

**UNITED ARAB EMIRATES**

**MINISTRY OF HEALTH & PREVENTION**

**UAE Comprehensive Health Indicators Book**

**WHO Core Indicators, SDGs & UHC**

Definition & Results



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# 1. Preface

## 1.1 Document Overview

This document contains the metadata and year-wise values for the **80 WHO Core Indicators** obtained from the WHO Eastern Mediterranean Health Observatory and other WHO recognized sources.

The **indicator definitions** and **supporting data** provided here serve as guidance for the **selection** of **standard health indicators** for countries and partners stakeholders. They can use the appropriate indicators for **monitoring** their health priorities and capacities with the ultimate goal of **achieving** the Sustainable Development Goals (SDG) and Universal Health Coverage (UHC) **health milestones**. Owing to the indicator data set values, reliable and timely health information is facilitated for policy development, proper health management, evidence-based decision-making, rational use of resources and monitoring and evaluation of the public health situation, health care delivery and outcomes.

Acquisition and management of such comprehensive data requires strengthened **Health Information Systems(HIS)** basis which WHO has formulated a clear framework for HIS system assessment comprising of 81 indicators spread across below components:

* **Health determinants & risks:** These indicators include exposures responsible for a wide array of outcomes on a community level. These include: illiteracy, physical inactivity, tobacco use and environmental pollution.
* **Health Status:** These indicators cover a range of outcomes focusing on the coverage of essential health services and interventions to mitigate diseases.
* **Health System Response:** These indicators focus on the financial and strategic inputs for the care, control, prevention, treatment and support of diseases, such as the general government expenditure on health as a percent of general government expenditure. These indicators also capture programme outputs detailing the accessibility, quality, readiness, and safety of health services, for example, the distribution of health facilities offering specific services and the surgical wound infection rate.

**Submission Timelines :** Countries are requested to share their core health indicator values with WHO **annually at the end of second quarter (Q2).**

## 1.2 Indicator Overview

For each of the 81 WHO Core Health Indicators the below set of metadata details are provided:

* **Indicator Name** : The unique nomenclature based identifier attributed to the particular WHO core indicator.
* **Indicator Additional Name** : An abbreviated or alternate name, if available, associated with the particular core indicator.
* **Definition** : The brief description of the core indicator which explains the conditions needed for calculating the desired values and outcomes for the given indicator along with additional information facilitating clear indicator comprehension.
* **Measurement Frequency :** This defines the regularity with which the data for the particular core indicator is collected and measured , For Eg: Annually, Monthly , Every ‘n’ (number) years etc.
* **Primary Data Sources :** For each indicator primary data sources have been recommended by WHO thereby providing probable guidelines to countries for collecting data from various recognized sources such as governmental or administrative agencies, registries, annual reports, surveys etc.
* **Alternate Data Sources :** On account of potential data unavailability with Primary Data Sources, WHO have also advised on alternate data sources for successful data collection.
* **UAE Data Sources :** In relation to the WHO advised data sources we have put forth the potential UAE data sources for the respective indicators cutting across various federal and regional ministerial and external entities.

# 2. Indicator List

|  |  |  |  |
| --- | --- | --- | --- |
| **#**  | **Category** | **Sub-Category** | **Indicators** |
| 1 | **Health determinants and risks** | **Demographic and socioeconomic determinants** | Population size |
| 2 | [Population living in urban areas (Percentage)](https://rho.emro.who.int/Indicator/TermID/20) |
| 3 | Population growth rate |
| 4 | Life expectancy at birth |
| 5 | Total fertility rate |
| 6 | Adolescent fertility rate (per 1000 girls aged 15-19 years) |
| 7 | Net primary School enrolment |
| 8 | Population below the international poverty line |
| 9 | Youth literacy rate  |
| 10 | Access to improved drinking water |
| 11 | Access to improved sanitation facilities |
| 12 | **Risk Factors** | Incidence of low birth weight among newborns |
| 13 | [Exclusive breastfeeding rate 0-5 months of age](https://rho.emro.who.int/Metadata/exclusive-breastfeeding-rate-0-5-months-of-age) |
| 14 | Children under 5 who are stunted (moderate and severe) |
| 15 | Children under 5 who are wasted (moderate and severe) |
| 16 | Children under 5 who are overweight |
| 17 | Children under 5 years who are obese |
| 18 | Overweight in adolescents (13-18 years) |
| 19 | Obesity in adolescents (13-18 years) |
| 20 | Overweight in adults (18+ years) |
| 21 | Obesity in adults (18+ years) |
| 22 | Tobacco use among persons (13-15 years) |
| 23 | Tobacco use among persons 15 + years |
| 24 | Insufficient physical activity in adolescents (13-18 years) |
| 25 | Insufficient physical activity in adults (18+ years) |
| 26 | Raised blood glucose among adults (18+ years) |
| 27 | Raised blood pressure among adults (18+ years) |
| 28 | Anemia among women of reproductive age |
| 29 | **Health** **Status** | **Mortality** | Neonatal mortality rate (per 1000 live births) |
| 30 | Infant mortality rate |
| 31 | Under -five mortality |
| 32 | Maternal mortality ratio |
| 33 | Mortality rate by main cause of death, (age standardized) |
| 34 | Mortality between age groups 30 and 70 from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases |
| 35 | Mortality rate due to road traffic injuries (per 100 000 population) |
| 36 | [Mortality rate attributed to household and ambient air pollution](https://rho.emro.who.int/Indicator/TermID/54)  |
| 37 | [Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene](https://rho.emro.who.int/Indicator/TermID/55) |
| 38 | Suicide mortality rate |
| 39 | **Morbidity** | Cancer incidence, by type of cancer (per 100 000 population) |
| 40 | Tuberculosis case notification rate  |
| 41 | Estimated number of new HIV infections |
| 42 | Number of newly reported HIV cases |
| 43 | [Hepatitis B](https://rho.emro.who.int/Indicator/TermID/60) incidence |
| 44 | Incidence of confirmed malaria cases |
| 45 | Total number of reported cases - Malaria |
| 46 | Incidence of measles cases  |
| 47 | **Neglected tropical diseases (NTDS)** | [Number of people requiring interventions against neglected tropical diseases](https://rho.emro.who.int/Indicator/TermID/64) |
| 48 | **Health System Response** | **Health Expenditure** | Per capita total health expenditure |
| 49 | Out-of-pocket expenditure as % of total health expenditure |
| 50 | Domestic General Government Health Expenditure (GGHE-D) as % General Government Expenditure (GGE) |
| 51 | Population with catastrophic health expenditure |
| 52 | Population impoverished due to out-of-pocket health expenditure |
| 53 | **Health Workforce** | Density of health workers: a-Physicians, b-nurses, c-midwives, d-pharmacists, f-dentists |
| 54 | Density of recent graduates of registered health profession educational institutions a-Physicians, b-nurses, c-midwives, e-dentists, d-pharmacists |
| 55 | **Health System Capacity** | [International Health Regulations (IHR) technical areas](https://rho.emro.who.int/Indicator/TermID/79) |
| 56 | [IHR Annually reporting](https://rho.emro.who.int/Indicator/TermID/80) |
| 57 | [Joint external evaluation of IHR capacity](https://rho.emro.who.int/Indicator/TermID/81) |
| 58 | [UHC service coverage index](https://rho.emro.who.int/Indicator/TermID/82) |
| 59 | **Medicines and medical devices** | Availability of selected essential medicines |
| 60 | Availability of six selected medical devices |
| 61 | **Service delivery** | Density of primary health care facilities (public and private) |
| 62 | Hospital bed density |
| 63 | Surgical wound infection rate |
| 64 | Annually number of outpatient department visits, per capita |
| 65 | **Service Coverage** | Demand for family planning satisfied with modern methods |
| 66 | Antenatal care coverage (1+) |
| 67 | Antenatal care coverage (4+) |
| 68 | Births attended by skilled health personnel |
| 69 | DPT3/Pentavalent Immunization coverage rate |
| 70 | Measles immunization coverage rate (MCV1) |
| 71 | Percentage of suspected malaria cases that have had a diagnostic test |
| 72 | Percentage of population sleeping under insecticide-treated nets ITN  |
| 73 | Percentage of key populations at higher risk who have received an HIV test in the past 12 months and know their results |
| 74 | Adults and children currently receiving ARV therapy among all adults and children living with HIV (%) |
| 75 | TB treatment success rate |
| 76 | Children under 5 with diarrhea receiving oral rehydration therapy  |
| 77 | Coverage of service for severe mental health disorders |
| 78 | **Health Information System** | Births registration coverage |
| 79 | Deaths registration coverage, cause of death using ICD |

# 3. Indicator Meta Data

Present below are the metadata for the 80 WHO Core Health indicators cutting across the Health Determinants & Risks, Health Status and Health System Response categories.

**Note –** Metadata for certain Indicators is blank as data points are awaited from WHO or concerned MOHAP department.

## 3.1 Health Determinants & Risks

### 3.1.1 Demographic and socioeconomic determinants

|  |
| --- |
| **Population Size** |
| **Definition** | De facto population in a country, area or region as of 1 July of the year indicated. Figures are presented in thousands. |
| **Numerator** | Total number of population |
| **Denominator** | NA |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | Civil registration with complete coverage |
| **Alternate Data Sources** | Annually statistical yearbooks |
| **UAE Data Sources** | Federal Competitiveness and Statistics Center |

|  |
| --- |
| Population Size  |
| **2013** | **2014** | **2016** | **2017** | **2018** | **2019** |
| 9346000 | 9086139 | 9121167 | 9304000 | 9366000 | 9503000 |

|  |
| --- |
| [**Population living in urban areas (Percentage)**](https://rho.emro.who.int/Indicator/TermID/20) |
| **Definition** | The percentage of de facto population living in areas classified as urban according to the criteria used by each area or country as of 1 July of the year indicated. |
| **Numerator** | Total number of people living in urban areas |
| **Denominator** | Total population |
| **Measurement Frequency** | Annually if country has complete population registry or Every 10 years as per UN standards for conducting census |
| **Primary Data Sources** | Civil registrationPopulation census |
| **Alternate Data Sources** | NA |
| **UAE Data Sources** | Federal Competitiveness and Statistics Center |

|  |
| --- |
| Population living in Urban Areas  |
| **2016** | **2017** | **2018** | **2019** | **2020** | **2021** |
| 84% | 84% | 84% | 84% | 84% | 84% |

|  |
| --- |
| **Population growth rate** |
| **Additional Name** | Population growth |
| **Definition** | Average exponential rate of Annually growth of the population over a given period. |
| **Numerator** | Total number of population at t time (period of time) |
| **Denominator** | Total number of population at 0 time start of the time period |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | Civil registration with complete coverage Population census |
| **Alternate Data Sources** | Annually statistical yearbooks |
| **UAE Data Sources** | Federal Competitiveness and Statistics Center |

|  |
| --- |
| Population Growth Rate % |
| **2010** | **2015** | **2016** | **2018** | **2019** |
| 4.9%  | 1% | 2% | 1.3% | 1.5% |

|  |
| --- |
| **Life expectancy at birth** |
| **Definition** | The average number of years that a newborn could expect to live, if he or she were to pass through life exposed to the gender- and age-specific death rates prevailing at the time of his or her birth, for a specific year, in a given country, territory, or geographic area. |
| **Numerator** | From life tables |
| **Denominator** | From life tables |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | Civil registration with high coverage |
| **Alternate Data Sources** | Household surveysPopulation censusSample registration system |
| **UAE Data Sources** | Federal Competitiveness and Statistics Center |

|  |
| --- |
| Life Expectancy at Birth (Years) |
| **2013** | **2014** | **2015** | **2017** | **2018** |
| 77 | 77 | 77.2 | 79.7 | 79.9 |

|  |
| --- |
| **Total fertility rate** |
| **Definition** | Average number of children that 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. |
| **Numerator** | Sum of age specific birth rates (5-year age groups between 10 and 49) for female residents of a specified geographic area (nation, state, county, etc.) during a specified time period (usually a calendar year) multiplied by 5 |
| **Denominator** | Numerator is divided by 1000 |
| **Measurement Frequency** | Annually if based on civil registration and vital statistics (CRVS); once every 3−5 years if based on surveys and census |
| **Primary Data Sources** | Civil registration and vital statistics systems with high coveragePopulation census |
| **Alternate Data Sources** | Household surveyAnnually statistical yearbooksFacility-based records |
| **UAE Data Sources** | Federal Competitiveness and Statistics Center |

|  |
| --- |
| Total Fertility Rate |
| **2013** | **2016** | **2017** | **2018** |
| 1.8 | 1.5 | 2.26 | 2.26 |



|  |
| --- |
| **Adolescent fertility rate (per 1000 girls aged 15-19 years)** |
| **Additional Name** | Adolescent fertility rate |
| **Definition** | Annually number of births to women aged 15-19 years per 1,000 women in that age group. It is also referred to as the age-specific fertility rate for women aged 15-19 years. |
| **Numerator** | Number of live births to women aged 15−19 years |
| **Denominator** | Exposure to childbearing by women aged 15−19 years |
| **Measurement Frequency** | Annually CRVS data with 90% coveragePopulation based survey are implemented 3-5 years |
| **Primary Data Sources** | Civil registration with complete coverage |
| **Alternate Data Sources** | Household surveyspopulation census |
| **UAE Data Sources** | Federal Competitiveness and Statistics Center |

|  |
| --- |
| Adolescent Fertility Rate |
| **2012** | **2013** | **2016** | **2017** | **2018** |
| 34 | 34.2 | 7.9 | 6.4 | 5.4 |

 **3.7**

By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

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| --- |
| **Net primary School enrolment** |
| **Additional Name** | Net primary school enrolment ratio (%) |
| **Definition** | Number of children of official primary school age who are enrolled in primary education as a percentage of the total children of the official school age population.The enrolment of the same age-group at secondary level is also included. |
| **Numerator** | Number of children of official primary school age who are enrolled in primary education |
| **Denominator** | Total children of the official school age population |
| **Measurement Frequency** | Annually or depending on data availability |
| **Primary Data Sources** | Administrative recordsPopulation census |
| **Alternate Data Sources** | Population based surveysSchool surveys |
| **UAE Data Sources** | Federal Competitiveness and Statistics Center |

|  |
| --- |
| Net primary School enrolment |
| **2006** | **2012** | **2015** | **2016** | **2017** |
| 88% | 91% | 99.40% | 94.59% | 95.3% |

|  |
| --- |
| **Population below the international poverty line** |
| **Definition** | The national poverty rate is the percentage of the total population living below the national poverty line (less than $1.90 a day). The rural poverty rate is the percentage of the rural population living below the national poverty line (or in cases where a separate, rural poverty line is used, the rural poverty line). Urban poverty rate is the percentage of the urban population living below the national poverty line (or in cases where a separate, urban poverty line is used, the urban poverty line). Estimates are based on population-weighted subgroup estimates from household surveys. |
| **Numerator** | Total household income or consumption |
| **Denominator** | Household size or “effective” household size (based on household composition |
| **Measurement Frequency** | 3-5 years |
| **Primary Data Sources** | Nationally representative household surveys |
| **Alternate Data Sources** | World Bank reports |
| **UAE Data Sources** | National Health Survey |

|  |
| --- |
| Population below the international poverty line |
| **2013** | **2014** | **2018** | **2019** |
| 0% | 0% | 0.01% | 0.01% |

|  |
| --- |
| **Youth Literacy Rate** |
| **Additional Name** | Youth literacy rate (15-24 years) |
| **Definition** | The percentage of population aged 15-24 years who can both read and write with understanding a short simple statement on his/her everyday life. Generally, ‘literacy’ also encompasses ‘numeracy’, the ability to make simple arithmetic calculations. |
| **Numerator** | Number of literates aged 15-24 years |
| **Denominator** | Population aged 15-24 years |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | National census and national representative surveys |
| **Alternate Data Sources** | Administrative records |
| **UAE Data Sources** | Federal Competitiveness and Statistics Center |

|  |
| --- |
| Youth Literacy Rate |
| **2005** | **2015** | **2018** |
| 95% | 99.43% | 95% |

|  |
| --- |
| **Access to improved drinking water** |
| **Additional Name** | Percentage of population using safely managed drinking-water services |
| **Definition** | The percentage of population using an improved drinking water source.An improved drinking water source, by nature of its construction and design, is likely to protect the source from outside contamination, in particular from faecal matter.Improved drinking water sources include: Piped water into dwelling, plot or yard; Public tap/stand pipe; Tube well/borehole; Protected dug well; Protected spring and Rainwater collection. |
| **Numerator** | Population using safely managed drinking-water services |
| **Denominator** | Total population |
| **Measurement Frequency** | Population based survey are implemented 3-5 years, estimation would be updated Annually |
| **Primary Data Sources** | Household surveysPopulation census |
| **Alternate Data Sources** | Administrative reporting system |
| **UAE Data Sources** | Federal Competitiveness and Statistics Center |

|  |
| --- |
| Access to improved drinking water |
| **2010** | **2015** | **2018** | **2020** |
| 100% | 100% | 100% | 100% |



|  |
| --- |
| **Access to improved sanitation services** |
| **Additional Name** | Percentage of population using safely managed sanitation services |
| **Definition** | The percentage of population using an improved sanitation facility.An improved sanitation facility is one that hygienically separates human excreta from human contact. Improved sanitation facilities include: Flush or pour-flush to piped sewer system, septic tank or pit latrine; Ventilated improved pit latrine; Pit latrine with slab and Composting toilet. |
| **Numerator** | Population using safely managed sanitation services |
| **Denominator** | Total population |
| **Measurement Frequency** | Population based survey are implemented 3-5 years, estimation would be updated Annually |
| **Primary Data Sources** | Household surveysPopulation census |
| **Alternate Data Sources** | Administrative reporting system |
| **UAE Data Sources** | Federal Competitiveness and Statistics Center |

|  |
| --- |
| Access to improved sanitation services |
| **2010** | **2015** | **2017** | **2018** | **2020** |
| 100% | 98% | 99.7% | 99.7% | 100% |

### 3.1.2 Risk Factors

|  |
| --- |
| **Incidence of low birth weight among newborns** |
| **Definition** | The percentage of live births that weigh less than 2,500 g out of the total of live births during the same time period. |
| **Numerator** | Number of live-born neonates with weight less than 2500 g at birth. |
| **Denominator** | Number of live births |
| **Measurement Frequency** | Continuous |
| **Primary Data Sources** | Population-based health surveys and data from administrative/information systems |
| **Alternate Data Sources** | Routine facility information systems |
| **UAE Data Sources** | MOHAP – Statistics & Research Center  |

|  |
| --- |
| Incidence of low birth weight among newborns |
| **2014** | **2016** | **2017** | **2018** | **2019** |
| 6.1% | 10.9% | 10.8% | 12.7% | 11.8% |

|  |
| --- |
| **Exclusive breastfeeding rate 0-5 months of age** |
| **Additional Name** | Exclusive breastfeeding rate |
| **Definition** | Percentage of infants 0–5 months of age who are fed exclusively with breast milk = (Infants 0–5 months of age who received only breast milk during the previous day / Infants 0–5 months of age) x 100. Current status data are used. Vitamins and mineral drops or medicines are not counted. |
| **Numerator** | Number of infants 0−5 months of age who are exclusively breastfed |
| **Denominator** | Total number of infants 0−5 months of age surveyed |
| **Measurement Frequency** | Every 3-5 years |
| **Primary Data Sources** | Household surveysSpecific population surveys |
| **Alternate Data Sources** | Facility registration system |
| **UAE Data Sources** | MOHAP – Statistics & Research Center |

|  |
| --- |
| Exclusive breastfeeding rate 0-5 months of age |
| **2014** | **2016** | **2017** | **2018** |
| 34% | 49% | 59.7% | 59.7% |

|  |
| --- |
| **Children under 5 who are stunted (moderate and severe)** |
| **Additional Name** | Children under 5 who are stunted |
| **Definition** | Percentage of stunted (moderate and severe) children aged 0–59 months (moderate = height-for-age below -2 standard deviations from the WHO Child Growth Standards median; severe = height-for-age below -3 standard deviations from the WHO Child Growth Standards median). |
| **Numerator** | Number of children aged 0–59 months who are stunted |
| **Denominator** | Total number of children aged 0–59 months who were measured |
| **Measurement Frequency** | Every 3-5 years |
| **Primary Data Sources** | Population based household surveysSpecific population surveysSurveillance systems |
| **Alternate Data Sources** | Population-based health surveys with nutrition modulesNational surveillance systems |
| **UAE Data Sources** | Nutrition Survey |



|  |
| --- |
| Children under 5 who are stunted (moderate and severe) |
| Data not reported for this indicator in UAE |

 **2.2**

By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

|  |
| --- |
| **Children under 5 who are wasted (moderate and severe)** |
| **Definition** | Percentage of wasted (moderate and severe) children aged 0–59 months (moderate = weight-for-height below -2 standard deviations of the WHO Child Growth Standards median; severe = weight-for-height below -3 standard deviations of the WHO Child Growth Standards median). |
| **Numerator** | Number of children aged 0–59 months who are wasted |
| **Denominator** | Total number of children aged 0–59 months who were measured |
| **Measurement Frequency** | Every 3-5 years |
| **Primary Data Sources** | Population based household surveysSpecific population surveysSurveillance systems |
| **Alternate Data Sources** | Population-based health surveys with nutrition modulesNational surveillance systems |
| **UAE Data Sources** | Nutrition Survey |



|  |
| --- |
| Children under 5 who are wasted (moderate and severe) |
| Data not reported for this indicator in UAE |

 **2.2**

By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

|  |
| --- |
| **Children under 5 who are overweight** |
| **Definition** | Percentage of overweight (weight-for-height above +2 standard deviations of the WHO Child Growth Standards median) among children aged 0-5 years. |
| **Numerator** | Number of children aged 0–59 months who are overweight |
| **Denominator** | Total number of children aged 0–59 months who were measured |
| **Measurement Frequency** | Every 3-5 years |
| **Primary Data Sources** | Population based household surveysSpecific population surveysSurveillance systems |
| **Alternate Data Sources** | Population-based health surveys with nutrition modulesNational surveillance systems |
| **UAE Data Sources** | Nutrition Survey |

|  |
| --- |
| Children under 5 who are overweight |
| Data not reported for this indicator in UAE |

|  |
| --- |
| **Children aged under 5 years who are obese** |
| **Definition** | Percentage of obesity (weight-for-height above +3 standard deviations of the WHO Child Growth Standards median) among children aged 0-59 months. |
| **Numerator** | Number of children aged 0-59 months that are over three standard deviations from the median weight-for-height of the WHO Child Growth Standards |
| **Denominator** | Total number of children aged 0-59 months that were measured |
| **Measurement Frequency** | Every 5 years |
| **Primary Data Sources** | National population-based surveys with nutrition modulesSpecific population surveys |
| **Alternate Data Sources** | National surveillance systems |
| **UAE Data Sources** | Nutrition Survey |

|  |
| --- |
| Children aged under 5 years who are obese |
| Data not reported for this indicator in UAE |

|  |
| --- |
| **Overweight in adolescents (13-18 years)** |
| **Definition** | The percent of adolescents’ population with body mass index (BMI) ≥ 25 Kg/m2. According to the WHO growth reference for school aged children and adolescents, overweight - one standard deviation BMI for age and sex.Overweight is ≥ 1 standard deviation BMI for age and sex. Height and weight are measured, expressed as Kg/m2. |
| **Numerator** | Number of surveyed adolescents population with BMI ≥ 25 Kg/m2 |
| **Denominator** | Total number of adolescents surveyed during a specified period |
| **Measurement Frequency** | Annually/ every 3 - 5 years |
| **Primary Data Sources** | Population based survey (nationally preventative)Global School Health Survey |
| **Alternate Data Sources** | These include: national specific population surveys conducted by the country’s national surveillance system, national statistical office, or any other relevant agency, or by research groups (and include academic research or studies implemented by nongovernment) |
| **UAE Data Sources** | School Health Survey |

|  |
| --- |
| Overweight in adolescents (13-18 years) |
| **2010** | **2016** |
| 38.4% | 38.4% |

|  |
| --- |
| **Obesity in adolescents (13-18 years)** |
| **Additional Name** | Obesity in adolescents (13-18 years) |
| **Definition** | For 5-19 years, obesity is defined as body mass index (BMI)-for-age above two standard deviations of the WHO Growth Reference for School-aged Children and Adolescents median. |
| **Numerator** | Number of obese adolescents in surveyed population |
| **Denominator** | Total number of surveyed population in same age group (obese and non-obese) |
| **Measurement Frequency** | Annually in routine data/ every 3 - 5 years survey data |
| **Primary Data Sources** | Population based survey (nationally preventative)Global School Health Survey |
| **Alternate Data Sources** | National specific population surveys conducted by the country’s national surveillance system, national statistical office, or any other relevant agency, or by research groups (and include academic research or studies implemented by nongovernmental organizations) |
| **UAE Data Sources** | School Health Survey |

|  |
| --- |
| Obesity in adolescents (13-18 years) |
| **2010** | **2016** |
| 14.4% | 16.6% |

|  |
| --- |
| **Overweight in adults (18+ years)** |
| **Definition** | Percent of adults (18+ years) who are overweight (defined as having a BMI ≥ 25 kg/m2. BMI = weight (kg) / [height (m)]2. Height and weight are measured expressed as kg/m2. |
| **Numerator** | Number of respondents 18+ years who are overweight |
| **Denominator** | All respondents of the survey aged 18+ years during a specified period |
| **Measurement Frequency** | At least every 5 years |
| **Primary Data Sources** | Population based survey (preferably nationally representative) in which height and weight were measuredStepwise survey for Non-communicable diseases |
| **Alternate Data Sources** | National specific population surveys conducted by the country’s national surveillance system, or any other relevant agency, or by research groups (and include academic research or studies implemented by nongovernmental organizations). |
| **UAE Data Sources** | National Health Survey |

|  |
| --- |
| Overweight in adults (18+ years) |
| **2010** | **2014** | **2016** | **2018** |
| 74% | 74% | 67.90% | 67.90% |

|  |
| --- |
| **Obesity in adults (18+ years)** |
| **Definition** | Percent of adults (18+ years) who are obese (defined as having BMI ≥30 kg/m2). BMI = weight (kg) / [height (m)]2. Height and weight are measured and expressed as Kg/m2. |
| **Numerator** | Number of respondents aged 18+ years who are obese |
| **Denominator** | All respondents of the survey aged 18+ years |
| **Measurement Frequency** | Annually using routine data/every 5 years using survey data |
| **Primary Data Sources** | Population based survey (preferably nationally representative) in which height and weight were measured. |
| **Alternate Data Sources** | National specific population surveys conducted by the country’s national surveillance system, national statistical office, or any other relevant agency/ministries, or by research groups (and include academic research or studies implemented |
| **UAE Data Sources** | National Health Survey |

|  |
| --- |
| Obesity in adults (18+ years) |
| **2010** | **2014** | **2016** | **2018** |
| 37.2% | 37.2% | 27.8% | 27.8% |

|  |
| --- |
| **Tobacco use among persons (13-15 years)** |
| **Additional Name** | Age standardized prevalence of current tobacco use among persons aged 13-15 years |
| **Definition** | Prevalence of current tobacco smoking among youth 13-15 years (%). The youth prevalence rate, expressed as a percentage of the total youth population, refers to the number of current smokers of any tobacco product per 100 of the youth population in the country, resulting from the latest youth tobacco use survey (or survey which asks tobacco use questions). When this prevalence rate is multiplied by the country’s youth population, the result is an estimate of the number of current smokers of any tobacco product in the country. The age range to which the prevalence data for the youth refer is 13-15 years. The definition of “current smoker” varies between surveys, but often means someone who smokes any tobacco product either daily or occasionally at least once during a defined period leading up to the survey date. “Tobacco smoking” includes the consumption of cigarettes, bidis, cigars, cheroots, pipes, shisha (water pipes), fine-cut smoking articles (roll-your-own), krekets, and any other form of smoked tobacco. |
| **Numerator** | Number of current youth smokers (daily or less than daily) of any tobacco product in the population surveyed |
| **Denominator** | Total size of surveyed population aged 13-18 years (youth smokers and non-smokers) |
| **Measurement Frequency** | At least once every five years |
| **Primary Data Sources** | National surveys implemented as part of international data collection initiatives, such as - Tobacco-specific surveys: Global Youth Tobacco Survey (GYTS);Non-tobacco-specific surveys: Global School-based Student Health Survey (GSHS)Specific population surveys |
| **Alternate Data Sources** | National specific population surveys conducted by the country’s national surveillance system, national statistical office, or any other relevant agency/ministries, or by research groups (and include academic research or studies implemented by nongovernmental organizations). If no national data are available, country estimates may be found in the WHO Global Health Observatory Data Repository. |
| **UAE Data Sources** | School Health Survey |

|  |
| --- |
| Tobacco use among persons (13-15 years) |
| **2013** | **2016** |
| 12.2% | 12.7% |



|  |
| --- |
| **Tobacco use among persons 15+ years** |
| **Additional Name** | Age standardized prevalence of current tobacco use among persons aged 15+ years |
| **Definition** | “Smoked tobacco products” includes the consumption of cigarettes, bidis, cigars, cheroots, pipes, shisha (water pipes), fine-cut smoking articles (roll-your-own), kreteks, and any other form of smoked tobacco."Smokeless tobacco" includes moist snuff, plug, creamy snuff, dissolvable, dry snuff, gul, loose leaf, red tooth powder, snus, chimo, gutkha, khaini, gudakhu, zarda, quiwam, dohra, tuibur, nasway, naas/naswar, shammah, betel quid, toombak, pan (betel quid), iq’mik, mishri, tapkeer, tombol and any other tobacco product that is sniffed, held in the mouth, or chewed.Age standardized prevalence of current tobacco use among persons aged 15+ years (%). A current smoker is someone who either smokes every day (daily smoker) or who currently smokes but not every day (occasional or non-daily smoker). At a population level, the prevalence of current smokers for a country is calculated as (the number of respondents in a survey who indicated smoking every day + the number of respondents who indicated smoking occasionally) divided by the total number of respondents to the survey. |
| **Numerator** | Number of current smokers 15 + years (daily or less than daily) of any tobacco product in the population surveyed |
| **Denominator** | Total size of surveyed population (Smokers and non-smokers) |
| **Measurement Frequency** | At least once every five years |
| **Primary Data Sources** | National household surveys using standard methods across time, so that changes over time can be measured. Examples of such surveys include:- Tobacco-specific surveys such as the Global Adult Tobacco Survey (GATS),- Multi-risk-factor surveys on noncommunicable diseases such as the WHO Stepwise Approach to Surveillance (WHO STEPS)Other health surveys such as the WHO Study on Global Ageing and Adult Health (SAGE), Demographic and Health Surveys (DHS), Multiple Indicator Cluster Survey (MICS)." |
| **Alternate Data Sources** | National censuses, national health surveys, and other national household surveys that may be about other topics such as household expenditure. Such surveys may be conducted by the country’s national statistical offices, or any other relevant agency, or by national or international research groups (and include academic research or studies carried out by nongovernmental organizations). If no recent national data are available, country estimates may be found in the WHO Global Health Observatory Data Repository. |
| **UAE Data Sources** | National Health Survey |

|  |
| --- |
| Tobacco use among persons 15+ years |
| **2013** | **2016** | **2018** |
| 22.9% | 9.1% | 9.1% |

vac

 **3.a**

Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.

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| --- |
| **Insufficient physical activity in adolescents (13-18 years)** |
| **Additional Name** | Age-standardized prevalence of insufficiently physically active persons aged 13-18 years |
| **Definition** | Age-standardized prevalence of insufficiently physically active persons aged 13-18 years (percentage of adults aged 13-18 years not meeting any of the following criteria: 150 minutes of moderate-intensity physical activity per week; 75 minutes of vigorous-intensity physical activity per week; an equivalent combination of moderate- and vigorous-intensity physical activity accumulating at least 600 metabolic equivalent minutes per week (minutes of physical activity can be accumulated over the course of a week but must be of a duration of at least 10 minutes).\*Metabolic equivalent (MET) is the ratio of a person’s working metabolic rate relative to the resting metabolic rate. One metabolic equivalent is defined as the energy cost of sitting quietly and is equivalent to a caloric consumption of 1 kcal/kg per hour. Physical activities are frequently classified by their intensity, using the metabolic equivalent as a reference. |
| **Numerator** | Number of respondents where all three of the following criteria are true:weekly minutes\* of vigorous activity < 75 minutes;weekly minutes\* of moderate activity < 150 minutes;weekly metabolic equivalent minutes\*\* < 600\* Weekly minutes are calculated by multiplying the number of days on which vigorous/moderate activity is done by the number of minutes of vigorous/moderate activity per day\*\* Weekly metabolic equivalent minutes are calculated by multiplying the weekly minutes of vigorous activity by 8 and the number of weekly minutes of moderate activity by 4 and then adding these two results together |
| **Denominator** | All respondents of the survey aged 13-18 years |
| **Measurement Frequency** | Every 3-5 years |
| **Primary Data Sources** | National representative population-based survey |
| **Alternate Data Sources** | National surveillance system, or any other relevant agency, or by research groups (and include academic research or studies implemented by nongovernmental organizations).If no national data are available, country estimates may be found in the WHO Global Health Observatory Data Repository. |
| **UAE Data Sources** | School Health Survey |

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| --- |
| Insufficient physical activity in adolescents (13-18 years) |
| **2010** | **2016** |
| 72.5% | 26.8% |

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| **Insufficient physical activity in adults (18+ years)** |
| **Additional Name** | Age-standardized prevalence of insufficiently physically active persons aged 18+ years |
| **Definition** | Age-standardized prevalence of insufficiently physically active persons aged 18+ years (percentage of adults aged 18+ years not meeting any of the following criteria: 150 minutes of moderate-intensity physical activity per week; 75 minutes of vigorous-intensity physical activity per week; an equivalent combination of moderate- and vigorous-intensity physical activity accumulating at least 600 metabolic equivalent minutes per week (minutes of physical activity can be accumulated over the course of a week but must be of a duration of at least 10 minutes).\*Metabolic equivalent (MET) is the ratio of a person’s working metabolic rate relative to the resting metabolic rate. One metabolic equivalent is defined as the energy cost of sitting quietly and is equivalent to a caloric consumption of 1 kcal/kg per hour. Physical activities are frequently classified by their intensity, using the metabolic equivalent as a reference |
| **Numerator** | Number of respondents where all three of the following criteria are true:weekly minutes\* of vigorous activity < 75 minutes;weekly minutes\* of moderate activity < 150 minutes;weekly metabolic equivalent minutes\*\* < 600\* Weekly minutes are calculated by multiplying the number of days on which vigorous/moderate activity is done by the number of minutes of vigorous/moderate activity per day\*\* Weekly metabolic equivalent minutes are calculated by multiplying the weekly minutes of vigorous activity by 8 and the number of weekly minutes of moderate activity by 4 and then adding these two results together |
| **Denominator** | All respondents of the survey aged 18+ years |
| **Measurement Frequency** | Every 3- 5 years |
| **Primary Data Sources** | National representative population-based survey |
| **Alternate Data Sources** | National surveillance system, or any other relevant agency, or by research groups (and include academic research or studies implemented by nongovernmental organizations).If no national data are available, country estimates may be found in the WHO Global Health Observatory Data Repository. |
| **UAE Data Sources** | National Health Survey |

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| --- |
| Insufficient physical activity in adults (18+ years) |
| **2010** | **2016** | **2018** |
| 38.4% | 70.8% | 70.8% |

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| --- |
| **Raised blood glucose among adults (18+ years)** |
| **Additional Name** | Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years or on medication for raised blood glucose |
| **Definition** | Percent of defined population with fasting glucose ≥126 mg/dl (7.0 mmol/L) or on medication for raised blood glucose among adults 18+ years. Fasting blood glucose should be measured not self-reported, and measurement must be taken after the person has fasted at least eight hours.There are two main blood chemistry screening methods dry and wet chemistry. Dry chemistry uses capillary blood taken from finger and used in rapid diagnostic test. Wet chemistry uses a venous blood sample with laboratory based test. Most population based surveys used dry chemistry rapid diagnostic tests to gather fasting blood glucose values. |
| **Numerator** | Number of respondents18+ years with fasting plasma glucose value ≥126 mg/dLl (7.0 mmol/L) or on medication for raised blood glucoseFasting blood sugar must be measured, not-self reported, and measurements must be taken after the person has fasted for at least eight hours |
| **Denominator** | All respondents of the survey aged 18+ years |
| **Measurement Frequency** | At least every 5 years |
| **Primary Data Sources** | Population based survey (nationally representative) |
| **Alternate Data Sources** | National surveillance system |
| **UAE Data Sources** | National Health Survey |

|  |
| --- |
| Raised blood glucose among adults (18+ years) |
| **2010** | **2014** | **2018** |
| 18.6% | 18.6% | 11.8% |

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| **Raised blood pressure among adults (18+ years)** |
| **Additional Name** | Age-standardized prevalence of raised blood pressure among persons aged 18+ years |
| **Definition** | Age standardized prevalence of raised blood pressure among persons aged 18 years (defined as systolic blood pressure ≥140mmHg and/or diastolic blood pressure ≥90mmHg). Blood pressure must be measured, not self-reported. Ideally three measures should be taken, (first reading to be dropped and the second and third measures are averaged. Respondents with measured blood pressure where systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure 90mmHg). Mean value of systolic and diastolic blood pressure among surveyed population. |
| **Numerator** | Number of respondents with systolic blood pressure ≥140mmHg or diastolic blood pressure 90mmHg)Ideally the blood measurements should be taken and the average systolic and diastolic readings of the second and third measures should be used in this calculation |
| **Denominator** | All respondents of survey aged 18+ years |
| **Measurement Frequency** | At least every 5 years |
| **Primary Data Sources** | Population based survey (preferably nationally representative) |
| **Alternate Data Sources** | National surveillance system |
| **UAE Data Sources** | National Health Survey |

|  |
| --- |
| Raised blood pressure among adults (18+ years) |
| **2010** | **2014** | **2018** |
| 14.7% | 14.7% | 28.8% |

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| **Anemia among women of reproductive age** |
| **Additional Name** | Anaemia prevalence in women of reproductive age |
| **Definition** | Percentage of women aged 15-49 years with a haemoglobin level less than 120g/L for non-pregnant women and lactating women, and less than 110g/L for pregnant women, adjusted for altitude and smoking. |
| **Numerator** | Number of women aged 15-49 years with haemoglobin levels below the indicated cut-off, adjusted for altitude and smoking |
| **Denominator** | Total number of women aged 15-49 years with haemoglobin levels assessed during a specified period |
| **Measurement Frequency** | Population based survey are implemented 3-5 years |
| **Primary Data Sources** | Population based health survey (preferably nationally representative) |
| **Alternate Data Sources** | NA |
| **UAE Data Sources** | National Health Survey |

|  |
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| Anemia among women of reproductive age |
| **2016** | **2018** |
| 30.3% | 30.3% |

## 3.2 Health Status

### 3.2.1 Mortality

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| **Neonatal mortality rate (per 1000 live births)** |
| **Additional Name** | Neonatal mortality |
| **Definition** | Number of deaths during the first 28 completed days of life per 1000 live births in a given year or other period. May be subdivided into early neonatal deaths, occurring during the first 7 days of life, and late neonatal deaths, occurring after the 7th day but before the 28th completed day of life. Probability that a child born in a specific year or period will die during the first 28 completed days of life if subject to age-specific mortality rates of that period, expressed per 1000 live births. |
| **Numerator** | Number of children who died during the first 28 days of life |
| **Denominator** | Number of live births (years of exposure) |
| **Measurement Frequency** | Annually, if based on registration system; otherwise, less frequent (3−5 years based on surveys) |
| **Primary Data Sources** | Civil registration with high coverage |
| **Alternate Data Sources** | Household surveysPopulation census |
| **UAE Data Sources** | MOHAP – Statistics & Research Center |

|  |
| --- |
| Neonatal mortality rate (per 1000 live births) |
| **2013** | **2014** | **2015** | **2017** | **2018** | **2019** |
| 4.3 | 4.55 | 4 | 3.99 | 3.66 | 3.6 |

 **3.2**

By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births Indicators.

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| **Infant mortality rate** |
| **Additional Name** | Infant mortality rate (probability of dying between birth and age of 1 year per 1000 live births) |
| **Definition** | The probability 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, expressed as a rate per 1000 live births. |
| **Numerator** | Number of children who died before their first birthday (0-11 months of age) |
| **Denominator** | Number of live births (years of exposure) |
| **Measurement Frequency** | Annually if based on registration system; otherwise, less frequent (3−5 years based on surveys) |
| **Primary Data Sources** | Civil registration with high coverage |
| **Alternate Data Sources** | Household surveys, population census |
| **UAE Data Sources** | MOHAP – Statistics & Research Center |

|  |
| --- |
| Infant mortality rate |
| **2013** | **2014** | **2015** | **2017** | **2018** | **2019** |
| 6.5 | 6.8 | 6 | 6.2 | 5.17 | 5.4 |



|  |
| --- |
| **Under - five mortality** |
| **Additional Name** | Under- five mortality rate (probability of dying by age 5 per 1000 live births) |
| **Definition** | The probability of a child born in a specific year or period dying before reaching the age of five, if subject to age-specific mortality rates of that period. Under-five mortality rate as defined here is strictly speaking not a rate (i.e. the number of deaths divided by the number of population at risk during a certain period of time) but a probability of death derived from a life table and expressed as rate per 1000 live births. |
| **Numerator** | Number of deaths among children aged 0–4 years (0–59 months of age), broken down by age groups |
| **Denominator** | Number of live births (person-years of exposure) |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | Civil registration with complete coverage |
| **Alternate Data Sources** | Household surveysPopulation census |
| **UAE Data Sources** | MOHAP – Statistics & Research Center |

|  |
| --- |
| Under - five mortality |
| **2013** | **2014** | **2015** | **2017** | **2018** | **2019** |
| 7.9 | 8.3 | 7 | 7.6 | 6.8 | 6.5 |



 **3.2**

By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births Indicators.

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| **Maternal mortality ratio** |
| **Additional Name** | Maternal mortality ratio (per 100 000 live births) |
| **Definition** | The maternal mortality ratio (MMR) is the number of maternal deaths during a given time period per 100,000 live births during the same time-period.Maternal death refers to the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management (from direct or indirect obstetric death), but not from accidental or incidental causes.Pregnancy-related death refers to the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death.Live birth refers to 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 any other evidence of life - e.g. beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles - whether or not the umbilical cord has been cut or the placenta is attached. Each product of such a birth is considered live born. |
| **Numerator** | Number of maternal deaths |
| **Denominator** | Number of live births |
| **Measurement Frequency** | Annually for civil registration and every 3-5 years for survey |
| **Primary Data Sources** | Civil registration with high coverage and medical certification of cause of death and regular assessment of misreporting and underreporting. |
| **Alternate Data Sources** | Sample registration with verbal autopsyHousehold surveysPopulation censusSample or sentinel registration systemsSpecial studies. |
| **UAE Data Sources** | MOHAP – Statistics & Research Center |

 **3.1**

By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

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| --- |
| Maternal mortality ratio |
| **2013** | **2014** | **2015** | **2017** | **2018** | **2019** |
| 2.1 | 1.04 | 6 | 3 | 3 | 3.2 |

|  |
| --- |
| **Mortality rate by main cause of death, (age standardized)** |
| **Additional Name** | Age-standardized mortality rate (per 100 000 population) |
| **Definition** | The age-standardized mortality rate is a weighted average of the age-specific mortality rates per 100 000 persons, where the weights are the proportions of persons in the corresponding age groups of the WHO standard population. |
| **Numerator** | Total Deaths per 100 000 population |
| **Denominator** | NA |
| **Measurement Frequency** | Continuous |
| **Primary Data Sources** | Civil registration with complete coverage and medical certification of cause of death |
| **Alternate Data Sources** | Civil registration with complete coverage Household surveys Population census Sample or sentinel registration systems Special studies Surveillance systems  |
| **UAE Data Sources** | MOHAP – Statistics & Research Center |

|  |
| --- |
| Mortality rate by main cause of death, (age standardized) |
| **Category** | **2012** | **2016** | **2017** | **2018** | **2019** |
| **Communicable Diseases** | 36 | 3.78 | 10.36 | 13.7 | 10 |
| **Non-Communicable Diseases** | 547 |  | 102.87 | 106.7 | 112.95 |
| **Injuries** | 32 | 13.55 | 13.31 | 11.7 | 13.24 |



|  |
| --- |
| **Mortality between age groups 30 and 70 from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases** |
| **Definition** | Total number of death among 30-70 years due to specific cause (cardiovascular diseases, cancer, chronic respiratory disease and diabetes) per 10,000. Unconditional probability of dying between the exact ages 30 and 70 years from CVDs, cancers, diabetes, or chronic respiratory diseases. |
| **Numerator** | Number of deaths between ages 30 and 70 years due to the four causes |
| **Denominator** | Number of years of exposure |
| **Measurement Frequency** | Annually for civil registration |
| **Primary Data Sources** | Civil registration with high coverage and medical certification of cause of death (vital statistics systems) |
| **Alternate Data Sources** | Household surveysPopulation-based health surveys with verbal autopsy |
| **UAE Data Sources** | MOHAP – Statistics & Research Center |

|  |
| --- |
| Mortality between age groups 30 and 70 from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases |
| **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** |
| 34.5 | 33.94 | 17 | 16.8 | 11.12 | 11.8 | 12.65 |



 **3.4**

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

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| --- |
| **Mortality rate from road traffic injuries (per 100 000 population)** |
| **Additional Name** | Mortality rate from road traffic injuries |
| **Definition** | Number of road traffic fatal injury deaths per 100 000 population (age-standardized). Road traffic deaths figure are classified in the International Classification of Diseases (ICD10) in 12 groups. Those relating to land transport accidents (V01-V89) reflect the victim’s mode of transport and are subdivided to identify the victim’s “counterpart” or the type of event. The vehicle of which the injured person is an occupant is identified in the first two characters since it is seen as the most important factor to identify, for prevention purposes. It exclude crashes to persons engaged in the maintenance or repair of transport equipment or vehicle (not in motion) unless injured by another vehicle in motion (W00-X59), assault by crashing of motor vehicle (Y03), event of undetermined intent (Y31-Y33) and intentional self-harm (X81-X83). |
| **Numerator** | Number of deaths due to road traffic fatal injury in a given year |
| **Denominator** | Population of each country in the same year |
| **Measurement Frequency** | Annually if civil registration data are available, otherwise every five years |
| **Primary Data Sources** | At country level: Police reports and health data (vital registration and hospital data)Civil registration and vital statistics systems with full coverage |
| **Alternate Data Sources** | Injury surveillance systemsMortuary data Population-based health surveys with verbal autopsyAdministrative reporting systems (police reports) |
| **UAE Data Sources** | Ministry of Interior |

|  |
| --- |
| Mortality rate from road traffic injuries (per 100 000 population) |
| **2012** | **2015** | **2016** | **2018** |
| 12.7 | 6.5 | 6.13 | 3.14 |

 **3.6**

By 2020, halve the number of global deaths and injuries from road traffic accidents

|  |
| --- |
| **Mortality from household and ambient air pollution** |
| **Additional Name** | Mortality attributable to joint effects of household and ambient air pollution |
| **Definition** | Evidence from epidemiological studies have shown that exposure to ambient air pollution is linked, among others, to the important diseases taken into account in this estimate: acute respiratory infections in young children (estimated under 5 years of age); cerebrovascular diseases in adults (estimated above 25 years); ischemic heart diseases in adults (estimated above 25 years); chronic obstructive pulmonary disease in adults (estimated above 25 years); and lung cancer in adults (estimated above 25 years). |
| **Numerator** | Total number of deaths attributed to household and ambient air pollution |
| **Denominator** | Total population |
| **Measurement Frequency** | Annually or every 5 years |
| **Primary Data Sources** | Civil registration with complete coverage and medical certification of cause of deathSpecial studies |
| **Alternate Data Sources** | Sample Registration SystemsVerbal Autopsy |
| **UAE Data Sources** | NA |



 **3.9**

By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

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| --- |
| Mortality from household and ambient air pollution |
| **2012** | **2016** |
| 7.3 | 16 |



|  |
| --- |
| **Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene** |
| **Additional Name** | Mortality rate attributed to unsafe water, unsafe sanitation, and lack of hygiene (exposure to unsafe water, sanitation and hygiene for all (WASH) services) |
| **Definition** | Deaths attributable to unsafe water, sanitation and hygiene focusing on inadequate WASH services, expressed per 100,000 population. Death rates are calculated by dividing the number of deaths by the total population. Evidence from epidemiological studies have shown that exposure to unsafe water, sanitation and hygiene habits is, among others, directly linked to diarrhoeal diseases and intestinal nematode infections and other diseases.Repeated diarrhoea episodes are linked to protein-energy malnutrition. In this estimate, only the impact of diarrhoeal diseases, intestinal nematode infections, and protein-energy malnutrition are taken into account. The included diseases are the WASH attributable portions of diarrhoea (ICD-10 code A00, A01, A03, A04, A06-A09), intestinal nematode infections (ICD-10 code B76-B77, B79) and protein-energy malnutrition (ICD-10 code E40-E46). |
| **Numerator** | Total number of deaths attributed to unsafe water, unsafe sanitation and lack of hygiene |
| **Denominator** | Total population |
| **Measurement Frequency** | Annually or every 5 years |
| **Primary Data Sources** | Civil registration with complete coverageMedical certification of cause of death |
| **Alternate Data Sources** | Household surveysSpecial studiesSample or sentinel registration systemsPopulation censusSurveillance systems |
| **UAE Data Sources** | NA |

|  |
| --- |
| Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene |
| **2012** | **2016** |
| <0.1 | <0.1 |

 **3.9**

By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.



|  |
| --- |
| **Suicide mortality rate** |
| **Additional Name** | Suicide mortality rate (per 100 000 population) |
| **Definition** | Number of suicide deaths in a year, divided by the population and multiplied by 100 000.   |
| **Numerator** | Number of suicide deaths in year x 100 000 |
| **Denominator** | Population |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | Civil registration with complete coverage and medical certification of cause of death |
| **Alternate Data Sources** | Household surveysSurveillance systemsSample or sentinel registration systemsSpecial studies |
| **WHO Data Sources** | MOHAP – Statistics & Research Center |

|  |
| --- |
| Suicide mortality rate |
| **2013** | **2014** | **2017** | **2018** | **2019** |
| 0.013 | 0.011 | 1.5 | 1.6 | 1.4 |

 **3.4**

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

### 3.2.2 Morbidity

|  |
| --- |
| **Cancer incidence, by type of cancer (per 100 000 population)** |
| **Additional Name** | Cancer incidence, by type of cancer |
| **Definition** | Number of new cancers of a specific site/type occurring per 100,000 population. |
| **Numerator** | Number of new cancer cases diagnosed in a specific year. This may include multiple primary cancers occurring in one patient The primary site reported is the site of origin and not the metastatic siteIn general, the incidence rate would not include recurrences |
| **Denominator** | The at-risk population for the given category of cancer. The population used depends on the rate to be calculatedFor cancer sites that occur only in one sex, the sex-specific population (e.g. females for cervical cancer) is used |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | Population based cancer registry data collected from treatment facilities, clinicians, pathologists and death certificates at national or regional level |
| **Alternate Data Sources** | NA |
| **UAE Data Sources** | MOHAP – Statistics & Research Center |

|  |
| --- |
| Cancer incidence, by type of cancer (per 100 000 population) |
| **2012** | **2013** | **2014** | **2015** | **2017** | **2018** |
| 92.5 | 41.58 | 42 | 108.87 | 77.4 | 108.9 |

|  |
| --- |
| **Tuberculosis case notification rate** |
| **Additional Name** | Tuberculosis (TB) notification rate (per 100 000 population) |
| **Definition** | The number of TB cases (new and relapse) notified to the national health authorities during a specified period of time per 100,000 population. |
| **Numerator** | Number of new and relapse cases of TB in a specified time period |
| **Denominator** | Number of persons/total population |
| **Measurement Frequency** | Quarterly and Annually |
| **Primary Data Sources** | TB surveillance system linked to routine facility information systemTB quarterly reportsTB register |
| **Alternate Data Sources** | Quarterly reportTB registers |
| **UAE Data Sources** | MOHAP – Preventive Medicine |



|  |
| --- |
| Tuberculosis case notification rate |
| **2016** | **2018** | **2019** |
| 0.73 | 1 | 0.84 |

 **3.3**

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.card

|  |
| --- |
| **Estimated number of new HIV infections** |
| **Definition** | The number of new HIV infections per 1,000 uninfected population, by sex, age and key populations, as defined as, the number of new HIV infections per 1000 person-years among the uninfected population. |
| **Numerator** | Number of new HIV infections by sex, age and key populations |
| **Denominator** | Total uninfected population by sex, age and key populations |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | Spectrum modelingHousehold or key population surveys with HIV incidence-testing |
| **Alternate Data Sources** | Regular surveillance system among key populations |
| **UAE Data Sources** | MOHAP – Preventive Medicine (AIDS Programme) |



|  |
| --- |
| Estimated number of new HIV infections |
| Data not reported for this indicator in UAE |

 **3.3**

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

|  |
| --- |
| **Number of newly reported HIV cases** |
| **Definition** | Absolute number of annual reported cases of HIV detected by national HIV surveillance system (new and cumulative) notified by national health authority. |
| **Numerator** | The number of HIV cases (new and cumulative) notified to the national health authorities during a specified period of time |
| **Denominator** | NA |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | Regular surveillance system among key populations |
| **Alternate Data Sources** | Spectrum modelingHousehold or key population surveys with HIV incidence-testing |
| **UAE Data Sources** | MOHAP – Preventive Medicine  |

|  |
| --- |
| Number of newly reported HIV cases |
| **2016** | **2017** | **2019** | **2020** |
| 49 | 47 | 87 | 68 |

|  |
| --- |
| **Hepatitis B incidence** |
| **Additional Name** | Estimated number of new hepatitis B infections per 100 000 population in a given year |
| **Definition** | The number of new hepatitis B infections per 100 000 population in a given year is estimated from the prevalence of total antibodies against hepatitis B core antigen (Total anti-HBc) and hepatitis B surface antigen (HBsAg) positive among children 5 years of age, adjusted for sampling design. |
| **Numerator** | Number of survey participants with Total anti-HBc and HBsAg positive test |
| **Denominator** | Number in survey with Total anti-Hc/HBsAg result |
| **Measurement Frequency** | Intermittent, dependent on population seroprevalence of HBsAg before hepatitis B immunization and infant hepatitis B vaccination coverage |
| **Primary Data Sources** | Serosurvey |
| **Alternate Data Sources** | NA |
| **UAE Data Sources** | MOHAP – Preventive Medicine |



|  |
| --- |
| Hepatitis B incidence |
| **2016** | **2017** | **2018** | **2019** | **2020** |
| 25.7 | 23.81 | 23.8 | 9 | 13 |

 **3.3**

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

|  |
| --- |
| **Incidence of confirmed malaria cases** |
| **Additional Name** | Incidence of confirmed malaria cases (per 1000 population) |
| **Definition** | The number of parasitologically confirmed cases of malaria per 1000 population at risk. |
| **Numerator** | Number of confirmed malaria cases (by microscopy or RDT)The number should include cases detected passively (attending health facilities or seen by community health workers) or actively (sought in the community)It is often useful to provide a breakdown |
| **Denominator** | Population at risk (number of people living in areas where malaria transmission occurs) |
| **Measurement Frequency** | Annually/quarterly |
| **Primary Data Sources** | Routine health information systems : Health facility reports (integrated or disease specific surveillance systems) |
| **Alternate Data Sources** | NA |
| **UAE Data Sources** | MOHAP – Malaria Center |



|  |
| --- |
| Incidence of confirmed malaria cases |
| **2015** | **2018** |
| 0 | 0 |

 **3.3**

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

|  |
| --- |
| **Total number of reported cases - Malaria** |
| **Additional Name** | Malaria - number of reported confirmed cases |
| **Definition** | The sum of confirmed cases of malaria (confirmed by slide examination or RDT). Microcopy cases - The number of cases confirmed by microscopy. Include both inpatients and outpatients of all ages (but do not count the same patient more than once). Include cases detected both by active and passive case detection. Excludes cases detected in community. RDTs cases - The number of cases confirmed by RDTs. Include both inpatients and outpatients of all ages (but do not count the same patient more than once).Include cases detected both by active and passive case detection. Exclude cases that are also confirmed by microscopy. Exclude cases detected and confirmed by community based programs. |
| **Numerator** | The sum of confirmed cases of malaria (confirmed by slide examination or RDT)  |
| **Denominator** | NA |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | Surveillance systems |
| **Alternate Data Sources** | NA |
| **UAE Data Sources** | MOHAP – Malaria Center |

|  |
| --- |
| Total number of reported cases - Malaria |
| **2016** | **2018** | **2019** |
| 3849 | 3238 | 915 |

|  |
| --- |
| **Incidence rate of measles cases**  |
| **Additional Name** | Incidence of measles cases per (1000,000 population) |
| **Definition** | The incidence of measles is a basic measure of measles control and progress made towards elimination. |
| **Numerator** | Number of confirmed cases (laboratory confirmed, epidemiologically linked and clinically compatible) |
| **Denominator** | Total population |
| **Measurement Frequency** | Monthly |
| **Primary Data Sources** | Surveillance unit and health facility |
| **Alternate Data Sources** | JRF |
| **UAE Data Sources** | MOHAP – Preventive Medicine |

|  |
| --- |
| Incidence rate of measles cases  |
| **2016** | **2017** | **2018** | **2019** |
| 2.4 | 13 | 20.39 | 5.48 |

### 3.2.3 Neglected Tropical Diseases (NTDS)

|  |
| --- |
| **Number of people requiring interventions against neglected tropical diseases**  |
| **Definition** | Number of people requiring treatment and care for any one of the neglected tropical diseases (NTDs) targeted by the WHO NTD Roadmap and World Health Assembly resolutions and reported to WHO.Treatment and care is broadly defined to allow for preventive, curative, surgical or rehabilitative treatment and care.Other interventions (e.g. vector management, veterinary public health, water, sanitation and hygiene,disease surveillance, morbidity management and disability prevention) are to be addressed in the context of targets and indicators for Universal Health Coverage (UHC) and universal access to water and sanitation. |
| **Numerator** | Average Annually number of people requiring preventive chemotherapy (PC) for at least one PC-NTD; andNumber of new cases requiring individual treatment and care for other NTDs |
| **Denominator** | NA |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | The number of people requiring treatment and care for NTDs is measured by existing country systems, and reported through joint request and reporting forms for donated medicines, the integrated NTD database, and other reports to WHO. |
| **Alternate Data Sources** | Develop a standard protocol for systematic data collection for NTDs through World Health Survey Plus (WHS+) |
| **UAE Data Sources** | MOHAP – Preventive Medicine |

|  |
| --- |
| Number of people requiring interventions against neglected tropical diseases  |
| **Category** | **2015** | **2018** | **2019** | **2020** |
| **Dracunculiasis** | 0 | 0 | 0 | 0 |
| **Leishmaniasis** | 0 | 0 | 101 | 0 |
| **Leprosy** | 0 | 0 | 68 | 78 |
| **Rabies** | 0 | 1 | 0 | 0 |
| **Mycetoma** | 0 | 0 | 0 | 0 |
| **Lymphatic filariasis** | 0 | 0 | 0 | 0 |
| **Onchocerciasis** | 0 | 0 | 0 | 0 |
| **Schistosomiasis** | 0 | 12 | 12 | 0 |
| **Soil-transmitted helminthiases** | 0 | 0 | 0 | 0 |
| **Trachoma** | 0 | 22 | 22 | 0 |

 **3.3**

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

## 3.3 Health System Response

### 3.3.1 Health Expenditures

|  |
| --- |
| **Per capita total health expenditure** |
| **Definition** | Per capita total expenditure on health (THE) expressed in US$ per person. |
| **Numerator** | Current total Health Expenditure |
| **Denominator** | Total population |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | National Health Accounts |
| **Alternate Data Sources** | None |
| **UAE Data Sources** | Federal Competitiveness and Statistics CenterNational Health Account |

|  |
| --- |
| Per capita total health expenditure |
| **2013** | **2014** | **2016** | **2019** |
| 1569 | 1611 | 1323 | 1682 |

|  |
| --- |
| **Out-of-pocket expenditure as % of total health expenditure** |
| **Additional Name** | Out-of-pocket payment on health as a percentage of current expenditure on health |
| **Definition** | Share of total current expenditure on health paid by household out of pocket, expressed as a percentage of total health expenditure (this is the households’ out of pocket expenses). |
| **Numerator** | Out-of-pocket payment on health |
| **Denominator** | Total current expenditure on health |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | National Health Accounts |
| **Alternate Data Sources** | Administrative reporting systemHousehold surveysSpecial studiesAd hoc surveys |
| **UAE Data Sources** | Federal Competitiveness and Statistics Center National Health Account |

|  |
| --- |
| Out-of-pocket expenditure as % of total health expenditure |
| **2013** | **2014** | **2016** | **2019** |  |
| 18.8% | 17.8% | 18.6 | 12.2% |  |

|  |
| --- |
| **Domestic General Government Health Expenditure (GGHE-D) as % General Government Expenditure (GGE)** |
| **Additional Name** | GGHE-D as a percent GGE |
| **Definition** | Share of general government expenditures funding current health expenditures (%). |
| **Numerator** | Domestic general government health expenditure : Sum of all public domestic sources of current spending on health (12-month period). |
| **Denominator** | General Government Expenditure (GGE) |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | Administrative reporting systems |
| **Alternate Data Sources** | Other sources including estimation and modelling |
| **UAE Data Sources** | Federal Competitiveness and Statistics Center |

|  |
| --- |
| Domestic General Government Health Expenditure (GGHE-D) as % General Government Expenditure (GGE) |
| **2013** | **2014** | **2016** | **2019** |
| 9.4% | 8.7% | 7.9% | 7.8% |

|  |
| --- |
| **Population with catastrophic health expenditure** |
| **Definition** | A health care payment is considered to be catastrophic (cata) if a household’s total out-of-pocket health payments equal or exceed 40% of household’s capacity to pay (or household’s non-subsistence spending). |
| **Numerator** | NA |
| **Denominator** | NA |
| **Measurement Frequency** | Annually if the Household Budget (Expenditure) Survey is institutionalized and every 5 years otherwise |
| **Primary Data Sources** | National Health Accounts |
| **Alternate Data Sources** | Administrative reporting systemHousehold surveysSpecial studiesAd hoc surveys |
| **UAE Data Sources** | Federal Competitiveness and Statistics Center |

|  |
| --- |
| Population with catastrophic health expenditure |
| **2016** | **2017** | **2018** | **2019** | **2020** |
| 0 | 0 | 0 | 0 | 0 |

|  |
| --- |
| **Population impoverished due to out-of-pocket health expenditure** |
| **Definition** | Proportion of the population where a household’s total consumption expenditure or income including household expenditure on health is greater than the poverty line but the household’s total consumption expenditure or income excluding household expenditure on health is below the poverty line. |
| **Numerator** | Total number of people whose household’s total consumption expenditure or income including household expenditure on health is greater than the poverty line but the household’s total consumption expenditure or income excluding household expenditure on health is below the poverty line |
| **Denominator** | Total number of people |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | HH surveys: household total expenditure and household expenditures on health, from a national population-based survey; the three most common data sources are household budget surveys (HBS), household income and expenditure surveys (HIES), socio-economic or living standards surveys. These surveys are typically implemented by or in close collaboration with national statistical bureaus.Datasets from these surveys are always available to MoH, typically obtained through technical contacts in-country but may also be available publically or for direct purchase. |
| **Alternate Data Sources** | Total number of people whose household’s total consumption expenditure or income including household expenditure on health is greater than the poverty line but the household’s total consumption expenditure or income excluding household expenditure on health is below the poverty line. |
| **UAE Data Sources** | Federal Competitiveness and Statistics Center |



|  |
| --- |
| Population impoverished due to out-of-pocket health expenditure |
| **2016** | **2017** | **2018** | **2019** | **2020** |
| 0 | 0 | 0 | 0 | 0 |

 **3.8**

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.air

### 3.3.2 Health Workforce

###

|  |
| --- |
| **Density of health workers: a-Physicians, b-nurses, c-midwives, d-pharmacists, f-dentists** |
| **Definition** | The number of health workers available in a country relative to the total population. |
| **Numerator** | The absolute number of registered health workers at a given time in a given country or region (that is, all persons eligible to participate in the national health labor market by virtue of their skills, age, ability and physical presence in the country) |
| **Denominator** | The total population for the same geographical area |
| **Measurement Frequency** | Monthly, quarterly or Annually for routine administrative records. A validation exercise should be conducted every 3–5 years against a national population-based or facility-based assessment |
| **Primary Data Sources** | Routine health facility reporting systemPopulation-based surveysAdministrative records |
| **Alternate Data Sources** | National health workforce database (aggregate)HRH ObservatoryHRH information system |
| **UAE Data Sources** | MOHAP – Statistics & Research  |

|  |
| --- |
| Density of health workers |
| **Category** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** |
| **Physician** | 17.1 | 20.2 | 22.3 | 24.33 | 24.8 | 26.0 | 27.0 |
| **Nurses** | 32.9 | 40.4 | 50.4 | 56.76 | 57.9 | 58.9 | 59.0 |
| **Pharmacists** | 4.04 | 4.04 | 5.7 | 7.53 | 8.5 | 9.0 | 12.0 |
| **Dentists** | 3.4 | 4.4 | 5.4 | 5.66 | 6.0 | 6.7 | 7.0 |

 **3.c**

Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.

|  |
| --- |
| **Density of recent graduates of registered health profession educational institutions a-Physicians, b-nurses, c-midwives, e-dentists, d-pharmacists** |
| **Definition** | Number of graduates from health profession educational institutions (including schools of medicine, dentistry, pharmacy, nursing, midwifery and other health services) during the last academic year, divided by the total population. |
| **Numerator** | The absolute number of graduates of health professions educational institutions in the past academic year (by level and field of education) |
| **Denominator** | Total population |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | Administrative recordsRegistries |
| **Alternate Data Sources** | HRH ObservatoryHRH Information system |
| **UAE Data Sources** | Federal Competitiveness and Statistics Center |

|  |
| --- |
| Density of recent health education graduates |
| **Category** | **2013** | **2014** | **2017** | **2018** | **2019** |
| **Physician** | 8.4 | 8.4 | 4.8 | 4.8 | 4.4 |
| **Nurses** | 3.6 | 3.6 | 5.1 | 4.0 | 4.0 |
| **Pharmacists** | 4.4 | 4.4 | 4.1 | 6.1 | 5.3 |
| **Dentists** | 2.6 | 2.6 | 6.2 | 5.1 | 4.1 |

### 3.3.3 Health System Capacity

|  |
| --- |
| [**International Health Regulations (IHR) technical areas**](https://rho.emro.who.int/Indicator/TermID/79) |
| **Additional Name** | International Health Regulations (IHR) core capacity index |
| **Definition** | States Parties to IHR (2005) submit reporting data to the Secretariat Annually, measuring self-reported scores on 24 indicators. These indicators, with defined attributes, are scored from 0‒5 (5 step) capacity levels. Each of 13 IHR (2005) capacities can be measured as the average of its indicator scores (range of 1‒3 indicators per capacity). The tracer indicator is the average of scores for the 13 capacities. Countries can then be stratified into 5 levels, allowing for prioritization of preparedness efforts can be done. Progress can be measured by the cumulative population moving from one level of preparedness to a higher level. |
| **Numerator** | State Party self-reported average of 13 IHR (2005) capacities, as measured by the SPAR |
| **Denominator** | Total number of reported capacities (i.e., 13) |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | SPAR reports (available on the Global Health Observatory); Strategic Partnership for International Health Regulations (2005) and Health Security (<https://extranet.who.int/sph/>) |
| **Alternate Data Sources** | Joint external evaluation (JEE; available at <https://extranet.who.int/sph/>)Current Health Expenditure (CHE; available on Global Health Observatory)Previous years’ IHR (2005) self-assessment Annually reporting data (available on Global Health Observatory). |
| **UAE Data Sources** | MOHAP – International Health Regulations  |

|  |
| --- |
| International Health Regulations (IHR) technical areas |
| **Category** | **2016** | **2017** | **2019** |
| **Detect** | 85.3 | 85.3 | 90 |
| **Prevent** | 84.6 | 84.6 | 89 |
| **Respond** | 98.6 | 98.6 | 92 |
| **Points of Entry & other IHR related hazards** | 90.0 | 90.0 | 100 |

|  |
| --- |
| [**IHR Annually reporting**](https://rho.emro.who.int/Indicator/TermID/80) |
| **Definition** | Overall IHR Core Capacity value calculated by Country using SPAR tool (IHR state parties – Self Assessment and reporting tool). |
| **Numerator** | NA |
| **Denominator** | NA |
| **Measurement Frequency** | Annual |
| **Primary Data Sources** | Multi-sectoral data sources representing all relevant stakeholders at all country level concerned with IHR Core capacity implementation, Eg – Ministry of Climatic Change and Environment, Local health authorities at emirate-level, Municipalities etc.SPAR reports (available on the Global Health Observatory); Strategic Partnership for International Health Regulations (2005) and Health Security (<https://extranet.who.int/sph/>) |



|  |
| --- |
| IHR Annually reporting |
| **2018** | **2019** |
| 95 | 96 |

 **3.d**

Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

|  |
| --- |
|  [**Joint external evaluation of IHR capacity**](https://rho.emro.who.int/Indicator/TermID/81) |
| **Definition** | Overall IHR Core Capacity value calculated by WHO.Linked with IHR technical areas indicator but methodology is different. External expertise arranged and sent by WHO to do external evaluation of above technical areas. WHO checks compliance and commitment of country towards IHR core capacity implementation. |
| **Numerator** | NA |
| **Denominator** | NA |
| **Measurement Frequency** | Every 5 years |
| **Primary Data Sources** | Same stakeholders as above indicatorJoint external evaluation (JEE; available at <https://extranet.who.int/sph/>) |

|  |
| --- |
| JEE Score |
| **2016** | **2017** | **2018** |
| 90 | 95 | 90 |

|  |
| --- |
| [**UHC service coverage index**](https://rho.emro.who.int/Indicator/TermID/82) |
| **Additional Name** | Coverage of essential health services |
| **Definition** | Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population). The indicator is an index reported on a unit less scale of 0 to 100, which is computed as the geometric mean of 14 tracer indicators of health service coverage. |
| **Numerator** | This indicator is based on aggregate estimate |
| **Denominator** | This indicator is based on aggregate estimate |
| **Measurement Frequency** | Data collection varies from every 1 to 5 years across tracer indicators. For example, country data on immunizations and HIV treatment are reported annually, whereas household surveys to collect information on child treatment may occur every 3-5 years, depending on the country. |
| **Primary Data Sources** | Many of the tracer indicators of health service coverage are measured by household surveys. However, administrative data, facility data, facility surveys, and sentinel surveillance systems are utilized for certain indicators. |
| **Alternate Data Sources** | NA |
| **UAE Data Sources** | NA |



|  |
| --- |
| UHC service coverage index |
| **2017** | **2018** |
| 76 | 76 |

 **3.8**

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

### 3.3.4 Medicine & medical devices

|  |
| --- |
| **Availability of selected essential medicines**  |
| **Additional Name** | Availability of selected essential medicines in health facilities |
| **Definition** | The average percentage of medicines outlets, where a selection of essential medicines are found on the day of the survey.Access to medicines: Having medicines continuously available and affordable at public or private health facilities or medicine outlets that are within one hour’s walk of the population. Affordability: The cost of treatment in relation to lowest paid government employee. |
| **Numerator** | Number of facilities with essential medicines in stock |
| **Denominator** | Total number of health facilities |
| **Measurement Frequency** | Routine facility information systems provide data instantly and for facility assessment survey Annually/Biannually |
| **Primary Data Sources** | Special Health facility assessment surveys |
| **Alternate Data Sources** | Routine facility information systems |
| **UAE Data Sources** | MOHAP – Statistics & Research Center (Survey) |

|  |
| --- |
| Availability of selected essential medicines (Public Facilities) |
| **2013** | **2018** | **2019** |
| 61.1% | 100% | 100% |

|  |
| --- |
| Availability of selected essential medicines (Private Facilities) |
| **2013** | **2018** | **2019** |
| 73.9% | 100% | 100% |

|  |
| --- |
| **Availability of six selected medical devices** |
| **Additional Name** | Density per million population of six selected medical devices in public and private health facilities |
| **Definition** | This indicator measures the total number and density per million populations (females aged 50-60 years in case of Mammography) on the availability and use of 6 medical devices – Computed Tomography (CT) scanners, Magnetic Resonance Imaging (MRI) units, Gamma Cameras, Mammography, Angiography Units, and Lithotripters. |
| **Numerator** | Total number of facilities with the available device (CT Scan, MRI, Gamma Cameras, Mammography, Angiography Units, and Lithotripters) |
| **Denominator** | Total populations (females aged 50-60 years in case of Mammography) |
| **Measurement Frequency** | Routine facility information systems provide data instantly and for facility assessment survey Annually/Biannually |
| **Primary Data Sources** | Routine facility information systems |
| **Alternate Data Sources** | Health facility assessment surveys |
| **UAE Data Sources** | MOHAP – Statistics & Research Center (Survey) |

 **3.b**

Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

|  |
| --- |
| Availability of six selected medical devices |
| **Device** | **2013** | **2019** |
| **Computed Tomography** |  |  | 25.4 |
| **Radiotherapy** | 0.6 | 1.3 |
| **Magnetic Resonance Imaging** |  | 10.6 |
| **Mammographs** |  | 21.8 |
| **Digital Subtraction Angiography** |  |  |
| **Lithotripters** |  |  |

### 3.3.5 Service Delivery

|  |
| --- |
| **Density of primary health care facilities (public and private)** |
| **Additional Name** | Density of primary health care facilities |
| **Definition** | The number of public and private primary health care facilities available relative to the total population for the same geographical area. |
| **Numerator** | "District and national databases provide the number of public primary health care facilities, often by type (such as, health center, PHC centers, health post, health houses, and dispensary)Special efforts, notably facility censuses, are often required to obtain the number of private facilities, especially if no registration system is enforcedA facility sample survey will not provide the data needed to compute service availability |
| **Denominator** | Information collected directly from ministries of health through the baseline national health survey |
| **Measurement Frequency** | Annually updating of the number of PHC facilities, and validation every 3–5 years through a complete census. |
| **Primary Data Sources** | District and national database of health facilities (often requiring facility censuses), |
| **Alternate Data Sources** | Health facility surveys |
| **UAE Data Sources** | MOHAP – Statistics & Research Center |

|  |
| --- |
| Density of primary health care facilities (public and private) |
| **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** |
| 0.12 | 0.12 | 0.2 | 0.2 | 3.8 | 3.8 | 3.7 |



|  |
| --- |
| **Hospital bed density** |
| **Additional Name** | Hospital bed density (per 10 000 population) |
| **Definition** | The number of inpatient beds available relative to the total population for the same geographical area. |
| **Numerator** | The number of inpatient bedsThis includes total hospital beds (for long-term and acute care), maternity beds and pediatric beds, but not delivery beds Public and private sectors are includedLocality/ district/ province or country |
| **Denominator** | The total population for the same geographical area |
| **Measurement Frequency** | Regular updating of the number of beds in facilities, and validation every 3-5 years through a complete census |
| **Primary Data Sources** | District and national databases provide the number of beds. Special efforts, notably facility censuses, are often required to obtain the number of beds in private facilities, especially if no registration system is enforced. |
| **Alternate Data Sources** | Health facility census |
| **UAE Data Sources** | MOHAP – Statistics & Research Center |

|  |
| --- |
| Hospital bed density |
| **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** |
| 10.3 | 11 | 13.6 | 13.8 | 14.4 | 15.9 | 17.8 |

|  |
| --- |
| **Surgical wound infection rate** |
| **Additional Name** | Surgical wound infection |
| **Definition** | Surgical site infections (SSIs) are infections of the incision or organ or space that occur after surgery. |
| **Numerator** | Number of patients with surgical wound infections |
| **Denominator** | Total patients who underwent surgical operations |
| **Measurement Frequency** | Continuous |
| **Primary Data Sources** | Surveillance system |
| **Alternate Data Sources** | Health facility registry system |
| **UAE Data Sources** | MOHAP – Quality Management |

|  |
| --- |
| Surgical wound infection rate |
| **2013** | **2017** | **2020** |
| 0 | 0.74 | 1.20 |

|  |
| --- |
| **Annually number of outpatient department visits, per capita** |
| **Additional Name** | Annually number of outpatient department visits |
| **Definition** | Number of outpatient department visits per person per year. |
| **Numerator** | Total number of outpatient department visits per year |
| **Denominator** | Total population |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | Routine health facility reporting system and population-based surveys |
| **Alternate Data Sources** | NA |
| **UAE Data Sources** | MOHAP – Statistics & Research Center |

|  |
| --- |
| Annually number of outpatient department visits, per capita |
| **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** |
| 1.6 | 3.2 | 2.2 | 1.92 | 2.6 | 2.6 | 2.4 |

### 3.3.6 Service Coverage

|  |
| --- |
| **Demand for family planning satisfied with modern methods** |
| **Additional Name** | Need for contraception satisfied |
| **Definition** | Proportion of women of reproductive age (15-49 years), who are sexually active, who have their need for family planning satisfied with modern methods. |
| **Numerator** | Number of women with family planning demand who use modern methods |
| **Denominator** | Total number of women in need of family planning |
| **Measurement Frequency** | Every 3-5 years |
| **Primary Data Sources** | Population-based health surveys such as the DHS, RHS, MICS, and other nationally Sponsored surveys |
| **Alternate Data Sources** | Service statistics |
| **UAE Data Sources** | World Health SurveyFamily Health Survey |

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| --- |
| Demand for family planning satisfied with modern methods |
| **2015** | **2017** | **2018** | **2019** |
| 70.9% | 60.9% | 70.9% | 67.2% |

 **3.7**

By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

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| **Antenatal care coverage (1+)** |
| **Additional Name** | Antenatal care coverage − at least one visit (%) |
| **Definition** | The percentage of women aged 15-49 years with a live birth in a given time period that received antenatal care provided by skilled health personnel (doctors, nurses, or midwives) at least once during pregnancy. |
| **Numerator** | Number of women aged 15−49 years with a live birth in a given time period who received antenatal care at least once during pregnancy |
| **Denominator** | Total number of women aged 15−49 years with a live birth in the same period |
| **Measurement Frequency** | Annually for facility records and Every 3–5 years (depending on frequency of household surveys) |
| **Primary Data Sources** | Household surveysFacility records |
| **Alternate Data Sources** | Routine facility reporting system |
| **UAE Data Sources** | MOHAP – Statistics & Research Center |

|  |
| --- |
| Antenatal care coverage (1+) |
| **2013** | **2014** | **2017** | **2018** | **2019** |
| 100% | 99.9% | 100% | 100% | 100% |

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| --- |
| **Antenatal care coverage (4+)** |
| **Additional Name** | Antenatal care coverage − at least four visits (%) |
| **Definition** | The percentage of women aged 15-49 years with a live birth in a given time period that received antenatal care four or more times. Due to data limitations, it is not possible to determine the type of provider for each visit. |
| **Numerator** | Number of women aged 15−49 years with a live birth in a given time period who received antenatal care four or more times |
| **Denominator** | Total number of women aged 15−49 years with a live birth in the same period |
| **Measurement Frequency** | Annually for facility records and Every 3 - 5 years (depending on frequency of household surveys) |
| **Primary Data Sources** | Household surveys |
| **Alternate Data Sources** | Routine facility reporting system |
| **UAE Data Sources** | MOHAP – Statistics & Research Center |

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| --- |
| Antenatal care coverage (4+) |
| **2013** | **2014** | **2017** | **2018** | **2019** |
| 100% | 99.9% | 97.3% | 97.3% | 98.6% |



|  |
| --- |
| **Births attended by skilled health personnel** |
| **Additional Name** | Births attended by skilled health personnel (%) |
| **Definition** | Percentage of births attended by skilled health personnel during a specific time period. |
| **Numerator** | Number of births attended by skilled health personnel (doctors, nurses or midwives) trained in providing lifesaving obstetric care, including giving the necessary supervision, care and advice to women during pregnancy, childbirth and the post-partum period |
| **Denominator** | The total number of live births in the same period |
| **Measurement Frequency** | Annually Every 3 - 5 years (depending on frequency of household surveys) |
| **Primary Data Sources** | Household surveys |
| **Alternate Data Sources** | Routine facility reporting system |
| **UAE Data Sources** | MOHAP – Statistics & Research Center |

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| --- |
| Births attended by skilled health personnel |
| **2013** | **2014** | **2017** | **2018** | **2019** |
| 100% | 99.9% | 100% | 100% | 100% |

 **3.1**

By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.



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| **DPT3/Pentavalent Immunization coverage rate** |
| **Additional Name** | DPT3/Pentavalent Immunization coverage rate coverage among children under 1 year of age (%) |
| **Definition** | The percentage of one-year-olds who have received three doses of the combined diphtheria, tetanus toxoid and pertussis vaccine in a given year. |
| **Numerator** | For vaccines in the infant immunization schedule, this would be the number of children aged 12–23 months who have received the specified vaccinations before their first birthday |
| **Denominator** | The total number of individuals in the target group for each vaccine. For vaccines in the infant immunization schedule, this would be the total number of infants surviving to age one |
| **Measurement Frequency** | Quarterly, Annually |
| **Primary Data Sources** | National Health Information Systems or National Immunization systems National immunization registries |
| **Alternate Data Sources** | High quality household surveys with immunization module (e.g. DHS, MICS, national in-country surveys) |
| **UAE Data Sources** | MOHAP - Vaccinations |

|  |
| --- |
| DPT3/Pentavalent Immunization coverage rate |
| **2013** | **2014** | **2017** | **2018** | **2019** | **2020** |
| 100% | 94% | 100% | 100% | 99% | 90% |

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| --- |
| **Measles immunization coverage rate (MCV1)** |
| **Definition** | The percentage of children under one year of age who have received at least one dose of measles-containing vaccine in a given year. For countries recommending the first dose of measles vaccine in children over 12 months of age, the indicator is calculated as the proportion of children less than 12-23 months of age receiving one dose of measles-containing vaccine. |
| **Numerator** | Children under one year of age who have received at least one dose of measles-containing vaccine in a given yearFor countries recommending the first dose of measles vaccine in children over 12 months of age, the number of children less than 12-23 months |
| **Denominator** | The total number of individuals in the target group for each vaccine. For vaccines in the infant immunization schedule, this would be the total number of infants surviving to age one |
| **Measurement Frequency** | Annually tracking through facility information systems, supplemented by periodic estimation through household surveys |
| **Primary Data Sources** | National Health Information Systems or National Immunization systems National immunization registries |
| **Alternate Data Sources** | High quality household surveys with immunization module (e.g. DHS, MICS, national in-country surveys) |
| **UAE Data Sources** | MOHAP – Vaccinations |

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| --- |
| Measles immunization coverage rate (MCV1) |
| **2015** | **2016** | **2017** | **2018** | **2019** | **2020** |
| 99 | 99 | 99 | 99 | 99 | 99 |

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| --- |
| **Percentage of suspected malaria cases that have had a diagnostic test** |
| **Definition** | Percentage of suspected malaria cases that received parasitological diagnosis either by microscopy or RDT. |
| **Numerator** | Total number of suspected malaria cases tested either by microscopy or RDT x100 |
| **Denominator** | Number of suspected malaria cases attending health facilities. In situation that number of suspected malaria cases is not available through reporting system the number of suspected malaria cases = Total number cases tested for malaria (either Microscopy or RDT) and total cases treated as malaria without confirmation (probable or clinical cases) |
| **Measurement Frequency** | Annually/quarterly/Monthly |
| **Primary Data Sources** | Health Information System (HIS)Routine surveillance systemHealth facility reports |
| **Alternate Data Sources** | National Malaria Control Programs |
| **UAE Data Sources** | MOHAP – Malaria Center |

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| --- |
| Percentage of suspected malaria cases that have had a diagnostic test |
| **2013** | **2014** | **2016** | **2018** | **2019** |
| 100% | 100% | 100% | 100% | 100% |

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| --- |
| **Percentage of population sleeping under insecticide-treated nets ITN** |
| **Additional Name** | Percentage of individuals who slept under an ITN the previous night |
| **Definition** | Percentage of individuals in malaria endemic areas who slept under an insecticide-treated net (ITN) the previous night of survey question. |
| **Numerator** | Number of individuals in malaria endemic areas who slept under an ITN the previous night |
| **Denominator** | Number of individuals who spent the previous night in surveyed households |
| **Measurement Frequency** | Surveys: every 3-5 years; modeled estimates: Annually |
| **Primary Data Sources** | Demographic and Health Surveys (DHS)Multiple Indicator Cluster Surveys (MICS)Malaria Indicator Surveys (MIS) |
| **Alternate Data Sources** | National Malaria Control ProgramsManufacturer deliveries |
| **UAE Data Sources** | MOHAP – Malaria Center |

|  |
| --- |
| Percentage of population sleeping under insecticide-treated nets ITN |
| **2013** | **2014** |
| 0% | 0% |

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| --- |
| **Percentage of key populations at higher risk who have received an HIV test in the past 12 months and know their results** |
| **Definition** | It measures progress in implementing HIV testing and counselling among people who inject drugs.  |
| **Numerator** | Number of key population respondents previously unaware of their HIV-positive status who were tested for HIV and received their results within the past 12 months |
| **Denominator** | Number of key population respondents in survey |
| **Measurement Frequency** | Every 2 – 3 years unless there is very rapid scale up of services, a change in the key population size or a noted rise in positive cases from service data. |
| **Primary Data Sources** | Survey of key population |
| **Alternate Data Sources** | NA |
| **UAE Data Sources** | MOHAP – Preventive Medicine |

|  |
| --- |
| Percentage of key populations at higher risk who have received an HIV test in the past 12 months and know their results |
| Data not reported for this indicator in UAE |



|  |
| --- |
| **Adults and children currently receiving ARV therapy among all adults and children living with HIV (%)** |
| **Definition** | Number and % of people living with HIV who are receiving ART. |
| **Numerator** | Number of people living with HIV who are currently receiving ART |
| **Denominator** | Number of people living with HIV |
| **Measurement Frequency** | Once a year, preferably quarterly |
| **Primary Data Sources** | Programme records eg: ART register and reporting formsInternationally consistent modelling estimates eg: Spectrum AIM |
| **Alternate Data Sources** | NA |
| **UAE Data Sources** | MOHAP – Preventive Medicine |

|  |
| --- |
| Adults and children currently receiving ARV therapy among all adults and children living with HIV (%) |
| **2018** | **2020** |
| 100% | 85% |



|  |
| --- |
| **TB treatment success rate** |
| **Additional Name** | Treatment success rate of new bacteriologically confirmed tuberculosis |
| **Definition** | Percentage of TB cases successfully treated (cured plus treatment completed) among TB cases notified to the national health authorities during a specified period. Cured: A pulmonary TB patient with bacteriologically confirmed TB at the beginning of treatment who was smear- or culture-negative in the last month of treatment and on at least one previous occasion. \* Treatment completed: A TB patient who completed treatment without evidence of failure BUT with no record to show that sputum smear or culture results in the last month of treatment and on at least one previous occasion were negative, either because tests were not done or because results are unavailable. \* Treatment success: The sum of cured and treatment completed.Percentage of notified TB patients who were successfully treated. The target is for drug– susceptible and drug-resistant TB combined, although outcomes should also be reported separately. |
| **Numerator** | New bacteriologically confirmed TB patients successfully treated (cured plus completed treatment) during a specified period of time |
| **Denominator** | Total number of new bacteriologically confirmed TB cases registered for treatment during the same time period |
| **Measurement Frequency** | Quarterly and Annually |
| **Primary Data Sources** | TB register health facility registry systems |
| **Alternate Data Sources** | NA |
| **UAE Data Sources** | MOHAP – Preventive Medicine |

|  |
| --- |
| TB treatment success rate |
| **2013** | **2015** | **2017** | **2018** | **2019** |
| 76%  | 85% | 88% | 80.2% | 81% |

|  |
| --- |
| **Children under 5 with diarrhea receiving oral rehydration therapy**  |
| **Definition** | According to the DHS, the term(s) used for diarrhoea should encompass the expressions used for all forms of diarrhoea, including bloody stools (consistent with dysentery), watery stools, etc. The term encompasses the mother’s definition as well as locally-used term(s). The indicator calculated by dividing the total number of children who developed diarrhea during the specified period before survey and treated with ORT, over, total number of children reported having diarrhea during same period. |
| **Numerator** | Number of children under age 5 with diarrhea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended homemade fluid or increased fluids) during the episode of diarrhea |
| **Denominator** | Total number of children under age 5 with diarrhoea in the last 2 weeks |
| **Measurement Frequency** | Every 3 – 5 years (depending on frequency of household surveys) |
| **Primary Data Sources** | Household surveys |
| **Alternate Data Sources** | Routine facility information systems |
| **UAE Data Sources** | MOHAP - Hospital |

|  |
| --- |
| Children under 5 with diarrhea receiving oral rehydration therapy |
| **2013** | **2019** | **2020** |
| 100% | 100% | 100% |

|  |
| --- |
| **Coverage of service for severe mental health disorders** |
| **Definition** | Percentage of persons with a severe mental disorder (psychosis (ICD 10 F2); bipolar affective disorder (ICD 10 F30-31); moderate-severe depression (ICD 10 F32-F33) who are in receipt of services in the last one year |
| **Numerator** | Cases of severe mental disorder receiving services |
| **Denominator** | Total cases of severe mental disorder in the population (total number of people in need) |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | Mental health information system(s)National epidemiological surveys |
| **Alternate Data Sources** | Facility recordsWHOATLAS SurveyGlobal Burden of Disease estimatesWMHS estimates |
| **UAE Data Sources** | MOHAP – Mental Health Program Coordinator |

|  |
| --- |
| Coverage of service for severe mental health disorders |
| **2013** | **2019** |
| 100% | 100% |

### 3.3.7 Health Information System

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| --- |
| **Births registration coverage** |
| **Definition** | Percentage of births that are registered within one month of age in a civil registration system. |
| **Numerator** | Number of births registered |
| **Denominator** | Total number of births |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | Civil registration or sample registration system |
| **Alternate Data Sources** | National population surveys |
| **UAE Data Sources** | MOHAP – Statistics & Research Center |

|  |
| --- |
| Births registration coverage |
| **2016** | **2017** | **2018** | **2019** | **2020** |
| 100 | 100 | 100 | 100 | 100 |

|  |
| --- |
| **Deaths registration coverage, cause of death using ICD** |
| **Definition** | Percentage of deaths that are registered (with age and sex). |
| **Numerator** | Number of deaths registered |
| **Denominator** | Total number of deaths |
| **Measurement Frequency** | Annually |
| **Primary Data Sources** | Civil registration or sample registration system |
| **Alternate Data Sources** | Civil registration and vital statistics systems |
| **UAE Data Sources** | MOHAP – Statistics & Research Center |

|  |
| --- |
| Deaths registration coverage, cause of death using ICD |
| **2016** | **2017** | **2018** | **2019** | **2020** |
| 100 | 100 | 100 | 100 | 100 |

# 4. Metadata Definition Sources

|  |  |  |
| --- | --- | --- |
| # | Indicators | Source Link |
| 1 | Population size | <https://rho.emro.who.int/Metadata/population-size> |
| 2 | [Population living in urban areas (Percentage)](https://rho.emro.who.int/Indicator/TermID/20) | [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/population-living-in-urban-areas-(-)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/population-living-in-urban-areas-%28-%29)  |
| 3 | Population growth rate | <https://rho.emro.who.int/Metadata/population-growth-rate> |
| 4 | Life expectancy at birth | <https://rho.emro.who.int/Metadata/life-expectancy-at-birth> |
| 5 | Total fertility rate | <https://rho.emro.who.int/Metadata/total-fertility-rate> |
| 6 | Adolescent fertility rate (15-19 years) | <https://rho.emro.who.int/Metadata/adolescent-fertility-rate-per-1000-girls-aged-15-19-years> |
| 7 | Net primary School enrolment | <https://rho.emro.who.int/Metadata/net-primary-school-enrolment> |
| 8 | Population below the international poverty line | <https://rho.emro.who.int/Metadata/population-below-international-poverty-line> |
| 9 | Adult literacy rate (15- 24 years) | <https://rho.emro.who.int/Metadata/youth-literacy-rate-15-24-years> |
| 10 | Access to improved drinking water | <https://rho.emro.who.int/Metadata/access-to-improved-drinking-water> |
| 11 | Access to improved sanitation facilities | <https://rho.emro.who.int/Metadata/access-to-improved-sanitation-services> |
| 12 | Incidence of low birth weight among newborns | <https://rho.emro.who.int/Metadata/incidence-of-low-birth-weight-among-newborns> |
| 13 | [Exclusive breastfeeding rate 0-5 months of age](https://rho.emro.who.int/Metadata/exclusive-breastfeeding-rate-0-5-months-of-age) | <https://rho.emro.who.int/Metadata/exclusive-breastfeeding-rate-0-5-months-of-age> |
| 14 | Children under 5 who are stunted | <https://rho.emro.who.int/Metadata/children-under-5-years-who-are-stunted-moderate-and-severe> |
| 15 | Children under 5 who are wasted | <https://rho.emro.who.int/Metadata/children-under-5-years-who-are-wasted-moderate-and-severe> |
| 16 | Children under 5 who are overweight | <https://rho.emro.who.int/Metadata/children-under-5-years-who-are-overweight> |
| 17 | Children under 5 who are obese | <https://rho.emro.who.int/Metadata/children-aged-under-5-years-who-are-obese> |
| 18 | Overweight (13-18 years) | <https://rho.emro.who.int/Metadata/overweight-in-adolescents-13-18-years> |
| 19 | Obesity (13-18 years) | <https://rho.emro.who.int/Metadata/obesity-in-adolescents-13-18-years> |
| 20 | Overweight (18+ years) | <https://rho.emro.who.int/Metadata/overweight-in-adults-18-years> |
| 21 | Obesity (18+ years) | <https://rho.emro.who.int/Metadata/obesity-in-adults-18years> |
| 22 | Tobacco use (13-15 years) | <https://rho.emro.who.int/Metadata/tobacco-use-among-persons-13-15-years> |
| 23 | Tobacco use (15+ years) | <https://rho.emro.who.int/Metadata/tobacco-use-among-persons-15-years> |
| 24 | Insufficient physical activity (13-18 years) | <https://rho.emro.who.int/Metadata/insufficient-physical-activity-in-adolescents-13-18-years> |
| 25 | Insufficient physical activity (18+ years) | <https://rho.emro.who.int/Metadata/insufficient-physical-activity-in-adults-18-years> |
| 26 | Raised blood glucose (18+ years) | <https://rho.emro.who.int/Metadata/raised-blood-glucose-among-adults-18-years> |
| 27 | Raised blood pressure (18+ years) | <https://rho.emro.who.int/Metadata/raised-blood-pressure-among-adults-18-years> |
| 28 | Anemia among women of reproductive age | <https://rho.emro.who.int/Metadata/anaemia-among-women-of-reproductive-age> |
| 29 | Neonatal mortality | <https://rho.emro.who.int/Metadata/neonatal-mortality-rate-per-1000-live-births> |
| 30 | Infant mortality | <https://rho.emro.who.int/Metadata/infant-mortality-rate> |
| 31 | Under-5 mortality | <https://rho.emro.who.int/Metadata/under-five-mortality-rate> |
| 32 | Maternal mortality ratio | <https://rho.emro.who.int/Metadata/maternal-mortality-ratio> |
| 33 | Mortality rate by main cause of death, (age standardized) | <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/78> |
| 34 | Mortality between age groups 30 and 70 from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases | <https://rho.emro.who.int/Metadata/mortality-between-30-and-70-years-of-age-from-cardiovascular-diseases-cancer-diabetes-or> |
| 35 | Mortality rate due to road traffic injuries (per 100 000 population) | <https://rho.emro.who.int/Metadata/mortality-rate-from-road-traffic-injuries-per-100-000-population> |
| 36 | [Mortality rate attributed to household and ambient air pollution per 10000](https://rho.emro.who.int/Indicator/TermID/54) | <https://rho.emro.who.int/Metadata/mortality-from-household-and-ambient-air-pollution> |
| 37 | [Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene per 100000](https://rho.emro.who.int/Indicator/TermID/55) | <https://rho.emro.who.int/Metadata/mortality-from-unsafe-water-unsafe-sanitation-and-lack-of-hygiene> |
| 38 | Suicide mortality rate | <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4664> |
| 39 | Cancer incidence by type | <https://rho.emro.who.int/Metadata/cancer-incidence-by-type-of-cancer-per-100-000-population> |
| 40 | Tuberculosis case notification rate  | <https://rho.emro.who.int/Metadata/tuberculosis-notification-rate> |
| 41 | Estimated number of new HIV infections | <https://rho.emro.who.int/Metadata/estimated-number-of-new-hiv-infections> |
| 42 | Number of newly reported HIV cases | <https://rho.emro.who.int/Metadata/number-of-newly-reported-hiv-cases> |
| 43 | [Hepatitis B incidence rate per 100 000 population](https://rho.emro.who.int/Indicator/TermID/60) | <https://rho.emro.who.int/Metadata/hepatitis-b-incidence> |
| 44 | Incidence of confirmed malaria cases | <https://rho.emro.who.int/Metadata/incidence-of-confirmed-malaria-cases> |
| 45 | [Malaria - Total number of reported cases](https://rho.emro.who.int/Indicator/TermID/62) | <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/malaria---number-of-reported-confirmed-cases> |
| 46 | Incidence of measles cases  | <https://rho.emro.who.int/Metadata/incidence-rate-of-measles-cases> |
| 47 | [Number of people requiring interventions against neglected tropical diseases](https://rho.emro.who.int/Indicator/TermID/64) | <https://rho.emro.who.int/Metadata/number-of-people-requiring-interventions-against-neglected-tropical-diseases> |
| 48 | [Current Health Expenditure (CHE) per Capita in US$](https://rho.emro.who.int/Indicator/TermID/66) | <https://rho.emro.who.int/Metadata/per-capita-total-health-expenditure> |
| 49 | Out-of-pocket expenditure as % of total health expenditure | <https://rho.emro.who.int/Metadata/out-of-pocket-expenditure-as-of-total-health-expenditure> |
| 50 | General government expenditure on health as % of general government expenditure | <https://rho.emro.who.int/Metadata/domestic-general-government-health-expenditure-gghe-d-as-percentage-of-general-government> |
| 51 | Population with catastrophic health expenditure | <https://rho.emro.who.int/Metadata/population-with-catastrophic-health-expenditure> |
| 52 | Population impoverished due to out-of-pocket health expenditure | <https://rho.emro.who.int/Metadata/population-impoverished-due-to-out-of-pocket-health-expenditure> |
| 53 | Density of health workers: a-Physicians, b-nurses, c-midwives, d-pharmacists, f-dentists | <https://rho.emro.who.int/Metadata/density-of-health-workers> |
| 54 | Density of recent graduates of registered health profession educational institutions a-Physicians, b-nurses, c-midwives, e-dentists, d-pharmacists | <https://rho.emro.who.int/Metadata/density-of-recent-graduates-of-registered-health-profession-educational-institutions> |
| 55 | [International Health Regulations (IHR) technical areas](https://rho.emro.who.int/Indicator/TermID/79) | <https://rho.emro.who.int/Metadata/international-health-regulations-ihr-core-capacity-index> |
| 56 | [IHR annual reporting](https://rho.emro.who.int/Indicator/TermID/80) | MOHAP-IHR department |
| 57 | [Joint external evaluation of IHR capacity](https://rho.emro.who.int/Indicator/TermID/81) | MOHAP-IHR department |
| 58 | [UHC service coverage index](https://rho.emro.who.int/Indicator/TermID/82) | <https://rho.emro.who.int/Metadata/coverage-of-essential-health-services> |
| 59 | Availability of selected essential medicines health facilities | <https://rho.emro.who.int/Metadata/availability-of-selected-essential-medicines> |
| 60 | Density per million population of six selected medical devices in public and private health facilities | <https://rho.emro.who.int/Metadata/availability-of-six-selected-medical-devices> |
| 61 | Density of primary health care facilities (public and private) | <https://rho.emro.who.int/Metadata/density-of-primary-health-care-facilities-public-and-private-sector> |
| 62 | Density of inpatient beds (hospitals) | <https://rho.emro.who.int/Metadata/hospital-bed-density> |
| 63 | Surgical wound infection rate | <https://rho.emro.who.int/Metadata/surgical-wound-infection-rate> |
| 64 | Annual number of outpatient department visits, per capita | <https://rho.emro.who.int/Metadata/annual-number-of-outpatient-department-visits-per-capita> |
| 65 | Need for contraception satisfied | <https://rho.emro.who.int/Metadata/demand-for-family-planning-satisfied-with-modern-methods> |
| 66 | Antenatal care coverage (1+) | <https://rho.emro.who.int/Metadata/antenatal-care-coverage-1> |
| 67 | Antenatal care coverage (4+) | <https://rho.emro.who.int/Metadata/antenatal-care-coverage-4> |
| 68 | Skilled birth attendance | <https://rho.emro.who.int/Metadata/births-attended-by-skilled-health-personnel> |
| 69 | DPT3/pentavalent coverage among children under 1 year of age | <https://rho.emro.who.int/Metadata/dpt3pentavalent-immunization-coverage-rate> |
| 70 | Measles immunization coverage (MCV1) | <https://rho.emro.who.int/Metadata/measles-immunization-coverage-rate-mcv1> |
| 71 | Percentage of suspected malaria cases that have had a diagnostic test | <https://rho.emro.who.int/Metadata/percentage-of-suspected-malaria-cases-that-have-had-a-diagnostic-test> |
| 72 | Percentage of individuals who slept under an ITN the previous night  | <https://rho.emro.who.int/Metadata/percentage-of-population-sleeping-under-insecticide-treated-nets-itn> |
| 73 | Percentage of key populations at higher risk who have received an HIV test in the past 12 months and know their results | <https://www.who.int/publications/i/item/consolidated-hiv-strategic-information-guidelines> |
| 74 | Adults and children currently receiving ARV therapy among all adults and children living with HIV (%) | <https://www.who.int/publications/i/item/consolidated-hiv-strategic-information-guidelines> |
| 75 | Treatment success rate of new bacteriologically confirmed tuberculosis | <https://rho.emro.who.int/Metadata/tb-treatment-success-rate> |
| 76 | Children under 5 with diarrhea receiving oral rehydration therapy  | <https://rho.emro.who.int/Metadata/children-under-5-with-diarrhea-receiving-oral-rehydration-therapy> |
| 77 | Service coverage of severe mental disorders | <https://rho.emro.who.int/Metadata/coverage-of-service-for-severe-mental-health-disorders> |
| 78 | Births registration coverage | <https://rho.emro.who.int/Metadata/births-registration-coverage> |
| 79 | Deaths registration coverage, cause of death using ICD | <https://rho.emro.who.int/Metadata/deaths-registration-coverage> |