In Africa, mortality rates among children under five decreased by 45 per cent between 1990 and 2012, but still half of the world’s 6.6 million under-five deaths occur in Africa.

Pneumonia, malaria and diarrhoea account for 40% of all under-five deaths in Africa.

At least 1 in 3 children under five in Africa were stunted in 2011.

In 2012, there were an estimated 2.9 million children under 15 years living with HIV in Sub-Saharan Africa.

Over half of the world’s out-of-school children (33 million) live in Africa.

The population in Africa with access to an improved drinking source more than doubled from 1990 to 2012.

There has been major progress in the last decade in the use of insecticide-treated nets among children.

Key Statistics

The child population in Africa is burgeoning; by 2050, 1 in every 3 children under 18 will be African

By 2050, 1 in every 3 births and almost 1 in every 3 children under 18 will be African

Between 2010 and 2025, the child population of sub-Saharan Africa will rise by 130 million.

From around 2030, sub-Saharan Africa will be the single region with the greatest number of children under 18.

Key facts:

- Stunting, or being too short for one’s age, is linked with irreversible long term consequences; it diminishes chances of succeeding in school and of living healthy and productive lives.

- Africa is the only region with nearly negligible changes in the percentage (%) of stunted children since 1990.

- While other regions have halved the number of stunted children, Africa has increased by one third (due both to population growth and minimal progress in reduction of the percentage of stunted children).

- There are stark disparities between the richest and poorest in most AU sub-regions.

Exclusive breastfeeding

- 14.3 million newborns in the African Union were exclusively breastfed in 2012
- 24.3 million newborns in the African Union were not exclusively breastfed in 2012

Non-exclusively breastfed infants could be at a substantially greater risk of death from diarrhoea than exclusively breastfed infants.

Rapid progress in exclusive breastfeeding is possible and needs to be prioritized.

Recent advances in 7 African countries show that rapid progress in exclusive breastfeeding is possible

Trends in the percentage of infants 0-5 months old that are exclusively breastfed, in well-performing countries, 2005-2012 (%)

An estimated 2.9 million children under 15 years were living with HIV in Sub-Saharan Africa as of 2012; about 10 per cent of which were newly infected, mainly through mother-to-child transmission of HIV.

**Key facts:**
- Although progress has been made in Africa to increase the prevention of mother to child transmission (PMTCT) of HIV and increasing pediatric anti-retroviral therapy (ART) coverage, much more progress is needed.
- In 2012, around 230,000 children were newly infected with HIV in Sub-Saharan Africa.
- Across Africa, about 3% of all under-five deaths are caused by HIV/AIDS, and in Southern Africa, an estimated 11% of under-five deaths are attributed to HIV/AIDS.
- Although some progress has been made, ARV coverage for PMTCT varied from 30% in Western Africa to 81% in Southern Africa in 2012.

**Major progress during the last decade in the use of Insecticide Treated Nets (ITNs) among children**
- During the last decade, the proportion of children sleeping under ITNs in sub-Saharan Africa increased from less than 5 per cent to over a third.
- In Madagascar and the United Republic of Tanzania, coverage increased from less than 3 per cent to over 70 per cent.
- Mass campaigns for distribution of ITNs are used to ensure that everyone is reached.

**Malaria case management in endemic countries**
- The use of Rapid Diagnostic Tests (RDT) to confirm malaria infection before starting treatment is still low.
- In most endemic countries, less than 50 per cent of febrile children under-five who receive anti-malarials are treated with artemisinin-based combination therapy (ACT), the recommended first line antimalarial drug.


Source: UNICEF global databases 2014, based on DHS, MICS, and other national surveys
Child marriage, birth registration and Female Genital Mutilation/Cutting (FGM/C)

Nearly four in ten young women in Africa were married or in union before age 18

Percentage of women aged 20-24 years who were first married or in union before ages 15 and 18, by region, 2005-2012 (%)

- Central Africa: 12%
- Southern Africa: 9%
- Western Africa: 16%
- Eastern Africa: 10%
- Northern Africa: 2%
- World (excluding China): 11%

Countries with high levels of child marriage tend to have high levels of early childbearing

Percentage of women aged 20-24 who were first married or in union by age 18, and who gave birth by age 18, in African countries with available data, 2005-2012 (%)

- Married or in union by age 15
- Married or in union between ages 15 and 18

FGM/C is concentrated in a swath of countries from the Atlantic Coast to the Horn of Africa

Percentage of girls and women aged 15-49 years who have undergone FGM/C, by regions within countries

- More than 125 million girls and women alive today have undergone some form of FGM/C in 29 countries across Africa and the Middle East.
- Another 30 million girls are at risk of being cut in the next decade.
- In most countries where FGM/C is practiced, the majority of women and men think it should end.

Levels of birth registration vary widely across Africa, from a low of 3 per cent in Somalia to a high of 99 per cent in Algeria, Tunisia and Egypt

Percentage of children under age five whose births are registered; by region, and highest and lowest countries, 2005-2012 (%)

Source for all charts: UNICEF global databases 2014, based on DHS, MICS, other national surveys, censuses and vital registration systems
In Africa, boys are more likely to be enrolled in primary school than girls

Gender parity index of primary enrolment, girls as a percentage of boys, African countries, 2008-2012

Key facts:
- Over half of the world’s out-of-school children (33 million) live in Africa.
- Girls are more likely to be out of school than boys.
- Children with disabilities are over-represented in the out-of-school population.
- Progress in reducing the out-of-school children population has slowed down since 2005.
- Many children fail to complete a full primary education and fail to master basic literacy and numeracy skills.

Progress in primary enrolment has stagnated in recent years

Primary school adjusted net enrolment rate (%) and out-of-school population of primary school age (millions) in Africa by sex, 2000-2011

Only twelve African countries are near achieving universal primary education

Net enrolment/attendance rate, 2007-2012

Even if they progress through the grades, many primary school children do not acquire basic knowledge and skills

Percent of cohort who reach grade 4 and achieve a minimal education level

Note: The definition of minimum learning levels differs between the two surveys, the Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) and the Programme of Analysis of Education Systems of the CONFEMEN (PASEC) and thus the results are not comparable.

Source: EFA Global Monitoring Report 2012
All regions in Africa have experienced marked declines in under-five mortality since 1990. In Africa, mortality rates among children under five (U5MR) have decreased by 45 per cent from 162 deaths per 1,000 live births in 1990 to 90 in 2012, but still half of the world’s 6.6 million under-five deaths occur in Africa.

Under-five mortality rate by country (deaths per 1,000 live births) and number of under five deaths by sub-region, 2012

Pneumonia, malaria and diarrhoea account for 40% of all under-five deaths in Africa

Despite declining rates, neonatal deaths are growing as a share of under-five deaths, amid faster progress in reducing mortality in the post-neonatal period.

Globally, almost half of all under-five deaths are attributable to malnutrition

Source: UNICEF analysis based on IGME 2013 and WHO & CHERG 2014
Drinking Water and Sanitation in Africa

The population with access to an improved drinking water source in Africa more than doubled, from 351 million in 1990 to 746 million in 2012.

In Africa only 39% of the population uses an improved sanitation facility; the population without access grew by 239 million despite 214 million people gaining access since 1990.

Key facts:
- Drinking water coverage in Africa increased from 56% in 1990 to 69% in 2012.
- This rate of progress is not sufficient to meet the continent's MDG drinking water target of 78% by 2015.
- Just over a quarter (27%) of the African population enjoys the convenience and associated health benefits of a piped drinking water supply on premises.
- The population without access to an improved drinking water source increased from 279 million in 1990 to 389 million in 2010, and then decreased to 338 million in 2012.

Open defecation rates in Eastern Africa declined most from 45% in 1990 to 27% in 2012.
- Western and Central Africa made the least progress on sanitation.
- In Southern Africa 18% of the population still practices open defecation.
- Malawi, Angola, Ethiopia and Benin registered declines in open defecation rates of 25 percentage points or more since 1990. Sierra Leone, Sudan and Tanzania registered an increase in open defecation rates (see below).

Africa has the highest number of maternal deaths, despite steady declines since 1990

• Globally, the maternal mortality ratio (MMR) declined from 380 maternal deaths per 100,000 live births in 1990 to 210 in 2013
• In sub-Saharan Africa the MMR was 510 per 100,000 live births in 2013, a 48% decline from 990 in 1990.
• Sub-Saharan Africa accounted for 62 per cent of all maternal deaths in the world in 2013, largely due to limited access to emergency obstetric care and insufficient maternal care during pregnancy and delivery.

Maternal Health in Africa

Improvement in maternal health outcomes requires key interventions:

• A minimum of four visits for antenatal care in order to ensure the well-being of the mother and the baby.
• Assistance from skilled health personnel at delivery.
• Improved access to emergency obstetric care
• Expanded access to information, counseling and supplies for a wide range of contraceptive methods.
• Antiretroviral therapy to all pregnant women who need it.

Antenatal care during pregnancy with skilled health personnel is essential to ensure both mother and baby’s well-being

Antenatal care: Women aged 15-49 attended at least once during pregnancy by skilled health personnel (doctor, nurse or midwife), 1990-2012 (%)

Skilled delivery care coverage is higher in urban than in rural areas

Skilled attendance at birth: Births attended by skilled health personnel (doctor, nurse or midwife), African regions by area of residence, 2008-2012 (%)

Nearly half of babies in Africa are born without assistance from skilled health personnel

Skilled attendance at birth: Births attended by skilled health personnel (doctor, nurse or midwife), 2006-2012 (%)

Source for all charts: UNICEF global databases 2014, based on DHS, MICS, and other national surveys

Note: Data coverage was insufficient to calculate regional estimates for Central Africa.