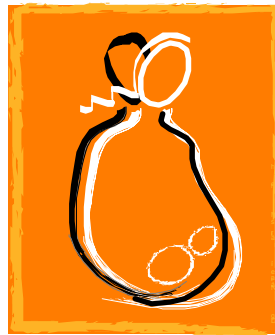


Making Pregnancy Safer

Towards the European Strategy for Making
Pregnancy Safer: Improving maternal and
perinatal health



Country profiles: Ukraine

Key national indicators for assessing
maternal and perinatal health status

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (<http://www.euro.who.int/pubrequest>).

© **World Health Organization 2007**

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities, or areas. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use. The views expressed by authors or editors do not necessarily represent the decisions or the stated policy of the World Health Organization.

Facts on maternal and neonatal health in Ukraine



Ukraine is the second largest country in Europe, situated strategically at the crossroads of Europe and Asia. It covers an area of 603 700 km² and is rich in natural resources including coal, iron ore, manganese, nickel and salt. There are nine cities of over one million inhabitants, including the capital, Kiev, at about 2.6 million.¹ Ukraine achieved independence in 1991 following the dissolution of the Soviet Union, and has faced considerable challenges during its first decade of independence.² Social services deteriorated due to pressures created by dramatic economic and social change and severe funding constraints.² A considerable proportion of economic activity is now taking place in the informal sector.¹ Administratively, the country is divided into 24 regions (*oblasts*) and two municipalities with *oblast* status (Kiev and Sevastopol), along with the Autonomous Republic of Crimea, which has its own Constitution.¹

The organizational structure of the health care system in the Ukraine has essentially remained unaltered since the Soviet period, retaining features such as the structure of primary care. The tax-based approach to financing has also been preserved, providing universal and theoretically free coverage.¹ The highly centralized model of decision-making has gradually been replaced a system that delegates more authority to local administration, and the health system has become complex and multilayered, with fragmented responsibilities.¹ Government expenditure on health is already far higher than the country can afford but the health system is not operating efficiently.³ All of these features have resulted in a highly unequal health care system of low quality.¹

Maternal mortality in Ukraine has decreased rapidly in the last few years, after a slight rise between 1997 and 1998. Overall, in the period 1994 to 2004, the ratio of maternal deaths per 100 000 live births fell by 58%. Until 2004, the maternal mortality ratio in Ukraine was higher than the average in the WHO European Region but, in 2004, it fell below the average by 5%. On the basis of the 2004 maternal mortality ratio and the number of births in that year, there were 57 maternal deaths in Ukraine in 2004. The perinatal mortality ratio per 1000 was also just below the Regional average in 2004 but the neonatal mortality ratio was 1.5 times higher. The neonatal mortality rate has fallen since 1996, to a low of 5.11 deaths per 1000 births in 2004, a decrease of 47%. Similarly, the perinatal mortality rate decreased by 35% between 1994 and 2004. On the basis of the reported rates and numbers of live births in 2004, the total numbers of neonatal and perinatal deaths were 2183 and 3341, respectively. All three of the WHO estimates for 2000 were higher than the figures reported to WHO for that year, but the greatest difference was in the perinatal mortality rate, where the estimate was more than 3.5 times the reported figure.

¹ Lekhan V, Rudiy V, Nolte E. *Health care systems in transition: Ukraine* Copenhagen, WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2004:6(7) (<http://www.euro.who.int/Document/E84927.pdf>, accessed 1 September 2006).

² DFID: Country Profiles: Europe [website]. London, Department for International Development, 2005 (<http://www.dfid.gov.uk/countries/allcountries.asp?view=alpha>, accessed 24 August 2006).

³ Arnaudova A. 10 health questions about the new EU neighbours. Copenhagen, WHO Regional Office for Europe, 2006 (http://www.euro.who.int/InformationSources/Publications/Catalogue/20060301_2, accessed 9 October 2006).

Indicator	Value	Year	Source
DEMOGRAPHY			
Mid-year population (000)	46 481	2005	HFA
Annual population growth rate (%)	-0.9	2004	WHOSIS
Life expectancy at birth (years)	All	67.71	2004
	Male	62.03	2004
	Female	73.63	2004
Live births per 1000 total population (crude birth rate) ¹	9.04	2004	HFA
Total fertility rate	1.22	2004	HFA
Proportion of total fertility attributable to 15–19 year age group	17.4	1998	WHOSIS
Urban population (%)	67	2005	WUP
Female population of reproductive age – 15–49 (000)	12 305	2005	WPP
Number of live births ¹	427 259	2004	HFA
MATERNAL HEALTH			
Maternal mortality ratio per 100 000 live births (latest year)	13.34	2004	HFA
Estimated maternal mortality ratio per 100 000 live births ²	35	2000	HFA
Reported maternal mortality ratio per 100 000 live births	24.67	2000	HFA
Lifetime chance of dying from maternal causes – 1 in:	2 000	2005	PRB
Abortions per 1000 live births ³	618.07	2004	HFA
Births to mothers, age < 20 years (% of all live births)	12.64	2004	HFA
Abortions per 1000 live births, age <20 years	546.68	2004	HFA
Caesarean sections as % of live births ⁴	13.3	2004	HFA
Births attended by skilled health personnel (%)	99.7	2004	HFA
Women receiving ANC visits (%)	At least 1	90	1999
	At least 4
PERINATAL/NEONATAL HEALTH			
Perinatal mortality rate per 1000 births (latest year)	7.82	2004	HFA
Estimated perinatal mortality rate per 1000 births	37	2000	NPM
Reported perinatal mortality rate per 1000 births	9.56	2000	HFA
Neonatal mortality rate per 1000 live births (latest year)	5.11	2004	HFA
Estimated neonatal mortality rate per 1000 live births	9	2000	NPM
Reported neonatal mortality rate per 1000 live births	6.65	2000	HFA
Low birth weight – less than 2 500g (%)	5.1	2004	HFA
Congenital syphilis incidence per 100 000	HFA
Number of new congenital syphilis cases	HFA
HIV/AIDS			
Estimated HIV prevalence rate among adults (15–49) (%)	1.4	2005	UNAIDS
Estimated % of adults (15+) living with HIV who are women ⁵	48.8	2005	UNAIDS
HEALTH CARE FINANCING AND EXPENDITURE			
Total health expenditure as % of gross domestic product, WHO estimates	5.8	2004	HFA
Total health expenditure, PPP\$ per capita, WHO estimates	361	2004	HFA
Public sector health expenditure as % of total health expenditure, WHO estimates	66.5	2004	HFA
Private households' out-of-pocket payment on health as % of private sector health expenditure	78.6	2004	HFA
HEALTH SYSTEM INFRASTRUCTURE			
Number of midwives (PP) per 100 000	50.26	2004	HFA
Number of physicians per 100 000 ⁶	301.27	2004	HFA
SOCIOECONOMIC FACTORS			
Poverty headcount ratio at \$1 a day (PPP) (% of population)	2	2003	WDI
Poverty headcount ratio at national poverty line (% of population)	20	2003	WDI
GDP per capita US\$	1 024	2003	HFA
UNDP Human Development Index rank (out of 177)	78	2003	UNDP
Population with sustainable access to an improved water	Urban	100	2002

Indicator		Value	Year	Source
source (%)	Rural	94	2002	WHOSIS
Population with sustainable access to improved sanitation (%)	Urban	100	2002	WHOSIS
	Rural	97		
International migrants as a percentage of the population		14.7	2005	WMS
Female migrants as percentage of all international migrants		57.8	2005	WMS
Literacy rate (%) in population aged 15+	All	99.4	2003	HFA
	Male	99.7	2003	HFA
	Female	99.2	2003	HFA
Female net school enrolment ratio (%)	Primary	82	2004	UNESCO
	Secondary	84	2004	UNESCO
Adult unemployment rate (%) ⁷	Male	8.5	2004	ILO
	Female	8.3	2004	ILO
Gender-related development index		0.763	2003	UNDP
Percentage of women who reported physical abuse from a partner in their lifetime ⁸		19	1999	CDC
Percentage of women who reported sexual abuse from a partner in their lifetime ^{8,9}		-	1999	CDC

¹ Data is based on registration of live births in the offices for registration of civil acts.

² WHO/UNICEF/UNFPA estimate.

³ All types of abortions including non-induced ones which are registered in the system of Ministry of Health.

⁴ In establishments under Ministry of Health only.

⁵ Calculated from UNAIDS 2005 estimates of number of adults 15+ living with HIV (410 000) and number of women 15+ living with HIV (200 000).

⁶ Includes physicians working in public health services under Ministry of Health. The following categories are not included in the total number of physicians: administrators, those working in research institutions, teaching medical students, sanitary group, stomatologists. Data are based on annual statistical reports from health establishments.

⁷ Persons aged 15-70 years.

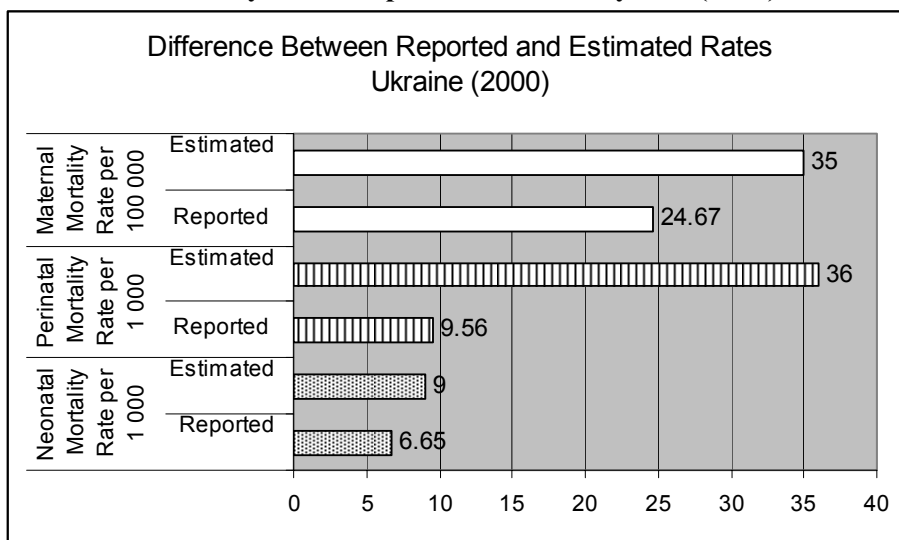
⁸ Percentage of women aged 15-44 ever married or in union who reported intimate partner violence (IPV) in their lifetime. IPV is classified into three types (one of which is shown here): verbal, physical or sexual.

⁹ Question not asked.

Technical notes:

- All figures are for the latest available year as of September 2006 but do not include data where the latest year available is prior to 1990. The exceptions are the reported maternal mortality ratio, neonatal mortality rate and perinatal mortality rate for the year 2000, which are included to provide a direct comparison with the WHO estimates for the same year.
- The designations employed and the presentation of this material do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.
- The numbers of maternal, neonatal and perinatal deaths given in the introductory text were calculated using data from the Health for All database as follows: number of live births in a given year /1000 or 100 000 * rate or ratio of same year.

Ukraine 1: Difference between reported and estimated maternal mortality ratio, neonatal mortality rate and perinatal mortality rate (2000)



Data source: European Health for All database [online database]. Copenhagen, WHO Regional Office for Europe, 2006 (<http://data.euro.who.int/hfad/> accessed July 2006) and *Neonatal and Perinatal Mortality: Country, Regional and Global Estimates*. Geneva, World Health Organization, 2006.

Ukraine 2: Trends in maternal mortality (1994–2004)



Data source: European Health for All database [online database]. Copenhagen, WHO Regional Office for Europe, 2006 (<http://data.euro.who.int/hfad/> accessed July 2006).

Ukraine 3: Trends in perinatal mortality(1994–2004)



Data source: European Health for All database [online database]. Copenhagen, WHO Regional Office for Europe, 2006 (<http://data.euro.who.int/hfad/> accessed July 2006).

Acronyms

- : a source for this data was not found
... : data was missing from a database or report containing this indicator
N/A : indicator is not applicable in the national context

AIDS : acquired immunodeficiency syndrome
ANC : antenatal care
FTE : full-time equivalent
GDP : gross domestic product
HIV : human immunodeficiency virus
IPV : intimate partner violence
LBW : low birth weight
MNH : maternal and neonatal health
PP : physical persons
PPP : purchasing power parity
TB : tuberculosis
UNAIDS : The Joint United Nations Programme on HIV/AIDS
UNICEF : United Nations Children's Fund
UNDP : United Nations Development Programme
UNESCO : United Nations Educational, Scientific and Cultural Organization
UNFPA : United Nations Population Fund

Sources

Databases

DFID: Country Profiles: Europe [website]. London, Department for International Development, 2005 (<http://www.dfid.gov.uk/countries/allcountries.asp?view=alpha>, accessed 24 August 2006).

HFA: European Health for All database [online database]. Copenhagen, WHO Regional Office for Europe, 2006 (<http://data.euro.who.int/hfad/b/>, accessed July 2006).

ILO: *Yearbook of Labour Statistics 2003*. Geneva, International Labour Office, 2003 and LABORSTA database. Geneva, International Labour Office, 2006 (<http://laborsta.ilo.org/>, accessed July 2006).

PRB: Population Reference Bureau – Datafinder [online database]. Washington, Population Reference Bureau, 2006 (<http://www.prb.org/datafind/datafinder7.htm>, accessed July 2006).

UNDP: Statistics in the Human Development Report [online database]. New York, United Nations Development Programme, 2006 (<http://hdr.undp.org/statistics> accessed July 2006).

UNESCO: Country/Regional Profiles [online database]. Montreal, UNESCO Institute for Statistics, 2006 (http://www.uis.unesco.org/profiles/selectCountry_en.aspx, accessed July/August 2006).

WDI: World Development Indicators Online [online database]. Washington, World Bank, 2006 (<http://devdata.worldbank.org/dataonline/> accessed July 2006).

WHOSIS: WHO Statistical Information System Core Health Indicators [online database]. Geneva, World Health Organization, 2006 (<http://www.who.int/whosis/en> accessed July 2006).

WMS: World Migrant Stock: The 2005 Revision Population Database [online database]. New York, United Nations Department of Economic and Social Affairs Population Division, 2005 (<http://esa.un.org/migration/>, accessed July 2006).

WPP: World Population Prospects: The 2004 Revision Population Database [online database]. New York, United Nations Department of Economic and Social Affairs Population Division, 2004 (<http://esa.un.org/unpp/> accessed July 2006).

WUP: World Urbanization Prospects: The 2005 Revision Population Database [online database]. New York, United Nations Department of Economic and Social Affairs Population Division, 2005 (<http://esa.un.org/unup/> accessed July 2006).

Reports

Arnaudova A. 10 health questions about the new EU neighbours [web site]. Copenhagen, WHO Regional Office for Europe, 2006 (http://www.euro.who.int/InformationSources/Publications/Catalogue/20060301_2, accessed 9 October 2006).

CDC: *Reproductive, Maternal and Child Health in Eastern Europe and Eurasia: A Comparative Report*. Atlanta, GA and Calverton, MD, Centers for Disease Control and Prevention and ORC Macro, 2003 (http://www.measuredhs.com/pubs/pub_details.cfm?ID=410&srchTp=simple, accessed 1 July 2006).

NPM: *Neonatal and Perinatal Mortality: Country, Regional and Global Estimates*. Geneva, World Health Organization, 2006 (http://www.who.int/reproductive-health/docs/neonatal_perinatal_mortality/text.pdf, accessed 12 February 2007).

UNAIDS: *Report on the Global AIDS Epidemic – Annex 2: HIV and AIDS Estimates and Data, 2005 and 2003*. Geneva, Joint United Nations Programme on HIV/AIDS, 2006 (http://www.unaids.org/en/HIV_data/2006globalreport/default.asp, accessed 8 July 2006).

Country-specific sources

Lekhan V, Rudiy V, Nolte E. *Health care systems in transition: Ukraine* Copenhagen, WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2004:6(7) (<http://www.euro.who.int/Document/E84927.pdf>, accessed 1 September 2006).

Indicator definitions

Indicator	Definition	Source
DEMOGRAPHY		
Mid-year population (000)	Estimate of resident (de jure) population on 1 July of given calendar year. Usually calculated as an average of year-end estimates.	HFA
Annual population growth rate (%)	Self-explanatory.	WHOSIS
Life expectancy at birth (years)	Calculated by WHO Regional Office for Europe for all countries that report detailed mortality data to WHO, using Wiesler's method. Some countries are not able to ensure complete registration of all deaths and births. Therefore, life expectancy calculated using incomplete mortality data is higher than it actually is. In some cases under-registration of deaths may reach 20% and this has to be kept in mind when making comparisons between countries.	HFA
Live births per 1000 total population (crude birth rate)	Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, that, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live-born. The number of live births includes all live births during the given calendar year, irrespective of registration of the date of birth.	HFA
Total fertility rate	The average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given set of age-specific fertility rates. It is computed by summing the age-specific fertility rates for all ages and multiplying by the interval into which the ages are grouped.	HFA
Proportion of total fertility attributable to 15–19 year age group (adolescent fertility proportion)	Self-explanatory.	WHOSIS
Urban population (%)	Urban-rural classification of population follows the national census definition and varies from one country or area to another. National definitions are usually based on criteria that may include any of the following: size of population in a locality, population density, distance between built-up areas, predominant type of economic activity, legal or administrative boundaries, and such urban characteristics as specific services and facilities.	WUP
Female population of reproductive age – 15–49 years (000)	Self-explanatory.	WPP
Number of live births	See: Live births per 1 000 total population (crude birth rate).	HFA
MATERNAL HEALTH		
(Reported) maternal mortality ratio per 100 000 live births	A maternal death is death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. There are two alternative sources of information on maternal mortality that are used to calculate this indicator: a) routine mortality data by cause statistics, regularly reported to WHO (in most cases from central statistical offices); b) hospital data reported to ministries of health. Normally, the numbers of maternal deaths from the two sources should be identical, as is the case in most western countries. However, in some countries, mainly in eastern Europe, there are large differences because of national practices of death certification and coding. In such cases, hospital data are more complete/accurate. Since the January 2001 issue of the Health for All database, the maternal mortality rate has been calculated using both types of data (when both figures are reported), taking the larger figure if unequal.	HFA

Indicator	Definition	Source
	Experts argue that, even in countries with good vital registration systems, maternal mortality is actually approximately 50% higher than reported.	
Estimated maternal mortality ratio per 100 000 live births	WHO/UNICEF/UNFPA estimate. WHO and UNICEF, with the participation of UNFPA, have developed an approach to estimating maternal mortality that seeks to generate estimates for countries with no data and to correct available data for underreporting and misclassification. These estimates may differ significantly from national statistics reported by countries to WHO. Estimates for years before and after 2000 may not be comparable because of differences in estimation methods applied.	HFA
Lifetime chance of dying from maternal causes	The probability that a woman will die during her lifetime from causes related to pregnancy and delivery. The measure combines the probability of becoming pregnant and the risk of death from each pregnancy (as measured by the 2000 maternal mortality ratio).	PRB
Abortions per 1000 live births	Total number of induced abortions, irrespective of the method. Abortion is the termination of a pregnancy before the fetus has attained viability. The legal requirements for abortion vary between countries. Usually these requirements are the weight of 500 g or 1000 g or corresponding gestational periods of 22 and 28 weeks.	HFA
Births to mothers, age < 20 years (% of all live births)	See: Live births per 1000 total population (crude birth rate). Age of mother is under 20 years.	HFA
Abortions per 1000 live births, age <20 years	See: Abortions per 1000 live births. Age of pregnant woman is under 20 years.	HFA
Caesarean sections as % of live births	Self-explanatory.	HFA/ WHOSIS
Births attended by skilled health personnel (%)	The proportion of births attended by skilled health personnel is the percentage of deliveries attended by personnel trained to give the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period; to conduct deliveries on their own; and to care for newborns. Skilled health personnel (doctors, nurses or midwives) include only those who are properly trained and who have appropriate equipment and drugs. Traditional birth attendants, even if they have received a short training course, are not to be included.	HFA
Women receiving ANC visits (%)	Percentage of women who utilized antenatal care provided by skilled birth attendants for reasons related to pregnancy at least once during pregnancy among all women who gave birth to a live child in a given time period. Antenatal care includes recording medical history, assessment of individual needs, advice and guidance on pregnancy and delivery, screening tests, education on self-care during pregnancy, identification of conditions detrimental to health during pregnancy, first-line management and referral if necessary. Routine health service statistics: Number of women receiving antenatal care (numerator). Census projections or in some cases vital registration data are used to provide the denominator (numbers of live births). Household surveys: Birth history – detailed questions on the last child or all children a woman has given birth to during a given period preceding the survey (usually 3 to 5 years). The number of births in the survey provides the denominator.	WHOSIS
NEONATAL/PERINATAL HEALTH		
Perinatal mortality rate per 1000 births	Weight-specific (1000 g +) fetal deaths and early neonatal deaths per 1000 births (live births + stillbirths). If weight-specific data are not available, any available data provided according national criteria are used as a proxy.	HFA
Neonatal mortality rate per 1000 live births	The number of deaths in infants under 28 days of age in a year, per 1000 live births in that year. All live births should be included.	HFA
Early neonatal (0 to 6 full days) mortality rate per 1000 live births	The number of deaths in infants 0 to 6 full days of age in a year, per 1000 live births in that year. All live births should be included.	HFA

Indicator	Definition	Source
Estimated neonatal or perinatal mortality rate per 1000 live births	For details see: NPM.	NPM
Percentage of low birth weight (<2500g)	Self-explanatory.	HFA
Percentage of low birth weight (<2500g)	Percentage of live born infants with birth weight less than 2500g in a given time period. Birth weight is the first weight of the foetus or newborn obtained after birth. For live births, birth weight should ideally be measured within the first hour of life before significant postnatal weight loss has occurred and actual weight should be recorded to the degree of accuracy to which it is measured. Low birth weight is defined as less than 2500 g (up to and including 2499 g).	WHOSIS
Congenital syphilis incidence per 100 000	Self-explanatory.	HFA
Number of new congenital syphilis cases	Self-explanatory.	HFA
HIV/AIDS		
Estimated HIV prevalence rate among adults (15–49) (%)	To calculate the adult HIV prevalence rate, the estimated number of adults aged 15–49 living with HIV in 2005 was divided by the 2005 adult population (aged 15–49) and similarly for 2003.	UNAIDS
Estimated % of adults (15+) living with HIV who are women	Percentage of adults living with HIV who are women. Calculated by dividing the estimated number of women 15+ living with HIV by the estimated number of adults 15+ living with HIV, multiplied by 100. These estimates include all people with HIV infection, whether or not they had developed symptoms of AIDS, in 2005.	UNAIDS
HEALTH CARE FINANCING AND EXPENDITURE		
Total health expenditure as % of gross domestic product, WHO estimates	Sum of general government and private expenditure on health. Estimates for this indicator were produced by WHO. The estimates are, to the greatest extent possible, based on the national health accounts classification. The sources include both nationally reported data and estimates from international organizations like the International Monetary Fund, the World Bank, the United Nations and the Organisation for Economic Co-operation and Development. Therefore they may differ somewhat from official national statistics reported by countries.	HFA
Total health expenditure, PPP\$ per capita, WHO estimates	Sum of general government and private expenditure on health. Estimates for this indicator were produced by WHO. The estimates are, to the greatest extent possible, based on the national health accounts classification. The sources include both nationally reported data and estimates from international organizations like International Monetary Fund, the World Bank, the United Nations and the Organisation for Economic Co-operation and Development. They may therefore differ somewhat from official national statistics reported by countries. The purchasing power parity (PPP) is adjusted to the relative domestic purchasing power of the national currency as compared to the US dollar, rather than using the official exchange rate. Multipliers (PPPs) are estimated periodically, using the cost of the standard basket of goods.	HFA

Indicator	Definition	Source
Public sector health expenditure as % of total health expenditure, WHO estimates	Public sector (or general government) expenditure on health is the sum of outlays for health maintenance, restoration or enhancement paid for in cash or in kind by government entities, such as the ministry of health, other ministries, parastatal organizations and social security agencies (without double-counting the government transfers to social security and to extrabudgetary funds). Includes transfer payments to households to offset medical care costs and extrabudgetary funds to finance health. The revenue base of these entities may comprise multiple sources, including external funds. Estimates for this indicator were produced by WHO. The estimates are, to the greatest extent possible, based on the national health accounts classification. The sources include both nationally reported data and estimates from international organizations like International Monetary Fund, the World Bank, the United Nations and the Organisation for Economic Co-operation and Development. They may therefore differ somewhat from official national statistics reported by countries.	HFA
Private households' out-of-pocket payments on health as % of private sector health expenditure	Private households' out-of-pocket payments on health are the direct outlays of households, including gratuities and payments in kind made to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services, whose primary intent is to contribute to the restoration or to the enhancement of the health status of individuals or population groups. These include household payments to public services, non-profit institutions or non-governmental organizations; and non-reimbursable cost sharing, deductibles, co-payments and fees for service. They exclude payments made by enterprises which deliver medical and paramedical benefits, mandated by law or not, to their employees; and payments for overseas treatment.	HFA
HEALTH SYSTEM INFRASTRUCTURE		
Number of midwives (PP) per 100 000	A midwife is a person who has completed a midwifery educational programme duly recognized in the country in which it is located and who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery. Only active, practising midwives are included.	HFA
Number of physicians per 100 000	A physician is a person who has completed studies in medicine at the university level. To be legally licensed for the independent practice of medicine (comprising prevention, diagnosis, treatment and rehabilitation), (s)he must in most cases undergo additional postgraduate training in a hospital (from 6 months to 1 year or more). To establish his or her own practice, a physician must fulfil additional conditions. The number of physicians at the end of the year includes all active physicians working in health services (public or private), including health services under other ministries than the ministry of health. Interns and residents, i.e. physicians in postgraduate training, are also included. The number of physicians excludes: physicians working outside the country; physicians on the retired list and not practising or unemployed; physicians working outside health services, e.g. employed in industry, research institutes etc.; dentists (stomatologists), who should be defined as a separate group. Confusion often occurs due to the different meaning of stomatologist in different countries. Stomatologists who are physicians with the specialty of stomatology (oral diseases/surgery) should be included in the number of physicians. In some countries of eastern Europe, the stomatologist is actually a dentist, practising dental care only. In this case, he or she should be excluded from the total number of physicians. National practices in using full-time equivalent and/or physical persons differ, therefore the possibility is given to provide data in both versions.	HFA
SOCIOECONOMIC FACTORS		
Poverty headcount ratio at \$1 a day (PPP) (% of population)	Percentage of the population living on less than \$1.08 a day at 1993 international prices. As a result of revisions in PPP exchange rates, poverty rates cannot be compared with poverty rates reported previously for individual countries. Data showing as 2.0 signifies a poverty rate of less than 2.0%.	WDI
Poverty headcount ratio at national poverty line (% of population)	National poverty rate is the percentage of the population living below the national poverty line. National estimates are based on population-weighted subgroup estimates from household surveys.	WDI

Indicator	Definition	Source
GDP per capita US\$	The total output of goods and services for final use produced by an economy, by both residents and non-residents, regardless of the allocation to domestic and foreign claims.	HFA
UNDP Human Development Index rank	The Human Development Index is a composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living.	UNDP
Population with sustainable access to an improved water source (%)	Percentage of the population with access to an improved drinking water source in a given year. Improved drinking water sources are defined in terms of the types of technology and levels of services that are more likely to provide safe water than unimproved technologies. Improved water sources include household connections, public standpipes, boreholes, protected dug wells, protected springs, and rainwater collections. Unimproved water sources are unprotected wells, unprotected springs, vendor-provided water, bottled water and tanker truck-provided water. Reasonable access is broadly defined as the availability of at least 20 litres per person per day from a source within one kilometer of the user's dwelling. Sustainable access has two components with respect to water: one stands for environmental sustainability, the other for functional sustainability. The former insists on environmental protection through limiting extraction of water to a capacity below what is actually available. The latter reflects programme sustainability in terms of supply and management.	WHOSIS
Population with sustainable access to improved sanitation (%)	Percentage of the population with access to improved sanitation in a given year. Improved sanitation facilities are defined in terms of the types of technology and levels of services that are more likely to be sanitary than unimproved technologies. Improved sanitation includes connection to public sewers, connection to septic systems, pour-flush latrines, simple pit latrines and ventilated improved pit latrines. Not considered as improved sanitation are service or bucket latrines (where excreta is manually removed), public latrines and open latrines. Sustainable access has two components with respect to water: one stands for environmental sustainability, the other for functional sustainability. The former insists on environmental protection through limiting extraction of water to a capacity below what is actually available. The latter reflects programme sustainability in terms of supply and management.	WHOSIS
Improved sanitation facilities, urban (% of urban population with access)	Percentage of the population with at least adequate access to excreta disposal facilities that can effectively prevent human, animal, and insect contact with excreta. Improved facilities range from simple but protected pit latrines to flush toilets with a sewerage connection. To be effective, facilities must be correctly constructed and properly maintained.	WDI
International migrants as a percentage of the population	Estimated number of international migrants divided by the total population, expressed as a percentage.	WMS
Female migrants as percentage of all international migrants	Percentage of female migrants among all international migrants.	WMS
Literacy rate (%) in population aged 15+	Percentage of people aged 15 and above who can, with understanding, read and write a short, simple statement related to their life.	HFA
Female net school enrolment ratio (%)	Number of pupils in the theoretical age group who are enrolled, expressed as a percentage of the same population.	UNESCO

Indicator	Definition	Source
Adult unemployment rate in %	<p>Proportion of the labour force that is unemployed. The unemployed are persons who are currently without work, who are seeking or have sought work recently, and who are currently available for work. The base for these statistics is the labour force (the economically active portion of the population), not the total population. The International Conference of Labour Statisticians adopted the following definition of the unemployed as an international recommendation in 1982:</p> <p>All persons who during the reference period were: (1) “without work”, that is, were not in paid employment or self-employment as specified by the international definition of employment; (2) “currently available for work”, that is, were available for paid employment or self-employment during the reference period; or (3) “seeking work”, that is, had taken specific steps in a specified recent period to seek paid employment or self-employment.</p>	ILO
Gender-related development index	A composite index measuring average achievement in the three basic dimensions captured in the Human Development Index—a long and healthy life, knowledge and a decent standard of living—adjusted to account for inequalities between men and women.	UNDP
Prevalence of violence	Country-specific sources; see table footnotes for definitions where available.	
Prevalence of rape	Country-specific sources; see table footnotes for definitions where available.	