

- ⁱ The sum of individual proportions may not add up to 100% due to rounding.
- ^j Communicable diseases include maternal causes, conditions arising during the perinatal period and nutritional deficiencies.
- ^k Neonatal causes include diarrhoea occurring during the neonatal period. Bryce J, Boschi-Pinto C, Shibuya K, Black RE, WHO Child Health Epidemiology Reference Group. WHO estimates of the causes of death in children. *Lancet*, 2005, 365:1147–1152. *Mortality profiles*. Geneva, World Health Organization, 2009 (<http://www.who.int/whosis/mort/profiles/en/>). Neonatal causes represent causes arising in the perinatal period which is a subset of the causes of death in the neonatal period.
- ^l TB, tuberculosis. Data are for all forms of TB including TB in people with HIV infection. *Global tuberculosis control: epidemiology, planning, financing: WHO report 2009*. Geneva, World Health Organization, 2009 (WHO/HTM/TB/2009.411) (http://www.who.int/tb/publications/global_report).

Table 3 Selected infectious diseases

- ^a Cholera, 2007. *Weekly epidemiological record*, 2008, 31:269–284 (<http://www.who.int/wer>).
- ^b WHO/UNICEF estimates of disease incidence [online database]. Geneva, World Health Organization, 2008 (http://www.who.int/immunization_monitoring/en/globalsummary/timeseries/tsincidedip.htm).
- ^c Confirmed cases reported to WHO's Department of Epidemic and Pandemic Alert and Response.
- ^d Cases are confirmed by laboratory testing.
- ^e Global leprosy situation, beginning of 2008. *Weekly epidemiological record*, 2008, 33:293–300 (<http://www.who.int/wer>).
- ^f *World malaria report 2008*. Geneva, World Health Organization, 2008 (<http://www.who.int/malaria/wmr2008/>).
- ^g Suspected meningitis cases reported to WHO's Department of Epidemic and Pandemic Alert and Response.
- ^h Cases compiled by the WHO Regional Office for Africa.
- ⁱ Number of new smear-positive cases notified under DOTS to WHO. *Global tuberculosis control: epidemiology, planning, financing: WHO report 2009*. Geneva, World Health Organization, 2009 (WHO/HTM/TB/2009.411) (http://www.who.int/tb/publications/global_report).

Table 4 Health service coverage

- ^a WHO reproductive health indicators database, 2008 update. Geneva, World Health Organization, 2009 (http://www.who.int/reproductive-health/global_monitoring/RHRxmls/RHRmainpage.htm).
- ^b WHO global database on births attended by skilled health personnel, 2008 update. Geneva, World Health Organization, 2009. (http://www.who.int/reproductive-health/global_monitoring/index.html).
- ^c Proportion of neonates protected at birth against neonatal tetanus through maternal immunization with tetanus toxoid, based on a mathematical model taking into account the mother's immunization in infancy, during pregnancy and in tetanus campaigns. The model is described in: Griffiths UK, Wolfson LJ, Quddus A, Younus M, Hafiz RA. Incremental cost-effectiveness of supplementary immunization activities to prevent neonatal tetanus in Pakistan. *Bulletin of the World Health Organization*, 2004, 82:643–651.
- ^d Measles, measles-containing vaccines (MCV); DTP3, 3 doses of diphtheria–tetanus toxoid–pertussis vaccine; HepB3, 3 doses of hepatitis B vaccine; Hib3, 3 doses of *Haemophilus influenzae* type B vaccine. WHO/UNICEF estimates of national immunization coverage [online database]. Geneva, World Health Organization, 2008 (http://www.who.int/immunization_monitoring/routine/immunization_coverage/en/index4.html). Estimates based on data available up to September 2008. For countries recommending the first dose of measles vaccine in children older than 12 months of age, the indicator is calculated as the proportion of children less than 24 months of age receiving one dose of measles-containing vaccine.
- ^e Data compiled by WHO from Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS). (<http://www.measuredhs.com>, http://www.unicef.org/statistics/index_24302.html).
- ^f *World malaria report 2008*. Geneva, World Health Organization, 2008 (<http://www.who.int/malaria/wmr2008/>). See Annex 6.
- ^g Women with unmet need are those who are married or cohabiting and reportedly fertile but not using contraception at the time of the survey, and who reported not wanting any more children or wanting to delay the next child.

- ^h *World contraceptive use 2007* [wall chart]. New York, Population Division, Department of Economic and Social Affairs, United Nations Secretariat, 2008.
- ⁱ PMTCT, prevention of mother-to-child transmission. Point estimates are published only for countries with a generalized epidemic. Regional and level-of-income aggregates are based on data for all low- and middle-income countries when available.
- ^j *Towards universal access: scaling up priority HIV/AIDS interventions in the health sector: progress report, 2008*. Geneva, World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, 2008. Ranges of estimates are available from this document.
- ^k TB, tuberculosis; DOTS, internationally recommended TB control strategy. The detection rate is the number of new smear-positive cases notified under DOTS to WHO divided by the estimated number of new smear-positive cases. *Global tuberculosis control: epidemiology, planning, financing: WHO report 2009*. Geneva, World Health Organization, 2009 (WHO/HTM/TB/2009.411) (http://www.who.int/tb/publications/global_report).
- ^l The treatment success rate is the percentage of new smear-positive patients registered for treatment under DOTS who were cured (with laboratory confirmation) or completed their course of treatment. *Global tuberculosis control: epidemiology, planning, financing: WHO report 2009*. Geneva, World Health Organization, 2009 (WHO/HTM/TB/2009.411) (http://www.who.int/tb/publications/global_report).
- ^m Data are preliminary or provisional.
- ⁿ Includes <5% of deliveries by cadres of health workers other than doctors, nurses and midwives.
- ^o Data pertain to sexually active women of reproductive age.
- ^p Institutional births.
- ^q Includes deliveries by cadres of health workers other than doctors, nurses and midwives – range not available.
- ^r Includes >15% of deliveries by cadres of health workers other than doctors, nurses and midwives.
- ^s Includes 5–15% of deliveries by cadres of health workers other than doctors, nurses and midwives.
- ^t Unmet for contraceptives reported by women who wish to limit the number of pregnancies they have.
- ^u Data pertain to men and women of reproductive age who are cohabiting.
- ^v 5 or more visits.
- ^w Estimate.
- ^x Unmet need for modern methods of contraception.
- ^y 3 or more visits.
- ^z Data pertain to all women of reproductive age.
- ^{aa} Data from the public sector only.
- ^{ab} Including women in non-cohabiting but regular partnerships.
- ^{ac} 6 or more visits.
- ^{ad} Excluding Northern Ireland.

Table 5 Risk factors

- ^a *Joint monitoring programme for water supply and sanitation* [online database]. Geneva, WHO, UNICEF, 2008 (<http://www.wssinfo.org/en/wecome.html>).
- ^b *UNICEF global database on low birthweight*. New York, UNICEF, 2008 (http://www.childinfo.org/low_birthweight_profiles.php).
- ^c *WHO global data bank on infant and young child feeding* [online database]. Geneva, World Health Organization, 2009 (<http://www.who.int/nutrition/databases/infantfeeding/en/index.html>).

- ^d *Global database on child growth and malnutrition* [online database]. Geneva, World Health Organization, 2008 (<http://www.who.int/nutgrowthdb/database/en>). Prevalence estimates are based on WHO standards.
- ^e Comparisons between countries may be limited owing to differences in sample characteristics or survey years. Source: *Global database on body mass index (BMI)* [online database]. Geneva, World Health Organization, 2008 (<http://www.who.int/bmi>).
- ^f *Global information system on alcohol and health* [online database]. Geneva, World Health Organization, 2008 (<http://www.who.int/globalatlas/DataQuery/default.asp>).
- ^g *WHO report on the global tobacco epidemic, 2008: The MPOWER Package*. Geneva, World Health Organization, 2008. See Appendix III, Age Standardized Prevalence Estimates for WHO Member States. Definition: Smoking at the time of the survey of any form of tobacco, including cigarettes, cigars, pipes, bidis, etc. For calculating the global number of smokers, non-age standardized prevalence estimates are used.
- ^h *WHO/CDC global youth tobacco survey (GYTS)*. Geneva, World Health Organization, 2009 (<http://www.cdc.gov/tobacco/global/GYTS/results.htm>). Data relate to tobacco use in any form in the past 30 days.
- ⁱ Percentage of women and men aged 15–49 who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse. Data is from Demographic and Health Surveys (DHS) and excludes country reported data. *2008 report on the global AIDS epidemic*. Geneva, Joint United Nations Programme on HIV/AIDS, World Health Organization, 2008. See Annex 2: Country Progress Indicators.
- ^j Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission. Data is from Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) and excludes country reported data. *2008 report on the global AIDS epidemic*. Geneva, Joint United Nations Programme on HIV/AIDS, World Health Organization, 2008. See Annex 2: Country Progress Indicators.
- ^k City surveys were extrapolated into country figures reported here.
- ^l Lower limit is greater than 15.
- ^m Upper limit is 49.
- ⁿ Upper limit is between 54 and 60.
- ^o Self-reported data.
- ^p Data was not validated by country focal point in time for publication of this report.
- ^q Upper limit is greater than or equal to 65.
- ^r Upper limit is 64.

Table 6 Health workforce, infrastructure, essential medicines

- ^a Source: *WHO global atlas of the health workforce*. Geneva, World Health Organization, 2008 (http://www.who.int/globalatlas/autologin/hrh_login.asp). Please see this source for the latest updates, disaggregated health workforce statistics and metadata descriptors.
- ^b Depending on the organization of the national health system and data availability, may include a large range of cadres of health service providers such as pharmacists, laboratory health workers, environmental and public health workers, medical assistants, dieticians and nutritionists, rehabilitation therapists, operators of medical and dentistry equipment, optometrists and opticians, personal care workers, psychologists, traditional medicine practitioners and others.
- ^c Sources: *PAHO basic indicators 2008*. Washington, DC, Pan American Health Organization, 2008 (<http://www.paho.org/English/SHA/coredata/tabulator/newTabulator.htm>); *European health for all database (HFA-DB)*. Copenhagen, WHO Regional Office for Europe, 2008 (<http://data.euro.who.int/hfadb>); *Country health information profiles (CHIPS)*. Manila, WHO Regional Office for the Western Pacific, 2008 (<http://www.wpro.who.int/countries/countries.htm>); *Core health indicators and MDGs*. New Delhi, WHO Regional Office for South-East Asia, 2008 (<http://203.90.70.117/esidas/CoreHealthData.asp>); additional data compiled by WHO Regional Office for Africa and WHO Regional Office for the Eastern Mediterranean.
- ^d Source: Surveys of medicine prices and availability using WHO/HAI standard methods conducted between 2001 and 2007. Available from <http://www.haiweb.org/medicineprices/>. In individual surveys, availability is reported as the percentage of medicine outlets in which a medicine was found on the day of data collection. As baskets of medicines

differ by country, results are not exactly comparable across countries. Median availability is determined for the specific list of medicines in each survey and do not account for alternate dosage forms or strengths of these products or therapeutic alternatives. Public sector data may be limited by the fact that the list of survey medicines may not correspond to national essential medicine lists (where these exist), and some public sector facilities may not be expected to stock all of the survey medicines. This has been addressed in the revised edition of the survey tool, which allows public sector data to be analysed by essential medicine list status and level of care.

- ^c Consumer price ratio = ratio of median local unit price to Management Sciences for Health (MSH) international reference price of selected generic medicines. Source: Surveys of medicine prices and availability using WHO/HAI standard methods conducted between 2001 and 2007. Available from <http://www.haiweb.org/medicineprices/>. Data are unadjusted for differences in MSH reference price year used, exchange rate fluctuations, national inflation rates, variations in purchasing power parities, levels of development or other factors. In each survey, median consumer price ratios are obtained for the basket of medicines surveyed and found in at least four medicine outlets. As baskets of medicines differ by country, results are not exactly comparable across countries. However, data about specific medicines is publicly available on <http://www.haiweb.org/medicineprices/> and matched basket comparisons on a subset of medicines can be made.
- ^f Hospital beds include inpatient and maternity beds. Maternity beds are included, while cots and delivery beds are excluded.
- ^g Data refer to year prior to 2000.
- ^h Availability data were excluded as they were assessed using different methods from those used in the current WHO/HAI method.
- ⁱ Did not survey public sector medicine outlets.
- ^j Refers to the public sector only.
- ^k Simple average of two surveys of medicine prices and availability in Shandong and Shanghai provinces, China.
- ^l Medicines are provided free to patients in the public sector.
- ^m Simple average of seven surveys of medicine prices and availability in India (Chennai, Haryana, Karnataka, Maharashtra (12 districts), Maharashtra (4 regions), Rajasthan and West Bengal).
- ⁿ As per modifications to the WHO/HAI standard methodology for measuring medicine price and availability, mean % availability is reported.
- ^o Based on a survey of medicine prices and availability in Gauteng province, South Africa.
- ^p Simple average of three surveys of medicine prices and availability in Sudan (Gadarif, Khartoum and Kordofan states).

Table 7 Health expenditures

- ^a *Health expenditure series*. Geneva, World Health Organization, February 2009 (latest updates are available on <http://www.who.int.nha/country/en/index.html>). The regional, income and global figures are calculated using Purchasing Power Parity (PPP) terms. Ratios with numbers less than 0.05% may appear as zero. For per capita expenditure indicators, this is represented as <1. Countries where fiscal year begins in July; expenditure data have been allocated to the later calendar year, e.g. data for 2006 are for fiscal year 2005–2006.
- ^b In some cases the sum of the ratios of general government and private expenditures on health may not add to 100 because of rounding.
- ^c A new Purchasing Power Parity (PPP) series resulting from the 2005 International Comparison Project (ICP) estimated by the World Bank has been used.
- ^d Estimates should be interpreted with caution as these are derived from scarce data.
- ^e Ratios published in this report are calculated using the licit GDP (i.e. excluding opium) and government expenditures excluding external development budget expenditures.
- ^f Missing per capita expenditure on health levels are due to nonavailability of purchasing power parity. International \$ values.
- ^g About 30% of the expenditure in residential aged care facilities has a health purpose, but it is difficult to estimate routinely so it is not included in health at present. This health expenditure was about \$2.1 billion in 2005–2006 or 0.2% of GDP.

- ^h Adjustments for currency change were made for the entire series.
- ⁱ Per capita expenditure on health levels is based on preliminary purchasing power parity international \$ estimates.
- ^j Estimates updated using newly accessed data from national health accounts, surveys, or information provided during national consultation.
- ^k The General Government Expenditure on Health (GGHE) and Private Expenditure on Health (PvtHE) estimates for 2000 correspond to the concepts and definitions described in OECD Health Data, also implemented by WHO/NHA. The GGHE and PvtHE estimates for 2006 correspond to the concepts and definitions adopted by the Joint Health Accounts Questionnaire Eurostat-OECD-WHO.
- ^l For description of 2000 estimates see WHO/NHA web site. 2006 estimates correspond to the concepts and definitions adopted by the Joint Health Accounts Questionnaire Eurostat-OECD-WHO.
- ^m Recent census in the country has shown differences in population data. However, the per capita levels in this table are estimated based on UNPOP data.
- ⁿ Data for financial year ending 30 June are taken for the later year. Population data revised with United Nations Population Division 2006 revision.
- ^o Exchange rate changed from 2.15 Won in 2001 to 152 Won in 2002. This explains sudden changes in per capita levels between 2000 and 2005.
- ^p The sources of the data reported are financial accounts not the satellite accounts.
- ^q Health expenditure data and the population data after year 2000 do not include those of Transdnistria.
- ^r Exchange rate changed in 2002 from multiple to a managed floating exchange rate. Inter-bank market rate used prior to 2002.
- ^s The estimates do not include expenditures of northern Iraq.
- ^t The public expenditure on health includes contributions from the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) to Palestinian refugees residing in Jordanian territories.
- ^u After the declaration of independence on 3 June 2006, Serbia and Montenegro are now separate states. Health expenditures for the previous years have been estimated separately for each of the countries.
- ^v The market exchange rate is used to estimate the per capita figures.
- ^w The estimates do not include the expenditures of the provinces of Kosovo and Metohia, which are under the administration of the United Nations.
- ^x The exchange rate used for Syrian Arab Republic is the rate for non-commercial transactions from the Central Bank of Syria.
- ^y GDP does not include the income from petroleum.
- ^z Fiscal year ended in June up to 2007. Transition period second quarter of 2007 to make fiscal year equal to calendar year. Expenditure data have been allocated to the previous calendar year, e.g. data for 2005 are for fiscal year 2005–2006 and adjusted for 2007.

Table 8 Health inequities

- ^a Sources: Unless otherwise stated, data are derived from Demographic and Health Surveys (DHS) since 1990. The DHS figures stratified by “place of residence” and “educational level of mother” were extracted using STATcompiler software or DHS reports (<http://www.measuredhs.com/>, accessed on December 1, 2008). The DHS figures stratified by “wealth quintile” were extracted from DHS reports. When not available in the reports – mostly the case in surveys conducted in 2001 or earlier – the figures were extracted from Gwatkin DR, Rutstein S, Johnson K, Suliman E, Wagstaff A, Amouzou A. *Socio-economic differences in health, nutrition and population within developing countries: an overview*. Washington, DC, World Bank, 2007 (<http://go.worldbank.org/XJK7WKSE40>). The figures in the “difference” columns may be affected by rounding.
- ^b Data derived from DHS relate to births occurring in the 5 years preceding the survey, unless otherwise stated. Data derived from MICS relate to births occurring in the 2 years preceding the survey.
- ^c The data refer to coverage of measles or MMR (measles, mumps, rubella) vaccine at 12, 15, 18 or 24 months depending on

the country.

- ^d For all countries where the source is DHS the under-5 mortality rate relates to the decade preceding the survey, except for Turkey and India where it relates to the five-year period preceding the survey.
- ^e Lowest educational level achieved by mother is “no education”; highest level is “secondary or higher”.
- ^f Data are derived from Multiple Indicator Cluster Surveys (MICS) (round 3). All MICS figures were extracted from country reports available on the UNICEF web site (<http://www.childinfo.org/>, accessed 13 February 2009).
- ^g The figures in parentheses are based on small numbers of cases (25–49 unweighted cases).
- ^h Data for “births attended by skilled health personnel” relate to births occurring in the three years preceding the survey.

Table 9 Demographic and socioeconomic statistics

- ^a *World population prospects: the 2006 revision*. New York, Population Division, Department of Economic and Social Affairs, United Nations Secretariat, 2007.
- ^b *United Nations demographic yearbook 2006*. New York, United Nations Statistics Division, 2008 (<http://unstats.un.org/unsd/demographic/products/dyb/dyb2006.htm>).
- ^c *WHO mortality database: tables* [online database]. Geneva, World Health Organization, 2009 (<http://www.who.int/healthinfo/morttables>).
- ^d *World fertility data 2008*, CD-ROM, POP/DB/Fert/Rev.2008. New York, Population Division, Department of Economic and Social Affairs, United Nations Secretariat, 2009.
- ^e *UNESCO Institute for Statistics data centre* [online database]. Montreal, UNESCO Institute for Statistics, 2007 (<http://stats.uis.unesco.org>, accessed 13 February 2009).
- ^f PPP int. \$, purchasing power parity at international dollar rate. *World development indicators 2007*. Washington, DC, World Bank, 2008 (<http://www.worldbank.org/data>, accessed 13 February 2009).
- ^g *World Bank PovcalNet*. Washington, DC, World Bank, 2008 (<http://iresearch.worldbank.org/PovcalNet/jsp/index.jsp>, accessed 13 February 2009). These figures reflect the World Bank default poverty line.
- ^h The standard definition includes the percentage of children less than five years of age who were registered at the moment of the survey. The numerator of this indicator includes children whose birth certificate was seen by the interviewer or whose mother or carer says the birth has been registered. *The state of the world's children 2009: Maternal and newborn health*. New York, United Nations Children's Fund, 2009.
- ⁱ International Data Base (IDB). Washington, DC, US Census Bureau, 2009 (<http://www.census.gov/ipc/www/idb>, accessed 13 February 2009).
- ^j Data refer to 2005.
- ^k Differs from the standard definition.
- ^l Data refer to 2006.
- ^m For statistical purposes, the data for China do not include Hong Kong and Macao Special Administrative Regions of China.
- ⁿ Data refer to 2004.

WHO regions*

African Region: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea,* Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

Region of the Americas: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, Venezuela (Bolivarian Republic of)

South-East Asia Region: Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste*

European Region: Albania, Andorra,* Armenia,* Austria, Azerbaijan,* Belarus, Belgium, Bosnia and Herzegovina,* Bulgaria, Croatia,* Cyprus, Czech Republic,* Denmark, Estonia,* Finland, France, Georgia,* Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan,* Kyrgyzstan,* Latvia,* Lithuania,* Luxembourg, Malta, Monaco, Montenegro,* Netherlands, Norway, Poland, Portugal, Republic of Moldova,* Romania, Russian Federation, San Marino, Serbia,* Slovakia,* Slovenia,* Spain, Sweden, Switzerland, Tajikistan,* The former Yugoslav Republic of Macedonia,* Turkey, Turkmenistan,* Ukraine, United Kingdom, Uzbekistan*

Eastern Mediterranean Region: Afghanistan, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen

Western Pacific Region: Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands,* Micronesia (Federated States of),* Mongolia, Nauru,* New Zealand, Niue,* Palau,* Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu,* Vanuatu, Viet Nam

Income groups**

Low income: Afghanistan, Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Côte d'Ivoire, Democratic People's Republic of Korea, Democratic Republic of the Congo, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Haiti, Kenya, Kyrgyzstan, Lao People's Democratic Republic, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Nigeria, Pakistan, Papua New Guinea, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Solomon Islands, Somalia, Tajikistan, Togo, Uganda, United Republic of Tanzania, Uzbekistan, Viet Nam, Yemen, Zambia, Zimbabwe

Lower middle income: Albania, Algeria, Angola, Armenia, Azerbaijan, Bhutan, Bolivia, Bosnia and Herzegovina, Cameroon, Cape Verde, China, Colombia, Congo, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, Georgia, Guatemala, Guyana, Honduras, India, Indonesia, Iran (Islamic Republic of), Iraq, Jordan, Kiribati, Lesotho, Maldives, Marshall Islands, Micronesia (Federated States of), Mongolia, Morocco, Namibia, Nicaragua, Paraguay, Peru, Philippines, Republic of Moldova, Samoa, Sri Lanka, Sudan, Swaziland, Syrian Arab Republic, Thailand, The former Yugoslav Republic of Macedonia, Timor-Leste, Tonga, Tunisia, Turkmenistan, Ukraine, Vanuatu

Upper middle income: Argentina, Belarus, Belize, Botswana, Brazil, Bulgaria, Chile, Costa Rica, Croatia, Cuba, Dominica, Fiji, Gabon, Grenada, Jamaica, Kazakhstan, Latvia, Lebanon, Libyan Arab Jamahiriya, Lithuania, Malaysia, Mauritius, Mexico, Montenegro, Palau, Panama, Poland, Romania, Russian Federation, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Serbia, Seychelles, South Africa, Suriname, Turkey, Uruguay, Venezuela (Bolivarian Republic of)

High income: Andorra, Antigua and Barbuda, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Brunei Darussalam, Canada, Cyprus, Czech Republic, Denmark, Equatorial Guinea, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Kuwait, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Oman, Portugal, Qatar, Republic of Korea, San Marino, Saudi Arabia, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, United Arab Emirates, United Kingdom, United States of America

Cook Islands, Nauru, Niue and Tuvalu are not categorized into income groups and are therefore excluded from the computation of aggregate indices by income group.

* State may have associated figures for periods prior to its membership in WHO.

** World Bank list of economies (July 2008). World Bank, July 2008 (<http://siteresources.worldbank.org/DATASTATISTICS/Resources/CLASS.XLS>).