

*USAID Country Health Statistical Report*

# Namibia

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**March 2004**



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# About the Report

Released March 2004

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This report is one of a series of Country Health Statistical Reports produced on behalf of the United States Agency for International Development (USAID) by the Population, Health and Nutrition Information (PHNI) Project. Each profile contains statistical data on current health conditions, population dynamics, health and family planning behavior, and health and population trends in a given developing country. Information is compiled from PHNI's health statistics database, which draws data from a diverse range of sources listed at the end of this profile.

Hard copy editions of USAID's profiles are available from PHNI'S publications department. Reports are available on the USAID Global Health Web site in Portable Document Format (pdf). Any feedback you have on the content or presentation of this report would be greatly appreciated. We would also appreciate receiving any more recent, more accurate, or more representative information. Contact us at the following:



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# I. Statistical Overview

\*see data notes

Demographic Indicators				
Indicator	Value	Data Unit	Year	Source
Total Population	1,927,447		2003	BUCEN-IDB-2002
Population Growth Rate	1.5	%	2003	BUCEN-IDB-2002
Percent Urban	31.4	%	2001	World Bank/WDI-2003
Women, 15-19	109,017		2003	BUCEN-IDB-2002
Women, 15-49	457,842		2003	BUCEN-IDB-2002
Life Expectancy at Birth	42.8		2003	BUCEN-IDB-2002
Crude Birth Rate	34.1	per 1,000	2003	BUCEN-IDB-2002
Crude Death Rate	19.2	per 1,000	2003	BUCEN-IDB-2002
Number of Live Births	65,726		2003	BUCEN-IDB-2002

Socioeconomic Indicators				
Indicator	Value	Data Unit	Year	Source
GNI per Capita (PPP)	7,410	\$	2001	World Bank/WDI-2003
Health Expenditure as Percentage of GDP	7.1	%	2000	World Bank/WDI-2003
Physicians per 1,000 People	0.29		1997	World Bank/WDI-2002
Adult Literacy Rate	82.7	%	2001	World Bank/WDI-2003
Adult Literacy Rate, Female	81.9	%	2001	World Bank/WDI-2003
Adult Literacy Rate, Male	83.4	%	2001	World Bank/WDI-2003
Gross Enrollment Rate - Primary School	112.2	%	2000	UNESCO-2003/4
Gender Parity Index - Net Enrollment Rate	1.1		2000	UNESCO-2003/4
Access to an Improved Water Source (Rural)	67	%	2000	World Bank/WDI-2001
Access to an Improved Water Source (Urban)	100	%	2000	World Bank/WDI-2001
Access to Improved Sanitation Facilities (Rural)	17	%	2000	World Bank/WDI-2001
Access to Improved Sanitation Facilities (Urban)	96	%	2000	World Bank/WDI-2001

Family Planning Indicators				
Indicator	Value	Data Unit	Year	Source
Total Fertility Rate (BUCEN)	4.7		2003	BUCEN-IDB-2002
Total Fertility Rate (DHS)	5.4		1992	Namibia DHS-1992
Contraceptive Prevalence Rate, Modern Methods, All Women	21.4	%	1992	Namibia DHS-1992
Contraceptive Prevalence Rate, Modern Methods, Married Women	26	%	1992	Namibia DHS-1992
Median Age of Sexual Debut Among Women, Ages 25-49	19.2		1992	Namibia DHS-1992
Mean Ideal Family Size	5		1992	Namibia DHS-1992
Women 20-24 Who Gave Birth Before Age 20	41.6	%	1992	Namibia DHS-1992

Maternal Health Indicators				
Indicator	Value	Data Unit	Year	Source
Maternal Mortality Ratio (WHO/Hill)	300	Per 100,000 live births	2000	WHO/Hill-2004
Maternal Mortality Ratio (DHS)	225	Per 100,000 live births	1992	Namibia DHS-1992
Antenatal Care (at least 1 visit)	81.6	%	1992	Namibia DHS-1992
Antenatal Care (2+ visits)	75.1	%	1992	Namibia DHS-1992
Antenatal Care (4+ visits)	55.4	%	1992	Namibia DHS-1992
Assisted Delivery by a Health Professional	68.3	%	1992	Namibia DHS-1992
Assisted Delivery by Doctor	14.1	%	1992	Namibia DHS-1992
Assisted Delivery by Other Health Professional	54.2	%	1992	Namibia DHS-1992

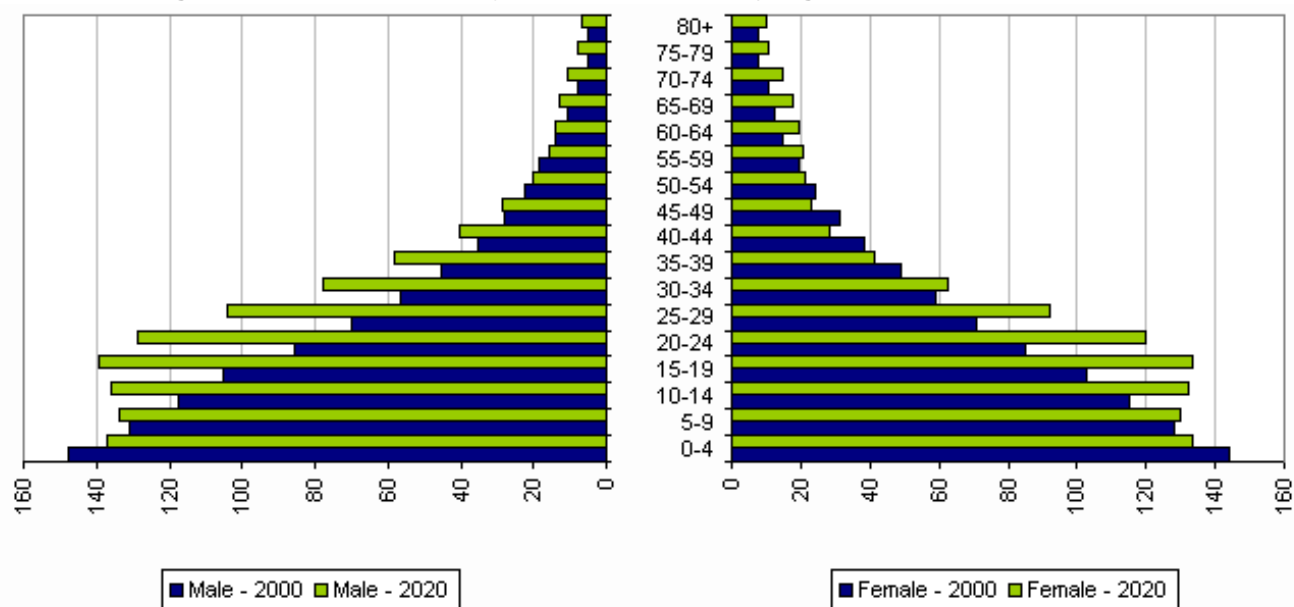
Child Survival Indicators				
Indicator	Value	Data Unit	Year	Source
<b>Acute Respiratory Infection (ARI) and Oral Rehydration Therapy (ORT)</b>				
ARI Treatment - Children Under 5	67.2	%	1992	Namibia DHS-1992
ORT Use Rate (ORS, RHS, or Increased Fluids)	66.8	%	1992	Namibia DHS-1992
<b>Mortality Indicators</b>				
Infant Mortality Rate (BUCEN)	68.4	per 1,000 live births	2003	BUCEN-IDB-2002
Infant Mortality Rate (DHS)	56.6	per 1,000 live births	1992	Namibia DHS-1992
Infant Mortality Rate, Females (BUCEN)	65.1	per 1,000 live births	2003	BUCEN-IDB-2002
Infant Mortality Rate, Males (BUCEN)	71.7	per 1,000 live births	2003	BUCEN-IDB-2002
Under-5 Mortality Rate (BUCEN)	105.8	per 1,000 live births	2003	BUCEN-IDB-2003
Under-5 Mortality Rate (UNICEF)	67	per 1,000 live births	2001	UNICEF-2003
Under-5 Mortality Rate (DHS)	83.2	per 1,000 live births	1992	Namibia DHS-1992
<b>Nutrition Indicators</b>				
Exclusive Breastfeeding (under 4 mos.)	21.6	%	1992	Namibia DHS-1992
Exclusive Breastfeeding (under 6 mos.)	Data Not Available			
Stunted (height-for-age)	28.4	%	1992	Namibia DHS-1992
Underweight (weight-for-age)	26.2	%	1992	Namibia DHS-1992
Wasted (weight-for-height)	8.6	%	1992	Namibia DHS-1992
<b>Vaccination Coverage</b>				
DPT3 Vaccination Rate (DHS)	69.5	%	1992	Namibia DHS-1992
DPT3 Vaccination Rate (WHO)	77	%	2002	WHO/Global Summary-2003
Measles Vaccination Rate (DHS)	75.6	%	1992	Namibia DHS-1992
Measles Vaccination Rate (WHO)	68	%	2002	WHO/Global Summary-2003
Polio Vaccination Rate (DHS)	69.5	%	1992	Namibia DHS-1992
Polio Vaccination Rate (WHO)	78	%	2002	WHO/Global Summary-2003
Tetanus Toxoid Vaccination	35.6	%	1992	Namibia DHS-1992

HIV/AIDS Prevention Indicators				
Indicator	Value	Data Unit	Year	Source
HIV Prevalence, Adults	22.5	%	2001	UNAIDS-2002
HIV Prevalence, Females 15-24, High Estimates	29.2	%	2001	UNAIDS-2002
HIV Prevalence, Females 15-24, Low Estimates	19.4	%	2001	UNAIDS-2002
HIV Prevalence, Males 15-24, High Estimates	13.3	%	2001	UNAIDS-2002
HIV Prevalence, Males 15-24, Low Estimates	8.9	%	2001	UNAIDS-2002
Males Reporting Condom Use With Last Non-Regular Partner	Data Not Available			
Females Reporting Condom Use With Last Non-Regular Partner	Data Not Available			

Infectious Diseases Control Indicators				
Indicator	Value	Data Unit	Year	Source
TB Estimated Number of Cases	11,190		2001	WHO/TB Control Report-2003
TB Case Detection Rate	98	%	2001	WHO/TB Control Report-2003
TB (DOTS) Treatment Success Rate	53	%	2000	WHO/TB Control Report-2003
Malaria Cases per 100,000	1,502	per 100,000	2000	WHO/RBM-2004

## II. Trends in Health Indicators

**Figure 1: Current and Projected Population by Age and Sex (in thousands)**



**Table 1.1: Current and Projected Population by Age and Sex**

Source: BUCEN-IDB

Age Group	Male - 2000	Male - 2020	Female - 2000	Female - 2020
0-4	147,486	137,036	143,932	133,469
5-9	131,175	133,641	128,045	130,173
10-14	117,467	136,071	114,906	132,212
15-19	105,363	139,097	102,516	133,608
20-24	85,476	128,648	85,162	120,074
25-29	70,111	104,009	70,848	92,346
30-34	56,475	77,697	58,895	62,437
35-39	45,491	58,099	48,728	41,128
40-44	35,017	40,394	38,567	28,145
45-49	28,234	28,597	31,321	22,880
50-54	22,657	20,014	24,474	21,146
55-59	18,208	15,661	19,565	20,594
60-64	14,144	13,716	14,964	19,361
65-69	10,863	12,866	12,254	17,963
70-74	7,959	10,761	10,705	14,495
75-79	5,264	7,607	7,602	10,391
80+	5,008	6,661	7,397	10,064

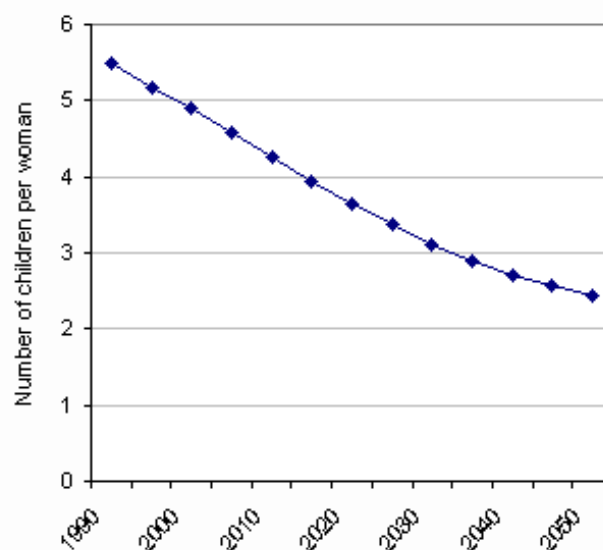
**TABLE 1.2: Population Estimates and Projections**

Source: BUCEN-IDB

1960	1970	1980	1990	2000	2010	2020	2030	2040	2050
590,731	764,683	974,771	1,409,069	1,826,279	2,035,684	2,081,061	2,165,992	2,334,283	2,635,911



**Figure 2: Estimated Total Fertility Rate per Woman**

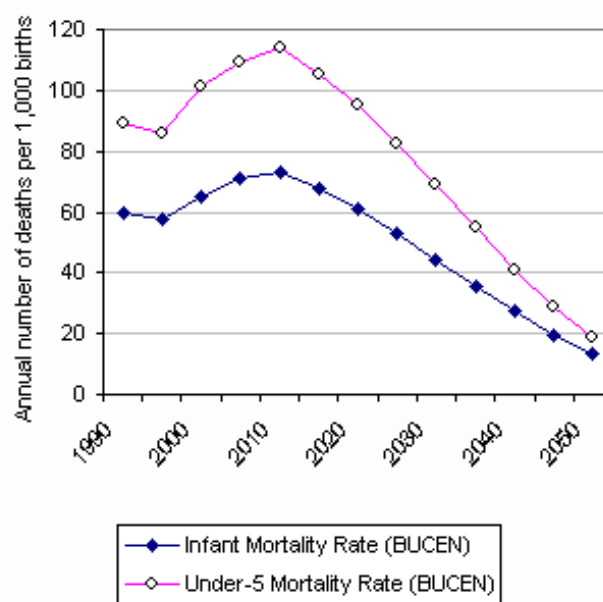


**Table 2: Estimated Total Fertility Rate per Woman**

Source: BUCEN-IDB

1990	1995	2000	2005	2010	2015	2020	2025	2030	2035	2040	2045	2050
5.5	5.2	4.9	4.6	4.3	4.0	3.7	3.4	3.1	2.9	2.7	2.6	2.4

**Figure 3: Infant Mortality Rates / Under-5 Mortality Rates**

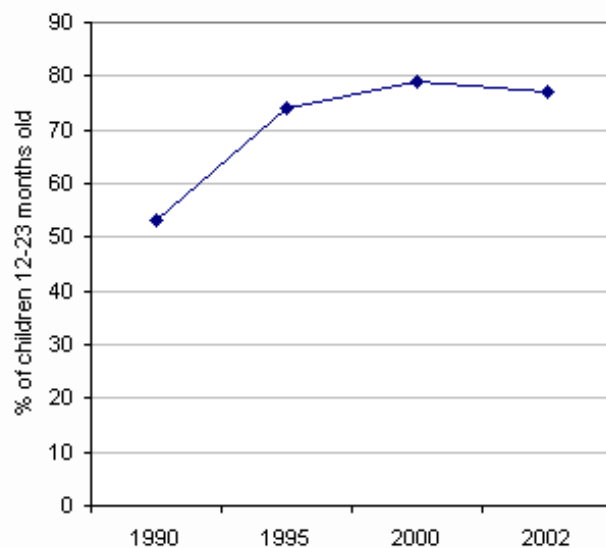


**Table 3: Infant Mortality Rates / Under-5 Mortality Rates**

Source: BUCEN-IDB 2002

Indicator	1990	1995	2000	2005	2010	2015	2020	2025	2030	2035	2040	2045	2050
Infant Mortality Rate (BUCEN)	60.0	57.9	65.1	70.8	73.4	67.7	60.9	53.0	44.4	35.7	27.2	19.7	13.6
Under-5 Mortality Rate (BUCEN)	88.9	85.8	100.9	109.2	113.9	105.4	94.9	82.5	68.9	54.7	40.9	28.5	18.5

**Figure 4: Vaccination Coverage (DPT3) Trends**



**Table 4: Vaccination Coverage (DPT3) Trends**

Source: WHO/Global Summary

1990	1995	2000	2002
53.0	74.0	79.0	77.0

**Figure 5: Contraceptive Prevalence Rates, Modern Methods, Married Women**

Data Not Available

**Table 5: Contraceptive Prevalence Rates, Modern Methods, Married Women**

Data Not Available

# Data Notes

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\*Indicator definitions that differ from those in the data notes section are identified by footnotes accompanying the indicator tables.

## **Demographic Indicators**

<b>Total Population</b>	The number of people in a given area (i.e., country) in a particular time period (usually a midyear estimate).
<b>Population Growth Rate</b>	The average annual growth rate is the rate of natural increase in a population plus the net migration rate. The rate of natural increase is the difference between the birth rate and the death rate, but it is conventionally measured in percentage terms (per hundred rather than per thousand).
<b>Percent Urban</b>	The percentage of the midyear population living in areas defined as urban in each country and reported to the United Nations.
<b>Women, 15-19</b>	The number of women between the ages of 15-19 in the midyear population.
<b>Women, 15-49</b>	The number of women between the ages of 15-49 in the midyear population.
<b>Life Expectancy at Birth</b>	The average number of years that a person at age 0 will live if age-specific death rates remain constant. Life expectancy at birth is highly affected by rates of infant and child death.
<b>Crude Birth Rate</b>	The number of births per thousand of the population. The product of the number of live births, divided by the midpoint population, multiplied by 1,000.
<b>Crude Death Rate</b>	The number of deaths per thousand of the population. The product of the number of deaths divided by the midpoint population, multiplied by 1,000.
<b>Number of Live Births</b>	The number of live births, annually, within a country.

## **Socioeconomic Indicators**

<b>GNI per Capita (PPP)</b>	The gross national income (GNI) converted to international dollars using purchasing power parity (PPP) rates. An international dollar has the same purchasing power over GNI as a U.S. dollar has in the United States.
<b>Health Expenditure as Percentage of GDP</b>	Total health expenditures is the sum of public and private health expenditures figured as a percentage of a country's gross domestic product (GDP). It covers the provision of health services (preventive and curative), family planning activities, nutrition activities, and emergency aid designated for health but does not include provision of water and sanitation.
<b>Physicians per 1,000 People</b>	Physicians are defined as graduates of any faculty or school of medicine who are working in the country in any medical field (practice, teaching, research).
<b>Adult Literacy Rate</b>	The percentage of people ages 15 and over who can, with understanding, read and write a short, simple statement about their everyday life.
<b>Adult Literacy Rate, Female</b>	The percentage of women ages 15 and over who can, with understanding, read and write a short, simple statement about their everyday life.
<b>Adult Literacy Rate, Male</b>	The percentage of men ages 15 and over who can, with understanding, read and write a short, simple statement about their everyday life.
<b>Gross Enrollment Rate - Primary School</b>	Total enrolment in primary level of education, regardless of age, expressed as a percentage of the official school-age population corresponding to primary level of education in give school-year. GER can be over 100% due to the inclusion of over-aged and under-aged pupils/students because of early or late entrants, and grade repetition.
<b>Gender Parity Index - Net Enrollment Rate</b>	The ratio of the female-to-male net primary school enrollment rates measures progress towards gender equity in school attendance and the level of learning opportunities available for women in relation to those available to men. Calculation Method: Divide the female net primary school enrollment rate by the male net primary school enrollment rate.

<b>Access to an Improved Water Source (Rural)</b>	Access to an improved water source in rural areas. Refers to the percentage of the rural population with reasonable access to an adequate amount of water from an improved source, such as a household connection, public standpipe, borehole, protected well or spring, or rainwater collection. Unimproved sources include vendors, tanker trucks, and unprotected wells and springs. Reasonable access is defined as the availability of at least 20 liters a person a day from a source within one kilometer of the dwelling.
<b>Access to an Improved Water Source (Urban)</b>	Access to an improved water source in urban areas. Refers to the percentage of the urban population with reasonable access to an adequate amount of water from an improved source, such as a household connection, public standpipe, borehole, protected well or spring, or rainwater collection. Unimproved sources include vendors, tanker trucks, and unprotected wells and springs. Reasonable access is defined as the availability of at least 20 liters a person a day from a source within one kilometer of the dwelling.
<b>Access to Improved Sanitation Facilities (Rural)</b>	Access to improved sanitation facilities in rural areas. Refers to the percentage of the rural population with access to at least adequate excreta disposal facilities (private or shared, but not public) that can effectively prevent human, animal, and insect contact with excreta.
<b>Access to Improved Sanitation Facilities (Urban)</b>	Access to improved sanitation facilities in urban areas. Refers to the percentage of the urban population with access to at least adequate excreta disposal facilities (private or shared, but not public) that can effectively prevent human, animal, and insect contact with excreta.

### **Family Planning Indicators**

<b>Total Fertility Rate (BUCEN)</b>	The number of children a woman between ages 15-49 would have during her reproductive life, if, for all of her childbearing years she were to experience the age-specific birth rates for that given year.
<b>Total Fertility Rate (DHS)</b>	The number of children a woman between ages 15-49 would have during her lifetime if she were to bear children at the currently observed rates.
<b>Contraceptive Prevalence Rate, Modern Methods, All Women</b>	Percentage of all women ages 15-49 currently using a modern method of contraception. Modern methods include oral contraceptives, IUDs, injectables, female and male sterilization, all emergency contraception, and barrier methods (diaphragm, foam, jelly, male and female condom).
<b>Contraceptive Prevalence Rate, Modern Methods, Married Women</b>	Percent of currently married women ages 15-49 currently using a modern method of contraception. Modern methods include oral contraceptives, IUDs, injectables, female and male sterilization, all emergency contraception, and barrier methods (diaphragm, foam, jelly, male and female condom).
<b>Median Age of Sexual Debut Among Women, Ages 25-49</b>	Median age of first sexual intercourse for women ages 25-49.
<b>Mean Ideal Family Size</b>	Mean ideal number of children for all women, according to number of living children.
<b>Women 20-24 Who Gave Birth Before Age 20</b>	Percentage of women ages 20-24 who have given birth before age 20.

### **Maternal Health Indicators**

<b>Maternal Mortality Ratio (WHO/Hill)</b>	The estimated number of women who die as a result of pregnancy or childbirth per 100,000 live births arrived through Hill et al., adjustment procedure depending on the nature of data used. The margins of uncertainty associated with the estimated maternal mortality ratios are very large and the estimates should not be used to monitor trends in the short term (including comparisons between 1995 and 2000 estimates). In addition, cross-country comparisons should be treated with considerable circumspection because different strategies are used to derive the estimates for different countries rendering comparisons fraught with difficulty. For further information please refer to the source.
<b>Maternal Mortality Ratio (DHS)</b>	The estimated number of women who die as a result of pregnancy or childbirth per 100,000 live births, arrived mostly through the "sisterhood method". The data are aggregated based on different time periods ranging from four to ten years preceding the survey. Thus, the data may not be suitable for trend analysis due to over-lapping year ranges of estimates. For further information on methodology please refer to: Stanton, Cynthia, Nouredine Abderrahim, and Kenneth Hill. 1997. DHS Maternal Mortality Indicators: An assessment of Data Quality and Implications for Data Use. Calverton: Macro International Inc., or individual country DHS reports.

<b>Antenatal Care (at least 1 visit)</b>	Percentage of women of reproductive age (15-49) who receive at least one antenatal care visit during pregnancy (in the three-year period preceding the survey).
<b>Antenatal Care (2+ visits)</b>	Percentage of women of reproductive age (15-49) who receive at least two antenatal care visits during pregnancy (in the three-year period preceding the survey).
<b>Antenatal Care (4+ visits)</b>	Percentage of women of reproductive age (15-49) who receive four or more antenatal care visits during pregnancy (in the three-year period preceding the survey).
<b>Assisted Delivery by a Health Professional</b>	The percentage of births/deliveries that occur with the assistance of any trained health professional during the five-year period preceding the survey. May include doctors, nurses, midwives, village health workers, or any other trained health professional.
<b>Assisted Delivery by Doctor</b>	The percentage of live births/deliveries that occur with the assistance of a doctor during the five-year period preceding the survey.
<b>Assisted Delivery by Other Health Professional</b>	The percentage of live births/deliveries that occur with the assistance of a nurse, midwife, village health worker, or any other trained health professional besides a doctor during the five-year period preceding the survey.
<b>Child Survival Indicators</b>	
<b>ARI Treatment - Children Under 5</b>	Percentage of children under five years who were ill with an acute respiratory infection (ARI), which is associated with cough, rapid breathing and a high fever, during the two weeks preceding the survey, for whom treatment was sought from a health facility or provider.
<b>ORT Use Rate (ORS, RHS, or Increased Fluids)</b>	Oral Rehydration Therapy (ORT). Percentage of children under age 5 with diarrhea two weeks prior to survey who received increased fluids, oral rehydration solution (ORS) or recommended home solution (RHS).
<b>Infant Mortality Rate (BUCEN)</b>	The estimated annual number of deaths of infants under 12 months in a given year per 1,000 live births in that same year.
<b>Infant Mortality Rate (DHS)</b>	The estimated annual number of deaths of infants under 12 months in a given year per 1,000 live births in that same year (five-year period preceding survey).
<b>Infant Mortality Rate, Females (BUCEN)</b>	The estimated annual number of deaths of female infants under 12 months in a given year per 1,000 live births in that same year.
<b>Infant Mortality Rate, Males (BUCEN)</b>	The estimated annual number of male infants under 12 months in a given year per 1,000 live births in that same year.
<b>Under-5 Mortality Rate (BUCEN)</b>	Annual number of deaths that occur in children 0-4 years old per 1,000 births.
<b>Under-5 Mortality Rate (UNICEF)</b>	Annual number of deaths that occur in children 0-4 years old per 1,000 births (five-year period preceding survey).
<b>Under-5 Mortality Rate (DHS)</b>	Annual number of deaths that occur in children 0-4 years old per 1,000 births (five-year period preceding survey).
<b>Exclusive Breastfeeding (under 4 mos.)</b>	Percentage of children under 4 months exclusively breastfed. Exclusive breastfeeding is defined as providing no food or liquid other than breast milk to the child during the 24-hour period before the survey.
<b>Exclusive Breastfeeding (under 6 mos.)</b>	Percentage of children under 6 months exclusively breastfed. Exclusive breastfeeding is defined as providing no food or liquid other than breast milk to the child during the 24-hour period before the survey.
<b>Stunted (height-for-age)</b>	Percentage of children under age five whose height-for-age is below minus-two standard deviations from the median of the reference population.
<b>Underweight (weight-for-age)</b>	Percentage of children under age five whose weight-for-age is below minus-two standard deviations from the median of the reference population.
<b>Wasted (weight-for-height)</b>	Percentage of children under age five whose weight-for-height is below minus-two standard deviations from the median of the reference population.

<b>DPT3 Vaccination Rate (DHS)</b>	Proportion of living children 12-23 months old who have received three complete doses of vaccines against diphtheria, pertussis, and tetanus.
<b>DPT3 Vaccination Rate (WHO)</b>	Proportion of living children 12-23 months old who have received three complete doses of vaccines against diphtheria, pertussis, and tetanus.
<b>Measles Vaccination Rate (DHS)</b>	Percentage of living children 12-23 months old who have received one dose of Measles Containing Vaccine.
<b>Measles Vaccination Rate (WHO)</b>	Percentage of living children 12-23 months old who have received one dose of Measles Containing Vaccine.
<b>Polio Vaccination Rate (DHS)</b>	Proportion of living children 12-23 months who have received three doses of polio vaccine.
<b>Polio Vaccination Rate (WHO)</b>	Proportion of living children 12-23 months who have received three doses of polio vaccine.
<b>Tetanus Toxoid Vaccination</b>	Percentage of pregnant women receiving two (or more) doses of tetanus toxoid (three-year period preceding survey).

#### ***HIV/AIDS Prevention Indicators***

<b>HIV Prevalence, Adults</b>	The estimated number of adults (ages 15-49) living with HIV/AIDS at the end of 1999 divided by the 1999 adult population (ages 15–49).
<b>HIV Prevalence, Females 15-24, High Estimates</b>	HIV prevalence, adolescent females 15-24 for high estimates.
<b>HIV Prevalence, Females 15-24, Low Estimates</b>	HIV prevalence, adolescent females 15-24 for low estimates.
<b>HIV Prevalence, Males 15-24, High Estimates</b>	HIV prevalence, adolescent males 15-24 for high estimates.
<b>HIV Prevalence, Males 15-24, Low Estimates</b>	HIV prevalence, adolescent males 15-24 for low estimates.
<b>Males Reporting Condom Use With Last Non-Regular Partner</b>	Among men who have had sex in the last year, percentage who used condoms during their last sexual intercourse with a non-regular partner/non-cohabitating partner.
<b>Females Reporting Condom Use With Last Non-Regular Partner</b>	Among women who have had sex in the last year, percentage who used condoms during their last sexual intercourse with a non-regular partner/non-cohabitating partner.

#### ***Infectious Diseases Control Indicators***

<b>TB Estimated Number of Cases</b>	The estimated number of cases (all forms).
<b>TB Case Detection Rate</b>	TB Case Detection Rate is defined as the percentage of the annual new smear-positive notifications of the estimated annual new smear-positive incidence.
<b>TB (DOTS) Treatment Success Rate</b>	The proportion of smear-positive patients who were cured plus the proportion who completed treatment.
<b>Malaria Cases per 100,000</b>	Number of malaria cases per 100,000 of the population during the year for which data was reported.

# Statistical Sources For Namibia

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<b>BUCEN-IDB 2002</b>	United States Census Bureau (BUCEN), International Programs Center. International Database. October 2002.
<b>BUCEN-IDB 2003</b>	United States Census Bureau (BUCEN), International Programs Center. International Database. July 2003.
<b>Namibia DHS 1992</b>	Ministry of Health and Social Services and Macro International Inc. Namibia Demographic and Health Survey 1992. Columbia, Maryland: Macro International Inc., May 1993.
<b>UNAIDS 2002</b>	Report on the Global HIV/AIDS Epidemic. July 2002. The Joint United Nations Programme on HIV/AIDS, Geneva.
<b>UNESCO 2002</b>	Education for All: Is the World on Track? United Nations Educational, Scientific and Cultural Organization, Paris
<b>UNESCO 2003/4</b>	EFA Global Monitoring Report. Gender and Education for All: The Leap to Equality. United Nations Educational, Scientific and Cultural Organization, Paris. 2003
<b>UNICEF 2003</b>	UNICEF Web site. Progress since the World Summit for Children. <a href="http://www.childinfo.org/cmr/revis/db2.htm">www.childinfo.org/cmr/revis/db2.htm</a> . Data accessed on Web site in January 2003.
<b>WHO/Global Summary 2002</b>	WHO Vaccine-Preventable Diseases Monitoring System. 2002 Global Summary. World Health Organization, Geneva.
<b>WHO/Global Summary 2003</b>	WHO Vaccine-Preventable Diseases: Monitoring System. 2003 Global Summary. World Health Organization, Geneva.
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