World Health Organization

REGIONAL OFFICE FOR Africa

# Atlas of African Health Statistics 2016

## Health situation analysis of the African Region

African Health Observatory

*Better information, better action on health*

WHO's Atlas of African Health Statistics series is the most comprehensive and widely used source of information on the health situation in the African Region. It provides up-to-date information on the state of health in countries and covers critical areas of health outcomes; health services and systems; specific programmes and services, such as communicable, non-communicable, and epidemic prone diseases; key determinants of health; and progress on the MDGs. These data serve as baseline for monitoring progress on international agreed targets such as those of the Millennium Development Goals and the Sustainable Development Goals.

The Atlas is produced by the staff of the African Health Observatory at the Regional Office with the contributions and active collaboration of the 47 countries of the African Region.

The online companion to the Atlas can be found on the African Health Observatory portal (www.aho.afro.who.int) where users can carry out searches, perform analyses and download data for further work. The online atlas is developed on an on-going basis with new indicators and new data when they become available.

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# Message from the Regional Director

When I took office last year as Regional Director, I introduced the "Transformation Agenda of the World Health Organization Secretariat in the African Region", an ambitious plan to transform the WHO African Region into a results-driven organization able to fully meet the needs and expectations of its stakeholders.

In the aftermath of the Ebola Virus Disease epidemic, WHO needs to refocus on health systems development, primary health care resilience and health security, all requiring effective intelligence gathering and knowledge generation. Furthermore, there is a critical information need for effective implementation and monitoring of SDGs interventions in the Region, including progress towards Universal Health Coverage.

Improving health information systems and expanding coverage of quality dependable data in the Region are both key to delivering on this Transformation Agenda. For this purpose, the "Atlas of African Health Statistics" remains the most comprehensive and widely used tool to monitor the health situation in the African Region, provide up-to-date information on the state of health in countries and serve as a baseline for monitoring progress on internationally agreed targets.

The Atlas is produced by the staff of the African Health Observatory at the Regional Office with the contributions and active collaboration of the 47 countries of the WHO African Region. I wish to thank all those who contributed for their work. I hope you will find this Atlas a useful reference source for Member States and partners.

Dr Matshidiso Moeti

WHO Regional Director for Africa

# Abbreviations and acronyms

| | |
|---|---|
| AARR | Average annual rate of reduction |
| ACT | Artemisinin-based combination therapy |
| AIDS | Acquired immunodeficiency syndrome |
| ARI | Acute respiratory infection |
| ART | Antiretroviral therapy |
| ARV | Antiretroviral |
| DALY | Disability-adjusted life-year |
| GDP | Gross domestic product |
| HALE | Health adjusted life expectancy |
| HIV | Human immunodeficiency virus |
| HPV | Human papillomavirus |
| HSS | Health system strengthening |
| ICD | International classification of diseases |
| IHP+ | International Health Partnership |
| IHR | International Health Regulations |
| IPTp | Intermittent preventive treatment of malaria in pregnancy |
| ITN | Insecticide treated net |
| MDR-TB | Multidrug-resultant tuberculosis |
| MICS | Multiple indicator cluster survey |
| NHA | National health accounts |
| NCD | Noncommunicable disease |
| NTD | Neglected tropical disease |
| ODA | Official development assistance |
| ORT | Oral rehydration therapy |
| PPP | Purchasing power parity |
| TB | Tuberculosis |
| WHO GBD | WHO Global burden of disease |
| WHO MCSS | WHO Multi-country survey study |
| WHS | World health statistics |
| YLL | Years of life lost |

# African Region Statistical Profile : Overview

African Health Observatory

*Better information, better action on health*

**Figure A.** The WHO African Region

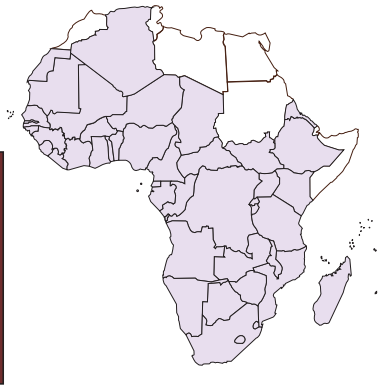


**Table.** General population characteristics

| | | African Region | Global |
|---|---|---|---|
| Population size (in thousands) | 2013 | 927,371 | 7,126,098 |
| | 2000 | 638,974 | 6,126,622 |
| Population living in urban areas (%) | 2013 | 37 | 53 |
| | 2000 | 34 | 50 |
| Life expectancy at birth (years) | 2013 | 58 | 71 |
| | 1990 | 50 | 64 |
| Adult mortality rate (probability of dying between 15 and 60 years per 1000 population) | 2013 | 306 | 152 |
| | 1990 | 361 | 198 |
| Per capita total expenditure on health (PPP int. $) | 2013 | 222 | 1,339 |
| | 2000 | 111 | 571 |
| | 1995 | 95 | 530 |
| Gross national income per capita (PPP.int$) | 2013 | 1,606 | 10,720 |
| | 2000 | 1,620 | 6,980 |
| | 1995 | 559 | 5,453 |

**Figure B.** Ranking of main disorders according to the percentage of death in the African Region, 2000 and 2012

2000

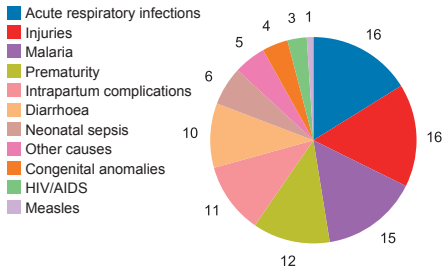
| Rank | Cause | Deaths (000s) | % deaths | Deaths per 100,000 population |
|---|---|---|---|---|
| 0 | **All Causes** | 9733 | 100.0 | 1485.8 |
| 1 | HIV/AIDS | 1353 | 13.9 | 206.6 |
| 2 | Lower respiratory infections | 1069 | 11.0 | 163.2 |
| 3 | Diarrhoeal diseases | 835 | 8.6 | 127.5 |
| 4 | Malaria | 796 | 8.2 | 121.5 |
| 5 | Measles | 417 | 4.3 | 63.6 |
| 6 | Preterm birth complications | 371 | 3.8 | 56.6 |
| 7 | Stroke | 329 | 3.4 | 50.2 |
| 8 | Birth asphyxia and birth trauma | 325 | 3.3 | 49.6 |
| 9 | Protein-energy malnutrition | 299 | 3.1 | 45.7 |
| 10 | Meningitis | 295 | 3.0 | 45.0 |

2012

| Rank | Cause | Deaths (000s) | % deaths | Deaths per 100,000 population |
|---|---|---|---|---|
| 0 | **All Causes** | 9274 | 100.0 | 1039.1 |
| 1 | HIV/AIDS | 1088 | 11.7 | 121.9 |
| 2 | Lower respiratory infections | 1039 | 11.2 | 116.4 |
| 3 | Diarrhoeal diseases | 603 | 6.5 | 67.5 |
| 4 | Malaria | 554 | 6.0 | 62.1 |
| 5 | Stroke | 437 | 4.7 | 48.9 |
| 6 | Preterm birth complications | 372 | 4.0 | 41.6 |
| 7 | Birth asphyxia and birth trauma | 336 | 3.6 | 37.7 |
| 8 | Ischaemic heart disease | 312 | 3.4 | 35.0 |
| 9 | Protein-energy malnutrition | 284 | 3.1 | 31.9 |
| 10 | Meningitis | 246 | 2.7 | 27.6 |

Descending order
No change
Ascending order

**Figure C.** Distribution of causes of death among children aged <5 years in the African Region, 2013

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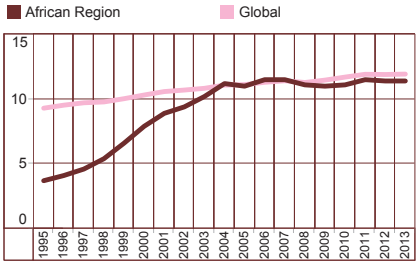


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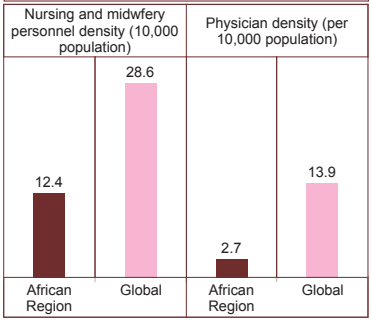


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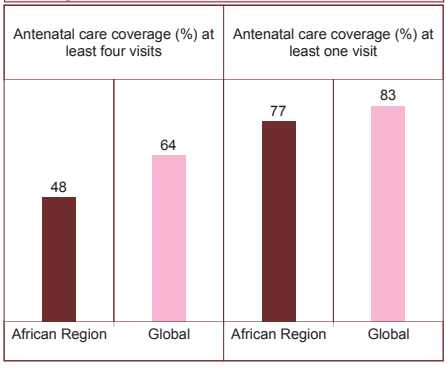


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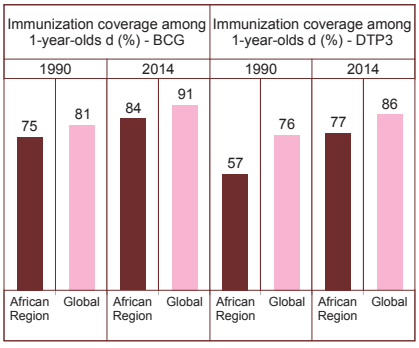


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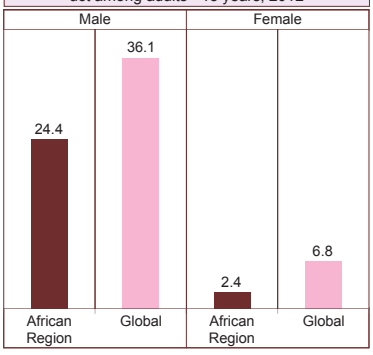

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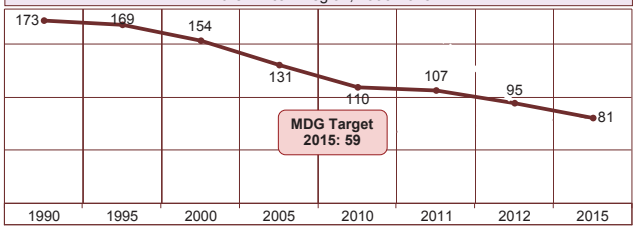
## MDG-4 : Reduce child mortality

### Target 4 A : Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

**Figure I.** Trend in under-5 mortality rate (probability of dying by age 5; per 1 000 live births) in the African Region, 1990-2015

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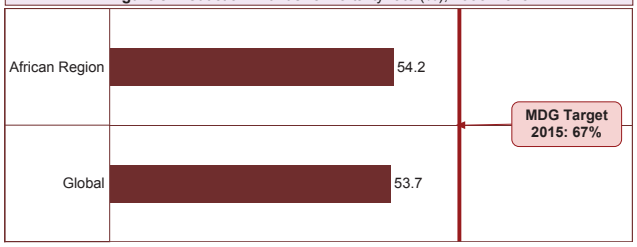


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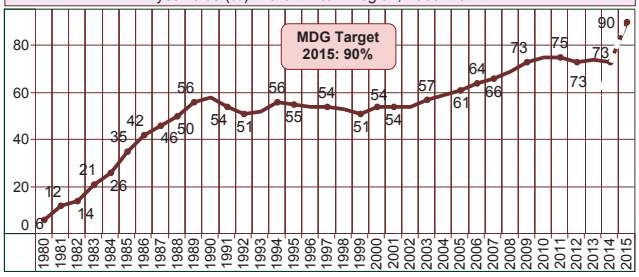


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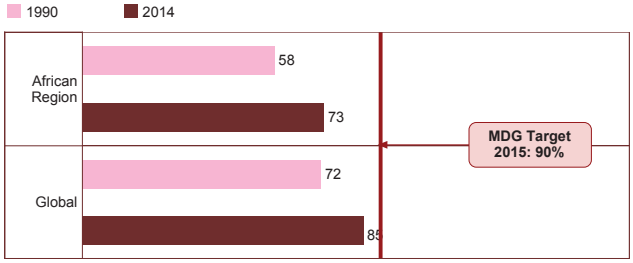
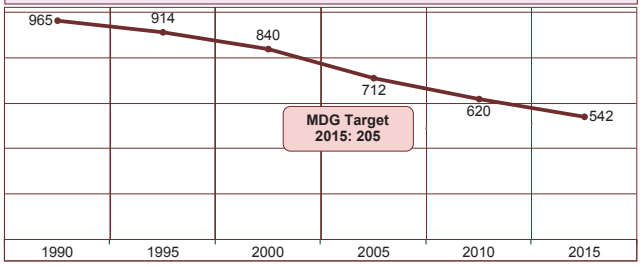



## MDG-5 : Improve maternal health

### Target 5 A : Reduce by three quarters, between 1990 and 2015, the maternal mortality rate

### Target 5 B: Achieve, by 2015, universal access to reproductive health

**Figure M.** Trend in maternal mortality ratio (per 100 000 live births) in the African Region, 1990–2015

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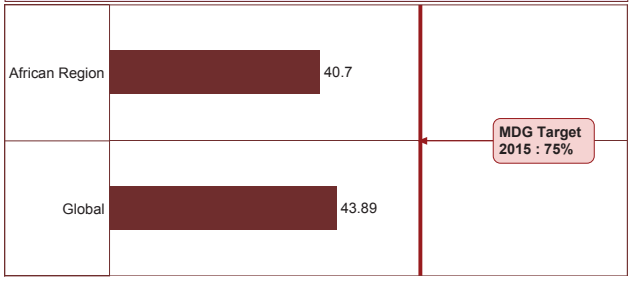


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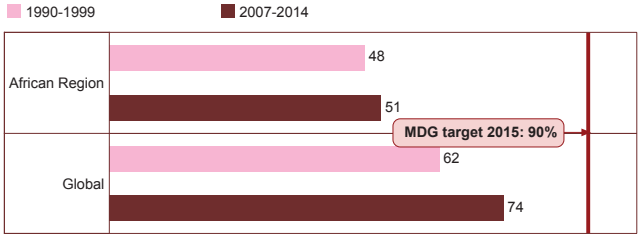


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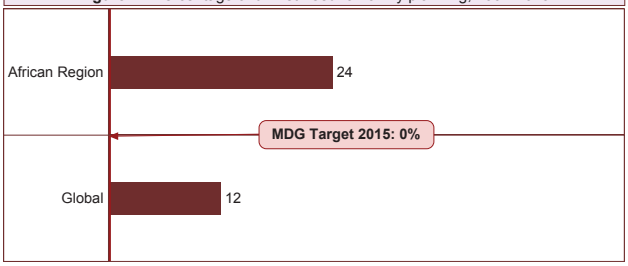


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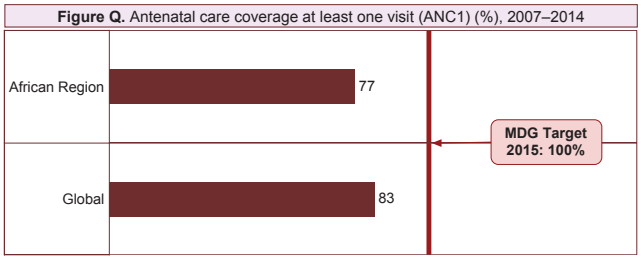


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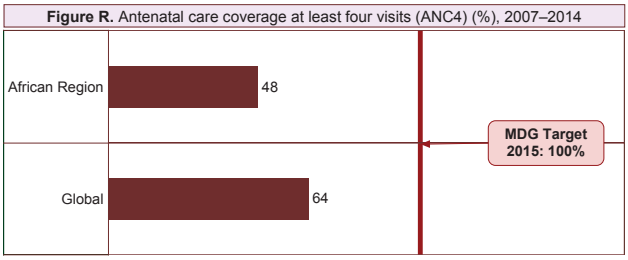


# African Region Statistical Profile : Progress on the MDGS

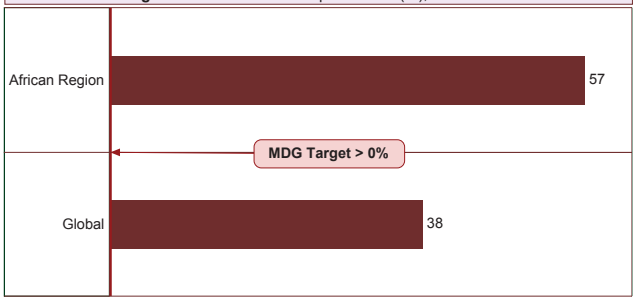
## MDG-6: Combat HIV/AIDS, malaria and other diseases

### Target 6 A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

### Target 6 B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

### Target 6 C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

**Figure S.** Reduction in HIV prevalence (%), 2000–2014

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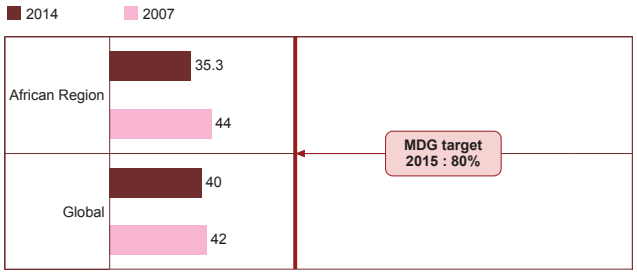



**Figure U.** Reduction in incidence of malaria (%), 2000–2015

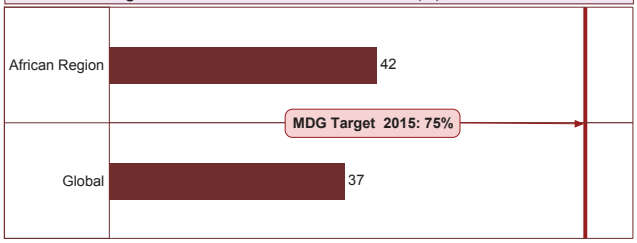
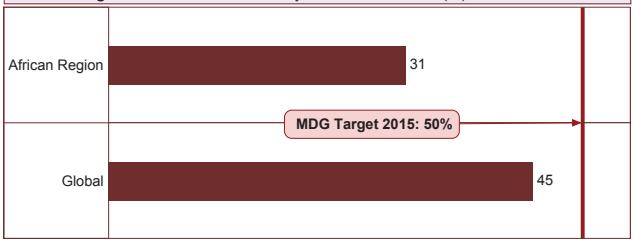



**Figure V.** Reduction in mortality rate of tuberculosis (%), 1990–2014




## MDG-7 : Ensure environmental sustainability

### Target 7C : Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

**Figure W.** Reduction in population using improved drinking-water sources (%), 1990–2015

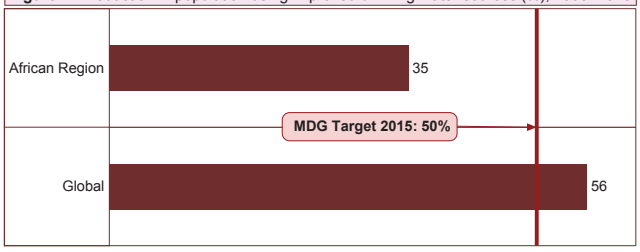
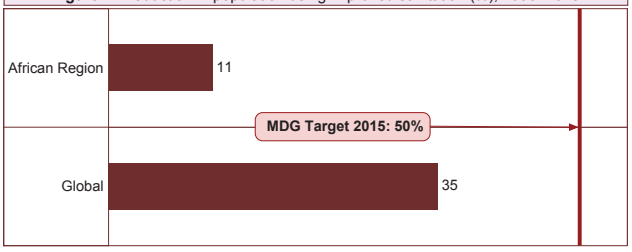



**Figure X.** Reduction in population using improved sanitation (%), 1990–2015




## MDG-1 : Eradicate extreme poverty and hunger

### Target 1C : Halve, between 1990 and 2015, the proportion of people who suffer from hunger

**Figure Y.** Trend in proportion of underweight children under-five years of age in the African Region, 1990–2014

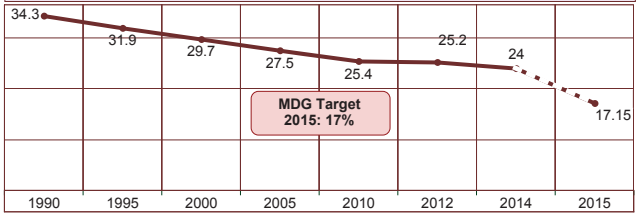
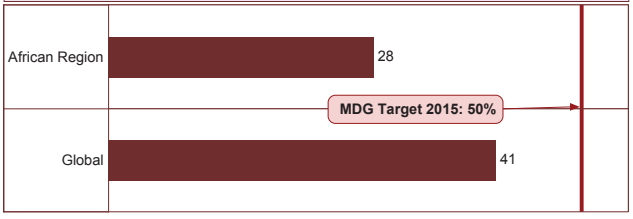



**Figure Z.** Reduction in proportion of underweight children under-five years of age (%), 1990–2014




**The WHO African Region**

# 1. Introduction

The 2016 edition of the Atlas of African Health Statistics provides an up-to-date health situation analysis of the WHO African Region. It has been updated and its coverage expanded with new indicators, including nearly half of the 2015 Global reference list of 100 core health indicators recommended by the United Nations Interagency Working Group on Indicators and Reporting Burden, and a section on progress on the targets of the health and health-related Millennium Development Goals.

For its contents, the Atlas is primarily reliant on the data collected, cleaned, corrected, evaluated and assessed at country level in each of the 47 Member States of the WHO African Region. These data are further reviewed and refined by WHO country offices, the Regional Office in Brazzaville and by technical experts at WHO headquarters in Geneva. The results of this process are data computed by WHO to ensure comparability between countries. These may not necessarily correspond to the official statistics published by Member States, which may have been produced using valid alternative methods.

The Atlas also uses data from other sources, including United Nations sister agencies. The estimates used to monitor internationally agreed goals such as the MDGs, for example, are produced by inter-agency groups consisting of members from WHO, UNICEF and the World Bank, among others. When a figure in the Atlas is not based on WHO data, the source is credited in a footnote.

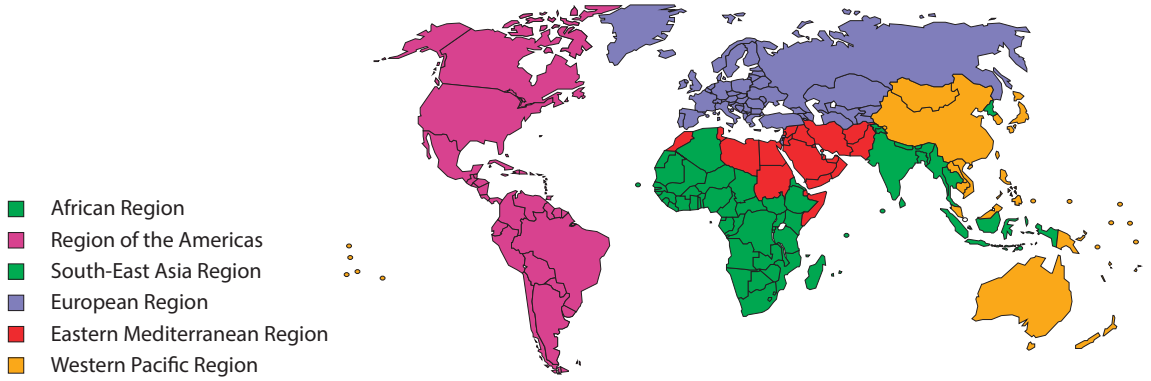
The quality, quantity, frequency of collection and timeliness of data used to produce the Atlas depends very much on the strength of the national health information systems, which include data collection at the district and peripheral levels. With some notable exceptions, this has been an area of weakness within most national health systems, whose development in the African Region has been slow and uneven, despite considerable effort over the years.

To overcome these weaknesses, WHO seeks to support countries in strengthening their national health information systems through the development of national knowledge platforms, which include health observatories. These platforms, with direct links to subnational or district levels, could also be linked to the Regional Office in a collaborative, bidirectional exchange of information, evidence and knowledge to foster monitoring and evaluation, which are essential components of the cycle of development and policy work. They would also be used to implement the assessment frameworks that will be put in place to evaluate the impact of the Sustainable Development Goals and progress towards Universal Health Coverage. It is hoped that these developments will lead to a decrease in the fragmentation of efforts so frequently found in public health policy and development work.

## The WHO African Region

This atlas refers to the 47 Member States of the WHO African Region, which is one of the six WHO regions. The WHO African Region does not include all the countries on the African continent and is not limited to sub-Saharan Africa. In this atlas, "Region" is used when referring to the African Region as defined by WHO, while "Africa" is used when discussing the continent as a whole, including its islands. It should be noted that the World Bank divides the African continent into two regions: North Africa and sub-Saharan Africa, while UNICEF divides it into three regions: Eastern and South Africa, North Africa, and West and Central Africa.

**Figure 1.1.** WHO regions




The African Region is one of the six regions (see figure 1.1) in which the World Health Organization (WHO) collaborates with countries in public health. With over 927 million inhabitants in 47 countries (see figure 1.3), it accounts for about one seventh of the world's population. This statistical atlas describes the health status and trends in the countries of the African Region, the various components of their health systems, coverage and access levels for specific programmes and services, the broader determinants of health and the progress made on reaching the Millennium Development goals (MDGs).

Each indicator is described, as appropriate, by place (WHO region and countries in the African Region), person (age and sex) and time (various years) using bar graphs. The aim is to give a comprehensive overview of the health situation in the WHO African Region and its 47 Member States.

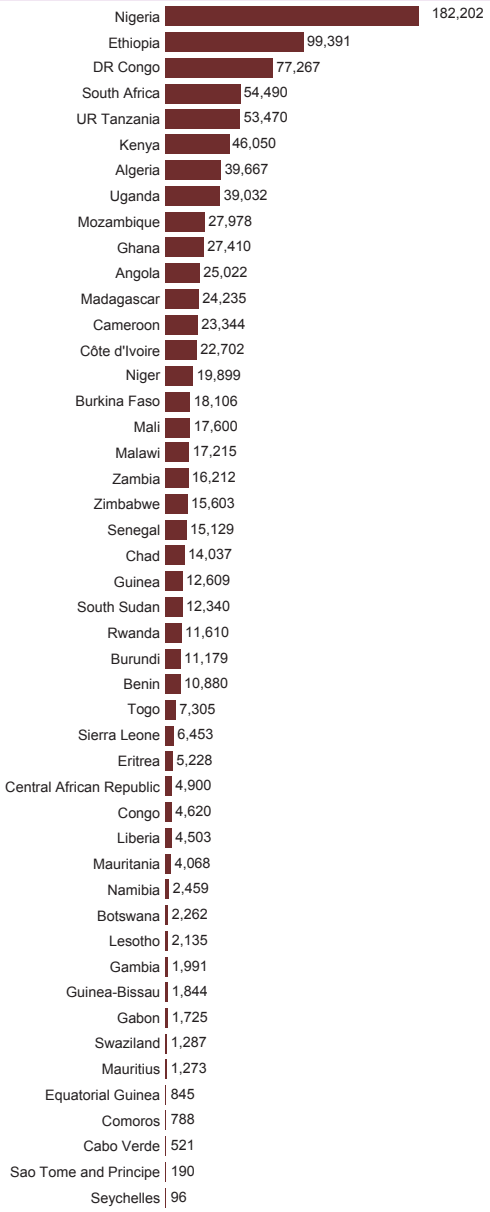
The main source for the data is the WHO-AFRO integrated database, based on the World Health Statistics 2015. Data from other United Nations agencies have been used when necessary.

All the data and figures in this Atlas can be accessed through the African Health Observatory at www.aho.afro.who.int.

**Figure 1.3.** Population size (in thousands) by WHO region, 2013

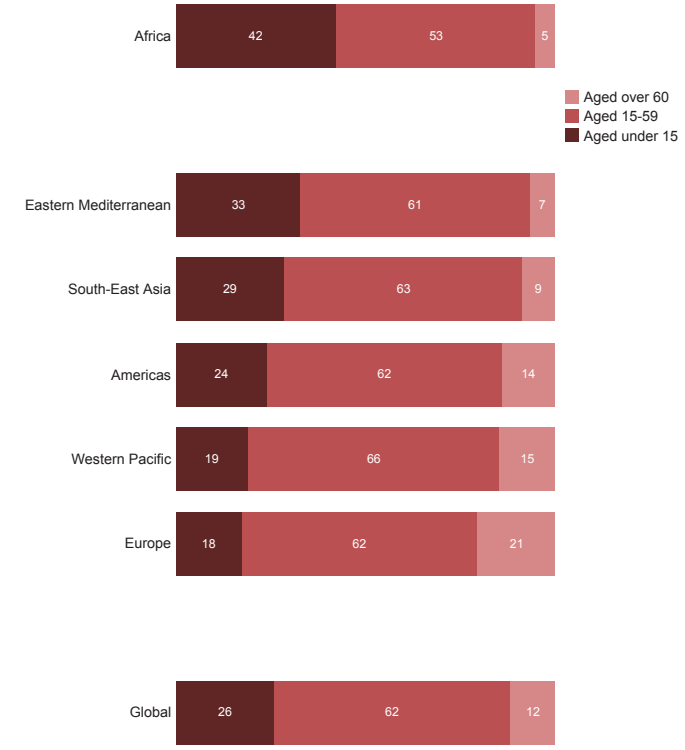

Source: WHO, 2015.

**Figure 1.2.** Population size (in thousands) of countries of the African Region, 2015



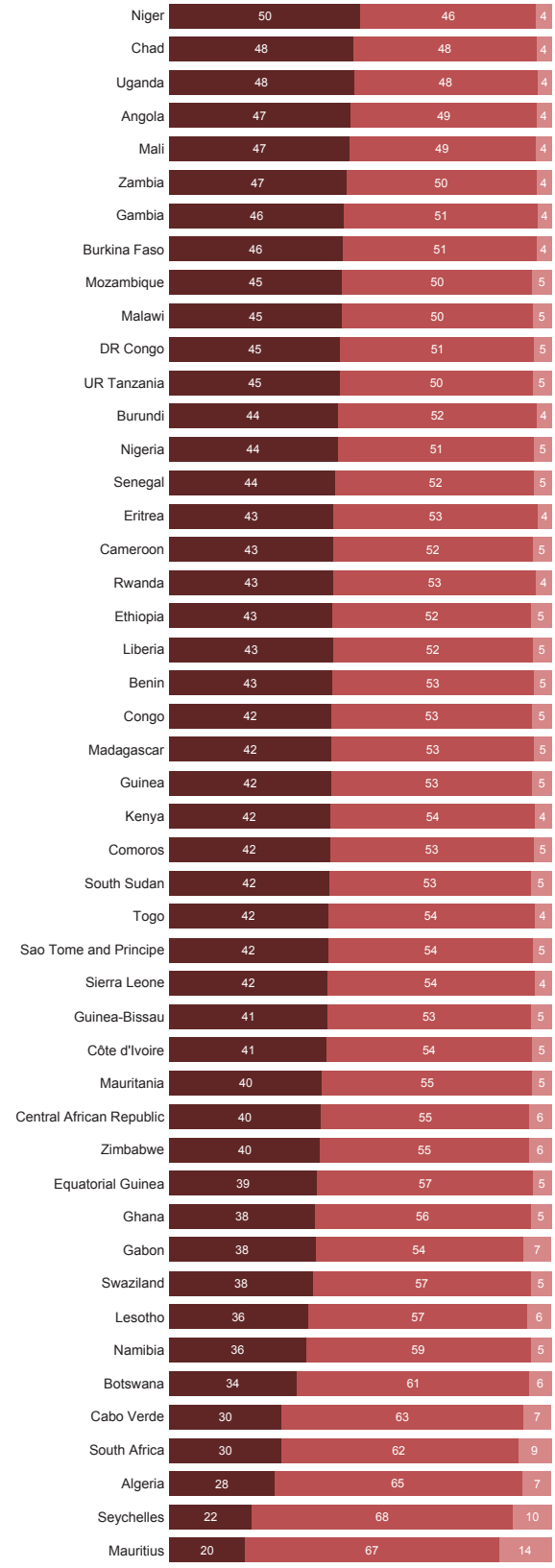

Source: UN, 2015.

**Figure 1.4.** Age distribution (%) of the population by WHO region, 2013



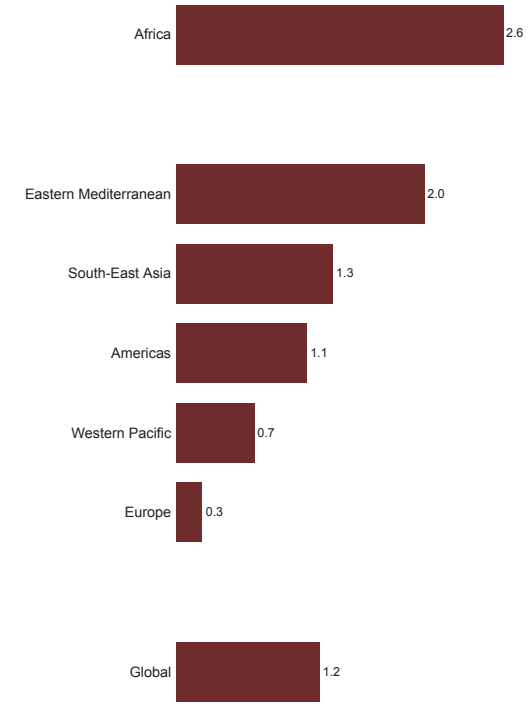

Source: WHO, 2015.

**Figure 1.5.** Age distribution (%) of the population in the African Region, 2013




Source: WHO, 2015.

**Figure 1.6.** Annual growth rate (%) distribution of the population by WHO region, 2003-2013

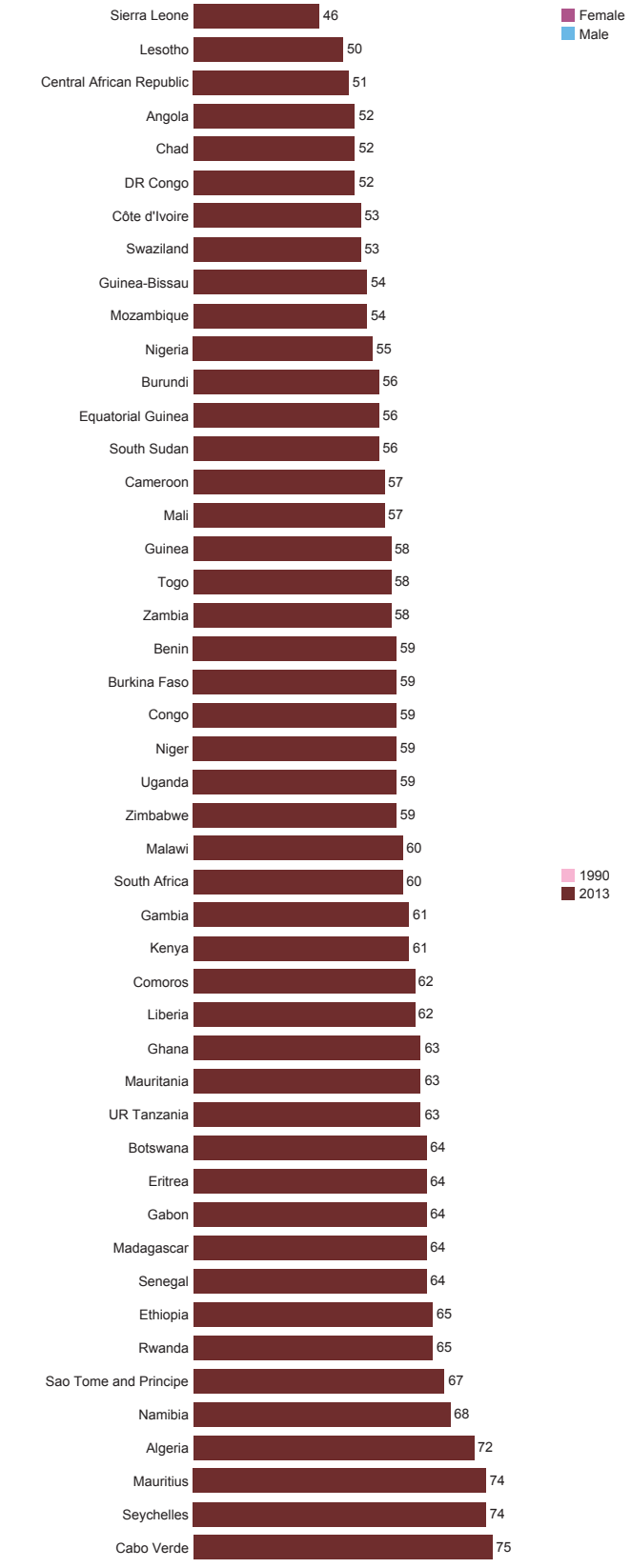



Source: WHO, 2015.

# 2. Health status and trends

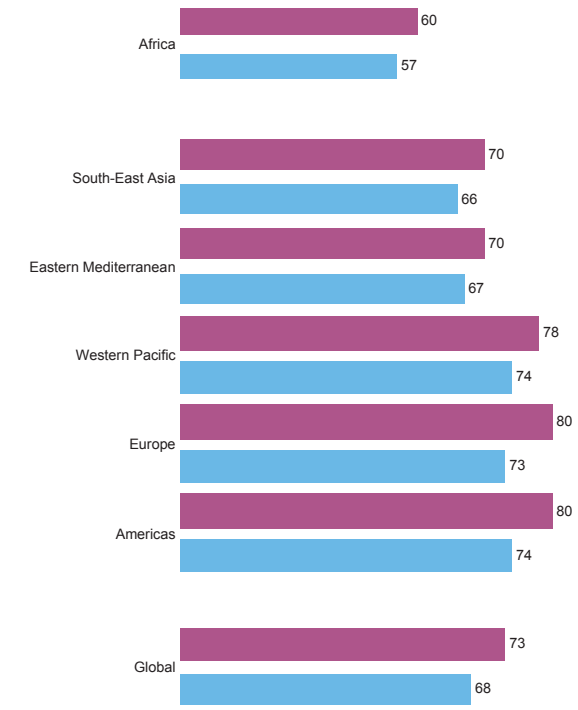
## 2.1 Life expectancy

**Figure 2.1.1.** Life expectancy at birth in years in the African Region, 2013



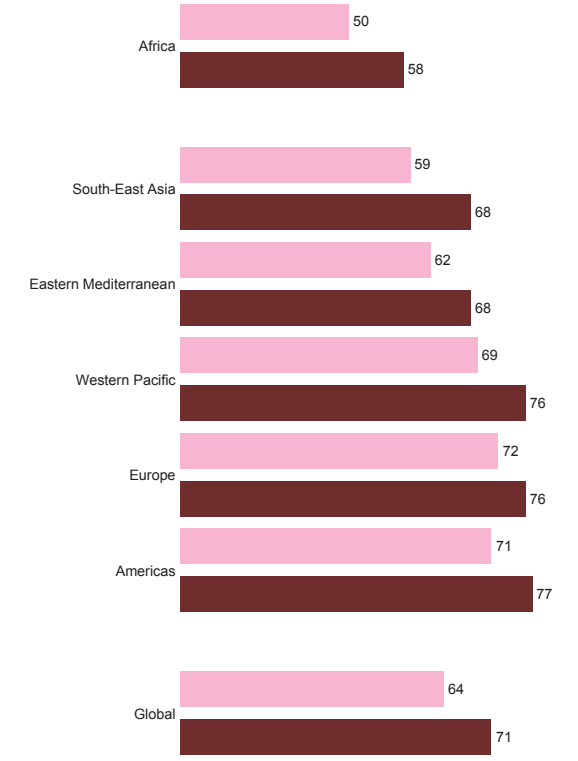

Source: WHO, 2015.

**Figure 2.1.2.** Life expectancy at birth in years by sex and WHO region, 2013



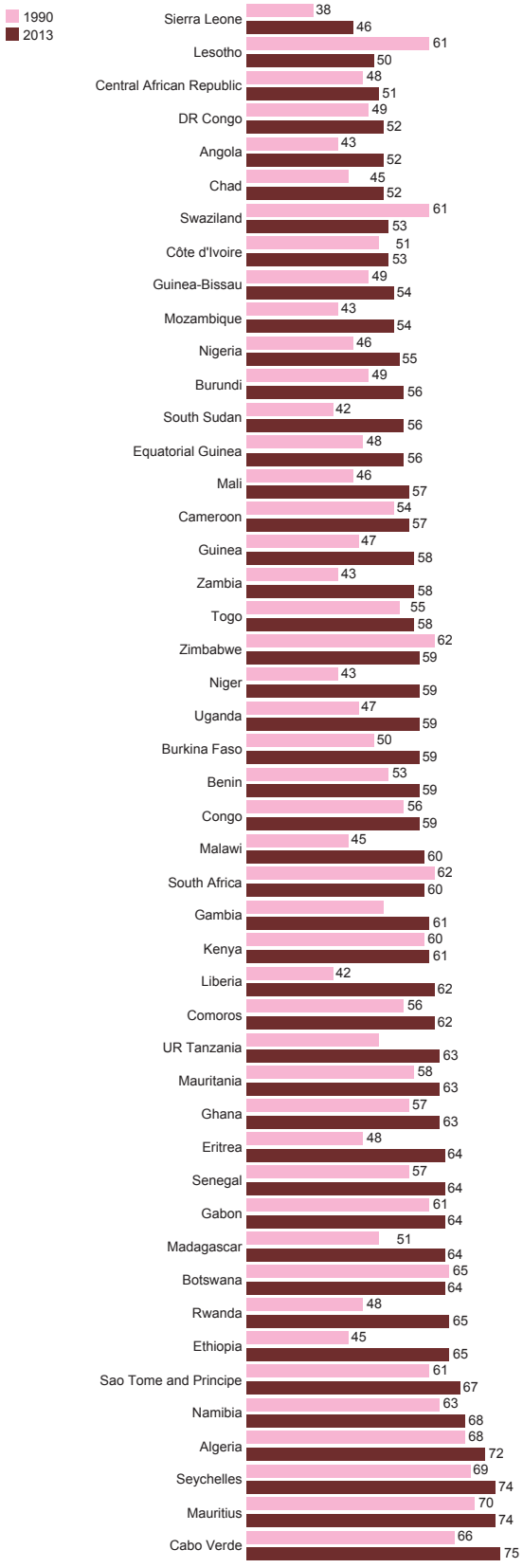

Source: WHO, 2015.

**Figure 2.1.3.** Life expectancy at birth in years by WHO region, 1990 and 2013



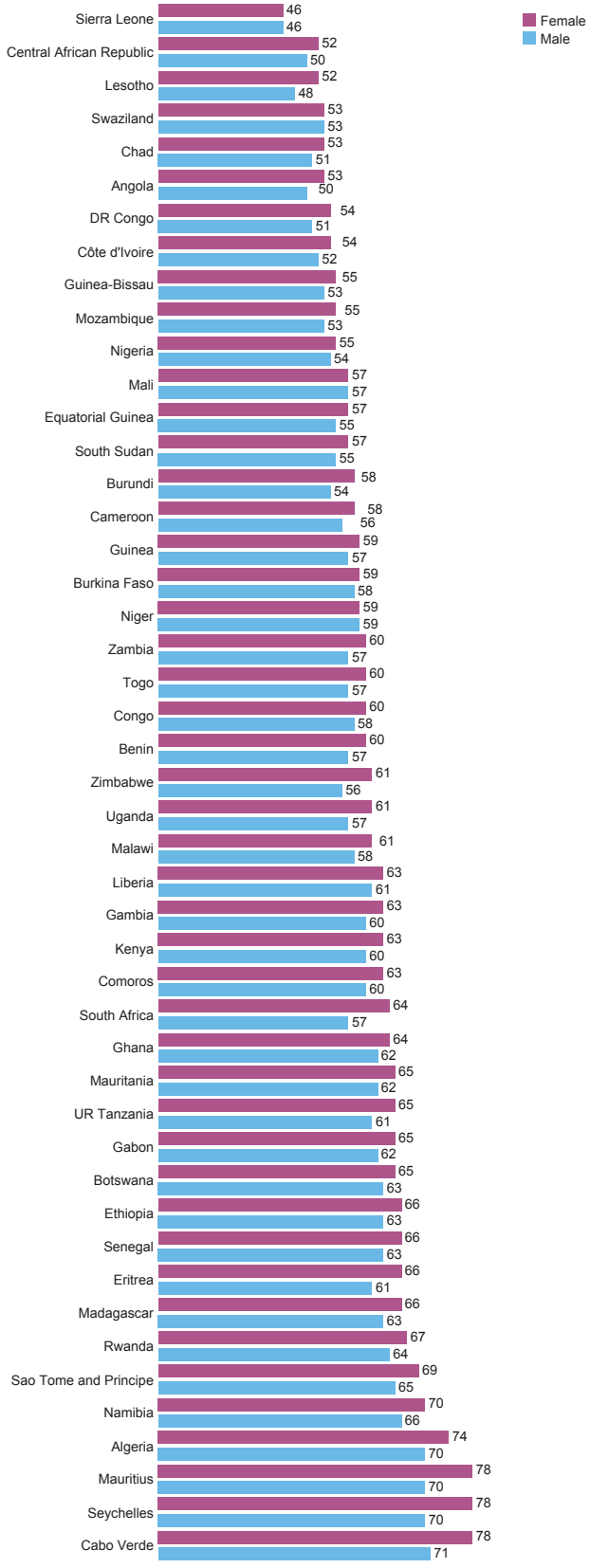

Source: WHO, 2015.

**Figure 2.1.4.** Life expectancy at birth in years in the African Region, 1990 and 2013




Source: WHO, 2015.

**Figure 2.1.5.** Life expectancy at birth in years by sex in the African Region, 2013

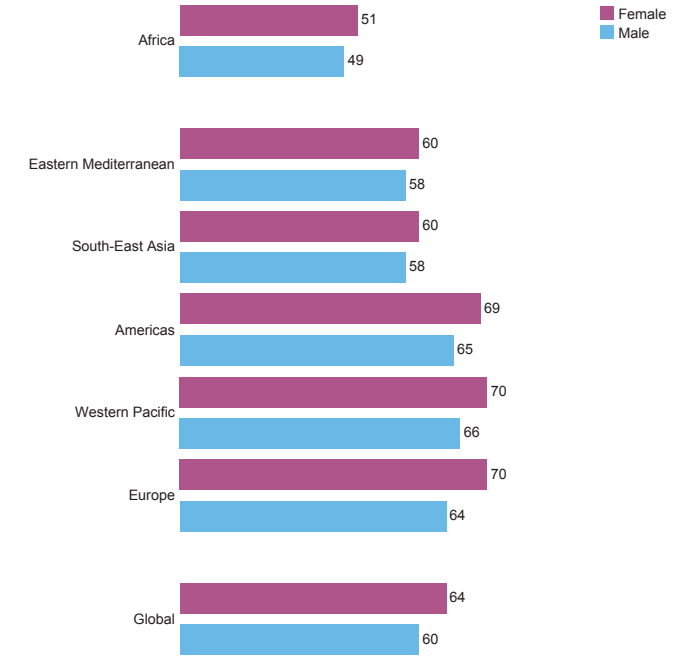



Source: WHO, 2015.

**Figure 2.1.6.** Trend in life expectancy at birth (years) by sex in the African Region, 1990-2013


Source: WHO, 2015.

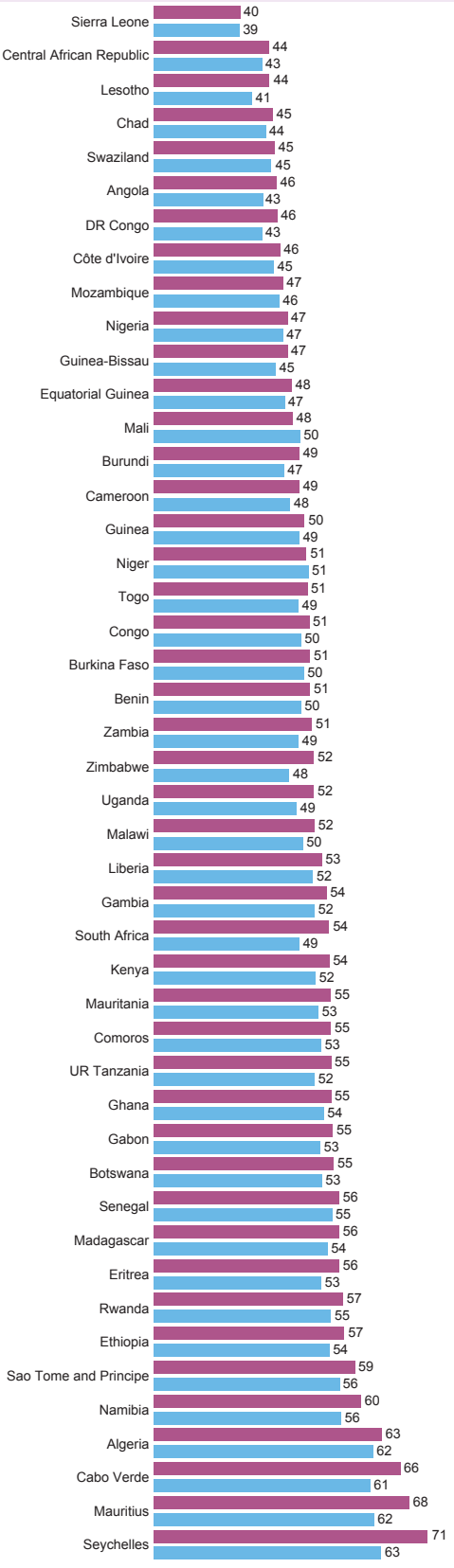
**Figure 2.1.8.** Healthy life expectancy at birth (years) by sex and WHO region, 2013




Source: WHO, 2015.

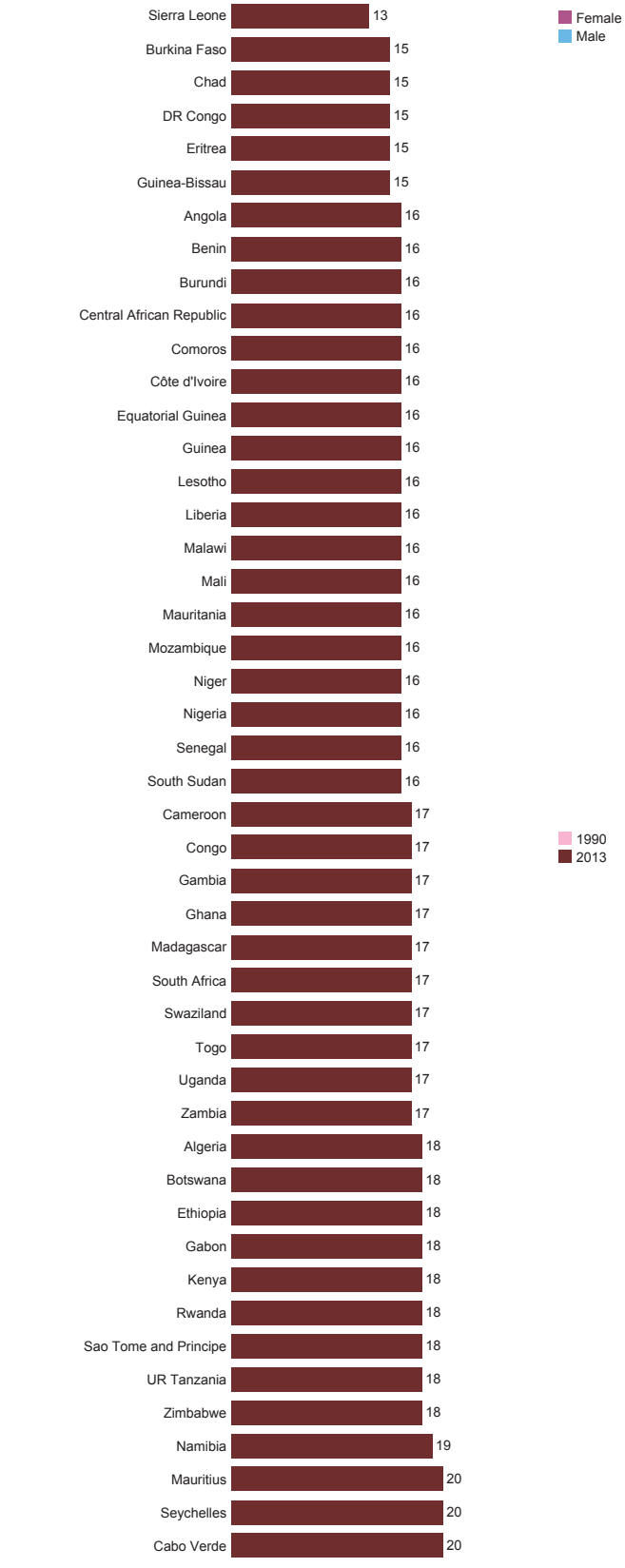
* Average number of years that a person can expect to live in 'full health' by taking into account years lived in less than full health due to disease and /or injury

**Figure 2.1.7.** Healthy life expectancy at birth (years) by sex in the African Region, 2013



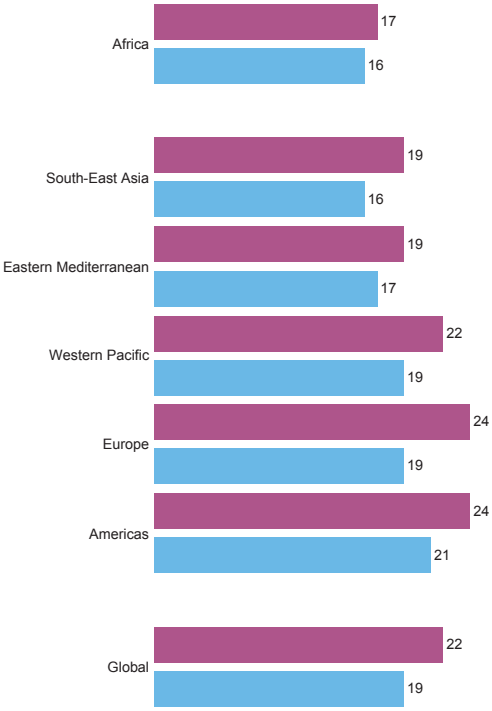

Source: WHO, 2015.

**Figure 2.1.9.** Life expectancy at age 60 (years) in the African Region, 2013



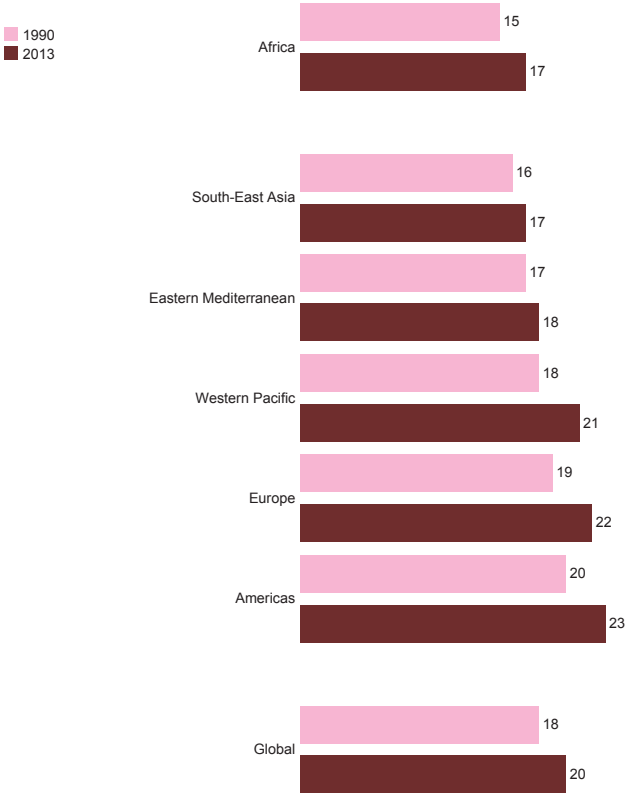

Source: WHO, 2015.

**Figure 2.1.10.** Life expectancy at age 60 (years) by sex and WHO region 2013



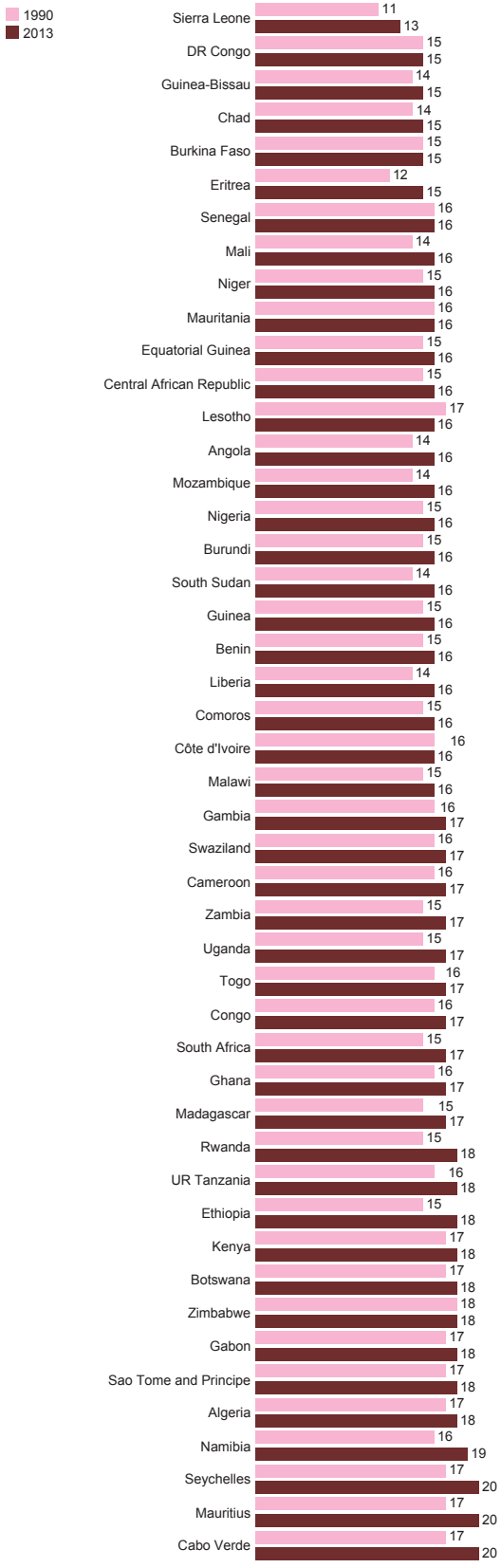

Source: WHO, 2015.

**Figure 2.1.11.** Life expectancy at age 60 (years) by WHO region, 1990 and 2013




Source: WHO, 2015.

**Figure 2.1.12.** Life expectancy at age 60 (years) in the African Region, 1990 and 2013



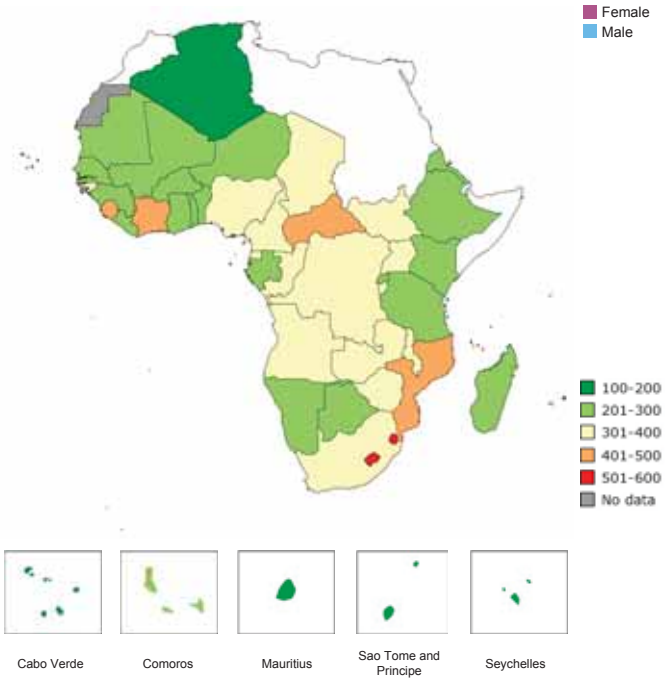

Source: WHO, 2015.

**Figure 2.1.13.** Life expectancy at age 60 (years) by sex in the African Region, 2013


Source: WHO, 2015.

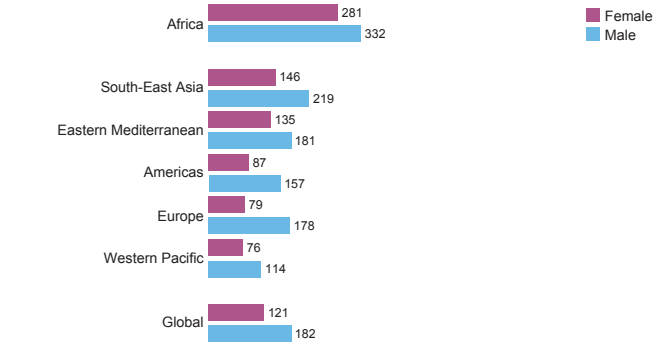
## 2.2 Mortality

**Figure 2.2.1.** Adult mortality rate per 1000 population in the African Region, 2013



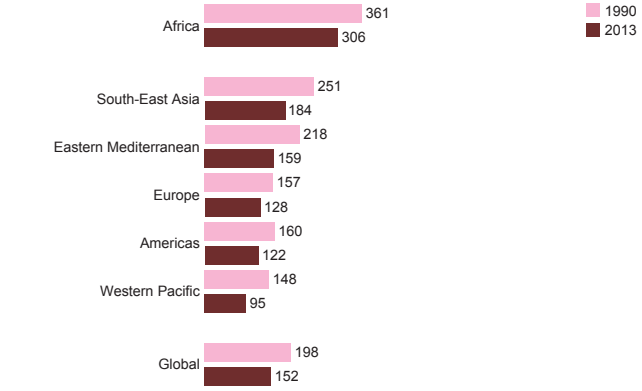

Source: WHO, 2015.

**Figure 2.2.3.** Adult mortality rate per 1000 population by sex and WHO region, 2013



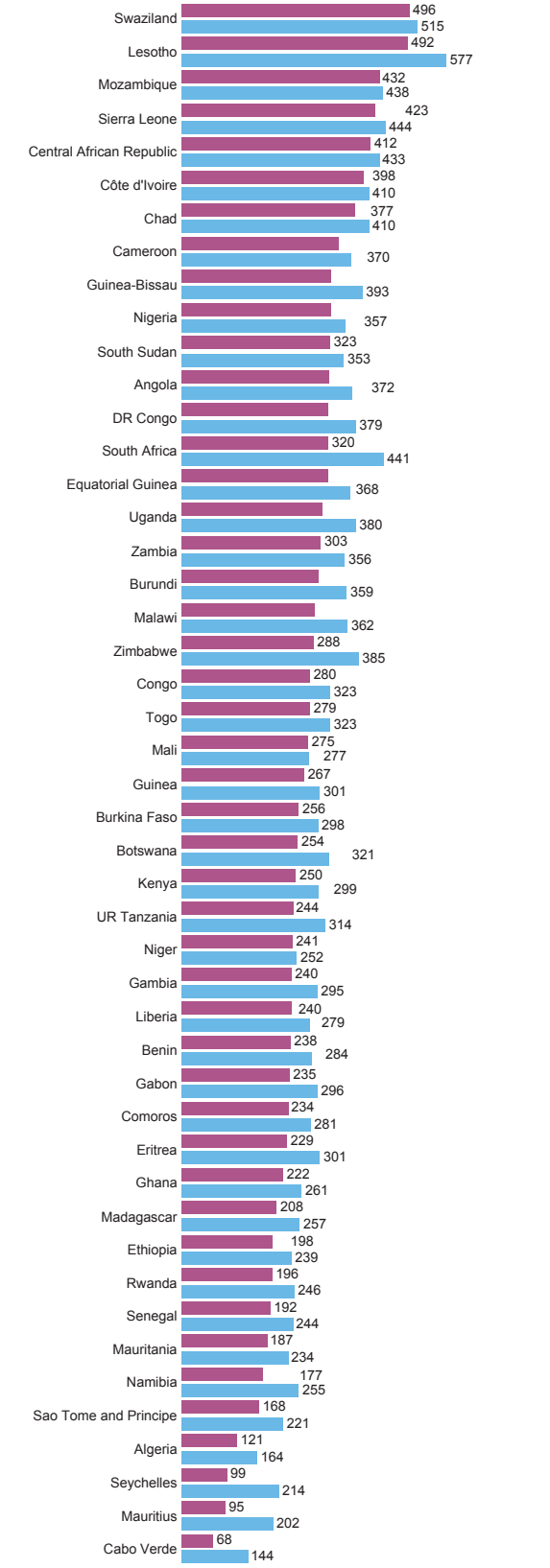

Source: WHO, 2015.

**Figure 2.2.4.** Adult mortality rate per 1000 population by WHO region, 1990 and 2013



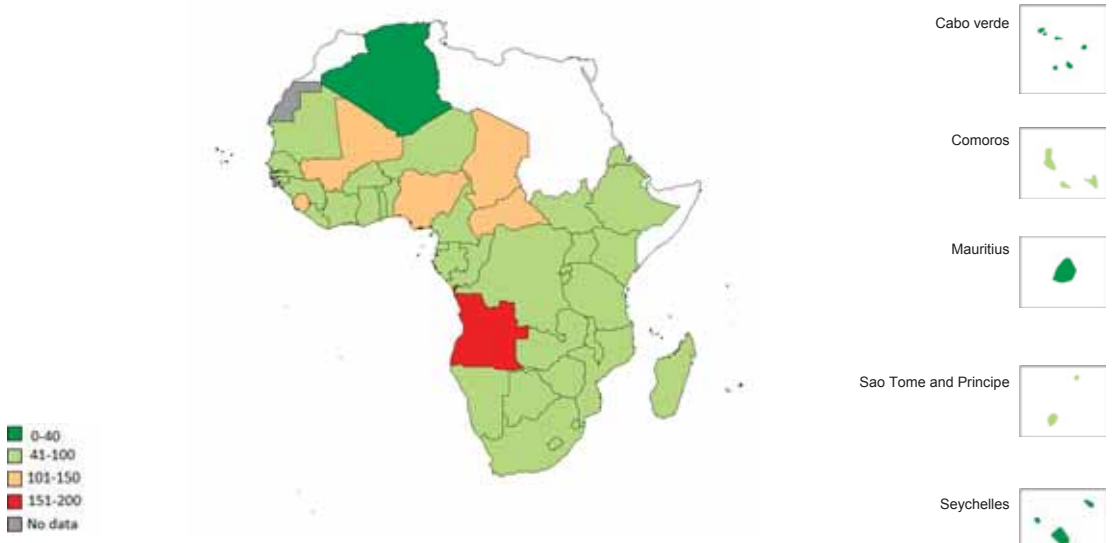

Source: WHO, 2015.

**Figure 2.2.2.** Adult mortality rate per 1000 population by sex in the African Region, 2013



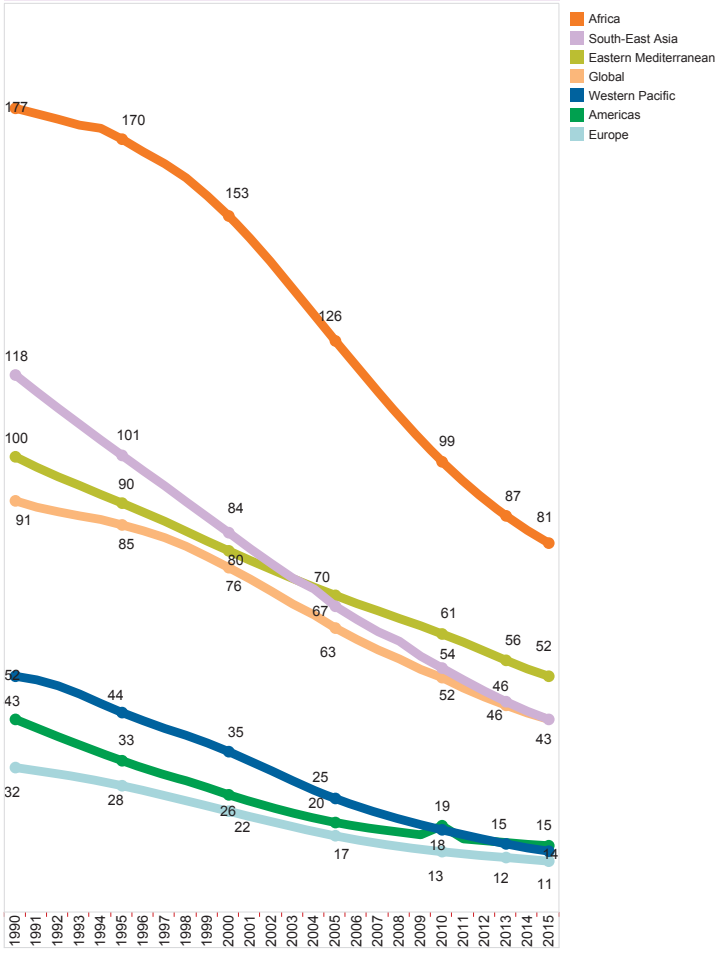

Source: WHO, 2015.

**Figure 2.2.5.** Under-5 mortality rate per 1000 live births in the African Region, 2015



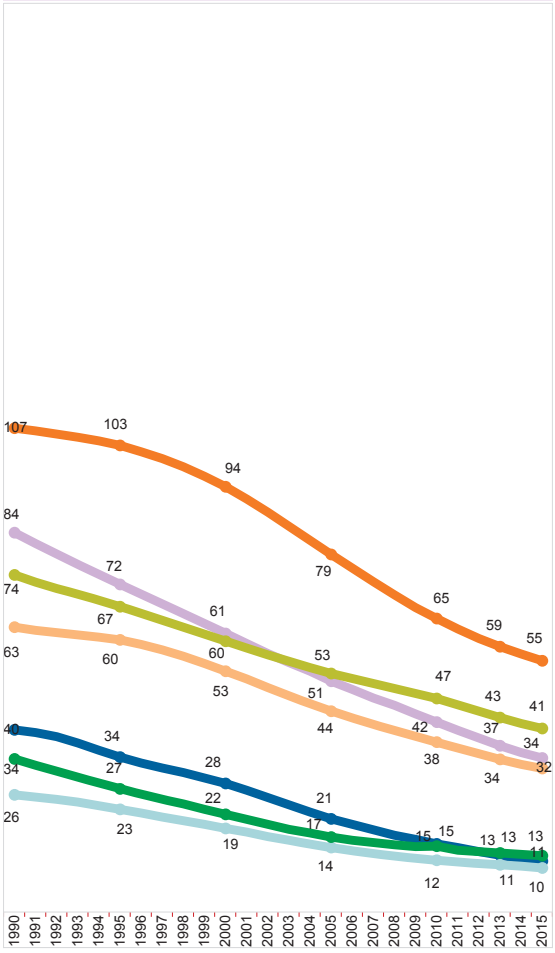

Source: WHO, 2015.

**Figure 2.2.6.** Trend in under-5 mortality rate per 1000 live births by WHO region, 1990-2015



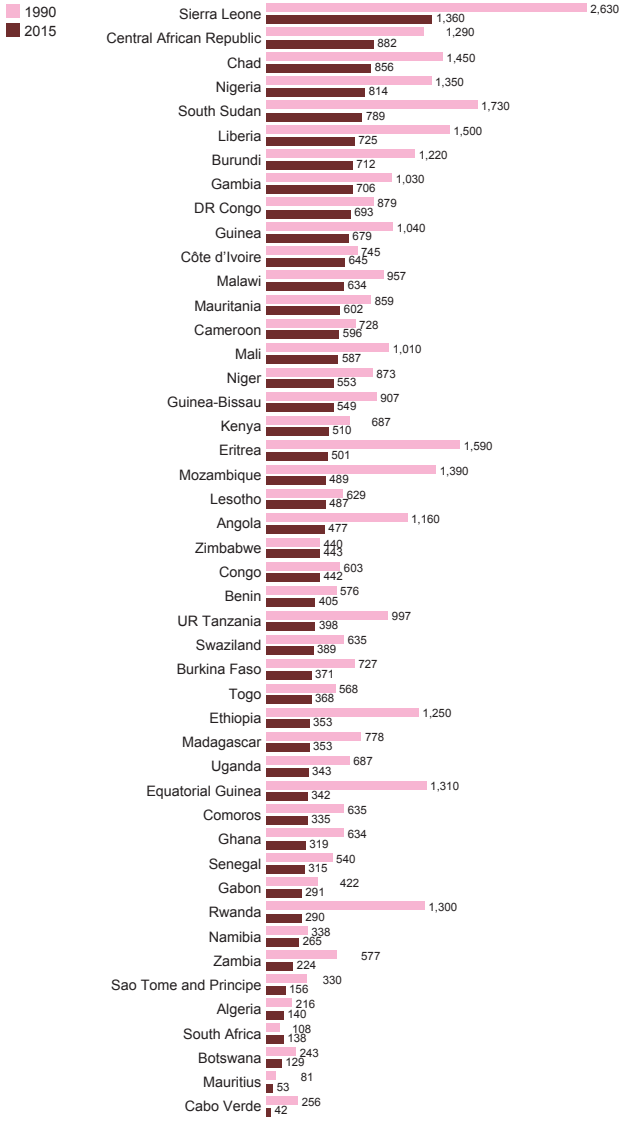

Source: WHO, 2015.

**Figure 2.2.7.** Trend in infant mortality rate per 1000 live births by WHO region, 1990-2015



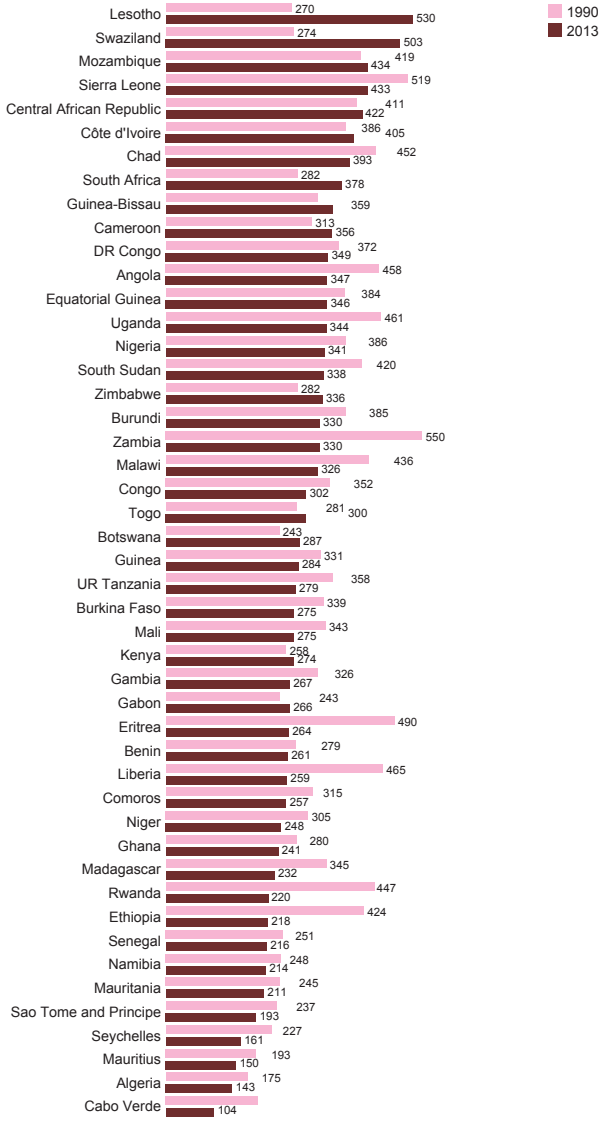

Source: WHO, 2015.

**Figure 2.2.8.** Maternal mortality ratio per 100 000 births in the African Region, 1990 and 2015



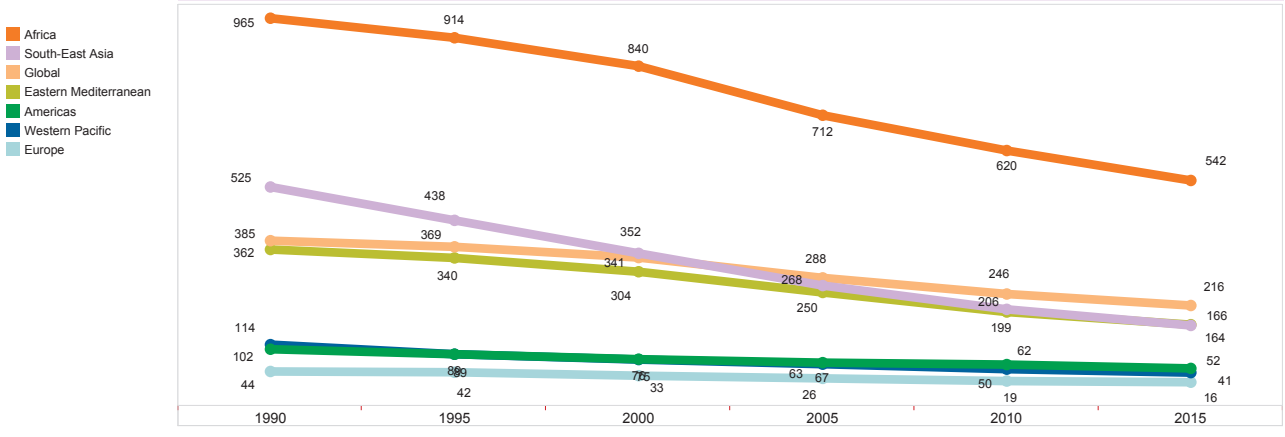

Source: WHO, 2015.

**Figure 2.2.9.** Adult mortality rate per 1000 population in the African Region, 1990 and 2013



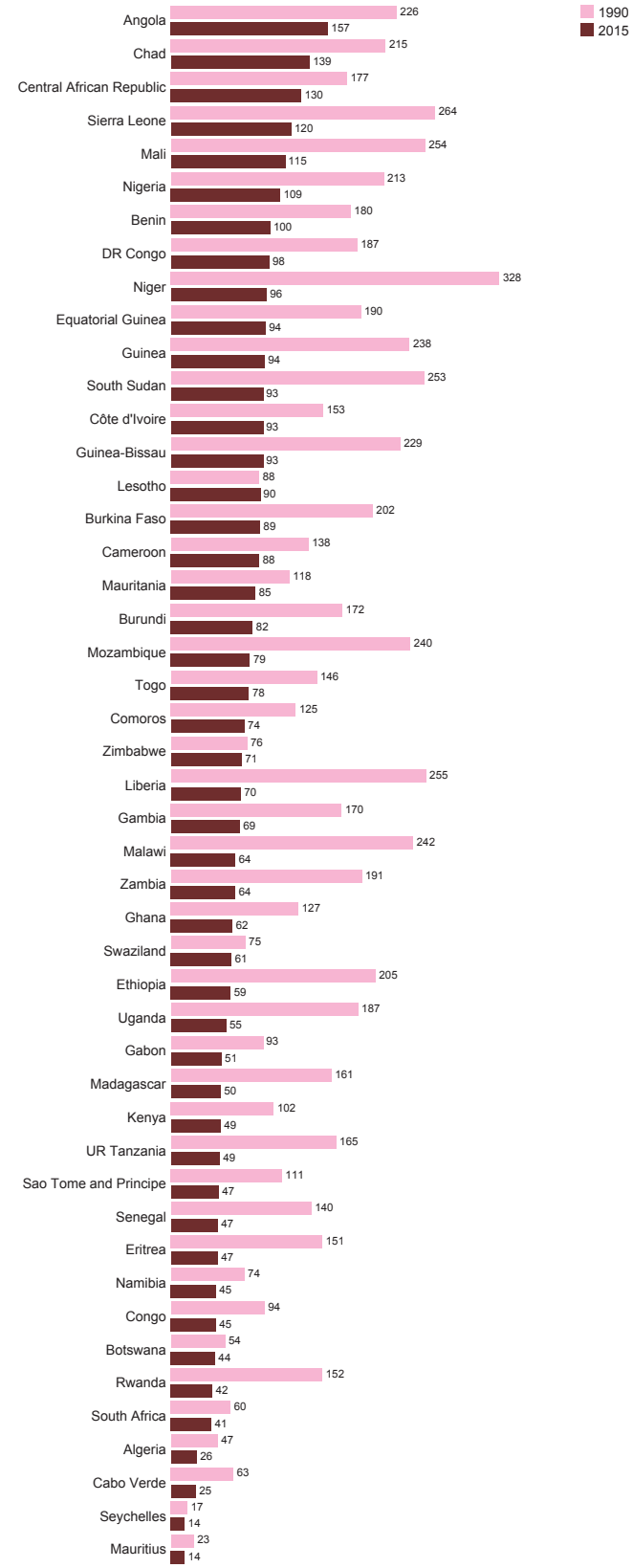

Source: WHO, 2015.

**Figure 2.2.10.** Maternal mortality ratio per 100 000 live births by WHO region, 1990-2015



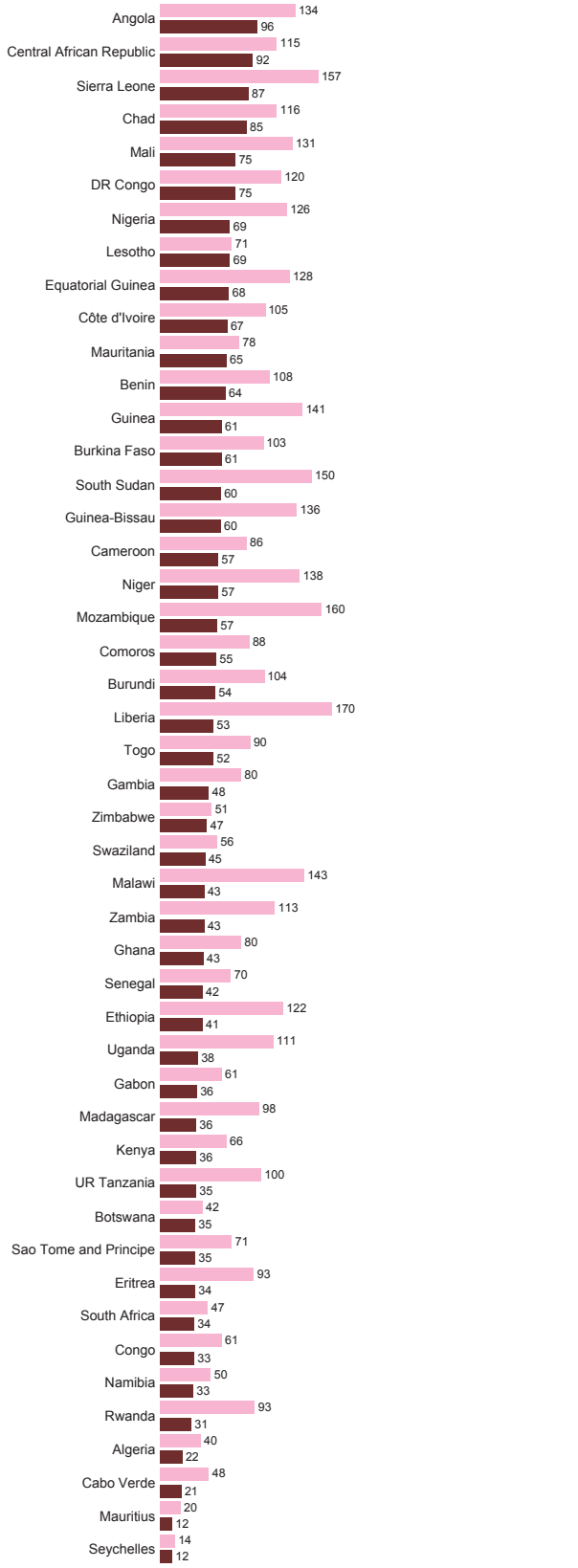

Source: WHO, 2015.

**Figure 2.2.11.** Under-5 mortality rate per 1000 live births in the African Region, 1990 and 2015



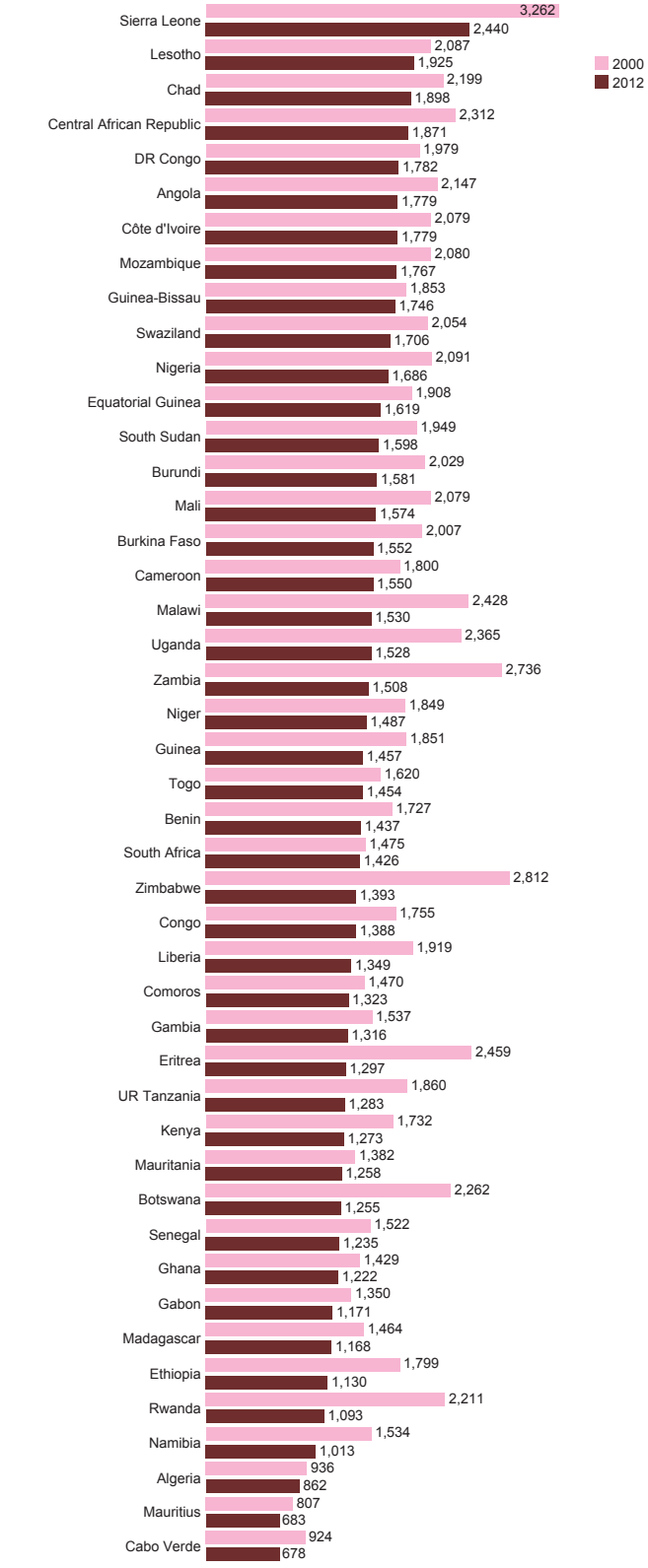

Source: WHO, 2015.

**Figure 2.2.12.** Infant mortality rate per 1000 live births in the African Region, 1990 and 2015



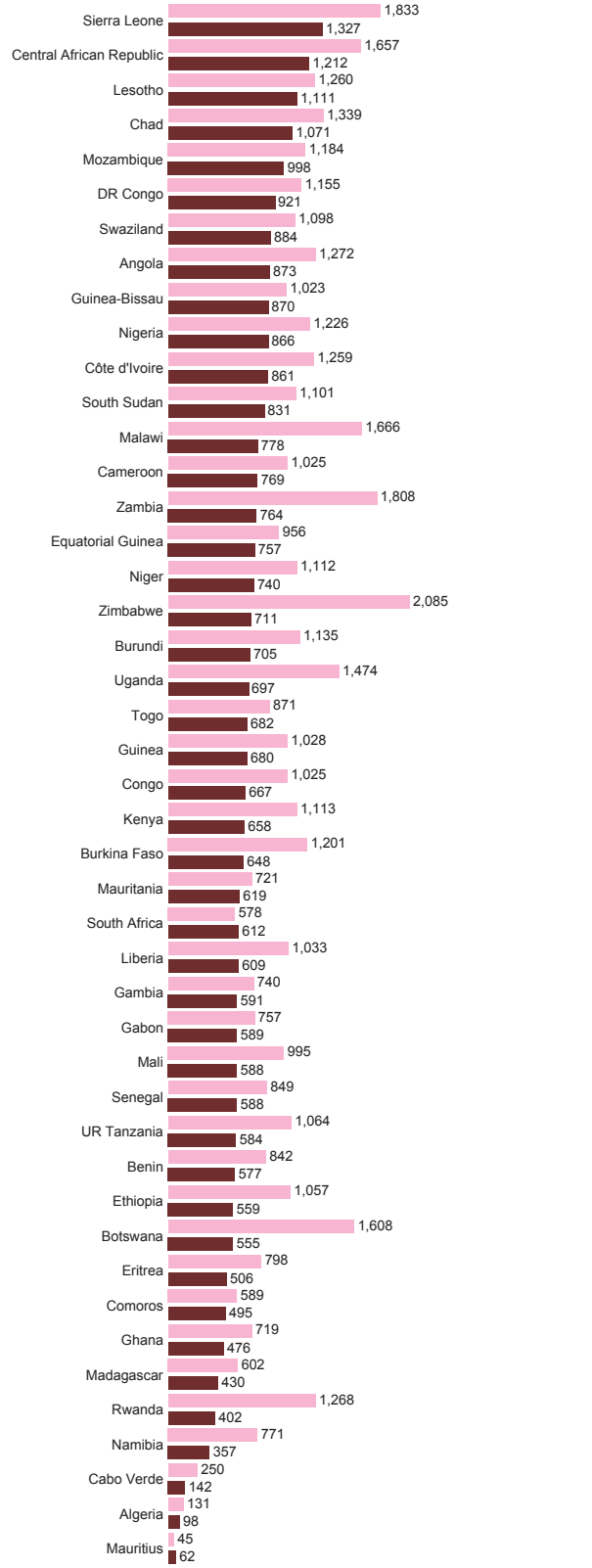

Source: WHO, 2015.

**Figure 2.2.13.** Age-standardized death rates* per 100 000 population in the African Region, 2000 and 2012




Source: WHO, 2015.

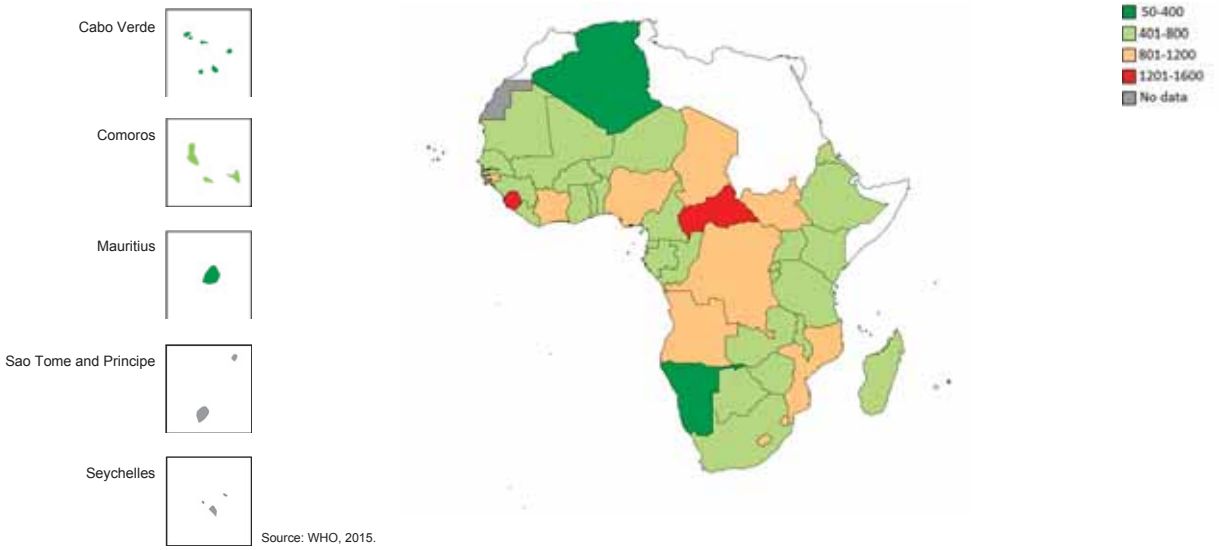
**Figure 2.2.14.** Age-standardized death rates per 100 000 population due to communicable diseases in the African Region, 2000 and 2012




Source: WHO, 2015.

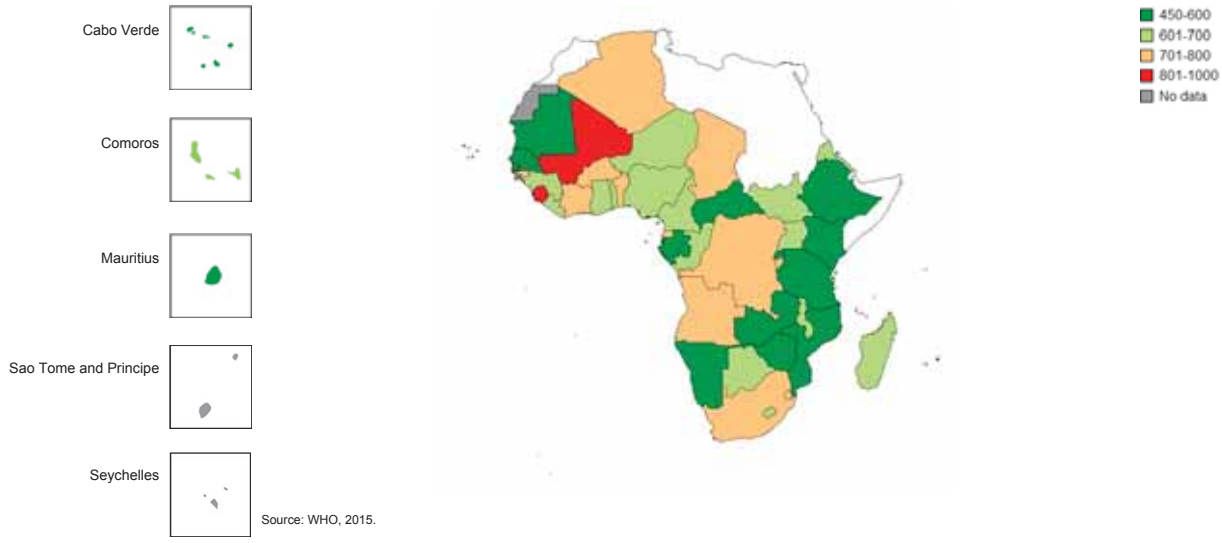
* Rates are age-standardized to WHO's world standard population.

**Figure 2.2.15.** Age-standardized death rates per 100 000 population due to communicable diseases in the African Region, 2012



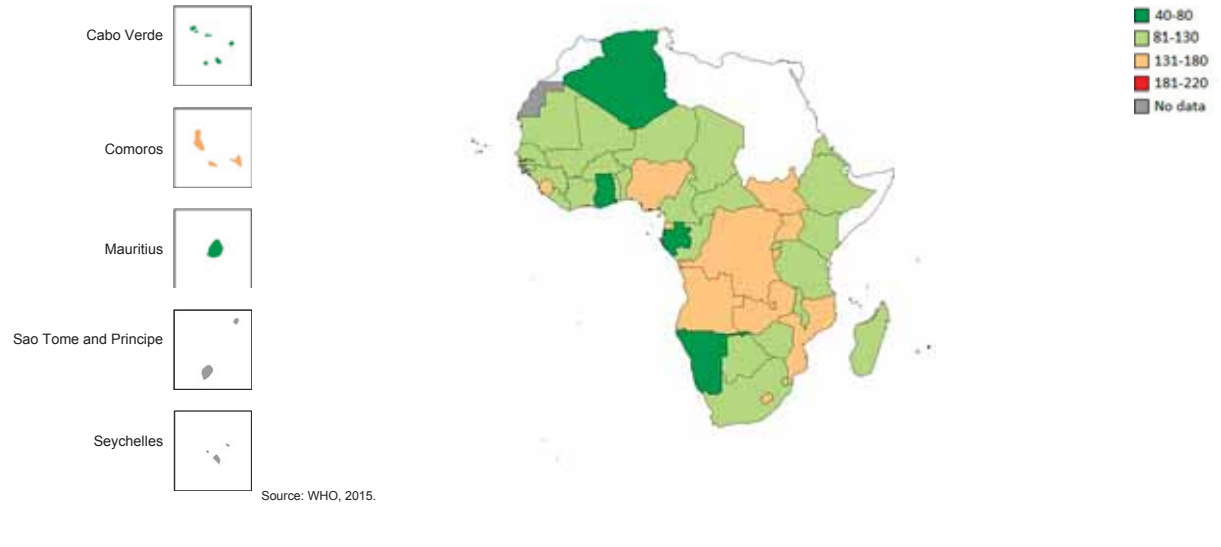

Source: WHO, 2015.

**Figure 2.2.16.** Age-standardized death rates per 100 000 population due to noncommunicable diseases in the African Region, 2012



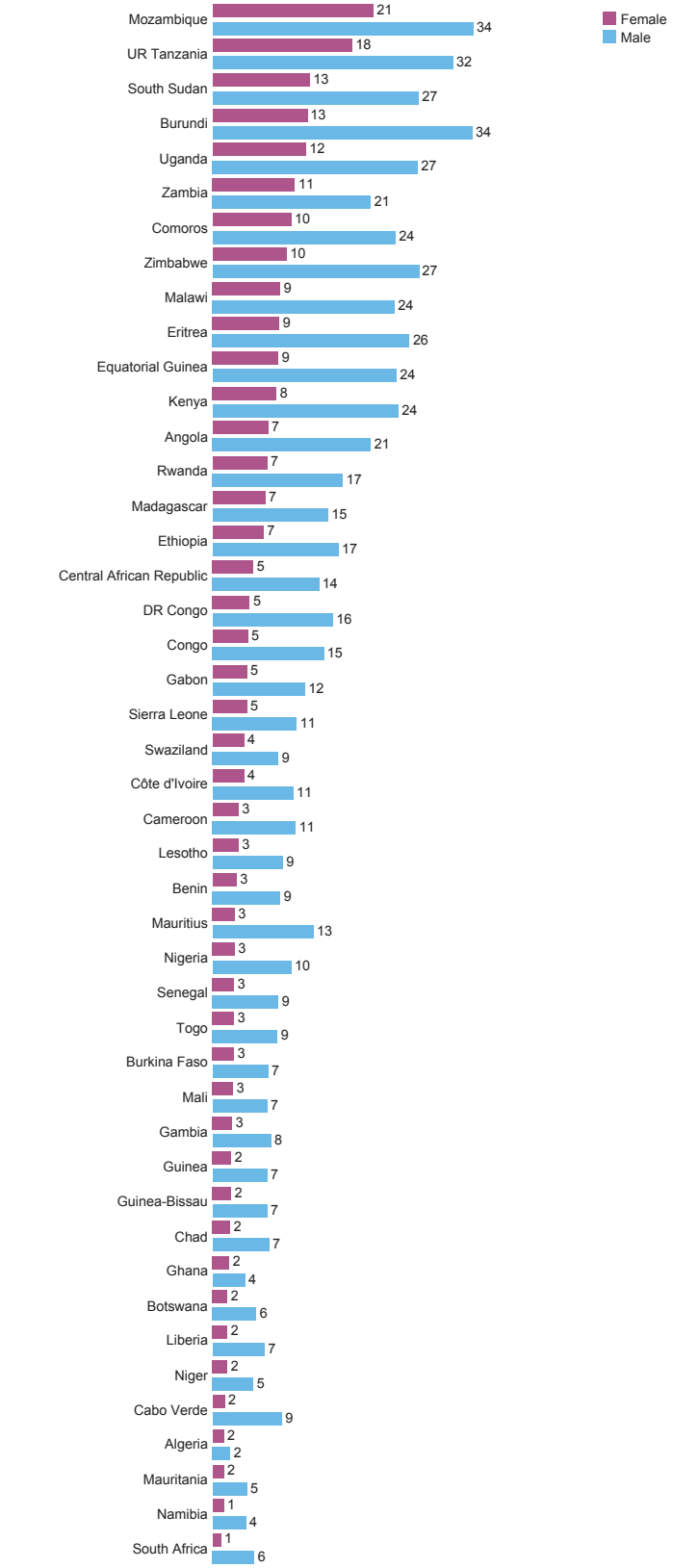

Source: WHO, 2015.

**Figure 2.2.17.** Age-standardized death rates per 100 000 population due to injuries and violence in the African Region, 2012



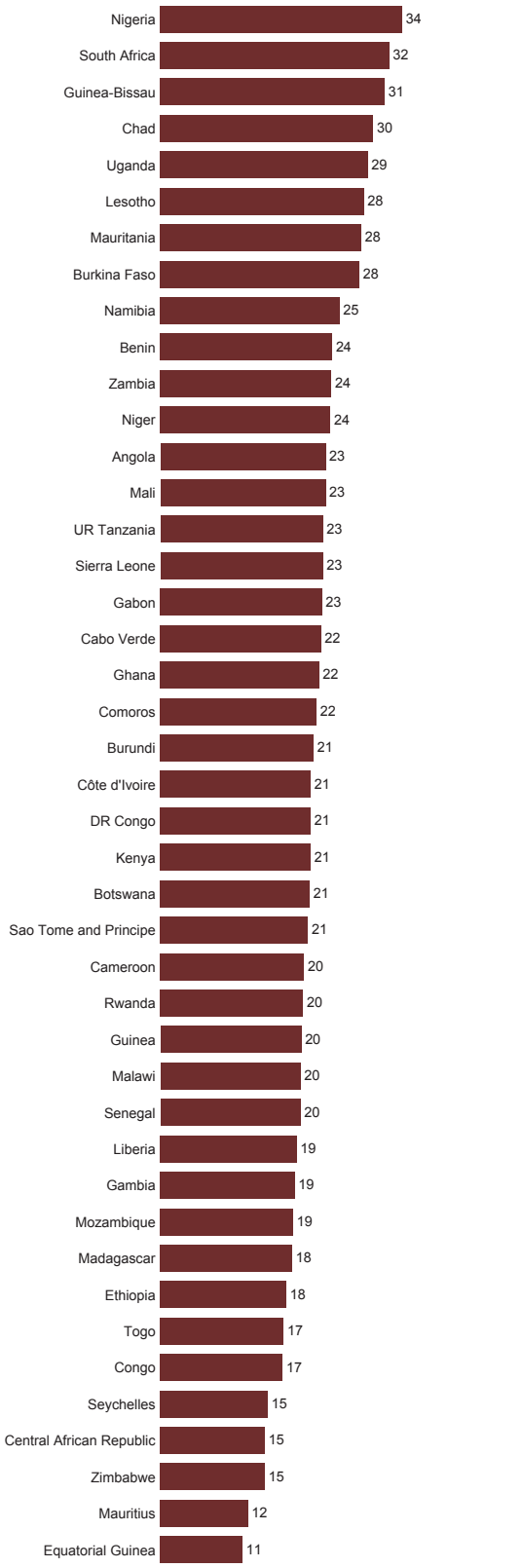

Source: WHO, 2015.

**Figure 2.2.18.** Age-standardized suicide rates per 100 000 population by sex in the African Region, 2012



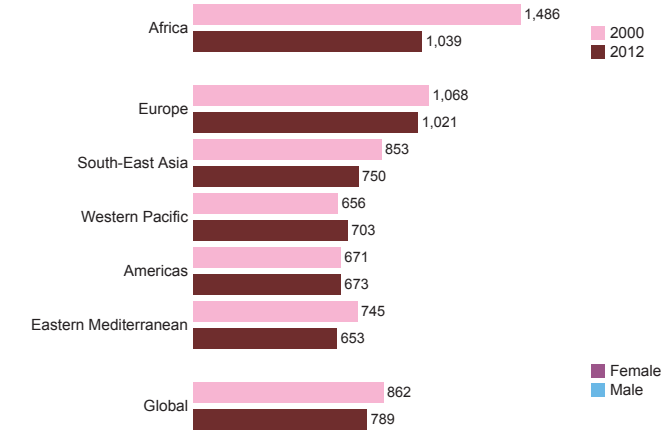

Source: WHO, 2015.

**Figure 2.2.19.** Estimated road traffic death rates per 100 000 population in the African Region, 2010



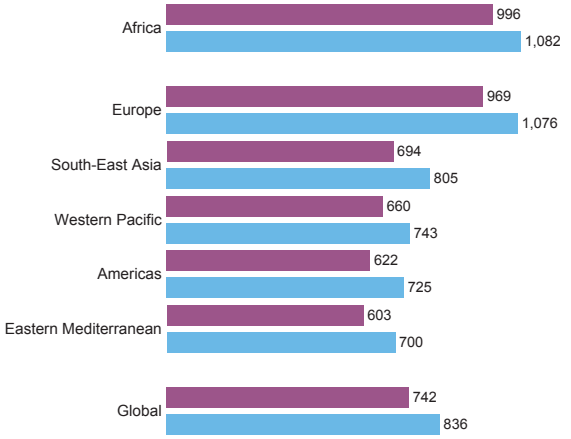

Source: WHO, 2015.

**Figure 2.2.20.** Deaths per 100 000 population by WHO region, 2000 and 2012



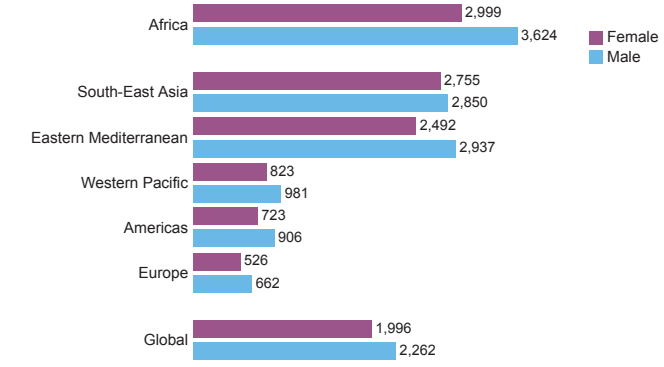

Source: WHO, 2015.

**Figure 2.2.21.** Deaths per 100 000 population by sex and WHO region, 2012



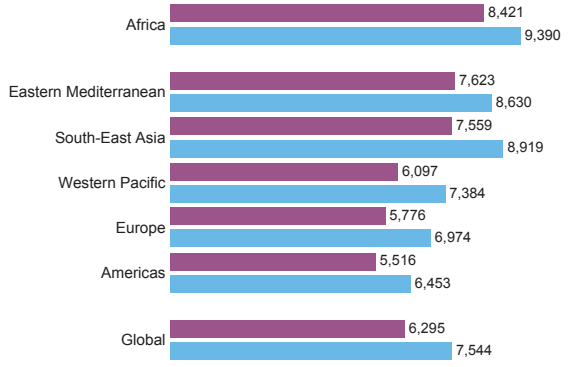

Source: WHO, 2015.

**Figure 2.2.22.** Deaths per 100 000 population in the age group 0-27 days by sex and WHO region, 2012



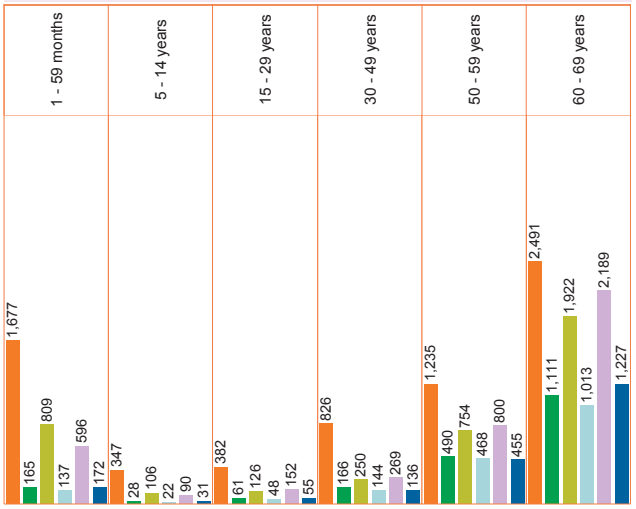

Source: WHO, 2015.

**Figure 2.2.23.** Deaths per 100 000 population in the age group 70 years and over by sex and WHO region, 2012



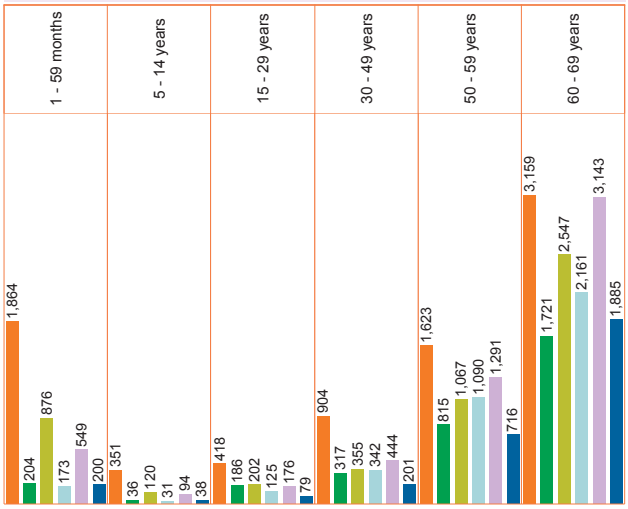

Source: WHO, 2015.


**Figure 2.2.24.** Deaths per 100 000 population among women, by age group and WHO region, 2012



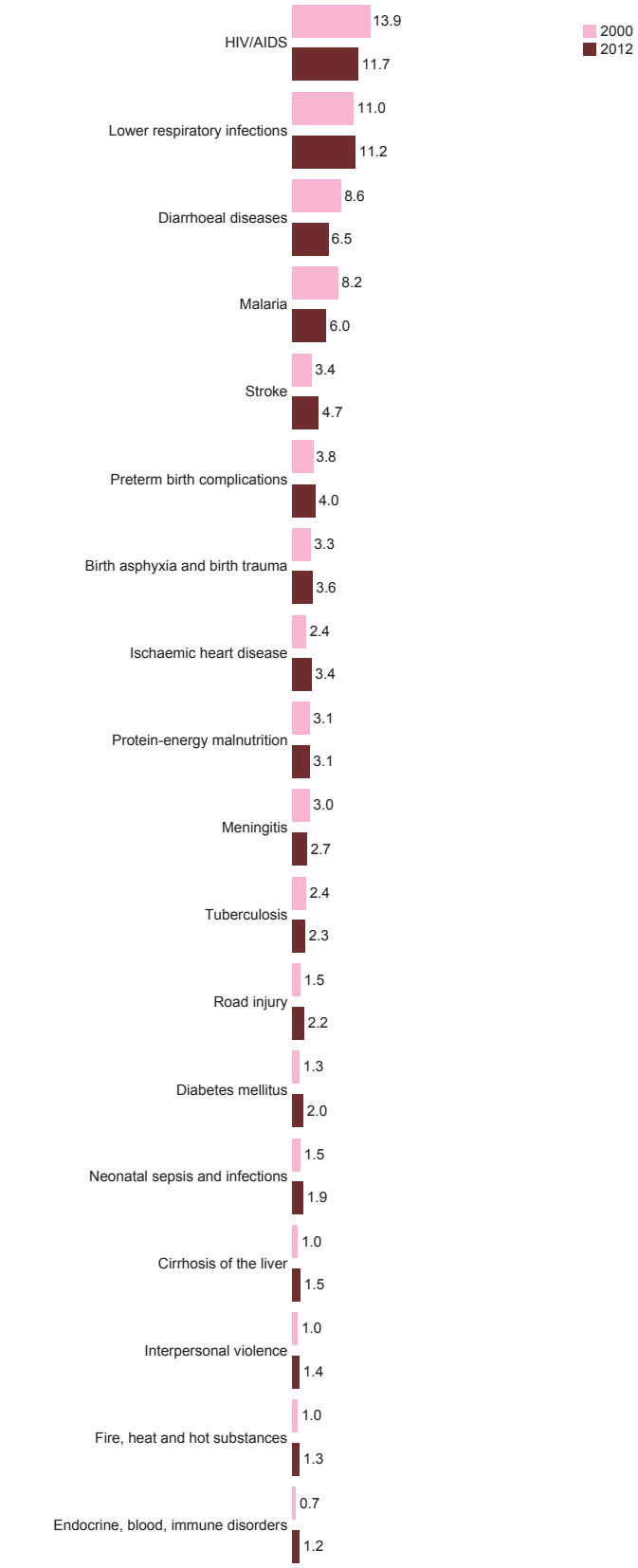

Source: WHO, 2015.

**Figure 2.2.25.** Deaths per 100 000 population among men, by age group and WHO region, 2012



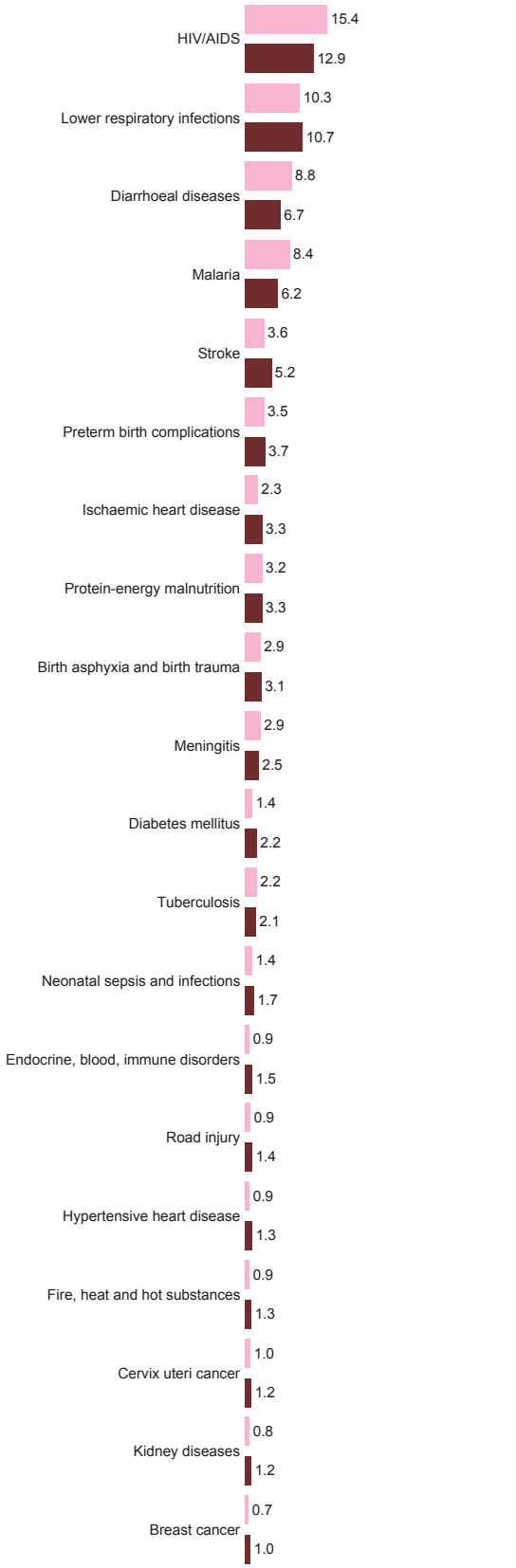

Source: WHO, 2015.

**Figure 2.2.26.** Leading causes of death shown as percentage of total deaths in the African Region, 2000 and 2012



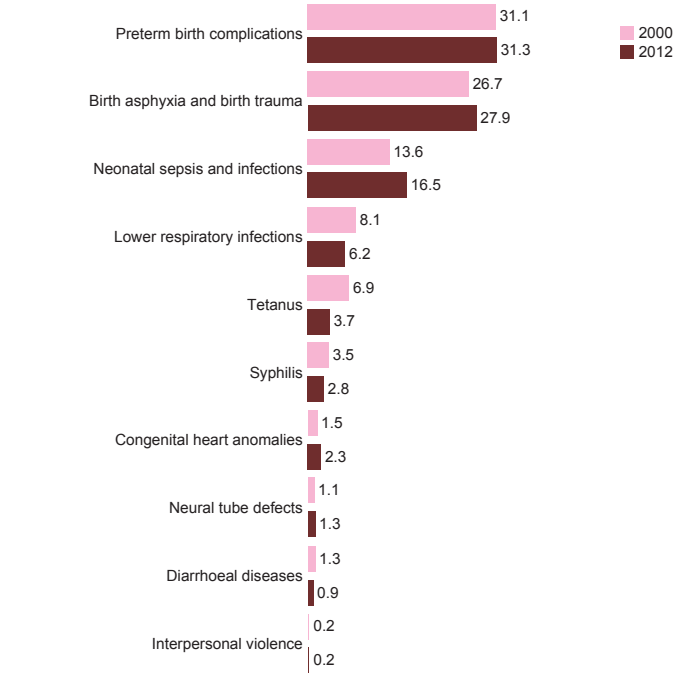

Source: WHO, 2015.

**Figure 2.2.27.** Leading causes of death shown as percentage of female deaths in the African Region, 2000 and 2012



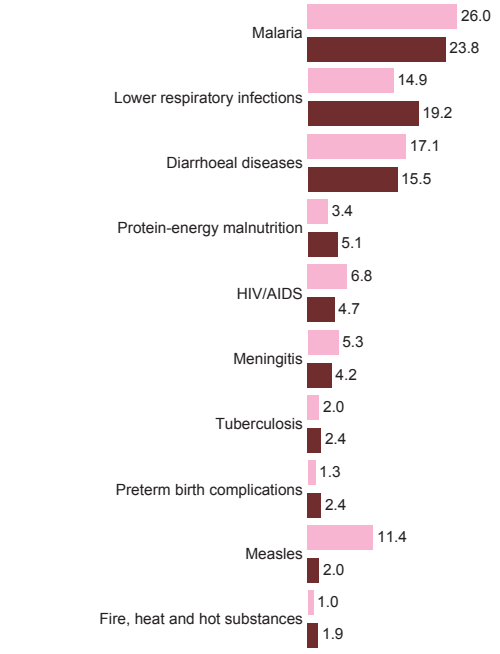

Source: WHO, 2015.

**Figure 2.2.28.** Leading causes of death shown as percentage of female deaths in the age group 0-27 days in the African Region, 2000 and 2012



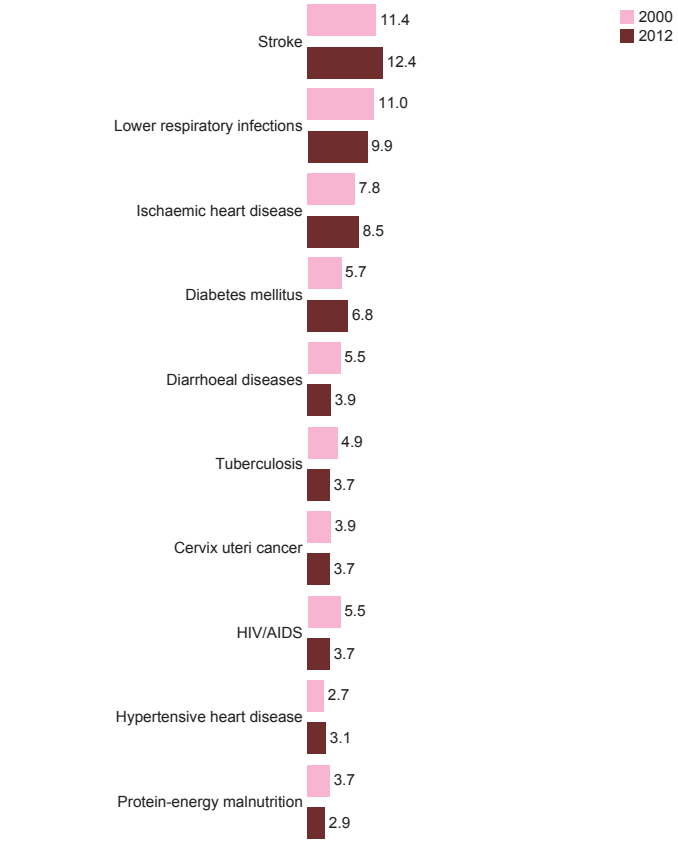

Source: WHO, 2015.

**Figure 2.2.29.** Leading causes of death shown as percentage of female deaths in the age group 1-59 months in the African Region, 2000 and 2012



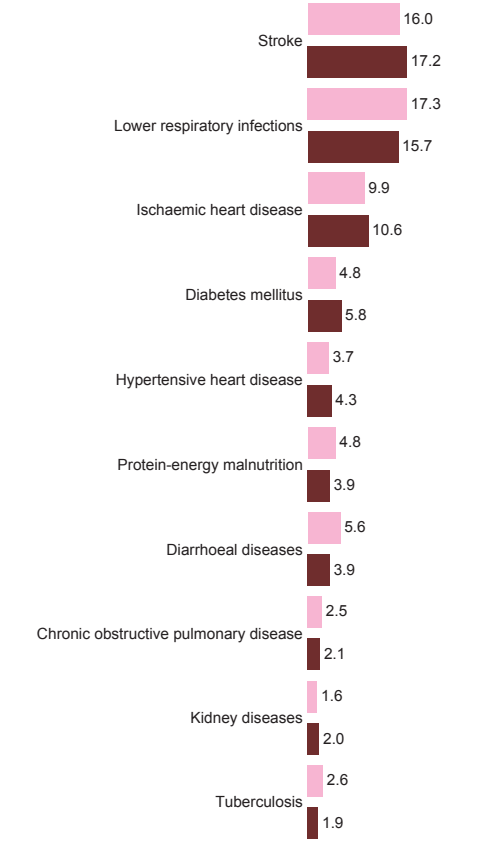

Source: WHO, 2015.

**Figure 2.2.30.** Leading causes of death shown as percentage of female deaths in the age group 60-69 years in the African Region, 2000 and 2012



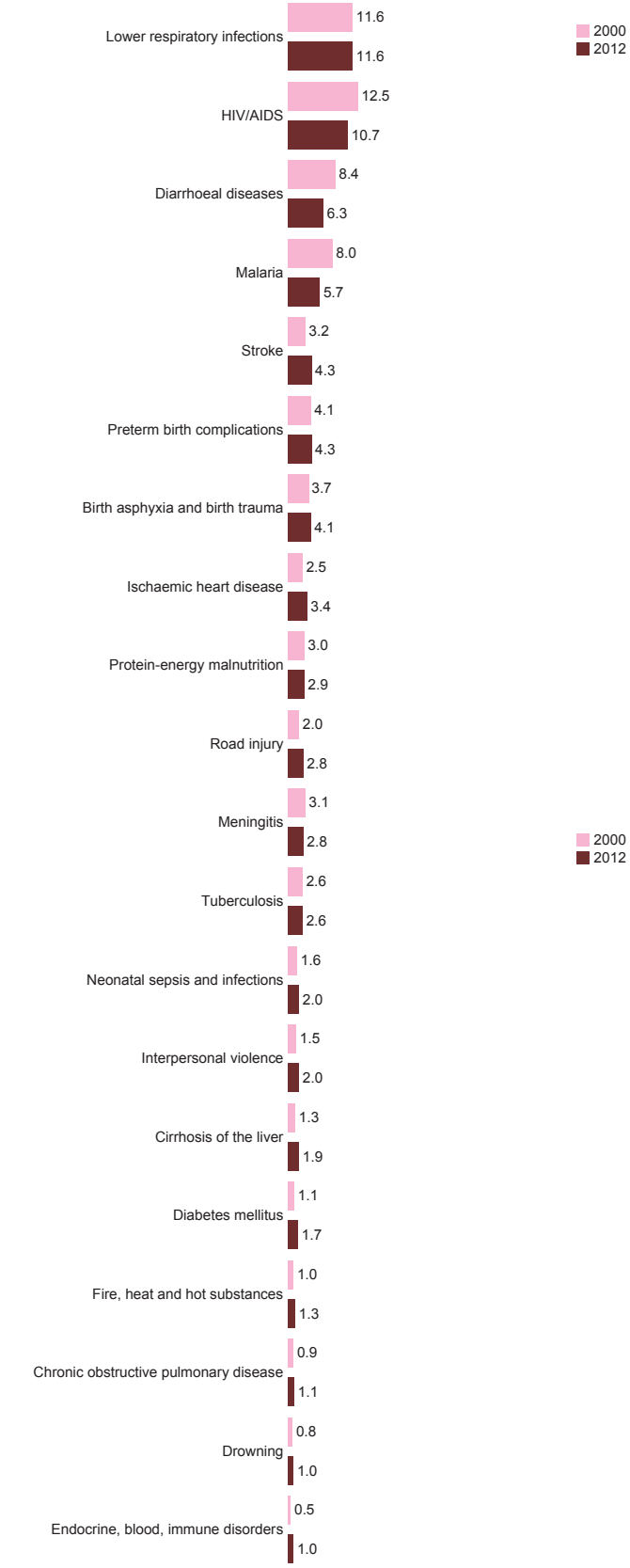

Source: WHO, 2015.

**Figure 2.2.31.** Leading causes of death shown as percentage of female deaths in the age group 70 years and over in the African Region, 2000 and 2012



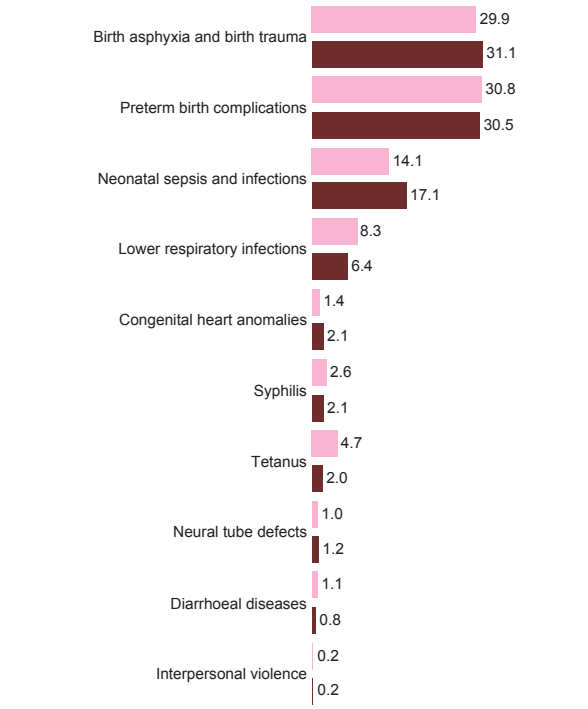

Source: WHO, 2015.

**Figure 2.2.32.** Leading causes of death shown as percentage of male deaths in the African Region, 2000 and 2012



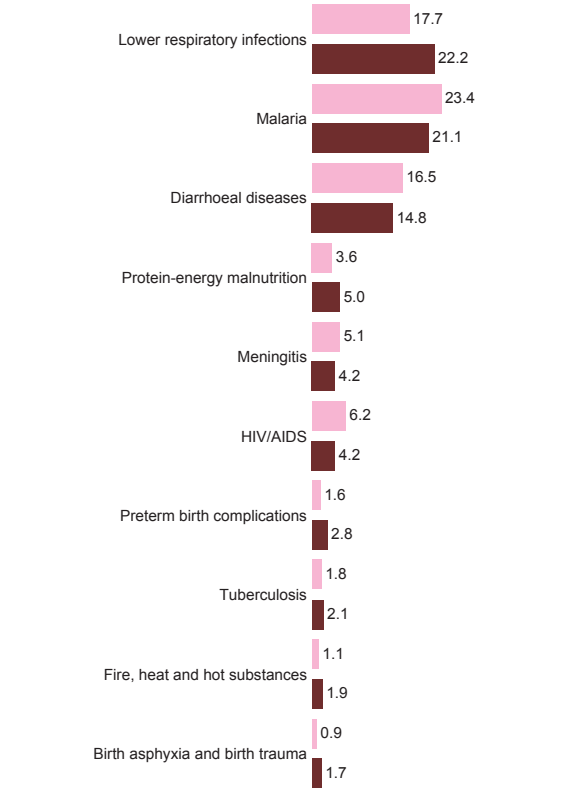

Source: WHO, 2015.

**Figure 2.2.33.** Leading causes of death shown as percentage of male deaths in the age group 0-27 days in the African Region, 2000 and 2012



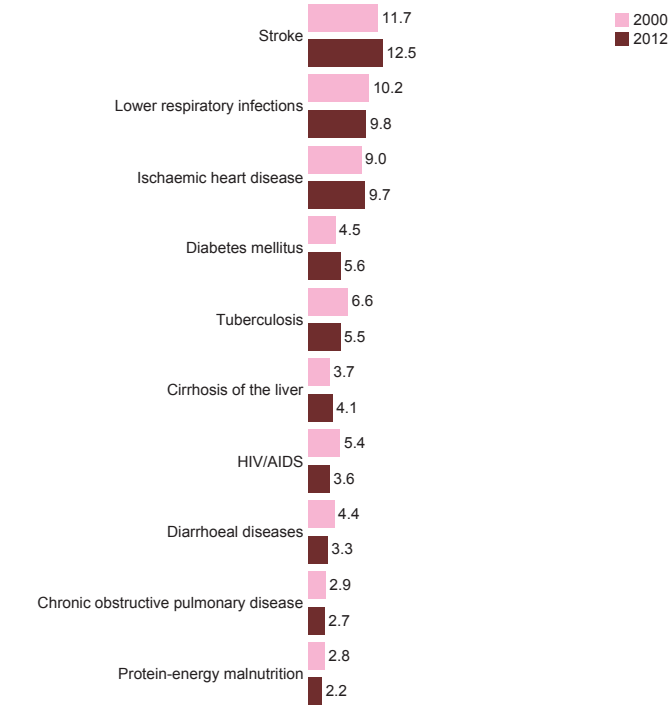

Source: WHO, 2015.

**Figure 2.2.34.** Leading causes of death shown as percentage of male deaths in the age group 1-59 months in the African Region, 2000 and 2012



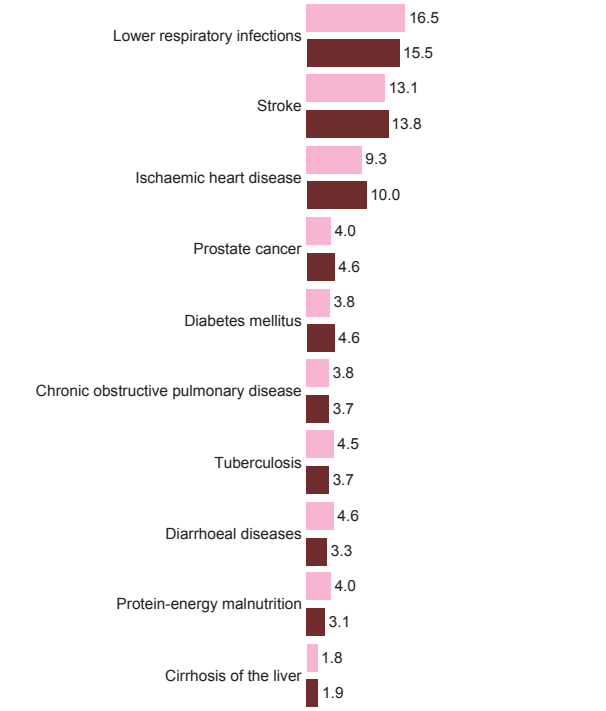

Source: WHO, 2015.

**Figure 2.2.35.** Leading causes of death shown as percentage of male deaths in the age group 60-69 years in the African Region, 2000 and 2012



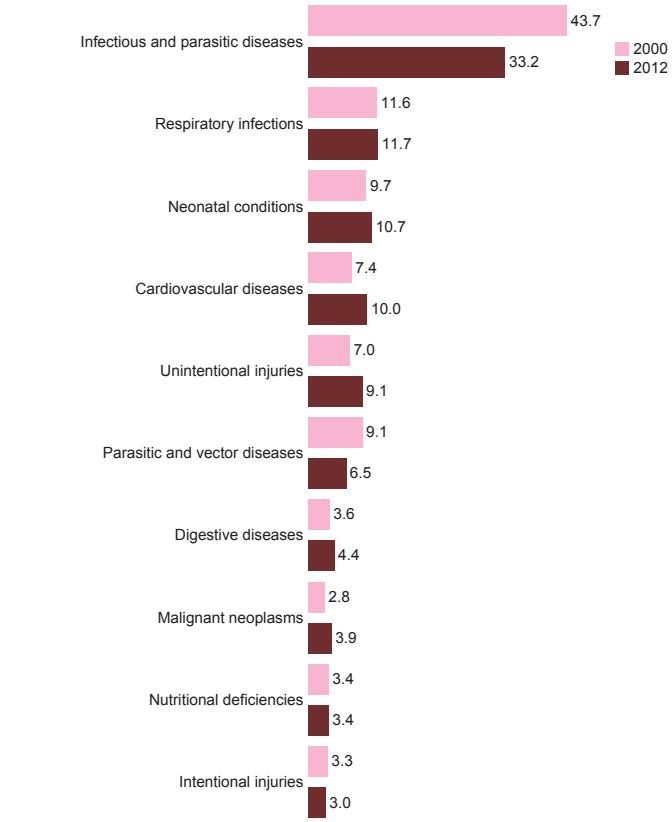

Source: WHO, 2015.

**Figure 2.2.36.** Leading causes of death shown as percentage of male deaths in the age group 70 years and over in the African Region, 2000 and 2012



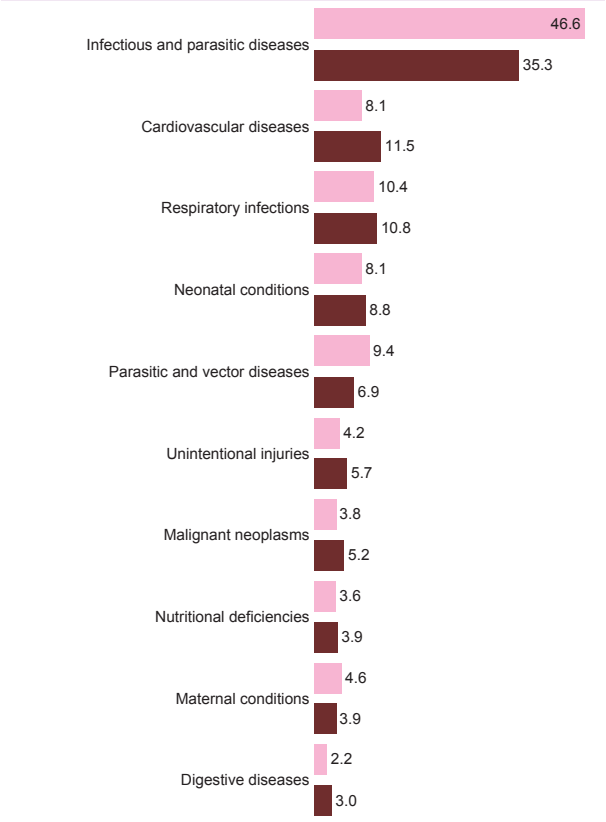

Source: WHO, 2015.

**Figure 2.2.37.** Leading group of disorders shown as percentage of male deaths in the African Region, 2000 and 2012




Source: WHO, 2015.

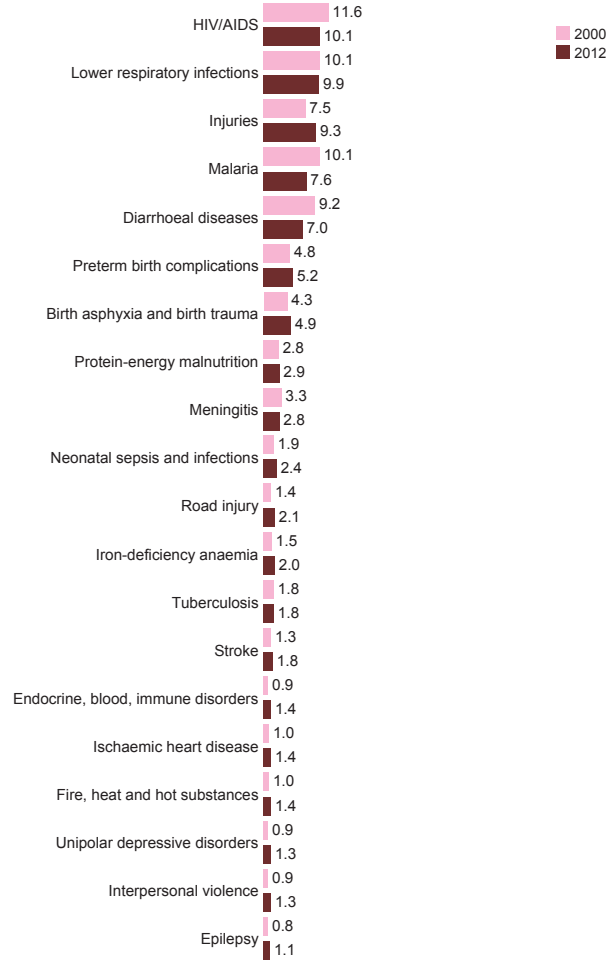
**Figure 2.2.38.** Leading group of disorders shown as percentage of female deaths in the African Region, 2000 and 2012




Source: WHO, 2015.

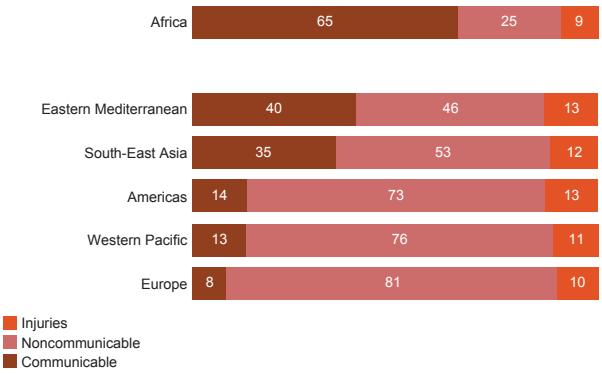
## 2.3 Burden of disease

**Figure 2.3.1.** Leading causes of burden of diseases shown as percentage of total DALYs in the African Region, 2000 and 2012



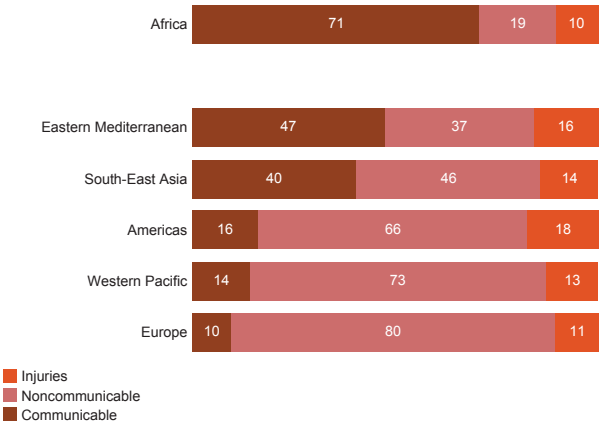

Source: WHO, 2015.

**Figure 2.3.2.** Distribution of burden of diseases as percentage of total DALYs by broader causes and WHO region, 2012



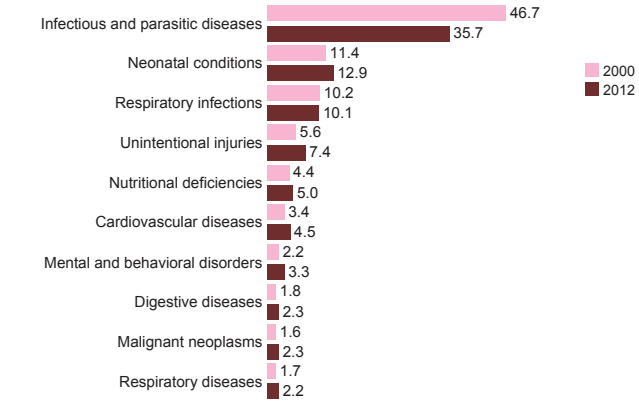

Source: WHO, 2015.

**Figure 2.3.3.** Distribution of years of life lost by broader causes (%) and WHO region, 2012



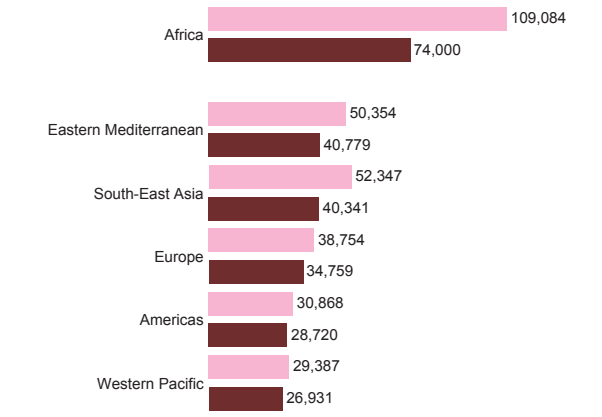

Source: WHO, 2015.

**Figure 2.3.4.** Distribution of burden of diseases as percentage of total DALYs by group of disorders in the African Region, 2000 and 2012




Source: WHO, 2015.

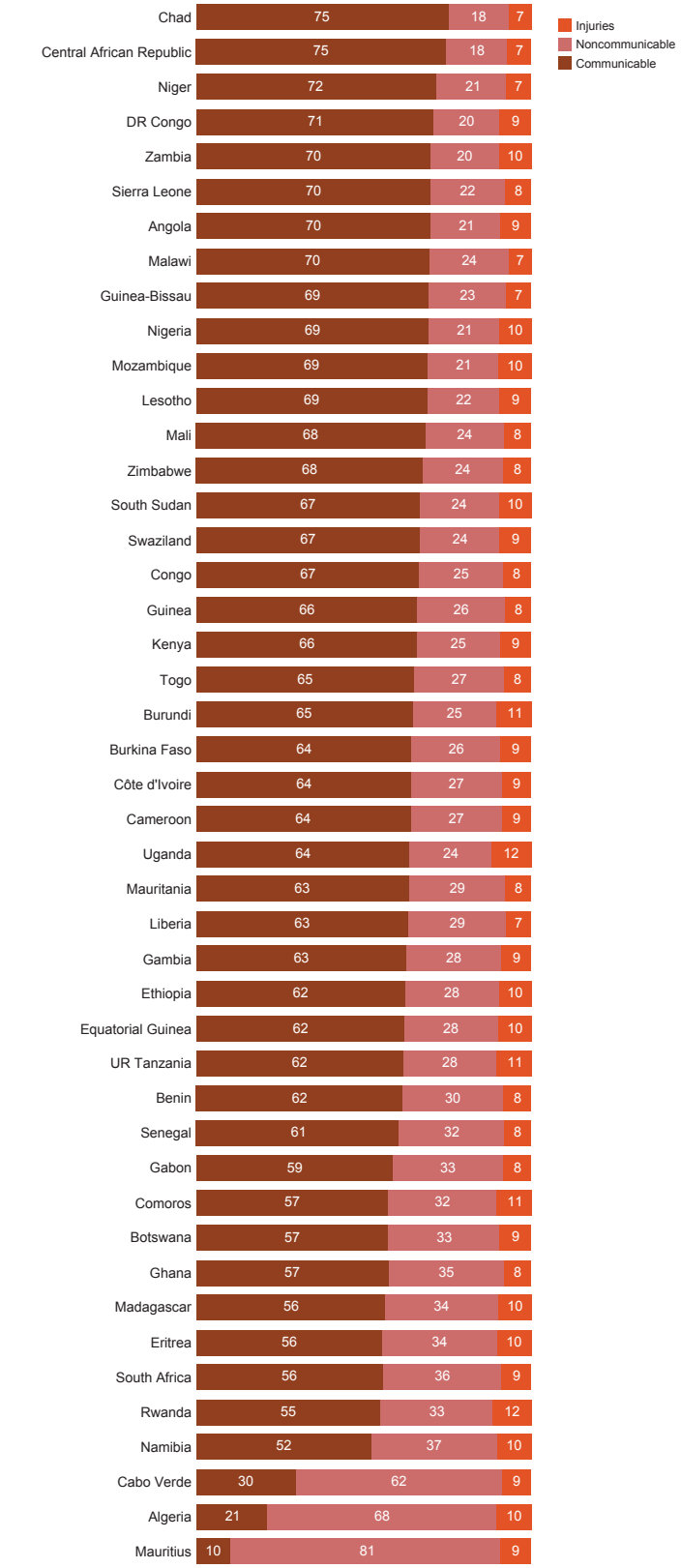
**Figure 2.3.5.** Total burden of disease in DALYs per 100 000 population by WHO region, 2000 and 2012




Source: WHO, 2015.

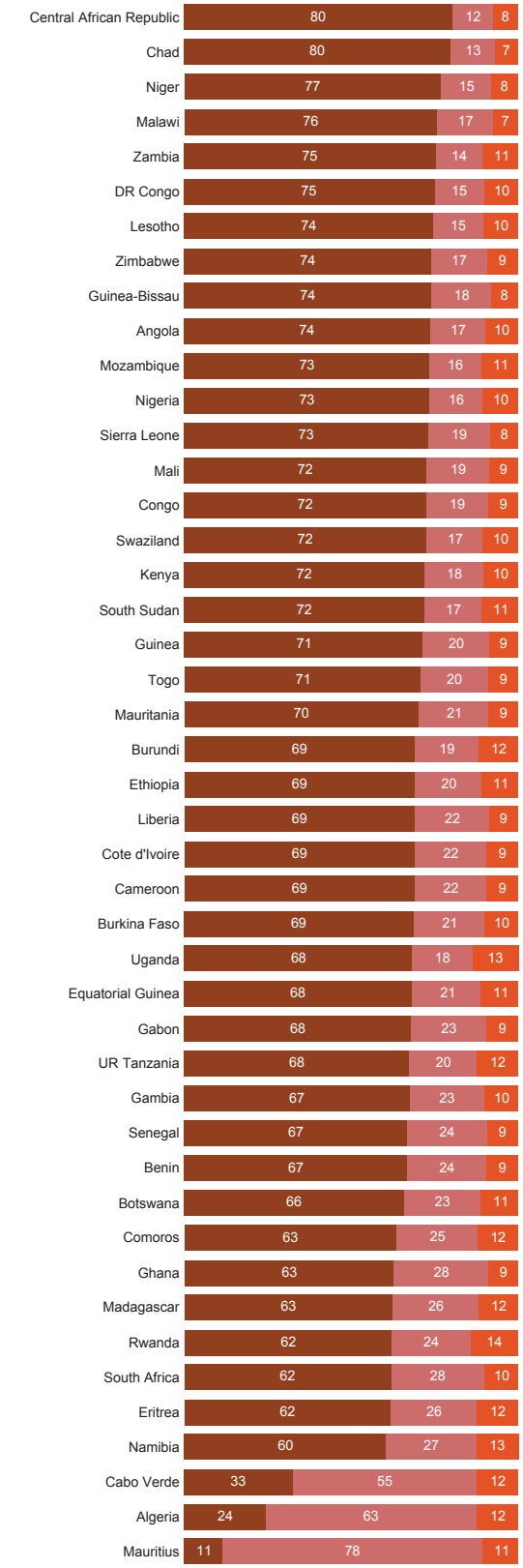
*The disability-adjusted life-year (DALY) provides a consistent and comparative description of the burden of diseases and injuries needed to assess the comparative importance of diseases and injuries in causing premature death, loss of health and disability in different populations. The DALY extends the concept of potential years of life lost due to premature death to include equivalent years of 'healthy' life lost by virtue of being in states of poor health or disability. One DALY can be thought of as one lost year of 'healthy' life, and the burden of disease can be thought of as a measurement of the gap between current health status and an ideal situation where everyone lives into old age, free of disease and disability. WHO. Burden of Diseases Update 2004. Geneva, July 2008.

**Figure 2.3.6.** Distribution of burden of diseases as percentage of total DALYs by broader causes in the African Region, 2012




Source: WHO, 2015.

**Figure 2.3.7.** Distribution of years of life lost by broader causes (%) in the African Region, 2012




Source: WHO, 2015.

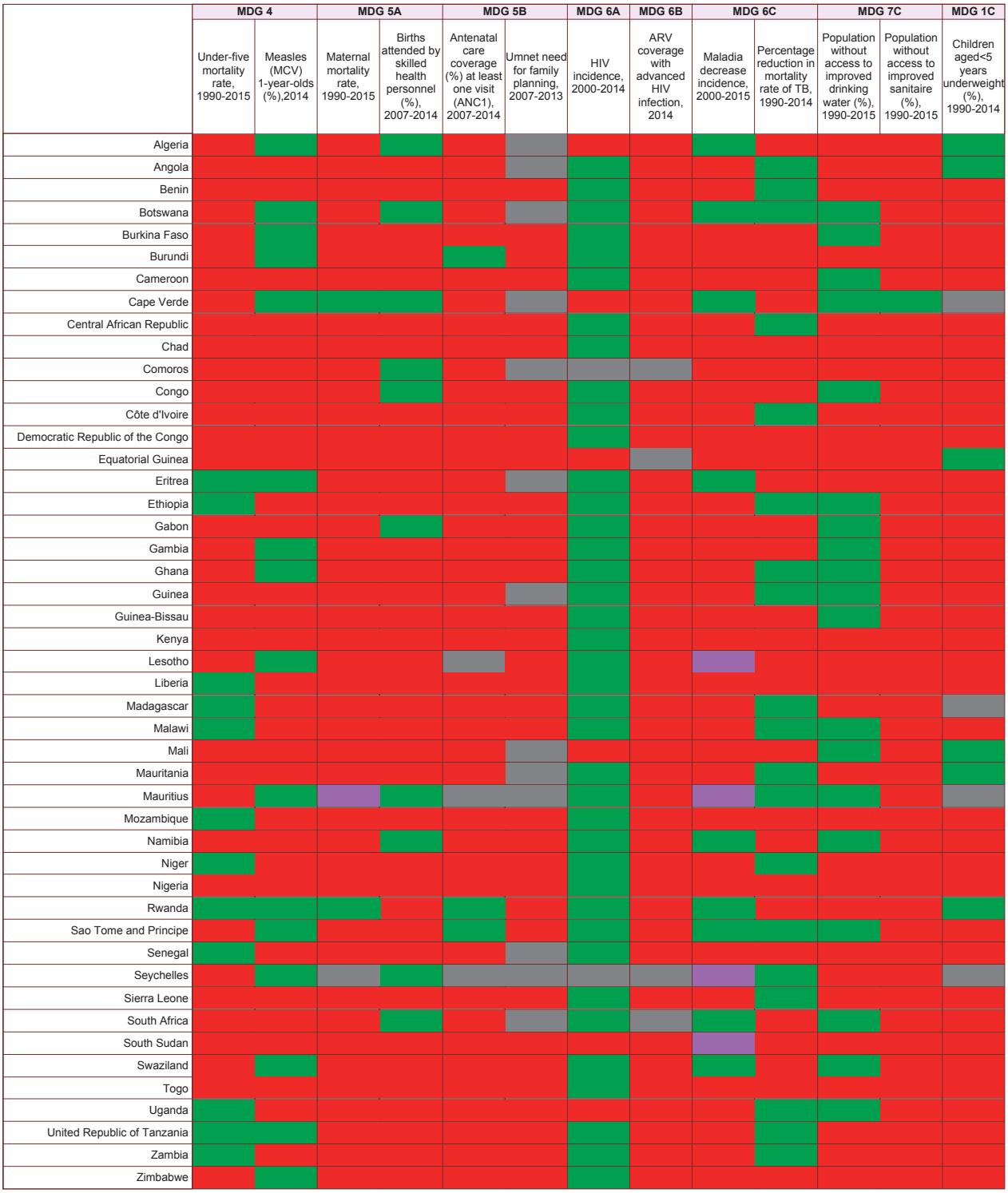
# 3. Progress on the MDGs

## 3.0 MDG Progress Status in the African Region

**Figure 3.0.1.** Scorecard of the African Region according to the achievement of the MDG Targets, 2015

## 3.0 MDG Progress Status in the African Region

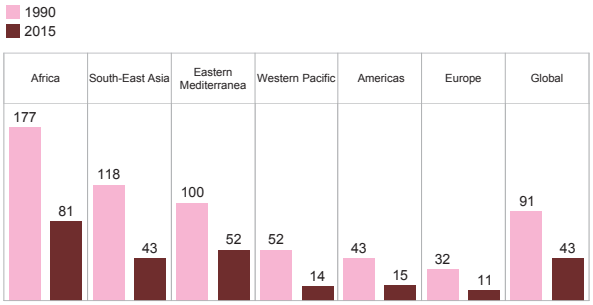
**Figure 3.0.2.** Scorecard of countries of the African Region according to the achievement of the MDG Targets, 2015



# 3.1 MDG-4 : Reduce child mortality

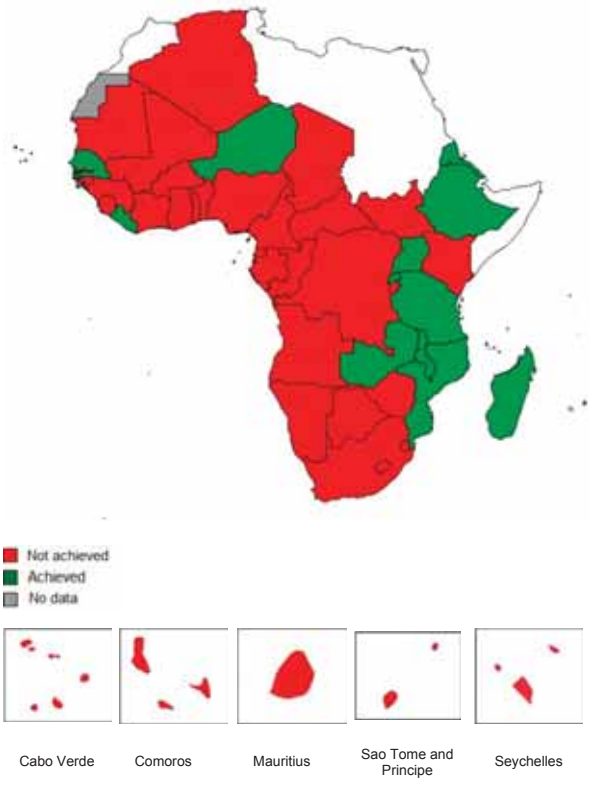
## 3.1.1 Target 4.A : Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

**Figure 3.1.1.1.** Under-5 mortality rate (per 1000 live births) both sexes by WHO region, 1990 and 2015



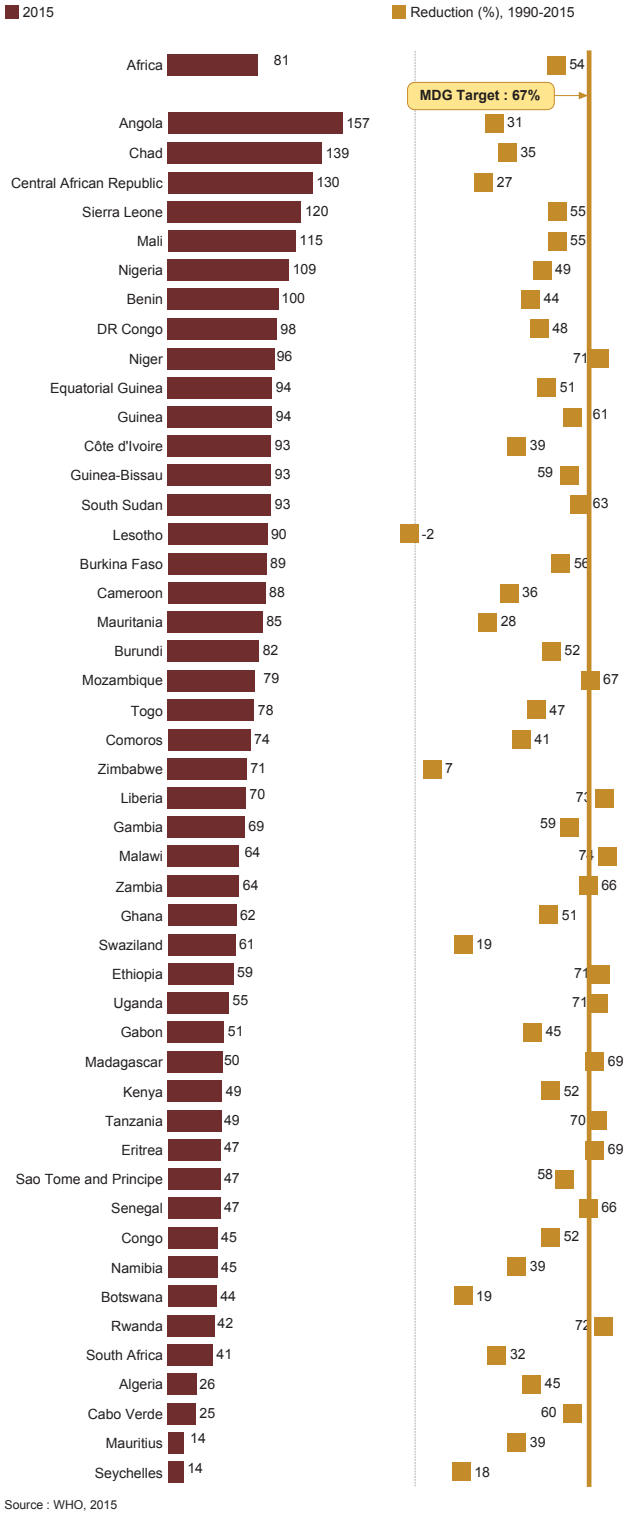

Source : WHO, 2015

**Figure 3.1.1.3.** Classification of countries according to the achievement of the MDG target on under-5 mortality in the African Region, 1990 and 2015




Source : WHO, 2015

**Figure 3.1.1.2.** Under-5 mortality rate (per 1000 live births) by country in the African Region, 2015 and the percent reduction,1990–2015




Source : WHO, 2015

## Notes:

WHO, World Health Statistics 2015, Geneva World Health Organization, 2015. Country and regional assessments of progress towards MDG 4 are based on percent reduction in under-five mortality rate observed for 1990- 2015.

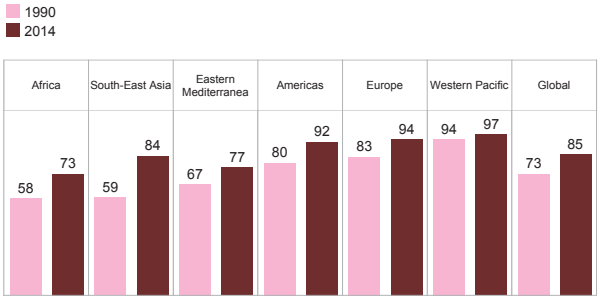
**Achieved-** indicates that the relative target reduction has already been met. That means:

*MDG target 4A*: reduction in under-five mortality is 67% or more.

# 3.1 MDG-4 : Reduce child mortality

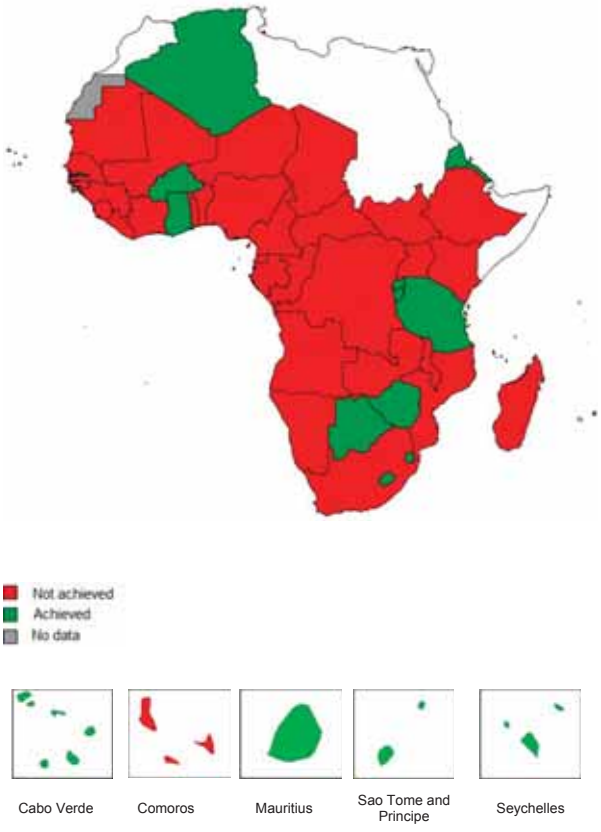
## 3.1.1 Target 4.A : Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

**Figure 3.1.1.4.** Percentage of Measles-containing vaccine (MCV) immunization coverage among 1-year-olds, both sexes by WHO region, 1990 and 2014




Source : WHO/UNICEF coverage estimates for 1982-2014

**Figure 3.1.1.6.** Classification of countries according to the achievement of the MDG target on Measles-containing vaccine coverage (MCV) in the African Region, 2014

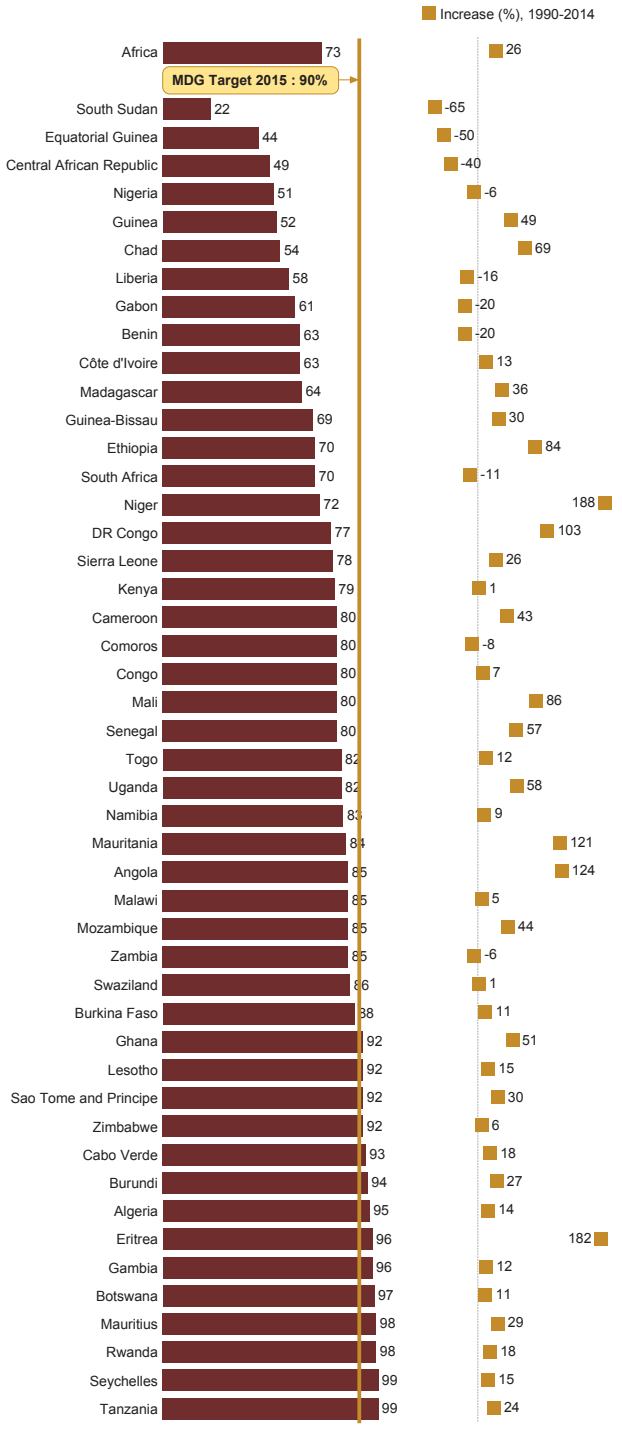



Source : WHO/UNICEF coverage estimates for 1982-2014

**Notes:**

The global Target is 90% of coverage by 2015. That target was setting at the 2010 World Health Assembly. If the latest observed data are within 2 percentage points of the target value then, the country is considered achieved.

**Figure 3.1.1.5.** Percentage of Measles-containing vaccine (MCV) immunization coverage among 1-year-olds by country in the African Region, 2014 and the percent increase, 1990–2014

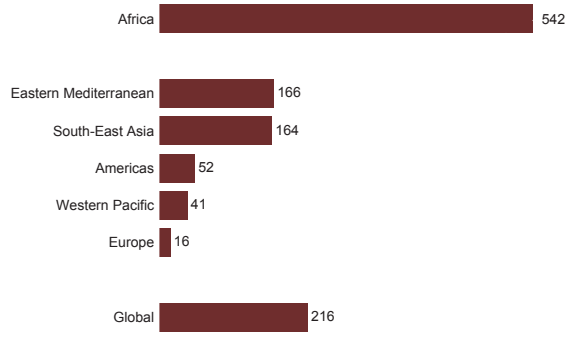



Source : WHO/UNICEF coverage estimates for 1982-2014

# 3.2 MDG-5 : Improve maternal health

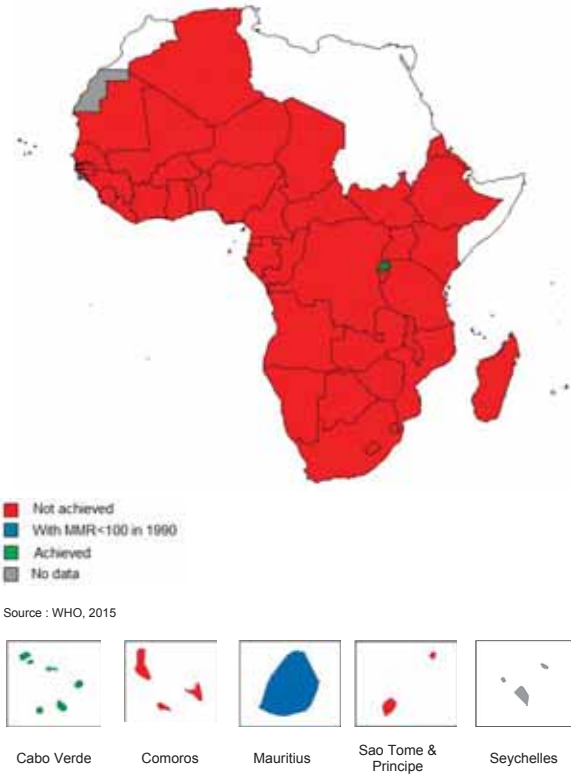
## 3.2.1 Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

**Figure 3.2.1.1.** Maternal mortality ratio (per 100 000 live births) by WHO region, 2015




Source : WHO, 2015

**Figure 3.2.1.3.** Classification of countries according to the achievement of the MDG target on maternal mortality ratio in the African Region, 1990 and 2015

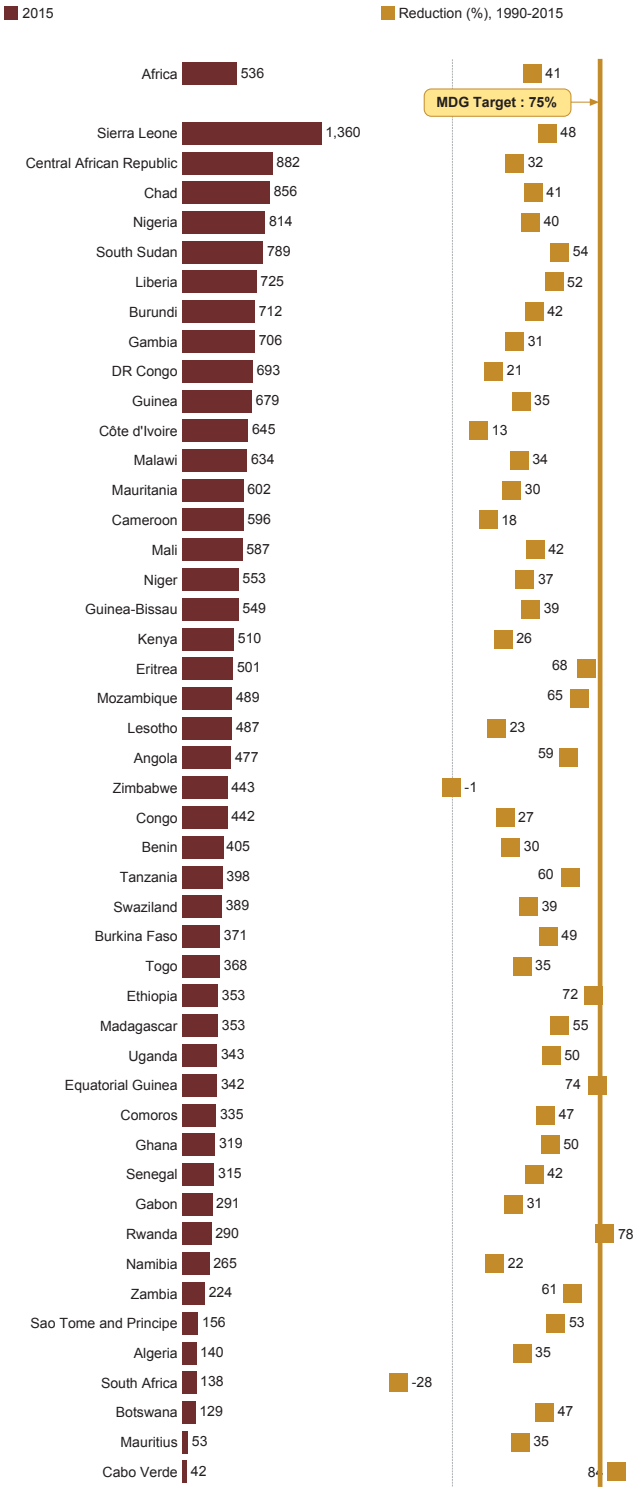



Source : WHO, 2015

**Notes:**

Trends in Maternal mortality:1990 to 2015: Estimates developed by WHO, UNICEF, UNFPA and the World Bank, WHO, 2015 and WHO, World Health Statistics 2015, Geneva, World Health Organization 2013.
**Achieved:** MDG target 5A: reduction in Maternal mortality is 75% or more. No data available for Seychelles. Mauritius with MMR<100 in 1990 is not categorized.

**Figure 3.2.1.2.** Maternal mortality ratio (per 100 000 live births) in the African Region, 2015 and the percent reduction, 1990–2015

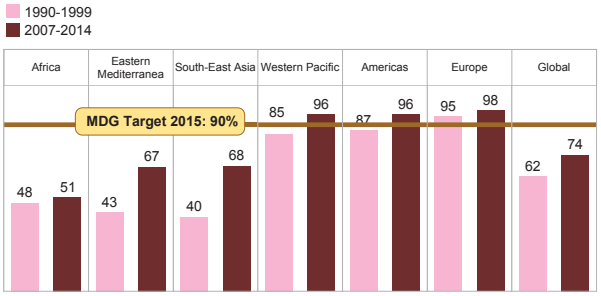



Source : WHO, 2015

# 3.2 MDG-5 : Improve maternal health

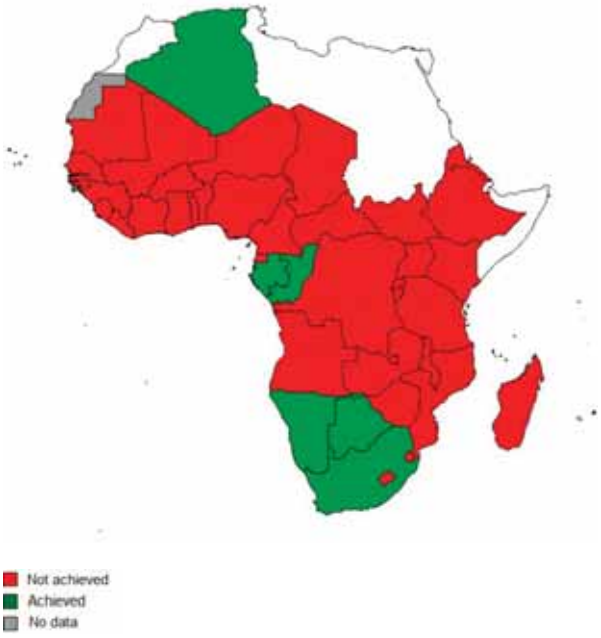
## 3.2.1 Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

**Figure 3.2.1.4.** Percentage of births attended by skilled (SBA) health personnel by WHO region, 1990–1999, 2007–2014



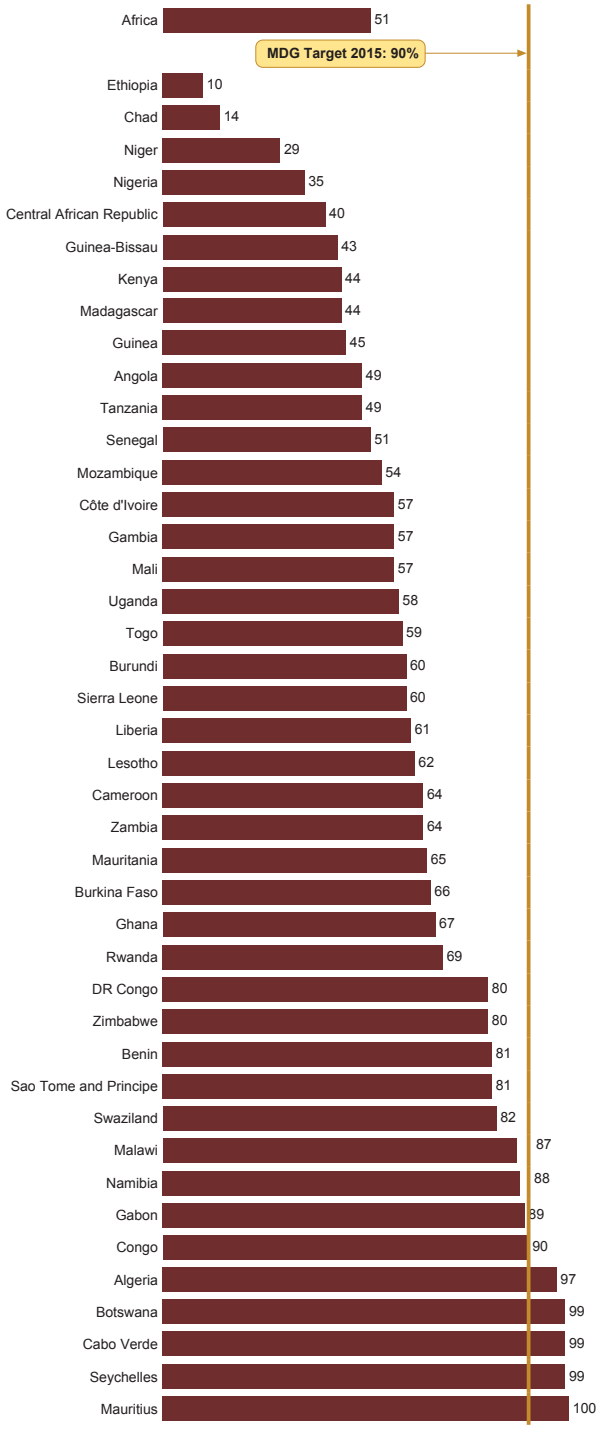

Source : WHO, 2015

**Figure 3.2.1.6.** Classification of countries according to the achievement of the MDG target on births attended by skilled health personnel (%) in the African Region, 2007–2014




Source : WHO, 2015


**Figure 3.2.1.5.** Percentage of births attended by skilled (SBA) health personnel in the African Region, 2007–2014




Countries of the African Region without data are not included in the chart.

Source :WHO, 2015

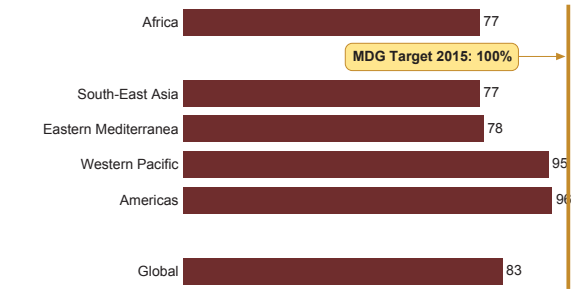
**Notes**:

The global Target is 90% of coverage by 2015. That target was setting by the International Conference on Population and Development (ICPD+5). If the latest observed data are within 2 percentage points of the target value then, the country is considered achieved.

# 3.2 MDG-5 : Improve maternal health

## 3.2.2 Target 5.B: Achieve, by 2015, universal access to reproductive health

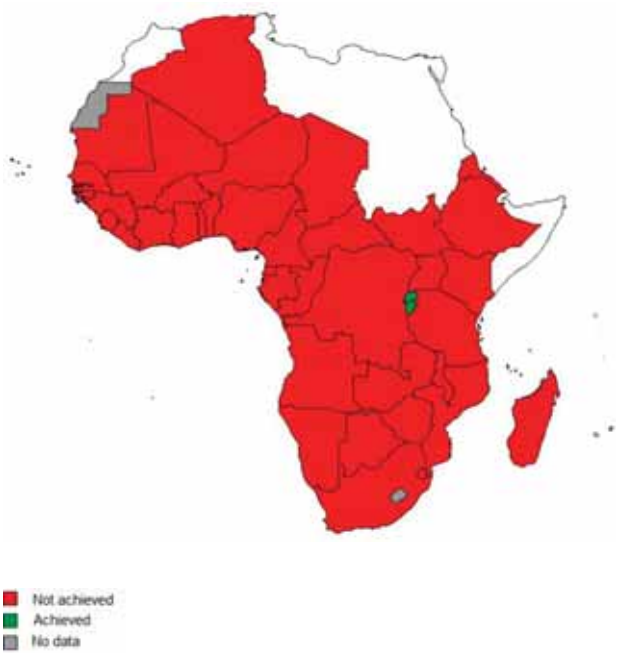
**Figure 3.2.2.1.** Percentage of Antenatal care coverage-at least one visit (ANC1) by WHO region, 2007–2014




Regions without data are not included in the chart.

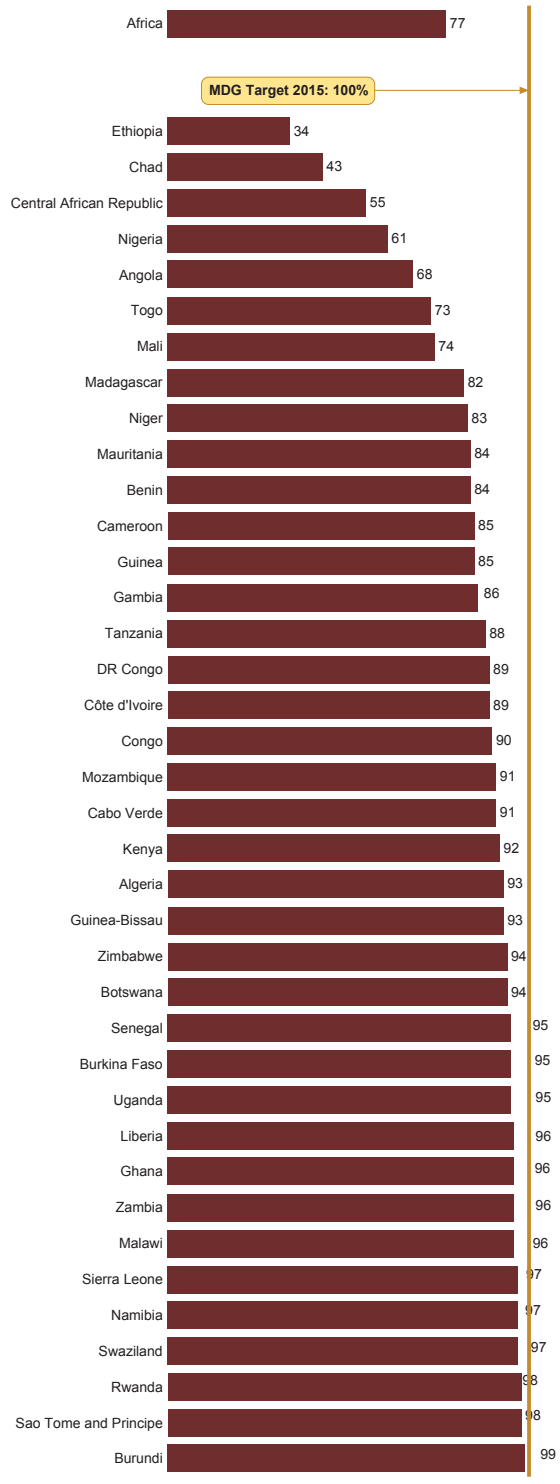
Source :WHO, 2015

**Figure 3.2.2.3.** Classification of countries according to the achievement of the MDG target on percentage of Antenatal care coverage-at least one visit (ANC1) in the African Region, 2007–2014




Source : WHO, 2015

**Figure 3.2.2.2.** Percentage of Antenatal care coverage-at least one visit (ANC1) in the African Region, 2007–2014




Countries of the African Region without data are not included in the chart.

Source : WHO, 2015

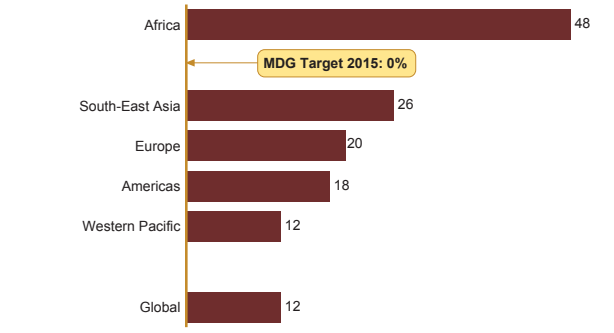
**Notes:**

The global Target is 100% of coverage by 2015. That target was setting by the International Conference on Population and Development (ICPD+5). If the latest observed data are within 2 percentage points of the target value then, the country is considered achieved.

## 3.2 MDG-5 : Improve maternal health

### 3.2.2 Target 5.B: Achieve, by 2015, universal access to reproductive health

**Figure 3.2.2.4.** Percentage of unmet need for family planning, by WHO region, 2007–2013




Source :WHO, 2015

**Figure 3.2.2.6.** Classification of countries according to the achievement of the MDG Target on percentage of unmet need for family planning in the African Region, 2007–2013


Source : WHO, 2015

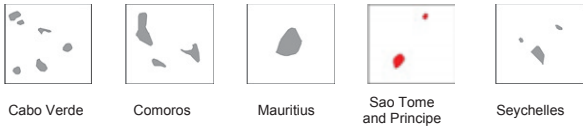
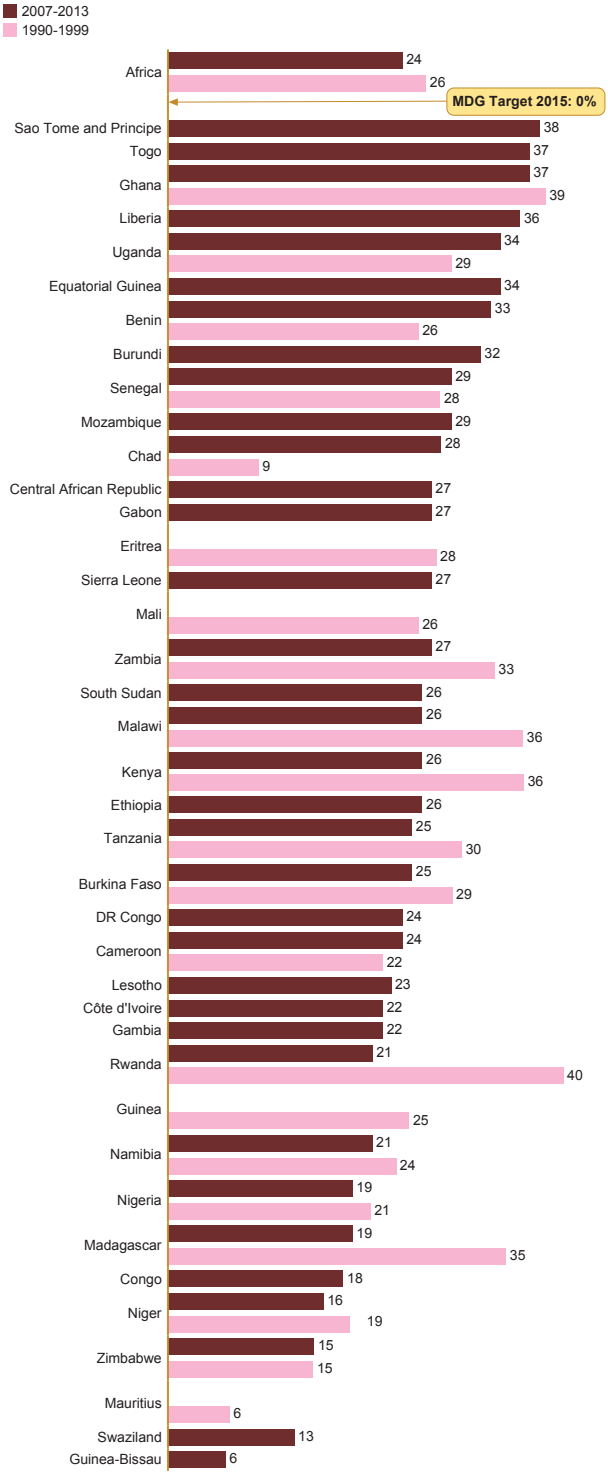



**Figure 3.2.2.5.** Percentage of unmet need for family planning in the African Region, 1990–1999, 2007–2013




Countries of the African Region without data are not included in the chart.

Source :WHO, 2015

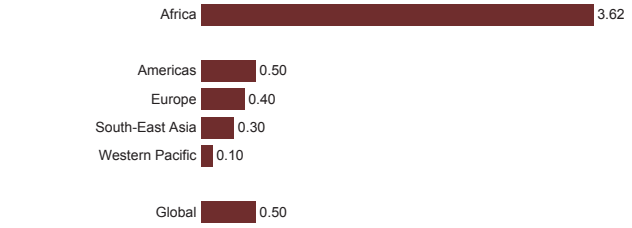
**Notes:**

Achieving the MDG target of universal access to reproductive health by 2015 can be interpreted as 0% unmet need.

# 3.3 MDG-6 : Combat HIV/AIDS, malaria and other diseases

## 3.3.1 Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

**Figure 3.3.1.1.** Incidence of HIV (%), by WHO region, 2014

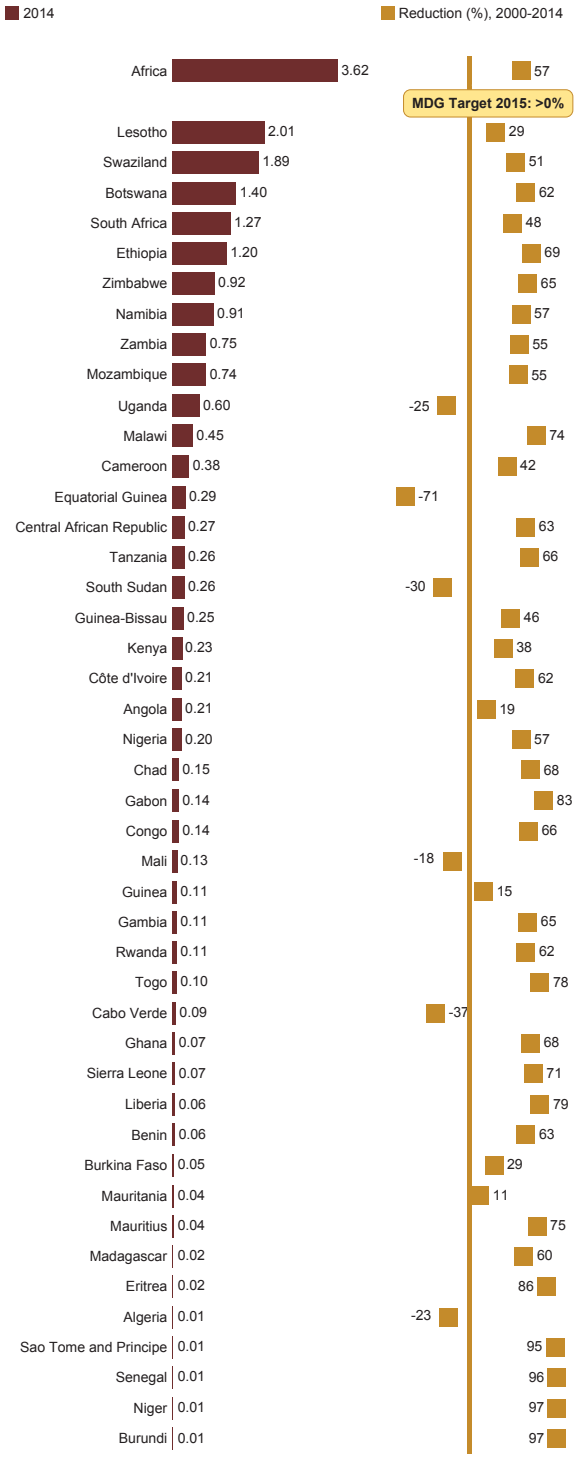



Source : WHO, 2015

**Figure 3.3.1.3.** Classification of countries according to the achievement of the MDG target on Incidence of HIV (%) in the African Region, 2000–2014


Source : WHO, 2015


**Figure 3.3.1.2.** Incidence of HIV (%) in the African Region, 2014 and Percent reduction in HIV incidence, 2000–2014




Countries of the African Region without data are not included in the chart.

Source : WHO, 2015

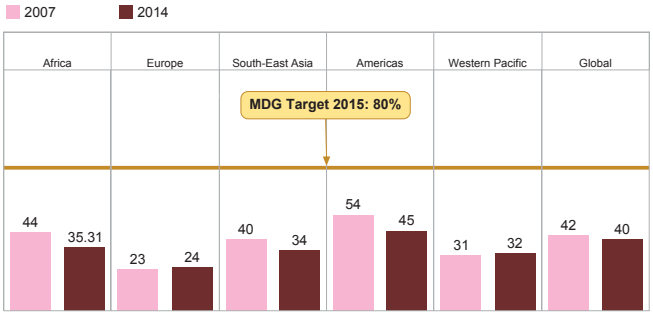
**Notes**:

The MDG target to halt by 2015 and begin to reverse the spread of HIV/AIDS can be interpreted as any percent reduction greater than 0%. That target corresponds to a percent reduction in HIV incidence > 0 with cut-off points of +10%.

# 3.3 MDG-6 : Combat HIV/AIDS, malaria and other diseases

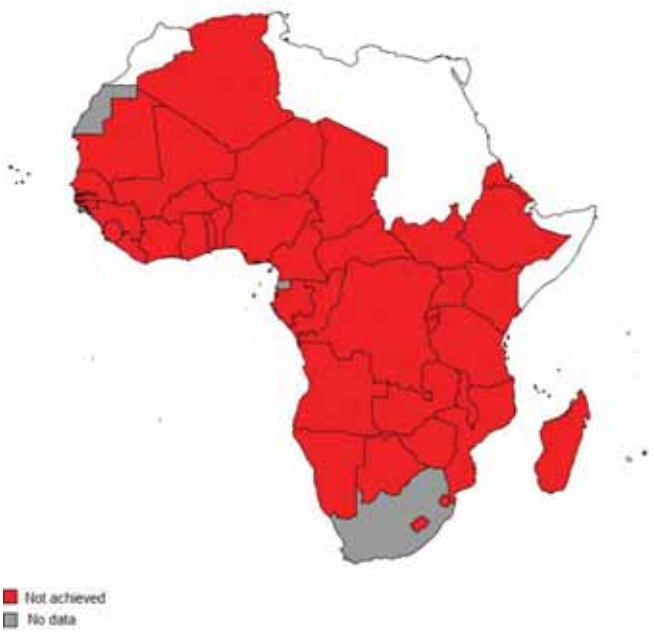
## 3.3.2 Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

**Figure 3.3.2.** Percentage of Antiretroviral therapy coverage among people with advanced HIV infection by WHO region, 2007 and 2014



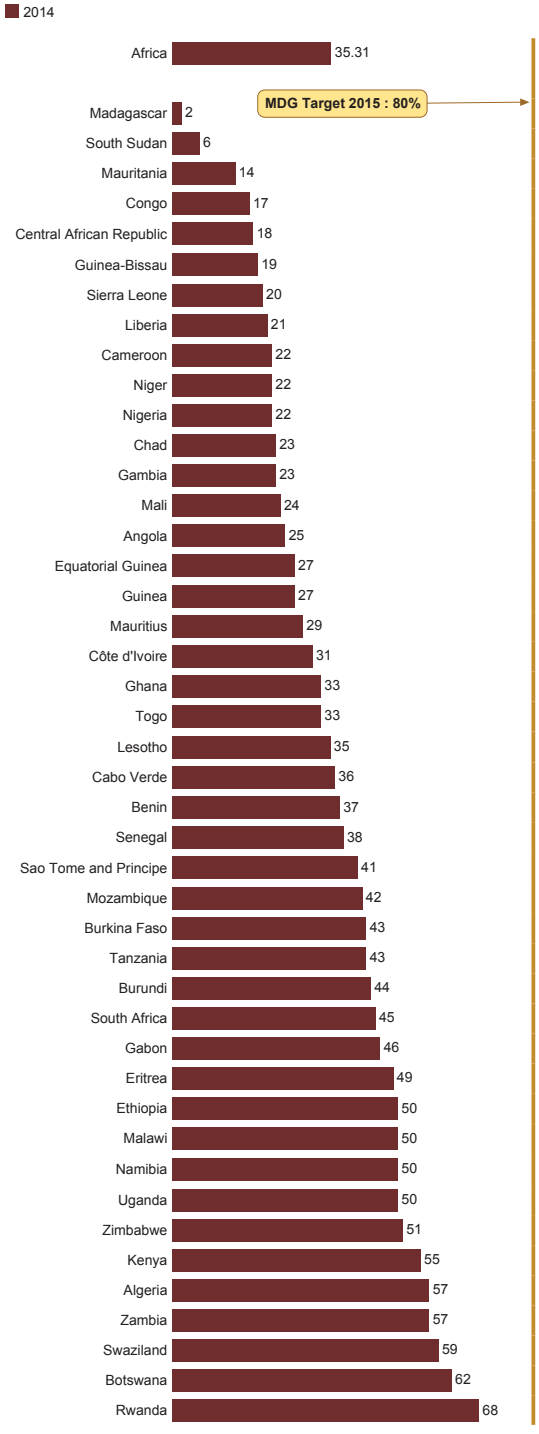

Source : WHO, 2015

**Figure 3.3.2.3.** Classification of countries according to the achievement of the MDG target on Percentage of Antiretroviral therapy coverage among people with advanced HIV infection in the African Region, 2014




Source : WHO, 2015


**Figure 3.3.2.2.** Percentage of Antiretroviral therapy coverage among people with advanced HIV infection in the African Region, 2014




Countries of the African Region without data are not included in the chart.

Source : WHO, 2015

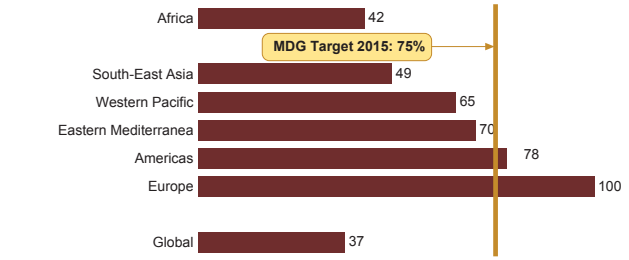
**Notes**:

The target of universal access to antiretroviral therapy is defined as providing antiretroviral therapy to at least 80% of patients in need (standards for treatment set out in the 2010 guidelines of the Joint United Nations Programme on HIV/AIDS).

# 3.3 MDG-6 : Combat HIV/AIDS, malaria and other diseases

## 3.3.3 Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

**Figure 3.3.3.1.** Percentage of Malaria incidence reduction by WHO region, 2000–2015

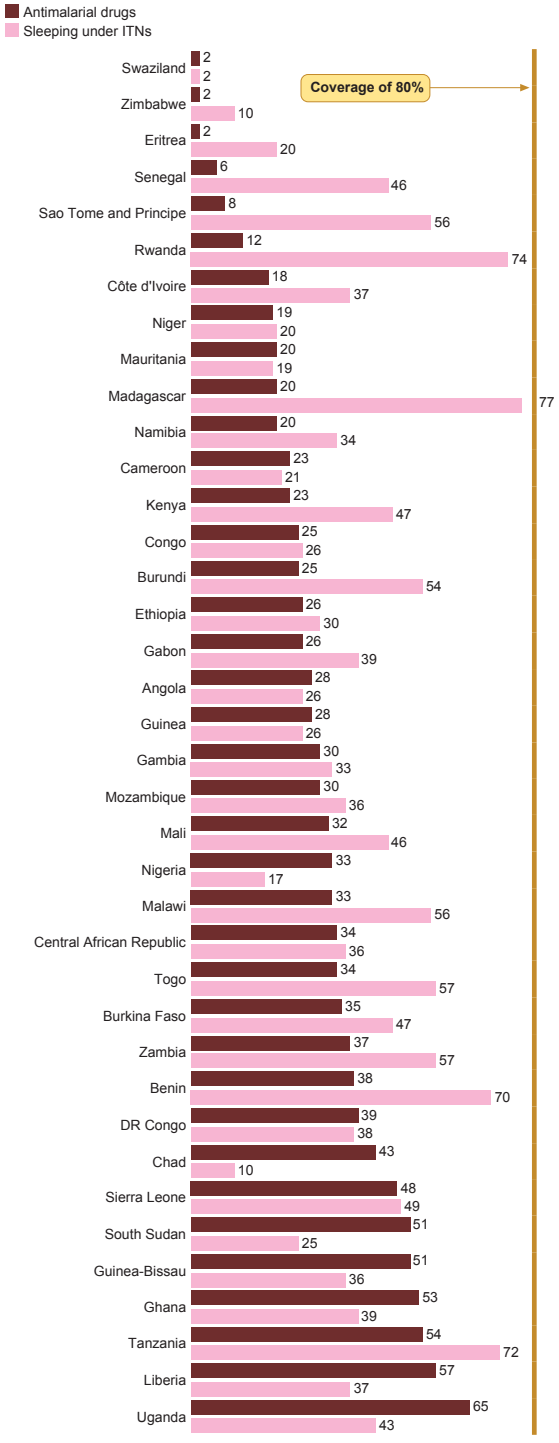



Source : WHO World Malaria Report, 2014.

**Figure 3.3.3.3.** Classification of countries according to the achievement of the MDG Target on malaria incidence reduction in the African Region, 2000–2015


Source : World Malaria Report, 2015.

**Figure 3.3.3.2.** Percentage of children under 5 years of age sleeping under insecticide-treated bed nets and the Percentage of children under 5 years of age with fever being treated with antimalarial drugs in the African Region, 2007–2013




Countries of the African Region without data are not included in the chart.

Source : WHO, 2015

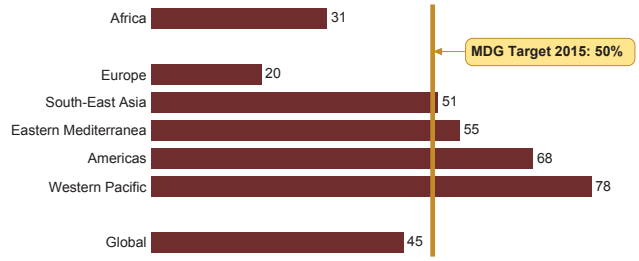
## Notes:

The World Health Assembly target is to achieve a 75% reduction in malaria case incidence rates by 2015, compared to levels in 2000. A 75% reduction in malaria case incidence is equivalent to a 5 percentage point reduction against the baseline per year between 2000 and 2015. Thus, to be on track to achieve the targets, countries need to have reduced the incidence of malaria by at least 50% between 2000 and 2013.

## 3.3 MDG-6 : Combat HIV/AIDS, malaria and other diseases

### 3.3.3 Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

**Figure 3.3.3.4.** Percent reduction in mortality rate of tuberculosis among HIV-negative people by WHO region, 1990–2014

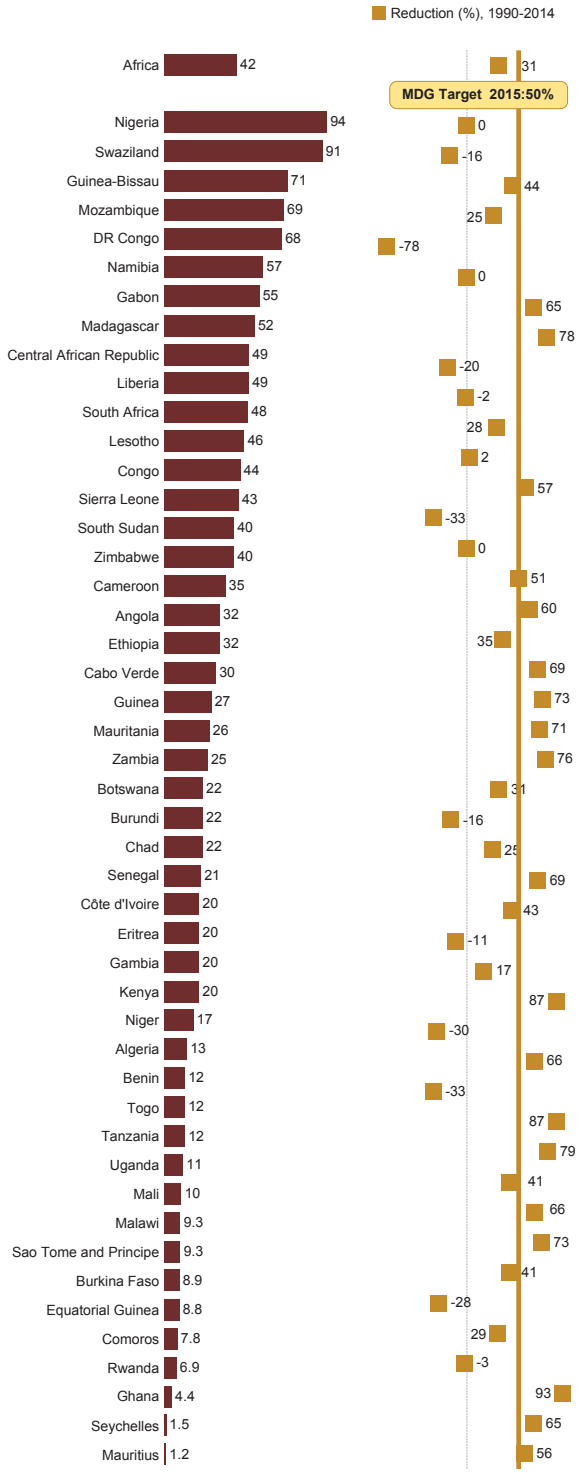



Source : WHO World TB report, 2015

**Figure 3.3.3.6.** Classification of countries according to the achievement of the MDG target on Tuberculosis mortality rate (per 100 000 population per year) among HIV-negative people in the African Region, 1990–2014


Source : WHO World TB report, 2015


**Figure 3.3.3.5.** Tuberculosis mortality rate (per 100 000 population per year) among HIV-negative people, 2014 and the Percent reduction in mortality rate in the African Region, 1990–2014




Source : WHO World TB report, 2015

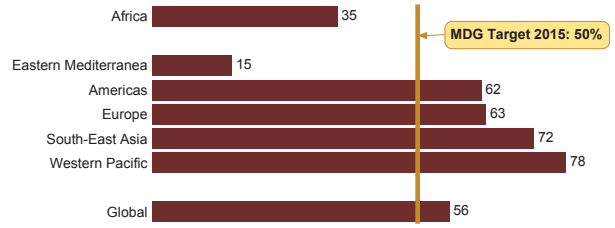
**Notes:**

**Achieved:** MDG target 6C- TB: reduction in mortality rate of tuberculosis (among HIV-negative people) is 50% or more

# 3.4 MDG-7 : Ensure environmental sustainability

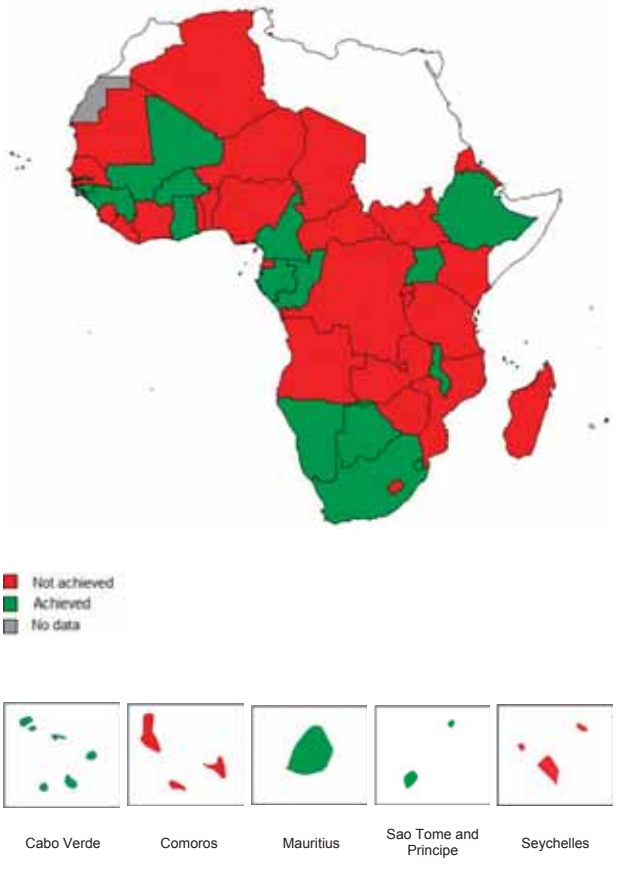
## 3.4.1 Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

**Figure 3.4.1.1.** Percent reduction in proportion of population without access to improved drinking water sources by WHO region, 1990–2015



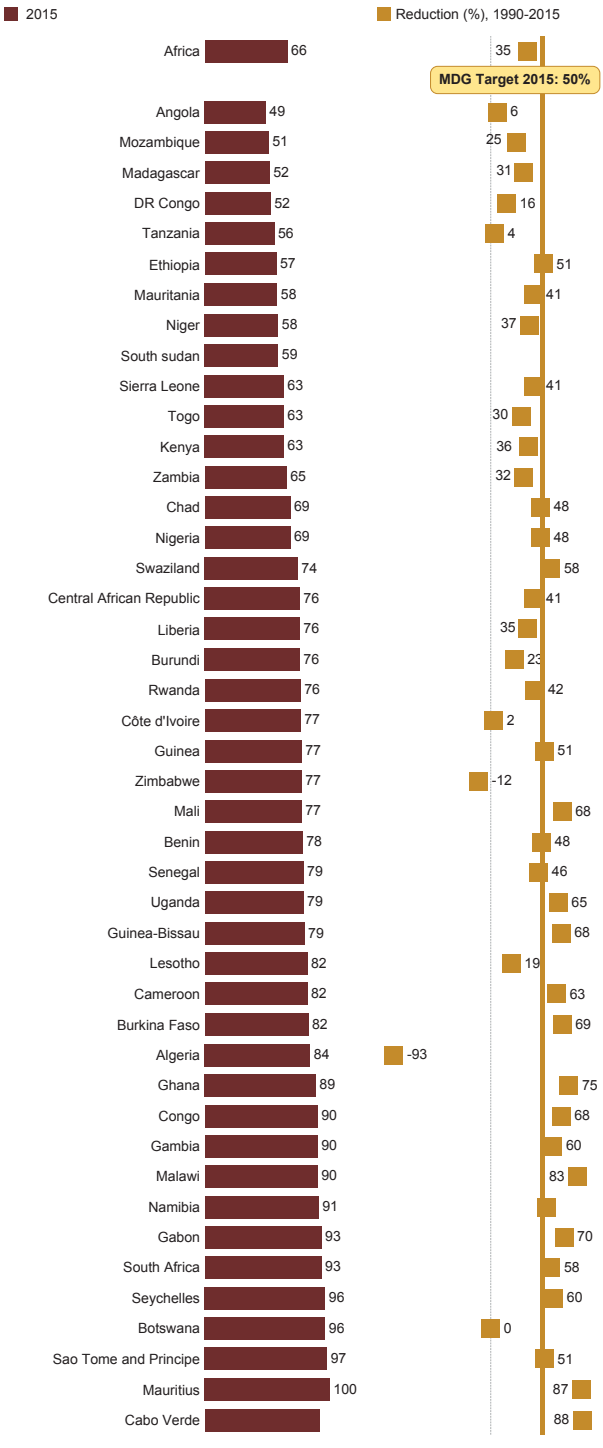

Source :WHO, 2015

**Figure 3.4.1.3.** Classification of countries according to the achievement of the MDG target on Percent reduction of population without access to improved drinking water sources in the African Region, 1990–2015




Source : WHO, 2015

**Figure 3.4.1.2.** Percentage of the population using improved drinking water sources in the African Region, 2015, and the Percent reduction, 1990–2015




Source : WHO, 2015

Countries of the African Region without data are not included in the chart.

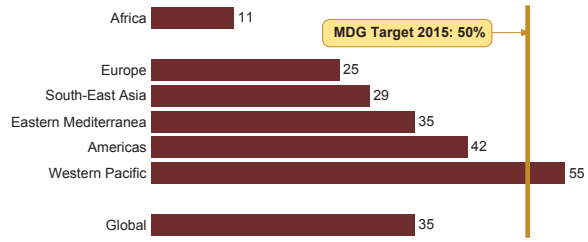
**Notes:**

**Achieved:** MDG Target 7C - Safe drinking water: Proportion of population without access to improved drinking- water source has reduced from 50 or more.

# 3.4 MDG-7 : Ensure environmental sustainability

## 3.4.1 Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

**Figure 3.4.1.4.** Percent reduction in proportion of population without access to improved sanitation facilities by WHO region, 1990–2015




Source : WHO, 2015

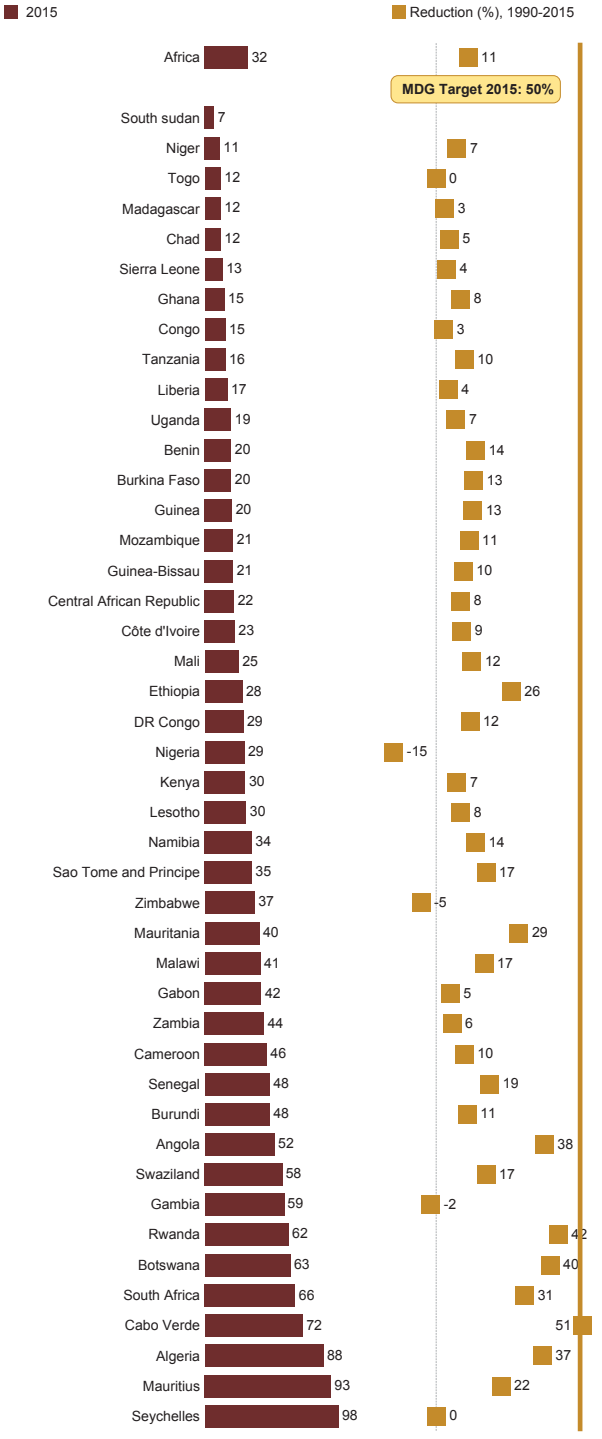
**Figure 3.4.1.6.** Classification of countries according to the achievement of the MDG target on Percent reduction in proportion of population without access to improved sanitation facilities in the African Region, 1990–2015


Source : WHO, 2015

**Notes:**

**Achieved:** MDG 7C- Basic sanitation Proportion of population without access to sanitation facility has reduced from 50 or more

**Figure 3.4.1.5.** Percentage of the population using improved sanitation facilities in the African Region, 2015, and the Percent reduction, 1990–2015



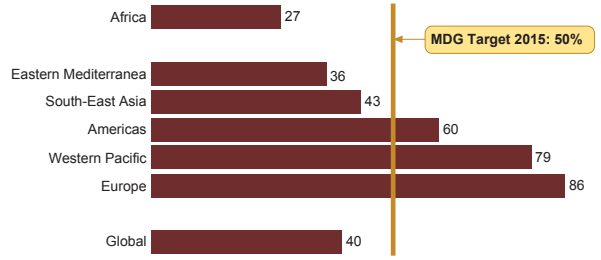

Source : WHO, 2015

Countries of the African Region without data are not included in the chart.

# 3.5 MDG-1 : Eradicate extreme poverty and hunger

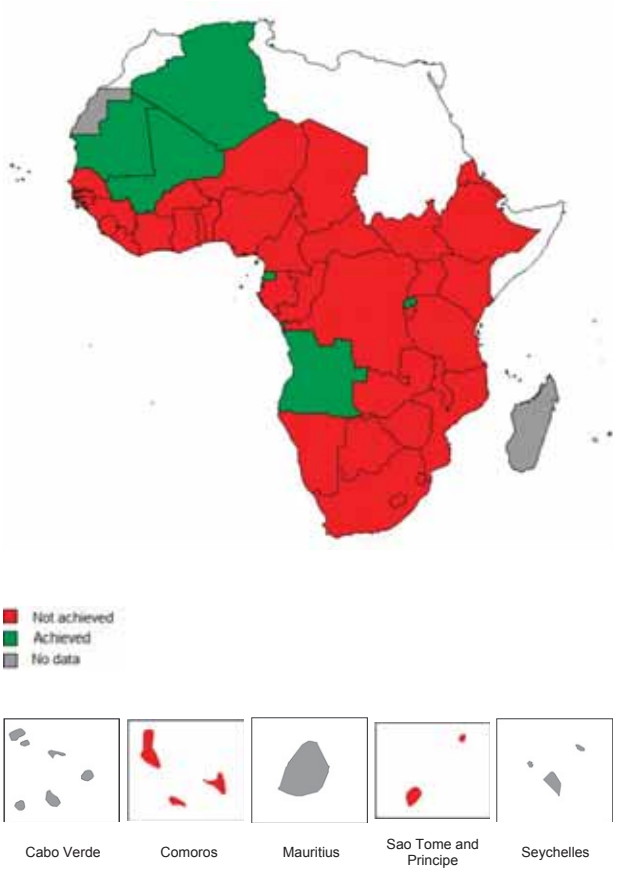
## 3.5.1 Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

**Figure 3.5.1.1.** Percent reduction in proportion of underweight children under 5 years of age by WHO region, 1990–2014




Source : WHO, 2015

**Figure 3.5.1.3.** Classification of countries according to the achievement of the MDG target on Percent reduction in proportion of underweight children under 5 years of age in the African Region, 1990–2014

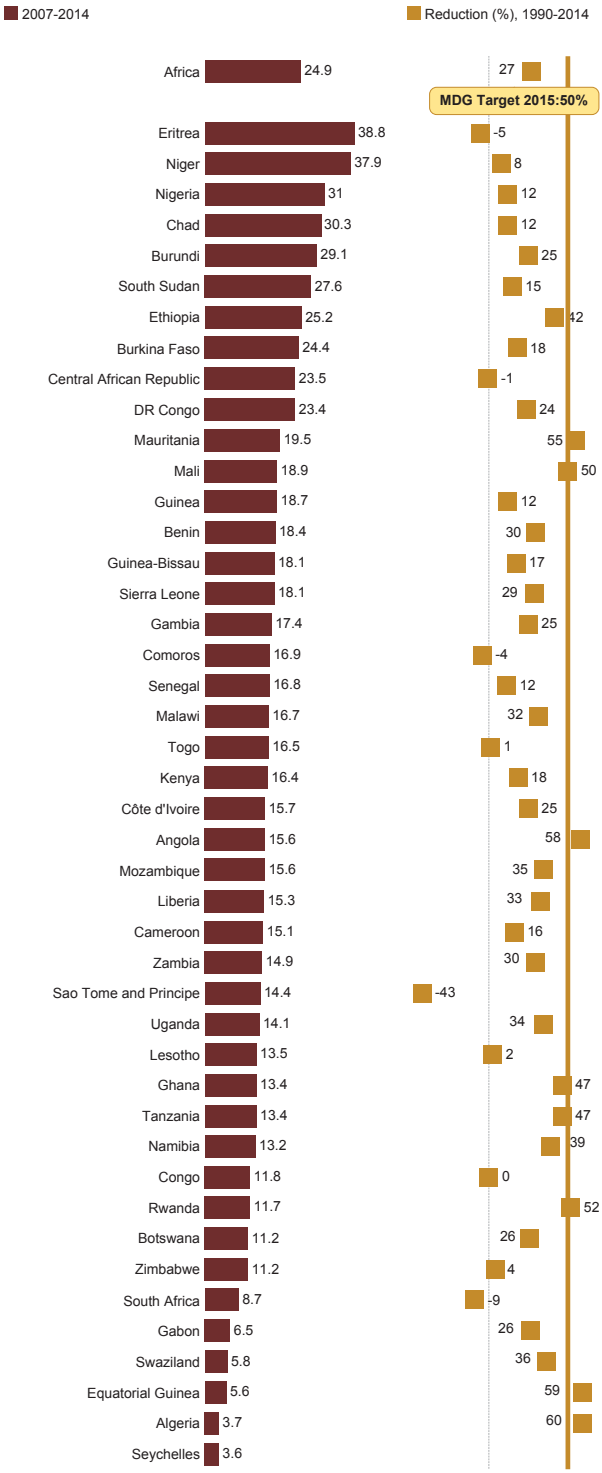



Source : WHO, 2015

**Notes:**

**Achieved:** MDG target 1C: reduction in Children aged <5 years underweight is 50% or more.

**Figure 3.5.1.2.** Percentage of underweight children under 5 years of age in the African Region, 2007–2014 and the Percent reduction, 1990–2014



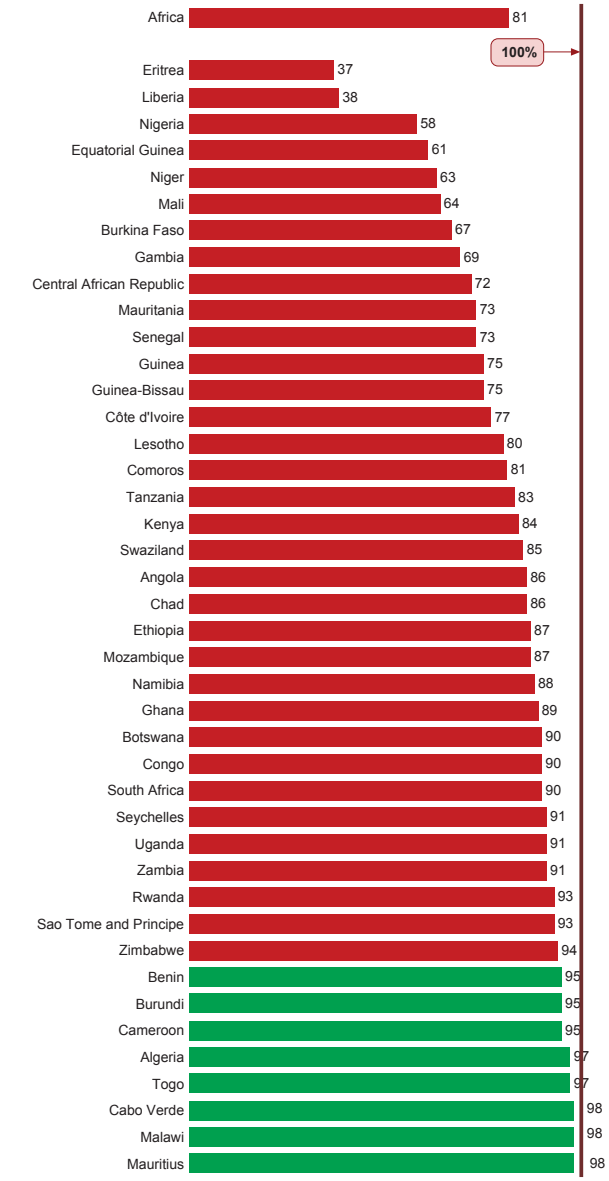

Source : WHO, 2015

Countries of the African Region without data are not included in the chart.

# 3.6 MDG-2 : Achieve Universal Primary Education

## 3.6.1 Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

**Figure 3.6.1.1.** Percentage of net enrolment ratio in primary education in the African Region, 2007–2014




Source: UNESCO, 2015

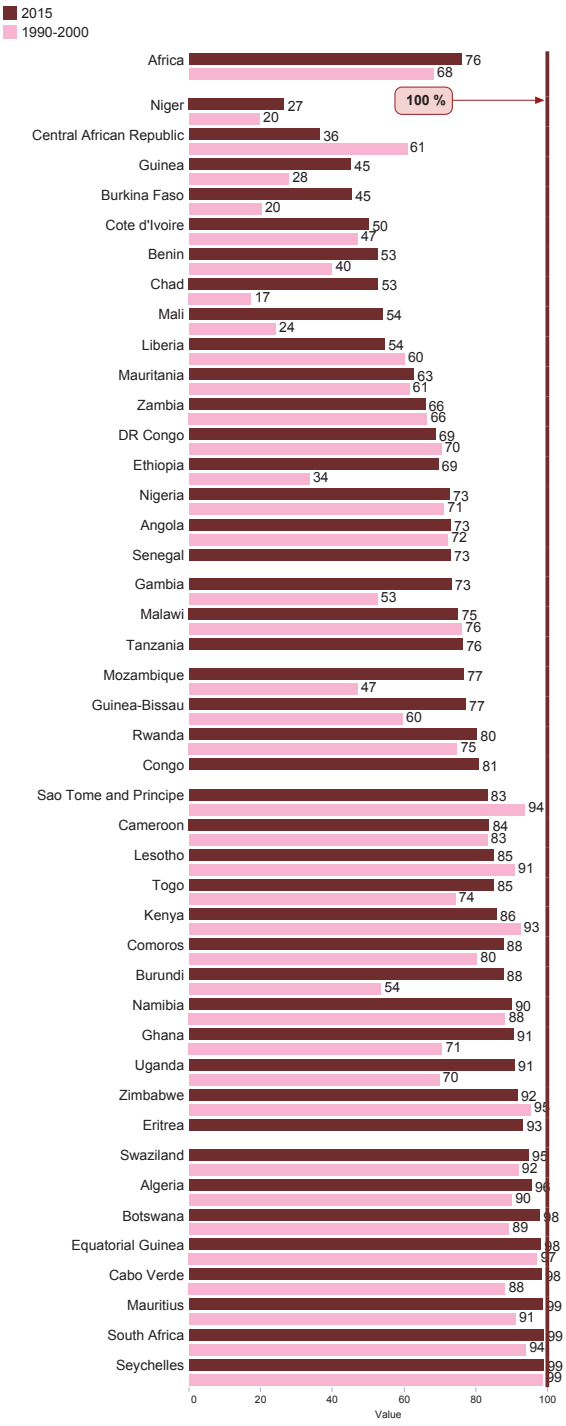
Countries of the African Region without data are not included in the chart.

Not on track
On track

**Notes:**

Countries were classified based on their total primary net enrolment ratio or net attendance ratio (NE/AR). **On track:** Latest available NE/AR or projected NE/AR for 2015 is greater than or equal to 95 per cent.

**Figure 3.6.1.2.** Percentage of literacy rate of 15–24 year-olds in the African Region, 1990–2000 and 2015



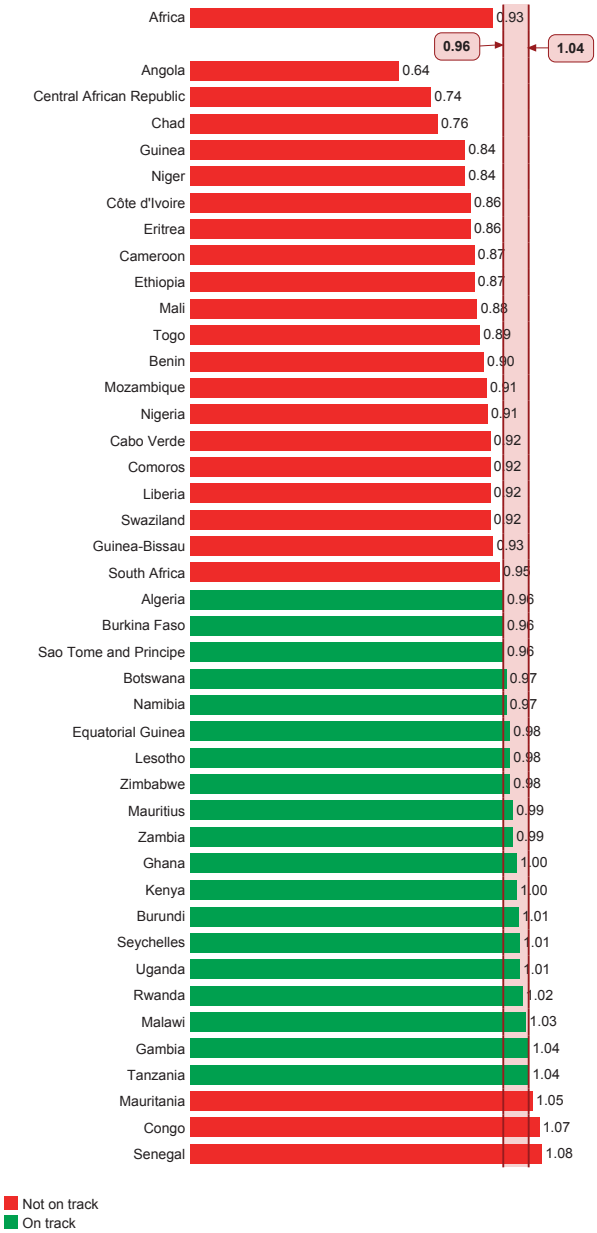

Source: UIS Estimations, 2015

Countries of the African Region without data are not included in the chart.

# 3.7 MDG-3 : Promote Gender Equality And Empower Women

## 3.7.1 Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by, 2005, and in all levels of education no later than 2015

**Figure 3.7.1.1.** The gender parity index in percentage of net enrolment ratio in primary education in the African Region, 2007–2014



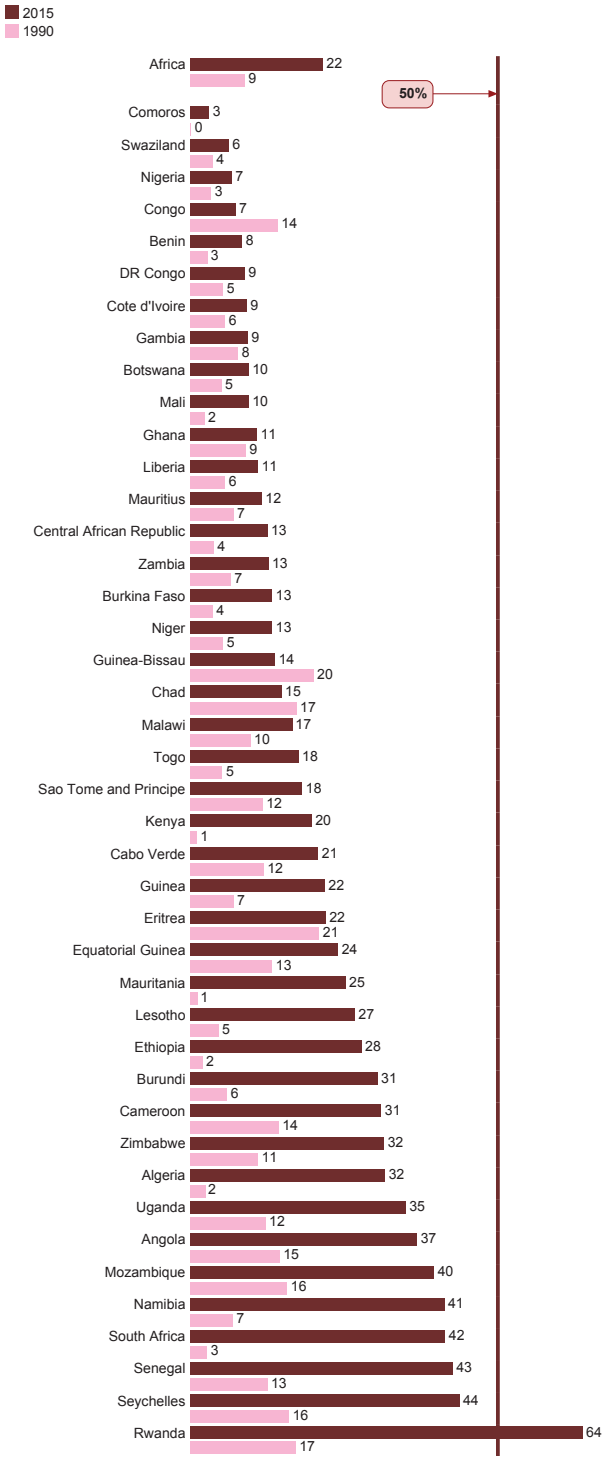

Source: UNESCO, 2015

Countries of the African Region without data are not included in the chart.

**Notes:**

The gender parity index (GPI) is obtained by dividing the net enrolment rates for girls by the net enrolment rates for boys. GPI of 0.96 to 1.04 means that the percentages of boys and girls in school are roughly equal. **On track:** Latest available GPI is greater than or equal to 0.96 and less than or equal to 1.04.

**Figure 6.7.1.2.** Proportion of seats held by women in national parliament in the African Region, 1990 and 2015

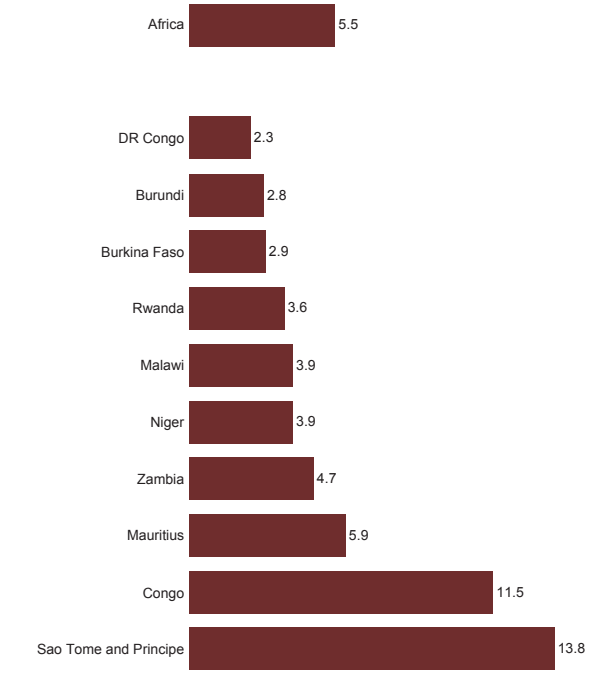



Source: UIS Estimations, 2015

# 3.8 MDG-8 : Develop a global partnership for development

## 3.8.1 Target 8.D: In cooperation with pharmaceutical companies, provide access to affordable essential drugs

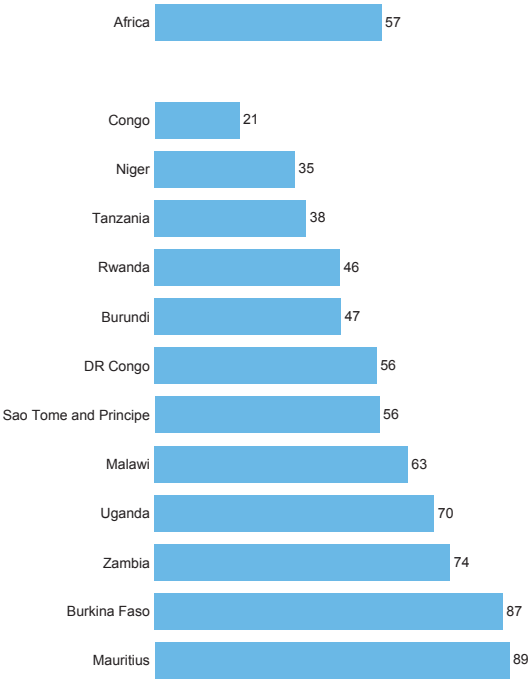
**Figure 3.8.1.1.** Percentage in Median availability of selected generic medicines, private sector, in the African Region, 2007–2013




Source : WHO, September 2015

Countries of the African Region without data are not included in the chart.

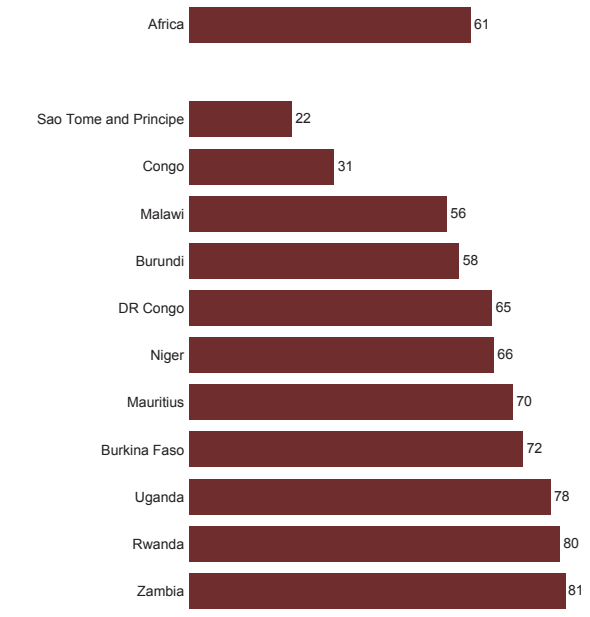
**Figure 3.8.1.2.** Percentage in Median availability of selected generic medicines, public sector, in the African Region, 2007–2013




Source : WHO, September 2015

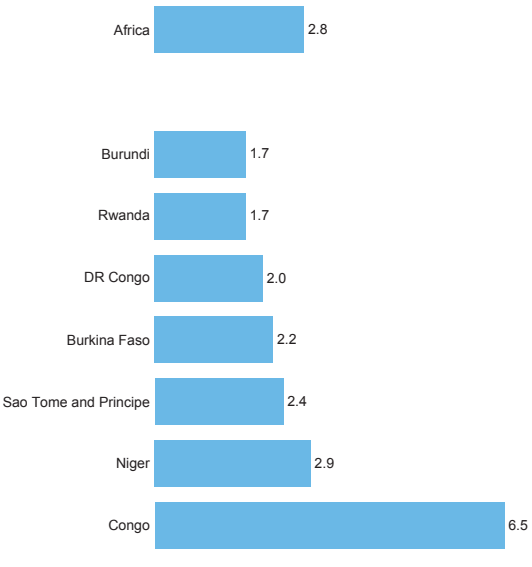
Countries of the African Region without data are not included in the chart.

**Figure 3.8.1.3.** Median consumer price ratio of selected generic medicines, private sector, in the African Region, 2007–2013




Source : WHO, September 2015

**Figure 3.8.1.4.** Median consumer price ratio of selected generic medicines, public sector, in the African Region, 2007–2013



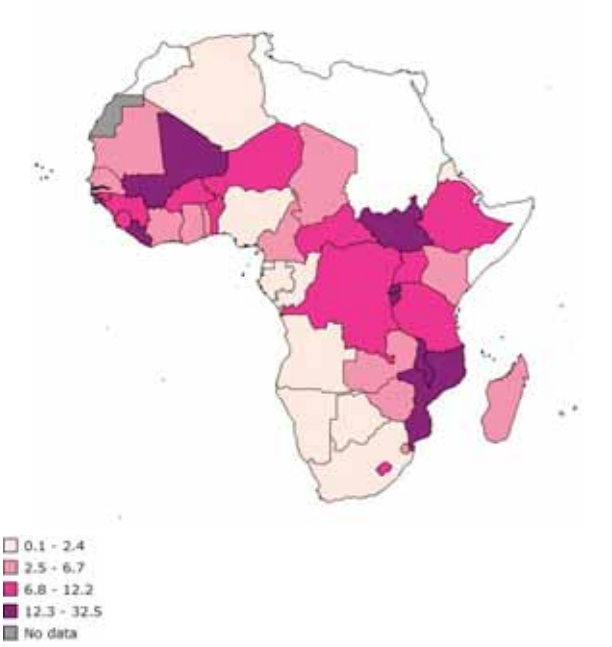

Source : WHO, September 2015

Countries of the African Region without data are not included in the chart.

# 3.8 MDG-8 : Develop a global partnership for development

## 3.8.2 Target 8.A: Develop further an open, rule-based, non discriminatory trading and financial system

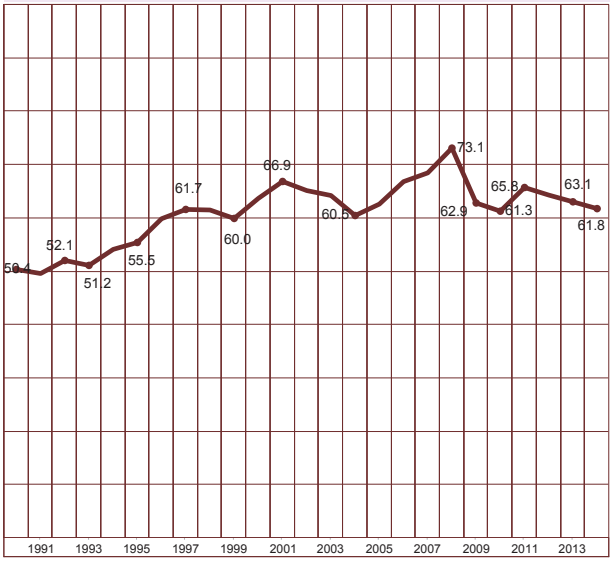
**Figure 3.8.2.1.** Official development assistance (ODA) received as percentage of GDP by country in the African Region, 2013




Source : World Bank, September 2015

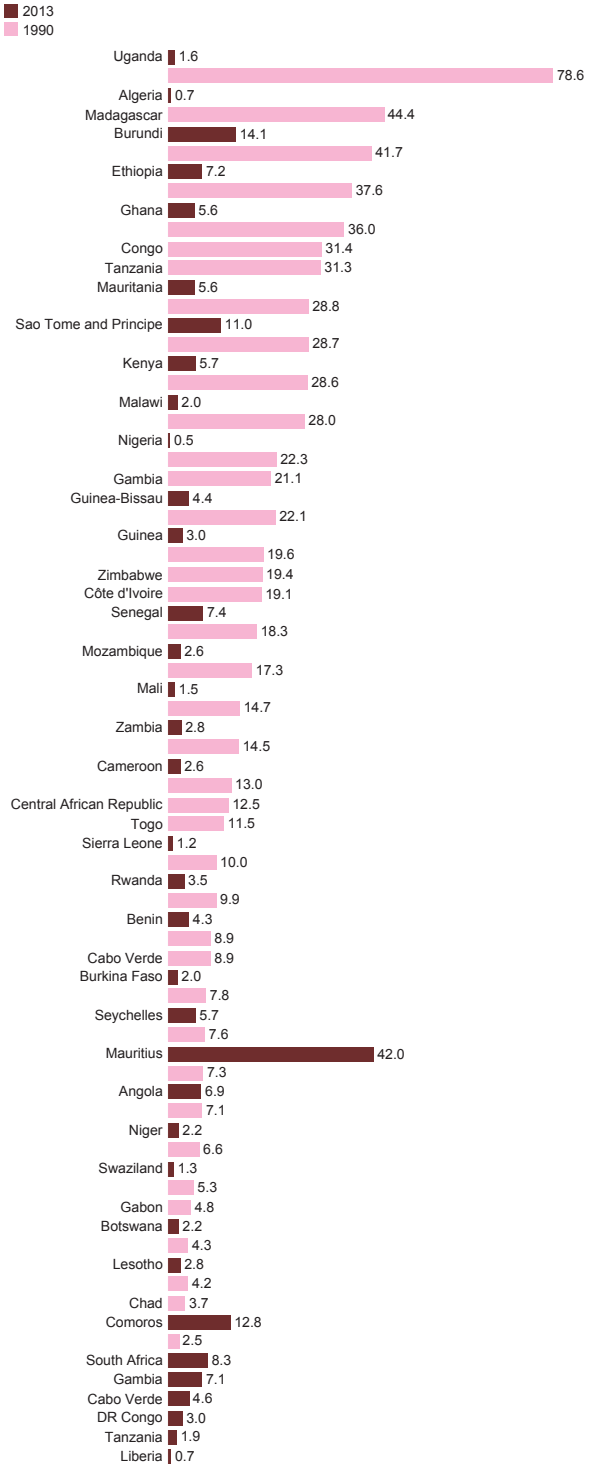
Cape Verde | Comoros | Mauritius | Sao Tome & Principe | Seychelles

**Figure 3.8.2.3.** Trade (% of GDP) in sub-Saharan Africa, 1990–2014




Source : World Bank, 2015

**Figure 3.8.2.2.** Total debt service as percentage of exports of goods, services and income by country in the African Region, 1990 and 2013



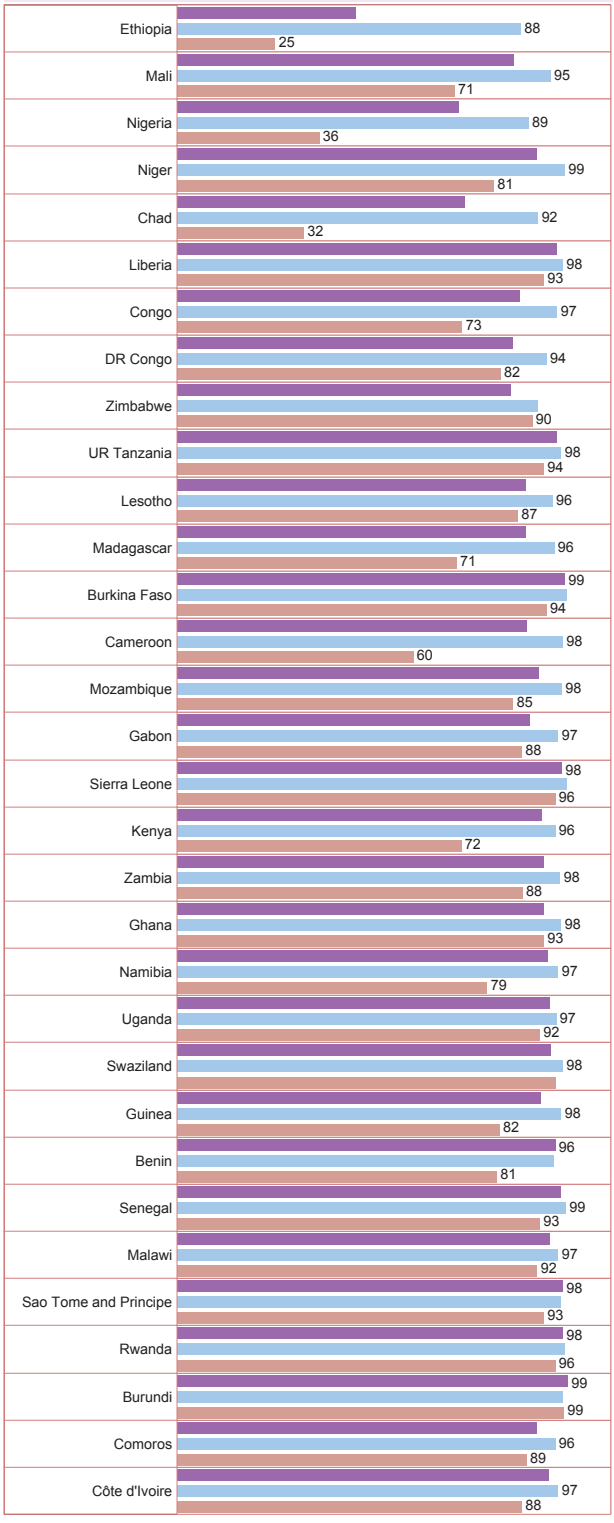

Source : World Bank, 2015

Countries of the African Region without data are not included in the chart.

# 4. The health system

## 4.1. Health system outcomes

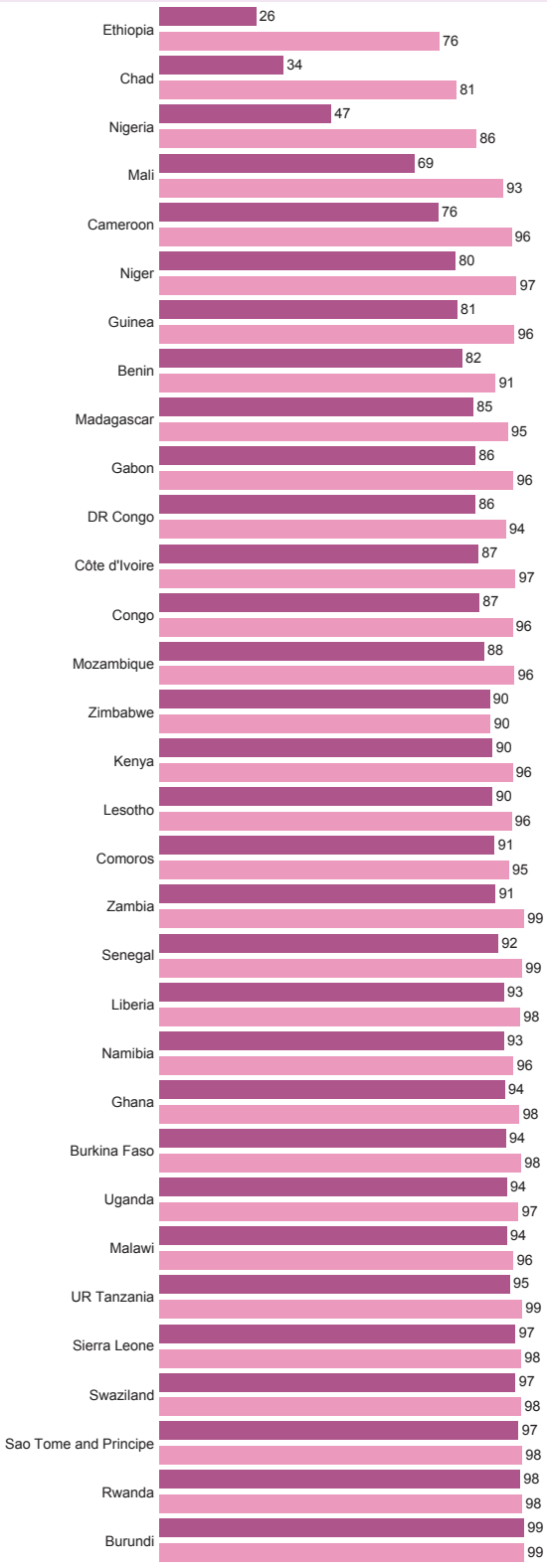
**Figure 4.1.1**. Antenatal care coverage – at least one visit (in the five years preceding the survey) (%) by educational level in the African Region, 2000–2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

**Figure 4.1.2**. Antenatal care coverage – at least one visit (in the five years preceding the survey) (%) by place of residence in the African Region, 2000–2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

**Figure 4.1.3**. Antenatal care coverage – at least one visit (in the five years preceding the survey) (%) by wealth quintile in the African Region, 2000–2013

| | Q1 (Poorest) | Q2 | Q3 | Q4 | Q5 (Richest) |
|---|---|---|---|---|---|
| Chad | 9 | 30 | 43 | 54 | 77 |
| Ethiopia | 17 | 24 | 27 | 35 | 75 |
| Nigeria | 25 | 45 | 68 | 85 | 95 |
| Cameroon | 57 | 82 | 92 | 96 | 98 |
| Mali | 58 | 64 | 71 | 85 | 95 |
| Benin | 68 | 81 | 87 | 96 | 97 |
| Guinea | 70 | 82 | 87 | 93 | 97 |
| Niger | 71 | 79 | 84 | 84 | 96 |
| Madagascar | 73 | 83 | 89 | 94 | 97 |
| DR Congo | 79 | 86 | 90 | 94 | 96 |
| Mozambique | 83 | 87 | 91 | 96 | 97 |
| Côte d'Ivoire | 83 | 91 | 88 | 96 | 97 |
| Congo | 84 | 90 | 95 | 97 | 99 |
| Kenya | 84 | 93 | 93 | 93 | 96 |
| Senegal | 85 | 94 | 97 | 99 | 99 |
| Gabon | 86 | 95 | 97 | 98 | 97 |
| Lesotho | 87 | 89 | 93 | 93 | 96 |
| Comoros | 87 | 90 | 94 | 95 | 94 |
| Zimbabwe | 88 | 88 | 89 | 91 | 94 |
| Burkina Faso | 90 | 93 | 95 | 98 | 99 |
| Zambia | 90 | 90 | 93 | 99 | 99 |
| Namibia | 90 | 93 | 96 | 97 | 97 |
| Liberia | 92 | 95 | 97 | 98 | 99 |
| Malawi | 92 | 94 | 94 | 96 | 97 |
| Uganda | 94 | 94 | 94 | 94 | 97 |
| UR Tanzania | 94 | 94 | 96 | 97 | 99 |
| Sierra Leone | 96 | 97 | 97 | 98 | 98 |
| Rwanda | 97 | 97 | 99 | 99 | 99 |
| Sao Tome and Principe | 97 | 97 | 100 | 98 | 98 |
| Burundi | 99 | 99 | 99 | 99 | 99 |

Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

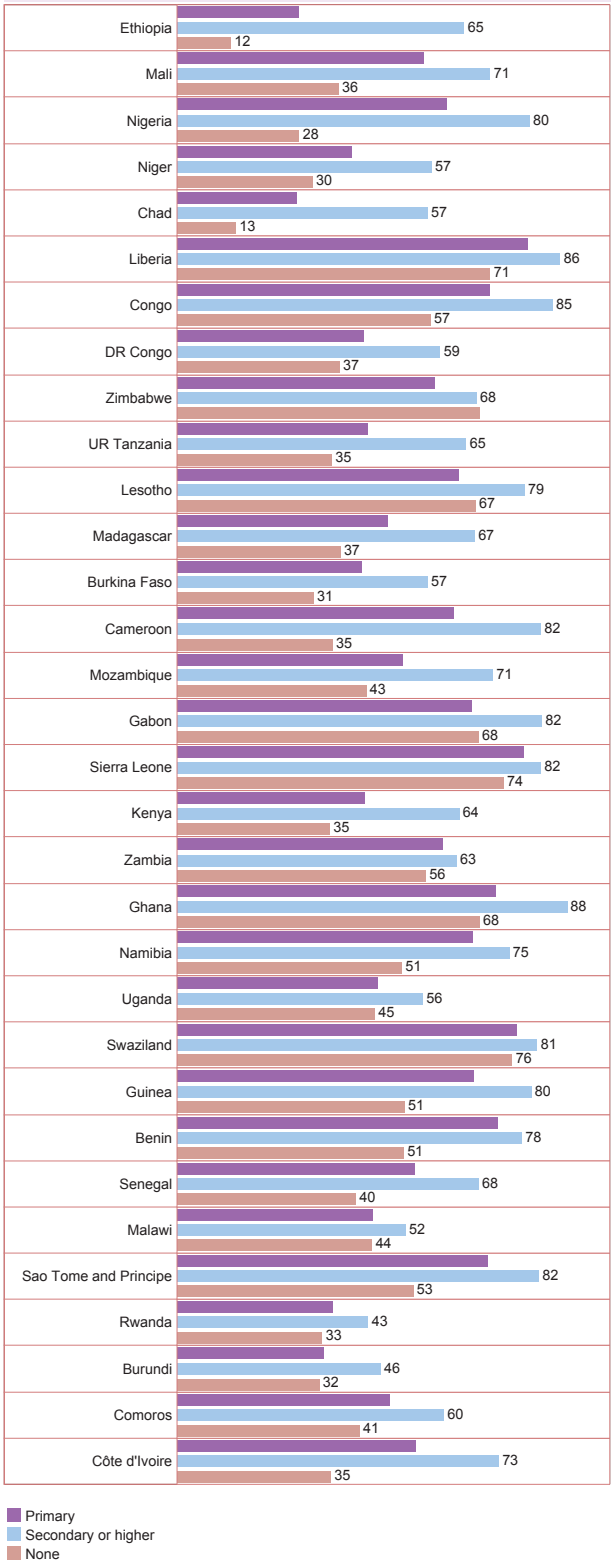
**Figure 4.1.4**. Antenatal care coverage – at least four visits (in the five years preceding the survey) (%) by wealth quintile in the African Region, 2000–2013

| | Q1 (Poorest) | Q2 | Q3 | Q4 | Q5 (Richest) |
|---|---|---|---|---|---|
| Chad | 2 | 12 | 12 | 21 | 44 |
| Ethiopia | 8 | 12 | 14 | 21 | 46 |
| Nigeria | 18 | 35 | 58 | 73 | 86 |
| Burkina Faso | 24 | 28 | 33 | 38 | 47 |
| Niger | 24 | 30 | 31 | 32 | 47 |
| Mali | 24 | 28 | 35 | 50 | 71 |
| Senegal | 24 | 42 | 46 | 58 | 67 |
| Côte d'Ivoire | 26 | 37 | 37 | 57 | 72 |
| Cameroon | 33 | 55 | 64 | 77 | 86 |
| Rwanda | 34 | 35 | 33 | 34 | 42 |
| Burundi | 34 | 33 | 33 | 30 | 37 |
| Madagascar | 35 | 42 | 48 | 55 | 75 |
| Kenya | 36 | 39 | 41 | 55 | 63 |
| UR Tanzania | 37 | 35 | 40 | 47 | 59 |
| DR Congo | 38 | 43 | 46 | 49 | 68 |
| Comoros | 38 | 47 | 51 | 55 | 56 |
| Benin | 38 | 48 | 58 | 70 | 77 |
| Guinea | 38 | 47 | 54 | 67 | 83 |
| Mozambique | 39 | 44 | 50 | 57 | 67 |
| Malawi | 41 | 45 | 46 | 45 | 51 |
| Uganda | 43 | 43 | 44 | 51 | 59 |
| Sao Tome and Principe | 58 | 66 | 73 | 77 | 91 |
| Lesotho | 58 | 65 | 68 | 75 | 85 |
| Gabon | 59 | 76 | 79 | 87 | 89 |
| Zambia | 59 | 61 | 62 | 58 | 62 |
| Zimbabwe | 60 | 63 | 64 | 65 | 73 |
| Congo | 64 | 74 | 80 | 87 | 92 |
| Namibia | 64 | 68 | 70 | 74 | 76 |
| Liberia | 66 | 73 | 81 | 86 | 87 |
| Sierra Leone | 74 | 73 | 76 | 78 | 80 |

Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

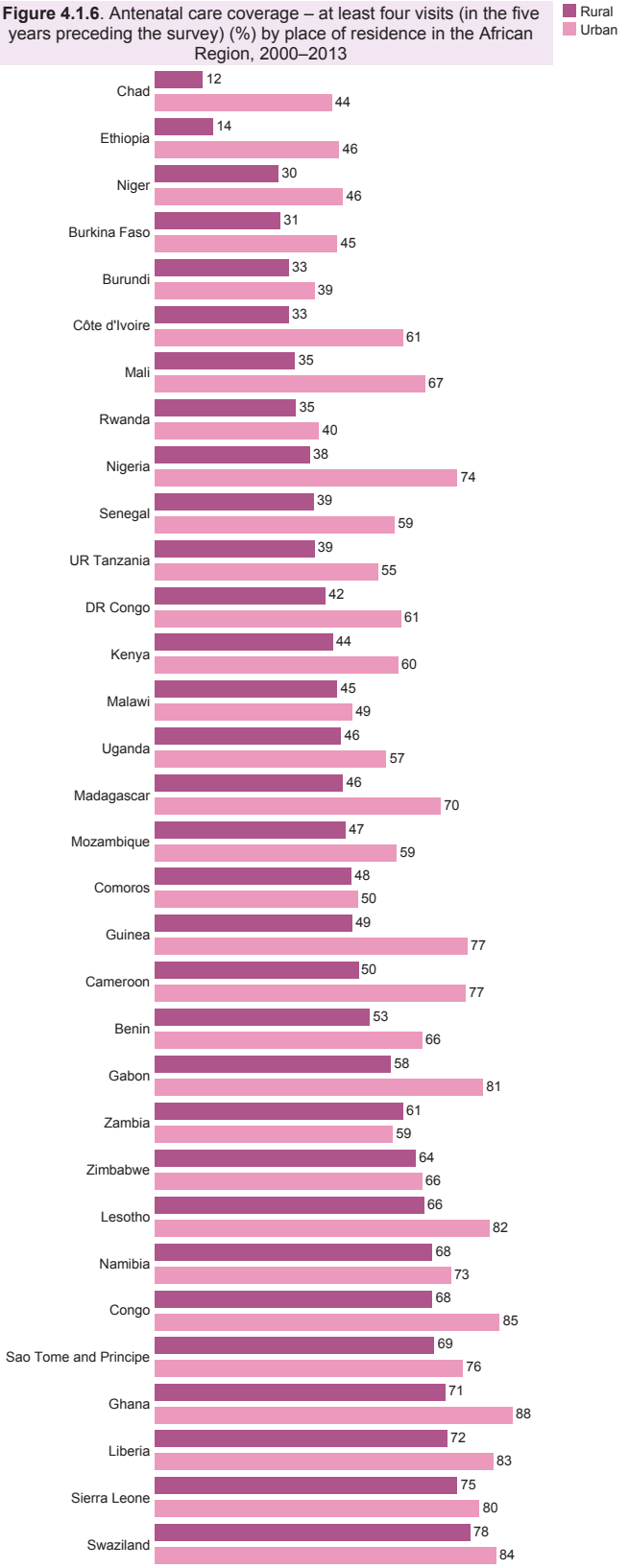
**Figure 4.1.5**. Antenatal care coverage – at least four visits (in the five years preceding the survey) (%) by educational level in the African Region, 2000–2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

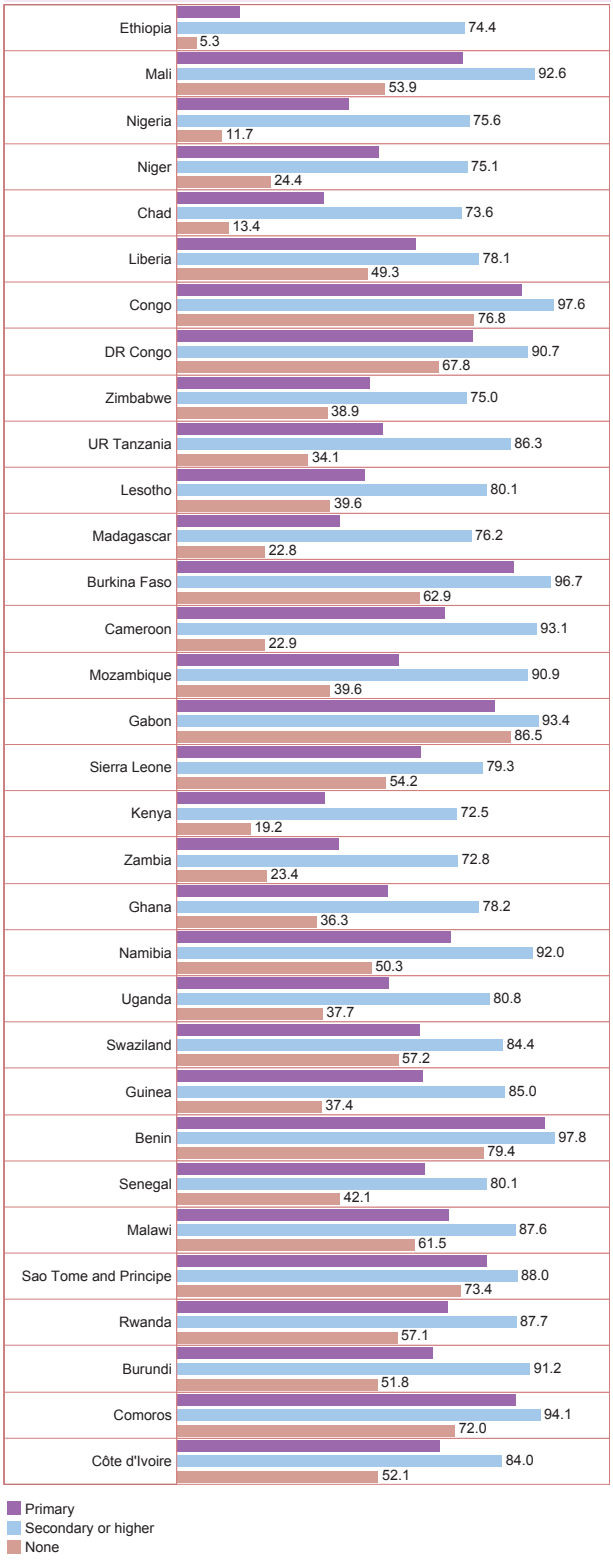
**Figure 4.1.6**. Antenatal care coverage – at least four visits (in the five years preceding the survey) (%) by place of residence in the African Region, 2000–2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

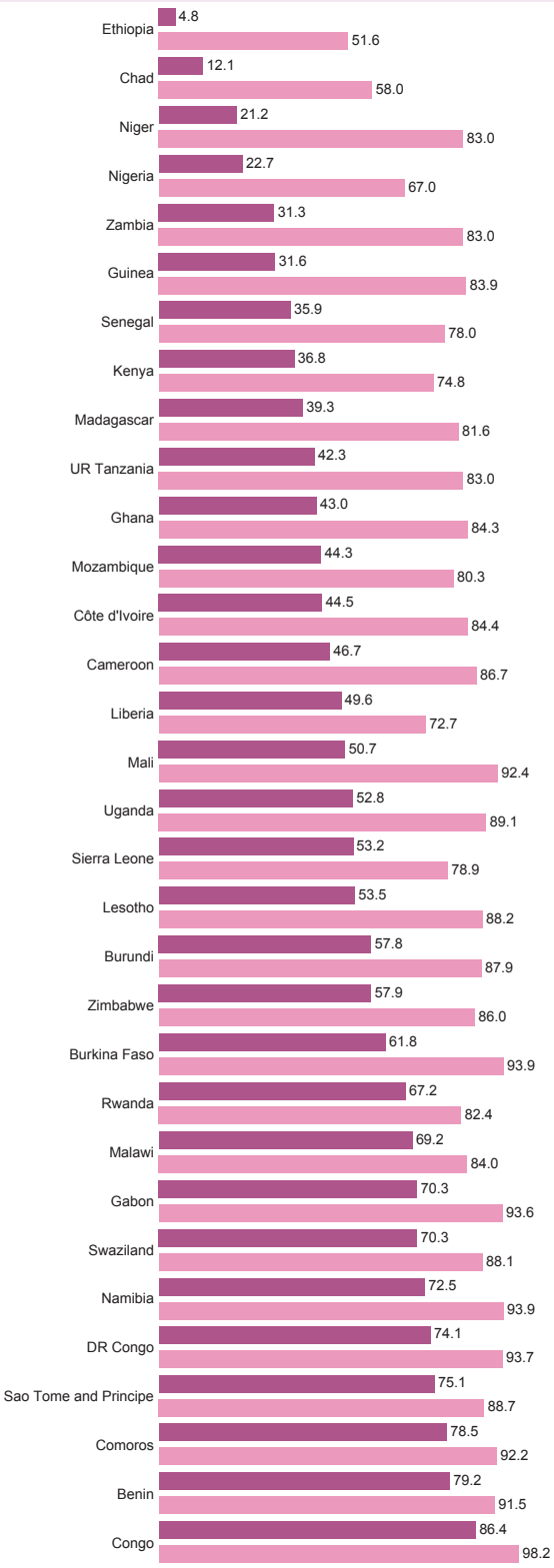
**Figure 4.1.7**. Births attended by skilled health personnel (in the five years preceding the survey) (%) by educational level in the African Region, 2000–2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

**Figure 4.1.8**. Births attended by skilled health personnel (in the five years preceding the survey) (%) by place of residence in the African Region, 2000–2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

**Figure 4.1.9**. Births attended by skilled health personnel (in the five years preceding the survey) (%) by wealth quintile in the African Region, 2000–2013

| | Q1 (Poorest) | Q2 | Q3 | Q4 | Q5 (Richest) |
|---|---|---|---|---|---|
| Chad | 8 | 16 | 28 | 24 | 38 |
| Nigeria | 13 | 27 | 44 | 61 | 78 |
| Central African Republic | 42 | 49 | 60 | 63 | 74 |
| Guinea | 44 | 65 | 60 | 66 | 80 |
| Ethiopia | 45 | 52 | 52 | 56 | 80 |
| Madagascar | 51 | 62 | 73 | 84 | 90 |
| Cameroon | 52 | 66 | 76 | 78 | 86 |
| Togo | 53 | 70 | 67 | 77 | 83 |
| Benin | 54 | 63 | 72 | 77 | 85 |
| Côte d'Ivoire | 54 | 57 | 65 | 69 | 83 |
| Congo | 59 | 70 | 80 | 85 | 87 |
| Niger | 61 | 67 | 67 | 73 | 75 |
| Mali | 62 | 69 | 69 | 77 | 83 |
| DR Congo | 62 | 67 | 73 | 75 | 84 |
| Comoros | 63 | 70 | 83 | 84 | 80 |
| Liberia | 65 | 74 | 73 | 78 | 84 |
| Mauritania | 66 | 79 | 79 | 73 | 77 |
| Lesotho | 68 | 77 | 83 | 84 | 92 |
| Senegal | 69 | 77 | 83 | 82 | 82 |
| Namibia | 70 | 90 | 80 | 88 | 95 |
| Guinea-Bissau | 70 | 71 | 71 | 78 | 90 |
| Gabon | 73 | 72 | 78 | 84 | 61 |
| Mozambique | 75 | 75 | 79 | 91 | 93 |
| Uganda | 75 | 72 | 74 | 76 | 82 |
| Kenya | 76 | 81 | 85 | 90 | 94 |
| Zimbabwe | 78 | 75 | 74 | 87 | 84 |
| Burkina Faso | 78 | 86 | 89 | 92 | 93 |
| Sao Tome and Principe | 79 | 82 | 89 | 88 | 84 |
| UR Tanzania | 80 | 82 | 80 | 91 | 94 |
| Sierra Leone | 81 | 78 | 76 | 78 | 79 |
| Zambia | 88 | 80 | 82 | 85 | 94 |
| Malawi | 90 | 92 | 91 | 96 | 96 |
| Ghana | 91 | 93 | 94 | 93 | 98 |
| Burundi | 91 | 94 | 95 | 96 | 96 |
| Rwanda | 94 | 93 | 95 | 97 | 97 |
| Gambia | 95 | 91 | 90 | 93 | 91 |
| Swaziland | 99 | 97 | 98 | 95 | 100 |

Source : *World Health Statistics 2013*. Geneva : WHO, 2013.

*Source : WHO, 2015*

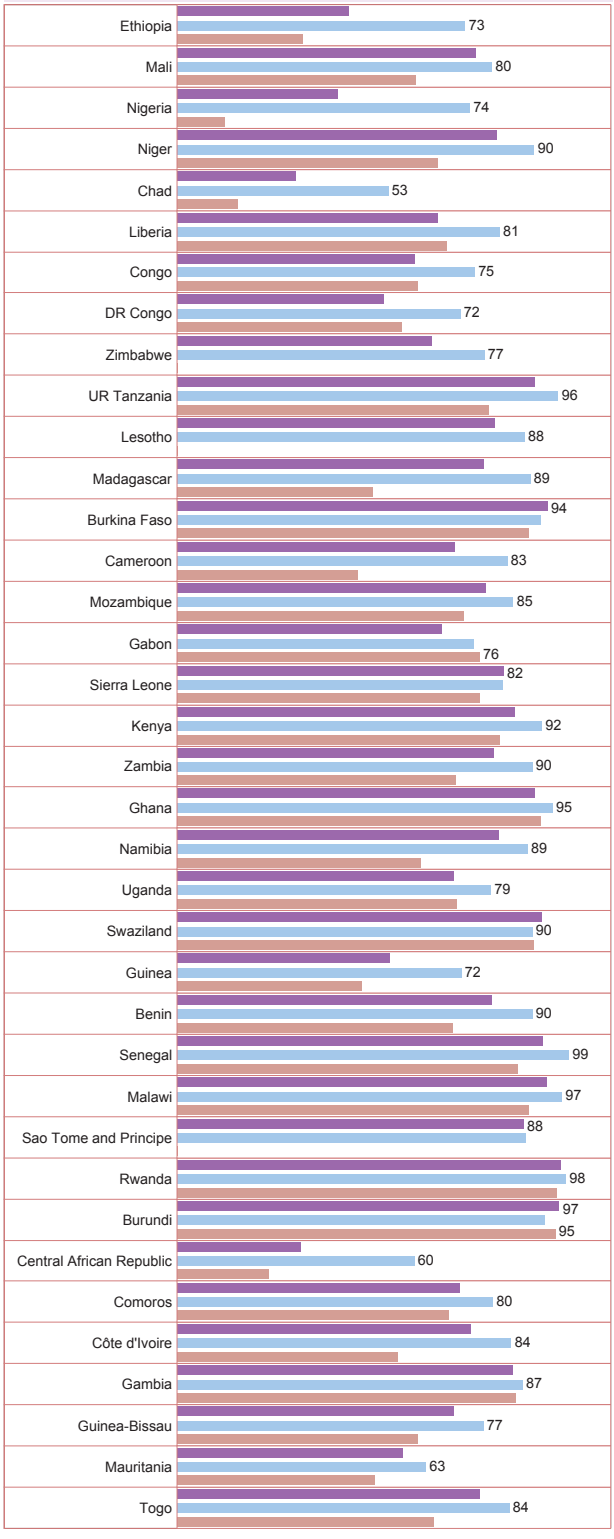
**Figure 4.1.10**. Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) by wealth quintile in the African Region, 2000–2013

| | Q1 (Poorest) | Q2 | Q3 | Q4 | Q5 (Richest) |
|---|---|---|---|---|---|
| Chad | 5 | 14 | 17 | 23 | 43 |
| Nigeria | 7 | 19 | 40 | 60 | 80 |
| Central African Republic | 18 | 21 | 28 | 45 | 60 |
| Ethiopia | 26 | 29 | 31 | 43 | 64 |
| Guinea | 32 | 53 | 52 | 54 | 63 |
| Cameroon | 45 | 66 | 74 | 78 | 88 |
| DR Congo | 48 | 51 | 56 | 70 | 83 |
| Mali | 49 | 58 | 61 | 73 | 78 |
| Mauritania | 52 | 58 | 58 | 50 | 60 |
| Côte d'Ivoire | 52 | 60 | 58 | 74 | 81 |
| Niger | 53 | 65 | 68 | 70 | 84 |
| Madagascar | 54 | 68 | 77 | 86 | 93 |
| Congo | 55 | 62 | 73 | 81 | 82 |
| Guinea-Bissau | 57 | 62 | 64 | 67 | 78 |
| Comoros | 58 | 66 | 81 | 83 | 84 |
| Liberia | 58 | 72 | 74 | 78 | 79 |
| Benin | 59 | 68 | 77 | 80 | 86 |
| Gabon | 62 | 78 | 68 | 88 | 72 |
| Togo | 63 | 75 | 71 | 74 | 84 |
| Mozambique | 65 | 71 | 81 | 86 | 88 |
| Zimbabwe | 67 | 71 | 71 | 79 | 81 |
| Lesotho | 73 | 83 | 86 | 91 | 88 |
| Uganda | 75 | 73 | 67 | 71 | 75 |
| Namibia | 75 | 84 | 79 | 90 | 94 |
| Kenya | 78 | 87 | 91 | 89 | 90 |
| Zambia | 78 | 75 | 78 | 86 | 95 |
| Sierra Leone | 79 | 78 | 80 | 82 | 72 |
| Senegal | 80 | 88 | 93 | 91 | 95 |
| Burkina Faso | 83 | 88 | 92 | 93 | 93 |
| UR Tanzania | 84 | 84 | 87 | 91 | 97 |
| Sao Tome and Principe | 86 | 84 | 88 | 88 | 91 |
| Gambia | 89 | 85 | 83 | 86 | 89 |
| Swaziland | 90 | 92 | 94 | 92 | 84 |
| Malawi | 91 | 94 | 92 | 95 | 94 |
| Ghana | 93 | 93 | 90 | 94 | 94 |
| Burundi | 94 | 96 | 97 | 97 | 94 |
| Rwanda | 96 | 96 | 97 | 98 | 99 |

Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

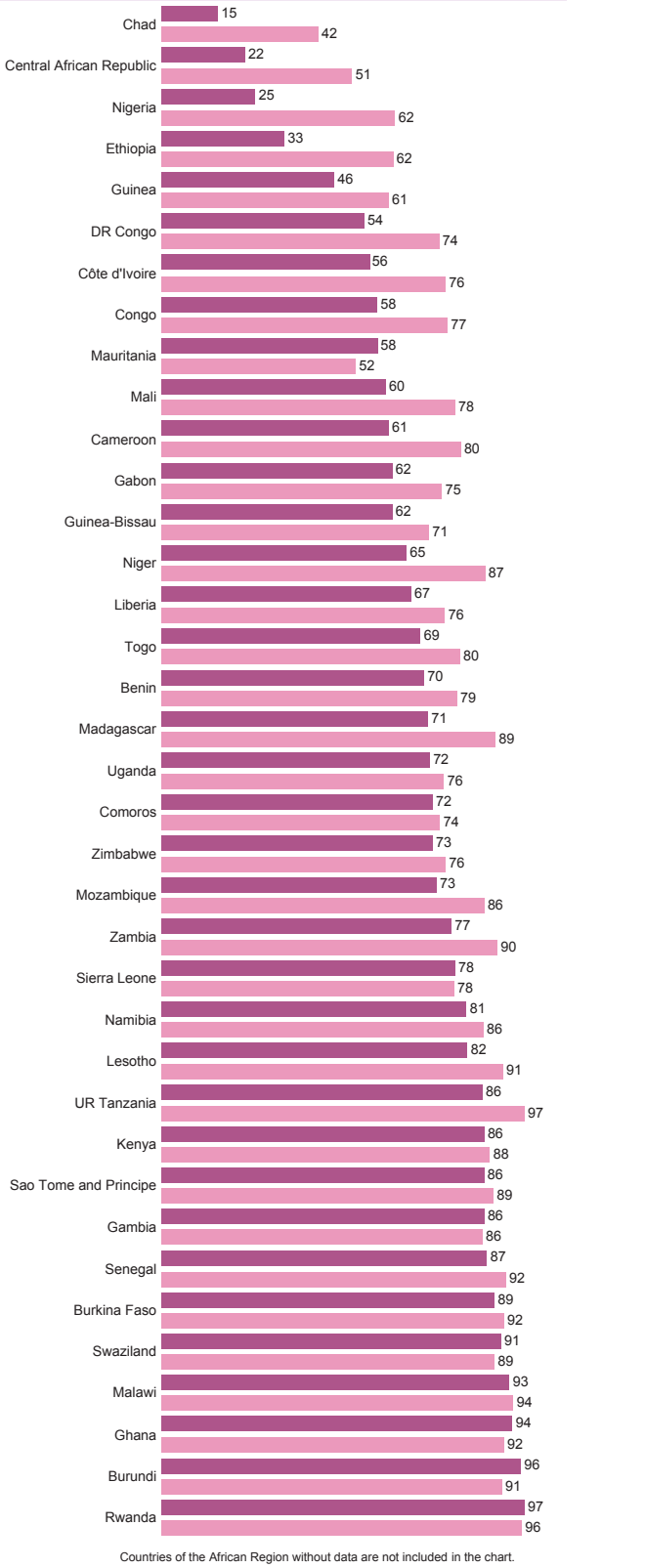
**Figure 4.1.11**. Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) by educational level in the African Region, 2000–2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

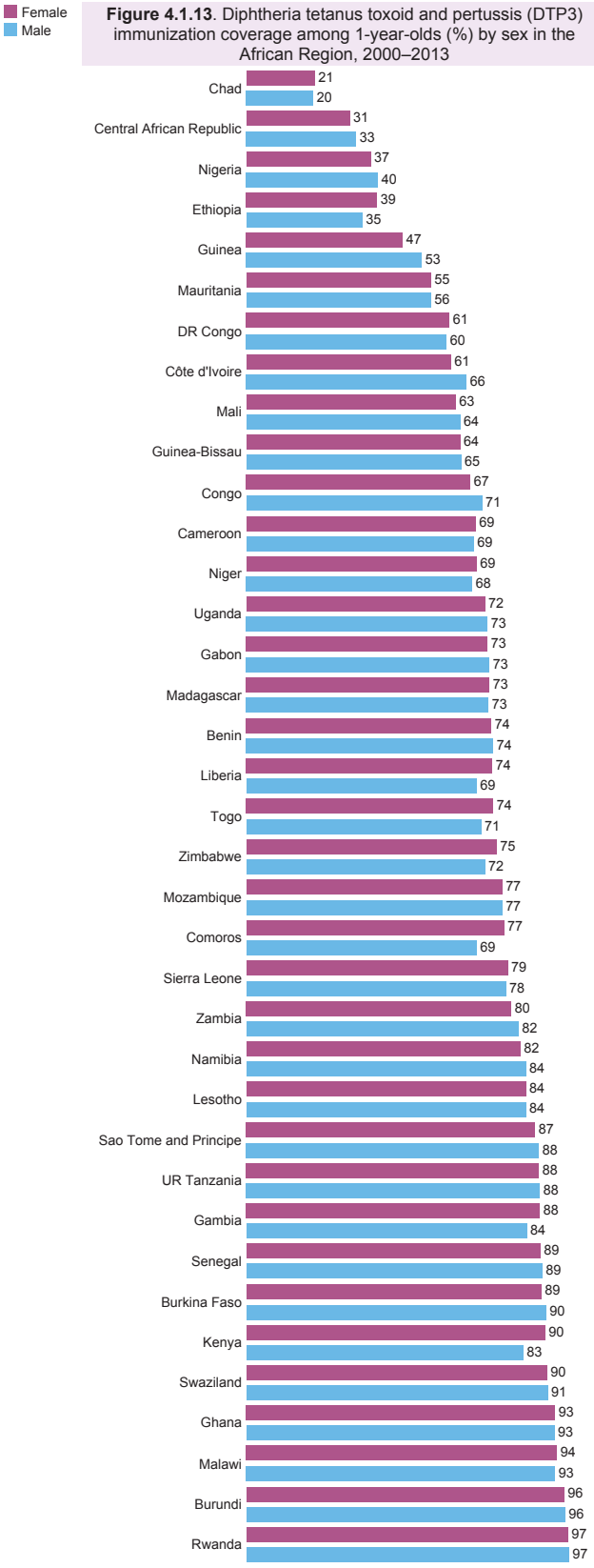
**Figure 4.1.12**. Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) by place of residence in the African Region, 2000–2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

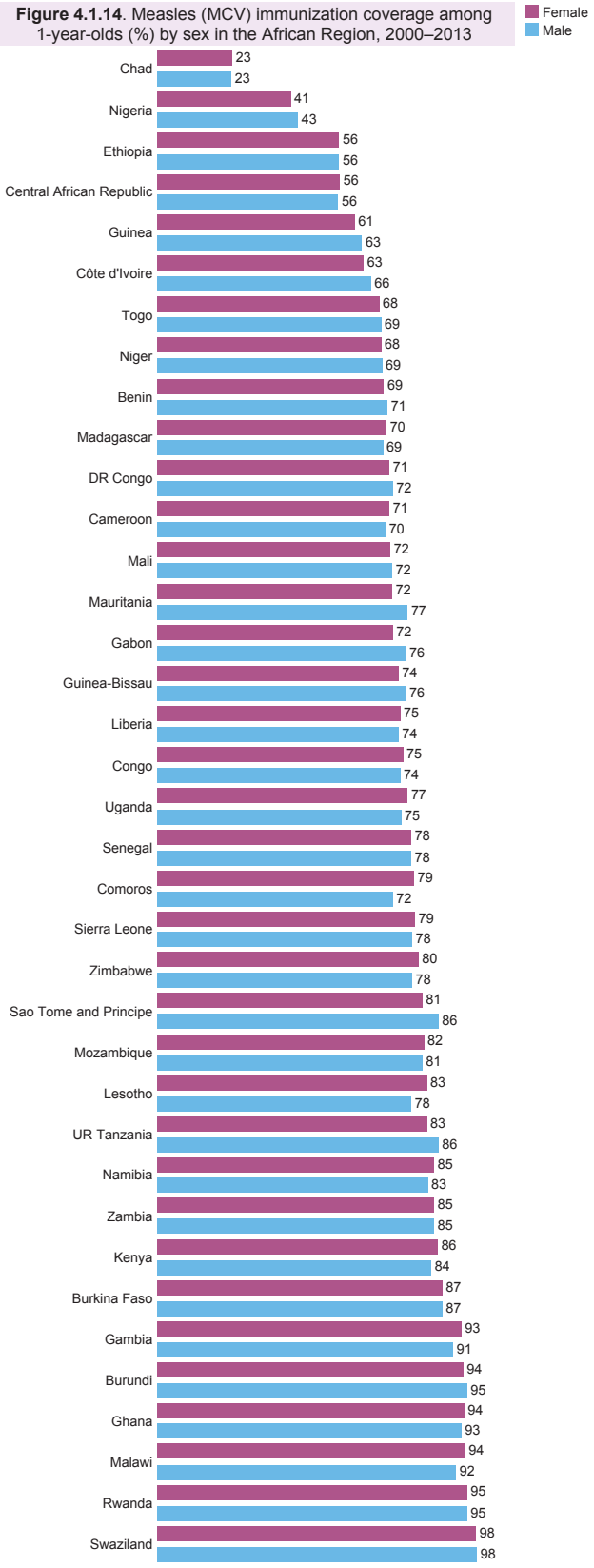
**Figure 4.1.13**. Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) by sex in the African Region, 2000–2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

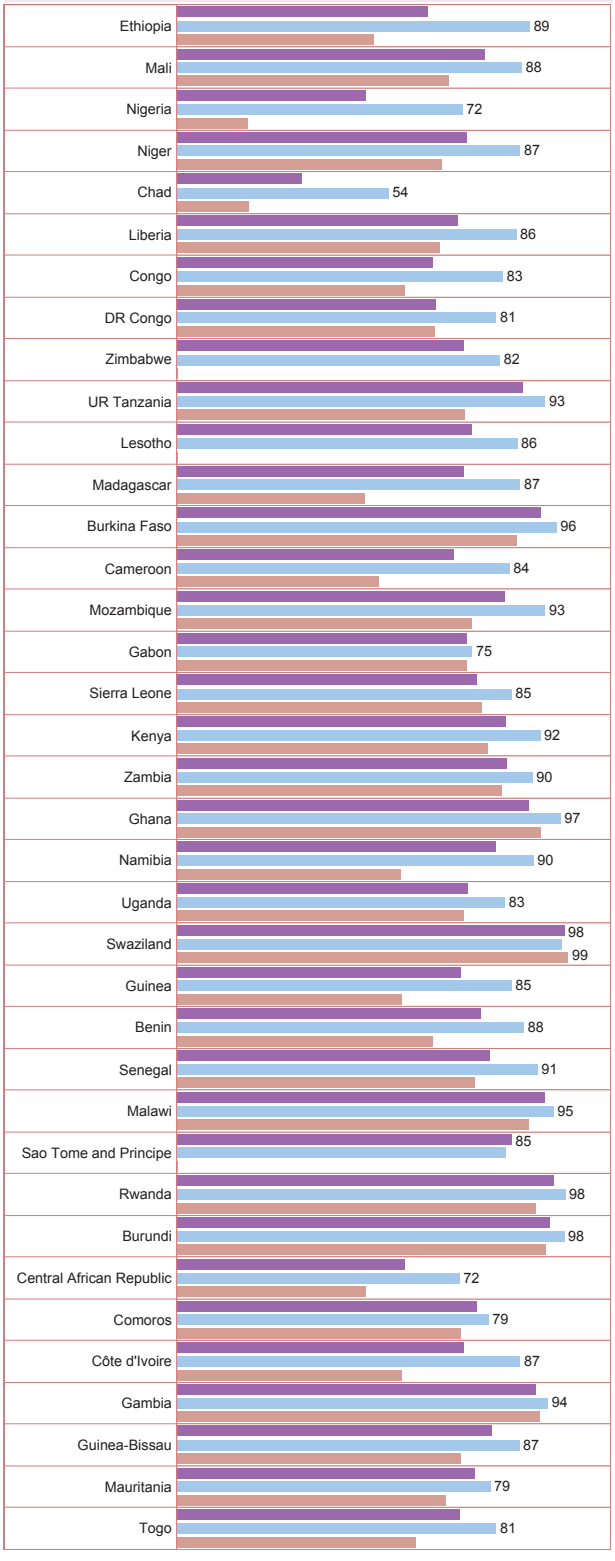
**Figure 4.1.14**. Measles (MCV) immunization coverage among 1-year-olds (%) by sex in the African Region, 2000–2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

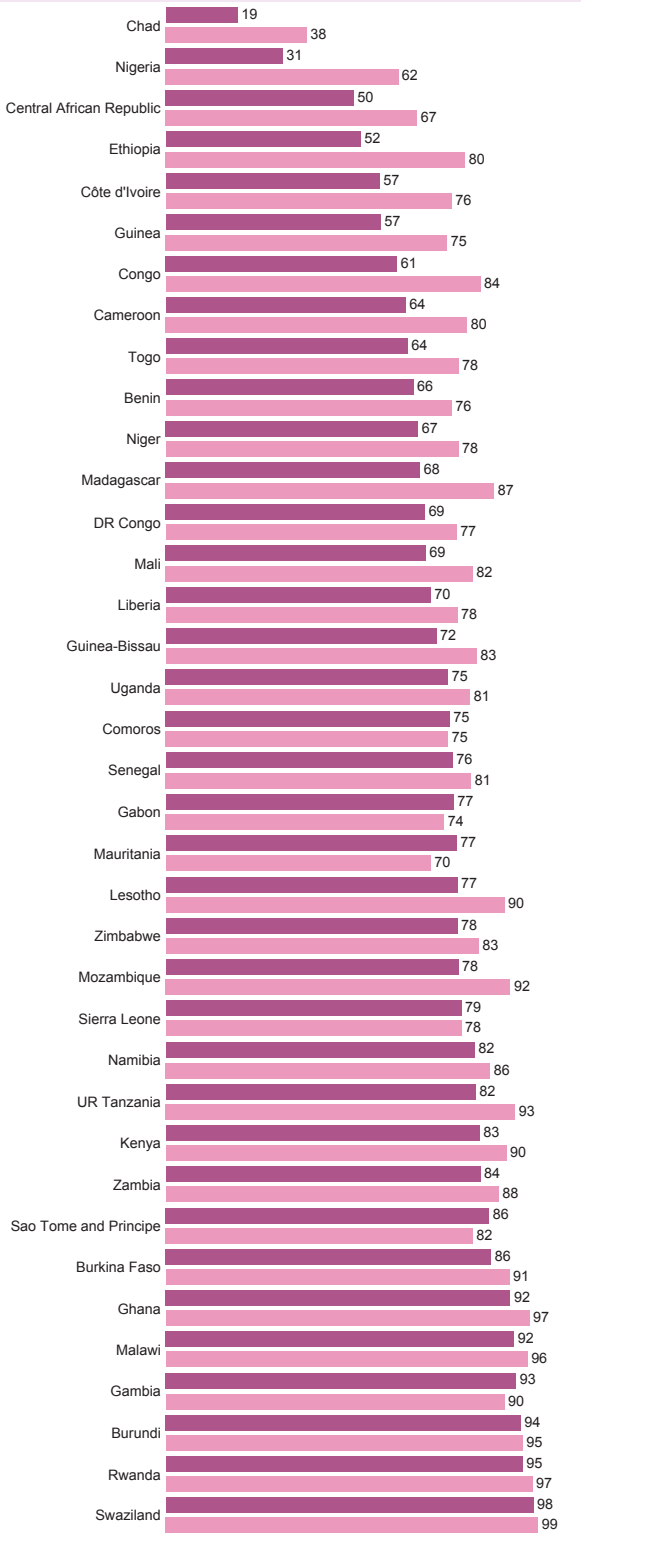
**Figure 4.1.15**. Measles (MCV) immunization coverage among 1-year-olds (%) by educational level in the African Region, 2000–2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

**Figure 4.1.16**. Measles (MCV) immunization coverage among 1–year-olds (%) by place of residence in the African Region, 2000–2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

**Figure 4.1.17**. Measles (MCV) immunization coverage among 1-year-olds (%) by wealth quintile in the African Region, 2000–2013

| | Q1 (Poorest) | Q2 | Q3 | Q4 | Q5 (Richest) |
|---|---|---|---|---|---|
| Chad | 8 | 16 | 28 | 24 | 38 |
| Nigeria | 13 | 27 | 44 | 61 | 78 |
| Central African Republic | 42 | 49 | 60 | 63 | 74 |
| Guinea | 44 | 65 | 60 | 66 | 80 |
| Ethiopia | 45 | 52 | 52 | 56 | 80 |
| Madagascar | 51 | 62 | 73 | 84 | 90 |
| Cameroon | 52 | 66 | 76 | 78 | 86 |
| Togo | 53 | 70 | 67 | 77 | 83 |
| Benin | 54 | 63 | 72 | 77 | 85 |
| Côte d'Ivoire | 54 | 57 | 65 | 69 | 83 |
| Congo | 59 | 70 | 80 | 85 | 87 |
| Niger | 61 | 67 | 67 | 73 | 75 |
| Mali | 62 | 69 | 69 | 77 | 83 |
| DR Congo | 62 | 67 | 73 | 75 | 84 |
| Comoros | 63 | 70 | 83 | 84 | 80 |
| Liberia | 65 | 74 | 73 | 78 | 84 |
| Mauritania | 66 | 79 | 79 | 73 | 77 |
| Lesotho | 68 | 77 | 83 | 84 | 92 |
| Senegal | 69 | 77 | 83 | 82 | 82 |
| Guinea-Bissau | 70 | 71 | 71 | 78 | 90 |
| Gabon | 73 | 72 | 78 | 84 | 61 |
| Mozambique | 75 | 75 | 79 | 91 | 93 |
| Uganda | 75 | 72 | 74 | 76 | 82 |
| Kenya | 76 | 81 | 85 | 90 | 94 |
| Zimbabwe | 78 | 75 | 74 | 87 | 84 |
| Burkina Faso | 78 | 86 | 89 | 92 | 93 |
| Sao Tome and Principe | 79 | 82 | 89 | 88 | 84 |
| UR Tanzania | 80 | 82 | 80 | 91 | 94 |
| Sierra Leone | 81 | 78 | 76 | 78 | 79 |
| Zambia | 88 | 80 | 82 | 85 | 94 |
| Malawi | 90 | 92 | 91 | 96 | 96 |
| Ghana | 91 | 93 | 94 | 93 | 98 |
| Rwanda | 94 | 93 | 95 | 97 | 97 |
| Gambia | 95 | 91 | 90 | 93 | 91 |
| Swaziland | 99 | 97 | 98 | 95 | 100 |
| Namibia | | 90 | 80 | 88 | 95 |
| Burundi | | 94 | 95 | 96 | 96 |

Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

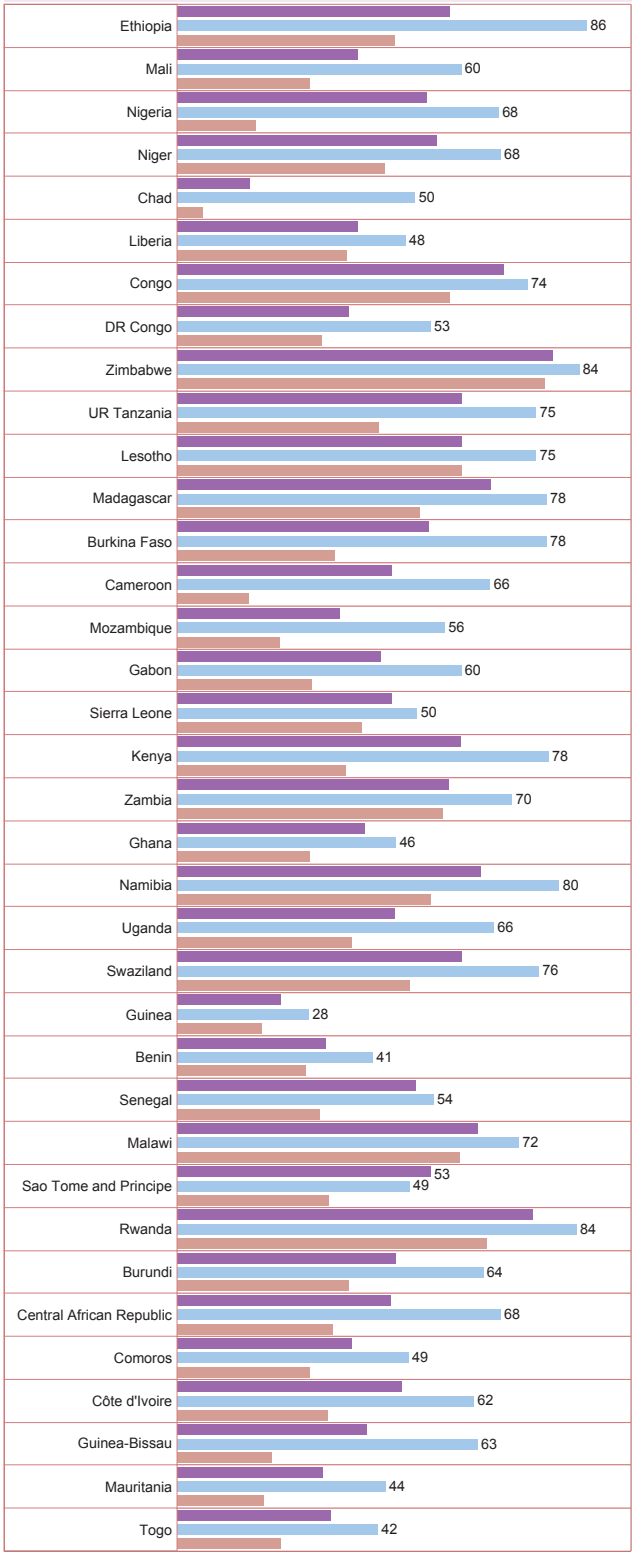
**Figure 4.1.18**. Demand for family planning satisfied (%) by wealth quintile in the African Region, 2000–2013

| | Q1 (Poorest) | Q2 | Q3 | Q4 | Q5 (Richest) |
|---|---|---|---|---|---|
| Chad | 0 | 2 | 8 | 10 | 30 |
| Mauritania | 7 | 15 | 21 | 34 | 42 |
| Cameroon | 10 | 38 | 47 | 59 | 68 |
| Nigeria | 12 | 26 | 42 | 57 | 75 |
| Guinea | 13 | 19 | 18 | 19 | 28 |
| Mozambique | 13 | 21 | 27 | 39 | 54 |
| Mali | 14 | 22 | 20 | 37 | 56 |
| Senegal | 19 | 23 | 38 | 47 | 56 |
| Guinea-Bissau | 21 | 17 | 20 | 36 | 53 |
| Benin | 22 | 28 | 31 | 30 | 36 |
| Comoros | 24 | 34 | 37 | 46 | 48 |
| Burkina Faso | 24 | 27 | 29 | 42 | 65 |
| Uganda | 27 | 39 | 50 | 54 | 70 |
| Côte d'Ivoire | 28 | 34 | 35 | 44 | 58 |
| Liberia | 30 | 36 | 41 | 47 | 47 |
| Ethiopia | 30 | 46 | 46 | 54 | 78 |
| DR Congo | 32 | 40 | 38 | 44 | 58 |
| Kenya | 35 | 55 | 69 | 74 | 74 |
| Sierra Leone | 36 | 33 | 36 | 48 | 54 |
| Niger | 36 | 38 | 39 | 50 | 62 |
| Burundi | 37 | 34 | 43 | 43 | 54 |
| Gabon | 39 | 49 | 53 | 60 | 64 |
| UR Tanzania | 43 | 49 | 50 | 64 | 76 |
| Sao Tome and Principe | 45 | 48 | 46 | 56 | 58 |
| Lesotho | 45 | 56 | 68 | 71 | 83 |
| Madagascar | 46 | 57 | 69 | 75 | 78 |
| Namibia | 50 | 67 | 65 | 80 | 87 |
| Malawi | 57 | 61 | 63 | 66 | 71 |
| Zambia | 60 | 52 | 51 | 64 | 74 |
| Rwanda | 65 | 70 | 75 | 79 | 80 |
| Congo | 67 | 66 | 75 | 70 | 78 |
| Zimbabwe | 79 | 77 | 83 | 85 | 88 |

Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

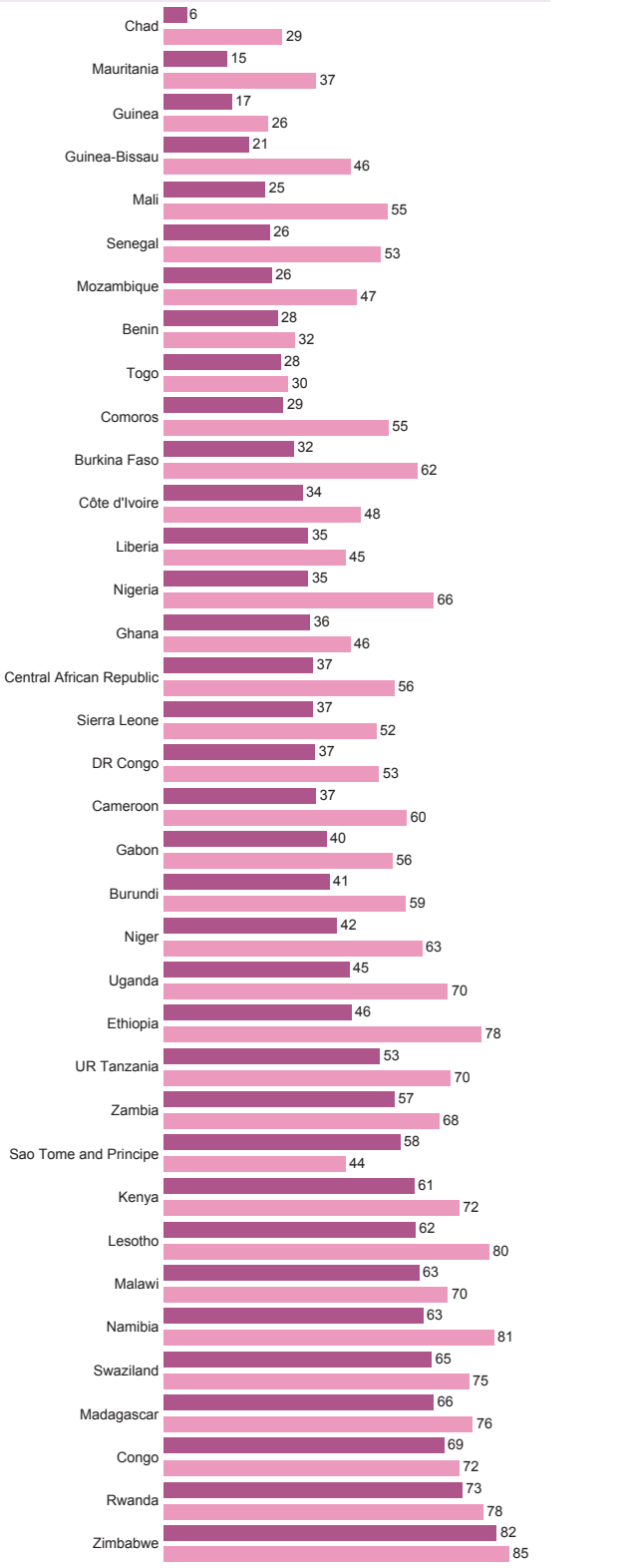
**Figure 4.1.19**. Demand for family planning satisfied (%) by educational level in the African Region, 2000–2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

**Figure 4.1.20**. Demand for family planning satisfied (%) by place of residence in the African Region, 2000–2013

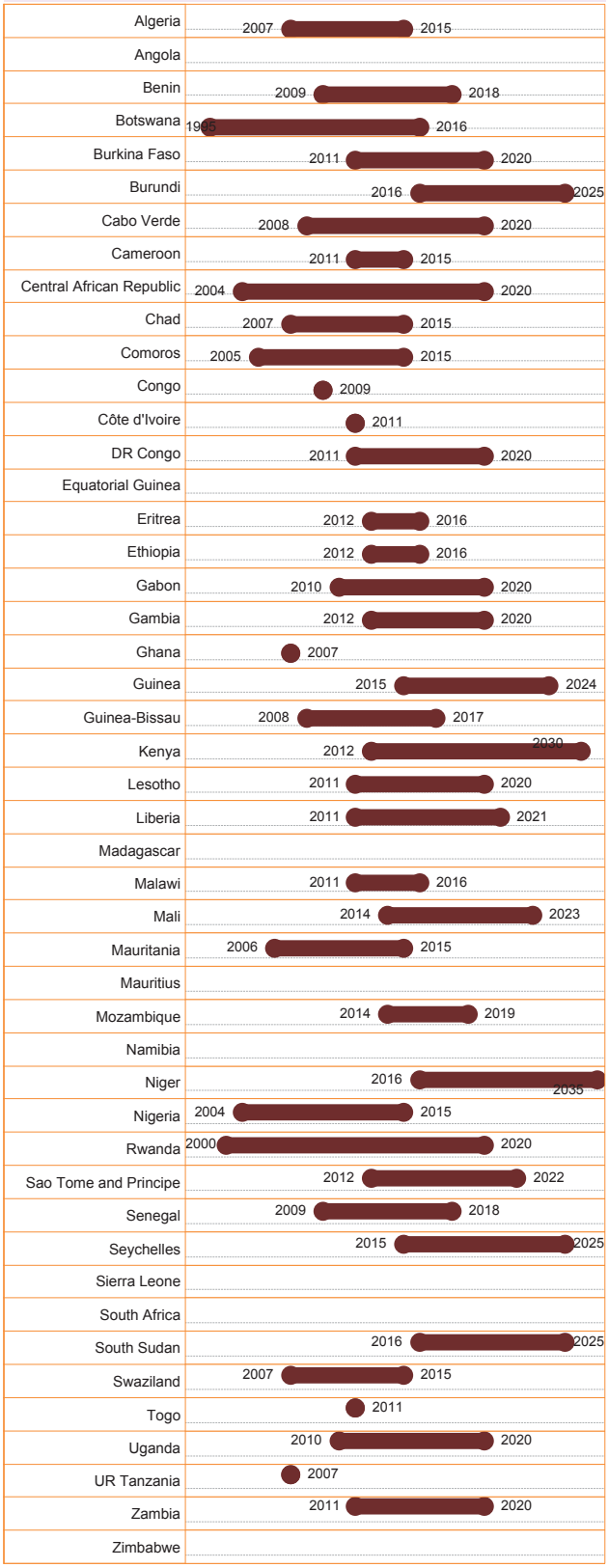



Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

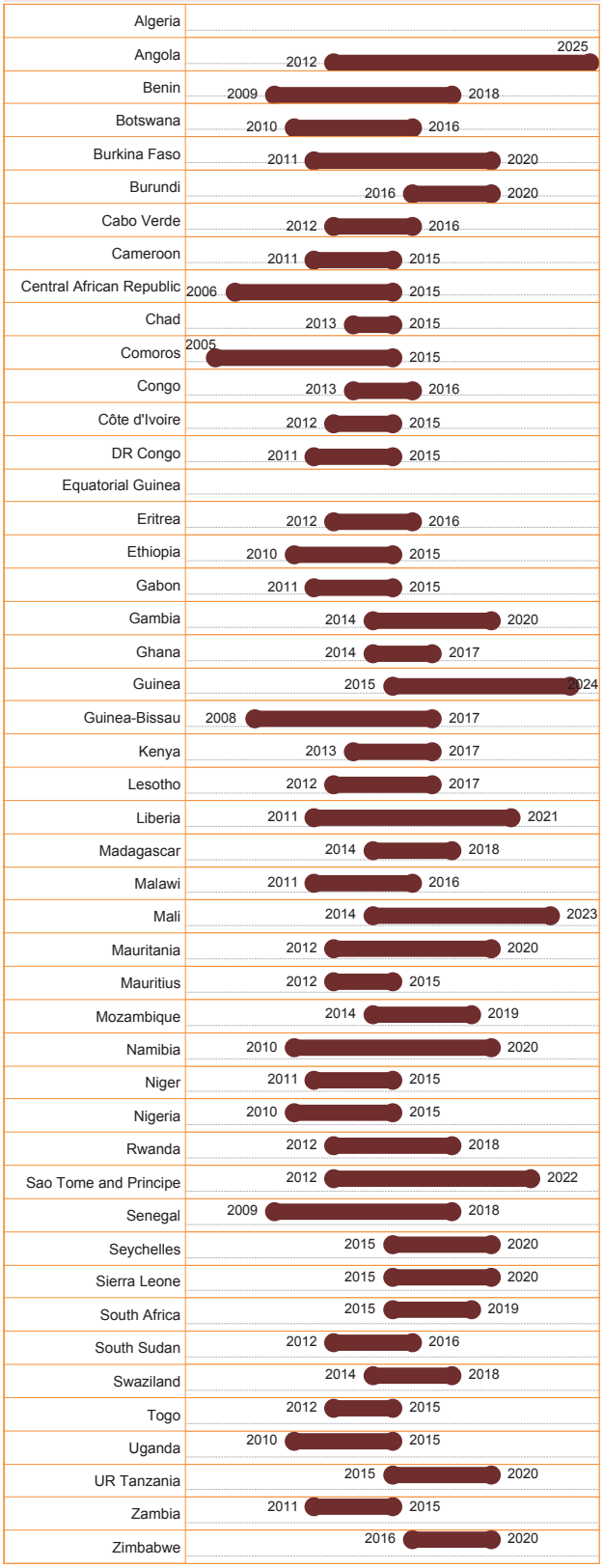
## 4.2. Leadership and governance

**Figure 4.2.1**. Existence of national health policies by year in the African Region, 2015



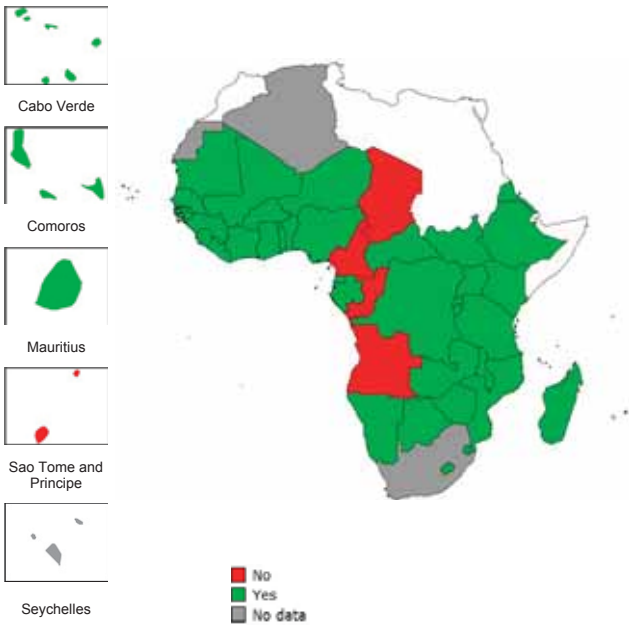

*Source: WHO, 2015*

**Figure 4.2.2**. Existence of national health strategic plans by year in the African Region, 2015



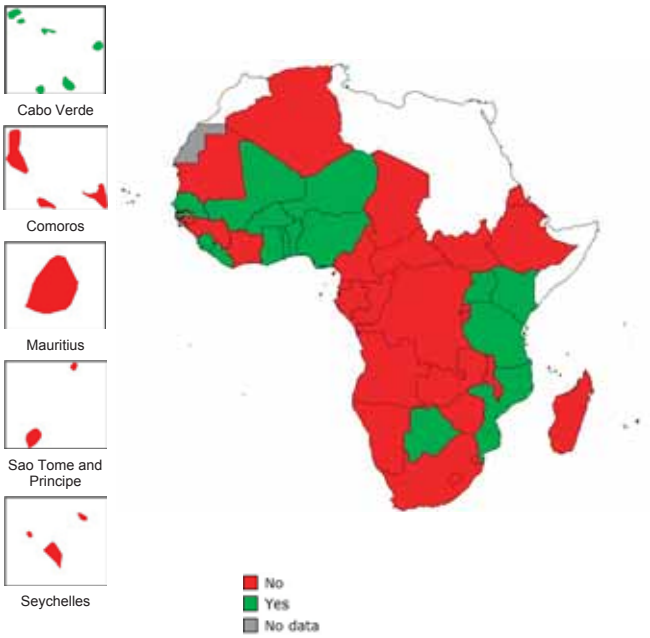

*Source: WHO, 2015*

**Figure 4.2.3**. Countries with institutionalised joint annual reviews in the African Region, 2015



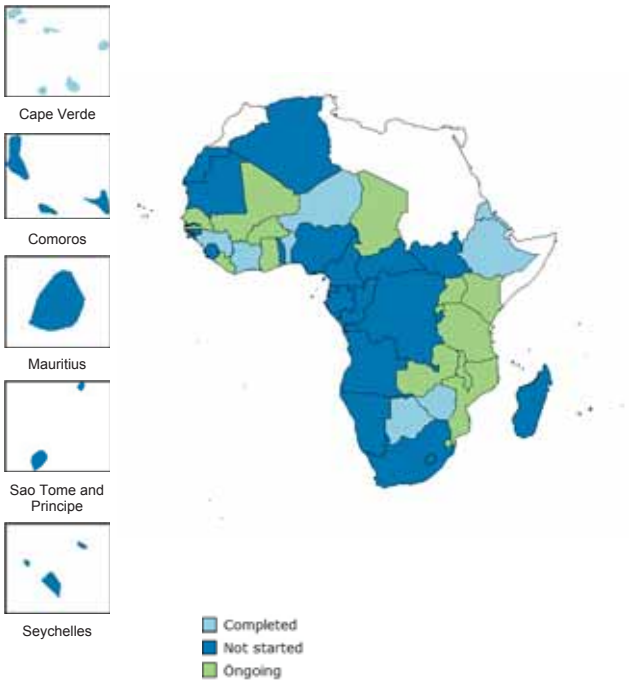

*Source: WHO, 2015*

**Figure 4.2.4**. Countries with comprehensive monitoring and evaluation plan in the African Region, 2015



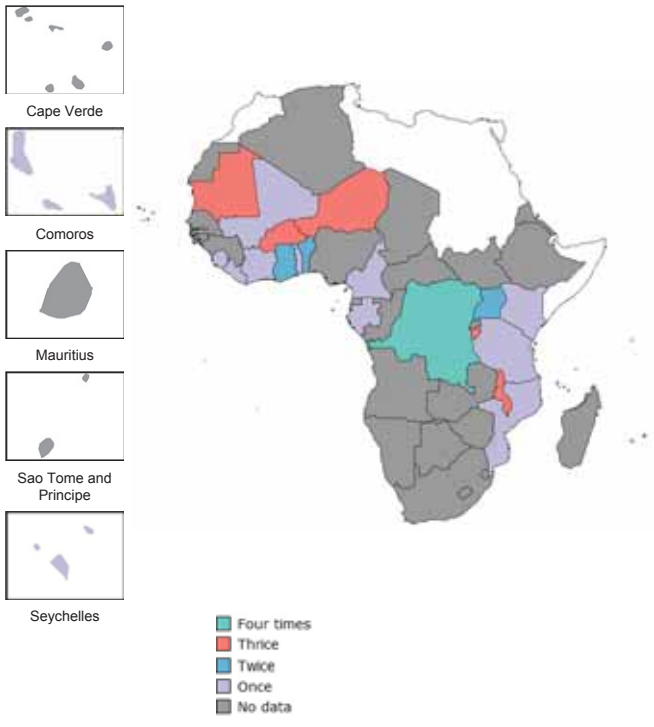

*Source: WHO, 2015*

**Figure 4.2.5**. Health financing strategy in the African Region, 2013




*Source: WHO, 2013*

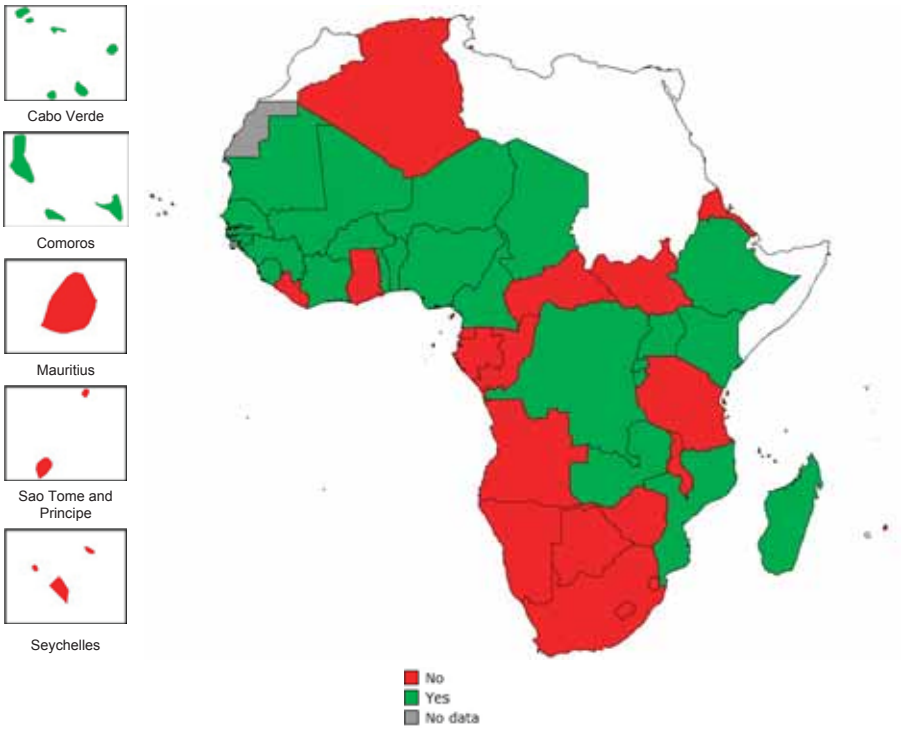
**Figure 4.2.6**. Status of national health accounts (NHA) in the African Region, 2015




*Source : WHO, 2015*

## 4.3. Partnership for health development

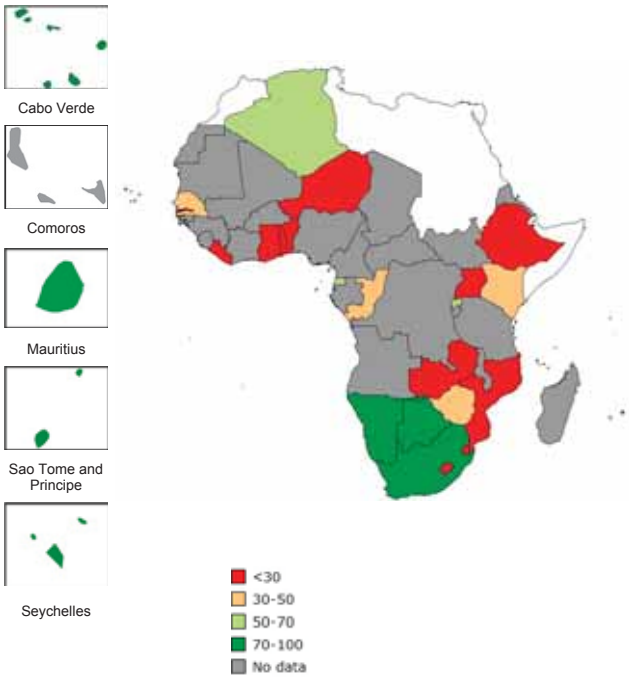
**Figure 4.3.1**. Signatory to Compact in the African Region, 2015




Source: *IHP Website, 2015*

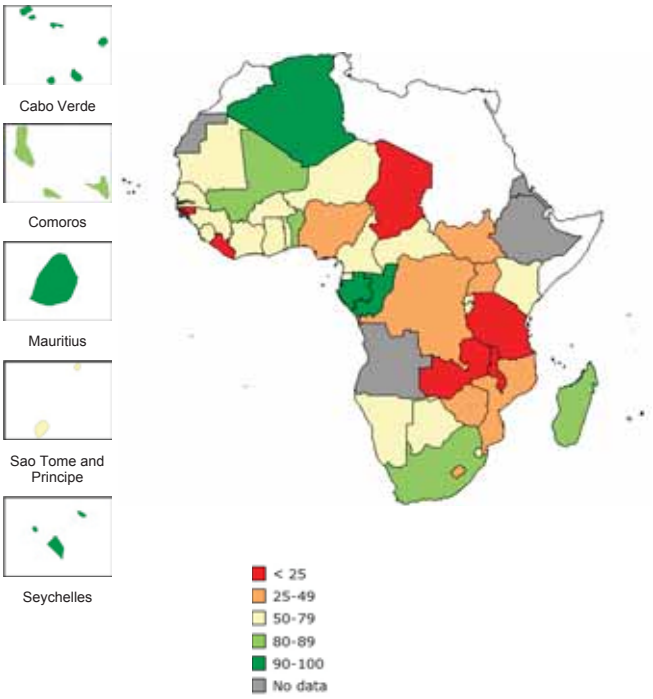
## 4.4. Health information, evidence and knowledge

**Figure 4.4.1**. Percentage of civil registration coverage for deaths in the African Region, latest available year



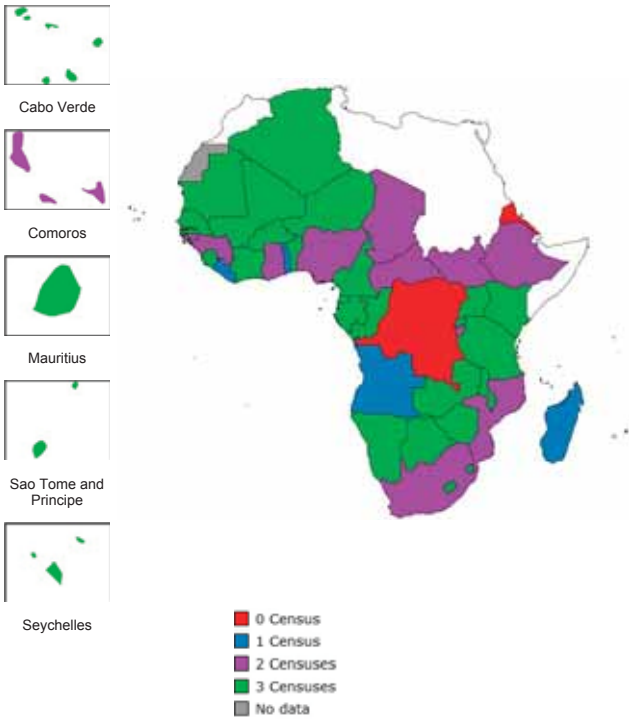

*Source : WHO 2015, UNSTATS 2015*

**Figure 4.4.2**. Percentage of civil registration coverage for births in the African Region, 2007–2013



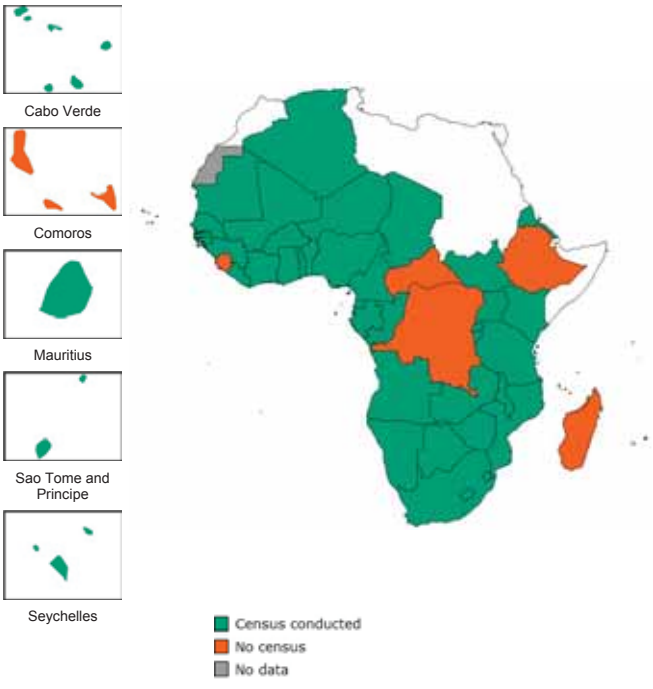

*Source : WHO 2015, UNICEF 2015*

**Figure 4.4.3**. Distribution of censuses carried out in the last three census round in the African Region, 1985–1994, 1995–2004 and 2005–2014




*Source : UNSD, 2015*

**Figure 4.4.4**. Availability of census data in African Region, 2005–2014




*Source : UNSD, 2015*

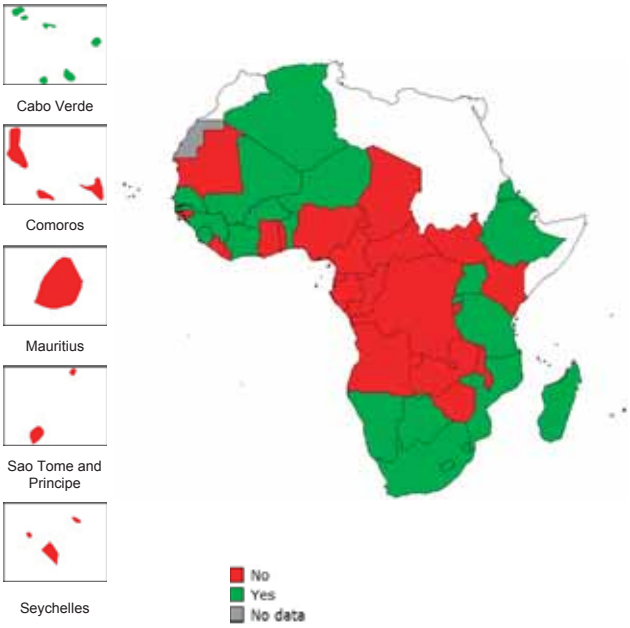
*Figure 4.4.5 Country health information data resources overview*

| Country | Annual Health Sector Review | Latest Census Year | Population Survey Data points 2005-2009 | Population Survey Data points 2010-2014 | DHS 2005-2009 | DHS 2010-2014 |
|---|---|---|---|---|---|---|
| Algeria | | 2008 | 1 | 2 | | |
| Angola | | 2014 | 1 | 1 | 2007 | 2011 |
| Benin | May | 2013 | 1 | 2 | 2006 | 2012 |
| Botswana | | 2011 | | | | |
| Burkina Faso | March | 2006 | 1 | 2 | | 2010, 2014 |
| Burundi | | 2008 | 1 | 2 | | 2010, 2012 |
| Cameroon | | 2015 | 1 | 2 | | 2011 |
| Cabo Verde | | 2010 | 1 | 0 | 2005 | |
| Central African Republic | | | 1 | 1 | | |
| Chad | | 2009 | | 1 | | |
| Comoros | | | | 1 | | 2012 |
| Congo | | 2007 | 2 | 2 | 2005, 2009 | 2012 |
| Côte d'Ivoire | Nov | 2014 | 2 | 1 | 2005 | 2012 |
| Democratic Republic of the Congo | Vary | | 1 | 3 | 2007 | 2014 |
| Equatorial Guinea | | 2015 | 1 | 1 | | 2011 |
| Eritrea | | | | | | |
| Ethiopia | Oct | 2007 | 1 | 1 | 2005 | 2011 |
| Gabon | May | 2013 | 0 | 1 | | 2012 |
| Gambia | Dec | 2013 | 1 | 2 | | 2013 |
| Ghana | Apr/May | 2010 | 5 | 3 | 2006, 2007–2008 | 2011, 2014 |
| Guinea | May | 2014 | 1 | 1 | 2005 | 2012 |
| Guinea-Bissau | Oct/Nov | 2009 | 1 | 2 | | |
| Kenya | Oct | 2009 | 1 | 2 | 2008 | 2014 |
| Lesotho | Oct | 2006 | 1 | | 2009 | |
| Liberia | Oct | 2008 | 2 | 2 | 2007, 2009 | 2011, 2013 |
| Madagascar | | | 1 | 3 | 2008 | 2011, 2013 |
| Malawi | Apr, Oct/Nov | 2008 | 1 | 4 | | 2010, 2012, 2014 |
| Mali | Nov/Dec | 2009 | 1 | 3 | 2006 | 2010, 2012 |
| Mauritania | Apr | 2013 | 1 | 1 | | |
| Mauritius | | 2011 | | | | |
| Mozambique | Mar/July | 2007 | 2 | 1 | 2009 | 2011 |
| Namibia | | 2011 | 1 | 1 | 2006 | 2013 |
| Niger | | 2012 | 1 | 1 | 2006 | 2012 |
| Nigeria | | 2006 | 2 | 3 | 2008 | 2010, 2013 |
| Rwanda | Sept | 2012 | 2 | 3 | 2005, 2007–2008 | 2010, 2011, 2013 |
| Sao Tome and Principe | | 2012 | 2 | 2 | 2009 | 2014 |
| Senegal | Apr | 2013 | 2 | 3 | 2006, 2008 | 2010, 2012, 2014 |
| Seychelles | | 2010 | | | | |
| Sierra Leone | Dec | 2010 | 2 | 2 | 2008 | 2013 |
| South Africa | Oct | 2010 | 1 | | 2003 | |
| South Sudan | | 2010 | | 1 | | |
| Swaziland | | 2010 | 1 | 2 | 2006 | |
| Togo | Sept/Oct | 2010 | 1 | 2 | | 2013 |
| Uganda | Oct | 2010 | 3 | 3 | 2006, 2007, 2009 | 2011, 2014 |
| United Republic of Tanzania | Oct | 2010 | 2 | 2 | 2005, 2007 | 2010, 2012 |
| Zambia | Apr | 2010 | 2 | 1 | 2005, 2007 | 2013 |
| Zimbabwe | Nov/Dec | 2010 | 2 | 2 | 2005 | 2010 |

| MICS 2005-2009 | MICS 2010-2014 | Developed eHealth Strategy | District Health Information Software | Death Registration Coverage | Death Registration Year | Country |
|---|---|---|---|---|---|---|
| 2006 | 2011, 2013 | | | 69% | 2000 | Algeria |
| | | | | | | Angola |
| | 2014 | | | 3% | 1995 | Benin |
| | | Yes | | 75% | 2014 | Botswana |
| 2006 | | | National | | | Burkina Faso |
| 2005 | | | Partial | | | Burundi |
| 2006 | 2014 | Yes | | | | Cameroon |
| | | Yes | | 100% | 2012 | Cabo Verde |
| 2006 | 2010 | | | | | Central African Republic |
| | 2010 | | | | | Chad |
| | | | | | | Comoros |
| | 2014 | Yes | | 41% | 1994 | Congo |
| 2006 | | Yes | | | | Côte d'Ivoire |
| | 2010, 2014 | | Partial | | | Democratic Republic of the Congo |
| 2000 | | | | 58% | 1994 | Equatorial Guinea |
| | | | | | | Eritrea |
| | | Yes | | 1.90% | 2015 | Ethiopia |
| | | | | | | Gabon |
| 2006 | 2010 | Yes | National | 10% | 1994 | Gambia |
| 2006, 2007 | 2011 | Yes | National | 25% | 2014 | Ghana |
| | | | | | | Guinea |
| 2006 | 2010, 2014 | | | | | Guinea-Bissau |
| 2008, 2011 | 2014 | Yes | National | 46% | 2014 | Kenya |
| | | | | 20% | 1994 | Lesotho |
| | | | National | 5% | 2014 | Liberia |
| | 2012 | Yes | | | | Madagascar |
| 2006 | 2013 | Yes | Partial | | | Malawi |
| | 2010 | | | | | Mali |
| 2007 | 2011 | | | | | Mauritania |
| | | Yes | | 100% | 2013 | Mauritius |
| 2008 | | Yes | National | 12% | 2013 | Mozambique |
| | | | | 89% | 2011 | Namibia |
| | | | | 2% | 1995 | Niger |
| 2007 | 2011 | Yes | National | Some registered | | Nigeria |
| | | Yes | National | 51% | 1994 | Rwanda |
| 2006 | 2014 | | | 90% | | Sao Tome and Principe |
| | | Yes | | 39% | 1994 | Senegal |
| | | | | 100% | 2012 | Seychelles |
| 2005 | 2010 | | National | | | Sierra Leone |
| | | Yes | Partial | 91% | 2010 | South Africa |
| | 2010 | | | | | South Sudan |
| | 2010, 2014 | | | 26% | 1994 | Swaziland |
| 2006 | 2010 | Yes | | 15% | 1994 | Togo |
| | | Yes | National | 25% | 1994 | Uganda |
| | | Yes | National | | | United Republic of Tanzania |
| | | Yes | National | 10% | 1994 | Zambia |
| 2009 | 2014 | Yes | National | 30% | 1994 | Zimbabwe |

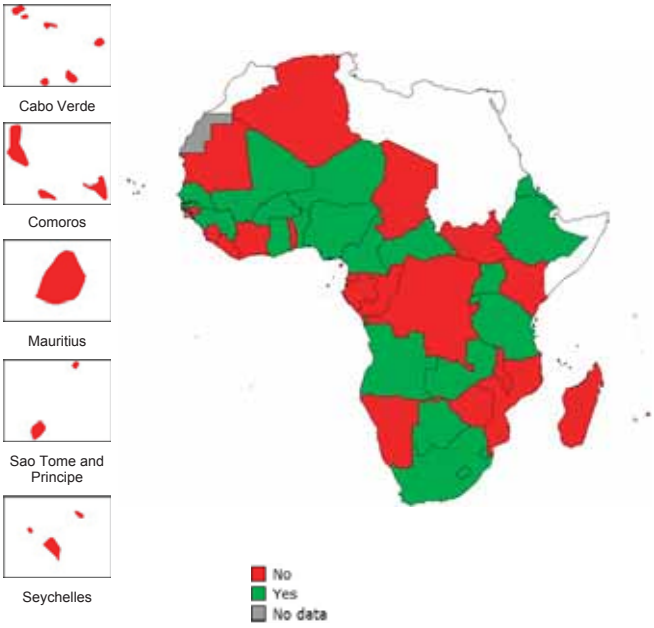
## 4.5. Research

**Figure 4.5.1**. Availability of national health research policy in the African Region, 2014



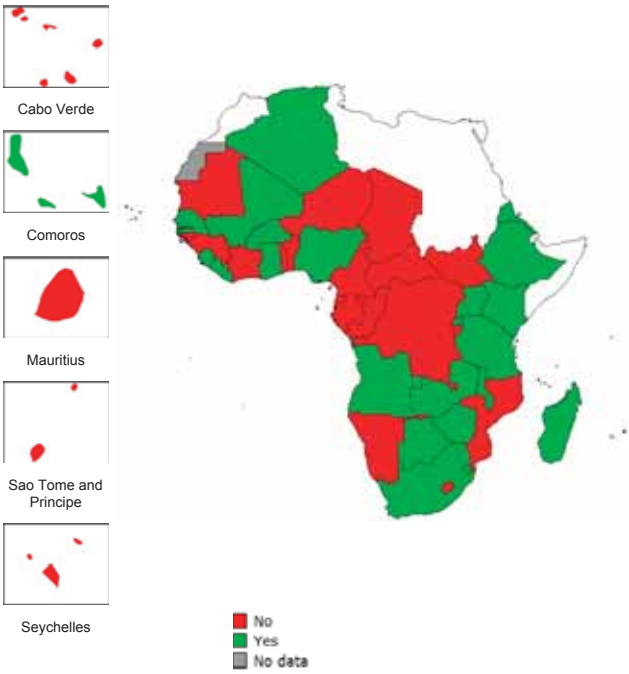

*Source : WHO, 2015*

**Figure 4.5.2**. Availability of national strategic plan for health research in the African Region, 2014



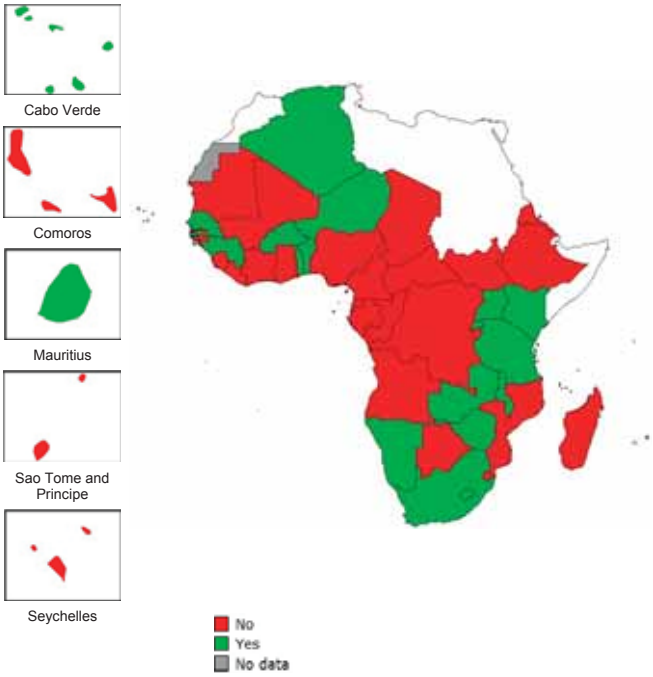

*Source : WHO, 2015*

**Figure 4.5.3**. Availability of health research programme in the African Region, 2014




*Source : WHO, 2015*

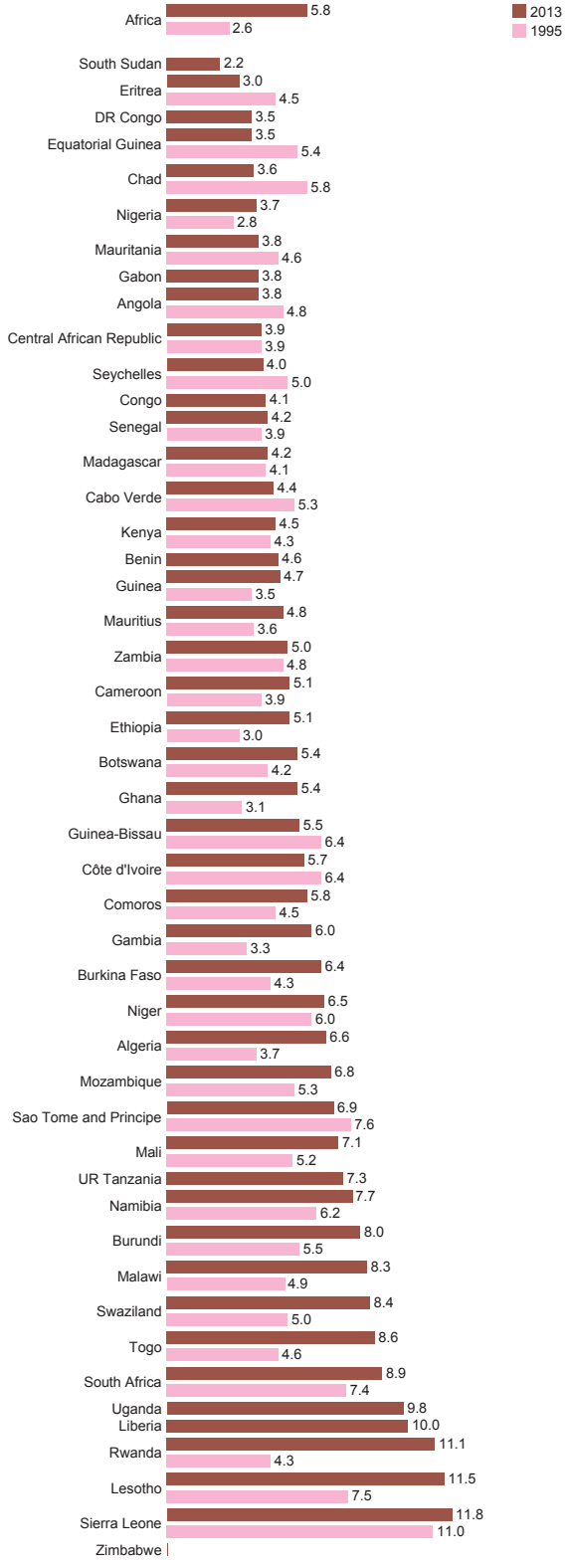
**Figure 4.5.4**. Availability of health research law in African Region, 2014




*Source : WHO, 2015*

## 4.6. Health financing system

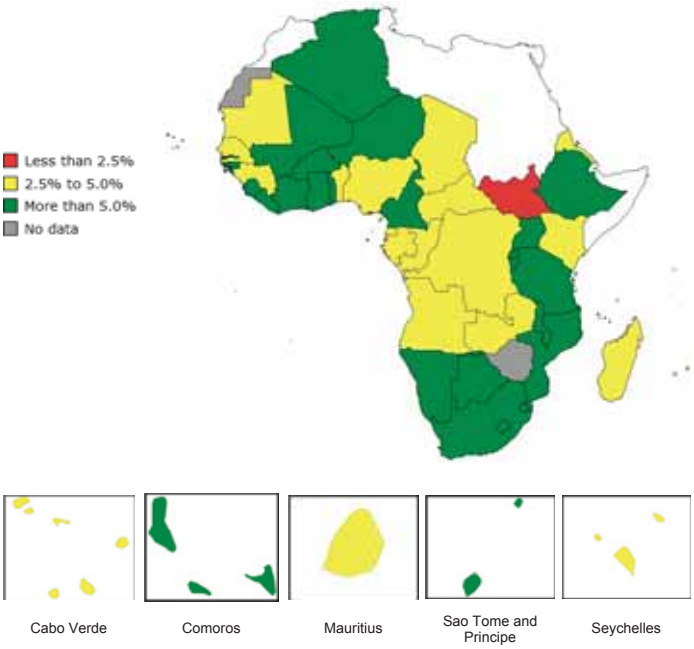
**Figure 4.6.1**. Total health expenditure as percentage of GDP in the African Region, 1995 and 2013




Countries of the African Region without data are not included in the chart.

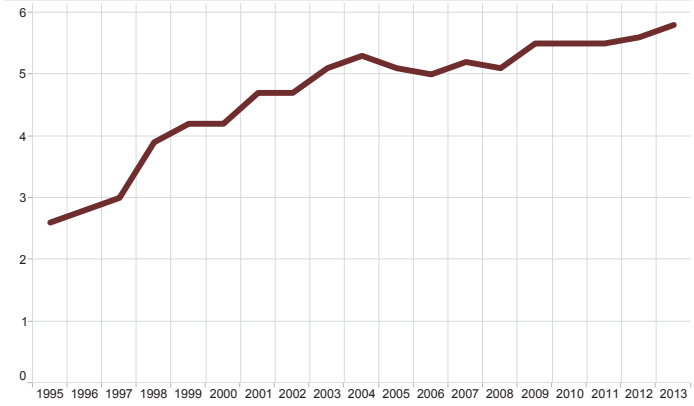
*Source : WHO, 2015*

**Figure 4.6.2**. Total health expenditure as percentage of GDP in the African Region, 2013



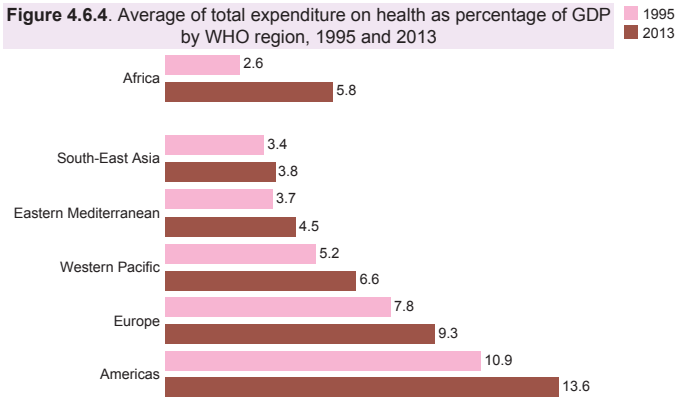

*Source : WHO, 2015*

**Figure 4.6.3**. Trend in average of total expenditure on health as percentage of GDP in the African Region, 1995.to 2013



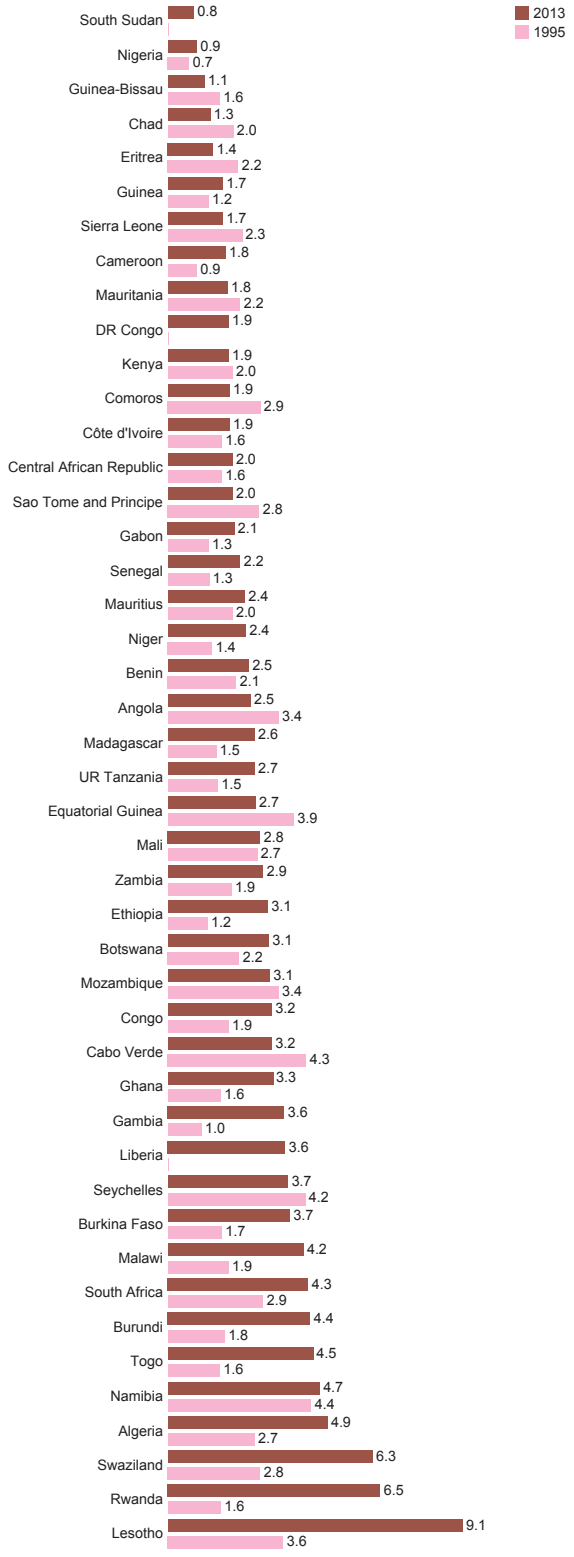

*Source : WHO, 2015*

**Figure 4.6.4**. Average of total expenditure on health as percentage of GDP by WHO region, 1995 and 2013




*Source : WHO, 2015*

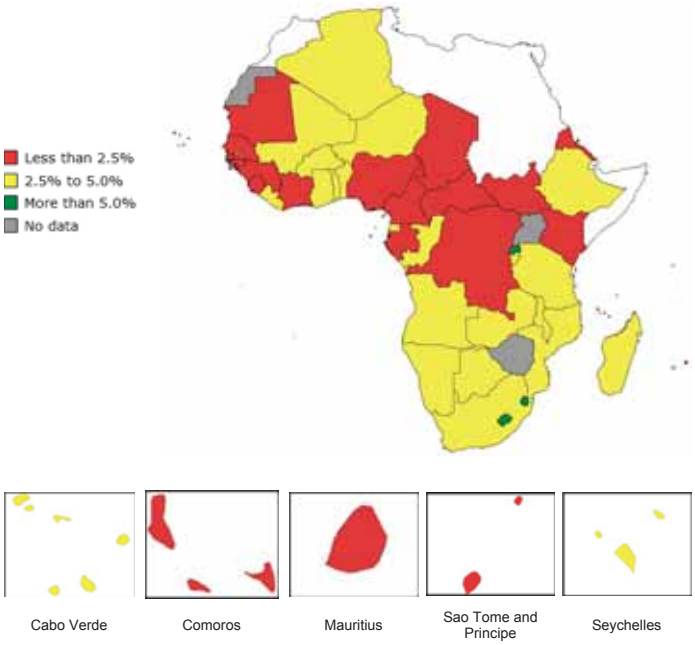
**Figure 4.6.5**. General government health expenditure as percentage of GDP in the African Region, 1995 and 2013




Countries of the African Region without data are not included in the chart.

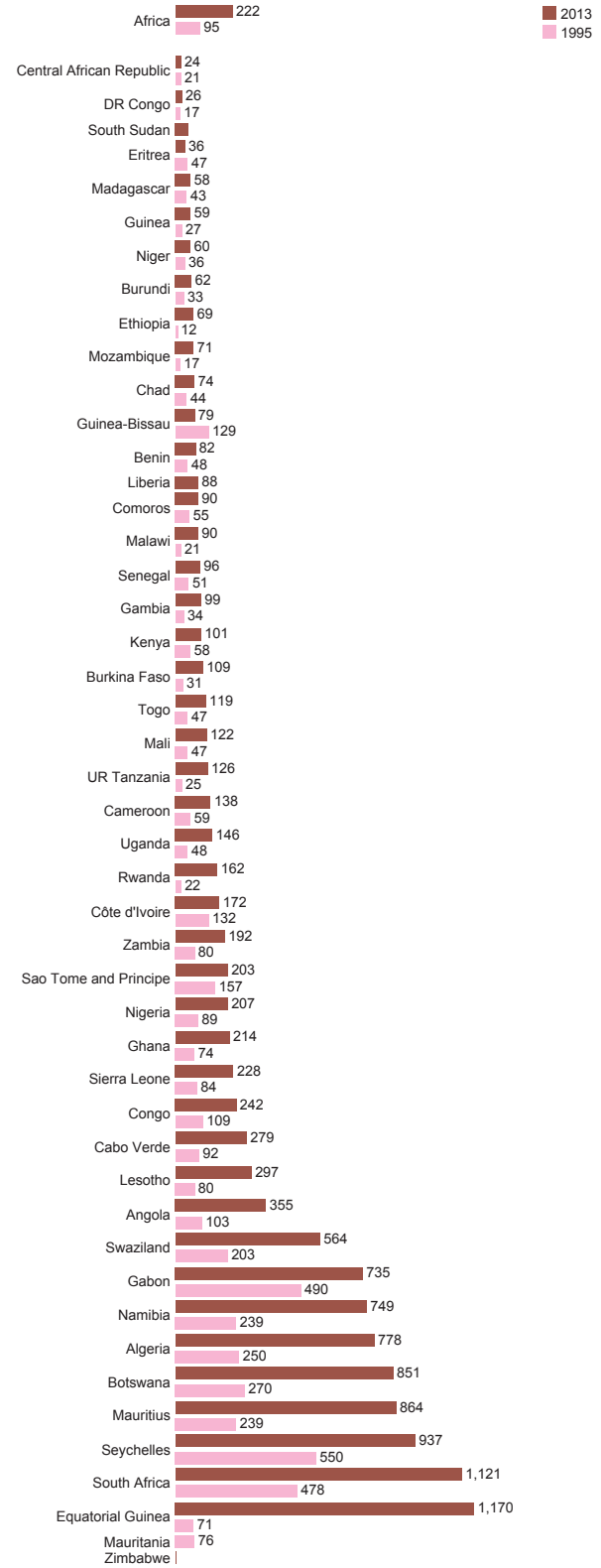
*Source : WHO, 2015*

**Figure 4.6.6**. General government health expenditure as percentage of GDP in the African Region, 2013




*Source : WHO, 2015*

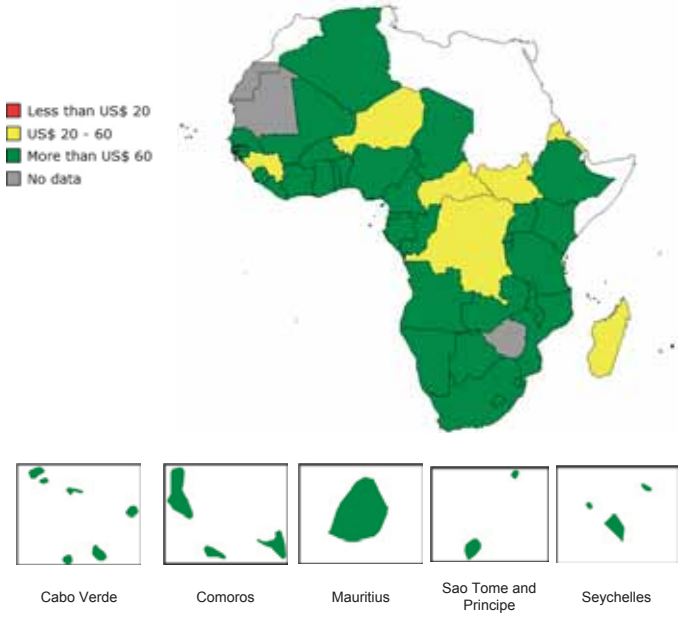
**Figure 4.6.7**. Total health expenditure per capita (PPP int. $) in the African Region, 1995 and 2013




Countries of the African Region without data are not included in the chart.

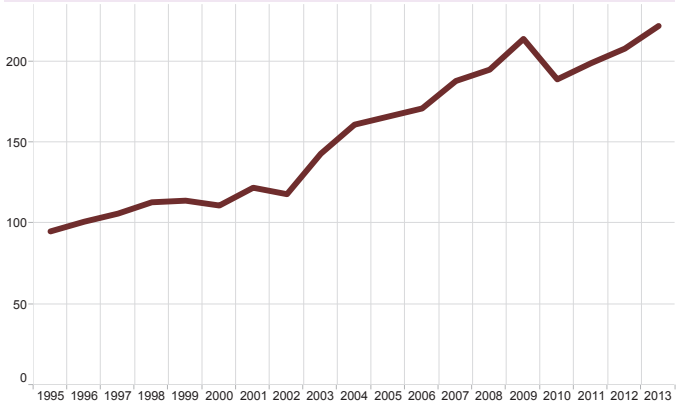
*Source : WHO, 2015*

**Figure 4.6.8**. Total health expenditure per capita (PPP int. $) in the African Region, 2011



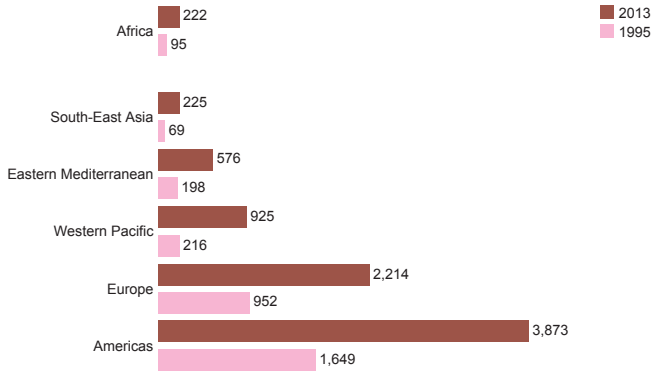

*Source : WHO, 2015*

**Figure 4.6.9**. Trend in average total health expenditure per capita (PPP int. $) in the African Region, 1995–2013



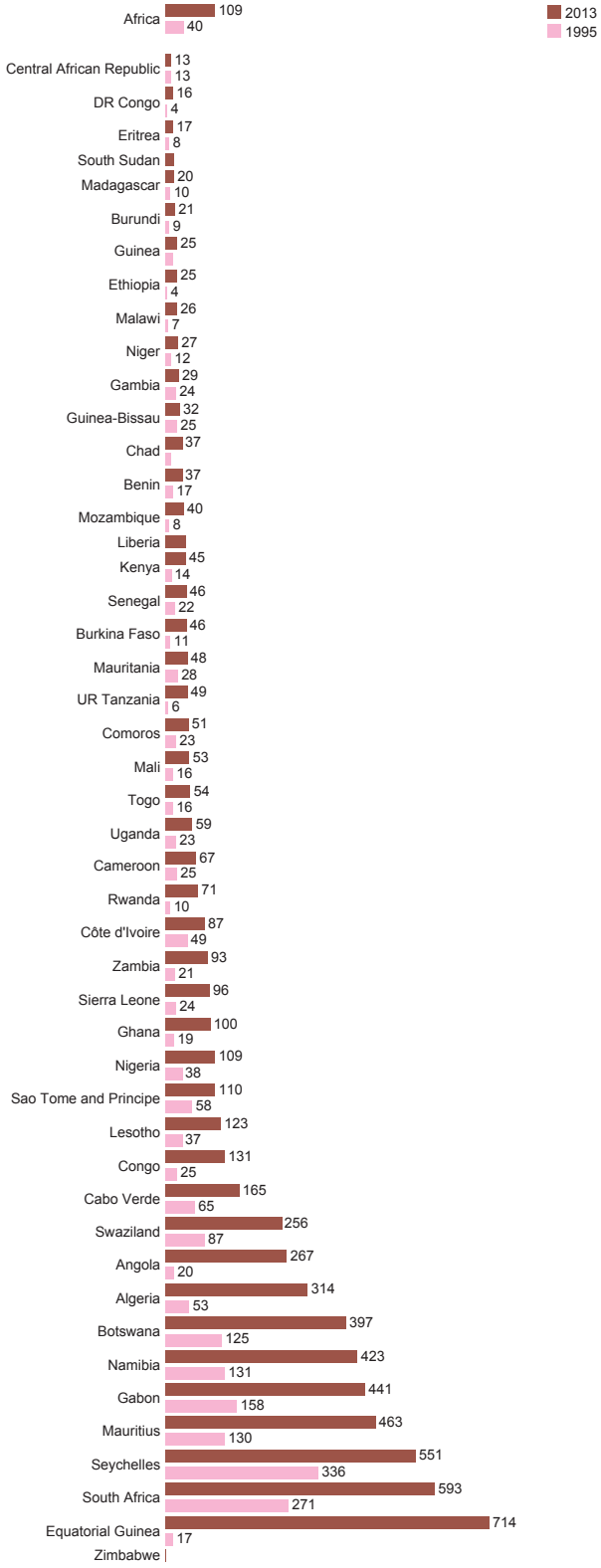

*Source : WHO, 2015*

**Figure 4.6.10**. Average total health expenditure per capita (PPP int. $) by WHO region, 1995 and 2013




*Source : WHO, 2015*

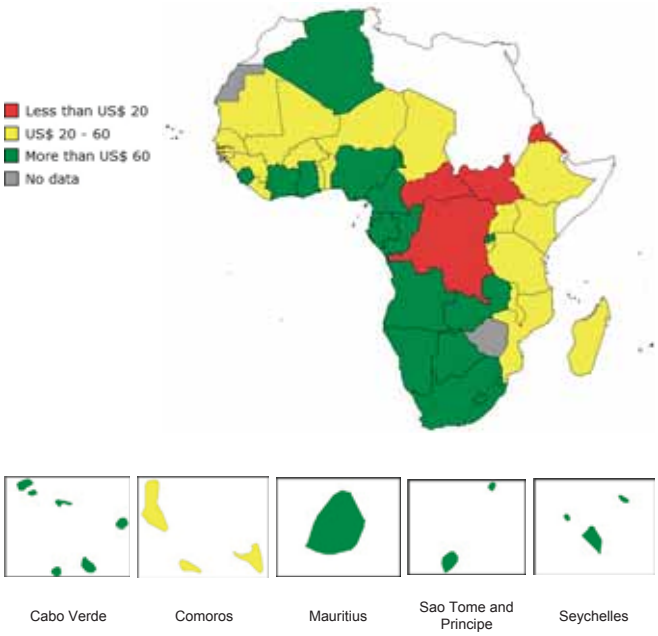
**Figure 4.6.11**. Total health expenditure per capita at exchange rate in the African Region, 1995 and 2013




Countries of the African Region without data are not included in the chart.

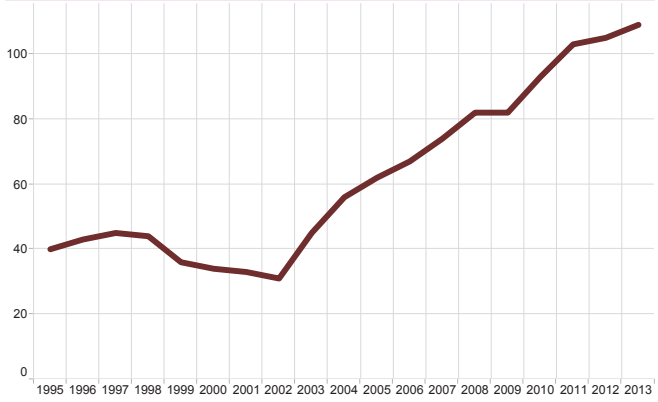
*Source : WHO, 2015*

**Figure 4.6.12**. Total health expenditure per capita at exchange rate in the African Region, 2013



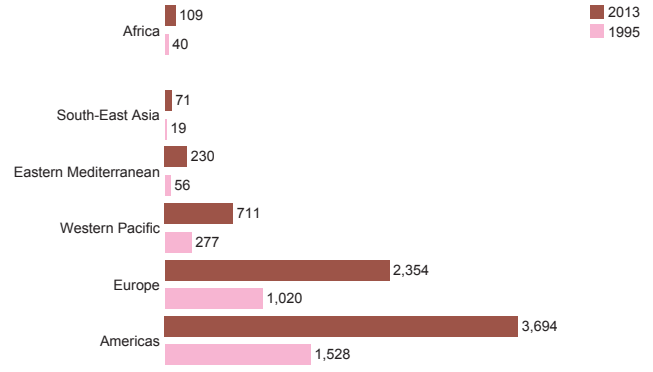

*Source : WHO, 2015*

**Figure 4.6.13**. Trend in average total health expenditure per capita at exchange rate in the African Region, 1995–2013



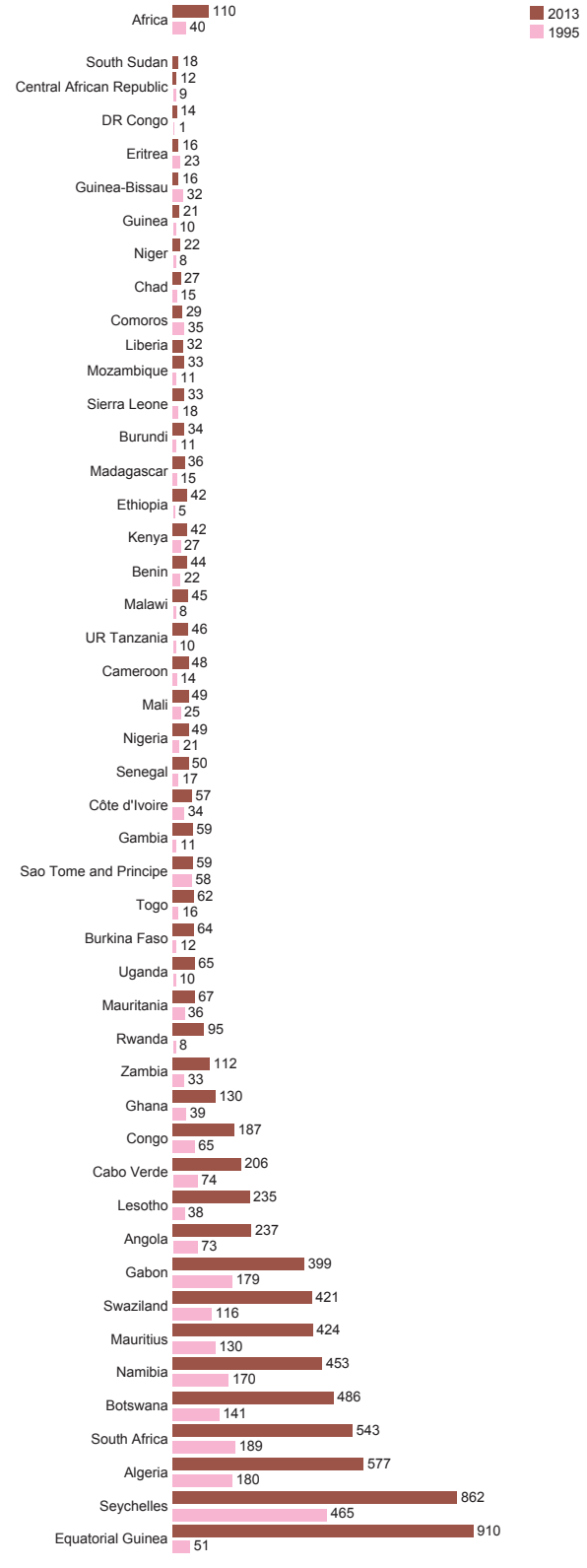

*Source : WHO, 2015*

**Figure 4.6.14**. Average total health expenditure per capita at exchange rate by WHO Region, 1995 and 2013




*Source : WHO, 2015*

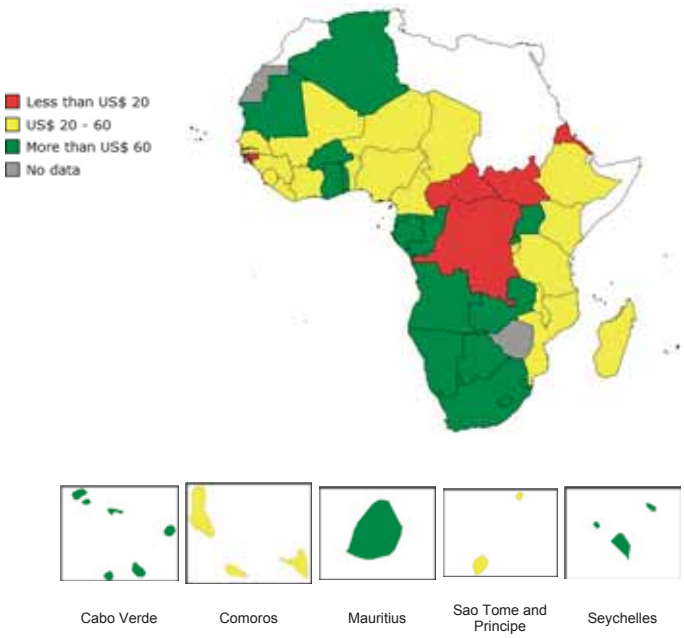
**Figure 4.6.15**. General government health expenditure per capita (PPP int. $) in the African Region, 1995 and 2013




Countries of the African Region without data are not included in the chart.

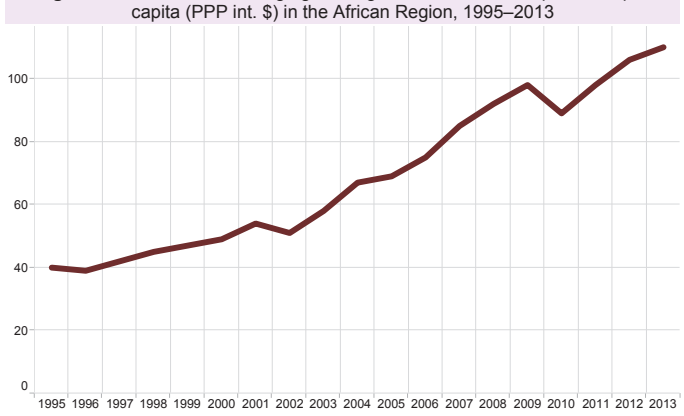
*Source : WHO, 2015*

**Figure 4.6.16**. General government health expenditure per capita (PPP int. $) in the African Region, 2013



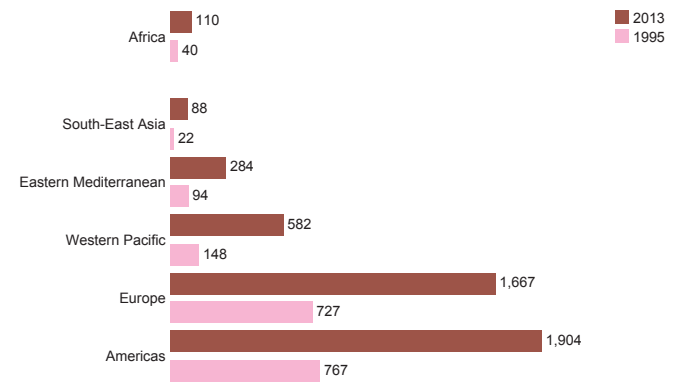

*Source : WHO, 2015*

**Figure 4.6.17**. Trend in average general government health expenditure per capita (PPP int. $) in the African Region, 1995–2013



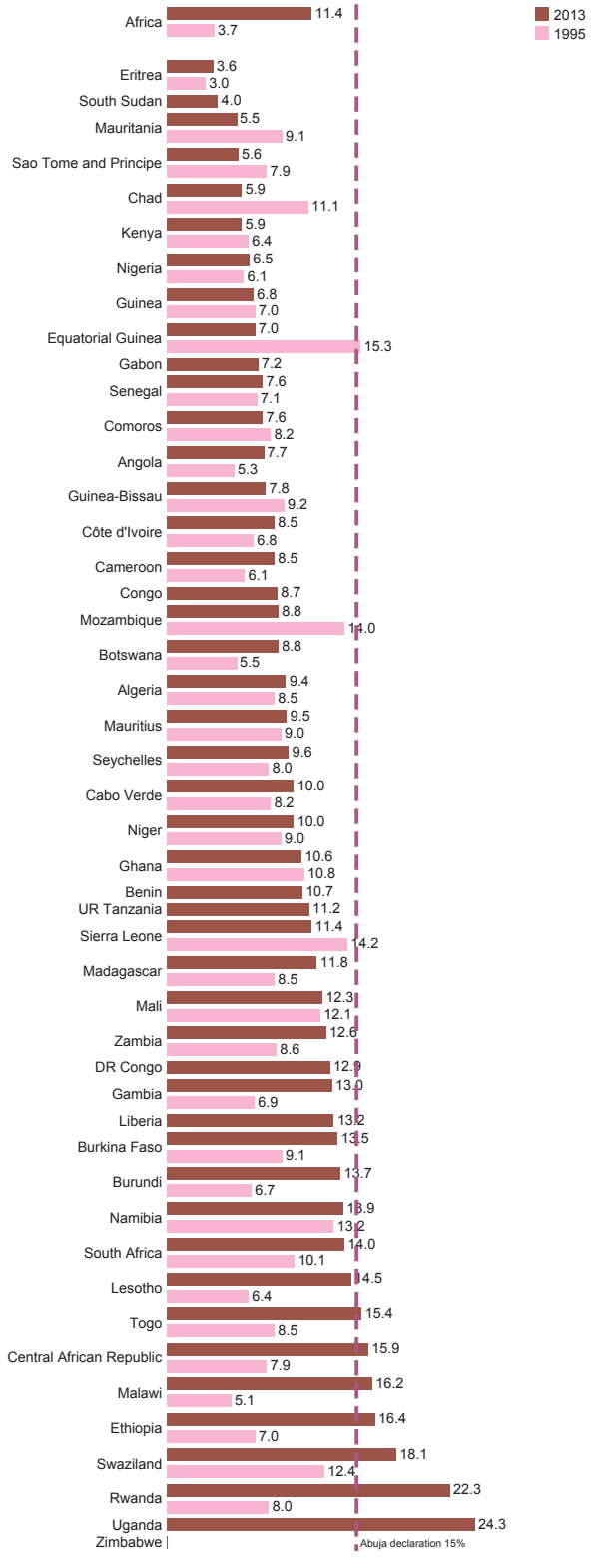

*Source : WHO, 2015*

**Figure 4.6.18**. Average of general government health expenditure per capita (PPP int. $) by WHO region, 1995 and 2013




*Source : WHO, 2015*

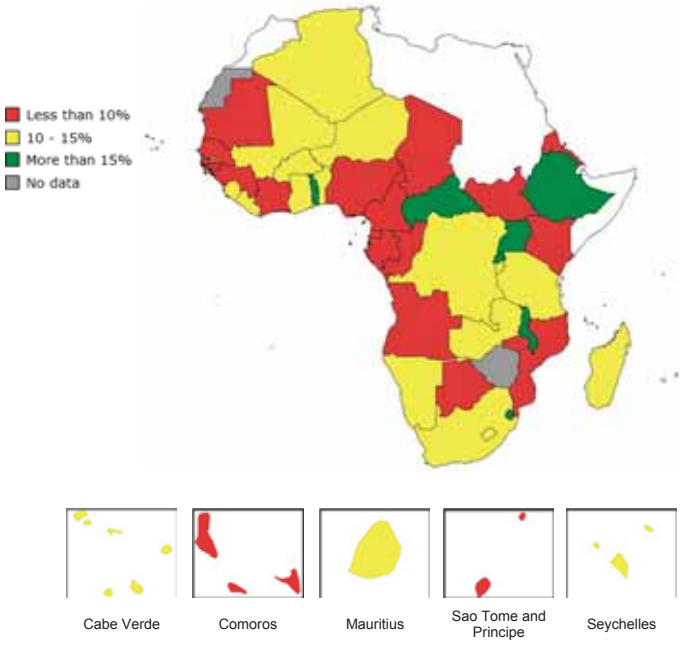
**Figure 4.6.19**. General government health expenditure as percentage of general government expenditure in the African Region, 1995 and 2013




Countries of the African Region without data are not included in the chart.

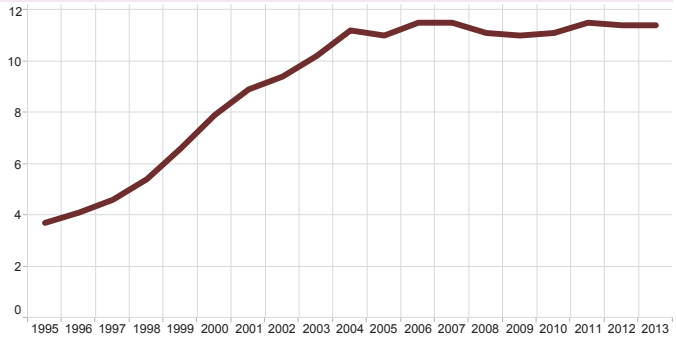
*Source : WHO, 2015*

**Figure 4.6.20**. General government health expenditure as percentage of general government expenditure in the African Region, 2013



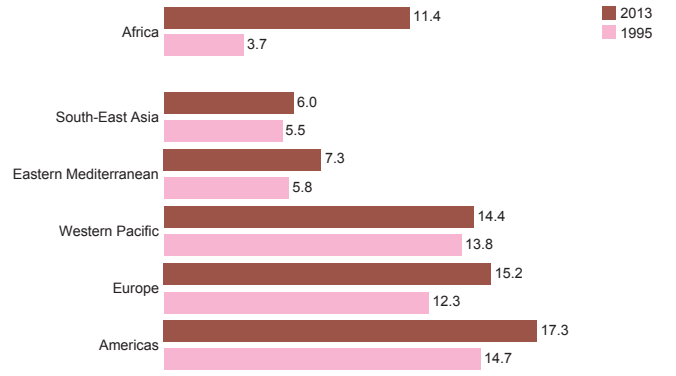

*Source : WHO, 2015*

**Figure 4.6.21**. Trend in average general government health expenditure as percentage of general government expenditure in the African Region, 1995–2013



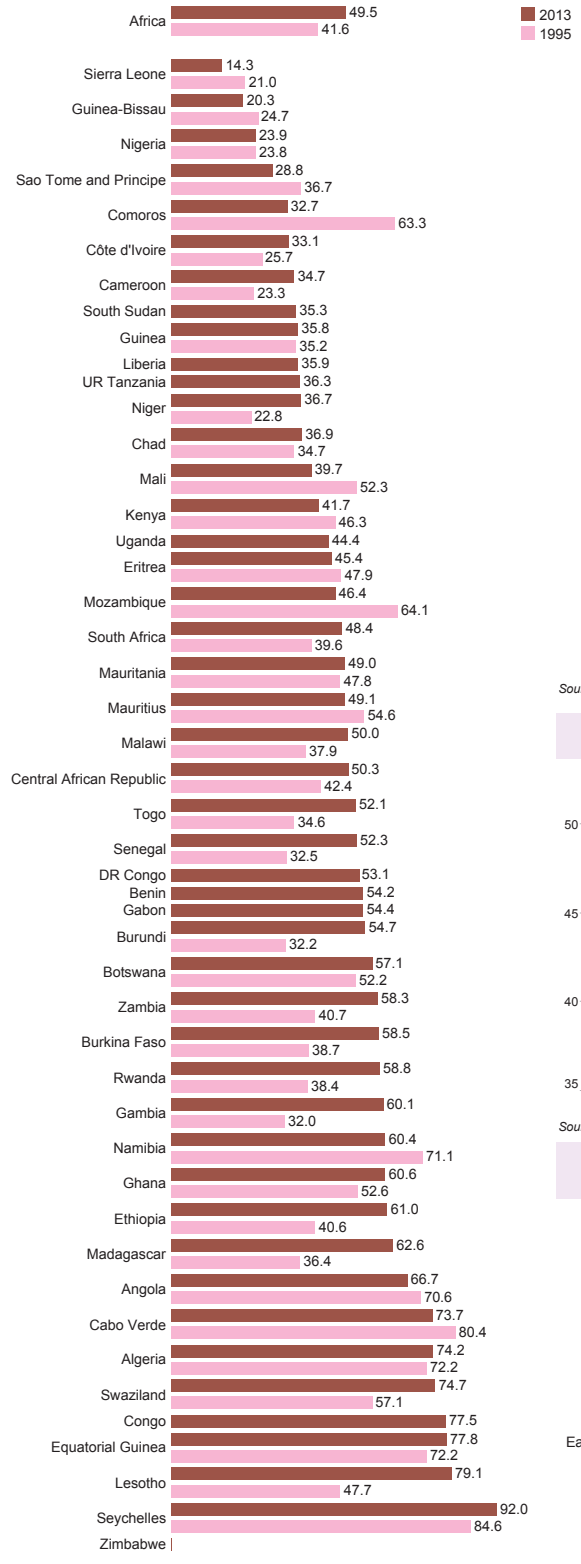

*Source : WHO, 2015*

**Figure 4.6.22**. Average of general government health expenditure as percentage of general government expenditure by WHO region, 1995 and 2013




*Source : WHO, 2015*

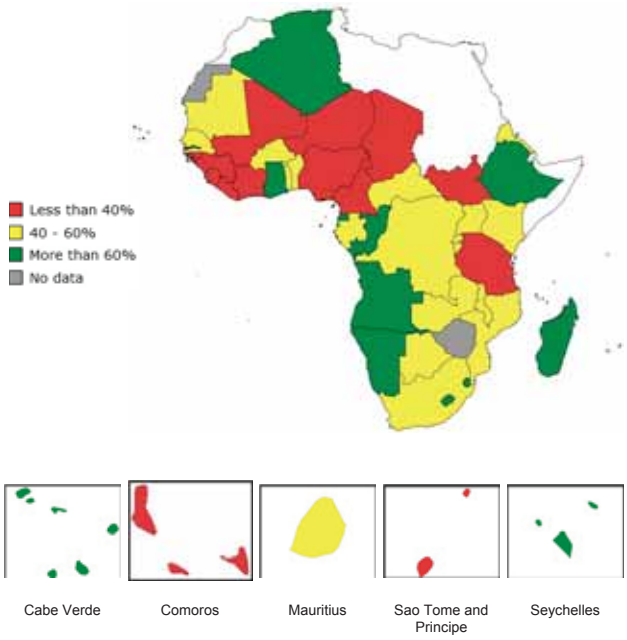
**Figure 4.6.23**. General government health expenditure as percentage of total health expenditure in the African Region, 1995 and 2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

**Figure 4.6.24**. General government health expenditure as percentage of total heath expenditure in the African Region, 2013

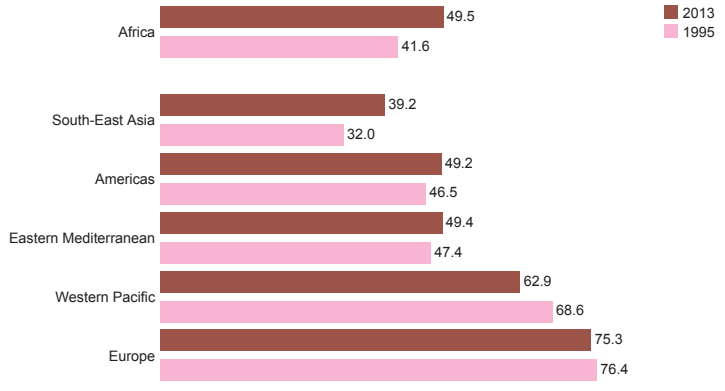



*Source : WHO, 2015*

**Figure 4.6.25**. Trend in average general government health expenditure as percentage of general government expenditure in the African Region, 1995–2013

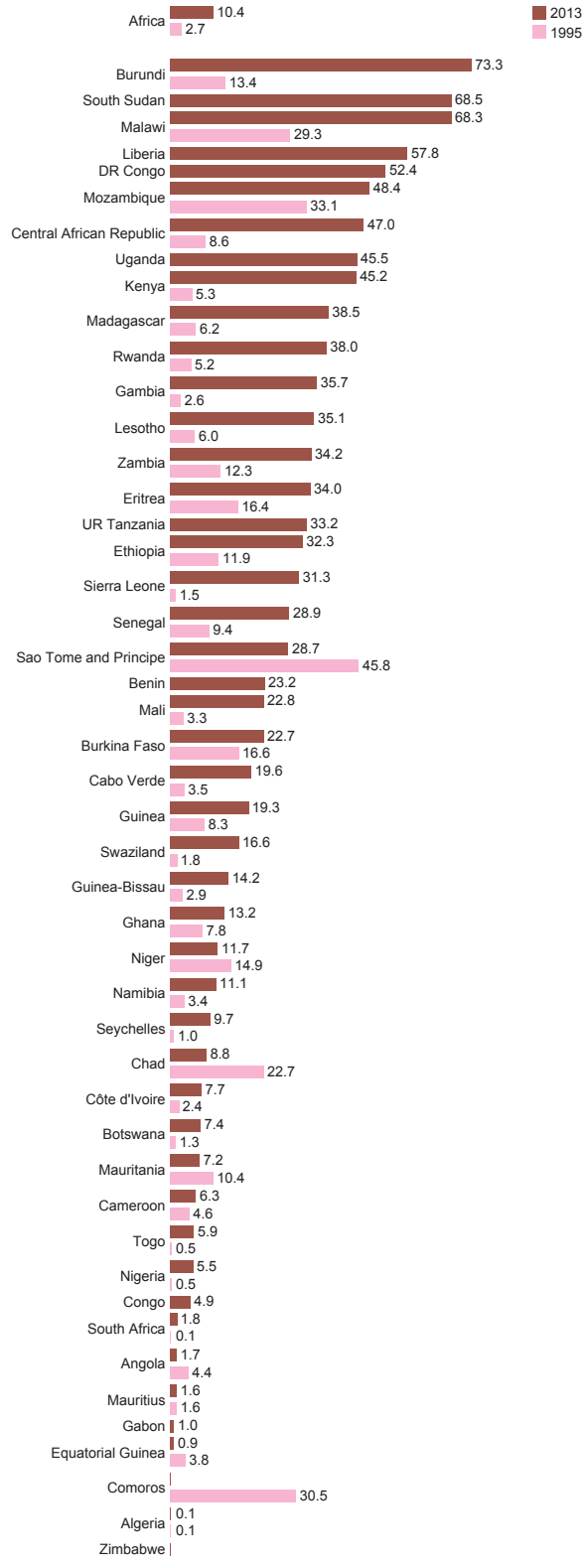

*Source : WHO, 2015*

**Figure 4.6.26**. Average of general government health expenditure as percentage of total health expenditure by WHO Region, 1995 and 2013




*Source : WHO, 2015*

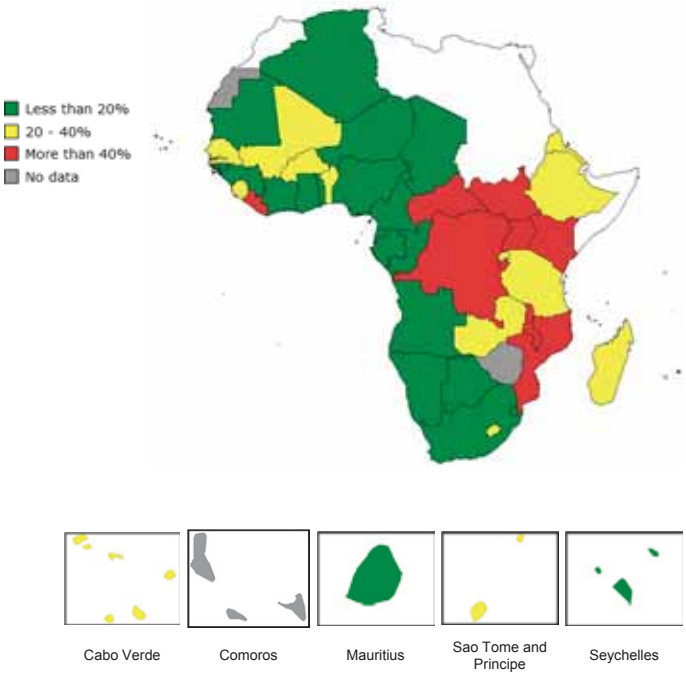
**Figure 4.6.27**. External resources on health as percentage of total health expenditure in the African Region, 1995 and 2013




Countries of the African Region without data are not included in the chart.

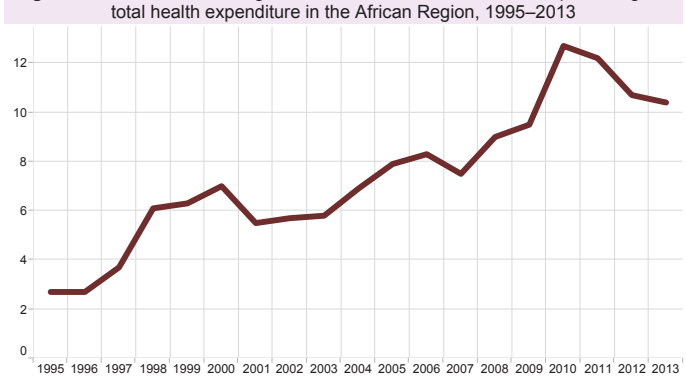
*Source : WHO, 2015*

**Figure 4.6.28**. External resources on health as percentage of total health expenditure in the African Region, 2013



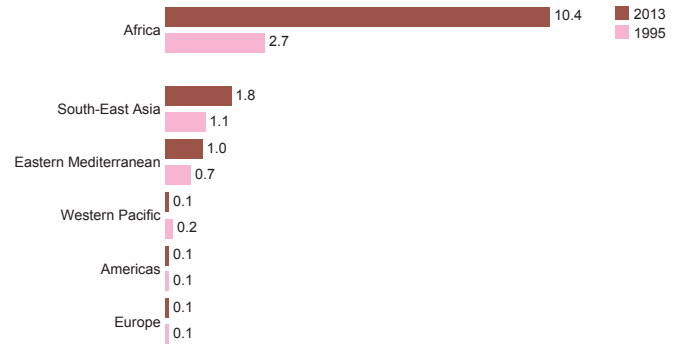

*Source : WHO, 2015.*

**Figure 4.6.29**. Trend in average of external resources on health as percentage of total health expenditure in the African Region, 1995–2013



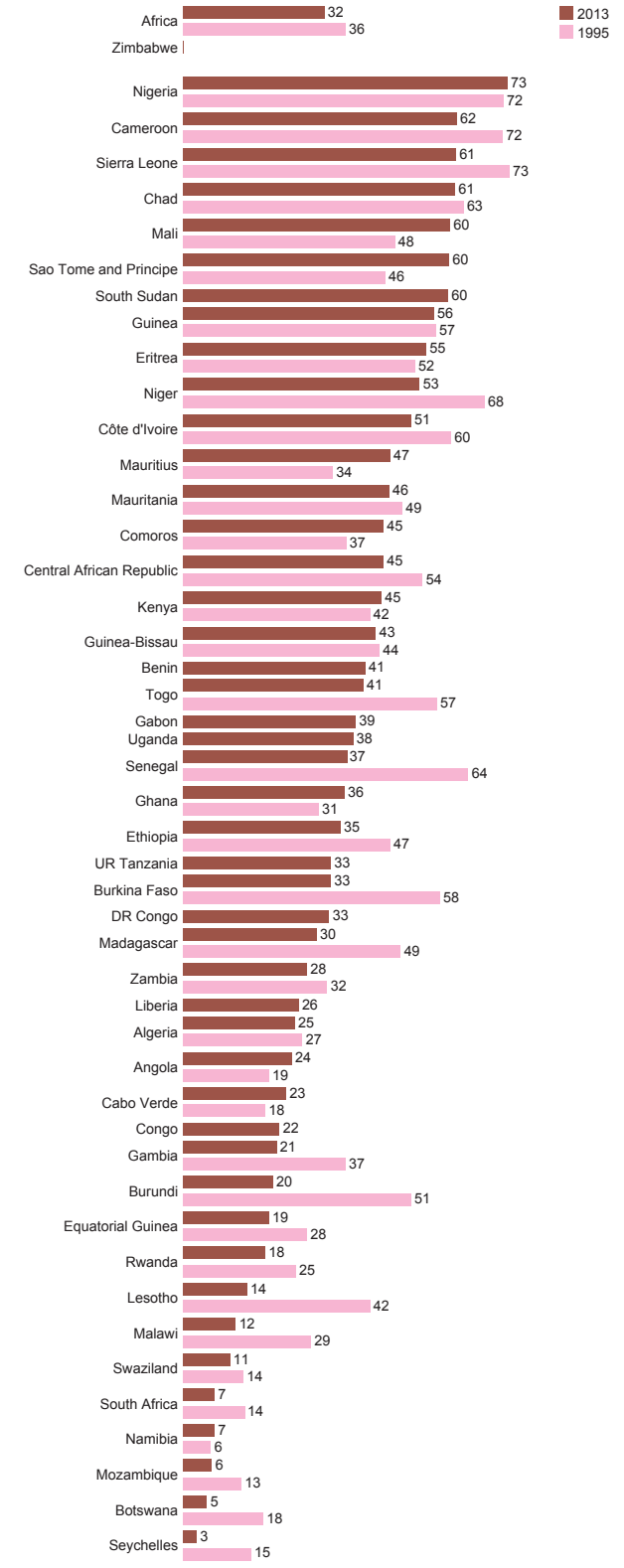

*Source : WHO, 2015.*

**Figure 4.6.30**. Average of external resources on health as percentage of total health expenditure by WHO Region, 1995 and 2013




*Source : WHO, 2015.*

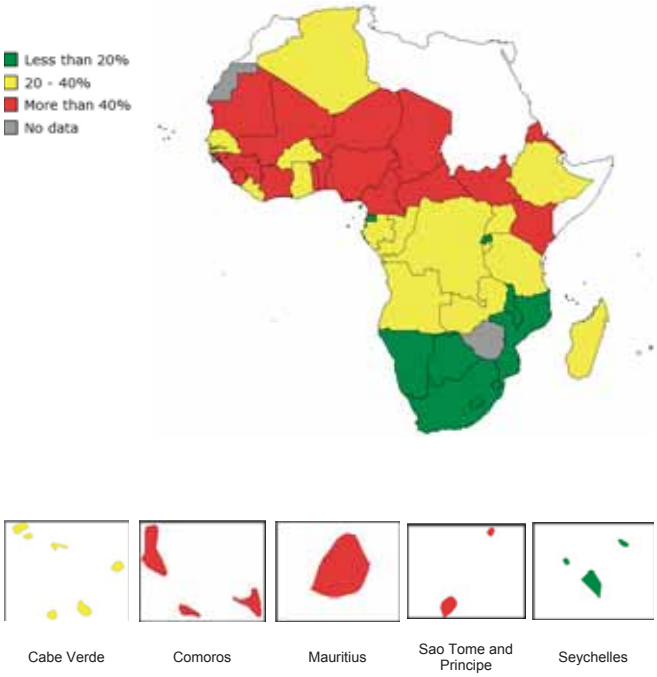
**Figure 4.6.31**. Out-of-pocket expenditure as percentage of total health expenditure in the African Region, 1995 and 2013




Countries of the African Region without data are not included in the chart.

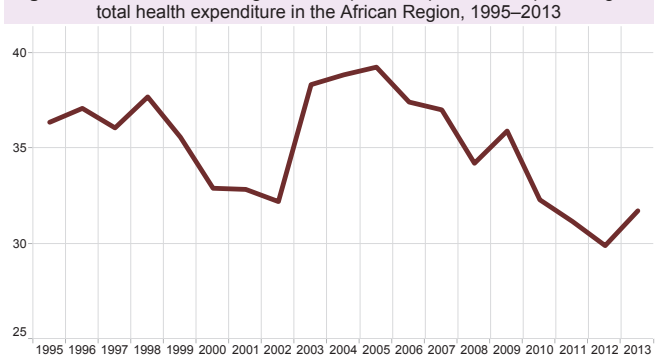
*Source : WHO, 2015*

**Figure 4.6.32**. Out-of-pocket expenditure as percentage of total health expenditure in the African Region, 2013



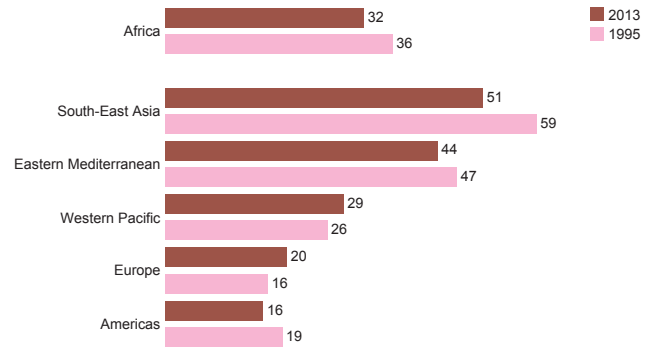

*Source : WHO, 2015.*

**Figure 4.6.33**. Trend in average of out-of-pocket expenditure as percentage of total health expenditure in the African Region, 1995–2013




*Source : WHO, 2015.*

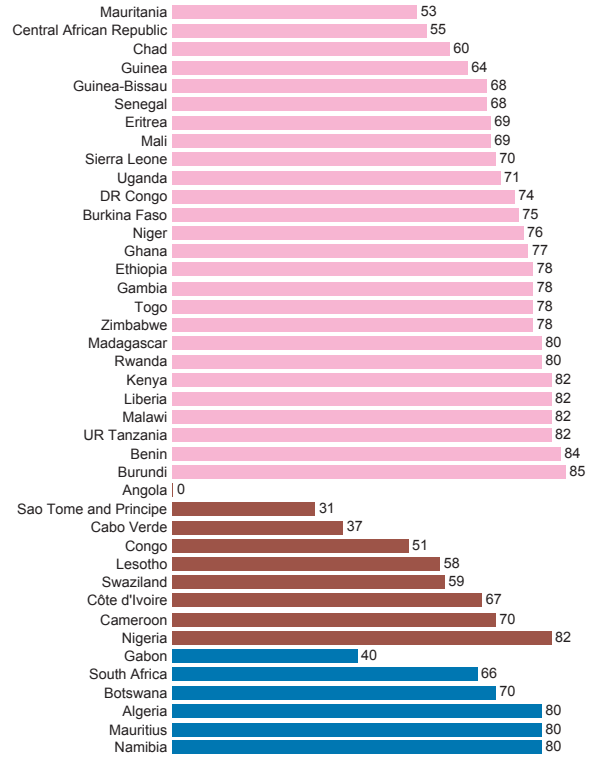
**Figure 4.6.34**. Average of out-of-pocket expenditure as percentage of total health expenditure by WHO region, 1995 and 2013




*Source : WHO, 2015.*

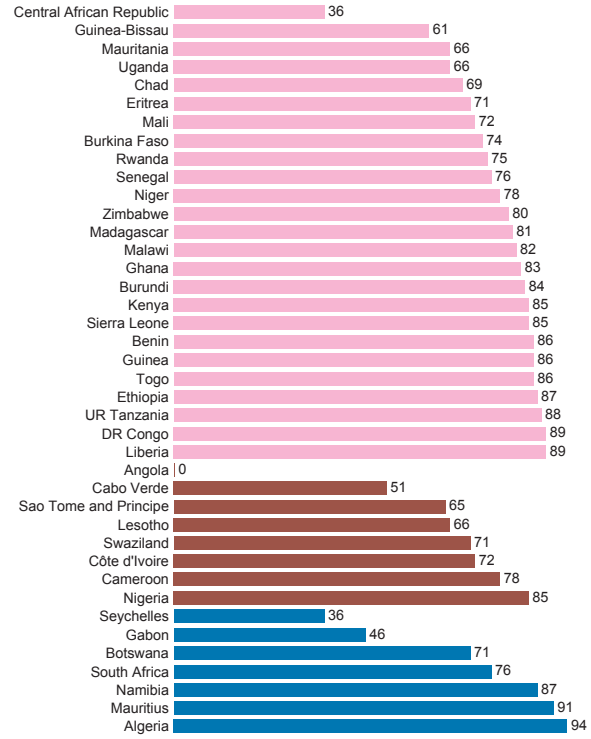
## 4.7. Service delivery

**Figure 4.7.1**. Treatment success rate for retreatment tuberculosis cases by income group of countries in the African Region, 2011



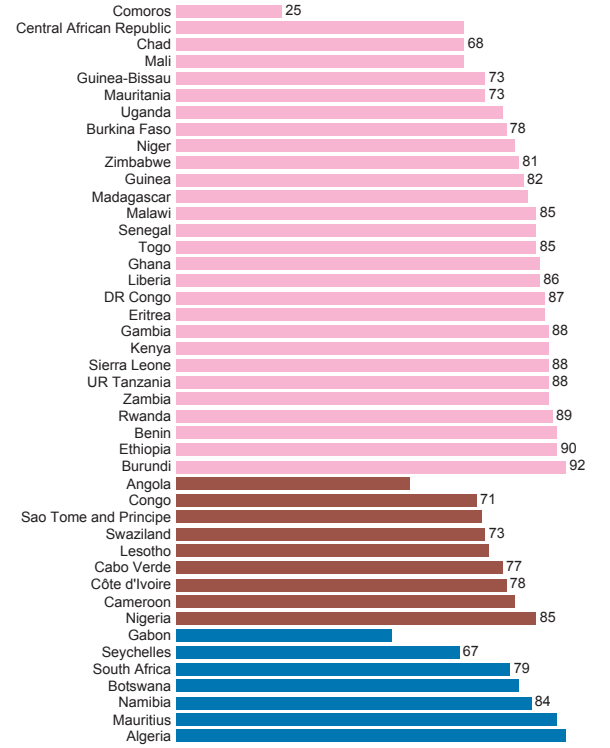

Countries of the African Region without data are not included in the chart.

**Figure 4.7.2**. Treatment success rate for new pulmonary smear-negative and extrapulmonary tuberculosis cases by income group of countries in the African Region, 2011




Countries of the African Region without data are not included in the chart.

**Figure 4.7.3**. Smear-positive tuberculosis treatment success rate (%) by income group of countries in the African Region, 2011




Countries of the African Region without data are not included in the chart.

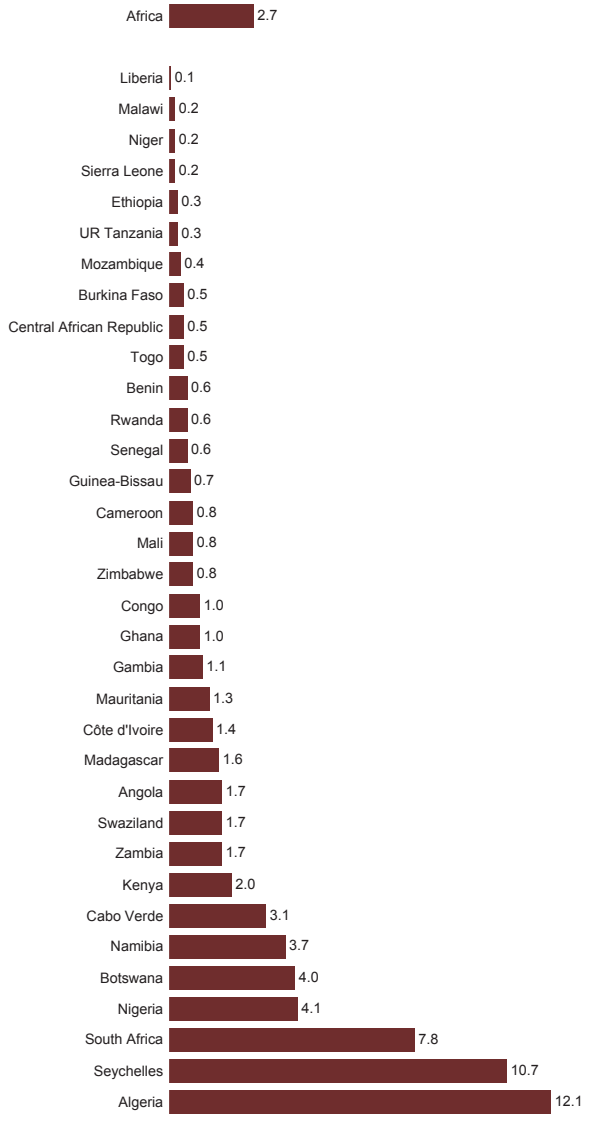
Low-income
Lower-middle-income
Upper-middle-income

* Each year on July 1, The World Bank revises the classification of the world's economies based on estimates of gross national income (GNI) per capita for the previous year
**World Bank Income Classifications (as of December 2010)**
- Low income: $995 or less
- Lower middle income: $996 to 3,945
- Upper middle income: $3,946 to 12,195
- High income: $12,196 or more

*Source : WHO, 2015*

## 4.8. Health workforce

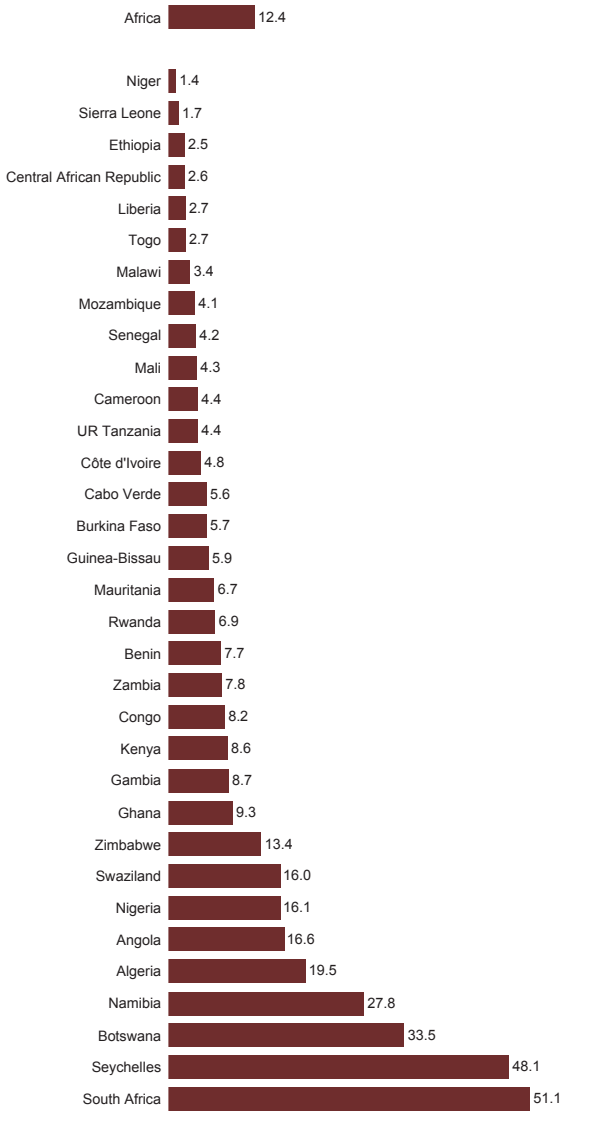
**Figure 4.8.1**. Physician-to-population ratio (per 10 000 population) in the African Region, 2007–2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015.*

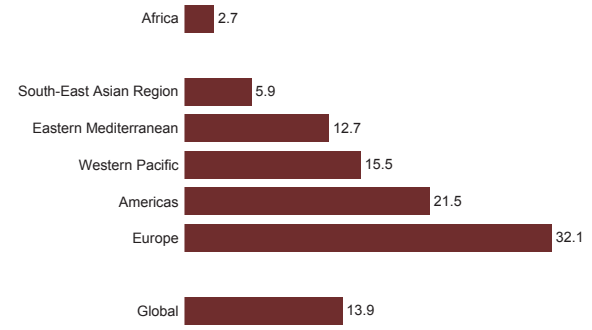
**Figure 4.8.3**. Nursing and midwifery personnel-to-population ratio (per 10 000 population) in the African Region, 2007–2013




Countries of the African Region without data are not included in the chart.

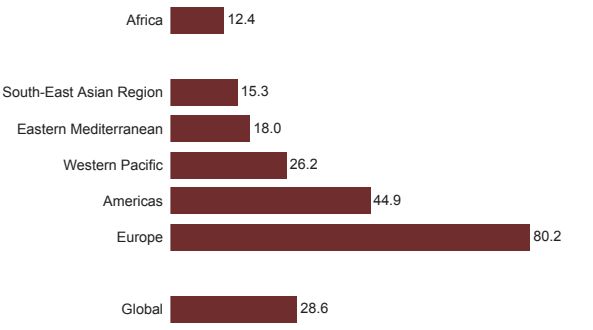
*Source : WHO, 2015.*

**Figure 4.8.2**. Physician-to-population ratio (per 10 000 population) by WHO region, 2007–2013



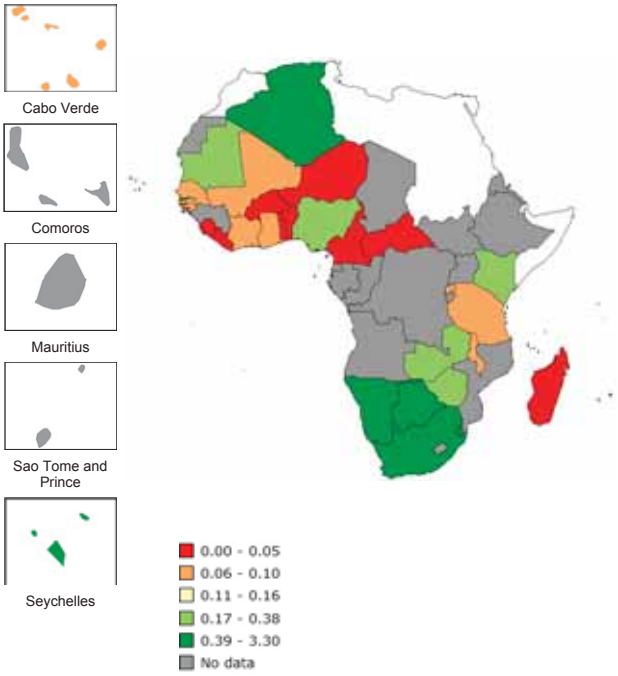

*Source : WHO, 2015*

**Figure 4.8.4**. Nursing and midwifery personnel-to-population ratio (per 10 000 population) by WHO region, 2007–2013



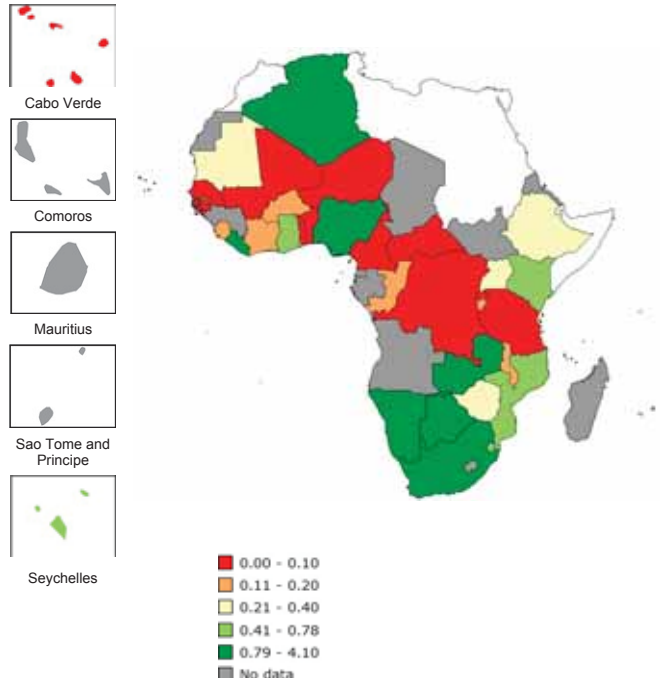

*Source : WHO, 2015*

**Figure 4.8.5**. Dentistry personnel density (per 10 000 population) in the African Region, 2007–2013



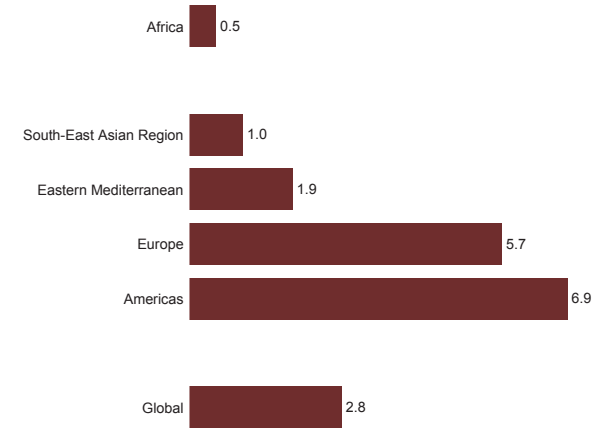

*Source : WHO, 2015*

**Figure 4.8.7**. Pharmaceutical personnel density (per 10 000 population) in the African Region, 2007–2013



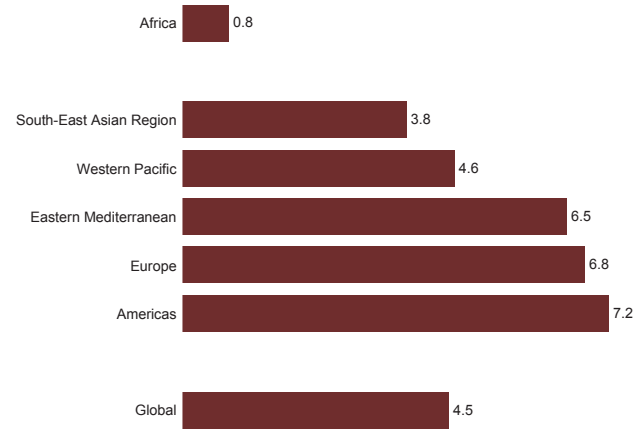

*Source : WHO, 2015*

**Figure 4.8.6**. Dentistry personnel density (per 10 000 population) by WHO region, 2007–2013



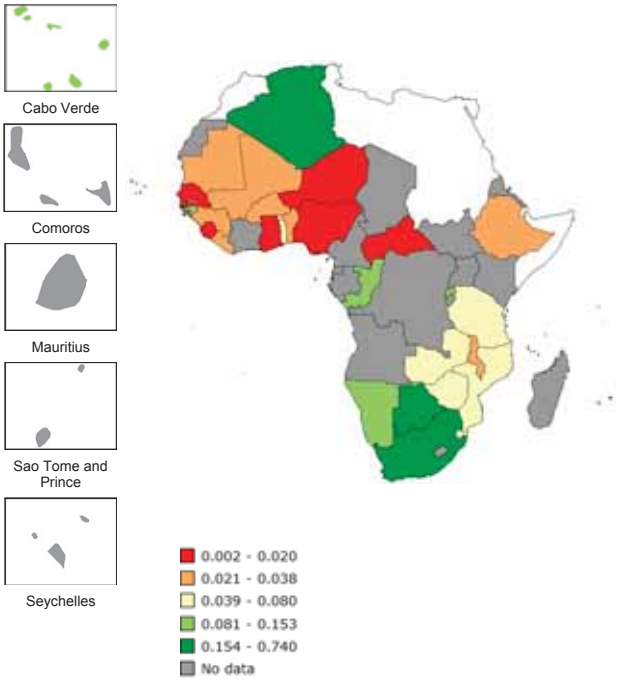

*Source : WHO, 2015*

**Figure 4.8.8**. Pharmaceutical personnel density (per 10 000 population) in the African Region, 2007–2013



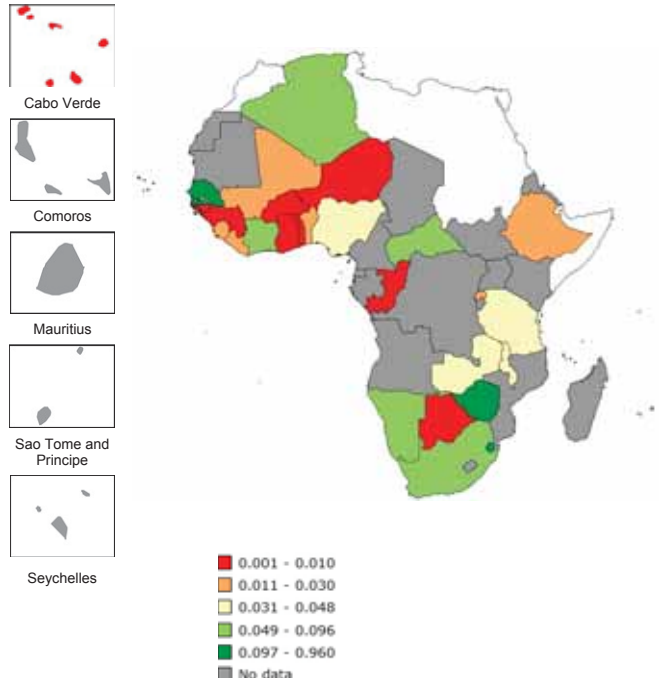

*Source : WHO, 2015*

**Figure 4.8.9**. Laboratory health workers density (per 10 000 population) in the African Region, 2005–2013



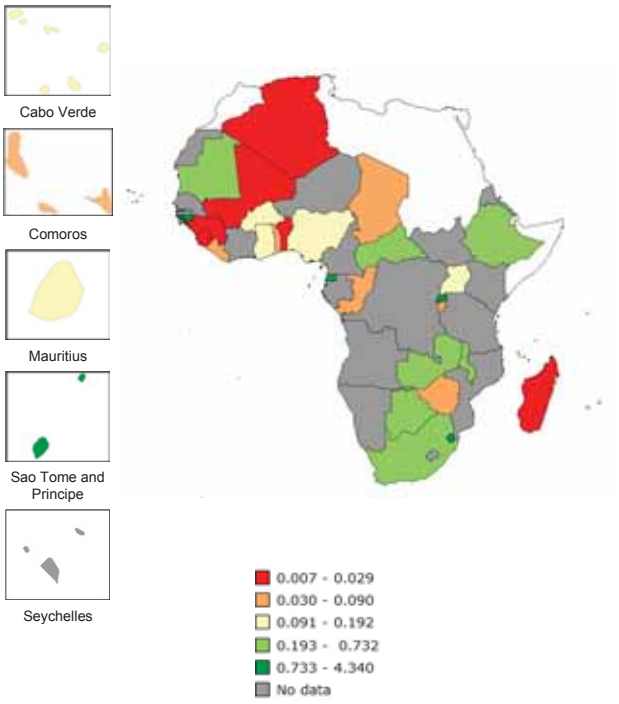

*Source : WHO, 2015.*

**Figure 4.8.10**. Environmental and public health workers density (per 10 000 population) in the African Region, 2005–2013



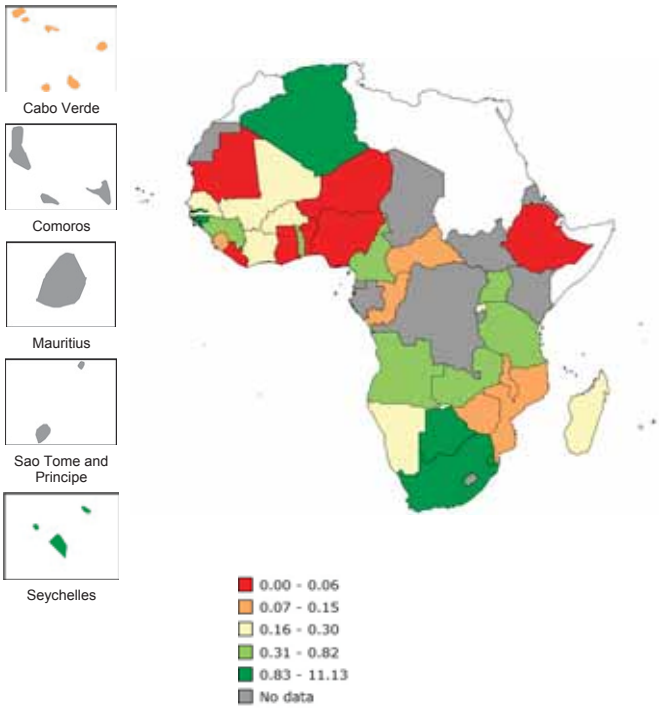

*Source : WHO, 2015.*

**Figure 4.8.11**. Community and traditional health workers density (per 1000 population) in the African Region, 2005–2013




*Source : WHO, 2015.*

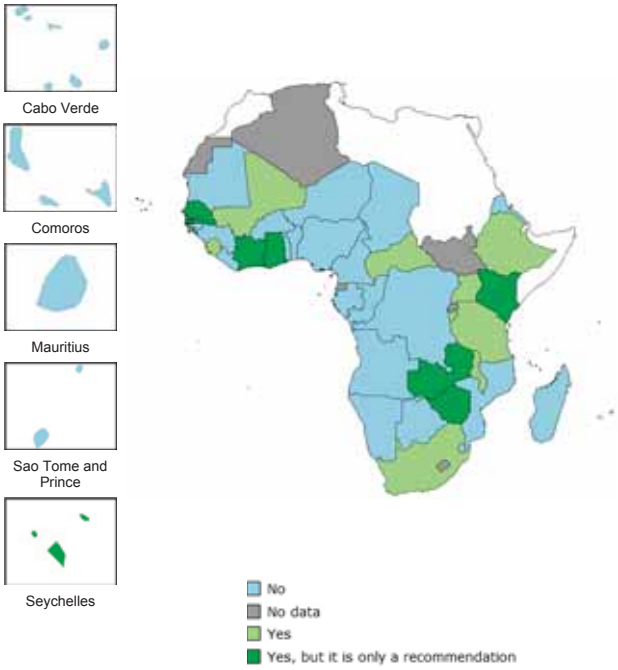
**Figure 4.8.12**. Other health workers density (per 1000 population) in the African Region, 2005–2013




*Source : WHO, 2015.*

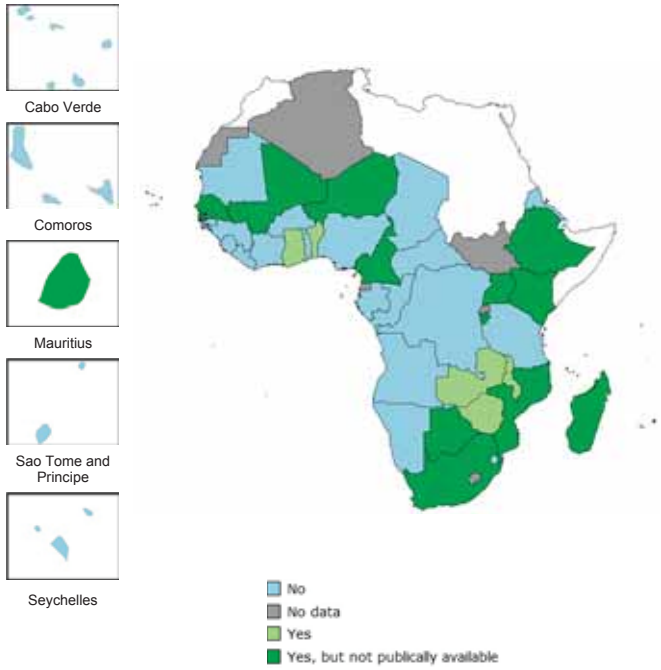
## 4.9. Medical products, vaccines, infrastructures and equipment

**Figure 4.9.1**. Availability of national list of approved medical devices for procurement or reimbursement in the African Region, 2013



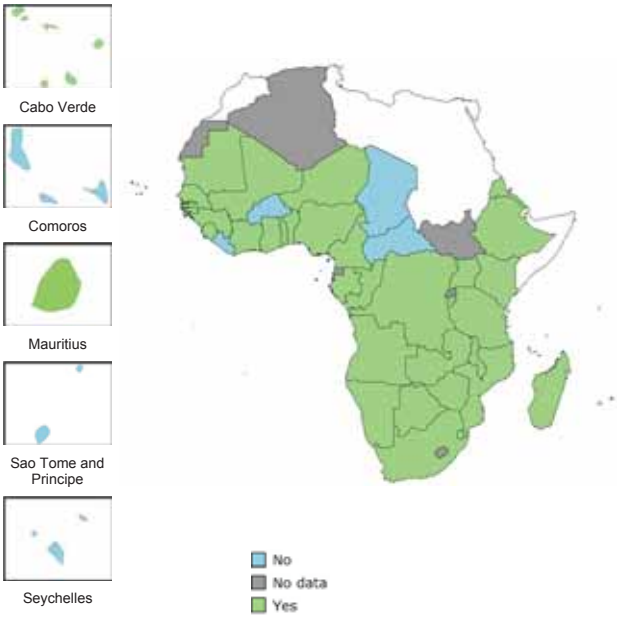

*Source : WHO, 2015*

**Figure 4.9.2**. Availability of technical specifications of medical devices to support procurement or donations in the African Region, 2013



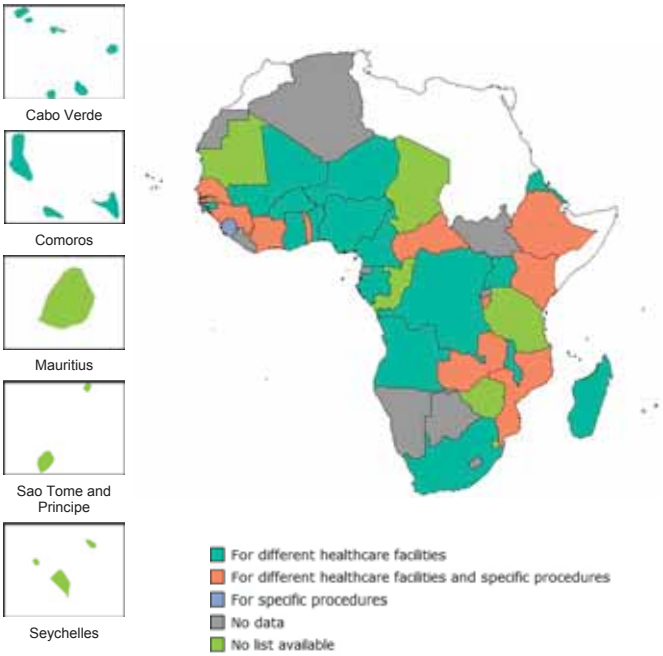

*Source : WHO, 2015*

**Figure 4.9.3**. Presence of Unit in the Ministry of Health responsible for the management of medical devices in the African Region, 2013




*Source : WHO, 2015*

**Figure 4.9.4**. Availability of national standards or recommended lists of medical devices in the African Region, 2013




*Source : WHO, 2015*

**Figure 4.9.5**. Median percentage availability of selected generic medicines in a sample of health facilities, countries with data in the African Region, 2007–2013

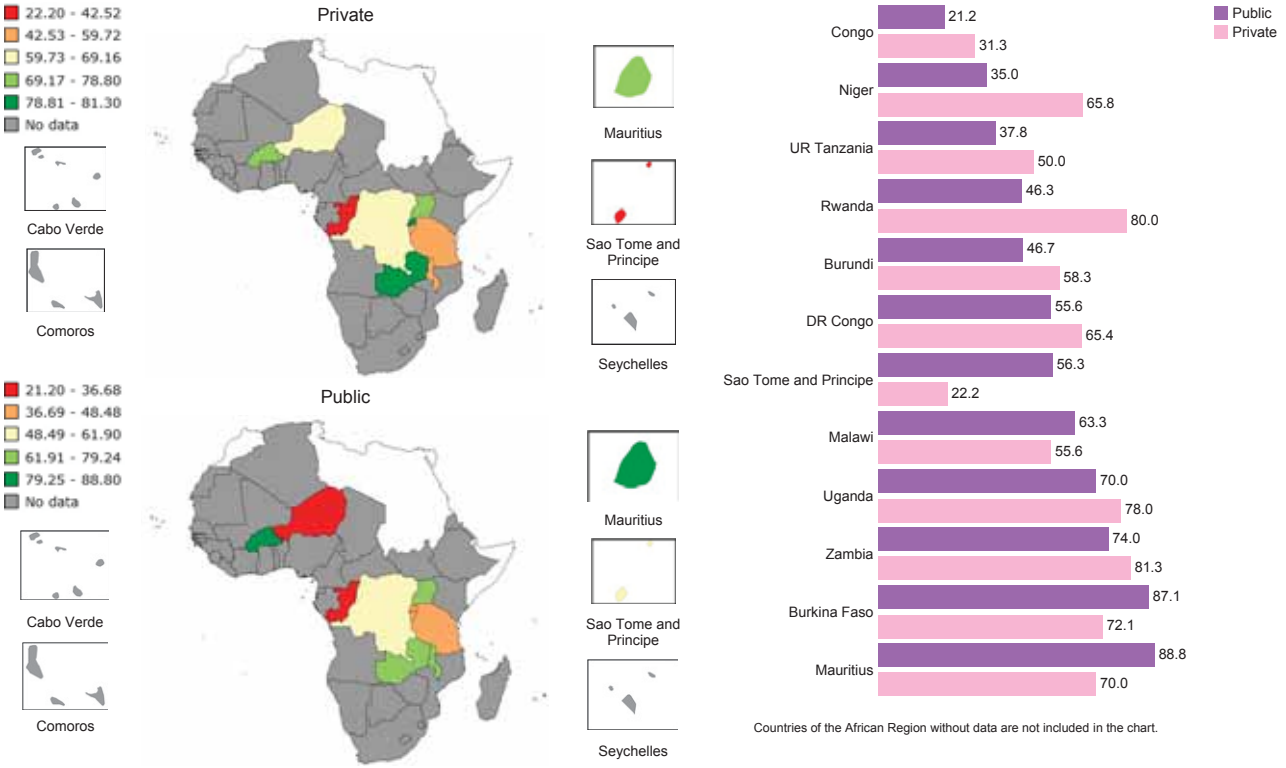
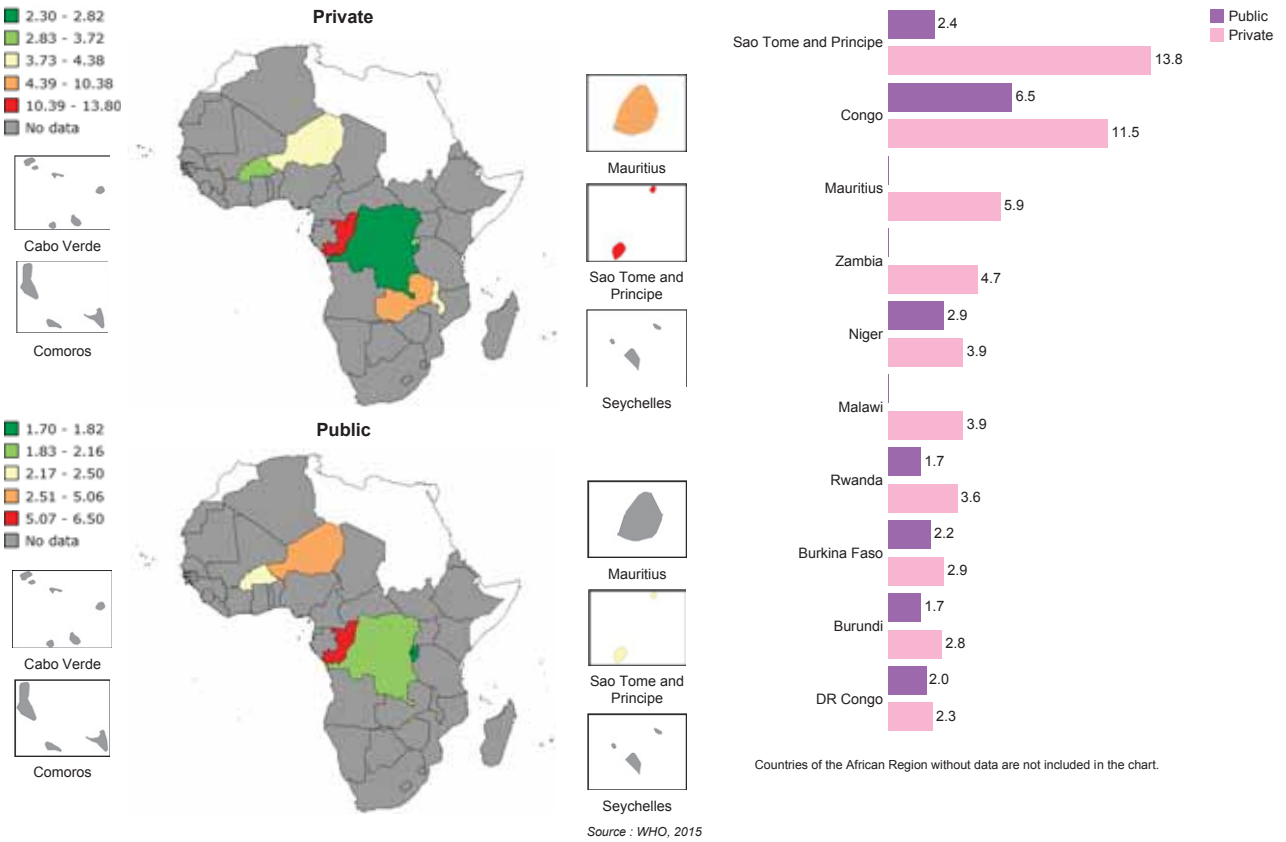
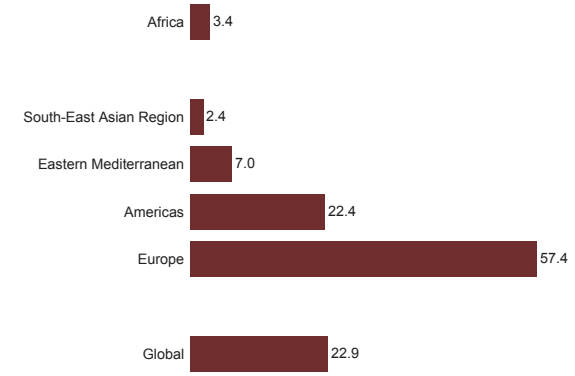



**Figure 4.9.6**. Median consumer price ratio of selected generic medicines (ratio of median local unit price to management sciences for health international reference price), countries with data in the African Region, 2007–2013




*Source : WHO, 2015*

**Figure 4.9.7**. Psychiatric beds (per 100 000 population) by WHO region, 2014




*Source : WHO, 2015*

**Figure 4.9.8**. Psychiatric beds (per 100 000 population) in the African Region, 2014

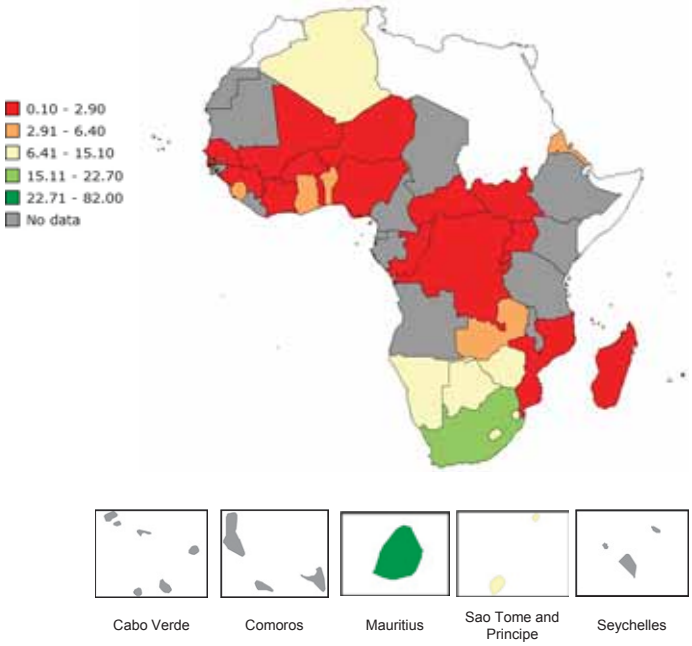
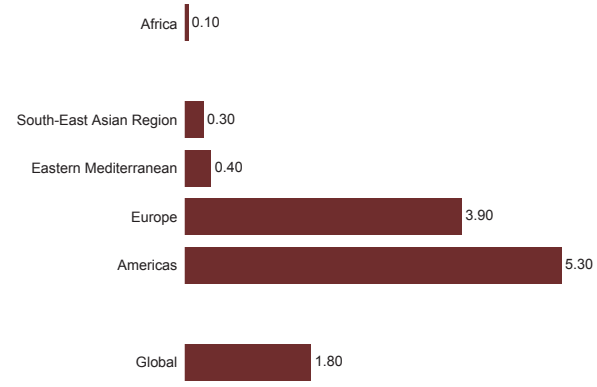
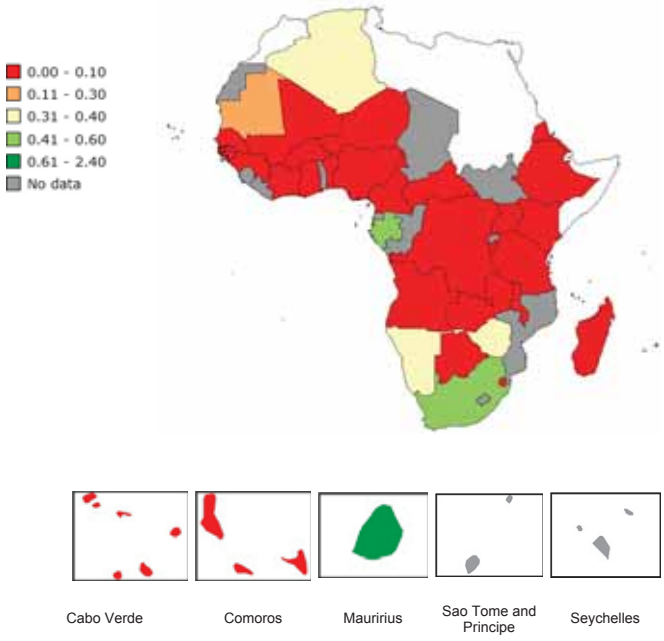



**Figure 4.9.9**. Radiotherapy units (per million population) by WHO region, 2013



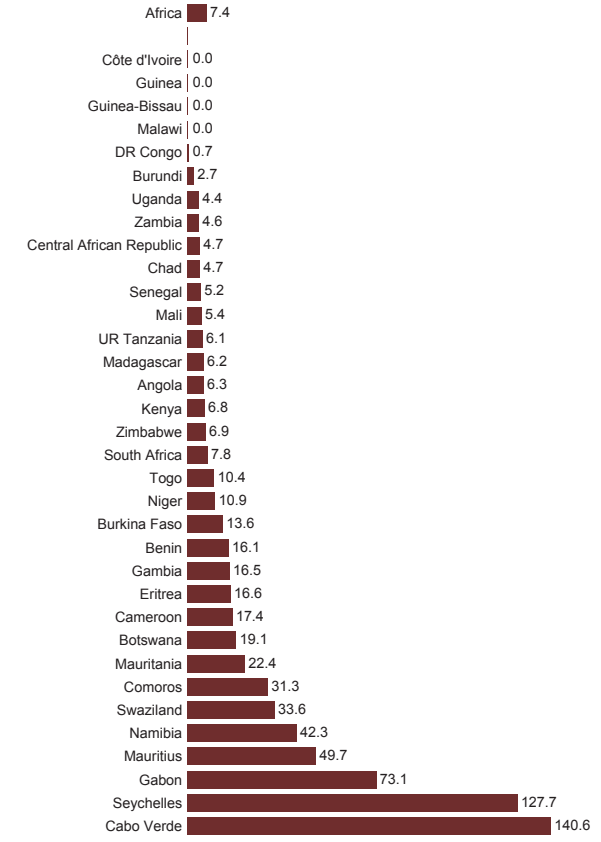

*Source : WHO, 2015*

**Figure 4.9.10**. Radiotherapy units (per million population) in the African Region, 2013




*Source : WHO, 2015*

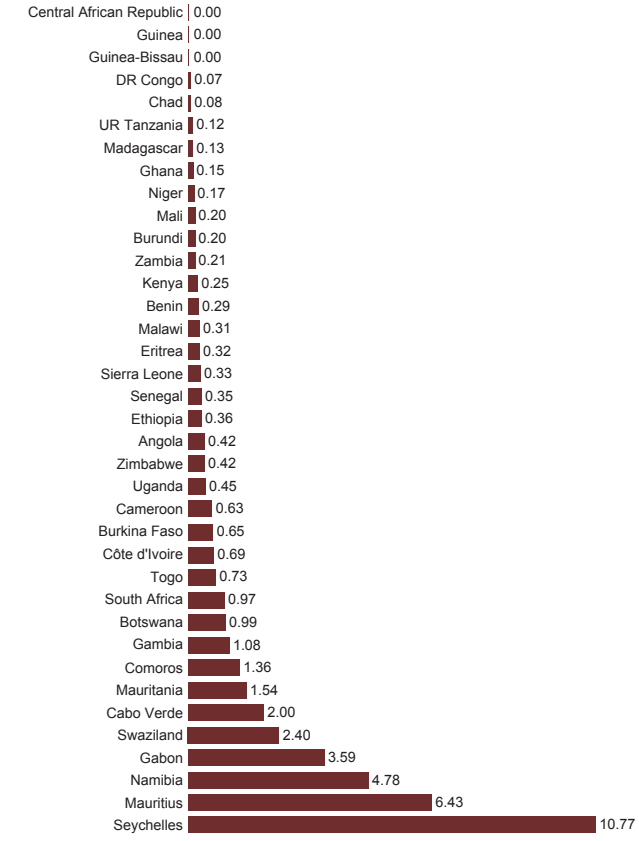
**Figure 4.9.11**. Density of mammograms in 2013 (per million females aged between 50 and 69 years old) in the African Region




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

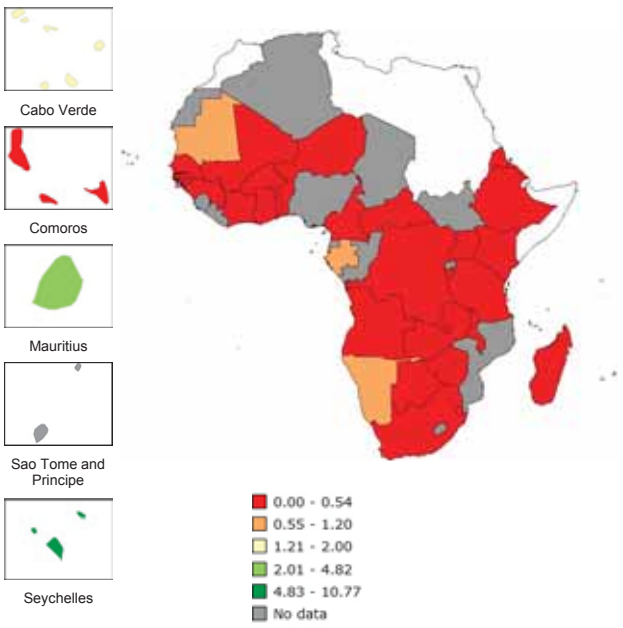
**Figure 4.9.12**. Density of computed tomography units (per million population) in the African Region, 2013




Countries of the African Region without data are not included in the chart.

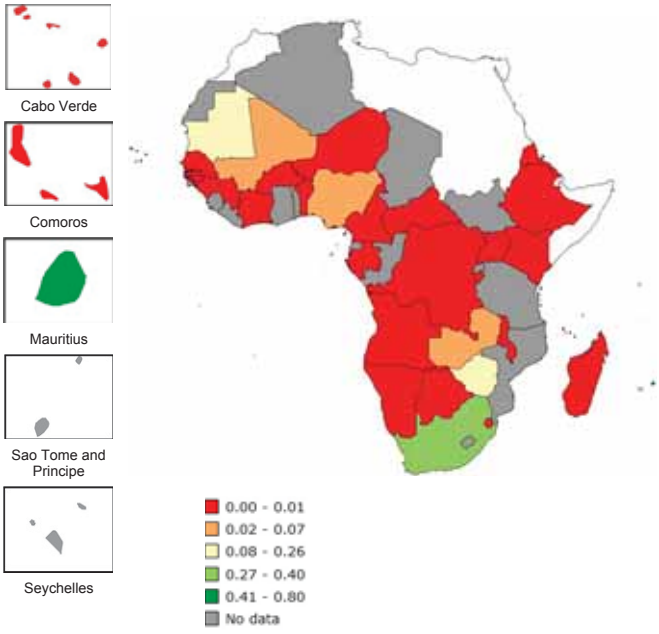
*Source : WHO, 2015*

**Figure 4.9.13**. Density of magnetic resonance imaging units (per million population) in the African Region, 2013



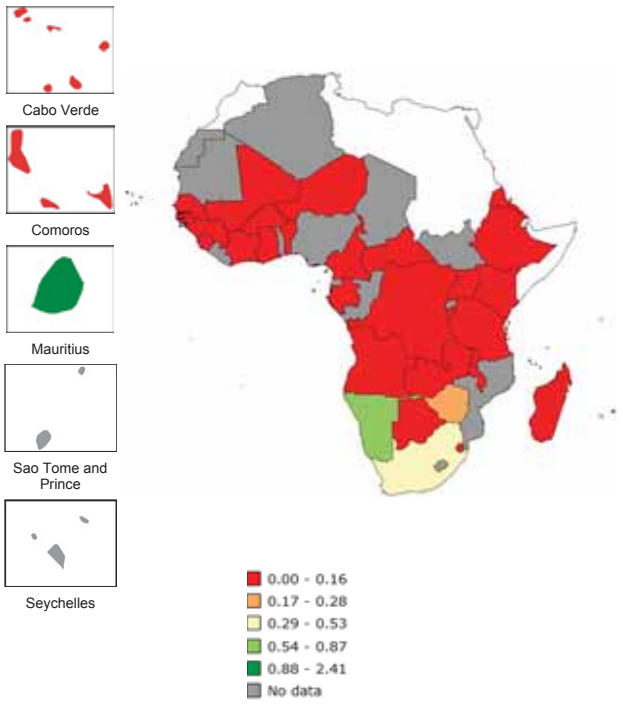

*Source : WHO, 2015*

**Figure 4.9.14**. Density of linear accelerator units (per million population) in the African Region, 2013



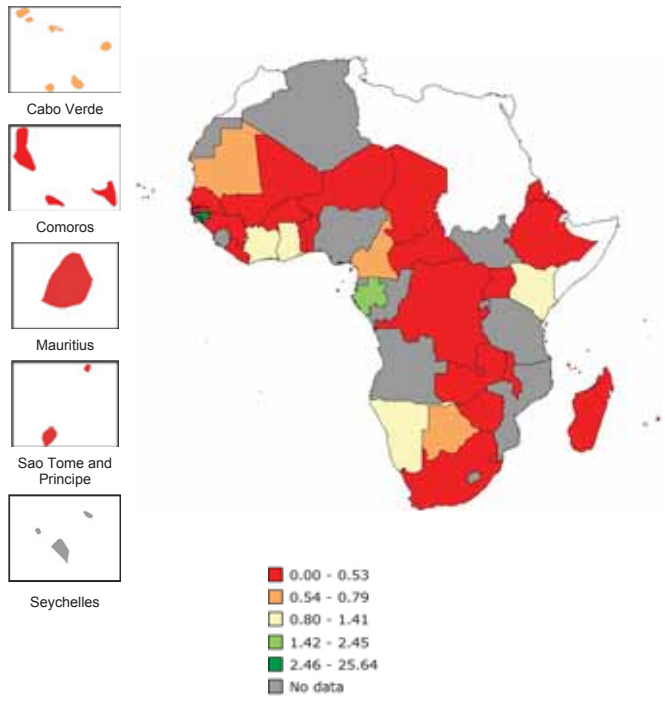

*Source : WHO, 2015*

**Figure 4.9.15**. Density of gamma camera or nuclear medicine units (per million population) in the African Region, 2013



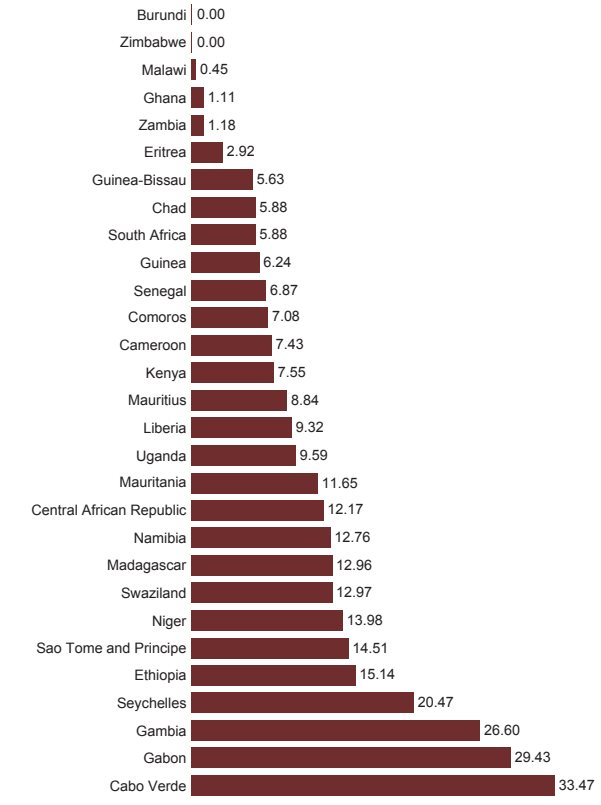

*Source : WHO, 2015*

**Figure 4.9.16**. Density of hospitals (per 100 000 population) in the African Region, 2013




*Source : WHO, 2015*

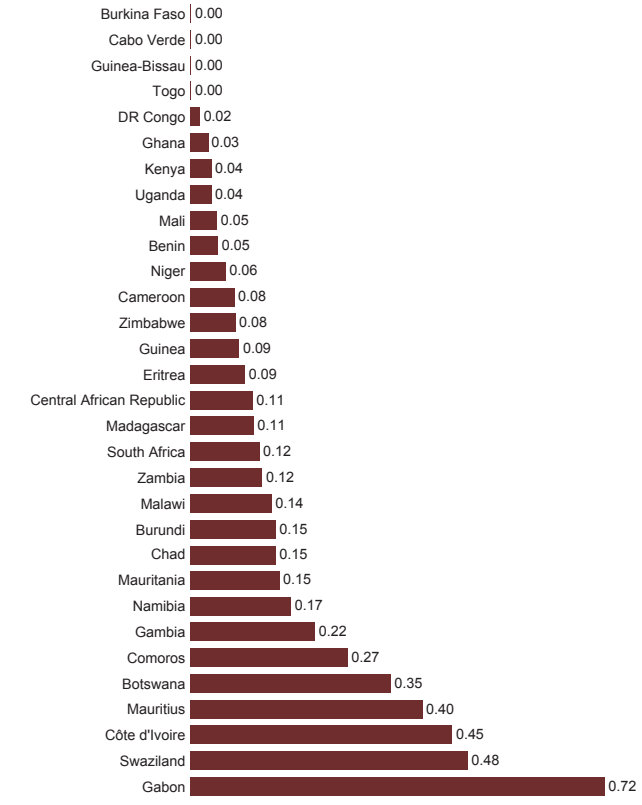
**Figure 4.9.17**. Density of health posts (per 100 000 population) in the African Region, 2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

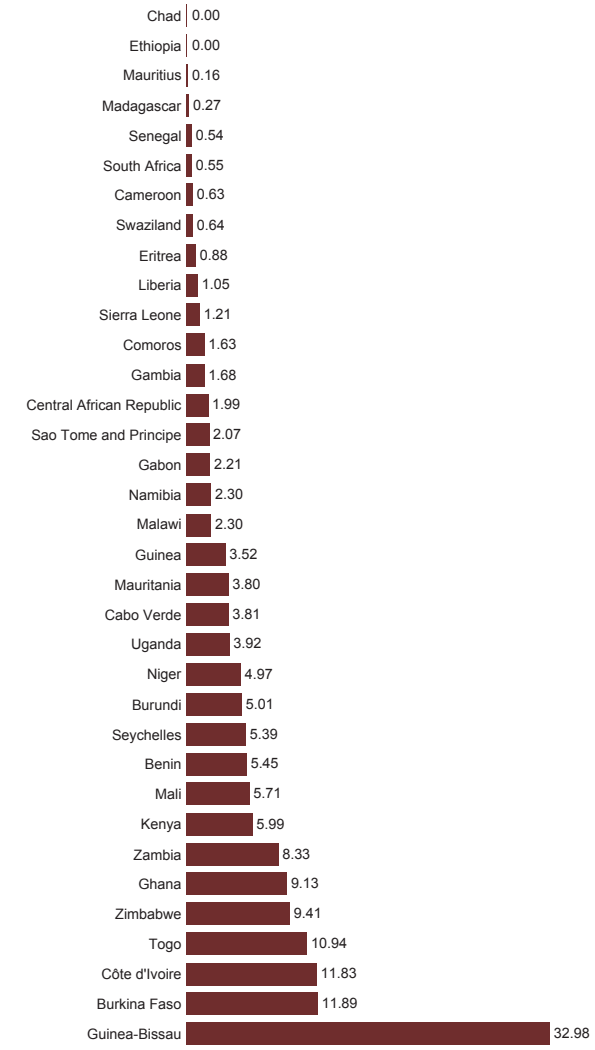
**Figure 4.9.18**. Density of provincial hospitals (per 100 000 population) in the African Region, 2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

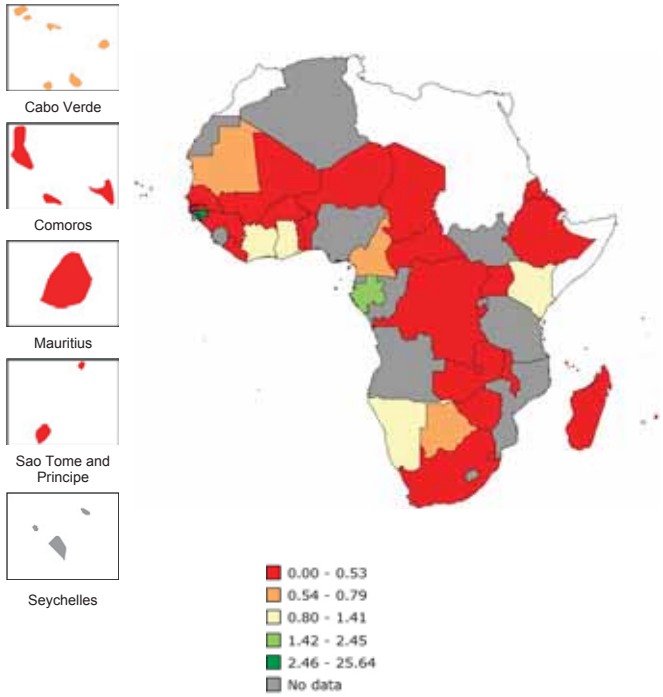
**Figure 4.9.19**. Density of health centres (per 100 000 population) in the African Region, 2013




Countries of the African Region without data are not included in the chart.

*Source : WHO, 2015*

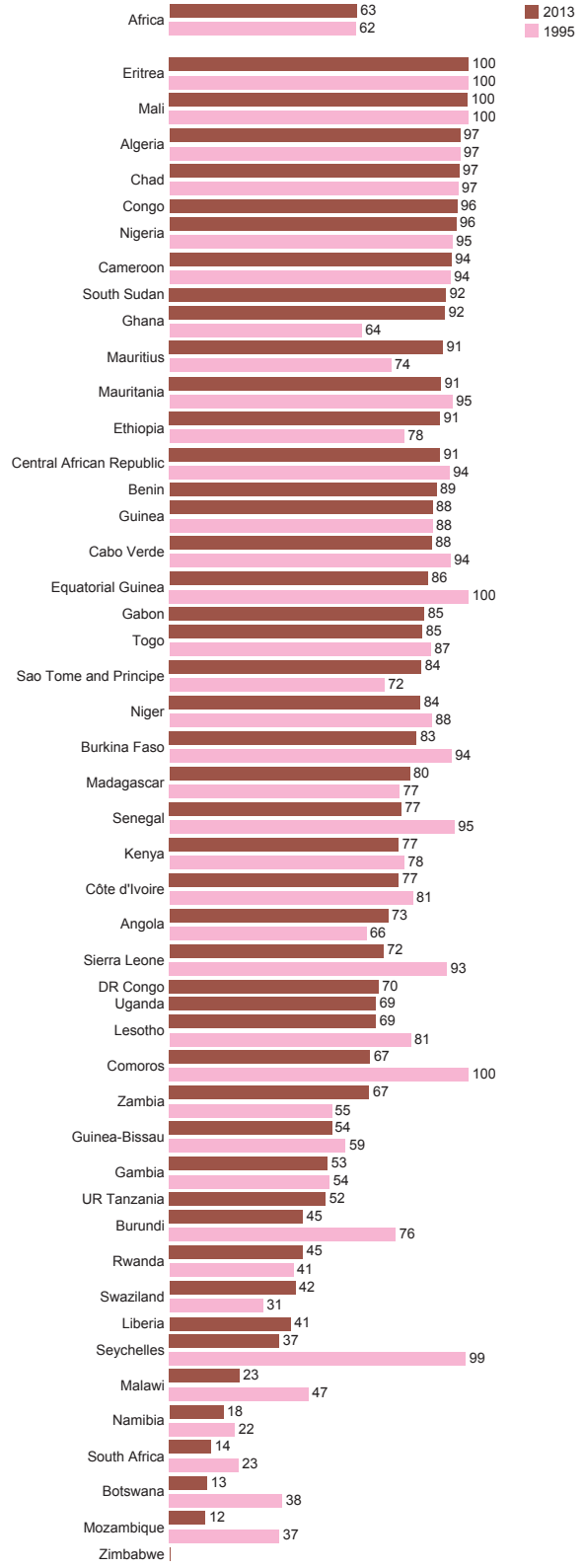
**Figure 4.9.20**. Density of district/rural hospitals (per 100 000 population) in the African Region, 2013




*Source : WHO, 2015*

## 4.10. Universal coverage

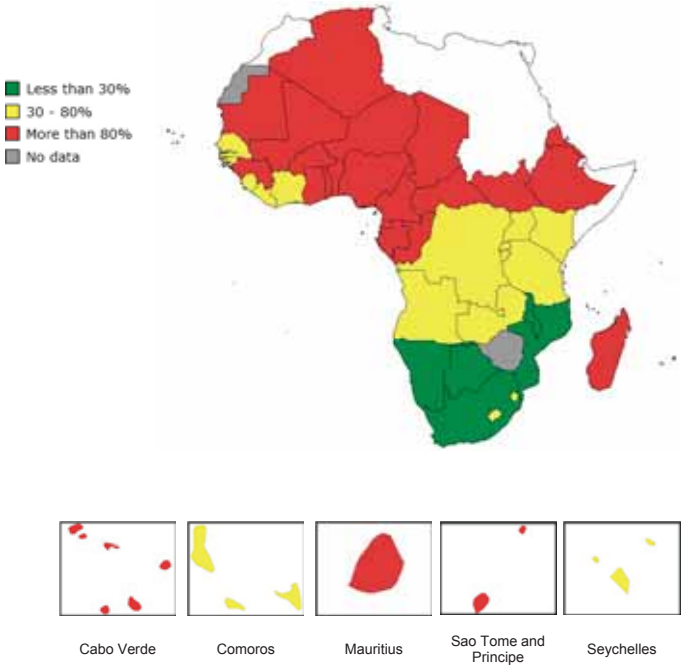
**Figure 4.10.1**. Out-of-pocket expenditure as percentage of private health expenditure in the African Region, 1995 and 2013




Countries of the African Region without data are not included in the chart.

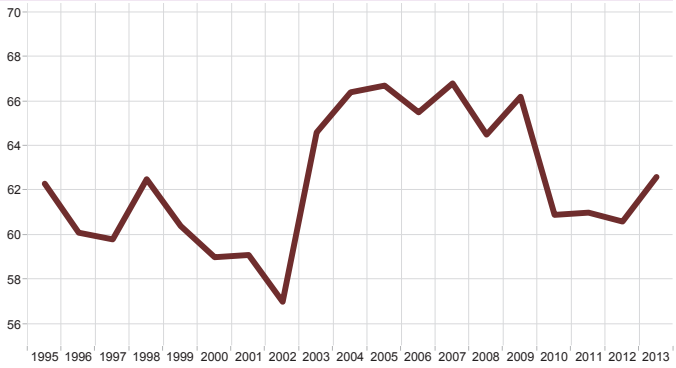
*Source : WHO, 2015.*

**Figure 4.10.2**. Out-of-pocket expenditure as percentage of private health expenditure in the African Region, 2013



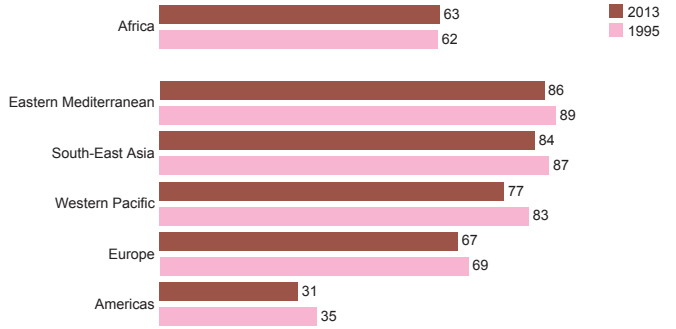

*Source : WHO, 2015.*

**Figure 4.10.3**. Trend in average of out-of-pocket expenditure as percentage of private health expenditure in the African Region, 1995–2013



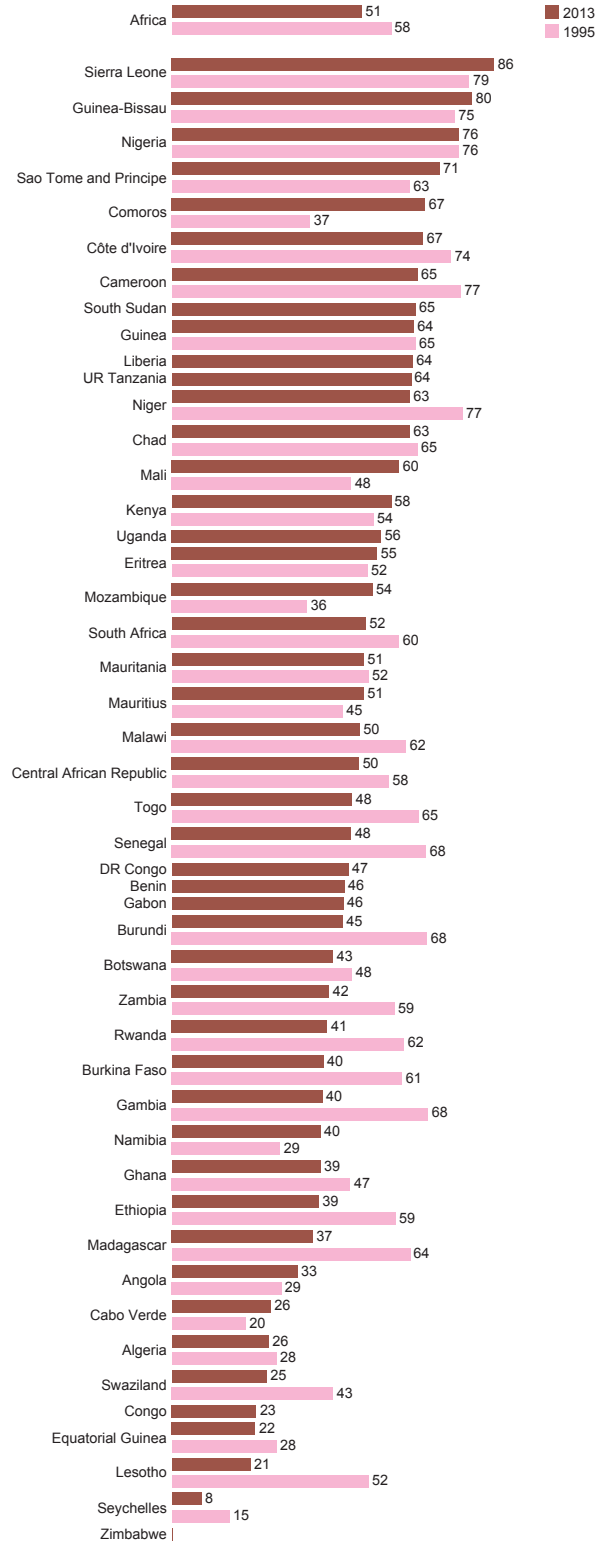

*Source : WHO, 2015.*

**Figure 4.10.4**. Average of out-of-pocket expenditure as percentage of private health expenditure by WHO region, 1995 and 2013




*Source : WHO, 2015.*

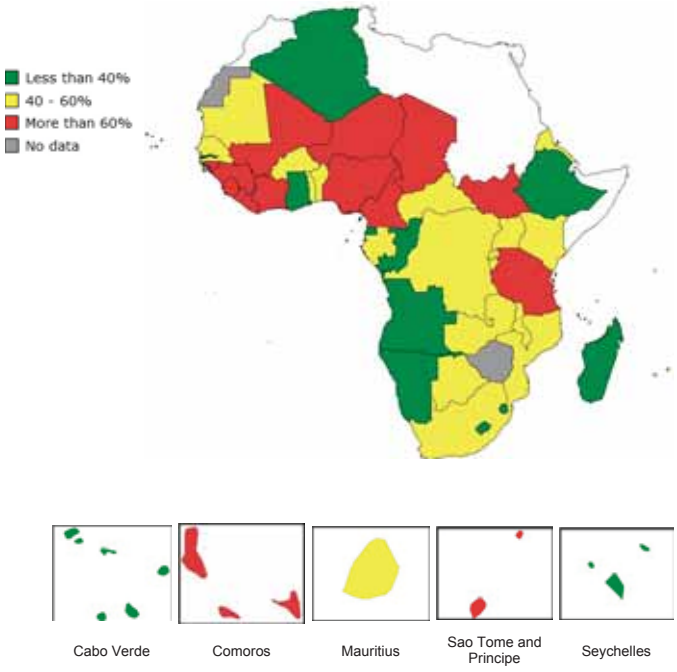
**Figure 4.10.5**. Private health expenditure as percentage of total health expenditure in the African Region, 1995 and 2013




Countries of the African Region without data are not included in the chart.

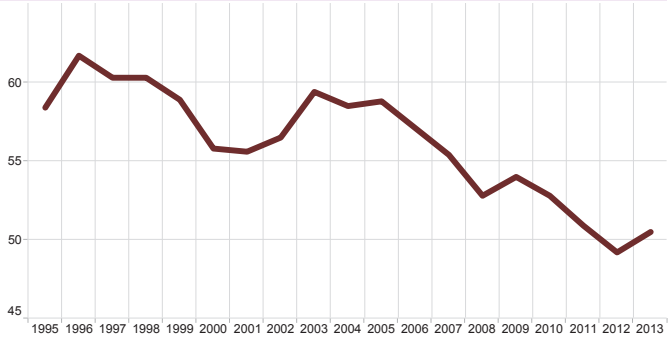
*Source : WHO, 2015.*

**Figure 4.10.6**. Private health expenditure as percentage of total health expenditure in the African Region, 2013



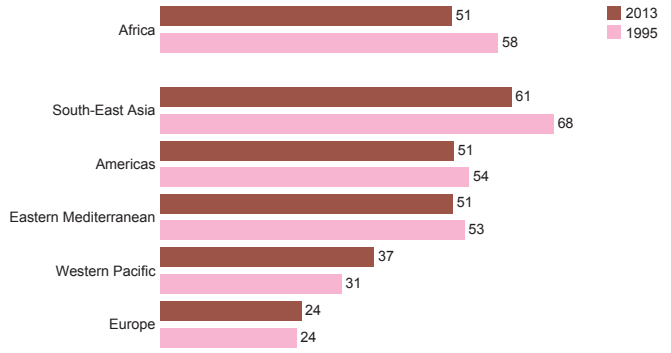

*Source : WHO, 2015.*

**Figure 4.10.7**. Trend in average of out-of-pocket expenditure as percentage of private health expenditure in the African Region, 1995–2013



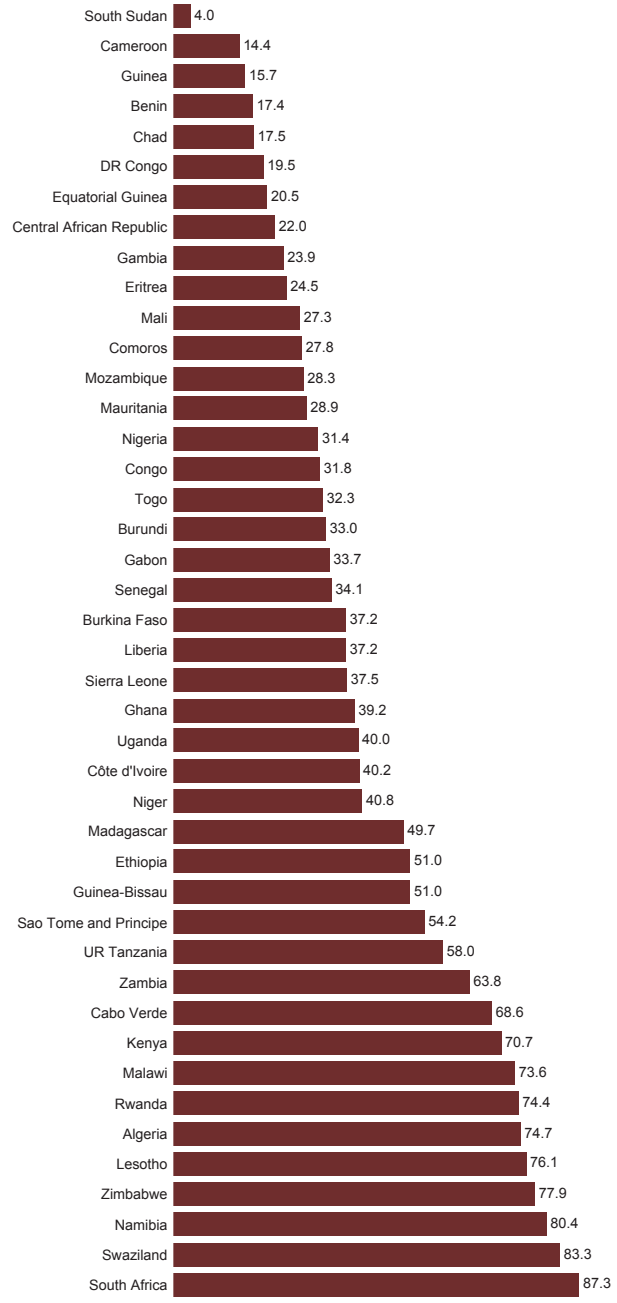

*Source : WHO, 2015.*

**Figure 4.10.8**. Average of private health expenditure as percentage of total health expenditure by WHO Region, 1995 and 2013




*Source : WHO, 2015.*

**Figure 4.10.9**. Satisfied need for family planning (%) in the African Region, 2005-2014




*Source : WHO-AFRO, 2016*

Baccille Calmette Guerin (BCG) immunization coverage among 1-year-olds (%) in the African Region, 1990 and 2014. See **Fig. 5.4.1** and **5.4.4**

Neonates protected at birth against neonatal tetanus (PAB) (%) in the African Region, 1990 and 2014. See **Fig. 5.4.5** and **5.4.8**

Diphteria tetanus toxoid and pertussis third dose (DTP3) immunization coverage among 1-year-olds (%) in the African Region, 1990 and 2014. See **Fig. 5.4.9** and **5.4.12**

Polio third dose (Pol3) immunization coverage among 1-year-olds (%) in the African Region, 1990 and 2014. See **Fig. 5.4.13** and **5.4.16**

Measles-containing vaccine (MCV) immunization coverage among 1-year-olds (%) by sex in the African Region, 1990 and 2014. See **Fig. 5.4.17** and **5.4.20**

Haemophilus influenzae B third dose (Hib3) immunization coverage 1-year-olds (%) in the African Region, 1990 and 2014. See **Fig. 5.4.21** and **5.4.24**

Hepatitis B third dose (HepB3) immunization coverage 1-year-olds (%) in the African Region, 1990 and 2014. See **Fig. 5.4.25** and **5.4.28**

Vitamin A supplementation coverage rate (% of children ages 6-49 months), African Region, 2014. See **Fig. 5.5.14**

Prevalence of smoking any tobacco product among adults aged 15 years of age or older (%) in the African Region, 2013. See **Fig. 6.1.1**

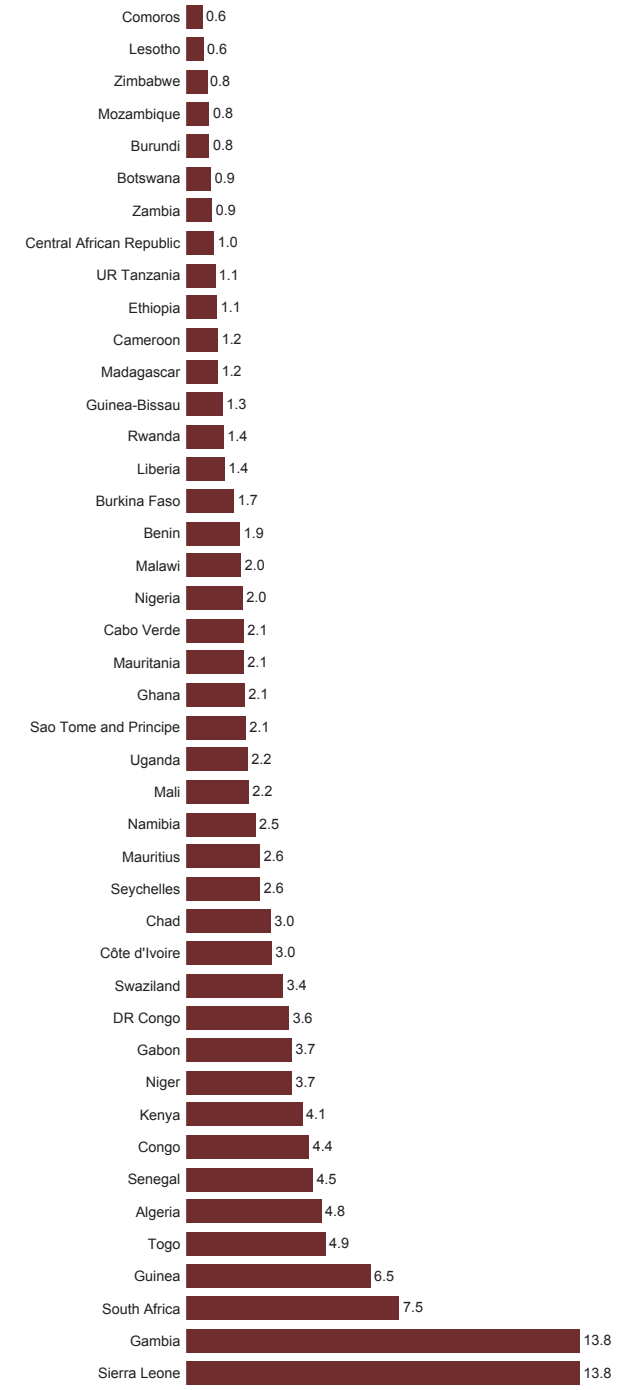
Adolescent fertility rate (per 1000 girls aged 15-19 years) in the African Region, 2008-2012. See **Fig. 5.5.28** and **5.5.29**

Population using improved drinking-water sources (%) in the African Region, 2012. See **Fig. 6.2.1**

Percentage of Antenatal care coverage - at least four visites (ANC4) in the African Region, 2005-2013. See **Fig. 5.6.20**

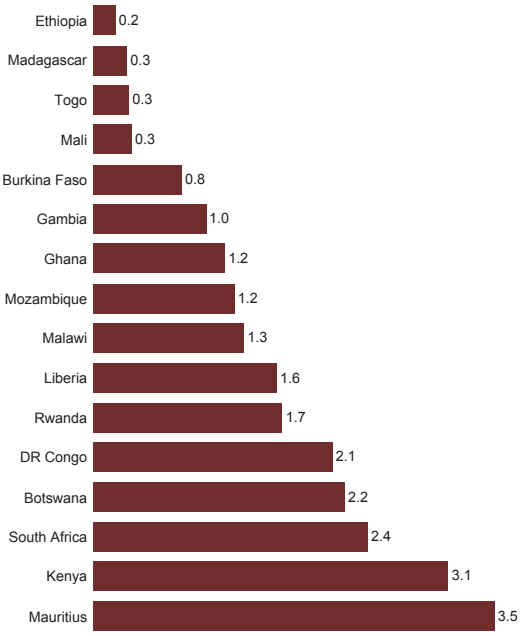
Population using improved drinking sanitation (%) in the African Region, 2012. See **Fig. 6.2.5**

**Figure 4.10.10**. Expenditures for health as a proportion of total per person expenditure in the African Region, 2009



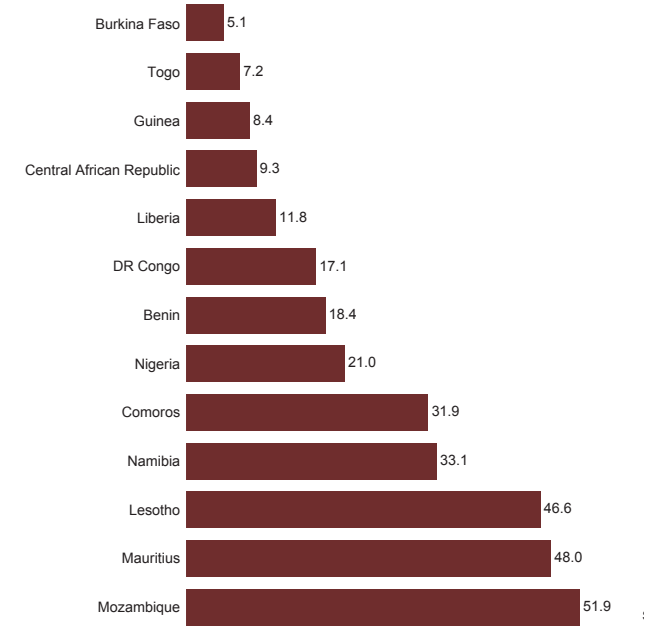

*Source : WHO-AFRO, 2016*

**Figure 4.10.11**. Number of outpatient visits per person per year in the African Region, 2009-2014



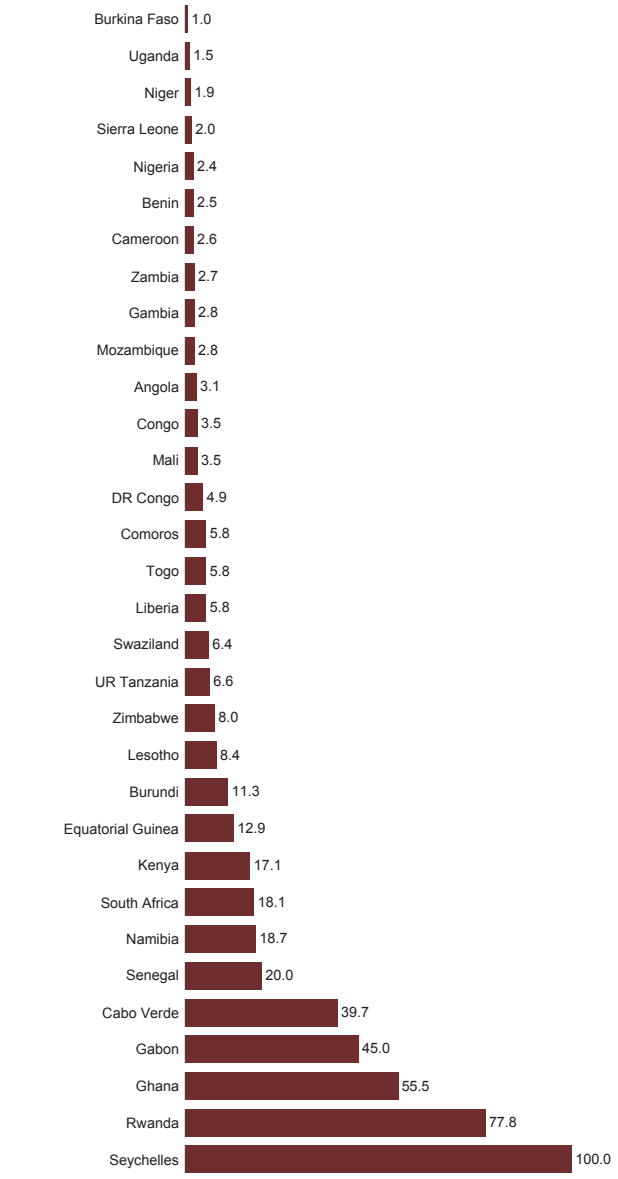

*Source : WHO-AFRO, 2016*

**Figure 4.10.12**. Proportion of people with hypertension receiving antihypertensive treatment in the African Region, 2005-2015




*Source : WHO-AFRO, 2016*

**Figure 4.10.13**. Persons protected from out-of-pocket expenditures through a prepayment scheme in the African Region, 2006-2015




*Source : WHO-AFRO, 2016*

Treatment success rate for new tuberculosis cases (%) in the African Region, 2012. See **Fig. 5.2.11** and **5.2.12**

Percentage of children under 5 years of age sleeping under insecticide-treated bed nets in the African Region, 2007-2013. See **Fig. 5.3.8**

Percentage of people with advanced HIV infection receiving antiretroviral (ARV) combination therapy in the African Region, 2013. See **Fig. 5.1.8**

Percentage of children aged < 5 years with ARV symptoms who took antibiotic treatment in African Region, 2014. See **Fig. 5.5.19** and **5.5.20**

Percentage of children aged < 5 years underweight (malnutrtion prevalence, weight for age), African Region, 2013. See **Fig. 5.5.25**

Births by caesarean section (%) in the African Region, 2013. See **Fig. 5.6.7** and **5.6.8**

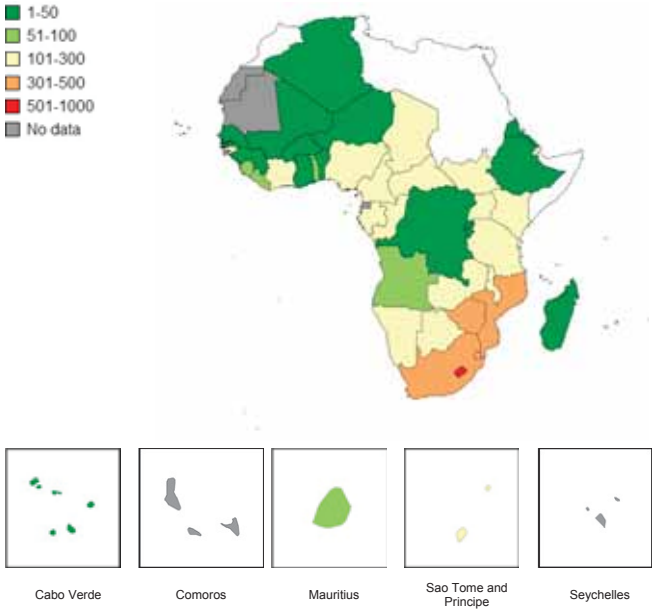
Births attended by skilled health personnel (%) in the African Region, 2013. See **Fig. 5.6.2** and **5.6.4**

# 5. Specific programmes and services

African Health Observatory
Better information, better action on health

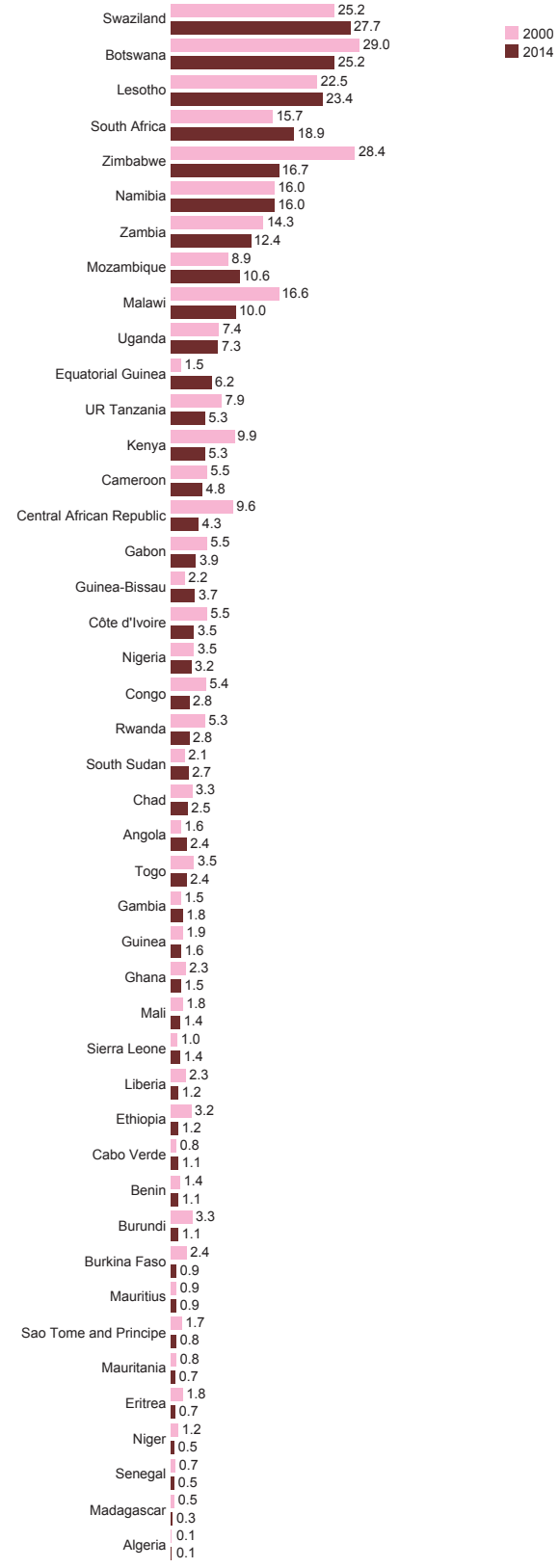
## 5.1 HIV/AIDS

**Figure 5.1.1.** HIV/AIDS mortality rate (per 100 000 population) in the African Region, 2013




Source: WHO, 2015.

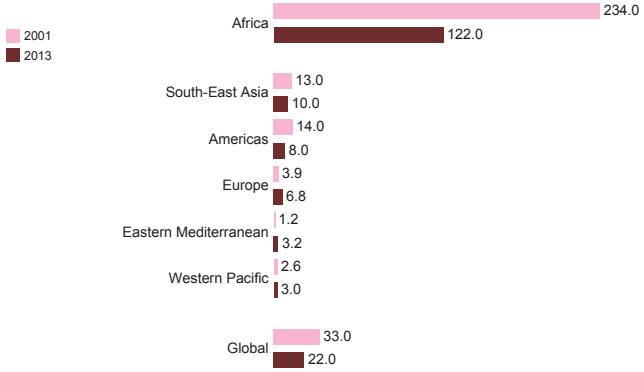
**Figure 5.1.2.** HIV prevalence rate (%) in the African Region, 2000 and 2014




Countries of the African Region without data are not included in the chart.

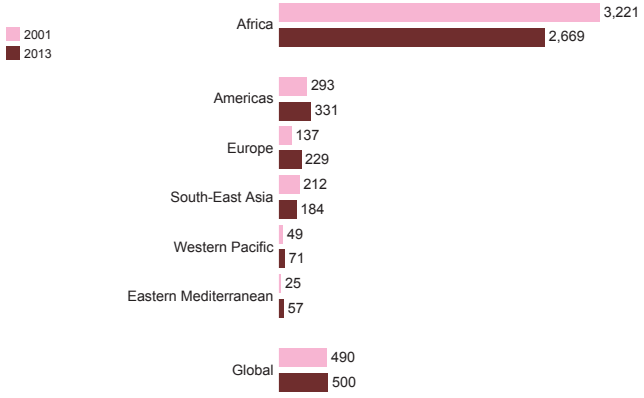
Source: UNAIDS, 2016.

**Figure 5.1.3.** HIV/AIDS mortality rate (per 100 000 population) by WHO Region, 2001 and 2013



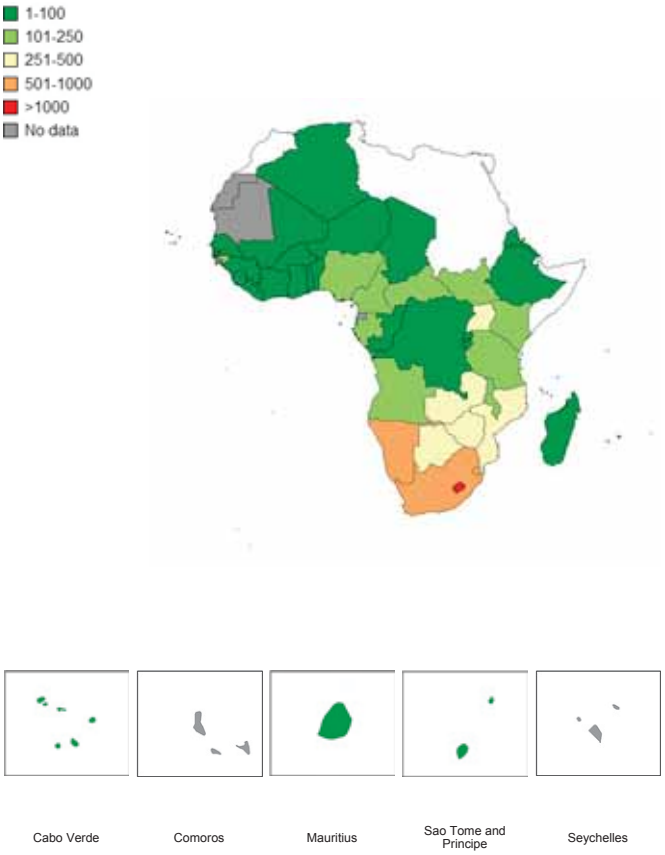

Source: WHO, 2015.

**Figure 5.1.4.** Prevalence of HIV (per 100 000 population) by WHO region, 2001 and 2013



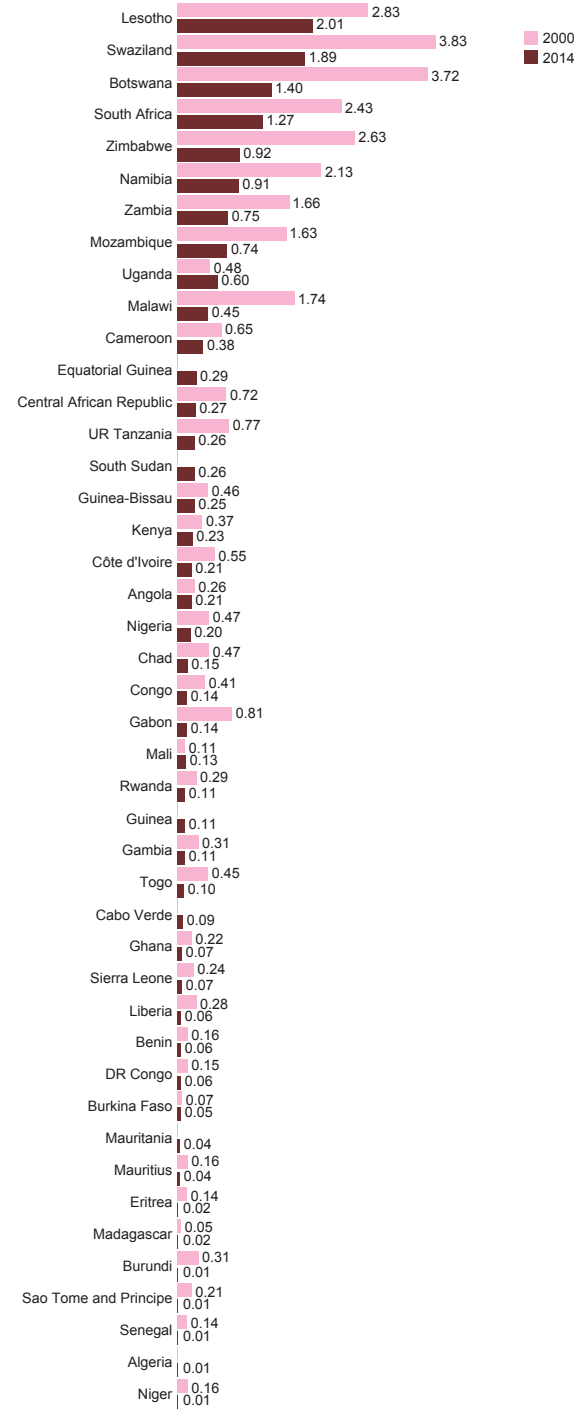

Source: WHO, 2015.

**Figure 5.1.5.** HIV/AIDS incidence rate (per 100 000 population) in the African Region, 2013




Source: WHO, 2015.

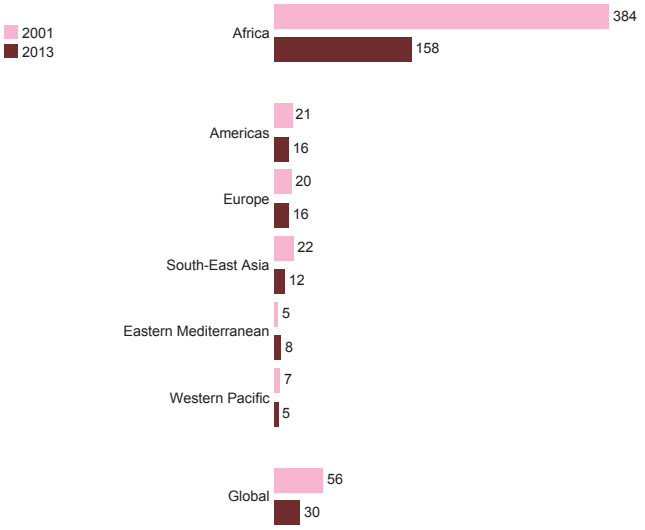
**Figure 5.1.6.** HIV/AIDS incidence rate (%) in the African Region, 2000 and 2014




Countries of the African Region without data are not included in the chart.

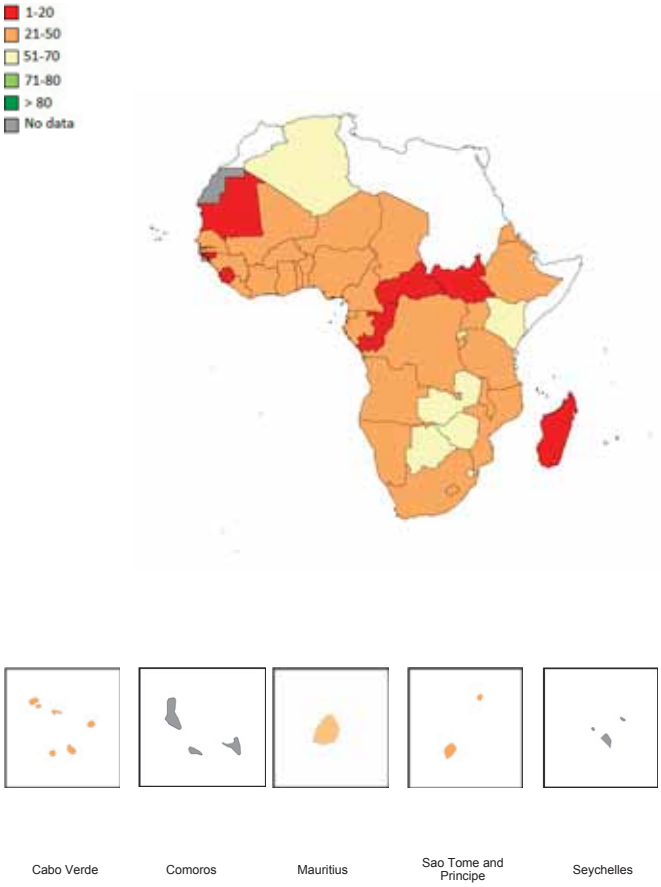
Source: UNAIDS, 2016.

**Figure 5.1.7.** HIV/AIDS incidence rate (per 100 000 population) by WHO Region, 2001 and 2013



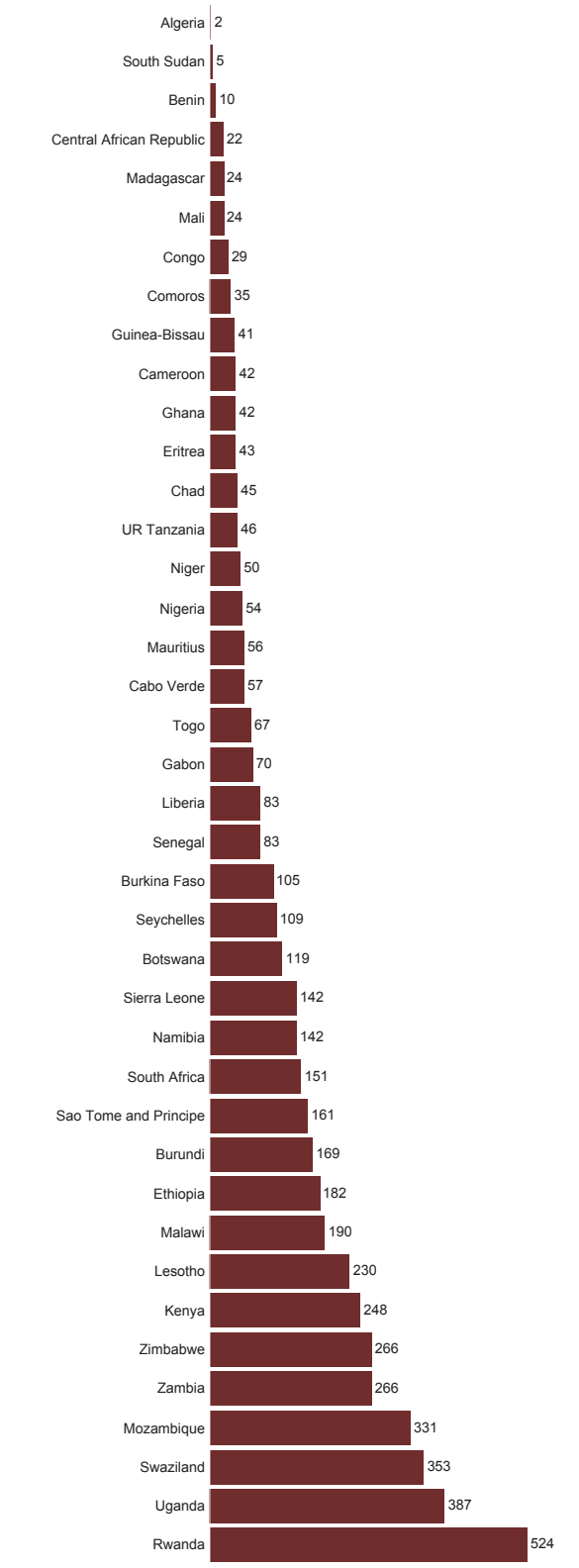

Source: WHO, 2015.

**Figure 5.1.8.** People with advanced HIV infection receiving antiretroviral (ARV) combination therapy (%) in the African Region, 2014




Source: UNAIDS, 2016.

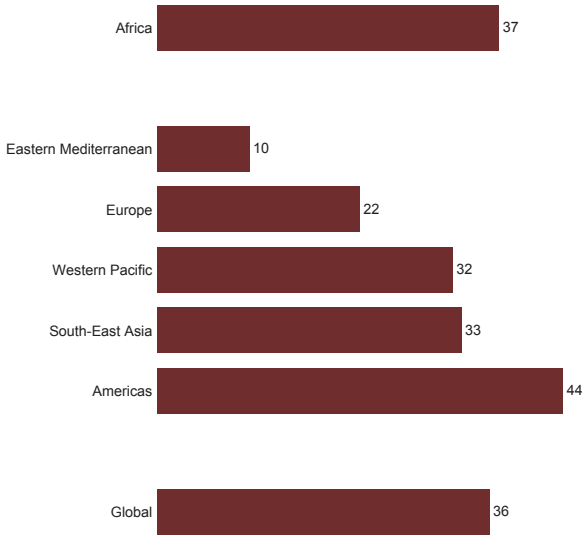
**Figure 5.1.9.** People aged 15 years and over who received HIV testing and counselling (per 1000 adult population) in the African Region, 2013




Countries of the African Region without data are not included in the chart.

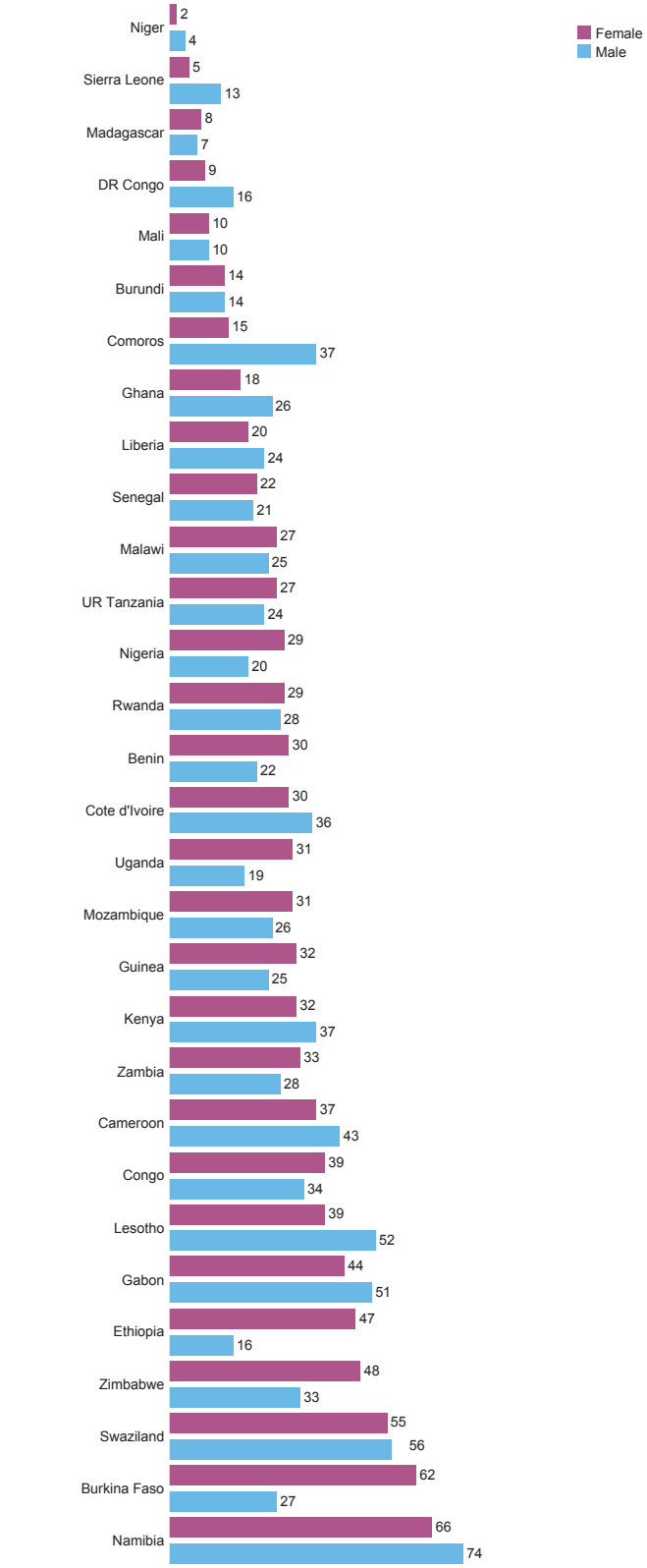
Source: WHO, 2015.

**Figure 5.1.10.** People with advanced HIV infection receiving antiretroviral (ARV) combination (%) by WHO region, 2013




Source: WHO, 2015.

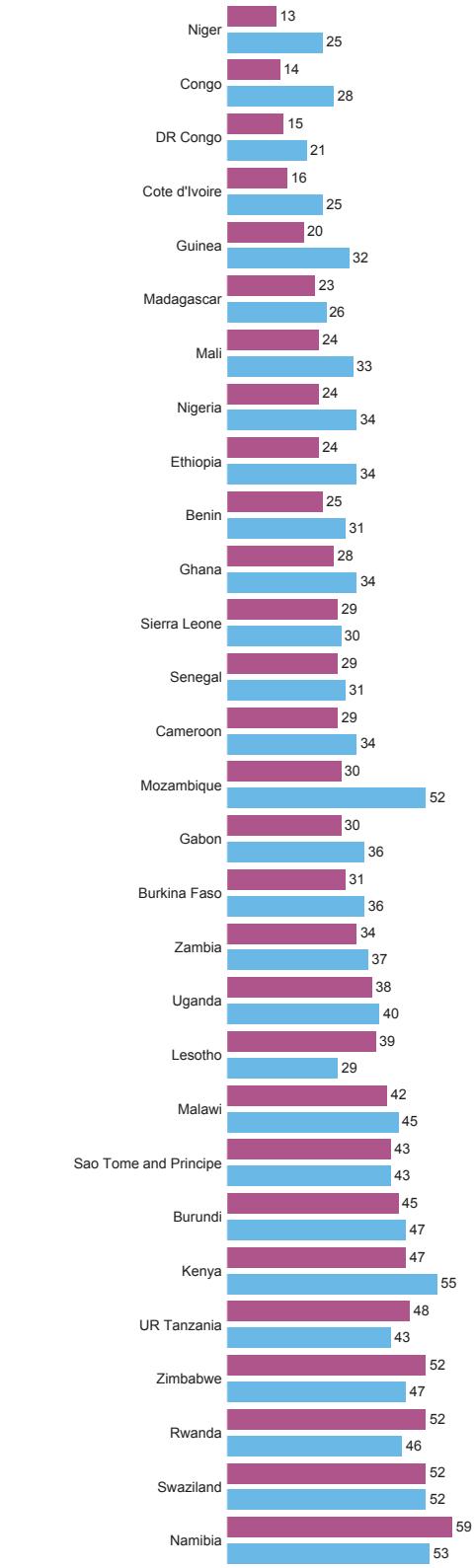
**Figure 5.1.11.** Prevalence of condom use by adults aged 15-49 years during higher-risk sex (%), by sex in the African Region, 2007-2013




Countries of the African Region without data are not included in the chart.

Source: WHO, 2015.

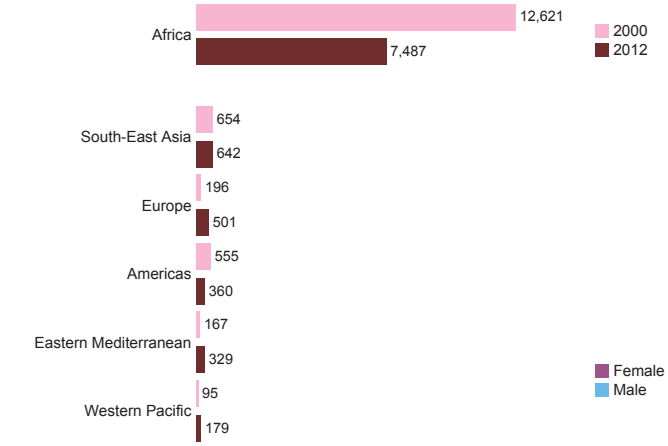
**Figure 5.1.12.** Population aged 15-24 years with comprehensive knowledge of HIV/AIDS (%) by sex in the African Region, 2007-2013




Countries of the African Region without data are not included in the chart.

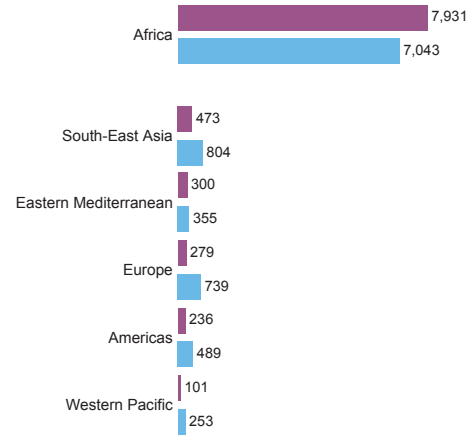
Source: WHO, 2015.

**Figure 5.1.13.** Disability adjusted life years (DALY) due to HIV/AIDS (per 100 000 population) by WHO region, 2000 and 2012



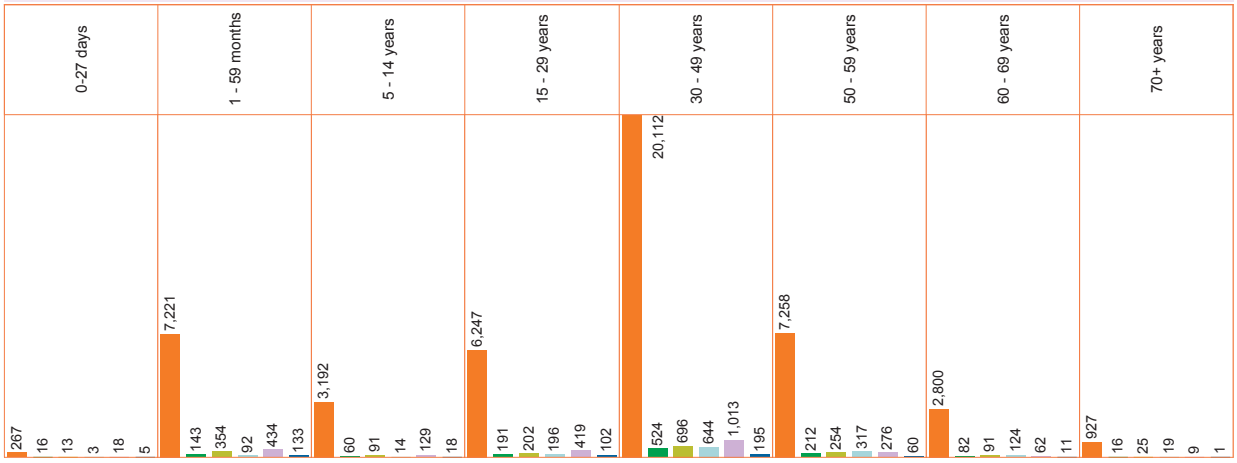

Source: WHO, 2015.

**Figure 5.1.14.** Disability adjusted life years (DALY) due to HIV/AIDS (per 100 000 population) by sex and WHO region, 2012



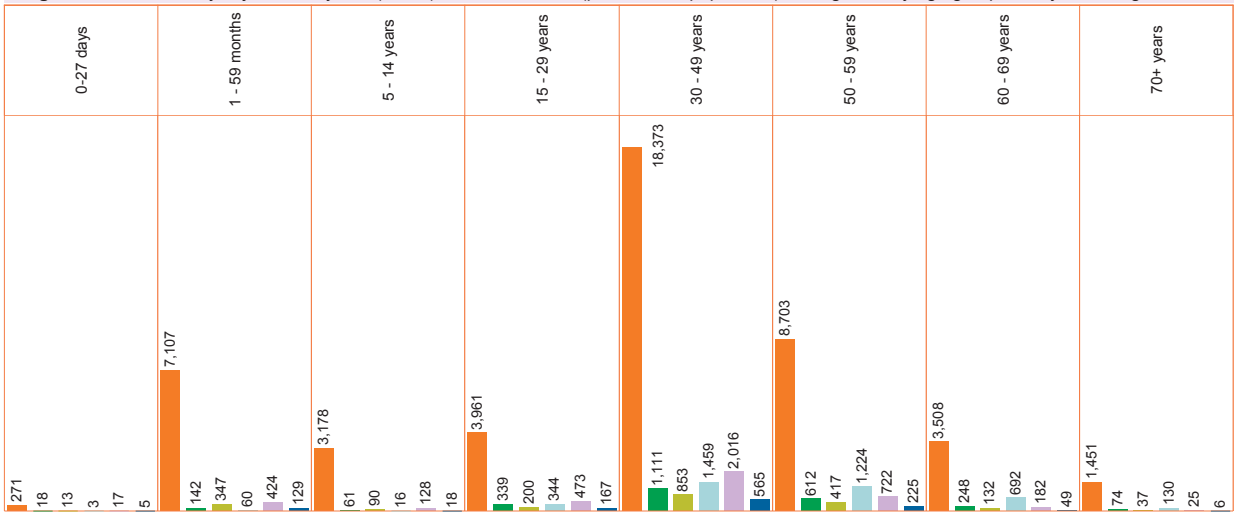

Source: WHO, 2015.

**Figure 5.1.15.** Disability adjusted life years (DALY) due to HIV/AIDS (per 100 000 population) among women, by age group and by WHO region, 2012




Source: WHO, 2015.

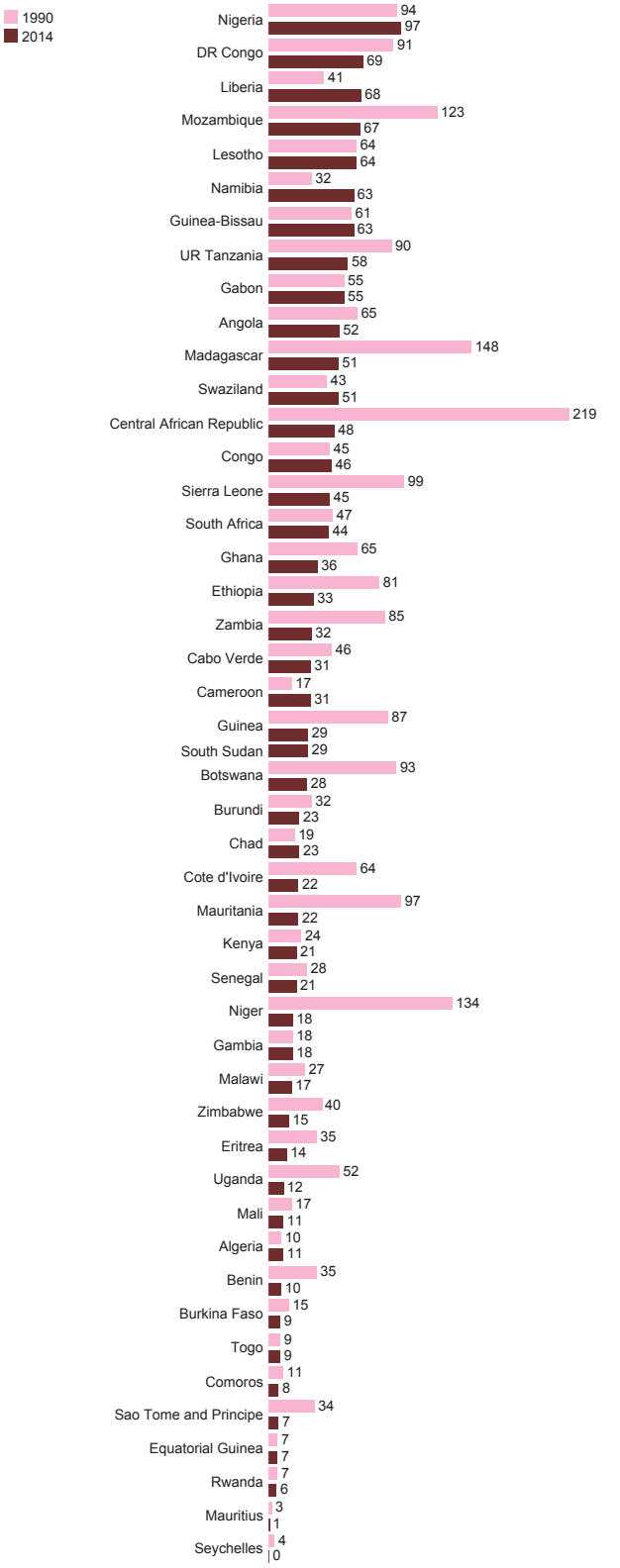
**Figure 5.1.16.** Disability adjusted life years (DALY) due to HIV/AIDS (per 100 000 population) among men, by age group and by WHO region, 2012




Source: WHO, 2015.

## 5.2 Tuberculosis

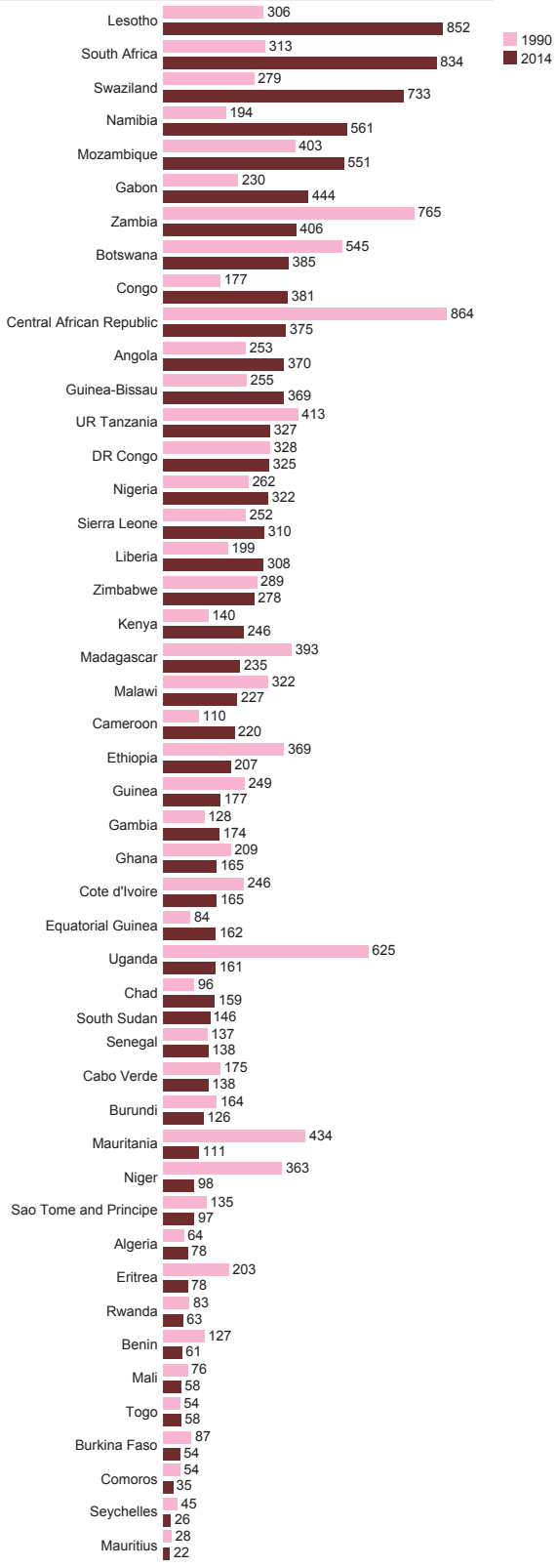
**Figure 5.2.1.** Tuberculosis mortality rate (per 100 000 population per year) among HIV-negative people in the African Region, 1990 and 2014




Countries of the African Region without data are not included in the chart.

Source: WHO, 2015.

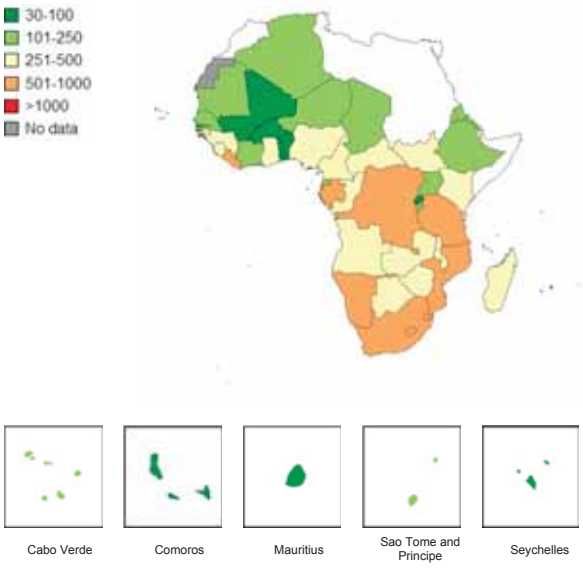
**Figure 5.2.2.** Tuberculosis incidence rate (per 100 000 population per year) in the African Region, 1990 and 2014




Countries of the African Region without data are not included in the chart.

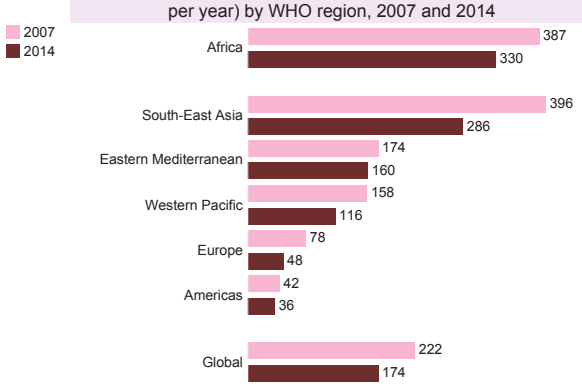
Source: WHO, 2015.

**Figure 5.2.3.** Tuberculosis prevalence (per 100 000 population per year) in the African Region, 2014



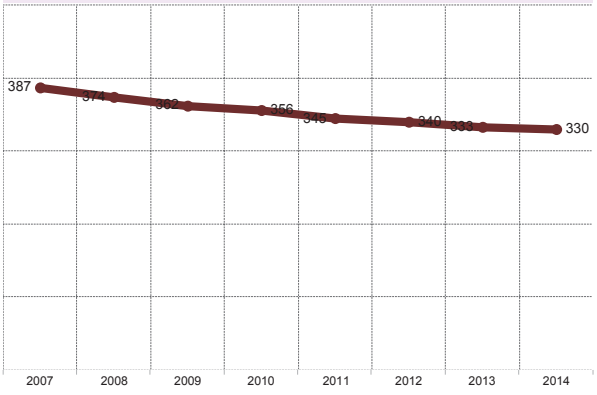

Source: WHO, 2015.

**Figure 5.2.5.** Tuberculosis prevalence (per 100 000 population per year) by WHO region, 2007 and 2014



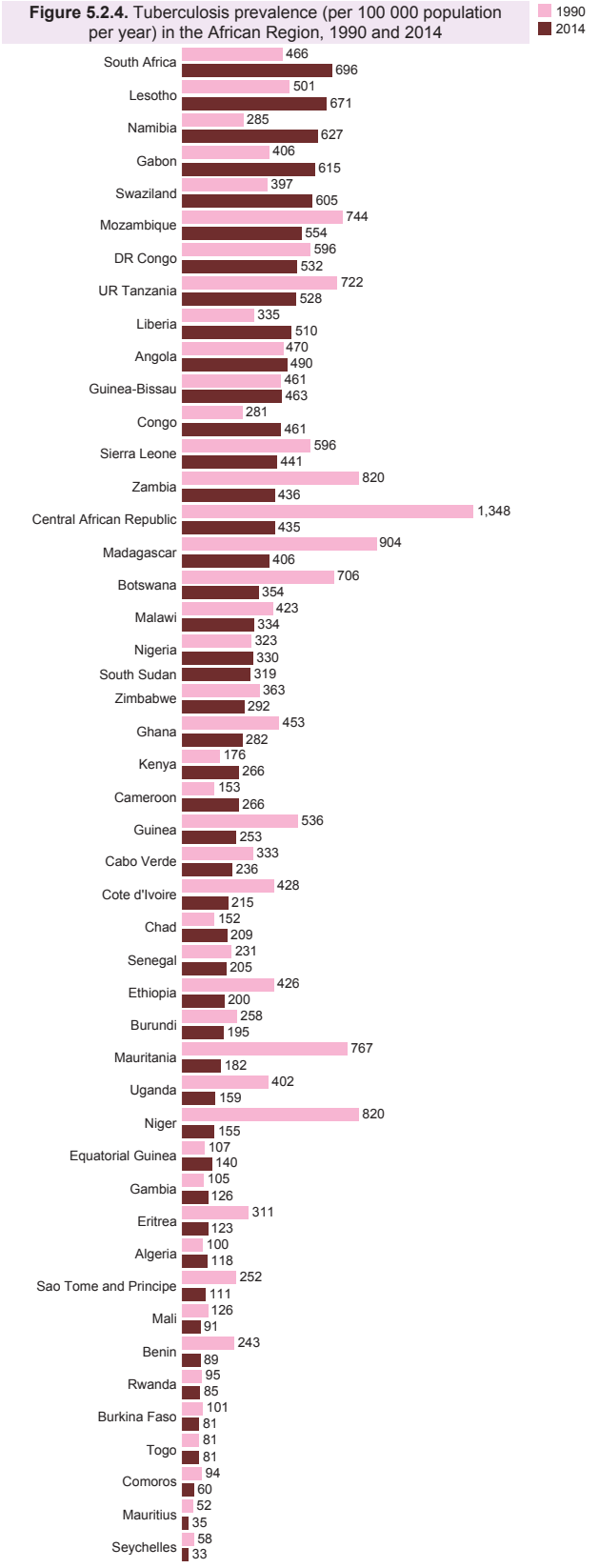

Source: WHO, 2015.

**Figure 5.2.6.** Trend in tuberculosis prevalence (per 100 000 population per year) in the African Region, 2007-2014




Source: WHO, 2015.

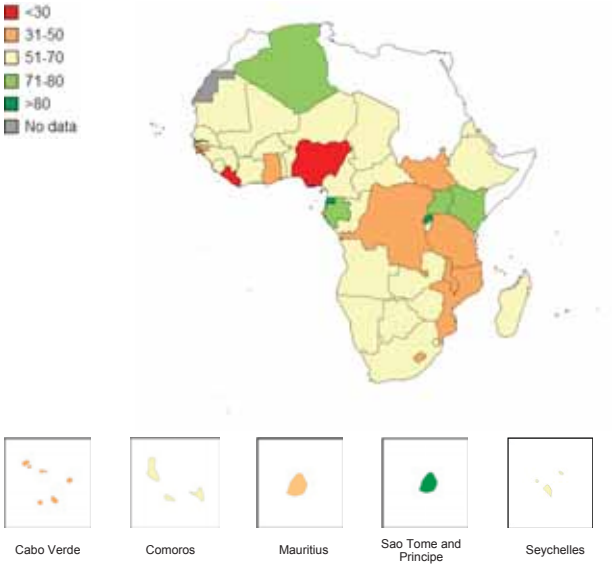
**Figure 5.2.4.** Tuberculosis prevalence (per 100 000 population per year) in the African Region, 1990 and 2014




Countries of the African Region without data are not included in the chart.

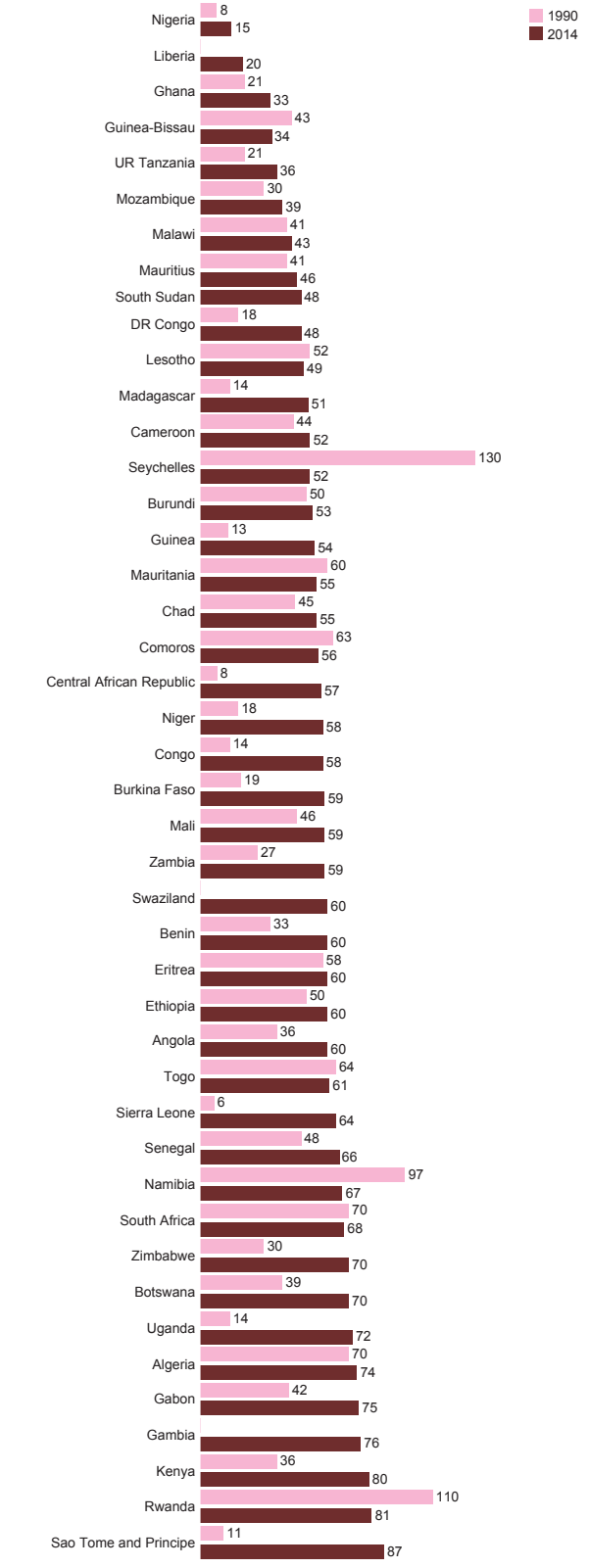
Source: WHO, 2015.

**Figure 5.2.7.** Case-detection rate for all forms of tuberculosis (%) in the African Region, 2014




Source: WHO, 2015.

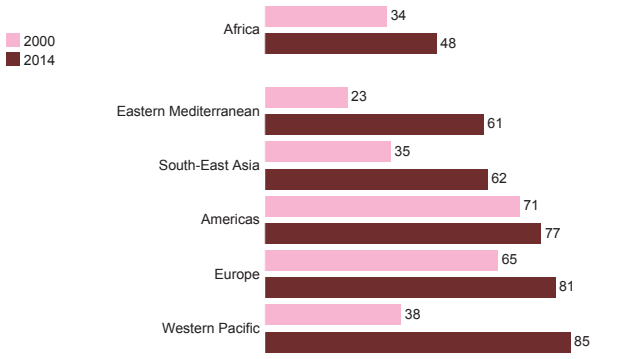
**Figure 5.2.8.** Case-detection rate for all forms of tuberculosis (%) in the African Region, 1990 and 2014




Countries of the African Region without data are not included in the chart.

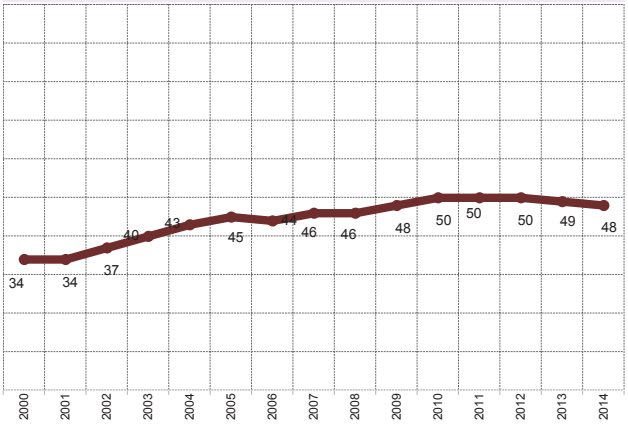
Source: WHO, 2015.

**Figure 5.2.9.** Case-detection rate for all forms of tuberculosis (%) by WHO region, 2000 and 2014



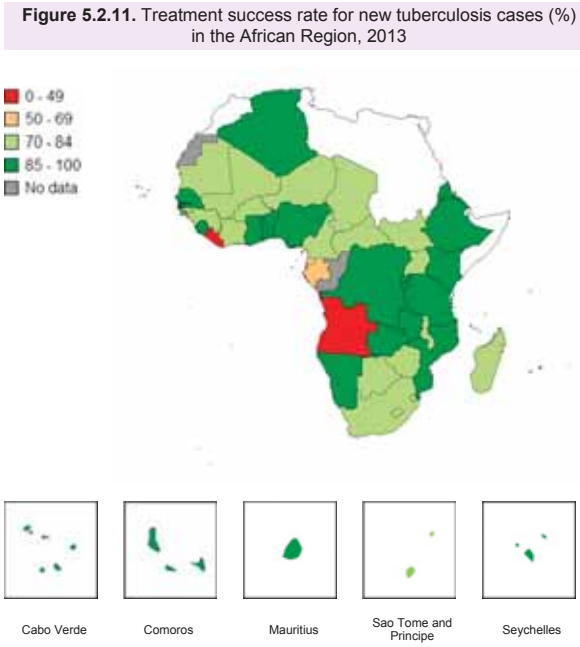

Source: WHO, 2015.

**Figure 5.2.10.** Trend in case-detection rate for all forms of tuberculosis (%) in the African Region, 2000-2014



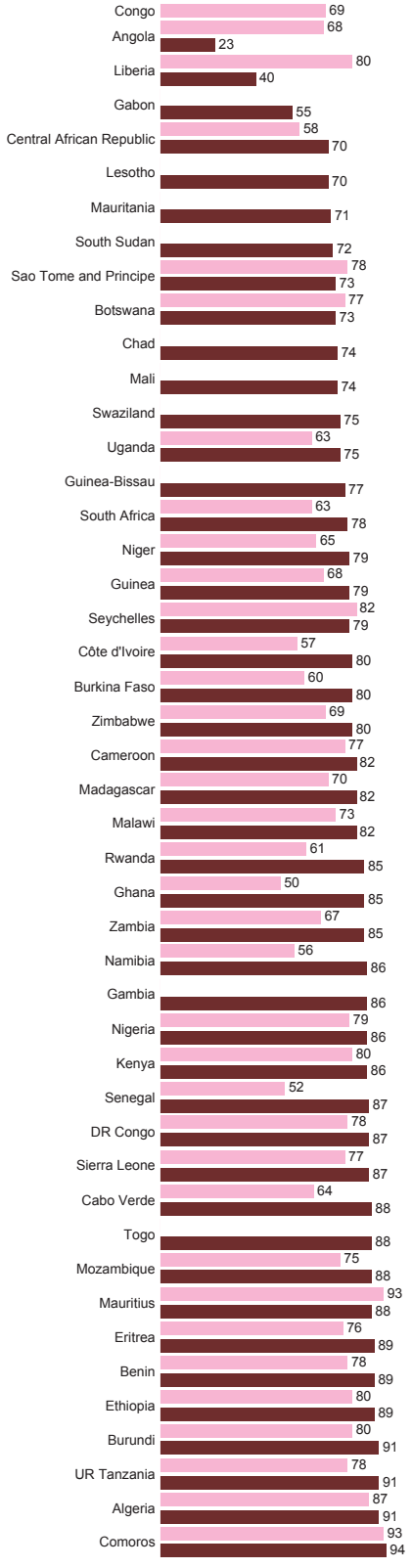

Source: WHO, 2015.

**Figure 5.2.11.** Treatment success rate for new tuberculosis cases (%) in the African Region, 2013




Source: WHO, 2015.

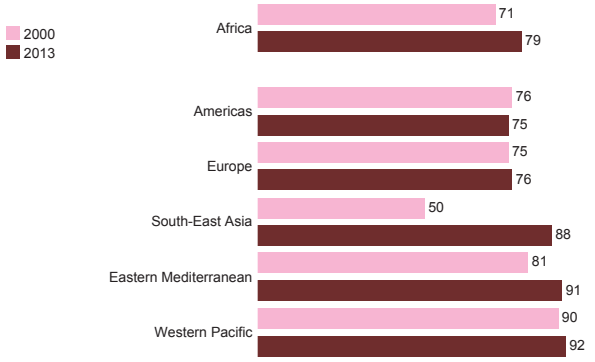
**Figure 5.2.12.** Treatment success rate for new tuberculosis cases (%) in the African Region, 2000 and 2013




Countries of the African Region without data are not included in the chart.

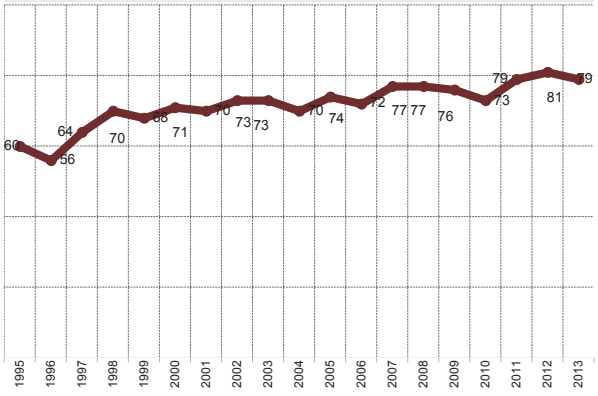
Source: WHO, 2015.

**Figure 5.2.13.** Treatment success rate for new tuberculosis cases (%) by WHO Region, 2000 and 2013



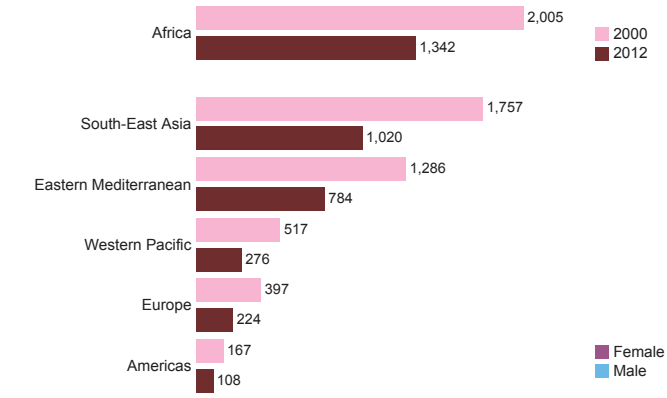

Source: WHO, 2015.

**Figure 5.2.14.** Trend in treatment success rate for new tuberculosis cases (%) in the African Region, 1995-2013



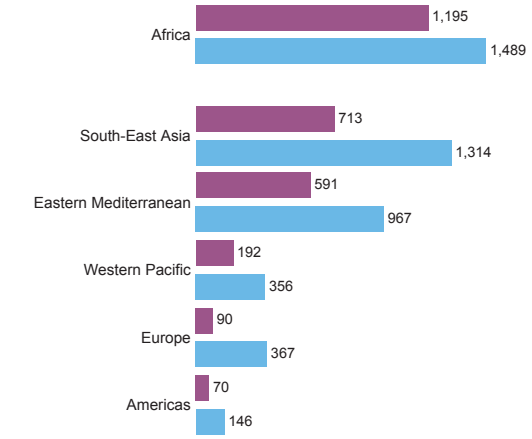

Source: WHO, 2015.

**Figure 5.2.15.** Disability adjusted life years (DALY) due to tuberculosis (per 100 000 population) by WHO region, 2000 and 2012



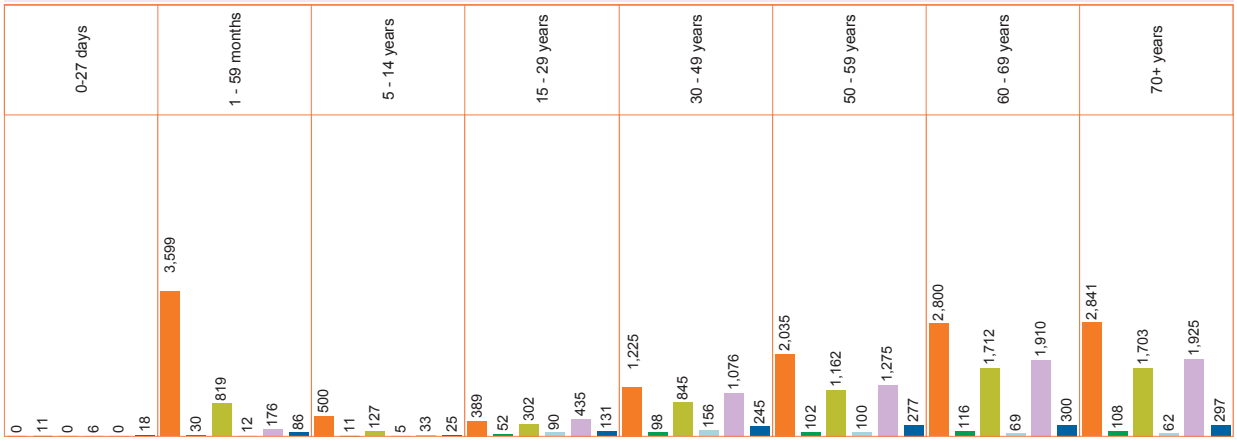

Source: WHO, 2015.

**Figure 5.2.16.** Disability adjusted life years (DALY) due to tuberculosis (per 100 000 population) by sex and WHO region, 2012



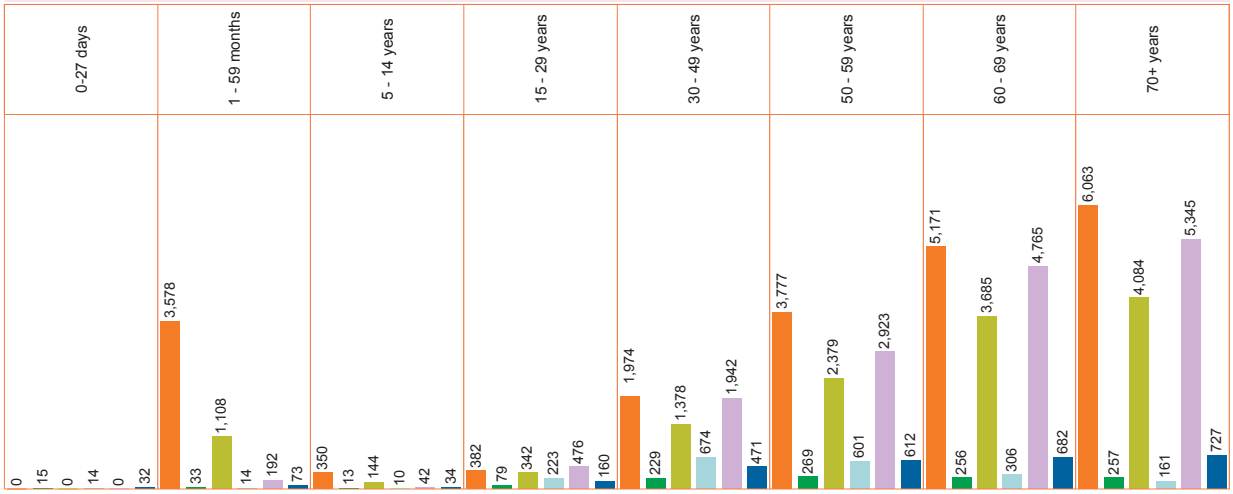

Source: WHO, 2015.

**Figure 5.2.17.** Disability adjusted life years (DALY) due to tuberculosis (per 100 000 population) among women, by age group and by WHO region, 2012




Source: WHO, 2015.

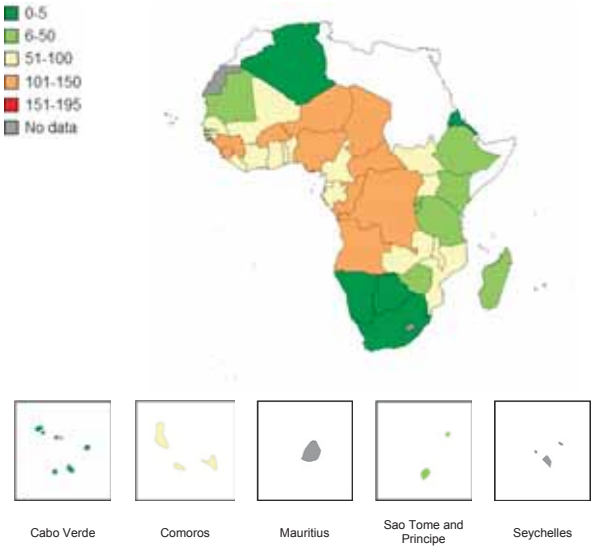

**Figure 5.2.18.** Disability adjusted life years (DALY) due to tuberculosis (per 100 000 population) among men, by age group and by WHO region, 2012




Source: WHO, 2015.

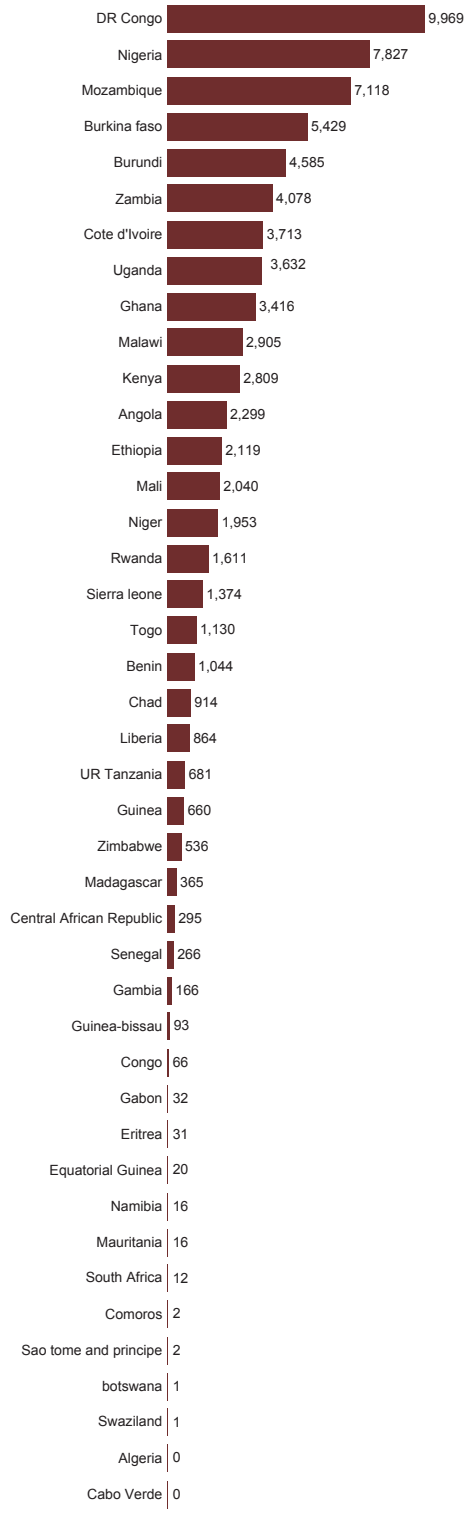
## 5.3 Malaria

**Figure 5.3.1**. Malaria mortality rate (per 100 000 population) in the African Region, 2012




Source: WHO, 2015.

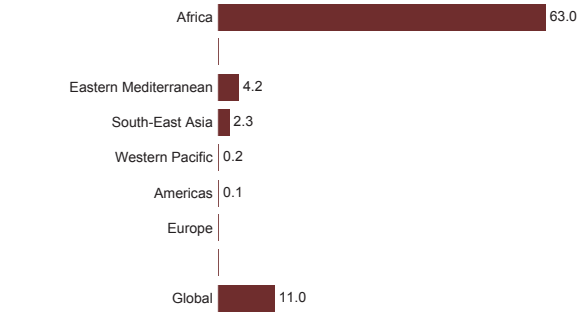
**Figure 5.3.2.** Reported* cases of malaria (in thousands) in the African Region, 2014




*Malaria cases are reported by method of confirmation (Microscopy and Rapid Diagnostic Test). Countries of the African Region without data are not included in the chart.

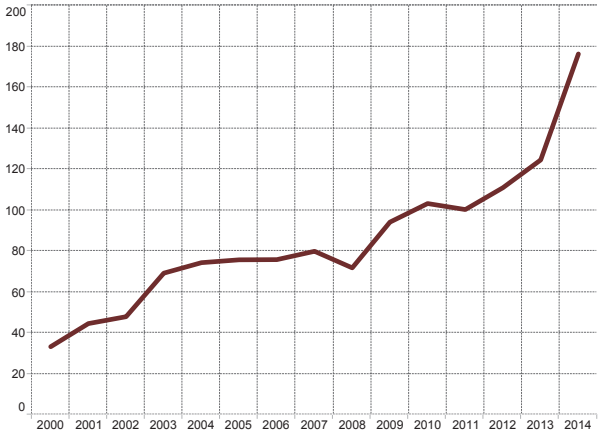
Source: WHO, 2015.

**Figure 5.3.3.** Malaria mortality rate (per 100 000 population) by WHO region, 2012



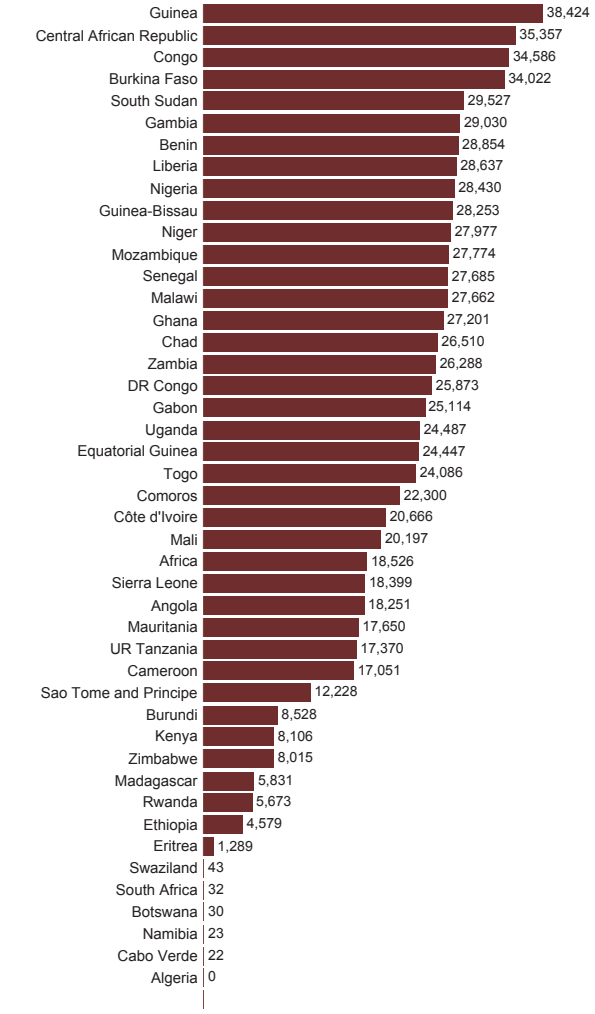

Source: WHO, 2015.

**Figure 5.3.4.** Trend in presumed and confirmed malaria cases (in million) in the African Region, 2000-2014




Source: WHO, 2015.

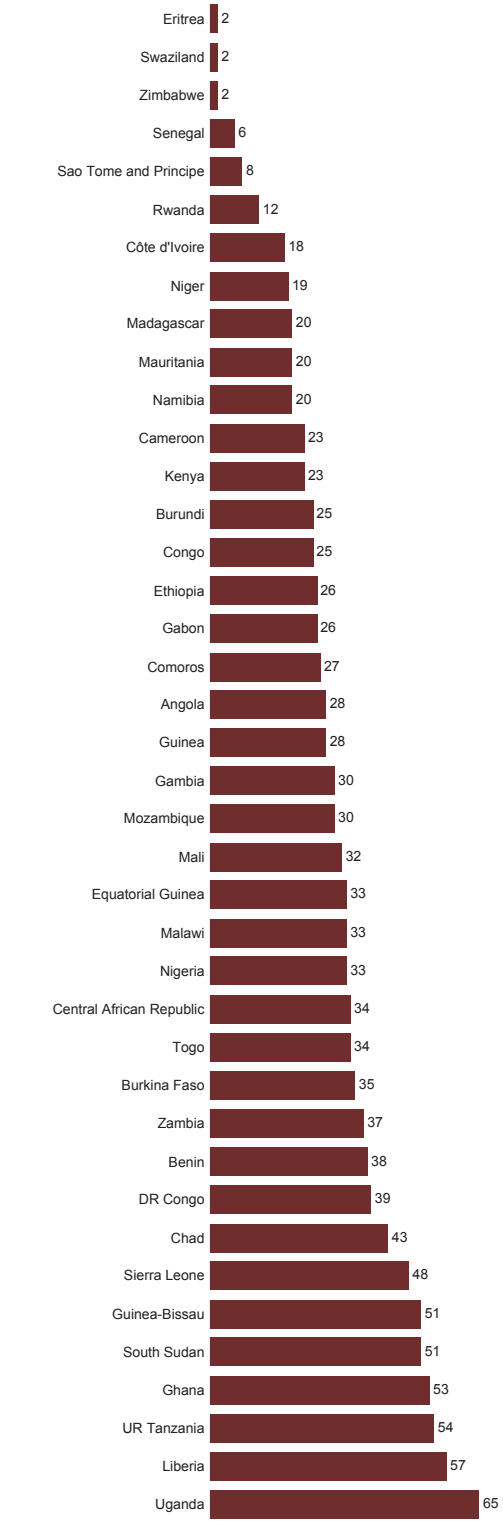
**Figure 5.3.5.** Malaria incidence rate (per 100 000 population) in the African Region, 2012




Countries of the African Region without data are not included in the chart.

Source: WHO, 2015.

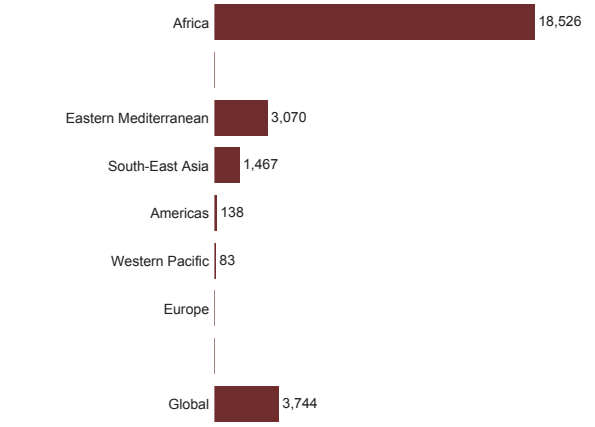
**Figure 5.3.6.** Children under 5 years of age with fever being treated with antimalarial drugs (%) in the African Region, 2007-2013




Countries of the African Region without data are not included in the chart.

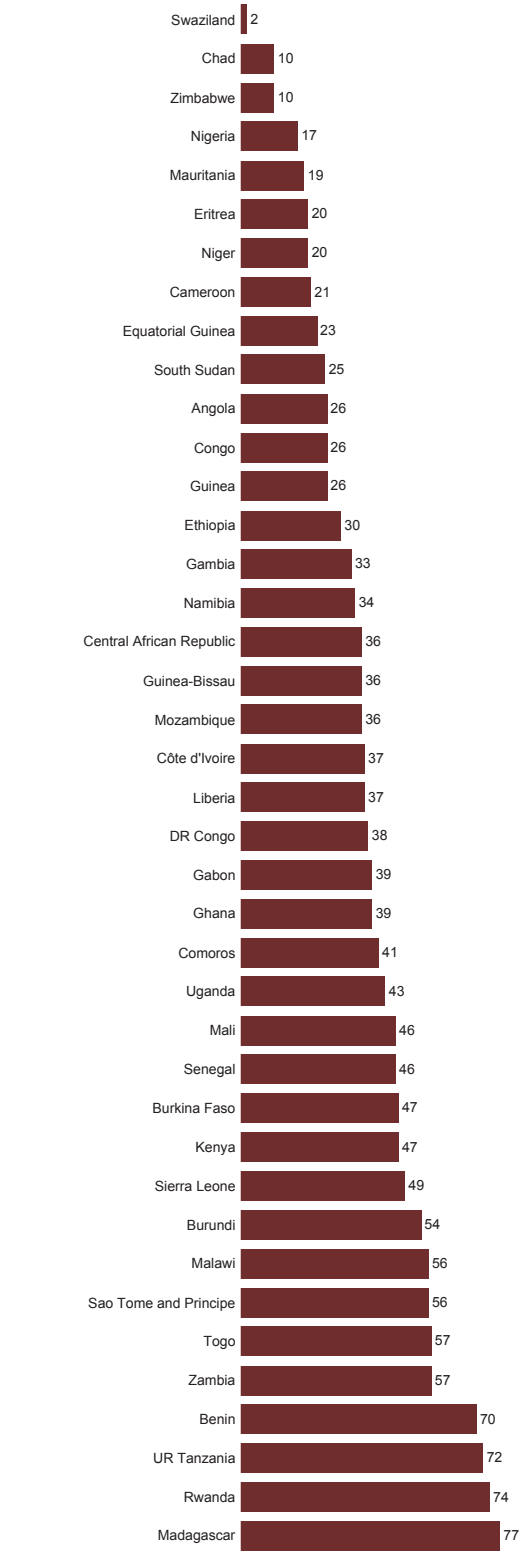
Source: WHO, 2015

Figure 5.3.7. Malaria incidence rate (per 100 000 population) by WHO region, 2012




Source: WHO, 2015.

**Figure 5.3.8.** Children under 5 years of age sleeping under insecticide-treated bed nets (%) in the African Region, 2007-2013*

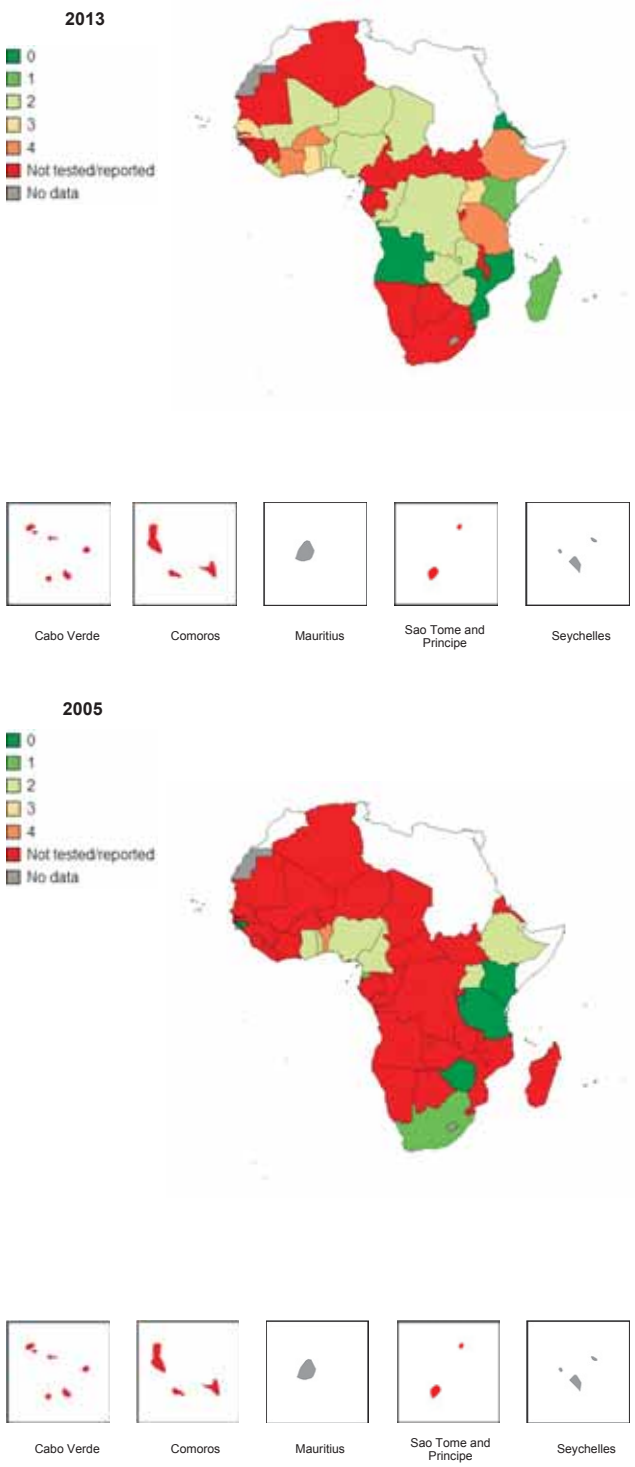



Countries of the African Region without data are not included in the chart.

Source: WHO, 2015.

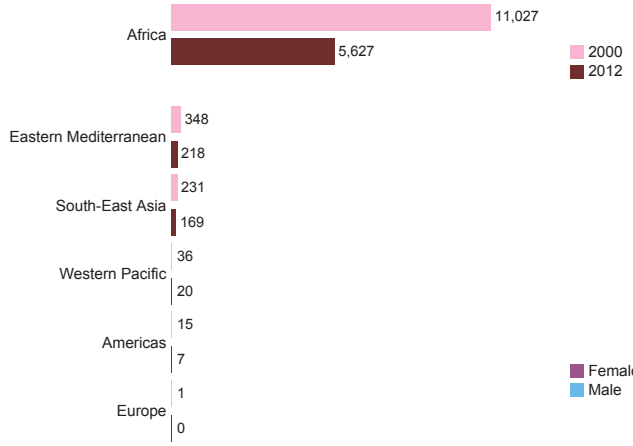
* most recent survey

**Figure 5.3.9.** Number of insecticide classes to which resistance was reported in the African Region, 2013 and 2005



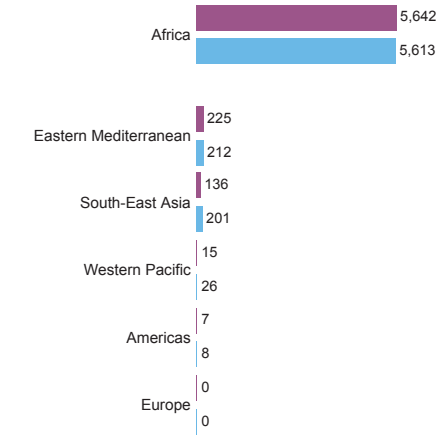

Source: WHO, 2015.

**Figure 5.3.10.** Disability adjusted life years (DALY) due to malaria (per 100 000 population) by WHO Region, 2000 and 2012



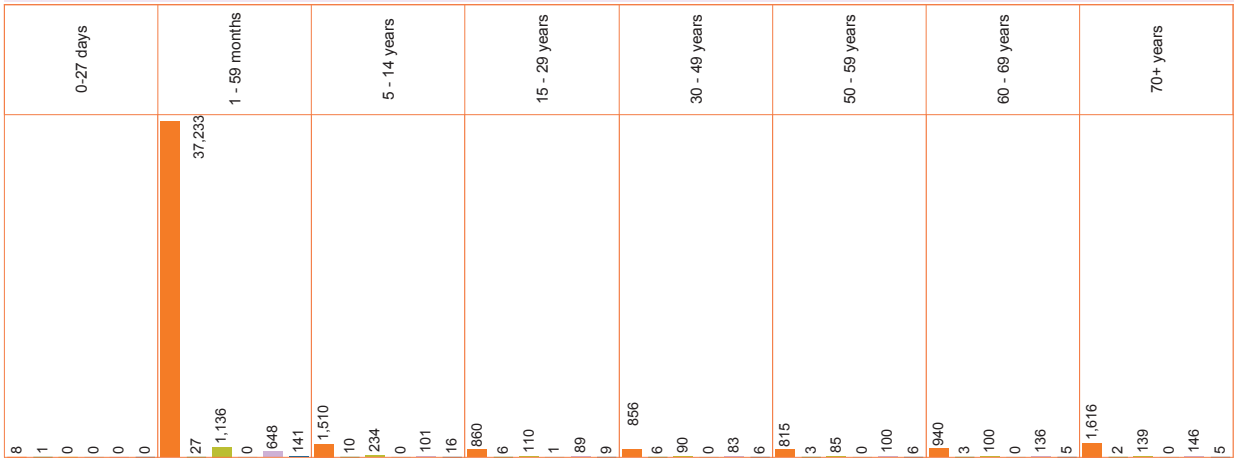

Source: WHO, 2015.

**Figure 5.3.11.** Disability adjusted life years (DALY) due to malaria (per 100 000 population) by sex and WHO Region, 2012



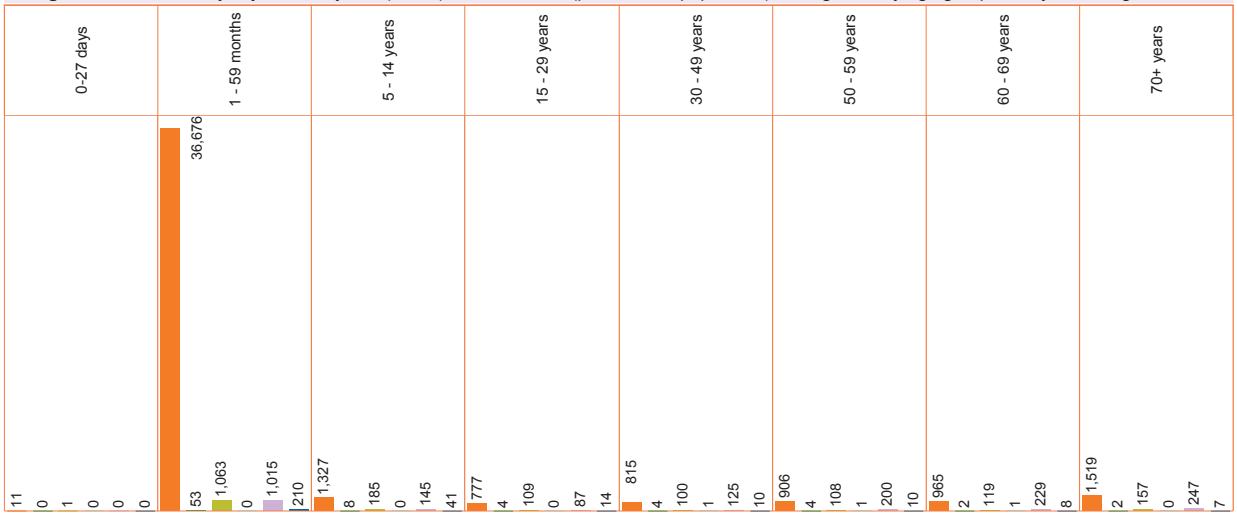

Source: WHO, 2015.

**Figure 5.3.12.** Disability adjusted life years (DALY) due to malaria (per 100 000 population) among women, by age group and by WHO region, 2012




Source: WHO, 2015.

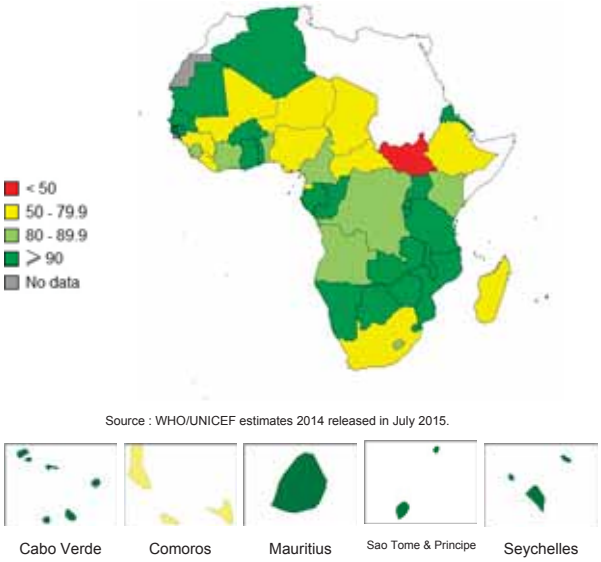

**Figure 5.3.13.** Disability adjusted life years (DALY) due to malaria (per 100 000 population) among men, by age group and by WHO region, 2012




Source: WHO, 2015.

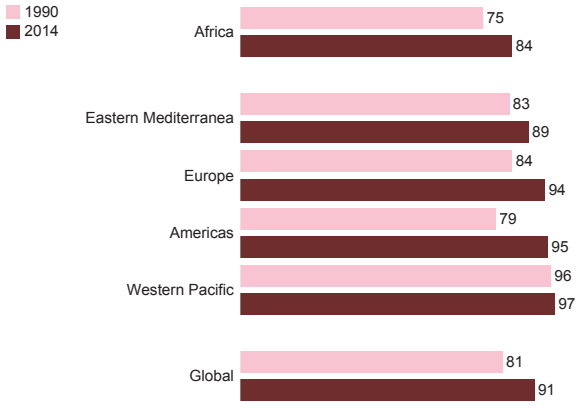
## 5.4. Immunization and vaccines

**Figure 5.4.1.** BCG immunization coverage among 1-year-olds (%) in the African Region, 2014



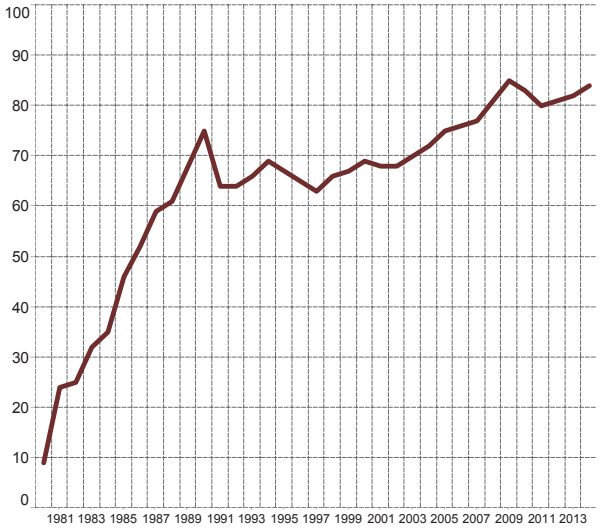

Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.2.** BCG immunization coverage among 1-year-olds (%) by WHO region, 1990 and 2014



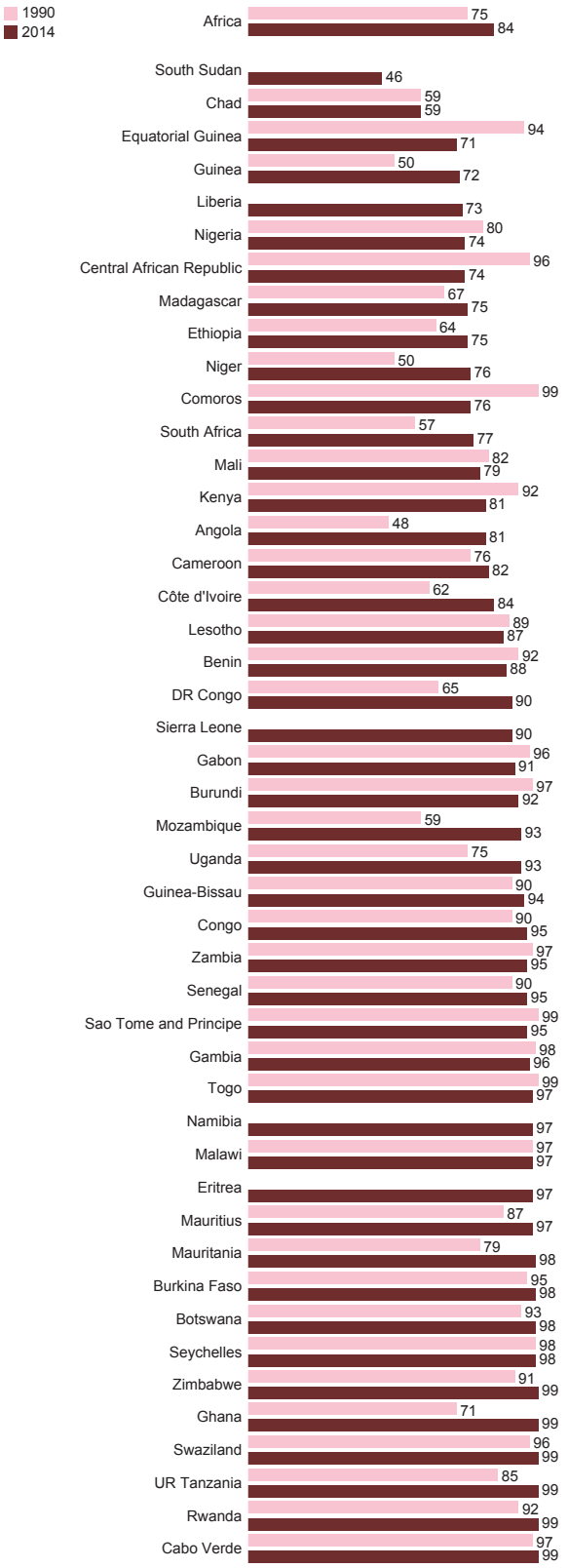

Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.3.** BCG immunization coverage among 1-year-olds (%) in the African Region, 1980-2014




Source : WHO/UNICEF estimates 2014 released in July 2015.

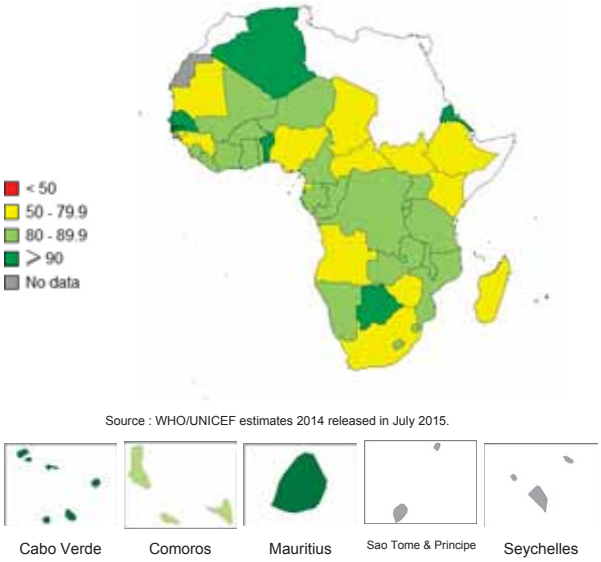
**Figure 5.4.4.** BCG immunization coverage among 1-year-olds (%) in the African Region, 1990 and 2014




Countries of the African Region without data are not included in the chart.

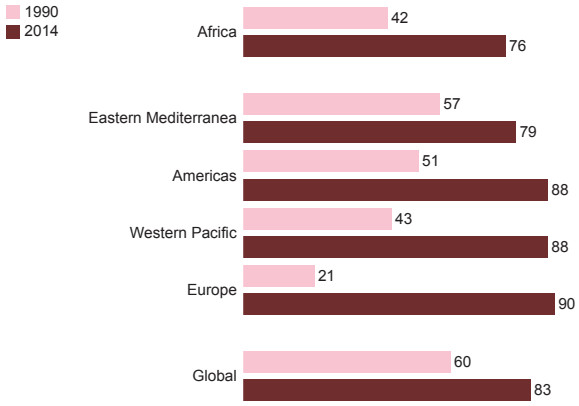
Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.5.** Neonates protected at birth against neonatal tetanus (PAB) (%) in the African Region, 2014



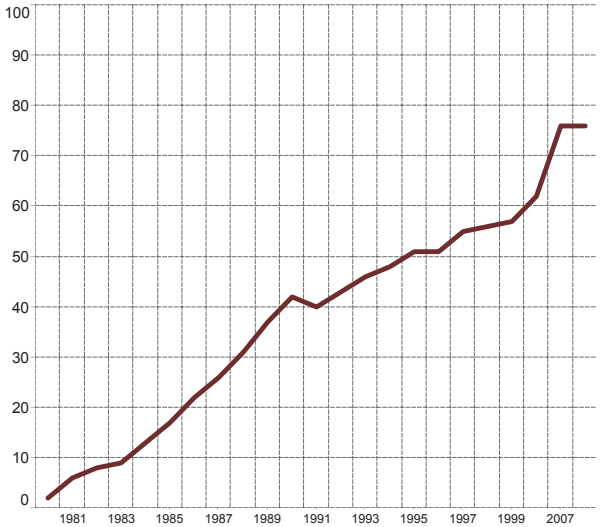

Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.6.** Neonates protected at birth against neonatal tetanus (PAB) (%) by WHO region, 1990 and 2014



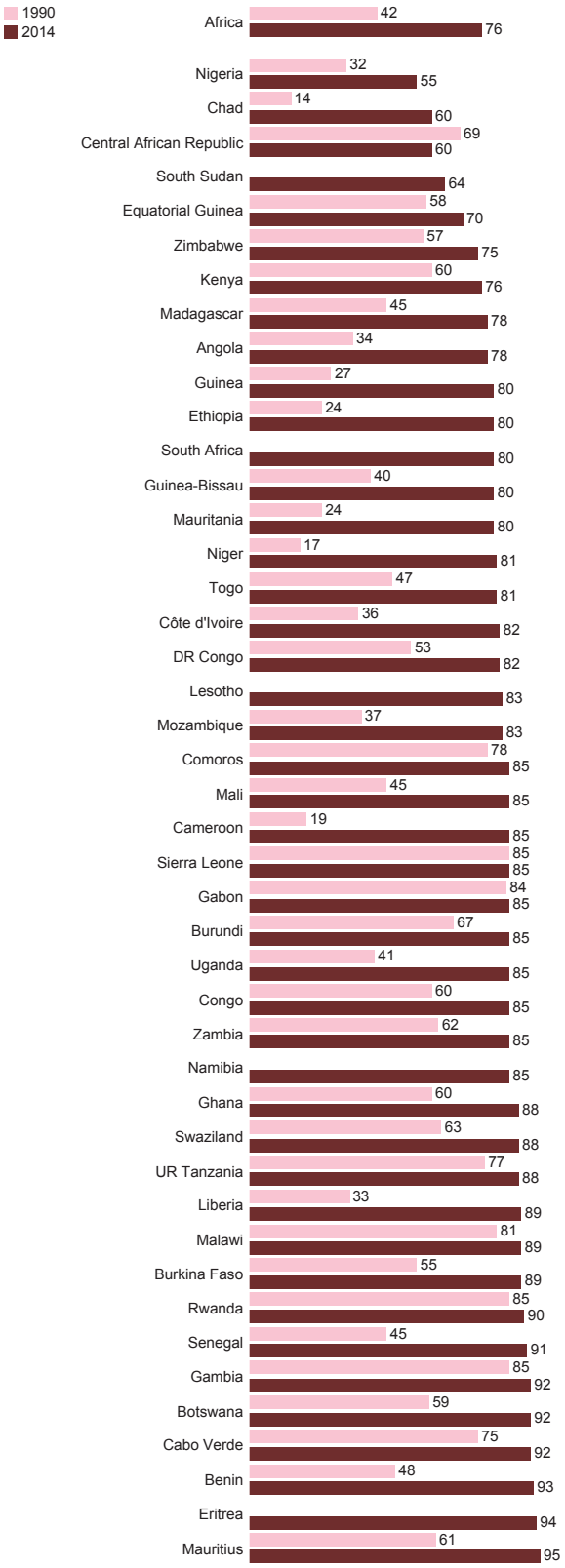

Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.7.** Neonates protected at birth against neonatal tetanus (PAB) (%) in the African Region, 1980 to 2014




Source : WHO/UNICEF estimates 2014 released in July 2015.

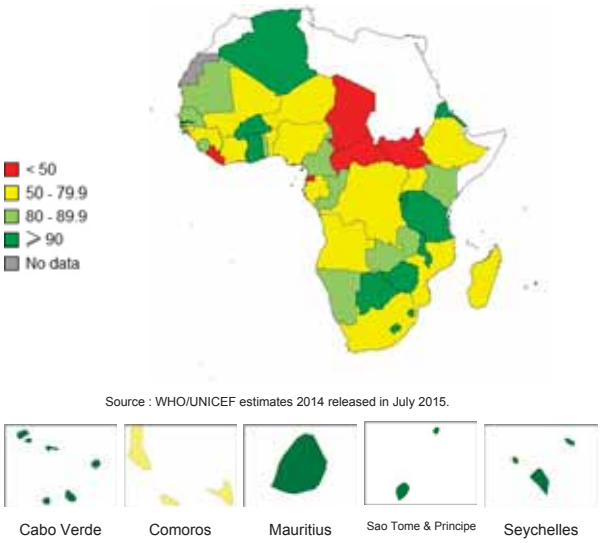
**Figure 5.4.8.** Neonates protected at birth against neonatal tetanus (PAB) (%) in the African Region, 1990 and 2014




Countries of the African Region without data are not included in the chart.

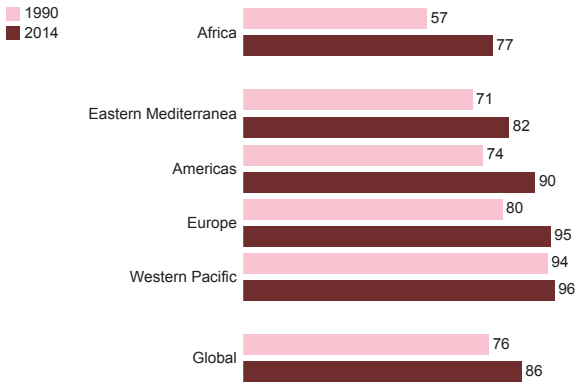
Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.9.** Diphteria tetanus toxoid and pertussis third dose (DTP3) immunization coverage among 1-year-olds (%) in the African Region, 2014



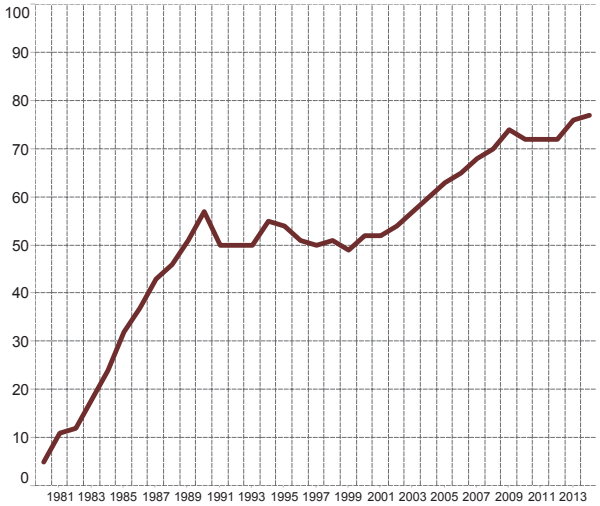

Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.10.** Diphteria tetanus toxoid and pertussis third dose (DTP3) immunization coverage among 1-year-olds (%) by WHO region, 1990 and 2014



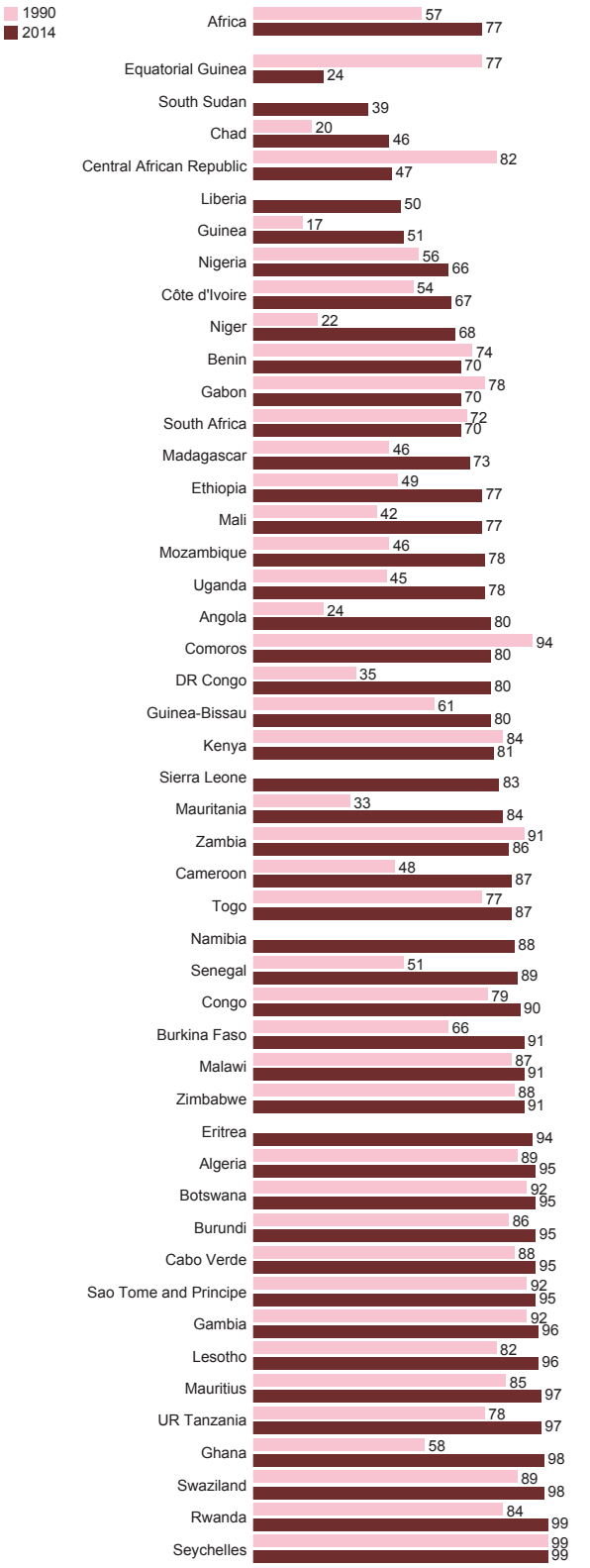

Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.11.** Diphteria tetanus toxoid and pertussis third dose (DTP3) immunization coverage among 1-year-olds (%) in the African Region, 1980 to 2014




Source : WHO/UNICEF estimates 2014 released in July 2015.

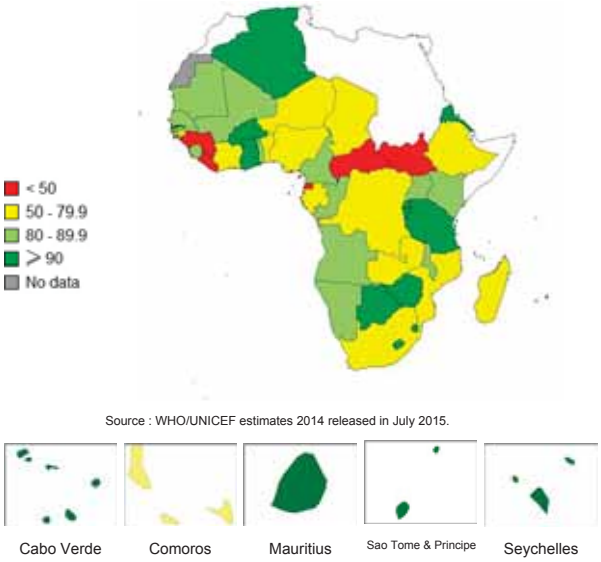
**Figure 5.4.12.** Diphteria tetanus toxoid and pertussis third dose (DTP3) immunization coverage among 1-year-olds (%) in the African Region, 1990 and 2014




Countries of the African Region without data are not included in the chart.

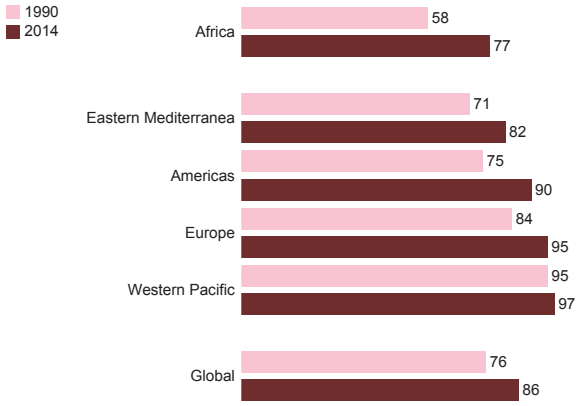
Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.13.** Polio third dose (Pol3) immunization coverage among 1-year-olds (%) in the African Region, 2014



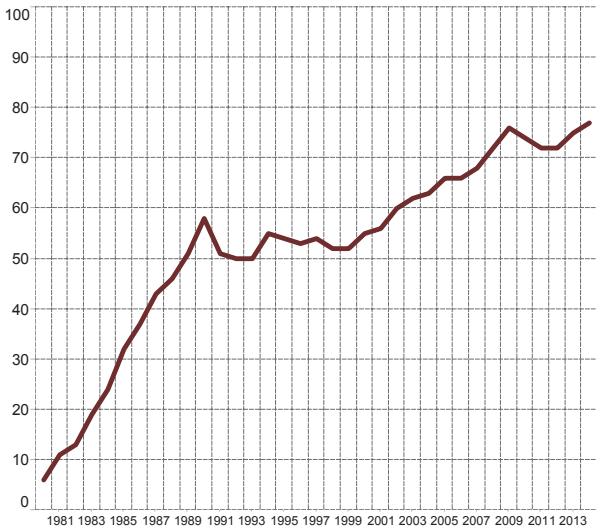

Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.14.** Polio third dose (Pol3) immunization coverage among 1-year-olds (%) by WHO region, 1990 and 2014



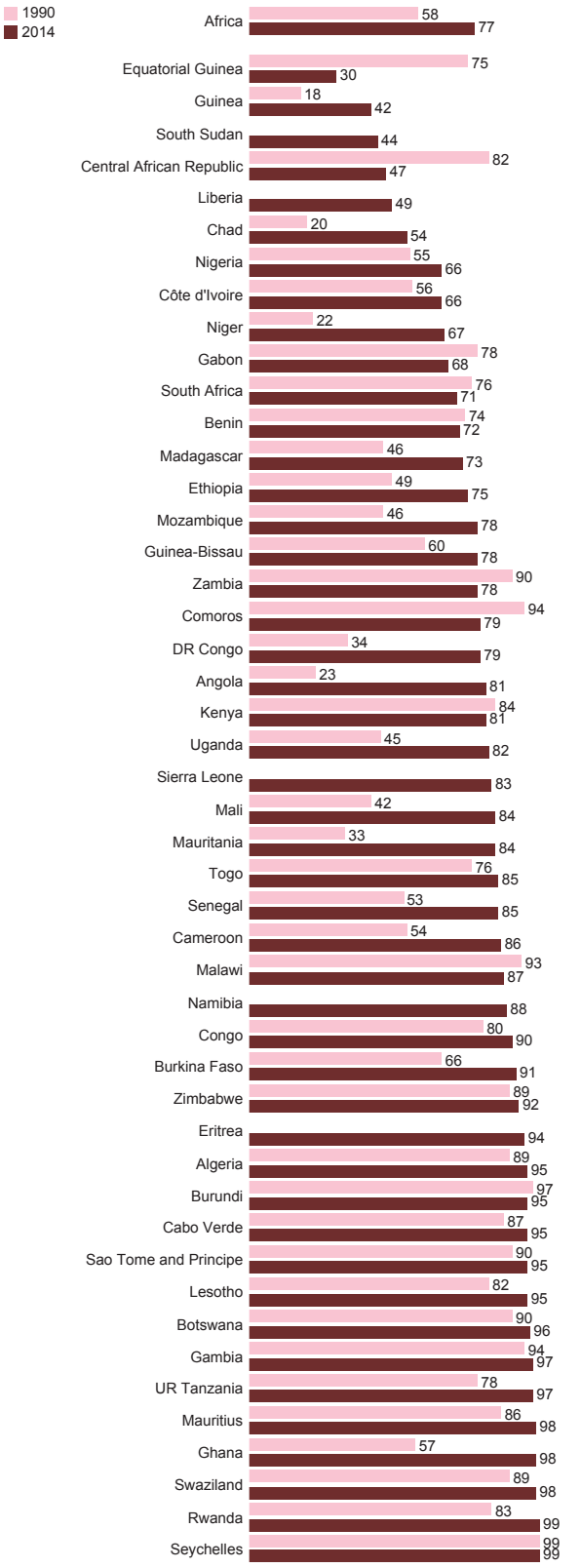

Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.15.** Polio third dose (Pol3) immunization coverage among 1-year-olds (%) in the African Region, 1980 to 2014




Source : WHO/UNICEF estimates 2014 released in July 2015.

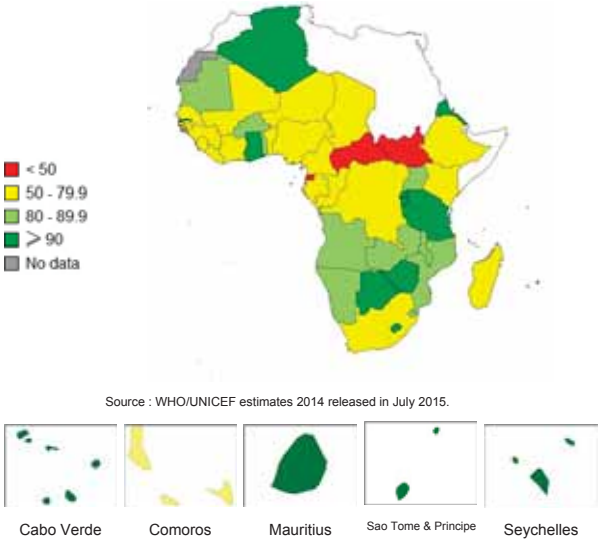
**Figure 5.4.16.** Polio third dose (Pol3) immunization coverage among 1-year-olds (%) in the African Region, 1990 and 2014




Countries of the African Region without data are not included in the chart.

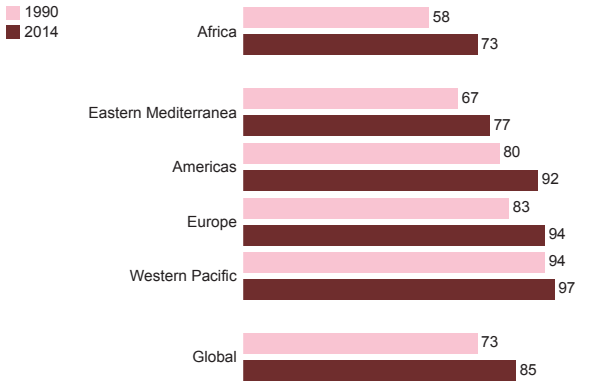
Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.17.** Measles-containing vaccine (MCV) immunization coverage among 1-year-olds (%) in the African Region, 2014



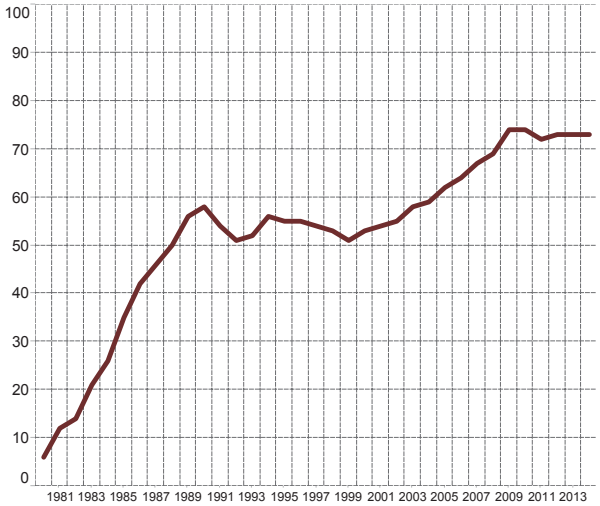

Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.18.** Measles-containing vaccine (MCV) immunization coverage among 1-year-olds (%) by WHO region, 1990 and 2014



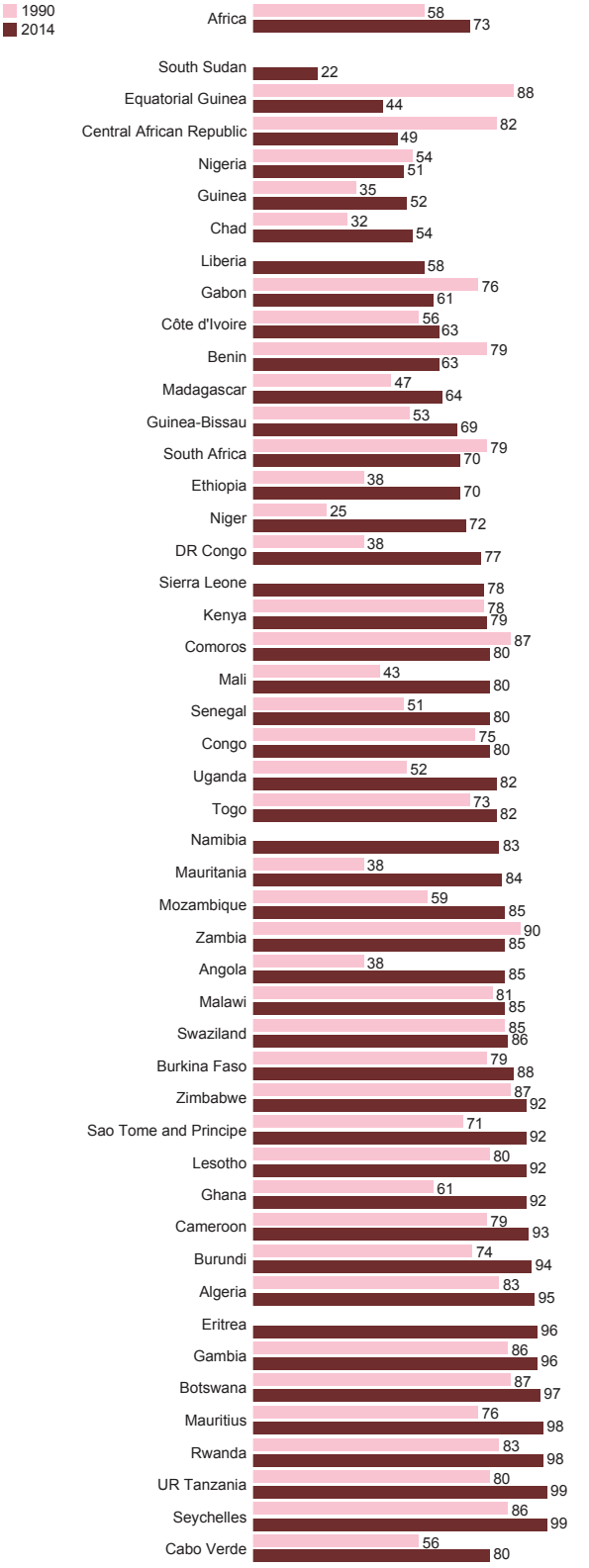

Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.19.** Measles-containing vaccine (MCV) immunization coverage among 1-year-olds (%) in the African Region, 1980 to 2014




Source : WHO/UNICEF estimates 2014 released in July 2015.

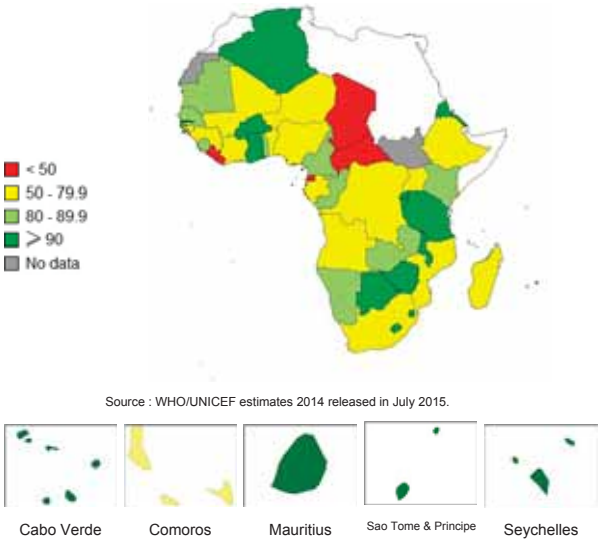
**Figure 5.4.20.** Measles-containing vaccine (MCV) immunization coverage among 1-year-olds (%) in the African Region, 1990 and 2014




Countries of the African Region without data are not included in the chart.

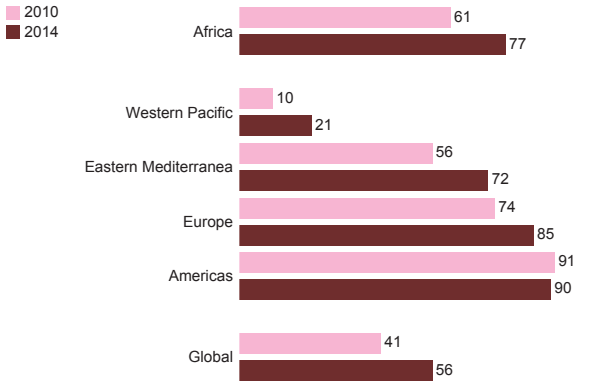
Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.21.** Haemophilus influenzae B third dose (Hib3) immunization coverage 1-year-olds (%) in the African Region, 2014



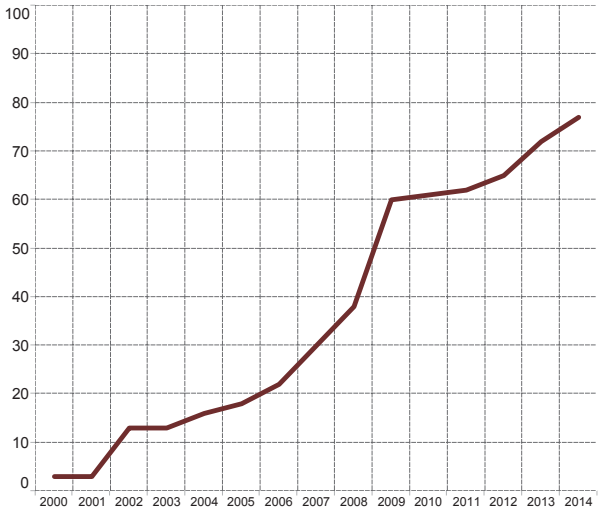

Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.22.** Haemophilus influenzae B third dose (Hib3) immunization coverage 1-year-olds (%) by WHO Region, 2010 and 2014



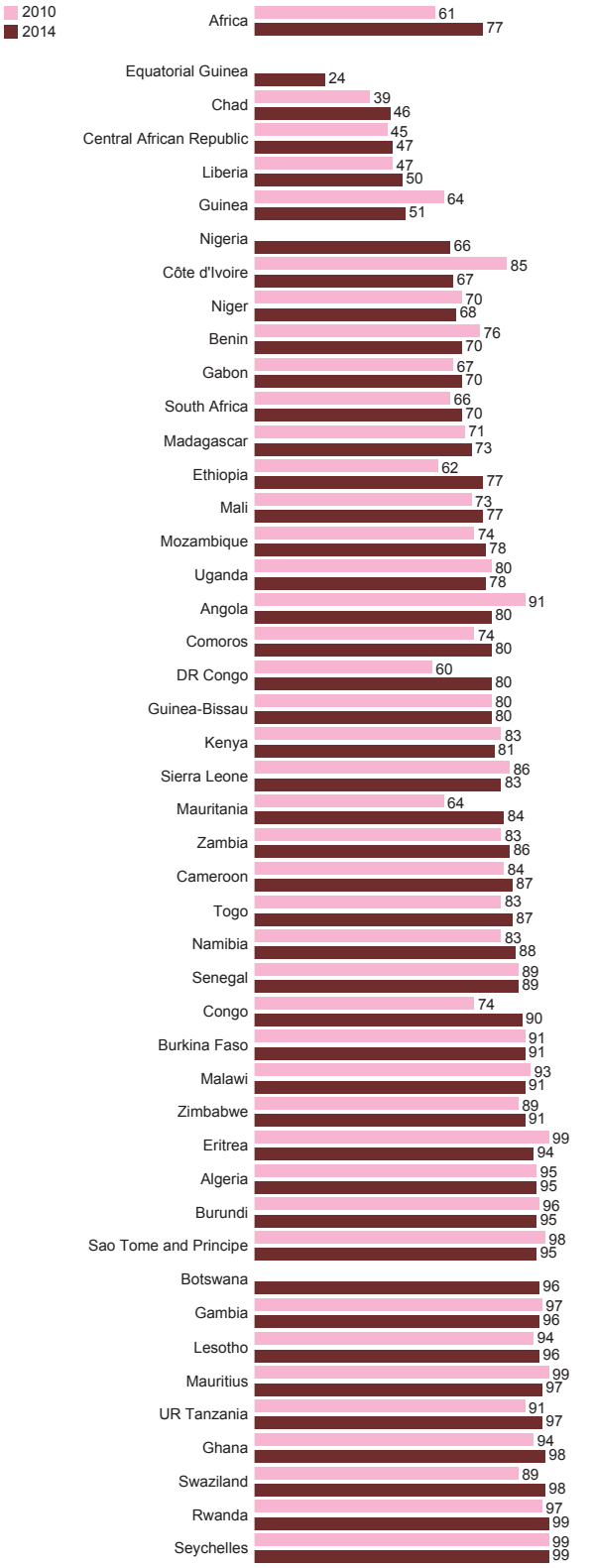

Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.23.** Haemophilus influenzae B third dose (Hib3) immunization coverage 1-year-olds (%) in the African Region, 2000 to 2014




Source : WHO/UNICEF estimates 2014 released in July 2015.

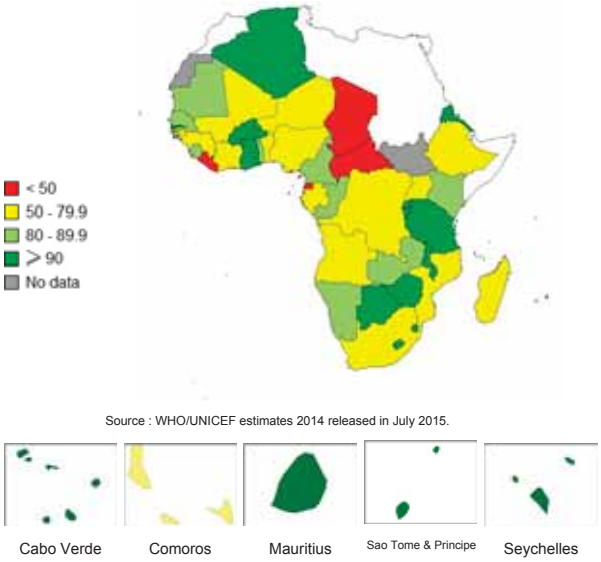
**Figure 5.4.24.** Haemophilus influenzae B third dose (Hib3) immunization coverage 1-year-olds (%) in the African Region, 2010 and 2014




Countries of the African Region without data are not included in the chart.

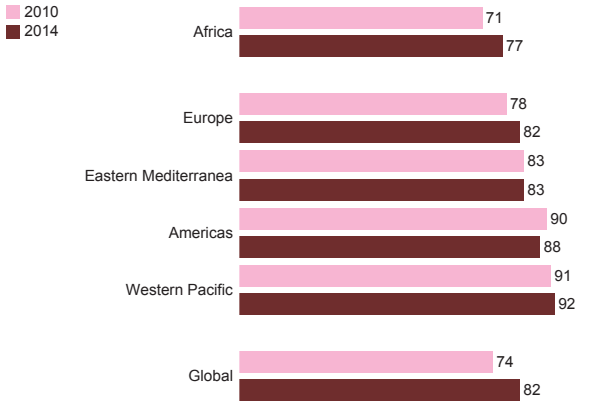
Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.25.** Hepatitis B third dose (HepB3) immunization coverage 1-year-olds (%) in the African Region, 2014



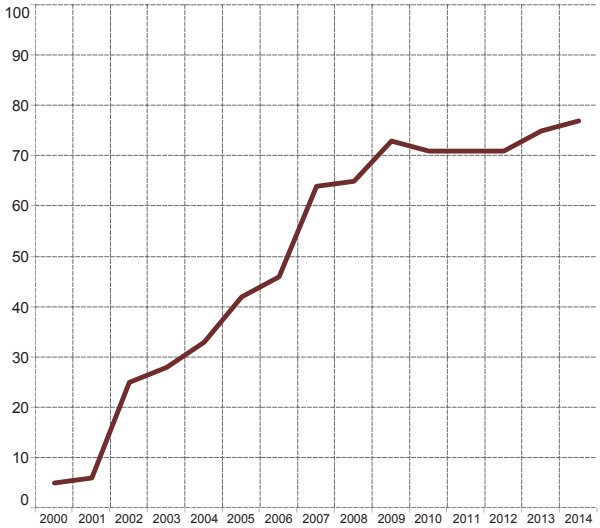

Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.26.** Hepatitis B third dose (HepB3) immunization coverage 1-year-olds (%) by WHO region, 2010 and 2014



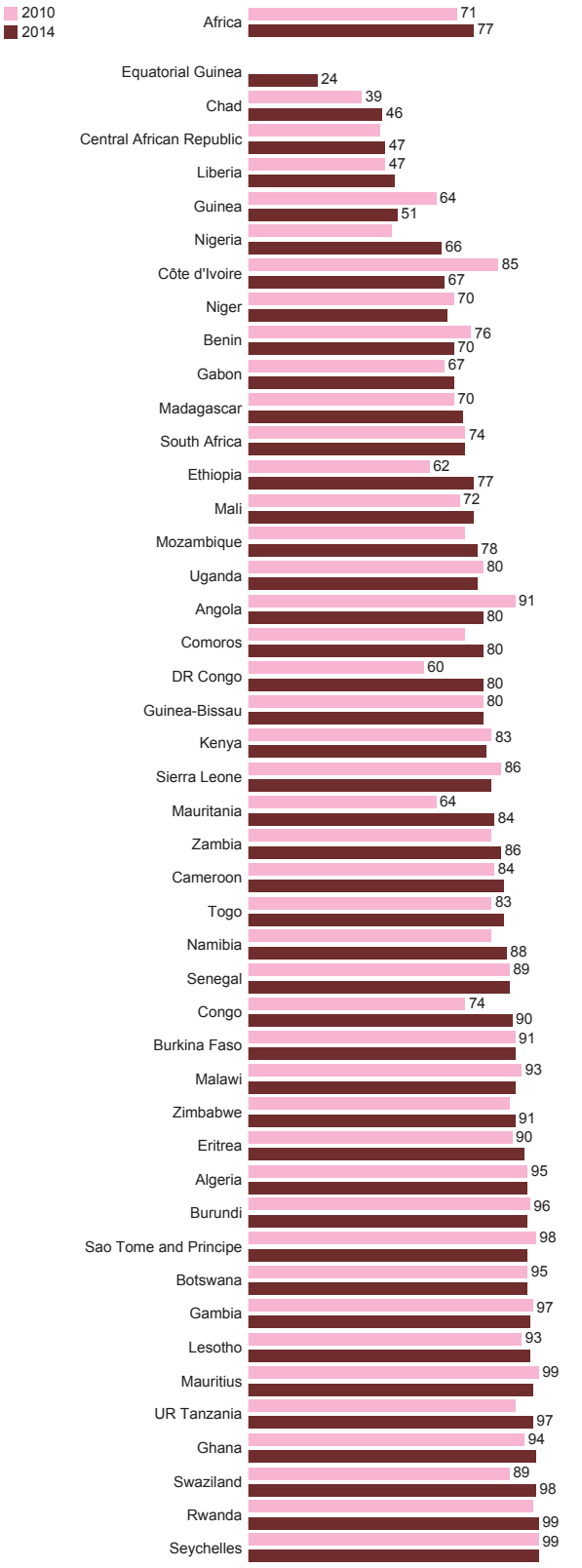

Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.27.** Hepatitis B third dose (HepB3) immunization coverage 1-year-olds (%) in the African Region, 2000 to 2014




Source : WHO/UNICEF estimates 2014 released in July 2015.

**Figure 5.4.28.** Hepatitis B third dose (HepB3) immunization coverage 1-year-olds (%) in the African Region, 2000 and 2014

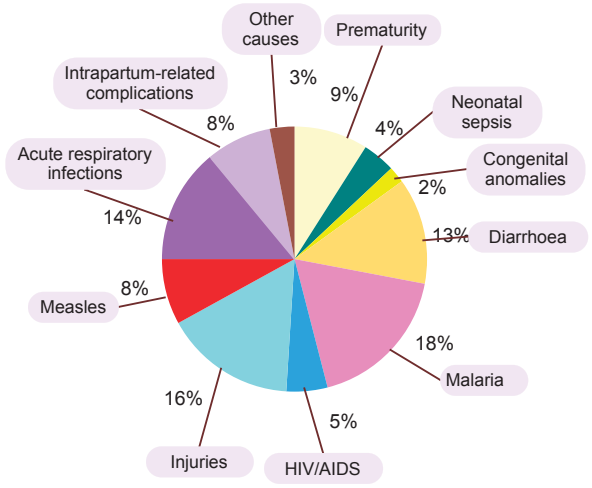



Countries of the African Region without data are not included in the chart.

Source : WHO/UNICEF estimates 2014 released in July 2015.

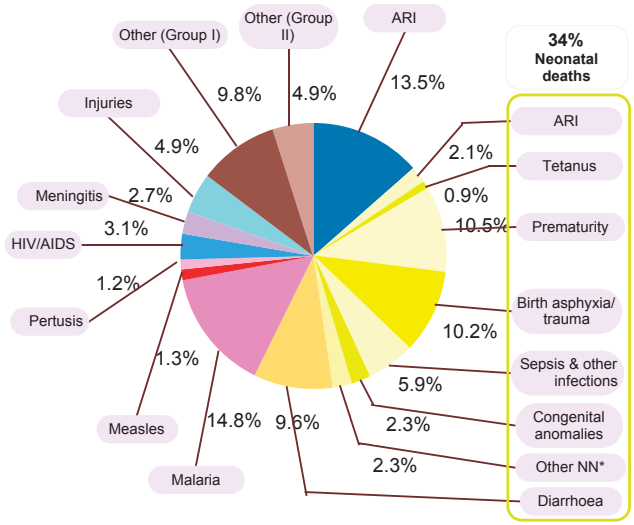
## 5.5 Child and adolescent health

**Figure 5.5.1.** Causes of death among children aged <5 years in the African Region, 2000



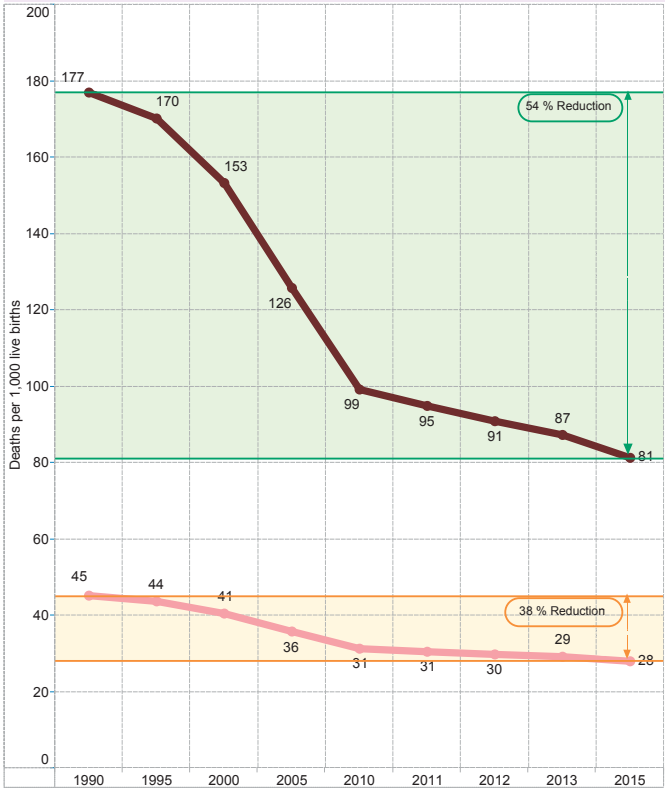

Source: WHO, 2015.

**Figure 5.5.2.** Causes of death among children aged <5 years in the African Region, 2013



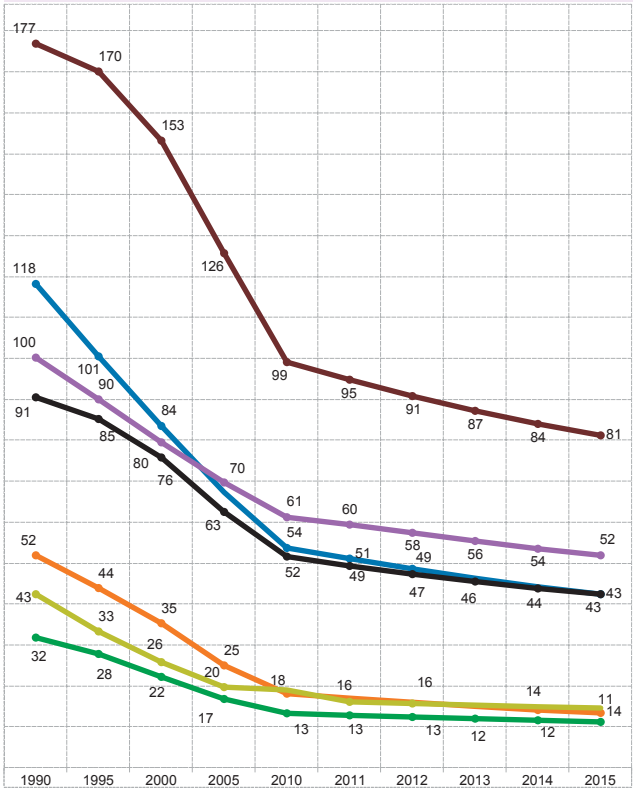

Source: WHO, 2015.
Sections in yellow refer to newborns, which total 34%.
*NN: Neonatal.

**Figure 5.5.3.** Under-five mortality rate vs Neonatal mortality rate, both sexes, in the African Region, 1990-2015



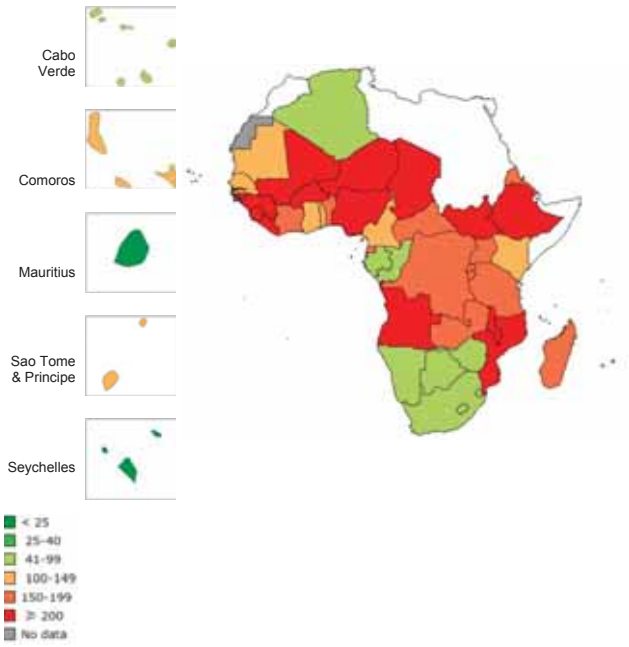

Source: WHO, UN Inter-agency Group for Child Mortality (IGME), 2015.

**Figure 5.5.4.** Under-five mortality rate (deaths per 1,000 live births) both sexes by WHO Region, 1990-2015



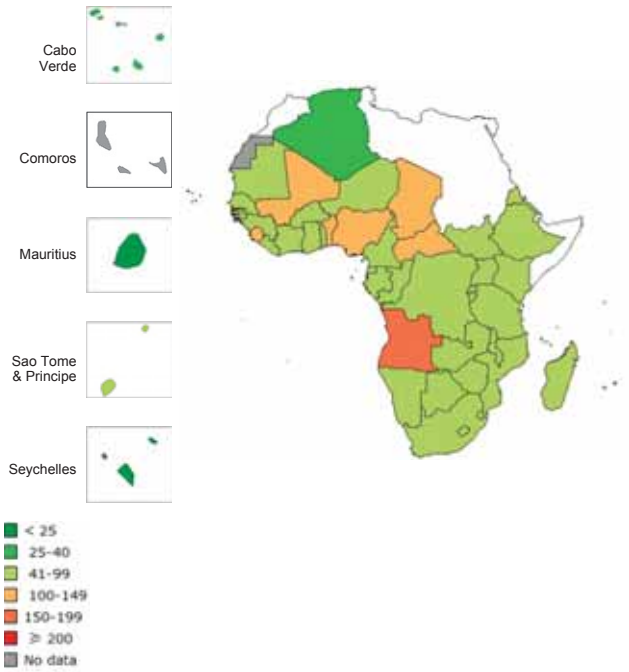

Source: WHO, UN Inter-agency Group for Child Mortality (IGME), 2015.

**Figure 5.5.5:** Under-five mortality rate (deaths per 1,000 live births), both sexes in the African Region, 1990



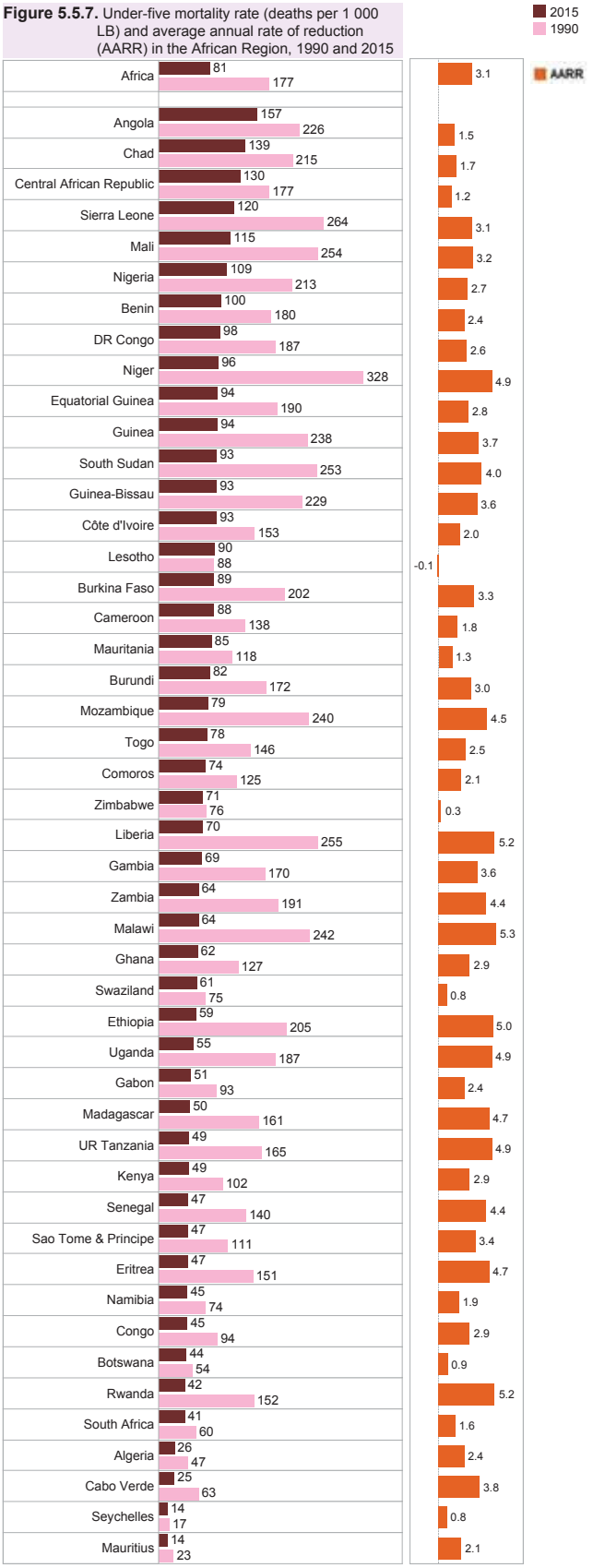

Source: UN Inter-agency Group for Child Mortality (IGME), 2015.

**Figure 5.5.6.** Under-five mortality rate (deaths per 1 000 live births), both sexes in the African Region, 2015



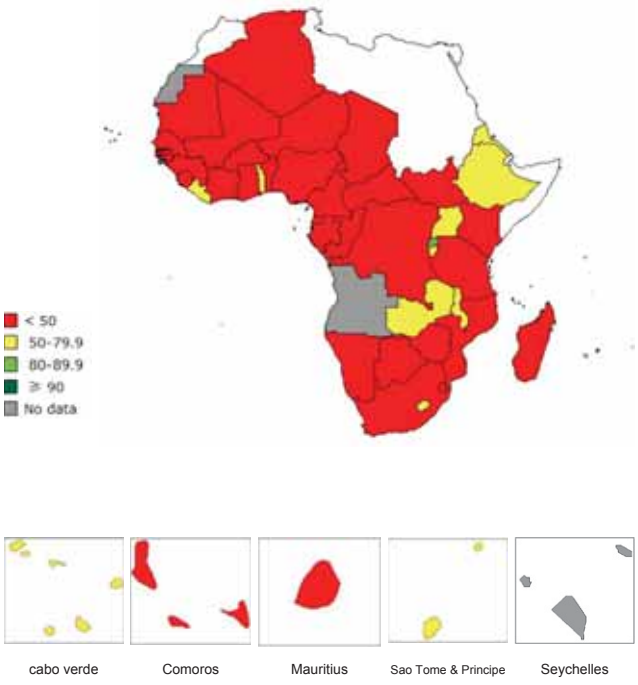

Source: UN Inter-agency Group for Child Mortality (IGME), 2015.

**Figure 5.5.7.** Under-five mortality rate (deaths per 1 000 LB) and average annual rate of reduction (AARR) in the African Region, 1990 and 2015



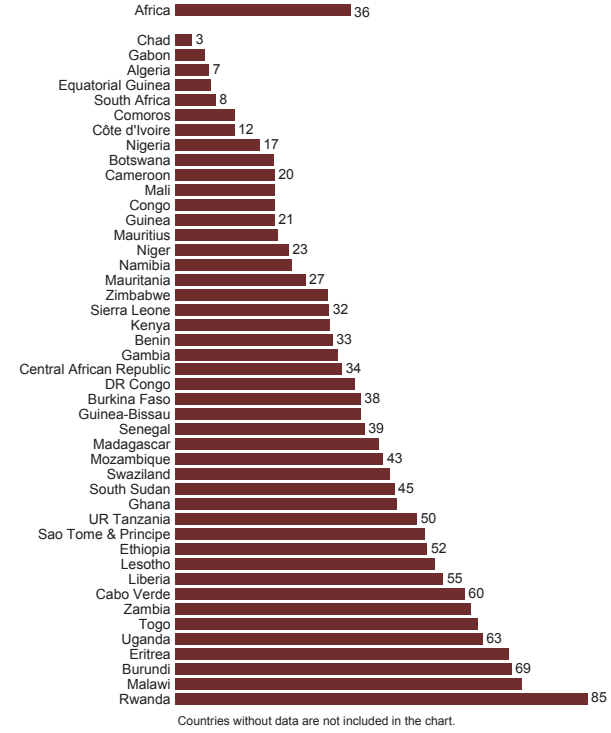

Source: UN Inter-agency Group for Child Mortality (IGME), 2015.

**Figure 5.5.8.** Children <6 months who are exclusively breastfed (%) in the African Region, 2013




Source: WHO, 2015.

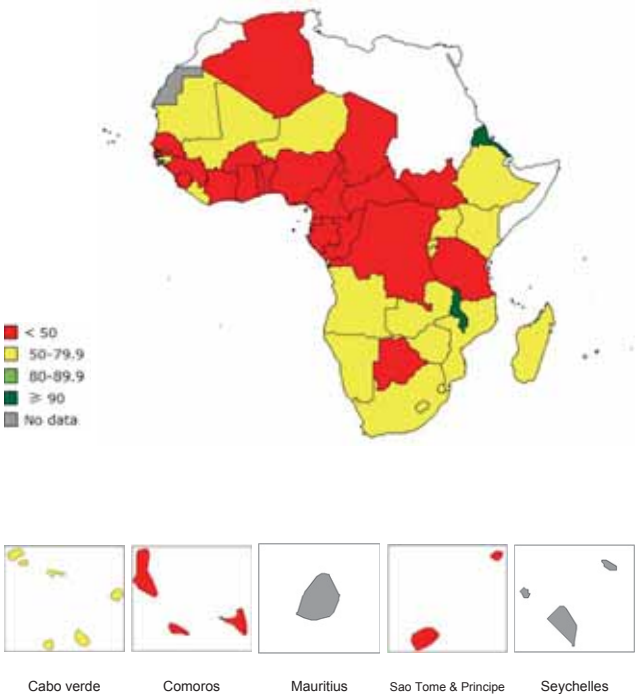
**Figure 5.5.9.** Children <6 months who are exclusively breastfed (%) in the African Region, 2009-2013




Countries without data are not included in the chart.

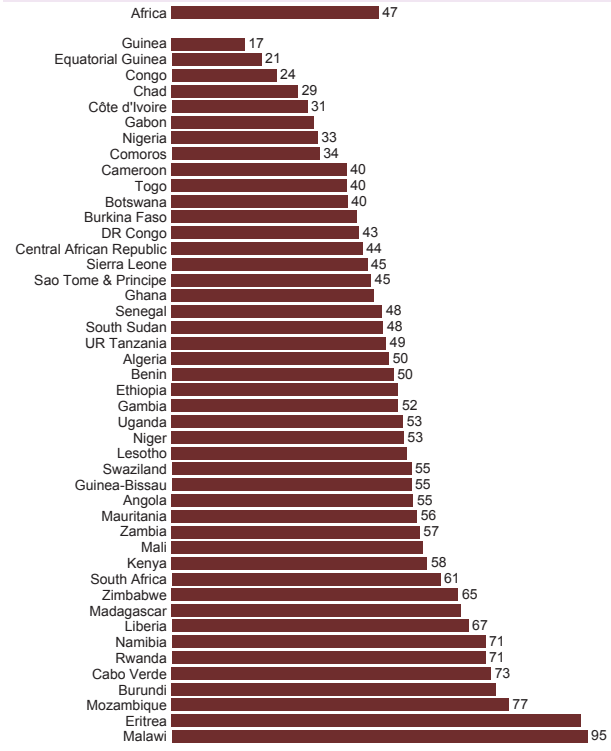
Source: WHO, 2015.

**Figure 5.5.10.** Early initiation of breastfeeding (%) in the African Region, 2013




Source: WHO, 2015.

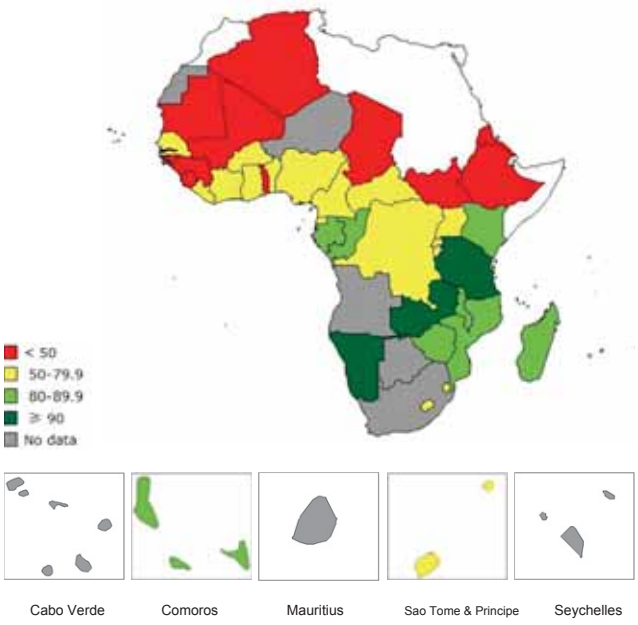
**Figure 5.5.11.** Early initiation of breastfeeding (%) in the African Region, 2009-2013




Countries without data are not included in the chart.

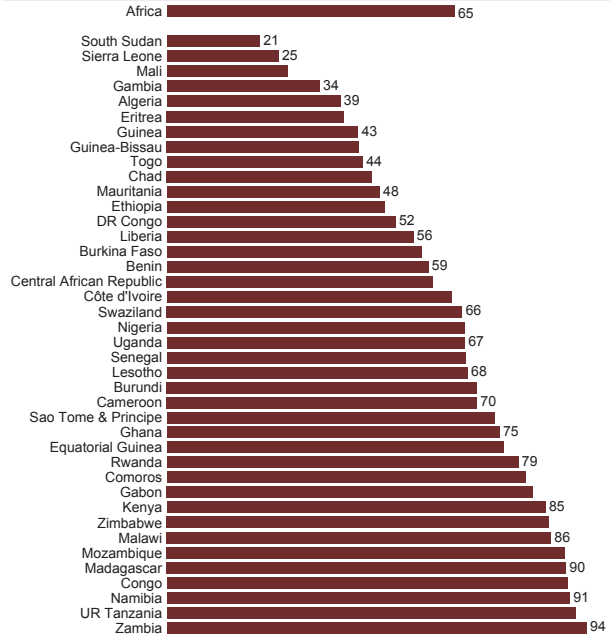
Source: WHO, 2015.

**Figure 5.5.12.** Complementary feed (% of children 6-8 months who are introduced to solid, semi-solid or soft foods), in the African Region, 2013




Source: WHO/UNICEF, 2015.

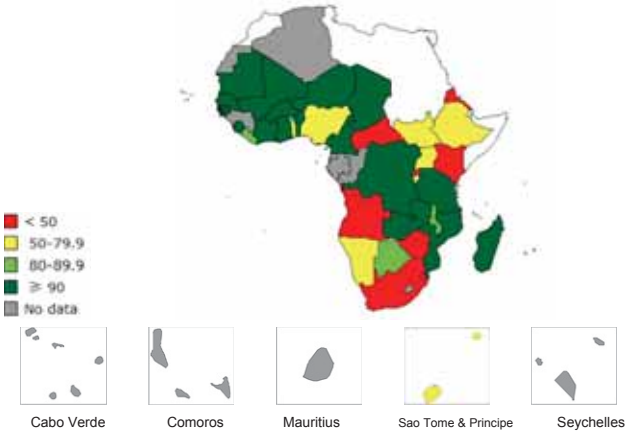
**Figure 5.5.13**. Complementary feed (% of children 6–8 months who are introduced to solid, semi-solid or soft foods) in the African Region, 2009–2013




*Countries without data are not included in the chart.*

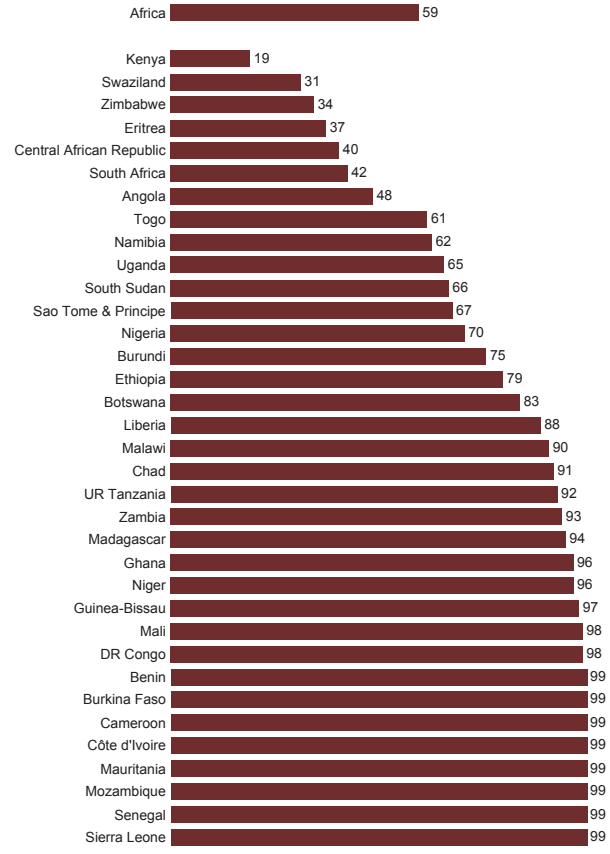
Source: WHO/UNICEF, 2015.

**Figure 5.5.14.** Vitamin A supplementation coverage rate (% of children ages 6-59 months) in the African Region, 2014




Source: WHO/UNICEF, 2015.

**Figure 5.5.15.** Vitamin A supplementation coverage rate (% of children ages 6-59 months) in the African Region, 2007-2014



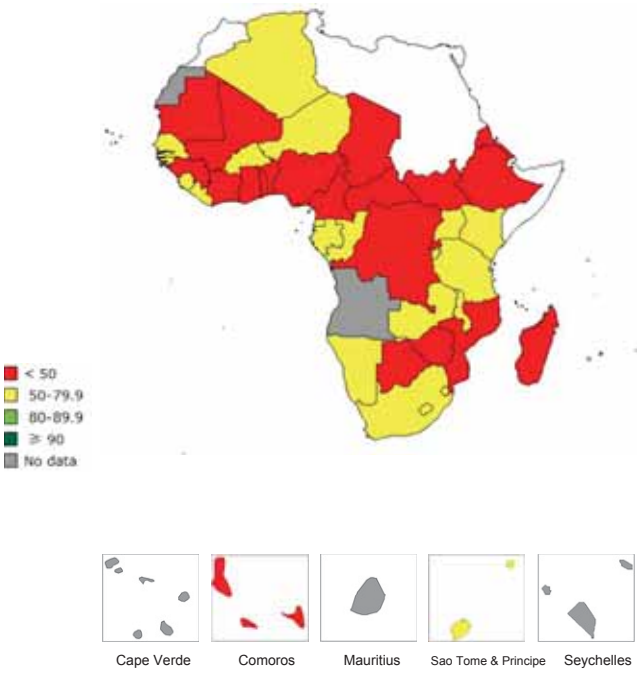

Countries without data are not included in the chart.

Source: WHO/UNICEF, 2015.

**Figure 5.5.16.** Trend in Vitamin A supplementation coverage rate (% of children ages 6-59 months) in the African Region, 2002-2013

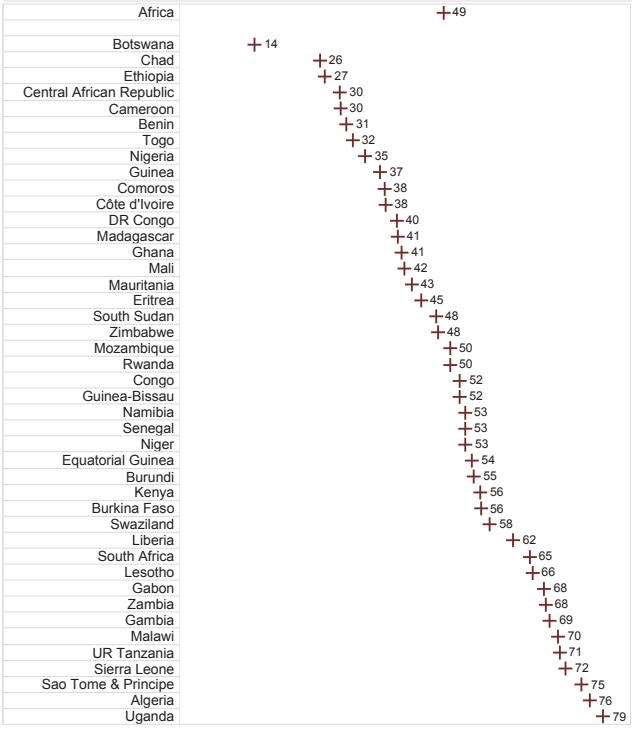

Source: WHO/UNICEF, 2015.

**Figure 5.5.17.** Children aged <5 years with ARI symptoms taken to a health facility (%), in the African Region, 2014




Source: WHO, 2015.

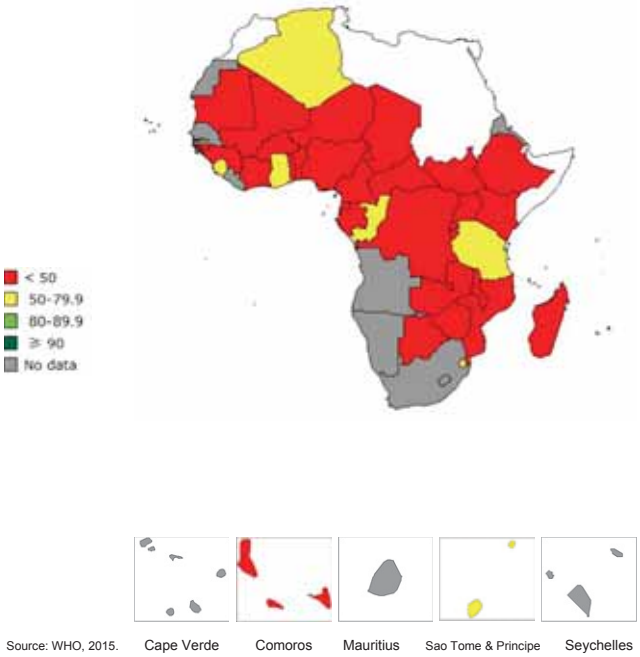
**Figure 5.5.18.** Children aged <5 years with ARI symptoms taken to a health facility (%) in the African Region, 2007-2014




Countries without data are not included in the chart.

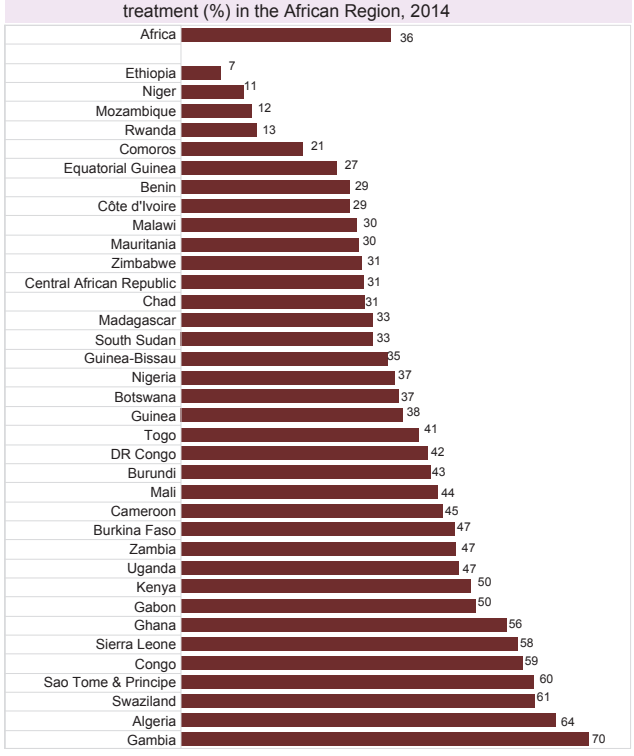
Source: WHO, 2015.

**Figure 5.5.19.** Children aged <5 years with ARI symptoms who took antibiotic treatment (%) in the African Region, 2014




Source: WHO, 2015.

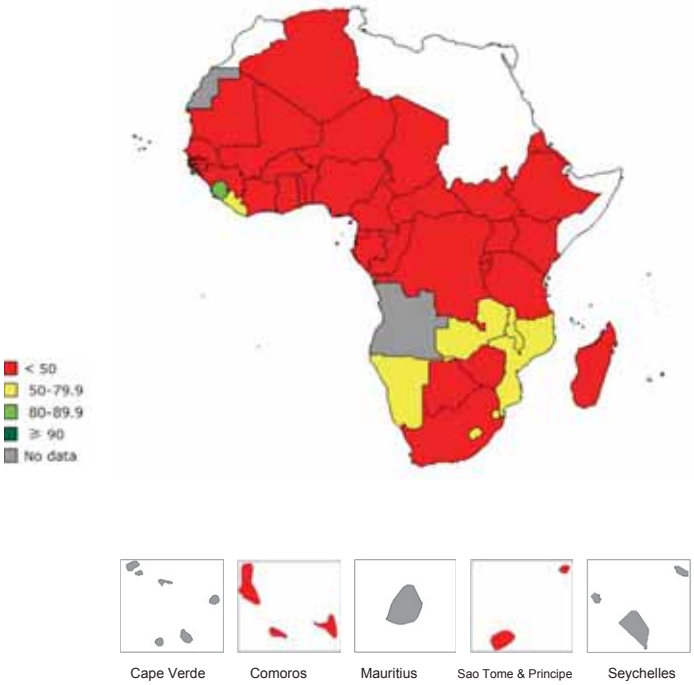
**Figure 5.5.20.** Children aged <5 years with ARI symptoms who took antibiotic treatment (%) in the African Region, 2014




Countries without data are not included in the chart.

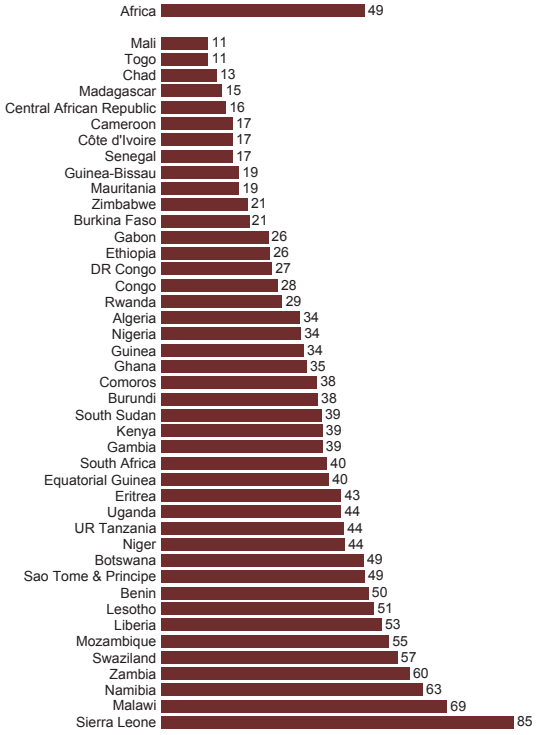
Source: WHO, 2015.

**Figure 5.5.21.** Children aged <5 years with diarrhoea receiving ORT (%) in the African Region, 2014




Source: WHO, 2015.

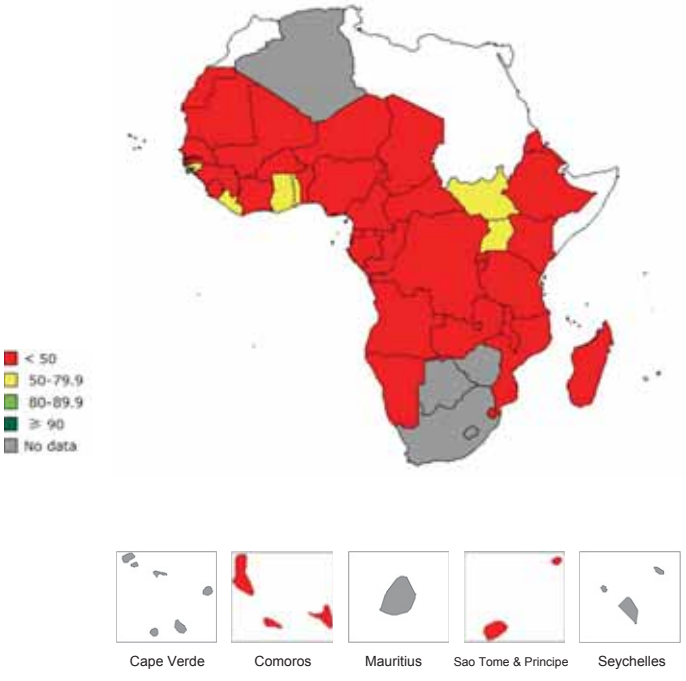
**Figure 5.5.22.** Children aged <5 years with diarrhoea receiving ORT (%) in the African Region, 2009-2014




Countries without data are not included in the chart.

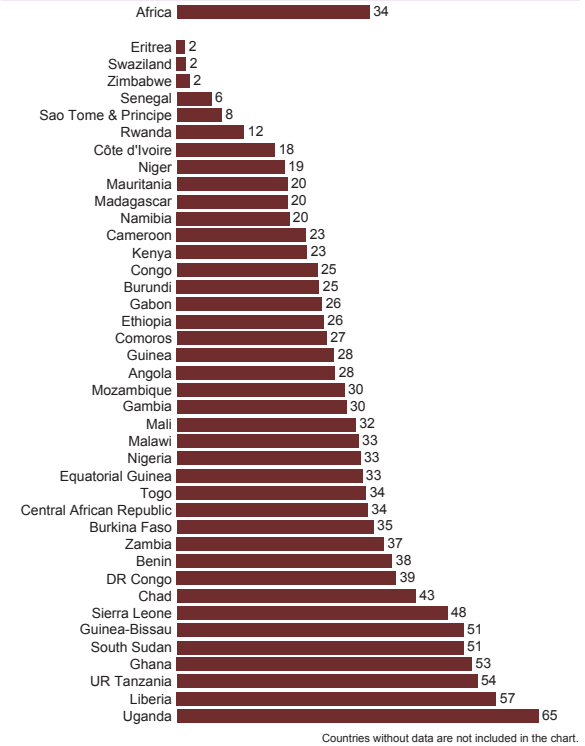
Source: WHO, 2015.

**Figure 5.5.23.** Children aged <5 years with fever who received treatment with any antimalarial (%) in the African Region, 2013




Source: WHO, 2015.

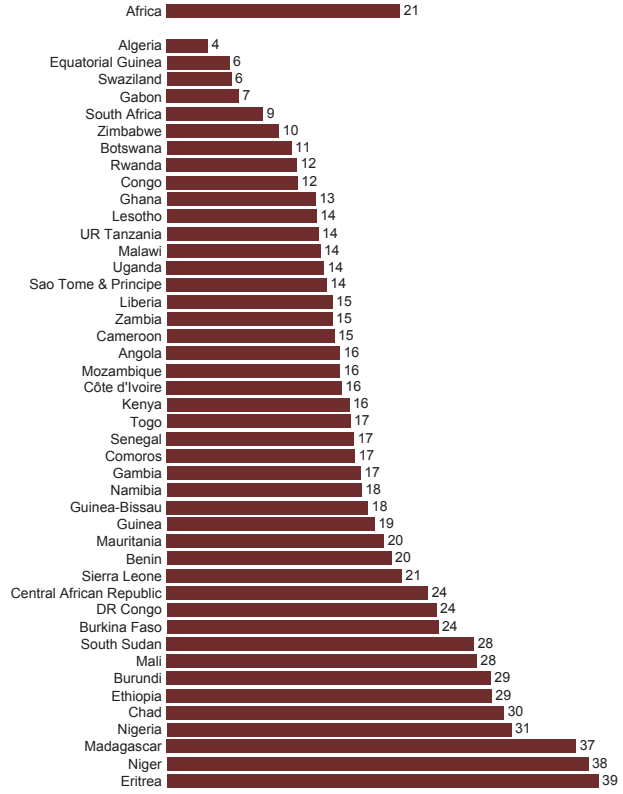
**Figure 5.5.24.** Children aged <5 years with fever who received treatment with any antimalarial (%) in the African Region, 2009-2014




Countries without data are not included in the chart.

Source: WHO, 2015.

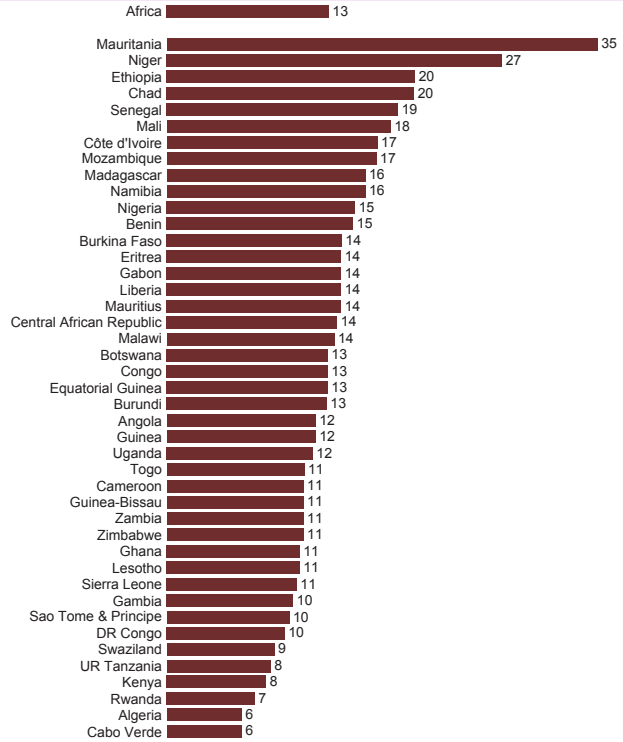
**Figure 5.5.25.** Children aged <5 years underweight (malnutrition prevalence, weight for age) (%) in the African Region, 2013




Countries without data are not included in the chart.

Source: WHO, 2015.

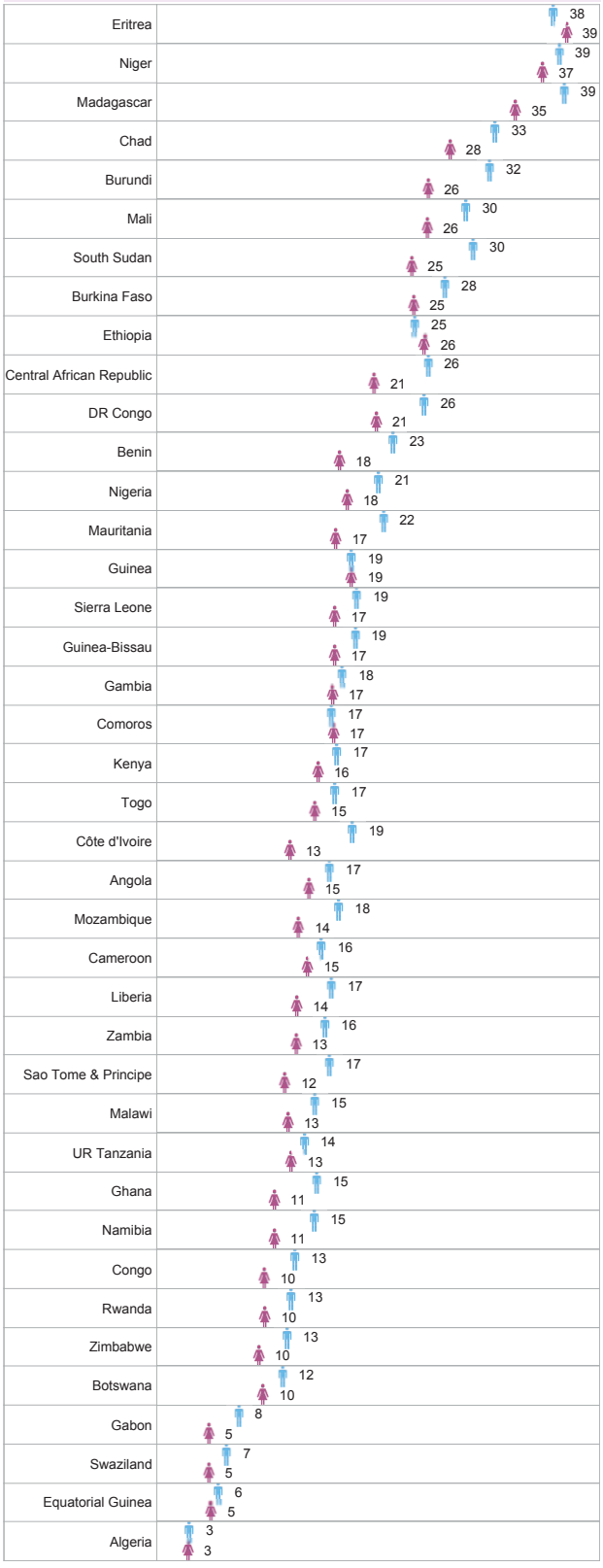
**Figure 5.5.27.** Low-birthweight babies (%), sub-Saharan Africa, 2005-2013




Countries without data are not included in the chart.

Source: WHO, 2015.

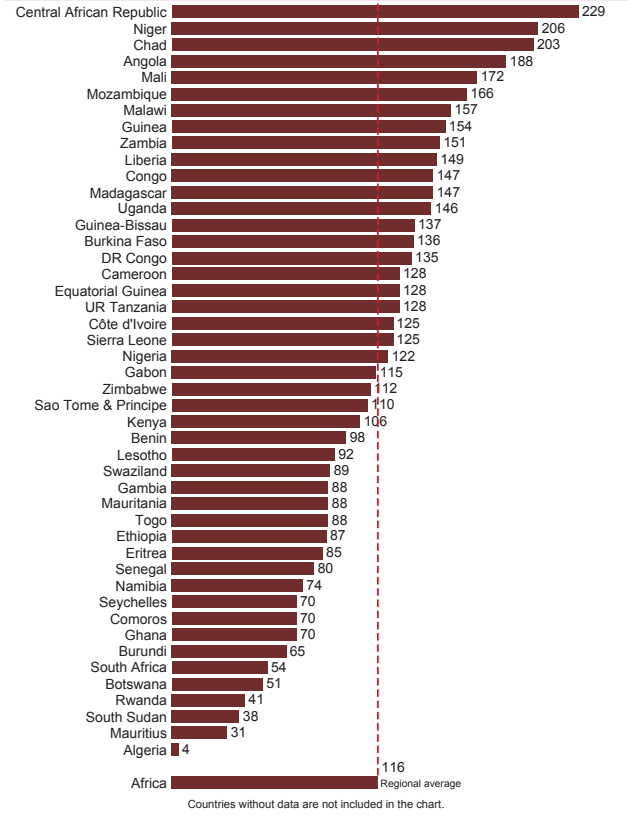
**Figure 5.5.26.** Children aged <5 years underweight (malnutrition prevalence, weight for age) (%), by sex in the African Region, 2014




Countries without data are not included in the chart.

Source: WHO, 2015.

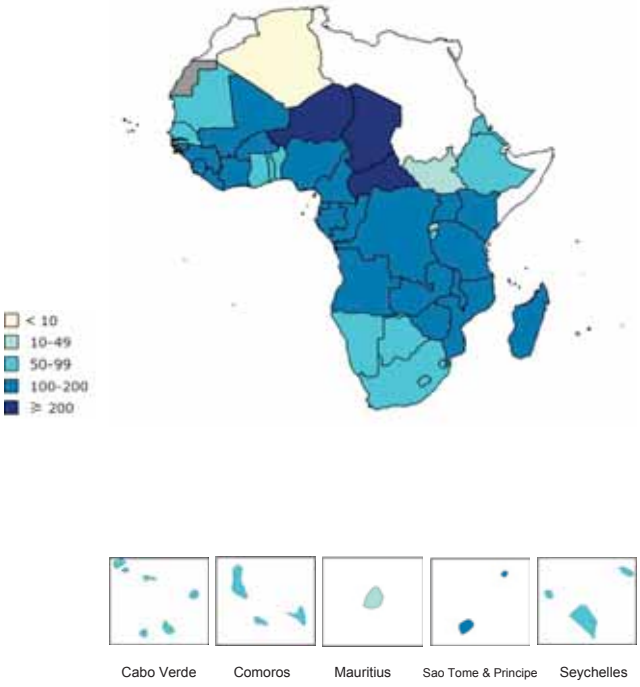
**Figure 5.5.28.** Adolescent fertility rate (per 1000 girls aged 15-19 years) in the African Region, 2008-2012




Countries without data are not included in the chart.

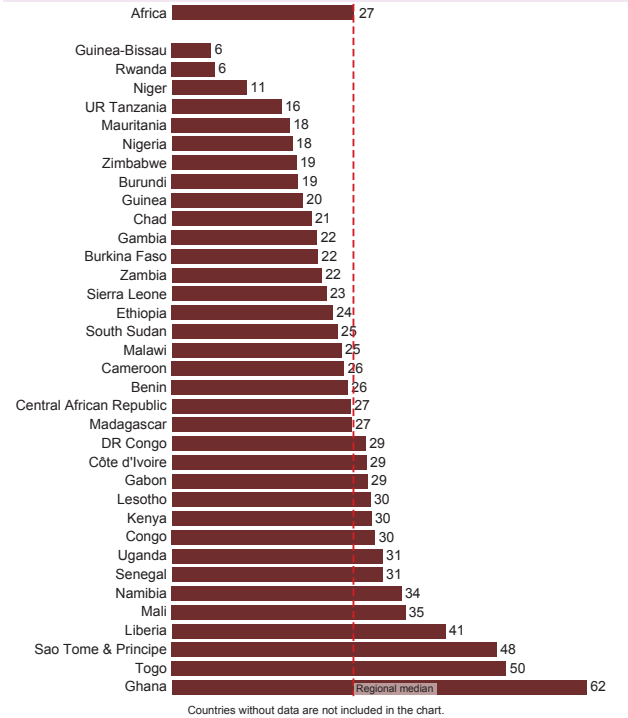
Source: WHO, 2015.

**Figure 5.5.29.** Adolescent fertility rate (per 1000 girls aged 15-19 years) in the African Region, 2008-2012




Source: WHO, 2015.

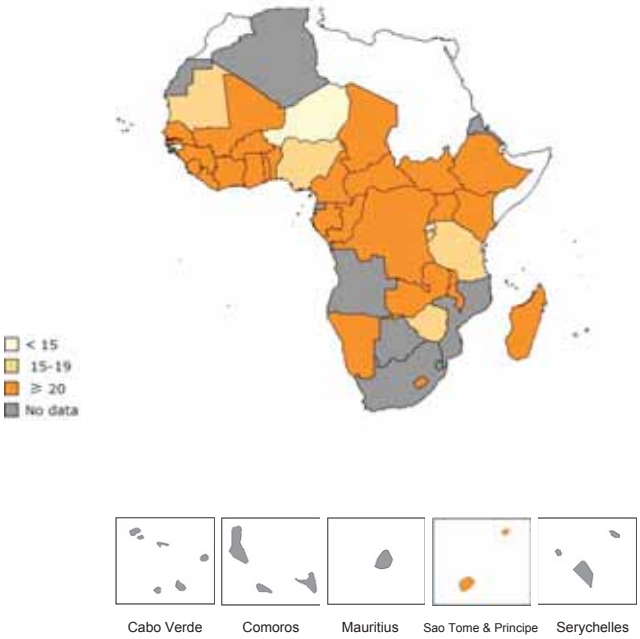
**Figure 5.5.30.** Unmet need for family planning, among girls aged 15-19 (%) in the African Region, 2004-2011




Countries without data are not included in the chart.

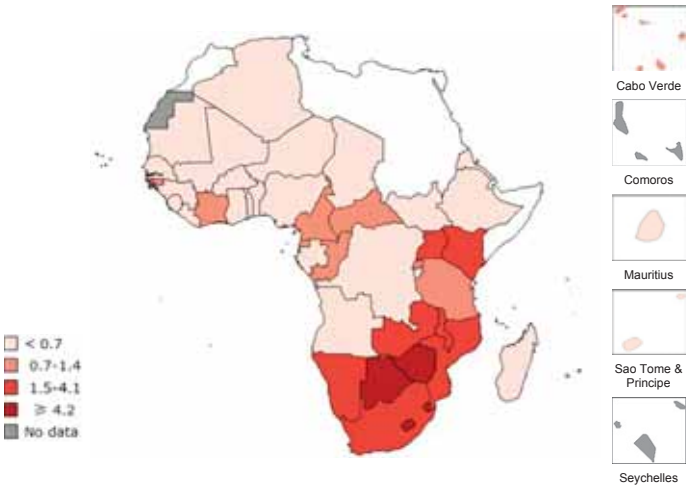
Source: WHO, 2015.

**Figure 5.5.31.** Unmet need for family planning, among girls aged 15-19 (%) in the African Region, 2004-2011



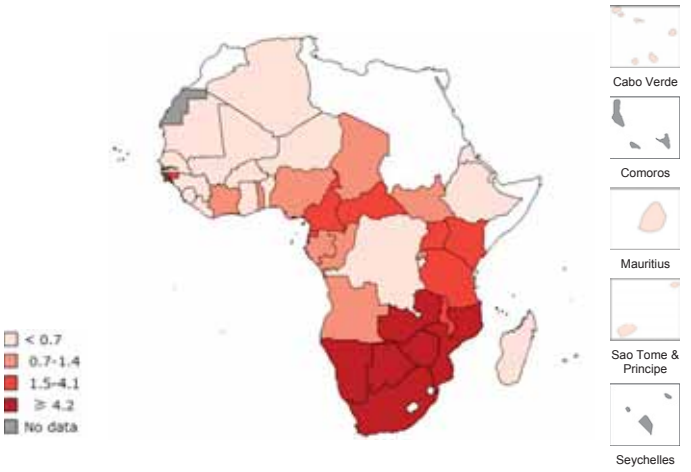

Source: WHO, 2015.

**Figure 5.5.32.** HIV Prevalence among young men (15-24) (%) in the African Region, 2014




Source: AIDSinfos/UNAIDS, 2015.

**Figure 5.5.33.** HIV Prevalence among young women (15-24) (%) in the African Region, 2014

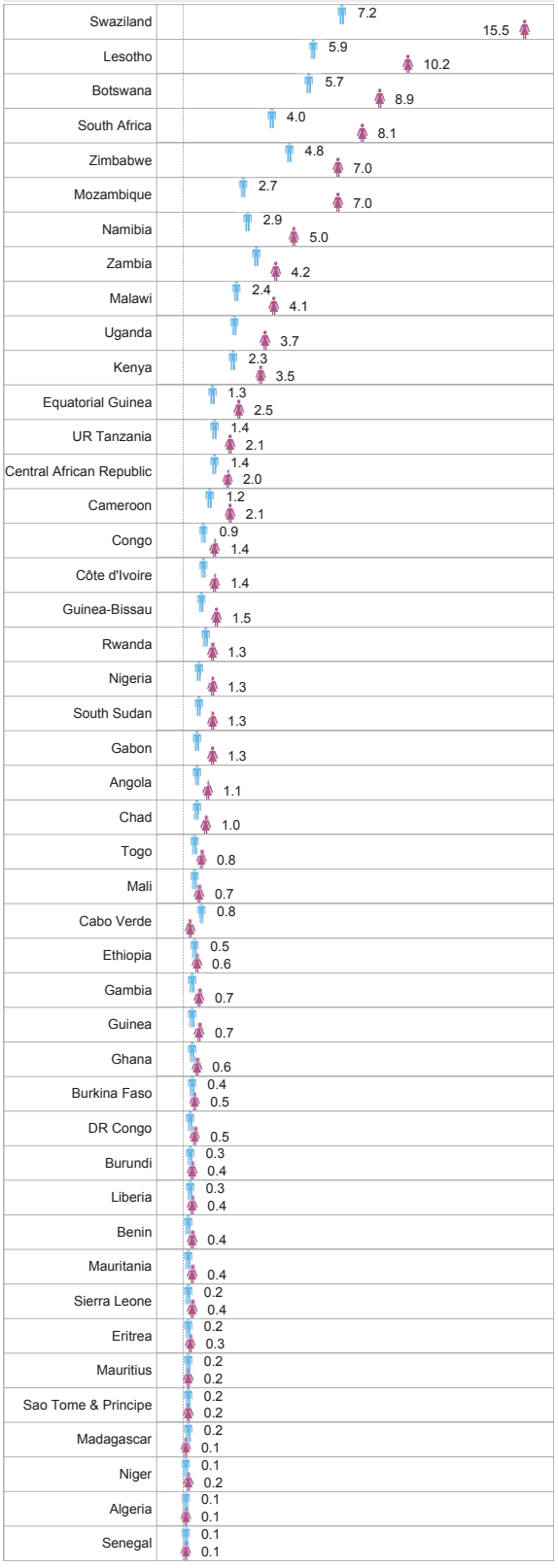



Source: AIDSinfos/UNAIDS, 2015.

**Figure 5.5.34.** HIV Prevalence among young people (15-24) (%) by sex in the African Region, 1990-2014


Source: AIDSinfos/UNAIDS, 2015.

**Figure 5.5.35.** HIV Prevalence among young people (15-24) (%) by sex in the African Region, 2014

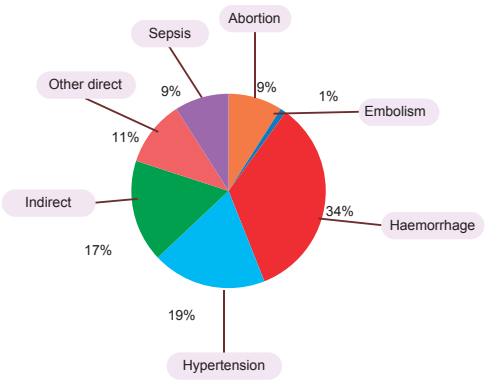



Countries without data are not included in the chart.

Source: AIDSinfos/UNAIDS, 2015.

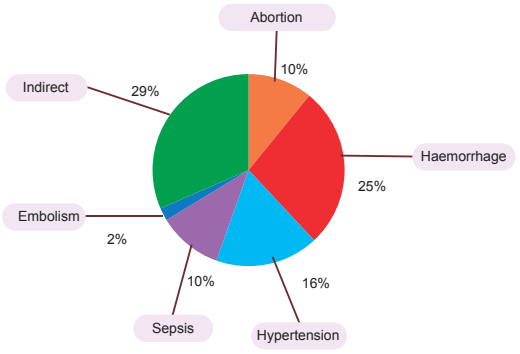
## 5.6 Maternal and newborn health

**Figure 5.6.1.** Main causes of maternal death, sub-Saharan Africa, 2010



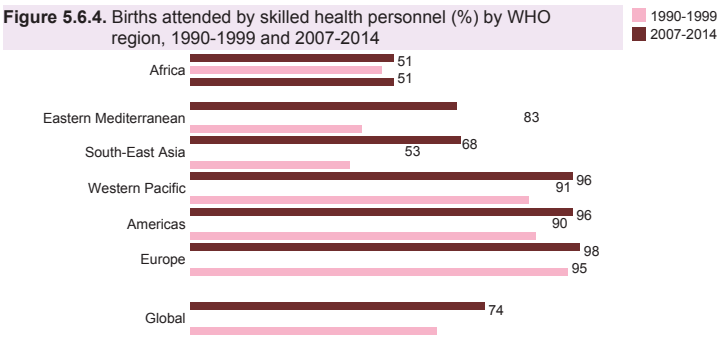

Source: WHO, 2010.

**Figure 5.6.3.** Main causes of maternal death, sub-Saharan Africa, 2013



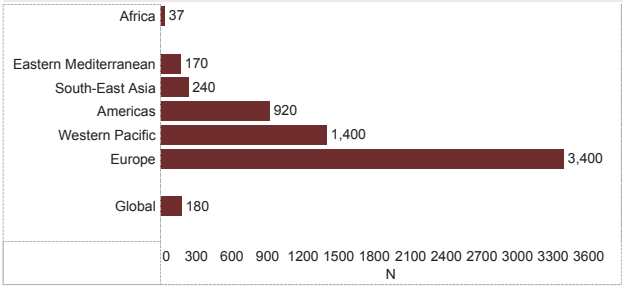

Source: WHO, 2014.

**Figure 5.6.4.** Births attended by skilled health personnel (%) by WHO region, 1990-1999 and 2007-2014



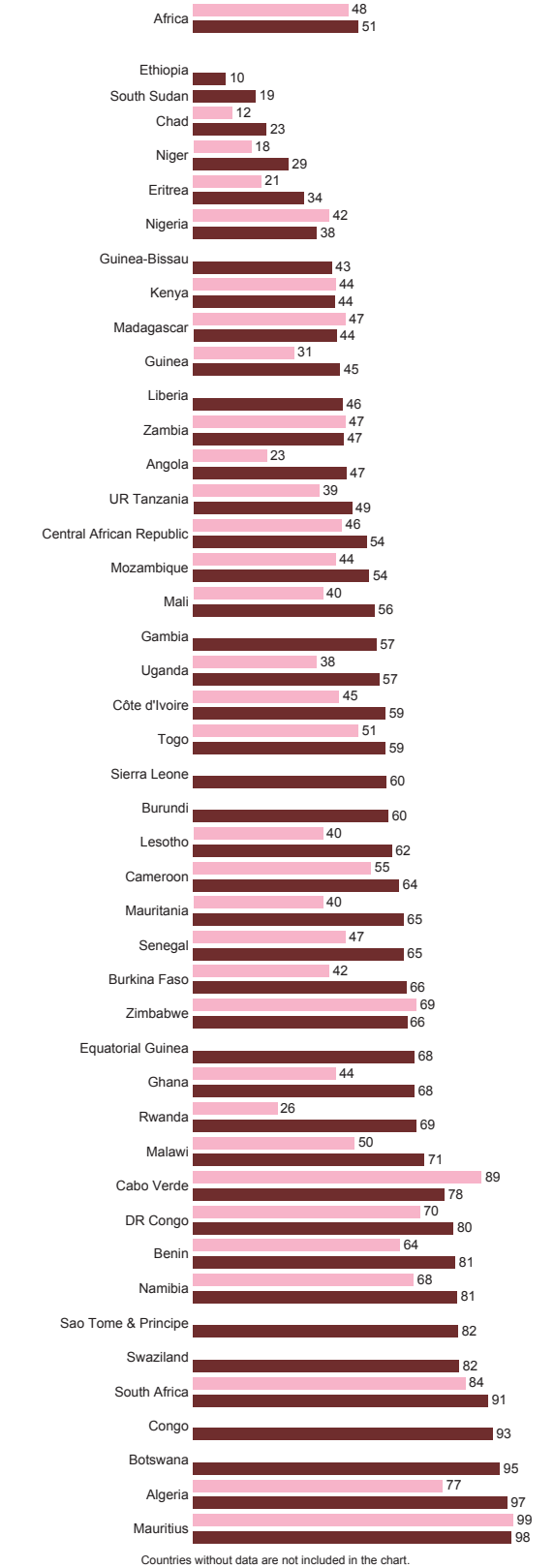

Source: WHO, 2015.

**Figure 5.6.5.** Lifetime risk of maternal death (1 in N) by WHO region, 2015




Source: WHO, 2014.
(For example, the lifetime risk of maternal death is 1 in 40 in the African region compared to 1 in 3300 for Europe).

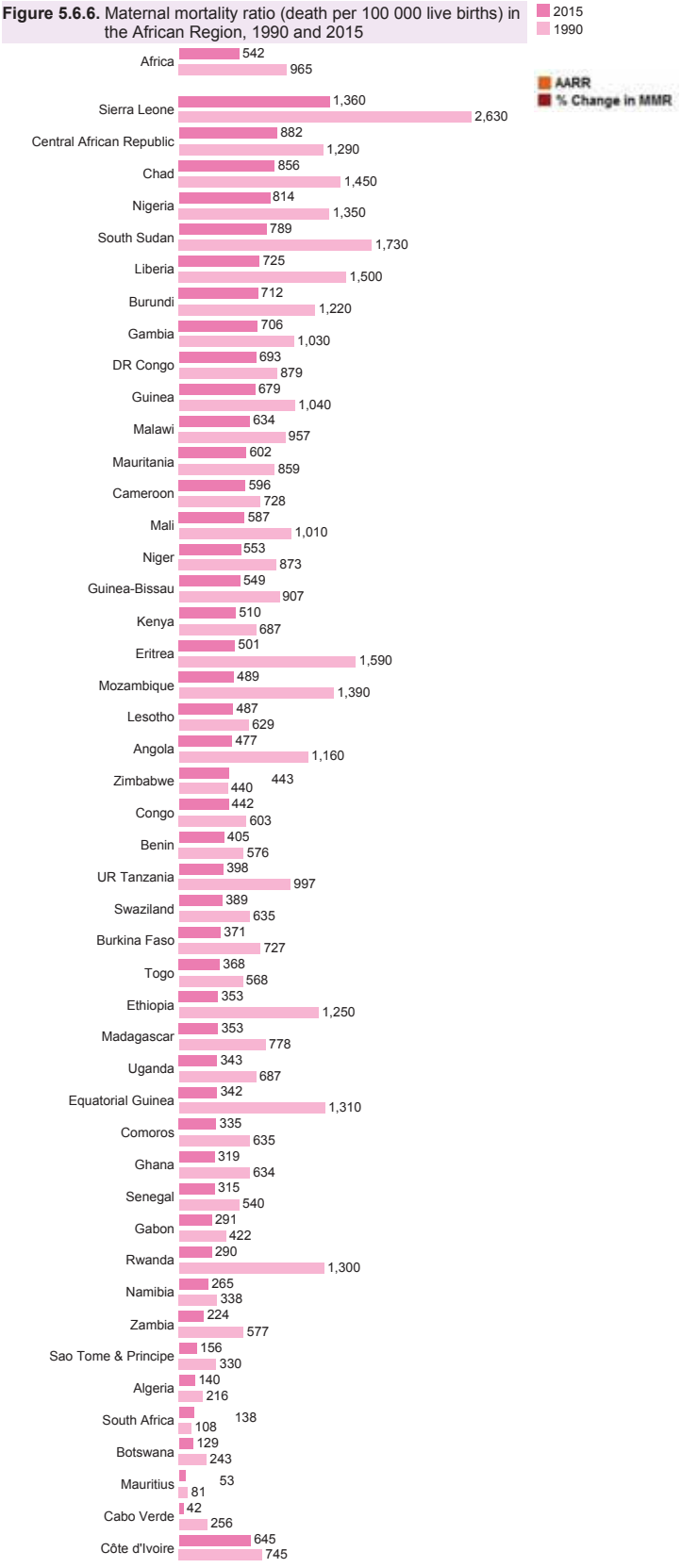
**Figure 5.6.2.** Births attended by skilled health personnel (%) in the African Region, 1990-1999 and 2007-2014




Countries without data are not included in the chart.

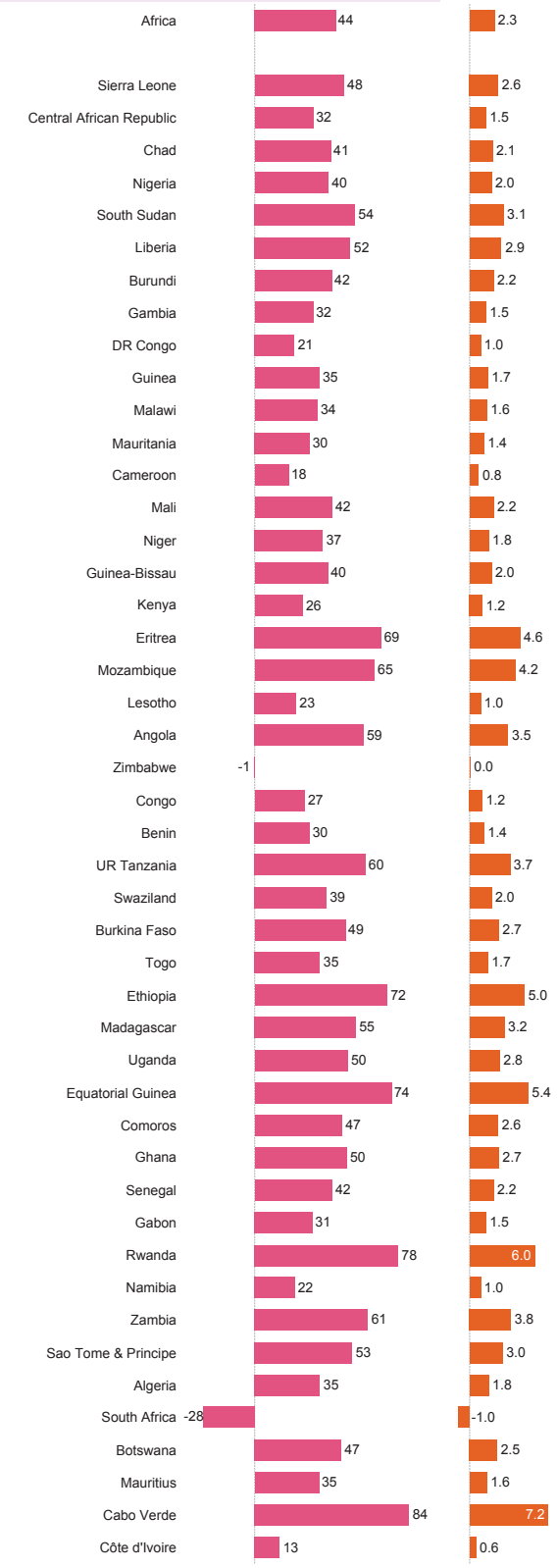
Source: WHO, 2015.

**Figure 5.6.6.** Maternal mortality ratio (death per 100 000 live births) in the African Region, 1990 and 2015



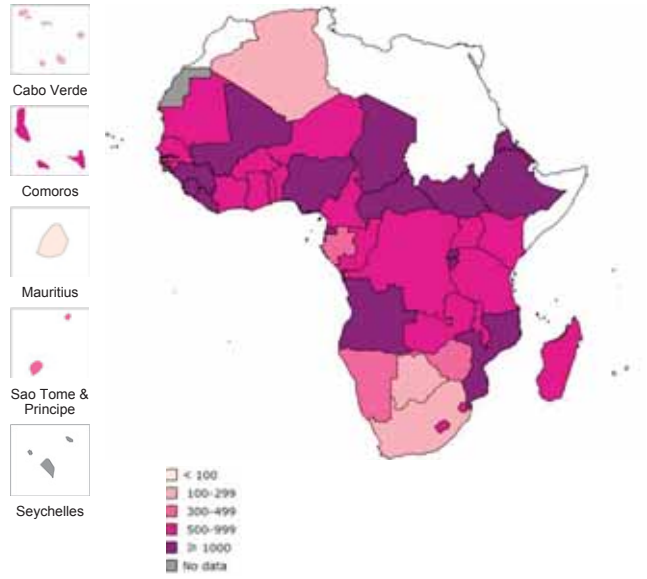

Source: UN Inter-agency Group for Maternal Mortality (MMEIG), 2015.

**Figure 5.6.7.** Change (%) in maternal mortality ratio and Average annual rate of reduction (AARR) in the African Region,1990-2015



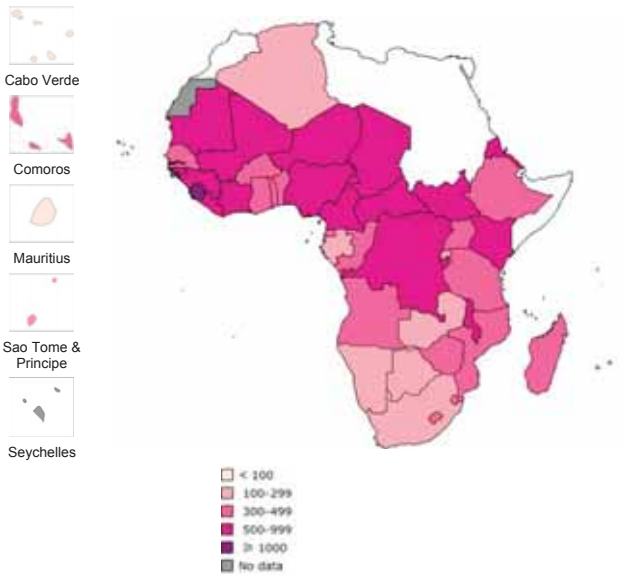

Source: UN Inter-agency Group for Maternal Mortality (MMEIG), 2015.

**Figure 5.6.8.** Maternal mortality ratio (death per 100 000 live births) in the African Region, 1990



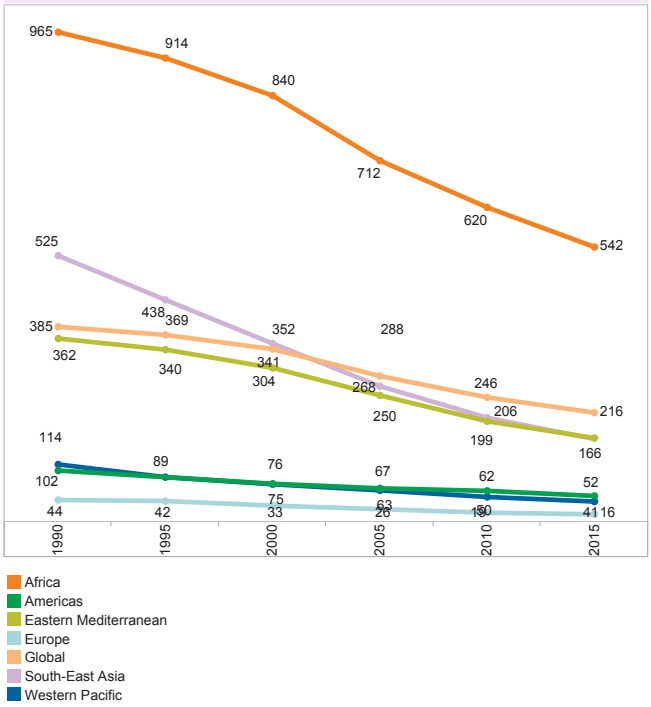

Source: UN Inter-agency Group for Maternal Mortality (MMEIG), 2015.

**Figure 5.6.9.** Maternal mortality ratio (death per 100 000 live births) in the African Region, 2015



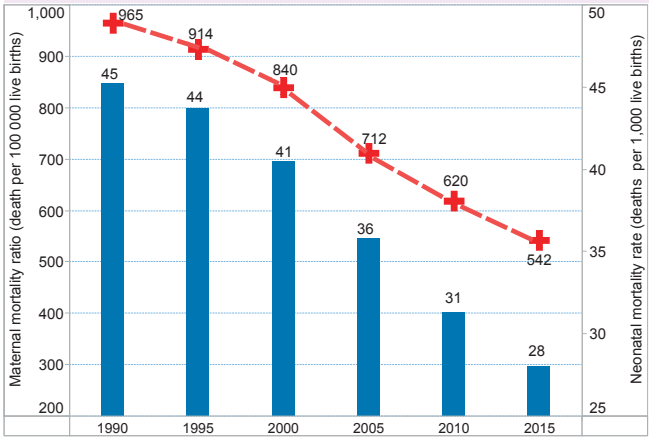

Source: UN Inter-agency Group for Maternal Mortality (MMEIG), 2015.

**Figure 5.6.10.** Maternal mortality ratio (death per 100 000 live births) by WHO region, 1990-2015



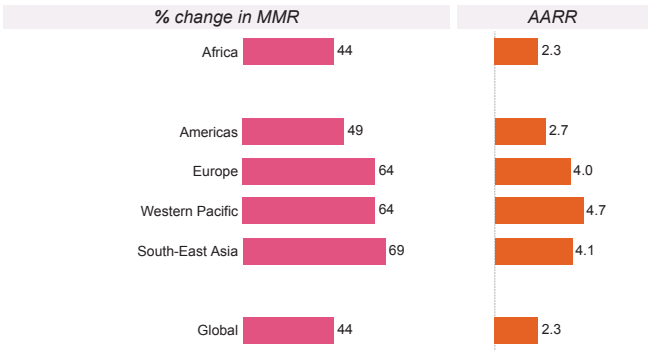

Source: UN Inter-agency Group for Maternal Mortality (MMEIG), 2015.

**Figure 5.6.11.** Maternal mortality ratio vs Neonatal mortality rate in the African Region, 1990-2015



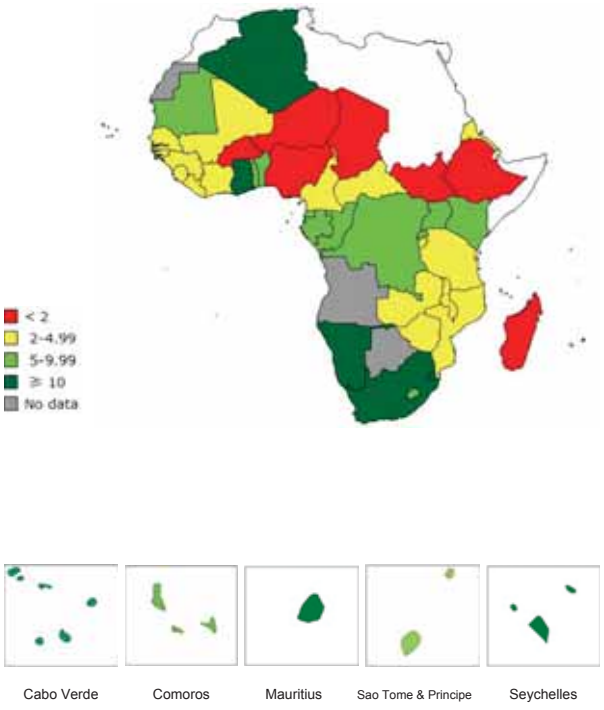

Source: UN Inter-agency Group for Maternal Mortality (MMEIG), 2015.

**Figure 5.6.12.** Change (%) in maternal mortality ratio and Average annual rate of reduction (AARR) by WHO region, 1990- 2015



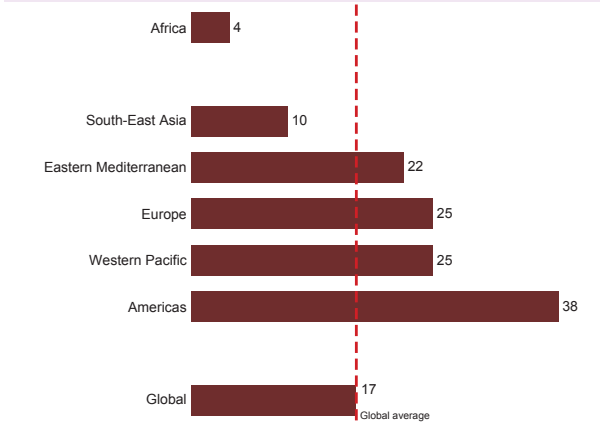

Source: UN Inter-agency Group for Maternal Mortality (MMEIG), 2015.

**Figure 5.6.13.** Births by caesarean section (C-section rate) (%) in the African Region, 2013



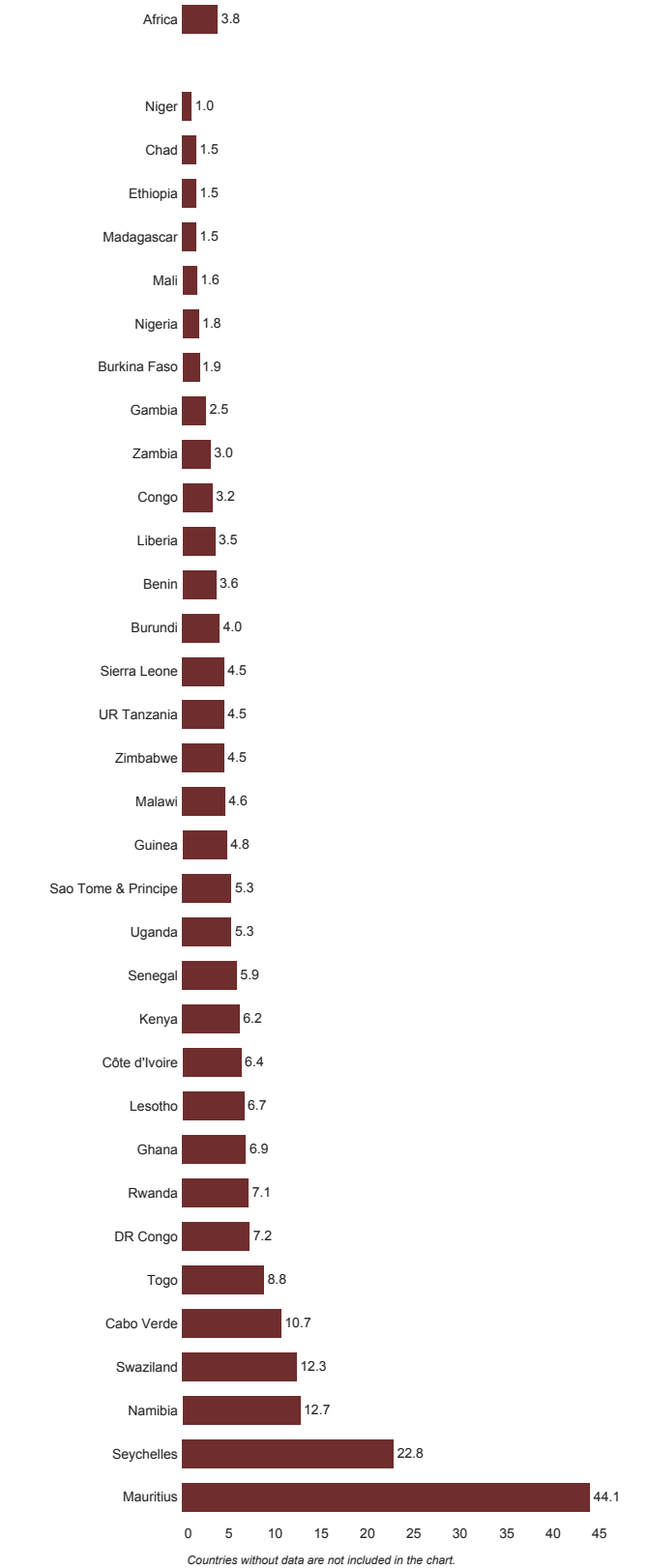

Source: WHO, 2015.

**Figure 5.6.15.** Births by caesarean section (C-section rate) (%) by WHO region, 2007-2014




Source: WHO, 2015.

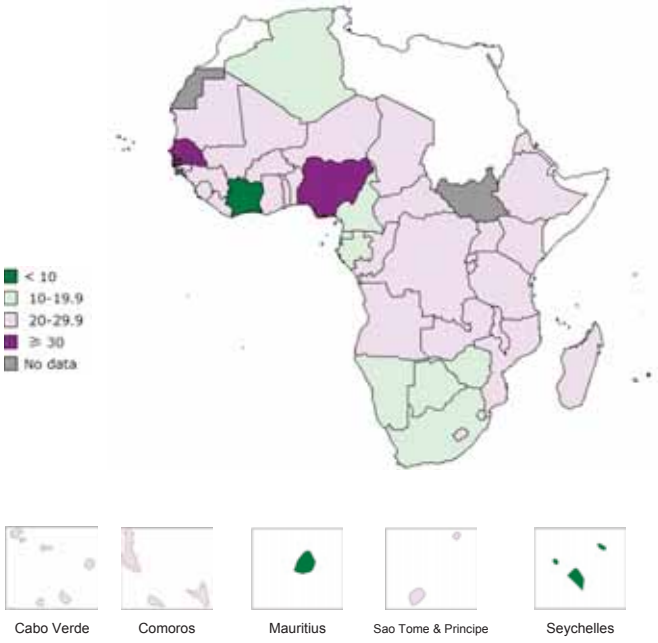
**Figure 5.6.14.** Births by caesarean section (C-section rate) (%) in the African Region, 2005-2013




*Countries without data are not included in the chart.*

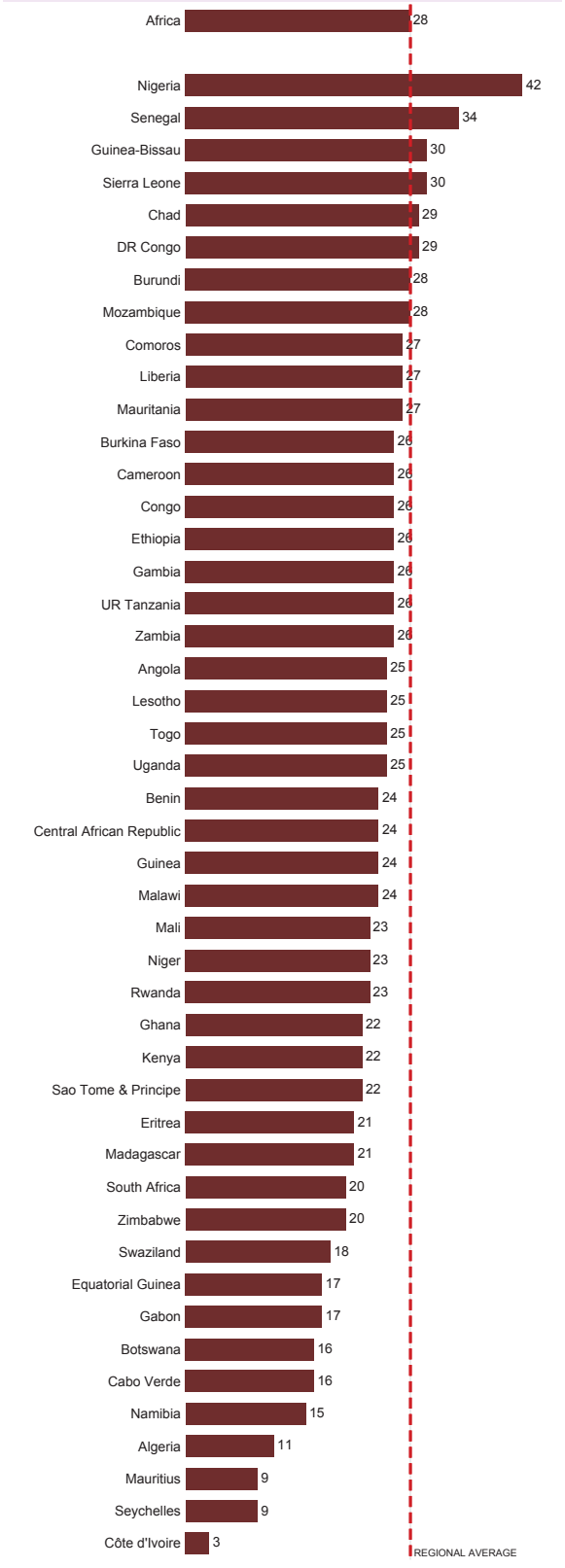
Source: WHO, 2015.

**Figure 5.6.16.** Stillbirth rate (per 1000 total births) in the African Region, 2009




Source: WHO, 2013.

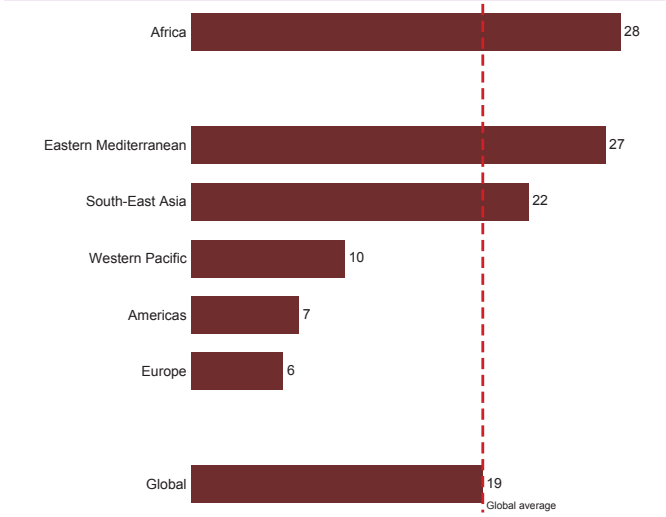
**Figure 5.6.17.** Stillbirth rate (per 1000 total births) in the African Region, 2009




Countries without data are not included in the chart.

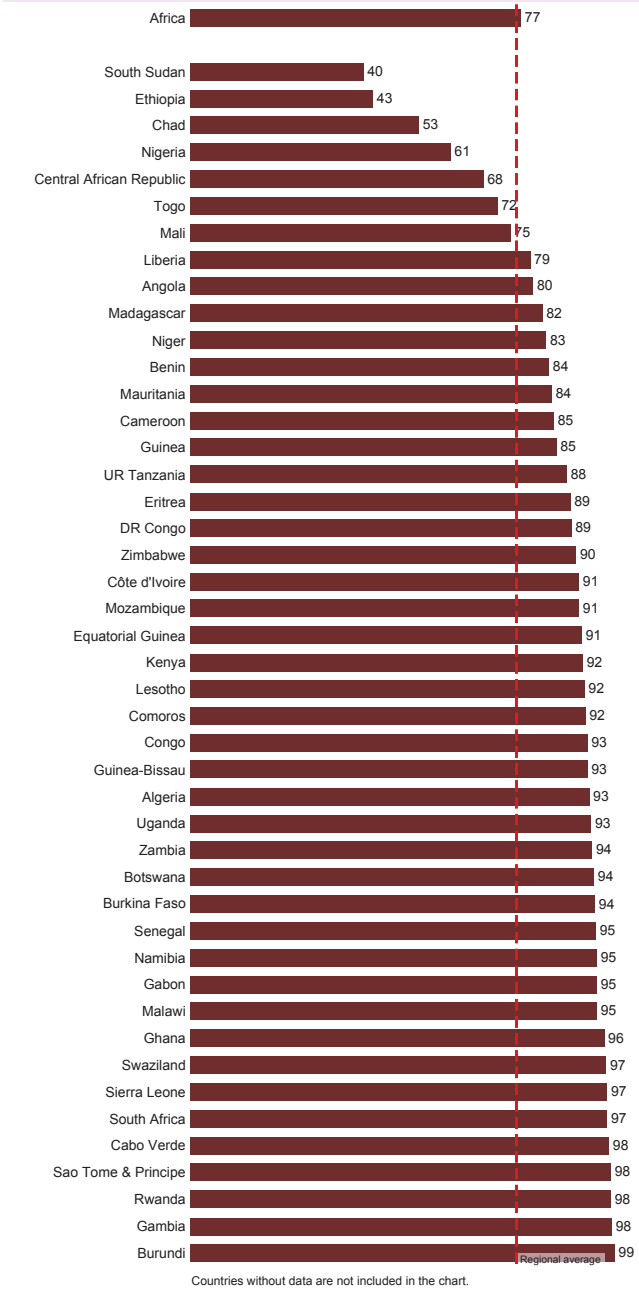
Source: WHO, 2015.

**Figure 5.6.18.** Stillbirth rate (per 1000 total births) by WHO region, 2009




Source: WHO, 2015.

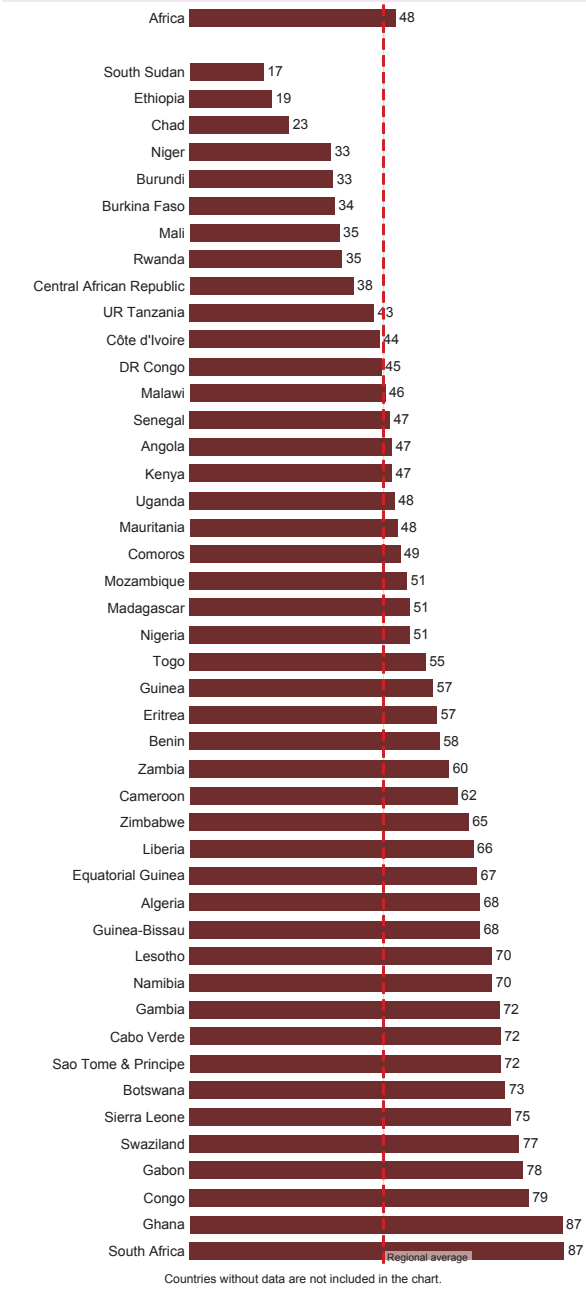
**Figure 5.6.19.** Antenatal care coverage - at least one visit (ANC1) (%) in the African Region, 2005-2013




Countries without data are not included in the chart.

Source: WHO, 2015.

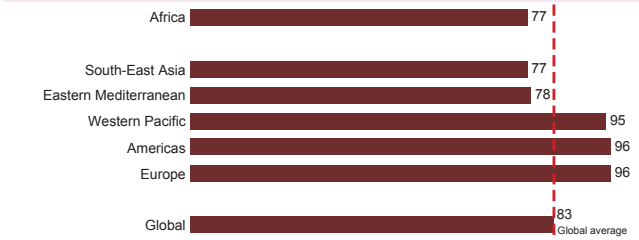
**Figure 5.6.20.** Antenatal care coverage - at least four visits (ANC4) (%) in the African Region, 2005-2013




Countries without data are not included in the chart.

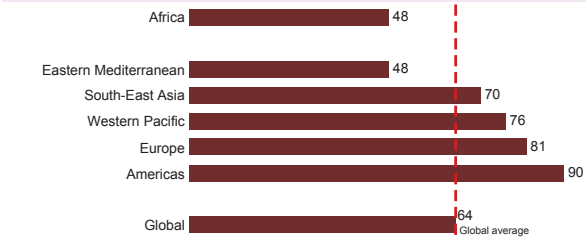
Source: WHO, 2015.

**Figure 5.6.21.** Antenatal care coverage - at least one visit (ANC1) (%) by WHO region, 2007-2014



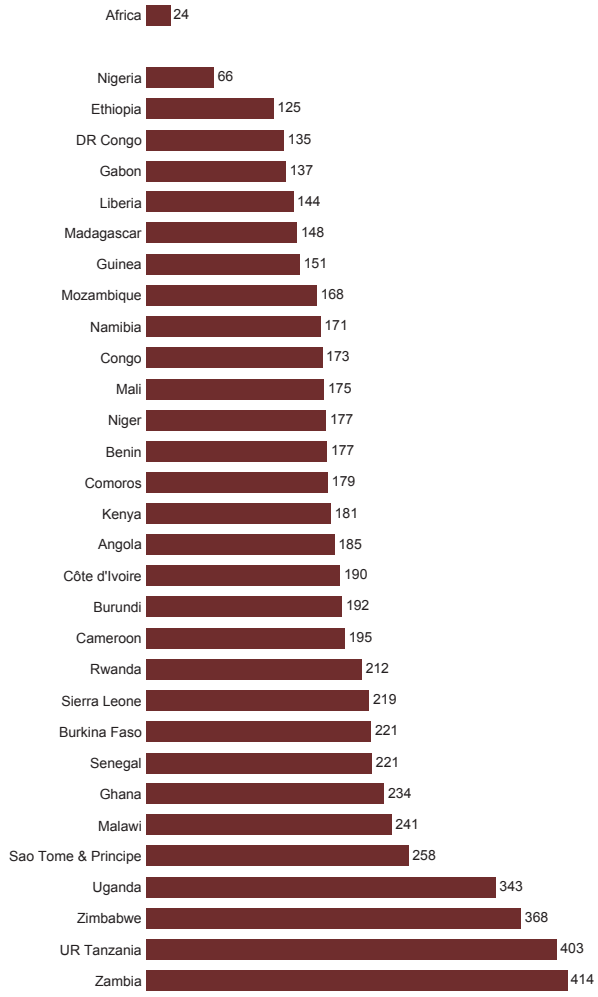

Source: WHO, 2015.

**Figure 5.6.22.** Antenatal care coverage - at least four visits (ANC4) (%) by WHO region, 2007-2014




Source: WHO, 2015.

**Figure 5.6.23.** Pregnant women who received 2+ doses of IPTp* for malaria during pregnancy (%) in the African Region, 2005-2014

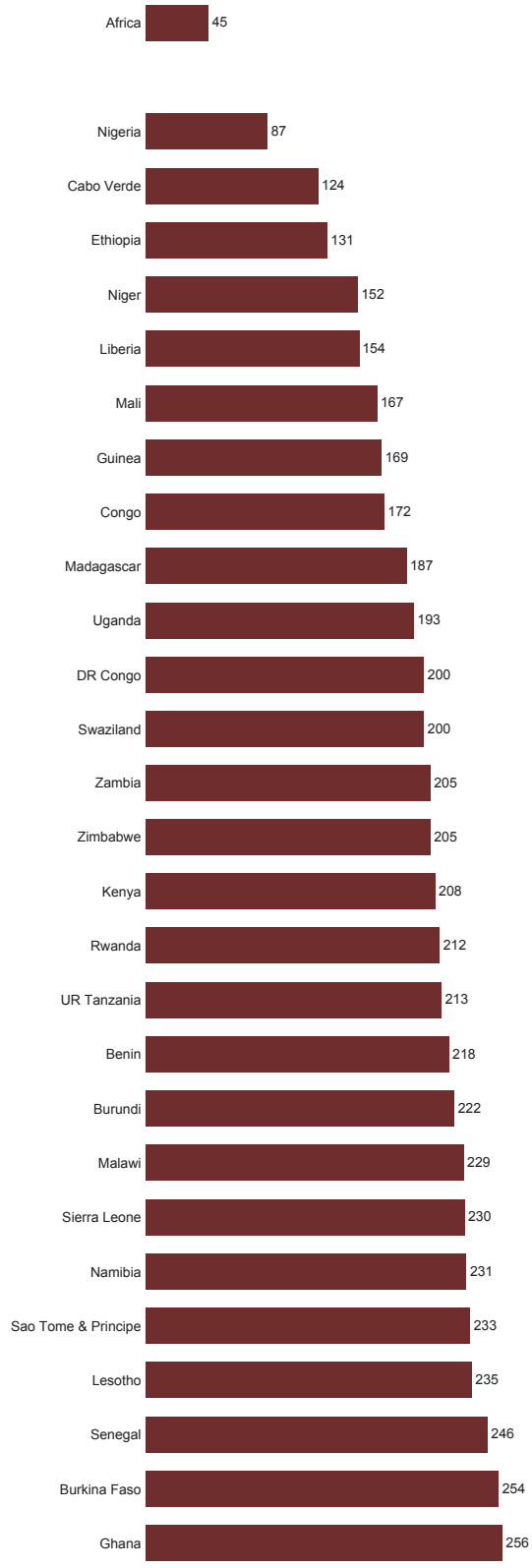



Countries without data are not included in the chart.

Source: DHS/MICS STATcompiler [online database].

**IPTp:Intermittent preventive treatment of malaria in pregnancy*

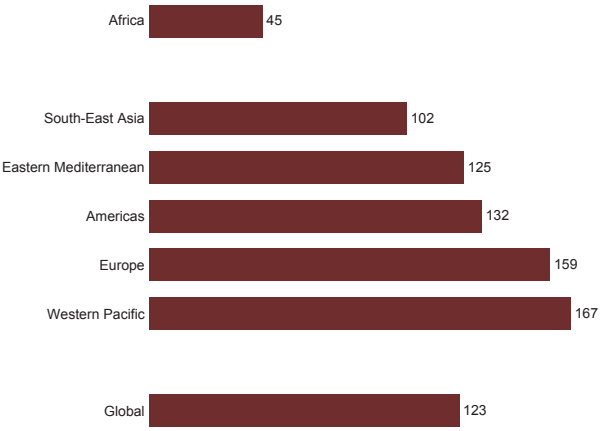
**Figure 5.6.24.** Postnatal care visit within two days of child-birth (%) in the African Region, 2005-2011




Countries without data are not included in the chart.

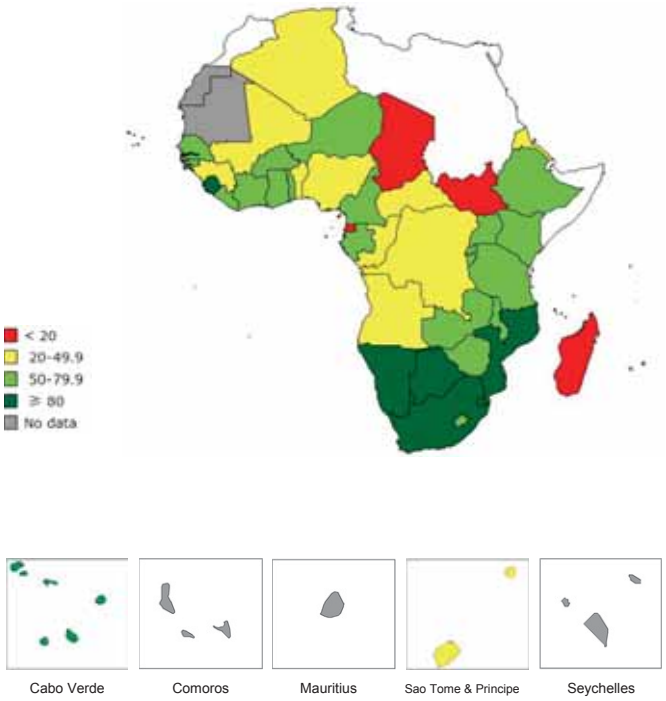
Source: WHO, 2015.

**Figure 5.6.25.** Postnatal care visit within two days of child-birth (%) by WHO region, 2005-2011



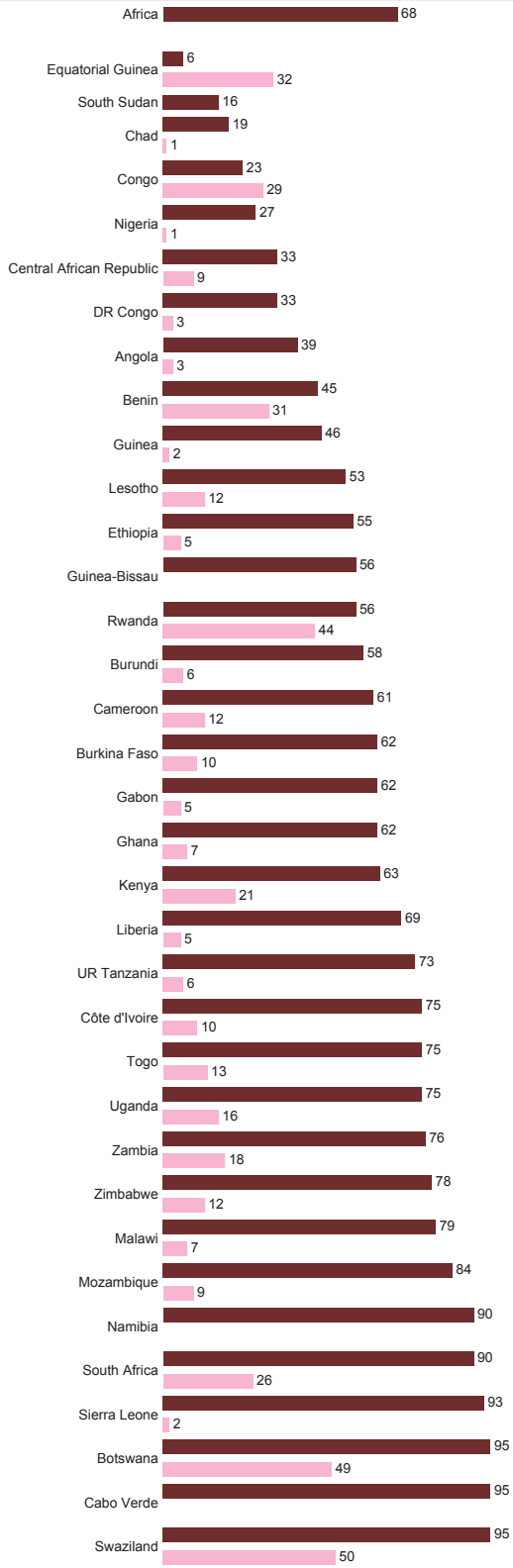

Source: WHO, 2015.

**Figure 5.6.26.** Pregnant women with HIV receiving antiretrovirals to prevent mother-to-child transmission (PMTCT) (%) in the African Region, 2013




Source: WHO, 2015.

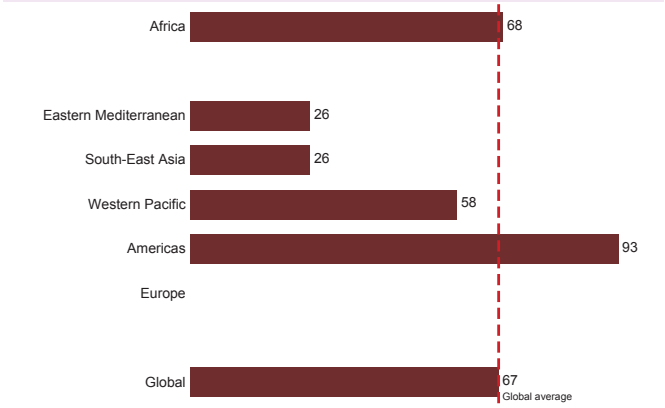
**Figure 5.6.27.** Pregnant women with HIV receiving antiretrovirals to prevent mother-to-child transmission (PMTCT) (%) in the African Region, 2005 and 2013




Countries without data are not included in the chart.

Source: WHO, 2015.

**Figure 5.6.28.** Pregnant women with HIV receiving antiretrovirals to prevent mother- to- child transmission (PMTCT) (%) by WHO region, 2013

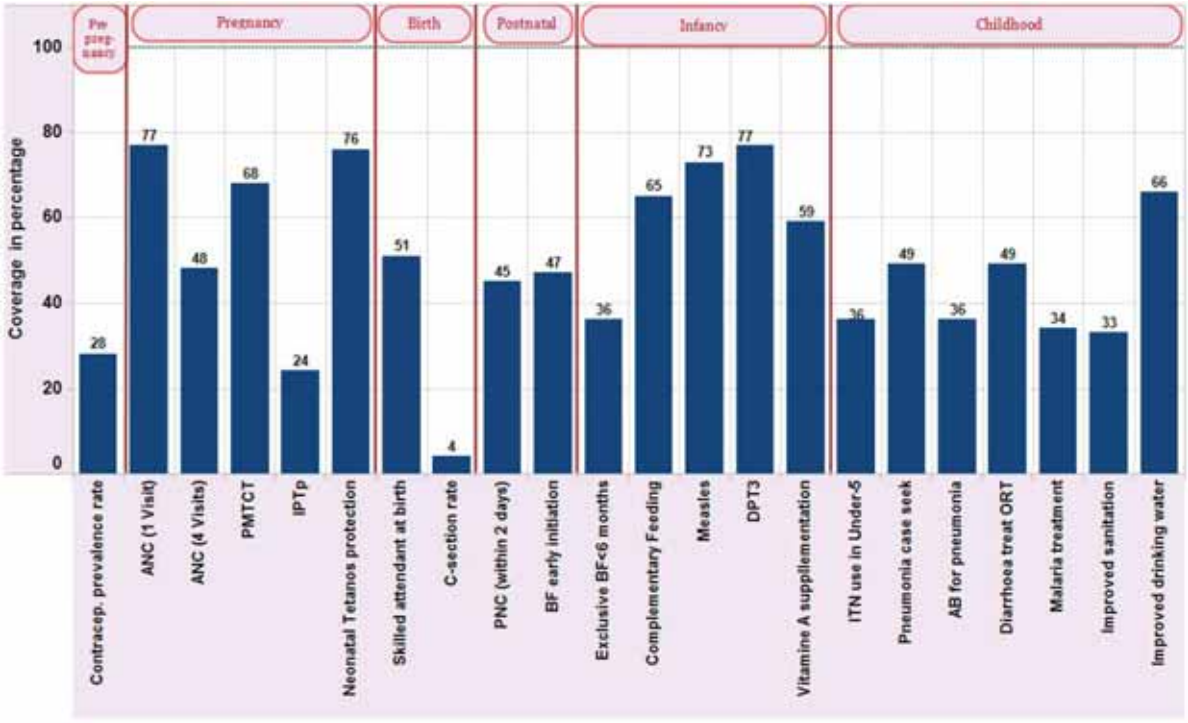



Source: WHO, 2015.

**Figure 5.6.29.** Existence of the national reproductive, maternal, newborn, and child health (RMNCH) scorecard in the African Region, 2015


Source: WHO, 2015.

**Figure 5.6.30.** Coverage of Reproductive, maternal, newborn, and child health (RMNCH) interventions across the continuum of care in the African Region, 2014

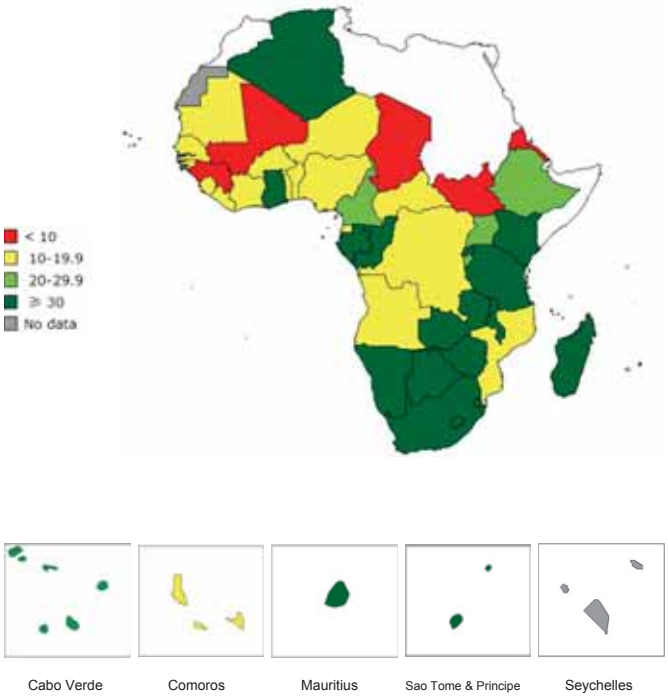



Source: WHO/UNICEF, 2015.

**Notes:**
- Contracep.prevalence rate: Contraceptive prevalence rate
- ANC (1 Visit): Antenatal care coverage - at least one visit
- ANC (4 Visits): Antenatal care coverage - at least four visits
- PMTCT: Mother-to-child transmission of HIV
- IPTp: Intermittent preventive treatment for malaria during pregnancy
- C-section rate: Births by caesarean section
- PNC (within 2 days): Postnatal care visit within two days of birth
- BF early initiation: Early initiation of breastfeeding
- Exclusive BF<6 months: Exclusive breastfeeding under 6 months
- DPT3: Diphtheria tetanus toxoid and pertussis (3doses) immunization coverage among 1-year-olds
- ITN use in Under-5: Children aged < 5 years sleeping under Insecticide-treated net
- Pneumonia case seek: Children aged <5 years with pneumonia symptoms taken to a health facility
- AB for Pneumonia: Antibiotic treatment among children aged <5 years with pneumonia symptoms
- Diarrhoea treat ORT:Oral rehydration therapy among children aged <5 years with diarrhoea.

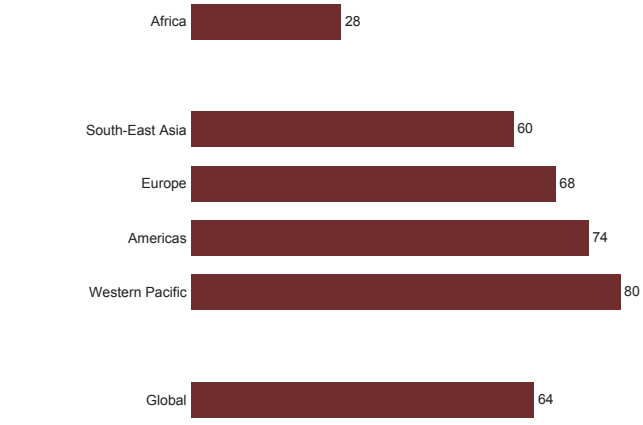
## 5.7 Gender and women's health

**Figure 5.7.1.** Contraceptive prevalence rate (in % of women ages 15-49) in the African Region, 2013



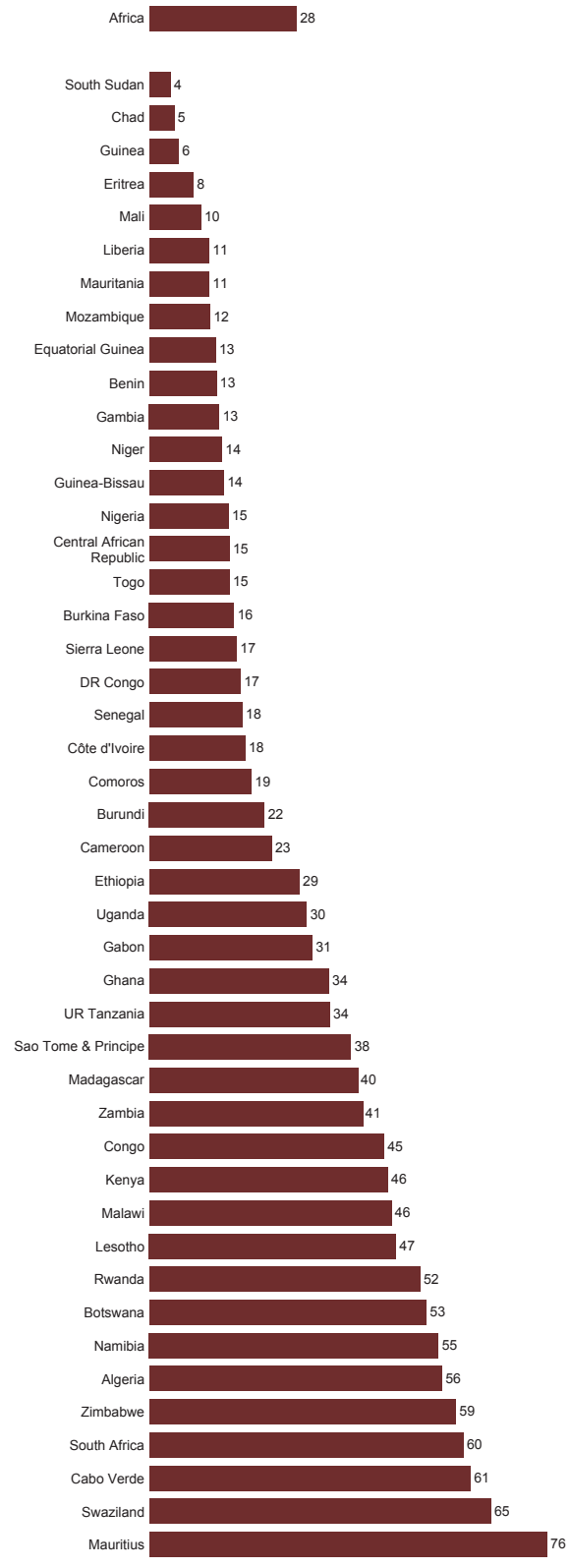

Source: WHO, 2015.

**Figure 5.7.3.** Contraceptive prevalence rate (in % of women ages 15-49) by WHO region, 2007-2013




Source: WHO, 2015.

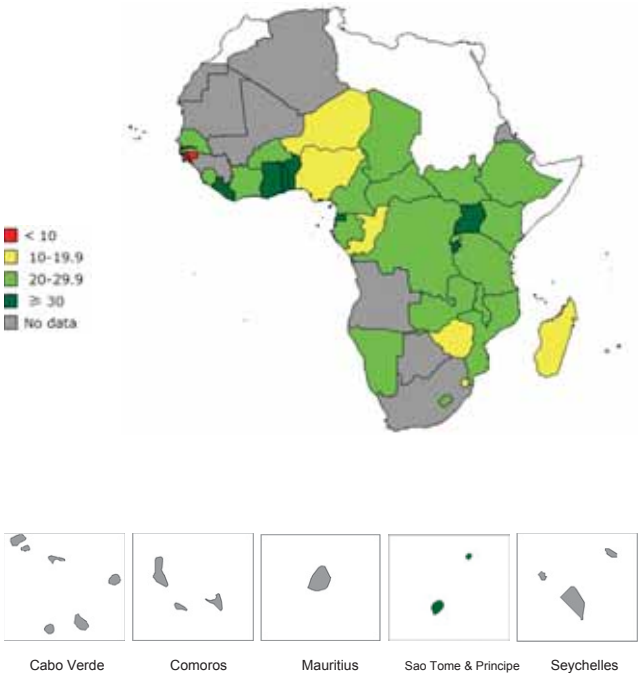
**Figure 5.7.2.** Contraceptive prevalence rate (in % of women ages 15-49) in the African Region, 2007-2013




Countries without data are not included in the chart.

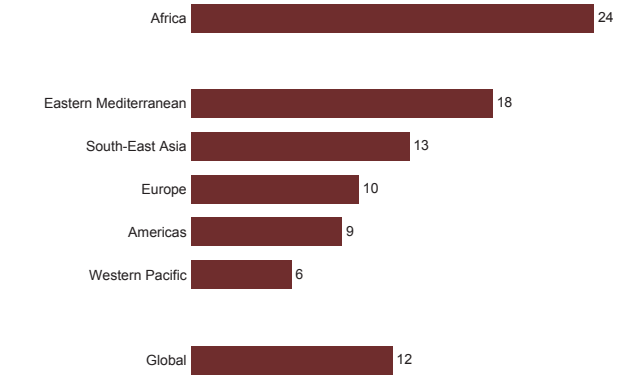
Source: WHO, 2015.

**Figure 5.7.4.** Unmet need for family planning (married women ages 15-49) (%) in the African Region, 2013



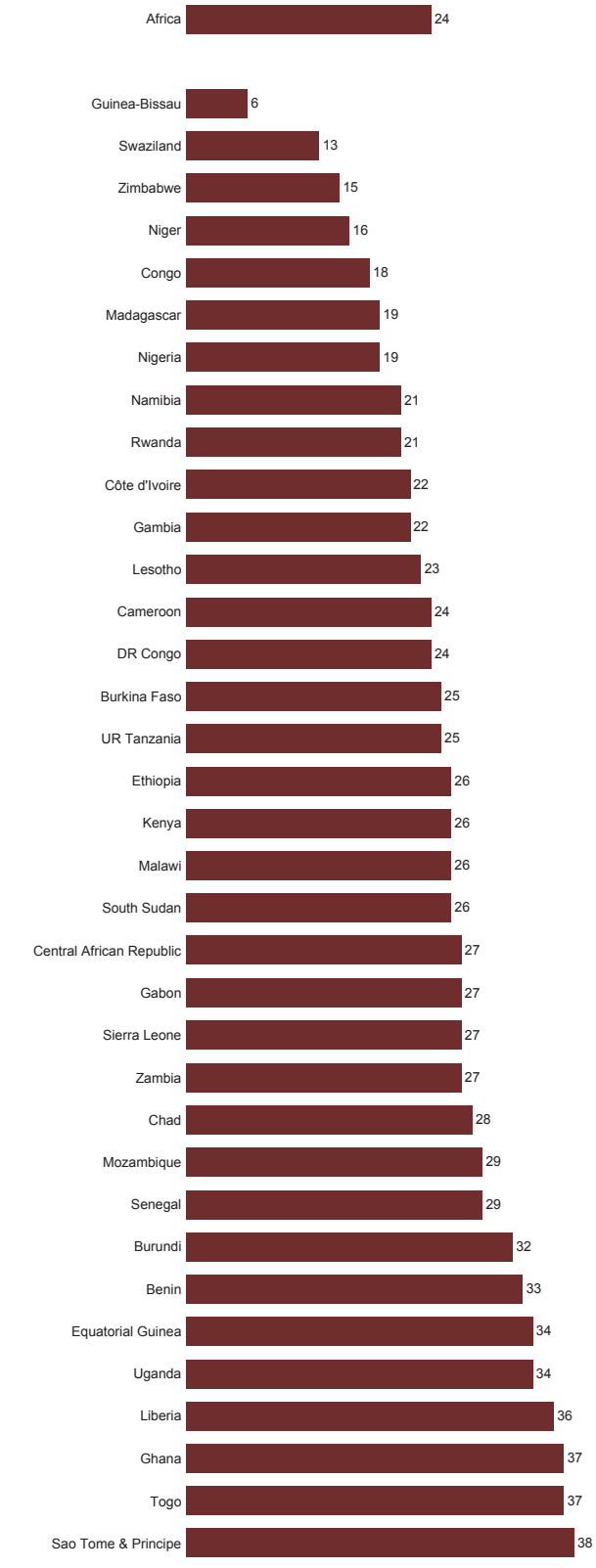

Source: WHO, 2015.

**Figure 5.7.6.** Unmet need for family planning (married women ages 15-49) (%) by WHO region, 2007-2013




Source: WHO, 2015.

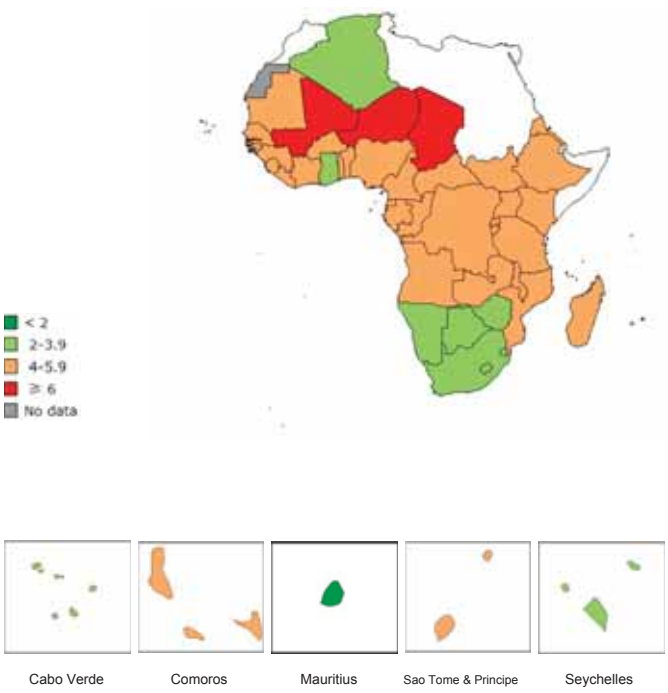
**Figure 5.7.5.** Unmet need for family planning (married women ages 15-49) (%) in the African Region, 2007-2013




Countries without data are not included in the chart.

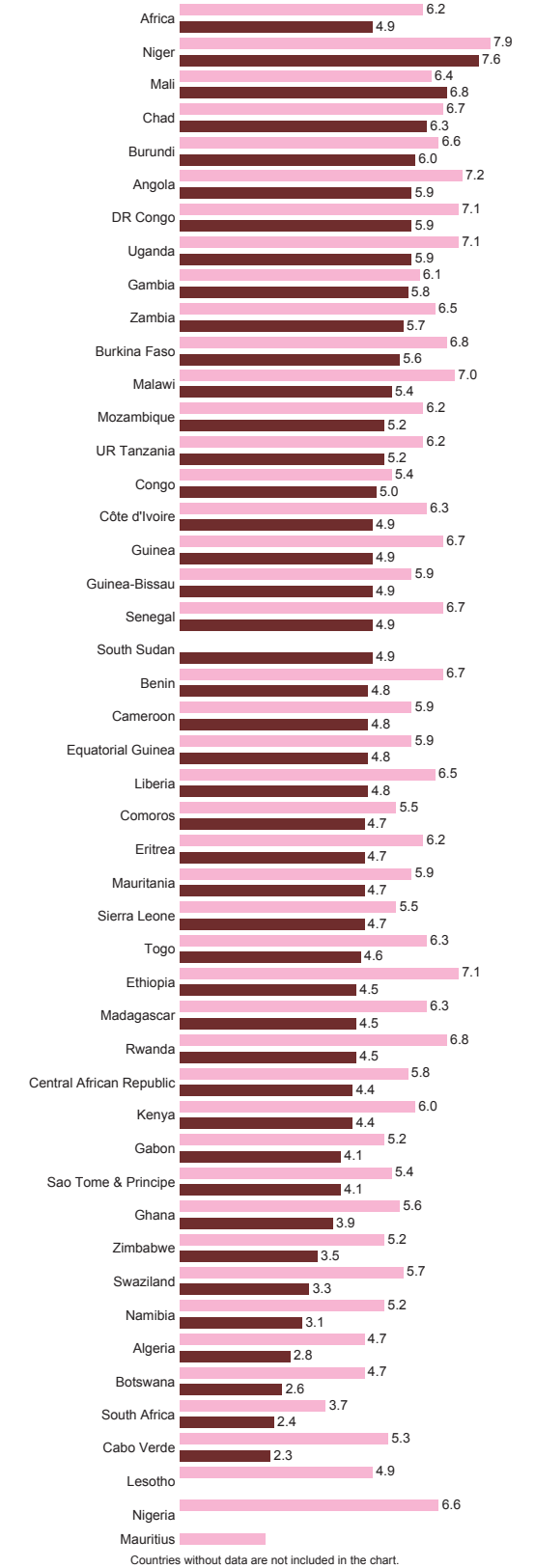
Source: WHO, 2015.

**Figure 5.7.7.** Total fertility rate (per woman) in the African Region, 2013




Source: WHO, September 2013.

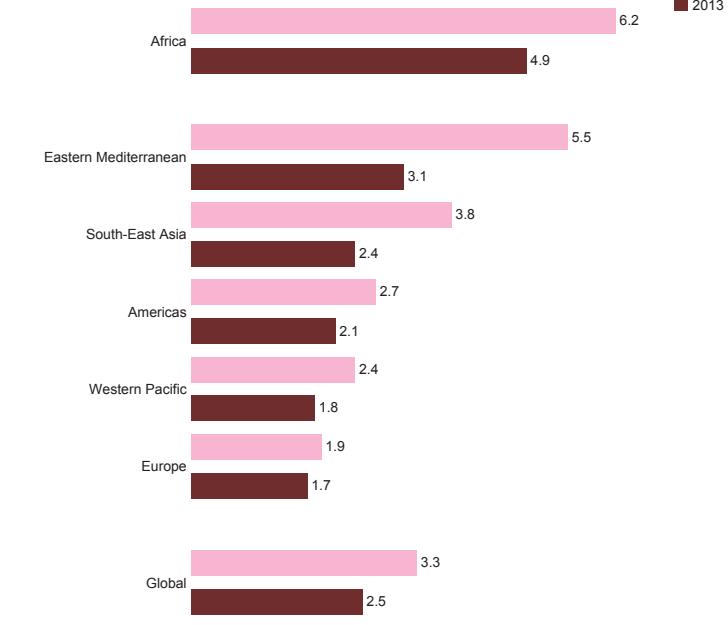
**Figure 5.7.8.** Total fertility rate (per woman) in the African Region, 1990 and 2013




Countries without data are not included in the chart.

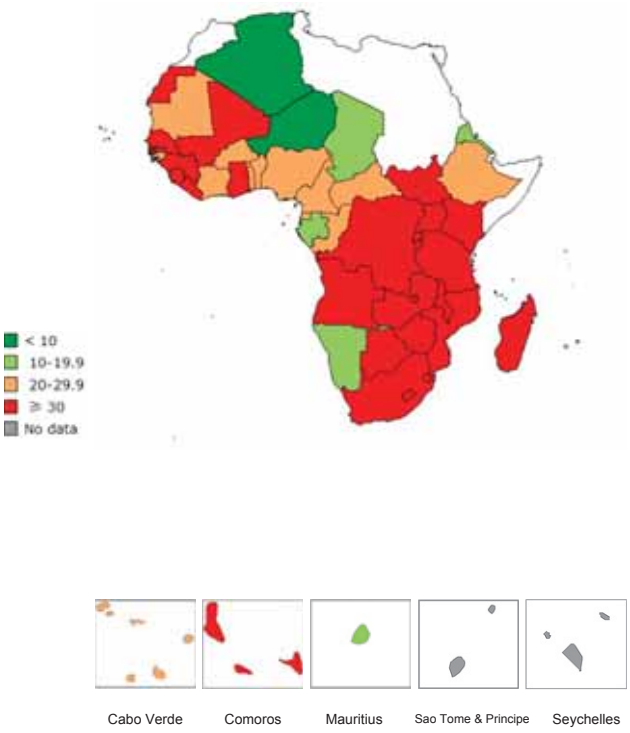
Source: WHO, 2015.

**Figure 5.7.9.** Total fertility rate (per woman) by WHO region, 1990 and 2013



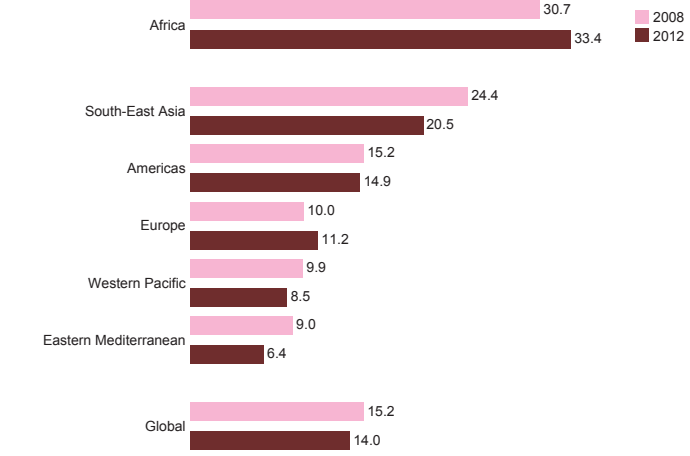

Source: WHO, 2015.

**Figure 5.7.10.** Age standardized incidence rate of cervical cancer (per 100 000 population) in the African Region, 2012



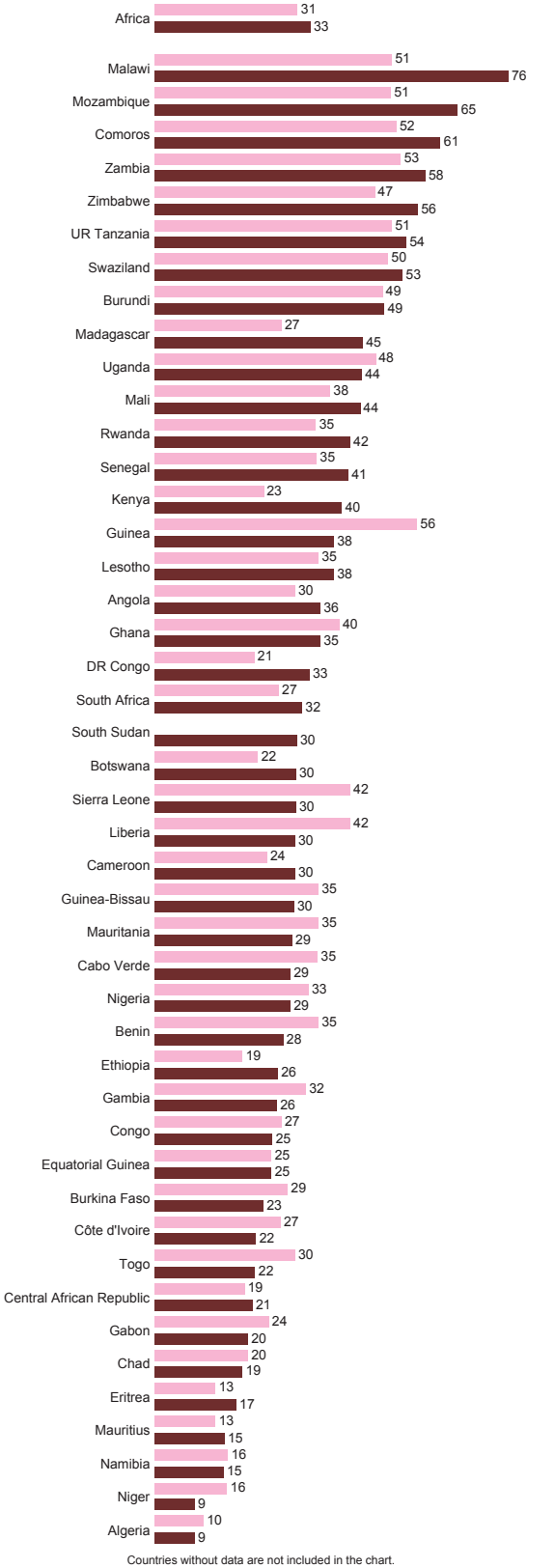

Source: GLOBOCAN 2012.

**Figure 5.7.12.** Age standardized incidence rate of cervical cancer (per 100 000 population) by WHO region, 2008 and 2012




Source: WHO.GLOBOCAN 2008; WHO.GLOBOCAN 2012.

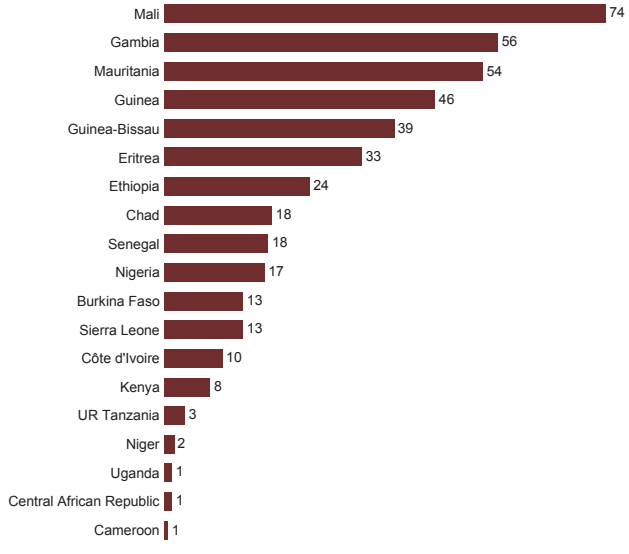
**Figure 5.7.11.** Age standardized incidence rate of cervical cancer (per 100 000 population) in the African Region, 2008 and 2012




Countries without data are not included in the chart.

Source: WHO.GLOBOCAN 2008; WHO.GLOBOCAN 2012.

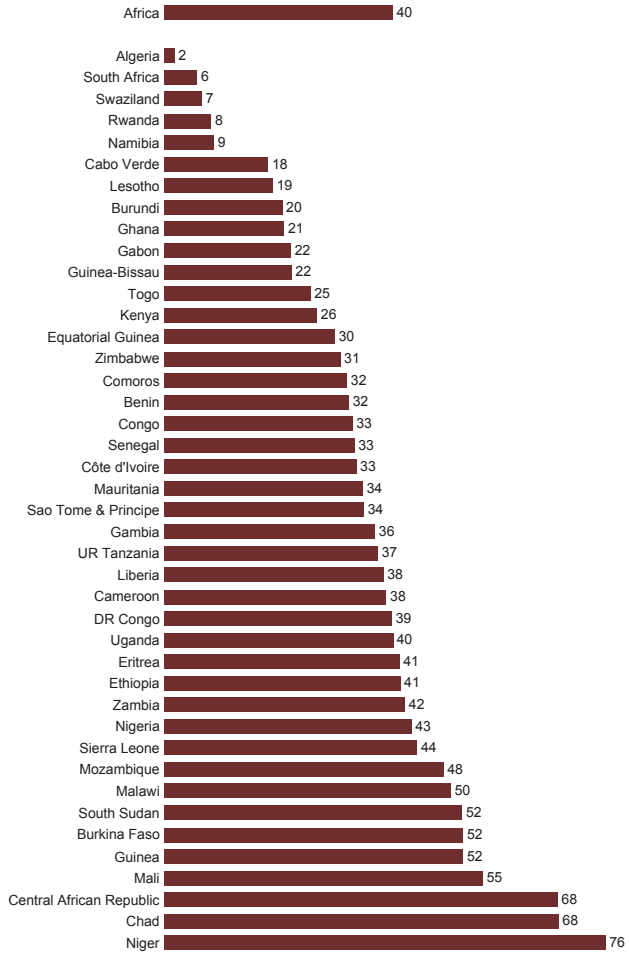
**Figure 5.7.13.** Prevalence of Femal genital mutilation/Cutting (FGM/C) among girls (%) in the African Region, 2005-2013




Countries without data are not included in the chart.

Source: WHO, 2015

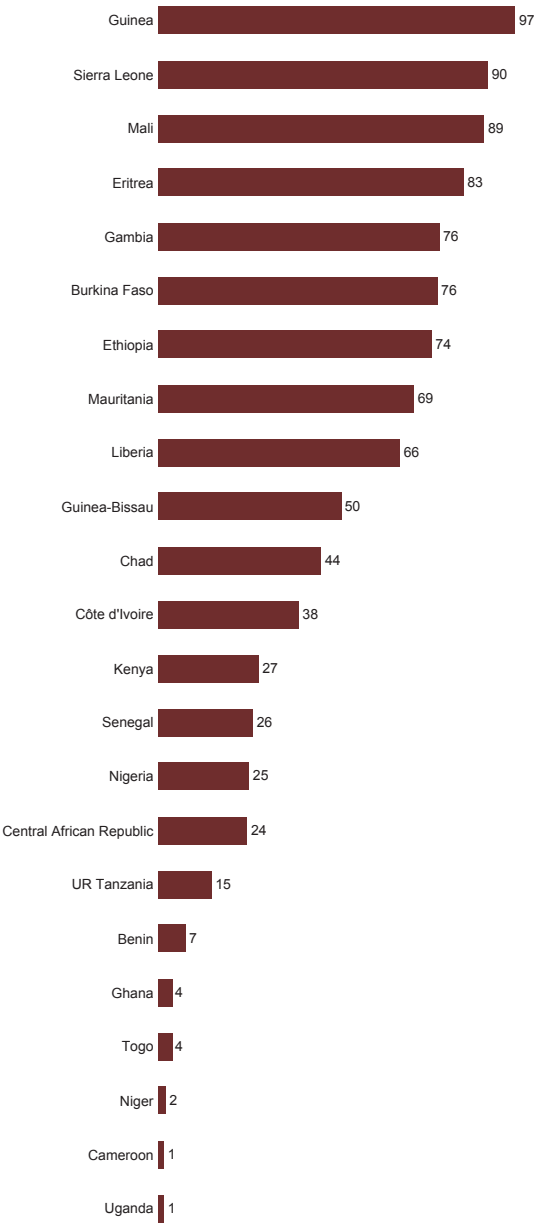
**Figure 4.7.15.** Women aged 20-24 that were married before the age of 18 (%) in the African Region, 2005-2013




Countries without data are not included in the chart.

Source: WHO, 2015.

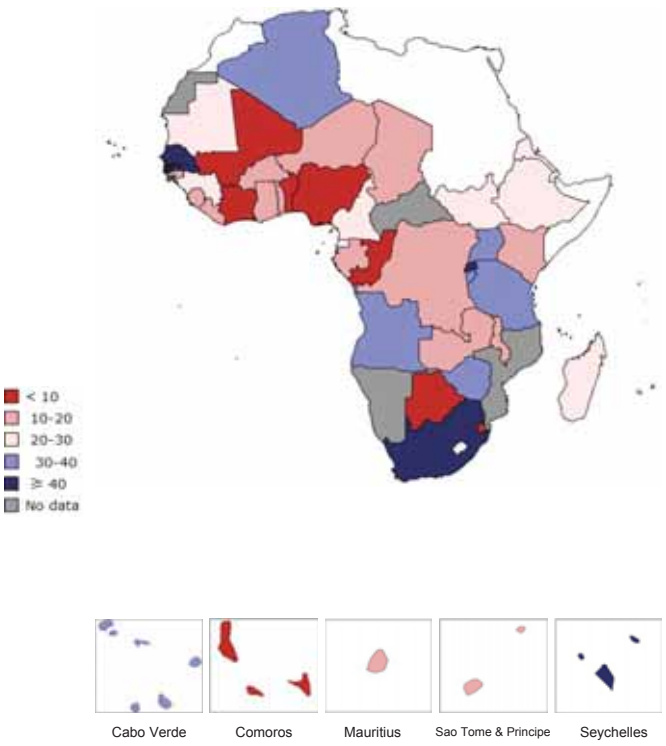
**Figure 5.7.14.** Prevalence of Female genital mutilation/Cutting (FGM/C) among women (%) in the African Region, 2005-2013




Countries without data are not included in the chart.

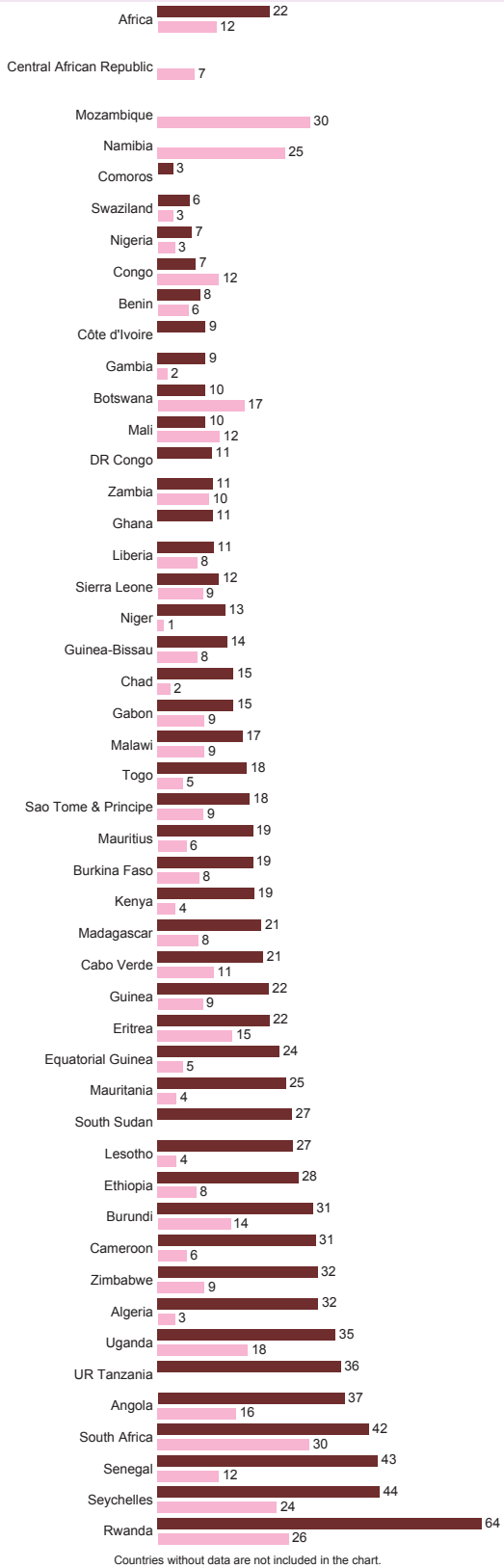
Source: WHO, 2015.

**Figure 5.7.16.** Proportion of seats held by women in national parliaments (%) in the African Region, 2014




Source: IPU, 2015.

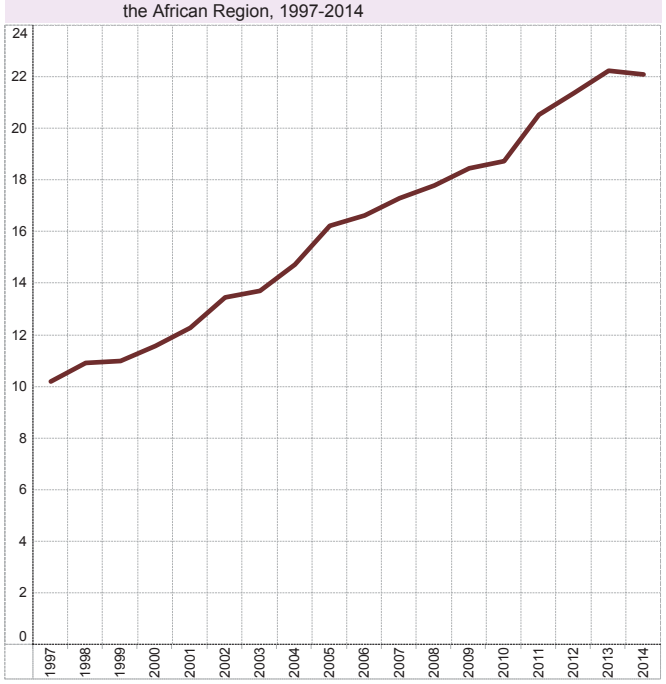
**Figure 5.7.17.** Proportion of seats held by women in national parliaments (%) in the African Region, 2000 and 2014




Countries without data are not included in the chart.

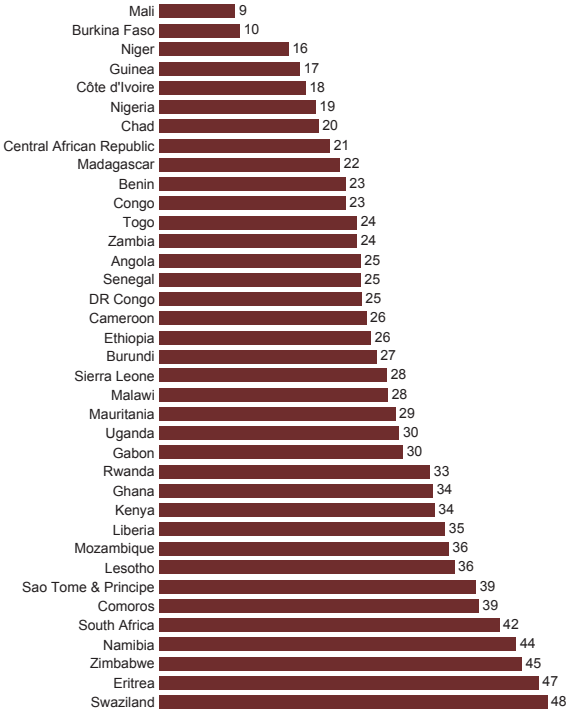
Source: IPU, 2015.

**Figure 5.7.18.** Proportion of seats held by women in national parliaments (%) in the African Region, 1997-2014




Source: IPU, 2015.

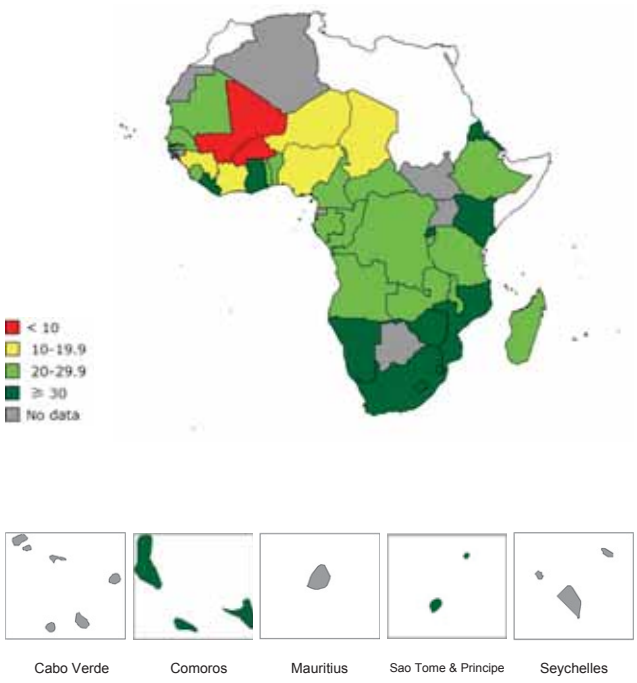
**Figure 5.7.19.** Households with a female head (%) in the African Region, 1994-2013




Countries without data are not included in the chart.

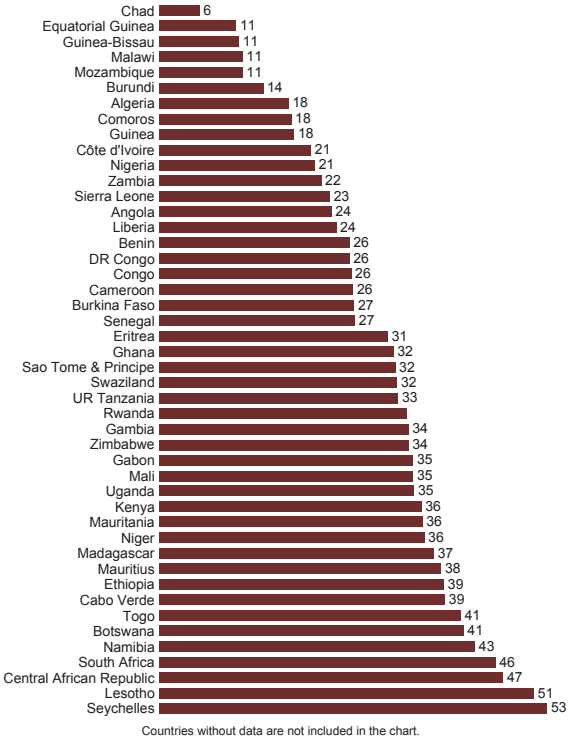
Source: ICF, 2015.

**Figure 5.7.20.** Households with a female head (%) in the African Region, 2013




Source: ICF, 2015.

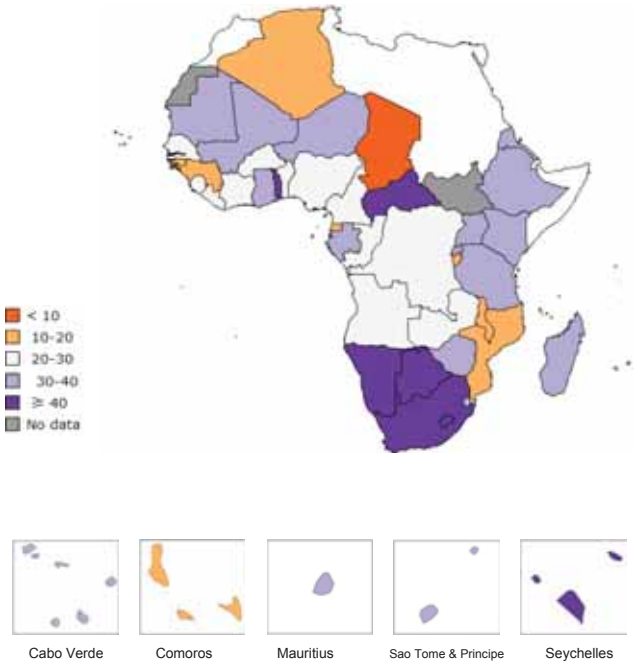
**Figure 5.7.21.** Share of women in wage employment in the nonagricultural sector (% of total nonagricultural employment) in the African Region, 1990-2013




Countries without data are not included in the chart.

Source: ILO, 2015.

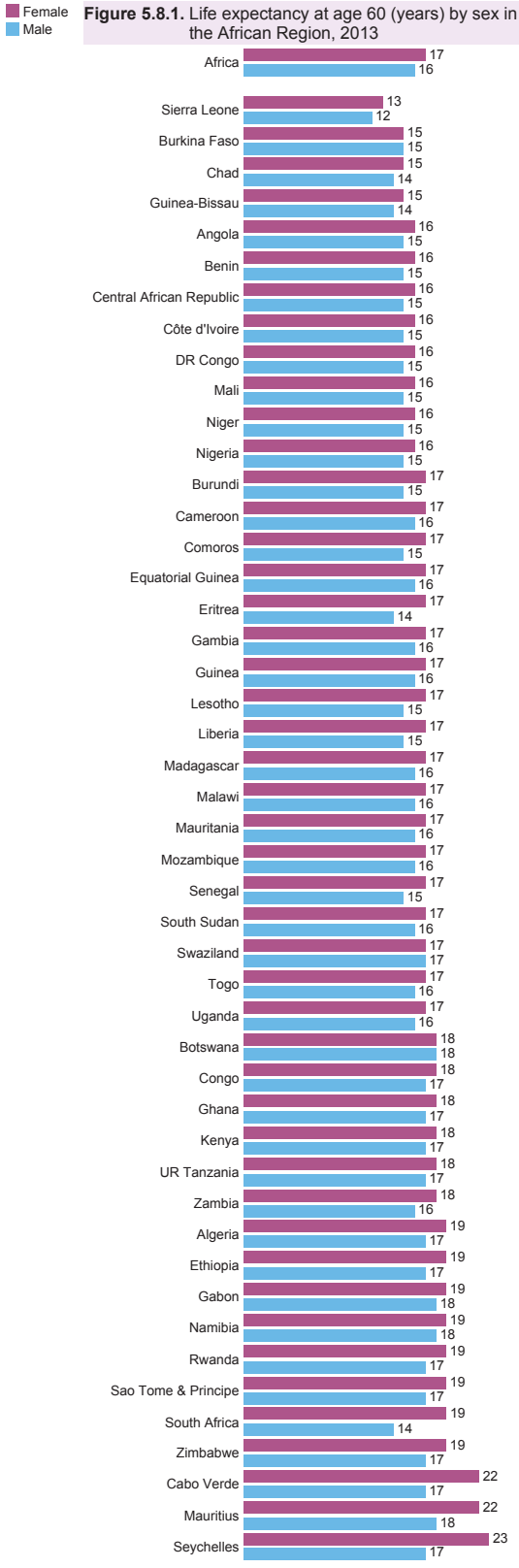
**Figure 5.7.22.** Share of women in wage employment in the nonagricultural sector (% of total nonagricultural employment) in the African Region, 1990-2013




Source: ILO, 2015.

## 5.8 Ageing

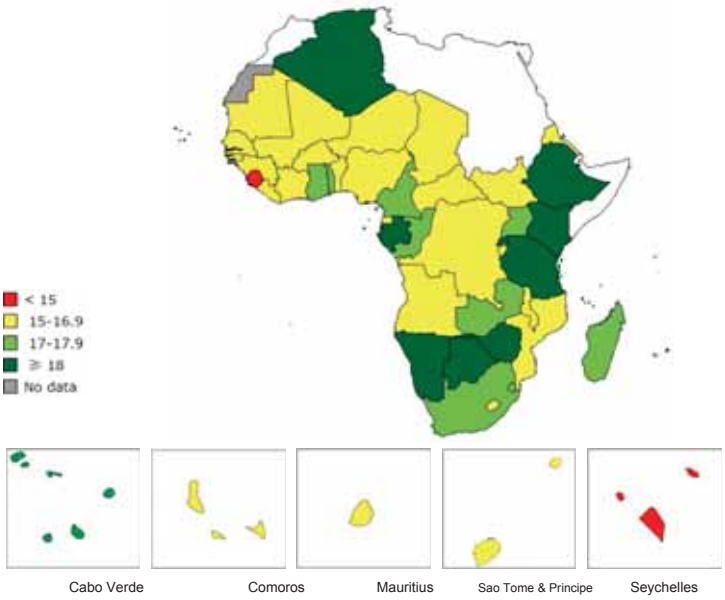
**Figure 5.8.1.** Life expectancy at age 60 (years) by sex in the African Region, 2013




Countries without data are not included in the chart.

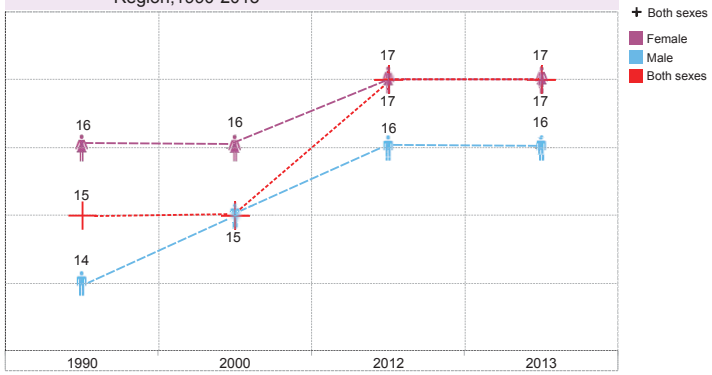
Source: WHO, 2015.

**Figure 5.8.2.** Life expectancy at age 60 (years) in the African Region, 2013



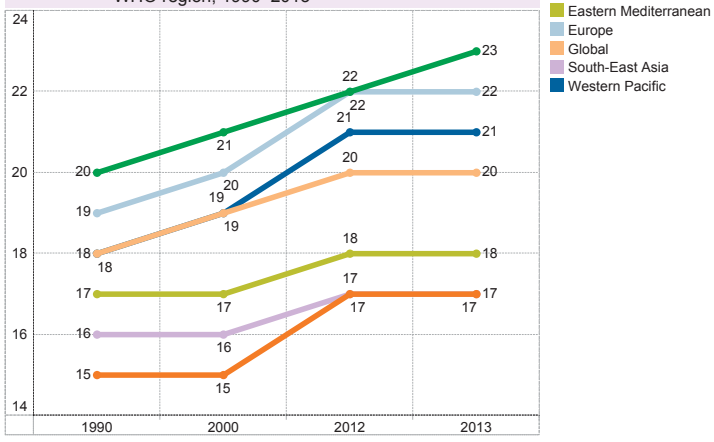

Source: WHO, 2015.

**Figure 5.8.3.** Life expectancy at age 60 (years) by sex in the African Region,1990-2013



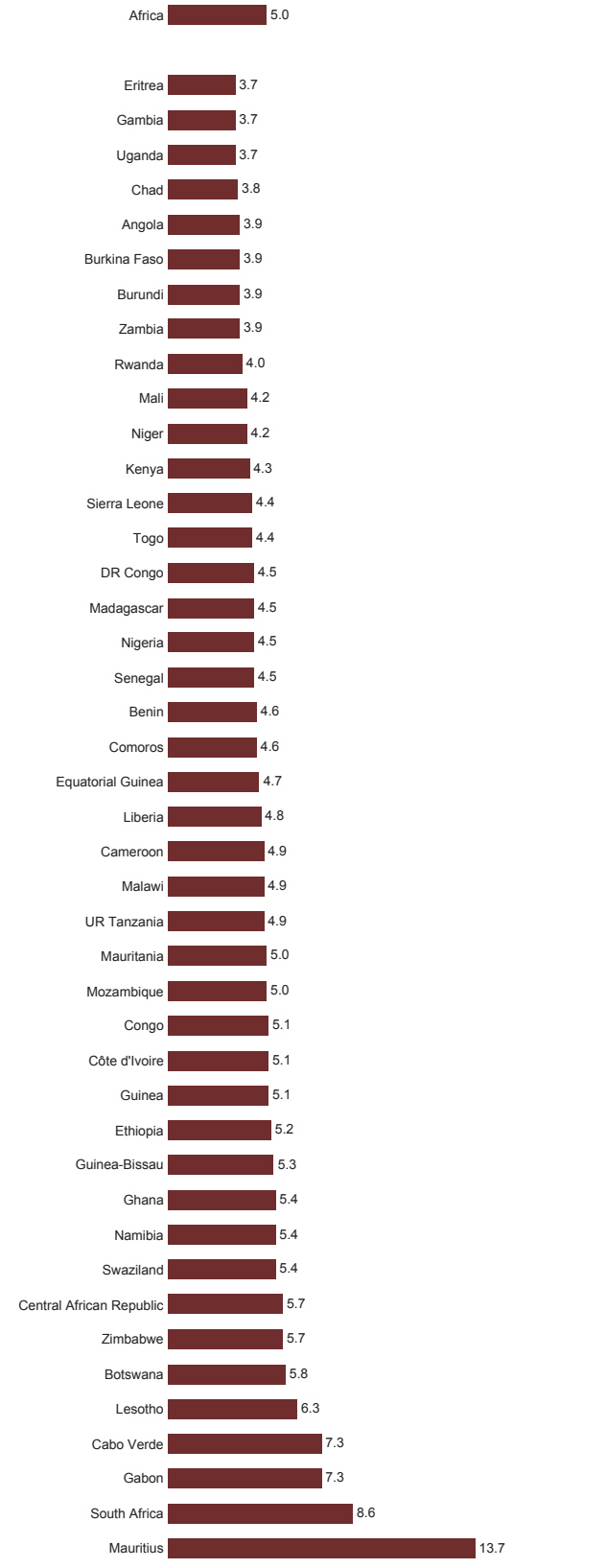

Source: WHO, 2015.

**Figure 5.8.4.** Life expectancy at age 60 (years) both sexes by WHO region, 1990–2013




Source: WHO, 2015.

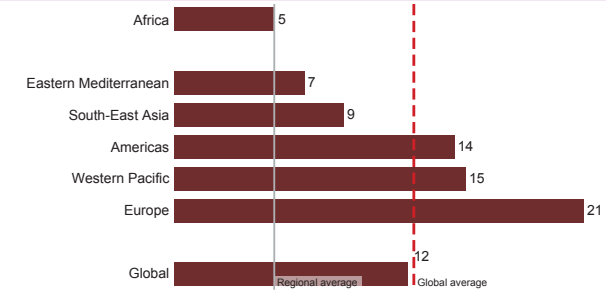
**Figure 5.8.5.** Population 60+ years (%) in the African Region, 2013




Countries without data are not included in the chart.

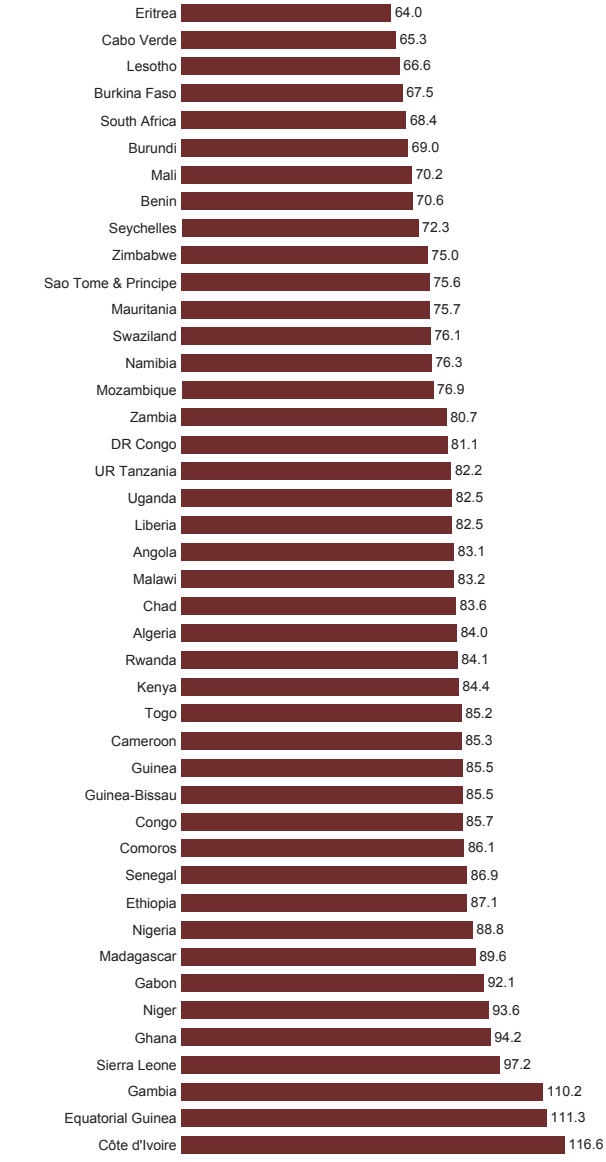
Source: WHO, 2015.

**Figure 5.8.6.** Population 60+ years (%) in the African Region, 2013




Source: WHO, 2015.

**Figure 5.8.7.** Sex ratio in 60+ age group (men/100 women) in the African Region, 2012



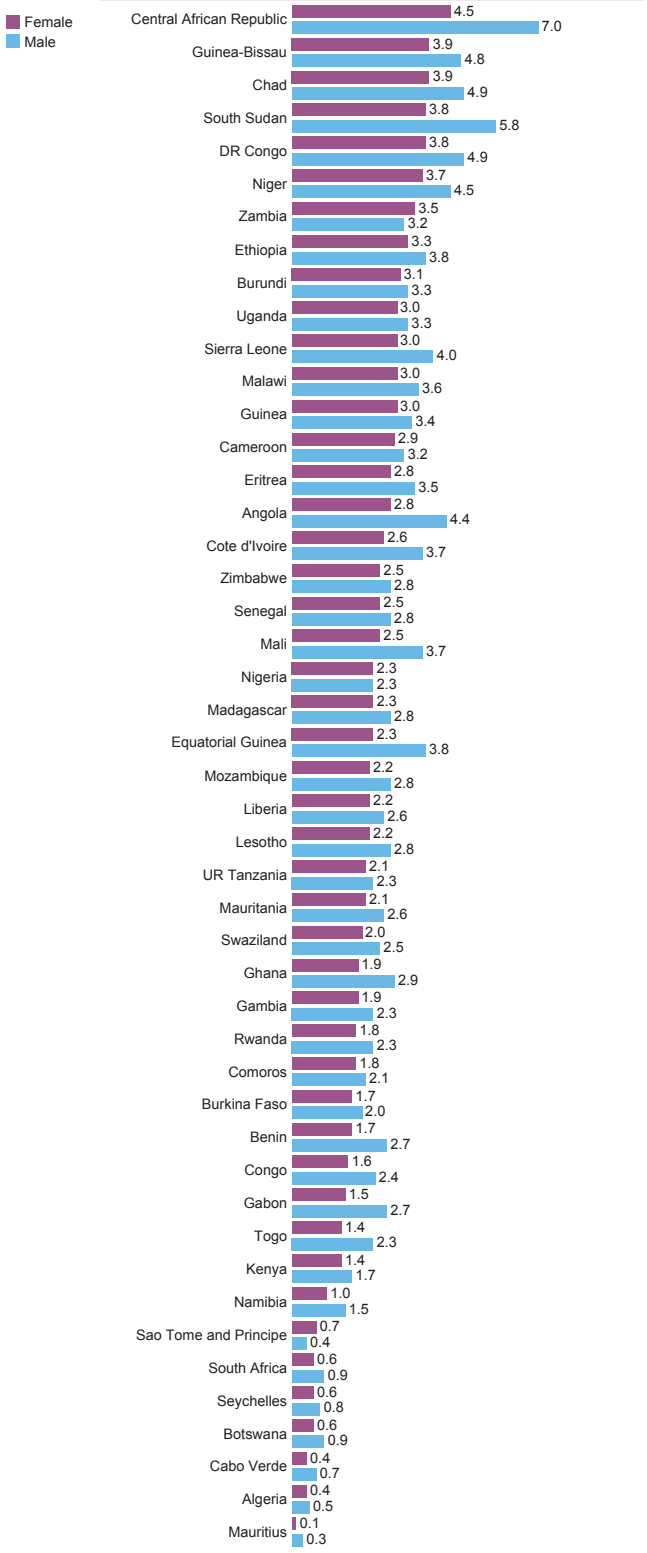

Countries without data are not included in the chart.

Source: UNSD, July 2015.

## 5.9 Epidemic and pandemic-prone diseases

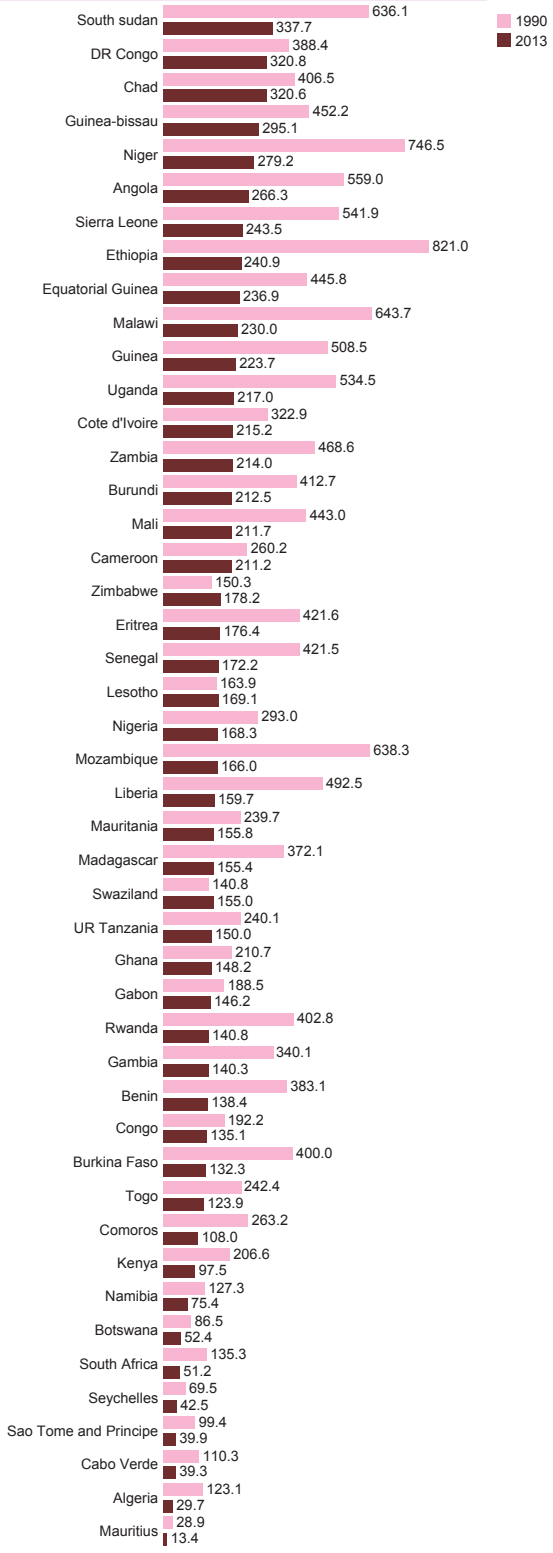
### 5.9.1 Haemophilus influenzae type B meningitis

**Figure 5.9.1.1.** Age-standardized death rate due to Haemophilus influenzae type B meningitis per 100 000 by sex in the African Region, 2013




Source: IHME, 2015

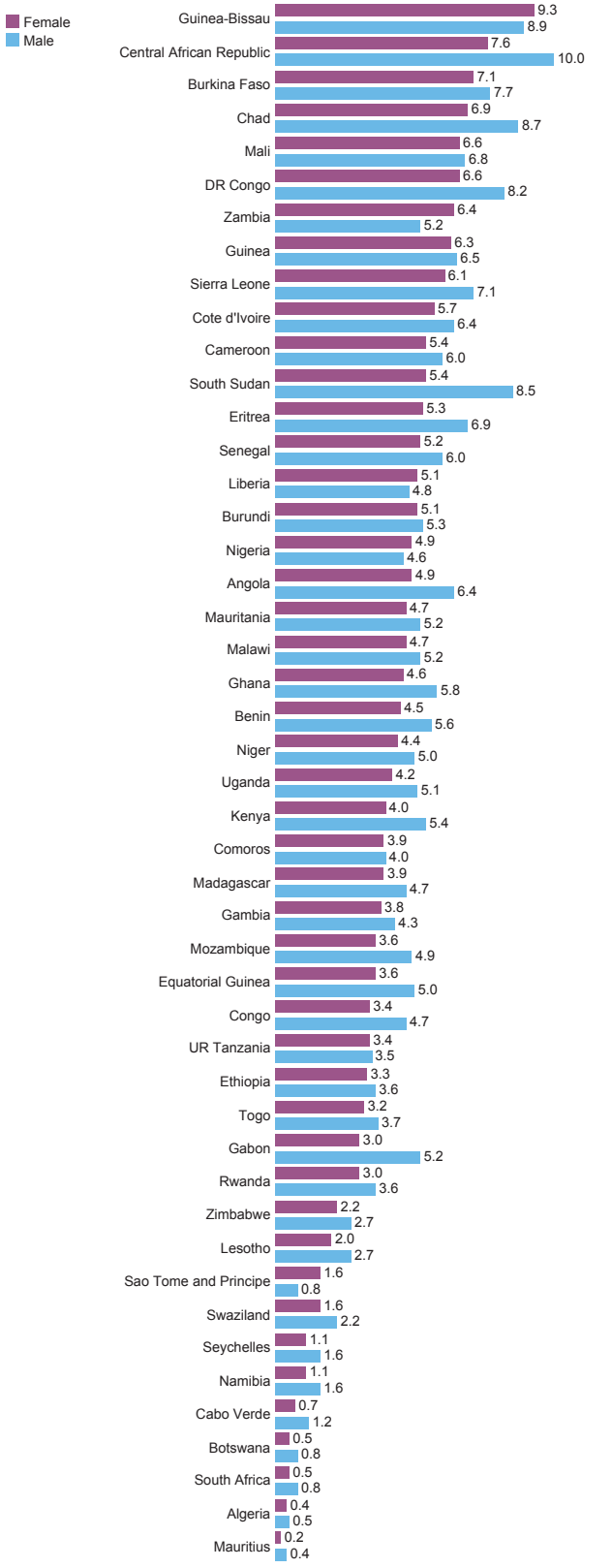
**Figure 5.9.1.2.** Age-standardized DALY rate due to Haemophilus influenzae type B meningitis per 100 000 in the African Region, 1990 and 2013




Source: IHME, 2015

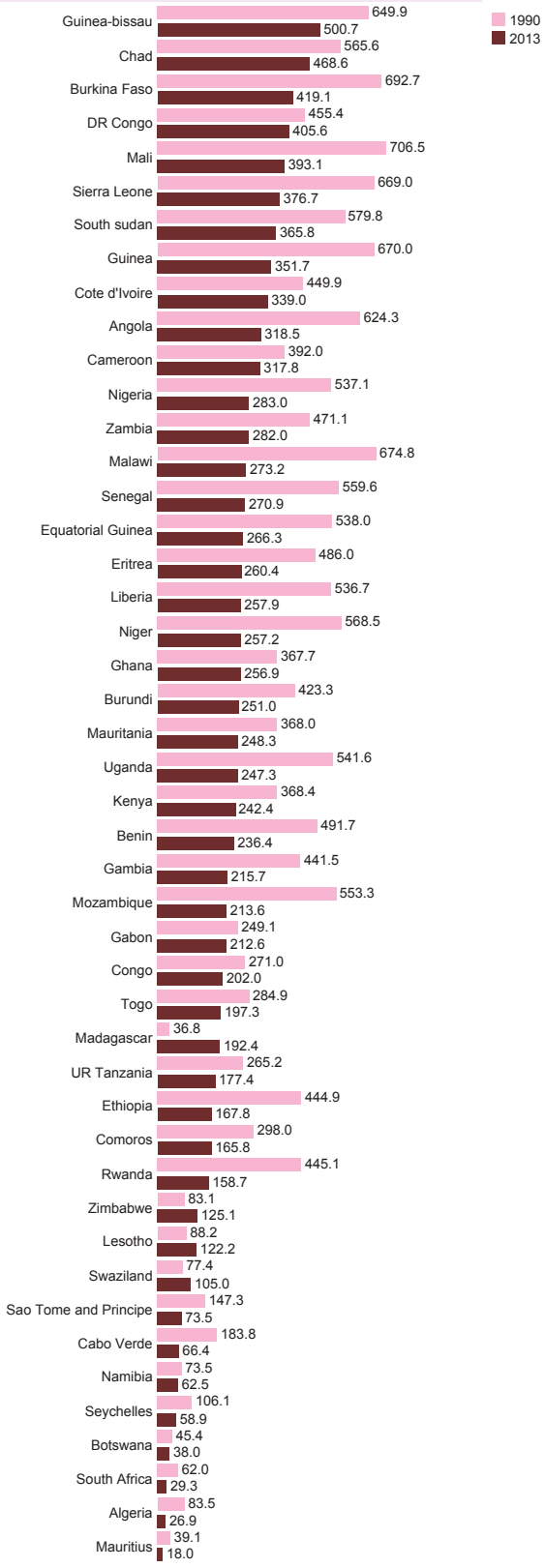
## 5.9.2 Pneumococcal meningitis

**Figure 5.9.2.1.** Age-standardized death rate due to pneumococcal meningitis per 100 000 by sex in the African Region, 2013




Source: IHME, 2015

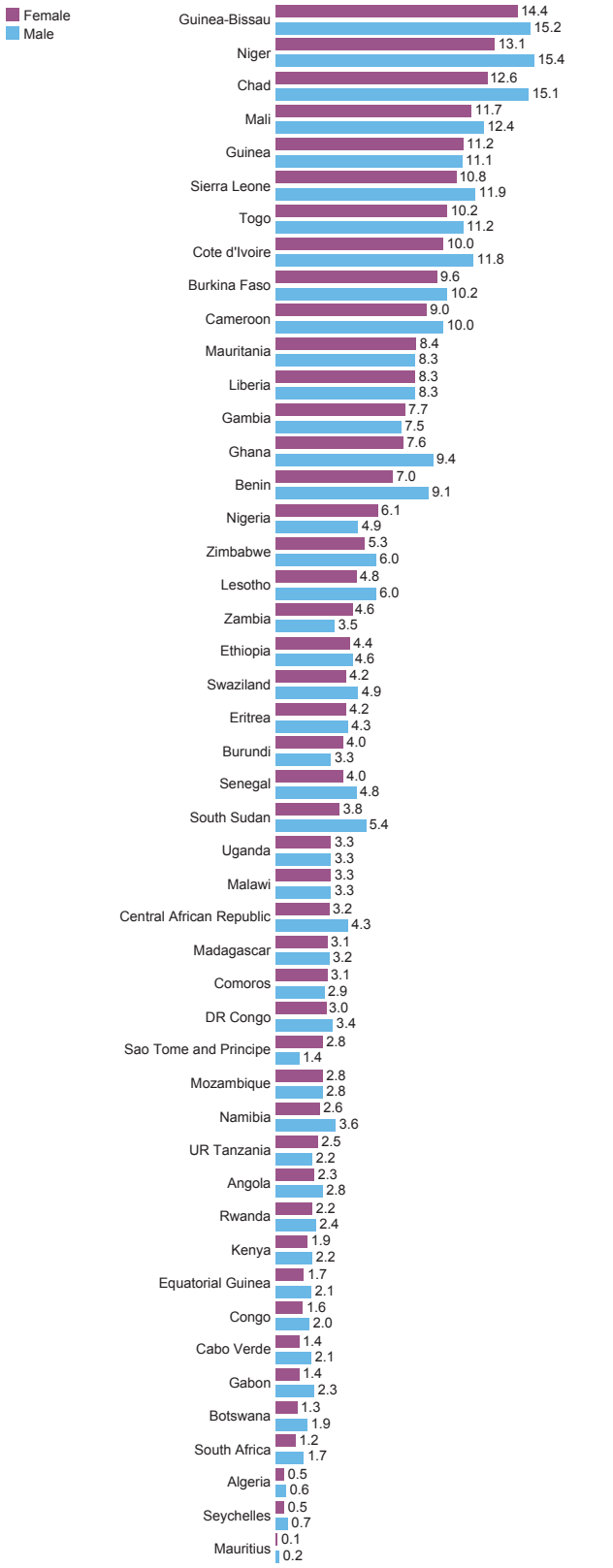
**Figure 5.9.2.2.** Age-standardized DALY rate due to pneumococcal meningitis per 100 000 in the African Region, 1990 and 2013




Source: IHME, 2015

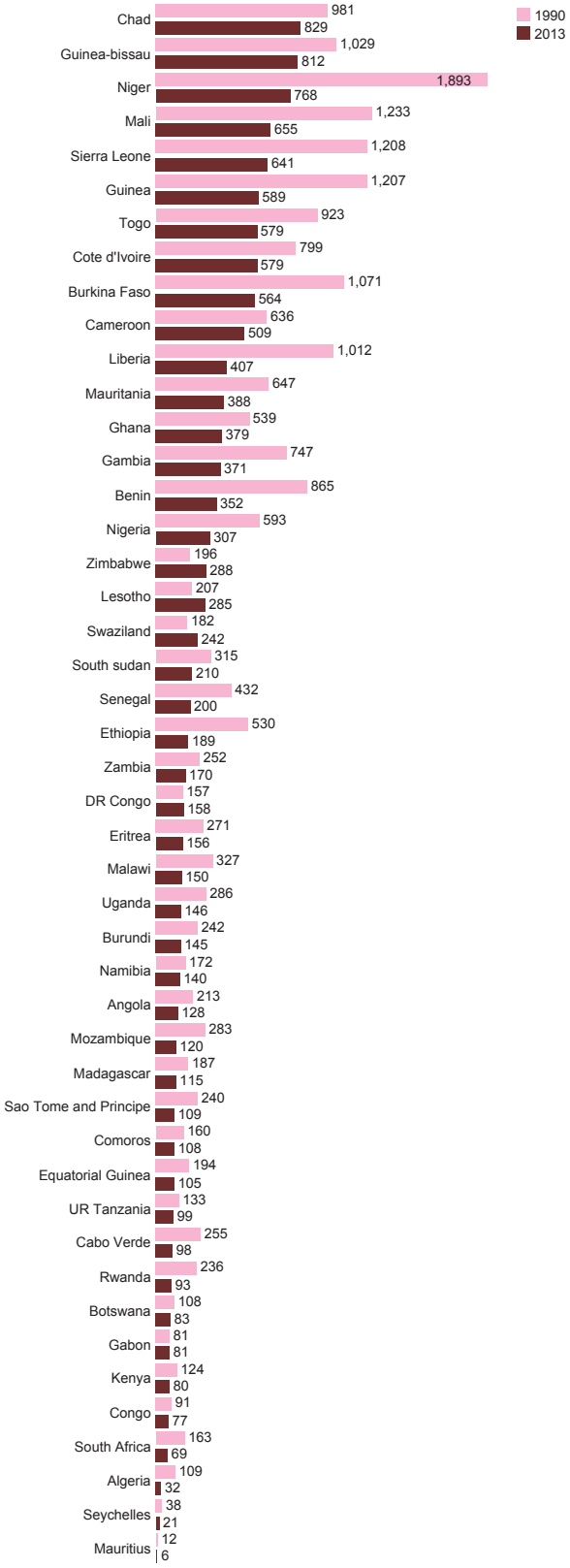
## 5.9.3 Meningococcal meningitis

**Figure 5.9.3.1.** Age-standardized death rate due to meningococcal meningitis per 100 000 by sex in the African Region, 2013




Source: IHME, 2015

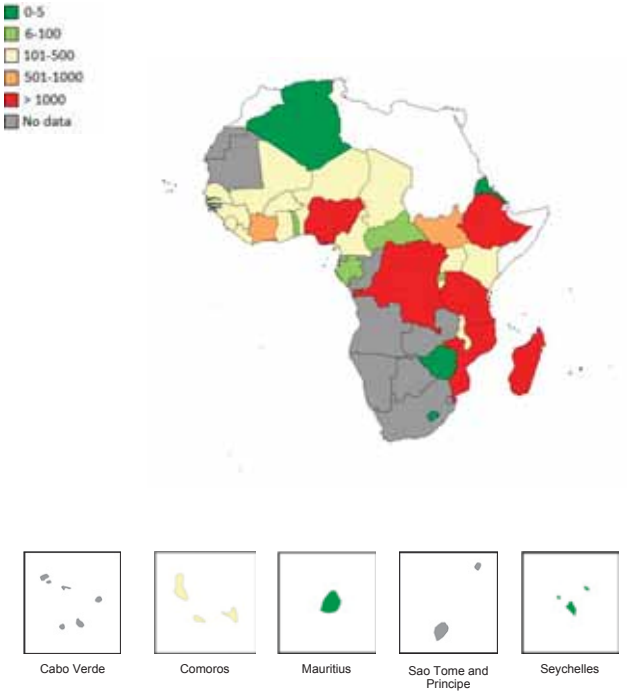
**Figure 5.9.3.2.** Age-standardized DALY rate due to Meningococcal meningitis per 100 000 in the African Region, 1990 and 2013




Source: IHME, 2015

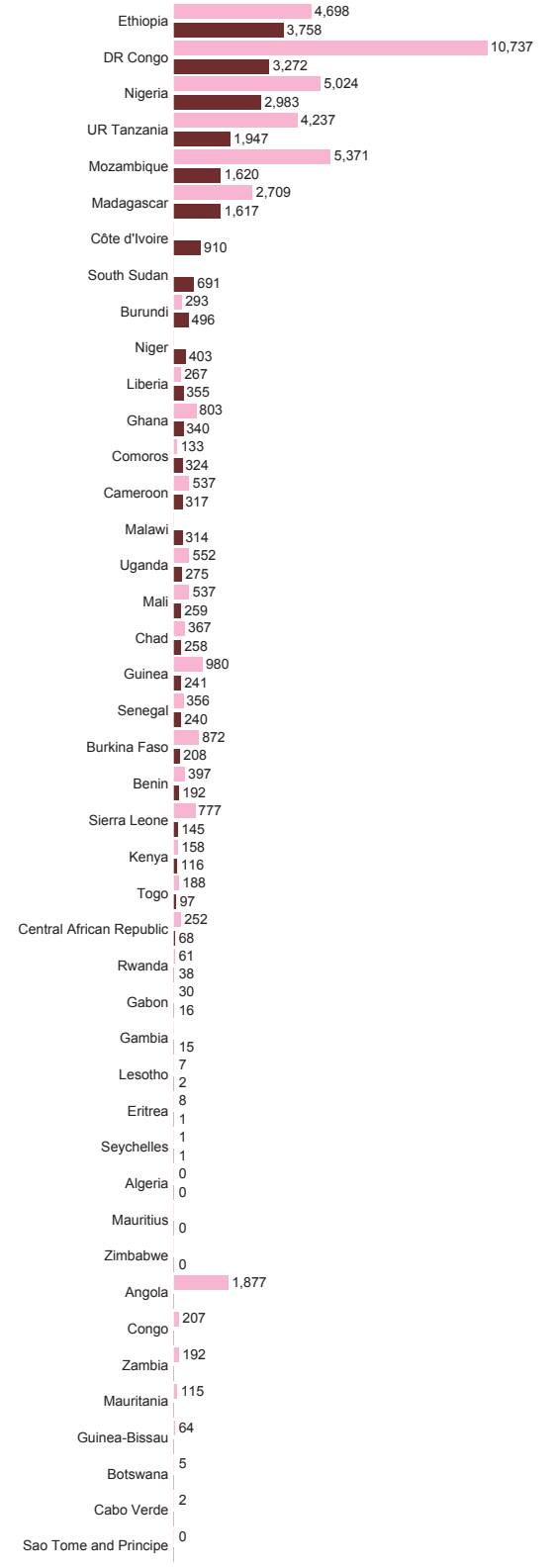
## 5.10 Neglected tropical diseases

**Figure 5.10.1.** Number of reported cases of leprosy in the African Region, 2014




Source: WHO, 2015

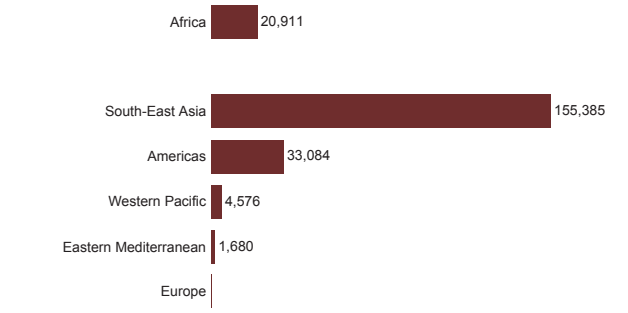
**Figure 5.10.2.** Number of reported cases of leprosy in the African Region, 2005 and 2014




Countries of the African Region without data are not included in the chart.

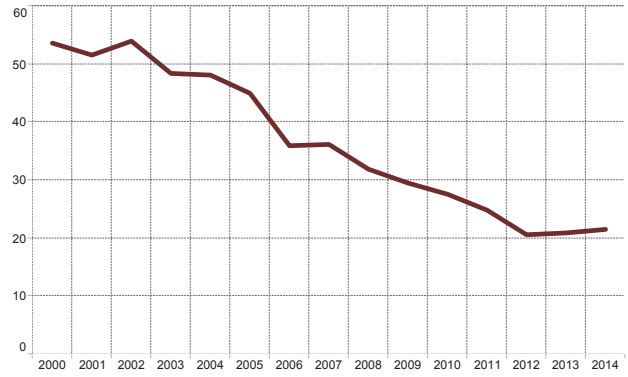
Source: WHO, 2015

**Figure 5.10.3.** Number of reported cases of leprosy by WHO region, 2013



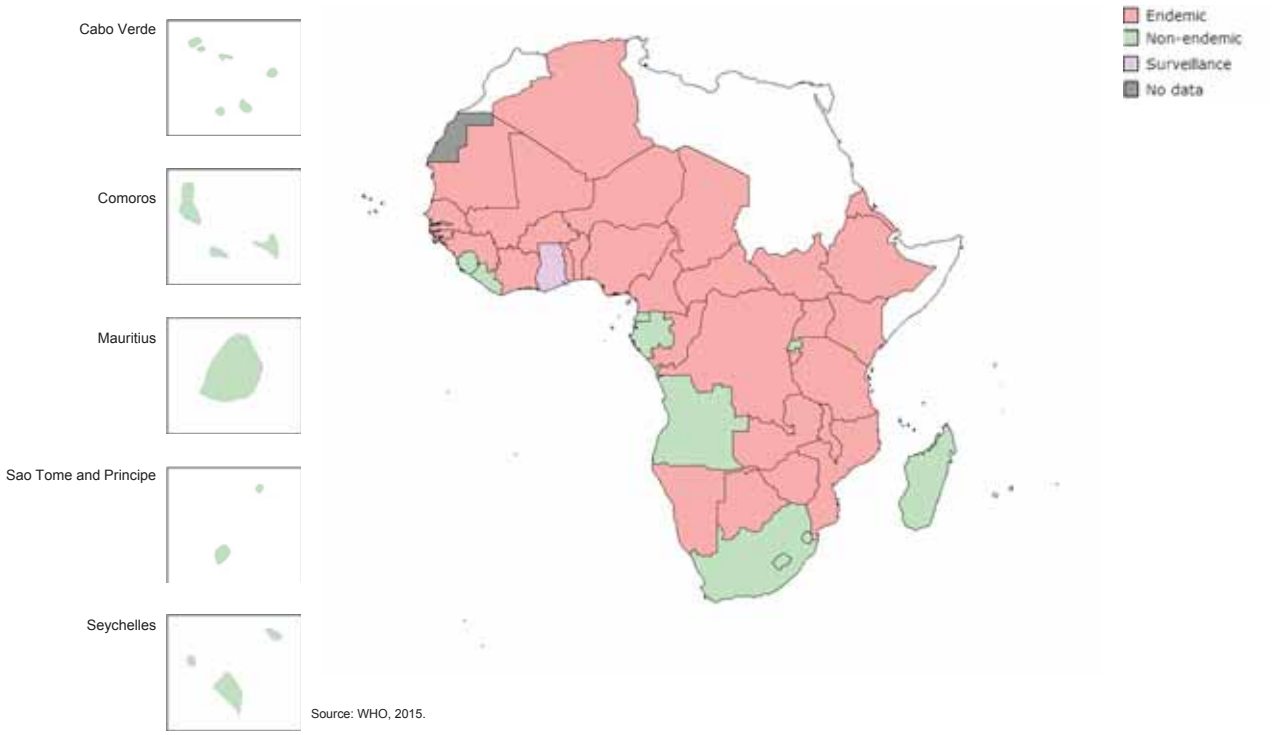

Source: WHO, 2015

**Figure 5.10.4.** Trend in number of reported cases of leprosy (in thousands) in the African Region, 2000-2014



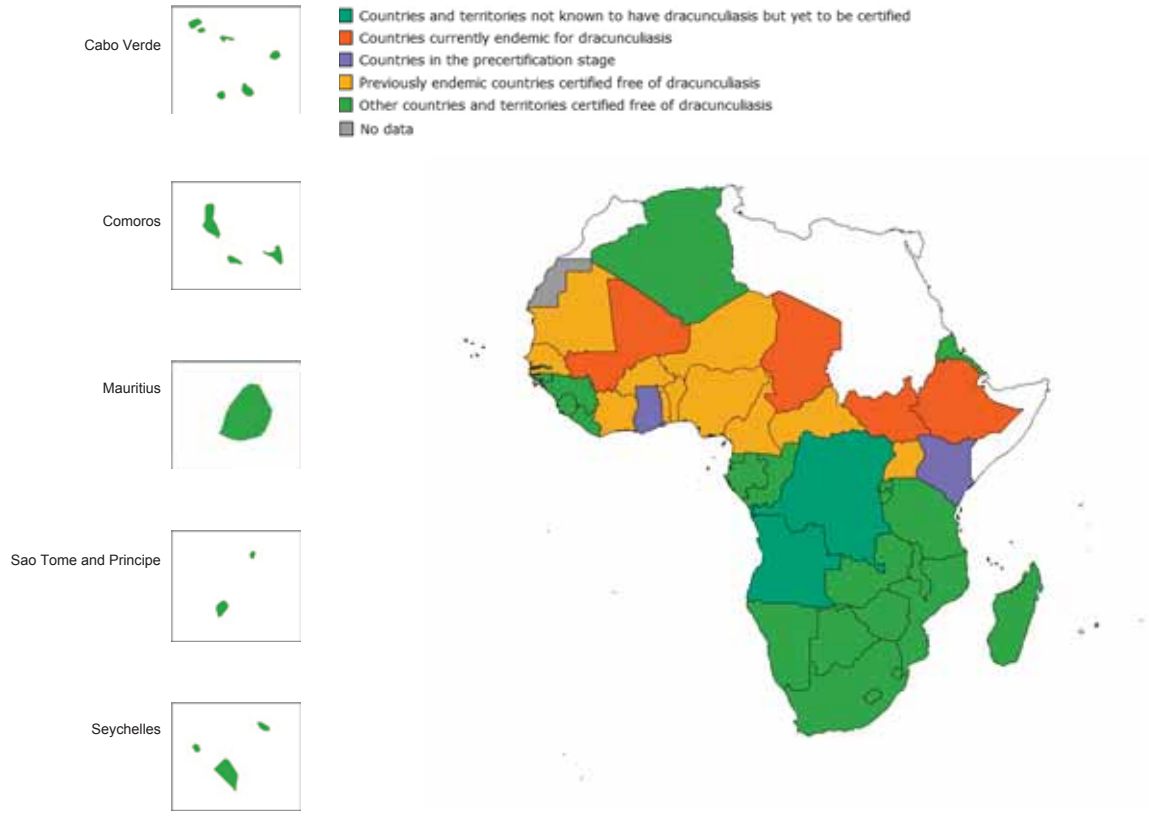

Source: WHO, 2015

**Figure 5.10.5.** Status of endemicity for blinding trachoma in the African Region, 2012



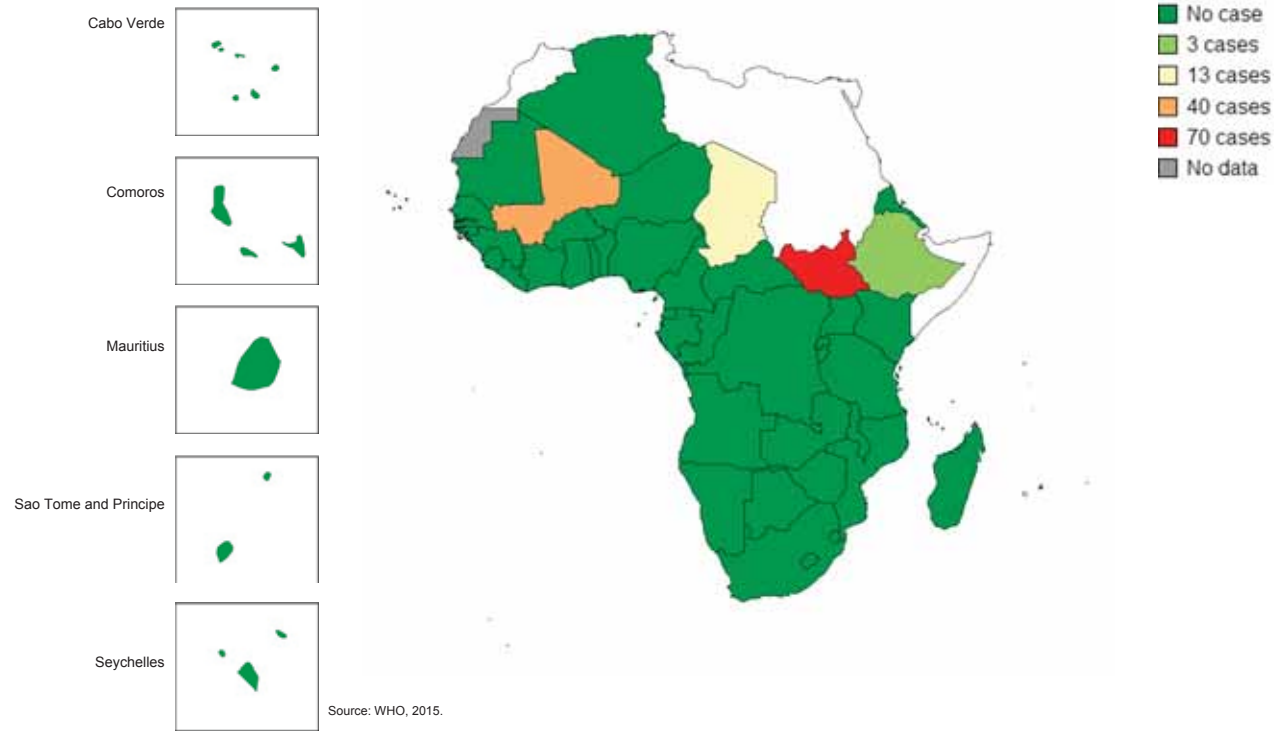

Source: WHO, 2015.

**Figure 5.10.6.** Dracunculiasis certification status of countries in the African Region, beginning of 2015



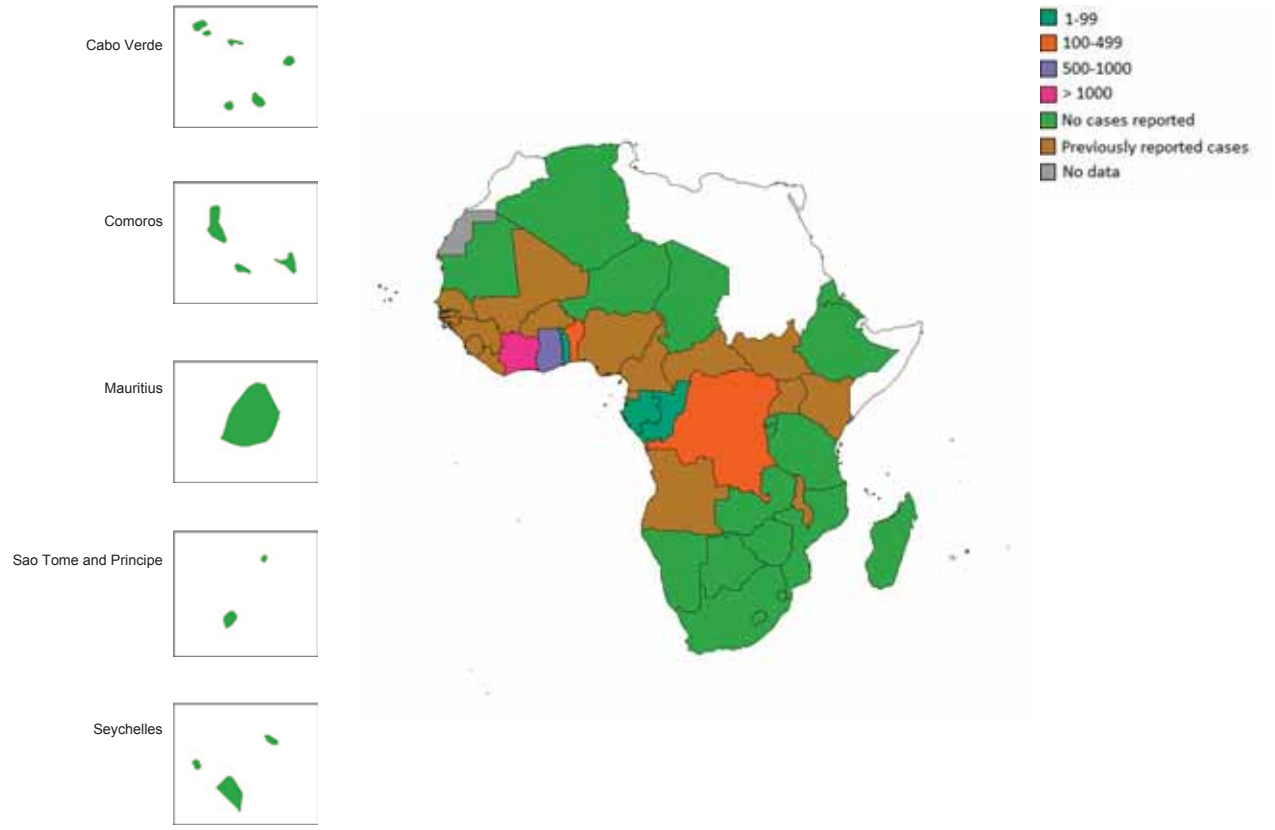

Source: WHO, 2015.

**Figure 5.10.7.** Annual incidence of dracunculiasis cases in the African Region, 2014



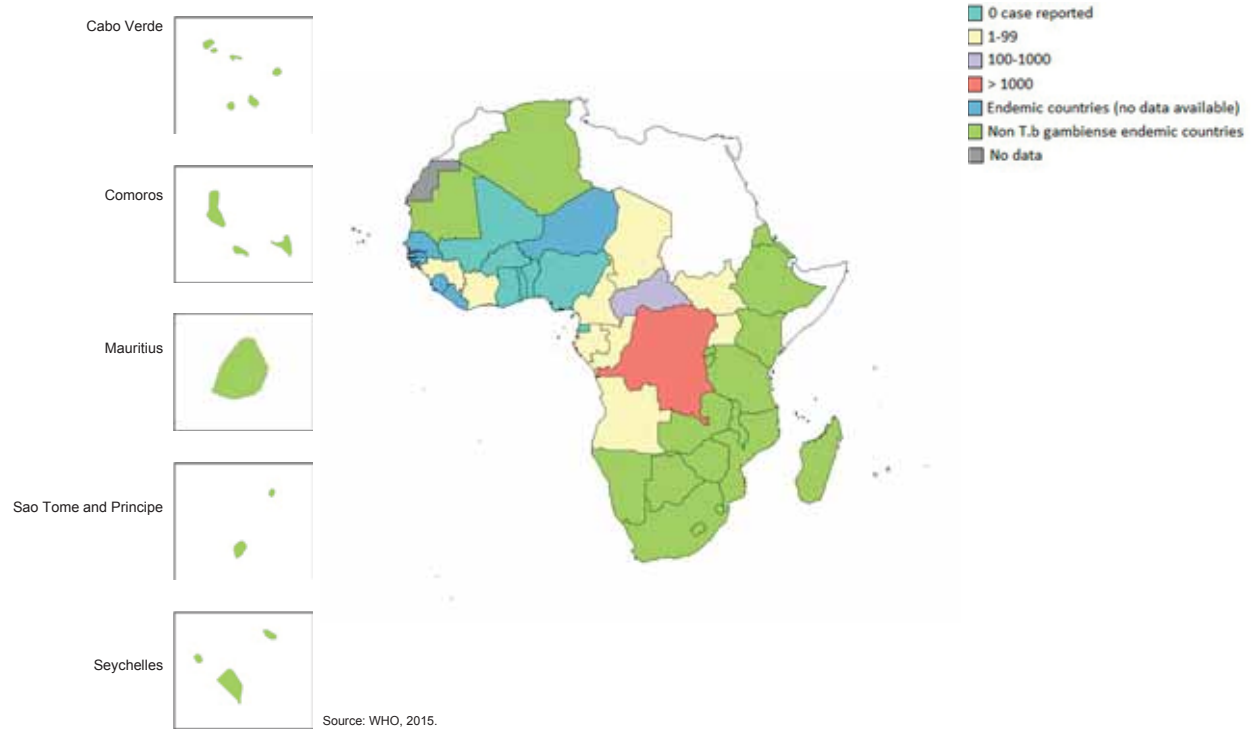

Source: WHO, 2015.

**Figure 5.10.8.** Number of new reported cases of Buruli ulcer in the African Region, 2014



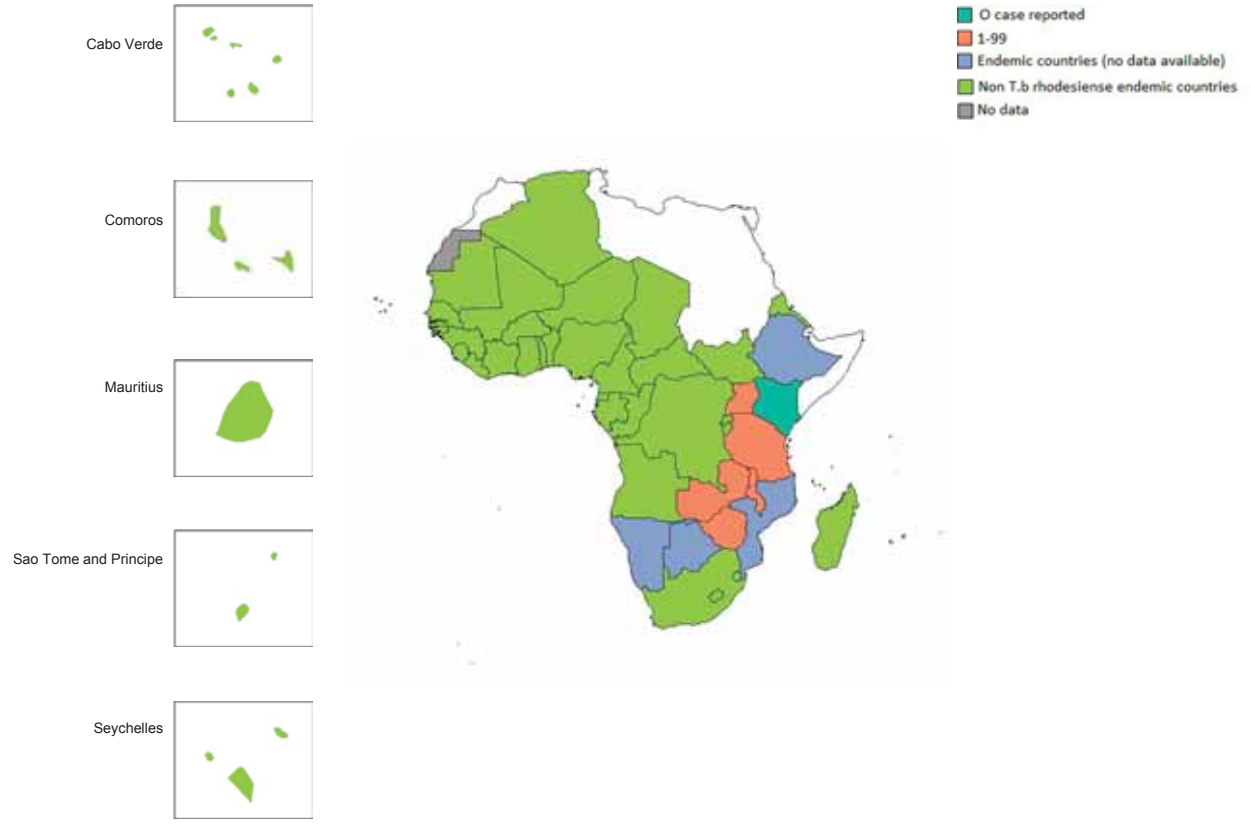

Source: WHO, 2015.

**Figure 5.10.9.** Distribution of human African trypanosomiasis (caused by Trypanosoma brucei gambiense) in the African Region, 2014




Source: WHO, 2015.

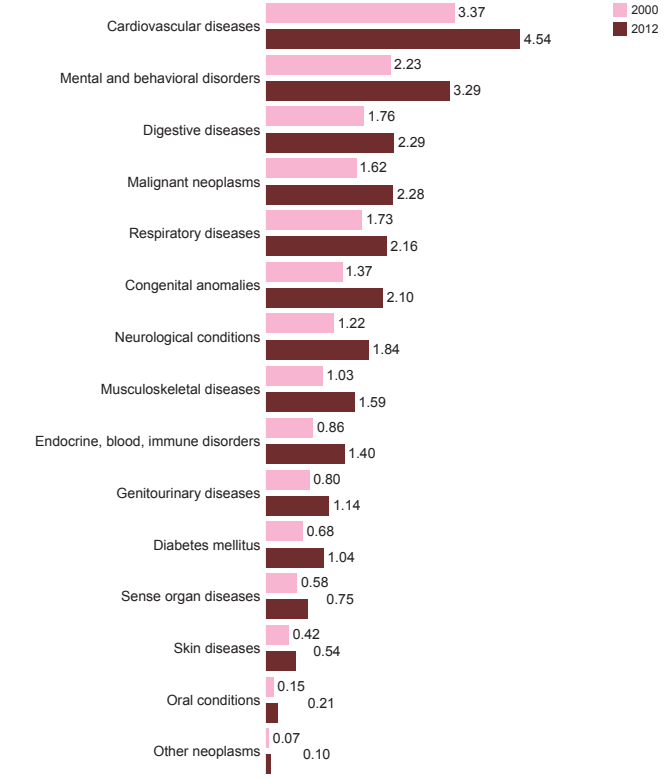
**Figure 5.10.10.** Distribution of human African trypanosomiasis (caused by Trypanosoma brucei rhodesiense) in the African Region, 2014




Source: WHO, 2015.

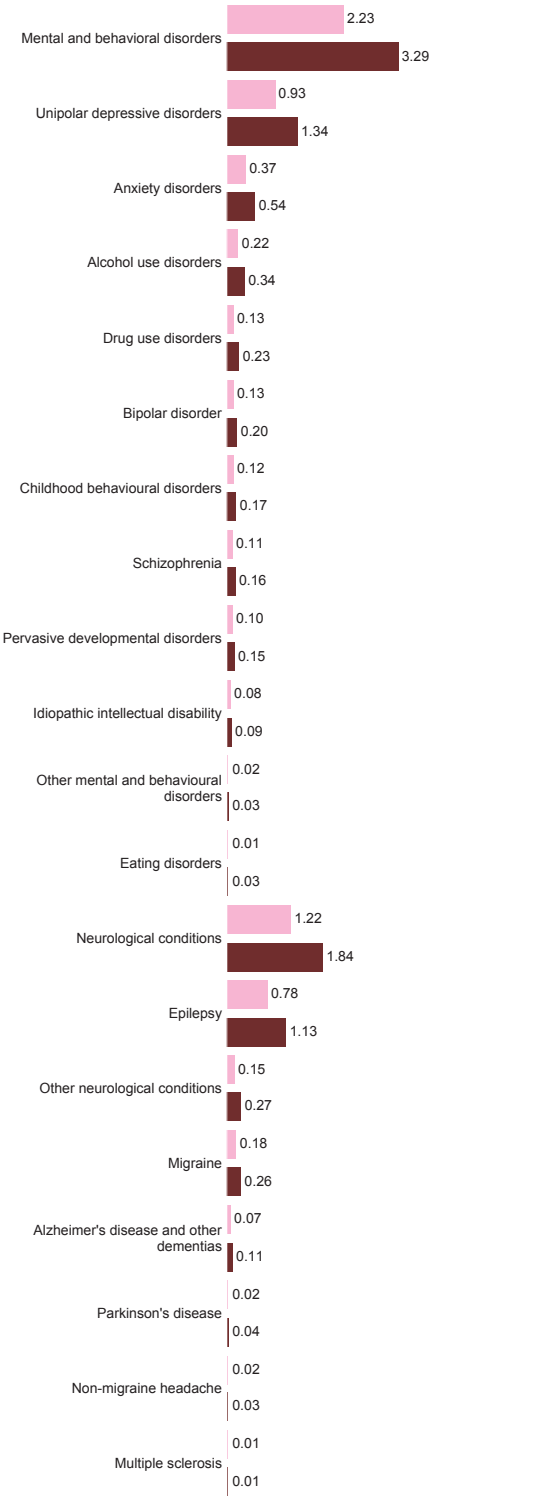
## 5.11 Noncommunicable diseases and conditions

**Figure 5.11.1.** Distribution of causes of noncommunicable burden of diseases (percentage of total DALYs) in the African Region, 2000 and 2012



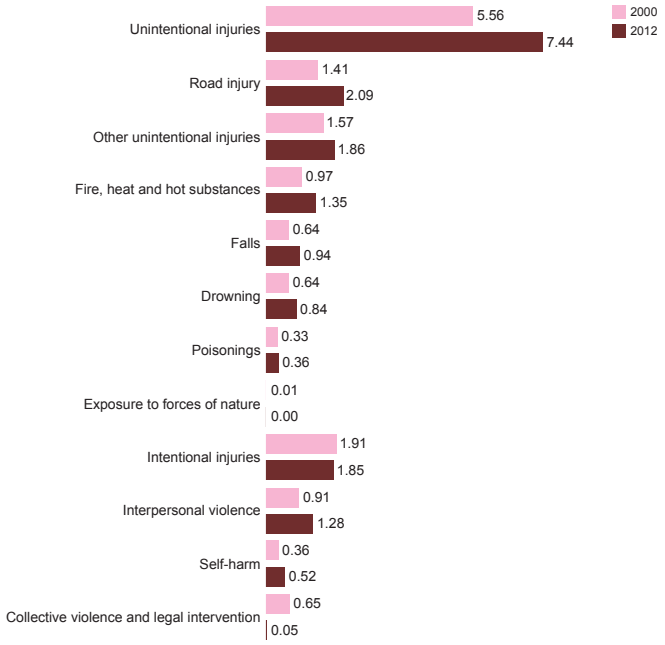

Source: WHO, 2015

**Figure 5.11.2.** Distribution of causes of neuropsychiatric burden of diseases (percentage of total DALYs) in the African Region, 2000 and 2012



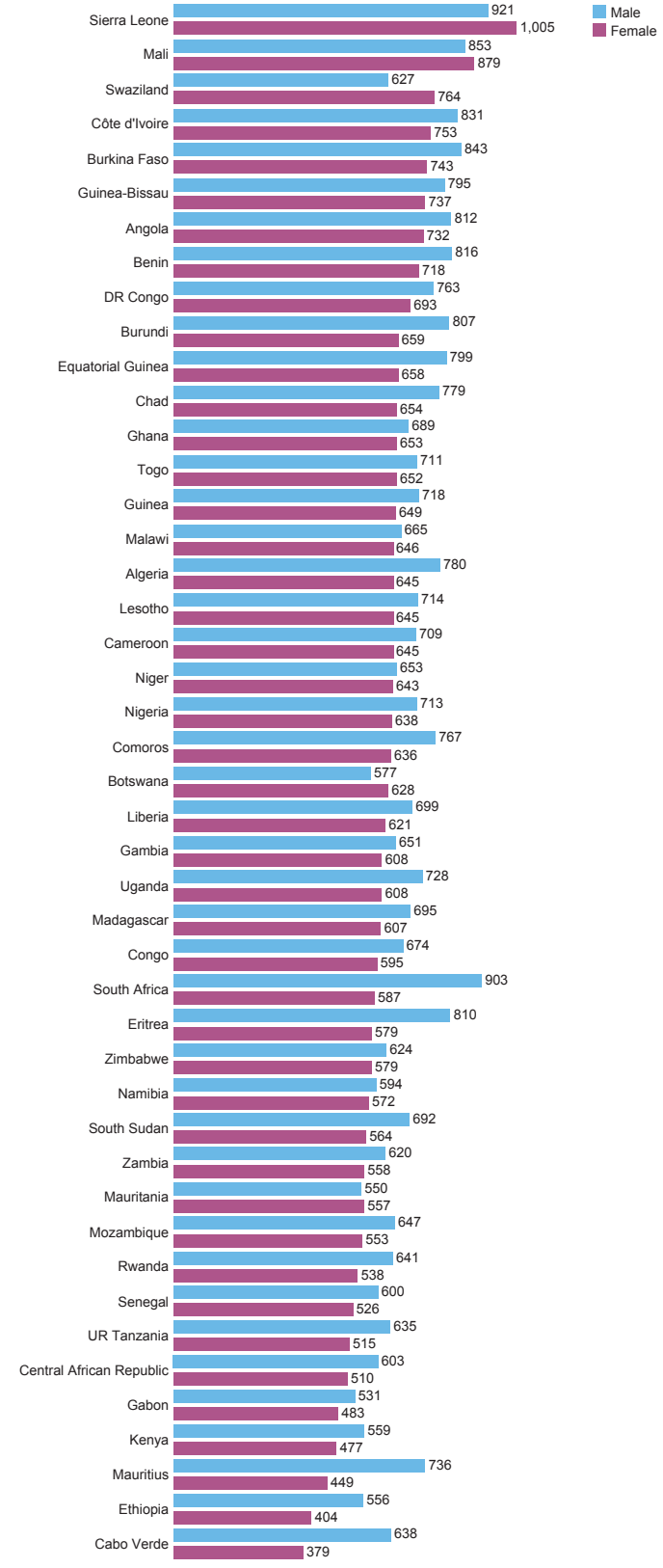

Source: WHO, 2015

**Figure 5.11.3.** Distribution of causes of intentional and non-intentional injuries (percentage of total DALYs) in the African Region, 2000 and 2012



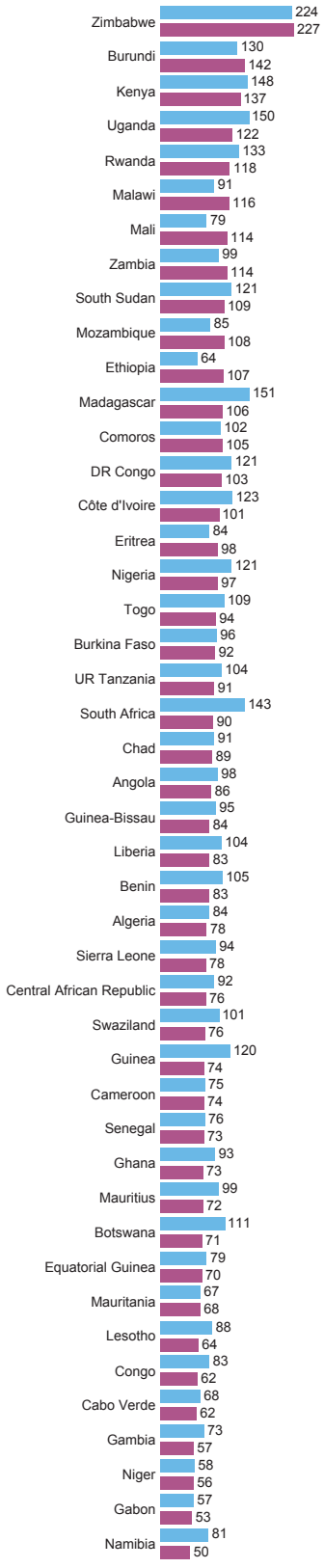

Source: WHO, 2015

**Figure 5.11.4.** Age-standardized deaths rate per 100 000 due to non communicable diseases by sex in the African Region, 2012



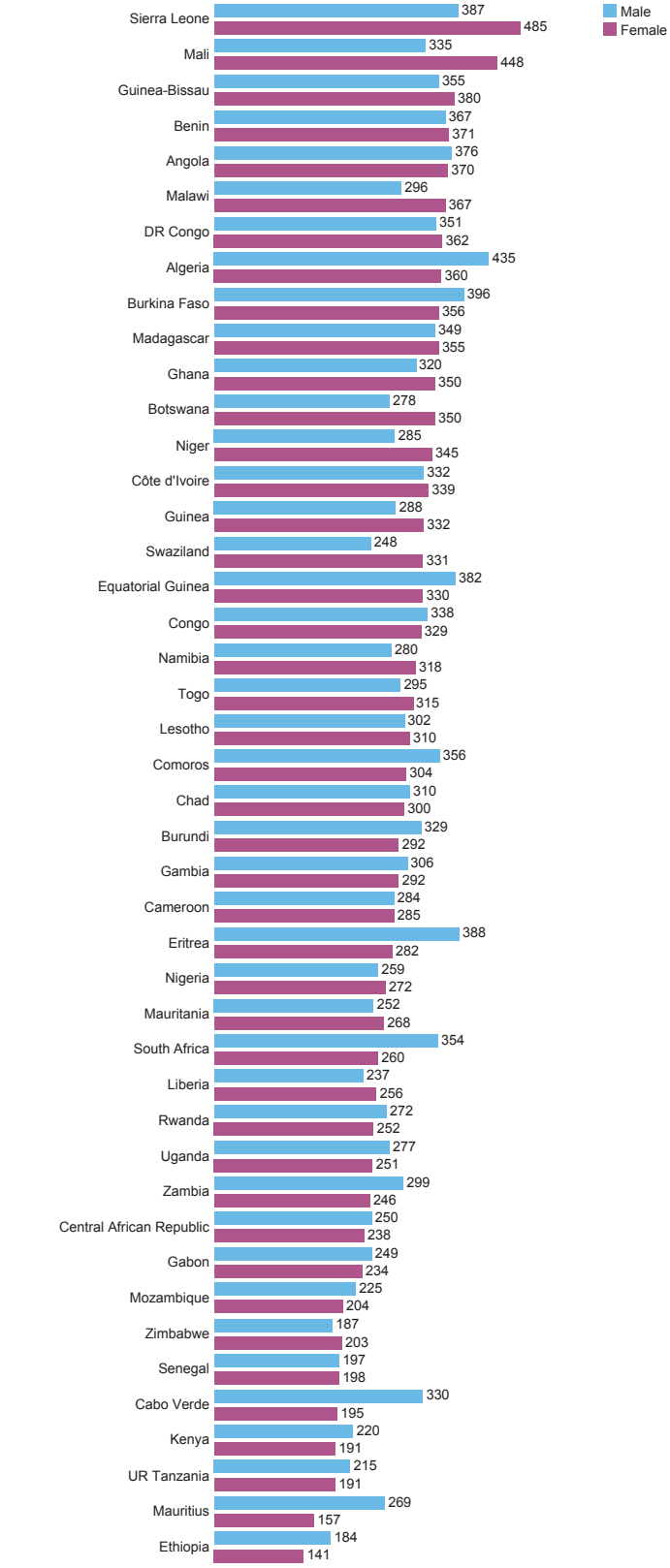

Source: WHO, 2015.

**Figure 5.11.5.** Age-standardized deaths rate per 100 000 due to cancers (Malignant neoplasms) by sex in the African Region, 2012



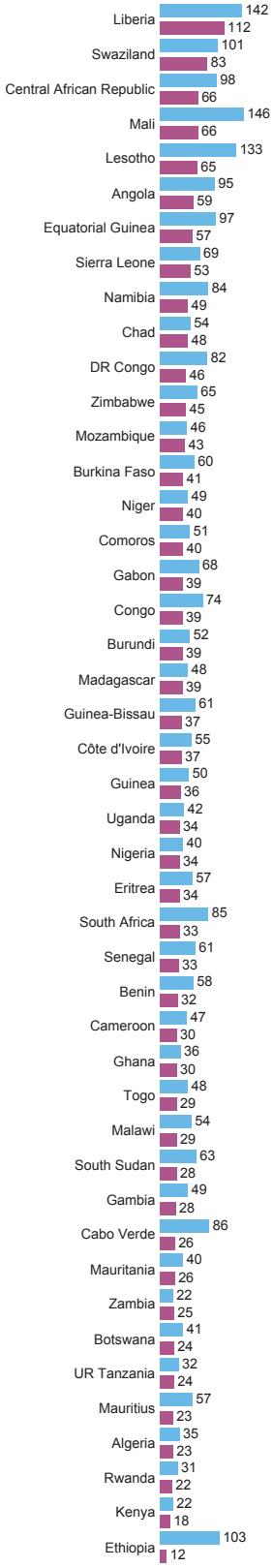

Source: WHO, 2015.

**Figure 5.11.6.** Age-standardized deaths rate per 100 000 due to cardiovascular diseases by sex in the African Region, 2012



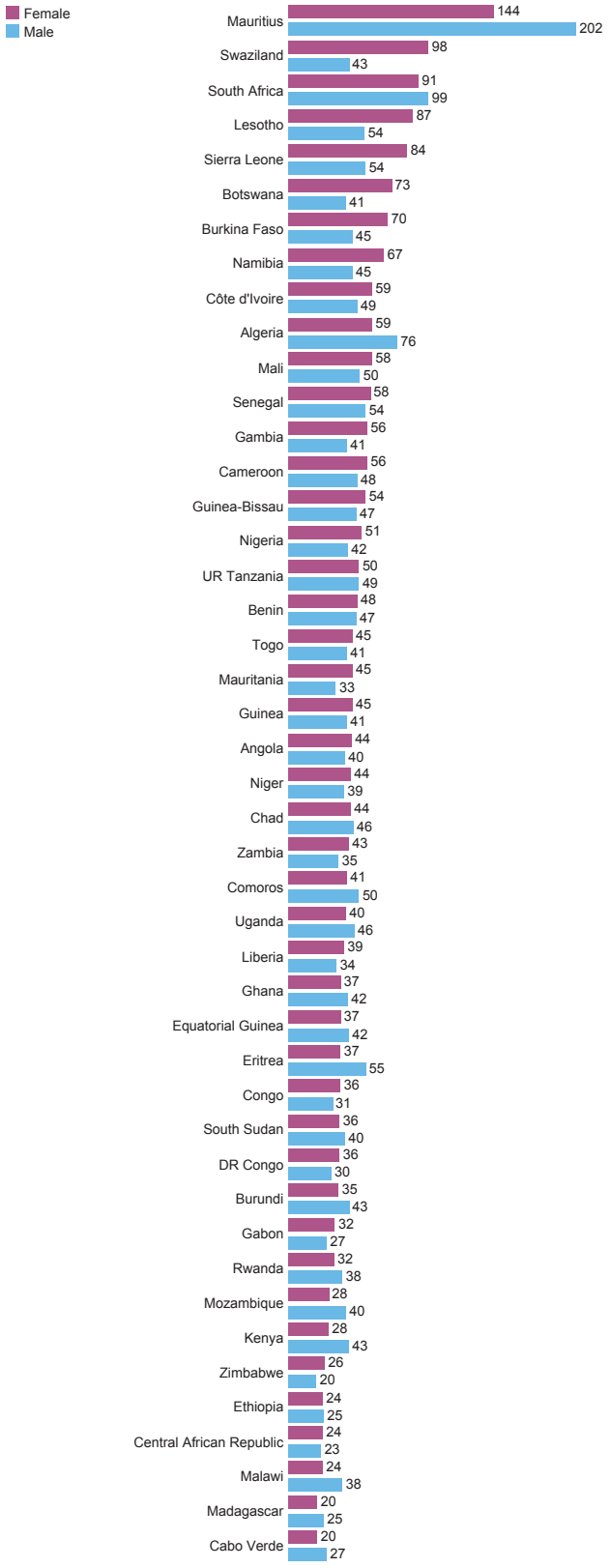

Source: WHO, 2015.

**Figure 5.11.7.** Age-standardized deaths rate per 100 000 due to chronic respiratory diseases by sex in the African Region, 2012



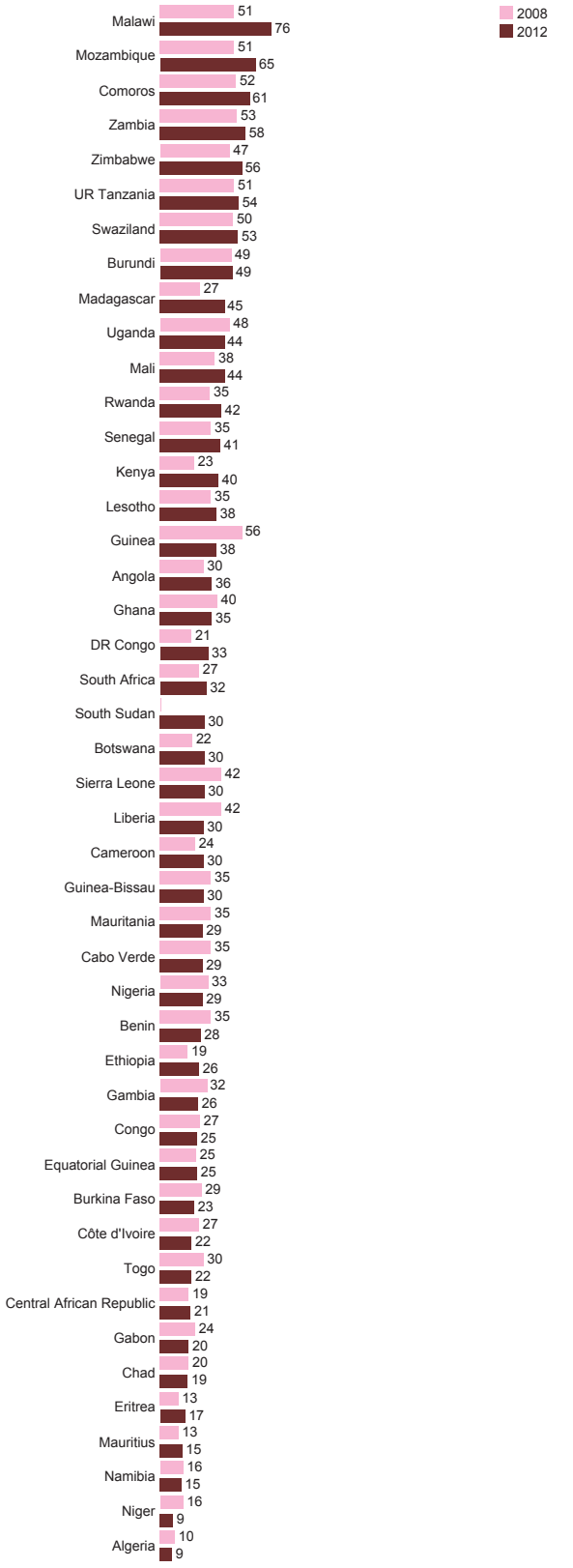

Source: WHO, 2015.

**Figure 5.11.8.** Age-standardized deaths rate per 100 000 due to diabetes mellitus by sex in the African Region, 2012




Source: WHO, 2015.

**Figure 5.11.9.** Age-standardized incidence rate per 100 000 due to cervical cancer in the African Region, 2008 and 2012




Source: WHO, 2015.

**Figure 5.11.10.** Distribution of the probability (%) of dying between exact ages 30 and 70 from any of cardiovascular diseases, cancers, diabetes or chronic respiratory diseases in the African Region, 2012

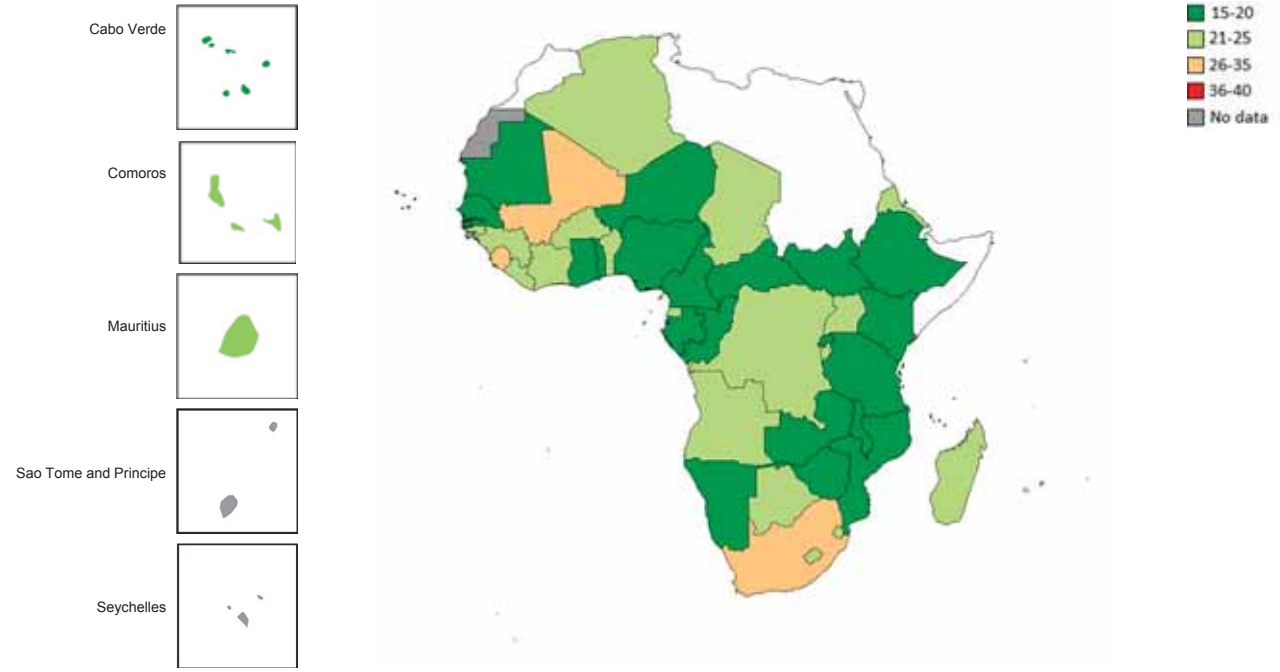
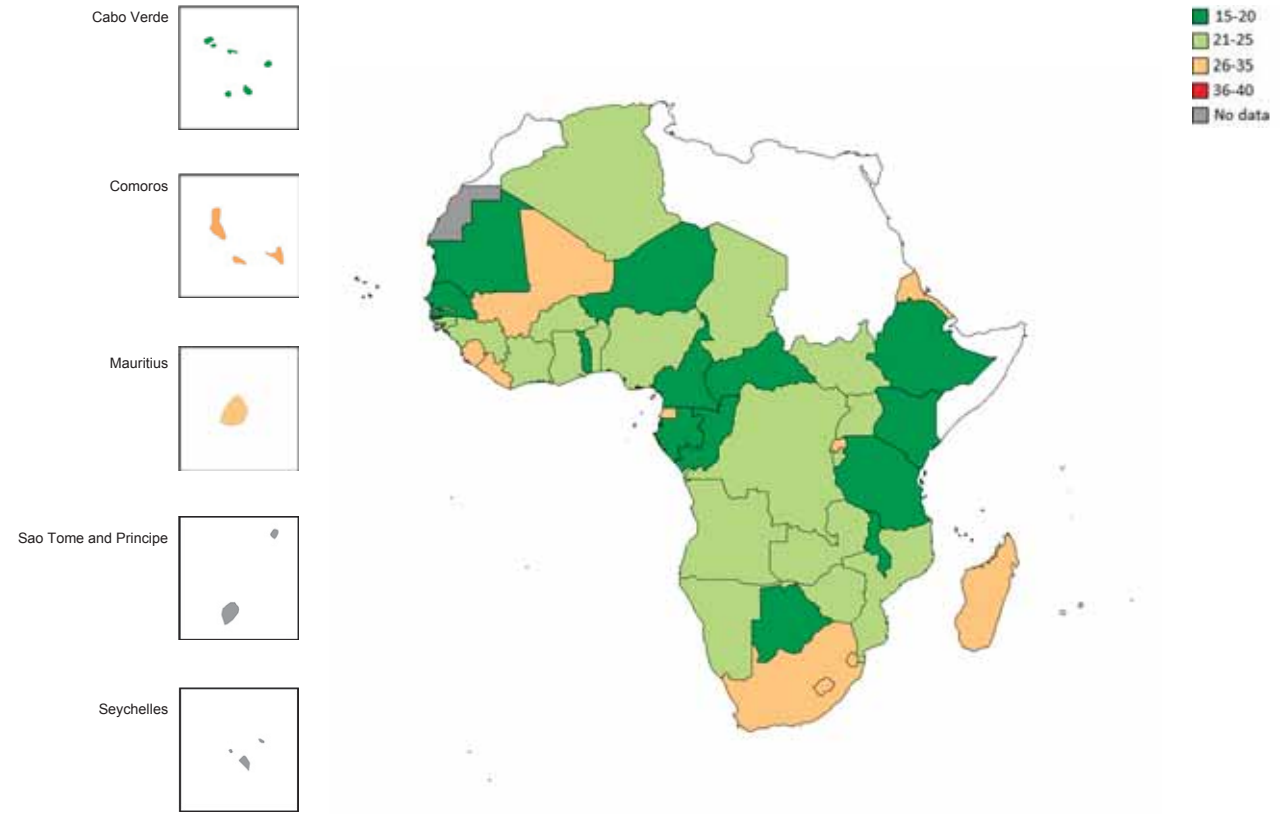



**Figure 5.11.11.** Distribution of the probability (%) of dying between exact ages 30 and 70 from any of cardiovascular diseases, cancers, diabetes or chronic respiratory diseases in the African Region, 2000

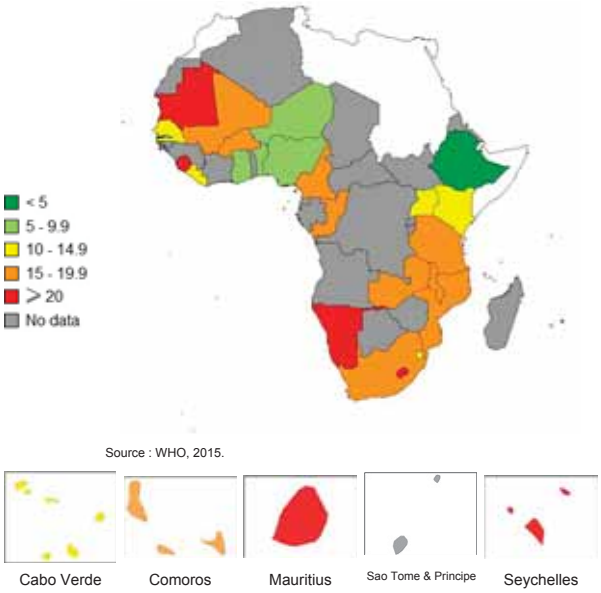



Source: WHO, 2015.

# 6. Key determinants

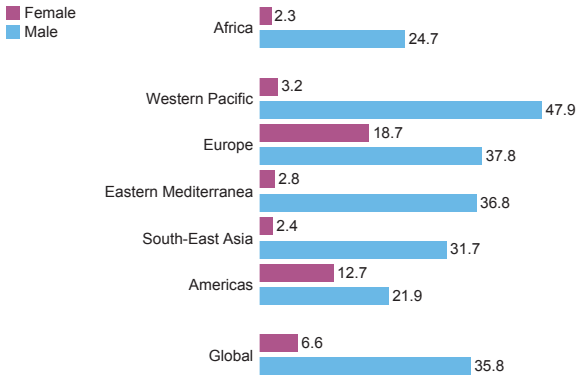
## 6.1. Risk factors for health

**Figure 6.1.1.** Prevalence of smoking any tobacco product among adults aged 15 years of age or older (%) in the African Region, 2013



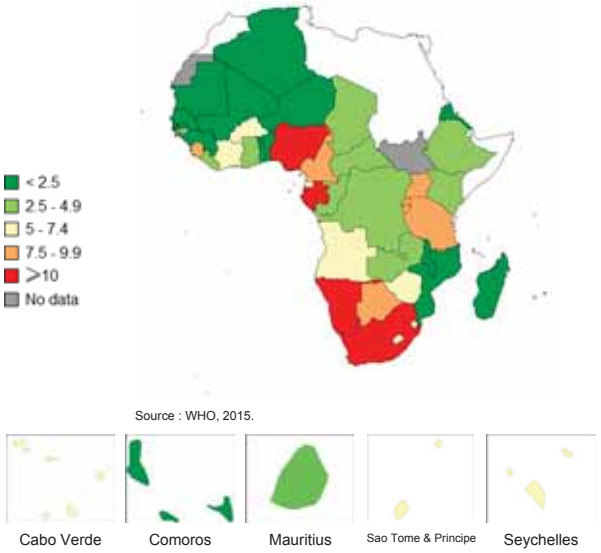

Source : WHO, 2015.

**Figure 6.1.2.** Prevalence of smoking any tobacco product among adults aged 15 years of age or older (%) by sex and WHO region, 2013



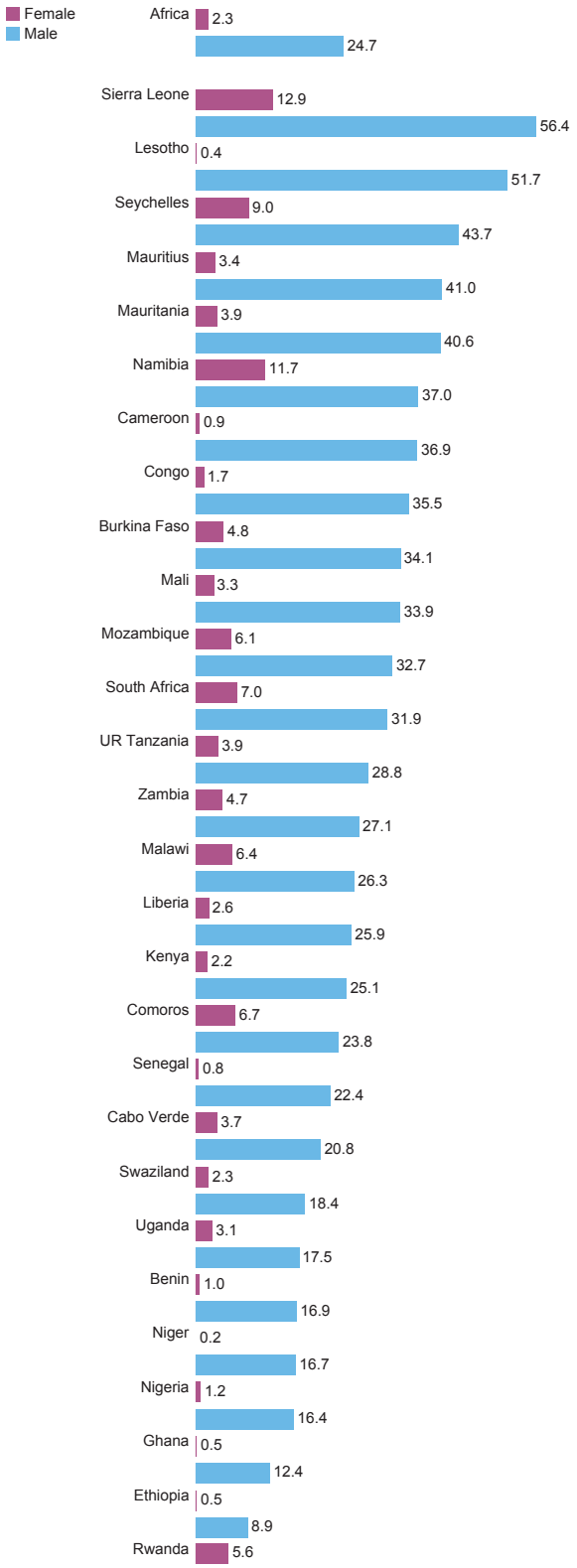

Source : WHO, 2015.

**Figure 6.1.4.** Alcohol per capita consumption among adults aged 15 years of age or older (litres of pure alcohol) in the African Region, 2010




Source : WHO, 2015.

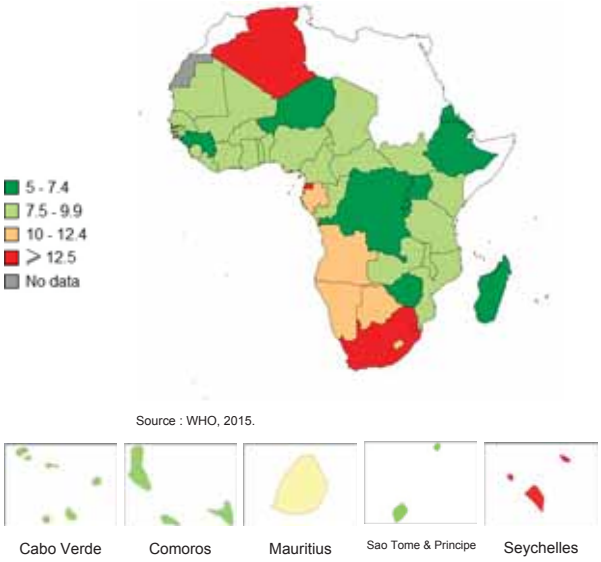
**Figure 6.1.3.** Prevalence of smoking any tobacco product among adults aged 15 years of age or older (%) by sex in the African Region, 2013




Countries of the African Region without data are not included in the chart.

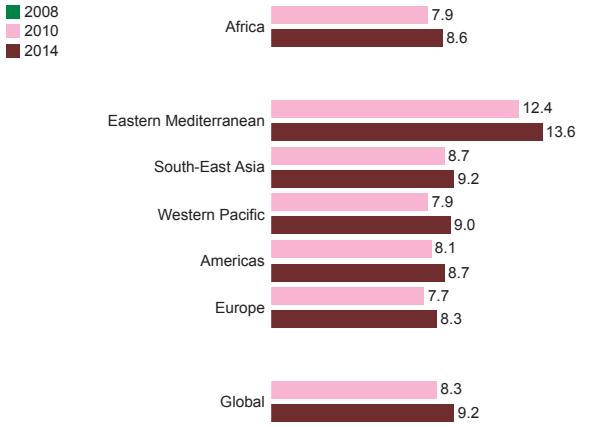
Source : WHO, 2015.

**Figure 6.1.5.** Prevalence of raised fasting blood glucose* among adults aged 18 years or older (%) in the African Region, 2014




Source : WHO, 2015.

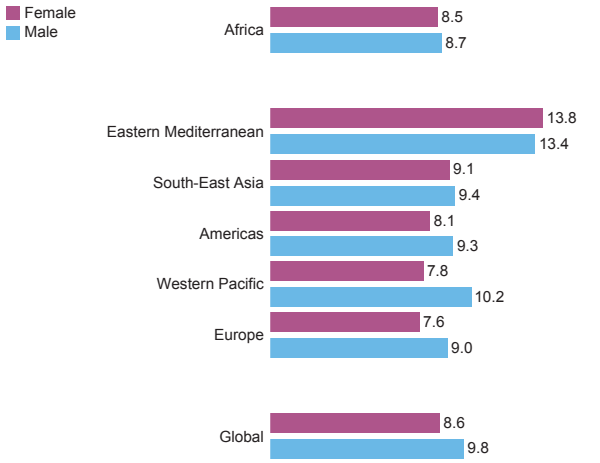
**Figure 6.1.6.** Prevalence of raised fasting blood glucose among adults aged 18 years or older (%) by WHO region, 2010 and 2014




*Percent of defined population with fasting glucose ≥126 mg/dl (7.0 mmol/l) or on medication for raised blood glucose.

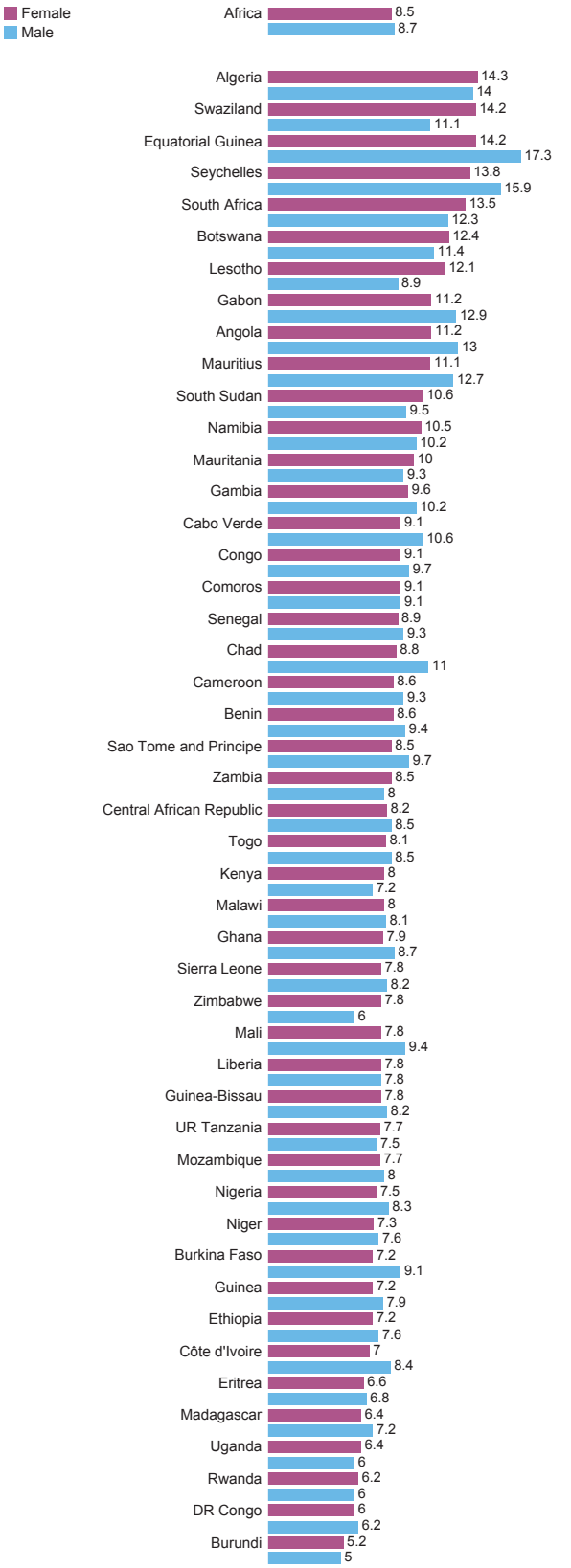
Source : WHO, 2015.

**Figure 6.1.7.** Prevalence of raised fasting blood glucose among adults aged 18 years or older (%) by sex and WHO region, 2014



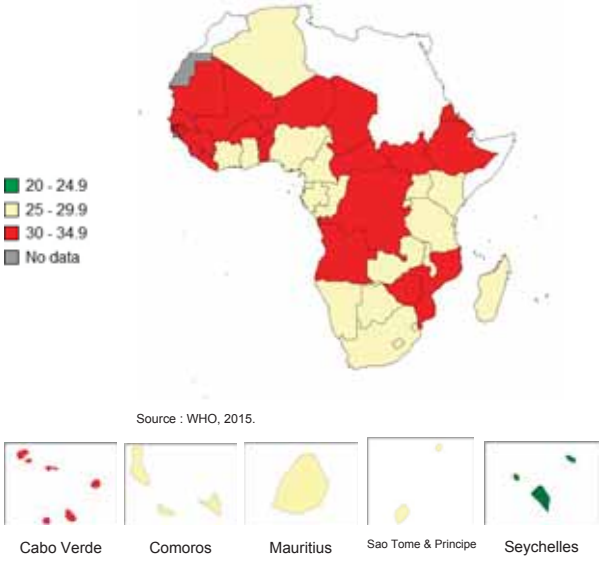

Source : WHO, 2015.

**Figure 6.1.8.** Prevalence of raised fasting blood glucose among adults aged 18 years or older (%) by sex in the African Region, 2014



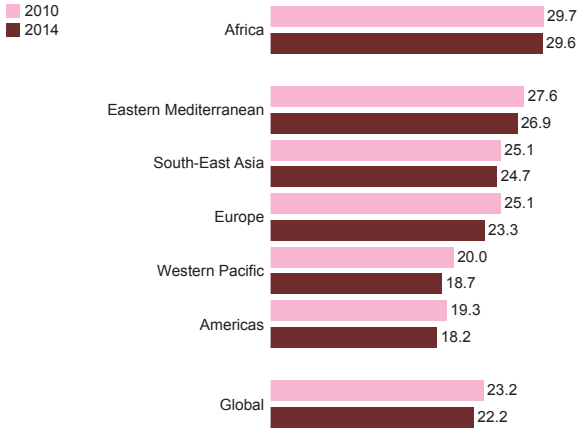

Source : WHO, 2015.

**Figure 6.1.9.** Prevalence of raised blood pressure* among adults aged 18 years or older (%) in the African Region, 2014




Source : WHO, 2015.

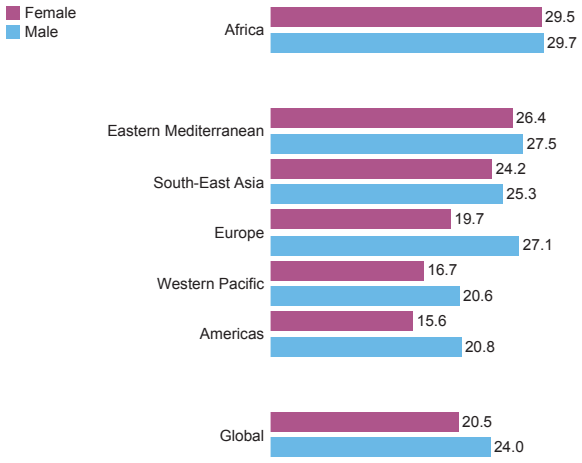
**Figure 6.1.10.** Prevalence of raised blood pressure among adults aged 18 years or older (%) by WHO region, 2010 and 2014




*Systolic Blood Pressure (SBP)≥140 or Diastolic Blood Pressure (DBP)≥90

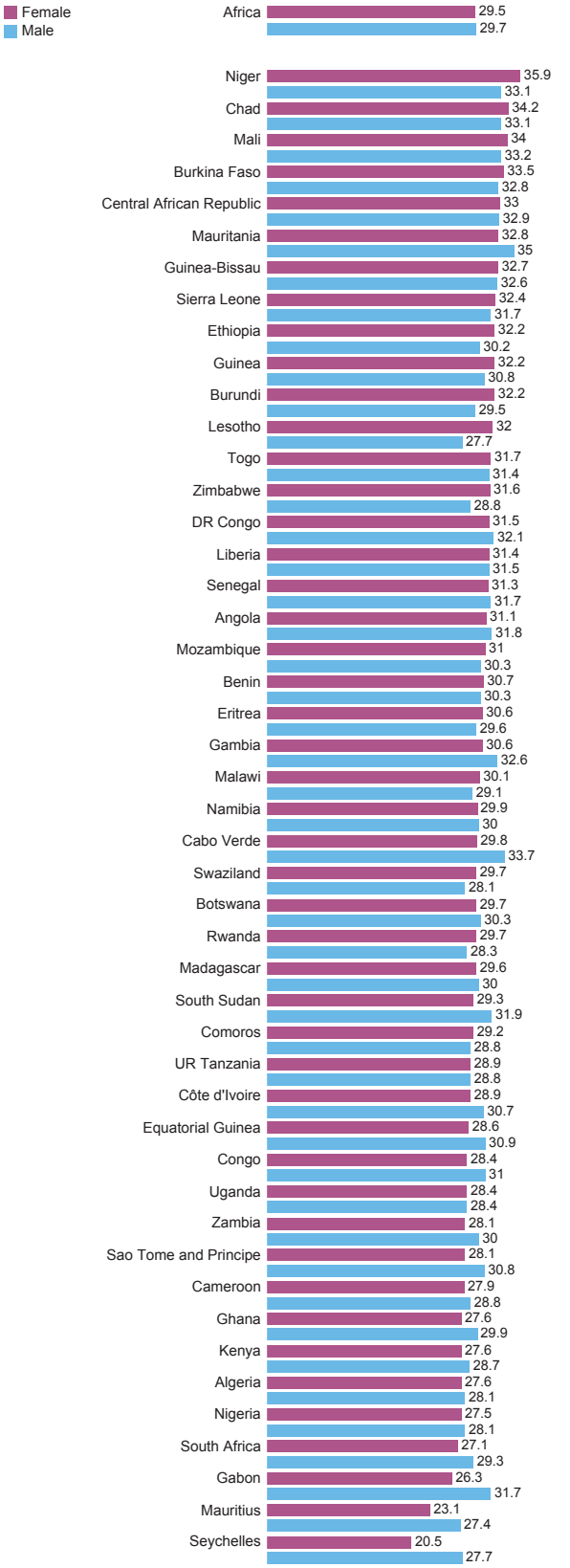
Source : WHO, 2015.

**Figure 6.1.11.** Prevalence of raised blood pressure among adults aged 18 years or older (%) by sex and WHO region, 2014



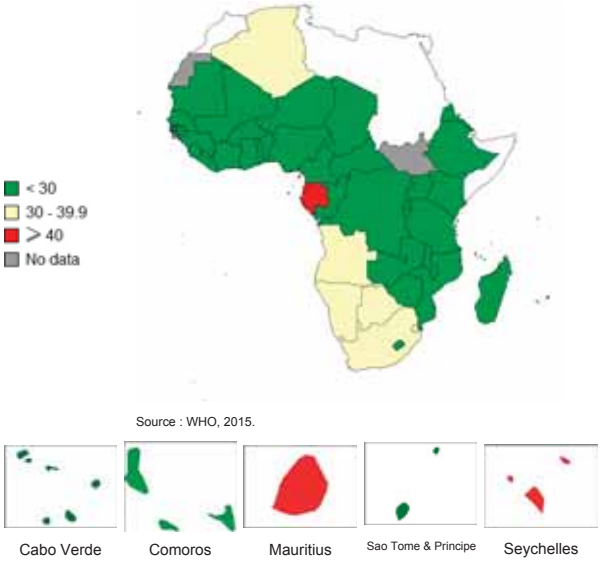

Source : WHO, 2015.

**Figure 6.1.12.** Prevalence of raised blood pressure among adults aged 18 years or older (%) by sex in the African Region, 2014



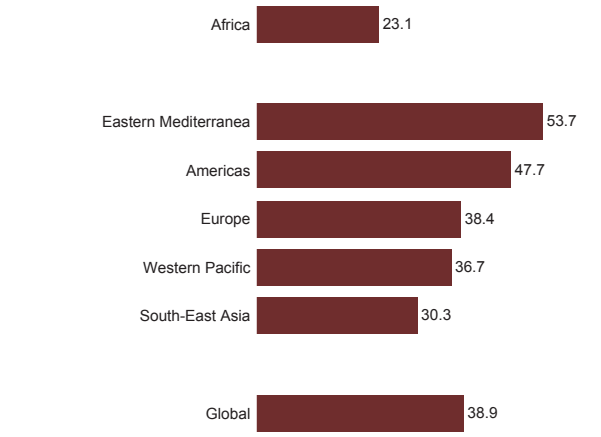

Source : WHO, 2015.

**Figure 6.1.13.** Prevalence of raised total cholesterol* among adults aged 25 years or older (%) in the African Region, 2008




Source : WHO, 2015.

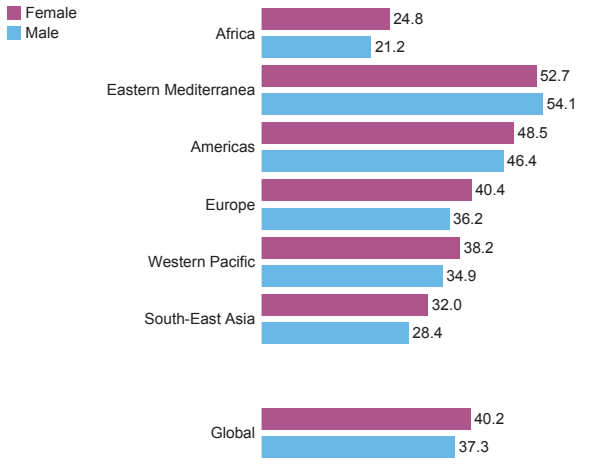
**Figure 6.1.14.** Prevalence of raised total cholesterol among adults aged 18 years or older (%) by WHO region, 2008




*Percentage of defined population with total cholesterol ≥ 5.0 mmol/l.

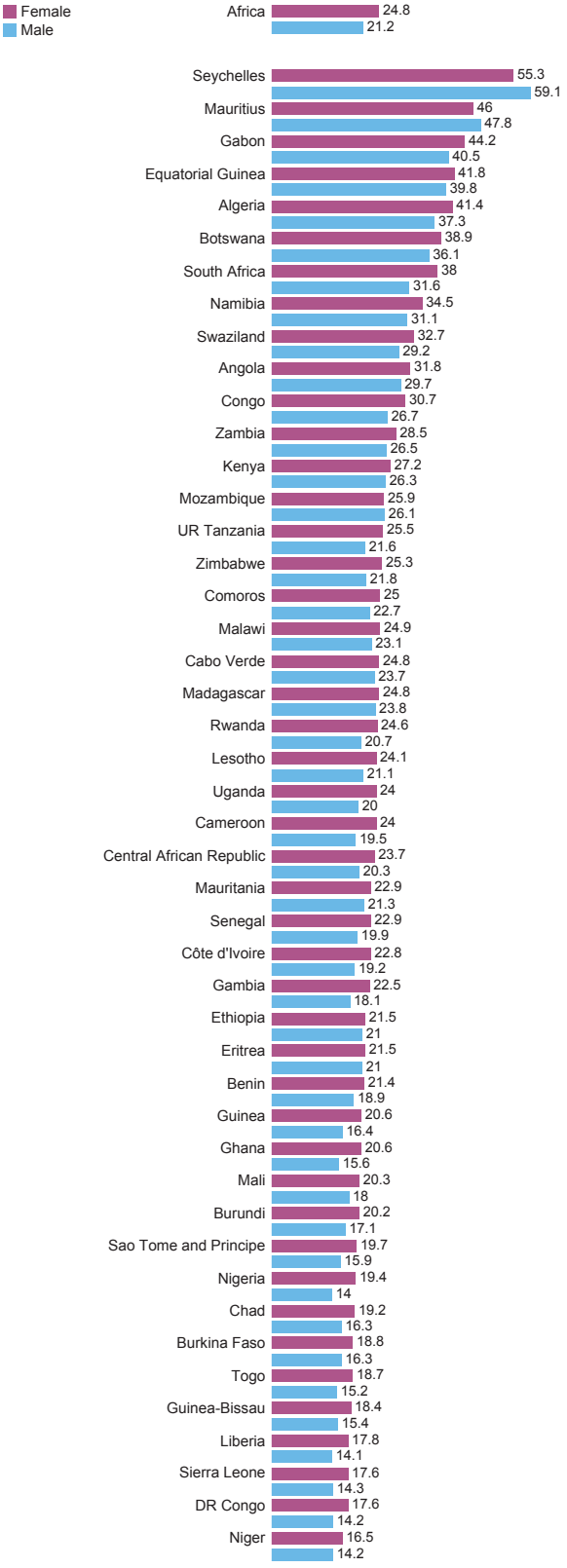
Source : WHO, 2015.

**Figure 6.1.15.** Prevalence of raised total cholesterol among adults aged 18 years or older (%) by sex and WHO region, 2008




Source : WHO, 2015.

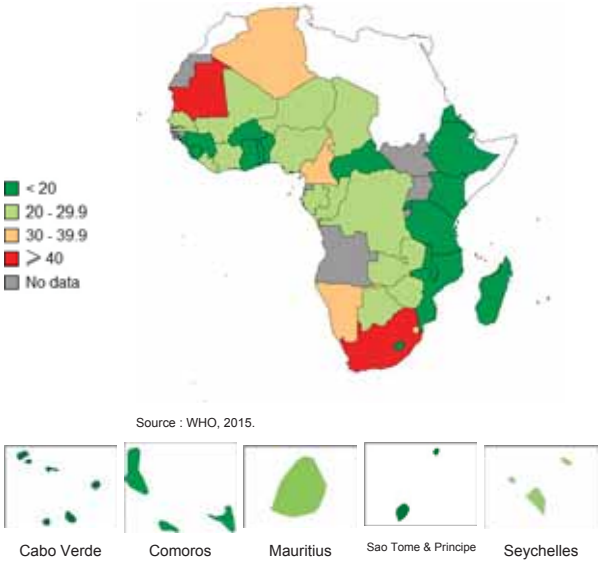
**Figure 6.1.16.** Prevalence of raised total cholesterol among adults aged 18 years or older (%) by sex in the African Region, 2008




Countries of the African Region without data are not included in the chart.

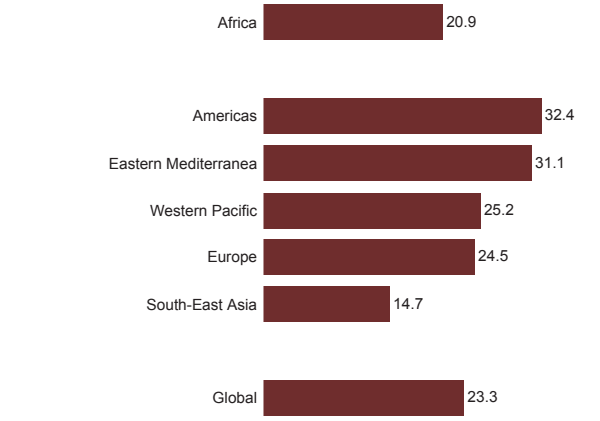
Source : WHO, 2015.

**Figure 6.1.17.** Prevalence of insufficient physical* activity among adults aged 18 years of age or older (%) in the African Region, 2010




Source : WHO, 2015.

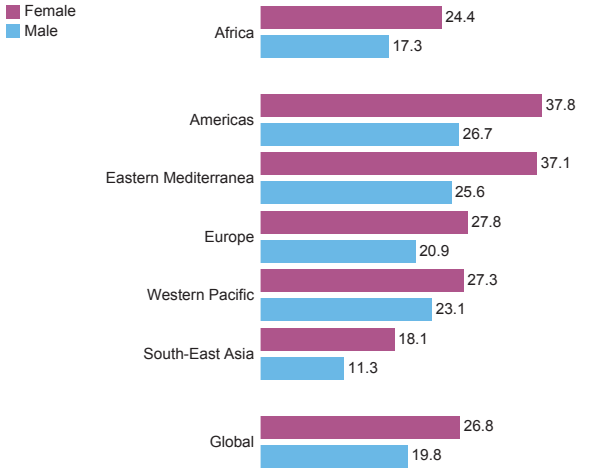
**Figure 6.1.18.** Prevalence of insufficient physical activity among adults aged 18 years of age or older (%) by WHO region, 2010




Less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week, or equivalent.

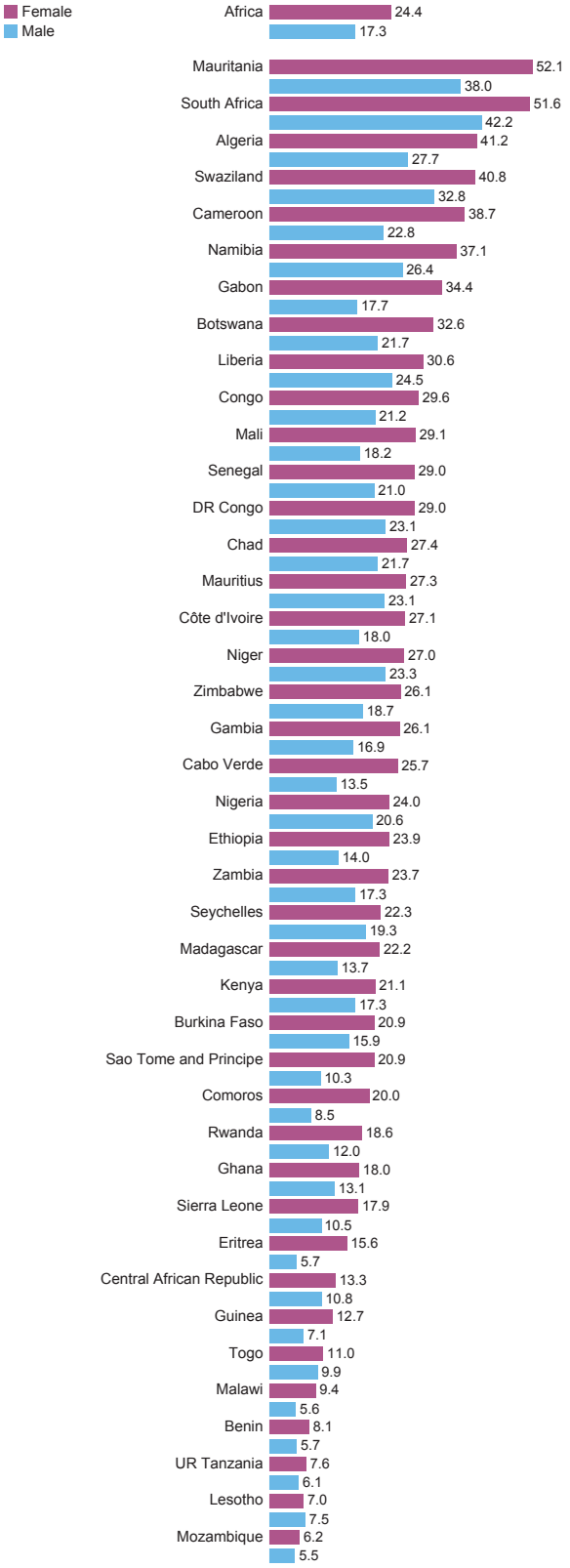
Source : WHO, 2015.

**Figure 6.1.19.** Prevalence of insufficient physical activity among adults aged 15 years of age or older (%) by sex and WHO region, 2010




Source : WHO, 2015.

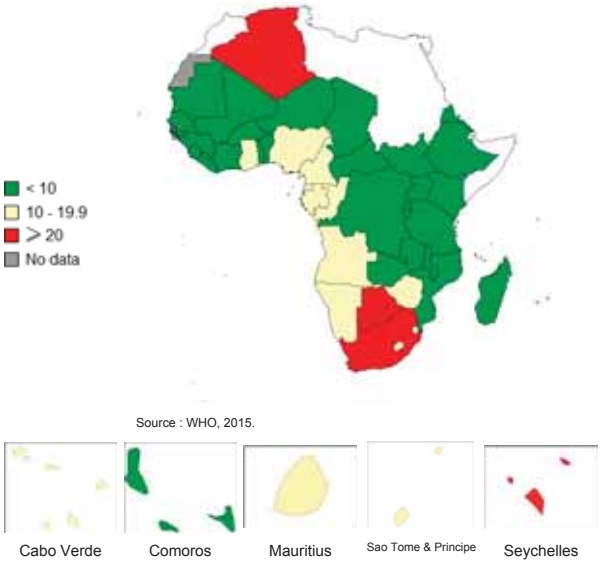
**Figure 6.1.20.** Prevalence of insufficient physical activity among adults aged 18 years of age or older (%) by sex in the African Region, 2010




Countries of the African Region without data are not included in the chart.

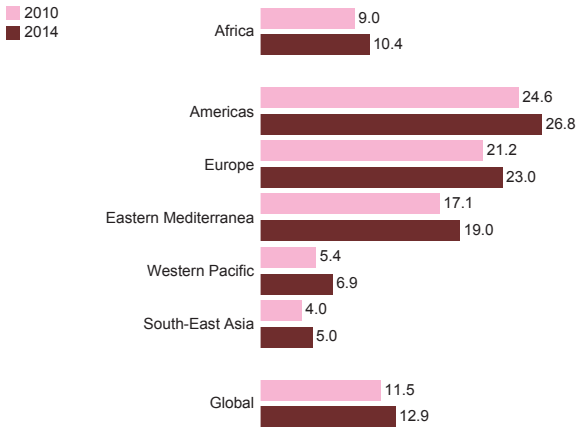
Source : WHO, 2015.

**Figure 6.1.21.** Adults aged 18 years or older who are obese* (%) in the African Region, 2014




Source : WHO, 2015.

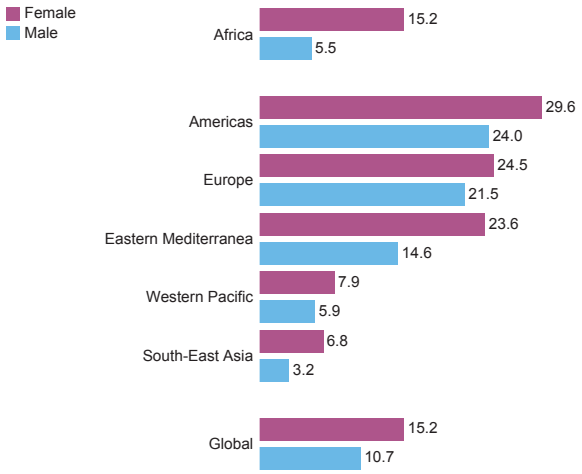
**Figure 6.1.22.** Adults aged 18 years or older who are obese (%) by WHO region, 2010 and 2014




Body Mass Index ≥ 30kg/m2

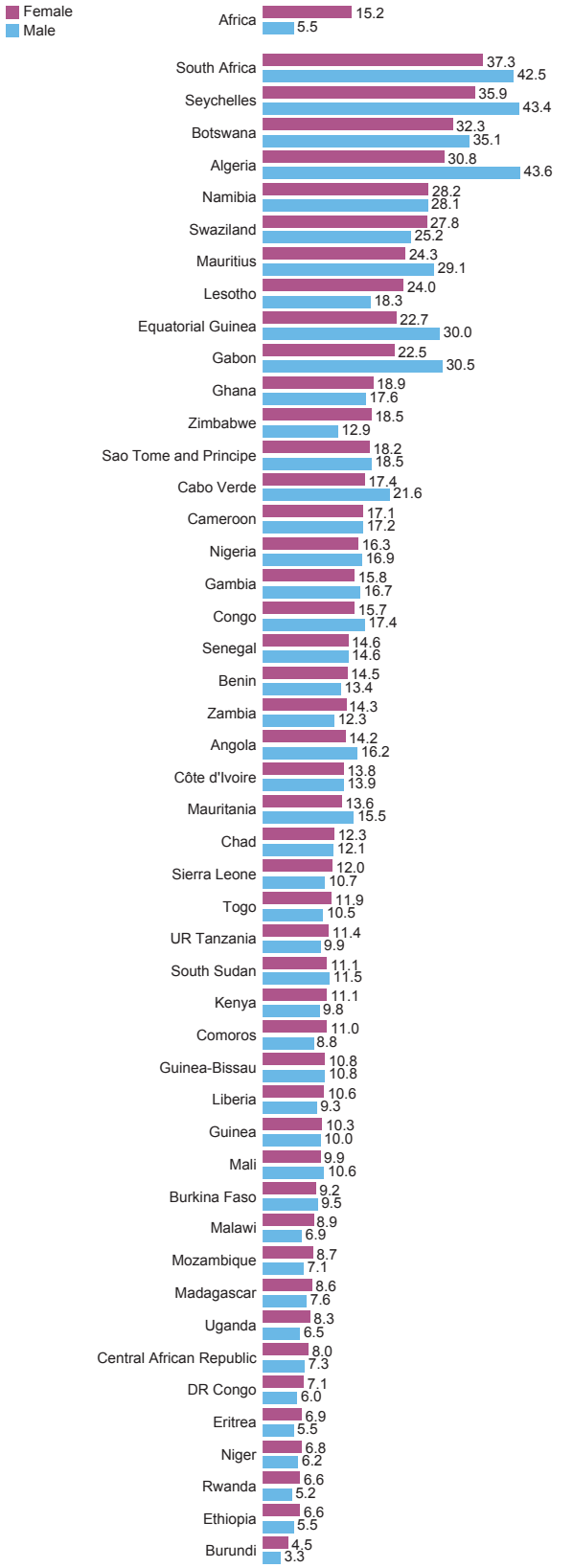
Source : WHO, 2015.

**Figure 6.1.23.** Adults aged 18 years or older who are obese (%) by sex and WHO region, 2014




Source : WHO, 2015.

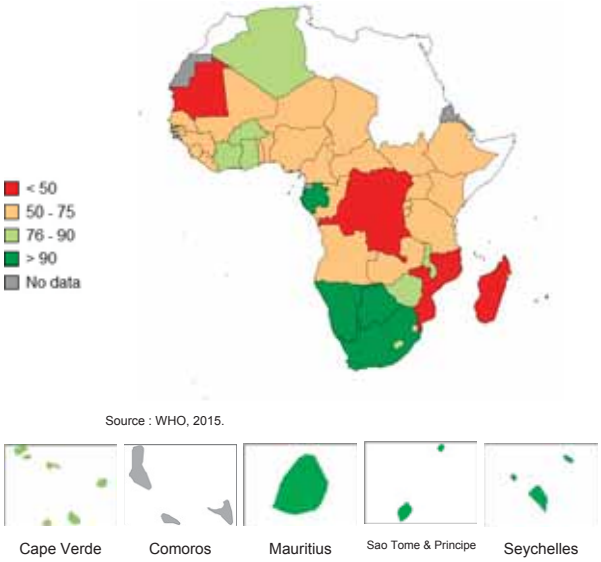
**Figure 6.1.24.** Adults aged 18 years or older who are obese (%) by sex in the African Region, 2014




Source : WHO, 2015.

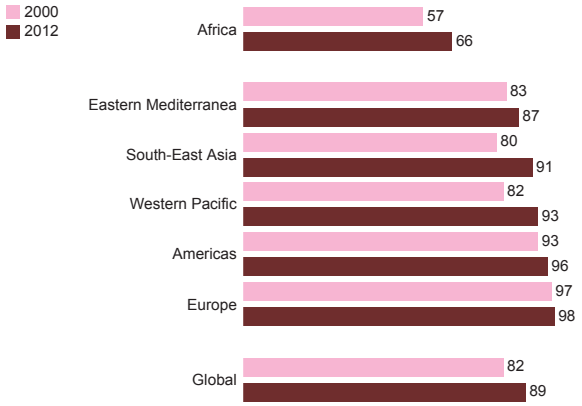
## 6.2. The physical environment

**Figure 6.2.1.** Population using improved drinking-water sources (%) in the African Region, 2012



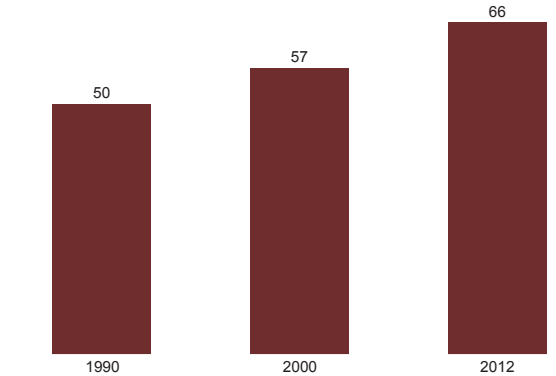

Source : WHO, 2015.

**Figure 6.2.2.** Population using improved drinking-water sources (%) by WHO region, 2000 and 2012



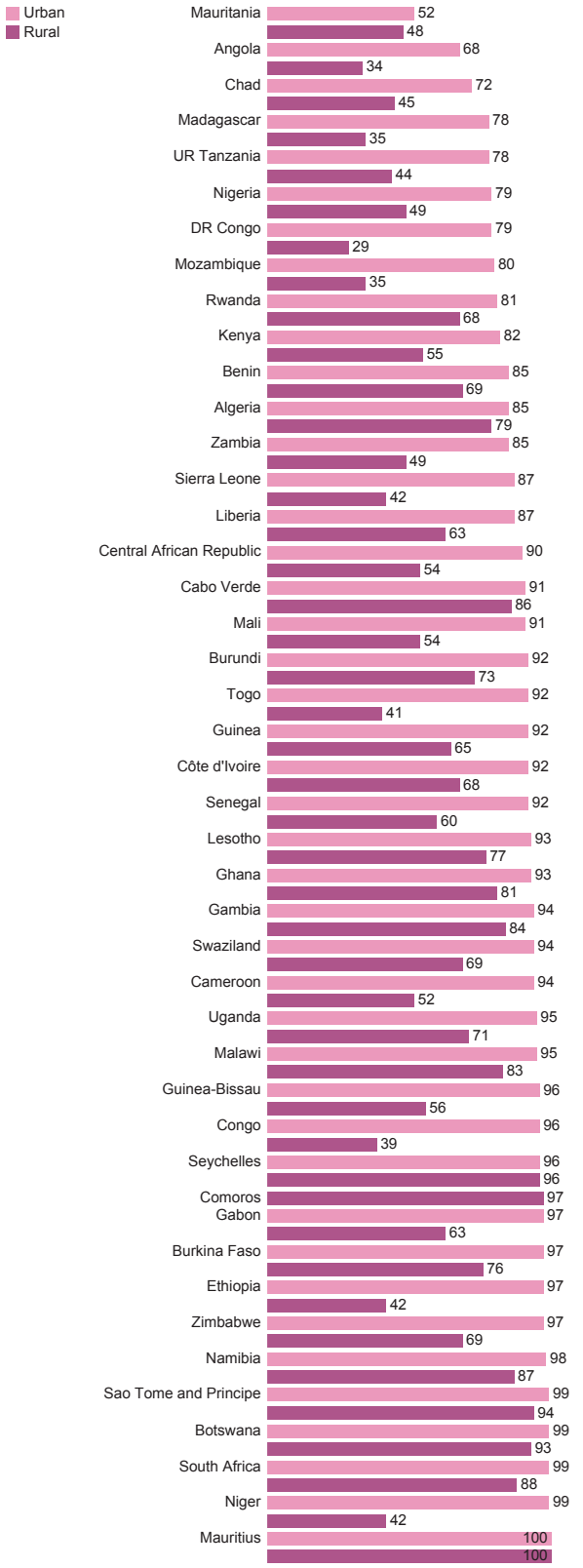

Source : WHO, 2015.

**Figure 6.2.3.** Population using improved drinking-water sources (%) in the African Region, 1990 to 2012




Source : WHO, 2015.

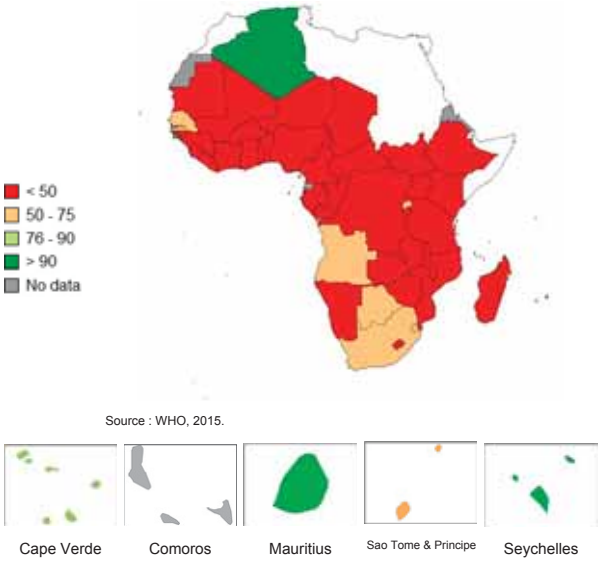
**Figure 6.2.4.** Urban and rural population using improved drinking-water sources (%) in the African Region, 2012




Countries of the African Region without data are not included in the chart.

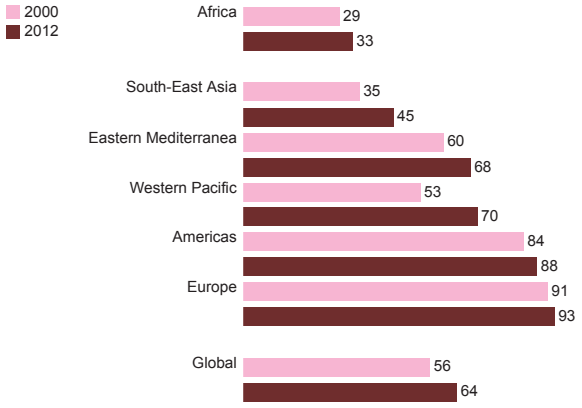
Source : WHO, 2015.

**Figure 6.2.5.** Population using improved sanitation (%) in the African Region, 2012



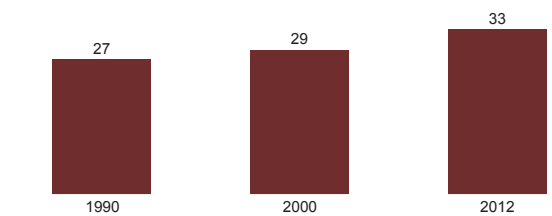

Source : WHO, 2015.

**Figure 6.2.6.** Population using improved sanitation (%) by WHO region, 2000 and 2012



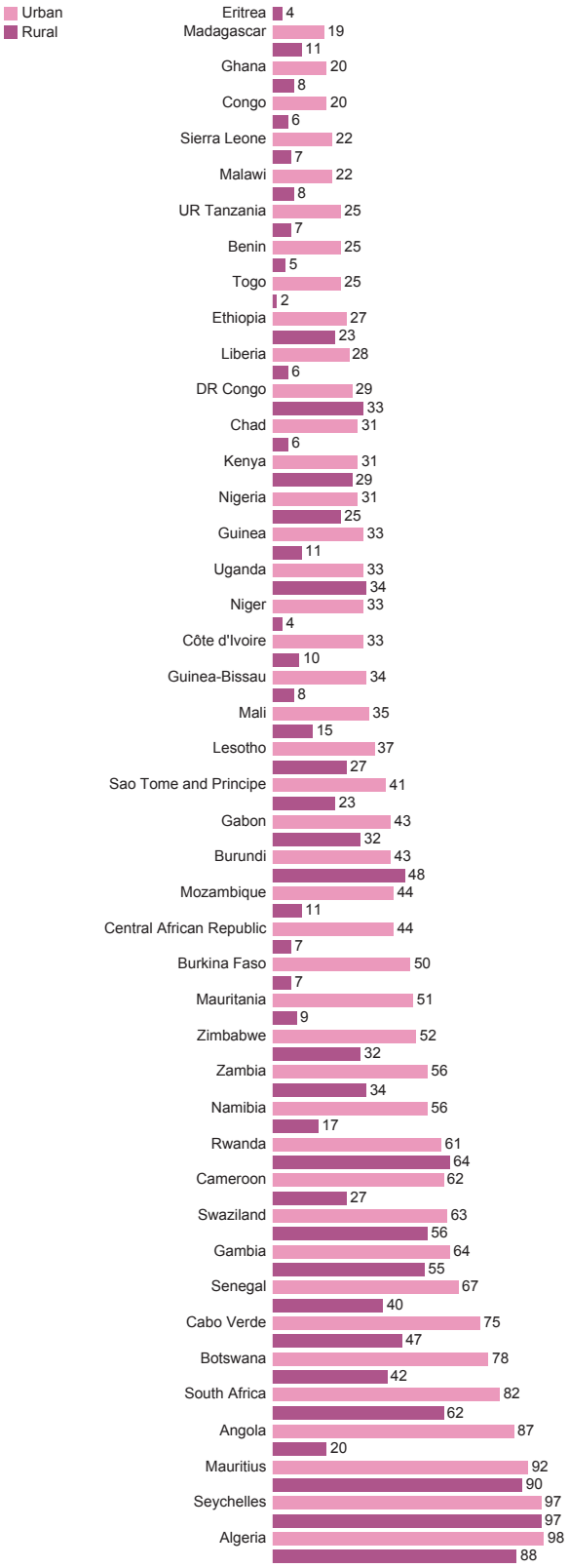

Source : WHO, 2015.

**Figure 6.2.7.** Population using improved sanitation (%) in the African Region, 1990-2012




Source : WHO, 2015.

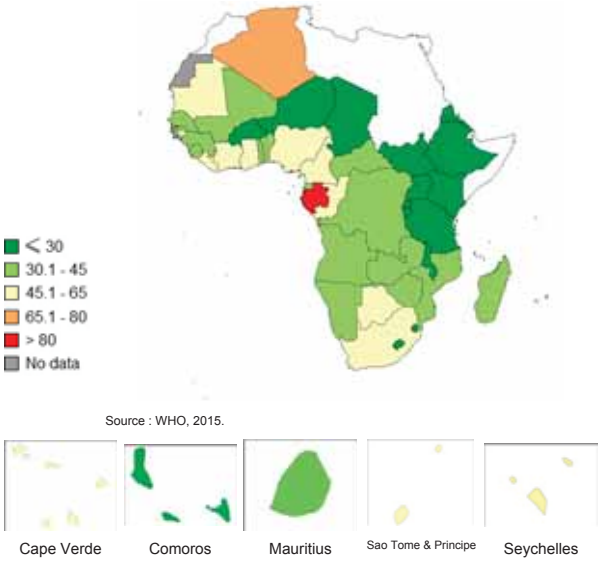
**Figure 6.2.8.** Urban and rural population using improved sanitation (%) in the African Region, 2012




Countries of the African Region without data are not included in the chart.

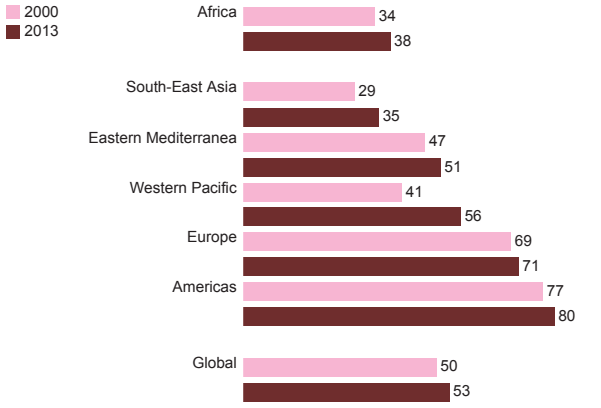
Source : WHO, 2015.

**Figure 6.2.9.** Population living in urban areas (%) in the African Region, 2013



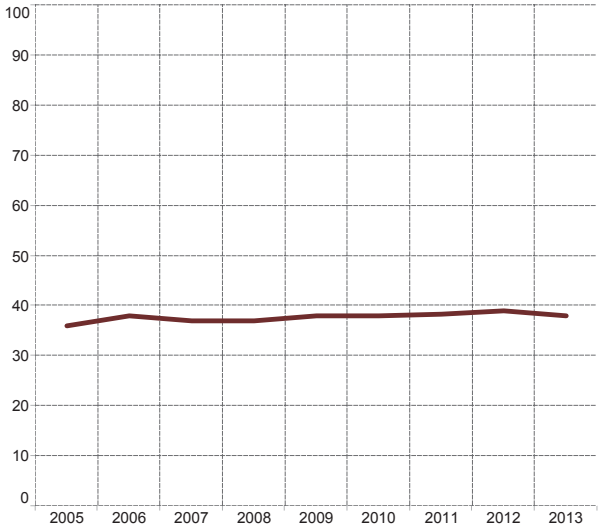

Source : WHO, 2015.

**Figure 6.2.10.** Population living in urban areas (%) by WHO region, 2000 and 2013



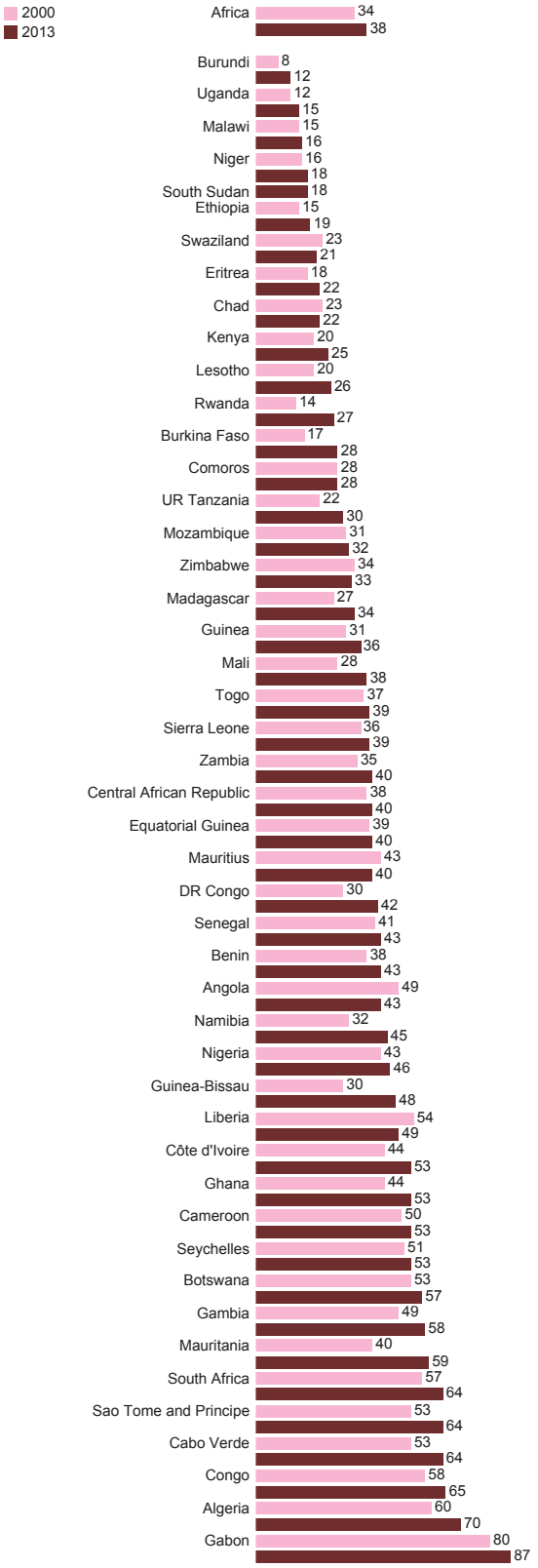

Source : WHO, 2015.

**Figure 6.2.11.** Trend in population living in urban areas (%) in the African Region, 2005-2011




Source : WHO, 2015.

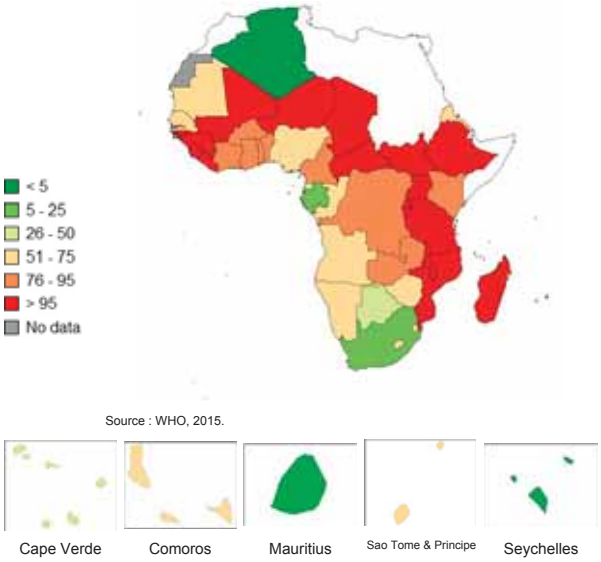
**Figure 6.2.12.** Population living in urban areas (%) in the African Region, 2000 and 2013




Countries of the African Region without data are not included in the chart.

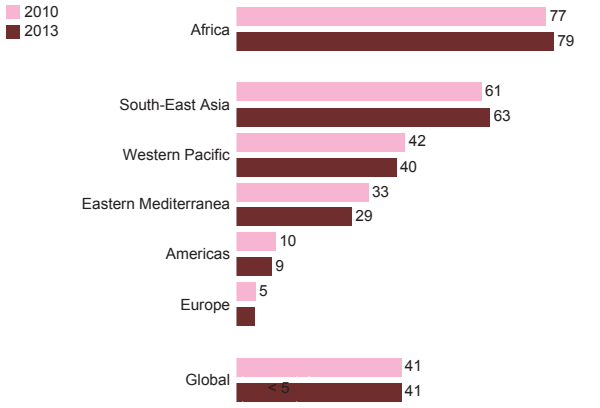
Source : WHO, 2015.

**Figure 6.2.13.** Population using solid fuels (%) in the African Region, 2013



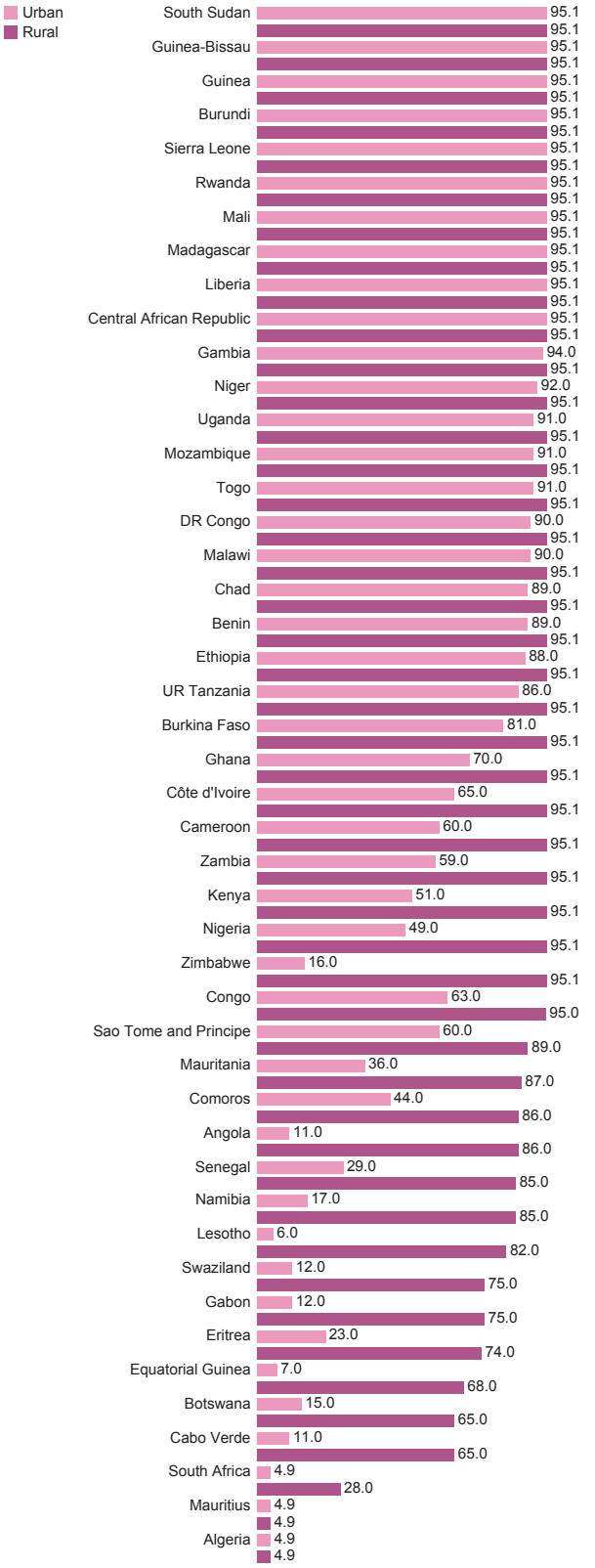

Source : WHO, 2015.

**Figure 6.2.14.** Population using solid fuels (%) by WHO region, 2010 and 2013




Source : WHO, 2015.

**Figure 6.2.15.** Urban and rural population using solid fuels (%) in the African Region, 2013




Countries of the African Region without data are not included in the chart.

Source : WHO, 2013.

## 6.3. Nutrition

**Figure 6.3.1.** Children aged under 5 years underweight (%) in the African Region, 2007-2014

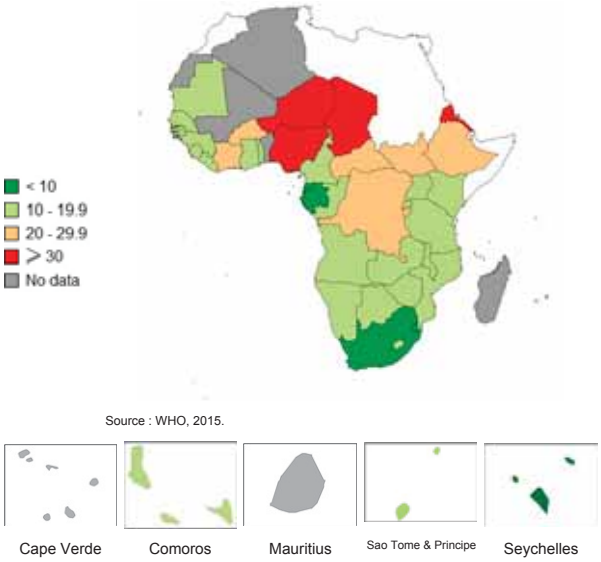
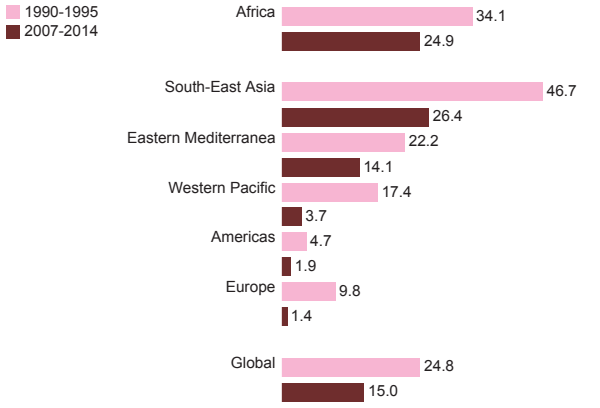


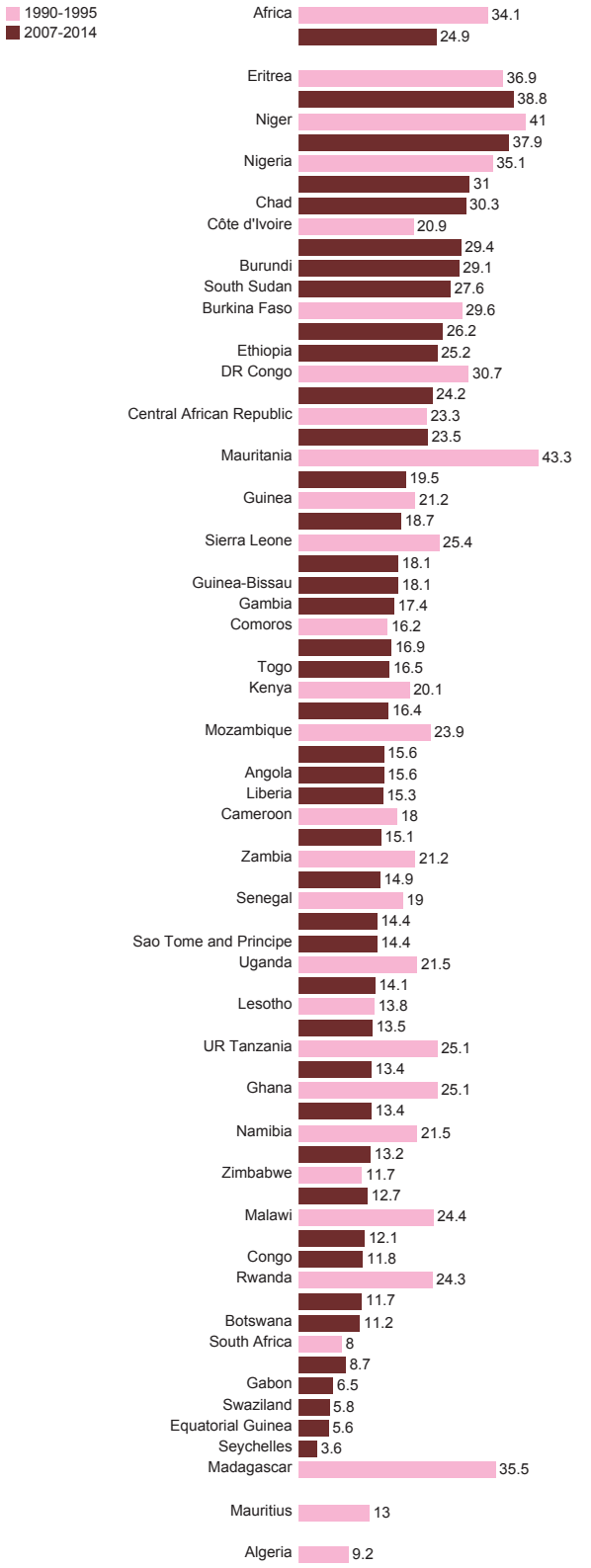

**Figure 6.3.2.** Children aged under 5 years underweight (%) by WHO region, 1990-1995 and 2007-2014




Source : WHO, 2015.

*Underweight is the prevalence of weight-for-age less than -2 standard deviations (using the WHO Child Growth Standards median).

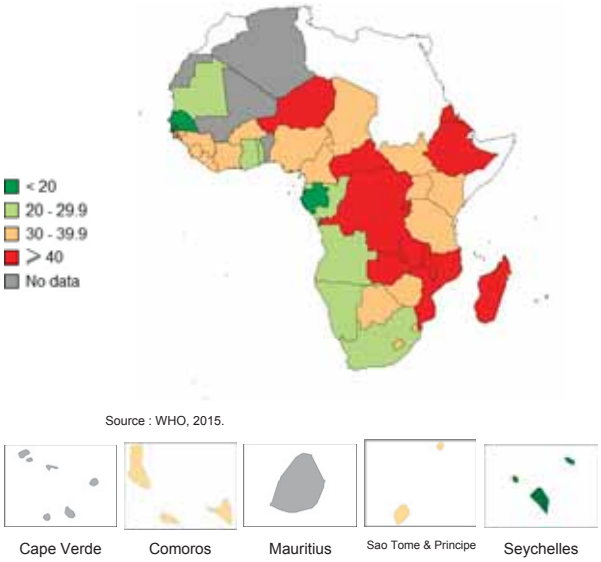
**Figure 6.3.3.** Children aged under 5 years underweight (%) in the African Region, 1990-1995 and 2007-2014




Countries of the African Region without data are not included in the chart.

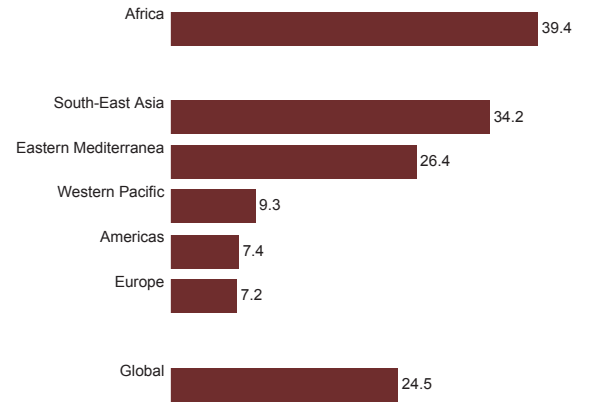
Source : WHO, 2015.

**Figure 6.3.4.** Children aged under 5 years stunted (%) in the African Region, 2007-2014




Source : WHO, 2015.

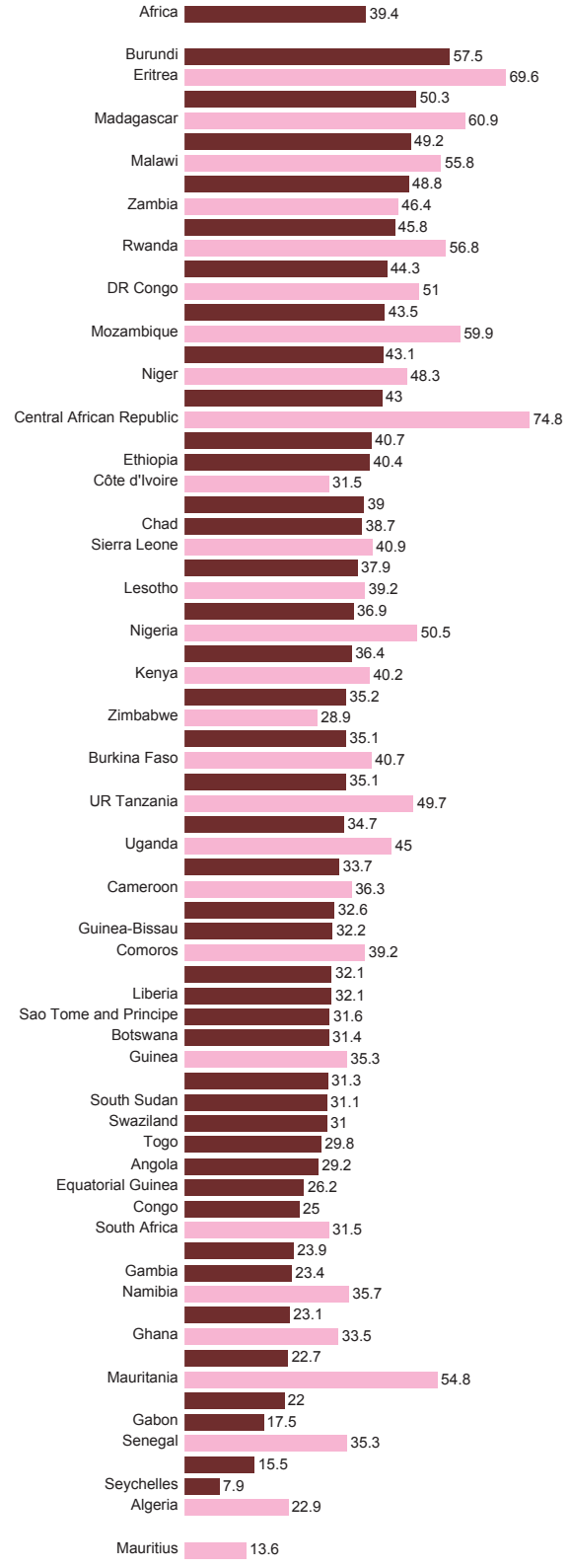
**Figure 6.3.5.** Children aged under 5 years stunted (%) by WHO region, 2007-2014




Source : WHO, 2015.

*Stunting is the prevalence of height-for-age less than -2 standard deviations (using the WHO Child Growth Standards median)

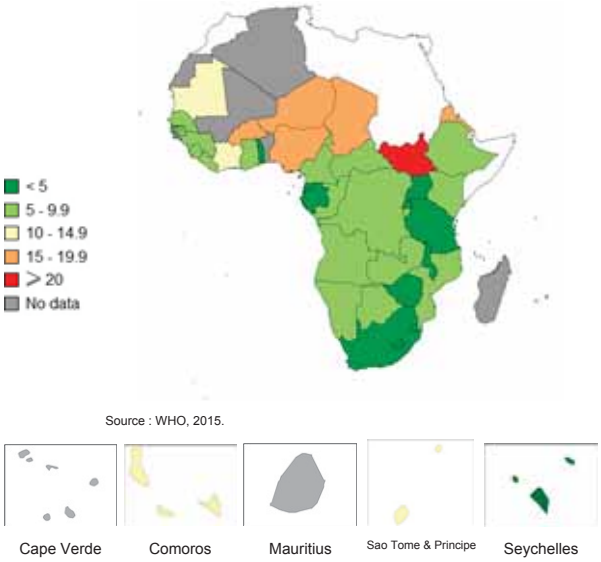
**Figure 6.3.6.** Children aged under 5 years stunted (%) in the African Region, 1990-1995 and 2007-2014




Countries of the African Region without data are not included in the chart.

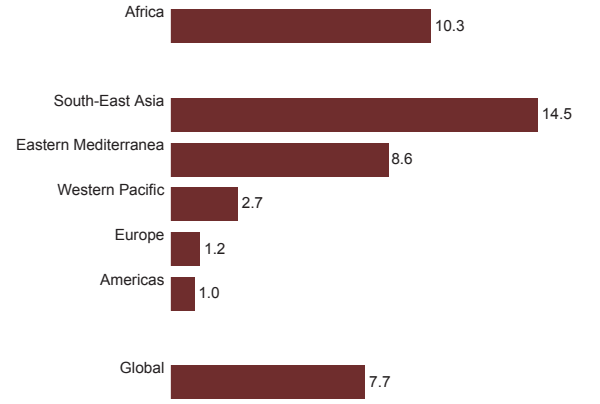
Source : WHO, 2015.

**Figure 6.3.7.** Children aged under 5 years wasted* (%) in the African Region, 2007-2014




Source : WHO, 2015.

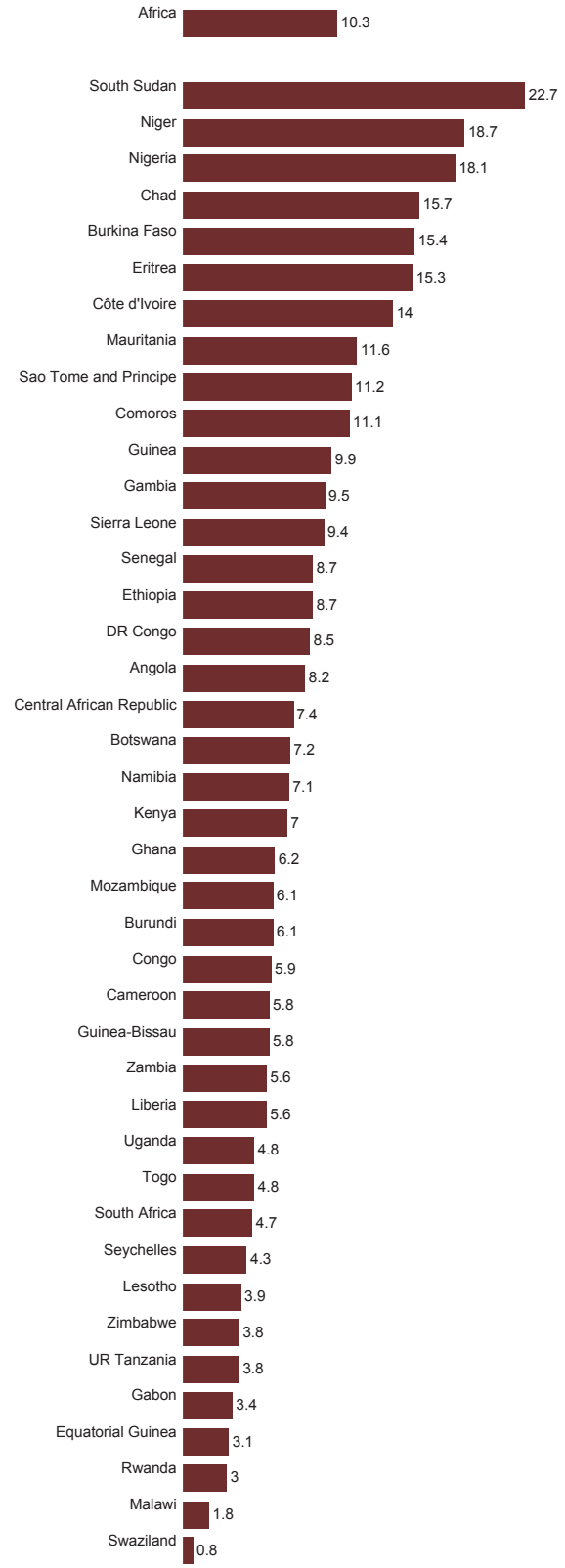
**Figure 6.3.8.** Children aged under 5 years wasted (%) by WHO region, 2007-2014




Source : WHO, 2015.

*Wasted is calculated as the prevalence of low weight-for-height less than -2 standard deviations (using the WHO Child Growth Standards median).

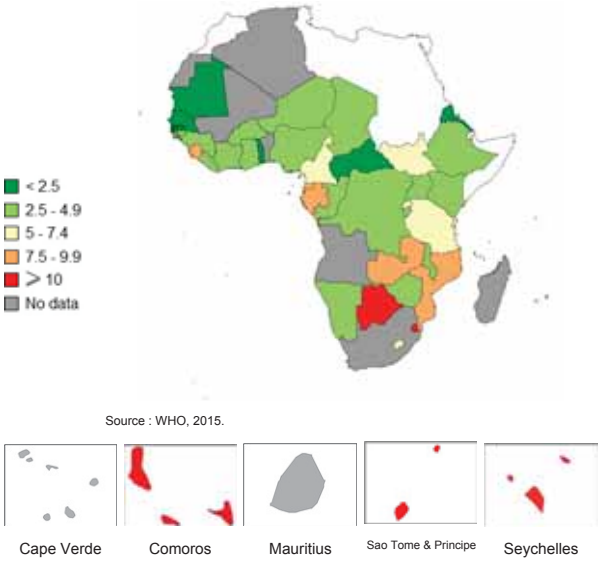
**Figure 6.3.9.** Children aged under 5 years wasted (%) in the African Region, 2007-2014




Countries of the African Region without data are not included in the chart.

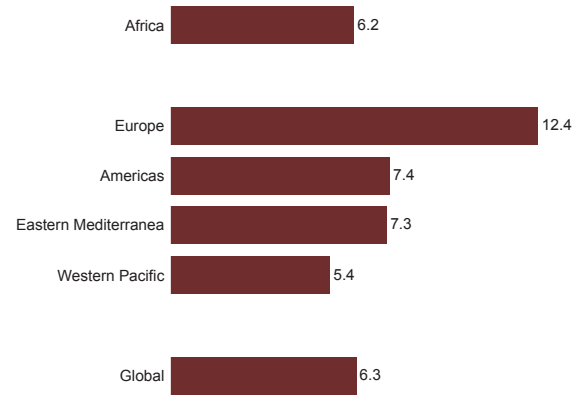
Source : WHO, 2015.

**Figure 6.3.10.** Children aged under 5 years overweight* (%) in the African Region, 2007-2014




Source : WHO, 2015.

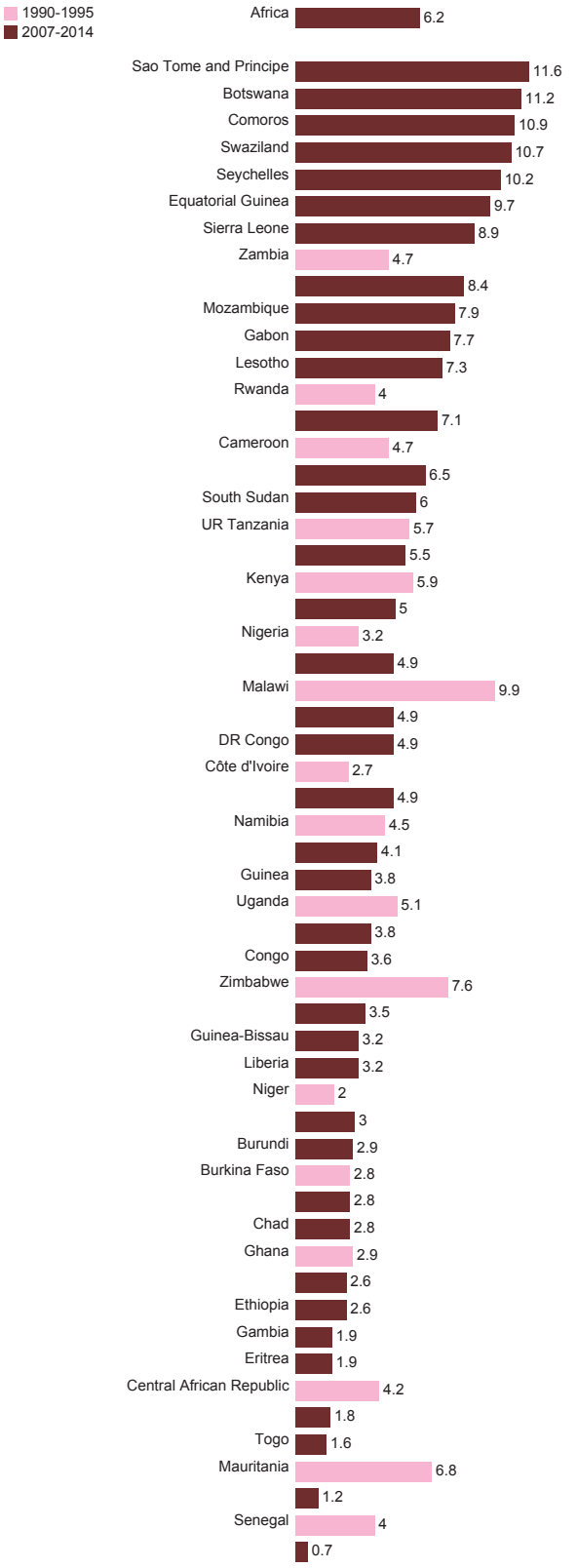
**Figure 6.3.11.** Children aged under 5 years overweight (%) by WHO region, 2007-2014




Source : WHO, 2015.

*Overweight is the prevalence of weight-for-height above +2 standard deviations (using the WHO Child Growth Standards median).

**Figure 6.3.12.** Children aged under 5 years overweight (%) in the African Region, 1990-1995 and 2007-2014



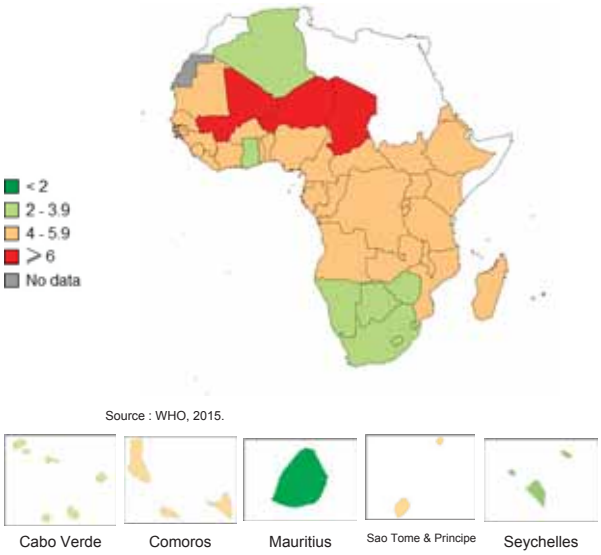

Countries of the African Region without data are not included in the chart.

Source : WHO, 2015.

# 6.4. Social determinants

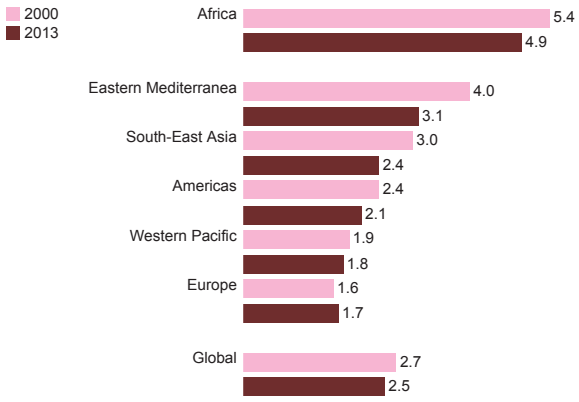
## 6.4.1. Demography

**Figure 6.4.1.1.** Total fertility rate (average number of children) per woman in the African Region, 2013



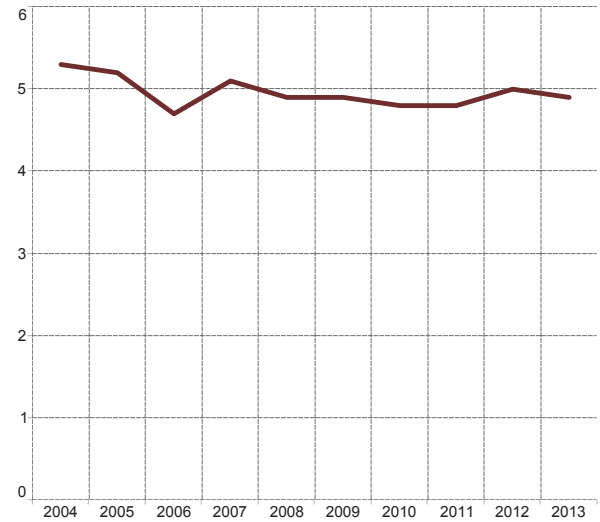

Source : WHO, 2015.

**Figure 6.4.1.2.** Total fertility rate per woman by WHO region, 2000 and 2013



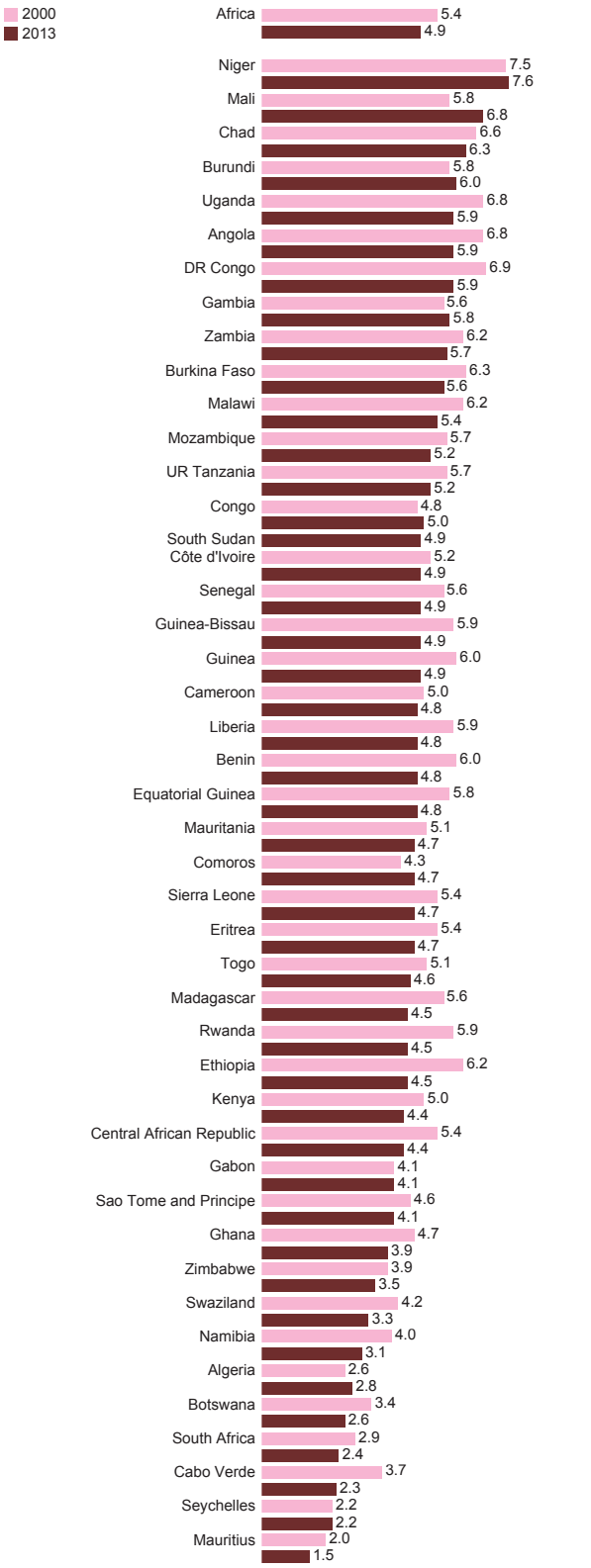

Source : WHO, 2015.

**Figure 6.4.1.3.** Trend in total fertility rate per woman in the African Region, 2004-2013




Source : WHO, 2015.

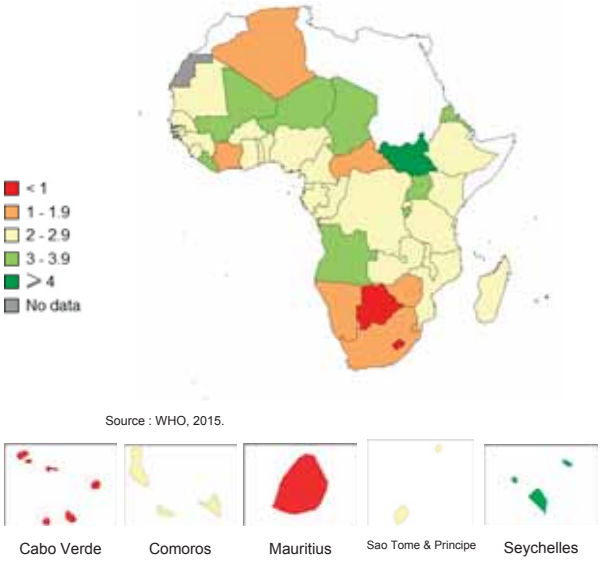
**Figure 6.4.1.4.** Total fertility rate per woman in the African Region, 2000 and 2013




Countries of the African Region without data are not included in the chart.

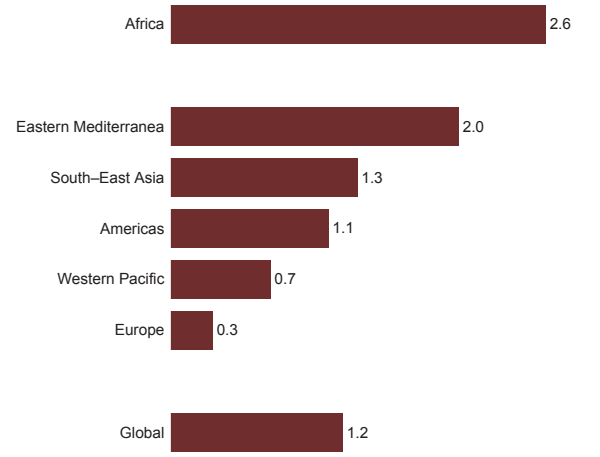
Source : WHO, 2013.

**Figure 6.4.1.5.** Annual growth rate of population (%) in the African Region, 2003-2013



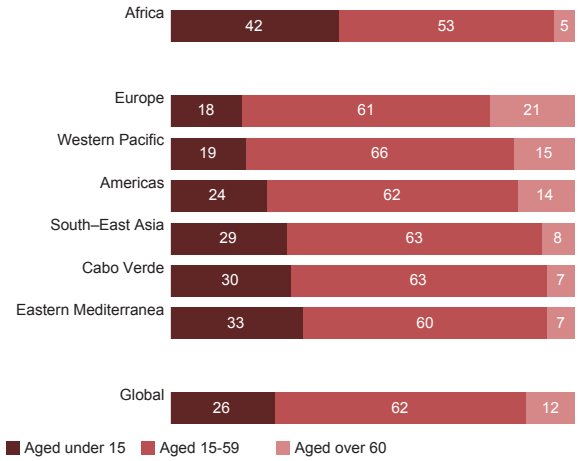

Source : WHO, 2015.

**Figure 6.4.1.6.** Annual growth rate (in %) of population by WHO region, 2003-2013



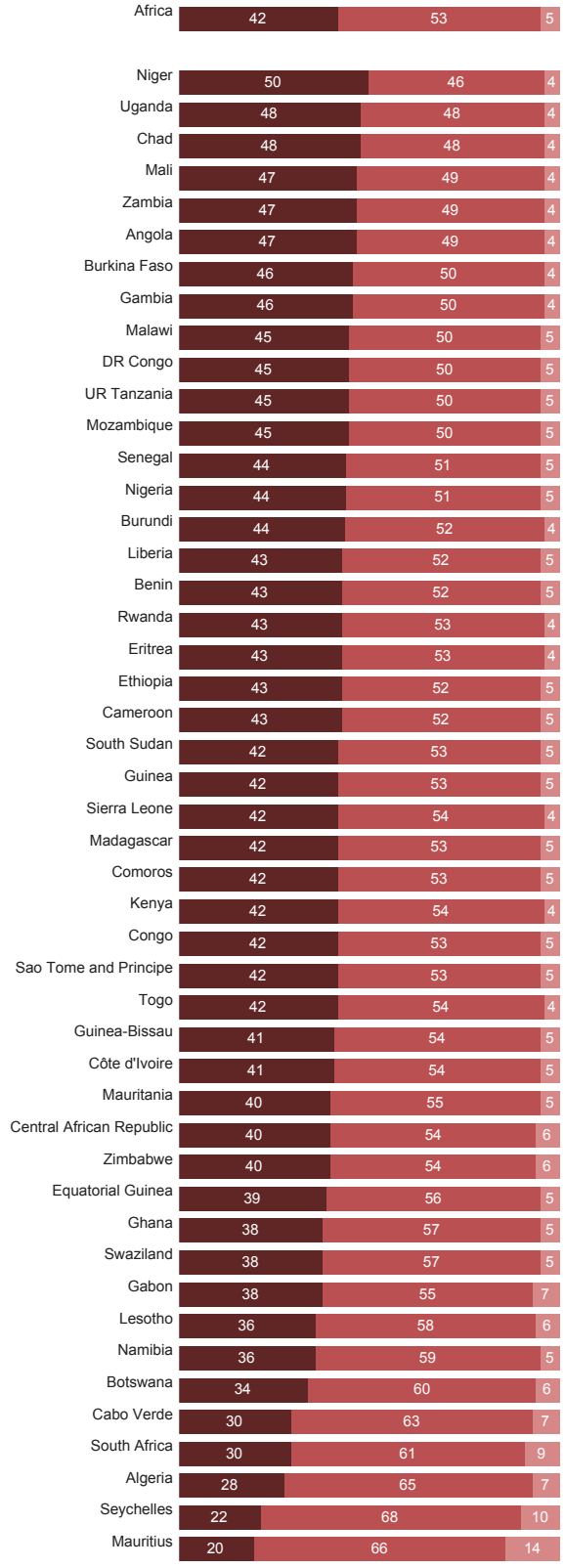

Source : WHO, 2015.

**Figure 6.4.1.7.** Age distribution of the population (%) by WHO region, 2013




Source : WHO, 2015.

**Figure 6.4.1.8.** Age distribution of the population (%) in the African Region, 2013



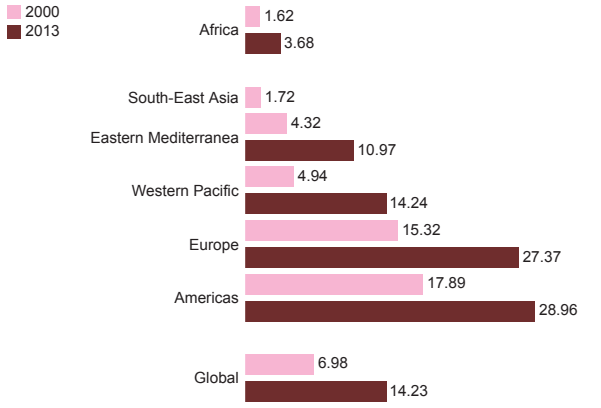

Source : WHO, 2015.

## 6.4.2. Resources and infrastructure

**Figure 6.4.2.1.** Gross national income per capita (PPP int. $) (in thousands) in the African Region, 2013

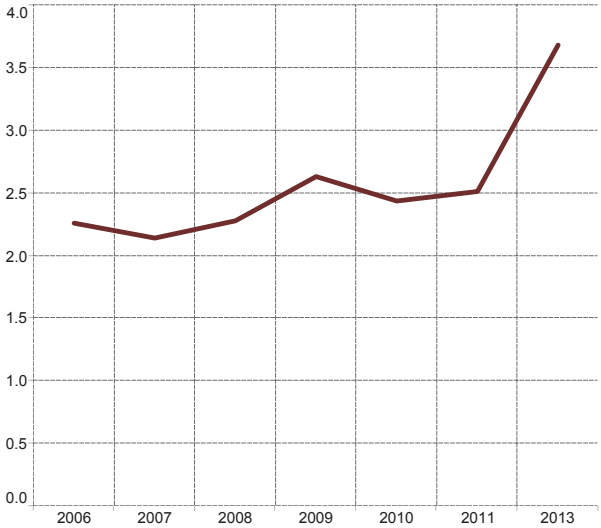

Source : WHO, 2015.


**Figure 6.4.2.2.** Gross national income per capita (PPP int. $) (in thousands) by WHO region, 2000 and 2013



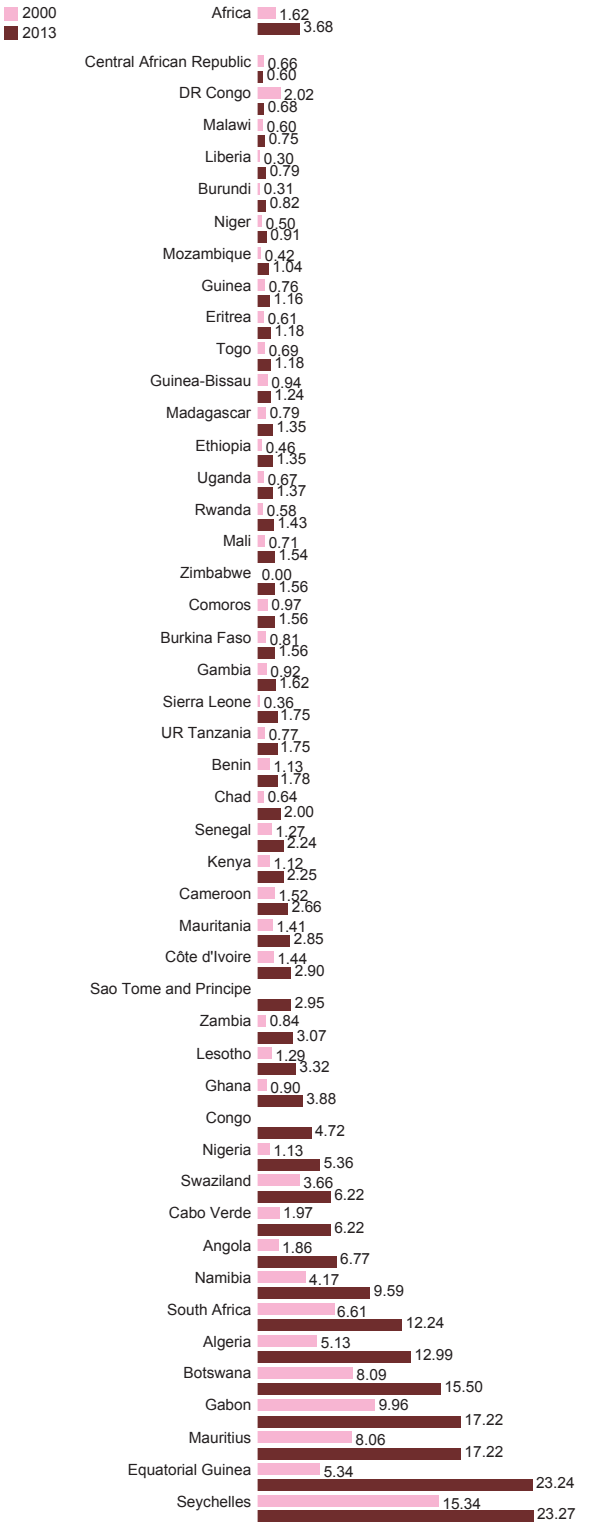

Source : WHO, 2013.

**Figure 6.4.2.3.** Trend in gross national income per capita (PPP int. $) (in thousands) in the African Region, 2005-2013




Source : WHO, 2015.

**Figure 6.4.2.4.** Gross national income per capita (PPP int. $) (in thousands) in the African Region, 2000 and 2013



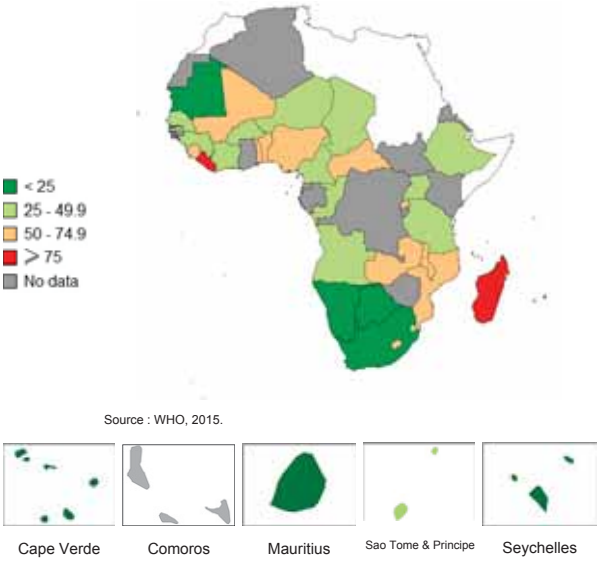

Countries of the African Region without data are not included in the chart.

*Gross national income (GNI) is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income (compensation of employees and property income) from abroad. GNI per capita is GNI divided by mid-year population.
** Purchasing Power Parity

Source : WHO, 2015.

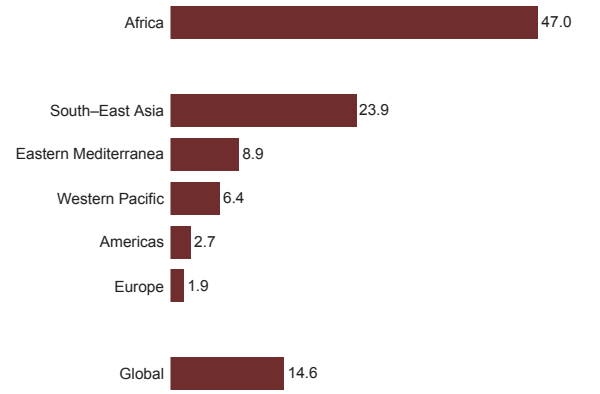
## 6.4.3. Poverty and income inequality

**Figure 6.4.3.1.** Population living under $1 (PPP* int. $) a day (i.e in absolute poverty) (%) in the African Region, 2007-2013




Source : WHO, 2015.

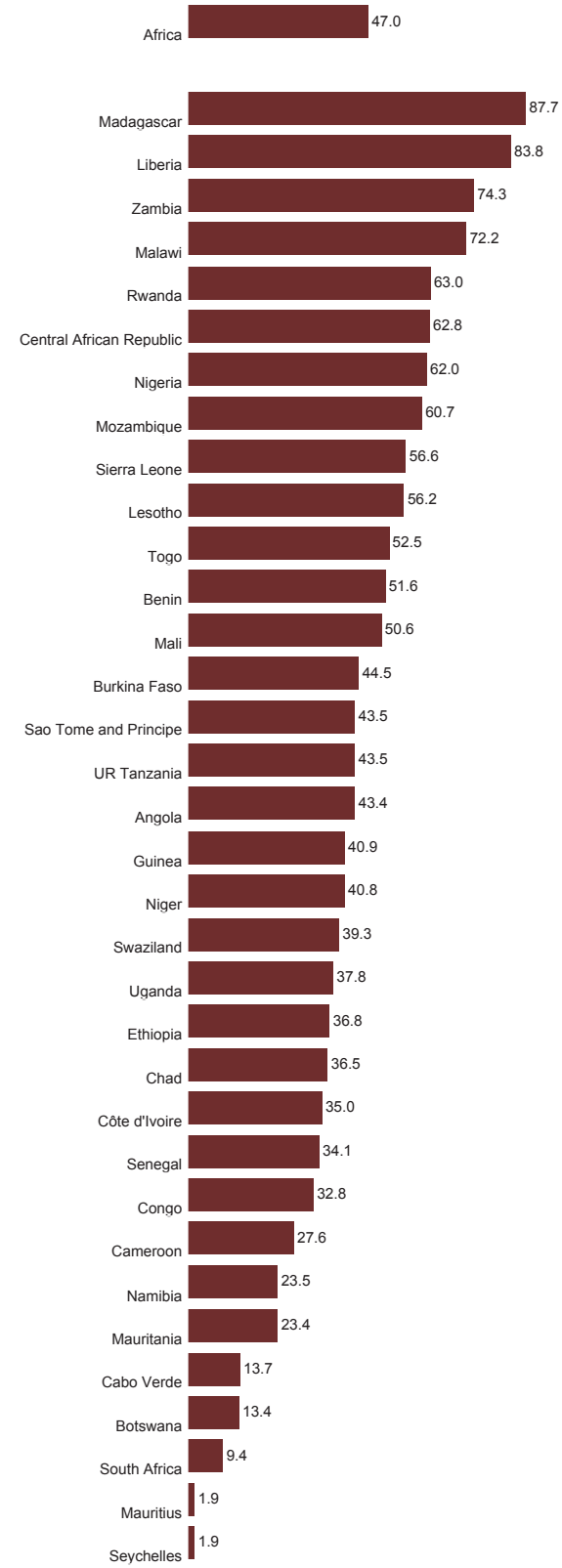
**Figure 6.4.3.2.** Population living under $1 (PPP int. $) a day (i.e. in absolute poverty) (%) by WHO region, 2007-2013




Source : WHO, 2015.

* Purchasing Power Parity

**Figure 6.4.3.3.** Population living under $1 (PPP int. $) a day (i.e. in absolute poverty) (%) in the African Region, 2007-2013

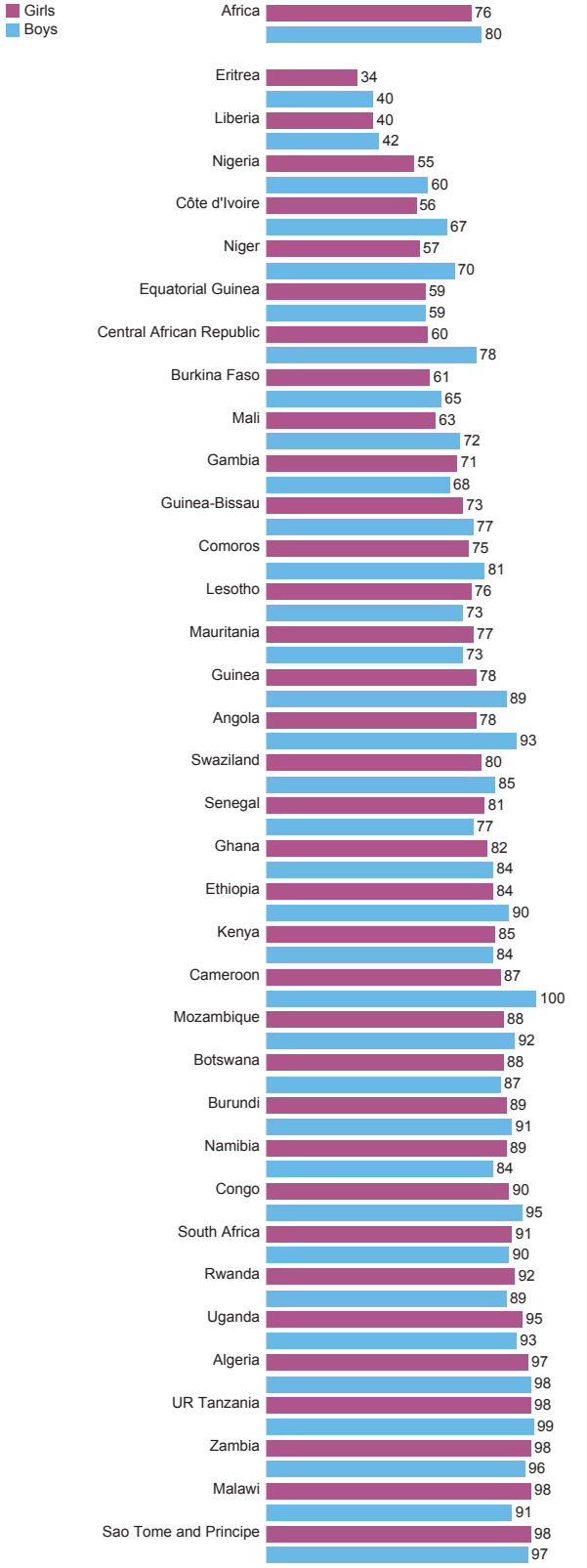



Countries of the African Region without data are not included in the chart.

Source : WHO, 2015

## 6.4.4. Gender equity

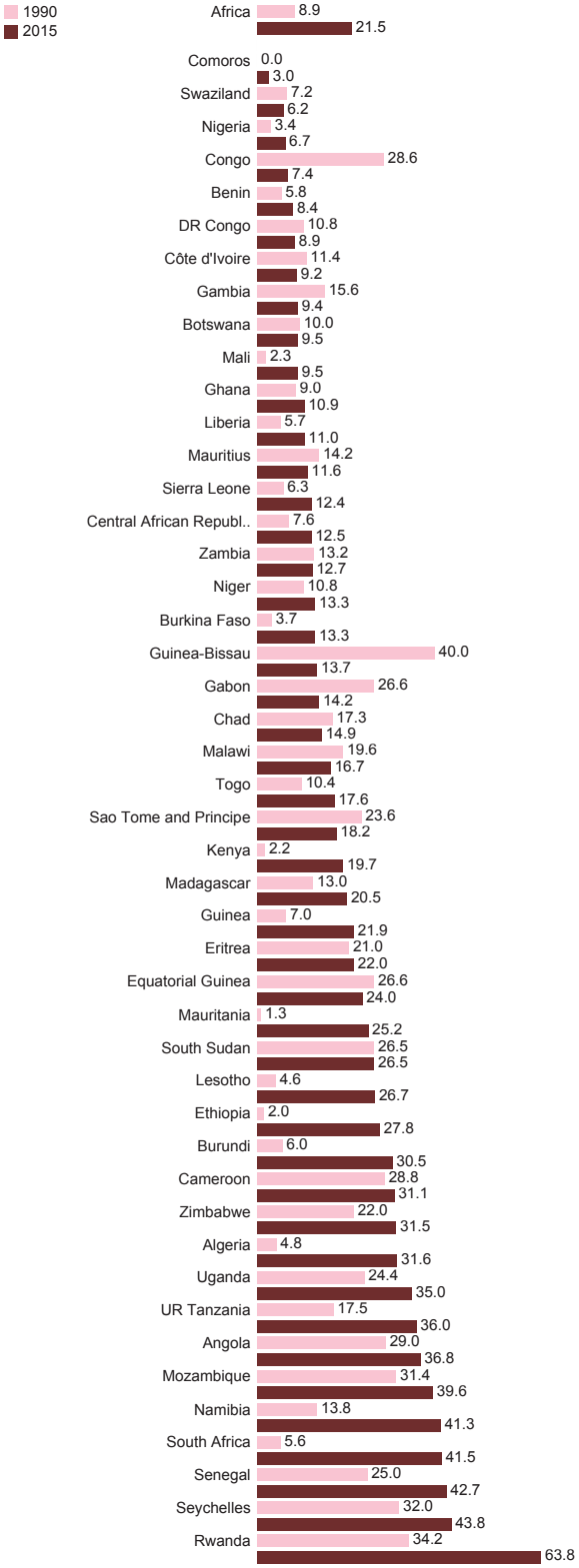
**Figure 6.4.4.1.** Net primary school enrolment ratio (%) by sex in the African Region, 2007-2012




Countries of the African Region without data are not included in the chart.

Source: WHO, 2015

**Figure 6.4.4.2.** Seats* held by women in national parliaments (%) in the African Region, 1990 and 2015




Countries of the African Region without data are not included in the chart.

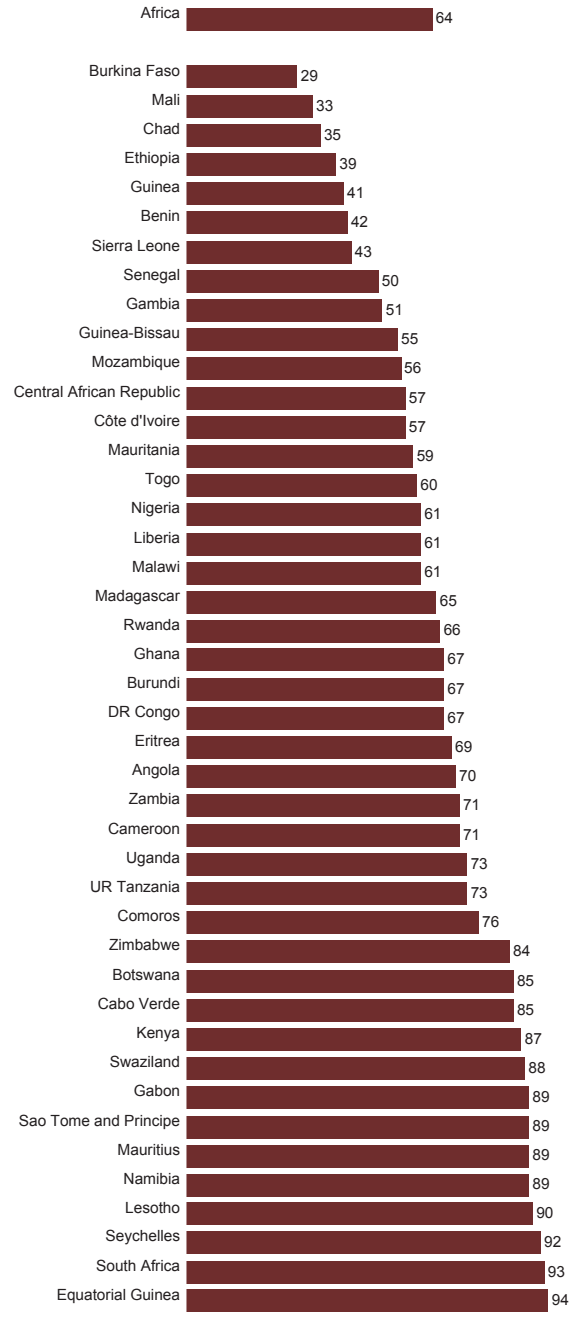
*Number of seats held by women expressed as a percentage of all occupied seats. Women's representation in parliaments is one aspect of women's opportunities in political and public life, and it is therefore linked to women's empowerment.
Source: UNSD, 2015

## 6.4.5. Education

**Figure 6.4.5.1.** Adult literacy rate (aged 15 and older) (%) by WHO region, 2007-2012


Source : WHS 2015

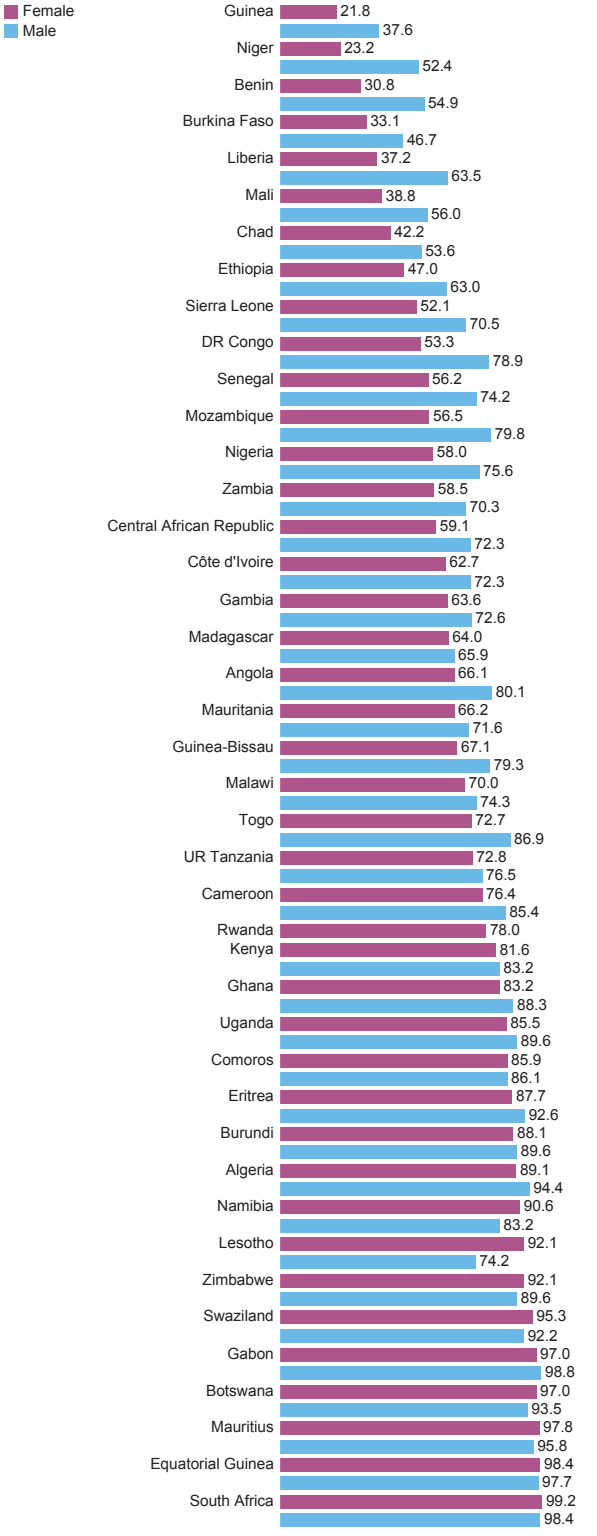
**Figure 6.4.5.2.** Adult literacy rate (aged 15 and older) (%) in the African Region, 2007-2012




Countries of the African Region without data are not included in the chart.

Source : WHS 2015

**Figure 6.4.5.3.** Population aged 15-24 years who can both read and write (i.e. youth literacy rate) (%) by sex in the African Region, 2005-2011

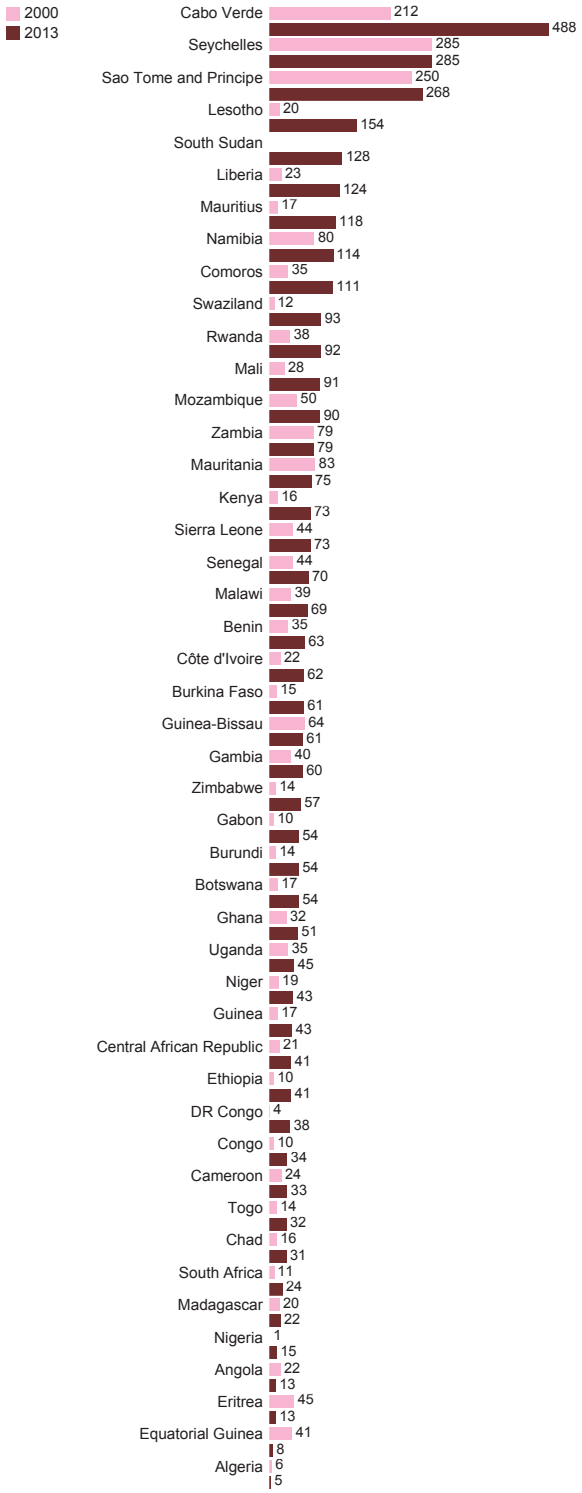



Countries of the African Region without data are not included in the chart.

*The youth literacy rate reflects the outcomes of primary education over the previous 10 years or so. As a measure of the effectiveness of the primary education system, it is often seen as a proxy measure of social progress and economic achievement. The literacy rate for this analysis is simply the complement of the illiteracy rate.
Source: UNSD, 2013

## 6.4.6. Global partnerships and financial flows

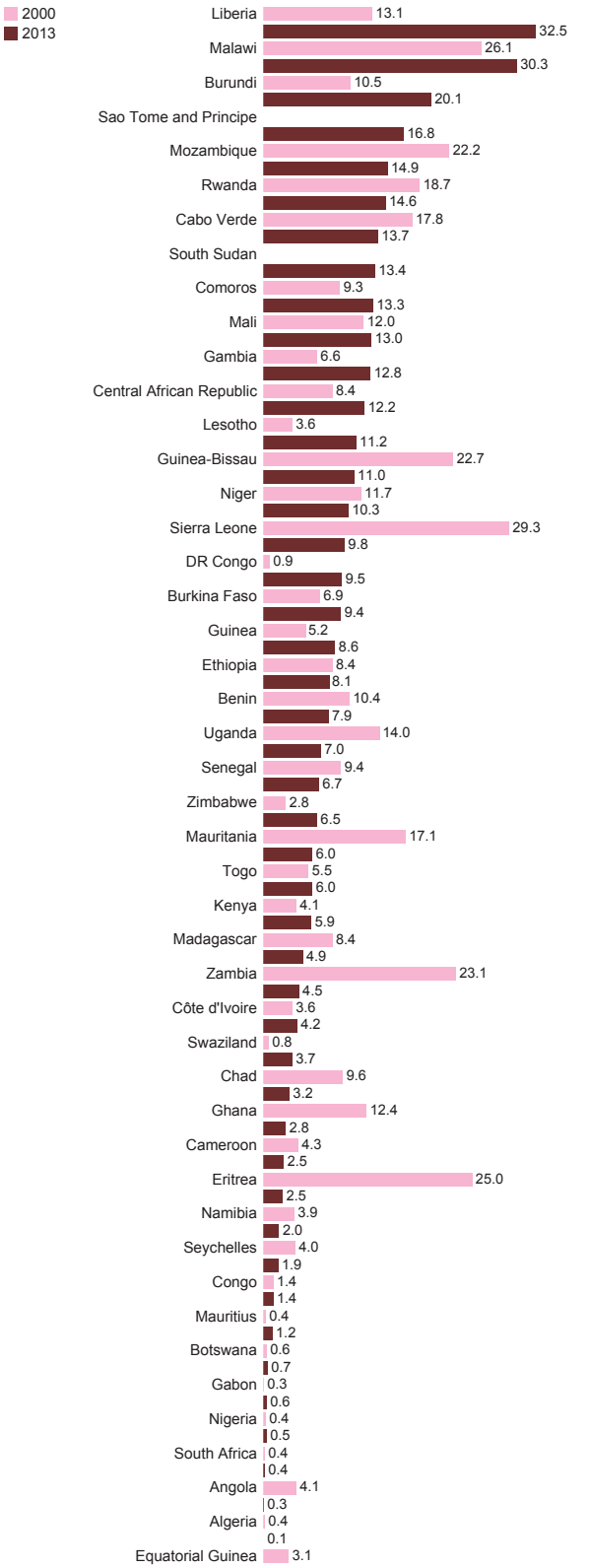
**Figure 6.4.6.1.** Per capita official development assistance received (US$) in the African Region, 2000 and 2013




Countries of the African Region without data are not included in the chart.

* *Official Development Assistance (ODA)* is defined as those flows to countries and territories on the DAC List of ODA Recipients (available at www.oecd.org/dac/stats/daclist) and to multilateral development institutions (1) that are provided by official agencies, including state and local governments, or by their executive agencies; and (2) each transaction of which is (a) administered with the promotion of the economic development and welfare of developing countries as its main objective and (b) concessional in character and conveys a grant element of at least 25% (calculated at a rate of discount of 10%).
Source: World Bank, 2015

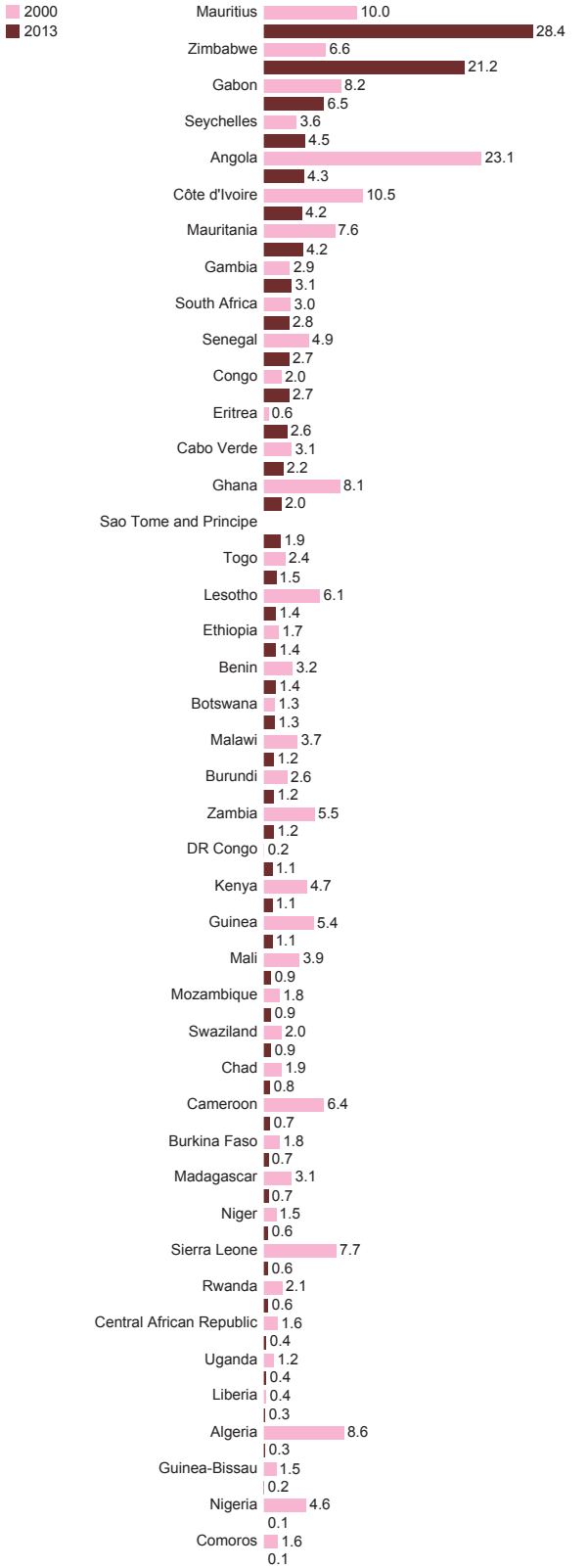
**Figure 6.4.6.2.** Official development assistance received as percentage of GNI in the African Region, 2000 and 2013




Countries of the African Region without data are not included in the chart.

Source: World Bank, 2015

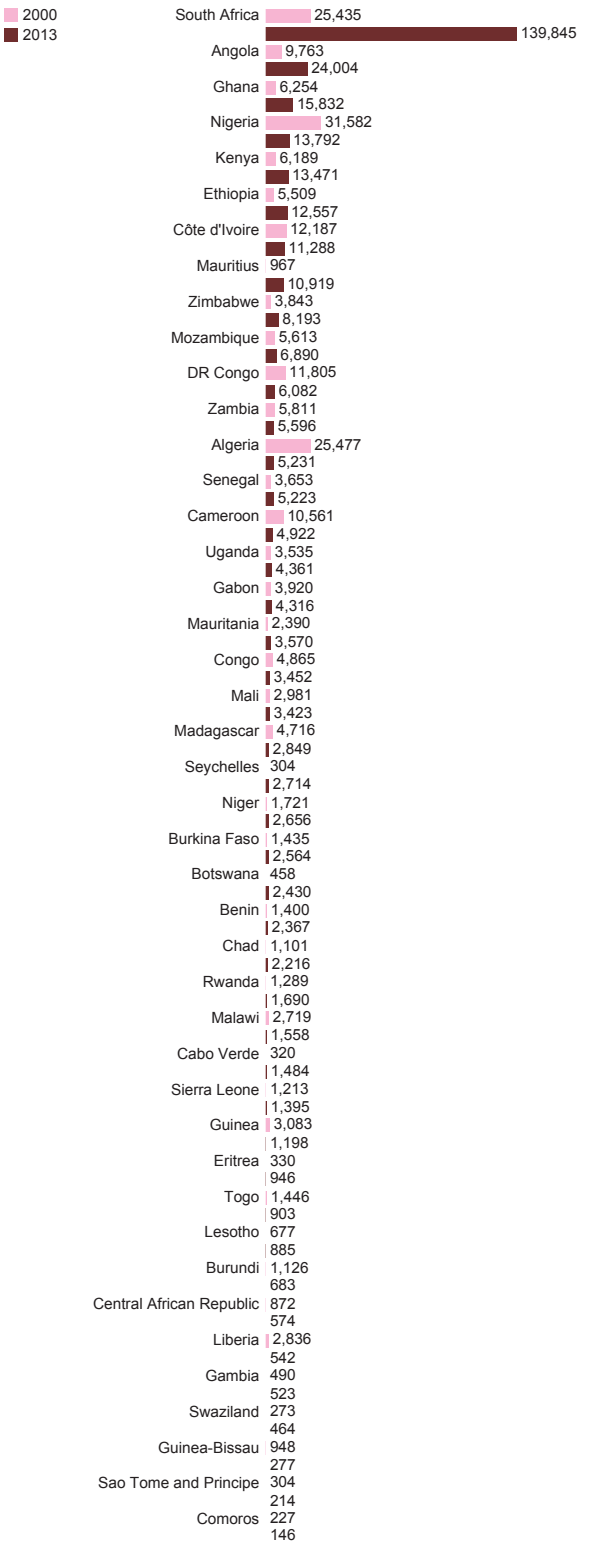
**Figure 6.4.6.3.** Total debt service as percentage of GNI in the African Region, 2000 and 2013




Countries of the African Region without data are not included in the chart.

Source : World Bank, 2015

**Figure 6.4.6.4.** Total external debt stocks (in millions of current US$) in the African Region, 2000 and 2013

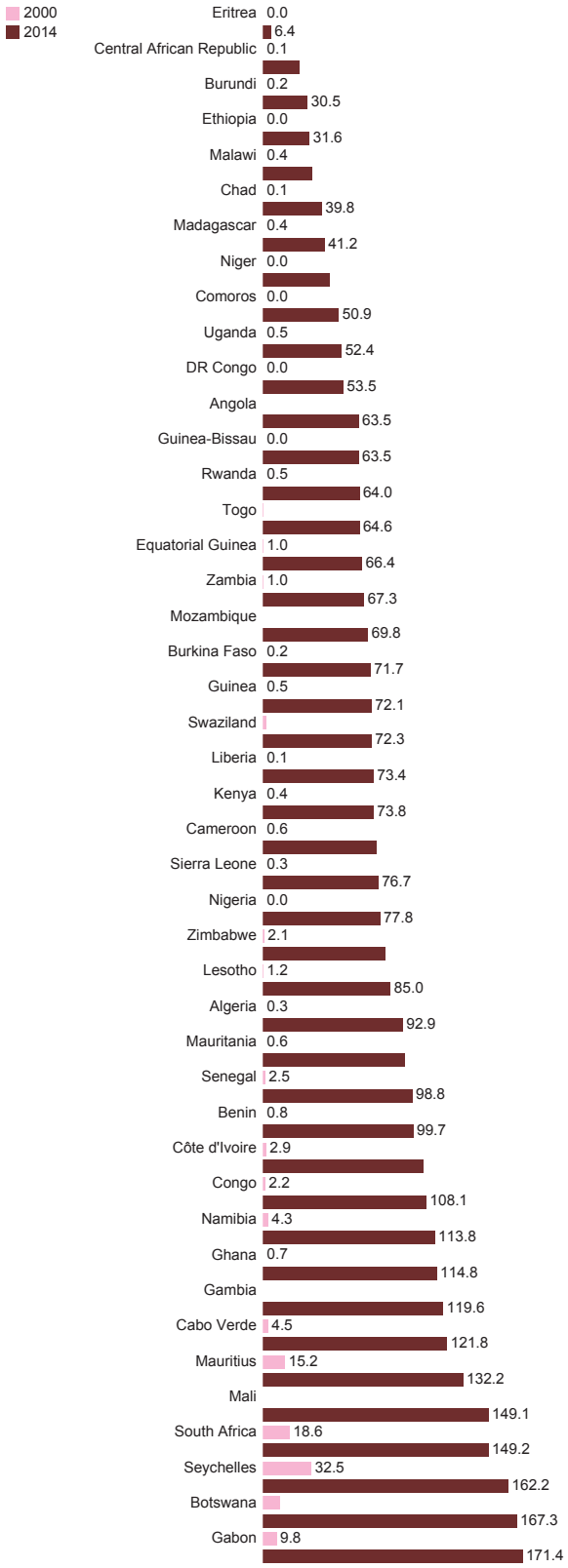



Countries of the African Region without data are not included in the chart.

*Total external debt is debt owed to non-residents repayable in foreign currency, goods or services. Total external debt is the sum of public, publicly guaranteed and private non-guaranteed long-term debt, use of IMF credit and short-term debt. Short-term debt includes all debt having an original maturity of 1 year or less and interest in arrears on long-term debt.
Source: World Bank, 2015

## 6.4.7. Science and technology

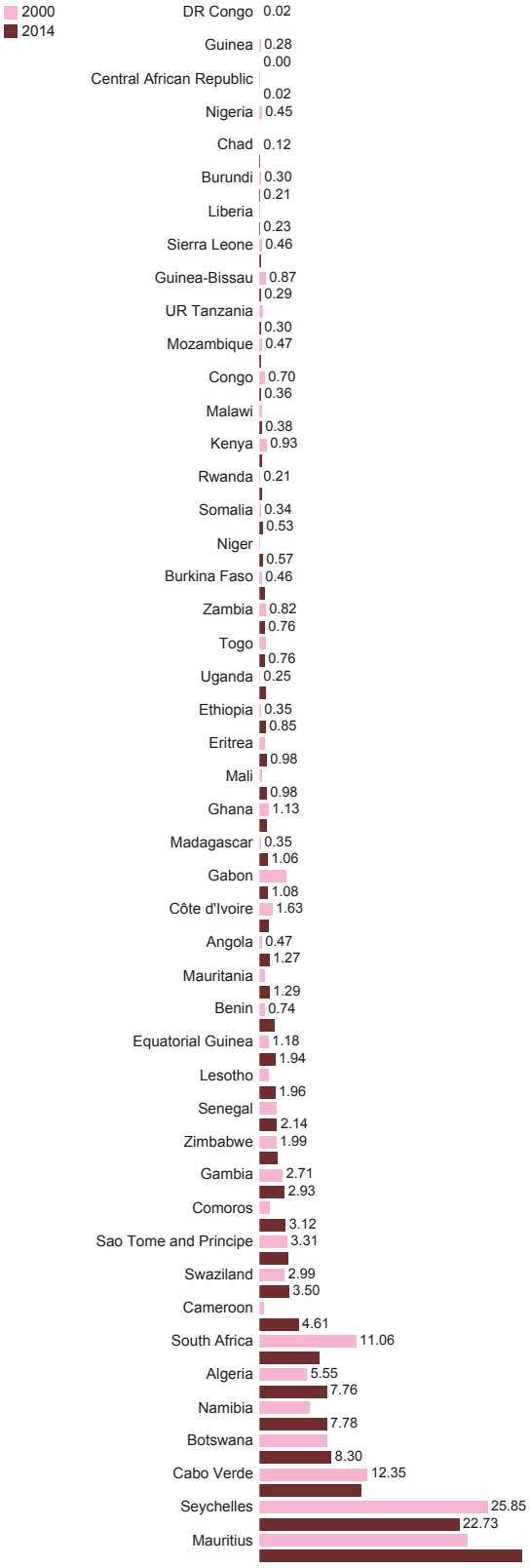
**Figure 6.4.7.1.** Population who are cellular or mobile subscribers (%) in the African Region, 2000 and 2014




Countries of the African Region without data are not included in the chart.

Source: ITU, 2015

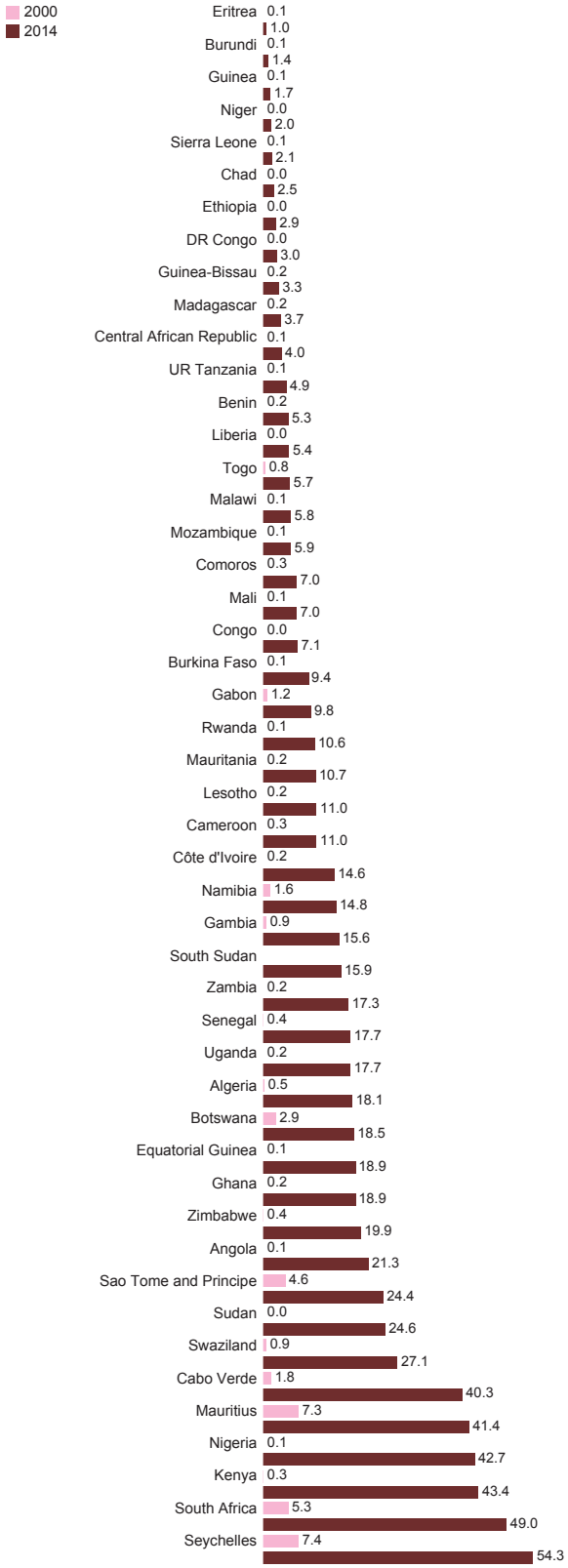
**Figure 6.4.7.2.** Population who are telephone (fixed and mobile) subscribers (%) in the African Region, 2000 and 2014




Countries of the African Region without data are not included in the chart.

Source: ITU, 2015

**Figure 6.4.7.3.** Population who are internet users (%) in the African Region, 2000 and 2014




Countries of the African Region without data are not included in the chart.

Source: ITU, 2015

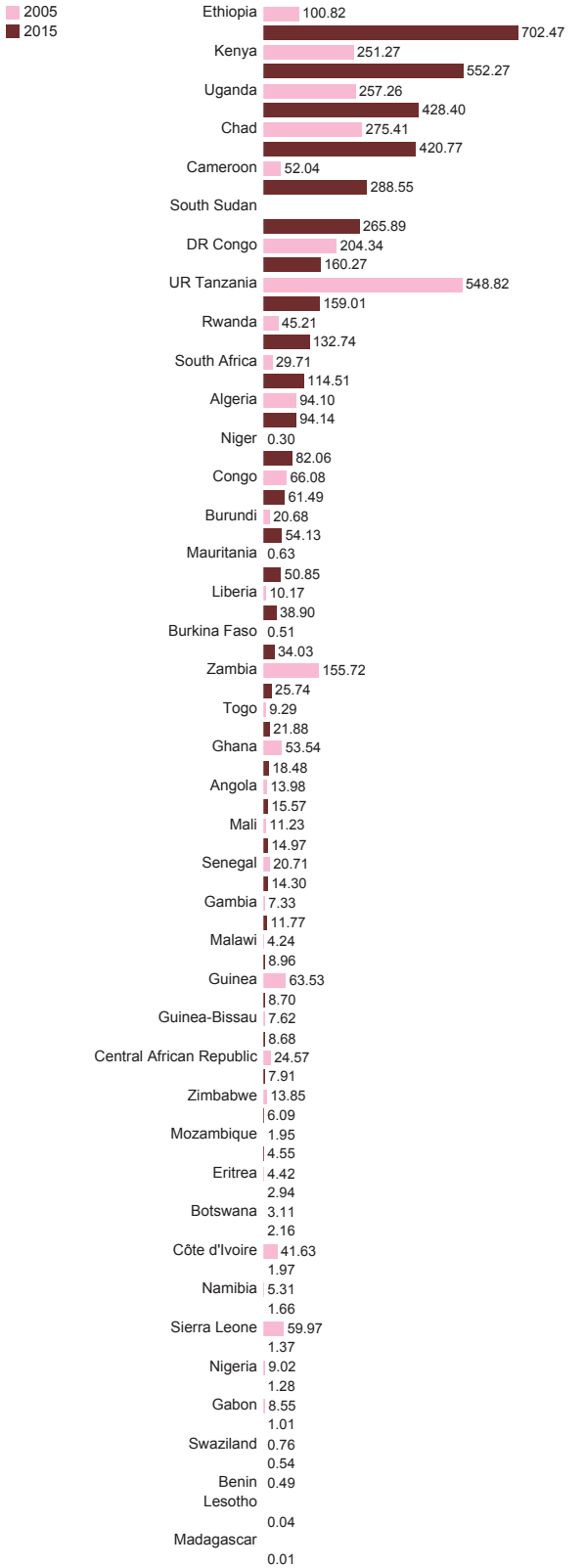
## 6.4.8. Emergencies and disasters

**Figure 6.4.8.1.** Total number of refugees by country of origin in the African Region, 2005 and 2015


Countries of the African Region without data are not included in the chart.

Source: UNHCR, 2015

**Figure 6.4.8.2.** Total number of refugees by country of asylum in the African Region, 2005 and 2015




Countries of the African Region without data are not included in the chart.

Source: UNHCR, 2015

# Explanatory notes

## 1. Introduction

### Population size (in thousands)

Definition De facto population in a country, area or region as of 1 July of the year indicated. Figures are presented in thousands.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=113

## 2. Health status and trends

### 2.1. Life expectancy

**http://www.aho.afro.who.int/en/data-statistics/life-expectancy**

#### Healthy life expectancy (HALE) at birth

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.

Rationale Substantial resources are devoted to reducing the incidence, duration and severity of major diseases that cause morbidity but not mortality and to reducing their impact on people's lives. It is important to capture both fatal and non-fatal health outcomes in a summary measure of average levels of population health. Healthy life expectancy (HALE) at birth adds up expectation of life for different health states, adjusted for severity distribution making it sensitive to changes over time or differences between countries in the severity distribution of health states.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=66

#### Life expectancy at birth (years)

Definition The average number of years that a newborn could expect to live, if he or she were to pass through life exposed to the sex- and age-specific death rates prevailing at the time of his or her birth, for a specific year, in a given country, territory, or geographic area.

Rationale Life expectancy at birth reflects the overall mortality level of a population. It summarizes the mortality pattern that prevails across all age groups - children and adolescents, adults and the elderly.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=65

#### Life expectancy at age 60 (years)

Definition The average number of years that a person of 60 years old could expect to live, if he or she were to pass through life exposed to the sex- and age-specific death rates prevailing at the time of his or her 60 years, for a specific year, in a given country, territory, or geographic area.

Rationale Life expectancy at age 60 reflects the overall mortality level of a population over 60 years. It summarizes the mortality pattern that prevails across all age groups above 60 years.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=2977

### 2.2. Mortality

**http://www.aho.afro.who.int/en/data-statistics/mortality**

#### Adult mortality rate (probability of dying between 15 and 60 years per 1000 population)

Definition Probability that a 15 year old person will die before reaching his/her 60th birthday. The probability of dying between the ages of 15 and 60 years (per 1000 population) per year among a hypothetical cohort of 100 000 people that would experience the age-specific mortality rate of the reporting year.

Rationale Disease burden from non-communicable diseases among adults - the most economically productive age span - is rapidly increasing in developing countries due to ageing and health transitions. Therefore, the level of adult mortality is becoming an important indicator for the comprehensive assessment of the mortality pattern in a population.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=64

#### Age-standardized mortality rate (per 100 000 population)

Definition The age-standardized mortality rate is a weighted average of the age-specific mortality rates per 100 000 persons, where the weights are the proportions of persons in the corresponding age groups of the WHO standard population.

Rationale The numbers of deaths per 100 000 population are influenced by the age distribution of the population. Two populations with the same age-specific mortality rates for a particular cause of death will have different overall death rates if the age distributions of their populations are different. Age-standardized mortality rates adjust for differences in the age distribution of the population by applying the observed age-specific mortality rates for each population to a standard population.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=78

### Estimated road traffic death rate (per 100 000 population)

Definition: Estimated road traffic fatal injury deaths per 100 000 population.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=198

### Infant mortality rate (probability of dying between birth and age 1 per 1000 live births)

Definition: Infant mortality rate is the probability of a child born in a specific year or period dying before reaching the age of one, if subject to age-specific mortality rates of that period.
Infant mortality rate 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.

Rationale: Infant mortality represents an important component of under-five mortality. Like under-five mortality, infant mortality rates measure child survival. They also reflect the social, economic and environmental conditions in which children (and others in society) live, including their health care. Since data on the incidence and prevalence of diseases (morbidity data) frequently are unavailable, mortality rates are often used to identify vulnerable populations. Infant mortality rate is an MDG indicator.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=1

### Maternal mortality ratio (per 100 000 live births)

Definition: The maternal mortality ratio (MMR) is the annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births, for a specified year.

Rationale: Complications during pregnancy, childbirth and post-partum are a leading cause of death and disability among women of reproductive age in developing countries. The maternal mortality ratio represents the risk associated with each pregnancy, i.e. the obstetric risk. It is also a Millennium Development Goal Indicator for monitoring Goal 5, improving maternal health.

The indicator monitors deaths related to pregnancy and childbirth. It reflects the capacity of the health systems to provide effective health care in preventing and addressing the complications occurring during pregnancy and childbirth

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=26

### Under-five mortality rate (probability of dying by age 5 per 1000 live births)

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.

Rationale: Under-five mortality rate measures child survival. It also reflects the social, economic and environmental conditions in which children (and others in society) live, including their health care. Because data on the incidences and prevalence of diseases (morbidity data) frequently are unavailable, mortality rates are often used to identify vulnerable populations. Under-five mortality rate is an MDG indicator (see 3.1. MDG-4: Reduce child mortality).

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=7

## 2.3. Burden of disease

### http://www.aho.afro.who.int/en/data-statistics/burden-disease

### Distribution of years of life lost by major cause group (%)

Definition: Distribution of years of life lost by 3 major cause group (communicable, maternal, neonatal and nutritional conditions; noncommunicable diseases; injuries), expressed as percentage of total of years of life lost.

Rationale: Years of life lost (YLLs) take into account the age at which deaths occur by giving greater weight to deaths occurring at younger ages and lower weight to deaths occurring at older ages. The YLLs (percentage of total) indicator measures the YLLs due to a particular cause of death as a proportion of the total YLLs lost due to premature mortality in the population.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=90

# 3. Progress on the MDGs

## 3.0. MDG progress status in the African Region

## 3.1. MDG-4: Reduce child mortality

http://www.aho.afro.who.int/en/data-statistics/mdg-4-reduce-child-mortality

### Measles (MCV) immunization coverage among 1-year-olds (%)

See under 5.4. Immunization and vaccines

### Under-five mortality rate (probability of dying by age 5 per 1000 live births)

See under 2.2. Mortality

## 3.2. MDG-5: Improve maternal health

http://www.aho.afro.who.int/en/data-statistics/mdg-5-improve-maternal-health

### Maternal mortality ratio (per 100 000 live births)

See under 5.6. Maternal and newborn health

### Births attended par skilled health personnel (%)

See 5.6. Maternal and newborn health

### Antenatal care coverage – at least one visit (%)

Definition: The percentage of women aged 15-49 with a live birth in a given time period that received antenatal care provided by skilled health personnel (doctors, nurses, or midwives) at least once during pregnancy. Numerator: The number of women aged 15-49 with a live birth in a given time period that received antenatal care provided by skilled health personnel (doctors, nurses or midwives) at least once during pregnancy. Denominator: Total number of women aged 15-49 with a live birth in the same period.

Metadata: http://www.aho.afro.who.int/en/data-statistics/antenatal-care-coverage-least-one-visit
http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=81

### Unmet need for family planning (%)

See 5.7. Gender and women's health

## 3.3. MDG-6: Combat HIV/AIDS, malaria and other diseases

http://www.aho.afro.who.int/en/data-statistics/mdg-6-combat-hivaids-malaria-and-other-diseases

### Estimated incidence of tuberculosis (per 100 000 population)

See 5.2. Tuberculosis

### Deaths due to malaria (per 100 000 population) - Number of reported malaria deaths

Definition: The sum deaths from malaria from confirmed and probable cases.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=2967

### HIV prevalence among adults aged 15-49 years (%)

See 5.1. HIV/AIDS

## 3.4. MDG-7: Ensure environmental sustainability

http://www.aho.afro.who.int/en/data-statistics/mdg-7-ensure-environment-sustainability

### Population using improved drinking-water sources (%)

Metadata: http://www.aho.afro.who.int/en/data-statistics/population-using-improved-drinking-water-sources

### Population using improved sanitation facilities

Metadata: http://www.aho.afro.who.int/fr/data-statistics/population-using-improved-sanitation-facilities

See under 6.2. The physical environment

## 3.5. MDG-1: Eradicate extreme poverty and hunger

http://www.aho.afro.who.int/en/data-statistics/mdg-1-eradicate-extreme-poverty-and-hunger

### Children aged <5 years underweight

See under 5.5. Child and adolescent health

## 3.6. MDG-2: Achieve universal primary education

http://www.aho.afro.who.int/en/data-statistics/mdg-2-achieve-universal-primary-education

### Net primary school enrolment rate (%)

Metadata http://www.aho.afro.who.int/en/data-statistics/net-primary-school-enrolment-rate

## 3.7. MDG-3: Promote gender equality and empower women

http://www.aho.afro.who.int/en/data-statistics/mdg-3-promote-gender-equality-and-empower-women

### Gender parity index in primary education

Definition Ratio of girls to boys (gender parity index) in primary, secondary and tertiary education is the ratio of the number of female students enrolled at primary, secondary and tertiary levels of education to the number of male students in each level. To standardise the effects of the population structure of the appropriate age groups, the Gender Parity Index (GPI) of the Gross Enrolment Ratio (GER) for each level of education is used. The GER is the number of pupils enrolled in a given level of education, regardless of age, expressed as a percentage of the population in the theoretical age group for the same level of education.

Rationale To calculate the Gross Enrolment Ratio one must first determine the population of official school age for each level of education by reference to the theoretical starting ages and durations of the International Standard Classification of Education (ISCED97) Level 1 (primary education) and Levels 2 and 3 (secondary education) as reported by the country. The population of the official age for tertiary education is the 5-year age group immediately following the end of secondary education.

Then, the number of pupils or students enrolled in each level of education is divided by the population of official school age for that level of education, and the result is multiplied by 100. The Gross Enrolment Ratios for males and females are calculated separately.

The Gender Parity Index (GPI) is then calculated by dividing the female Gross Enrolment Ratio by the male Gross Enrolment Ratio for the given level of education.

This method requires information on the structure of education (i.e. theoretical entrance age and duration of ISCED97 Level 1 and Levels 2 and 3), enrolments in each level of education and the populations of the age-groups corresponding to the given levels of education. Separate figures for males and females are required.

Metadata http://mdgs.un.org/unsd/mdg/Metadata.aspx?IndicatorId=9

## 3.8. MDG-8: Develop a global partnership for development

### In cooperation with pharmaceutical companies, provide access to affordable essential drugs

Definition Median percent availability of selected generic medicines in a sample of health facilities.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=10
http://www.aho.afro.who.int/en/data-statistics/mdg-8-develop-global-partnership-development

### Official development assistance (ODA) received as percentage of GDP

Metadata http://www.aho.afro.who.int/en/data-statistics/official-development-assistance-oda-received-percentage-gdp

# 4. The health system

## 4.1. Health system outcomes

http://www.aho.afro.who.int/en/data-statistics/health-system-outcomes

### Antenatal care coverage – at least one visit (in the two years preceding the survey) (%)

Definition The percentage of women aged 15-49 with a live birth in a given time period that received antenatal care provided by skilled health personnel (doctors, nurses, or midwives) at least once during pregnancy. Numerator: the number of women aged 15-49 with a live birth in a given time period that received antenatal care provided by skilled health personnel (doctors, nurses or midwives) at least once during pregnancy. Denominator: total number of women aged 15-49 with a live birth in the same period.

Metadata http://www.aho.afro.who.int/en/data-statistics/antenatal-care-coverage-least-one-visit-two-years-preceding-survey

### Antenatal care coverage – at least one visit (in the three years preceding the survey) (%)

Definition The percentage of women aged 15-49 with a live birth in a given time period that received antenatal care provided by skilled health personnel (doctors, nurses, or midwives) at least once during pregnancy. Numerator: The number of women aged 15-49 with a live birth in a given time period that received antenatal care provided by skilled health personnel (doctors, nurses or midwives) at least once during pregnancy. Denominator: Total number of women aged 15-49 with a live birth in the same period.

Metadata http://www.aho.afro.who.int/en/data-statistics/antenatal-care-coverage-least-one-visit-three-years-preceding-survey

### Antenatal care coverage – at least one visit (in the five years preceding the survey) (%)

Definition: The percentage of women aged 15-49 with a live birth in a given time period that received antenatal care provided by skilled health personnel (doctors, nurses, or midwives) at least once during pregnancy. Numerator: The number of women aged 15-49 with a live birth in a given time period that received antenatal care provided by skilled health personnel (doctors, nurses or midwives) at least once during pregnancy. Denominator: Total number of women aged 15-49 with a live birth in the same period.

Metadata: http://www.aho.afro.who.int/en/data-statistics/antenatal-care-coverage-least-one-visit-five-years-preceding-survey-0

### Antenatal care coverage – at least four visits (in the two years preceding the survey) (%)

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.

Metadata: http://www.aho.afro.who.int/en/data-statistics/antenatal-care-coverage-least-four-visits-two-years-preceding-survey

### Antenatal care coverage – at least four visits (in the three years preceding the survey) (%)

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.

Metadata: http://www.aho.afro.who.int/en/data-statistics/antenatal-care-coverage-least-four-visits-three-years-preceding-survey

### Antenatal care coverage - at least four visits (in the five years preceding the survey) (%)

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.

Metadata: http://www.aho.afro.who.int/en/data-statistics/antenatal-care-coverage-least-four-visits-five-years-preceding-survey

### Births attended by skilled health personnel (in the two years preceding the survey) (%)

Definition: Percentage of live births attended during delivery by skilled health personnel. Skilled health personnel includes 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 2015 Collaboration, DHS and MICS. 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.

Metadata: http://www.aho.afro.who.int/en/data-statistics/births-attended-skilled-health-personnel-two-years-preceding-survey

### Births attended by skilled health personnel (in the three years preceding the survey) (%)

Definition: Percentage of live births attended during delivery by skilled health personnel. Skilled health personnel includes 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 2015 Collaboration, DHS and MICS. 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.

Metadata: http://www.aho.afro.who.int/en/data-statistics/births-attended-skilled-health-personnel-three-years-preceding-survey

### Births attended by skilled health personnel (in the five years preceding the survey) (%)

Definition: Percentage of live births attended during delivery by skilled health personnel. Skilled health personnel includes 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 2015 Collaboration, DHS and MICS. 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.

Metadata: http://www.aho.afro.who.int/en/data-statistics/births-attended-skilled-health-personnel-five-years-preceding-survey

### Family planning needs satisfied (%)

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 those who are fecund but report wanting to space their next birth or stop childbearing altogether. 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.

Metadata: http://www.aho.afro.who.int/en/data-statistics/family-planning-needs-satisfied

### Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)

See 5.4. Immunization and vaccines

### Measles (MCV) immunization coverage among 1-year-olds (%)

See 5.4. Immunization and vaccines

## 4.2. Leadership and governance

## 4.3. Partnership for health development

## 4.4. Health information

**http://www.aho.afro.who.int/en/data-statistics/health-information-evidence-and-knowledge**

### Civil registration at births (%)

Definition: Estimated level of coverage of birth registration

Rationale: Complete coverage, accuracy and timeliness of civil registration are essential for quality vital statistics.

Metadata: http://www.aho.afro.who.int/en/data-statistics/civil-registration-births

### Civil registration coverage of cause-of-death (%)

Definition: Estimated level of coverage of deaths that are registered with cause-of-death information.

Metadata: http://www.aho.afro.who.int/en/data-statistics/civil-registration-coverage-cause-death

## 4.5. Research

## 4.6. Health financing

**http://www.aho.afro.who.int/en/data-statistics/health-financing**

### External resources for health as a percentage of total expenditure on health

Definition: External resources for health expressed as a percentage of total expenditure on health.

Rationale: This is a core indicator of health financing systems. Most indicators presented in NHA involve a measurement at the level of purchaser/payer of health services. This is, however, an indicator which refers to the origin of the resources used to purchase health services. It is the only information about the sources of funds provided in these tables. The other indicators - GGHE, PvtHE etc. - are financing agents, the entities where the use of the funds are controlled. Some of these external sources will be channeled through the government's budget, some through insurance agencies, some through the private or NGO sectors. As such, these funds cannot simply be added to those reported in the earlier breakdowns. In the special case where external agencies act as domestic NGOs in providing or purchasing health care in a recipient country, they would be included as financing agents as well as a source. We provide here only the source level measurement. The analysis of financing sources contributes to identify the distribution of the financing burden of health services. This indicator contributes to assess sustainability of financing.

Metadata: http://www.aho.afro.who.int/en/data-statistics/external-resources-health-percentage-total-expenditure-health#overlay-context=en/health-financing

### General government expenditure on health as a percentage of total expenditure on health

Definition: Level of general government expenditure on health (GGHE) expressed as a percentage of total expenditure on health (THE)

Rationale: This is a core indicator of health financing systems. This indicator contributes to understanding the relative weight of public entities in total expenditure on health. It includes not just the resources channeled through government budgets to providers of health services but also the expenditure on health by parastatals, extrabudgetary entities and notably the compulsory health insurance payments. It refers to resources collected and pooled by the above public agencies regardless of the source, so includes any donor (external) funding passing through these agencies.

Metadata: http://www.aho.afro.who.int/en/data-statistics/general-government-expenditure-health-percentage-total-expenditure-health#overlay-context=en/data-statistics/general-government-expenditure-health-percentage-total-expenditure-health

### General government expenditure on health as a percentage of total government expenditure

Definition: Level of general government expenditure on health (GGHE) expressed as a percentage of total government expenditure.

Rationale: This is a core indicator of health financing systems. This indicator contributes to understand the weight of public spending on health within the total value of public sector operations. It includes not just the resources channelled through government budgets but also the expenditure on health by parastatals, extrabudgetary entities and notably the compulsory health insurance. It refers to resources collected and pooled by public agencies including all the revenue modalities.

Metadata: http://www.aho.afro.who.int/en/data-statistics/general-government-expenditure-health-percentage-total-government-expenditure

### Per capita government expenditure on health (PPP int. $)

Definition: Per capita general government expenditure on health (GGHE) expressed in PPP international dollar

Rationale: This is a core indicator of health financing systems. This indicator contributes to understand the relative level of public spending on health to the beneficiary population, expressed in international dollars to facilitate international comparisons. It includes not just the resources channeled through government budgets but also the expenditure on health by parastatals, extrabudgetary entities and notably the compulsory health insurance. It refers to resources collected and polled by public agencies including all the revenue modalities.

Metadata: http://www.aho.afro.who.int/en/data-statistics/capita-government-expenditure-health-ppp-int

### Per capita government expenditure on health at average exchange rate (US$)

Definition: Per capita general government expenditure on health (GGHE) expressed at average exchange rate for that year in US dollar. Current prices.

Rationale: This is a core indicator of health financing systems. This indicator contributes to understand the relative level of public spending on health to the beneficiary population, expressed in US$ to facilitate international comparisons. It includes not just the resources channeled through government budgets but also the expenditure on health by parastatals, extrabudgetary entities and notably the compulsory health insurance. It refers to resources collected and pooled by public agencies including all the revenue modalities.

Metadata: http://www.aho.afro.who.int/en/data-statistics/capita-government-expenditure-health-average-exchange-rate-us

### Per capita total expenditure on health (PPP int. $)

Definition: Per capita total expenditure on health (THE) expressed in PPP international dollar.

Rationale: This is a core indicator of health financing systems. This indicator contributes to understand the total expenditure on health relative to the beneficiary population, expressed in Purchasing Power Parities (PPP) to facilitate international comparisons.

Metadata: http://www.aho.afro.who.int/en/data-statistics/capita-total-expenditure-health-ppp-int

### Per capita total expenditure on health at average exchange rate (US$)

Definition: Per capita total expenditure on health (THE) expressed at average exchange rate for that year in US$. Current prices.

Rationale: This is a core indicator of health financing systems. This indicator contributes to understand the total expenditure on health relative to the beneficiary population, expressed in USD to facilitate international comparisons.

Metadata: http://www.aho.afro.who.int/en/data-statistics/capita-total-expenditure-health-average-exchange-rate-us

### Private prepaid plans as a percentage of private expenditure on health

Definition: Level of private prepaid plans expressed as a percentage of private expenditure on health.

Rationale: This is a core indicator of health financing systems. This indicator contributes to understanding the relative weight of voluntary health insurance payments in total health expenditure.

Metadata: http://www.aho.afro.who.int/en/data-statistics/private-prepaid-plans-percentage-private-expenditure-health

### Social security expenditure on health as a percentage of general government expenditure on health

Definition: Level of social security funds expressed as a percentage of general government expenditure on health.

Rationale: This is a core indicator of health financing systems. This indicator contributes to understanding the relative weight of prepaid pooled schemes in GGHE. This indicator refers to the health expenditures by government social security schemes and other schemes of compulsory health insurance. Any donor (external) funds channeled through these institutions are included.

Metadata: http://www.aho.afro.who.int/en/data-statistics/social-security-expenditure-health-percentage-general-government-expenditure-health

### Total expenditure on health as a percentage of gross domestic product

Definition Level of total expenditure on health (THE) expressed as a percentage of gross domestic product (GDP).

Rationale This is a core indicator of health financing systems. It provides information on the level of resources channeled to health relative to a country's wealth.

Metadata http://www.aho.afro.who.int/en/data-statistics/total-expenditure-health-percentage-gross-domestic-product

## 4.7. Service delivery

### http://www.aho.afro.who.int/en/data-statistics/service-delivery

### Treatment success rate for new pulmonary smear-positive tuberculosis cases

Definition The proportion of new smear-positive TB cases registered under a national TB control programme in a given year that successfully completed treatment, whether with or without bacteriological evidence of success ("cured" or "treatment completed" respectively). At the end of treatment, each patient is assigned one of the following six mutually exclusive treatment outcomes: cured; completed; died; failed; defaulted; and transferred out with outcome unknown. The proportions of cases assigned to these outcomes, plus any additional cases registered for treatment but not assigned to an outcome, add up to 100% of cases registered.

Rationale Treatment success is an indicator of the performance of national TB control programmes. In addition to the obvious benefit to individual patients, successful treatment of infectious cases of TB is essential to prevent the spread of the infection. Detecting and successfully treating a large proportion of TB cases should have an immediate impact on TB prevalence and mortality. By reducing transmission, successfully treating the majority of cases will also affect, with some delay, the incidence of disease. Indicator 6.10 of the Millenium development Goal is the "proportion of tuberculosis cases detected and cured under DOTS". The Stop TB Partnership's Global Plan to Stop TB 2011 - 2015 has set a target of smear-positive treatment success rate of 90%.

Metadata http://www.aho.afro.who.int/en/data-statistics/treatment-success-rate-new-pulmonary-smear-positive-tuberculosis-cases

### Treatment success rate for new pulmonary smear-negative and extrapulmonary tuberculosis cases

Definition The proportion of new smear-negative and extrapulmonary (or smear unknown/not done) TB cases registered under a national TB control programme in a given year that successfully completed treatment (without bacteriological evidence of success, ie "treatment completed"). At the end of treatment, each patient is assigned one of the following five mutually exclusive treatment outcomes: completed; died; failed; defaulted; and transferred out with outcome unknown. The proportions of cases assigned to these outcomes, plus any additional cases registered for treatment but not assigned to an outcome, add up to 100% of cases registered.

Rationale Treatment success is an indicator of the performance of national TB control programmes. In addition to the obvious benefit to individual patients, successful treatment of infectious cases of TB is essential to prevent the spread of the infection. Detecting and successfully treating a large proportion of TB cases should have an immediate impact on TB prevalence and mortality. By reducing transmission, successfully treating the majority of cases will also affect, with some delay, the incidence of disease.

Metadata http://www.aho.afro.who.int/en/data-statistics/treatment-success-rate-new-pulmonary-smear-negative-and-extrapulmonary-tuberculosis

### Treatment success rate for retreatment tuberculosis cases

Definition The proportion of cases with previous TB treatment history registered under a national TB control programme in a given year that successfully completed treatment, whether with or without bacteriological evidence of success ("cured" or "treatment completed" respectively). At the end of treatment, each patient is assigned one of the following six mutually exclusive treatment outcomes: cured; completed; died; failed; defaulted; and transferred out with outcome unknown. The proportions of cases assigned to these outcomes, plus any additional cases registered for treatment but not assigned to an outcome, add up to 100% of cases registered.

Rationale Treatment success is an indicator of the performance of national TB control programmes. In addition to the obvious benefit to individual patients, successful treatment of infectious cases of TB is essential to prevent the spread of the infection. Detecting and successfully treating a large proportion of TB cases should have an immediate impact on TB prevalence and mortality. By reducing transmission, successfully treating the majority of cases will also affect, with some delay, the incidence of disease.

Metadata http://www.aho.afro.who.int/en/data-statistics/treatment-success-rate-retreatment-tuberculosis-cases

## 4.8. Health workforce

http://www.aho.afro.who.int/en/data-statistics/health-workforce

### Community and traditional health workers density (per 1000 population)

Definition: Number of community and traditional health workers per 1 000 population.

Rationale: Preparing the health workforce to work towards the attainment of a country's health objectives represents one of the most important challenges for its health system. Methodologically, there are no gold standards for assessing the sufficiency of the health workforce to address the health care needs of a given population. It has been estimated however, in the World Health Report 2006, that countries with fewer than 23 physicians, nurses and midwives per 10 000 population generally fail to achieve adequate coverage rates for selected primary health care interventions as prioritized by the Millennium Development Goals framework.

Metadata: http://www.aho.afro.who.int/en/data-statistics/community-and-traditional-health-workers-density-1000-population

### Dentistry personnel density (per 1000 population)

Definition: Number of dentistry personnel per 1 000 population.

Rationale: Preparing the health workforce to work towards the attainment of a country's health objectives represents one of the most important challenges for its health system. Methodologically, there are no gold standards for assessing the sufficiency of the health workforce to address the health care needs of a given population. It has been estimated however, in the World Health Report 2006, that countries with fewer than 23 physicians, nurses and midwives per 10 000 population generally fail to achieve adequate coverage rates for selected primary health care interventions as prioritized by the Millennium Development Goals framework.

Metadata: http://www.aho.afro.who.int/en/data-statistics/dentistry-personnel-density-1000-population

### Environmental and public health workers density (per 1000 population)

Definition: Number of environment and public health workers per 1 000 population.

Rationale: Preparing the health workforce to work towards the attainment of a country's health objectives represents one of the most important challenges for its health system. Methodologically, there are no gold standards for assessing the sufficiency of the health workforce to address the health care needs of a given population. It has been estimated however, in the World Health Report 2006, that countries with fewer than 23 physicians, nurses and midwives per 10 000 population generally fail to achieve adequate coverage rates for selected primary health care interventions as prioritized by the Millennium Development Goals framework.

Metadata: http://www.aho.afro.who.int/en/data-statistics/environmental-and-public-health-workers-density-1000-population

### Laboratory health workers density (per 1 000 population)

Definition: Number of laboratory health workers per 1 000 population.

Rationale: Preparing the health workforce to work towards the attainment of a country's health objectives represents one of the most important challenges for its health system. Methodologically, there are no gold standards for assessing the sufficiency of the health workforce to address the health care needs of a given population. It has been estimated however, in the World Health Report 2006, that countries with fewer than 23 physicians, nurses and midwives per 10 000 population generally fail to achieve adequate coverage rates for selected primary health care interventions as prioritized by the Millennium Development Goals framework.

Metadata: http://www.aho.afro.who.int/en/data-statistics/nursing-and-midwifery-personnel-density-1000-population

### Nursing and midwifery personnel density (per 1000 population)

Definition: Number of nursing and midwifery personnel per 1 000 population.

Rationale: Preparing the health workforce to work towards the attainment of a country's health objectives represents one of the most important challenges for its health system. Methodologically, there are no gold standards for assessing the sufficiency of the health workforce to address the health care needs of a given population. It has been estimated however, in the World Health Report 2006, that countries with fewer than 23 physicians, nurses and midwives per 10 000 population generally fail to achieve adequate coverage rates for selected primary health care interventions as prioritized by the Millennium Development Goals framework.

Metadata: http://www.aho.afro.who.int/en/data-statistics/nursing-and-midwifery-personnel-density-1000-population

### Other health workers density (per 1000 population)

Definition: Number of other health service providers (excepting physicians, nursing and midwifery personnel, dentistry personnel and community health workers) per 1 000 population.

Rationale: Preparing the health workforce to work towards the attainment of a country's health objectives represents one of the most important challenges for its health system. Methodologically, there are no gold standards for assessing the sufficiency of the health workforce to address the health care needs of a given population. It has been estimated however, in the World Health Report 2006, that countries with fewer than 23 physicians, nurses and midwives per 10 000 population generally fail to achieve adequate coverage rates for selected primary health care interventions as prioritized by the Millennium Development Goals framework.

Metadata: http://www.aho.afro.who.int/en/data-statistics/other-health-workers-density-1000-population

### Pharmaceutical personnel density (per 1000 population)

Definition: Number of pharmaceutical personnel per 1 000 population

Rationale: Preparing the health workforce to work towards the attainment of a country's health objectives represents one of the most important challenges for its health system. Methodologically, there are no gold standards for assessing the sufficiency of the health workforce to address the health care needs of a given population. It has been estimated however, in the World Health Report 2006, that countries with fewer than 23 physicians, nurses and midwives per 10 000 population generally fail to achieve adequate coverage rates for selected primary health care interventions as prioritized by the Millennium Development Goals framework.

Metadata: http://www.aho.afro.who.int/en/data-statistics/pharmaceutical-personnel-density-1000-population

### Physicians density (per 1000 population)

Definition: Number of medical doctors (physicians), including generalist and specialist medical practitioners, per 1 000 population.

Rationale: Preparing the health workforce to work towards the attainment of a country's health objectives represents one of the most important challenges for its health system. Methodologically, there are no gold standards for assessing the sufficiency of the health workforce to address the health care needs of a given population. It has been estimated however, in the World Health Report 2006, that countries with fewer than 23 physicians, nurses and midwives per 10 000 population generally fail to achieve adequate coverage rates for selected primary health care interventions as prioritized by the Millennium Development Goals framework.

Metadata: http://www.aho.afro.who.int/en/data-statistics/physicians-density-1000-population

## 4.9. Medical products, vaccines, infrastructures and equipment

### http://www.aho.afro.who.int/en/data-statistics/medical-products-vaccines-infrastructures-and-equipment

### Total density per million population: Computed tomography units

Definition: Computed tomography (CT) scan units from the public and private sectors, per 1 000 000 population.

Metadata: http://www.aho.afro.who.int/en/data-statistics/total-density-million-population-computed-tomography-units

### Total density per 100 000 population: District/rural hospitals

Definition: Number of district/rural hospitals from the public and private sectors, per 100,000 population.

Metadata: http://www.aho.afro.who.int/en/data-statistics/total-density-100-000-population-districtrural-hospitals

### Total density per million population: Gamma camera or Nuclear medicine

Definition: Nuclear medicine units from the public and private sectors, per 1 000 000 population.

Metadata: http://www.aho.afro.who.int/en/data-statistics/total-density-million-population-gamma-camera-or-nuclear-medicine

### Total density per 100 000 population: Health centres

Definition: Number of health centres from the public and private sectors, per 100,000 population.

Metadata: http://www.aho.afro.who.int/en/data-statistics/total-density-100-000-population-health-centres

### Total density per 100 000 population: Health posts

Definition: Number of health posts from the public and private sectors, per 100,000 population. Health posts are either community centres or health environments with a very limited number of beds with limited curative and preventive care resources normally assisted by health workers or nurses.

Metadata: http://www.aho.afro.who.int/en/data-statistics/total-density-100-000-population-health-posts

### Hospital beds (per 10 000 population)

Definition: The number of hospital beds available per every 10 000 inhabitants in a population.

Metadata: http://www.aho.afro.who.int/en/data-statistics/hospital-beds-10-000-population

### Total density per million population: Linear Accelerator

Definition Number of linear accelerators units from the public and private sectors, per 1 000 000 population.

Metadata http://www.aho.afro.who.int/en/data-statistics/total-density-million-population-linear-accelerator

### Total density per million population: Magnetic Resonance Imaging

Definition Number of Magnetic Resonance units from the public and private sectors, per 1 000 000 population.

Metadata http://www.aho.afro.who.int/en/data-statistics/total-density-million-population-magnetic-resonance-imaging

### Total density per million females aged from 50 to 69 years old: Mammography units

Definition Number of mammographs units from the public and private sectors, per million population of females aged between 50 and 69 years old .

Metadata http://www.aho.afro.who.int/en/data-statistics/total-density-million-females-aged-50-69-years-old-mammography-units

### Median availability of selected generic medicines (%)

Definition Median percent availability of selected generic medicines in a sample of health facilities.

Rationale Access to treatment is heavily dependent on the availability of affordable medicines. A regular, sustainable supply of essential medicines is required to avoid medicine shortages that can cause avoidable suffering and death. This indicator is part of a series of 9 indicators proposed by WHO to measure MDG Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.

Metadata http://www.aho.afro.who.int/en/data-statistics/median-availability-selected-generic-medicines

### Median consumer price ratio of selected generic medicines

Definition Median consumer price ratio (ratio of median local unit price to Management Sciences for Health international reference price) of selected originator medicines.

Rationale Medicines account for 20-60% of health spending in developing and transitional countries. Furthermore, up to 90% of the population in developing countries purchase medicines through out-of-pocket payments, making medicines the largest family expenditure item after food. As a result, medicines are unaffordable for large sections of the global population and are a major burden on government budgets. This indicator is part of a series of 9 indicators proposed by WHO to measure MDG Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.

Metadata http://www.aho.afro.who.int/en/data-statistics/median-consumer-price-ratio-selected-generic-medicines

### Total density per 100 000 population: Provincial hospitals

Definition Number of provincial hospitals from the public and private sectors, per 100,000 population.

Metadata http://www.aho.afro.who.int/en/data-statistics/total-density-100-000-population-provincial-hospitals

### Total density per million population: Radiotherapy units

Definition Number of radiotherapy units, including Linear Accelerators and Cobalt-60 from the public and private sectors, per 1 000 000 population.

Rationale In 2010, WHO launched a Baseline country survey on medical devices that allowed to identify the status of high cost medical devices in the Member States, including radiotherapy equipment, both linear accelerators and Cobalt-60. Cancer is a leading cause of death worldwide, killing nearly eight million people a year. Yet about one-third of these lives could be saved if cancer is detected and treated early. Three-quarters of cancer deaths occur in developing countries where the resources needed to prevent, diagnose and treat cancer are severely limited or nonexistent. Consequently, it is important to know the gaps in availability in order to find programmes to improve accessibility. As a result, WHO and the International Atomic Energy Agency (IAEA) have created a Joint Programme on Cancer Control focusing on the needs of radiotherapy equipment in developing countries.

Metadata http://www.aho.afro.who.int/en/data-statistics/total-density-million-population-computed-tomography-units

### Total density per million population: Telecobalt Unit

Definition Number of telecobalt (Cobalt-60) units from the public and private sectors, per 1 000 000 population.

Metadata http://www.aho.afro.who.int/en/data-statistics/total-density-million-population-telecobalt-unit

## 4.10. Universal coverage

**http://www.aho.afro.who.int/en/data-statistics/universal-coverage**

### Out-of-pocket expenditure as a percentage of private expenditure on health

Definition Level of out-of-pocket expenditure expressed as a percentage of private expenditure on health

Rationale This is a core indicator of health financing systems. t contributes to understanding the relative weight of direct payments by households in total health expenditures. High out-of-pocket payments are strongly associated with catastrophic and impoverishing spending. Thus it represents a key support for equity and planning processes.

### Private expenditure on health as a percentage of total expenditure on health

Definition Definition Level of private expenditure on health expressed as a percentage of total expenditure on health.

Rationale This is a core indicator of health financing systems. This indicator contributes to understanding the relative weight of private entities in total expenditure on health. It includes expenditure from pooled resources with no government control, such as voluntary health insurance, and the direct payments for health by corporations (profit, non-for-profit and NGOs) and households. As a financing agent classification, it includes all sources of funding passing through these entities, including any donor (funding) they use to pay for health.

# 5. Specific programmes and services

## 5.1. HIV/AIDS

http://www.aho.afro.who.int/en/data-statistics/hivaids

### Estimated antiretroviral therapy coverage among people living with HIV (%)

Definition The percentage of adults and children with HIV infection currently receiving antiretroviral combination therapy in accordance with the nationally approved treatment protocols (or WHO/UNAIDS standards) among the estimated number of adults and children with HIV infection. Numerator: Number of adults and children with HIV infection who are currently receiving antiretroviral combination therapy in accordance with the nationally approved treatment protocol (or WHO/UNAIDS standards) at the end of the reporting period. Denominator: Estimated number of adults and children with HIV infection.

Rationale Antiretroviral therapy (ART) has been shown to reduce mortality among those infected and efforts are being made to make it more affordable within low- and middle-income countries. This indicator assesses the progress in providing antiretroviral combination therapy to all people with HIV infection. As the HIV epidemic matures, increasing numbers of people are reaching advanced stages of HIV infection. Over recent years WHO has issued various updates in the ARV guidelines. Under the 2013 WHO consolidated guidelines, roughly 85% people living with HIV would be eligible for treatment in 2013. For reasons of comparability across countries and over time in the context of changing recommendations, this indicator relates to the number of people receiving ART as of proportion of the overall estimated number of people living with HIV. The ranges around the levels of people living with HIV who received ART are based on the uncertainty bounds around the estimates of people living with HIV.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=4477

### Estimated number of people aged 15 years and over who received HIV testing and counselling during the last 12 months per 1000 adults

Definition Estimated number of people aged 15 years and over who received HIV testing and counselling during the last 12 months per 1000 adults.

Rationale In order to protect themselves and to prevent infecting others, it is important for individuals to know their HIV status. Knowledge of one's status is also a critical factor in the decision to seek treatment.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=2931

### HIV prevalence among adults aged 15-49 years (%)

Definition The estimated number of adults aged 15-49 years with HIV infection, whether or not they have developed symptoms of AIDS, expressed as per cent of total population in that age group.

Rationale HIV and AIDS has become a major public health problem in many countries and monitoring the course of the epidemic and impact of interventions is crucial. Both the Millennium Development Goals (MDG) and the United Nations General Assembly Special Session on HIV and AIDS (UNGASS) have set goals of reducing HIV prevalence.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=334

### Population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (%)

Definition Percentage of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

Rationale HIV epidemics are perpetuated through primarily sexual transmission of infection to successive generations of young people. Sound knowledge about HIV and AIDS is an essential pre-requisite — albeit, often an insufficient condition — for adoption of behaviours that reduce the risk of HIV transmission. The purpose of this indicator is to assess progress towards universal knowledge of the essential facts about HIV transmission.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=21

### Prevalence of condom use by adults (aged 15-49 years) during higher-risk sex (%)

Definition: Percentage of women and men aged 15–49 who have had more than one sexual partner in the past 12 months who report the use of a condom during their last sexual intercourse

Rationale: Condom use is an important measure of protection against HIV, especially among people with multiple sexual partners. The purpose of this indicator is to assess progress towards preventing exposure to HIV through unprotected sex with non-regular partners.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=15

## 5.2. Tuberculosis

**http://www.aho.afro.who.int/en/data-statistics/tuberculosis**

### Case detection rate for all forms of tuberculosis

Definition: The proportion of estimated new and relapse tuberculosis (TB) cases detected in a given year under the internationally recommended tuberculosis control strategy. The term "case detection", as used here, means that TB is diagnosed in a patient and is reported within the national surveillance system, and then to WHO. The term "rate" is used for historical reasons; the indicator is actually a ratio (expressed as percentage) and not a rate.

Rationale: It provides an indication of the effectiveness of national tuberculosis (TB) programmes in finding, diagnosing and treating people with TB. WHO does not recommend that countries set specific targets for the case detection rate for all forms of TB because the denominator (estimated number of incident TB cases during a calendar year) is not directly measureable and there is thus considerable uncertainty about its true value.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=1422

### Estimated deaths due to tuberculosis, excluding HIV (per 100 000 population)

Definition: The estimated number of deaths attributable to tuberculosis (TB) in a given year, expressed as the rate per 100 000 population. Published values are rounded to three significant figures. Uncertainty bounds are provided in addition to best estimates.

Rationale: Incidence, prevalence and mortality are the three main indicators used to assess the burden of disease caused by TB. Of the three, mortality is the only indicator that can be directly measured in all countries (provided vital registration systems are in place).Target 6.c of the Millennium development Goals is to "have halted by 2015 and begun to reverse the incidence of malaria and other major diseases". Indicator 6.9 is defined as "incidence, prevalence and death rates associated with TB". The Stop TB Partnership has set a target of halving the 1990 TB mortality rate by 2015.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=17

### Estimated prevalence of tuberculosis (per 100 000 population)

Definition: The number of cases of tuberculosis (all forms) in a population at a given point in time (the middle of the calendar year), expressed as the rate per 100 000 population. It is sometimes referred to as "point prevalence". Estimates include cases of TB in people with HIV. 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 control report http://www.who.int/tb/publications/global_report/en/

Rationale: Incidence, prevalence and mortality are the three main indicators used to assess the burden of disease caused by TB. Target 6.c of the Millenium development Goals is to "have halted by 2015 and begun to reverse the incidence of malaria and other major diseases". Indicator 6.9 is defined as "incidence, prevalence and death rates associated with TB". The Stop TB Partnership has set a target of halving the 1990 TB prevalence and mortality rates by 2015.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=23

### Estimated incidence of tuberculosis (per 100 000 population)

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. 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 control report http://www.who.int/tb/publications/global_report/en/

Rationale: Incidence (cases arising in a given time period, usually one year) gives an indication of the burden of TB in a population, and of the size of the task faced by a national TB control programme. Incidence can change as the result of changes in transmission (the rate at which people become infected with Mycobacterium tuberculosis), or changes in the rate at which people infected with Mycobacterium tuberculosis develop TB disease (e.g. as a result of changes in nutritional status or of HIV infection). Because TB can develop in people who became infected many years previously, the effect of TB control on incidence is less rapid than the effect on prevalence or mortality.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=20

### Tuberculosis treatment success rate

Definition: The proportion of cases registered in a given year (excluding cases placed on a second-line drug regimen) that successfully completed treatment whether with or without bacteriological evidence of success.

Rationale: Treatment success is an indicator of the performance of national TB programmes.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=4462

## 5.3. Malaria

**http://www.aho.afro.who.int/en/data-statistics/malaria**

### Children aged <5 years with fever who received treatment with any antimalarial (%)

Definition: Percentage of children aged < 5 years with fever in malaria-risk areas being treated with effective antimalarial drugs.

Rationale: Prompt treatment with effective antimalarial drugs for children with fever in malaria-risk areas is a key intervention to reduce mortality. In addition to being listed as a global Millennium Development Goals Indicator under Goal 6, effective treatment for malaria is also identified by WHO, UNICEF, and the World Bank as one of the main interventions to reduce the burden of malaria in Africa. In areas of sub-Saharan Africa with stable levels of malaria transmission, it is essential that prompt access to treatment is ensured to prevent the degeneration of malaria from its onset to a highly lethal complicated picture. This requires drug availability at household or community level and, for complicated cases, availability of transport to the nearest equipped facility.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=14

### Children aged <5 years sleeping under insecticide-treated nets (%)

Definition: Percentage of children under five years of age in malaria endemic areas who slept under an insecticide-treated nets (ITN) the previous night.

Rationale: In areas of intense malaria transmission, malaria-related morbidity and mortality are concentrated in young children, and the use of insecticide-treated nets (ITN) by children under 5 has been demonstrated to considerably reduce malaria disease incidence, malaria-related anaemia and all cause under 5 mortality. In addition to being listed as an MDG indicator under Goal 6, the use of ITNs is identified by WHO as one of the main interventions to reduce the burden of malaria.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=13

### Number of insecticide classes to which resistance was reported

Definition: Number of insecticide classes to which resistance was confirmed via standard bioassays for any malaria vector species collected from any site within the country and tested with any insecticide of that class during the year indicated.

Rationale: This indicator belongs to a set of indicators whose purpose is to assess mosquito resistance to the insecticide classes recommended by WHO for malaria vector control, and also to facilitate implementation of the Global Plan for Insecticide Resistance Management in malaria vectors (GPIRM). WHO currently recommends four classes of insecticide for indoor residual spraying (pyrethroids, organochlorines, carbamates and organophosphates) and one for insecticide-treated nets (pyrethroids). The increasing trend in resistance to one or more insecticides classes constitutes a major threat to the effectiveness of current malaria control efforts. Therefore, resistance testing and monitoring are required to support the formulation of comprehensive national insecticide resistance monitoring and management plans for all countries with ongoing malaria transmission. This indicator provides information about the presence of confirmed carbamate resistance across countries over time.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=4557

## 5.4. Immunization and vaccines

**http://www.aho.afro.who.int/en/data-statistics/immunization-vaccines-and-emergencies**

### BCG immunization coverage among 1-year-olds (%)

Definition: The percentage of one-year-olds who have received one dose of bacille Calmette-Guérin (BCG) vaccine in a given year.

Rationale: Immunization is an essential component for reducing under-five mortality. Immunization coverage estimates are used to monitor coverage of immunization services and to guide disease eradication and elimination efforts. It is a good indicator of health system performance.

Metadata: http://www.aho.afro.who.int/en/data-statistics/bacille-calmette-gu%C3%A9rin-bcg-immunization-coverage-among-1-year-olds

### Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)

Definition The percentage of one-year-olds who have received three doses of the combined diphtheria, tetanus toxoid and pertussis vaccine in a given year.

Rationale Immunization is an essential component for reducing under-five mortality. Immunization coverage estimates are used to monitor coverage of immunization services and to guide disease eradication and elimination efforts. It is a good indicator of health system performance.

Metadata http://www.aho.afro.who.int/en/data-statistics/diphtheria-tetanus-toxoid-and-pertussis-dtp3-immunization-coverage-among-1-year-ol-0

### Hepatitis B (HepB3) immunization coverage among 1-year-olds (%)

Definition The percentage of one-year-olds who have received three doses of hepatitis B vaccine in a given year.

Rationale Immunization is an essential component for reducing under-five mortality. Immunization coverage estimates are used to monitor coverage of immunization services and to guide disease eradication and elimination efforts. It is a good indicator of health system performance.

Metadata http://www.aho.afro.who.int/en/data-statistics/hepatitis-b-hepb3-immunization-coverage-among-1-year-olds

### Hib (Hib3) immunization coverage among 1-year-olds (%)

Definition The percentage of one-year-olds who have received three doses of Haemophilus influenzae type B vaccine in a given year.

Rationale Immunization is an essential component for reducing under-five mortality. Immunization coverage estimates are used to monitor coverage of immunization services and to guide disease eradication and elimination efforts. It is a good indicator of health system performance.

Metadata http://www.aho.afro.who.int/en/data-statistics/haemophilus-influenzae-type-b-hibb3-immunization-coverage-among

### Measles (MCV) immunization coverage among 1-year-olds (%)

Definition The percentage of children under one year of age who have received at least one dose of measles-containing vaccine in a given year. For countries recommending the first dose of measles vaccine in children over 12 months of age, the indicator is calculated as the proportion of children less than 12-23 months of age receiving one dose of measles-containing vaccine.

Rationale Immunization is an essential component for reducing under-five mortality. Immunization coverage estimates are used to monitor coverage of immunization services and to guide disease eradication and elimination efforts. It is a good indicator of health system performance. Percentage of children under one year of age immunized against measles is one of MDG indicators (see 3.1. MDG-4: Reduce child mortality)

Metadata http://www.aho.afro.who.int/en/data-statistics/measles-containing-vaccine-mcv-immunization-coverage-among-1-year-olds

### Neonates protected at birth against neonatal tetanus (%)

Definition The proportion of neonates in a given year that can be considered as having been protected against tetanus as a result of maternal immunization.

Rationale Immunization is an essential component for reducing under-five mortality. Immunization coverage estimates are used to monitor coverage of immunization services and to guide disease eradication and elimination efforts. It is a good indicator of health system performance.

Metadata http://www.aho.afro.who.int/en/data-statistics/neonates-protected-birth-against-neonatal-tetanus-pab

### Pneumococcal conjuguate vaccine (PCV) immunization coverage among 1-year-olds (%)

Metadata http://www.aho.afro.who.int/en/data-statistics/pneumococcal-conjuguate-vaccine-pcv-immunization-coverage-among-1-year-olds

### Polio (Pol3) immunization coverage among 1-year-olds (%)

Definition The percentage of one-year-olds who have received three doses of polio vaccine in a given year.

Rationale Immunization is an essential component for reducing under-five mortality. Immunization coverage estimates are used to monitor coverage of immunization services and to guide disease eradication and elimination efforts. It is a good indicator of health system performance.

Metadata http://www.aho.afro.who.int/en/data-statistics/polio-pol3-immunization-coverage-among-1-year-olds

### Rotavirus-last immunization coverage among 1-year-olds (%)

Metadata http://www.aho.afro.who.int/en/data-statistics/rotavirus-last-immunization-coverage-among-1-year-olds

### Yellow fever (Yfv) immunization coverage among 1-year-olds (%)

Metadata http://www.aho.afro.who.int/en/data-statistics/yellow-fever-yfv-immunization-coverage-among-1-year-olds

## 5.5. Child and adolescent health

http://www.aho.afro.who.int/en/data-statistics/child-and-adolescent-health

### Children aged <5 years sleeping under insecticide-treated nets (%)

Definition: Percentage of children under five years of age in malaria endemic areas who slept under an insecticide-treated nets (ITN) the previous night.

Rationale: In areas of intense malaria transmission, malaria-related morbidity and mortality are concentrated in young children, and the use of insecticide-treated nets (ITN) by children under 5 has been demonstrated to considerably reduce malaria disease incidence, malaria-related anaemia and all cause under 5 mortality. In addition to being listed as an MDG indicator under Goal 6, the use of ITNs is identified by WHO as one of the main interventions to reduce the burden of malaria.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=13

### Stunting prevalence in children aged < 5 years (%)

Definition: Data are derived from re-analysis of Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) micro-data which are publicly available using the standard indicator definitions as published in DHS or Unicef documentation. The analysis was done by the International Center for Analysis and Monitoring of Equity in Health and Nutrition based in the Federal University of Pelotas, Brazil.

Rationale: 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 aged five years or younger. Numerator: Number of children aged five years or younger that meet the criteria for stunting. Denominator: Total number of children aged five years or younger surveyed.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=3328

### Children aged < 5 years underweight (%)

Definition: Percentage of underweight (weight-for-age less than -2 standard deviations of the WHO Child Growth Standards median) among children aged 0-5 years.

Rationale: This indicator belongs to a set of indicators whose purpose is to measure nutritional imbalance and malnutrition resulting in undernutrition (assessed by underweight, stunting and wasting) and overweight. Child growth is the most widely used indicator of nutritional status in a community and is internationally recognized as an important public-health indicator for monitoring health in populations. In addition, children who suffer from growth retardation as a result of poor diets and/or recurrent infections tend to have a greater risk of suffering illness and death.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=27

### Wasting prevalence in children aged < 5 years (%)

Definition: Data are derived from re-analysis of Demographic and Health Surveys (DHS) micro-data which are publicly available using the standard indicator definitions as published in DHS documentation. The analysis was done by the International Center for Analysis and Monitoring of Equity in Health and Nutrition based in the Federal University of Pelotas, Brazil.

Rationale: 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 aged five years or younger. Numerator: Number of children aged five years or younger that meet the criteria for wasting. Denominator: Total number of children aged five years or younger surveyed.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=4488

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

Definition: Proportion of children aged 0–59 months who had 'presumed pneumonia' (ARI) in the previous 2 weeks and were taken to an appropriate health-care provider. Strictly speaking, 'ARI' stands for 'acute respiratory infection'. During the UNICEF/WHO Meeting on Child Survival Survey-based Indicators, held in New York, 17–18 June 2004, it was recommended that ARI be described as 'presumed pneumonia' to better reflect probable cause and the recommended interventions. The definition of ARI used in the Demographic and Health Surveys (DHS) and in the Multiple Indicator Cluster Surveys (MICS) was chosen by the group and is based on mothers' perceptions of a child who has a cough, is breathing faster than usual with short, quick breaths or is having difficulty breathing, excluding children that had only a blocked nose. The definition of 'appropriate' care provider varies between countries.

Rationale: Acute respiratory infections (ARI) are responsible for 15% of all deaths of children aged less than 5 years worldwide. Appropriate care of the sick child is defined as providers that can correctly diagnose and treat pneumonia. The proportion of under-fives with ARI that are taken to an appropriate health-care provider is therefore a key indicator for coverage of intervention and care-seeking, and provides critical inputs to the monitoring of progress towards child survival-related Millennium Development Goals and Strategies.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=70

### Children aged <5 years with ARI symptoms receiving antibiotics (%)

Definition Percentage of children ages 0–59 months with suspected pneumonia receiving antibiotics

Rationale Pneumonia accounts for an estimated 15% of deaths among children under five. Appropriate care of the sick child is defined as providers that can correctly diagnose and treat pneumonia. Antibiotics have an essential role in reducing deaths due to pneumonia. Pneumonia prevention and treatment is therefore essential to the achievement of MDG4.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=2973

### Children aged <5 years with diarrhoea receiving oral rehydration therapy (%)

Definition Proportion of children aged 0–59 months who had diarrhoea in the previous 2 weeks and were treated with oral rehydration salts or an appropriate household solution (ORT). According to DHS, the term(s) used for diarrhoea should encompass the expressions used for all forms of diarrhoea, including bloody stools (consistent with dysentery), watery stools, etc. It encompasses the mother`s definition as well as the 'local term(s)'. The definition of "appropriate household solution" may vary between countries.

Rationale Diarrhoeal diseases remain one of the major causes of mortality among under-fives, accounting for more than 600 000 child deaths worldwide, despite all the progress in its management and the undeniable success of the oral rehydration therapy (ORT). Therefore monitoring of the coverage of this very cost-effective intervention is crucial for the monitoring of progress towards the child survival-related Millennium Development Goals and Strategies.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=71

### Children aged <5 years with fever who received treatment with any antimalarial (%)

Definition Percentage of children aged < 5 years with fever in malaria-risk areas being treated with effective antimalarial drugs.

Rationale Prompt treatment with effective antimalarial drugs for children with fever in malaria-risk areas is a key intervention to reduce mortality. In addition to being listed as a global Millennium Development Goals Indicator under Goal 6, effective treatment for malaria is also identified by WHO, UNICEF, and the World Bank as one of the main interventions to reduce the burden of malaria in Africa. In areas of sub-Saharan Africa with stable levels of malaria transmission, it is essential that prompt access to treatment is ensured to prevent the degeneration of malaria from its onset to a highly lethal complicated picture. This requires drug availability at household or community level and, for complicated cases, availability of transport to the nearest equipped facility.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=14

### Children aged 6-59 months who received vitamin A supplementation (%)

Definition Proportion of children aged 6–59 months who received a high-dose vitamin A supplement within the last 6 months. High dose vitamin A, according to the International Vitamin A Consultative Group (IVACG) definition, refers to "doses equal or greater than 25 000 IU".

Rationale Supplementation with vitamin A is considered to be an important intervention for child survival owing to the strong evidence that exists for its impact on reducing child mortality among populations where vitamin A deficiency is prevalent. Therefore, measuring the proportion of children who have received vitamin A within the last 6 months is crucial for monitoring coverage of interventions towards the child survival-related Millennium Development Goals and Strategies.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=69

### Proportion of infants aged 6-8 months who receiving complementary food (solid, semi-solid or soft foods) (%)

Definition Proportion of infants aged 6-8 months receiving breast milk and any food, whether home-prepared or industrially processed, suitable as a complement to breast milk to satisfy the nutritional requirements of the infant.

Rationale Breast milk alone does not provide all the nutrients needed by an infant over six months of age. UNICEF and WHO recommend that all women breastfeed their children exclusively for the first six months. After this age, the introduction of complementary foods is critical to meet the protein, energy, and micronutrient needs of the child. Continuing to breastfeed with complementary feeding is also important as breastfeeding accounts for a substantial proportion of fat, vitamin A, calcium, and quality protein into the second year of life

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=3209

### Distribution of causes of death among children aged <5 years (%)

Definition Distribution of main causes of death among children aged < 5 years, expressed as percentage of total deaths. The causes of death refers to the concept of the 'underlying cause of death' as defined by ICD-10 (WHO, 1992).

Rationale The target of Millennium Development Goal 4 is to "Reduce by two thirds, from 1990 to 2015, the under-five mortality rate". Efforts to improve child survival can be effective only if they are based on reason-

ably accurate information about the causes of childhood deaths. Cause-of-death information is needed to prioritize interventions and plan for their delivery, to determine the effectiveness of disease-specific interventions, and to assess trends in disease burden in relation to national and international goals.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=89

### Early initiation of breastfeeding (%)

Definition Proportion of children born in the last 24 months who were put to the breast within one hour of birth

Rationale This indicator belong to a set of indicators whose purpose is to measure infant and young child feeding practices, policies and programmes. Early initiation of breastfeeding, within one hour of birth, protects the newborn from acquiring infection and reduces newborn mortality. It facilitates emotional bonding of the mother and the baby and has a positive impact on duration of exclusive breastfeeding. When a mother initiates breastfeeding within one hour after birth, production of breast milk is stimulated. The yellow or golden first milk produced in the first days, also called colostrum, is an important source of nutrition and immune protection for the newborn.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=337

### Exclusive breastfeeding under 6 months (%)

Definition Proportion of infants 0–5 months of age who are fed exclusively with breast milk.

Rationale This indicator belong to a set of indicators whose purpose is to measure infant and young child feeding practices, policies and programmes. Infant and young child feeding practices directly affect the nutritional status and survival of children. Exclusive breastfeeding is the single most effective intervention to improve the survival of children. Improving infant and young child feeding practices is therefore critical to improved nutrition, health and development of children.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=130

### Under-five mortality rate (probability of dying by age 5 per 1000 live births)

See under 2.2. Mortality

### Average annual rate of reduction (AARR) (%) in under-five mortality rate

n/a

### Neonatal mortality rate (per 1000 live births)

Definition Number of deaths during the first 28 completed days of life per 1000 live births in a given year or other period.

Rationale Mortality during the neonatal period accounts for a large proportion of child deaths, and is considered to be a useful indicator of maternal and newborn neonatal health and care. Generally, the proportion of neonatal deaths among child deaths under the age of five is expected to increase as countries continue to witness a decline in child mortality.

Metadata http://www.childmortality.org/

### Low-birthweight babies/newborns (%)

Definition The percentage of live births that weigh less than 2,500 g out of the total of live births during the same time period.

Rationale At the population level, the proportion of babies with a low birth weight is an indicator of a multifaceted public-health problem that includes long-term maternal malnutrition, ill health, hard work and poor health care in pregnancy. On an individual basis, low birth weight is an important predictor of newborn health and survival.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=76

## 5.6. Maternal and newborn health

**http://www.aho.afro.who.int/en/data-statistics/maternal-and-newborn-health**

### Antenatal care coverage - at least four visits (%)

Definition The percentage of women aged 15-49 with a live birth in a given time period that received antenatal care four or more times. Due to data limitations, it is not possible to determine the type of provider for each visit. Numerator: The number of women aged 15-49 with a live birth in a given time period that received antenatal care four or more times. Denominator: Total number of women aged 15-49 with a live birth in the same period.

Rationale Antenatal care coverage is an indicator of access and use of health care during pregnancy. The antenatal period presents opportunities for reaching pregnant women with interventions that may be vital to their health and wellbeing and that of their infants. Receiving antenatal care at least four times, as recommended by WHO, increases the likelihood of receiving effective maternal health interventions during antenatal visits. This is an MDG indicator.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=80

### Antiretroviral therapy coverage among HIV-infected pregnant women for PMTCT (%)

Definition: The percentage of HIV-infected pregnant women who received antiretroviral medicines to reduce the risk of mother-to-child transmission, among the estimated number of HIV-infected pregnant women. Numerator: Number of HIV-infected pregnant women who received antiretroviral medicines to reduce the risk of mother-to-child transmission in the last 12 months. Denominator: Estimated number of HIV-infected pregnant women in the last 12 months

Rationale: In the absence of any preventative interventions, infants born to and breastfed by HIV-infected women have roughly a one-in-three chance of acquiring infection themselves. This can happen during pregnancy, during labour and delivery or after delivery through breastfeeding. The risk of mother-to-child transmission can be significantly reduced through the complementary approaches of antiretroviral regimens for the mother with or without prophylaxis to the infant, implementation of safe delivery practices and use of safer infant feeding practices. The purpose of this indicator is to assess progress in preventing mother-to-child transmission of HIV (PMTCT).

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=82

### Births attended by skilled health personnel (%)

Definition: The proportion of births attended by skilled health personnel. Numerator: The number of births attended by skilled health personnel (doctors, nurses or midwives) trained in providing life saving obstetric care, including giving the necessary supervision, care and advice to women during pregnancy, childbirth and the post-partum period; to conduct deliveries on their own; and to care for newborns. Denominator: The total number of live births in the same period.

Rationale: All women should have access to skilled care during pregnancy and childbirth to ensure prevention, detection and management of complications. Assistance by properly trained health personnel with adequate equipment is key to lowering maternal deaths. As it is difficult to accurately measure maternal mortality, and model-based estimates of the maternal mortality ratio cannot be used for monitoring short-term trends, the proportion of births attended by skilled health personnel is used as a proxy indicator for this purpose. This is an MDG indicator.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=25

### Births by caesarean section (%)

Definition: Percentage of births by caesarean section among all live births in a given time period.

Rationale: The percentage of births by caesarean section is an indicator of access to and use of health care during childbirth.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=68

### Distribution of main causes of maternal death (%)

Metadata: http://www.aho.afro.who.int/en/data-statistics/distribution-main-causes-maternal-death

### Infant mortality rate (deaths per 1,000 live births)

See under 2.2. Mortality

### Lifetime risk of maternal death (1 in N)

Definition: Lifetime risk of maternal death (1 in:)

Rationale: The importance of quantifying the loss of life caused by maternal mortality in a population is widely recognized. In addition to the MMRatio and the MMRate, the lifetime risk, or probability, of maternal death in a population is another possible measure. Whereas the MMRatio and the MMRate are measures of the frequency of maternal death in relation to the number of live births or to the female population of reproductive age, the lifetime risk of maternal mortality describes the cumulative loss of human life due to maternal death over the female life course. Because it is expressed in terms of the female life course, the lifetime risk is often preferred to the MMRatio or MMRate as a summary measure of the impact of maternal mortality.

Metadata: http://www.aho.afro.who.int/en/data-statistics/lifetime-risk-maternal-death-1-n

### Maternal mortality ratio (per 100 000 live births)

Definition: The maternal mortality ratio (MMR) is the annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births, for a specified year.

Rationale: Complications during pregnancy, childbirth and post-partum are a leading cause of death and disability among women of reproductive age in developing countries. The maternal mortality ratio represents the risk associated with each pregnancy, i.e. the obstetric risk. It is also a Millennium Development Goal Indicator for monitoring Goal 5, improving maternal health (see 3.2. MDG-5: Improve maternal health). The indicator monitors deaths related to pregnancy and childbirth. It reflects the capacity of the health systems to provide effective health care in preventing and addressing the complications occurring during pregnancy and childbirth.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=26

### Average annual rate of reduction (AARR) (%) in maternal mortality ratio

n/a

### Neonatal mortality rate (per 1000 live births)

See under 5.5. Child and adolescent health

### Postnatal care visit within two days of childbirth (%)

Definition: Percentage of mothers who received postnatal care within two days of childbirth. Numerator: Number of women who received postnatal care within two days of childbirth. Denominator: Total number of women ages 15-49 years with a last live birth in the x years prior to the survey (regardless of place of delivery).

Rationale: The majority of maternal and newborn deaths occur within a few hours after birth, mostly within the first 48 hours. Deaths in the newborn period (first 28 days) are a growing proportion of all child deaths. Postnatal care contacts, especially within the first few days following birth, are a critical opportunity for improving maternal and newborn health and survival and for provision of information about birth spacing.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=2972

### Pregnant women who received 2+ doses of IPTp for malaria during pregnancy (%)

Definition: Pregnant women who received 2+ doses of Intermittent preventive therapy in pregnancy IPTp (2+ doses of SP/fansidar) for malaria during pregnancy (%).

Rationale: IPTp is a public health intervention aimed at treating and preventing malaria episodes for pregnant women. The intervention builds on two tested malaria control strategies: to clear existing parasites and prevent new infections.

Metadata: http://www.aho.afro.who.int/en/data-statistics/pregnant-women-who-received-2-doses-iptp-malaria-during-pregnancy

### Stillbirth rate (per 1000 total births)

Definition: For international comparison purposes, stillbirths are defined as third trimester fetal deaths (> or = 1000 grams or > or = 28 weeks).

Rationale: Stillbirths can occur antepartum or intrapartum. In many cases, stillbirths reflect inadequacies in antenatal care coverage or good quality intrapartum care.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=2444

## 5.7. Gender and women's health

**http://www.aho.afro.who.int/en/data-statistics/gender-and-women%E2%80%99s-health**

### Adolescent fertility rate (per 1000 girls aged 15-19 years)

Definition: The annual number of births to women aged 15-19 years per 1,000 women in that age group. It is also referred to as the age-specific fertility rate for women aged 15-19.

Rationale: The adolescent birth rate, technically known as the age-specific fertility rate provides a basic measure of reproductive health focusing on a vulnerable group of adolescent women. There is substantial agreement in the literature that women who become pregnant and give birth very early in their reproductive lives are subject to higher risks of complications or even death during pregnancy and birth and their children are also more vulnerable. Therefore, preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality. Furthermore, women having children at an early age experience a curtailment of their opportunities for socio-economic improvement, particularly because young mothers are unlikely to keep on studying and, if they need to work, may find it especially difficult to combine family and work responsibilities. The adolescent birth rate provides also indirect evidence on access to reproductive health since the youth, and in particular unmarried adolescent women, often experience difficulties in access to reproductive health care.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=3

### Age-standardized incidence rate of cervical cancer per 100 000 population

n/a

### Contraceptive prevalence (%)

Definition: The percentage of women aged 15-49 years, married or in-union, who are currently using, or whose sexual partner is using, at least one method of contraception, regardless of the method used.

Rationale: Contraceptive prevalence rate is an indicator of health, population, development and women's empowerment. It also serves as a proxy measure of access to reproductive health services that are essential for meeting many of the Millennium Development Goals, especially those related to child mortality, maternal health, HIV/AIDS, and gender equality.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=5

### Female headed households (% of households with a female head)

Definition Female headed households shows the percentage of households with a female head

Rationale One of gender equity indicator

Metadata http://databank.worldbank.org/data/reports.aspx?source=2&type=metadata&series=SP.HOU.FEMA.ZS

### Women aged 20-24 that were married before the age of 18 (%)

Definition Percentage of women aged 20 to 24 years who were first married or in union before they were 18 years.

Rationale Marriage before the age of 18 is a fundamental violation of human rights. Yet among women aged 20 to 24 worldwide, one in four were child brides. Many factors interact to place a girl at risk of marriage, including poverty, the perception that marriage will provide 'protection', family honour, social norms, customary or religious laws that condone the practice, an inadequate legislative framework and the state of a country's civil registration system. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, limiting her opportunities for career and vocational advancement and placing her at increased risk of domestic violence. Child marriage also affects boys, but to a lesser degree than girls. - See more at: http://data.unicef.org/child-protection/child-marriage.html#sthash.09FTxfD9.dpuf

Metadata http://data.unicef.org/child-protection/child-marriage.html

### Prevalence of female genital mutilation/Cutting (FGM/C) among girls (%)

Definition Percentage of girls 0–14 years old who have undergone FGM/C (as reported by their mothers)

Rationale The United Nations considers female genital mutilation a human rights violation because of the physical and psychological impact this unnecessary procedure has on women. Obtaining timely, comparable and reliable information on Female genital mutilation/Cutting is key to efforts aimed at promoting its elimination. This is important to protect child.

Metadata http://data.unicef.org/child-protection/fgmc.html#sthash.IPdgiJDB.dpuf

### Prevalence of Female genital mutilation/Cutting (FGMC) among women (%)

Definition Percentage of women 15–49 years old who have undergone FGM/C

Rationale The United Nations considers female genital mutilation a human rights violation because of the physical and psychological impact this unnecessary procedure has on women. Obtaining timely, comparable and reliable information on Female genital mutilation/Cutting is key to efforts aimed at promoting its elimination. This is important to protect child.

Metadata http://data.unicef.org/child-protection/fgmc.html#sthash.IPdgiJDB.dpuf

### Proportion of seats held by women in national parliaments (%)

Definition Number of seats held by women members in single or lower chambers of national parliaments, expressed as a percentage of all occupied seats. Seats refer to the number of parliamentary mandates, or the number of members of parliament.

Rationale This is one of MDG 3 indicator. The indicator covers the single chamber in unicameral parliaments and the lower chamber in bicameral parliaments. Women's representation in parliaments is one aspect of women's opportunities in political and public life, and it is therefore linked to women's empowerment.

Metadata United Nations Population Division

### Sex ratio (Women100 men)

Definition Number of females per 100 males

Metadata United Nations Population Division

### Share of women in wage employment in the nonagricultural sector (%)

Definition Share of female workers in the non-agricultural sector expressed as a percentage of total employment in the sector.

Rationale This is one of MDG 3 indicator. The indicator measures the degree to which labour markets are open to women in industry and service sectors, which affects not only equal employment opportunity for women but also economic efficiency through flexibility of the labour market and, therefore, the economy's ability to adapt to change.

Metadata http://data.worldbank.org/indicator/SL.EMP.INSV.FE.ZS

### Total fertility rate (per woman)

Definition The average number of children a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality. It is expressed as children per woman.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=123

### Unmet need for family planning (%)

Definition The proportion of women of reproductive age (15-49 years) who are married or in union and who have an unmet need for family planning, i.e. who do not want any more children or want to wait at least two years before having a baby, and yet are not using contraception.

Rationale Unmet need for family planning provides a measurement of the ability of women in achieving their desired family size and birth spacing. It also provides an indication of the success of reproductive health programmes in addressing demand for services. Unmet need complements the contraceptive prevalence rate by indicating the additional extent of need to delay or limit births. Unmet need is a rights-based measure that helps determine how well a country's health system and social conditions support the ability of women to realize their stated preference to delay or limit births.

Metadata http://www.aho.afro.who.int/en/data-statistics/unmet-need-family-planning-0

## 5.8. Ageing

### http://www.aho.afro.who.int/en/data-statistics/ageing

#### Life expectancy at age 60 (years)

Definition The average number of years that a person of 60 years old could expect to live, if he or she were to pass through life exposed to the sex- and age-specific death rates prevailing at the time of his or her 60 years, for a specific year, in a given country, territory, or geographic area.

Rationale Life expectancy at age 60 reflects the overall mortality level of a population over 60 years. It summarizes the mortality pattern that prevails across all age groups above 60 years.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=2977

#### Percentage of population 60+ years

Definition The percentage of de facto population aged 60 years and older in a country, area or region as of 1 July of the year indicated.

Metadata United Nations Population Division

#### Sex ratio in 60+ age group (men/100 women)

Definition Number of females per 100 males in 60+ age group

Metadata United Nations Population Division

## 5.9. Epidemic and pandemic-prone diseases

n/a

## 5.10. Neglected tropical diseases

### http://www.aho.afro.who.int/en/data-statistics/neglected-tropical-diseases

#### Number of reported cases of leprosy (Number of newly detected cases of leprosy)

Definition Enumeration of clinically confirmed newly detected cases of leprosy. WHO operational definition of a case of leprosy: a person showing clinical signs of leprosy, with or without bacteriological confirmation of the diagnosis, and requiring chemotherapy. This definition excludes individuals cured of the infection but having residual disabilities due to leprosy.

Rationale WHA Resolution 44.9 on elimination of leprosy as a public health problem

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=47

#### Number of new reported cases of Buruli ulcer

Definition A case of Buruli ulcer is defined as a person living in or having travelled to an endemic area and presenting with a painless lesion (nodule, plaque, oedema or ulcer) consistent with signs of the disease (with or without bacteriological confirmation).

Rationale WHA Resolution 57.1 on surveillance and control of Buruli ulcer.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=2448

#### Dracunculiasis certification status of countries at the beginning of the year

Definition It defines the status of certification of countries. WHO classifies countries as: Endemic for dracunculiasis - country or group of countries where dracunculiasis transmission occurs and where surveillance and control operations are essential; Countries at the precertification stage - group of countries have reached zero reporting of indigenous cases and where a reliable and extensive surveillance system must be maintained until certification; Countries not known to have dracunculiasis but yet to be certified - group of countries where the information obtained is not sufficiently clear to ascertain that guinea worm transmission has been definitely interrupted; Certified free of dracunculiasis - group of countries verified as free of dracunculiasis transmission and certified by WHO following the recommendation of the International Commission for the Certification of Dracunculiasis Eradication (ICCDE). Surveillance should be maintained until global eradication of dracunculiasis is declared. A country will be considered to have re-established dracunculiasis endemicity if the country has not reported an indigenous case of the disease for >3years, and subsequently indigenous transmission of laboratory confirmed cases is shown to occur in that country for three or more consecutive calendar years.

Rationale WHA Resolutions 44.5, 50.35 and 57.9 on eradication of dracunculiasis.

Metadata http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=2468

### Annual incidence of dracunculiasis cases

Definition: Enumeration of the new dracunculiasis cases. WHO operational definition of a case of dracunculiasis: An individual exhibiting a skin lesion or lesions with emergence of one or more guinea worms (each individual should be counted only once in a calendar year).

Rationale: WHA Resolutions 44.5, 50.35 and 57.9 on eradication of dracunculiasis.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=2464

### Status of endemicity for blinding trachoma

Definition: Presence or absence of blinding trachoma as a public health problem.

Rationale: WHA 51.11 on the elimination of blinding trachoma as a public health problem.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=2470

### Number of new reported cases of human African trypanosomiasis (T.b. gambiense)

Definition: Number of new cases of human African trypanosomiasis (T.b. gambiense) officially reported to WHO by the National Control Program.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=2466

## 5.11. Noncommunicable diseases and conditions

**http://www.aho.afro.who.int/en/data-statistics/noncommunicable-diseases-and-conditions**

### Age-standardized mortality rate (per 100 000 population)

Definition: The age-standardized mortality rate is a weighted average of the age-specific mortality rates per 100 000 persons, where the weights are the proportions of persons in the corresponding age groups of the WHO standard population.

Rationale: The numbers of deaths per 100 000 population are influenced by the age distribution of the population. Two populations with the same age-specific mortality rates for a particular cause of death will have different overall death rates if the age distributions of their populations are different. Age-standardized mortality rates adjust for differences in the age distribution of the population by applying the observed age-specific mortality rates for each population to a standard population.

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=78

### Probability of dying between exact ages 30 and 70 from any of cardiovascular disease, cancer, diabetes, or chronic respiratory (%)

Definition: Per cent of 30-year-old-people who would die before their 70th birthday from any of cardiovascular disease, cancer, diabetes, or chronic respiratory disease, assuming that s/he would experience current mortality rates at every age and s/he would not die from any other cause of death (e.g., injuries or HIV/AIDS).

Rationale: Disease burden from non-communicable diseases (NCDs) among adults - the most economically productive age span - is rapidly increasing in developing countries due to ageing and health transitions. Measuring the risk of dying from target NCDs is important to assess the extent of burden from mortality due NCDs in a population. This indicator has been selected to measure NCD mortality for the "25 by 25" NCD mortality target (see links below).

Metadata: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=3354

# 6. Key determinants

## 6.1. Risk factors for health

**http://www.aho.afro.who.int/en/data-statistics/risk-factors-health-0**

### Prevalence of current tobacco use among adults aged ≥ 15 years (%)

Definition: Current smoking of any tobacco product prevalence estimates, resulting from the latest adult tobacco use survey (or survey which asks tobacco use questions), which have been adjusted according to the WHO regression method for standardising described in the Method of Estimation below. "Tobacco smoking" includes cigarettes, cigars, pipes or any other smoked tobacco products. "Current smoking" includes both daily and non-daily or occasional smoking.

Rationale: The prevalence of current tobacco smoking among adults is an important measure of the health and economic burden of tobacco, and provides a baseline for evaluating the effectiveness of tobacco control programmes over time. While a more general measure of tobacco use (including both smoked and smokeless products) would be ideal, data limitations restrict the present indicator to smoked tobacco. Adjusted and age-standardized prevalence rates are constructed solely for the purpose of comparing tobacco use prevalence estimates across multiple countries or across multiple time periods for the same country. These rates should not be used to estimate the number of smokers in the population.

Metadata: http://www.aho.afro.who.int/en/data-statistics/prevalence-current-tobacco-use-among-adults-aged-%E2%89%A5-15-years

### Prevalence of raised total cholesterol (≥ 240 mg/dl)

Definition: Percentage of defined population with total cholesterol ≥ 240 mg/dl (6.2 mmol/l).

Metadata: http://www.aho.afro.who.int/en/data-statistics/prevalence-raised-total-cholesterol-among-adults-aged-%E2%89%A5-25-years

### Prevalence of raised blood pressure (SBP≥140 OR DBP≥90)

Definition: Percent of defined population with raised blood pressure (systolic blood pressure ≥ 140 OR diastolic blood pressure ≥ 90).

Metadata: http://www.aho.afro.who.int/en/data-statistics/prevalence-raised-blood-pressure-among-adults-aged-%E2%89%A5-25-years

### Prevalence of raised fasting blood glucose

Definition: Percent of defined population with fasting glucose ≥126 mg/dl (7.0 mmol/l) or on medication for raised blood glucose.

Metadata: http://www.aho.afro.who.int/en/data-statistics/prevalence-raised-fasting-blood-glucose-among-adults-aged-%E2%89%A5-25-years

### Total alcohol per capita (15+ years) consumption of pure alcohol

Definition: Total APC is defined as the total (sum of recorded APC three-year average and unrecorded APC) amount of alcohol consumed per adult (15+ years) over a calendar year, in litres of pure alcohol. Recorded alcohol consumption refers to official statistics (production, import, export, and sales or taxation data), while the unrecorded alcohol consumption refers to alcohol which is not taxed and is outside the usual system of governmental control. In circumstances in which the number of tourists per year is at least the number of inhabitants, the tourist consumption is also taken into account and is deducted from the country's recorded APC.

Rationale: The total APC comprises both the recorded and the unrecorded APC, which together provide a more accurate estimate of the level of alcohol consumption in a country, and as a result, portray trends of alcohol consumption in a more precise way.

Metadata: http://www.aho.afro.who.int/en/data-statistics/prevalence-physical-inactivity-among-adults-aged-%E2%89%A5-15-years

### Physical inactivity (WPRO)

Definition: ADULTS: Prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent). ADOLESCENTS: Prevalence of insufficiently physically active adolescents (defined as less than 60 minutes of moderate to vigorous intensity activity daily). Countries will select the relevant age group for adolescents as per their national context.

Rationale: The cut-point of less than 150 minutes of moderate activity per week (or equivalent) was chosen since a vast and strong body of scientific evidence shows that people meeting this threshold have higher levels of health-related fitness, a lower risk profile for developing a number of disabling medical conditions, and lower rates of various chronic NCDs than people who are inactive. This indicator is calculated from age-specific prevalence values of insufficient physical activity. Age standardization is done in order to control differences in population age structure over time and across countries. The lower age limit of 18 years was selected taking into consideration the nature and availability of the scientific evidence relevant to health outcomes.

Metadata: http://www.aho.afro.who.int/en/data-statistics/prevalence-physical-inactivity-among-adults-aged-%E2%89%A5-15-years

## 6.2. The physical environment

**http://www.aho.afro.who.int/en/data-statistics/physical-environment**

### Population using improved drinking-water sources (%)

Definition: The percentage of population using an improved drinking water source. An improved drinking water source, by nature of its construction and design, is likely to protect the source from outside contamination, in particular from faecal matter. Improved drinking water sources include: piped water into dwelling, plot or yard; public tap/stand pipe; tube well/borehole; protected dug well; protected spring and rainwater collection. On the other hand, unimproved drinking water sources are: unprotected drug well, unprotected spring, cart with small tank/drum, tanker truck, surface water (river, dam, lake, pond, stream, canal, irrigation channel ad any other surface water), and bottled water (if it is not accompanied by another improved source)

Rationale: Access to drinking water and basic sanitation is a fundamental need and a human right vital for the dignity and health of all people. The health and economic benefits of improved water supply to households and individuals are well documented. Use of an improved drinking water source is a proxy for the use of safe drinking water.

Metadata: http://www.aho.afro.who.int/en/data-statistics/population-using-improved-drinking-water-sources-0

### Population using improved sanitation facilities (%)

Definition: The percentage of population using an improved sanitation facility. An improved sanitation facility is one that likely hygienically separates human excreta from human contact. Improved sanitation facilities include: flush or pour-flush to piped sewer system, septic tank or pit latrine, ventilated improved pit latrine, pit latrine with slab and composting toilet. However, sanitation facilities are not considered improved when shared with other households, or open to public use. while, unimproved sanitation include: flush or pour-flush to elsewhere, pit latrine without slab or open pit, bucket, hanging toilet or hanging latrine and no facilities or bush or field (open defecation) (WHO & UNICEF, 2010.)

Rationale: Access to drinking water and basic sanitation is a fundamental need and a human right vital for the dignity and health of all people. The health and economic benefits of improved sanitation facilities to households and individuals are well documented. Use of an improved sanitation facility is a proxy for the use of basic sanitation.

Metadata: http://www.aho.afro.who.int/en/data-statistics/population-using-improved-sanitation

### Population living in urban areas (%)

Definition: The percentage of de facto population living in areas classified as urban according to the criteria used by each area or country as of 1 July of the year indicated.

Metadata: http://www.aho.afro.who.int/en/data-statistics/population-living-urban-areas

### Population using solid fuels (%)

Definition: The percentage of the population that relies on solid fuels as the primary source of domestic energy for cooking and heating.

Rationale: The use of solid fuels in households is associated with increased mortality from pneumonia and other acute lower respiratory diseases among children, as well as increased mortality from chronic obstructive pulmonary disease, cerebrovascular and ischaemic heart diseases, and lung cancer among adults.

Metadata: http://www.aho.afro.who.int/en/data-statistics/population-using-solid-fuels

## 6.3. Nutrition

### http://www.aho.afro.who.int/en/data-statistics/food-safety-and-nutrition

### Children aged <5 years underweight (%)

Definition: Percentage of underweight (weight-for-age less than -2 standard deviations of the WHO Child Growth Standards median) among children aged 0-5 years.

Rationale: This indicator belongs to a set of indicators whose purpose is to measure nutritional imbalance and malnutrition resulting in undernutrition (assessed by underweight, stunting and wasting) and overweight. Child growth is the most widely used indicator of nutritional status in a community and is internationally recognized as an important public-health indicator for monitoring health in populations. In addition, children who suffer from growth retardation as a result of poor diets and/or recurrent infections tend to have a greater risk of suffering illness and death.

Metadata: http://www.aho.afro.who.int/en/data-statistics/children-aged-under-5-years-underweight

### Children aged <5 years stunted (%)

Definition: Percentage of stunting (height-for-age less than -2 standard deviations of the WHO Child Growth Standards median) among children aged 0-5 years

Rationale: This indicator belongs to a set of indicators whose purpose is to measure nutritional imbalance and malnutrition resulting in undernutrition (assessed by underweight, stunting and wasting) and overweight. Child growth is the most widely used indicator of nutritional status in a community and is internationally recognized as an important public-health indicator for monitoring health in populations. In addition, children who suffer from growth retardation as a result of poor diets and/or recurrent infections tend to have a greater risk of suffering illness and death.

Metadata: http://www.aho.afro.who.int/en/data-statistics/children-aged-under-5-years-stunted

### Children aged <5 years wasted (%)

Definition: Percentage of (weight-for-height less than -2 standard deviations of the WHO Child Growth Standards median) among children aged 0-5 years

Rationale: This indicator belongs to a set of indicators whose purpose is to measure nutritional imbalance and malnutrition resulting in undernutrition (assessed by underweight, stunting and wasting) and overweight

Metadata: http://apps.who.int/gho/data/node.main.55?lang=en

### Children aged <5 years overweight (%)

Definition: Percentage of overweight (weight-for-height above +2 standard deviations of the WHO Child Growth Standards median) among children aged 0-5 years

Rationale: This indicator belongs to a set of indicators whose purpose is to measure nutritional imbalance and malnutrition resulting in undernutrition (assessed by underweight, stunting and wasting) and overweight. Child growth is the most widely used indicator of nutritional status in a community and is internationally

recognized as an important public-health indicator for monitoring health in populations. In addition, children who suffer from growth retardation as a result of poor diets and/or recurrent infections tend to have a greater risk of suffering illness and death.

Metadata http://www.aho.afro.who.int/en/data-statistics/children-aged-under-5-years-overweight

## 6.4. Social determinants

**http://www.aho.afro.who.int/en/data-statistics/social-determinants**

### Demography

#### Total fertility rate (per woman)

Definition The average number of children a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality. It is expressed as children per woman.

Metadata http://www.aho.afro.who.int/en/data-statistics/annual-growth-rate-population

#### Annual population growth rate (%)

Definition Average exponential rate of annual growth of the population over a given period.

Metadata http://www.aho.afro.who.int/en/data-statistics/annual-growth-rate-population

#### Age distribution of the population (%)

Definition The percentage of de facto population aged 0-14 years in a country, area or region as of 1 July of the year indicated. The percentage of de facto population aged 15-59 years in a country, area or region as of 1 July of the year indicated. The percentage of de facto population aged 60 years and older in a country, area or region as of 1 July of the year indicated.

Metadata http://www.aho.afro.who.int/en/data-statistics/age-distribution-population

### Resources and infrastructure

#### Gross national income per capita (PPP int. $)

Definition GNI is gross national income (GNI) converted to international dollars using purchasing power parity rates. An international dollar has the same purchasing power over GNI as a U.S. dollar has in the United States. GNI is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income (compensation of employees and property income) from abroad. Data are in current international dollars based on the 2011 ICP round.

Metadata http://www.aho.afro.who.int/en/data-statistics/gross-national-income-capita-ppp-int

### Poverty and income inequality

#### Population living on <$1 (PPP int. $) a day (%)

Definition The poverty rate at $1.25 a day is the proportion of the population living on less than $1.25 a day, measured at 2005 international prices, adjusted for purchasing power parity (PPP). Purchasing power parities (PPP) conversion factor, private consumption, is the number of units of a country's currency required to buy the same amount of goods and services in the domestic market as a U.S. dollar would buy in the United States. This conversion factor is applicable to private consumption.

Rationale The $1.25 a day poverty line – the critical threshold value below which an individual or household is determined to be poor -- corresponds to the value of the poverty lines in the poorest countries (the poorest countries are determined by international rank of GNI per capita in PPP terms). This threshold is a measure of extreme poverty that allows for comparisons across countries when converted using PPP exchange rates for consumption. In addition, poverty measures based on an international poverty line attempt to hold the real value of the poverty line constant over time allowing for accurate assessments of progress toward meeting the goal of eradicating extreme poverty and hunger.

Metadata http://www.aho.afro.who.int/en/data-statistics/percentage-share-income-or-consumption

### Gender equity

#### Female and male gross enrolment ratio by education level

Definition Number of students enrolled in primary, secondary and tertiary levels of education, regardless of age, as percentage of the population of official school age for the three levels. The gross enrolment ratio can be greater than 100% as a result of grade repetition and entry at ages younger or older than the typical age at that grade level (UNDP definition).

Metadata http://www.aho.afro.who.int/en/data-statistics/female-and-male-gross-enrolment-ratio-education-level

### Percentage of seats held by women in national parliaments

Definition Percentage of parliamentary seats in Single or Lower chamber occupied by women

Rationale Gender indicator

Metadata http://www.aho.afro.who.int/en/data-statistics/percentage-seats-held-women-national-parliaments

## Education

### Adult literacy rate (percentage aged ≥ 15 years)

Definition The percentage of population aged 15 years and over who can both read and write with understanding a short simple statement on his/her everyday life. Generally, 'literacy' also encompasses 'numeracy', the ability to make simple arithmetic calculations.

Metadata http://www.aho.afro.who.int/en/data-statistics/adult-literacy-rate-percentage-aged-%E2%89%A5-15-years

### Youth literacy rate (percentage aged 15-24 years)

Definition Population and number of literates (or illiterates) aged 15 to 24 years old. Percentage of people aged 15 to 24 years who can both read and write with understanding a short simple statement on their everyday life. Generally, 'literacy' also encompasses 'numeracy', the ability to make simple arithmetic calculations. A high literacy rate among the 15 to 24 years old suggests a high level of participation and retention in primary education, and its effectiveness in imparting the basic skills of reading and writing. Because persons belonging to this age group are entering adult life, monitoring their literacy levels is important with respect to national human resources policies, as well as for tracking and forecasting progress in adult literacy. Some countries apply definitions and criteria for literacy which are different from the international standards defined above, or equate persons with no schooling to illiterates, or change definitions between censuses. Practices for identifying literates and illiterates during actual census enumeration may also vary. Errors in literacy self-declaration can affect the reliability of the statistics.

Rationale The youth literacy rate reflects the outcomes of the primary education system over the previous 10 years, and is often seen as a proxy measure of social progress and economic achievement.

Metadata http://www.aho.afro.who.int/en/data-statistics/capita-official-development-received-us

## Global partnerships and financial flows

### Per capita official development received (US$)

Definition Net official development assistance (ODA) per capita consists of disbursements of loans made on concessional terms (net of repayments of principal) and grants by official agencies of the members of the Development Assistance Committee (DAC), by multilateral institutions, and by non-DAC countries to promote economic development and welfare in countries and territories in the DAC list of ODA recipients; and is calculated by dividing net ODA received by the midyear population estimate. It includes loans with a grant element of at least 25 percent (calculated at a rate of discount of 10 percent).

Metadata http://www.aho.afro.who.int/en/data-statistics/capita-official-development-received-us

### Official development assistance received as percentage of GNI

Definition Net official development assistance (ODA) consists of disbursements of loans made on concessional terms (net of repayments of principal) and grants by official agencies of the members of the Development Assistance Committee (DAC), by multilateral institutions, and by non-DAC countries to promote economic development and welfare in countries and territories in the DAC list of ODA recipients. It includes loans with a grant element of at least 25 percent (calculated at a rate of discount of 10 percent).

Metadata http://www.aho.afro.who.int/en/data-statistics/official-development-assistance-received-percentage-gni

### Total debt service as percentage of GNI

Definition Total debt service is the sum of principal repayments and interest actually paid in currency, goods, or services on long-term debt, interest paid on short-term debt, and repayments (repurchases and charges) to the IMF.

Metadata http://www.aho.afro.who.int/en/data-statistics/total-external-debt-stocks-current-us

### Total external debt stocks (Current US$)

Definition Total external debt is debt owed to nonresidents repayable in currency, goods, or services. Total external debt is the sum of public, publicly guaranteed, and private nonguaranteed long-term debt, use of IMF credit, and short-term debt. Short-term debt includes all debt having an original maturity of one year or less and interest in arrears on long-term debt. Data are in current U.S. dollars.

Metadata http://www.aho.afro.who.int/en/data-statistics/total-external-debt-stocks-current-us

## Science and technology

### Percentage of population who are cellular or mobile subscribers

Definition The number of mobile cellular subscriptions is divided by the country's population and multiplied by 100. A mobile cellular subscription refers to the subscription to a public mobile cellular service which provides access to the Public Switched Telephone Network (PSTN) using cellular technology. It includes postpaid and prepaid subscriptions and includes analogue and digital cellular systems. This should also include subscriptions to IMT-2000 (Third Generation, 3G) networks.

Metadata http://www.aho.afro.who.int/en/data-statistics/percentage-population-who-are-cellular-or-mobile-subscribers

### Population who are telephone (fixed and mobile) subscribers (%)

Definition Fixed telephone lines refer to telephone lines connecting a customer's terminal equipment (e.g. telephone set, facsimile machine) to the public switched telephone network (PSTN) and which have a dedicated port on a telephone exchange. A fixed line has traditionally referred to the connection - typically a copper wire - from a subscriber to the telephone company's switching exchange.

Metadata http://www.aho.afro.who.int/en/data-statistics/population-who-are-telephone-fixed-and-mobile-subscribers

### Percentage of the population who are Internet users

Definition An Internet user is someone who access to the Internet (a TCP/IP connection).

Metadata http://www.aho.afro.who.int/en/data-statistics/percentage-population-who-are-internet-users

## Emergencies and disasters

### Total number of refugees

Metadata http://www.unhcr.org/statistics/Ref_1960_2013.zip

# References

The following data sources have been used in the compilation of the Atlas:


**Institute for Health Metrics and Evaluation (IHME)**

GHDx, the Global Health Data Exchange
http://ghdx.healthdata.org/

Global Burden of Disease Study 2013 (GBD 2013) – Data Downloads
http://ghdx.healthdata.org/global-burden-disease-study-2013-gbd-2013-data-downloads

**International Agency for Research on Cancer (IARC)**

Cancer mondial
http://www-dep.iarc.fr/

GLOBOCAN 2012: Estimated cancer incidence, mortality and prevalence worldwide in 2012
http://globocan.iarc.fr

**International Health Partnership (ihp+)**

The IHP+ Global Compact for achieving the health Millennium Development Goals
http://www.internationalhealthpartnership.net/en/tools/global-compact/

**International Telecommunication Union (ITU)**

Statistics
http://www.itu.int/en/ITU-D/Statistics/Pages/stat/default.aspx

**Office of the United Nations High Commissioner for Refugees (UNHCR)**

UNHCR Population Statistics Database
http://popstats.unhcr.org/en/overview

**UNAIDS**

AIDSinfo
http://aidsinfo.unaids.org/

**UNICEF**

UNICEF Statistics and Monitoring
http://www.unicef.org/statistics/

UNICEF data: monitoring the situation of women and children
http://data.unicef.org/index-2.html

The State of the World's Children 2015
http://data.unicef.org/resources/the-state-of-the-worlds-children-report-2015.html

**United Nations. Department of Economic and Social Affairs. Population Division**

World population prospects, the 2015 revision – Data files
http://esa.un.org/unpd/wpp/Download/Standard/Population/

**United Nations Inter-agency Group for Child Mortality Estimation (IGME)**

Child Mortality Estimates (CME Info)
http://www.childmortality.org/

**United Nations Maternal Mortality Estimation Inter-agency Group (MMEIG)**

http://www.maternalmortalitydata.org/

## The World Bank

World Bank Open Data
http://data.worldbank.org/

## World Health Organization (WHO)

Global Health Observatory (GHO) – Data repository
http://apps.who.int/gho/data/view.main ; http://apps.who.int/gho/data/node.main.1?lang=en

Global Reference List of 100 Core Health Indicators, 2015
http://www.who.int/entity/healthinfo/indicators/2015/en/index.html

Malaria – Data and statistics
http://www.who.int/malaria/data/en/

WHO country offices in the WHO African Region
http://www.afro.who.int/en/countries.html

WHO global health estimates
http://www.who.int/healthinfo/global_burden_disease/en/

WHO global TB database
http://www.who.int/tb/country/data/download/en/