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TRUNG TÂM DỮ LIỆU - PHÂN TÍCH KINH TẾ

BÁO CÁO DỮ LIỆU PHỤC VỤ NGHIÊN CỨU

CHỦ ĐỀ: CÁC NGUỒN DỮ LIỆU VÀ NGHIÊN CỨU VỀ SỨC KHỎE

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MỤC LỤC

1. CÁC NGUỒN DỮ LIỆU VỀ SỨC KHỎE	2
1.1 World Development Indicators.....	2
1.1.1 Giới thiệu	2
1.1.2 Danh sách các chỉ tiêu (indicators) chi tiết	2
1.1.3 Cách truy cập	28
1.2 World Health Organization (WHO).....	34
1.2.1 Giới thiệu	34
1.2.2 Các chỉ tiêu	34
1.2.3 Cách truy cập	35
1.3 Điều tra mức sống hộ gia đình Việt Nam (VHLSS).....	37
1.3.1 Giới thiệu	37
1.3.2 Danh sách các chỉ tiêu chi tiết về sức khỏe trong VHLSS 2014	37
2. NGHIÊN CỨU SỬ DỤNG DỮ LIỆU SỨC KHỎE	40
2.1 Nghiên cứu sử dụng dữ liệu từ World Development Indicators/WHO	40
2.2 Nghiên cứu sử dụng dữ liệu từ VHLSS	43
Tài liệu tham khảo	45

1. CÁC NGUỒN DỮ LIỆU VỀ SỨC KHỎE

1.1 World Development Indicators

1.1.1 Giới thiệu

Cơ sở dữ liệu World Development Indicators của World Bank cung cấp hơn 1400 chỉ tiêu khác nhau về kinh tế vĩ mô, tài chính, sức khỏe, giáo dục, môi trường, phát triển, ... Trong đó, có hơn 130 chỉ tiêu về sức khỏe (health). Các chỉ tiêu này được tổng hợp từ các dữ liệu về sức khỏe của các tổ chức có uy tín trên thế giới như WHO, United Nations Population Division, United Nations Statistical Division, Eurostat's Demographic Statistics, UNICEF, ... cùng các dữ liệu thu thập và tính toán bởi chính World Bank.

1.1.2 Danh sách các chỉ tiêu (indicators) chi tiết

Bảng 1: Danh sách các chỉ tiêu chi tiết về sức khỏe

No	Indicator Name	Long definition	Source
	1. Disease prevention (Phòng chống bệnh tật)		
1	ARI treatment (% of children under 5 taken to a health provider) Tỷ lệ trẻ em được điều trị bệnh nhiễm trùng đường hô hấp cấp tính (% trẻ em dưới 5 tuổi bị bệnh này)	Children with acute respiratory infection (ARI) who are taken to a health provider refers to the percentage of children under age five with ARI in the last two weeks who were taken to an appropriate health provider, including hospital, health center, dispensary, village health worker, clinic, and private physician.	UNICEF, State of the World's Children, Childinfo, and Demographic and Health Surveys.
2	Children with fever receiving antimalarial drugs (% of children under age 5 with fever) Tỷ lệ trẻ em được uống thuốc chống sốt rét (% trẻ em dưới 5 tuổi bị sốt rét)	Malaria treatment refers to the percentage of children under age five who were ill with fever in the last two weeks and received any appropriate (locally defined) anti-malarial drugs.	UNICEF, State of the World's Children, Childinfo, and Demographic and Health Surveys.
3	Condom use, population ages 15-24, female (% of females ages 15-24) Tỷ lệ sử dụng bao cao su, nữ (% nữ 15-24)	Condom use is the percentage of the population ages 15-24 who used a condom at last intercourse in the last 12 months.	Demographic and Health Surveys, and UNAIDS.

	tuổi)		
4	<p>Condom use, population ages 15-24, male (% of males ages 15-24)</p> <p>Tỷ lệ sử dụng bao cao su, nam (% nam 15-24 tuổi)</p>	<p>Condom use is the percentage of the population ages 15-24 who used a condom at last intercourse in the last 12 months.</p>	<p>Demographic and Health Surveys, and UNAIDS.</p>
5	<p>Diarrhea treatment (% of children under 5 receiving oral rehydration and continued feeding)</p> <p>Tỷ lệ trẻ em được điều trị bệnh tiêu chảy (% trẻ em dưới 5 tuổi bị bệnh được uống dung dịch thuốc bù nước và điện giải và cho ăn)</p>	<p>Children with diarrhea who received oral rehydration and continued feeding refer to the percentage of children under age five with diarrhea in the two weeks prior to the survey who received either oral rehydration therapy or increased fluids, with continued feeding.</p>	<p>UNICEF, State of the World's Children, Childinfo, and Demographic and Health Surveys.</p>
6	<p>Diarrhea treatment (% of children under 5 who received ORS packet)</p> <p>Tỷ lệ trẻ em được điều trị bệnh tiêu chảy (% trẻ em dưới 5 tuổi bị bệnh được uống dung dịch thuốc bù nước và điện giải)</p>	<p>Percentage of children under age 5 with diarrhea in the two weeks preceding the survey who received oral rehydration salts (ORS packets or pre-packaged ORS fluids).</p>	<p>UNICEF, State of the World's Children, Childinfo, and Demographic and Health Surveys.</p>
7	<p>Immunization, DPT (% of children ages 12-23 months)</p> <p>Tỷ lệ trẻ em được tiêm chủng (Bạch hầu, ho gà, uốn ván - DPT) (% trẻ em 12-23 tháng tuổi)</p>	<p>Child immunization measures the percentage of children ages 12-23 months who received vaccinations before 12 months or at any time before the survey. A child is considered adequately immunized against diphtheria, pertussis (or whooping cough), and tetanus (DPT) after receiving three doses of vaccine.</p>	<p>WHO and UNICEF (http://www.who.int/immunization/monitoring_surveillance/en/).</p>
8	<p>Immunization, measles (% of children ages 12-23 months)</p> <p>Tỷ lệ trẻ em được tiêm chủng bệnh sởi (% trẻ</p>	<p>Child immunization measures the percentage of children ages 12-23 months who received vaccinations before 12 months or at any time before the survey. A child is considered adequately immunized against measles</p>	<p>WHO and UNICEF (http://www.who.int/immunization/monitoring_surveillance/en/).</p>

	em 12-23 tháng tuổi)	after receiving one dose of vaccine.	
9	Improved sanitation facilities (% of population with access) Tỷ lệ dân số tiếp cận tiếp cận toilet hợp vệ sinh, cả nước (%)	Access to improved sanitation facilities refers to the percentage of the population using improved sanitation facilities. Improved sanitation facilities are likely to ensure hygienic separation of human excreta from human contact. They include flush/pour flush (to piped sewer system, septic tank, pit latrine), ventilated improved pit (VIP) latrine, pit latrine with slab, and composting toilet.	WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org/).
10	Improved sanitation facilities, rural (% of rural population with access) Tỷ lệ dân số tiếp cận tiếp cận toilet hợp vệ sinh, nông thôn (%)	Access to improved sanitation facilities refers to the percentage of the population using improved sanitation facilities. Improved sanitation facilities are likely to ensure hygienic separation of human excreta from human contact. They include flush/pour flush (to piped sewer system, septic tank, pit latrine), ventilated improved pit (VIP) latrine, pit latrine with slab, and composting toilet.	WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org/).
11	Improved sanitation facilities, urban (% of urban population with access) Tỷ lệ dân số tiếp cận tiếp cận toilet hợp vệ sinh, thành thị (%)	Access to improved sanitation facilities refers to the percentage of the population using improved sanitation facilities. Improved sanitation facilities are likely to ensure hygienic separation of human excreta from human contact. They include flush/pour flush (to piped sewer system, septic tank, pit latrine), ventilated improved pit (VIP) latrine, pit latrine with slab, and composting toilet.	WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org/).
12	Improved water source (% of population with access) Tỷ lệ dân số tiếp cận tiếp cận toilet hợp vệ sinh, chung (%)	Access to an improved water source refers to the percentage of the population using an improved drinking water source. The improved drinking water source includes piped water on premises (piped household water connection located inside the user's dwelling, plot or yard), and other improved drinking water sources (public taps or standpipes, tube wells or boreholes, protected dug wells, protected springs, and rainwater collection).	WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org/).
13	Improved water source, rural (% of rural population with access)	Access to an improved water source refers to the percentage of the population using an improved drinking	WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation

	Tỷ lệ dân số tiếp cận tiếp cận nước sạch, nông thôn (%)	water source. The improved drinking water source includes piped water on premises (piped household water connection located inside the user's dwelling, plot or yard), and other improved drinking water sources (public taps or standpipes, tube wells or boreholes, protected dug wells, protected springs, and rainwater collection).	(http://www.wssinfo.org/).
14	Improved water source, urban (% of urban population with access) Tỷ lệ dân số tiếp cận tiếp cận nước sạch, thành thị (%)	Access to an improved water source refers to the percentage of the population using an improved drinking water source. The improved drinking water source includes piped water on premises (piped household water connection located inside the user's dwelling, plot or yard), and other improved drinking water sources (public taps or standpipes, tube wells or boreholes, protected dug wells, protected springs, and rainwater collection).	WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org/).
15	Tuberculosis case detection rate (% , all forms) Tỷ lệ ca bệnh lao phổi phát hiện mới (kể cả tái phát) so với số ca lao phổi được ước tính hiện tại (%)	Tuberculosis case detection rate (all forms) is the number of new and relapse tuberculosis cases notified to WHO in a given year, divided by WHO's estimate of the number of incident tuberculosis cases for the same year, expressed as a percentage. Estimates for all years are recalculated as new information becomes available and techniques are refined, so they may differ from those published previously.	World Health Organization, Global Tuberculosis Report.
16	Tuberculosis treatment success rate (% of new cases) Tỷ lệ điều trị bệnh lao phổi thành công (% tổng số ca phát hiện)	Tuberculosis treatment success rate is the percentage of all new tuberculosis cases (or new and relapse cases for some countries) registered under a national tuberculosis control programme in a given year that successfully completed treatment, with or without bacteriological evidence of success ("cured" and "treatment completed" respectively).	World Health Organization, Global Tuberculosis Report.
17	Use of insecticide-treated bed nets (% of under-5 population) Tỷ lệ sử dụng màn chống muỗi và côn	Use of insecticide-treated bed nets refers to the percentage of children under age five who slept under an insecticide-treated bednet to prevent malaria.	UNICEF, State of the World's Children, Childinfo, and Demographic and Health Surveys.

	trùng ở trẻ em (% trẻ em dưới 5 tuổi)		
	2. Health services (Dịch vụ y tế)		
1	Community health workers (per 1,000 people) Số nhân viên y tế/1000 dân	Community health workers include various types of community health aides, many with country-specific occupational titles such as community health officers, community health-education workers, family health workers, lady health visitors and health extension package workers.	World Health Organization's Global Health Workforce Statistics, OECD, supplemented by country data.
2	External resources for health (% of total expenditure on health) Tài trợ cho chăm sóc sức khỏe từ nước ngoài (% tổng chi phí cho chăm sóc sức khỏe)	External resources for health are funds or services in kind that are provided by entities not part of the country in question. The resources may come from international organizations, other countries through bilateral arrangements, or foreign nongovernmental organizations. These resources are part of total health expenditure.	World Health Organization Global Health Expenditure database (see http://apps.who.int/nha/database for the most recent updates).
3	Health expenditure per capita (current US\$) Chi phí y tế/người (US\$ hiện tại)	Total health expenditure is the sum of public and private health expenditures as a ratio of total population. 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. Data are in current U.S. dollars.	World Health Organization Global Health Expenditure database (see http://apps.who.int/nha/database for the most recent updates).
4	Health expenditure per capita, PPP (constant 2011 international \$) Chi phí y tế/người PPP (US\$ 2011)	Total health expenditure is the sum of public and private health expenditures as a ratio of total population. 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. Data are in international dollars converted using 2011 purchasing power parity (PPP) rates.	World Health Organization Global Health Expenditure database (see http://apps.who.int/nha/database for the most recent updates).
5	Health expenditure, private (% of GDP) Chi phí y tế, tư nhân (% GDP)	Private health expenditure includes direct household (out-of-pocket) spending, private insurance, charitable donations, and direct service payments by private corporations.	World Health Organization Global Health Expenditure database (see http://apps.who.int/nha/database for the most recent updates).
6	Health expenditure, public (% of GDP)	Public health expenditure consists of recurrent and capital spending from	World Health Organization Global Health Expenditure

	Chi phí y tế, công cộng (% GDP)	government (central and local) budgets, external borrowings and grants (including donations from international agencies and nongovernmental organizations), and social (or compulsory) health insurance funds.	database (see http://apps.who.int/nha/database for the most recent updates).
7	Health expenditure, public (% of government expenditure) Chi phí y tế, công cộng (% chi tiêu chính phủ)	Public health expenditure consists of recurrent and capital spending from government (central and local) budgets, external borrowings and grants (including donations from international agencies and nongovernmental organizations), and social (or compulsory) health insurance funds.	World Health Organization Global Health Expenditure database (see http://apps.who.int/nha/database for the most recent updates).
8	Health expenditure, public (% of total health expenditure) Chi phí y tế, công cộng (% tổng chi tiêu cho y tế)	Public health expenditure consists of recurrent and capital spending from government (central and local) budgets, external borrowings and grants (including donations from international agencies and nongovernmental organizations), and social (or compulsory) health insurance funds. Total health expenditure is the sum of public and private health expenditure. 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.	World Health Organization Global Health Expenditure database (see http://apps.who.int/nha/database for the most recent updates).
9	Health expenditure, total (% of GDP) Chi phí y tế, tổng (% GDP)	Total health expenditure is the sum of public and private health expenditure. 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.	World Health Organization Global Health Expenditure database (see http://apps.who.int/nha/database for the most recent updates).
10	Hospital beds (per 1,000 people) Số giường bệnh (/1000 người)	Hospital beds include inpatient beds available in public, private, general, and specialized hospitals and rehabilitation centers. In most cases beds for both acute and chronic care are included.	Data are from the World Health Organization, supplemented by country data.
11	Number of surgical procedures (per 100,000 population) Số ca phẫu thuật (/1000.000 người)	The number of procedures undertaken in an operating theatre per 100,000 population per year in each country. A procedure is defined as the incision, excision, or manipulation of tissue that needs regional or general anaesthesia, or profound sedation to control pain.	The Lancet Commission on Global Surgery (www.lancetglobalsurgery.org).

12	Nurses and midwives (per 1,000 people) Số y tá, bà đỡ (/1000 người)	Nurses and midwives include professional nurses, professional midwives, auxiliary nurses, auxiliary midwives, enrolled nurses, enrolled midwives and other associated personnel, such as dental nurses and primary care nurses.	World Health Organization's Global Health Workforce Statistics, OECD, supplemented by country data.
13	Out-of-pocket health expenditure (% of private expenditure on health) Chi phí y tế từ tiền túi (% chi phí y tế tư nhân)	Out of pocket expenditure is any direct outlay by households, including gratuities and in-kind payments, to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services whose primary intent is to contribute to the restoration or enhancement of the health status of individuals or population groups. It is a part of private health expenditure.	World Health Organization Global Health Expenditure database (see http://apps.who.int/nha/database for the most recent updates).
14	Out-of-pocket health expenditure (% of total expenditure on health) Chi phí y tế từ tiền túi (% tổng chi phí y tế)	Out of pocket expenditure is any direct outlay by households, including gratuities and in-kind payments, to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services whose primary intent is to contribute to the restoration or enhancement of the health status of individuals or population groups. It is a part of private health expenditure.	World Health Organization Global Health Expenditure database (see http://apps.who.int/nha/database for the most recent updates).
15	Physicians (per 1,000 people) Số bác sĩ (/1000 người)	Physicians include generalist and specialist medical practitioners.	World Health Organization's Global Health Workforce Statistics, OECD, supplemented by country data.
16	Specialist surgical workforce (per 100,000 population) Số lượng bác sĩ phẫu thuật (/1000.000 người)	Specialist surgical workforce is the number of specialist surgical, anaesthetic, and obstetric (SAO) providers who are working in each country per 100,000 population.	The Lancet Commission on Global Surgery (www.lancetglobalsurgery.org).
3. Mortality (Tử vong)			
1	Completeness of infant death reporting (% of reported infant deaths to estimated infant deaths) Tỷ lệ báo cáo về tử vong trẻ em (% tử vong trẻ em được ước tính)	Completeness of infant death reporting is the number of infant deaths reported by national statistics authorities to the United Nations Statistics Division's Demography Yearbook divided by the number of infant deaths estimated by the United Nations Population Division.	The United Nations Statistics Division's Population and Vital Statistics Report and the United Nations Population Division's World Population Prospects.
2	Completeness of total	Completeness of total death reporting is	The United Nations Statistics

	<p>death reporting (% of reported total deaths to estimated total deaths)</p> <p>Tỷ lệ báo cáo về tử vong (% tử vong được ước tính)</p>	<p>the number of total deaths reported by national statistics authorities to the United Nations Statistics Division's Demography Yearbook divided by the number of total deaths estimated by the United Nations Population Division.</p>	<p>Division's Population and Vital Statistics Report and the United Nations Population Division's World Population Prospects.</p>
3	<p>Life expectancy at birth, female (years)</p> <p>Tuổi thọ trung bình, nữ (năm)</p>	<p>Life expectancy at birth indicates the number of years a newborn infant would live if prevailing patterns of mortality at the time of its birth were to stay the same throughout its life.</p>	<p>(1) United Nations Population Division. World Population Prospects, (2) Census reports and other statistical publications from national statistical offices, (3) Eurostat: Demographic Statistics, (4) United Nations Statistical Division. Population and Vital Statistics Reprint (various years), (5) U.S. Census Bureau: International Database, and (6) Secretariat of the Pacific Community: Statistics and Demography Programme.</p>
4	<p>Life expectancy at birth, male (years)</p> <p>Tuổi thọ trung bình, nam (năm)</p>	<p>Life expectancy at birth indicates the number of years a newborn infant would live if prevailing patterns of mortality at the time of its birth were to stay the same throughout its life.</p>	<p>(1) United Nations Population Division. World Population Prospects, (2) Census reports and other statistical publications from national statistical offices, (3) Eurostat: Demographic Statistics, (4) United Nations Statistical Division. Population and Vital Statistics Reprint (various years), (5) U.S. Census Bureau: International Database, and (6) Secretariat of the Pacific Community: Statistics and Demography Programme.</p>
5	<p>Life expectancy at birth, total (years)</p> <p>Tuổi thọ trung bình (năm)</p>	<p>Life expectancy at birth indicates the number of years a newborn infant would live if prevailing patterns of mortality at the time of its birth were to stay the same throughout its life.</p>	<p>Derived from male and female life expectancy at birth from sources such as: (1) United Nations Population Division. World Population Prospects, (2) Census reports and other statistical publications from national statistical offices, (3) Eurostat: Demographic Statistics, (4) United Nations Statistical Division. Population and Vital Statistics Reprint (various years), (5) U.S. Census Bureau: International Database, and (6) Secretariat of the Pacific</p>

			Community: Statistics and Demography Programme.
6	Mortality rate, adult, female (per 1,000 female adults) Tỷ lệ tử vong, nữ (/1000 nữ trưởng thành)	Adult mortality rate is the probability of dying between the ages of 15 and 60-- that is, the probability of a 15-year-old dying before reaching age 60, if subject to age-specific mortality rates of the specified year between those ages.	(1) United Nations Population Division's World Population Prospects. (2) University of California, Berkeley, and Max Planck Institute for Demographic Research. Human Mortality Database.
7	Mortality rate, adult, male (per 1,000 male adults) Tỷ lệ tử vong, nam (/1000 nam trưởng thành)	Adult mortality rate is the probability of dying between the ages of 15 and 60-- that is, the probability of a 15-year-old dying before reaching age 60, if subject to age-specific mortality rates of the specified year between those ages.	(1) United Nations Population Division's World Population Prospects. (2) University of California, Berkeley, and Max Planck Institute for Demographic Research. Human Mortality Database.
8	Mortality rate, infant (per 1,000 live births) Tỷ lệ tử vong trẻ em dưới 1 tuổi (/1000 trẻ em sinh ra sống)	Infant mortality rate is the number of infants dying before reaching one year of age, per 1,000 live births in a given year.	Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division) at www.childmortality.org . Projected data are from the United Nations Population Division's World Population Prospects; and may in some cases not be consistent with data before the current year.
9	Mortality rate, infant, female (per 1,000 live births) Tỷ lệ tử vong trẻ em gái dưới 1 tuổi (/1000 trẻ em gái sinh ra sống)	Infant mortality rate, female is the number of female infants dying before reaching one year of age, per 1,000 female live births in a given year.	Estimates developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division) at www.childmortality.org .
10	Mortality rate, infant, male (per 1,000 live births) Tỷ lệ tử vong trẻ em trai dưới 1 tuổi (/1000 trẻ em trai sinh ra sống)	Infant mortality rate, male is the number of male infants dying before reaching one year of age, per 1,000 male live births in a given year.	Estimates developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division) at www.childmortality.org .
11	Mortality rate, neonatal (per 1,000 live births) Tỷ lệ tử vong trẻ sơ sinh dưới 28 ngày tuổi (/1000 trẻ em sinh ra sống)	Neonatal mortality rate is the number of neonates dying before reaching 28 days of age, per 1,000 live births in a given year.	Estimates developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division) at www.childmortality.org .
12	Mortality rate, under-5	Under-five mortality rate is the	Estimates Developed by the UN

	(per 1,000 live births) Tỷ lệ tử vong, trẻ em dưới 5 tuổi (/1000 trẻ em sinh ra sống)	probability per 1,000 that a newborn baby will die before reaching age five, if subject to age-specific mortality rates of the specified year.	Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division) at www.childmortality.org . Projected data are from the United Nations Population Division's World Population Prospects; and may in some cases not be consistent with data before the current year.
13	Mortality rate, under-5, female (per 1,000 live births) Tỷ lệ tử vong, trẻ em gái dưới 5 tuổi (/1000 trẻ em gái sinh ra sống)	Under-five mortality rate, female is the probability per 1,000 that a newborn female baby will die before reaching age five, if subject to female age-specific mortality rates of the specified year.	Estimates developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division) at www.childmortality.org .
14	Mortality rate, under-5, male (per 1,000 live births) Tỷ lệ tử vong, trẻ em trai dưới 5 tuổi (/1000 trẻ em trai sinh ra sống)	Under-five mortality rate, male is the probability per 1,000 that a newborn male baby will die before reaching age five, if subject to male age-specific mortality rates of the specified year.	Estimates developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division) at www.childmortality.org .
15	Number of infant deaths Số trẻ em dưới 1 tuổi tử vong	Number of infants dying before reaching one year of age.	Estimates developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division) at www.childmortality.org .
16	Number of neonatal deaths Số trẻ sơ sinh dưới 28 ngày tuổi tử vong	Number of neonates dying before reaching 28 days of age.	Estimates developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division) at www.childmortality.org .
17	Number of under-five deaths Số trẻ em dưới 5 tuổi tử vong	Number of children dying before reaching age five.	Estimates developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division) at www.childmortality.org .
18	Survival to age 65, female (% of cohort) Tỷ lệ sống đến 65 tuổi, nữ (%)	Survival to age 65 refers to the percentage of a cohort of newborn infants that would survive to age 65, if subject to age specific mortality rates of the specified year.	The United Nations Population Division's World Population Prospects.
19	Survival to age 65, male (% of cohort)	Survival to age 65 refers to the percentage of a cohort of newborn	The United Nations Population Division's World Population

	Tỷ lệ sống đến 65 tuổi, nam (%)	infants that would survive to age 65, if subject to age specific mortality rates of the specified year.	Prospects.
	4. Nutrition (Dinh dưỡng)		
1	Consumption of iodized salt (% of households) Sử dụng muối I ốt (% hộ gia đình)	Consumption of iodized salt refers to the percentage of households that use edible salt fortified with iodine.	United Nations Children's Fund, State of the World's Children.
2	Depth of the food deficit (kilocalories per person per day) Độ sâu đói ăn (kilocalo/người/ngày)	The depth of the food deficit indicates how many calories would be needed to lift the undernourished from their status, everything else being constant. The average intensity of food deprivation of the undernourished, estimated as the difference between the average dietary energy requirement and the average dietary energy consumption of the undernourished population (food-deprived), is multiplied by the number of undernourished to provide an estimate of the total food deficit in the country, which is then normalized by the total population.	Food and Agriculture Organization, Food Security Statistics.
3	Exclusive breastfeeding (% of children under 6 months) Tỷ lệ bú hoàn toàn bằng sữa mẹ (% trẻ em dưới 6 tháng tuổi)	Exclusive breastfeeding refers to the percentage of children less than six months old who are fed breast milk alone (no other liquids) in the past 24 hours.	UNICEF, State of the World's Children, Childinfo, and Demographic and Health Surveys.
4	Low-birthweight babies (% of births) Trẻ sinh thiếu ký (% tổng số trẻ sinh ra)	Low-birthweight babies are newborns weighing less than 2,500 grams, with the measurement taken within the first hours of life, before significant postnatal weight loss has occurred.	UNICEF, State of the World's Children, Childinfo, and Demographic and Health Surveys.
5	Prevalence of anemia among children (% of children under 5) Tỷ lệ thiếu máu của trẻ em (% trẻ em dưới 5 tuổi)	Prevalence of anemia, children under age 5, is the percentage of children under age 5 whose hemoglobin level is less than 110 grams per liter at sea level.	1. WHO. Global anemia prevalence and trends 1995-2011. Geneva: World Health Organization; forthcoming. 2. Stevens GA, Finucane MM, DeRegil LM, et al. Global, regional, and national trends in hemoglobin concentration and prevalence of total and severe anemia in children and pregnant and non-pregnant women for 1995-2011: a systematic analysis of population-representative data. The Lancet

			Global Health 2013; 1(1): e16-e25.
6	<p>Prevalence of anemia among non-pregnant women (% of women ages 15-49)</p> <p>Tỷ lệ thiếu máu của phụ nữ không mang thai (% phụ nữ không mang thai tuổi 15-49)</p>	Prevalence of anemia, non-pregnant women, is the percentage of non-pregnant women whose hemoglobin level is less than 120 grams per liter at sea level.	1. WHO. Global anemia prevalence and trends 1995-2011. Geneva: World Health Organization; forthcoming. 2. Stevens GA, Finucane MM, DeRegil LM, et al. Global, regional, and national trends in hemoglobin concentration and prevalence of total and severe anemia in children and pregnant and non-pregnant women for 1995-2011: a systematic analysis of population-representative data. The Lancet Global Health 2013; 1(1): e16-e25.
7	<p>Prevalence of anemia among pregnant women (%)</p> <p>Tỷ lệ thiếu máu của phụ nữ mang thai (% phụ nữ mang thai)</p>	Prevalence of anemia, pregnant women, is the percentage of pregnant women whose hemoglobin level is less than 110 grams per liter at sea level.	Stevens GA, Finucane MM, DeRegil LM, et al. Global, regional, and national trends in hemoglobin concentration and prevalence of total and severe anemia in children and pregnant and non-pregnant women for 1995-2011: a systematic analysis of population-representative data. The Lancet Global Health 2013; 1(1): e16-e25.
8	<p>Prevalence of anemia among women of reproductive age (% of women ages 15-49)</p> <p>Tỷ lệ thiếu máu của phụ nữ trong độ tuổi sinh đẻ (% phụ nữ tuổi 15-49)</p>	Prevalence of anemia among women of reproductive age refers to the combined prevalence of both non-pregnant with haemoglobin levels below 12 g/dL and pregnant women with haemoglobin levels below 11 g/dL.	Stevens GA et al. Global, regional, and national trends in hemoglobin concentration and prevalence of total and severe anemia in children and pregnant and non-pregnant women for 1995-2011: a systematic analysis of population-representative data. The Lancet Global Health 2013;1:e16-e25.
9	<p>Prevalence of overweight, weight for height (% of children under 5)</p> <p>Tỷ lệ thừa cân, cân nặng theo chiều cao (% trẻ em dưới 5 tuổi)</p>	Prevalence of overweight children is the percentage of children under age 5 whose weight for height is more than two standard deviations above the median for the international reference population of the corresponding age as established by the WHO's new child growth standards released in 2006.	World Health Organization, Global Database on Child Growth and Malnutrition. Country-level data are unadjusted data from national surveys, and thus may not be comparable across countries. Adjusted, comparable data are available at http://www.who.int/nutgrowthdb/en . Aggregation is based on UNICEF, WHO, and the World Bank harmonized dataset

			(adjusted, comparable data) and methodology.
10	Prevalence of overweight, weight for height, female (% of children under 5) Tỷ lệ thừa cân, cân nặng theo chiều cao, nữ (% trẻ em dưới 5 tuổi)	Prevalence of overweight children is the percentage of children under age 5 whose weight for height is more than two standard deviations above the median for the international reference population of the corresponding age as established by the WHO's new child growth standards released in 2006.	World Health Organization, Global Database on Child Growth and Malnutrition. Country-level data are unadjusted data from national surveys, and thus may not be comparable across countries.
11	Prevalence of overweight, weight for height, male (% of children under 5) Tỷ lệ thừa cân, cân nặng theo chiều cao, nam (% trẻ em dưới 5 tuổi)	Prevalence of overweight children is the percentage of children under age 5 whose weight for height is more than two standard deviations above the median for the international reference population of the corresponding age as established by the WHO's new child growth standards released in 2006.	World Health Organization, Global Database on Child Growth and Malnutrition. Country-level data are unadjusted data from national surveys, and thus may not be comparable across countries.
12	Prevalence of severe wasting, weight for height (% of children under 5)	Severe wasting prevalence is the proportion of children under five whose weight for height is more than three standard deviations below the median for the international reference population ages 0-59.	World Health Organization, Global Database on Child Growth and Malnutrition. Country-level data are unadjusted data from national surveys, and thus may not be comparable across countries. Adjusted, comparable data are available at http://www.who.int/nutgrowthdb/en . Aggregation is based on UNICEF, WHO, and the World Bank harmonized dataset (adjusted, comparable data) and methodology.
13	Prevalence of severe wasting, weight for height, female (% of children under 5)	Severe wasting prevalence is the proportion of children under five whose weight for height is more than three standard deviations below the median for the international reference population ages 0-59.	World Health Organization, Global Database on Child Growth and Malnutrition. Country-level data are unadjusted data from national surveys, and thus may not be comparable across countries.
14	Prevalence of severe wasting, weight for height, male (% of children under 5)	Severe wasting prevalence is the proportion of children under five whose weight for height is more than three standard deviations below the median for the international reference population ages 0-59.	World Health Organization, Global Database on Child Growth and Malnutrition. Country-level data are unadjusted data from national surveys, and thus may not be comparable across countries.
15	Prevalence of stunting, height for age (% of children under 5)	Prevalence of stunting is the percentage of children under age 5 whose height for age is more than two standard	World Health Organization, Global Database on Child Growth and Malnutrition. Country-level

		<p>deviations below the median for the international reference population ages 0-59 months. For children up to two years old height is measured by recumbent length. For older children height is measured by stature while standing. The data are based on the WHO's new child growth standards released in 2006.</p>	<p>data are unadjusted data from national surveys, and thus may not be comparable across countries. Adjusted, comparable data are available at http://www.who.int/nutgrowthdb/en. Aggregation is based on UNICEF, WHO, and the World Bank harmonized dataset (adjusted, comparable data) and methodology.</p>
16	<p>Prevalence of stunting, height for age, female (% of children under 5)</p>	<p>Prevalence of stunting is the percentage of children under age 5 whose height for age is more than two standard deviations below the median for the international reference population ages 0-59 months. For children up to two years old height is measured by recumbent length. For older children height is measured by stature while standing. The data are based on the WHO's new child growth standards released in 2006.</p>	<p>World Health Organization, Global Database on Child Growth and Malnutrition. Country-level data are unadjusted data from national surveys, and thus may not be comparable across countries.</p>
17	<p>Prevalence of stunting, height for age, male (% of children under 5)</p>	<p>Prevalence of stunting is the percentage of children under age 5 whose height for age is more than two standard deviations below the median for the international reference population ages 0-59 months. For children up to two years old height is measured by recumbent length. For older children height is measured by stature while standing. The data are based on the WHO's new child growth standards released in 2006.</p>	<p>World Health Organization, Global Database on Child Growth and Malnutrition. Country-level data are unadjusted data from national surveys, and thus may not be comparable across countries.</p>
18	<p>Prevalence of undernourishment (% of population)</p> <p>Tỷ lệ dân số thiếu ăn (% dân số)</p>	<p>Population below minimum level of dietary energy consumption (also referred to as prevalence of undernourishment) shows the percentage of the population whose food intake is insufficient to meet dietary energy requirements continuously. Data showing as 2.5 signifies a prevalence of undernourishment below 2.5%.</p>	<p>Food and Agriculture Organization (http://www.fao.org/publications/en/).</p>
19	<p>Prevalence of underweight, weight for age (% of children under 5)</p>	<p>Prevalence of underweight children is the percentage of children under age 5 whose weight for age is more than two standard deviations below the median for the international reference</p>	<p>World Health Organization, Global Database on Child Growth and Malnutrition. Country-level data are unadjusted data from national surveys, and thus may</p>

	Tỷ lệ thiếu cân (% trẻ em dưới 5 tuổi)	population ages 0-59 months. The data are based on the WHO's new child growth standards released in 2006.	not be comparable across countries. Adjusted, comparable data are available at http://www.who.int/nutgrowthdb/en . Aggregation is based on UNICEF, WHO, and the World Bank harmonized dataset (adjusted, comparable data) and methodology.
20	Prevalence of underweight, weight for age, female (% of children under 5) Tỷ lệ thiếu cân, nữ (% trẻ em dưới 5 tuổi)	Prevalence of underweight children is the percentage of children under age 5 whose weight for age is more than two standard deviations below the median for the international reference population ages 0-59 months. The data are based on the WHO's new child growth standards released in 2006.	World Health Organization, Global Database on Child Growth and Malnutrition. Country-level data are unadjusted data from national surveys, and thus may not be comparable across countries.
21	Prevalence of underweight, weight for age, male (% of children under 5) Tỷ lệ thiếu cân, nam (% trẻ em dưới 5 tuổi)	Prevalence of underweight children is the percentage of children under age 5 whose weight for age is more than two standard deviations below the median for the international reference population ages 0-59 months. The data are based on the WHO's new child growth standards released in 2006.	World Health Organization, Global Database on Child Growth and Malnutrition. Country-level data are unadjusted data from national surveys, and thus may not be comparable across countries.
22	Prevalence of wasting, weight for height (% of children under 5)	Wasting prevalence is the proportion of children under five whose weight for height is more than two standard deviations below the median for the international reference population ages 0-59.	World Health Organization, Global Database on Child Growth and Malnutrition. Country-level data are unadjusted data from national surveys, and thus may not be comparable across countries. Adjusted, comparable data are available at http://www.who.int/nutgrowthdb/en . Aggregation is based on UNICEF, WHO, and the World Bank harmonized dataset (adjusted, comparable data) and methodology.
23	Prevalence of wasting, weight for height, female (% of children under 5)	Wasting prevalence is the proportion of children under five whose weight for height is more than two standard deviations below the median for the international reference population ages 0-59.	World Health Organization, Global Database on Child Growth and Malnutrition. Country-level data are unadjusted data from national surveys, and thus may not be comparable across countries.
24	Prevalence of wasting, weight for height, male (% of children under 5)	Wasting prevalence is the proportion of children under five whose weight for height is more than two standard deviations below the median for the	World Health Organization, Global Database on Child Growth and Malnutrition. Country-level data are unadjusted data from

		international reference population ages 0-59.	national surveys, and thus may not be comparable across countries.
25	Vitamin A supplementation coverage rate (% of children ages 6-59 months) Tỷ lệ trẻ em được uống Vitamin A (% trẻ em 6-59 tháng tuổi)	Vitamin A supplementation refers to the percentage of children ages 6-59 months old who received at least two doses of vitamin A in the previous year.	United Nations Children's Fund, State of the World's Children.
5. Population (Dân số)			
1	Age dependency ratio (% of working-age population) Tỷ lệ phụ thuộc của trẻ em (dưới 15) và người già (trên 64 tuổi) (% dân số đang ở tuổi lao động)	Age dependency ratio is the ratio of dependents--people younger than 15 or older than 64--to the working-age population--those ages 15-64. Data are shown as the proportion of dependents per 100 working-age population.	World Bank staff estimates using the World Bank's population and age distributions of the United Nations Population Division's World Population Prospects. The World Bank's population estimates are from various sources including the United Nations Population Division's World Population Prospects; census reports and statistical publications from national statistical offices; Eurostat's Demographic Statistics; United Nations Statistical Division, Population and Vital Statistics Report (various years); U.S. Census Bureau: International Database; and Secretariat of the Pacific Community, Statistics and Demography Programme.
2	Age dependency ratio, old (% of working-age population) Tỷ lệ phụ thuộc của người già (trên 64 tuổi) (% dân số đang ở tuổi lao động)	Age dependency ratio, old, is the ratio of older dependents--people older than 64--to the working-age population--those ages 15-64. Data are shown as the proportion of dependents per 100 working-age population.	World Bank staff estimates using the World Bank's population and age distributions of the United Nations Population Division's World Population Prospects. The World Bank's population estimates are from various sources including the United Nations Population Division's World Population Prospects; census reports and statistical publications from national statistical offices; Eurostat's Demographic Statistics; United Nations Statistical Division, Population and Vital Statistics

			Report (various years); U.S. Census Bureau: International Database; and Secretariat of the Pacific Community, Statistics and Demography Programme.
3	<p>Age dependency ratio, young (% of working-age population)</p> <p>Tỷ lệ phụ thuộc của trẻ em (dưới 15) (% dân số đang ở tuổi lao động)</p>	<p>Age dependency ratio, young, is the ratio of younger dependents--people younger than 15--to the working-age population--those ages 15-64. Data are shown as the proportion of dependents per 100 working-age population.</p>	<p>World Bank staff estimates using the World Bank's population and age distributions of the United Nations Population Division's World Population Prospects. The World Bank's population estimates are from various sources including the United Nations Population Division's World Population Prospects; census reports and statistical publications from national statistical offices; Eurostat's Demographic Statistics; United Nations Statistical Division, Population and Vital Statistics Report (various years); U.S. Census Bureau: International Database; and Secretariat of the Pacific Community, Statistics and Demography Programme.</p>
4	<p>Birth rate, crude (per 1,000 people)</p> <p>Tỷ lệ sinh thô (số trẻ em sinh ra sống/1000 người)</p>	<p>Crude birth rate indicates the number of live births occurring during the year, per 1,000 population estimated at midyear. Subtracting the crude death rate from the crude birth rate provides the rate of natural increase, which is equal to the rate of population change in the absence of migration.</p>	<p>(1) United Nations Population Division. World Population Prospects, (2) Census reports and other statistical publications from national statistical offices, (3) Eurostat: Demographic Statistics, (4) United Nations Statistical Division. Population and Vital Statistics Reprot (various years), (5) U.S. Census Bureau: International Database, and (6) Secretariat of the Pacific Community: Statistics and Demography Programme.</p>
5	<p>Completeness of birth registration (%)</p> <p>Tỷ lệ trẻ em được đăng ký khai sinh (%)</p>	<p>Completeness of birth registration is the percentage of children under age 5 whose births were registered at the time of the survey. The numerator of completeness of birth registration includes children whose birth certificate was seen by the interviewer or whose mother or caretaker says the birth has been registered.</p>	<p>UNICEF's State of the World's Children based mostly on household surveys and ministry of health data.</p>
6	<p>Completeness of birth</p>	<p>Completeness of birth registration is the</p>	<p>UNICEF's State of the World's</p>

	<p>registration, rural (%)</p> <p>Tỷ lệ trẻ em được đăng ký khai sinh, nông thôn (%)</p>	<p>percentage of children under age 5 whose births were registered at the time of the survey. The numerator of completeness of birth registration includes children whose birth certificate was seen by the interviewer or whose mother or caretaker says the birth has been registered.</p>	<p>Children based mostly on household surveys and ministry of health data.</p>
7	<p>Completeness of birth registration, urban (%)</p> <p>Tỷ lệ trẻ em được đăng ký khai sinh, thành thị (%)</p>	<p>Completeness of birth registration is the percentage of children under age 5 whose births were registered at the time of the survey. The numerator of completeness of birth registration includes children whose birth certificate was seen by the interviewer or whose mother or caretaker says the birth has been registered.</p>	<p>UNICEF's State of the World's Children based mostly on household surveys and ministry of health data.</p>
8	<p>Completeness of death registration with cause-of-death information (%)</p> <p>Tỷ lệ đăng ký khai tử (%)</p>	<p>Completeness of death registration is the estimated percentage of deaths that are registered with their cause of death information in the vital registration system of a country.</p>	<p>World Health Organization, Global Health Observatory Data Repository/World Health Statistics (http://apps.who.int/gho/data/node.main.1?lang=en).</p>
9	<p>Death rate, crude (per 1,000 people)</p> <p>Tỷ lệ chết thô (/1000 người)</p>	<p>Crude death rate indicates the number of deaths occurring during the year, per 1,000 population estimated at midyear. Subtracting the crude death rate from the crude birth rate provides the rate of natural increase, which is equal to the rate of population change in the absence of migration.</p>	<p>(1) United Nations Population Division. World Population Prospects, (2) Census reports and other statistical publications from national statistical offices, (3) Eurostat: Demographic Statistics, (4) United Nations Statistical Division. Population and Vital Statistics Reprint (various years), (5) U.S. Census Bureau: International Database, and (6) Secretariat of the Pacific Community: Statistics and Demography Programme.</p>
10	<p>Female headed households (% of households with a female head)</p> <p>Tỷ lệ hộ gia đình có người đứng đầu là nữ (%)</p>	<p>Female headed households shows the percentage of households with a female head.</p>	<p>Demographic and Health Surveys.</p>
11	<p>Population ages 65 and above (% of total)</p> <p>Tỷ lệ dân số từ 65 tuổi</p>	<p>Population ages 65 and above as a percentage of the total population. Population is based on the de facto definition of population, which counts</p>	<p>World Bank staff estimates based on age distributions of United Nations Population Division's World Population Prospects.</p>

	trở lên (% tổng dân số)	all residents regardless of legal status or citizenship--except for refugees not permanently settled in the country of asylum, who are generally considered part of the population of the country of origin.	
12	Population growth (annual %) Tốc độ tăng dân số (%/năm)	Annual population growth rate for year t is the exponential rate of growth of midyear population from year t-1 to t, expressed as a percentage . Population is based on the de facto definition of population, which counts all residents regardless of legal status or citizenship--except for refugees not permanently settled in the country of asylum, who are generally considered part of the population of the country of origin.	Derived from total population. Population source: (1) United Nations Population Division. World Population Prospects, (2) Census reports and other statistical publications from national statistical offices, (3) Eurostat: Demographic Statistics, (4) United Nations Statistical Division. Population and Vital Statistics Reprint (various years), (5) U.S. Census Bureau: International Database, and (6) Secretariat of the Pacific Community: Statistics and Demography Programme.
13	Population ages 0-14 (% of total) Tỷ lệ dân số 0-14 tuổi (% tổng dân số)	Population between the ages 0 to 14 as a percentage of the total population. Population is based on the de facto definition of population.	World Bank staff estimates based on age distributions of United Nations Population Division's World Population Prospects.
14	Population ages 15-64 (% of total) Tỷ lệ dân số 15-64 tuổi (% tổng dân số)	Total population between the ages 15 to 64 is the number of people who could potentially be economically active. Population is based on the de facto definition of population, which counts all residents regardless of legal status or citizenship--except for refugees not permanently settled in the country of asylum, who are generally considered part of the population of the country of origin.	World Bank staff estimates based on age distributions of United Nations Population Division's World Population Prospects.
15	Population, female (% of total) Tỷ lệ dân số nữ (% tổng dân số)	Female population is the percentage of the population that is female. Population is based on the de facto definition of population, which counts all residents regardless of legal status or citizenship--except for refugees not permanently settled in the country of asylum, who are generally considered part of the population of the country of origin.	World Bank staff estimates based on male/female distributions of United Nations Population Division's World Population Prospects.
16	Population, total	Total population is based on the de facto definition of population, which	(1) United Nations Population Division. World Population

	Dân số (tổng số)	counts all residents regardless of legal status or citizenship--except for refugees not permanently settled in the country of asylum, who are generally considered part of the population of their country of origin. The values shown are midyear estimates.	Prospects, (2) Census reports and other statistical publications from national statistical offices, (3) Eurostat: Demographic Statistics, (4) United Nations Statistical Division. Population and Vital Statistics Report (various years), (5) U.S. Census Bureau: International Database, and (6) Secretariat of the Pacific Community: Statistics and Demography Programme.
17	Women who were first married by age 18 (% of women ages 20-24) Tỷ lệ phụ nữ kết hôn lần đầu trước tuổi 18 (% phụ nữ lứa tuổi 20-24)	Women who were first married by age 18 refers to the percentage of women ages 20-24 who were first married by age 18.	Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), AIDS Indicator Surveys(AIS), Reproductive Health Survey(RHS), and other household surveys.
	6. Reproductive health (Sức khỏe sinh sản)		
1	Adolescent fertility rate (births per 1,000 women ages 15-19) Tỷ lệ sinh sản vị thành niên (Số con sinh ra/1000 phụ nữ tuổi 15-19)	Adolescent fertility rate is the number of births per 1,000 women ages 15-19.	United Nations Population Division, World Population Prospects.
2	Births attended by skilled health staff (% of total) Tỷ lệ trẻ em được đỡ đẻ bởi nhân viên y tế có chuyên môn (% tổng số trẻ sinh ra)	Births attended by skilled health staff are the percentage of deliveries attended by personnel trained to give the necessary supervision, care, and advice to women during pregnancy, labor, and the postpartum period; to conduct deliveries on their own; and to care for newborns.	UNICEF, State of the World's Children, Childinfo, and Demographic and Health Surveys.
3	Contraceptive prevalence, any methods (% of women ages 15-49) Tỷ lệ sử dụng biện pháp tránh thai (% phụ nữ tuổi 15-19)	Contraceptive prevalence rate is the percentage of women who are practicing, or whose sexual partners are practicing, any form of contraception. It is usually measured for women ages 15-49 who are married or in union.	UNICEF's State of the World's Children and Childinfo, United Nations Population Division's World Contraceptive Use, household surveys including Demographic and Health Surveys and Multiple Indicator Cluster Surveys.
4	Contraceptive prevalence, modern methods (% of women ages 15-49)	Contraceptive prevalence rate is the percentage of women who are practicing, or whose sexual partners are practicing, at least one modern method	Household surveys, including Demographic and Health Surveys and Multiple Indicator Cluster Surveys. Largely compiled by

	Tỷ lệ sử dụng biện pháp tránh thai hiện đại (% phụ nữ tuổi 15-49)	of contraception. It is usually measured for women ages 15-49 who are married or in union. Modern methods of contraception include female and male sterilization, oral hormonal pills, the intra-uterine device (IUD), the male condom, injectables, the implant (including Norplant), vaginal barrier methods, the female condom and emergency contraception.	United Nations Population Division.
5	Demand for family planning satisfied by modern methods (% of married women with demand for family planning) Nhu cầu đối với kế hoạch hóa gia đình được đáp ứng bằng các phương pháp hiện đại (% phụ nữ kết hôn với nhu cầu về kế hoạch hóa gia đình)	Demand for family planning satisfied by modern methods refers to the percentage of married women ages 15-49 years whose need for family planning is satisfied with modern methods.	Demographic and Health Surveys (DHS).
6	Fertility rate, total (births per woman) Tỷ lệ sinh sản, tổng (trên mỗi phụ nữ)	Total fertility rate represents the number of children that would be born to a woman if she were to live to the end of her childbearing years and bear children in accordance with age-specific fertility rates of the specified year.	(1) United Nations Population Division. World Population Prospects, (2) Census reports and other statistical publications from national statistical offices, (3) Eurostat: Demographic Statistics, (4) United Nations Statistical Division. Population and Vital Statistics Reprot (various years), (5) U.S. Census Bureau: International Database, and (6) Secretariat of the Pacific Community: Statistics and Demography Programme.
7	Lifetime risk of maternal death (%) Xác suất chết mẹ trong cả cuộc đời của người phụ nữ (%)	Life time risk of maternal death is the probability that a 15-year-old female will die eventually from a maternal cause assuming that current levels of fertility and mortality (including maternal mortality) do not change in the future, taking into account competing causes of death.	WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. Trends in Maternal Mortality: 1990 to 2015. Geneva, World Health Organization, 2015
8	Lifetime risk of maternal death (1 in: rate varies by country)	Life time risk of maternal death is the probability that a 15-year-old female will die eventually from a maternal cause assuming that current levels of	WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. Trends in Maternal Mortality:

	Xác suất chết mẹ trong cả cuộc đời của người phụ nữ (1 trong: tỷ lệ này thay đổi theo quốc gia)	fertility and mortality (including maternal mortality) do not change in the future, taking into account competing causes of death.	1990 to 2015. Geneva, World Health Organization, 2015
9	Maternal mortality ratio (modeled estimate, per 100,000 live births) Tỷ lệ tử vong của bà mẹ (/100.000 trẻ sinh ra sống theo cách tính mới)	Maternal mortality ratio is the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births. The data are estimated with a regression model using information on the proportion of maternal deaths among non-AIDS deaths in women ages 15-49, fertility, birth attendants, and GDP.	WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. Trends in Maternal Mortality: 1990 to 2015. Geneva, World Health Organization, 2015
10	Maternal mortality ratio (national estimate, per 100,000 live births) Tỷ lệ tử vong của bà mẹ (/100.000 trẻ sinh ra sống theo cách tính của quốc gia)	Maternal mortality ratio is the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births.	UNICEF, State of the World's Children, Childinfo, and Demographic and Health Surveys.
11	Newborns protected against tetanus (%) Tỷ lệ trẻ sơ sinh được bảo vệ trước Uốn ván	Newborns protected against tetanus are the percentage of births by women of child-bearing age who are immunized against tetanus.	WHO and UNICEF (http://www.who.int/immunization/monitoring_surveillance/en/).
12	Number of maternal deaths Số tử vong của bà mẹ	A maternal death refers to the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.	WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. Trends in Maternal Mortality: 1990 to 2015. Geneva, World Health Organization, 2015
13	Pregnant women receiving prenatal care (%) Tỷ lệ phụ nữ có thai nhận được chăm sóc tiền sản (%)	Pregnant women receiving prenatal care are the percentage of women attended at least once during pregnancy by skilled health personnel for reasons related to pregnancy.	UNICEF, State of the World's Children, Childinfo, and Demographic and Health Surveys.
14	Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant) Làm mẹ tuổi vị thành	Teenage mothers are the percentage of women ages 15-19 who already have children or are currently pregnant.	Demographic and Health Surveys.

	niên (% phụ nữ 15-19 tuổi đã có con hay đang mang thai)		
15	Unmet need for contraception (% of married women ages 15-49) Tỷ lệ phụ nữ không sử dụng biện pháp tránh thai (% phụ nữ có chồng, 15-49 tuổi)	Unmet need for contraception is the percentage of fertile, married women of reproductive age who do not want to become pregnant and are not using contraception.	Household surveys, including Demographic and Health Surveys and Multiple Indicator Cluster Surveys. Largely compiled by United Nations Population Division.
16	Wanted fertility rate (births per woman) Tỷ lệ sinh sản theo mong muốn (/mỗi phụ nữ)	Wanted fertility rate is an estimate of what the total fertility rate would be if all unwanted births were avoided.	Demographic and Health Surveys.
	7. Risk factors (Rủi ro sức khỏe)		
1	Antiretroviral therapy coverage (% of people living with HIV) Tỷ lệ được điều trị kháng virus HIV (% những người sống chung với HIV)	Antiretroviral therapy coverage indicates the percentage of all people living with HIV who are receiving antiretroviral therapy.	UNAIDS estimates.
2	Cause of death, by communicable diseases and maternal, prenatal and nutrition conditions (% of total) Tỷ lệ tử vong bởi bệnh truyền nhiễm, tình trạng bà mẹ, trước khi đẻ và tình trạng dinh dưỡng (% tổng số tử vong)	Cause of death refers to the share of all deaths for all ages by underlying causes. Communicable diseases and maternal, prenatal and nutrition conditions include infectious and parasitic diseases, respiratory infections, and nutritional deficiencies such as underweight and stunting.	Derived based on the data from WHO's World Health Statistics.
3	Cause of death, by injury (% of total) Tỷ lệ tử vong bởi tai nạn (% tổng số tử vong)	Cause of death refers to the share of all deaths for all ages by underlying causes. Injuries include unintentional and intentional injuries.	Derived based on the data from WHO's World Health Statistics.
4	Cause of death, by non-communicable diseases (% of total) Tỷ lệ tử vong bởi bệnh không truyền nhiễm (%)	Cause of death refers to the share of all deaths for all ages by underlying causes. Non-communicable diseases include cancer, diabetes mellitus, cardiovascular diseases, digestive diseases, skin diseases, musculoskeletal diseases, and	Derived based on the data from WHO's World Health Statistics.

	tổng số tử vong)	congenital anomalies.	
5	Children (0-14) living with HIV Trẻ em (0-14 tuổi) nhiễm virus HIV	Children living with HIV refers to the number of children ages 0-14 who are infected with HIV.	UNAIDS estimates.
6	Diabetes prevalence (% of population ages 20 to 79) Tỷ lệ bị bệnh tiểu đường (% dân số 20-79 tuổi)	Diabetes prevalence refers to the percentage of people ages 20-79 who have type 1 or type 2 diabetes.	International Diabetes Federation, Diabetes Atlas.
7	Female genital mutilation prevalence (%) Tỷ lệ phụ nữ bị cắt xén bộ phận sinh dục (%)	Percentage of women aged 15–49 who have gone through partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons.	UNICEF Childinfo (childinfo.org).
8	Incidence of tuberculosis (per 100,000 people) Tỷ lệ bị bệnh lao (/100.000 người)	Incidence of tuberculosis is the estimated number of new and relapse tuberculosis cases arising in a given year, expressed as the rate per 100,000 population. All forms of TB are included, including cases in people living with HIV. Estimates for all years are recalculated as new information becomes available and techniques are refined, so they may differ from those published previously.	World Health Organization, Global Tuberculosis Report.
9	Mortality caused by road traffic injury (per 100,000 people) Tỷ lệ bị chết do tai nạn giao thông (/100.000 người)	Mortality caused by road traffic injury is estimated road traffic fatal injury deaths per 100,000 population.	World Health Organization, Global Status Report on Road Safety.
10	People practicing open defecation (% of population) Tỷ lệ dân số đi đại tiện mở (% dân số)	People practicing open defecation refers to the percentage of the population defecating in the open, such as in fields, forest, bushes, open bodies of water, on beaches, in other open spaces or disposed of with solid waste.	WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org/).
11	People practicing open defecation, rural (% of rural population) Tỷ lệ dân số đi đại tiện	People practicing open defecation refers to the percentage of the population defecating in the open, such as in fields, forest, bushes, open bodies of water, on beaches, in other open spaces or	WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org/).

	mở, nông thôn (% dân số nông thôn)	disposed of with solid waste.	
12	People practicing open defecation, urban (% of urban population) Tỷ lệ dân số đi đại tiện mở, thành thị (% dân số thành thị)	People practicing open defecation refers to the percentage of the population defecating in the open, such as in fields, forest, bushes, open bodies of water, on beaches, in other open spaces or disposed of with solid waste.	WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (http://www.wssinfo.org/).
13	Prevalence of HIV, female (% ages 15-24) Tỷ lệ bị nhiễm HIV, nữ (% dân số 15-24)	Prevalence of HIV is the percentage of people who are infected with HIV. Youth rates are as a percentage of the relevant age group.	UNAIDS estimates.
14	Prevalence of HIV, male (% ages 15-24) Tỷ lệ bị nhiễm HIV, nam (% dân số 15-24)	Prevalence of HIV is the percentage of people who are infected with HIV. Youth rates are as a percentage of the relevant age group.	UNAIDS estimates.
15	Prevalence of HIV, total (% of population ages 15-49) Tỷ lệ bị nhiễm HIV (% dân số 15-49)	Prevalence of HIV refers to the percentage of people ages 15-49 who are infected with HIV.	UNAIDS estimates.
16	Risk of catastrophic expenditure for surgical care (% of people at risk) Tỷ lệ gia đình bệnh nhân rơi vào biên cố kinh tế khi phẫu thuật (% số người có nguy cơ)	The proportion of population at risk of catastrophic expenditure when surgical care is required. Catastrophic expenditure is defined as direct out of pocket payments for surgical and anaesthesia care exceeding 10% of total income.	The Lancet Commission on Global Surgery (www.lancetglobalsurgery.org).
17	Risk of impoverishing expenditure for surgical care (% of people at risk) Tỷ lệ gia đình bệnh nhân bị nghèo hóa khi phẫu thuật (% số người có nguy cơ)	The proportion of population at risk of impoverishing expenditure when surgical care is required. Impoverishing expenditure is defined as direct out of pocket payments for surgical and anaesthesia care which drive people below a poverty threshold (using a threshold of \$1.25 PPP/day).	The Lancet Commission on Global Surgery (www.lancetglobalsurgery.org).
18	Smoking prevalence, females (% of adults) Tỷ lệ hút thuốc lá, nữ (% người trưởng thành)	Prevalence of smoking, female is the percentage of women ages 15 and over who smoke any form of tobacco, including cigarettes, cigars, pipes or any other smoked tobacco products. Data include daily and non-daily or	World Health Organization, Global Health Observatory Data Repository (http://apps.who.int/ghodata/).

		occasional smoking.	
19	Smoking prevalence, males (% of adults) Tỷ lệ hút thuốc lá, nam (% người trưởng thành)	Prevalence of smoking, male is the percentage of men ages 15 and over who smoke any form of tobacco, including cigarettes, cigars, pipes or any other smoked tobacco products. Data include daily and non-daily or occasional smoking.	World Health Organization, Global Health Observatory Data Repository (http://apps.who.int/ghodata/).
20	Spousal physical or sexual violence in last 12 months (%) Bạo lực thể chất/tình dục từ vợ/chồng trong 12 tháng qua (%)	Spousal physical or sexual violence is the percentage of ever-married women aged 15-49 who have experienced physical or sexual violence in the last 12 months committed by their husband or partner.	Demographic and Health Surveys (DHS).
21	Women who believe a husband is justified in beating his wife (any of five reasons) (%) Phụ nữ tin rằng người chồng đánh vợ là hợp lý (bất kỳ lý do nào trong năm lý do) (%)	Percentage of women ages 15-49 who believe a husband/partner is justified in hitting or beating his wife/partner for any of the following five reasons: argues with him; refuses to have sex; burns the food; goes out without telling him; or when she neglects the children.	Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)
22	Women who believe a husband is justified in beating his wife when she argues with him (%) Phụ nữ tin rằng người chồng đánh vợ khi cô tranh luận với anh ta là hợp lý (%)	Percentage of women ages 15-49 who believe a husband/partner is justified in hitting or beating his wife/partner when she argues with him.	Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)
23	Women who believe a husband is justified in beating his wife when she burns the food (%) Phụ nữ tin rằng người chồng đánh vợ khi cô làm cháy thức ăn là hợp lý (%)	Percentage of women ages 15-49 who believe a husband/partner is justified in hitting or beating his wife/partner when she burns the food.	Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)
24	Women who believe a husband is justified in beating his wife when she goes out without telling him (%)	Percentage of women ages 15-49 who believe a husband/partner is justified in hitting or beating his wife/partner when she goes out without telling him.	Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)

	Phụ nữ tin rằng người chồng đánh vợ khi cô ra ngoài mà không nói với anh ấy là hợp lý (%)		
25	<p>Women who believe a husband is justified in beating his wife when she neglects the children (%)</p> <p>Phụ nữ tin rằng người chồng đánh vợ khi cô lơ là chăm sóc con cái là hợp lý (%)</p>	Percentage of women ages 15-49 who believe a husband/partner is justified in hitting or beating his wife/partner when she neglects the children.	Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)
26	<p>Women who believe a husband is justified in beating his wife when she refuses sex with him (%)</p> <p>Phụ nữ tin rằng người chồng đánh vợ khi cô từ chối quan hệ với anh ấy là hợp lý (%)</p>	Percentage of women ages 15-49 who believe a husband/partner is justified in hitting or beating his wife/partner when she refuses sex with him.	Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)
27	<p>Women's share of population ages 15+ living with HIV (%)</p> <p>Tỷ lệ phụ nữ từ 15 trở lên nhiễm virus HIV</p>	Prevalence of HIV is the percentage of people who are infected with HIV. Female rate is as a percentage of the total population ages 15+ who are living with HIV.	UNAIDS estimates.

1.1.3 Cách truy cập

B1: Truy cập tại địa chỉ: <http://databank.worldbank.org/data/reports.aspx?source=world-development-indicators>

B2: Lựa chọn (i) quốc gia, (ii) chỉ tiêu, (iii) thời gian

(i) quốc gia (v.d: Việt Nam)

Explore. Create. Share

VARIABLES

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Search vietnam



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Vietnam

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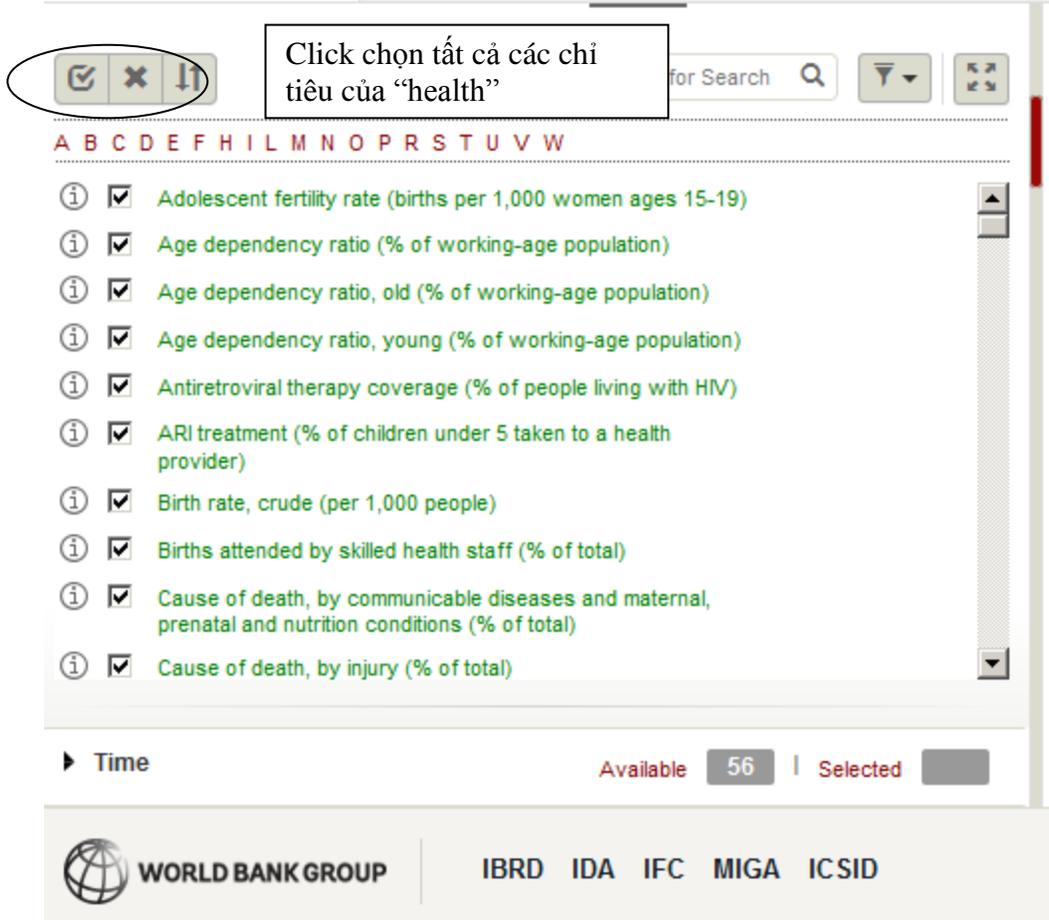
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(ii) chỉ tiêu (v.d: chọn tất cả các chỉ tiêu về sức khỏe (health))



Click chọn tất cả các chỉ tiêu của "health"

for Search

A B C D E F H I L M N O P R S T U V W

- Adolescent fertility rate (births per 1,000 women ages 15-19)
- Age dependency ratio (% of working-age population)
- Age dependency ratio, old (% of working-age population)
- Age dependency ratio, young (% of working-age population)
- Antiretroviral therapy coverage (% of people living with HIV)
- ARI treatment (% of children under 5 taken to a health provider)
- Birth rate, crude (per 1,000 people)
- Births attended by skilled health staff (% of total)
- Cause of death, by communicable diseases and maternal, prenatal and nutrition conditions (% of total)
- Cause of death, by injury (% of total)

► Time Available 56 | Selected

 WORLD BANK GROUP | IBRD IDA IFC MIGA ICSID

(iii) thời gian (v.d: chọn tất cả các năm)

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137

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Availability Range: Year [1960 - 2015]

Click chọn tất cả các năm



Enter Keywords for Search



VIEW RECENT YEARS 5 10 15 20 25 50

<input checked="" type="checkbox"/> 2015	<input checked="" type="checkbox"/> 2001	<input checked="" type="checkbox"/> 1987	<input checked="" type="checkbox"/> 1973
<input checked="" type="checkbox"/> 2014	<input checked="" type="checkbox"/> 2000	<input checked="" type="checkbox"/> 1986	<input checked="" type="checkbox"/> 1972
<input checked="" type="checkbox"/> 2013	<input checked="" type="checkbox"/> 1999	<input checked="" type="checkbox"/> 1985	<input checked="" type="checkbox"/> 1971
<input checked="" type="checkbox"/> 2012	<input checked="" type="checkbox"/> 1998	<input checked="" type="checkbox"/> 1984	<input checked="" type="checkbox"/> 1970
<input checked="" type="checkbox"/> 2011	<input checked="" type="checkbox"/> 1997	<input checked="" type="checkbox"/> 1983	<input checked="" type="checkbox"/> 1969
<input checked="" type="checkbox"/> 2010	<input checked="" type="checkbox"/> 1996	<input checked="" type="checkbox"/> 1982	<input checked="" type="checkbox"/> 1968
<input checked="" type="checkbox"/> 2009	<input checked="" type="checkbox"/> 1995	<input checked="" type="checkbox"/> 1981	<input checked="" type="checkbox"/> 1967
<input checked="" type="checkbox"/> 2008	<input checked="" type="checkbox"/> 1994	<input checked="" type="checkbox"/> 1980	<input checked="" type="checkbox"/> 1966
<input checked="" type="checkbox"/> 2007	<input checked="" type="checkbox"/> 1993	<input checked="" type="checkbox"/> 1979	<input checked="" type="checkbox"/> 1965
<input checked="" type="checkbox"/> 2006	<input checked="" type="checkbox"/> 1992	<input checked="" type="checkbox"/> 1978	<input checked="" type="checkbox"/> 1964
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<input checked="" type="checkbox"/> 2004	<input checked="" type="checkbox"/> 1990	<input checked="" type="checkbox"/> 1976	<input checked="" type="checkbox"/> 1962

Cuối cùng chọn “Apply Changes”

Please click on Apply Changes to view the report.

 Country Series Time

APPLY CHANGES

B3: Lựa chọn định dạng file tải về (thường là Excel)

Table Chart Map Metadata **Download Options**

Preview

Clear Selection | Add Country (1) Add Series (137) Add Time (56)

Vietnam

	2013	2014
Adolescent fertility rate (births per 1,000 women ages 15-19)	37.1	
Age dependency ratio (% of working-age population)	42.2	
Age dependency ratio, old (% of working-age population)	9.3	
Age dependency ratio, young (% of working-age population)	32.9	32.9
Antiretroviral therapy coverage (% of people living with HIV)	34.0	37.0
ARI treatment (% of children under 5 taken to a health provider)	..	81.1
Birth rate, crude (per 1,000 people)	17.3	17.2
Births attended by skilled health staff (% of total)	..	93.8
Cause of death, by communicable diseases and maternal, prenatal and nutrition conditions (% of total)

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Tabbed TXT
Data On This Page Only - Formatted
Metadata
Advanced Options

File Excel tải về như sau

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A1		fx		Country Name									
1	Country N	Country C	Series Na	Series Co	1960 [YR1960]	1961 [YR1:1962	1962 [YR1:1963	1963 [YR1:1964	1964 [YR1:1965	1965 [YR1:1966	1966 [YR1:1967	1967 [YR1:1968	1968 [YR1:
2	Vietnam	VNM	Adolescer	SP.ADO.TI	19.0252	19.1786	19.332	19.36	19.388	19.416	19.444	19.472	19.3898
3	Vietnam	VNM	Age depei	SP.POP.DI	81.3462118	84.51257	87.64998	90.5849	93.03654	94.85435	96.30728	97.1689	97.45881
4	Vietnam	VNM	Age depei	SP.POP.DI	8.563223136	8.820022	9.053276	9.27185	9.486646	9.701415	9.960636	10.19913	10.39758
5	Vietnam	VNM	Age depei	SP.POP.DI	72.78298867	75.69255	78.5967	81.31305	83.54989	85.15294	86.34665	86.96977	87.06123
6	Vietnam	VNM	Antiretrov	SH.HIV.AR	..	..	..	..	..	..	..	..	..
7	Vietnam	VNM	ARI treatn	SH.STA.AF	..	..	..	..	..	..	..	..	..
8	Vietnam	VNM	Birth rate,	SP.DYN.CE	42.165	41.66	41.048	40.371	39.668	38.985	38.354	37.783	37.271
9	Vietnam	VNM	Births atte	SH.STA.BR	..	..	..	..	..	..	..	..	..
10	Vietnam	VNM	Cause of c	SH.DTH.CC	..	..	..	..	..	..	..	..	..
11	Vietnam	VNM	Cause of c	SH.DTH.IN	..	..	..	..	..	..	..	..	..
12	Vietnam	VNM	Cause of c	SH.DTH.NI	..	..	..	..	..	..	..	..	..
13	Vietnam	VNM	Children (	SH.HIV.00	..	..	..	..	..	..	..	..	..
14	Vietnam	VNM	Children v	SH.MLR.Tf	..	..	..	..	..	..	..	..	..
15	Vietnam	VNM	Communi	SH.MED.C	..	..	..	..	..	..	..	..	..
16	Vietnam	VNM	Complete	SP.REG.BR	..	..	..	..	..	..	..	..	..
17	Vietnam	VNM	Complete	SP.REG.BR	..	..	..	..	..	..	..	..	..
18	Vietnam	VNM	Complete	SP.REG.BR	..	..	..	..	..	..	..	..	..
19	Vietnam	VNM	Complete	SP.REG.DT	..	..	..	..	..	..	..	..	..
20	Vietnam	VNM	Complete	SP.DTH.IN	..	..	..	..	..	..	..	..	..

1.2 World Health Organization (WHO)

1.2.1 Giới thiệu

Dữ liệu của Tổ chức Y tế thế giới bao gồm các nội dung về sức khỏe ở tầm vĩ mô quốc gia, kết quả các cuộc khảo sát của WHO, ví dụ: Millennium Development Goals (MDGs), Mortality and global health estimates, Health systems, Public health and environment, ...

1.2.2 Các chỉ tiêu

GHO THEMES

Millennium Development Goals (MDGs)

MDG 1: child underweight	MDG 6: malaria
MDG 4: child health	MDG 6: neglected tropical diseases
MDG 4: immunization	MDG 6: tuberculosis
MDG 5: maternal and reproductive health	MDG 7: water and sanitation
MDG 6: HIV/AIDS	MDG 8: essential medicines

Mortality and global health estimates

Life expectancy
Child mortality
Adult mortality
Causes of death
Burden of disease
Cause-specific mortality and morbidity

Noncommunicable diseases

Health system response and capacity
Mortality/morbidity
Risk factors
Tobacco use

Health systems

Essential medicines
Health workforce
Health financing
Governance and aid effectiveness
Priority health technologies
Service delivery

Substance use and mental health

Global Information System on Alcohol and Health (GISAH)
Mental health
Resources for the Prevention and Treatment of Substance Use Disorders (RSUD)

Infectious diseases

Cholera
Global influenza virological surveillance
Meningococcal meningitis

Governance and aid effectiveness
Priority health technologies
Service delivery

Public health and environment

Ambient air pollution
Children: environmental health
Climate change
Electromagnetic fields
Household air pollution
Joint effects of air pollution
Lead
Occupational risk factors
Second-hand smoke
Total environment
UV radiation
Water, sanitation and hygiene

Health Equity Monitor

Reproductive health interventions
Maternal health interventions
Newborn and child health interventions
Reproductive, maternal, newborn
and child health interventions
(RMNCH), combined
Health outcomes

Infectious diseases

Cholera
Global influenza virological surveillance
Meningococcal meningitis
Sexually Transmitted Infections (STIs)
Other infectious diseases

Injuries and violence

Road Safety
Violence against women
Violence prevention

International Health Regulations (2005)
Monitoring Framework

Urban health

World Health Statistics

Demographic and socioeconomic statistics
Cause-specific mortality and morbidity
Health equity monitor
Health systems
Mortality and global health estimates
Risk factors
Selected infectious diseases

1.2.3 Cách truy cập

B1: Truy cập tại địa chỉ: <http://apps.who.int/gho/data/node.home>

B2: Click chọn chủ đề quan tâm, v.d.: Millennium Development Goals (MDGs) → MDG 1:
child underweight

B3: Click “downloads”, lưu dưới dạng Excel

Children aged <5 years underweight Data by country

Interactive graph

Data Downloads

The complete dataset that underlies this page can be downloaded by selecting the desired format from this collection. Filters are not applied to these downloads.

Quick downloads

[multipurpose table in Excel format](#)
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CSV

table
table with horizontal header rendered as a single row
list containing only text and values
list containing only codes and values
list containing text, codes, and values
XMart format

File Excel

			Children aged <5 years		
			Both sexes	Female	Male
Afghanistan	2004	NLIS_31 2819	32.9	33.0	32.7
	1997	NLIS_31 1900	44.9		
Albania	2008-2009	NLIS_31 3062	6.3	6.0	6.6
	2005	NLIS_31 2879	6.6	5.8	7.3
	2000	NLIS_31 2361	17.0	14.2	19.6
	1996-1998	NLIS_31 1954	7.1		
Algeria	2012-2013	NLIS_31 3261	3.0	3.0	3.1
	2005	NLIS_31 2965	3.7	3.7	3.7
	2002	NLIS_31 2644	11.1	9.6	12.7

1.3 Điều tra mức sống hộ gia đình Việt Nam (VHLSS)

1.3.1 Giới thiệu

Để đánh giá mức sống phục vụ hoạch định chính sách và lập kế hoạch phát triển kinh tế xã hội, Tổng cục Thống kê (TCTK) đã tiến hành nhiều cuộc điều tra mức sống hộ gia đình. Đặc biệt từ năm 2002 đến 2014, TCTK tiến hành Khảo sát mức sống hộ gia đình Việt Nam 2 năm một lần vào những năm chẵn nhằm theo dõi và giám sát một cách có hệ thống mức sống các tầng lớp dân cư Việt Nam; giám sát, đánh giá việc thực hiện Chiến lược toàn diện về tăng trưởng và xóa đói giảm nghèo; góp phần đánh giá kết quả thực hiện các mục tiêu phát triển thiên niên kỷ và các mục tiêu phát triển kinh tế xã hội của Việt Nam.

Thông tin khảo sát trong bộ dữ liệu VHLSS

- Một số đặc điểm về nhân khẩu học của các thành viên trong hộ, gồm: Tuổi, giới tính, dân tộc, tình trạng hôn nhân.
- Thu nhập của hộ gia đình, gồm: Mức thu nhập; thu nhập phân theo nguồn thu (tiền công, tiền lương; hoạt động sản xuất tự làm nông nghiệp, lâm nghiệp, thủy sản; hoạt động ngành nghề sản xuất kinh doanh dịch vụ tự làm của hộ gia đình; thu khác); thu nhập phân theo khu vực kinh tế và ngành kinh tế.
- Chi tiêu hộ gia đình: mức chi tiêu, chi tiêu phân theo mục đích chi và khoản chi (chi cho ăn, mặc, ở, đi lại, giáo dục, y tế, văn hoá, v.v... và chi khác theo danh mục các nhóm/khoản chi tiêu để tính quyền số chi số giá tiêu dùng).
- Trình độ học vấn, trình độ chuyên môn kỹ thuật của từng thành viên hộ gia đình.
- **Tình trạng ốm đau, bệnh tật và sử dụng các dịch vụ y tế.**
- Tình trạng việc làm, thời gian làm việc.
- Tài sản, nhà ở và các tiện nghi như đồ dùng, điện, nước, điều kiện vệ sinh.
- Tham gia chương trình xóa đói giảm nghèo, tình hình tín dụng.

1.3.2 Danh sách các chỉ tiêu chi tiết về sức khỏe trong VHLSS 2014

MỤC 3. Y TẾ VÀ CHĂM SÓC SỨC KHOẺ

Xin [ông/bà] vui lòng cho biết một số thông tin về chăm sóc sức khỏe của các thành viên trong hộ

HỌ TÊN CỘNG ĐỒNG THÀNH VIÊN TRONG HỘ

	1a	1b	1c	1d	
M	Trong 12 tháng qua ..[T□N].. có bị bệnh/chấn thương nặng đến mức phải nằm một chỗ và phải có người chăm sóc tại giường hoặc nghỉ việc/học/không tham gia được các hoạt động bình thường không?	Số lần ..[T□N].. bị bệnh/chấn thương nặng như vậy trong 12 tháng qua?	Số ngày ..[T□N].. bị bệnh/chấn thương nặng như vậy trong 12 tháng qua?	Thời gian đi đến cơ sở y tế gần nhất có năng lực chẩn đoán và điều trị bệnh/chấn thương nặng như vậy hết bao lâu?	
Ã					
T					
H					
À					
N					
H					
V					
I					
Ê					
N	KHÔNG..... 2 (>>1e)	SỐ LẦN	SỐ NGÀY	GIỜ	PHÚT
1					
2					
3					
4					

1e. Trong 12 tháng qua, có ai trong hộ [ÔNG/BÀ] đến cơ sở y tế hoặc mời thầy thuốc về nhà để khám, chữa bệnh không?
(Kể cả không ốm/bệnh/chấn thương nhưng đi kiểm tra sức khỏe, khám thai, nạo thai, đặt vòng, đẻ,...)

CÓ..... 1
KHÔNG..... 2 (>>9)

	2	3	4	5				
M	TÊN NGƯỜI SỬ DỤNG DỊCH VỤ Y TẾ TRONG 12 THÁNG QUA?	[T□N] đã đến cơ sở y tế nào? (Kể cả mời thầy thuốc về nhà) Y TẾ THÔN/ BẢN/ẤP..... 1 TRẠM Y TẾ XÃ/ PHƯỜNG..... 2 P. KHÁM ĐA KHOA KV..... 3 B. VIỆN HUYỆN/QUẬN..... 4 B. VIỆN TỈNH/T. PHỐ..... 5 B. VIỆN TRUNG ƯƠNG..... 6 B. VIỆN NHÀ NƯỚC KHÁC..... 7 B. VIỆN TƯ NHÂN..... 8 B. VIỆN KHÁC..... 9 P. KHÁM TỰ NHẬN..... 10 LANG Y..... 11 DỊCH VỤ Y TẾ CÁ THỂ..... 12 CƠ SỞ Y TẾ KHÁC..... 13	Lý do [T□N] đến cơ sở y tế là gì? TIÊM PHÒNG/TIÊM CHỦN 1 KHÁM THAI, NẠO/HÚT THAI, KHHGD, SINH ĐẼ..... 2 KHÁM KIỂM TRA SỨC KHOẺ VÀ TỰ VẤN... 3 CHỮA BỆNH..... 4	Số lần và chi phí khám/chữa bệnh ngoại trú của [TÊN] trong 12 tháng qua (Chi phí gồm tiền công khám, chữa bệnh, tiền thuốc, bồi dưỡng thầy thuốc, đi lại, mua dụng cụ,...) liên quan đến lần khám/chữa bệnh đó (NẾU KHÔNG CÓ GHI 0)				
Ã					SỐ THỨ TỰ	MÃ CƠ SỞ Y TẾ	SỐ LẦN	CHI PHÍ 1000 ĐỒNG
T								
H								
À								
N								
H								
V								
I								
Ê								
N								

6 Số lần và chi phí những lần điều trị nội trú của [TÊN] trong 12 tháng qua. Chi phí gồm viện phí và các chi phí khác (Bồi dưỡng thầy thuốc, tiền dịch vụ theo yêu cầu, mua thêm thuốc, dụng cụ, đi lại trông nom,...) liên quan đến lần khám/chữa bệnh đó		7 Gia đình có đủ tiền để thanh toán chi phí khám/ chữa bệnh cho [TÊN] không?	8 Nếu không đủ hoặc không có thì [ÔNG/BÀ] có phải bán sản phẩm, tài sản, vay mượn để thanh toán chi phí khám/ chữa bệnh này không, nếu có là bao nhiêu?
(NẾU KHÔNG CÓ GHI 0)		CÓ, ĐỦ..... 1 (->LẦN/NG. T.THEO)	NẾU KHÔNG CÓ GHI 0
SỐ LẦN	CHI PHÍ 1000 ĐỒNG	CÓ, NHƯNG K.ĐỦ..2 KHÔNG CÓ..... 3	1000 ĐỒNG

Xin [ÔNG/BÀ] vui lòng cho biết một số thông tin về thẻ bảo hiểm y tế hay sổ/thẻ/giấy khám chữa bệnh miễn phí của các thành viên trong hộ
HỒI TẤT CẢ CÁC THÀNH VIÊN TRONG HỘ

M Ã T H Ã N H V I Ê N	9 Trong 12 tháng qua, [TÊN] có thẻ bảo hiểm y tế hay sổ/thẻ/giấy khám chữa bệnh miễn phí không? CÓ..... 1 KHÔNG..... 2 (>>13)	10 [TÊN] có loại nào? SỔ/ THẺ CHO TRẺ EM DƯỚI 6 TUỔI 1(>>12) THẺ BẢO HIỂM Y TẾ NGƯỜI NGHÈO 2(>>12) THẺ BẢO HIỂM Y TẾ NGƯỜI CẬN NGHÈO 3(>>12) SỔ/ THẺ/ GIẤY KHÁM CHỮA BỆNH MIỄN PHÍ.. 4(>>12) THẺ BẢO HIỂM Y TẾ DIỆN CHÍNH SÁCH..... 5(>>12) THẺ BHYT BẮT BUỘC NHÀ NƯỚC KHÁC..... 6(>>12) THẺ BHYT B. BUỘC NGOÀI N.NƯỚC KHÁC..... 7(>>12) THẺ BHYT HỌC SINH TỰ NGUYỆN..... 8 THẺ BHYT TỰ NGUYỆN KHÁC..... 9 KHÁC..... 10	11 [TÊN] đã mua bảo hiểm y tế hết bao nhiêu trong 12 tháng qua? (KHÔNG CÓ GHI 0) 1000 ĐỒNG	12 [TÊN] có sử dụng thẻ bảo hiểm y tế hay sổ/thẻ/giấy khám chữa bệnh miễn phí này trong các lần khám chữa bệnh trong 12 tháng qua không? CÓ..... 1 KHÔNG..... 2	
		THỨ NHẤT	THỨ HAI	Ngoại trú	Nội trú
1					
2					

13 Trong 12 tháng qua, hộ [ÔNG/BÀ] đã chi bao nhiêu cho mua thuốc không qua khám để tự chữa hoặc để dự trữ? (Gồm tiền thuốc và chi phí khác như đi lại, gửi xe,...)	14 Trong 12 tháng qua, hộ [ÔNG/BÀ] mua dụng cụ y tế hết bao nhiêu? ví dụ: ống nghe, máy đo huyết áp, máy trợ thính, máy hút đờm, tủ thuốc, ống kẹp nhiệt độ, bông, băng, gạc...	15 Trị giá các khoản trợ giúp về tiền và hiện vật mà hộ [ÔNG/BÀ] đã nhận được trong 12 tháng qua cho những thành viên bị ốm/bệnh/chấn thương là bao nhiêu?
(KHÔNG CÓ GHI 0) 1000 ĐỒNG	(KHÔNG CÓ GHI 0) 1000 ĐỒNG	(KHÔNG CÓ GHI 0) 1000 ĐỒNG

2. NGHIÊN CỨU SỬ DỤNG DỮ LIỆU SỨC KHỎE

2.1 Nghiên cứu sử dụng dữ liệu từ World Development Indicators/WHO

No	Study	Research objectives and scope	Data (key health variables)	Methods	Results
1	Fonchamnyo, D. C., & Sama, M. C. (2016). Determinants of public spending efficiency in education and health: evidence from selected CEMAC countries. <i>Journal of Economics and Finance</i> , 40(1), 199-210.	<ul style="list-style-type: none"> - Analyse the efficiency of public spending in the education and health sectors of Cameroon, Chad and Central African Republic. - Examine the institution and economic factors influencing spending efficiency in these sectors in the countries selected for the period 2000–2012. 	<ul style="list-style-type: none"> - Life expectancy at birth, total (years) - Immunization, DPT (% of children ages 12–23 months) - Public spending on health, (% GDP) 	<ul style="list-style-type: none"> - Non-parametric Data Envelopment Analysis (DEA) approach - Tobit and the Fractional Logit regression with panel data 	<ul style="list-style-type: none"> - Cameroon is more efficient than Chad and Central African Republic in its public spending in education and health. - The quality of budgetary and financial management has a positive and statistically significant influence on efficiency while corruption has a negative and significant influence on public spending efficiency in the education

					and health sectors.
2	Bulled, N. L., & Sosis, R. (2010). Examining the relationship between life expectancy, reproduction, and educational attainment. <i>Human Nature</i> , 21(3), 269-289.	- Examine the interaction among life expectancy, reproduction, and education in 193 countries	- Adolescent birth rate - Total female fertility - Life expectancy - HIV/AIDS deaths per 100,000 people	- OLS	- Life expectancy is associated with educational investments and the timing and extent of reproduction: Increases in life expectancy correspond to decreases in reproductive rate and total number of offspring, and increases in educational attainment.
3	Zhunio, M. C., Vishwasrao, S., & Chiang, E. P. (2012). The influence of remittances on education and health outcomes: a cross country study. <i>Applied Economics</i> , 44(35), 4605-4616.	- Examine the effect of international remittances on aggregate educational and health outcomes using a sample of 69 low- and middle-income countries.	- Life Expectancy - Infant Mortality - Fertility Rate - Total health expenditure as percentage of GDP - Number of physicians per 1000 people	- Generalized Least Squares (GLS) - Instrumental variables, Two Stage Least Squares (2SLS)	- Remittances play an important role in improving primary and secondary school attainment, increasing life expectancy and reducing infant mortality.
4	Smith, L. C., & Haddad, L. (2015). Reducing child undernutrition: past drivers and priorities for the post-MDG Era. <i>World Development</i> , 68, 180-204.	- Examine key determinants of child stunting in developing countries, measure their relative strength of impact, and estimate their contributions to the reductions in stunting that have taken place since the 1970s using data from 116 developing countries collected over 1970–2012	- Prevalence of stunting - Access to safe drinking water (%) - Access to improved sanitation (%) - Percent of population 0–14 - Percent of population 15–64 - Percent of population 65+	- OLS - Instrumental variables, Two Stage Least Squares (2SLS)	- Safe water access, sanitation, women's education, gender equality, and the quantity and quality of food available in countries have been key drivers of past reductions in stunting. - Income

					growth and governance played essential facilitating roles.
5	Fan, V. Y., & Savedoff, W. D. (2014). The health financing transition: a conceptual framework and empirical evidence. <i>Social science & medicine</i> , 105, 112-121.	- Examine determinants of health spending and its composition using data for 126 countries from 1995 to 2009	- Total health expenditure per capita - Government health expenditure per capita - Out-of-pocket health expenditure per capita - Proportion population over age 60	- Regressions with panel data in levels and first differences.	- Total health expenditure per capita is rising in most countries over time as a result of rising incomes (with an income elasticity close to 0.7) - The out-of-pocket share of total health spending is not related to income, but is influenced by a country's capacity to raise general revenues.
6	Welander, A., Lyttkens, C. H., & Nilsson, T. (2015). Globalization, democracy, and child health in developing countries. <i>Social Science & Medicine</i> , 136, 52-63.	- Examine the relationship between globalization, democracy, and child health. Specifically the paper examines how globalization and a country's democratic status and historical experience with democracy, respectively, affect infant mortality using panel data for 70 developing countries between 1970 and 2009	- Infant mortality rate - Child mortality rate - Fertility rate - Number of physicians - Health expenditures (% of GDP) - Immunization - DPT - Immunization - Measles - Sanitation (% of population with improved access)	- Regressions with panel data	- Globalization reduces infant mortality - The level of democracy in a country generally improves child health outcomes
7	Ssozi, J., & Amlani, S. (2015). The effectiveness of health expenditure on the proximate	- Examine the effect of health expenditure on the ultimate health goals, namely, life expectancy at birth, infant and child mortality rates	- Life expectancy index - Infant mortality rate - Child mortality rate - DPT	General Method of Moments (GMM)	- Health expenditure has a higher effect on the proximate targets such as immunization,

	and ultimate goals of healthcare in Sub-Saharan Africa. <i>World Development</i> , 76, 165-179.	- Examine the effect of health expenditure on proximate targets, namely, immunization, nutrition, and the prevention and treatment of diseases such as malaria and HIV/AIDS from 1995 to 2011 in 43 nations of Sub-Saharan Africa	immunization - Measles immunization - Prevalence of HIV/AIDS - Total Health Expenditure - Government Health Expenditure from domestic sources percent of GDP - Private Out-of-pocket/GDP - Prevalence of undernourishment percent of population		malaria, HIV/AIDS, and nutrition, while it has a lower effect on the ultimate goals which are life expectancy, infant, and child mortality.
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2.2 Nghiên cứu sử dụng dữ liệu từ VHLSS

No	Study	Research objectives and scope	Data (key health variables)	Methods	Results
1	Nguyen, C. V., & Nguyen, H. Q. (2015). Do internal and international remittances matter to health, education and labor of children and adolescents? The case of Vietnam. <i>Children and Youth Services Review</i> , 58, 28-34.	- Estimate the effect of the receipt of international remittances and internal remittances on education, labor and healthcare utilization of children and adolescents in Vietnam	VHLSS 2006-2008 - Number of times using outpatient services during 52 weeks - Number of times using inpatient services during 52 weeks	- Fixed-effects regressions - Fixed-effects Poisson regressions	- There are no statistically significant effects of receipt of remittances on school enrolment as well as child labor of children and adolescents. - However, receiving international remittances helps children increase the number of completed grades by around 2% of the average completed grade for children. - Both international and internal remittances are positively associated with the number of outpatient health care visits.
2	Palmer, M. G. (2014). Inequalities in	- Examine the impact of social health	VHLSS 2006 - Inpatient visit in last 12 months	- Propensity score matching	- Significant inequalities in the coverage of service

	universal health coverage: evidence from Vietnam. <i>World Development</i> , 64, 384-394.	insurance on target population groups	- Inpatient expenditures per visit - Outpatient visit in last month - Outpatient expenditures per visit - Catastrophic health expenditures	(PSM)	utilization and financial protection are found across groups. Persons with disabilities, and retirees to a lesser extent, experienced relatively high rates of service utilization and were most at risk of health care-induced poverty.
3	Palmer M, Mitra S, Mont D, Groce N. (2014). The impact of health insurance for children under age 6 in Vietnam: A regression discontinuity approach. <i>Social Science & Medicine</i> , 145, 217-226	- Evaluate the impact of health insurance on the health care utilization outcomes of children at the eligibility threshold of six years	VHLSS 2006-2008-2010	- Regression discontinuity	- The study finds a positive impact of health insurance on inpatient and outpatient visits and no significant impact on expenditures per visit at public facilities.
4	Sepehri, A., Sarma, S., & Oguzoglu, U. (2011). Does the financial protection of health insurance vary across providers? Vietnam's experience. <i>Social Science & Medicine</i> , 73(4), 559-567.	- Compare out-of-pocket health expenditures on outpatient care at a health facility between insured and uninsured patients as well as across various providers	VHLSS 2004-2006	Fixed-effects, Random-effects regressions	- In the random effects model, insurance reduces out-of-pocket spending by 24% for those with the compulsory and voluntary coverage and by about 15% for those with the health insurance for the poor coverage. - Insurance reduces out-of-pocket expenditures more for those enrollees using district and higher level public health facilities than those using commune health centers

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