الهيئة العامة للإحصاء
General Authority for Statistics

Goal 3:
Good Health and Well-Being

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Indicator 3.1.1 Maternal mortality ratio

Description of the indicator: The maternal mortality ratio is defined as the number of maternal deaths during a specified time per 100,000 live births during the same period. It represents the risk of maternal mortality associated with the number of live births and primarily reflects the risk of death during a single pregnancy (or single live birth).

Sources of data: Ministry of Health

Unit of measurement: Number of Maternal mortalities per 100,000 live births

Level of disaggregation: National

Method of calculation:

$$\text{MMR} = \frac{\text{Recorded (or estimated) maternal deaths}}{\text{Total recorded (or estimated) live births}} \text{ X } 100{,}000$$

Note: the numerator and denominator should come from the same period
Measurement requires information on pregnancy status, timing of death (during pregnancy, childbirth, or within 42 days of termination of pregnancy), and cause of death.

Last updated: 2023

Indicator	Year				
	2017	2018	2021	2022	2023
Number of maternal mortality (per 100,000 live births)	12	11.9	12.16	9.42	15.9

Indicator 3.1.2 Proportion of births attended by skilled health personnel

Description of the indicator: The proportion of births attended by skilled health personnel (i.e., doctors, nurses, or midwives, and, where applicable, other health professionals who provide care during childbirth). According to the current definition (1), these are maternal and newborn health professionals (MNHs) who have been educated, trained, and regulated in accordance with national and international standards. They specialize in:

(i) Providing and promoting evidence-based, human rights-based, high-quality, socially and culturally sensitive care and dignified care for women and newborns.
(ii) Facilitating physiological processes during labor/childbearing to ensure a safe, clean, and positive birth experience; and
(iii) Identify, manage, or refer women and/or newborns with complications.

Sources of data: Ministry of Health and General Authority for Statistics

Unit of measurement: Percent %

Level of disaggregation: National

Method of calculation:

$$\text{Proportion of births attended by skilled health personnel} = \frac{\text{Number of births attended by skilled health personnel}^{a}}{\text{Total number of live births}} \text{ X } 100$$

Numerator: Number of births attended by skilled health personnel (doctor, nurse, or midwife) trained to provide quality childbirth care, including giving the necessary support and care for the mother and newborn during delivery and in the immediate postpartum period.
Denominator: Total number of live births during the same period.
Births attended by skilled health personnel = (number of births attended by skilled health personnel) ÷ (total number of live births) x 100

Last updated: 2024

Indicator	Year				
	2017	2018	2019	2023	2024
Proportion of births attended by skilled health personnel (%)	99.7	99.4	98.7	99.8	99.6

Indicator 3.2.1 Under-five mortality rate

Description of the indicator: The under-five mortality rate represents the probability of a child born each year or dying before reaching the age of 5 years, assuming they are subject to age-specific mortality rates of that period. It is expressed as the number of deaths per 1000 live births.

Sources of data: Ministry of Health and General Authority for Statistics.

Unit of measurement: Number of under-five children's deaths per 1000 live births

Level of disaggregation: National

Method of calculation:

$$\text{Under-five mortality rate} = \frac{\text{Number of deaths of children under five years of age}}{\text{Number of live births during the year}} \text{ X } 1{,}000$$

Last updated: 2023

Indicator	Year				
	2017	2018	2021	2022	2023
Number of under-five children's deaths per 1000 live births	8.9	8.5	8.96	10.05	11.79

Indicator 3.2.2 Neonatal mortality rate

Description of the indicator: The neonatal mortality rate is the probability that a child born in a given year or period will die within the 28 completed days of life, assuming exposure to the age-specific mortality rates of that period, and is expressed as the number of deaths per 1,000 live births.
Neonatal mortality (deaths among live births during the first 28 days of life) can be further classified into early neonatal deaths occurring within the first seven days after birth, and late neonatal deaths occurring after the seventh day of life and before the completion of the 28th day from the date of birth.

Sources of data: Ministry of Health and General Authority for Statistics

Unit of measurement: Number of neonatal deaths per 1,000 live births

Level of disaggregation: National

Method of calculation: **Neonatal mortality rate (0 – 28 days) =**
Number of deaths among newborns (less than 4 weeks after birth) / Number of live births during the year * 1000

Last updated: 2023

Indicator	Year				
	2017	2018	2021	2022	2023
Number of neonatal deaths per 1000 live births	5	3.6	2.75	2.42	5.2

Indicator 3.3.1 Number of new HIV infections per 1,000 uninfected population, by gender, age, and key population groups

Description of the indicator: The number of new HIV infections per 1,000 uninfected population, disaggregated by gender, age, and key population groups, represents the incidence of new HIV infections during a specified period per 1,000 individuals in the uninfected population.

Sources of data: Ministry of Health

Unit of measurement: Number of new HIV infections per 1,000 uninfected population

Level of disaggregation: National and by gender.

Method of calculation:
HIV infection rate = Number of people newly infected with HIV ÷Total number of uninfected people during years of exposure * 1,000

Last updated: 2023

Gender	Number of new HIV infections per 1,000 uninfected population population, by gender, age and key population				
	2019	2020	2021	2022	2023
Male	0.03	0.03	0.04	0.05	0.06
Female	<0.01	<0.01	<0.01	<0.01	<0.01
Total	**0.02**	**0.02**	**0.03**	**0.03**	**0.04**

Indicator 3.3.2 Tuberculosis incidence per 100,000 population

Description of the indicator: The TB prevalence rate per 100,000 population is defined as the estimated number of new and relapsed TB cases (covering all forms of TB, including cases among people living with HIV) occurring each year, and expressed as a rate per 100,000 population.

Sources of data: Ministry of Health

Unit of measurement: Number of Tuberculosis incidence per 100,000 population

Level of disaggregation: National and by gender

Method of calculation:

$$\text{TB Prevalence} = \frac{\text{Number of new TB cases and relapses}}{\text{Mid-year population}} \times 100{,}000$$

Last updated: 2024

Gender	Tuberculosis incidence per 100,000 population				
	2020	2021	2022	2023	2024
Male	8.1	9.52	9.21	8.82	8.3
Female	7.2	6.6	6.19	5.50	5.83
Total	**7.75**	**8.37**	**8.00**	**7.53**	**7.4**

Indicator 3.3.3 Malaria incidence per 1,000 population

Description of the indicator: Malaria incidence is defined as the number of new malaria cases per 1,000 population at risk each year.

Sources of data: Ministry of Health

Unit of measurement: Number of Malaria incidence per 1,000 population

Level of disaggregation: National and Gender

Method of calculation:

A- Confirmed malaria cases in the public sector
B- Suspected cases that are tested
C -Presumed cases (not tested but treated as malaria)
D- Reporting completeness
E- Test positivity rate (proportion of malaria-positive cases) = a/b
F- Proportion of cases seeking treatment in the private sector
G- Proportion of cases seeking treatment in the public sector
Adjustment factor for those who do not seek treatment: (1-g-f)
Public sector cases: (A+(C×e))/D
Private sector cases: (A+(C×e))/D×F/g

$$\text{Malaria incidence} = \frac{\text{Number of new malaria cases at risk}}{\text{Mid-year population}} \times 100{,}000$$

Last updated: 2024

Gender	Number of Malaria incidence per 1,000 population				
	2020	2021	2022	2023	2024
Male	0.0057	0.000	0.000	0.000	0.000
Female	0.0025	0.000	0.000	0.000	0.000
Total	**0.0044**	**0.000**	**0.000**	**0.000**	**0.000**

Indicator 3.3.4 Hepatitis B incidence per 100,000 population

Description of the indicator: This indicator is measured indirectly by estimating the proportion of five-year-old children infected with the chronic hepatitis B virus (HBV), expressed as the proportion of positive cases identified through the presence of the hepatitis B surface antigen (HBsAg).

Sources of data: Ministry of Health

Unit of measurement: Number of Hepatitis B cases per 100,000 population under 5 years of age

Level of disaggregation: National and by gender.

Method of calculation:

$$\text{Chronic hepatitis B virus infection rate} = \frac{\text{Number of hepatitis B cases}}{\text{Mid-year population}} \text{ X } 100{,}000$$

Last updated: 2024

Gender	Number of Hepatitis B incidence per 100,000 population under 5 years age				
	2020	2021	2022	2023	2024
Male	0.99	0.89	0.08	0.07	0.07
Female	0.66	0.69	0.16	0.00	0.158
Total	**0.83**	**0.79**	**0.12**	**0.038**	**0.116**

Indicator 3.3.5 Number of people requiring interventions against neglected tropical diseases

Description of the indicator: Number of people requiring treatment and care for any neglected tropical disease (NTD) included in the WHO Roadmap for the Prevention and Control of Neglected Tropical Diseases and World Health Assembly resolutions reported to WHO.

Sources of data: Ministry of Health

Unit of measurement: Number

Level of disaggregation: National, disease, and by gender.

Method of calculation:

1. **Average annual number of people requiring mass treatment, known as preventive chemotherapy (PC) for at least one chemotherapy disease:**

Individuals may require preventive chemotherapy for more than one NTD. The number of people requiring chemotherapy across NTDs that are eligible for PC is compared by age group and implementation unit (e.g., region). For each age group, a specific implementation unit is established to cover the largest possible number of people in need of a PC. The total is considered a moderate estimate of the number of people requiring preventive chemotherapy for at least one NTD.

Prevalence surveys determine when a neglected tropical disease has been eliminated or brought under control, at which point preventive chemotherapy can be discontinued or its frequency reduced, leading to a decrease in the average annual number of people needing this intervention.

2. **Number of new cases requiring individual treatment and specialized care for other NTDs:**

The number of new cases is based on national reports, where available, covering known and newly identified cases of the following diseases: Buruli ulcer, Chagas disease (American trypanosomiasis), cysticercosis, dengue, dracunculiasis (Guinea worm disease), echinococcosis, human African trypanosomiasis (sleeping sickness), leprosy, leishmaniasis, rabies, and yaws.

If data are reported on the number of people requiring surgery for NTDs addressed by preventive chemotherapy (e.g., hydrocele surgery for lymphatic filariasis), that number may also be added here. Likewise, new cases requiring rehabilitation (e.g., leprosy-related disabilities or lymphedema) should be included whenever such data is available.

Population figures reported under points (1) and (2) may overlap, meaning that the combined total could overestimate the number of people needing treatment and care. To address this, the maximum value from (1) or (2) is retained at the lowest common implementation unit, and these adjusted values are aggregated to produce national, regional, and global totals. Enhanced co-endemicity data and improved modeling by 2030 will help validate the trends derived from this simplified approach.

Last updated: 2023

People requiring interventions against neglected tropical diseases						
Disease	**Gender**	**2019**	**2020**	**2021**	**2022**	**2023**
Leishmaniasis	Male	889	879	466	388	753
	Female	207	188	136	142	222
	Total	1,096	1,067	602	530	975
Leprosy	Male	27	16	23	19	20
	Female	5	0	5	3	4
	Total	32	16	28	22	24
Rabies	Male	3	0	0	0	0
	Female	0	0	0	0	0
	Total	3	0	0	0	0
Mycetoma	Male	0	0	0	0	0
	Female	0	0	0	0	0
	Total	0	0	0	0	0
Lymphatic filariasis	Male	0	0	0	0	0
	Female	0	0	0	0	0
	Total	0	0	0	0	0
Onchocerciasis	Male	0	0	0	0	0
	Female	0	0	0	0	0
	Total	0	0	0	0	0
Schistosomiasis	Male	47	33	58	14	21
	Female	0	6	13	5	4
	Total	47	39	71	19	25
Soil-transmitted helminthiases	Male	1,799	791	987	1,094	1136
	Female	1,973	756	1,531	1,125	1213
	Total	3,772	1,547	2,518	2,219	2349
Trachoma	Male	0	0	0	0	0
	Female	0	0	0	0	0
	Total	0	0	0	0	0
Dracunculiasis	Male	0	0	0	0	0
	Female	0	0	0	0	0
	Total	0	0	0	0	0
Total	**Male**	**2,765**	**1,719**	**1,534**	**1,515**	**1,930**
	Female	**2,185**	**950**	**1,685**	**1,275**	**1,443**
	Total	**4,950**	**2,669**	**3,638**	**2,790**	**3,373**

Indicator 3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease

Description of the indicator: This indicator measures the probability of dying between the ages of 30 and 70 from cardiovascular disease, cancer, diabetes, or chronic respiratory diseases. It represents the percentage of individuals who reach the age of 30 but die before reaching the age of 70 from these causes, assuming they are exposed to the current age-specific mortality rates and that they do not die from other causes (e.g., injuries or HIV/AIDS).

Sources of data: Public Health Authority (Weqaya)

Unit of measurement: Percent %

Level of disaggregation: National

Method of calculation: The calculation of this indicator depends on four steps:
1) Estimation of WHO life tables, based on the 2012 revision of the United Nations World Population Prospects
2) Estimating causes of death distributions
3) Calculating age-specific mortality rates from the four non-communicable diseases for each five-year age group between 30 and 70
4) Calculating the probability of dying between the ages of 30 and 70 due to cardiovascular disease, cancer, diabetes, or chronic respiratory diseases.

Last updated: 2022

Note: This indicator broadly covers certain chronic diseases.

Indicator	Year				
	2018	2019	2020	2021	2022
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	14.86	14.83	13.37	13	16

Indicator 3.4.2 Suicide mortality rate

Description of the indicator: The suicide mortality rate is the number of suicide deaths a year divided by population and multiplied by 100,000.

Sources of data: Ministry of Health

Unit of measurement: Number of Suicide deaths per 100,000 population

Level of disaggregation: National and gender.

Method of calculation:

$$\text{Suicide mortality rate (per 100,000 population)} = \frac{\text{Number of suicide deaths in one year}}{\text{Mid-year population for the same calendar year}} \times 100{,}000$$

Last updated: 2023

Gender	Number of Suicide deaths per 100,000 population				
	2019	2020	2021	2022	2023
Male	2.475	3.154	1.7	2	2.65
Female	0.998	1.133	1.15	0.65	0.84
Total	**1.899**	**2.367**	**1.47**	**1.47**	**1.96**

Indicator 3.5.1 Coverage of treatment interventions (pharmacological, psychosocial, rehabilitation, and aftercare services) for substance use disorders

Description of the indicator: The coverage of treatment interventions for substance use disorders is defined as the number of individuals who received treatment in a year divided by the total number of individuals suffering from substance use disorders in the same year. This indicator is classified according to two major categories of psychotropic substances: (1) drugs, (2) Alcohol and other psychoactive substances.
This indicator is also disaggregated by the type of treatment interventions provided (pharmacological, psychological, rehabilitation, and aftercare services).

Sources of data: Ministry of Health

Unit of measurement: Percent %

Level of disaggregation: National and gender

Method of calculation: The Indicator is calculated by dividing the number of people receiving treatment at least once a year by the total number of people with substance use disorders in the same year.

$$\text{Coverage}_{\text{SUD}} = \frac{\text{number of people in treatment for SUD}}{\text{number of people with SUD}} \text{ X } 100$$

Last updated: 2024

Note: This indicator covers treatment interventions for all mental health conditions.

Gender	Coverage rate of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance uses disorders				
	2020	2021	2022	2023	2024
Male	100	100	100	100	100
Female	100	100	100	100	100
Total	**100**	**100**	**100**	**100**	**100**

Indicator 3.5.2 Alcohol per capita consumption (aged 15 years and older) within a calendar year in liters of pure alcohol

This indicator does not apply to the Kingdom of Saudi Arabia

Indicator 3.6.1 Death rate due to road traffic injuries

Description of the indicator: Death rate due to road traffic injuries is defined as the number of fatal road traffic injury deaths per 100,000 people.

Sources of data: Ministry of Health

Unit of measurement: Number of deaths per 100,000 population

Level of disaggregation: National

Method of calculation:

$$\text{Road traffic fatality rate (per 100,000 population)} = \frac{\text{Number of traffic accident deaths in the region}}{\text{Population of the region}} \text{ X } 100{,}000$$

Last updated: 2024

Item	Number of deaths from road traffic incidents per 100,000 population				
	2020	2021	2022	2023	2024
Total	14.64	15.11	14.16	13.12	12.13

Indicator 3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods

Description of the indicator: The proportion of women of reproductive age (15-49 years) who wish not to have children (again) or postpone having the next child and are currently using a modern method of contraception.
Percentage of women of reproductive age (15-49 years) currently using a modern method of contraception among those who desire to either not have (extra) children or postpone the next pregnancy. The indicator is also referred to as the proportion of demand for family planning satisfied by modern methods.
The percentage of women of reproductive age (15-49 years) whose need for family planning is satisfied by modern means is also referred to as the proportion of demand satisfied by modern means. The components of the indicator are the prevalence of contraceptives (any modern means and methods) and the unmet need for family planning.
Contraceptive prevalence is the percentage of women who currently use, or their partner is currently using, at least one method of contraception, regardless of the method used.

For analytical purposes, contraceptives are often classified as either modern or traditional. Modern methods of contraception include female and male sterilization, IUDs, implants, injections, oral contraceptive pills, male and female condoms, vaginal barrier methods (including diaphragm, cervical cap, spermicidal foam, gel, cream, sponges), lactation menopause, emergency contraception and other modern methods that have not been reported separately (e.g., a contraceptive patch or vaginal ring). Traditional methods of contraception include rhythm (e.g., methods based on fertility awareness, periodic abstinence), withdrawal, and other conventional methods that are not separately reported.
The unmet need for family planning is defined as the percentage of women of childbearing age who wish to stop or delay childbearing but do not use any method of contraception. The standard definition of unmet need for family planning includes women who are fecund and sexually active, who report not wanting to have any (or more) children, who report wanting to delay the birth of their next child for at least two years, or are unsure about the timing of the next birth, but do not use any method of contraception. The numerator also includes pregnant women whose pregnancy was unwanted or inappropriate at the time of conception;

Sources of data: General Authority for Statistics

Unit of measurement: Percent %

Level of disaggregation: National

Method of calculation:

$$NS_{Mod} = \frac{CP_{Mod}}{UMN + CP_{Any}} \; X\ 100$$

NS_{Mod} = Percentage of women of reproductive age (15-49 years) whose need for family planning was met by modern methods
CP_{Mod} = Number of women of childbearing age (15-49 years) who are currently using, or whose partner is currently using at least one modern method of contraception
UMN = Number of women with an unmet need for family planning
CP_{Any} = Number of women using any method of contraception

Last updated: 2024

Indicator	Year			
	2017	2018	2023	2024
Percentage of women of reproductive age (15-49 years) whose need for family planning is satisfied with modern methods	54.2	60.1	53.6	56

Indicator 3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group

Description of the indicator: Annual number of live births among females aged 10-14 years or 15-19 years per 1000 females in the relevant age group.

Sources of data: General Authority for Statistics

Unit of measurement: Number of adolescent births (15–19 years) per 1,000 females in the relevant age group

Level of disaggregation: National

Method of calculation:

$$\text{Adolescent birth rate (15-19 years)} = \frac{\text{Number of live births per year of women aged (15-19)}}{\text{Number of women (15-19 years)}} \times 1{,}000$$

$$\text{Adolescent birth rate (10-14 years)} = \frac{\text{Number of live births per year of women aged (10-14)}}{\text{number of women (10-14 years)}} \times 1{,}000$$

Last updated: 2024

Note: Data is available for the age group 15-19 years.

Indicator	Year		
	2017	2018	2024
Number of adolescent births (15–19 years) per 1,000 females in the relevant age group	11.7	7.4	4.15

Indicator 3.8.1 Coverage of essential health services

Description of the indicator: Coverage of the availability of essential health services (defined as the average coverage of basic services across reproductive health, maternal, newborn, child, communicable, and non-communicable diseases, ensuring access to these services for the general population and especially for the most disadvantaged groups).

Sources of data: Ministry of Health and General Authority for Statistics

Unit of measurement: Percent % and number per 10,000, per 100,000 population

Level of disaggregation: National, by gender, and type of disease

Method of calculation: The indicator is calculated with a geometric meaning based on the methods used in the HDI. Calculating this indicator first requires the preparation of 14 tobacco indicators that can be integrated into the indicator, and then calculating the indicator from those values:

The 14 traceability indicators are first placed on the same measurement, where the minimum value of 100 is the optimal value for most indicators. This is a normal measure of measurement; for example, the proportion of infants who are immunized ranges from 0 to 100 percent.

Re-measurement is done based on a non-zero minimum for more accurate accuracy (this "spans" distribution across countries): The prevalence of no tobacco use is remeasured using a minimum value of 30%, indicating a realistic range of prevalence levels in an indicator.

$$rescaled\ tobacco\ non\ use = (X-40)/(100-40)*100$$

*Re-*measurement for continuous measurement: Mean fasting plasma glucose, which is a continuous measure (millimol/L) unit, is converted to a scale of 0 to 100 using the minimum theoretical biological risk (5.1 mmol/L) and the observed maximum across countries (7.4 mmol/L).

$$rescaled\ value = (7.1 - original\ value) / (7.1-5.1) * 100$$

Maximum limits for average indicators: Hospital bed density and health workforce density are limited to a maximum, and values above this limit are fixed at 100. These limits are based on the minimum values observed in OECD countries (2015 edition of the OECD Health Statistics Database).

$$rescaled\ hospital\ beds\ per\ 10{,}000 = minimum\ (100, original\ value / 18*100$$

$$rescaled\ physicians\ per\ 1{,}000 = minimum\ (100, original\ value / 0.9*100$$

$$rescaled\ psychiatrists\ per\ 100{,}000 = minimum\ (100, original\ value / 1*100$$

$$rescaled\ surgeons\ per\ 100{,}000 = minimum\ (100, original\ value / 14*100$$

Once all the traceability indicator values are on a scale of 0 to 100, the geometric averages within each of the four health service areas are calculated, and then the geometric mean of these four values is taken. If the trace indicator value is zero or more than 100, it is set to 1 (out of 100) or 100 (out of 100), respectively, before calculating the geometric mean.

Last updated: 2024

Disease (%)	Gender	year				
		2020	2021	2022	2023	2024
Percentage of TB cases detected and successfully treated, by gender	Male	89.0	89.2	90.0	91.4	-
	Female	91.1	91.0	91.0	92.1	-
	Total	89.5	89.5	90.2	92	-
Percentage of infants (aged one year) who received three doses of diphtheria-tetanus-pertussis vaccine, by gender	Male	97.6	97.2	97.8	96.5	96.9
	Female	96.9	97.4	98.0	97.0	96.4
	Total	97.4	97.3	97.9	96.8	96.7
Percentage of people living with HIV who are currently receiving antiretroviral therapy, by gender	Male	100.0	100.0	100.0	95.6	-
	Female	83.2	81.1	83.7	86.0	-
	Total	96.1	95.5	95.9	94.3	-

indicator	2019	2022	2023
Proportion of women aged 15-49years who received antenatal care four or more times (%)	79.90	88.8	88.8

indicator	2020	2021	2022	2023	2024
Number of hospital beds per 10,000 population	24.9	25	24.3	23.7	23.4

Health workforce: health of health workers (doctors, psychiatrists, and surgeons) per capita, capped at the maximum thresholds per staff category	year				
	2020	2021	2022	2023	2024
Number of surgeons per 100,000 population	63.7	68	69.4	73.5	95.9
Number of psychiatrists per 100,000 population	4	4.4	4.9	4.9	5.1
Health Security: IHR core capacity Indicator, representing the average percentage of 15 core capacity attributes achieved	-	44.9	-	-	-
Average percentage of 13 core capacity attributes achieved	79	91	93	95	95

Indicator 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income

Description of the indicator: Percentage of population whose households incur large health expenditures as a share of total household expenditure or income. Two terms are used to define "significant household expenditure on health": greater than 10% and greater than 25% of total household expenditure or income.
Indicator 3.8.2 is defined as "the percentage of the population whose households spend large sums on health as a percentage of total household expenditure or income." In fact, it is based on a ratio that exceeds the minimum. The two main concepts that arouse interest behind this ratio are household expenditure on health (numerator) and total household expenditure on consumption or income (denominator).
Indicator description: Percentage of population whose households incur large health expenditures as a share of total household expenditure or income. Two terms are used to define "significant household expenditure on health": greater than 10% and greater than 25% of total household expenditure or income.
Indicator 3.8.2 is defined as "the percentage of the population whose households spend large sums on health as a percentage of total household expenditure or income." In fact, it is based on a ratio that exceeds the minimum. The two main concepts that arouse interest behind this ratio are household expenditure on health (numerator) and total household expenditure on consumption or income (denominator).

Numerator

Household health spending is defined as any expenditure incurred at the time of using the service for any type of care (promotive, preventive, curative or rehabilitative, palliative, or long-term care), including all medicines, vaccines, and other pharmaceuticals, as well as all health products, from any type of service provider and for all family members. These health expenses are characterized by direct payments that are funded from household income (including money transfers), savings, or loans, but do not include any third-party compensation. They are called out-of-pocket payments in the classification of health care financing schemes in the International Health Accounting Classification.

Denominator

Household consumption and household income are both measures of monetary well-being. Household consumption is a function of permanent income, a measure of a family's long-term economic resources that determines living standards. Depreciation is generally defined as the sum of the monetary values of all items consumed by a household at a local expense during a common reference period. It includes cash expenditure on non-food and non-durable goods and services consumed, as well as assumed values of goods and services that have not been purchased but otherwise obtained for consumption (in-kind depreciation value); Information about household consumption is usually collected in household surveys that may use different methods to measure "consumption" depending on whether the items refer to durable or non-durable goods and/or are produced directly by households.

Thresholds

Two global reporting thresholds are used to determine significant household expenditure on health as a share of total household consumption or income: a 10% lower threshold (3.8.2_10) and a 25% upper limit (3.8.2_25). Using these thresholds, the indicator measures financial difficulties (see section on comments and restrictions).

Sources of data: General Authority for Statistics

Unit of measurement: Percent %

Level of disaggregation: National

Method of calculation: The average weighted population with large household expenditure on health as a share of total household expenditure or income.

$$\frac{\Sigma_i m_i w_i 1\left(\frac{\text{health expenditure of the household } i}{\text{total expenditure of the household } i} > \tau\right)}{\Sigma_i m_i w_i}$$

Where:

i denotes a household,

$1()$ is the indicator function that takes the value 1 if the expression in parentheses is true, and zero otherwise,

m_i corresponds to the number of household members of i,

w_i Indicates the sample weight of the household

τ It is a threshold that determines a household's significant expenditure on health as a proportion of a household's total consumption or income (i.e., 10% and 25%).

Last updated: 2023

Proportion of the population with large household expenditures on health as a share of total household expenditure or income	Year	
	2018	2023
Proportion of the population with large household expenditures on health as a share of total (10%) household expenditure or income	1.31	1.97
Proportion of the population with large household expenditures on health as a share of total (25%) household expenditure or income	0.58	0.18

Indicator 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation, and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene (WASH) services for all

Description of the indicator: The mortality rate attributable to unsafe water, unsafe sanitation, and lack of hygiene (exposure to unsafe water, sanitation, and hygiene (WASH) services for all) is the number of deaths attributable to unsafe water, unsafe sanitation, and inadequate hygiene during a year, divided by the total population and multiplied by 100,000.

Sources of data: Ministry of Health

Unit of measurement: Number of deaths per 100,000 population (attributed to unsafe water, unsafe sanitation, and lack of hygiene)

Level of disaggregation: National

Method of calculation: Mortality rate attributable to unsafe water, unsafe sanitation, and lack of hygiene (per 100,000 population) = (number of deaths attributable to unsafe water, unsafe sanitation, and lack of hygiene in one year) / (population during the same year) * 100,000

Last updated: 2016

Indicator	Year
	2016
Number of deaths due to unsafe water, unsafe sanitation, and lack of hygiene per 100,000 population	<0.1

Indicator 3.9.3 Mortality rate attributed to unintentional poisoning.

Description of the indicator: The mortality rate attributable to unintentional poisoning is defined as the number of deaths due to unintentional (accidental) poisoning in one year, divided by the total population and multiplied by 100,000.

Sources of data: Ministry of Health

Unit of measurement: Number of deaths due to unintentional poisoning per 100,000 population

Level of disaggregation: National

Method of calculation: Mortality rate attributed to unintentional poisoning (per 100,000 population) = (Number of deaths of unintentional poisonings in a year) / (Population in the same year) * 100,000

Last updated: 2023

Item	Number of deaths due to unintentional poisoning per 100,000 population				
	2019	2020	2021	2022	2023
Total	0.34	0.61	0.09	0.03	0.19

Indicator 3.a.1 Age-standardized prevalence of current tobacco use among people aged 15 years and older

Description of the indicator: This indicator is defined as the percentage of the population aged 15 years and older who currently use any tobacco product (smoked and/or smokeless) either on a daily or non-daily basis.
Tobacco use means the use of smoked and/or smoke-free tobacco products. "
"Current use" refers to the use of any tobacco product within the preceding thirty days at the time of the survey, regardless of whether the use is daily or non-daily.

Sources of data: General Authority for Statistics

Unit of measurement: Percent %

Level of disaggregation: National, Gender

Method of calculation:

$$\text{Age-standardized prevalence of tobacco use} = \frac{\text{Number of current tobacco users aged 15 years and older}}{\text{Total survey respondents aged 15 years and older}}$$

Last updated: 2024

Gender	Age-standardized prevalence of current tobacco use among persons aged 15 years and older		
	2019	2023	2024
Male	30.00	24.75	17.5
Female	4.20	3.82	2.5
Total	19.80	17.53	12.4

Indicator 3.b.1 Proportion of the target population covered by all vaccines included in their national programme

Description of the indicator:

Coverage of the triple vaccine (diphtheria, pertussis, and tetanus - DTP third dose): Percentage of live infants who received the three doses of diphtheria, tetanus, and pertussis vaccine each year.

Coverage measles-containing vaccine (second dose): Percentage of children who received two doses of the measles-containing vaccine according to the nationally recommended schedule through routine immunization services.

Pneumococcal vaccine coverage (last dose in table): Percentage of live infants who received recommended doses of pneumococcal vaccine.

Coverage of HPV vaccine (last dose in schedule): Percentage of 15-year-old girls who received the recommended dose of HPV vaccine.

Sources of data: Ministry of Health

Unit of measurement: Percent %

Level of disaggregation: National and type of vaccination

Method of calculation: WHO and UNICEF jointly developed a methodology for estimating national immunization coverage from selected vaccines in 2000.
WHO-recommended vaccine estimates time series are produced and published annually since 2001. The methodology uses data reported by national authorities from countries' administrative systems as well as data from immunization surveys or household multiple indicator cluster surveys.
1. Coverage of DTP =∑ Children with documented vaccination against disease (number) / Children presenting their vaccination card (number) * 100
2. Coverage of HPV vaccine = 15-year-olds sold girls and boys within a representative sample of the statutory health insured population who received the relevant vaccination (number) / Total sample (number) * 100
3. Coverage of measles-containing vaccine at school entrance = Children with documented vaccination (number) / Children presenting their vaccination card (number) *100
4. Coverage of pneumococcal conjugate vaccine at school entrance = Children with documented vaccination (number) / Children presenting their vaccination card (number) *100

Last updated: 2024

Type of Vaccination	Proportion of the target population covered by all vaccines included in their national				
	2020	2021	2022	2023	2024
Percentage of Hexa vaccine coverage	97.4	97.3	97.9	96.8	96.7
Percentage of MMR vaccine coverage	96.4	97.0	97.5	96.0	96.4
Percentage of conjugate pneumococcal vaccine coverage	97.0	96.7	97.6	96.0	96.4

Indicator 3.b.2 Total net Official Development Assistance (ODA)to medical research and basic health sectors

Description of the indicator: Total disbursements of total ODA from all donors to the medical research and basic health sectors.

Sources of data: Saudi Aid Platform - King Salman Center

Unit of measurement: US$

Level of disaggregation: Recipient Country

Method of calculation: The sum of ODA provided by all donors to developing countries to finance medical research and basic health care.

Last updated: 2024

Year / country	Total net official development assistance to medical research and basic health sectors (US $)
2020	**65,456,055**
Afghanistan	350,000
Jordan	500,000
Sudan	500,000
Somalia	1,000,000
China	4,978,371
Iraq	53,395
Niger	1,179,000
India	200,000
Yemen	50,136,289
Indonesia	210,000
Pakistan	420,000
Bangladesh	1,179,000
Sierra Leone	255,000
Tajikistan	350,000
Guinea	350,000
Palestine	3,010,000
Kyrgyzstan	350,000
Liberia	225,000
Mali	210,000

Year / country	Total net official development assistance to medical research and basic health sectors (US $)
2021	**81,005,312**
Albania	1,000,000
Senegal	1,000,000
Niger	1,000,000
Yemen	57,505,312
Pakistan	9,500,000
Bangladesh	1,000,000
Burkina Faso	1,000,000
Togo	1,000,000
Jamaica	1,000,000
Djibouti	1,000,000
Saint Vincent and the Grenadines	250,000
Vietnam	500,000
Costa Rica	1,000,000
Mali	750,000
Malawi	500,000
Mauritania	1,000,000
Namibia	1,000,000
Nigeria	1,000,000
2022	**26,666**
Niger	26,666
2023	**777,700**
Yemen	777,700
2024	**2,890,816**
Yemen	2,890,816
Total	**150,156,549**

Indicator 3.b.3 Health product access index

Description of the indicator: Proportion of health facilities with a core set of essential medicines that are consistently available and affordable.
The indicator is a multidimensional indicator reported as the proportion of health facilities with a defined core range of affordable medicines available relative to the total number of health facilities surveyed at the national level.

Sources of data: Ministry of Health

Unit of measurement: Percent %

Level of disaggregation: National

Method of calculation: The index is computed as a ratio of the health facilities with available and affordable medicines for primary health care over the total number of the surveyed health facilities:

$$\textit{Proportion of health facilities with medicines available at an affordable cost for primary health care} = \frac{\textit{Number of health facilities where the basket of essential medicines is available at an affordable cost}}{\textit{Total number of facilities surveyed}}$$

Last updated: 2020

Indicator	2018	2020
Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis (%)	97	98.4

Indicator 3.c.1 Health worker density and distribution

Description of the indicator:

Average density of health workers by type of occupation, measured per 10,000 population

Physician density: Physician density is defined as the number of physicians, including specialists and general practitioners, per 10,000 population in a specified national and/or subnational area. The ISCO unit codes listed in this category are ISCO-08 221, 2211, and 2212.

Density of nursing and midwifery workers: Nursing and midwifery staff density is defined as the number of nursing and midwifery workers per 10,000 population in the national and/or subnational zone. ISCO-08 codes listed in this category are 2221, 2222, 3221, and 3222.

Dentist density: Dentist density is defined as the number of dentists per 10,000 population in the national and/or subnational zone. ISCO-08 codes listed in this category are 2261.

Pharmacist density: Pharmacist density is defined as the number of pharmacists per 10,000 population in a designated national and/or subnational zone. ISCO-08 codes listed in this category are 2262.

Distribution rate of health workers, by gender

Percentage of male doctors: Male doctors as a percentage of the total number of doctors at the national level. ISCO-08 codes listed in this category are 221, 2211, and 2212.

Percentage of female doctors (female doctors): Female doctors as a percentage of the total number of doctors at the national level. ISCO-08 codes listed in this category are 221, 2211, and 2212.

Proportion of male nurses: The proportion of male nurses out of the total nursing staff at the national level. ISCO-08 codes listed in this category are 2221 and 3221.

Percentage of female nursing personnel: Percentage of female nursing personnel out of the total nursing workers at the national level. ISCO-08 codes listed in this category are 2221 and 2212.

Sources of data: Ministry of Health

Unit of measurement: Density of health workers by occupation: per 10.000 Population

Level of disaggregation: National, by specialty/occupation.

Method of calculation:

Average density of health workers by type of profession. Figures for the number of physicians (including specialist physicians and general practitioners) based on the nature of the Source of Data may include only medical practitioners or all registered physicians.

Figures for nursing and midwifery include nurses and midwives, where available. A nurse with the skills of a midwife is considered a nurse in several countries. It is therefore difficult to distinguish between nurses and midwifery workers.

Figures for the number of dentists include dentists in the national and/or subnational region specified. Depending on the nature of the Source of Data, it may include practicing only (active) professions or all registered health professionals.

It includes figures on the number of pharmacists in the national and/or subnational zone specified. Depending on the nature of the Source of Data, it may include practicing only (active) professions or all registered health professionals.

Global denominator data are generally sourced from the United Nations Population Division. If the official health workforce report includes indicators of density rather than numbers, then the balance estimates are calculated using the population estimated by the United Nations Population Division World Population Prospects (2017).

Last updated: 2024

Density of health workers by occupation: per 10,000 Population					
Health Specialist	**2020**	**2021**	**2022**	**2023**	**2024**
All doctors, including dentists	36.4	39.8	40.1	41.4	46.3
Doctors	30.2	32.4	32.7	33.7	36.8
Dentists	6.2	7.4	7.4	7.7	9.5
Nursing sector, including midwives	62.3	65.4	62.4	64.7	70.6
Nursing	60.9	63.9	60.9	63.2	68.9
Midwives	1.4	1.5	1.5	1.5	1.7
Pharmacists	8.7	10	10.6	10.9	13.3
Allied Health Professions	39.3	42.6	43	45.6	62.9

Indicator 3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness

Description of the indicator: The revised IHR was adopted in 2005 and entered into force in 2007. Under the IHR, States Parties are required to develop and maintain minimum core capacities for surveillance and response, including at points of entry, for early detection, assessment, notification, and response to potential public health events of international concern.

Sources of data: Ministry of Health

Unit of measurement: Percent %

Level of disaggregation: National

Method of calculation: Indicator level: The score of each Indicator level will be classified as a percentage of performance along the "1 to 5" scale. For example, for a country that chooses indicator level 3 1.2, the indicator level will be expressed as follows: 5/3 * 100 = 60% Capability Level: The ability level will be expressed as the average of all indicators. The ability level will be expressed as the average of all indicators. For example, for a country that chooses indicator level 3, 1.2, and indicator level 4, 2.2. The indicator level for 1.2 will be expressed as follows: 3/5 * 100 = 60%, the indicator level for 2.2 will be expressed as follows: 4/5 * 100 = 80% and the capacity level for 2 will be expressed as follows: (60 + 80) / 2 = 70%

Last updated: 2022

Item	Year				
	2018	**2019**	**2020**	**2021**	**2022**
Percentage of health emergency preparedness capacity	69	75	79	91	93

Indicator 3.d.2a and 3.d.2b Percentage of bloodstream infections attributed to selected antimicrobial-resistant organisms

Description of the indicator: Proportion of bloodstream infections caused by methicillin-resistant Staphylococcus aureus (MRSA) and third-generation cephalosporin-resistant Escherichia. coli (e.g., ESBL-E. coli) among care-seeking patients with blood samples and screened.

- Confirmed isolates of methicillin-resistant Staphylococcus aureus (MRSA), as determined by minimum inhibitory concentration (MIC) for oxacillin and cefoxitin disc diffusion tests, according to internationally recognized clinical breakpoints (e.g., EUCAST or CLSI).
- Resistance of Escherichia coli to third-generation cephalosporins: Isolates confirmed according to internationally recognized clinical breakpoints (e.g., EUCAST or CLSI), specifically for ceftriaxone, cefotaxime, or ceftazidime.

Sources of data: Public Health Authority (Weqaya)

Unit of measurement: Percent %

Level of disaggregation: National

Method of calculation: This is derived from the following and multiplied by 100:
Numerator: Number of patients with the growth of MRSA or third-generation Escherichia coli in tested blood samples
Denominator: Total number of patients with bacterial growth in blood cultures

Last updated: 2022

Percentage of bloodstream infections attributed to selected antimicrobial-resistant organisms	Year
	2022
3.d.2a: Methicillin-resistant Staphylococcus aureus	43
3.d.2b: Escherichia coli resistant to third-generation cephalosporins	41