Monitoring health and health system performance in the Eastern Mediterranean Region

Core indicators and indicators on the health-related Sustainable Development Goals

2019

World Health Organization

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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Contents

Foreword

Reliable and timely health information is essential for policy development, proper health management, evidence-based decision-making, rational use of resources, and the monitoring and evaluation of the public health situation, health care delivery and outcomes. WHO's thirteenth general programme of work (GPW 13) for 2019–2023 emphasizes the use of data for health policy development and implementation. The focus in GPW 13 on the three "1 billion" goals (1 billion more people with universal health coverage, 1 billion more people better protected from health emergencies, 1 billion more lives made healthier) underlines the need for greater capacity in data collection, research and health information within countries and WHO. Moreover, measuring progress on the Sustainable Development Goals creates even greater demand for producing effective data and information.

Both SDG and GPW 13 indicators require subnational disaggregation of data for assessing progress made on the equity dimensions of care and population needs. Improvement in health information not only relies on the generation and collection of valid data, it also requires the appropriate management and analysis of the data. The provision of the data presented in the framework aims to enhance evidence-informed decision-making, in line with our other activities to strengthen the capacities of ministries of health in the use of evidence in policy development.

The strengthening of health information systems is a priority for WHO in the Region, as highlighted in Vision 2023, our regional vision for public health. Intensive work with Member States since 2012 has resulted in a clear framework for health information systems. The core indicators 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, after which Member States started to adopt and report on the indicators. In 2016, the core indicator list was expanded in consultation with Member States to add a set of additional SDG indicators, bringing the total number of core indicators to 75.

This year's report replicates the innovative design that was adopted in 2018, and welcomed by Member States. All SDG 3 indicators are now included in the core list, and we are also reporting for the first time on the coverage of birth and death registration in the Region, a key area of policy interest. These indicators, although they were formally part of the core indicators, were not reported in previous annual reports. Now with improvements and better availability of data in most countries of the Region, they have been added to the report.

WHO will continue its efforts to support countries of the Region in strengthening national health information systems. This includes comprehensive health information system assessments, developing national strategies, and improving national capacity in death certification and analysis, International Classification of Disease (ICD) coding and (where appropriate) use of DHIS2 platforms to enhance the reporting of routine data. Additionally, we are working closely with Member States to develop national household survey plans, streamline processes and ensure that key information is available to countries in a timely manner.

This publication uses available data drawn from multiple sources, including figures provided by Member States, the latest World Health Statistics publications, 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 the data with countries within a very short time-frame. I would welcome your input and observations on the data presented here.

Dr Ahmed Al-Mandhari
WHO Regional Director
for the Eastern Mediterranean

Demographic and socioeconomic determinants

Country	Population 2018		Population growth		Life expectancy at birth (years)				Life expectancy at birth (years), 2016[g]		
	Total (000s)	Urban %	%	Y	T	M	F	Y	T	M	F
Afghanistan	31 575	24	3.3	2017	62.7	61.0	64.5	2016	62.7	61.0	64.5
Bahrain	1 501[a]	100	5.4	2017	77.2[a]	76.5	78.1	2016	79.1	78.6	79.6
Djibouti	860[e]	…	…	…	63.8	62.2	65.5	2016	63.8	62.2	65.5
Egypt	92 115[a]	42	2.4	2015	70.5	70.5	73.3	2017	70.5	68.2	73.0
Iran, Islamic Republic of	79 926[b]	74	1.2	2016	75.7	74.6	76.9	2016	75.7	74.6	76.9
Iraq	38 124	70	2.5	2018	71.1	70.0	72.3	2018	69.8	67.5	72.2
Jordan	10 309	90	2.4	2018	73.5	72.8	74.2	2018	74.3	72.7	76.0
Kuwait	4 564	100	10.8	2018	82.1	81.1	83.3	2018	74.8	73.9	76.0
Lebanon	4 485	…	1.4	2018	76.3	75.1	77.7	2016	76.3	75.1	77.7
Libya	6 588	85	3.0	2017	71.9	69.0	75.0	2016	71.9	69.0	75.0
Morocco	35 220	62	1.1	2017	75.8	74.2	77.4	2015	76.0	74.8	77.0
Oman	4 602	…	2.9	2018	77.0	75.0	79.1	2018	77.0	75.3	79.5
Pakistan	207 774[a]	36	2.4	2017	68.0	66.0	70.0	2017	66.5	65.7	67.4
Palestine	4 854	85	2.6	2018	73.8[a]	72.3	75.4	2016	73.8[a]	72.3	75.4
Qatar	2 760	100	1.3	2018	80.7	79.0	82.5	2018	78.1	77.3	79.9
Saudi Arabia	33 414	83	2.4	2018	75.0	73.7	76.4	2018	74.8	73.5	76.5
Somalia	12 316[d]	42	2.9	2014	56.7	58.4	55.0	2017	55.4	53.7	57.3
Sudan	41 985	31	2.8	2016	65.1	63.4	66.9	2016	65.1	63.4	66.9
Syrian Arab Republic	15 353[a]	…	2.2	2018	63.8	59.4	68.9	2016	63.8	59.4	68.9
Tunisia	11 435	68	1.2	2017	75.4	74.5	78.1	2017	76.0	74.1	78.1
United Arab Emirates	9 304	84	2.0	2017	79.7	78.1	81.5	2017	78.5	76.0	81.0
Yemen	28 170	29	3.4	2018	64.0	64.0	65.0	2018	65.3	63.9	66.8

[a] 2017   [b] 2016   [c] 2015   [d] 2014   [e] 2013   [f] Country reported, 2018   [g] Data as reported in World Health Statistcs 2019 report
[T] Total   [M] Male   [F] Female   [Y] Reference year for the data provided   … Not available for 2013–2017 or not reported

Demographic and socioeconomic determinants (2/2)

Country	Literacy rate (15–24 years)				Net primary school enrolment ratio per 100 school-age children				Population below the international poverty line		Total fertility		Adolescent fertility (15–19 years)	
											Rate (R)			
											Per woman		Per 1000 girls	
	T	M	F	Y	T	M	F	Y		Y	R	Y	R	Y
	%	%	%	Y	Ratio	Ratio	Ratio	Y	%	Y	R	Y	R	Y
Afghanistan	54	68	39	2017	56	66	46	2017	...	...	5.1	2018	62.0	2018
Bahrain	...	....	...	....	...	...	...	...	...	...	1.9	2017	13.4	2017
Djibouti	...	...	...	...	59	63	55	2014	...	...	3.4	2013	20.6	2016
Egypt	93	...	...	2015	53	52	48	2015	26.4	2014	3.5	2014	56.0	2016
Iran, Islamic Republic of	97	97	96	2016	99	99	98	2016	0.2	2017	...	...	34.2	2017
Iraq	...	78	...	2013	92[e]	94	83	2014	17.0	2014	3.9	2018	55.0	2018
Jordan	95	97	93	2018	100	100	100	2018	...	...	2.7	2018	27.0	2018
Kuwait	100	100	100	2018	100	100	100	2018	...	...	1.8	2017	0.0	2017
Lebanon	...	...	...	...	93	97	90	2013	...	...	1.8	2017	13.1	2018
Libya	100	92[d]	83[d]	2015	98	99	98	2016	...	...	3.4	2014	10.9	2016
Morocco	89	93	86	2016	82	82	81	2017	2.2	2014	2.4	2017	19.4	2018
Oman	97	97	98	2018	98	99	98	2018	0.0	2014	3.9	2018	10.5	2018
Pakistan	57	68	45	2015	57	60	53	2015	39.0	2016	3.6	2017	46.0	2018
Palestine	99	99	99	2018	98	98	99	2018	29.2	2017	4.4	2017	48.0	2016
Qatar	99	99	99	2017	96	96	97	2017	0.1	2017	1.8	2017	9.8	2017
Saudi Arabia	99	99	99	2017	96	96	96	2018	...	...	1.9	2018	7.4	2018
Somalia	...	...	...	...	17	18	17	2014	...	...	6.4	2015	64.0	2016
Sudan	60	56	60	2014	76	77	76	2014	36.1	2015	5.2	2014	87.0	2016
Syrian Arab Republic	...	...	...	...	...	...	...	...	...	...	3.0	2013	54.0	2016
Tunisia	...	...	...	...	97	97	97	2016	15.2	2015	2.2	2017	3.0	2016
United Arab Emirates	95	95	94	2018	95	95	95	2017	0.01	2018	2.3	2017	6.4	2017
Yemen	...	...	...	...	...	...	...	...	48.6	2014	4.4	2013	67.0	2013

Net primary school enrolment ratio per 100 school-age children

No data available
≤ 59
60–89
90–94
95–97
98+

Total fertility rate

Number of children per woman
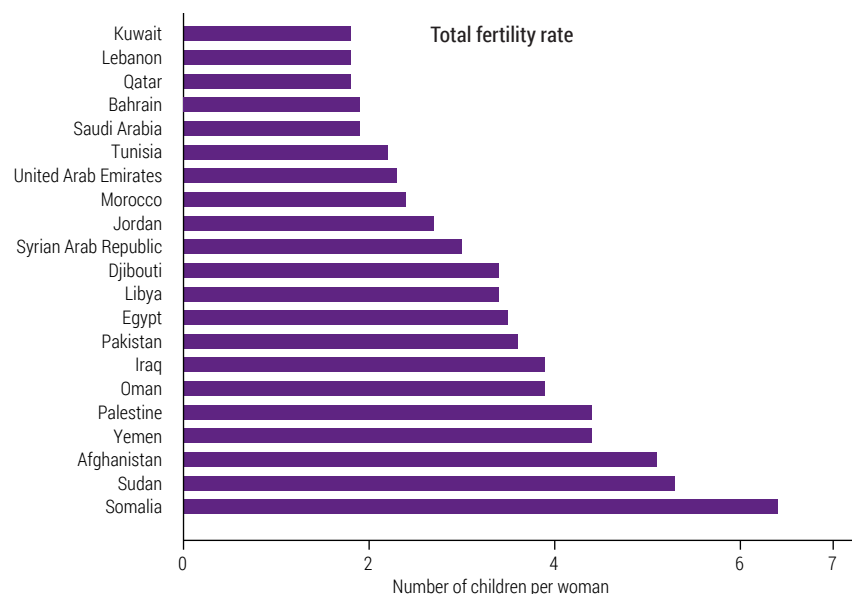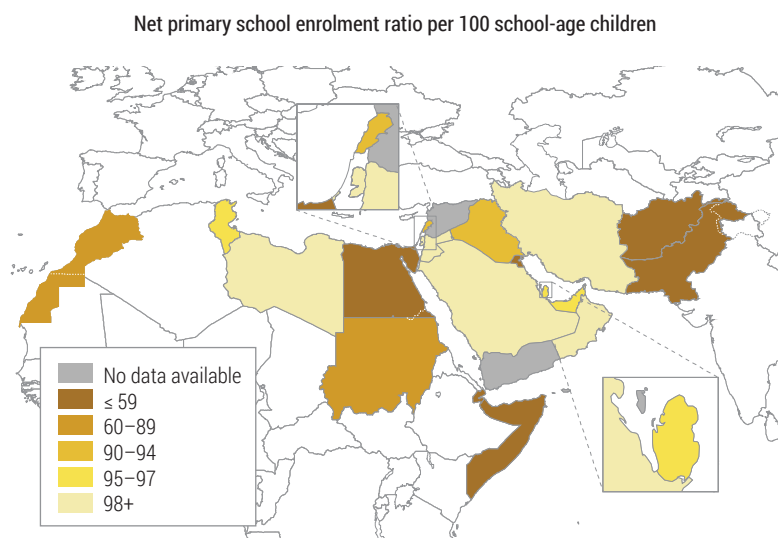
Country	Biological					Nutritional										
	Low birth weight among newborns	Exclusive breastfeeding 0–5 months of age		Adults (18+ years) (age-standardized)		Children under 5 who are					Youth (13–18 years)			Adults (18+ years), 2016 (age-standardized		Anaemia among women of reproductive age (15–49 years)	
				Raised blood glucose, 2014	Raised blood pressure, 2015	stunted	wasted	overweight	obese		Overweight	Obesity		Overweight	Obesity		
	%	%	Y	%	%	%	%	%	%	Y	%	%	Y	%	%	%	Y
Afghanistan	...	57.5	2018	11.9	30.6	36.6	9.5[e]	5.4[e]	2.0[e]	2018	...	...	...	23.0	5.5	42.0	2016
Bahrain	10.3	10.7	2017	11.5	21.4	5.6	3.2	4.9	1.3	2017	...	...	...	65.8	29.8	45.9	2017
Djibouti	29.8	49.3[e]	2014	8.1	26.8	33.5	17.8	8.1	...	2013	...	...	...	38.6	13.5	32.7	2016
Egypt	7.0	39.7[d]	2017	17.9	25.0	22.3	9.5	20.4[f]	8.5	2014	27.4	8.5	2014	63.5	32.0	28.5	2016
Iran, Islamic Republic of	7.9	53.1[c]	2017	12.1	19.7	4.8	4.3	2.9	0.6	2017	20.6	11.3	2016	61.6	25.8	30.5	2016
Iraq	7.1	37.4	2018	17.4	25.2	9.9	2.5	6.6	...	2018	...	...	...	64.6	30.4	29.1	2016
Jordan	17.0	26.0	2018	16.8	21.0	7.7	2.4	4.4	...	2013	...	...	...	69.6	35.5	43.0	2018
Kuwait	11.8	6.9	2018	19.6	23.6	7.3	2.6	7.9	3.7	2018	21.9	29.7	2018	73.4	37.9	37.8	2018
Lebanon	8.8	14.8[d]	2018	13.4	20.7	7.3	6.6	16.7	6.3	2015	...	...	...	67.9	32.0	31.2	2016
Libya	7.1	67.0	2015	15.9	23.7	21.0	6.5	22.0	10.5	2015	...	...	...	66.8	32.5	32.5	2016
Morocco	15.4[d]	35.0	2018	13.7	26.1	15.1[a]	4.7	10.8[a]	2.9	2018	...	...	...	60.4	26.1	36.9	2016
Oman	11.6	23.2	2017	13.5	24.8	11.4	9.3	3.1	1.1	2017	29.0	12.5	2015	62.6	27.0	27.8	2017
Pakistan	22.0	48.4	2018	12.4	30.5	40.2	17.7	9.5	...	2018	...	...	...	28.4	8.6	42.7	2018
Palestine	6.3	38.6[d]	2018	...	...	7.4	1.2	8.2	...	2014	...	...	...	...	...	27.0	2013
Qatar	9.4	29.3[e]	2017	18.9	22.4	2.3	2.8	8.3	2.3[e]	2016	44.9	22.4	2018	71.7	35.1	27.7	2016
Saudi Arabia	8.5	41.4	2018	17.4	23.3	7.0	4.8	8.1	0.7	2018	...	...	...	69.7	35.4	43.7	2018
Somalia	...	...	...	6.8	32.9	42.1	13.2	...	...	2015	...	...	...	28.4	8.3	44.4	2016
Sudan	32.3[d]	55.4	2017	10.0	30.2	38.2	16.3	3.0	...	2014	...	...	...	28.9	8.6	53.6	2016
Syrian Arab Republic	9.4[d]	25.8	2016	14.6	24.5	1.5	0.4	0.7[a]	0.7[a]	2018	...	...	...	61.4	27.8	24.5	2016
Tunisia	7.5	13.5	2016	12.5	23.2	8.3	2.8[c]	17.2	2.3[e]	2016	...	...	...	61.6	26.9	31.2	2016
United Arab Emirates	10.8	59.7	2017	11.8[f]	28.8[f]	....	...	...	...	...	38.4	16.6	2016	67.9[f]	27.8[f]	30.3	2016
Yemen	16.3[e]	11.5	2014	11.3	30.7	47.0	16.3	2.0	0.4	2014	...	...	...	48.8	17.1	69.6	2016

Raised blood pressure among adults (18+ years), age-standardized

No data available
≤ 25.0
25.1+
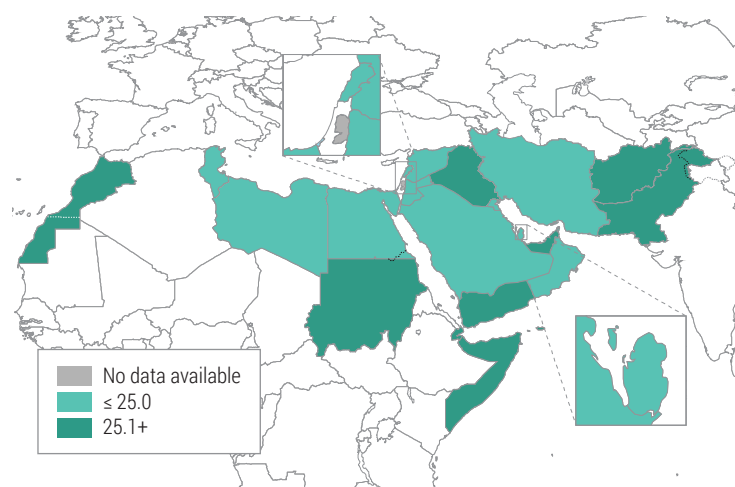
Raised blood glucose among adults (18+ years), age-standardized

Percentage

Country	Insufficient physical activity (13–18 years), 2016 %	Insufficient physical activity (18+ years), 2016 %	Tobacco use (13–15 years)[h] T %	M %	F %	Y	Tobacco use (15+ years)[h], 2015 (age-standardized) T %	M %	F %	Harmful use of alcohol (15+ years) Litres per calendar year per 1000 population	Y	Access to improved drinking water %	Access to improved sanitation facilities %
Afghanistan	88.1	...	...	...	...	...	...	...	...	...	...	67	43
Bahrain	81.0	...	17.7	25.0	10.1	2015	21.9	31.5	4.2	...	...	100	100
Djibouti	85.2	...	15.2	17.8	11.1	2013	9.9	18.6	1.1	...	...	76	64
Egypt	87.5	31.0	13.6	18.1	8.2	2014	22.2	44.2	0.2	...	...	100	94
Iran, Islamic Republic of	56.4	33.2	...	...	...	...	10.0	19.3	0.7	2.1	2016	95	88
Iraq	85.0	52.0	14.1	19.4	8.6	2016	...	...	...	...	...	97	94
Jordan	84.8	...	24.0	33.9	13.8	2014	38.4[d]	65.5[d]	10.2[d]	...	...	99	97
Kuwait	84.3	60.9[f]	16.7	24.2	9.8	2016	18.5	31.0	1.6	...	...	100	100
Lebanon	82.1	36.4	11.3	18.8	5.1	2013	25.1	32.6	17.6	...	...	93	98
Libya	83.2	36.4	...	...	...	...	...	...	...	...	...	99	100
Morocco	87.3	26.2	6.0	7.3	4.4	2016	18.6	37.7	0.5	...	...	87	89
Oman	83.8	32.9	...	...	...	...	9.1	12.8	0.3ext	...	...	92	100
Pakistan	86.9	41.5	10.7	13.3	6.6	2013	16.2	29.5	2.3	...	...	91	60
Palestine	...	75.3	17.3	23.6	11.0	2014	...	...	...	...	...	97	97
Qatar	88.0	36.8	12.1	15.7	8.7	2018	16.4	21.4	0.6	...	...	100	100
Saudi Arabia	...	85.1[a]	...	...	...	...	14.1[a]	23.1[a]	0.7[a]	...	...	100	100
Somalia	...	...	...	...	...	...	...	...	...	...	...	52	38
Sudan	90.3	...	11.7	14.5	7.3	2014	...	...	...	...	...	60	37
Syrian Arab Republic	87.5	...	...	...	...	...	...	...	...	...	...	97	91
Tunisia	81.5	30.4	...	...	...	...	28.3	56.9	0.9	...	...	96	91
United Arab Emirates	81.9	70.8[f]	12.7	17.8	7.7	2016	9.1[f]	15.7[f]	2.4[f]	...	...	98	99
Yemen	86.4	...	18.7	23.9	9.9	2014	14.3	23.6	5.0	...	...	63	59

[h] WHO Report on the Global Tobacco Epidemic, 2017

Access to improved drinking water

≤ 60
61–90
91–97
98+

Tobacco use among persons 15+ years, age-standardized

Percentage
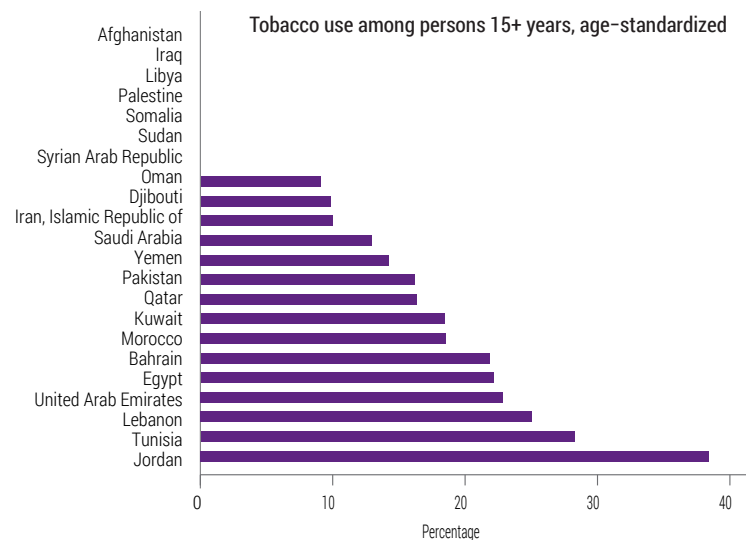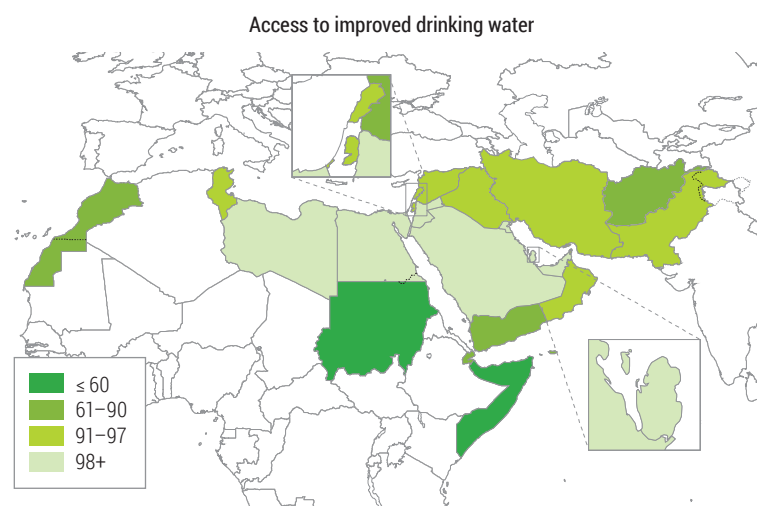
Health status (mortality) (1/2)

Country	Neonatal	Infant	Under-5	Neonatal	Infant	Under-5	Maternal mortality ratio			Age-standardized mortality rates by major cause, 2016		
	Mortality rate per 1000 live births, UN-IGME 2017 estimates			Country reported			Per 100 000 live births, UN-MMEIG 2017 estimate	Country reported		Per 100 000 population		
										Communicable diseases	Noncommunicable diseases	Injuries
	R	R	R	R	R	R	Y	Ratio	Ratio	Y			
Afghanistan	39	52	68	...	...	...	...	638	...	...	250	852	153
Bahrain	3	6	7	4	6	8	2017	14	15	2017	15[a]	158[a]	17[a]
Djibouti	32	52	62	...	...	...	...	248	...	...	428	610	100
Egypt	12	19	22	7	15	20	2018	37	44	2017	62[a]	827	35[a]
Iran, Islamic Republic of	9	13	15	9	12	15	2017	16	19	2017	44	561	50
Iraq	17	19	30	14	...	23	2018	79	34	2018	68	646	162
Jordan	10	15	17	11	17	19	2018	46	30	2018	44	614	50
Kuwait	4	7	8	5	7	9	2018	12	6	2018	164	579	45
Lebanon	5	7	8	5	7	10	2018	29	13	2018	24	575	36
Libya	7	11	12	7	11[d]	13[d]	2017	72	9	2015	59	660	113
Morocco	14	20	23	14	18	22	2018	70	73	2015	77	525	35
Oman	5	10	11	6	9	11	2018	19	15	2018	46	469	49
Pakistan	44	61	75	42	62	74	2018	140	165	2017	233	713	56
Palestine	12	18	21	...	...	...	...	40	...	...	2[a]	521[a]	26[a]
Qatar	4	7	8	4	6	8	2018	9	4	2018	19	465	44
Saudi Arabia	4	6	7	4	6	9	2018	17	12	2018	67	562	71
Somalia	39	80	127	39	80	...	2017	829	...	...	718	645	164
Sudan	30	44	63	33	52	68	2014	295	...	...	228	745	96
Syrian Arab Republic	9	14	17	12	19	24	2018	31	...	...	41	654	443
Tunisia	8	11	13	9	14	...	2017	43	...	...	48	538	40
United Arab Emirates	5	8	9	4	6	8	2017	3	3	2017	40 (10)[f]	499 (103)[f]	36 (13)[f]
Yemen	27	43	55	26	43	53	2013	164	...	...	172	881	102

UN-IGME: United Nations Inter-agency Group for Child Mortality Estimation   UN-MMEIG: United Nations Maternal Mortality Estimation Inter-Agency Group

Maternal mortality ratio per 100 000 live births

Legend:
- ≤ 10
- 11–20
- 21–50
- 51–100
- 101–250
- 251+
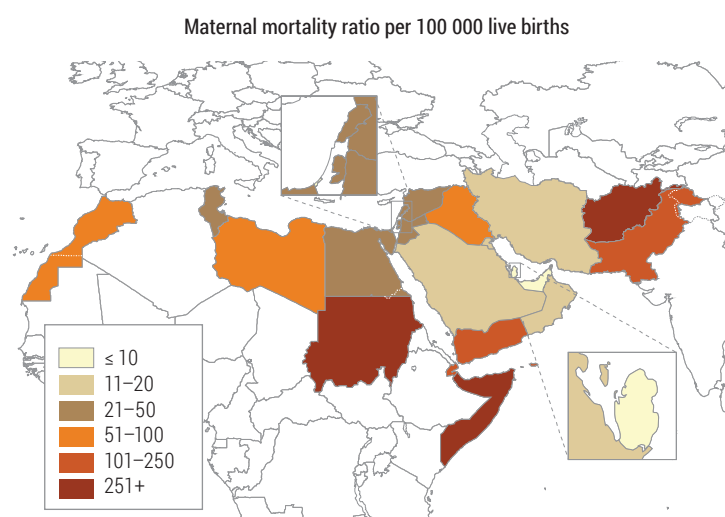
Health status (mortality) (2/2)

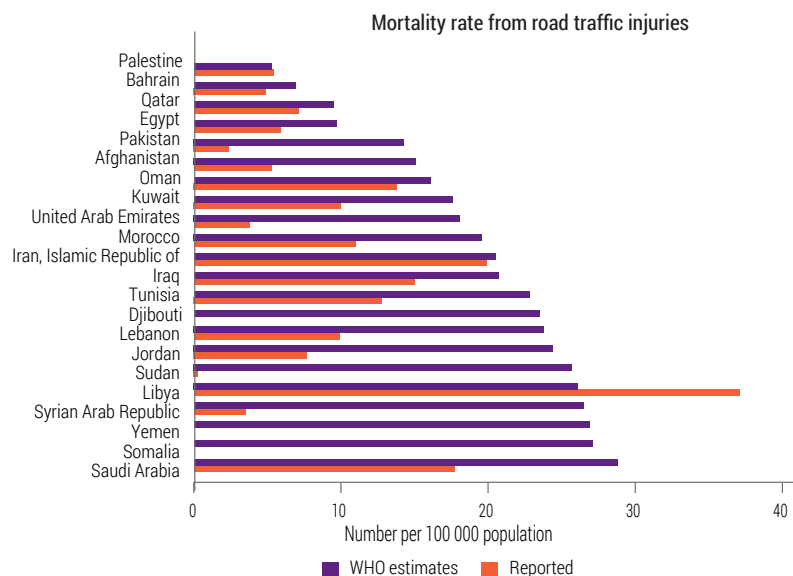| Country	Probability of dying between age 30 and exact age 70 from any of cardiovascular disease, cancer, diabetes, chronic respiratory diseases, 2016	Mortality rate from road traffic injuries		Mortality rate attributed to household and ambient air pollution, 2016	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene, 2016	Mortality rate attributed to household and ambient air pollution, 2018	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene, 2016	Suicide mortality rate
		Country reported, 2018	WHO estimate, 2016					
		Per 100 000 population		Per 10 000 population	Per 100 000 population	Country reported	Country reported	Per 100 000
	%	R	R	R	R	R	R	R
Afghanistan	29.8	5.3	15.1	95	13.9	…	…	…
Bahrain	11.3	4.9[a]	6.9	15	< 0.1	4.2	0.7	…
Djibouti	19.6	…	23.5	99	31.3	…	…	…
Egypt	27.7	5.9	9.7	73	2.0	…	…	…
Iran, Islamic Republic of	14.8	19.9[aj]	20.5	35	1.0	…	…	…
Iraq	21.3	15.0	20.7	35	3.0	…	…	1.1
Jordan	19.2	7.7	24.4	26	0.6	…	…	…
Kuwait	17.4	10.0	17.6	37	<0.1	…	…	1.5
Lebanon	17.9	9.9[c]	23.8	52	0.8	…	…	…
Libya	20.1	37.1	26.1	43	0.6	…	…	…
Morocco	12.4	11.0	19.6	40	1.9	…	…	…
Oman	17.8	13.8	16.1	22	< 0.1	…	…	0.4
Pakistan	24.7	2.4	14.3	113	19.6	17.3	…	…
Palestine	21.0[c]	5.4	5.3	26[k]	1.8[k]	…	…	…
Qatar	15.3	7.1	9.5	13	<0.1	…	…	2.0
Saudi Arabia	16.4	17.7	28.8	39	<0.1	…	…	1.6
Somalia	21.8	…	27.1	152	86.6	…	…	…
Sudan	26.0	6.0[c]	25.7	105	17.0	…	…	…
Syrian Arab Republic	21.8	3.5	26.5	44	3.7	…	…	…
Tunisia	16.1	12.8	22.8	57	1.0	…	…	3.3[b]
United Arab Emirates	11.1[a]	3.8	18.1	16	< 0.1	…	…	1.5[a]
Yemen	30.6	…	26.9	90	10.2	…	…	…

j Calendar year 1 March 2017–28 February 2018   k Data from Institute for Health Metrics and Evaluation (IHME)

Mortality rate from road traffic injuries
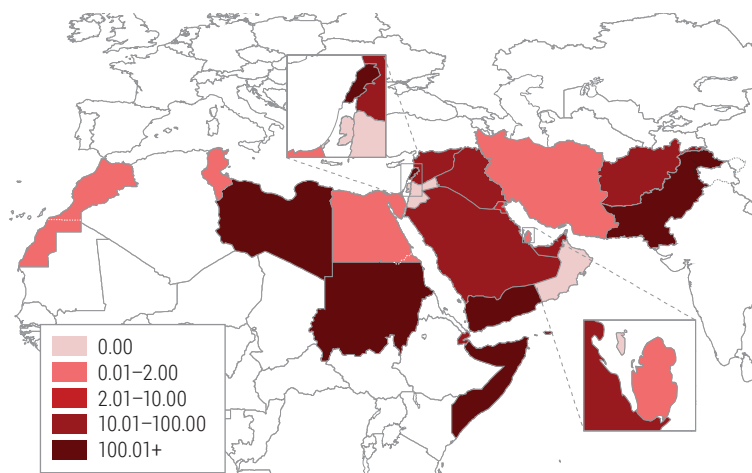

Number per 100 000 population

■ WHO estimates ■ Reported

Health status (morbidity, 2018)

Country	Cancer (all types) Incidence Rate per 100 000 population — R	Tuberculosis Case notification — R	HIV Estimated number of new infections — N	HIV Number of newly reported cases — N	Hepatitis B Hepatitis B incidence rate[m] Per 100 000 population — R	Malaria Incidence of confirmed cases Per 1000 population — R	Malaria Total number of reported cases — N	Measles Incidence Per 1 000 000 population — R
Afghanistan	100.2	131	840	184	500	8.90	294 691	62.32
Bahrain	105.2	10	….	40	180	0.00	53[o]	0.00
Djibouti	87.9	200	540	226	600	26.50	25 319	32.37
Egypt	156.9	8	3 600	2 365	800	0.00	356[o]	0.24
Iran, Islamic Republic of	141.6	11	4 400	2 055	20	…	625[n]	0.05
Iraq	105.5	19	…	…	60	0.00	12[o]	13.17
Jordan	157.8	4	< 100	41	1 000	0.00	41[o]	0.00
Kuwait	121.8	20	< 100	50	100	0.00	299[o]	8.13
Lebanon	242.8	10	< 200	162	200	0.00	146[o]	164.24
Libya	120.3	27	< 500	…	300	…	9	152.22
Morocco	139.6	86	900	1 560	450	0.00	480[o]	0.23
Oman	103.3	5	< 500	145	400	…	921[n]	0.00
Pakistan	114.0	170	22 000	1 424	2 800	1.94	965 555	155.98
Palestine	158.6	1	…	4	…	0.00	0	0.00
Qatar	97.3	27	< 100	39	20	0.00	464[o]	0.73
Saudi Arabia	88.7	8	450	533	300	0.01	2 711[n]	32.35
Somalia	120.8	111	< 500	891	10 500	2.38	31 030	656.03
Sudan	95.9	48	5 200	…	2 900	39.60	3 581 302[p]	107.25
Syrian Arab Republic	169.9	15	< 100	59	400	0.00	16[o]	13.47
Tunisia	115.4	27	< 500	166	760	0.00	100[o]	1.05
United Arab Emirates	108.9	1	…	47	24	0.00	3 238[o]	13.21[a]
Yemen	76.1	35	1 100	…	2 500	8.55	192 901	362.14

[m] Cumulated incidence of chronic HBV infection in children 5 years of age

[n] Of which locally transmitted cases were 20 (Islamic Republic of Iran: zero indigenous cases for the first time), 30 (Oman: introduced cases), 194 (Saudi Arabia: only 61 of them were indigenous cases)

[o] Imported cases; no local transmission   [p] of which 1 606 833 were confirmed

Measles incidence per 1 000 000 population

- 0.00
- 0.01–2.00
- 2.01–10.00
- 10.01–100.00
- 100.01+

Tuberculosis case notification, 2018

Cases per 100 000 population
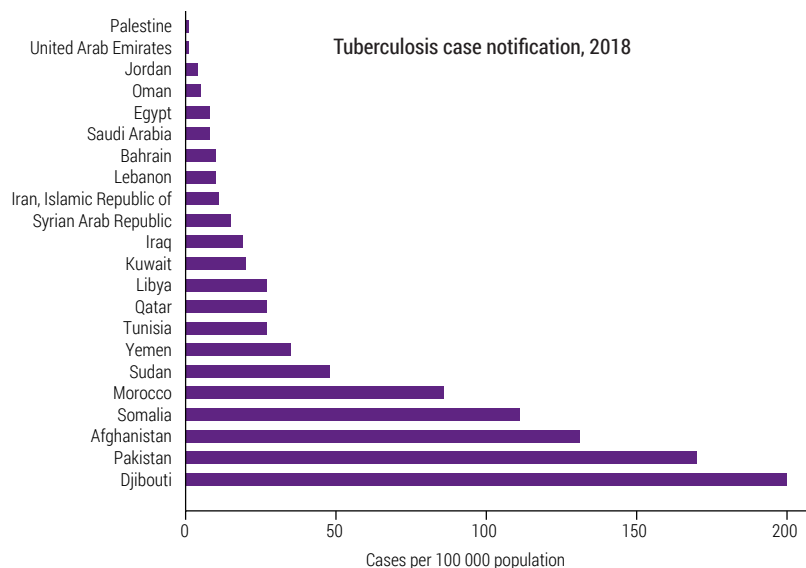
Health status (neglected tropical diseases, 2018)

Country	Number of people requiring interventions against neglected tropical diseases					Population at risk of neglected tropical diseases (subject to treatment campaigns)				
	Dracunculiasis[q]	Leishmaniasis	Leprosy	Rabies	Mycetoma	Lymphatic filariasis	Onchocerciasis	Schistosomiasis	Soil-transmitted helminthiases	Trachoma
	N					*N*				
Afghanistan	0	32 079	45	...	...	...	...	...	13 547 677	...
Bahrain	0	0	2	...	...	...	...	...	...	...
Djibouti	0	37	...	...	...	...	...	...	110 561[b]	...
Egypt	0	572	543	...	...	0	...	5 021 586	...	1 736 759
Iran, Islamic Republic of	0	12 423	19	...	...	...	...	...	...	0
Iraq	0	19 026	...	11	...	...	...	...	2 170 486[b]	...
Jordan	0	345	0	...	...	...	...	...	...	...
Kuwait	0	...	6	...	...	...	...	...	...	...
Lebanon	0	214	0	...	...	...	...	...	...	...
Libya	0	2 833	1[b]	2	...	...	...	...	...	...
Morocco	0	6 909	13	...	...	...	...	...	...	0
Oman	0	2	1	...	...	0	...	0	...	0
Pakistan	0	26 427	403	...	...	...	...	...	31 683 212[b]	3 177 676
Palestine	0	273	...	...	...	...	...	...	...	...
Qatar	0	4	19	0	0	0	0	0	0	0
Saudi Arabia	0	921	9	0	...	0	...	96	1 870	...
Somalia	0	858	1576	...	...	...	...	2 011 376	1 450 981	...
Sudan	0	8 001	551	...	633	9 738 546	456 851	7 959 348	1 138 906	4 067 620
Syrian Arab Republic	0	77 307	2	0	...	...	...	...	1 925 000	...
Tunisia	0	4 797	2	4	...	...	...	...	...	...
United Arab Emirates	0	0	0	1	0	0	0	12	0	22
Yemen	0	4 569	357	...	...	...	628 728	1 660 313	6 940 852	1 455 523

q All countries are certified free of dracunculiasis except Sudan

## Monitoring framework for neglected tropical diseases in the Eastern Mediterranean Region

| Output	Indicators	Baseline (2018)	2019	2021
Dracunculiasis: Sudan supported to achieve certification of interruption of transmission and disease-free status	Certification process completed	0	0	1
Onchocerciasis: Yemen supported to achieve elimination as a public health problem by 2021 and Sudan by 2026	Number of countries achieving (interruption of transmission)	0	0	4
Schistosomiasis: Somalia, Sudan and Yemen supported to implement Mass Drug Administration. Egypt, Iraq, Libya and Tunisia to achieve elimination as a public health problem by 2021	Number of countries achieving the set goals	0	0	4
Lymphatic filariasis: Yemen supported to achieve elimination as a public health problem by 2019; and Sudan by 2026	Number of countries achieving elimination as a public health problem	0	1	0
Trachoma: 7 countries supported to achieve elimination of trachoma as a public health problem	Number of countries achieving elimination as a public health problem	2	3	7
Soil-transmitted helminthiasis: all endemic countries supported to achieve deworming coverage of at least 75% of eligible school-age children	Number of countries achieving at least 75% coverage of eligible school-age children	2	...	4
Cutaneous leishmaniasis: all endemic countries supported to achieve detection and reporting of 75% of estimated incident cases, and treatment of 90% of all detected cases	Number of countries achieving the set goals	...	...	8
Visceral leishmaniasis: all endemic countries supported to achieve detection, reporting and treatment of 90% of the estimated incident cases and zero deaths,	Number of countries achieving the set goals	0	...	8
Leprosy: all endemic countries supported to achieve zero G2D (visible deformities) among newly-detected cases and zero	Number of countries reporting zero G2D (visible deformities) among newly detected cases	11	13	13
	Number of countries reporting zero children among newly-detected cases	14	14	15
Mycetoma: all endemic countries supported to achieve the following goals: capacities on diagnosis and treatment of mycetoma; community sensitization implemented, and referral system; mycetoma included in the national surveillance system	Number of countries achieving the set goals	0	1	4

Health financing

Country	Per capita current health expenditure (CHE)	Out-of-pocket expenditure (OOPS) as percentage of CHE	Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE)		Incidence of catastrophic expenditure at 25% of household consumption or income	Incidence of impoverishment due to out-of-pocket health expenditure		Population with catastrophic health expenditure[r]	Population impoverished due to out-of-pocket health expenditure[r]	
	US$ exchange rate	%	%	Y	%	%	Y	%	%	Y
Afghanistan	57	77.4	2.0	2016	2.0	4.52	2013	24.7	9.6	2017
Bahrain	1099	28.0	8.4	2016	...	...	...	...	...	...
Djibouti	70	25.8	3.1	2016	...	...	...	...	...	...
Egypt	131	62.0	4.2	2016	...	...	...	4.4	1.1	2013
Iran, Islamic Republic of[r]	415	38.8	22.6	2016	3.8	0.01	2013	2.1	0.5	2017
Iraq	153	78.5	1.7	2016	...	...	...	...	...	...
Jordan	224	28.0	12.0	2016	...	...	...	...	...	...
Kuwait	1068	16.1	6.2	2016	...	...	...	...	...	...
Lebanon	662	32.1	14.3	2016	...	...	...	...	...	...
Libya	...	...	...	...	...	...	...	...	...	...
Morocco	171	48.6	9.1	2016	...	...	...	...	...	...
Oman	648	5.9	7.6	2016	0.1	...	...	...	...	...
Pakistan	40	65.2	3.9	2016	...	0.12	2016	0.6	0.9	2014
Palestine[r]	329	41.9	13.7	2017	0.5	0.87	2015	1.0	...	2018
Qatar	1827	6.2	6.3	2016	...	...	...	0.0	0.0	2017
Saudi Arabia	1147	14.3	10.1	2016	...	...	...	...	...	...
Somalia	...	...	...	...	...	...	...	...	...	...
Sudan	152	73.9	10.7	2016	3.3	...	...	...	...	...
Syrian Arab Republic	...	...	...	...	...	...	...	...	...	...
Tunisia	257	39.9	13.7	2016	2.7	0.09	2015	...	...	...
United Arab Emirates	1323	18.6	7.9	2016	...	...	...	...	...	...
Yemen	...	...	...	...	4.2	3.48	2014	...	...	...

[r]   country data

Out-of-pocket expenditure (OOPS) as percentage of current health expenditure

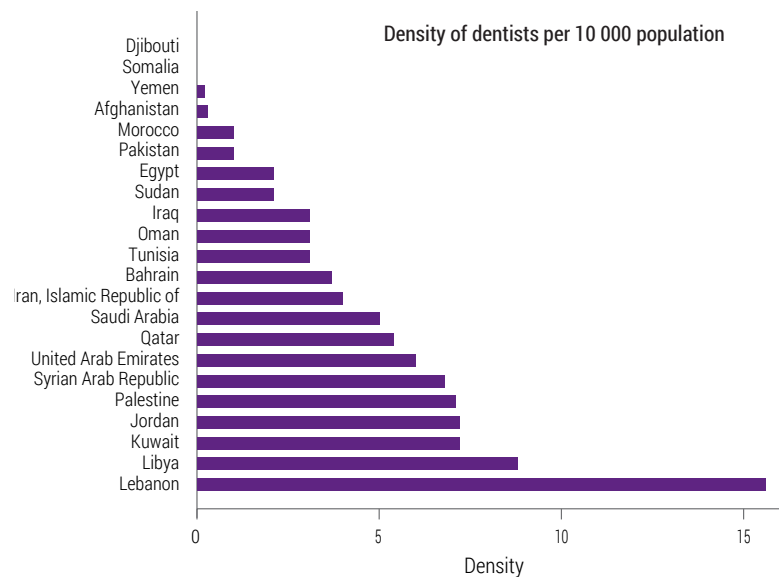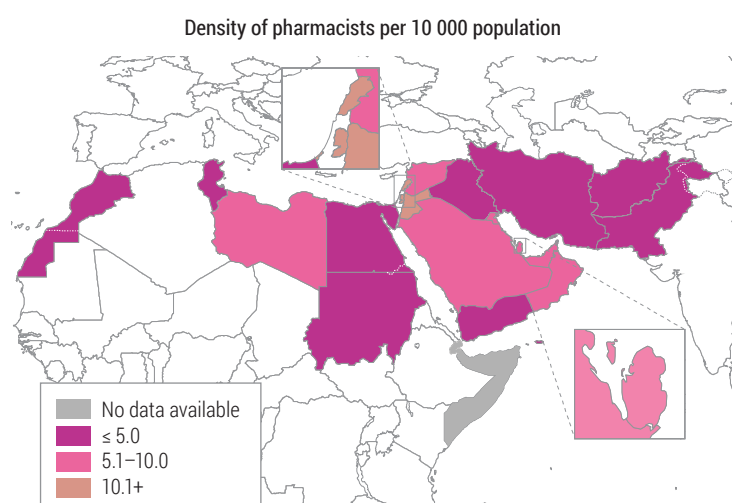

No data available
≤ 30.0
30.1–50.0
50.1–70.0
70.1+
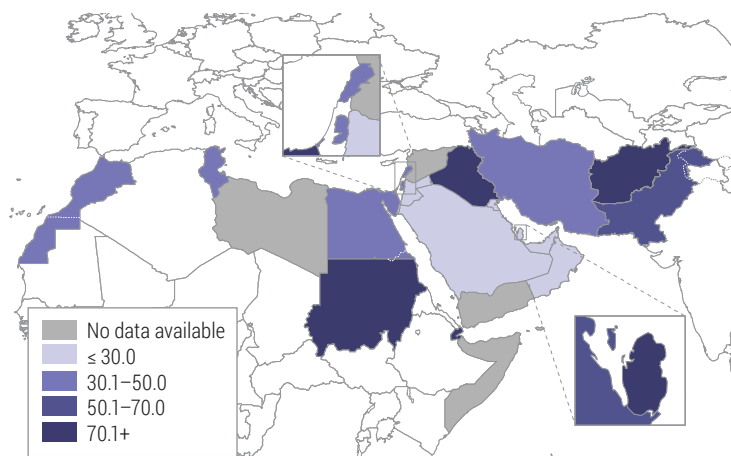
Current health expenditure per capita, 2018
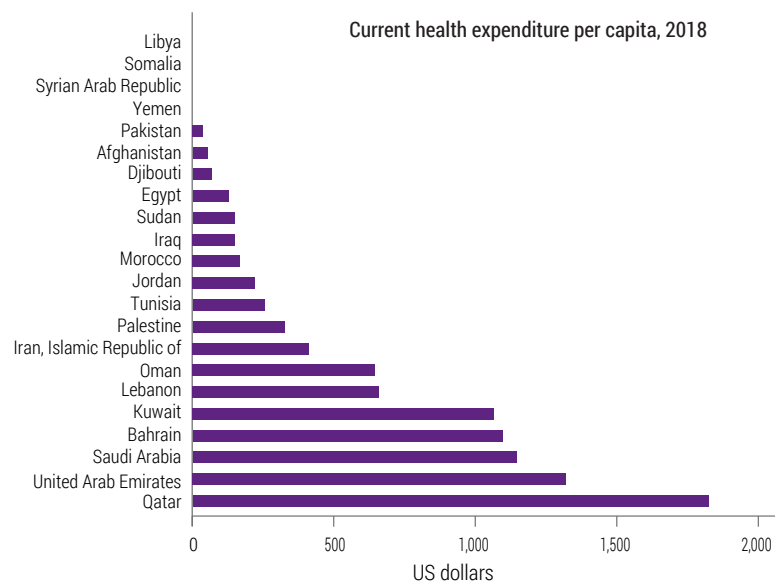
Health workforce

Country	Personnel per 10 000 population					Registered recent graduates of health profession educational institutions per 100 000 population				
	Physicians	Nursing and midwifery	Dentists	Pharmacists		Physicians	Nursing and midwifery	Dentists	Pharmacists	
	R	R	R	R	Y	R	R	R	R	Y
Afghanistan	4.0	3.2	0.4	0.7	2018	66.3	57.2	31.1	15.3	2018
Bahrain	22.6	45.4	3.7	5.4	2017	...	...	...	...	...
Djibouti	...	...	...	...	...	...	...	...	...	...
Egypt	8.2	15.5	2.1	4.9	2018	12.0	11.5	1.8	13.6	2016
Iran, Islamic Republic of	15.4	21.3	4.0	3.0	2018	5.3	7.3	1.8	1.3	2017
Iraq	9.1	21.2	3.1	3.3	2018	9.4	20.3	2.8	3.3	2017
Jordan	23.0	33.2	7.2	13.1	2018	10.2	6.2	2.6	6.4	2016
Kuwait	25.3	67.2	7.2	6.9	2018	1.7	0.2	1.4	0.6	2018
Lebanon	31.2	37.4	15.6	19.8	2018	...	...	...	...	...
Libya	22.9	68.8	8.8	6.2	2018	...	2.0	4.3	0.8	2017
Morocco	6.7	8.5	1.0	2.6	2017	2.8	10.6	...	...	2017
Oman	21.0	44.0	3.1	5.9	2018	0.8	2.0	0.2	0.6	2016
Pakistan	9.6	4.9	1.0	1.6	2018	7.5	4.6	1.8	1.5	2017
Palestine	21.5	25.9	7.1	11.2	2018	14.6	33.7	7.6	8.2	2018
Qatar	25.0	73.2	6.3	9.0	2018	0.3	0.5	...	0.04	2017
Saudi Arabia	26.4	55.2	5.0	8.7	2018	6.3	7.8	4.7	4.0	2018
Somalia	...	...	...	...	...	...	...	...	...	...
Sudan	2.8	33.5	2.1	2.4	2018	1.0	...	...	...	2014
Syrian Arab Republic	11.7	14.0	6.8	9.6	2018	3.4	2.6	3.8	5.3	2017
Tunisia	13.0	38.9 [S]	3.1	2.3	2017	...	...	...	...	...
United Arab Emirates	24.8	57.9	6.0	8.5	2017	4.8	5.1	6.2	4.1	2017
Yemen	1.7	6.3	0.2	1.0	2018	...	...	...	...	...

[S] Paramedical personnel including technicians, nurses and nursing assistants

Density of pharmacists per 10 000 population

Legend:
- No data available
- ≤ 5.0
- 5.1–10.0
- 10.1+

Density of dentists per 10 000 population

Country capacity

| Country | International Health Regulations (IHR) technical areas | | | | | IHR annual reporting 2018 | JEE score 2016–2018 | UHC service coverage index, 2017[t] | Health information system, 2015 | | Completeness of cause-of-death data, 2017 |
| | Detect | Prevent | Respond | Points of entry and other IHR related hazards | | | | | Birth registration coverage | Deaths registration coverage | |
	R	R	R	R	Y				%	%	%
Afghanistan	34.7	50.8	42.9	20.0	2016	35	40	37	62	19	…
Bahrain	72.0	86.2	88.6	60.0	2016	88	79	77	100	100	96
Djibouti	33.0	43.0	26.0	23.0	2018	37	33	47	65	17	…
Egypt	76.0	81.5	75.7	86.7	2018	82	79	68	100	99	94
Iran, Islamic Republic of	…	…	…	…	…	…	…	72	98	95	90
Iraq	41.3	52.3	44.2	53.3	2018	82	47	61	88	75	65
Jordan	53.3	63.1	57.1	46.7	2016	48	56	76	100	85	65[t]
Kuwait	72.0	73.8	75.7	76.7	2017	56	74	76	100	100	59
Lebanon	54.7	58.5	48.6	56.7	2016	58	54	73	99	99	…
Libya	44.0	54.0	34.0	37.0	2018	41	43	64	98	90	…
Morocco	53.3	56.9	77.1	60.0	2016	75	53	70	96	62	29
Oman	81.3	75.4	90.0	80.0	2017	100	82	69	99	95	74
Pakistan	42.7	52.3	45.7	60.0	2016	51	48	45	40	35	…
Palestine	…	…	…	…	…	18	…	64	97	86	…
Qatar	64.0	72.3	70.0	60.0	2016	87	68	68	100	100	50
Saudi Arabia	60.0	66.0	73.0	77.0	2018	69	75	74	99	98	98
Somalia	24.0	38.5	37.1	20.0	2016	31	31	25	7	0	…
Sudan	53.3	50.8	65.7	43.3	2016	65	55	44	67	28	…
Syrian Arab Republic	…	…	…	…	…	75	…	60	85	65	…
Tunisia	54.7	66.2	57.1	50.0	2016	66	58	70	99	99	29
United Arab Emirates	85.3	84.6	98.6	90.0	2017	95	90	76	100	100	59
Yemen	…	…	…	…	…	52	…	42	53	10	…

t   UHC: universal health coverage index


UHC service coverage index
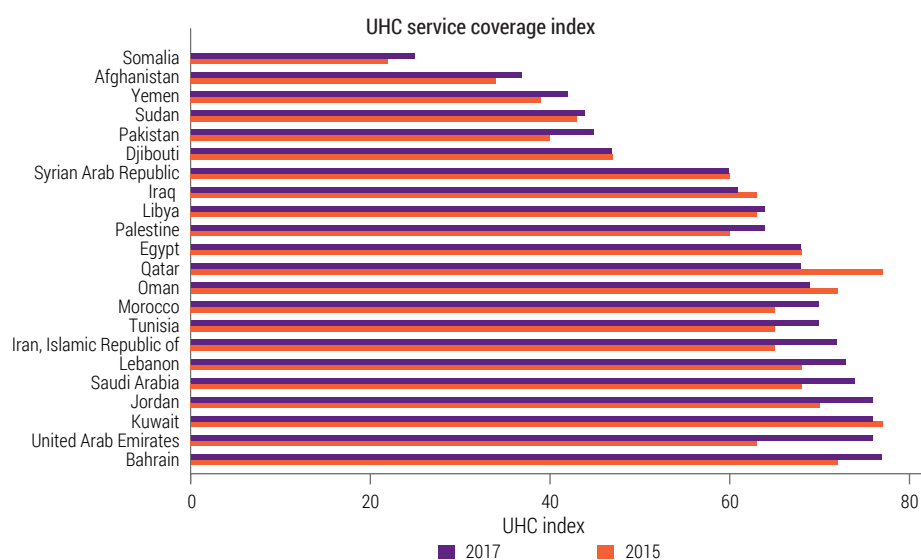
Service delivery

Country	Availability of selected essential medicines in public and private health facilities, 2018		Medical devices, 2013 — Density per million population of selected medical devices in public and private health facilities				Primary health care facilities	Hospital beds		Surgical wound infection		Annual outpatient visits per capita	
	Public	Private	Computed tomography	Radiotherapy	Magnetic resonance imaging	Mammographs	Per 10 000 population						
	%						R	R	Y	%	Y	Ratio	Y
Afghanistan	…	…	0.2	…	0.1	0.0	0.8	3.9	2017	…	…	2.1	2017
Bahrain	100.0[b]	…	2.3[d]	…	2.3[d]	29.5[d]	0.2	17.2	2017	…	…	4.9	2017
Djibouti	…	…	…	…	…	…	0.6	14.0	2013	…	…	2.6	2013
Egypt	…	…	…	0.8	…	…	0.6	14.3	2015	…	…	0.5	2014
Iran, Islamic Republic of	96.7[e]	96.7[e]	9.5[b]	0.9[b]	3.8[b]	19.0[b]	3.5	16.2	2018	…	…	4.1	2015
Iraq	…	…	2.2	0.2	1.6	35.4	0.7	13.2	2017	…	…	1.7	2017
Jordan	100.0	100.0	5.5	0.8	2.1	129.1	7.0	14.0	2018	1.7	2018	0.3	2018
Kuwait	100.0	100.0	5.5[f]	0.9[f]	5.3[f]	3.5[f]	0.2[d]	19.3	2018	2.7	2017	1.4	2018
Lebanon	75.4[e]	87.2[e]	25.1	1.9	8.3	370.2	0.5	27.3[b]	2018	…	…	6.2	2013
Libya	…	13.0	9.7	1.0	5.2	…	2.1	32.0	2017	…	…	3.0	2016
Morocco	…	52.2[e]	2.0[a]	0.4	0.3[a]	1.9[a]	0.8	10.0	2017	…	…	0.7	2016
Oman	…	…	7.2[a]	6.0[a]	1.6[a]	125.3[a]	0.5	14.8	2018	…	…	3.4	2018
Pakistan	…	…	0.3	0.1	0.2	1.6	0.5	6.3	2018	…	…	1.2	2018
Palestine	100.0	97.0	…	…	…	…	1.6	13.3	2018	…	…	1.8	2018
Qatar	98.0[a]	…	9.1[a]	2.9[a]	11.2[a]	225.1[a]	3.2	12.3	2017	0.5	2017	4.3	2013
Saudi Arabia	97.0	…	6.7[f]	0.2[f]	3.1[f]	3.1[f]	0.7	22.5	2018	2.0	2017	4.5	2018
Somalia	…	…	…	…	…	…	1.9	8.7	2013	…	…	…	…
Sudan	53.7[a]	69.3[a]	1.1	0.2	0.3	12.9	1.5	6.6	2018	…	…	…	…
Syrian Arab Republic	93.0[e]	98.2[e]	…	0.3	…	…	0.8	12.6	2018	…	…	10.0	2017
Tunisia	70.0[e]	…	8.9	1.6	2.0	22.6	1.9	21.8	2013	…	…	…	…
United Arab Emirates	100.0[a]	100.0[a]	…	0.6	…	…	3.8	14.4	2017	0.7	2017	2.6	2017
Yemen	…	…	3.6	0.1	1.1	17.6	1.4	0.1	2018	…	…	…	…

Availability of selected essential medicines in public health facilities

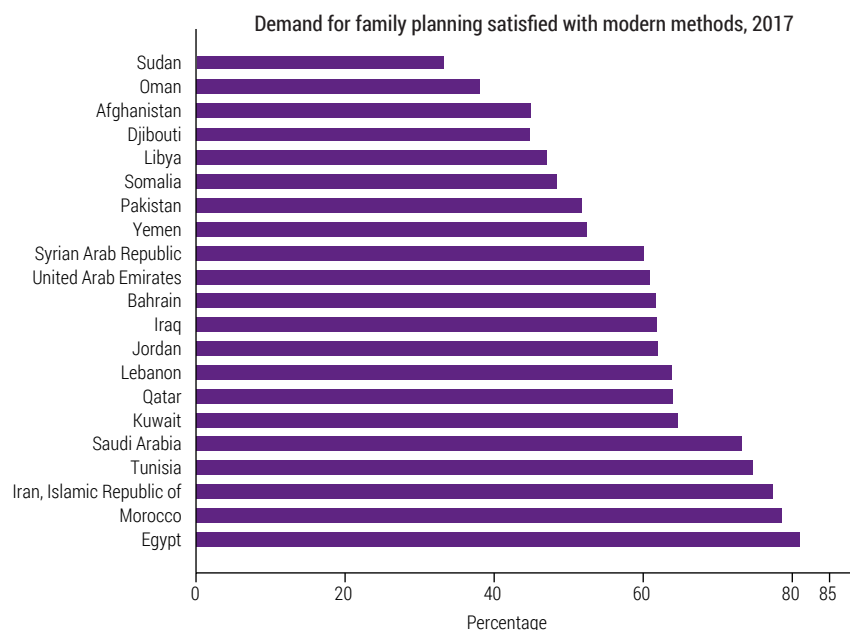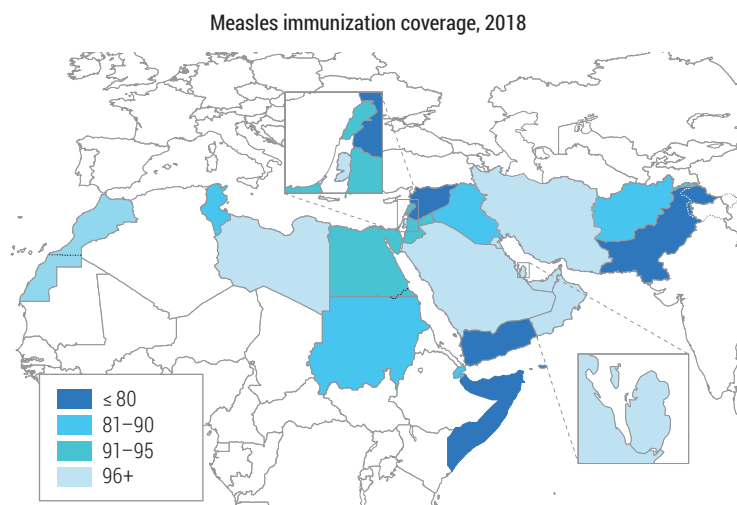No data available
≤ 69.9
70.0−89.9
90.0+
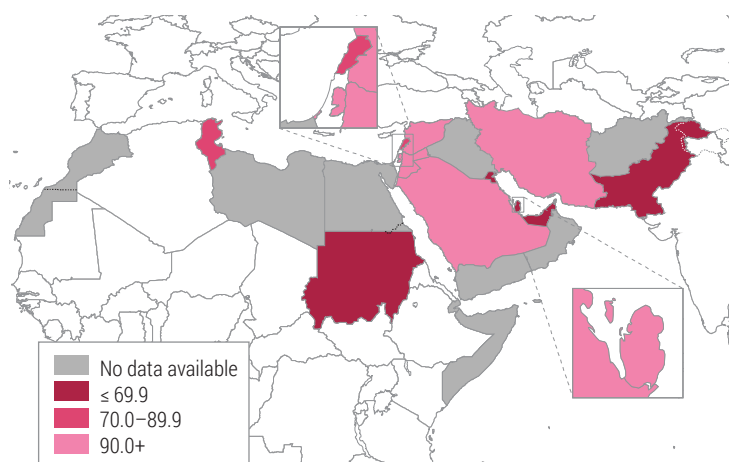
Density of hospital beds per 10 000 population
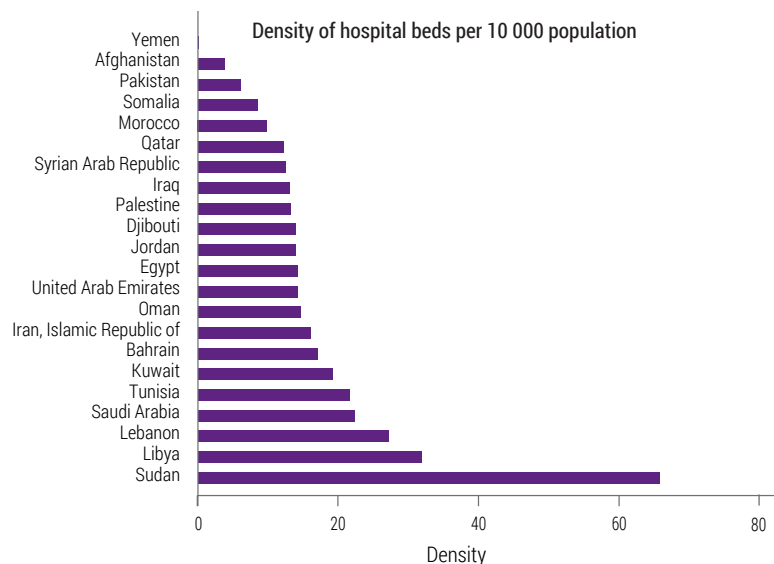
Coverage of selected interventions (1/2)

Country	Demand for family planning satisfied with modern methods (UN Population Division estimate, 2017) %	Antenatal care coverage (1+ visits) %	Antenatal care coverage (4+ visits) %	Skilled birth attendance %	Y	Children under 5 with diarrhoea treated with oral rehydration therapy, 2018 %	DTP3-containing vaccine/ pentavalent coverage among children under 1 year, 2018 %	Measles immunization coverage, 2018 %	Coverage of service for severe mental health disorders %	Y	Treatment coverage for opioid dependence, 2015
Afghanistan	44.9	63.8	20.9	58.8	2018	48.5	87	82	...	...	Very limited (1–10%)
Bahrain	61.6	100.0	99.1	100.0	2017	...	99	99	3.6	2015	More than 40%
Djibouti	44.9	...	...	...	...	...	84	86	...	...	...
Egypt	81.0	90.3	87.8	91.5	2015	30.0[d]	95	94	20.0	2015	Limited (11–20%)
Iran, Islamic Republic of	77.3	98.4	96.3	99.3	2015	85.0[c]	99	99	56.0	2015	More than 40%
Iraq	61.8	52.0	35.0	91.1	2018	81.0	84	83	37.0	2013	...
Jordan	61.9	98.0	83.2	99.6	2018	40.0[d]	96	92	...	...	...
Kuwait	64.6	100.0[e]	59.8[e]	100.0	2018	...	91	98	100.0	2015	100%[f]
Lebanon	63.8	94.0	90.0	...	2018	100.0[d]	94	92	...	...	...
Libya	47.0	99.0	66.3	99.0	2014	60.7[d]	97	97	...	...	...
Morocco	78.5	88.5	60.9	86.6	2018	10.8[a]	99	99	...	...	Limited (11–20%)
Oman	38.0	99.4	76.3	98.6	2018	...	99	99	100.0	2017	...
Pakistan	51.7	87.4	51.4	69.3	2018	37.4	72	66	...	...	Very limited (1–10%)
Palestine	...	100.0	95.5[d]	100.0	2018	31.5[d]	100	100	100.0	2018	...
Qatar	63.9	100.0	85.0	100.0	2018	...	98	99	100.0	2017	...
Saudi Arabia	73.2	98.0[e]	98.0	99.4	2018	100.0	96	96	100.0	2018	100%[f]
Somalia	48.3	24.2	3.3	38.4	2014	...	69	70	...	...	...
Sudan	33.3	79.1	50.7	77.0	2014	59.3[d]	93	88	...	...	...
Syrian Arab Republic	60.0	...	...	...	...	93.4	66	80	65.0	2018	...
Tunisia	74.7	99.3	86.4	98.6	2016	76.0[d]	97	96	...	...	...
United Arab Emirates	60.9	100.0	97.3	100.0	2017	100.0[a]	99	99	100.0	2013	Substantial (21–40%)[b]
Yemen	58.3	60.6	25.1	44.7	2013	28.0[d]	80	72	...	...	...

Measles immunization coverage, 2018

≤ 80
81–90
91–95
96+

Demand for family planning satisfied with modern methods, 2017

Sudan, Oman, Afghanistan, Djibouti, Libya, Somalia, Pakistan, Yemen, Syrian Arab Republic, United Arab Emirates, Bahrain, Iraq, Jordan, Lebanon, Qatar, Kuwait, Saudi Arabia, Tunisia, Iran, Islamic Republic of, Morocco, Egypt
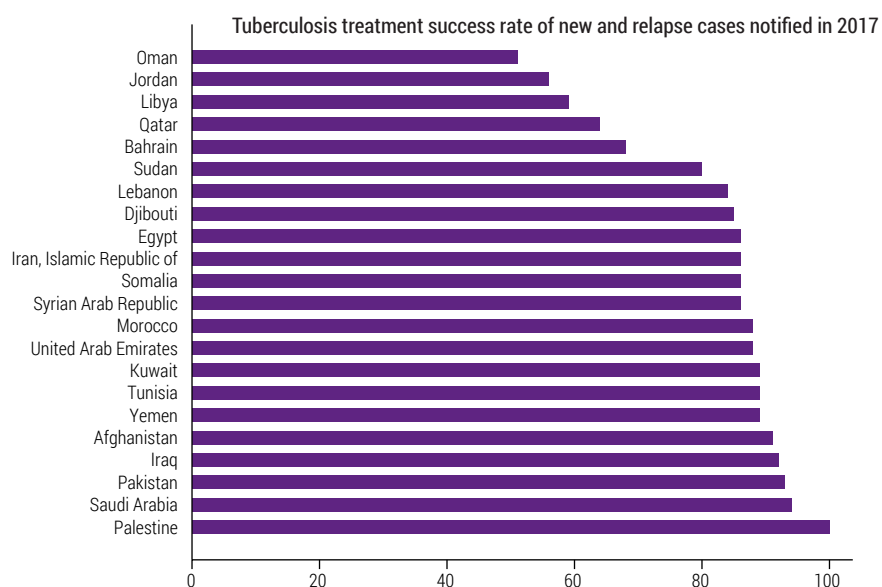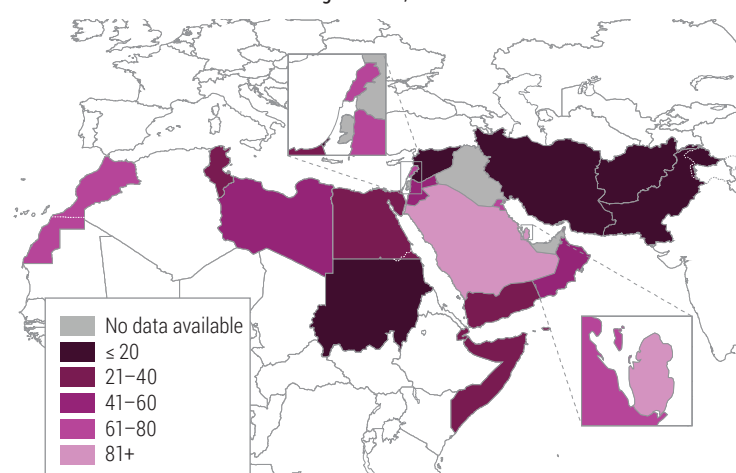
Percentage

Coverage of selected interventions (2/2)

Country	Tuberculosis treatment success rate of new and relapse TB cases notified, 2017 %	Suspected malaria cases that have had a diagnostic test %	Percentage of population sleeping under insecticide-treated nets %	Y	Adults and children currently receiving ARV therapy among all adults and children living with HIV, estimates, 2018[v] %	PWID %	SW %	MSM %	Y
Afghanistan	91	96	18.2[d,u]	2018	13	22.5	5.9	17.4	2014
Bahrain	68[b]	100	N/A	2017	72[a]	...	...	...	...
Djibouti	85	100	...	...	30	...	99.4	...	2014
Egypt	86	100	N/A	2018	31	95.4	30.2[a]	96.7[a]	2018
Iran, Islamic Republic of	86	100	56.5[c]	2018	20	27.6[e]	70.6	...	2017
Iraq	92	100	N/A	2018	...	...	...	...	...
Jordan	56	100	N/A	2018	84	...	...	...	...
Kuwait	89	100	N/A	2018	62	100.0	...	...	2018
Lebanon	84	99	N/A	2018	60	...	...	92.3	2018
Libya	59[b]	100	N/A	2018	44	...	...	...	...
Morocco	88	100	N/A	2017	65	36.1	40.1	58.1[a]	2018
Oman	51	100	N/A	2018	41	0.5	...	...	2014
Pakistan	93	92	34.8[d]	2018	10	39.3	45.0	44.7	2016
Palestine	100	100	N/A	2016	...	...	...	...	...
Qatar	64	100	N/A	2017	100[a]	...	...	...	...
Saudi Arabia	94	100	89.0	2018	94[a]	90.0	...	...	2018
Somalia	86	99	19.8[e]	2015	30	...	20.0	...	2014
Sudan	80	78	34.7[b,u]	2018	15[a]	...	84.2	16.9[d]	2018
Syrian Arab Republic	86	100	N/A	2018	20	...	...	b	...
Tunisia	89	100	N/A	2018	39	28.6	7.7	20.0[e]	2017
United Arab Emirates	88	100	N/A	2018	...	...	...	...	...
Yemen	89	95	7.1[e,u]	2017	21[a]	...	21	...	2018

PWID: People who inject drugs   SW: Sex workers   MSM: Men who have sex with men   [u] In targeted areas   [v] WHO/UNAIDS modelled HIV estimates
N/A: Not applicable

Adults and children currently receiving ARV therapy among all adults and children living with HIV, 2017

Legend:
- No data available
- ≤ 20
- 21–40
- 41–60
- 61–80
- 81+

Tuberculosis treatment success rate of new and relapse cases notified in 2017

List of regional core health indicators

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
Harmful use of alcohol (15+ 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
Mortality rate attributed to household and ambient air pollution
Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene
Suicide mortality rate

Morbidity

Cancer incidence by type of cancer
Tuberculosis notification rate
Estimated number of new HIV infections cases
Incidence of hepatitis B
Incidence of confirmed malaria cases
Incidence of measles cases
Number of people requiring interventions against neglected tropical diseases
Population at risk of neglected tropical diseases (subject to treatment campaigns)

Health system response

Health financing

Per capita current health expenditure
Out-of-pocket expenditure as % of current health expenditure
Domestic general government health expenditure as % of general government expenditure
Incidence of catastrophic expenditure at 25% of household consumption or income
Incidence of impoverishment due to out-of-pocket health 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

Country capacity

International Health Regulations (IHR) technical areas
IHR annual reporting
Joint external evaluation (JEE) score

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 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
Treatment coverage for opioid dependence
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 (people 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
UHC service coverage index

Incidence of catastrophic expenditure at 10% or 25% of household consumption or income

Abbreviated name	**Incidence of catastrophic expenditure at 10% or 25% of household consumption or income insert [SDG 3.8.2]**
Indicator name	Percentage of population with large household expenditures on health as a share of total household expenditure or income
Domain	Health systems
Subdomain	Health system strengthening (HSS)
Associated terms	Health financing
Definition	Proportion of the population with large household expenditure on health as a share of total household expenditure or income. Total number of people with large household expenditure on health as a share of total household expenditure or income (i.e. greater than 10% and 25%).
Numerator	Age (<5)
Denominator	Total number of people
Disaggregation/additional dimension	Subnational variables available in survey data. Information on household location (urban vs rural); the gender, age and education of the head of the household; household composition (for example, the number of children < 5 years of age, people aged 60 or more years, the number of females); and other socioeconomic variables are useful for equity analysis.
Method of measurement	Household expenditures on health refer to out-of-pocket payments (OOPs–SHA 2011). OOPs are likely to expose households to financial hardship in particular when they exceed a pre-defined threshold of a household's budget or non-subsistence spending. When this happens they are characterized as being catastrophic. Within the SDG monitoring framework (SDG indicator 3.8.2), proportion of the population facing financial hardship is measured as the population weighted average of the number of households with "large household expenditures on health" (OOPs) as a share of total household expenditure or income (household's budget). Large is defined as OOPs exceeding 10% or 25% total household expenditure or income. Household's sample weight multiplied by the household size is used to obtain representative numbers per person. If the sample is self-weighting then only the household size is used as the weight. For more information about the SDG indicator 3.8.2 please see O'Donnell O, van Doorslaer E, Wagstaff A, Lidelow M. Analysing health equity using household survey data: a guide to techniques and their implementation. Washington, DC: The World Bank; 2008. To fully understand progress towards universal health coverage within the SDG monitoring framework, SDG indicator 3.8.2 should be monitored jointly with SDG indicator 3.8.1 on coverage of essential health services. SDGs indicators are part of a broader universal health coverage monitoring agenda often tailored to specific regions and countries to enable appropriate policy responses. At the regional and country level, there are other indicators used to measure catastrophic expenditures, and at the regional level, there are other indicators used to measure financial hardship. These include a definition of catastrophic OOPs (large health expenditures) in relation to non-subsistence spending in addition to indicator 3.8.2.
Method of estimation	The global incidence of the proportion of the population with "large household expenditures on health" (OOPs) as a share of total household expenditure or income (household's budget) using both thresholds 10% and 25% is estimated as the population weighted average of the country level share of people with catastrophic expenditures for a reference year. Incidence at the country level for the reference year is estimated using different methods depending upon the availability of information for that country around or at the reference year.
Measurement frequency	Every 1–5 years depending on implementation of population-based household expenditure surveys led by national statistics offices
Monitoring and evaluation framework	Impact

Preferred data sources	Key requirements for the selection of a data source is the availability of information on both household total expenditure and household expenditures on health, from a nationally representative population-based survey; the three most common data sources are household budget surveys, household income and expenditure surveys, and socioeconomic or living standards surveys. These surveys are typically implemented by or in close collaboration with national statistical bureaus.
Other possible data sources	Health surveys with a module collecting expenditure data on both household total expenditure (including on food, housing and utilities) and household expenditure on health
Further information and related links	A system of health accounts – 2011 edition. Geneva: Organization for Economic Co-operation and Development/ Eurostat/World Health Organization; 2011 (https://www.who.int/health-accounts/methodology/sha2011. pdf?ua=1, accessed 1 October 2019).

Incidence of impoverishment due to out-of-pocket health expenditure

Abbreviated name	**Proportion of the population with impoverishing health expenditure [links to SDG target 3.8]**
Indicator name	Proportion of the population with impoverishing health expenditure
Domain	Health systems
Subdomain	Health system strengthening (HSS)
Associated terms	Health financing
Definition	Proportion of the population where a household's total consumption expenditure or income including household expenditure on health is greater than the poverty line but the household's total consumption expenditure or income excluding household expenditure on health is below the poverty line.
Numerator	Total number of people whose household's total consumption expenditure or income including household expenditure on health is greater than the poverty line but the household's total consumption expenditure or income excluding household expenditure on health is below the poverty line.
Denominator	Total population
Disaggregation/additional dimension	Subnational variables available in survey data. Information on household location (urban vs rural), the gender, age and education of the head of the household, and other socioeconomic variables are useful for equity analysis.
Method of measurement	A household's expenditure on health are defined as formal and informal payments made at the time of getting any type of care (preventive, curative, rehabilitative, palliative or long term care) provided by any type of provider. These payments include the part not covered by a third party such as an insurer. With this definition they correspond to OOPs. The headcount ratio of impoverishing health expenditure aims to capture the impact of OOPs on poverty. The idea is simple: OOPs result in fewer economic resources to spend on other basic necessities identified by a poverty line to such an extent that in some cases a household's position in relation to such a pre-defined poverty line, before and after spending out-of-pocket on health, changes. Impoverishment can be computed as the difference in the incidence of poverty based on a household's total consumption expenditure or income, gross and net, on OOPs. A household's sample weight multiplied by the household size is used to obtain representative numbers per person. If the sample is self-weighting then only the household size is used as the weight. Poverty lines can be defined in different ways. At the global level to demonstrate the interdependency between SDG target 1.1 (eradication of extreme poverty) and SDG target 3.8 (universal health coverage), the international poverty line of US$ 1.90 per day per capita using 2011 purchasing power parities for private consumption shall be used. Such a line tends to be too low for most upper-middle income and high income countries. It might therefore be useful to use a poverty line defined as 50% of median daily household consumption or income per capita. This type of relative line comes closest to the one used by OECD. Ultimately the choice of the poverty line should be tailored to inform evidence-based policy changes at global, regional and national levels. The use of national and regional poverty is critical to fully understand the impact of OOPs on poverty. This indicator is not an official SDG indicator per se but links SDG target 3.8 on achieving universal health coverage directly to SDG target 1.1 on poverty eradication. It is an important complement to SDG indicator 3.8.2. To fully understand progress towards universal health coverage it needs to be monitored jointly with SDG indicator 3.8.1.

Measurement frequency	Every 1–5 years depending on implementation of population-based household expenditure surveys led by national statistics offices
Monitoring and evaluation framework	Impact
Preferred data sources	A key requirement for the selection of a data source is the availability of information on both household total expenditure and household expenditures on health, from a national population-based survey; the three most common data sources are household budget surveys, household income and expenditure surveys, and socioeconomic or living standards surveys. These surveys are typically implemented by or in close collaboration with national statistical bureaus. Datasets from these surveys are always available to the ministry of health, typically obtained through technical contacts in-country, but may also be available publically or for direct purchase.
Other possible data sources	Health surveys with a module collecting expenditure data on both household total expenditure (including on food, housing and utilities) and household expenditure on health
Further information and related links	A system of health accounts – 2011 edition. Geneva: Organization for Economic Co-operation and Development/ Eurostat/World Health Organization; 2011 (https://www.who.int/health-accounts/methodology/sha2011. pdf?ua=1, accessed 1 October 2019).

Suicide mortality rate

Abbreviated name	**Suicide rate [SDG 3.4.2]**
Indicator name	Suicide rate (per 100 000 population)
Domain	Health status
Subdomain	Injury and violence
Associated terms	Mortality by cause
Definition	Suicide rate per 100 000 population in a specified period
Numerator	Number of suicide deaths in year x 100 000
Denominator	Population
Disaggregation/additional dimension	Age, place of residence, sex
Method of measurement	Death registration data, including cause of death, often with adjustments for underreporting
Method of estimation	Modelling using multiple inputs, is often used if no complete and accurate data are available
Measurement frequency	Annual if civil registration data are available, otherwise every five years
Monitoring and evaluation framework	Impact
Preferred data sources	Civil registration and vital statistics system with high coverage and medical certification of cause of death
Other possible data sources	Special studies, national population-based surveys with verbal autopsy, sample or sentinel registration systems
Further information and related links	Mental Health Action Plan, 2013–2020. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/ bitstream/10665/89966/1/9789241506021_eng.pdf?ua=1, accessed 2 September 2019). World health statistics 2017. Monitoring health for the SDGs. Geneva: World Health Organization; 2017 (http://apps.who.int/iris/bitstream/10665/255336/1/9789241565486-eng.pdf?ua=1, accessed 2 September 2019).

Harmful use of alcohol (aged 15+ years)

Abbreviated name	**Total alcohol per capita (age 15+ years) consumption [SDG 3.5.2]**
Indicator name	Total alcohol per capita (age 15+ years) consumption
Domain	Risk factors
Subdomain	Noncommunicable diseases and nutrition
Associated terms	Noncommunicable diseases
Definition	Total alcohol per capita is the total amount (sum of recorded alcohol per capita three-year average and unrecorded alcohol per capita) of alcohol consumed per adult (15+ years) in a calendar year, in litres of pure alcohol. Recorded alcohol consumption refers to official statistics (production, import, export, and sales or taxation data), while unrecorded alcohol consumption refers to alcohol which is not taxed and is outside the usual system of government control. In circumstances in which the number of tourists per year is at least the number of inhabitants, tourist consumption is also taken into account and is deducted from a country's recorded alcohol per capita.
Numerator	Sum of recorded and unrecorded alcohol consumed in a population during a calendar year, in litres. Age; forms of disease; location (urban/rural)
Denominator	Mid-year resident population aged 15+ for the same calendar year
Disaggregation/additional dimension	Age, sex, other relevant sociodemographic stratifiers, where available
Method of measurement	Recorded consumption: Recorded alcohol per capita (15+ years) consumption of pure alcohol is calculated as the sum of beverage-specific alcohol consumption of pure alcohol (beer, wine, spirits, other) from different sources. The first priority in the decision tree is given to government statistics, the second are country-specific alcohol industry statistics in the public domain (Canadian, IWSR-International Wine and Spirit Research, OIV- International Organisation of Vine and Wine, Wine Institute, historically World Drink Trends), and the third is the Food and Agriculture Organization of the United Nations' (FAO's) statistical database (FAOSTAT). For countries where the data source is FAOSTAT, unrecorded consumption may be included in the recorded consumption.
Unrecorded consumption	The first priority in the decision tree is given to nationally representative empirical data, often from general population surveys in countries where alcohol is legal. The second priority are specific other empirical investigations, while the third is expert opinion.
Method of estimation	Sum of recorded and unrecorded alcohol consumed in a population during a calendar year
Measurement frequency	Annual
Monitoring and evaluation framework	Outcome
Preferred data sources	National population-based survey, administrative reporting systems for recorded alcohol per capita, and survey data for unrecorded alcohol per capita. The priority of data sources for recorded alcohol per capita consumption should be given to government statistics on sales of alcoholic beverages during a calendar year or data on production, export and import of alcohol in different beverage categories. For countries where government data on sales or production are not available, the preferred data source would be country-specific and publicly available data from the private sector, including alcohol producers, or country-specific data from FAOSTAT which may also include estimates of unrecorded alcohol consumption. For main categories of alcoholic beverages, "beer" includes malt beers, "wine" includes wine made from grapes, "spirits" include all distilled beverages, and "other" includes one or several other alcoholic beverages – such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Data sources for unrecorded alcohol consumption include survey data, FAOSTAT data, other data sources such as customs or police data, and expert opinion.
Other possible data sources	Data sets of FAO and United Nations Statistics Division
Further information and related links	Follow-up to the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. Agenda item 13.1 and 13.2, Sixty-sixth World Health Assembly, 20–28 May 2013. Geneva: World Health Organization; 2013 (http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R10-en.pdf, accessed 2 October 2019).

Health information and research in the Eastern Mediterranean Region at a glance

In
2018 in the Region, on average

81%, 78% and 76%

of the core indicators were reported by high-income, middle-income and low-income countries, respectively

57% of ministries of health have research coordination unit or national health research strategies

42 WHO collaborating centres are located in the Region

10 countries have NOT conducted a census in the last 10 years
Low/low middle income 5
Upper middle income 3
High income 2

19 countries use **ICD-10** for mortality and morbidity recording

15 countries have reported cause-specific mortality data in the last 5 years

5 countries produce **80%** of the Region's research publications

77% of countries have national bioethics or ethics committees

Only **3** or **4** countries have established national guideline development programmes

10 countries each produce less than **1%** of the Region's research publications

83 academic journals in the Region are indexed in PubMed & IMEMR

Only **2** countries systematically use health technology assessment reports in national policy-making

3 universities alone produce over **10%** of all the Region's health-related research publications

Only **70%** of births and **54%** of deaths in the Region are registered appropriately and in a timely manner

During **2003** to **2014** research production in the Region increased 4-fold (to 4.2 papers per 100 000 population)