WHO- Indicator Metadata Registry

<http://apps.who.int/gho/data/node.wrapper.imr?x-id=1422>

THE WORLD BANK

<https://data.worldbank.org/indicator>

1. **Crude death rate**

* Crude death rate indicates the number of deaths per 1,000 midyear population.

1. **Crude birth rate**

* Crude birth rate indicates the number of live births per 1,000 midyear population.
* Subtracting Crude death rate from the Crude birth rate provides the rate of natural increase, which is equal to the rate of population changes in the absence of migration.

1. **Current health expenditure (% of GDP)**

* Level of current health expenditure expressed as a percentage of GDP.
* Estimates of current health expenditures include healthcare goods and services consumed during each year.
* This indicator does not include capital health expenditures such as buildings, machinery, IT and stocks of vaccines for emergency or outbreaks

1. **Current health expenditure per capita, PPP (current international $)**

* Current expenditures on health per capita expressed in international dollars at purchasing power parity (PPP).
* [Purchasing power parity](https://en.wikipedia.org/wiki/Purchasing_power_parity), a component of some economic theories and is a technique used to determine the relative value of different currencies
* Aggregation Method: Weighted average
* Development Relevance: Strengthening health financing is one objective of Sustainable Development Goal 3 (SDG target 3.c). The levels and trends of health expenditure data identify key issues such as weaknesses and strengths and areas that need investment, for instance additional health facilities, better health information systems, or better trained human resources. Health financing is also critical for reaching universal health coverage (UHC) defined as all people obtaining the quality health services they need without suffering financial hardship (SDG 3.8). The data on out-of-pocket spending is a key indicator with regard to financial protection and hence of progress towards UHC

1. **Out-of-pocket expenditure per capita (current US$)**

Health expenditure through out-of-pocket payments per capita in USD. Out of pocket payments are spending on health directly out of pocket by households in each country.

* **Development Relevance:**Strengthening health financing is one objective of Sustainable Development Goal 3 (SDG target 3.c). The levels and trends of health expenditure data identify key issues such as weaknesses and strengths and areas that need investment, for instance additional health facilities, better health information systems, or better trained human resources. Health financing is also critical for reaching universal health coverage (UHC) defined as all people obtaining the quality health services they need without suffering financial hardship (SDG 3.8). The data on out-of-pocket spending is a key indicator with regard to financial protection and hence of progress towards UHC.

1. **Mortality rate, infant (per 1,000 live births)**

* Infant mortality rate is the number of infants dying before reaching one year of age, per 1,000 live births in a given year.

1. **Life expectancy at birth, total (years)**

* Life expectancy at birth indicates the number of years a newborn infant would live if prevailing patterns of mortality at the time of its birth were to stay the same throughout its life.

1. **Children out of school, primary, female**

Children out of school are the number of primary-school-age children not enrolled in primary or secondary school.

1. **Access to electricity (% of population)**

* Access to electricity is the percentage of population with access to electricity. Electrification data are collected from industry, national surveys and international sources.

1. **Net migration**

* Net migration is the net total of migrants during the period, that is, the total number of immigrants less the annual number of emigrants, including both citizens and noncitizens. Data are five-year estimates.

1. **Fertility rate, total (births per woman)**

* Total fertility rate represents the number of children that would be born to a woman if she were to live to the end of her childbearing years and bear children in accordance with age-specific fertility rates of the specified year.

1. **Births attended by skilled health staff (% of total)**

* Births attended by skilled health staff are the percentage of deliveries attended by personnel trained to give the necessary supervision, care, and advice to women during pregnancy, labor, and the postpartum period; to conduct deliveries on their own; and to care for newborns.

1. **Hospital beds (per 1,000 people)**

* Hospital beds include inpatient beds available in public, private, general, and specialized hospitals and rehabilitation centers. In most cases beds for both acute and chronic care are included.

1. **Fixed broadband subscriptions (per 100 people)**

* Fixed broadband subscriptions refers to fixed subscriptions to high-speed access to the public Internet (a TCP/IP connection), at downstream speeds equal to, or greater than, 256 kbit/s.
* This includes cable modem, DSL, fiber-to-the-home/building, other fixed (wired)-broadband subscriptions, satellite broadband and terrestrial fixed wireless broadband. This total is measured irrespective of the method of payment.
* It excludes subscriptions that have access to data communications (including the Internet) via mobile-cellular networks. It should include fixed WiMAX and any other fixed wireless technologies. It includes both residential subscriptions and subscriptions for organizations.

1. **Literacy rate, adult female (% of females ages 15 and above)**

* Adult literacy rate is the percentage of people ages 15 and above who can both read and write with understanding a short simple statement about their everyday life.

1. **Literacy rate, youth female (% of females ages 15-24)**

* Youth literacy rate is the percentage of people ages 15-24 who can both read and write with understanding a short simple statement about their everyday life.

## Life expectancy at birth, total (years)

* Life expectancy at birth indicates the number of years a newborn infant would live if prevailing patterns of mortality at the time of its birth were to stay the same throughout its life.

**Corruption Perceptions Index**

<https://www.transparency.org/>

Since its inception in 1995, the Corruption Perceptions Index, Transparency International’s flagship research product, has become the leading global indicator of public sector corruption. The index offers an annual snapshot of the relative degree of corruption by ranking countries and territories from all over the globe. In 2012, Transparency International revised the methodology used to construct the index to allow for comparison of scores from one year to the next. The 2018 CPI draws on 13 surveys and expert assessments to measure public sector corruption in 180 countries and territories, giving each a score from zero (highly corrupt) to 100 (very clean).

<https://www.who.int/news-room/fact-sheets/detail/primary-health-care>

**Key facts**

* Primary health care can cover the majority of a person’s health needs throughout their life including prevention, treatment, rehabilitation and palliative care.
* At least half of the world’s people still lack full coverage of essential health services.
* A fit-for-purpose workforce is essential to deliver primary health care, yet the world has an estimated shortfall of 18 million health workers.
* Of the 30 countries for which data are available, only 8 spend at least US$ 40 per person on primary health care per year.

**What is primary health care?**

Primary health care is a whole-of-society approach to health and well-being centred on the needs and preferences of individuals, families and communities.  It addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental and social health and wellbeing.

It provides whole-person care for health needs throughout the lifespan, not just for a set of specific diseases. Primary health care ensures people receive comprehensive care - ranging from promotion and prevention to treatment, rehabilitation and palliative care - as close as feasible to people’s everyday environment.

Primary health care is rooted in a commitment to social justice and equity and in the recognition of the fundamental right to the highest attainable standard of health, as echoed in Article 25 of the Universal Declaration on Human Rights: “Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services […]”.

The concept of primary health care has been repeatedly reinterpreted and redefined.  In some contexts, it has referred to the provision of ambulatory or first-level of personal health care services. In other contexts, primary health care has been understood as a set of priority health interventions for low-income populations (also called selective primary health care). Others have understood primary health care as an essential component of human development, focusing on the economic, social and political aspects.

**Human rights**

Human rights describe moral norms or moral standards which are understood as inalienable fundamental rights of every human person. Human rights encompass a wide variety of rights, including but not limited to the right to a fair trial, protection of physical integrity, protection against enslavement, the right to free speech, and the right to education.

The protection of human rights is certainly one of the most important aspects of development. Nevertheless, it receives much less attention than other aspects, presumably in part because it is so very hard to measure. If one is interested in empirically studying the protection of human rights, it is not enough to count countries that ratify human rights treaties; instead, the quantitative study of human rights aims to determine whether or not certain human rights are protected in practice.