

# 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

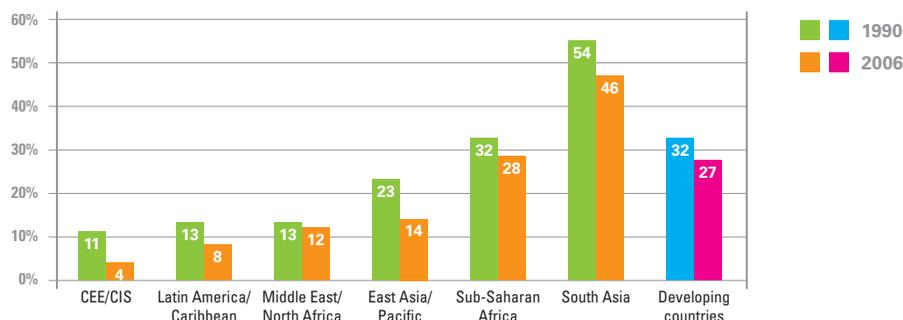
Since 1990, underweight prevalence has declined from 32 per cent to 27 per cent in the developing world. The East Asia/Pacific and CEE/CIS regions have made the greatest progress in reducing underweight prevalence, and 58 countries are on track to reach the MDG target. Yet, 143 million under-fives in 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

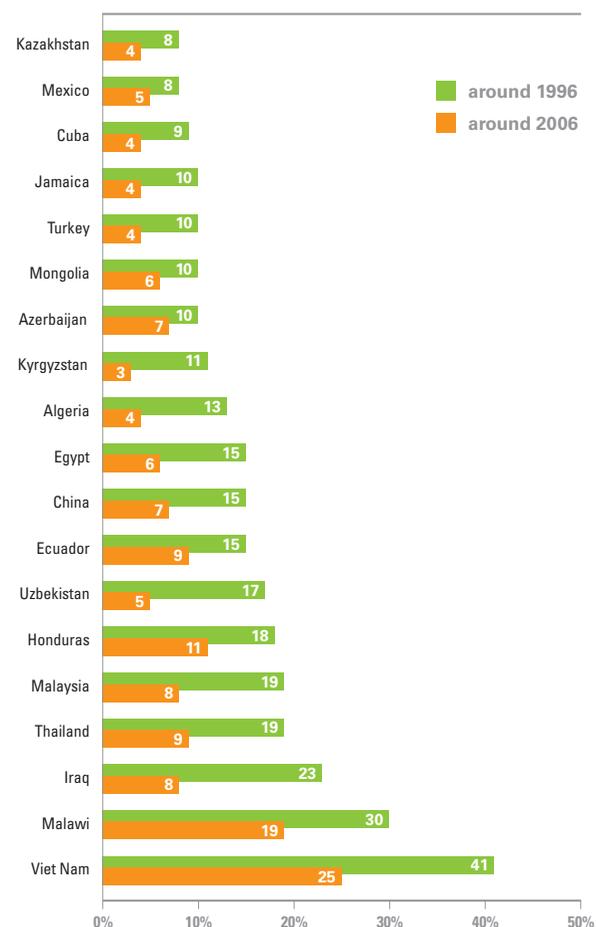
Underweight prevalence in children under five, by region (1990 and 2006)



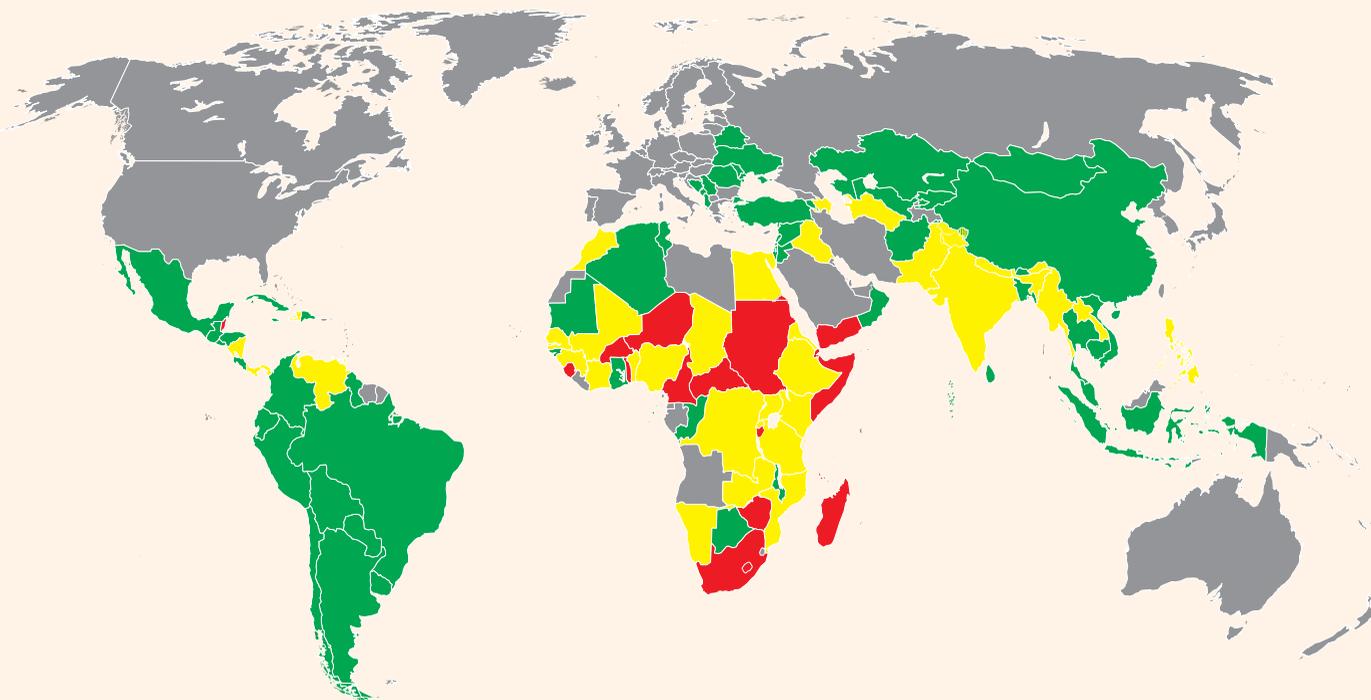
**Note:** The trend analysis is based on a subset of 71 countries with trend data, covering 78 per cent of the under-five population in the developing world. For CEE/CIS, the baseline year is 1996; data availability was limited for the period around 1990.

## 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



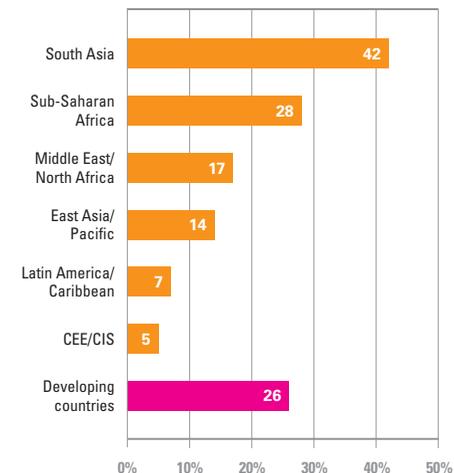
Progress towards the MDG target, with countries classified according to the following thresholds:

- **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)

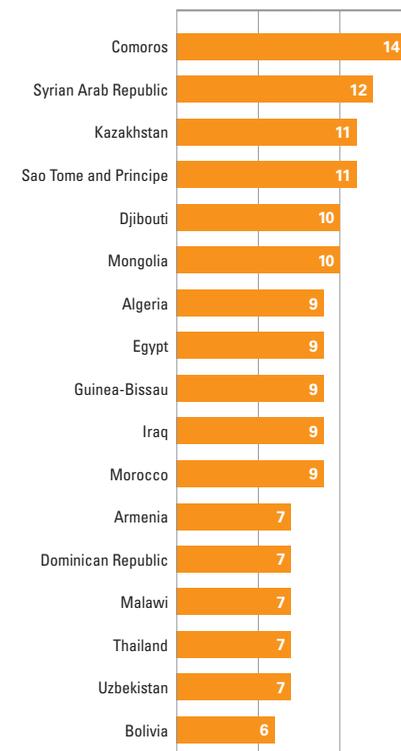
## WASTING PREVALENCE IS 10 PER CENT OR MORE IN 24 COUNTRIES, INCLUDING ALMOST ALL COUNTRIES IN SOUTH ASIA AND MANY IN SUB-SAHARAN AFRICA

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   |

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

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



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