

# **Health Equity Monitor**

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## **COMPENDIUM OF INDICATOR DEFINITIONS**

**July 2020**



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## Health indicators

### Adolescent fertility rate (births per 1000 women aged 15–19 years)

<b>Indicator name</b>	Adolescent fertility rate (births per 1000 women aged 15–19 years)
<b>Data Type Representation</b>	Rate
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>The annual number of births to women aged 15–19 years per 1000 women in that age group. It is also referred to as the age-specific fertility rate for women aged 15–19 years.</p> <p>Numerator: Number of births that occurred in the 5 years prior to the survey to women aged 15–19 years at the time of the birth.</p> <p>Denominator: Number of women-years of exposure in the 5 years prior to the survey of women aged 15–19 years.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS) micro-data which are publicly available using the standard indicator definitions as published in DHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education</p> <p>Place of residence</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Antenatal care coverage – at least four visits (%)

<b>Indicator name</b>	Antenatal care coverage – at least four visits (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>Percentage of women aged 15–49 with a live birth in a given time period, attended at least four times during pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy.</p> <p>Numerator: Number of women aged 15–49 with a live birth in a given time period, attended at least four times during pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy – only the last live-born child is considered.</p> <p>Denominator: Total number of women aged 15–49 who had a live birth occurring in the same period.</p> <p>Note: DHS and RHS data are based on the three years or five years prior to survey and MICS data are based on the two years prior to survey.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education</p> <p>Place of residence</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Antenatal care coverage – at least one visit (%)

<b>Indicator name</b>	Antenatal care coverage – at least one visit (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>Percentage of women aged 15–49 with a live birth in a given time period, attended at least once during pregnancy by skilled health personnel for reasons related to the pregnancy. Skilled health personnel includes doctors, nurses, midwives and other medically trained personnel as defined according to each country. This is in line with the definition used by the Countdown to 2015 Collaboration, DHS and MICS.</p> <p>Numerator: Number of women aged 15–49 with a live birth in a given time period, attended at least once during pregnancy by skilled health personnel for reasons related to the pregnancy – only the last live-born child is considered.</p> <p>Denominator: Total number of women aged 15–49 who had a live birth occurring in the same period.</p> <p>Note: DHS and RHS data are based on the three years or five years prior to survey and MICS data are based on the two years prior to survey.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education</p> <p>Place of residence</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## BCG immunization coverage among one-year-olds (%)

<b>Indicator name</b>	BCG immunization coverage among one-year-olds (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>The percentage of one-year-olds who have received one dose of Bacille Calmette-Guérin (BCG) vaccine in a given year.</p> <p>Numerator: Number of children aged 12–23 months receiving one dose of BCG vaccine.</p> <p>Denominator: Total number of children aged 12–23 months surveyed.</p> <p>Note: In certain countries the time period of 12–23 months was adjusted to align with alternative national immunization periods (18–29 months or 15–26 months).</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Births attended by skilled health personnel (%)

<b>Indicator name</b>	Births attended by skilled health personnel (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>Percentage of live births attended during delivery by skilled health personnel.</p> <p>Skilled health personnel includes doctors, nurses, midwives and other medically trained personnel as defined according to each country. This is in line with the definition used by the Countdown to 2030 Collaboration, DHS, MICS and RHS.</p> <p>Numerator: Number of live births to women aged 15-49 years attended during delivery by skilled health personnel in the period prior to the survey.</p> <p>Denominator: Total number of live births to women aged 15-49 years occurring in the period prior to the survey.</p> <p>Note: DHS and RHS data are based on the three years or five years prior to survey and MICS data are based on the two years prior to survey.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education</p> <p>Place of residence</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Births by caesarean section (%)

<b>Indicator name</b>	Births by caesarean section (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>Percentage of births delivered by caesarean section among all live births in the period prior to the survey.</p> <p>Numerator: Number of live births delivered by caesarean section in the period prior to the survey.</p> <p>Denominator: Total number of live births in the period prior to the survey.</p> <p>Note: DHS and RHS data are based on the three years or five years prior to survey and MICS data are based on the two years prior to survey.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education</p> <p>Place of residence</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).



## Children aged < 5 years sleeping under insecticide-treated nets (%)

<b>Indicator name</b>	Children aged < 5 years sleeping under insecticide-treated nets (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>Percentage of children under five years of age in malaria endemic areas who slept under an insecticide-treated mosquito net (ITN) the previous night.</p> <p>Numerator: Number of children under five years of age in malaria endemic areas who slept under an ITN the previous night.</p> <p>Denominator: Total number of children under five years of age surveyed in malaria endemic areas.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Children aged < 5 years with diarrhoea receiving oral rehydration salts (%)

<b>Indicator name</b>	Children aged < 5 years with diarrhoea receiving oral rehydration salts (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>Percentage of children aged 0–59 months who had diarrhoea in the two weeks prior to the survey and received oral rehydration salts.</p> <p>Numerator: Number of children aged 0–59 months with diarrhoea in the two weeks prior to the survey receiving oral rehydration salts.</p> <p>Denominator: Total number of children aged 0–59 months with diarrhoea in the two weeks prior to the survey.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

Children aged < 5 years with diarrhoea receiving oral rehydration therapy and continued feeding (%)

<b>Indicator name</b>	Children aged < 5 years with diarrhoea receiving oral rehydration therapy and continued feeding (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>Percentage of children aged 0–59 months who had diarrhoea in the two weeks prior to the survey and were treated with oral rehydration therapy (ORT) – oral rehydration salts or an appropriate household solution – and continued feeding.</p> <p>Numerator: Number of children aged 0–59 months with diarrhoea in the two weeks prior to the survey receiving ORT and continued feeding.</p> <p>Denominator: Total number of children aged 0–59 months with diarrhoea in the two weeks prior to the survey.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Children aged < 5 years with pneumonia symptoms taken to a health facility (%)

<b>Indicator name</b>	Children aged < 5 years with pneumonia symptoms taken to a health facility (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>Percentage of children aged 0–59 months with pneumonia symptoms in the two weeks prior to the survey who were taken to an appropriate health provider.</p> <p>Numerator: Number of children aged 0–59 months with pneumonia symptoms in the two weeks prior to the survey who were taken to an appropriate health provider.</p> <p>Denominator: Total number of children aged 0–59 months with with pneumonia symptoms in the two weeks prior to the survey.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Children aged 6–59 months who received vitamin A supplementation (%)

<b>Indicator name</b>	Children aged 6–59 months who received vitamin A supplementation (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>Percentage of children aged 6–59 months who received a high dose vitamin A supplement within the six months prior to the survey.</p> <p>A high dose vitamin A supplement, according to the International Vitamin A Consultative Group (IVACG) definition, refers to doses equal to or greater than 25 000 IU.</p> <p>Numerator: Number of children aged 6–59 months receiving at least one high dose vitamin A supplement within the six months prior to the survey.</p> <p>Denominator: Total number of children aged 6–59 months surveyed.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Composite coverage index (%)

<b>Indicator name</b>	Composite coverage index (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>The composite coverage index is a weighted score reflecting coverage of eight RMNCH interventions along the continuum of care: demand for family planning satisfied (modern methods); antenatal care coverage (at least four visits); births attended by skilled health personnel; BCG immunization coverage among one-year-olds; measles immunization coverage among one-year-olds; DTP3 immunization coverage among one-year-olds; children aged less than five years with diarrhoea receiving oral rehydration therapy and continued feeding; and children aged less than five years with pneumonia symptoms taken to a health facility.</p> <p>This indicator is based on aggregate estimates.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education</p> <p>Place of residence</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Contraceptive prevalence – modern and traditional methods (%)

<b>Indicator name</b>	Contraceptive prevalence – modern and traditional methods (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>The percentage of women aged 15–49 years, married or in-union, who are currently using, or whose sexual partner is using, at least one method of contraception, regardless of the method used.</p> <p>Numerator: The number of women aged 15–49 years, married or in-union, who are currently using, or whose sexual partner is using, at least one method of contraception, regardless of the method used.</p> <p>Denominator: Total number of women aged 15–49 years that are currently married or in-union.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Age</p> <p>Economic status (wealth quintile and wealth decile)</p> <p>Education</p> <p>Place of residence</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Contraceptive prevalence – modern methods (%)

<b>Indicator name</b>	Contraceptive prevalence – modern methods (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>The percentage of women aged 15–49 years, married or in-union, who are currently using, or whose sexual partner is using, at least one modern method of contraception.</p> <p>Modern methods of contraception include: oral contraceptive pills, implants, injectables, contraceptive patch and vaginal ring, intrauterine device (IDU), female and male condoms, female and male sterilization, vaginal barrier methods (including the diaphragm, cervical cap and spermicidal agents), lactational amenorrhea method (LAM), emergency contraception pills, standard days method (SDM), basal body temperature (BBT) method, TwoDay method and sympto-thermal method.</p> <p>Numerator: The number of women aged 15–49 years, married or in-union, who are currently using, or whose sexual partner is using, at least one modern method of contraception.</p> <p>Denominator: Total number of women aged 15–49 years that are currently married or in-union.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Age</p> <p>Economic status (wealth quintile and wealth decile)</p> <p>Education</p> <p>Place of residence</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).



## Demand for family planning satisfied – modern and traditional methods (%)

<b>Indicator name</b>	Demand for family planning satisfied – modern and traditional methods (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>Percentage of women aged 15–49 years, married or in union, who are currently using any method of contraception, among those in need of contraception. Women in need of contraception include women who are fecund but report wanting to space their next birth or stop childbearing altogether as well as women with a mistimed or unwanted pregnancy.</p> <p>Numerator: Number of women aged 15–49 that are fecund and are married or in union and need contraception, who use any kind of contraceptive (modern or traditional).</p> <p>Denominator: Total number of women aged 15–49 that are fecund and are married / have a partner and need contraception.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Age</p> <p>Economic status (wealth quintile and wealth decile)</p> <p>Education</p> <p>Place of residence</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Demand for family planning satisfied – modern methods (%)

<b>Indicator name</b>	Demand for family planning satisfied – modern methods (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>Percentage of women aged 15–49 years, married or in union, who are currently using any modern method of contraception, among those in need of contraception. Women in need of contraception include women who are fecund but report wanting to space their next birth or stop childbearing altogether as well as women with a mistimed or unwanted pregnancy.</p> <p>Modern methods of contraception include: oral contraceptive pills, implants, injectables, contraceptive patch and vaginal ring, intrauterine device (IDU), female and male condoms, female and male sterilization, vaginal barrier methods (including the diaphragm, cervical cap and spermicidal agents), lactational amenorrhea method (LAM), emergency contraception pills, standard days method (SDM), basal body temperature (BBT) method, TwoDay method and sympto-thermal method.</p> <p>Numerator: Number of women aged 15–49 that are fecund and are married or in union and need contraception, who use any kind of contraceptive (modern or traditional).</p> <p>Denominator: Total number of women aged 15–49 that are fecund and are married / have a partner and need contraception.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Age</p> <p>Economic status (wealth quintile and wealth decile)</p> <p>Education</p> <p>Place of residence</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## DTP3 immunization coverage among one-year-olds (%)

<b>Indicator name</b>	DTP3 immunization coverage among one-year-olds (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>The percentage of one-year-olds who have received three doses of the combined diphtheria, tetanus toxoid and pertussis (DTP3) vaccine in a given year.</p> <p>Numerator: Number of children aged 12–23 months receiving three doses of DTP3 vaccine.</p> <p>Note: In certain countries the time period of 12–23 months was adjusted to align with alternative national immunization periods (18–29 months or 15–26 months).</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Early initiation of breastfeeding (%)

<b>Indicator name</b>	Early initiation of breastfeeding (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>Percentage of children who were put to the breast within one hour of birth.</p> <p>Numerator: Number of women with a live birth in the two years prior to the survey who put the newborn infant to the breast within one hour of birth.</p> <p>Denominator: Total number of women with a live birth in the two years prior to the survey.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Full immunization coverage among one-year-olds (%)

<b>Indicator name</b>	Full immunization coverage among one-year-olds (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>The percentage of one-year-olds who have received one dose of Bacille Calmette-Guérin (BCG) vaccine, three doses of polio vaccine, three doses of the combined diphtheria, tetanus toxoid and pertussis (DTP3) vaccine, and one dose of measles vaccine.</p> <p>Numerator: Number of children aged 12–23 months receiving one dose of BCG vaccine, three doses of polio vaccine, three doses of DTP3 vaccine, and one dose of measles vaccine.</p> <p>Denominator: Total number of children aged 12–23 months surveyed.</p> <p>Note: In certain countries the time period of 12–23 months was adjusted to align with alternative national immunization periods (18–29 months or 15–26 months).</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Infant mortality rate (deaths per 1000 live births)

<b>Indicator name</b>	Infant mortality rate (deaths per 1000 live births)
<b>Data Type Representation</b>	Rate
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>Probability (expressed as a rate per 1000 live births) of a child born in a specific year or period dying before reaching the age of one, if subject to age-specific mortality rates of that period.</p> <p>Numerator: Deaths at ages 0–11 months.</p> <p>Denominator: Number of surviving children at beginning of specified age range during the 10 years prior to survey.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS) micro-data which are publicly available using the standard indicator definitions as published in DHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Measles immunization coverage among one-year-olds (%)

<b>Indicator name</b>	Measles immunization coverage among one-year-olds (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>The percentage of children aged 12–23 months who have received at least one dose of measles-containing vaccine in a given year.</p> <p>Numerator: Number of children aged 12–23 months receiving at least one dose of measles-containing vaccine.</p> <p>Denominator: Total number of children aged 12–23 months surveyed.</p> <p>Note: In certain countries the time period of 12–23 months was adjusted to align with alternative national immunization periods (18–29 months or 15–26 months).</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Neonatal mortality rate (deaths per 1000 live births)

<b>Indicator name</b>	Neonatal mortality rate (deaths per 1000 live births)
<b>Data Type Representation</b>	Rate
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>Probability (expressed as a rate per 1000 live births) of a child born in a specific year or period dying in the first 30 days of life, if subject to age-specific mortality rates of that period.</p> <p>Numerator: Deaths at ages 0–30 days.</p> <p>Denominator: Number of surviving children at beginning of specified age range during the 10 years prior to survey.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS) micro-data which are publicly available using the standard indicator definitions as published in DHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).



## Obesity prevalence in non-pregnant women aged 15–49 years, BMI $\geq$ 30 (%)

<b>Indicator name</b>	Obesity prevalence in non-pregnant women aged 15–49 years, BMI $\geq$ 30 (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>Percentage of non-pregnant women aged 15–49 years, BMI <math>\geq</math> 30 kg/m<sup>2</sup> .</p> <p>Numerator: Number of non-pregnant women aged 15–49 years, BMI <math>\geq</math> 30 kg/m<sup>2</sup> .</p> <p>Denominator: Total number of non-pregnant women aged 15–49 years surveyed.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS) micro-data which are publicly available using the standard indicator definitions as published in DHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education</p> <p>Place of residence</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Overweight prevalence in children aged < 5 years (%)

<b>Indicator name</b>	Overweight prevalence in children aged < 5 years (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>The percentage of overweight (defined as more than two standard deviations above the median weight-for-height of the WHO Child Growth Standards) among children under five years of age.</p> <p>Numerator: Number of children aged under five years that meet the criteria for overweight.</p> <p>Denominator: Total number of children aged under five years surveyed.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the WHO Child Growth Standards and standardized methodology recommended by the Technical Expert Advisory Group on Nutrition Monitoring (guidance document <a href="#">here</a> ). UNICEF, WHO and the World Bank group jointly review new data sources to update the country level estimates.
<b>Disaggregation</b>	<p>Age (child's age)</p> <p>Economic status (wealth quintile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	<p>Please note that the indicator data represents a subset of the WHO Global Database on Child Growth and Malnutrition.</p> <p>Survey estimates come with levels of uncertainty due to both sampling error and non-sampling error (e.g. measurement technical error, recording error etc.). None of the two sources of errors have been fully taken into account for deriving estimates neither at country nor at regional and global levels. Of particular concern for overweight is the fact that data for high income countries are scarce yet the rates are generally higher among the high income countries with data and so the lack of representation from high income countries may affect the global and even regional rates.</p>

## Polio immunization coverage among one-year-olds (%)

<b>Indicator name</b>	Polio immunization coverage among one-year-olds (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>The percentage of one-year-olds who have received three doses of polio vaccine in a given year.</p> <p>Numerator: Number of children aged 12–23 months receiving three doses of polio vaccine.</p> <p>Denominator: Total number of children aged 12–23 months surveyed.</p> <p>Note: In certain countries the time period of 12–23 months was adjusted to align with alternative national immunization periods (18–29 months or 15–26 months).</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Pregnant women sleeping under insecticide-treated nets (%)

<b>Indicator name</b>	Pregnant women sleeping under insecticide-treated nets (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>Percentage of pregnant women in malaria endemic areas who slept under an insecticide-treated mosquito net the previous night.</p> <p>Numerator: Number of pregnant women in malaria endemic areas who slept under an insecticide-treated mosquito net the previous night.</p> <p>Denominator: Total number of pregnant women surveyed.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the standard indicator definitions as published in DHS, MICS or RHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education</p> <p>Place of residence</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Severe wasting prevalence in children aged < 5 years (%)

<b>Indicator name</b>	Severe wasting prevalence in children aged < 5 years (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>The percentage of severe wasting (defined as more than three standard deviations below the median weight-for-height of the WHO Child Growth Standards) among children under five years of age.</p> <p>Numerator: Number of children aged under five years of age that meet the criteria for severe wasting.</p> <p>Denominator: Total number of children aged under five years surveyed.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the WHO Child Growth Standards and standardized methodology recommended by the Technical Expert Advisory Group on Nutrition Monitoring (guidance document <a href="#">here</a> ). UNICEF, WHO and the World Bank group jointly review new data sources to update the country level estimates.
<b>Disaggregation</b>	<p>Age (child's age)</p> <p>Economic status (wealth quintile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	<p>Please note that the indicator data represents a subset of the WHO Global Database on Child Growth and Malnutrition.</p> <p>Survey estimates come with levels of uncertainty due to both sampling error and non-sampling error (e.g. measurement technical error, recording error etc.,). None of the two sources of errors have been fully taken into account for deriving estimates neither at country nor at regional and global levels. Surveys are carried out in a specific period of the year, usually over a few months. However, this indicator can be affected by seasonality, factors related to food availability (e.g. pre-harvest periods), disease (e.g. rainy season and diarrhea, malaria, etc.), and natural disasters and conflicts. Hence, country-year estimates may not necessarily be comparable over time.</p>

## Stunting prevalence in children aged < 5 years (%)

<b>Indicator name</b>	Stunting prevalence in children aged < 5 years (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>The percentage of stunting (defined as more than two standard deviations below the median height-for-age of the WHO Child Growth Standards) among children under five years of age.</p> <p>Numerator: Number of children aged under five years that meet the criteria for stunting.</p> <p>Denominator: Total number of children aged under five years surveyed.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the WHO Child Growth Standards and standardized methodology recommended by the Technical Expert Advisory Group on Nutrition Monitoring (guidance document <a href="#">here</a> ). UNICEF, WHO and the World Bank group jointly review new data sources to update the country level estimates.
<b>Disaggregation</b>	<p>Age (child's age)</p> <p>Economic status (wealth quintile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	<p>Please note that the indicator data represents a subset of the WHO Global Database on Child Growth and Malnutrition.</p> <p>Survey estimates come with levels of uncertainty due to both sampling error and non-sampling error (e.g. measurement technical error, recording error etc.,). None of the two sources of errors have been fully taken into account for deriving estimates neither at country nor at regional and global levels. Surveys are carried out in a specific period of the year, usually over a few months. However, this indicator can be affected by seasonality, factors related to food availability (e.g. pre-harvest periods), disease (e.g. rainy season and diarrhea, malaria, etc.), and natural disasters and conflicts. Hence, country-year estimates may not necessarily be comparable over time.</p>

## Total fertility rate (births per woman)

<b>Indicator name</b>	Total fertility rate (births per woman)
<b>Data Type Representation</b>	Rate
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>The average number of children a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality. It is expressed as children per woman.</p> <p>The total fertility rate is the sum of the age-specific fertility rates for all women multiplied by five. The age-specific fertility rates are those for the seven five-year age groups from 15–19 to 45–49.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS) micro-data which are publicly available using the standard indicator definitions as published in DHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education</p> <p>Place of residence</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).

## Under-five mortality rate (deaths per 1000 live births)

<b>Indicator name</b>	Under-five mortality rate (deaths per 1000 live births)
<b>Data Type Representation</b>	Rate
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>Probability (expressed as a rate per 1000 live births) of a child born in a specific year or period dying before reaching the age of five years, if subject to age-specific mortality rates of that period.</p> <p>Numerator: Deaths at age 0–5 years.</p> <p>Denominator: Number of surviving children at beginning of specified age range during the 10 years prior to survey.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS) micro-data which are publicly available using the standard indicator definitions as published in DHS documentation. The analysis was done by the WHO Collaborating Center for Health Equity Monitoring (International Center for Equity in Health, Federal University of Pelotas, Brazil).
<b>Disaggregation</b>	<p>Economic status (wealth quintile and wealth decile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	Please note that the above definition applies to the Health Equity Monitor topic of the WHO Indicator and Measurement Registry. In some cases, indicators listed in this topic may not be equivalent to similar indicators listed in other topics of the registry, due to small discrepancies in the definition and calculation of numerator and denominator values. Detailed information about the indicator criteria applied in all WHO-defined categories is available in the WHO Indicator and Measurement Registry ( <a href="http://www.who.int/gho/indicator_registry/en">www.who.int/gho/indicator_registry/en</a> ).



## Underweight prevalence in children aged < 5 years (%)

<b>Indicator name</b>	Underweight prevalence in children aged < 5 years (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>The percentage of underweight (defined as more than two standard deviations below the median weight-for-age of the WHO Child Growth Standards) among children under five years of age.</p> <p>Numerator: Number of children aged under five years that meet the criteria for underweight.</p> <p>Denominator: Total number of children aged under five years surveyed.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the WHO Child Growth Standards and standardized methodology recommended by the Technical Expert Advisory Group on Nutrition Monitoring (guidance document <a href="#">here</a> ). UNICEF, WHO and the World Bank group jointly review new data sources to update the country level estimates.
<b>Disaggregation</b>	<p>Age (child's age)</p> <p>Economic status (wealth quintile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	<p>Please note that the indicator data represents a subset of the WHO Global Database on Child Growth and Malnutrition.</p> <p>Survey estimates come with levels of uncertainty due to both sampling error and non-sampling error (e.g. measurement technical error, recording error etc.,). None of the two sources of errors have been fully taken into account for deriving estimates neither at country nor at regional and global levels. Surveys are carried out in a specific period of the year, usually over a few months. However, this indicator can be affected by seasonality, factors related to food availability (e.g. pre-harvest periods), disease (e.g. rainy season and diarrhea, malaria, etc.), and natural disasters and conflicts. Hence, country-year estimates may not necessarily be comparable over time.</p>

## Wasting prevalence in children aged < 5 years (%)

<b>Indicator name</b>	Wasting prevalence in children aged < 5 years (%)
<b>Data Type Representation</b>	Percent
<b>Topic</b>	Health Equity Monitor
<b>Definition</b>	<p>The percentage of wasting (defined as more than two standard deviations below the median weight-for-height of the WHO Child Growth Standards) among children under five years of age.</p> <p>Numerator: Number of children aged under five years that meet the criteria for wasting.</p> <p>Denominator: Total number of children aged under five years surveyed.</p>
<b>Method of estimation</b>	Data are derived from re-analysis of Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Reproductive Health Surveys (RHS) micro-data which are publicly available using the WHO Child Growth Standards and standardized methodology recommended by the Technical Expert Advisory Group on Nutrition Monitoring (guidance document <a href="#">here</a> ). UNICEF, WHO and the World Bank group jointly review new data sources to update the country level estimates.
<b>Disaggregation</b>	<p>Age (child's age)</p> <p>Economic status (wealth quintile)</p> <p>Education (mother's education)</p> <p>Place of residence</p> <p>Sex</p> <p>Subnational region</p>
<b>Comments</b>	<p>Please note that the indicator data represents a subset of the WHO Global Database on Child Growth and Malnutrition.</p> <p>Survey estimates come with levels of uncertainty due to both sampling error and non-sampling error (e.g. measurement technical error, recording error etc.,). None of the two sources of errors have been fully taken into account for deriving estimates neither at country nor at regional and global levels. Surveys are carried out in a specific period of the year, usually over a few months. However, this indicator can be affected by seasonality, factors related to food availability (e.g. pre-harvest periods), disease (e.g. rainy season and diarrhea, malaria, etc.), and natural disasters and conflicts. Hence, country-year estimates may not necessarily be comparable over time.</p>

## Inequality dimensions

Health indicators from the WHO Health Equity Monitor database were disaggregated by six dimensions of inequality: economic status, education, place of residence and subnational region, as well as age and sex, where applicable.

Economic status was determined using a wealth index. Country-specific indices were based on owning selected assets and having access to certain services, and constructed using principal component analysis. For wealth quintiles, within each country the index was divided into five equal subgroups that each account for 20% of the population. For wealth deciles, within each country the index was divided into ten equal subgroups that each account for 10% of the population. Note that certain indicators have denominator criteria that do not include all households and/or are more likely to include households from a specific quintile or decile; thus the quintile or decile share of the population for a given indicator may not equal 20% or 10%, respectively.

Education refers to the highest level of schooling attained by the woman (or the mother, in the case of newborn and child health interventions, child malnutrition and child mortality indicators).

For place of residence and subnational region, country-specific criteria were applied.

<b>Dimension</b>	<b>Subgroups</b>
Age	[Reproductive health interventions] 2 subgroups: 15–19 years and 20–49 years [Child malnutrition] 2 subgroups: 0-2 years and 2-5 years
Economic status (wealth quintiles)	5 subgroups: quintile 1 (poorest), quintile 2, quintile 3, quintile 4, quintile 5 (richest)
Economic status (wealth deciles)	10 subgroups: decile 1 (poorest), decile 2, decile 3, decile 4, decile 5, decile 6, decile 7, decile 8, decile 9, decile 10 (richest)
Education	3 subgroups: no education, primary school , secondary school +
Place of residence	2 subgroups: rural, urban
Sex	2 subgroups: female, male
Subnational region	Subnational regions vary by country and year.