Health Inequality Monitor

Data Repository

INDICATOR METADATA

WHO Thirteenth General Programme of Work (GPW 13) indicators

June 2022

World Health Organization

Contents

WHO Thirteenth General Programme of Work (GPW 13) indicators

About

This dataset contains disaggregated data for indicators used within the Thirteenth General Programme of Work (GPW 13) impact measurement. GPW 13 defines WHO's strategy for the period 2019-2025 and focuses on measurable impacts on people's health at the country level. The impact measurement of GPW 13 is based on 46 health-related outcome indicators (the majority of which are Sustainable Development Goals), the Triple Billion targets (one billion more people benefiting from universal health coverage; one billion more people better protected from health emergencies; and one billion more people enjoying better health and well-being), and healthy life expectancy.

Data sources

Data are derived from several data sources, including:
- Re-analysis of data from Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS).
- WHO Global Health Estimates (GHE) as well as estimates produced by WHO programmes and published in the WHO Global Health Observatory (www.who.int/data/gho).
- Water Supply, Sanitation and Hygiene (WASH) estimates from the WHO/UNICEF Joint Monitoring Programme (JMP).
- UNICEF-WHO-World Bank Joint Malnutrition Estimates from the WHO Global Database on Child Growth and Malnutrition.
- UNAIDS-UNICEF-WHO HIV incidence estimates.

Indicators

Antenatal care coverage - at least four visits (%)

Topic	Universal Health Coverage
Indicator name	Antenatal care coverage - least four visits (%)
Data type	Percentage
Data source	Re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS)
Definition	Percentage of women aged 15–49 with a live birth in a given time period, attended at least four times during pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy.
	Numerator: Number of women aged 15–49 with a live birth in a given time period, attended at least four times during pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy – only the last live-born child is considered.
	Denominator: Total number of women aged 15–49 who had a live birth occurring in the same period.
	Note: DHS and RHS data are based on the three years or five years prior to survey and MICS data are based on the two years prior to survey.
Disaggregation	Age (2 groups) (15-49 years) (mother's age at birth)
	Economic status (wealth decile)

	Economic status (wealth quintile)
	Education (3 groups)
	Place of residence
	Subnational region
Comments	The method of calculation of disaggregated estimates and setting averages for this indicator may differ slightly from other published national estimates, due to small discrepancies in the definition/calculation of numerator and denominator values.
Further information	Health Inequality Data Repository: Reproductive, maternal, newborn and child health (RMNCH) indicators: www.who.int/data/inequality-monitor/data

Births attended by skilled health personnel (%)

Topic	Outcome indicator
Indicator name	Births attended by skilled health personnel (%)
Data type	Percentage
Data source	Re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS)
Definition	Percentage of live births attended during delivery by skilled health personnel. Skilled health personnel include doctors, nurses, midwives and other medically trained personnel as defined according to each country. This is in line with the definition used by the Countdown to 2030 Collaboration, DHS, MICS and RHS.
	Numerator: Number of live births to women aged 15-49 years attended during delivery by skilled health personnel in the period prior to the survey.
	Denominator: Total number of live births to women aged 15-49 years occurring in the period prior to the survey.
	Note: DHS and RHS data are based on the three years or five years prior to survey and MICS data are based on the two years prior to survey.
Disaggregation	Age (2 groups) (15-49 years) (mother's age at birth)
	Economic status (wealth decile)
	Economic status (wealth quintile)
	Education (3 groups)
	Place of residence
	Subnational region
Comments	The method of calculation of disaggregated estimates and setting averages for this indicator may differ slightly from other published national estimates, due to small discrepancies in the definition/calculation of numerator and denominator values.

Further information	Health Inequality Data Repository: Reproductive, maternal, newborn and child health (RMNCH) indicators: www.who.int/data/inequality-monitor/data

Children aged < 5 years with pneumonia symptoms taken to a health facility (%)

Topic	Universal Health Coverage
Indicator name	Children aged < 5 years with pneumonia symptoms taken to a health facility (%)
Data type	Percentage
Data source	Re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS)
Definition	Percentage of children aged 0–59 months with pneumonia symptoms in the two weeks prior to the survey who were taken to an appropriate health provider.
	Numerator: Number of children aged 0–59 months with pneumonia symptoms in the two weeks prior to the survey who were taken to an appropriate health provider.
	Denominator: Total number of children aged 0–59 months with pneumonia symptoms in the two weeks prior to the survey.
Disaggregation	Age (2 groups) (15-49 years) (mother's current age)
	Economic status (wealth quintile)
	Economic status (wealth decile)
	Education (3 groups)
	Place of residence
	Sex
	Subnational region
Comments	The method of calculation of disaggregated estimates and setting averages for this indicator may differ slightly from other published national estimates, due to small discrepancies in the definition/calculation of numerator and denominator values.
Further information	Health Inequality Data Repository: Reproductive, maternal, newborn and child health (RMNCH) indicators: www.who.int/data/inequality-monitor/data

Demand for family planning satisfied – use of modern methods (%)

Topic	Universal Health Coverage
Indicator name	Demand for family planning satisfied – use of modern methods (%)
Data type	Percentage
Data source	Re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS)

Definition	Percentage of women aged 15–49 years, married or in union, who are currently using any modern method of contraception, among those in need of contraception. Women in need of contraception include women who are fecund but report wanting to space their next birth or stop childbearing altogether as well as women with a mistimed or unwanted pregnancy.
	Numerator: Number of women aged 15–49 that are fecund and are married or in union and need contraception, who are currently using any modern method of contraception.
	Denominator: Total number of women aged 15–49 that are fecund and are married / have a partner and need contraception.
Disaggregation	Age (2 groups) (15-49 years) (woman's current age)
	Economic status (wealth quintile)
	Economic status (wealth decile)
	Education (3 groups)
	Place of residence
	Subnational region
Comments	The method of calculation of disaggregated estimates and setting averages for this indicator may differ slightly from other published national estimates, due to small discrepancies in the definition/calculation of numerator and denominator values.
Further information	Health Inequality Data Repository: Reproductive, maternal, newborn and child health (RMNCH) indicators: www.who.int/data/inequality-monitor/data

Demand for family planning satisfied – use of modern and traditional methods (%)

Topic	Universal Health Coverage
Indicator name	Demand for family planning satisfied – use of modern and traditional methods (%)
Data type	Percentage
Data source	Re-analysis of Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)
Definition	Percentage of women aged 15–49 years, married or in union, who are currently using any method of contraception, among those in need of contraception. Women in need of contraception include women who are fecund but report wanting to space their next birth or stop childbearing altogether as well as women with a mistimed or unwanted pregnancy.
	Numerator: Number of women aged 15–49 that are fecund and are married or in union and need contraception, who use any kind of contraceptive (modern or traditional).
	Denominator: Total number of women aged 15–49 that are fecund and are married / have a partner and need contraception.
Disaggregation	Age (2 groups) (15-49 years) (woman's current age)

	Economic status (wealth quintile)
	Economic status (wealth decile)
	Education (3 groups)
	Place of residence
	Subnational region
Comments	The method of calculation of disaggregated estimates and setting averages for this indicator may differ slightly from other published national estimates, due to small discrepancies in the definition/calculation of numerator and denominator values.
Further information	Health Inequality Data Repository: Reproductive, maternal, newborn and child health (RMNCH) indicators: www.who.int/data/inequality-monitor/data

DTP3 immunization coverage among one-year-olds (%)

Topic	Universal Health Coverage
Indicator name	DTP3 immunization coverage among one-year-olds (%)
Data type	Percentage
Data source	Re-analysis of Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)
Definition	The percentage of one-year-olds who have received three doses of the combined diphtheria, tetanus toxoid and pertussis (DTP3) vaccine in a given year.
	Numerator: Number of children aged 12–23 months receiving three doses of DTP vaccine.
	Denominator: Total number of children aged 12–23 months surveyed.
	Note: In certain countries the time period of 12–23 months was adjusted to align with alternative national immunization periods (18–29 months or 15–26 months).
Disaggregation	Age (2 groups) (15-49 years) (mother's current age)
	Economic status (wealth decile)
	Economic status (wealth quintile)
	Education (3 groups)
	Place of residence
	Sex
	Subnational region
Comments	The method of calculation of disaggregated estimates and setting averages for this indicator may differ slightly from other published national estimates, due to small discrepancies in the definition/calculation of numerator and denominator values.

Further information	Health Inequality Data Repository: Reproductive, maternal, newborn and child health (RMNCH) indicators: www.who.int/data/inequality-monitor/data

Healthy life expectancy (HALE) at birth (years)

Topic	Healthy life expectancy
Indicator name	Healthy life expectancy (HALE) at birth (years)
Data type	Years
Data source	WHO Global Health Estimates
Definition	Average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury.
Disaggregation	Sex
Comments	The equivalent lost healthy year fractions required for the HALE calculation are estimated as the all-cause years lost due to disability (YLD) rate per capita, adjusted for independent comorbidity, by age, sex and country. Sullivan's method uses the equivalent lost healthy year fraction (adjusted for comorbidity) at each age in the current population (for a given year) to divide the hypothetical years of life lived by a period life table cohort at different ages into years of equivalent full health and equivalent lost healthy years.
Further information	WHO Global Health Observatory: https://www.who.int/data/gho

HIV incidence (new infections per 1000 population)

Topic	Outcome indicator
Indicator name	HIV incidence (new infections per 1000 population)
Data type	Rate
Data source	UNAIDS/WHO estimates
Definition	Number of new HIV infections per 1000 uninfected population. The incidence rate is the number of new cases per population at risk in a given time period. Numerator: Number of new HIV infections. Denominator: Uninfected population (which is the total population minus people living with HIV).
Disaggregation	Sex
Comments	Modelling is often used to obtain an estimate of new infections using prevalence data as the main input data. Most countries will rely on modelled estimates using Spectrum, a UNAIDS-supported software tool. To calculate the uninfected population per 1000, the estimate of the number of people living with HIV is subtracted from the previous year's population estimates produced by the United Nations Population Division.
Further information	WHO Global Health Observatory: https://www.who.int/data/gho

	UNAIDS: https://www.unaids.org/en/dataanalysis/datatools/spectrum-epp

Mean fasting plasma glucose for adults 25+ years (age-standardized) (%)

Topic	Universal Health Coverage
Indicator name	Mean fasting plasma glucose for adults 25+ years (age-standardized) (%)
Data type	Percentage
Data source	WHO estimates
Definition	Mean fasting blood glucose of defined population in mmol/l in adults 18 years and older and standardized by age. For producing comparable national estimates, data observations based on mean FPG, oral glucose tolerance test (OGTT), HbA1c or combinations of these are all converted to mean FPG. A Bayesian hierarchical model is then fitted to these data to calculate age-sex-year-country specific prevalence, which accounts for national versus subnational data sources and urban versus rural data sources, and allows for variation in prevalence across age and sex. Age-standardized estimates are then produced by applying the crude estimates to the WHO Standard Population.
Disaggregation	Sex
Comments	Methodological details can be found here: https://www.who.int/diabetes/global-report/en/

Input data and methods are described here: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00618-8/fulltext. |
| Further information | WHO Global Health Observatory: https://www.who.int/data/gho |

Measles immunization coverage among one-year-olds (%)

Topic	Health Emergencies Protection
Indicator name	Measles immunization coverage among one-year-olds (%)
Data type	Percentage
Data source	Re-analysis of Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)
Definition	The percentage of children aged 12–23 months who have received at least one dose of measles-containing vaccine in a given year.

Numerator: Number of children aged 12–23 months receiving at least one dose of measles-containing vaccine.

Denominator: Total number of children aged 12–23 months surveyed.

Note: In certain countries the time period of 12–23 months was adjusted to align with alternative national immunization periods (18–29 months or 15–26 months). |
| Disaggregation | Age (2 groups) (15-49 years) (mother's current age)

Economic status (wealth decile) |

	Economic status (wealth quintile)
	Education (3 groups)
	Place of residence
	Sex
	Subnational region
Comments	The method of calculation of disaggregated estimates and setting averages for this indicator may differ slightly from other published national estimates, due to small discrepancies in the definition/calculation of numerator and denominator values.
Further information	Health Inequality Data Repository: Reproductive, maternal, newborn and child health (RMNCH) indicators: www.who.int/data/inequality-monitor/data

Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease (%)

Topic	Outcome indicator
Indicator name	Mortality rate attributed to CV disease, cancer, diabetes or CR disease (%)
Data type	Percentage
Data source	WHO Global Health Estimates
Definition	Probability of dying between the exact ages 30 and 70 years from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases. Deaths from these four causes will be based on the following ICD-10 codes: I00-I99, C00-C97, E10-E14, and J30-J98. A life table method allows calculation of the risk of death between exact ages 30 and 70 from any of these causes, in the absence of other causes of death. Numerator: Total deaths from four major NCD causes between age 30 and age 70. Denominator: Total population between age 30 and age 70.
Disaggregation	Sex
Comments	The estimates are derived from the WHO Global Health Estimates (GHE). These estimates represent the best estimates of WHO, computed using standard categories, definitions and methods to ensure cross-country comparability, and may not be the same as official national estimates.
Further information	WHO Global Health Observatory: https://www.who.int/data/gho

Mortality rate attributed to household and ambient air pollution (per 100 000 population)

Topic	Healthier Populations
Indicator name	Mortality rate attributed to household and ambient air pollution (per 100 000 population)
Data type	Rate

Data source	WHO Global Health Estimates
Definition	Burden of disease attributed to air pollution is calculated by first combining information on the increased (or relative) risk of a disease resulting from exposure, with information on how widespread the exposure is in the population (in this case, the annual mean concentration of particulate matter to which the population is exposed). This allows calculation of the 'population attributable fraction' (PAF), which is the fraction of disease seen in a given population that can be attributed to the exposure, in this case the annual mean concentration of particulate matter. Applying this fraction to the total burden of disease (e.g. cardiopulmonary disease expressed as deaths or DALYs), gives the total number of deaths or DALYs that results from ambient air pollution.
Disaggregation	Sex
Comments	The estimates are derived from the WHO Global Health Estimates (GHE). These estimates represent the best estimates of WHO, computed using standard categories, definitions and methods to ensure cross-country comparability, and may not be the same as official national estimates.
Further information	WHO Global Health Observatory: https://www.who.int/data/gho

Mortality rate attributed to unintentional poisoning (per 100 000 population)

Topic	Outcome indicator
Indicator name	Mortality rate attributed to unintentional poisoning (per 100 000 population)
Data type	Rate
Data source	WHO Global Health Estimates
Definition	Mortality rate in the country attributed to unintentional poisoning per year is estimated, based on the ICD-10 codes X40, X43-X44, X46-X49. The estimates for number of deaths attributed to unintentional poisoning are derived from the WHO Global Health Estimates (GHE), and the corresponding population estimates are derived from the UN World Population Prospects.
	Numerator: Total number of deaths attributed to unintentional poisoning.
	Denominator: Total population.
Disaggregation	Sex
Comments	The estimates are derived from the WHO Global Health Estimates (GHE). These estimates represent the best estimates of WHO, computed using standard categories, definitions and methods to ensure cross-country comparability, and may not be the same as official national estimates.
Further information	WHO Global Health Observatory: https://www.who.int/data/gho

Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (per 100 000 population)

Topic	Outcome indicator

Indicator name	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (per 100 000 population)
Data type	Rate
Data source	WHO Global Health Estimates
Definition	Deaths attributable to unsafe water, sanitation and hygiene focusing on inadequate WASH services, expressed per 100,000 population. Death rates are calculated by dividing the number of deaths by the total population of the subgroup. In this estimate, only the impact of diarrhoeal diseases, intestinal nematode infections, and protein-energy malnutrition are taken into account. The included diseases are the WASH attributable portions of diarrhoea (ICD-10 code A00, A01, A03, A04, A06-A09), intestinal nematode infections (ICD-10 code B76-B77, B79) and protein-energy malnutrition (ICD-10 code E40-E46).
Disaggregation	Sex
Comments	The methods with agreed international standard have been developed, reviewed and published in various documents: http://www.who.int/water_sanitation_health/diseases-risks/gbd_poor_water/en/ and http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4255749/
Further information	WHO Global Health Observatory: https://www.who.int/data/gho

Neonatal mortality rate (deaths per 1000 live births)

Topic	Outcome indicator
Indicator name	Neonatal mortality rate (deaths per 1000 live births)
Data type	Rate
Data source	Re-analysis of Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)
Definition	Probability (expressed as a rate per 1000 live births) of a child born in a specific year or period dying in the first 30 days of life, if subject to age-specific mortality rates of that period. Numerator: Deaths at ages 0–30 days. Denominator: Number of surviving children at beginning of specified age range during the 10 years prior to survey.
Disaggregation	Age (2 groups) (15-49 years) (mother's age at birth) Economic status (wealth decile) Economic status (wealth quintile) Education (3 groups) Place of residence Sex Subnational region
Comments	The method of calculation of disaggregated estimates and setting averages for this indicator may differ slightly from other published

	national estimates, due to small discrepancies in the definition/calculation of numerator and denominator values.
Further information	Health Inequality Data Repository: Reproductive, maternal, newborn and child health (RMNCH) indicators: www.who.int/data/inequality-monitor/data

Obesity prevalence among adults (%)

Topic	Healthier Populations
Indicator name	Obesity prevalence among adults (%)
Data type	Percentage
Data source	WHO estimates
Definition	Percentage of defined population with a body mass index (BMI) of 30 kg/m2 or higher. BMI is calculated by dividing the subject's weight in kilograms by their own height in meters squared.
	Numerator: Number of persons who are obese.
	Denominator: Total number of persons in the survey that were measured.
Disaggregation	Sex
Comments	Input data and methods are described here: 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 with 128.9 million participants. Lancet 2017. DOI: http://dx.doi.org/10.1016/S0140-6736(17)32129-3.
Further information	WHO Global Health Observatory: https://www.who.int/data/gho

Obesity prevalence among children and adolescents (5-19) (%)

Topic	Healthier Populations
Indicator name	Obesity prevalence among children and adolescents (5-19) (%)
Data type	Percentage
Data source	WHO estimates
Definition	Percentage of defined population with a body mass index (BMI) greater than 2 standard deviation above the median, according to the WHO Growth Reference for School-aged Children and Adolescents. BMI is calculated by dividing the subject's weight in kilograms by their own height in meters squared.
	Numerator: Number of persons who are obese.
	Denominator: Total number of persons in the survey that were measured.
Disaggregation	Sex
Comments	Input data and methods are described here: 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

	with 128.9 million participants. Lancet 2017. DOI: http://dx.doi.org/10.1016/S0140-6736(17)32129-3.
Further information	WHO Global Health Observatory: https://www.who.int/data/gho

Overweight prevalence in children aged < 5 years (%)

Topic	Healthier Populations
Indicator name	Overweight prevalence in children aged < 5 years (%)
Data type	Percentage
Data source	Re-analysis of Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)
Definition	The percentage of overweight (defined as more than two standard deviations above the median weight-for-height of the WHO Child Growth Standards) among children under five years of age. Numerator: Number of children aged under five years that meet the criteria for overweight. Denominator: Total number of children aged under five years surveyed.
Disaggregation	Child's age (2 groups) (0-5 years) Economic status (wealth quintile) Education (3 groups) Place of residence Sex Subnational region
Comments	UNICEF-WHO-World Bank Joint Malnutrition Estimates. Please note that the indicator data represents a subset of the WHO Global Database on Child Growth and Malnutrition. Survey estimates come with levels of uncertainty due to both sampling error and non-sampling error (e.g. measurement technical error, recording error, etc.). None of the two sources of errors have been fully taken into account for deriving estimates neither at country nor at regional and global levels. Of particular concern for overweight is the fact that data for high income countries are scarce yet the rates are generally higher among the high income countries with data and so the lack of representation from high income countries may affect the global and even regional rates.
Further information	Health Inequality Data Repository: Reproductive, maternal, newborn and child health (RMNCH) indicators: www.who.int/data/inequality-monitor/dataWHO Global Database on Child Growth and Malnutrition: https://www.who.int/teams/nutrition-and-food-safety/databases/nutgrowthdb

People living with HIV on antiretroviral therapy (%)

Topic	Universal Health Coverage
Indicator name	People living with HIV on antiretroviral therapy (%)
Data type	Percentage
Data source	Global AIDS Response Progress Reporting
Definition	Percentage of people age 15 and older on antiretroviral therapy among all people age 15 and older living with HIV at the end of the reporting period. Numerator: Number of people on antiretroviral therapy at the end of the reporting period. Denominator: Estimated number of people living with HIV (to determine treatment coverage)
Disaggregation	Age (2 groups) (0-15+ years) Sex
Comments	Estimates of antiretroviral therapy numbers are abstracted from country reported programme data through the UNAIDS-supported Spectrum software, the Global AIDS Monitoring reporting tool and the Dublin Declaration reporting process.
Further information	UNAIDS indicator registry: https://indicatorregistry.unaids.org/indicator/people-living-hiv-who-know-their-status

Polio immunization coverage among one-year-olds (%)

Topic	Health Emergencies Protection
Indicator name	Polio immunization coverage among one-year-olds (%)
Data type	Percentage
Data source	Re-analysis of Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)
Definition	The percentage of one-year-olds who have received three doses of polio vaccine in a given year. Numerator: Number of children aged 12–23 months receiving three doses of polio vaccine. Denominator: Total number of children aged 12–23 months surveyed. Note: In certain countries the time period of 12–23 months was adjusted to align with alternative national immunization periods (18–29 months or 15–26 months).
Disaggregation	Age (2 groups) (15-49 years) (mother's current age) Economic status (wealth decile) Economic status (wealth quintile)

	Education (3 groups)
	Place of residence
	Sex
	Subnational region
Comments	The method of calculation of disaggregated estimates and setting averages for this indicator may differ slightly from other published national estimates, due to small discrepancies in the definition/calculation of numerator and denominator values.
Further information	Health Inequality Data Repository: Reproductive, maternal, newborn and child health (RMNCH) indicators: www.who.int/data/inequality-monitor/data

Population sleeping under an insecticide-treated net (%)

Topic	Universal Health Coverage
Indicator name	Population sleeping under an insecticide-treated net (%)
Data type	Percentage
Data source	Demographic and Health Surveys (DHS) and Malaria Indicator Surveys (MIS)
Definition	Percentage of the insecticide-treated nets (ITNs) that were used by anyone the night before the survey.
	Numerator: Number of ITNs in surveyed households that were used by anyone the night prior to the survey.
	Denominator: Number of ITNs in surveyed households.
Disaggregation	Economic status (wealth quintile)
	Place of residence
	Subnational region
Comments	Estimates were extracted from the DHS STATcompiler.
Further information	DHS STATcompiler: https://www.statcompiler.com/en/

Population using at least basic sanitation services (%)

Topic	Universal Health Coverage
Indicator name	Population using at least basic sanitation services (%)
Data type	Percentage
Data source	JMP
Definition	The percentage of population using at least basic sanitation services, that is, improved sanitation facilities that are not shared with other households. This indicator encompasses both people using basic sanitation services as well as those using safely managed sanitation services.

	Note: Improved sanitation facilities include flush/pour flush toilets connected to piped sewer systems, septic tanks or pit latrines; pit latrines with slabs (including ventilated pit latrines), and composting toilets.
Disaggregation	Place of residence
Comments	The JMP uses a standard classification and estimation method to compare progress across countries, regions and the world. For a detailed explanation of the methods, please refer to https://washdata.org/monitoring/methods and the methodological note for the 2017 update and SDG baseline report available at https://washdata.org/report/jmp-methodology-2017-update.
Further information	WHO Global Health Observatory: https://www.who.int/data/gho WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP): https://washdata.org

Population using safely managed drinking water services (%)

Topic	Healthier Populations
Indicator name	Population using safely managed drinking water services (%)
Data type	Percentage
Data source	JMP
Definition	The proportion of the population using drinking water from an improved water source which is located on premises, available when needed and free from faecal and priority chemical contamination. Note: Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water.
Disaggregation	Place of residence
Comments	The JMP uses a standard classification and estimation method to compare progress across countries, regions and the world. For a detailed explanation of the methods, please refer to https://washdata.org/monitoring/methods and the methodological note for the 2017 update and SDG baseline report available at https://washdata.org/report/jmp-methodology-2017-update.
Further information	WHO Global Health Observatory: https://www.who.int/data/gho WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP): https://washdata.org

Population using safely managed sanitation services (%)

Topic	Healthier Populations
Indicator name	Population using safely managed sanitation services (%)
Data type	Percentage
Data source	JMP

Definition	The proportion of the population using improved sanitation facilities which are not shared with other households and where excreta are safely disposed in situ or transported and treated off-site.
	Note: Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs.
Disaggregation	Place of residence
Comments	The JMP uses a standard classification and estimation method to compare progress across countries, regions and the world. For a detailed explanation of the methods, please refer to https://washdata.org/monitoring/methods and the methodological note for the 2017 update and SDG baseline report available at https://washdata.org/report/jmp-methodology-2017-update.
Further information	WHO Global Health Observatory: https://www.who.int/data/gho
	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP): https://washdata.org

Population with >10% household expenditures on health (%)

Topic	Universal Health Coverage
Indicator name	Population with >10% household expenditures on health (%)
Data type	Percentage
Data source	Population-based survey data
Definition	Proportion of the population with household expenditure on health exceeding 10% of total household expenditure or income.
Disaggregation	Place of residence
Comments	Health expenditures are likely to expose households to financial hardship in particular when they exceed a pre-defined threshold of a household's ability to pay. When this happens they are characterized as being catastrophic. Within the SDG monitoring framework (SDG indicator 3.8.2), the proportion of the population facing catastrophic expenditures is measured as the population weighted average of the number of households with "large household expenditures on health" as a share of total household expenditure or income (household's budget). Large is defined as health expenditures exceeding 10% or 25% total household expenditure or income. Household's sample weight multiplied by the household size is used to obtain representative numbers per person. If the sample is self-weighting then only the household size is used as the weight. Household expenditures on health are defined as formal and informal payments made at the time of getting any type of care (promotive, curative, rehabilitative, palliative or long term care) provided by any type of provider.
Further information	WHO Global Health Observatory: https://www.who.int/data/gho

Population with >25% household expenditures on health (%)

Topic	Universal Health Coverage
Indicator name	Population with >25% household expenditures on health (%)
Data type	Percentage
Data source	Population-based survey data
Definition	Proportion of the population with household expenditure on health exceeding 25% of total household expenditure or income.
Disaggregation	Place of residence
Comments	Health expenditures are likely to expose households to financial hardship in particular when they exceed a pre-defined threshold of a household's ability to pay. When this happens they are characterized as being catastrophic. Within the SDG monitoring framework (SDG indicator 3.8.2), the proportion of the population facing catastrophic expenditures is measured as the population weighted average of the number of households with "large household expenditures on health" as a share of total household expenditure or income (household's budget). Large is defined as health expenditures exceeding 10% or 25% total household expenditure or income. Household's sample weight multiplied by the household size is used to obtain representative numbers per person. If the sample is self-weighting then only the household size is used as the weight. Household expenditures on health are defined as formal and informal payments made at the time of getting any type of care (promotive, curative, rehabilitative, palliative or long term care) provided by any type of provider.
Further information	WHO Global Health Observatory: https://www.who.int/data/gho

Prevalence of hypertension among adults aged 30-79 years (age-standardized) (%)

Topic	Universal Health Coverage
Indicator name	Prevalence of raised blood pressure among persons aged 18+ years (age-standardized) (%)
Data type	Percentage
Data source	WHO estimates
Definition	Numerator: Number of respondents aged 30-79 years with raised blood pressure (systolic blood pressure ≥ 140 mmHg or diastolic blood pressure ≥ 90 mmHg). Denominator: Number of survey respondents aged 18+ years. Ideally three blood pressure measurements should be taken and the average systolic and diastolic readings of the second and third measures should be used in this calculation.
Disaggregation	Sex
Comments	Input data and methods are described here: 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. The Lancet; 2016.
Further information	WHO Global Health Observatory: https://www.who.int/data/gho

Prevalence of tobacco use among persons aged 15+ years (%)

Topic	Universal Health Coverage / Healthier Populations
Indicator name	Prevalence of tobacco use among persons over 15 (%)
Data type	Percentage
Data source	WHO estimates
Definition	The percentage of the population aged 15 years and over who currently use any tobacco product (smoked and/or smokeless tobacco). "Current use" means use within the previous 30 days at the time of the survey, whether daily or non-daily use.
	Numerator: Number of respondence aged 15+ years currently using any tobacco product.
	Denominator: Number of survey respondents aged 15+ years.
Disaggregation	Sex
Comments	A statistical model based on a Bayesian negative binomial meta-regression is used to model prevalence of current tobacco use for each country, separately for men and women. A full description of the method is available as a peer-reviewed article in The Lancet, volume 385, No. 9972, p966–976 (2015).
Further information	WHO Global Health Observatory: https://www.who.int/data/gho

Stunting prevalence in children aged < 5 years (%)

Topic	Healthier Populations
Indicator name	Prevalence of stunting among children aged under five years (%)
Data type	Percentage
Data source	Re-analysis of Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)
Definition	The percentage of stunting (defined as more than two standard deviations below the median height-for-age of the WHO Child Growth Standards) among children under five years of age.
	Numerator: Number of children aged under five years that meet the criteria for stunting.
	Denominator: Total number of children aged under five years surveyed.
Disaggregation	Child's age (2 groups) (0-5 years)
	Economic status (wealth quintile)
	Education (3 groups)

	Place of residence
	Sex
	Subnational region
Comments	UNICEF-WHO-World Bank Joint Malnutrition Estimates. Please note that the indicator data represents a subset of the WHO Global Database on Child Growth and Malnutrition.
	Survey estimates come with levels of uncertainty due to both sampling error and non-sampling error (e.g. measurement technical error, recording error etc.). None of the two sources of errors have been fully taken into account for deriving estimates neither at country nor at regional and global levels. Surveys are carried out in a specific period of the year, usually over a few months. However, this indicator can be affected by seasonality, factors related to food availability (e.g. pre-harvest periods), disease (e.g. rainy season and diarrhea, malaria, etc.), and natural disasters and conflicts. Hence, country-year estimates may not necessarily be comparable over time.
Further information	Health Inequality Data Repository: Reproductive, maternal, newborn and child health (RMNCH) indicators: www.who.int/data/inequality-monitor/dataWHO Global Database on Child Growth and Malnutrition: https://www.who.int/teams/nutrition-and-food-safety/databases/nutgrowthdb

Suicide mortality rate (per 100 000 population) [overall, female, male]

Topic	Healthier Populations
Indicator name	Suicide mortality rate (per 100 000 population)
Data type	Rate
Data source	WHO Global Health Estimates
Definition	Number of suicide deaths in a year, divided by the population and multiplied by 100 000. Suicide deaths will be based on the following ICD-10 codes: X60-X84, Y87.0.
	Numerator: Number of deaths from suicide.
	Denominator: Total population.
Disaggregation	Age (8 groups) (15-85+ years)
	Sex
	Age/sex
Comments	Further methodological details are available here: WHO methods and data sources for country-level causes of death 2000-2016. Geneva: World Health Organization; 2018 (http://www.who.int/healthinfo/global_burden_disease/GlobalCOD_method_2000_2016.pdf)
Further information	WHO Global Health Observatory: https://www.who.int/data/gho

TB incidence (new infections per 100 000 population) [overall, female, male]

Topic	Outcome indicator
Indicator name	TB incidence (new infections per 100 000 population)
Data type	Rate
Data source	WHO estimates
Definition	The estimated number of new and relapse tuberculosis (TB) cases arising in a given year, expressed as the rate per 100 000 population. All forms of TB are included, including cases in people living with HIV.
Disaggregation	Age (8 groups) (0-65+ years) Sex Age/sex
Comments	Estimates of incidence for each country are derived using one or more of the following approaches, depending on available data: (i) incidence = case notifications/estimated proportion of cases detected; (ii) capture-recapture modelling; (iii) incidence = prevalence/duration of condition. Published values are rounded to three significant figures. Uncertainty bounds are provided in addition to best estimates. See Annex 1 of the WHO global tuberculosis report for further information.
Further information	WHO Global Health Observatory: https://www.who.int/data/gho Global TB programme data: https://www.who.int/teams/global-tuberculosis-programme/data

Total alcohol per capita consumption in adults aged 15+ years (litres of pure alcohol)

Health topic	Healthier Populations
Indicator name	Total alcohol per capita consumption in adults aged 15+ years (litres of pure alcohol)
Data type	Rate
Data source	WHO estimates
Definition	Recorded alcohol per capita consumption (APC) is defined as the recorded amount of alcohol consumed per capita (15+ years) over a calendar year in a country, in litres of pure alcohol. The indicator only takes into account the consumption which is recorded from production, import, export, and sales data often via taxation. Numerator: The amount of recorded alcohol consumed per capita (15+ years) during a calendar year, in litres of pure alcohol. Denominator: Midyear resident population (15+ years) for the same calendar year, UN World Population Prospects, medium variant.
Disaggregation	Sex
Comments	Recorded alcohol per capita (15+) consumption of pure alcohol is calculated as the sum of beverage-specific alcohol consumption of pure alcohol (beer, wine, spirits, other) from different sources: the first priority in the decision tree is given to government statistics; second are country-

	specific alcohol industry statistics in the public domain based on interviews or field work (GlobalData (formerly Canadean), IWSR-International Wine and Spirit Research, Wine Institute, historically World Drink Trends), or data from the International Organisation of Vine and Wine (OIV); third is the Food and Agriculture Organization of the United Nations' statistical database (FAOSTAT); and fourth is data from alcohol industry statistics in the public domain based on desk review.
Further information	WHO Global Health Observatory: https://www.who.int/data/gho

Under-five mortality rate (deaths per 1000 live births)

Topic	Outcome indicator
Indicator name	Under-five mortality rate (deaths per 1000 live births)
Data type	Rate
Data source	Re-analysis of Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)
Definition	Probability (expressed as a rate per 1000 live births) of a child born in a specific year or period dying before reaching the age of five years, if subject to age-specific mortality rates of that period. Numerator: Deaths at age 0–5 years. Denominator: Number of surviving children at beginning of specified age range during the 10 years prior to survey.
Disaggregation	Age (2 groups) (15-49 years) (mother's age at birth) Economic status (wealth decile) Economic status (wealth quintile) Education (3 groups) Place of residence Subnational region
Comments	The method of calculation of disaggregated estimates and setting averages for this indicator may differ slightly from other published national estimates, due to small discrepancies in the definition/calculation of numerator and denominator values.
Further information	Health Inequality Data Repository: Reproductive, maternal, newborn and child health (RMNCH) indicators: www.who.int/data/inequality-monitor/data

Under-five mortality rate (deaths per 1000 live births)

Topic	Outcome indicator
Indicator name	Under-five mortality rate (deaths per 1000 live births)
Data type	Rate
Data source	WHO estimates

Definition	The probability of a child born in a specific year or period dying before reaching the age of five, if subject to age-specific mortality rates of that period. Under-five mortality rate as defined here is strictly speaking not a rate (i.e. the number of deaths divided by the number of population at risk during a certain period of time) but a probability of death derived from a life table and expressed as rate per 1000 live births.
Disaggregation	Sex
Comments	The Inter-agency Group for Child Mortality of Estimation which includes representatives from UNICEF, WHO, the World Bank and the United Nations Population Division, produces trends of under-five mortality with standardized methodology by group of countries depending on the type and quality of source of data available. For countries with adequate trend of data from civil registration, the calculations of under-five and infant mortality rates are derived from a standard period abridged life table. For countries with survey data, under-five mortality rates are estimated using the Bayesian B-splines bias-adjusted model. See the Estimation methods link for details. These under-five mortality rates have been estimated by applying methods to all Member States to the available data from Member States, that aim to ensure comparability of across countries and time; hence they are not necessarily the same as the official national data.
Further information	WHO Global Health Observatory: https://www.who.int/data/gho

Wasting prevalence in children aged < 5 years (%)

Topic	Healthier Populations
Indicator name	Wasting prevalence in children aged < 5 years (%)
Data type	Percentage
Data source	Re-analysis of Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)
Definition	The percentage of wasting (defined as more than two standard deviations below the median weight-for-height of the WHO Child Growth Standards) among children under five years of age. Numerator: Number of children aged under five years that meet the criteria for wasting. Denominator: Total number of children aged under five years surveyed.
Disaggregation	Child's age (2 groups) (0-5 years) Economic status (wealth quintile) Education (3 groups) Place of residence Sex Subnational region

Comments	UNICEF-WHO-World Bank Joint Malnutrition Estimates. Please note that the indicator data represents a subset of the WHO Global Database on Child Growth and Malnutrition.
	Survey estimates come with levels of uncertainty due to both sampling error and non-sampling error (e.g. measurement technical error, recording error etc.). None of the two sources of errors have been fully taken into account for deriving estimates neither at country nor at regional and global levels. Surveys are carried out in a specific period of the year, usually over a few months. However, this indicator can be affected by seasonality, factors related to food availability (e.g. pre-harvest periods), disease (e.g. rainy season and diarrhea, malaria, etc.), and natural disasters and conflicts. Hence, country-year estimates may not necessarily be comparable over time.
Further information	Health Inequality Data Repository: Reproductive, maternal, newborn and child health (RMNCH) indicators: www.who.int/data/inequality-monitor/dataWHO Global Database on Child Growth and Malnutrition: https://www.who.int/teams/nutrition-and-food-safety/databases/nutgrowthdb

Inequality dimensions

GPW 13 indicators were disaggregated by up to six dimensions of inequality: age, economic status, education, place of residence, sex, and subnational region.

The age dimension has alternative groupings, depending on the indicator and source of data. For child malnutrition indicators, the age dimension refers to the child's age and encompasses two subgroups (0-1 years, 2-5 years).

Economic status was determined using a wealth index. Country-specific indices were based on owning selected assets and having access to certain services and constructed using principal component analysis. For wealth quintiles, within each country the index was divided into five equal subgroups that each account for 20% of the population. For wealth deciles, within each country the index was divided into ten equal subgroups that each account for 10% of the population. Note that certain indicators have denominator criteria that do not include all households and/or are more likely to include households from a specific quintile or decile; thus the quintile or decile share of the population for a given indicator may not equal 20% or 10%, respectively.

Education disaggregation is available for reproductive, maternal, newborn and child health (RMNCH) indicators. It refers to the highest level of education attained by the woman (or the mother, in the case of newborn and child health interventions, child malnutrition and child mortality indicators).

For place of residence and subnational region, country-specific criteria were applied.

Dimension	Subgroups
Age (2 groups) (15-49)	2 subgroups: 15–19 years and 20–49 years

Age (8 groups) (15-85+)	8 subgroups: 15-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, 65-74 years, 75-84 years, 85+ years
Child's age (2 groups) (0-5)	2 subgroups: 0-1 years and 2-5 years
Economic status (wealth quintile)	5 subgroups: quintile 1 (poorest), quintile 2, quintile 3, quintile 4, quintile 5 (richest)
Economic status (wealth decile)	10 subgroups: decile 1 (poorest), decile 2, decile 3, decile 4, decile 5, decile 6, decile 7, decile 8, decile 9, decile 10 (richest)
Education (3 groups)	3 subgroups: no education, primary education, secondary or higher education
Place of residence	2 subgroups: rural, urban
Sex	2 subgroups: female, male
Subnational region	Subnational regions vary by country and year