Foreword

Reliable and timely health information is essential for policy development, proper health management, evidence-based decision-making, rational use of resources and monitoring and evaluation of the public health situation, health care delivery and outcomes. While the demand for health information is increasing in terms of quantity, quality and levels of disaggregation, the response to these needs is hampered because of fragmentation and major gaps and weaknesses in national health information systems.

The strengthening of health information systems is a priority for WHO in the Region. Intensive work with Member States since 2012 has resulted in a clear framework for health information systems and 68 core indicators that focus on three main components: 1) monitoring health determinants and risks; 2) assessing health status, including morbidity and cause-specific mortality; and 3) assessing health system response.

The regional core indicators were endorsed by the WHO Regional Committee for the Eastern Mediterranean at its 61st Session in 2014. Since then Member States have started to adopt and report on the core indicators. Efforts are also being made to improve the capacity of Member States in reporting on core indicators. In light of the targets of the Sustainable Development Goals, consultation is under way with Member States to update and potentially expand the core indicators list. These changes will be reflected in the concise indicator registry.

As part of WHO’s efforts to strengthen national health information systems, WHO is supporting capacity building in death certification, ICD coding and use of the DHIS2 platform to enhance the reporting of routine data. WHO is also developing appropriate modalities to assess national health information systems in a comprehensive way that supports Member States in improving such systems.

This publication uses available data drawn from multiple sources, including figures provided by Member States, World health statistics 2016, the Global Health Observatory and estimates developed by United Nations agencies including WHO. Every effort has been made to incorporate the most comprehensive, recent and reliable data, and to validate these data with countries within a very short time-frame. I would welcome your input and observations on the data presented here.

Dr Ala Alwan
WHO Regional Director for the Eastern Mediterranean
### Health determinants and risks

#### Demographic and socioeconomic determinants
- Population size
- Population growth rate
- Total fertility rate
- Adolescent fertility rate (15-19 years)
- Net primary school enrolment
- Population below the international poverty line
- Literacy rate among persons 15-24 years
- Access to improved drinking water
- Access to improved sanitation facilities

#### Risk factors
- Low birth weight among newborns
- Exclusive breastfeeding rate 0–5 months of age
- Children under 5 who are stunted
- Children under 5 who are wasted
- Children under 5 who are overweight
- Children under 5 who are obese
- Overweight (13-18 years)
- Obesity (13-18 years)
- Overweight (18+ years)
- Obesity (18+ years)
- Tobacco use among persons 13-15 years
- Tobacco use among persons 15+ years
- Insufficient physical activity (13-18 years)
- Insufficient physical activity (18+ years)
- Raised blood glucose among persons 18+ years
- Raised blood pressure among persons 18+ years
- Anaemia among women of reproductive age

### Health status

#### Life expectancy and mortality
- Life expectancy at birth
- Neonatal mortality rate
- Infant mortality rate
- Under-five mortality rate
- Maternal mortality ratio
- Mortality rate by main cause of death (age-standardized)
- Mortality between ages 30 and 70 from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases
- Mortality rate from road traffic injuries

#### Morbidity
- Cancer incidence by type of cancer
- Tuberculosis notification rate
- Estimated number of new HIV infections
- Number of newly reported HIV cases
- Incidence of confirmed malaria cases
- Incidence of measles cases

### Health system response

#### Health financing
- Per capita total health expenditure
- Out-of-pocket expenditure as % of total health expenditure
- General government expenditure on health as % of general government expenditure
- Population with catastrophic health expenditure
- Population impoverished due to out-of-pocket health expenditure

#### Health workforce
- Density of health workers: a-physicians, b-nurses, c-midwives, d-pharmacists, e-dentists
- Density of recent graduates of registered health profession educational institutions

#### Health information system
- Birth registration coverage
- Death registration coverage

#### Medicines and medical devices
- Availability of selected essential medicines in health facilities
- Density per million population of 6 selected medical devices in public and private health facilities

#### Service delivery
- Density of primary health care facilities
- Hospital bed density
- Surgical wound infection rate
- Annual number of outpatient department visits, per capita

#### Service coverage
- Demand for family planning satisfied with modern methods
- Antenatal care coverage (1+, 4+)
- Births attended by skilled health personnel
- Children under 5 with diarrhoea receiving oral rehydration therapy
- DTP3/Pentavalent Immunization coverage rate among children under 1 year of age
- Measles immunization coverage rate (MCV1)
- Coverage of service for severe mental health disorders
- Tuberculosis treatment success rate
- Percentage of suspected malaria cases that have had a diagnostic test
- Percentage of population sleeping under insecticide-treated nets
- Antiretroviral therapy (ART) coverage among all adults and children living with HIV
- Percentage of key populations at higher risk (who inject drugs, sex workers, men who have sex with men) who have received an HIV test in the past 12 months and know their results
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<sup>a</sup> Calendar year 1 March 2014-28 February 2015  
<sup>b</sup> West Bank only  
<sup>c</sup> UN-IGME: United Nations Inter-agency Group for Child Mortality Estimation  
<sup>d</sup> UN-MMEIG: United Nations Maternal Mortality Estimation Inter-Agency Group
## Health status (morbidity, 2015)

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**Note:**
- k Of which locally transmitted cases were 187 (Islamic Republic of Iran), 4 (Oman) and 83 (Saudi Arabia)
- m Imported cases; no local transmission
## Health financing

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<th>Out-of-pocket expenditure as % of total health expenditure</th>
<th>General government expenditure on health as % of general government expenditure</th>
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<sup>p</sup> Source: WHO global health expenditure online database (http://apps.who.int/nha/database)<br><sup>q</sup> Country data
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*a* paramedical personnel including technicians, nurses and nursing assistants

*b* 2011-2012

*c* 2013

*d* 2014

*e* 2015

*f* 2016

*g* 2017

*h* 2018
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### Coverage of selected interventions

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<th>Country</th>
<th>Tuberculosis treatment success rate of new bacteriologically confirmed cases, 2013</th>
<th>Suspected malaria cases that have had a diagnostic test</th>
<th>Percentage of population sleeping under insecticide-treated nets</th>
<th>Adults and children currently receiving ARV therapy among all adults and children living with HIV estimates, 2015</th>
<th>Key populations at higher risk who have received an HIV test in the past 12 months and know their results</th>
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\(^{a}\) Global AIDS Response Progress Reporting, 2016  
\(^{b}\) In targeted areas  
PWID: People who inject drugs  
SW: Sex workers  
MSM: Men who have sex with men