Definition of Terms

- Acute respiratory infections, cases and deaths. The recorded and estimated number of new cases of and deaths due to respiratory infections during the most recent year for which valid statistics are available. Disaggregated by age (all ages and among under-fives), and gender.
- Admission. Formal acceptance, by a health facility, of a patient who is to receive medical or paramedical care while occupying a health-facility bed. Healthy babies born in hospital should not be counted if they do not require special care.
- **Adolescent birth rate.** Annual number of live births to girls aged 15-19 years, per 1000 girls aged 15-19 years.
- Adult literacy rate. The percentage of the total population aged 15 years and over who can, with understanding, both read and write a short simple statement on their everyday lives. Disaggregated by gender. Notes are made when a country has a different definition.
- Annual number of graduates. Includes all students in the health-education sector duly conferred with an academic degree or diploma signifying advancement to a new level of skill, achievement or activity.
- **Annual population growth rate.** (See Population growth rate)
- Antenatal care. Includes recording of medical history, assessment of individual needs, provision of advice and guidance on pregnancy and delivery, performance of screening tests, education on self-care during pregnancy, identification of conditions detrimental to health during pregnancy, first-line management and referral if necessary.

Antenatal care coverage.

- At least one visit. Percentage of women who utilized antenatal care provided by skilled birth attendants for reasons related to pregnancy at least once during pregnancy as a percentage of live births in a given time period.
- At least four visits. Percentage of women who utilized antenatal care provided by skilled birth attendants

- for reasons related to pregnancy at least four times during pregnancy as a percentage of live births in a given time period.
- **Area.** The total surface area, comprising land area and all inland waters. Presented in 1000 square kilometres or actual value.
- The number of beds regularly Beds. and staffed for maintained accommodation and full-time care of a succession of inpatients and situated in wards or a part of the hospital where continuous medical care for inpatients is provided. The total number of such beds constitutes the normally available bed complement of the hospital. Cribs and bassinets maintained for use by healthy newborn babies who do not require special care are not included.
- **Body mass index (BMI).** Calculated as weight in kilograms (kg) divided by height in square metres (m²).
- Cancers, cases and deaths. The number of new cases detected due to all types and specific types of cancer during the most recent year for which valid data are available. The number of deaths due to all types and specific types of cancer that occurred during the most recent year for which valid data are available. Disaggregated by gender.
- Causes of morbidity. (See Leading causes of morbidity)
- **Causes of mortality.** (See Leading causes of mortality).
- Circulatory system diseases, cases and deaths. The number of cases and deaths resulting from any form of circulatory disease. Disaggregated by gender.
- Contraceptive prevalence rate.

 Percentage of women aged between 15-49
 years who are practising, or whose sexual
 partners are practising, any form of
 contraception.
- Crude birth rate. The registered number of live births for every 1000 population in a given year or period of time. Disaggregated by gender.

- Crude death rate. The registered number of deaths for every 1000 population in a given year or period of time. Disaggregated by gender.
- **Dependency ratio.** The ratio of persons in the 'dependent' age groups (under 15 years plus 65 years and above) to those in the 'economically productive' age group (15-64 years), expressed as a percentage.
- **Diabetes mellitus, cases and deaths.** The number of existing cases and deaths due to diabetes mellitus during the most recent year for which valid statistics are available. Disaggregated by gender.
- Diarrhoeal diseases, cases and deaths. The number of new cases of and/or recorded or estimated deaths due to all types of diarrhoeal disease during the most recent year for which valid statistics are available. Disaggregated by age (all ages and among under-fives), and gender.
- **Disaster.** A serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.
- **Discharges** (including deaths). The number of persons, living or dead, whose stay in a health care facility has terminated and whose departure has been officially recorded.
- **Diseases of the circulatory system.** (See Circulatory system diseases)
- **DOTS.** Directly observed treatment, short-course (DOTS) is the recommended strategy for tuberculosis control. It comprises:
 - (1) government commitment to ensuring sustained, comprehensive tuberculosis-control activities;
 - (2) case detection by sputum-smear microscopy among symptomatic patients self-reporting to health services;
 - (3) standardized short-course chemotherapy, using regimens of six to eight months, for at least all confirmed smear-positive cases (Good case management includes DOTS during

- the intensive phase for all new sputum-smear-positive cases, the continuation phase of rifampicincontaining regimens and the whole retreatment regimen.);
- (4) a regular, uninterrupted supply of all essential antituberculosis drugs; and
- (5) a standardized recording and reporting system that allows assessment of case-finding and treatment results for each patient and of the tuberculosis control programme's performance overall.
- **DOTS coverage.** (See Tuberculosis DOTS coverage)
- Emergency. A state in which normal procedures are suspended and extraordinary measures are taken in order to avert the impact of a hazard on the community. Authorities should be prepared to respond effectively to an emergency. If not managed properly, some emergencies will become disasters.
- Estimated population. (See Population)
- Estimated HIV prevalence in adults. Percentage of persons with HIV infection among persons aged 15-49 years.
- Estimated HIV prevalence among TB cases. Estimated percentage of HIV-positive cases among TB cases.
- External source of government health expenditure. Pertains to government expenditure on health coming from external sources, mainly in the form of grants passing through the Government or loans channelled through the national budget.
- External resources for health as a percentage of general government expenditure on health. The ratio of external resources for health to total general government expenditure on health, expressed as a percentage.
- Facilities with HIV testing and counselling services. Number of facilities where HIV testing and counselling is available, including both health and non-health facilities.
- GDP per capita annual growth rate (%).

 Least squares annual growth rate,

calculated from constant price GDP in local currency units.

Gender empowerment measure (GEM) value. A composite index measuring gender inequality three in dimensions of empowerment— economic participation and decision-making, political participation, and decisionmaking, and power over economic resources.

Gender-related development index (GDI) value. 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.

government expenditure health (excluding social security). government expenditure General health refers to expenditures incurred by state/regional and central, local government authorities, excluding social Included are nonsecurity schemes. market, non-profit institutions that are controlled and mainly financed by government units.

- Government expenditure on health. The sum of outlays by government entities to purchase health care services and goods, notably by ministries of health and social security agencies. The revenue base may comprise multiple sources, including external funds. (See also External source of government health expenditure)
 - (1) **Amount.** Government expenditure on health expressed in million US dollars or another indicated currency.
 - (2) General government expenditure on health as a percentage of total expenditure on health. The ratio of government expenditure on health to total expenditure on health, expressed as a percentage.
 - (3) General government expenditure on health as a percentage of total general government expenditure. The ratio of government expenditure on health to total government expenditure, expressed as a percentage.

- **Growth rate.** (See also Population growth rate)
- Growth rate of per capita GDP (%). Least squares annual growth rate, calculated from constant price GDP in local currency units.
- Gross domestic product (GDP). The total output of goods and services for final use produced by residents and non-residents, regardless of the allocation to domestic and foreign claims.
- Gross national income (GNI). The sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income (compensation of employees and property income) from abroad.
- Gross national product (GNP). Comprises the gross domestic product (GDP), plus net factor income from abroad, which is the income residents receive from abroad for factor services (labour and capital) less similar payments made to non-residents who contributed to the domestic economy.
- Hazard. A dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impact, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage.
- Healthy life expectancy (HALE). The average number of years in full health a person (usually at age 60) can expect to live based on current rates of ill-health and mortality. Disaggregated by gender.
- Health expenditure per capita. (See Total health expenditure Per capita total expenditure on health)
- **Health facilities.** (See Health infrastructure)

Health infrastructure. Public (state/government) health facilities

• General hospital. Hospital providing a range of different services for patients of various age groups and with varying disease conditions.

- Specialized hospital. Hospital admitting primarily patients suffering from a specific disease or affection of one system, or reserved for the diagnosis and treatment of conditions affecting a specific age group or of a long-term nature.
- District/first-level referral hospital. Hospital at the first referral level responsible for a district or a defined geographical area containing a defined population and governed by a politico-administrative organization, such as a district health management team. The role of a district hospital in primary health care has been expanded beyond being dominantly curative and rehabilitative to include promotional, preventive and educational roles as part of a primary health care approach.
- Primary health care centre. Centre that serves as first point of contact with a health professional and provides outpatient medical and nursing care. Services are provided by general practitioners, dentists, community nurses, pharmacists and midwives, among others.

Health infrastructure. Private facilities.

- Hospital. Hospital not owned by government or parastatal organizations (includes both private not-for profit, e.g. owned by religious organizations, and private for-profit).
- Outpatient clinic. Clinic not owned by government or parastatal organizations (includes both private not-for-profit, e.g. owned by religious organizations, and private for-profit).
- Health insurance coverage as a percentage of total population. The percentage of the population covered by health insurance, both private and public health insurance schemes.

Health workforce.

 Physicians. Graduates of any faculty or school of medicine, licensed or registered to work in the country as medical doctors who apply preventive

- or curative measures and/or conduct research. Also expressed as number of physicians per 1000 population. Disaggregated by gender, area and sector.
- Dentists. Graduates of any faculty or school of dentistry, odontology or stomatology, duly licensed registered to practise dentistry, and actually working in the country in any dental field to apply medical knowledge in the field of dentistry and/or conduct research. expressed as number of dentists per 1000 population. Disaggregated by gender, area and sector.
- Pharmacists. Graduates of any faculty or school of pharmacy, duly licensed or registered to practise pharmacy and actually working in the country in pharmacies, hospitals, laboratories, industry, etc. applying pharmaceutical concepts and theories by preparing and dispensing or selling medicaments and drugs. Also expressed as number of pharmacists per 1000 population. Disaggregated by gender, area and sector.
- Nurses. Persons who have completed a programme of basic nursing education and are qualified and registered or authorized to provide responsible and competent service for the promotion of health, prevention of illness, care of the sick, and rehabilitation, and are actually working in the country. Also expressed as number of nurses per 1000 population. Disaggregated by gender, area and sector.
- Midwives. Persons who have completed a programme of midwifery education and have acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery, and are actually working in the country. The persons may or may not have prior nursing education. Also expressed as number of midwives per 1000 population. Disaggregated by gender, area and sector.
- Paramedical staff. Health care assistants, laboratory technicians,

technologists, therapists, nutritionists, sanitarians, among others, who are actually working in the country and are graduates of 2- to 5-year health courses in recognized health training institutions. Also expressed as number of paramedical staff per 1000 population. Disaggregated by gender, area and sector.

Community health workers. Lay members of communities who have a of on-the-job training, formalized sometimes apprenticeships, who work either for pay or as volunteers in association with the local health care system in both urban and rural environments and usually share ethnicity, language, status socioeconomic and with the experiences community members they serve. Also expressed as number of community health workers per 1000 population. Disaggregated by gender, area and sector.

Area.

- Urban. Those working in urban areas or in planned metropolitan communities in developed areas designed to be self-sufficient, with their own housing, education, commerce and recreation.
- Rural. Those working in rural areas or in areas outside cities and metropolitan areas generally regarded as underdeveloped in terms of infrastructure and specialized services.

Sector.

- **Public.** Those who are employed in the public sector, which is the portion of society controlled by national, state or provincial and local governments.
- Private. Those who are employed in the private sector, which comprises private corporations, households and non-profit institutions serving households.
- HIV prevalence among population aged 15–24 years. The percentage of the population aged 15–24 whose blood samples tested positive for HIV.

Hospital beds. (See Beds)

Human Development Index (HDI). The HDI measures the average achievements in a country in three basic dimensions of human development—longevity, knowledge and a decent standard of living. A composite index, the HDI thus contains three variables: life expectancy, educational attainment (adult literacy and combined primary, secondary and tertiary enrolment) and real GDP per capita (in purchasing power parity or PPP\$).

Immunization coverage for infants. (See Percentage of infants fully immunized with BCG, DTP3, POL3, measles (MCV1 and MCV2), hepatitis B3, Hib3, and DTP1, HepB birth dose, and VitA1).

Infant mortality rate. The number of registered deaths among infants (below one year of age) per 1000 live births in a given year or period of time. Disaggregated by gender.

Injuries, all types. Recorded or estimated number of diseases/injuries and deaths related to drowning, homicide and violence; road traffic accidents; work accidents; and suicide. Disaggregated by gender.

- **Drowning, cases and deaths.** Total number of cases and deaths resulting from drowning (conditions that fall under W65-W74 in the ICD10). Disaggregated by gender.
- Homicide and violence, cases and deaths. Total number of cases and deaths from injuries resulting from homicides and other forms of violence. Disaggregated by gender.
- Road traffic accidents, cases and deaths. The total number of cases refers to injuries (non-fatal and fatal) from road traffic accidents (Conditions that fall under V01-V80, V82 and V87 only in the ICD10), while the total number of deaths refers only to the fatal injuries. Disaggregated by gender.

Traffic accident. Any vehicle accident occurring on the public highway {i.e. originating on, terminating on, or involving a vehicle partially on the highway}. A vehicle accident is assumed to have occurred

on the public highway unless another place is specified, except in the case of accidents involving only off-road motor vehicles, which are classified as nontraffic accidents unless the contrary is stated

- Occupational injuries, cases and deaths. Total number of cases and deaths due to injuries arising out of or in the course of work. Disaggregated by gender.
- Suicide, cases and deaths. Total number of cases and deaths from self-inflicted injuries with the intention of taking one's life. Also expressed as a proportion of the general population. Disaggregated by gender.

Inpatient. A person admitted to a health care facility and who usually occupies a bed in that health care facility.

Leading causes of morbidity. The most frequently occurring causes of morbidity (usually 10) among inpatients for which the greatest number of cases have been reported during a given year. The crude morbidity rate is usually expressed as the number of cases of disease per 100 000 population for a given year, disaggregated by gender.

Leading causes of mortality. The most frequently occurring causes of mortality (usually 10) under which the greatest number of deaths have been reported during a given year. Causes of mortality are all those diseases, morbid conditions, or injuries which either resulted in or contributed death. and the to circumstances of the accident or violence that produced any such injuries. The crude mortality rate is usually expressed as the number of deaths from a specific cause per 100 000 population for a given year. Disaggregated by gender.

Life expectancy at birth. The average number of years a newborn baby is expected to live if mortality patterns at the time of its birth were to prevail throughout the child's life. Disaggregated by gender.

Live birth. The complete expulsion or extraction from its mother of a product of

conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows 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 liveborn.

Malaria death rate. The number of malaria deaths per 100 000 population. Disaggregated by gender.

Malaria incidence rate. The number of cases of malaria per 100 000 population. Disaggregated by gender.

Maternal causes, cases and deaths. The number of cases and deaths due to abortion, eclampsia, haemorrhage, obstructed labour and sepsis among women while pregnant or within 42 days of termination of pregnancy, irrespective of the duration or site of the pregnancy. Maternal causes of death may be subdivided into two groups:

- (1) direct obstetric death, resulting from obstetric complications of the pregnant state (pregnancy, labour and the puerperium), from interventions, omissions, incorrect treatment or from a chain of events resulting from any of the above; and
- (2) **indirect obstetric death,** resulting from previous existing disease or disease that developed during pregnancy and that was not due to direct obstetric causes, but was aggravated by the physiological effects of pregnancy.

Maternal mortality ratio. The number of registered deaths among women, from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy, childbirth or within 42 days of termination of pregnancy, irrespective of the duration or site of the pregnancy, for every 100 000 live births in a given year or period of time.

Measles incidence rate. The number of measles cases per 1 000 000 population.

Mental disorders, cases and deaths. The number of cases and deaths from any form of mental disorder, i.e. clinical, behavioural or psychological syndrome, characterized by the presence of distressing symptoms or significant impairment of functioning. Disaggregated by gender.

An estimate of the Mortality rate. proportion of a population that dies during a specified period. The numerator is the number of persons dying during the period; the denominator is the total number of people in the population, estimated as the mid-year population. This rate is an estimate of the person-time death rate, i.e., the death rate per 10ⁿ person-years. If the rate is low, it is also a good estimate of the cumulative death rate. This rate is also called the crude death rate.

Multidrug-resistant tuberculosis (MDR-TB). Describes strains of tuberculosis that are resistant to at least the two main first-line TB drugs—isoniazid and rifampicin.

National poverty line. The percentage of the population living below the poverty line deemed appropriate for a country by its authorities. National estimates are based on population-weighted subgroup estimates from household surveys.

National underweight, stunting and wasting prevalence.

- Underweight. Low weight for age or weight for age more than a standard deviation of 2 below the median value of the reference (healthy) population.
- **Stunting.** Low height for age or height for age more than a standard deviation of 2 below the median value of the reference (healthy) population.
- Wasting. Low weight for height or weight for height more than a standard deviation of 2 below the median value of the reference (healthy) population.

Natural rate of increase. A measure of population growth (in the absence of migration) comprising addition of newborn infants to the population and

subtraction of deaths. Expressed as a percentage per annum. Disaggregated by gender.

Neonatal mortality rate. The number of registered deaths in the neonatal period per 1000 live births in a given year or period of time. Disaggregated by gender.

Neonatal period. Commences at birth and ends 28 completed days after birth.

Noncommunicable risk factors.

- Behavioural measures.
 - (1) **Daily smokers**. Those who smoke any tobacco product every day.
 - (2) **Current drinkers**. Those who have consumed a drink containing alcohol in the last 12 months.
 - (3) Binge drinkers. Consuming ≥5 (males) or ≥4 (females) standard drinks in a sitting on at least one day in the past week. Standard drinks defined as: beer (285 ml), spirits (30 ml), wine (120 ml), aperitif (60 ml).
 - (4) Physically inactive. Low level of physical activity with less than 600 MET minutes per week of total physical activity. MET is defined as the Activity Metabolic Rate divided by the Resting Metabolic Rate (=1 MET) across three (work, domains leisure and transport) and two levels (moderate and vigorous).
 - (5) Low fruit and vegetable consumption. Those who consume less than five combined servings of fruit or vegetables per day of the week.

• Physical measures.

- (1) Raised blood-pressure. Those with Systolic BP≥140 mmHg and/or diastolic BP≥90 mmHG or currently on medication for raised blood pressure.
- (2) **Overweight**. Those with BMI≥ 25
- (3) **Obese**. Those with BMI≥30

- Biochemical measures.
 - (1) Raised blood-cholesterol/
 lipids. Those with Total
 cholesterol ≥5.2 mmol/L or ≥200
 mg/dl whole blood. Notes are
 made when a country uses a
 different cut-off value.
 - (2) Raised blood glucose. Those with BG≥110 mg/dl or 6.1 mmol/L of whole blood without having known diabetes or being on treatment. Diabetes as diagnosed by a medical doctor. Notes are made when a country uses a different cut-off value.
- Number of mass drug administration (MDA) rounds for lymphatic filariasis. Number of rounds of mass drug administration of diethylcarbamazine or ivermectin in combination with albendazole conducted for prevention of lymphatic filariasis.
- **Obese.** A person whose calculated body mass index (BMI) is greater than or equal to 30 kg/m².
- Outpatient. A person who goes to a health care facility for consultation, is not admitted to the facility and does not occupy a hospital bed for any length of time.
- **Overweight.** A person whose calculated body mass index (BMI) is greater than or equal to 25 kg/m² but less than 30 kg/m².
- Out-of-pocket expenditure on health as percentage of total expenditure on health. Ratio of out-of-pocket expenditure on health to total expenditure on health expressed as a percentage.
- Per capita gross domestic product (GDP) at current market prices. Gross domestic product divided by mid-year population (or population size if mid-year population is not available).
- Per capita gross national income (GNI). Gross national income divided by midyear population (or population size if midyear population is not available).
- Per capita gross national product (GNP).

 The per capita GNP is obtained by

- dividing the total gross national product by the total population.
- (1) the gross domestic product (GDP), which measures the total output of goods and services for final use produced by residents and nonresidents, regardless of the allocation to domestic and foreign claims, plus
- (2) net factor income from abroad, which is the income residents receive from abroad for factor services (labour and capital) less similar payments made to non-residents who contributed to the domestic economy.
- Per capita health expenditure (US\$). The average health expenditure (in United States dollars) per person in a year.
- **Per capita income.** Income per person in a population. Per capita income is often used to measure a country's standard of living.
- Percentage distribution of population aged 60 years or older by gender. The percentage of the male and the female populations aged 60 years or older in a given period of time.
- Percentage distribution of population less than 15 years. (See Percentage of the population below 15 years of age or above 65 years of age.)
- Percentage distribution of population above 65 years. (See Percentage of the population below 15 years of age or above 65 years of age.)
- Percentage of deliveries attended by skilled health personnel. The percentage of deliveries attended by personnel trained: to give the necessary supervision, care and advice to women during pregnancy, labour and the postpartum period; to conduct deliveries on their own; and to care for newborn infants. Estimated in this CHIPS publication using two indicators:
 - Percentage of deliveries at home attended by skilled health personnel. Percentage of deliveries that take place at home and are attended by personnel trained: to give the necessary supervision, care and

advice to women during pregnancy, labour and the postpartum period; to conduct deliveries on their own; and to care for newborn infants. Expressed as a percentage of total deliveries.

• Percentage of deliveries in health facilities. Percentage of total deliveries in public and private hospitals, clinics and health centres, irrespective of who attended the delivery at those facilities.

Percentage of infants fully immunized with BCG, DTP3, POL3, measles (MCV1 and MCV2), hepatitis B3, Hib3, and DTP1, HepB birth dose, and VitA1. Percentage of children under one year of age who have received immunization against tuberculosis (BCG), diphtheria, pertussis, tetanus (DTP3 and DTP1), poliomyelitis (POL3), measles (at least one dose and two doses) and hepatitis B3 and HepB birth dose. Also includes coverage with vitamin A1.

Percentage of confirmed *P. falciparum* malaria cases receiving an ACT. The proportion of confirmed *P. falciparum* cases receiving artemisinin-based combination therapy (ACT) at public, private and community levels according to national guidelines among confirmed *P. falciparum* malaria cases.

Percentage of confirmed *P. vivax* malaria cases receiving appropriate antimalarial treatment, including radical treatment. The proportion of confirmed *P. vivax* malaria cases receiving appropriate treatment, including radical treatment, at a health facility according to national guidelines among confirmed *P. vivax* malaria cases.

Percentage of newborn infants weighing less than 2500 grams at birth. The percentage of newborn infants whose birth weight is less than 2500 grams, the measurement being taken preferably within the first hours of life before significant postnatal weight loss has occurred. Disaggregated by gender. Notes are made when a country has a different definition.

Percentage of people with advanced HIV infection receiving ART. Percentage of

people with advanced HIV infection who are receiving antiretroviral therapy (ART) according to a nationally approved treatment protocol (or WHO/Joint United Nations Programme on HIV and AIDS standards) among the estimated number of people with advanced HIV infection.

Percentage of population: 0- 4 years of age; 5-14 years old; or 65 years and older. The percentage of the total population aged 0 to 4 years, 5 to 14 years, or 65 years and above in a given period of time. Disaggregated by gender.

Percentage of population with access to safe water. (See Proportion of the population using improved drinking-water source.)

Percentage of population with access to excreta disposal facilities. (See also Proportion of the population using improved sanitation facilities.)

Percentage of pregnant women immunized with tetanus toxoid (TT2). The percentage of pregnant women adequately immunized against tetanus, having received at least two doses of tetanus toxoid during pregnancy. Expressed as a percentage of all live births since the number of pregnant women is generally not available.

Percentage of pregnant women with anaemia. Percentage of pregnant women aged 15 to 49 years with a blood concentration of haemoglobin below 110 grams per litre (or 6.83 millimoles per litre) or haematocrit below 33%.

Percentage of women given at least 2 doses of TT2+. (See also Percentage of pregnant women immunized with tetanus toxoid (TT2).

Percentage of women in the reproductive age group using modern contraceptive methods. The percentage of women aged 15-49 in marital or consensual unions who are practising, or whose male partners are practising, any form of contraception, including female and male sterilization, oral contraceptives, injectables or implants, intrauterine devices, condoms, spermicidal foams, jelly, cream, sponges, among others. Notes are made when specific female populations

are pertained to, such as only married women.

Person with midwifery skills. A person who has successfully completed the prescribed course in midwifery and is able to give the necessary supervision, care and advice to women during pregnancy, labour and the postpartum period, to conduct deliveries alone, to provide lifesaving obstetric care, and to care for the newborn infant.

Population. All the inhabitants of a given country or area considered together. Estimates are based on a recent census, official national data or United Nations projections. Presented in thousands or actual value. Disaggregated by gender.

Population density. Population per square kilometre.

Population growth rate. The average exponential population growth of the population in a given period of time. Expressed as a percentage. Disaggregated by gender.

Prevalence of underweight children under five years of age. Percentage of children under five years of age whose weight for age is less than a standard deviation of 2 from the median for the international reference population (often referred to as the National Centre for Health Statistics/WHO reference population) aged 0-59 months. Disaggregated by gender.

Prevalence rate. The proportion of the population with the health condition or disease in a given time. Expressed in 100, 1000, 10 000 or 100 000 population.

Private health expenditure. The sum of total outlays on health by private entities, notably commercial insurance, non-profit institutions and households acting as complementary funders to the previously cited institutions or disbursing unilaterally on health commodities. This includes out-of-pocket health expenditure, patient co-payments, private health insurance premiums, and health expenditures by nongovernmental organizations.

Private expenditure on health as a percentage of total expenditure on health. Ratio of private expenditure on

health to total expenditure on health, expressed as a percentage.

Proportion of infants less than six months of age exclusively breast-fed. Proportion of infants less than six months of age exclusively breast-fed, i.e. given only breast milk except for drops or syrups consisting of vitamins, minerals or medicines.

Proportion of infants aged 6-9 months receiving breastmilk and complementary food. Proportion of infants aged 6-9 months receiving breastmilk and complementary food, i.e. any food, whether home prepared or industrially processed, suitable as a complement to breast milk to satisfy the nutritional requirements of the infant.

Proportion of infants less than 12 months of age with breast-feeding initiated within one hour of birth. Proportion of infants less than 12 months of age who were breast-fed by their mothers within one hour after birth, based on mother's recall.

Proportion of children 6-59 months of age who received vitamin A in the past six months. Proportion of children aged 6-59 months who received vitamin A in the six months preceding the survey.

Proportion of children 0-59 months of age who had diarrhoea in the past two weeks and were treated with ORT. Proportion of children aged 0-59 months with diarrhoea in the two weeks preceding the survey who received oral rehydration therapy (oral rehydration therapy solutions or recommended homemade fluids).

Proportion of children 0-59 months of age who had suspected pneumonia in the past two weeks and were taken to an appropriate health care provider. Proportion of children aged 0-59 months with suspected pneumonia in the two weeks preceding the survey taken to an appropriate health care provider. An appropriate health care provider is defined as any provider trained in standard case management of children with suspected pneumonia. This may include midwives, nurses, doctors trained in IMCI (integrated management of childhood illness) or a community-based health

worker trained in a simplified version of IMCI and who are permitted to give antimicrobials.

Proportion of one-year-old children immunized against measles. Percentage of children under one year of age who have received at least one dose of measles vaccine.

of one-year-old Proportion children protected against neonatal tetanus through immunization of their mothers. Proportion of infants whose mothers had two tetanus toxoid doses during the last pregnancy or had received at least TT2 (3 years protection), TT3 (5 protection), TT4 (10 years protection) or TT5 (lifetime protection).

Proportion of population in malaria-risk areas using effective malaria prevention measures. Percentage of children aged 0–59 months in the survey who slept under an insecticide-treated net the previous night.

Proportion of population in malaria-risk areas using effective malaria treatment measures. Proportion of children aged 0-59 months who were ill with fever in the two weeks before the survey and who received appropriate antimalarial drugs.

Proportion of population with access to affordable essential drugs on a sustainable basis. The percentage of the population that has access to a minimum of 20 of the most essential drugs. Access is defined as having drugs continuously available and affordable at public or private health facilities or drug outlets that are within one hour's walk of the population. Essential drugs are drugs that satisfy the health care needs of the majority of the population.

Proportion of population using an improved sanitation facility. Percentage of the population with access to facilities that hygienically separate human excreta from human, animal and insect contact. Facilities such as sewers or septic tanks, pour-flush latrines and simple pit or ventilated improved pit latrines are assumed to be adequate provided that they are not public, according to the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) Global

Water Supply and Sanitation Assessment 2000 Report. To be effective, facilities must be correctly constructed and properly maintained. Disaggregated by location: urban or rural.

Proportion of population using improved drinking-water source. The percentage of the population who use any of the following types of water supply for drinking: piped water, public tap, borehole or pump, protected well, protected spring or rainwater. Improved water sources do vendor-provided include bottled water, tanker trucks unprotected wells and springs. Disaggregated by location: urban or rural.

Proportion of tuberculosis cured under directly observed treatment short-course (DOTS). The proportion of new smear-positive tuberculosis cases registered under DOTS in a given year that successfully completed treatment, whether with bacteriological evidence of success ('cured') or without ('treatment completed'). Expressed as a percentage.

Proportion of tuberculosis detected under directly observed treatment short-course (DOTS). The percentage of estimated new infectious tuberculosis cases under the DOTS strategy. Expressed as a ratio of the number of DOTS-detected cases to the estimated number of new cases.

Proportion of vehicles using unleaded gasoline (%). The percentage of total motor vehicles that use unleaded gasoline as their primary fuel. Disaggregated by location: urban or rural.

Public expenditure on health. (See Government expenditure on health.)

Public health facilities. (See Health infrastructure.)

Purchasing power parity (PPP). The rates of conversion that equalize purchasing power across the full range of goods and services contained in total expenditure and gross domestic product of a country.

Rate of growth of per capita GDP (%) (See Growth rate of per capita GDP.)

- Rate of natural increase of population. (See Natural rate of increase.)
- Reported mass drug administration (MDA) coverage for lymphatic filariasis among total population. Proportion of the population in identified filaria-endemic areas covered by MDA.
- **Risks.** Potential consequences of a hazard affecting communities (deaths, injuries, disease, disabilities, displacement, damage, destruction, contamination, unemployment, etc.).
- **Road traffic death rate.** Estimated number of road traffic deaths per 100 000 population.
- Selected communicable diseases, cases and deaths. The number of new cases and deaths due to hepatitis (types A, B and C, E and unspecified), cholera, dengue fever/dengue haemorrhagic fever (DHF), encephalitis, gonorrhoea, leprosy, malaria, plague, syphilis and typhoid fever in a given year. Disaggregated by gender.
- Selected diseases under the WHO expanded programme on immunization (EPI), cases and deaths. The number of reported cases and deaths due to a specific disease among selected preventable diseases (acute flaccid paralysis [AFP], congenital rubella syndrome, diphtheria, mumps, neonatal measles, tetanus, pertussis [whooping cough], poliomyelitis, rubella, total tetanus and yellow fever) in a specific country or area over a given year.
- Skilled health personnel or skilled birth attendants. Those who are properly trained and who have appropriate equipment and drugs. Excludes traditional birth attendants, even if they have undergone short training courses.
- Smoking prevalence among adults. Proportion of the adult population (15 years and over) who are smokers (both daily and occasional) at a point in time.
- Smoking prevalence among youth. Proportion of young people (aged 13-15 years) who smoked during one or more of the 30 days preceding the survey (regardless of amount used).

Surface area. (See Area.)

- Total fertility rate. The number of children who would be born per woman if the woman were to live to the end of her child-bearing years and bear children at each age in accordance with prevailing age-specific fertility rates.
- Total health expenditure. The sum of general government expenditure on health (commonly called public expenditure on health) and private expenditure on health. (See also Government expenditure on health and Private health expenditure.)
 - (1) **Amount.** Total health expenditure expressed in million United States dollars or another indicated currency.
 - (2) Total expenditure on health as a percentage of GDP (or GNP). The percentage share of total expenditure on health with respect to a country's GDP (or GNP).
 - (3) Per capita total expenditure on health. Total expenditure on health divided by the mid-year population (or population size if mid-year population is not available).
- Traditional birth attendant. A traditional birth attendant (TBA) who initially acquired her ability by delivering babies herself or through apprenticeship to other TBAs and who has undergone subsequent extensive training and is now integrated into the formal health care system.
- **Tuberculosis case.** A patient in whom tuberculosis has been bacteriologically confirmed or has been diagnosed by a clinician.
 - All forms, cases and deaths. The sum of new smear-positive pulmonary, relapse, new smear-negative pulmonary, and extrapulmonary tuberculosis cases and deaths.
 - New pulmonary tuberculosis (smear-positive), cases. Patients who have never received treatment for tuberculosis or have taken antituberculosis drugs for less than 30 days and who have one of the following:
 - (1) two or more initial sputum-smear examinations positive for acid fast bacilli (AFB);

- (2) one sputum examination positive for AFB plus radiographic abnormalities consistent with active pulmonary tuberculosis, as determined by a clinician; or
- (3) one sputum specimen positive for AFB and at least one sputum specimen that is culture-positive for AFB.
- **Tuberculosis case detection.** Tuberculosis is diagnosed in a patient and is reported within the national surveillance system, and then to WHO.
- Tuberculosis case detection rate, total. The ratio of new smear-positive cases notified to the estimated number of new smear-positive cases for a given year.
- Tuberculosis case detection rate under directly observed treatment, short-course (DOTS). The percentage of estimated new infectious tuberculosis cases detected under the DOTS strategy. Expressed as a ratio of the number of DOTS-detected cases to the estimated number of new cases. (See also Tuberculosis case detection.)
- **Tuberculosis case notification rate, all cases.** The number of tuberculosis cases reported per 100 000 population in a given year. Includes all forms of TB.
- Tuberculosis case notification rate, sputum smear-positive. The number of new smear-positive pulmonary tuberculosis cases reported per 100 000 population in a given year.
- **Tuberculosis cure rate.** (See Proportion of tuberculosis cured under directly observed treatment short-course (DOTS).)
- **Tuberculosis death rate.** Estimated number of deaths due to TB for a given year. Includes deaths from all forms of TB and deaths from TB in people with HIV. Expressed as deaths per 100 000 population per year.
- **Tuberculosis DOTS coverage.** The percentage of the national population living in areas where health services have adopted the DOTS strategy.
- Tuberculosis incidence rate, all forms. Estimated number of tuberculosis cases arising in a given period of time. Includes

- all forms of TB, including cases of people co-infected with HIV. Expressed as a per capita rate.
- Tuberculosis prevalence, all forms. Estimated number of cases of tuberculosis in a population in a year or given period of time. Includes all forms of TB, including cases co-infected with HIV. Expressed as number of cases per 100 000 population in a given year.
- **Tuberculosis** prevalence, sputum-smear-positive. Estimated number of sputum-smear-positive cases of tuberculosis in a population in a year or given period of time. Expressed as the number of sputum-smear-positive cases per 100 000 population in a given year.
- Tuberculosis success rate under directly observed treatment, short-course (DOTS). (See Proportion of tuberculosis cured under directly observed treatment short-course (DOTS).)
- Under-five mortality rate. The probability (expressed as a rate per 1000 live births) of a child born in a specified year dying before reaching the age of five if subject to current age-specific mortality rates. Disaggregated by gender.
- Urban population. The total population living in areas termed as 'urban' by that country. Typically, the population living in towns of 2000 or more or in national or provincial capitals is classified as 'urban'. Expressed as a percentage. Disaggregated by gender.
- Unmet need for family planning.

 Percentage of currently married women aged 15-49 who want to stop having children or to postpone the next pregnancy for at least two years, but who are not using contraception.
- Vulnerabilities. Factors that determine the severity of the risks a community faces from hazards. Vulnerabilities are described in terms of people, property/infrastructure, services, livelihoods and environment.
- Women of reproductive age (or women of child-bearing age). Refers to all women aged 15 to 49 years, unless otherwise specified.

Workforce losses/ attrition. Number of persons who have left the local health workforce due to retirement, death, outmigration or resignation in a given period of time. Disaggregated by gender, area and sector.