

MDG 6

COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

School attendance of orphans and non-orphans is close to parity in sub-Saharan Africa. Recent progress may indicate that programmes such as elimination of school fees and targeted educational assistance to orphans and other vulnerable children are working.



- In 2008, about 17.5 million children were estimated to have lost one or both parents to AIDS; 14.1 million of them lived in sub-Saharan Africa.

Paediatric HIV treatment

is reaching around 38 per cent of children in need of antiretroviral therapy, up from 10 per cent in 2005. But access to HIV treatment for children is still low in most high-prevalence countries where AIDS is the principal cause of child mortality.



- In low- and middle-income countries, only 45 per cent of the more than 1.4 million pregnant women living with HIV in 2008 received antiretroviral therapy for prevention of mother-to-child transmission of HIV (PMTCT).
- The proportion of infants born to HIV-infected mothers receiving antiretroviral therapy for PMTCT was even lower, at 32 per cent, although this was up from 12 per cent in 2005.

MDG 7

ENSURE ENVIRONMENTAL SUSTAINABILITY

Improved drinking water is reaching more people than ever, with global coverage rising from 77 per cent in 1990 to 87 per cent in 2008. But 16 per cent of the population in the developing world does not use improved drinking water, and 40 per cent of sub-Saharan Africa's population does not have access to this vital resource.



- Of the 884 million people who continue to lack access to safe water, 84 per cent live in rural areas. Marked intra-urban disparities also exist, with the urban poor having considerably less access to safe water than the richest urban dwellers.

Improved sanitation facilities are also being used by more people than ever, although the increase has been modest, from 54 per cent of the world's population in 1990 to 61 per cent in 2008. While rates of open defecation, the riskiest sanitation practice, declined over the period, it is still practised by 1.1 billion people, two thirds of whom live in South Asia.



- Equity remains elusive in this sector. Sanitation coverage in urban areas of the developing world is 70 per cent higher than in rural areas. Among regions, sub-Saharan Africa has made the least progress, with the richest five times more likely to use improved facilities than the poorest.

CHILD PROTECTION

Birth registration is not only a human right, it is also a vital component of child protection. While registration is almost universal in some countries, in others only a small proportion of children are registered.



- Only half of children under 5 years old in the developing world have their births registered.
- A child from the poorest 20 per cent of households is less likely to be registered, as is a child from certain ethnic groups.

Child marriage prevalence has decreased overall. While 48 per cent of women 45–49 years old were married before age 18, the proportion drops to 35 per cent for women 20–24 years old.



- About a third of women 20–24 years old in the developing world were married as children.
- The median age at first marriage of women from the richest households increased from 19.2 to 21.0 years.

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Achieving the MDGs with Equity: Progress for children, challenges and disparities

MDG 1

ERADICATE EXTREME POVERTY AND HUNGER

Underweight prevalence, which exacerbates the impact of disease in children under five, declined from 31 per cent to 26 per cent between 1990 and 2008, with some progress achieved in all regions.



- In developing countries, children in rural areas are twice as likely to be underweight as children in urban areas.
- In the developing world excluding China, underweight prevalence among under-fives from the poorest households is almost three times higher than among those from the richest households.

Stunting, or low height for age, is an indicator of chronic undernutrition and a problem of larger magnitude than underweight. It generally occurs before age 2 and its effects are largely irreversible.



- In the developing world, rural children are 50 per cent more likely to be stunted than urban children.
- The risk of stunting for children living in the poorest 20 per cent of households is twice as high as it is for those living in the richest 20 per cent.

Early initiation of breastfeeding, within one hour of birth, is experienced by 39 per cent of newborns in the developing world. Proper infant feeding practices are pivotal to reducing child mortality.



- In South Asia, children born in the richest households are more likely to be breastfed within one hour of birth than children in the poorest households.
- Exclusive breastfeeding rates are similar for girls and boys across the developing world.

Iodized salt, which safeguards young children against brain damage associated with iodine deficiency, is consumed by 72 per cent of households in the developing world.



- In 45 of 55 countries where background information was available, iodized salt is more likely to be consumed in urban areas than in rural areas.
- In more than half of the 50 countries with disparity data, the richest 20 per cent of households are more likely to consume adequately iodized salt than the poorest 20 per cent.

MDG 2 and MDG 3

ACHIEVE UNIVERSAL PRIMARY EDUCATION PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Primary school is attended by 84 per cent of the world's primary-school-aged children. But 100 million children remain out of school, mostly children living in sub-Saharan Africa and South Asia.



- In the richest 20 per cent of households, 90 per cent of children attend primary school, whereas in the poorest quintile, only 64 per cent of them do, according to estimates from 43 countries with available data.
- Whether they reside in rural or urban areas, or in the richest or poorest households, girls are still less likely than boys to attend primary school, although gender gaps have narrowed sharply in recent years.

Secondary school enrolment among children of secondary school age stands at just 56 per cent worldwide.



- Compared with those that have made gains in reducing gender gaps in primary schooling, far fewer countries have achieved gender parity in secondary education.
- The largest gender gaps in secondary school level are in South Asia, where girls are disadvantaged, and in Latin America and the Caribbean, where boys are markedly more likely to be out of school.

MDG 4

REDUCE CHILD MORTALITY

The global under-five mortality rate declined by 28 per cent between 1990 and 2008, lowering the annual number of child deaths from 12.5 million to 8.8 million. Despite these gains, disparities in child survival among regions widened, particularly between sub-Saharan Africa and all others.



- In developing countries, the under-five mortality rate for children from the poorest quintile of households is twice as high as it is for children from the richest, and 1.5 times higher for rural children than for urban children.

Immunization saves the lives of approximately 2.5 million under-fives each year. But some 24 million infants, nearly a third of whom live in Africa, still do not receive routine immunization as measured by DPT3 coverage.



- In West and Central Africa and South Asia, the two regions for which disaggregated immunization data are available, coverage is lowest among children from the poorest households and in rural areas.
- The poorest countries are largely missing out on new vaccines. Only 5 of 43 low-income countries with available data have introduced both pneumococcal and rotavirus vaccines, compared to 42 of 53 high-income countries.

MDG 5

IMPROVE MATERNAL HEALTH

Maternal mortality has seen some progress in recent decades, but the rate of decline is still slow. Moreover, for every death, approximately 20 women suffer from injury, infection, disease or disability as a result of complications arising from pregnancy or childbirth. Most maternal deaths can be prevented if births are attended by skilled health personnel – doctors, nurses, midwives or auxiliary midwives.



Maternity services have improved across the developing world since 1990; by 2008, almost 80 per cent of women received at least one antenatal care visit during pregnancy, and nearly two thirds of births are attended by skilled health professionals.



- Despite these advances, fewer than half of births in South Asia and sub-Saharan Africa are attended by skilled health personnel. In some countries in these regions, fewer than half of births occur in a health facility.
- Disparities in the coverage of maternity services are pronounced. Women living in the richest households are three times more likely to receive skilled professional care at delivery than women in the poorest households, and almost twice as likely to receive at least one antenatal care visit during pregnancy.

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HIV prevalence is falling, but still an estimated 33.4 million people worldwide were living with HIV in 2008. Of these, 4.9 million were young people 15–24 years old, and 2.1 million were children under 15. The vast majority of HIV infections still occur in sub-Saharan Africa.



- Girls and young women are especially vulnerable to HIV infection. Worldwide, more than 60 per cent of all young people living with HIV are young women.

Comprehensive, correct knowledge of HIV and AIDS, essential for halting the spread of the epidemic, is possessed by only 31 per cent of young men and 19 per cent of young women aged 15–24 years old.



- In sub-Saharan Africa, youth of both sexes living in rural areas are less likely to have such knowledge than those living in urban areas.

Condom use remains low in most developing countries, averaging less than half among young men aged 15–24 years old and one third among young women.

- In all regions there are marked disparities by gender, income and geographic location in condom use during higher-risk sex (defined as sex with a non-marital, non-cohabitating sexual partner).