

Technical Notes

Population in thousands, male/female

Source of data for larger countries: United Nations Department of Economic and Social Affairs, (UNDESA), Population Division, 2009. *World Population Prospects: The 2008 Revision*. New York: UN. Source of data for smaller countries: U.S. Census Bureau. 2009. International Data Base. Washington, D.C.: U.S. Census Bureau. This indicator presents the total size of national population by sex, based on a medium variant projection.

Population growth rate, per cent

Source: UNDESA, Population Division, 2009. *World Population Prospects: The 2008 Revision*. New York: UN. This indicator is the annual rate of growth of national populations expressed as a percentage.

Crude birth rate per 1,000 population

Source: UNDESA, Population Division, 2009. *World Population Prospects: The 2008 Revision*. New York: UN. This indicator is the annual number of births per 1,000 total population, unadjusted for the age structure of the population.

Crude death rate per 1,000 population

Source: UNDESA, Population Division, 2009. *World Population Prospects: The 2008 Revision*. New York: UN. This indicator is the annual number of deaths per 1,000 total population, unadjusted for the age structure of the population.

Urban population, per cent

Source: UNDESA, Population Division, 2008. *World Urbanization Prospects: The 2007 Revision*. New York: UN. This indicator reflects the estimated proportion of the national population living in areas termed 'urban' by that country. Typically, the population living in towns of 2,000 or more or within national or provincial capitals is classified 'urban'.

Sex ratio at birth, male births per female births

Source: UNDESA, Population Division, 2009. *World Population Prospects: The 2008 Revision*. New York: UN. This indicator refers to the ratio of males to females at birth in a given population, expressed as the number of males for every 100 females.

Women aged 15 to 49, per cent of total female population

Source: UNDESA, Population Division, 2009. *World Population Prospects: The 2008 Revision*. New York: UN. This indicator

presents the proportion of the national female population which is comprised of women of reproductive age, most commonly defined as ages 15 through 49.

Total fertility rate per woman aged 15 to 49

Source: UNDESA, Population Division, 2009. *World Population Prospects: The 2008 Revision*. New York: UN. This indicator reflects the average number of children a woman would bear in her lifetime assuming that age-specific fertility rates remain constant throughout her childbearing years (most commonly defined as ages 15 through 49).

Contraceptive prevalence rate for women aged 15 to 49, any/modern method, per cent

Source for data for any method: Millennium Development Goals Indicators website, <http://mdgs.un.org/unsd/mdg>, United Nations Statistics Division, Department of Economic and Social Affairs, UN. Source for most recent data for modern method: UNDESA, Population Division, 2007. *World Contraceptive Use 2007*. New York: UN; UNICEF, Multiple Indicator Cluster Surveys. New York: UNICEF; IFC Macro, Demographic and Health Surveys. Calverton, MD: ICF Macro; and CDC, Reproductive Health Surveys. Atlanta, GA: CDC. Source for 1990 data for modern method: UNDESA, Population Division, 1996. *Levels and Trends of Contraceptive Use As Assessed in 1994*. New York: UN. These data are derived from sample survey reports and estimate the proportion of married women (including women in consensual unions) currently using any method or a modern method of contraception. Modern methods include male and female sterilisation, IUD, contraceptive pills, injectables, hormonal implants, condoms and female barrier methods. These rates are roughly, but not completely, comparable across countries due to variation in ages of the population surveyed (15 to 49-year-old women being most common), in the timing of the surveys and in the details of the questions.

Life expectancy at birth, total/male/female, years

Source: UNDESA, Population Division, 2009. *World Population Prospects: The 2008 Revision*. New York: UN. Life expectancy at birth refers to the average number of years a newborn infant would be expected to live if health and living conditions at the time of birth remained the same throughout its lifespan. This measure reflects the health of a country's people and the quality of its health care.

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Median age of total population

Source: UNDESA, Population Division, 2009. *World Population Prospects: The 2008 Revision*. New York: UN. These data refer to the age at which exactly half of the population is older and half is younger than the given median age.

Population under age 15, per cent

Source: UNDESA, Population Division, 2009. *World Population Prospects: The 2008 Revision*. New York: UN. This indicator presents the proportion of the national population age 15 and under, considered to be a 'dependent age'.

Population age 60 and over, per cent

Source: UNDESA, Population Division, 2009. *World Population Prospects: The 2008 Revision*. New York: UN. This indicator presents the proportion of the national population age 60 and over, considered to be a 'dependent age'.

Dependency ratio

Source: UNDESA, Population Division, 2009. *World Population Prospects: The 2008 Revision*. New York: UN. This indicator refers to the ratio of persons in the 'dependent' ages (under 15 and 60 or 65 and over) to those in the 'economically productive' ages (15 to 60 or 64 years) in a population.

Child dependency ratio

Source: UNDESA, Population Division, 2009. *World Population Prospects: The 2008 Revision*. New York: UN. This indicator refers to the ratio of persons in the child 'dependent' ages (under 15) to those in the 'economically productive' ages (15 to 64 years) in a population.

Old-age dependency ratio

Source: UNDESA, Population Division, 2009. *World Population Prospects: The 2008 Revision*. New York: UN. This indicator refers to the ratio of persons in the old-age 'dependent' ages (65 and over) to those in the 'economically productive' ages (15 to 64 years) in a population.

Gross domestic product per capita, purchasing power parity, (GDP/PPP) international dollars

Source: The World Bank, 2008. *World Development Indicators Online 2008*. Washington, D.C.: The World Bank. This indicator is the gross domestic product (GDP) converted to international

dollars using purchasing power parity (PPP) rates. PPP takes into account differences in the relative prices of goods and services across countries and enables comparison of economic output of one country with another. An international dollar has the same purchasing power over GDP as the U.S. dollar has in the United States. GDP is the sum of gross value added by all resident producers in the economy plus any product taxes and minus any subsidies not included in the value of the products. It is calculated without making deductions for depreciation of fabricated assets or for depletion and degradation of natural resources. Data are in current international dollars.

Gross domestic product growth rate, annual per cent

Source: The World Bank, 2008. *World Development Indicators Online 2008*. Washington, D.C.: The World Bank. This indicator reflects the annual percentage growth rate of GDP at market prices based on constant local currency. Aggregates are based on constant 2000 U.S. dollars. GDP is the sum of gross value added by all resident producers in the economy plus any product taxes and minus any subsidies not included in the value of the products. It is calculated without making deductions for depreciation of fabricated assets or for depletion and degradation of natural resources.

Income group per World Bank classification

Source: The World Bank, 2009. *World Bank List of Economies*. Washington, D.C.: The World Bank. The World Bank classifies every economy according to its gross national income (GNI) per capita. Based on the World Bank's operational lending categories, countries were classified using 2008 GNI per capita as low income, (\$975 or less); middle income (subdivided into lower middle \$976 - \$3,855, and upper middle, \$3,856 - \$11,905); or high income, (\$11,906 or more). These categories are calculated using the World Bank Atlas method.

Population below \$1.25/day, per cent

Source: The World Bank, 2008. *Poverty Data: A Supplement to World Development Indicators 2008*. Washington, D.C.: The World Bank. This indicator refers to the percentage of the population living on less than \$1.25 a day at 2005 international prices. It should be emphasized that for analysis of poverty in a particular country, the World Bank always uses poverty line(s) based on norms for that society. Because of the time involved in collecting and processing the household survey data upon

which these figures are based, and because of the complexities of the estimation exercise, these figures appear with a lag, and are updated only every three years.

Population living below the national poverty line, per cent

Source: Millennium Development Goals Indicators website, <http://mdgs.un.org/unsd/mdg/>, United Nations Statistics Division, Department of Economic and Social Affairs, UN. This indicator refers to the percentage of the population living below the national poverty line. National estimates are based on population-weighted subgroup estimates from household surveys.

Share of income or consumption by poorest quintile

Source: Millennium Development Goals Indicators website, United Nations Statistics Division, Department of Economic and Social Affairs, UN. This indicator is based on national household consumption or income surveys conducted in varying years. Results of consumption surveys show lower levels of inequality between poor and rich than income surveys, as poor people generally consume a greater share of their income. Because data come from surveys covering different years and using different methodologies, comparisons of this indicator between countries should be made with caution.

Access to improved drinking water supply, per cent

Source: Millennium Development Goals Indicators website, United Nations Statistics Division, Department of Economic and Social Affairs, UN. This indicator refers to the percentage of the population who use any of the following types of water supply for drinking: piped water into dwelling, plot or yard; public tap/standpipe; borehole/tube well; protected dug well; protected spring; rainwater collection and bottled water (if a secondary available source is also improved).

Access to improved sanitation, per cent

Source: Millennium Development Goals Indicators website, United Nations Statistics Division, Department of Economic and Social Affairs, UN. This indicator refers to the percentage of the population with access to facilities that hygienically separate human excreta from human contact. The indicator is computed as the ratio of the number of people using improved sanitation facilities, to the total population, expressed as a percentage.

Maternal mortality ratio per 100,000 live births, lower bound/upper bound

Source: Millennium Development Goals Indicators website, United Nations Statistics Division, Department of Economic and Social Affairs, UN. The maternal mortality ratio (MMR) is the annual number of deaths of women from pregnancy-related causes, when pregnant or within 42 days of termination of pregnancy, per 100,000 live births. The MMR is a measure of the risk of death once a woman has become pregnant. Current estimates are based on a methodology that has been improved since earlier estimates were developed. Therefore, 1990 MMR data are not comparable and are not shown. Despite improvements, measurement of MMR is still imprecise. For that reason, the point estimated should be interpreted in light of the upper and lower bounds of uncertainty provided. These are not confidence intervals in the epidemiological or statistical sense, but, together with the point estimate, provide a range in which the true MMR is expected to lie. Source for data on upper and lower bounds: WHO, UNICEF, UNFPA, and The World Bank. 2007. *Maternal Mortality in 2005: Estimates developed by WHO, UNICEF, UNFPA and The World Bank*. Geneva: WHO.

Antenatal care, at least one visit, per cent

Source: Millennium Development Goals Indicators website, United Nations Statistics Division, Department of Economic and Social Affairs, UN. These data refer to the per cent of women with one or more births during the five years preceding the survey, who had received, prior to the most recent birth, at least one antenatal care consultation from a medically trained person – defined as a doctor, nurse, or trained midwife, excluding trained or untrained traditional birth attendants.

Deliveries attended by skilled attendants, per cent

Source: Millennium Development Goals Indicators website, United Nations Statistics Division, Department of Economic and Social Affairs, UN. This indicator is based on national reports of the proportion of births attended by a skilled health worker, including doctors (specialist or non-specialist), nurses, and/or other persons with midwifery skills who can diagnose and manage obstetrical complications as well as normal deliveries. Traditional birth attendants, trained or not, have been excluded from the category of skilled health workers.

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Infant mortality rate per 1,000 live births

Source: Millennium Development Goals Indicators website, United Nations Statistics Division, Department of Economic and Social Affairs, UN. This indicator refers to the death of an infant born alive who dies within the first year of life. It is expressed as the number of children age 1 year or less who die in the first year of life per 1,000 live births in a given year. Infant mortality is highly sensitive to the level of development. Stillbirths (also referred to as fetal deaths) are not included in infant mortality calculations.

Under age 5 mortality rate per 1,000 live births

Source: Millennium Development Goals Indicators website, United Nations Statistics Division, Department of Economic and Social Affairs, UN. This indicator refers to the death of any infant or child below the age of 5. Under-5 mortality is expressed as the number of children who die before their fifth birthday, per 1,000 live births in a given year. This indicator is more sensitive than infant mortality to the burden of childhood diseases, including those preventable by immunization.

Children under age 5 underweight, moderate and severe, per cent

Source: Millennium Development Goals Indicators website, United Nations Statistics Division, Department of Economic and Social Affairs, UN. This indicator presents the proportion of children under 5 who fall two standard deviations (moderate underweight) and three standard deviations (severe underweight) below the median weight-for-age of the reference population.

Illiteracy rate, per cent of population aged 15 to 24, male/female

Source: UNESCO Institute for Statistics, (UIS) Data Centre website, <http://stats.uis.unesco.org/unesco>, UNESCO Institute for Statistics. Population Reference Bureau calculations based on UNESCO 2007 literacy data. Illiteracy definitions vary and range from verbally self-identified illiteracy to the inability to pass a formally administered literacy test. UNESCO compiles literacy statistics collected during national population censuses and household surveys. As far as possible, data refer to the proportion of the population who cannot, with understanding, both read and write a short simple statement on everyday life. Literacy is usually assessed exclusively in an official or de facto official language.

Primary/secondary school enrolment, gross per cent of school age population, male/female

Source: UIS Data Centre website, UNESCO Institute for Statistics. Gross enrolment ratios (GER) indicate the number of students enrolled in primary and secondary education per 100 individuals in the appropriate age group. GERs include individuals who are older than the level-appropriate age due to lateness in starting school, interrupted schooling, or grade repetition, and may therefore exceed 100.

HIV/AIDS prevalence aged 15 to 49, total/male/female

Source for total prevalence: UNAIDS. 2008. *2008 Report on the global HIV/AIDS epidemic*. Geneva: UNAIDS. Source for male/female prevalence: Personal communication with UNAIDS, Geneva.

Proportion of population aged 15 to 24

Source: UNDESA, Population Division. 2009. *World Population Prospects: The 2008 Revision*. New York: UN. This indicator presents the proportion of the national population between the ages of 15 and 24, the approximate period between childhood and full maturity.

Age-specific fertility rate per 1,000 women aged 15 to 19

Source: Millennium Development Goals Indicators website, United Nations Statistics Division, Department of Economic and Social Affairs, UN. The Age-specific fertility rate (ASFR) is the annual number of births per 1,000 women aged 15 to 19. The ASFR is summed over all women in the age cohort and does not reflect fully the level of fertility for women during their youth. The measure also does not indicate the full dimensions of adolescent pregnancy, as it includes only live births in the numerator, and excludes stillbirths and spontaneous or induced abortions.

Adolescent women aged 15 to 19 who have begun childbearing, per cent

Source: Demographic and Health Surveys, ICF Macro. Calverton, MD: ICF Macro. This indicator presents the proportion of women aged 15 to 19 who have given birth or are pregnant with their first child. Adolescent fertility is a major social and health concern because women who give birth in their teens are more likely than women who become mothers in their 20s to suffer severe complications during pregnancy.

and childbirth, affecting the health and survival of both mother and child.

Median age at first sexual intercourse, female, aged 25 to 49

Source: Demographic and Health Surveys, ICF Macro. Calverton, MD: ICF Macro and Reproductive Health Surveys, CDC. Atlanta, GA: CDC. This indicator is the age at which half of all women aged 25 to 49 have had their first experience of sexual intercourse.

Median age at marriage/union, aged 25 to 59 for male/25 to 49 for female

Source: Demographic and Health Surveys, ICF Macro. Calverton, MD: ICF Macro and Reproductive Health Surveys, CDC. Atlanta, GA: CDC. This indicator is the age at which half of women or men within a given age range have married or are living in a consensual union for the first time. Due to the generally later age at which men marry, age ranges of marriage/union differ for women and men. For women, the standard is 25 to 49 years. For men, age ranges differ across countries and vary from 25 or 30 to 49, 54 or 59.

Married/in union by age 18, per cent, female aged 25 to 49

Source: Multiple Indicator Cluster Surveys, UNICEF. New York: UNICEF; Demographic and Health Surveys, ICF Macro. Calverton, MD: ICF Macro; and Reproductive Health Surveys, CDC. Atlanta, GA: CDC. This indicator reflects the percentage of women ages 20 to 49 who were first married or in union by the exact age of 18.

HIV knowledge, men/women aged 15 to 24 who know that a person can reduce risk of HIV by consistent condom use, per cent

Source: Multiple Indicator Cluster Surveys, UNICEF. New York: UNICEF; Demographic and Health Surveys, ICF Macro. Calverton, MD: ICF Macro; and Reproductive Health Surveys, CDC. Atlanta, GA: CDC. Data are based on prompted questions about whether AIDS can be avoided by using condoms. The denominator includes all respondents including those who have not heard of AIDS.

HIV knowledge, women aged 15 to 24 who know that a healthy-looking person can transmit HIV, per cent

Source: Multiple Indicator Cluster Surveys, UNICEF. New York: UNICEF; Demographic and Health Surveys, ICF Macro.

Calverton, MD: ICF Macro; and Reproductive Health Surveys, CDC. Atlanta, GA: CDC. This indicator refers to the percentage of 15 to 24-year-old women who know that a healthy looking person can be infected with the AIDS virus. Only data on women are presented, as relatively little data are available for men.

HIV/AIDS prevalence, aged 15 to 24, male/female, per cent

Source: UNAIDS, 2008. 2008 Report on the global HIV/AIDS epidemic. Geneva: UNAIDS. These data derive from surveillance system reports and model estimates. Data provided for men and women aged 15 to 24 are the average of the high and low estimates reported for each country. Male-female differences reflect physiological and social vulnerability to the illness and are affected by age differences between sexual partners.

Gender parity index, net primary/secondary enrolment

Source: Millennium Development Goals Indicators website, United Nations Statistics Division, Department of Economic and Social Affairs, UN. This indicator is the ratio of the number (multiplied by 100) of female students to the number of male students enrolled at primary and secondary levels in public and private schools in each level, regardless of ages.

Labour force participation rate aged 15 to 64, male/female

Source: UNSD, Gender Info 2007 database, <http://unstats.un.org/unsd/demographic/products/genderinfo/>. This indicator reflects the proportion of the population (aged 15 to 64) that is economically active, either employed or looking for work.

Seats in parliament held by women, per cent

Source: Millennium Development Goals Indicators website, United Nations Statistics Division, Department of Economic and Social Affairs, UN. This indicator presents the per cent of seats in Parliament or equivalent government body that are held by women. Where there are lower and upper houses, data refer to the weighted average of women's shares of seats in both houses.

Legislators, senior officials and managers, per cent female

Source: UNDP. 2008. *Human Development Report 2007/2008*. New York: UNDP. Women's share of positions defined according to the International Standard Classification of Occupations (ISCO-88) to include legislators, senior

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government officials, traditional chiefs and heads of villages, senior officials of special interest organisations, corporate managers, directors and chief executives, production and operations department managers and other department and general managers.

Professional and technical workers, per cent female

Source: UNDP, 2008. *Human Development Report 2007/2008*. New York: UNDP. Women's share of positions defined according to the International Standard Classification of Occupations (ISCO-88) to include physical, mathematical and engineering science professionals (and associate professionals), life science and health professionals (and associate professionals), teaching professionals (and associate professionals) and other professionals and associate professionals.

Projected increase/decrease in women of reproductive age, 2000 to 2015, thousands

Source: UNDESA, Population Division, 2009. *World Population Prospects: The 2008 Revision*. New York: UN. This indicator presents the projected change for the period 2000-2015 in the total number of women of reproductive age (most commonly defined as ages 15 through 49), based on medium variant population projections.

Projected increase/decrease in women of reproductive age, 2000 to 2015, per cent

Source: UNDESA, Population Division, 2009. *World Population Prospects: The 2008 Revision*. New York: UN. This indicator presents the projected change in the proportion of the national population comprised of women of reproductive age (most commonly defined as ages 15 through 49) using medium projections for the period 2000-2015.

Unmet need for family planning, total/spacing/limiting, per cent

Source of data for total: Millennium Development Goals Indicators website, United Nations Statistics Division, Department of Economic and Social Affairs, UN. Source of data for spacing/limiting: Multiple Indicator Cluster Surveys, UNICEF. New York: UNICEF; Demographic and Health Surveys, ICF Macro. Calverton, MD: ICF Macro; and Reproductive Health Surveys, CDC. Atlanta, GA: CDC. These indicators are

reported here for women who are married or in union. Women are considered to have an "unmet need" for family planning when they are fecund, sexually active and report not wanting any more children or wanting to delay the birth of their next child for at least two years, but are not using any method of contraception. Women with an unmet need for family planning include all pregnant women whose pregnancies were unwanted at the time of conception; all postpartum amenorrheic women who are not using family planning and whose last birth was unwanted or mistimed; and all fecund women who are neither pregnant nor amenorrheic, and who either do not want any more children (want to limit family size) or who wish to postpone the birth of a child for at least two years, or do not know when or if they want another child (want to space births), but are not using contraception. Women who became pregnant unintentionally due to contraceptive failure are not included as women with an unmet need for family planning. The Demographic and Health Survey definition of unmet need changed between 1990 and more recent surveys, and strict comparisons between older and newer data should be avoided.

Recent births unwanted, per cent

Source: This indicator, created by John B. Casterline (Director, Initiative in Population Research and Robert T. Lazarus Professor in Population Studies, Department of Sociology, Ohio State University) is based on data from the Demographic and Health Surveys (DHS; ICF Macro) and Reproductive Health Surveys, (RHS; CDC). It represents the percentage of births occurring in the three years preceding the demographic survey that were unwanted, according to a woman's previously stated desire not to have more children. The number of births during the three years is obtained from the woman's complete birth history as recorded in the DHS or RHS. The percentage of these births that are unwanted is determined on the basis of a woman's stated desires at the time of the survey to have no further births. By comparing parity-specific desires with childbearing experience during the three-year period, birth-order-specific percentages of births that were unwanted can be inferred, assuming stability during the three-year period in parity-specific desires to have no further births. Births in the month of interview are excluded from the calculation. The overall percentage of births unwanted is a weighted sum of the birth-order-specific percentages. For further detail, see

John B. Casterline and Laila O. el-Zeini, 2007, "Estimation of unwanted fertility." *Demography* 44(4): 729-745.

INTERNAL DISPARITY INDICATORS

Values for select indicators from the above list are disaggregated according to several criteria that may reveal internal disparities in access to health care or health status, such as whether one resides in an urban versus rural area. (Indicator definitions are provided by name in the section above.) For disaggregation by education levels, we present the values for the lowest and highest levels. The classifications for education differ across countries. For provincial data, we present the values for the provinces or regions with the lowest and the highest levels and indicate the names of the respective provinces. For wealth quintiles based on household assets, we present the values for the poorest and the richest 20 per cent (quintile groups) of individuals in the population, (and not quintiles of individuals at risk for any one health indicator). Note that for "Antenatal care, at least one visit", and "Deliveries attended by skilled attendants", the definition of skilled health personnel varies across surveys. Since the disaggregated data are from different sources and may be from a different point in time, they may differ from the totals presented above them. Sources: Multiple Indicator Cluster Surveys (UNICEF), Demographic and Health Surveys (ICF Macro), Reproductive Health Surveys (CDC), other nationally representative surveys, and calculations provided in *Gwatkin et al. (2003) Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank.

GRAPH INDICATORS

Secondary school enrolment, net per cent of school-age population

Source: UIS Data Centre website, UNESCO Institute for Statistics. This indicator shows the extent to which children of the official age for secondary school are enrolled at the secondary level in all types of schools and education institutions, including public, private and all other institutions that provide organised educational programs. A pair of bar charts shows the change in the net per cent of secondary school enrolment between two time periods. The bar on the left represents data primarily from 1999 through the early 2000s; the bar on the right represents data from the most recent year available at the time of publication.

Contraceptive prevalence rate for women aged 15 to 49, any method, per cent

See "Contraceptive Prevalence Rate for Women aged 15 to 49, Any Method, Per Cent" for source and definition. A pair of bar charts shows the change in the contraceptive prevalence rate for women aged 15 to 49 for any method between two time periods. The bar on the left represents data from around 1990 (1988-1992) and the bar on the right represents data from the most recent year available at the time of publication.

Deliveries attended by skilled attendants, per cent

See "Deliveries Attended by Skilled Attendants, Per Cent" for source and definition. A pair of bar charts shows the change in the per cent of deliveries attended by skilled attendants between two time periods. The bar on the left represents data from around 1990 (1988-1992) and the bar on the right represents data from the most recent year available at the time of publication.

Age-specific fertility rate per 1,000 women aged 15 to 19

See "Age-Specific Fertility Rate per 1,000 Women aged 15 to 19" for source and definition. A pair of bar charts shows a change in the age-specific fertility rate per 1,000 women aged 15 to 19 between two time periods. The bar on the left represents data from around 1990 (1988-1992) and the bar on the right represents data from the most recent year available at the time of publication.

TABLE INDICATORS

Public expenditure on health and education, as per cent of GDP and per capita (\$US)

Source: *The World Bank, 2008. World Development Indicators Online 2008*. Calculations for public expenditure on health per capita are made by the Population Reference Bureau based on "health expenditure, public, per cent of GDP", "health expenditure per capita", and "health expenditure, total, per cent of GDP". Data come from the most recent years for which all the indicators used in the calculation are available. Public expenditure on health consists of recurrent and capital spending from government (central and local) budgets, external borrowings and grants (including donations from international agencies and nongovernmental organisations), and social (or compulsory) health insurance funds. An earlier

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estimate showed that \$30 to \$40 per capita per year, mostly from public expenditures, was the minimum needed to introduce essential health interventions, including those necessary to fight the AIDS pandemic, in low-income countries. See: Commission on Macroeconomics and Health, *Macroeconomics and Health: Investing in Health for Economic Development*, New York: United Nations, 2001).

More recently, a high-level taskforce chaired by the British Government and the World Bank has estimated the costs of the interventions and health-system support required to accelerate achievement of the health MDGs in low-income countries. (See Task Force on Innovative International Financing for Health Systems, *More Money for Health, and More Health for the Money*, 2009). When combined with current spending on health in low-income countries (US\$31 billion or an average of US\$25 per capita), the total needed to achieve the health MDGs is estimated at US\$49 to US\$54 per capita. Two-thirds or more of total expenditures need to be devoted to general health system strengthening, which includes health worker training, multipurpose health facilities, investments for logistics, information systems, governance and financing systems. The Public Expenditures table enables comparison of the recommended expenditures on health needed to achieve the MDGs with actual per capita expenditures in each country.

Public expenditure on primary and secondary education, as per cent of GDP and per student (\$US)

Source: UIS Data Centre website, UNESCO Institute for Statistics. Calculations are made by the Population Reference Bureau. Public expenditure on primary and secondary education as per cent of GDP is calculated based on the statistics on "public expenditure on education as per cent of GDP", "educational expenditure in primary as per cent of total educational expenditure", and "educational expenditure in secondary as per cent of total educational expenditure". It consists of current and capital expenditures on education by local, regional and national governments, including municipalities (household contributions are excluded). Public expenditure per student is a weighted average of the corresponding figure at primary and secondary levels, using number of enrolled students as weights. It is calculated based on the statistics on "public expenditure per pupil as a per cent of GDP per capita, primary", "enrolment in primary, public and

private, all programmes, both sexes", "public expenditure per pupil as a per cent of GDP per capita, secondary", "enrolment in total secondary, public and private, all programmes, both sexes", and additional data on "GDP per capita (constant 2000 US\$)" from World Development Indicators Online 2008 (The World Bank). Data come from the most recent years for which all the indicators used in the calculation are available. When data are not available from the same year, the closest available year is used.

Additional Notes

DATA FROM MOST RECENT YEAR

"Most recent year" indicates that data are from the most recent year since 1995 available at the time of publication. Years differ depending on the indicator and source used.

DATA FROM 1990

1990 data are from the period of 1988 to 1992. Years differ depending on the indicator and source used.