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**TOWARDS REACHING THE HEALTH-RELATED MILLENNIUM DEVELOPMENT
GOALS: PROGRESS REPORT AND THE WAY FORWARD**

Report of the Regional Director

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BACKGROUND

1. In 2000, world leaders adopted the United Nations Millennium Declaration and the millennium development goals (MDGs), setting the year 2015 as the date for reaching the targets. The MDGs constituted an unprecedented commitment by world leaders to comprehensively address peace, security, development, human rights and fundamental freedoms.
2. Three of the eight MDGs are health goals: they are Goal 4, Reduce child mortality; Goal 5, Improve maternal health; and Goal 6, Combat HIV/AIDS, malaria and other diseases. Several other MDGs are monitored through health-related indicators; they include Goal 1, Eradicate poverty and hunger; Goal 7, Ensure environmental sustainability; and Goal 8, Develop a global partnership for development (see the table in Annex A for an updated list).
3. Significant commitments to the MDGs have been demonstrated by countries of the WHO African Region. Examples of these commitments include the Abuja Declaration of 2001 requesting countries to allocate 15% of public expenditures to the health sector; the 2005 WHO Regional Committee for Africa resolution on achieving the millennium development goals;¹ and the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa.² Similar commitments have been demonstrated by development partners through the United Nations Secretary-General's MDGs Africa Initiative and the Harmonization for Health in Africa mechanism.
4. This report provides an update on the progress made towards the achievement of the health and health-related MDGs; it further identifies the main challenges and proposes the way forward.

PROGRESS MADE

5. The analysis of progress is based on data from the UN Statistical Division (UNSD) and data from World Health Statistics 2008 and 2009 when not available in UNSD. It focuses on agreed MDG targets and indicators. Trends are assessed on the basis of data between 1990 and the most recent year for which information was available as of July 2009.³ UN Member States earlier agreed to use the UNSD statistical database to monitor country progress towards reaching the MDGs. However the latest data on MDGs submitted by Member States are presented in Annex C.

Health MDGs

6. *Target 4A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.* Six countries are on track to achieve this target (Algeria, Cape Verde, Eritrea, Malawi, Mauritius and Seychelles); 23 countries are making progress, although it is insufficient; and 16 countries have made no progress. In 2006, the mortality rate varied between 16 and 262 per 1000 live births (Annex B: Figure 2).

¹ Resolution AFR/RC55/R2, Achieving the health millennium development goals: situation analysis and perspectives in the African Region. In: *Fifty-fifth Session of the WHO Regional Committee for Africa, Maputo, Mozambique, 22–26 August 2005, Final report*, Brazzaville, World Health Organization, Regional Office for Africa, 2005 (AFR/RC55/20), pp. 7–9.

² Resolution AFR/RC58/R3, The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: achieving better health for Africa in the new millennium. In: *Fifty-eighth Session of the WHO Regional Committee for Africa, Yaounde, Republic of Cameroon, 1–5 September 2008, Final report*, Brazzaville, World Health Organization, Regional Office for Africa, 2008 (AFR/RC58/20), pp. 13–15.

³ Although the MDGs were adopted in 2000, the baseline year for the targets was set from 1990.

7. *Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.* MMR estimates for 2005 show that the Region has made no progress towards achieving this target.⁴ A total of 13 countries⁵ had maternal mortality ratios less than 550 deaths per 100 000 live births; 31 countries had very high MMRs of 550 or higher; and 12 countries had ratios of 1000 or higher. MMR estimates were not available for two countries (Annex B: Figure 3).

8. *Target 5B: Achieve, by 2015, universal access to reproductive health.* Between 1990 and 2007, there was a 30% increase in access to contraceptives in the Region among currently married women. The prevalence of contraceptive use among currently married women (15–49 years old) varied from 75% to 5% in 2007. Only five countries had contraceptive use rates higher than 50% (Algeria, Cape Verde, Mauritius, South Africa and Zimbabwe), while 27 countries had usage rates less than 33%. Trend data were not available for nine countries (Annex B: Figure 4).

9. *Target 6A: Halt and begin to reverse, by 2015, the spread of HIV/AIDS.* Among the 13 countries that have complete trend data, 11 have started to observe declines or stabilization in HIV prevalence trends among pregnant women aged 15–24;⁶ HIV/AIDS prevalence has increased in two countries (Burundi and Malawi). The most recent prevalence estimates in the 13 countries ranged between 1.7% and 27.1% (Annex B: Figure 5).

10. *Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.* Only a third of the population with advanced HIV infection in the Region had access to antiretroviral medicines in 2007. Three countries had coverage rates of more than 70% (Botswana, Namibia and Rwanda), while 39 countries had coverage rates below 50%. Trend data were not available for four countries (Annex B: Figure 6).

11. *Target 6C: Halt and begin to reverse, by 2015, the incidence of malaria and other major diseases.* Interpretation of the trends in malaria incidence and deaths using available data is difficult in the African Region due to incomplete reports, non-standardized reporting and reliance mostly on clinical diagnosis. Indicators of ITN and antimalarial coverage are preferred to measure progress toward the MDG targets. There were increases in the proportions of children under five sleeping under insecticide-treated bednets between 1999 and 2006 in all 18 countries with trend data, although coverage rates were lower than 50% (Annex B: Figure 7a). The use of antimalarial medicines for treating children with fever decreased between 1996 and 2006 in 14 countries out of 19 with complete trend data (Annex B: Figure 7b). This decrease is due to the shift from chloroquine treatment to the implementation of artemisinin-based combination therapy policy.

12. Five countries (Angola, Comoros, Eritrea, Seychelles and Zambia) are on track to achieve the target for tuberculosis, while eight countries⁷ have shown insufficient progress (Annex B: Figure 8). Of the 33 countries that are making no progress, 14 have prevalence of 500 or more per 100 000 population; between 1990 and 2007, estimated prevalence increased in 27 countries due to the HIV pandemic. The prevalence ranged between 39 and 941 per 100 000 population per year (Annex B: Figure 8).

⁴ WHO, *Maternal mortality in 2005: Estimates developed by WHO, UNICEF, UNFPA and the World Bank*, Geneva, World Health Organization, 2007; also see http://www.who.int/reproductive-health/publications/maternal_mortality_2005/index.html (accessed 29 October 2008).

⁵ Algeria, Botswana, Cape Verde, Comoros, Eritrea, Gabon, Madagascar, Mauritius, Mozambique, Namibia, South Africa, Swaziland and Togo.

⁶ Benin, Botswana, Eritrea, Ethiopia, Ghana, Lesotho, Namibia, Rwanda, Swaziland, Zambia and Zimbabwe.

⁷ Cape Verde, Ghana, Guinea-Bissau, Mali, Mauritius, Namibia, Sao Tome and Principe, and South Africa.

Health-related MDGs

13. *Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.* Only eight countries are on track to achieve this target.⁸ Although 18 countries are making progress, their progress is insufficient; 12 countries have made no progress. The proportion of malnourished children in these 38 countries varies from 3% to 44%. Trend data were not available in eight countries (Annex B: Figure 1).

14. *Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.* Nine countries⁹ are on track to achieve the safe water target. Six countries are making progress although it is insufficient, while 19 countries have made no progress (Annex B: Figure 9). The proportions of population using improved drinking water sources varied between 42% and 100% in 2006. Trend data were not available for 12 countries. Of the 36 countries with trend data, 34 countries have made no progress to achieve the target for basic sanitation while two countries are on track (Algeria and Mauritius) (Annex B: Figure 10). The few countries that are on track to achieve some of the targets represent between 5% and 15% of the total population of the African Region.

15. *Target 8E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.* The indicator for this target is the proportion of population with access to affordable essential medicines on a sustainable basis. The method for collecting data on this indicator was introduced only recently (see Annex A). Thus, adequate trend data were not yet available to assess countries' progress on this target.

CHALLENGES

16. The available evidence indicates that most of the countries in the African Region have not made sufficient progress towards the MDG targets. A number of key challenges need to be addressed effectively if countries are to attain the goals by 2015. These challenges include:

- (a) inadequate internal and external resources devoted to the achievement of the MDGs;
- (b) external resources which are unpredictable, non-sustainable, and not aligned to or in harmony with country priorities; existing resources which are inefficiently utilized;
- (c) weak health systems, particularly inadequate access to, and quality of, health services; weak human and institutional capacity;
- (d) persisting inequities in access to proven interventions, particularly against maternal mortality, but also against child mortality, HIV/AIDS, tuberculosis and malaria;
- (e) low priority accorded to health in national economic and development policies;
- (f) weak multisectoral response, and the poor progress in achieving the other MDGs;
- (g) inadequate trend data for a number of indicators, global reporting often being based on imputations and estimations using statistical techniques rather than on empirical and timely data collection.

⁸ Algeria, Botswana, Republic of Congo, Ghana, Guinea-Bissau, Malawi, Mauritania, and Sao Tome and Principe.

⁹ Botswana, Burkina Faso, Cote d'Ivoire, Ghana, Guinea, Malawi, Mauritius, Namibia and South Africa.

THE WAY FORWARD

17. Progress on the goals of the health-related MDGs is mostly very slow in the African Region. Countries and their development partners should increase resources significantly and explore new and innovative ways to ensure progress.

18. Countries should allocate at least 15% of public expenditure to the health sector as set out in the 2001 Abuja Declaration.¹⁰ In addition, they need to strengthen existing structures and mechanisms for sustainable, effective and efficient mobilization and utilization of internal and external resources.

19. Countries can strengthen health systems by fully implementing the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa to ensure better access to, and quality of, health services; a strong health workforce; an effective health information system; equitable access to essential medical products, vaccines and technologies; a functioning health financing system; and a robust leadership and governance structure.

20. It is necessary for countries to increase their attention to areas where progress has been limited, particularly to improve maternal health, by providing sufficient financing to strengthen maternal and other reproductive health services.

21. Both countries and partners should build international partnerships, sustain the gains achieved and scale up interventions to achieve the necessary reductions in under-five mortality as well as combat HIV/AIDS, malaria and tuberculosis.

22. Countries should strengthen leadership and institutional capacity within ministries of health, especially in macroeconomic analysis and strategic planning and budgeting. There is a need to increase dialogue between health and oversight ministries such as finance and planning.

23. National efforts should follow the “Three Ones” principle of one national plan, one coordination mechanism and one monitoring and evaluation plan while striving to achieve the MDGs.

24. Countries can improve the monitoring of progress towards the MDGs in collaboration with all stakeholders and international partners by: (a) improving the frequency, quality and efficiency of national health surveys; (b) strengthening birth and death registration; (c) improving the availability of demographic data by completing the 2010 census round; (d) improving surveillance and service statistics; (e) enhancing monitoring of health systems strengthening; and (f) strengthening the analysis, evaluation and use of data for decision-making.¹¹

25. Unless current trends are drastically changed, most countries of the African Region are unlikely to achieve any of the health or health-related MDGs. However, progress is possible if Member States

¹⁰ Recent estimates show that only five countries—Botswana, Burkina Faso, Liberia, Malawi and Rwanda—have achieved the 2005 Abuja target of at least 15% of public expenditure to the health sector.

¹¹ WHO, Strengthening the monitoring of progress on the health-related MDGs in the African Region. Report submitted to the HHA Regional Directors Meeting, Nairobi, 11–14 November 2008, Brazzaville, World Health Organization, Regional Office for Africa, 2008.

work with development partners to devote more resources, strengthen health systems, including the data sources for monitoring MDG progress, and improve access to proven interventions.

26. The Regional Committee is requested to take note of this progress report and encourage countries to adopt the proposed actions as the way forward for reaching the targets of the millennium development goals.

ANNEX A

Official list of MDG indicators

MDG monitoring framework revised to include new targets and indicators, as noted by the 62nd UN General Assembly. Health targets and indicators are in gray. All indicators should be disaggregated by sex and urban/rural as far as possible.

Effective 15 January 2008

Millennium Development Goals (MDGs)	
Goals and targets (from the Millennium Declaration)	Indicators for monitoring progress
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below \$1 (PPP) per day' 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below \$ 1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary 2.3 Literacy rate of 15-24 year-olds, women and men
Goal 3: Promote gender equity and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunized against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning

Goal 6: Combat HIV/AIDS, malaria and other diseases	
<p>Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS</p> <p>Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.</p>	<p>6.1 HIV prevalence among population aged 15-24 years</p> <p>6.2 Condom use at last high-risk sex</p> <p>6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS</p> <p>6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years</p> <p>6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs</p>
<p>Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</p>	<p>6.6 Incidence and death rates associated with malaria</p> <p>6.7 Proportion of children under 5 sleeping under insecticide-treated bednets</p> <p>6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malaria drugs</p> <p>6.9 Incidence, prevalence and death rates associated with tuberculosis</p> <p>6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course</p>
Goal 7: Ensure environmental sustainability	
<p>Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</p> <p>Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate loss</p> <p>Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation</p> <p>Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers</p>	<p>7.1 Proportion of land area covered by forest</p> <p>7.2 CO2 emissions, total per capita and per \$ 1 GDP (PPP)</p> <p>7.3 Consumption of ozone-depleting substances</p> <p>7.4 Proportion of fish stocks within safe biological limits</p> <p>7.5 Proportion of total water resources used</p> <p>7.6 Proportion of terrestrial and marine areas protected</p> <p>7.7 Proportion of species threatened with extinction</p> <p>7.8 Proportion of population using an improved drinking water source</p> <p>7.9 Proportion of population using an improved sanitation facility</p> <p>7.10 Proportion of urban population living in slumsⁱⁱ</p>
Goal 8: Develop a global partnership for development	
<p>Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system</p> <p>Includes a commitment to good governance, development and poverty reduction – both nationally and internationally</p> <p>Target 8.B: Address the special needs of the least developed countries</p> <p>Includes: tariff and quota free access for the least developed countries export, enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt, and more generous ODA for countries committed to poverty reduction</p> <p>Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)</p>	<p><i>Some of the indicators listed below are monitored separately for the least developed countries (LDCs). Africa, landlocked developing countries and small islands developing States.</i></p> <p><u>Official development assistance (ODA)</u></p> <p>8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income</p> <p>8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)</p> <p>8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied</p> <p>8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes</p> <p>8.5 ODA received in small island developing States as a proportion of their gross national incomes</p> <p><u>Market access</u></p> <p>8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries</p>

<p>Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p>	<p>and least developed countries, admitted free of duty</p> <p>8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries</p> <p>8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product</p> <p>8.9 Proportion of ODA provided to help trade capacity</p> <p><u>Debt sustainability</u></p> <p>8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)</p> <p>8.11 Debt relief committed under HIPC and MDRI Initiatives</p> <p>8.12 Debt service as a percentage of exports of goods and services</p>
<p>Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p>	<p>8.13 Proportion of population with access to affordable essential drugs on a sustainable basis</p>
<p>Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</p>	<p>8.14 Telephone lines per 100 population</p> <p>8.15 Cellular subscribers per 100 population</p> <p>8.16 Internet users per 100 population</p>

The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 Heads of State and Government in September 2000 (<http://www.un.org/millennium/declaration/ares552e.htm>) and from further agreement by Member States at the 2005 World Summit (Resolution adopted by the General Assembly – A/RES/60/1, <http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/60/1>). The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries “to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty”.

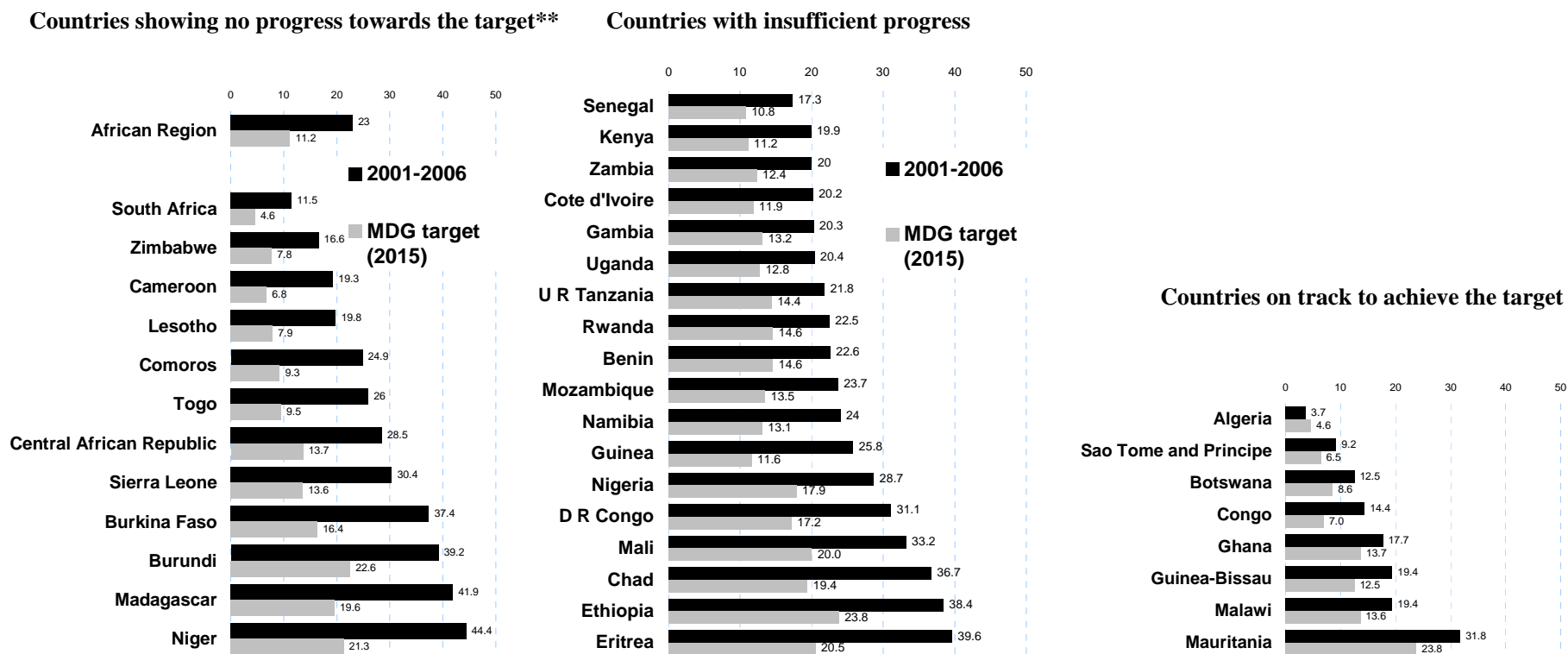
ⁱ For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

ⁱⁱ The actual proportion of people living in slums measured by a proxy, represented by the urban population living in households with at least one of the four characteristics (a) lack of access to improved water supply; (b) lack of access to improved sanitation; (c) overcrowding (3 or more persons per room); and (d) dwellings made of non-durable material.

ANNEX B

Graphs of MDG trends

Figure 1: Percentage of under-five children with moderate or severe malnutrition in 2001-2006 (darker bars) and the MDG target* rate in the African Region



Note:

*MDG Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

** Countries and regions are classified according to the following thresholds: On track: Average annual rate of reduction (AARR) is greater than or equal to 2.6 per cent, or latest available estimate of underweight prevalence (2000 or later) is less than or equal to 5 per cent, regardless of AARR. Insufficient progress: AARR is between 0.6 per cent and 2.5 per cent. No progress: AARR is less than or equal to 0.5 per cent.

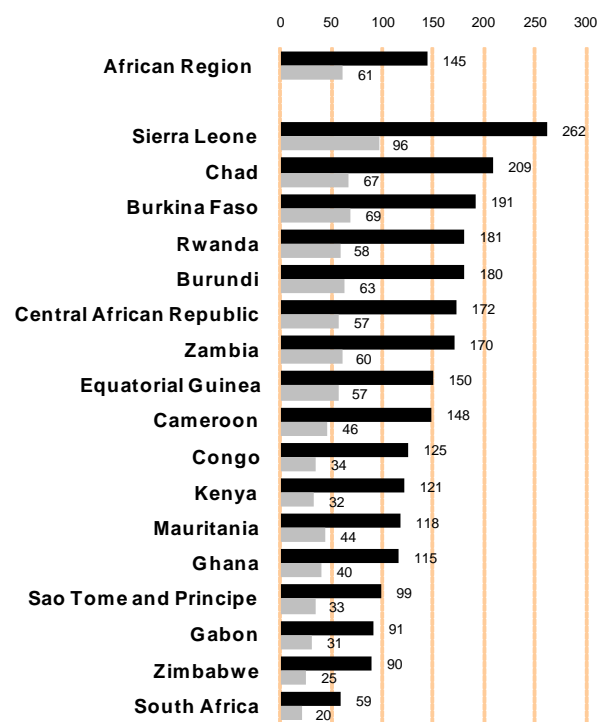
Data was not available for eight countries: Angola, Cape Verde, Equatorial Guinea, Gabon, Liberia, Mauritius, Seychelles and Swaziland.

Source for country data UNSD - accessed 7 July 2009.

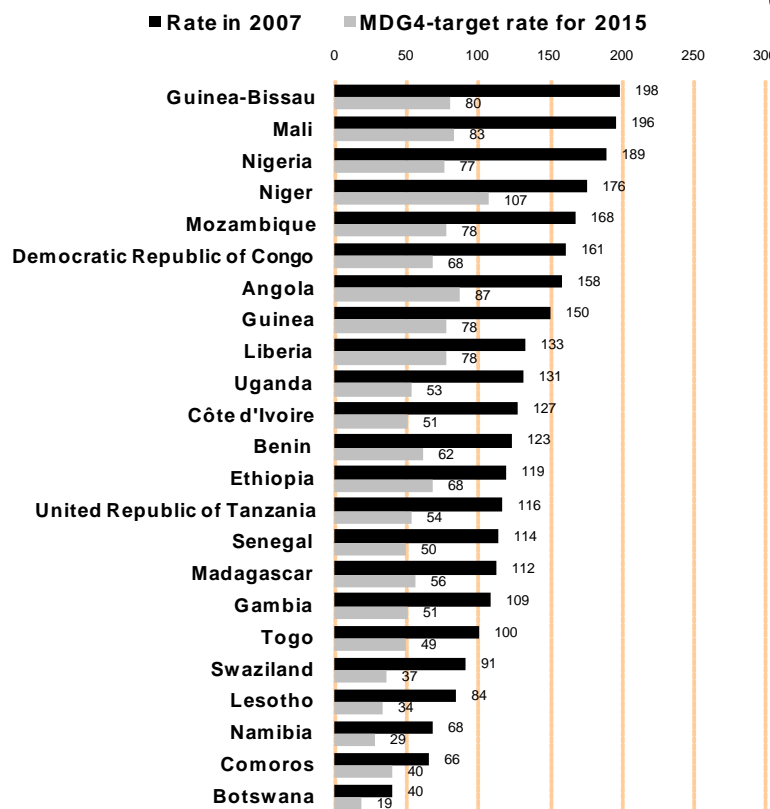
Source for data for the average of the African Region: WHO, World health statistics 2008, Geneva, World Health Organization, 2008.

Figure 2: Under-five mortality (per 1000 live births) in 2007 (darker bars) and the MDG target* rate in the African Region

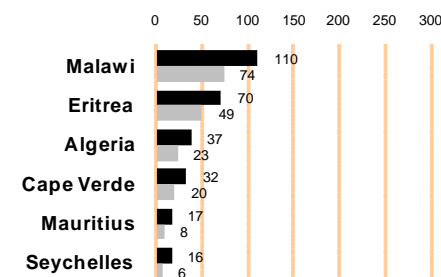
Countries showing no progress towards the target**



Countries with insufficient progress



Countries on track to achieve the target



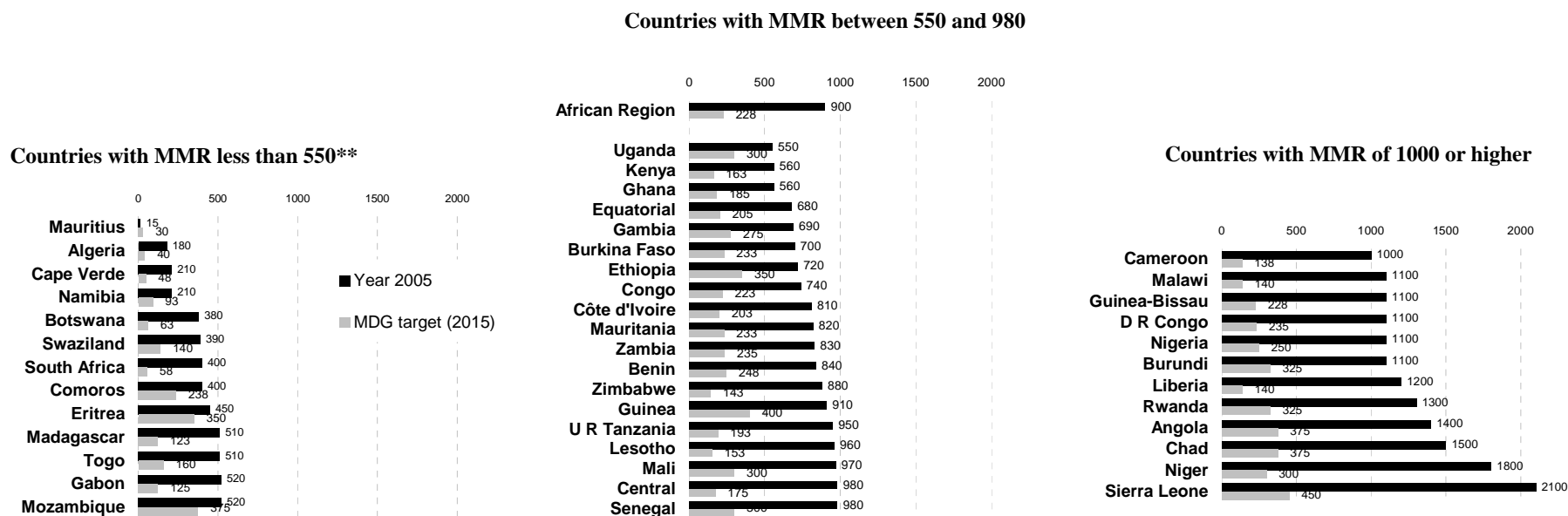
Note:

*MDG Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under five mortality rate

**Country and regional assessments of progress towards MDG 4 are based on average annual rates of reduction (AARR) in U5MR observed for 1990–2007 and required during 2008–2015 in order to reach the MDG target of reducing U5MR by two thirds by 2015, according to the following thresholds: On track: U5MR is less than 40, or U5MR is 40 or more and AARR observed for 1990–2007 is 4.0 per cent or more. Insufficient progress: U5MR is 40 or more and AARR observed for 1990–2007 is between 1.0 per cent and 3.9 per cent. No progress: U5MR is 40 or more and AARR observed for 1990–2007 is less than 1.0 per cent.

Source: WHO, World health statistics 2009, Geneva, World Health Organization, 2009.

Figure 3: Estimates of maternal mortality ratio (per 100 000 live births) in 2005 (darker bar) and the MDG target* ratio in the African Region



Note:

*MDG Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

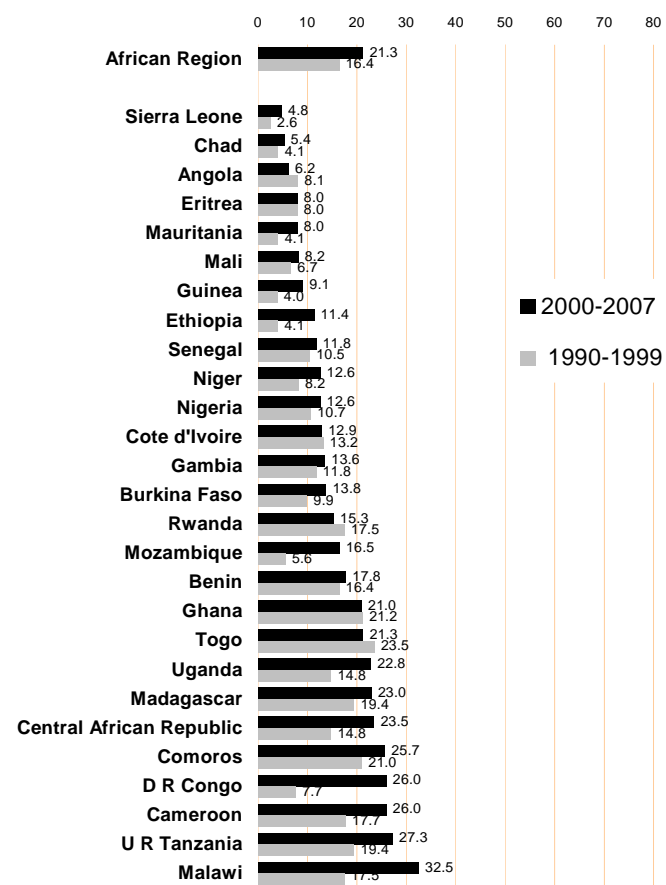
**Due to the large margins of uncertainty around these estimates, country-level trend analysis is problematic. Progress towards this MDG is therefore assessed based on the latest available estimates and is classified according to the following thresholds: Very high: MMR of 550 or more; High: MMR of 300–549; Moderate: MMR of 100–299; Low: MMR below 100.

Data was not available for San Tome and Principe and Seychelles.

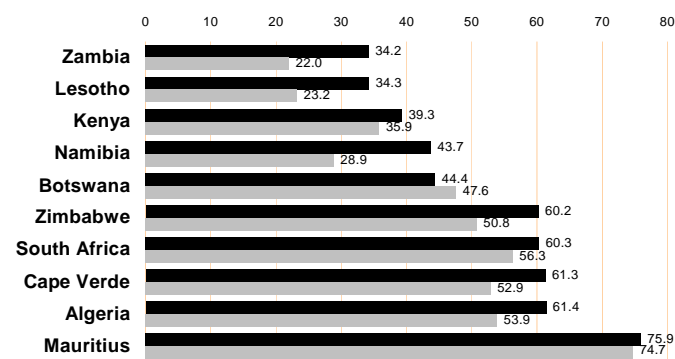
Source: *Maternal mortality in 2005: Estimates developed by WHO, UNICEF, UNFPA and the World Bank, WHO, 2007.* http://www.who.int/reproductive-health/publications/maternal_mortality_2005/index.html (accessed on 29/10/08) and WHO, *World health statistics 2009, Geneva, World Health Organization 2009.*

Figure 4: Prevalence of contraceptive use (per cent) among currently married women 15–49 years old, in 2000–2007 (darker bars) and 1990–1999 (lighter bars) in the African Region*

Countries with prevalence less than 33%



Countries with prevalence of 33% or more**



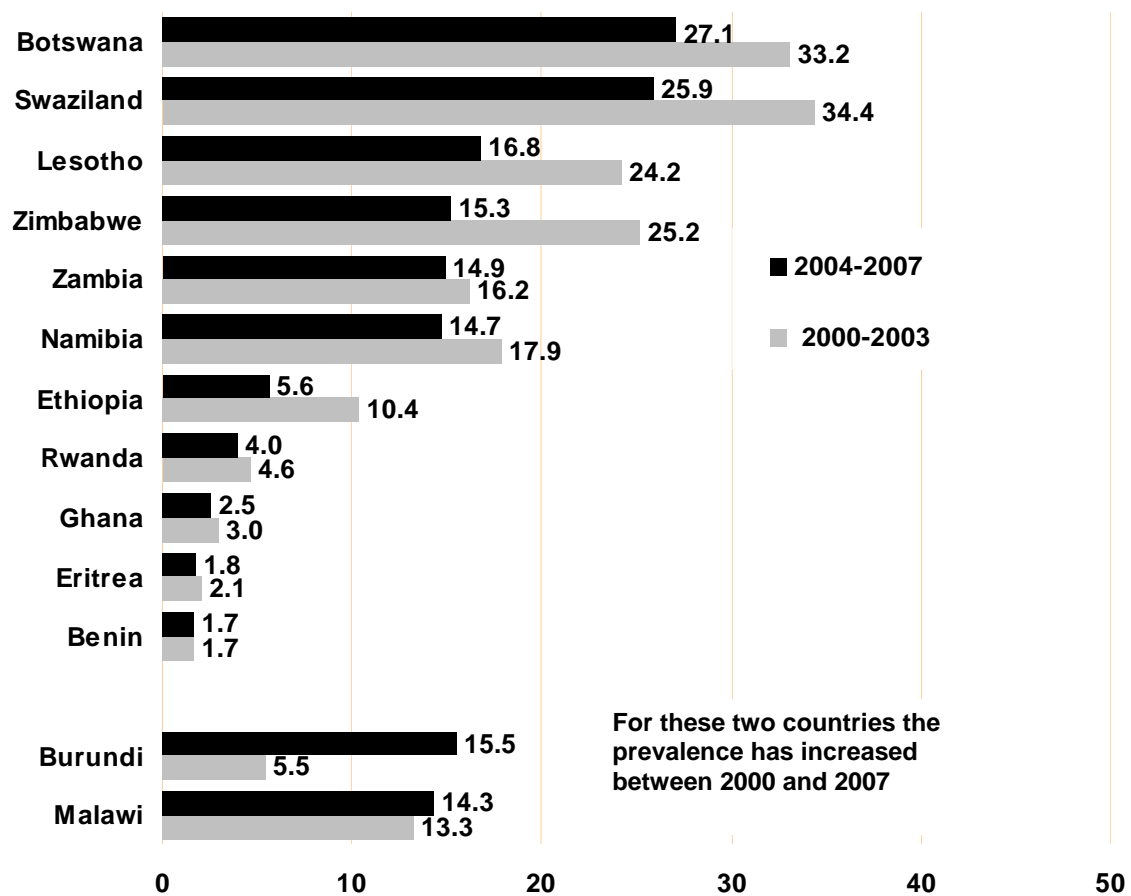
Note:

*MDG Target 5.B: Achieve, by 2015, universal access to reproductive health.

**Trend data is incomplete for nine countries: Burundi, Congo, Equatorial Guinea, Gabon, Liberia, Guinea-Bissau, Sao Tome and Principe, Seychelles, and Swaziland.

Source: UNSD - accessed 7 July 2009.

Figure 5: HIV prevalence in pregnant women aged 15–24 years in 2004–2007 (darker bars) and in 2000–2003 (lighter bars) for 13 countries with trend data in the African Region*



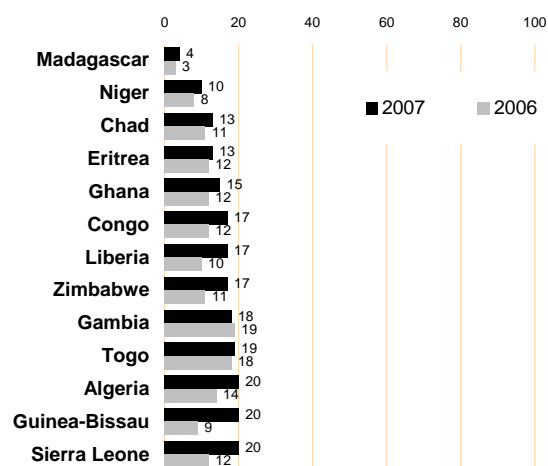
Note:

*MDG Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS.

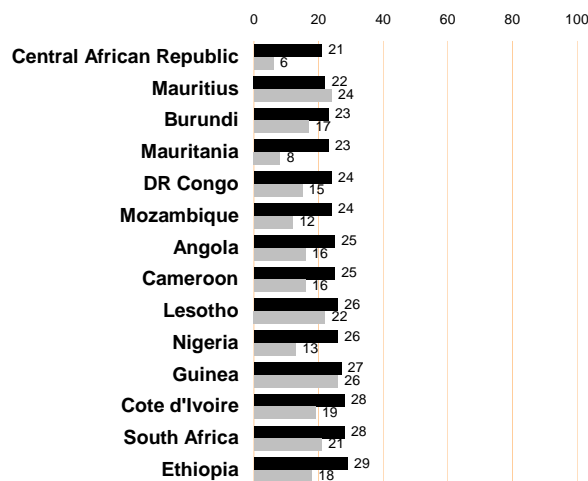
Source: WHO-AFRO dataset—7 July 2009.

Figure 6: Percentage of population with advanced HIV infection with access to antiretroviral medicines in 2007 (darker bars) and in 2006 (lighter bars) in the African Region*

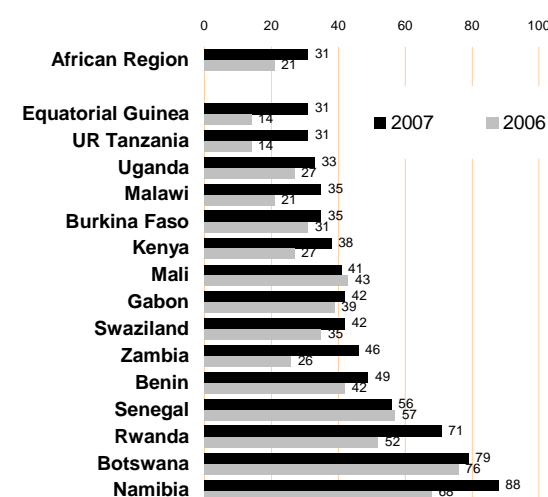
Countries with coverage rate of 20% or less**



Countries with coverage rate of 21–30%



Countries with coverage rate of 31% or more



Note:

*MDG Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.

**Trend data not available for four countries: Cape Verde, Comoros, Sao Tome and Principe and Seychelles.

Source for country data UNSD - accessed 7 July 2009.

Source for data for the average of the African Region: WHO/UNAIDS/UNICEF--Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector--progress report 2008.

Figure 7a: Percentage of under five children sleeping under insecticide-treated bednets* in 2003–2006 (darker bars) and 1999–2002 (lighter bars) in the African Region**

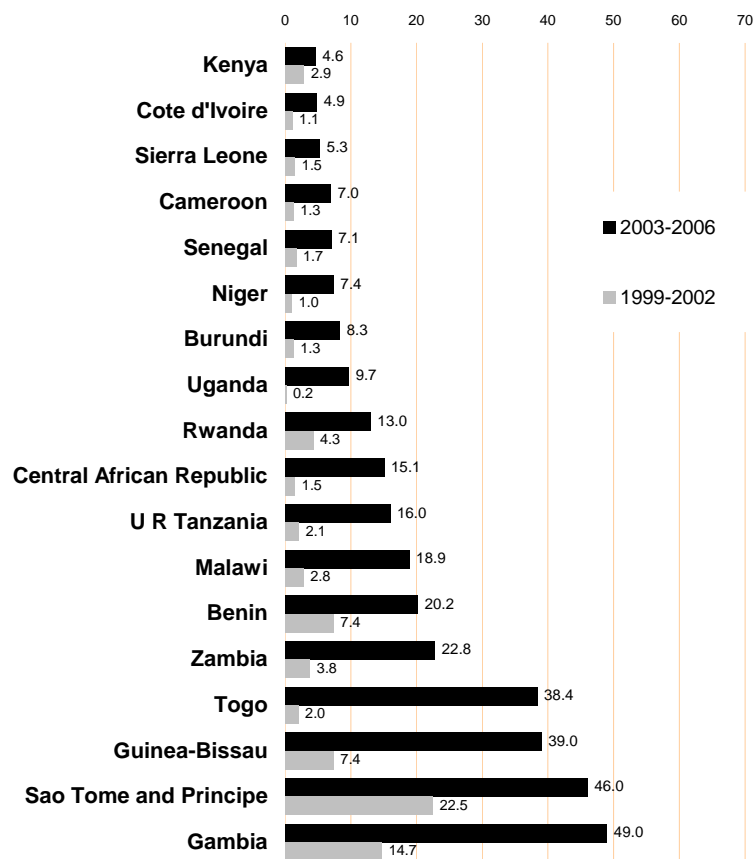
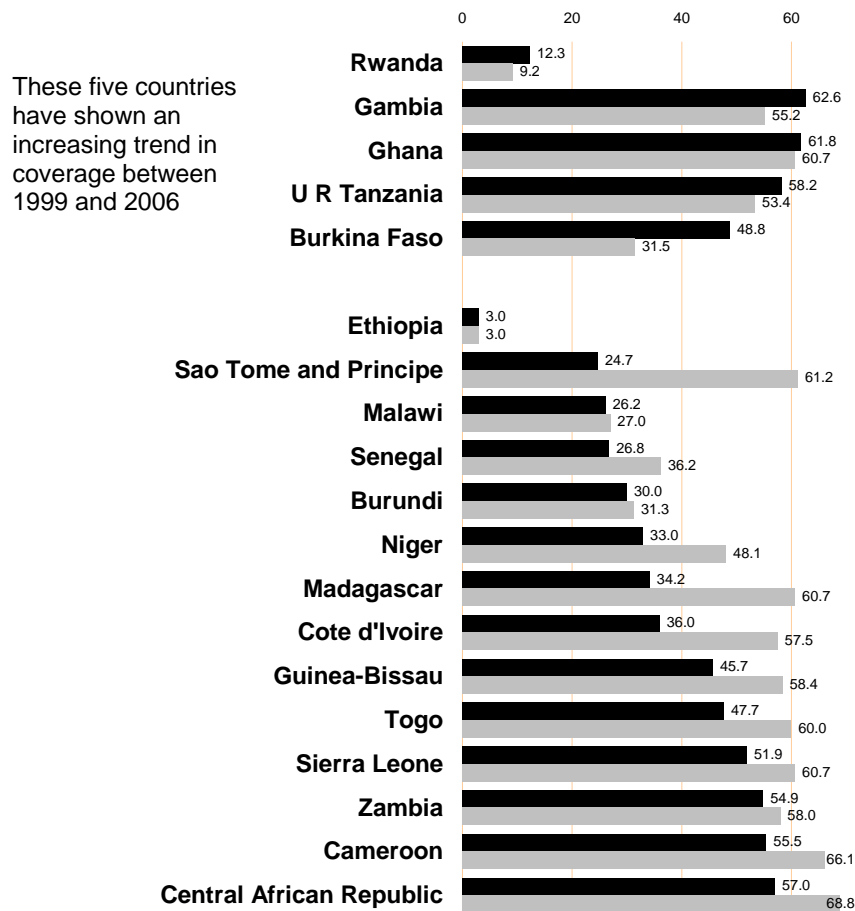


Figure 7b: Percentage of under five children with fever being treated with anti-malarial medicines in 2002–2006 (darker bars) and 1993–2001 (lighter bars) in the African Region***



These five countries have shown an increasing trend in coverage between 1999 and 2006

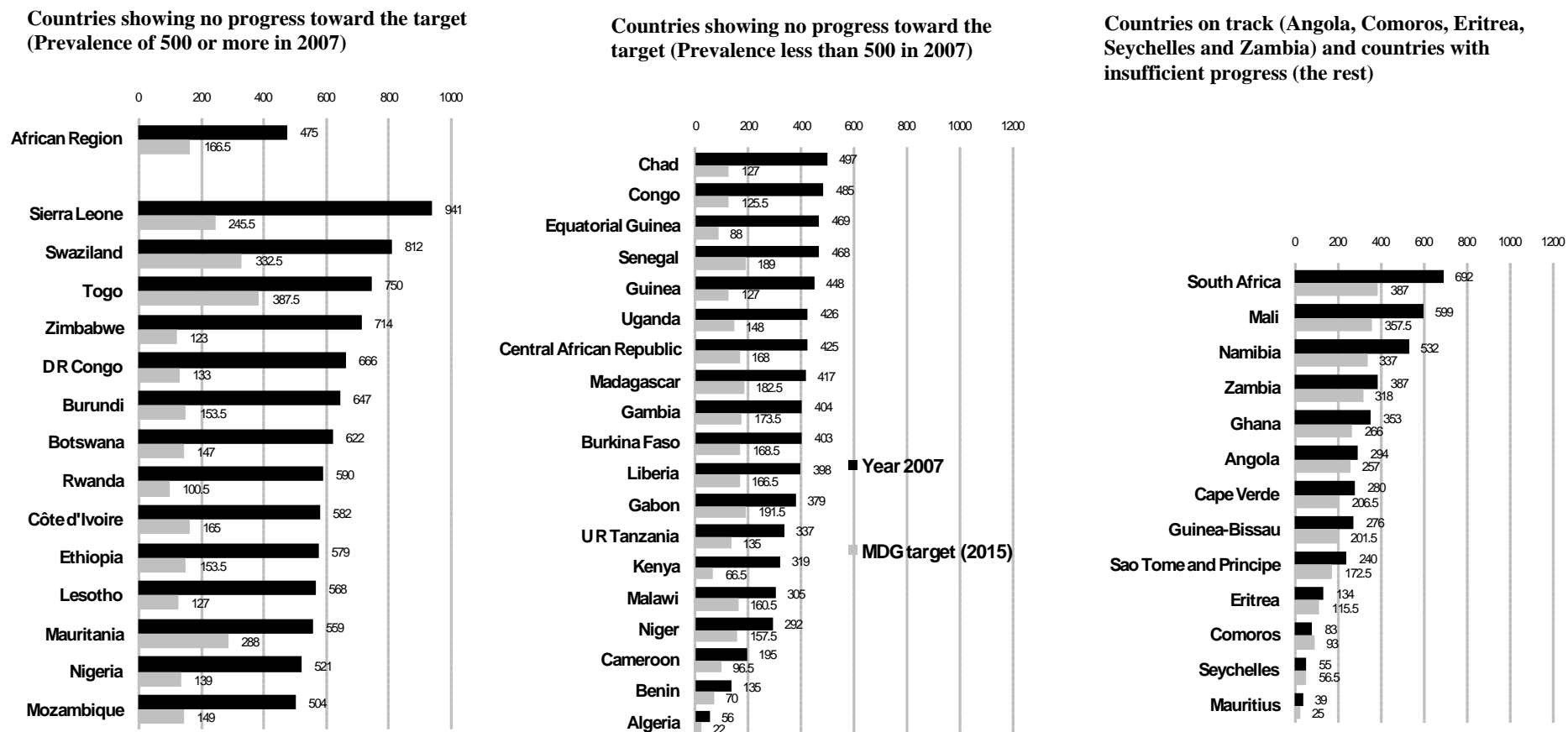
*MDG Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

**Trend data on ITN coverage is not available for 28 countries.

***Trend data on treatment coverage is not available for 27 countries.

Source for country data UNSD - accessed 7 July 2009.

Figure 8: Prevalence of tuberculosis (/100 000 pop) in 2007 (darker bars) and the MDG target* rates (lighter bars) in the African Region **



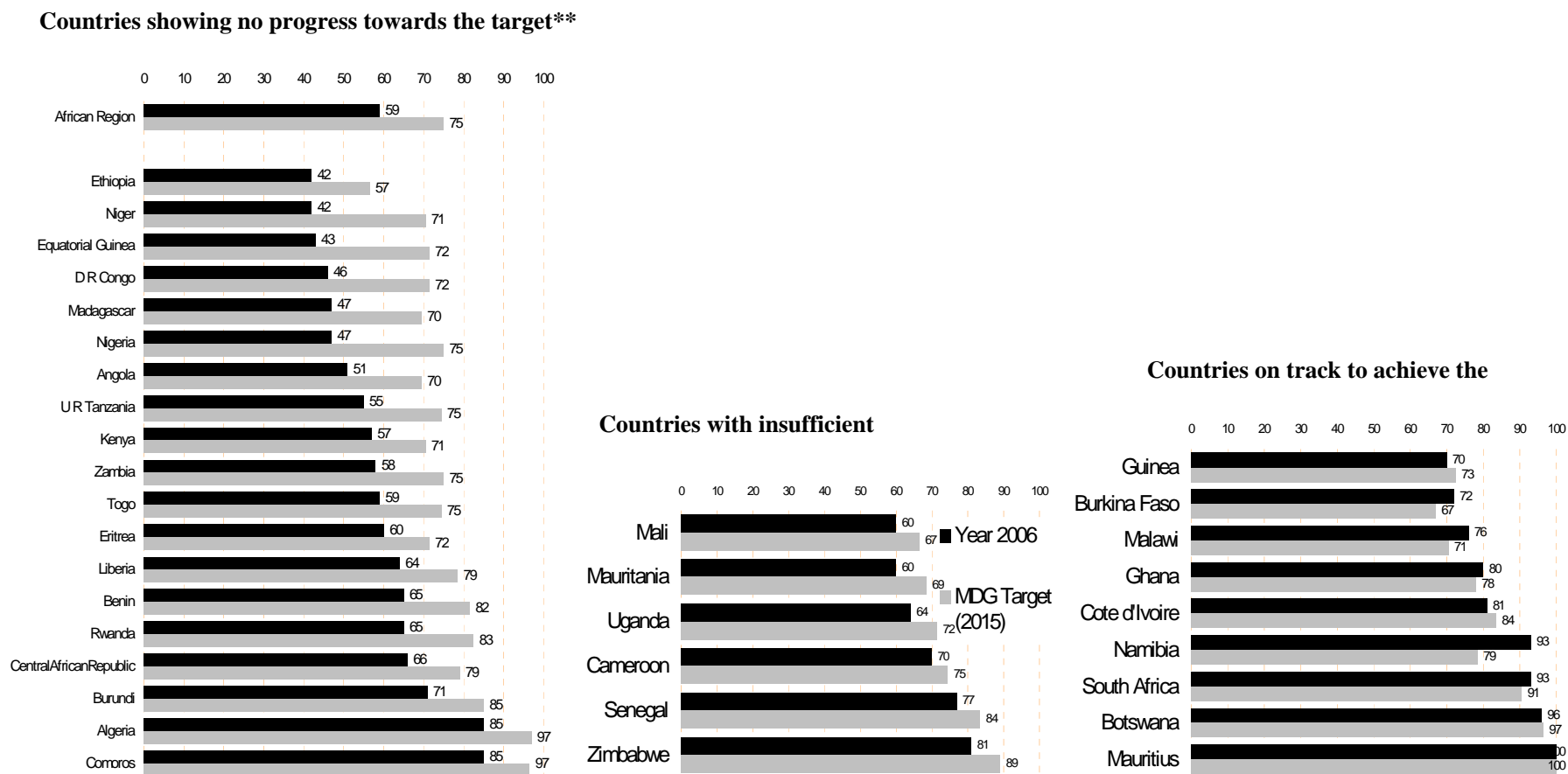
Note:

*MDG Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

** Countries are classified as: *On track*: If average annual rate of reduction (AARR) is greater than or equal to 2.6 per cent; *Insufficient progress*: AARR is between 0.6 per cent and 2.5 per cent. *No progress*: AARR is less than or equal to 0.5 per cent.

Source: WHO, World health statistics 2009, Geneva, World Health Organization, 2009.

Figure 9: Percentage of the population using improved drinking water sources in 2006 (darker bars) and MDG target* (lighter bars) in the African Region



Note:

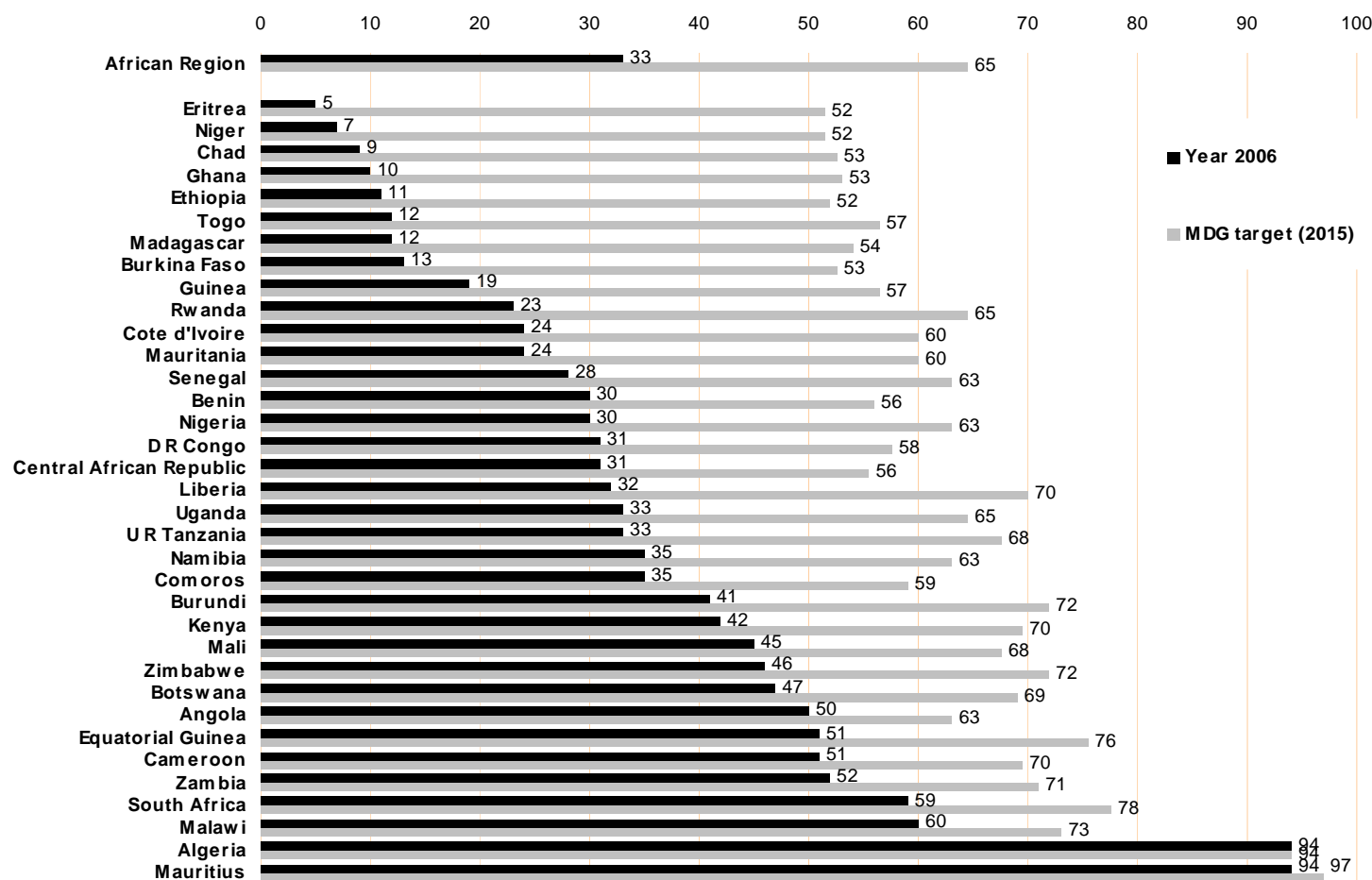
*MDG Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

** Countries were classified according to the following thresholds: *On track*: Use of improved sources of drinking water in 2006 was less than 5 per cent below the rate needed for the country/region to reach the MDG target, or use was 95 per cent or higher. *Insufficient progress*: Use of improved sources of drinking water in 2006 was 5 per cent to 10 per cent below the rate needed for the country/region to reach the MDG target. *No progress*: Use of improved sources of drinking water in 2006 was more than 10 per cent below the rate needed for the country/region to reach the MDG target, or the 1990–2006 trend shows unchanged or decreasing use.

Trend data was not available for 12 countries: Cape Verde, Chad, Congo, Gabon, Gambia, Guinea-Bissau, Lesotho, Mozambique, Sao Tome and Principe, Seychelles, Sierra Leone and Swaziland.

Source: UNSD - accessed 7 July 2009.

Figure 10: Percentage of the population using improved sanitation facilities in 2006 (darker bars) and MDG target* (lighter bars) in the African Region (All countries (except Algeria and Mauritius) have made no progress towards achieving the target)**



Note:

*MDG Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

** Countries were classified according to the following thresholds: On track: Use of improved sanitation facilities in 2006 was less than 5 per cent below the rate needed for the country/region to reach the MDG target, or use was 95 per cent or higher. Insufficient progress: Use of improved sanitation facilities in 2006 was 5 per cent to 10 per cent below the rate needed for the country/region to reach the MDG target. No progress: Use of improved sanitation facilities in 2006 was more than 10 per cent below the rate needed for the country/region to reach the MDG target, or the 1990–2006 trend shows unchanged or decreasing use.

Trend data was not available for eleven countries: Cape Verde, Congo, Gabon, Gambia, Guinea-Bissau, Lesotho, Mozambique, Sao Tome and Principe, Seychelles, Sierra Leone and Swaziland.

Source: UNSD - accessed 7 July 2009.

Latest data on MDGs provided by Member States compared with UN data

Member States	MDG1; Target 1C: Percentage of under-five children with moderate or severe malnutrition				MDG 4: Under-five mortality (per 1,000 live births)				MDG 5: Maternal Mortality Ratio(per 100,000 live births)			
	Most recent UN data	Most recent Member State data			Most recent UN data	Most recent Member State data			Most recent UN data	Most recent Member State data		
		2001-2007	Data	Year		Data source*	2007	Data		Year	Data source*	2005	Data	Year	Data source*
Algeria	3.7	3.7	2006	MICS	37	31.4	2006	MICS	180	92.6	2006	MICS
Angola	...	8.2	2007	MoH	158	260	2001	MICS	1400	1400	2005	MICS
Benin	22.6	38	2006	MoH	123	125	2006	MoH	840	397	2006	MoH
Botswana	12.5	6.3	2001-2006	MoH	40	76	2006	DHS	380	157	2005	MoH
Burkina Faso	37.4	37.4	2006	MICS	191	141.9	2006	Census	700	307.3	2006	Census
Burundi	39.2	5.6	2007	UNICEF	180	176	2005	MICS	1100	615	2005	MICS
Cameroon	19.3	19.3			148	144	2009	MoH	1000	669	2009	MoH
Cape Verde	...	8	2006	QUIBB	32	28.6	2007	MoH	210	41.9	2006	MoH
Central African Republic	28.5	...			172	176	2006	MICS	980	1355	2006	MICS
Chad	36.7	14	2001-2006	MoH	209	209	Valid		1500	Valid		
Comoros	24.9	27.3		UNICEF	66	113	2003	Census	400	380	2003	Census
Congo	14.4	...			125	117	2006	MoH	740	781	2005	MoH
Côte d'Ivoire	20.2	4.3	2006	MoH	127	84	2005	MoH	810	543	2005	MoH
Democratic Republic of Congo	31.1	45.5	2007	DHS	161	148	2007	DHS	1100	549	2007	DHS
Equatorial Guinea	...	40	2009	MoH	150	93	2001	MoH	680	...		
Eritrea	39.6	Valid			70	Valid			450	Valid		
Ethiopia	38.4	8.1	2008	MoH	119	123	2005	EDHS	720	673	2005	EDHS
Gabon	...	...			91	60	2005	MoH	520	519	2005	MoH
Gambia	20.3	20.3	2006	MICS	109	131	2006	MICS 05/06	690	Valid		
Ghana	17.7	13.9	2008	2008GHDS	115	80	2008	2008GHDS	560	451	2007	MoH
Guinea	25.8	21	2008	MICS	150	163	2005	EDS	910	980	2005	EDS

Data source*

MoH: Ministry of Health;

DHS: Demographic and Health survey;

MICS: Multiple Indicators Cluster Survey

... Data not available.

Blank cells: Data not provided.

Member States	MDG1; Target 1C: Percentage of under-five children with moderate or severe malnutrition				MDG 4: Under-five mortality (per 1,000 live births)				MDG 5: Maternal Mortality Ratio(per 100,000 live births)			
	Most recent UN data	Most recent Member State data			Most recent UN data	Most recent Member State data			Most recent UN data	Most recent Member State data		
	2001-2007	Data	Year	Data source*	2007	Data	Year	Data source*	2005	Data	Year	Data source*
Guinea Bissau	19.4	5.6	2006	MICS	198	223	2006	MICS	1100	818	2006	MoH
Kenya	19.9	19.9	2001-2007	MoH	121	74	2008-2009	DHS	560	560	2005	MoH
Lesotho	19.8	14.4	2007	LNNS	84	113	2004	LHDS	960	762	2004	LDHS
Liberia	...	19	2007	LDHS	133	110	2007	LDHS	1200	994	2007	LDHS
Madagascar	41.9				112	94	2003-2004	MSPF	510	469	2003-2004	DHS
Malawi	19.4	20.5	2006	MICS	110	122	2006	MICS	1100			
Mali	33.2	32	...	MoH	196	96	...	MoH	970	464	...	MoH
Mauritania	31.8	29.8	2007	MICS	118	122	2007	MICS	820	686	2007	MICS
Mauritius	...	...			17	16.4	2008	MoH	15	0.38	2008	MoH
Mozambique	23.7				168				520			
Namibia	24	29	2006	DHS	68	69	2006	DHS	210	449	2006	DHS
Niger	44.4	44.4	2006	EDSIM	176	198	2006	EDSIM	1800	648	2006	EDSIM
Nigeria	28.7	27.1	2008	DHS	189	157	2008	DHS	1100	800	2003	MoH
Rwanda	22.5	22	2005	DHS	181	103	2007	DHS	1300	750	2005	DHS
Sao Tome & Principe	9.2	9.2	2006	MoH	99	52	2006	MoH	...			
Senegal	17.3	17.3	2005	DHS	114	121	2005	DHS	980	401	2005	DHS
Seychelles	...				16	14.8	2008	MoH	...	1 maternal death	2008	MoH
Sierra Leone	30.4				262	140	2008	SLDHS	2100	857	2008	SLDHS
South Africa	11.5	30 082 cases	2005	MoH	59	57.6	2003	DHS	400	124	2002	STATS, SA
Swaziland	...	7.5	2007	MoH	91	120	2006	MoH	390	589	2007	DHS
Togo	26				100	123	2006	MICS2006	510	478	2005	DHS
Uganda	20.4	16	2008	MOH	131	137	2006	UDHS	550	435	2005	MoH
United Republic of Tanzania	21.8	22	2004-2005	DHS	116	91	2007-2008		950	578	2004-2005	DHS
Zambia	20	14	2007	ZDHS	170	119	2007	ZDHS	830	591	2007	DHS
Zimbabwe	16.6				90	82	2006	ZDHS	880	555	2005	DHS

Data source*

MoH: Ministry of Health;

DHS: Demographic and Health survey;

MICS: Multiple Indicators Cluster Survey

... Data not available.

Blank cells: Data not provided.

Member States	MDG5b: Prev of contraceptive use				MDG6a: HIV prevalence in pregnant women 15-24 (%)				MDG6b: Prop of pop with advanced HIV infection with access to ARV (%)			
	UN data (Median)	Most recent Member State data			AFRO data (Median)	Most recent Member State data			Most recent UN data	Most recent Member State data		
	2000-2007	Data	Year	Data source*	2004-2007	Data	Year	Data source*	2007	Data	Year	Data source*
Algeria	61.4	61.4	2006	MICS	...				20			
Angola	6.2	5	2007	MoH	...	2	2007	MoH	25	16	2007	MoH
Benin	17.8	6.2	2006	MoH	1.7	2.0	2006	MoH	49	98.8	2007	MoH
Botswana	44.4	42.5	2006	DHS	27.1	24.6	2007	MoH	79			
Burkina Faso	13.8	17.4	2006	MICS	...				35	35		
Burundi	...	8.4	2008	MoH	15.5	15.5	2004-2007	MoH	23	30	2007	MoH
Cameroon	26.0	26.0			...	4.8	2004	DHS	25	25		
Cape Verde	61.3	34.1	2000-2007	MoH	...				...
Central African Republic	23.5	19	2006	MICS	...	6.3	2006	MoH	21			
Chad	5.4	3	2000-2007	MoH	...				13			
Comoros	25.7	19.4	2004	MoH	...				...	100	2008	MoH
Congo	...				2.6				17			
Côte d'Ivoire	12.9				...	4.3	2005	MoH	28	0.1	2006	MoH
Democratic Republic of Congo	26.0	6	2007	DHS	...	3.4	2007	MoH	24	5	2007	MoH
Equatorial Guinea	...				...				31	1.7	2008	MoH
Eritrea	8.0	Valid			1.8	0.9	2008	MoH	13	58	2008	MoH
Ethiopia	11.4	13.9	2005	EDHS	5.6	5.6	2008	UNGAS	29	68	2009	MoH
Gabon	...	37.7	2006	WHS2009	...	5.6		UNGAS	42	47.8	2008	MoH
Gambia	13.6	...			...	...			18	18		
Ghana	21.0	17	2008	2008GHDS	2.5				15	31	2008	2008GHDS
Guinea	9.1	9	2005	EDS	...	3.4	2008	ENSS	27	52	2008	MoH

Data source*

MoH: Ministry of Health;

DHS: Demographic and Health survey;

MICS: Multiple Indicators Cluster Survey

... Data not available.

Blank cells: Data not provided.

Member States	MDG5b: Prevalence of contraceptive use (%)				MDG6a: HIV prevalence in pregnant women 15-24 (%)				MDG6b: Prop of pop with advanced HIV infection with access to ARV (%)			
	UN data (Median)	Most recent Member State data			AFRO data (Median)	Most recent Member State data			Most recent UN data	Most recent Member State data		
	2000-2007	Data	Year	Data source*	2004-2007	Data	Year	Data source*	2007	Data	Year	Data source*
Guinea Bissau	...	10.3	2006	MICS	...	...			20	20	2008	MoH
Kenya	39.3	46	2008-2009	DHS	...	...			38	38	2007	MoH
Lesotho	34.3	37.3	2004	LDHS	16.8	18.7	2007	MoH	26	25	2007	MoH
Liberia	...	11	2007	LDHS	...	5.3	2007	MoH	17	Valid		
Madagascar	23.0	24	2006	MoH	...				4			
Malawi	32.5				14.3	14.0	2007	MoH	35			
Mali	8.2	8	2000-2007	MoH	...				41			
Mauritania	8.0	9.3	2007	MICS	...	0.8	2007	MICS	23	20-30	2007	MoH
Mauritius	75.9				...	0.5	2008	MoH	22	27.4	2007	MoH
Mozambique	16.5				...				24			
Namibia	43.7	46	2006	NDHS	14.7	14.2	2006	NDHS	88	66	2007	NDHS
Niger	12.6	11.7	2006	EDSIM	...				10	26.6	2007	MoH
Nigeria	12.6	9.7	2008	DHS	...	4.2	2008	FMoH	26	27.7	2008	FMoH
Rwanda	15.3	27	2007	DHS	4.0	4.3	2007	MoH	71	83 (Adult >15 years)	2007	UNGASS
Sao Tome & Principe	...				...				...	24.7	2007	MoH
Senegal	11.8	11.8	2005	EDS4	...				56	64.01	2007	UNGASS
Seychelles	...	44.1 (15-49 age)	2008	MoH	...	27.9 per 10 000	2004-2007	MoH	...	100	2008	MoH
Sierra Leone	4.8	6.7	2008	SLDHS	...				20	65	2008	SLDHS
South Africa	60.3				...	28 (20-24 years)	2006	MoH	28			
Swaziland	...	51	2007	MoH	25.9	38.0	2008	MoH	42	52	2008	MoH
Togo	21.3				...	3.4	2006-2007	MoH	19	32	2007	MoH
Uganda	22.8	19.6	2006	UDHS	...	6.4	2006	UDHS	33	39	2007	MoH
United Republic of Tanzania	27.3	28	2004-2005	TDHS	7.4	6.8	Jun-05	NACP	31	46.8	Jun-05	MoH
Zambia	34.2	40.8	2007	ZDHS	14.9	16.0	2006	MoH	46	60	2007	MoH
Zimbabwe	60.2	60.2	2006	ZDHS	15.3				17			

Data source*

MoH: Ministry of Health;

DHS: Demographic and Health survey;

MICS: Multiple Indicators Cluster Survey

... Data not available.

Blank cells: Data not provided.

Member States	MDG6c: Percentage of children under five sleeping under ITN				MDG6c: Percentage of under-five children with fever treated with antimalaria drug				MDG6c: Prevalence of tuberculosis(per 100 000 population)			
	UN data (Median)	Most recent Member State data			Most recent UN data	Most recent Member State data			Most recent UN data	Most recent Member State data		
	2003-2006	Data	Year	Data source*	2002-2006	Data	Year	Data source*	2007	Data	Year	Data source*
Algeria	...				...				56	Incidence 60.9	2006	MoH
Angola	...	17.7	2006-2007	DHS-MIS	...	29.3	2006-2007	DHS-MIS	294	285	2007	MoH
Benin	20.2	20	2006	MoH	54.0				135	135	2007	WHS2009
Botswana	...	...			...	...			622	511	2006	MoH
Burkina Faso	5.6	9.6	2006	MICS	48.8	48.0	2006	MICS	403			
Burundi	8.3	8	2005	MICS	30.0	30.0	2005	MICS	647	780	2006	MoH
Cameroon	7.0	7.0			55.5	55.5			195	195	2007	WHS2009
Cape Verde	...				...				280	57	2006	MoH
Central African Republic	15.1				57.0				425			
Chad	...				...				497			
Comoros	...	26.4	2008	MoH	...				83	20	2008	MoH
Congo	6.1				48.0				485			
Côte d'Ivoire	4.9	3	2006	MICS	36.0	25.9	2006	MICS	582			
Democratic Republic of Congo	...	6	2007	MoH	...	17	2007	MoH	666	666	2007	WHS2009
Equatorial Guinea	...				...				469	576	2009	MoH
Eritrea	...	48.3	2003-2006	MoH	...	7.5	2002-2006	MoH	134	50	2005	MoH
Ethiopia	1.5	42	2007	MIS	3.0	...			579	543	2009	MoH
Gabon	...	55	2008	MoH	...	44.0	2008	MoH	379	379	2007	WHS2009
Gambia	49.0	49.0			62.6	62.6			404	404	2007	WHS2009
Ghana	12.7	28.2	2008	2008GHDS	61.8	43.0	2008	2008GHDS	353	353	2007	WHS2009
Guinea	0.3	4.5	2008	MICS	43.5	74.0	2008	MICS	448	448	2007	WHS2009

Data source*

MoH: Ministry of Health;

DHS: Demographic and Health survey;

MICS: Multiple Indicators Cluster Survey

... Data not available.

Blank cells: Data not provided.

Member States	MDG6c: Percentage of children under five sleeping under ITN				MDG6c: Percentage of under-five children with fever treated with antimalaria drug				MDG6c: Prevalence of tuberculosis(per 100 000 population)			
	UN data (Median)	Most recent Member State data			Most recent UN data	Most recent Member State data			Most recent UN data	Most recent Member State data		
	2003-2006	Data	Year	Data source*	2002-2006	Data	Year	Data source*	2007	Data	Year	Data source*
Guinea Bissau	39.0	74.8	2005	MoH	45.7	70.0	2005	MoH	276	139.3	2007	MoH
Kenya	4.6	46.1	2008-2009	DHS-PR	...	23.2	2008-2009	DHS-PR	319	319	2007	MoH
Lesotho	...				...				568			
Liberia	2.6	2.6	2007	LDHS	...	59.0	2007	LDHS	398	Valid		
Madagascar	...	36	2004-2005	DHS	34.2				417	97	2006	MoH
Malawi	18.9				26.2				305			
Mali	...				...				599			
Mauritania	2.1	50.9	2003-2006	MoH	33.4	9.5	2007	MICS	559	140	2006	MoH
Mauritius	...				...				39			
Mozambique	...				14.9				504			
Namibia	...	11	2006	DHS	...	10	2006	DHS	532	556	2006	DHS
Niger	7.4	54.93	2006	ENCM	33.0				292	292	2007	WHS2009
Nigeria	1.2	5.5	2008	DHS	33.9	33.3	2008	DHS	521	650	2008	FMoH
Rwanda	13.0	60	2007	DHS	12.3	21.4	2007	DHS	590			
Sao Tome & Principe	46.0	53.3	2007	MoH	24.7				240	241	2006	MoH
Senegal	7.1	16.4	2006	ENP	26.8	22.0	2006	ENP	468	504	2007	
Seychelles	...	N/A	N/A	MoH	...	N/A	N/A	MoH	55	6.9	2008	MoH
Sierra Leone	5.3	25.8	2008	SLDHS	51.9	30.1	2008	SLDHS	941		2008	SLDHS
South Africa	...				...				692			
Swaziland	...	44	2008	MoH	...	66.0	2007	MoH	812	812	2007	GTR
Togo	38.4				47.7				750			
Uganda	9.7	10.5	2006	UDHS	61.8				426	426	2009	GTC
United Republic of Tanzania	16.0	36	2007-08	THMIS	58.2	57.0	2007-08	THMIS	337	176	'2006	MOHSW
Zambia	22.8	27	2006	MIS	54.9	58.0	2006	MIS	387	568	2007	MoH
Zimbabwe	2.9				4.7				714			

Data source*

MoH: Ministry of Health;

DHS: Demographic and Health survey;

MICS: Multiple Indicators Cluster Survey

MIS: Malaria Indicators Survey; N/A: Not applicable

... Data not available; Blank cells : Data not provided.

Member States	MDG7c: Percentage of the population using improved drinking water (%)				MDG7c: Percentage of the population using improved sanitation facilities (%)			
	Most recent UN data	Most recent Member State data			Most recent UN data	Most recent Member State data		
	2006	Data	Year	Data source*	2006	Data	Year	Data source*
Algeria	85.0				94.0			
Angola	51.0	62	2002	MICS	50.0	59	2002	MICS
Benin	65.0	66.3	2006	MoH	30.0	37.0	2006	MoH
Botswana	96.0	Valid			47.0	Valid		
Burkina Faso	72.0	77.3	2006	MICS	13.0	36.9	2006	MICS
Burundi	71.0	64	2005	MICS	41.0	32.0	2005	MICS
Cameroon	70.0	Valid			51.0	Valid		
Cape Verde	...	84.9	2006	QUIBB	...	30.4	2006	QUIBB
Central African Republic	66.0				31.0	52.5	2006	MICS
Chad	48.0				9.0			
Comoros	85.0	42.7	2003	Census	35.0			
Congo	71.0				20.0			
Côte d'Ivoire	81.0	76	2006	MICS	24.0	48.8	2006	MICS
Democratic Republic of Congo	46.0	48.2	2007	DHS	31.0	18.0	2007	DHS
Equatorial Guinea	43.0	44	2009	MoH	51.0	21.1	2009	MoH
Eritrea	60.0	Valid			5.0	9.0	2006	MoH
Ethiopia	42.0	59	2007-2008	MWR	11.0	47.0	2007-2008	MoH
Gabon	87.0	65	2006	SEEG	36.0			
Gambia	86.0	85.1	2006	MICS2005/6	52.0	84.0	2006	MICS2005/6
Ghana	80.0				10.0			
Guinea	70.0	70	2006	UN	19.0	19.0	2006	UN

Data source*

MoH: Ministry of Health;

DHS: Demographic and Health survey;

MICS: Multiple Indicators Cluster Survey

... Data not available.

Blank cells : Data not provided.

Member States	MDG7c: Percentage of the population using improved drinking water (%)				MDG7c: Percentage of the population using improved sanitation facilities (%)			
	Most recent UN data	Most recent Member State data			Most recent UN data	Most recent Member State data		
		2006	Data	Year		Data source*	2006	Data	Year	Data source*
Guinea Bissau	57.0	60	2006	MICS	33.0	23.0	2006	RAMRN
Kenya	57.0	57.0	2006	MoH	42.0	42.0	2006	MoH
Lesotho	78.0	64	2004	LDHS	36.0	23.6	2004	LDHS
Liberia	64.0	65	2007	LDHS	32.0	10.0	2007	LDHS
Madagascar	47.0				12.0			
Malawi	76.0				60.0			
Mali	60.0				45.0			
Mauritania	60.0	50.5	2007	MICS	24.0	32.2	2007	MICS
Mauritius	100.0				94.0			
Mozambique	42.0				31.0			
Namibia	93.0	90	2006	DHS	35.0	33	2006	DHS
Niger	42.0	41.4	2006	DHS	7.0	8.4	2006	DHS
Nigeria	47.0	46.4	2007	MICS	30.0	39.0	2007	MICS
Rwanda	65.0	69	2007	EICV	23.0	38	2005	DHS
Sao Tome & Principe	86.0	38	2006	MoH	24.0	30.0	2006	MoH
Senegal	77.0				28.0			
Seychelles	...	87	2002		...	94	2002	
Sierra Leone	53.0	50.3	2008	SLDHS	11.0			
South Africa	93.0	84.7	2007		59.0	71	2006	
Swaziland	60.0	51	2006	MoH	50.0	72.0	2006	MoH
Togo	59.0				12.0	31.7	2006	MICS
Uganda	64.0	67.1	2008	MoH	33.0	21.0	2008	MoH
United Republic of Tanzania	55.0	54 / 77	2006, Rural / Urban	MOHSW	33.0	47.0	2007	PHDR
Zambia	58.0	59	2006	LCMS	52.0	68.3	2006	LCMS
Zimbabwe	81.0				46.0			

Data source*

MoH: Ministry of Health.

DHS: Demographic and Health survey.

MICS: Multiple Indicators Cluster Survey

... Data not available.

Blank cells : Data not provided.