

Country Profile

Hungary

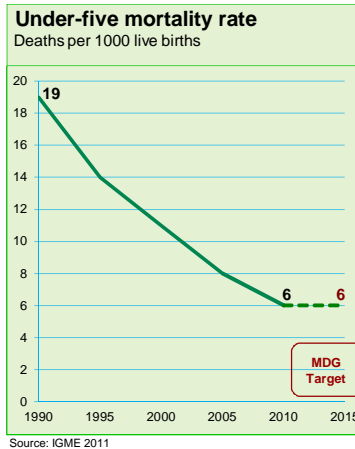
Maternal, Newborn & Child Survival

March 2012

Hungary

DEMOGRAPHICS

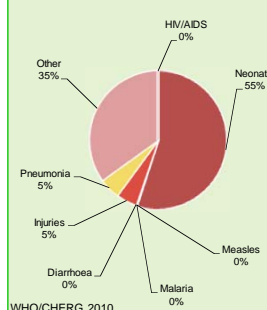
Total population (000)	9,984	(2010)
Total under-five population (000)	491	(2010)
Births (000)	99	(2010)
Under-five mortality rate (per 1000 live births)	6	(2010)
Infant mortality rate (per 1000 live births)	5	(2010)
Neonatal mortality rate (per 1000 live births)	4	(2010)
Total under-five deaths (000)	1	(2010)
Maternal mortality ratio, adjusted (per 100,000 live births)	13	(2008)
Maternal mortality ratio, reported (per 100,000 live births)	19	(2009)
Lifetime risk of maternal death (1 in N)	5,500	(2008)
Total maternal deaths (number)	13	(2008)



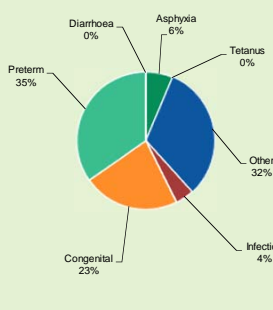
Causes of under-five deaths

Globally more than one third of child deaths are attributable to under nutrition

Causes of under-five deaths, 2008



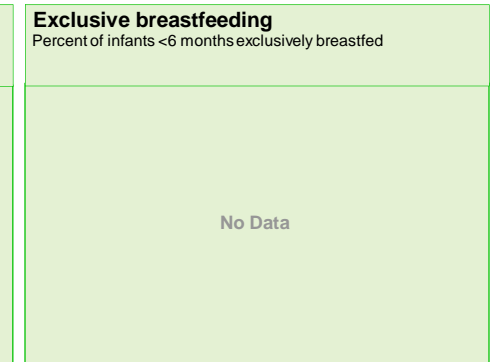
Causes of neonatal deaths, 2008



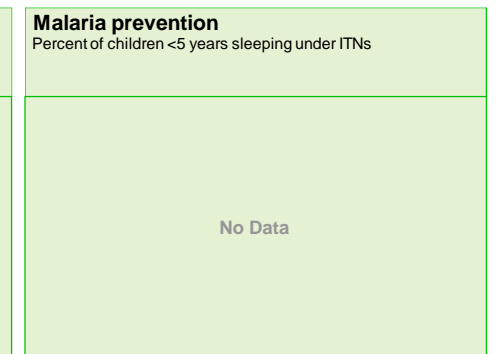
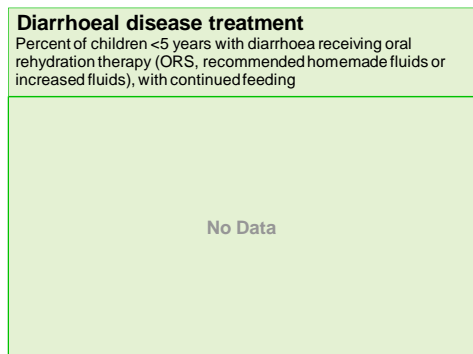
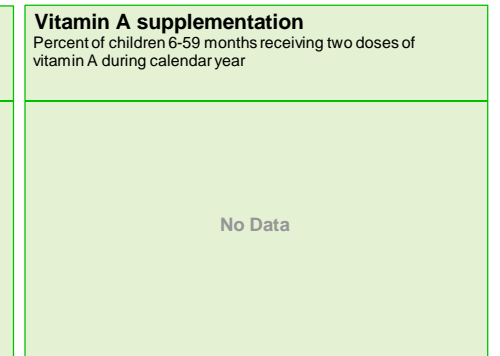
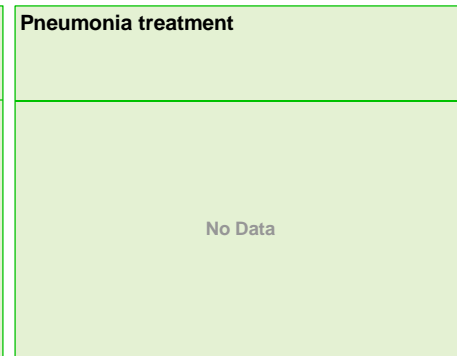
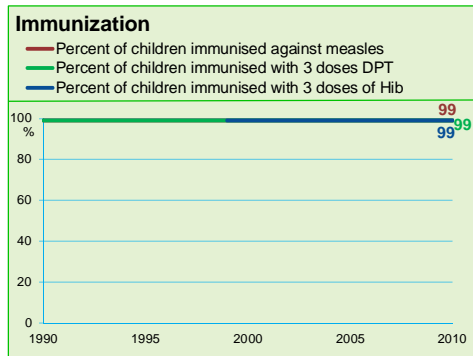
INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN

NUTRITION⁴

Wasting prevalence (based on 2006 WHO reference population, moderate and severe, %)	-	Introduction of solid, semi-solid or soft foods (6-9 months, %)	-	Low birthweight incidence (%)	9	(2001)
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CHILD HEALTH

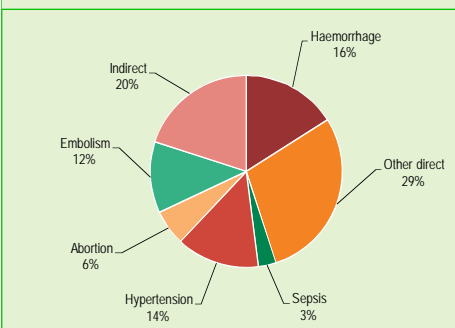


Hungary

MATERNAL AND NEWBORN HEALTH

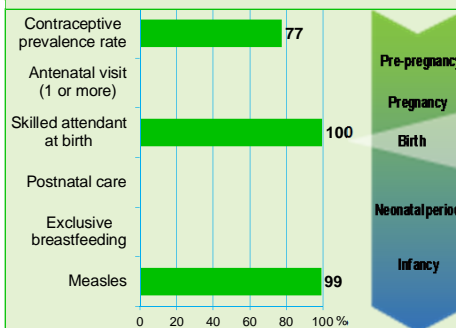
Proportion of women with low BMI (< 18.5 Kg/m2, %)	3	(2004)
Demand for family planning satisfied (%)	-	-
Total fertility rate	1.4	(2010)
Adolescent birth rate (births per 1000 woman aged 15-19 yr)	20	(2008)
Antenatal visit for woman (4 or more visits, %)	-	-
Early initiation of breastfeeding (within 1 hour of birth, %)	-	-
Institutional deliveries (%)	-	-
Postnatal visit for baby (within 2 days for home births, %)	-	-
Postnatal visit for mother (within 2 days, %)	-	-

Causes of maternal deaths
Regional estimates for Developed countries, 1997-2007



Source: WHO 2010 Note: Figures may not add to 100% due to rounding.

Coverage along the continuum of care



Source: DHS, MICS, Other NS

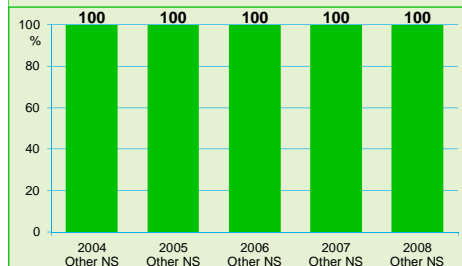
Antenatal care

Percent of women aged 15-49 years attended at least once by a skilled health provider during pregnancy

No Data

Skilled attendant at delivery

Percent of live births attended by skilled health personnel



Source: DHS, MICS, Other NS

Neonatal tetanus protection

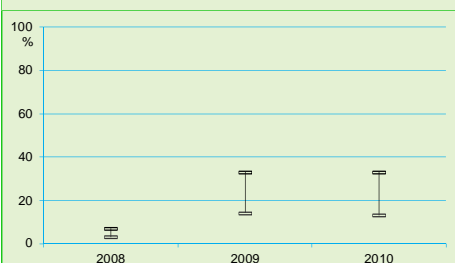
Percent of newborns protected against tetanus

No Data

HIV AND AIDS

HIV prevalence among young <0.1 [<0.1 - <0.1] women (15-24 yrs, %)	(2009)
HIV prevalence among young <0.1 [<0.1 - 0.1] men (15-24 yrs, %)	(2009)
HIV+ children receiving ART (%)	-
Orphan school attendance ratio	-

Prevention of mother-to-child transmission of HIV
Percent of HIV+ pregnant women receiving ARVs for PMTCT



Source: MOH/UNAIDS/WHO

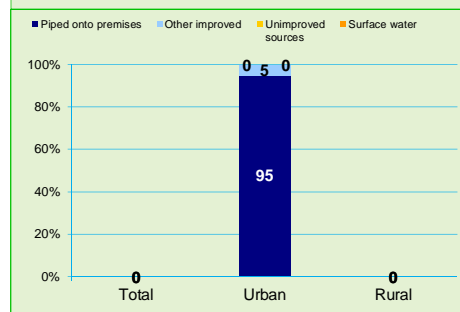
EDUCATION

Survival to last grade of primary school (total, admin data, %)	98	(2008)
Survival to last grade of primary school (male, admin data, %)	98	(2008)
Survival to last grade of primary school (female, admin data, %)	98	(2008)
Primary school net enrolment ratio (total, admin data, %)	96	(2009)
Primary school net enrolment ratio (male, admin data, %)	96	(2009)
Primary school net enrolment ratio (female, admin data, %)	96	(2009)

WATER AND SANITATION

Drinking water coverage

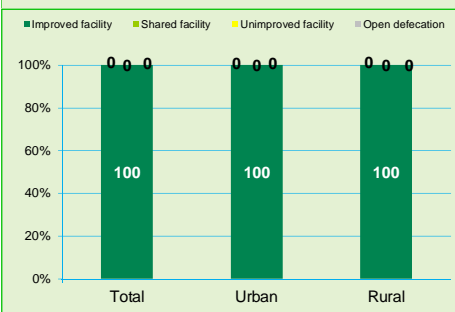
Percent of population by type of drinking water source, 2010



Source: WHO/UNEP JMP 2012

Sanitation coverage

Percent of population by type of sanitation facility, 2010



Source: WHO/UNEP JMP 2012

CHILD PROTECTION

Women aged 20-24 years who were married or in union by age 18 (%)	-	-
Birth registration (%)	-	-
Female genital mutilation/cutting (%)	-	-

DISPARITIES IN INTERVENTION COVERAGE ¹

Indicator	Total	Gender			Residence			Wealth Quintile							Equity chart ²	Source
		Male	Female	Ratio of Male to Female	Urban	Rural	Ratio of Urban to Rural	Poorest	Second	Middle	Fourth	Richest	Ratio of Richest to Poorest			
DEMOGRAPHICS ³																
Under-five mortality rate (per 1,000 live births)	6	-	-	-	-	-	-	-	-	-	-	-	-	-		IGME 2011
NUTRITION ⁴																
Low birth weight incidence (%)	9	-	-	-	-	-	-	-	-	-	-	-	-	-		Other NS 2001
Underweight prevalence (based on 2006 WHO reference population, %)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Stunting prevalence (based on 2006 WHO reference population, %)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Wasting prevalence (based on 2006 WHO reference population, %)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Exclusive breastfeeding (0-5 months, %)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Introduction of solid, semi-solid or soft foods (6-9 months, %)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Household consuming adequately iodized salt (15 ppm or more, %)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
CHILD HEALTH ⁵																
Care seeking for pneumonia (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Antibiotic use for pneumonia (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Diarrhoeal treatment - children receiving ORT and continued feeding (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Malaria prevention - children sleeping under ITNs (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Malaria treatment - febrile children receiving antimalarial medicines (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
MATERNAL AND NEWBORN HEALTH																
Antenatal care coverage at least one visit (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Antenatal care coverage (4 or more visits, %)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Skilled attendant at delivery (%)	100	-	-	-	-	-	-	-	-	-	-	-	-	-		Other NS 2008
Early initiation of breastfeeding (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
WATER AND SANITATION ⁶																
Use of improved drinking water sources (%)	100	-	-	-	100	100	1.0	-	-	-	-	-	-	-		2010 (WHO/UNICEF JMP 2012)
Use of improved sanitation facilities (%)	100	-	-	-	100	100	1.0	-	-	-	-	-	-	-		2010 (WHO/UNICEF JMP 2012)
EDUCATION																
Survival rate to last grade of primary school (survey data, %)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Primary school net attendance ratio (survey data, %)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
CHILD PROTECTION																
Women aged 20-24 years who were married or in union by age 18 (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Birth registration (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Female genital mutilation/cutting (%)	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-

Note: The format for this Country Profile has been adapted from the Countdown to 2015 report. Coverage data have been largely derived from national household surveys such as the Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS). For the majority of coverage indicators, UNICEF global databases were used. Other organizations such as the World Health Organization, UNAIDS, United Nations Population Fund, London School of Hygiene and Tropical Medicine and Saving Newborn Lives also provided data. Details on indicators, data sources, and definitions of indicators, can be found at www.childinfo.org.

1. **Disparities** - Disparity information is only available for data directly derived from household surveys such as MICS and DHS. Therefore, disparity data are not available for the following indicators: vitamin A supplementation, immunization, and for HIV/AIDS. In addition, neither UNICEF Global Databases nor databases from partner organizations maintain disparity data for the following indicators: total fertility rate, unmet need, institutional deliveries, contraceptive prevalence, adolescent birth rate.

2. **Equity chart** - Displays values for the five wealth quintiles to the left. The scale is 0 to 100% for all charts except U5MR, which shows a range of 0 to 300 deaths per 1,000 live births.

3. **U5MR** - Wealth quintile data are derived directly from MICS, DHS or other surveys. The total is the inter-agency estimate published by the UN Inter-agency Group for Child Mortality Estimation (IGME).

4. **Anthropometric indicators - Reference Standards for Underweight, Stunting and Wasting.** New international Child Growth Standards for infants and young children were released by WHO in 2006, replacing the older NCHS/WHO reference population. In using the 2006 WHO reference population, estimates generally change in the following manner: stunting is greater throughout childhood; underweight rates are higher during the first half of infancy and lower thereafter; and, wasting rates are higher during infancy. Please note that there may be small discrepancies between the totals and the disparity data, as the totals have undergone additional analysis.

5. **Child Health** - All indicators in this section refer to children under 5 years of age.

6. **Water and sanitation** - Wealth quintile data are derived from MICS or DHS surveys. Urban, rural and total coverage estimates provided are for 2010 and are those published by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation.