Figures have been computed by WHO to ensure comparability; thus they are not necessarily the official statistics of Member States, which may use alternative rigorous methods.

For indicators with a reference period expressed as a range, figures refer to the latest available year in the range; except in Inequities in health care and health outcome, where the figures refer to the period specified. For specific years, indicator definitions and metadata, please refer to http://www.who.int/whosis.

... Data not available or not applicable.

The global, regional and income aggregates for rates and ratios are weighted averages when relevant while for absolute numbers they are the sums. Certain Member States do not have an associated income group and are not included in aggregate calculations. Aggregates are calculated only if data are available for 50% of the population within the group. For a list of country groupings, refer to the end of this section.

**Mortality and burden of disease**

1 YLL, years of life lost.

2 The sum of individual proportions may not add up to 100% due to rounding.


### Health service coverage


12 PMTCT, preventing mother to child transmission. The coverage estimate is calculated by dividing the number of pregnant HIV-infected women who received antiretrovirals for PMTCT by the estimated unrounded number of pregnant HIV-infected women. In this table, only data for generalized epidemics are included. Source: *Children and AIDS: Second stocktaking report*. New York, United Nations Children’s Fund, World Health Organization, Joint United Nations Programme on HIV/AIDS, April 2008. See Goal 1: Preventing mother-to-child transmission of HIV in low- and middle-income countries. A complete set of data with ranges of estimates are available from this document.


Data are preliminary or provisional.

Includes 5–15% of deliveries by cadres of health workers other than doctors, nurses and midwives.

Data pertain to sexually active women of reproductive age.


Includes deliveries by cadres of health workers other than doctors, nurses and midwives – range not available.

Includes <5% of deliveries by cadres of health workers other than doctors, nurses and midwives.

Institutional births.


Includes >15% of deliveries by cadres of health workers other than doctors, nurses and midwives.

Data pertain to men and women of reproductive age who are in union.

Data pertain to ever-married women of reproductive age.

6+ visits.

Estimate.

5+ visits.

3+ visits.

Data pertain to all women of reproductive age.

Including women in visiting unions, which are non-cohabiting but are nevertheless regular partnerships.

Excluding Northern Ireland.

**Risk factors**


Comparisons between countries may be limited owing to differences in sample characteristics or survey years. Source: Global database on body mass index (BMI) [online database]. Geneva, World Health Organization, 2006 (http://www.who.int/bmi, accessed 17 April 2008).


City surveys were extrapolated into country figures reported here.

Upper limit is 49.

Data were not validated by country focal point in time for publication of this report.

Self-reported data.

Upper limit is >65.

Lower limit is >15.

Upper limit is 64.

Upper limit is 59.

Upper limit is 60.

Health systems resources


In some cases the sum of the ratios of general government expenditure and private expenditure on health may not add up to 100% because of rounding.
The GDP includes the illicit opium economy.

Estimates should be read with caution as these are derived from limited evidence.

Estimates updated using data from NHA reports, surveys, National Accounts series or information provided by contacts during national consultations.

Hospital beds include inpatient and maternity beds. Maternity beds are included, while cots and delivery beds are excluded.

Data refer to year prior to 2000.

Fiscal year ends in June; expenditure data have been allocated to the previous calendar year, e.g. data for 2005 are for the fiscal year 2005–2006.

Adjustments for currency changes were made for the entire series.

Adoption of “A System of Health Accounts” (SHA) methodology, classifications and recommended documentary sources induced changes in the level of previously reported ratios and may constitute a break in the series between 2000 and 2005.

Refers to public sector only.

The estimates do not include expenditures for the Hong Kong and Macao Special Administrative Regions.

Exchange rate changed from 2.15 Won in 2001 to 152 Won in 2002. This explains sudden changes in per capita levels between 2000 and 2005.

In 2005, grants accounted for 754 million pesos and loans for 675 million pesos (a substantial downward trend for loans).

Benchmark revision of the GDP lowers the health expenditure to GDP ratio compared to previous levels.

Increases in international dollar rates reduced the per capita levels compared with previous releases.

Exchange rate changed in 2002 from multiple to a managed floating exchange rate. Inter-bank market rate used prior to 2002.

The estimates do not include expenditures of Northern Iraq.

The public expenditure on health includes contributions from the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) to Palestinian refugees residing in Jordanian territories.

Market exchange rate is used to estimate the per capita figures.

Serbia and Montenegro data are presented separately.

The exchange rate used for the Syrian Arab Republic is the rate for non-commercial transactions from the Central Bank of Syria.

GDP does not include income from petroleum.

Inequities in health care and health outcome

Sources: Figures stratified by “place of residence” and “educational level of mother” were extracted from Demographic and Health Survey data using STATcompiler software or Demographic and Health Survey reports (http://www.measuredhs.com/). Figures stratified by “wealth quintile” were extracted from Demographic and Health Survey reports. When not available in the reports, which mostly applies to surveys conducted in 2001 or earlier, the figures were extracted from Gwatkin DR et al. Socio-economic differences in health, nutrition, and population within developing countries: an overview. Washington, DC, World Bank, 2007 (http://go.worldbank.org/XJK7WKSE40, accessed 17 April 2008).

For all countries, under-five mortality rate is based on the ten-year period preceding the survey, except for India and Turkey where it is based on the five-year period preceding the survey.
1 Lowest educational level achieved by mother is “no education”; highest level is “secondary or higher”.

4 Lowest educational level achieved by mother is “secondary general”; highest level is “higher than specialized secondary”.

5 MMR (measles, mumps, rubella) vaccination coverage.

The figures in parentheses are based on a small number of cases (25–49 unweighted cases).

9 Data for “Births attended by skilled health personnel” correspond to births occurring in the three years preceding the survey rather than five years.

b Highest educational level achieved by mother is “12 or more years complete”.

c Lowest educational level achieved by mother is “primary or secondary”; highest level is “higher than secondary special”.

l Lowest educational level achieved by mother is “primary or middle school”; highest level is “higher than secondary special”.

Demographic and socioeconomic statistics


h Percentage of children less than five years of age who were registered at the time of the survey. The numerator of this indicator includes children whose birth certificate was seen by the interviewer or whose mother or caregiver said the birth had been registered. The state of the world’s children 2008: child survival. New York, United Nations Children’s Fund, 2008.


WHO regional groupings

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

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

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

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

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

Income groupings**


Lower middle income: Albania, Algeria, Angola, Armenia, Azerbaijan, Belarus, Bhutan, Bolivia, Bosnia and Herzegovina, Cameroon, Cape Verde, China, Colombia, Congo, Cuba, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, Fiji, Georgia, Guatemala, Guyana, Honduras, Indonesia, Iran (Islamic Republic of), Iraq, Jamaica, Jordan, Kiribati, Lesotho, Maldives, Marshall Islands, Micronesia (Federated States of), Morocco, Namibia, Nicaragua, Paraguay, Peru, Philippines, Republic of Moldova, Samoa, Sri Lanka, Suriname, Swaziland, Syrian Arab Republic, Thailand, The former Yugoslav Republic of Macedonia, Tonga, Tunisia, Turkmenistan, Ukraine, Vanuatu

Upper middle income: Argentina, Belize, Botswana, Brazil, Bulgaria, Chile, Costa Rica, Croatia, Dominica, Equatorial Guinea, Gabon, Grenada, Hungary, Kazakhstan, Latvia, Lebanon, Libyan Arab Jamahiriya, Lithuania, Malaysia, Mauritius, Mexico, Montenegro, Oman, Palau, Panama, Poland, Romania, Russian Federation, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Serbia, Seychelles, Slovakia, South Africa, Turkey, Uruguay, Venezuela (Bolivarian Republic of)

High income: Andorra, Antigua and Barbuda, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Brunei Darussalam, Canada, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Japan, Kuwait, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Portugal, Qatar, Republic of Korea, San Marino, Saudi Arabia, Singapore, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, United Arab Emirates, United Kingdom, United States of America

Cook Islands, Nauru, Niue and Tuvalu are not categorized into income groups and are therefore excluded from the computation of aggregate indices by income group.

* State may have associated figures for periods prior to its membership in WHO.

** World Bank list of economies (July 2007).