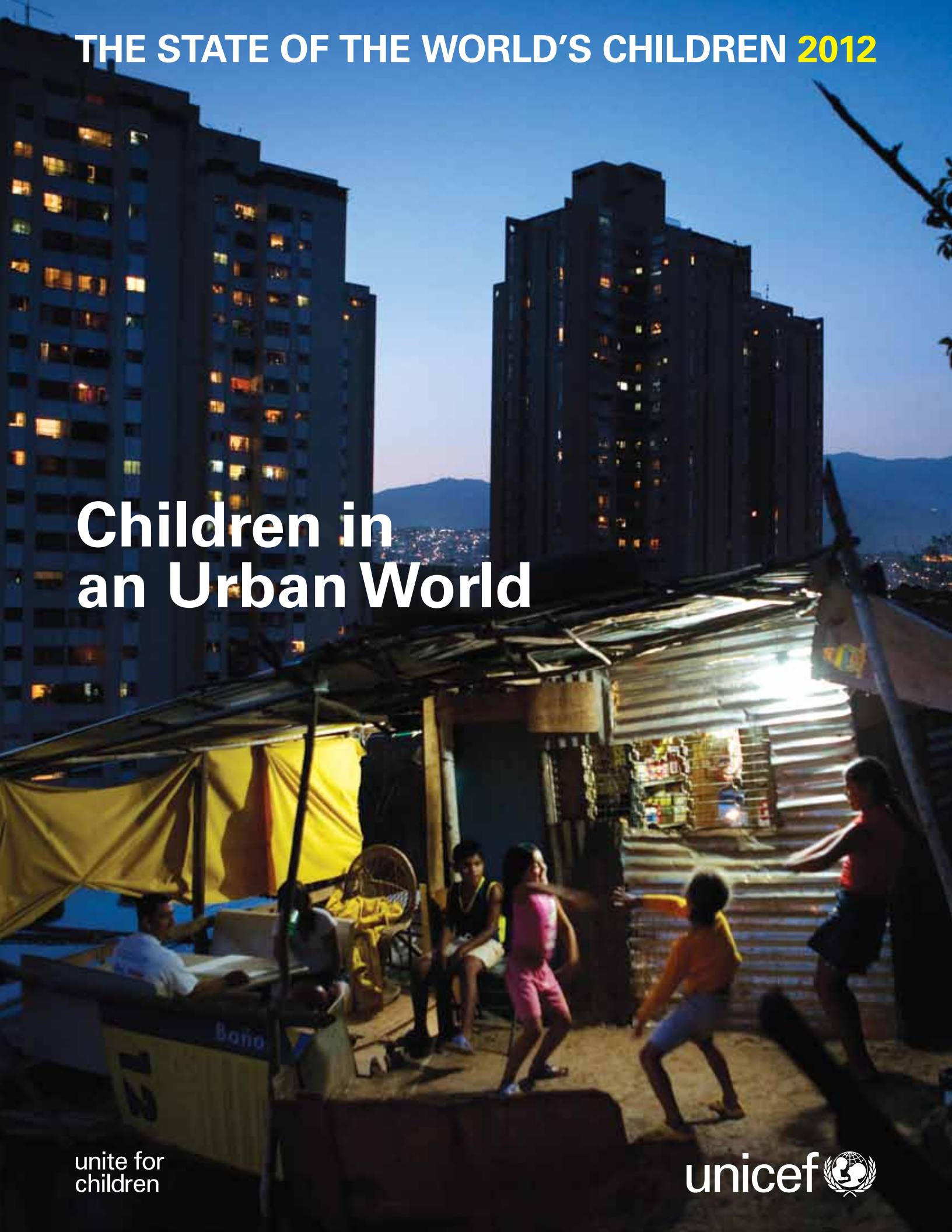
THE STATE OF THE WORLD'S CHILDREN 2012

Children in an Urban World



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THE STATE OF THE WORLD'S CHILDREN 2012

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Photographs

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Children dance in an informal settlement on a hillside in Caracas, Bolivarian Republic of Venezuela (2007).
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Children play in Tarlabasi, a neighbourhood that is home to many migrants in Istanbul, Turkey.
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Queuing for water at Camp Luka, a slum on the outskirts of Kinshasa, Democratic Republic of the Congo.
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A girl in Kirkuk, Iraq, drags scrap metal that her family will use to reinforce their home – a small space with curtains for walls on the top floor of a former football stadium.
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Boys play football in the courtyard of the Centre Sauvetage BICE, which offers residential and family services for vulnerable children in Abidjan, Côte d'Ivoire.
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Girls and boys work on a group project in a primary school in Tarawa, Kiribati.
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PUTTING CHILDREN FIRST IN AN URBAN WORLD

The experience of childhood is increasingly urban. Over half the world's people – including more than a billion children – now live in cities and towns. Many children enjoy the advantages of urban life, including access to educational, medical and recreational facilities. Too many, however, are denied such essentials as electricity, clean water and health care – even though they may live close to these services. Too many are forced into dangerous and exploitative work instead of being able to attend school. And too many face a constant threat of eviction, even though they live under the most challenging conditions – in ramshackle dwellings and overcrowded settlements that are acutely vulnerable to disease and disaster.

The hardships endured by children in poor communities are often concealed – and thus perpetuated – by the statistical averages on which decisions about resource allocation are based. Because averages lump everyone together, the poverty of some is obscured by the wealth of others. One consequence of this is that children already deprived remain excluded from essential services.

Increasing numbers of children are growing up in urban areas. They must be afforded the amenities and opportunities they need to realize their rights and potential. Urgent action must be taken to:

- Better understand the scale and nature of poverty and exclusion affecting children in urban areas.
- Identify and remove the barriers to inclusion.
- Ensure that urban planning, infrastructure development, service delivery and broader efforts to reduce poverty and inequality meet the particular needs and priorities of children.
- Promote partnership between all levels of government and the urban poor – especially children and young people.
- Pool the resources and energies of international, national, municipal and community actors in support of efforts to ensure that marginalized and impoverished children enjoy their full rights.

These actions are not goals but means to an end: fairer, more nurturing cities and societies for all people – starting with children.

FOREWORD

When many of us think of the world's poorest children, the image that comes readily to mind is that of a child going hungry in a remote rural community in sub-Saharan Africa – as so many are today.

But as *The State of the World's Children 2012* shows with clarity and urgency, millions of children in cities and towns all over the world are also at risk of being left behind.

In fact, hundreds of millions of children today live in urban slums, many without access to basic services. They are vulnerable to dangers ranging from violence and exploitation to the injuries, illnesses and death that result from living in crowded settlements atop hazardous rubbish dumps or alongside railroad tracks. And their situations – and needs – are often represented by aggregate figures that show urban children to be better off than their rural counterparts, obscuring the disparities that exist among the children of the cities.

This report adds to the growing body of evidence and analysis, from UNICEF and our partners, that scarcity and dispossession afflict the poorest and most marginalized children and families disproportionately. It shows that this is so in urban centres just as in the remote rural places we commonly associate with deprivation and vulnerability.

The data are startling. By 2050, 70 per cent of all people will live in urban areas. Already, 1 in 3 urban dwellers lives in slum conditions; in Africa, the proportion is a staggering 6 in 10. The impact on children living in such conditions is significant. From Ghana and Kenya to Bangladesh and India, children living in slums are among the least likely to attend school. And disparities in nutrition separating rich and poor children within the cities and towns of sub-Saharan Africa are often greater than those between urban and rural children.

Every disadvantaged child bears witness to a moral offense: the failure to secure her or his rights to survive, thrive and participate in society. And every excluded child represents a missed opportunity – because when society fails to extend to urban children the services and protection that would enable them to develop as productive and creative individuals, it loses the social, cultural and economic contributions they could have made.

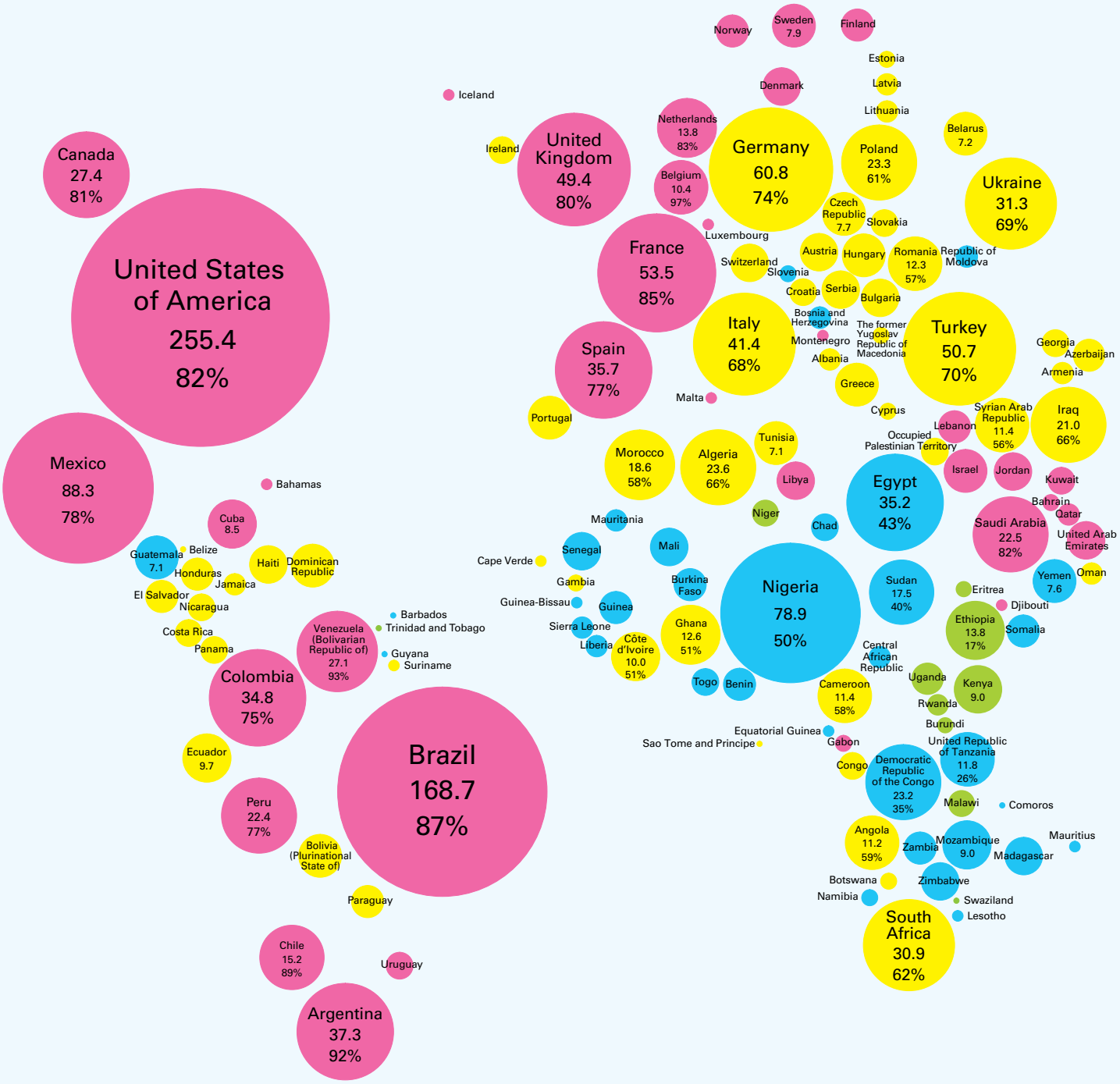
We must do more to reach all children in need, wherever they live, wherever they are excluded and left behind. Some might ask whether we can afford to do this, especially at a time of austerity in national budgets and reduced aid allocations. But if we overcome the barriers that have kept these children from the services that they need and that are theirs by right, then millions more will grow up healthy, attend school and live more productive lives.

Can we afford not to do this?

Anthony Lake
Executive Director, UNICEF

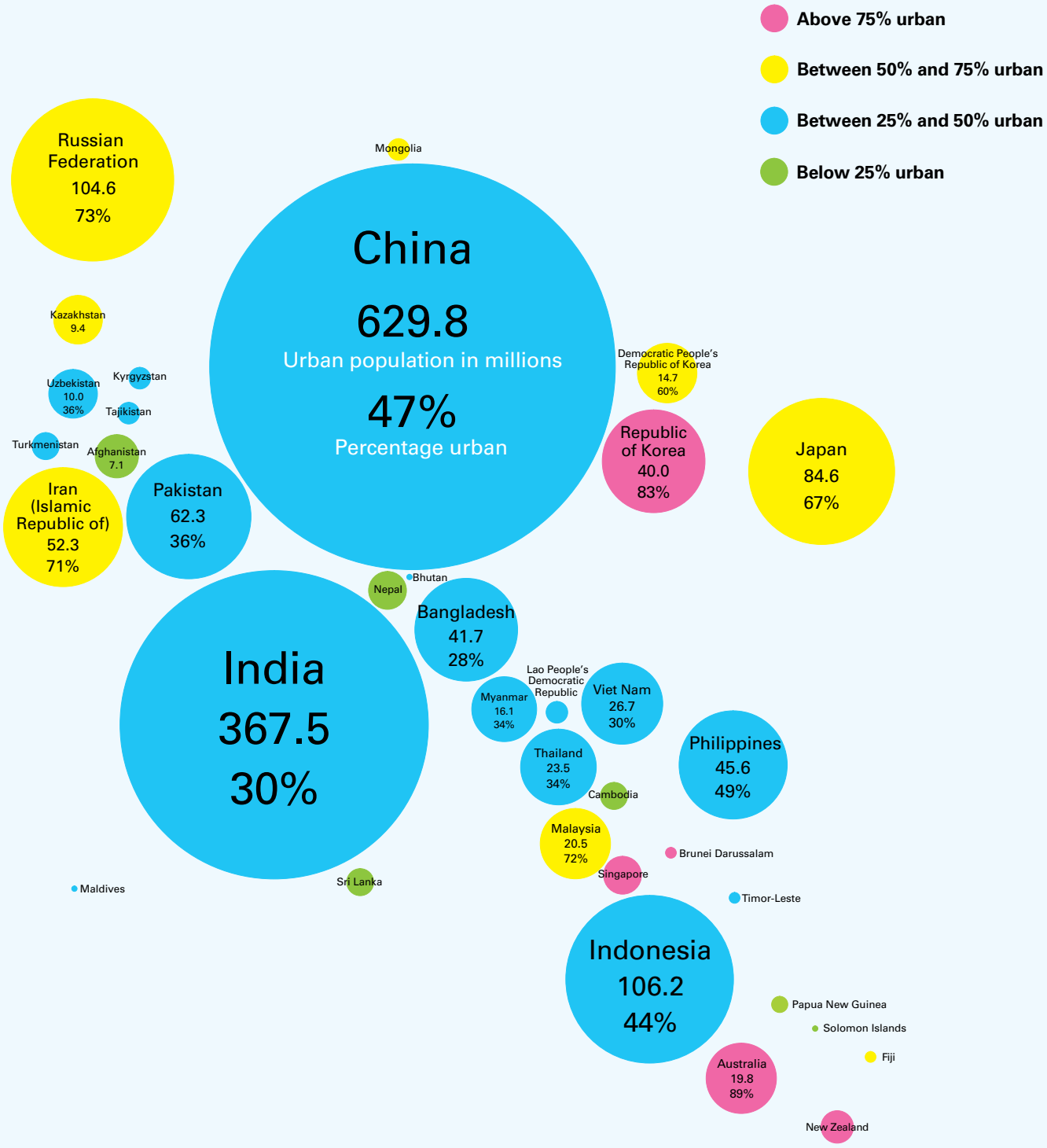
AN URBAN WORLD

This graphic depicts countries and territories with urban populations exceeding 100,000. Circles are scaled in proportion to urban population size. Where space allows, numbers within circles show urban population (in millions) and urban percentage of the country's population.



Source: United Nations, Department of Economic and Social Affairs (UNDESA), Population Division special updated estimates of urban population as of October 2011, consistent with *World Population Prospects: The 2010 revision* and *World Urbanization Prospects: The 2009 revision*. Graphic presentation of data based on *The Guardian*, 27 July 2007.

This map is stylized and based on an approximate scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.



Notes: Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, data for the Sudan and South Sudan as separate States are not yet available. Data presented are for the Sudan pre-cession.
Data for China do not include Hong Kong and Macao, Special Administrative Regions of China. Hong Kong became a Special Administrative Region (SAR) of China as of 1 July 1997; Macao became a SAR of China as of 20 December 1999.
Data for France do not include French Guiana, Guadeloupe, Martinique, Mayotte and Reunion.
Data for the Netherlands do not include the Netherlands Antilles.
Data for the United States of America do not include Puerto Rico and United States Virgin Islands.

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CHAPTER 1

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Children in an increasingly urban world

The day is coming when the majority of the world's children will grow up in cities and towns. Already, half of all people live in urban areas. By mid-century, over two thirds of the global population will call these places home. This report focuses on the children – more than one billion and counting – who live in urban settings around the world.

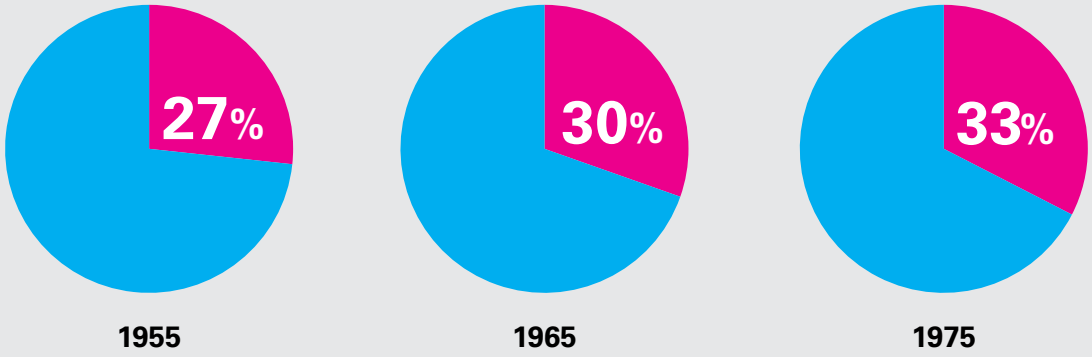
Urban areas offer great potential to secure children's rights and accelerate progress towards the Millennium Development Goals (MDGs). Cities attract and generate wealth, jobs and investment, and are therefore associated with economic development. The more urban a country, the more likely it is to have higher incomes and stronger institutions.[1] Children in urban areas are often better off than their rural counterparts thanks to higher standards of health, protection, education and sanitation. But urban advances have been uneven, and millions of children in marginalized urban settings confront daily challenges and deprivations of their rights.

Traditionally, when children's well-being is assessed, a comparison is drawn between the indicators for children in rural areas and those in urban settings. As expected, urban results tend to be better, whether in terms of the proportion of children reaching their first or fifth birthday, going to school or gaining access to improved sanitation. But these comparisons rest on aggregate figures in which the hardships endured by poorer urban children are obscured by the wealth of communities elsewhere in the city.

Where detailed urban data are available, they reveal wide disparities in children's rates of survival, nutritional status and education resulting from unequal access to

Figure 1.1. Almost half of the world's children live in urban areas

World population (0–19 years old)



services. Such disaggregated information is hard to find, however, and for the most part development is pursued, and resources allocated, on the basis of statistical averages. One consequence of this is that children living in informal settlements and impoverished neighbourhoods are excluded from essential services and social protection to which they have a right. This is happening as population growth puts existing infrastructure and services under strain and urbanization becomes nearly synonymous with slum formation. According to the United Nations Human Settlements Programme (UN-Habitat), one city dweller in three lives in slum conditions, lacking security of tenure in overcrowded, unhygienic places characterized by unemployment, pollution, traffic, crime, a high cost of living, poor service coverage and competition over resources.

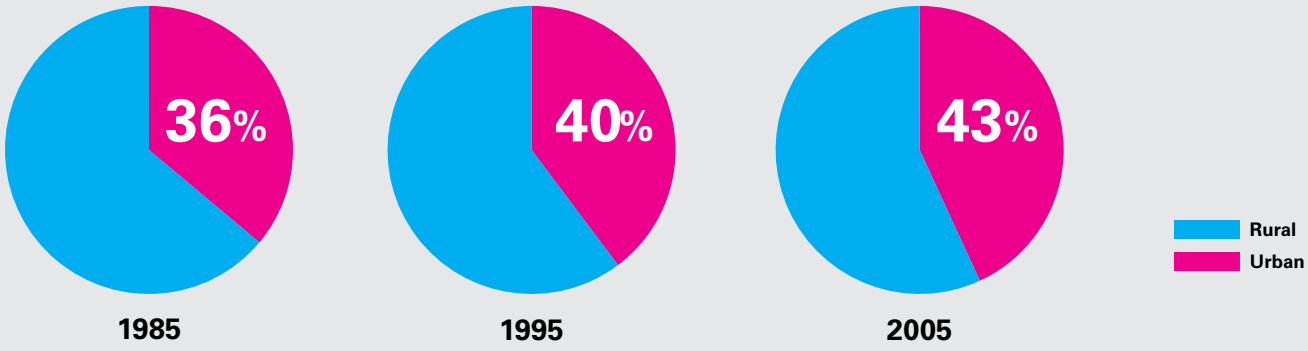
This report focuses mainly on those children in urban settings all over the world who face a particularly complex set of challenges to their development and the fulfilment of their rights. Following an overview of the world's urban landscape, Chapter 2 looks at the status of children in urban settings through the lens of international human rights instruments and development goals. Chapter 3 examines some of the phenomena shaping the lives of children in urban areas, from their reasons for coming to the city and their experience of migration to the challenges posed by economic shocks, violence and acute disaster risk.

Clearly, urban life can be harsh. It need not be. Many cities have been able to contain or banish diseases that were widespread only a generation ago. Chapter 4 presents examples of efforts to improve the urban realities that children confront. These instances show that it is possible to fulfil commitments to children – but only if all children receive due attention and investment and if the privilege of some is not allowed to obscure the disadvantages of others. Accordingly, the final chapter of this report identifies broad policy actions that should be included in any strategy to reach excluded children and foster equity in urban settings riven by disparity.

An urban future

By 2050, 7 in 10 people will live in urban areas. Every year, the world's urban population increases by approximately 60 million people. Most of this growth is taking place in low- and middle-income countries. Asia is home to half of the world's urban population and 66 out of the 100 fastest-growing urban areas, 33 of which are in China alone. Cities such as Shenzhen, with a 10 per cent rate of annual increase in 2008, are doubling in population every seven years.[2] Despite a low overall rate of urbanization, Africa has a larger urban population than North America or Western Europe, and more than 6 in 10 Africans who live in urban areas reside in slums.

New urban forms are evolving as cities expand and merge. Nearly 10 per cent of the urban population is found in megacities – each with more than 10 million people – which have multiplied across the globe. New York and Tokyo, on the list since 1950, have been joined by a further 19, all but 3 of them in Asia, Latin America and Africa. Yet most urban growth is taking place not in megacities but in smaller cities and towns, home to the majority of urban children and young people.[3]



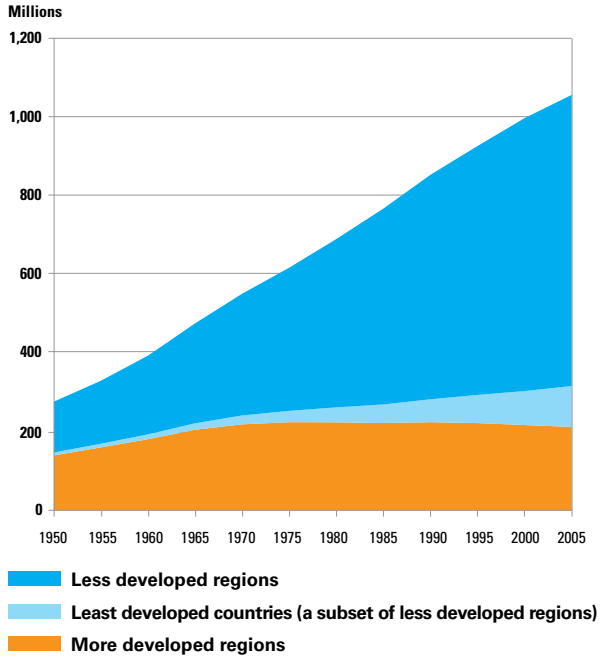
Source: United Nations, Department of Economic and Social Affairs (UNDESA), Population Division.

In contrast to rapid urban growth in the developing world, more than half of Europe's cities are expected to shrink over the next two decades.[4] The size of the urban population in high-income countries is projected to remain largely unchanged through 2025, however, with international migrants making up the balance.[5]

Migration from the countryside has long driven urban growth and remains a major factor in some regions. But the last comprehensive estimate, made in 1998, suggests that children born into existing urban populations account for around 60 per cent of urban growth.[6]

Figure 1.2. Urban population growth is greater in less developed regions

World urban population (0–19 years old)



Source: UNDESA, Population Division.

Poverty and exclusion

For billions of people, the urban experience is one of poverty and exclusion. Yet standard data collection and analysis fail to capture the full extent of both problems. Often, studies overlook those residents of a city whose homes and work are unofficial or unregistered – precisely those most likely to be poor or suffer discrimination. Moreover, official definitions of poverty seldom take sufficient account of the cost of non-food needs. In consequence, poverty thresholds applied to urban populations make inadequate allowance for the costs of transport, rent, water, sanitation, schooling and health services.[7]

Difficult urban living conditions reflect and are exacerbated by factors such as illegality, limited voice in decision-making and lack of secure tenure, assets and legal protection. Exclusion is often reinforced by discrimination on the grounds of gender, ethnicity, race or disability. In addition, cities often expand beyond the capacity of the authorities to provide the infrastructure and services needed to ensure people's health and well-being. A significant proportion of urban population growth is occurring in the most unplanned and deprived areas. These factors combine to push essential services beyond the reach of children and families living in poor urban neighbourhoods.

Physical proximity to a service does not guarantee access. Indeed, many urban inhabitants live close to

schools or hospitals but have little chance of using these services. Even where guards or fees do not bar entry, poor people may lack the sense of entitlement and empowerment needed to ask for services from institutions perceived as the domain of those of higher social or economic rank.

Inadequate access to safe drinking water and sanitation services puts children at increased risk of illness, undernutrition and death. When child health statistics are disaggregated, it becomes clear that even where services are nearby, children growing up in poor urban settings face significant health risks. In some cases, the risks exceed those prevalent in rural areas.[8] Studies demonstrate that in many countries, children living in urban poverty fare as badly as or worse than children living in rural poverty in terms of height-for-weight and under-five mortality.[9]

Children's health is primarily determined by the socio-economic conditions in which they are born, grow and live, and these are in turn shaped by the distribution of power and resources. The consequences of having too little of both are most readily evident in informal settlements and slums, where roughly 1.4 billion people will live by 2020.[10]

By no means do all of the urban poor live in slums – and by no means is every inhabitant of a slum poor. Nevertheless, slums are an expression of, and a practical response to, deprivation and exclusion.

Social determinants of urban health

Stark disparities in health between rich and poor have drawn attention to the social determinants of health, or the ways in which people's health is affected not only by the medical care and support systems available to prevent and manage illness, but also by the economic, social and political circumstances in which they are born and live.

The urban environment is in itself a social determinant of health. Urbanization drove the emergence of public health as a discipline because the concentration of people in towns and cities made it easier for communicable diseases to spread – mainly from poorer quarters to wealthier ones. An increasingly urban world is also contributing to the rising incidence of non-communicable diseases, obesity, alcohol and substance abuse, mental illness and injuries.

Many poor and marginalized groups live in slums and informal settlements, where they are subjected to a multitude of health threats. Children from these communities are particularly vulnerable because of the stresses of their living conditions. As the prevalence of physical and social settings of extreme deprivation increases, so does the risk of reversing the overall success of disease prevention and control efforts.

The urban environment need not harm people's health. In addition to changes in individual behaviour, broader social policy prioritizing adequate housing; water and sanitation; food security; efficient waste management systems; and safer places to live, work and play can effectively reduce health risk factors. Good governance that enables families from all urban strata to access high-quality services – education, health, public transportation and childcare, for example – can play a major part in safeguarding the health of children in urban environments.

Growing awareness of the potential of societal circumstances to help or harm individuals' health has led to such initiatives as the World Health Organization's Commission on Social Determinants of Health. Its recommendations emphasize that effectively addressing the causes of poor health in urban areas requires a range of solutions, from improving living conditions, through investment in health systems and progressive taxation, to improved governance, planning and accountability at the local, national and international levels. The challenges are greatest in low- and middle-income countries, where rapid urban population growth is seldom accompanied by adequate investment in infrastructure and services. The Commission has also highlighted the need to address the inequalities that deny power and resources to marginalized populations, including women, indigenous people and ethnic minorities.

Source: World Health Organization; Global Research Network on Urban Health Equity.

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A woman and child walk among the ruins of a low-income neighbourhood alongside a new residential development in Abuja, Nigeria.

Impoverished people, denied proper housing and security of tenure by inequitable economic and social policies and regulations governing land use and management, resort to renting or erecting illegal and often ramshackle dwellings. These typically include tenements (houses that have been subdivided), boarding houses, squatter settlements (vacant plots or buildings occupied by people who do not own, rent or have permission to use them) and illegal subdivisions (in which a house or hut is built in the backyard of another, for example). Squatter settlements became common in rapidly growing cities, particularly from the 1950s onward, because inexpensive housing was in short supply. Where informal settlements were established on vacant land, people were able to build their own homes.

Illegal dwellings are poor in quality, relatively cheap – though they will often still consume about a quarter of household income – and notorious for the many hazards they pose to health. Overcrowding and unsanitary conditions facilitate the transmission of disease – including pneumonia and diarrhoea, the two leading killers of children younger than 5 worldwide. Outbreaks of measles, tuberculosis and other vaccine-preventable diseases are also more frequent in these areas, where population density is high and immunization levels are low.

In addition to other perils, slum inhabitants frequently face the threat of eviction and maltreatment, not just by landlords but also from municipal authorities intent on 'cleaning up' the area. Evictions may take place because of a wish to encourage tourism, because the country is hosting a major sporting event or simply because the slum stands in the way of a major redevelopment. They may come without warning, let alone consultation, and very often proceed without compensation or involve moving to an unfeasible location. The evictions themselves cause major upheaval and can destroy long-established economic and social systems and support networks – the existence of which should come as no surprise if one ponders what it takes to survive and advance in such challenging settings. Even those who are not actually evicted can suffer significant stress and insecurity from the threat of removal. Moreover, the constant displacement and abuse of marginalized populations can further hinder access to essential services.

Despite their many deprivations, slum residents provide at least one essential service to the very societies from which they are marginalized – labour. Some of it is formal and some undocumented, but almost all is low-paid – for example, as factory hands, shop assistants, street vendors and domestic workers.

Slums: The five deprivations

The United Nations Human Settlements Programme (UN-Habitat) defines a slum household as one that lacks one or more of the following:

- **Access to improved water**
  An adequate quantity of water that is affordable and available without excessive physical effort and time
- **Access to improved sanitation**
  Access to an excreta disposal system, either in the form of a private toilet or a public toilet shared with a reasonable number of people
- **Security of tenure**
  Evidence or documentation that can be used as proof of secure tenure status or for protection from forced evictions
- **Durability of housing**
  Permanent and adequate structure in a non-hazardous location, protecting its inhabitants from the extremes of climatic conditions such as rain, heat, cold or humidity
- **Sufficient living area**
  Not more than three people sharing the same room

URBAN DISPARITIES

On average, children in urban areas are more likely to survive infancy and early childhood, enjoy better health and have more educational opportunity than their counterparts in rural areas. This effect is often referred to as the 'urban advantage'.

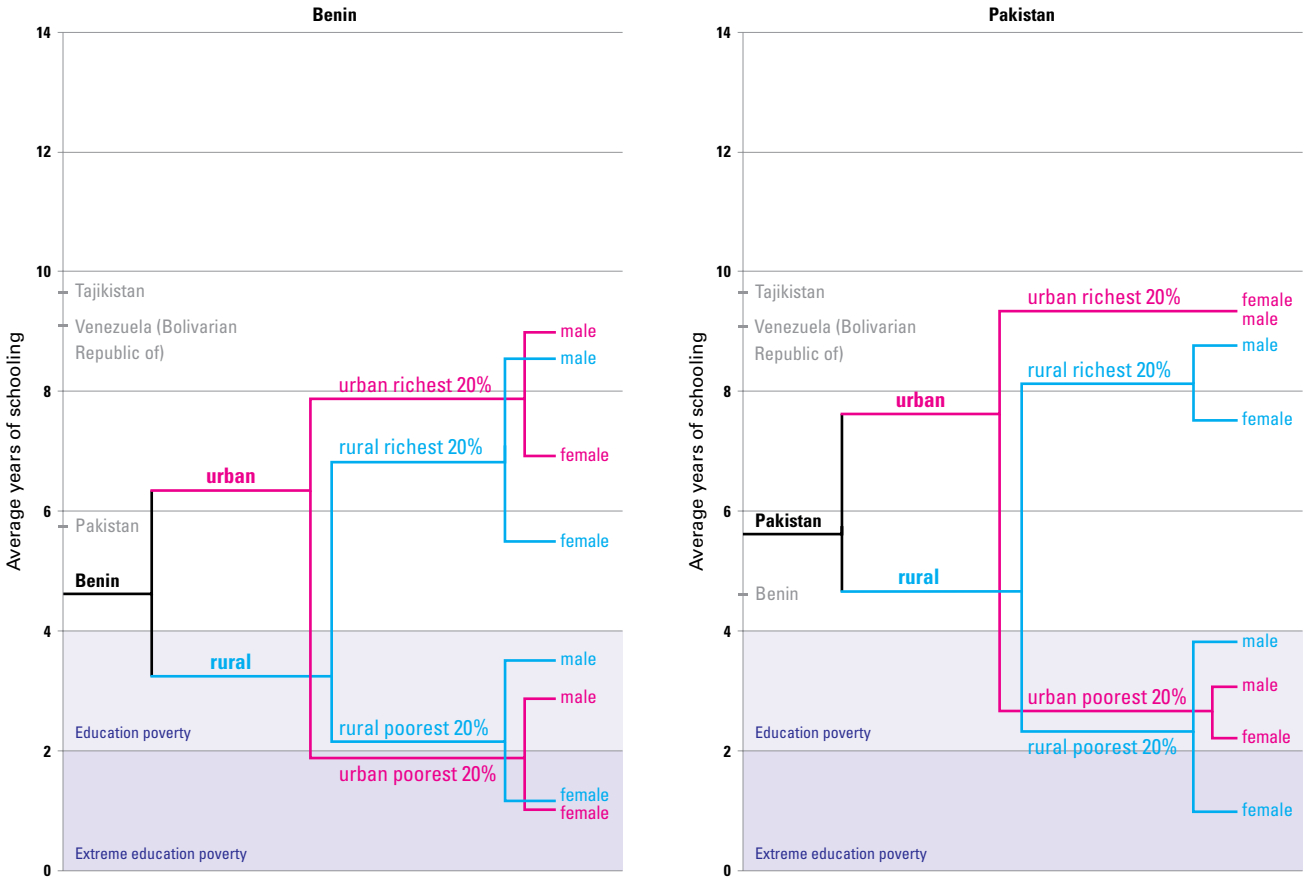
Nevertheless, the scale of inequality within urban areas is a matter of great concern. Gaps between rich and poor in towns and cities can sometimes equal or exceed those found in rural areas. When national averages are disaggregated, it becomes clear that many children living in urban poverty are clearly disadvantaged and excluded from higher education, health services and other benefits enjoyed by their affluent peers.

The figures below, called 'equity trees', illustrate that, while vast disparities exist in rural areas, poverty also can severely limit a child's education in urban areas – in some cases, more so than in the countryside.

In Benin, Pakistan, Tajikistan and Venezuela (Bolivarian Republic of), the education gap between the richest 20 per cent and the poorest 20 per cent is greater in urban than in rural areas. The gap is widest in Venezuela, where pupils from the richest urban families have, on average, almost eight years more schooling than those from the poorest ones, compared with a gap of 5 years between the wealthy and poor in rural areas. In Benin, Tajikistan and Venezuela, children

Figure 1.3. Educational attainment can be most unequal in urban areas

Average years of schooling among population aged 17–22, by location, wealth and gender

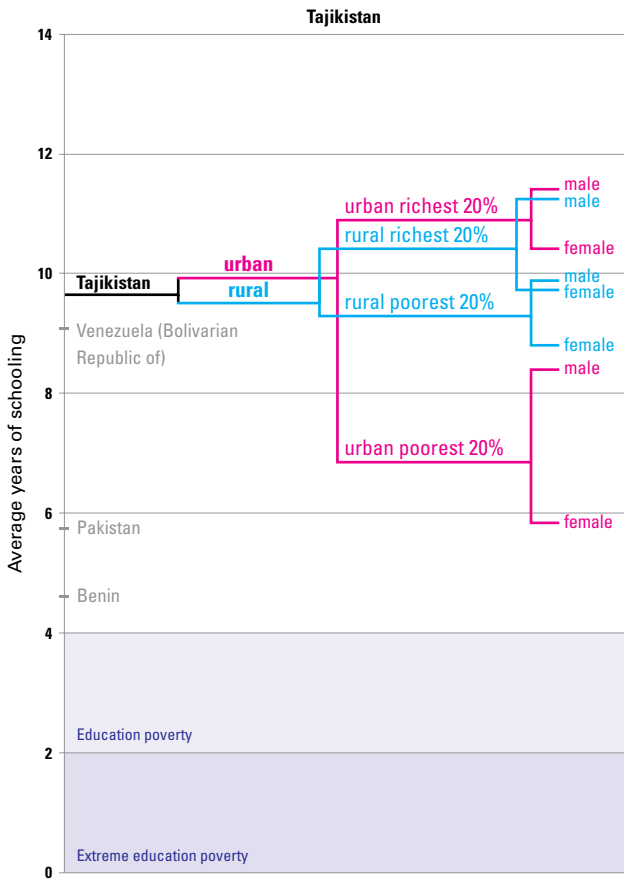


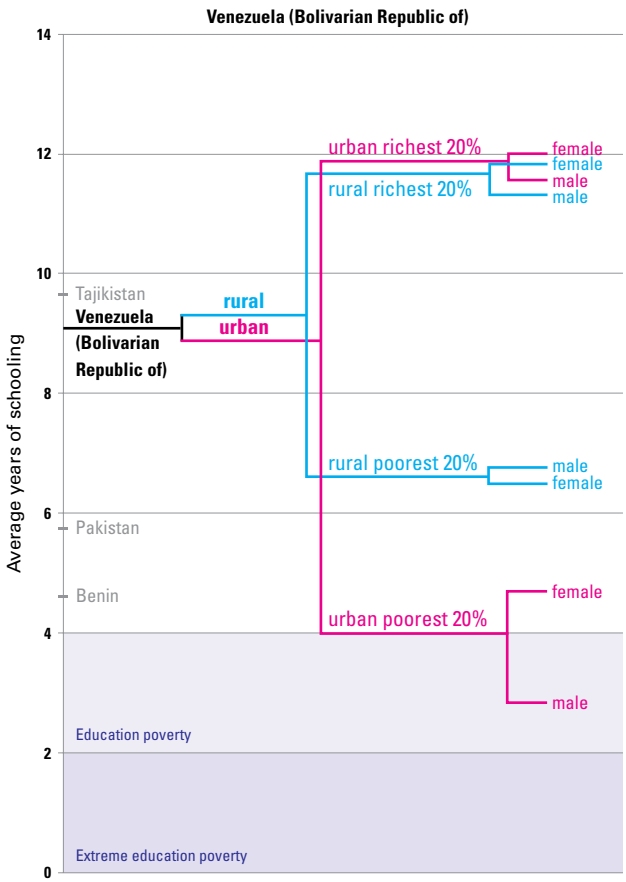
Source: UNICEF analysis based on UNESCO Deprivation and Marginalization in Education database (2009) using household survey data: Benin (DHS, 2006); Pakistan (DHS, 2007); Tajikistan (MICS, 2005); Venezuela (Bolivarian Republic of) (MICS, 2000).

from the poorest urban households are likely to have fewer years of schooling not only than children from wealthier urban households but also than their rural counterparts.

Some disparities transcend location. Girls growing up in poor households are at a great disadvantage regardless of whether they live in urban or rural areas. In Benin, girls in urban and rural areas who come from the poorest 20 per cent of the population receive less than two years of schooling, compared with three to four years for their male counterparts and about nine years for the richest boys in urban and rural settings. In Pakistan, the difference in educational attainment between the poorest boys and girls is about three years in rural areas and about one year in urban areas.

The gender gap is more pronounced for poor girls in urban Tajikistan. On average, they receive less than six years of education, compared with almost nine years for poor girls in rural areas. But the gender gap is reversed in Venezuela, where the poorest boys in urban areas receive the least education – less than three years of schooling, compared to four and a half years for the poorest girls in urban settings and about six and a half years for the poorest boys and girls in rural areas.





Children juggle to make money on the streets of Salvador, capital of the eastern state of Bahia, Brazil.

Meeting the challenges of an urban future

Children and adolescents are, of course, among the most vulnerable members of any community and will disproportionately suffer the negative effects of poverty and inequality. Yet insufficient attention has been given to children living in urban poverty. The situation is urgent, and international instruments such as the Convention on the Rights of the Child and commitments such as the MDGs can help provide a framework for action.

The fast pace of urbanization, particularly in Africa and Asia, reflects a rapidly changing world. Development practitioners realize that standard programming approaches, which focus on extending services to more readily accessible communities, do not always reach people whose needs are greatest. Disaggregated data show that many are being left behind.

Cities are not homogeneous. Within them, and particularly within the rapidly growing cities of low- and middle-income countries, reside millions of children who face similar, and sometimes worse, exclusion and deprivation than children living in rural areas.

In principle, the deprivations confronting children in urban areas are a priority for human rights-based development programmes. In practice, and particularly given the misperception that services are within reach of all urban residents, lesser investment has often been devoted to those living in slums and informal urban settlements.

For this to change, a focus on equity is needed – one in which priority is given to the most disadvantaged children, wherever they live.

The first requirement is to **improve understanding of the scale and nature of urban poverty and exclusion affecting children**. This will entail not only sound statistical work – a hallmark of which must be greater disaggregation of urban data – but also solid research and evaluation of interventions intended to advance the rights of children to survival, health, development, sanitation, education and protection in urban areas.

Second, development solutions must **identify and remove the barriers to inclusion** that prevent marginalized children and families from using services, expose them to violence and exploitation, and bar them from taking part in decision-making. Among other necessary actions, births must be registered, legal status conferred and housing tenure made secure.

Third, a **sharp focus on the particular needs and priorities of children** must be maintained in urban planning, infrastructure development, service delivery and broader efforts to reduce poverty and disparity. The international Child-Friendly Cities Initiative provides an example of the type of consideration that must be given children in every facet of urban governance.

Fourth, policy and practice must **promote partnership between the urban poor and government at all its levels.** Urban initiatives that foster such participation – and in particular those that involve children and young people – report better results not only for children but also for their communities.

Finally, everyone must **work together to achieve results for children.** International, national, municipal and community actors will need to pool resources and energies in support of the rights of marginalized and impoverished children growing up in urban environments. Narrowing the gaps to honour international commitments to all children will require additional efforts not only in rural areas but also within cities.

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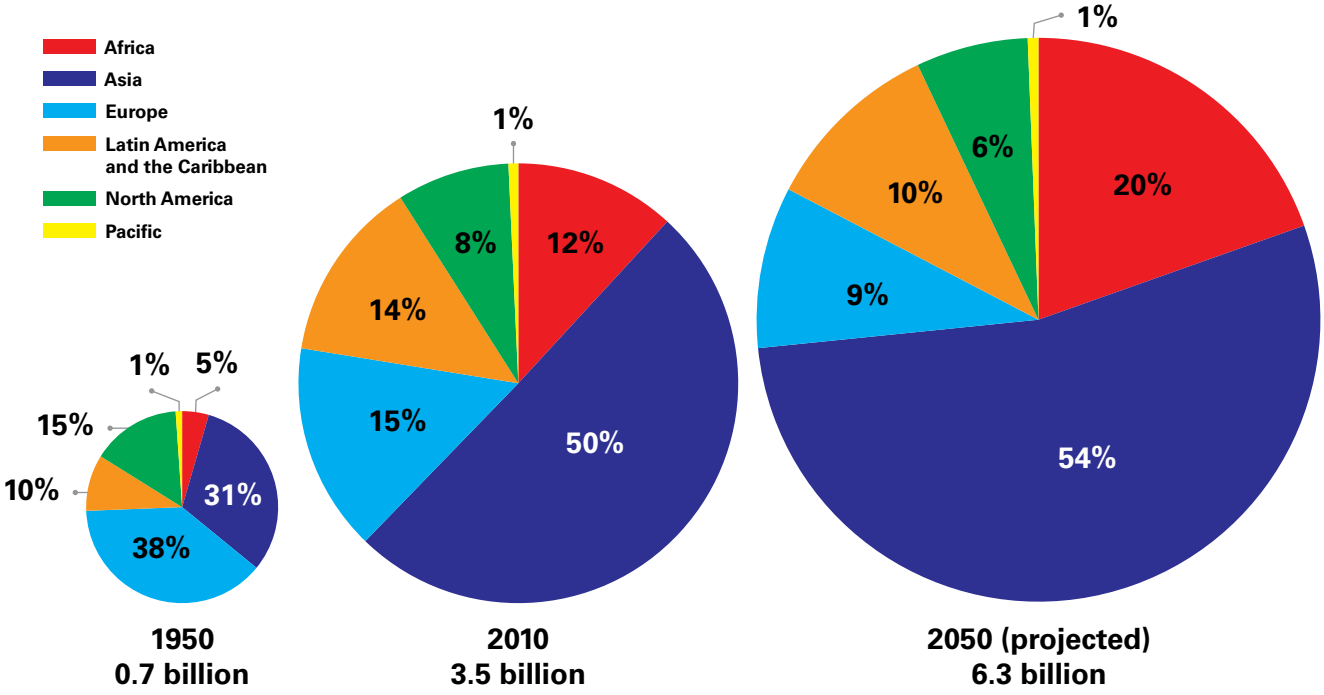
Children put their sprawling slum on the map – literally. The data they have gathered about Rishi Aurobindo Colony, Kolkata, India, will be uploaded to Google Earth.

Clearly, children's rights cannot be fulfilled and protected unless governments, donors and international organizations look behind the broad averages of development statistics and address the urban poverty and inequality that characterize the lives of so many children.

Figure 1.4. Urban populations are growing fastest in Asia and Africa

World urban population 1950, 2010, 2050 (projected)



Source: UNDESA, Population Division.

DEFINITIONS

URBAN (AREA)
The definition of 'urban' varies from country to country, and, with periodic reclassification, can also vary within one country over time, making direct comparisons difficult. An urban area can be defined by one or more of the following: administrative criteria or political boundaries (e.g., area within the jurisdiction of a municipality or town committee), a threshold population size (where the minimum for an urban settlement is typically in the region of 2,000 people, although this varies globally between 200 and 50,000), population density, economic function (e.g., where a significant majority of the population is not primarily engaged in agriculture, or where there is surplus employment) or the presence of urban characteristics (e.g., paved streets, electric lighting, sewerage). In 2010, 3.5 billion people lived in areas classified as urban.

URBAN GROWTH
The (relative or absolute) increase in the number of people who live in towns and cities. The pace of urban population growth depends on the natural increase of the urban population and the population gained by urban areas through both net rural-urban migration and the reclassification of rural settlements into cities and towns.

URBANIZATION
The proportion of a country that is urban.

RATE OF URBANIZATION
The increase in the proportion of urban population over time, calculated as the rate of growth of the urban population minus that of the total population. Positive rates of urbanization result when the urban population grows at a faster rate than the total population.

CITY PROPER
The population living within the administrative boundaries of a city, e.g., Washington, D.C.

Because city boundaries do not regularly adapt to accommodate population increases, the concepts of **urban agglomeration** and **metropolitan area** are often used to improve the comparability of measurements of city populations across countries and over time.

URBAN AGGLOMERATION
The population of a built-up or densely populated area containing the city proper, suburbs and continuously settled commuter areas or adjoining territory inhabited at urban levels of residential density.

Large urban agglomerations often include several administratively distinct but functionally linked cities. For example, the urban agglomeration of Tokyo includes the cities of Chiba, Kawasaki, Yokohama and others.

METROPOLITAN AREA/REGION
A formal local government area comprising the urban area as a whole and its primary commuter areas, typically formed around a city with a large concentration of people (i.e., a population of at least 100,000).

In addition to the city proper, a metropolitan area includes both the surrounding territory with urban levels of residential density and some additional lower-density areas that are adjacent to and linked to the city (e.g., through frequent transport, road linkages or commuting facilities). Examples of metropolitan areas include Greater London and Metro Manila.

URBAN SPRAWL
Also 'horizontal spreading' or 'dispersed urbanization'. The uncontrolled and disproportionate expansion of an urban area into the surrounding countryside, forming low-density, poorly planned patterns of development. Common in both high-income and low-income countries, urban sprawl is characterized by a scattered population living in separate residential areas, with long blocks and poor access, often overdependent on motorized transport and missing well-defined hubs of commercial activity.

PERI-URBAN AREA
An area between consolidated urban and rural regions.

MEGACITY
An urban agglomeration with a population of 10 million or more.

In 2009, 21 urban agglomerations qualified as megacities, accounting for 9.4 per cent of the world's urban population. In 1975, New York, Tokyo and Mexico City were the only megacities. Today, 11 megacities are found in Asia, 4 in Latin America and 2 each in Africa, Europe and North America. Eleven of these megacities are capitals of their countries.

Megacities, 2009 (population in millions)

1 Tokyo, Japan (36.5)
2 Delhi, India (21.7)
3 Sao Paulo, Brazil (20.0)
4 Mumbai, India (19.7)
5 Mexico City, Mexico (19.3)
6 New York-Newark, United States (19.3)
7 Shanghai, China (16.3)
8 Kolkata, India (15.3)
9 Dhaka, Bangladesh (14.3)
10 Buenos Aires, Argentina (13.0)
11 Karachi, Pakistan (12.8)
12 Los Angeles-Long Beach-Santa Ana, United States (12.7)
13 Beijing, China (12.2)
14 Rio de Janeiro, Brazil (11.8)
15 Manila, Philippines (11.4)
16 Osaka-Kobe, Japan (11.3)
17 Cairo, Egypt (10.9)
18 Moscow, Russian Federation (10.5)
19 Paris, France (10.4)
20 Istanbul, Turkey (10.4)
21 Lagos, Nigeria (10.2)

Sources: UNDESA, Population Division; UN-Habitat.

METACITY

A major conurbation – a megacity of more than 20 million people.

As cities grow and merge, new urban configurations are formed. These include **megaregions**, **urban corridors** and **city-regions**.

MEGAREGION

A rapidly growing urban cluster surrounded by low-density hinterland, formed as a result of expansion, growth and geographical convergence of more than one metropolitan area and other agglomerations. Common in North America and Europe, megaregions are now expanding in other parts of the world and are characterized by rapidly growing cities, great concentrations of people (including skilled workers), large markets and significant economic innovation and potential.

Examples include the Hong Kong-Shenzhen-Guangzhou megaregion (120 million people) in China and the Tokyo-Nagoya-Osaka-Kyoto-Kobe megaregion (predicted to reach 60 million by 2015) in Japan.

URBAN CORRIDOR

A linear 'ribbon' system of urban organization: cities of various sizes linked through transportation and economic axes, often running between major cities. Urban corridors spark business and change the nature and function of individual towns and cities, promoting regional economic growth but also often reinforcing urban primacy and unbalanced regional development.

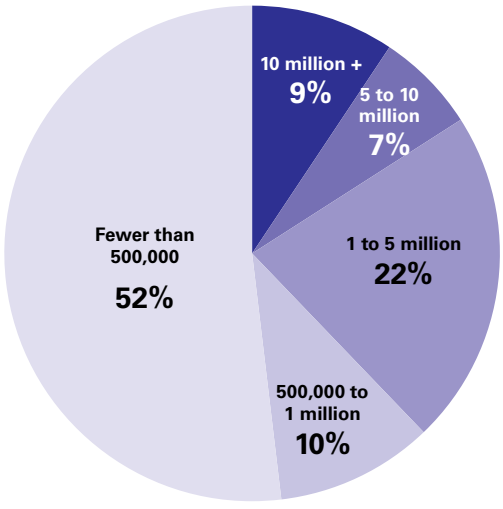
Examples include the industrial corridor developing between Mumbai and Delhi in India; the manufacturing and service industry corridor running from Kuala Lumpur, Malaysia, to the port city of Klang; and the regional economic axis forming the greater Ibadan-Lagos-Accra urban corridor in West Africa.

CITY-REGION

An urban development on a massive scale: a major city that expands beyond administrative boundaries to engulf small cities, towns and semi-urban and rural hinterlands, sometimes expanding sufficiently to merge with other cities, forming large conurbations that eventually become city-regions.

For example, the Cape Town city-region in South Africa extends up to 100 kilometres, including the distances that commuters travel every day. The extended Bangkok region in Thailand is expected to expand another 200 kilometres from its centre by 2020, growing far beyond its current population of over 17 million.

Figure 1.5. Half of the world's urban population lives in cities of fewer than 500,000 inhabitants
World urban population distribution, by city size, 2009



Source: Calculations based on UNDESA, *World Urbanization Prospects: The 2009 revision.*

CHAPTER 2

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Children's rights in urban settings

Children whose needs are greatest are also those who face the greatest violations of their rights. The most deprived and vulnerable are most often excluded from progress and most difficult to reach. They require particular attention not only in order to secure their entitlements, but also as a matter of ensuring the realization of everyone's rights.

Children living in urban poverty have the full range of civil, political, social, cultural and economic rights recognized by international human rights instruments. The most rapidly and widely ratified of these is the Convention on the Rights of the Child. The rights of every child include survival; development to the fullest; protection from abuse, exploitation and discrimination; and full participation in family, cultural and social life. The Convention protects these rights by detailing commitments with respect to health care, education, and legal, civil and social protection.

All children's rights are not realized equally. Over one third of children in urban areas worldwide go unregistered at birth – and about half the children in the urban areas of sub-Saharan Africa and South Asia are unregistered. This is a violation of Article 7 of the Convention on the Rights of the Child. The invisibility that derives from the lack of a birth certificate or an official identity vastly increases children's vulnerability to exploitation of all kinds, from recruitment by armed groups to being forced into child marriage or hazardous work. Without a birth certificate, a child in conflict with the law may also be treated and punished as an adult by the judicial system.[1] Even those who avoid these perils may be unable to access vital services and opportunities – including education.

Obviously, registration alone is no guarantee of access to services or protection from abuse. But the obligations set out by the Convention on the Rights of the Child can be easily disregarded when whole settlements can be deemed non-existent and people can, in effect, be stripped of their citizenship for want of documentation.

An environment for fulfilling child rights

Inadequate living conditions are among the most pervasive violations of children's rights. The lack of decent and secure housing and such infrastructure as water and sanitation systems makes it so much more difficult for children to survive and thrive. Yet, the attention devoted to improving living conditions has not matched the scope and severity of the problem.

Evidence suggests that more children want for shelter and sanitation than are deprived of food, education and health care, and that the poor sanitation, lack of ventilation, overcrowding and inadequate natural light common in the homes of the urban poor are responsible for chronic ailments among their children.[2] Many children and families living in the urban slums of low-income countries are far from realizing the rights to "adequate shelter for all" and "sustainable human settlements development in an urbanizing world" enshrined in the Istanbul Declaration on Human Settlements, or Habitat Agenda, of 1996.[3]

Since children have the rights to survival, adequate health care and a standard of living that supports their full development, they need to benefit from environmental conditions that make the fulfilment of these rights possible. There is no effective right to play without a safe place to play, no enjoyment of health within a contaminated environment. Support for this perspective is provided by such treaties and declarations as the International Covenant on Economic, Social and Cultural Rights; the Convention on the Elimination of All Forms of Discrimination against Women; the Habitat Agenda; and Agenda 21, the action plan adopted at the 1992 United Nations Conference on Environment and Development. The Centre on Housing Rights and Evictions, among others, documents the extensive body of rights related to housing and the disproportionate vulnerability of children to violations of these rights. In recent years, practical programming aimed at fulfilling rights has been focused on the pursuit of the Millennium Development Goals (MDGs), all of which have relevant implications for children in urban poverty. One of the targets of MDG 7 – to ensure environmental sustainability – focuses specifically on improving the lives of at least 100 million of the world's slum dwellers by 2020. This is only a small percentage of those who live in slums worldwide; the target does not address the continuing growth in the number of new slums and slum dwellers.

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A mother holding a one-year-old infant obtains micronutrient powder from social workers in Dhaka, Bangladesh. Micronutrient deficiencies can lead to anaemia, birth defects and other disorders.

This chapter looks at the situation of children in urban settings and considers in particular their rights to health; water, sanitation and hygiene; education and protection.

Health

Article 6 of the Convention on the Rights of the Child commits States parties to "ensure to the maximum extent possible the survival and development of the child." Article 24 refers to every child's right to the "enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health." The Convention urges States parties to "ensure that no child is deprived of his or her right of access to such health care services."

Child survival

Nearly 8 million children died in 2010 before reaching the age of 5, largely due to pneumonia, diarrhoea and birth complications. Some studies show that children living in informal urban settlements are particularly vulnerable.[4] High urban child mortality rates tend to be seen in places where significant concentrations of extreme poverty combine with inadequate services, as in slums.

PERSPECTIVE

OUT OF SIGHT, OUT OF REACH

by Her Majesty Queen Rania Al Abdullah of Jordan, UNICEF Eminent Advocate

Half the world's population now lives in cities. Throughout history, urban life, so concentrated with humanity, has been a catalyst for trade, ideas and opportunities, making cities engines of economic growth. Today, living in a city is widely regarded as the best way to find prosperity and escape poverty. Yet hidden inside cities, wrapped in a cloak of statistics, are millions of children struggling to survive. They are neither in rural areas nor in truly urban quarters. They live in squalor, on land where a city has outpaced itself, expanding in population but not in vital infrastructure or services. These are children in slums and deprived neighbourhoods, children shouldering the many burdens of living in that grey area between countryside and city, invisible to the authorities, lost in a hazy world of statistical averages that conceal inequality.

The contrast could not be more ironic. Cities, where children flourish with good schools and accessible health care, are where they also suffer greatly, denied their basic human rights to an education and a life of opportunity. Side by side, wealth juxtaposed against poverty, nowhere else is the iniquity of inequity as obvious as in a city.

Over the course of a decade, the state of the world's urban children has worsened. The number of people living in slums has increased by over 60 million. These are mothers and fathers, grandmothers and grandfathers, sons and daughters, scratching out a life in shantytowns the world over. With the direct disadvantages of urban poverty – disease, crime, violence – come indirect ones, social and cultural barriers, like gender and ethnicity, that deny children from the slums the chance to enrol in and complete primary school. Education is pushed out of reach because there are not enough public schools or the costs are too high. Religious groups, non-governmental organizations and entrepreneurs try to fill the gap but struggle without government support or regulation. As the best chance to escape their parents' destinies eludes these children, the cycle of destitution spins on.

In the Arab world the facts are clear: More than one third of the urban population lives in informal settlements and slums. These environments are hazardous to children; a lack of adequate sanitation and drinkable water poses a major threat to their well-being. In some less developed Arab countries, overcrowding in makeshift houses further aggravates the precarious health conditions of these vulnerable families.

For Palestinian children, city life can be a grim life. Too often, it represents guns and checkpoints, fear and insecurity. Yet their greatest hope is their national pride: a deep-seated belief in education, which they know is essential for building a life and rebuilding their country. Yet, since 1999, across Occupied Palestinian Territory, the number of primary-school-aged children who are out of school has leapt from 4,000 to 110,000, a staggering 2,650 per cent increase. In Gaza, among the world's most densely populated areas, access to and quality of education have deteriorated rapidly. For the sake of these children's futures and of the all-important search for regional peace, we must set aside our anger and angst and give them the childhoods they deserve, childhoods we expect for our own children, filled with happy memories and equal opportunities.

In a few Arab countries, the fates of disadvantaged urban children are being rewritten. In Morocco, the government programme 'Cities without Slums' hopes to raise the standards of nearly 300,000 homes. By engaging banks and housing developers, a 'triple win' scenario is possible for poor people, the government and the private sector. Jordan, too, is making strides. Amman is one of the region's leading child-friendly cities, with over 28,000 students participating in children's municipal councils to prioritize their needs, rights and interests. The results have been impressive: parks, libraries, community spaces, educational support for children who dropped out of school, campaigns against violence and abuse, and information and communication technology centres for the deaf.

Yet for Arab children – for *all* children – to thrive, nations have to work together. We have to share resources, adopt and adapt successful initiatives from around the globe and encourage our private sectors to engage with disadvantaged families so we can catch those falling through the cracks. In cities across the world, children out of reach are too often out of sight. If we are to raise their hopes and their prospects, we have to dig deep into the data, unroot entrenched prejudices and give every child an equal chance at life. Only in this way can we truly advance the state of *all* the world's children.

The Convention on the Rights of the Child

The Convention on the Rights of the Child, adopted in 1989, was the first international treaty to state the full range of civil, political, economic, social and cultural rights belonging to children. The realities confronting children can be assessed against the commitments to which it holds States parties.

Legally binding on States parties, the Convention details universally recognized norms and standards concerning the protection and promotion of the rights of children – everywhere and at all times. The Convention emphasizes the complementarity and interdependence of children's human rights. Across its 54 articles and 2 Optional Protocols, it establishes a new vision of the child – one that combines a right to protection through the State, parents and relevant institutions with the recognition that the child is a holder of participatory rights and freedoms. All but three of the world's nations – Somalia, South Sudan and the United States of America – have ratified the document. This broad adoption demonstrates a common political will to protect and ensure children's rights, as well as recognition that, in the Convention's words, "in all countries in the world, there are children living in exceptionally difficult conditions, and that such children need special consideration."

The values of the Convention stem from the 1924 Geneva Declaration of the Rights of the Child, the 1948 Universal Declaration of Human Rights and the 1959 Declaration of the Rights of the Child. The Convention applies to every child, defined as every person younger than 18 or the age of majority, if this is lower (Article 1). The Convention also requires that in all actions concerning children, "the best interests of the child shall be a primary consideration," and that States parties "ensure the child such protection and care as is necessary for his or her well-being" (Article 3).

Every child has the right to be registered immediately after birth and to have a name, the right to acquire a nationality and to preserve her or his identity and, as far as possible, the right to know and be cared for by her or his parents (Articles 7 and 8).

Non-discrimination

States parties also take on the responsibility to protect children against discrimination. The Convention commits them to respecting and ensuring rights "to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status" (Article 2). Children belonging to ethnic, religious or linguistic minorities and those of indigenous origin have the right to practise their own culture, religion and language in the community (Article 30).

Furthermore, "a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community" (Article 23). This extends to the right to special care, provided free of charge whenever possible, and effective access to education, training, health care, rehabilitation services, recreation opportunities and preparation for employment.

Participation

One of the core principles of the Convention is respect for and consideration of the views of children. The document recognizes children's right to freely express their views in all matters affecting them and insists that these views be given due weight in accordance with the age and maturity of the children voicing them (Article 12). It further proclaims children's right to freedom of all forms of expression (Article 13). Children are entitled to freedom of thought, conscience and religion (Article 14), to privacy and protection from unlawful attack or interference (Article 16) and to freedom of association and peaceful assembly (Article 15).

Social protection

The Convention acknowledges the primary role of parents or legal guardians in the upbringing and development of the child (Article 18) but stresses the obligation of the State to support families through "appropriate assistance," "the development of institutions, facilities and services for the care of children" and "all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible."

Of particular relevance in the urban context is the recognition of "the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development" (Article 27). The responsibility to secure these conditions lies mainly with parents and guardians, but States parties are obliged to assist and "in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing." Children have the right to benefit from social security on the basis of their circumstances (Article 26).

Health and environment

States parties are obliged to "ensure to the maximum extent possible the survival and development of the child" (Article 6). Each child is entitled to the "enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health" (Article 24). This includes child care; antenatal, postnatal and preventive

care; family planning; and education on child health, nutrition, hygiene, environmental sanitation, accident prevention and the advantages of breastfeeding. In addition to ensuring provision of primary health care, States parties undertake to combat disease and malnutrition "through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution."

Education, play and leisure

The Convention establishes the right to education on the basis of equal opportunity. It binds States parties to make "available and accessible to every child" compulsory and free primary education and options for secondary schooling, including vocational education (Article 28). It also obliges States parties to "encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity" (Article 31).

Protection

States parties recognize their obligation to provide for multiple aspects of child protection. They resolve to take all appropriate legislative, administrative, social and educational measures to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, even while the children are under the care of parents, legal guardians or others (Article 19). This protection, along with humanitarian assistance, extends to children who are refugees or seeking refugee status (Article 22).

Under the Convention, States are obliged to protect children from economic exploitation and any work that may interfere with their education or be harmful to their health or physical, mental, spiritual, moral or social development. Such protections include the establishment and enforcement of minimum age regulations and rules governing the hours and conditions of employment (Article 32). National authorities should also take measures to protect children from the illicit use of narcotic drugs and psychotropic substances (Article 33) and from all forms of exploitation that are harmful to any aspect of their welfare (Article 36), such as abduction, sale of or traffic in children (Article 35) and all forms of sexual exploitation and abuse (Article 34).

The Convention's four core principles – non-discrimination; the best interests of the child; the right to life, survival and development; and respect for the views of the child – apply to all actions concerning children. Every decision affecting children in the urban sphere should take into account the obligation to promote the harmonious development of every child.

Recent research from Nigeria suggests that living in a socio-economically disadvantaged urban area increases the rate of under-five mortality even after the data have been adjusted for factors such as mother's education or income.[5] In Bangladesh, 2009 household survey data indicate that the under-five mortality rate in slums is 79 per cent higher than the overall urban rate and 44 per cent higher than the rural rate.[6] Around two thirds of the population of Nairobi, Kenya, lives in crowded informal settlements, with an alarming under-five mortality rate of 151 per thousand live births. Pneumonia and diarrhoeal disease are among the leading causes of death.[7] Poor water supply and sanitation, the use of hazardous cooking fuels in badly ventilated spaces, overcrowding and the need to pay for health services – which effectively puts them out of reach for the poor – are among the major underlying causes of these under-five deaths.[8] Disparities in child survival are also found in high-income countries. In large cities of the United States, income and ethnicity have been found to significantly affect infant survival.[9]

Immunization

Around 2.5 million under-five deaths are averted annually by immunization against diphtheria, pertussis and tetanus (DPT) and measles. Global vaccination coverage is improving: 130 countries have been able to administer all three primary doses of the DPT vaccine to 90 per cent of children younger than 1. More needs to be done however. In 2010, over 19 million children did not get all three primary doses of DPT vaccination.[10]

Lower levels of immunization contribute to more frequent outbreaks of vaccine-preventable diseases in communities that are already vulnerable owing to high population density and a continuous influx of new infectious agents.

Poor service delivery, parents who have low levels of education, and lack of information about immunization are major reasons for low coverage among children in slums as diverse as those of western Uttar Pradesh, India, and Nairobi, Kenya.

A health worker examines an infant in an incubator at Qingchuan County Maternity and Child Care Centre, Sichuan Province, China.

Maternal and newborn health

More than 350,000 women died in pregnancy or childbirth in 2008,[11] and every year many more sustain injuries, such as obstetric fistulae, that can turn into lifelong, ostracizing disabilities. Most of the women who die or are severely injured in pregnancy or childbirth reside in sub-Saharan Africa and Asia, and most of the deaths are caused by haemorrhage, high blood pressure, unsafe abortion or sepsis. Many of these injuries and deaths can be averted if expectant mothers receive care from skilled professionals with adequate equipment and supplies, and if they have access to emergency obstetric care.[12]

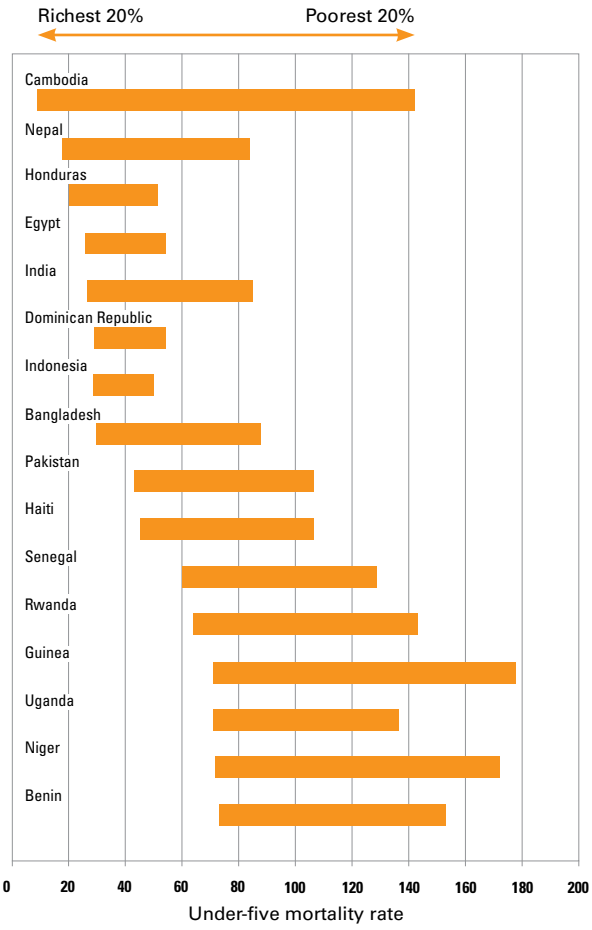
Urban settings provide proximity to maternity and obstetric emergency services but, yet again, access and use are lower in poorer quarters – not least because health facilities and skilled birth attendants are in shorter supply.[13] Health services for the urban poor tend to be of much lower quality, often forcing people to resort to unqualified health practitioners or pay a premium for health care, as confirmed by studies in Bangladesh, India, Kenya and elsewhere.[14]

Breastfeeding

Breastfeeding is recommended during the first six months of life as a way to meet infants' nutritional requirements and reduce neonatal mortality by perhaps 20 per cent. There is some evidence that urban mothers are less likely than rural ones to breastfeed – and more likely to wean their children early if they do begin. An analysis of Demographic and Health Survey (DHS) data from 35 countries found that the percentage of children who were breastfed was lower in urban areas.[15] Low rates of breastfeeding may be attributed in part to a lack of knowledge about the importance of the practice and to the reality that poor women in urban settings who work outside the home are often unable to breastfeed.

Figure 2.1. Wealth increases the odds of survival for children under the age of 5 in urban areas

Under-five mortality rate (per 1,000 live births) in urban areas in selected countries (right end of bar indicates average under-five mortality for the poorest quintile of the population; left end indicates that for the wealthiest quintile)



Source: WHO estimates and DHS, 2005–2007. Countries were selected based on availability of data.

Nutrition

The locus of poverty and undernutrition among children appears to be gradually shifting from rural to urban areas, as the number of the poor and undernourished increases more quickly in urban than in rural areas.[16] Hunger is a clear manifestation of failure in social protection. It is difficult to behold, especially when it afflicts children. However, even the apparently well fed – those who receive sufficient calories to fuel their daily activities – can suffer the 'hidden hunger' of micronutrient malnutrition: deficiencies of such essentials as vitamin A, iron or zinc from fruits, vegetables, fish or meat. Without these micronutrients, children are in increased danger of death, blindness, stunting and lower IQ.[17]

The rural-urban gap in nutrition has narrowed in recent decades – essentially because the situation has worsened in urban areas.[18] In sub-Saharan Africa, a 2006 study showed that disparities in child nutrition between rich and poor urban communities were greater than those between urban and rural areas.[19]

Undernutrition contributes to more than a third of under-five deaths globally. It has many short- and long-term consequences, including delayed mental development, heightened risk of infectious diseases and susceptibility to chronic disease in adult life.[20] In low-income countries, child undernutrition is likely to be a consequence of poverty, characterized as it is by low family status and income, poor environment and housing, and inadequate access to food, safe water, guidance and health care. In a number of countries, stunting is equally prevalent, or more so, among the poorest children in urban areas as among comparably disadvantaged children in the countryside.[21]

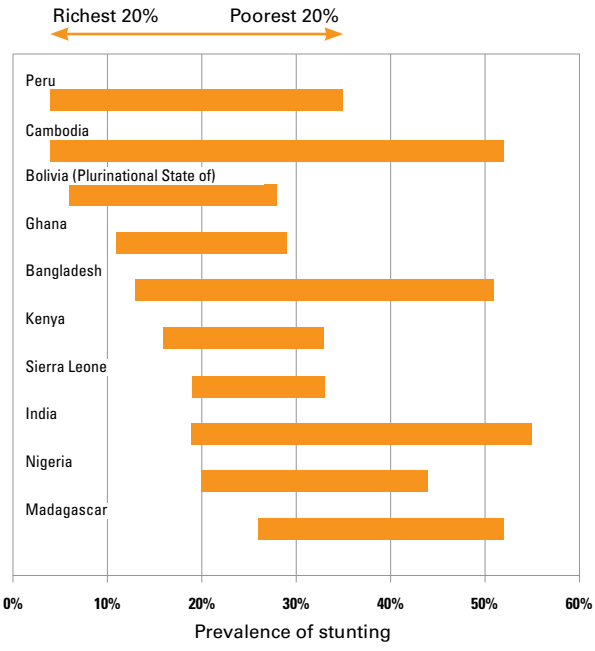
A study of the National Family Health Survey (NFHS-3) in eight cities in India from 2005 to 2006 found that levels of undernutrition in urban areas continue to be very high. At least a quarter of urban children under 5 were stunted, indicating that they had been undernourished for some time. Income was a significant factor. Among the poorest fourth of urban residents, 54 per cent of children were stunted and 47 per cent were underweight, compared with 33 per cent and 26 per cent, respectively, among the rest of the urban population.[22] The largest differences were observed in the proportion of underweight children in slum and non-slum areas of Indore and Nagpur.[23]

A 2006 study of disparities in childhood nutritional status in Angola, the Central African Republic and Senegal found that when using a simple urban-rural comparison, the prevalence of stunting was significantly higher in rural areas. But when urban and rural populations were stratified using a measure of wealth, the differences in prevalence of stunting and underweight between urban and rural areas disappeared.[24] A 2004 study of 10 sub-Saharan African countries showed that the energy-deficient proportion of the urban population was above 40 per cent in almost all countries and above 70 per cent in three: Ethiopia, Malawi and Zambia.[25]

At the opposite end of the nutrition spectrum, obesity afflicts children in urban parts of high-income countries and a growing number of low- and middle-income countries.[26] A diet of saturated fats, refined sugars and salt combined with a sedentary lifestyle puts children at increased risk of obesity and chronic ailments such as heart disease, diabetes and cancer.[27]

Figure 2.2. Children of the urban poor are more likely to be undernourished

The proportion of children under 5 who are stunted (right end of bar indicates prevalence of stunting for the poorest quintile of the urban population; left end indicates that for the wealthiest quintile)



Note: Estimates are calculated according to WHO Child Growth Standards. Countries were selected based on availability of data.

Source: DHS, 2006–2010.

FOCUS ON

MATERNAL AND CHILD HEALTH SERVICES FOR THE URBAN POOR

A case study from Nairobi, Kenya

Rapid urbanization has been taking place in Kenya – as in much of sub-Saharan Africa – largely in a context of weak economic development and poor governance. As a result, local and national authorities have not been able to provide decent living conditions and basic social services sufficient to meet the needs of a growing urban population. Between 1980 and 2009, the number of people living in Nairobi, the capital, increased from 862,000 to about 3.4 million. Estimates (2007) indicate that around 60 per cent live in slums covering only 5 per cent of the city's residential land. Moreover, emerging evidence reveals that the urban population explosion in the region has been accompanied by increasing rates of poverty and poor health outcomes. The incidence of child undernutrition, morbidity and mortality has been shown to be higher in slums and peri-urban areas than in more privileged urban settings or, sometimes, even rural areas.

Access to health services

In Nairobi slums, public provision of health services is limited. A study conducted in 2009 shows that out of a total of 503 health facilities used by residents of three slum communities (Korogocho, Viwandani and Kibera), only 6 (1 per cent) were public, 79 (16 per cent) were private not-for-profit, and 418 (83 per cent) were private for-profit. The last category largely consists of unlicensed and often ramshackle clinics and maternity homes, with no working guidelines or standard protocols for services. Yet these substandard facilities are exactly where most local women go for maternal and child health care – seeking better-quality options only once complications occur. In contrast to public services, which seldom extend to informal settlements, these private facilities are perceived as friendly, accessible and trustworthy, perhaps because they invest more time in building relationships with patients. Only a small proportion of the urban poor has access to more reliable maternal health care services, including those offered at clinics and hospitals run by missionaries and non-governmental organizations.

Urban child undernutrition

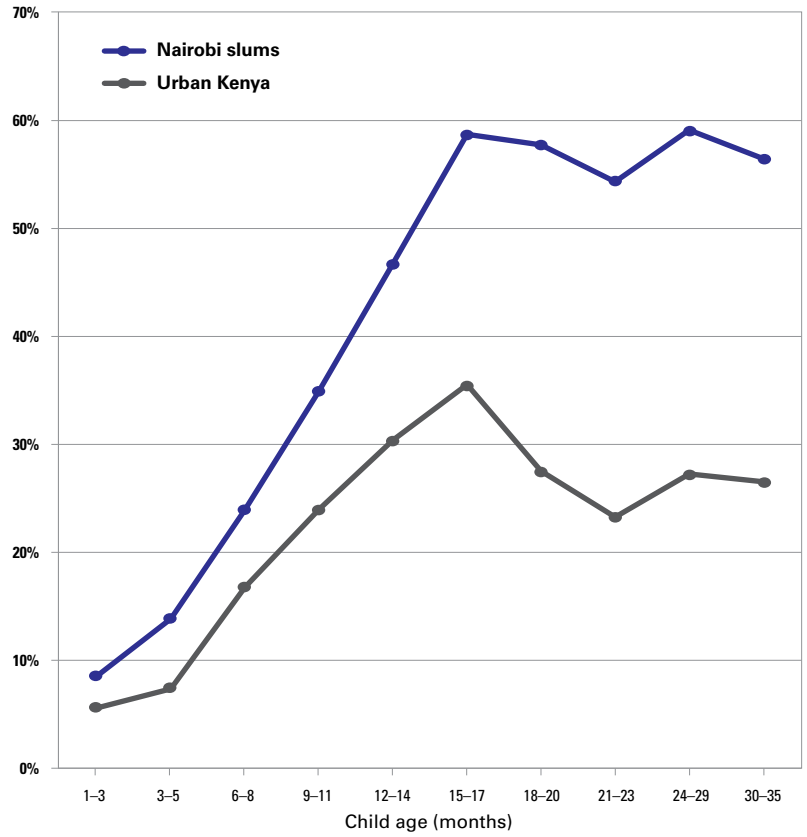
In developing countries, child undernutrition remains a major public health concern. Both a manifestation and a cause of poverty, it is thought to contribute to over a third of under-five deaths globally. Insufficient nutrition is one of a wide range of interlinked factors forming the so-called poverty syndrome – low income, large family size, poor education and limited access to food, water, sanitation and maternal and child health services.

Stunting, underweight and wasting – measured by height-for-age, weight-for-age and weight-for-height, respectively – are the three most frequently used anthropometric indicators of nutritional status. Stunting is considered the most reliable measure of undernutrition, as it indicates recurrent episodes or prolonged periods of inadequate food intake, calorie and/or protein deficiency or persistent or recurrent ill health. Children are stunted if their height-for-age index falls more than two standard deviations below the median of the reference population; they are severely stunted if the index is more than three standard deviations below the median. Stunting prevalence is a useful tool for comparisons within and between countries and socio-economic groups.

Figure 2.3 portrays the magnitude of inequities in child undernutrition by comparing average stunting levels for urban Kenya against data collected between 2006 and 2010 in the Korogocho and Viwandani slum settlements. The study covers all women who gave birth in the area. The children's measurements were taken periodically up to 35 months of age.

As the graph demonstrates, the prevalence of stunting among children living in slum areas increases sharply from less than 10 per cent during the first few months of life to nearly 60 per cent in the group aged 15–17 months, and then remains at that level. In urban Kenya overall, the prevalence of undernutrition reaches a maximum of 35 per cent among children aged 15–17 months, then declines to around 25 per cent. The gap between the poor (here, slum residents) and the non-poor in Kenya widens from this point. For example, among children above 15 months, the prevalence of stunting stands at around 57 per cent in the slums and nearly 28 per cent in urban Kenya as a whole. Separate analysis (not illustrated in Figure 2.3) reveals that the prevalence of stunting among the urban rich is close to 21 per cent, suggesting

Figure 2.3. Stunting prevalence among children under 3 years old: Comparing the Nairobi slums with overall urban Kenya



Source: Urbanization, Poverty and Health Dynamics – Maternal and Child Health data (2006–2009); African Population and Health Research Center; and Kenya DHS (2008–2009).

that children in urban poverty are nearly 2.7 times as likely to be stunted.

Effective interventions to reduce child undernutrition may include micronutrient supplementation (iodine, iron and vitamin A); food supplementation (for micronutrient deficiencies); infection prevention and treatment; growth monitoring and promotion; education about infant feeding practices (breastfeeding and complementary feeding); and school feeding programmes.

If the needs of the urban poor are not addressed, progress towards achieving the Millennium Development Goals (MDGs) may be at stake, especially Goals 1 (eradicating extreme poverty and hunger), 4 (reducing child mortality) and 5 (improving maternal health). In addition to a strong focus on health and nutritional interventions (e.g., antenatal, maternal and neonatal care, immunization, appropriate feeding practices), the importance of reproductive health is being recognized in this context, as family planning can be a cost-effective and high-yield approach to improving the health of mothers and children. The Urban Reproductive Health Initiative, sponsored by the Bill & Melinda Gates Foundation and currently implemented in selected urban areas of India, Kenya, Nigeria and Senegal, is an example. The programme seeks to significantly increase modern contraceptive prevalence rates – especially among the urban and peri-urban poor – through integrating and improving the quality of family planning services, particularly in high-volume settings; increasing provision, including through public-private partnerships; and dismantling demand-side barriers to access.

by Jean Christophe Fotso
Head, Population Dynamics and Reproductive Health, African Population and Health Research Center, Nairobi, Kenya.

The African Population and Health Research Center (APHRC) is an international non-profit organization whose mission is to promote the well-being of Africans through policy-relevant research on key population and health issues. Originally established as a programme of the Population Council in 1995, APHRC has been autonomous since 2001 and now has offices in Kenya, Nigeria and Senegal. The Center focuses on research, strengthening research capacity and policy engagement in sub-Saharan Africa.

Respiratory illness

Children in low-income urban communities also suffer the effects of air pollution, including respiratory infections, asthma and lead poisoning. Every year, polluted indoor air is responsible for almost 2 million deaths, almost half due to pneumonia, among children under 5 years of age.[28] Outdoor air pollution claims about another 1.3 million child and adult lives per year. In Nairobi, Kenya, a 2005 study found that chronic exposure to pollutants in urban areas contributed to over 60 per cent of all cases of respiratory disease among children in these settings.[29] Studies in the United States show that chronic exposure to high levels of air toxins occurs disproportionately in poor urban communities settled by people of minority races.[30]

Road traffic injuries

Vehicular traffic also poses a physical threat to children – one heightened by a lack of safe play spaces and pedestrian infrastructure such as sidewalks and crossings. The World Health Organization estimates that road traffic injuries account for 1.3 million deaths annually[31] – the leading single cause of death worldwide among people aged 15–29, and the second for those aged 5–14.[32]

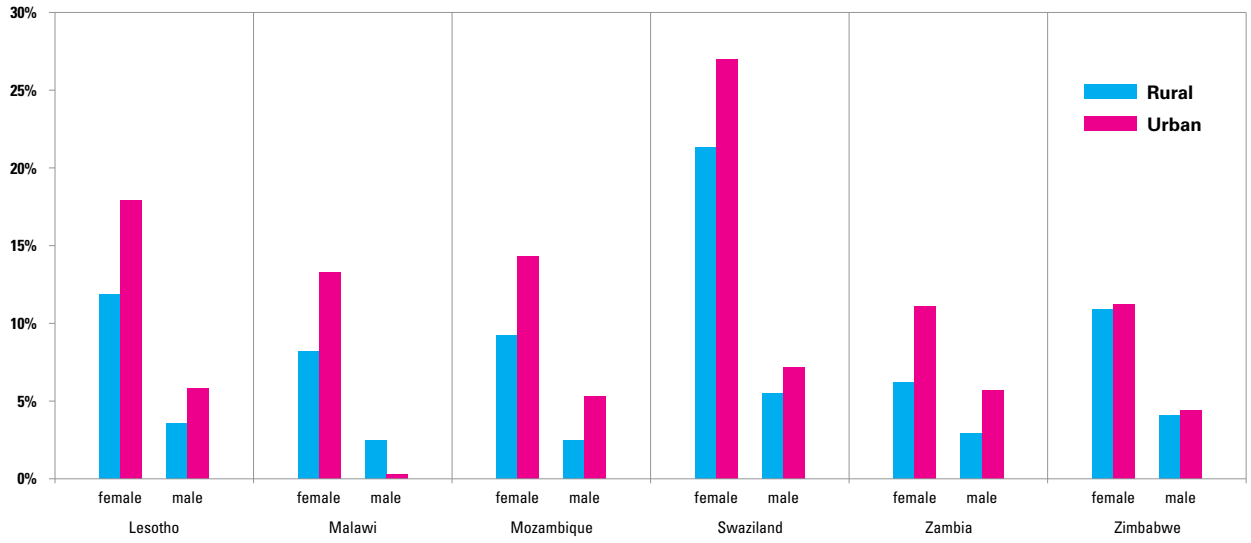
HIV and AIDS

Recent data suggest that new infections with the human immunodeficiency virus (HIV) among children are decreasing amid improvements in access to services preventing transmission of the virus from mother to child during pregnancy, labour, delivery or breastfeeding. About one fourth as many new cases of HIV infection among children are believed to have occurred in 2010 as in 2005.[33] Despite this progress, about 1,000 babies a day were infected through mother-to-child transmission in 2010.[34]

In addition, nearly 2,600 people aged 15–24 were infected every day in 2010. These infections were mainly the result of unprotected sex or unsafe injection practices. In 2010, some 2.2 million adolescents aged 10–19 were living with HIV worldwide, the majority of them unaware of their HIV status. During a critical period of transition out of childhood, many of these adolescents were left without access to appropriate information, treatment, care or support, including age-appropriate sexual and reproductive health care and prevention services.

Figure 2.4. HIV is more common in urban areas and more prevalent among females

HIV prevalence among young women and men aged 15–24 in urban and rural areas in selected sub-Saharan African countries



Source: Lesotho, DHS 2009; Malawi, DHS 2004; Mozambique, AIS 2009; Swaziland, DHS 2006–2007; Zambia, DHS 2007; Zimbabwe, DHS 2005–2006.
Countries were selected based on availability of data.

REACHING EVERY CHILD

Wiping out polio in Mumbai

by Amitabh Bachchan, UNICEF Goodwill Ambassador

For 10 years, I have been telling India the life-saving message that every child should take two drops of oral polio vaccine every time it is offered. And it is working.

Today, India stands on the brink of eradicating polio – arguably the greatest public health achievement in its history. When the polio eradication campaign started, India was reporting around 500 polio cases per day. Since then, more than 4 million children have been saved from paralysis or death. All our hard work is paying off. But the simple truth is that as long as polio exists anywhere in the world, the threat will persist.

I am immensely proud that independent studies have shown that the 'Every child, every time' slogan is one of India's most recognizable messages. I am even more proud that Indian parents have answered that call. During two annual National Immunization Days, normally held each January and February, approximately 170 million children under 5 are vaccinated by immunization teams going door-to-door to every house in the country. Then, every month from March to December, almost all children under the age of 5 in India's two traditionally polio-endemic states and highest-risk areas are vaccinated during polio immunization campaigns – campaigns that reach 40–80 million children a year. Pause for a second to examine those numbers. Then consider what characterizes the highest-risk areas for poliovirus transmission: high-density living, poor sanitation, poor access to clean water, poor access to toilets, poor breastfeeding rates and poor nutrition.

Polio now is a virus of the poorest, making its final stand in the most forgotten places, among the most forgotten people. Reaching these people – the slum dwellers, the nomads, the migrants, the brick kiln workers, the families of construction workers living beside the plush high-rises they build (for a dollar a day) under a sheet of plastic – is one of the greatest challenges in public health. The polio eradication programme is actively following a detailed 'underserved strategy' to target India's hardest-to-reach people, including those living in urban slums, in order to raise immunity among those populations at highest risk. It is not an easy task – literally millions of migrant families move back and forth across the country each week, and in the traditionally polio-endemic states of Uttar Pradesh and Bihar, around 750,000 children are born each month. In order to eradicate polio in India, it is essential to reach and immunize every last child. And in the swelling slums of India's heaving cities, every last child is hard to find.

Consider Dharavi, one of the largest slums in my home town of Mumbai – home to a million people in just 3 square kilometres. Here, poliovirus immunization teams must follow carefully developed micro-plan maps, walking single file along the tiny lanes, scrambling up rickety ladders to reach the children living in corrugated iron homes stacked one on top of the other, three or four stories high. The immunization teams then mark those corrugated iron walls with chalk, so that the monitors who will follow in the coming days can see which houses have been reached – and which children have been immunized. Additional teams return to cover any children who were missed.

Mumbai, India's financial capital and home to its film industry, is among the world's biggest and richest cities. It is also believed to contain the highest proportion and largest absolute number of slum dwellers. By some estimates, between 100 and 300 new families arrive each day in search of work. All too often, migrant families of low socio-economic status find themselves in a slum. All too often, these arrivals are never tracked, never chartered, never given a name. All too often, the hardest-to-reach children in our country are living right under our noses.

India's polio eradication programme demonstrates that it is possible to ensure equity in the availability of health services in even the poorest, most densely populated environments. It proves that you can find every last child in the city. And it means that in Mumbai, while the children of the slums continue to face many threats, polio need not be one of them.

Amitabh Bachchan is one of the most prominent figures in the history of Indian cinema. He has won 4 National Film Awards – 3 in the Best Actor category – and 14 Filmfare Awards. He has also worked as a playback singer, film producer and television presenter and was an elected member of the Indian Parliament (1984–1987). He has been India's polio eradication ambassador since 2002.

HIV prevalence remains generally higher in urban areas.[35] Adolescent girls and young women appear to be at particular risk because of poverty, which drives many to commercial sex, and exposes them to a higher incidence of sexual exploitation and forced sex.[36]

A 2010 review of estimates from more than 60 countries found that while the HIV infection rate had stabilized or decreased in most countries, including those worst affected, it had risen by more than 25 per cent in seven – Armenia, Bangladesh, Georgia, Kazakhstan, Kyrgyzstan, the Philippines and Tajikistan. In these countries, the epidemic is concentrated among people who inject drugs, people who engage in commercial sex and men who have sex with men.[37] Young people form a significant portion of the affected populations. In Kazakhstan and the Philippines, they make up 29 and 26 per cent, respectively, of all people aged 15 years and older living with HIV.[38] For most of them, infection with HIV is a result of a chain of disadvantages extending back into childhood: violence, exploitation, abuse and neglect – in other words, failures in protection and care.

A 2009 study of adolescents living on the streets of four cities in Ukraine found that more than 15 per cent injected drugs, nearly half of these sharing equipment; almost 75 per cent were sexually active, most having started before the age of 15; close to 17 per cent of adolescent boys and 57 per cent of adolescent girls had received payment for sex; and more than 10 per cent of boys and over half of girls had been forced to have sex.[39] Despite these clear vulnerabilities, the same adolescents who are at greatest risk of HIV infection are often the most likely to be excluded from services. Often, social stigma or barriers created by policies and legislation prevent those adolescents most at risk from obtaining preventive services.

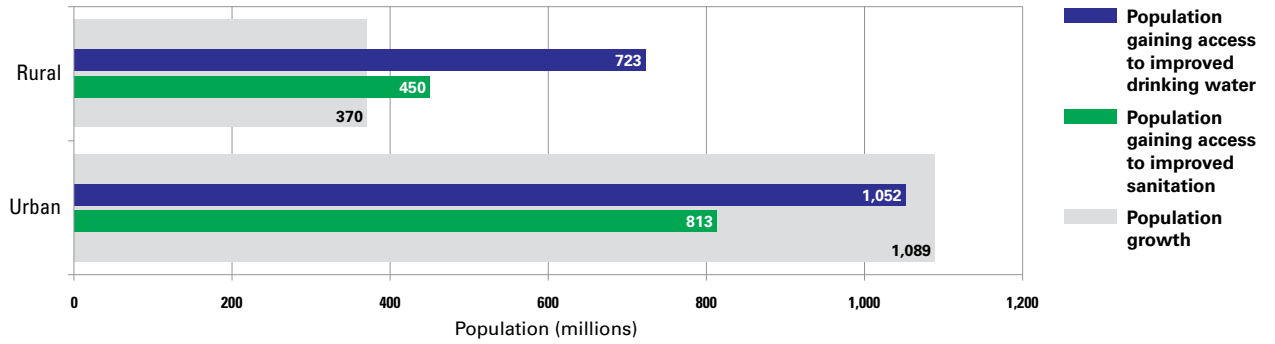
Mental health

Urban life can also have a negative effect on the mental health of children and adolescents, particularly if they live in poor areas and are exposed to the dangers of violence and substance abuse.[40] Children living in urban poverty experience levels of depression and distress that are higher than the urban average. A review of social determinants of health in the United States concluded that children in neighbourhoods with lower socio-economic status had more behavioural and emotional problems.[41] According to a number of studies, mental health problems experienced during childhood and adolescence may significantly affect growth and development, school performance, and peer and family relationships, and may increase the risk of suicide.[42] One factor often cited by children and observers as a cause of mental distress is the stigma that comes with being seen as a child of the underprivileged.

Children and adolescents in urban areas are likely to have greater access to alcohol and illegal drugs than their counterparts in rural areas. They may resort to these substances as a means of coping with stress or as an outlet for idleness and frustration in the absence of employment or opportunities for recreation such as sports and youth clubs.

Figure 2.5. In urban areas, access to improved water and sanitation is not keeping pace with population growth

World population gaining access to improved drinking water and sanitation relative to population increase, 1990–2008



Source: WHO/UNICEF Joint Monitoring Programme, 2010.

Washing hands with soap and water at an elementary school in Aceh Besar District, Aceh Province, Indonesia.

Water, sanitation and hygiene

Article 24 of the Convention on the Rights of the Child commits States parties to strive to ensure the highest attainable standard of health for every child. This extends to providing clean drinking water and eliminating the dangers of environmental pollution.

Unsafe water, poor sanitation and unhygienic conditions claim many lives each year. An estimated 1.2 million children die before the age of 5 from diarrhoea. Poor urban areas where insufficient water supply and sanitation coverage combine with overcrowded conditions tend to maximize the possibility of faecal contamination.[43]

Globally, urban dwellers enjoy better access to improved drinking water sources (96 per cent) than do people living in rural areas (78 per cent). Even so, improved drinking water coverage is barely keeping pace with urban population growth.[44] And access to an improved water source does not always guarantee adequate provision. In the poorest urban districts, many people are forced to walk to collect water from other neighbourhoods or to buy it from private vendors.[45] It is common for the urban poor to pay up to 50 times more for a litre of water than their richer neighbours, who have access to water mains.[46] Without sufficient access to safe drinking water and an adequate water supply for basic hygiene, children's health suffers. Improving access remains vital to reducing child mortality and morbidity.

The urban population as a whole has better access to sanitation than the rural population, but here, too, coverage is failing to keep up with urban population growth. In consequence, the number of urban dwellers practising open defecation increased from 140 million to 169 million between 1990 and 2008.[47] The impact of this practice in densely populated urban settlements is particularly alarming for public health. Congested and unsanitary conditions make urban slums particularly high-risk areas for communicable diseases, including cholera.

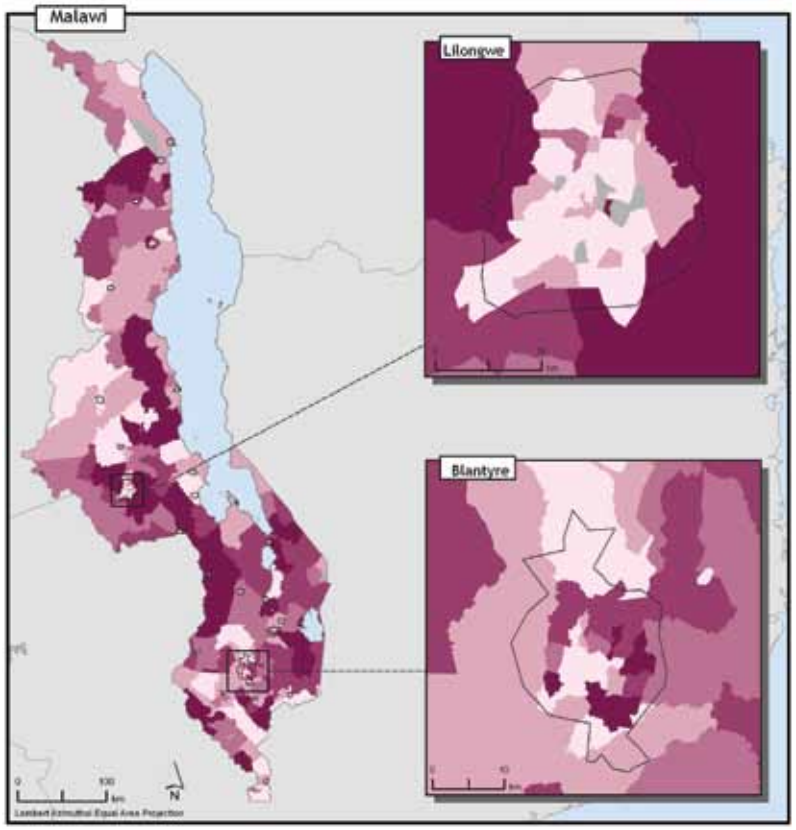
FOCUS ON

MAPPING URBAN DISPARITIES TO SECURE CHILD RIGHTS

Gathering accessible, accurate and disaggregated data is an essential step in the process of recognizing and improving the situation of children in urban areas. Innovative visual representations of information can help identify gaps, prompting action from local decision-makers.

The concept of mapping poverty originated in London over a century ago as a way to highlight differences in living standards according to social class. Today's computer technology makes it possible to compile simple interactive maps and correlations to show complex information traditionally displayed in columns and tables.

Figure 2.6. Mapping poverty in Lilongwe and Blantyre, Malawi



The shading on the map indicates levels of poverty, with darker shades denoting greater poverty. (Poverty is measured here by the average shortfall between actual household welfare level and the poverty line.) The black line indicates the greater urban area.

Source: Center for International Earth Science Information Network, Columbia University, *Where the Poor Are: An atlas of poverty*, Columbia University Press, Palisades, N.Y., 2006, p. 37, figure 5.5, based on 1997–1998 data. See <www.ciesin.columbia.edu>. Reproduced with permission.

Where detailed data for a province, district or municipality may not be available, the 'small area estimation' approach creates subnational estimates based on national census and household survey information. Integrating the estimates with Geographic Information Systems (GIS) produces maps that can showcase differences between urban and rural areas and within urban zones.

The Columbia University Center for International Earth Science Information Network used this method to highlight disparities in urban income in Malawi (see Figure 2.6). The map displays gradients of poverty, making possible a simple and intuitive urban-rural analysis as well as a comparison of the country's two major cities: Lilongwe, the capital, and Blantyre, a city of comparable size. In this example, where darker shades denote greater poverty, Lilongwe appears to have lower levels of poverty than Blantyre. Yet patterns of deprivation differ. While Blantyre exhibits greater levels of poverty than adjacent areas, Lilongwe is a relatively well-off urban centre surrounded by poorer regions, but also showing pockets of poverty (isolated darker areas) within its limits. This case study demonstrates the variability of urban patterns.

Another example comes from the English Public Health Observatories. Practitioners, policymakers and the general public can use this interactive online tool to illustrate and analyse 32 health profile indicators at the district and local authority level. Examples of

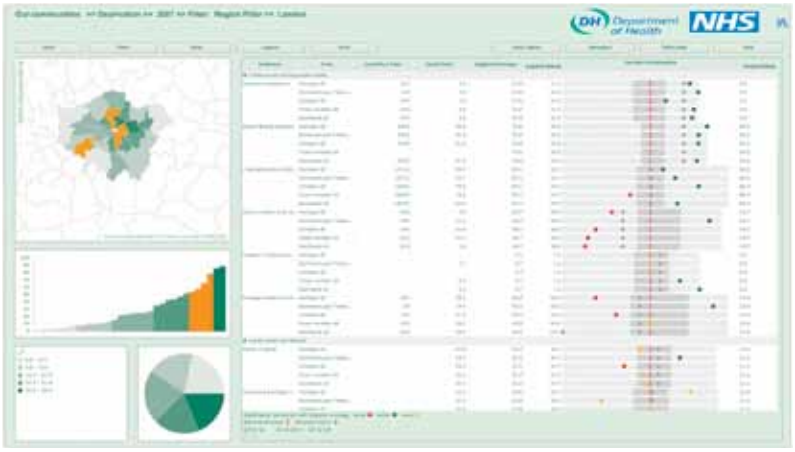
indicators that specifically focus on children and young people include childhood obesity and physical activity, teenage pregnancy, breastfeeding, tooth decay, child poverty, homelessness, educational achievement, crime and drug use (see Figure 2.7).

Larger cities often encompass multiple local government districts, which permits a side-by-side comparison of separate administrative districts within the metropolitan area. Greater London is divided into 32 boroughs. Urban disparities are stark and clear: 57 per cent of children in the inner London borough of Tower Hamlets live in poverty – a greater proportion than in any other borough in England. The City of Westminster has the nation's highest level of childhood obesity, while Southwark has one of the highest rates of teenage pregnancy nationwide. In contrast, the outer London borough of Richmond upon Thames shows good levels of child health and well-being, and London children overall seem to have above-average dental health.

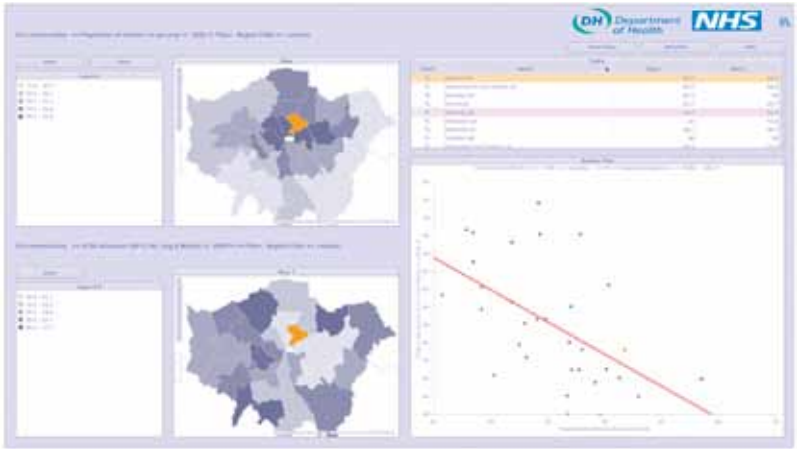
The tool also allows users to correlate variables, such as urban deprivation, with various child health outcomes. Local governments and health services can use this information to work towards reducing health inequalities by focusing on causes as well as results. Mapping urban indicators of child health and well-being reveals that a keen focus on disparities should not be limited to developing countries, as children's rights and development prospects are uneven in some of the world's most prosperous cities.

Figure 2.7. Tracking health outcomes in London, United Kingdom

The map on the left is shaded according to levels of deprivation. Boroughs selected for comparison appear in orange. Traffic-light colours in the table on the right indicate comparative performance in each area.



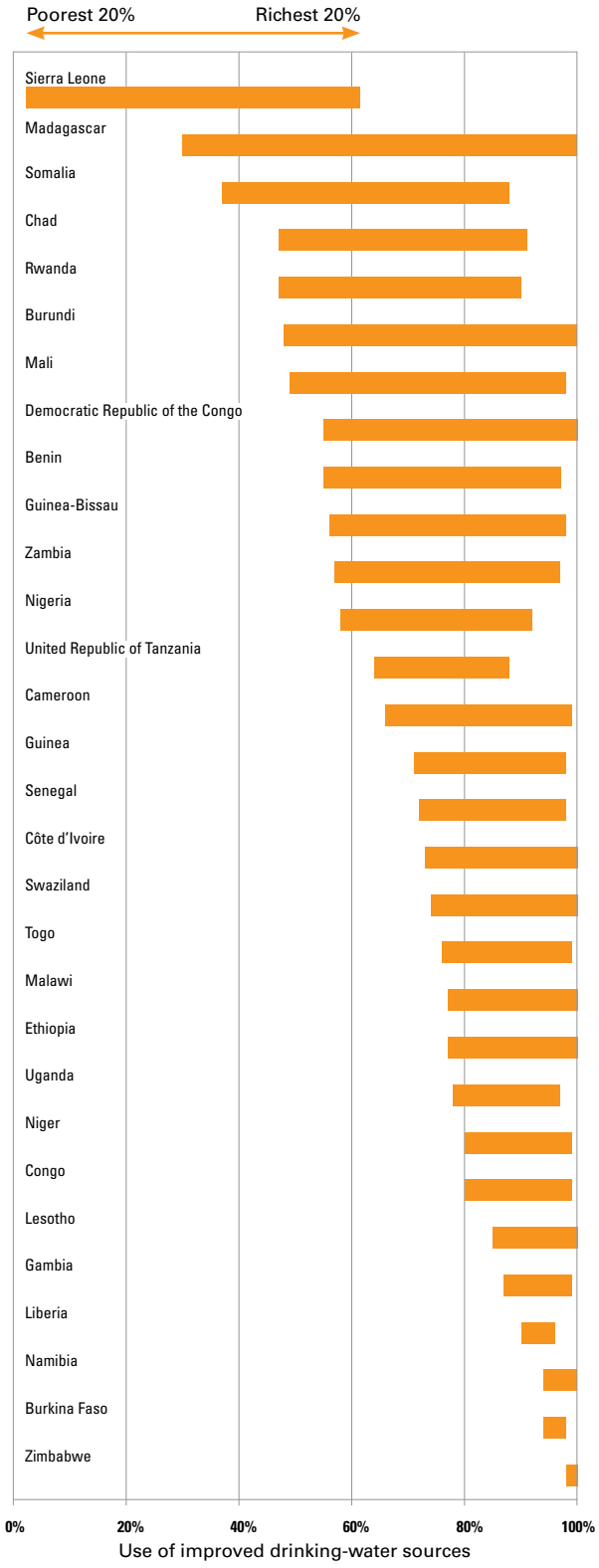
The tool can be used to show correlation between indicators. Below, the scatter plot displays the relationship between the proportion of children living in poverty and educational achievement across London. On the top map, darker shades denote a greater proportion of children living in poverty; on the bottom, darker areas show better educational scores.



Source: English Public Health Observatories working in partnership. Sample snapshots from <www.healthprofiles.info>. Crown Copyright 2011. Reproduced with permission.

Figure 2.8. Urban income disparities also mean unequal access to water

Use of improved drinking-water sources in urban areas in select countries in Africa (left end of the bar indicates access to improved water among the poorest quintile of urban households; right end indicates that for the wealthiest quintile)



Source: MICS and DHS in African countries, 2004–2006. Countries were selected based on availability of data.

Even where improved urban sanitation facilities exist, they are often shared by large numbers of people. Space, tenure and cost considerations limit the construction of individual latrines in slums. Public facilities are frequently overcrowded, poorly maintained and contaminated. Special provision for children is rare, so those waiting to use communal toilets are often pushed aside at peak times. Girls in particular may be exposed to the danger of sexual harassment or abuse, as well as a lack of adequate privacy, especially once they have begun menstruating.

Education

In Article 28 of the Convention on the Rights of the Child, States parties recognize children's right to education and commit to "achieving this right progressively and on the basis of equal opportunity."

Children in urban settings are generally considered to have an educational advantage. They are better off across a range of statistical indicators, more likely to benefit from early childhood programmes, and more likely to enrol in and complete primary and secondary school.[48] As in other areas of social provision, however, the overall statistics can be misleading. In reality, urban inequities profoundly undermine children's right to education.[49] In urban areas blighted by poverty, early childhood programming is often notable for its absence. This is lamentable because the first few years have a profound and enduring effect on the rest of a person's life and, by extension, the lives of so many others.

Early childhood development

Children start to learn long before they enter a classroom. Learning occurs from birth, as children interact with family and caregivers, and the foundation for all later learning is established in the early years. Poverty, ill health, poor nutrition and a lack of stimulation during this crucial period can undermine educational foundations, restricting what children are able to accomplish. By one estimate, more than 200 million children under 5 years of age in developing countries fail to reach their potential in cognitive development.[50]

© UNICEF/NYHQ2008-0138/Giacomo Pirozzi

Some of the 4,000 children who attend Halit Coka Compulsory and High School, built for 1,000 students in Bathore, once a squatter settlement and now the largest suburb of Tirana, Albania.

Establishing good early childhood programmes in poor urban communities is essential to supporting children's survival, growth and learning. Early childhood programmes contribute to children's cognitive, social and emotional development and promote their health, nutrition and hygiene. In addition, they can free mothers and other female caregivers from their traditional roles, enabling them to participate in the public sphere. Yet even where such programmes exist, not all children benefit. While 25 per cent of children in Egypt's urban areas attended kindergarten in 2005–2006, compared with 12 per cent in rural areas, only 4 per cent of those from the poorest 20 per cent of urban households were able to access this service.[51] Children from impoverished urban backgrounds have been found to be similarly disadvantaged in a number of other countries.

Primary education

Similar gaps – reflecting inequalities in parental income, gender and ethnicity, among other factors – persist in grade school, despite the progress many countries have made in pursuing universal primary education. As of 2008, 67 million primary-school-aged children were still out of school, 53 per cent of them girls.[52]

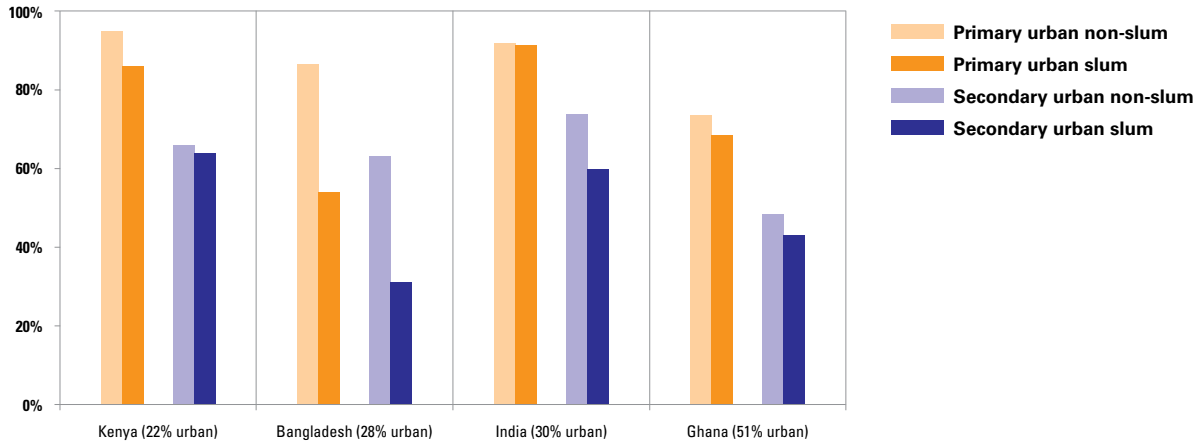
Primary education is generally more readily available in urban than in rural areas but remains beyond the reach of many children growing up in poverty – especially in slums, where there is often little or no public schooling. Families often face a choice between paying

© UNICEF/NYHQ2011-1096/Kate Holt

A girl receives speech therapy in Chisinau, Republic of Moldova, as her mother looks on.

Figure 2.9. School attendance is lower in slums

Primary and secondary net attendance rates for urban areas in Kenya, Bangladesh, India and Ghana



Source: Kenya, DHS 2003; Bangladesh, DHS 2007; India, DHS 2005–2006; and Ghana, DHS 2003. Countries were selected for illustrative purposes.

for their children to attend overcrowded private schools of poor quality or withdrawing their children from school altogether.

Even in countries where primary schooling is free, the ancillary costs can leave people who live in poverty at a disadvantage. Students may have to purchase uniforms and classroom supplies or pay fees to take exams, and these taken together are often expensive enough to prevent children from attending school. While parents in Dhaka, Bangladesh, spend an average of 10 per cent of household income per child on schooling costs, this rises to 20 per cent in the poorest families. A recent survey of Sao Paulo, Brazil; Casablanca, Morocco; and Lagos, Nigeria, showed that families in the lowest income quintile spent more than a quarter of household income on schooling.[53]

Marginalized groups, including children living or working on the street, migrant children and the children of refugees and internally displaced persons, face particular challenges. Until recently in China's cities, for example, migrants who were not officially registered had difficulty sending their children to school.[54] And all too often, children who are seen as different – because of poverty, language or gender, for example – face discrimination.

Refugees and internally displaced people often live in informal settlements in urban areas, and schools that are already under strain may have great difficulty in coping with an influx of displaced children. Evidence suggests that displacement severely disrupts children's education – and again, the worst affected are often those who were already marginalized because of poverty, gender, ethnic identity or other factors.[55]

Children from poor urban neighbourhoods are among the least likely to attend school. A survey in Delhi, India, found a primary school attendance rate of 54.5 per cent among children living in slums in 2004–2005, compared with 90 per cent for the city as a whole.[56] In Bangladesh, according to 2009 data, the differences were even more pronounced at the secondary level: 18 per cent of children in slums attended secondary school, compared with 53 per cent in urban areas as a whole and 48 per cent in rural areas.[57] Even where progress is made, it cannot be taken for granted. While enrolment improved in the rural and non-slum urban areas of the United Republic of Tanzania, Zambia and Zimbabwe in the late 1990s, it worsened in urban slums.[58]

The quality of available schooling options in poor urban areas is another issue to consider. While data tend to focus on access, enrolment and retention, these are linked to the perceived quality and benefits of available education. Overcrowding and a lack of appropriate facilities such as toilets are among the factors that undermine the quality of education.[59]

Creating employment opportunities for youth is vital as well. Too many young people in urban areas see their improved literacy and educational achievement unrewarded with suitable jobs. Many young people around the world are effectively idle – neither in school nor at work.

Protection

Article 19 of the Convention on the Rights of the Child commits States parties to "take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child." Article 32 recognizes children's right to be protected from economic exploitation and hazardous work. Article 34 targets sexual exploitation and Article 35, trafficking.

Child trafficking

At any given time, nearly 2.5 million people are in forced labour as a result of trafficking – 22 to 50 per cent of them children.[60] Child trafficking is frequently hidden, denied or ignored, making comprehensive data difficult to obtain. Some forms take place mainly in urban areas: trafficking for sex work, for example, and trafficking that targets children who live or work on city streets.

Many children are trafficked from rural to urban areas. A 2001 study of sexually exploited girls aged 9–17 in major cities of the United Republic of Tanzania found that many had been trafficked from the country's interior. Some had been recruited as domestic workers and abused within their employers' homes; others were trafficked directly into prostitution or recruited into it by peers.[61] One study indicates that most trafficked girls are put to work as sex workers, for example, in the major Indian cities of Mumbai, Delhi and Kolkata. In Bangladeshi cities, large numbers of girls and boys are exploited in street sex markets and brothels.[62]

In Eastern Europe, children aged 13–18 are particularly at risk of being trafficked.[63] Evidence suggests that poverty, alcoholism, family dysfunction, drug abuse, sexual abuse and domestic violence increase the children's vulnerability, and that those out of school, on the streets or in institutions are also at greater risk.[64]

Children lacking birth certificates or official registration documents, including refugee and internally displaced children, can be at particular risk of trafficking and are among those most difficult for authorities to trace, much less protect. Many countries have adopted national plans of action to combat child trafficking, but the lack of reliable statistical information remains a significant obstacle – most data focus only on the cross-border trafficking of girls and women for sexual exploitation.

A five-year-old girl sells goods to commuters on a train in Buenos Aires, Argentina. She has been working in the city's mass transit system selling hairpins and other products since she was 3 years old.

A boy works in a mechanic's workshop in Herat, Afghanistan.

Child labour

Even in the absence of trafficking, many children are forced to work in order to survive. Around the world, an estimated 215 million boys and girls aged 5–17 were engaged in child labour in 2008, 115 million of them in hazardous work.[65]

Children may work as ragpickers or shoeshiners, serve at tea stalls, sell cigarettes on the street, or work in homes or factories. Many of those engaged in child labour experience its worst forms – including forced and bonded work, illicit activities, armed combat and domestic labour. Because they are largely invisible, these forms of child labour are the most difficult to tackle.

Child domestic labour is predominantly an urban phenomenon; children who work in rural areas tend to be involved in agricultural work as unpaid family members. Domestic workers, most of them girls, are isolated and subject to the whims and arbitrary discipline of their employers, from whom they may suffer abuse. Sexual abuse is frequent but seldom prosecuted.

Child domestic workers can also suffer from psychological problems. Research in Kenya, for example, found that they were more likely than other children to experience insomnia, bed-wetting and depression, among other conditions.[66]

Children living and working on the streets

Estimates suggest that tens of millions of children live or work on the streets of the world's towns and cities – and the number is rising with global population growth, migration and increasing urbanization.

Children resort to living and working on the street for many reasons. Violence or abuse at home or in the neighbourhood drives many away, as studies have shown in cities as diverse as Dhaka, Bangladesh, and Moscow, Russian Federation.[67] Poverty also plays a part. While abuse, conflict or neglect can happen in any family home, children whose poverty and marginalization leave them with few choices often see the street as the best available option for escape.[68]

Living on the street exposes children to violence, yet crimes against them are rarely investigated, and few people are prepared to act in their defence. On the contrary, in the many countries and cities where vagrancy and running away from home are outlawed, children living or working on the street are often the primary victims of such criminalization. Researchers, national bodies and international human rights groups have reported that police and security forces have abused children on the streets of cities all over the world.

Children's gender, age, ethnicity and disability status influence the extent and type of violence they experience and the coping mechanisms they develop. A 2000 study of children on the streets of Brazil's cities showed that boys were more likely than girls to go hungry and to experience physical violence at the hands of the police. Girls were less likely to beg for money and more likely to sleep in institutions rather than on the street.[69] Another study conducted that year indicated that girls more frequently internalize violence and are at greater risk of continuous abuse.[70]

The problems outlined in this chapter constitute an unconscionable assault on the rights of children. The following chapters examine more closely some of the challenges and opportunities that children face in cities, and discuss initiatives that seek to improve life for children in an increasingly urban world.

The Millennium Development Goals

The eight Millennium Development Goals (MDGs) cover a spectrum of issues, from poverty and hunger to education, child survival and maternal health, gender equality, combating HIV/AIDS and building a global partnership for development. Progress towards achieving the goals is measured against 21 specific targets.

MDG 7 contains the commitment to ensure environmental stability. One of its urban facets, Target 11, aims to have achieved a significant improvement in the lives of at least 100 million slum dwellers by 2020. This is also known as the 'Cities without Slums' initiative. In addition to environmental concerns and a specific focus on urban slums, MDG 7 also contains a commitment to halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

Although one of the targets of MDG 7 is dedicated specifically to slum dwellers, the goals should be seen as a continuum of development priorities. The lives of people in the world's slums cannot improve substantially without concerted action to eradicate poverty and hunger (MDG 1); achieve universal primary education (MDG 2); promote gender equality and empower women (MDG 3); reduce child mortality (MDG 4); improve maternal health (MDG 5); combat HIV/AIDS (MDG 6); or create a global partnership for development (MDG 8).

Evidence suggests that national approaches to slums are improving as countries move away from negative policies such as neglect, forced eviction or involuntary resettlement towards more positive tactics such as community engagement, slum upgrading and rights-based policies. Nevertheless, the number of slum dwellers worldwide has increased by 60 million since Target 11 was established in 2000.

Slums are the physical manifestation of the urbanization of poverty. Growing numbers of urban dwellers are poor, and inequality in the urban sphere shows no signs of abating. Future international targets will have to take into account the expanding scale of the problem.

CHAPTER 3

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Urban challenges

This chapter examines some of the phenomena shaping the lives of children in urban areas, from their reasons for moving to the city and their experience of migration to the challenges of getting by in the face of economic shocks, violence and disasters.

Migrant children

It has long seemed as if cities had a magical power to draw people in with bright lights and the promise of advancement. Images of people moving from rural to urban areas endure in the collective imagination, and migration continues to play an important role in many regions. Rural-to-urban migration is pronounced in West Africa,[1] for instance, and international migration remains a major factor in Europe, Asia and North America.[2]

Historically, access to resources in urban areas has not been equitable. Every place has its own pattern of vulnerability, stemming from accumulated and current political and social prejudices.[3] New arrivals may be pushed to the margins of urban society; this may be a deliberate response intended to deter future migration. Migrants, especially those without documents, may be denied public services, social protection and even emergency health care. Institutionalized exclusion can take the form of registration requirements for migrant workers – an ostensible means of proffering services that, in practice, often serves the opposite purpose. Rather than making such essentials as schooling available to migrant families, these requirements often have the effect of denying such services to those not registered,[4] especially where the process or cost of registration is prohibitive.

Most child migrants move with their families,[5] accompanying parents or caregivers seeking employment or opportunity. Almost a tenth of China's child population, or 27.3 million children, took part in internal migration with their parents in 2008.[6] A significant number of children and young people, however, move within countries on their own.[7] A recent analysis of census and household data from 12 countries found that one in five migrant children aged 12–14 and half of those aged 15–17 had moved without a parent.[8]

Queuing for food at a camp for people displaced by the 2008 earthquake in the city of Mianyang, Sichuan Province, China.

Children and young people frequently follow established patterns of migration. In West Africa and South Asia, where rates of independent child migration are particularly high,[9] most child migrants leave home between the ages of 13 and 17. Many of these children grow up in impoverished rural areas where it is common to travel to seek work in order to supplement family income, whether for part of each year, during lean periods or for longer durations.[10] At least 4 million children are thought to migrate seasonally, whether by themselves or with their families, in India alone.[11]

Like adults, children migrate in response to a combination of push and pull factors. For many, migration is an attempt to secure a better life, whether in terms of economic or educational opportunities, or simply to escape poverty. Others relocate because of family circumstances, such as the loss of a parent, or to escape conflict or natural disasters and the upheaval and food shortages that accompany them. An unstable or difficult family environment often plays a role. Children may be forced to leave owing to neglect or abuse from their caregivers. And in some cases, leaving is a way of marking out a separate identity – effectively declaring independence.[12] Be it forced or voluntary, with adult caregivers or alone, migration entails risks that require age-appropriate measures to protect the children involved.

Once in the city, children who moved to help their families can find that participation in the urban economy weakens the bonds between them and their parents.[13] Indeed, the act of leaving home may even be seen as an abandonment of family duties and thus may cause conflict with parents. And all too often, young people who arrive in urban centres with hopes of educational advancement find it unattainable because of work commitments, as separate studies in Bangladesh and Ghana have confirmed.[14]

The quality of schooling also can be a cause for concern. In Turkey as elsewhere, schools in poor quarters and on the urban periphery, where most migrants settle, struggle with overcrowding and a lack of resources. To this is added the challenge of accommodating an influx of students from diverse cultures who speak different languages.[15]

PERSPECTIVE

A WORLD APART

The isolation of Roma children

by Eugen Crai, Country Director, Roma Education Fund, Romania

In 2005, governments in Central and Eastern Europe proclaimed the Roma Decade of Inclusion and committed themselves to "eliminating discrimination and closing the unacceptable gaps between Roma [people] and the rest of society." With the clock running down to the Decade's conclusion in 2015, this effort to right historical inequalities in such key areas as education, gender and health has brought modest results. Roma children continue to have substantially lower vaccination coverage, with appalling consequences. When Bulgaria experienced an outbreak of measles in 2009, 90 per cent of all cases occurred among the ethnic Roma community.

Romania, home to more than half a million Roma according to the latest official data (other estimates run as high as 2.8 million), illustrates the difficulties and opportunities involved in efforts to eliminate disparities and promote inclusion. In 2001, the Government adopted a national strategy to improve the situation of Roma throughout the country. Ten years on, only 13 per cent of local governments have implemented specific measures for Roma communities. Progress towards social inclusion has been slow from the outset and was further hampered by the global economic crisis, which hit the region in 2008. Many municipalities have cut social spending amid rising unemployment.

Poverty affects Roma communities in both urban and rural Romania; the poorest are clustered mainly in mid-size towns and larger villages. What sets the situation in urban settings apart, here as in the wider region, is the separation of Roma from the rest of the municipal population, with the Roma population living in de facto 'ghettos'. The problem of 'ghettoization' is a clear physical manifestation of exclusion. Its roots date back to the mid-1800s, when laws were passed freeing Roma from centuries of slavery. Without any policies to promote and ease integration, freed Roma settled at the margins of urban areas – essentially, on no man's land. Through my work I have seen that Roma communities continue to be excluded from the development plans of cities that have expanded and encircled their neighbourhoods. Roma communities remain isolated – many are not connected to public utilities. The absence of permanent housing, combined with a lack of birth or identity documents, can significantly limit access to health care, education and employment. Evictions frequently occur without warning, reinforcing this segregation.

What is life like for a child in a Bucharest ghetto? Consider the case of Laurentiu, a 16-year-old in the Ferentari district, known for its large Roma population, its derelict buildings, its poverty and large numbers of children out of school. After Laurentiu's father died, his mother abandoned him, and he was placed in a state institution. He now lives with his 70-year-old grandmother and his five brothers in an apartment that has been disconnected from water and gas because the family struggled to pay the bills. Growing up in a damp space, without gas to cook food or water to wash, just a few blocks away from the glossy commercial boulevards of Bucharest – this is the brutal reality of two neighbouring worlds.

Urban poverty is especially difficult for children, who have little control over their surroundings or level of affluence. Many find it impossible to attend school, and those who do attend struggle to do well with limited support. Roma children in Romania have much lower enrolment rates at all levels of education, starting with preschool; many are unnecessarily placed in special education. In 2005, only 46 per cent of the Roma population aged 12 and above had spent more than four years in school (compared with 83 per cent of the general population), and of those only 13 per cent acquired at least some secondary education (63 per cent among the general population).

The lucky ones find non-governmental organizations that provide counselling, tutoring, homework help and a space in which children can discuss problems, gain confidence and improve their marks, often in preparation for the crucial 8th grade final exam, a stepping stone to high school or vocational studies. The Roma Education Fund is one organization working to make a difference in the lives of some 5,000 Roma children and youth in Romania. But there are so many more like Laurentiu. So much remains to be done.

Eugen Crai is the country director of the Roma Education Fund in Bucharest, Romania. He holds a master's degree in law from McGill University, Canada, and specializes in human rights law and anti-discrimination legislation, as well as minority rights advocacy and education policy. His professional career centres on Roma communities – over the past 14 years he has worked on the first European Union Phare Project for the Improvement of the Roma Situation in Romania and has also served as education officer and social policy specialist at UNICEF Romania.

Agents, not victims

Children play no part in creating social hierarchies, classes or castes. They are born into deeply unequal societies and live out their lives hampered (and, occasionally, aided) by societal perceptions, conventions and stereotypes. It is easy, therefore, to regard them simply as victims of forces beyond their control. But consider their motives and actions as migrants, and it becomes apparent that children also act as agents of their own destiny.

A teenager's decision to migrate or seek work may be an empowering experience – an attempt to reach objectives or assert independence. Indeed, for all the dangers and difficulties children face, studies suggest that most perceive their migration as having been positive – even when their actual experiences have been negative. Many see migration as a step towards taking material responsibility for themselves and as an opportunity for superior education.

Work, too, can have an empowering effect, particularly if it provides vital resources for survival. While child labour is too often premature, exploitative, dangerous and abusive, it is important to recognize that, especially for older children, appropriate work can make a significant contribution to development by building self-esteem, teaching skills and helping children cope with poverty. The Convention on the Rights of the Child recognizes that children should have increasing autonomy, in line with their evolving capacities.

Children who migrate unaccompanied by adults are particularly vulnerable to exploitation, abuse and trafficking.[16] Without support and protection networks, they may have particular difficulty coping emotionally. Similar predations may await children who are, or who move with, refugees or internally displaced persons fleeing conflict or environmental distress.

More than half the world's registered refugees live in urban areas.[17] Some have official status, but many more lack the legal right to urban residence and may therefore be excluded from assistance. Women and children among these urban refugees and asylum seekers are at risk of harassment, exploitation, human trafficking and gender-based violence.[18] Refugee and asylum-seeking children and adolescents, particularly those unaccompanied by adults, are especially vulnerable during the resettlement phase.[19] Children born to migrant parents may end up stateless and unable to enjoy the rights of citizenship. Internally displaced persons may find themselves without economic resources and may be seen as competing with the urban poor for social services. For host communities, national governments and the international community, providing effective assistance is particularly challenging in such scenarios.

An unaccompanied girl, aged 6, in the town of Loguatuo, Nimba County, Liberia, where she is staying with a Liberian family. She fled her home in Côte d'Ivoire following violence after the 2010 presidential election.

Children are affected by migration to cities even when they do not move. Many are left behind in rural areas in the care of a parent, relatives or community members. Such was the case with 55 million children in China in 2008. Being left behind can cause physical, educational and psychosocial distress.[20] The damage is not inevitable, however. A 1998 study of primary school children of Filipino migrants suggests that, with sufficient care from the extended family, migration on the part of parents need not prove detrimental to child development, particularly when childcare training, counselling and other forms of support are provided.[21]

FOCUS ON

HELPFUL STRATEGIES IN URBAN EMERGENCIES

All children are vulnerable in emergencies, but certain realities place those living in poor urban areas at special risk.

First, epidemics spread fastest in crowded places lacking health services and sanitation facilities. Second, violence by armed groups, gangs, crime syndicates, rebels or government forces spawns instability and insecurity. This can be felt most acutely by children and women, who are also at risk of gender-based violence. Third, conflict or natural disasters in rural areas can lead to a massive influx of internally displaced persons into urban areas, with large numbers seeking refuge not in camps but in host communities where the infrastructure and services are already weak. This puts both host families and displaced people under extreme strain and leaves them more vulnerable to epidemics or urban violence. And fourth, pre-existing deprivations such as inadequate shelter and limited access to clean water, sanitation, education and health care mean that delivery systems must be created before humanitarian aid can reach people.

When emergencies occur in marginalized urban areas, national and international agencies face threats to children's health, safety and well-being. But innovative responses tried in Port-au-Prince, Haiti; Nairobi, Kenya; and Manila, Philippines, have proved successful and could be applied elsewhere.

Information on slum communities is often inadequate, outdated or nonexistent, making it difficult to locate the most vulnerable and those in greatest need. But solutions are at hand. In Nairobi, impoverished communities identify at-risk families and pass this information on to humanitarian agencies so they can pinpoint those most likely to need emergency assistance.

In Nairobi and Manila, cash-transfer delivery systems have helped recipients regain a measure of food security and restart their livelihoods. Community committees identified the most vulnerable, agencies verified this information, and then SIM cards were distributed, allowing beneficiaries to get cash via mobile phones.

Also in Manila, an early warning surveillance system introduced in May 2010 entails training health workers to report the incidence of disease by sending text messages to computer hubs.

It can be more difficult to identify beneficiaries in cities where rich and poor live shoulder-to-shoulder than in those where the poor live in large and distinct settlements. Some groups – undocumented immigrants, for example – may prefer not to be identified for fear this will bring on politically motivated violence, arrest or expulsion. Blanket targeting can overcome these constraints but it is only appropriate immediately after crisis has struck, when the whole affected population needs assistance. Community drop-in centres providing information, services and protection can also prove helpful.

Scant water and sanitation infrastructure is a major challenge in poor urban settings – even more so when disaster pushes large numbers of people into these areas. The results of such a surge in users can include the contamination of drinking water. Sanitary toilet systems consisting of commodes that can be emptied at designated waste disposal points are being introduced in the slums of Nairobi. Another innovation, the 'peepoo' bag, is biodegradable and can be used as compost in gardens, so it does not add to the pressures on local sewage infrastructure. In Manila, raised toilets have been built to withstand flooding. The key to success in each of these cases has been community involvement in the design and implementation of initiatives.

In Port-au-Prince after the 2010 earthquake and elsewhere, 'child-friendly spaces' were established to address children's psychological and social needs – and to help protect children from the increased risk of violence, abuse and exploitation that accompanies emergencies. A particular emphasis was placed on serving the survivors of gender-based violence.

Source: UNICEF Office of Emergency Programmes.

Economic shocks

The effects of the economic crisis unleashed in the financial capitals of high-income countries in 2007 continue to be felt around the world in high unemployment, deteriorating work conditions, dwindling real incomes, and food and fuel prices that are high and difficult to predict.

Globally, there were 30 million more unemployed people in late 2010 than before the crisis broke, and the number continued to grow in 2011.[22] The burden is disproportionately borne by workers aged 15–24, whose unemployment rate rose from 11.8 per cent in 2007 to 12.6 per cent in 2010.[23] Studies of previous economic downturns suggest that this generation of young people could end up detached and disillusioned, with long-term repercussions for their personal and collective well-being.[24]

Unemployment figures for urban youth are hard to obtain, but those that are available paint a worrying picture. Young people in Sierra Leone's urban areas are more likely to be unemployed than either rural youth or urban adults.[25] In low-income countries, the statistical evidence on youth unemployment tends to be weak, partly because a significant proportion of young people work outside the formal sector. There are indications, however, that the crisis has swelled the ranks of the 'working poor' – a category in which young people are overrepresented[26] – and slowed progress in poverty reduction, education and health care.[27]

In extreme cases, persistent unemployment can contribute to civil unrest. Urban areas tend to be the focus of such turmoil, as the high concentrations of people make it easier to reach critical mass. Potential or actual civil disturbance is a concern in many cities of West Africa, where the movement of young people from rural areas to cities has reached extremely high levels[28] and job growth has been insufficient to absorb the influx.[29]

In North Africa and the Middle East, young people frustrated by a lack of economic opportunity accounted for a significant proportion of demonstrators in the wave of protests that spread across the region in the spring of 2011, following the self-immolation of a young graduate in Tunisia in December 2010.

Residents of a neighbourhood in Manila, Philippines, contend with mud and stagnant water in the aftermath of floods caused by Tropical Storm Ketsana.

FOCUS ON

WOMEN, CHILDREN, DISASTER AND RESILIENCE

The Philippines is one of the 12 countries in the world most vulnerable to disasters and climate change. From 1980 to 2009, some 33,000 people died and another 109 million were affected by natural calamities. The nation's vulnerability stems largely from the 60 per cent of its 1,500 municipalities and 120 cities located along coastal shores. Many of them, like Metropolitan Manila with its population of 11 million, include areas below sea level. Disasters loom large over the country's future as the weather becomes increasingly severe and unpredictable.

Early on 26 September 2009, Tropical Storm Ketsana, locally named Ondoy, struck Manila and resulted in the worst floods in 50 years. It was followed a week later by Typhoon Parma, known locally as Pepeng. Especially affected were an estimated 220,000 families in the poorest urban neighbourhoods whose flimsy shelters had stood along waterways and in low-lying areas. Such families are accustomed to dealing with typhoons. Early warnings find them hoisting their household items up to the rafters and taking children to stay with relatives or friends on higher ground. Ondoy, however, took everyone by surprise.

A post-disaster needs assessment concluded that Ondoy and Pepeng directly affected some 9.3 million people. Nearly 1,000 deaths were registered. The number of children or women who died or were injured is not known because data were not disaggregated by age or gender. However, a special field team searching for missing or unaccompanied children in Manila and its surrounding areas recorded 47 child deaths and 257 children aged 6–18 who were separated from their families, missing or in need of other assistance. Several children had drowned. Others succumbed to hunger, diarrhoea, dengue and respiratory diseases.

Young people showed resilience and creativity. As long as their cell phones remained intact, SMS networks could track the locations of stranded neighbours and guide rescuers there. Fashioning makeshift boats out of whatever floated, including a refrigerator with no door, they ferried people to safety. They helped clear mounds of mud and hauled away accumulated debris, some of which they sold as scrap. Many had to drop out of school in order to work to support their families.

Disruptions of household earnings in an already poor population seriously affected the health and well-being of children. Hard-pressed even before the flood, parents were forced to cut down on servings of food and stretch what little they had over several meals. Better-off women shared their food with the less fortunate and offered to look after children while mothers searched for work, money or relief goods. Mothers told heartbreaking tales of their children clinging hysterically to them for months afterwards if they attempted to leave the house.

Women showed strong leadership, especially in the recovery and reconstruction phases. By avidly helping others, organizing community responses, finding ways of earning, and demanding that local officials improve disaster management programmes, they gradually brought the populace back to the familiar routines of pre-Ondoy life. Together with the men, they protested or resisted attempts to relocate them to distant sites, arguing that with few earning opportunities there, their children would starve.

In 2011, new legislation was passed to prepare for future calamities related to climate change. Disaster management programmes were strengthened. So, when Typhoon Falcon brought comparable flooding to the metropolitan region, Marikina City ordered evacuations and marshalled rescue and relief assistance in good time. Muntinlupa City reaped the benefits of its ban on plastic bags. Its clear waterways facilitated drainage.

The full benefit of these efforts will materialize too late for the children lost to or traumatized by Ondoy. But improved community data on who and where the children are, coupled with training of local officials and community members in more efficient relief distribution and rebuilding based on community strengths, offer hope to the next generation.

by Mary Racelis
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Unemployment in the region is particularly high among better-educated, mostly urban, young people. The supply of skilled jobs has simply not matched demand for them. The opposite is true of the member countries of the Organisation for Economic Co-operation and Development (OECD), where unemployment is highest among the least educated.[30]

The poor are also especially vulnerable to rising food and fuel prices because they already spend 50–80 per cent of their money on food, leaving little for medicines, education, transport or cooking fuel. These families can ill afford to pay more, yet their purchasing power is further eroded by declining incomes, reduced public spending and shrinking remittances from family members working overseas.[31] Governments have an obligation to protect the poorest and most vulnerable children from the adverse effects of economic crises.

Violence and crime

Crime and violence affect hundreds of millions of children in urban areas. Some are targets and others participate in or witness such acts as assault, mugging, communal conflict and murder.

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Brothers, aged 3–9, stand in the burnt-out ruins of their home, where they continue to live with their parents following ethnic violence in the city of Jalal-Abad, Kyrgyzstan, June 2010.

In addition to the obvious direct harm they cause, crime and violence can undermine children's faith in adults and the social order. Chronic exposure can impede children's development and has been related to poor academic performance and higher school drop-out rates, anxiety, depression, aggression and problems with self-control.[32]

Armed conflict and children in urban areas

Since Graça Machel's landmark *Impact of Armed Conflict on Children* report was published in 1996, the international community has focused increasingly on this subject of grave concern. Millions of children have been killed, injured, orphaned or separated from their families. Millions more have been deprived of schooling in Iraq, Pakistan and other countries embroiled in armed conflict. Often, the deprivation has been worst in cities. In Tajikistan, for example, researchers have found that primary school enrolment rates remained lower in urban areas than in the countryside for years after the 1992–1998 conflict.

Although armed conflict is distinct from the quotidian violence of gangs and organized criminal activity, the two increasingly overlap. To secure resources, armed groups may become involved with criminal trafficking networks, as is the case with the drug trade in Colombia and Afghanistan and trafficking in rare minerals in the Democratic Republic of the Congo. Urban gangs, most often composed of young men, can morph into militias, as was the case with the West Side Boys, who were tactically employed by combatants in Sierra Leone's civil war of 1991–2002.

While armed conflict is not exclusive to urban areas, it is clear that an attack on a densely populated city neighbourhood – whether by government forces, rebel militias or terrorists – maximizes casualties, including among children. In some cases, civilians are deliberately targeted in order to create a greater political impact – as with explosive devices detonated in busy urban areas such as markets. In other cases, combatants claim that broader war aims justify the costs of civilian death or injury. All assaults on civilians, however, and especially those on children, are violations of international human rights law.

PERSPECTIVE

SPEAKING FOR OURSELVES

by the ATD Fourth World Movement Youth Group, New York City

People all over the world hear stories, watch movies and see postcards of New York City. They recognize our skyline – the Empire State Building, the Statue of Liberty or the Brooklyn Bridge – on sight. But New York City is not just about the big lights, the big buildings. There are the streets, and then there are the people who walk them, and when you live here you learn that New York is just like any city, filled with people who struggle to make ends meet.

In the neighbourhoods where we are growing up, we see the rougher side of this famous city. Poverty is part of life in our overcrowded and under-resourced communities. Peer pressure influences kids to drop out of school, and many end up in jail or dead. The face of poverty might change from one place to the next, but how poverty is felt is the same. It connects us with young people from other cities.

We live in different parts of the city, but we have had the common experience of sharing in street libraries. These are outdoor libraries, set up on blankets by volunteers who bring books and arts to our neighbourhoods. The libraries are places of peace where young people and children can work together and support each other. They are important because violence is a major part of our lives. We have had to run away from family barbecues when shoot-outs began, and we have teachers who have stopped even trying to break up fights in class because they're so common.

Gangs are one of the worst problems facing our communities. Gangs affect the entire neighbourhood, causing outbursts of violence and retaliation in our parks and influencing every decision we make, down to when and where we buy groceries, so that we can have a better chance of avoiding confrontation. We've seen enough to know that once you're in a gang, you're done. There is a good chance that you'll have to die to get back out.

Young people feel a common pressure to gain respect and a sense of belonging, but overcrowded living conditions and constant changes in our lives can make accomplishing that impossible. Gangs give a kind of power and protection, and this creates a lot of pressure to join. It's true that you can get respect for doing something you're good at, but if you live in an under-resourced neighbourhood the opportunities and support you need to get truly good at something don't come so often. The fact that people believe joining a gang is their best option shows how deeply problems run here.

Violence is serious in poor communities; it creates a cycle that keeps people in poverty. But extreme poverty is a form of violence itself, because it forces children and families to use so much of their energy to defend their rights against such threats as eviction and gentrification, which cause rents to rise and force poorer families to move frequently. As a result, many of us have had to move to completely different neighbourhoods and schools. These kinds of transitions are always scary and challenging, but in the city, they are common and can be downright dangerous for us. When you're new to a neighbourhood or school, people want to test you. If you fail those tests, you're a target. Kids who don't fit in get teased, harassed and even attacked. As our 17-year-old peer Crystal told a United Nations panel in 2011, she was attacked by seven girls on her way to a bus stop because she was wearing brand-name clothes popular at the school from which she had just moved, but shunned at her new school.

We've all had these kinds of experiences, but we have learned how to handle them and move forward.

Young people like us have a role to play. Even in difficult neighbourhoods there are the positive influences of strong families and inspiring people, and we have the power to seek out those positive role models and to become them ourselves. All of us want to be those people, and we want a chance to change the communities we grew up in for the better. By living through so many of the injustices associated with growing up in under-resourced neighbourhoods, we've gained the knowledge we need to start the process of change, change that will create places where all families are treated with respect and dignity.

Speaking out about our lives is part of how we can create that change. People can't speak for us who have never lived the lives we describe. But when we get to speak on behalf of our own experiences and ourselves, that's freedom of speech, and that's a positive step.

This essay was contributed by Crystal Dantzler (aged 17), Najayah Foote (13), Tatyana Foote (13), Jammie Hatcher (11), Brianna Jeanniton (15), Jadora Lindsey (18), Malcom Smith (14), Shakora Townsend (15) and the young people of All Together in Dignity (ATD) Fourth World Movement, New York City.

A boy pushes a cart in the flooded city of Hyderabad, Sindh Province, Pakistan.

The causes of violence affecting children in urban areas are many and complex, but prominent among them are poverty and inequality. The insufficient provision of public services and such community infrastructure as schools and recreational areas is common to the cities of low-income countries and those in high-income countries whose governments are prone to social austerity. High rates of crime and violence often prevail in such places. The experience of being deprived of something to which one believes one is entitled triggers a sense of exclusion and can lead to frustration and violence. A study of 24 of the world's 50 wealthiest countries confirmed that more unequal societies are more likely to experience problems associated with this kind of relative deprivation: high rates of crime, violence and imprisonment.[33] Incarceration is itself a problem because violence is common in prisons and detention centres.

In many parts of the world, urban gangs made up entirely or partly of young people are known for committing such crimes as extortion, petty theft, selling or trafficking drugs, armed robbery, murder and carjacking.

On average, children join gangs around age 13, but evidence suggests a trend towards earlier enlistment.[34] In marginal urban settings, gangs can offer children a sense of identity, belonging and protection, as well as financial reward. Children from poor backgrounds, often growing up with few opportunities to escape unemployment, may see little prospect of securing their own future or supporting their families. They drop out of school, disillusioned with its lack of potential to improve their situation. In urban areas where the state fails to provide such essentials as safe water, electricity or gas, health care, housing, education or legal protection, gangs sometimes step in to fill the vacuum.[35]

While it is difficult to measure the impact of specific institutional approaches to the challenge of reducing violence, evidence suggests that community policing programmes – which include community participation and special training for police personnel – have proved successful in urban areas of Brazil, Colombia, Costa Rica and Guatemala.[36]

Successful strategies to prevent violence involve all levels of the community and serve to establish trust

between them, creating ties among children, adults, schools, institutions, civil society and local and national governments.[37] The ideal protection, albeit one that is unattainable for many children, is a stable family unit, characterized by strong bonds between children and parents and non-violent forms of discipline. Such settings help insulate children from a violent urban reality and enable them to better recover from psychological distress if they do suffer violence.[38]

Disaster risk

For millions of children, urban poverty is complicated and intensified by exposure to hazards such as cyclones, floods, mudslides and earthquakes. When combined with acute vunerability, these hazards can become disasters. While large-scale events are major enough to qualify as disasters, others, far more numerous and ultimately affecting many more children and families, are too minor or too slow-moving to meet the formal criteria for 'disaster'.[39] But they are still significant enough to turn lives upside down, bringing intense rainfalls that flood homes and destroy possessions, prolonged droughts that exhaust an already unreliable supply of water, or heat waves that turn unventilated shacks into ovens.

Since the middle of the twentieth century, recorded disasters have increased tenfold, with the majority stemming from weather-related hazards.[40] Even conservative models predict more extreme weather – heavier rainfall, stronger windstorms and more intense heat waves – adding to the existing burden of disaster.[41] Vulnerable locations and the great and generally increasing concentrations of people and enterprises can make cities especially dangerous. The proximity of residential and industrial areas, the lack of space for evacuation, poor drainage, the potential for the rapid spread of communicable disease due to high population density – all of these factors can intensify disaster risk.[42]

In the face of a disaster, children are among the most susceptible to injury and death. Over three quarters of casualties in recent decades have been children in sub-Saharan Africa or South Asia.[43] Droughts, flooding and post-disaster conditions all intensify the risk of, for example, sanitation-related illnesses and school dropout, especially in congested urban areas and among young children in particular. Warmer temperatures are expanding the endemic areas of malaria, dengue fever and other vector-borne diseases – for instance, into the East African Highlands.[44] Children, along with the elderly, are also at highest risk of harm from heat stress, especially in urban 'heat islands'. A 2003 study in Sao Paulo found that for every degree of increase in temperature above 20° C, there was a 2.6 per cent increase in mortality among children under 15.[45]

Disasters take a particular toll on underprivileged urban residents because of where they live, and also because they are inadequately served and ill-equipped to prepare for or recover from extreme events. The poorest urban populations and their children make their homes wherever they can find land or afford rent within reach of work: often in congested slums or informal settlements on flood plains or steep slopes, under bridges or on sites close to industrial waste. Children are at high risk in such locations, as they seldom have access to information or the protective infrastructure – storm drains, sewer systems, sea walls or paved roads – that can help people withstand extreme events. Homes are often built from flimsy materials that cannot stand up to high winds, mudslides, rushing water or earthquakes.

A boy stands near a rubbish-strewn gully on the outskirts of Luanda, Angola. The area lacks running water, basic sanitation and adequate housing. The gully floods during the rainy season.

PACIFIC CHALLENGES

by Tuiloma Neroni Slade, Secretary General, Pacific Islands Forum Secretariat

There are few places in the world where population growth and urbanization collide more starkly with vulnerability to climate change and disaster risk than in the Pacific region. This confluence of issues is central to the focus of the Pacific Plan, the master strategy for regional development endorsed by leaders of the Pacific Islands Forum in 2005 to promote economic growth, sustainable development, good governance and security. As increasing numbers of Pacific Islanders move to towns and cities, the region's long-standing tradition of rural 'subsistence affluence' is being eroded, and societies are grappling with new aspects of urban poverty, including undernutrition, youth unemployment and crime.

Almost a quarter of Pacific Islanders live in urban centres (up from only 8.5 per cent in 1950), and half of the countries in the region already have majority urban populations. While Vanuatu and Solomon Islands remain predominantly rural – 74 per cent and 81 per cent, respectively – their urban growth rates are among the highest in the world. In Fiji, urban growth has been compounded by the termination of land leases in some rural areas, which pushed renters to seek employment and shelter in towns and cities. Migration, both rural-urban and international, has resulted in the decline of stable populations in parts of Polynesia. Rapid urban growth is particularly significant in the context of the geography of Pacific Island countries. For example, the Tarawa atoll in archipelagic Kiribati includes some of the most densely populated islands in the world, with certain areas reaching a density of 7,000 people per square kilometre.

While urbanization affects all members of our communities, it is clear that its manifold social, environmental and economic consequences significantly affect the lives of children and young people. A recent study conducted by the Pacific Islands Forum Secretariat and the Pacific Centre of the United Nations Development Programme, *Urban Youth in the Pacific: Increasing resilience and reducing risk for involvement in crime and violence*, documented a wide range of links between urbanization and social problems, with a particular focus on young people's heightened exposure to crime and violence. Another research study found that one third of all children in Port Vila, Vanuatu, live in poverty – a rate nearly 20 per cent higher than the national average.

Traditionally, the land and the sea have provided generations with shelter and sustenance. The links between urban communities and the environment are weaker. People are more dependent on store-purchased commodities and, consequently, are vulnerable to the vagaries of global economic fluctuations. The knock-on effects are felt as children are taken out of school, families cut back on food, and financial worries lead to increased domestic violence and youth crime.

Despite the disadvantages, the possibilities offered by the urban environment attract young people over any other group. These include opportunities for artistic expression, forging of new identities, better access to technology, wider social networks and new forms of entertainment. At the same time, the combination of elevated school dropout rates, unemployment and the absence of stabilizing traditional social support structures renders many young people vulnerable to destructive influences.

Proactively addressing the challenges presented by urbanization will have a great impact on the well-being of children and young people – the major players in building the future success of our communities and ensuring the continued viability of our environments. The situation demands a holistic and equitable approach, beginning with critical issues such as access to safe water, housing and schools. Disaster mitigation and preparedness strategies are also of fundamental importance in densely populated areas. At the same time, a deeper understanding of the push and pull factors that result in the rural-urban drift may enable us to develop sustainable, targeted and practical policies to better harness the potential of our young people in both the formal and informal sectors.

Pacific leaders need to make a determined effort to tackle the challenges of urbanization, because unless we address what is one of the most pressing forces of our time, the vision of the Pacific as a region of peace, harmony, security and economic prosperity – where everyone can lead free and worthwhile lives – will remain illusory. The future of the next generation is at stake.

Tuiloma Neroni Slade is the Secretary General of the Pacific Islands Forum Secretariat. He was formerly a judge at the International Criminal Court in The Hague, Netherlands; Ambassador/Permanent Representative of Samoa to the United Nations in New York and, concurrently, Ambassador to the United States; as well as High Commissioner to Canada. Justice Slade has also served as Attorney-General of Samoa and as senior legal adviser of the Commonwealth Secretariat in London.

In Haiti, the January 2010 earthquake is estimated to have destroyed 250,000 residences and 25,000 public and commercial buildings, and to have killed an estimated quarter of a million people.[46] The underlying causes of the devastation and the human death toll in Haiti were manifold. Extensive deforestation had degraded the soil, resulting in the loss of rural livelihoods and pushing many people to move to cities. Inadequate or poorly enforced building codes meant that few homes had been built to resist earthquakes.[47] (It remains an open question whether people could have afforded the costs of complying with higher standards.) The slums of Port-au-Prince were overcrowded, and sanitation systems, where these existed, had long been fragile. This combination proved especially conducive to the spread of disease after the event.

In poor urban areas, failures in development contribute to disasters, and disasters, in turn, undo or undermine development gains – deepening poverty and further widening the social and health gaps separating poor from rich.[48] Routine, small-scale calamities in many settlements result from poor governance, planning and management, and often indicate vulnerability to much larger disasters.

Existing poor health and nutrition can increase disaster risk for children, hamper recovery and, if not addressed in the emergency response, leave children more vulnerable to future shocks.

When disaster strikes, supportive environments critical to children's well-being may break down. Families may remain in emergency camps for extended periods, and these dysfunctional environments can become the only home children know during their formative years.

In this context, the experience of young girls in particular may be fraught with particular challenges. Simply by attempting to use distant toilet blocks or to wash where there is no privacy, young girls may find themselves exposed to harassment and danger. Reports of gender-based violence are common in post-emergency settings.[49]

Recent years have seen the emergence of initiatives aimed at reducing disaster risk.

The Hyogo Framework for Action, endorsed by 168 governments in 2005, calls for the enhancement of communities' and countries' resilience. Moreover, there is growing recognition of the role children have in helping themselves and their communities to be safe. In the Philippines, for example, school children made a video of the risks in their community and presented it to the local authorities. This resulted in dialogue between adults and children, the planting of trees to reduce the risk of landslides, and the relocation of a school to facilities built to minimize vulnerability to flood damage.[50]

Case studies from the Caribbean suggest that efforts geared towards reducing local risks – supporting, for instance, community construction of emergency access stairs, bridges, drains and walkways along ravines – have served to build local governance and strengthen disaster risk reduction as an integral part of city development.[51] In Thailand, enabling disaster survivors to manage rehabilitation through shared community funds has served not only to stretch resources further, but also to enhance collective organization.[52]

Indeed, inclusive approaches often prove to be highly effective in solving all sorts of problems. The next chapter provides examples from around the world and across the spectrum of urban issues.

The Pinchinat camp, set up on a football field in the city of Jacmel, housed some 5,000 children and adults displaced by an earthquake that struck Haiti in 2010.

CHAPTER 4

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Towards cities fit for children

Many cities have pursued initiatives to improve children's well-being. This chapter outlines some examples of good practice spanning service delivery, social protection and safe and inclusive urban environments. These cases illustrate the myriad possibilities and benefits of including children and their interests in urban design and management.

Policy and collaboration

National policies – particularly decentralization – can enable municipalities to deliver for children. For instance, in 1991, the Philippines enacted the Local Government Code, granting fiscal and administrative autonomy and planning authority to local government units. This opened the door for a number of localities – notably Pasay City, a subdivision of Metropolitan Manila – to pursue pro-child urban governance. In addition to creating plans and evaluating projects, the Pasay City Child Welfare Council, the regulatory body responsible for all initiatives for children, promotes child-friendly regulations and budgets, provides technical assistance to community-based workers and prepares contingency measures to protect children and their families in crisis situations.[1]

Collaboration between authorities and child rights agencies can facilitate such efforts. In 1999, the Brazilian state of Ceara teamed up with UNICEF to launch the Municipal Seal of Approval, an initiative that encourages mayors to promote child well-being through local cultural, political and administrative channels. By recognizing and rewarding success, the programme provides municipal authorities with strong incentives to prioritize the well-being of children and young people in their jurisdictions. The initiative has now spread to over a thousand municipalities across Brazil and has been taken up by other countries in the region; mayors from El Salvador signed up in 2009. Within Brazil, it became the inspiration for the Platform for Urban Centres, which aims to reduce disparities that affect children and adolescents living in large cities.

The impetus for collaboration can come from the community itself. Shack/Slum Dwellers International (SDI) is a global alliance of 34 national federations of community-based organizations in developing countries. SDI represents associations of the urban poor that have come together to work towards secure habitats, basic amenities and safer neighbourhoods in dialogue with local and national governments. The movement is founded on empowering women, and children's interests rank high on the agenda.

'Bottom-up' approaches are prevalent in many cities. Civil society organizations and community institutions – including, among others, houses of worship – are often closest to the issues of greatest importance to the most excluded communities. These issues may include water and sanitation, housing, health, education and childcare. In urban settings lacking effective formal means of participatory decision-making, community organizations can enable citizens, including young people, to express their concerns. The challenge is to align the efforts of groups that work to alleviate the plight of the urban poor with those that focus on protecting the rights of the most vulnerable children.

Participatory urban planning and management

Children's right to have their views taken into account in all matters affecting them is enshrined in the Convention on the Rights of the Child. Nevertheless, children are seldom invited to take part in decisions informing urban planning and design. Urban decision-making and governance on such issues as road safety, land use and air quality can have direct and adverse effects on the lives of both current and future generations of children.

Participatory budgeting, which in some cities involves young citizens in determining how a portion of the municipal budget is spent, can bring about improved results for children.[2] In Ventanilla, Peru, a successful pilot scheme introduced in 2008 has allowed children and adolescents, who represent a significant portion of the city's population, to submit proposals to obtain funds for projects they choose to implement. Brazilian cities pioneered this approach more than a decade ago and although many retain participatory budgeting, few continue to include adolescents in the process.

In some cities, young slum residents are involved in surveying, documenting and mapping their urban surroundings, generating essential information for both their communities and municipal authorities. Such initiatives have helped build partnerships with official agencies in ways that enable young people to play a part in influencing the planning, finance and management of urban infrastructure. Children's community mapping has proved successful in pinpointing local needs and resources in places as diverse as Kolkata, India; Nairobi, Kenya; Karachi, Pakistan; and Cape Town, South Africa.

Participatory approaches are not without their challenges. It may be difficult to ensure that the most marginalized children are adequately represented, and careful planning is needed to ensure that participation is not tokenistic. Coordination is further complicated by the fragmentation of service delivery. Agencies responsible for water, sanitation, waste management, pollution control or public transport may not explicitly give consideration to children as users and may lack expertise in appropriate approaches.

Nevertheless, the critical mass and dynamic social exchange characteristic of urban environments can provide singular opportunities for children. A healthy and vibrant city opens avenues to varied educational options; recreational, social and cultural choices; civic engagement; women's empowerment and youth employment, among other benefits and opportunities. Young people can be involved in micro-planning community water and sanitation models, or they may take part in civil society networks that protect children from exploitation. Children's participation can both help guarantee their rights to basic services and protection and contribute to their development as active members of society.

BUILDING CHILDREN'S LIVES TO BUILD A CITY

by José Clodoveu de Arruda Coelho Neto, Mayor, Sobral Municipality, Brazil

Urban growth adds to the challenges of ensuring that people can enjoy an adequate standard of living.

In Sobral, a municipality in the northwest of the state of Ceara and home to more than 188,000 people, serious efforts have been made to include an expanding population in the labour market, schools, housing and all the social and economic aspects of daily life.

Almost 70,000 people – just over a third of Sobral's population – are not yet 19. With the right policies and services, we can play a part in creating an environment in which they can thrive and build healthy, fulfilling lives.

Although enabling children to realize their rights is part of our mandate, success can also bring long-term rewards. Today's beneficiaries are likely to become tomorrow's benefactors, contributing to stronger, more cohesive communities.

So much needs to be done. An increasing population puts existing resources under strain. Poverty and inequality create a sense of helplessness and frustration, which in turn often leads to crime and violence – daily realities in urban centres across the region – complicating the already complex process of fostering an environment where children can grow. It is difficult not to notice the factors that make young people especially susceptible to violence: poor quality of life, limited opportunities for development and recreation, and an absence of viable prospects.

Of course, an environment conducive to child well-being cannot be created through sporadic, isolated actions. We need a comprehensive, concerted approach to policymaking as well as integral service delivery. Our achievements in improving the lives of children and youth have earned us the UNICEF Municipal Seal of Approval every time it has been issued: in 2000, 2002, 2004, 2006 and 2008.

Sobral is pursuing a series of interconnected initiatives to enable all its children, regardless of background, to have access to appropriate tools to fully develop their capacities. We have steadily focused on enhancing education, chiefly by renovating school facilities and providing continuous coaching to teachers – efforts rewarded by improved results in national tests. We are working to extend access to other forms of training, for example through a planned partnership with the Palace of Sciences and Foreign Languages to deliver language and information technology programmes. This would build on successful initiatives already in place. The School of Music offers complimentary courses in a variety of musical instruments to nearly 650 students, largely from public schools. The School Workshop of Arts and Professions provides training in such professional skills as preserving the city's historical heritage. In addition, more than 10,000 of our students participate in after-school sports and tutorial classes under Second Round, a federal government project.

Our municipality also recognizes the educational and social benefits of sports – especially their contribution to building decision-making skills, respect for diversity and confidence among young people. Our Social Nucleus of Sports Initiation programme allows children and adolescents to practice sports by making existing sports facilities in all districts of the city available and accessible to them. We also partner with child rights advocates and a local business to promote the participation of marginalized youth in cultural workshops and training programmes. Many of these young people are adolescents who are excluded because they have experienced drug addiction, pregnancy or sexual abuse.

Beyond the numbers and formal initiatives, individual stories tell us that our efforts help adolescents make positive decisions to the benefit of their communities. I remember one young man who, at a recent project impact assessment meeting, said that many of his friends had been lost to drugs and crime. He had found the motivation to succeed despite the odds. Having entered the School Workshop vocational training programme at 16, he was now, 10 years later, working as an instructor in historical restoration.

I am one of countless mayors facing similar challenges and opportunities. We all have our own insights and experiences. But some motivations are universal – the satisfaction of seeing children on the brink turn their lives around and become role models for others. This is why I believe in the unique role of local government – in Sobral and around the world.

José Clodoveu de Arruda Coelho Neto is a lawyer and professor. Politically active since his youth, he served as vice-mayor of Sobral from 2005 to 2010 and became mayor in January 2011.

FOCUS ON

URBAN HEART

Measuring and responding to health inequity

The spectrum of urban living conditions is reflected in the health of a city's residents. Despite the wide disparities in health outcomes that stem from differential circumstances, few countries routinely examine such inequities within or between cities.

The Urban Health Equity Assessment and Response Tool (Urban HEART) helps urban policymakers, communities and other stakeholders better understand the local socio-economic factors that influence health outcomes. Developed by the World Health Organization (WHO), Urban HEART is designed to tackle urban health inequities – avoidable differences in health that are socially produced rather than biologically determined. The tool serves to identify and correct policies that perpetuate these inequities – for instance, the higher rates of illness and death among the children of families in urban poverty than among those born into relatively affluent homes.

Urban HEART provides local and national authorities with the evidence they need to set priorities, allocate resources and mobilize urban communities to promote health equity. To determine which interventions are likely to improve health and reduce inequities, this evidence seeks to show not just the immediate causes of disease but also the 'causes of causes' – underlying social hierarchies and the resulting conditions in which people grow, live, work and age.

Reducing health and social inequities is complex. Implementation of Urban HEART focuses on local solutions that engage all stakeholders, consider existing interventions and are effective and sustainable over time.

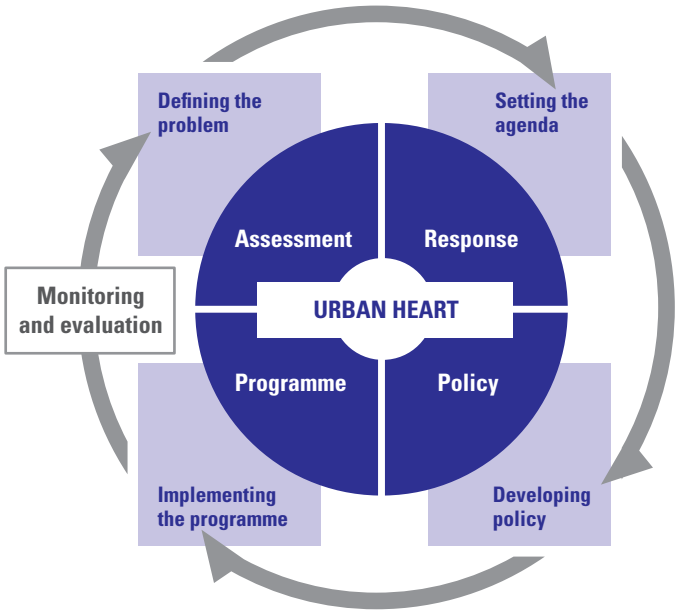
The tool is based on three essential elements:

- Sound evidence: reliable, representative and comparable data, disaggregated by sex, age, socio-economic status, major geographical or administrative region, and ethnicity, as appropriate
- Intersectoral action for health: building relationships beyond the health sector in order to influence a broad range of health determinants – in particular, working with other government sectors (e.g., education, transport and public works), community groups and non-governmental organizations
- Community participation: involving community members in all aspects of the process, from planning, designing and implementing interventions to helping ensure that these efforts are learned from and sustained beyond the initial phase.

Urban HEART revolves around a planning and implementation cycle comprising four phases: assessment, response, policy and programme. Monitoring and evaluation take place during each phase.

Urban health inequities are identified in the assessment phase. Evidence gathered at this stage forms the basis for raising awareness, determining solutions and promoting action.

Figure 4.1. Urban HEART planning and implementation cycle



Source: WHO Urban HEART.

The response stage involves identifying appropriate responses, designating key actors, defining goals and establishing targets. This is an opportunity to engage all relevant sectors and communities in setting the agenda – determining which policies, programmes and projects should be introduced, continued, expanded, improved, changed or stopped to achieve equity goals.

During the policy stage, the most relevant interventions are prioritized and budgeted to ensure that they become part of the local government policy-making process. Success is measured by the laws, programmes and interventions implemented.

Programme implementation hinges on resources and time frames determined by local authorities. Health sector programmes implementing pro-equity health policies are complemented by other sectors' actions to bring about health equity.

Monitoring and evaluation encompass both process and outcomes.

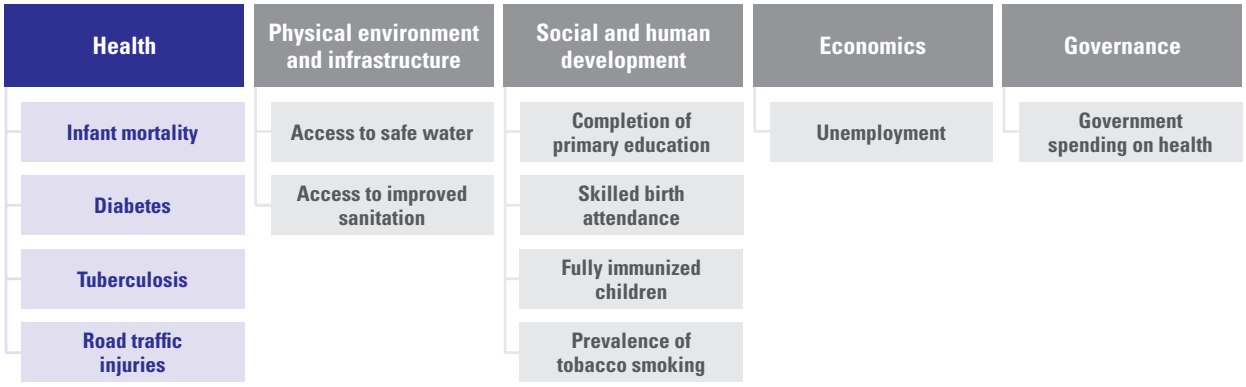
Core indicators

Indicators measuring selected health outcomes and social determinants for different urban population groups form the basis of the assessment component of Urban HEART. Indicators fall into two main categories: health outcomes (shown in blue in Figure 4.2) and social determinants of health (shown in grey). Twelve core indicators are used across all Urban HEART schemes, allowing comparison across cities and countries. This basic set was selected to provide a general picture of the urban health situation in any urban setting, based on generally available data, universality and potential to uncover inequity. The 12 'core' indicators are complemented by 'strongly recommended' and 'optional' ones to provide an analysis responsive to local priorities and specific health equity concerns. It is recommended that each indicator be further disaggregated by location, sex, age and/or socio-economic group.

Embedding Urban HEART

Urban HEART is primarily a tool to enhance current interventions as part of existing national and local health planning and programme frameworks. The chosen health equity solutions should be results-focused, cost-effective and timely; use available local resources where possible; ensure broad support among affected communities; and comply with national priorities. Intervention strategies include incorporating health in urban planning and development, strengthening the role of urban primary health care and promoting an emphasis on health equity.

Figure 4.2. Twelve core indicators



WHO Urban HEART was developed by the WHO Centre for Health Development in Kobe, Japan (WHO Kobe Centre), in collaboration with regional offices of WHO and city and national officials from across the world. In total, 16 municipalities and 1 state in 10 countries – Brazil, Indonesia, Iran (Islamic Republic of), Kenya, Malaysia, Mexico, Mongolia, the Philippines, Sri Lanka and Viet Nam – participated in the pilot scheme.

TRAFFICKED CHILDREN IN OUR CITIES

Protecting the exploited in the Americas

by Ricky Martin, UNICEF Goodwill Ambassador

There are an estimated 2.5 million people worldwide who have been trafficked into forced labour. Some 22 to 50 per cent of trafficking victims are children. The precise magnitude of the problem is difficult to ascertain because definitions vary and trafficking is a clandestine business. We do know that children are usually trafficked from rural to urban areas and that the forms of exploitation to which they are subjected – domestic servitude, sexual exploitation linked to tourism, and drug running, to name a few – are most common in highly populated places and on the streets.

For the most part, trafficking is denied or ignored – even if, by some estimates, it is a global industry with US$32 billion in annual profits from forced labour. Trafficked children toil behind the walls of private homes, hotel rooms and sweatshops – obscure places from which most never come forward for fear of prosecution or, for those who were taken across borders, deportation.

I was moved to join the fight against trafficking when I visited India in 2002. In 2006 I launched Llama y Vive (Call and Live), a campaign that established and promoted prevention and victim-protection hotlines. A first for the region when it was launched, the campaign has taken root in Costa Rica, Ecuador, Mexico, Nicaragua and Peru as well as in in the Hispanic community of Washington, D.C.

In my homeland of Puerto Rico, I collaborated with the University of Puerto Rico and the Protection Project at Johns Hopkins University on the first study of trafficking in the territory. Among other things, we learned that although the United States passed the Trafficking Victims Protection Act in 2000, there are no comprehensive local laws to combat this crime in Puerto Rico.

The testimonies we collected were heartbreaking but ultimately enabled us to recommend ways to end this noxious threat to our children and communities. One consequence of these recommendations will be the construction of a safe haven for children and young people in the coastal town of Loiza, where the incidence of trafficking is high.

To effectively address this scourge, we must begin by establishing a universal definition of trafficking. Child trafficking must be distinguished from human smuggling and the activities of organized crime. Doing so will help generate more specific data on which to base policies designed to protect children. Better information will also help ensure that people in general, and policymakers in particular, see all aspects of the problem – a key to mobilizing political support for adequate anti-trafficking legislation and enforcement.

Effective anti-trafficking laws must be passed in conjunction with work done by local protection offices. In order to do this, we urgently need governments, non-governmental organizations and multilateral agencies to work in concert to raise awareness, implement holistic training and guidance programmes for enforcement agencies and build effective systems to protect children and prosecute and punish perpetrators.

Finally, it is our responsibility to support survivors of trafficking. We must endeavour to create a safe environment that allows survivors to come forward despite the inherent difficulties. Policies must be revised to exempt identified victims of trafficking from persecution or deportation, and assistance must be provided to help their reintegration, including tracing families where appropriate. Some of these actions have already been initiated at the state and international levels.

It is easy to forget the silent and invisible – especially when they are lost among the masses in congested cities. For this reason, we must reinforce and develop effective solutions to put child trafficking at the top of the agenda. Taking action now can help address the root causes of trafficking, safeguarding children and defending their right to protection and social development.

Multiple Grammy winner, renowned international artist and UNICEF Goodwill Ambassador since 2003, Ricky Martin established the Ricky Martin Foundation to advocate for the well-being of children around the globe.

Child-Friendly Cities

The Child-Friendly Cities Initiative has generated some of the most effective models for involving children in the governance and development of their communities. In essence, cities aspiring to be 'child-friendly' commit to implementing the principles of the Convention on the Rights of the Child, including through a strong participatory approach and the mainstreaming of children's rights in budgets and policies.

Tracking improvements in child well-being over time is an important component of the initiative. It has become apparent that traditional assessment methods are not always sufficient to reveal the extant differences in child well-being across neighbourhoods within a city. More rigorous monitoring and evaluation, with children and communities playing a greater part in collection and ownership of data, are necessary to ensure equitable progress. To address these needs, the Child-Friendly Cities and Communities Research Initiative led to the development of a set of indicators and tools to assemble a wider range of disaggregated data, enabling more meaningful community engagement in local planning processes. The methodology is based on the experience of nine countries representing a variety of geographic, socio-economic and cultural contexts: Brazil, the Dominican Republic, France, Italy, Jordan, Morocco, the Philippines, Spain and the Sudan.[3]

Many towns and cities form children's councils as a way to involve children in governance. This concept is taken further in the Dominican Republic, where child-friendly towns engage all schoolchildren in elections for the children's council, using this as an opportunity to teach citizenship rights. Children can also be directly involved in decisions that affect their lives by participating in the management of school and early childhood facilities; the planning and design of community recreation areas; the assessment and monitoring of the physical environment of their neighbourhoods; and the running of children's organizations.[4]

Non-discrimination

The right to non-discrimination is one of the four overarching principles of the Convention on the Rights of the Child. Ensuring that all children are treated equally regardless of race, ethnicity, language, religion, gender or any other distinction is paramount. For some children, such as those with disabilities, additional measures may be necessary to ensure equality of opportunity.

Within the urban context, an inclusive environment can be created with a focus on two major issues: space and transportation. Cities must be designed to minimize the social and structural barriers children with disabilities may face. Improving physical access to services, for example by building wheelchair ramps, is only a starting point in a strategy that must both strive for equal access for all children with disabilities and target the causes of social marginalization. The most effective initiatives are often those that enable children with disabilities to interact with non-disabled peers – in classrooms and recreational settings.

The parents of children with disabilities in Bangalore, India, found that none of the parks or playgrounds in their garden city were accessible to children with physical disabilities. So they set up Kilikili, a non-governmental organization, in order to create inclusive neighbourhood play spaces for all children, regardless of their abilities, and to involve children in the design process. The success of this initiative led to a partnership with the Bangalore Municipal Corporation.[5]

As discussed in the preceding chapters, while urban settings may offer a greater range of services than rural areas, children from poorer families or marginalized communities do not always enjoy equal access to these services. Children growing up in urban environments – especially those who live with disabilities, happen to be female, live on the street or belong to a minority – may have particular protection needs.

Nutrition and hunger

In the informal settlement of Korogocho in the Kenyan capital of Nairobi, where around 200,000 people live in crowded conditions, the combination of extreme poverty and lack of basic services threatens the health and development of children. The Korogocho Nutrition Programme involves a range of cost-effective interventions, including treatment for malnutrition, vitamin A supplementation and deworming, as well as promotion of breastfeeding and improved hygiene practices.

FOCUS ON

THE CHILD-FRIENDLY CITIES INITIATIVE

Fifteen years of trailblazing work

With nearly half of the world's children now living in towns and cities, urban planners and policymakers need to pay special attention to the rights and interests of children. The Child-Friendly Cities Initiative (CFCI) – launched by UNICEF and the United Nations Human Settlements Programme (UN-Habitat) in 1996 – is the first multi-stakeholder partnership to put children at the centre of the urban agenda.

City administrations have had to face significant challenges in addressing the needs of a growing urban population. Coinciding with increasing decentralization and as part of efforts to strengthen governance, CFCI taps into the wider acceptance of community participation in decision-making to promote local accountability for children's rights.

The International Secretariat of CFCI has identified nine principal building blocks for local administrations aiming to become 'child-friendly':

1. Child participation at all stages of planning and implementation
2. Child-friendly legislation
3. A child rights strategy
4. A coordinating mechanism or agency for children
5. Assessment of policy and programme impact on children
6. A budget and resources for children
7. A regular report on the state of children in the city
8. Awareness-raising and capacity building on child rights
9. Independent advocacy for children.

While these are necessary components of child-friendly programming and advocacy, true 'child-friendliness' can only be achieved through a long-term commitment to the implementation of child rights.

The Child-Friendly Cities approach can be adapted to diverse contexts. In high-income countries, the focus has been largely on urban planning, safe and green environments and child participation. Low-income countries have tended to prioritize service delivery in health, nutrition, education and child protection. Child-Friendly Cities initiatives range from single-city endeavours (as in Amman, Jordan) to national-level networks (as in France). The potential to promote child-centred governance at the local level is leading to the spread of child-friendly approaches beyond large cities and even to rural settings, for instance in Morocco and the Sudan.

Integrated, multi-level approaches are an important feature of the Child-Friendly Cities movement. In Brazil, the Platforms for Urban Centres promote synergy among municipal and state authorities and other stakeholders in order to reduce socio-economic inequalities affecting children in the biggest cities. Children and other community members assess children's living conditions and develop a plan of action that includes performance indicators for communities and municipalities.

In the Philippines, the Child-Friendly Movement has established an accreditation mechanism for urban communities and municipalities, measuring improvements in 24 priority indicators of child well-being in the fields of protection, health, nutrition, education, water and sanitation, and participation.

In the absence of a formal evaluation mechanism, the benefits of CFCI can be demonstrated by example. In 2005, local authorities in Brazil that had earned the Municipal Seal of Approval were found to have cut infant mortality by 16.4 per cent (against 12.1 per cent elsewhere) and neonatal mortality by 8.5 per cent (against 1.6 per cent), while increasing access to early childhood education from 56 per 100 children to 63.5 per 100.

Underpinning child-friendly urban planning and programming is a human rights-based governance model that embodies the principles of non-discrimination, survival and development, and participation enshrined in the Convention on the Rights of the Child. Children are recognized as rights holders who should be involved in both planning and implementation of measures that affect them. By making neglected groups more visible and granting all children a platform to secure their needs and rights, the Child-Friendly Cities approach contributes to achieving development goals with equity.

A peer educator discusses how to prevent HIV/AIDS and other sexually transmitted diseases in Barangay Don Carlos, a poor neighbourhood in Pasay City, Metropolitan Manila, Philippines.

Farming within and on the fringes of urban areas – on abandoned plots, community allotments or roofs, or in sacks and containers, for example – is an increasingly important means of enhancing food security and generating income. Around half the food consumed in Hanoi, Viet Nam, in 2001 was grown in the city.[6] Additional benefits accrue as the presence of trees and crop plants enhances urban air quality and contributes to a healthier, greener environment for children.[7]

Health

The Global Equity Gauge Alliance is an international initiative designed to target urban health inequities. For example, in Cape Town, South Africa, communities and health workers were involved at every stage of the project, which entailed reallocating health staff, running health promotion programmes in schools and piloting the introduction of dry toilets in informal settlements.[8]

In the neighbourhood of San Juan de Lurigancho in metropolitan Lima, Peru, the Stronger Voices for Reproductive Health project focuses on improving the quality and accessibility of reproductive health services for adolescent girls and other young people, many of them indigenous migrants, by consulting them on how best to deliver these services.[9]

HIV and AIDS

Engaging young people is an essential ingredient of successful efforts to prevent HIV. Take the case of *Shuga*, a television drama set and produced in Nairobi, Kenya. The show uses a plot revolving around young urban Kenyans to explore such themes as alcohol abuse, risky sexual behaviour, stigma and HIV. An assessment of viewers – adolescents and young people – found that quality popular media can be a successful channel through which to transmit knowledge and promote safer practices.[10]

The Brazil Active project aims to protect children who live or work on the street and therefore are at higher risk of contracting HIV and other sexually transmitted diseases. These children are particularly vulnerable to rape, sexual exploitation and drug abuse. Breaking with a legacy of mistreatment, the project involves local non-governmental organizations (NGOs) in creating safe spaces, recreational opportunities and measures to prevent HIV and sexually transmitted diseases for these marginalized children and adolescents in the cities of Recife, Rio de Janeiro and Salvador. The NGOs also exchange examples of best practice and advocate for changes in public policies to address HIV prevention among children living and working on the streets.

Water, sanitation and hygiene

According to the World Health Organization, every US$1 spent on improving water supply and sanitation produces economic gains of at least US$5 and perhaps as much as US$28, depending on local circumstances. Investment in hygiene promotion, sanitation and water services is also among the most cost-effective ways of reducing child mortality.[11]

Of course, improved investment in water, sanitation and hygiene is urgently needed in both rural and urban settings. The urban water and sanitation situation, while comparatively better, is worsening as provision fails to keep pace with urban population growth.

An indigenous Wayuu woman holds her newborn daughter in Maracaibo City, Zulia state, Bolivarian Republic of Venezuela. The family is participating in the Ministry of Health Trio por la Vida programme, which promotes birth registration, breastfeeding and immunization.

Particular attention should be devoted to extending services to slums and informal settlements. User fees, where applicable, must be kept low enough to avoid excluding the poorest. Climate change adaptation strategies, including disaster risk reduction plans and measures to increase infrastructure resiliency, should also be implemented.

Education

Access to education for poor and marginalized children, including the provision of quality schooling in informal settlements, is of paramount importance. Other forms of training, such as vocational courses, can be particularly useful for adolescents seeking to secure future livelihoods in the urban context. Whether through classroom or on-the-job training, apprenticeships or skill-specific courses such as language or computer training, vocational initiatives should aim to increase young people's employability.

Accelerated learning programmes are a practical solution for children who may have had their schooling disrupted, whether by emergency or circumstance. Such programmes offer students the opportunity to follow certified education courses on the basis of competency, not age or previous grade.

In Bangladesh, the Basic Education for Hard-to-Reach Urban Working Children project was set up to provide quality non-formal training in basic literacy, numeracy and life skills. Between 2004 and 2011, the programme reached almost 200,000 children in six cities. Evaluations showed that the project was effective in developing an appropriate curriculum and materials that were tailored to the children's needs, allowing them to overcome the limitations of their environment and receive a quality education. The project provides useful lessons for similar efforts elsewhere.

The Biratnagar Working Children's Club, in Nepal, is an example of children and young people establishing social support networks based on shared educational experiences. Graduates of the local two-year supplementary educational programme for working children established the network in order to continue regularly meeting their peers after completing the course. Since the first club was founded in 2001, the network has

Girls attending the Urban Out of School Programme in Biratnagar, Nepal. The programme offers working and underprivileged children an opportunity to catch up on their education.

grown to include over 2,000 members – more than half of whom are girls – across the whole city. The clubs raise awareness of child rights; campaign on important issues, such as exploitative labour, child marriage and trafficking; and advocate for more child participation in schools, in the community and in governance – including by working with municipal authorities to make Biratnagar a child-friendly city. Many of those who have gone on to pursue college education or professional careers return to the club to mentor their younger peers.

Mobile libraries are an effective way of making sure that all children have access to books. In Manila, Philippines, for example, library carts deliver books to working children.[12]

The Forsa (Opportunity) programme based in El Marg, a large slum community outside Cairo, Egypt, provides three months' training to young people and helps them secure employment. Trainees are recruited via posters, roadshows and social media. The project, run by Plan International, was developed by the CAP Foundation, a public-private partnership aiming to alleviate poverty by linking the learning and livelihood needs of working children and disadvantaged youth. It was first tried successfully in India.[13]

Following the influx of Iraqi refugees into Syria – more than 200,000 people, according to 2009 data, the majority settling in Damascus – the Syrian Government opened the doors of its public schools to Iraqi children. Allowances were made for late registration and cross-border examinations. Among the obstacles encountered were the absence of school records, children's need to work to contribute to their family's income, and differences between the Iraqi and Syrian curricula. A number of innovative approaches were pursued. One involved 'education volunteers' – selected professionals

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Students attend computer classes as part of the CEIBA Programme, which provides supplementary education to young people in marginalized communities in Guatemala.

from the Iraqi refugee community – whose role was to identify not only out-of-school children, but also teachers who could provide remedial classes in subjects such as English, Arabic and mathematics. The volunteers also acted as a conduit for communication between the United Nations High Commissioner for Refugees and the refugee community.[14]

Child protection

The UN-Habitat Safer Cities Programme seeks to tackle violence within the world's cities, especially in Africa, by developing municipal-level prevention strategies. Participatory processes are used to establish regional plans to reduce overall levels of urban violence. The programme holds regional conferences where young people have a chance to talk with government agencies, civil society organizations, the police and magistrates to identify the causes of and possible approaches to violence among their peer group.[15]

The CEIBA Programme in Guatemala aims to create a protective environment to counteract the unhealthy influence of drugs and gangs on young people in poor sections of Guatemala City and nine other municipalities. The programme emphasizes a quality education for younger children, provides training in skills suited to the local job market and offers community counselling to help parents find alternatives to violent street culture.

Drug use among adolescents and young people is a growing problem in the rapidly urbanizing Sunsari district of Nepal. A local community-based organization, Kirat Yakthung Chumlung, reaches out to drug users through peer leaders with similar backgrounds and works closely with other agencies to provide vital services, such as rehabilitation, needle and syringe exchange, and HIV testing and counselling.

Project Smile in Pakistan's Punjab province offers a broad range of services to children who live or work on the street, and who may be ostracized because people associate them with drug use and other risky behaviour. A mobile team of trained health and social workers provides participants with access to services including medical care, food, clean clothes, counselling, referral for drug treatment, and training. The service also operates a drop-in centre and a peer education programme.

Communities can also help transform social habits, attitudes and practices. Simple but straightforward campaigns have helped transform such violent cities as Bogota, Colombia. Here, three campaigns – 'broken window', 'zero tolerance' and 'carrot hour' – succeeded in reducing crime rates by improving infrastructure and reducing hours for alcohol consumption.

Housing and infrastructure

Families cannot adequately support their children if they live in precarious circumstances or under threat of eviction. Evidence shows that adequate housing can protect children and families living in dense urban areas from communicable and chronic diseases as well as injuries and accidents. Good environments promote social interaction, limit psychological stress and bolster health.

The best national and municipal policies recognize that the urban poor need not only housing, but also basic services. In Brazil, for example, efforts to address a legacy of inequity and exclusion through investment in urban housing and infrastructure include the federal government's Minha Casa, Minha Vida (My Home, My Life) programme, which aims to build 3 million homes in five years while also prioritizing social provision for the poor through education, cash transfers and job creation. This initiative is one of many aiming

to turn the right to housing and 'right to the city' enshrined in Brazil's Constitution and innovative City Statute into reality.

Urban planning for children's safety

Urban planning needs to ensure that children can move safely within their environments. As noted in Chapter 2, road traffic injuries claim a disproportionate number of young lives in low- and middle-income countries. It is common for high-speed roads to be routed close to schools or through residential areas. Cities must be designed in a way that reduces risk to children. Segregating traffic and reducing speed can save lives.

Sweden's Vision Zero road safety policy, introduced in the late 1990s, uses car-free play areas, bicycle and pedestrian lanes, and tunnels to protect vulnerable road users. Where it is not possible to separate motor traffic from others on the road, such measures as speed limits are used to safeguard pedestrians.[16]

Bogota, Colombia, has been implementing strategies to cater to the needs of non-motorized road users, improving public transport and significantly decreasing transit times. Between 1995 and 2002, the city introduced dedicated cycling and pedestrian-only routes, excluded cars from its centre and developed a rapid transit bus system capable of carrying 700,000 people a day. Subsequently, traffic fatalities fell by 50 per cent.[17]

Safe cities for girls

Sexual harassment and violence are a daily reality for girls and women in urban public spaces, and one that has been largely neglected. The risk and reality of violence limit women's freedom to exercise their rights, as equal citizens, to education, work, recreation and political expression. Those living in poverty may be exposed to heightened risk if they walk through insecure areas to reach school or work. It is increasingly recognized that cities that are safe for women and girls are safe for all, yet municipal development and safety plans frequently overlook specific threats to women and girls.

The UN-Women Global Programme on Safe Cities Free of Violence against Women and Girls, working in partnership with five cities around the world, endeavours to find the best comprehensive approaches to prevent and reduce violence against women and girls in public spaces.[18] Based on successful pilot schemes in Latin America and grounded in rigorous assessment, the initiative is developing a model to be used by local authorities and decision-makers that encompasses good governance, urban planning and political participation. Data collection is critical to the success of the initiative. The absence of reliable and situation-specific information conceals problems and hinders the development of solutions.

Notable among specific initiatives is Safe Spaces, established in Kenya in 2008 by Peninah Nthenya Musyimi, the first girl from Nairobi's Mathare slum to graduate from university and now a women's rights advocate. The organization creates safe environments for adolescent girls growing up in slums, providing spaces for recreation, opportunities for mentoring and a forum for discussion.[19] Biruh Tesfa (Bright Future) is a government programme for girls at risk of exploitation and abuse in a slum area of Addis Ababa, Ethiopia. The project reaches out to girls aged 10–19, mostly migrants living away from their families, who are out of school. It provides them with a space to build peer support networks and offers tuition in literacy, life skills, reproductive health and livelihoods.

A group session at a centre for children and adolescents in Kaliningrad, Russian Federation. The facility offers counselling on drugs, alcohol, HIV/AIDS, abuse and other issues.

Safer, more inclusive and more accessible cities can come about only if girls participate in creating them. Experts in their urban realities, girls can actively contribute to urban design and municipal decision-making – a process that, in turn, can empower them to become municipal leaders of the future.

Safe spaces for play

Play, both spontaneous and organized, is an important component of healthy development. When children play, they reap the benefits of physical exercise, develop advanced motor skills and find relief from stress and anxiety. Play also promotes children's cognition, creativity and socialization. In urban settings, public play spaces can help mitigate the effects of overcrowding and lack of privacy in the home and may enable children to mix with peers of different ages and backgrounds, laying the foundation for a more equitable society.

Facilitating play can also serve to counteract increasing rates of obesity and overweight among children, which are related not only to changes in diet but also to a sedentary lifestyle reinforced by, among other things, the loss of recreational opportunities.[20] Children with disabilities are at a higher risk of obesity, not least because they may have more difficulty obtaining sufficient physical exercise.[21]

WHO recommends at least one hour of daily physical activity for children aged 5–17. Urban planners and other authorities can create better opportunities for children to participate in physical activities by providing safe and accessible spaces for recreation and designing neighbourhoods, streets and outdoor spaces that encourage active transportation, including walking and cycling. In this vein, some cities in Europe, South Africa and the United States have initiated programmes to close off streets either permanently or at particular times so that children have a safe place to play outdoors.[22] Examples include the Dutch *woonerf*, where closing one end of a street to through traffic effectively reclaims it for children, reinforcing a sense of community and safety.[23]

Neighbourhood play spaces can be created with modest material assistance from local governments. With such support, communities can, for example, conduct mapping exercises in order to collectively come up with ideas for creating small play spaces between residences.[24]

Children also need access to nature. There is a large body of evidence indicating that exposure to trees, water and other aspects of the natural landscape has positive impacts on children's physical, mental, social and spiritual health.[25] Contact with nature has been found to restore children's ability to concentrate, which is the basis for improved cognition and psychological well-being.[26] Measures that bring nature and its benefits to children include tree-planting programmes in urban neighbourhoods, incorporating green areas into municipal housing and using plants, sand and water in children's playgrounds.

Social capital

Social capital is pivotal to the development of children and young people. Trust, reciprocity and a sense of belonging within their family, school, peer groups and larger community have far-reaching effects on children's opportunities, choices and outcomes in life.

Just as physical toxicity threatens human survival and well-being, a toxic social environment – for example, one in which violence, deprivation and abuse are common – can hamper the development of children and adolescents. In general, children are less mobile than adults and can exercise only limited control over their external circumstances. When growing up amid social disorder, they are likely to internalize problem behaviours, including aggression and substance abuse.[27] Factors that can mitigate the impact of such an environment include social support, group belonging, stable emotional relationships with parents and relatives, a sense of self-efficacy, access to education and academic support. In addition, opening public spaces to children can foster interaction between adults, enhancing social cohesion.

Cultural inclusion

Host to diverse peoples, cities spur social and cultural exchange, creating opportunities for children to experience diversity. Immigrants make up a great share of some of the world's cities. More than half the residents of Miami, United States, were born abroad, as were

nearly half of those living in Toronto, Canada, and around a third of those in Sydney, Australia; Abidjan, Côte d'Ivoire; Singapore; London, United Kingdom; and New York, United States.[28] Unfortunately, the urban experience can be alienating, particularly if newcomers or indigenous groups are not in a position to shape urban spaces according to their needs. Planning decisions must be sensitive to cultural diversity and should cater to each group's preferences for housing, land use, facilities, services and transportation.[29]

Culture and arts

Article 31 of the Convention on the Rights of the Child states that children should "participate fully in cultural and artistic life." Urban areas, as heterogeneous places of contrast, plurality and interaction, in general provide opportunities for cultural exchange and entertainment for both children and adults. While schools often serve as the gateway to the arts, the community also provides a platform for cultural life. Where children of different backgrounds live side by side, municipal governments and civil society are given an opportunity to embrace and promote diversity by, for example, creating sections related to each of the cultural groups in local libraries or by guaranteeing the use of public spaces for celebrations, festivals and parades.

To promote integration, Singapore's OnePeople initiative assists underachieving students from lower-income families and strengthens bonds between children from different backgrounds – for instance, by prompting children to reflect on the experience of living in the multiracial and multicultural city-state.[30]

Adolescents take a photograph with a mobile phone in a cafe in Tunis, Tunisia.

Technology

Although not equally accessible to all, information and communications technology (ICT) is especially important in the lives of those born after 1980. Often termed 'digital natives',[31] these young people are employing technology in most areas of their lives – in the classroom, on the street and in the home.[32]

Young people all over the world are harnessing the power of ICT to improve city life. For example, some are using social networking sites or community websites to help run carpools and thereby reduce vehicular traffic and its attendant ills. ICT can also be used to prevent violence. For example, computer-aided mapping of the urban environment helps protect and empower young people and allows them to remain safe by keeping in touch through their social networks. While narrowing the 'digital divide' that separates technological haves and have-nots is a challenge, so is ensuring the physical and psychological safety of children and young people in the face of online exploitation, cyber-bullying, invasions of privacy and Internet addiction.[33]

Take Back the Tech! campaigns use technology to raise awareness about violence against women. Over the course of the 16 Days of Activism against Gender Violence (25 November–10 December), people – especially girls and women – are encouraged to use mobile phones, digital cameras, websites and blogs to oppose gender-based violence. In 2009, the campaign was active in 24 countries and 12 languages, using audiocasts in Malaysia, tweets in Mexico and chat relays in Brazil to spread its message.[34]

The Amagezi Gemaanyi Youth Association in Uganda is a grassroots NGO that uses technology to empower children and young people in the slums of Kampala. In addition to providing tuition in bookkeeping and marketing, the community centre in Nabulagala trains young people aged 12–25 to operate professional sound equipment and recording software in its solar-powered recording studio. Its after-school programme teaches children to use film and photography to tell their own stories and raise awareness of their situation.

FOCUS ON

UPGRADING INFORMAL SETTLEMENTS IN JEDDAH

Informal settlements pose a complex question: how best to formalize their unofficial existence, legalize makeshift homes and provide them with appropriate infrastructure and services? Often, such settlements have simply been relocated. But UN-Habitat, recognizing that socio-economic networks have taken root in these areas, identifies participatory slum upgrading as one of the preferred strategies for achieving cities without slums. This kind of slum upgrading is an extremely complicated task and is truly participatory and effective only when it incorporates the needs of children – because communities that work for their youngest members tend to work for everyone. Space Syntax Limited, an urban planning and design consultancy affiliated with University College London, has developed an evidence-based, participatory approach to upgrading informal settlements in Jeddah, Saudi Arabia.

Jeddah's 50-plus unplanned settlements occupy around 16 per cent of the city's area and house more than 1 million people – one third of its population. Inhabitants often lack sanitation, proper shelter and secure tenure, and they also experience inequality in the allocation of social services and amenities. Despite the challenges, these neighbourhoods do provide opportunities to prosper. Many residents are migrants who join the existing communities by setting up small businesses or working in the service industries that support the local and regional economies.

One of the biggest obstacles to developing slum infrastructure is the lack of formal land ownership. In Jeddah, the authorities are addressing this challenge through the Jeddah without Slums programme. Since 2007, this effort has been overseen by a public-private partnership, the Jeddah Development and Urban Regeneration Company (JDURC), formed specifically to facilitate legalization of land titles, improvement of local environments and increased provision of services for residents.

In their joint work, the Municipality of Jeddah, JDURC and Space Syntax have sought to address a wide range of conditions by combining scientific measurement, spatial analysis and physical intervention with community engagement and cultural considerations. Each settlement is studied, using the urban planning technique of spatial layout analysis, to understand how its problems are related to the streets, paths and other routes that knit it together and link it to the wider city. Many informal settlements are poorly connected. This complicates residents' attempts to make use of opportunities in other parts of the city and can lead to or reinforce economic exclusion, social segregation and stigmatization. Overcoming these problems involves the creation of new physical connections and the redesign of existing ones.

An upgrading plan is developed for each neighbourhood based on its unique situation and needs. These needs might include physical changes to buildings and the public realm to improve structural soundness and comfort, or the provision of social infrastructure (such as schools and clinics) and utilities (water, energy and sewerage). In each case, care is taken to minimize the disruption caused by the construction process.

Each plan contains interchangeable options that involve greater or lesser degrees of change to the physical fabric. This allows the upgrading plan to respond to different levels and combinations of official, private-sector and community commitments of financial and political capital. Higher levels of funding allow a more complete upgrading of buildings, public realms, social infrastructure and utilities. Lower levels mean the focus will be less on individual buildings and more on shared public services (see Figure 4.3). During all stages of development, consultations are held with local residents, municipalities, traditional representatives, developers and JDURC to ensure that stakeholders are engaged and included in the upgrading process.

Child rights, unfortunately, are not always at the forefront of urban planning and – as inclusive as these stakeholder consultations seek to be – more needs to be done to listen to children's voices. The perception seems to be that conditions adequate for adults are sufficient for all. However, it is important not to treat children as a homogeneous group. Girls and boys of different ages use urban space in diverse ways, respond to it differently

and may have varying preferences and concerns regarding safety, participation, privacy and other factors. For example, small children might be happiest when they can play close to their caregivers in small spaces, but older ones will need larger spaces for activities such as ball games. Reconstruction presents an opportunity to provide children and their families with control over planning and building their environment in a way that works for them. Specific spatial design elements that need careful consideration by planners and input from children and their families include health and safety features and accessibility.

One way to facilitate children's participation as stakeholders is to ask them to collect information about their surroundings. Again, differing preferences must be considered. Some girls may be reluctant or unable to voice their opinions in a meeting where boys, men or even older women are present, for example. Children and their families can also be included in core planning groups, where those most interested in the development of their area can represent their community and take part in decision-making.

Placing children's rights at the heart of urban policymaking, budgeting and planning would ensure that new proposals and completed projects are judged by their impact on children's lives.

by Tim Stonor
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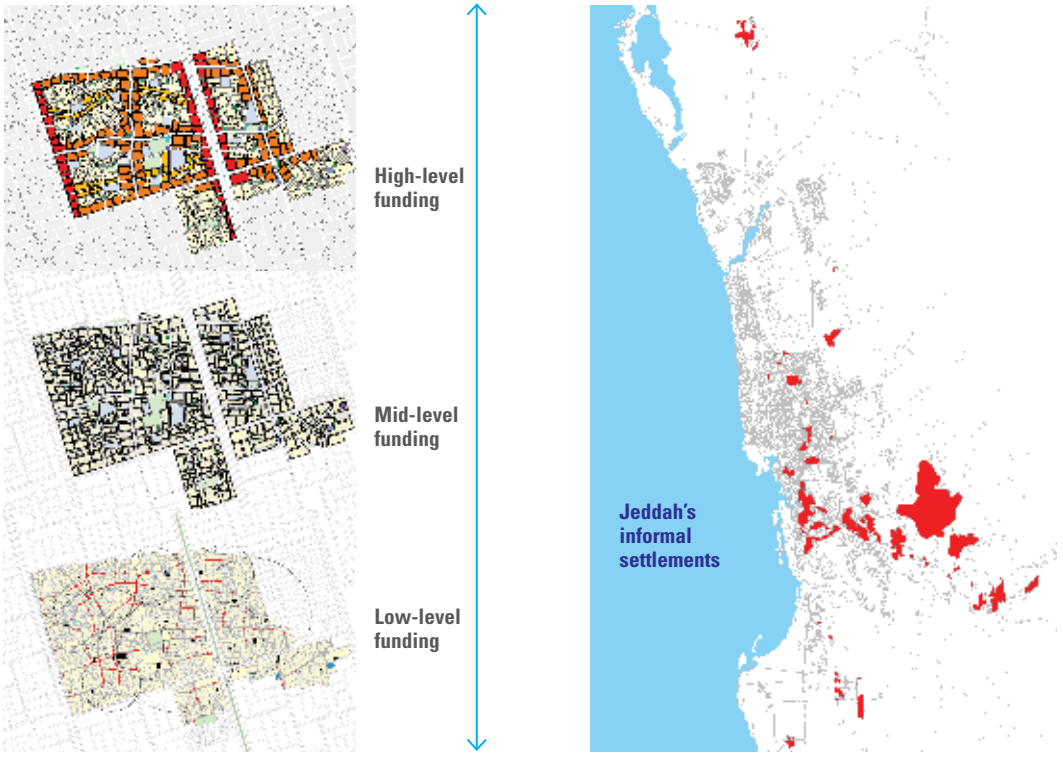
Figure 4.3. Design scenarios for an informal settlement, showing the scale of change from maximum (high-level funding) to minimum (low-level funding) intervention



Source: Reproduced courtesy of Space Syntax Limited.

CHAPTER 5

Uniting for children in an urban world

This edition of *The State of the World's Children* has sought to shed light on the experience of children and young people in urban areas, especially the poorest and most marginalized. It has covered issues as diverse as sanitation, gangs and governance. And it has taken in the broad sweep of global trends and focused in on individual, concrete examples of positive practices in specific urban neighbourhoods. Throughout, it has been concerned about disparity and the harm it does to the youngest members of the human family.

Hundreds of millions of children and young people live in the same cities as political, cultural and commercial elites – yet they struggle to subsist. Too many spend their days picking through rubbish for something to sell or making bricks for other people's homes. They spend their nights in makeshift dwellings under threat of eviction or on the street, where they are at risk of violence and exploitation. Moreover, they are denied their right to take part in decisions affecting them. Instead, they are excluded from the process of finding the solutions that could improve their lives and those of countless others.

Mainstream approaches to development often view all children in urban areas as a homogeneous group and use statistical aggregates to determine resource allocation and programming actions. An equity-focused approach is needed to direct solutions precisely to those children who are hardest to reach. It is time to do things differently: to live up to the commitments of the Millennium agenda by ensuring that marginalized children in urban centres receive greater attention and investment.

This chapter explores five key areas in which action is required if the needs and rights of nearly half of the world's children – namely, those who reside in urban areas – are to be fulfilled. These are: understanding the scale and nature of urban poverty and exclusion; identifying and removing the barriers to inclusion; putting children first within a broader pursuit of equity in urban planning, infrastructure development, governance and service delivery; promoting partnerships between the urban poor and their governments; and ensuring that everyone works together to achieve results for children.

Understand urban poverty and exclusion

Reliable data and analysis highlighting the spectrum of urban realities is essential if those children with the greatest needs are to be reached. National and international surveys do not always include children and families on the urban margins, who may lack official status and have limited access to available services. Gathering accurate, disaggregated information should be the starting point for creating equitable, child-focused urban policies.

To begin with, a practical definition of what constitutes an urban area is needed if the particular problems faced by children in urban areas are to be identified correctly. Existing definitions vary greatly, complicating comparative analysis.

Next, the tools of data collection must be honed so they more precisely reflect disparities in children's needs and the realization of their rights based on wealth, gender, ethnicity, disability or neighbourhood. Determining which children and families are most at risk of exclusion may also require measures that highlight populations commonly omitted in surveys. One such technique is oversampling, or the deliberate inclusion of a higher proportion of individuals or families who would otherwise be undercounted or overlooked in standard random samples of the general population. Sample sizes need to be large enough for the various urban cohorts to be meaningfully compared; it may be necessary to oversample in slum areas, for example, to make such comparisons possible. In addition, mapping and spatial analysis – for instance, linking specific urban areas with particular health outcomes – can help target at-risk groups and identify priority areas for service and investment.

Expanding the collection of reliable and detailed urban data in international household surveys and national statistical processes will be vital to gaining deeper insights into the reality of urban life for children. Additionally, research on specific neighbourhoods and households should be conducted more frequently in order to capture the shifting and diverse nature of urban habitats.

Information is useful only if it is shared, so data must be disseminated widely and analysed in ways that expose causality and enable effective responses to inequality and exclusion. Such initiatives are under way, notably the analysis of National Family Health Survey (NFHS) findings in urban areas in India, and the World Bank's asset-based interrogation of Demographic and Health Surveys (DHS).[1] Nevertheless, more needs to be done to understand how poverty evolves and affects children in urban environments – and why it persists from generation to generation. This will require not only sound statistical work but also relevant research and evaluation of interventions intended to address these problems.

A boy stands on railroad tracks in Kibera, a slum area of Nairobi, Kenya, as fires smoulder in the background. The train does not stop there.

FOCUS ON

THE PAUCITY OF INTRA-URBAN DATA

Reliable statistics can help illuminate the plight of poor and marginalized children in urban settings – after all, it is difficult to argue with facts. However, this seemingly straightforward process is hampered by the limited availability of urban data that are meaningfully disaggregated – by wealth, residence, gender, ethnicity, city size or other relevant criteria.

Urban households – rich and poor – are often grouped together to provide a single average estimate of national urban poverty or malnutrition. This can be particularly misleading in countries characterized by high social and income inequality. Such averages mask the differences between cities and within urban communities whose residents have vastly divergent living standards.

Available population-based data sets may not lend themselves to further disaggregation at the urban level because sample sizes are often too small. In addition, although slum areas are generally included in census sample frames, they are seldom identified as slums.

Cost is a consideration. In order to obtain reliable estimates for slum areas, sample sizes would have to be increased significantly. Introducing additional categories of sampling (e.g., urban slums) to a survey increases its size and cost. But bigger surveys are not always better surveys. Keeping sample sizes down to manageable levels can yield data of higher quality as it enables survey managers to monitor progress and better train and supervise field staff who collect the data.

Where there is demand to incorporate urban slums into more surveys, designers can do so.

The difficulty of defining 'urban' and 'slum' poses another challenge. National criteria may not be fully transparent or may have changed over time. Definitions vary. Urban areas may be defined by administrative jurisdictions (e.g., municipalities), a threshold population size and/or density, or socio-economic conditions. The challenge of obtaining reasonable slum estimates is further complicated where slums are considered illegal settlements by national governments.

Urban-rural comparisons can also prove misleading. If assessed against a national wealth index, few urban residents are likely to fall in the poorer quintiles, or fifths, of the population, concealing the fact that while incomes may be higher in urban areas, so is the cost of living (rent, food, transport and basic services, for example). Many standard indicators, such as those relating to stunting or access to water and sanitation, are not readily comparable between rural and urban households. In a city, for instance, access to a reliable source of clean water may entail higher costs and longer queues.

While it is important to capture urban slum data, it should be emphasized that not all poor households are found in slums – and not all slum residents are poor. In fact, a 2005 study of 85 Demographic and Health Surveys (DHS) found that 1 in 10 of a poor household's neighbours was relatively affluent, as measured by consumer durables and housing quality.This means that if efforts to reach the poor focus exclusively on slum areas, many poor households will be excluded.

Finally, some of the most vulnerable and marginalized – children living on the street or in institutions, or those engaged in child labour – are often excluded from the sample frame. Capturing the location and situation of these children remains a major challenge for international household surveys.

Experience indicates that showing the full spectrum of urban realities will require, at a minimum:

- Political will to establish urban data as a priority among competing interests
- Collaboration among agencies to collect, analyse and disseminate these data
- Clear definitions of 'urban slums' that reduce conceptual confusion and enable meaningful comparison
- Oversampling in slum areas to gather sufficient data for stratified analysis
- Making sure no slum has been overlooked, for example, by using such tools as Geographic Information Systems
- Going beyond national averages and rural-urban comparisons to analyse and document disparities within urban areas
- Devising new wealth indices that facilitate analysis and comparison of disparities within and between urban and rural areas.

Remove the barriers to inclusion

Improved understanding of exclusion must lead to the identification and dismantling of barriers that prevent impoverished children and their families from using services and enjoying such core elements of citizenship as legal protection and security of housing tenure. Service delivery will be a vital part of the response, but the essential problem remains that exclusion consistently undermines the capacity to secure children's rights.

A starting point is to determine the bottlenecks and barriers in each urban setting and to review the evidence on proven strategies to overcome them. Many factors, such as household income poverty, direct and indirect service costs, poor transportation and lack of official identification documents, serve to exclude the urban poor. Experience shows that service coverage for the poorest can be enhanced by abolishing user fees, setting up community partnerships, using mass communication and other strategies.

One reason such initiatives hold promise is that they balance greater supply of services with measures to enhance demand and utilization. Expanding the supply side (i.e., commodities, facilities, human resources), while necessary to extend health and nutrition services, is not enough to ensure effective coverage of such services among the poorest children and families. Effective supply-side measures must be complemented by demand enhancements that promote knowledge and take-up of services, continuity of use and assurance of quality.

Increased social protection also can have a marked impact in overcoming the financial barriers that exclude the urban poor. Conditional cash transfers to poor families, often in urban settings, have proved successful in a number of Latin American and African countries.[2] Mobile services are another creative possibility; in Washington, D.C., mobile health clinics assist children and adolescents who lack proper access to comprehensive paediatric health care in the city's underserved communities.[3]

A 14-year-old girl stands on the balcony of a hostel in Benghazi, Libya. Following armed conflict that also displaced her family in 2011, the city's schools were closed and adolescent girls had few recreational opportunities.

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Children in Moravia, a low-income neighbourhood in Medellin, Colombia.

Promoting knowledge and use of available services among target populations is also vital. Since 2002, for example, the Global Equity Gauge Alliance has challenged urban health inequities through outreach and community engagement in a number of countries. In Cape Town, South Africa, for example, residents and health workers are involved at every stage of the project, which entails reallocating health staff, running health promotion programmes in schools and providing dry toilets in informal settlements.[4]

The agenda must encompass not only services but also protection. Violence, in all its forms, is a common denominator in the poorest and most marginalized neighbourhoods. It is increasingly and accurately viewed by the international community as a major threat to the rights and well-being of all, especially children and women. Efforts are being made to tackle violence as an international issue, as evidenced by Safe and Friendly Cities for All, a joint initiative of UN-Habitat, UN-Women and UNICEF that aims to develop municipal prevention strategies with a strong focus on participation. Through such measures as legislation and policy, training, mass media campaigns, activism and budget review, it engages women, children and their communities, the police, town planners and policymakers in fighting gender-based violence. Promising national initiatives are also under way, notably in Latin America. In Guatemala, for example, the CEIBA programme aims to provide young people with an alternative to drugs and a way out of violence by training them in job skills that are in local demand.

Safe public transport and well-regulated traffic are vital components of a city fit for children. Road accidents kill more of the world's young people than any other single cause. Successful initiatives in Colombia, Sweden and the Netherlands have combined car-free areas, dedicated bicycle and pedestrian routes, and public transport to reduce injuries and deaths.

Ensuring that all children are registered and documented must be a top priority because, however ardent the efforts to promote equity, it likely will elude children who lack official documents. About a third of all children in urban areas go unregistered at birth, and that proportion is closer to 50 percent in sub-Saharan Africa and South Asia.[5]

HOME-GROWN SOLUTIONS

by Celine d'Cruz and Sheela Patel, Shack/Slum Dwellers International

One of the more promising developments in the effort to reduce urban poverty is the emergence of networks of grassroots groups in which women play a prominent role as agents of positive change in their communities and around the world.

We have had the privilege of working with one such network – Shack/Slum Dwellers International (SDI) – since its inception in 1996. There are similar networks of street vendors, home-based workers and waste pickers.

We believe that unless we band together, the challenges of urban poverty will not be addressed. By joining forces and pooling our knowledge, experience and creative solutions, we can achieve action on a meaningful scale. So it is that slum dwellers in such cities as Nairobi, Kenya, and Kampala, Uganda, are consulting counterparts in Mumbai, India, who persuaded government, railway authorities and international development lenders to relocate some 20,000 households as part of an effort to update the rail system. Ultimately, the Mumbai slum residents were able to design their own resettlement, moving from locations where many children had been killed by trains passing a mere 9 metres from homes.

SDI has hundreds of thousands of federated members in cities spread across 34 countries. They work for decent housing and infrastructure, usually seeking to collaborate with local government. This takes years of organizing, mobilizing and building relationships. It begins when women form collectives to pool savings and make loans to one another so they can put food on the table, buy medicines, get transport to find jobs and pay for children's education. In time, they examine their environs and identify what they need.

At the top of the list of needs is security of tenure. Children need a decent place to live, places to play and neighbourhoods in which they feel safe. They need clean water and toilet solutions that do not force two-year-olds to stand in line or expose adolescent girls to harassment. Security of tenure makes it easier to fulfil these needs. It also frees children from the stress and lost opportunities that come with the ever-present threat of being forcibly evicted or having their homes demolished. Insecurity of tenure means that women and children must work near their dwellings so they are close at hand in case of eviction. Children serve as 'road runners', warning parents and neighbours when a demolition squad has been sighted; as their homes are destroyed, they scramble to protect whatever they can from being taken by the police. Living in constant fear of eviction erodes whatever resources a family has. But when secure tenure is negotiated, children start going to school, and parents feel more confident about investing in proper shelter.

Here, too, the experience of grassroots networks is instructive. An essential element of SDI's work is making what was invisible hard to ignore. Cities often have no data recording the presence of people living 'illegally' on pavements, under bridges and on waste land. These residents are not counted in the census; they are excluded from voting lists; and their children's births are not recorded. But when their presence is documented through settlement profiles and family identification papers, it becomes clear that they are gainfully employed, contribute to the city's economy and are worthy of citizenship. Because such documentation also identifies the children in each household, it becomes possible to determine how many need immunization and schooling, how many work and what kind of work they do. In addition to being our basic organizing tool, this process of enumeration enables negotiation for tenure and service provision. The process yields another benefit for children – seeing parents, especially their mothers, negotiate collectively to improve lives and surroundings is a vital part of children's socialization.

Clearly, these networks cannot solve the problems of all children. But they are important allies in the endeavour to safeguard child rights, and they undertake critical foundational work to make children's homes and neighbourhoods safe and secure. They can bridge the gap between the formal urban development world and poor urban communities, promoting solutions that work for their members. We know from our work that poor communities are fed up with others setting development priorities for them. True alliances and partnerships mean making choices together.

Sheela Patel chairs the board of SDI. She works with the Indian non-governmental organizations Mahila Milan, the National Slum Dwellers Federation and the Society for the Promotion of Area Resource Centres (SPARC), which was established in 1984 to address issues faced by the pavement dwellers of Mumbai. Celine d'Cruz is the coordinator of SDI. A founder of SPARC, she began working for the rights of pavement and slum dwellers in India in the early 1980s, helping impoverished women in Mumbai bargain collectively to bring housing, education and health services to their families.

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Girls attend a school in the Kucukbakkalkoy neighbourhood of Istanbul, Turkey, that offers remedial classes for Roma children who may have missed out on regular educational opportunities.

Put children first

Children's well-being is determined, in no small measure, by their environment. Their particular needs and priorities must be incorporated into efforts to improve housing, infrastructure, safety and governance. It follows that the work of local government and urban planning must be carried out with explicit recognition of the rights of children and young people, and with greater attention to age and gender.

This will entail a wider frame of reference for urban development that accommodates and reduces risks to children of all ages and needs, from infants and toddlers to adolescents, children with disabilities and those who do not attend school.

Ensuring that the urban poor have adequate housing and secure tenure must be a priority. Among its other social benefits, decent housing can protect children and families living in densely populated urban settings against many injuries, accidents and diseases.

Sound policies combine action to improve and expand housing for the urban poor with extension of services. Brazil's Minha Casa, Minha Vida (My Home, My Life) programme, for example, aims to build 3 million homes in five years while prioritizing social provision for the poor through education, conditional cash transfers and job creation.

Clearly, urban governance needs strengthening so that it is more capable of delivering policies and services that benefit and safeguard the rights of children. Too many city governments pander to vested interests and are too readily prepared to accept the status quo, which often involves vast, unplanned informal settlements that fail to meet people's needs. There is a manifest need to enhance accountability.

Moreover, city governments need to ground urban planning and programming in a commitment to equity and human rights. One hallmark of this commitment is the involvement of grassroots organizations in designing and monitoring implementation of urban policies and programmes. Participatory approaches can create sustainable solutions; communities' and children's perspectives are often invaluable in improving urban planning and design. Take the example of CLEAN-Delhi, a joint advocacy initiative of NGOs and schoolchildren in New Delhi, India. Launched in 1996 in the face of rising waste, emissions, traffic and pollution, CLEAN is credited with persuading policymakers to invest in composting and recycling units, permanent water and air monitoring systems and water filtration systems at schools and municipal water treatment plants. Following its initial success, the programme has been expanded to other Indian cities.

Similarly, recovery from natural disasters requires planning tailored to the needs of children in urban settlements. Two evaluations assessing the response to the 2010 earthquake in Haiti highlight the need to do better at matching humanitarian interventions with the specific needs of children in urban settlements. One study found that agencies had not been prepared well enough for the urban character of the disaster and as a result had failed to tailor their responses to the urban environment.[6] A separate review found that water, sanitation and hygiene interventions would have been more cost-effective had they been based on a better understanding of the urban topography, its residential patterns and the needs and behaviours of the urban population – including children.[7]

Promote partnership with the urban poor

The challenges of poverty and inequity within most urban areas demand active partnership between the urban poor and government. Local authorities and communities will need to coordinate efforts so that limited resources are used most efficiently and equitably; so that the efforts and painfully accumulated assets of the poor are built on, not undermined; and so that people living in poverty – often the majority of the population – are included in broader urban development and governance.

The voice and involvement of children and adolescents can be an important aspect of this partnership but, all too frequently, child participation becomes a matter of tokenism. Examples from around the world show the many benefits, for both children and policymakers, of encouraging representation at the municipal level. In four South American cities, a multi-stage, long-term process of urban consultation with local governments has led to safer and more equitable cities. Positive outcomes include improvements to public infrastructure in Rio de Janeiro and Sao Paulo, Brazil; higher literacy rates in Cotacachi, Ecuador; and expanded birth registration in Ciudad Guayana, Bolivarian Republic of Venezuela.

The international Child-Friendly Cities Initiative has succeeded in putting child rights on the urban agenda. To be awarded child-friendly status, a city must show that it fosters child participation and pursues child rights through its strategy, legislation, budgeting, impact assessments and public awareness programmes. The scheme has great potential for expansion, particularly in rapidly growing, rapidly urbanizing middle-income countries.

Children and adolescents should be encouraged to become involved in projects to improve their cities. Their participation gives them an empowering chance to air their views and engages them in understanding urban development and respecting their environment. Successful projects, such as Map Kibera in Nairobi, Kenya, have shown how adolescents can assist in generating an effective base of knowledge for development programming. In Johannesburg, South Africa, 10- to 14-year-olds in low-income neighbourhoods succeeded in identifying risky areas of their city and proposing viable improvements.[8]

Such mapping exercises can help communities come up with ways to provide for play and leisure, which are children's rights and essential to their development. With modest material support from local government, for example, residents can create small play spaces between residences. Such settings allow parents and caregivers to be nearby.

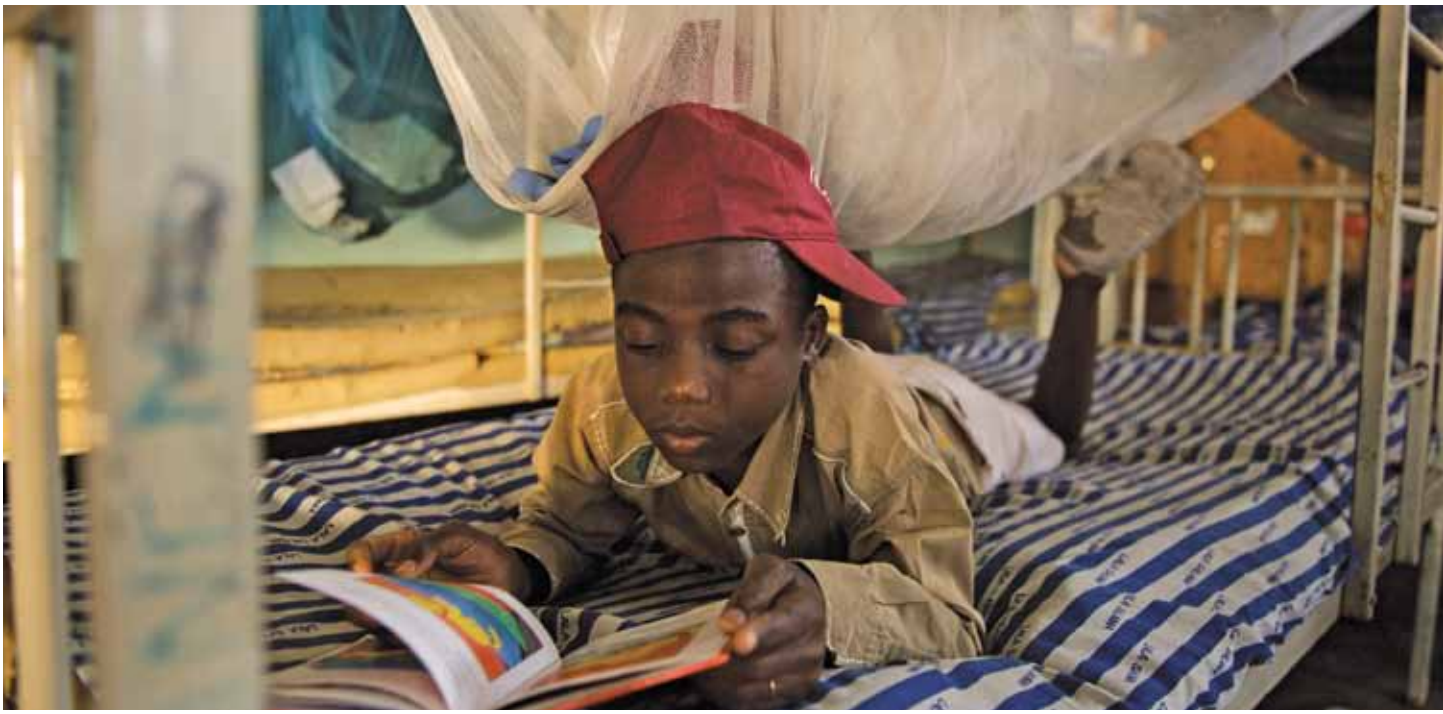
Where municipal authorities do not have sufficient capacity, community-based organizations and NGOs can also play a part. Examples include Kilikili, an organization in Bangalore, India, that creates green play spaces and involves children, including those with special needs, in the design process.

There is more at stake here than 'child's play'. Public play spaces can help mitigate overcrowding and lack of privacy in the home and enable children to mix with peers of different ages and backgrounds. This early experience of diversity can add to the foundations of a more equitable society.[9] Moreover, a large body of evidence shows that exposure to trees, water and the natural landscape benefits children's physical, mental and social well-being.[10]

Work together to achieve results for children

The projects and programmes discussed in this report offer only a glimpse of what is being done to ensure equitable access to services and protection. Taken together, they provide a sense of what can happen when children's rights are placed at the centre of the urban agenda in active partnership with communities.

Under any circumstances, but especially in these straitened times, actors at all levels – from the local to the global – and from civil society as well as the public and private sectors need to pool their resources and energies to create urban environments conducive to children's rights.



A boy reads in his bed in Kuleana, a centre for boys who work on the streets, in the city of Mwanza, United Republic of Tanzania.

Non-governmental organizations and international agencies can play a crucial part in fostering the engagement of children in municipal governance and community decision-making. Local communities and authorities must engage each other if children's rights are to be realized. In addition, such cross-border issues as migration and trafficking demand urgent coordinated action.

International partnerships among civil society organizations can tap into the power of their constituent organizations to further children's interests and link communities around the world. Shack/Slum Dwellers International provides one example. This network brings together grassroots federations of the urban poor – many led and sustained by women – that address tenure, housing and basic infrastructure problems. These networks facilitate exchange among marginalized communities across the globe and serve as bridges between these communities, local and national authorities and international agencies.

Policies and actions that involve urban areas and different levels of government require greater coordination. Dealing with urban violence affecting children, for example, requires collaboration to address local and national political and economic realities, influence cultural norms and attitudes, and re-establish trust among authorities, institutions and the general public.

Civil society organizations, and particularly community-based organizations, should be embraced in urban programming and governance, as they play a critical part in enabling local communities to influence policy.

Towards fairer cities

More than half the world's people already live in towns and cities and, increasingly, children are growing up against an urban backdrop. Their urban childhoods reflect the broad disparities that cities contain: rich beside poor, opportunity beside struggle for survival.

Equity must be the guiding principle in efforts for all children in urban areas. The children of slums – born into and raised under some of the most challenging conditions of poverty and disadvantage – will require particular attention. But this must not come at the expense of children elsewhere. The larger goal must remain in focus: fairer, more nurturing cities and societies for all people – starting with children.

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CHAPTER 4 PANEL

The Child-Friendly Cities Initiative

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CHAPTER 5

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CHAPTER 5 PANEL

The paucity of intra-urban data

Haddad, Lawrence, Marie T. Ruel and James L. Garrett, 'Are Urban Poverty and Undernutrition Growing? Some newly assembled evidence', *World Development*, vol. 27, no. 11, November 1999, p. 1899; Harpham, 'Urban Health in Developing Countries', pp. 107–116; *State of the World's Cities 2010/2011;* Fotso, 'Child Health Inequities in Developing Countries', p. 10; Montgomery, 'Urban Poverty and Health in Developing Countries', pp. 397–425; Baker, Judy, and Nina Schuler, 'Analyzing Urban Poverty: A summary of methods and approaches', World Bank Policy Research Working Paper 3399, The World Bank, Washington, D.C., September 2004, p. 17, <http://siteresources.worldbank.org/INTURBANPOVERTY/Resources/analyzingurbanpoverty.pdf>, accessed 28 September 2011.

Statistical tables

Economic and social statistics on the countries and territories of the world, with particular reference to children's well-being.

TABLES

OVERVIEW

This reference guide presents the most recent key statistics on child survival, development and protection for the world's countries, territories and regions in a single volume. Last year, for the first time, *The State of the World's Children 2011* included tables on Adolescents and Equity, the latter focusing on disparities by household wealth. *The State of the World's Children 2012* adds a second table on Equity, focusing on urban-rural disparities.

The statistical tables presented in this volume help meet the demand for timely, reliable, comparable and comprehensive data on the state of the world's children. They also support UNICEF's focus on progress and results towards internationally agreed goals and compacts relating to children's rights and development. UNICEF is the lead agency responsible for global monitoring of the child-related goals of the Millennium Declaration as well as the Millennium Development Goals (MDGs) and indicators; the organization is also a key partner in the United Nations' work on monitoring these targets and indicators.

The numbers presented in this reference guide are available online at <www.unicef.org/publications> and <www.unicef.org/sowc2012>, and via the UNICEF global statistical databases at <www.childinfo.org>. Please refer to these websites for the latest tables and for any updates or corrigenda subsequent to printing.

General note on the data

The data presented in the following statistical tables are derived from the UNICEF global databases, which include only internationally comparable and statistically sound data; these data are accompanied by definitions, sources and explanations of symbols. In addition, data from other United Nations organizations have been used. The report draws on inter-agency estimates and nationally representative household surveys such as Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS). Data presented in this year's statistical tables generally reflect information available as of July 2011. More detailed information on methodology and data sources is available at <www.childinfo.org>.

Some of the data presented here are subject to evolving methodologies (e.g., maternal mortality ratio) and revisions of time series data (e.g., immunization). For other indicators, comparable data are unavailable from one year to the next. It is therefore not advisable to compare data from consecutive editions of *The State of the World's Children*.

This report includes the latest population estimates and projections from *World Population Prospects: The 2010 revision* (United Nations Department of Economic and Social Affairs, Population Division). Data quality is likely to be adversely affected for countries that have recently suffered disasters, especially where basic country infrastructure has been fragmented or where major population movements have occurred.

Child mortality estimates

Each year, in *The State of the World's Children*, UNICEF reports a series of mortality estimates for children – including the annual infant mortality rate, the under-five mortality rate and the number of under-five deaths – for at least two reference years. These figures represent the best estimates available at the time of printing and are based on the work of the Inter-agency Group for Child Mortality Estimation (IGME), which includes UNICEF, the World Health Organization (WHO), the United Nations Population Division and the World Bank.

IGME mortality estimates are updated each year through a process of detailed review of all newly available data points that often results in adjustments to previously reported estimates. As a result, consecutive editions of *The State of the World's Children* should not be used for analysing mortality trends over time. Comparable under-five mortality estimates for the period 1970–2010 at the global and regional levels are presented below.

Country-specific mortality indicators for 1970–2010, based on the most recent IGME estimates, are presented in Table 10 (for the years 1970, 1990, 2000 and 2010) and are also available at <www.childinfo.org> and <www.childmortality.org>, the IGME website.

Under-five mortality rate (per 1,000 live births)

UNICEF Region	1970	1975	1980	1985	1990	1995	2000	2005	2009	2010
Africa	229	204	185	169	160	155	142	127	114	111
Sub-Saharan Africa	234	209	194	181	174	168	154	138	124	121
Eastern and Southern Africa	215	187	178	166	156	151	137	118	101	98
West and Central Africa	256	235	214	201	196	189	175	159	146	143
Middle East and North Africa	187	155	123	94	77	65	55	48	42	41
Asia	146	128	116	98	86	77	65	56	49	48
South Asia	194	174	154	137	120	104	89	76	69	67
East Asia and Pacific	115	92	77	64	55	48	38	31	25	24
Latin America and Caribbean	118	101	83	67	54	44	35	27	22	23
CEE/CIS	88	76	70	58	50	48	37	29	24	23
Industrialized countries	24	19	15	12	10	8	7	6	6	6
Developing countries	156	138	125	108	97	90	80	71	64	63
Least developed countries	240	222	205	185	170	155	138	123	112	110
World	**139**	**122**	**111**	**97**	**88**	**82**	**73**	**65**	**58**	**57**

Under-five deaths (millions)

UNICEF Region	1970	1975	1980	1985	1990	1995	2000	2005	2009	2010
Africa	3.7	3.7	3.8	3.9	4.0	4.2	4.2	4.1	3.9	3.8
Sub-Saharan Africa	3.1	3.1	3.3	3.5	3.7	4.0	4.0	4.0	3.8	3.7
Eastern and Southern Africa	1.3	1.3	1.4	1.5	1.6	1.6	1.6	1.5	1.4	1.3
West and Central Africa	1.6	1.7	1.8	1.9	2.0	2.2	2.2	2.3	2.3	2.2
Middle East and North Africa	1.2	1.1	1.0	0.9	0.7	0.6	0.5	0.4	0.4	0.4
Asia	10.4	8.6	7.4	7.2	6.6	5.4	4.5	3.7	3.3	3.2
South Asia	5.3	5.1	5.0	4.7	4.4	3.9	3.3	2.8	2.6	2.5
East Asia and Pacific	5.0	3.5	2.4	2.5	2.2	1.6	1.2	0.9	0.7	0.7
Latin America and Caribbean	1.2	1.1	0.9	0.8	0.6	0.5	0.4	0.3	0.2	0.2
CEE/CIS	0.6	0.6	0.5	0.4	0.4	0.3	0.2	0.2	0.1	0.1
Industrialized countries	0.3	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Developing countries	16.1	14.3	12.9	12.6	11.8	10.6	9.4	8.4	7.7	7.5
Least developed countries	3.3	3.3	3.4	3.5	3.5	3.5	3.3	3.2	3.0	2.9
World	**16.6**	**14.7**	**13.2**	**12.8**	**12.0**	**10.7**	**9.6**	**8.5**	**7.8**	**7.6**

Multiple Indicator Cluster Surveys (MICS): UNICEF supports countries in collecting statistically sound and internationally comparable data through MICS. Since 1995, nearly 230 surveys have been conducted in approximately 100 countries and territories. The fourth round of MICS, involving over 50 countries, is under way, with data collection expected to end in 2011. MICS are among the largest sources of data for monitoring progress towards internationally agreed development goals for children, including the MDGs. Many of the MICS indicators have been incorporated into the statistical tables in this report. More information is available at <www.childinfo.org>.

Regional Classification: In the 2009 edition of *The State of the World's Children*, UNICEF added two new regional groupings: Africa and Asia. In addition, the number of countries classified in the sub-Saharan Africa region increased with the inclusion of Djibouti and the Sudan. As a result, regional estimates for sub-Saharan Africa published in previous issues of *The State of the World's Children* may not be comparable with those published in this issue. For details of the countries and territories included in all UNICEF regions, please refer to the Regional Classification, page 124.

Revisions to statistical tables

TABLE 1. BASIC INDICATORS

Primary school net enrolment: The primary school net enrolment ratio replaces the primary school net enrolment/attendance ratio. This indicator is the official MDG 2 indicator produced by the United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics (UIS) based on administrative data collected by national school systems.

TABLE 2. NUTRITION

Underweight, stunting and wasting: Prevalence of underweight, stunting and wasting among children under 5 years of age is estimated by comparing actual measurements with an international standard reference population. In April 2006, WHO released the WHO Child Growth Standards to replace the widely used National Center for Health Statistics/World Health Organization (NCHS/WHO) reference population, which was based on a limited sample of children from the United States. The new standards are the result of an intensive study project involving more than 8,000 children from Brazil, Ghana, India, Norway, Oman and the United States.

Overcoming the technical and biological drawbacks of the old reference population, the new standards confirm that children born anywhere in the world and given the optimum start in life have the potential to develop to within the same range of height and weight. Differences in children's growth to age 5 are more influenced by nutrition, feeding practices, environment and health care than genetics or ethnicity.

In this report, all of the child anthropometry indicators are reported according to the WHO Child Growth Standards. Owing to the differences between the old reference population and the new standards, as well as to updates to the data time series, prevalence estimates of child anthropometry indicators published in consecutive editions of *The State of the World's Children* may not be fully comparable.

UNICEF and WHO have initiated a process to harmonize anthropometric data used for computation and estimation of regional and global averages and trend analysis. As part of this process, underweight and stunting prevalences for the developing regions and the world are derived from a model described in M. de Onis et al., 'Methodology for Estimating Regional and Global Trends of Child Malnutrition' (*International Journal of Epidemiology*, vol. 33, 12 November 2004, pp. 1260–1270) and are available online at <www.who.int/nutgrowthdb/estimates/en/index.html>. Owing to differences in source data and estimation methodology, these prevalence estimates are not comparable to the averages published in previous editions of *The State of the World's Children* and may not be comparable to estimates for other regions in the current publication.

Vitamin A supplementation: Emphasizing the importance for children of receiving two annual doses of vitamin A (spaced 4–6 months apart), this report presents only full coverage of vitamin A supplementation. In the absence of a direct method to measure this indicator, full coverage is reported as the lower coverage estimate from rounds 1 and 2 in a given year.

TABLE 3. HEALTH

Water and sanitation: The drinking water and sanitation coverage estimates in this report come from the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP). These are the official United Nations estimates for measuring progress towards the MDG target for drinking water and sanitation, based on a standard classification of what constitutes coverage. The JMP estimates coverage using a linear regression line fitted to data from all available household sample surveys and censuses. Full details of the JMP methodology can be found at <www.childinfo.org> and <www.wssinfo.org>.

Immunization: This report presents WHO and UNICEF estimates of national immunization coverage. These are the official United Nations estimates for measuring progress towards the MDG indicator for measles-containing vaccine coverage. A more detailed explanation of the process can be found at <www.childinfo.org/immunization_countryreports.html>.

Regional averages for the six reported antigens are computed as follows:

- For BCG, regional averages include only those countries where BCG is included in the national routine immunization schedule.
- For DPT, polio, measles, HepB and Hib vaccines, regional averages include all countries.
- For protection at birth (PAB) from tetanus, regional averages include only the countries where maternal and neonatal tetanus is endemic.

TABLE 4. HIV/AIDS

In 2011, the Joint United Nations Programme on HIV/AIDS (UNAIDS) released new global and regional HIV and AIDS estimates for 2010 that reflect key changes in WHO HIV treatment guidelines for adults

and children and for prevention of mother-to-child transmission of HIV as well as improvements in assumptions of the probability of HIV transmission from mother to child and net survival rates for infected children. In addition, there are also more reliable data available from population-based surveys, expanded national sentinel surveillance systems and programme service statistics in a number of countries. Based on the refined methodology, UNAIDS has retrospectively generated new estimates of HIV prevalence, the number of people living with HIV and those needing treatment, AIDS-related deaths, new HIV infections and the number of children whose parents have died due to all causes including AIDS for past years. Only new estimates should be used for trend analysis.

The new HIV and AIDS estimates are included in this table for global and regional averages only and will also be published in the forthcoming report *Global Response to HIV/AIDS: Epidemic update and towards universal access, 2011*. The country-specific HIV/AIDS estimates in Table 4 refer to the year 2009. A full set of estimates will be available in early 2012.

Overall, the global and regional figures published in *The State of the World's Children 2012* are not comparable to estimates previously published. More information on HIV and AIDS estimates, methodology and updates can be found at <www.unaids.org> or <www.childinfo.org>.

TABLE 5. EDUCATION

Pre-primary gross enrolment ratio: For the first time, the table includes pre-primary education. Participation in pre-primary education promotes on-time commencement of primary school as well as efficient progression through school.

Survival rate to the last grade of primary school: The survival rate to Grade 5 (percentage of primary school entrants reaching Grade 5) was replaced in 2008 by the survival rate to the last grade of primary school (percentage of children entering the first grade of primary school who are expected to reach the last grade). The survival rate to the last grade became an official indicator for MDG 2 (universal primary education) in January 2008.

Secondary gross enrolment ratio: This indicator was removed because it is primarily used in comparison to the net enrolment ratio to determine if there is a large population of children enrolled at an inappropriate age. However, age-appropriate participation is more important at the primary level than at the secondary level. The secondary gross enrolment ratio is presented in Tables 8 and 11 in slightly different formats than in previous editions of this report.

TABLE 6. DEMOGRAPHIC INDICATORS

Population annual growth rate and average annual growth rate of urban population: For the first time, the table includes a projection for 2010–2030. The year ranges now cover 1970–1990, 1990–2010 and 2010–2030.

TABLE 7. ECONOMIC INDICATORS

GNI per capita: The table now includes data on GNI per capita in purchasing power parity (PPP) US$ alongside the previously published data, which express GNI in US$ (exchange rate terms). While both these indicators are widely used, GNI per capita (PPP US$) takes into account differences in price levels between countries to allow for a more accurate comparison of living standards. These data are based on the International Comparison Program (ICP), which produces internationally comparable price and volume measures for gross domestic product (GDP) and its component expenditures. For more information, please see <http://go.worldbank.org/K520C6USR0>.

Proportion of the population living below US$1.25 per day: In 2008, the World Bank announced a new poverty line that is based on revised estimates of PPP price levels around the world. Table 7 reflects this updated poverty line and reports on the proportion of the population living below US$1.25 per day at 2005 prices, adjusted for PPP. The new poverty threshold reflects revisions to PPP exchange rates based on the results of the 2005 ICP, a worldwide statistical operation involving some 180 countries. The revisions reveal that the cost of living across the developing world is higher than previously estimated. Owing to the revisions, poverty rates for individual countries cannot be compared with those reported in previous editions. More detailed information can be found at <www.worldbank.org>.

TABLE 8. WOMEN

Enrolment ratio: females as a % of males, using primary and secondary gross enrolment ratio: Replacing 'enrolment ratio: females as a % of males, using primary and secondary net enrolment and attendance ratios', the new indicators are official MDG 3 indicators that monitor gender equality and the empowerment of women. The gross enrolment ratio is the preferred indicator in comparing the educational participation of girls and

boys, as it takes into account all children participating at a given level, regardless of age.

Survival rate to the last grade of primary: females as a % of males: This highlights progression through school and is an official indicator for MDG 2. For the first time in *The State of the World's Children*, this indicator is being presented as 'females as a % of males', which adds a dimension of gender disaggregation not included in previous editions.

Maternal mortality ratio (adjusted): The table presents the 'adjusted' maternal mortality ratios for the year 2008, as produced by the Maternal Mortality Estimation Inter-agency Group (MMEIG), composed of WHO, UNICEF, the United Nations Population Fund (UNFPA) and the World Bank, together with independent technical experts. To derive these estimates, the inter-agency group used a dual approach: making adjustments to correct misclassification and under-reporting in existing estimates of maternal mortality from civil registration systems, and using a model to generate estimates for countries without reliable national-level estimates of maternal mortality.

These 'adjusted' estimates should not be compared to previous inter-agency estimates, as the methodological approach is not the same. A full report with complete country and regional estimates for the years 1990, 1995, 2000, 2005 and 2008, as well as details on the methodology, can be found at <www.childinfo.org/maternal_mortality.html>.

TABLE 9. CHILD PROTECTION

Violent discipline: Previous estimates used in UNICEF publications and in MICS country reports prior to 2010 were calculated using household weights that did not take into account the last-stage selection of children for the administration of the child discipline module in MICS surveys. (A random selection of one child aged 2–14 is undertaken for the administration of the child discipline module.) In January 2010, it was decided that more accurate estimates are produced by using a household weight that takes the last-stage selection into account. MICS 3 data were recalculated using this approach. All UNICEF publications produced after 2010, including *The State of the World's Children 2012*, use the revised estimates.

TABLE 11. ADOLESCENTS

Lower and upper secondary gross enrolment ratios: Introduced for the first time, these indicators aid the understanding of adolescent participation in secondary school. Disaggregating the secondary level makes the issue of dropout more evident.

Explanation of symbols

Because the aim of these statistical tables is to provide a broad picture of the situation of children and women worldwide, detailed data qualifications and footnotes are seen as more appropriate for inclusion elsewhere.

Sources and years for specific data points are available at <www.childinfo.org>.

Symbols specific to a particular table are included in the table footnotes. The following symbols are common across all tables:

– Data are not available.
x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages.
y Data 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.
* Data refer to the most recent year available during the period specified in the column heading.
** Excludes China.
# For a complete list of countries and territories in the regions, subregions and country categories, see page 124.

Under-five mortality rankings

The following list ranks countries and territories in descending order of their estimated 2010 under-five mortality rate (U5MR), a critical indicator of the well-being of children. Countries and territories are listed alphabetically in the tables on the following pages.

Countries and territories	Under-5 mortality rate (2010) Value	Rank
Somalia	180	**1**
Mali	178	**2**
Burkina Faso	176	**3**
Sierra Leone	174	**4**
Chad	173	**5**
Democratic Republic of the Congo	170	**6**
Haiti	165	**7**
Angola	161	**8**
Central African Republic	159	**9**
Guinea-Bissau	150	**10**
Afghanistan	149	**11**
Niger	143	**12**
Nigeria	143	**12**
Burundi	142	**14**
Cameroon	136	**15**
Mozambique	135	**16**
Guinea	130	**17**
Côte d'Ivoire	123	**18**
Equatorial Guinea	121	**19**
Benin	115	**20**
Mauritania	111	**21**
Zambia	111	**21**
Ethiopia	106	**23**
Liberia	103	**24**
Sudan[1]	103	**24**
Togo	103	**24**
Uganda	99	**27**
Gambia	98	**28**
Congo	93	**29**
Malawi	92	**30**
Djibouti	91	**31**
Rwanda	91	**31**
Pakistan	87	**33**
Comoros	86	**34**
Kenya	85	**35**
Lesotho	85	**35**
Sao Tome and Principe	80	**37**
Zimbabwe	80	**37**
Swaziland	78	**39**
Yemen	77	**40**
United Republic of Tanzania	76	**41**
Senegal	75	**42**
Gabon	74	**43**
Ghana	74	**43**
Myanmar	66	**45**
India	63	**46**
Tajikistan	63	**46**
Madagascar	62	**48**
Eritrea	61	**49**
Papua New Guinea	61	**49**
South Africa	57	**51**
Bhutan	56	**52**
Turkmenistan	56	**52**
Timor-Leste	55	**54**
Bolivia (Plurinational State of)	54	**55**
Lao People's Democratic Republic	54	**55**
Uzbekistan	52	**57**
Cambodia	51	**58**
Nepal	50	**59**
Kiribati	49	**60**
Bangladesh	48	**61**
Botswana	48	**61**
Azerbaijan	46	**63**
Micronesia (Federated States of)	42	**64**
Namibia	40	**65**
Nauru	40	**65**
Iraq	39	**67**
Kyrgyzstan	38	**68**
Algeria	36	**69**
Cape Verde	36	**69**
Morocco	36	**69**
Indonesia	35	**72**
Democratic People's Republic of Korea	33	**73**
Kazakhstan	33	**73**
Tuvalu	33	**73**
Guatemala	32	**76**
Mongolia	32	**76**
Suriname	31	**78**
Guyana	30	**79**
Philippines	29	**80**
Dominican Republic	27	**81**
Nicaragua	27	**81**
Solomon Islands	27	**81**
Trinidad and Tobago	27	**81**
Iran (Islamic Republic of)	26	**85**
Marshall Islands	26	**85**
Paraguay	25	**87**
Honduras	24	**88**
Jamaica	24	**88**
Viet Nam	23	**90**
Egypt	22	**91**
Georgia	22	**91**
Jordan	22	**91**
Lebanon	22	**91**
Niue	22	**91**
Occupied Palestinian Territory	22	**91**
Saint Vincent and the Grenadines	21	**97**
Armenia	20	**98**
Barbados	20	**98**
Ecuador	20	**98**
Panama	20	**98**
Samoa	20	**98**
Brazil	19	**103**
Colombia	19	**103**
Palau	19	**103**
Peru	19	**103**
Republic of Moldova	19	**103**
Albania	18	**108**
China	18	**108**
Saudi Arabia	18	**108**
Turkey	18	**108**
Venezuela (Bolivarian Republic of)	18	**108**
Belize	17	**113**
Fiji	17	**113**
Libya	17	**113**
Mexico	17	**113**
Sri Lanka	17	**113**
Bahamas	16	**118**
El Salvador	16	**118**
Saint Lucia	16	**118**
Syrian Arab Republic	16	**118**
Tonga	16	**118**
Tunisia	16	**118**
Maldives	15	**124**
Mauritius	15	**124**
Argentina	14	**126**
Romania	14	**126**
Seychelles	14	**126**
Vanuatu	14	**126**
Bulgaria	13	**130**
Thailand	13	**130**
Ukraine	13	**130**
Dominica	12	**133**
Russian Federation	12	**133**
The former Yugoslav Republic of Macedonia	12	**133**
Grenada	11	**136**
Kuwait	11	**136**
Uruguay	11	**136**
Bahrain	10	**139**
Costa Rica	10	**139**
Latvia	10	**139**
Chile	9	**142**
Cook Islands	9	**142**
Oman	9	**142**
Antigua and Barbuda	8	**145**
Bosnia and Herzegovina	8	**145**
Montenegro	8	**145**
Qatar	8	**145**
Saint Kitts and Nevis	8	**145**
Slovakia	8	**145**
United States	8	**145**
Brunei Darussalam	7	**152**
Lithuania	7	**152**
Serbia	7	**152**
United Arab Emirates	7	**152**
Belarus	6	**156**
Canada	6	**156**
Croatia	6	**156**
Cuba	6	**156**
Hungary	6	**156**
Malaysia	6	**156**
Malta	6	**156**
New Zealand	6	**156**
Poland	6	**156**
Australia	5	**165**
Estonia	5	**165**
Israel	5	**165**
Republic of Korea	5	**165**
Spain	5	**165**
Switzerland	5	**165**
United Kingdom	5	**165**
Andorra	4	**172**
Austria	4	**172**
Belgium	4	**172**
Cyprus	4	**172**
Czech Republic	4	**172**
Denmark	4	**172**
France	4	**172**
Germany	4	**172**
Greece	4	**172**
Ireland	4	**172**
Italy	4	**172**
Monaco	4	**172**
Netherlands	4	**172**
Portugal	4	**172**
Finland	3	**186**
Japan	3	**186**
Luxembourg	3	**186**
Norway	3	**186**
Singapore	3	**186**
Slovenia	3	**186**
Sweden	3	**186**
Iceland	2	**193**
Liechtenstein	2	**193**
San Marino	2	**193**
Holy See	–	–

[1] Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, disaggregated data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-cession.

TABLE 1: BASIC INDICATORS

Countries and territories	Under-5 mortality rank	Under-5 mortality rate		Infant mortality rate (under 1)		Neonatal mortality rate	Total population (thousands)	Annual no. of births (thousands)	Annual no. of under-5 deaths (thousands)	GNI per capita (US$)	Life expectancy at birth (years)	Total adult literacy rate (%)	Primary school net enrolment ratio (%)	% share of household income 2000–2010*	
		1990	2010	1990	2010	2010	2010	2010	2010	2010	2010	2005–2010*	2007–2009*	lowest 40%	highest 20%
Afghanistan	**11**	209	149	140	103	45	31,412	1,385	191	330 x	48	–	–	22	39
Albania	**108**	41	18	36	16	9	3,204	41	1	4,000	77	96	85	20	43
Algeria	**69**	68	36	55	31	18	35,468	714	26	4,460	73	73	95	18 x	42 x
Andorra	**172**	9	4	7	3	1	85	1	0	41,130 x	–	–	84	–	–
Angola	**8**	243	161	144	98	41	19,082	795	121	3,960	51	70	–	8	62
Antigua and Barbuda	**145**	26	8	23	7	4	89	2	0	10,610	–	99	90	–	–
Argentina	**126**	27	14	24	12	7	40,412	694	10	8,450	76	98	–	13	51
Armenia	**98**	55	20	46	18	11	3,092	47		3,090	74	100	93	22	40
Australia	**165**	9	5	8	4	3	22,268	303	1	43,740 x	82	–	97	18 x	41 x
Austria	**172**	9	4	8	4	2	8,394	74	0	46,710	81	–	–	22	38
Azerbaijan	**63**	93	46	74	39	19	9,188	182	9	5,180	71	100	86	20	42
Bahamas	**118**	22	16	18	14	7	343	5	0	d	75	–	92	–	–
Bahrain	**139**	17	10	15	9	4	1,262	23	0	25,420 x	75	91	99	–	–
Bangladesh	**61**	143	48	99	38	27	148,692	3,038	140	640	69	56	89	22	41
Barbados	**98**	18	20	16	17	10	273	3	0	d	77	–	–	–	–
Belarus	**156**	17	6	14	4	3	9,595	106	1	6,030	70	100	95	23	36
Belgium	**172**	10	4	9	4	2	10,712	122	1	45,420	80	–	99	21	41
Belize	**113**	44	17	35	14	8	312	8	0	3,740	76	–	100	11 x	59 x
Benin	**20**	178	115	107	73	32	8,850	350	39	750	56	42	94	18	46
Bhutan	**52**	139	56	96	44	26	726	15	1	1,920	67	53	88	14	53
Bolivia (Plurinational State of)	**55**	121	54	84	42	23	9,930	263	14	1,790	66	91	95	9	61
Bosnia and Herzegovina	**145**	19	8	17	8	5	3,760	32	0	4,790	76	98	87	18	43
Botswana	**61**	59	48	46	36	19	2,007	47	2	6,890	53	84	87	9 x	65 x
Brazil	**103**	59	19	50	17	12	194,946	3,023	55	9,390	73	90	95	11	58
Brunei Darussalam	**152**	12	7	9	6	4	399	8	0	31,180 x	78	95	97	–	–
Bulgaria	**130**	22	13	18	11	7	7,494	76	1	6,240	73	98	98	14	51
Burkina Faso	**3**	205	176	103	93	38	16,469	713	120	550	55	29	64	18	47
Burundi	**14**	183	142	110	88	42	8,383	283	38	160	50	67	99	21	43
Cambodia	**58**	121	51	87	43	22	14,138	318	16	760	63	78	89	16	52
Cameroon	**15**	137	136	85	84	34	19,599	710	93	1,160	51	71	92	15	51
Canada	**156**	8	6	7	5	4	34,017	383	2	41,950 x	81	–	–	20	40
Cape Verde	**69**	59	36	46	29	14	496	10	0	3,160	74	85	83	13	56
Central African Republic	**9**	165	159	110	106	42	4,401	154	23	460	48	55	67	15	49
Chad	**5**	207	173	113	99	41	11,227	503	80	600	49	34	–	17	47
Chile	**142**	19	9	16	8	5	17,114	245	2	9,940	79	99	95	24	31
China	**108**	48	18	38	16	11	1,341,335	16,486	315	4,260	73	94	96 z	16	48
Colombia	**103**	37	19	30	17	12	46,295	914	18	5,510	73	93	93	8	62
Comoros	**34**	125	86	88	63	32	735	28	2	820	61	74	87	8	68
Congo	**29**	116	93	74	61	29	4,043	142	13	2,310	57	–	–	13	53
Cook Islands	**142**	20	9	17	8	5	20	0	0	–	–	–	98	–	–
Costa Rica	**139**	17	10	15	9	6	4,659	73	1	6,580	79	96	–	12	55
Côte d'Ivoire	**18**	151	123	105	86	41	19,738	673	80	1,070	55	55	57	16	48
Croatia	**156**	13	6	11	5	3	4,403	43	0	13,760	76	99	95	20	42
Cuba	**156**	13	6	11	5	3	11,258	112	1	5,550 x	79	100	100	–	–
Cyprus	**172**	11	4	10	3	2	1,104	13	0	30,460 x	79	98	99	–	–
Czech Republic	**172**	14	4	12	3	2	10,493	115	0	17,870	78	–	–	25 x	36 x
Democratic People's Republic of Korea	**73**	45	33	23	26	18	24,346	348	12	a	69	100	–	–	–
Democratic Republic of the Congo	**6**	181	170	117	112	46	65,966	2,873	465	180	48	67	–	15	51
Denmark	**172**	9	4	7	3	2	5,550	64	0	58,980	79	–	95	23 x	36 x
Djibouti	**31**	123	91	95	73	34	889	26	2	1,280 x	58	–	45	17	47
Dominica	**133**	17	12	14	11	8	68	1	0	4,960	–	–	98	–	–
Dominican Republic	**81**	62	27	48	22	15	9,927	216	6	4,860	73	88	82	13	54
Ecuador	**98**	52	20	41	18	10	14,465	299	6	4,510	75	84	97	13	54
Egypt	**91**	94	22	68	19	9	81,121	1,881	41	2,340	73	66	95	22	42
El Salvador	**118**	62	16	48	14	6	6,193	126	2	3,360	72	84	96	13	52
Equatorial Guinea	**19**	190	121	118	81	35	700	26	3	14,680	51	93	57	–	–
Eritrea	**49**	141	61	87	42	18	5,254	191	11	340	61	67	37	–	–
Estonia	**165**	21	5	17	4	3	1,341	16	0	14,360	75	100	97	18	43
Ethiopia	**23**	184	106	111	68	35	82,950	2,613	271	380	59	30	84	23	39
Fiji	**113**	30	17	25	15	8	861	19	0	3,610	69	–	92	–	–

Countries and territories	Under-5 mortality rank	Under-5 mortality rate		Infant mortality rate (under 1)		Neonatal mortality rate	Total population (thousands)	Annual no. of births (thousands)	Annual no. of under-5 deaths (thousands)	GNI per capita (US$)	Life expectancy at birth (years)	Total adult literacy rate (%)	Primary school net enrolment ratio (%)	% share of household income 2000–2010*	
		1990	2010	1990	2010	2010	2010	2010	2010	2010	2010	2005–2010*	2007–2009*	lowest 40%	highest 20%
Finland	**186**	7	3	6	2	2	5,365	61	0	47,170	80	–	96	24	37
France	**172**	9	4	7	3	2	62,787	793	3	42,390	81	–	99	20 x	40 x
Gabon	**43**	93	74	68	54	26	1,505	41	3	7,760	62	88	–	16	48
Gambia	**28**	165	98	78	57	31	1,728	66	6	440	58	46	76	13	53
Georgia	**91**	47	22	40	20	15	4,352	52	1	2,700	74	100	100	16	47
Germany	**172**	9	4	7	3	2	82,302	695	3	43,330	80	–	100	22	37
Ghana	**43**	122	74	77	50	28	24,392	770	57	1,240	64	67	76	15	48
Greece	**172**	13	4	11	3	2	11,359	118	1	27,240	80	97	100	19	42
Grenada	**136**	21	11	17	9	5	104	2	0	5,560	76	–	98	–	–
Guatemala	**76**	78	32	56	25	15	14,389	467	14	2,740	71	74	96	11	58
Guinea	**17**	229	130	135	81	38	9,982	390	48	380	54	39	74	17	46
Guinea-Bissau	**10**	210	150	125	92	40	1,515	58	8	540	48	52	–	19	43
Guyana	**79**	66	30	50	25	19	754	14	0	3,270	70	–	99	14 x	50 x
Haiti	**7**	151	165	104	70	27	9,993	266	45	650	62	49	–	8	63
Holy See	**–**	–	–	–	–	–	0	0	–	–	–	–	–	–	–
Honduras	**88**	58	24	45	20	12	7,601	203	5	1,880	73	84	97	8	61
Hungary	**156**	19	6	17	5	4	9,984	99	1	12,990	74	99	96	21	40
Iceland	**193**	6	2	5	2	1	320	5	0	33,870	82	–	98	–	–
India	**46**	115	63	81	48	32	1,224,614	27,165	1,696	1,340	65	63	97	19	45
Indonesia	**72**	85	35	56	27	17	239,871	4,372	151	2,580	69	92	98	19	45
Iran (Islamic Republic of)	**85**	65	26	50	22	14	73,974	1,267	34	4,530 x	73	85	100	17	45
Iraq	**67**	46	39	37	31	20	31,672	1,125	43	2,320	68	78	88	–	–
Ireland	**172**	9	4	8	3	2	4,470	72	0	40,990	80	–	97	20	42
Israel	**165**	12	5	10	4	2	7,418	154	1	27,340	81	–	97	16	45
Italy	**172**	10	4	8	3	2	60,551	559	2	35,090	82	99	99	18	42
Jamaica	**88**	38	24	31	20	9	2,741	51	1	4,750	73	86	81	14	51
Japan	**186**	6	3	5	2	1	126,536	1,077	3	42,150	83	–	100	25 x	36 x
Jordan	**91**	38	22	32	18	13	6,187	153	4	4,350	73	92	94	18	45
Kazakhstan	**73**	57	33	48	29	17	16,026	344	13	7,440	67	100	99	21	40
Kenya	**35**	99	85	64	55	28	40,513	1,529	122	780	57	87	83	13	53
Kiribati	**60**	87	49	64	39	19	100	2	0	2,010	–	–	–	–	–
Kuwait	**136**	15	11	13	10	6	2,737	49	1	d	74	94	93	–	–
Kyrgyzstan	**68**	72	38	59	33	19	5,334	130	5	880	67	99	91	21	43
Lao People's Democratic Republic	**55**	145	54	100	42	21	6,201	141	8	1,010	67	73	82	19	45
Latvia	**139**	21	10	16	8	5	2,252	24	0	11,620	73	100	94	18	43
Lebanon	**91**	38	22	31	19	12	4,228	65	2	9,020	72	90	91	–	–
Lesotho	**35**	89	85	72	65	35	2,171	60	5	1,080	48	90	73	10	56
Liberia	**24**	227	103	151	74	34	3,994	154	15	190	56	59	–	18	45
Libya	**113**	45	17	33	13	10	6,355	145	2	12,020 x	75	89	–	–	–
Liechtenstein	**193**	10	2	9	2	–	36	0	0	136,540 x	–	–	90	–	–
Lithuania	**152**	17	7	14	5	3	3,324	35	0	11,400	72	100	97	18	44
Luxembourg	**186**	8	3	7	2	1	507	6	0	79,510	80	–	97	21	39
Madagascar	**48**	159	62	97	43	22	20,714	732	44	440	66	64	99	16	54
Malawi	**30**	222	92	131	58	27	14,901	663	56	330	54	74	91	18	46
Malaysia	**156**	18	6	15	5	3	28,401	576	3	7,900	74	92	94	13	52
Maldives	**124**	102	15	74	14	9	316	5	0	4,270	77	98	96	17	44
Mali	**2**	255	178	131	99	48	15,370	714	120	600	51	26	77	17	46
Malta	**156**	11	6	10	5	4	417	4	0	18,350 x	79	92	91	–	–
Marshall Islands	**85**	51	26	40	22	12	54	1	0	2,990	–	–	80	–	–
Mauritania	**21**	124	111	80	75	39	3,460	117	13	1,060	58	57	76	17	46
Mauritius	**124**	24	15	21	13	9	1,299	17	0	7,740	73	88	94	–	–
Mexico	**113**	49	17	38	14	7	113,423	2,217	37	9,330	77	93	100	12	56
Micronesia (Federated States of)	**64**	56	42	44	34	18	111	3	0	2,700	69	–	–	7	64
Monaco	**172**	9	4	7	3	2	35	0	0	197,460 x	–	–	–	–	–
Mongolia	**76**	107	32	76	26	12	2,756	65	2	1,890	68	97	100	18	44
Montenegro	**145**	18	8	16	7	5	631	8	0	6,690	74	–	88	22	39
Morocco	**69**	86	36	67	30	19	31,951	623	23	2,850	72	56	90	17	48
Mozambique	**16**	219	135	146	92	39	23,391	883	114	440	50	55	91	15	52
Myanmar	**45**	112	66	79	50	32	47,963	830	56	a	65	92	–	–	–
Namibia	**65**	73	40	49	29	17	2,283	60	2	4,650	62	89	90	4 x	78 x
Nauru	**65**	40	40	32	32	22	10	0	0	–	–	–	–	–	–

TABLE 1: BASIC INDICATORS

Countries and territories	Under-5 mortality rank	Under-5 mortality rate 1990	Under-5 mortality rate 2010	Infant mortality rate (under 1) 1990	Infant mortality rate (under 1) 2010	Neonatal mortality rate 2010	Total population (thousands) 2010	Annual no. of births (thousands) 2010	Annual no. of under-5 deaths (thousands) 2010	GNI per capita (US$) 2010	Life expectancy at birth (years) 2010	Total adult literacy rate (%) 2005–2010*	Primary school net enrolment ratio (%) 2007–2009*	% share of household income 2000–2010* lowest 40%	% share of household income 2000–2010* highest 20%
Nepal	**59**	141	50	97	41	28	29,959	724	35	490	68	59	–	15	54
Netherlands	**172**	8	4	7	4	3	16,613	183	1	49,720	81	–	99	21 x	39 x
New Zealand	**156**	11	6	9	5	3	4,368	64	0	29,050 x	81	–	99	18 x	44 x
Nicaragua	**81**	68	27	52	23	12	5,788	138	4	1,080	74	78	93	12	57
Niger	**12**	311	143	132	73	32	15,512	755	100	360	54	29	54	20	43
Nigeria	**12**	213	143	126	88	40	158,423	6,332	861	1,180	51	61	63	15	49
Niue	**91**	14	22	12	19	10	1	0	0	–	–	–	–	–	–
Norway	**186**	9	3	7	3	2	4,883	60	0	85,380	81	–	99	24	37
Occupied Palestinian Territory	**91**	45	22	36	20	–	4,039	134	3	b	73	95	78	–	–
Oman	**142**	47	9	36	8	5	2,782	50	1	17,890 x	73	87	81	–	–
Pakistan	**33**	124	87	96	70	41	173,593	4,741	423	1,050	65	56	66	21	42
Palau	**103**	33	19	27	15	9	20	0	0	6,460	–	–	–	–	–
Panama	**98**	33	20	26	17	9	3,517	70	1	6,990	76	94	97	11	57
Papua New Guinea	**49**	90	61	65	47	23	6,858	207	12	1,300	62	60	–	12 x	56 x
Paraguay	**87**	50	25	40	21	14	6,455	156	4	2,940	72	95	86	11	57
Peru	**103**	78	19	55	15	9	29,077	594	11	4,710	74	90	97	12	53
Philippines	**80**	59	29	42	23	14	93,261	2,344	66	2,050	68	95	92	15	50
Poland	**156**	17	6	15	5	4	38,277	405	3	12,420	76	100	96	20	42
Portugal	**172**	15	4	11	3	2	10,676	99	0	21,860	79	95	99	17 x	46 x
Qatar	**145**	21	8	17	7	4	1,759	21	0	d	78	95	98	–	52
Republic of Korea	**165**	8	5	6	4	2	48,184	478	3	19,890	81	–	99	21 x	38 x
Republic of Moldova	**103**	37	19	30	16	9	3,573	44	1	1,810	69	98	90	18	45
Romania	**126**	37	14	29	11	8	21,486	221	3	7,840	74	98	96	21	39
Russian Federation	**133**	27	12	22	9	6	142,958	1,682	20	9,910	69	100	94	16	49
Rwanda	**31**	163	91	99	59	29	10,624	438	38	540	55	71	96	12	58
Saint Kitts and Nevis	**145**	28	8	22	7	5	52	1	0	9,980	–	–	94	–	–
Saint Lucia	**118**	23	16	18	14	10	174	3	0	4,970	74	–	93	15 x	49 x
Saint Vincent and the Grenadines	**97**	27	21	21	19	13	109	2	0	4,850	72	–	98	–	–
Samoa	**98**	27	20	23	17	8	183	5	0	2,930	72	99	99	–	–
San Marino	**193**	12	2	11	2	1	32	0	0	50,670 x	–	–	92	–	–
Sao Tome and Principe	**37**	94	80	61	53	25	165	5	0	1,200	64	89	98	14	56
Saudi Arabia	**108**	45	18	36	15	10	27,448	595	12	17,200 x	74	86	86	–	–
Senegal	**42**	139	75	70	50	27	12,434	465	34	1,050	59	50	75	17	46
Serbia	**152**	29	7	25	6	4	9,856	111	1	5,820	74	98	96	23	37
Seychelles	**126**	17	14	14	12	8	87	3	0	9,490	–	92	94	27	29
Sierra Leone	**4**	276	174	162	114	45	5,868	226	39	340	47	41	–	16	49
Singapore	**186**	8	3	6	2	1	5,086	45	0	40,920	81	95	–	14 x	49 x
Slovakia	**145**	18	8	15	7	4	5,462	57	0	16,220	75	–	–	24 x	35 x
Slovenia	**186**	10	3	9	2	2	2,030	20	0	23,860	79	100	98	21	39
Solomon Islands	**81**	45	27	36	23	12	538	17	0	1,030	67	–	81	–	–
Somalia	**1**	180	180	108	108	52	9,331	408	70	a	51	–	–	–	–
South Africa	**51**	60	57	47	41	18	50,133	1,059	58	6,100	52	89	90	9	63
South Sudan[8]	**–**	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Spain	**165**	11	5	9	4	3	46,077	498	2	31,650	81	98	100	19	42
Sri Lanka	**113**	32	17	26	14	10	20,860	378	6	2,290	75	91	95	17	48
Sudan[8]	**–**	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Suriname	**78**	52	31	44	27	14	525	10	0	5,920 x	70	95	90	11 x	57 x
Swaziland	**39**	96	78	70	55	21	1,186	35	3	2,600	48	87	83	12	56
Sweden	**186**	7	3	6	2	2	9,380	112	0	49,930	81	–	96	23	37
Switzerland	**165**	8	5	7	4	3	7,664	76	0	70,350	82	–	100	20	41
Syrian Arab Republic	**118**	38	16	31	14	9	20,411	465	8	2,640	76	84	–	19	44
Tajikistan	**46**	116	63	91	52	25	6,879	192	12	780	67	100	98	23	39
Thailand	**130**	32	13	26	11	8	69,122	838	11	4,210	74	94	90	11	59
The former Yugoslav Republic of Macedonia	**133**	39	12	34	10	8	2,061	22	0	4,520	75	97	93	15	50
Timor-Leste	**54**	169	55	127	46	24	1,124	44	2	2,220	62	51	83	21	41
Togo	**24**	147	103	87	66	32	6,028	193	19	440	57	57	95	16	47
Tonga	**118**	25	16	21	13	8	104	3	0	3,380	72	99	–	–	–
Trinidad and Tobago	**81**	37	27	32	24	18	1,341	20	1	15,380	70	99	96	16 x	46 x
Tunisia	**118**	49	16	39	14	9	10,481	179	3	4,070	74	78	99	16	47
Turkey	**108**	80	18	66	14	10	72,752	1,298	24	9,500	74	91	95	16	46
Turkmenistan	**52**	98	56	78	47	23	5,042	109	6	3,700	65	100	–	16 x	47 x

Countries and territories	Under-5 mortality rank	Under-5 mortality rate 1990	Under-5 mortality rate 2010	Infant mortality rate (under 1) 1990	Infant mortality rate (under 1) 2010	Neonatal mortality rate 2010	Total population (thousands) 2010	Annual no. of births (thousands) 2010	Annual no. of under-5 deaths (thousands) 2010	GNI per capita (US$) 2010	Life expectancy at birth (years) 2010	Total adult literacy rate (%) 2005–2010*	Primary school net enrolment ratio (%) 2007–2009*	% share of household income 2000–2010* lowest 40%	% share of household income 2000–2010* highest 20%
Tuvalu	**73**	57	33	44	27	14	10	0	0	–	–	–	–	–	–
Uganda	**27**	175	99	106	63	26	33,425	1,514	141	490	54	73	92	15	51
Ukraine	**130**	21	13	18	11	6	45,448	493	7	3,010	68	100	89	23	37
United Arab Emirates	**152**	22	7	18	6	4	7,512	92	1	d	76	90	98	–	–
United Kingdom	**165**	9	5	8	5	3	62,036	757	4	38,540	80	–	100	18 x	44 x
United Republic of Tanzania	**41**	155	76	95	50	26	44,841	1,862	133	530	57	73	97	18	45
United States	**145**	11	8	9	7	4	310,384	4,301	32	47,140	78	–	92	16	46
Uruguay	**136**	23	11	20	9	6	3,369	50	1	10,590	77	98	99	15	49
Uzbekistan	**57**	77	52	63	44	23	27,445	587	31	1,280	68	99	90	19	44
Vanuatu	**126**	39	14	31	12	7	240	7	0	2,760	71	82	–	–	–
Venezuela (Bolivarian Republic of)	**108**	33	18	28	16	10	28,980	598	11	11,590	74	95	94	15	49
Viet Nam	**90**	51	23	37	19	12	87,848	1,467	34	1,100	75	93	–	18	45
Yemen	**40**	128	77	90	57	32	24,053	919	69	1,060 x	65	62	73	18	45
Zambia	**21**	183	111	109	69	30	13,089	600	60	1,070	49	71	92	11	55
Zimbabwe	**37**	78	80	52	51	27	12,571	374	29	460	50	92	–	13 x	56 x
MEMORANDUM															
Sudan and South Sudan[δ]	**24**	125	103	78	66	35	43,552	1,429	143	1,270	61	70	–	–	–
SUMMARY INDICATORS[#]															
Africa		160	111	99	71	33	1,020,650	35,631	3,804	1,483	57	63	78	16	49
Sub-Saharan Africa		174	121	105	76	35	855,273	32,087	3,709	1,192	54	62	76	16	49
Eastern and Southern Africa		156	98	97	63	30	398,968	14,191	1,322	1,486	55	67	87	16	50
West and Central Africa		196	143	115	88	39	411,864	16,442	2,241	905	53	57	66	16	48
Middle East and North Africa		77	41	56	31	18	417,879	9,955	415	2,752	71	75	88	19	44
Asia		86	48	62	37	24	3,649,320	66,076	3,186	2,913	69	80	93	18	46
South Asia		120	67	86	52	33	1,630,173	37,452	2,492	1,241	65	61	91	20	45
East Asia and Pacific		55	24	41	19	13	2,019,147	28,624	694	4,286	72	94	95	16	48
Latin America and Caribbean		54	23	43	18	11	584,676	10,845	249	7,859	74	91	95	12	56
CEE/CIS		50	23	41	19	11	404,582	5,820	136	7,263	70	98	94	18	45
Industrialized countries		10	6	9	5	3	989,508	11,425	65	40,845	80	99	96	18	43
Developing countries		97	63	67	44	25	5,621,340	120,617	7,516	3,304	68	80	89	17	48
Least developed countries		170	110	106	71	34	832,330	27,996	2,949	669	59	58	80	18	46
World		88	57	61	40	23	6,856,797	134,754	7,614	8,796	70	84	90	17	47

For a complete list of countries and territories in the regions, subregions and country categories, see page 124.

δ Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, disaggregated data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-cession (see Memorandum item).

DEFINITIONS OF THE INDICATORS

Under-five mortality rate – Probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births.

Infant mortality rate – Probability of dying between birth and exactly 1 year of age, expressed per 1,000 live births.

Neonatal mortality rate – Probability of dying during the first 28 completed days of life, expressed per 1,000 live births.

GNI per capita – Gross national income (GNI) is the sum of value added by all resident producers, plus any product taxes (less subsidies) not included in the valuation of output, plus net receipts of primary income (compensation of employees and property income) from abroad. GNI per capita is gross national income divided by midyear population. GNI per capita in US dollars is converted using the World Bank Atlas method.

Life expectancy at birth – Number of years newborn children would live if subject to the mortality risks prevailing for the cross section of population at the time of their birth.

Adult literacy rate – Number of literate persons aged 15 and above, expressed as a percentage of the total population in that age group.

Primary school net enrolment ratio – Number of children enrolled in 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. Because of the inclusion of primary-school-aged children enrolled in secondary school, this indicator can also be referred to as a primary adjusted net enrolment ratio.

Share of household income – Percentage of income received by the 20 per cent of households with the highest income and by the 40 per cent of households with the lowest income.

MAIN DATA SOURCES

Under-five and infant mortality rates – Inter-agency Group for Child Mortality Estimation (UNICEF, World Health Organization, United Nations Population Division and the World Bank).

Neonatal mortality rate – World Health Organization, using civil registrations, surveillance systems and household surveys.

Total population and births – United Nations Population Division.

Under-five deaths – UNICEF.

GNI per capita – The World Bank.

Life expectancy – United Nations Population Division.

Adult literacy rate and primary school enrolment ratio – UNESCO Institute for Statistics (UIS).

Share of household income – The World Bank.

NOTES

a low-income country (GNI per capita is $1,005 or less).

b lower-middle-income country (GNI per capita is $1,006 to $3,975).

c upper-middle-income country (GNI per capita is $3,976 to $12,275).

d high-income country (GNI per capita is $12,276 or more).

– Data not available.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages.

z Data provided by Chinese Ministry of Education. The UIS data do not currently publish net enrolment rates for China.

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

TABLE 2: NUTRITION

Countries and territories	% of infants with low birthweight (2006–2010*)	Early initiation of breastfeeding (%) (2006–2010*)	% of children (2006–2010*) who are: exclusively breastfed (<6 months)	introduced to solid, semi-solid or soft foods (6–8 months)	breastfed at age 2 (20–23 months)	% of under-fives (2006–2010*) suffering from: underweight (WHO) moderate & severe	underweight (WHO) severe	wasting (WHO) moderate & severe	stunting (WHO) moderate & severe	Vitamin A supplementation coverage rate (6–59 months) 2010 full coverage[A] (%)	% of households consuming iodized salt (2006–2010*)
Afghanistan	–	–	–	29 x	54 x	33 x	12 x	9 x	59 x	96	28 x
Albania	7 x	43	39	54 y	31	5	2	9	19	–	76
Algeria	6	50	7	39 y	22	3	1	4	15	–	61
Andorra	–	–	–	–	–	–	–	–	–	–	–
Angola	–	55	11 x	77 x	37 x	16 y	7 y	8 y	29 y	28	45
Antigua and Barbuda	5	–	–	–	–	–	–	–	–	–	–
Argentina	7	–	–	–	28	2 y	0 y	1 y	8 y	–	–
Armenia	7	28 x	35	48 y	23	5	1	4	19	–	97 x
Australia	–	–	–	–	–	–	–	–	–	–	–
Austria	7 x	–	–	–	–	–	–	–	–	–	–
Azerbaijan	10	32	12	44 y	16	8	2	7	25	89 w	54
Bahamas	11	–	–	–	–	–	–	–	–	–	–
Bahrain	–	–	–	–	–	–	–	–	–	–	–
Bangladesh	22	43	43	74 y	91	41	12	17	43	100	84 y
Barbados	12	–	–	–	–	–	–	–	–	–	–
Belarus	4 x	21 x	9 x	38 x	4 x	1 x	1 x	2 x	4 x	–	94 y
Belgium	–	–	–	–	–	–	–	–	–	–	–
Belize	14	51	10	–	27	4	1	2	22	–	–
Benin	15	32	–	76 y	92	18	5	8	43	100	67
Bhutan	10	59	49	67	66	13	3	6	34	–	96 x
Bolivia (Plurinational State of)	6	61	60	79 y	40	4	1	1	27	24	89 y
Bosnia and Herzegovina	5	57 x	18 x	29 x	10 x	1 x	0 x	4 x	10 x	–	62 x
Botswana	13	20	20	46 y	6	11	4	7	31	91	–
Brazil	8	43	40	70 y	25	2	–	2	7	–	96 y
Brunei Darussalam	–	–	–	–	–	–	–	–	–	–	–
Bulgaria	9	–	–	–	–	–	–	–	–	–	100
Burkina Faso	16	20	16	–	–	26	7	11	35	100	34
Burundi	11 x	–	69	70 y	79	29	8	6	58	73	98 x
Cambodia	9	65	74	82 y	43	28	7	11	40	–	83 y
Cameroon	11	20	21	64 y	21	16	5	7	36	89	49 y
Canada	–	–	–	–	–	–	–	–	–	–	–
Cape Verde	6 x	73 x	60 x	80 x	13 x	–	–	–	–	–	75
Central African Republic	13	39	23	55 y	47	24	8	12	43	0	62
Chad	22 x	34 x	3	36	59	30	13	16	39	68	56 x
Chile	6	–	–	–	–	–	–	–	–	–	–
China	3	41	28	43 y	–	4 y	–	3 y	10 y	–	97
Colombia	6 x	57	43	70 y	33	3	1	1	13	–	–
Comoros	–	–	–	–	–	–	–	–	–	18	–
Congo	13 x	39 x	19 x	78 x	21 x	11 x	3 x	8 x	30 x	84	82 x
Cook Islands	–	–	–	–	–	–	–	–	–	–	–
Costa Rica	7	–	15	–	49	1	–	1	6	–	–
Côte d'Ivoire	17	25	4	54 y	37	16	5	8	40	100	84 x
Croatia	5 x	–	–	–	–	–	–	–	–	–	–
Cuba	5	70	26	47 y	16	–	–	–	–	–	88 x
Cyprus	–	–	–	–	–	–	–	–	–	–	–
Czech Republic	7 x	–	–	–	–	–	–	–	–	–	–
Democratic People's Republic of Korea	6	18	65 x	31 x	37 x	19	4	5	32	99	25 y
Democratic Republic of the Congo	10	43	37	52	53	24	8	9	43	83	59
Denmark	5 x	–	–	–	–	–	–	–	–	–	–
Djibouti	10	67	1	23 y	18	23 y	5 y	10 y	31 y	95	0
Dominica	10	–	–	–	–	–	–	–	–	–	–
Dominican Republic	11	74	9	62 y	21	7	2	3	18	–	19
Ecuador	8	–	40 x	77 x	23 x	6 x	–	–	–	–	–
Egypt	13	56	53	66 y	35	6	1	7	29	–	79
El Salvador	7 x	33	31	72 y	54	6 y	1 y	1 y	19 y	–	62 x
Equatorial Guinea	–	–	–	–	–	–	–	–	–	0	–
Eritrea	14 x	78 x	52 x	43 x	62 x	35 x	13 x	15 x	44 x	44	68 x
Estonia	4 x	–	–	–	–	–	–	–	–	–	–
Ethiopia	20 x	69 x	49 x	54 x	88 x	33 x	11 x	12 x	51 x	84	20 x
Fiji	10 x	57 x	40 x	–	–	–	–	–	–	–	–

Countries and territories	% of infants with low birthweight (2006–2010*)	Early initiation of breastfeeding (%) (2006–2010*)	% of children (2006–2010*) who are: exclusively breastfed (<6 months)	introduced to solid, semi-solid or soft foods (6–8 months)	breastfed at age 2 (20–23 months)	% of under-fives (2006–2010*) suffering from: underweight (WHO) moderate & severe	underweight (WHO) severe	wasting (WHO) moderate & severe	stunting (WHO) moderate & severe	Vitamin A supplementation coverage rate (6–59 months) 2010 full coverage[Δ] (%)	% of households consuming iodized salt (2006–2010*)
Finland	4 x	–	–	–	–	–	–	–	–	–	–
France	–	–	–	–	–	–	–	–	–	–	–
Gabon	–	–	–	–	–	–	–	–	–	–	36 x
Gambia	11	53	36	34	31	18	4	10	24	100	21
Georgia	5	66	–	43 y	17	1	1	2	11	–	100
Germany	–	–	–	–	–	–	–	–	–	–	–
Ghana	13	52	63	75 y	44	14	3	9	28	93	32
Greece	–	–	–	–	–	–	–	–	–	–	–
Grenada	9	–	–	–	–	–	–	–	–	–	–
Guatemala	11	56	50	71 y	46	13 y	–	1 y	48 y	36	76
Guinea	12 x	35	48	32 y	–	21	7	8	40	97	41
Guinea-Bissau	11	55	38	43	65	18	5	6	32	100	12
Guyana	19	43	33	59 y	49	11	2	5	18	–	11
Haiti	25 x	44	41	87 y	35	18	6	10	29	21	3
Holy See	–	–	–	–	–	–	–	–	–	–	–
Honduras	10	79	30	69 y	48	8	1	1	29	–	–
Hungary	9 x	–	–	–	–	–	–	–	–	–	–
Iceland	4 x	–	–	–	–	–	–	–	–	–	–
India	28	41	46	57 y	77	43	16	20	48	34	51
Indonesia	9	44	32	75 y	50	18	5	14	37	80	62 y
Iran (Islamic Republic of)	7	56 x	23 x	68 x	58 x	–	–	–	–	–	99 x
Iraq	15	31	25	51 y	36	6	2	6	26	–	28
Ireland	–	–	–	–	–	–	–	–	–	–	–
Israel	8 x	–	–	–	–	–	–	–	–	–	–
Italy	–	–	–	–	–	–	–	–	–	–	–
Jamaica	12 x	62 x	15 x	36 x	24 x	2	–	2	4	–	–
Japan	–	–	–	–	–	–	–	–	–	–	–
Jordan	13	39	22	66 y	11	2	0	2	8	–	–
Kazakhstan	6	64	17	39 y	16	4	1	5	17	–	92
Kenya	8	58	32	83 y	54	16	4	7	35	62	98
Kiribati	–	–	–	–	–	–	–	–	–	–	–
Kuwait	–	–	–	–	–	–	–	–	–	–	–
Kyrgyzstan	5	65	32	49 y	26	2	0	3	18	97	76
Lao People's Democratic Republic	11	30	26	70 y	48	31	9	7	48	83	84 y
Latvia	5 x	–	–	–	–	–	–	–	–	–	–
Lebanon	–	–	–	–	–	–	–	–	–	–	92 x
Lesotho	13 x	53	54	58 y	35	13	2	4	39	–	84
Liberia	14	44	34	51 y	41	15 y	2 y	3 y	42 y	97	–
Libya	–	–	–	–	–	–	–	–	–	–	–
Liechtenstein	–	–	–	–	–	–	–	–	–	–	–
Lithuania	4 x	–	–	–	–	–	–	–	–	–	–
Luxembourg	–	–	–	–	–	–	–	–	–	–	–
Madagascar	16	72	51	89 y	61	–	–	–	50	95	53
Malawi	13	58	72	86 y	77	13	3	4	47	96	50
Malaysia	11	–	–	–	–	13	–	–	17	–	18
Maldives	22 x	64	48	82 y	68	17	3	11	19	–	44 x
Mali	19	46	38	30 y	56	27	10	15	38	99	79
Malta	6 x	–	–	–	–	–	–	–	–	–	–
Marshall Islands	18	73	31	77 y	53	–	–	–	–	–	–
Mauritania	34	81	46	61 y	47	15 y	3 y	7 y	23 y	97	23
Mauritius	14 x	–	21 x	–	–	–	–	–	–	–	–
Mexico	7	18	–	–	–	3	–	2	16	–	91 x
Micronesia (Federated States of)	–	–	–	–	–	–	–	–	–	–	–
Monaco	–	–	–	–	–	–	–	–	–	–	–
Mongolia	5	81	57 x	57 x	65 x	5 x	1 x	3 x	27 x	61	83 x
Montenegro	4 x	25 x	19 x	35 x	13 x	2 x	1 x	4 x	7 x	–	–
Morocco	15 x	52 x	31 x	66 x	15 x	9 x	2 x	10 x	23 x	–	21
Mozambique	16	63	37	84 y	54	18	5	4	44	100	25
Myanmar	9	76	24	81 y	65	23	6	8	35	94	93
Namibia	16	71	24	72 y	28	17	4	8	29	13	–

TABLE 2: NUTRITION

Countries and territories	% of infants with low birthweight (2006–2010*)	Early initiation of breastfeeding (%) (2006–2010*)	% of children (2006–2010*) who are: exclusively breastfed (<6 months)	introduced to solid, semi-solid or soft foods (6–8 months)	breastfed at age 2 (20–23 months)	% of under-fives (2006–2010*) suffering from: underweight (WHO) moderate & severe	underweight (WHO) severe	wasting (WHO) moderate & severe	stunting (WHO) moderate & severe	Vitamin A supplementation coverage rate (6–59 months) 2010 full coverage[A] (%)	% of households consuming iodized salt (2006–2010*)
Nauru	27	76	67	65 y	65	5	1	1	24	–	–
Nepal	21	35	53	75 y	95	39	11	13	49	91	–
Netherlands	–	–	–	–	–	–	–	–	–	–	–
New Zealand	–	–	–	–	–	–	–	–	–	–	–
Nicaragua	9	54	31	76 y	43	6	1	1	22	7	97 x
Niger	27	42	27	65 y	–	40 y	14 y	16 y	47 y	98	32
Nigeria	12	38	13	75 y	32	23	9	14	41	91	97 x
Niue	–	–	–	–	–	–	–	–	–	–	–
Norway	–	–	–	–	–	–	–	–	–	–	–
Occupied Palestinian Territory	7	–	27	–	–	–	–	–	–	–	86
Oman	12	–	–	–	–	9	–	7	10	–	–
Pakistan	32	29	37	36 y	55	31 x	13 x	14 x	42 x	87	17 x
Palau	–	–	–	–	–	–	–	–	–	–	–
Panama	10 x	–	–	–	–	4 y	–	1 y	19 y	–	–
Papua New Guinea	10 x	–	56	76 y	72	18 x	5 x	5 x	43 x	14	92
Paraguay	6	47	24	67 y	14	3 x	–	1 x	18 x	–	94 y
Peru	8	51	68	80 y	61 y	4	1	1	24	–	91 x
Philippines	21	54	34	58 y	34	22 y	–	7 y	32 y	–	45 x
Poland	6 x	–	–	–	–	–	–	–	–	–	–
Portugal	8 x	–	–	–	–	–	–	–	–	–	–
Qatar	–	–	–	–	–	–	–	–	–	–	–
Republic of Korea	–	–	–	–	–	–	–	–	–	–	–
Republic of Moldova	6 x	65 x	46 x	18 x	2 x	3 x	1 x	5 x	10 x	–	60 x
Romania	8 x	–	16 x	41 x	–	4 x	1 x	4 x	13 x	–	74 x
Russian Federation	6	–	–	–	–	–	–	–	–	–	35 x
Rwanda	6 x	68	85	62 y	84	11	2	3	44	92	88 x
Saint Kitts and Nevis	8	–	–	–	–	–	–	–	–	–	–
Saint Lucia	11	–	–	–	–	–	–	–	–	–	–
Saint Vincent and the Grenadines	8	–	–	–	–	–	–	–	–	–	–
Samoa	10	88	51	71 y	74	–	–	–	–	–	–
San Marino	–	–	–	–	–	–	–	–	–	–	–
Sao Tome and Principe	8	45	51	73 y	20	13	3	11	29	41	86
Saudi Arabia	–	–	–	–	–	–	–	–	–	–	–
Senegal	19 x	23 x	34 x	61 x	42 x	14 x	4 x	9 x	19 x	–	41 x
Serbia	6	17 x	15 x	39 x	8 x	1 x	0 x	4 x	7 x	–	32
Seychelles	–	–	–	–	–	–	–	–	–	–	–
Sierra Leone	14	51	11	73 y	50	21	7	10	36	100	58
Singapore	–	–	–	–	–	–	–	–	–	–	–
Slovakia	7 x	–	–	–	–	–	–	–	–	–	–
Slovenia	–	–	–	–	–	–	–	–	–	–	–
Solomon Islands	13	75	74	81 y	67	12	2	4	33	–	–
Somalia	–	26	9	15 y	35	32	12	13	42	–	1
South Africa	–	61 x	8 x	49 x	31 x	9	–	5	24	–	–
South Sudan[§]	–	–	–	–	–	–	–	–	–	–	–
Spain	–	–	–	–	–	–	–	–	–	–	–
Sri Lanka	17	80	76	87 y	84	21	4	15	17	85	92 y
Sudan[§]	–	–	–	–	–	–	–	–	–	–	–
Suriname	–	34	2	34 y	15	7	1	5	11	–	–
Swaziland	9	44	44	–	11	6	1	1	31	38	52
Sweden	–	–	–	–	–	–	–	–	–	–	–
Switzerland	–	–	–	–	–	–	–	–	–	–	–
Syrian Arab Republic	10	46	43	–	25	10	–	12	28	33 w	79 x
Tajikistan	10 x	57 y	25 x	15 x	34 x	15	6	7	39	95	62
Thailand	7	50	15	–	–	7	1	5	16	–	47
The former Yugoslav Republic of Macedonia	6 x	–	–	–	–	2	0	3	11	–	94 x
Timor-Leste	12 x	82	52	78 y	33	45	15	19	58	48	60
Togo	11	53	63	44	64	17	4	5	30	100	32
Tonga	3 x	–	–	–	–	–	–	–	–	–	–
Trinidad and Tobago	19	41	13	43 y	22	–	–	–	–	–	28
Tunisia	5	87	6	61 y	15	3	–	3	9	–	–

Countries and territories	% of infants with low birthweight (2006–2010*)	Early initiation of breastfeeding (%) (2006–2010*)	% of children (2006–2010*) who are: exclusively breastfed (<6 months)	introduced to solid, semi-solid or soft foods (6–8 months)	breastfed at age 2 (20–23 months)	% of under-fives (2006–2010*) suffering from: underweight (WHO) moderate & severe	underweight (WHO) severe	wasting (WHO) moderate & severe	stunting (WHO) moderate & severe	Vitamin A supplementation coverage rate (6–59 months) 2010 full coverage[Δ] (%)	% of households consuming iodized salt (2006–2010*)
Turkey	11	39	42	68 y	22	2	0	1	12	–	69
Turkmenistan	4	60	11 x	54 x	37 x	8 x	2 x	7 x	19 x	–	87
Tuvalu	–	–	35	40 y	51	2	0	3	10	–	–
Uganda	14	42	60	80 y	54	16	4	6	38	–	96
Ukraine	4	41	18	55 y	6	–	–	–	–	–	18 x
United Arab Emirates	6	–	–	–	–	–	–	–	–	–	–
United Kingdom	–	–	–	–	–	–	–	–	–	–	–
United Republic of Tanzania	10 x	49	50	92 y	51	16	4	5	42	99	59
United States	8 x	–	–	–	–	–	–	–	–	–	–
Uruguay	9	60	57	35 y	28	5 x	2 x	2 x	15 x	–	–
Uzbekistan	5	67	26	45 y	38	4	1	4	19	94	53
Vanuatu	10	72	40	62 y	32	–	–	–	–	–	23
Venezuela (Bolivarian Republic of)	8	–	–	–	–	4	–	5	16	–	–
Viet Nam	5	58	17	70 y	23	20	–	10	31	95 w	93
Yemen	–	30	12 x	76 x	–	43 x	19 x	15 x	58 x	–	30 x
Zambia	11	57	61	93 y	42	15	3	5	45	92	77 x
Zimbabwe	11	69	32	82 y	20	10	2	3	32	49	91 y
MEMORANDUM											
Sudan and South Sudan[δ]	31 x	–	34	56 y	35	27	10	16	40	82	11
SUMMARY INDICATORS[#]											
Africa	13	46	34	68	44	19	6	9	38	86	55
Sub-Saharan Africa	13	45	33	69	46	20	7	9	39	86	53
Eastern and Southern Africa	–	54	49	81	54	15	4	6	39	80	65
West and Central Africa	13	39	24	63	42	23	8	11	40	90	–
Middle East and North Africa	11	45	34	57	31	11	4	9	28	–	48
Asia	18	42	38	55	69 **	27	13 **	13	34	56 **	74
South Asia	27	39	45	56	76	42	15	19	47	50	55
East Asia and Pacific	6	45	29	54	44 **	10	5 **	6	19	84 **	88
Latin America and Caribbean	8	42	42	71	33	4	–	2	15	–	–
CEE/CIS	7	49	30	55	22	–	–	–	–	–	–
Industrialized countries	–	–	–	–	–	–	–	–	–	–	–
Developing countries	15	43	37	60	56 **	18 θ	9 **	10	29 θ	66 **	71
Least developed countries	16	47	42	68	61	25	8	10	41	88	61
World	15	43	37	60	55 **	16 θ	9 **	10	27 θ	66 **	71

For a complete list of countries and territories in the regions, subregions and country categories, see page 124.

δ Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, disaggregated data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-cession (see Memorandum item).

DEFINITIONS OF THE INDICATORS

Low birthweight – Percentage of infants weighing less than 2,500 grams at birth.

Early initiation of breastfeeding – Percentage of infants who are put to the breast within one hour of birth.

Exclusive breastfeeding (<6 months) – Percentage of children aged 0–5 months who were fed exclusively with breast milk in the past 24 hours.

Introduction of solid, semi-solid or soft foods (6–8 months) – Percentage of children aged 6–8 months who received solid, semi-solid or soft foods in the past 24 hours.

Continued breastfeeding at age 2 (20–23 months) – Percentage of children aged 20–23 months who received breast milk in the past 24 hours.

Underweight (WHO) – Moderate and severe: Percentage of children aged 0–59 months who are below minus two standard deviations from median weight-for-age of the World Health Organization (WHO) Child Growth Standards; severe: Percentage of children aged 0–59 months who are below minus three standard deviations from median weight-for-age of the WHO Child Growth Standards.

Wasting (WHO) – Moderate and severe: Percentage of children aged 0–59 months who are below minus two standard deviations from median weight-for-height of the WHO Child Growth Standards.

Stunting (WHO) – Moderate and severe: Percentage of children aged 0–59 months who are below minus two standard deviations from median height-for-age of the WHO Child Growth Standards.

Vitamin A supplementation (full coverage) – The estimated percentage of children aged 6–59 months reached with two doses of vitamin A supplements.

Iodized salt consumption – Percentage of households consuming adequately iodized salt (15 parts per million or more).

MAIN DATA SOURCES

Low birthweight – Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), other national household surveys, data from routine reporting systems, UNICEF and WHO.

Breastfeeding – DHS, MICS, other national household surveys and UNICEF.

Underweight, wasting and stunting – DHS, MICS, other national household surveys, WHO and UNICEF.

Vitamin A supplementation – UNICEF.

Iodized salt consumption – DHS, MICS, other national household surveys and UNICEF.

NOTES

– Data not available.

w Identifies countries with national vitamin A supplementation programmes targeted towards a reduced age range. Coverage figure is reported as targeted.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages. Estimates from data years prior to 2001 are not displayed.

y Data 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.

Δ Full coverage with vitamin A supplements is reported as the lower percentage of two annual coverage points (i.e., lower point between round 1 (January–June) and round 2 (July–December) of 2010).

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

** Excludes China.

θ Model-based estimate.

TABLE 3: HEALTH

Countries and territories	% of population using improved drinking water sources 2008			% of population using improved sanitation facilities 2008			% of routine EPI vaccines financed by government 2010	Immunization 2010								% under-fives with suspected pneumonia taken to an appropriate health care provider	% under-fives with suspected pneumonia receiving antibiotics	% under-fives with diarrhoea receiving oral rehydration and continued feeding	Malaria 2006–2010*		
								1-year-old children immunized against:													
								TB	DPT		Polio	Measles	HepB	Hib	% newborns protected against tetanus[a]				% of households with at least one ITN	% under-fives sleeping under ITNs	% under-fives with fever receiving anti-malarial drugs
								corresponding vaccines:													
	total	urban	rural	total	urban	rural	total	BCG	DPT1[β]	DPT3[β]	polio3	measles	HepB3	Hib3		2006–2010*		2006–2010*			
Afghanistan	48	78	39	37	60	30	2	68	86	66	66	62	66	66	79	–	–	–	–	–	–
Albania	97	96	98	98	98	98	100	99	99	99	99	99	99	99	87	70	60	63	–	–	–
Algeria	83	85	79	95	98	88	100	99	99	95	95	95	95	95	90	53	59	24	–	–	–
Andorra	100	100	100	100	100	100	100	–	99	99	99	99	96	98	–	–	–	–	–	–	–
Angola	50	60	38	57	86	18	29	93	97	91	92	93	91	91	75	–	–	–	28	18	29
Antigua and Barbuda	–	95	–	–	98	–	–	–	99	98	99	98	98	98	–	–	–	–	–	–	–
Argentina	97	98	80	90	91	77	100	99	98	94	96	99	94	94	–	–	–	–	–	–	–
Armenia	96	98	93	90	95	80	66	95	98	94	96	97	94	48	–	57	–	–	–	–	–
Australia	100	100	100	100	100	100	–	–	97	92	92	94	92	92	–	–	–	–	–	–	–
Austria	100	100	100	100	100	100	–	–	93	83	83	76	83	83	–	–	–	–	–	–	–
Azerbaijan	80	88	71	81	85	77	–	81	80	72	78	67	49	–	–	–	–	31	–	1 x	1 x
Bahamas	–	98	–	100	100	100	100	–	99	99	97	94	98	98	90	–	–	–	–	–	–
Bahrain	–	100	–	–	100	–	100	–	99	99	99	99	99	99	94	–	–	–	–	–	–
Bangladesh	80	85	78	53	56	52	29	94	98	95	95	94	95	95	93	37	–	68	–	–	–
Barbados	100	100	100	100	100	100	100	–	95	86	90	85	86	86	–	–	–	–	–	–	–
Belarus	100	100	99	93	91	97	–	99	99	98	99	99	96	0	–	90 x	67 x	54 x	–	–	–
Belgium	100	100	100	100	100	100	–	–	99	99	99	94	97	97	–	–	–	–	–	–	–
Belize	99	99	100	90	93	86	100	98	99	96	96	98	96	96	88	71	44	26	–	–	–
Benin	75	84	69	12	24	4	18	97	94	83	83	69	83	83	92	36	–	42	25	20	54
Bhutan	92	99	88	65	87	54	5	96	94	91	92	95	91	–	89	74	49	62	–	–	–
Bolivia (Plurinational State of)	86	96	67	25	34	9	–	90	87	80	80	79	80	80	74	51	64	29	–	–	–
Bosnia and Herzegovina	99	100	98	95	99	92	–	97	95	90	90	93	90	80	–	91	73	53	–	–	–
Botswana	95	99	90	60	74	39	100	99	98	96	96	94	93	–	92	14 x	–	7 x	–	–	–
Brazil	97	99	84	80	87	37	100	99	99	98	99	99	96	99	92	50	–	–	–	–	–
Brunei Darussalam	–	–	–	–	–	–	–	95	98	95	99	94	96	95	95	–	–	–	–	–	–
Bulgaria	100	100	100	100	100	100	–	98	96	94	96	97	95	91	–	–	–	–	–	–	–
Burkina Faso	76	95	72	11	33	6	33	99	98	95	94	94	95	95	85	39	15	42	23	10	48
Burundi	72	83	71	46	49	46	9	93	99	96	94	92	96	96	94	38 x	26 x	23 x	52	45	17
Cambodia	61	81	56	29	67	18	40	94	93	92	92	93	92	92	91	64	–	–	5 x	4 x	0 x
Cameroon	74	92	51	47	56	35	96	96	92	84	83	79	84	84	91	35	38	22	4	13	58
Canada	100	100	99	100	100	99	–	–	92	80	80	93	17	80	–	–	–	–	–	–	–
Cape Verde	84	85	82	54	65	38	–	99	99	99	99	96	98	–	92	–	–	–	–	–	–
Central African Republic	67	92	51	34	43	28	–	74	64	54	47	62	54	54	86	32	39	47	16	15	57
Chad	50	67	44	9	23	4	65	52	71	59	63	46	59	59	60	26	31	23	42	10	36
Chile	96	99	75	96	98	83	–	95	93	92	92	93	92	92	–	–	–	–	–	–	–
China	89	98	82	55	58	52	–	99	99	99	99	99	99	–	–	–	–	–	–	–	–
Colombia	92	99	73	74	81	55	100	84	96	88	88	88	88	88	79	64	–	52	3 x	–	–
Comoros	95	91	97	36	50	30	–	76	81	74	82	72	81	81	85	56 x	–	31 x	–	9 x	63 x
Congo	71	95	34	30	31	29	–	95	90	90	90	76	90	90	83	48 x	–	39 x	8 x	6 x	48 x
Cook Islands	–	98	–	100	100	100	90	99	99	99	99	99	99	99	–	–	–	–	–	–	–
Costa Rica	97	100	91	95	95	96	100	77	96	88	93	83	89	90	–	–	–	–	–	–	–
Côte d'Ivoire	80	93	68	23	36	11	55	91	95	85	81	70	85	85	82	35	19	45	10	3	36
Croatia	99	100	97	99	99	98	–	99	98	96	96	95	97	96	–	–	–	–	–	–	–
Cuba	94	96	89	91	94	81	99	99	98	96	99	99	96	96	–	–	–	–	–	–	–
Cyprus	100	100	100	100	100	100	21	–	99	99	99	87	96	96	–	–	–	–	–	–	–
Czech Republic	100	100	100	98	99	97	–	–	99	99	99	98	99	99	–	–	–	–	–	–	–
Democratic People's Republic of Korea	100	100	100	–	–	–	21	98	94	93	99	99	93	–	91	80	88	67	–	–	–
Democratic Republic of the Congo	46	80	28	23	23	23	0	85	67	63	72	68	63	63	77	40	42	37	49	36	39
Denmark	100	100	100	100	100	100	–	–	93	90	90	85	–	90	–	–	–	–	–	–	–
Djibouti	92	98	52	56	63	10	26	90	90	88	88	85	88	88	79	62	43	33	30	20	1
Dominica	–	–	–	–	–	–	100	99	99	98	99	99	98	98	–	–	–	–	–	–	–
Dominican Republic	86	87	84	83	87	74	100	98	96	88	86	79	84	81	87	70	57	55	–	–	–
Ecuador	94	97	88	92	96	84	100	99	99	99	99	98	98	99	74	–	–	–	–	–	–
Egypt	99	100	98	94	97	92	75	98	97	97	97	96	97	–	86	73	58	19	–	–	–
El Salvador	87	94	76	87	89	83	–	91	97	92	92	92	92	92	88	67	51	–	–	–	–
Equatorial Guinea	–	–	–	–	–	–	100	73	65	33	39	51	–	–	75	–	–	36 x	–	1 x	49 x
Eritrea	61	74	57	14	52	4	14	99	99	99	99	99	99	99	93	44 x	–	54 x	71	49	13
Estonia	98	99	97	95	96	94	–	97	96	94	94	95	94	94	–	–	–	–	–	–	–
Ethiopia	38	98	26	12	29	8	5	69	90	86	86	81	86	86	88	19 x	5 x	15 x	53	33	10
Fiji	–	–	–	–	–	–	–	99	99	99	99	94	99	99	94	–	–	–	–	–	–

Countries and territories	% of population using improved drinking water sources 2008			% of population using improved sanitation facilities 2008			% of routine EPI vaccines financed by government 2010	Immunization 2010								% under-fives with suspected pneumonia taken to an appropriate health care provider	% under-fives with suspected pneumonia receiving antibiotics	% under-fives with diarrhoea receiving oral rehydration and continued feeding	Malaria 2006–2010*		
								1-year-old children immunized against:													
								TB	DPT		Polio	Measles	HepB	Hib	% newborns protected against tetanus[λ]				% of households with at least one ITN	% under-fives sleeping under ITNs	% under-fives with fever receiving anti-malarial drugs
								corresponding vaccines:													
	total	urban	rural	total	urban	rural	total	BCG	DPT1[β]	DPT3[β]	polio3	measles	HepB3	Hib3		2006–2010*		2006–2010*			
Finland	100	100	100	100	100	100	100	–	99	99	99	98	–	98	–	–	–	–	–	–	–
France	100	100	100	100	100	100	–	–	99	99	99	90	42	97	–	–	–	–	–	–	–
Gabon	87	95	41	33	33	30	100	89	69	45	44	55	45	45	75	48 x	–	44 x	70	55	–
Gambia	92	96	86	67	68	65	–	95	99	98	96	97	94	98	91	69	61	38	50	49	63
Georgia	98	100	96	95	96	93	80	96	99	91	88	94	95	67	–	74 x	56 x	37 x	–	–	–
Germany	100	100	100	100	100	100	–	–	97	93	95	96	90	94	–	–	–	–	–	–	–
Ghana	82	90	74	13	18	7	–	99	96	94	94	93	94	94	86	51	24	45	33	28	43
Greece	100	100	99	98	99	97	–	91	99	99	99	99	95	83	–	–	–	–	–	–	–
Grenada	–	97	–	97	96	97	100	–	99	97	94	95	97	97	–	–	–	–	–	–	–
Guatemala	94	98	90	81	89	73	100	99	96	94	94	93	94	94	85	64 x	–	–	–	–	–
Guinea	71	89	61	19	34	11	24	81	75	57	53	51	57	57	90	42 x	–	38 x	8	5	74
Guinea-Bissau	61	83	51	21	49	9	–	93	92	76	73	61	76	76	78	52	35	53	53	36	51
Guyana	94	98	93	81	85	80	100	98	99	95	95	95	95	95	97	64	20	28	–	–	–
Haiti	63	71	55	17	24	10	–	75	83	59	59	59	–	–	70	31	3	43 x	–	–	5
Holy See	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Honduras	86	95	77	71	80	62	63	99	99	98	98	99	98	98	94	56	54	49	–	–	1
Hungary	100	100	100	100	100	100	100	99	99	99	99	99	–	99	–	–	–	–	–	–	–
Iceland	100	100	100	100	100	100	100	–	98	96	96	93	–	96	–	–	–	–	–	–	–
India	88	96	84	31	54	21	100	87	83	72	70	74	37	–	87	69	13	33	–	–	8
Indonesia	80	89	71	52	67	36	–	97	94	83	93	89	83	–	85	66	–	54	3	3	1
Iran (Islamic Republic of)	–	98	–	–	–	–	–	99	99	99	99	99	99	–	95	93 x	–	–	–	–	–
Iraq	79	91	55	73	76	66	–	80	81	65	69	73	64	–	80	82	82	64	–	0 x	1 x
Ireland	100	100	100	99	100	98	100	96	98	94	94	90	94	94	–	–	–	–	–	–	–
Israel	100	100	100	100	100	100	–	–	96	96	94	98	96	93	–	–	–	–	–	–	–
Italy	100	100	100	–	–	–	100	–	98	96	96	90	96	95	–	–	–	–	–	–	–
Jamaica	94	98	89	83	82	84	100	95	99	99	99	88	99	99	80	75 x	52 x	39 x	–	–	–
Japan	100	100	100	100	100	100	–	99	99	98	98	94	–	–	–	–	–	–	–	–	–
Jordan	96	98	91	98	98	97	100	95	98	98	98	98	98	98	87	75	79	32	–	–	–
Kazakhstan	95	99	90	97	97	98	–	96	99	99	98	99	99	96	–	71	32	48	–	–	–
Kenya	59	83	52	31	27	32	48	99	93	83	83	86	83	83	78	56	50	43	56	47	23
Kiribati	–	–	–	–	–	–	–	87	97	91	95	89	91	91	–	–	–	–	–	–	–
Kuwait	99	99	99	100	100	100	100	98	98	98	98	98	99	98	95	–	–	–	–	–	–
Kyrgyzstan	90	99	85	93	94	93	85	98	99	96	88	99	96	96	–	62	45	22	–	–	–
Lao People's Democratic Republic	57	72	51	53	86	38	5	72	81	74	76	64	74	74	80	32	52	49	45	41	8
Latvia	99	100	96	78	82	71	100	92	97	89	89	93	89	88	–	–	–	–	–	–	–
Lebanon	100	100	100	–	100	–	100	–	83	74	74	53	74	74	–	74 x	–	–	–	–	–
Lesotho	85	97	81	29	40	25	–	95	93	83	91	85	83	83	83	66	–	48	–	–	–
Liberia	68	79	51	17	25	4	6	80	75	64	71	64	64	64	91	62	–	47	47	26	67
Libya	–	–	–	97	97	96	–	99	98	98	98	98	98	98	–	–	–	–	–	–	–
Liechtenstein	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Lithuania	–	–	–	–	–	–	100	99	98	95	95	96	94	95	–	–	–	–	–	–	–
Luxembourg	100	100	100	100	100	100	–	–	99	99	99	96	94	98	–	–	–	–	–	–	–
Madagascar	41	71	29	11	15	10	5	67	78	74	72	67	74	74	76	42	–	49	57	46	20
Malawi	80	95	77	56	51	57	36	97	97	93	86	93	93	93	87	52	30	27	60	57	31
Malaysia	100	100	99	96	96	95	80	99	98	94	94	96	95	94	87	–	–	–	–	–	–
Maldives	91	99	86	98	100	96	100	97	97	96	97	97	97	–	95	–	–	63	–	–	–
Mali	56	81	44	36	45	32	20	86	90	76	73	63	76	77	85	38	–	38	85	70	–
Malta	100	100	100	100	100	100	–	–	97	76	76	73	86	76	–	–	–	–	–	–	–
Marshall Islands	94	92	99	73	83	53	3	99	99	94	95	97	97	92	–	–	–	–	–	–	–
Mauritania	49	52	47	26	50	9	11	85	82	64	63	67	64	64	87	45	24	32	12	–	21
Mauritius	99	100	99	91	93	90	100	99	99	99	99	99	99	99	95	–	–	–	–	–	–
Mexico	94	96	87	85	90	68	100	98	96	95	95	95	93	95	88	–	–	–	–	–	–
Micronesia (Federated States of)	–	95	–	–	–	–	30	70	90	85	85	80	88	70	–	–	–	–	–	–	–
Monaco	100	100	–	100	100	–	–	89	99	99	99	99	99	99	–	–	–	–	–	–	–
Mongolia	76	97	49	50	64	32	80	99	98	96	96	97	96	96	–	63 x	71 x	47 x	–	–	–
Montenegro	98	100	96	92	96	86	100	95	97	94	93	90	90	90	–	89 x	57 x	64 x	–	–	–
Morocco	81	98	60	69	83	52	–	99	99	99	99	98	98	99	89	38 x	–	46 x	–	–	–
Mozambique	47	77	29	17	38	4	24	90	77	74	73	70	74	74	83	65	22	47	31	23	37
Myanmar	71	75	69	81	86	79	–	93	93	90	90	88	90	–	93	66 x	–	65 x	–	–	–
Namibia	92	99	88	33	60	17	100	88	87	83	83	75	83	83	83	–	–	48	54	34	20
Nauru	90	90	–	50	50	–	–	99	99	99	99	99	99	99	–	69	47	68	–	–	–

Countries and territories	% of population using improved drinking water sources 2008			% of population using improved sanitation facilities 2008			% of routine EPI vaccines financed by government 2010	Immunization 2010								% under-fives with suspected pneumonia taken to an appropriate health care provider	% under-fives with suspected pneumonia receiving antibiotics	% under-fives with diarrhoea receiving oral rehydration and continued feeding	Malaria 2006–2010*		
								1-year-old children immunized against:													
								TB	DPT		Polio	Measles	HepB	Hib	% newborns protected against tetanus[a]				% of households with at least one ITN	% under-fives sleeping under ITNs	% under-fives with fever receiving anti-malarial drugs
								corresponding vaccines:													
	total	urban	rural	total	urban	rural	total	BCG	DPT1[β]	DPT3[β]	polio3	measles	HepB3	Hib3		2006–2010*		2006–2010*			
Nepal	88	93	87	31	51	27	39	94	85	82	83	86	82	–	81	43	25	37	–	–	0
Netherlands	100	100	100	100	100	100	100	–	99	97	97	96	–	97	–	–	–	–	–	–	–
New Zealand	100	100	100	–	–	–	100	–	95	93	93	91	90	89	–	–	–	–	–	–	–
Nicaragua	85	98	68	52	63	37	41	98	99	98	99	99	98	98	81	58 x	–	49 x	–	–	2 x
Niger	48	96	39	9	34	4	14	83	80	70	75	71	70	70	84	47	–	34	76	64	–
Nigeria	58	75	42	32	36	28	71	76	77	69	79	71	66	–	69	45	23	25	42	29	49
Niue	100	100	100	100	100	100	100	99	99	99	99	99	99	99	–	–	–	–	–	–	–
Norway	100	100	100	100	100	100	100	–	99	93	93	93	–	94	–	–	–	–	–	–	–
Occupied Palestinian Territory	91	91	91	89	91	84	–	99	98	96	97	98	95	96	–	65 x	–	–	–	–	–
Oman	88	92	77	–	97	–	–	99	99	99	99	97	98	99	91	–	–	–	–	–	–
Pakistan	90	95	87	45	72	29	100	95	90	88	88	86	88	88	84	69	50	37	0	–	3
Palau	–	–	–	–	96	–	0	–	99	49	48	75	80	66	–	–	–	–	–	–	–
Panama	93	97	83	69	75	51	90	97	98	94	94	95	94	94	–	–	–	–	–	–	–
Papua New Guinea	40	87	33	45	71	41	59	79	80	56	61	55	56	56	61	63	–	–	–	–	–
Paraguay	86	99	66	70	90	40	100	92	96	90	88	94	98	98	85	–	–	–	–	–	–
Peru	82	90	61	68	81	36	100	95	97	93	92	94	93	93	85	68	51	–	–	–	–
Philippines	91	93	87	76	80	69	–	90	89	87	86	88	85	–	75	50	42	60	–	–	0 x
Poland	100	100	100	90	96	80	100	94	99	99	96	98	98	99	–	–	–	–	–	–	–
Portugal	99	99	100	100	100	100	100	96	99	98	97	96	97	97	–	–	–	–	–	–	–
Qatar	100	100	100	100	100	100	–	99	98	97	98	99	97	97	–	–	–	–	–	–	–
Republic of Korea	98	100	88	100	100	100	48	96	96	94	95	98	94	–	–	–	–	–	–	–	–
Republic of Moldova	90	96	85	79	85	74	58	98	93	90	97	97	98	63	–	60 x	–	48 x	–	–	–
Romania	–	–	–	72	88	54	100	99	99	97	96	95	98	–	–	–	–	–	–	–	–
Russian Federation	96	98	89	87	93	70	–	96	99	97	98	98	97	–	–	–	–	–	–	–	–
Rwanda	65	77	62	54	50	55	25	75	92	80	80	82	80	80	85	28	13	–	82	70	11
Saint Kitts and Nevis	99	99	99	96	96	96	100	91	98	95	90	99	96	96	–	–	–	–	–	–	–
Saint Lucia	98	98	98	–	–	–	100	97	98	97	97	95	97	97	–	–	–	–	–	–	–
Saint Vincent and the Grenadines	–	–	–	–	–	96	100	90	99	99	99	99	99	99	–	–	–	–	–	–	–
Samoa	–	–	–	100	100	100	100	91	97	87	86	61	87	87	–	–	–	–	–	–	–
San Marino	–	–	–	–	–	–	–	–	95	92	92	93	92	92	–	–	–	–	–	–	–
Sao Tome and Principe	89	89	88	26	30	19	6	99	98	98	98	92	98	98	–	75	–	–	61	56	8
Saudi Arabia	–	97	–	–	100	–	–	98	98	98	98	98	98	98	–	–	–	–	–	–	–
Senegal	69	92	52	51	69	38	100	80	80	70	70	60	70	70	88	47 x	–	43 x	60	29	9
Serbia	99	99	98	92	96	88	–	99	97	91	91	95	89	91	–	93 x	57 x	71 x	–	–	–
Seychelles	–	100	–	–	97	–	100	99	99	99	99	99	99	99	–	–	–	–	–	–	–
Sierra Leone	49	86	26	13	24	6	–	99	96	90	89	82	90	90	85	46	27	57	37	26	30
Singapore	100	100	–	100	100	–	–	99	98	97	97	95	96	–	–	–	–	–	–	–	–
Slovakia	100	100	100	100	100	99	100	98	99	99	99	98	99	99	–	–	–	–	–	–	–
Slovenia	99	100	99	100	100	100	–	–	98	96	96	95	–	96	–	–	–	–	–	–	–
Solomon Islands	–	–	–	–	98	–	45	85	85	79	78	68	79	79	85	73	23	–	49	40	19
Somalia	30	67	9	23	52	6	0	29	55	45	49	46	–	–	64	13	32	7	12	11	8
South Africa	91	99	78	77	84	65	100	86	73	63	67	65	56	45	77	65 x	–	–	–	–	–
South Sudan[δ]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	53	25	36
Spain	100	100	100	100	100	100	100	–	99	97	97	95	97	97	–	–	–	–	–	–	–
Sri Lanka	90	98	88	91	88	92	57	99	99	99	99	99	99	99	86	58	–	67	5	3	0
Sudan[δ]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Suriname	93	97	81	84	90	66	100	–	99	88	88	89	88	86	93	74	37	28	–	3 x	–
Swaziland	69	92	61	55	61	53	–	98	95	89	89	94	89	89	86	73	24	22	4	1	1
Sweden	100	100	100	100	100	100	–	23	99	98	98	96	–	98	–	–	–	–	–	–	–
Switzerland	100	100	100	100	100	100	0	–	98	96	95	90	–	94	–	–	–	–	–	–	–
Syrian Arab Republic	89	94	84	96	96	95	–	90	89	80	83	82	84	80	94	77	71	34	–	–	–
Tajikistan	70	94	61	94	95	94	–	82	95	93	95	94	93	93	–	64 x	41 x	22 x	–	–	2 x
Thailand	100	100	99	89	92	82	95	99	99	99	99	98	98	–	91	84	65	46	–	–	–
The former Yugoslav Republic of Macedonia	98	99	98	96	95	96	–	98	98	95	95	98	90	89	–	93 x	74 x	45 x	–	–	–
Timor-Leste	69	86	63	50	76	40	100	71	75	72	72	66	72	–	81	71	45	63	41	41	6
Togo	60	87	41	12	24	3	8	94	97	92	92	84	92	92	81	–	41	24	56	57	34
Tonga	100	100	100	96	98	96	90	99	99	99	99	99	99	99	–	–	–	–	–	–	–
Trinidad and Tobago	94	98	93	92	92	92	100	–	96	90	91	92	90	90	–	74	34	–	–	–	–
Tunisia	94	99	84	85	96	64	–	98	98	98	98	97	98	–	96	59	–	62	–	–	–
Turkey	99	100	96	90	97	75	–	96	97	96	96	97	94	96	90	–	–	22	–	–	–
Turkmenistan	–	97	–	98	99	97	–	99	99	96	96	99	96	58	–	83	50	25	–	–	–

Countries and territories	% of population using improved drinking water sources 2008			% of population using improved sanitation facilities 2008			% of routine EPI vaccines financed by government 2010	Immunization 2010								% under-fives with suspected pneumonia taken to an appropriate health care provider	% under-fives with suspected pneumonia receiving antibiotics	% under-fives with diarrhoea receiving oral rehydration and continued feeding	Malaria 2006–2010*		
								1-year-old children immunized against:													
								TB	DPT		Polio	Measles	HepB	Hib	% newborns protected against tetanus[λ]				% of households with at least one ITN	% under-fives sleeping under ITNs	% under-fives with fever receiving anti-malarial drugs
								corresponding vaccines:													
	total	urban	rural	total	urban	rural	total	BCG	DPT1[β]	DPT3[β]	polio3	measles	HepB3	Hib3		2006–2010*		2006–2010*			
Tuvalu	97	98	97	84	88	81	2	99	99	89	89	85	89	89	–	–	–	–	–	–	–
Uganda	67	91	64	48	38	49	36	84	83	60	55	55	60	60	85	73	47	39	47	33	60
Ukraine	98	98	97	95	97	90	–	95	96	90	91	94	84	81	–	–	–	–	–	–	–
United Arab Emirates	100	100	100	97	98	95	–	98	94	94	94	94	94	94	–	–	–	–	–	–	–
United Kingdom	100	100	100	100	100	100	–	–	98	96	98	93	–	97	–	–	–	–	–	–	–
United Republic of Tanzania	54	80	45	24	32	21	18	99	98	91	94	92	91	91	83	71	–	50	64	64	59
United States	99	100	94	100	100	99	–	–	99	95	93	92	92	93	–	–	–	–	–	–	–
Uruguay	100	100	100	100	100	99	100	99	98	95	95	95	95	95	–	–	–	–	–	–	–
Uzbekistan	87	98	81	100	100	100	–	99	99	99	99	98	99	99	–	68	56	28	–	–	–
Vanuatu	83	96	79	52	66	48	–	81	78	68	67	52	59	–	73	–	–	43	–	–	–
Venezuela (Bolivarian Republic of)	–	–	–	–	–	–	100	92	90	78	74	79	78	78	50	72 x	–	51 x	–	–	–
Viet Nam	94	99	92	75	94	67	28	94	93	93	94	98	88	63	87	83	55	65	19	–	3
Yemen	62	72	57	52	94	33	20	65	94	87	88	73	87	87	66	–	38	48	–	–	–
Zambia	60	87	46	49	59	43	19	89	99	82	66	91	82	82	90	68	47	56	64	50	34
Zimbabwe	82	99	72	44	56	37	0	90	94	83	84	84	83	83	76	43	16	35	27	17	24
MEMORANDUM																					
Sudan and South Sudan[δ]	57	64	52	34	55	18	55	90	99	90	90	90	75	75	74	90	–	56	18	28	54
SUMMARY INDICATORS[#]																					
Africa	65	85	52	41	55	32	46	85	86	79	81	78	77	59	80	53	35	36	44	34	39
Sub-Saharan Africa	60	83	47	31	44	24	41	84	85	77	79	75	74	61	79	51	31	37	44	34	39
Eastern and Southern Africa	59	87	47	36	55	28	31	85	89	80	79	79	78	77	83	58	–	43	51	40	30
West and Central Africa	61	82	46	27	35	21	49	83	80	72	78	71	71	46	77	42	28	32	40	30	45
Middle East and North Africa	86	93	76	80	90	66	–	92	95	91	92	90	89	48	84	76	62	40	–	–	–
Asia	87	96	82	49	63	40	84 **	92	90	84	84	85	70	16	86 **	66 **	23 **	41 **	–	–	6 **
South Asia	86	95	83	35	57	26	90	88	85	76	75	77	51	22	87	66	18	37	–	–	7
East Asia and Pacific	88	96	81	60	66	55	–	97	96	94	96	95	94	7	84 **	66 **	–	57 **	–	–	1 **
Latin America and Caribbean	93	97	80	80	86	55	99	96	96	93	93	93	90	92	84	55	–	–	–	–	–
CEE/CIS	94	98	88	89	93	82	–	96	97	95	96	96	94	57	–	–	–	–	–	–	–
Industrialized countries	100	100	98	99	100	98	–	–	98	95	95	93	66	85	–	–	–	–	–	–	–
Developing countries	84	94	76	52	68	40	76 **	90	90	84	84	84	75	38	84 **	61 **	30 **	39 **	–	–	19 **
Least developed countries	62	80	54	36	50	31	23	84	88	80	80	78	78	73	83	51	–	46	47	37	34
World	87	96	78	61	76	45	77 **	90	91	85	86	85	75	42	84 **	61 **	30 **	39 **	–	–	19 **

For a complete list of countries and territories in the regions, subregions and country categories, see page 124.

δ Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, disaggregated data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-cession (see Memorandum item).

DEFINITIONS OF THE INDICATORS

% of population using improved drinking water sources – Percentage of the population using any of the following as their main drinking water source: drinking water supply piped into dwelling, plot, yard or neighbor's yard; public tap or standpipe; tube well or borehole; protected dug well; protected spring; rainwater; bottled water plus one of the previous sources as their secondary source.

% of population using improved sanitation facilities – Percentage of the population using any of the following sanitation facilities, not shared with other households: flush or pour-flush latrine connected to a piped sewerage system, septic tank or pit latrine; ventilated improved pit latrine; pit latrine with a slab; covered pit; composting toilet.

Government funding of EPI vaccines – Percentage of EPI vaccines that are routinely administered in a country to protect children and are financed by the national government (including loans).

EPI – Expanded programme on immunization: The immunizations in this programme include those against tuberculosis (TB); diphtheria, pertussis (whooping cough) and tetanus (DPT); polio; and measles, as well as vaccination of pregnant women to protect babies against neonatal tetanus. Other vaccines, e.g., against hepatitis B (HepB), Haemophilus influenzae type b (Hib) or yellow fever, may be included in the programme in some countries.

BCG – Percentage of live births who received bacille Calmette-Guérin (vaccine against tuberculosis).

DPT1 – Percentage of surviving infants who received their first dose of diphtheria, pertussis and tetanus vaccine.

DPT3 – Percentage of surviving infants who received three doses of diphtheria, pertussis and tetanus vaccine.

Polio3 – Percentage of surviving infants who received three doses of the polio vaccine.

Measles – Percentage of surviving infants who received the first dose of the measles-containing vaccine.

HepB3 – Percentage of surviving infants who received three doses of hepatitis B vaccine.

Hib3 – Percentage of surviving infants who received three doses of Haemophilus influenzae type b vaccine.

Tetanus – Percentage of newborns protected at birth against tetanus.

% under-fives with suspected pneumonia taken to an appropriate health care provider – Percentage of children (aged 0–4 years) who were suspected of having pneumonia in the two weeks preceding the survey and who were taken to an appropriate health care provider.

% under-fives with suspected pneumonia receiving antibiotics – Percentage of children (aged 0–4 years) who were suspected of having pneumonia in the two weeks preceding the survey and who were receiving antibiotics.

% under-fives with diarrhoea receiving oral rehydration and continued feeding – Percentage of children (aged 0–4 years) who had diarrhoea in the two weeks preceding the survey and who received oral rehydration therapy (a packet of oral rehydration salts, recommended home-made fluids or increased fluids) and continued feeding.

Malaria:

% of households with at least one ITN – Percentage of households with at least one insecticide-treated mosquito net.

% under-fives sleeping under ITNs – Percentage of children (aged 0–4 years) who slept under an insecticide-treated mosquito net the night prior to the survey.

% 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 antimalarial medicine. This indicator refers to antimalarial treatment among all febrile children, rather than among confirmed malaria cases, and thus should be interpreted with caution. For more information, please refer to <www.childinfo.org/malaria_maltreatment.php>.

MAIN DATA SOURCES

Use of improved drinking water sources and improved sanitation facilities – UNICEF and World Health Organization (WHO) Joint Monitoring Programme for Water Supply and Sanitation.

Government funding of vaccines – As reported by governments on UNICEF and WHO Joint Reporting Form.

Immunization – UNICEF and WHO.

Suspected pneumonia care seeking and treatment – Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national household surveys.

Diarrhoea treatment – DHS, MICS and other national household surveys.

Malaria prevention and treatment – DHS, MICS, Malaria Indicator Surveys (MIS) and other national household surveys.

NOTES

– Data not available.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages. Estimates from data years prior to 2000 are not displayed.

β Coverage for DPT1 should be at least as high as DPT3. Discrepancies where DPT1 coverage is less than DPT3 reflect deficiencies in the data collection and reporting process. UNICEF and WHO are working with national and territorial systems to eliminate these discrepancies.

λ WHO and UNICEF have employed a model to calculate the percentage of births that can be considered as protected against tetanus because pregnant women were given two doses or more of tetanus toxoid (TT) vaccine. The model aims to improve the accuracy of this indicator by capturing or including other potential scenarios where women might be protected (e.g., women who receive doses of TT in supplemental immunization activities). A fuller explanation of the methodology can be found at <www.childinfo.org>.

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

** Excludes China.

TABLE 4: HIV/AIDS

Countries and territories	Estimated adult (aged 15–49) HIV prevalence (%), 2009	Estimated number of people (all ages) living with HIV, 2009 (thousands)			Mother-to-child transmission	Paediatric infections	Prevention among young people (aged 15–24)							Orphans		
					Estimated number of women (aged 15+) living with HIV, 2009 (thousands)	Estimated number of children (aged 0–14) living with HIV, 2009 (thousands)	HIV prevalence among young people (%), 2009			% who have comprehensive knowledge of HIV, 2005–2010*		% who used condom at last higher-risk sex, 2005–2010*		Children (aged 0–17) orphaned by AIDS, 2009	Children (aged 0–17) orphaned due to all causes, 2009	Orphan school attendance ratio
		estimate	low estimate	high estimate			total	male	female	male	female	male	female	estimate (thousands)	estimate (thousands)	2005–2010*
Afghanistan	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Albania	–	–	–	–	–	–	–	–	–	22	36	55	25	–	–	–
Algeria	0.1	18	13	24	5	–	<0.1	0.1	<0.1	–	13	–	–	–	550	–
Andorra	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Angola	2.0	200	160	250	110	22	1.1	0.6	1.6	32	25	–	–	140	1,500	85
Antigua and Barbuda	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Argentina	0.5	110	88	140	36	–	0.2	0.3	0.2	–	–	–	–	–	630	–
Armenia	0.1	2	2	2	<1.0	–	<0.1	<0.1	<0.1	15	23	86	–	–	46	–
Australia	0.1	20	15	25	6	–	0.1	0.1	0.1	–	–	–	–	–	80	–
Austria	0.3	15	12	20	5	–	0.2	0.3	0.2	–	–	–	–	–	28	–
Azerbaijan	0.1	4	3	5	2	–	0.1	<0.1	0.1	5	5	31	–	–	190	–
Bahamas	3.1	7	3	11	4	–	2.2	1.4	3.1	–	–	–	–	–	7	–
Bahrain	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bangladesh	<0.1	6	5	8	2	–	<0.1	<0.1	<0.1	18	8	–	–	–	4,800	84
Barbados	1.4	2	2	3	<1.0	–	1.0	0.9	1.1	–	–	–	–	–	2	–
Belarus	0.3	17	13	20	8	–	0.1	<0.1	0.1	–	34	–	–	–	150	–
Belgium	0.2	14	11	18	4	–	<0.1	<0.1	<0.1	–	–	–	–	–	47	–
Belize	2.3	5	4	6	3	–	1.3	0.7	1.8	–	40	–	50	–	6	–
Benin	1.2	60	52	69	32	5	0.5	0.3	0.7	35	16	45	28	30	310	90
Bhutan	0.2	<1.0	<1.0	2	<0.5	–	0.1	0.1	<0.1	–	21	–	62	–	21	–
Bolivia (Plurinational State of)	0.2	12	9	16	4	–	0.1	0.1	0.1	28	24	49	–	–	320	–
Bosnia and Herzegovina	–	–	–	–	–	–	–	–	–	–	44	–	71	–	–	–
Botswana	24.8	320	300	350	170	16	8.5	5.2	11.8	–	–	–	–	93	130	–
Brazil	–	–	460	810	–	–	–	–	–	–	–	–	–	–	–	–
Brunei Darussalam	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bulgaria	0.1	4	3	5	1	–	<0.1	<0.1	<0.1	15	17	70	57	–	94	–
Burkina Faso	1.2	110	91	140	56	17	0.6	0.5	0.8	–	19	–	64	140	770	61 p
Burundi	3.3	180	160	190	90	28	1.5	1.0	2.1	–	30	–	25	200	610	85
Cambodia	0.5	63	42	90	35	–	0.1	0.1	0.1	45	50	84	–	–	630	83
Cameroon	5.3	610	540	670	320	54	2.7	1.6	3.9	–	32	–	62	330	1,200	91
Canada	0.3	68	53	83	21	–	0.1	0.1	0.1	–	–	–	–	–	45	–
Cape Verde	–	–	–	–	–	–	–	–	–	36	36	79	56	–	–	–
Central African Republic	4.7	130	110	140	67	17	1.6	1.0	2.2	26	17	60	41	140	370	96
Chad	3.4	210	170	300	110	23	1.7	1.0	2.5	–	10	–	28	120	670	117
Chile	0.4	40	32	51	12	–	0.2	0.2	0.1	–	–	–	–	–	140	–
China	0.1	740	540	1,000	230	–	–	–	–	–	–	–	–	–	–	–
Colombia	0.5	160	120	210	50	–	0.2	0.2	0.1	–	24	–	45	–	820	85
Comoros	0.1	<0.5	<0.2	<0.5	<0.1	–	<0.1	<0.1	<0.1	–	–	–	–	<0.1	22	–
Congo	3.4	77	68	87	40	8	1.9	1.2	2.6	22	8	38	20	51	220	88
Cook Islands	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Costa Rica	0.3	10	8	13	3	–	0.2	0.2	0.1	–	–	–	–	–	36	–
Côte d'Ivoire	3.4	450	390	510	220	–	1.1	0.7	1.5	28	18	53	39	–	1,100	83
Croatia	<0.1	<1.0	<1.0	1	<0.5	–	<0.1	<0.1	<0.1	–	–	–	–	–	44	–
Cuba	0.1	7	6	9	2	–	0.1	0.1	0.1	–	54	–	71	–	86	–
Cyprus	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Czech Republic	<0.1	2	2	2	<1.0	–	<0.1	<0.1	<0.1	–	–	–	–	–	92	–
Democratic People's Republic of Korea	–	–	–	–	–	–	–	–	–	–	8	–	–	–	–	–
Democratic Republic of the Congo	–	–	430	560	–	–	–	–	–	–	15	–	6	–	–	74
Denmark	0.2	5	4	6	1	–	0.1	0.1	0.1	–	–	–	–	–	51	–
Djibouti	2.5	14	10	18	7	–	1.3	0.8	1.9	–	18	51	26	–	47	–
Dominica	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Dominican Republic	0.9	57	49	66	32	–	0.5	0.3	0.7	34	41	70	44	–	190	77
Ecuador	0.4	37	28	50	11	–	0.2	0.2	0.2	–	–	–	–	–	210	–
Egypt	<0.1	11	8	17	2	–	<0.1	<0.1	<0.1	18	5	–	–	–	1,700	–
El Salvador	0.8	34	25	44	11	–	0.3	0.4	0.3	–	27	–	–	–	150	–
Equatorial Guinea	5.0	20	14	26	11	2	3.5	1.9	5.0	–	–	–	–	4	45	–
Eritrea	0.8	25	18	33	13	3	0.3	0.2	0.4	–	–	–	–	19	240	–
Estonia	1.2	10	8	12	3	–	0.2	0.3	0.2	–	–	–	–	–	19	–
Ethiopia	–	–	–	–	–	–	–	–	–	33	20	50	28	–	–	90
Fiji	0.1	<1.0	<0.5	<1.0	<0.2	–	0.1	0.1	0.1	–	–	–	–	–	23	–

Countries and territories	Estimated adult (aged 15–49) HIV prevalence (%), 2009	Estimated number of people (all ages) living with HIV, 2009 (thousands)			Mother-to-child transmission	Paediatric infections	Prevention among young people (aged 15–24)							Orphans		
							HIV prevalence among young people (%), 2009			% who have comprehensive knowledge of HIV, 2005–2010*		% who used condom at last higher-risk sex, 2005–2010*		Children (aged 0–17) orphaned by AIDS, 2009	Children (aged 0–17) orphaned due to all causes, 2009	Orphan school attendance ratio
		estimate	low estimate	high estimate	Estimated number of women (aged 15+) living with HIV, 2009 (thousands)	Estimated number of children (aged 0–14) living with HIV, 2009 (thousands)	total	male	female	male	female	male	female	estimate (thousands)	estimate (thousands)	2005–2010*
Finland	0.1	3	2	3	<1.0	–	<0.1	0.1	<0.1	–	–	–	–	–	45	–
France	0.4	150	120	190	48	–	0.2	0.2	0.1	–	–	–	–	–	<0.1	–
Gabon	5.2	46	37	55	25	3	2.4	1.4	3.5	–	–	–	–	18	64	–
Gambia	2.0	18	12	26	10	–	1.6	0.9	2.4	–	39	–	54	3	72	87
Georgia	0.1	4	3	5	2	–	<0.1	<0.1	<0.1	–	15	–	–	–	68	–
Germany	0.1	67	56	75	12	–	0.1	0.1	<0.1	–	–	–	–	–	380	–
Ghana	1.8	260	230	300	140	27	0.9	0.5	1.3	34	28	46	28	160	1,100	76
Greece	0.1	9	7	11	3	–	0.1	0.1	0.1	–	–	–	–	–	73	–
Grenada	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Guatemala	0.8	62	47	82	20	–	0.4	0.5	0.3	24	22	–	–	–	380	–
Guinea	1.3	79	65	95	41	9	0.7	0.4	0.9	23	17	37	26	59	440	73
Guinea-Bissau	2.5	22	18	26	12	2	1.4	0.8	2.0	–	15	–	47	10	110	109
Guyana	1.2	6	3	9	3	–	0.7	0.6	0.8	47	54	78	56	–	30	–
Haiti	1.9	120	110	140	67	12	0.9	0.6	1.3	40	34	43	29	–	440	86
Holy See	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Honduras	0.8	39	26	51	12	–	0.3	0.3	0.2	–	30	–	24	–	150	108
Hungary	<0.1	3	2	4	<1.0	–	<0.1	<0.1	<0.1	–	–	–	–	–	130	–
Iceland	0.3	<1.0	<0.5	<1.0	<0.2	–	0.1	0.1	0.1	–	–	–	–	–	2	–
India	0.3	2,400	2,100	2,800	880	–	0.1	0.1	0.1	36	20	37	22	–	31,000	72
Indonesia	0.2	310	200	460	88	–	<0.1	0.1	<0.1	15 y	10 y	–	–	–	4,700	–
Iran (Islamic Republic of)	0.2	92	74	120	26	–	<0.1	<0.1	<0.1	–	–	–	–	–	1,200	–
Iraq	–	–	–	–	–	–	–	–	–	–	3	–	–	–	–	84
Ireland	0.2	7	5	9	2	–	0.1	0.1	0.1	–	–	–	–	–	39	–
Israel	0.2	8	6	10	2	–	0.1	0.1	<0.1	–	–	–	–	–	8	–
Italy	0.3	140	110	180	48	–	<0.1	<0.1	<0.1	–	–	–	–	–	<0.1	–
Jamaica	1.7	32	21	45	10	–	0.9	1.0	0.7	–	60	–	–	–	73	–
Japan	<0.1	8	6	10	3	–	<0.1	<0.1	<0.1	–	–	–	–	–	<0.1	–
Jordan	–	–	–	–	–	–	–	–	–	–	13 y	–	–	–	–	–
Kazakhstan	0.1	13	9	19	8	–	0.1	0.1	0.2	–	22	–	–	–	420	–
Kenya	6.3	1,500	1,300	1,600	760	180	2.9	1.8	4.1	55	48	64	40	1,200	2,600	–
Kiribati	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Kuwait	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Kyrgyzstan	0.3	10	7	16	3	–	0.1	0.1	0.1	–	20	–	56	–	140	–
Lao People's Democratic Republic	0.2	9	6	13	4	–	0.2	0.1	0.2	–	–	–	–	–	220	–
Latvia	0.7	9	6	12	3	–	0.1	0.2	0.1	–	–	–	–	–	32	–
Lebanon	0.1	4	3	5	1	–	0.1	0.1	<0.1	–	–	–	–	–	70	–
Lesotho	23.6	290	260	310	160	28	9.9	5.4	14.2	29	39	68	66	130	200	98
Liberia	1.5	37	32	43	19	6	0.5	0.3	0.7	27	21	22	14	52	340	85
Libya	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Liechtenstein	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Lithuania	0.1	1	<1.0	2	<0.5	–	<0.1	<0.1	<0.1	–	–	–	–	–	52	–
Luxembourg	0.3	<1.0	<1.0	1	<0.5	–	0.1	0.1	0.1	–	–	–	–	–	4	–
Madagascar	0.2	24	19	30	7	–	0.1	0.1	0.1	26	23	–	–	11	910	74
Malawi	11.0	920	830	1,000	470	120	4.9	3.1	6.8	42	42	58	40	650	1,000	97
Malaysia	0.5	100	83	120	11	–	0.1	0.1	<0.1	–	–	–	–	–	450	–
Maldives	<0.1	<0.1	<0.1	<0.1	<0.1	–	<0.1	<0.1	<0.1	–	35 y	–	–	–	7	–
Mali	1.0	76	61	96	40	–	0.4	0.2	0.5	–	15	–	15	59	690	92
Malta	0.1	<0.5	<0.5	<0.5	<0.1	–	<0.1	<0.1	<0.1	–	–	–	–	–	3	–
Marshall Islands	–	–	–	–	–	–	–	–	–	39	27	22	9	–	–	–
Mauritania	0.7	14	11	17	4	–	0.4	0.4	0.3	14	5	–	–	4	120	66 p
Mauritius	1.0	9	6	12	3	–	0.3	0.3	0.2	–	–	–	–	<0.1	19	–
Mexico	0.3	220	180	280	59	–	0.2	0.2	0.1	–	–	–	–	–	1,500	–
Micronesia (Federated States of)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Monaco	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mongolia	<0.1	<0.5	<0.5	<1.0	<0.2	–	<0.1	<0.1	<0.1	–	31	–	–	–	67	96 p
Montenegro	–	–	–	–	–	–	–	–	–	–	30	–	66	–	–	–
Morocco	0.1	26	19	34	8	–	0.1	0.1	0.1	–	–	–	–	–	650	–
Mozambique	11.5	1,400	1,200	1,500	760	130	5.9	3.1	8.6	34	36	–	44	670	2,100	83
Myanmar	0.6	240	200	290	81	–	0.3	0.3	0.3	–	32	–	–	–	1,600	–
Namibia	13.1	180	150	210	95	16	4.0	2.3	5.8	62	65	81	64	70	120	100

TABLE 4: HIV/AIDS

Countries and territories	Estimated adult (aged 15–49) HIV prevalence (%), 2009	Estimated number of people (all ages) living with HIV, 2009 (thousands)			Mother-to-child transmission	Paediatric infections	Prevention among young people (aged 15–24)							Orphans		
					Estimated number of women (aged 15+) living with HIV, 2009 (thousands)	Estimated number of children (aged 0–14) living with HIV, 2009 (thousands)	HIV prevalence among young people (%), 2009			% who have comprehensive knowledge of HIV, 2005–2010*		% who used condom at last higher-risk sex, 2005–2010*		Children (aged 0–17) orphaned by AIDS, 2009	Children (aged 0–17) orphaned due to all causes, 2009	Orphan school attendance ratio
		estimate	low estimate	high estimate			total	male	female	male	female	male	female	estimate (thousands)	estimate (thousands)	2005–2010*
Nauru	–	–	–	–	–	–	–	–	–	10	13	17	10	–	–	–
Nepal	0.4	64	51	80	20	–	0.2	0.2	0.1	44	28	78	–	–	650	–
Netherlands	0.2	22	17	32	7	–	0.1	0.1	<0.1	–	–	–	–	–	82	–
New Zealand	0.1	3	2	3	<1.0	–	<0.1	<0.1	<0.1	–	–	–	–	–	36	–
Nicaragua	0.2	7	5	9	2	–	0.1	0.1	0.1	–	–	–	–	–	120	–
Niger	0.8	61	56	66	28	–	0.4	0.2	0.5	16	13	37	18 y	57	970	67
Nigeria	3.6	3,300	2,900	3,600	1,700	360	2.0	1.2	2.9	33	22	49	36	2,500	12,000	117
Niue	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Norway	0.1	4	3	5	1	–	<0.1	<0.1	<0.1	–	–	–	–	–	35	–
Occupied Palestinian Territory	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Oman	0.1	1	<1.0	1	<0.5	–	<0.1	<0.1	<0.1	–	–	–	–	–	41	–
Pakistan	0.1	98	79	120	28	–	0.1	0.1	<0.1	–	3	–	–	–	4,200	–
Palau	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Panama	0.9	20	14	36	6	–	0.3	0.4	0.3	–	–	–	–	–	53	–
Papua New Guinea	0.9	34	30	39	18	3	0.6	0.3	0.8	–	–	50	35	–	260	–
Paraguay	0.3	13	10	16	4	–	0.2	0.2	0.1	–	–	–	–	–	150	–
Peru	0.4	75	58	100	18	–	0.2	0.2	0.1	–	19	–	33	–	550	–
Philippines	<0.1	9	6	13	3	–	<0.1	<0.1	<0.1	–	21	–	13	–	1,900	–
Poland	0.1	27	20	34	8	–	<0.1	<0.1	<0.1	–	–	–	–	–	440	–
Portugal	0.6	42	32	53	13	–	0.2	0.3	0.2	–	–	–	–	–	58	–
Qatar	<0.1	<0.2	<0.1	<0.2	<0.1	–	<0.1	<0.1	<0.1	–	–	–	–	–	14	–
Republic of Korea	<0.1	10	7	13	3	–	<0.1	<0.1	<0.1	–	–	–	–	–	280	–
Republic of Moldova	0.4	12	10	16	5	–	0.1	0.1	0.1	39 y	42 y	76	60	–	79	–
Romania	0.1	16	12	20	5	–	<0.1	0.1	<0.1	–	–	–	–	–	290	–
Russian Federation	1.0	980	840	1,200	480	–	–	0.2	0.3	–	–	–	–	–	–	–
Rwanda	2.9	170	140	190	88	22	1.6	1.3	1.9	54	51	40	26	130	690	82
Saint Kitts and Nevis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Saint Lucia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Saint Vincent and the Grenadines	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Samoa	–	–	–	–	–	–	–	–	–	6	3	–	–	–	–	–
San Marino	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Sao Tome and Principe	–	–	–	–	–	–	–	–	–	43	43	64	54	–	–	–
Saudi Arabia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Senegal	0.9	59	50	69	32	–	0.5	0.3	0.7	24	19	52	36	19	520	83
Serbia	0.1	5	4	7	1	–	0.1	0.1	0.1	–	42	–	74	–	94	–
Seychelles	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Sierra Leone	1.6	49	40	63	28	3	1.0	0.6	1.5	28	17	22	10	15	320	62
Singapore	0.1	3	3	4	1	–	<0.1	<0.1	<0.1	–	–	–	–	–	17	–
Slovakia	<0.1	<0.5	<0.5	<0.5	<0.1	–	<0.1	<0.1	<0.1	–	–	–	–	–	54	–
Slovenia	<0.1	<1.0	<0.5	<1.0	<0.2	–	<0.1	<0.1	<0.1	–	–	–	–	–	12	–
Solomon Islands	–	–	–	–	–	–	–	–	–	35	29	26	17	–	–	–
Somalia	0.7	34	25	48	15	–	0.5	0.4	0.6	–	4	–	–	–	630	78
South Africa	17.8	5,600	5,400	5,900	3,300	330	9.0	4.5	13.6	–	–	–	–	1,900	3,400	–
South Sudan§	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Spain	0.4	130	120	150	32	–	0.1	0.2	0.1	–	–	–	–	–	<0.1	–
Sri Lanka	<0.1	3	2	4	<1.0	–	<0.1	<0.1	<0.1	–	–	–	–	–	340	–
Sudan§	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Suriname	1.0	4	3	5	1	–	0.5	0.6	0.4	–	41	–	49	–	12	–
Swaziland	25.9	180	170	200	100	14	11.0	6.5	15.6	54	58	91	73	69	100	99
Sweden	0.1	8	6	11	3	–	<0.1	<0.1	<0.1	–	–	–	–	–	63	–
Switzerland	0.4	18	13	24	6	–	0.2	0.2	0.1	–	–	–	–	–	<0.1	–
Syrian Arab Republic	–	–	–	–	–	–	–	–	–	–	7	–	–	–	–	–
Tajikistan	0.2	9	6	13	3	–	<0.1	<0.1	<0.1	13	14	–	–	–	220	–
Thailand	1.3	530	420	660	210	–	–	–	–	–	46	–	–	–	1,400	93
The former Yugoslav Republic of Macedonia	–	–	–	–	–	–	–	–	–	–	27	–	70	–	–	–
Timor-Leste	–	–	–	–	–	–	–	–	–	20	12	–	–	–	–	75
Togo	3.2	120	99	150	67	11	1.5	0.9	2.2	–	15	–	50	66	240	94
Tonga	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Trinidad and Tobago	1.5	15	11	19	5	–	0.9	1.0	0.7	–	54	–	51	–	25	–
Tunisia	<0.1	2	2	3	<1.0	–	<0.1	<0.1	<0.1	–	–	–	–	–	130	–

Countries and territories	Estimated adult (aged 15–49) HIV prevalence (%), 2009	Estimated number of people (all ages) living with HIV, 2009 (thousands)			Mother-to-child transmission	Paediatric infections	Prevention among young people (aged 15–24)							Orphans		
							HIV prevalence among young people (%), 2009			% who have comprehensive knowledge of HIV, 2005–2010*		% who used condom at last higher-risk sex, 2005–2010*		Children (aged 0–17) orphaned by AIDS, 2009	Children (aged 0–17) orphaned due to all causes, 2009	Orphan school attendance ratio
		estimate	low estimate	high estimate	Estimated number of women (aged 15+) living with HIV, 2009 (thousands)	Estimated number of children (aged 0–14) living with HIV, 2009 (thousands)	total	male	female	male	female	male	female	estimate (thousands)	estimate (thousands)	2005–2010*
Turkey	<0.1	5	3	6	1	–	<0.1	<0.1	<0.1	–	–	–	–	–	1,200	–
Turkmenistan	–	–	–	–	–	–	–	–	–	–	5	–	–	–	–	–
Tuvalu	–	–	–	–	–	–	–	–	–	61	39	44 y	–	–	–	–
Uganda	6.5	1,200	1,100	1,300	610	150	3.6	2.3	4.8	38	32	55	38	1,200	2,700	96
Ukraine	1.1	350	300	410	170	–	0.2	0.2	0.3	43	45	71	68	–	810	98
United Arab Emirates	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
United Kingdom	0.2	85	66	110	26	–	0.1	0.2	0.1	–	–	–	–	–	490	–
United Republic of Tanzania	5.6	1,400	1,300	1,500	730	160	2.8	1.7	3.9	43	48	49	46	1,300	3,000	90
United States	0.6	1,200	930	1,700	310	–	0.2	0.3	0.2	–	–	–	–	–	2,100	–
Uruguay	0.5	10	8	12	3	–	0.2	0.3	0.2	–	–	–	–	–	49	–
Uzbekistan	0.1	28	18	46	8	–	<0.1	<0.1	<0.1	–	31	–	61	–	780	–
Vanuatu	–	–	–	–	–	–	–	–	–	–	15	–	–	–	–	–
Venezuela (Bolivarian Republic of)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Viet Nam	0.4	280	220	350	81	–	0.1	0.1	0.1	–	44	68	–	–	1,400	–
Yemen	–	–	–	–	–	–	–	–	–	–	2 y	–	–	–	–	–
Zambia	13.5	980	890	1,100	490	120	6.6	4.2	8.9	41	38	39	33	690	1,300	92
Zimbabwe	14.3	1,200	1,100	1,300	620	150	5.1	3.3	6.9	–	53	68	42	1,000	1,400	95
MEMORANDUM																
Sudan and South Sudan[δ]	1.1	260	210	330	140	–	0.9	0.5	1.3	–	–	–	–	–	2,000	–
SUMMARY INDICATORS[#]																
Africa	3.9	23,300	21,900	24,600	11,800	3,100	1.9	1.1	2.7	33	24	51	33	15,000	57,600	92
Sub-Saharan Africa	4.8	23,200	21,900	24,500	11,800	3,100	2.2	1.3	3.2	35	26	51	33	15,000	55,100	92
Eastern and Southern Africa	7.1	16,400	15,600	17,300	8,400	2,200	3.2	1.9	4.5	39	34	54	37	10,100	26,600	89
West and Central Africa	2.8	6,500	6,100	7,100	3,300	900	1.4	0.8	2.1	30	20	47	31	4,700	26,400	94
Middle East and North Africa	0.2	400	300	490	160	30	0.1	0.1	0.1	–	–	–	–	200	5,700	–
Asia	0.2	4,800	4,300	5,300	1,600	180	0.1	0.1	0.1	32 **	19 **	40 **	22 **	1,100	73,200	74 **
South Asia	0.2	2,500	2,200	2,900	900	110	0.1	0.1	0.1	34	17	38	22	580	43,000	73
East Asia and Pacific	0.2	2,300	1,900	2,600	720	69	0.1	0.1	0.1	–	24 **	–	–	540	30,600	–
Latin America and Caribbean	0.4	1,600	1,400	1,900	590	57	0.2	0.2	0.2	–	–	–	–	730	9,800	–
CEE/CIS	0.7	1,500	1,300	1,700	500	18	0.4	0.4	0.4	–	–	–	–	86	6,600	–
Industrialized countries	0.4	2,200	1,900	2,700	560	2	0.1	0.2	0.1	–	–	–	–	110	4,400	–
Developing countries	0.9	30,000	28,200	31,500	14,100	3,400	0.5	0.3	0.6	32 **	20 **	–	27 **	16,900	145,000	81 **
Least developed countries	2.0	10,100	9,300	10,700	4,900	1,600	1.0	0.6	1.4	30	22	–	30	7,400	41,700	85
World	0.8	34,000	31,600	35,200	15,100	3,400	0.4	0.3	0.6	–	21 **	–	–	17,100	153,000	–

For a complete list of countries and territories in the regions, subregions and country categories, see page 124.

δ Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, disaggregated data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-cession (see Memorandum item).

DEFINITIONS OF THE INDICATORS

Estimated adult HIV prevalence – Percentage of adults (aged 15–49) living with HIV as of 2009.

Estimated number of people living with HIV – Estimated number of people (all ages) living with HIV as of 2009.

Estimated number of women living with HIV – Estimated number of women (aged 15+) living with HIV as of 2009.

Estimated number of children living with HIV – Estimated number of children (aged 0–14) living with HIV as of 2009.

HIV prevalence among young people – Percentage of young men and women (aged 15–24) living with HIV as of 2009.

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-positive.

Condom use at last higher-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.

Children orphaned by AIDS – Estimated number of children (aged 0–17) who have lost one or both parents to AIDS as of 2009.

Children orphaned due to all causes – Estimated number of children (aged 0–17) who have lost one or both parents due to any cause as of 2009.

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.

MAIN DATA SOURCES

Estimated adult HIV prevalence – Joint United Nations Programme on HIV/AIDS (UNAIDS), *Report on the Global AIDS Epidemic*, 2010.

Estimated number of people living with HIV – UNAIDS, *Report on the Global AIDS Epidemic*, 2010.

Estimated number of women living with HIV – UNAIDS, *Report on the Global AIDS Epidemic*, 2010.

Estimated number of children living with HIV – UNAIDS, *Report on the Global AIDS Epidemic*, 2010.

HIV prevalence among young people – UNAIDS, *Report on the Global AIDS Epidemic*, 2010.

Comprehensive knowledge of HIV – AIDS Indicator Surveys (AIS), Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national household surveys; HIV/AIDS Survey Indicators Database, <www.measuredhs.com/hivdata>.

Condom use at last higher-risk sex – AIS, DHS, MICS and other national household surveys, HIV/AIDS Survey Indicators Database, <www.measuredhs.com/hivdata>.

Children orphaned by AIDS – UNAIDS, *Report on the Global AIDS Epidemic*, 2010.

Children orphaned due to all causes – UNAIDS estimates, 2010.

Orphan school attendance ratio – AIS, DHS, MICS and other national household surveys; HIV/AIDS Survey Indicators Database, <www.measuredhs.com/hivdata>.

NOTES

– Data not available.

y Data differ from the standard definition or refer to only part of a country. Such data are included in the calculation of regional and global average.

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

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

** Excludes China.

TABLE 5: EDUCATION

Countries and territories	Youth (15–24 years) literacy rate (%) 2005–2010* male	Youth (15–24 years) literacy rate (%) 2005–2010* female	Number per 100 population 2010 mobile phones	Number per 100 population 2010 Internet users	Pre-primary school participation Gross enrolment ratio (%) 2007–2010* male	Pre-primary school participation Gross enrolment ratio (%) 2007–2010* female	Primary school participation Gross enrolment ratio (%) 2007–2010* male	Primary school participation Gross enrolment ratio (%) 2007–2010* female	Primary school participation Net enrolment ratio (%) 2007–2010* male	Primary school participation Net enrolment ratio (%) 2007–2010* female	Primary school participation Net attendance ratio (%) 2005–2010* male	Primary school participation Net attendance ratio (%) 2005–2010* female	Primary school participation Survival rate to last primary grade (%) 2006–2009* admin. data	Primary school participation Survival rate to last primary grade (%) 2005–2010* survey data	Secondary school participation Net enrolment ratio (%) 2007–2010* male	Secondary school participation Net enrolment ratio (%) 2007–2010* female	Secondary school participation Net attendance ratio (%) 2005–2010* male	Secondary school participation Net attendance ratio (%) 2005–2010* female
Afghanistan	–	–	41	4	–	–	123	83	–	–	66 x	40 x	–	90 x	38	15	18 x	6 x
Albania	99	99	142	45	59	57	121	117	86	84	90	91	–	100	–	–	84	82
Algeria	94	89	92	13	23	23	111	104	96	94	97	96	93	93	–	–	57	65
Andorra	–	–	77	81	100	97	89	90	83	84	–	–	–	–	68	72	–	–
Angola	81	66	47	10	45	35	141	114	–	–	77	75	–	83 x	–	–	21	17
Antigua and Barbuda	–	–	185	80	62	67	103	97	92	88	–	–	–	–	89	87	–	–
Argentina	99	99	142	36	71	73	117	116	–	–	–	–	96	–	76	85	–	–
Armenia	100	100	125	37	31	36	97	100	92	94	99	98	–	100	86	89	93	95
Australia	–	–	101	76	84	82	107	106	97	98	–	–	–	–	87	88	–	–
Austria	–	–	146	73	98	99	99	98	–	–	–	–	98	–	–	–	–	–
Azerbaijan	100	100	99	36	23	24	96	95	86	85	74	72	98	100	91	94	83	82
Bahamas	–	–	125	43	–	–	103	103	91	93	–	–	91	–	83	87	–	–
Bahrain	100	100	124	55	59	59	108	105	99	98	86 x	87 x	98	99 x	87	91	77 x	85 x
Bangladesh	74	77	46	4	10	10	93	97	86	93	–	–	67	80	40	43	–	–
Barbados	–	–	128	70	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Belarus	100	100	108	32	98	97	98	100	94	96	93	94	99	100	–	–	95	97
Belgium	–	–	113	79	123	122	104	103	99	99	–	–	93	–	–	–	–	–
Belize	–	–	62	14	41	43	124	120	99	100	95	95	95	98	62	68	58	60
Benin	65	43	80	3	14	14	129	114	–	–	65	58	–	89	–	–	34	23
Bhutan	80	68	54	14	1	1	108	110	87	90	91	93	90	94	46	49	54	56
Bolivia (Plurinational State of)	99	99	72	20	47	47	108	107	95	95	97	97	84	96	69	69	78	75
Bosnia and Herzegovina	100	100	80	52	15	15	108	110	86	88	97	98	–	100	–	–	89	89
Botswana	94	97	118	6	16	17	111	108	86	88	86	88	–	–	56	64	36 x	44 x
Brazil	97	99	104	41	65	65	132	123	96	94	95	95	–	88	78	85	74	80
Brunei Darussalam	100	100	109	50	90	93	106	107	96	98	–	–	96	–	88	91	–	–
Bulgaria	98	97	141	46	81	80	102	101	98	99	–	–	94	–	84	81	–	–
Burkina Faso	47	33	35	1	3	3	83	74	68	60	49	44	64	89	18	13	17	15
Burundi	77	76	14	2	9	10	149	144	98	100	72	70	60	82	10	8	8	6
Cambodia	89	86	58	1	13	13	120	113	90	87	84	86	54	92	36	32	29	26
Cameroon	89	77	42	4	26	27	122	106	97	86	82	77	69	87	–	–	39	37
Canada	–	–	71	82	71	71	99	98	–	–	–	–	–	–	–	–	–	–
Cape Verde	97	99	75	30	60	62	102	94	84	82	–	–	86	–	–	–	–	–
Central African Republic	72	57	23	2	4	5	104	74	77	57	56	47	47	62	13	8	12	9
Chad	54	39	23	2	1	1	105	74	–	–	56	48	–	94 x	–	–	20	12
Chile	99	99	116	45	54	56	109	104	96	95	–	–	–	–	83	86	–	–
China	99	99	64	34	47	47	111	115	99 z	99 z	–	–	–	–	–	–	–	–
Colombia	97	98	94	37	52	51	120	120	93	93	90	92	–	95	71	77	73	79
Comoros	86	85	22	5	27	26	125	114	91	84	31 x	31 x	–	19 x	–	–	10 x	11 x
Congo	87	78	94	5	12	13	123	116	–	–	86	87	70	93	–	–	39	40
Cook Islands	–	–	38	36	–	–	109	116	98	99	–	–	–	–	76	82	–	–
Costa Rica	98	99	65	37	70	70	110	109	–	–	96	96	94	–	–	–	59 y	65 y
Côte d'Ivoire	72	61	76	3	4	4	81	66	62	52	59	51	61	90	–	–	32	22
Croatia	100	100	144	60	58	56	95	95	95	95	–	–	99	–	91	94	–	–
Cuba	100	100	9	15	105	105	104	103	–	–	–	–	95	–	82	83	–	–
Cyprus	100	100	94	53	81	80	106	105	99	99	–	–	95	–	95	96	–	–
Czech Republic	–	–	137	69	110	107	104	103	–	–	–	–	100	–	–	–	–	–
Democratic People's Republic of Korea	100	100	2	0	–	–	–	–	–	–	99	99	–	–	–	–	98	98
Democratic Republic of the Congo	69	62	17	1	4	4	98	83	–	–	78	72	76	75	–	–	35	28
Denmark	–	–	124	89	97	97	98	99	94	97	–	–	99	–	89	92	–	–
Djibouti	–	–	19	7	3	3	58	51	47	42	67	66	64	92	28	20	45	37
Dominica	–	–	145	47	109	111	113	111	–	–	–	–	89	–	88	91	–	–
Dominican Republic	95	97	90	40	39	35	114	98	82	83	87	90	–	78	52	63	56	68
Ecuador	97	97	102	24	98	102	117	118	96	99	92 y	93 y	–	–	59	60	71 y	73 y
Egypt	88	82	87	27	23	22	103	99	97	94	90	87	–	99	66	64	70	70
El Salvador	95	95	124	15	59	61	117	113	95	96	–	–	76	–	54	56	–	–
Equatorial Guinea	98	98	57	6	46	61	84	80	58	56	61 x	60 x	63	–	–	–	23 x	22 x
Eritrea	92	86	4	5	13	13	53	44	39	34	69 x	64 x	73	–	32	23	23 x	21 x
Estonia	100	100	123	74	95	95	101	99	96	97	–	–	98	–	88	91	–	–
Ethiopia	56	33	8	1	4	4	107	98	86	81	45	45	38	84	–	–	30	23
Fiji	–	–	116	15	–	–	95	94	92	92	–	–	–	–	–	–	–	–

Countries and territories	Youth (15–24 years) literacy rate (%) 2005–2010* male	Youth (15–24 years) literacy rate (%) 2005–2010* female	Number per 100 population 2010 mobile phones	Number per 100 population 2010 Internet users	Pre-primary school participation Gross enrolment ratio (%) 2007–2010* male	Pre-primary school participation Gross enrolment ratio (%) 2007–2010* female	Primary school participation Gross enrolment ratio (%) 2007–2010* male	Primary school participation Gross enrolment ratio (%) 2007–2010* female	Primary school participation Net enrolment ratio (%) 2007–2010* male	Primary school participation Net enrolment ratio (%) 2007–2010* female	Primary school participation Net attendance ratio (%) 2005–2010* male	Primary school participation Net attendance ratio (%) 2005–2010* female	Primary school participation Survival rate to last primary grade (%) 2006–2009* admin. data	Primary school participation Survival rate to last primary grade (%) 2005–2010* survey data	Secondary school participation Net enrolment ratio (%) 2007–2010* male	Secondary school participation Net enrolment ratio (%) 2007–2010* female	Secondary school participation Net attendance ratio (%) 2005–2010* male	Secondary school participation Net attendance ratio (%) 2005–2010* female
Finland	–	–	156	87	67	67	98	97	96	96	–	–	100	–	95	96	–	–
France	–	–	100	80	109	108	109	108	99	99	–	–	–	–	98	100	–	–
Gabon	99	97	107	7	–	–	–	–	–	–	94 x	94 x	–	–	–	–	34 x	36 x
Gambia	71	60	86	9	31	32	88	91	74	78	40	45	61	93	–	–	39	34
Georgia	100	100	73	27	56	70	108	108	–	–	94	95	95	98	–	–	89	88
Germany	–	–	127	82	111	110	104	103	–	–	–	–	98	–	–	–	–	–
Ghana	81	79	71	9	69	72	106	105	76	77	74	75	73	81	48	44	42	42
Greece	99	99	108	44	68	69	101	101	99	100	–	–	–	–	91	91	–	–
Grenada	–	–	117	33	97	102	110	104	98	99	–	–	–	–	93	85	–	–
Guatemala	89	84	126	11	29	30	117	110	98	95	–	–	65	–	41	39	–	–
Guinea	68	54	40	1	12	12	97	83	79	69	55	48	63	96	35	22	27	17
Guinea-Bissau	78	64	39	2	–	–	–	–	–	–	89	86	–	79	–	–	27	20
Guyana	–	–	74	30	86	88	104	102	99	98	91	93	83	100	–	–	70	79
Haiti	74	70	40	8	–	–	–	–	–	–	48	52	–	85	–	–	18	21
Holy See	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Honduras	93	95	125	11	40	41	116	116	96	98	87	90	76	–	–	–	35	43
Hungary	99	99	120	65	87	86	100	99	96	96	–	–	98	–	92	91	–	–
Iceland	–	–	109	95	98	99	98	98	98	98	–	–	99	–	88	89	–	–
India	88	74	61	8	53	54	–	–	97	94	85	81	–	95	–	–	59	49
Indonesia	100	99	92	9	49	51	123	119	–	–	98	98	80	–	69	68	57 y	59 y
Iran (Islamic Republic of)	99	99	91	13	38	42	103	102	–	–	–	–	94	–	–	–	–	–
Iraq	85	80	76	6	6	6	111	94	93	82	91	80	–	93	48	38	46	34
Ireland	–	–	105	70	–	–	104	105	96	97	–	–	–	–	88	91	–	–
Israel	–	–	133	67	101	107	110	112	96	97	–	–	99	–	85	87	–	–
Italy	100	100	135	54	100	99	104	103	100	99	–	–	100	–	94	95	–	–
Jamaica	92	98	113	26	85	88	95	92	82	79	97	98	–	99	75	79	89	93
Japan	–	–	95	80	–	–	102	102	–	–	–	–	100	–	98	99	–	–
Jordan	99	99	107	38	38	35	97	97	93	95	99	99	–	–	80	83	85	89
Kazakhstan	100	100	123	34	40	39	109	109	99	100	99	98	99	100	87	87	95	95
Kenya	92	94	62	21	52	51	114	111	83	84	72	75	–	96	51	48	40	42
Kiribati	–	–	10	9	–	–	114	119	–	–	–	–	–	–	–	–	–	–
Kuwait	99	99	161	38	77	76	96	94	94	93	–	–	95	–	–	–	–	–
Kyrgyzstan	100	100	92	20	18	18	95	95	91	91	91	93	96	99	79	80	88	91
Lao People's Democratic Republic	89	79	65	7	15	15	117	106	84	81	81	77	67	65	39	33	39	32
Latvia	100	100	102	68	89	87	100	97	93	94	–	–	96	–	82	85	–	–
Lebanon	98	99	68	31	77	76	104	102	92	90	97 x	97 x	92	93 x	71	79	61 x	68 x
Lesotho	86	98	32	4	–	–	105	104	71	76	87	91	–	84 x	22	36	26	40
Liberia	70	81	39	0	107	113	96	86	–	–	32	28	46	–	–	–	14	14
Libya	100	100	172	14	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Liechtenstein	–	–	99	80	97	101	108	110	87	92	–	–	82	–	87	80	–	–
Lithuania	100	100	147	62	77	75	98	96	97	97	–	–	98	–	91	93	–	–
Luxembourg	–	–	143	91	89	87	100	101	97	98	–	–	–	–	82	85	–	–
Madagascar	66	64	40	2	10	10	162	158	99	100	78	80	49	89	23	24	27	28
Malawi	87	86	20	2	–	–	118	121	89	94	76	79	42	81	26	24	19	20
Malaysia	98	99	121	55	69	73	95	94	94	94	–	–	96	–	66	71	–	–
Maldives	99	99	156	28	104	105	114	108	97	95	82	84	–	99	–	–	52	63
Mali	47	31	48	3	4	4	103	86	84	70	62	55	77	96	37	23	38	24
Malta	97	99	109	63	104	107	98	99	90	92	–	–	91	–	79	82	–	–
Marshall Islands	–	–	7	0	42	38	91	90	81	80	–	–	83	–	51	54	–	–
Mauritania	71	64	79	3	–	–	101	108	74	79	56	59	41	77	17	15	21	17
Mauritius	96	98	92	25	97	99	100	100	93	95	–	–	96	–	–	–	–	–
Mexico	99	98	81	31	111	113	117	116	99	100	97	97	94	–	72	74	–	–
Micronesia (Federated States of)	–	–	25	20	–	–	110	111	–	–	–	–	–	–	–	–	–	–
Monaco	–	–	74	80	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mongolia	95	97	91	10	57	61	110	110	–	–	94	96	94	97	79	85	83	88
Montenegro	–	–	185	52	30	29	113	111	–	–	97	98	–	97	–	–	84	85
Morocco	87	72	100	49	70	53	112	103	92	88	91	88	78	–	–	–	39 x	36 x
Mozambique	78	64	31	4	–	–	121	108	93	88	82	80	36	60	16	14	21	20
Myanmar	96	95	1	0	7	7	117	115	–	–	90	91	70	100 x	49	50	58	59
Namibia	91	95	67	7	–	–	113	111	88	92	91	93	83	89	49	60	47	62

TABLE 5: EDUCATION

Countries and territories	Youth (15–24 years) literacy rate (%) 2005–2010* male	Youth (15–24 years) literacy rate (%) 2005–2010* female	Number per 100 population 2010 mobile phones	Number per 100 population 2010 Internet users	Pre-primary school participation Gross enrolment ratio (%) 2007–2010* male	Pre-primary school participation Gross enrolment ratio (%) 2007–2010* female	Primary school participation Gross enrolment ratio (%) 2007–2010* male	Primary school participation Gross enrolment ratio (%) 2007–2010* female	Primary school participation Net enrolment ratio (%) 2007–2010* male	Primary school participation Net enrolment ratio (%) 2007–2010* female	Primary school participation Net attendance ratio (%) 2005–2010* male	Primary school participation Net attendance ratio (%) 2005–2010* female	Primary school participation Survival rate to last primary grade (%) 2006–2009* admin. data	Primary school participation Survival rate to last primary grade (%) 2005–2010* survey data	Secondary school participation Net enrolment ratio (%) 2007–2010* male	Secondary school participation Net enrolment ratio (%) 2007–2010* female	Secondary school participation Net attendance ratio (%) 2005–2010* male	Secondary school participation Net attendance ratio (%) 2005–2010* female
Nauru	–	–	60	6	96	93	90	96	–	–	–	–	–	–	–	–	–	–
Nepal	87	77	31	7	–	–	–	–	–	–	86	82	62	95	–	–	46	38
Netherlands	–	–	116	91	98	98	108	106	99	99	–	–	–	–	87	88	–	–
New Zealand	–	–	115	83	92	95	101	102	99	100	–	–	–	–	95	97	–	–
Nicaragua	85	89	65	10	55	56	118	116	93	94	77 x	84 x	48	56 x	–	–	35 x	47 x
Niger	52	23	25	1	3	3	69	55	60	48	44	31	67	88	13	8	13	9
Nigeria	78	65	55	28	17	12	95	84	66	60	65	60	–	98	29	22	45	43
Niue	–	–	0	0	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Norway	–	–	113	93	97	98	99	99	99	99	–	–	99	–	95	95	–	–
Occupied Palestinian Territory	99	99	–	–	34	33	79	79	78	77	91 x	92 x	98	–	82	87	–	–
Oman	98	98	166	63	37	38	85	83	82	81	–	–	–	–	83	81	–	–
Pakistan	79	61	59	17	–	–	92	77	72	60	70	62	60	–	36	29	35	29
Palau	–	–	71	0	–	–	100	103	–	–	–	–	–	–	–	–	–	–
Panama	97	96	185	43	65	66	111	107	98	97	–	–	87	–	63	69	–	–
Papua New Guinea	65	70	28	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Paraguay	99	99	92	24	35	35	101	98	86	86	87	89	78	–	58	62	81 x	80 x
Peru	98	97	100	34	72	72	109	109	97	98	96	96	83	95	–	–	74	73
Philippines	97	98	86	25	48	49	111	109	91	93	88 x	89 x	75	90 x	55	66	55 x	70 x
Poland	100	100	120	62	65	66	97	97	96	96	–	–	98	–	92	94	–	–
Portugal	100	100	142	51	83	83	114	111	99	100	–	–	–	–	–	–	–	–
Qatar	98	98	132	69	54	53	107	105	98	98	–	–	94	–	65	96	–	–
Republic of Korea	–	–	105	84	117	117	105	103	100	99	–	–	99	–	98	94	–	–
Republic of Moldova	99	100	89	40	75	74	94	93	91	90	84	85	95	100	79	80	82	85
Romania	97	98	115	40	75	76	100	99	96	96	–	–	95	–	80	82	–	–
Russian Federation	100	100	166	43	91	89	97	97	94	95	–	–	95	–	–	–	–	–
Rwanda	77	77	33	8	17	17	150	151	95	97	84	87	–	76	–	–	5	5
Saint Kitts and Nevis	–	–	161	0	84	82	95	97	92	95	–	–	67	–	85	92	–	–
Saint Lucia	–	–	103	0	67	68	98	95	93	93	–	–	93	–	–	–	–	–
Saint Vincent and the Grenadines	–	–	121	0	78	79	111	103	–	–	–	–	–	–	85	95	–	–
Samoa	99	100	91	7	43	48	101	99	–	–	88 y	89 y	–	–	–	–	51 y	70 y
San Marino	–	–	76	0	107	103	92	94	91	93	–	–	–	–	–	–	–	–
Sao Tome and Principe	95	96	62	19	49	53	131	132	–	–	86	85	75	84	30	35	30	31
Saudi Arabia	99	97	188	41	–	–	101	97	88	85	–	–	93	–	70	76	–	–
Senegal	74	56	67	16	11	12	82	85	74	76	58	59	58	93	–	–	20	16
Serbia	99	99	129	41	51	51	98	97	96	96	99	98	98	100	89	91	81	87
Seychelles	99	99	136	41	107	111	105	107	93	95	–	–	–	–	95	99	–	–
Sierra Leone	68	48	34	0	–	–	–	–	–	–	62	64	–	94	–	–	31	25
Singapore	100	100	144	70	–	–	–	–	–	–	–	–	99	–	–	–	–	–
Slovakia	–	–	108	79	94	92	102	102	–	–	–	–	98	–	–	–	–	–
Slovenia	100	100	105	70	86	84	99	98	98	98	–	–	100	–	91	92	–	–
Solomon Islands	–	–	6	5	–	–	109	106	81	80	63 y	69 y	–	–	32	29	29 y	30 y
Somalia	–	–	7	0	–	–	42	23	–	–	18	15	–	85	–	–	12	8
South Africa	97	98	100	12	64	65	103	99	89	90	–	–	–	–	–	–	–	–
South Sudan[6]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Spain	100	100	112	67	129	131	108	107	100	100	–	–	99	–	94	97	–	–
Sri Lanka	97	99	83	12	–	–	97	97	95	96	–	–	99	–	–	–	–	–
Sudan[6]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Suriname	99	99	170	32	81	81	116	111	91	90	95	94	68	92	–	–	56	67
Swaziland	92	95	62	8	–	–	112	104	82	84	83	86	72	74	31	26	31	41
Sweden	–	–	114	90	100	100	97	96	96	96	–	–	99	–	98	98	–	–
Switzerland	–	–	124	84	104	103	104	103	99	100	–	–	–	–	86	82	–	–
Syrian Arab Republic	96	93	57	21	9	9	125	120	–	–	87	86	93	100	70	69	63	63
Tajikistan	100	100	86	12	10	8	104	100	99	96	99 y	96 y	99	100	88	77	89	74
Thailand	98	98	101	21	92	93	92	90	91	89	98	98	–	99	68	77	77	84
The former Yugoslav Republic of Macedonia	99	99	105	52	24	26	89	89	93	94	97	93	97	100	–	–	79	78
Timor-Leste	–	–	53	0	–	–	116	109	84	82	71	73	–	91	–	–	43	48
Togo	85	68	41	5	7	8	119	111	–	–	91	87	69	89	–	–	52	41
Tonga	99	100	52	12	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Trinidad and Tobago	100	100	141	49	81	81	106	102	97	94	98	98	93	98	–	–	84	90

Countries and territories	Youth (15–24 years) literacy rate (%) 2005–2010* male	female	Number per 100 population 2010 mobile phones	Internet users	Pre-primary school participation Gross enrolment ratio (%) 2007–2010* male	female	Primary school participation Gross enrolment ratio (%) 2007–2010* male	female	Net enrolment ratio (%) 2007–2010* male	female	Net attendance ratio (%) 2005–2010* male	female	Survival rate to last primary grade (%) 2006–2009* admin. data	2005–2010* survey data	Secondary school participation Net enrolment ratio (%) 2007–2010* male	female	Net attendance ratio (%) 2005–2010* male	female
Tunisia	98	96	106	37	–	–	109	107	–	–	95 x	93 x	95	–	–	–	–	–
Turkey	99	97	85	40	18	17	101	98	96	94	94 y	92 y	94	95 x	77	70	65 y	57 y
Turkmenistan	100	100	63	2	–	–	–	–	–	–	99	99	–	100	–	–	84	84
Tuvalu	–	–	25	25	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Uganda	90	85	38	13	12	13	121	122	91	94	83	82	52	72	22	21	17	17
Ukraine	100	100	119	23	102	99	97	98	89	89	70	76	98	100	85	85	85	85
United Arab Emirates	94	97	145	78	95	94	106	105	98	97	–	–	97	–	82	84	–	–
United Kingdom	–	–	130	85	80	81	106	106	100	100	–	–	–	–	92	95	–	–
United Republic of Tanzania	78	76	47	11	33	34	105	105	96	97	79	82	74	91 x	–	–	26	24
United States	–	–	90	79	57	57	98	99	91	93	–	–	–	–	87	89	–	–
Uruguay	98	100	132	43	86	87	115	112	99	99	–	–	94	–	66	73	–	–
Uzbekistan	100	100	76	20	26	26	93	91	91	89	100	100	98	100	93	91	91	90
Vanuatu	94	94	119	8	58	56	111	105	–	–	80	82	71	88	–	–	38	36
Venezuela (Bolivarian Republic of)	98	99	96	36	80	74	105	102	94	94	91 x	93 x	92	82 x	67	75	30 x	43 x
Viet Nam	97	96	175	28	–	–	–	–	–	–	95	95	–	98	–	–	78	80
Yemen	96	72	46	11	–	–	94	76	80	66	75	64	–	73	–	–	48	27
Zambia	82	67	38	7	–	–	113	112	91	94	81	82	53	87	–	–	38	36
Zimbabwe	98	99	60	12	–	–	–	–	–	–	90 y	92 y	–	82	–	–	45	45
MEMORANDUM																		
Sudan and South Sudan[δ]	89	83	41	0	28	29	78	70	–	–	56 y	52 y	86	90	–	–	17 y	22 y
SUMMARY INDICATORS[#]																		
Africa	79	70	53	13	19	18	104	96	80	77	70	67	63	87	36	30	35	33
Sub-Saharan Africa	77	67	45	10	18	17	104	95	78	74	67	65	61	86	30	24	31	28
Eastern and Southern Africa	79	72	42	8	22	21	114	108	87	87	70	70	51	82	32	28	26	24
West and Central Africa	73	61	48	13	15	13	97	85	70	63	66	61	69	90	29	20	36	32
Middle East and North Africa	93	87	90	22	23	22	101	94	90	85	83	78	90	92	65	58	54	51
Asia	92	86	67	20	48	48	112	109	–	–	86 **	83 **	–	93 **	63	48	57 **	50 **
South Asia	85	72	59	8	47	47	–	–	–	–	83	79	–	93	–	–	55	46
East Asia and Pacific	99	99	74	30	50	50	110	112	–	–	96 **	96 **	79 **	–	66	68	64 **	66 **
Latin America and Caribbean	97	97	98	34	69	69	119	115	95	95	93	93	88	–	71	76	70	75
CEE/CIS	99	99	124	36	55	54	99	98	94	93	92	92	96	–	82	81	82	78
Industrialized countries	100	100	106	76	81	80	102	102	96	97	–	–	–	–	90	92	–	–
Developing countries	91	85	70	21	41	41	110	106	90	88	81 **	79 **	73 **	91 **	61	49	53 **	48 **
Least developed countries	75	66	34	4	13	13	106	98	81	78	68	66	61	82	31	25	29	25
World	92	87	78	29	46	46	109	105	91	89	81 **	79 **	76 **	91 **	65	55	53 **	49 **

For a complete list of countries and territories in the regions, subregions and country categories, see page 124.

δ Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, disaggregated data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-cession (see Memorandum item).

DEFINITIONS OF THE INDICATORS

Youth literacy rate – Number of literate persons aged 15–24 years, expressed as a percentage of the total population in that group.

Pre-primary school gross enrolment ratio – Number of children enrolled in pre-primary school, regardless of age, expressed as a percentage of the total number of children of official pre-primary school age.

Primary school gross enrolment ratio – Number of children enrolled in primary school, regardless of age, expressed as a percentage of the total number of children of official primary school age.

Primary school net enrolment ratio – Number of children enrolled in 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. Because of the inclusion of primary-school-aged children enrolled in secondary school, this indicator can also be referred to as a primary adjusted net enrolment ratio.

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. Because of the inclusion of primary-school-aged children attending secondary school, this indicator can also be referred to as a primary adjusted net attendance ratio.

Survival rate to last primary grade – Percentage of children entering the first grade of primary school who eventually reach the last grade of primary school.

Mobile phones – The number of active subscriptions to a public mobile telephone service, including the number of prepaid SIM cards active during the past three months.

Internet users – The estimated number of Internet users out of the total population. This includes those using the Internet from any device (including mobile phones) in the last 12 months.

Secondary school net enrolment ratio – Number of children enrolled in secondary school who are of official secondary school age, expressed as a percentage of the total number of children of official secondary school age. Secondary net enrolment ratio does not include secondary-school-aged children enrolled in tertiary education owing to challenges in age reporting and recording at that level.

Secondary school net attendance ratio – Number of children attending secondary or tertiary school who are of official secondary school age, expressed as a percentage of the total number of children of official secondary school age. Because of the inclusion of secondary-school-aged children attending tertiary school, this indicator can also be referred to as a secondary adjusted net attendance ratio.

All data refer to official International Standard Classifications of Education (ISCED) for the primary and secondary education levels and thus may not directly correspond to a country-specific school system.

MAIN DATA SOURCES

Youth literacy – UNESCO Institute for Statistics (UIS).

Mobile phone and Internet use – International Telecommunications Union, Geneva.

Pre-primary, primary and secondary enrolment – UIS. Estimates based on administrative data from national Education Management Information Systems (EMIS) with United Nations population estimates.

Primary and secondary school attendance – Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national household surveys.

Survival rate to last primary grade – Administrative data: UIS; survey data: DHS and MICS. Regional and global averages calculated by UNICEF.

NOTES

– Data not available.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages. Estimates from data years prior to 2000 are not displayed.

y Data 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.

z Data provided by Chinese Ministry of Education. The UIS data do not currently publish net enrolment rates for China.

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

** Excludes China.

TABLE 6: DEMOGRAPHIC INDICATORS

Countries and territories	Population (thousands) 2010		Population annual growth rate (%)			Crude death rate			Crude birth rate			Life expectancy at birth			Total fertility rate	% of population urbanized	Average annual growth rate of urban population (%)		
	under 18	under 5	1970–1990	1990–2010	2010–2030[a]	1970	1990	2010	1970	1990	2010	1970	1990	2010	2010	2010	1970–1990	1990–2010	2010–2030[a]
Afghanistan	16,781	5,546	0.4	4.4	2.6	29	22	16	52	52	44	35	42	48	6.3	23	2.9	5.5	4.4
Albania	895	208	2.2	-0.1	0.1	8	6	6	33	25	13	67	72	77	1.5	52	2.8	1.6	1.4
Algeria	11,689	3,447	3.1	1.7	1.0	16	6	5	49	32	20	53	67	73	2.3	66	4.4	2.9	1.7
Andorra	15	4	3.9	2.4	1.4	–	–	–	–	–	–	–	–	–	–	88	4.7	2.1	1.2
Angola	10,167	3,378	2.8	3.1	2.4	27	23	14	52	53	42	37	41	51	5.4	59	7.3	5.3	3.4
Antigua and Barbuda	28	8	-0.3	1.8	0.8	–	–	–	–	–	–	–	–	–	–	30	-0.3	1.0	2.0
Argentina	12,106	3,386	1.5	1.1	0.7	9	8	8	23	22	17	66	72	76	2.2	92	2.0	1.4	0.9
Armenia	774	226	1.7	-0.7	0.0	5	8	9	23	21	15	70	68	74	1.7	64	2.3	-0.9	0.4
Australia	5,114	1,458	1.5	1.3	1.1	9	7	7	20	15	14	71	77	82	1.9	89	1.5	1.5	1.3
Austria	1,534	386	0.1	0.5	0.1	13	11	9	15	11	9	70	75	81	1.4	68	0.2	0.6	0.6
Azerbaijan	2,432	795	1.7	1.2	0.8	7	7	7	29	27	20	65	65	71	2.2	52	2.0	1.0	1.4
Bahamas	96	26	2.1	1.5	1.0	6	6	5	26	24	15	66	69	75	1.9	84	3.0	1.7	1.2
Bahrain	291	93	4.2	4.7	1.4	7	3	3	38	29	20	64	72	75	2.5	89	4.5	4.7	1.5
Bangladesh	55,938	14,707	2.3	1.7	1.0	23	10	6	47	36	20	42	59	69	2.2	28	7.1	3.5	2.9
Barbados	60	15	0.4	0.3	0.1	9	8	9	22	16	11	69	75	77	1.6	44	-0.3	1.8	1.4
Belarus	1,779	515	0.6	-0.3	-0.4	7	11	14	16	14	11	71	71	70	1.4	75	2.7	0.3	0.1
Belgium	2,176	616	0.2	0.4	0.2	12	11	10	15	12	11	71	76	80	1.8	97	0.3	0.4	0.3
Belize	131	37	2.2	2.5	1.7	8	5	4	42	37	25	66	72	76	2.8	52	1.9	2.9	2.6
Benin	4,453	1,506	2.6	3.1	2.5	26	17	12	48	47	40	40	49	56	5.3	42	6.2	4.1	3.7
Bhutan	260	71	3.1	1.3	1.1	23	14	7	47	38	20	41	53	67	2.4	35	8.0	5.1	2.9
Bolivia (Plurinational State of)	4,240	1,235	2.3	2.0	1.5	20	11	7	46	36	26	46	59	66	3.3	67	4.0	2.9	2.1
Bosnia and Herzegovina	695	165	0.9	-0.7	-0.4	7	9	10	23	15	9	66	67	76	1.1	49	2.8	0.4	0.8
Botswana	785	225	3.5	1.9	0.8	13	7	13	46	35	24	55	64	53	2.8	61	11.8	3.7	1.6
Brazil	59,490	15,156	2.2	1.3	0.6	10	7	6	35	24	15	59	66	73	1.8	87	3.6	2.1	0.9
Brunei Darussalam	124	37	3.5	2.3	1.3	7	4	3	36	29	19	67	73	78	2.0	76	3.8	3.0	1.8
Bulgaria	1,255	373	0.2	-0.8	-0.7	9	12	15	16	12	10	71	71	73	1.5	71	1.4	-0.4	-0.3
Burkina Faso	8,576	2,955	2.4	2.8	2.8	23	17	12	48	47	43	41	49	55	5.9	26	6.8	5.9	5.4
Burundi	3,761	1,185	2.3	2.0	1.6	20	19	14	44	46	34	44	46	50	4.3	11	7.2	4.8	4.5
Cambodia	5,560	1,492	1.6	2.0	1.0	20	12	8	42	44	22	44	56	63	2.6	20	0.4	4.3	2.9
Cameroon	9,261	3,055	2.9	2.4	1.9	19	14	14	45	42	36	46	53	51	4.5	58	6.4	4.2	2.9
Canada	6,920	1,885	1.2	1.0	0.8	7	7	8	17	14	11	73	77	81	1.7	81	1.3	1.3	1.0
Cape Verde	193	51	1.2	1.8	0.9	15	9	5	41	39	21	53	65	74	2.4	61	5.3	3.4	1.7
Central African Republic	2,069	651	2.4	2.0	1.8	23	17	16	43	41	35	42	49	48	4.6	39	3.9	2.3	2.9
Chad	5,846	2,006	2.5	3.1	2.5	22	17	16	46	47	45	44	51	49	6.0	28	5.4	4.5	4.5
Chile	4,669	1,219	1.6	1.3	0.7	10	6	6	29	23	14	62	74	79	1.9	89	2.1	1.6	0.8
China	322,163	81,596	1.7	0.8	0.2	9	7	7	36	21	12	63	69	73	1.6	47	3.8	3.7	1.6
Colombia	15,939	4,498	2.2	1.7	1.0	9	6	5	38	27	20	61	68	73	2.4	75	3.3	2.1	1.4
Comoros	356	122	3.0	2.6	2.3	18	11	9	47	37	38	48	56	61	4.9	28	4.9	2.6	3.6
Congo	1,895	623	2.9	2.6	2.1	14	12	11	43	38	35	53	56	57	4.5	62	4.5	3.3	2.8
Cook Islands	8	2	-1.0	0.7	0.4	–	–	–	–	–	–	–	–	–	–	75	-0.5	1.9	1.1
Costa Rica	1,414	363	2.6	2.1	1.0	7	4	4	33	27	16	67	76	79	1.8	64	3.9	3.3	1.7
Côte d'Ivoire	9,407	2,969	4.2	2.3	2.1	21	13	12	52	41	34	44	53	55	4.4	51	5.9	3.5	3.3
Croatia	812	210	0.4	-0.1	-0.3	10	11	12	15	12	10	69	72	76	1.5	58	1.9	0.2	0.5
Cuba	2,403	569	1.0	0.3	-0.1	7	7	7	29	17	10	70	74	79	1.5	75	2.0	0.4	0.0
Cyprus	245	64	1.1	1.8	0.8	7	7	7	19	19	12	73	77	79	1.5	70	3.6	2.1	1.2
Czech Republic	1,843	548	0.3	0.1	0.1	12	12	10	16	12	11	70	72	78	1.5	74	1.0	0.0	0.4
Democratic People's Republic of Korea	6,839	1,704	1.7	0.9	0.4	7	5	10	35	21	14	62	71	69	2.0	60	2.1	1.1	0.8
Democratic Republic of the Congo	35,056	11,848	2.9	3.0	2.4	21	19	16	48	50	43	44	47	48	5.8	35	2.5	4.2	4.0
Denmark	1,214	326	0.2	0.4	0.3	10	12	10	15	12	12	73	75	79	1.9	87	0.5	0.5	0.5
Djibouti	379	113	6.2	2.3	1.8	20	14	10	49	42	29	43	51	58	3.8	76	7.2	2.3	2.0
Dominica	22	6	0.0	-0.2	0.1	–	–	–	–	–	–	–	–	–	–	67	2.1	-0.2	0.6
Dominican Republic	3,670	1,054	2.3	1.6	1.0	11	6	6	42	30	22	58	68	73	2.6	69	3.9	2.7	1.6
Ecuador	5,222	1,470	2.7	1.7	1.1	12	6	5	42	29	21	58	69	75	2.5	67	4.4	2.7	1.8
Egypt	30,264	9,008	2.3	1.8	1.4	16	9	5	41	32	23	50	62	73	2.7	43	2.4	1.8	2.2
El Salvador	2,424	617	1.8	0.7	0.7	13	8	7	43	32	20	57	66	72	2.3	64	2.9	2.1	1.4
Equatorial Guinea	319	107	1.3	3.1	2.3	25	20	15	39	47	37	40	47	51	5.2	40	2.5	3.8	3.4
Eritrea	2,518	861	2.7	2.5	2.3	21	16	8	47	41	36	43	48	61	4.5	22	3.8	4.1	4.7
Estonia	248	78	0.7	-0.8	-0.2	11	13	12	15	14	12	71	69	75	1.7	69	1.1	-0.9	0.1
Ethiopia	40,380	11,932	2.6	2.7	1.8	21	18	10	47	48	31	43	47	59	4.2	17	4.5	4.1	3.6
Fiji	299	90	1.7	0.8	0.5	8	6	7	34	29	22	60	66	69	2.7	52	2.6	1.9	1.4
Finland	1,087	299	0.4	0.4	0.2	10	10	10	14	13	11	70	75	80	1.9	85	1.5	0.7	0.5
France	13,754	3,974	0.6	0.5	0.4	11	9	9	17	13	13	72	77	81	2.0	85	0.8	1.2	0.8

Countries and territories	Population (thousands) 2010		Population annual growth rate (%)			Crude death rate			Crude birth rate			Life expectancy at birth			Total fertility rate	% of population urbanized	Average annual growth rate of urban population (%)		
	under 18	under 5	1970–1990	1990–2010	2010–2030[a]	1970	1990	2010	1970	1990	2010	1970	1990	2010	2010	2010	1970–1990	1990–2010	2010–2030[a]
Gabon	639	185	2.8	2.4	1.8	20	11	9	34	38	27	47	61	62	3.3	86	6.7	3.5	2.0
Gambia	877	287	3.7	2.9	2.4	26	13	9	51	47	38	38	53	58	4.9	58	7.1	5.0	3.4
Georgia	915	256	0.7	-1.1	-0.7	9	9	11	19	17	12	67	71	74	1.6	53	1.4	-1.3	-0.2
Germany	13,522	3,467	0.1	0.2	-0.2	12	11	11	14	11	8	71	75	80	1.4	74	0.1	0.2	0.1
Ghana	10,977	3,533	2.7	2.5	2.0	17	11	8	47	39	32	49	57	64	4.2	51	3.8	4.2	3.2
Greece	1,983	586	0.7	0.6	0.1	8	9	10	17	10	10	72	77	80	1.5	61	1.3	0.8	0.7
Grenada	35	10	0.1	0.4	0.1	9	8	6	28	28	19	64	69	76	2.2	39	0.3	1.2	1.5
Guatemala	6,954	2,167	2.5	2.4	2.3	15	9	5	44	39	32	52	62	71	4.0	49	3.2	3.3	3.3
Guinea	4,940	1,658	1.6	2.7	2.3	30	21	13	49	46	39	34	44	54	5.2	35	4.4	3.9	3.9
Guinea-Bissau	726	240	2.6	2.0	2.0	26	22	17	46	46	38	37	43	48	5.1	30	5.7	2.3	3.3
Guyana	303	65	0.0	0.2	0.3	12	10	6	37	25	18	56	61	70	2.3	29	0.1	0.0	1.6
Haiti	4,260	1,237	2.1	1.7	1.1	18	13	9	39	37	27	47	55	62	3.3	52	3.9	4.7	2.7
Holy See	0	0	0.9	-2.6	-0.1	–	–	–	–	–	–	–	–	–	–	100	0.9	0.1	-0.1
Honduras	3,320	966	3.0	2.2	1.7	15	7	5	47	38	27	52	66	73	3.1	52	4.7	3.4	2.7
Hungary	1,819	491	0.0	-0.2	-0.2	11	14	13	15	12	10	69	69	74	1.4	68	0.5	0.0	0.3
Iceland	81	24	1.1	1.1	1.0	7	7	6	21	17	15	74	78	82	2.1	93	1.4	1.3	1.1
India	447,309	127,979	2.3	1.7	1.1	16	11	8	38	31	22	49	58	65	2.6	30	3.6	2.5	2.5
Indonesia	77,787	21,579	2.2	1.3	0.8	15	8	7	40	26	18	52	62	69	2.1	44	5.1	3.2	1.7
Iran (Islamic Republic of)	20,994	6,149	3.2	1.5	0.7	16	8	5	42	34	17	51	62	73	1.7	71	4.8	2.6	1.3
Iraq	15,732	5,188	2.8	3.0	2.8	12	7	6	45	38	35	58	67	68	4.7	66	3.8	2.7	3.0
Ireland	1,114	358	0.9	1.2	0.9	11	9	6	22	14	16	71	75	80	2.1	62	1.4	1.6	1.5
Israel	2,363	735	2.3	2.5	1.4	7	6	6	26	22	21	72	76	81	2.9	92	2.6	2.6	1.5
Italy	10,275	2,902	0.3	0.3	0.0	10	10	10	17	10	9	71	77	82	1.4	68	0.5	0.4	0.5
Jamaica	961	247	1.2	0.7	0.2	8	7	7	36	26	18	68	71	73	2.3	52	2.1	1.0	0.7
Japan	20,471	5,431	0.8	0.2	-0.3	7	7	9	19	10	9	72	79	83	1.4	67	1.7	0.5	0.2
Jordan	2,730	816	3.6	3.0	1.5	11	5	4	51	36	25	61	70	73	3.1	79	4.9	3.4	1.8
Kazakhstan	4,725	1,641	1.2	-0.2	0.8	9	9	10	26	23	22	62	67	67	2.6	59	1.7	0.0	1.5
Kenya	19,817	6,664	3.7	2.7	2.4	15	10	11	51	42	38	52	59	57	4.7	22	6.5	3.7	4.4
Kiribati	36	10	2.5	1.6	1.4	–	–	–	–	–	–	–	–	–	–	44	4.3	2.8	2.2
Kuwait	838	281	5.1	1.4	1.9	6	3	3	49	21	18	67	72	74	2.3	98	5.8	1.4	1.9
Kyrgyzstan	1,954	595	2.0	1.0	1.1	11	8	7	31	31	24	60	66	67	2.7	35	2.0	0.5	1.9
Lao People's Democratic Republic	2,605	683	2.2	2.0	1.1	18	13	6	42	42	23	46	54	67	2.7	33	4.6	5.8	3.5
Latvia	385	115	0.6	-0.8	-0.4	11	13	14	14	14	11	70	69	73	1.5	68	1.3	-1.0	-0.2
Lebanon	1,282	322	0.9	1.8	0.5	9	7	7	33	26	15	65	69	72	1.8	87	2.6	2.0	0.7
Lesotho	970	274	2.3	1.4	0.8	17	10	16	43	36	28	49	59	48	3.2	27	4.7	4.7	3.1
Liberia	1,989	681	2.0	3.2	2.5	23	21	11	49	46	39	41	42	56	5.2	48	4.2	3.9	3.4
Libya	2,257	716	3.9	1.9	1.0	16	4	4	49	26	23	52	68	75	2.6	78	6.0	2.1	1.3
Liechtenstein	7	2	1.5	1.1	0.7	–	–	–	–	–	–	–	–	–	–	14	1.1	0.3	1.8
Lithuania	628	166	0.8	-0.5	-0.4	9	11	14	17	15	10	71	71	72	1.5	67	2.4	-0.6	-0.1
Luxembourg	108	29	0.6	1.4	1.1	12	10	8	13	13	12	70	75	80	1.6	85	1.0	1.7	1.4
Madagascar	10,331	3,305	2.7	3.0	2.7	21	16	6	48	45	35	44	51	66	4.7	30	5.3	4.3	4.2
Malawi	7,863	2,715	3.6	2.3	3.2	24	18	13	52	48	44	41	47	54	6.0	20	6.9	5.0	5.7
Malaysia	10,206	2,828	2.6	2.2	1.4	7	5	5	33	28	20	64	70	74	2.6	72	4.5	4.1	2.0
Maldives	106	26	3.2	1.8	1.0	21	9	4	50	41	17	44	61	77	1.8	40	7.1	4.0	3.0
Mali	8,266	2,912	1.8	2.9	2.8	30	21	15	49	49	46	34	44	51	6.3	36	4.2	5.0	4.6
Malta	79	19	1.0	0.6	0.2	9	8	8	16	16	9	70	75	79	1.3	95	1.0	0.9	0.3
Marshall Islands	20	5	4.2	0.7	1.1	–	–	–	–	–	–	–	–	–	–	72	5.2	2.0	1.8
Mauritania	1,605	513	2.8	2.8	2.0	18	11	10	47	41	34	47	56	58	4.5	41	7.8	3.0	3.1
Mauritius	351	84	1.2	1.0	0.4	7	6	7	29	22	13	63	69	73	1.6	42	1.5	0.8	1.0
Mexico	39,633	11,095	2.4	1.5	0.9	10	5	5	43	28	20	61	71	77	2.3	78	3.4	1.9	1.2
Micronesia (Federated States of)	49	13	2.2	0.7	0.7	9	7	6	41	34	25	62	66	69	3.5	23	2.4	0.1	2.2
Monaco	7	2	1.3	0.7	0.0	–	–	–	–	–	–	–	–	–	–	100	1.1	0.6	0.4
Mongolia	921	297	2.7	1.1	1.2	15	10	6	44	32	23	56	61	68	2.5	62	3.9	1.6	1.9
Montenegro	146	39	0.8	0.2	0.0	3	5	10	10	11	12	69	76	74	1.7	61	3.7	1.4	0.3
Morocco	10,836	3,022	2.4	1.3	0.8	17	8	6	47	30	20	52	64	72	2.3	58	4.1	2.2	1.7
Mozambique	11,849	3,876	1.8	2.7	2.1	25	21	15	48	43	38	39	43	50	4.9	38	8.3	5.7	3.8
Myanmar	14,937	3,956	2.0	1.0	0.6	16	11	9	40	27	17	50	57	65	2.0	34	2.4	2.5	2.4
Namibia	989	286	3.0	2.4	1.4	15	9	8	43	38	26	53	61	62	3.2	38	4.1	4.0	3.0
Nauru	4	1	1.7	0.6	0.4	–	–	–	–	–	–	–	–	–	–	100	1.7	0.6	0.4
Nepal	12,874	3,506	2.4	2.3	1.4	21	13	6	44	39	24	43	54	68	2.7	19	6.4	6.0	4.1
Netherlands	3,553	934	0.7	0.5	0.2	8	9	8	17	13	11	74	77	81	1.8	83	1.2	1.5	0.5
New Zealand	1,086	312	0.9	1.3	0.9	9	8	7	22	17	15	71	75	81	2.2	86	1.2	1.3	1.0

TABLE 6: DEMOGRAPHIC INDICATORS

Countries and territories	Population (thousands) 2010		Population annual growth rate (%)			Crude death rate			Crude birth rate			Life expectancy at birth			Total fertility rate	% of population urbanized	Average annual growth rate of urban population (%)		
	under 18	under 5	1970–1990	1990–2010	2010–2030[a]	1970	1990	2010	1970	1990	2010	1970	1990	2010	2010	2010	1970–1990	1990–2010	2010–2030[a]
Nicaragua	2,397	678	2.7	1.7	1.1	14	7	5	46	37	24	54	64	74	2.6	57	3.2	2.2	1.8
Niger	8,611	3,085	2.9	3.4	3.4	26	24	13	56	56	49	38	41	54	7.1	17	5.7	4.0	5.0
Nigeria	77,907	26,569	2.7	2.4	2.4	22	19	14	46	44	40	42	46	51	5.5	50	4.9	4.1	3.7
Niue	1	0	-3.9	-2.3	-1.6	–	–	–	–	–	–	–	–	–	–	38	-2.0	-1.4	-0.1
Norway	1,114	303	0.4	0.7	0.7	10	11	9	17	14	12	74	77	81	1.9	79	0.9	1.2	1.0
Occupied Palestinian Territory	2,021	620	3.1	3.3	2.6	13	5	4	50	45	33	56	68	73	4.5	74	4.2	3.8	2.9
Oman	908	282	4.7	2.0	1.3	16	5	4	49	38	18	51	71	73	2.3	73	8.7	2.5	1.7
Pakistan	73,227	21,418	3.2	2.2	1.5	15	10	7	43	40	27	53	61	65	3.4	36	4.2	3.0	2.7
Palau	7	2	1.4	1.5	0.9	–	–	–	–	–	–	–	–	–	–	83	2.2	2.5	1.4
Panama	1,205	345	2.4	1.9	1.2	8	5	5	37	26	20	65	72	76	2.5	75	3.0	3.5	1.8
Papua New Guinea	3,112	962	2.7	2.5	2.0	17	10	8	44	35	30	46	56	62	4.0	13	4.8	1.6	3.8
Paraguay	2,573	740	2.7	2.1	1.5	7	6	5	37	33	24	65	68	72	3.0	61	4.0	3.3	2.3
Peru	10,447	2,909	2.5	1.5	1.0	14	7	5	42	30	20	53	66	74	2.5	77	3.4	2.0	1.4
Philippines	38,970	11,254	2.8	2.1	1.5	9	7	6	39	33	25	61	65	68	3.1	49	4.7	2.1	2.4
Poland	7,096	1,933	0.8	0.0	-0.1	8	10	10	17	15	11	70	71	76	1.4	61	1.6	0.0	0.3
Portugal	1,946	517	0.7	0.4	-0.2	11	10	10	21	11	9	67	74	79	1.3	61	1.7	1.5	0.6
Qatar	270	91	7.4	6.6	1.5	6	2	2	36	24	13	66	74	78	2.3	96	7.6	6.8	1.5
Republic of Korea	10,003	2,372	1.6	0.6	0.2	9	6	5	32	16	10	61	72	81	1.3	83	4.5	1.2	0.5
Republic of Moldova	759	215	1.0	-1.0	-0.6	10	10	13	18	19	12	65	68	69	1.5	47	2.9	-1.0	0.7
Romania	3,933	1,079	0.7	-0.4	-0.3	9	11	12	21	14	10	68	69	74	1.4	57	2.1	0.0	0.6
Russian Federation	25,976	8,117	0.6	-0.2	-0.2	9	12	14	14	14	12	69	68	69	1.5	73	1.4	-0.2	0.0
Rwanda	5,170	1,831	3.2	2.0	2.5	20	32	12	51	45	41	44	33	55	5.4	19	5.8	8.2	4.5
Saint Kitts and Nevis	17	5	-0.5	1.3	0.9	–	–	–	–	–	–	–	–	–	–	32	-0.4	0.9	2.2
Saint Lucia	55	15	1.4	1.2	0.7	9	6	6	39	28	18	64	71	74	2.0	28	2.4	0.9	2.0
Saint Vincent and the Grenadines	35	9	0.9	0.1	0.1	11	7	7	40	25	17	61	69	72	2.1	49	2.4	1.0	1.1
Samoa	82	22	0.6	0.6	0.5	10	7	5	39	32	25	55	65	72	3.9	20	0.8	0.4	1.3
San Marino	6	2	1.2	1.3	0.4	–	–	–	–	–	–	–	–	–	–	94	3.2	1.5	0.3
Sao Tome and Principe	78	23	2.3	1.8	1.7	13	10	8	41	38	31	55	61	64	3.7	62	4.2	3.5	2.6
Saudi Arabia	9,825	3,145	5.1	2.7	1.7	15	5	4	47	36	22	52	69	74	2.8	82	7.4	3.0	1.9
Senegal	6,282	2,081	2.8	2.7	2.4	24	13	9	51	44	37	41	53	59	4.8	42	4.1	3.1	3.4
Serbia	2,113	565	0.8	0.1	-0.2	9	10	12	18	15	11	68	72	74	1.6	56	2.0	0.7	0.5
Seychelles	43	14	1.6	1.0	0.3	–	–	–	–	–	–	–	–	–	–	55	2.7	1.4	1.4
Sierra Leone	2,902	970	2.1	1.9	1.9	29	25	16	47	44	39	35	39	47	5.0	38	3.9	2.7	3.1
Singapore	1,111	231	1.9	2.6	0.8	5	5	5	23	19	9	68	76	81	1.3	100	1.9	2.6	0.8
Slovakia	1,041	276	0.8	0.2	0.1	9	10	10	18	15	10	70	71	75	1.3	55	2.4	0.0	0.5
Slovenia	342	99	0.7	0.3	0.1	10	10	9	17	11	10	69	73	79	1.4	50	2.3	0.2	0.6
Solomon Islands	248	80	3.3	2.8	2.2	13	11	6	45	40	32	54	57	67	4.2	19	5.4	4.3	4.5
Somalia	4,772	1,667	3.0	1.7	2.8	24	20	15	51	45	44	40	45	51	6.3	37	4.4	2.9	4.2
South Africa	18,086	5,041	2.5	1.5	0.4	14	8	15	38	29	21	53	62	52	2.5	62	2.9	2.4	1.2
South Sudan[6]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Spain	8,189	2,521	0.7	0.8	0.4	9	9	9	20	10	11	72	77	81	1.5	77	1.4	1.0	0.7
Sri Lanka	6,154	1,893	1.6	0.9	0.5	9	7	7	31	20	18	63	70	75	2.3	14	0.8	-0.4	2.1
Sudan[6]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Suriname	176	48	0.4	1.3	0.7	9	7	7	37	23	18	63	67	70	2.3	69	1.8	2.0	1.2
Swaziland	548	157	3.3	1.6	1.0	18	10	14	49	43	29	48	59	48	3.4	21	7.6	1.2	2.1
Sweden	1,924	557	0.3	0.5	0.5	10	11	10	14	14	12	74	78	81	1.9	85	0.4	0.6	0.7
Switzerland	1,444	376	0.4	0.7	0.3	9	9	8	16	12	10	73	78	82	1.5	74	1.6	0.7	0.5
Syrian Arab Republic	8,918	2,494	3.3	2.5	1.6	11	5	4	47	36	23	60	71	76	2.9	56	3.9	3.2	2.4
Tajikistan	3,050	871	2.9	1.3	1.4	10	8	6	40	39	28	60	63	67	3.3	26	2.2	0.4	2.4
Thailand	17,325	4,361	2.2	1.0	0.3	10	5	7	38	19	12	60	73	74	1.6	34	3.9	1.7	1.8
The former Yugoslav Republic of Macedonia	453	112	1.0	0.4	0.0	8	8	9	24	17	11	66	71	75	1.4	59	2.0	0.5	0.5
Timor-Leste	603	193	1.0	2.1	2.9	23	18	8	42	43	38	40	46	62	6.2	28	3.4	3.6	4.6
Togo	2,796	863	2.8	2.5	1.8	20	14	11	49	42	32	45	53	57	4.1	43	4.5	4.3	3.2
Tonga	46	14	0.6	0.4	0.7	7	6	6	36	31	27	65	70	72	3.9	23	1.2	0.6	2.0
Trinidad and Tobago	336	95	1.1	0.5	0.0	7	7	8	27	21	15	65	69	70	1.6	14	-0.5	2.9	2.7
Tunisia	3,012	868	2.4	1.2	0.8	14	6	6	39	27	17	54	69	74	2.0	67	3.8	2.0	1.3
Turkey	23,109	6,413	2.1	1.5	0.9	16	8	5	39	26	18	50	63	74	2.1	70	4.3	2.3	1.4
Turkmenistan	1,804	506	2.6	1.6	1.0	11	8	8	37	35	22	58	63	65	2.4	50	2.3	2.1	2.0
Tuvalu	4	1	1.1	0.4	0.5	–	–	–	–	–	–	–	–	–	–	50	4.0	1.6	1.4
Uganda	18,471	6,465	3.1	3.2	2.9	16	17	12	49	50	45	50	47	54	6.1	13	5.7	4.1	5.1
Ukraine	8,023	2,376	0.4	-0.6	-0.6	9	13	17	15	13	11	71	70	68	1.4	69	1.4	-0.5	-0.1
United Arab Emirates	1,515	421	10.3	7.1	1.7	7	3	1	37	26	13	62	72	76	1.7	84	10.4	7.4	1.9

Countries and territories	Population (thousands) 2010		Population annual growth rate (%)			Crude death rate			Crude birth rate			Life expectancy at birth			Total fertility rate	% of population urbanized	Average annual growth rate of urban population (%)		
	under 18	under 5	1970–1990	1990–2010	2010–2030α	1970	1990	2010	1970	1990	2010	1970	1990	2010	2010	2010	1970–1990	1990–2010	2010–2030α
United Kingdom	13,076	3,766	0.1	0.4	0.6	12	11	9	15	14	12	72	76	80	1.9	80	0.2	0.5	0.8
United Republic of Tanzania	22,964	8,010	3.1	2.8	3.0	18	15	10	48	44	41	47	51	57	5.5	26	7.5	4.5	4.9
United States	75,201	21,650	1.0	1.0	0.8	9	9	8	16	16	14	71	75	78	2.1	82	1.1	1.5	1.0
Uruguay	919	246	0.5	0.4	0.3	10	10	9	21	18	15	69	73	77	2.1	92	0.9	0.6	0.4
Uzbekistan	9,940	2,738	2.7	1.5	1.0	10	7	7	36	35	21	63	67	68	2.4	36	3.1	0.9	1.8
Vanuatu	107	33	2.7	2.5	2.2	14	8	5	42	36	30	52	63	71	3.9	26	4.8	4.0	4.2
Venezuela (Bolivarian Republic of)	10,170	2,926	3.1	1.9	1.2	7	5	5	37	29	21	64	71	74	2.5	93	3.9	2.4	1.4
Viet Nam	25,981	7,186	2.0	1.3	0.7	18	8	5	41	30	17	48	66	75	1.8	30	2.5	3.4	2.6
Yemen	12,401	4,057	3.3	3.5	2.7	24	12	6	51	52	38	40	56	65	5.2	32	5.6	5.6	4.5
Zambia	6,937	2,412	3.2	2.5	3.1	17	17	16	49	44	46	49	47	49	6.3	36	4.5	2.1	4.3
Zimbabwe	5,866	1,692	3.5	0.9	1.7	13	9	13	48	37	29	55	61	50	3.3	38	6.1	2.3	3.1
MEMORANDUM																			
Sudan and South Sudanδ	20,281	6,391	2.9	2.5	2.1	19	14	9	46	41	33	45	53	61	4.4	40	5.3	4.5	3.7
SUMMARY INDICATORS#																			
Africa	477,383	155,135	2.7	2.4	2.1	20	15	11	46	41	35	46	52	57	4.5	40	4.3	3.5	3.3
Sub-Saharan Africa	419,324	138,075	2.8	2.5	2.3	20	16	13	47	44	37	44	50	54	4.9	37	4.6	3.9	3.6
Eastern and Southern Africa	192,994	62,198	2.8	2.5	2.2	19	15	12	47	43	35	47	51	55	4.6	30	4.6	3.6	3.5
West and Central Africa	205,670	69,372	2.7	2.6	2.4	22	18	14	47	45	40	42	48	53	5.4	44	4.6	4.1	3.7
Middle East and North Africa	156,444	47,524	3.0	2.1	1.5	16	8	5	44	34	24	52	63	71	2.8	59	4.3	2.8	2.1
Asia	1,151,806	316,151	2.0	1.3	0.8	13	9	7	38	27	18	56	64	69	2.2	39	3.9	3.0	2.0
South Asia	612,649	175,146	2.3	1.8	1.2	17	11	8	40	33	23	49	59	65	2.7	30	3.8	2.7	2.6
East Asia and Pacific	539,157	141,004	1.8	1.0	0.4	10	7	7	36	23	14	61	68	72	1.8	46	3.9	3.2	1.7
Latin America and Caribbean	195,713	53,461	2.2	1.4	0.9	10	7	6	37	27	19	60	68	74	2.2	79	3.2	2.1	1.2
CEE/CIS	95,544	28,015	1.0	0.2	0.2	10	11	11	20	18	14	66	68	70	1.8	64	1.9	0.3	0.6
Industrialized countries	203,008	57,212	0.7	0.6	0.4	10	9	9	17	13	12	71	76	80	1.7	77	1.0	0.9	0.7
Developing countries	1,953,940	563,545	2.2	1.5	1.1	13	9	8	39	29	21	55	63	68	2.6	45	3.8	2.9	2.1
Least developed countries	389,258	122,520	2.5	2.4	2.1	22	15	10	47	43	34	43	51	59	4.2	29	4.8	4.1	3.8
World	2,201,180	633,933	1.8	1.3	0.9	12	9	8	33	26	20	59	65	70	2.5	50	2.6	2.2	1.7

For a complete list of countries and territories in the regions, subregions and country categories, see page 124.

δ Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, disaggregated data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-cession (see Memorandum item).

DEFINITIONS OF THE INDICATORS

Crude death rate – Annual number of deaths per 1,000 population.

Crude birth rate – Annual number of births per 1,000 population.

Life expectancy at birth – Number of years newborn children would live if subject to the mortality risks prevailing for the cross section of population at the time of their birth.

Total fertility rate – Number of children who would be born per woman if she lived to the end of her childbearing years and bore children at each age in accordance with prevailing age-specific fertility rates.

% of population urbanized – Percentage of population living in urban areas as defined according to the national definition used in the most recent population census.

MAIN DATA SOURCES

Child population – United Nations Population Division.

Crude death and birth rates – United Nations Population Division.

Life expectancy – United Nations Population Division.

Total fertility rate – United Nations Population Division.

Urban population – United Nations Population Division. Growth rates calculated by UNICEF based on data from United Nations Population Division.

NOTES

– Data not available.

α Based on medium-fertility variant projections.

TABLE 7: ECONOMIC INDICATORS

Countries and territories	GNI per capita (US$) US$ 2010	GNI per capita (US$) PPP US$ 2010	GDP per capita average annual growth rate (%) 1970–1990	GDP per capita average annual growth rate (%) 1990–2010	Average annual rate of inflation (%) 1990–2010	% of population below international poverty line of US$1.25 per day 2000–2009*	% of central government expenditure (2000–2009*) allocated to: health	education	defence	ODA inflow in millions US$ 2009	ODA inflow as a % of recipient GNI 2009	Debt service as a % of exports of goods and services 1990	2009
Afghanistan	330 x	970 x, e	–	–	–	–	–	–	–	6,070	–	–	–
Albania	4,000	8,840	-0.7 x	5.4	14	1	4 x	2 x	4 x	358	3	–	5
Algeria	4,460	8,130 e	1.6	1.5	12	7 x	4 x	24 x	17 x	319	0	62	–
Andorra	41,130 x	–	–	–	3 x	–	–	–	–	–	–	–	–
Angola	3,960	5,430	–	4.2	227	54	–	–	–	239	0	7	8
Antigua and Barbuda	10,610	15,380 e	8.3 x	1.7	2	–	–	–	–	6	1	–	–
Argentina	8,450	15,150	-0.7	2.1	8	1	5	5	3	128	0	30	17
Armenia	3,090	5,450	–	6.1	51	1	–	–	–	528	6	–	18
Australia	43,740 x	38,510 x	1.5	2.3 x	3 x	–	14	10	6	–	–	–	–
Austria	46,710	39,410	2.4	1.8	2	–	16	9	2	–	–	–	–
Azerbaijan	5,180	9,220	–	5.5	53	1	1 x	4 x	12 x	232	1	–	1
Bahamas	d	–	1.9	1.0	3	–	16	20	3	–	–	–	–
Bahrain	25,420 x	33,530 x	-1.3 x	2.8 x	3 x	–	9	16	13	–	–	–	–
Bangladesh	640	1,620	0.4	3.5	4	50	6	14	8	1,227	1	17	3
Barbados	d	–	1.7	0.8 x	3 x	–	–	–	–	12	–	–	–
Belarus	6,030	14,020	–	4.5	122	0	3	4	3	98	0	–	4
Belgium	45,420	37,840	2.2	1.6	2	–	16	3	3	–	–	–	–
Belize	3,740	5,970 e	2.9	1.9	1	12 x	8 x	20 x	5 x	28	–	5	12
Benin	750	1,510	0.3	1.2	5	47	–	–	–	683	10	7	3 x
Bhutan	1,920	5,070	–	5.3	7	26	8	13	–	125	9	–	–
Bolivia (Plurinational State of)	1,790	4,560	-1.1	1.5	7	14	9	24	6	726	4	31	9
Bosnia and Herzegovina	4,790	8,970	–	8.9 x	5 x	0	–	–	–	415	2	–	7
Botswana	6,890	13,910	8.2	3.5	9	31 x	5 x	26 x	8 x	280	2	4	1
Brazil	9,390	10,920	2.3	1.5	54	4	6 x	6 x	3 x	338	0	19	23
Brunei Darussalam	31,180 x	48,760 x	-2.2 x	-0.4 x	5 x	–	–	–	–	–	–	–	–
Bulgaria	6,240	13,210	3.4 x	3.3	40	1	10	5	5	–	–	19	18
Burkina Faso	550	1,260	1.4	2.4	3	57	7 x	17 x	14 x	1,084	14	6	5 x
Burundi	160	390	1.1	-1.6	12	81	2 x	15 x	23 x	549	41	41	8
Cambodia	760	2,040	–	6.3 x	4 x	28	–	–	–	722	7	–	1
Cameroon	1,160	2,190	3.4	0.6	4	10	3 x	12 x	10 x	649	3	18	7
Canada	41,950 x	37,280 x	2.0	1.9	2	–	9	2	6	–	–	–	–
Cape Verde	3,160	3,670	–	4.2	3	21	–	–	–	196	13	5	4
Central African Republic	460	760	-1.3	-0.7	3	63	–	–	–	237	12	8	–
Chad	600	1,180	-1.0	2.9	6	62	–	–	–	561	9	2	–
Chile	9,940	13,890	1.5	3.4	6	1	15	17	5	80	0	20	22
China	4,260	7,570	6.6	9.2	5	16	0	2	10	1,132	0	10	3
Colombia	5,510	9,000	1.9	1.5	14	16	9 x	20 x	13 x	1,060	0	39	20
Comoros	820	1,180	0.1 x	-0.4	4	46	–	–	–	51	9	2	–
Congo	2,310	3,280	3.1	0.7	8	54	4	4	10	283	5	31	2 x
Cook Islands	–	–	–	–	–	–	–	–	–	8	–	–	–
Costa Rica	6,580	10,880 e	0.7	2.6	12	1	20	24	–	109	0	21	9
Côte d'Ivoire	1,070	1,650	-1.9	-1.0	5	24	–	–	–	2,366	11	26	8
Croatia	13,760	18,710	–	2.9	26	0	16	9	4	169	0	–	–
Cuba	5,550 x	–	3.9	2.6 x	4 x	–	–	–	–	116	–	–	–
Cyprus	30,460 x	30,160 x	5.9 x	2.1 x	4 x	–	6 x	12 x	4 x	–	–	–	–
Czech Republic	17,870	23,620	–	2.5	6	0 x	17	9	4	–	–	–	–
Democratic People's Republic of Korea	a	–	–	–	–	–	–	–	–	67	–	–	–
Democratic Republic of the Congo	180	310	-2.3	-3.1	234	59	–	–	–	2,354	23	–	–
Denmark	58,980	40,140	2.0	1.5	2	–	0	10	3	–	–	–	–
Djibouti	1,280 x	2,460 x	–	-1.4 x	3 x	19	–	–	–	162	14	–	6
Dominica	4,960	8,580 e	4.7 x	1.7	2	–	–	–	–	36	10	4	10
Dominican Republic	4,860	8,700 e	2.1	3.9	11	4	10	13	4	120	0	7	9
Ecuador	4,510	9,270	1.3	1.7	5	5	–	–	–	209	0	27	35
Egypt	2,340	5,910	4.1	2.7	7	2	4	11	6	925	0	18	5
El Salvador	3,360	6,390 e	-1.9	2.6	4	5	16	18	3	277	1	14	14
Equatorial Guinea	14,680	23,810	–	19.2	12	–	–	–	–	32	0	–	–
Eritrea	340	540 e	–	-1.5 x	14 x	–	–	–	–	145	–	–	–
Estonia	14,360	19,500	1.5 x	5.0	19	0	16	7	5	–	–	–	–
Ethiopia	380	1,010	–	2.9	7	39	1	5	17	3,820	13	33	3
Fiji	3,610	4,490	0.7	1.2	4	–	9 x	18 x	6 x	71	2	9	2
Finland	47,170	37,180	2.9	2.6	2	–	3 x	10 x	4 x	–	–	–	–

Countries and territories	GNI per capita (US$) US$ 2010	GNI per capita (US$) PPP US$ 2010	GDP per capita average annual growth rate (%) 1970–1990	GDP per capita average annual growth rate (%) 1990–2010	Average annual rate of inflation (%) 1990–2010	% of population below international poverty line of US$1.25 per day 2000–2009*	% of central government expenditure (2000–2009*) allocated to: health	education	defence	ODA inflow in millions US$ 2009	ODA inflow as a % of recipient GNI 2009	Debt service as a % of exports of goods and services 1990	Debt service as a % of exports of goods and services 2009
France	42,390	34,440	2.2	1.3	2	–	–	–	–	–	–	–	–
Gabon	7,760	13,190	0.2	-0.9	6	5	–	–	–	78	1	4	–
Gambia	440	1,270	0.7	0.1	8	34	–	–	–	128	19	17	7
Georgia	2,700	4,980	–	2.7	74	15	5	7	17	908	9	–	6
Germany	43,330	38,170	2.3	1.3	1	–	20	1	4	–	–	–	–
Ghana	1,240	1,600	-2.0	2.4	26	30	7 x	22 x	5 x	1,583	10	21	3
Greece	27,240	27,360	1.3	2.6	5	–	7 x	11 x	8 x	–	–	–	–
Grenada	5,560	7,560 e	4.2 x	2.9	3	–	10 x	17 x	–	48	8	2	8
Guatemala	2,740	4,610 e	0.2	1.3	7	17	–	–	–	376	1	12	12
Guinea	380	980	–	1.2	9	43	–	–	–	215	–	18	10
Guinea-Bissau	540	1,080	0.1	-1.7	18	49	–	–	–	146	–	21	3 x
Guyana	3,270	3,530 e	-1.6	2.5	11	8 x	–	–	–	173	–	–	2 x
Haiti	650	1,110	–	-1.1 x	15 x	55	–	–	–	1,120	–	5	2
Holy See	–	–	–	–	–	–	–	–	–	–	–	–	–
Honduras	1,880	3,730 e	0.8	1.6	13	23	–	–	–	457	3	30	5
Hungary	12,990	19,280	3.0	2.9	11	0	11	8	3	–	–	–	–
Iceland	33,870	28,630	3.2	2.2	5	–	21	9	0	–	–	–	–
India	1,340	3,560	2.1	4.9	6	42	2	3	13	2,393	0	25	5
Indonesia	2,580	4,300	4.7	2.6	15	19	1	4	7	1,049	0	31	17
Iran (Islamic Republic of)	4,530 x	11,420 x	-2.3	2.7 x	22 x	2	7	8	10	93	0	1	–
Iraq	2,320	3,320	–	-2.2 x	13 x	4	–	–	–	2,791	5	–	–
Ireland	40,990	32,740	2.8	4.7	3	–	16 x	14 x	3 x	–	–	–	–
Israel	27,340	27,800	1.9	1.8	5	–	13	16	16	–	–	–	–
Italy	35,090	31,090	2.8	0.9	3	–	14	11	4	–	–	–	–
Jamaica	4,750	7,430 e	-1.3	0.7	15	0	6	17	2	150	1	20	24
Japan	42,150	34,790	3.4	0.8	-1	–	2 x	6 x	4 x	–	–	–	–
Jordan	4,350	5,770	2.5 x	2.5	4	0	10	16	19	761	3	18	4
Kazakhstan	7,440	10,610	–	3.9	58	0	6	7	6	298	0	–	79
Kenya	780	1,610	1.2	0.3	10	20	7 x	26 x	6 x	1,778	6	26	4
Kiribati	2,010	3,510 e	-5.3	1.2	3	–	–	–	–	27	15	–	–
Kuwait	d	–	-6.8 x	2.0 x	5 x	–	5	8	6	–	–	–	–
Kyrgyzstan	880	2,180	–	0.5	37	2	12	11	7	315	7	–	9
Lao People's Democratic Republic	1,010	2,300	–	4.3	22	34	–	–	–	420	7	8	16
Latvia	11,620	16,360	3.4	4.5	18	0	10	12	3	–	–	–	–
Lebanon	9,020	14,170	–	2.4	7	–	2 x	7 x	11 x	641	2	–	14
Lesotho	1,080	1,910	2.5	2.2	8	43	9	18	4	123	6	4	2
Liberia	190	330	-4.2	1.7	36	84	–	–	–	505	78	–	11
Libya	12,020 x	16,330 x, e	–	2.9 x	18 x	–	–	–	–	39	0	–	–
Liechtenstein	136,540 x	–	2.2	3.0 x	1 x	–	–	–	–	–	–	–	–
Lithuania	11,400	17,880	–	3.5	22	0	11	6	3	–	–	–	29
Luxembourg	79,510	63,850	2.7	2.9	3	–	13	10	1	–	–	–	–
Madagascar	440	980	-2.3	-0.2	13	68	6	15	5	445	–	32	–
Malawi	330	850	-0.1	1.0	26	74	–	–	–	772	17	23	–
Malaysia	7,900	14,360	4.0	3.2	4	0	6 x	23 x	11 x	144	0	12	5
Maldives	4,270	5,480	–	4.9 x	3 x	2	8	19	6	33	3	4	7
Mali	600	1,020	0.2	2.7	5	51	–	–	–	985	11	8	2 x
Malta	18,350 x	23,070 x	6.5	2.6 x	3 x	–	13	13	2	–	–	–	–
Marshall Islands	2,990	–	–	-1.1	4	–	–	–	–	59	32	–	–
Mauritania	1,060	2,000	-1.0	0.9	8	21	–	–	–	287	9	24	–
Mauritius	7,740	13,670	3.2 x	3.5	6	–	9	16	–	156	2	6	3
Mexico	9,330	15,010	1.6	1.5	13	3	5	25	3	185	0	16	15
Micronesia (Federated States of)	2,700	3,420 e	–	0.3	2	31	–	–	–	121	45	–	–
Monaco	197,460 x	–	1.6	2.2 x	1 x	–	–	–	–	–	–	–	–
Mongolia	1,890	3,700	–	3.1	25	22	6	9	9	372	9	–	4
Montenegro	6,690	12,710	–	3.7 x	7 x	0	–	–	–	75	2	–	–
Morocco	2,850	4,560	1.9	2.4	3	3	3 x	18 x	13 x	912	1	18	10
Mozambique	440	920	-1.0 x	4.3	17	60	–	–	–	2,013	21	21	1
Myanmar	a	–	1.4	8.2 x	24 x	–	3	13	23	357	–	17	–
Namibia	4,650	6,580	-2.1 x	2.1	10	49 x	–	–	–	326	3	–	–
Nauru	–	–	–	–	–	–	–	–	–	24	–	–	–
Nepal	490	1,200	1.0	1.9	7	55	7	18	9	855	7	12	4

TABLE 7: ECONOMIC INDICATORS

Countries and territories	GNI per capita (US$) US$ 2010	GNI per capita (US$) PPP US$ 2010	GDP per capita average annual growth rate (%) 1970–1990	GDP per capita average annual growth rate (%) 1990–2010	Average annual rate of inflation (%) 1990–2010	% of population below international poverty line of US$1.25 per day 2000–2009*	% of central government expenditure (2000–2009*) allocated to: health	education	defence	ODA inflow in millions US$ 2009	ODA inflow as a % of recipient GNI 2009	Debt service as a % of exports of goods and services 1990	Debt service as a % of exports of goods and services 2009
Netherlands	49,720	42,590	1.6	2.0	2	–	14	11	3	–	–	–	–
New Zealand	29,050 x	28,050 x	0.8	1.9	2	–	17	17	3	–	–	–	–
Nicaragua	1,080	2,610 e	-3.7	1.9	18	16	13 x	16 x	6 x	774	13	2	13
Niger	360	700	-2.1	-0.2	4	43	–	–	–	470	9	12	2 x
Nigeria	1,180	2,160	-1.4	1.9	20	64	–	–	–	1,659	1	22	1
Niue	–	–	–	–	–	–	–	–	–	9	–	–	–
Norway	85,380	57,130	3.2	2.1	4	–	15	5	5	–	–	–	–
Occupied Palestinian Territory	b	–	–	-2.4 x	4 x	–	–	–	–	3,026	–	–	–
Oman	17,890 x	24,410 x	3.3	2.0 x	4 x	–	7	15	33	212	–	–	–
Pakistan	1,050	2,780	3.0	1.7	10	23	1	2	13	2,781	2	16	10
Palau	6,460	10,760 e	–	-0.2 x	3 x	–	–	–	–	35	18	–	–
Panama	6,990	12,940 e	0.3	3.2	2	10	18	16	–	66	0	3	5
Papua New Guinea	1,300	2,390 e	-0.7	-0.2	8	36 x	7 x	22 x	4 x	414	5	37	12
Paraguay	2,940	5,430	3.1	0.1	10	5	7 x	22 x	11 x	148	1	12	5
Peru	4,710	8,940	-0.6	3.0	10	6	13	7	–	442	0	6	11
Philippines	2,050	3,930	0.6	2.0	7	23	2	19	5	310	0	23	14
Poland	12,420	19,020	–	4.4	11	0	13	11	3	–	–	–	–
Portugal	21,860	24,710	2.6	1.6	4	–	15	14	3	–	–	–	–
Qatar	d	–	–	–	–	–	–	–	–	–	–	–	–
Republic of Korea	19,890	29,010	6.2	4.2	4	–	1	15	11	–	–	–	–
Republic of Moldova	1,810	3,340	–	-0.6	41	2	15	7	1	245	4	–	11
Romania	7,840	14,050	0.9 x	2.8	47	1	12	6	5	–	–	0	28
Russian Federation	9,910	19,190	–	2.1	56	0	7	3	12	–	–	–	18
Rwanda	540	1,180	1.2	2.3	10	77	–	–	–	934	19	9	4
Saint Kitts and Nevis	9,980	13,170 e	6.3 x	2.2	3	–	–	–	–	6	1	3	18
Saint Lucia	4,970	8,520 e	5.3 x	1.0	2	21 x	–	–	–	41	5	2	8
Saint Vincent and the Grenadines	4,850	8,260 e	3.3	3.6	2	–	12	16	–	31	6	3	13
Samoa	2,930	4,300 e	–	3.0	6	–	–	–	–	77	16	5	3
San Marino	50,670 x	–	–	–	3 x	–	18	9	–	–	–	–	–
Sao Tome and Principe	1,200	1,910	–	–	–	29	–	–	–	31	16	28	15
Saudi Arabia	17,200 x	23,900 x	-1.4	0.4 x	4 x	–	–	–	–	–	–	–	–
Senegal	1,050	1,850	-0.7	1.1	4	34	3	14	7	1,018	8	14	3 x
Serbia	5,820	11,230	–	1.5	24 x	0	16	10	6	608	1	–	28
Seychelles	9,490	20,470 e	2.9	1.8	5	0	9	8	3	23	4	7	6
Sierra Leone	340	830	-0.5	1.1	17	53	–	–	–	437	23	8	2
Singapore	40,920	54,700	5.6	3.9	1	–	8	18	24	–	–	–	–
Slovakia	16,220	23,140	–	3.7	7	0 x	20	4	3	–	–	–	–
Slovenia	23,860	26,970	–	3.3	12	0	15	12	3	–	–	–	–
Solomon Islands	1,030	2,210 e	–	-1.0	7	–	–	–	–	206	43	10	4
Somalia	a	–	-0.8	–	–	–	–	–	–	662	–	25 x	–
South Africa	6,100	10,280	0.1	1.3	8	17	–	–	–	1,075	0	–	4
South Sudan[§]	–	–	–	–	–	–	–	–	–	–		–	–
Spain	31,650	31,550	1.9	2.1	4	–	1	0	3	–	–	–	–
Sri Lanka	2,290	5,070	3.0	4.1	10	7	6	10	18	704	2	10	10
Sudan[§]	–	–	–	–	–	–	–	–	–	–		–	–
Suriname	5,920 x	7,610 x, e	-2.2 x	1.5 x	48 x	16 x	–	–	–	157	–	–	–
Swaziland	2,600	4,890	3.0	1.6	8	63	8	20	8	58	2	5	2
Sweden	49,930	39,600	1.8	2.2	2	–	4	6	5	–	–	–	–
Switzerland	70,350	49,180	1.2	0.9	1	–	0	3	5	–	–	–	–
Syrian Arab Republic	2,640	4,870	2.0	1.6	7	2	2 x	9 x	24 x	245	0	20	3 x
Tajikistan	780	2,060	–	-0.1	78	22	2	4	9	409	8	–	15
Thailand	4,210	8,240	4.7	2.9	3	11	14	20	8	-77	0	14	7
The former Yugoslav Republic of Macedonia	4,520	10,830	–	1.0	24	0	–	–	–	193	2	–	12
Timor-Leste	2,220	3,570 e	–	-0.5 x	5 x	37	–	–	–	217	–	–	–
Togo	440	790	-0.6	0.0	4	39	–	–	–	499	18	8	13 x
Tonga	3,380	4,630 e	–	1.6	6	–	–	–	–	40	12	2	4 x
Trinidad and Tobago	15,380	24,000 e	0.5	5.0	5	4 x	6	13	3	7	0	–	–
Tunisia	4,070	8,140	2.5	3.5	4	3	5	19	4	474	1	22	9
Turkey	9,500	14,580	2.0	2.3	46	3	3	10	8	1,362	0	27	40
Turkmenistan	3,700	7,160 e	–	5.1	95	25 x	–	–	–	40	0	–	–
Tuvalu	–	–	–	–	–	–	–	–	–	18	–	–	–

Countries and territories	GNI per capita (US$) US$ 2010	GNI per capita (US$) PPP US$ 2010	GDP per capita average annual growth rate (%) 1970–1990	GDP per capita average annual growth rate (%) 1990–2010	Average annual rate of inflation (%) 1990–2010	% of population below international poverty line of US$1.25 per day 2000–2009*	% of central government expenditure (2000–2009*) allocated to: health	education	defence	ODA inflow in millions US$ 2009	ODA inflow as a % of recipient GNI 2009	Debt service as a % of exports of goods and services 1990	Debt service as a % of exports of goods and services 2009
Uganda	490	1,230	–	3.6	8	29	–	–	–	1,786	12	47	1
Ukraine	3,010	6,580	–	0.4	72	0	3	6	3	668	1	–	34
United Arab Emirates	d	–	-4.9 x	0.5 x	6 x	–	7 x	17 x	30 x	–	–	–	–
United Kingdom	38,540	36,580	2.0	2.1	3	–	15 x	4 x	7 x	–	–	–	–
United Republic of Tanzania	530	1,420	–	2.4	14	68	–	–	–	2,934	14	25	3
United States	47,140	47,020	2.1	1.8	2	–	24	3	19	–	–	–	–
Uruguay	10,590	13,890	0.9	2.0	16	0	7	8	4	51	0	31	20
Uzbekistan	1,280	3,090 e	–	2.2	83	46	–	–	–	190	1	–	–
Vanuatu	2,760	4,450 e	1.1 x	6.8	-3	–	–	–	–	103	16	2	1 x
Venezuela (Bolivarian Republic of)	11,590	11,950	-1.6	0.3	33	4	8	21	5	67	0	22	6
Viet Nam	1,100	2,910	–	6.0	10	13	4	14	–	3,744	4	–	2
Yemen	1,060 x	2,320 x	–	1.5 x	17 x	18	4 x	22 x	19 x	500	2	4	3
Zambia	1,070	1,370	-2.3	0.6	29	64	13 x	14 x	4 x	1,269	11	13	3
Zimbabwe	460	–	-0.4	-3.2	0	–	8 x	24 x	7 x	737	–	19	–
MEMORANDUM													
Sudan and South Sudan[δ]	1,270	2,020	0.1	3.6	28	–	1 x	8 x	28 x	2,289	5	4	6
SUMMARY INDICATORS[#]													
Africa	1,483	2,809	0.9	2.1	24	42	–	–	–	41,779	3	18	5
Sub-Saharan Africa	1,192	2,145	0.0	2.0	31	49	–	–	–	39,110	4	18	4
Eastern and Southern Africa	1,486	2,750	0.3	1.9	38	45	–	–	–	20,175	3	12	5
West and Central Africa	905	1,604	-0.5	1.8	22	52	–	–	–	16,484	4	22	2
Middle East and North Africa	2,752	5,232	-0.2	2.4	9	3	–	–	–	13,388	2	–	–
Asia	2,913	5,578	4.5	6.9	6	27	1	5	11	23,857	0	17	5
South Asia	1,241	3,271	2.1	4.5	7	40	2	3	13	14,187	1	21	5
East Asia and Pacific	4,286	7,472	5.6	7.4	5	16	1	6	10	9,669	0	16	5
Latin America and Caribbean	7,859	11,133	1.4	1.6	30	6	–	–	–	7,544	0	20	16
CEE/CIS	7,263	13,288	–	2.3	55	4	6	6	9	7,113	0	–	–
Industrialized countries	40,845	38,009	2.4	1.6	2	–	19	4	12	–	–	–	–
Developing countries	3,304	5,805	2.5	4.8	16	26	3	8	10	85,729	0	19	9
Least developed countries	669	1,374	-0.2	3.2	52	50	–	–	–	39,907	8	12	5
World	8,796	10,740	2.4	2.6	8	25	15	5	11	88,559	0	18	9

For a complete list of countries and territories in the regions, subregions and country categories, see page 124.

δ Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, disaggregated data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-cession (see Memorandum item).

DEFINITIONS OF THE INDICATORS

GNI per capita – Gross national income (GNI) is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income (compensation of employees and property income) from abroad. GNI per capita is gross national income divided by midyear population. GNI per capita in US dollars is converted using the World Bank Atlas method.

GNI per capita (PPP US$) – GNI per capita converted to international dollars taking into account differences in price levels (purchasing power) between countries. Based on data from the International Comparison Program (ICP).

GDP per capita – Gross domestic product (GDP) is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output. GDP per capita is gross domestic product divided by midyear population. Growth is calculated from constant price GDP data in local currency.

% of population below international poverty line of US$1.25 per day – Percentage of the population living on less than US$1.25 per day at 2005 prices, adjusted for purchasing power parity. The new poverty threshold reflects revisions to purchasing power parity (PPP) exchange rates based on the results of the 2005 ICP. The revisions reveal that the cost of living is higher across the developing world than previously estimated. As a result of these revisions, poverty rates for individual countries cannot be compared with poverty rates reported in previous editions. More detailed information on the definition, methodology and sources of the data presented is available at <www.worldbank.org>.

ODA – Net official development assistance.

Debt service – Sum of interest payments and repayments of principal on external public and publicly guaranteed long-term debts.

MAIN DATA SOURCES

GNI per capita – The World Bank.

GDP per capita – The World Bank.

Rate of inflation – The World Bank.

% of population below international poverty line of US$1.25 per day – The World Bank.

Expenditure on health, education and defence – International Monetary Fund.

ODA – Organisation for Economic Co-operation and Development.

Debt service – The World Bank.

NOTES

a: low-income country (GNI per capita is US$1,005 or less).

b: lower-middle-income country (GNI per capita is US$1,006 to US$3,975).

c: upper-middle-income country (GNI per capita is US$3,976 to US$12,275).

d: high-income country (GNI per capita is US$12,276 or more).

– Data not available.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages.

e Estimate is based on regression; other PPP figures are extrapolated from the 2005 ICP benchmark estimates.

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

TABLE 8: WOMEN

Countries and territories	Life expectancy: females as a % of males 2010	Adult literacy rate: females as a % of males 2005–2010*	Enrolment ratios: females as a % of males Primary GER 2007–2010*	Enrolment ratios: females as a % of males Secondary GER 2007–2010*	Survival rate to last grade of primary: females as a % of males 2006–2009*	Contraceptive prevalence (%) 2006–2010*	Antenatal care coverage (%) At least once 2006–2010*	Antenatal care coverage (%) At least four times 2006–2010*	Delivery care coverage (%) Skilled attendant at birth	Delivery care coverage (%) Institutional delivery 2006–2010*	Delivery care coverage (%) C-section	Maternal mortality ratio† 2006–2010* reported	Maternal mortality ratio† 2008 adjusted	Maternal mortality ratio† 2008 Lifetime risk of maternal death: 1 in:
Afghanistan	101	–	67	49	94 x	23	36	–	24	13 x	–	1,600 x	1,400	11
Albania	108	97	97	101	101	69	97	67	99	97	19	21	31	1,700
Algeria	104	79	94	102	100	61	89	–	95	95	–	–	120	340
Andorra	–	–	101	108	–	–	–	–	–	–	–	–	–	–
Angola	106	70	81	–	97 x	6 x	80	–	47	46	–	–	610	29
Antigua and Barbuda	–	101	94	100	–	–	100	–	100	–	–	–	–	–
Argentina	110	100	99	114	–	78 x	99 x	89 x	98	99	–	55	70	600
Armenia	109	100	103	103	100	55	99	71 x	100	99	18	27	29	1,900
Australia	106	–	100	96	–	71 x	98	92	–	99	31	–	8	7,400
Austria	107	–	99	96	–	–	–	–	–	–	24	–	5	14,300
Azerbaijan	109	99	99	103	100	51	77	45	88	78	5	24	38	1,200
Bahamas	109	–	100	103	–	45 x	98	–	99	–	–	–	49	1,000
Bahrain	102	98	98	104	102 x	–	100	–	97	–	–	–	19	2,200
Bangladesh	102	84	104	112	103	53	53	23	27	23	12	190	340	110
Barbados	109	–	–	–	–	–	100	–	100	–	–	–	64	1,100
Belarus	118	100	102	102	100	73 x	99 x	–	100	100 x	22	1	15	5,100
Belgium	107	–	100	97	–	75 x	–	–	–	–	18	–	5	10,900
Belize	104	–	97	108	102	34	94	–	95	88	–	57	94	330
Benin	107	54	88	–	95	17	84	61	74	78	4	400	410	43
Bhutan	106	59	101	99	105	66	97	77	65	63	12	260 x	200	170
Bolivia (Plurinational State of)	107	91	99	98	98	61	86	72	71	68	19	310	180	150
Bosnia and Herzegovina	107	97	102	102	100	36	99	–	100	100	–	3	9	9,300
Botswana	97	101	97	105	–	53	94	73	95	94	–	200	190	180
Brazil	110	100	93	111	–	81	98	91	97	98	50	75	58	860
Brunei Darussalam	106	97	101	102	–	–	99	–	100	100	–	–	21	2,000
Bulgaria	110	99	100	96	–	–	–	–	100	100	29	5	13	5,800
Burkina Faso	104	59	89	74	105	17	85	18 x	54	51	1 x	310	560	28
Burundi	106	84	97	72	97	22	99	–	60	60	–	620 x	970	25
Cambodia	104	83	94	82	99	51	89	27 x	71	54	2 x	460	290	110
Cameroon	104	80	86	83	99	29	82	60 x	63	61	2 x	670 x	600	35
Canada	106	–	100	98	–	74 x	100	99	100	99	26	–	12	5,600
Cape Verde	111	89	93	118	–	61 x	98 x	72 x	78 x	78 x	11 x	54	94	350
Central African Republic	107	61	71	56	92	19	69	–	44	56	–	540	850	27
Chad	106	52	70	41	98 x	5	53	23	23	16	2	1,100 x	1,200	14
Chile	108	100	95	103	–	58	–	–	100	100	–	17	26	2,000
China	105	94	104	107	–	85	92	–	99	96	27	32	38	1,500
Colombia	111	100	100	110	102	79	97	89	98	95	34	76	85	460
Comoros	105	86	92	–	121 x	26 x	75 x	–	62 x	–	–	380 x	340	71
Congo	104	–	94	–	99	44 x	86 x	75 x	83 x	82 x	3 x	780 x	580	39
Cook Islands	–	–	107	113	–	44 x	100	–	98	–	–	–	–	–
Costa Rica	106	100	99	106	–	80	90	86	99	99	21 y	21	44	1,100
Côte d'Ivoire	104	70	81	–	96	13	85	45 x	57	54	6 x	540 x	470	44
Croatia	110	99	100	104	–	–	–	–	100	–	–	14	14	5,200
Cuba	105	100	98	99	–	78	100	100	100	100	–	43	53	1,400
Cyprus	106	98	99	101	–	–	99	–	–	100	–	–	10	6,600
Czech Republic	108	–	100	101	–	–	–	–	100	–	20	2	8	8,500
Democratic People's Republic of Korea	110	100	–	–	–	69 x	100	94	100	95	13	77	250	230
Democratic Republic of the Congo	107	73	85	56	94	17	86	45	74	74	7	550	670	24
Denmark	106	–	101	103	–	–	–	–	–	–	21	–	5	10,900
Djibouti	105	–	89	73	101	23	92	7 x	93	87	12	550 x	300	93
Dominica	–	–	99	106	–	–	100	–	100	–	–	–	–	–
Dominican Republic	108	100	86	113	103	73	99	95	98	98	42	160	100	320
Ecuador	108	93	101	103	–	73 x	84 x	58 x	98 x	85	26 x	61	140	270
Egypt	105	77	96	96	100	60	74	66	79	72	28	55	82	380
El Salvador	114	94	97	102	–	73	94	78	96	85	25	59	110	350
Equatorial Guinea	105	93	96	–	–	–	86 x	–	65 x	–	–	–	280	73
Eritrea	108	72	83	71	–	8 x	70 x	41 x	28 x	26 x	3 x	–	280	72
Estonia	115	100	99	103	–	–	–	–	100	–	–	7	12	5,300
Ethiopia	106	43	91	77	107	15 x	28 x	12 x	6 x	5 x	1	670 x	470	40
Fiji	108	–	99	107	–	35 x	100	–	99	–	–	34 x	26	1,300
Finland	109	–	99	105	–	–	100 x	–	–	100	16	–	8	7,600

Countries and territories	Life expectancy: females as a % of males 2010	Adult literacy rate: females as a % of males 2005–2010*	Enrolment ratios: females as a % of males		Survival rate to last grade of primary: females as a % of males 2006–2009*	Contraceptive prevalence (%) 2006–2010*	Antenatal care coverage (%)		Delivery care coverage (%)			Maternal mortality ratio†		
			Primary GER 2007–2010*	Secondary GER 2007–2010*			At least once 2006–2010*	At least four times 2006–2010*	Skilled attendant at birth	Institutional delivery 2006–2010*	C-section	2006–2010* reported	2008 adjusted	2008 Lifetime risk of maternal death: 1 in:
France	109	–	99	101	–	71 x	100 x	–	–	–	21	–	8	6,600
Gabon	103	92	–	–	–	33 x	94 x	63 x	86 x	85 x	6 x	520 x	260	110
Gambia	104	62	104	96	98	18 x	98	–	57	55	–	730 x	400	49
Georgia	110	100	100	–	102	53	98	90	100	98	24	52	48	1,300
Germany	106	–	100	95	–	–	100 x	–	–	–	29	–	7	11,100
Ghana	103	83	99	89	100	24	90	78	57	57	7	450	350	66
Greece	106	98	100	95	–	76 x	–	–	–	–	–	–	2	31,800
Grenada	104	–	94	101	–	54	100	–	99	–	–	–	–	–
Guatemala	111	87	94	93	–	54	93	–	51	52	16	130	110	210
Guinea	106	55	86	59	99	9 x	88	50	46	39	2	980 x	680	26
Guinea-Bissau	107	57	–	–	92	14	93	70	44	42	–	410	1,000	18
Guyana	110	–	99	101	100	43	92	–	92	89	–	86	270	150
Haiti	104	84	–	–	100	32	85	54	26	25	3	630	300	93
Holy See	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Honduras	107	100	100	127	–	65	92	81	67	67	13	–	110	240
Hungary	111	100	99	99	–	–	–	–	100	–	31	19	13	5,500
Iceland	104	–	100	103	–	–	–	–	–	–	17	–	5	9,400
India	105	68	–	88	99	54	75	51	53	47	9	250	230	140
Indonesia	105	93	97	99	–	61	93	82	79	46	7	230	240	190
Iran (Islamic Republic of)	105	90	99	95	–	79 x	98 x	94 x	97 x	96 x	40 x	25 x	30	1,500
Iraq	111	81	84	75	97	50	84	–	80	65	21	84	75	300
Ireland	106	–	101	106	–	89 x	100 x	–	100 x	100	25	–	3	17,800
Israel	106	–	101	102	–	–	–	–	–	–	–	–	7	5,100
Italy	107	99	99	99	–	–	99 x	68 x	–	99 x	40	–	5	15,200
Jamaica	107	112	97	104	100	69 x	99	–	98	97	15	95 x	89	450
Japan	109	–	100	100	–	54 x	–	–	–	100 x	–	–	6	12,200
Jordan	104	93	101	104	–	59	99	94	99	99	19	19	59	510
Kazakhstan	118	100	100	98	100	51	100	–	100	100	–	37	45	950
Kenya	104	92	98	90	100	46	92	47	44	43	6	490	530	38
Kiribati	–	–	104	111	–	22 x	100	–	65	–	–	56 x	–	–
Kuwait	102	97	98	103	–	–	100	–	100	–	–	–	9	4,500
Kyrgyzstan	113	99	100	101	99	48	97	–	99	97	–	64	81	450
Lao People's Democratic Republic	104	77	91	81	105	38 x	35	–	20	17	–	410 x	580	49
Latvia	115	100	97	102	–	–	92 x	–	100	–	–	32	20	3,600
Lebanon	106	92	98	111	104 x	58 x	96 x	–	98 x	–	–	–	26	2,000
Lesotho	97	115	100	138	109 x	47	92	70	62	59	7	1,200	530	62
Liberia	104	86	90	–	–	11	79	66	46	37	4	990	990	20
Libya	107	86	–	–	–	–	93	–	100	–	–	–	64	540
Liechtenstein	–	–	102	87	–	–	–	–	–	–	–	–	–	–
Lithuania	117	100	98	100	–	–	100 x	–	100	–	–	9	13	5,800
Luxembourg	107	–	101	103	–	–	–	–	100 x	100 x	29	–	17	3,800
Madagascar	105	91	98	94	106	40	86	49	44	35	2	500	440	45
Malawi	100	83	103	88	88	41	92	57 x	54	54	3 x	810	510	36
Malaysia	106	95	99	107	–	–	79 x	–	99	98 x	–	29	31	1,200
Maldives	103	100	95	–	101	35	99	85	95	95	32	140 x	37	1,200
Mali	104	52	84	65	101	8	70	35	49	45	2	460	830	22
Malta	106	103	101	98	–	–	100 x	–	–	100	–	–	8	9,200
Marshall Islands	–	–	99	105	–	45	81	77	86	85	9	74 x	–	–
Mauritania	106	78	108	89	94	9	75	16 x	61	48	3 x	690	550	41
Mauritius	109	94	100	102	–	76 x	–	–	98 x	98 x	–	22 x	36	1,600
Mexico	107	97	98	106	–	73	96	86	95	80	43	54	85	500
Micronesia (Federated States of)	102	–	101	–	–	–	80	–	92	–	–	–	–	–
Monaco	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mongolia	112	101	99	107	99	55	100	–	100	98	17	47	65	730
Montenegro	107	–	98	101	102	39	97	–	100	100	–	13	15	4,000
Morocco	107	64	92	86	–	63 x	68 x	31 x	63 x	61 x	5 x	130	110	360
Mozambique	104	59	90	79	88	16	92	53 x	55	58	2 x	500	550	37
Myanmar	105	94	98	102	100 x	41	80	73	64	23	–	320 x	240	180
Namibia	102	99	98	117	101	55	95	70	81	81	13	450	180	160
Nauru	–	–	106	120	–	36	95	40	97	99	8	–	–	–
Nepal	102	65	–	–	99	48	44	29	19	18	3	280 x	380	80
Netherlands	105	–	99	98	–	69	–	–	–	100	14	–	9	7,100

TABLE 8: WOMEN

Countries and territories	Life expectancy: females as a % of males 2010	Adult literacy rate: females as a % of males 2005–2010*	Enrolment ratios: females as a % of males, Primary GER 2007–2010*	Enrolment ratios: females as a % of males, Secondary GER 2007–2010*	Survival rate to last grade of primary: females as a % of males 2006–2009*	Contraceptive prevalence (%) 2006–2010*	Antenatal care coverage (%), At least once 2006–2010*	Antenatal care coverage (%), At least four times 2006–2010*	Delivery care coverage (%), Skilled attendant at birth	Delivery care coverage (%), Institutional delivery 2006–2010*	Delivery care coverage (%), C-section	Maternal mortality ratio†, 2006–2010* reported	Maternal mortality ratio†, 2008 adjusted	Maternal mortality ratio†, 2008 Lifetime risk of maternal death: 1 in:
New Zealand	105	–	101	104	–	–	–	–	–	–	23	–	14	3,800
Nicaragua	109	100	98	113	126 x	72	90	78	74	74	20	67	100	300
Niger	102	35	80	60	102	18	46	15	33	17	1	650	820	16
Nigeria	103	69	88	77	100	15	58	45	39	35	2	550	840	23
Niue	–	–	–	–	–	23 x	100	–	100	–	–	–	–	–
Norway	106	–	100	98	–	88 x	–	–	–	–	16	–	7	7,600
Occupied Palestinian Territory	105	94	100	107	–	50	99	–	99	97	15	–	–	–
Oman	107	90	98	96	–	24	99	86	99	99	14	17	20	1,600
Pakistan	103	58	84	79	–	27	61	28	39	34	7	250	260	93
Palau	–	–	103	98	–	21	100	88	100	–	–	–	–	–
Panama	107	99	97	108	–	52	96	–	89	88	–	60	71	520
Papua New Guinea	107	89	–	–	–	32	79	55	53	52	–	730	250	94
Paraguay	106	98	97	105	–	79	96	91	82	85	33	130	95	310
Peru	107	89	100	99	98	74	95	93	84	84	20	93	98	370
Philippines	110	101	98	109	107 x	51	91	78	62	44	10	160	94	320
Poland	112	100	99	100	–	–	–	–	100 x	–	21	2	6	13,300
Portugal	108	96	97	104	–	67	100 x	–	100 x	–	31	–	7	9,800
Qatar	99	98	99	147	–	–	100	–	100	–	–	–	8	4,400
Republic of Korea	109	–	98	96	–	80	–	–	–	–	32	–	18	4,700
Republic of Moldova	111	99	98	102	100	68 x	98 x	89 x	100	99	9 x	45	32	2,000
Romania	110	99	99	99	–	70 x	94 x	76 x	99	98 x	19 x	21	27	2,700
Russian Federation	119	100	100	97	–	80	–	–	100	–	–	17	39	1,900
Rwanda	105	89	101	95	106	52	98	35	69	69	3 x	750 x	540	35
Saint Kitts and Nevis	–	–	102	108	–	54	100	–	100	–	–	–	–	–
Saint Lucia	107	–	97	103	–	–	99	–	100	–	–	–	–	–
Saint Vincent and the Grenadines	106	–	93	104	–	48	100	–	99	–	–	–	–	–
Samoa	109	100	98	113	–	29	93	58	81	81	13	29 x	–	–
San Marino	–	–	101	104	–	–	–	–	–	–	–	–	–	–
Sao Tome and Principe	104	90	101	112	98	38	98	72	82	79	5	160	–	–
Saudi Arabia	103	90	96	86	–	24	97	–	97	–	–	–	24	1,300
Senegal	104	63	104	79	96	12 x	87 x	40 x	52 x	62 x	3 x	400 x	410	46
Serbia	106	97	99	103	100	41	98	–	99	99	19	9	8	7,500
Seychelles	–	101	102	105	–	–	–	–	–	–	–	57 x	–	–
Sierra Leone	103	57	–	–	99	8	87	56	42	25	2	860	970	21
Singapore	106	94	–	–	–	–	–	–	–	100 x	–	–	9	10,000
Slovakia	111	–	99	101	–	–	97 x	–	100	–	24	10	6	13,300
Slovenia	109	100	99	100	–	–	100 x	–	100	–	–	10	18	4,100
Solomon Islands	104	–	97	84	–	35	74	65	70	85	6	–	100	230
Somalia	106	–	55	46	97	15	26	6	33	9	–	1,000	1,200	14
South Africa	103	96	96	105	–	60 x	97	87	91 x	89 x	21 x	400 x	410	100
South Sudan§	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Spain	108	98	99	104	–	66	–	–	–	–	26	–	6	11,400
Sri Lanka	109	97	100	–	–	68	99	93	99	98	24	39	39	1,100
Sudan§	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Suriname	110	98	95	128	109	46	90	–	90	88	–	180	100	400
Swaziland	98	98	93	90	102	49	97	97	82	80	12	590	420	75
Sweden	105	–	99	99	–	–	100 x	–	–	–	–	–	5	11,400
Switzerland	106	–	100	96	–	–	–	–	–	–	30	–	10	7,600
Syrian Arab Republic	104	86	96	99	100	54	88	64	96	78	26	65 x	46	610
Tajikistan	110	100	96	87	100	37	89	49	83	73	–	86	64	430
Thailand	110	96	98	109	101	80	99	80	100	99	24	12 x	48	1,200
The former Yugoslav Republic of Macedonia	106	97	101	98	100	14 x	94	–	100	99	–	4	9	7,300
Timor-Leste	103	73	95	–	99	22	84	55	29	22	2	560	370	44
Togo	105	63	94	53	99	15	87	55	60	67	–	–	350	67
Tonga	108	100	–	–	–	23 x	99	–	98	–	–	140	–	–
Trinidad and Tobago	111	99	96	107	102	43	96	–	98	97	–	–	55	1,100
Tunisia	106	82	98	108	–	60	96	68	95	89 x	21	–	60	860
Turkey	106	89	97	89	95 x	73	92	74	91	90	37	29 x	23	1,900
Turkmenistan	114	100	–	–	100	48	99	83 x	100	98	3 x	12	77	500
Tuvalu	–	–	–	–	–	31	97	67	98	93	7	–	–	–
Uganda	102	78	101	84	103	24	94	47	42	41	3	440	430	35

Countries and territories	Life expectancy: females as a % of males 2010	Adult literacy rate: females as a % of males 2005–2010*	Enrolment ratios: females as a % of males		Survival rate to last grade of primary: females as a % of males 2006–2009*	Contraceptive prevalence (%) 2006–2010*	Antenatal care coverage (%) 2006–2010*		Delivery care coverage (%)			Maternal mortality ratio†		
			Primary GER 2007–2010*	Secondary GER 2007–2010*			At least once	At least four times	Skilled attendant at birth	Institutional delivery 2006–2010*	C-section	2006–2010* reported	2008 adjusted	2008 Lifetime risk of maternal death: 1 in:
Ukraine	118	100	100	98	100	67	99	75	99	99	10	16	26	3,000
United Arab Emirates	102	102	99	101	–	–	100	–	100	100	–	0	10	4,200
United Kingdom	105	–	100	102	–	84	–	–	–	–	26	–	12	4,700
United Republic of Tanzania	103	85	100	78	100 x	34	88	43	49	50	5	450	790	23
United States	107	–	101	101	–	79	–	–	–	–	31	13	24	2,100
Uruguay	110	101	97	113	–	78 x	96	90	100	–	34	34	27	1,700
Uzbekistan	110	99	98	99	100	65	99	–	100	97	–	21	30	1,400
Vanuatu	106	96	95	109	105	38	84	–	74	80	–	150	–	–
Venezuela (Bolivarian Republic of)	108	100	97	109	107 x	–	94 x	–	95 x	95 x	–	57	68	540
Viet Nam	105	95	–	–	99	80	91	29 x	88	64	10 x	69	56	850
Yemen	105	56	80	–	95	28	47	14 x	36	24	9 x	370 x	210	91
Zambia	102	76	99	–	96	41	94	60	47	48	3	590	470	38
Zimbabwe	97	94	–	–	107	59	90	57	66	65	5	730	790	42
MEMORANDUM														
Sudan and South Sudanδ	106	76	90	88	98	8	64	–	49	19	5	1,100	750	32
SUMMARY INDICATORS#														
Africa	104	76	92	84	99	30	78	49	53	48	5	–	590	36
Sub-Saharan Africa	104	76	92	79	99	23	78	47	50	46	3	–	640	31
Eastern and Southern Africa	104	81	95	88	101	36	89	51	49	48	3	–	550	38
West and Central Africa	104	70	87	70	99	16	71	45	50	47	3	–	720	26
Middle East and North Africa	105	81	93	92	99	45	77	–	75	58	19	–	170	190
Asia	105	86	98	97	100 **	66	79	52 **	66	59	14	–	200	210
South Asia	104	68	–	88	100	51	70	46	48	43	9	–	290	110
East Asia and Pacific	105	94	101	105	–	78	92	79 **	90	79	22	–	88	600
Latin America and Caribbean	109	98	97	108	–	74	96	87	90	87	38	–	85	480
CEE/CIS	113	98	99	96	–	69	95	–	97	93	–	–	34	1,700
Industrialized countries	107	100	100	100	–	–	–	–	–	–	28	–	14	4,300
Developing countries	105	86	96	96	99 **	61	80	56 **	66	59	14	–	290	120
Least developed countries	104	75	93	82	100	33	73	40	46	41	5	–	590	37
World	106	90	96	97	99 **	63	81	56 **	67	60	15	–	260	140

For a complete list of countries and territories in the regions, subregions and country categories, see page 124.

δ Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, disaggregated data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-cession (see Memorandum item).

DEFINITIONS OF THE INDICATORS

Life expectancy – Number of years newborn children would live if subject to the mortality risks prevailing for the cross section of population at the time of their birth.

Adult literacy rate – The number of persons aged 15 years and over who can both read and write with understanding a short, simple statement about everyday life, expressed as a percentage of the total population in that age group.

Primary gross enrolment ratio (GER) – Total enrolment in primary school, regardless of age, expressed as a percentage of the official primary-school-aged population.

Secondary gross enrolment ratio (GER) – Total enrolment in secondary school, regardless of age, expressed as a percentage of the official secondary-school-aged population.

Survival rate to last primary grade – Percentage of children entering the first grade of primary school who eventually reach the last grade (survey data).

Contraceptive prevalence – Percentage of women (aged 15–49) in union currently using contraception.

Antenatal care coverage – Percentage of women (aged 15–49) attended at least once during pregnancy by skilled health personnel (doctors, nurses or midwives) and the percentage attended by any provider at least four times.

Skilled attendant at birth – Percentage of births attended by skilled heath personnel (doctors, nurses or midwives).

Institutional delivery – Percentage of women (aged 15–49) who gave birth during the two years preceding the survey and delivered in a health facility.

Caesarean section (C-section) – Percentage of births delivered by Caesarean section. (C-section rates between 5 per cent and 15 per cent expected with adequate levels of emergency obstetric care.)

Maternal mortality ratio – Number of deaths of women from pregnancy-related causes per 100,000 live births during the same time period. The 'reported' column shows country-reported figures that are not adjusted for under-reporting and misclassification. Maternal mortality ratio values have been rounded according to the following scheme: <100, no rounding; 100–999, rounded to nearest 10; and >1,000, rounded to nearest 100.

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.

MAIN DATA SOURCES

Life expectancy – United Nations Population Division.

Adult literacy – UNESCO Institute for Statistics (UIS).

Primary and secondary school enrolment – UIS.

Survival rate to last primary grade – Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS).

Contraceptive prevalence – MICS, DHS and other nationally representative sources; United Nations Population Division.

Antenatal care coverage – MICS, DHS and other nationally representative sources.

Skilled attendant at birth – MICS, DHS and other nationally representative sources.

Institutional delivery – MICS, DHS and other nationally representative sources.

C-section – DHS and other nationally representative sources.

Maternal mortality ratio (reported) – Nationally representative sources, including household surveys and vital registration.

Maternal mortality ratio (adjusted) – World Health Organization (WHO), UNICEF, United Nations Population Fund (UNFPA) and the World Bank.

Lifetime risk of maternal death – WHO, UNICEF, UNFPA and the World Bank.

NOTES

– Data not available.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages. Estimates from data years prior to 2000 are not displayed.

y Data 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.

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

** Excludes China.

† The maternal mortality data in the column headed 'reported' refer to data reported by national authorities. The data in the column headed 'adjusted' refer to the 2008 United Nations inter-agency maternal mortality estimates that were released in late 2010. Periodically, the United Nations Inter-agency Group (WHO, UNICEF, UNFPA and the World Bank) produces internationally comparable sets of maternal mortality data that account for the well-documented problems of under-reporting and misclassification of maternal deaths, including also estimates for countries with no data. Please note that owing to an evolving methodology, these values are not comparable with previously reported maternal mortality ratio 'adjusted' values. Comparable time series on maternal mortality ratios for the years 1990, 1995, 2000, 2005 and 2008 are available at <www.childinfo.org>.

TABLE 9: CHILD PROTECTION

Countries and territories	Child labour 2000–2010*			Child marriage 2000–2010*		Birth registration 2000–2010*	Female genital mutilation/cutting 1997–2010*			Justification of wife beating 2002–2010*		Violent discipline++ 2005–2010*		
							prevalence		attitudes					
	total	male	female	married by 15	married by 18	total	women[a]	daughters[b]	support for the practice[c]	male	female	total	male	female
Afghanistan	13 y	17 y	9 y	–	39	6	–	–	–	–	–	–	–	–
Albania	12	14	9	0	10	99	–	–	–	36	30	75	78	71
Algeria	5 y	6 y	4 y	0	2	99	–	–	–	–	68	88	89	87
Andorra	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Angola	24	22	25	–	–	29	–	–	–	–	–	–	–	–
Antigua and Barbuda	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Argentina	7 y	8 y	5 y	–	–	91 y	–	–	–	–	–	–	–	–
Armenia	4 y	–	–	0	10	96	–	–	–	31	22	–	–	–
Australia	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Austria	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Azerbaijan	7 y	8 y	5 y	1	12	94	–	–	–	58	49	75	79	71
Bahamas	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bahrain	5	6	3	–	–	–	–	–	–	–	–	–	–	–
Bangladesh	13	18	8	32	66	10	–	–	–	36	36	–	–	–
Barbados	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Belarus	5	6	4	0	7	–	–	–	–	–	–	84	87	80
Belgium	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Belize	40	39	42	–	–	94	–	–	–	–	12	71	71	71
Benin	46	47	45	8	34	60	13	2	1	14	47	–	–	–
Bhutan	18	18	19	6	26	100	–	–	–	–	68	–	–	–
Bolivia (Plurinational State of)	26 y	28 y	24 y	3	22	74	–	–	–	–	16	–	–	–
Bosnia and Herzegovina	5	7	4	0	6	100	–	–	–	–	5	38	40	36
Botswana	9 y	11 y	7 y	–	–	72	–	–	–	–	–	–	–	–
Brazil	3 y	4 y	2 y	11	36	91 y	–	–	–	–	–	–	–	–
Brunei Darussalam	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bulgaria	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Burkina Faso	38	39	36	5	48	64	73	25	11	–	71	83	84	82
Burundi	19	19	19	3	18	60	–	–	–	–	–	–	–	–
Cambodia	39	39	38	3	23	66	–	–	–	–	55	–	–	–
Cameroon	31	31	30	11	36	70	1	1	7	–	56	93	93	93
Canada	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cape Verde	3 y	4 y	3 y	3	18	91	–	–	–	16 y	17	–	–	–
Central African Republic	47	44	49	21	61	49	26	7	14	–	–	89	90	87
Chad	48	44	52	35	72	9	44	–	38	–	–	84	85	84
Chile	3	3	2	–	–	99	–	–	–	–	–	–	–	–
China	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Colombia	9 y	12 y	6 y	6	23	97	–	–	–	–	–	–	–	–
Comoros	27	26	28	–	–	83	–	–	–	–	–	–	–	–
Congo	25	24	25	7	33	81 y	–	–	–	–	76	–	–	–
Cook Islands	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Costa Rica	5	6	3	–	–	–	–	–	–	–	–	–	–	–
Côte d'Ivoire	35	36	34	8	35	55	36	9	20	–	65	91	91	91
Croatia	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cuba	–	–	–	–	–	100 y	–	–	–	–	–	–	–	–
Cyprus	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Czech Republic	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Democratic People's Republic of Korea	–	–	–	–	–	100	–	–	–	–	–	–	–	–
Democratic Republic of the Congo	42	36	48	8	39	28	–	–	–	–	76	92	92	91
Denmark	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Djibouti	8	8	8	2	5	89	93	49	37	–	–	72	73	71
Dominica	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Dominican Republic	10	12	7	14	40	78	–	–	–	8	4	83	85	82
Ecuador	8	7	8	4	22	90	–	–	–	–	–	–	–	–
Egypt	7	8	5	2	17	99	91	24 y	54	–	39 y	92 y	–	–
El Salvador	5 y	7 y	3 y	5	25	99	–	–	–	–	–	–	–	–
Equatorial Guinea	28	28	28	–	–	32	–	–	–	–	–	–	–	–
Eritrea	–	–	–	20	47	–	89	63	49	–	71	–	–	–
Estonia	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ethiopia	53	59	46	24	49	7	74	38	–	52 y	81	–	–	–
Fiji	–	–	–	–	–	–	–	–	–	–	–	72 y	–	–
Finland	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Countries and territories	Child labour 2000–2010*			Child marriage 2000–2010*		Birth registration 2000–2010*	Female genital mutilation/cutting 1997–2010*			Justification of wife beating 2002–2010*		Violent discipline[++] 2005–2010*		
							prevalence		attitudes					
	total	male	female	married by 15	married by 18	total	women[a]	daughters[b]	support for the practice[c]	male	female	total	male	female
France	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Gabon	–	–	–	11	34	89	–	–	–	–	–	–	–	–
Gambia	25	20	29	7	36	55	78	64	71	–	74	87	86	87
Georgia	18	20	17	3	17	92	–	–	–	–	7	67	70	63
Germany	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ghana	34	34	34	5	25	71	4	1	2	22	37	90	91	89
Greece	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Grenada	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Guatemala	21 y	–	–	8	35	–	–	–	–	–	–	–	–	–
Guinea	25	26	24	20	63	43	96	57	69	–	86	–	–	–
Guinea-Bissau	57	55	60	7	22	24	50	39	34	–	40	82	82	81
Guyana	16	17	16	4	20	93	–	–	–	–	18	76	79	74
Haiti	21	22	19	6	30	81	–	–	–	–	29	–	–	–
Holy See	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Honduras	16	16	15	11	39	94	–	–	–	–	16	–	–	–
Hungary	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Iceland	–	–	–	–	–	–	–	–	–	–	–	–	–	–
India	12	12	12	18	47	41	–	–	–	51	54	–	–	–
Indonesia	7 y	8 y	6 y	4	22	53	–	–	–	16 y	31 y	–	–	–
Iran (Islamic Republic of)	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Iraq	11	12	9	3	17	95	–	–	–	–	59	86	87	84
Ireland	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Israel	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Italy	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Jamaica	6	7	5	1	9	89	–	–	–	–	6	89	90	87
Japan	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Jordan	–	–	–	1	10	–	–	–	–	–	90 y	–	–	–
Kazakhstan	2	2	2	1	7	99	–	–	–	–	10	54	57	51
Kenya	26	27	25	6	26	60	27	–	9	44	53	–	–	–
Kiribati	–	–	–	–	–	92	–	–	–	–	–	81 y	–	–
Kuwait	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Kyrgyzstan	4	4	3	1	10	94	–	–	–	–	38	54	58	49
Lao People's Democratic Republic	11	10	13	–	–	72	–	–	–	–	81	74	75	72
Latvia	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Lebanon	7	8	6	–	11	–	–	–	–	–	–	–	–	–
Lesotho	23	25	21	2	19	45	–	–	–	48	37	–	–	–
Liberia	21	21	21	11	38	4 y	58	–	–	30	59	94	94	94
Libya	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Liechtenstein	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Lithuania	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Luxembourg	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Madagascar	28 y	29 y	27 y	14	48	80	–	–	–	30	32	–	–	–
Malawi	26	25	26	9	50	–	–	–	–	16 y	28	–	–	–
Malaysia	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Maldives	–	–	–	0	4	93	–	–	–	14 y	31 y	–	–	–
Mali	36	33	38	15	55	81	85	69	76	–	87	–	–	–
Malta	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Marshall Islands	–	–	–	6	26	96	–	–	–	–	–	–	–	–
Mauritania	16	18	15	15	35	56	72	66	53	–	–	–	–	–
Mauritius	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mexico	5	6	5	5	23	–	–	–	–	–	–	–	–	–
Micronesia (Federated States of)	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Monaco	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mongolia	18	19	17	–	4	98	–	–	–	–	20	81	83	79
Montenegro	10	12	8	0	5	98	–	–	–	–	11	63	64	61
Morocco	8	9	8	3	16	85 y	–	–	–	–	64	–	–	–
Mozambique	22	21	24	17	52	31	–	–	–	–	36	–	–	–
Myanmar	–	–	–	–	–	72	–	–	–	–	–	–	–	–
Namibia	–	–	–	2	9	67	–	–	–	41	35	–	–	–
Nauru	–	–	–	2	27	83	–	–	–	–	–	–	–	–
Nepal	34 y	30 y	38 y	10	51	35	–	–	–	22	23	–	–	–

TABLE 9: CHILD PROTECTION

Countries and territories	Child labour 2000–2010*			Child marriage 2000–2010*		Birth registration 2000–2010*	Female genital mutilation/cutting 1997–2010*			Justification of wife beating 2002–2010*		Violent discipline[++] 2005–2010*		
							prevalence		attitudes					
	total	male	female	married by 15	married by 18	total	women[a]	daughters[b]	support for the practice[c]	male	female	total	male	female
Netherlands	–	–	–	–	–	–	–	–	–	–	–	–	–	–
New Zealand	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Nicaragua	15	18	11	10	41	81	–	–	–	–	14	–	–	–
Niger	43	43	43	36	75	32 y	2	1	3	–	70	–	–	–
Nigeria	29	29	29	17	39	30	30 y	30 y	22	30	43	–	–	–
Niue	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Norway	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Occupied Palestinian Territory	–	–	–	7	19	96 y	–	–	–	–	–	95	–	–
Oman	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Pakistan	–	–	–	7	24	27	–	–	–	–	–	–	–	–
Palau	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Panama	7 y	10 y	4 y	–	–	–	–	–	–	–	–	–	–	–
Papua New Guinea	–	–	–	2	21	–	–	–	–	–	–	–	–	–
Paraguay	15	17	12	–	18	–	–	–	–	–	–	–	–	–
Peru	34 y	31 y	36 y	3	20	93	–	–	–	–	–	–	–	–
Philippines	–	–	–	2	14	83	–	–	–	–	14	–	–	–
Poland	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Portugal	3 y	4 y	3 y	–	–	–	–	–	–	–	–	–	–	–
Qatar	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Republic of Korea	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Republic of Moldova	16	20	12	1	19	98	–	–	–	22 y	21	–	–	–
Romania	1	1	1	–	–	–	–	–	–	–	–	–	–	–
Russian Federation	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Rwanda	35	36	35	1	13	82	–	–	–	–	48	–	–	–
Saint Kitts and Nevis	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Saint Lucia	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Saint Vincent and the Grenadines	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Samoa	–	–	–	–	–	48	–	–	–	46	61	–	–	–
San Marino	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Sao Tome and Principe	8	8	7	5	34	75	–	–	–	22	20	–	–	–
Saudi Arabia	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Senegal	22	24	21	10	39	55	28	20	18	–	65	–	–	–
Serbia	4	5	4	1	6	99	–	–	–	–	6	75	75	74
Seychelles	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Sierra Leone	48	49	48	19	48	51	91	33	66	58	65	92	92	93
Singapore	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Slovakia	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Slovenia	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Solomon Islands	–	–	–	3	22	80	–	–	–	65	69	72 y	–	–
Somalia	49	45	54	8	45	3	98	46	65	–	76 y	–	–	–
South Africa	–	–	–	1	6	92 y	–	–	–	–	–	–	–	–
South Sudan[s]	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Spain	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Sri Lanka	–	–	–	2	12	97	–	–	–	–	53 y	–	–	–
Sudan[s]	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Suriname	6	7	5	3	19	97	–	–	–	–	13	86	87	85
Swaziland	9	9	9	1	5	30	–	–	–	41	38	–	–	–
Sweden	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Switzerland	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Syrian Arab Republic	4	5	3	3	13	95	–	–	–	–	–	89	90	88
Tajikistan	10	9	11	1	13	88	–	–	–	–	74 y	78	80	75
Thailand	8	8	8	3	20	99	–	–	–	–	–	–	–	–
The former Yugoslav Republic of Macedonia	6	7	5	0	4	94	–	–	–	–	21	72	77	67
Timor-Leste	4	4	4	3	19	55	–	–	–	81	86	–	–	–
Togo	47	44	49	6	25	78	4	0 y	2	–	53	93	94	93
Tonga	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Trinidad and Tobago	1	1	1	2	8	96	–	–	–	–	8	77	78	77
Tunisia	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Turkey	3 y	3 y	2 y	3	14	94	–	–	–	–	25	–	–	–
Turkmenistan	–	–	–	1	7	96	–	–	–	–	38 y	–	–	–
Tuvalu	–	–	–	–	–	50	–	–	–	73	70	–	–	–

Countries and territories	Child labour 2000–2010*			Child marriage 2000–2010*		Birth registration 2000–2010*	Female genital mutilation/cutting 1997–2010*			Justification of wife beating 2002–2010*		Violent discipline++ 2005–2010*		
							prevalence		attitudes					
	total	male	female	married by 15	married by 18	total	women[a]	daughters[b]	support for the practice[c]	male	female	total	male	female
Uganda	25 y	27 y	24 y	12	46	21	1	–	–	60	70	–	–	–
Ukraine	7	8	7	0	10	100	–	–	–	11	4	70	76	65
United Arab Emirates	–	–	–	–	–	–	–	–	–	–	–	–	–	–
United Kingdom	–	–	–	–	–	–	–	–	–	–	–	–	–	–
United Republic of Tanzania	21 y	23 y	19 y	7	37	16	15	3	6	38	54	–	–	–
United States	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Uruguay	8 y	8 y	8 y	–	–	–	–	–	–	–	–	–	–	–
Uzbekistan	–	–	–	0	7	100	–	–	–	59 y	70	–	–	–
Vanuatu	–	–	–	9	27	26	–	–	–	–	–	78 y	–	–
Venezuela (Bolivarian Republic of)	8	9	6	–	–	92	–	–	–	–	–	–	–	–
Viet Nam	16	15	16	1	10	88	–	–	–	–	64	94	95	92
Yemen	23	21	24	11	32	22	23 y	20 y	41 y	–	–	95	95	95
Zambia	41 y	42 y	40 y	9	42	14	1	–	–	49	62	–	–	–
Zimbabwe	–	–	–	4	30	38	–	–	–	–	49	–	–	–
MEMORANDUM														
Sudan and South Sudan[δ]	13	14	12	12	34	33	89	43 y	45	–	–	–	–	–
SUMMARY INDICATORS[#]														
Africa	29	30	29	11	34	44	47	27	28	–	57	–	–	–
Sub-Saharan Africa	32	33	32	12	38	38	41	27	23	38	58	–	–	–
Eastern and Southern Africa	33	35	31	11	35	35	42	–	–	45	59	–	–	–
West and Central Africa	34	33	35	14	41	41	33	24	22	29	57	–	–	–
Middle East and North Africa	10	11	9	4	18	75	–	–	–	–	–	90	–	–
Asia	12**	12**	12**	14**	39**	44**	–	–	–	44**	48**	–	–	–
South Asia	13	13	12	18	46	36	–	–	–	49	52	–	–	–
East Asia and Pacific	10**	11**	10**	3**	18**	72**	–	–	–	–	36**	–	–	–
Latin America and Caribbean	8	9	7	8	29	91	–	–	–	–	–	–	–	–
CEE/CIS	5	5	4	1	11	96	–	–	–	–	27	–	–	–
Industrialized countries	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Developing countries	17**	17**	16**	12**	35**	51**	–	–	–	43**	49**	–	–	–
Least developed countries	29	30	28	17	47	31	–	–	–	39	55	–	–	–
World	17**	17**	16**	12**	35**	51**	–	–	–	–	48**	–	–	–

For a complete list of countries and territories in the regions, subregions and country categories, see page 124.

δ Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, disaggregated data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-cession (see Memorandum item).

DEFINITIONS OF THE INDICATORS

Child labour – Percentage of children 5–14 years old involved in child labour at the moment of the survey. A child is considered to be involved in child labour under the following conditions: children 5–11 years old who, during the reference week, did at least one hour of economic activity or at least 28 hours of household chores, or children 12–14 years old who, during the reference week, did at least 14 hours of economic activity or at least 28 hours of household chores.

Child marriage – Percentage of women 20–24 years old who were first married or in union before they were 15 years old and percentage of women 20–24 years old who were first married or in union before they were 18 years old.

Birth registration – Percentage of children less than 5 years old who were registered at the moment of the survey. The numerator of this indicator includes children whose birth certificate was seen by the interviewer or whose mother or caretaker says the birth has been registered.

Female genital mutilation/cutting – **(a) Women**: percentage of women 15–49 years old who have been mutilated/cut; **(b) daughters**: percentage of women 15–49 years old with at least one mutilated/cut daughter; **(c) support for the practice**: percentage of women 15–49 years old who believe that the practice of female genital mutilation/cutting should continue.

Justification of wife beating – Percentage of women and men 15–49 years old who consider a husband to be justified in hitting or beating his wife for at least one of the specified reasons, i.e., if his wife burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations.

Violent discipline – Percentage of children 2–14 years old who experience any violent discipline (psychological aggression and/or physical punishment).

MAIN DATA SOURCES

Child labour – Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other national surveys.

Child marriage – MICS, DHS and other national surveys.

Birth registration – MICS, DHS, other national surveys and vital registration systems.

Female genital mutilation/cutting – MICS, DHS and other national surveys.

Justification of wife beating – MICS, DHS and other national surveys.

Violent discipline – MICS, DHS and other national surveys.

NOTES

– Data not available.

y Data 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.

++ A more detailed explanation of the methodology and the recent changes in calculating these estimates can be found in the General Note on the Data, page 86.

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

** Excludes China.

Regional Classification

Averages presented at the end of each of the 13 statistical tables are calculated using data from the countries and territories as classified below.

Africa
Sub-Saharan Africa; North Africa (Algeria, Egypt, Libya, Morocco, Tunisia)

Sub-Saharan Africa
Eastern and Southern Africa; West and Central Africa; Djibouti; Sudan[1]

Eastern and Southern Africa
Angola; Botswana; Burundi; Comoros; Eritrea; Ethiopia; Kenya; Lesotho; Madagascar; Malawi; Mauritius; Mozambique; Namibia; Rwanda; Seychelles; Somalia; South Africa; South Sudan[1]; Swaziland; Uganda; United Republic of Tanzania; Zambia; Zimbabwe

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

Middle East and North Africa
Algeria; Bahrain; Djibouti; Egypt; Iran (Islamic Republic of); Iraq; Jordan; Kuwait; Lebanon; Libya; Morocco; Occupied Palestinian Territory; Oman; Qatar; Saudi Arabia; Sudan[1]; Syrian Arab Republic; Tunisia; United Arab Emirates; Yemen

Asia
South Asia; East Asia and Pacific

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

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

Latin America and Caribbean
Antigua and Barbuda; Argentina; Bahamas; Barbados; Belize; Bolivia (Plurinational State of); 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)

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

Industrialized countries/territories
Industrialized countries/territories are defined as those not included in the UNICEF Regional Classification.

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
Developing countries/territories are classified as such for purposes of statistical analysis only. There is no established convention for the designation of 'developed' and 'developing' countries or areas in the United Nations system.

Afghanistan; Algeria; Angola; Antigua and Barbuda; Argentina; Armenia; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belize; Benin; Bhutan; Bolivia (Plurinational State of); Botswana; Brazil; Brunei Darussalam; Burkina Faso; Burundi; Cambodia; Cameroon; Cape Verde; Central African Republic; Chad; Chile; China; Colombia; Comoros; Congo; Cook Islands; Costa Rica; Côte d'Ivoire; Cuba; Cyprus; Democratic Republic of the Congo; Democratic People's Republic of Korea; 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; Kuwait; Kyrgyzstan; Lao People's Democratic Republic; Lebanon; Lesotho; Liberia; Libya; 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; Republic of Korea; Rwanda; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Samoa; Sao Tome and Principe; Saudi Arabia; Senegal; Seychelles; Sierra Leone; Singapore; Solomon Islands; Somalia; South Africa; South Sudan[1]; Sri Lanka; Sudan[1]; Suriname; Swaziland; Syrian Arab Republic; Tajikistan; Thailand; Timor-Leste; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; Tuvalu; Uganda; United Arab Emirates; United Republic of Tanzania; Uruguay; Uzbekistan; Vanuatu; Venezuela (Bolivarian Republic of); Viet Nam; Yemen; Zambia; Zimbabwe

Least developed countries/territories
Least developed countries/territories are those countries and territories classified as such by the United Nations.

Afghanistan; Angola; Bangladesh; Benin; Bhutan; Burkina Faso; Burundi; Cambodia; Central African Republic; Chad; Comoros; Democratic Republic of the Congo; Djibouti; Equatorial Guinea; Eritrea; Ethiopia; Gambia; Guinea; Guinea-Bissau; Haiti; Kiribati; Lao People's Democratic Republic; Lesotho; Liberia; Madagascar; Malawi; Mali; Mauritania; Mozambique; Myanmar; Nepal; Niger; Rwanda; Samoa; Sao Tome and Principe; Senegal; Sierra Leone; Solomon Islands; Somalia; South Sudan[1]; Sudan[1]; Timor-Leste; Togo; Tuvalu; Uganda; United Republic of Tanzania; Vanuatu; Yemen; Zambia

[1] Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, disaggregated data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-cession, and these data are included in the Middle East and North Africa region as well as in all other categories according to the regional classification described on page 124.

Measuring human development

An introduction to Table 10

If development is to be measured using a comprehensive and inclusive assessment, it is necessary to appraise human as well as economic progress. From UNICEF's point of view, there is a need for an agreed method of measuring the level of child well-being and its rate of change.

The under-five mortality rate (U5MR) is used in Table 10 (pp. 126–129) as the principal indicator of such progress. In 1970, around 16.6 million children were dying every year. In 2010, by comparison, the estimated number of children who died before their fifth birthday stood at 7.6 million – highlighting a significant long-term decline in the global number of under-five deaths.

U5MR has several advantages as a gauge of child well-being:

- First, U5MR measures an end result of the development process rather than an 'input' such as school enrolment level, per capita calorie availability or number of doctors per thousand population – all of which are means to an end.
- Second, U5MR is known to be the result of a wide variety of inputs: for example, antibiotics to treat pneumonia; insecticide-treated mosquito nets to prevent malaria; the nutritional well-being and health knowledge of mothers; the level of immunization and oral rehydration therapy use; the availability of maternal and child health services, including antenatal care; income and food availability in the family; the availability of safe drinking water and basic sanitation; and the overall safety of the child's environment.
- Third, U5MR is less susceptible to the fallacy of the average than, for example, per capita gross national income (GNI). This is because the natural scale does not allow the children of the rich to be one thousand times more likely to survive, even if the human-made scale does permit them to have one thousand times as much income. In other words, it is much more difficult for a wealthy minority to affect a nation's U5MR, and this indicator therefore presents a more accurate, if far from perfect, picture of the health status of the majority of children and of society as a whole.

The speed of progress in reducing U5MR can be assessed by calculating its average annual rate of reduction (AARR). Unlike the comparison of absolute changes, AARR reflects the fact that the lower limits to U5MR are approached only with increasing difficulty.

As lower levels of under-five mortality are reached, the same absolute reduction represents a greater percentage reduction. AARR therefore shows a higher rate of progress for a 10-point reduction, for example, if that reduction happens at a lower level of under-five mortality. A 10-point decrease in U5MR from 100 to 90 represents a reduction of 10 per cent, whereas the same 10-point decrease from 20 to 10 represents a reduction of 50 per cent. (A negative value for the percentage reduction indicates an increase in U5MR during the period specified.)

When used in conjunction with gross domestic product (GDP) growth rates, U5MR and its rate of reduction can therefore give a picture of the progress being made by any country, territory or region, over any period of time, towards the satisfaction of some of the most essential human needs.

As Table 10 shows, there is no fixed relationship between the annual reduction rate of U5MR and the annual rate of growth in per capita GDP. Such comparisons help shed light on the relationship between economic advances and human development.

Finally, the table gives the total fertility rate for each country and territory and the corresponding AARR. It is clear that many of the nations that have achieved significant reductions in their U5MR have also achieved significant reductions in fertility.

TABLE 10: THE RATE OF PROGRESS

Countries and territories	Under-5 mortality rank	Under-5 mortality rate				Average annual rate of reduction (%)[e]				Reduction since	Reduction since	GDP per capita average annual growth rate (%)		Total fertility rate			Average annual rate of reduction (%)[e]	
		1970	1990	2000	2010	1970–1990	1990–2000	2000–2010	1990–2010	1990 (%)[e]	2000 (%)[e]	1970–1990	1990–2010	1970	1990	2010	1970–1990	1990–2010
Afghanistan	**11**	314	209	151	149	2.0	3.3	0.1	1.7	29	1	–	–	7.7	8.0	6.3	-0.2	1.2
Albania	**108**	–	41	29	18	–	3.5	4.8	4.1	56	38	-0.7 x	5.4	4.9	3.2	1.5	2.1	3.7
Algeria	**69**	181	68	49	36	4.9	3.3	3.1	3.2	47	27	1.6	1.5	7.4	4.7	2.3	2.3	3.7
Andorra	**172**	–	9	5	4	–	5.9	2.2	4.1	56	20	–	–	–	–	–	–	–
Angola	**8**	–	243	200	161	–	1.9	2.2	2.1	34	20	–	4.2	7.3	7.2	5.4	0.1	1.4
Antigua and Barbuda	**145**	–	26	15	8	–	5.5	6.3	5.9	69	47	8.3 x	1.7	–	–	–	–	–
Argentina	**126**	70	27	20	14	4.8	3.0	3.6	3.3	48	30	-0.7	2.1	3.1	3.0	2.2	0.1	1.5
Armenia	**98**	–	55	33	20	–	5.1	5.0	5.1	64	39	–	6.1	3.2	2.5	1.7	1.2	1.9
Australia	**165**	21	9	6	5	4.2	4.1	1.8	2.9	44	17	1.5	2.3 x	2.7	1.9	1.9	1.9	-0.2
Austria	**172**	29	9	6	4	5.9	4.1	4.1	4.1	56	33	2.4	1.8	2.3	1.5	1.4	2.4	0.3
Azerbaijan	**63**	–	93	67	46	–	3.3	3.8	3.5	51	31	–	5.5	4.6	3.0	2.2	2.2	1.6
Bahamas	**118**	31	22	17	16	1.7	2.6	0.6	1.6	27	6	1.9	1.0	3.5	2.6	1.9	1.5	1.7
Bahrain	**139**	84	17	12	10	8.0	3.5	1.8	2.7	41	17	-1.3 x	2.8 x	6.5	3.7	2.5	2.8	1.9
Bangladesh	**61**	234	143	86	48	2.5	5.1	5.8	5.5	66	44	0.4	3.5	6.9	4.5	2.2	2.1	3.5
Barbados	**98**	47	18	17	20	4.8	0.6	-1.6	-0.5	-11	-18	1.7	0.8 x	3.1	1.7	1.6	2.9	0.6
Belarus	**156**	–	17	14	6	–	1.9	8.5	5.2	65	57	–	4.5	2.3	1.9	1.4	1.0	1.4
Belgium	**172**	24	10	6	4	4.4	5.1	4.1	4.6	60	33	2.2	1.6	2.2	1.6	1.8	1.7	-0.7
Belize	**113**	–	44	27	17	–	4.9	4.6	4.8	61	37	2.9	1.9	6.3	4.5	2.8	1.7	2.4
Benin	**20**	259	178	143	115	1.9	2.2	2.2	2.2	35	20	0.3	1.2	6.7	6.7	5.3	0.0	1.2
Bhutan	**52**	285	139	89	56	3.6	4.5	4.6	4.5	60	37	–	5.3	6.7	5.8	2.4	0.7	4.4
Bolivia (Plurinational State of)	**55**	225	121	82	54	3.1	3.9	4.2	4.0	55	34	-1.1	1.5	6.6	4.9	3.3	1.5	1.9
Bosnia and Herzegovina	**145**	–	19	10	8	–	6.4	2.2	4.3	58	20	–	8.9 x	2.9	1.7	1.1	2.6	2.0
Botswana	**61**	127	59	96	48	3.8	-4.9	6.9	1.0	19	50	8.2	3.5	6.6	4.7	2.8	1.7	2.7
Brazil	**103**	129	59	36	19	3.9	4.9	6.4	5.7	68	47	2.3	1.5	5.0	2.8	1.8	2.9	2.1
Brunei Darussalam	**152**	–	12	9	7	–	2.9	2.5	2.7	42	22	-2.2 x	-0.4 x	5.8	3.5	2.0	2.4	2.7
Bulgaria	**130**	39	22	21	13	2.9	0.5	4.8	2.6	41	38	3.4 x	3.3	2.2	1.7	1.5	1.1	0.7
Burkina Faso	**3**	286	205	191	176	1.7	0.7	0.8	0.8	14	8	1.4	2.4	6.6	6.8	5.9	-0.2	0.8
Burundi	**14**	226	183	164	142	1.1	1.1	1.4	1.3	22	13	1.1	-1.6	6.8	6.5	4.3	0.2	2.0
Cambodia	**58**	–	121	103	51	–	1.6	7.0	4.3	58	50	–	6.3 x	5.9	5.7	2.6	0.2	4.0
Cameroon	**15**	214	137	148	136	2.2	-0.8	0.8	0.0	1	8	3.4	0.6	6.2	5.9	4.5	0.2	1.4
Canada	**156**	22	8	6	6	5.1	2.9	0.0	1.4	25	0	2.0	1.9	2.2	1.7	1.7	1.5	0.0
Cape Verde	**69**	151	59	46	36	4.7	2.5	2.5	2.5	39	22	–	4.2	6.9	5.3	2.4	1.3	4.0
Central African Republic	**9**	227	165	176	159	1.6	-0.6	1.0	0.2	4	10	-1.3	-0.7	6.0	5.8	4.6	0.1	1.1
Chad	**5**	248	207	190	173	0.9	0.9	0.9	0.9	16	9	-1.0	2.9	6.5	6.7	6.0	-0.1	0.5
Chile	**142**	82	19	11	9	7.3	5.5	2.0	3.7	53	18	1.5	3.4	4.0	2.6	1.9	2.1	1.7
China	**108**	110	48	33	18	4.1	3.7	6.1	4.9	63	45	6.6	9.2	5.5	2.3	1.6	4.3	1.9
Colombia	**103**	106	37	27	19	5.3	3.2	3.5	3.3	49	30	1.9	1.5	5.6	3.1	2.4	2.9	1.3
Comoros	**34**	222	125	104	86	2.9	1.8	1.9	1.9	31	17	0.1 x	-0.4	7.1	5.6	4.9	1.2	0.6
Congo	**29**	150	116	104	93	1.3	1.1	1.1	1.1	20	11	3.1	0.7	6.3	5.4	4.5	0.8	0.8
Cook Islands	**142**	58	20	13	9	5.3	4.3	3.7	4.0	55	31	–	–	–	–	–	–	–
Costa Rica	**139**	72	17	13	10	7.2	2.7	2.6	2.7	41	23	0.7	2.6	5.0	3.2	1.8	2.3	2.7
Côte d'Ivoire	**18**	235	151	148	123	2.2	0.2	1.9	1.0	19	17	-1.9	-1.0	7.9	6.3	4.4	1.2	1.7
Croatia	**156**	–	13	8	6	–	4.9	2.9	3.9	54	25	–	2.9	2.0	1.7	1.5	0.9	0.7
Cuba	**156**	40	13	9	6	5.6	3.7	4.1	3.9	54	33	3.9	2.6 x	4.0	1.8	1.5	4.2	0.9
Cyprus	**172**	–	11	7	4	–	4.5	5.6	5.1	64	43	5.9 x	2.1 x	2.6	2.4	1.5	0.4	2.5
Czech Republic	**172**	–	14	7	4	–	6.9	5.6	6.3	71	43	–	2.5	2.0	1.8	1.5	0.6	1.1
Democratic People's Republic of Korea	**73**	–	45	58	33	–	-2.5	5.6	1.6	27	43	–	–	4.0	2.4	2.0	2.6	0.9
Democratic Republic of the Congo	**6**	244	181	181	170	1.5	0.0	0.6	0.3	6	6	-2.3	-3.1	6.2	7.1	5.8	-0.7	1.0
Denmark	**172**	16	9	6	4	2.9	4.1	4.1	4.1	56	33	2.0	1.5	2.1	1.7	1.9	1.2	-0.6
Djibouti	**31**	–	123	106	91	–	1.5	1.5	1.5	26	14	–	-1.4 x	7.4	6.2	3.8	0.9	2.5
Dominica	**133**	54	17	15	12	5.8	1.3	2.2	1.7	29	20	4.7 x	1.7	–	–	–	–	–
Dominican Republic	**81**	127	62	41	27	3.6	4.1	4.2	4.2	56	34	2.1	3.9	6.2	3.5	2.6	2.9	1.5
Ecuador	**98**	139	52	33	20	4.9	4.5	5.0	4.8	62	39	1.3	1.7	6.3	3.7	2.5	2.7	2.0
Egypt	**91**	237	94	47	22	4.6	6.9	7.6	7.3	77	53	4.1	2.7	5.9	4.4	2.7	1.6	2.3
El Salvador	**118**	161	62	34	16	4.8	6.0	7.5	6.8	74	53	-1.9	2.6	6.2	4.0	2.3	2.3	2.8
Equatorial Guinea	**19**	–	190	152	121	–	2.2	2.3	2.3	36	20	–	19.2	5.7	5.9	5.2	-0.2	0.6
Eritrea	**49**	–	141	93	61	–	4.2	4.2	4.2	57	34	–	-1.5 x	6.6	6.2	4.5	0.3	1.7
Estonia	**165**	–	21	13	5	–	4.8	9.6	7.2	76	62	1.5 x	5.0	2.1	1.9	1.7	0.4	0.7
Ethiopia	**23**	247	184	141	106	1.5	2.7	2.9	2.8	42	25	–	2.9	6.8	7.1	4.2	-0.2	2.6
Fiji	**113**	54	30	23	17	2.9	2.7	3.0	2.8	43	26	0.7	1.2	4.5	3.4	2.7	1.5	1.2
Finland	**186**	16	7	4	3	4.1	5.6	2.9	4.2	57	25	2.9	2.6	1.9	1.7	1.9	0.3	-0.3

Countries and territories	Under-5 mortality rank	Under-5 mortality rate				Average annual rate of reduction (%)[e]				Reduction since 1990 (%)[e]	Reduction since 2000 (%)[e]	GDP per capita average annual growth rate (%)		Total fertility rate			Average annual rate of reduction (%)[e]	
		1970	1990	2000	2010	1970–1990	1990–2000	2000–2010	1990–2010			1970–1990	1990–2010	1970	1990	2010	1970–1990	1990–2010
France	**172**	18	9	5	4	3.5	5.9	2.2	4.1	56	20	2.2	1.3	2.5	1.8	2.0	1.8	-0.6
Gabon	**43**	–	93	88	74	–	0.6	1.7	1.1	20	16	0.2	-0.9	4.7	5.2	3.3	-0.5	2.3
Gambia	**28**	285	165	128	98	2.7	2.5	2.7	2.6	41	23	0.7	0.1	6.1	6.1	4.9	0.0	1.1
Georgia	**91**	–	47	33	22	–	3.5	4.1	3.8	53	33	–	2.7	2.6	2.2	1.6	0.9	1.7
Germany	**172**	26	9	5	4	5.3	5.9	2.2	4.1	56	20	2.3	1.3	2.0	1.4	1.4	1.9	-0.2
Ghana	**43**	185	122	99	74	2.1	2.1	2.9	2.5	39	25	-2.0	2.4	7.0	5.6	4.2	1.1	1.5
Greece	**172**	38	13	8	4	5.4	4.9	6.9	5.9	69	50	1.3	2.6	2.4	1.4	1.5	2.5	-0.3
Grenada	**136**	–	21	15	11	–	3.4	3.1	3.2	48	27	4.2 x	2.9	4.6	3.8	2.2	0.9	2.7
Guatemala	**76**	171	78	49	32	3.9	4.6	4.3	4.5	59	35	0.2	1.3	6.2	5.6	4.0	0.6	1.7
Guinea	**17**	317	229	175	130	1.6	2.7	3.0	2.8	43	26	–	1.2	6.8	6.7	5.2	0.1	1.3
Guinea-Bissau	**10**	–	210	177	150	–	1.7	1.7	1.7	29	15	0.1	-1.7	6.1	6.6	5.1	-0.5	1.4
Guyana	**79**	82	66	47	30	1.1	3.4	4.5	3.9	55	36	-1.6	2.5	5.6	2.6	2.3	3.8	0.7
Haiti	**7**	224	151	109	165	2.0	3.3	-4.1	-0.4	-9	-51	–	-1.1 x	5.8	5.4	3.3	0.3	2.4
Holy See	**–**	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Honduras	**88**	154	58	37	24	4.9	4.5	4.3	4.4	59	35	0.8	1.6	7.3	5.1	3.1	1.7	2.5
Hungary	**156**	43	19	11	6	4.1	5.5	6.1	5.8	68	45	3.0	2.9	2.0	1.8	1.4	0.6	1.3
Iceland	**193**	16	6	4	2	4.9	4.1	6.9	5.5	67	50	3.2	2.2	3.0	2.2	2.1	1.6	0.1
India	**46**	188	115	86	63	2.5	2.9	3.1	3.0	45	27	2.1	4.9	5.5	3.9	2.6	1.7	2.0
Indonesia	**72**	165	85	54	35	3.3	4.5	4.3	4.4	59	35	4.7	2.6	5.5	3.1	2.1	2.8	1.9
Iran (Islamic Republic of)	**85**	196	65	44	26	5.5	3.9	5.3	4.6	60	41	-2.3	2.7 x	6.5	4.8	1.7	1.5	5.3
Iraq	**67**	115	46	43	39	4.6	0.7	1.0	0.8	15	9	–	-2.2 x	7.4	6.0	4.7	1.0	1.2
Ireland	**172**	23	9	7	4	4.7	2.5	5.6	4.1	56	43	2.8	4.7	3.8	2.0	2.1	3.2	-0.3
Israel	**165**	–	12	7	5	–	5.4	3.4	4.4	58	29	1.9	1.8	3.8	3.0	2.9	1.2	0.1
Italy	**172**	33	10	6	4	6.0	5.1	4.1	4.6	60	33	2.8	0.9	2.5	1.3	1.4	3.2	-0.5
Jamaica	**88**	62	38	30	24	2.4	2.4	2.2	2.3	37	20	-1.3	0.7	5.5	2.9	2.3	3.1	1.2
Japan	**186**	18	6	5	3	5.5	1.8	5.1	3.5	50	40	3.4	0.8	2.1	1.6	1.4	1.5	0.7
Jordan	**91**	102	38	29	22	4.9	2.7	2.8	2.7	42	24	2.5 x	2.5	7.9	5.8	3.1	1.6	3.2
Kazakhstan	**73**	84	57	44	33	1.9	2.6	2.9	2.7	42	25	–	3.9	3.5	2.8	2.6	1.1	0.5
Kenya	**35**	151	99	111	85	2.1	-1.1	2.7	0.8	14	23	1.2	0.3	8.1	6.0	4.7	1.5	1.2
Kiribati	**60**	154	87	65	49	2.9	2.9	2.8	2.9	44	25	-5.3	1.2	–	–	–	–	–
Kuwait	**136**	58	15	13	11	6.8	1.4	1.7	1.6	27	15	-6.8 x	2.0 x	7.2	2.6	2.3	5.1	0.6
Kyrgyzstan	**68**	–	72	52	38	–	3.3	3.1	3.2	47	27	–	0.5	4.9	3.9	2.7	1.2	1.8
Lao People's Democratic Republic	**55**	214	145	88	54	1.9	5.0	4.9	4.9	63	39	–	4.3	6.0	6.2	2.7	-0.1	4.0
Latvia	**139**	–	21	17	10	–	2.1	5.3	3.7	52	41	3.4	4.5	1.9	1.9	1.5	0.0	1.3
Lebanon	**91**	60	38	29	22	2.3	2.7	2.8	2.7	42	24	–	2.4	5.1	3.1	1.8	2.4	2.8
Lesotho	**35**	175	89	127	85	3.4	-3.6	4.0	0.2	4	33	2.5	2.2	5.8	4.9	3.2	0.8	2.2
Liberia	**24**	274	227	169	103	0.9	3.0	5.0	4.0	55	39	-4.2	1.7	6.7	6.5	5.2	0.1	1.1
Libya	**113**	139	45	27	17	5.6	5.1	4.6	4.9	62	37	–	2.9 x	7.6	4.8	2.6	2.3	3.2
Liechtenstein	**193**	–	10	6	2	–	5.1	11.0	8.0	80	67	2.2	3.0 x	–	–	–	–	–
Lithuania	**152**	–	17	12	7	–	3.5	5.4	4.4	59	42	–	3.5	2.3	2.0	1.5	0.7	1.5
Luxembourg	**186**	22	8	5	3	5.1	4.7	5.1	4.9	63	40	2.7	2.9	2.0	1.6	1.6	1.1	-0.3
Madagascar	**48**	177	159	102	62	0.5	4.4	5.0	4.7	61	39	-2.3	-0.2	7.3	6.3	4.7	0.8	1.5
Malawi	**30**	329	222	167	92	2.0	2.8	6.0	4.4	59	45	-0.1	1.0	7.3	6.8	6.0	0.4	0.6
Malaysia	**156**	55	18	11	6	5.6	4.9	6.1	5.5	67	45	4.0	3.2	4.9	3.5	2.6	1.6	1.4
Maldives	**124**	266	102	47	15	4.8	7.7	11.4	9.6	85	68	–	4.9 x	7.2	6.1	1.8	0.8	6.3
Mali	**2**	371	255	213	178	1.9	1.8	1.8	1.8	30	16	0.2	2.7	6.9	7.1	6.3	-0.1	0.6
Malta	**156**	27	11	8	6	4.5	3.2	2.9	3.0	45	25	6.5	2.6 x	2.0	2.1	1.3	-0.2	2.3
Marshall Islands	**85**	98	51	37	26	3.3	3.2	3.5	3.4	49	30	–	-1.1	–	–	–	–	–
Mauritania	**21**	218	124	116	111	2.8	0.7	0.4	0.6	10	4	-1.0	0.9	6.8	5.9	4.5	0.7	1.3
Mauritius	**124**	85	24	19	15	6.3	2.3	2.4	2.4	38	21	3.2 x	3.5	4.0	2.3	1.6	2.7	1.8
Mexico	**113**	109	49	29	17	4.0	5.2	5.3	5.3	65	41	1.6	1.5	6.7	3.4	2.3	3.4	1.9
Micronesia (Federated States of)	**64**	–	56	49	42	–	1.3	1.5	1.4	25	14	–	0.3	6.9	5.0	3.5	1.7	1.8
Monaco	**172**	–	9	5	4	–	5.9	2.2	4.1	56	20	1.6	2.2 x	–	–	–	–	–
Mongolia	**76**	–	107	61	32	–	5.6	6.5	6.0	70	48	–	3.1	7.6	4.1	2.5	3.1	2.5
Montenegro	**145**	–	18	13	8	–	3.3	4.9	4.1	56	38	–	3.7 x	2.4	1.9	1.7	1.2	0.6
Morocco	**69**	182	86	55	36	3.7	4.5	4.2	4.4	58	35	1.9	2.4	7.1	4.0	2.3	2.8	2.9
Mozambique	**16**	281	219	177	135	1.2	2.1	2.7	2.4	38	24	-1.0 x	4.3	6.6	6.2	4.9	0.3	1.2
Myanmar	**45**	171	112	87	66	2.1	2.5	2.8	2.6	41	24	1.4	8.2 x	6.1	3.4	2.0	2.8	2.7
Namibia	**65**	113	73	74	40	2.2	-0.1	6.2	3.0	45	46	-2.1 x	2.1	6.5	5.2	3.2	1.1	2.4
Nauru	**65**	–	40	40	40	–	0.0	0.0	0.0	0	0	–	–	–	–	–	–	–
Nepal	**59**	252	141	84	50	2.9	5.2	5.2	5.2	65	40	1.0	1.9	6.1	5.2	2.7	0.8	3.2

TABLE 10: THE RATE OF PROGRESS

Countries and territories	Under-5 mortality rank	Under-5 mortality rate				Average annual rate of reduction (%)[e]				Reduction since 1990 (%)[e]	Reduction since 2000 (%)[e]	GDP per capita average annual growth rate (%)		Total fertility rate			Average annual rate of reduction (%)[e]	
		1970	1990	2000	2010	1970–1990	1990–2000	2000–2010	1990–2010			1970–1990	1990–2010	1970	1990	2010	1970–1990	1990–2010
Netherlands	**172**	16	8	6	4	3.5	2.9	4.1	3.5	50	33	1.6	2.0	2.4	1.6	1.8	2.2	-0.6
New Zealand	**156**	21	11	7	6	3.2	4.5	1.5	3.0	45	14	0.8	1.9	3.1	2.1	2.2	2.0	-0.2
Nicaragua	**81**	159	68	43	27	4.2	4.6	4.7	4.6	60	37	-3.7	1.9	6.9	4.8	2.6	1.9	3.0
Niger	**12**	328	311	218	143	0.3	3.6	4.2	3.9	54	34	-2.1	-0.2	7.4	7.8	7.1	-0.3	0.5
Nigeria	**12**	251	213	186	143	0.8	1.4	2.6	2.0	33	23	-1.4	1.9	6.5	6.4	5.5	0.1	0.7
Niue	**91**	–	14	29	22	–	-7.3	2.8	-2.3	-57	24	–	–	–	–	–	–	–
Norway	**186**	16	9	5	3	2.9	5.9	5.1	5.5	67	40	3.2	2.1	2.5	1.9	1.9	1.5	-0.2
Occupied Palestinian Territory	**91**	–	45	31	22	–	3.7	3.4	3.6	51	29	–	-2.4 x	7.9	6.5	4.5	0.9	1.9
Oman	**142**	196	47	22	9	7.1	7.6	8.9	8.3	81	59	3.3	2.0 x	7.3	7.2	2.3	0.1	5.7
Pakistan	**33**	173	124	101	87	1.7	2.1	1.5	1.8	30	14	3.0	1.7	6.6	6.0	3.4	0.5	2.8
Palau	**103**	–	33	25	19	–	2.8	2.7	2.8	42	24	–	-0.2 x	–	–	–	–	–
Panama	**98**	68	33	26	20	3.6	2.4	2.6	2.5	39	23	0.3	3.2	5.3	3.0	2.5	2.8	1.0
Papua New Guinea	**49**	151	90	74	61	2.6	2.0	1.9	1.9	32	18	-0.7	-0.2	6.2	4.8	4.0	1.2	1.0
Paraguay	**87**	74	50	35	25	2.0	3.6	3.4	3.5	50	29	3.1	0.1	5.7	4.5	3.0	1.2	2.1
Peru	**103**	164	78	41	19	3.7	6.4	7.7	7.1	76	54	-0.6	3.0	6.3	3.8	2.5	2.5	2.1
Philippines	**80**	86	59	40	29	1.9	3.9	3.2	3.6	51	28	0.6	2.0	6.3	4.3	3.1	1.9	1.6
Poland	**156**	36	17	10	6	3.8	5.3	5.1	5.2	65	40	–	4.4	2.2	2.0	1.4	0.4	2.0
Portugal	**172**	66	15	7	4	7.4	7.6	5.6	6.6	73	43	2.6	1.6	3.0	1.5	1.3	3.3	0.7
Qatar	**145**	79	21	13	8	6.6	4.8	4.9	4.8	62	38	–	–	6.9	4.2	2.3	2.5	3.1
Republic of Korea	**165**	52	8	6	5	9.4	2.9	1.8	2.4	38	17	6.2	4.2	4.5	1.6	1.3	5.2	0.9
Republic of Moldova	**103**	68	37	26	19	3.0	3.5	3.1	3.3	49	27	–	-0.6	2.6	2.4	1.5	0.3	2.5
Romania	**126**	64	37	27	14	2.7	3.2	6.6	4.9	62	48	0.9 x	2.8	2.9	1.9	1.4	2.1	1.6
Russian Federation	**133**	40	27	23	12	2.0	1.6	6.5	4.1	56	48	–	2.1	2.0	1.9	1.5	0.3	1.1
Rwanda	**31**	213	163	177	91	1.3	-0.8	6.7	2.9	44	49	1.2	2.3	8.1	7.0	5.4	0.7	1.4
Saint Kitts and Nevis	**145**	71	28	16	8	4.7	5.6	6.9	6.3	71	50	6.3 x	2.2	–	–	–	–	–
Saint Lucia	**118**	63	23	18	16	5.0	2.5	1.2	1.8	30	11	5.3 x	1.0	6.1	3.4	2.0	2.9	2.7
Saint Vincent and the Grenadines	**97**	97	27	22	21	6.4	2.0	0.5	1.3	22	5	3.3	3.6	6.0	3.0	2.1	3.6	1.8
Samoa	**98**	–	27	23	20	–	1.6	1.4	1.5	26	13	–	3.0	6.1	4.8	3.9	1.2	1.1
San Marino	**193**	–	12	5	2	–	8.8	9.2	9.0	83	60	–	–	–	–	–	–	–
Sao Tome and Principe	**37**	97	94	87	80	0.2	0.8	0.8	0.8	15	8	–	–	6.5	5.4	3.7	0.9	1.9
Saudi Arabia	**108**	179	45	26	18	6.9	5.5	3.7	4.6	60	31	-1.4	0.4 x	7.3	5.8	2.8	1.1	3.7
Senegal	**42**	275	139	119	75	3.4	1.6	4.6	3.1	46	37	-0.7	1.1	7.4	6.6	4.8	0.5	1.6
Serbia	**152**	–	29	13	7	–	8.0	6.2	7.1	76	46	–	1.5	2.4	2.1	1.6	0.6	1.4
Seychelles	**126**	67	17	14	14	6.9	1.9	0.0	1.0	18	0	2.9	1.8	–	–	–	–	–
Sierra Leone	**4**	361	276	233	174	1.3	1.7	2.9	2.3	37	25	-0.5	1.1	5.9	5.7	5.0	0.1	0.7
Singapore	**186**	27	8	4	3	6.1	6.9	2.9	4.9	63	25	5.6	3.9	3.2	1.8	1.3	2.9	1.6
Slovakia	**145**	–	18	12	8	–	4.1	4.1	4.1	56	33	–	3.7	2.5	2.0	1.3	1.0	2.2
Slovenia	**186**	–	10	5	3	–	6.9	5.1	6.0	70	40	–	3.3	2.3	1.5	1.4	2.0	0.2
Solomon Islands	**81**	102	45	35	27	4.1	2.5	2.6	2.6	40	23	–	-1.0	6.9	5.9	4.2	0.8	1.6
Somalia	**1**	–	180	180	180	–	0.0	0.0	0.0	0	0	-0.8	–	7.2	6.6	6.3	0.4	0.2
South Africa	**51**	–	60	78	57	–	-2.6	3.1	0.3	5	27	0.1	1.3	5.6	3.7	2.5	2.1	2.0
South Sudan[s]	**–**	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Spain	**165**	29	11	7	5	4.8	4.5	3.4	3.9	55	29	1.9	2.1	2.9	1.3	1.5	3.8	-0.4
Sri Lanka	**113**	75	32	23	17	4.3	3.3	3.0	3.2	47	26	3.0	4.1	4.3	2.5	2.3	2.8	0.4
Sudan[s]	**–**	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Suriname	**78**	–	52	40	31	–	2.6	2.5	2.6	40	23	-2.2 x	1.5 x	5.7	2.7	2.3	3.6	0.8
Swaziland	**39**	175	96	114	78	3.0	-1.7	3.8	1.0	19	32	3.0	1.6	6.9	5.7	3.4	0.9	2.7
Sweden	**186**	13	7	4	3	3.1	5.6	2.9	4.2	57	25	1.8	2.2	2.0	2.0	1.9	0.1	0.2
Switzerland	**165**	18	8	6	5	4.1	2.9	1.8	2.4	38	17	1.2	0.9	2.1	1.5	1.5	1.6	0.2
Syrian Arab Republic	**118**	119	38	23	16	5.7	5.0	3.6	4.3	58	30	2.0	1.6	7.6	5.3	2.9	1.8	3.0
Tajikistan	**46**	–	116	93	63	–	2.2	3.9	3.1	46	32	–	-0.1	6.9	5.2	3.3	1.4	2.3
Thailand	**130**	102	32	18	13	5.8	5.8	3.3	4.5	59	28	4.7	2.9	5.6	2.1	1.6	4.9	1.5
The former Yugoslav Republic of Macedonia	**133**	–	39	16	12	–	8.9	2.9	5.9	69	25	–	1.0	3.1	2.1	1.4	1.9	2.0
Timor-Leste	**54**	–	169	104	55	–	4.9	6.4	5.6	67	47	–	-0.5 x	5.9	5.3	6.2	0.5	-0.8
Togo	**24**	217	147	124	103	1.9	1.7	1.9	1.8	30	17	-0.6	0.0	7.1	6.3	4.1	0.6	2.2
Tonga	**118**	44	25	20	16	2.8	2.2	2.2	2.2	36	20	–	1.6	5.9	4.6	3.9	1.2	0.9
Trinidad and Tobago	**81**	53	37	32	27	1.8	1.5	1.7	1.6	27	16	0.5	5.0	3.5	2.4	1.6	1.8	2.0
Tunisia	**118**	182	49	28	16	6.6	5.6	5.6	5.6	67	43	2.5	3.5	6.6	3.6	2.0	3.0	3.0
Turkey	**108**	200	80	43	18	4.6	6.2	8.7	7.5	78	58	2.0	2.3	5.5	3.0	2.1	3.0	1.9
Turkmenistan	**52**	–	98	74	56	–	2.8	2.8	2.8	43	24	–	5.1	6.3	4.3	2.4	1.9	3.0
Tuvalu	**73**	–	57	44	33	–	2.6	2.9	2.7	42	25	–	–	–	–	–	–	–

Countries and territories	Under-5 mortality rank	Under-5 mortality rate				Average annual rate of reduction (%)⊖				Reduction since 1990 (%)⊖	Reduction since 2000 (%)⊖	GDP per capita average annual growth rate (%)		Total fertility rate			Average annual rate of reduction (%)⊖	
		1970	1990	2000	2010	1970–1990	1990–2000	2000–2010	1990–2010			1970–1990	1990–2010	1970	1990	2010	1970–1990	1990–2010
Uganda	**27**	193	175	144	99	0.5	1.9	3.7	2.8	43	31	–	3.6	7.1	7.1	6.1	0.0	0.7
Ukraine	**130**	32	21	18	13	2.1	1.5	3.3	2.4	38	28	–	0.4	2.1	1.9	1.4	0.6	1.3
United Arab Emirates	**152**	91	22	12	7	7.1	6.1	5.4	5.7	68	42	-4.9 x	0.5 x	6.6	4.4	1.7	2.0	4.6
United Kingdom	**165**	21	9	7	5	4.2	2.5	3.4	2.9	44	29	2.0	2.1	2.3	1.8	1.9	1.2	-0.1
United Republic of Tanzania	**41**	208	155	130	76	1.5	1.8	5.4	3.6	51	42	–	2.4	6.8	6.2	5.5	0.4	0.6
United States	**145**	23	11	9	8	3.7	2.0	1.2	1.6	27	11	2.1	1.8	2.2	1.9	2.1	0.7	-0.3
Uruguay	**136**	55	23	17	11	4.4	3.0	4.4	3.7	52	35	0.9	2.0	2.9	2.5	2.1	0.7	1.0
Uzbekistan	**57**	–	77	63	52	–	2.0	1.9	2.0	32	17	–	2.2	6.5	4.2	2.4	2.2	2.8
Vanuatu	**126**	102	39	23	14	4.8	5.3	5.0	5.1	64	39	1.1 x	6.8	6.3	4.9	3.9	1.2	1.2
Venezuela (Bolivarian Republic of)	**108**	62	33	25	18	3.2	2.8	3.3	3.0	45	28	-1.6	0.3	5.4	3.4	2.5	2.2	1.7
Viet Nam	**90**	–	51	35	23	–	3.8	4.2	4.0	55	34	–	6.0	7.4	3.6	1.8	3.6	3.4
Yemen	**40**	280	128	100	77	3.9	2.5	2.6	2.5	40	23	–	1.5 x	7.5	8.7	5.2	-0.7	2.5
Zambia	**21**	179	183	157	111	-0.1	1.5	3.5	2.5	39	29	-2.3	0.6	7.4	6.5	6.3	0.7	0.2
Zimbabwe	**37**	120	78	115	80	2.2	-3.9	3.6	-0.1	-3	30	-0.4	-3.2	7.4	5.2	3.3	1.8	2.3
MEMORANDUM																		
Sudan and South Sudanδ	**24**	158	125	114	103	1.2	0.9	1.0	1.0	18	10	0.1	3.6	6.6	6.0	4.4	0.5	1.5
SUMMARY INDICATORS#																		
Africa		229	160	142	111	1.8	1.2	2.5	1.8	31	22	0.9	2.1	6.7	5.9	4.5	0.6	1.3
Sub-Saharan Africa		234	174	154	121	1.5	1.2	2.4	1.8	30	21	0.0	2.0	6.7	6.2	4.9	0.3	1.2
Eastern and Southern Africa		215	156	137	98	1.6	1.3	3.4	2.3	37	28	0.3	1.9	6.8	6.0	4.6	0.6	1.4
West and Central Africa		256	196	175	143	1.3	1.1	2.0	1.6	27	18	-0.5	1.8	6.6	6.5	5.4	0.1	1.0
Middle East and North Africa		187	77	55	41	4.4	3.4	2.9	3.2	47	25	-0.2	2.4	6.7	5.0	2.8	1.5	2.8
Asia		146	86	65	48	2.6	2.8	3.0	2.9	44	26	4.5	6.9	5.6	3.2	2.2	2.8	1.9
South Asia		194	120	89	67	2.4	3.0	2.8	2.9	44	25	2.1	4.5	5.7	4.2	2.7	1.6	2.2
East Asia and Pacific		115	55	38	24	3.7	3.7	4.6	4.1	56	37	5.6	7.4	5.6	2.6	1.8	3.8	1.9
Latin America and Caribbean		118	54	35	23	3.9	4.3	4.2	4.3	57	34	1.4	1.6	5.3	3.2	2.2	2.5	1.8
CEE/CIS		88	50	37	23	2.8	3.0	4.8	3.9	54	38	–	2.3	2.8	2.3	1.8	0.9	1.4
Industrialized countries		24	10	7	6	4.4	3.6	1.5	2.6	40	14	2.4	1.6	2.3	1.7	1.7	1.4	-0.1
Developing countries		156	97	80	63	2.4	1.9	2.4	2.2	35	21	2.5	4.8	5.7	3.6	2.6	2.3	1.7
Least developed countries		240	170	138	110	1.7	2.1	2.3	2.2	35	20	-0.2	3.2	6.7	5.9	4.2	0.6	1.7
World		139	88	73	57	2.3	1.9	2.5	2.2	35	22	2.4	2.6	4.7	3.2	2.5	1.9	1.4

For a complete list of countries and territories in the regions, subregions and country categories, see page 124.

δ Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, disaggregated data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-cession (see Memorandum item).

DEFINITIONS OF THE INDICATORS

Under-five mortality rate – Probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births.

Reduction since 1990 (%) – Percentage reduction in the under-five mortality rate (U5MR) from 1990 to 2010. The United Nations Millennium Declaration in 2000 established a goal of a two-thirds (67 per cent) reduction in U5MR from 1990 to 2015. This indicator provides a current assessment of progress towards this goal.

GDP per capita – Gross domestic product (GDP) is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output. GDP per capita is gross domestic product divided by midyear population. Growth is calculated from constant price GDP data in local currency.

Total fertility rate – Number of children who would be born per woman if she lived to the end of her childbearing years and bore children at each age in accordance with prevailing age-specific fertility rates.

MAIN DATA SOURCES

Under-five mortality rate – Inter-agency Group for Child Mortality Estimation (UNICEF, World Health Organization, United Nations Population Division and the World Bank).

GDP per capita – The World Bank.

Fertility – United Nations Population Division.

NOTES

– Data not available.

⊖ A negative value indicates an increase.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages.

TABLE 11: ADOLESCENTS

Countries and territories	Adolescent population (aged 10–19)		Marital status		Age at first birth	Adolescent birth rate	Justification of wife-beating		Use of mass media		Secondary education		HIV knowledge	
	Total (thousands)	Adolescents as proportion of total population (%)	Adolescents aged 15–19 who are currently married/in union (2000–2010*) (%)		Women aged 20–24 who gave birth before age 18 (%)	Number of births per 1,000 girls aged 15–19	Adolescents aged 15–19 who think a husband is justified in hitting or beating his wife under certain circumstances (2002–2010*) (%)		Adolescents aged 15–19 who use at least one type of information media at least once a week (2000–2010*) (%)		Lower secondary gross enrolment ratio	Upper secondary gross enrolment ratio	Adolescents aged 15–19 who have comprehensive knowledge of HIV (2005–2010*) (%)	
	2010	2010	male	female	2000–2010*	2000–2010*	male	female	male	female	2007–2010*		male	female
Afghanistan	7,771	25	–	–	–	151	–	–	–	–	62	24	–	–
Albania	561	18	1	8	3	20	37	24	97	99	93	53	21	36
Algeria	6,571	19	–	2	–	4	–	66	–	–	135	51	–	12
Andorra	–	–	–	–	–	9	–	–	–	–	84	74	–	–
Angola	4,553	24	–	–	–	165	–	–	–	–	25	21	–	–
Antigua and Barbuda	–	–	–	–	–	67	–	–	–	–	126	87	–	–
Argentina	6,797	17	–	–	–	65	–	–	–	–	105	67	–	–
Armenia	457	15	0	7	3	27	31	22	99	99	98	83	7	19
Australia	2,911	13	–	–	–	17	–	–	–	–	115	166	–	–
Austria	942	11	–	–	–	10	–	–	–	–	102	99	–	–
Azerbaijan	1,477	16	0	10	4	41	63	39	97	95	93	113	2	3
Bahamas	59	17	–	–	–	39	–	–	–	–	97	89	–	–
Bahrain	149	12	–	–	–	13	–	–	–	–	101	92	–	–
Bangladesh	31,514	21	–	46	40	133	–	41	–	63 y	56	31	–	7
Barbados	38	14	–	–	–	51	–	–	–	–	–	–	–	–
Belarus	1,075	11	–	4	–	22	–	–	–	–	96	78	–	32
Belgium	1,209	11	–	–	–	11	–	–	–	–	111	106	–	–
Belize	72	23	–	–	–	91	–	14	–	–	87	52	–	39
Benin	2,042	23	2	22	23	114	12	41	83	64	–	–	31	17
Bhutan	149	21	–	15	–	46	–	70	–	–	74	38	–	22
Bolivia (Plurinational State of)	2,209	22	4	13	20	89	–	17	100	97	94	74	24	22
Bosnia and Herzegovina	446	12	–	7	–	15	–	4	–	–	106	77	–	45
Botswana	437	22	–	–	–	51	–	–	–	–	91	67	–	–
Brazil	33,729	17	–	25	16 x	77	–	–	–	–	107	92	–	–
Brunei Darussalam	64	16	–	–	–	17	–	–	–	–	116	85	–	–
Bulgaria	724	10	–	–	–	44	–	–	–	–	83	91	–	–
Burkina Faso	3,880	24	–	24	27	128	–	68	70	59	27	10	–	18
Burundi	1,947	23	–	10	–	30	–	–	–	–	29	11	–	30
Cambodia	3,286	23	2	8	9	52	–	49	88	87	56	23	41	50
Cameroon	4,422	23	–	22	33	141	–	58	77	61	50	29	–	32
Canada	4,188	12	–	–	–	14	–	–	–	–	97	105	–	–
Cape Verde	115	23	2	8	22	92	24	23	88	88	101	–	36	37
Central African Republic	1,012	23	–	59	38 x	133	–	–	–	–	18	8	26	16
Chad	2,618	23	–	42	48	193	–	–	55	24	29	17	–	10
Chile	2,817	16	–	–	–	53	–	–	–	–	101	85	–	–
China	200,660	15	–	–	–	6	–	–	–	–	92	66	–	–
Colombia	8,752	19	–	14	20	84	–	–	–	–	103	77	–	21
Comoros	155	21	–	–	17 x	95	–	–	–	–	–	–	–	–
Congo	888	22	2	19	29	132	–	76	75	63	–	–	18	8
Cook Islands	–	–	–	–	–	47	–	–	–	–	–	–	–	–
Costa Rica	836	18	–	10	–	67	–	–	–	–	113	71	–	–
Côte d'Ivoire	4,563	23	2	20	29	111	–	63	86	75	–	–	30	18
Croatia	499	11	–	–	–	14	–	–	–	–	104	87	–	–
Cuba	1,483	13	–	–	–	50	–	–	–	–	92	87	–	54
Cyprus	154	14	–	–	–	6	–	–	–	–	102	95	–	–
Czech Republic	1,110	11	–	–	–	12	–	–	–	–	99	92	–	–
Democratic People's Republic of Korea	4,123	17	–	–	–	1	–	–	–	–	–	–	–	7
Democratic Republic of the Congo	15,877	24	–	25	23	135	–	72	55	43	48	31	–	13
Denmark	701	13	–	–	–	6	–	–	–	–	117	119	–	–
Djibouti	201	23	–	4	–	27	–	–	–	–	40	18	–	16
Dominica	–	–	–	–	–	47	–	–	–	–	119	87	–	–
Dominican Republic	1,964	20	3	19	25	98	14	6	98	98	88	71	33	39
Ecuador	2,829	20	–	16	–	100	–	–	–	–	85	66	–	–
Egypt	15,926	20	–	13	7	50	–	50 y	–	97 y	89	46	16	3
El Salvador	1,462	24	–	21	–	68	–	–	–	–	79	46	–	–
Equatorial Guinea	151	22	–	–	–	128	–	–	–	–	–	–	–	–
Eritrea	1,144	22	–	29	25	85	–	70	–	85	46	21	–	–
Estonia	138	10	–	–	–	24	–	–	–	–	102	97	–	–
Ethiopia	20,535	25	2	22	28	109	53	77	34	27	43	15	32	21

Countries and territories	Adolescent population (aged 10–19)		Marital status		Age at first birth	Adolescent birth rate	Justification of wife-beating		Use of mass media		Secondary education		HIV knowledge	
	Total (thousands)	Adolescents as proportion of total population (%)	Adolescents aged 15–19 who are currently married/in union (2000–2010*) (%)		Women aged 20–24 who gave birth before age 18 (%)	Number of births per 1,000 girls aged 15–19	Adolescents aged 15–19 who think a husband is justified in hitting or beating his wife under certain circumstances (2002–2010*) (%)		Adolescents aged 15–19 who use at least one type of information media at least once a week (2000–2010*) (%)		Lower secondary gross enrolment ratio	Upper secondary gross enrolment ratio	Adolescents aged 15–19 who have comprehensive knowledge of HIV (2005–2010*) (%)	
	2010	2010	male	female	2000–2010*	2000–2010*	male	female	male	female	2007–2010*		male	female
Fiji	161	19	–	–	–	30	–	–	–	–	94	62	–	–
Finland	634	12	–	–	–	9	–	–	–	–	102	116	–	–
France	7,460	12	–	–	–	11	–	–	–	–	110	117	–	–
Gabon	344	23	2	18	35	144 x	–	–	89	83	–	–	–	–
Gambia	409	24	–	25	–	104	–	71	–	–	65	48	–	40
Georgia	575	13	–	11	–	44	–	5	–	–	95	81	–	12
Germany	8,202	10	–	–	–	10	–	–	–	–	102	102	–	–
Ghana	5,327	22	1	8	16	70	28	41	90	85	78	35	30	28
Greece	1,091	10	–	–	–	12	–	–	–	–	104	99	–	–
Grenada	21	20	–	–	–	54	–	–	–	–	115	77	–	–
Guatemala	3,388	24	–	18	22	92	–	–	–	–	62	47	24	20
Guinea	2,286	23	3	36	44	153	–	79	66	55	45	25	20	17
Guinea-Bissau	343	23	–	19	–	137	–	39	–	–	–	–	–	12
Guyana	177	23	–	14	22	101	–	19	94	96	122	71	45	53
Haiti	2,265	23	2	17	15	69	–	29	88	83	–	–	34	31
Holy See	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Honduras	1,764	23	–	20	26	108	–	18	–	98	68	60	–	28
Hungary	1,097	11	–	–	–	20	–	–	–	–	100	98	–	–
Iceland	46	14	–	–	–	15	–	–	–	–	99	115	–	–
India	242,991	20	5	30	22	45	57	53	88	72	77	47	35	19
Indonesia	42,797	18	–	13	10	52	–	41 y	–	79 y	93	66	2 y	6 y
Iran (Islamic Republic of)	12,612	17	–	17	–	31	–	–	–	–	100	73	–	–
Iraq	7,262	23	–	19	–	68	–	57	–	–	63	39	–	2
Ireland	564	13	–	–	–	17	–	–	–	–	107	134	–	–
Israel	1,184	16	–	–	–	15	–	–	–	–	71	108	–	–
Italy	5,744	9	–	–	–	7	–	–	–	–	102	99	–	–
Jamaica	565	21	–	5	–	60	–	6	–	–	95	85	–	59
Japan	11,873	9	–	–	–	5	–	–	–	–	102	101	–	–
Jordan	1,408	23	–	6	4	32	–	91 y	–	97 y	95	74	–	12 y
Kazakhstan	2,497	16	–	5	6 x	31	–	7	–	–	107	71	–	22
Kenya	9,135	23	0	12	26	106	54	57	91	81	90	43	52	42
Kiribati	–	–	–	–	–	39	–	–	–	–	98	71	–	–
Kuwait	381	14	–	–	–	12	–	–	–	–	97	80	–	–
Kyrgyzstan	1,120	21	–	8	4 x	30	–	28	–	–	92	65	–	19
Lao People's Democratic Republic	1,516	24	–	–	–	110	–	79	–	–	53	34	–	–
Latvia	229	10	–	–	–	15	–	–	–	–	96	90	–	–
Lebanon	779	18	–	–	–	18	–	–	–	–	89	75	–	–
Lesotho	531	24	1	16	13	92	54	48	64	69	57	27	28	35
Liberia	891	22	3	19	38	177	37	48	73	63	–	–	21	18
Libya	1,105	17	–	–	–	4	–	–	–	–	–	–	–	–
Liechtenstein	–	–	–	–	–	4	–	–	–	–	104	106	–	–
Lithuania	412	12	–	–	–	20	–	–	–	–	98	101	–	–
Luxembourg	61	12	–	–	–	9	–	–	–	–	108	87	–	–
Madagascar	4,920	24	11	34	36	147	33	35	61	60	43	15	26	23
Malawi	3,583	24	–	33	34	177	28	32	84	70	36	15	42	42
Malaysia	5,455	19	–	–	–	12	–	–	–	–	94	50	–	–
Maldives	69	22	–	5	1	15	–	41	–	100	122	–	–	22 y
Mali	3,612	23	–	40	46	190	–	83	81	79	50	26	–	14
Malta	52	12	–	–	–	20	–	–	–	–	99	103	–	–
Marshall Islands	–	–	–	–	–	88	–	–	–	–	93	70	35	27
Mauritania	776	22	–	25	25	88	–	–	55	44	26	23	10	4
Mauritius	213	16	–	–	–	34	–	–	–	–	96	81	–	–
Mexico	21,669	19	–	15	–	90	–	–	–	–	117	62	–	–
Micronesia (Federated States of)	27	24	–	–	–	51	–	–	–	–	100	–	–	–
Monaco	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mongolia	519	19	–	4	3	20	–	17	–	–	95	87	–	32
Montenegro	84	13	–	2	–	17	–	6	–	–	109	88	–	29
Morocco	6,168	19	–	11	8	18	–	64	–	90	74	38	–	–
Mozambique	5,402	23	–	40	42	185	–	37	95	88	32	10	31	37

TABLE 11: ADOLESCENTS

Countries and territories	Adolescent population (aged 10–19)		Marital status		Age at first birth	Adolescent birth rate	Justification of wife-beating		Use of mass media		Secondary education		HIV knowledge	
	Total (thousands)	Adolescents as proportion of total population (%)	Adolescents aged 15–19 who are currently married/in union (2000–2010*) (%)		Women aged 20–24 who gave birth before age 18 (%)	Number of births per 1,000 girls aged 15–19	Adolescents aged 15–19 who think a husband is justified in hitting or beating his wife under certain circumstances (2002–2010*) (%)		Adolescents aged 15–19 who use at least one type of information media at least once a week (2000–2010*) (%)		Lower secondary gross enrolment ratio	Upper secondary gross enrolment ratio	Adolescents aged 15–19 who have comprehensive knowledge of HIV (2005–2010*) (%)	
	2010	2010	male	female	2000–2010*	2000–2010*	male	female	male	female	2007–2010*		male	female
Myanmar	8,763	18	–	–	–	17	–	–	–	–	61	38	–	31
Namibia	526	23	0	5	17	74	44	38	86	88	83	35	59	62
Nauru	–	–	–	–	22	84	–	–	–	–	–	–	8	8
Nepal	6,935	23	10	32	23	106	27	24	88	80	–	–	45	29
Netherlands	2,013	12	–	–	–	5	–	–	–	–	126	116	–	–
New Zealand	618	14	–	–	–	34	–	–	–	–	105	153	–	–
Nicaragua	1,326	23	–	24	28	109	–	19	–	95	78	53	–	–
Niger	3,644	23	3	59	51	199	–	68	66	48	17	4	14	12
Nigeria	35,326	22	1	29	28	123	35	40	82	64	34	26	28	20
Niue	–	–	–	–	–	53	–	–	–	–	–	–	–	–
Norway	646	13	–	–	–	9	–	–	–	–	98	123	–	–
Occupied Palestinian Territory	1,022	25	–	13	–	60	–	–	–	–	89	80	–	–
Oman	495	18	–	–	–	14	–	–	–	–	92	91	–	–
Pakistan	39,911	23	–	16	10	16	–	–	–	–	44	25	–	2
Palau	–	–	–	–	–	29	–	–	–	–	98	94	–	–
Panama	639	18	–	–	–	87	–	–	–	–	90	55	–	–
Papua New Guinea	1,521	22	3	15	–	70	–	–	–	–	–	–	–	–
Paraguay	1,376	21	–	11	16 x	65	–	–	–	–	78	56	–	–
Peru	5,771	20	–	11	15	69	–	–	–	91	98	75	–	17
Philippines	20,201	22	–	10	7	53	–	15	–	94	88	65	–	19
Poland	4,487	12	–	–	–	16	–	–	–	–	99	99	–	–
Portugal	1,100	10	–	–	–	16	–	–	–	–	116	98	–	–
Qatar	136	8	–	–	–	15	–	–	–	–	102	71	–	–
Republic of Korea	6,595	14	–	–	–	2	–	–	–	–	99	95	–	–
Republic of Moldova	495	14	1	10	5	24	25	24	99	98	89	87	–	–
Romania	2,318	11	–	–	–	39	–	–	–	–	99	89	–	–
Russian Federation	14,646	10	–	–	–	30	–	–	–	–	85	84	–	–
Rwanda	2,314	22	1	3	7	43	–	51	79	60	36	17	49	45
Saint Kitts and Nevis	–	–	–	–	–	67	–	–	–	–	101	89	–	–
Saint Lucia	33	19	–	–	–	50	–	–	–	–	105	83	–	–
Saint Vincent and the Grenadines	21	19	–	–	–	72	–	–	–	–	121	91	–	–
Samoa	43	23	1	7	5	29	50	58	97	97	96	67	5	2
San Marino	–	–	–	–	–	1	–	–	–	–	95	96	–	–
Sao Tome and Principe	40	24	1	20	25	110	25	23	96	95	69	20	39	39
Saudi Arabia	4,931	18	–	–	–	7	–	–	–	–	102	91	–	–
Senegal	2,941	24	6	29	22	96	–	66	61	89	39	17	21	18
Serbia	1,225	12	–	6	–	22	–	5	–	–	99	84	–	43
Seychelles	–	–	–	–	–	59	–	–	–	–	110	98	–	–
Sierra Leone	1,332	23	1	30	40	143	57	55	66	51	–	–	26	16
Singapore	740	15	–	–	–	5	–	–	–	–	–	–	–	–
Slovakia	661	12	–	–	–	22	–	–	–	–	93	91	–	–
Slovenia	197	10	–	–	–	5	–	–	–	–	96	97	–	–
Solomon Islands	119	22	–	–	15	70	73	72	–	–	54	19	26	29
Somalia	2,078	22	–	25	–	123	–	75 y	–	–	10	6	–	3
South Africa	9,956	20	2	4	15	54	–	–	–	–	96	92	–	–
South Sudan[δ]	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Spain	4,276	9	–	–	–	13	–	–	–	–	119	125	–	–
Sri Lanka	3,173	15	–	9	4	23	–	54 y	–	–	104	–	–	–
Sudan[δ]	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Suriname	95	18	–	11	–	66	–	19	–	–	90	55	–	41
Swaziland	303	26	0	7	28	111	59	54	94	89	64	37	52	56
Sweden	1,121	12	–	–	–	6	–	–	–	–	102	103	–	–
Switzerland	877	11	–	–	–	4	–	–	–	–	110	85	–	–
Syrian Arab Republic	4,707	23	–	10	–	75	–	–	–	–	98	36	–	6
Tajikistan	1,681	24	–	6	–	27	–	85 y	–	–	95	59	9	11
Thailand	10,267	15	–	15	–	43	–	–	–	–	90	62	–	46
The former Yugoslav Republic of Macedonia	286	14	–	2	–	20	–	14	–	–	91	76	–	23
Timor-Leste	295	26	0	8	9	54	72	81	61	62	60	41	15	11
Togo	1,393	23	–	12	19 x	89 x	–	54	–	–	51	27	–	15

Countries and territories	Adolescent population (aged 10–19)		Marital status		Age at first birth	Adolescent birth rate	Justification of wife-beating		Use of mass media		Secondary education		HIV knowledge	
	Total (thousands)	Adolescents as proportion of total population (%)	Adolescents aged 15–19 who are currently married/in union (2000–2010*) (%)		Women aged 20–24 who gave birth before age 18 (%)	Number of births per 1,000 girls aged 15–19	Adolescents aged 15–19 who think a husband is justified in hitting or beating his wife under certain circumstances (2002–2010*) (%)		Adolescents aged 15–19 who use at least one type of information media at least once a week (2000–2010*) (%)		Lower secondary gross enrolment ratio	Upper secondary gross enrolment ratio	Adolescents aged 15–19 who have comprehensive knowledge of HIV (2005–2010*) (%)	
	2010	2010	male	female	2000–2010*	2000–2010*	male	female	male	female	2007–2010*		male	female
Tonga	23	22	–	–	–	16	–	–	–	–	–	–	–	–
Trinidad and Tobago	196	15	–	6	–	33	–	10	–	–	91	86	–	49
Tunisia	1,757	17	–	–	–	6	–	–	–	–	116	73	–	–
Turkey	13,042	18	–	10	8	51	–	30	–	–	91	72	–	–
Turkmenistan	1,031	20	–	5	2	21	–	37 y	–	96	–	–	–	4
Tuvalu	–	–	–	–	3	23	83	69	–	–	–	–	57	31
Uganda	8,063	24	2	20	35	159	69	70	87	78	33	15	38	31
Ukraine	4,889	11	3	6	3	30	8	3	99	99	96	91	33	39
United Arab Emirates	877	12	–	–	–	22	–	–	–	–	101	87	–	–
United Kingdom	7,483	12	–	–	–	26	–	–	–	–	103	96	–	–
United Republic of Tanzania	10,198	23	4	18	28	116	39	52	79	70	38	5	41	46
United States	41,449	13	–	–	–	40	–	–	–	–	99	88	–	–
Uruguay	526	16	–	–	–	60	–	–	–	–	108	68	–	–
Uzbekistan	5,941	22	–	5	4	26	63	63	–	–	97	120	–	27
Vanuatu	53	22	–	13	–	92 x	–	–	–	–	48	46	–	14
Venezuela (Bolivarian Republic of)	5,482	19	–	16	–	101	–	–	–	–	90	70	–	–
Viet Nam	15,807	18	–	5	4	35	–	53	97	94	–	–	–	45
Yemen	5,974	25	–	19	25 x	80	–	–	–	–	–	–	–	2 y
Zambia	3,087	24	1	18	34	151	55	61	80	71	–	–	38	36
Zimbabwe	3,223	26	–	21	21	101	–	57	68	60	–	–	–	51
MEMORANDUM														
Sudan and South Sudan[δ]	9,804	23	–	25	17 x	72 x	–	–	–	–	53	28	–	–
SUMMARY INDICATORS[#]														
Africa	228,066	22	2	22	25	108	–	57	72	65	52	31	31	23
Sub-Saharan Africa	196,540	23	2	24	28	123	43	57	72	61	44	27	32	25
Eastern and Southern Africa	92,302	23	3	19	27	116	50	60	68	61	47	29	38	33
West and Central Africa	94,232	23	1	28	29	130	–	55	74	61	40	25	27	18
Middle East and North Africa	82,264	20	–	15	–	38	–	–	–	–	89	54	–	5
Asia	655,548	18	5 **	25 **	19 **	36	56 **	48 **	89 **	74 **	80	51	30 **	17 **
South Asia	332,513	20	5	30	22	53	56	51	88	71	71	42	35	16
East Asia and Pacific	323,035	16	–	11 **	8 **	19	–	38 **	–	86 **	89	64	–	22 **
Latin America and Caribbean	108,361	19	–	18	–	81	–	–	–	–	102	74	–	–
CEE/CIS	55,069	14	–	7	–	34	–	31	–	–	93	84	–	–
Industrialized countries	114,933	12	–	–	–	22	–	–	–	–	103	99	–	–
Developing countries	1,061,866	19	–	22 **	20 **	56	–	50 **	83 **	72 **	77	51	30 **	19 **
Least developed countries	190,445	23	–	29	32	123	–	56	67	59	46	24	–	21
World	1,202,710	18	–	22 **	20 **	52	–	49 **	–	72 **	80	56	–	19 **

For a complete list of countries and territories in the regions, subregions and country categories, see page 124.

δ Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, disaggregated data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-cession (see Memorandum item).

DEFINITIONS OF THE INDICATORS

Marital status – Percentage of boys and girls aged 15–19 who are currently married or in union. This indicator is meant to provide a snapshot of the current marital status of boys and girls in this age group. However, it is worth noting that those not married at the time of the survey are still exposed to the risk of marrying before they exit adolescence.

Age at first birth – Percentage of women aged 20–24 who gave birth before age 18. This standardized indicator from population-based surveys captures levels of fertility among adolescents up to the age of 18. Note that the data are based on the answers of women aged 20–24, whose risk of giving birth before the age of 18 is behind them.

Adolescent birth rate – Number of births per 1,000 adolescent girls aged 15–19.

Justification of wife-beating – The percentage of boys and girls aged 15–19 who consider a husband to be justified in hitting or beating his wife for at least one of the specified reasons: if his wife burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations.

Use of mass media – The percentage of boys and girls aged 15–19 who make use of at least one of the following types of information media at least once a week: newspaper, magazine, television or radio.

Lower secondary gross enrolment ratio – Number of children enrolled in lower secondary school, regardless of age, expressed as a percentage of the total number of children of official lower secondary school age.

Upper secondary gross enrolment ratio – Number of children enrolled in upper secondary school, regardless of age, expressed as a percentage of the total number of children of official upper secondary school age.

Comprehensive knowledge of HIV – Percentage of young men and women (aged 15–19) 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-positive.

MAIN DATA SOURCES

Adolescent population – United Nations Population Division.

Marital status – Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys.

Age at first birth – DHS.

Adolescent birth rate – United Nations Population Division.

Justification of wife-beating – DHS, MICS and other national surveys.

Use of mass media – AIDS Indicator Surveys (AIS), DHS and other national surveys.

Gross enrolment ratio – UNESCO Institute for Statistics (UIS).

Comprehensive knowledge of HIV – AIS, DHS, MICS, Reproductive Health Surveys (RHS) and other national household surveys; HIV/AIDS Survey Indicators Database, <www.measuredhs.com/hivdata>.

NOTES

– Data not available.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages.

y Data 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.

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

** Excludes China.

TABLE 12: EQUITY – RESIDENCE

Countries and territories	Birth registration (%) 2000–2010*			Skilled attendant at birth (%) 2006–2010*			Underweight prevalence in children under five (%) 2006–2010*			Under-fives with diarrhoea receiving oral rehydration and continued feeding (%) 2006–2010*			Primary school net attendance ratio 2005–2010*			Comprehensive knowledge of HIV (%) females 15–24 2005–2010*			% of population using improved sanitation facilities 2008		
	urban	rural	ratio of urban to rural	urban	rural	ratio of urban to rural	urban	rural	ratio of rural to urban	urban	rural	ratio of urban to rural	urban	rural	ratio of urban to rural	urban	rural	ratio of urban to rural	urban	rural	ratio of urban to rural
Afghanistan	12	4	2.7	*35 x*	*7 x*	*5.0 x*	–	–	–	–	–	–	73 x	47 x	1.6 x	–	–	–	60	30	2.0
Albania	99	98	1.0	100	99	1.0	5	6	1.2	64	63	1.0	90	91	1.0	51	26	2.0	98	98	1.0
Algeria	99	99	1.0	98	92	1.1	3	4	1.4	26	23	1.1	98	95	1.0	16	10	1.7	98	88	1.1
Andorra	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Angola	34	19	1.7	71	26	2.8	–	–	–	–	–	–	85	67	1.3	–	–	–	86	18	4.8
Antigua and Barbuda	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	98	–	–
Argentina	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	91	77	1.2
Armenia	97	95	1.0	100	99	1.0	3	7	2.6	62 x	56 x	1.1 x	–	–	–	26	17	1.5	95	80	1.2
Australia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Austria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Azerbaijan	96	92	1.0	97	80	1.2	4	12	3.1	21	41	0.5	74	72	1.0	7	2	3.3	85	77	1.1
Bahamas	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Bahrain	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	–	–
Bangladesh	13	9	1.5	41	22	1.9	33	43	1.3	70	68	1.0	86	86	1.0	–	–	–	56	52	1.1
Barbados	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Belarus	–	–	–	*100 x*	*100 x*	*1.0 x*	1 x	2 x	1.7 x	53 x	56 x	0.9 x	92	95	1.0	33	34	1.0	91	97	0.9
Belgium	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Belize	92	97	1.0	*99*	*93*	*1.1*	2	6	2.9	–	–	–	97	94	1.0	49	29	1.7	93	86	1.1
Benin	68	56	1.2	84	69	1.2	15	21	1.4	43	41	1.1	74	55	1.3	22	11	1.9	24	4	6.0
Bhutan	100	100	1.0	90	54	1.6	11	14	1.3	60	62	1.0	96	90	1.1	32	15	2.1	87	54	1.6
Bolivia (Plurinational State of)	76	72	1.1	88	51	1.7	3	6	2.3	28	30	0.9	98	96	1.0	32	9	3.5	34	9	3.8
Bosnia and Herzegovina	99	100	1.0	100	100	1.0	2 x	1 x	0.7 x	42	58	0.7	98	98	1.0	46	42	1.1	99	92	1.1
Botswana	78	67	1.2	99	90	1.1	–	–	–	–	–	–	89	85	1.0	–	–	–	74	39	1.9
Brazil	–	–	–	98	94	1.0	2	2	0.8	–	–	–	–	–	–	–	–	–	87	37	2.4
Brunei Darussalam	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bulgaria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Burkina Faso	86	58	1.5	66	51	1.3	–	–	–	52	41	1.3	79	38	2.1	35	10	3.6	33	6	5.5
Burundi	62	60	1.0	88	58	1.5	16	28	1.7	27 x	23 x	1.2 x	91	70	1.3	53	29	1.8	49	46	1.1
Cambodia	71	66	1.1	95	67	1.4	19	30	1.6	45 x	51 x	0.9 x	–	–	–	62	47	1.3	67	18	3.7
Cameroon	86	58	1.5	86	46	1.9	9	22	2.4	29	18	1.6	90	71	1.3	42	18	2.4	56	35	1.6
Canada	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	99	1.0
Cape Verde	–	–	–	91 x	64 x	1.4 x	–	–	–	–	–	–	–	–	–	–	–	–	65	38	1.7
Central African Republic	72	36	2.0	82	26	3.1	22	26	1.2	52	43	1.2	66	42	1.6	21	13	1.6	43	28	1.5
Chad	36	3	11.9	60	12	5.1	22	33	1.5	39	19	2.1	–	–	–	18	7	2.6	23	4	5.8
Chile	–	–	–	*100 x*	*99 x*	*1.0 x*	–	–	–	–	–	–	–	–	–	–	–	–	98	83	1.2
China	–	–	–	100	99	1.0	3 x	8 x	2.7 x	–	–	–	–	–	–	–	–	–	58	52	1.1
Colombia	97	95	1.0	99	94	1.1	3	5	1.6	55	45	1.2	91	91	1.0	26	17	1.5	81	55	1.5
Comoros	87	83	1.1	79 x	57 x	1.4 x	–	–	–	48 x	27 x	1.8 x	41 x	29 x	1.4 x	–	–	–	50	30	1.7
Congo	88 y	75 y	1.2 y	96 x	73 x	1.3 x	8 x	15 x	2.0 x	40 x	38 x	1.1 x	–	–	–	9	6	1.5	31	29	1.1
Cook Islands	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Costa Rica	–	–	–	100	99	1.0	–	–	–	–	–	–	96	96	1.0	–	–	–	95	96	1.0
Côte d'Ivoire	79	41	2.0	84	40	2.1	9	20	2.2	48	43	1.1	67	48	1.4	19	17	1.1	36	11	3.3
Croatia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	99	98	1.0
Cuba	100 y	100 y	1.0 y	–	–	–	–	–	–	–	–	–	–	–	–	55	49	1.1	94	81	1.2
Cyprus	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Czech Republic	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	99	97	1.0
Democratic People's Republic of Korea	100	100	1.0	100	100	1.0	13	27	2.0	71	63	1.1	100	99	1.0	11	4	2.8	–	–	–
Democratic Republic of the Congo	24	29	0.8	93	66	1.4	17	27	1.6	36	38	0.9	86	70	1.2	21	12	1.7	23	23	1.0
Denmark	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Djibouti	90	82	1.1	95	40	2.3	18	27	1.5	32	63	0.5	67	49	1.4	18	9	2.0	63	10	6.3
Dominica	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Dominican Republic	82	70	1.2	98	97	1.0	–	–	–	58	51	1.1	88	89	1.0	42	37	1.2	87	74	1.2
Ecuador	89	92	1.0	98 x	99 x	1.0 x	–	–	–	–	–	–	–	–	–	–	–	–	96	84	1.1
Egypt	99	99	1.0	90	72	1.2	6	6	1.0	17	20	0.8	91	87	1.0	7	3	2.3	97	92	1.1
El Salvador	99	99	1.0	97	94	1.0	4 y	7 y	2.0 y	–	–	–	–	–	–	–	–	–	89	83	1.1
Equatorial Guinea	43	24	1.8	87 x	49 x	1.8 x	–	–	–	34 x	37 x	0.9 x	–	–	–	–	–	–	–	–	–
Eritrea	–	–	–	65 x	10 x	6.2 x	23 x	40 x	1.7 x	67 x	49 x	1.4 x	–	–	–	–	–	–	52	4	13.0
Estonia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	96	94	1.0
Ethiopia	29	5	5.9	45 x	3 x	17.2 x	17 x	35 x	2.0 x	28 x	14 x	1.9 x	–	–	–	44	14	3.2	29	8	3.6

Countries and territories	Birth registration (%) 2000–2010* urban	rural	ratio of urban to rural	Skilled attendant at birth (%) 2006–2010* urban	rural	ratio of urban to rural	Underweight prevalence in children under five (%) 2006–2010* urban	rural	ratio of rural to urban	Under-fives with diarrhoea receiving oral rehydration and continued feeding (%) 2006–2010* urban	rural	ratio of urban to rural	Primary school net attendance ratio 2005–2010* urban	rural	ratio of urban to rural	Comprehensive knowledge of HIV (%) females 15–24 2005–2010* urban	rural	ratio of urban to rural	% of population using improved sanitation facilities 2008 urban	rural	ratio of urban to rural
Fiji	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Finland	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
France	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Gabon	90	87	1.0	92 x	67 x	1.4 x	–	–	–	46 x	37 x	1.3 x	–	–	–	–	–	–	33	30	1.1
Gambia	57	54	1.1	83	43	1.9	12	22	1.9	32	40	0.8	53	35	1.5	42	37	1.2	68	65	1.0
Georgia	97	87	1.1	*99 x*	*98 x*	*1.0 x*	1	1	1.6	41 x	32 x	1.3 x	96	93	1.0	17	12	1.5	96	93	1.0
Germany	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Ghana	82	65	1.3	84	41	2.0	11	16	1.5	53	40	1.3	82	70	1.2	34	22	1.5	18	7	2.6
Greece	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	99	97	1.0
Grenada	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	96	97	1.0
Guatemala	–	–	–	77	37	2.1	8	16	1.9	–	–	–	–	–	–	32	14	2.2	89	73	1.2
Guinea	78	33	2.4	84	31	2.7	15	23	1.5	40 x	37 x	1.1 x	–	–	–	24	13	1.9	34	11	3.1
Guinea-Bissau	30	21	1.4	*69*	*27*	*2.6*	13	21	1.6	55	52	1.0	83	57	1.5	22	8	2.8	49	9	5.4
Guyana	96	92	1.0	98	90	1.1	7	12	1.7	–	–	–	93	92	1.0	72	47	1.5	85	80	1.1
Haiti	87	78	1.1	47	15	3.0	12	20	1.7	–	–	–	–	–	–	38	26	1.4	24	10	2.4
Holy See	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Honduras	95	93	1.0	90	50	1.8	4	11	2.4	51	49	1.0	92	86	1.1	37	21	1.8	80	62	1.3
Hungary	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Iceland	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
India	59	35	1.7	76	44	1.7	33	46	1.4	38	31	1.2	–	–	–	33	14	2.4	54	21	2.6
Indonesia	71	41	1.7	84	76	1.1	–	–	–	52	56	0.9	99	97	1.0	16 y	6 y	2.5 y	67	36	1.9
Iran (Islamic Republic of)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Iraq	95	96	1.0	86	71	1.2	6	7	1.1	62	67	0.9	92	78	1.2	4	1	4.4	76	66	1.2
Ireland	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	98	1.0
Israel	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Italy	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Jamaica	89	88	1.0	*99 x*	*94 x*	*1.0 x*	–	–	–	–	–	–	97	98	1.0	61	58	1.0	82	84	1.0
Japan	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Jordan	–	–	–	99	99	1.0	2	2	1.3	31	36	0.9	–	–	–	–	–	–	98	97	1.0
Kazakhstan	99	99	1.0	*100*	*100*	*1.0*	3	5	1.7	–	–	–	98	98	1.0	24	21	1.1	97	98	1.0
Kenya	76	57	1.3	75	37	2.0	10	17	1.7	44	42	1.1	81	72	1.1	57	45	1.3	27	32	0.8
Kiribati	100	80	1.3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Kuwait	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Kyrgyzstan	96	93	1.0	*100*	*96*	*1.0*	2	2	0.9	26	21	1.3	93	92	1.0	23	18	1.3	94	93	1.0
Lao People's Democratic Republic	84	68	1.2	68	11	6.2	20	34	1.7	–	–	–	93	75	1.2	–	–	–	86	38	2.3
Latvia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	82	71	1.2
Lebanon	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	–	–
Lesotho	43	46	1.0	88	54	1.6	12	13	1.1	49	47	1.0	93	88	1.0	44	36	1.2	40	25	1.6
Liberia	5 y	3 y	1.9 y	79	32	2.4	*17*	*20*	*1.2*	50	46	1.1	46	21	2.2	26	15	1.8	25	4	6.3
Libya	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	97	96	1.0
Liechtenstein	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Lithuania	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Luxembourg	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Madagascar	92	78	1.2	82	39	2.1	31 x	37 x	1.2 x	62	47	1.3	93	77	1.2	40	19	2.1	15	10	1.5
Malawi	–	–	–	78	50	1.6	10	13	1.3	36	25	1.4	88	88	1.0	56	39	1.5	51	57	0.9
Malaysia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	96	95	1.0
Maldives	93	92	1.0	99	93	1.1	11	20	1.8	–	–	–	83	83	1.0	43 y	32 y	1.4 y	100	96	1.0
Mali	92	77	1.2	80	38	2.1	20	29	1.5	43	37	1.2	79	52	1.5	19	12	1.5	45	32	1.4
Malta	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Marshall Islands	96	96	1.0	97	68	1.4	–	–	–	–	–	–	–	–	–	33	12	2.7	83	53	1.6
Mauritania	75	42	1.8	90	39	2.3	–	–	–	39	28	1.4	72	49	1.5	8	2	4.7	50	9	5.6
Mauritius	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	93	90	1.0
Mexico	–	–	–	98	87	1.1	–	–	–	–	–	–	–	–	–	–	–	–	90	68	1.3
Micronesia (Federated States of)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Monaco	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	–	–
Mongolia	98	99	1.0	*100*	*99*	*1.0*	5 x	6 x	1.2 x	42 x	49 x	0.9 x	96	94	1.0	38	21	1.8	64	32	2.0
Montenegro	98	99	1.0	*100*	*98*	*1.0*	2 x	1 x	0.7 x	–	–	–	97	98	1.0	31	29	1.1	96	86	1.1
Morocco	92 y	80 y	1.1 y	85 x	40 x	2.2 x	6 x	12 x	2.1 x	51 x	41 x	1.2 x	96	83	1.2	–	–	–	83	52	1.6
Mozambique	39	28	1.4	78	46	1.7	14	20	1.5	51	45	1.1	89	78	1.1	43	32	1.4	38	4	9.5

TABLE 12: EQUITY – RESIDENCE

Countries and territories	Birth registration (%) 2000–2010* urban	rural	ratio of urban to rural	Skilled attendant at birth (%) 2006–2010* urban	rural	ratio of urban to rural	Underweight prevalence in children under five (%) 2006–2010* urban	rural	ratio of rural to urban	Under-fives with diarrhoea receiving oral rehydration and continued feeding (%) 2006–2010* urban	rural	ratio of urban to rural	Primary school net attendance ratio 2005–2010* urban	rural	ratio of urban to rural	Comprehensive knowledge of HIV (%) females 15–24 2005–2010* urban	rural	ratio of urban to rural	% of population using improved sanitation facilities 2008 urban	rural	ratio of urban to rural
Myanmar	94	64	1.5	82	58	1.4	19	24	1.3	–	–	–	93	89	1.0	–	–	–	86	79	1.1
Namibia	83	59	1.4	94	73	1.3	12	19	1.7	52	45	1.1	94	91	1.0	65	65	1.0	60	17	3.5
Nauru	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	50	–	–
Nepal	42	34	1.2	51	14	3.5	23	41	1.8	39	37	1.1	90	83	1.1	43	25	1.7	51	27	1.9
Netherlands	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
New Zealand	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Nicaragua	90	73	1.2	92	56	1.7	4	7	1.7	51 x	47 x	1.1 x	–	–	–	–	–	–	63	37	1.7
Niger	71 y	25 y	2.9 y	78	25	3.1	–	–	–	47	32	1.5	71	32	2.2	31	8	3.8	34	4	8.5
Nigeria	49	22	2.2	65	28	2.4	16	27	1.7	34	22	1.6	78	56	1.4	30	18	1.7	36	28	1.3
Niue	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Norway	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Occupied Palestinian Territory	97 y	96 y	1.0 y	99	97	1.0	–	–	–	–	–	–	–	–	–	–	–	–	91	84	1.1
Oman	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	97	–	–
Pakistan	32	24	1.3	60	30	2.0	29 x	33 x	1.1 x	38	36	1.0	78	62	1.3	–	–	–	72	29	2.5
Palau	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	96	–	–
Panama	–	–	–	99	84	1.2	–	–	–	–	–	–	–	–	–	–	–	–	75	51	1.5
Papua New Guinea	–	–	–	88	47	1.9	12 x	20 x	1.6 x	–	–	–	–	–	–	–	–	–	71	41	1.7
Paraguay	–	–	–	–	–	–	–	–	–	–	–	–	89	87	1.0	–	–	–	90	40	2.3
Peru	–	–	–	95	64	1.5	2	8	3.8	66	53	1.2	97	94	1.0	–	–	–	81	36	2.3
Philippines	87	78	1.1	78	48	1.6	–	–	–	64	56	1.1	–	–	–	23	17	1.4	80	69	1.2
Poland	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	96	80	1.2
Portugal	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Qatar	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Republic of Korea	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Republic of Moldova	98	98	1.0	*100 x*	*99 x*	*1.0 x*	2 x	4 x	2.0 x	43 x	56 x	0.8 x	–	–	–	–	–	–	85	74	1.1
Romania	–	–	–	*100 x*	*98 x*	*1.0 x*	3 x	4 x	1.3 x	–	–	–	–	–	–	–	–	–	88	54	1.6
Russian Federation	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	93	70	1.3
Rwanda	79	83	0.9	82	67	1.2	6	12	1.9	30 x	23 x	1.3 x	–	–	–	63	48	1.3	50	55	0.9
Saint Kitts and Nevis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	96	96	1.0
Saint Lucia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Saint Vincent and the Grenadines	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	96	–
Samoa	62	44	1.4	94	78	1.2	–	–	–	–	–	–	89 y	88 y	1.0 y	5	2	2.4	100	100	1.0
San Marino	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Sao Tome and Principe	76	74	1.0	89	75	1.2	12	14	1.1	64	62	1.0	86	85	1.0	47	38	1.3	30	19	1.6
Saudi Arabia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	–	–
Senegal	75	44	1.7	85 x	33 x	2.5 x	7 x	17 x	2.4 x	44 x	42 x	1.1 x	–	–	–	27	12	2.4	69	38	1.8
Serbia	99	99	1.0	*99*	*99*	*1.0*	1 x	1 x	1.1 x	76 x	64 x	1.2 x	98	99	1.0	47	37	1.3	96	88	1.1
Seychelles	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	97	–	–
Sierra Leone	59	48	1.2	67	33	2.0	16	23	1.5	59	56	1.1	78	56	1.4	28	9	3.1	24	6	4.0
Singapore	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	–	–
Slovakia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	99	1.0
Slovenia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Solomon Islands	70	81	0.9	90	67	1.3	8	12	1.5	–	–	–	72 y	65 y	1.1 y	34	28	1.2	98	–	–
Somalia	6	2	3.7	65	15	4.5	20	38	1.9	9	6	1.5	30	9	3.3	7	2	4.1	52	6	8.7
South Africa	–	–	–	94 x	85 x	1.1 x	*10 x*	*9 x*	*0.9 x*	–	–	–	–	–	–	–	–	–	84	65	1.3
South Sudan[6]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Spain	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Sri Lanka	97	98	1.0	99	99	1.0	–	–	–	–	–	–	–	–	–	–	–	–	88	92	1.0
Sudan[6]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Suriname	98	95	1.0	95	82	1.2	7	8	1.1	26	29	0.9	96	91	1.1	45	32	1.4	90	66	1.4
Swaziland	38	28	1.4	89	80	1.1	4	6	1.5	19	23	0.8	87	84	1.0	70	55	1.3	61	53	1.2
Sweden	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Switzerland	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
Syrian Arab Republic	96	95	1.0	99	93	1.1	*9*	*9*	*1.0*	33	35	0.9	89	85	1.0	7	7	1.0	96	95	1.0
Tajikistan	85	90	0.9	*95*	*86*	*1.1*	12	16	1.3	28 x	20 x	1.4 x	97 y	97 y	1.0 y	–	–	–	95	94	1.0
Thailand	100	99	1.0	100	100	1.0	5	8	1.7	42	48	0.9	98	98	1.0	43	47	0.9	95	96	1.0
The former Yugoslav Republic of Macedonia	95	93	1.0	*98 x*	*98 x*	*1.0 x*	1	2	1.0	61 x	23 x	2.7 x	93	97	1.0	33	18	1.8	92	82	1.1
Timor-Leste	50	57	0.9	59	20	2.9	35	47	1.4	59	64	0.9	79	70	1.1	14	12	1.2	76	40	1.9
Togo	93	71	1.3	*93*	*40*	*2.3*	10	20	1.9	23	24	0.9	94	86	1.1	17	13	1.4	24	3	8.0

Countries and territories	Birth registration (%) 2000–2010* urban	rural	ratio of urban to rural	Skilled attendant at birth (%) 2006–2010* urban	rural	ratio of urban to rural	Underweight prevalence in children under five (%) 2006–2010* urban	rural	ratio of rural to urban	Under-fives with diarrhoea receiving oral rehydration and continued feeding (%) 2006–2010* urban	rural	ratio of urban to rural	Primary school net attendance ratio 2005–2010* urban	rural	ratio of urban to rural	Comprehensive knowledge of HIV (%) females 15–24 2005–2010* urban	rural	ratio of urban to rural	% of population using improved sanitation facilities 2008 urban	rural	ratio of urban to rural
Tonga	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	98	96	1.0
Trinidad and Tobago	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	92	92	1.0
Tunisia	–	–	–	98	89	1.1	–	–	–	61	63	1.0	–	–	–	–	–	–	96	64	1.5
Turkey	95	92	1.0	96	80	1.2	1	3	2.1	22	22	1.0	94 y	91 y	1.0 y	–	–	–	97	75	1.3
Turkmenistan	96	95	1.0	100	99	1.0	7 x	9 x	1.2 x	31	22	1.4	–	–	–	7	4	2.0	99	97	1.0
Tuvalu	60	38	1.6	–	–	–	–	–	–	–	–	–	–	–	–	38	41	0.9	88	81	1.1
Uganda	24	21	1.1	80	37	2.2	11	17	1.6	48	39	1.2	88	81	1.1	48	28	1.7	38	49	0.8
Ukraine	100	100	1.0	99	98	1.0	–	–	–	–	–	–	71	76	0.9	48	37	1.3	97	90	1.1
United Arab Emirates	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	98	95	1.0
United Kingdom	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	100	1.0
United Republic of Tanzania	44	10	4.6	83	40	2.0	11	17	1.5	55	49	1.1	91	77	1.2	55	45	1.2	32	21	1.5
United States	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	99	1.0
Uruguay	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	99	1.0
Uzbekistan	100	100	1.0	100	100	1.0	4	4	0.9	–	–	–	97	95	1.0	33	30	1.1	100	100	1.0
Vanuatu	39	23	1.7	87	72	1.2	–	–	–	45	43	1.1	85	80	1.1	23	13	1.8	66	48	1.4
Venezuela (Bolivarian Republic of)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Viet Nam	94	86	1.1	98	85	1.2	–	–	–	–	–	–	95	96	1.0	59	39	1.5	94	67	1.4
Yemen	38	16	2.3	62	26	2.3	–	–	–	50	47	1.1	83	64	1.3	4 y	1 y	6.7 y	94	33	2.8
Zambia	28	9	3.2	83	31	2.7	13	15	1.2	59	55	1.1	91	77	1.2	–	–	–	59	43	1.4
Zimbabwe	57	30	1.9	86	58	1.5	8	10	1.3	46	31	1.5	94 y	90 y	1.0 y	–	–	–	56	37	1.5
MEMORANDUM																					
Sudan and South Sudan[δ]	53	22	2.4	–	–	–	21	30	1.4	–	–	–	–	–	–	–	–	–	55	18	3.1
SUMMARY INDICATORS[#]																					
Africa	60	36	1.7	79	43	1.8	13	21	1.6	38	34	1.1	83	68	1.2	29	20	1.4	55	32	1.7
Sub-Saharan Africa	53	30	1.8	76	40	1.9	15	22	1.5	41	35	1.2	81	66	1.2	33	22	1.5	44	24	1.8
Eastern and Southern Africa	45	27	1.7	78	41	1.9	12	17	1.5	49	41	1.2	85	76	1.1	47	29	1.6	55	28	2.0
West and Central Africa	57	34	1.7	75	40	1.9	15	25	1.7	38	31	1.2	79	57	1.4	28	14	1.9	35	21	1.7
Middle East and North Africa	86	66	1.3	89	65	1.4	8	13	1.6	37	36	1.0	92	81	1.1	–	–	–	90	66	1.4
Asia	60 **	38 **	1.6 **	83	58	1.4	31 **	43 **	1.4 **	44 **	38 **	1.2 **	–	–	–	31 **	16 **	1.9 **	63	40	1.6
South Asia	50	31	1.6	71	40	1.8	33	45	1.4	40	35	1.2	–	–	–	33	14	2.3	57	26	2.2
East Asia and Pacific	82 **	66 **	1.3 **	95	87	1.1	–	–	–	56 **	55 **	1.0 **	98 **	96 **	1.0 **	26 **	22 **	1.2 **	66	55	1.2
Latin America and Caribbean	–	–	–	96	74	1.3	3	8	2.7	–	–	–	–	–	–	–	–	–	86	55	1.6
CEE/CIS	97	96	1.0	98	92	1.1	–	–	–	–	–	–	91	91	1.0	–	–	–	93	82	1.1
Industrialized countries	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	100	98	1.0
Developing countries	64 **	40 **	1.6 **	84	55	1.5	17 **	32 **	1.9 **	42 **	37 **	1.1 **	–	–	–	29 **	17 **	1.7 **	68	40	1.7
Least developed countries	44	26	1.7	74	39	1.9	19	27	1.4	49	45	1.1	84	73	1.2	33	21	1.6	50	31	1.6
World	65 **	40 **	1.6 **	85	55	1.5	17 **	32 **	1.9 **	42 **	37 **	1.1 **	–	–	–	–	–	–	76	45	1.7

For a complete list of countries and territories in the regions, subregions and country categories, see page 124.

δ Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, disaggregated data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-cession (see Memorandum item).

DEFINITIONS OF THE INDICATORS

Birth registration – Percentage of children less than 5 years old who were registered at the moment of the survey. This includes children whose birth certificate was seen by the interviewer or whose mother or caretaker says the birth has been registered.

Skilled attendant at birth – Percentage of births attended by skilled health personnel (doctors, nurses or midwives).

Underweight – Percentage of children aged 0–59 months who are below minus two standard deviations from median weight-for-age of the World Health Organization (WHO) Child Growth Standards.

Under-fives with diarrhoea receiving oral rehydration and continued feeding – Percentage of children (aged 0–4) with diarrhoea in the two weeks preceding the survey who received oral rehydration therapy (a packet of oral rehydration salts, recommended home-made fluids or increased fluids) and continued feeding.

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. Because of the inclusion of primary-school-aged children attending secondary school, this indicator can also be referred to as a primary adjusted net attendance ratio.

Comprehensive knowledge of HIV – Percentage of young 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-positive.

% of population using improved sanitation facilities – Percentage of the population using any of the following sanitation facilities, not shared with other households: flush or pour-flush latrine connected to a piped sewerage system, septic tank or pit latrine; ventilated improved pit latrine; pit latrine with a slab; covered pit; composting toilet.

MAIN DATA SOURCES

Birth registration – Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), other national surveys and vital registration systems.

Skilled attendant at birth – DHS, MICS and other nationally representative sources.

Underweight – DHS, MICS, other national household surveys, WHO and UNICEF.

Diarrhoea treatment – DHS, MICS and other national household surveys.

Primary school attendance – DHS, MICS and other national household surveys.

Comprehensive knowledge of HIV – AIDS Indicator Surveys (AIS), DHS, MICS and other national household surveys; HIV/AIDS Survey Indicators Database, <www.measuredhs.com/hivdata>.

Use of improved sanitation facilities – UNICEF and WHO Joint Monitoring Programme for Water Supply and Sanitation.

NOTES

– Data not available.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages.

y Data differ from the standard definition and are included in the calculation of regional and global averages.

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

** Excludes China.

Italicized data are from different sources than the data presented for the same indicators in other tables of the report: Table 2 (Nutrition – Underweight prevalence), Table 3 (Health – Diarrhoea treatment) and Table 8 (Women – Skilled attendant at birth).

TABLE 13: EQUITY – HOUSEHOLD WEALTH

Countries and territories	Birth registration (%) 2000–2010*			Skilled attendant at birth (%) 2006–2010*			Underweight prevalence in children under five (%) 2006–2010*			Under-fives with diarrhoea receiving oral rehydration and continued feeding (%) 2006–2010*			Primary school net attendance ratio 2005–2010*			Comprehensive knowledge of HIV (%) females 15–24 2005–2010*			Comprehensive knowledge of HIV (%) males 15–24 2005–2010*		
	poorest 20%	richest 20%	ratio of richest to poorest	poorest 20%	richest 20%	ratio of richest to poorest	poorest 20%	richest 20%	ratio of poorest to richest	poorest 20%	richest 20%	ratio of richest to poorest	poorest 20%	richest 20%	ratio of richest to poorest	poorest 20%	richest 20%	ratio of richest to poorest	poorest 20%	richest 20%	ratio of richest to poorest
Afghanistan	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Albania	98	99	1.0	98	100	1.0	8	4	2.2	–	–	–	89	91	1.0	20	60	3.0	10	38	3.8
Algeria	–	–	–	88	98	1.1	5	2	2.4	19	23	1.2	93	98	1.1	5	20	3.7	–	–	–
Andorra	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Angola	17	48	2.8	*23 x*	*67 x*	*3.0 x*	–	–	–	–	–	–	63	78	1.2	–	–	–	–	–	–
Antigua and Barbuda	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Argentina	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Armenia	93	99	1.1	*93 x*	*100 x*	*1.1 x*	–	–	–	53 x	78 x	1.5 x	–	–	–	12	29	2.5	16	20	1.2
Australia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Austria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Azerbaijan	92	97	1.1	76	100	1.3	15	2	7.0	27	28	1.0	72	78	1.1	1	12	10.3	2	14	6.3
Bahamas	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bahrain	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bangladesh	6	19	3.0	9	57	6.2	51	26	1.9	57	70	1.2	–	–	–	–	–	–	–	–	–
Barbados	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Belarus	–	–	–	*100 x*	*100 x*	*1.0 x*	2 x	0 x	6.7 x	–	–	–	96	94	1.0	31	35	1.1	–	–	–
Belgium	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Belize	93	98	1.1	–	–	–	–	–	–	–	–	–	–	–	–	28	55	2.0	–	–	–
Benin	46	75	1.6	52	96	1.9	25	10	2.4	40	47	1.2	39	63	1.6	9	26	3.1	17	52	3.0
Bhutan	100	100	1.0	34	95	2.8	16	7	2.2	61	60	1.0	85	94	1.1	7	32	4.4	–	–	–
Bolivia (Plurinational State of)	–	–	–	38	99	2.6	8	2	3.8	28	27	0.9	95	97	1.0	5	40	8.4	11	45	4.3
Bosnia and Herzegovina	99	100	1.0	99	100	1.0	2 x	3 x	0.5 x	58	47	0.8	99	98	1.0	46	49	1.1	–	–	–
Botswana	–	–	–	*84 x*	*100 x*	*1.2 x*	16	4	4.0	–	–	–	–	–	–	–	–	–	–	–	–
Brazil	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Brunei Darussalam	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bulgaria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Burkina Faso	52	90	1.7	56	65	1.2	*38*	*18*	*2.1*	38	53	1.4	33	39	1.2	8	37	4.4	–	–	–
Burundi	58	64	1.1	*25 x*	*55 x*	*2.2 x*	–	–	–	22 x	27 x	1.2 x	59	69	1.2	26	35	1.3	–	–	–
Cambodia	59	77	1.3	*21 x*	*90 x*	*4.3 x*	–	–	–	56 x	37 x	0.7 x	–	–	–	26	68	2.6	26	64	2.5
Cameroon	51	91	1.8	23	98	4.4	30	5	6.2	16	45	2.8	50	87	1.7	12	50	4.0	–	–	–
Canada	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cape Verde	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Central African Republic	23	83	3.7	*27*	*89*	*3.3*	25	17	1.5	39	55	1.4	31	48	1.5	14	23	1.6	19	33	1.7
Chad	0	37	121.7	8	61	7.6	33	21	1.6	14	41	2.9	–	–	–	6	18	2.9	–	–	–
Chile	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
China	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Colombia	–	–	–	93	100	1.1	6	2	3.1	46	64	1.4	90	93	1.0	15	32	2.2	–	–	–
Comoros	72	93	1.3	49 x	77 x	1.6 x	–	–	–	31 x	34 x	1.1 x	25 x	39 x	1.6 x	–	–	–	–	–	–
Congo	69 y	91 y	1.3 y	40 x	95 x	2.4 x	16 x	5 x	3.1 x	36 x	45 x	1.3 x	–	–	–	5	12	2.4	12	27	2.3
Cook Islands	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Costa Rica	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Côte d'Ivoire	28	89	3.2	29	95	3.3	21	6	3.4	44	60	1.4	35	55	1.6	10	24	2.5	15	42	2.8
Croatia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cuba	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cyprus	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Czech Republic	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Democratic People's Republic of Korea	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Democratic Republic of the Congo	25	27	1.1	59	96	1.6	29	12	2.3	39	38	1.0	65	73	1.1	8	24	2.8	–	–	–
Denmark	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Djibouti	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Dominica	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Dominican Republic	59	97	1.6	95	99	1.0	–	–	–	54	57	1.0	82	91	1.1	31	46	1.5	21	41	2.0
Ecuador	–	–	–	99 x	98 x	1.0 x	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Egypt	99	100	1.0	55	97	1.8	8	5	1.4	21	14	0.7	81	93	1.1	2	9	4.9	9	28	3.1
El Salvador	98	99	1.0	91	98	1.1	12 y	1 y	12.9 y	–	–	–	–	–	–	–	–	–	–	–	–
Equatorial Guinea	–	–	–	47 x	85 x	1.8 x	–	–	–	33 x	28 x	0.9 x	–	–	–	–	–	–	–	–	–
Eritrea	–	–	–	7 x	81 x	12.1 x	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Estonia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ethiopia	3	18	7.0	1 x	27 x	38.0 x	36 x	25 x	1.5 x	10 x	30 x	3.1 x	–	–	–	8	39	4.7	20	50	2.5

Countries and territories	Birth registration (%) 2000–2010* poorest 20%	richest 20%	ratio of richest to poorest	Skilled attendant at birth (%) 2006–2010* poorest 20%	richest 20%	ratio of richest to poorest	Underweight prevalence in children under five (%) 2006–2010* poorest 20%	richest 20%	ratio of poorest to richest	Under-fives with diarrhoea receiving oral rehydration and continued feeding (%) 2006–2010* poorest 20%	richest 20%	ratio of richest to poorest	Primary school net attendance ratio 2005–2010* poorest 20%	richest 20%	ratio of richest to poorest	Comprehensive knowledge of HIV (%) females 15–24 2005–2010* poorest 20%	richest 20%	ratio of richest to poorest	Comprehensive knowledge of HIV (%) males 15–24 2005–2010* poorest 20%	richest 20%	ratio of richest to poorest
Fiji	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Finland	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
France	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Gabon	88	92	1.0	–	–	–	–	–	–	37 x	45 x	1.2 x	–	–	–	–	–	–	–	–	–
Gambia	52	64	1.2	28	89	3.1	24	9	2.6	34	33	1.0	28	42	1.5	32	45	1.4	–	–	–
Georgia	89	98	1.1	*95 x*	*99 x*	*1.0 x*	–	–	–	–	–	–	90	96	1.1	7	19	2.8	–	–	–
Germany	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ghana	60	88	1.5	22	94	4.2	19	9	2.2	34	57	1.7	60	88	1.5	17	34	2.1	23	50	2.1
Greece	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Grenada	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Guatemala	–	–	–	–	–	–	21 y	3 y	6.5 y	–	–	–	–	–	–	5	41	7.8	–	–	–
Guinea	21	83	4.0	26	57	2.2	24	19	1.3	32 x	45 x	1.4 x	–	–	–	10	27	2.8	8	28	3.3
Guinea-Bissau	17	35	2.0	*19*	*79*	*4.0*	22	11	2.1	62	62	1.0	52	65	1.2	6	25	4.3	–	–	–
Guyana	87	98	1.1	*64*	*93*	*1.5*	16	4	3.8	–	–	–	89	92	1.0	37	72	2.0	25	65	2.6
Haiti	72	92	1.3	6	68	10.5	22	6	3.6	–	–	–	–	–	–	18	41	2.2	28	52	1.9
Holy See	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Honduras	92	96	1.0	33	99	2.9	16	2	8.1	45	52	1.1	80	90	1.1	13	44	3.4	–	–	–
Hungary	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Iceland	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
India	24	72	3.1	*19*	*89*	*4.6*	57	20	2.9	29	45	1.5	–	–	–	4	45	11.7	15	55	3.8
Indonesia	23	84	3.7	65	86	1.3	–	–	–	55	48	0.9	–	–	–	3 y	23 y	7.5 y	2 y	27 y	12.2 y
Iran (Islamic Republic of)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Iraq	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ireland	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Israel	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Italy	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Jamaica	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Japan	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Jordan	–	–	–	98	100	1.0	3	0	26.0	32	35	1.1	–	–	–	–	–	–	–	–	–
Kazakhstan	99	100	1.0	*100*	*100*	*1.0*	5	2	2.8	–	–	–	99	98	1.0	18	28	1.6	–	–	–
Kenya	48	80	1.7	20	81	4.0	25	9	2.8	49	41	0.8	58	78	1.3	29	61	2.1	42	68	1.6
Kiribati	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Kuwait	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Kyrgyzstan	94	95	1.0	*93*	*100*	*1.1*	2	2	0.8	49	20	0.4	94	91	1.0	17	29	1.7	–	–	–
Lao People's Democratic Republic	62	85	1.4	3	81	27.1	38	14	2.7	–	–	–	59	84	1.4	–	–	–	–	–	–
Latvia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Lebanon	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Lesotho	42	49	1.2	35	90	2.6	18	9	1.9	49	52	1.1	83	94	1.1	26	48	1.8	14	45	3.3
Liberia	1 y	7 y	6.1 y	26	81	3.2	*21*	*13*	*1.6*	40	56	1.4	15	56	3.7	14	29	2.1	17	37	2.2
Libya	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Liechtenstein	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Lithuania	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Luxembourg	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Madagascar	61	93	1.5	22	90	4.1	40 x	24 x	1.7 x	46	65	1.4	59	96	1.6	10	42	4.3	8	49	6.5
Malawi	–	–	–	43	77	1.8	–	–	–	24	34	1.4	71	90	1.3	33	52	1.6	34	45	1.3
Malaysia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Maldives	92	94	1.0	89	99	1.1	24	11	2.3	–	–	–	82	82	1.0	23 y	48 y	2.0 y	–	–	–
Mali	65	96	1.5	35	86	2.5	31	17	1.8	32	51	1.6	37	56	1.5	9	19	2.0	–	–	–
Malta	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Marshall Islands	92	98	1.1	68	99	1.5	–	–	–	–	–	–	–	–	–	12	39	3.3	37	58	1.6
Mauritania	28	83	2.9	21	95	4.6	–	–	–	25	37	1.5	41	59	1.5	0	12	29.5	4	27	6.2
Mauritius	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mexico	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Micronesia (Federated States of)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Monaco	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mongolia	99	98	1.0	*98 x*	*100 x*	*1.0 x*	7 x	3 x	2.8 x	47 x	–	–	91	96	1.1	18	44	2.4	–	–	–
Montenegro	94	99	1.0	*98*	*100*	*1.0*	4 x	1 x	4.1 x	–	–	–	92	100	1.1	23	36	1.6	–	–	–
Morocco	–	–	–	30 x	95 x	3.2 x	15 x	3 x	4.5 x	37 x	50 x	1.3 x	77	95	1.2	–	–	–	–	–	–
Mozambique	20	48	2.4	37	89	2.4	24	8	3.1	41	55	1.3	72	80	1.1	41	43	1.1	16	45	2.7

TABLE 13: EQUITY – HOUSEHOLD WEALTH

Countries and territories	Birth registration (%) 2000–2010*			Skilled attendant at birth (%) 2006–2010*			Underweight prevalence in children under five (%) 2006–2010*			Under-fives with diarrhoea receiving oral rehydration and continued feeding (%) 2006–2010*			Primary school net attendance ratio 2005–2010*			Comprehensive knowledge of HIV (%) females 15–24 2005–2010*			Comprehensive knowledge of HIV (%) males 15–24 2005–2010*		
	poorest 20%	richest 20%	ratio of richest to poorest	poorest 20%	richest 20%	ratio of richest to poorest	poorest 20%	richest 20%	ratio of poorest to richest	poorest 20%	richest 20%	ratio of richest to poorest	poorest 20%	richest 20%	ratio of richest to poorest	poorest 20%	richest 20%	ratio of richest to poorest	poorest 20%	richest 20%	ratio of richest to poorest
Myanmar	50	96	1.9	–	–	–	33	14	2.5	–	–	–	81	94	1.2	–	–	–	–	–	–
Namibia	46	92	2.0	60	98	1.6	22	7	3.1	32	47	1.5	88	97	1.1	61	69	1.1	55	67	1.2
Nauru	71	88	1.2	97	98	1.0	7	3	2.7	–	–	–	–	–	–	13 y	10 y	0.8 y	–	25 y	–
Nepal	22	47	2.2	5	58	12.0	47	19	2.5	25	57	2.2	76	84	1.1	12	49	4.3	30	59	2.0
Netherlands	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
New Zealand	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Nicaragua	63	93	1.5	42	99	2.4	9	1	6.6	44 x	63 x	1.4 x	–	–	–	–	–	–	–	–	–
Niger	20 y	67 y	3.3 y	21	71	3.3	–	–	–	31	46	1.5	26	32	1.2	5	30	6.5	6	34	5.8
Nigeria	9	62	7.0	8	86	10.3	35	10	3.5	17	41	2.5	31	72	2.4	9	34	3.6	18	41	2.2
Niue	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Norway	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Occupied Palestinian Territory	–	–	–	98	100	1.0	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Oman	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Pakistan	18	38	2.1	16	77	4.8	–	–	–	32	45	1.4	42	74	1.8	–	–	–	–	–	–
Palau	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Panama	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Papua New Guinea	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Paraguay	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Peru	–	–	–	56	100	1.8	9	1	15.7	52	75	1.5	92	97	1.1	–	–	–	–	–	–
Philippines	–	–	–	26	94	3.7	–	–	–	59	65	1.1	–	–	–	14	26	1.8	–	–	–
Poland	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Portugal	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Qatar	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Republic of Korea	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Republic of Moldova	97	98	1.0	*99 x*	*100 x*	*1.0 x*	5 x	1 x	8.2 x	43 x	51 x	1.2 x	–	–	–	–	–	–	–	–	–
Romania	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Russian Federation	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Rwanda	82	81	1.0	*43*	*71*	*1.7*	–	–	–	21 x	31 x	1.5 x	–	–	–	42	59	1.4	50	55	1.1
Saint Kitts and Nevis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Saint Lucia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Saint Vincent and the Grenadines	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Samoa	31	63	2.1	66	95	1.4	–	–	–	–	–	–	85 y	91 y	1.1 y	3	3	1.0	3	9	2.7
San Marino	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Sao Tome and Principe	74	86	1.1	74	93	1.3	18	7	2.6	66	64	1.0	75	95	1.3	27	56	2.0	39	55	1.4
Saudi Arabia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Senegal	31	81	2.6	20 x	89 x	4.4 x	21 x	5 x	4.2 x	40 x	44 x	1.1 x	–	–	–	9	32	3.6	7	36	5.1
Serbia	98	99	1.0	*98*	*100*	*1.0*	4 x	1 x	3.5 x	63 x	–	–	96	100	1.0	25	48	1.9	–	–	–
Seychelles	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Sierra Leone	43	62	1.4	28	71	2.5	22	12	1.8	47	60	1.3	44	83	1.9	6	31	5.3	10	42	4.2
Singapore	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Slovakia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Slovenia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Solomon Islands	80	78	1.0	56	88	1.6	14	10	1.4	–	–	–	58 y	61 y	1.1 y	17	37	2.1	35	50	1.5
Somalia	1	7	6.6	11	77	7.2	42	14	3.0	5	11	2.2	3	40	12.5	1	8	13.5	–	–	–
South Africa	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
South Sudan[§]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Spain	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Sri Lanka	97	98	1.0	97	99	1.0	29	11	2.6	–	–	–	–	–	–	–	–	–	–	–	–
Sudan[§]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Suriname	94	98	1.0	81	96	1.2	9	5	1.8	23	31	1.4	88	97	1.1	23	54	2.4	–	–	–
Swaziland	18	50	2.8	65	94	1.4	8	4	2.3	21	15	0.7	77	91	1.2	49	72	1.5	44	64	1.5
Sweden	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Switzerland	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Syrian Arab Republic	92	99	1.1	*78*	*99*	*1.3*	*10*	*7*	*1.5*	37	38	1.0	–	–	–	4	10	2.9	–	–	–
Tajikistan	89	86	1.0	*90*	*90*	*1.0*	17	13	1.3	20 x	26 x	1.3 x	96 y	96 y	1.0 y	–	–	–	–	–	–
Thailand	99	100	1.0	*93*	*100*	*1.1*	11	3	3.3	43	45	1.1	97	98	1.0	47	43	0.9	–	–	–
The former Yugoslav Republic of Macedonia	89	99	1.1	*95 x*	*100 x*	*1.0 x*	3	0	5.3	20 x	–	–	86	100	1.2	9	45	5.0	–	–	–
Timor-Leste	50	56	1.1	10	69	6.9	49	35	1.4	66	62	0.9	60	83	1.4	9	16	1.8	11	35	3.0
Togo	63	96	1.5	*30*	*97*	*3.3*	21	9	2.5	*19*	*27*	*1.4*	80	92	1.2	11	17	1.6	–	–	–

Countries and territories	Birth registration (%) 2000–2010* poorest 20%	richest 20%	ratio of richest to poorest	Skilled attendant at birth (%) 2006–2010* poorest 20%	richest 20%	ratio of richest to poorest	Underweight prevalence in children under five (%) 2006–2010* poorest 20%	richest 20%	ratio of poorest to richest	Under-fives with diarrhoea receiving oral rehydration and continued feeding (%) 2006–2010* poorest 20%	richest 20%	ratio of richest to poorest	Primary school net attendance ratio 2005–2010* poorest 20%	richest 20%	ratio of richest to poorest	Comprehensive knowledge of HIV (%) females 15–24 2005–2010* poorest 20%	richest 20%	ratio of richest to poorest	Comprehensive knowledge of HIV (%) males 15–24 2005–2010* poorest 20%	richest 20%	ratio of richest to poorest
Tonga	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Trinidad and Tobago	94	98	1.0	98	100	1.0	–	–	–	–	–	–	95	99	1.0	48	62	1.3	–	–	–
Tunisia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Turkey	89	99	1.1	73	100	1.4	4	1	8.4	20	33	1.7	87 y	95 y	1.1 y	–	–	–	–	–	–
Turkmenistan	94	97	1.0	99	100	1.0	8 x	2 x	3.2 x	27	36	1.3	–	–	–	3	8	2.8	–	–	–
Tuvalu	39	71	1.8	99	98	1.0	1	0	–	–	–	–	–	–	–	34 y	39	1.2 y	–	67 y	–
Uganda	17	26	1.5	28	76	2.7	21	8	2.5	39	44	1.1	72	82	1.1	20	47	2.3	28	47	1.6
Ukraine	100	100	1.0	97	99	1.0	–	–	–	–	–	–	78	75	1.0	33	45	1.4	28	42	1.5
United Arab Emirates	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
United Kingdom	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
United Republic of Tanzania	4	56	12.7	31	90	2.9	22	9	2.3	45	59	1.3	68	93	1.4	39	55	1.4	34	56	1.7
United States	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Uruguay	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Uzbekistan	100	100	1.0	100	100	1.0	5	3	1.5	–	–	–	94	96	1.0	25	33	1.3	–	–	–
Vanuatu	13	41	3.1	55	90	1.6	–	–	–	38	53	1.4	74	76	1.0	9	23	2.7	–	–	–
Venezuela (Bolivarian Republic of)	87	95	1.1	*95 x*	*92 x*	*1.0 x*	–	–	–	–	–	–	86 x	99 x	1.2 x	–	–	–	–	–	–
Viet Nam	72	97	1.3	53	99	1.9	–	–	–	–	–	–	94	96	1.0	29	61	2.1	–	–	–
Yemen	5	50	9.3	17	74	4.3	–	–	–	41	54	1.3	44	73	1.6	0 y	4 y	–	–	–	–
Zambia	5	31	5.8	27	91	3.4	16	11	1.5	53	65	1.2	73	96	1.3	–	–	–	–	–	–
Zimbabwe	23	68	2.9	*39*	*92*	*2.4*	–	–	–	27	48	1.8	85 y	97 y	1.1 y	–	–	–	–	–	–
MEMORANDUM																					
Sudan and South Sudan[δ]	6	86	14.0	15	90	5.8	31	17	1.9	53	59	1.1	19 y	56 y	2.9 y	–	–	–	–	–	–
SUMMARY INDICATORS[#]																					
Africa	28	61	2.2	30	87	2.9	26	10	2.5	32	44	1.4	54	77	1.4	14	34	2.5	20	44	2.2
Sub-Saharan Africa	23	58	2.5	27	85	3.2	28	11	2.6	33	47	1.4	50	74	1.5	15	37	2.4	22	47	2.1
Eastern and Southern Africa	21	47	2.2	29	84	2.8	–	–	–	41	49	1.2	65	84	1.3	23	47	2.0	28	53	1.9
West and Central Africa	25	64	2.5	26	86	3.3	31	11	2.7	27	44	1.6	42	69	1.7	10	30	3.2	16	40	2.4
Middle East and North Africa	–	–	–	47	92	1.9	–	–	–	33	35	1.1	61	81	1.3	–	–	–	–	–	–
Asia	27 **	68 **	2.5 **	26 **	86 **	3.3 **	53 **	20 **	2.7 **	36 **	48 **	1.3 **	–	–	–	7 **	42 **	5.6 **	13 **	51 **	3.9 **
South Asia	22	63	2.8	19	84	4.5	55	20	2.7	32	47	1.5	–	–	–	4	45	11.1	15	55	3.7
East Asia and Pacific	46 **	89 **	1.9 **	54 **	92 **	1.7 **	–	–		54 **	53 **	1.0 **	–	–	–	16 **	34 **	2.2 **	–	–	–
Latin America and Caribbean	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
CEE/CIS	94	98	1.0	88	99	1.1	–	–	–	–	–	–	88	93	1.1	–	–	–	–	–	–
Industrialized countries	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Developing countries	31 **	67 **	2.2 **	31 **	87 **	2.8 **	39 **	14 **	2.7 **	35 **	47 **	1.3 **	–	–	–	10 **	38 **	3.9 **	15 **	49 **	3.2 **
Least developed countries	22	49	2.3	29	79	2.7	32	15	2.1	42	53	1.3	57	75	1.3	15	36	2.4	–	–	–
World	32 **	67 **	2.1 **	32 **	87 **	2.7 **	39 **	14 **	2.7 **	35 **	47 **	1.3 **	–	–	–	10 **	38 **	3.8 **	–	–	–

For a complete list of countries and territories in the regions, subregions and country categories, see page 124.

δ Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, disaggregated data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-cession (see Memorandum item).

DEFINITIONS OF THE INDICATORS

Birth registration – Percentage of children less than 5 years old who were registered at the moment of the survey. The numerator of this indicator includes children whose birth certificate was seen by the interviewer or whose mother or caretaker says the birth has been registered.

Skilled attendant at birth – Percentage of births attended by skilled health personnel (doctors, nurses or midwives).

Underweight – Percentage of children aged 0–59 months who are below minus two standard deviations from median weight-for-age of the World Health Organization (WHO) Child Growth Standards.

Under-fives with diarrhoea receiving oral rehydration and continued feeding – Percentage of children (aged 0–4) with diarrhoea in the two weeks preceding the survey who received oral rehydration therapy (a packet of oral rehydration salts, recommended home-made fluids or increased fluids) and continued feeding.

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. Because of the inclusion of primary-school-aged children attending secondary school, this indicator can also be referred to as a primary adjusted net attendance ratio.

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-positive.

MAIN DATA SOURCES

Birth registration – Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), other national surveys and vital registration systems.

Skilled attendant at birth – DHS, MICS and other nationally representative sources.

Underweight – DHS, MICS, other national household surveys, WHO and UNICEF.

Diarrhoea treatment – DHS, MICS and other national household surveys.

Primary school attendance – DHS, MICS and other national household surveys.

Comprehensive knowledge of HIV – AIDS Indicator Surveys (AIS), DHS, MICS and other national household surveys; HIV/AIDS Survey Indicators Database, <www.measuredhs.com/hivdata>.

NOTES

– Data not available.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages.

y Data differ from the standard definition and are included in the calculation of regional and global averages.

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

** Excludes China.

Italicized data are from different sources than the data presented for the same indicators in other tables of the report: Table 2 (Nutrition – Underweight prevalence), Table 3 (Health – Diarrhoea treatment) and Table 8 (Women – Skilled attendant at birth).

ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
APHRC	African Population and Health Research Center
BCG	anti-tuberculosis vaccine (bacilli Calmette-Guérin)
CBO	community-based organization
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CFC	Child-Friendly Cities
CFCI	Child-Friendly Cities Initiative
CSO	civil society organization
DHS	Demographic and Health Surveys
DPT	diphtheria, pertussis and tetanus vaccine
GDP	gross domestic product
GIS	geographic information system
GNI	gross national income
HIV	human immunodeficiency virus
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
ICT	information and communications technology
IGME	Inter-agency Group for Child Mortality Estimation
IIED	International Institute for Environment and Development
ILO	International Labour Organization
JMP	WHO-UNICEF Joint Monitoring Programme for Water Supply and Sanitation
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Surveys
NFHS	National Family Health Survey
NGO	non-governmental organization
OECD	Organisation for Economic Co-operation and Development
PAHO	Pan American Health Organization
PPP	purchasing power parity
SDI	Shack/Slum Dwellers International
U5MR	under-five mortality rate
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDESA	United Nations, Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN-Habitat	United Nations Human Settlements Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNW-DPAC	UN-Water Decade Programme on Advocacy and Communication
UN-Women	United Nations Entity for Gender Equality and the Empowerment of Women
Urban HEART	Urban Health Equity Assessment and Response Tool
WHO	World Health Organization

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