	23.4	2.6	2.1	Viet Nam
44.3	9.5	0	30.7	7.0	17.1	Yemen
23.8	6.3	0	27.1	2.9	8.1	Zambia
19.1	12.9	0	28.2	4.0	15.5	Zimbabwe

2016	2017	2019	2015	2016	2016	WHO region
35.5	10.5	0	27.4	2.8	10.6	African Region
13.4	19.6	0	17.6	14.4	28.6	Region of the Americas
57.3	3.9	0	25.1	3.0	4.7	South-East Asian Region
17.6	3.2	0	23.2	8.6	23.3	European Region
54.0	5.1	175	26.3	8.2	20.8	Eastern Mediterranean Region
42.9	1.7	0	19.2	9.8	6.4	Western Pacific Region

39.6	6.3	175	22.1	6.8	13.1	<b>Global</b>
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- <sup>a</sup> World population prospects: the 2019 revision. New York: United Nations, Department of Economic and Social Affairs, Population Division; 2019 (<https://population.un.org/wpp/>, accessed 20 April 2020). For Member states with less a total population than 90 000; the male, female values are not shown but are included in the regional and global sums. Male and female may not sum to both sexes due to rounding.
- <sup>b</sup> Global health estimates 2016: Life expectancy, 2000–2016. Geneva: World Health Organization; 2018 (<https://www.who.int/data/gho/data/themes/topics/indicator-groups/indicator-group-details/GHO/life-expectancy-and-healthy-life-expectancy>, accessed 20 April 2020).
- <sup>c</sup> WHO Member States with a population of less than 90 000 in 2016 were not included in the analysis.
- <sup>d</sup> Trends in maternal mortality: 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2019 (<https://www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/>, accessed 20 April 2020). WHO Member States with populations of less than 100 000 in 2019 were not included in the analysis. Data availability was defined by the latest year of input data from death registration, household surveys or other sources (<https://www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/>, accessed 20 April 2020).
- <sup>e</sup> Joint WHO/UNICEF Interagency database 2020 of skilled health personnel, based on population based national household survey data and routine health systems. (<https://data.unicef.org/topic/maternal-health/delivery-care/>, accessed 20 April 2020).
- <sup>f</sup> Levels and trends in child mortality. Report 2019. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation. United Nations Children's Fund, World Health Organization, World Bank Group and United Nations Population Division. New York: United Nations Children's Fund; 2019 (<https://www.unicef.org/reports/levels-and-trends-child-mortality-report-2019>, accessed 20 April 2020). Data availability for estimates was defined by the latest year of input data from death registration, population census, household surveys or other sources (<https://childmortality.org>, accessed 20 April 2020).
- <sup>g</sup> AIDSinfo [online database]. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS) (<http://aidsinfo.unaids.org/>, accessed 20 April 2020); and HIV/AIDS [online database], Global Health Observatory (GHO) data. Geneva: World Health Organization ([https://www.who.int/data/gho/data/indicators/indicator-details/GHO/new-hiv-infections-\(per-1000-uninfected-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/new-hiv-infections-(per-1000-uninfected-population)), accessed 20 April 2020). Data availability was defined by the latest year of programme input data from antiretroviral treatment, as informed by UNAIDS.
- <sup>h</sup> Global tuberculosis report 2019. Geneva: World Health Organization; 2019 ([https://www.who.int/tb/publications/global\\_report/en/](https://www.who.int/tb/publications/global_report/en/), accessed 20 April 2020). Data availability for estimates was defined by the latest year of input case notification data from surveillance (<https://www.who.int/tb/country/data/download/en/>, accessed 20 April 2020).
- <sup>i</sup> World malaria report 2019. Geneva: World Health Organization; 2019 (<https://www.who.int/publications-detail/world-malaria-report-2019/>, accessed 20 April 2020). Countries without estimates (shown as “-”) are those that are either certified malaria-free or considered to have eliminated malaria (having zero indigenous malaria cases for three or more consecutive years). Data availability was defined by the country estimation method and the latest year of surveillance data.
- <sup>j</sup> 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 20 April 2020). Global and regional averages are for the year 2017 from updated analysis. This indicator is used here as a proxy for the SDG indicator. Data availability was defined by the latest year of surface antigen serosurveys that were used as input to the estimation process.
- <sup>k</sup> Neglected tropical diseases [online database], Global Health Observatory (GHO) data. Geneva: World Health Organization (<https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/neglected-tropical-diseases>, accessed 20 April 2020). Data availability was defined by the latest year of reported number of cases from surveillance systems of at least one disease.
- <sup>l</sup> Global health estimates 2016: deaths by cause, age, sex, by country and by region, 2000–2016. Geneva: World Health Organization; 2018 ([https://www.who.int/healthinfo/global\\_burden\\_disease/estimates/en/index1.html](https://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html), accessed 20 April 2020). Data availability was defined by the latest year of input cause-of-death data from death registration system ([https://terrance.who.int/mediacentre/data/ghe/GlobalCOD\\_method\\_2000\\_2016.pdf](https://terrance.who.int/mediacentre/data/ghe/GlobalCOD_method_2000_2016.pdf), accessed 20 April 2020). CVD: cardiovascular diseases; CRD: chronic respiratory disease.
- <sup>m</sup> WHO Global Information System on Alcohol and Health (GISAH) [online database], Global Health Observatory (GHO) data. Geneva: World Health Organization (<https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/levels-of-consumption/>, accessed 20 April 2020). Data availability for estimates was defined by the latest year of recorded alcohol consumption data from government statistics, country-specific alcohol industry statistics in the public domain, and the Food and Agriculture Organization of the United Nations' statistical database, as compiled by GISAH (<https://apps.who.int/gho/data/node.main.A1039>, accessed 20 April 2020).
- <sup>n</sup> Global status report on road safety 2018. Geneva: World Health Organization; 2018 ([https://www.who.int/violence\\_injury\\_prevention/road\\_safety\\_status/2018/en/](https://www.who.int/violence_injury_prevention/road_safety_status/2018/en/), accessed 20 April 2020). Data availability was defined by the latest year of reported number of deaths by survey submitted to the WHO Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention (NVI), as of December 2017.
- <sup>o</sup> United Nations, Department of Economic and Social Affairs, Population Division (2020). World Contraceptive Use 2020 (POP/DB/CP/Rev2020). (<https://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2020.asp>, accessed 20 April 2020). Global and regional aggregates are from the United Nations, Department of Economic and Social Affairs, Population Division (2020). Estimates and Projections of Family Planning Indicators 2020.
- <sup>p</sup> Most recent updates provided by the Population Division, DESA to the SDG Indicators United Nations Global SDG Database (<https://unstats.un.org/sdgs/indicators/database/>, accessed 20 April 2020). Global and regional aggregates are from the World population prospects: the 2019 revision. New York: United Nations, Department of Economic and Social Affairs, Population Division; 2019 (<https://population.un.org/wpp/Download/SpecialAggregates/UNrelated/>, accessed 20 April 2020).
- <sup>q</sup> Primary health care on the road to universal health coverage: 2019 monitoring report. Geneva: World Health Organization; 2019 ([https://www.who.int/healthinfo/universal\\_health\\_coverage/report/fp\\_gmr\\_2019.pdf](https://www.who.int/healthinfo/universal_health_coverage/report/fp_gmr_2019.pdf), accessed 20 April 2020). WHO Member States with a population of less than 90 000 in 2015 were not included in the analysis. Data availability was defined according to the unpublished analysis undertaken related to the above-mentioned report. Faded font indicates 'low' data availability, and bold font indicates 'medium' and 'high' data availability.

- <sup>r</sup> Primary health care on the road to universal health coverage: 2019 monitoring report. Geneva: World Health Organization; 2019 ([https://www.who.int/healthinfo/universal\\_health\\_coverage/report/fp\\_gmr\\_2019.pdf](https://www.who.int/healthinfo/universal_health_coverage/report/fp_gmr_2019.pdf), accessed 20 April 2020). Global and regional aggregates include country data not shown in the table.
- <sup>s</sup> Public health and environment [online database], Global Health Observatory (GHO) data. Geneva: World Health Organization (<https://www.who.int/data/gho/data/themes/public-health-and-environment/GHO/public-health-and-environment>, accessed 20 April 2020). Data availability was defined by the latest year of input cause-of-death data from death registration system ([https://terrance.who.int/mediacentre/data/gho/GlobalCOD\\_method\\_2000\\_2016.pdf](https://terrance.who.int/mediacentre/data/gho/GlobalCOD_method_2000_2016.pdf), accessed 20 April 2020). WASH: water, sanitation and hygiene.
- <sup>t</sup> WHO global report on trends in prevalence of tobacco use 2000–2025, third edition. Geneva: World Health Organization; 2019 (<https://www.who.int/publications-detail/who-global-report-on-trends-in-prevalence-of-tobacco-use-2000-2025-third-edition>, accessed 20 April 2020). Data availability was defined by the latest year of input prevalence data from surveys.
- <sup>u</sup> WHO/UNICEF estimates of national immunization coverage and human papillomavirus (HPV) vaccine coverage estimates [online database]. July 2019 revision For HPV vaccine (last dose in the schedule): Percentage of 15 years old girls received the recommended doses of HPV vaccine is not yet available due to recent introduction and often targeting girls below 15 year of age. Currently performance of the programme in the previous calendar year based on target age group is used as proxy for the SDG indicator. For HPV, all countries are included in the regional and global aggregates. ([https://www.who.int/immunization/monitoring\\_surveillance/data/en/](https://www.who.int/immunization/monitoring_surveillance/data/en/), accessed 20 April 2020). Data availability was defined by the latest year of input coverage data from administrative records, household surveys and other sources ([http://www.who.int/entity/immunization/monitoring\\_surveillance/routine/coverage/WUENIC\\_input\\_to\\_PDF.xls](http://www.who.int/entity/immunization/monitoring_surveillance/routine/coverage/WUENIC_input_to_PDF.xls), [https://www.who.int/immunization/monitoring\\_surveillance/data/Coverage\\_survey\\_data.xls](https://www.who.int/immunization/monitoring_surveillance/data/Coverage_survey_data.xls) and [http://www.who.int/immunization/monitoring\\_surveillance/data/HPV\\_estimates.xls](http://www.who.int/immunization/monitoring_surveillance/data/HPV_estimates.xls), accessed 20 April 2020).
- <sup>v</sup> OECD.Stat [online database]. Paris: Organisation for Economic Co-operation and Development (<https://stats.oecd.org/>, accessed 20 April 2020). Figures shown here are measured in gross disbursement.
- <sup>w</sup> Data collected with the WHO Essential Medicines and Health Products Price and Availability Monitoring Mobile Application (WHO EMP MedMon) (<https://www.who.int/medicines/areas/policy/monitoring/empmedmon/en/>, accessed 20 April 2020) and Health Action International Medicine Prices, Availability, Affordability & Price Components Database (HAI/WHO) (<https://haiweb.org/what-we-do/price-availability-affordability/price-availability-data/>, accessed 20 April 2020).
- <sup>x</sup> WHO Global Health Workforce Statistics [online database], Global Health Observatory (GHO) data. Geneva: World Health Organization (<https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/health-workforce>, accessed 20 April 2020). Country comparisons are affected by differences in the occupations included. Please refer to the source for country-specific definitions and other descriptive metadata. The global averages were calculated using countries with values between 2013 and 2018. Some country estimates were used that are not shown in the annex table.
- <sup>y</sup> International Health Regulations (2005) Monitoring Framework State Parties Self-Assessment Reporting Tool – e-SPAR platform. Geneva: World Health Organization (<https://extranet.who.int/e-spar/>, accessed 31 March 2020). Responses received as of 23 March 2020. Regional and global averages include territories not shown in the table. For full list of IHR state parties please see [https://www.who.int/ihr/legal\\_issues/states\\_parties/en/](https://www.who.int/ihr/legal_issues/states_parties/en/).
- <sup>z</sup> NHA database. Geneva: World Health Organization (<https://apps.who.int/nha/database>, accessed 20 April 2020). The WHO regional and global averages are unweighted. This indicator is presented here because it could constitute the health-related portion of the SDG Indicator 1.a.2. As a composite indicator including several categories of health expenditure, the data availability status was determined by the largest component: government transfers for health. The indicator was classified as documented if a primary source such as a government budget has been used.
- <sup>aa</sup> Levels and trends in child malnutrition. UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates. New York, Geneva and Washington (DC): United Nations Children’s Fund, World Health Organization and the World Bank Group; 2020.
- <sup>ab</sup> Trends in anaemia in women and children: 1995 to 2016 (WHO, 2017). Data availability was defined by the latest year of input data from surveys, provided by the WHO Department of Nutrition and Food Safety.
- <sup>ac</sup> Global SDG Indicators Database [online database]. New York: United Nations, Statistics Division (<https://unstats.un.org/sdgs/indicators/database/>, accessed 20 April 2020).
- <sup>ad</sup> Progress on drinking-water, sanitation and hygiene – 2017 update and SDG baselines. Geneva and New York: World Health Organization and United Nations Children’s Fund; 2017 (<https://washdata.org/sites/default/files/documents/reports/2019-05/JMP-2017-report-final.pdf> accessed 31 March 2019); and Water and sanitation [online database], Global Health Observatory (GHO) data. Geneva: World Health Organization (<https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/water-sanitation-and-hygiene-exposure>, accessed 20 April 2020). The threshold for regional and global estimates is 30 per cent population coverage. Comparable estimates are only shown for countries with recent primary data. Data availability was defined by the latest year that had a measurement of water quality, the latest year with a measurement of one or more sanitation-related variables, and the latest year with a measurement of basic hygiene. These unpublished data were provided by the WHO WASH programme.
- <sup>ae</sup> Official development assistance for the water sector (water supply and sanitation, agricultural water resources, and hydro-electric power plants), OECD-CRS, 2018 (<https://stats.oecd.org/Index.aspx?DataSetCode=crs1>, accessed 20 April 2020). Includes CRS purpose codes for water supply and sanitation (CRS 14000), agricultural water resources (CRS 31140), and hydro-electric power plants (CRS 23220).
- <sup>af</sup> Public health and environment [online database], Global Health Observatory (GHO) data. Geneva: World Health Organization (<https://www.who.int/data/gho/data/themes/public-health-and-environment/GHO/public-health-and-environment>, accessed 20 April 2020). Data availability was defined by the latest year of input data on household fuels for cooking, heating and lighting from household surveys and censuses (<https://www.who.int/airpollution/data/household-energy-database/en/>, accessed 20 April 2020).
- <sup>ag</sup> Public health and environment [online database], Global Health Observatory (GHO) data. Geneva: World Health Organization (<https://www.who.int/data/gho/data/themes/public-health-and-environment/GHO/public-health-and-environment/>, accessed 20 April 2020). Data availability was defined by the latest year of input data on particulate matter ground measurement (<https://www.who.int/airpollution/data/cities/en/>, accessed 20 April 2020) and satellite data.
- <sup>ah</sup> Global status report on preventing violence against children 2020. Geneva: World Health Organization [in press].

- <sup>ai</sup> Data from World Health Organization, Polio Eradication Initiative, as of 28 February 2020. (Updated information can be found at: [http://www.who.int/immunization\\_monitoring/en/diseases/poliomyelitis/case\\_count.cfm](http://www.who.int/immunization_monitoring/en/diseases/poliomyelitis/case_count.cfm), accessed 20 April 2020).
- <sup>aj</sup> NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in blood pressure from 1975 to 2015: a pooled analysis of 1479 population-based measurement studies with 19.1 million participants. *Lancet*. 2017;389:37–55. Data availability was defined by the latest year of input data from surveys (<https://ars.els-cdn.com/content/image/1-s2.0-S0140673616319195-mm1.pdf>, accessed 20 April 2020). SBP: systolic blood pressure; DBP: diastolic blood pressure.
- <sup>ak</sup> 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;390:2627–42). Data availability was defined by the latest year of input data from surveys ([https://www.thelancet.com/cms/10.1016/S0140-6736\(17\)32129-3/attachment/a71c66f4-af6a-45cc-b74b-b320544ff826/mm1.pdf](https://www.thelancet.com/cms/10.1016/S0140-6736(17)32129-3/attachment/a71c66f4-af6a-45cc-b74b-b320544ff826/mm1.pdf), 20 April 2020).
- <sup>al</sup> Non-standard definition. For more details see the Joint UNICEF/WHO database of skilled health personnel (footnote e).
- <sup>am</sup> Proportion of institutional births (%) used as proxy for the SDG indicator.
- <sup>an</sup> Data pertain to a non-standard age or marital status group. For more details, see the World Contraceptive Use 2020 (footnote o).
- <sup>ao</sup> Estimate refers to smoking only, which is expected to be similar to all tobacco use.
- <sup>ap</sup> Prevalence of overweight was calculated using BMI-for-age z-scores.
- <sup>aq</sup> Estimate extrapolated from earlier year (2015–2017).
- <sup>ar</sup> Survey estimate was age adjusted.
- <sup>as</sup> Data for capital city only.
- <sup>at</sup> Proxy estimate based on cumulative coverage by age 15.
- <sup>au</sup> Survey covers age interval 1–5 and estimate was unadjusted.
- <sup>av</sup> Survey covers eight regions including Youndé and Douala cities.
- <sup>aw</sup> Estimate based on national survey or reported coverage.
- <sup>ax</sup> Survey covers 6–59 months.
- <sup>ay</sup> Survey covers 0–71 months.
- <sup>az</sup> Coverage over 100%. Truncated to 99%. May indicate problems with the accuracy of data.
- <sup>ba</sup> Estimate based on subnational data.
- <sup>bb</sup> Data collection in March–May 2018.
- <sup>bc</sup> Survey covers children 3–5 years old.
- <sup>bd</sup> Survey covers 0–4 years old.
- <sup>be</sup> Survey pending reanalysis.
- <sup>bf</sup> National surveillance system.
- <sup>bg</sup> Survey covers 8 regions including Bamako and Kidal cities
- <sup>bh</sup> Oedema not considered.
- <sup>bi</sup> Omani citizens only.
- <sup>bj</sup> Data collection in April–May 2015.
- <sup>bk</sup> Health centres only (80% coverage).
- <sup>bl</sup> Estimate based on data from different age group.
- <sup>bm</sup> For high-income countries with no information on clean fuel use, usage is assumed to be over 95%.

# ANNEX 3

## 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, Eswatini, 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, 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, the 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, North Macedonia, Norway, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, 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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