Country Profile

United Arab Emirates

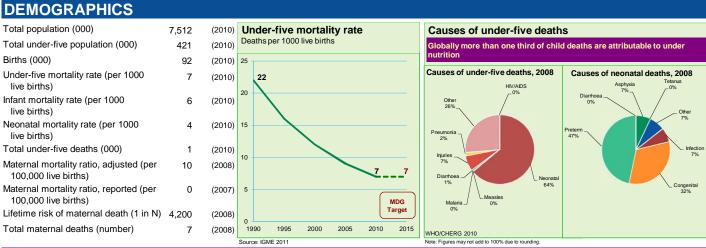
Maternal, Newborn & Child Survival

March 2012

Statistics and Monitoring Section / Policy and Practice



United Arab Emirates



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 (%) 6 (2009)

Underweight prevalence Percent of children <5 years underweight for age Based on 2006 WHO reference population	Stunting prevalence Percent of children <5 years with low height for age Based on 2006 WHO reference population	Exclusive breastfeeding Percent of infants <6 months exclusively breastfed					
No Data	No Data	100 % 80 60 40 20 0 1995 Other NS					

CHILD HEALTH

Immunization Percent of children immunised against measles Percent of children immunised with 3 doses DPT Percent of children immunised with 3 doses of Hib	Pneumonia treatment	Vitamin A supplementation Percent of children 6-59 months receiving two doses of vitamin A during calendar year				
100 94 80 94 60 94 40 94 20 0 1990 1995 2000 2005 2010	No Data	No Data				
Source: WHO/UNICEF 2011 Diarrhoeal disease treatment Percent of children <5 years with diarrhoea receiving oral rehydration therapy (ORS, recommended homemade fluids or increased fluids), with continued feeding	Malaria treatment Percent of febrile children <5 years using anti-malarials	Malaria prevention Percent of children <5 years sleeping under ITNs				
No Data	No Data	No Data				

United Arab Emirates

MATERNAL AND NEWBORN HEALTH

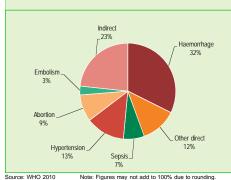
Proportion of women with low BMI (< 18.5 Kg/m2, %)	10	(2000)
Demand for family planning satisfied (%)	-	-
Total fertility rate	1.7	(2010)
Adolescent birth rate (births per 1000 woman aged 15-19 yr)	22	(2002)
Antenatal visit for woman (4 or more visits, %)	-	-
Early initiation of breastfeeding (within 1 hour of birth, %)	-	-
Institutional deliveries (%)	100	(2009)
Postnatal visit for baby (within 2 days for home births, %)	-	-
Postnatal visit for mother (within 2 days, %)	-	-

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

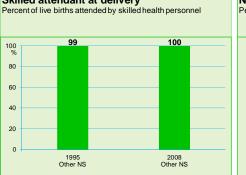
100

2007 Other NS

Causes of maternal deaths Regional estimates for West Asia, 1997-2007



Skilled attendant at delivery



Contraceptive 28 prevalence rate Pre-pregnancy Antenatal visit 100 (1 or more) Pregnancy Skilled attendant 100 at birth Birth Postnatal care atal perio Exclusive breastfeeding Infancy Measles 94 0 20 40 60 80 100 % ource: DHS, MICS, Other NS

Coverage along the continuum of care

Neonatal tetanus protection



HIV AND AIDS

1995 Other NS

Antenatal care

100

% 80

60

40

20

0

97

HIV prevalence among young women (15-24 yrs,%)
HIV prevalence among young men (15-24 yrs,%)
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

No Data

EDUCATION Survival to last grade of primary school (2006) 97 (total, admin data, %) (2006) Survival to last grade of primary school 97 (male, admin data, %) (2006) Survival to last grade of primary school 97 (female, admin data, %) Primary school net enrolment ratio 98 (2009) (total, admin data, %) (2009) Primary school net enrolment ratio 98 (male, admin data, %) Primary school net enrolment ratio 97 (2009) (female, admin data, %)

WATER AND SANITATION Drinking water coverage Percent of population by type of drinking water source, 2010 Total improved Unimproved sources Surface water 100% 80% 60% 100 100 100 40% 20% 0% Total Urban Rural

Source: WHO/UNIEF JMP 2012

Sanitation coverage Percent of population by type of sanitation facility, 2010



CHILD PROTECTION

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

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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. USMR - 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. <u>Anthropometric indicators - Reference Standards for Underweight, Stunting and Wasting.</u> 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.