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### 1. Life expectancy and mortality ............................................. 51

*Life expectancy at birth (years)*
*Life expectancy at age 60 (years)*
*Stillbirth rate (per 1000 total births)*
*Neonatal mortality rate (per 1000 live births)*
*Infant mortality rate (probability of dying by age 1 per 1000 live births)*
*Under-five mortality rate (probability of dying by age 5 per 1000 live births)*
*Adult mortality rate (probability of dying between 15 and 60 years of age per 1000 population)*
## 2. Cause-specific mortality and morbidity

### Mortality
- Age-standardized mortality rates by cause (per 100 000 population)
- Number of deaths among children aged <5 years (000s)
- Distribution of causes of death among children aged <5 years (%)
- Age-standardized adult mortality rate by cause (ages 30–70 per 100 000 population)
- Maternal mortality ratio (per 100 000 live births)
- Cause-specific mortality rate (per 100 000 population)

### Morbidity
- Incidence rate (per 100 000 population per year)
- Prevalence (per 100 000 population)

## 3. Selected infectious diseases

- Cholera
- Diphtheria
- H5N1 influenza
- Japanese encephalitis
- Leprosy
- Malaria
- Measles
- Meningitis
- Mumps
- Pertussis
- Plague
- Poliomyelitis
- Congenital rubella syndrome
- Rubella
- Neonatal tetanus
- Total tetanus
- Tuberculosis
- Yellow fever

## 4. Health service coverage

- Unmet need for family planning (%)
- Contraceptive prevalence (%)
- Antenatal care coverage (%)
- Births attended by skilled health personnel (%)
- Births by caesarean section (%)
- Postnatal care visit within two days of childbirth (%)
- Neonates protected at birth against neonatal tetanus (%)
- Immunization coverage among 1-year-olds (%)
- Children aged 6–59 months who received vitamin A supplementation (%)
- Children aged <5 years with ARI symptoms taken to a health facility (%)
- Children aged <5 years with ARI symptoms receiving antibiotics (%)
- Children aged <5 years with diarrhoea receiving ORT (ORS and/or RHF) (%)
- Children aged <5 years sleeping under insecticide-treated nets (%)
- Children aged <5 years with fever who received treatment with any antimalarial (%)
- Pregnant women with HIV receiving antiretrovirals to prevent MTCT (%)
- Antiretroviral therapy coverage among people with advanced HIV infection (%)
- Case-detection rate for all forms of tuberculosis (%)
- Treatment-success rate for smear-positive tuberculosis (%)


5. Risk factors
Population using improved drinking-water sources (%)
Population using improved sanitation (%)
Population using solid fuels (%)
Low-birth-weight newborns (%)
Infants exclusively breastfed for the first 6 months of life (%)
Children aged <5 years who are stunted (%)
Children aged <5 years who are underweight (%)
Children aged <5 years who are overweight (%)
Prevalence of raised fasting blood glucose among adults aged ≥25 years (%)
Prevalence of raised blood pressure among adults aged ≥25 years (%)
Adults aged ≥20 years who are obese (%)
Alcohol consumption among adults aged ≥15 years (litres of pure alcohol per person per year)
Prevalence of smoking any tobacco product among adults aged ≥15 years (%)
Prevalence of current tobacco use among adolescents aged 13–15 years (%)
Prevalence of condom use by adults aged 15–49 years during higher-risk sex (%)
Population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS (%)

6. Health workforce, infrastructure and essential medicines
Health workforce
Number of physicians, and density per 10 000 population
Number of nursing and midwifery personnel, and density per 10 000 population
Number of dentistry personnel, and density per 10 000 population
Number of pharmaceutical personnel, and density per 10 000 population
Number of environmental and public health workers, and density per 10 000 population
Number of community health workers, and density per 10 000 population
Number of psychiatrists, and density per 10 000 population
Infrastructure
Hospital beds (per 10 000 population)
Psychiatric beds (per 10 000 population)
Computed tomography units (per million population)
Essential medicines
Median availability of selected generic medicines in public and private sectors (%)
Median consumer price ratio of selected generic medicines in public and private sectors

7. Health expenditure
Health expenditure ratios
Total expenditure on health as a percentage of gross domestic product
General government expenditure on health as a percentage of total expenditure on health
Private expenditure on health as a percentage of total expenditure on health
General government expenditure on health as a percentage of total government expenditure
External resources for health as a percentage of total expenditure on health
Social security expenditure on health as a percentage of general government expenditure on health
Out-of-pocket expenditure as a percentage of private expenditure on health
Private prepaid plans as a percentage of private expenditure on health
Per capita health expenditures
Per capita total expenditure on health at average exchange rate (US$)
Per capita total expenditure on health (PPP int. $)
Per capita government expenditure on health at average exchange rate (US$)
Per capita government expenditure on health (PPP int. $)
8. Health inequities

Contraceptive prevalence (%)
Antenatal care coverage: at least four visits (%)
Births attended by skilled health personnel (%)
DTP3 immunization coverage among 1-year-olds (%)
Children aged <5 years who are stunted (%)
Under-five mortality rate (probability of dying by age 5 per 1000 live births)

9. Demographic and socioeconomic statistics

Total population (000s)
Median age of population (years)
Population aged <15 years (%)
Population aged >60 years (%)
Annual population growth rate (%)
Population living in urban areas (%)
Crude birth rate (per 1000 population)
Crude death rate (per 1000 population)
Total fertility rate (per woman)
Adolescent fertility rate (per 1000 girls aged 15–19 years)
Literacy rate among adults aged ≥15 years (%)
Net primary school enrolment rate (%)
Gross national income per capita (PPP int. $)
Population living on <$1 (PPP int. $) a day (%)
Cellular phone subscribers (per 100 population)

10. Health information systems and data availability

Most recent census (year)
Civil registration coverage of births (%)
Cause-of-death registration – availability and coverage (%) in most recent year reported
Number of national population surveys of child anthropometry, child and maternal mortality,
HIV prevalence and adult health

Annex 1. Regional and income groupings

WHO regional groupings
Income groupings
Abbreviations

AARD  average annual rate of decline
AIDS  acquired immunodeficiency syndrome
AFR  WHO African Region
AMR  WHO Region of the Americas
ARI  acute respiratory infection
dBP  diastolic blood pressure
DHS  Demographic and Health Survey
DTP3  3 doses of diphtheria-tetanus-pertussis vaccine
EML  essential medicines list
EMR  WHO Eastern Mediterranean Region
EUR  WHO European Region
GDP  gross domestic product
HAI  Health Action International
HepB3  3 doses of hepatitis B vaccine
Hib3  3 doses of *Haemophilus influenzae* type B vaccine
HIV  human immunodeficiency virus
ICD  International Statistical Classification of Diseases and Related Health Problems
MCV  measles-containing vaccine
MDG  Millennium Development Goal
MICS  Multiple Indicator Cluster Survey
MSH  Management Sciences for Health
MTCT  mother-to-child transmission
NCD  noncommunicable disease
NHA  national health account
ORS  oral rehydration salts
ORT  oral rehydration therapy
PPP  Purchasing Power Parity
RHF  recommended home fluid
SBP  systolic blood pressure
SEAR  WHO South-East Asia Region
WHA  World Health Assembly
WPR  WHO Western Pacific Region
Introduction

The World Health Statistics series is WHO’s annual compilation of health-related data for its 194 Member States and includes a summary of the progress made towards achieving the health-related Millennium Development Goals (MDGs) and associated targets. This year, it also includes highlight summaries on the topics of noncommunicable diseases, universal health coverage and civil registration coverage.

The series is produced by the WHO Department of Health Statistics and Information Systems of the Innovation, Information, Evidence and Research Cluster. As in previous years, World Health Statistics 2012 has been compiled using publications and databases produced and maintained by WHO technical programmes and regional offices. A number of demographic and socioeconomic statistics have also been derived from databases maintained by a range of other organizations. These include the United Nations International Telecommunication Union (ITU), the United Nations Department of Economic and Social Affairs (UNDESA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Children’s Fund (UNICEF) and the World Bank.

Indicators have been included on the basis of their relevance to global public health; the availability and quality of the data; and the reliability and comparability of the resulting estimates. Taken together, these indicators provide a comprehensive summary of the current status of national health and health systems in the following ten areas:

- life expectancy and mortality
- cause-specific mortality and morbidity
- selected infectious diseases
- health service coverage
- risk factors
- health workforce, infrastructure and essential medicines
- health expenditure
- health inequities
- demographic and socioeconomic statistics
- health information systems and data availability.

The estimates given in this report are derived from multiple sources, depending on each indicator and on the availability and quality of data. In many countries, statistical and health information systems are weak and the underlying empirical data may not be available or may be of poor quality. Every effort has been made to ensure the best use of country-reported data – adjusted where necessary to deal with missing values, to correct for known biases, and to maximize the comparability of the statistics across countries and over time. In addition, statistical modelling and other techniques have been used to fill data gaps.

Because of the weakness of the underlying empirical data in many countries, a number of the indicators presented here are associated with significant uncertainty. It is WHO policy to ensure statistical transparency, and to make available to users the methods of estimation and the margins of uncertainty for relevant indicators. However, to ensure readability while covering such a comprehensive range of health topics, printed versions of the World Health Statistics series do not include margins of uncertainty; these are available from online WHO databases such as the Global Health Observatory.

While every effort has been made to maximize the comparability of the statistics across countries and over time, users are advised that country data may differ in terms of the definitions, data-collection methods, population coverage and estimation methods used. More

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1. South Sudan became an independent state in July 2011 and a WHO Member State in September 2011. As the reported data shown here only concern the time before July 2011, the term “Sudan” as used here only refers to the state as it existed prior to July 2011.

2. The Global Health Observatory (GHO) is WHO’s portal providing access to data and analyses for monitoring the global health situation (see: http://www.who.int/gho).
detailed information on indicator metadata is available in the WHO Indicator and Measurement Registry.\textsuperscript{3}

WHO presents *World Health Statistics 2012* as an integral part of its ongoing efforts to provide enhanced access to comparable high-quality statistics on core measures of population health and national health systems. Unless otherwise stated, all estimates have been cleared following consultation with Member States and are published here as official WHO figures. However, these best estimates have been derived using standard categories and methods to enhance their cross-national comparability. As a result, they should not be regarded as the nationally endorsed statistics of Member States which may have been derived using alternative methodologies.

\textsuperscript{3} http://www.who.int/gho/indicatorregistry