

PROGRESS FOR CHILDREN

A World Fit for Children
Statistical Review

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PROGRESS FOR CHILDREN: A WORLD FIT FOR CHILDREN STATISTICAL REVIEW

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TOWARDS A WORLD FIT FOR CHILDREN

Since 2004, the *Progress for Children* series has published important data and analyses on global progress towards achieving the Millennium Development Goals.

The monitoring that UNICEF and its partners have undertaken reveals some remarkable progress. For the first time, annual global deaths of children under age five fell below the 10 million mark, to 9.7 million. This represents a 60 per cent reduction in the under-five mortality rate since 1960.

Major improvements in the coverage of a number of key child survival interventions, including measles immunization, vitamin A supplementation, insecticide-treated mosquito nets and breastfeeding, are also highlighted.

This edition of *Progress for Children* contains data on these and other child-specific targets that were set by world leaders at the United Nations General Assembly Special Session on Children in May 2002 and were articulated in its outcome document, *A World Fit for Children*.

This edition also provides comprehensive information on such indicators as birth registration, child labour, female genital mutilation/cutting, child marriage and children affected by war, which offer a snapshot of the state of child protection.

It reveals that the number of primary-school-age children who are not in school has declined from 115 million at the time of the 2002 Special Session to 93 million in 2005–2006, and that new evidence suggests declining HIV prevalence in some sub-Saharan African countries, although these trends are not yet widespread or strong enough to turn the tide.

Overall, its findings reinforce UNICEF's conviction that the combined efforts of governments, international organizations, civil society, local communities and the private sector are making a difference and delivering results for children.

Yet it also reveals that much more must be done. The 2015 deadline for the Millennium Development Goals is fast approaching. We need to accelerate progress towards these goals and approach them with a collective sense of urgency.

If we do so, we can help create a better world for girls and boys, and for generations to come.



Ann M. Veneman
Executive Director, UNICEF

AN OVERVIEW OF PROGRESS

The Special Session of the United Nations General Assembly in May 2002 was an incomparable historic occasion. For the first time, the General Assembly gathered with the exclusive intent of discussing children's issues. In the resulting outcome document, Heads of State and Government committed themselves to building 'A World Fit for Children' and set targets in vital areas of children's well-being and development, to be achieved during the decade ending in 2010. Five years on, UNICEF is responsible for reporting on progress towards these commitments. It is able to do so thanks to improved data collection and analysis, identified as a priority during the Special Session.

There is much good news to report on the four overarching categories of goals and targets set forth in 'A World Fit for Children', although the progress being reported is often mixed.

Promoting healthy lives

In 2006, for the first time, the number of children dying before their fifth birthday fell below 10 million, to 9.7 million – an important milestone in child survival. Around 1960, an estimated 20 million children under age five were dying every year – highlighting an important long-term decline in the global number of child deaths. These estimates were produced by the Inter-agency Group for Child Mortality Estimation, which includes UNICEF, the World Health Organization, the World Bank and the United Nations Population Division.

Yet, there are many countries that still have unacceptably high levels of child mortality, particularly in sub-Saharan Africa and South Asia, and have made little or no progress in reducing the number of child deaths in recent years. Many of these countries have been affected by conflict or ravaged by the AIDS epidemic.

The most recent survey data indicate significant improvements in several key child survival interventions that may result in measurable reductions in under-five mortality during the next several years. More than four times as many children received the recommended two doses of vitamin A in 2005 as in 1999. All countries

with trend data in sub-Saharan Africa made progress in expanding coverage of insecticide-treated nets, a fundamental tool in halting malaria, with 16 of these 20 countries at least tripling coverage since 2000. In the 47 countries where 95 per cent of measles deaths occur, measles immunization coverage increased from 57 per cent in 1990 to 68 per cent in 2006. Rates of exclusive breastfeeding of infants have significantly improved in 16 countries of sub-Saharan Africa over the past decade, with 7 of these countries making gains of 20 percentage points or more. Yet, there has been less progress in expanding treatment coverage for major childhood diseases, such as pneumonia and malaria.

A recent analysis of trends between 1990 and 2005 suggests that insufficient progress has been made globally to reduce the maternal mortality ratio – Millennium Development Goal (MDG) 5 – although significant progress has been achieved in the East Asia/Pacific, Latin America/Caribbean, and Central and Eastern Europe/Commonwealth of Independent States (CEE/CIS) regions. Progress has also been made in expanding coverage of antenatal care and skilled care at delivery – both critical for improving maternal health and well-being – with every region showing improvements during the past decade.

In addition, between 1990 and 2004, more than 1.2 billion people gained access to improved sources of drinking water, and the world is on track – although barely – to achieve the target for MDG 7. Sanitation coverage also increased during this same time period, though not at a rate sufficient to meet the MDG target.

Providing a quality education

Almost all regions have made significant progress in education. The gender gap at both primary and secondary levels began closing between 1990 and 2005. Increases in enrolment and attendance reduced the number of primary-school-age children who are out of school from 115 million in 2002 to 93 million in 2005–2006. Many countries are close to providing universal primary education, although some regions – the Middle East/North Africa, South Asia

and sub-Saharan Africa – have net enrolment/attendance ratios of less than 90 per cent. Progress has also been made in secondary education, although less than in primary education. In sub-Saharan Africa, only one out of four children of secondary school age attends secondary school; throughout the world, one out of six children of secondary school age is still in primary school.

Combating HIV and AIDS

The number of people living with HIV worldwide has continued to rise; almost two thirds of all people with the virus live in sub-Saharan Africa. There has been some progress in increasing knowledge of how to prevent HIV transmission among young people aged 15–24, but levels of comprehensive correct knowledge of HIV are still too low, and condom use during higher-risk sex among young people remains low in most countries.

The same applies to the scaling up of services for preventing mother-to-child transmission of HIV and providing paediatric HIV treatment – some progress but not enough. Only 11 per cent of more than 2 million pregnant women living with HIV in low- and middle-income countries in 2005 received antiretroviral prophylaxis to prevent them from infecting their babies; Botswana, Brazil and Thailand are among seven countries that provided antiretroviral prophylaxis to more than 40 per cent of pregnant women with HIV. In low- and middle-income countries, only 15 per cent of children under age 15 in need of antiretroviral treatment in 2006 actually received it.

Protecting against abuse, exploitation and violence

Many child protection issues are now part of the measurement obtained through Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS). About 51 million children born in 2006 have not had their births registered; yet, important improvements in birth registration rates have occurred in such countries as Cambodia, the Gambia and Viet Nam. The prevalence of female genital mutilation/cutting has declined slowly but steadily during the past 15 years, and older girls and younger women are less likely to have undergone any form of this harmful

traditional practice than older women. Child marriage is becoming less common in some countries, but the pace of change is often slow. UNICEF estimates that 158 million children between ages 5 and 14 are engaged in child labour. The challenge is in making use of household survey results to improve the lives of children affected by exclusion, abuse, exploitation and violence.

'A World Fit for Children' and the Millennium Development Goals

These are just the headline developments; detailed reports of progress – or lack of it – on a wide range of indicators follow. This special issue of *Progress for Children* analyses progress at global, regional and country levels, and it highlights disparities within populations. The publication extends and develops the 2000 statistical review of progress since the World Summit for Children in 1990 and is a major effort to gather and analyse information on how well world leaders have kept their promises to children.

This statistical review is structured around the Millennium Development Goals because these are currently the focus of the world's development efforts. Many of the World Fit for Children targets set at the Special Session are effectively stepping stones towards the 2015 MDGs, and governments will henceforth concentrate primarily on their MDG commitments. The World Fit for Children agenda includes vital issues for children not covered by the MDGs, and this publication represents a unique opportunity to report on these concerns.

Progress for Children is a statistical publication. But each statistic represents the lives of individual children, many of them blighted by ill-treatment or a lack of opportunity. Behind every one of these statistical assessments is a vision of a world in which children are healthy and reach their full potential, in which they are protected from disease and abuse – a world in which children's rights across the board are fully realized.

MDG 1

ERADICATE EXTREME POVERTY AND HUNGER

MDG target: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Underweight

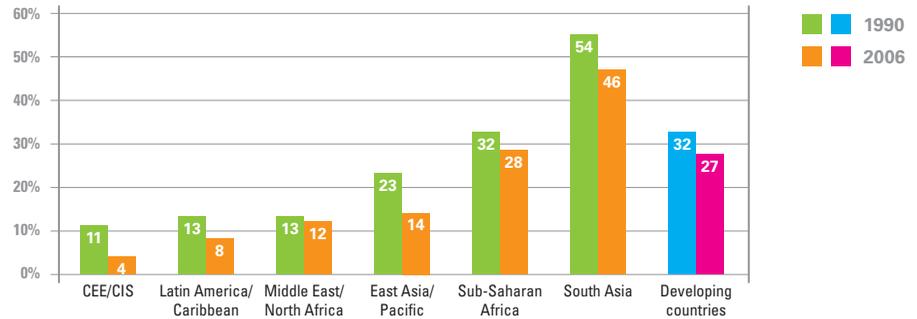
MDG indicator: Underweight prevalence among children under five

Since 1990, underweight prevalence has declined from 32 per cent to 27 per cent in the developing world. The East Asia/Pacific and CEE/CIS regions have made the greatest progress in reducing underweight prevalence, and 58 countries are on track to reach the MDG target. Yet, 143 million under-fives in the developing world continue to suffer from undernutrition, more than half of them in South Asia. Most countries failing to make sufficient progress are in sub-Saharan Africa.

Because undernutrition exacerbates the impact of disease, a large proportion of under-five deaths are attributable to this cause. Adequate nutrition is also vital for building the immune system and for motor and cognitive development. Nutrition must be given higher priority in national development if the MDGs are to be achieved.

UNDERWEIGHT PREVALENCE HAS DECLINED IN ALL REGIONS East Asia/Pacific and CEE/CIS reduced underweight by more than one third

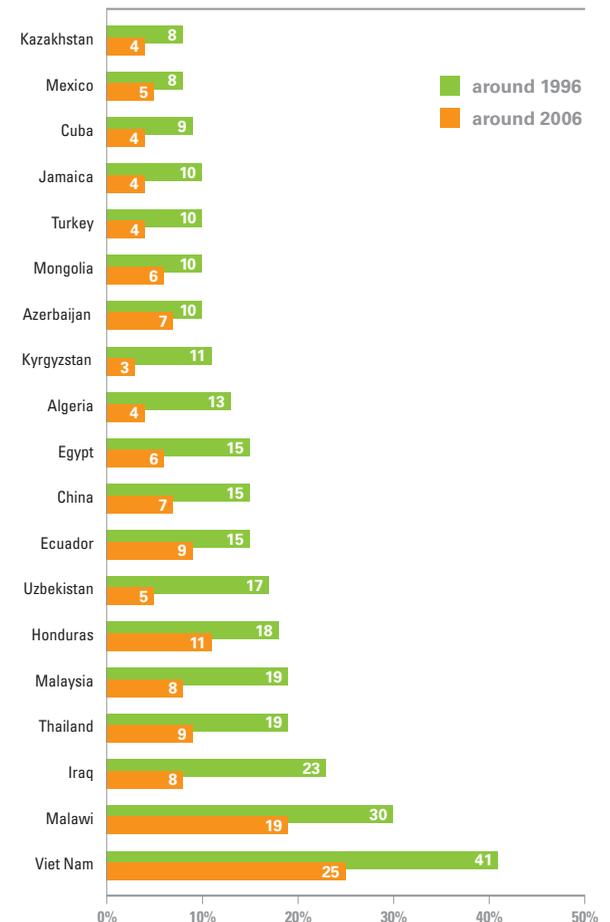
Underweight prevalence in children under five, by region (1990 and 2006)



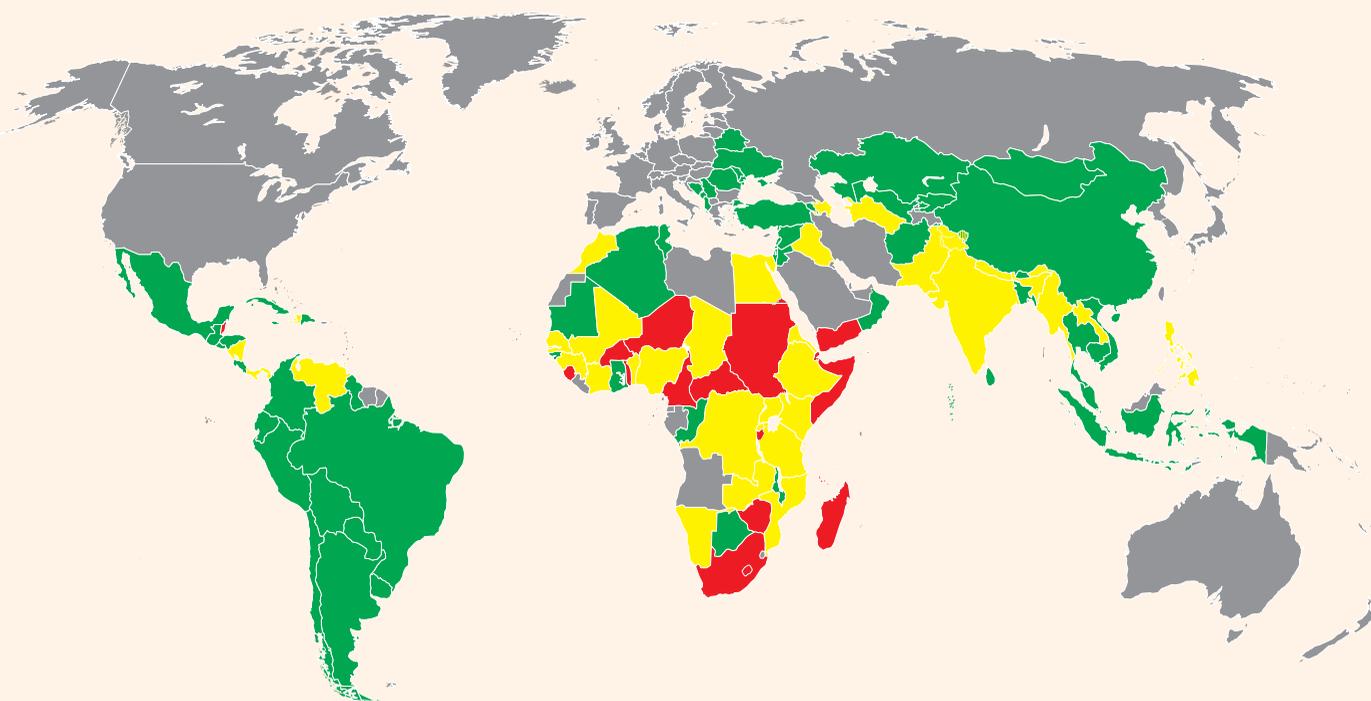
Note: The trend analysis is based on a subset of 71 countries with trend data, covering 78 per cent of the under-five population in the developing world. For CEE/CIS, the baseline year is 1996; data availability was limited for the period around 1990.

19 COUNTRIES REDUCED UNDERWEIGHT PREVALENCE BY ONE THIRD OR MORE OVER THE PAST DECADE

Underweight prevalence in children under five (around 1996 and around 2006)



58 COUNTRIES ARE ON TRACK TO REACH THE MDG 1 TARGET
 Progress in 33 countries is insufficient to reach the MDG target,
 and 18 countries have made no progress



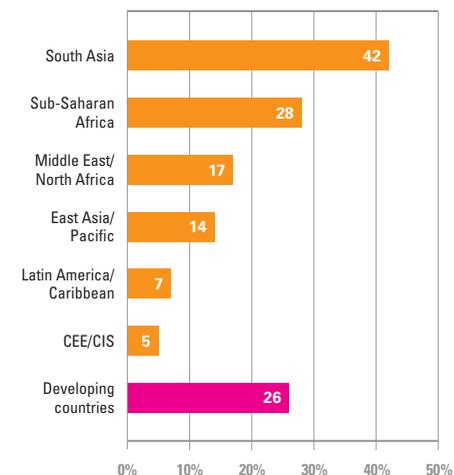
Progress towards the MDG target, with countries classified according to the following thresholds:

- **On track:** Average annual rate of reduction (AARR) in underweight prevalence (1990–2006) is greater than or equal to 2.6 per cent, or latest available estimate of underweight prevalence is less than or equal to 5 per cent, regardless of AARR
- **Insufficient progress:** AARR is between 0.6 per cent and 2.5 per cent
- **No progress:** AARR is less than or equal to 0.5 per cent
- **Data not available**

Source for figures on pages 4–5: UNICEF global databases, 2007.

SOUTH ASIA HAS THE HIGHEST UNDERWEIGHT PREVALENCE

Underweight prevalence in children under five, by region (2000–2006)



LITTLE DIFFERENCE IN UNDERWEIGHT PREVALENCE BETWEEN GIRLS AND BOYS
 Children in rural areas are twice as likely to be underweight as children in urban areas

Ratios of underweight prevalence in children under five, by gender and area of residence (2000–2006)

	Female: male	Rural: urban
CEE/CIS	1.2	1.8
Latin America/Caribbean	1.0	2.3
East Asia/Pacific	1.0	2.0
South Asia	1.0	1.3
Middle East/North Africa	0.9	1.8
Sub-Saharan Africa	0.9	1.6
Developing countries	1.0	2.0

Note: A ratio of 1.0 indicates that the prevalence of underweight in the two groups is equal. Ratios above 1.0 indicate that prevalence is higher in females than in males and higher in rural areas than in urban areas; ratios below 1.0 indicate that prevalence is lower in females than in males and lower in rural areas than in urban areas.

Stunting, or low height for age, is caused by long-term insufficient nutrient intake and frequent infections. Stunting generally occurs before age two, and effects are largely irreversible. These include delayed motor development, impaired cognitive function and poor school performance. Nearly one third of children under five in the developing world are stunted.

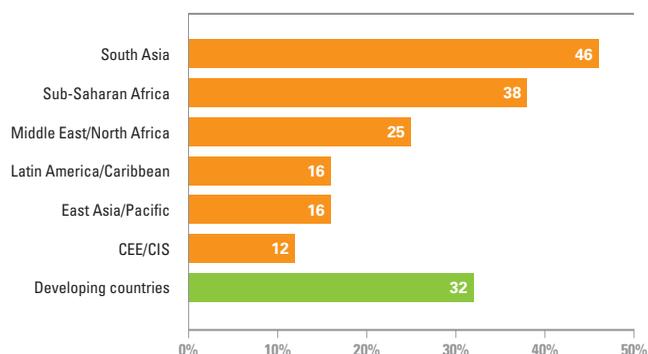
Wasting, or low weight for height, is a strong predictor of mortality among children under five. It is usually the result of acute significant food shortage and/or disease. There are 24 developing countries with wasting rates of 10 per cent or more, indicating a serious problem urgently requiring a response.

Overweight is an increasingly important issue all over the world: 20 developing countries have rates above 5 per cent. Childhood undernutrition and overweight co-exist in many countries, leading to a double burden of malnutrition.

NEARLY ONE THIRD OF CHILDREN UNDER FIVE IN DEVELOPING COUNTRIES ARE STUNTED

Highest levels are found in South Asia

Prevalence of stunting in children under five, by region (2000–2006)



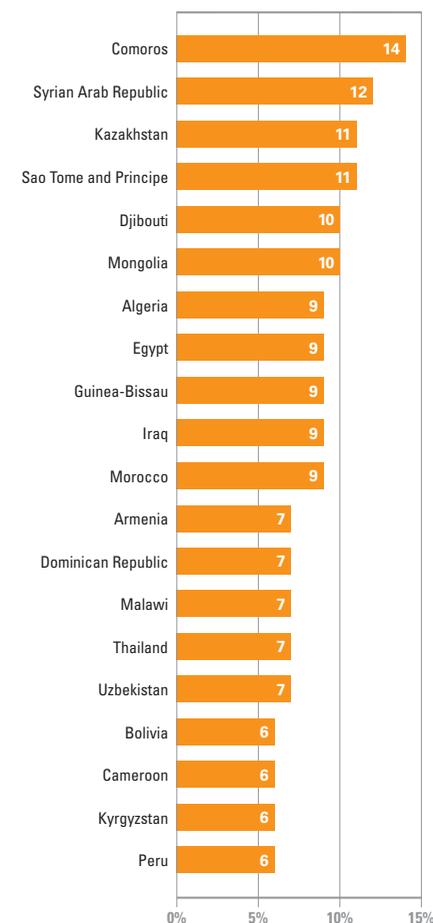
WASTING PREVALENCE IS 10 PER CENT OR MORE IN 24 COUNTRIES, INCLUDING ALMOST ALL COUNTRIES IN SOUTH ASIA AND MANY IN SUB-SAHARAN AFRICA

Prevalence of wasting in children under five (2000–2006)

Country (year of data)	Prevalence of wasting in children under five (%)
Burkina Faso (2006)	23
Djibouti (2006)	21
India (2005)	20
Sudan (2000)	16
Lao People's Dem. Rep. (2000)	15
Chad (2006)	14
Sri Lanka (2000)	14
Togo (2004)	14
Bangladesh (2001)	13
Congo, Dem. Rep. (2001)	13
Eritrea (2001)	13
Madagascar (2004)	13
Maldives (2003)	13
Mauritania (2000)	13
Nepal (2002)	13
Pakistan (2006)	13
Timor-Leste (2003)	12
Yemen (2003)	12
Ethiopia (2006)	11
Guyana (2000)	11
Mali (2001)	11
Somalia (2005)	11
Central African Rep. (2006)	10
Niger (2006)	10

MORE THAN 5 PER CENT OF CHILDREN UNDER FIVE ARE OVERWEIGHT IN 20 DEVELOPING COUNTRIES

Prevalence of overweight in children under five (2000–2006)



Source for figures on this page: UNICEF global databases, 2007. Overweight data are from 67 countries where information is available for 2000–2006.

LOW BIRTHWEIGHT

World Fit for Children goal: Reduce the rate of low birthweight by at least one third

Some 60 per cent of newborns in the developing world are not weighed, and a lack of comparable data makes assessing progress difficult. But the incidence of low birthweight seems to have remained roughly constant since around 2000.

About 16 per cent of infants in developing countries (more than 19 million) are born weighing less than 2,500 grams; they are 20 times more likely to die in infancy than heavier babies. Those who survive may be more susceptible to infectious diseases and inhibited growth and cognitive development. They are more likely to suffer from chronic illnesses in later life.

In developing countries, low birthweight often stems from the mother's poor health and nutritional status before and during pregnancy. Key interventions to prevent it include improved food intake for pregnant women, micronutrient supplementation, prevention and treatment of such infections as malaria, reduction of teenage pregnancy, and maternal education.

6 OUT OF 10 NEWBORNS IN THE DEVELOPING WORLD ARE NOT WEIGHED

The high proportion of unweighed newborns biases available birthweight data

Percentage of infants not weighed at birth, by region (1999–2006)

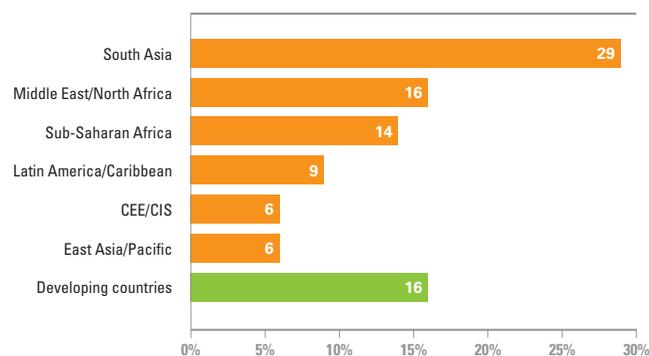
Percentage of infants not weighed at birth	
South Asia	72
Sub-Saharan Africa	66
Middle East/North Africa	46
East Asia/Pacific*	23
Latin America/Caribbean	–
CEE/CIS	–
Developing countries*	60

* Excluding China.

Nearly three quarters of births are not weighed in South Asia, the region with the highest rates of low birthweight. This means that most available data on birthweight are not representative of the general population; most represent populations who are better off and whose babies are born in health facilities, in urban areas and to educated mothers. In estimating birthweight, UNICEF and WHO have adjusted household survey data for underreporting and misreporting. These adjusted rates are more accurate but may still underestimate the true magnitude of the problem.

16 PER CENT OF INFANTS IN THE DEVELOPING WORLD, 29 PER CENT IN SOUTH ASIA, HAVE LOW BIRTHWEIGHT

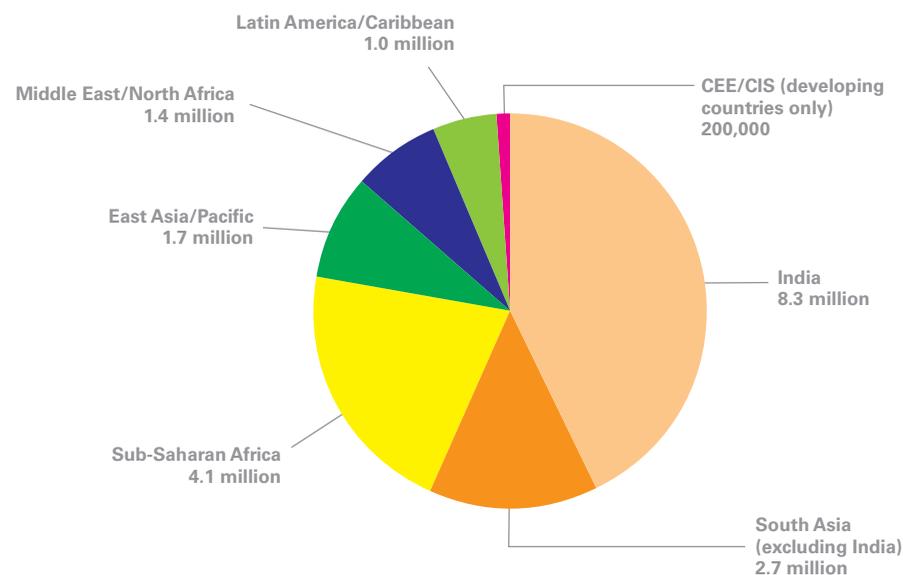
Percentage of infants weighing less than 2,500 grams at birth, by region (1999–2006)



MORE THAN 19 MILLION INFANTS IN THE DEVELOPING WORLD HAVE LOW BIRTHWEIGHT

More than half are in South Asia; 8.3 million are in India

Number of infants weighing less than 2,500 grams at birth, by region (1999–2006)



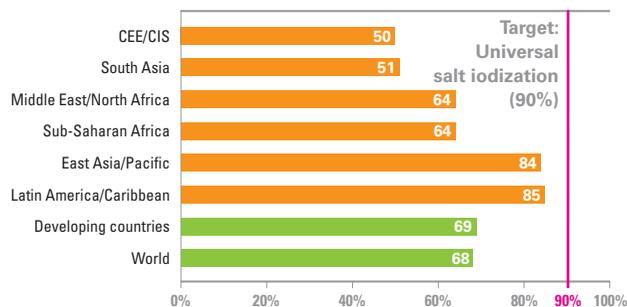
World Fit for Children target: Sustainable elimination of iodine deficiency disorders by 2005

Thirty-four countries have attained universal salt iodization, with at least 90 per cent of households consuming adequately iodized salt, while 60 countries have increased household consumption of adequately iodized salt by at least 20 per cent during the past decade. As of 2005, 120 countries had salt iodization programmes, compared with 90 countries in 2000.

Iodine deficiency is the single greatest cause of preventable mental retardation: Severe deficiencies cause cretinism, stillbirth and miscarriage, while even mild deficiency can significantly affect the learning ability of populations. It is easily preventable by ensuring that salt consumed by households is adequately iodized. Yet, 38 million newborns worldwide remain unprotected and there are still 36 countries where fewer than half of households consume iodized salt.

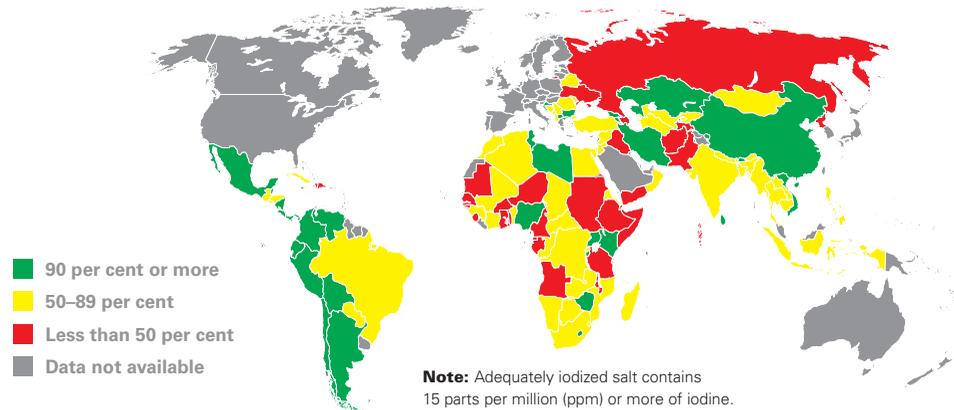
LATIN AMERICA/CARIBBEAN AND EAST ASIA/PACIFIC ARE NEAR THE TARGET ON UNIVERSAL SALT IODIZATION

Percentage of households consuming adequately iodized salt, by region (2000–2006)



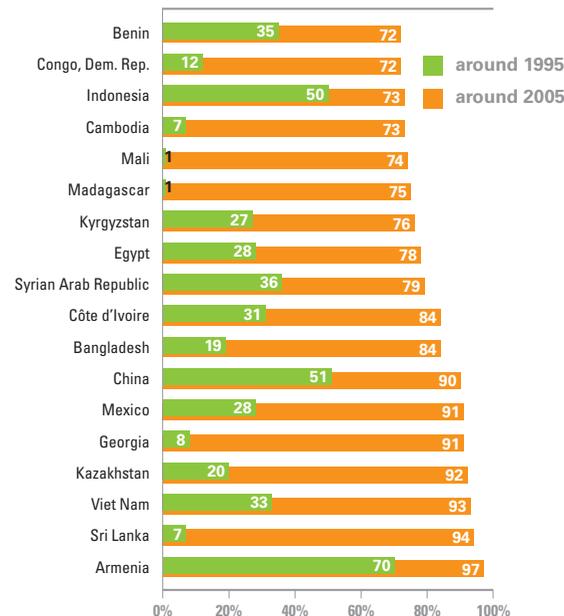
TOWARDS UNIVERSAL SALT IODIZATION: 34 COUNTRIES HAVE REACHED THE TARGET

Percentage of households consuming adequately iodized salt (2000–2006)



STRIKING IMPROVEMENTS IN THE USE OF IODIZED SALT

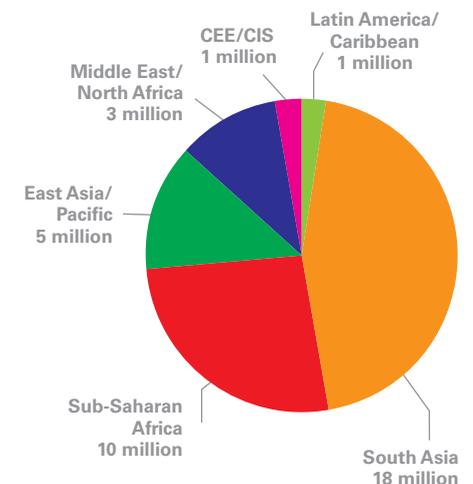
Percentage of households consuming adequately iodized salt, selected countries (around 1995 and around 2005)



Note: The chart includes countries that have increased iodized salt consumption by 20 percentage points or more and whose current consumption levels are 70 per cent or more.

38 MILLION NEWBORNS ARE NOT PROTECTED FROM IODINE DEFICIENCY

Number of births in households not consuming adequately iodized salt, by region (2000–2006)



World Fit for Children target: Sustainable elimination of vitamin A deficiency by 2010

The progress on vitamin A supplementation has been outstanding. Coverage of children aged 6–59 months with at least one dose of vitamin A per year has increased by 50 per cent since 1999. Moreover, between 1999 and 2005, coverage with two doses per year increased more than fourfold and approaches 80 per cent in the least developed countries.

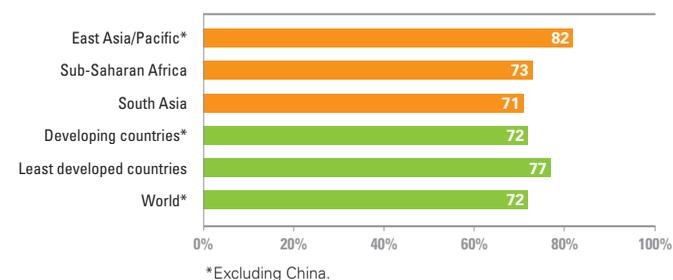
Vitamin A deficiency is the leading cause of preventable childhood blindness, and it increases a young child's risk of mortality from common illnesses. Progress towards its elimination depends on vitamin A supplementation, and supplementation contributes towards achieving MDG 4 on child survival.

Progress has been achieved through a combination of dynamic advocacy and innovative strategies – including the combined delivery of high-impact health and nutrition interventions, which often use Child Health Days as a platform. Reaching the poorest children and children living in rural areas, who are most at risk of deficiency, remains the greatest challenge.

LEAST-DEVELOPED COUNTRIES LEAD THE WAY ON TWO-DOSE COVERAGE

81 million children in these countries were reached in 2005

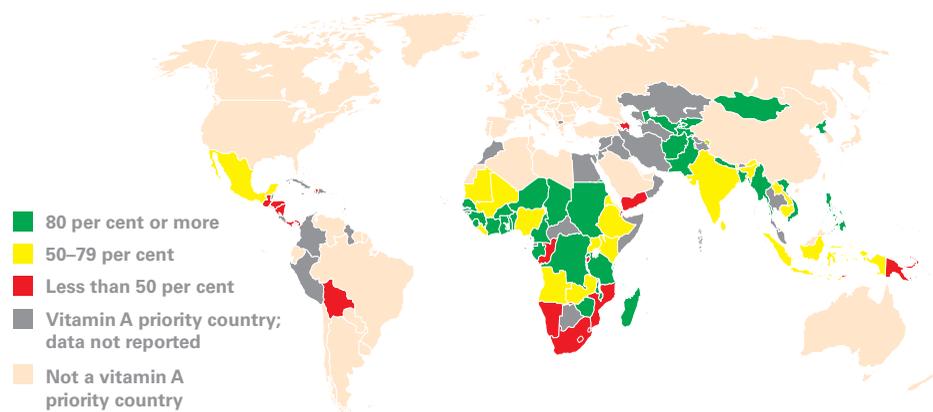
Percentage of children (age 6–59 months) receiving two doses of vitamin A, by region (2005)



Source for figures on this page: UNICEF global databases, 2007.

30 PRIORITY COUNTRIES REACH 80 PER CENT OF CHILDREN WITH TWO DOSES ANNUALLY

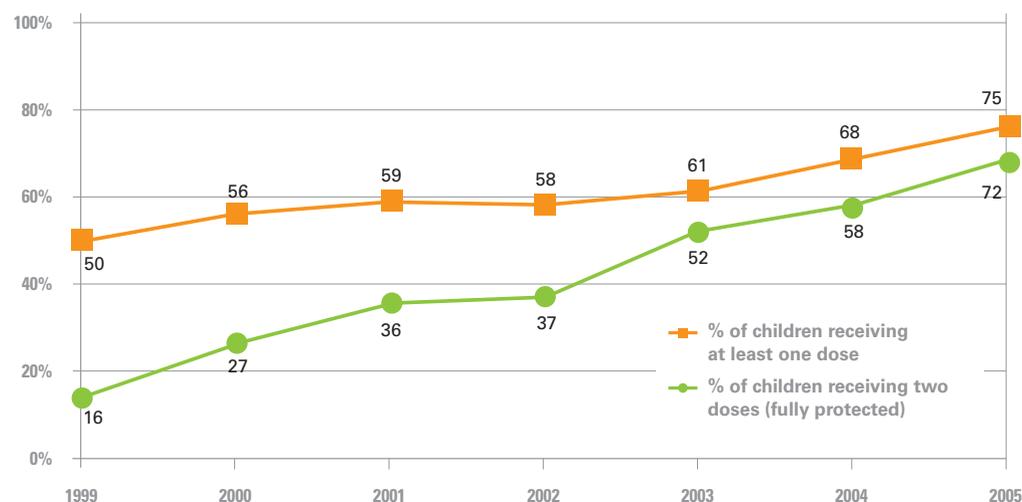
Vitamin A supplementation coverage levels: two doses (2005)



Note: Coverage levels are shown for 103 countries considered a priority for vitamin A supplementation, i.e., countries where the under-five mortality rate is high or where vitamin A deficiency prevalence data indicate that deficiency control interventions may be required.

MORE THAN A FOURFOLD INCREASE IN THE PROPORTION OF CHILDREN FULLY PROTECTED WITH TWO DOSES OF VITAMIN A

Global trends in vitamin A supplementation coverage (1999–2005)



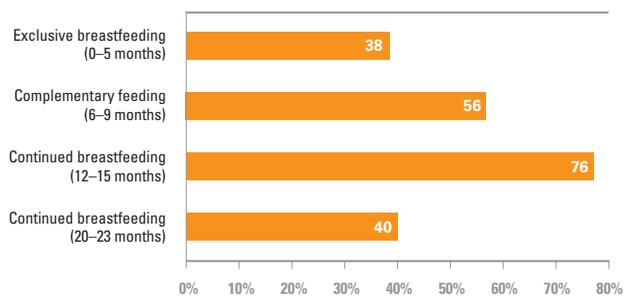
World Fit for Children target: Protect, promote and support exclusive breastfeeding for six months and continued breastfeeding with safe, appropriate and adequate complementary feeding up to two years of age or beyond

Exclusive breastfeeding among children under six months of age has increased remarkably in many sub-Saharan African countries over the last 10 years. The rate in developing countries is now nearly 40 per cent.

Proper infant feeding practices are key to child survival. Exclusive breastfeeding for the first six months of life has the potential to avert 13 per cent of all under-five deaths in developing countries, making it the most effective preventive method of saving children’s lives. Timely and appropriate complementary feeding could avert a further six per cent of under-five deaths.

CURRENT PRACTICES IN INFANT AND YOUNG CHILD FEEDING

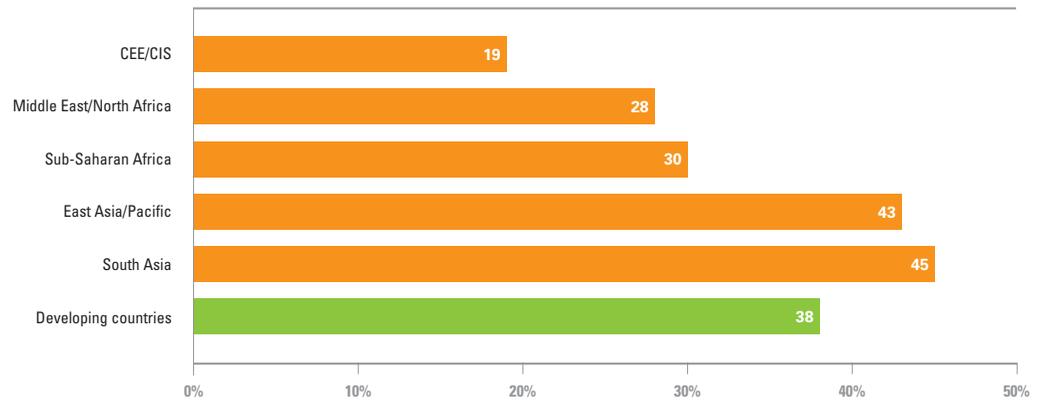
Percentage of children in the developing world exclusively breastfed, both breastfed and receiving complementary foods, and continuing to breastfeed at specified ages (2000–2006)



NEARLY 40 PER CENT OF INFANTS IN THE DEVELOPING WORLD ARE EXCLUSIVELY BREASTFED FOR THE FIRST SIX MONTHS OF LIFE

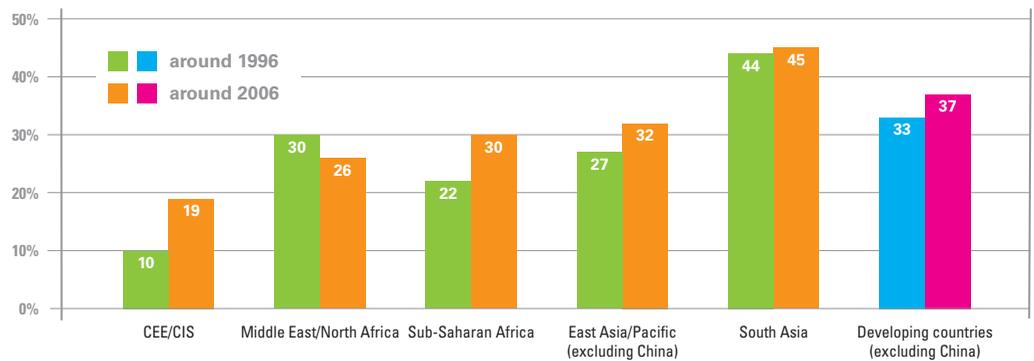
Nearly half of infants in South Asia are exclusively breastfed

Percentage of infants exclusively breastfed for the first six months of life, by region (2000–2006)



SUB-SAHARAN AFRICA AND CEE/CIS MADE THE MOST SIGNIFICANT IMPROVEMENTS IN EXCLUSIVE BREASTFEEDING

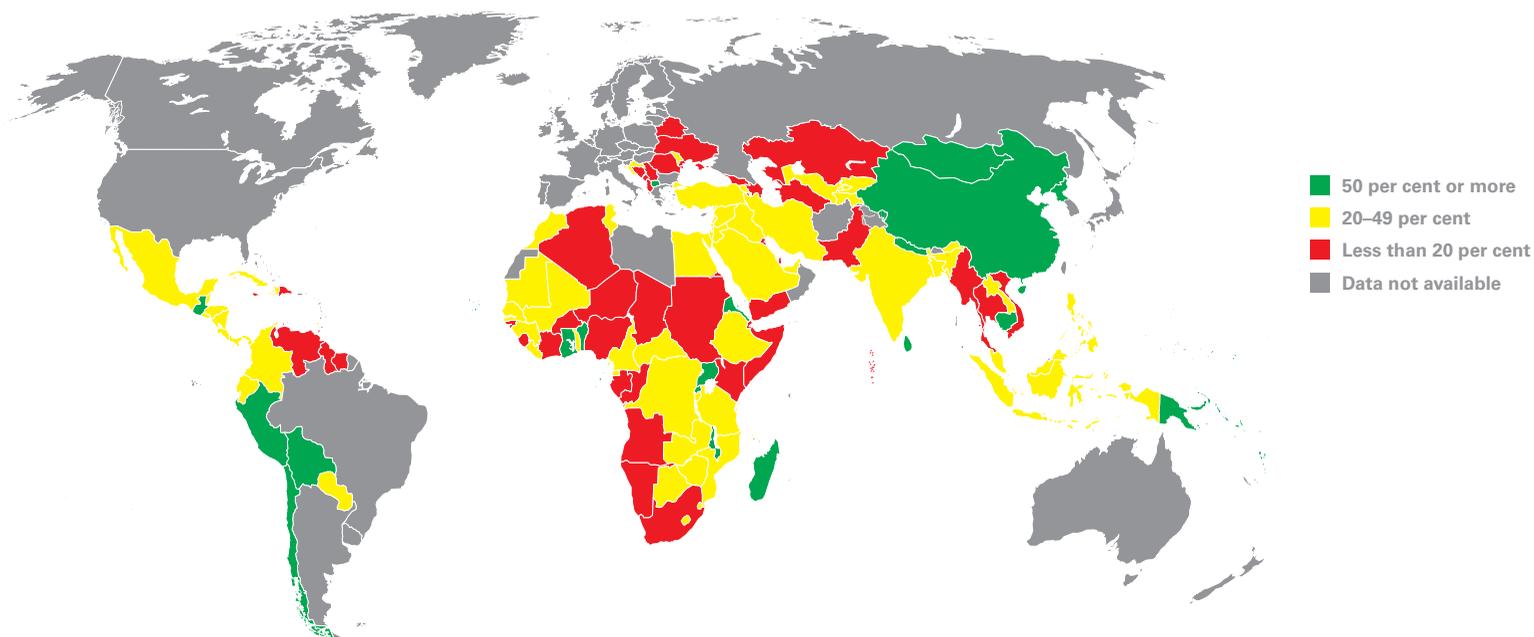
Percentage of infants exclusively breastfed for the first six months of life, by region (around 1996 and around 2006)



Notes: Regional and developing country averages in the chart at the top of the page are based on data from 106 countries covering 86 per cent of the under-five population in the developing world; the regional average for Latin America/Caribbean could not be calculated due to insufficient data. The trend analysis in the chart at the bottom of the page is based on a subset of 64 countries with trend data, covering 69 per cent of births in the developing world. Regional averages for around 2006 in this chart are slightly different from regional averages in the chart at the top of the page because of the different data sets used. In Latin America/Caribbean, excluding Brazil and Mexico, the percentage of infants exclusively breastfed increased from 30 per cent in around 1996 to 45 per cent in around 2006.

IN 28 COUNTRIES, MORE THAN HALF OF INFANTS ARE EXCLUSIVELY BREASTFED

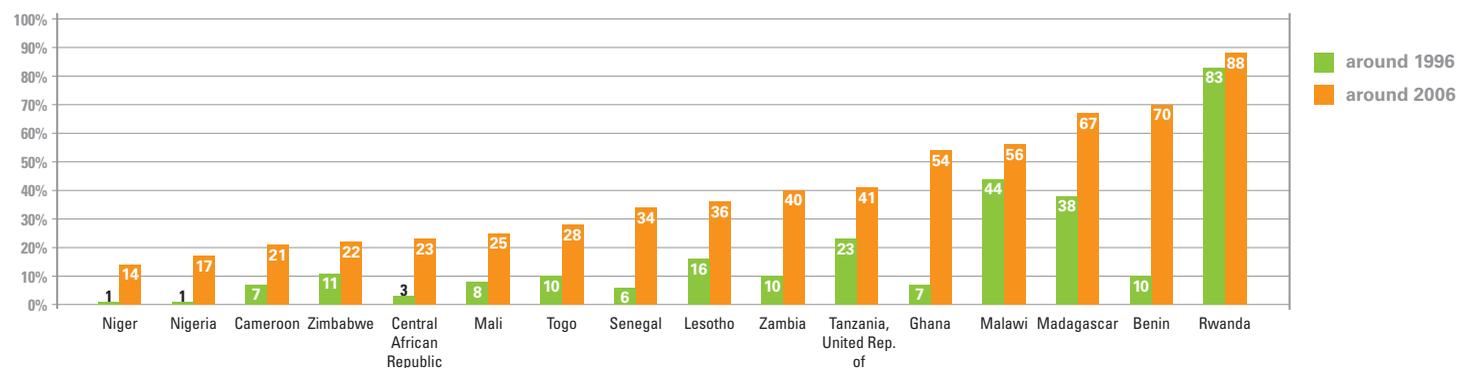
Percentage of infants exclusively breastfed for the first six months of life (2000–2006)



SIGNIFICANT INCREASES IN EXCLUSIVE BREASTFEEDING IN 16 SUB-SAHARAN AFRICAN COUNTRIES

Seven countries posted gains of 20 percentage points or more

Percentage of infants exclusively breastfed for the first six months of life (around 1996 and around 2006)



Note: The chart includes countries with at least three data points in the time series, an average annual rate of change that is higher than 1 per cent (except Rwanda) and a current exclusive breastfeeding rate of more than 10 per cent.

MDG 2

ACHIEVE UNIVERSAL PRIMARY EDUCATION

MDG target: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Primary education

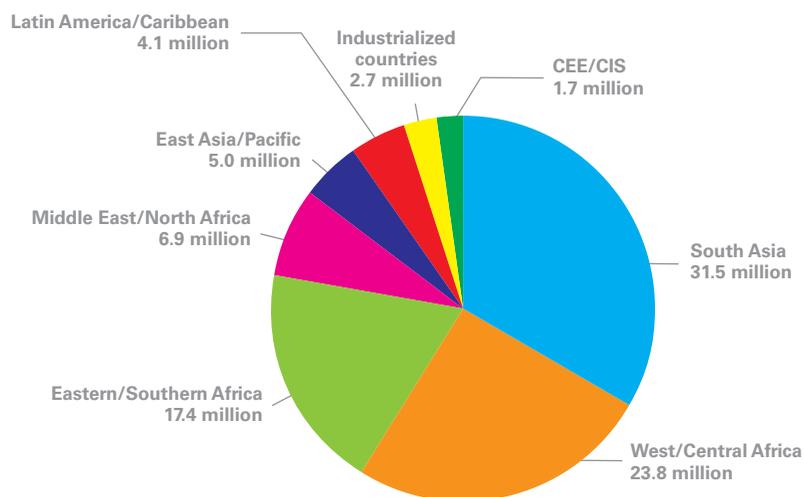
Attendance data based on household surveys show that the number of children of primary school age who are out of school has declined markedly in recent years, from 115 million in 2002 to 93 million in 2005–2006. This is substantial progress, and many countries are close to delivering universal primary education. Yet, in other countries and regions the task remains enormous, as for example in sub-Saharan Africa, where around 41 million primary-school-age children are out of school, and in South Asia, where 31.5 million remain out of school.

One in six children of secondary school age attends primary school because they started school late or had to repeat grades. These children are effectively occupying places that could accommodate children of primary school age currently out of school. This underlines that inefficiencies within the whole education system need addressing.

For countries nearing universal primary education, reaching the last 10 per cent of children out of school is a particular challenge, requiring different strategies as well as concerted effort and investment.

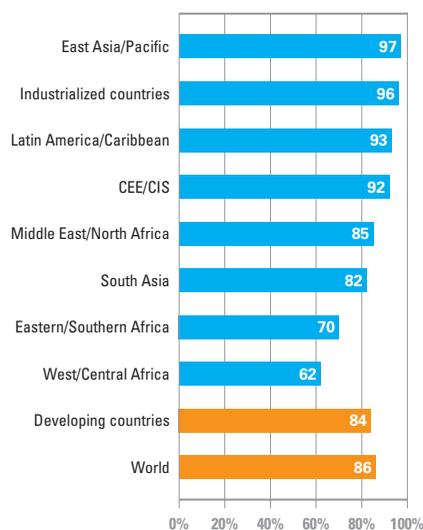
93 MILLION CHILDREN OF PRIMARY SCHOOL AGE ARE OUT OF SCHOOL

Number of primary-school-age children not in school, by region (2006)



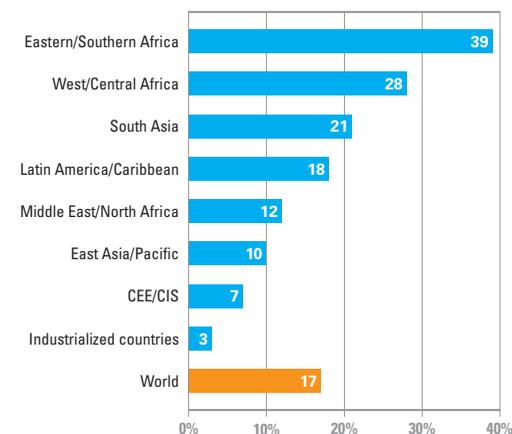
MORE THAN 85 PER CENT OF PRIMARY-SCHOOL-AGE CHILDREN ATTEND SCHOOL

Primary school net enrolment/attendance ratio, by region (2000–2006)



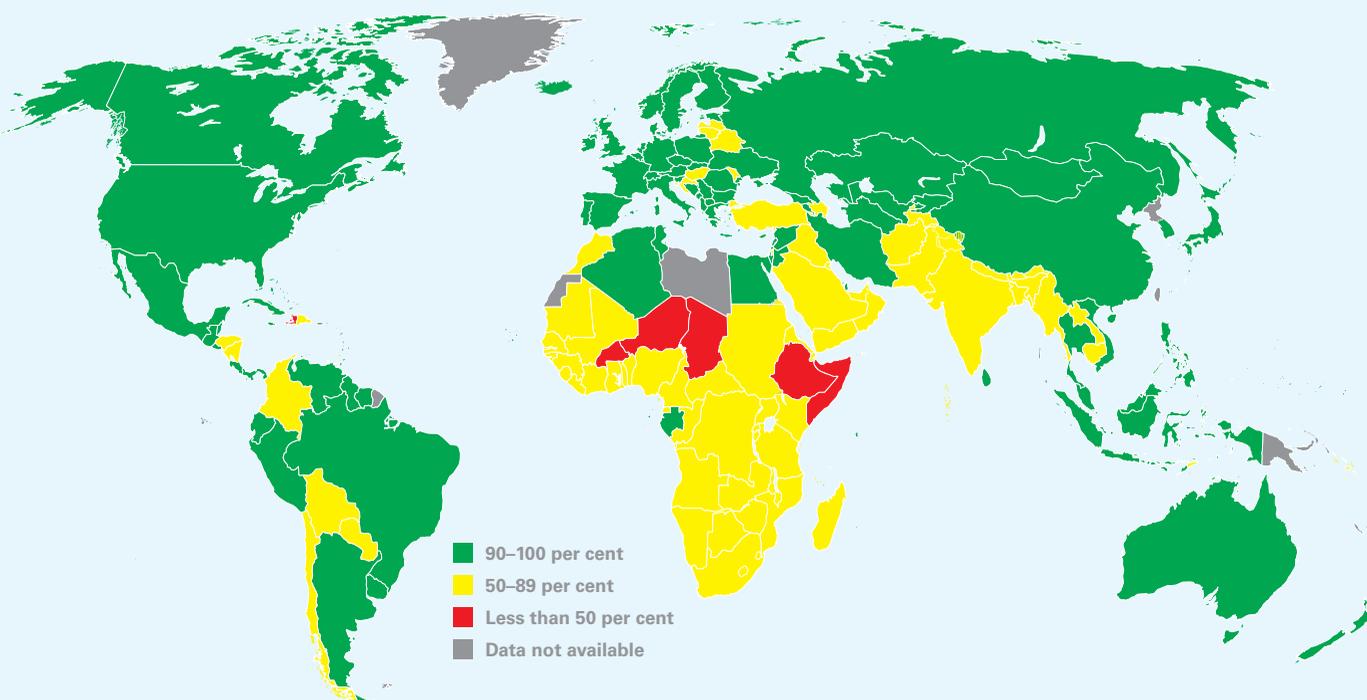
17 PER CENT OF SECONDARY-SCHOOL-AGE CHILDREN ATTEND PRIMARY SCHOOL

Primary school net enrolment/attendance ratio of secondary-school-age children, by region (2000–2006)



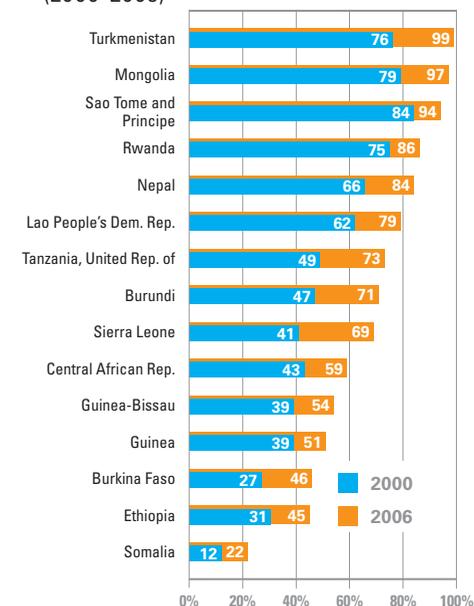
IN MORE THAN 60 DEVELOPING COUNTRIES, AT LEAST 90 PER CENT OF PRIMARY-SCHOOL-AGE CHILDREN ARE IN SCHOOL

Primary school net enrolment/attendance ratio (2000–2006)



IN 15 COUNTRIES, PRIMARY NET ATTENDANCE RATIOS INCREASED BY AT LEAST 10 PERCENTAGE POINTS FROM 2000 TO 2006

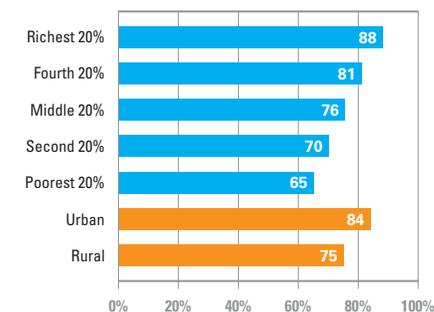
Trends in primary school net attendance ratio, in countries where the ratio increased 10 or more percentage points (2000–2006)



HOUSEHOLD WEALTH IS THE STRONGEST DETERMINANT OF SCHOOL ATTENDANCE IN DEVELOPING COUNTRIES

Children from the poorest households are least likely to attend primary school

Primary school net attendance ratio, by background characteristics (2000–2006)



Source for figures on pages 12–13: UNICEF global databases, 2007, and UNESCO Institute for Statistics, *Global Education Digest 2007*. Disparity analysis is based on household survey data (DHS and MICS) collected in 95 developing countries during 2000–2006.

About primary education data

For a full picture of children's school participation, UNICEF uses two sources: enrolment data, which are based on administrative records, and attendance data from household surveys. UNICEF's analysis is therefore different from that of other organizations, including UNESCO, that base their analyses only on enrolment data. Half of all countries record data on primary education from more than one source.

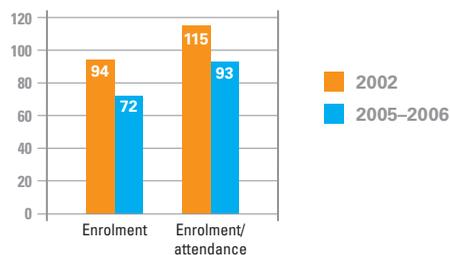
Enrolment rates are generally higher than attendance rates. In Eastern/Southern Africa, enrolment is as much as 13 per cent higher than attendance. Taking account of attendance as well as enrolment data inevitably means that the estimate of children out of school is higher, and that reported progress towards education goals is not as swift.

Primary-school-age children out of school refers to children of this age group who are not in primary or secondary school but who may be in preschool or in other schools outside the formal education system.

NUMBER OF CHILDREN OUT OF SCHOOL HAS DROPPED

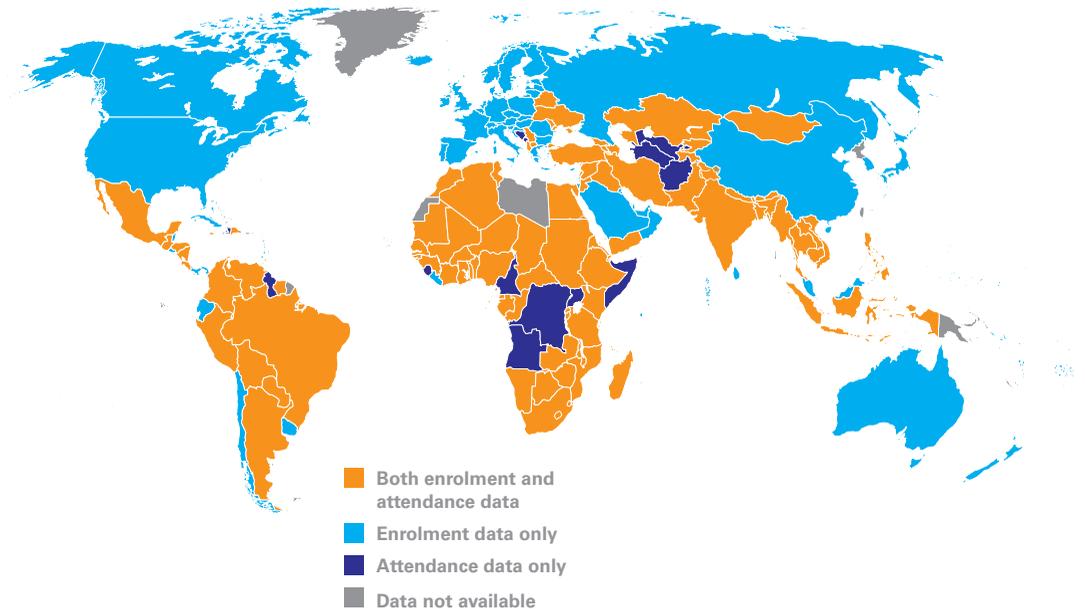
Both estimation methods show decline

Numbers (in millions) of primary-school-age children out of school estimated using net enrolment data and combined net enrolment/attendance data (2002 and 2005–2006)



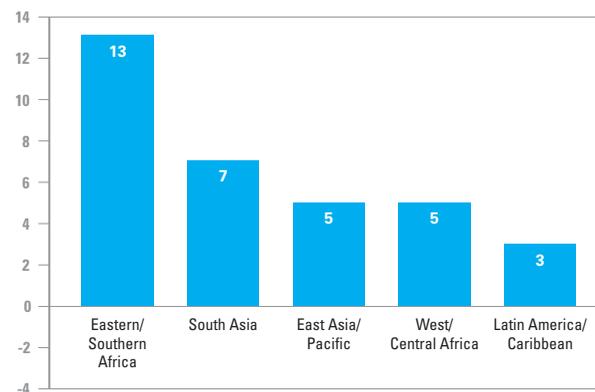
HALF OF COUNTRIES HAVE PRIMARY EDUCATION DATA FROM MORE THAN ONE SOURCE

Sources of data used in UNICEF analysis (2000–2006)



DO PRIMARY ENROLMENT RATIOS OVERESTIMATE CHILDREN'S SCHOOL PARTICIPATION?

Percentage-point difference between net enrolment ratio and net attendance ratio in primary education, in regions where the difference is 3 percentage points or more (1999–2006)



Source for figures on this page: UNICEF global databases, 2007, including enrolment and attendance data for 95 countries, only enrolment data for 83 countries, and only attendance data for 13 countries (2000–2006); and UNESCO Institute for Statistics, *Global Education Digest 2007*.

SECONDARY EDUCATION

World Fit for Children goal: The progressive provision of secondary education

Secondary education is essential for individual children to achieve their full potential, and for nations to advance social and economic development. Yet, only 60 per cent of children of the appropriate age attend secondary school. In sub-Saharan Africa, that number drops to only a quarter; in this region, substantially more secondary-school-age children attend primary school than attend secondary school. The poorer a child's household, the less likely the child is to attend secondary school.

MANY SECONDARY-SCHOOL-AGE CHILDREN EITHER ATTEND PRIMARY SCHOOL OR ARE OUT OF SCHOOL

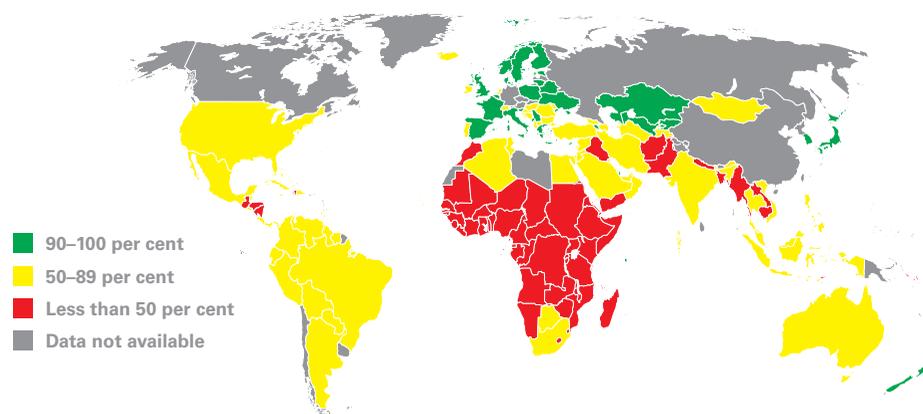
Percentage distribution of children of secondary school age by level of schooling, by region (2000–2006)

	In secondary school (%)	In primary school (%)	Outside formal education system (%)
Sub-Saharan Africa	25	34	41
Eastern/Southern Africa	23	39	38
West/Central Africa	27	28	45
South Asia	53	21	26
Middle East/North Africa	58	12	30
East Asia/Pacific	66	10	24
Latin America/Caribbean	66	18	16
CEE/CIS	83	7	10
Industrialized countries	92	3	5
World	60	16	24

SECONDARY SCHOOL ATTENDANCE IS TOO LOW IN MANY DEVELOPING COUNTRIES

Only 13 developing countries and territories have secondary school participation ratios of 90 per cent or more

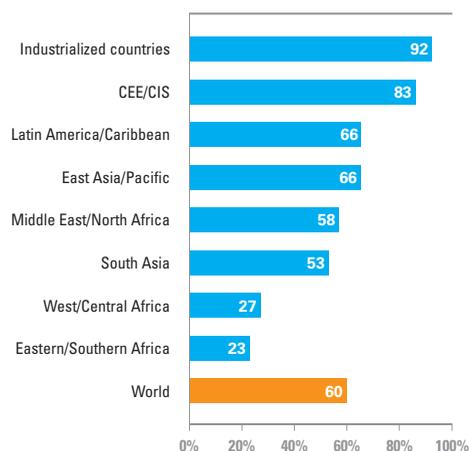
Secondary school net enrolment/attendance ratio (2000–2006)



ONLY 60 PER CENT OF CHILDREN OF SECONDARY SCHOOL AGE ATTEND SECONDARY SCHOOL

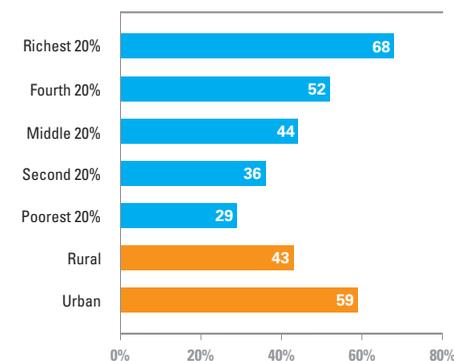
In sub-Saharan Africa, less than 30 per cent attend

Secondary school net enrolment/attendance ratio, by region (2000–2006)



LOWEST LEVELS OF SECONDARY SCHOOL ATTENDANCE ARE IN POOREST HOUSEHOLDS AND RURAL AREAS

Secondary school net attendance ratio, by background characteristics (2000–2006)



Source for figures on this page: UNICEF global databases, 2007, and UNESCO Institute for Statistics, *Global Education Digest 2007*. Disparity analysis is based on household survey data (DHS and MICS) collected in 94 developing countries during 2000–2006.

MDG 3

PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

MDG target: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Gender parity in primary and secondary education

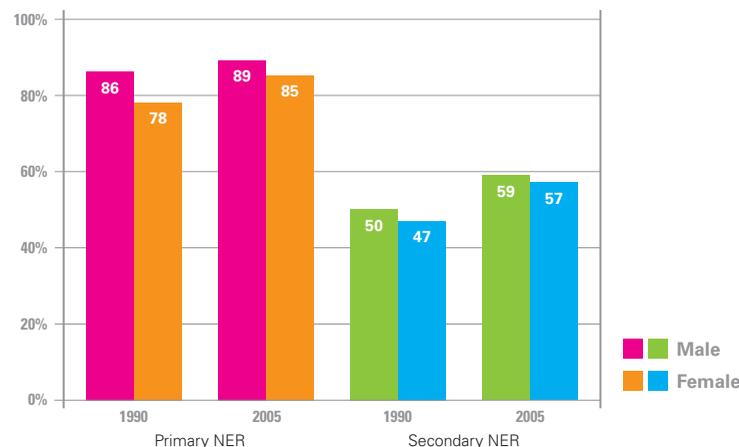
Girls' education has been expanding all over the world, but not fast enough to ensure a basic education for the millions of girls still out of school. About two thirds of countries and territories reached gender parity in primary education by the target year of 2005, but in many other countries – especially in sub-Saharan Africa – girls are still disadvantaged.

There are important regional differences. The largest gender gaps at the primary level are in West/Central Africa, Middle East/ North Africa and South Asia. Gender disparities are greatest in rural areas and among poor households.

About one third of countries achieved gender parity in secondary education by 2005. But in terms of equality and empowerment, gender parity is just a starting point. The MDG envisages education as a fulfilling experience for all girls and boys and as helping them reach their full potential in society.

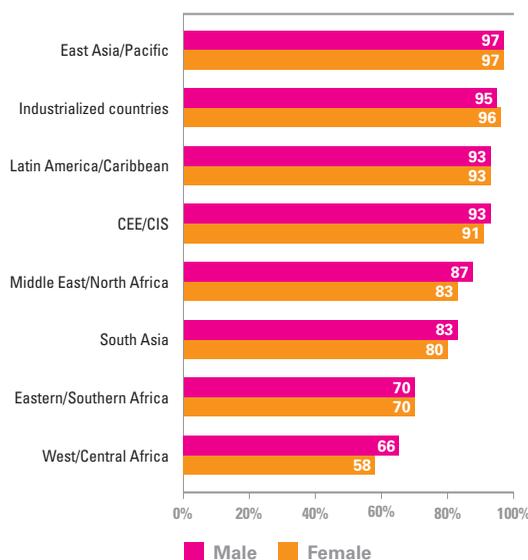
THE GENDER GAP IN EDUCATION IS DIMINISHING WITH INCREASED ENROLMENT

Primary and secondary net enrolment ratios (NER) of boys and girls (1990 and 2005)



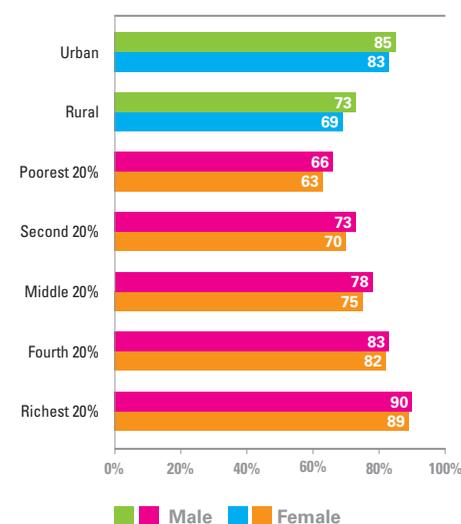
GENDER GAPS IN PRIMARY SCHOOL HAVE CLOSED IN EAST ASIA/PACIFIC, LATIN AMERICA/CARIBBEAN AND EASTERN/SOUTHERN AFRICA

Primary school net enrolment/attendance ratio of boys and girls, by region (2000–2006)



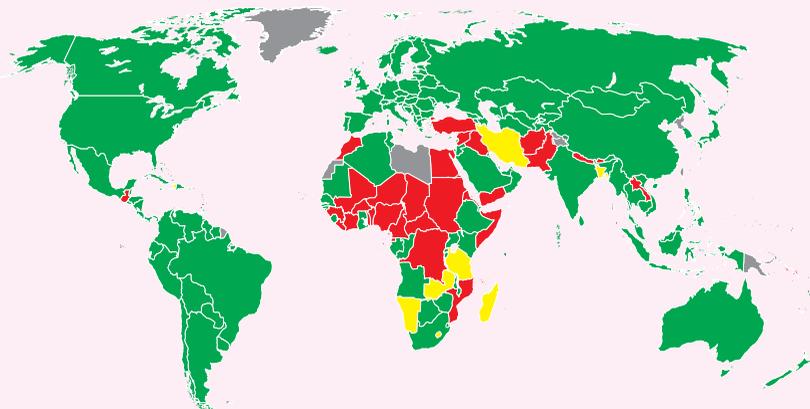
GENDER DISPARITIES ARE LARGEST IN POOR AND RURAL HOUSEHOLDS Rich and urban households are near parity

Primary school net attendance ratio of boys and girls, by background characteristics (2000–2006)



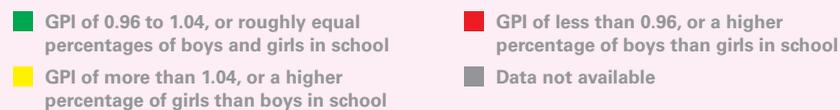
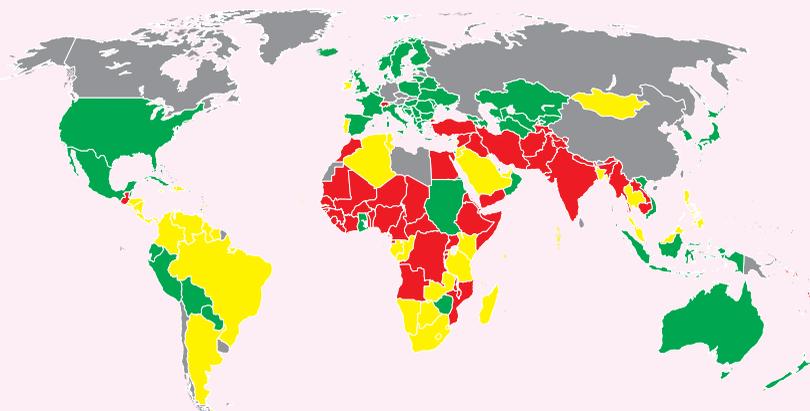
MANY COUNTRIES HAVE REACHED GENDER PARITY IN PRIMARY EDUCATION...

Gender parity index (GPI) in primary education (2000–2006)



... YET, FEWER COUNTRIES ARE NEAR PARITY IN SECONDARY EDUCATION

Gender parity index (GPI) in secondary education (2000–2006)

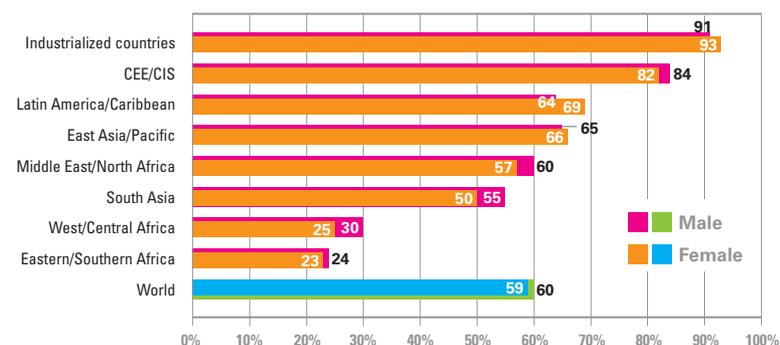


Note: The gender parity index (GPI) is obtained by dividing the net enrolment/attendance ratio for girls by the net enrolment/attendance ratio for boys.

Source for figures on pages 16–17: UNICEF global databases, 2007, and UNESCO Institute for Statistics, *Global Education Digest 2007*. Disparity analysis is based on household survey data (DHS and MICS) collected in developing countries during 2000–2006.

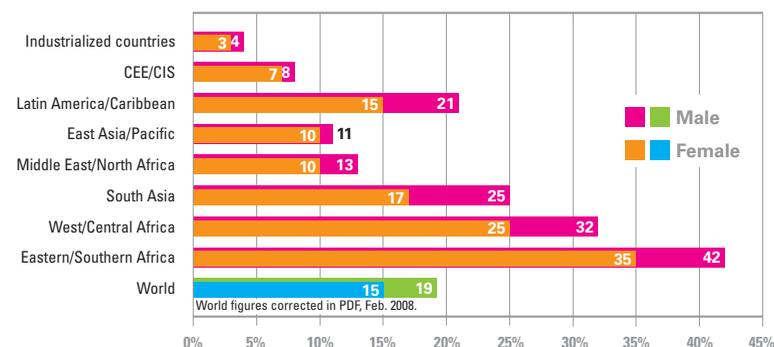
AMONG SECONDARY-SCHOOL-AGE CHILDREN... ... Gender gaps in secondary school are small

Secondary school net enrolment/attendance ratio of boys and girls, by region (2000–2006)



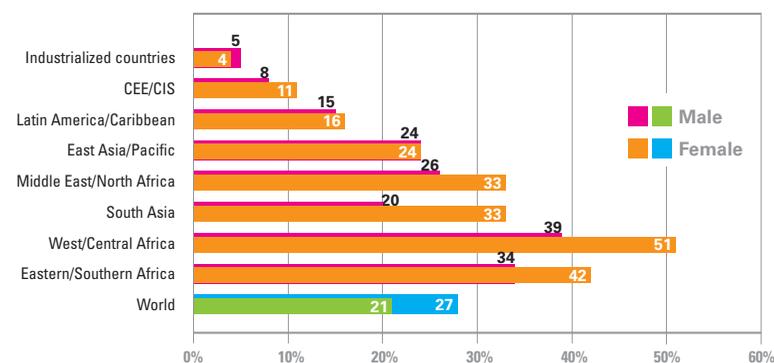
... Boys are more likely to be in primary school than girls

Primary school net enrolment/attendance ratio of boys and girls of secondary school age, by region (2000–2006)



... Girls are more likely to be out of school than boys

Percentage of boys and girls of secondary school age who are out of school, by region (2000–2006)



MDG 4

REDUCE CHILD MORTALITY

MDG target: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Under-five mortality

In 2006, for the first time since records have been kept, the number of children dying before their fifth birthday fell below 10 million, to 9.7 million. This milestone follows a long-term decline in the global under-five mortality rate since 1960.

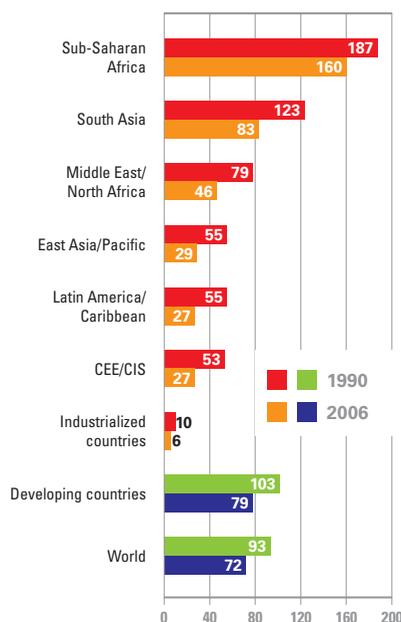
However, many countries still have high levels of child mortality, particularly in sub-Saharan Africa and South Asia, and in recent years have made little or no progress in reducing the number of child deaths. Global progress is insufficient to achieve MDG 4.

An analysis of background characteristics in 63 developing countries indicates that child mortality is considerably higher among children living in rural areas and in the poorest households.

The benefits of reaching MDG 4 are enormous. If the goal is achieved, the deaths of 5.4 million children under five will be averted in the year 2015 alone (as compared to the situation in 2006). But if current trends continue and the goal is not achieved, an additional 4.3 million child deaths could occur in 2015 alone.

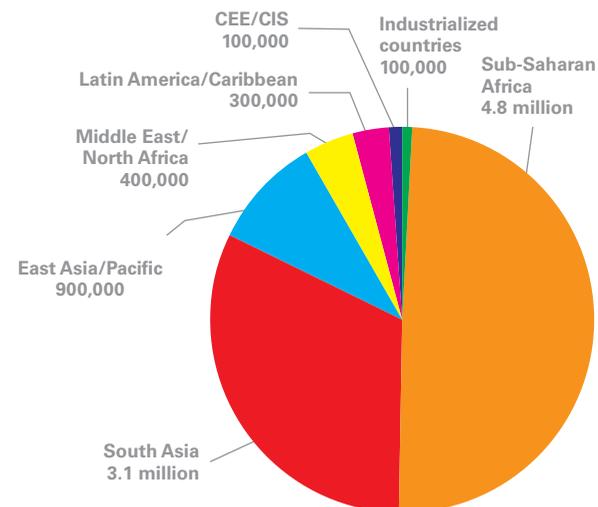
CHILD MORTALITY DECLINED BETWEEN 1990 AND 2006

Trends in the under-five mortality rate (per 1,000 live births), by region (1990 and 2006)



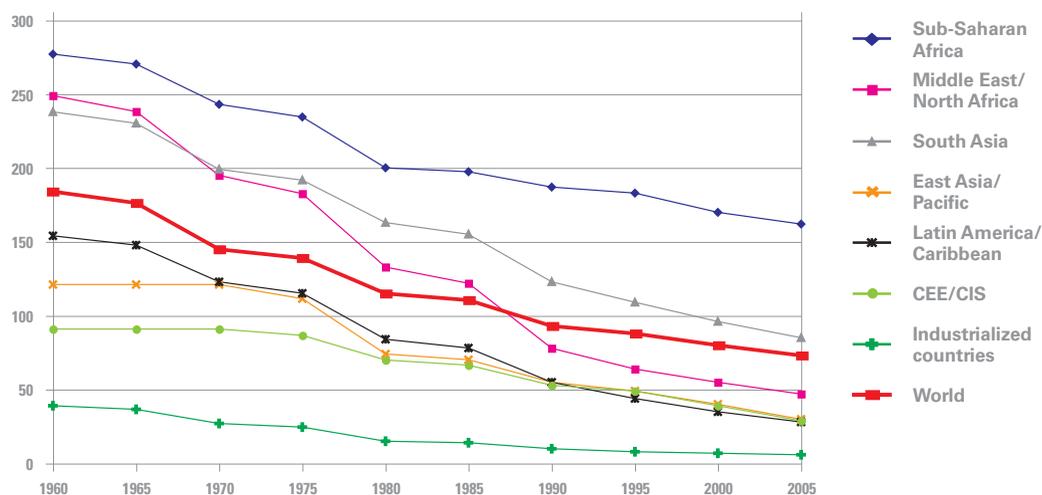
9.7 MILLION CHILDREN DIED IN 2006 BEFORE THEY REACHED THEIR FIFTH BIRTHDAY

Estimated number of under-five deaths, by region (2006)



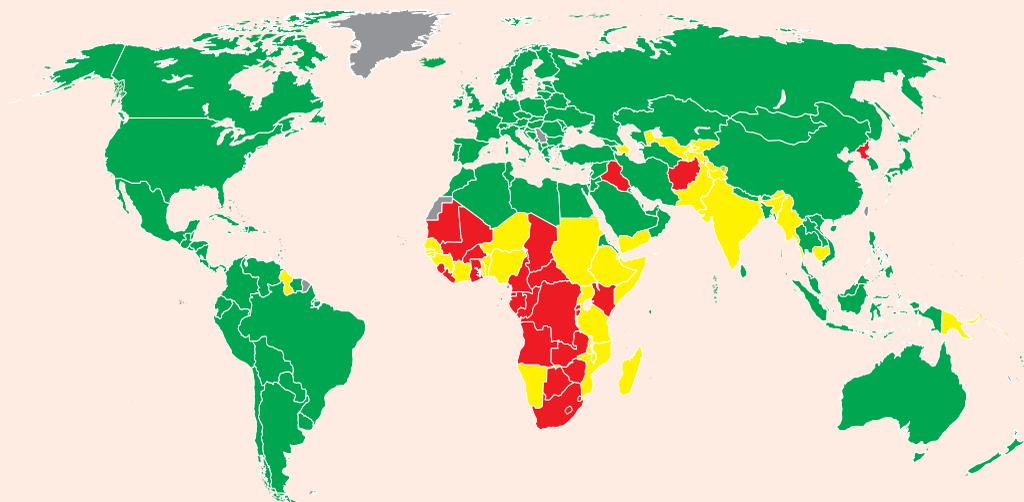
TRENDS IN CHILD MORTALITY

Under-five mortality rate (per 1,000 live births), by region (1960–2005)



PROGRESS TOWARDS MDG 4 NEEDS TO ACCELERATE IN SUB-SAHARAN AFRICA AND SOUTH ASIA

Yet, many countries throughout the world are on track to reach the target



Progress towards MDG 4, with countries classified according to the following thresholds:

- **On track:** U5MR is less than 40, or U5MR is 40 or more and the average annual rate of reduction (AARR) in the under-five mortality rate observed for 1990–2006 is 4.0 per cent or more
- **No progress:** U5MR is 40 or more and AARR is less than 1.0 per cent
- **Insufficient progress:** U5MR is 40 or more and AARR is between 1.0 per cent and 3.9 per cent
- **Data not available**

GLOBAL PROGRESS IN REDUCING CHILD MORTALITY IS INSUFFICIENT TO REACH MDG 4 Latin America/Caribbean, CEE/CIS and East Asia/Pacific have made the most progress

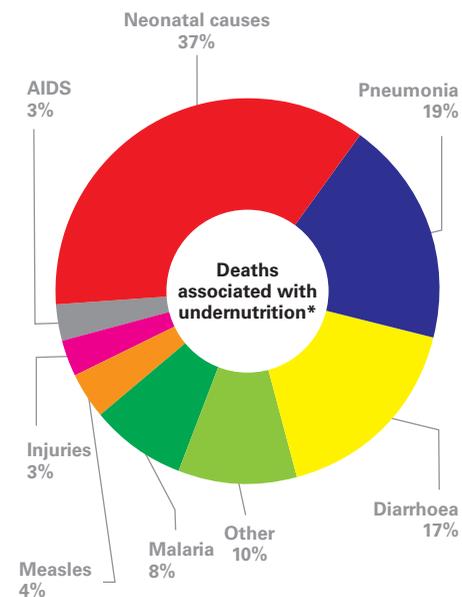
Average annual rate of reduction (AARR) in the under-five mortality rate (U5MR) observed for 1990–2006 and required during 2007–2015

	U5MR		AARR (%)		Progress towards the MDG target
	1990	2006	Observed 1990–2006	Required 2007–2015	
Sub-Saharan Africa	187	160	1.0	10.5	insufficient progress
Eastern/Southern Africa	165	131	1.4	9.6	insufficient progress
West/Central Africa	208	186	0.7	11.0	no progress
Middle East/North Africa	79	46	3.4	6.2	insufficient progress
South Asia	123	83	2.5	7.8	insufficient progress
East Asia/Pacific	55	29	4.0	5.1	on track
Latin America/Caribbean	55	27	4.4	4.3	on track
CEE/CIS	53	27	4.2	4.7	on track
Industrialized countries	10	6	3.2	6.6	on track
Developing countries	103	79	1.7	9.3	insufficient progress
World	93	72	1.6	9.4	insufficient progress

Source for figures on pages 18–19: UNICEF estimates based on the work of the Inter-agency Child Mortality Estimation Group. Disparity analysis based on household survey data (MICS and DHS) collected in 63 developing countries during 2000–2006. Under-five mortality by cause: Child Health Epidemiology Reference Group (CHERG).

MAJOR CAUSES OF CHILD MORTALITY

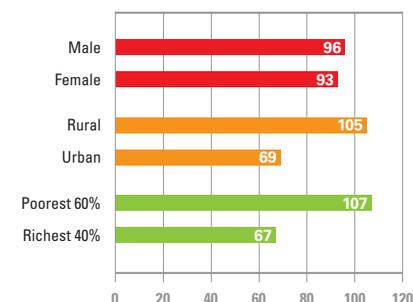
Global distribution of under-five deaths by cause (2000–2003)



* Undernutrition has been estimated to be an underlying cause in up to half of all under-five deaths. This estimate will be revised in 2008.

CHILD MORTALITY IS HIGHER AMONG CHILDREN LIVING IN RURAL AREAS AND IN THE POOREST HOUSEHOLDS

Under-five mortality rate (per 1,000 live births) by background characteristics (1998–2006)



MDG indicator: Proportion of one-year-old children immunized against measles

World Fit for Children target: Reduce deaths due to measles by half by 2005

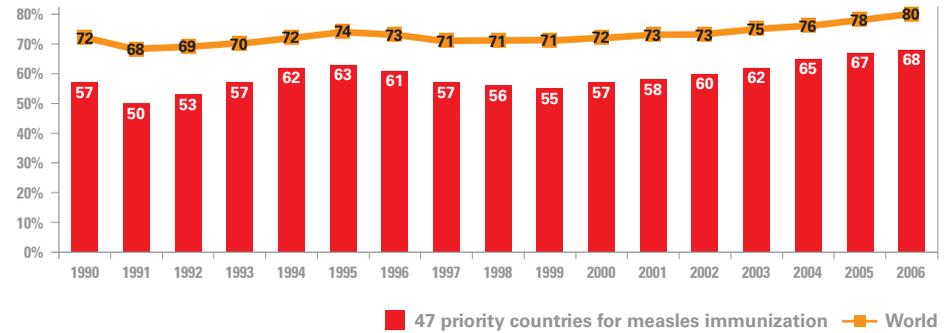
The combination of improved routine measles immunization coverage and follow-up campaigns providing a second opportunity for children to be immunized has led to a steep reduction in the number of measles deaths: by 60 per cent worldwide and by 75 per cent in sub-Saharan Africa between 1999 and 2005. Thus, the World Fit for Children target has been met. The challenge now lies in reducing measles mortality by 90 per cent by 2010, a goal established by UNICEF and the World Health Organization.

Measles is one of the leading causes of vaccine-preventable child mortality, with 95 per cent of deaths occurring in 47 countries. Two doses of measles vaccine effectively protect children against the disease.

World Fit for Children targets include the immunization of all children against diphtheria, pertussis and tetanus, polio and maternal/neonatal tetanus – as well as providing access to new vaccines. Globally, coverage of the third dose of combined diphtheria/pertussis/tetanus vaccine (DPT3) remains level, at around 79 per cent, and 80 per cent of newborns are protected against tetanus. Targets for eliminating maternal/neonatal tetanus and certifying the global eradication of polio by 2005 were not met.

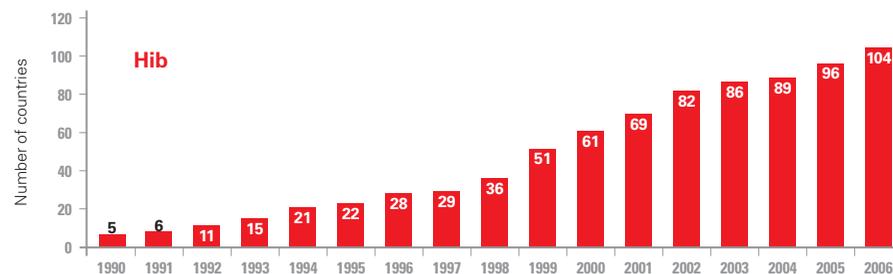
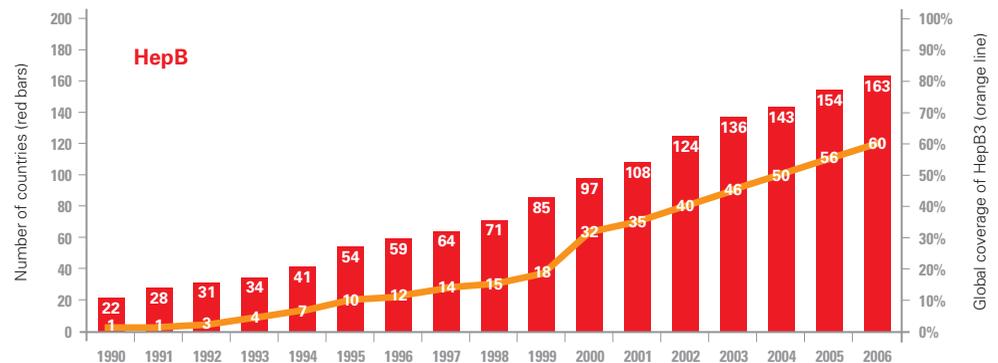
MEASLES IMMUNIZATION COVERAGE HAS INCREASED STEADILY SINCE 1990 IN 47 PRIORITY COUNTRIES AND WORLDWIDE

Trends in first-dose coverage of measles-containing vaccine (MCV; 1990–2006)

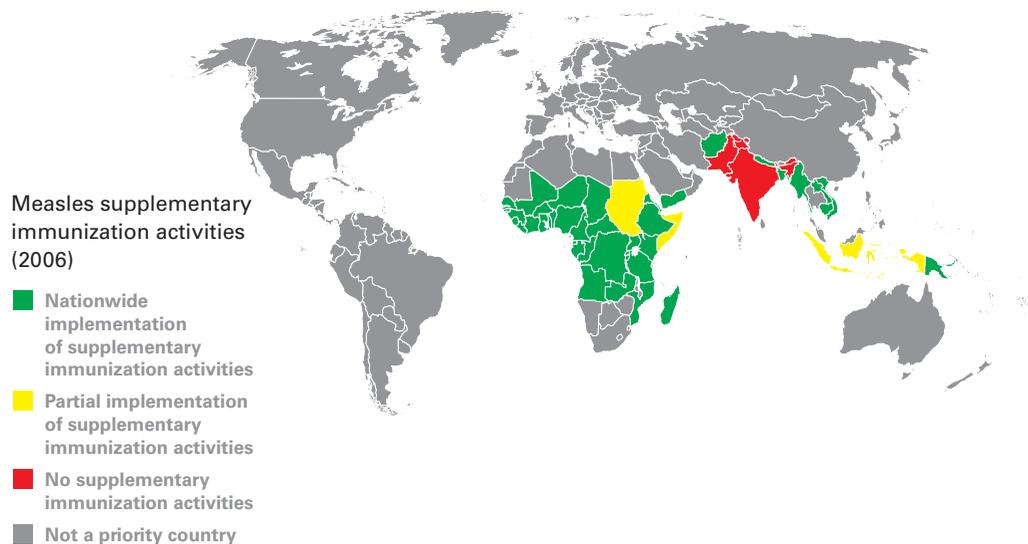


SINCE 1990, MOST COUNTRIES HAVE BEGUN IMMUNIZING AGAINST HEPATITIS B (HepB) AND HAEMOPHILUS INFLUENZAE TYPE B (Hib)

Number of countries that have introduced HepB and Hib into infant immunization schedules, with global percentage of target population reached with three doses of HepB vaccine (1990–2006)

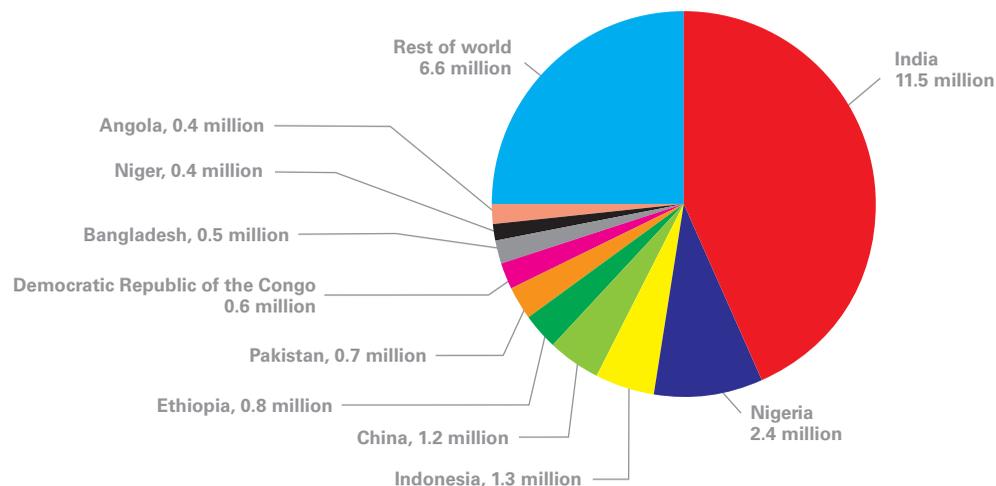


IN 2006, 42 OF 47 PRIORITY COUNTRIES WHERE MOST MEASLES DEATHS OCCUR COMPLETED SUPPLEMENTARY IMMUNIZATION ACTIVITIES
Only five priority countries did not offer measles supplementary immunization activities nationwide



OF THE WORLD'S 26 MILLION CHILDREN NOT IMMUNIZED WITH DPT3, 20 MILLION LIVE IN 10 COUNTRIES

Number of children not immunized with DPT3 (2006)



MEASLES IMMUNIZATION COVERAGE ROSE IN NEARLY EVERY REGION FROM 1990 TO 2006

	Coverage of MCV, first dose (%)	
	1990	2006
Sub-Saharan Africa	57	72
Eastern/Southern Africa	62	76
West/Central Africa	52	68
Middle East/North Africa	80	89
South Asia	56	65
East Asia/Pacific	89	89
Latin America/Caribbean	76	93
CEE/CIS	82	97
Industrialized countries	83	93
Developing countries	71	78
Least developed countries	56	74
World	72	80

Note: CEE/CIS earlier estimate is for 1992; 1990–1991 data were not available.

NUMBER OF POLIO CASES HAS DECLINED DRAMATICALLY SINCE 1990

	1990	2006
Number of polio-endemic countries	>110	4
Number of cases worldwide	23,366	2,000

World Fit for Children target: Reduce by one third deaths due to acute respiratory infections

Pneumonia kills more children than any other illness – more than AIDS, malaria and measles combined. Around 2 million children under five die from the disease each year – around one in five child deaths globally. In addition, up to 1 million more infants perish from severe infections, including pneumonia, during the neonatal period.

Preventing childhood pneumonia is critical to the MDG target of reducing child deaths. However, only about one in four caregivers knows the two key symptoms of pneumonia – fast breathing and difficult breathing – which indicate that a child should be treated immediately. More than half of under-fives with suspected pneumonia in the developing world are taken to appropriate health providers, but this proportion has increased little since 2000.

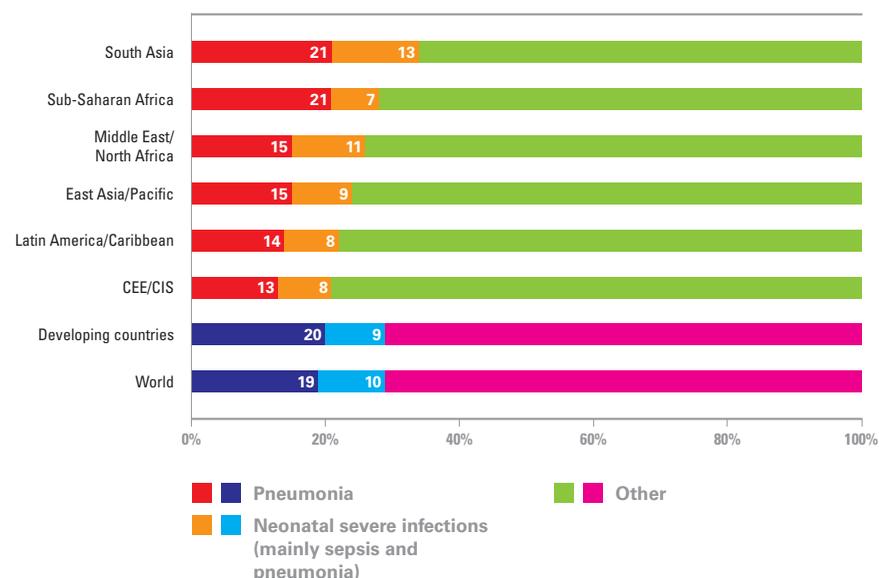
ANTIBIOTIC USE FOR PNEUMONIA: NEW DATA AVAILABLE

Percentage of children under five with suspected pneumonia who receive antibiotics in 36 countries (2005–2006)

Country	Percentage	Country	Percentage
Iraq	82	Tajikistan	41
The former Yugoslav Republic of Macedonia	74	Central African Republic	39
Bosnia and Herzegovina	73	Albania	38
Mongolia	71	Cameroon	38
Syrian Arab Republic	71	Trinidad and Tobago	34
Belarus	67	Ghana	33
Thailand	65	Kazakhstan	32
Gambia	61	Somalia	32
Algeria	59	Malawi	29
Montenegro	57	Burundi	26
Serbia	57	Togo	26
Uzbekistan	56	Nepal	25
Honduras	54	Bangladesh	22
Jamaica	52	Sierra Leone	21
Turkmenistan	50	Côte d'Ivoire	19
Kyrgyzstan	45	Burkina Faso	15
Djibouti	43	Armenia	11
Guinea-Bissau	42	Haiti	3

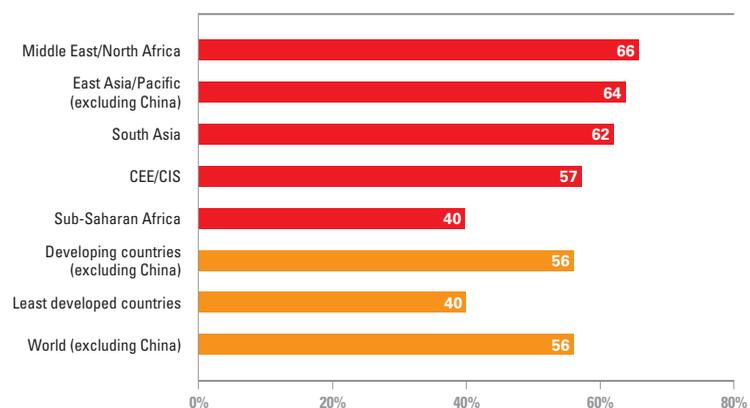
PNEUMONIA KILLS MORE CHILDREN WORLDWIDE THAN ANY OTHER SINGLE CAUSE

Percentage of under-five deaths due to pneumonia and neonatal severe infections, by region (2000–2003)



MORE THAN HALF OF ALL CHILDREN WITH PNEUMONIA ARE TAKEN TO APPROPRIATE HEALTH PROVIDERS

Percentage of children under five with suspected pneumonia who are taken to an appropriate health provider, by region (2000–2006)



Source for figures on this page: UNICEF global databases, 2007. Antibiotic use: Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS) in 36 countries, 2005–2006. Cause of death: Child Health Epidemiology Reference Group (CHERG), with additional analysis by UNICEF.

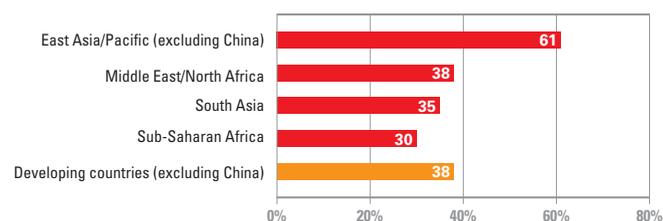
World Fit for Children target: Reduce by one half deaths due to diarrhoea among children under the age of five

Diarrhoeal diseases account for nearly 2 million deaths a year among children under five, making them the second most common cause of child death worldwide. For more than two decades, oral rehydration therapy (ORT) has been the cornerstone of treatment programmes for childhood diarrhoeal diseases. Recommendations on its use have changed over time, however, and there is thus a relative lack of comparable treatment data from the early to mid-1990s. Though limited, the data indicate that coverage of treatment for children under five appears to have improved significantly across the developing world (excluding China) over the past decade, including in many parts of sub-Saharan Africa. But coverage still remains too low.

Measures to prevent childhood diarrhoeal episodes include promoting exclusive breastfeeding, raising vitamin A supplementation rates, improving hygiene, increasing the use of improved sources of drinking water and sanitation facilities, promoting zinc intake and immunizing against rotavirus.

AROUND ONE THIRD OF CHILDREN WITH DIARRHOEAL DISEASES IN THE DEVELOPING WORLD RECEIVE THE RECOMMENDED TREATMENT

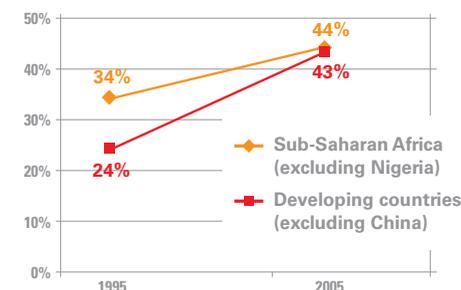
Percentage of children under five with diarrhoea who receive oral rehydration or increased fluids with continued feeding, by region (2000–2006)



Source for figures on this page: UNICEF global databases, 2007. Trend analysis is based on a subset of 31 developing countries where comparable trend data were available; the estimate for sub-Saharan Africa does not include Nigeria, and the estimate for developing countries does not include China. Disparity analysis is based on a subset of 83 countries where data on background characteristics were available.

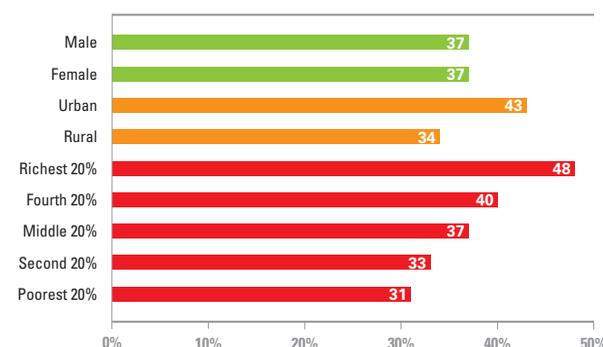
COVERAGE OF RECOMMENDED TREATMENT SIGNIFICANTLY INCREASED FROM 1995 TO 2005 Yet, data are limited

Percentage of children under five with diarrhoea receiving oral rehydration or increased fluids with continued feeding, based on an analysis of findings from 31 developing countries (1995–2005)



CHILDREN LIVING IN POOR HOUSEHOLDS AND IN RURAL AREAS ARE LESS LIKELY TO RECEIVE RECOMMENDED TREATMENT FOR DIARRHOEAL DISEASES

Percentage of children under five with diarrhoeal diseases receiving oral rehydration or increased fluids with continued feeding in developing countries, by background characteristics (2000–2006)



ORAL REHYDRATION THERAPY: CHANGING DEFINITIONS

Programme recommendations on treating diarrhoeal diseases have changed over time; they reflect a better understanding of what works at home and in the community. In the 1980s, the World Health Organization recommended treating diarrhoeal episodes with a solution of oral rehydration salts (ORS); subsequent research showed that home-made fluids – particularly those containing sodium and glucose, sucrose or other carbohydrates, like cereal-based solutions – could be just as effective. By the early 1990s, the importance of increasing fluids and continued feeding, and more recently, the use of zinc and low-osmolarity ORS in preventing and treating diarrhoeal episodes, has been emphasized.

Recommended treatment	Indicator used to monitor treatment
Oral rehydration therapy (ORT) (late 1980s to 1993)	Proportion of children under five with diarrhoea receiving oral rehydration salts (ORS) and/or recommended home-made fluids
Home management of diarrhoea (1993 to 2004)	Proportion of children under five with diarrhoea receiving increased fluids and continued feeding
ORT or increased fluids with continued feeding (2004 to present)	Proportion of children under five with diarrhoea receiving ORT (ORS and/or recommended home-made fluids) or increased fluids, as well as continued feeding

World Fit for Children target: Special emphasis must be placed on prenatal and postnatal care, essential obstetric care and care for newborns, particularly for those living in areas without access to services

Each year, around 4 million children die within the first 28 days of life – the newborn (neonatal) period. Given that these newborn deaths account for 37 per cent of all under-five deaths, improving neonatal survival is essential if MDG 4 – reduce child mortality – is to be reached.

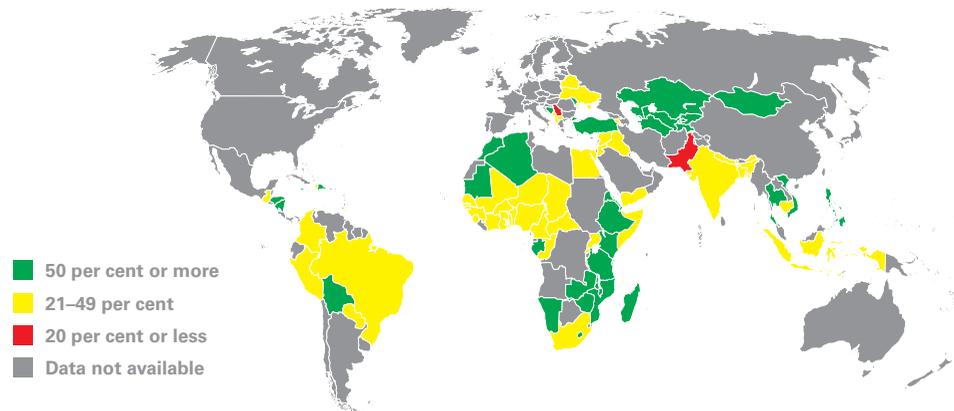
Reducing neonatal deaths requires improving women's health during pregnancy, providing appropriate care for both mother and newborn during and immediately after birth, and caring for the baby during the first weeks of life. Cost-effective, feasible interventions include initiating breastfeeding within one hour of birth, ensuring proper cord care, keeping the baby warm, recognizing danger signs and seeking care, and giving special care to infants with low birthweight. A continuum of care from pregnancy to early childhood should link community-based programmes to strengthened health systems.

Efforts to develop a core set of indicators to monitor newborn care interventions are under way. But more work is needed to finalize these indicators for inclusion in household surveys.

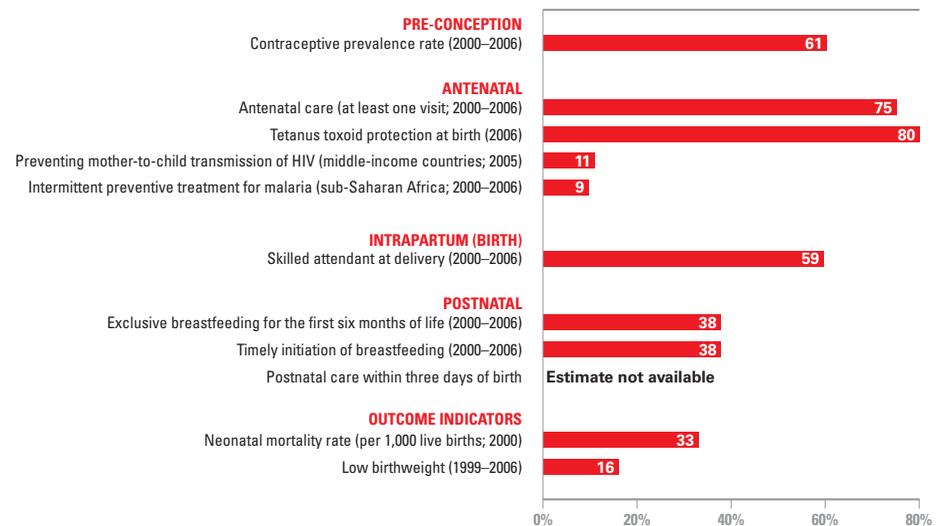
Note: Coverage of many interventions to improve neonatal survival is analysed elsewhere in this statistical review. For nutritional interventions such as exclusive breastfeeding for the first six months of life, see pages 10–11; for interventions during pregnancy and childbirth, see pages 28–29; for preventing mother-to-child transmission of HIV, see page 34.

INITIATION OF BREASTFEEDING WITHIN ONE HOUR OF BIRTH IS CRITICAL FOR NEWBORN HEALTH AND WELL-BEING

Percentage of women aged 15–49 who breastfed their infants within the first hour after birth (1990–2006)

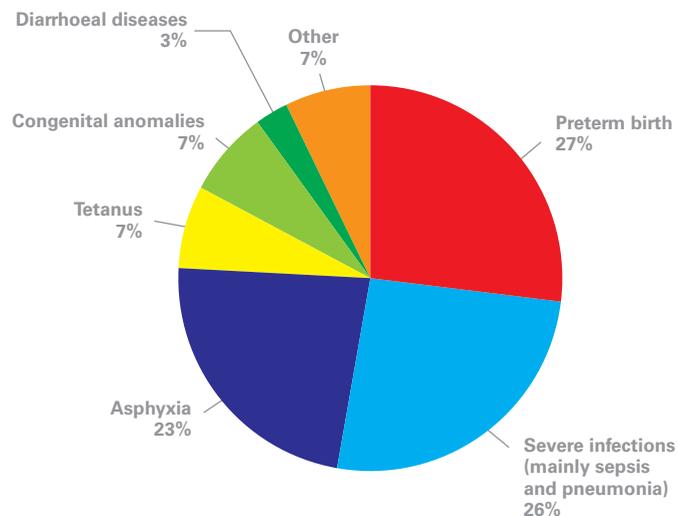


COVERAGE OF KEY NEONATAL SURVIVAL INTERVENTIONS IN THE DEVELOPING WORLD



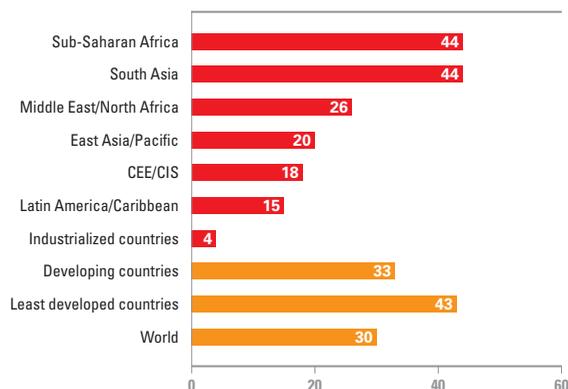
EACH YEAR, AROUND 4 MILLION NEWBORNS PERISH IN THE FIRST 28 DAYS OF LIFE

Global distribution of neonatal deaths by cause (2000)



NEWBORNS IN DEVELOPING COUNTRIES ARE EIGHT TIMES MORE LIKELY TO DIE THAN NEWBORNS IN INDUSTRIALIZED COUNTRIES

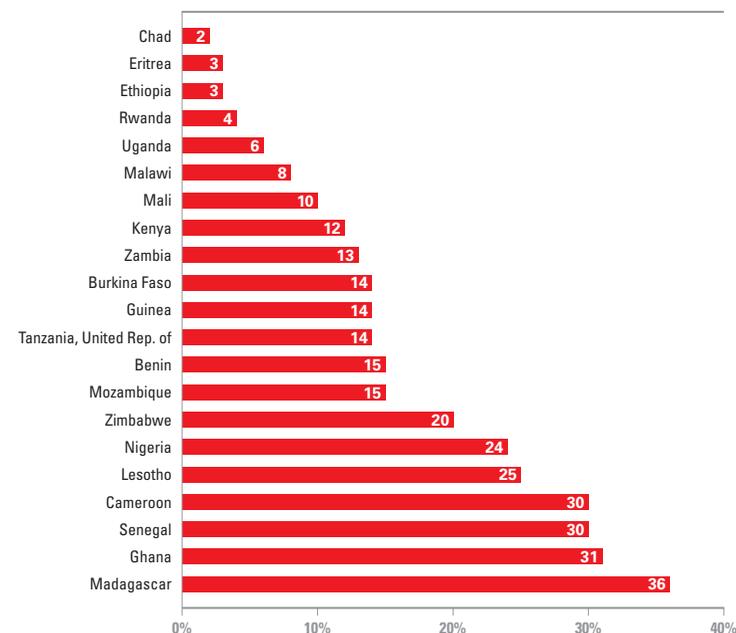
Neonatal mortality rate (per 1,000 live births), by region (2000)



Source for figures on pages 24–25: UNICEF global databases, 2007. Global distribution of neonatal deaths by cause: Lawn, Joy E., Simon Cousens and Jelka Zupans, '4 million neonatal deaths: When? Where? Why?' *The Lancet*, vol. 365, no. 9462, 3 March 2005, pp. 891–900. Key interventions: Darmstadt, G.L., et al., 'Evidence-based, cost-effective interventions: How many newborns can we save?' *The Lancet*, vol. 365, no. 9463, 12 March 2005, pp. 977–988.

FEW NEWBORNS RECEIVE POSTNATAL CARE IN SUB-SAHARAN AFRICA

Proportion of women who gave birth outside a health facility and received postnatal check-ups for their newborns within three days of birth (1999–2005)



KEY INTERVENTIONS FOR REDUCING NEONATAL MORTALITY AND MORBIDITY

Pre-conception	Folic acid supplementation
Antenatal	Syphilis screening and treatment Pre-eclampsia and eclampsia prevention Tetanus toxoid immunization Intermittent preventive treatment for malaria Detection and treatment of asymptomatic bacteriuria
Intrapartum (birth)	Antibiotics for preterm rupture of membranes Corticosteroids for preterm labour Detection and management of breech Labour surveillance for early diagnosis of complications Clean delivery practices
Postnatal	Resuscitation of newborn baby Breastfeeding Prevention and management of hypothermia Kangaroo mother care (for infants with low birthweight) in health facilities Community-based case management of pneumonia

MDG 5

IMPROVE MATERNAL HEALTH

MDG target: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

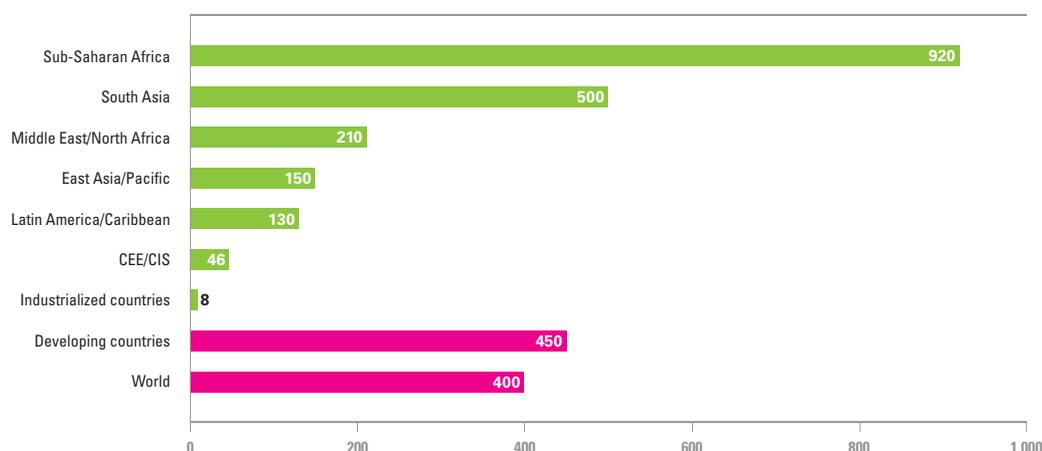
Maternal mortality

A review of recent evidence shows that while a number of middle-income countries have made progress in reducing maternal deaths, less progress has been achieved in low-income countries, particularly in sub-Saharan Africa. Across the developing world, maternal mortality levels remain too high, with more than 500,000 women dying every year as a result of complications during pregnancy and childbirth. About half of these deaths occur in sub-Saharan Africa and about one third occur in South Asia – the two regions together account for about 85 per cent of all maternal deaths. In sub-Saharan Africa, a woman's lifetime risk of maternal death is a staggering 1 in 22, compared with 1 in 8,000 in industrialized countries.

The causes of maternal death vary markedly across regions and countries. Haemorrhage is the leading cause of maternal death in sub-Saharan Africa and South Asia, while hypertensive disorders during pregnancy and labour play a more prominent role in Latin America/Caribbean. In industrialized countries, most deaths are due to other causes, including complications from anaesthesia and Caesarean sections.

MATERNAL MORTALITY IS HIGHEST IN SUB-SAHARAN AFRICA AND SOUTH ASIA

Maternal mortality ratios per 100,000 live births, by region (2005)



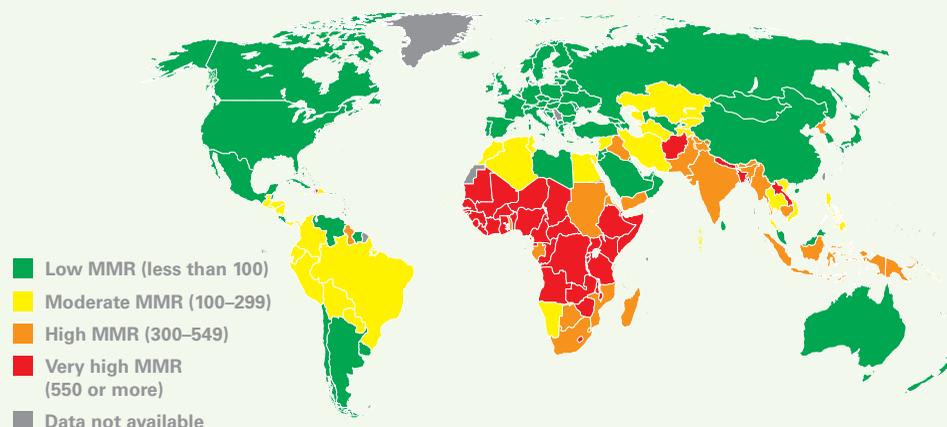
LIFETIME RISK OF MATERNAL DEATH IS 1 IN 22 IN SUB-SAHARAN AFRICA, 1 IN 8,000 IN INDUSTRIALIZED COUNTRIES

Lifetime risk of maternal death, by region (2005)

Lifetime risk of maternal death	1 in:
Sub-Saharan Africa	22
Eastern/Southern Africa	29
West/Central Africa	17
Middle East/North Africa	140
South Asia	59
East Asia/Pacific	350
Latin America/Caribbean	280
CEE/CIS	1,300
Industrialized countries	8,000
Developing countries	76
Least developed countries	24
World	92

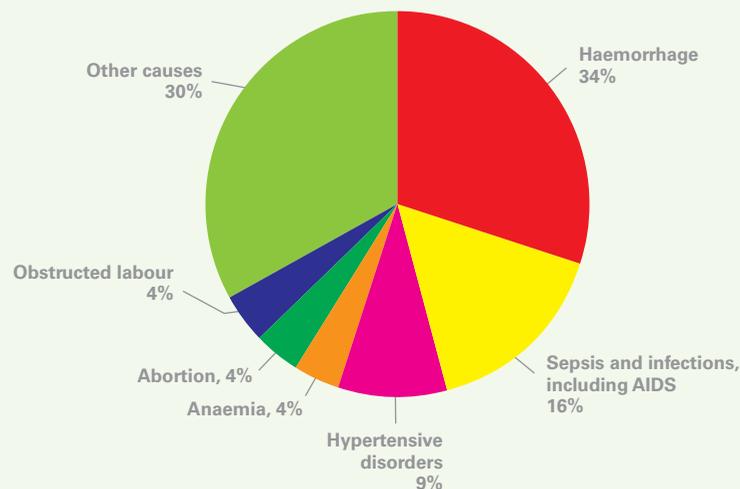
MATERNAL MORTALITY IS HIGHEST IN COUNTRIES OF SUB-SAHARAN AFRICA AND SOUTH ASIA

Maternal mortality ratios (MMR) per 100,000 live births (2005)



HAEMORRHAGE CAUSES MORE THAN ONE THIRD OF MATERNAL DEATHS IN AFRICA

Per cent distribution of maternal deaths in Africa, by cause (1997–2002)



Note: Other causes of maternal death include ectopic pregnancy, embolism, other direct and indirect causes, and unclassified deaths. Percentages in the pie chart do not total 100% because of rounding.

Source for figures on pages 26–27: World Health Organization, UNICEF, United Nations Population Fund and the World Bank, *Maternal Mortality in 2005*, 2007. Causes of maternal death: Khan, Khalid S., et al., 'WHO Analysis of Causes of Maternal Deaths: A Systematic Review', *The Lancet*, vol. 367, no. 9516, 1 April 2006, pp. 1066–1074.

CHALLENGES TO MEASURING MATERNAL MORTALITY

Maternal mortality is difficult and complex to monitor, particularly in settings where the levels of maternal deaths are highest. Information is required about deaths among women of reproductive age, their pregnancy status at or near the time of death and the medical cause of death – all of which can be difficult to measure accurately, particularly where vital registration systems are incomplete. Maternal deaths are also relatively rare events, even in high-mortality areas, and are prone to measurement error. Therefore, the World Health Organization, UNICEF, the United Nations Population Fund and the World Bank have developed an approach to adjusting these data for underreporting and misclassification and producing model-based estimates for countries that lack reliable national-level data. These estimates (for the year 2005) are presented in this statistical review.

Trend analysis over time is problematic because of the large margins of uncertainty around the estimates. Nevertheless, a recent analysis of trends in maternal mortality based on 1990 and 2005 estimates shows that maternal mortality has decreased globally, although not at the rate needed to achieve MDG 5. The analysis finds, too, that during this period little progress was made in sub-Saharan Africa, the region with the highest levels of maternal mortality.

MDG target: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Skilled attendance at delivery is critical to reducing maternal deaths, and since 1995 every region of the developing world has made progress in increasing coverage. Overall, nearly 60 per cent of births in the developing world are attended by skilled health personnel (doctor, nurse or midwife). The lowest proportion of skilled birth attendance is found in sub-Saharan Africa (43 per cent) and South Asia (41 per cent), which are also the two regions with the greatest number of maternal deaths.

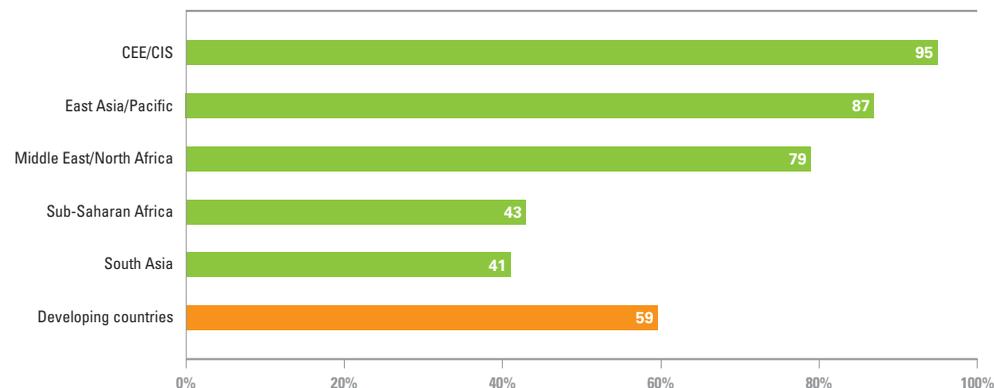
The antenatal period is an important time for reaching pregnant women with a number of interventions essential to their health and well-being and that of their infants. Every region made progress in coverage of antenatal care for women at least once during pregnancy. In the developing world as a whole, the proportion of women receiving antenatal care increased from 60 per cent in around 1995 to 75 per cent in around 2005. Many of these women, however, attend fewer than the four antenatal care visits recommended by UNICEF and the World Health Organization.

While contraceptive prevalence among women who are married or living in union is relatively high (61 per cent) across the developing world, sub-Saharan Africa lags far behind, with only 23 per cent of married women using any form of contraception.

NEARLY 60 PER CENT OF BIRTHS IN THE DEVELOPING WORLD ARE ATTENDED BY SKILLED HEALTH PERSONNEL

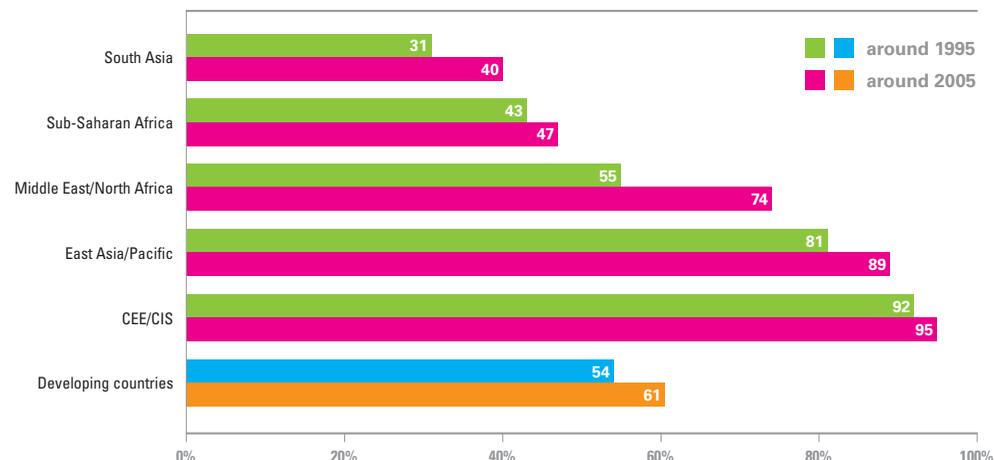
Sub-Saharan Africa and South Asia lag behind other regions

Percentage of births attended by skilled health personnel, by region (2000–2006)



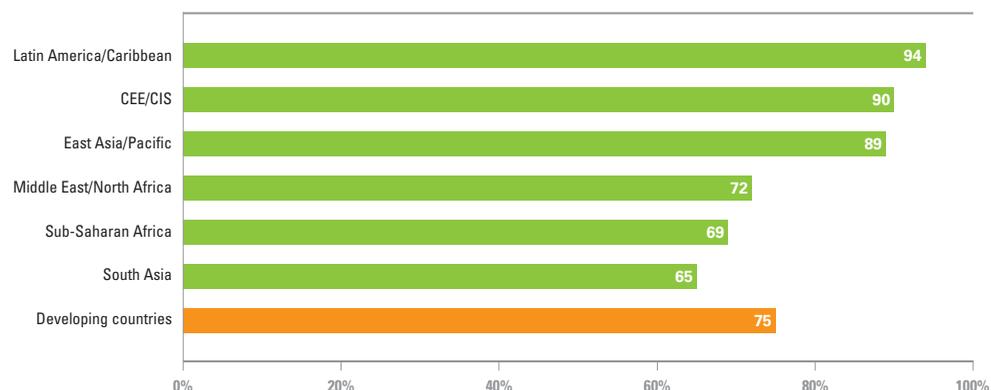
ALL DEVELOPING REGIONS HAVE INCREASED COVERAGE OF SKILLED DELIVERY ATTENDANCE DURING THE PAST DECADE

Trends in the percentage of births attended by skilled health personnel, by region, based on a subset of 80 countries with trend data (around 1995 and around 2005)



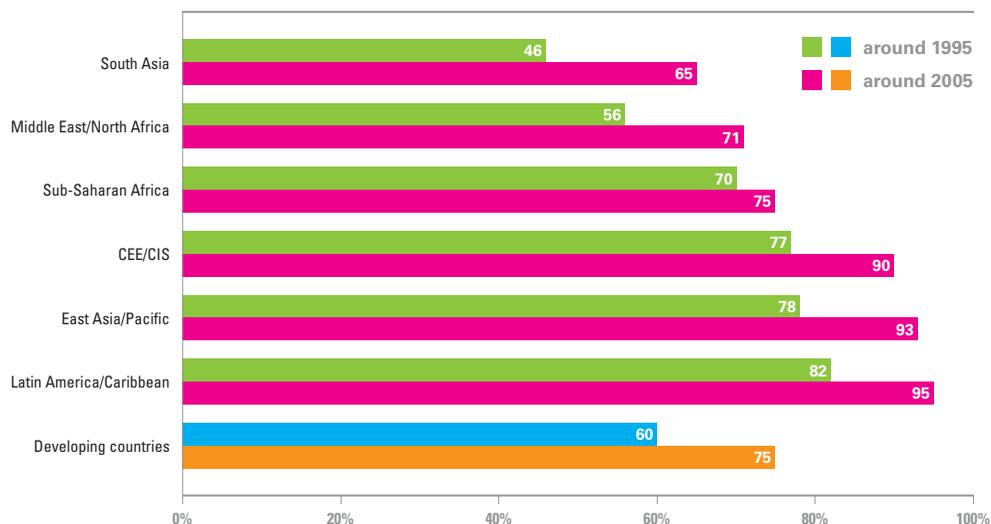
THREE QUARTERS OF WOMEN IN THE DEVELOPING WORLD ATTENDED BY A SKILLED HEALTH PROVIDER AT LEAST ONCE DURING PREGNANCY

Percentage of women aged 15–49 attended at least once during pregnancy by a skilled health provider, by region (2000–2006)



ALL DEVELOPING REGIONS HAVE INCREASED COVERAGE OF ANTENATAL CARE DURING THE PAST DECADE

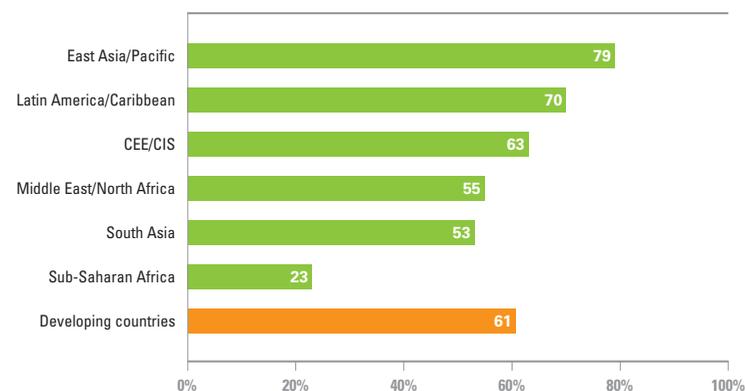
Trends in the percentage of women aged 15–49 attended at least once during pregnancy by a skilled health provider, by region, based on a subset of 67 countries with trend data (around 1995 and around 2005)



CONTRACEPTIVE USE IS LOWEST IN SUB-SAHARAN AFRICA

Less than one quarter of African women plan their pregnancies

Percentage of women aged 15–49 married or in union using any method of contraception, by region (2000–2006)



Sources for figures on pages 28–29: Skilled attendance at delivery: UNICEF global databases, 2007; trend analysis is based on a subset of 80 countries with available trend data for around 1995 and around 2005. Antenatal care: UNICEF global databases, 2007; trend analysis is based on a subset of 67 countries with available trend data for around 1995 and around 2005. Contraceptive prevalence: UNICEF global databases, 2007.

MDG 6

COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES

MDG target: Have halted by 2015 and begun to reverse the spread of HIV and AIDS

MDG indicator: HIV prevalence among young people aged 15–24

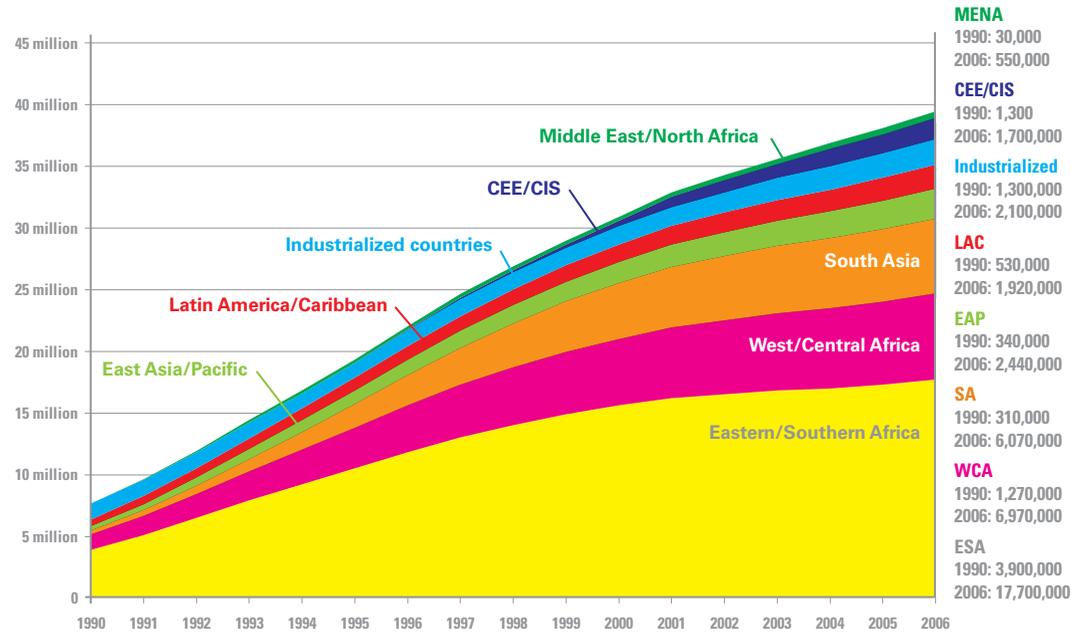
HIV prevalence

The number of people living with HIV worldwide has continued to rise, and more than 10 million people aged 15–24 are infected with HIV. About 95 per cent of people living with HIV reside in low- and middle-income countries, and almost two thirds of them are in sub-Saharan Africa. An estimated 2.9 million people died of AIDS-related illnesses in 2006.

In many countries, new infections are heavily concentrated among young people aged 15–24, who accounted for 40 per cent of the 4.3 million new HIV infections in 2006. New evidence suggests declining HIV prevalence in Kenya, in rural areas of Botswana and in urban areas of Côte d'Ivoire, Malawi and Zimbabwe as a result, at least in part, of young people adopting safer sexual behaviours. These trends are not yet widespread or strong enough to turn the tide, but preventing HIV infection among young people and adolescents is key to an effective response.

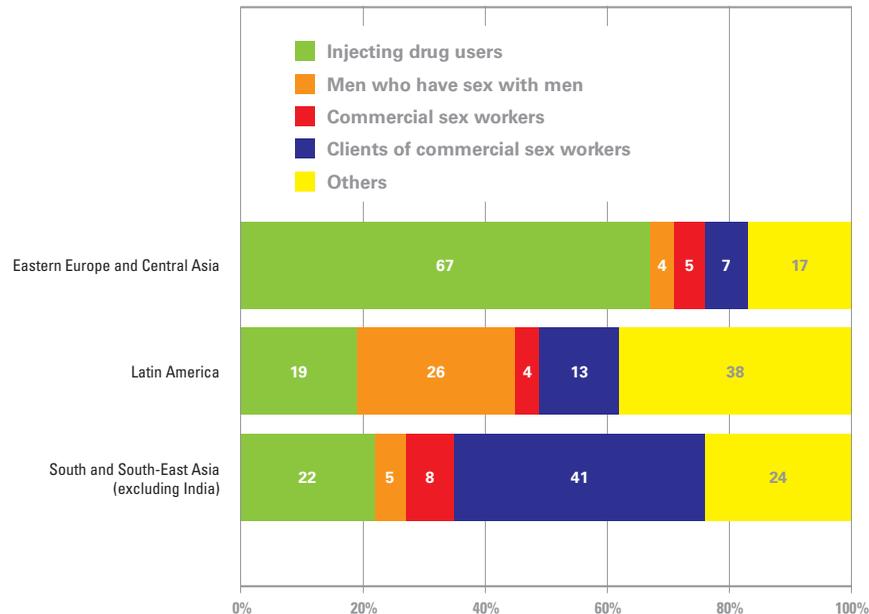
SUB-SAHARAN AFRICA HAS THE MOST PEOPLE LIVING WITH HIV

Estimated number of people living with HIV, by region (1990–2006)



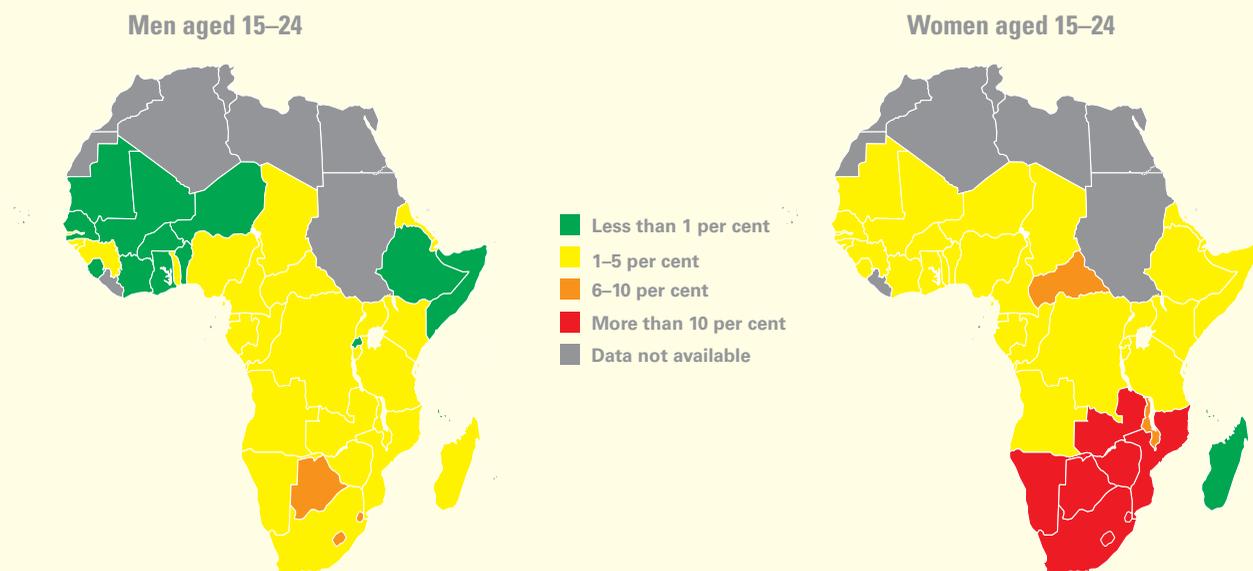
OUTSIDE SUB-SAHARAN AFRICA, SPECIFIC SUBPOPULATIONS ARE MOST AT RISK OF HIV INFECTION

Per cent distribution of HIV infections in subpopulations in regions with low and concentrated epidemics (2005)



IN SUB-SAHARAN AFRICA, YOUNG WOMEN ARE MORE LIKELY THAN YOUNG MEN TO BECOME INFECTED WITH HIV

HIV prevalence in men and women aged 15–24 in sub-Saharan Africa (2000–2006)



FACTS ABOUT AIDS

- An estimated 39.5 million people were infected with HIV in 2006.
- More than 40 per cent of people infected with HIV are women. An estimated 75 per cent of women infected with HIV live in sub-Saharan Africa.
- An estimated 15.2 million children have been orphaned because of AIDS, and about 80 per cent of them live in sub-Saharan Africa.
- Some 40 per cent of new HIV infections occur in young people between the ages of 15 and 24.

MDG indicators: Percentage of young people aged 15–24 with comprehensive correct knowledge of HIV; percentage of young people aged 15–24 using a condom at last higher-risk sexual activity

Many young people are not aware of their vulnerability to HIV or do not understand the best ways to prevent becoming infected. Among 15- to 24-year-olds living in low- and middle-income countries, only 24 per cent have comprehensive and correct knowledge of HIV – far short of targets of 90 per cent by 2005 and 95 per cent by 2010. In 9 of 78 countries reporting these data, at least 50 per cent of young men or women have comprehensive correct knowledge of HIV. Many people in this age group engage in unsafe behaviour. Condom use during higher-risk sex is increasing but still very low, ranging from 31 per cent among young women to 47 per cent among young men in sub-Saharan Africa, for example.

CONDOM USE DURING HIGHER-RISK SEXUAL ACTIVITY

Number of low- and middle-income countries reporting percentages of condom use at last higher-risk sexual activity among young men and women (2000–2006)

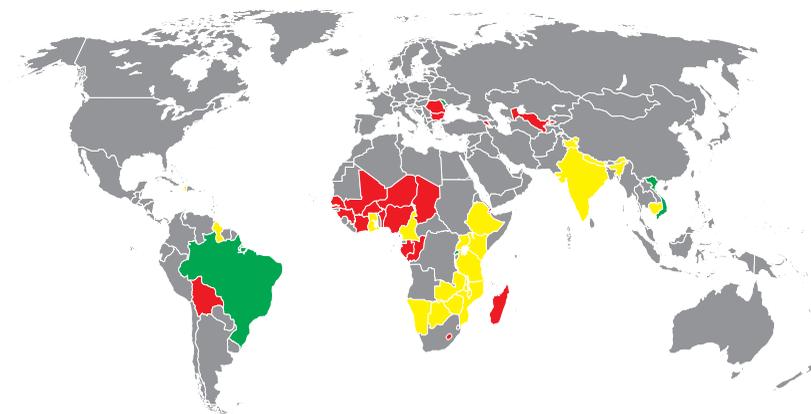
Percentage using condoms	Number of countries reporting condom use at last higher-risk sexual activity	
	among men aged 15–24	among women aged 15–24
Less than 50 per cent	17	35
50–69 per cent	18	16
70 per cent or more	6	4
Data not available	18	4

Note: Higher-risk sex is defined as sex with a non-marital, non-cohabitating partner or sex with multiple sexual partners. Condom use during higher-risk sex is a proxy for safer sexual practices. A total of 59 low- and middle-income countries conducted population-based surveys in 2000–2006.

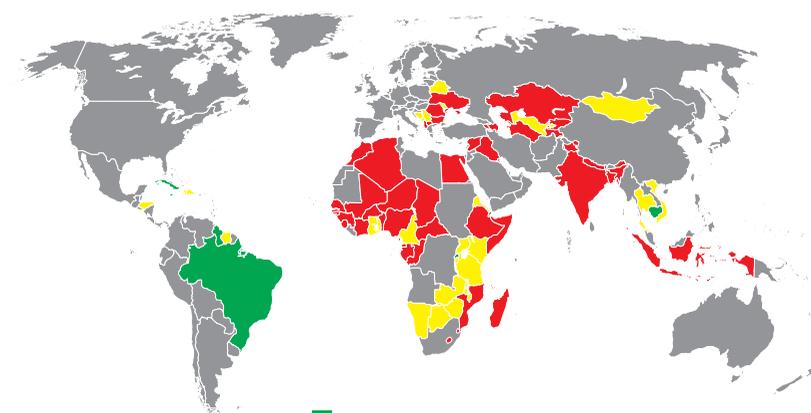
ONLY NINE COUNTRIES IN THE DEVELOPING WORLD HAVE HIV KNOWLEDGE LEVELS OF 50 PER CENT OR MORE

Percentage of men and women aged 15–24 with comprehensive correct knowledge of HIV, in 78 low- and middle-income countries (2000–2006)

Men aged 15–24



Women aged 15–24



■ 50 per cent or more
■ 30–49 per cent
■ Less than 30 per cent
■ Data not available

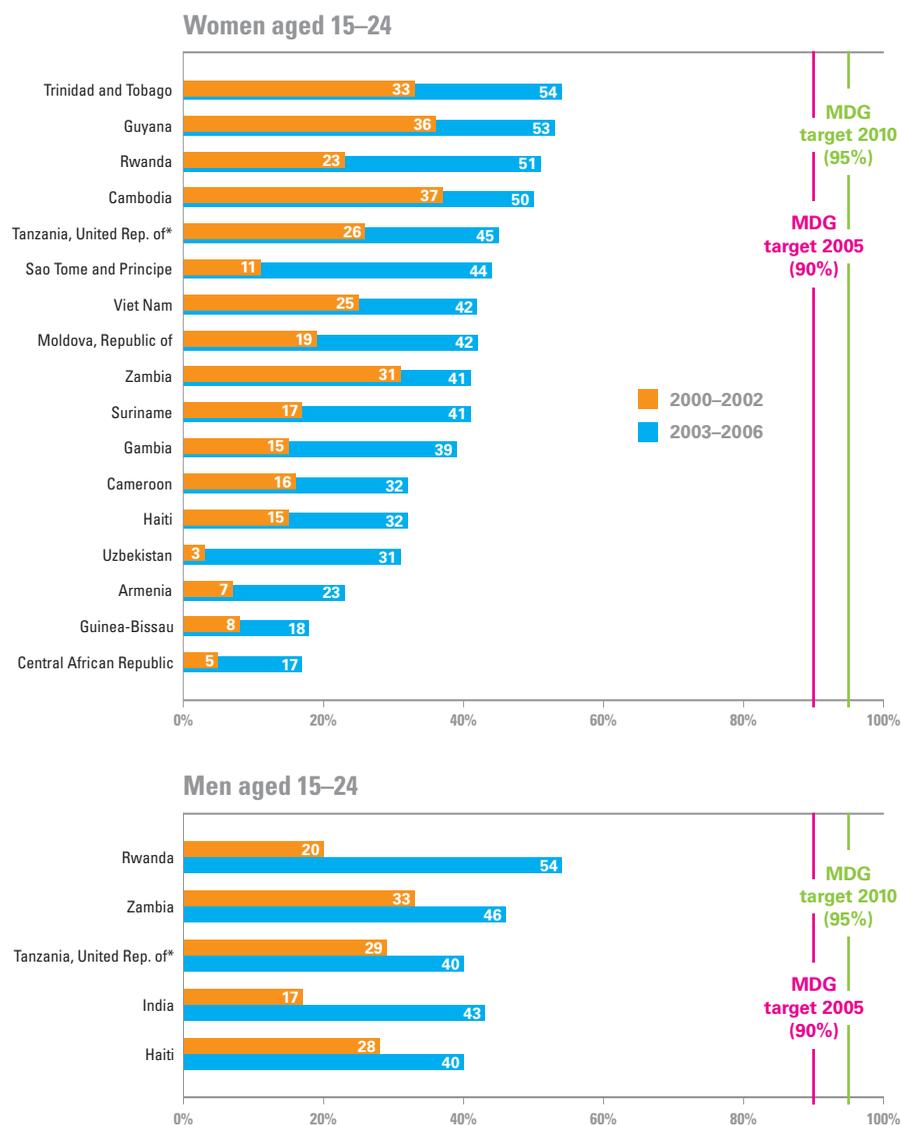
Note: Comprehensive knowledge is defined as correctly identifying the two major ways of preventing sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), rejecting the two most common local misconceptions about HIV transmission and knowing that a healthy-looking person can transmit HIV.

Source for figures on pages 32–33: UNICEF global databases, 2007.

FEW COUNTRIES HAVE HIV KNOWLEDGE LEVELS OF 50 PER CENT OR MORE

Yet, comprehensive correct knowledge has increased significantly among young women in 17 countries and young men in 5 countries

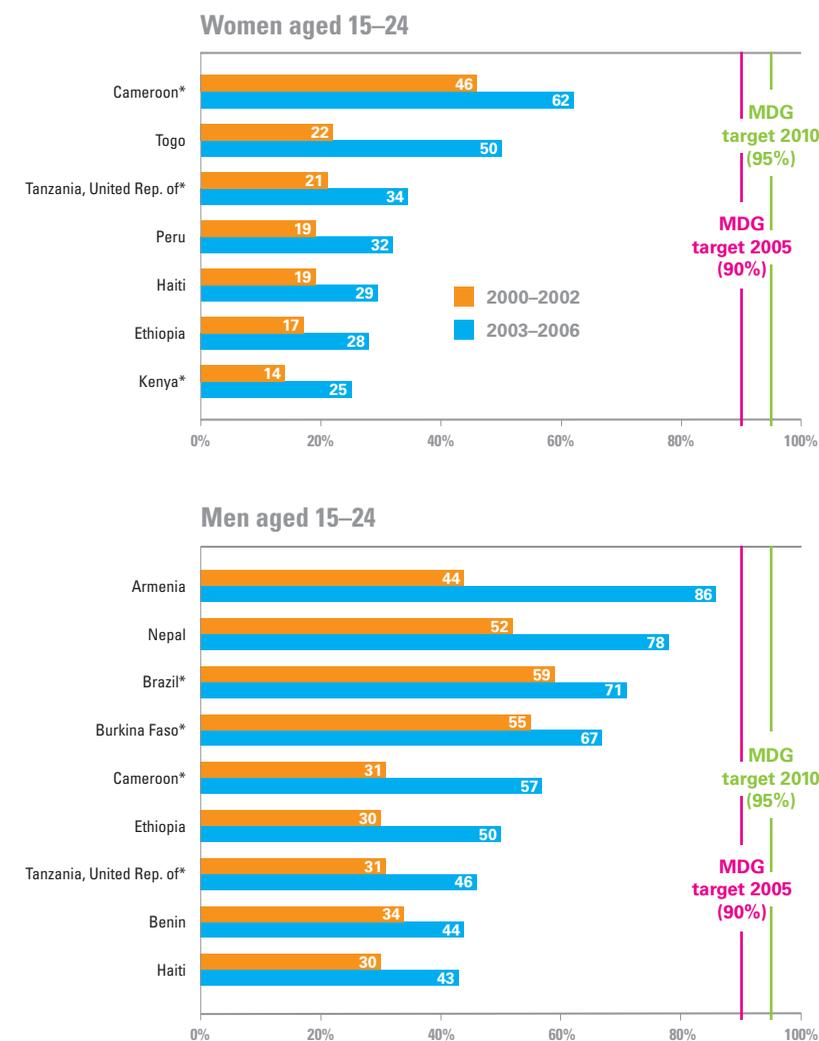
Percentage of young people with comprehensive correct knowledge of HIV, in countries where such knowledge has increased by at least 10 percentage points (2000–2006)



CONDOM USE DURING HIGHER-RISK SEXUAL ACTIVITY IS SLOWLY INCREASING

Use increased significantly among young women in 7 countries and young men in 9 countries

Percentage of young people using condoms at last higher-risk sexual activity, in countries where such condom use increased by at least 10 percentage points (2000–2006)



Note: In countries marked with an asterisk (*), data for 2000–2002 refer to years earlier than those specified in the key.

World Fit for Children goal: Reduce the proportion of infants infected with HIV by 20 per cent by 2005 and by 50 per cent by 2010

Preventing mother-to-child transmission of HIV (PMTCT)

World Fit for Children indicator: Percentage of HIV-infected pregnant women who received antiretroviral therapy to reduce the risk of mother-to-child transmission of HIV

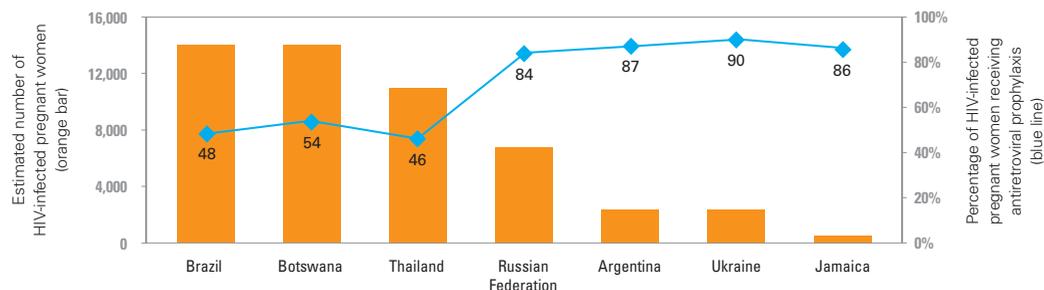
In 2005, an estimated 2.1 million pregnant women were living with HIV. More than 90 per cent of HIV infections in infants and children are passed on by the mother during pregnancy, labour, delivery or breastfeeding. Only 11 per cent of women who are infected with HIV in low- and middle-income countries are estimated to have access to antiretroviral prophylaxis to reduce the risk of transmitting the virus to their infants.

Providing paediatric treatment

World Fit for Children indicator: Percentage of children 0–14 years old with advanced HIV infection receiving antiretroviral therapy

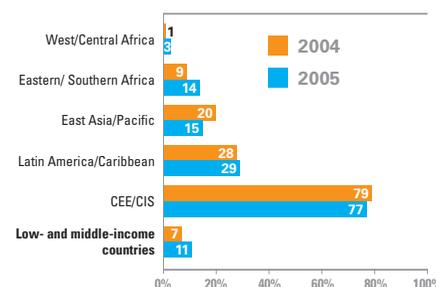
An estimated 2.3 million children were living with HIV in 2006. Without treatment, 50 per cent of infants who are infected will die before age two. In 2006, an estimated 380,000 children died of largely preventable AIDS-related causes; only about 15 per cent of children in need received antiretroviral treatment.

ONLY SEVEN COUNTRIES PROVIDED ANTIRETROVIRAL PROPHYLAXIS FOR PMTCT TO MORE THAN 40 PER CENT OF HIV-INFECTED PREGNANT WOMEN IN 2005



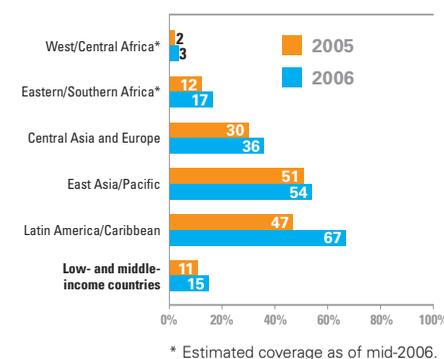
ONLY ABOUT 1 IN 10 HIV-INFECTED PREGNANT WOMEN IN LOW- AND MIDDLE-INCOME COUNTRIES RECEIVED ANTIRETROVIRAL PROPHYLAXIS FOR PMTCT

Percentage of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT, by region (2005)



ACCESS TO ANTIRETROVIRAL TREATMENT FOR CHILDREN IS INCREASING IN MUCH OF THE WORLD

Percentage of children under 15 in need of antiretroviral treatment who are receiving it, by region (2006)



IN NINE COUNTRIES, MORE THAN ONE THIRD OF CHILDREN IN NEED OF ANTIRETROVIRAL TREATMENT RECEIVED IT IN 2006

Country	Estimated number of children living with HIV	Percentage of children in need receiving antiretroviral treatment
Brazil	9,000	95%
Thailand	6,637	95%
Botswana	7,100	95%
Cambodia	1,671	94%
Argentina	2,200	86%
Namibia	4,900	71%
Guatemala	1,600	51%
Rwanda	6,900	35%
Honduras	1,700	34%

Source for figures on this page: UNICEF/WHO, Report Card on PMTCT and Paediatric HIV Care, 2006; WHO, UNICEF and UNAIDS, Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector, Progress report, April 2007.

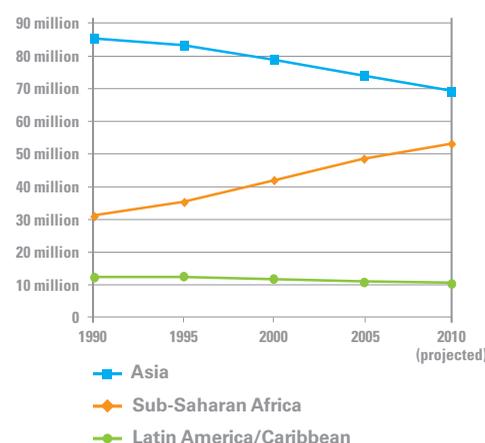
MDG indicator: Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years

As of 2005, an estimated 15.2 million children worldwide had lost one or both parents to AIDS. Some 80 per cent of these children live in sub-Saharan Africa. It is estimated that by 2010 more than 20 million children will have been orphaned by AIDS.

Orphans and vulnerable children face grave risks to their education, health and well-being, and support for them remains low. Yet, access to education is improving in several countries. The care of orphans and vulnerable children should be a priority in national strategic planning, with communities and families the primary beneficiaries of an increased global response.

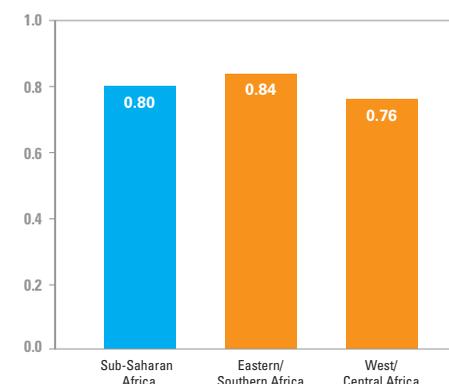
DECLINE IN THE NUMBER OF CHILDREN ORPHANED BY ALL CAUSES, INCLUDING AIDS, IN ALL REGIONS EXCEPT SUB-SAHARAN AFRICA

Number of children under 18 who have lost one or both parents to AIDS or any other cause, by region (1990–2005, with 2010 projection)



AFRICAN CHILDREN WHO HAVE LOST BOTH PARENTS ARE LESS LIKELY TO BE IN SCHOOL THAN CHILDREN LIVING WITH ONE OR BOTH PARENTS

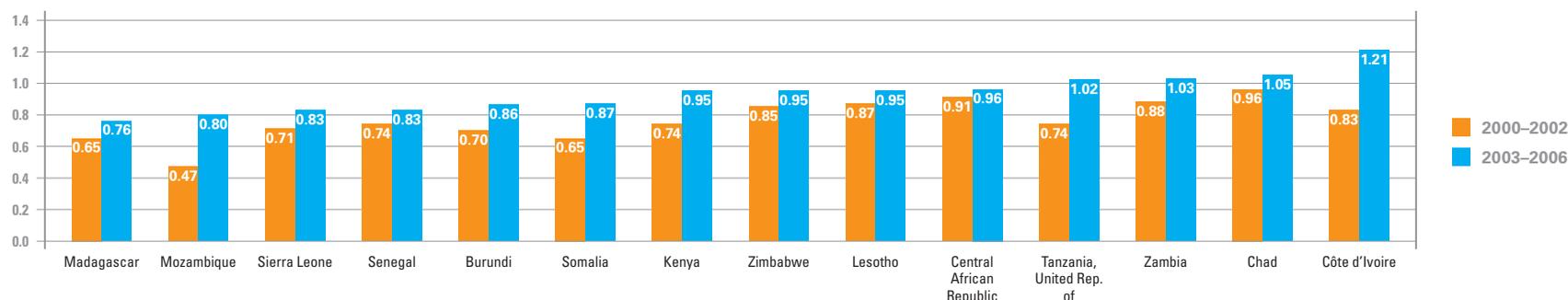
Orphan school attendance ratio: Orphans aged 10–14 attending school as a percentage of non-orphans in school, sub-Saharan Africa (2000–2006)



Note: A ratio of 1.0 means that the percentages of orphans attending school and non-orphans attending school are equal. A ratio below 1.0 means that the percentage of orphans attending school is less than the percentage of non-orphans attending school.

SEVERAL AFRICAN COUNTRIES HAVE MADE SIGNIFICANT ACHIEVEMENTS IN MEETING THE EDUCATION NEEDS OF CHILDREN ORPHANED BY AIDS

Orphan school attendance ratios in countries where the ratio has increased by at least 0.05 points (2000–2006)



MDG 6

COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES

MDG target: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Malaria prevention and treatment

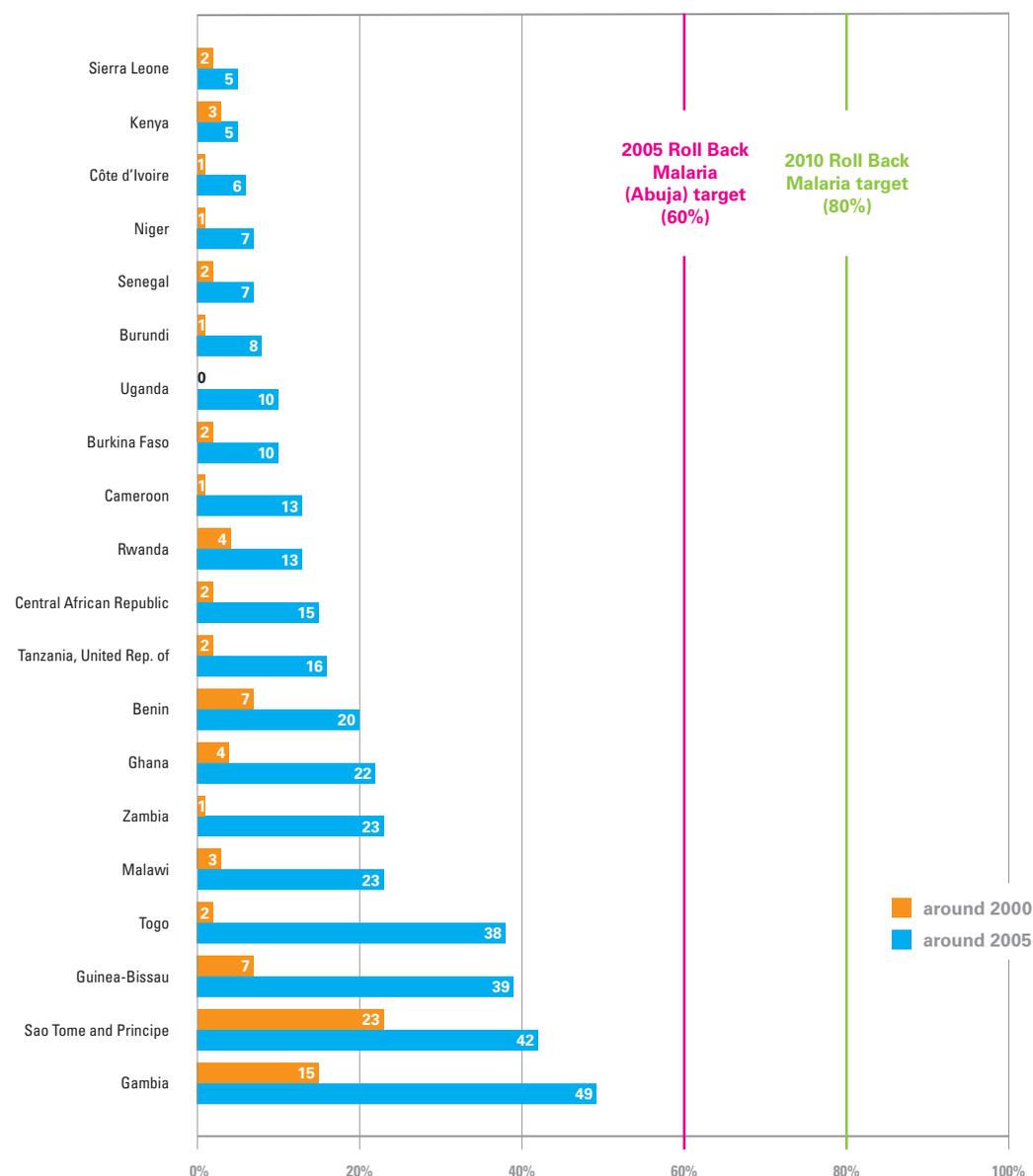
International funding for malaria control increased more than tenfold over the past decade, leading to rapid scaling up of key interventions, notably the use of insecticide-treated mosquito nets (ITNs).

Malaria kills more than a million people each year. Around 80 per cent of these deaths occur in sub-Saharan Africa among children under five. All African countries with trend data on the use of insecticide-treated nets have expanded coverage, and 16 of 20 countries have at least tripled coverage since 2000. But overall levels remain relatively low, and most countries are falling short of global malaria goals.

Some 34 per cent of children with fever in sub-Saharan Africa are treated with antimalarials, but many children are still using chloroquine, which is less effective. As a result, nearly all African countries have adopted the more effective artemisinin-based combination therapy as the first-line treatment.

SUB-SAHARAN COUNTRIES ARE MAKING RAPID PROGRESS IN SCALING UP THE USE OF INSECTICIDE-TREATED NETS

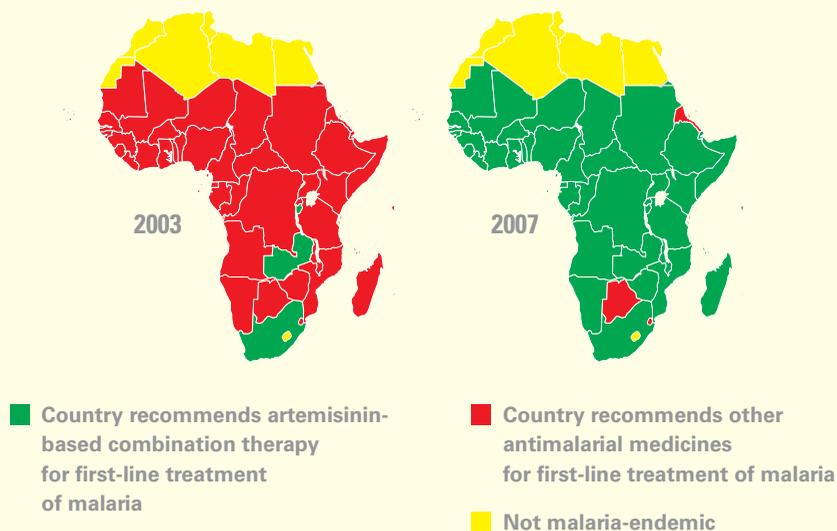
Percentage of children under five sleeping under insecticide-treated nets, all sub-Saharan countries where trend data were available (around 2000 and 2005)



Source for figures on pages 36-37: UNICEF global databases, 2007. Drug policy: UNICEF/WHO, *Africa Malaria Report 2003*, and WHO Global Malaria Programme 2007. ITN procurement: UNICEF Supply Division, 2007.

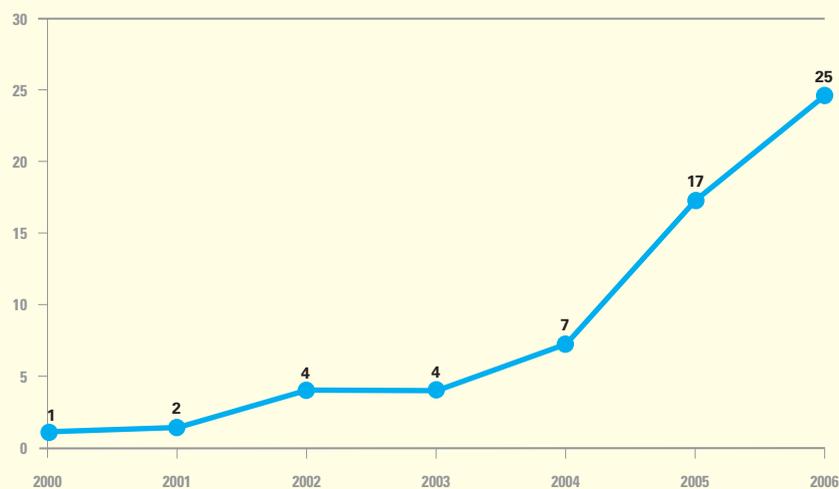
AFRICAN COUNTRIES HAVE MOVED QUICKLY TO CHANGE DRUG POLICIES TO MORE EFFECTIVELY TREAT MALARIA

Country drug policy recommendations on first-line treatment for uncomplicated malaria (January 2003 and April 2007)



GLOBAL PROCUREMENT OF MOSQUITO NETS IS RAPIDLY INCREASING

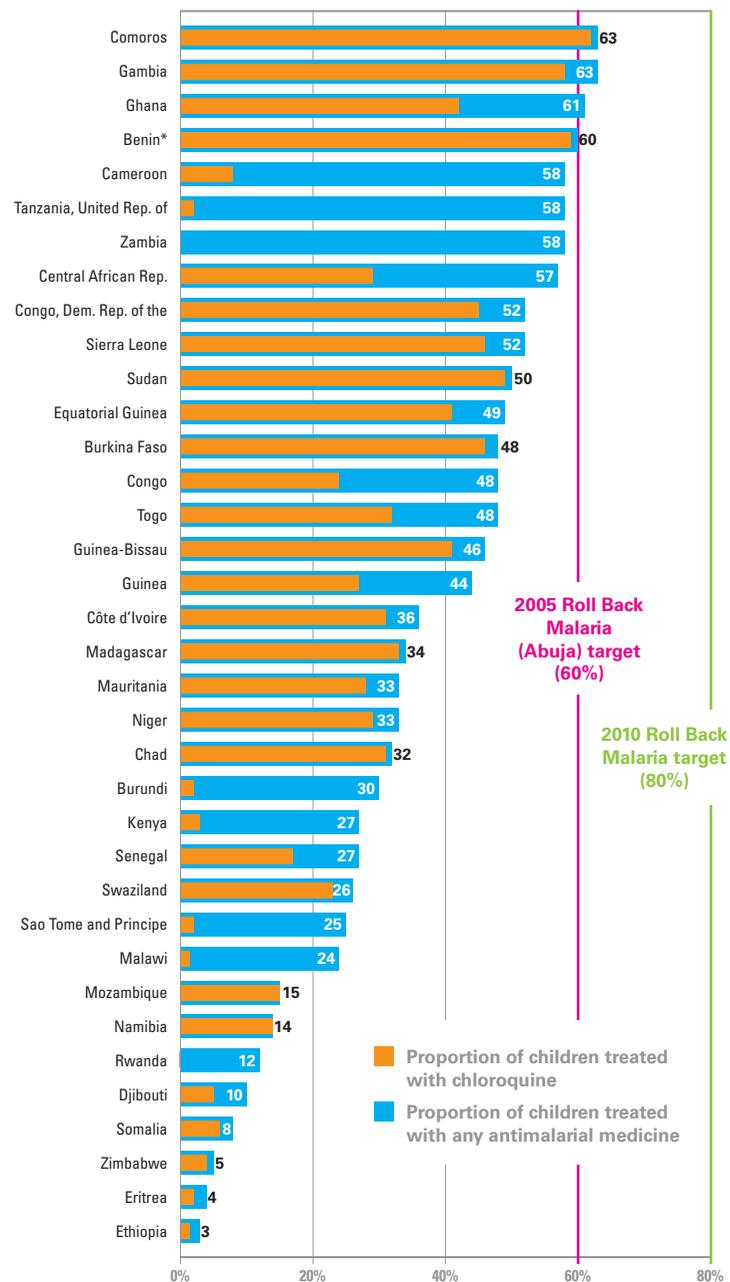
Total number (in millions) of insecticide-treated nets procured by UNICEF (2000–2006)



Note: Totals include both ITNs treated by the user and long-lasting insecticidal nets (LLINs); data since 2004 reflect mostly LLINs. UNICEF is one of the largest procurers of ITNs in the world.

TREATMENT LEVELS ARE MODERATELY HIGH IN MANY AFRICAN COUNTRIES, THOUGH CHLOROQUINE IS STILL WIDELY USED

Percentage of febrile children under five receiving any antimalarial medicine and chloroquine (2000–2006)



* Based on 2001 data, which include information on chloroquine use.

MDG 7

ENSURE ENVIRONMENTAL SUSTAINABILITY

MDG target: Halve, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water

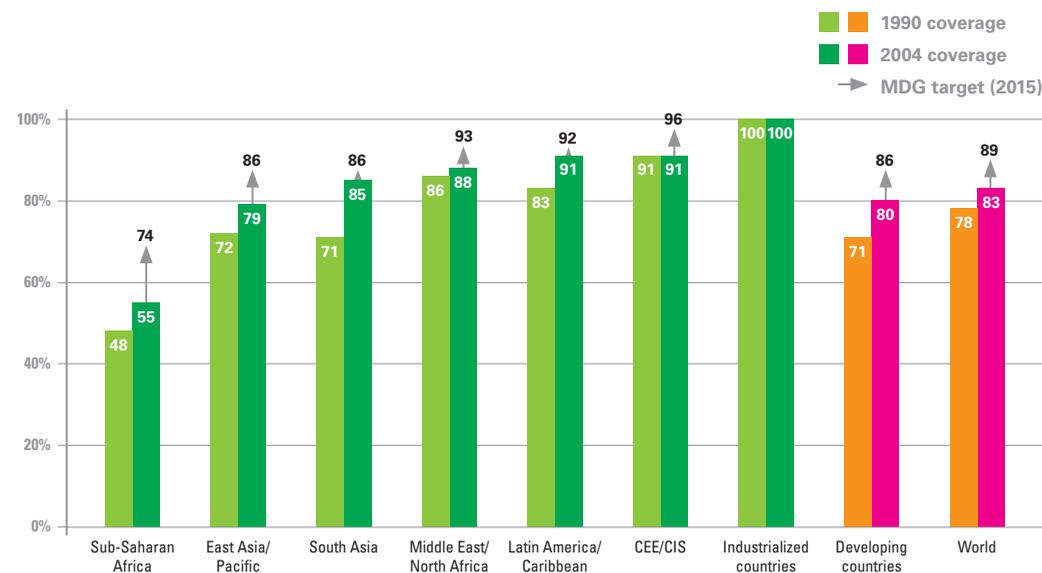
Safe drinking water

Between 1990 and 2004, more than 1.2 billion people gained access to an improved source of drinking water. The proportion of the world's population using improved sources of drinking water increased from 78 per cent to 83 per cent over this period, putting the world on track – but barely – to meet the MDG target. The challenges remain huge. A further 1.1 billion people will need to gain access by 2015.

Safe drinking water remains an essential strategy for child survival. But more than 125 million children under five do not use an improved source of drinking water, leaving them vulnerable to life-threatening diseases. Some 84 per cent of people not using improved sources of drinking water live in rural areas, and enhanced efforts to reach them are vital. Yet, due to rapid urbanization, simply maintaining current coverage rates of 95 per cent in urban areas will require that an additional 717 million people gain access by 2015.

EAST ASIA/PACIFIC, SOUTH ASIA, MIDDLE EAST/NORTH AFRICA AND LATIN AMERICA/CARIBBEAN ARE ON TRACK TO MEET THE MDG TARGET

Progress towards the MDG target on safe drinking water, by region (1990 and 2004)



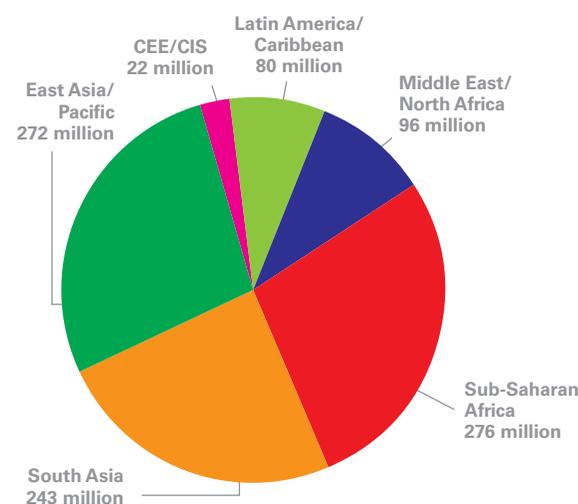
IN 2004, MOST PEOPLE WHO DID NOT USE IMPROVED SOURCES OF DRINKING WATER LIVED IN RURAL AREAS

Population (millions) who did not use improved sources of drinking water, by region (2004)

	Rural	Urban	Total
East Asia/Pacific	339	63	402
Sub-Saharan Africa	262	49	311
South Asia	195	27	222
Latin America/Caribbean	34	17	51
Middle East/North Africa	34	10	44
CEE/CIS	31	4	35
Developing countries	895	169	1,064
World	895	169	1,064

MEETING THE MDG TARGET MEANS REACHING 1.1 BILLION PEOPLE WITH IMPROVED SOURCES OF DRINKING WATER BY 2015

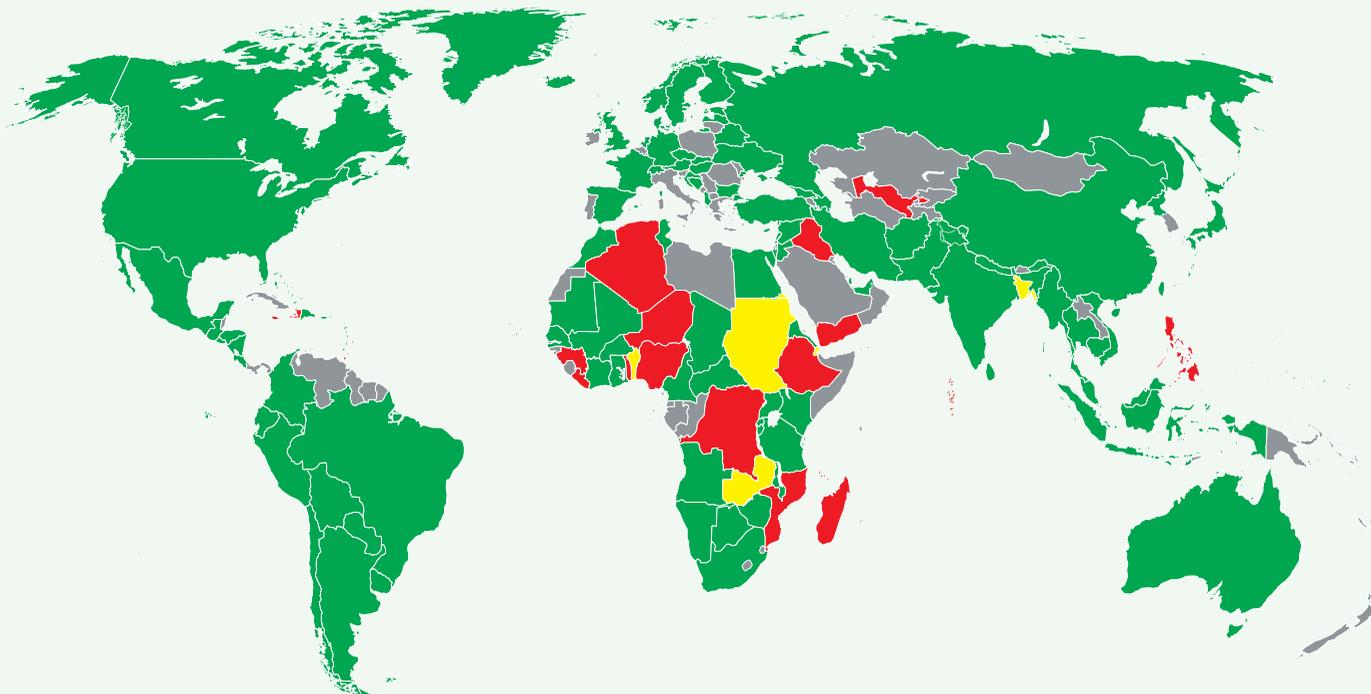
Population who will gain access to improved sources of drinking water if the MDG is reached



Note: The difference between the global total (1.1 billion) and the sum of the regions (989 million) is significant and is due to rounding of the global and regional MDG targets to an integer.

76 DEVELOPING COUNTRIES ARE ON TRACK TO REACH THE MDG TARGET ON SAFE DRINKING WATER

Progress in 5 developing countries has been insufficient to reach the target, and 23 developing countries have made no progress



Progress towards the MDG target, with countries classified according to the following thresholds:

On track: Use of improved sources of drinking water in 2004 was less than 5 per cent below the rate needed for the country to reach the MDG target, or use was 95 per cent or higher

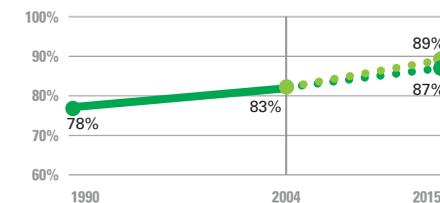
Insufficient progress: Use of improved sources of drinking water in 2004 was 5 per cent to 10 per cent below the rate needed for the country to reach the MDG target

No progress: Use of improved sources of drinking water in 2004 was more than 10 per cent below the rate needed for the country to reach the MDG target, or the 1990–2004 trend shows unchanged or decreasing use

Data were insufficient to estimate trends

THE WORLD IS ON TRACK – THOUGH BARELY – TO MEET THE MDG TARGET ON SAFE DRINKING WATER

Global trends in coverage of improved sources of drinking water



- Projected coverage if current trend continues
- Coverage needed to meet the MDG target

Notes on figures on pages 38–39: 'Improved drinking water sources' is an MDG indicator and proxy for safe drinking water. Calculations of progress are based on WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) data for 1990–2004.

Source for figures: JMP data for 1990–2004.

MDG 7

ENSURE ENVIRONMENTAL SUSTAINABILITY

MDG target: Halve, between 1990 and 2015, the proportion of people without sustainable access to basic sanitation

Basic sanitation

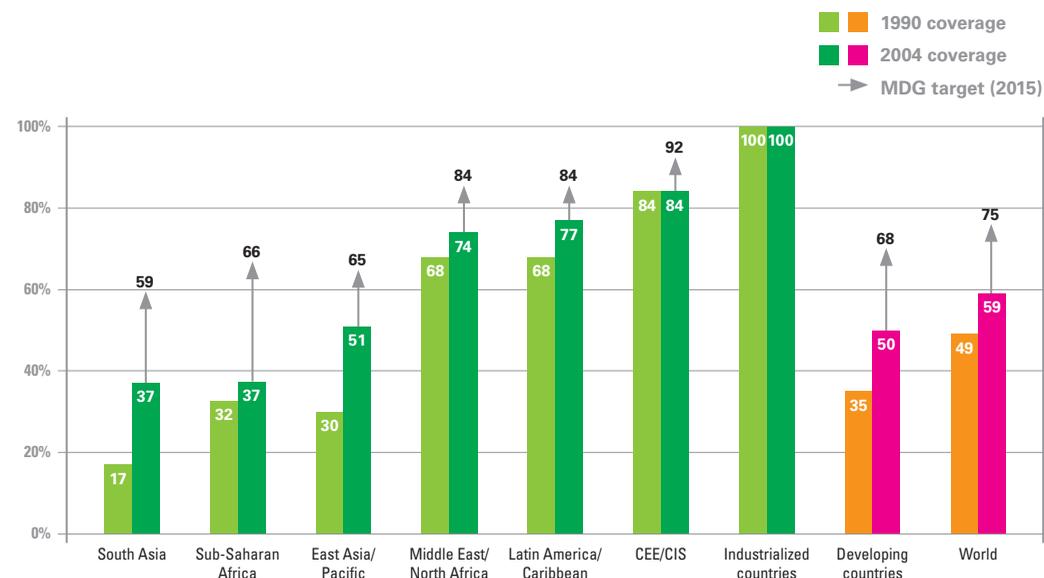
Sanitation coverage increased from 49 per cent in 1990 to 59 per cent in 2004. But the rate of progress is insufficient to meet the 2015 MDG target. If current trends continue, the target will be missed by more than half a billion people. In 2004, 41 per cent of the world's population – 2.6 billion people – did not use improved sanitation facilities.

Lack of sanitation – along with poor hygiene and unsafe drinking water – contributes to the deaths of more than 1.5 million children each year from diarrhoeal diseases. In addition, hundreds of millions of children suffer reduced physical growth and impaired cognitive functions due to intestinal worms.

Simply keeping pace with population growth remains a huge challenge, especially in sub-Saharan Africa, where the number of people without access to sanitation has increased by more than 100 million since 1990. Limited political support is one of the major barriers to progress.

EAST ASIA/PACIFIC, MIDDLE EAST/NORTH AFRICA AND LATIN AMERICA/CARIBBEAN ARE ON TRACK TO REACH THE MDG TARGET BY 2015

Progress towards the MDG target on basic sanitation, by region (1990 and 2004)



ABOUT 2.6 BILLION PEOPLE DID NOT USE IMPROVED SANITATION FACILITIES IN 2004

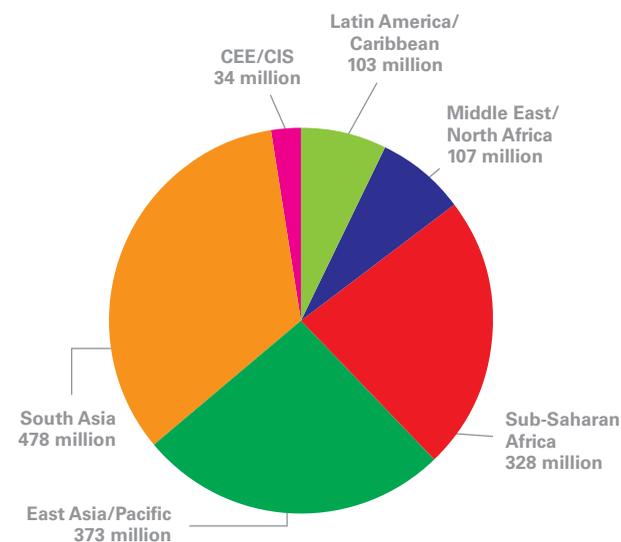
Most lived in rural areas

Population (millions) who did not use improved sanitation facilities, by region (2004)

	Rural	Urban	Total
East Asia/Pacific	722	222	944
South Asia	768	153	921
Sub-Saharan Africa	322	118	440
Latin America/Caribbean	64	60	124
Middle East/North Africa	74	22	96
CEE/CIS	45	18	63
Developing countries	1,995	593	2,588
World	1,996	593	2,590

MEETING THE MDG TARGET MEANS REACHING 1.6 BILLION PEOPLE WITH IMPROVED SANITATION FACILITIES BY 2015

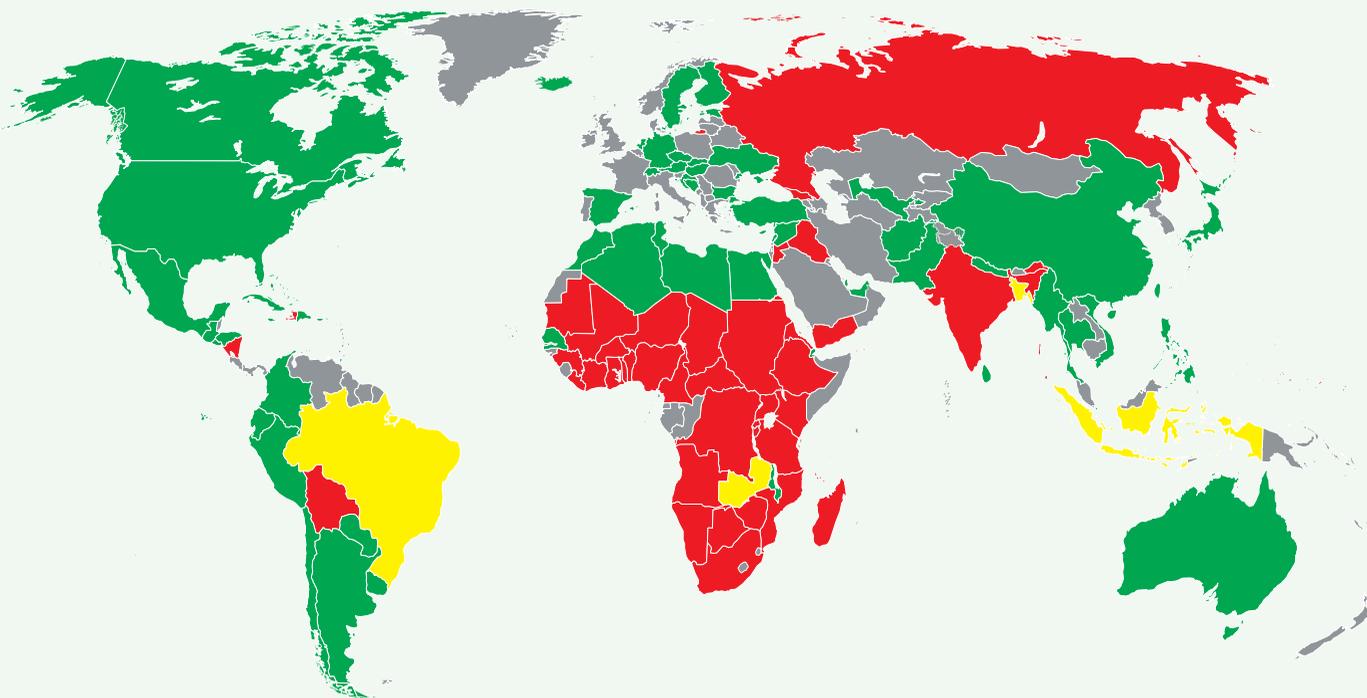
Population who will gain access to improved sanitation facilities if the MDG is met



Note: The difference between the global total (1.6 billion) and the sum of the regions (1.4 billion) is significant and is due to rounding of the global and regional MDG targets to an integer.

51 DEVELOPING COUNTRIES ARE ON TRACK TO REACH THE MDG TARGET ON BASIC SANITATION

Progress in 4 developing countries has been insufficient to reach the target, and 41 developing countries have made no progress



Progress towards the MDG target with countries classified according to the following thresholds:

On track: Use of improved sanitation facilities in 2004 was less than 5 per cent below the rate needed for the country to reach the MDG target, or use was 95 per cent or higher

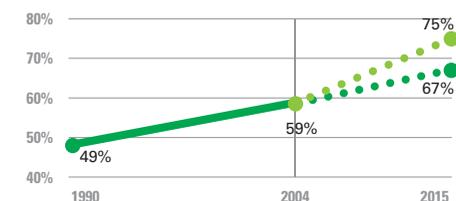
Insufficient progress: Use of improved sanitation facilities in 2004 was 5 per cent to 10 per cent below the rate needed for the country to reach the MDG target

No progress: Use of improved sanitation facilities in 2004 was more than 10 per cent below the rate needed for the country to reach the MDG target, or the 1990–2004 trend shows unchanged or decreasing use

Data were insufficient to estimate trends

THE WORLD IS NOT ON TRACK TO MEET THE MDG TARGET ON BASIC SANITATION

Global trends in coverage of improved sanitation facilities



●●●●●●●● Projected coverage if current trend continues
 ●●●●●●●● Coverage needed to meet the MDG target

Notes on figures on pages 40–41: 'Improved sanitation facilities' is an MDG indicator and proxy for basic sanitation. Calculations of progress are based on WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) data for 1990–2004.

Source for figures: JMP data for 1990–2004.

World Fit for Children target: Develop systems to ensure the registration of every child at or shortly after birth [...]

Around 51 million children born in 2006 have not had their births registered. Forty-four per cent of these children live in South Asia.

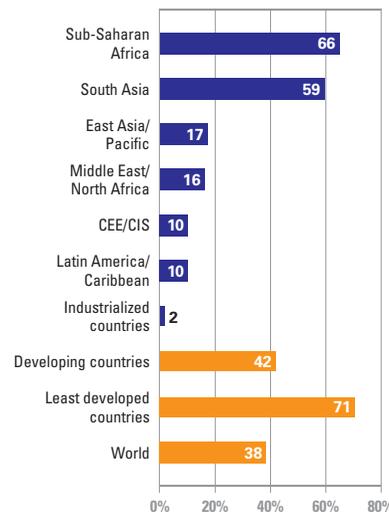
One in three developing countries has birth registration rates of less than 50 per cent. Two out of three African children under age five are not registered. In some countries of sub-Saharan Africa, registration levels have actually declined during the past five years. Cost and distance to the registration centre are the reasons most frequently cited by parents for not registering their children.

A name and a nationality are human rights. Children whose births are unregistered may not be able to claim the services and protections due to them on a full and equal basis with other children. Birth registration is crucial in the implementation of national policies and legislation establishing minimum ages for work, conscription and marriage. During emergencies, birth registration provides a basis for tracing separated and unaccompanied children.

Ensuring that birth registration systems are in place, simplifying procedures, removing fees, making registry offices more accessible and creating effective information campaigns to reach all sectors of society are vital if registration rates are to improve.

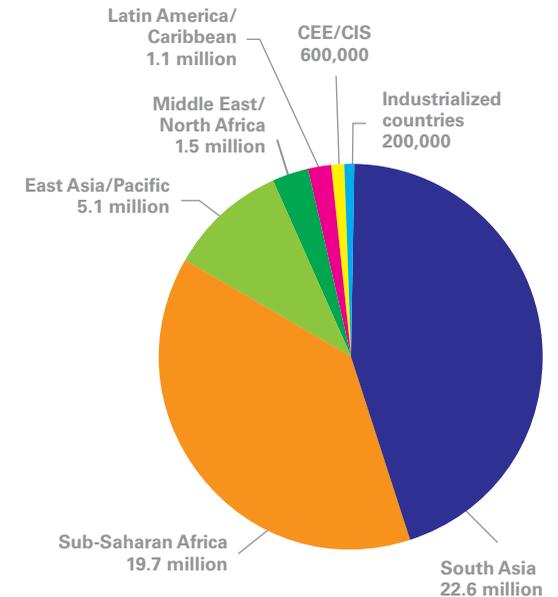
MORE THAN ONE OUT OF THREE CHILDREN UNDER FIVE IN THE WORLD AND TWO OUT OF THREE IN SUB-SAHARAN AFRICA ARE NOT REGISTERED

Percentage of children under five who are not registered, by region (1987–2006)



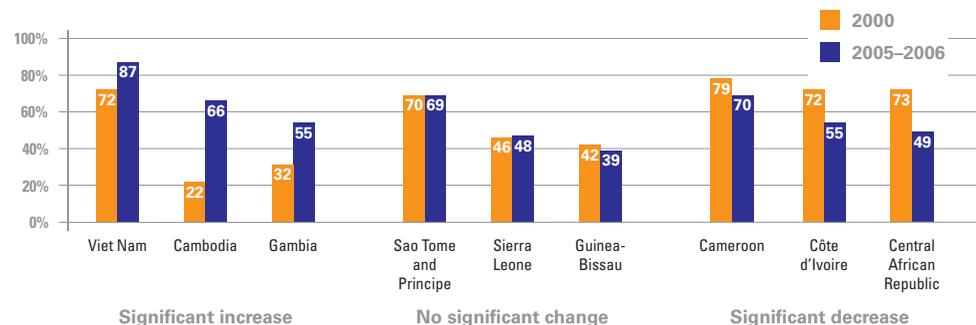
AROUND 51 MILLION CHILDREN BORN IN 2006 HAVE NOT BEEN REGISTERED

Number of annual births not registered, by region (2006)



CAMBODIA, GAMBIA AND VIET NAM SHOW SIGNIFICANT PROGRESS IN INCREASING REGISTRATION LEVELS

Percentage of children under five registered in 2000 and 2005–2006, in nine countries where comparable trend data are available



World Fit for Children targets: Elaborate and implement strategies to protect children from economic exploitation and from performing any work that is likely to be hazardous, interfere with their education or be harmful to their health or physical, mental, spiritual, moral or social development; strengthen the collection and analysis of data on child labour

One in six children 5–14 years old in the world, or 158 million children, is involved in child labour. Around 1 in 3 children aged 5–14 in sub-Saharan Africa labours, compared to only 1 in 20 in the CEE/CIS region. Children living in the poorest households and in rural areas are most likely to be involved in child labour. Those burdened with household chores are overwhelmingly girls.

Labour often interferes with children’s education. Ensuring that all children go to school and that their education is of good quality are keys to preventing child labour.

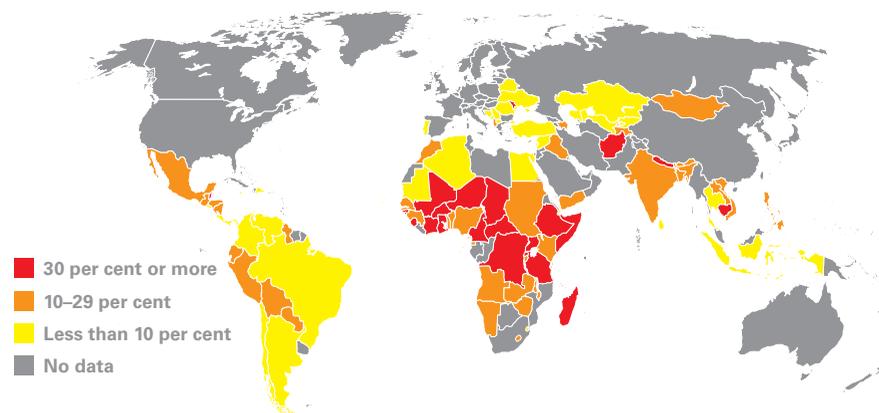
158 MILLION CHILDREN ARE ENGAGED IN LABOUR

Number of children aged 5–14 engaged in labour, by region (2006)

Region	Number (in millions) of children who labour	Percentage of children who labour
Sub-Saharan Africa	69	35
Eastern/Southern Africa	35	36
West/Central Africa	34	34
South Asia	44	13
Latin America/Caribbean	12	11
East Asia/Pacific	22	7
Middle East/North Africa	8	9
CEE/CIS	3	5
Developing countries	157	15
World	158	14

CHILD LABOUR OCCURS THROUGHOUT THE WORLD BUT IS MOST PREVALENT IN SUB-SAHARAN AFRICA

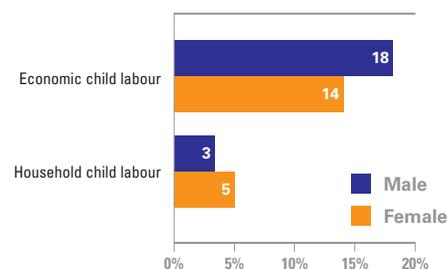
Percentage of children aged 5–14 engaged in labour (1999–2006)



BOYS ARE MORE LIKELY TO ENGAGE IN ECONOMIC ACTIVITY

Girls are more likely to toil in the home

Percentage of children aged 5–14 engaged in child labour, by gender (1999–2006)

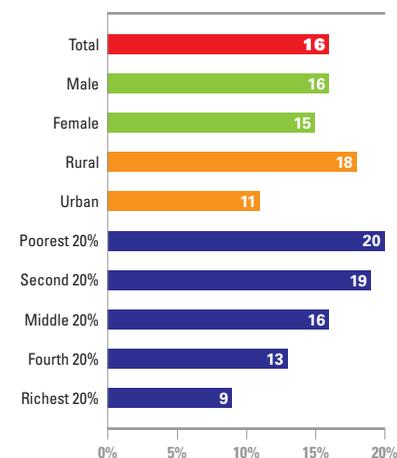


UNICEF defines children 5–11 years old as engaged in child labour if they performed 1 hour of economic labour or 28 hours of domestic labour in the week preceding the survey; children 12–14 years old are defined as engaged in child labour if they performed 14 hours of economic labour or 28 hours of domestic labour.

POOR AND RURAL CHILDREN ARE MORE LIKELY TO BE ENGAGED IN CHILD LABOUR

Girls are as likely to labour as boys

Percentage of children aged 5–14 engaged in child labour, by background characteristics (1999–2006)



FEMALE GENITAL MUTILATION/CUTTING

World Fit for Children target: End harmful traditional or customary practices, such as [...] female genital mutilation, which violate the rights of children and women

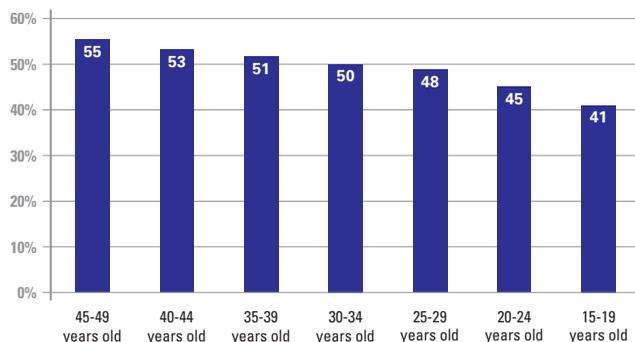
UNICEF estimates that 70 million girls and women aged 15–49 in 27 countries of Africa and the Middle East have undergone female genital mutilation/cutting (FGM/C). The prevalence of FGM/C has declined slowly but steadily during the past 15 years. Older girls and younger women are less likely to have experienced any form of FGM/C than older women.

FGM/C violates girls' and women's human rights, denying them their physical and mental integrity, their right to freedom from violence and discrimination and, in the most extreme cases, their lives.

Lowered prevalences of FGM/C may reflect the impact of legislation, policy changes at the national level and actions at the community level. Because of societal pressures, individuals who oppose FGM/C may be unable to abandon the practice. Abandonment on a large scale requires a collective approach.

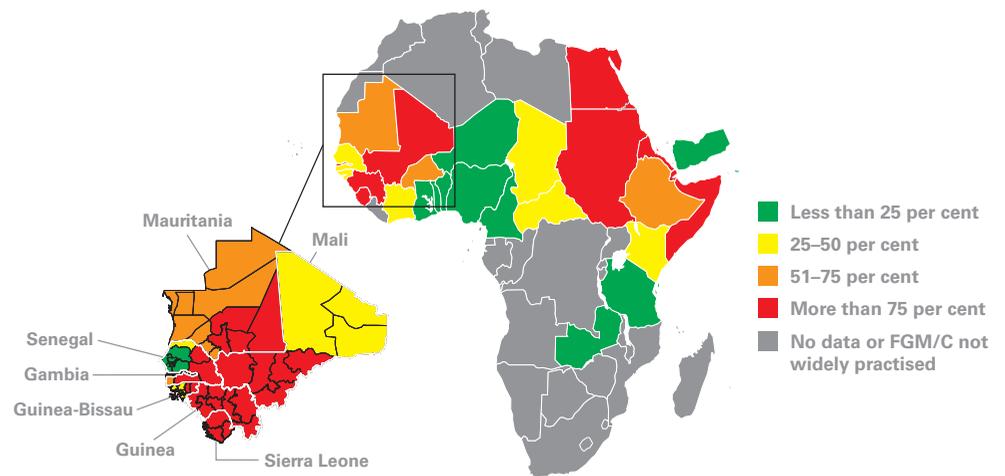
OLDER GIRLS AND YOUNGER WOMEN LESS LIKELY THAN OLDER WOMEN TO HAVE EXPERIENCED FGM/C

Prevalence of FGM/C among girls and women by age group, in 26 countries where these data were available (1997–2006)



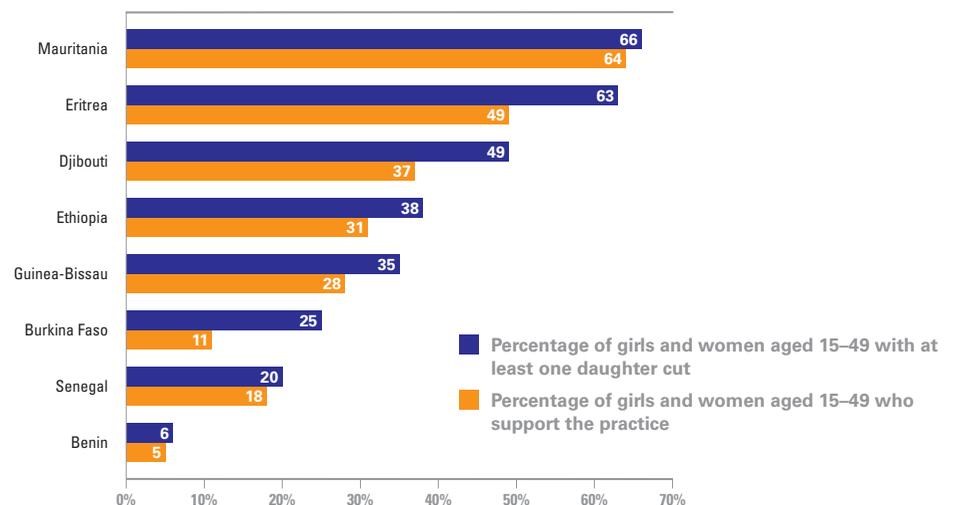
FGM/C RATES VARY BY ETHNICITY AND ACROSS AND WITHIN COUNTRIES

Percentage of girls and women aged 15–49 who have experienced FGM/C, in 27 countries of Africa and the Middle East (1997–2006)



THE PRACTICE OF FGM/C MAY PERSIST DESPITE WEAK SUPPORT FOR IT

Levels of support for FGM/C among girls and women and its prevalence among daughters, in eight countries where the level of support is lower than the prevalence (1997–2006)



Source for figures on this page: UNICEF global databases, 2007, based on MICS, DHS and other national surveys in 27 countries, 1997–2006. Analysis of prevalence by age group is based on survey data in 26 countries.

CHILD MARRIAGE

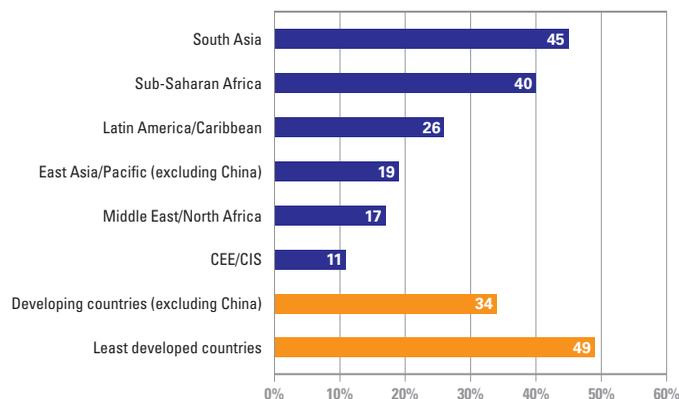
World Fit for Children target: End harmful traditional or customary practices, such as early and forced marriage [...] which violate the rights of children and women

Worldwide, more than 60 million women aged 20–24 were married before they reached the age of 18. The extent of child marriage varies substantially between countries, but about half of the girls who are affected live in South Asia.

Child marriage is a violation of child rights, compromising the development of girls and often resulting in premature pregnancy and social isolation. Child marriage is becoming less common overall, but the pace of change is slow. In 34 of the 55 countries with comparable data from two recent surveys, there has been no significant change in the percentage of women aged 20–24 married by 18 – and only 5 countries experienced a decrease of more than 10 per cent.

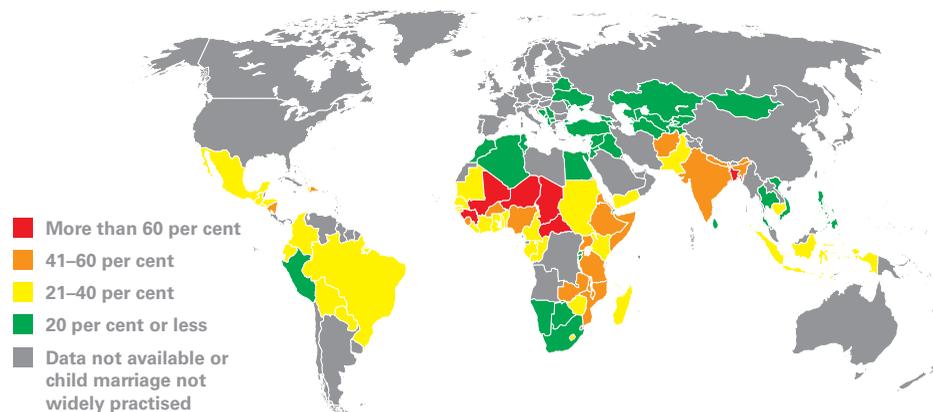
45 PER CENT OF WOMEN AGED 20–24 IN SOUTH ASIA, 40 PER CENT IN SUB-SAHARAN AFRICA, WERE MARRIED AS CHILDREN

Percentage of women aged 20–24 who were married or in union before age 18, by region (1987–2006)



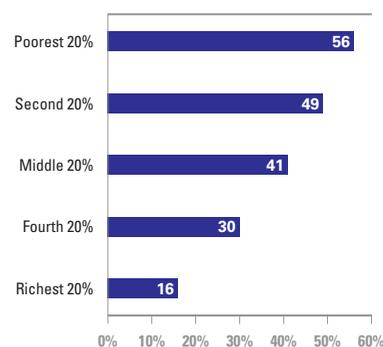
MORE THAN 60 PER CENT OF WOMEN WERE MARRIED BEFORE THEY REACHED THE AGE OF 18 IN FIVE COUNTRIES OF SUB-SAHARAN AFRICA AND IN BANGLADESH

Percentage of women aged 20–24 who were married or in union before age 18 (1987–2006)



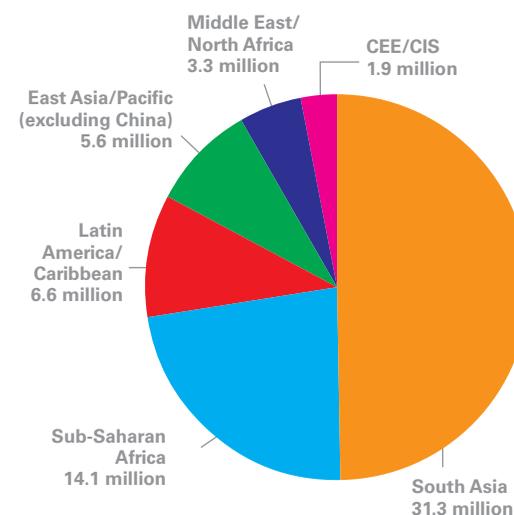
CHILD MARRIAGE IS MORE LIKELY IN POOR HOUSEHOLDS THAN IN RICH HOUSEHOLDS

Percentage of women aged 20–24 who were married or in union before age 18, by wealth index quintile (1987–2006)



MORE THAN 60 MILLION CHILD BRIDES

Number of women aged 20–24 who were married or in union before age 18, by region (2006)



World Fit for Children goal: Protect children from all forms of abuse, neglect, exploitation and violence [...]

Violent methods of child discipline are widespread. In 29 countries and territories surveyed, an average of 86 per cent of children aged 2–14 experienced violent discipline at home; in almost every one of these countries more than half of the children have been violently disciplined and one in five children has experienced severe physical punishment.

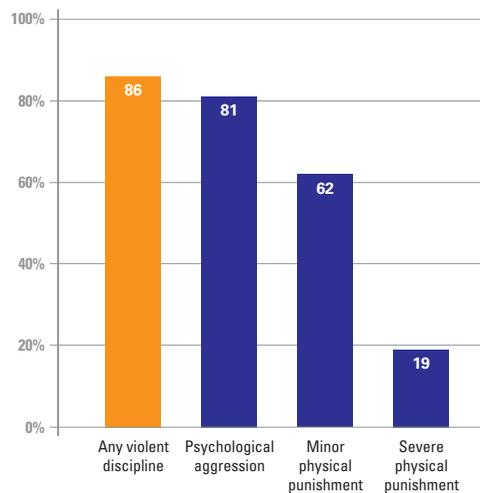
Violent discipline is used in all socio-economic settings. In most countries, children from the poorest households are as likely to experience violent punishment as children from the richest households; children living in rural areas are as likely to experience violent punishment as children living in cities.

The proportion of mothers or caregivers who say they believe corporal punishment of children is necessary varies across countries but is consistently lower than the proportion indicating their children have experienced minor physical punishment in the month before the survey – 28 per cent and 62 per cent, respectively. The relationship between such attitudes and behaviours is deeply influenced by the social and cultural environment.

The United Nations Secretary-General’s Study on Violence Against Children (2006) calls for an end to the justification of violence against children, whether accepted as tradition or disguised as discipline, and asks States to prohibit all forms of violent practice, including corporal punishment.

86 PER CENT OF CHILDREN EXPERIENCED VIOLENT METHODS OF DISCIPLINE

Percentage of children aged 2–14 who experienced violent discipline, by method, in 29 countries surveyed (2005–2006)

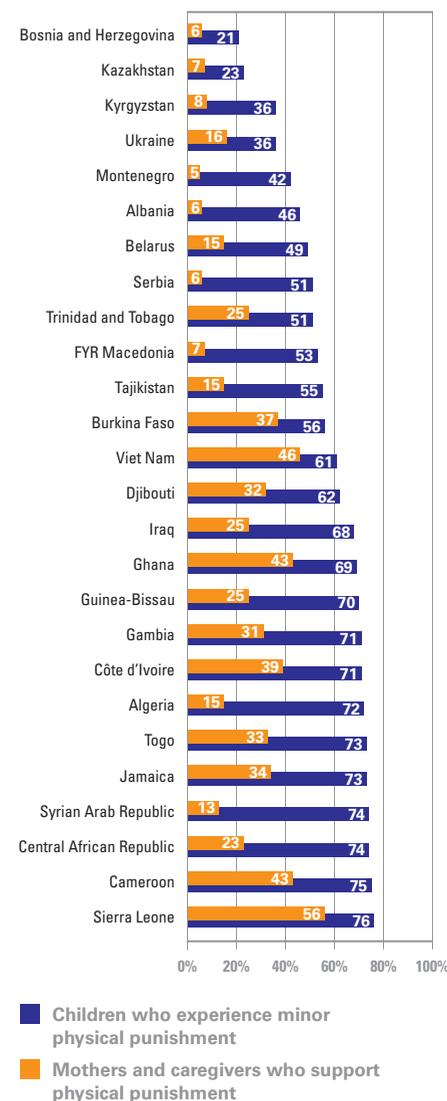


Definitions

Violent discipline is defined as actions taken by a parent or caregiver that are intended to cause a child physical pain or emotional distress as a way to correct behaviour and act as a deterrent. Violent discipline can take two forms: psychological aggression and physical, or corporal, punishment. The former includes shouting, yelling and screaming at the child, and addressing her or him with offensive names. Physical or corporal punishment comprises actions intended to cause the child physical pain or discomfort but not injuries. Minor physical punishment includes shaking the child and slapping or hitting him or her on the hand, arm, leg or bottom. Severe physical punishment includes hitting the child on the face, head or ears, or hitting the child hard or repeatedly. In surveys, mothers and caregivers are asked whether their children experienced any such violent discipline in the household during the past month.

PHYSICAL PUNISHMENT IS WIDESPREAD EVEN WHERE IT IS NOT SOCIALLY APPROVED

Percentage of children aged 2–14 who experienced minor physical punishment and percentage of mothers or caretakers who believed that children need to be physically punished (2005–2006)



ATTITUDES TOWARDS DOMESTIC VIOLENCE

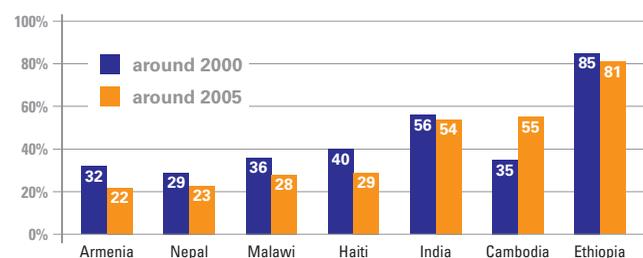
World Fit for Children goal: Protect children from all forms of abuse, neglect, exploitation and violence [...]

Domestic violence is the most common form of violence against women. Household surveys in 57 countries were conducted to determine attitudes towards domestic violence. When asked their opinions, on average, half of girls and women aged 15–49 responded that a husband or partner is justified in beating his wife under certain circumstances.

Domestic violence affects women's well-being and the health, nutrition and education of both children who experience it and children who witness it. In the context of gender inequality, women's response to abuse reflects their relatively fewer options to change or leave the relationship and their assessment of how best to protect themselves and their children. Ending domestic violence requires changing attitudes that permit such abuse, developing legal and policy frameworks to prohibit and reject it, and improving women's access to economic resources and girls' access to education.

CHANGING ATTITUDES IN SEVEN COUNTRIES

Percentage of girls and women aged 15–49 who responded that a husband or partner is justified in hitting or beating his wife under certain circumstances, in seven countries with comparable trend data (around 2000 and around 2005)



Source for figures on this page: UNICEF global databases, 2007, based on latest available estimates from MICS, DHS and other national surveys in 57 countries for 1999–2006. In Egypt, Somalia and Turkmenistan, only women who are or were ever married were surveyed; in Tajikistan, only women who are married or in union were surveyed. Breakdown by age group is based on survey data in 55 countries. Women's response to abuse: WHO, *World Report on Violence and Health*, 2002.

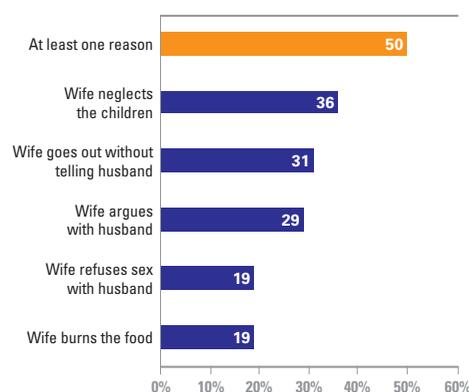
WOMEN'S ATTITUDES TOWARDS DOMESTIC VIOLENCE

Percentage of girls and women aged 15–49 who responded that a husband or partner is justified in hitting or beating his wife under certain circumstances (1999–2006)

Country	Percentage	Country	Percentage	Country	Percentage
Mali	89	Tanzania, United Rep. of	60	Indonesia	25
Guinea	86	Iraq	59	Philippines	24
Sierra Leone	85	Cameroon	56	Nepal	23
Zambia	85	Cambodia	55	Armenia	22
Ethiopia	81	India	54	FYR Macedonia	21
Uganda	77	Togo	53	Moldova, Republic of	21
Congo	76	Guinea-Bissau	52	Mongolia	20
Somalia	76	Zimbabwe	51	Nicaragua	17
Gambia	74	Egypt	50	Honduras	16
Tajikistan	74	Rwanda	48	Montenegro	11
Burkina Faso	71	Ghana	47	Kazakhstan	10
Niger	70	Turkey	39	Dominican Republic	9
Uzbekistan	70	Kyrgyzstan	38	Trinidad and Tobago	8
Algeria	68	Turkmenistan	38	Jamaica	6
Kenya	68	Sao Tome and Principe	32	Serbia	6
Côte d'Ivoire	65	Albania	30	Ukraine	5
Nigeria	65	Georgia	30	Bosnia and Herzegovina	5
Senegal	65	Haiti	29	Average (57 countries)	50
Viet Nam	64	Madagascar	28		
Benin	60	Malawi	28		

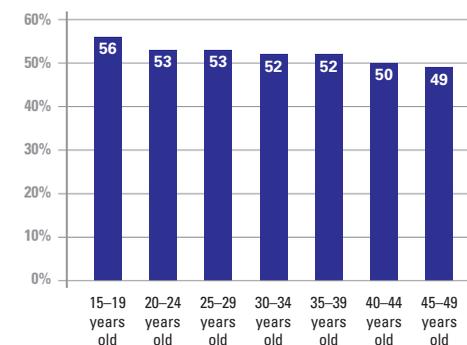
NEGLECTING THE CHILDREN IS THE REASON MOST OFTEN GIVEN BY THOSE WHO RESPONDED THAT WIFE-BEATING IS JUSTIFIABLE

Percentage of girls and women aged 15–49 who responded that a husband or partner is justified in hitting or beating his wife under certain circumstances, by reason (1999–2006)



OLDER GIRLS AND YOUNGER WOMEN SLIGHTLY MORE LIKELY THAN OLDER WOMEN TO RESPOND THAT WIFE-BEATING IS JUSTIFIABLE

Percentage of girls and women aged 15–49 who responded that a husband or partner is justified in hitting or beating his wife under certain circumstances, by age group (1999–2006)



CHILDREN AFFECTED BY ARMED CONFLICT

World Fit for Children goal: Protect children from the impact of armed conflict and ensure compliance with international humanitarian law and human rights law

Some 1.5 billion children – two thirds of the world’s child population – live in the 42 countries affected by violent, high-intensity conflict between 2002 and 2006. But the impact of armed conflict on children is difficult to estimate because of the lack of reliable and up-to-date statistics.

It is estimated that there are 14.2 million refugees worldwide, of whom 41 per cent are believed to be children (under the age of 18). On the same basis, there are 24.5 million people who are internally displaced because of conflict, of whom 36 per cent are children. There are no reliable figures on the number of children associated with armed forces, but more than 100,000 children have been demobilized and reintegrated since 1998.

39 MILLION PEOPLE AROUND THE WORLD ARE REFUGEES OR INTERNALLY DISPLACED

Global estimates (in millions) of the number of refugees, internally displaced persons (IDPs) and populations of concern, all ages (2006)

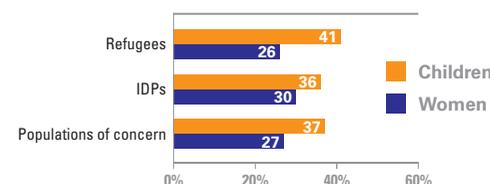
	Low	High	Average
Refugees	11.2	17.2	14.2
IDPs	15.7	25.2	24.5*
Populations of concern	37.1	52.6	48.9

* Norwegian Refugee Council estimate (PDF updated Feb. 2008).

Note: ‘Populations of concern’ is a term used by the Office of the United Nations High Commissioner for Refugees (UNHCR) to describe all groups living with the effects of forced displacement, including refugees, IDPs, returnees, asylum seekers and stateless persons.

MORE THAN 40 PER CENT OF REFUGEES ARE CHILDREN

Children and women as percentage of all refugees, IDPs and populations of concern (2006)



CHILD RIGHTS-RELATED CONVENTIONS AND PROTOCOLS

The **Convention on the Rights of the Child** came into force in 1990, and two Optional Protocols were adopted in May 2000. To date, 193 States have ratified the Convention, although 13 have yet to submit a report on their progress towards fulfilling children’s rights.

The **Convention on the Elimination of All Forms of Discrimination against Women** (CEDAW) entered into force in 1981 and its Optional Protocol in 2000. Of the 185 States that have ratified CEDAW, 31 have not yet submitted any report on measures taken to comply with their treaty obligations.

International Labour Organization (ILO) conventions on child labour include Convention No. 138, which was adopted in 1973, and No. 182, adopted in 1999 (see table).

RATIFICATIONS OF CONVENTIONS AND PROTOCOLS (2002–2007)

Number of States parties to conventions and protocols	as of 1 January 2002	as of 30 June 2007
Convention on the Rights of the Child (CRC)	191	193
Optional Protocol to CRC on the sale of children, child prostitution and child pornography	16	121
Optional Protocol to CRC on the involvement of children in armed conflict	13	117
Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	168	185
Optional Protocol to CEDAW	28	88
ILO Worst Forms of Child Labour Convention (No. 182)	113	164
ILO Minimum Age Convention (No. 138)	116	150

Sources for figures on this page: Global estimates are based on data from the Office of the United Nations High Commissioner for Refugees (UNHCR), the Internal Displacement Monitoring Centre of the Norwegian Refugee Council, and the U.S. Committee for Refugees and Immigrants. Proportions of children and women were extrapolated using percentages provided by UNHCR based on country-level samples drawn from its populations of concern. Number of violent, high-intensity conflicts, 2002–2006: Heidelberg Institute for International Conflict Research; these include severe crises, in which violent force is repeatedly used in an organized way, and wars, in which violent force is used with a certain continuity in an organized and systematic way. Ratifications of CRC and CEDAW: Status of Multilateral Treaties Deposited with the Secretary-General database. Ratifications of ILO conventions: ILO ratifications database.

World Fit for Children target: Adopt special measures to eliminate discrimination against children on the basis of [...] disability [...]

Discrimination experienced by children with disabilities may affect their health and educational achievement; it may limit these children's opportunities for participation and put them at a higher risk of violence, abuse and exploitation. The extent of discrimination against children with disabilities has been difficult to quantify because of a lack of data. To address this, in 2005 UNICEF implemented a module in the Multiple Indicator Cluster Survey (MICS) designed to identify children with congenital and developmental disabilities, with results being reported here for the first time.

MICS data reveal a wide variation among countries in the percentage of children 2–9 years old who screened positive on disability, ranging from 2 per cent in Uzbekistan to 35 per cent in Djibouti. Variations in the rates of disability can be caused by children's nutritional status, exposure to environmental risks, the occurrence of accidents or conflict, chronic and infectious disease patterns, and differences in public health services and practices. While the likelihood of disability thus varies depending on the country's overall environment, research also suggests that there is a core incidence of children with disabilities in any given society, much of it related to congenital impairments.

Disability is defined in the Convention on the Rights of Persons with Disabilities (2007) as including persons "who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

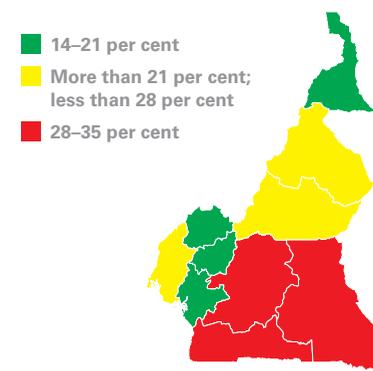
LEVELS OF DISABILITY VARY WIDELY AMONG COUNTRIES...

Percentage of children aged 2–9 with at least one disability, in 17 countries surveyed (2005)

Country	Percentage
Djibouti	35
Central African Republic	31
Cameroon	23
Sierra Leone	23
Bangladesh	18
Mongolia	17
Sao Tome and Principe	16
Ghana	16
Iraq	15
Jamaica	15
Montenegro	13
Thailand	12
Albania	11
Serbia	11
FYR Macedonia	10
Bosnia and Herzegovina	7
Uzbekistan	2

... AND WITHIN COUNTRIES: THE CASE OF CAMEROON

Percentage of children aged 2–9 with at least one disability (2005)



Regional differences in the prevalence of child disability may reflect uneven levels of economic and social development and specific local risks, as well as different levels of access to preventive services, treatment and care.

How disability is measured in MICS

The MICS module is based on the 'Ten Questions Screen' for childhood disability. The parent or caregiver is asked for a personal assessment of the child's physical and mental development and functioning. The results presented here refer to the percentages of children who screened positive on these questions and may be considered as an indication of the percentages of children who are likely to have a disability. These children may require further medical and developmental assessment.

MDG 1: ERADICATE EXTREME POVERTY AND HUNGER

Prevalence of underweight in children under five

Countries and territories	Underweight prevalence (%) (2000–2006)*	Average annual rate of reduction (%) (1990–2006)	Progress towards the MDG target
Afghanistan	39	3.1	on track
Albania	8	12.7	on track
Algeria	4	6.1	on track
Andorra	–	–	–
Angola	31	–	–
Antigua and Barbuda	–	–	–
Argentina	4	3.5	on track
Armenia	4	-2.0	on track
Australia	–	–	–
Austria	–	–	–
Azerbaijan	7	2.0	insufficient progress
Bahamas	–	–	–
Bahrain	9 x	–	–
Bangladesh	48	2.8	on track
Barbados	–	–	–
Belarus	1	–	on track
Belgium	–	–	–
Belize	7	-1.6	no progress
Benin	23	2.2	insufficient progress
Bhutan	19 x	6.4	on track
Bolivia	8	3.6	on track
Bosnia and Herzegovina	2	18.2	on track
Botswana	13	7.8	on track
Brazil	6 x	2.9	on track
Brunei Darussalam	–	–	–
Bulgaria	–	–	–
Burkina Faso	37	-1.2	no progress
Burundi	39	-0.2	no progress
Cambodia	36	4.2	on track
Cameroon	19	-2.3	no progress
Canada	–	–	–
Cape Verde	–	–	–
Central African Republic	29	-1.6	no progress
Chad	37	0.7	insufficient progress
Chile	1	2.3	on track
China	7	6.4	on track
Colombia	7	2.7	on track
Comoros	25	-3.7	no progress
Congo	14	2.7	on track
Congo, Democratic Republic of the	31	1.7	insufficient progress
Cook Islands	10 x	–	–
Costa Rica	5 x	–	–
Côte d'Ivoire	20	1.8	insufficient progress
Croatia	1 x	–	–
Cuba	4	8.5	on track
Cyprus	–	–	–
Czech Republic	–	–	–
Denmark	–	–	–
Djibouti	29	-1.0	no progress
Dominica	–	–	–
Dominican Republic	5	4.8	on track
Ecuador	9	2.9	on track
Egypt	6	2.3	insufficient progress
El Salvador	10	2.6	on track
Equatorial Guinea	19	–	–
Eritrea	40	0.7	insufficient progress

Prevalence of underweight in children under five

Countries and territories	Underweight prevalence (%) (2000–2006)*	Average annual rate of reduction (%) (1990–2006)	Progress towards the MDG target
Estonia	–	–	–
Ethiopia	38	1.7	insufficient progress
Fiji	–	–	–
Finland	–	–	–
France	–	–	–
Gabon	12	–	–
Gambia	20	2.1	insufficient progress
Georgia	3 x	–	–
Germany	–	–	–
Ghana	18	3.1	on track
Greece	–	–	–
Grenada	–	–	–
Guatemala	23	2.7	on track
Guinea	26	0.6	insufficient progress
Guinea-Bissau	19	4.1	on track
Guyana	14	4.6	on track
Haiti	22	1.9	insufficient progress
Holy See	–	–	–
Honduras	11	2.8	on track
Hungary	–	–	–
Iceland	–	–	–
India	43	0.9	insufficient progress
Indonesia	28	2.7	on track
Iran (Islamic Republic of)	11 x	–	–
Iraq	8	0.6	insufficient progress
Ireland	–	–	–
Israel	–	–	–
Italy	–	–	–
Jamaica	4	5.8	on track
Japan	–	–	–
Jordan	4	4.7	on track
Kazakhstan	4	0.7	on track
Kenya	20	1.1	insufficient progress
Kiribati	13 x	–	–
Korea, Democratic People's Rep. of	23	–	–
Korea, Republic of	–	–	–
Kuwait	10 x	–	–
Kyrgyzstan	3	12.8	on track
Lao People's Democratic Republic	40	0.8	insufficient progress
Latvia	–	–	–
Lebanon	4	–	on track
Lesotho	20	-2.0	no progress
Liberia	26	–	–
Libyan Arab Jamahiriya	5 x	–	–
Liechtenstein	–	–	–
Lithuania	–	–	–
Luxembourg	–	–	–
Madagascar	42	-0.4	no progress
Malawi	19	2.7	on track
Malaysia	8	7.6	on track
Maldives	30	4.2	on track
Mali	33	2.2	insufficient progress
Malta	–	–	–
Marshall Islands	–	–	–
Mauritania	32	4.0	on track
Mauritius	15 x	–	–

Prevalence of underweight in children under five

Countries and territories	Underweight prevalence (%) (2000–2006)*	Average annual rate of reduction (%) (1990–2006)	Progress towards the MDG target
Mexico	5	5.9	on track
Micronesia (Federated States of)	15 x	–	–
Moldova, Republic of	4	-3.3	on track
Monaco	–	–	–
Mongolia	6	7.0	on track
Montenegro	3	–	on track
Morocco	10	1.8	insufficient progress
Mozambique	24	1.1	insufficient progress
Myanmar	32	1.2	insufficient progress
Namibia	24	1.1	insufficient progress
Nauru	–	–	–
Nepal	39	1.6	insufficient progress
Netherlands	–	–	–
New Zealand	–	–	–
Nicaragua	10	2.4	insufficient progress
Niger	44	-0.1	no progress
Nigeria	29	2.2	insufficient progress
Niue	–	–	–
Norway	–	–	–
Occupied Palestinian Territory	3	1.3	on track
Oman	18 x	4.2	on track
Pakistan	38	1.6	insufficient progress
Palau	–	–	–
Panama	8 x	-1.2	no progress
Papua New Guinea	–	–	–
Paraguay	5	-2.3	on track
Peru	8	2.7	on track
Philippines	28	0.9	insufficient progress
Poland	–	–	–
Portugal	–	–	–
Qatar	6 x	–	–
Romania	3	6.0	on track
Russian Federation	3 x	–	–
Rwanda	23	1.9	insufficient progress
Saint Kitts and Nevis	–	–	–
Saint Lucia	–	–	–
Saint Vincent and the Grenadines	–	–	–
Samoa	–	–	–
San Marino	–	–	–
Sao Tome and Principe	9	5.5	on track
Saudi Arabia	14 x	–	–
Senegal	17	1.1	insufficient progress
Serbia	2	–	on track
Seychelles	–	–	–
Slovenia	–	–	–
Solomon Islands	–	–	–
Somalia	36	-7.0	no progress
South Africa	12 x	-5.6	no progress
Spain	–	–	–
Sri Lanka	29	2.9	on track
Sudan	41	-2.4	no progress
Suriname	13	–	–
Swaziland	10	–	–

Prevalence of underweight in children under five

Countries and territories	Underweight prevalence (%) (2000–2006)*	Average annual rate of reduction (%) (1990–2006)	Progress towards the MDG target
Sweden	–	–	–
Switzerland	–	–	–
Syrian Arab Republic	10	2.7	on track
Tajikistan	17	–	–
Tanzania, United Republic of	22	2.2	insufficient progress
Thailand	9	5.5	on track
The former Yugoslav Republic of Macedonia	2	12.8	on track
Timor-Leste	46	–	–
Togo	26	-0.3	no progress
Tonga	–	–	–
Trinidad and Tobago	6	1.3	insufficient progress
Tunisia	4	8.4	on track
Turkey	4	10.2	on track
Turkmenistan	11	1.7	insufficient progress
Tuvalu	–	–	–
Uganda	20	0.7	insufficient progress
Ukraine	1	–	on track
United Arab Emirates	14 x	–	–
United Kingdom	–	–	–
United States	2	–	–
Uruguay	5	2.2	on track
Uzbekistan	5	11.4	on track
Vanuatu	–	–	–
Venezuela (Bolivarian Rep. of)	5	1.8	insufficient progress
Viet Nam	25	3.4	on track
Yemen	46	-3.6	no progress
Zambia	20	1.3	insufficient progress
Zimbabwe	17	-1.7	no progress

SUMMARY INDICATORS

Sub-Saharan Africa	28	1.1	insufficient progress
Eastern/Southern Africa	28	0.8	insufficient progress
West/Central Africa	28	1.4	insufficient progress
Middle East/North Africa	17	-1.0	no progress
South Asia	42	1.2	insufficient progress
East Asia/Pacific	14	3.7	on track
Latin America/Caribbean	7	3.3	on track
CEE/CIS	5	9.0	on track
Industrialized countries	–	–	–
Developing countries	26	1.5	insufficient progress
Least developed countries	35	1.5	insufficient progress
World	25	1.5	insufficient progress

MDG target: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Notes:

– Data were not available or were insufficient to estimate trends.

* Data refer to moderate and severe levels of underweight for the most recent year available during 2000–2006.

x Data refer to years or periods other than 2000–2006.

Countries and regions are classified according to the following thresholds: **On track:** Average annual rate of reduction (AARR) is greater than or equal to 2.6 per cent, or latest available estimate of underweight prevalence (2000 or later) is less than or equal to 5 per cent, regardless of AARR. **Insufficient progress:** AARR is between 0.6 per cent and 2.5 per cent. **No progress:** AARR is less than or equal to 0.5 per cent.

MDG 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Countries and territories	Primary school net enrolment/ attendance ratio (%) (2000–2006)	Progress towards the MDG target
Afghanistan	53 s	no progress
Albania	94	insufficient progress
Algeria	97	on track
Andorra	80	no progress
Angola	58 s	no progress
Antigua and Barbuda	–	–
Argentina	99	on track
Armenia	99 s	on track
Australia	97	on track
Austria	97	on track
Azerbaijan	85	no progress
Bahamas	91	insufficient progress
Bahrain	97	on track
Bangladesh	81 s	no progress
Barbados	98	on track
Belarus	89	no progress
Belgium	99	on track
Belize	95	on track
Benin	54 s	no progress
Bhutan	70 s	no progress
Bolivia	78 s	no progress
Bosnia and Herzegovina	91 s	insufficient progress
Botswana	85	insufficient progress
Brazil	95	on track
Brunei Darussalam	93	insufficient progress
Bulgaria	93	insufficient progress
Burkina Faso	45	no progress
Burundi	71 s	on track
Cambodia	75 s	no progress
Cameroon	84 s	insufficient progress
Canada	100	on track
Cape Verde	90	insufficient progress
Central African Republic	59 s	no progress
Chad	36 s	no progress
Chile	90	no progress
China	99	on track
Colombia	87	no progress
Comoros	72	on track
Congo	86 s	no progress
Congo, Democratic Republic of the	52 s	no progress
Cook Islands	77	no progress
Costa Rica	92	insufficient progress
Côte d'Ivoire	62 s	no progress
Croatia	87	insufficient progress
Cuba	97	on track
Cyprus	99	on track
Czech Republic	92	insufficient progress
Denmark	95	on track
Djibouti	79 s	on track
Dominica	84	no progress
Dominican Republic	88	insufficient progress
Ecuador	98	on track
Egypt	94	insufficient progress
El Salvador	93	on track
Equatorial Guinea	81	no progress
Eritrea	67 s	no progress

Countries and territories	Primary school net enrolment/ attendance ratio (%) (2000–2006)	Progress towards the MDG target
Estonia	95	on track
Ethiopia	45 s	no progress
Fiji	96	on track
Finland	98	on track
France	99	on track
Gabon	94 s	insufficient progress
Gambia	61 s	no progress
Georgia	93	insufficient progress
Germany	96	on track
Ghana	75 s	on track
Greece	99	on track
Grenada	84	no progress
Guatemala	94	on track
Guinea	51 s	no progress
Guinea-Bissau	54 s	no progress
Guyana	96 s	on track
Haiti	50 s	no progress
Holy See	–	–
Honduras	79 s	no progress
Hungary	89	insufficient progress
Iceland	99	on track
India	84 s	no progress
Indonesia	96	on track
Iran (Islamic Republic of)	95	on track
Iraq	88	insufficient progress
Ireland	96	on track
Israel	97	on track
Italy	99	on track
Jamaica	97 s	on track
Japan	100	on track
Jordan	99 s	on track
Kazakhstan	98 s	on track
Kenya	79	on track
Kiribati	97	on track
Korea, Democratic People's Rep. of	–	–
Korea, Republic of	100	on track
Kuwait	87	no progress
Kyrgyzstan	92 s	on track
Lao People's Democratic Republic	84	no progress
Latvia	88	no progress
Lebanon	92	insufficient progress
Lesotho	87	on track
Liberia	66	no progress
Libyan Arab Jamahiriya	–	–
Liechtenstein	88	no progress
Lithuania	89	no progress
Luxembourg	95	on track
Madagascar	76 s	on track
Malawi	87 s	no progress
Malaysia	95	on track
Maldives	79	no progress
Mali	51	no progress
Malta	86	no progress
Marshall Islands	90	no progress
Mauritania	72	no progress
Mauritius	95	on track

Countries and territories	Primary school net enrolment/attendance ratio (%) (2000–2006)	Progress towards the MDG target
Mexico	98	on track
Micronesia (Federated States of)	92	insufficient progress
Moldova, Republic of	86	no progress
Monaco	–	–
Mongolia	97 s	on track
Montenegro	97 s	on track
Morocco	86	on track
Mozambique	60 s	no progress
Myanmar	84 s	insufficient progress
Namibia	72	no progress
Nauru	60	no progress
Nepal	87	on track
Netherlands	99	on track
New Zealand	99	on track
Nicaragua	87	on track
Niger	40	no progress
Nigeria	68	no progress
Niue	90	insufficient progress
Norway	98	on track
Occupied Palestinian Territory	80	no progress
Oman	73	no progress
Pakistan	68	insufficient progress
Palau	96	on track
Panama	99	on track
Papua New Guinea	–	–
Paraguay	88	no progress
Peru	97	on track
Philippines	94	on track
Poland	96	on track
Portugal	98	on track
Qatar	96	on track
Romania	93	insufficient progress
Russian Federation	92	on track
Rwanda	86 s	on track
Saint Kitts and Nevis	93	insufficient progress
Saint Lucia	97	on track
Saint Vincent and the Grenadines	90	insufficient progress
Samoa	90	insufficient progress
San Marino	–	–
Sao Tome and Principe	97	on track
Saudi Arabia	78	no progress
Senegal	58 s	no progress
Serbia	96	on track
Seychelles	99	on track
Sierra Leone	69 s	on track
Singapore	–	–
Slovakia	92	insufficient progress
Slovenia	98	on track
Solomon Islands	63	no progress
Somalia	22 s	no progress
South Africa	87	no progress
Spain	99	on track
Sri Lanka	97	on track
Sudan	58 s	no progress
Suriname	94	on track
Swaziland	80	no progress

Countries and territories	Primary school net enrolment/attendance ratio (%) (2000–2006)	Progress towards the MDG target
Sweden	96	on track
Switzerland	93	insufficient progress
Syrian Arab Republic	95	on track
Tajikistan	89 s	no progress
Tanzania, United Republic of	73 s	on track
Thailand	98 s	on track
The former Yugoslav Republic of Macedonia	92	insufficient progress
Timor-Leste	75 s,y	no progress
Togo	78	no progress
Tonga	95	on track
Trinidad and Tobago	98 s	on track
Tunisia	97	on track
Turkey	89	no progress
Turkmenistan	99 s	on track
Tuvalu	100	on track
Uganda	82 s	no progress
Ukraine	97 s	on track
United Arab Emirates	71	no progress
United Kingdom	99	on track
United States	92	insufficient progress
Uruguay	93	insufficient progress
Uzbekistan	100 s	on track
Vanuatu	94	on track
Venezuela (Bolivarian Rep. of)	91	on track
Viet Nam	94 s	insufficient progress
Yemen	75	on track
Zambia	57 s	no progress
Zimbabwe	82	no progress

SUMMARY INDICATORS

Sub-Saharan Africa	66	no progress
Eastern/Southern Africa	70	no progress
West/Central Africa	62	no progress
Middle East/North Africa	85	on track
South Asia	82	no progress
East Asia/Pacific	97	on track
Latin America/Caribbean	93	insufficient progress
CEE/CIS	92	on track
Industrialized countries	96	on track
Developing countries	84	no progress
Least developed countries	65	no progress
World	86	no progress

MDG target: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Notes:

– Data were not available or were insufficient to estimate trends.

s National household survey data

y Data refer to years or periods other than those specified in the column heading, differ from the standard definition or refer to only part of a country. Such data are included in the calculation of regional and global averages.

Countries were classified based on their total primary net enrolment ratio or net attendance ratio (NE/AR).

On track: Latest available NE/AR or projected NE/AR for 2015 is greater than or equal to 95 per cent.

Insufficient progress: Latest available NE/AR is greater than or equal to 90 per cent and less than 95 per cent and projected NE/AR for 2015 is less than 95 per cent; or latest available NE/AR is less than 90 per cent and projected NE/AR for 2015 is greater than or equal to 90 per cent and less than 95 per cent. **No progress:** Latest available NE/AR is less than 90 per cent and projected NE/AR for 2015 is less than 90 per cent.

MDG 3: ELIMINATE GENDER DISPARITY IN PRIMARY EDUCATION

Countries and territories	Primary school net enrolment/ attendance ratio (2000–2006)			Progress towards the MDG target
	Male (%)	Female (%)	Gender parity index*	
Afghanistan	66 s	40 s	0.61	insufficient progress
Albania	94	94	1.00	on track
Algeria	98	95	0.97	on track
Andorra	82	79	0.96	on track
Angola	58 s	59 s	1.02	on track
Antigua and Barbuda	–	–	–	–
Argentina	99	98	0.99	on track
Armenia	99 s	98 s	0.99	on track
Australia	96	97	1.01	on track
Austria	96	98	1.02	on track
Azerbaijan	85	84	0.99	on track
Bahamas	90	92	1.02	on track
Bahrain	97	97	1.00	on track
Bangladesh	79 s	84 s	1.06	insufficient progress
Barbados	98	98	1.00	on track
Belarus	91	88	0.97	on track
Belgium	99	99	1.00	on track
Belize	93	96	1.03	on track
Benin	60 s	47 s	0.78	insufficient progress
Bhutan	74 s	67 s	0.91	insufficient progress
Bolivia	78 s	77 s	0.99	on track
Bosnia and Herzegovina	92 s	89 s	0.97	on track
Botswana	85	84	0.99	on track
Brazil	95	95	1.00	on track
Brunei Darussalam	93	94	1.01	on track
Bulgaria	94	93	0.99	on track
Burkina Faso	50	40	0.80	insufficient progress
Burundi	72 s	70 s	0.97	on track
Cambodia	73 s	76 s	1.04	on track
Cameroon	86 s	81 s	0.94	insufficient progress
Canada	99	100	1.01	on track
Cape Verde	91	89	0.98	on track
Central African Republic	64 s	54 s	0.84	insufficient progress
Chad	41 s	31 s	0.76	insufficient progress
Chile	91	89	0.98	on track
China	99	99	1.00	on track
Colombia	87	87	1.00	on track
Comoros	80	65	0.81	on track
Congo	86 s	87 s	1.01	on track
Congo, Democratic Republic of the	55 s	49 s	0.89	insufficient progress
Cook Islands	78	77	0.99	on track
Costa Rica	91	93	1.02	on track
Côte d'Ivoire	66 s	57 s	0.86	on track
Croatia	88	87	0.99	on track
Cuba	98	96	0.98	on track
Cyprus	99	99	1.00	on track
Czech Republic	91	93	1.02	on track
Denmark	95	96	1.01	on track
Djibouti	80 s	78 s	0.98	on track
Dominica	83	85	1.02	on track
Dominican Republic	87	88	1.01	on track
Ecuador	97	98	1.01	on track
Egypt	96	91	0.95	on track
El Salvador	93	93	1.00	on track
Equatorial Guinea	85	77	0.91	insufficient progress
Eritrea	69 s	64 s	0.93	insufficient progress
Estonia	95	95	1.00	on track

Countries and territories	Primary school net enrolment/ attendance ratio (2000–2006)			Progress towards the MDG target
	Male (%)	Female (%)	Gender parity index*	
Ethiopia	45 s	45 s	1.00	on track
Fiji	97	96	0.99	on track
Finland	98	98	1.00	on track
France	99	99	1.00	on track
Gabon	94 s	94 s	1.00	on track
Gambia	60 s	62 s	1.03	on track
Georgia	93	93	1.00	on track
Germany	96	96	1.00	on track
Ghana	75 s	75 s	1.00	on track
Greece	99	99	1.00	on track
Grenada	84	83	0.99	on track
Guatemala	96	92	0.96	on track
Guinea	55 s	48 s	0.87	insufficient progress
Guinea-Bissau	54 s	53 s	0.98	on track
Guyana	96 s	96 s	1.00	on track
Haiti	48 s	51 s	1.06	insufficient progress
Holy See	–	–	–	–
Honduras	77 s	80 s	1.04	on track
Hungary	90	88	0.98	on track
Iceland	100	97	0.97	on track
India	84 s	85 s	1.01	on track
Indonesia	97	94	0.97	on track
Iran (Islamic Republic of)	91	100	1.10	on track
Iraq	94	81	0.86	insufficient progress
Ireland	96	96	1.00	on track
Israel	97	98	1.01	on track
Italy	99	98	0.99	on track
Jamaica	97 s	98 s	1.01	on track
Japan	100	100	1.00	on track
Jordan	99 s	99 s	1.00	on track
Kazakhstan	99 s	98 s	0.99	on track
Kenya	78	79	1.01	on track
Kiribati	96	98	1.02	on track
Korea, Democratic People's Republic of	–	–	–	–
Korea, Republic of	100	99	0.99	on track
Kuwait	87	86	0.99	on track
Kyrgyzstan	91 s	93 s	1.02	on track
Lao People's Democratic Republic	86	81	0.94	on track
Latvia	86	89	1.03	on track
Lebanon	93	92	0.99	on track
Lesotho	84	89	1.06	on track
Liberia	74	58	0.78	insufficient progress
Libyan Arab Jamahiriya	–	–	–	–
Liechtenstein	87	89	1.02	on track
Lithuania	89	89	1.00	on track
Luxembourg	95	95	1.00	on track
Madagascar	74 s	77 s	1.04	on track
Malawi	86 s	88 s	1.02	on track
Malaysia	96	95	0.99	on track
Maldives	79	79	1.00	on track
Mali	56	45	0.80	insufficient progress
Malta	88	84	0.95	insufficient progress
Marshall Islands	90	89	0.99	on track
Mauritania	72	72	1.00	on track
Mauritius	94	96	1.02	on track
Mexico	98	98	1.00	on track
Micronesia (Federated States of)	–	–	–	–

Countries and territories	Primary school net enrolment/attendance ratio (2000–2006)			Progress towards the MDG target
	Male (%)	Female (%)	Gender parity index*	
Moldova, Republic of	86	86	1.00	on track
Monaco	–	–	–	–
Mongolia	96 s	98 s	1.02	on track
Montenegro	98 s	97 s	0.99	on track
Morocco	89	83	0.93	on track
Mozambique	63 s	57 s	0.90	insufficient progress
Myanmar	83 s	84 s	1.01	on track
Namibia	69	74	1.07	insufficient progress
Nauru	–	–	–	–
Nepal	90	83	0.92	on track
Netherlands	99	98	0.99	on track
New Zealand	99	99	1.00	on track
Nicaragua	88	86	0.98	on track
Niger	46	33	0.72	insufficient progress
Nigeria	72	64	0.89	insufficient progress
Niue	–	–	–	–
Norway	98	98	1.00	on track
Occupied Palestinian Territory	80	80	1.00	on track
Oman	73	74	1.01	on track
Pakistan	77	59	0.77	insufficient progress
Palau	98	95	0.97	on track
Panama	99	98	0.99	on track
Papua New Guinea	–	–	–	–
Paraguay	87	88	1.01	on track
Peru	96	97	1.01	on track
Philippines	93	95	1.02	on track
Poland	96	97	1.01	on track
Portugal	98	98	1.00	on track
Qatar	96	96	1.00	on track
Romania	93	92	0.99	on track
Russian Federation	92	93	1.01	on track
Rwanda	84 s	87 s	1.04	on track
Saint Kitts and Nevis	91	96	1.05	insufficient progress
Saint Lucia	98	96	0.98	on track
Saint Vincent and the Grenadines	92	88	0.96	on track
Samoa	90	91	1.01	on track
San Marino	–	–	–	–
Sao Tome and Principe	97	96	0.99	on track
Saudi Arabia	77	79	1.03	on track
Senegal	58 s	59 s	1.02	on track
Serbia	–	–	–	–
Seychelles	99	100	1.01	on track
Sierra Leone	69 s	69 s	1.00	on track
Singapore	–	–	–	–
Slovakia	91	92	1.01	on track
Slovenia	99	98	0.99	on track
Solomon Islands	65	62	0.95	insufficient progress
Somalia	24 s	20 s	0.83	insufficient progress
South Africa	87	87	1.00	on track
Spain	100	99	0.99	on track
Sri Lanka	99	98	0.99	on track
Sudan	60 s	57 s	0.95	insufficient progress
Suriname	93	96	1.03	on track
Swaziland	80	81	1.01	on track
Sweden	96	96	1.00	on track
Switzerland	93	93	1.00	on track
Syrian Arab Republic	97	92	0.95	insufficient progress

Countries and territories	Primary school net enrolment/attendance ratio (2000–2006)			Progress towards the MDG target
	Male (%)	Female (%)	Gender parity index*	
Tajikistan	89 s	88 s	0.99	on track
Tanzania, United Republic of	71 s	75 s	1.06	on track
Thailand	98 s	98 s	1.00	on track
The former Yugoslav Republic of Macedonia	92	92	1.00	on track
Timor-Leste	76 s,y	74 s,y	0.97	on track
Togo	84	72	0.86	on track
Tonga	97	93	0.96	on track
Trinidad and Tobago	98 s	98 s	1.00	on track
Tunisia	97	97	1.00	on track
Turkey	92	87	0.95	insufficient progress
Turkmenistan	99 s	99 s	1.00	on track
Tuvalu	–	–	–	–
Uganda	82 s	81 s	0.99	on track
Ukraine	96 s	98 s	1.02	on track
United Arab Emirates	71	70	0.99	on track
United Kingdom	99	99	1.00	on track
United States	92	93	1.01	on track
Uruguay	92	93	1.01	on track
Uzbekistan	100 s	100 s	1.00	on track
Vanuatu	95	93	0.98	on track
Venezuela (Bolivarian Rep. of)	91	92	1.01	on track
Viet Nam	94 s	94 s	1.00	on track
Yemen	87	63	0.72	on track
Zambia	55 s	58 s	1.05	insufficient progress
Zimbabwe	81	82	1.01	on track

SUMMARY INDICATORS

Sub-Saharan Africa	68	64	0.94	on track
Eastern/Southern Africa	70	70	1.00	on track
West/Central Africa	66	58	0.88	on track
Middle East/North Africa	87	83	0.95	on track
South Asia	83	80	0.96	on track
East Asia/Pacific	97	97	1.00	on track
Latin America/Caribbean	93	93	1.00	on track
CEE/CIS	93	91	0.98	on track
Industrialized countries	95	96	1.01	on track
Developing countries	85	83	0.98	on track
Least developed countries	67	64	0.96	on track
World	87	85	0.98	on track

MDG target: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Notes:

* The gender parity index (GPI) is obtained by dividing the net enrolment/attendance rates for girls by the net enrolment/attendance rates for boys. GPI of 0.96 to 1.04 means that the percentages of boys and girls in school are roughly equal. GPI of more than 1.04 means that the percentage of girls in school is higher than the percentage of boys in school. GPI of less than 0.96 means that the percentage of boys is higher than the percentage of girls in school.

– Data were not available or were insufficient to estimate trends.

s National household survey data.

y Data refer to years or periods other than those specified in the column heading, differ from the standard definition or refer to only part of a country. Such data are included in the calculation of regional and global averages.

Countries were classified based on their gender parity index (latest available value and projected value for 2015).

On track: Latest available GPI is greater than or equal to 0.96 and less than or equal to 1.04.

Insufficient progress: Latest available GPI and projected GPI for 2015 are less than 0.96 or greater than 1.04.

MDG 4: REDUCE CHILD MORTALITY

Countries and territories	Under-five mortality rate		MDG target 2015	Average annual rate of reduction (%)		Progress towards the MDG target
	1990	2006		Observed 1990–2006	Required 2007–2015	
Afghanistan	260	257	87	0.1	12.1	no progress
Albania	45	17	15	6.1	1.4	on track
Algeria	69	38	23	3.7	5.6	on track
Andorra	6	3	2	4.3	4.5	on track
Angola	260	260	87	0.0	12.2	no progress
Antigua and Barbuda	–	11	–	–	–	–
Argentina	29	16	10	3.7	5.6	on track
Armenia	56	24	19	5.3	2.8	on track
Australia	10	6	3	3.2	6.6	on track
Austria	10	5	3	4.3	4.6	on track
Azerbaijan	105	88	35	1.1	10.2	insufficient
Bahamas	29	14	10	4.6	4.1	on track
Bahrain	19	10	6	4.0	5.1	on track
Bangladesh	149	69	50	4.8	3.6	on track
Barbados	17	12	6	2.2	8.3	on track
Belarus	24	13	8	3.8	5.4	on track
Belgium	10	4	3	5.7	2.1	on track
Belize	43	16	14	6.2	1.2	on track
Benin	185	148	62	1.4	9.7	insufficient
Bhutan	166	70	55	5.4	2.6	on track
Bolivia	125	61	42	4.5	4.2	on track
Bosnia and Herzegovina	22	15	7	2.4	8.0	on track
Botswana	58	124	19	-4.7	20.7	no progress
Brazil	57	20	19	6.5	0.6	on track
Brunei Darussalam	11	9	4	1.3	9.9	on track
Bulgaria	18	14	6	1.6	9.4	on track
Burkina Faso	206	204	69	0.1	12.1	no progress
Burundi	190	181	63	0.3	11.7	no progress
Cambodia	116	82	39	2.2	8.3	insufficient
Cameroon	139	149	46	-0.4	13.0	no progress
Canada	8	6	3	1.8	8.9	on track
Cape Verde	60	34	20	3.5	5.9	on track
Central African Republic	173	175	58	-0.1	12.3	no progress
Chad	201	209	67	-0.2	12.6	no progress
Chile	21	9	7	5.3	2.8	on track
China	45	24	15	3.9	5.2	on track
Colombia	35	21	12	3.2	6.5	on track
Comoros	120	68	40	3.5	5.9	insufficient
Congo	103	126	34	-1.3	14.5	no progress
Congo, Democratic Republic of the	205	205	68	0.0	12.2	no progress
Cook Islands	32	19	11	3.3	6.4	on track
Costa Rica	18	12	6	2.5	7.7	on track
Côte d'Ivoire	153	127	51	1.2	10.1	insufficient
Croatia	12	6	4	4.3	4.5	on track
Cuba	13	7	4	3.9	5.4	on track
Cyprus	12	4	4	6.9	0.0	on track
Czech Republic	13	4	4	7.4	-0.8	on track
Denmark	9	5	3	3.7	5.7	on track
Djibouti	175	130	58	1.9	8.9	insufficient
Dominica	17	15	6	0.8	10.8	on track
Dominican Republic	65	29	22	5.0	3.2	on track
Ecuador	57	24	19	5.4	2.6	on track
Egypt	91	35	30	6.0	1.6	on track
El Salvador	60	25	20	5.5	2.5	on track
Equatorial Guinea	170	206	57	-1.2	14.3	no progress
Eritrea	147	74	49	4.3	4.6	on track

Countries and territories	Under-five mortality rate		MDG target 2015	Average annual rate of reduction (%)		Progress towards the MDG target
	1990	2006		Observed 1990–2006	Required 2007–2015	
Estonia	16	7	5	5.2	3.1	on track
Ethiopia	204	123	68	3.2	6.6	insufficient
Fiji	22	18	7	1.3	10.0	on track
Finland	7	4	2	3.5	6.1	on track
France	9	4	3	5.1	3.2	on track
Gabon	92	91	31	0.1	12.1	no progress
Gambia	153	113	51	1.9	8.8	insufficient
Georgia	46	32	15	2.3	8.2	on track
Germany	9	4	3	5.1	3.2	on track
Ghana	120	120	40	0.0	12.2	no progress
Greece	11	4	4	6.3	0.9	on track
Grenada	37	20	12	3.8	5.4	on track
Guatemala	82	41	27	4.3	4.5	on track
Guinea	235	161	78	2.4	8.0	insufficient
Guinea-Bissau	240	200	80	1.1	10.2	insufficient
Guyana	88	62	29	2.2	8.3	insufficient
Haiti	152	80	51	4.0	5.1	on track
Holy See	–	–	–	–	–	–
Honduras	58	27	19	4.8	3.7	on track
Hungary	17	7	6	5.5	2.3	on track
Iceland	7	3	2	5.3	3.0	on track
India	115	76	38	2.6	7.6	insufficient
Indonesia	91	34	30	6.2	1.3	on track
Iran (Islamic Republic of)	72	34	24	4.7	3.9	on track
Iraq	53	46	18	0.9	10.6	no progress
Ireland	10	5	3	4.3	4.6	on track
Israel	12	5	4	5.5	2.5	on track
Italy	9	4	3	5.1	3.2	on track
Jamaica	33	31	11	0.4	11.5	on track
Japan	6	4	2	2.5	7.7	on track
Jordan	40	25	13	2.9	7.0	on track
Kazakhstan	60	29	20	4.5	4.1	on track
Kenya	97	121	32	-1.4	14.7	no progress
Kiribati	88	64	29	2.0	8.7	insufficient
Korea, Democratic People's Rep. of	55	55	18	0.0	12.2	no progress
Korea, Republic of	9	5	3	3.7	5.7	on track
Kuwait	16	11	5	2.3	8.1	on track
Kyrgyzstan	75	41	25	3.8	5.5	insufficient
Lao People's Democratic Republic	163	75	54	4.9	3.6	on track
Latvia	18	9	6	4.3	4.5	on track
Lebanon	37	30	12	1.3	9.9	on track
Lesotho	101	132	34	-1.7	15.2	no progress
Liberia	235	235	78	0.0	12.2	no progress
Libyan Arab Jamahiriya	41	18	14	5.1	3.0	on track
Liechtenstein	10	3	3	7.5	-1.1	on track
Lithuania	13	8	4	3.0	6.9	on track
Luxembourg	10	4	3	5.7	2.1	on track
Madagascar	168	115	56	2.4	8.0	insufficient
Malawi	221	120	74	3.8	5.4	insufficient
Malaysia	22	12	7	3.8	5.5	on track
Maldives	111	30	37	8.2	-2.3	on track
Mali	250	217	83	0.9	10.6	no progress
Malta	11	6	4	3.8	5.4	on track
Marshall Islands	92	56	31	3.1	6.7	insufficient
Mauritania	133	125	44	0.4	11.5	no progress
Mauritius	23	14	8	3.1	6.6	on track

Countries and territories	Under-five mortality rate		MDG target 2015	Average annual rate of reduction (%)		Progress towards the MDG target
	1990	2006		Observed 1990–2006	Required 2007–2015	
Mexico	53	35	18	2.6	7.6	on track
Micronesia (Federated States of)	58	41	19	2.2	8.4	insufficient
Moldova, Republic of	37	19	12	4.2	4.8	on track
Monaco	9	4	3	5.1	3.2	on track
Mongolia	109	43	36	5.8	1.9	on track
Montenegro	16	10	5	2.9	7.1	on track
Morocco	89	37	30	5.5	2.4	on track
Mozambique	235	138	78	3.3	6.3	insufficient
Myanmar	130	104	43	1.4	9.7	insufficient
Namibia	86	61	29	2.1	8.4	insufficient
Nauru	–	30	–	–	–	–
Nepal	142	59	47	5.5	2.5	on track
Netherlands	9	5	3	3.7	5.7	on track
New Zealand	11	6	4	3.8	5.4	on track
Nicaragua	68	36	23	4.0	5.1	on track
Niger	320	253	107	1.5	9.6	insufficient
Nigeria	230	191	77	1.2	10.1	insufficient
Niue	–	–	–	–	–	–
Norway	9	4	3	5.1	3.2	on track
Occupied Palestinian Territory	40	22	13	3.7	5.6	on track
Oman	32	12	11	6.1	1.3	on track
Pakistan	130	97	43	1.8	9.0	insufficient
Palau	21	11	7	4.0	5.0	on track
Panama	34	23	11	2.4	7.9	on track
Papua New Guinea	94	73	31	1.6	9.4	insufficient
Paraguay	41	22	14	3.9	5.3	on track
Peru	78	25	26	7.1	-0.4	on track
Philippines	62	32	21	4.1	4.8	on track
Poland	18	7	6	5.9	1.7	on track
Portugal	14	5	5	6.4	0.7	on track
Qatar	26	21	9	1.3	9.8	on track
Romania	31	18	10	3.4	6.2	on track
Russian Federation	27	16	9	3.3	6.4	on track
Rwanda	176	160	59	0.6	11.1	no progress
Saint Kitts and Nevis	36	19	12	4.0	5.1	on track
Saint Lucia	21	14	7	2.5	7.7	on track
Saint Vincent and the Grenadines	25	20	8	1.4	9.8	on track
Samoa	50	28	17	3.6	5.7	on track
San Marino	14	3	5	9.6	-5.0	on track
Sao Tome and Principe	100	96	33	0.3	11.8	no progress
Saudi Arabia	44	25	15	3.5	5.9	on track
Senegal	149	116	50	1.6	9.4	insufficient
Serbia	–	8	–	–	–	–
Seychelles	19	13	6	2.4	8.0	on track
Sierra Leone	290	270	97	0.4	11.4	no progress
Singapore	9	3	3	6.9	0.0	on track
Slovakia	14	8	5	3.5	5.9	on track
Slovenia	10	4	3	5.7	2.1	on track
Solomon Islands	121	73	40	3.2	6.6	insufficient
Somalia	203	145	68	2.1	8.5	insufficient
South Africa	60	69	20	-0.9	13.8	no progress
Spain	9	4	3	5.1	3.2	on track
Sri Lanka	32	13	11	5.6	2.2	on track
Sudan	120	89	40	1.9	8.9	insufficient
Suriname	48	39	16	1.3	9.9	on track
Swaziland	110	164	37	-2.5	16.6	no progress

Countries and territories	Under-five mortality rate		MDG target 2015	Average annual rate of reduction (%)		Progress towards the MDG target
	1990	2006		Observed 1990–2006	Required 2007–2015	
Sweden	7	3	2	5.3	3.0	on track
Switzerland	9	5	3	3.7	5.7	on track
Syrian Arab Republic	38	14	13	6.2	1.1	on track
Tajikistan	115	68	38	3.3	6.4	insufficient
Tanzania, United Republic of	161	118	54	1.9	8.7	insufficient
Thailand	31	8	10	8.5	-2.8	on track
The former Yugoslav Republic of Macedonia	38	17	13	5.0	3.2	on track
Timor-Leste	177	55	59	7.3	-0.8	on track
Togo	149	108	50	2.0	8.6	insufficient
Tonga	32	24	11	1.8	9.0	on track
Trinidad and Tobago	34	38	11	-0.7	13.5	on track
Tunisia	52	23	17	5.1	3.2	on track
Turkey	82	26	27	7.2	-0.5	on track
Turkmenistan	99	51	33	4.1	4.8	on track
Tuvalu	54	38	18	2.2	8.3	on track
Uganda	160	134	53	1.1	10.2	insufficient
Ukraine	25	24	8	0.3	11.8	on track
United Arab Emirates	15	8	5	3.9	5.2	on track
United Kingdom	10	6	3	3.2	6.6	on track
United States	12	8	4	2.5	7.7	on track
Uruguay	23	12	8	4.1	4.9	on track
Uzbekistan	74	43	25	3.4	6.2	insufficient
Vanuatu	62	36	21	3.4	6.1	on track
Venezuela (Bolivarian Rep. of)	33	21	11	2.8	7.2	on track
Viet Nam	53	17	18	7.1	-0.4	on track
Yemen	139	100	46	2.1	8.6	insufficient
Zambia	180	182	60	-0.1	12.3	no progress
Zimbabwe	76	105	25	-2.0	15.8	no progress

SUMMARY INDICATORS

Sub-Saharan Africa	187	160	62	1.0	10.5	insufficient
Eastern/Southern Africa	165	131	55	1.4	9.6	insufficient
West/Central Africa	208	186	69	0.7	11.0	no progress
Middle East/North Africa	79	46	26	3.4	6.2	insufficient
South Asia	123	83	41	2.5	7.8	insufficient
East Asia/Pacific	55	29	18	4.0	5.1	on track
Latin America/Caribbean	55	27	18	4.4	4.3	on track
CEE/CIS	53	27	18	4.2	4.7	on track
Industrialized countries	10	6	3	3.2	6.6	on track
Developing countries	103	79	34	1.7	9.3	insufficient
Least developed countries	180	142	60	1.5	9.6	insufficient
World	93	72	31	1.6	9.4	insufficient

MDG target: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Notes:

– Data were not available or were insufficient to estimate trends.

Country and regional assessments of progress towards MDG 4 are based on average annual rates of reduction (AARR) in USMR observed for 1990–2006 and required during 2007–2015 in order to reach the MDG target of reducing U5MR by two thirds by 2015, according to the following thresholds: **On track:** U5MR is less than 40, or U5MR is 40 or more and AARR observed for 1990–2006 is 4.0 per cent or more. **Insufficient progress:** U5MR is 40 or more and AARR observed for 1990–2006 is between 1.0 per cent and 3.9 per cent. **No progress:** U5MR is 40 or more and AARR observed for 1990–2006 is less than 1.0 per cent.

MDG 5: IMPROVE MATERNAL HEALTH

Countries and territories	Maternal mortality ratio (2005, adjusted)	Lifetime risk of maternal death (2005) 1 in:	Progress towards the MDG target (classified according to maternal mortality ratio thresholds)*
Afghanistan	1800	8	very high
Albania	92	490	low
Algeria	180	220	moderate
Andorra	–	–	–
Angola	1400	12	very high
Antigua and Barbuda	–	–	–
Argentina	77	530	low
Armenia	76	980	low
Australia	4	13300	low
Austria	4	21500	low
Azerbaijan	82	670	low
Bahamas	16	2700	low
Bahrain	32	1300	low
Bangladesh	570	51	very high
Barbados	16	4400	low
Belarus	18	4800	low
Belgium	8	7800	low
Belize	52	560	low
Benin	840	20	very high
Bhutan	440	55	high
Bolivia	290	89	moderate
Bosnia and Herzegovina	3	29000	low
Botswana	380	130	high
Brazil	110	370	moderate
Brunei Darussalam	13	2900	low
Bulgaria	11	7400	low
Burkina Faso	700	22	very high
Burundi	1100	16	very high
Cambodia	540	48	high
Cameroon	1000	24	very high
Canada	7	11000	low
Cape Verde	210	120	moderate
Central African Republic	980	25	very high
Chad	1500	11	very high
Chile	16	3200	low
China	45	1300	low
Colombia	130	290	moderate
Comoros	400	52	high
Congo	740	22	very high
Congo, Democratic Republic of the	1100	13	very high
Cook Islands	–	–	–
Costa Rica	30	1400	low
Côte d'Ivoire	810	27	very high
Croatia	7	10500	low
Cuba	45	1400	low
Cyprus	10	6400	low
Czech Republic	4	18100	low
Denmark	3	17800	low
Djibouti	650	35	very high
Dominica	–	–	–
Dominican Republic	150	230	moderate
Ecuador	210	170	moderate
Egypt	130	230	moderate
El Salvador	170	190	moderate
Equatorial Guinea	680	28	very high
Eritrea	450	44	high

Countries and territories	Maternal mortality ratio (2005, adjusted)	Lifetime risk of maternal death (2005) 1 in:	Progress towards the MDG target (classified according to maternal mortality ratio thresholds)*
Estonia	25	2900	low
Ethiopia	720	27	very high
Fiji	210	160	moderate
Finland	7	8500	low
France	8	6900	low
Gabon	520	53	high
Gambia	690	32	very high
Georgia	66	1100	low
Germany	4	19200	low
Ghana	560	45	very high
Greece	3	25900	low
Grenada	–	–	–
Guatemala	290	71	moderate
Guinea	910	19	very high
Guinea-Bissau	1100	13	very high
Guyana	470	90	high
Haiti	670	44	very high
Holy See	–	–	–
Honduras	280	93	moderate
Hungary	6	13300	low
Iceland	4	12700	low
India	450	70	high
Indonesia	420	97	high
Iran (Islamic Republic of)	140	300	moderate
Iraq	300	72	high
Ireland	1	47600	low
Israel	4	7800	low
Italy	3	26600	low
Jamaica	170	240	moderate
Japan	6	11600	low
Jordan	62	450	low
Kazakhstan	140	360	moderate
Kenya	560	39	very high
Kiribati	–	–	–
Korea, Democratic People's Rep. of	370	140	high
Korea, Republic of	14	6100	low
Kuwait	4	9600	low
Kyrgyzstan	150	240	moderate
Lao People's Democratic Republic	660	33	very high
Latvia	10	8500	low
Lebanon	150	290	moderate
Lesotho	960	45	very high
Liberia	1200	12	very high
Libyan Arab Jamahiriya	97	350	low
Liechtenstein	–	–	–
Lithuania	11	7800	low
Luxembourg	12	5000	low
Madagascar	510	38	high
Malawi	1100	18	very high
Malaysia	62	560	low
Maldives	120	200	moderate
Mali	970	15	very high
Malta	8	8300	low
Marshall Islands	–	–	–
Mauritania	820	22	very high
Mauritius	15	3300	low

Countries and territories	Maternal mortality ratio (2005, adjusted)	Lifetime risk of maternal death (2005) 1 in:	Progress towards the MDG target (classified according to maternal mortality ratio thresholds)*
Mexico	60	670	low
Micronesia (Federated States of)	–	–	–
Moldova, Republic of	22	3700	low
Monaco	–	–	–
Mongolia	46	840	low
Montenegro	–	–	–
Morocco	240	150	moderate
Mozambique	520	45	high
Myanmar	380	110	high
Namibia	210	170	moderate
Nauru	–	–	–
Nepal	830	31	very high
Netherlands	6	10200	low
New Zealand	9	5900	low
Nicaragua	170	150	moderate
Niger	1800	7	very high
Nigeria	1100	18	very high
Niue	–	–	–
Norway	7	7700	low
Occupied Palestinian Territory	–	–	–
Oman	64	420	low
Pakistan	320	74	high
Palau	–	–	–
Panama	130	270	moderate
Papua New Guinea	470	55	high
Paraguay	150	170	moderate
Peru	240	140	moderate
Philippines	230	140	moderate
Poland	8	10600	low
Portugal	11	6400	low
Qatar	12	2700	low
Romania	24	3200	low
Russian Federation	28	2700	low
Rwanda	1300	16	very high
Saint Kitts and Nevis	–	–	–
Saint Lucia	–	–	–
Saint Vincent and the Grenadines	–	–	–
Samoa	–	–	–
San Marino	–	–	–
Sao Tome and Principe	–	–	–
Saudi Arabia	18	1400	low
Senegal	980	21	very high
Serbia	–	–	–
Seychelles	–	–	–
Sierra Leone	2100	8	very high
Singapore	14	6200	low
Slovakia	6	13800	low
Slovenia	6	14200	low
Solomon Islands	220	100	moderate
Somalia	1400	12	very high
South Africa	400	110	high
Spain	4	16400	low
Sri Lanka	58	850	low
Sudan	450	53	high
Suriname	72	530	low
Swaziland	390	120	high

Countries and territories	Maternal mortality ratio (2005, adjusted)	Lifetime risk of maternal death (2005) 1 in:	Progress towards the MDG target (classified according to maternal mortality ratio thresholds)*
Sweden	3	17400	low
Switzerland	5	13800	low
Syrian Arab Republic	130	210	moderate
Tajikistan	170	160	moderate
Tanzania, United Republic of	950	24	very high
Thailand	110	500	moderate
The former Yugoslav Republic of Macedonia	10	6500	low
Timor-Leste	380	35	high
Togo	510	38	high
Tonga	–	–	–
Trinidad and Tobago	45	1400	low
Tunisia	100	500	moderate
Turkey	44	880	low
Turkmenistan	130	290	moderate
Tuvalu	–	–	–
Uganda	550	25	very high
Ukraine	18	5200	low
United Arab Emirates	37	1000	low
United Kingdom	8	8200	low
United States	11	4800	low
Uruguay	20	2100	low
Uzbekistan	24	1400	low
Vanuatu	–	–	–
Venezuela (Bolivarian Rep. of)	57	610	low
Viet Nam	150	280	moderate
Yemen	430	39	high
Zambia	830	27	very high
Zimbabwe	880	43	very high

SUMMARY INDICATORS

Sub-Saharan Africa	920	22	very high
Eastern/Southern Africa	760	29	very high
West/Central Africa	1100	17	very high
Middle East/North Africa	210	140	moderate
South Asia	500	59	high
East Asia/Pacific	150	350	moderate
Latin America/Caribbean	130	280	moderate
CEE/CIS	46	1300	low
Industrialized countries	8	8000	low
Developing countries	450	76	high
Least developed countries	870	24	very high
World	400	92	high

MDG target: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Notes:

* Due to the large margins of uncertainty around these estimates, country-level trend analysis is problematic. Progress towards this MDG is therefore assessed based on the latest available estimates and is classified according to the following thresholds: **Very high:** MMR of 550 or more; **High:** MMR of 300–549; **Moderate:** MMR of 100–299; **Low:** MMR below 100.

– Data were not available or were insufficient to estimate trends.

MDG 6: COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES

Countries and territories	Malaria			HIV and AIDS				Orphan school attendance ratio (2000–2006*)	
	% under-fives sleeping under an insecticide-treated net (2003–2006)	% under-fives with fever receiving antimalarial drugs (2003–2006)	Estimated adult HIV prevalence rate (15–49 years), end-2005	HIV prevalence among young people aged 15–24 (2005)		% young people aged 15–24 who have comprehensive knowledge of HIV (2000–2006*)			% young people aged 15–24 who used condom at last high-risk sex (2000–2006*)
				Male	Female	Male	Female		
Afghanistan	–	–	<0.1	–	–	–	–	–	–
Albania	–	–	–	–	–	–	6	–	–
Algeria	–	–	0.1	–	–	–	13	–	–
Andorra	–	–	–	–	–	–	–	–	–
Angola	–	–	3.7	0.9	2.5	–	–	–	90
Antigua and Barbuda	–	–	–	–	–	–	–	–	–
Argentina	–	–	0.6	–	–	–	–	–	–
Armenia	–	–	0.1	–	–	15	23	86	–
Australia	–	–	0.1	–	–	–	–	–	–
Austria	–	–	0.3	–	–	–	–	–	–
Azerbaijan	1 x	1 x	0.1	–	–	–	2	–	–
Bahamas	–	–	3.3	–	–	–	–	–	–
Bahrain	–	–	–	–	–	–	–	–	–
Bangladesh	–	–	<0.1	–	–	–	16	–	–
Barbados	–	–	1.5	–	–	–	–	–	–
Belarus	–	–	0.3	–	–	–	34	–	–
Belgium	–	–	0.3	–	–	–	–	–	–
Belize	–	–	2.5	–	–	–	–	–	–
Benin	20	54	1.8	0.4	1.1	14	8	44	17
Bhutan	–	–	<0.1	–	–	–	–	–	–
Bolivia	–	–	0.1	–	–	18	15	37	20
Bosnia and Herzegovina	–	–	<0.1	–	–	–	48	–	71
Botswana	–	–	24.1	5.7	15.3	33	40	88	75
Brazil	–	–	0.5	–	–	67	67	71	58
Brunei Darussalam	–	–	<0.1	–	–	–	–	–	–
Bulgaria	–	–	<0.1	–	–	15	17	70	57
Burkina Faso	10	48	2.0	0.5	1.4	23	19 y	67	64 y
Burundi	8	30	3.3	0.8	2.3	–	30	–	25
Cambodia	4	0	1.6	0.1 w	0.3 w	45	50	84	–
Cameroon	13	58	5.4	1.4 w	4.8 w	34	32 y	57	62 y
Canada	–	–	0.3	–	–	–	–	–	–
Cape Verde	–	–	–	–	–	–	–	–	–
Central African Republic	15	57	10.7	2.5	7.3	–	17	–	41
Chad	1 x	32 x	3.5	0.9	2.2	20	8	25	17
Chile	–	–	0.3	–	–	–	–	–	–
China	–	–	0.1	–	–	–	–	–	–
Colombia	–	–	0.6	–	–	–	–	–	30
Comoros	9 x	63 x	<0.1	<0.1	<0.1	–	10	–	–
Congo	6	48	5.3	1.2	3.7	22	10	38	20
Congo, Democratic Republic of the	1 x	52 x	3.2	0.8	2.2	–	–	–	–
Cook Islands	–	–	–	–	–	–	–	–	–
Costa Rica	–	–	0.3	–	–	–	–	–	–
Côte d'Ivoire	6	36	7.1	0.3 w	2.4 w	28	18	53	39
Croatia	–	–	<0.1	–	–	–	–	–	–
Cuba	–	–	0.1	–	–	–	52	–	–
Cyprus	–	–	–	–	–	–	–	–	–
Czech Republic	–	–	0.1	–	–	–	–	–	–
Denmark	–	–	0.2	–	–	–	–	–	–
Djibouti	1	10	3.1	0.7	2.1	22	18	50	26
Dominica	–	–	–	–	–	–	–	–	–
Dominican Republic	–	–	1.1	0.4 w	0.7 w	–	36	52	29
Ecuador	–	–	0.3	–	–	–	–	–	–
Egypt	–	–	<0.1	–	–	–	4	–	–
El Salvador	–	–	0.9	–	–	–	–	–	–
Equatorial Guinea	1 x	49 x	3.2	0.7	2.3	–	4	–	–

Countries and territories	Malaria			HIV and AIDS				% young people aged 15–24 who used condom at last high-risk sex (2000–2006*)		Orphan school attendance ratio (2000–2006*)
	% under-fives sleeping under an insecticide-treated net (2003–2006)	% under-fives with fever receiving antimalarial drugs (2003–2006)	Estimated adult HIV prevalence rate (15–49 years), end-2005	HIV prevalence among young people aged 15–24 (2005)		% young people aged 15–24 who have comprehensive knowledge of HIV (2000–2006*)		Male	Female	
				Male	Female	Male	Female			
Eritrea	4 x	4 x	2.4	0.6	1.6	–	37	–	–	83
Estonia	–	–	1.3	–	–	–	–	–	–	–
Ethiopia	2	3	–	0.3 w	1.2 w	33	21	50	28	60
Fiji	–	–	0.1	–	–	–	–	–	–	–
Finland	–	–	0.1	–	–	–	–	–	–	–
France	–	–	0.4	–	–	–	–	–	–	–
Gabon	–	–	7.9	1.8	5.4	22	24	48	33	98
Gambia	49	63	2.4	0.6	1.7	–	39	–	54	87
Georgia	–	–	0.2	–	–	–	–	–	–	–
Germany	–	–	0.1	–	–	–	–	–	–	–
Ghana	22	61	2.3	0.1 w	1.2 w	44	34 y	52	42 y	79 z
Greece	–	–	0.2	–	–	–	–	–	–	–
Grenada	–	–	–	–	–	–	–	–	–	–
Guatemala	1 x	–	0.9	–	–	–	–	–	–	98
Guinea	0	44	1.5	0.6 w	1.2 w	23	17	37	26	73
Guinea-Bissau	39	46	3.8	0.9	2.5	–	18	–	39	97
Guyana	6	1	2.4	–	–	47	53	68	62	–
Haiti	–	5	3.8	0.6 w	1.5 w	40	32	43	29	86
Holy See	–	–	–	–	–	–	–	–	–	–
Honduras	–	1	1.5	–	–	–	30	–	24	–
Hungary	–	–	0.1	–	–	–	–	–	–	–
Iceland	–	–	0.2	–	–	–	–	–	–	–
India#	–	12 x	0.9	–	–	43	24	37	22	84
Indonesia	0 x	1	0.1	–	–	–	7	–	–	82
Iran (Islamic Republic of)	–	–	0.2	–	–	–	–	–	–	–
Iraq	0 x	1 x	–	–	–	–	3	–	–	84
Ireland	–	–	0.2	–	–	–	–	–	–	–
Israel	–	–	–	–	–	–	–	–	–	–
Italy	–	–	0.5	–	–	–	–	–	–	–
Jamaica	–	–	1.5	–	–	–	60	–	–	101
Japan	–	–	<0.1	–	–	–	–	–	–	–
Jordan	–	–	–	–	–	–	–	–	–	–
Kazakhstan	–	–	0.1	–	–	–	22	65	32	98
Kenya	5	27	6.1	1.3 w	5.9 w	47	34	47	25	95
Kiribati	–	–	–	–	–	–	–	–	–	–
Korea, Democratic People's Rep. of	–	–	–	–	–	–	–	–	–	–
Korea, Republic of	–	–	<0.1	–	–	–	–	–	–	–
Kuwait	–	–	–	–	–	–	–	–	–	–
Kyrgyzstan	–	–	0.1	–	–	–	20	–	56	–
Lao People's Democratic Republic	18 x	9 x	0.1	–	–	–	–	–	–	–
Latvia	–	–	0.8	–	–	–	–	–	–	–
Lebanon	–	–	0.1	–	–	–	–	–	–	–
Lesotho	–	–	23.2	6.0 w	15.4 w	18	26	53	53	95
Liberia	3	–	–	–	–	–	–	–	–	–
Libyan Arab Jamahiriya	–	–	–	–	–	–	–	–	–	–
Liechtenstein	–	–	–	–	–	–	–	–	–	–
Lithuania	–	–	0.2	–	–	–	–	–	–	–
Luxembourg	–	–	0.2	–	–	–	–	–	–	–
Madagascar	0 x	34	0.5	0.6	0.3	16	19	12	5	76
Malawi	23	24	14.1	2.1 w	9.1 w	36	41 y	47	40 y	96
Malaysia	–	–	0.5	–	–	–	–	–	–	–
Maldives	–	–	–	–	–	–	–	–	–	–
Mali	–	–	1.7	0.4	1.2	15	9	35	17	104
Malta	–	–	0.1	–	–	–	–	–	–	–
Marshall Islands	–	–	–	–	–	–	–	–	–	–

MDG 6: COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES (continued)

Countries and territories	Malaria			HIV and AIDS				Orphan school attendance ratio (2000–2006*)		
	% under-fives sleeping under an insecticide-treated net (2003–2006)	% under-fives with fever receiving antimalarial drugs (2003–2006)	Estimated adult HIV prevalence rate (15–49 years), end-2005	HIV prevalence among young people aged 15–24 (2005)		% young people aged 15–24 who have comprehensive knowledge of HIV (2000–2006*)			% young people aged 15–24 who used condom at last high-risk sex (2000–2006*)	
				Male	Female	Male	Female		Male	Female
Mauritania	2	33	0.7	0.2	0.5	–	–	–	–	
Mauritius	–	–	0.6	–	–	–	–	–	–	
Mexico	–	–	0.3	–	–	–	–	–	–	
Micronesia (Federated States of)	–	–	–	–	–	–	–	–	–	
Moldova, Republic of	–	–	1.1	–	–	54	42	63	44	
Monaco	–	–	–	–	–	–	–	–	–	
Mongolia	–	–	<0.1	–	–	–	35	–	–	96
Montenegro	–	–	–	–	–	–	30	–	66	–
Morocco	–	–	0.1	–	–	–	12	–	–	–
Mozambique	–	15	16.1	3.6	10.7	33	20	33	29	80
Myanmar	–	–	1.3	–	–	–	–	–	–	–
Namibia	–	14 x	19.6	4.4	13.4	41	31	69	48	92
Nauru	–	–	–	–	–	–	–	–	–	–
Nepal	–	–	0.5	–	–	44	28	78	–	–
Netherlands	–	–	0.2	–	–	–	–	–	–	–
New Zealand	–	–	0.1	–	–	–	–	–	–	–
Nicaragua	–	2 x	0.2	–	–	–	–	–	17	–
Niger	7	33	1.1	0.1 w	0.5 w	16	13	37	18	–
Nigeria	1	34	3.9	0.9	2.7	21	18	46	24	64 z
Niue	–	–	–	–	–	–	–	–	–	–
Norway	–	–	0.1	–	–	–	–	–	–	–
Occupied Palestinian Territory	–	–	–	–	–	–	–	–	–	–
Oman	–	–	–	–	–	–	–	–	–	–
Pakistan	–	–	0.1	–	–	–	–	–	–	–
Palau	–	–	–	–	–	–	–	–	–	–
Panama	–	–	0.9	–	–	–	–	–	–	–
Papua New Guinea	–	–	1.8	–	–	–	–	–	–	–
Paraguay	–	–	0.4	–	–	–	–	–	–	–
Peru	–	–	0.6	–	–	–	–	–	32	85 z
Philippines	–	–	<0.1	–	–	–	–	–	–	–
Poland	–	–	0.1	–	–	–	–	–	–	–
Portugal	–	–	0.4	–	–	–	–	–	–	–
Qatar	–	–	–	–	–	–	–	–	–	–
Romania	–	–	<0.1	–	–	3	6	–	–	–
Russian Federation	–	–	1.1	–	–	–	–	–	–	–
Rwanda	13	12	3.1	0.4 w	1.5 w	54	51	40	26	82
Saint Kitts and Nevis	–	–	–	–	–	–	–	–	–	–
Saint Lucia	–	–	–	–	–	–	–	–	–	–
Saint Vincent and the Grenadines	–	–	–	–	–	–	–	–	–	–
Samoa	–	–	–	–	–	–	–	–	–	–
San Marino	–	–	–	–	–	–	–	–	–	–
Sao Tome and Principe	42	25	–	–	–	–	44	–	56	109
Saudi Arabia	–	–	–	–	–	–	–	–	–	–
Senegal	7	27	0.9	0.2 w	0.6 w	24	19	52	36	83 z
Serbia	–	–	–	–	–	–	42	–	74	–
Seychelles	–	–	–	–	–	–	–	–	–	–
Sierra Leone	5	52	1.6	0.4	1.1	–	17	–	20	83
Singapore	–	–	0.3	–	–	–	–	–	–	–
Slovakia	–	–	<0.1	–	–	–	–	–	–	–
Slovenia	–	–	<0.1	–	–	–	–	–	–	–
Solomon Islands	–	–	–	–	–	–	–	–	–	–
Somalia	9	8	0.9	0.2	0.6	–	4	–	–	87
South Africa	–	–	18.8	4.4 w	16.9 w	–	–	–	–	–
Spain	–	–	0.6	–	–	–	–	–	–	–
Sri Lanka	–	–	<0.1	–	–	–	–	–	–	–

Countries and territories	Malaria			HIV and AIDS						Orphan school attendance ratio (2000–2006*)
	% under-fives sleeping under an insecticide-treated net (2003–2006)	% under-fives with fever receiving antimalarial drugs (2003–2006)	Estimated adult HIV prevalence rate (15–49 years, end-2005)	HIV prevalence among young people aged 15–24 (2005)		% young people aged 15–24 who have comprehensive knowledge of HIV (2000–2006*)		% young people aged 15–24 who used condom at last high-risk sex (2000–2006*)		
				Male	Female	Male	Female	Male	Female	
Sudan	0 x	50 x	1.6	–	–	–	–	–	–	96
Suriname	3 x	–	1.9	–	–	–	41	–	49	97
Swaziland	0 x	26 x	33.4	7.7	22.7	52	52	70	54	97
Sweden	–	–	0.2	–	–	–	–	–	–	–
Switzerland	–	–	0.4	–	–	–	–	–	–	–
Syrian Arab Republic	–	–	–	–	–	–	7	–	–	106
Tajikistan	1	2	0.1	–	–	–	2	–	–	–
Tanzania, United Republic of	16	58	6.5	3.0 w	4.0 w	40	45	46	34	102
Thailand	–	–	1.4	–	–	–	46	–	–	99
The former Yugoslav Republic of Macedonia	–	–	<0.1	–	–	–	27	–	70	–
Timor-Leste	8 x	47 x	–	–	–	–	–	–	–	–
Togo	38	48	3.2	0.8	2.2	–	28	–	50	94
Tonga	–	–	–	–	–	–	–	–	–	–
Trinidad and Tobago	–	–	2.6	–	–	–	54	–	51	101
Tunisia	–	–	0.1	–	–	–	–	–	–	–
Turkey	–	–	–	–	–	–	–	–	–	–
Turkmenistan	–	–	<0.1	–	–	–	5	–	–	–
Tuvalu	–	–	–	–	–	–	–	–	–	–
Uganda	10	62	6.7	1.1 w	4.3 w	35	30	55	53	94
Ukraine	–	–	1.4	–	–	–	28	–	–	98
United Arab Emirates	–	–	–	–	–	–	–	–	–	–
United Kingdom	–	–	0.2	–	–	–	–	–	–	–
United States	–	–	0.6	–	–	–	–	–	–	–
Uruguay	–	–	0.5	–	–	–	–	–	–	–
Uzbekistan	–	–	0.2	–	–	7	31 y	50	61 y	–
Vanuatu	–	–	–	–	–	–	–	–	–	–
Venezuela (Bolivarian Rep. of)	–	–	0.7	–	–	–	–	–	–	–
Viet Nam	5	3	0.5	0.8 w	0.0 w	50	42 y	68	–	84
Yemen	–	–	–	–	–	–	–	–	–	–
Zambia	23	58	17.0	3.0 w	11.1 w	46	41	38	26	103
Zimbabwe	3	5	20.1	4.2 w	11.0 w	46	44	68	42	95
SUMMARY INDICATORS										
Sub-Saharan Africa	8	34	6.1	1.4	4.3	31	25	47	31	80
Eastern/Southern Africa	9	28	8.6	2.1	6.2	37	31	46	32	84
West/Central Africa	7	40	3.5	0.7	2.3	24	19	47	31	76
Middle East/North Africa	–	–	0.2	–	–	–	–	–	–	–
South Asia	–	–	0.7	–	–	43	23	38	22	84
East Asia/Pacific	–	–	0.2	–	–	–	–	–	–	–
Latin America/Caribbean	–	–	0.6	–	–	–	–	–	47	–
CEE/CIS	–	–	0.6	–	–	–	–	–	–	–
Industrialized countries	–	–	0.4	–	–	–	–	–	–	–
Developing countries	–	–	1.1	–	–	–	25	–	–	–
Least developed countries	–	–	2.7	1.1	2.9	–	24	–	–	82
World	–	–	1.0	–	–	–	25	–	–	–

MDG targets: Have halted by 2015 and begun to reverse the spread of HIV and AIDS; have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Notes:

* Data refer to the most recent year available during the period specified in the column heading.

The revised adult HIV prevalence data for India were not available at the time of publication; India's most recent data on the 'Estimated number of people (all ages) living with HIV' are excluded in the regional summaries.

w Data are from Demographic and Health Surveys (DHS) and AIDS Indicator Surveys (AIS) conducted between 2001 and 2006.

x Data refer to years or periods other than those specified in the column heading, differ from the standard definition or refer to only part of a country. Such data are not included in the calculation of regional and global averages.

y Refers to year of female data more recent than male.

z Proportion of orphans (aged 10–14) attending school is based on small denominators (typically 25–49 unweighted cases).

MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY – SAFE DRINKING WATER

Use of improved sources of drinking water (%)

Countries and territories	1990			2004			MDG target 2015	Progress towards the MDG target
	Urban	Rural	Total	Urban	Rural	Total		
Afghanistan	10	3	4	63	31	39	52	on track
Albania	99	94	96	99	94	96	98	on track
Algeria	99	89	94	88	80	85	97	no progress
Andorra	100	100	100	100	100	100	100	on track
Angola	23	40	36	75	40	53	68	on track
Antigua and Barbuda	95	–	–	95	89	91	95	–
Argentina	97	72	94	98	80	96	97	on track
Armenia	99	–	–	99	80	92	96	–
Australia	100	100	100	100	100	100	100	on track
Austria	100	100	100	100	100	100	100	on track
Azerbaijan	82	51	68	95	59	77	84	on track
Bahamas	98	–	–	98	86	97	98	on track
Bahrain	100	–	–	100	–	–	–	–
Bangladesh	83	69	72	82	72	74	86	insufficient
Barbados	100	100	100	100	100	100	100	on track
Belarus	100	100	100	100	100	100	100	on track
Belgium	100	–	–	100	–	–	–	–
Belize	100	–	–	100	82	91	95	–
Benin	73	57	63	78	57	67	82	insufficient
Bhutan	–	–	–	86	60	62	79	–
Bolivia	91	49	72	95	68	85	86	on track
Bosnia and Herzegovina	99	96	97	99	96	97	99	on track
Botswana	100	88	93	100	90	95	97	on track
Brazil	93	55	83	96	57	90	92	on track
Brunei Darussalam	–	–	–	–	–	–	–	–
Bulgaria	100	97	99	100	97	99	100	on track
Burkina Faso	61	34	38	94	54	61	69	on track
Burundi	97	67	69	92	77	79	85	on track
Cambodia	–	–	–	64	35	41	61	on track
Cameroun	77	31	50	86	44	66	75	on track
Canada	100	99	100	100	99	100	100	on track
Cape Verde	–	–	–	86	73	80	88	–
Central African Republic	74	39	52	93	61	75	76	on track
Chad	41	13	19	41	43	42	60	on track
Chile	98	49	90	100	58	95	95	on track
China	99	59	70	93	67	77	85	on track
Colombia	98	78	92	99	71	93	96	on track
Comoros	98	91	93	92	82	86	97	no progress
Congo	–	–	–	84	27	58	76	–
Congo, Democratic Republic of the	90	25	43	82	29	46	72	no progress
Cook Islands	99	87	94	98	88	94	97	no progress
Costa Rica	100	–	–	100	92	97	98	on track
Côte d'Ivoire	73	67	69	97	74	84	85	on track
Croatia	100	100	100	100	100	100	100	on track
Cuba	95	–	–	95	78	91	95	–
Cyprus	100	100	100	100	100	100	100	on track
Czech Republic	100	100	100	100	100	100	100	on track
Denmark	100	100	100	100	100	100	100	on track
Djibouti	76	59	72	76	59	73	86	insufficient
Dominica	100	–	–	100	90	97	98	on track
Dominican Republic	98	66	84	97	91	95	92	on track
Ecuador	82	61	73	97	89	94	87	on track
Egypt	97	92	94	99	97	98	97	on track
El Salvador	87	48	67	94	70	84	84	on track
Equatorial Guinea	–	–	–	45	42	43	68	–
Eritrea	62	39	43	74	57	60	72	on track

Use of improved sources of drinking water (%)

Countries and territories	1990			2004			MDG target 2015	Progress towards the MDG target
	Urban	Rural	Total	Urban	Rural	Total		
Estonia	100	99	100	100	99	100	100	on track
Ethiopia	81	15	23	81	11	22	62	no progress
Fiji	–	–	–	43	51	47	71	–
Finland	100	100	100	100	100	100	100	on track
France	100	100	100	100	100	100	100	on track
Gabon	95	–	–	95	47	88	91	–
Gambia	95	–	–	95	77	82	90	–
Georgia	91	67	80	96	67	82	90	on track
Germany	100	100	100	100	100	100	100	on track
Ghana	86	37	55	88	64	75	78	on track
Greece	–	–	–	–	–	–	–	–
Grenada	97	–	–	97	93	95	97	on track
Guatemala	89	72	79	99	92	95	90	on track
Guinea	74	34	44	78	35	50	72	no progress
Guinea-Bissau	–	–	–	79	49	59	76	–
Guyana	–	–	–	83	83	83	91	–
Haiti	60	42	47	52	56	54	74	no progress
Holy See	–	–	–	–	–	–	–	–
Honduras	92	79	84	95	81	87	92	on track
Hungary	100	98	99	100	98	99	100	on track
Iceland	100	100	100	100	100	100	100	on track
India	89	64	70	95	83	86	85	on track
Indonesia	92	63	72	87	69	77	86	on track
Iran (Islamic Republic of)	99	84	92	99	84	94	96	on track
Iraq	97	50	83	97	50	81	92	no progress
Ireland	100	–	–	100	–	–	–	–
Israel	100	100	100	100	100	100	100	on track
Italy	100	–	–	–	–	–	–	–
Jamaica	98	86	92	98	88	93	96	no progress
Japan	100	100	100	100	100	100	100	on track
Jordan	99	91	97	99	91	97	99	on track
Kazakhstan	97	73	87	97	73	86	94	–
Kenya	91	30	45	83	46	61	73	on track
Kiribati	76	33	49	77	53	65	75	on track
Korea, Democratic People's Rep. of	100	100	100	100	100	100	100	on track
Korea, Republic of	97	–	–	97	71	92	95	–
Kuwait	–	–	–	–	–	–	–	–
Kyrgyzstan	98	66	78	98	66	77	89	–
Lao People's Democratic Republic	–	–	–	79	43	51	72	–
Latvia	100	96	99	100	96	99	100	on track
Lebanon	100	100	100	100	100	100	100	on track
Lesotho	–	–	–	92	76	79	88	–
Liberia	85	34	55	72	52	61	78	no progress
Libyan Arab Jamahiriya	72	68	71	–	–	–	86	–
Liechtenstein	–	–	–	–	–	–	–	–
Lithuania	–	–	–	–	–	–	–	–
Luxembourg	100	100	100	100	100	100	100	on track
Madagascar	80	27	40	77	35	50	70	no progress
Malawi	90	33	40	98	68	73	70	on track
Malaysia	100	96	98	100	96	99	99	on track
Maldives	100	95	96	98	76	83	98	no progress
Mali	50	29	34	78	36	50	67	on track
Malta	100	100	100	100	100	100	100	on track
Marshall Islands	95	97	96	82	96	87	98	no progress
Mauritania	32	43	38	59	44	53	69	on track
Mauritius	100	100	100	100	100	100	100	on track

Use of improved sources of drinking water (%)

Countries and territories	1990			2004			MDG target 2015	Progress towards the MDG target
	Urban	Rural	Total	Urban	Rural	Total		
Mexico	89	64	82	100	87	97	91	on track
Micronesia (Federated States of)	93	86	88	95	94	94	94	on track
Moldova, Republic of	97	–	–	97	88	92	96	–
Monaco	100	–	100	100	–	100	100	on track
Mongolia	87	30	63	87	30	62	82	–
Montenegro*	99	86	93	99	86	93	–	–
Morocco	94	58	75	99	56	81	88	on track
Mozambique	83	24	36	72	26	43	68	no progress
Myanmar	86	47	57	80	77	78	79	on track
Namibia	99	42	57	98	81	87	79	on track
Nauru	–	–	–	–	–	–	–	–
Nepal	95	67	70	96	89	90	85	on track
Netherlands	100	100	100	100	100	100	100	on track
New Zealand	100	82	97	100	–	–	99	–
Nicaragua	91	46	70	90	63	79	85	on track
Niger	62	35	39	80	36	46	70	no progress
Nigeria	80	33	49	67	31	48	75	no progress
Niue	100	100	100	100	100	100	100	on track
Norway	100	100	100	100	100	100	100	on track
Occupied Palestinian Territory	94	–	–	94	88	92	96	–
Oman	85	73	80	–	–	–	90	–
Pakistan	95	78	83	96	89	91	92	on track
Palau	73	98	80	79	94	85	90	on track
Panama	99	79	90	99	79	90	95	–
Papua New Guinea	88	32	39	88	32	39	70	–
Paraguay	81	44	62	99	68	86	81	on track
Peru	89	41	74	89	65	83	87	on track
Philippines	95	80	87	87	82	85	94	no progress
Poland	100	–	–	–	–	–	–	–
Portugal	–	–	–	–	–	–	–	–
Qatar	100	100	100	100	100	100	100	on track
Romania	–	–	–	91	16	57	76	–
Russian Federation	97	86	94	100	88	97	97	on track
Rwanda	88	57	59	92	69	74	80	on track
Saint Kitts and Nevis	99	99	100	99	99	100	100	on track
Saint Lucia	98	98	98	98	98	98	99	on track
Saint Vincent and the Grenadines	–	–	–	–	93	–	–	–
Samoa	99	89	91	90	87	88	96	no progress
San Marino	–	–	–	–	–	–	–	–
Sao Tome and Principe	–	–	–	89	73	79	88	–
Saudi Arabia	97	63	90	97	–	–	95	–
Senegal	89	49	65	92	60	76	83	on track
Serbia*	99	86	93	99	86	93	–	–
Seychelles	100	75	88	100	75	88	94	–
Sierra Leone	–	–	–	75	46	57	76	–
Singapore	100	–	100	100	–	100	100	on track
Slovakia	100	99	100	100	99	100	100	on track
Slovenia	–	–	–	–	–	–	–	–
Solomon Islands	–	–	–	94	65	70	83	–
Somalia	–	–	–	32	27	29	61	–
South Africa	98	69	83	99	73	88	92	on track
Spain	100	100	100	100	100	100	100	on track
Sri Lanka	91	62	68	98	74	79	84	on track
Sudan	85	57	64	78	64	70	82	insufficient
Suriname	98	–	–	98	73	92	95	–
Swaziland	–	–	–	87	54	62	79	–

Use of improved sources of drinking water (%)

Countries and territories	1990			2004			MDG target 2015	Progress towards the MDG target
	Urban	Rural	Total	Urban	Rural	Total		
Sweden	100	100	100	100	100	100	100	on track
Switzerland	100	100	100	100	100	100	100	on track
Syrian Arab Republic	94	67	80	98	87	93	90	on track
Tajikistan	–	–	–	92	48	59	78	–
Tanzania, United Republic of	85	35	46	85	49	62	73	on track
Thailand	98	94	95	98	100	99	98	on track
The former Yugoslav Republic of Macedonia	–	–	–	–	–	–	–	–
Timor-Leste	–	–	–	77	56	58	77	–
Togo	81	37	50	80	36	52	75	no progress
Tonga	100	100	100	100	100	100	100	on track
Trinidad and Tobago	93	89	92	92	88	91	96	no progress
Tunisia	95	62	81	99	82	93	91	on track
Turkey	92	74	85	98	93	96	93	on track
Turkmenistan	–	–	–	93	54	72	84	–
Tuvalu	92	89	89	94	92	100	95	on track
Uganda	80	40	44	87	56	60	72	on track
Ukraine	99	–	–	99	91	96	98	on track
United Arab Emirates	100	100	100	100	100	100	100	on track
United Kingdom	100	100	100	100	100	100	100	on track
United States of America	100	100	100	100	100	100	100	on track
Uruguay	100	100	100	100	100	100	100	on track
Uzbekistan	99	91	94	95	75	82	97	no progress
Vanuatu	93	53	60	86	52	60	80	no progress
Venezuela (Bolivarian Rep. of)	–	–	–	85	70	83	91	–
Viet Nam	90	59	65	99	80	85	83	on track
Yemen	84	68	71	71	65	67	86	no progress
Zambia	86	27	50	90	40	58	75	insufficient
Zimbabwe	100	69	78	98	72	81	89	on track

SUMMARY INDICATORS

Sub-Saharan Africa	82	35	48	81	41	55	74	no progress
Eastern/Southern Africa	87	36	48	86	42	56	74	no progress
West/Central Africa	79	34	49	76	40	55	75	no progress
Middle East/North Africa	96	75	86	95	78	88	93	on track
South Asia	89	65	71	94	81	85	86	on track
East Asia/Pacific	97	61	72	92	70	79	86	on track
Latin America/Caribbean	93	60	83	96	73	91	92	on track
CEE/CIS	97	83	91	98	79	91	96	no progress
Industrialized countries	100	100	100	100	100	100	100	on track
Developing countries	93	60	71	92	70	80	86	on track
Least developed countries	78	43	51	79	51	59	76	insufficient
World	95	64	78	95	73	83	89	on track

MDG target: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Notes:

– Data were not available or were insufficient to estimate trends.

Countries were classified according to the following thresholds: **On track:** Use of improved sources of drinking water in 2004 was less than 5 per cent below the rate needed for the country/region to reach the MDG target, or use was 95 per cent or higher. **Insufficient progress:** Use of improved sources of drinking water in 2004 was 5 per cent to 10 per cent below the rate needed for the country/region to reach the MDG target. **No progress:** Use of improved sources of drinking water in 2004 was more than 10 per cent below the rate needed for the country/region to reach the MDG target, or the 1990–2004 trend shows unchanged or decreasing use.

* Data on the use of improved sources of drinking water were calculated for the State Union of Serbia and Montenegro in 1990 and 2004 before Montenegro's secession in 2006. JMP is in the process of revising the joint data to reflect separate coverage levels for Montenegro and Serbia, on which basis the countries' respective MDG targets and estimated progress towards those targets will be calculated.

MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY – BASIC SANITATION

Use of improved sanitation facilities (%)

Countries and territories	1990			2004			MDG target 2015	Progress towards the MDG target
	Urban	Rural	Total	Urban	Rural	Total		
Afghanistan	7	2	3	49	29	34	52	on track
Albania	99	–	–	99	84	91	94	–
Algeria	99	77	88	99	82	92	94	on track
Andorra	100	100	100	100	100	100	100	on track
Angola	61	18	29	56	16	31	65	no progress
Antigua and Barbuda	98	–	–	98	94	95	98	on track
Argentina	86	45	81	92	83	91	91	on track
Armenia	96	–	–	96	61	83	91	–
Australia	100	100	100	100	100	100	100	on track
Austria	100	100	100	100	100	100	100	on track
Azerbaijan	–	–	–	73	36	54	75	–
Bahamas	100	100	100	100	100	100	100	on track
Bahrain	100	–	–	100	–	–	–	–
Bangladesh	55	12	20	51	35	39	60	insufficient
Barbados	99	100	100	99	100	100	100	on track
Belarus	–	–	–	93	61	84	91	–
Belgium	–	–	–	–	–	–	–	–
Belize	–	–	–	71	25	47	71	–
Benin	32	2	12	59	11	33	56	no progress
Bhutan	–	–	–	65	70	70	83	–
Bolivia	49	14	33	60	22	46	67	no progress
Bosnia and Herzegovina	99	–	–	99	92	95	97	on track
Botswana	61	21	38	57	25	42	69	no progress
Brazil	82	37	71	83	37	75	86	insufficient
Brunei Darussalam	–	–	–	–	–	–	–	–
Bulgaria	100	96	99	100	96	99	100	on track
Burkina Faso	32	3	7	42	6	13	54	no progress
Burundi	42	44	44	47	35	36	72	no progress
Cambodia	–	–	–	53	8	17	52	–
Cameroun	59	40	48	58	43	51	74	no progress
Canada	100	99	100	100	99	100	100	on track
Cape Verde	–	–	–	61	19	43	66	–
Central African Republic	34	17	23	47	12	27	62	no progress
Chad	28	2	7	24	4	9	54	no progress
Chile	91	52	84	95	62	91	92	on track
China	64	7	23	69	28	44	62	on track
Colombia	95	52	82	96	54	86	91	on track
Comoros	62	20	32	41	29	33	66	no progress
Congo	–	–	–	28	25	27	59	–
Congo, Democratic Republic of the	53	1	16	42	25	30	58	no progress
Cook Islands	100	91	94	100	100	100	97	on track
Costa Rica	–	97	–	89	97	92	96	–
Côte d'Ivoire	37	10	21	46	29	37	61	no progress
Croatia	100	100	100	100	100	100	100	on track
Cuba	99	95	98	99	95	98	99	on track
Cyprus	100	100	100	100	100	100	100	on track
Czech Republic	99	97	99	99	97	98	100	on track
Denmark	–	–	–	–	–	–	–	–
Djibouti	88	50	79	88	50	82	90	on track
Dominica	–	–	–	86	75	84	91	–
Dominican Republic	60	43	52	81	73	78	76	on track
Ecuador	77	45	63	94	82	89	82	on track
Egypt	70	42	54	86	58	70	77	on track
El Salvador	70	33	51	77	39	62	76	on track
Equatorial Guinea	–	–	–	60	46	53	73	–
Eritrea	44	0	7	32	3	9	54	no progress

Use of improved sanitation facilities (%)

Countries and territories	1990			2004			MDG target 2015	Progress towards the MDG target
	Urban	Rural	Total	Urban	Rural	Total		
Estonia	97	96	97	97	96	97	99	on track
Ethiopia	13	2	3	44	7	13	52	no progress
Fiji	87	55	68	87	55	72	84	–
Finland	100	100	100	100	100	100	100	on track
France	–	–	–	–	–	–	–	–
Gabon	–	–	–	37	30	36	64	–
Gambia	–	–	–	72	46	53	74	–
Georgia	99	94	97	96	91	94	99	no progress
Germany	100	100	100	100	100	100	100	on track
Ghana	23	10	15	27	11	18	58	no progress
Greece	–	–	–	–	–	–	–	–
Grenada	96	97	97	96	97	96	99	on track
Guatemala	73	47	58	90	82	86	79	on track
Guinea	27	10	14	31	11	18	57	no progress
Guinea-Bissau	–	–	–	57	23	35	62	–
Guyana	–	–	–	86	60	70	83	–
Haiti	25	23	24	57	14	30	62	no progress
Holy See	–	–	–	–	–	–	–	–
Honduras	77	31	50	87	54	69	75	on track
Hungary	100	–	–	100	85	95	97	on track
Iceland	100	100	100	100	100	100	100	on track
India	45	3	14	59	22	33	57	no progress
Indonesia	65	37	46	73	40	55	73	insufficient
Iran (Islamic Republic of)	86	78	83	–	–	–	92	–
Iraq	95	48	81	95	48	79	91	no progress
Ireland	–	–	–	–	–	–	–	–
Israel	100	–	–	100	–	–	–	–
Italy	–	–	–	–	–	–	–	–
Jamaica	86	64	75	91	69	80	88	on track
Japan	100	100	100	100	100	100	100	on track
Jordan	97	82	93	94	87	93	97	no progress
Kazakhstan	87	52	72	87	52	72	86	–
Kenya	48	37	40	46	41	43	70	no progress
Kiribati	33	21	25	59	22	40	63	no progress
Korea, Democratic People's Rep. of	–	–	–	58	60	59	77	–
Korea, Republic of	–	–	–	–	–	–	–	–
Kuwait	–	–	–	–	–	–	–	–
Kyrgyzstan	75	51	60	75	51	59	80	–
Lao People's Democratic Republic	–	–	–	67	20	30	60	–
Latvia	–	–	–	82	71	78	–	–
Lebanon	100	–	–	100	87	98	99	on track
Lesotho	61	32	37	61	32	37	69	–
Liberia	59	24	39	49	7	27	70	no progress
Libyan Arab Jamahiriya	97	96	97	97	96	97	99	on track
Liechtenstein	–	–	–	–	–	–	–	–
Lithuania	–	–	–	–	–	–	–	–
Luxembourg	–	–	–	–	–	–	–	–
Madagascar	27	10	14	48	26	34	57	no progress
Malawi	64	45	47	62	61	61	74	on track
Malaysia	95	–	–	95	93	94	–	–
Maldives	100	–	–	100	42	59	76	–
Mali	50	32	36	59	39	46	68	no progress
Malta	100	–	–	100	–	–	–	–
Marshall Islands	88	51	74	93	58	82	87	on track
Mauritania	42	22	31	49	8	34	66	no progress
Mauritius	95	–	–	95	94	94	–	–

Use of improved sanitation facilities (%)

Countries and territories	1990			2004			MDG target 2015	Progress towards the MDG target
	Urban	Rural	Total	Urban	Rural	Total		
Mexico	75	13	58	91	41	79	79	on track
Micronesia (Federated States of)	54	20	29	61	14	28	65	no progress
Moldova, Republic of	–	–	–	86	52	68	82	–
Monaco	100	–	100	100	–	100	100	on track
Mongolia	–	–	–	75	37	59	77	–
Montenegro*	97	77	87	97	77	87	–	–
Morocco	87	27	56	88	52	73	78	on track
Mozambique	49	12	20	53	19	32	60	no progress
Myanmar	48	16	24	88	72	77	62	on track
Namibia	70	8	24	50	13	25	62	no progress
Nauru	–	–	–	–	–	–	–	–
Nepal	48	7	11	62	30	35	56	on track
Netherlands	100	100	100	100	100	100	100	on track
New Zealand	–	88	–	–	–	–	–	–
Nicaragua	64	24	45	56	34	47	73	no progress
Niger	35	2	7	43	4	13	54	no progress
Nigeria	51	33	39	53	36	44	70	no progress
Niue	100	100	100	100	100	100	100	on track
Norway	–	–	–	–	–	–	–	–
Occupied Palestinian Territory	–	–	–	78	61	73	85	–
Oman	97	61	83	97	–	–	92	–
Pakistan	82	17	37	92	41	59	69	on track
Palau	76	54	67	96	52	80	84	on track
Panama	89	51	71	89	51	73	86	–
Papua New Guinea	67	41	44	67	41	44	72	–
Paraguay	72	45	58	94	61	80	79	on track
Peru	69	15	52	74	32	63	76	on track
Philippines	66	48	57	80	59	72	79	on track
Poland	–	–	–	–	–	–	–	–
Portugal	–	–	–	–	–	–	–	–
Qatar	100	100	100	100	100	100	100	on track
Romania	–	–	–	89	–	–	–	–
Russian Federation	93	70	87	93	70	87	94	no progress
Rwanda	49	36	37	56	38	42	69	no progress
Saint Kitts and Nevis	96	96	95	96	96	95	98	on track
Saint Lucia	–	–	–	89	89	89	94	–
Saint Vincent and the Grenadines	–	96	–	–	96	–	–	–
Samoa	100	98	98	100	100	100	99	on track
San Marino	–	–	–	–	–	–	–	–
Sao Tome and Principe	–	–	–	32	20	25	58	–
Saudi Arabia	100	–	–	100	–	–	–	–
Senegal	53	19	33	79	34	57	67	on track
Serbia*	97	77	87	97	77	87	–	–
Seychelles	–	100	–	–	100	–	–	–
Sierra Leone	–	–	–	53	30	39	66	–
Singapore	100	–	100	100	–	100	100	on track
Slovakia	100	98	99	100	98	99	100	on track
Slovenia	–	–	–	–	–	–	–	–
Solomon Islands	98	–	–	98	18	31	61	–
Somalia	–	–	–	48	14	26	58	–
South Africa	85	53	69	79	46	65	85	no progress
Spain	100	100	100	100	100	100	100	on track
Sri Lanka	89	64	69	98	89	91	85	on track
Sudan	53	26	33	50	24	34	67	no progress
Suriname	99	–	–	99	76	94	96	–
Swaziland	–	–	–	59	44	48	71	–

Use of improved sanitation facilities (%)

Countries and territories	1990			2004			MDG target 2015	Progress towards the MDG target
	Urban	Rural	Total	Urban	Rural	Total		
Sweden	100	100	100	100	100	100	100	on track
Switzerland	100	100	100	100	100	100	100	on track
Syrian Arab Republic	97	50	73	99	81	90	87	on track
Tajikistan	–	–	–	70	45	51	73	–
Tanzania, United Republic of	52	45	47	53	43	47	74	no progress
Thailand	95	74	80	98	99	99	90	on track
The former Yugoslav Republic of Macedonia	–	–	–	–	–	–	–	–
Timor-Leste	–	–	–	66	33	36	64	–
Togo	71	24	37	71	15	35	69	no progress
Tonga	98	96	96	98	96	96	98	on track
Trinidad and Tobago	100	100	100	100	100	100	100	on track
Tunisia	95	47	75	96	65	85	88	on track
Turkey	96	70	85	96	72	88	93	on track
Turkmenistan	–	–	–	77	50	62	79	–
Tuvalu	83	74	78	93	84	90	89	on track
Uganda	54	41	42	54	41	43	71	no progress
Ukraine	98	–	–	98	93	96	98	on track
United Arab Emirates	98	95	97	98	95	98	99	on track
United Kingdom	–	–	–	–	–	–	–	–
United States of America	100	100	100	100	100	100	100	on track
Uruguay	100	99	100	100	99	100	100	on track
Uzbekistan	69	39	51	78	61	67	76	on track
Vanuatu	–	–	–	78	42	50	72	–
Venezuela (Bolivarian Rep. of)	–	–	–	71	48	68	82	–
Viet Nam	58	30	36	92	50	61	68	on track
Yemen	82	19	32	86	28	43	66	no progress
Zambia	63	31	44	59	52	55	72	insufficient
Zimbabwe	69	42	50	63	47	53	75	no progress

SUMMARY INDICATORS

Sub-Saharan Africa	52	24	32	53	28	37	66	no progress
Eastern/Southern Africa	59	28	35	58	30	38	68	no progress
West/Central Africa	47	19	28	49	26	36	64	no progress
Middle East/North Africa	87	48	68	90	53	74	84	on track
South Asia	51	6	17	63	27	37	59	insufficient
East Asia/Pacific	66	15	30	73	36	51	65	on track
Latin America/Caribbean	81	36	68	86	49	77	84	on track
CEE/CIS	94	67	84	93	70	84	92	no progress
Industrialized countries	100	100	100	100	99	100	100	on track
Developing countries	68	17	35	73	33	50	68	insufficient
Least developed countries	48	16	22	55	29	36	61	no progress
World	79	26	49	80	39	59	75	insufficient

MDG target: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Notes:

– Data were not available or were insufficient to estimate trends.

Countries were classified according to the following thresholds: **On track:** Use of improved sanitation facilities in 2004 was less than 5 per cent below the rate needed for the country/region to reach the MDG target, or use was 95 per cent or higher. **Insufficient progress:** Use of improved sanitation facilities in 2004 was 5 per cent to 10 per cent below the rate needed for the country/region to reach the MDG target. **No progress:** Use of improved sanitation facilities in 2004 was more than 10 per cent below the rate needed for the country/region to reach the MDG target, or the 1990–2004 trend shows unchanged or decreasing use.

* Data on the use of improved sanitation facilities were calculated for the State Union of Serbia and Montenegro in 1990 and 2004 before Montenegro's secession in 2006. JMP is in the process of revising the joint data to reflect separate coverage levels for Montenegro and Serbia, on which basis the countries' respective MDG targets and estimated progress towards those targets will be calculated.

ABOUT THE DATA

The data and analysis in this World Fit for Children statistical review are based on the ongoing work of UNICEF and its partners to monitor global conditions for children and women.

Before the mid-1990s, critical gaps in data hindered accurate and effective analysis of the situation of children and women. Only 38 developing countries, for example, had data on whether malnutrition rates among children were rising or falling – a basic indicator of child health and well-being. To help countries fill these important data gaps and to enable monitoring of the 1990 World Summit for Children goals, UNICEF initiated the Multiple Indicator Cluster Surveys (MICS) in 1995. MICS are designed to provide quantitative data on a wide range of topics, including child health and nutrition, child protection, education, maternal health, and HIV and AIDS.

Since 1995, nearly 200 MICS have been conducted in approximately 100 countries and territories. The current round of surveys, implemented in more than 50 countries during 2005–2006, provides data for 21 of the 53 Millennium Development Goal indicators. Together with the USAID-supported Demographic and Health Surveys (DHS), with which the data are harmonized, this is the largest single source of MDG information. In addition, data collected through the latest round of MICS allow for new and more comprehensive assessments of the conditions under which children and women are living. These data allow us, for example, to report on quantitative indicators for child protection issues for the first time.

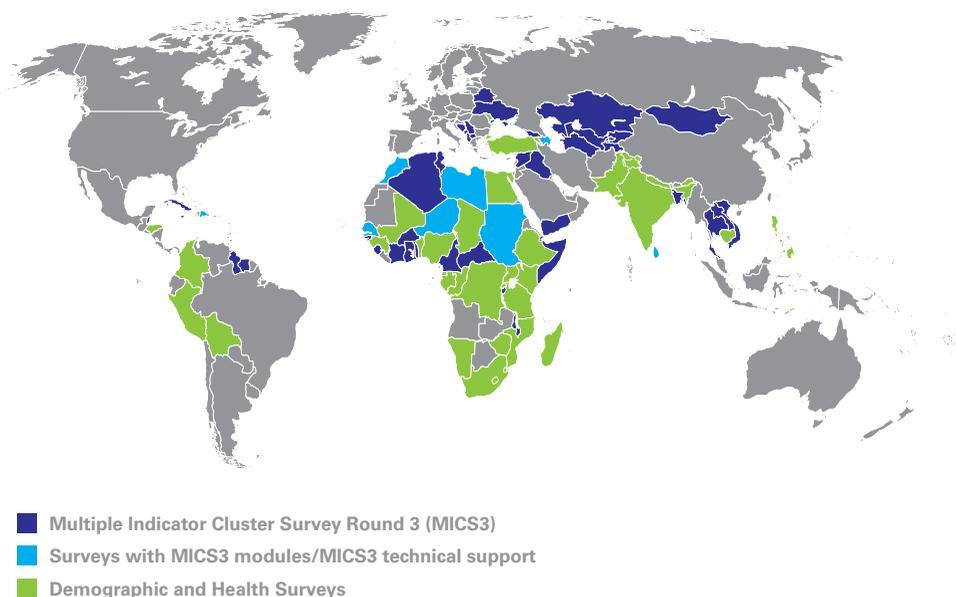
Data compilation

The data and analyses in this statistical review derive largely from information in UNICEF's global databases, which include the wealth of data that has recently become available through household surveys (*see map*). The UNICEF global databases incorporate only statistically sound and nationally representative data from household surveys, including MICS and DHS, and are updated annually through a process that draws on data maintained by UNICEF's network of field offices. The databases are publicly available at <www.childinfo.org>.

Data analysis

A series of interagency MDG monitoring groups has been formed in recent years. These groups focus on developing new methodologies, indicators and monitoring tools, building statistical capacity at the country level, developing joint estimates and harmonizing partners' monitoring work. UNICEF leads or plays an active role in the interagency monitoring groups focused on the following areas: maternal and child mortality; water supply and sanitation; immunization; malaria; and HIV and AIDS. The joint estimates developed by these interagency monitoring groups are included in UNICEF's global databases and are used to monitor progress towards international goals and targets, including the MDGs and the World Fit for Children commitments.

HOUSEHOLD SURVEY ACTIVITY (2003–2006)



This map and all maps in this publication are stylized and not to scale. They do not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

The dotted line in this map and all maps in this publication represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

MDG INDICATOR DEFINITIONS

MDG 1

Underweight prevalence – Moderate and severe levels of underweight: below minus two standard deviations from median weight for age of reference population.

MDG 2 and MDG 3

Primary school net enrolment/attendance ratio – Number of children enrolled in or attending primary school, expressed as a percentage of the total number of children of primary school age. The indicator is either the primary school net enrolment ratio (number of children enrolled in primary school who are of official primary school age, expressed as a percentage of the total number of children of official primary school age) or the primary school net attendance ratio (number of children attending primary or secondary school who are of official primary school age, expressed as a percentage of the total number of children of official primary school age). In general, if both indicators are available, the primary school net enrolment ratio is preferred unless the data for primary school attendance is considered to be of superior quality.

MDG 4

Under-five mortality rate (U5MR) – Probability of dying between birth and exactly five years of age, expressed per 1,000 live births.

MDG 5

Maternal mortality ratio – Annual number of deaths of women from pregnancy-related causes per 100,000 live births.

Lifetime risk of maternal death – Lifetime risk of maternal death takes into account both the probability of becoming pregnant and the probability of dying as a result of that pregnancy accumulated across a woman's reproductive years.

MDG 6

% under-fives sleeping under an insecticide-treated net – Percentage of children (aged 0–4 years) who slept under an insecticide-treated mosquito net.

% under-fives with fever receiving antimalarial drugs – Percentage of children (aged 0–4 years) who were ill with fever in the two weeks preceding the survey and received any appropriate (locally defined) antimalarial drugs.

Estimated adult HIV prevalence rate – Percentage of adults (aged 15–49) living with HIV as of end-2005.

HIV prevalence among young people – Percentage of young men and women (aged 15–24) living with HIV as of end-2005.

% of young people aged 15–24 who have comprehensive knowledge of HIV – Percentage of young men and women (aged 15–24) who correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission and who know that a healthy-looking person can be HIV-infected.

% of young people aged 15–24 who used condom at last high-risk sex – Percentage of young men and women (aged 15–24) who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner during the past 12 months.

Orphan school attendance ratio – Percentage of children (aged 10–14) who have lost both biological parents and who are currently attending school as a percentage of non-orphaned children of the same age who live with at least one parent and who are attending school.

MDG 7

Use of improved sources of drinking water – Percentage of the population using improved drinking-water sources, including piped water into dwelling, plot or yard; public tap/standpipe; tube well/borehole; protected dug well; protected spring and rainwater collection.

Use of improved sanitation facilities – Percentage of the population using improved sanitation facilities, including flush/pour flush to piped sewer system, septic tank, pit latrine; ventilation improved (VIP) latrine; pit latrine with slab and composting toilet.

UNICEF COUNTRY GROUPINGS

Averages given throughout this publication and at the end of each table (pages 50–67) are calculated using data from the countries and territories as grouped below.

Sub-Saharan Africa (combines UNICEF Eastern/Southern Africa and West/Central Africa regions)

Eastern/Southern Africa – Angola; Botswana; Burundi; Comoros; Eritrea; Ethiopia; Kenya; Lesotho; Madagascar; Malawi; Mauritius; Mozambique; Namibia; Rwanda; Seychelles; Somalia; South Africa; Swaziland; Tanzania, United Republic of; Uganda; Zambia; Zimbabwe

West/Central Africa – Benin; Burkina Faso; Cameroon; Cape Verde; Central African Republic; Chad; Congo; Congo, Democratic Republic of the; Côte d'Ivoire; Equatorial Guinea; Gabon; Gambia; Ghana; Guinea; Guinea-Bissau; Liberia; Mali; Mauritania; Niger; Nigeria; Sao Tome and Principe; Senegal; Sierra Leone; Togo

Middle East/North Africa

Algeria; Bahrain; Djibouti; Egypt; Iran (Islamic Republic of); Iraq; Jordan; Kuwait; Lebanon; Libyan Arab Jamahiriya; Morocco; Occupied Palestinian Territory; Oman; Qatar; Saudi Arabia; Sudan; Syrian Arab Republic; Tunisia; United Arab Emirates; Yemen

South Asia

Afghanistan; Bangladesh; Bhutan; India; Maldives; Nepal; Pakistan; Sri Lanka

East Asia/Pacific

Brunei Darussalam; Cambodia; China; Cook Islands; Fiji; Indonesia; Kiribati; Korea, Democratic People's Republic of; Korea, Republic of; Lao People's Democratic Republic; Malaysia; Marshall Islands; Micronesia (Federated States of); Mongolia; Myanmar; Nauru; Niue; Palau; Papua New Guinea; Philippines; Samoa; Singapore; Solomon Islands; Thailand; Timor-Leste; Tonga; Tuvalu; Vanuatu; Viet Nam

Latin America/Caribbean

Antigua and Barbuda; Argentina; Bahamas; Barbados; Belize; Bolivia; Brazil; Chile; Colombia; Costa Rica; Cuba; Dominica; Dominican Republic; Ecuador; El Salvador; Grenada; Guatemala; Guyana; Haiti; Honduras; Jamaica; Mexico; Nicaragua; Panama; Paraguay; Peru; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Suriname; Trinidad and Tobago; Uruguay; Venezuela (Bolivarian Republic of)

Central and Eastern Europe/Commonwealth of Independent States (CEE/CIS)

Albania; Armenia; Azerbaijan; Belarus; Bosnia and Herzegovina; Bulgaria; Croatia; Georgia; Kazakhstan; Kyrgyzstan; Moldova, Republic of; Montenegro; Romania; Russian Federation; Serbia; Tajikistan; the former Yugoslav Republic of Macedonia; Turkey; Turkmenistan; Ukraine; Uzbekistan

Industrialized countries/territories

Andorra; Australia; Austria; Belgium; Canada; Cyprus; Czech Republic; Denmark; Estonia; Finland; France; Germany; Greece; Holy See; Hungary; Iceland; Ireland; Israel; Italy; Japan; Latvia; Liechtenstein; Lithuania; Luxembourg; Malta; Monaco; Netherlands; New Zealand; Norway; Poland; Portugal; San Marino; Slovakia; Slovenia; Spain; Sweden; Switzerland; United Kingdom; United States

Developing countries/territories

Afghanistan; Algeria; Angola; Antigua and Barbuda; Argentina; Armenia; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belize; Benin; Bhutan; Bolivia; Botswana; Brazil; Brunei Darussalam; Burkina Faso; Burundi; Cambodia; Cameroon; Cape Verde; Central African Republic; Chad; Chile; China; Colombia; Comoros; Congo; Congo, Democratic Republic of the; Cook Islands; Costa Rica; Côte d'Ivoire; Cuba; Cyprus; Djibouti; Dominica; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Ethiopia; Fiji; Gabon; Gambia; Georgia; Ghana; Grenada; Guatemala; Guinea; Guinea-Bissau; Guyana; Haiti; Honduras; India; Indonesia; Iran (Islamic Republic of); Iraq; Israel; Jamaica; Jordan; Kazakhstan; Kenya; Kiribati; Korea, Democratic People's Republic of; Korea, Republic of; Kuwait; Kyrgyzstan; Lao People's Democratic Republic; Lebanon; Lesotho; Liberia; Libyan Arab Jamahiriya; Madagascar; Malawi; Malaysia; Maldives; Mali; Marshall Islands; Mauritania; Mauritius; Mexico; Micronesia (Federated States of); Mongolia; Morocco; Mozambique; Myanmar; Namibia; Nauru; Nepal; Nicaragua; Niger; Nigeria; Niue; Occupied Palestinian Territory; Oman; Pakistan; Palau; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Qatar; Rwanda; Saint Kitts and Nevis; Saint Lucia; Saint Vincent/Grenadines; Samoa; Sao Tome and Principe; Saudi Arabia; Senegal; Seychelles; Sierra Leone; Singapore; Solomon Islands; Somalia; South Africa; Sri Lanka; Sudan; Suriname; Swaziland; Syrian Arab Republic; Tajikistan; Tanzania, United Republic of; Thailand; Timor-Leste; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; Tuvalu; Uganda; United Arab Emirates; Uruguay; Uzbekistan; Vanuatu; Venezuela (Bolivarian Republic of); Viet Nam; Yemen; Zambia; Zimbabwe

Least developed countries/territories

Afghanistan; Angola; Bangladesh; Benin; Bhutan; Burkina Faso; Burundi; Cambodia; Cape Verde; Central African Republic; Chad; Comoros; Congo, Democratic Republic of the; Djibouti; Equatorial Guinea; Eritrea; Ethiopia; Gambia; Guinea; Guinea-Bissau; Haiti; Kiribati; Lao People's Democratic Republic; Lesotho; Liberia; Madagascar; Malawi; Maldives; Mali; Mauritania; Mozambique; Myanmar; Nepal; Niger; Rwanda; Samoa; Sao Tome and Principe; Senegal; Sierra Leone; Solomon Islands; Somalia; Sudan; Tanzania, United Republic of; Timor-Leste; Togo; Tuvalu; Uganda; Vanuatu; Yemen; Zambia



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