

# THE 2022 UPDATE OF THE HEALTH EQUITY AND FINANCIAL PROTECTION INDICATORS DATABASE: AN OVERVIEW

DISCUSSION PAPER

DECEMBER 2022

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Patrick Eozenou  
Marc Smitz  
Ruobing Wang*



**WORLD BANK GROUP**  
Health, Nutrition & Population



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## Health, Nutrition, and Population (HNP) Discussion Paper

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# Health, Nutrition, and Population (HNP) Discussion Paper

## The 2022 Update of the Health Equity and Financial Protection Indicators Database: An Overview

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**Abstract:** This paper outlines changes that have been made for the third version of the World Bank’s Health Equity and Financial Protection Indicators (HEFPI) database launched in 2022. Across all indicators, subpopulation breakdowns by urban and rural place of residence and subnational region were added. On the financial protection side, the number of indicators further expanded to 31, reflecting a broadening of the definition of medical impoverishment from being limited to those pushed below the poverty line by medical spending to also include those already under the poverty line who incur any medical spending—that is, those “further impoverished” by medical spending. The additional financial protection indicators also include indicators that show the intersection of catastrophic and impoverishing health spending, that is, identify the populations exposed to both types of financial hardship simultaneously. The health equity side of the database now includes 19,820 country-level data points from 1,318 surveys across 35 service coverage and 38 health outcome indicators. An upgraded data visualization portal was launched alongside the new dataset.

**Keywords:** Health equity, out-of-pocket health expenditures, financial protection, sustainable development goals, universal health coverage

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## PART I – INTRODUCTION

Since its first launch in 2018, the Health Equity and Financial Protection Indicators (HEFPI) database and portal provide the public with country-level data on the delivery of health service interventions and health outcomes that together form the “health equity” side of the database, and on “financial protection in health” (Wagstaff et al. 2018). Moreover, to enable users to explore within-country inequities, the dataset also breaks indicators down by subpopulations, for instance by different quintiles of a country’s wealth distribution, and it includes a summary measure of inequality known as the concentration index (Wagstaff et al. 1991, Kakwani et al. 1997, Erreygers 2009). The data are computed from an extensive and continuously expanding number of nationally representative household surveys that have been conducted by, or in partnership with, national governments, such as the Demographic and Health Survey (DHS), Multiple Indicator Cluster Survey (MICS), the Living Standards Measurement Study (LSMS), and a large number of national household budget surveys.

A first update of the database in 2019 increased the number of financial protection indicators in the original database from 5 to 14 and added over 500 new datapoints across the then 18 health service coverage and 28 health outcome indicators (Wagstaff et al. 2019). Moreover, some 300 originally included datapoints were dropped in this second 2019 version of the database as a result of extensive quality checks.

This paper outlines changes that have been made for the third version of the HEFPI database launched in August 2022. Section 2 describes newly added subpopulation breakdowns by urban and rural place of residence and subnational region. Section 3 describes changes on the financial protection side, where the number of indicators further expanded from 14 to 31, reflecting a broadening of the definition of medical impoverishment from being limited to those pushed below the poverty line by medical spending to also include those already under the poverty line who incur any medical spending—that is, those “further impoverished” by medical spending. The additional financial protection indicators also include indicators that show the intersection of catastrophic and impoverishing health spending, that is, identify the populations exposed to both types of financial hardship simultaneously. Section 4 discusses changes on the health equity side of the database, including the addition of 19 service coverage and 10 health outcome indicators, 10,939 new datapoints across 578 new surveys, and additional quality checks. Section 5 briefly introduces the 2022 HEFPI data visualization portal launched alongside the new dataset, and Section 6 concludes the paper.

An important limitation of the 2022 version of the HEFPI database is that despite the addition of datapoints from a large number of newly available household surveys, it, with few exceptions, does not include data from after the onset of the COVID-19 pandemic. More recent data are not available for two reasons. First, after data collection, most household surveys take one to three years of processing before micro-data become publicly available. Second, most countries and international household survey programs stopped their fieldwork during 2020 in light of public health mitigation measures and safety concerns.<sup>1</sup> Survey work resumed in many countries in 2021, often with increased use of phone surveys and revised protocols for face-to-face interviews, but due to the

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<sup>1</sup> A survey of National Statistical Offices conducted in May 2020 revealed that 96 percent had stopped data collection; <https://blogs.worldbank.org/opendata/phones-rescue-household-survey-implementation-under-covid-and-beyond>.



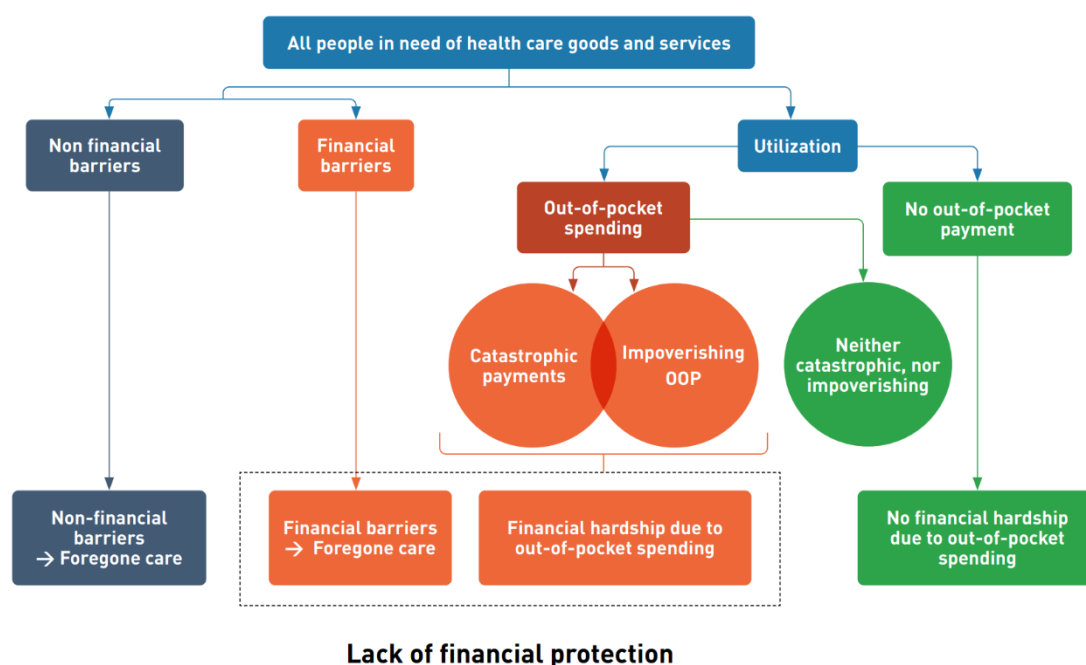
aforementioned data processing lag, most of the micro-data from the 2021 surveys will not be available until later. However, despite the lack of COVID-19-era data, the HEFPI dataset remains highly relevant as a baseline for the pandemic's impacts on health equity and financial protection, as well as its tracking and how health systems and population health have rebounded.

## PART II – NEW INDICATORS AND DATA POINTS

### NEW DIMENSIONS OF INEQUALITY AND CHANGES IN COMPUTATION OF THE CONCENTRATION INDEX

Previous versions of the HEFPI database included indicators disaggregated by wealth quintiles as one dimension of possible within-country inequality in financial protection, health care service use, and health. The 2022 version adds two additional dimensions of inequality by making indicators available for (1) urban and rural place of residence; and (2) by first administrative-level subnational regions according to the 2015 release of the Global Administrative Unit Layers (GAUL) coding system developed by the Food and Agriculture Organization (FAO) of the United Nations, or by survey-specific subnational regions. Both new inequality dimensions are available for all service coverage and health outcome data points from MICS and DHS surveys as well as for 91 financial protection surveys.

**Figure 1: Schematic Representation of Financial Protection in Health**



Source: World Health Organization and World Bank (2021)

*Note:* Catastrophic and impoverishing out-of-pocket health spending are metrics used to identify in which cases out-of-pocket health payments are a source of financial hardship. Catastrophic out-of-pocket metrics include SDG 3.8.2, capacity to pay approaches, etc. Impoverishing out-of-pocket metrics include indicators to identify both people impoverished and further impoverished by out-of-pocket health spending, using various poverty lines (e.g., the global extreme poverty line, a relative poverty line).

## CHANGES TO THE FINANCIAL PROTECTION SIDE OF THE DATABASE

### Conceptual background

Full financial protection in health is defined as the absence of three potentially overlapping groups of people in a population: (1) those who forgo needed health care for financial reasons; (2) those who use health care when in need but incur out-of-pocket (OOP) health payments that exceed a share of their household budget, which threatens consumption of other essential goods and services like food and education; and (3) those who use health care when in need but are impoverished by the required OOP health payments. The latter two groups of people are considered to be experiencing financial hardship through OOP medical payments (Figure 1). While the new HEFPI database includes 31 indicators of financial hardship, it does not, for data availability reasons, include indicators of forgone care for financial reasons. The HEFPI service coverage indicators may therefore serve as a rough approximation, acknowledging, however, that the forgoing of care captured by low service coverage rates may be for other than financial reasons, for example, poor geographic accessibility of health care providers or cultural and social stigmas.

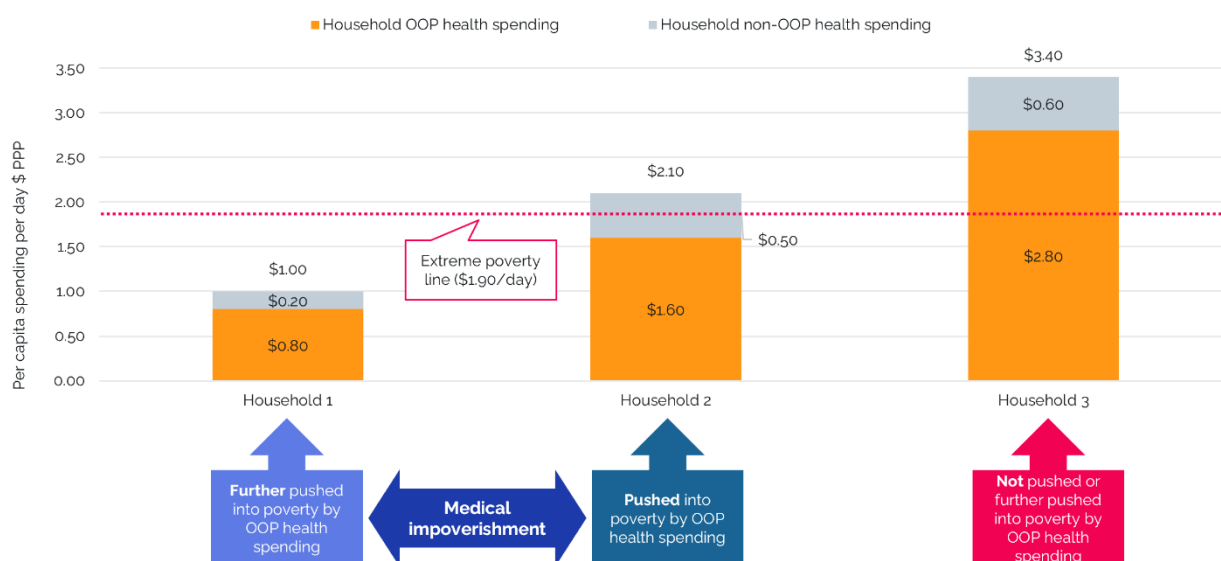
### New and retired indicators of financial hardship

The 2022 database introduces 22 new financial protection indicators. Five indicators of financial protection that formed part of previous HEFPI databases are no longer included, specifically the population share falling under the \$21.70 poverty line due to OOP health expenditure, and the change in the poverty gaps for four poverty lines—\$1.90, \$3.20, \$5.50, and \$21.70 per person per day. The population share falling under the \$21.70 poverty line is dropped for simplicity, as we decided to rely only on a relative poverty line definition for high-income countries instead of using the higher absolute poverty line definition of \$21.70. The four “*change in poverty gap indicators*” are replaced by alternative measures of the “poverty deepening” impact of OOP health spending—namely the population shares pushed *further* below different poverty lines by OOP health spending. These new indicators show the share of people in a population who live in households whose total per capita consumption, including any OOP health payments, lies below a specific poverty line and who incur any OOP health payments. Because these households are already poor before OOP health payments are considered, any OOP health payments for them represented financial hardship.<sup>2</sup> The 2022 HEFPI database includes a total of five *further pushed into poverty* indicators: Three for different absolute poverty lines (\$1.90, \$3.20, \$5.50), one for the relative poverty line of 60 percent of median per capita consumption in a country, and one for the societal poverty line that equals \$1.90 per person per day for countries where the 50 percent of per capita median consumption poverty line is below \$1.90, and 50 percent of per capita median consumption otherwise.

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<sup>2</sup> The further pushed into poverty indicators were also newly included in the Global Monitoring Report on Financial Protection in Health 2021 (<https://openknowledge.worldbank.org/handle/10986/36723>) and the Tracking Universal Health Coverage—2021 Global Monitoring Report (<https://openknowledge.worldbank.org/handle/10986/36724>).

**Figure 2: Medical Impoverishment Illustrated with Three Households Using the \$1.90 Extreme Poverty Line**



Source: Own visualization.

**Note:** The total share of medically impoverished people in a country is the sum of the shares of people living in households pushed and further pushed below the poverty line by OOP health spending.

For the measurement of the overall poverty impact of OOP health spending, the new indicators are complementary to the *pushed into poverty* by OOP health payment indicators that were already included in previous versions of the HEFPI dataset. These later indicators represent the share of people who live in households whose total per capita consumption, including OOP health payments, lies above the poverty line but whose per capita consumption net of OOP health payments is below the poverty line (Figure 2). As overall measures of medical impoverishment, the 2022 version of the HEFPI database therefore also now includes indicators for each of the five aforementioned poverty lines, which represent the combined shares of populations *pushed or further pushed* into poverty by OOP health spending.

Finally, the new HEFPI database includes a total of 16 indicators that represent the population shares that incur both catastrophic and impoverishing OOP health payments in a given year—specifically the population shares with catastrophic spending at the 10 and 25 percent thresholds, which are *pushed below*, *further pushed below*, and *pushed or further pushed below* the \$1.90 and \$3.20 absolute poverty lines and the 60 percent median consumption relative poverty line. This information about the intersection of catastrophic and impoverishing payments forms an important input for policy making, as it enables a more in-depth view on where in the income distribution of a society problematic OOP health payments are incurred. Table 1 lists the short names, descriptions, and number of country-level data points for all financial protection indicators in the 2022 HEFPI database.

**Table 1: Financial Protection in Health Indicators in the 2022 HEFPI Database**

Variable name	Description	# of data points in v2019	# of data points in v2022
<b>OOP health spending amount and budget share</b>			
oop_cap_yr_ppp	Mean household per capita OOP health spending (\$ 2011 PPP)	646	634
sh_hexp_1	Mean share of household consumption or income used on OOP health spending (%)	646	634
<b>Catastrophic OOP health spending</b>			
cata_tot_10	Proportion of population spending more than 10% of household consumption or income on OOP health care expenditure (%)	646	634
cata_tot_25	Proportion of population spending more than 25% of household consumption or income on OOP health care expenditure (%)	646	612
<b>Impoverishing OOP health spending</b>			
<b>Pushed into poverty by OOP health spending</b>			
imp_np190	Proportion of population pushed below the \$1.90 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	646	593
imp_np320	Proportion of population pushed below the \$3.20 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	646	593
imp_np550	Proportion of population pushed below the \$5.50 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	646	558
imp_nprelPL60	Proportion of population pushed below the 60% median consumption poverty line by OOP health care expenditure (%)	646	593
imp_npSPL	Proportion of population pushed by OOP health care expenditure below the societal poverty line, defined as the higher of the \$1.90 (\$ 2011 PPP) poverty line and a 50% of median consumption poverty line (%)	646	593
<b>Further pushed into poverty by OOP health spending</b>			
imp_p190_pop	Proportion of population pushed further below the \$1.90 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	New	593
imp_p320_pop	Proportion of population pushed further below the \$3.20 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	New	593
imp_p550_pop	Proportion of population pushed further below the \$5.50 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	New	558
imp_prelPL60_pop	Proportion of population pushed further below the 60% median consumption poverty line by OOP health care expenditure (%)	New	593
imp_pSPL_pop	Proportion of population pushed further by OOP health care expenditure below the societal poverty line, defined as the higher of the \$1.90 (\$ 2011 PPP) poverty line and a 50% of median consumption poverty line (%)	New	593
<b>Pushed or further pushed into poverty by OOP health spending</b>			
imp_npp190_pop	Proportion of population pushed or pushed further below the \$1.90 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	New	593
imp_npp320_pop	Proportion of population pushed or pushed further below the \$3.20 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	New	593
imp_npp550_pop	Proportion of population pushed or pushed further below the \$5.50 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	New	593
imp_npprelPL60_pop	Proportion of population pushed or pushed further below the 60% median consumption poverty line by OOP health care expenditure (%)	New	593
imp_nppSPL_pop	Proportion of population pushed or pushed further by OOP health care expenditure below the societal poverty line, defined as the higher of the \$1.90 (\$ 2011 PPP) poverty line and a 50% of median consumption poverty line (%)	New	593
<b>Overlap between catastrophic and impoverishing health spending</b>			
comb_cata_tot_10_imp_np190_pop	Proportion of population spending more than 10% of household consumption or income on OOP health care expenditure and pushed below the \$1.90 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	New	558
comb_cata_tot_10_imp_np320_pop	Proportion of population spending more than 10% of household consumption or income on OOP health care expenditure and pushed below the \$3.20 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	New	558
comb_cata_tot_10_imp_nprelPL60_pop	Proportion of population spending more than 10% of household consumption or income on OOP health care expenditure and pushed below the 60% median consumption poverty line by OOP health care expenditure (%)	New	558
comb_cata_tot_25_imp_np190_pop	Proportion of population spending more than 25% of household consumption or income on OOP health care expenditure and pushed below the \$1.90 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	New	558
comb_cata_tot_25_imp_np320_pop	Proportion of population spending more than 25% of household consumption or income on OOP health care expenditure and pushed below the \$3.20 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	New	558

Variable name	Description	# of data points in v2019	# of data points in v2022
comb_cata_tot_25_imp_nprelPL60_pop	Proportion of population spending more than 25% of household consumption or income on OOP health care expenditure and pushed below the 60% median consumption poverty line by OOP health care expenditure (%)	New	558
comb_cata_tot_10_imp_p190_pop	Proportion of population spending more than 10% of household consumption or income on OOP health care expenditure and pushed further below the \$1.90 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	New	558
comb_cata_tot_10_imp_p320_pop	Proportion of population spending more than 10% of household consumption or income on OOP health care expenditure and pushed further below the \$3.20 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	New	558
comb_cata_tot_10_imp_prePL60_pop	Proportion of population spending more than 10% of household consumption or income on OOP health care expenditure and pushed further below the 60% median consumption poverty line by OOP health care expenditure (%)	New	558
comb_cata_tot_25_imp_p190_pop	Proportion of population spending more than 25% of household consumption or income on OOP health care expenditure and pushed further below the \$1.90 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	New	558
comb_cata_tot_25_imp_p320_pop	Proportion of population spending more than 25% of household consumption or income on OOP health care expenditure and pushed further below the \$3.20 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	New	558
comb_cata_tot_25_imp_nprelPL60_pop	Proportion of population spending more than 25% of household consumption or income on OOP health care expenditure and pushed further below the 60% median consumption poverty line by OOP health care expenditure (%)	New	558

Source: 2019 and 2022 HEFPI databases.

Notes: v2019 and v2022 indicate the 2019 and 2022 versions of the HEFPI database. PPP = Purchasing Power Parity.

## New and retired data points and surveys

In total, the 2022 HEFPI dataset includes 18,035 country-level data points across the 31 financial protection indicators—8,991 more than the database's 2019 version. The data points come from 634 surveys (previously 646). For 93 of these surveys, data points are available at the level of subnational regions, and for 626 surveys, at the level of rural and urban subpopulations.

7,262 data points that were included in the previous version of the HEFPI database were retired for the 2022 version after additional quality checks. In 2,393 cases, retired points were replaced with updated estimates. Appendix Table A.1 lists all data points where the change from the 2019 to the 2022 version exceeded 5 percentage points for indicators with percentages as the unit of measurement and 15 percent for indicators with other units of measurement. For the nine previously included financial protection indicators, the additional quality checking exercise in fact resulted in a reduction of the number of country-level data points in 2022 compared to the 2019 version of the HEFPI database. However, the 2022 financial protection datapoints are more recent, with a median survey year of 2008 compared to 2007 in the 2019 dataset.

## HEALTH EQUITY INDICATORS

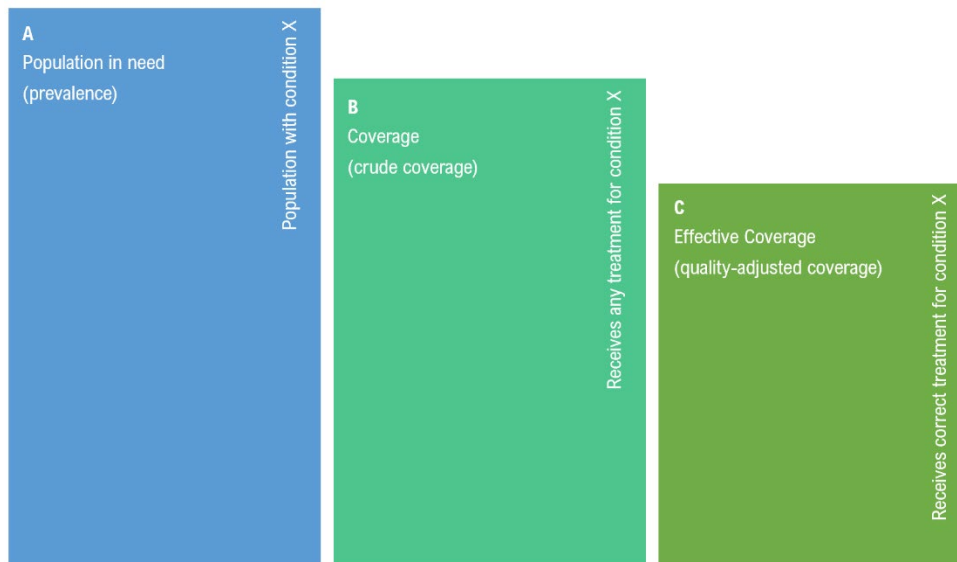
### New health equity indicators

The 2022 version of the HEFPI database includes a total of 73 indicators on the health equity side, including 35 health service coverage and 38 health outcome indicators. Nineteen health service coverage and 10 health outcome indicators were newly added in

2022. Appendix Table A.2 shows short names and descriptions, along with the number of data points for all health equity indicators in the 2022 HEFPI database.

The 16 new health care utilization indicators include three indicators of health care quality and three indicators of *effective* coverage. Effective coverage requires that everyone in need of a particular health service receives it in a timely manner and at the quality necessary to obtain the desired effect and potential health gains (Shengelia et al. 2005, Jannati et al. 2018). The concept has been receiving increased attention recently in global health research and policy because of the observation that the large improvements in health care access many low- and middle-income countries (LMICs) have achieved over the past two decades have not always coincided with commensurate gains in health outcomes because health care quality remained lacking (Gabrysch et al. 2019). The interrelation of health care coverage and quality and effective coverage can be visualized in a *care cascade* like that shown in Figure 3 (Shengelia et al. 2005).

**Figure 3: Coverage, Quality, Effective Coverage, and the Care Cascade**



$$\text{Effective coverage} = \frac{C}{A} = \frac{B}{A} \cdot \frac{C}{B}$$

$$= \text{Coverage rate} * \text{Correct treatment rate among those covered}$$

Source: Own visualization.

The effective coverage rate (share of the population in need receiving the correct treatment,  $C/A$  in formula in Figure 3) is the product of the crude coverage rate (share of the population receiving any treatment,  $B/A$ ) and the share of those with crude coverage who receive the correct treatment, or quality care ( $C/B$ ).<sup>3</sup> For instance, the effective coverage rate for antenatal care would be obtained by multiplying the share of pregnancies (population in need) with any antenatal care (crude coverage) by the share of pregnancies with any antenatal care where care was delivered according to established

<sup>3</sup> More advanced and data-demanding definitions of effective coverage consider coverage effective under the condition that clinical guidelines are not only adhered to but that maximum possible health gains are achieved (e.g., for HIV/AIDS, that patients not only receive antiretroviral drugs but also that their viral load is suppressed).

clinical guidelines. While data constraints limit our ability to generate care quality measures that are fully aligned with, for example, recommendations by the World Health Organization (WHO), the indicators of care quality (conditional on crude coverage) and effective coverage for antenatal care (WHO 2016), delivery (WHO 2018), and postnatal care (WHO 2014) in the 2022 HEFPI database approximate care standards as closely as the available data permit. Specifically, we include the following:

- *For antenatal care*

- Crude coverage: Percentage of most recent births in last two years with at least one antenatal care check.
- Quality of care/Correct treatment rate among those covered: Of births in last two years with at least one antenatal care check; percentage with at least four antenatal care checks; any checks with skilled provider; and blood pressure, blood sample, and urine sample taken.
- Effective coverage: Percentage of most recent births in last two years where women received at least four antenatal care checks; any checks with skilled provider; and blood pressure, blood sample, and urine sample taken.

- *For birth attendance*

- Crude coverage: Percentage of most recent births in last two years attended by any skilled health personnel.
- Quality of care/Correct treatment rate among those covered: Of births in the last two years attended by any skilled health personnel, percentage that took place in a formal health facility, with both mother and child staying in the facility for 24 hours or more and breastfeeding initiated within one hour of birth.
- Effective coverage: Percentage of most recent births in last two years attended by any skilled health personnel, taking place in a formal health facility, with both mother and child staying in the facility for 24 hours or more and breastfeeding initiated within one hour of birth.

- *For postnatal care*

- Crude coverage: Percentage of most recent births in last two years where mother or child receive postnatal care in first six weeks.
- Quality of care/Correct treatment rate among those covered: Of most recent births in last two years where mother or child received any postnatal care in first six weeks, percentage where mother and child receive postnatal care in first 24 hours from a skilled health worker.
- Effective coverage: Percentage of most recent births in last two years where mother and child receive postnatal care in first 24 hours from a skilled health worker.



Besides the six new care quality and effective coverage indicators and two new “crude coverage” indicators for antenatal and postnatal care, the 2022 HEFPI database includes nine new indicators of health care coverage, specifically:

- Two new family planning indicators, namely the percentage of women aged 15–49 who are married or live in union who do not want to become pregnant and are using *modern* contraception; and the share of women aged 15–49 who are married or live in union who do not want to become pregnant and are using *any* contraceptive methods, including traditional ones. Women who do not want to become pregnant, that is, are in need of contraception are identified according to the revised definition of need for family planning by Bradley (2012) as well as by Barros et al. (2015).
- The share of births where mothers received antenatal care in the first trimester of the pregnancy.
- Two indicators in the domain of delivery care, namely the share of births taking place in a formal health facility, the share of births taking place in a hospital.
- The share of children aged 15–23 months who received none of eight essential vaccines at birth.
- Three new indicators representing access to formal health care providers for children under five with (1) fever; (2) diarrhea; and (3) fever, diarrhea, or a cough and rapid breathing originating from the chest.

In terms of health outcomes, the 2022 version of the HEFPI database introduces a total of 10 new indicators. Six are new anthropometric indicators for children under five, specifically the shares of children with (1) any wasting, (2) severe wasting, (3) severe underweight, (4) severe stunting, (5) both wasting and stunting, and (6) both severe wasting and stunting. Moreover, there are four new indicators of disease prevalence among children under five, namely the percentages of children with (1) cough and rapid breathing from the chest; (2) diarrhea; (3) fever; (4) cough and rapid breathing originating from the chest, diarrhea and/or fever in the two weeks preceding the survey.

### **New and retired data points and surveys**

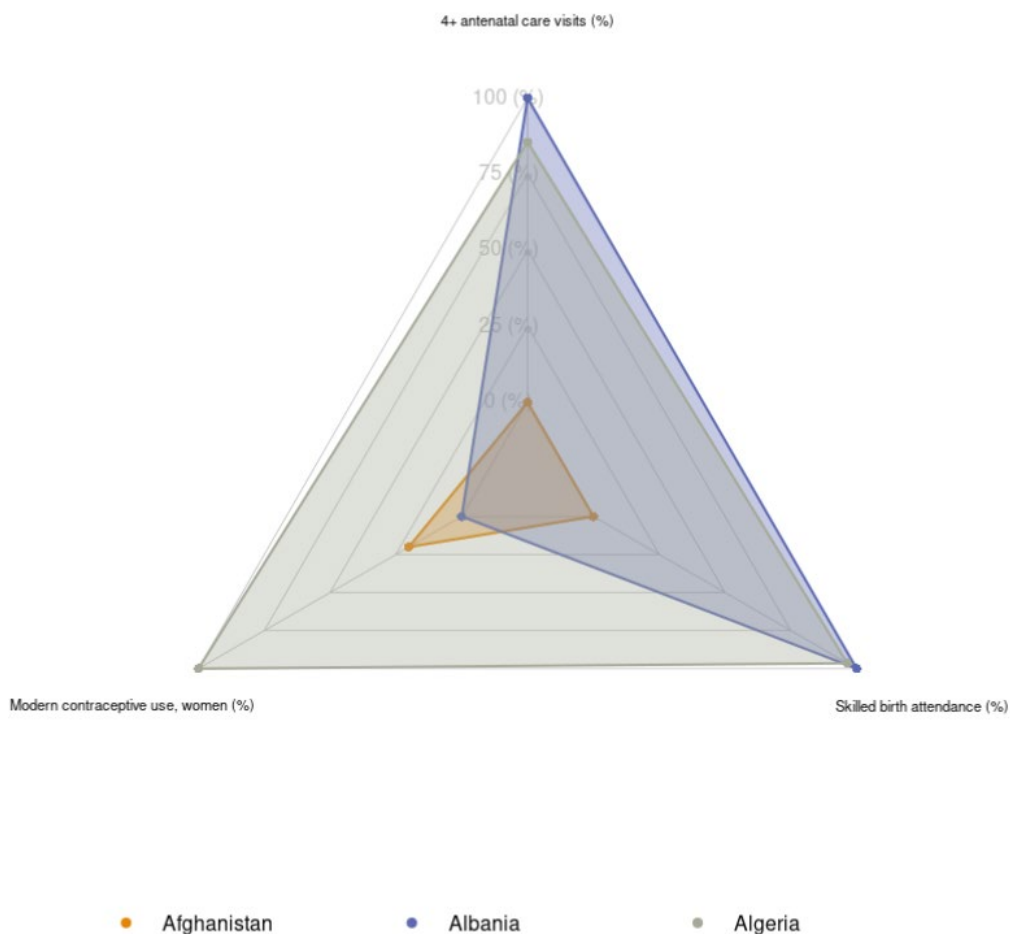
In total, the health equity side of the 2022 HEFPI dataset includes 19,820 country-level data points across the 73 health service and health outcome indicators—9,890 more datapoints than the database’s previous 2019 version. The data points come from 1,318 surveys (previously 1,208). For 482 of these surveys, data points are available at the level of subnational regions; for 617 surveys for rural and urban households; and for 915 surveys by income, consumption, or wealth quintile. For 957 data points the database includes concentration indexes and their standard errors.

1,049 data points that were included in the previous version of the HEFPI database were retired for the 2022 version as the result of a new round of quality checks. Because of a complete revamp of the coding structure for the 513 DHS and MICS surveys in the database, many values of previously included indicators derived from these surveys changed from the 2019 to the 2022 HEFPI version. However, in the large majority of cases, these changes were small in size. Appendix Table A.1 lists all data points where the change from the 2019 to the 2022 version exceeded 5 percentage points for indicators

with percentages as the unit of measurement and 15 percent for indicators with other units of measurement.

## PART III – NEW VISUALIZATIONS IN THE HEFPI PORTAL

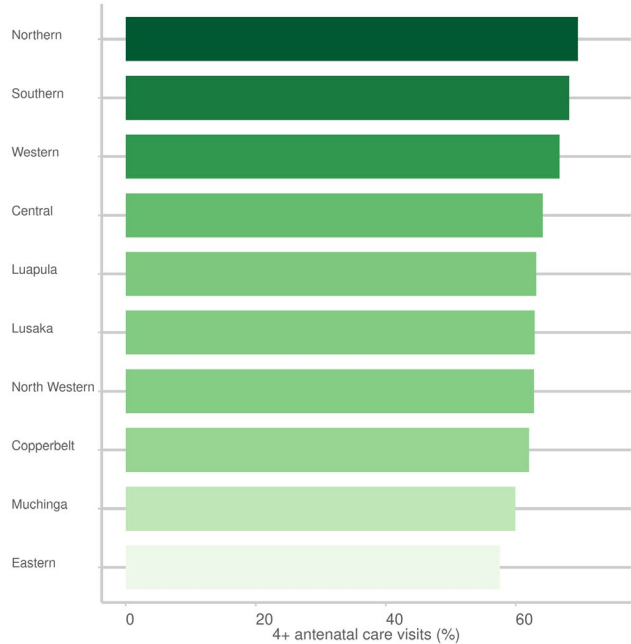
Figure 4: Radar Chart in the 2022 HEFPI Portal



Source: <https://datatopics.worldbank.org/health-equity-and-financial-protection/>.

An upgraded HEFPI portal is launched alongside the new dataset. Like the previous portal, the upgrade includes maps and bar charts showing country-level indicator means and concentration indexes; country and wealth/consumption quintile-level mean trend line charts; wealth/consumption quintile-level lollipop (dot-plot) charts by indicator and country; and charts visualizing data availability for specific countries and indicators. In addition, to enable users to visually capture the multidimensionality of universal health coverage (UHC), customizable radar charts were added that also allow comparisons across countries (Figure 4). The newly added rural, urban, and subnational region means are visualized using bar charts (Figure 5).

**Figure 5: Subnational Region Indicator Bar Chart in the 2022 HEFPI Portal – Share of Pregnancies with 4+ Antenatal Care Visits in Zambia, 2018**



Source: <https://datatopics.worldbank.org/health-equity-and-financial-protection/>.

## **PART IV – CONCLUSION**

The HEFPI database will continue to evolve. New datapoints will continue to be added, through a mix of adding new indicators and additional datapoints to already included indicators. The process of improving the reliability of estimates will also continue, meaning that some existing datapoints may be revised or dropped in future versions. Documentation (like this working paper) will be released to accompany new versions of the HEFPI database.

## **ACCESSING AND CITING THE DATABASE**

### **ACCESSING THE DATABASE**

The 2022 and prior versions of the database can be freely downloaded from the World Bank's Development Data Hub:

<https://datacatalog.worldbank.org/int/search/dataset/0038633>.

The HEFPI portal provides customizable data visualizations:

<https://datatopics.worldbank.org/health-equity-and-financial-protection/>.

Example code for the processing of the micro-data of the Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) is available in a public GitHub repository: <https://github.com/worldbank/HEFPI2022-Programmes>.

### **CITING THE DATABASE**

The reference citation for the data is S. Neelsen, P. Eozenou, M. Smitz, and R. Wang. 2022. "The Health Equity and Financial Protection Indicators Database 2022." Washington, DC: World Bank.

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## APPENDIX

**Table A.1: Data Points in the 2022 HEFPI Database That Changed Substantively compared to the 2019 Database Version**

Variable name	Description	Data point (Country Year)	Indicator value in v2022	Indicator value in v2019
oop_cap_yr_ppp	Mean household per capita OOP health spending (\$ 2011 PPP)	Angola 2008	214.07	79.5
		Armenia 2007	139.93	36.18
		Armenia 2008	129.46	80.65
		Armenia 2009	121.3	67.59
		Armenia 2010	187.01	87.88
		Australia 2010	288.36	524.7
		Bangladesh 2000	79.56	30.29
		Bangladesh 2005	74.19	44.89
		Bangladesh 2016	163.45	61.11
		Bhutan 2003	43.83	34.3
		China 2002	68.29	90.65
		China 2007	111.59	148.46
		Dominican Republic 2007	253.3	184.91
		Egypt 2008	120	187.49
		India 2000	57.56	48.59
		Iraq 2006	53.81	109.19
		Jordan 2002	57.38	80.86
		Jordan 2008	71.31	97.54
		Kenya 2015	52.9	44.24
		Latvia 2002	147.85	100.93
		Latvia 2003	162.3	110.77
		Latvia 2004	207.22	141.44
		Latvia 2007	350.08	238.94
		Latvia 2008	339.41	231.68
		Latvia 2009	304.94	208.14
		Latvia 2010	456.16	311.4
		Maldives 2004	100.51	79.52
		Mexico 2008	174.25	85.61
		Malawi 2016	13.3	18.89
		Nigeria 2012	22.75	67.86
		Sierra Leone 2003	26.92	37.07
		Yemen 2005	120.66	160.99
		Yemen 2014	103.97	135.76
		Zambia 2006	0.01	10.14
		Zambia 2010	0	3.18
sh_hexp_1	Mean share of household consumption or income used on OOP health spending (%)	-	-	-
cata_tot_10	Proportion of population spending more than 10% of household consumption or income on OOP health care expenditure (%)	Armenia 2009	9.7%	4.4%
		Armenia 2010	17.5%	5.5%
		Bangladesh 2000	14.8%	4.1%
		Bangladesh 2005	12.3%	4.5%
		Bangladesh 2016	25.6	10.3%
cata_tot_25	Proportion of population spending more than 25% of household consumption or income on OOP health care expenditure (%)	Nigeria 2012	3.6%	15.1%
		Bangladesh 2016	9.9%	1.4%
imp_np190	Proportion of population pushed below the \$1.90 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	Bangladesh 2016	7.9%	2.6%
imp_np320	Proportion of population pushed below the \$3.20 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	-	-	-
imp_np550	Proportion of population pushed below the \$5.50 (\$ 2011 PPP) poverty line by OOP health care expenditure (%)	-	-	-
imp_nprelPL60	Proportion of population pushed below the 60% median consumption poverty line by OOP health care expenditure (%)	Bangladesh 2016	7.9%	2.1%
imp_npSPL	Proportion of population pushed by OOP health care expenditure below the societal poverty line, defined as the higher of the \$1.90 (\$ 2011 PPP) poverty line and a 50% of median consumption poverty line (%)	Bangladesh 2016	8.7%	3.7%
a_bmi	Mean BMI of population aged 18 or older	-	-	-



Variable name	Description	Data point (Country Year)	Indicator value in v2022	Indicator value in v2019
a_height	Mean height in meters of population aged 18 and older	-	-	-
a_obese	Percentage of population aged 18 or older with BMI above 30	-	-	-
a_overweight	Percentage of population aged 18 or older with BMI above 25	-	-	-
m_bmi	Mean BMI of male population aged 18 or older	-	-	-
m_height	Mean height in meters of males aged 18 and older	-	-	-
m_obese	Percentage of males aged 18 and older with BMI above 30	-	-	-
m_overweight	Percentage of male population aged 18 or older with BMI above 25	-	-	-
w_bmi	Mean BMI of female population aged 18 or older	-	-	-
w_bmi_1549	Mean BMI of female population aged 15-49 (excludes currently pregnant women and women having given birth in the three months preceding the survey)	-	-	-
w_height	Mean height in meters of females aged 18 and older	-	-	-
w_height_1549	Mean height in meters of females aged 15-49	-	-	-
w_obese	Percentage of females aged 18 and older with BMI above 30	-	-	-
w_obese_1549	Percentage of females aged 15-49 with BMI above 30 (excludes currently pregnant women and women having given birth in the three months preceding the survey)	Jordan 1997 Turkey 1998	38.2% 24.3%	28.8% 19.0%
w_overweight	Percentage of female population aged 18 or older with BMI above 25	-	-	-
w_overweight_1549	Percentage of female population aged 15-49 with BMI above 25 (excludes currently pregnant women and women having given birth in the three months preceding the survey)	Colombia 1995 Dominican Republic 1996 Gabon 2000 Jordan 1997 Kazakhstan 1995 Kyrgyz Republic 1997 Nicaragua 1997 Peru 2000 Turkey 1998 Uzbekistan 1996	45.7% 45.3% 33.9% 71.0% 46.2% 36.4% 50.9% 54.1% 57.7% 29.9%	39.9% 38.6% 28.9% 62.0% 38.8% 27.9% 42.5% 46.7% 51.4% 21.8%
c_stunted	Percentage of children under-5 with a Height-for-Age z-score <-2 standard deviations from the reference median (z-score calculated using WHO 2006 Child Growth Standards)	—	—	—
c_underweight	Percentage of children under-5 with a Weight-for-Age z-score <-2 standard deviations from the reference median (z-score calculated using WHO 2006 Child Growth Standards)	—	—	—
a_hi_bp140_or_on_med	Percentage of adult population with high blood pressure or on treatment for high blood pressure (age range may vary)	Bangladesh 2011	25.7%	90.4%
a_hi_chol_5_190_or_on_meds	Percentage of adult population with high cholesterol or on treatment for high cholesterol (age range may vary)	—	—	—
a_hiv	Percentage of population age 15–49 who had blood tests that are positive for HIV1 or HIV2	—	—	—
a_bp_dial	Mean diastolic blood pressure (mmHg) in adult population (age range may vary)	—	—	—
a_bp_sys	Mean systolic blood pressure (mmHg) in adult population (age range may vary)	—	—	—
a_chol_mmol_L	Mean cholesterol (mmol/L) in adult population (age range may vary)	—	—	—
a_gluc_mm	Mean fasting blood glucose (mmol/L) in adult population (age range may vary)	—	—	—
a_imp_glyc	Percentage of adult population with impaired fasting glycaemia (age range may vary)	—	—	—
c_u1mr	Deaths of children before their 1st birthday per 1,000 live births. Sample: children born up to 5 years before the survey for full population mortality estimates, and up to 10 years before the survey for wealth quintile specific mortality estimates	Nigeria 2016	112.22	69.9

Variable name	Description	Data point (Country Year)	Indicator value in v2022	Indicator value in v2019
c_u5mr	Deaths of children before their 5th birthday per 1,000 live births. Sample: children born up to 5 years before the survey for full population mortality estimates, and up to 10 years before the survey for wealth quintile-specific mortality estimates	Nigeria 2016	203.23	120.13
a_bp_meas_1yr	Percentage of population over 18 having their blood pressure measured by health professional in the last year	—	—	—
a_bp_treat	Percentage of adult population being treated for high blood pressure (age range may vary)	Namibia 2013	78.3%	12.8%
a_chol_meas	Percentage of adult population at risk (overweight or obese and older than 20, male and older than 34) having their cholesterol levels measured in the last 5 years	—	—	—
a_diab_treat	Percentage of adult population being treated for raised blood glucose or diabetes (age range may vary)	—	—	—
a_gluc_meas2	Percentage of population aged 40–69 at increased risk of diabetes (overweight, obese) having their blood sugar measured in the last 5 years	—	—	—
a_inpatient_1yr	Percentage of population age 18 and older using inpatient care in the last 12 months	—	—	—
w_mam_2y	Percentage of women who received a mammogram in the last 2 years (preferably age 50–69 but age groups may vary)	Nicaragua 2001	65.8%	8.8%
w_pap_3y	Percentage of women who received a pap smear in the last 3 years (preferably age 20–69 but age groups may vary)	Colombia 2004	84.7%	78.0%
		Dominican Republic 1996	89.6%	70.4%
		Nicaragua 1997	85.0%	58.8%
		Peru 1996	37.2%	27.6%
		Peru 2003	27.4%	33.4%
		Peru 2011	30.4%	37.0%
		Peru 2012	31.8%	39.0%
w_condom_conc	Percentage of women aged 18–49 who had more than one sexual partner in the last 12 months and used a condom during last intercourse	Peru 2013	47.7%	59.3%
		—	-	-
w_CPR	Percentage of women aged 15–49 who are married or live in union and currently use a modern method of contraception. Modern methods are defined as female sterilization, male sterilization, the contraceptive pill, intrauterine contraceptive device (IUD), injectables, implants, female condom, male condom, diaphragm, contraceptive foam and contraceptive jelly, lactational amenorrhea method (LAM), emergency contraception, country-specific modern methods and other modern contraceptive methods respondent mentioned.	Dominican Republic 1996	68.3%	59.2%
		India 1992	42.6%	36.3%
		India 1998	48.4%	42.8%
		Jordan 1997	43.9%	37.7%
		Uzbekistan 1996	57.6%	51.3%
w_unmet_fp	Percentage of women aged 15–49 who are married or live in union who do not want to become pregnant but are not using contraception (revised definition by Bradley 2012)	Central African Republic 1994	24.3%	19.3%
		Cote d'Ivoire 1994	36.3%	30.6%
		Cameroon 1998	26.4%	21.0%
		Comoros 1996	42.1%	36.0%
		Gabon 2000	34.2%	27.9%
		Morocco 1992	28.8%	23.5%
		Madagascar 1997	33.5%	27.8%
		Mozambique 1997	30.9%	25.2%
		Senegal 1997	40.7%	35.1%
		Uganda 1995	35.5%	30.0%
c_anc	Percentage of most recent births in last two years with at least 4 antenatal care visits (women aged 15–49 at the time of the survey)	Burundi 2016	51.8%	45.5%
		Haiti 2016	62.7%	70.5%
c_sba	Percentage of most recent births in last two years attended by any skilled health personnel (women aged 15–49 at the time of the survey). Definition of skilled varies by country and survey but always includes doctor, nurse, midwife, and auxiliary midwife).	Burkina Faso 1992	57.2%	41.1%
		Burkina Faso 1998	48.9%	32.3%
		Burkina Faso 2003	37.2%	55.7%
		Bangladesh 1996	17.5%	9.0%
		Bangladesh 1999	24.5%	13.4%
		Bangladesh 2007	33.6%	22.7%
		Brazil 1996	96.0%	90.8%

Variable name	Description	Data point (Country Year)	Indicator value in v2022	Indicator value in v2019
		Democratic Republic of Congo 2007	54.3%	76.8%
		Ethiopia 2011	19.2%	12.4%
		Ghana 1993	59.6%	43.1%
		Ghana 1998	68.8%	44.5%
		Guinea 2005	32.3%	38.0%
		Guatemala 2014	95.1%	68.7%
		India 1992	41.9%	35.4%
		Kenya 1993	53.0%	43.0%
		Kenya 1998	54.6%	43.8%
		Morocco 1992	25.0%	33.7%
		Madagascar 2008	57.9%	43.8%
		Mali 2001	26.3%	42.6%
		Malawi 1992	64.2%	53.1%
		Niger 1998	44.1%	18.0%
		Niger 2000	36.0%	15.3%
		Niger 2006	34.2%	19.4%
		Nepal 2011	43.3%	49.7%
		Pakistan 1990	34.3%	19.7%
		Philippines 1993	93.9%	54.0%
		Philippines 2017	88.6%	81.8%
		Senegal 1997	58.6%	48.1%
		Senegal 2010	77.0%	64.5%
		Senegal 2012	76.3%	49.8%
		Senegal 2014	81.0%	59.8%
		Senegal 2015	78.2%	53.9%
		Senegal 2016	78.6%	58.1%
		Tanzania 1996	51.5%	45.2%
		Tanzania 2004	54.6%	47.1%
		Zimbabwe 1994	82.2%	68.2%
		Zimbabwe 2005	78.3%	66.4%
c_ARItreat	Percentage of children under-5 with cough and rapid breathing which originated from the chest in the two weeks preceding the survey who visited a formal health care provider (excluding pharmacies). The definition of formal health care providers varies by country and data source. Variable was called c_treatARI in previous HEFPI version.	-	-	-
c_diarrheaORS	Percentage of children under-5 with diarrhea in the 2 weeks before the survey who were given oral rehydration salts (ORS). Variable was called c_treatdiarrhea in previous HEFPI version.	-	-	-
c_ITN	Percentage of children under-5 who slept under an insecticide treated bed net (ITN) the night before the survey. A bed net is considered treated if it (a) is a long-lasting treated net, (b) a pretreated net that was purchased or soaked in insecticides less than 12 months ago, or (c) a non-pretreated net that was soaked in insecticides less than 12 months ago	Ghana 2008	40.9%	29.7%
		Zimbabwe 2005	14.5%	2.9%
c_fullimm	Percentage of children aged 15–23 months who received Bacillus Calmette-Guerin (BCG), measles/Measles-Mumps-Rubella (MMR), 3 doses of polio (excluding polio given at birth) and 3 doses of diphtheria-pertussis-tetanus (DPT)/Pentavalent vaccinations, either verified by vaccination card or by recall of respondent	Azerbaijan 2006	47.5%	54.4%
		Republic of Congo 2011	54.4%	44.5%
		Comoros 2000	56.1%	63.7%
		Dominican Republic 2013	61.7%	51.0%
		Georgia 2005	33.8%	39.0%
		Moldova 2000	86.6%	66.9%
		Myanmar 2000	80.5%	51.0%
		Malawi 2000	44.5%	72.9%
		Nigeria 2016	21.8%	36.5%
		Tajikistan 2000	73.9%	58.5%
		Uzbekistan 1996	89.5%	84.0%
		Vietnam 2013	85.6%	80.1%
c_measles_vacc	Percentage of children aged 15–23 months who received measles or MMR vaccination, either verified by vaccination card or by recall of respondent	Zambia 2001	52.4%	74.0%
		Azerbaijan 2006	69.2%	77.4%
		Burkina Faso 1992	60.0%	65.9%
		Myanmar 2000	89.3%	52.7%
		Malawi 1992	79.0%	86.9%
		Malawi 2000	97.2%	86.7%

Variable name	Description	Data point (Country Year)	Indicator value in v2022	Indicator value in v2019
		Nigeria 2016	42.9%	67.8%
		Pakistan 1990	52.0%	57.3%
		Tajikistan 2000	81.0%	73.8%
		Turkey 1993	77.7%	83.0%

*Source:* 2019 and 2022 HEFPI databases.

*Note:* v2019 and v2022 indicate the 2019 and 2022 versions of the HEFPI database.

**Table A.2: Health Outcome and Service Coverage Indicators in the 2022 HEFPI Database**

Variable name	Description	# of data points in v2019	# of data points in v2022
<b>Health outcomes</b>			
<b>Adult and child anthropometrics</b>			
a_bmi	Mean BMI of population aged 18 or older	292	300
a_height	Mean height in meters of population aged 18 and older	157	157
a_obese	Percentage of population aged 18 or older with BMI above 30	294	304
a_overweight	Percentage of population aged 18 or older with BMI above 25	271	280
m_bmi	Mean BMI of male population aged 18 or older	294	301
m_height	Mean height in meters of males aged 18 and older	157	157
m_obese	Percentage of males aged 18 and older with BMI above 30	294	306
m_overweight	Percentage of male population aged 18 or older with BMI above 25	275	283
w_bmi	Mean BMI of female population aged 18 or older	293	300
w_bmi_1549	Mean BMI of female population aged 15-49 (excludes currently pregnant women and women having given birth in the three months preceding the survey)	192	220
w_height	Mean height in meters of females aged 18 and older	156	156
w_height_1549	Mean height in meters of females aged 15-49	192	220
w_obese	Percentage of females aged 18 and older with BMI above 30	295	304
w_obese_1549	Percentage of females aged 15-49 with BMI above 30 (excludes currently pregnant women and women having given birth in the three months preceding the survey)	192	220
w_overweight	Percentage of female population aged 18 or older with BMI above 25	274	282
w_overweight_1549	Percentage of female population aged 15-49 with BMI above 25 (excludes currently pregnant women and women having given birth in the three months preceding the survey)	192	220
c_stu_was	Percentage of children under-5 with a Height-for-Age and a Weight-for-Height z-score <-2 standard deviations from the reference medians (z-score calculated using WHO 2006 Child Growth Standards)	New	441
c_stu_was_sev	Percentage of children under-5 with a Height-for-Age and a Weight-for-Height z-score <-3 standard deviations from the reference medians (z-score calculated using WHO 2006 Child Growth Standards)	New	440
c_stunted	Percentage of children under-5 with a Height-for-Age z-score <-2 standard deviations from the reference median (z-score calculated using WHO 2006 Child Growth Standards)	350	430
c_stunted_sev	Percentage of children under-5 with a Height-for-Age z-score <-3 standard deviations from the reference median (z-score calculated using WHO 2006 Child Growth Standards)	New	408
c_underweight	Percentage of children under-5 with a Weight-for-Age z-score <-2 standard deviations from the reference median (z-score calculated using WHO 2006 Child Growth Standards)	351	431
c_underweight_sev	Percentage of children under-5 with a Weight-for-Age z-score <-3 standard deviations from the reference median (z-score calculated using WHO 2006 Child Growth Standards)	New	409
c_wasted	Percentage of children under-5 with a Weight-for-Height z-score <-2 standard deviations from the reference median (z-score calculated using WHO 2006 Child Growth Standards)	New	407
c_wasted_sev	Percentage of children under-5 with a Weight-for-Height z-score <-3 standard deviations from the reference median (z-score calculated using WHO 2006 Child Growth Standards)	New	407
<b>Adult chronic conditions</b>			
a_hi_bp140_or_on_med	Percentage of adult population with high blood pressure or on treatment for high blood pressure (age range may vary)	95	115
a_hi_chol_5_190_or_on_meds	Percentage of adult population with high cholesterol or on treatment for high cholesterol (age range may vary)	32	43
a_hiv	Percentage of population age 15-49 who had blood tests that are positive for HIV1 or HIV2	54	59
a_bp_dial	Mean diastolic blood pressure (mmHg) in adult population (age range may vary)	100	112
a_bp_sys	Mean systolic blood pressure (mmHg) in adult population (age range may vary)	100	112
a_chol_mmol_L	Mean cholesterol (mmol/L) in adult population (age range may vary)	62	70
a_gluc_mm	Mean fasting blood glucose (mmol/L) in adult population (age range may vary)	51	57
a_imp_glyc	Percentage of adult population with impaired fasting glycaemia (age range may vary)	54	61
<b>Childhood infectious disease</b>			
c_ari	Percentage of children under-5 with cough and rapid breathing from the chest in the two weeks preceding the survey	New	327
c_diarrhea	Percentage of children under-5 with diarrhea in the two weeks preceding the survey	New	512
c_fever	Percentage of children under-5 with fever in the two weeks preceding the survey	New	300
c_illness	Diarrhea, respiratory infection, or fever, under-5	New	326
<b>Childhood mortality</b>			
c_u1mr	Deaths of children before their 1 <sup>st</sup> birthday per 1,000 live births. Sample: children born up to 5 years before the survey for full population mortality estimates, and up to 10 years before the survey for wealth quintile specific mortality estimates	267	324
c_u5mr	Deaths of children before their 5 <sup>th</sup> birthday per 1,000 live births. Sample: children born up to 5 years before the survey for full population mortality estimates, and up to 10 years before the survey for wealth quintile specific mortality estimates	267	324
<b>Service coverage</b>			
<b>Adult chronic conditions and inpatient care</b>			

Variable name	Description	# of data points in v2019	# of data points in v2022
a_bp_meas_1yr	Percentage of population over 18 having their blood pressure measured by health professional in the last year	43	43
a_bp_treat	Percentage of adult population being treated for high blood pressure (age range may vary)	63	74
a_chol_meas	Percentage of adult population at risk (overweight or obese and older than 20, male and older than 34) having their cholesterol levels measured in the last 5 years	47	47
a_diab_treat	Percentage of adult population being treated for raised blood glucose or diabetes (age range may vary)	60	61
a_gluc_meas2	Percentage of population aged 40–69 at increased risk of diabetes (overweight, obese) having their blood sugar measured in the last 5 years	40	40
a_inpatient_1yr	Percentage of population age 18 and older using inpatient care in the last 12 months	458	457
w_mam_2y	Percentage of women who received a mammogram in the last 2 years (preferably age 50–69 but age groups may vary)	244	244
w_pap_3y	Percentage of women who received a pap smear in the last 3 years (preferably age 20–69 but age groups may vary)	296	298
Family planning			
w_condom_conc	Percentage of women aged 18–49 who had more than one sexual partner in the last 12 months and used a condom during last intercourse	110	94
w_CPR	Percentage of women aged 15–49 who are married or live in union and currently use a modern method of contraception. Modern methods are defined as female sterilization, male sterilization, the contraceptive pill, intrauterine contraceptive device (IUD), injectables, implants, female condom, male condom, diaphragm, contraceptive foam and contraceptive jelly, lactational amenorrhea method (LAM), emergency contraception, country-specific modern methods and other modern contraceptive methods respondent mentioned.	368	295
w_metany_fp	Percentage of women aged 15–49 who are married or live in union who do not want to become pregnant and are using contraceptive methods, including traditional ones (revised definition by Bradley 2012)	New	267
w_metmod_fp	Percentage of women aged 15–49 who are married or live in union who do not want to become pregnant and are using modern contraception	New	267
w_unmet_fp	Percentage of women aged 15–49 who are married or live in union who do not want to become pregnant but are not using contraception (revised definition by Bradley 2012)	226	268
Maternal care			
c_anc	Percentage of most recent births in last two years with at least 4 antenatal care visits (women age 15–49 at the time of the survey)	355	426
c_anc_any	Percentage of most recent births in last two years with at least one antenatal care check	New	457
c_anc_ear	Percentage of most recent births in last two years where women received first antenatal care check in first trimester	New	348
c_anc_eff	Percentage of most recent births in last two years where women received at least four antenatal care checks, any checks with skilled provider, and blood pressure, blood sample, and urine sample taken	New	310
c_anc_eff_q	Of births in last two years with at least one antenatal care check, percentage with at least four antenatal care checks, any checks with skilled provider, and blood pressure, blood sample, and urine sample taken	New	310
c_facdel	Percentage of most recent births in last two years which took place in a formal health facility	New	428
c_hospdel	Percentage of most recent births in last two years which took place in a hospital	New	425
c_sba	Percentage of most recent births in last two years attended by any skilled health personnel (women age 15–49 at the time of the survey). Definition of skilled varies by country and survey but always includes doctor, nurse, midwife, and auxiliary midwife).	415	505
c_sba_eff1	Percentage of most recent births in last two years attended by any skilled health personnel, taking place in a formal health facility, with both mother and child staying in the facility for 24h or more and breastfeeding initiated within 1 hour of birth. Definition of skilled varies by country and survey but always includes doctor, nurse, midwife, and auxiliary midwife).	New	187
c_sba_eff1_q	Of births in the last two years attended by any skilled health personnel, percentage which took place in a formal health facility, with both mother and child staying in the facility for 24h or more and breastfeeding initiated within 1 hour of birth. Definition of skilled varies by country and survey but always includes doctor, nurse, midwife, and auxiliary midwife).	New	187
c_pnc_any	Percentage of most recent births in last two years where mother or child receive postnatal care in first six weeks	New	193
c_pnc_eff	Percentage of most recent births in last two years where mother and child receive postnatal care in first 24 hours from a skilled health worker	New	188
c_pnc_eff_q	Of most recent births in last two years where mother or child received any postnatal care in first six weeks, percentage where mother and child receive postnatal care in first 24 hours from a skilled health worker	New	188
Childhood infectious disease			
c_ARItreat	Percentage of children under-5 with cough and rapid breathing which originated from the chest in the two weeks preceding the survey who visited a formal health care provider (excluding pharmacies). The definition of formal health care providers varies by country and data source. Variable was called c_treatARI in previous HEFPI version.	339	262
c_diarrheaORS	Percentage of children under-5 with diarrhea in the 2 weeks before the survey who were given oral rehydration salts (ORS). Variable was called c_treatdiarrhea in previous HEFPI version.	358	451
c_diarrheatreat	Percentage of children under-5 with diarrhea in the two weeks preceding the survey who visited a formal health care provider (excluding pharmacies). The definition of formal health care providers varies by country and data source.	New	339
c_fevertreat	Percentage of children under-5 with fever in the two weeks preceding the survey who visited a formal health care provider (excluding pharmacies). The definition of formal health care providers varies by country and data source.	New	229

Variable name	Description	# of data points in v2019	# of data points in v2022
c_illtreat	Percentage of children under-5 with fever, diarrhea, and/or acute respiratory infection in the two weeks preceding the survey who visited a formal health care provider (excluding pharmacies). The definition of formal health care providers varies by country and data source.	New	237
c_ITN	Percentage of children under-5 who slept under an insecticide treated bed net (ITN) the night before the survey. A bed net is considered treated if it (a) is a long-lasting treated net, (b) a pretreated net that was purchased or soaked in insecticides less than 12 months ago, or (c) a non-pretreated net that was soaked in insecticides less than 12 months ago	118	149
Childhood vaccination			
c_fullimm	Percentage of children aged 15–23 months who received Bacillus Calmette-Guerin (BCG), measles/Measles-Mumps-Rubella (MMR), 3 doses of polio (excluding polio given at birth) and 3 doses of diphtheria-pertussis-tetanus (DPT)/Pentavalent vaccinations, either verified by vaccination card or by recall of respondent	381	466
c_measles_vacc	Percentage of children aged 15–23 months who received measles or MMR vaccination, either verified by vaccination card or by recall of respondent	406	499
c_vaczero	Percentage of children aged 15–23 months who received none of 8 essential vaccines at birth (Bacillus Calmette-Guerin (BCG), measles/Measles-Mumps-Rubella (MMR), 3 doses of polio (excluding polio given at birth) and 3 doses of diphtheria-pertussis-tetanus (DPT)/Pentavalent vaccinations, either verified by vaccination card or by recall of respondent)	New	456

Source: 2022 HEFPI database.

Note: v2019 and v2022 indicate the 2019 and 2022 versions of the HEFPI database.





This paper outlines changes that have been made for the third version of the World Bank's Health Equity and Financial Protection Indicators (HEFPI) database launched in 2022. Across all indicators, subpopulation breakdowns by urban and rural place of residence and subnational region were added. On the financial protection side, the number of indicators further expanded to 31, reflecting a broadening of the definition of medical impoverishment from being limited to those pushed below the poverty line by medical spending to also include those already under the poverty line who incur any medical spending—that is, those “further impoverished” by medical spending. The additional financial protection indicators also include indicators that show the intersection of catastrophic and impoverishing health spending, that is, identify the populations exposed to both types of financial hardship simultaneously. The health equity side of the database now includes 19,820 country-level data points from 1,318 surveys across 35 service coverage and 38 health outcome indicators. An upgraded data visualization portal was launched alongside the new dataset

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