

PROGRESS FOR EVERY CHILD IN THE SDG ERA



fair chance
environment
protection
learning
survive + thrive

This publication was developed by the Data and Analytics Section,
Division of Data, Research and Policy in UNICEF HQ.

Laurence Chandy, Mark Hereward and Priscilla Idele guided the strategic conceptualization and technical oversight for the development of this report. Analytical inputs, data analysis and further research were provided by Robert Bain, Jan Beise, Nassim Benali, Claudia Cappa, Liliana Carvajal-Aguirre, Mamadou Diallo, Martin Evans, Chika Hayashi, Lucia Hug, Aleya Khalifa, Julia Krasevec, Richard Kumapley, Chibwe Lwamba, Vrinda Mehra, Christina Misunas, Suguru Mizunoya, Padraic Murphy, Colleen Murray, Nicole Petrowski, Tyler Andrew Porth, David Sharrow, Tom Slaymaker, Pablo Suarez, Danzhen You and Xinxin Yu.

Nassim Benali, Anna Grojec and Rada Noeva oversaw the project management and production of the report with editorial support from Anna Grojec, Erin Tettensor, Catherine Rutgers and Anna Mukerjee; graphic design by Camila Garay, Ane Louise Gaudert, Purva Sawant and Nona Reuter; and data checking and review support from Khin Wityee Oo and Ma. Eleanor Reserva.

UNICEF Data and Analytics Section
Division of Data, Research and Policy
3 UN Plaza, New York, NY 10017
www.data.unicef.org

© United Nations Children's Fund (UNICEF)
March 2018

**Are we on track
to achieve the SDGs
for children?**



Foreword	6
Abbreviations	8

The SDGs and children9

Tracking progress for every child	9
Data and the SDGs	10
Trajectories towards the targets	15
Translating countries’ trajectories into prospects for children	15
Leaving no one behind	16

An agenda for action17

Every child survives and thrives22

Child mortality	25
Births attended by skilled health personnel	30
Immunization	35
HIV	39
Nutrition	44

Every child learns52

Pre-primary education	54
Learning outcomes	58

Every child is protected from violence, exploitation and harmful practices62

Child marriage	65
Birth registration	69
Violent discipline	71

Every child lives in a safe and clean environment

76

Basic drinking water, sanitation and
hygiene services

78

Every child has a fair chance in life

86

Child poverty

87

Call to action

94

The scope of the challenge

94

To change the situation of children,
count them

99

An agenda for action on data

100

Foreword

The Sustainable Development Goals embody our highest aspirations for a better world – and reflect our greatest responsibility as a global community: To provide children and young people today with the services, skills and opportunities they need tomorrow to build better futures for themselves, their families, and their societies.

This understanding – that a sustainable future depends on how we meet the needs of children and young people today – is at the core of the SDGs, which include 44 child-related indicators integrated throughout the 17 goals. *Progress for Every Child in the SDG Era*, the first report of UNICEF's new SDG tracking series, provides a preliminary assessment of how the world is doing thus far on achieving these critical targets.

Even for early days, the outlook the report reveals is foreboding.

Most urgently, UNICEF's comprehensive report on SDG progress for children reveals that more than 650 million children – approaching *one-third* of the world's children – live in 52 countries that are off track on at least *two-thirds* of the child-related SDG indicators for which they have data.

The concerns raised by this news are compounded by the fact that these are only the children we *know* about. *Progress for Every Child in the SDG Era* also reveals that over *half a billion* of the world's children live in 64 countries that lack sufficient data for us even to assess if they are on or off track for at least *two-thirds* of all child-related SDG indicators.

This is a critical juncture in the SDG era: A time when the decisions we take and the investments we make can pay enormous dividends – or extract an impossible price. While it would be both counterproductive and premature to predict failure, it is never too soon to calculate its potential costs.

Given current trends, unless we accelerate progress to meet the child-related SDG targets, between 2017 and 2030, 10 million children will die from preventable causes before reaching their fifth birthdays.

As many as 31 million children will be stunted, robbed of the opportunity to fulfil their potential for lack of adequate nutrition.

At least 22 million children will miss out on pre-primary education, so critical to their later ability to succeed in school and beyond.

And without faster progress, 670 million people worldwide will still be without basic drinking water, in turn threatening children's survival and healthy development.

We have a responsibility to reach these children and young people. They are depending on us to do so. But we cannot reach them unless we know who they are, where they are, and what challenges they face. And they cannot count on us unless we can count every one of them.

Now, in these early years of opportunity and urgency, we must commit ourselves to leveraging every tool we have to help them in turn make the most of their lives. That means improving how we collect, analyse and use data.

As this report shows, we are already seeing how global partnerships, national leadership and regional co-operation, and other shifts are improving our ability to collect data about the situation of children and young people, to identify those who are being left behind, and to monitor our efforts to reach them.

We need to learn from these successes and build on them. UNICEF is committed to working with our partners to improve data for children and young people throughout the first two decades of life, to better understand the continuum and the unique challenges young people face as they transition into adulthood. *Progress for Every Child in the SDG Era* identifies three principles that will guide our own efforts.

First, we need to improve the quality, coverage, and coordination of *data systems*, understanding that this is the foundation of strengthening *delivery* systems to save and improve the lives of children and young people.

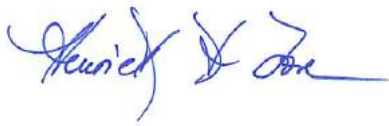
Second, just as we have pledged to leave no *child* behind, we must also leave no *country* behind, working actively together to ensure that every country has adequate data on children. This extends from encouraging the governments of high-income countries to systematically report on SDG performance, to

developing innovative data solutions for conflict- and disaster-affected countries where regular surveys and routine data systems may not be feasible.

Third, the global community needs to commit itself to developing *international norms and standards* for data collection and analysis that all countries can use and adapt to meet their particular circumstances – and that we can all use to develop common approaches to reaching the children in greatest need and at greatest risk.

Cutting across all of these is the need to shift our focus from short-term fixes to long-term investments that yield more sustainable benefits, as well as the equally great need to work in partnerships, co-creating solutions to overcome barriers to our progress.

With so much at stake, we cannot afford to blindfold ourselves with the hope that we are moving in the right direction. Achieving a sustainable tomorrow depends on identifying the needs of children and young people today. And achieving the SDGs for everyone means making progress for every child – by counting every child.



**UNICEF Executive Director
Henrietta Fore**

Abbreviations

AARC	average annual rate of change
AARR	average annual rate of reduction
DHS	Demographic and Health Surveys
DTP3	three doses of combined diphtheria-tetanus-pertussis vaccine
ECDI	Early Childhood Development Index
FGM/C	female genital mutilation/cutting
MCV1	first dose of measles-containing vaccine
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Surveys
MMEIG	Maternal Mortality Estimation Inter-Agency Group (United Nations)
MPI	Multidimensional Poverty Index
OECD	Organisation for Economic Co-operation and Development
OPHI	Oxford Poverty and Human Development Initiative
PISA	Programme for International Student Assessment (OECD)
SDGs	Sustainable Development Goals
UIS	UNESCO Institute for Statistics
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund
UN IGME	United Nations Inter-agency Group for Child Mortality Estimation
WASH	water, sanitation and hygiene
WHA	World Health Assembly
WHO	World Health Organization

The SDGs and children

It has been two years since the international community unanimously agreed on the 2030 Agenda for Sustainable Development and the associated Sustainable Development Goals (SDGs), and the transformation this new agenda calls for is still being worked out. While the processes through which the goals are being implemented may seem far removed from realities on the ground, the consequences of their outcomes could not be more concrete.

For millions of children, the extent to which the world delivers on the SDG promise will determine the course of their lives – affecting their chances of surviving their early years, growing and thriving physically, learning and developing their minds to their full potential, and participating actively in their communities and the wider world. And children's lives determine the future of this planet.

The SDGs are not just a continuation of previous efforts, like the Millennium Development Goals, that sought to measure and thereby spur progress in global development. They are a quantum leap above them.

The new agenda is universal in scope, speaking to the range of challenges facing the world's countries, rich and poor alike. It covers a broad array of topics – with an expansive monitoring framework of 17 goals, 169 targets and 232 indicators. And it embodies sheer ambition – aiming to not just reduce the occurrence of preventable child deaths or extreme poverty, but to eliminate them outright, and to not merely expand access to vaccines or basic sanitation, but to make that coverage universal, so that no one is left behind.

These goals place the world's most vulnerable and marginalized people, including children, at the top of the agenda. But its plan will remain unfulfilled if, when 2030 comes, girls continue to see their options curtailed due to gender discrimination. It will have failed if efforts to ensure that women receive maternity care stop short of dismantling the barriers that keep women in ethnic or racial minorities from accessing those services.

The SDG promise will have faltered if the push to bring children into schools and learning does not include accommodations for children with disabilities, or provide for children whose education is disrupted by conflict or disaster. And it will not be fulfilled if children in remote rural areas remain deprived of the identity documents they need to claim their rights, or if children living in cities' poorest neighbourhoods do not have access to safe water.

The SDGs address a full range of issues relating to children's rights and welfare, amounting to a strong expression of the Convention on the Rights of the Child. And their explicit aim to leave no one behind raises the stakes: In making and measuring progress towards the SDGs, every child counts.

Tracking progress for every child

Progress for Every Child in the SDG Era assesses advancements towards achieving the global SDG targets that have a bearing on children's rights and well-being. Based on current trends, this report makes projections to 2030 in order to identify areas where greater efforts are needed. In the process, it spotlights the availability of internationally comparable data to track progress towards the global targets (see Box 0.1).

In addition to tracing national trajectories to the targets, the report examines trends among subnational groups of children, such as girls and boys, and children in urban and rural areas.

The overall conclusion is that it is very hard to measure trajectories towards the global targets – in many cases, the data are not available. When trajectories can be measured, many countries are not on track to reach the global targets by 2030.

The SDGs and children

Data and the SDGs

Various United Nations agencies have been requested to support countries in data collection for specific sets of indicators, leaving the broader targets and goals to be supported by all. Instead of producing goal-by-goal reports, agencies are encouraged to report on themes that bring together issues across goals. This is the first full thematic report on the SDGs that directly concerns children.

The 44 SDG indicators, situated under nine goals, are directly relevant to children's rights and welfare (*see the Methodology Note document at <uni.cf/sdgreport>*).

This report maps the indicators onto five dimensions of children's rights: the right to good health, to learn, to be protected from violence and exploitation, to live in a safe and clean environment, and to have a fair chance to succeed in life. Organizing the indicators in this way reflects the fact that the issues and solutions they concern are interrelated rather than confined to individual sectors (*see Table 0.1*).

In most cases, the data used in this report were drawn from UNICEF global databases, compiled annually from countries and quality assured for comparability. Other data were accessed from the SDG online databases maintained by the United Nations Statistics Division.

Among the total 44 indicators, there are five for which a target or trend cannot be established for various reasons (italicized in Table 0.1). Three more do not have any comparable data available at the global level, in part because they are new and agreed-upon methodologies have not yet been established.

From among the remaining 36 indicators, 14 have been chosen for more in-depth analysis in this report. For these indicators, it is possible to perform disaggregated analysis that looks beyond national aggregates to compare progress for subnational groups of children – for instance, those belonging to wealthier or poorer households. This analysis, however, merely scratches the surface of inequity: Other important disparities, such as ethnicity or disability, cannot be captured in this global report based on internationally comparable data.

BOX 0.1

Internationally comparable data and global targets

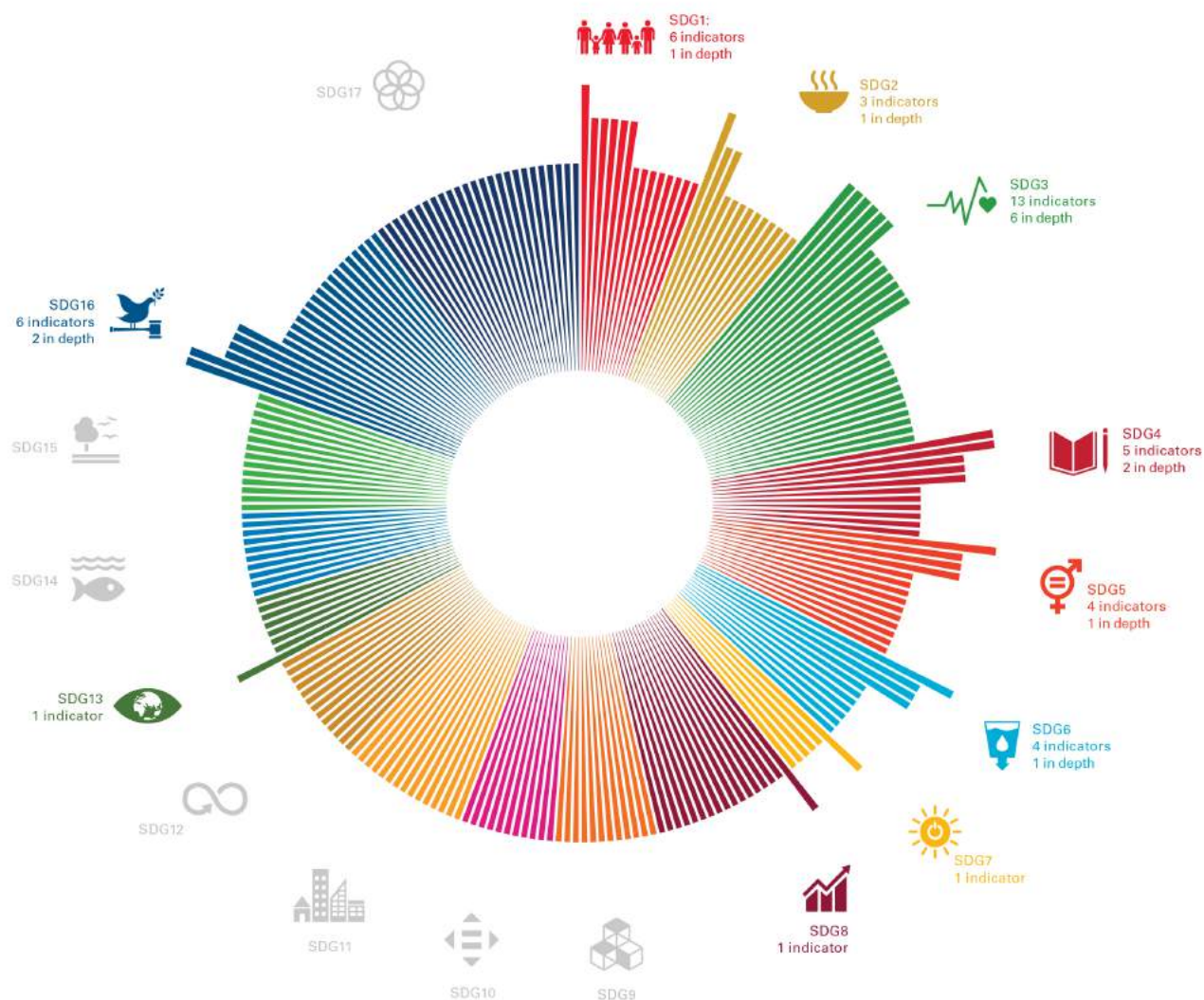
This thematic SDG report uses internationally comparable data from the global databases held by UNICEF and other agencies on behalf of the international community. (*Details on the methodology and data sources, by indicator, are listed in the Methodology Note document at <uni.cf/sdgreport>*).

National data sets that address the same issues, but are not directly comparable cannot be used for the purposes of the report. Similarly, global rather than national targets are used to gauge progress on the SDG indicators, including in the country profiles that complement this report and can be accessed at <uni.cf/sdgreport>.

UNICEF remains committed to the localization of SDG targets, but in a global report, only the global indicators are available and comparable.

Figure 0.1

Child-related SDG indicators and the subsets examined in this report



SDG 1: No Poverty
 SDG 2: Zero Hunger
 SDG 3: Good Health and Well-being
 SDG 4: Quality Education
 SDG 5: Gender Equality
 SDG 6: Clean Water and Sanitation

SDG 7: Affordable and Clean Energy
 SDG 8: Decent Work and Economic Growth
 SDG 9: Industry, Innovation and Infrastructure
 SDG 10: Reduced Inequality
 SDG 11: Sustainable Cities and Communities
 SDG 12: Responsible Consumption and Production

SDG 13: Climate Action
 SDG 14: Life Below Water
 SDG 15: Life on Land
 SDG 16: Peace, Justice and Strong Institutions
 SDG 17: Partnerships for the Goals

44 child-related indicators are integrated across the 17 SDGs. This report arranges these indicators into five dimensions of children's rights: the rights to survive and thrive, to learn, to be protected from violence, to live in a safe and clean environment, and to have an equal opportunity to succeed.

Five dimensions of children's rights



Every child survives and thrives



SDG 2: Stunting, wasting, overweight

SDG 3: Births attended by skilled personnel, under-five mortality, neonatal mortality, new HIV infections (children under 5, adolescent girls and boys 10-19 years), essential health services, MCV1, DTP3, *maternal mortality ratio, malaria incidence, adolescent birth rate**



Every child learns



SDG 4: Minimum proficiency in reading and mathematics in lower secondary, children under-five developmentally on track, participation in organized learning one year before primary, proportion of schools with access to WASH



Every child is protected from violence, exploitation and harmful practices



SDG 5: Violence against girls by intimate partner, violence against girls by someone other than intimate partner, child marriage, female genital mutilation/cutting



SDG 8: Child labour



SDG 16: Intentional homicide, *conflict-related deaths**, violence from caregiver, sexual violence on girls and boys under 18, birth registration



Every child lives in a safe and clean environment



SDG 1: Basic drinking water, sanitation and hygiene services



SDG 3: Mortality rate from household/ambient air pollution



SDG 6: Safely managed drinking water, safely managed sanitation services, handwashing facilities, open defecation



SDG 7: Clean fuels used



SDG 13: *Deaths from natural disasters**



Every child has a fair chance in life



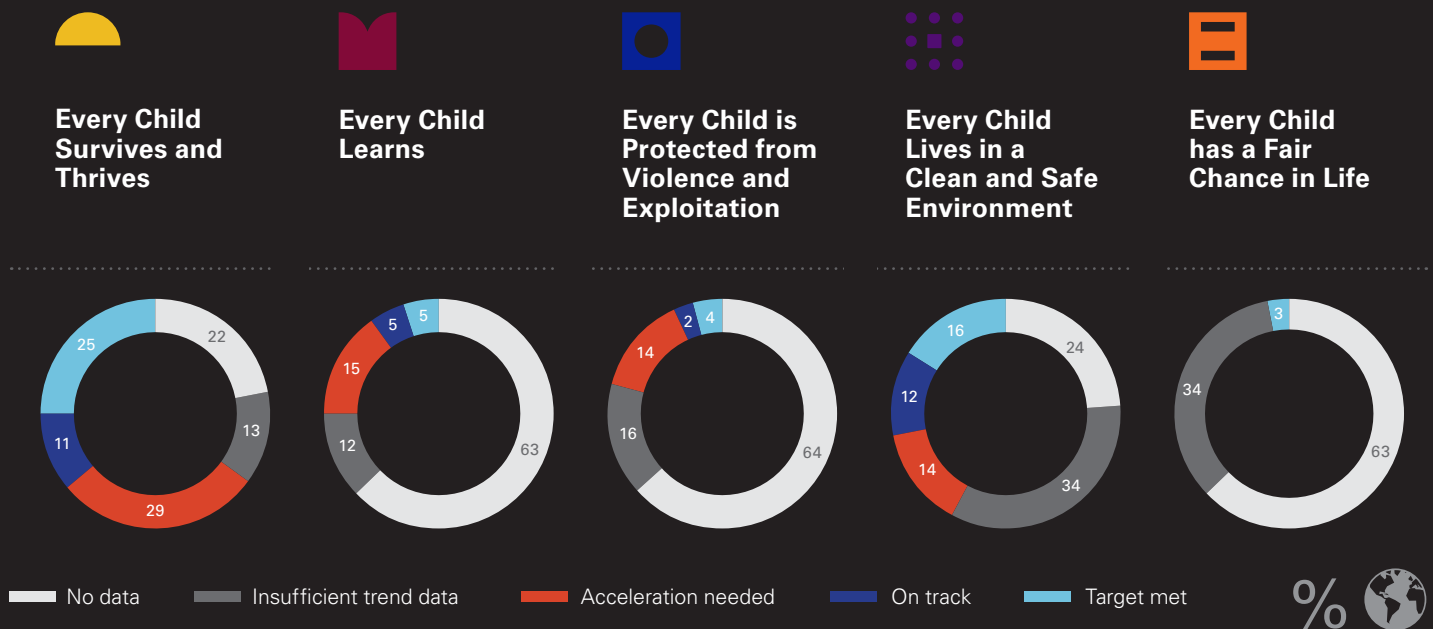
SDG 1: Extreme poverty, below national poverty line, multi-dimensional poverty, social protection floors/system

* Five italicized indicators are excluded from a full assessment due to methodological or measurement challenges.

Data availability and progress vary across the five broad dimensions of children's rights

Figure 0.2

Share of countries assessed on progress towards global SDG targets, averaged across indicators grouped into five dimensions of children's rights



Source: UNICEF analysis of global databases, 2017.

BOX 0.2

How to read the dials

In the analysis for this report, 39 indicators were assessed for progress, subject to availability of data. Whenever possible, trajectories for the indicators were established to determine whether: the associated global targets have already been met; the current trend would lead to achievement of the global targets; or progress would need to speed up to achieve the global targets by 2030.

In some cases, there are no data or the available data are not sufficient to calculate a trend, making it impossible for the assessment to determine a trajectory.

The methodology used to identify trajectories varied across indicators, according to established practices – from simple linear extrapolations to the sophisticated ‘curve fitting’ of annual estimates produced by the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). Further details on methodology and data sources are provided in the Methodology Note document at <uni.cf/sdgreport>.

The results of this analysis are presented in a series of dials, which appear in figures throughout the report. Each dial has five categories:

- **Target met** – the country has already achieved the global SDG target.
- **On track** – the current rate of progress is sufficient to achieve the global target by 2030.
- **Acceleration needed** – on current trends, the global target will not be met by 2030.
- **Insufficient trend data** – there are not enough data points to establish a trend and make a projection to 2030.
- **No data** – internationally comparable data of sufficient quality, coverage and recency are not available in UNICEF global databases.

The dials in **Figure 0.2**, for example, illustrate progress across 39 indicators, organized into the five dimensions of child rights and weighted by the number of countries.

Each dial represents a vast aggregation exercise, combining the performance of each country on each of the relevant indicators in that dimension. The ‘survive and thrive’ dimension, for instance, comprises 12 indicators assessed across 202 countries, generating 2,424 country-indicator pairs. Just 11 per cent of these are on track, illustrated by the dark blue section of the dial. That rate of achievement will be distributed unevenly across the 12 indicators included in the dimension and across the countries, with some recording an achievement rate of global SDG targets far better than 11 per cent, and others faring much worse.

Trajectories towards the global targets

Many SDG reports have focussed on establishing baselines to indicate the starting point for achieving the goals. However, this approach can be limited as the results reinforce what is already known – that the SDGs are ambitious, and that poor countries, and especially those in fragile conditions, start furthest from the goals.

Establishing trajectories makes it possible to see whether countries are on track to achieve the targets. A country's trajectory is more than a starting point – it indicates the speed of movement towards reaching the target. Determining existing trajectories shows where and when countries need to correct their course, and where they should apply additional efforts to reach the subgroups of children at greatest risk of being left behind.

The overview of progress and data availability encapsulated in Figure 0.2 offers a grim picture and a foreboding outlook: In each of the five dimensions, only a minority of countries have met targets or are on track to meet them by 2030. And for most indicators and countries, there are insufficient data to be able to assess whether targets are on track or not. Where data are available for particular countries and indicators, an alarming number require an acceleration if global targets are to be reached.

Over half a billion (520 million) children are effectively uncoun- ted, living in countries that have insufficient data to assess whether they are on track for at least two-thirds of the global targets. An additional half a billion (533 million)* children live in countries where the promise of the SDGs remains out of reach, as their current trajectory will leave them short of at least two-thirds of the targets on which they can be assessed.

Progress varies across the five dimensions of child rights, as does the availability of trend data, because the balance between indicators that have long been measured and those for which measurement is just beginning varies from one dimension to another. In this regard:

- Progress on the **survive and thrive** dimension is relatively strong, with a slim majority of targets having been met or being on track, among those countries and indicators for which we have data. Data coverage is far from complete, but is strongest in this dimension compared to the others. Building on the data coverage developed under the MDG framework, most countries can be assessed on most of the 15 indicators.

* When analyzing the number of children who live in countries where the promise of the SDGs remains out of reach – independently from the number of children who are effectively uncoun- ted – this figure becomes 650 million children who live in countries where at least two-thirds of the SDGs are out of reach without accelerated progress.

- In the **learning** dimension, among those countries for which there are data, only a minority can claim to be on track on the five indicators analysed for this report. Data are insufficient to draw trends for the bulk of countries and indicators, reflecting the failure to agree and roll out measures of learning achievement at the global level.
- The situation looks similar or worse under the **protection** dimension. A combination of ambitious targets and a relatively immature monitoring framework result in a very small number of countries being on track for just a few of the nine indicators that are analysed. In most cases, data are insufficient to uncover trends.
- The **environment** dimension is mixed, with a majority of targets for the eight indicators analysed having been met or being on track, among those countries and indicators with data. But insufficient data still dominate the dimension as a whole.
- The availability of data in the **fair chance** dimension is the worst among all five dimensions. It is almost impossible to assess performance against targets for the four indicators analysed here. Baselines are just now being established for child poverty measures in many countries, so reliable trajectories cannot yet be developed.

The thematic chapters that follow look at progress, one indicator at a time, across the five broad dimensions of child rights.

Translating countries' trajectories into prospects for children

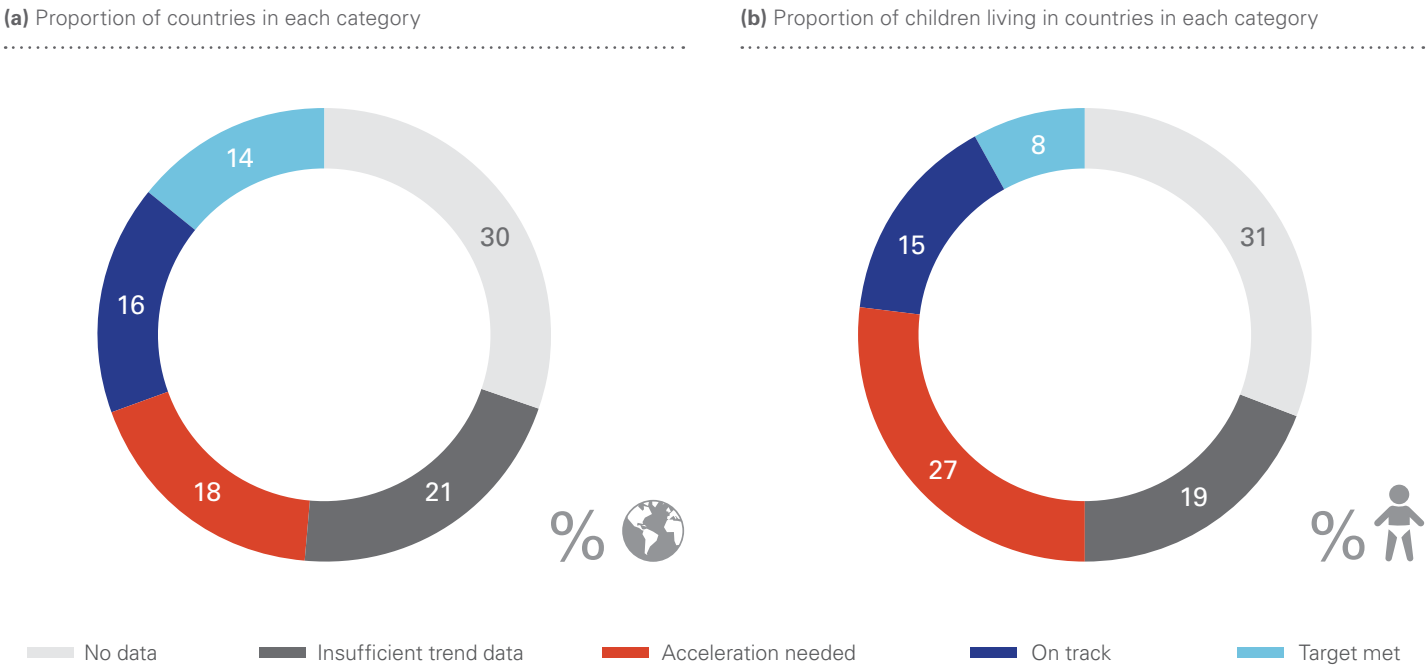
While all countries have a role to play in achieving the SDGs, the agenda is also intended to be 'people centred' – which implies we should care equally for every child, no matter what country they live in. For this reason, this report presents trajectories towards the targets in two ways: The first is **weighting by country** to show the proportion of countries in each of the five dimensions. (*This approach is illustrated in Figure 0.2*) The second type of analysis is **weighting by country population** to account for the number of affected children. Because countries' populations vary widely, this can shift the resulting picture.

Figure 0.3 examines the six WASH indicators of the environment dimension, weighted by country (*left*) and by child population (*right*). When analysis shifts from one to the other, the share of targets already met shrinks from 14 per cent to 8 per cent, while the share needing acceleration rises from 18 per cent to 27 per cent. Those countries that need to move more quickly to meet the targets are home to large numbers of children.

The SDGs and children

Trajectories are often different when viewed by child populations rather than number of countries

Figure 0.3
Progress towards SDG targets for six WASH indicators of a safe and clean environment:



Source: WHO/UNICEF JMP 2017.

Leaving no one behind

The overarching SDG principle of leaving no one behind raises the stakes: It is no longer enough to monitor progress by global aggregates or national averages alone. Results need to be disaggregated to monitor progress among subnational groups of people, especially those who are more vulnerable – such as girls, children living in remote rural areas or informal urban settlements, those living in poverty or close to it, or children with disabilities.

Some countries reporting on the 14 indicators examined in depth in this report have sufficient data to disaggregate performance by subnational population groups – and in some cases to investigate the trajectories for those subgroups. For example, while 8 per cent of children across the world live in countries that have achieved targets for the six WASH indicators in the environment dimension, the same can be said for just 3 per cent of the rural population, but 12 per cent

of the urban population (see Figure 0.4). Compared to children in urban areas, 50 per cent more children living in rural areas will not see the global targets met unless progress accelerates.

This approach reveals significant subnational disparities across the five dimensions of children’s rights, showing that prospects for achieving the targets are worse among particular groups of children – such as children from poorer households, for the under-five mortality target and rural children for universal birth registration.

Beyond what is highlighted here, other types of disparities curtail children’s opportunities and compromise their rights and well-being. Across the world, children with disabilities, refugee and migrant children, children belonging to indigenous groups or other ethnic or

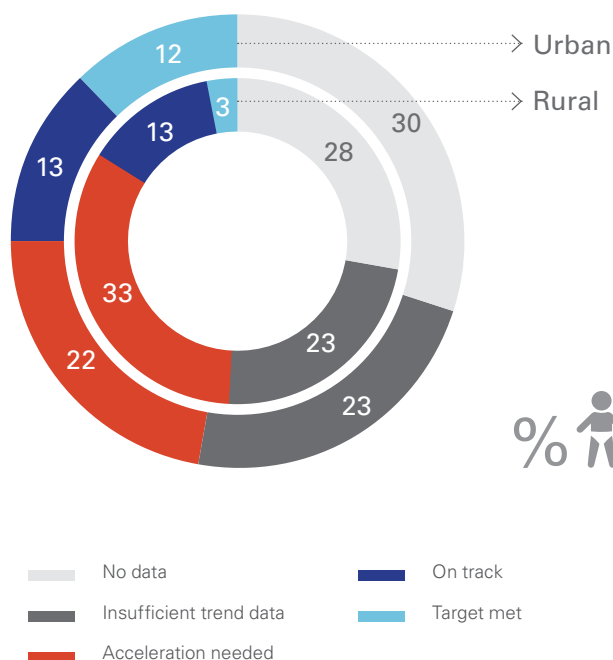
racial minorities – among others – are at risk of being left behind, even as their countries may make progress. Likewise, the trends for poor children in rural areas that show less progress compared to urban areas on many indicators can also remain largely invisible in the data.

Lack of internationally comparable data disaggregated by disability, migration status, ethnicity and other factors means that this global report cannot provide a full picture of the inequities that hamper the world's chances of achieving the SDGs – and children's chances of realizing their rights.

Achieving water, sanitation and hygiene targets will take greater efforts among rural populations

Figure 0.4

Proportion of urban (*outer dial*) and rural (*inner dial*) child population living in countries in each category of progress towards SDG targets, for six WASH indicators of a safe and clean environment



Source: WHO/UNICEF JMP 2017.

BOX 0.3

Country-by-country analysis

In addition to analysing all countries together in each thematic chapter, this report is accompanied by a collection of 202 country profiles (*available at <uni.cf/sdgreport>*). Each profile provides a stocktaking of the country's performance against the 44 child-related SDG indicators, and aggregates the results into five dials to provide an overall assessment of child welfare organized into the dimensions used throughout the report.

The countries are assessed using the global targets, as we do not have access to most countries' national targets. The profiles offer a powerful tool for quantifying the scale of the challenge posed by the SDG targets and identifying areas where the most effort is required to reach targets or improve monitoring.

An agenda for action

For all the fanfare of the past two years, it will take a concerted effort to get the world on track to achieve the SDGs. A step change is needed to document the situation of children, and based on that assessment, to target efforts to reach those facing the greatest risk of being left behind.

The SDG monitoring framework must catch up with the aspirations of the new goals, which required identifying new indicators and determining how to measure them. This entails rewiring existing data systems and building new ones – an effort that will take time to develop and institutionalize by expanding household surveys and improving administrative data. Many types of data are derived from civil registration systems, which are still under development in many countries. Norms for credible monitoring are yet to be established in some emerging and sensitive areas, such as violence against children, with little tradition of monitoring or know-how to carry it out correctly.

The race is on, both to improve monitoring and to accelerate performance against the goals. The stakes are high for the most indispensable constituency of the 2030 Agenda – children – as they rely on the leadership of today's international community to secure their present well-being, their future, and the well-being of the planet that sustains us all.

The SDGs and children

Some data may be older than it appears

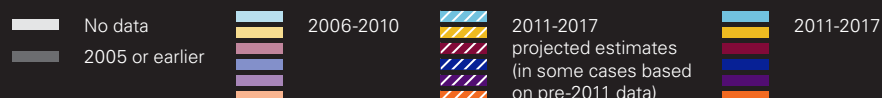
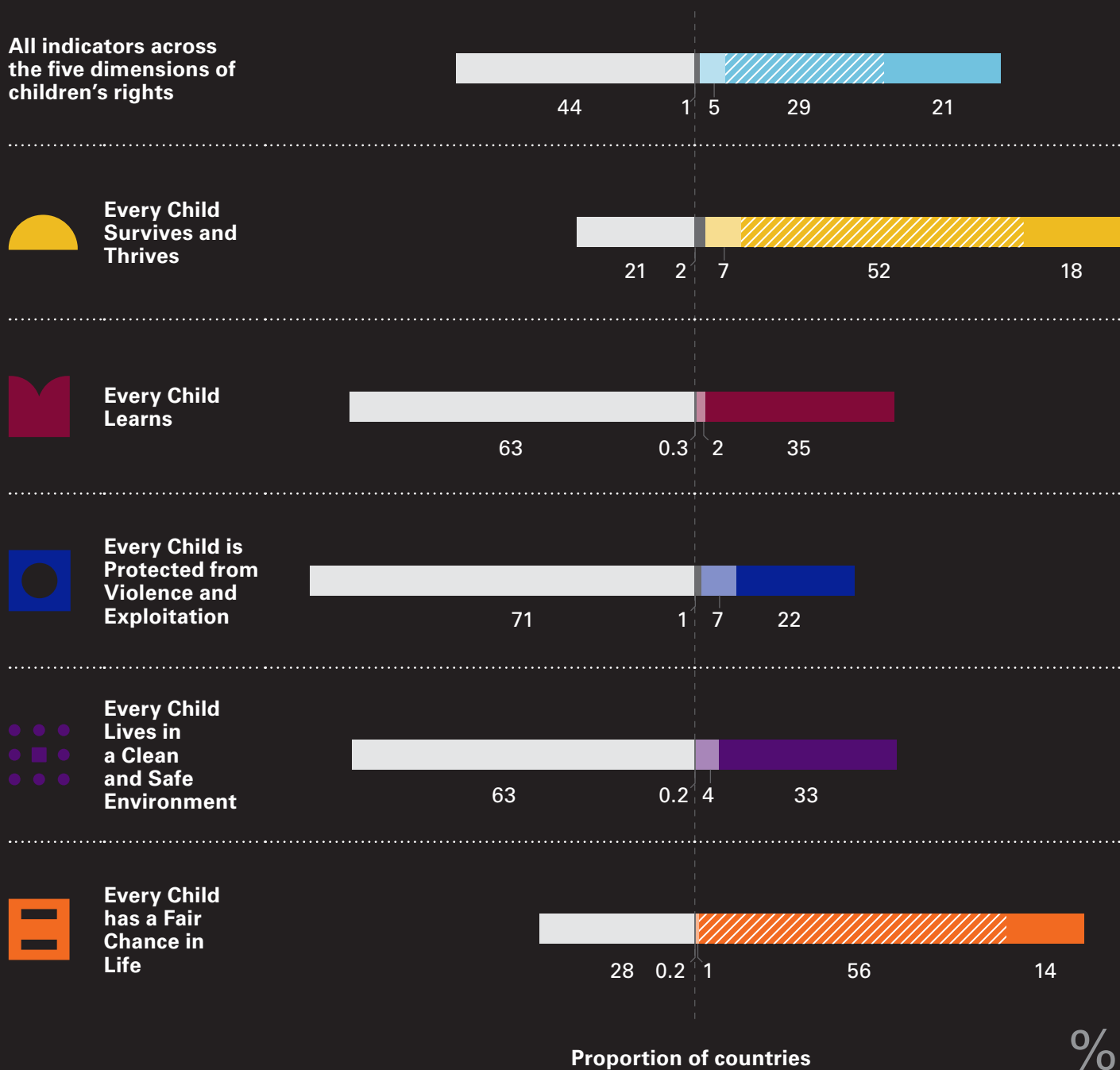
A major focus of this report is the availability of data, but not all data have equal quality. Some are too old to provide a reliable assessment of the status quo, or to predict how children would fare if rates of progress continue.

Just over half of the 8,888 country indicators – 44 indicators across 202 countries – include data points from the past seven years, as indicated in the figure below

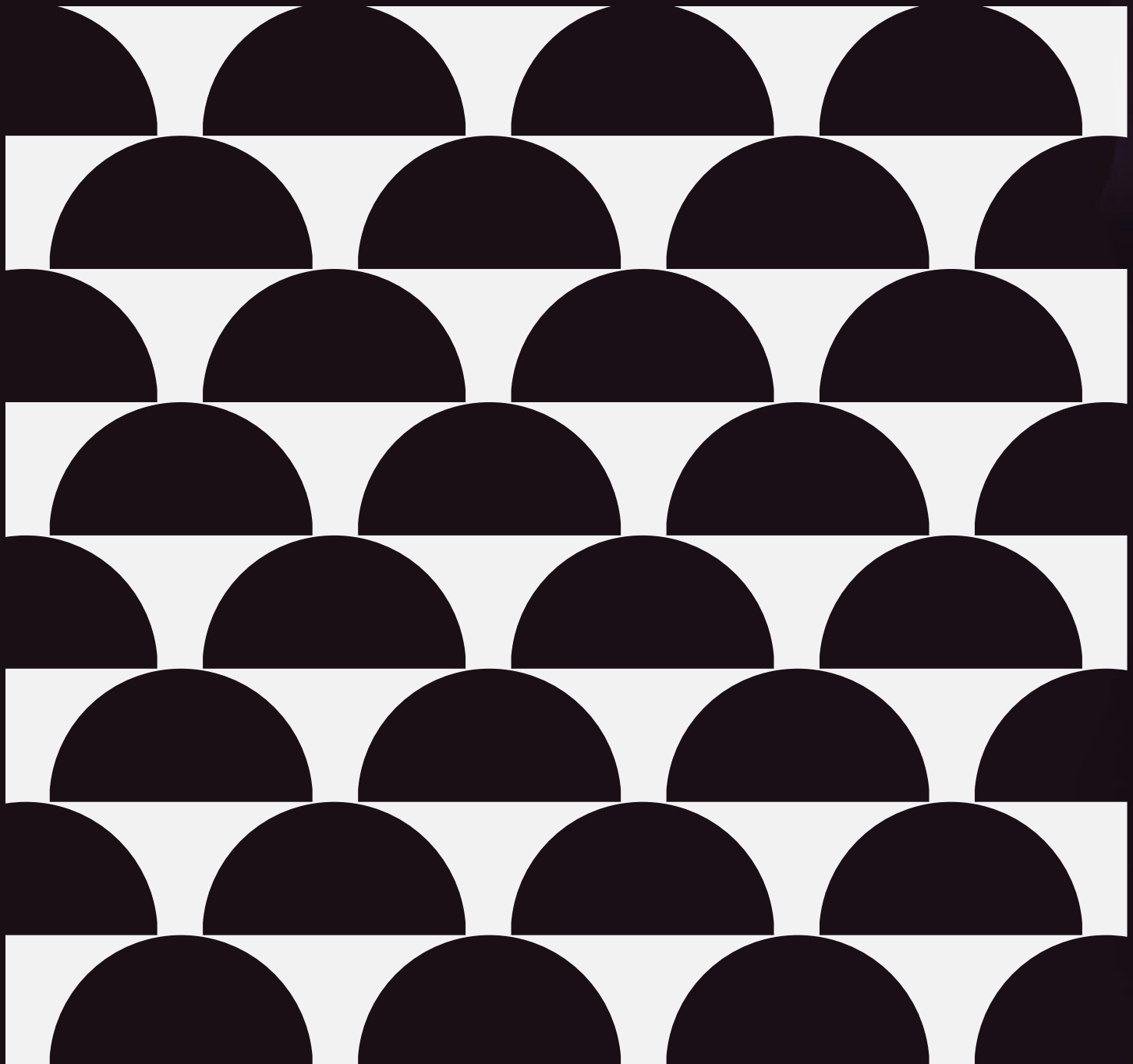
However, some data that fall under 2011-2017 were actually produced by models fitted to older data points and projected or extrapolated forward to the most recent year. This is the case for indicators of under-five and neonatal mortality, maternal mortality, HIV incidence, immunization, and water and sanitation. While there seem to be plenty of recent data for crucial indicators in these areas, the data problem is bigger than it first appears.

Figure 0.5

Proportion of countries, by average of latest data for all child-related SDG indicators, for each dimension of children's rights and all indicators together



Source: UNICEF analysis of global databases, 2017.



survive +thrive

Milana, 2 years old,
stands in the house
where she lives with
her family. The house
was severely damaged
by shelling during
the conflict in eastern
Ukraine.





2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.

2.1.2 Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES)

- - -

2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

2.2.1 Prevalence of stunting among children under 5 (numbers and %)

0.0003 million (1.8%)-46.1 million (55.9%) **155 million (22.9%)** **99 million****

2.2.2.a Prevalence of wasting among children under 5 (%)

0.3%-21.5% **7.7%** **<5%**

2.2.2.b Prevalence of overweight among children under 5 (%)

0.6%-22.3% **6.0%** **5.7%*****



3: Ensure healthy lives and promote well-being for all at all ages

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

3.1.1 Maternal mortality ratio (maternal deaths per 100,000 live births)

3-1360 **216** **70******

3.1.2 Proportion of births attended by skilled health personnel (%)

19%-100% **78%** **Universal coverage**

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-five mortality to at least as low as 25 per 1,000 live births.

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

2-133 **41** **25[†]**

3.2.2 Neonatal mortality rate (deaths per 1,000 live births)

1-46 **19** **12[†]**

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

3.3.1 Number of new HIV infections per 1,000 uninfected population (children under 5)

<0.01-4.5 **0.29** **<0.001**

3.3.1 Number of new HIV infections per 1,000 uninfected population (adolescent girls 15-19)

0.01-24.34 **0.59** **<0.001**

3.3.1 Number of new HIV infections per 1,000 uninfected population (adolescent boys 15-19)


<0.01-6.09 **0.30** **<0.001**

3.3.3 Malaria incidence per 1,000 population

<1-449 **63** **Reduction of at least 90% from 2015 baseline**

Table 1.1

Indicators related to children's right to survive and thrive

GOAL	TARGET	INDICATOR	Range of country estimates*	Global estimate	2030 Global target
 3: Ensure healthy lives and promote well-being for all at all ages	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.	3.7.1 Percentage of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods (%)	16%-90%	78%	Universal coverage
		3.7.2 Adolescent birth rate (births per 1,000 girls 15-19)	1.6-206	44	-
	3.8 Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.	3.8.1 Population coverage of essential health services (%)	-	-	-
	3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.	3.b.1 Proportion of the target population covered by all vaccines included in their national programme – MCV1 (%) [‡]	20-99%	85%	≥95%
		3.b.1 Proportion of the target population covered by all vaccines included in their national programme – DTP3 (%) [‡]	19-99%	86%	≥95%

Notes: Under SDG 2, the original SDG targets refer to the World Health Assembly targets for 2025. 2030 targets have been proposed and noted in January 2018 but are not used in this report. The 2030 targets can be accessed by visiting <<http://www.who.int/nutrition/global-target-2025/discussion-paper-extension-targets-2030.pdf>>.

Under SDG 3, our analysis assumes 'universal coverage' as a target for the skilled birth attendant indicator, which does not have an explicit SDG target. This is based on the target 'Ending Preventable Maternal Mortality' (EPMM), for which one of the strategic objectives is to ensure universal health coverage for comprehensive sexual, reproductive, maternal and newborn health care.

Under SDG 3, globally agreed-upon targets for the three indicators under 3.3.1 were only available for 2020 as of August 2017. The AARR necessary to achieve 2020 targets was extrapolated to determine a 2030 target. Using this method, each country's 2030 target for both children (18% AARR) and adolescents (10% AARR) was below 0.001 new HIV infections per 1,000 uninfected population.

- Not available.

* The country estimates in this table are based on 2011-2016 data.

** The target for stunting is a 40 per cent reduction, by 2025, in the number of children stunted from the 2012 baseline. Taking into account the projected population under age 5, this translates into a prevalence of around 14.7 per cent for stunting in children in 2025.

*** The target for overweight is 'zero' increase in prevalence from the 2012 baseline.

**** 70 maternal deaths per 100,000 live births is the global target. At the country level, the target is a reduction of at least two thirds from the 2010 baseline (no country should have a ratio higher than 140 deaths per 100,000 live births).

† Only country-specific (rather than global) targets are set for indicators 3.2.1 and 3.2.2.
‡ As of August 2017, final immunization indicators had not been adopted for targets 3.8.1 and 3.b.1. In the absence of globally agreed indicators, the targets of at least 95 per cent for coverage of MCV1 and DTP3 are considered in this report.

Every child survives and thrives

Children's prospects in life begin to take shape before they are born, while the circumstances of their earliest and most vulnerable years have a critical impact on their ability to survive, grow and develop to their full physical and cognitive potential.

Ensuring that every child survives and thrives hinges on a combination of high-impact interventions – including quality antenatal, delivery and postnatal care for mothers and their newborns, prevention of mother-to-child transmission of HIV, immunization to protect children from infectious diseases and access to adequate and nutritious food.

These interventions and related issues are addressed in SDG 2 and SDG 3. Of the range of indicators that contribute to the 'survive and thrive' dimension of child rights, on average:

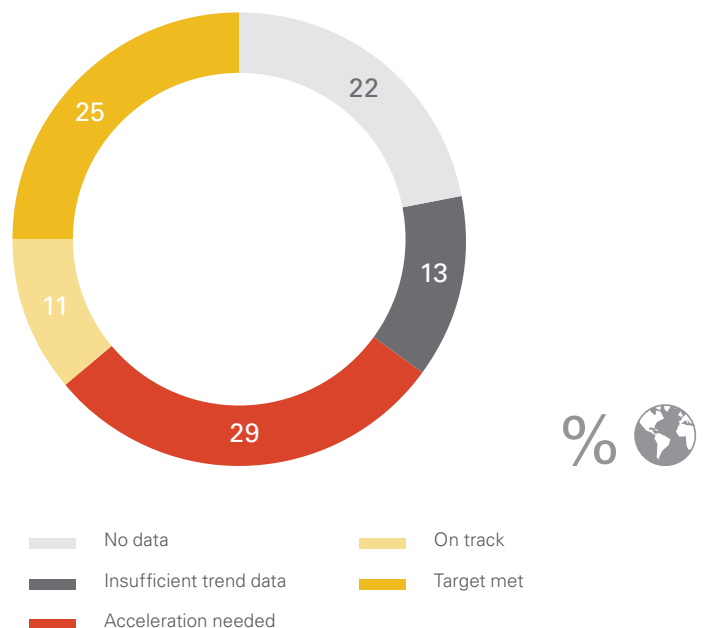
- about one quarter has been achieved by countries;
- more than one quarter needs acceleration; and
- about one third have insufficient (or no) data.

Many indicators do not have enough data coverage to be examined in depth. But data are available concerning **under-five mortality, skilled attendant at birth, immunization, HIV infection and malnutrition**, among others. The trajectories for these indicators show the extent to which SDG 2 and SDG 3 are on track, while disparities in those trajectories spotlight the children at risk of being left out if the world does not make greater efforts to reach them.

Faster progress is needed on **1/4** of indicators related to a child's ability to survive and thrive

Figure 1.1

Proportion of countries in each category of progress towards SDG targets for indicators of child and maternal mortality, nutrition, delivery care, adolescent birth rate, new HIV infections, and immunization



Note: For an explanation of the dial charts throughout this report, see 'How to read the dials', p. 14.

Source: UNICEF analysis of global databases, 2017.

Child mortality

Many factors play into whether or not a child survives her or his early years. Neonatal complications and infectious diseases such as pneumonia, diarrhoea and malaria are the leading causes of death among children under age 5. Undernutrition contributes directly or indirectly to nearly half of these deaths, while maternal health is another important factor, especially regarding newborn mortality. Child mortality is thus a key indicator not only for child health and well-being, but for overall progress towards the SDGs.

The world has made tremendous strides in promoting child survival. Since 2000, the global under-five mortality rate has been reduced by 47 per cent – from 78 deaths per 1,000 live births in 2000 to 41 deaths per 1,000 live births in 2016. That translates into some 50 million children's lives saved, many of them in low-income and lower-middle-income countries.

Even so, the number of children dying before age 5 remains very high: 5.6 million died in 2016 alone. And the burden is not evenly shared:

- Newborns now account for a growing share of under-five deaths, as progress in reducing neonatal mortality has been slower.
- Mortality levels tend to be higher among poorer children, and even as levels have decreased overall, relative disparities remain.

Trajectories

The SDG target aims to reduce countries' under-five mortality rate to 25 deaths per 1,000 live births or below, ending preventable deaths among children under age 5. To reach the child mortality target, nearly 3 in 10 countries will have to accelerate their progress. About the same proportion of the world's children under age 5 live in these countries, which amounts to 191 million children in the 195 countries with available mortality estimates in 2016.

If current trends continue in each country:

- Globally, some 60 million children under 5 will die between 2017 and 2030 from largely preventable causes – but meeting the target would avert 10 million of these deaths.
- More than half of these deaths will occur in sub-Saharan Africa, and close to a third in South Asia.

Countries vary widely in the size of their population – so the number of countries that have met the targets, are on track or need acceleration may not clearly illuminate prospects for the world's children. Figure 1.2 offers a comparison of the mortality trajectories by country (on the left) and by number of children under 5 (on the right). When progress is assessed by child population:

- The proportion 'on track' grows, as the 14 per cent of countries in this category represent 32 per cent of all children under age 5. The category includes India, which accounts for 18 per cent of the world's children under 5.
- The proportion for 'target met' shrinks, and the 59 per cent of countries represent just 40 per cent of the world's children. While the 'target met' category includes one very populous country – China, which accounts for 13 per cent of the under-five population – many of the other countries have much smaller populations.

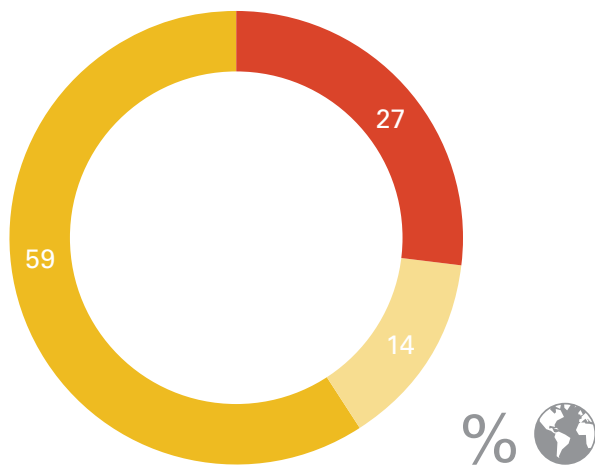
Child mortality

Nearly **3 in 10** countries need to accelerate progress – and they account for about the same proportion of the world’s children under 5

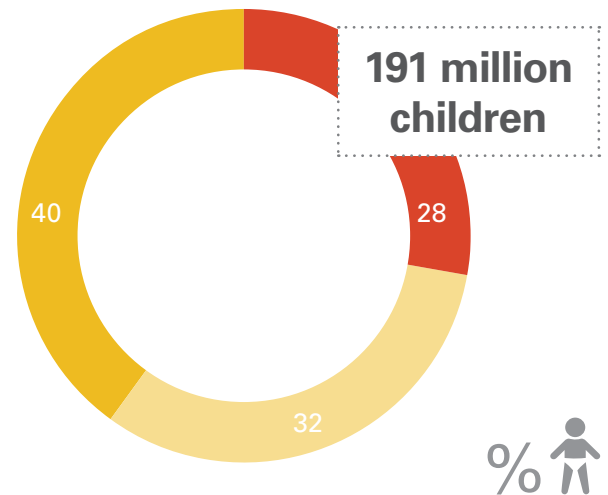
Figure 1.2

Progress towards SDG under-five mortality target:

(a) Proportion of countries in each category



(b) Proportion of under-five population living in countries in each category



Legend: No data (light grey), Insufficient trend data (dark grey), Acceleration needed (red), On track (light yellow), Target met (yellow)

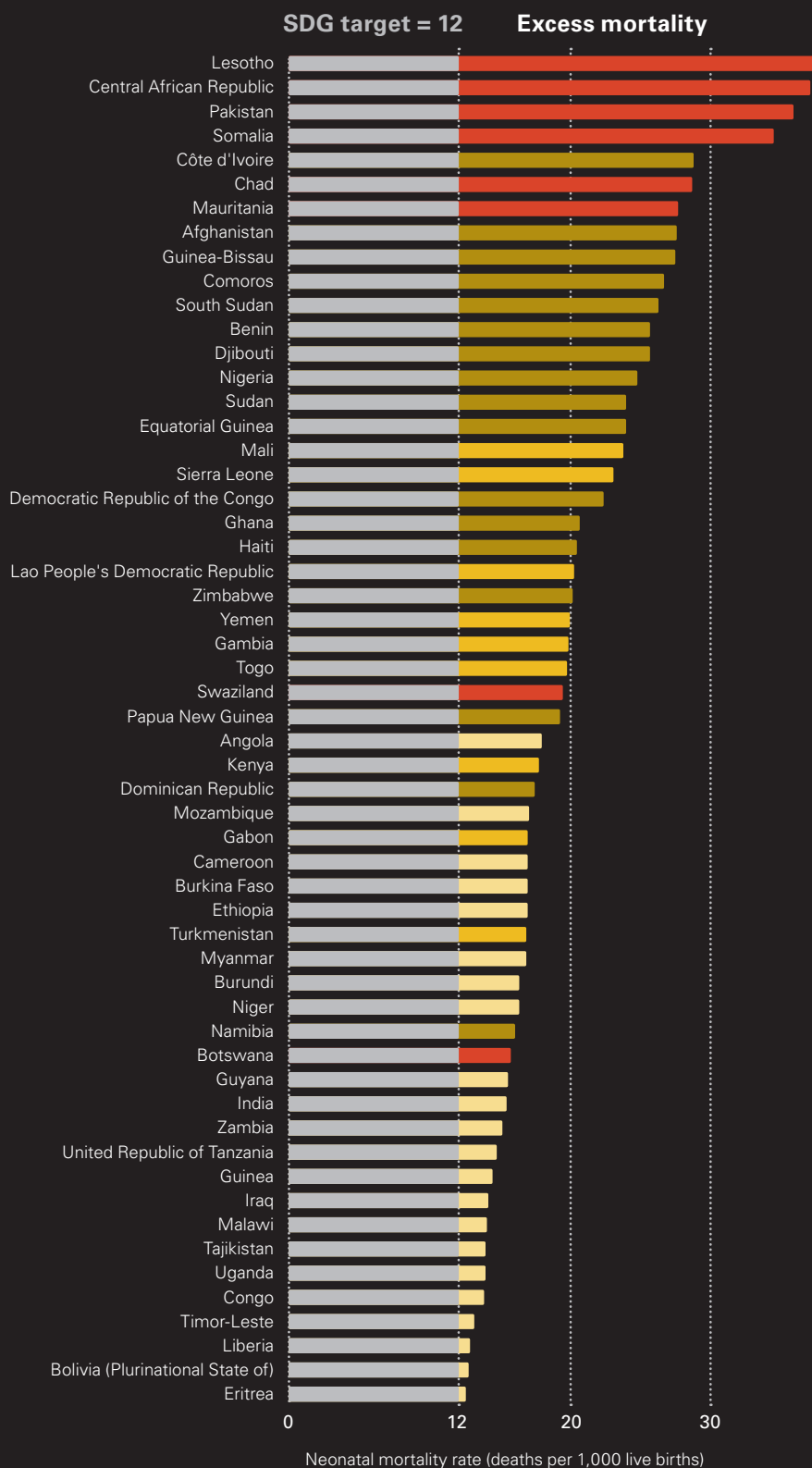
Source: UNICEF analysis based on United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) estimates 2017.

BOX 1.1

Countries lag even further behind in reducing neonatal mortality

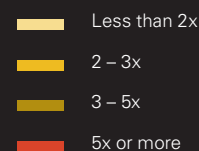
Figure 1.3

Projected neonatal mortality rate by 2030 if current trends continue, in countries that need to accelerate progress in reducing their neonatal mortality rate to achieve the SDG target



On current trends, more than 60 countries will miss the SDG neonatal mortality target for 2030. About half of these countries would not reach the target even by 2050, and nearly 40 will need to double, at least, their current rate of progress to achieve the target by 2030 (see Figure 1.3).

Almost 40 countries need to at least double their current rate of progress to meet the neonatal mortality target by 2030



Note: Excludes countries with less than 10,000 live births in 2016.

Source: UNICEF analysis based on UN IGME estimates 2017.

Child mortality

Disparities

Mortality estimates can be broken down by wealth for just over half of the 195 countries that have estimates, making it possible to compare rates among wealth quintiles (whereby the child population is divided into five equally sized groups by household wealth). These 99 low- and middle-income countries account for 71 per cent of the global under-five population, or 477 million children, and more than 90 per cent of the world's under-five deaths.

Trajectories towards the SDG target by household wealth show a clear pattern: Prospects for children in poorer households are worse than for children in the wealthiest households (see Figure 1.4). Without faster progress, under-five mortality rates in 2030 will continue to exceed the target among three quarters of children in the poorest quintiles of households in their countries, compared with about a quarter of children in the wealthiest households.

Among the 99 countries with wealth-disaggregated data:

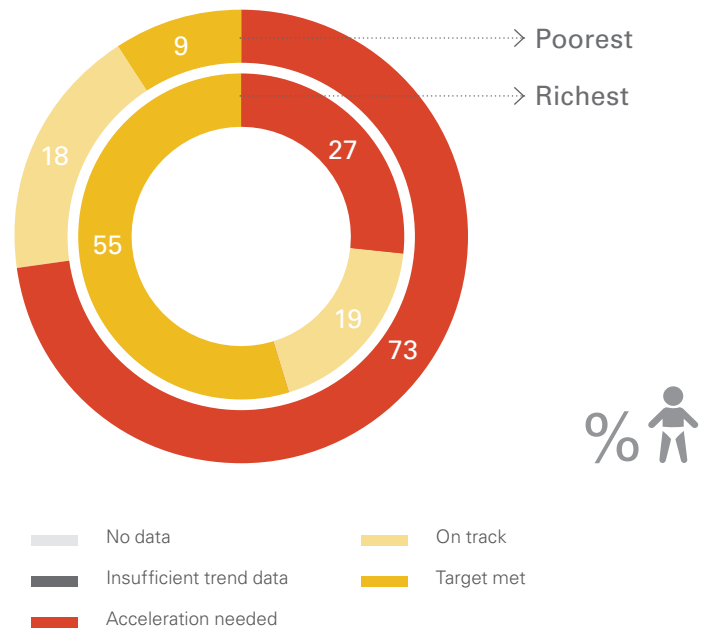
- Almost half (including 18 countries in sub-Saharan Africa) will miss the target among the poorest quintile, even though they will meet or have already met the target among the wealthiest households.
- Another quarter will miss the target among both the poorest and wealthiest quintiles.

These countries and many others need to especially speed up progress among the poorest children. Making a concerted effort to reduce under-five mortality among the poorest households, and thus eliminating disparities between regions within countries, could save millions of children's lives.

Unless countries accelerate progress, prospects for reducing under-five mortality in line with the SDG target are worse among poorer children

Figure 1.4

Proportion of under-five population in the poorest (outer ring) and wealthiest (inner ring) quintiles in their countries, in each category of progress towards SDG under-five mortality target, for 99 countries



Source: UNICEF analysis based on UN IGME estimates, 2017.

Data

Data on child mortality come from several different sources, including vital registration systems, sample vital registration systems, censuses and household surveys. The estimates in this chapter are based on available data from 195 countries.

Estimating child mortality rates is challenging in the absence of well-functioning vital registration systems, which many low- and middle-income countries lack. Only 62 of the 195 countries for which under-five mortality is estimated rely exclusively on vital registration data. The remainder use a mix of sources, which may be difficult to compare or prone to errors.

Household surveys provide additional information – for instance, on household wealth – usually not recorded in routine data systems. Countries that do not use household surveys are less able to analyse mortality by subgroup, which is why the analysis by wealth quintile was limited to 99 low and middle income countries.

Child mortality data are considered ‘recent’ because they are modelled and extrapolated to 2016. But examining the underlying data used for those models shows that lack of recent data is a significant challenge, especially among countries with high mortality rates and slow progress. In 2017, the reference period of reported data for more than 70 countries – over a third of which are not on track to meet the under-five mortality target – was more than five years old.

Recent data on under-five mortality are lacking, particularly in countries that need to accelerate progress

Figure 1.5

Proportion of countries by reference period of the latest available under-five mortality data, for each category of progress towards the SDG target

ACCELERATION NEEDED: 52 COUNTRIES (27%)



ON TRACK 27 COUNTRIES: (14%)



TARGET MET: 116 COUNTRIES: (59%)



0

20

40

60

80

100

Proportion of countries

More than 10 years old >5-10 years old >2-5 years old 0-2 years old



Births attended by skilled health personnel

In 2015, there were an estimated 303,000 maternal deaths worldwide, meaning that, on average, 830 women died each day from – mainly preventable – causes related to childbirth. Globally, the maternal mortality ratio declined by 37 per cent between 2000 and 2015 – from 341 maternal deaths per 100,000 live births in 2000, to 216 in 2015.

In addition to such factors as access to basic health care and family planning services, which come into play even before a woman becomes pregnant, two major factors affect a woman’s chances of surviving childbirth: whether she has adequate health care during pregnancy and whether the delivery of her newborn happens with the assistance of skilled health personnel such as doctors, nurses and midwives.

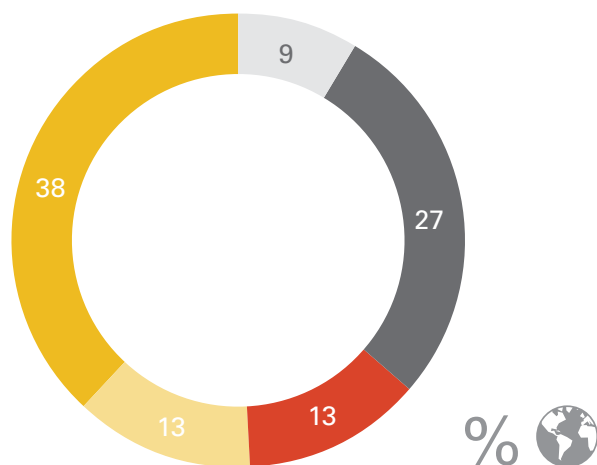
Having a skilled attendant at birth is one of the most crucial interventions to save the lives of mothers and infants. The world has made great strides in expanding coverage: Globally, almost 80 per cent of live births occurred with the assistance of skilled health personnel in 2016 – up from just over 60 per cent in 2000¹². Achieving universal coverage of skilled birth attendants is one of the key strategies towards meeting the maternal mortality reduction target by 2030.

1 in 5 births occur in countries that need quicker progress to achieve universal coverage of skilled birth attendant by 2030

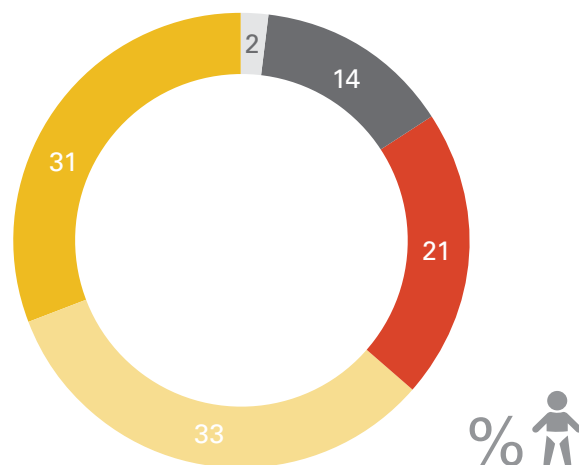
Figure 1.6

Progress towards universal coverage of skilled birth attendant:

(a) Proportion of countries in each category



(b) Proportion of births occurring in countries in each category



No data
Insufficient trend data
Acceleration needed
On track
Target met

Trajectories

Though most countries are on track or have already achieved universal coverage of skilled birth attendants, 26 countries will not achieve universal coverage unless they speed up progress. Most of those countries have extremely high maternal mortality ratios, with an average of 400 – and up to 800 – maternal deaths per 100,000 live births.

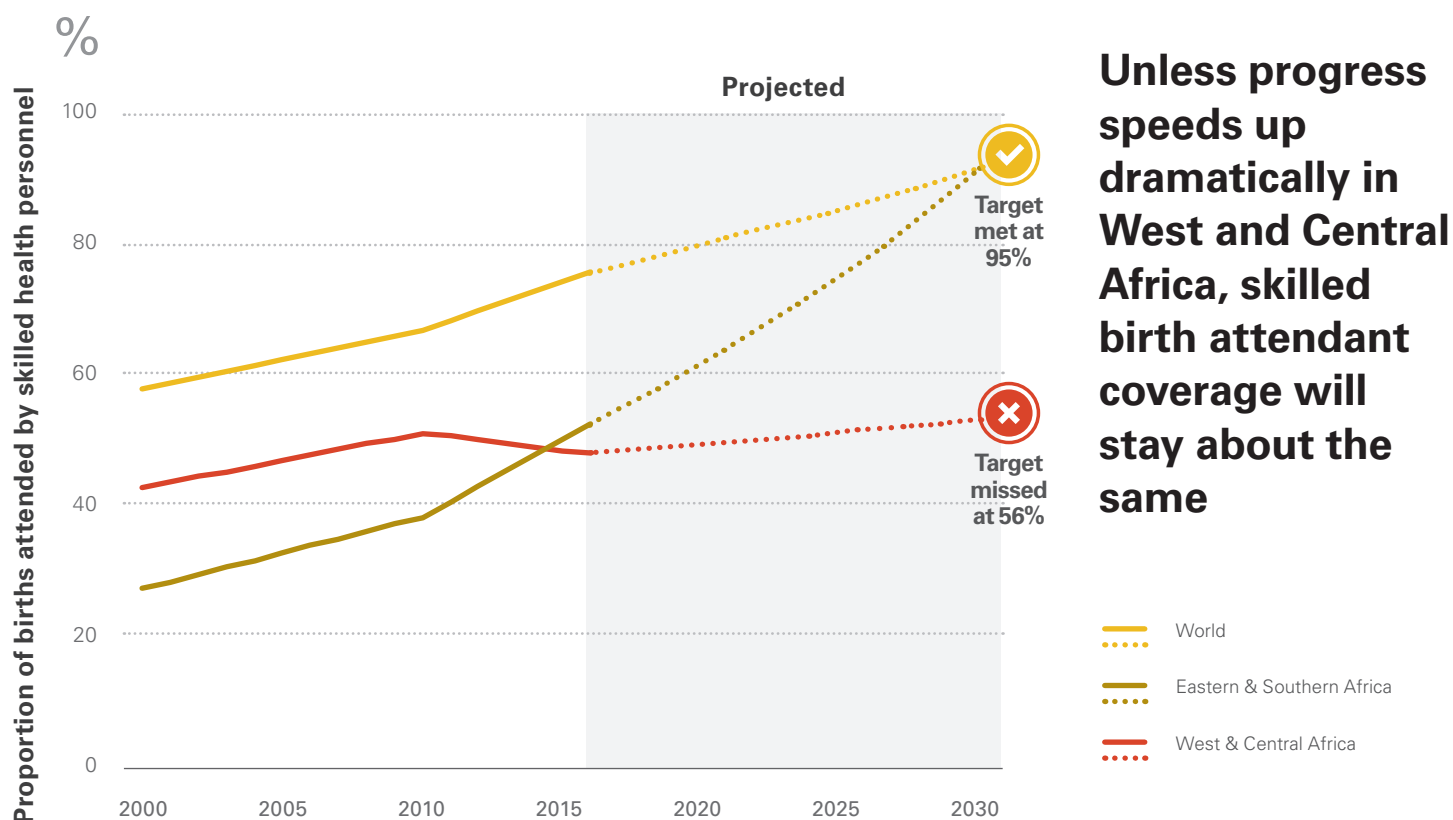
Looking at trajectories by population shows the magnitude of the challenge – as the 13 per cent of countries needing acceleration account for 21 per cent of global births. Among these countries, those with the largest numbers of births include Angola, Ethiopia, Kenya, Niger, Nigeria and the United Republic of Tanzania (sub-Saharan Africa) and the Philippines and Bangladesh (South Asia). Additionally, progress is markedly uneven across regions, for example:

- East Asia and the Pacific, Latin America and the Caribbean, Eastern Europe and North America have already reached close to universal coverage.
- West and Central Africa – which at about 50 per cent had the lowest coverage in 2016 – will be at about the same level in 2030 unless progress speeds up dramatically.

In West and Central Africa, if current trends continue, around 11 million babies will be delivered without the support of a skilled attendant in 2030. The region will need to expand coverage six times more quickly than its current annual average rate of change. Though this is a challenge, significant progress is possible, as shown in Eastern and Southern Africa – which nearly doubled coverage between 2000 and 2016, from 30 per cent to 56 per cent, and may be on track to reach universal coverage by 2030.

Figure 1.7

Observed trends (2000-2016) and projected trajectories to 2030 in coverage of skilled attendant at delivery: Global, Eastern and Southern Africa, West and Central Africa



Births attended by skilled health personnel

Disparities

Data on coverage of skilled birth attendants can be disaggregated by urban and rural areas, by household wealth, and by the mother's characteristics, such as age and level of education.

Progress in extending coverage of skilled birth attendant needs to accelerate much more for births in rural areas and in poor households:

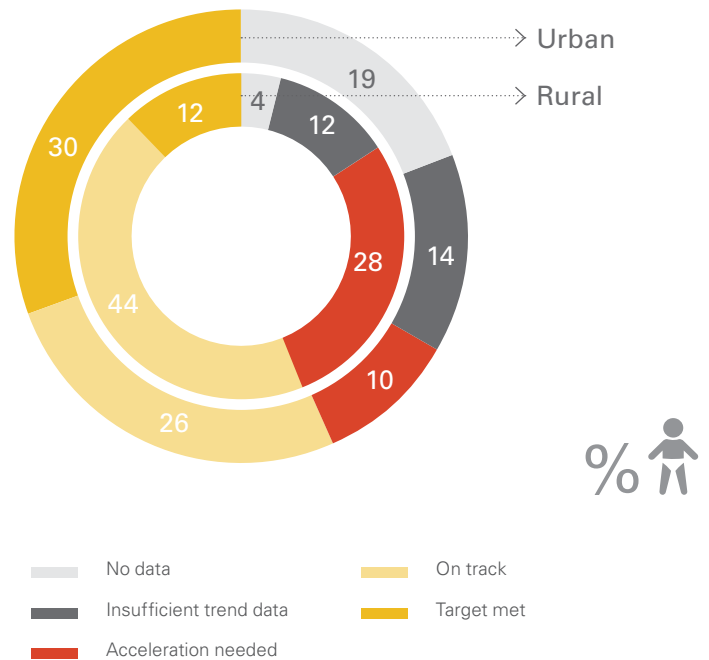
- Acceleration is needed to achieve universal coverage for about a third of births occurring in rural areas, compared with only about one tenth in urban settings (see Figure 1.8).
- In sub-Saharan Africa, only 1 in 3 births occurring in the poorest households has the benefit of a skilled attendant, compared to over 80 per cent of the wealthiest.

Strategies to expand coverage of skilled birth attendant need to focus on reaching poor and rural women – and also on distributing coverage across all parts of a country (see Box 1.2).

Progress in expanding skilled birth attendant coverage is slower in rural areas

Figure 1.8

Proportion of births in urban (*outer dial*) and rural (*inner dial*) areas occurring in countries in each category of progress towards universal skilled birth attendant coverage



Source: Analysis based on a subset of 83 countries with data for urban and rural settings; UNICEF global databases based on MICS, DHS and other national sources.

BOX 1.2

National averages mask geographical disparities in coverage and progress

In 2015, Sierra Leone had the world's highest maternal mortality ratio, estimated at 1,360 maternal deaths per 100,000 live births – amounting to 3,100 women dying that year.

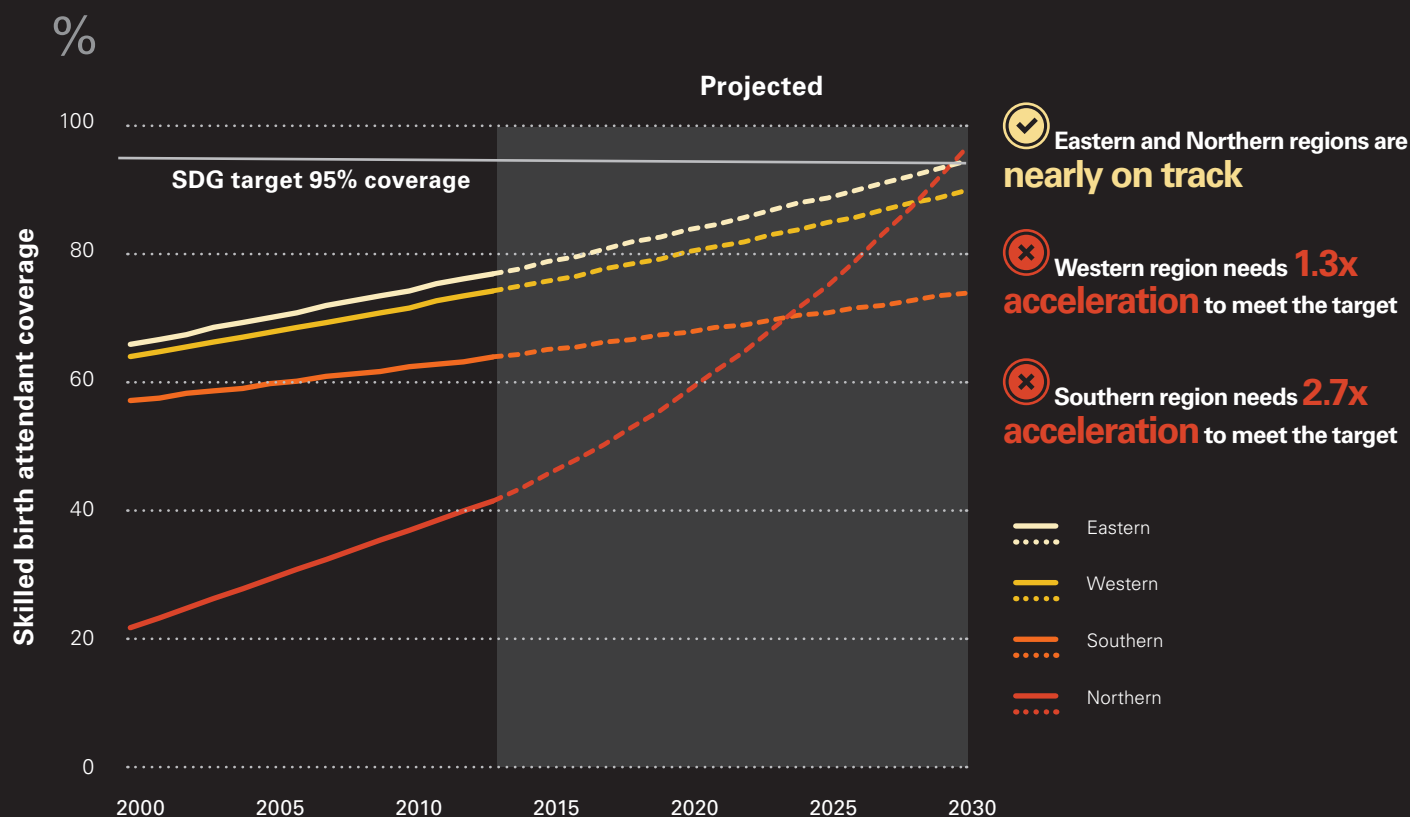
While an estimated 60 per cent of births were attended by skilled health personnel, coverage was unevenly distributed across different parts of the country. Progress in expanding coverage is likewise uneven:

- Though Sierra Leone's Northern Province is furthest behind, it made the fastest progress between 2000 and 2013 and is nearly on track to achieve universal coverage by 2030, along with Eastern Province.
- Southern Province has made slower progress since 2000, and will need to accelerate progress by a factor of 2.7 annually in order to achieve universal coverage by 2030.

All regions in Sierra Leone need to speed up progress – some more than others

Figure 1.9

Subnational trajectories in the proportion of births attended by skilled health personnel in Sierra Leone



Births attended by skilled health personnel

Data

A number of data gaps make it difficult to measure maternal mortality and identify the underlying factors that cause maternal deaths. While civil registration and vital statistics systems would ideally provide accurate data on the number of maternal deaths within a country, deaths often go unrecorded and causes of death are sometimes recorded incorrectly. These issues lead to the under-reporting of maternal deaths.

Availability of data on skilled birth attendant varies considerably. Out of 202 countries assessed in this report, 73 have either no data or insufficient data to assess progress.

BOX 1.3

Adolescent birth rate

Pregnancy during adolescence can have a range of negative consequences for the health and well-being of girls, their newborns and communities as a whole. But family planning services for adolescent girls in poorer countries are falling critically short. An estimated 12.8 million adolescent girls had an unmet need for family planning in low- and middle-income countries as of 2015, a number that was expected to increase to 15 million by 2030 if the trends continue.

While the adolescent birth rate decreased from 56 births per 1,000 adolescent girls aged 15-19 in 2000 to 44.1 in 2015 worldwide, it remains much higher in some regions. In sub-Saharan Africa, it is more than twice the global average, while Latin America and the Caribbean, at 64 births per 1,000, has the next highest rate.

Adolescent pregnancy can lead to a range of adverse physical, social and economic outcomes. In 2015, maternal health conditions – such as haemorrhage, sepsis or obstructed labour – were the leading cause of death among girls aged 15-19. They claimed the lives of about 10 girls per 100,000 in that age group worldwide – and nearly 36 per 100,000 in low- and middle-income African countries, which had the world's highest maternal mortality ratio among the 15-19 age group.

Reducing the levels of adolescent pregnancy is also strongly linked to addressing broader issues of gender equality. The disproportionately high levels of poverty among women across regions, for example, could be decreased if more girls could delay pregnancy. Conversely, policies that encourage girls' equal access to education, health-care services and socio-economic opportunities would contribute to lessening the prevalence of pregnancy during adolescence.

Although girls aged 10-14 are the age group of greatest concern, comparable data at the country, regional and global levels are currently available only for girls aged 15-19. Including younger adolescent girls in data collection programmes is vital to addressing this gap.

Immunization

Immunization averts an estimated 2 million-3 million deaths every year. Vaccines against diphtheria, tetanus, pertussis, measles and other preventable diseases also prevent millions of additional health issues and disabilities. These benefits make immunization one of the most cost-effective public health interventions.

In 2016, global coverage rates for the third dose of the diphtheria-tetanus-pertussis vaccine (DTP3) and the first dose of measles-containing vaccine (MCV1) reached 86 per cent and 85 per cent, respectively, up from 72 per cent for each in 2000. Despite this increased coverage:

- About 20 million children did not receive three doses of DTP and about 21 million missed the first dose of MCV.
- Regional disparities persist: West and Central Africa lags behind, with 67 per cent coverage for each.

Trajectories

Achieving the SDG target of universal coverage by 2030 will take sustained efforts. Progress in expanding DTP3 and MCV1 coverage has been slow during recent years, and uneven across countries and regions. Based on the average rate of progress during 2010-2016:

- 74 countries are not on track to reach the SDG target for DTP3, and 87 are not on track to reach it for MCV1.
- The countries needing acceleration represent 34 per cent in the case of DTP3, and 41 per cent in the case of MCV1, of the global population of surviving infants.
- Sub-Saharan Africa accounts for nearly half of infants living in countries that need acceleration to reach the DTP3 target.

Disparities

Unequal access to immunization services within countries leaves millions of children from poor households at risk of vaccine-preventable diseases.

Data published in Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) make it possible to examine trajectories towards universal immunization coverage by household wealth for 32 countries. Survey data are generally not available for high-income countries, so disparities between wealthier and poorer households cannot be calculated in the same way. Comparing progress among children living in the poorest and wealthiest fifth of households in the 32 countries shows larger disparities for DTP3 coverage than for MCV1 (*see Figure 1.11*):

- For DTP3, acceleration is needed to achieve the target for 60 per cent of children in the poorest quintiles and just under 40 per cent of the wealthiest.
- For MCV1, acceleration is needed for nearly 80 per cent of children in the poorest quintiles and over 60 per cent in the wealthiest.

Among the poorest in the 32 countries, the difference between the trajectories for DTP3 and MCV1 is due to three large middle-income countries – Kenya, the Philippines and Viet Nam – that are on track to meet the DTP3 target but need acceleration to meet the MCV1 target.

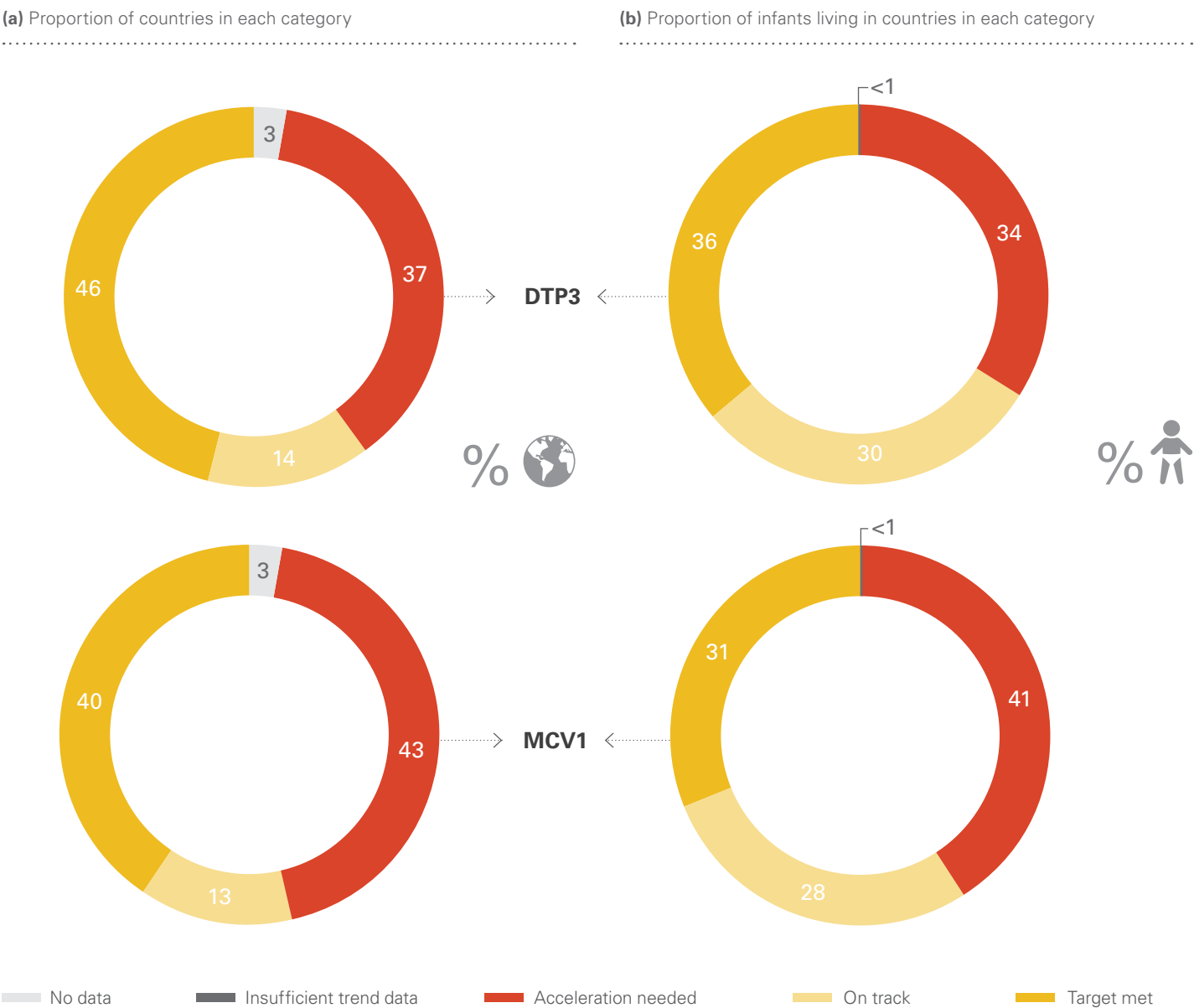
Wealth inequality appears to be an important factor in the rates of coverage. In Nigeria, for example, children from the wealthiest households are more than seven times as likely as children from the poorest households to have received the DTP3 vaccine. In Namibia, an upper-middle income country, children from the poorest households are 20 per cent more likely to have been vaccinated than those in the wealthiest households.



Immunization

Around **2 in 5** countries need to accelerate progress for DTP3 and MCV1 coverage, accounting for **1 in 3** (for DTP3) and **2 in 5** (for MCV1) of the world's infants

Figure 1.10
Progress towards SDG targets for DTP3 (top) and MCV1 (bottom) coverage:

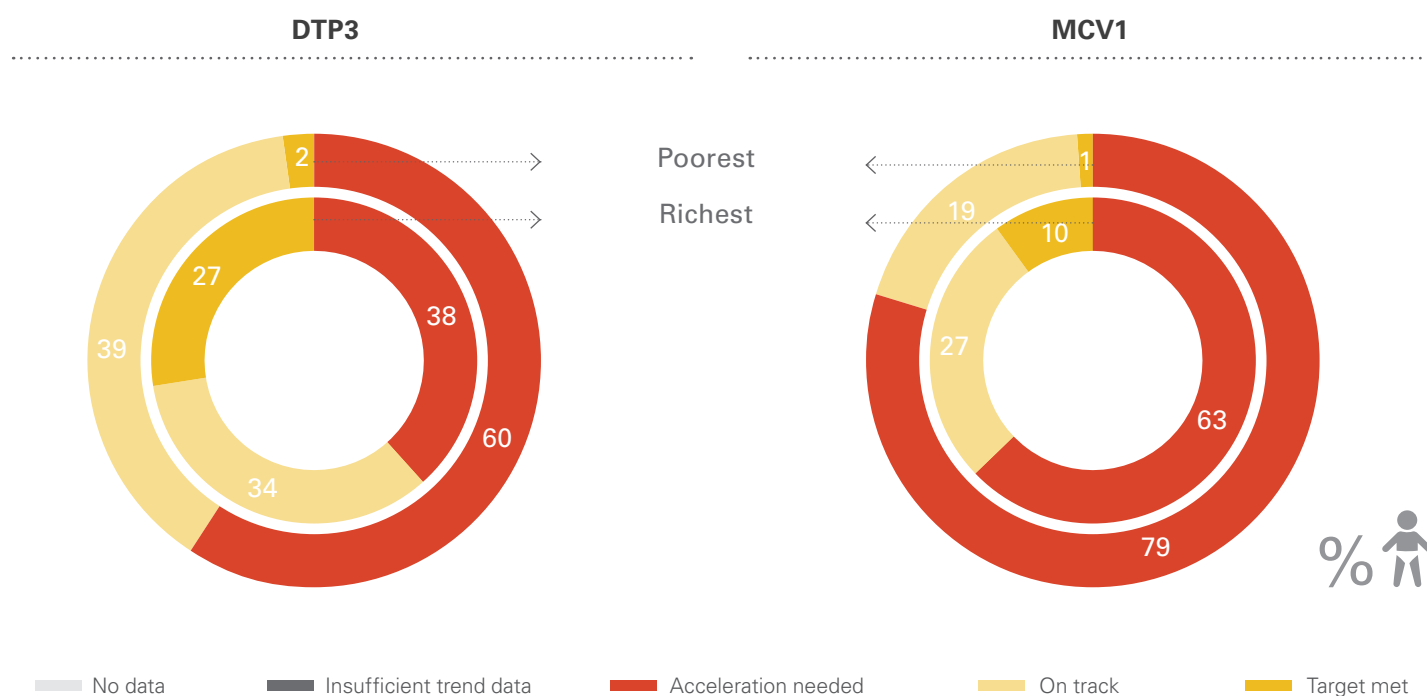


Note: Projections for 2030 are based on the 2010-2016 average annual rate of change for DTP3 and MCV1 coverage.
Source: UNICEF analysis of WHO-UNICEF estimates of national immunization coverage, 2016 revision.

Disparities by household wealth are larger in the trajectories for DTP3 coverage than for MCV1

Figure 1.11

Proportion of infants living in countries in each category of progress towards the SDG targets for DTP3 (left) and MCV1 (right) coverage, in the poorest (*outer dial*) and wealthiest (*inner dial*) quintiles in 32 countries



Note: Projections for 2030 are based on the 2010-2016 average annual rate of change for DTP3 and MCV1 coverage from survey data nearest 2010 and 2016.

Source: UNICEF analysis of DHS and MICS data via final reports and WHO Health Equity Monitor, 2008-2016.

Immunization

Data

Every year, UNICEF and the World Health Organization (WHO) jointly produce data on immunization coverage at the national level for several key antigens. However, this process does not produce subnational estimates, which are generally obtained from surveys.

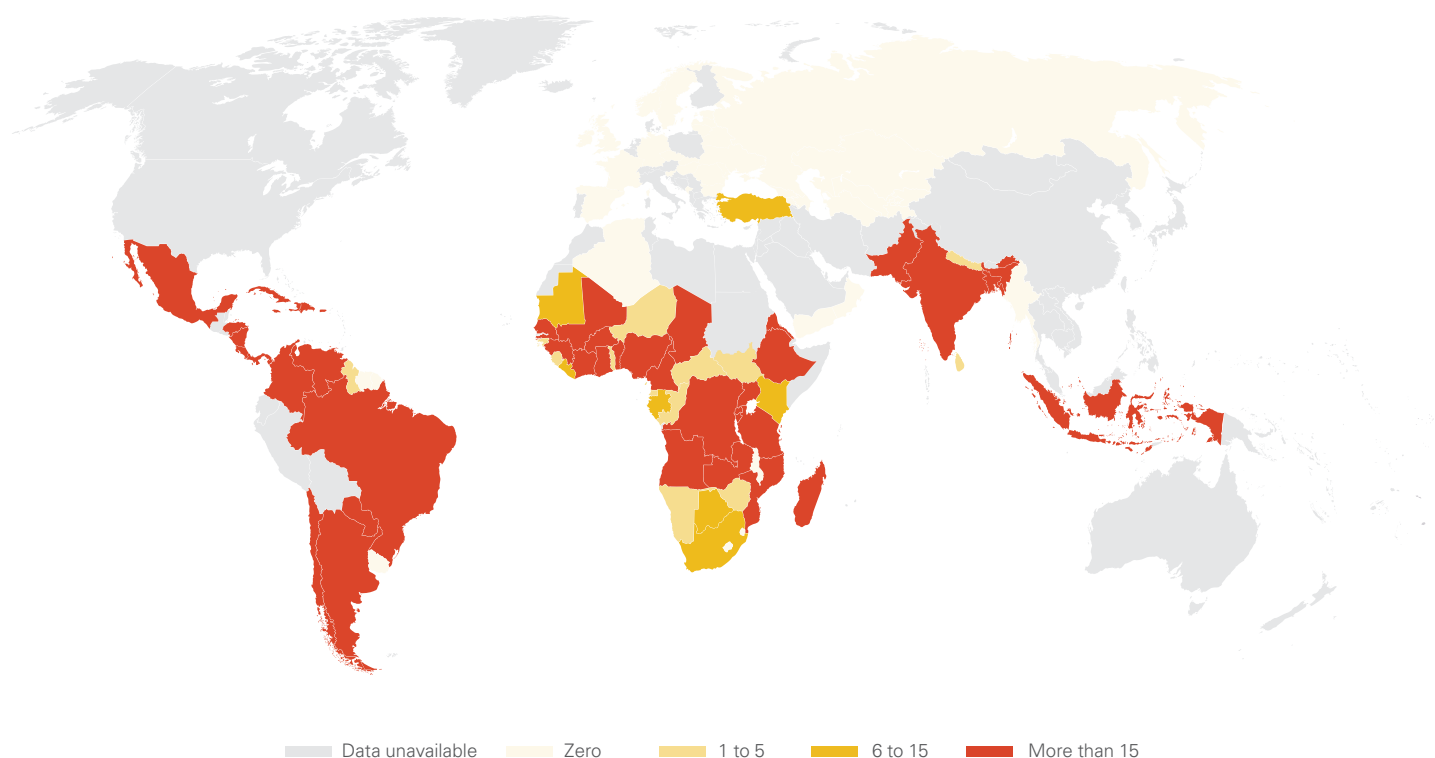
With the high levels of national vaccination coverage in most countries, immunization programmes are turning their attention to disparities within countries to identify underserved populations. The Global Vaccine Action Plan, a framework endorsed by the World Health Assembly, adopted an equity goal of achieving 80 per cent DTP3 coverage among children under 1 year old in all districts or equivalent administrative units in 2013.

Consequently, in 2016, UNICEF and WHO began collecting administrative immunization data at subnational levels. While the quality of subnational data is a challenge – for example, about one third of subnational divisions reported coverage rates above 100 per cent – over time, the availability and use of the subnational data will provide a good opportunity to improve equitable immunization programming.

Subnational data quality varies widely and remains a challenge – some areas report over 100% coverage

Figure 1.12

Number of subnational administrative divisions reporting DTP3 coverage above 100%, by country



HIV

The world has made impressive strides in combating the AIDS epidemic, particularly among children under 15. Between 2000 and 2016, new HIV infections declined by 66 per cent among those children, and by 45 per cent among adolescents aged 15-19.

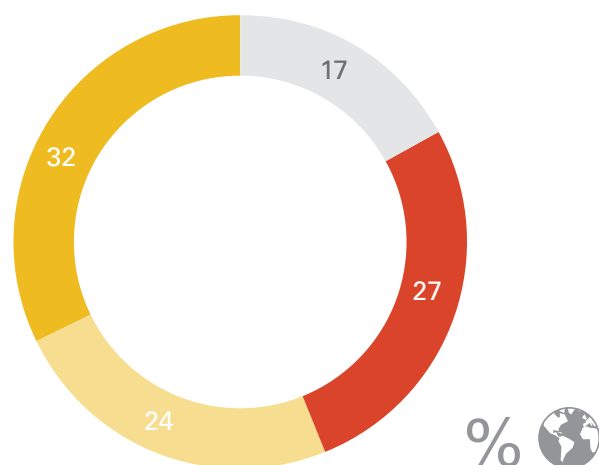
The HIV incidence rate is 0.29 infections per 1,000 uninfected population for children under age 5 and, among adolescents aged 15-19, it is 0.30 for boys and 0.59 for girls. Yet this still translates into hundreds of thousands of new infections every year: In 2016 alone, 160,000 children under 5 and 260,000 adolescents worldwide were newly infected with HIV.

1/4 of countries are off track towards the SDG target on ending AIDS among children under 5 – and they are home to nearly 3/4 of children under 5

Figure 1.13

Progress towards ending AIDS among children under 5 by 2030:

(a) Proportion of countries in each category



The burden is not distributed equally across the world: Sub-Saharan Africa accounts for nearly 90 per cent of new infections among children under 5. Among adolescents, about 1 in 4 new HIV infections occur outside of sub-Saharan Africa.

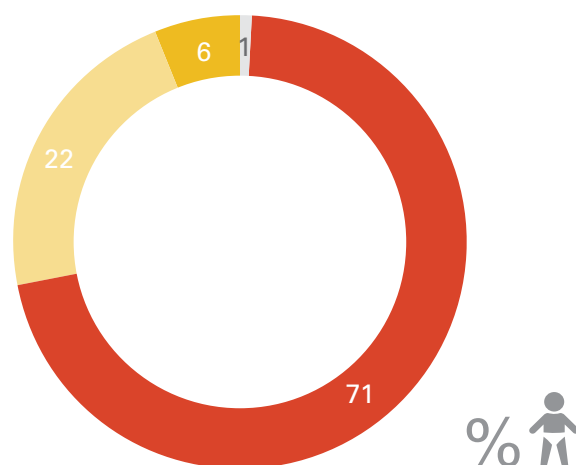
The hundreds of thousands of new infections among children every year present a significant challenge to achieving the overall SDG target of ending the AIDS epidemic. To end AIDS, countries will need to speed up progress in reducing new infections among all age groups, including young children and, especially, adolescents.

Trajectories

Children under 5 years old

Progress towards reducing infections in children under 5 falls short of rates needed to meet the SDG target. Looking at progress by countries – with more than half on track or having met the target – it may appear that the world is well on its way. But the 27 per cent of countries that need to speed up progress include some of the world's most populous countries, and are home to almost three quarters of all children under

(b) Proportion of children under 5 living in countries in each category



No data
Insufficient trend data
Acceleration needed
On track
Target met

HIV

age 5 (see Figure 1.13). In 2016, these countries also accounted for 98 per cent of new HIV infections among this age group.

To end AIDS by 2030, the average rate of decline in new infections among children under 5 would have to double, to nearly 20 per cent per year.

Adolescents 15-19 years old

Prospects for meeting the target among older adolescents are especially bleak. Almost three quarters of countries will need to accelerate progress – and these are home to 96 per cent of the world’s adolescents aged 15-19 (see Figure 1.14) and 99 per cent of new HIV infections among that age group. To reach the target, the average annual rate of decline will have to increase nearly fourfold, from 2.8 per cent to approximately 10 per cent per year.

Progress may dissipate as the population grows. Adolescent populations in many regions are growing rapidly. Even if the global incidence rate continues to decline at the current pace, the absolute number of new infections could rise between now and 2030. Projections vary significantly by region (see Figure 1.15). Among those with a projected increase in the number of new HIV infections among adolescents:

- Some – including the Middle East and North Africa, and East Asia and the Pacific – follow the global pattern, with growing populations that offset slight declines in the HIV incidence rate.
- Others, such as Eastern Europe and Central Asia, see an increase in both the HIV incidence rate and the adolescent population size.

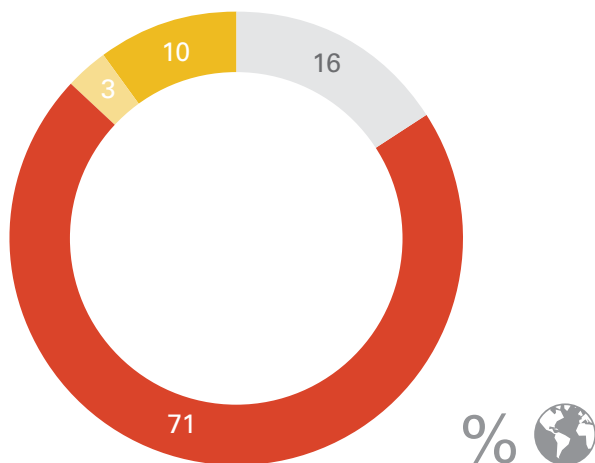
The global projection masks declining numbers of new HIV infections projected in Eastern and Southern Africa, West and Central Africa, South Asia, and Latin America and the Caribbean.

Nearly 3/4 of countries – accounting for nearly all the world’s older adolescents – are not on track to meet the SDG target on ending AIDS among adolescents

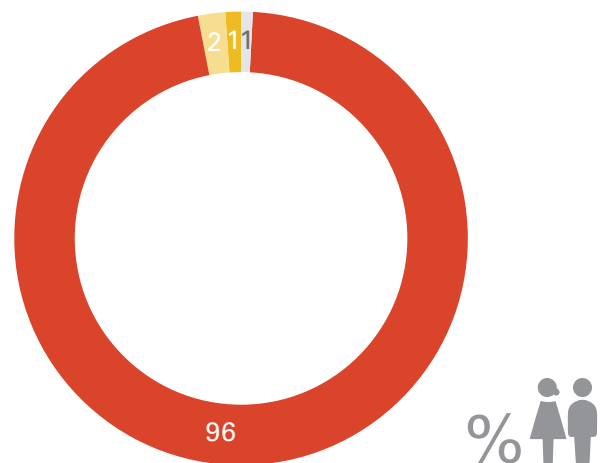
Figure 1.14

Progress towards ending AIDS among adolescents aged 15-19

(a) Proportion of countries in each category



(b) Proportion of adolescents aged 15-19 living in countries in each category

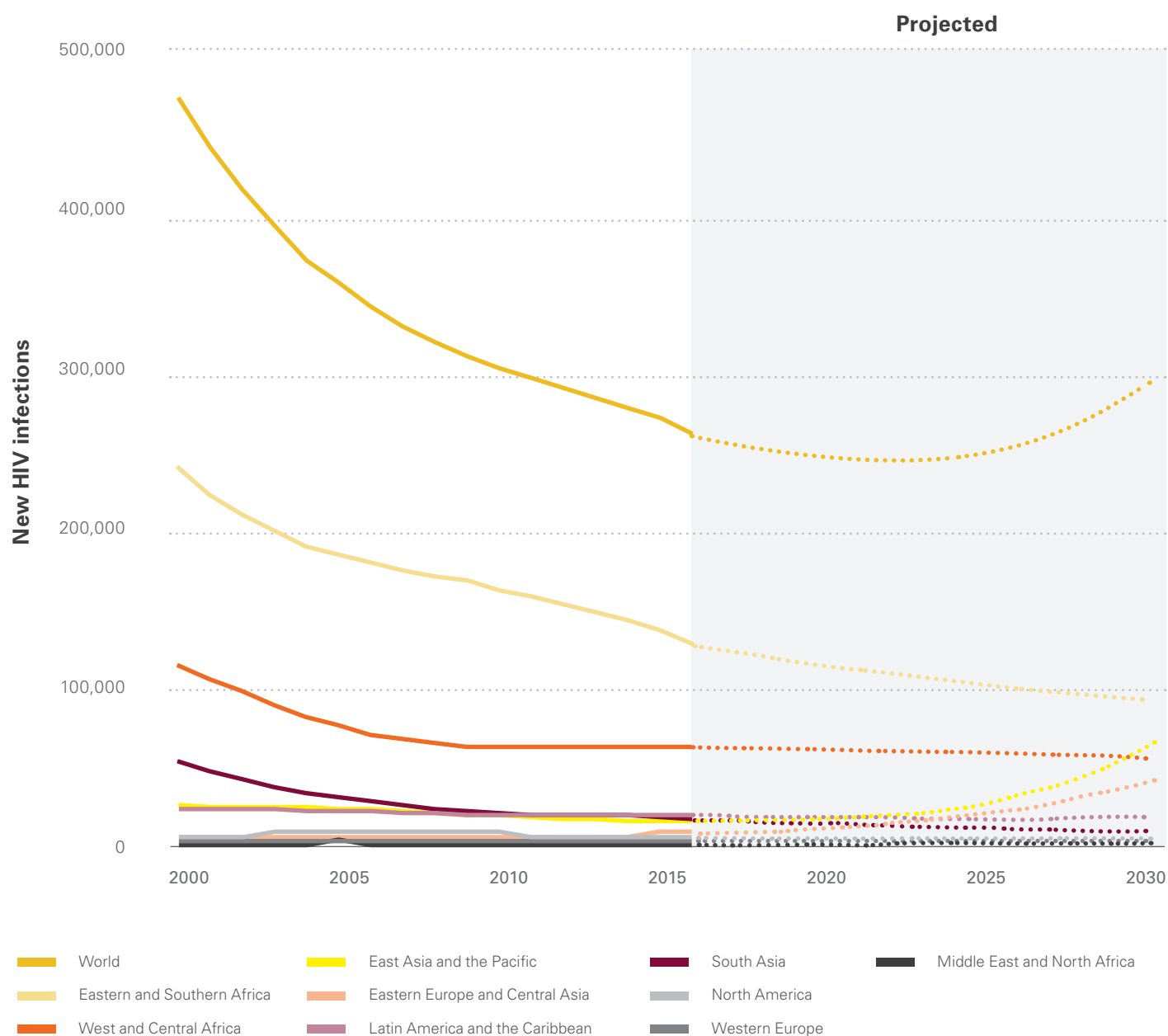


No data
Insufficient trend data
Acceleration needed
On track
Target met

Progress in reducing new HIV infections among adolescents could be reversed as populations grow

Figure 1.15

Trends in the estimated number of new HIV infections among adolescents (aged 15-19), 2000-2016, with projections to 2030, by UNICEF regions



Note: 2017-2020 values have been projected at the national level by applying the average annual rate of change (per cent) in HIV incidence (new HIV infections per uninfected population, by age and sex) between 2005 and 2016 to the projected population of adolescents by age and by sex.

Source: UNICEF analysis of UNAIDS 2017 estimates, July 2017.

HIV

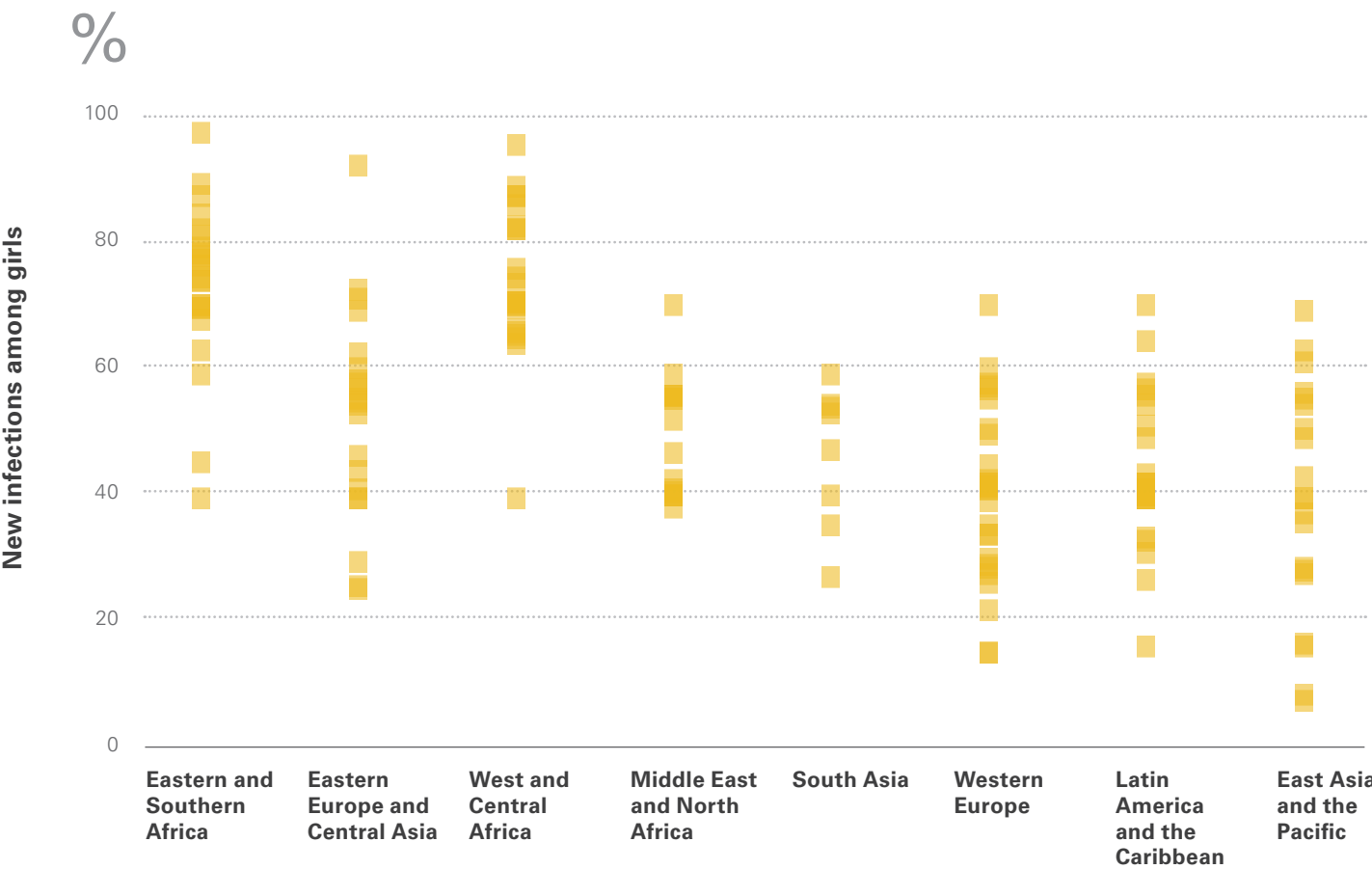
Disparities

Worldwide, two thirds of new infections among adolescents aged 15-19 occur among girls – but the distribution of new infections between girls and boys varies significantly by region, depending on the primary mode of HIV transmission (see Figure 1.16). When examined for boys and girls separately, trajectories to 2030 show that prospects of ending new HIV infections are no better for boys than for girls, with just 5 per cent of adolescents of either sex living in a country that is on track (see Figure 1.17).

The main drivers of the HIV epidemic are influenced by a wide range of sociocultural factors relating to gender and gender inequalities. Because these factors vary across and within countries, disparities in new infections likewise vary greatly.

Overall, the proportion of new HIV infections occurring among girls is much higher than among boys, but it varies by region

Figure 1.16
Percentage of new HIV infections among adolescent girls (aged 15-19), by UNICEF region, 2016



Note: Each square represents the data from one country.
Source: UNAIDS 2017 estimates, July 2017.

New infections tend to be more concentrated among girls in countries with a generalized HIV epidemic driven largely by heterosexual intercourse or where transactional sex, including commercial sexual exploitation of children, is prevalent. This is the case in Eastern and Southern Africa and in West and Central Africa, where girls account for 75 per cent and 69 per cent of new HIV infections among adolescents, respectively.

Where the HIV epidemic is more concentrated around specific key populations (such as men who have sex with men, people who inject drugs, and sex workers and their partners or clients) a greater proportion of new infections typically occur among boys. Countries fitting this model are more prevalent in East Asia and the Pacific, Latin America and the Caribbean, and Western Europe, where boys account for about 60 per cent of new HIV infections among adolescents.

Addressing gender inequality must be a fundamental factor that is considered in efforts to prevent the transmission of HIV. Because the impact varies across settings, programmes and policies to address HIV and AIDS must be tailored to the regional, national and subnational context.

Data

Data on new HIV infections rely on modelled estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS), which are produced annually for more than 170 countries and represent approximately 99 per cent of the global population.

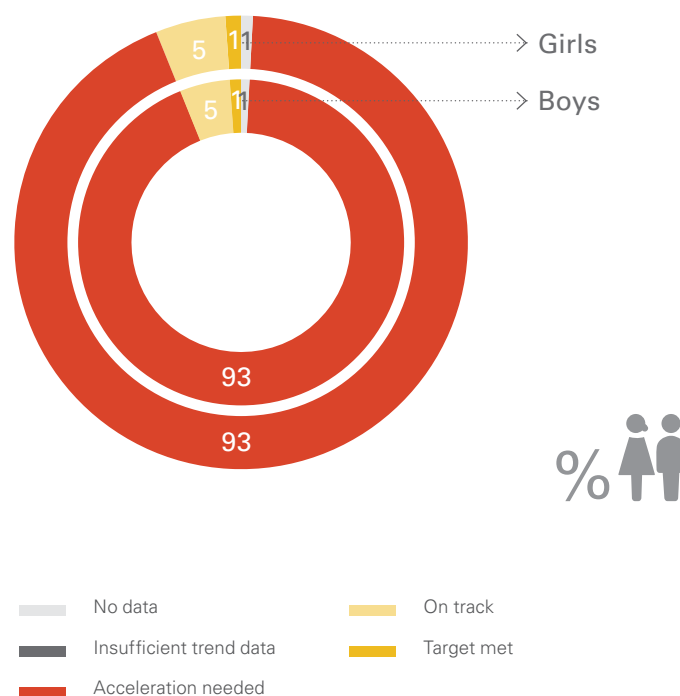
While the UNAIDS estimates are based on the best available data, persistent gaps in the data from which they are derived, as well as concerns about the quality of that data, affect their accuracy in some cases.

HIV prevalence data from surveys and surveillance systems remain limited, particularly outside of sub-Saharan Africa. Data on children and young adolescents under age 15 are very scarce, as ethical concerns and technical barriers, among other reasons, limit the data collection among this age group.

Prospects of ending new HIV infections by 2030 are equally bleak among adolescent boys and girls

Figure 1.17

Proportion of girls (outer ring) and boys (inner ring) aged 15-19 living in countries in each category of progress towards ending AIDS among girls and boys, respectively



Source: UNICEF analysis of UNAIDS 2017 estimates, July 2017.

Nutrition

SDG 2 highlights the importance of food security and nutrition. For children, this means guaranteeing their right to sufficient quantities of safe and nutritious foods.

Good nutrition allows children to grow, learn and contribute to their communities, while being resilient in the face of disease, disasters and other crises. Conversely, poor nutrition can compromise a child's physical and cognitive development, often with lifelong consequences.

The SDG 2 indicators used to track malnutrition among children under age 5 include stunting, wasting and overweight. Worldwide, as of 2016:

- Stunting, or chronic malnutrition, affected 155 million children. They may never grow to reach their full height potential, and their brains may never develop to their full potential. This can diminish children's learning achievements and, in turn, their productivity and earnings as adults.
- Around 52 million children (with some overlap with the 155 million stunted) suffered from wasting, of which 17 million were severely wasted. Children suffering from wasting are dangerously underweight for their height, and may also be affected by stunting, which puts them at increased risk of disease and death.
- An estimated 41 million children (with some overlap with the 155 million stunted) faced the impacts of malnutrition by being overweight. The result of expending too little energy for the amount of calories consumed, overweight can increase the risk of chronic disease later in life.

Trajectories

The world has committed to a 40 per cent reduction in the number of children who are stunted, by 2025, from the 2012 baseline. Few countries are on track to meet the stunting target – and most countries do not have enough data to track progress (*see Figure 1.18*):

- Only 26 of 202 countries, or 13 per cent, are on track or have met the target, while a fifth have made slow progress or none at all.
- Nearly 70 per cent have insufficient trend data to assess progress or no data at all. Countries with no data include the majority of high-income countries, which are most likely to be on track or to have already met the target.

The 64 countries that do have enough data to assess progress include some of the world's most populous, accounting for nearly three quarters of children under age 5. Among them are China, which is on track, and India, which needs to speed up its progress. Looking at progress by population (Figure 1b) instead of by countries (Figure 1a) changes the picture considerably.

Nearly half of the world's children under age 5 live in countries that will not meet the stunting target unless they speed up progress. Of these 314 million children, about two thirds live in five countries: India, Nigeria, Indonesia, Ethiopia and the Democratic Republic of the Congo. Of the 148 million children in countries that are on track, three quarters live in China, Bangladesh and Egypt.

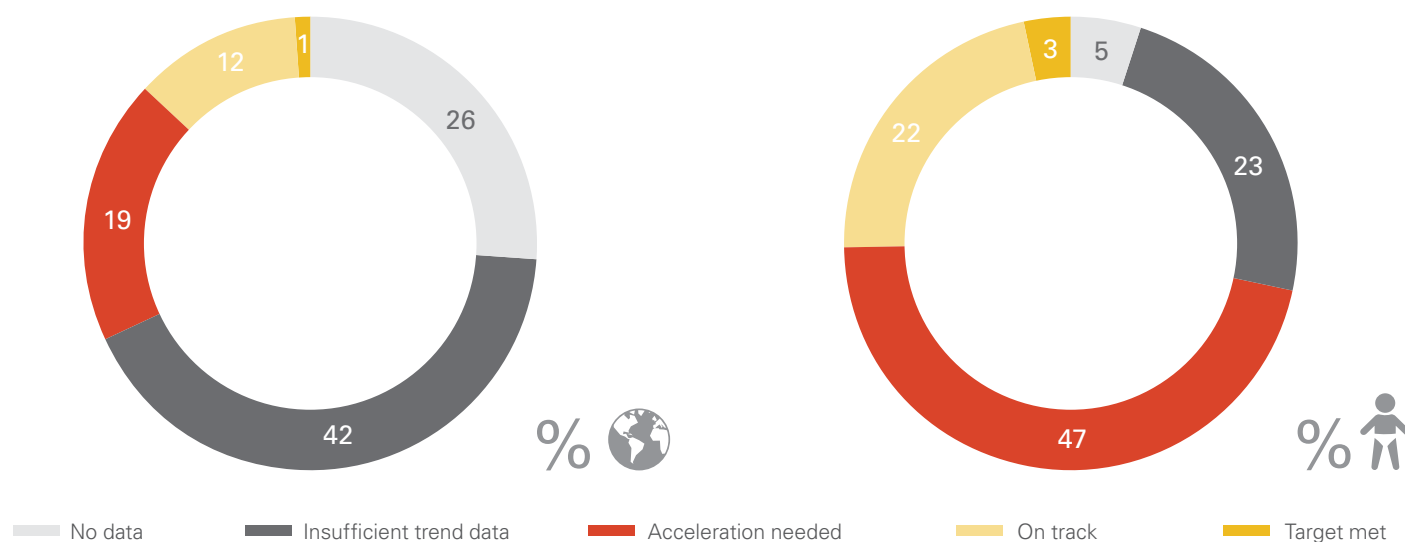
Nearly 1/2 the world's children under 5 live in countries that need to reduce stunting more quickly to meet the target – and only 1/3 of countries have sufficient data to gauge progress

Figure 1.18

Progress towards reduced stunting in line with SDG target:

(a) Proportion of countries in each category

(b) Proportion of children under 5 living in countries in each category



Source: UNICEF analysis 2017, based on modified WHO-UNICEF rules for WHA target tracking (2017); modifications for the thematic SDG report are detailed in the Methodology Note document at uni.cf/sdgreport.

Disparities

In some cases, data at a regional level can mask stark differences in progress towards a target within countries, by both geographical area and household wealth. And even in sub-Saharan Africa – where no country has met the stunting target yet – progress is uneven.

On average, prospects for reducing stunting rates in line with the SDG target are about the same for children in sub-Saharan Africa's rural and urban areas (see Figure 1.20). In countries with sufficient data for assessment, nearly two thirds of children under age 5 live in rural areas. Across both urban and rural areas, projections for reducing stunting are the same across sub-Saharan Africa, except in five countries:

- Guinea-Bissau, Kenya and Liberia are on track among rural populations, but need to accelerate progress among their urban populations.
- Malawi and Zimbabwe need to speed up progress among children in rural areas, but are on track among urban populations. However, less than one quarter of these countries' total populations under age 5 live in urban settings.

BOX 1.4

Without faster progress in 3 regions, the world will miss the target for stunting – even as some regions exceed it

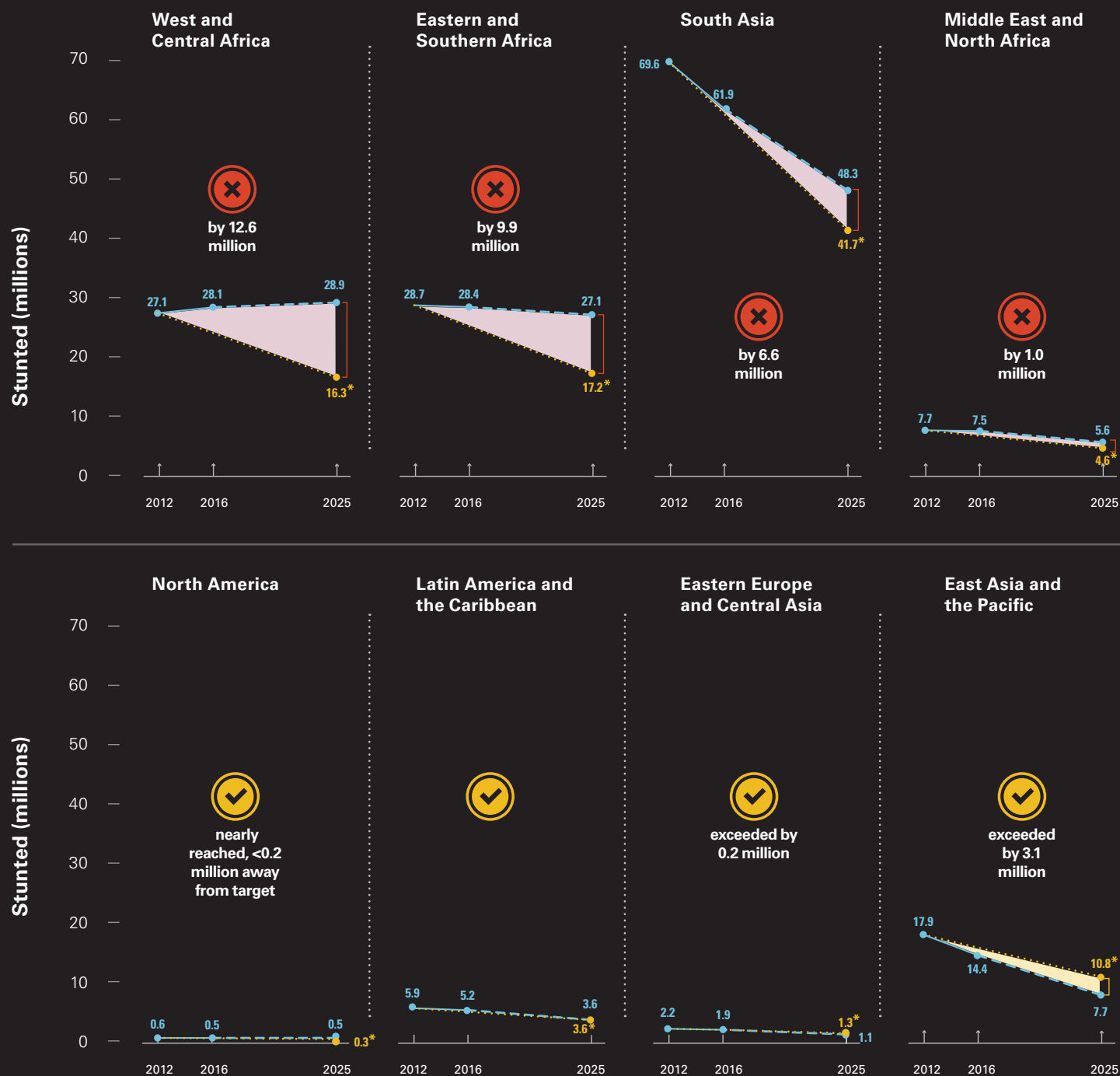
By 2025, if current trends continue:

- The stunting target will be missed by 31 million children – taking the total to 130 million rather than the target 99 million.
- Sub-Saharan Africa will account for more than half of all stunted children, compared with around one third in 2016.

Despite these troubling trends, some regions are making great strides. Among the two set to exceed a 40 per cent reduction in the number of stunted children, East Asia and the Pacific could surpass the target by 3.1 million.

Figure 1.19

Number of stunted children under 5 years of age, 2012–2016; projection to 2025; and WHA 2025 target, by UNICEF region



⊗ Target will be missed

⊙ Target will be met

--- Projection between 2016 and 2025 if current trends continue

..... Trajectory needed to meet the 2025 target of reducing by 40% the number stunted since 2012

* WHA target for number of stunted under-five children in 2025.

Note: Because global estimates are generated using the United Nations regional model, the global estimate of underachieving and missing the stunting target by 31 million children in 2025 does not align precisely with the calculations for the individual UNICEF regions. Source: UNICEF, WHO, World Bank Group joint malnutrition estimates, 2017 edition.

Nutrition

Prospects are best for children in the sub-Saharan Africa region's wealthiest households – while the gap in progress among the wealthiest compared to the poorest is substantial:

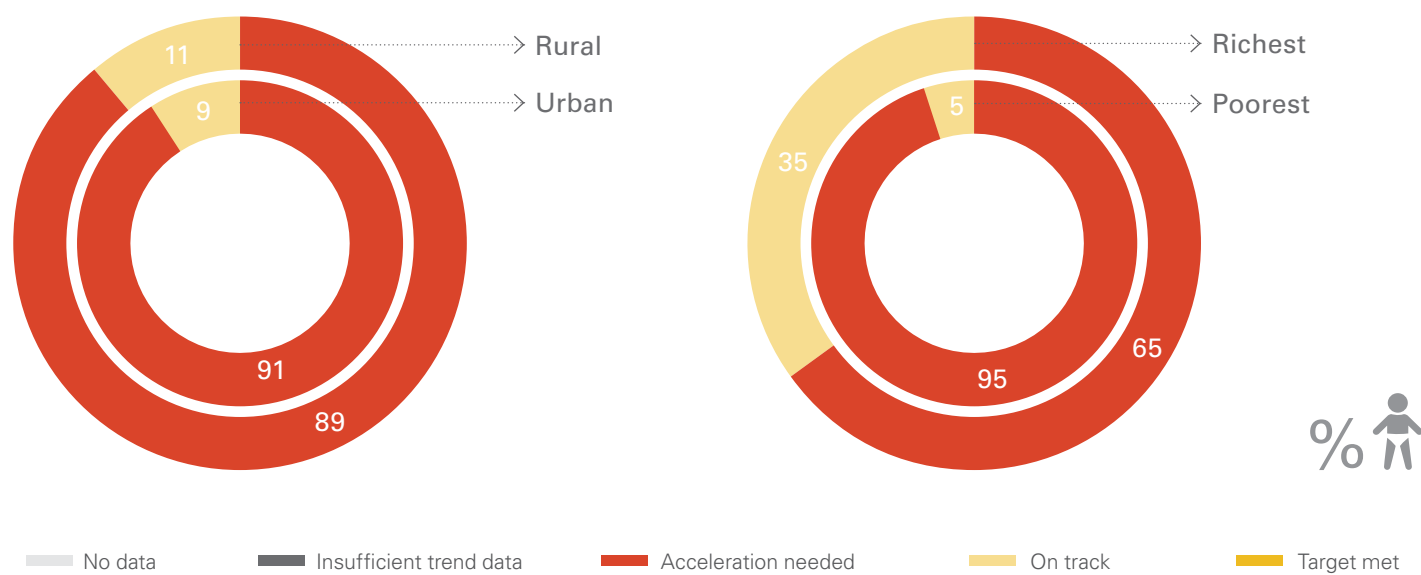
- Only 5 per cent of children living in the poorest households in sub-Saharan Africa are on track to reach the stunting target.
- Children in the wealthiest households, with 35 per cent on track, fare seven times better compared to the poorest.

Data

Most countries lack the data to measure progress for all three SDG nutrition targets. Those in West and Central Africa have the best data availability – more than half have trend data to report on these targets – compared to one third of countries worldwide. But those data show very sobering trajectories.

In sub-Saharan Africa, prospects for reducing stunting are about the same for children in rural and urban areas – and substantially better for children in the wealthiest households compared to the poorest

Figure 1.20
Proportion of children under 5 living in countries within sub-Saharan Africa in each category of progress towards the SDG stunting target:
(a) In rural (outer dial) and urban (inner dial) areas
(b) In the wealthiest (outer dial) and poorest (inner dial) quintiles

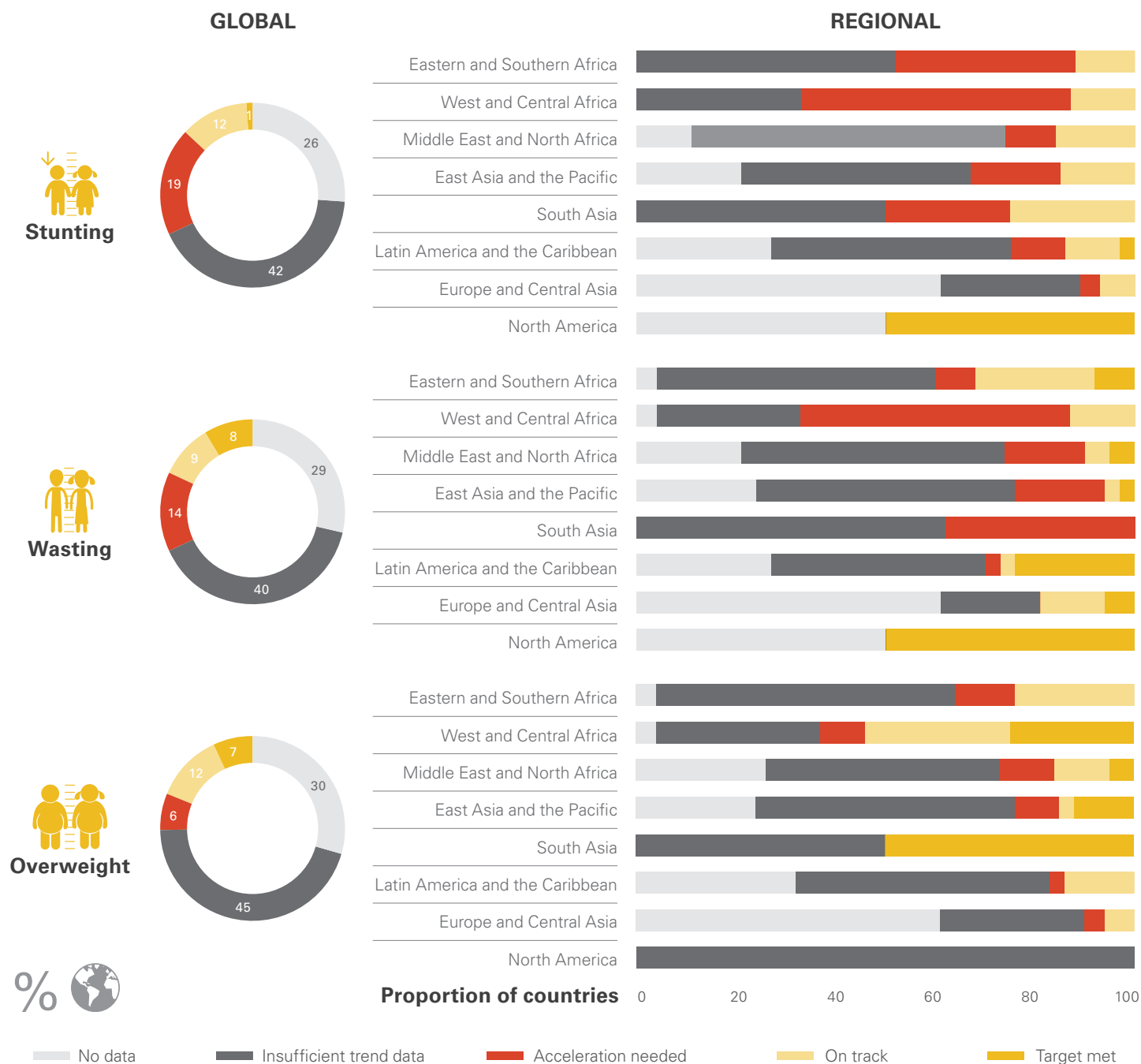


Note: Analysis for sub-Saharan Africa includes 21 countries (accounting for 51 per cent of the region's population) with disaggregated data for wealth quintiles, and 24 countries (73 per cent of the region's population) with disaggregated data for rural and urban areas.
Source: UNICEF analysis 2017, based on UNICEF global disaggregated databases 2017 and modified rules for WHA target tracking from WHO-UNICEF (2017); modifications for the thematic SDG report are detailed in the Methodology Note document at <uni.cf/sdgreport>.

Most countries lack sufficient data to assess progress towards the nutrition targets – and less than 1/4 are on track to meet them

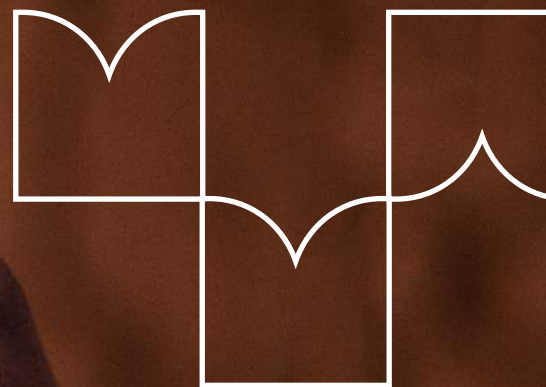
Figure 1.21

Proportion of countries in each category of progress towards stunting, wasting and overweight targets, globally and by UNICEF region



Source: WHO-UNICEF-European Commission Global Nutrition Tracking Tool, May 2017 edition, and additional analyses using modified rules as explained in the Methodology Note document at <uni.cf/sdgreport>.





Habibou Haoua
Massalatchi from
Mafari, Niger, and her
youngest son Aziz.

Every child learns



4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.	4.1.1.c.i Proportion of children at the end of lower secondary achieving at least a minimum proficiency level in reading (%)	21-90%	-	100%
	4.1.1.c.ii Proportion of children at the end of lower secondary achieving at least a minimum proficiency level in mathematics (%)	9-92%	-	100%
4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.	4.2.1 Proportion of children 36-59 months who are developmentally on track in health, learning and psychosocial well-being (%)	33-97%	-	100%
	4.2.2 Participation rate in organized learning one year before the official primary entry age	4.3-99.9%	66.6%	100%
4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.	4.a.1 Proportion of schools with access to WASH (%)	Drinking water: 3-100% Sanitation: 4-100%**	-	100%

- Not available.

Note: Global estimates for 4.1.1.c.i, 4.1.1.c.ii, 4.2.1 and 4.a.1 are not available due to low population coverage.

** Preliminary analysis by UNICEF, 2015: United Nations Children's Fund, 'Advancing WASH in Schools Monitoring' (working paper), UNICEF, February 2015, available at <www.unicef.org/wash/schools>.

Every child has the right to learn. Education is fundamental to a child's development, personal empowerment and prospects for the future. It is also a powerful instrument for change – driving equity, reducing poverty and promoting economic growth. Education has a vital impact across generations: as children of mothers who attain education also have a better chance of enrolling and succeeding in school, enjoying good health, being immunized, and finding productive work as adults. Growing evidence also points to the role of equitable, quality education in building peaceful, inclusive societies.

Many children have no access to education, but even with full access, learning is not guaranteed. Going beyond MDG Goal 2, SDG 4 aims to make sure that all children not only complete pre-primary, primary and secondary education, but also achieve adequate learning outcomes.

Figure 2.1 illustrates an assessment of progress for the indicators that directly concern children's learning. While the SDGs target universal access or achievement, on average:

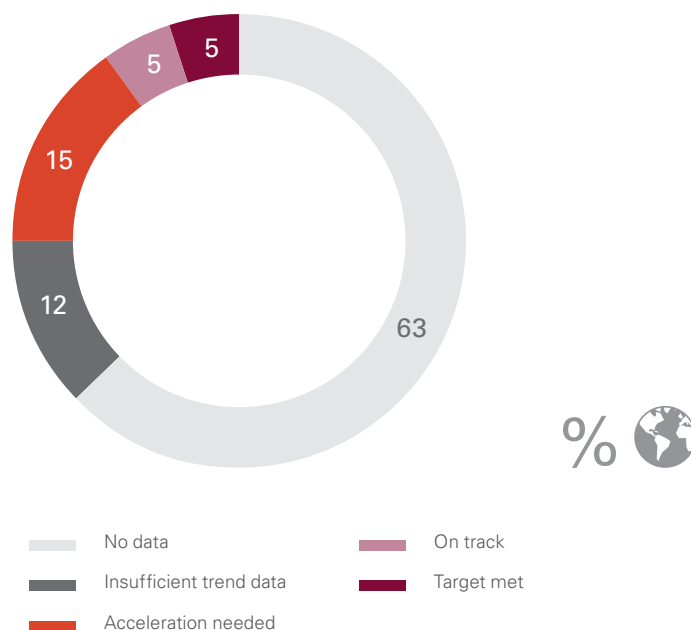
- Three quarters of countries have no or insufficient data to assess trajectories towards the targets.
- Only one tenth of the countries with data are on track or have already achieved targets, while the remainder need to accelerate their rate of progress.

A detailed analysis of two aspects of education – access to pre-primary education and learning achievement at the end of lower secondary education, as measured by reading proficiency – can shed light on the progress needed in education overall. These indicators were selected owing primarily to data availability, in particular, the availability of trend data to serve as the basis for projections to 2030.

3/4 of countries have no or insufficient data on key indicators of learning outcomes, early childhood education and effective learning environments

Figure 2.1

Proportion of countries in each category of progress towards SDG targets for learning outcomes, early learning and development, and WASH in schools



Note: For an explanation of the dial charts throughout this report, see 'How to read the dials', p. 14.

Source: UNICEF analysis of global databases, 2017.

Pre-primary education

Early childhood education has been widely acknowledged as one of the most crucial and cost-effective investments to improve learning. In particular, children who do not participate in pre-primary education are less likely to achieve literacy and numeracy milestones compared with those who do.

The SDGs aim towards universal participation in organized learning for all girls and boys at least one year before the official age for entering primary school.

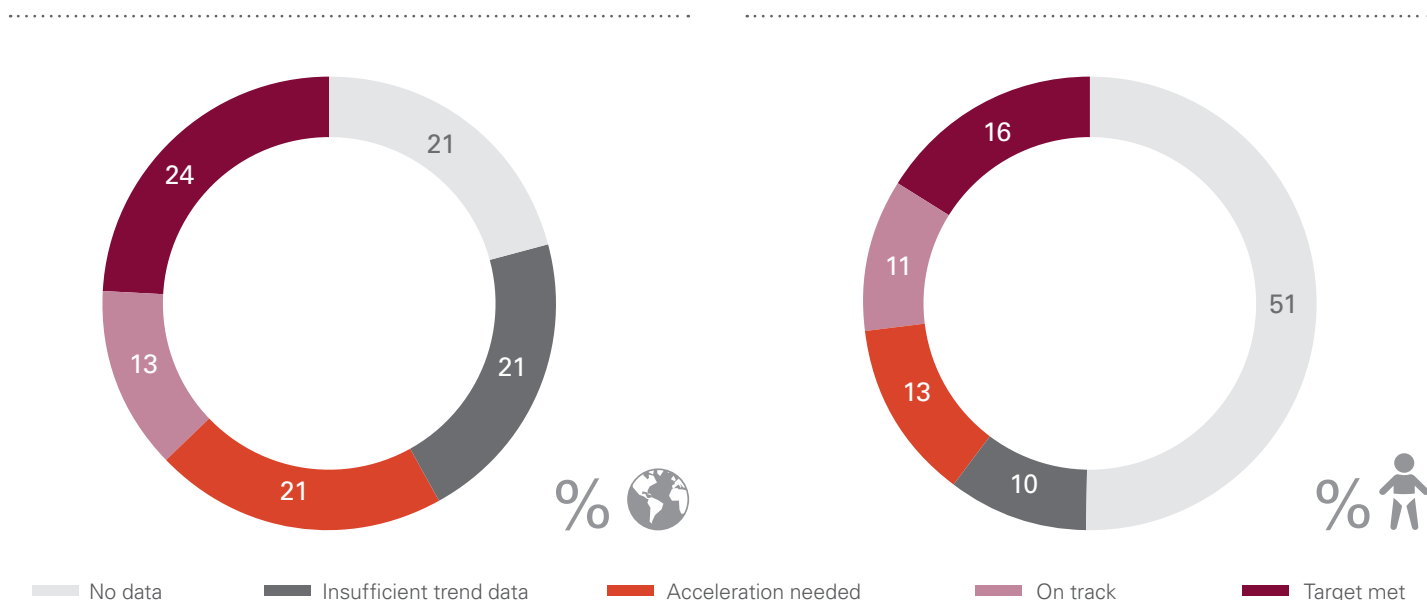
40% of countries lack the data to assess progress towards universal participation in organized learning at least one year before primary school – and more than 60% of the world’s children in the relevant age group live in these countries

Figure 2.2

Progress towards SDG target of full participation in organized learning one year before the official primary entry age:

(a) Proportion of countries in each category

(b) Proportion of children in the relevant age group living in countries in each category



Trajectories

One fifth of the 202 countries will need to speed up progress to meet the target – while two fifths lack sufficient data to assess progress. As of 2016:

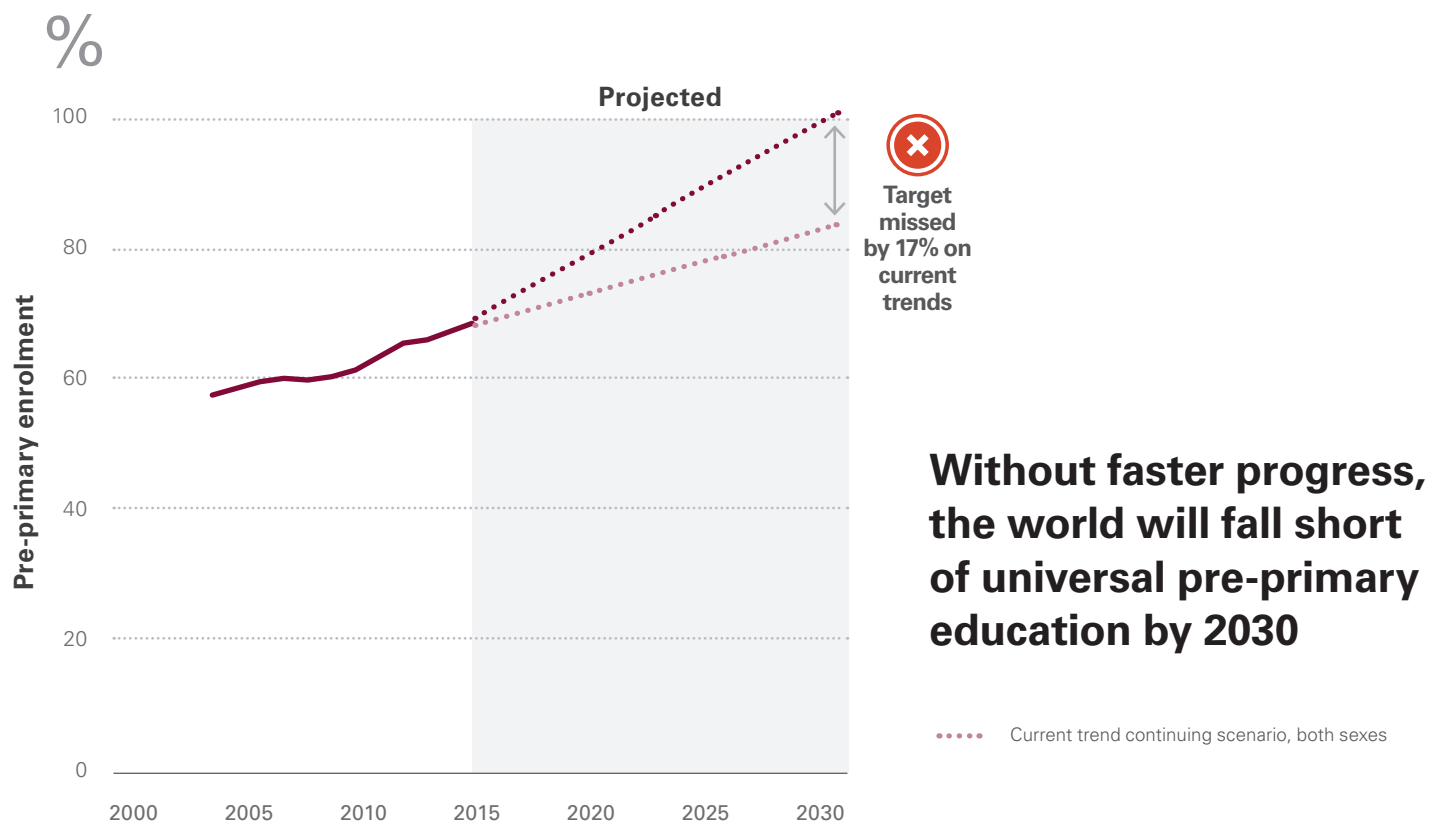
- 48 countries – about 24 per cent – had met the target, and 25 more were on track.
- 21 per cent (43 countries) will need to accelerate progress to achieve the SDG target in time.
- 21 per cent of countries have no data, and another 21 per cent lack sufficient trend data.

Looking at trajectories by population reveals that the 27 per cent of countries on track or having met the target account for only about a quarter of children in the relevant age group.

At least 22 million children in countries that are known to be off track will miss out on pre-primary education* – unless the rate of progress doubles (see Figures 2.2 and 2.3). The proportion of children enrolled in pre-primary education is currently increasing by only 1 per cent per year. Given that only about two thirds of the world's children in the relevant age group are currently enrolled, the annual growth rate would need to double to 2.1 per cent per year to achieve the target by 2030 (see Figure 2.3).

Figure 2.3

Adjusted net enrolment ratio for pre-primary education*, 2000-2015, and projection to 2030 on current trends and with acceleration needed to meet SDG target



Note: No data are available for South Asia; the regions of North America and Western Europe are excluded from this analysis.

* Pre-primary education refers to one year before primary entry age.

Source: UIS global database, 2017; United Nations Population Division, 2017.

Pre-primary education

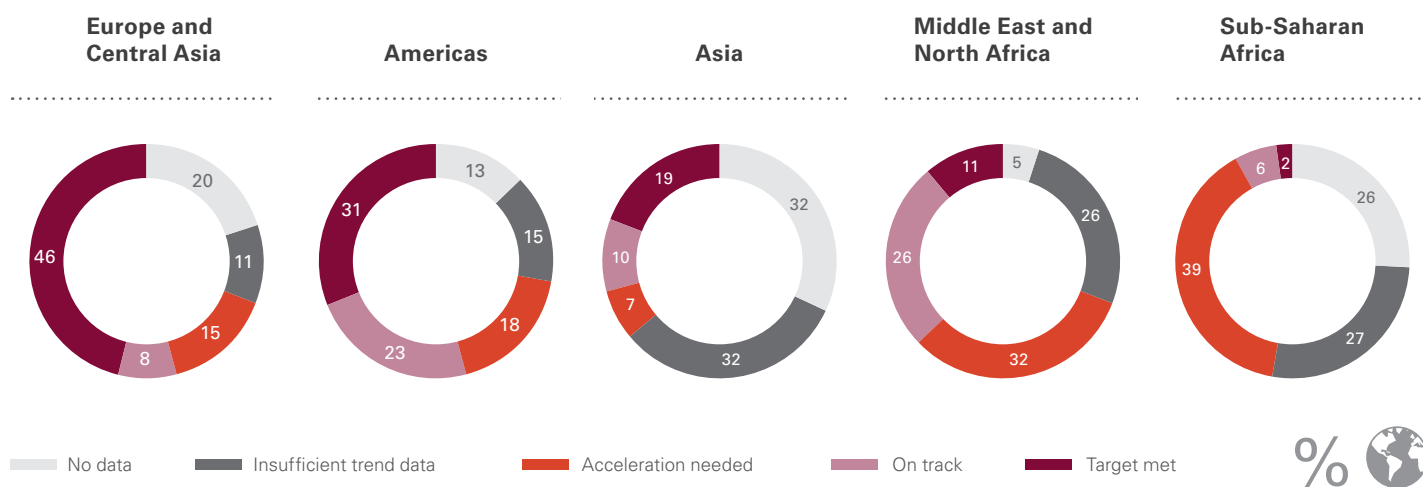
Current regional trajectories indicate that children missing out on pre-primary education will be concentrated in sub-Saharan Africa and the Middle East. Uneven progress across regions means that in 2030, based on available data, three regions will account for most of the 22 million children excluded from pre-primary education: Eastern and Southern Africa (7 million), West and Central Africa (8 million), and the Middle East and North Africa (3 million). Achieving universal pre-primary education will depend on faster progress in these regions – which calls for support from all partners.

While projections show 22 million children at risk of missing out on pre-primary education, 3 out of 5 children in the relevant age group are in countries with insufficient data to make projections or no data at all (see *Figure 2.2*). Nearly two thirds of countries in South Asia have no data at all, while large proportions of countries in East Asia and the Pacific, Eastern and Southern Africa, West and Central Africa, and Eastern Europe and Central Asia have insufficient or no data (see *Figure 2.4*). It is very likely that millions more children are at risk of missing out on early learning opportunities – but without data, they are invisible.

Data on participation in organized learning before primary school are scarce in many regions – while current trajectories indicate special efforts are needed in Africa and the Middle East

Figure 2.4

Proportion of countries in each category of progress towards SDG target of full participation in organized learning one year before the official primary entry age, by region



Source: UNICEF analysis based on UIS global database, 2017.

Disparities

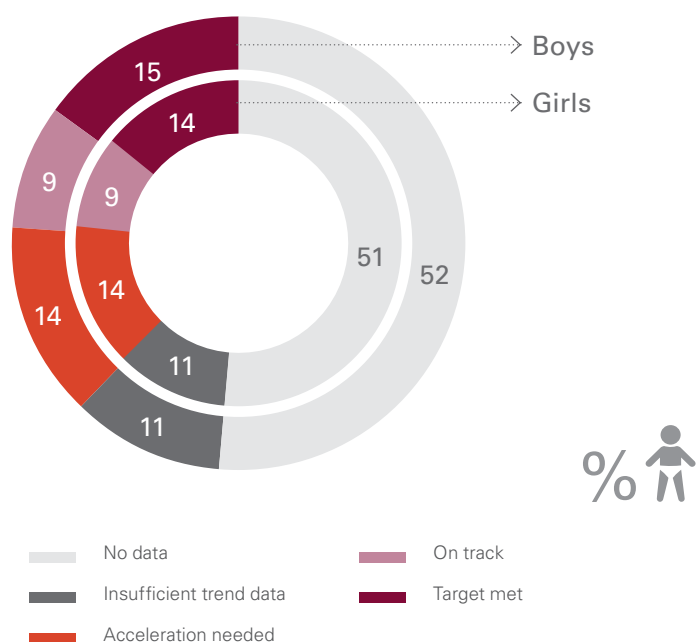
Lack of data also makes it hard to identify the children at highest risk of being left behind. Available pre-primary education enrolment data can be disaggregated only by the sex of the child, and the analysis shows no difference in trajectories between boys and girls.

Further efforts to both collect data and accelerate enrolment are urgently needed to achieve the target on early childhood education, as well as other SDG education targets. It will be important to consider other factors that contribute to inequity as well, including disparities by household wealth, for which there are no disaggregated data.

Trajectories towards universal pre-primary participation are the same for boys and girls

Figure 2.5

Proportion of boys (*outer dial*) and girls (*inner dial*) living in countries in each category of progress towards SDG target of full participation in organized learning one year before the official primary entry age



Learning outcomes

Increased access to education when the MDGs were being implemented was not always accompanied by improved education outcomes. Children in school in many countries still struggle to achieve basic academic skills. More than half failed to meet minimum math proficiency standards at the end of primary school in 1 in 4 countries, and at the lower secondary level in 1 in 3 countries. This is only among countries that participate in international large-scale assessments, in which low-income countries are under-represented.

Trajectories

Data availability for monitoring learning outcomes remains low and is hampered by the lack of a standardized methodology. For reading proficiency at the end of lower secondary school, a level with better data coverage compared to primary grades:

- 70 per cent of countries – accounting for 61 per cent of children in that group – have no or insufficient data.
- Only 4 per cent of countries are on track, while 26 per cent need acceleration to meet the target.

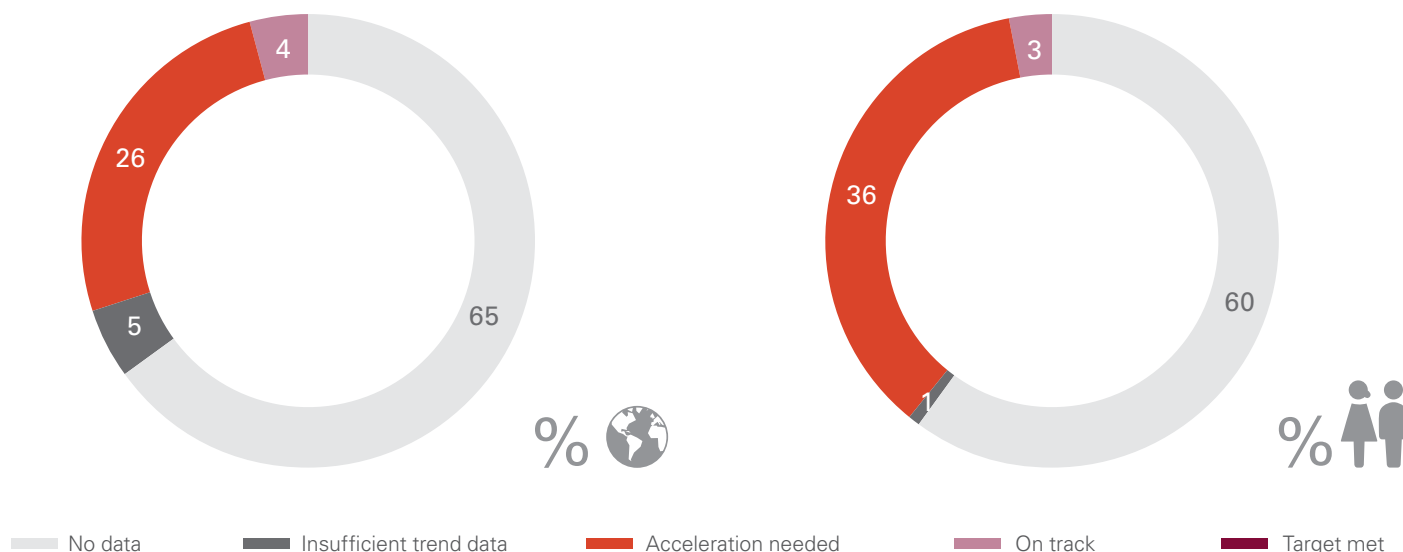
Few countries have data on reading proficiency at the lower secondary level, while most of those with data will need to make faster progress to achieve the target

Figure 2.6

Progress towards SDG target of achieving at least a minimum proficiency level in reading at the end of lower secondary education

(a) Proportion of countries in each category

(b) Proportion of 15-year-olds living in countries in each category



Note: Population weighting is applied to age 15 for all countries.

Source: Programme for International Student Assessment (PISA), and data are extracted from World Bank EdStats, 2017.

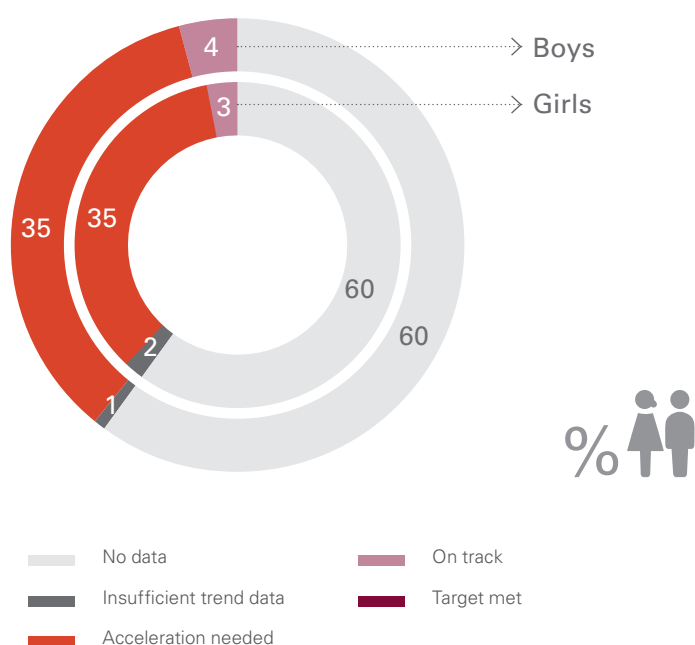
Disparities

Once again, no disparities can be measured. The lack of data, and the need for acceleration among those countries where measurements can be made, are faced equally by boys and girls. Other inequities may exist in learning outcomes, but measuring them would require data disaggregated by other factors such as household wealth.

Trajectories towards the lower secondary level reading proficiency target – and lack of data – are the same for boys and girls

Figure 2.7

Proportion of 15-year-old boys (*outer dial*) and girls (*inner dial*) living in countries in each category of progress towards SDG target of achieving at least a minimum proficiency in reading at the end of lower secondary education



Source: Programme for International Student Assessment (PISA), and data are extracted from World Bank EdStats, 2017.

Data

The vast majority of data needed to monitor the indicators for SDG 4 is currently missing. And the gap in data on early learning reflects a significant deficiency in comparable evidence on children's overall developmental status.

Working within the MICS context, UNICEF and partners have developed the Early Childhood Development Index (ECDI) to monitor children's achievement of universal developmental milestones across countries. To date, comparable data have been collected using the ECDI for more than 60 low- and middle-income countries.

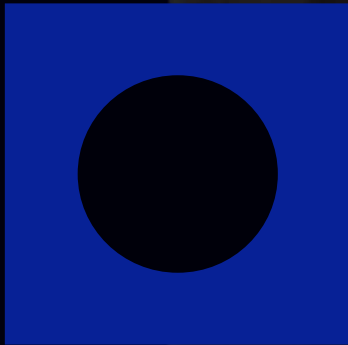
UNICEF is leading methodological work to ensure that data collected on early childhood development align closely with the monitoring requirements for SDG target 4.2. Given the universality of the SDG agenda, this tool needs to be applicable to all countries, not just low- and middle-income countries.

Internationally comparable data on learning outcomes is likewise lacking. While the UNESCO Institute for Statistics (UIS) database on learning proficiency at primary and secondary level includes international assessments (including regional ones), the data are not internationally comparable and do not provide sufficient data points to establish trends. This report therefore bases its analysis of learning outcomes on data from the Organisation for Economic Co-operation and Development (OECD) Programme for International Student Assessment (PISA), even though these are available only for a subset of better-off countries.

To measure learning outcomes at all levels, internationally comparable learning assessment tools are urgently needed. A new Foundational Learning Skills Module, which UNICEF has developed and implemented in MICS 6, from early 2017, would contribute to data coverage on outcomes in foundational learning in early grades of primary school, for reading and math (SDG 4.1.1.a).

Data on access to preschool, on children with disabilities, and on WASH facilities in schools can be efficiently obtained by strengthening Education Management Information Systems.

protection



4-month-old
Yasmin Sultani, from
Parwan, Afghanistan,
sleeps in a crib at a
refugee emergency
shelter in Vienna.





Every child is protected from violence, exploitation and harmful practices



5: Achieve gender equality and empower all women and girls

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.	5.2.1 Proportion of ever-partnered women and girls aged 15-19 subjected to physical, sexual or psychological violence by a current or former intimate partner (%)*	0-56%	- **	Eliminate
	5.2.2 Proportion of women and girls aged 15-19 subjected to sexual violence by persons other than an intimate partner (%)*	0-5%	- **	Eliminate
5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.	5.3.1 Proportion of women aged 20-24 who were married or in union before age 15 and before age 18	0-30% by age 15 2-76% by age 18	6% by age 15 25% by age 18	Eliminate
	5.3.2 Proportion of girls and women aged 15-49 who have undergone female genital mutilation/cutting (%)	1-98%	41% ***	Eliminate




8: Provide sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms.	8.7.1 Proportion and number of children aged 5-17 engaged in child labour (%)	0-56%	- **	Eliminate
---	---	-------	------	-----------

Table 3.1

Indicators of children's right to protection

GOAL	TARGET	INDICATOR	Range of estimates	Global estimate	2030 Global target
 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	16.1 Significantly reduce all forms of violence and related death rates everywhere.	16.1.1 Number of victims aged 0-19 of intentional homicide per 100,000 population****	0-32.8 per 100,000	3 per 100,000	Significantly reduce†
		16.1.2 Conflict-related deaths per 100,000 population	-	-	Significantly reduce†
	16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children.	16.2.1 Proportion of children aged 1-14 who experienced any physical punishment and/or psychological aggression by caregivers in the past month (%)	36-94%	-**	Eliminate
		16.2.3 Proportion of young women and men aged 18-29 who experienced sexual violence by age 18 (%)	Women: 0-16% Men: 0-4%	-**	Eliminate
	16.9 By 2030, provide legal identity for all, including birth registration.	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority (%)	3-100%	72%	Universal coverage

Note: Under SDG 5, the indicators 5.2.1 and 5.2.2 refer to violence in the previous 12 months.

Under SDG 16, the indicator 16.2.1 refers to children aged 1-17.

- Not available.

* Edited from the standard SDG indicator that refers to women aged 15 and older.

** Global estimate not available due to low population coverage.

*** Aggregate based on data from 29 countries where FGM/C is practiced and for which nationally representative prevalence data for women aged 15-49 are available. These countries represent 11 per cent of the global female population.

**** Value presented refers to the population aged 0-19, rather than the full population.

† What constitutes a 'significant' reduction has not been further defined.



Millions of children from all socio-economic backgrounds suffer violence, exploitation and harmful practices. Millions more are inadequately protected from becoming victims.

These widespread violations remain under-recognized and under-reported. Only a small proportion of acts of abuse and exploitation are denounced or investigated, and few perpetrators are held accountable. Some common forms of violence, such as violent discipline, are justified or minimized as inconsequential. Harmful traditional practices such as child marriage and female genital mutilation persist where they are supported by entrenched social norms.

The SDGs envision a major breakthrough for the protection of children from violence and exploitation. In addition to a number of goals and targets that have implications for child protection, the goals include a set of dedicated targets on violence, exploitation and harmful traditional practices. The SDGs on gender equality (5), decent work and economic growth (8), and peace, justice and strong institutions (16) include commitments to address such common child protection violations as child marriage, violent discipline and the lack of birth registration.

Analysis of some of the indicators that directly concern child protection points to the magnitude of the task ahead – in terms of both monitoring and making progress (see *Figure 3.1*). On average, across the relevant SDG indicators:

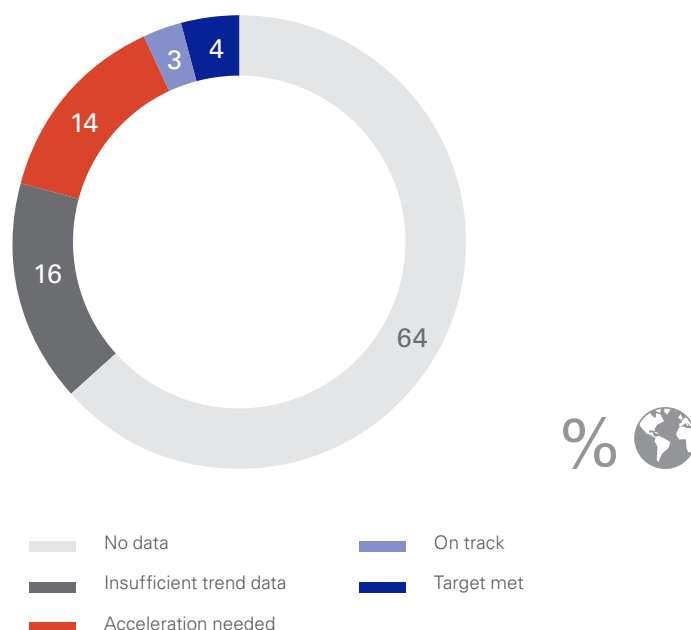
- Nearly two thirds of countries have no data, and another 16 per cent have insufficient data to establish trends.
- Most countries with sufficient data to make projections need faster progress to achieve the SDG targets.

An in-depth look at trajectories and data availability for child marriage, birth registration and violent discipline provides further insight into where greater efforts are needed.

Only about **1/5** of countries have sufficient data to assess progress towards protection-related SDG targets

Figure 3.1

Proportion of countries in each category of progress towards SDG targets for indicators of violence, exploitation, harmful practices and birth registration



Note: For an explanation of the charts in this report, see 'How to read the dials', p. 14.
Source: UNICEF analysis of global databases, 2017.

Child marriage

SDG 5 commits countries to end child marriage by 2030. Delivering on this promise is fundamental not only to protecting children, but also to advancing gender equality. While child marriage does occur among both boys and girls, the prevalence is about five times higher among girls, reflecting societal values that hold girls in low esteem and deprive them of the agency to chart their own course in life. Girls in conflict-affected contexts can be especially vulnerable.

Eliminating child marriage would improve girls' chances of better health, education and prospects – and thereby advance progress towards a range of SDGs.

Trajectories

Global levels of child marriage have declined over the past decades, but progress has been far too slow to end the practice by 2030:

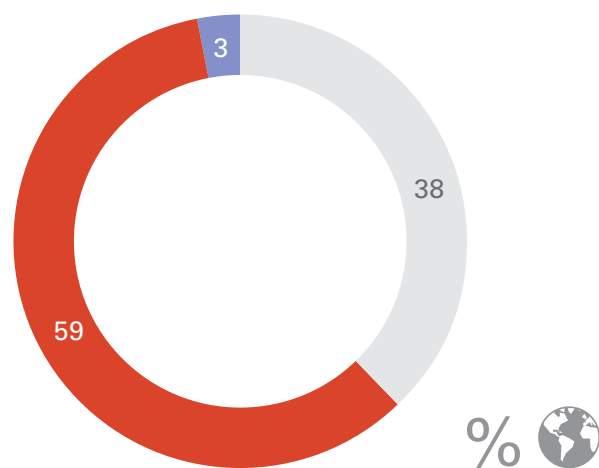
- Projections show that between now and 2030, 150 million girls will marry before their 18th birthday.
- At the rate of progress since 1990, it would take nearly a century to eliminate child marriage worldwide.
- Even at the faster rate of decline in the past decade, it would take half a century.

To eliminate child marriage by 2030, nearly all countries with data will need to accelerate progress

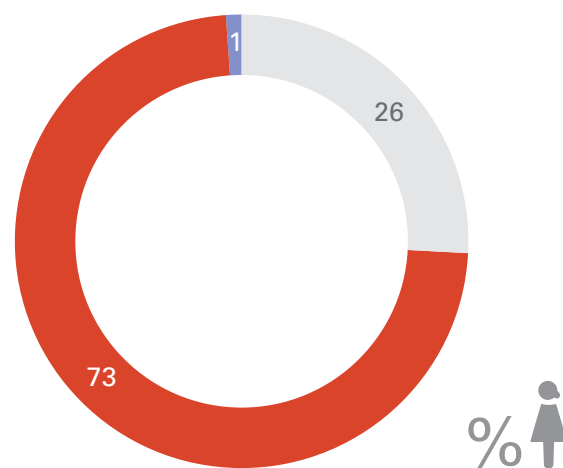
Figure 3.2

Progress towards elimination of child marriage:

(a) Proportion of countries in each category



(b) Proportion of girls living in countries in each category



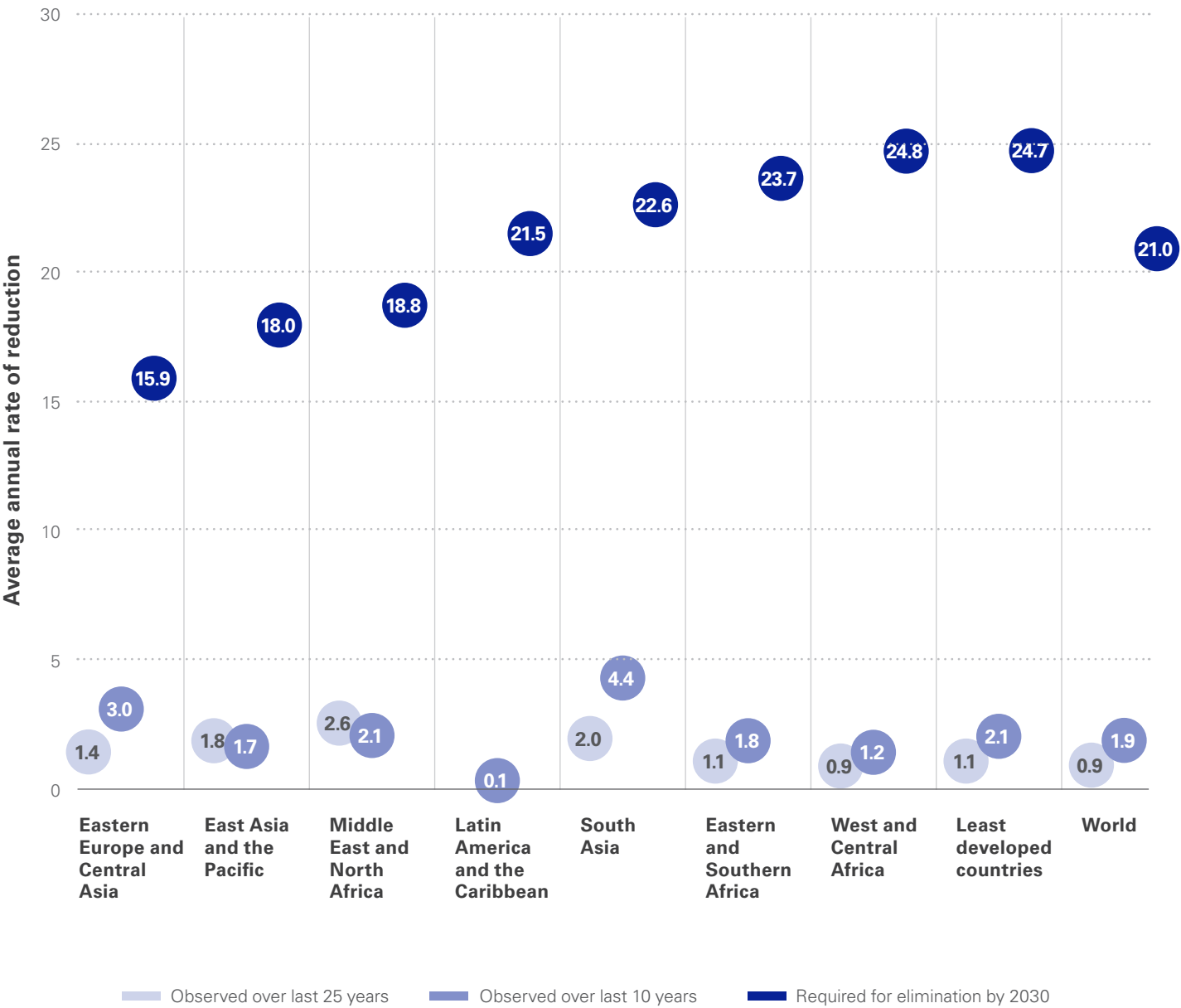
No data
 Insufficient trend data
 Acceleration needed
 On track
 Target met



Child marriage

No region with available data is on track to eliminate child marriage by 2030

Figure 3.3
Average annual rate of reduction in the prevalence of child marriage, by region



Note: Average annual rate of reduction (AARR) is calculated on the basis of child marriage prevalence among young women aged 20-24 years. For the purpose of this calculation, elimination is defined as a prevalence of 1 per cent or lower. Analysis is based on a subset of 103 countries with available data covering 63 per cent of the global population of women aged 20-24 years. Regional estimates represent data from countries covering at least 50 per cent of the regional population unless otherwise noted. The regional estimates for East Asia and Pacific exclude China. Data coverage is below 50 per cent for Latin America and the Caribbean. Data coverage was insufficient to calculate regional estimates for North America and Western Europe. The 25-year AARR for Latin America and the Caribbean is suppressed here, as there is no evidence of change in prevalence over the period

Source: UNICEF global databases, 2017, based on DHS, MICS and other nationally representative surveys, 2010-2016.

Nearly all countries with data would require faster progress to end child marriage by 2030. Moreover, looking at the trajectories by population spotlights the urgency of ending the practice, since the 119 countries needing acceleration are disproportionately populous. China accounts for half of girls living in countries with no data, with the remainder primarily in high-income countries in Western Europe, North America and Asia.

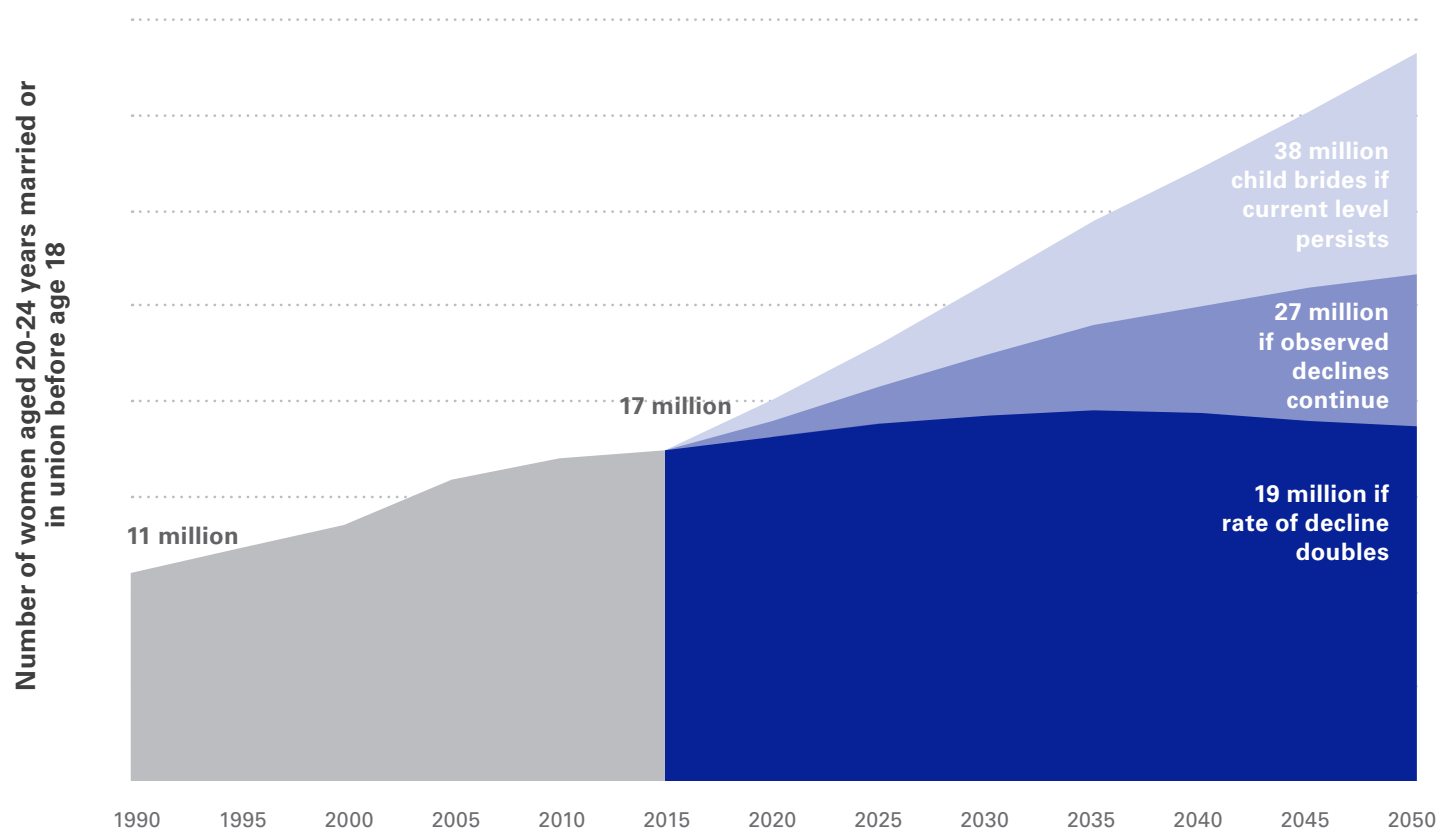
All regions need faster progress to end child marriage by 2030 (see Figure 3.3), though the rate of acceleration required varies:

- Relatively low prevalence and strong declines over the past 10 years mean that Eastern Europe and Central Asia needs the least acceleration.
- Latin America and the Caribbean – with virtually no progress since the 1990s – needs to speed up its rate of decline enormously.

Due to population growth, sub-Saharan Africa could have more child brides unless the rate of decline more than doubles

Figure 3.4

Number of women aged 20-24 in sub-Saharan Africa who were married or in union before age 18, observed and projected



Note: The projected prevalence based on observed trends applies the annual rate of reduction observed from 1990-2015. The accelerated scenario assumes a doubling in this rate of reduction. Analysis includes data from 41 countries in Sub-Saharan Africa, covering over 90 per cent of the regional female population.

Source: UNICEF global databases, 2017, based on DHS, MICS and other nationally representative surveys, 2010-2016. Demographic data from United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision, DVD Edition.



Child marriage

Growing populations of girls, especially in sub-Saharan Africa, will offset progress if it merely continues at current rates. Unless the rate of reduction increases in regions with high prevalence, many more girls will become child brides. In sub-Saharan Africa, it needs to more than double.

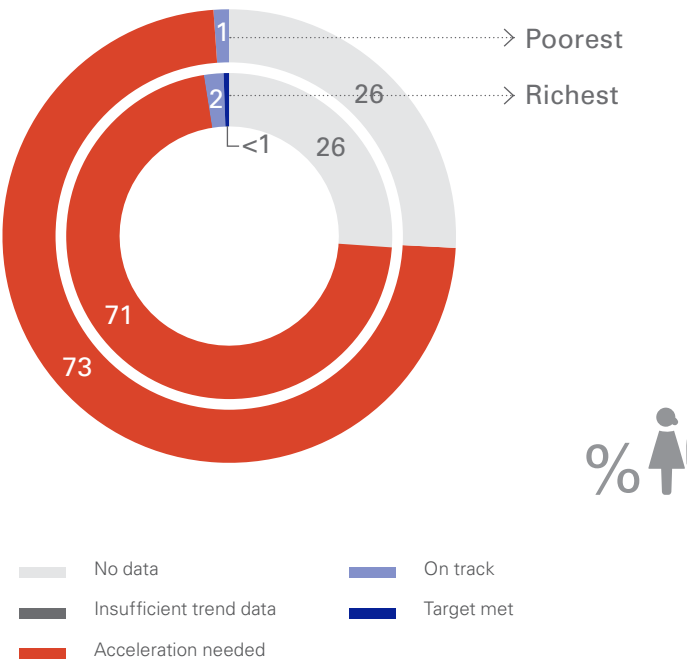
Disparities

Despite progress, child marriage is more likely to persist among the poorest girls. Even the few countries on track nationally may not end child marriage among the poorest girls or among disadvantaged minority groups.

With reductions limited to the wealthiest segments of society in many countries, gaps in levels of child marriage between the wealthiest and poorest have dramatically increased. Globally, levels are now four times higher among the poorest than the wealthiest, compared to twice as high around 1990. Still, most countries need acceleration even among the wealthiest in order to end child marriage.

While faster progress is needed in all segments of society, prospects for an end to child marriage are somewhat better for girls in the wealthiest households

Figure 3.5
Proportion of girls in their country's poorest (outer dial) and wealthiest (inner dial) quintiles living in countries in each category of progress towards elimination of child marriage



Note: Analysis by wealth quintile is based on a subset of 88 countries with available data.
Source: UNICEF global databases, 2017.

Birth registration

Every child has the right to a name and nationality, which are typically obtained through a formal process of registering his or her birth. This is the first step in gaining recognition before the law, safeguarding individual rights, and securing access to justice and social services. SDG 16 and 17 target universal legal identity and birth registration.

Trajectories

Almost a fifth of countries – accounting for around one third of the global population of children under 5 – need to speed up progress to achieve universal birth registration by 2030:

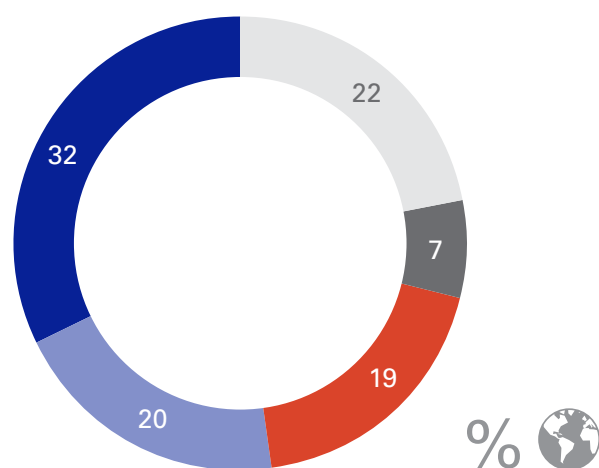
- Only 1 in 3 countries have already met the target, the majority of them high-income countries located in either North America or Europe.

About 1 in 5 countries will need an acceleration to achieve universal birth registration

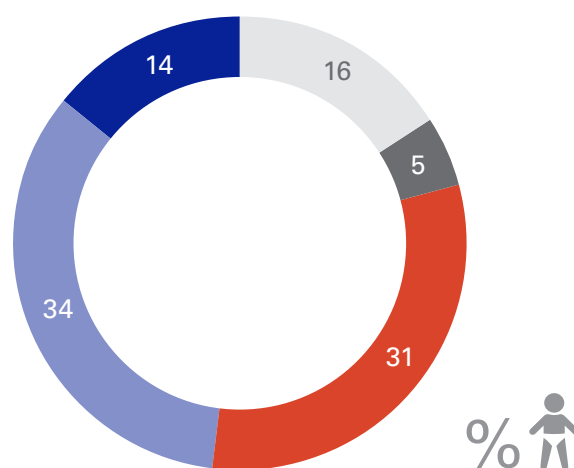
Figure 3.6

Progress towards universal birth registration:

(a) Proportion of countries in each category



(b) Proportion of children under 5 living in countries in each category



No data
Insufficient trend data
Acceleration needed
On track
Target met



Birth registration

- Of another 79 countries for which it is possible to determine the trajectory to 2030, around half are on track, accounting for another one-third of children under 5 (see Figure 3.6).

Data availability continues to be an issue, with China, the world's most populous country, among those with no globally comparable data.

Sub-Saharan Africa, the region with the lowest level of birth registration, has seen slow progress overall. But some of its countries, such as Mali and Mozambique, have recorded important improvements, and others – such as Cabo Verde, the Congo, and Sao Tome and Principe – have already achieved levels above 90 per cent.

If current trends continue, the world will fall short of universal birth registration by 2030. With more than a quarter of children under 5 unregistered worldwide as of 2015, progress would need to occur 1.5 times faster to meet the target.

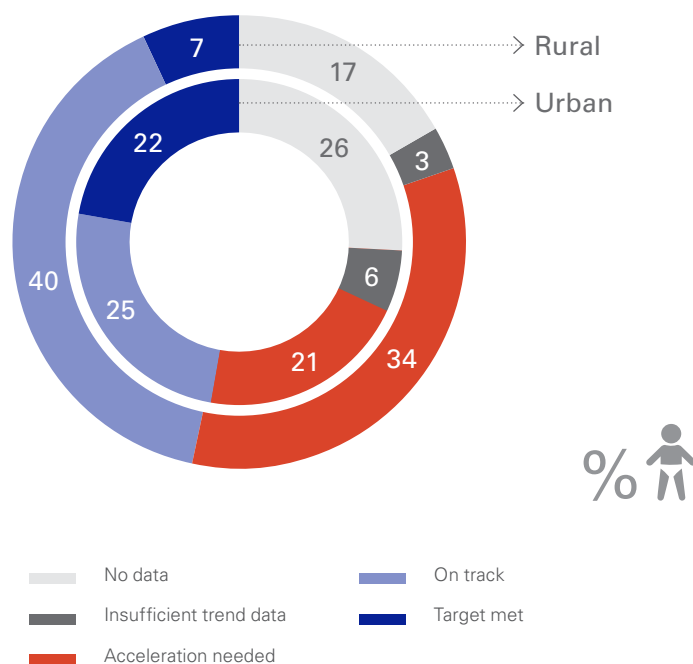
Disparities

Progress towards universal birth registration is slower to reach children in rural areas. The distance to the nearest registration facility is a significant barrier to birth registration – and children in rural areas are about 1.4 times less likely to be registered than their urban counterparts worldwide. While most countries needing acceleration will require greater progress in both urban and rural areas, acceleration is needed for more than 30 per cent of the world's rural population compared to roughly 20 per cent of the urban population.

Universal birth registration is less likely to be achieved by 2030 for the world's rural population

Figure 3.7

Proportion of children under 5 in urban (*inner dial*) and rural (*outer dial*) areas living in countries in each category of progress towards universal birth registration



Note: Analysis by area of residence is based on a subset of 119 countries with available data.

Source: UNICEF global databases, 2017.

Violent discipline

Violence against children remains pervasive, including violent discipline that relies on physical punishment and psychological aggression – and it most commonly happens at home. Among the 65 countries for which data are available from 2010-2016, nearly 8 in 10 children aged 1-14 are subjected to violent discipline on a regular basis by their caregivers. SDG 16 commits countries to end this form of violence against children.

Trajectories

Most countries lack data on violent discipline, limiting the ability to assess progress towards its elimination – but available data from 79 countries show that no country is on track. Just 4 in 10 of those with comparable data on the proportion of children subjected to violent discipline have sufficient trend data to gauge progress. All would require acceleration to eliminate violent discipline by 2030.

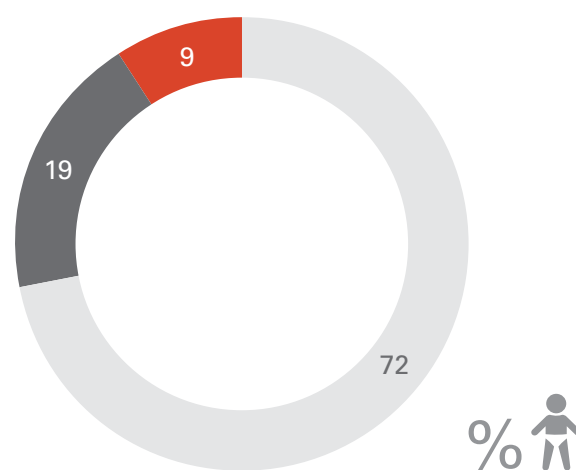
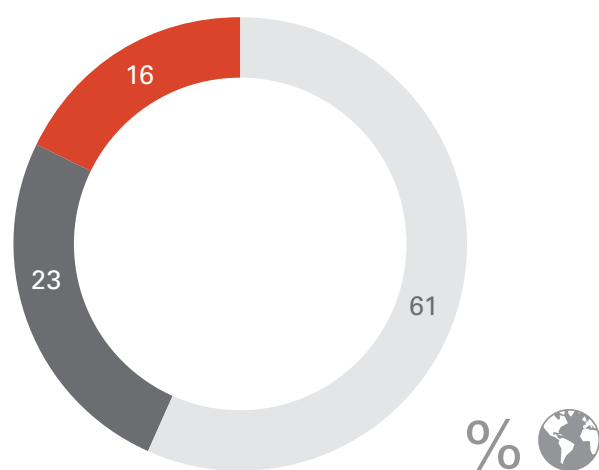
No country with trend data is on track to eliminate violent discipline by 2030

Figure 3.8

Progress towards elimination of violent discipline:

(a) Proportion of countries in each category

(b) Proportion of children aged 1-14 years living in countries in each category



No data
 Insufficient trend data
 Acceleration needed
 On track
 Target met

Source: UNICEF global databases, 2017.



Violent discipline

Nearly three quarters of the world’s children live in countries without comparable data on violent discipline. While many of them live in high-income countries in Western Europe and North America, China and India together account for nearly half.

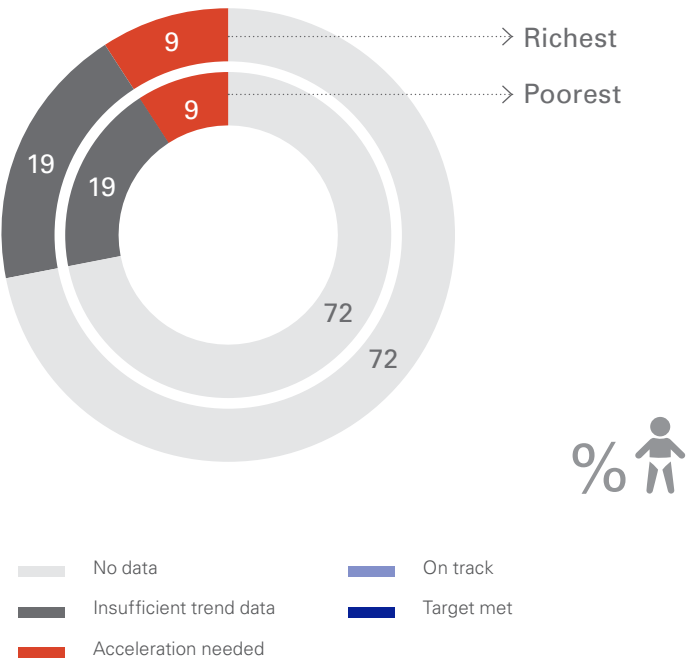
Disparities

Faster progress is needed among poor and rich households alike to end violent discipline by 2030. While some evidence suggests a link between household wealth and parenting practices in certain contexts, available data do not show that the use of violent discipline with children is systematically associated with lower economic or social status.

In around half the countries with available data, children from wealthier households are as likely to experience violent discipline as those from poorer households. All countries with trend data will need acceleration among both the wealthiest and poorest segments of society to see violent discipline eliminated by 2030.

In countries with trend data, neither the wealthiest nor the poorest quintiles are on track to eliminate violent discipline

Figure 3.9
Proportion of children aged 1-14 years in their country’s wealthiest (*outer dial*) and poorest (*inner dial*) quintiles living in countries in each category of progress towards elimination of violent discipline



Note: Analysis by wealth quintile is based on a subset of 31 countries with available data.
Source: UNICEF global databases, 2017.

Data

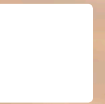
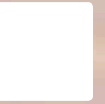
Countries face various data-related challenges in reporting on the SDG child protection targets. In many countries, there are insufficient data collection efforts for some indicators, resulting in low population coverage for global and regional estimates. For other indicators, there are measurement challenges, as illustrated below.

Data availability for child marriage is relatively strong – 125 countries, representing more than two thirds of the global population are reporting comparable estimates for the SDG indicator.

The countries without any comparable estimates are primarily high-income countries, where the prevalence of child marriage is often minimal. There is also a lack of comparable data for China – which as a populous country, greatly affects global population coverage as well as the reliability of the global estimate. Additionally, some countries' estimates are outdated; while surveys generally occur every three to five years, the gap is much greater in some countries.

Although data availability on violent disciplinary practices has increased during the past 10 years, there continues to be a lack of comparable data on high-income countries in particular. In addition, further work is needed to develop a measure that captures information on the use of violent discipline with older adolescents between ages 15-17.

As generated through household surveys, the availability of data on birth registration has dramatically increased in past two decades. However, the collection of data on birth registration through such surveys is highly sensitive to the way questions are formulated. Though household surveys generally customize questionnaires by naming the specific national authority responsible, there may be confusion. Respondents may not always be clear on who the civil authorities in charge of recording births are, and some might interpret notifying a church or village chief as 'formal registration'. Questions regarding the possession of a birth certificate can also yield erroneous data, since respondents may confuse a birth certificate with a health card or other document.





environment

A mother bathes a young child in the Niger River, in the village of Mehana, Tillabéri Region.



Every child lives in a safe and clean environment



1: End poverty in all its forms everywhere

1.4 By 2030, ensure all men and women, in particular the poor and vulnerable, have equal rights to economic resources, as well as access to basic services.

1.4.1.a Proportion of population using basic drinking water services (%)

19-100%

89%

100%

1.4.1.b Proportion of population using basic sanitation services (%)

7-100%

68%

100%

1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters.



3: Ensure healthy lives and promote well-being for all at all ages

3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

3.9.1 Mortality rate attributed to household and ambient air pollution per 100,000 population

0-108

60

≤5



6: Ensure availability and sustainable management of water and sanitation for all

6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all.

6.1.1 Proportion of population using safely managed drinking water services (%)




6-100%

71%

100%

Table 4.1

Indicators of children's right to a safe and clean environment

GOAL	TARGET	INDICATOR	Range of country estimates	Global estimate	2030 Global target
 6: Ensure availability and sustainable management of water and sanitation for all	6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.	6.2.1.a Proportion of population using safely managed sanitation services (%)	9-100%	39%	100%
		6.2.1.b Proportion of population with a basic handwashing facility with soap and water available on premises (%)	1-98%	-	100%
		6.2.1.c Proportion of population practising open defecation (%)	0-76%	12%	0%
 7: Ensure access to affordable, reliable, sustainable and modern energy for all	7.1 By 2030, ensure universal access to affordable, reliable and modern energy services.	7.1.2 Proportion of population with primary reliance on clean fuels and technology (%)	6->95%	57%	≥95%
 13: Take urgent action to combat climate change and its impacts	13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries.	13.1.1 Number of deaths caused by disaster per 100,000 population	1-1443	-	-
		13.1.2 Number of countries with national and local disaster risk reduction strategies	-	-	-



Basic drinking water, sanitation and hygiene services

The physical environment in which children are born and grow up affects all aspects of their lives. The quality of the air available for them to breathe and the water they drink have an impact on their survival and health, as does the availability of sanitation and hygiene facilities to keep their surroundings clean and safe.

Children depend on energy sources to support a range of daily activities – from preparing food to getting where they need to go or turning on lights to do their homework after dark. Whether these energy sources are sustainable and clean affects children's health and well-being, as well as the liveability of their immediate environment and the planet we all share.

Today's children and the generations that come after them will be faced with the far-reaching impacts of climate change. That includes such phenomena as rising sea levels and extreme weather – including more frequent and severe disasters that can destroy infrastructure, livelihoods and lives – and contending with their ripple effects, from food and water scarcity to loss of viable territory and population displacement.

Disaster-prone contexts, as well as fragile and conflict-affected ones, may exacerbate gender inequality and the disproportionate burden and responsibilities women face in supporting and protecting children.

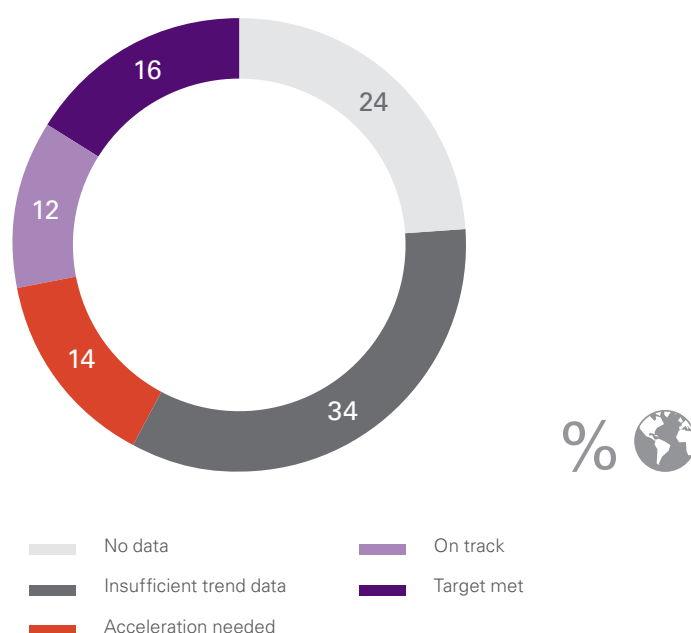
The indicators for safe environment include the mortality rate from household or ambient air pollution (SDG 3), the use of clean fuels (SDG 7), deaths as a result of disasters (SDG 13), and six indicators relating to drinking water, sanitation and hygiene (WASH) – basic water and sanitation services and hand-washing facilities (SDG 1), safely managed drinking water and sanitation services, and open defecation (SDG 6).

Many countries have insufficient – or no – data on these indicators (see *Figure 4.1, which includes all those except deaths from disasters*). Data are especially scarce for the new indicators of 'safely managed' water and sanitation services. However, this chapter examines the open defecation indicator in depth. Associated with extreme poverty and malnutrition, open defecation points to a profound level of deprivation of WASH services.

More than 1/2 of countries have insufficient or no data on SDG indicators of a safe and clean environment

Figure 4.1

Proportion of countries in each category of progress towards SDG targets for mortality from air pollution, reliance on clean fuels, open defecation, basic water and sanitation, and safely managed drinking water and sanitation services



Note: For an explanation of the dial charts throughout this report, see 'How to read the dials', p. 14.

Source: UNICEF analysis of global databases, 2017.

Access to safe water, sanitation and hygiene is fundamental to sustainable development. Lack of adequate drinking water, sanitation and hygiene remains one of the leading global causes of child deaths, and is responsible for a major share of the global burden of childhood diseases and malnutrition. In turn, this impacts children's survival, overall development, learning opportunities and prospects of a fair chance in life.

Globally, access to water and sanitation has improved substantially in recent years, although progress has been uneven across regions. From 2000-2015:

- The number of people without access to **basic drinking water** declined from 1.2 billion to 844 million.
- The number of people without access to **basic sanitation** declined from 2.5 billion to 2.3 billion.
- While the number of people without access dropped in most regions, in sub-Saharan Africa, it increased for both water and sanitation.
- The number of people practising **open defecation** declined in all regions except West and Central Africa, falling from 1.2 billion to 892 million, an average decrease of 22 million people per year.

Trajectories

Almost a third of countries need to accelerate progress to end open defecation by 2030, including Brazil, China, Ethiopia, India, Indonesia, Nigeria and Pakistan. As some of these countries are very populous, this group accounts for over half of the global population.

Fast-growing populations in parts of Africa and Asia lead to a further challenge, as the global population without access to basic services may remain largely unchanged if current trends continue:

- By 2030, the number of people without access to basic drinking water is projected to fall from 206 million to 131 million in South Asia. But in sub-Saharan Africa, if population growth continues to outpace progress, the number of people without basic drinking water is expected to increase.
- The population without basic sanitation services is projected to decline by one third in South Asia by 2030, but will increase by one third in sub-Saharan Africa.

Disparities

Urban-rural disparities illustrate how progress in extending access to basic water and sanitation lags in rural areas. Some 58 per cent of countries are on track or have already achieved universal access to basic drinking water in urban areas – compared to 44 per cent in rural areas.

While disparities in access to basic sanitation are less marked, rural areas have further to go in order to end open defecation by 2030. As of 2015, people living in rural areas were three times less likely to have eliminated the practice. But with this global target still unmet for 4 out of 5 urban dwellers, both urban and rural areas will need to accelerate progress.

Data

In 2015, almost all countries had at least one recent data point available for estimating the total population practising open defecation and using basic drinking water and basic sanitation services. However, two thirds of countries lacked baseline estimates for the new SDG indicators on



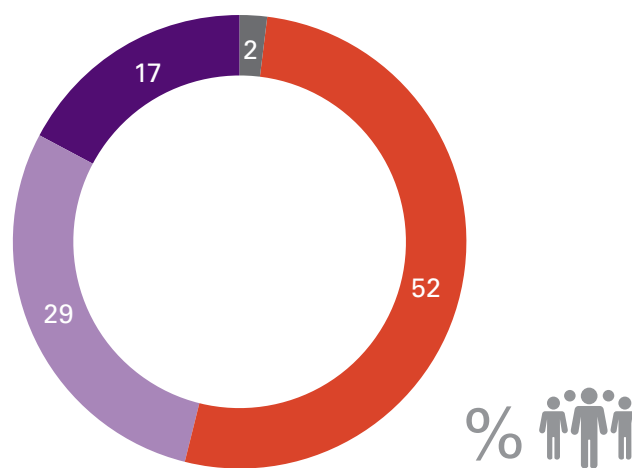
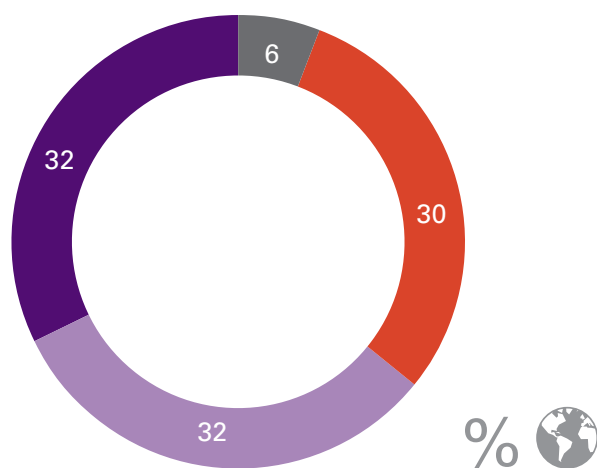
1/3 of countries need to speed up progress to end open defecation by 2030 – which account for over half the world's population

Figure 4.2

Progress towards ending open defecation:

(a) Proportion of countries in each category

(b) Proportion of population living in countries in each category



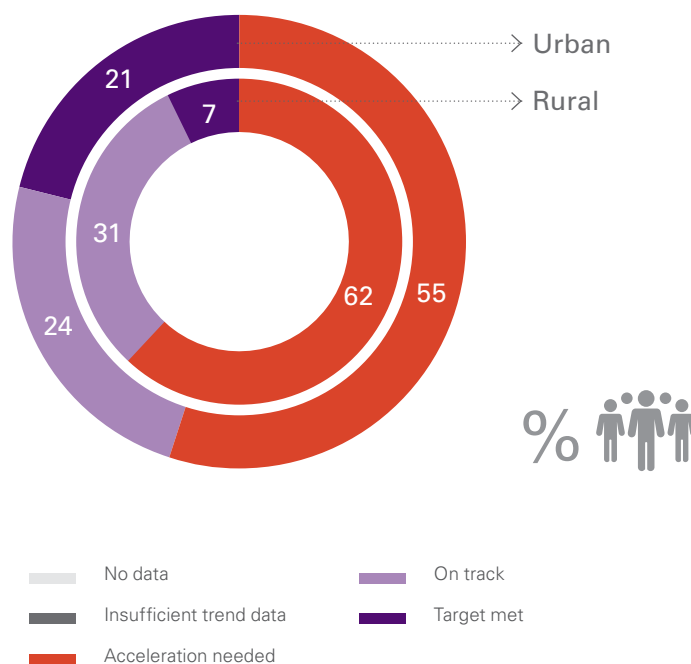
Legend: No data (white), Insufficient trend data (grey), Acceleration needed (red), On track (light purple), Target met (dark purple)

hand washing, safely managed drinking water and sanitation services. Around 6 per cent of countries lacked data on national trends in open defecation and basic drinking water and sanitation, but nearly 20 per cent lacked disaggregated data on trends in urban and rural areas. Trend data are not yet available for the new SDG indicators.

Rural areas are **3x** less likely than urban areas to have ended open defecation as of 2015

Figure 4.3

Proportion of urban and rural population living in countries in each category of progress towards ending open defecation



Source: WHO/UNICEF JMP 2017



A new, higher standard

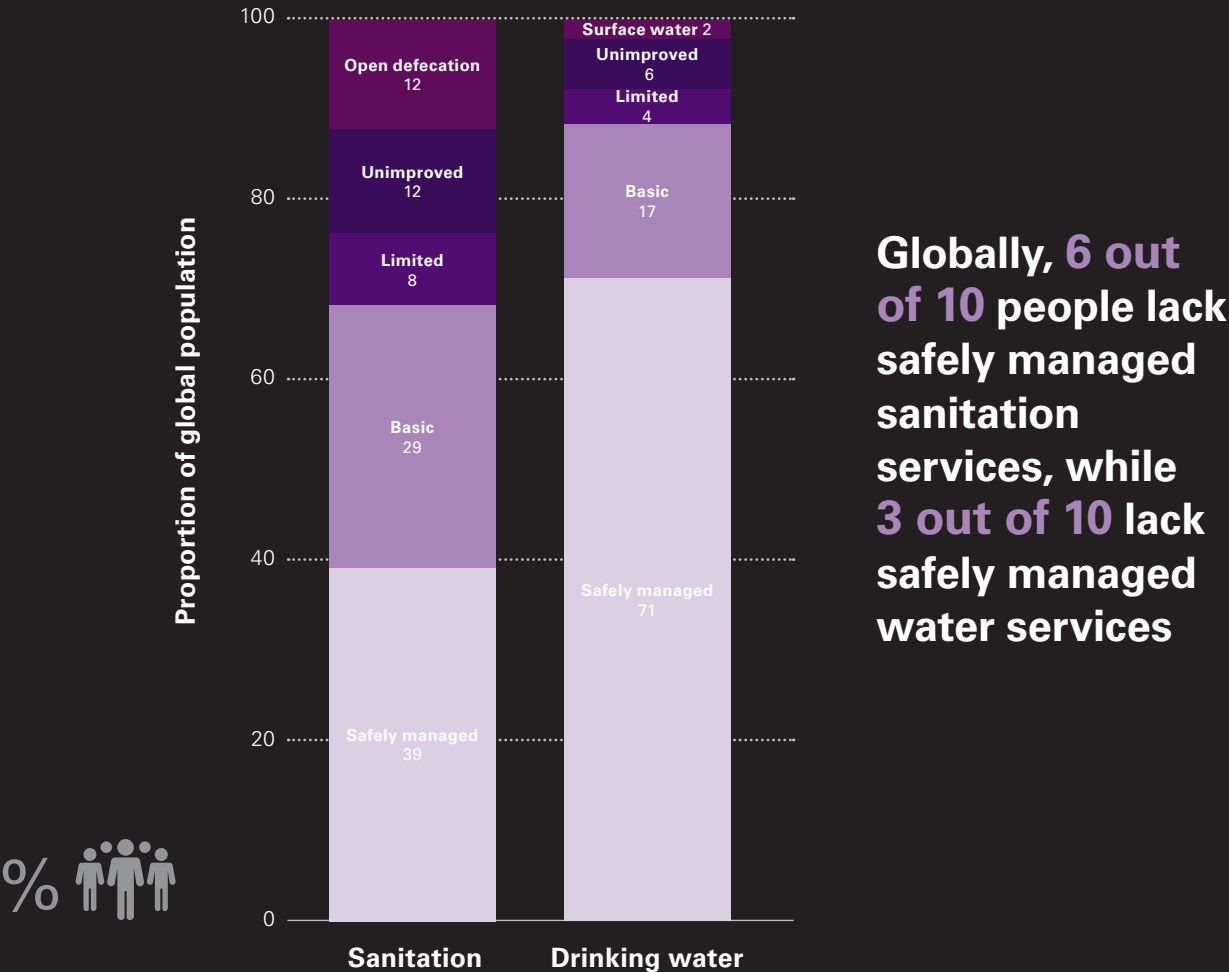
Building on the progress made to date, the SDGs aim for ‘safely managed’ drinking water and sanitation services for all. That means drinking water is accessible on premises, available when needed and free from contamination, and sanitation facilities provide proper waste disposal at the immediate location or treated off site.

In 2015, more than 2 billion people lacked safely managed drinking water services, and more than twice that many lacked safely managed sanitation. The proportions of global population at each level of service are shown in Figure 4.4. Whether children are able to use such services depends greatly on where they live:

- Across regions, coverage rates range from under a quarter – as for drinking water in West and Central Africa, and sanitation in Latin America and the Caribbean – to universal or close to it in North America and northern Europe.
- Only 1 out of 3 people using safely managed water and 2 out of 5 people using safely managed sanitation live in rural areas.

Figure 4.4

Proportion of global population at each service level for drinking water and sanitation, 2015



Source: World Health Organization and United Nations Children’s Fund, Progress on Drinking Water, Sanitation and Hygiene: 2017 update and SDG baselines, WHO and UNICEF, Geneva, 2017, p. 3-4, available at <<https://washdata.org/report/jmp-2017-report-final>>.

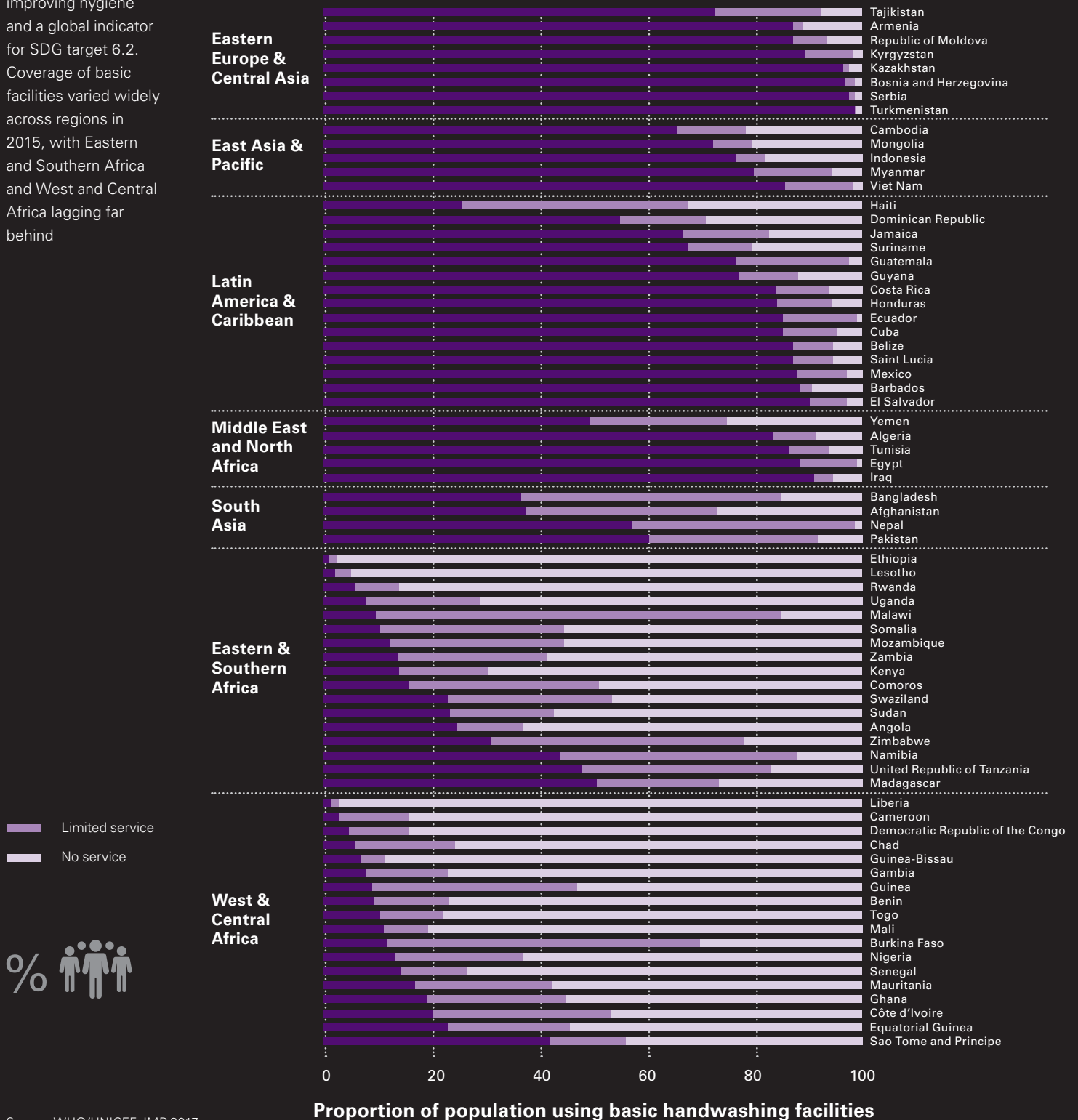
BOX 4.2

People in many countries do not have a place to wash their hands with water and soap at home

Availability of **hand-washing** facilities is a top priority for improving hygiene and a global indicator for SDG target 6.2. Coverage of basic facilities varied widely across regions in 2015, with Eastern and Southern Africa and West and Central Africa lagging far behind

Figure 4.5

Proportion of population using basic handwashing facilities in 70 countries with data available in 2015



Source: WHO/UNICEF JMP 2017



fair chance



Dasagh, 14, stands in a small room which she shares with her blind mother in Addis Ababa, Ethiopia. Dasagh is focused on changing her life through education and determination.



Every child has a fair chance in life



1: End poverty in all its forms everywhere

1.1. Eradication of extreme poverty among children (US\$ 1.90).

1.1.1 Children living in households in extreme poverty (%)

- *

19.5%

3%

1.2.1 Reduction by 50% of the proportion of children living below national poverty line.

1.2.1 Children living below the national poverty line (%)

- **

50% reduction

1.2.2 Reduction by 50% of the proportion of children living in poverty in all its dimensions according to national definitions.

1.2.2 Children living in poverty in all its dimensions according to Global MPI***(%)

0.1-92.9%

37%

18.5%

1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.

1.3.1 Proportion of child population covered by social protection floors/ systems (%)

-

-

-

Note: SDG targets and indicators have been adapted to represent the child population (aged 0-17).

Under SDG 1, the 2030 global target of 3% is for the total population, not only children.

- Not available.

* National estimates for 1.1.1 are currently not available for reporting but are solely used to create regional and global estimates for the global goal for 2013. Future global estimates will be accompanied by a full set of national-level estimates.

** These are nationally defined poverty lines using a range of methodologies that do not allow for comparison, or for formulating a global target (e.g., European Union countries use relative measures, such as 60 per cent of median income, while developing countries use absolute measures of consumption).

*** The internationally consistent measure for poverty is used as a proxy indicator for monitoring progress on nationally set targets.

Child poverty

Every child has the right to a fair chance in life. Regardless of the circumstances children happen to be born into – whether boys or girls, in wealthy urban centres or remote rural areas, into wealthy families or poor ones – they all deserve the same opportunity to succeed. Equity is both an issue to be highlighted on its own, and one that affects children's lives across all the dimensions examined in this report.

Equity has many facets, in line with the myriad factors – geography, ethnicity, disability, gender – that affect children's chances in life. This report focuses on SDG-related measures of poverty, including the proportion of children living in extreme poverty, living under national poverty lines, experiencing multidimensional poverty, and living in a country with a social protection floor.

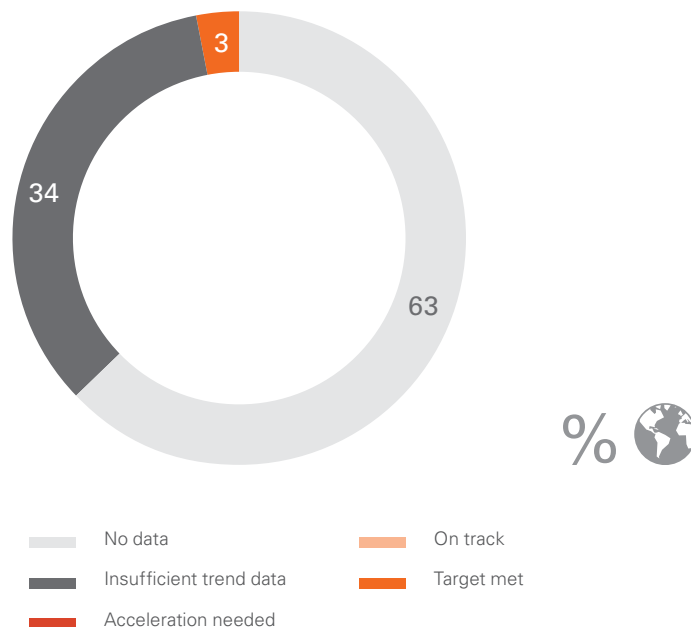
The most salient fact about the data for these indicators is their scarcity: On average, 97 per cent of countries have insufficient data to make projections, and 63 per cent have none at all.

More than half of the people living in extreme poverty are children. As of 2013, an estimated 385 million children worldwide lived on less than US\$1.90 per day. In SDG 1, countries commit to eliminating extreme poverty among children, and reduce by at least half the number of children classified as living in poverty by national measures. In addition to monetary measures of poverty, the targets also aim towards reduction of child poverty in all its dimensions. Multidimensional poverty considers deprivations in such areas as education and health, which stem from but are not limited to a lack of money.

Nearly all countries lack sufficient data to assess trajectories towards the SDG child poverty targets

Figure 5.1

Proportion of countries in each category of progress towards SDG targets for indicators of child poverty and social protection coverage



Note: For an explanation of the dial charts throughout this report, see 'How to read the dials', p. 14.

Source: UNICEF analysis of global databases, 2017.



BOX 5.1

Multidimensional poverty

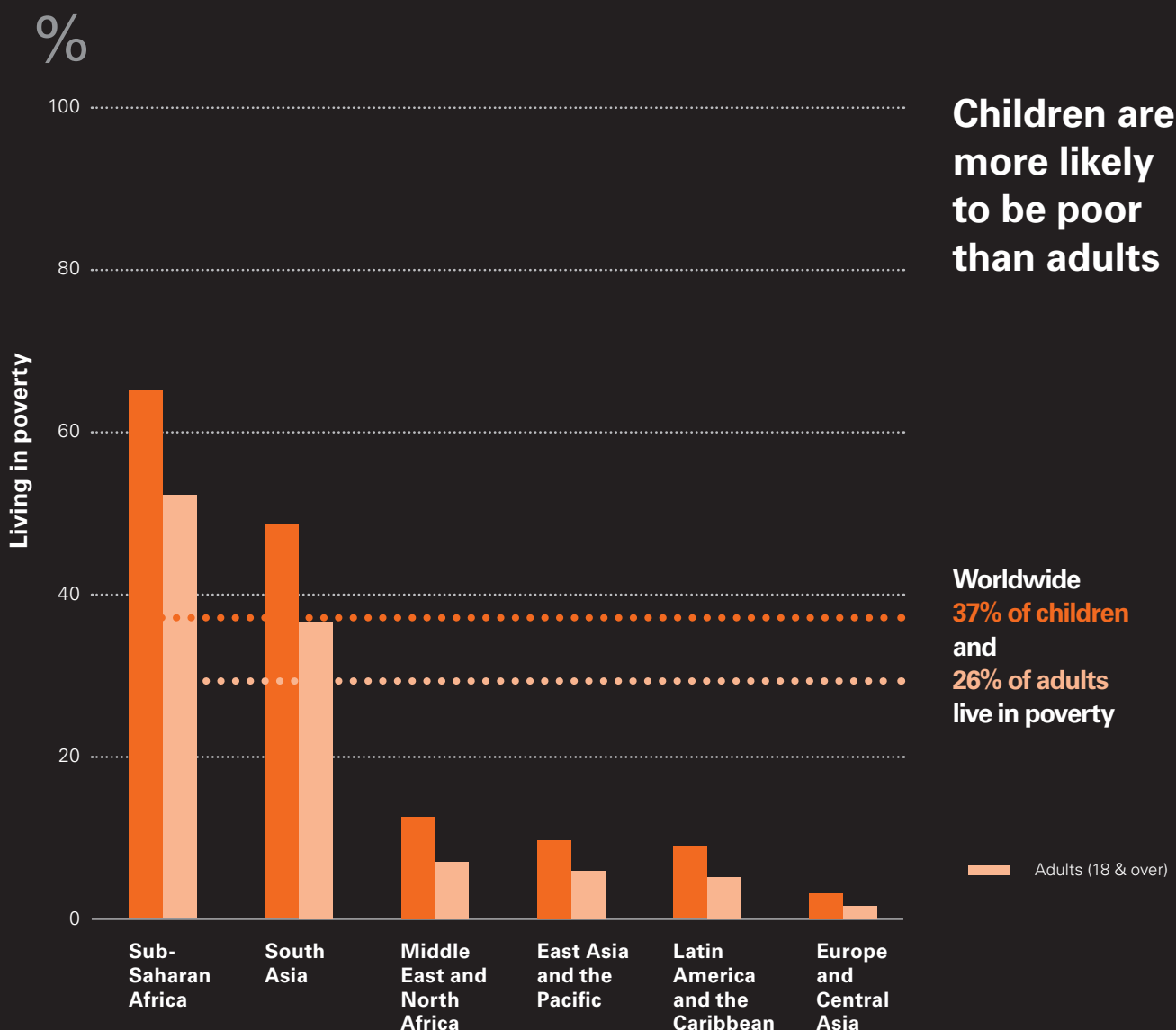
Poverty is about more than the absence of wealth – it affects many aspects of children's lives. Multidimensional poverty measures the extent to which households are deprived of capabilities and opportunities, as well as financial security. The global Multidimensional Poverty Index (MPI) measures deprivations in three dimensions – education, health and standard of living – with each dimension comprised of two to four indicators. The dimensions and the indicators

within it have equal weight. Households are considered to be 'multidimensionally poor' if they are deprived in one third or more of the weighted deprivation indicators.

A set of disaggregated profiles, produced for the MPI in 2017, covers 103 countries and provides an overview of children who live in households categorized as 'poor'. These data confirm that children are more likely to be poor than adults.

Figure 5.2

Proportion of children and adults living in multidimensional poverty, by region (bars) and worldwide (dotted lines), 2013



Trajectories

At present, it is not possible to examine trajectories in reducing child poverty, to see if countries are likely to meet the three targets by 2030:

- Target 1.1 on children living in extreme poverty has only baseline data.
- Target 1.2.1 on children living under national poverty lines is contained in a long-standing data set for poverty that covers the entire population and is not disaggregated for children.
- Target 1.2.2 on poverty in all its dimensions has some nationally produced statistics – but different countries have different measures, none of which are internationally comparable or available online.

Even in the absence of trajectories, existing data provide a sense of the magnitude of the challenge. Comparing rates of multidimensional child poverty shows that in some countries, a large share of children live in poverty (*see Figure 5.3*). Some countries that have lower child poverty rates may nonetheless have large numbers of children living in multidimensional poverty, and in others, both the proportions and the numbers are high:

- Most of the countries with the largest shares of children living in multidimensional poverty are in sub-Saharan Africa.
- Though their overall child populations are quite small, Yemen and Haiti – both in fragile situations – and Timor-Leste also have large percentages of children living in multidimensional poverty. In South Asia, four countries with much larger populations – Afghanistan, Pakistan, India and Bangladesh – also have high child poverty rates.
- While India is thirty-sixth in terms of the share of children living in poverty, it has the largest overall child population. About half of India's children – nearly 217 million – live in poverty, more than the six countries above it (in terms of child poverty rate) combined.

Data

While efforts to eliminate poverty are not new, the specific commitment to tackle child poverty detailed in the SDGs requires new ways of measuring and tracking progress. UNICEF is working to support the establishment of indicators, produce baselines, and ensure comprehensive measurement and reporting on child poverty.

For target 1.1, on children living in extreme poverty, UNICEF and the World Bank produced the first-ever estimate of child poverty, for the year 2013, to provide a baseline for the new goals. Future work will consider trends prior to 2013 to establish the basis for projections to 2030.

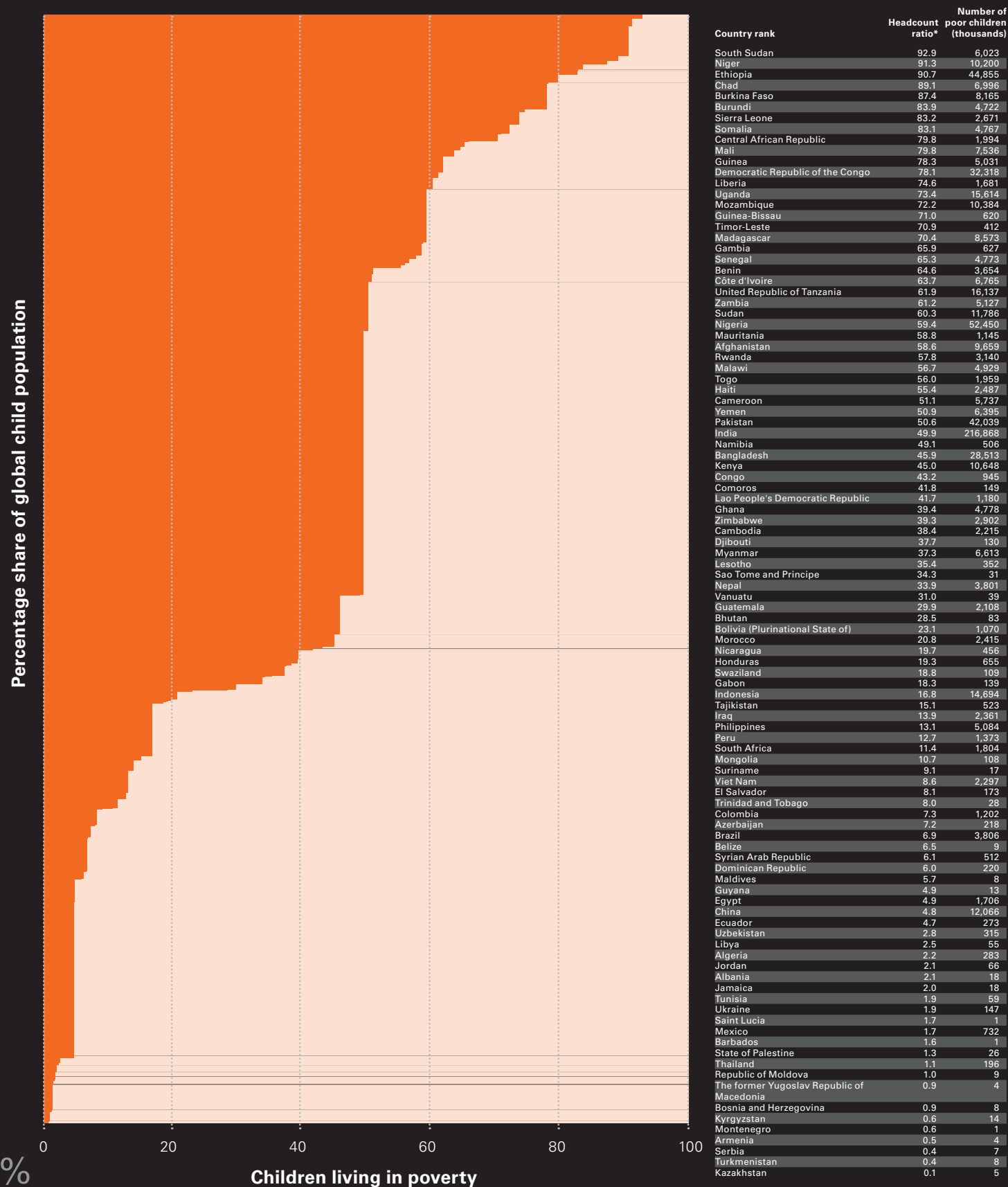
For target 1.2.1, on children living below national poverty lines, there is a long-standing set of data on poverty by household in the World Development Indicators, but far less data disaggregated by age to focus on the children living in poor households. Consistent commitment will also be needed to improve underlying data on the national poverty lines, as there are large data gaps in country coverage and contemporaneity. Some of these gaps come from the absence of reporting requirements for high-income OECD and other countries prior to the universal agenda of the SDGs.

For target 1.2.2, on poverty in all its dimensions, there are nationally produced statistics, but these have not yet been assessed for comparability or compiled for SDG monitoring. Moreover, there are little or no data on trends, as these measures have only recently been introduced, and in many instances there is no settled methodology. Monitoring of national poverty targets (1.2.1 and 1.2.2) relies on sources of data that only measure poverty indirectly.



Figure 5.3

Proportion of children living in multidimensional poverty (*horizontal axis*) and share of global child population (*vertical axis*), by country, from highest (*top*) to lowest (*bottom*) child poverty rate



* percentage of population in multidimensional poverty.

Source: UNICEF calculations based on MPI results and 2013 population figures from the United Nations Population Division, 2015. Subgroup population numbers are calculated by multiplying the survey share of the group by the population in 2013. The number of poor was computed multiplying the headcount by the respective population numbers.

Sub-Saharan African and populous South Asian countries tend to have the largest shares of children living in multidimensional poverty

Call to action

UNICEF Goodwill Ambassador
Orlando Bloom (right) speaks with
Abbako, 13, as they sit inside his
shelter at a camp in Toumour,
Niger, Sunday 19 February 2017



Call to action

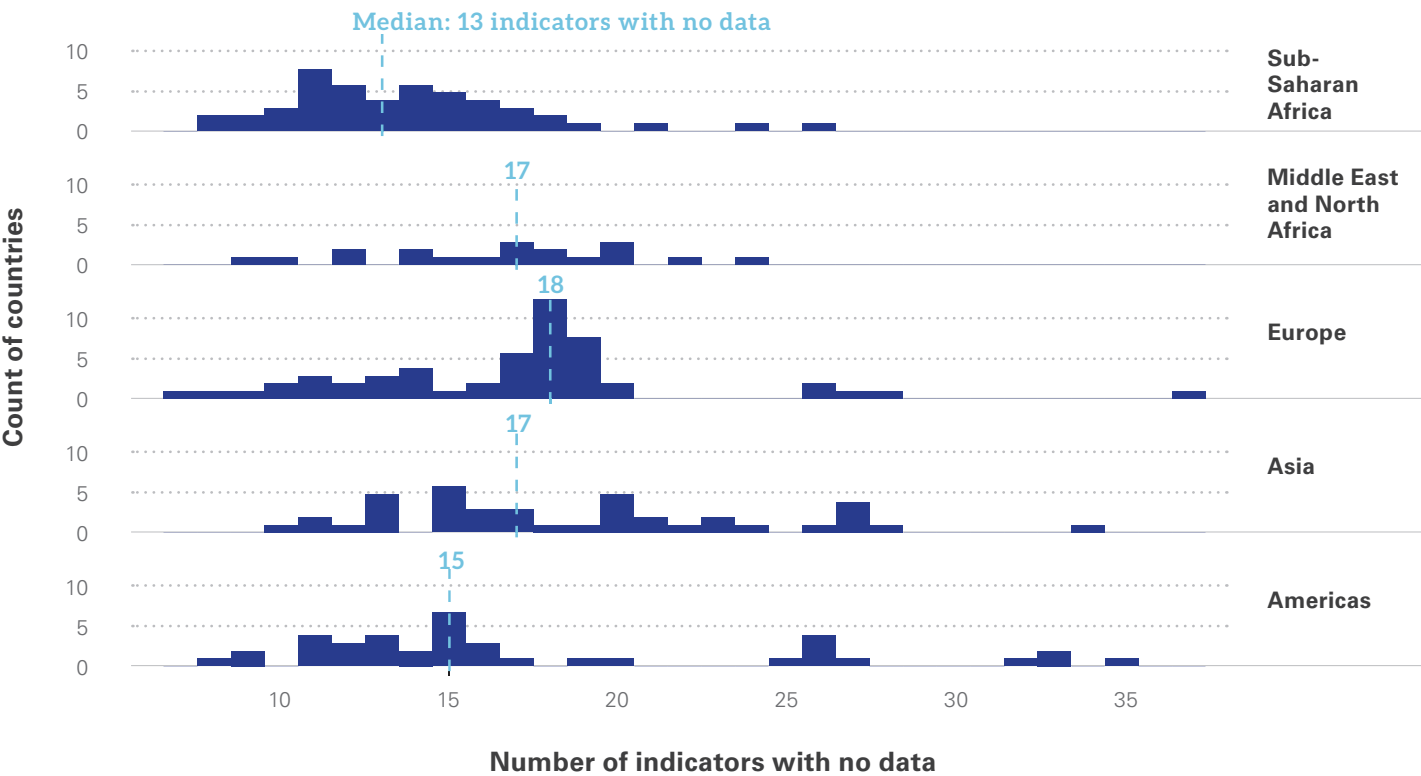
The Sustainable Development Goals provide a bold, universal and holistic agenda for children. Yet two years in, we do not know enough to track progress or make projections in many areas – and in areas where we can track progress, it is mostly too slow to meet the targets. This double jeopardy must be addressed.

The scope of the challenge

Data availability for the child-focussed SDGs is best in sub-Saharan Africa, the region with the most countries that have 15 or fewer indicators without data (*see Figure 6.1*). This attests to the international community’s long-standing support, enabling countries in sub-Saharan Africa to collect data on many of the SDG indicators related to children.

Data availability is best in sub-Saharan Africa

Figure 6.1
Distribution of countries by number of indicators with no data, by region, showing median number of indicators without data for each region



Note: A list of regional classifications can be found in the Methodology Note document at <uni.cf/sdgreport>.
Source: UNICEF analysis of global databases and the World Bank, 2017.

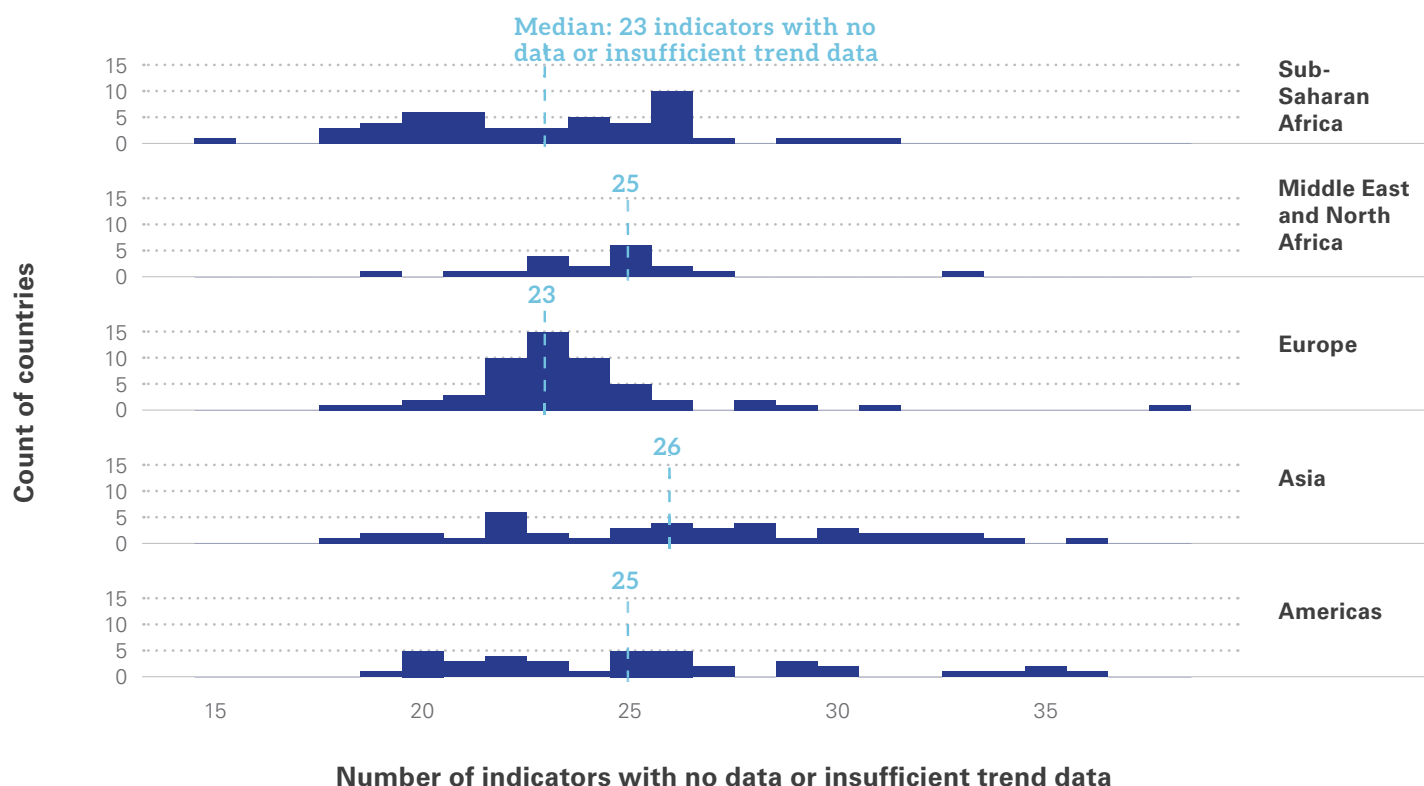
Countries with the least data on these indicators are generally the most developed. Some indicators (such as child marriage or FGM/C) have no data because they are not considered relevant in industrialized countries, while others are not reported in a globally comparable manner or are simply not collected.

In countries that do have data, there may not be enough – or a recent enough data point – to be able to project trends (*see Figure 6.2*). Looking at indicators for which there are no data or not enough to predict trends shows that making projections puts much greater demands on countries. Depending on the region, 5-10 additional indicators lack trend data, beyond those that have no data at all.

Projecting trends puts much greater demands on data

Figure 6.2

Distribution of countries by number of indicators with no data or insufficient trend data, by region, showing median number of indicators with no data or insufficient trend data for each region



Note: A list of regional classifications can be found in the Methodology Note document at uni.cf/sdgreport.

Source: UNICEF analysis of global databases, 2017.

Call to action

Countries lack data for a range of reasons. Comparing the World Bank Statistical Capacity score for each country with the proportion of child-focussed SDG indicators for which it has no data or no trend data does not show a strong relationship. Beyond low statistical capacity, lack of data may be attributable to governments assigning child welfare a low priority, or a lack of commitment to publishing and sharing data.

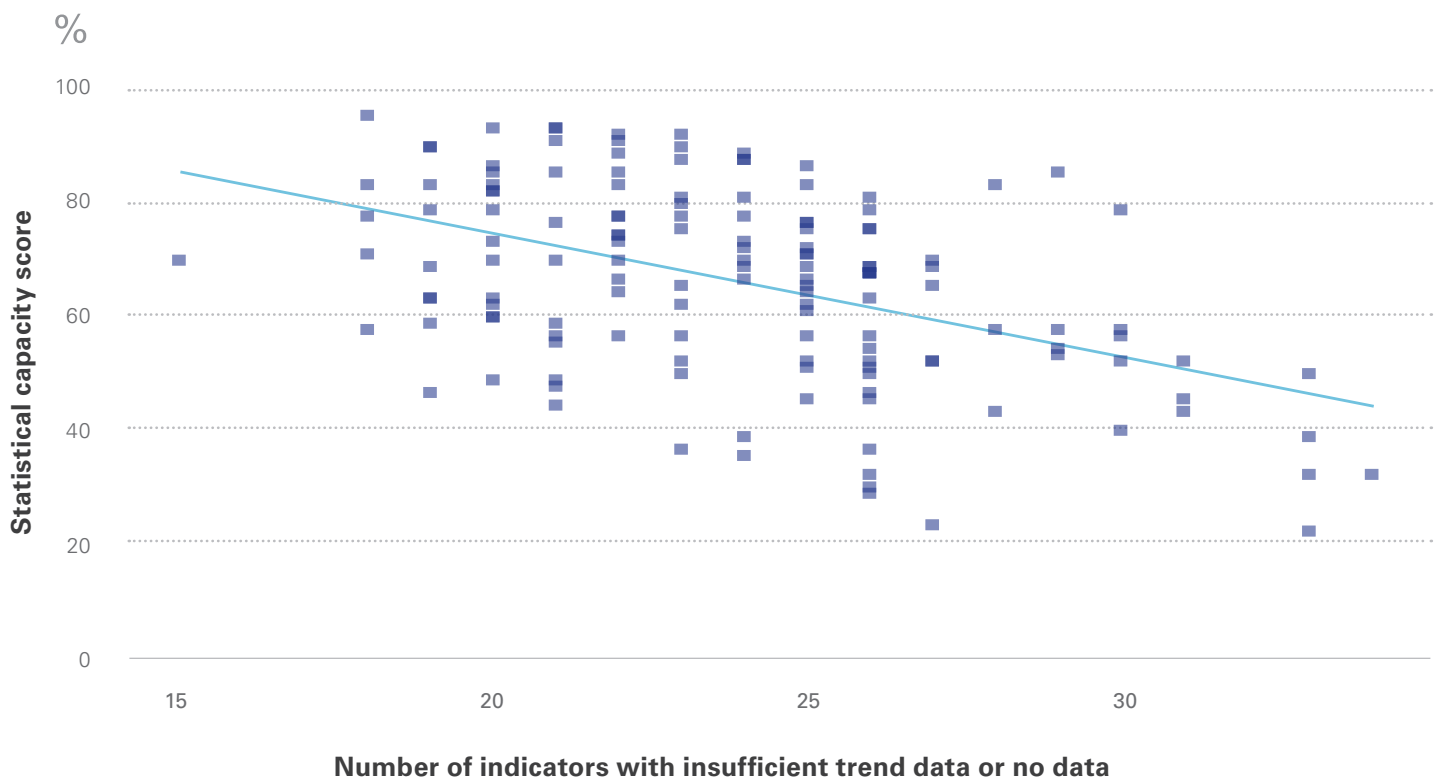
Accordingly, different countries need different types of support. Those with limited capacity need much more fundamental support, tailored to specific data gaps and weak institutions that hinder adequate monitoring. High-capacity countries that nonetheless lack data may need to work on adopting norms for measuring and reporting on internationally comparable indicators.

When the analysis is limited to indicators for which there are sufficient data to generate trends, certain patterns emerge in the countries that have already achieved targets, are on track to meet them by 2030, or need accelerated progress if targets are to be met. Sub-Saharan Africa lags far behind the other regions, with the median country requiring an acceleration in one third of the indicators for which data are sufficient to draw trends. Surprisingly, significant numbers of European countries also need acceleration for a smaller number of indicators (*see Figure 6.4*), and Europe's performance as a region is not significantly better than others.

Lack of data does not necessarily stem from low statistical capacity

Figure 6.3

Countries by number of indicators with insufficient trend data or no data and statistical capacity score



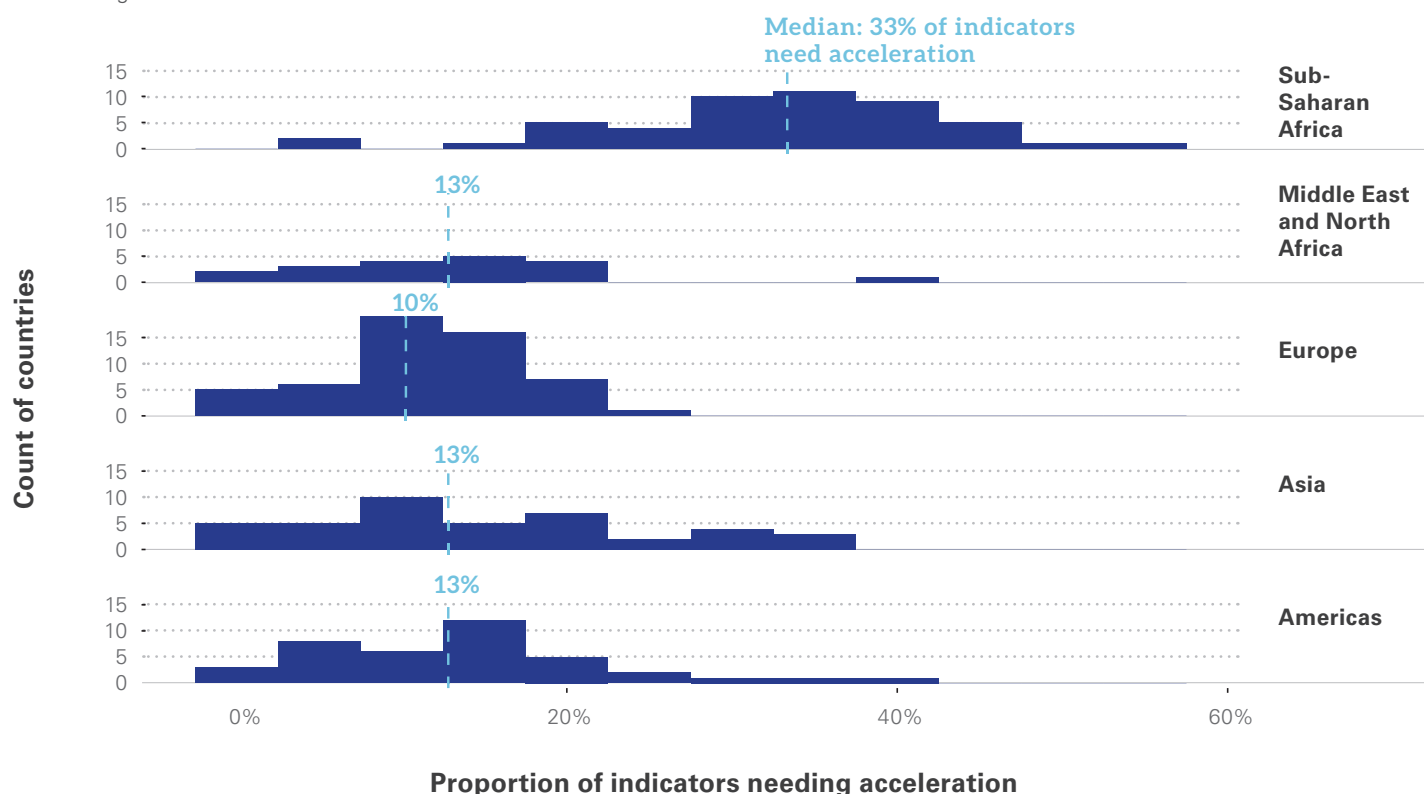
Lack of data is a problem not only because it makes tracking progress and projecting trends impossible. If countries with poor data turn out to be off track, then the international community faces even graver challenges than are apparent from existing data. Indeed, to the extent that countries' lack of data stems from capacity constraints, it is likely that low capacity also constrains their ability to achieve the goals.

A look at the average share of indicators in each country with either insufficient data or insufficient progress shows that these twin challenges abound across all regions (see Figure 6.5). On average, 75–80 per cent of indicators in any country either have insufficient data or show insufficient progress. These combined challenges are particularly acute in sub-Saharan Africa, where the average country either lacks data or requires acceleration in more than 90 per cent of its child-related SDG indicators.

Countries needing acceleration are concentrated in sub-Saharan Africa

Figure 6.4

Distribution of countries with trend data by proportion of indicators needing acceleration, by region, showing median proportion of such indicators for each region

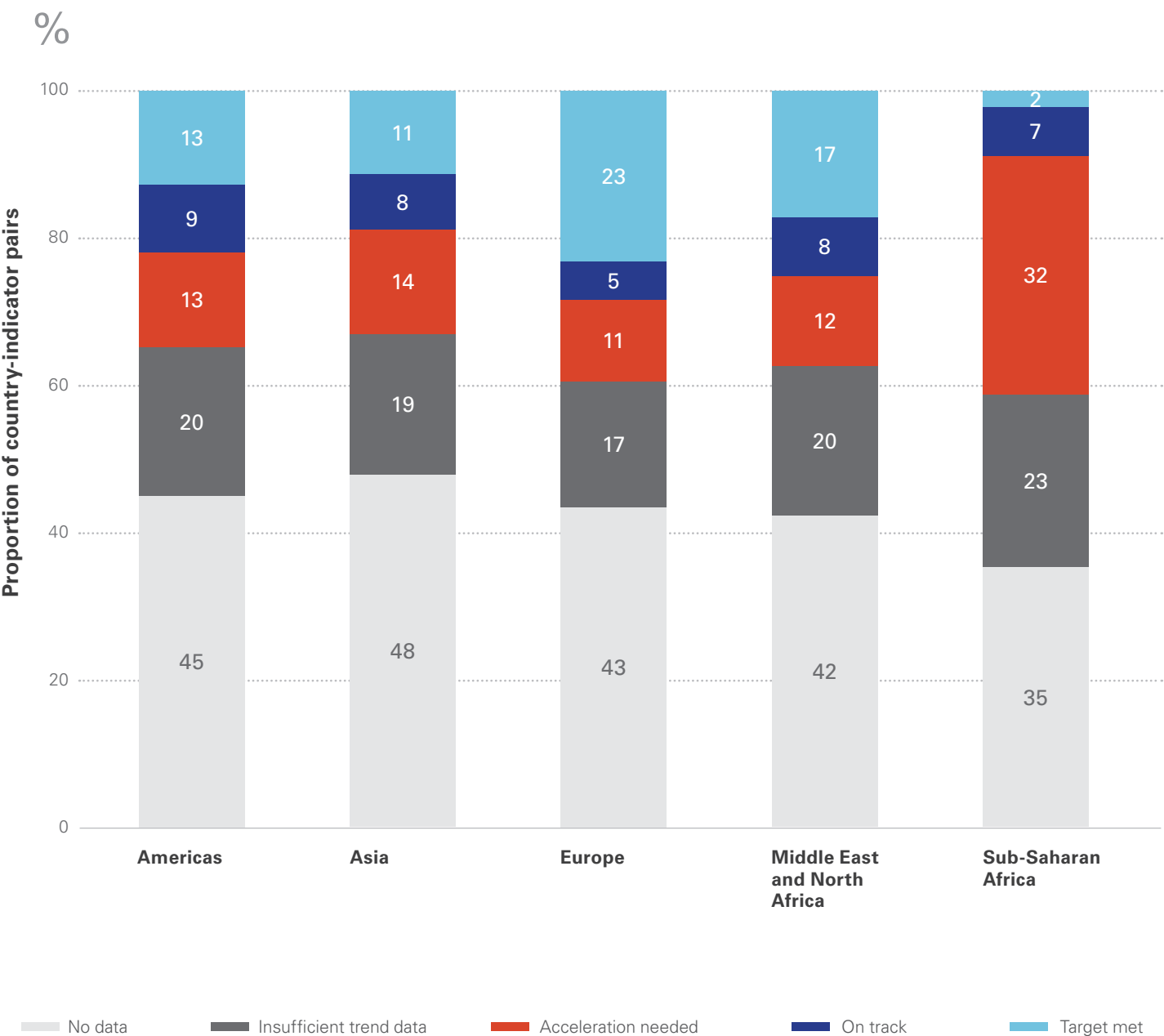


Note: A list of regional classifications can be found in the Methodology Note document at uni.cf/sdgreport.

Source: UNICEF analysis of global databases, 2017.

All regions have substantial gaps in data, but in sub-Saharan Africa, the need for faster progress against targets is also acute

Figure 6.5
Proportion of country-indicator pairs (39 indicators for each of 202 countries, amounting to 7,878 data points) plotted according to data availability and progress towards 2030 targets



Note: A list of regional classifications can be found in the Methodology Note document at <uni.cf/sdgreport>.
Source: UNICEF analysis of global databases, 2017.

To change the situation of children, count them

It is often said that the SDGs are “not business as usual,” but the step change necessary to embrace that concept has not materialized. For the vast majority of countries, their data are either not sufficient to measure progress or show inadequate progress. The agenda has not yet convincingly launched.

Not achieving the SDGs entails staggering human costs: the loss of 10 million children under 5 whose deaths could have been averted. At least 22 million children missing out on pre-primary education, an essential foundation for later success in school and beyond. Millions more left without the skills and knowledge to secure decent livelihoods. Rising numbers of adolescents infected with HIV. And more girls married as children, their chances of deciding the course of their own lives curtailed.

The human costs of not achieving the goals will be unequally distributed. A disproportionate toll will fall on sub-Saharan Africa’s children, and on the poorest children in countries around the world. Girls are set to suffer disproportionately from inadequate progress in reducing maternal mortality or eliminating child marriage.

These costs are only the ones we can enumerate. Without data, we cannot know the full costs, or work effectively to mitigate them. And the children who bear these costs, in the form of lives cut short, potential unfulfilled and rights denied, are left invisible. Making them visible – by measuring the indicators that tell us how far we have to go to achieve the targets, and thereby change children’s lives – can drive progress for every child, and translate the rhetoric of leaving no one behind into practice.

An agenda for action on data

There are no easy fixes to addressing the data deficiencies exposed in this report. Good data on children depend on strong national data institutions and capacity, which take time and investment to develop. But much can be done – and done now. Putting systems in place to generate the data required to track and enable progress will take sustained efforts and support across a number of areas.

The accountability to generate the data – and achieve the goals – is held by countries. But the international community has an obligation to work in partnership with national governments.

In Goal 17, the SDGs include a call for a revitalized global partnership for sustainable development – and working together to develop countries' statistical capacities is an essential part of that endeavour. Target 17.18 specifically calls for capacity-building support to developing countries "to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts."

We identify three principles that should underpin this effort and that will guide UNICEF's work over the next 12 years:

- **Data as the spine of system strengthening.** The effort to improve data collection and capacity is inseparable from the broader effort to build strong service delivery systems, whether in health or education, social services or border control. We will invest in long-term efforts to improve the quality, coverage and coordination of governments' administrative data systems that concern children.
- **Leave no country behind.** Global support to data monitoring and capacity resembles a messy patchwork. We will urge systematic and coordinated efforts to ensure all countries have minimum data coverage for children, irrespective of their resources and capabilities. This will require greater cooperation with industrialized economies to ensure reporting to custodian agencies, and investing in new data solutions in conflict- and disaster-affected areas, where reliance on regular surveys and routine data systems may not be feasible.
- **Shared norms, beginning with open data.** The monitoring framework of the SDGs represents a formidable exercise in agreeing on universal approaches to measurement, while still recognizing the value of local adaption for country ownership. The need for stronger shared norms on data remains great,

especially when it comes to children. We will advocate for common approaches to measuring emerging threats facing children, capturing missing child populations such as those in institutions or migrating, and to sharing data to enable vulnerable children to be more effectively identified, while protecting children's privacy.















To support countries in mainstreaming data on children and adolescents into national statistical systems and plans, UNICEF is already working to develop needed indicators and measurement tools, and support national capacities to monitor and use SDG indicators, especially the 17 indicators that UNICEF has a particular duty to support (*see Box 6.1*). This work is undertaken as part of the United Nations Development Group and the broader development community. The agenda is expansive, and only by working together can it be fulfilled.

BOX 6.1

UNICEF is accountable for key child-related indicators

The United Nations Statistical Commission has established the Inter-Agency Expert Group on SDG Indicators to oversee the development and implementation of a common set of indicators by all Member States. UNICEF and other United Nations agencies are committed to action under this group's leadership and that of the High Level Group on Capacity Building for SDG Monitoring.

The Inter-Agency Expert Group has designated 'custodians' that have responsibility to support methodological development, collection and validation of various sets of global indicators, along with helping to build capacities to collect those data. UNICEF is custodian for 9 indicators, joint custodian for 8 more, and a supporting agency for an additional 3. Jointly with co-custodians and other agencies, UNICEF is dedicated to investing efforts to build government systems and capacities in regard to these indicators.

 Survive + thrive	 2	Stunting	UNICEF, WHO	World Bank
		Wasting and overweight	UNICEF, WHO	World Bank
		Under-five mortality	UNICEF	WHO, UN Population Division, World Bank Group
	 3	Neonatal mortality	UNICEF	WHO, UN Population Division, World Bank Group
		Births attended by skilled health personnel	UNICEF	WHO, UNFPA
		Vaccination coverage	UNICEF, WHO	
		Population coverage of essential health services	WHO	UNICEF, UNFPA, UN Population Division
 Learning	 4	Children under five developmentally on track	UNICEF	UNESCO-UIS, OECD
		Participation in organized learning one year before primary	UNESCO-UIS	
	 5	Violence against girls/women 15+ by intimate partner	UNICEF, UN Women, UNFPA, WHO, UN Statistics Division	UNDP
		Violence against girls/women 15+ by someone other than intimate partner	UNICEF, UN Women, UNFPA, WHO, UN Statistics Division	
		Child Marriage	UNICEF	WHO, UNFPA, UN Women, UN Population Division
 Protection	 8	FGM/C	UNICEF	UNFPA, WHO
		Child labour	UNICEF, ILO	
	 16	Child victim of violence from caregivers	UNICEF	
		Sexual violence before age 18	UNICEF	UN Statistics Division, UNODC
		Birth registration	UNICEF	UN Statistics Division
 Environment	 6	Safely managed drinking water	UNICEF, WHO	UNEP
		Safely managed sanitation services	UNICEF, WHO	UNEP
 Fair chance	 1	Multi dimensional poverty	National governments	UNICEF, World Bank, UNDP
Overarching	 17	Census, birth and death registration	UN Stats	UNFPA, CRVS group (includes UNICEF), UN Population Division

Endnotes

1 For the complete set of goals, targets and indicators, see: United Nations, 'Sustainable Development Knowledge Platform', <<https://sustainabledevelopment.un.org/sdgs>>.

2 While the SDGs mandate that each country set its own localized targets, the analysis in this report focuses instead on global targets and the trajectory of individual countries and sub-national groups vis-à-vis these common benchmarks.

3 This approach reflects conclusions of the United Nations System Chief Executives Board for Coordination: "The Secretary-General thanked the members of the Board for committing to work together as a system to support the delivery of the 2030 Agenda. He stressed the urgency of translating that agreement into action by transcending existing silos, assuming shared responsibility and joint ownership for the Sustainable Development Goals and pursuing multi-stakeholder partnerships to meet the challenges and reap the benefits of the transformative agenda." (CEB 2015/2, 18 November 2015, para. 88).

4 These 44 indicators are not all official SDG indicators, but have been modified to focus on children, and to separate different topics. For example, SDG indicator 1.2.1 (Proportion of population living below the national poverty line, by sex and age) is adapted to "Proportion of children living below the national poverty line". In another modification, we split SDG indicator 2.2.2 concerning the proportion of children outside weight-for-height standards, into two indicators: one for under-weight, and one for over-weight (obesity).

5 The SDGs include an aspiration goal of "zero" for child deaths in conflict situations and child deaths due to natural disasters, but the international community has yet to specify a rate or ratio which will be used to measure progress. For the indicator "adolescent birth rate", there is no ideal rate to which the world should aspire. Estimates of the maternal mortality ratio are too uncertain to provide a satisfactory basis for projecting trends. Finally, malaria is prevalent in only a limited number of countries, so the global goal cannot be meaningfully translated into a common country-level benchmark.

6 This report does not have the capacity to examine progress towards reducing child deaths by homicide or in conflict situations, expanding access to essential health services, or ensuring that schools have WASH facilities.

7 United Nations Inter-agency Group for Child Mortality Estimation, 'Levels & Trends in Child Mortality: Report 2017', United Nations Children's Fund, New York, 2017, p. 4, available at <www.childmortality.org>.

8 Ibid., p. 6. See also: Fengqing Chao, et al., 'A Systematic Assessment of National and Regional Under-5 Mortality by Economic Status from Low- and Middle-Income Countries' (forthcoming).

9 Ibid., p. 7.

10 Human Reproduction Programme, 'Strategies toward Ending Preventable Maternal Mortality (EPMM)', World Health Organization, Geneva, 2015, available at <www.who.int/reproductivehealth/topics/maternal_perinatal/epmm/en>.

11 UNICEF analysis based on UNICEF Global Databases on Maternal Newborn and Child Health, 2017, <www.data.unicef.org>.

12 UNICEF analysis founded on Joint UNICEF-WHO database on skilled health personnel (2016), based on population-based national household survey data and routine health systems.

13 World Health Organization, et al., *Trends in Maternal Mortality: 1990 to 2015 – Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*, WHO, Geneva 2015, p. xi, available at <<https://data.unicef.org/topic/maternal-health/maternal-mortality>>.

14 DHS 2013.

15 World Health Organization, et al., *Trends in Maternal Mortality*, p. 8.

16 United Nations Population Fund, *Universal Access to Reproductive Health: Progress and challenges*, UNFPA, New York, January 2016, p. 44, available at <www.unfpa.org/publications/universal-access-reproductive-health-progress-and-challenges>.

17 Economic and Social Council, 'Progress towards the Sustainable Development Goals: Report of the Secretary-General', E/2017/66, United Nations, New York, 2017 p. 5, open PDF from <<https://undocs.org/en/E/2017/66>>; and World Health Organization, 'Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): Adolescent birth rate (15-19) per 1000 women in that age group', WHO, 2016, <<http://apps.who.int/gho/data/node.gswcah>>.

18 Plummer, Mary Louisa, et al., *Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to support country implementation*, World Health Organization, Geneva, 2017, p. 26, available at <www.who.int/maternal_child_adolescent/topics/adolescence/framework-accelerated-action/en>.

19 United Nations Children's Fund and Tulane University, 'Health Equity Report 2016: Analysis of reproductive, maternal, newborn, child and adolescent health inequities in Latin America and the Caribbean to inform policymaking' (summary report), UNICEF Latin America and Caribbean Regional Office, Panama, 2016, p. 29, open PDF from <www.unicef.org/lac/20160906_UNICEF_APR_HealthEquityReport_SUMMARY.pdf>.

20 World Health Organization, 'Immunization coverage: Fact sheet', WHO, July 2017, <www.who.int/mediacentre/factsheets/fs378/en>.

21 See, for example: International Vaccine Access Center, 'The Value of Investing in Vaccines', Johns Hopkins Bloomberg School of Public Health, Baltimore, Md., 2010, <www.jhsph.edu/research/centers-and-institutes/ivac/resources/vaccine-cost-effectiveness.html>.

22 WHO-UNICEF estimates of national immunization coverage, 2016; additional information obtained from United Nations Children's Fund, 'Current Status + Progress: Immunization', UNICEF, <<https://data.unicef.org/topic/child-health/immunization>>.

23 Nigeria MICS 2017, preliminary results.

24 Namibia DHS 2013.

25 Important data gaps that affect the accuracy of the estimates include breastfeeding rates and duration among women living with HIV by antiretroviral (ARV) status, ART adherence and retention, ART coverage by 5-year age group, fertility rates among key populations and female partners of key populations, and the degree and duration of any residual effect of ART among clients who drop out of care.

26 Note that the global estimates do not correspond with the addition of the UNICEF regional estimates presented in Figure 1.19, given that separate models are run for UNICEF regions, resulting in slight differences.

27 United Nations Children's Fund, *Is Every Child Counted? Status of data for children in the SDGs*, UNICEF, New York, March 2017, p. 44, available at <<https://data.unicef.org/resources/every-child-counted-status-data-children-sdgs>>.

28 'Universal participation' in organized learning is measured at 95 per cent or above; if a country's latest data point is equal to or above 95 per cent, it is categorized as 'target met'.

29 The global average of the adjusted net enrolment ratio for one year before the official entry age is only 67 per cent; see UIS, 'Global database', 2017, <<http://data.uis.unesco.org>>.

30 UNICEF's calculation based on PISA for lower secondary, and SACMEQ, LLECE and PASEC assessments for end of primary.

31 UNICEF global databases, 2017.

32 UNICEF global databases, 2017.

33 United Nations Children's Fund, *The State of the World's Children 2017: Children in a digital world*, UNICEF, New York, December 2017, p. X, open PDF from <www.unicef.org/publications/files/SOWC_2017_ENG_WEB.pdf>.

34 Only the Holy See has no estimates available for open defecation, basic drinking water and basic sanitation.

35 United Nations Children's Fund and World Bank Group, 'Ending Extreme Poverty: A focus on children' (briefing note), UNICEF and World Bank, October 2016, p. 2.

36 The MPI was chosen for this report due to high country coverage, consistency between regional methodologies, and the ability to track progress on poverty reduction over time. Other multidimensional indices are used to gauge child poverty at national and regional levels, and for advocacy purposes.

37 Alkire, Sabina, et al., 'Children's Multidimensional Poverty: Disaggregating the global MPI', OPHI Briefing, no. 46, Oxford Poverty and Human Development Initiative, May 2017, available at <www.ophi.org.uk/childrens-multidimensional-poverty-disaggregating-the-global-mpi>.

38 United Nations Children's Fund and World Bank Group, 'Ending Extreme Poverty: A focus on children' (briefing note), UNICEF and World Bank, October 2016, available at <www.unicef.org/publications/index_92826.html>.

