The MDGs are the most successful global anti-poverty initiative in history. They stand for a world of prosperity, equity, freedom, dignity and peace – as embodied in the Millennium Declaration. This publication presents an assessment of progress towards the MDG targets using a selection of child and maternal related MDG indicators. It highlights remaining challenges and lists key interventions that are indispensable to contribute to a post-2015 world fit for all children.

The insert to this publication contains UNICEF’s guiding principles to contribute to the new development agenda and a list of key issues relevant to children for consideration by the international development community for inclusion under the post-2015 development agenda.

MDG Update: Accelerate Progress for Children
Towards a Post-2015 development agenda for all children
Eradicate Extreme Poverty and Hunger

Target 1C
Indicator
Progress

- Halve, between 1990 and 2015, the proportion of people who suffer from hunger
- Prevalence of underweight children under-five years of age
- Underweight prevalence has declined from 25% in 1990 to 15% in 2012
- 99 million children under-five years of age remain underweight, 162 million are stunted
- Stunting is associated with a weakened immune response and impaired cognitive development among young children - the effects of the latter are irreversible

Chronic undernutrition is highest in sub-Saharan Africa and South Asia

Percentage of children under age five who are moderately or severely stunted, 2008-2012¹

Sustainable development starts with safe, healthy and well-nourished children

Chronic undernutrition is declining but still one in four children were stunted

Stunting prevalence, by MDG region, 1990 & 2012²

Key interventions to prevent child under nutrition include:

- Improve women’s nutrition
- Practice early and exclusive breastfeeding
- Provide timely, safe, appropriate and high-quality complementary food
- Appropriate micronutrient interventions
- Reduce the incidence of infectious diseases, such as diarrhoea, pneumonia, and malaria
- Improve access to safe drinking water and sanitation, stop open defecation and improve overall household hygiene

¹Source: UNICEF global databases 2013, based on DHS, MICS, and other national surveys.

THE CONTINUING AGENDA FOR CHILDREN
Achieve Universal Primary Education

**Target 2A** Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

**Indicator**
- Net enrolment ratio in primary education
- Survival rate to the last grade of primary education

**Progress**
- Primary net enrolment ratio (adjusted) increased from 85% in 2000 to 91% in 2011
- Only three out of four children who start primary school actually finish it

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**Progress has slowed since 2004, making the goal of universal primary education difficult to achieve**

Number of primary school age children out-of-school, by region, 2000-2011

<table>
<thead>
<tr>
<th>Region</th>
<th>2000</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>South &amp; West Asia</td>
<td>37.8 million</td>
<td>12.4 million</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>40.6 million</td>
<td>29.8 million</td>
</tr>
<tr>
<td>Rest of the world</td>
<td>23.5 million</td>
<td>14.9 million</td>
</tr>
<tr>
<td>Total</td>
<td>102 million</td>
<td>57 million</td>
</tr>
</tbody>
</table>

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**Four out of ten children fail to reach minimum learning levels**

Estimates of minimum learning levels among primary school age children

- 400 million attend school and achieve minimum level of learning
- 120 million will not reach grade 4
- 130 million attend school but fail to achieve a minimum level of learning

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**THE CONTINUING AGENDA FOR CHILDREN**

How to ensure that all boys and girls go to school and receive a quality education?

- Expand early learning opportunities to increase children’s school readiness
- Address specific needs of the most disadvantaged children (e.g., poor, rural, and children with disabilities), especially girls
- Promote child-friendly education for quality enhancement and improved learning outcomes
- Provide alternative delivery mechanisms for those who dropped out or have never been to school
- Ensure safe and protective access to quality education in humanitarian emergencies

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©Source: UNESCO Institute for Statistics Fact Sheet, June 2013, No. 23.
©Source: UNESCO EFA-GMR, 2012
Promote Gender Equality

**Target 3A** Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

**Indicator** Ratios of girls to boys in primary, secondary and tertiary education

**Progress**
- The MDG target for primary education has been achieved
- In most regions fewer girls are enrolled in secondary school than boys

### Gender parity in primary education has been achieved

**Primary, secondary and tertiary school gross enrolment rates by sex and region, 2011 (%)**

<table>
<thead>
<tr>
<th>Region</th>
<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Asia &amp; the Pacific</td>
<td>98.3</td>
<td>91.6</td>
<td>55.2</td>
</tr>
<tr>
<td>Latin America &amp; Caribbean</td>
<td>97.8</td>
<td>93.8</td>
<td>49.5</td>
</tr>
<tr>
<td>South &amp; West Asia</td>
<td>98.6</td>
<td>91.9</td>
<td>49.2</td>
</tr>
<tr>
<td>North America &amp; Western Europe</td>
<td>98.4</td>
<td>92.4</td>
<td>44.4</td>
</tr>
<tr>
<td>Central &amp; Eastern Europe</td>
<td>98.3</td>
<td>92.1</td>
<td>50.5</td>
</tr>
<tr>
<td>Central Asia</td>
<td>98.2</td>
<td>92.3</td>
<td>50.5</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>97.9</td>
<td>92.2</td>
<td>49.2</td>
</tr>
<tr>
<td>Arab States</td>
<td>98.2</td>
<td>92.3</td>
<td>50.5</td>
</tr>
</tbody>
</table>

**World**
- **Male**: 98.0%
- **Female**: 97.9%

**Average rate of male and female out-of-school children of primary school age, by area of residence and wealth quintiles, 57 countries.**

<table>
<thead>
<tr>
<th>Wealth Quintile</th>
<th>Urban</th>
<th>Rural</th>
<th>Poorest</th>
<th>Second</th>
<th>Middle</th>
<th>Fourth</th>
<th>Richest</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Female</strong></td>
<td>13</td>
<td>24</td>
<td>32</td>
<td>25</td>
<td>20</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td>12</td>
<td>23</td>
<td>30</td>
<td>23</td>
<td>19</td>
<td>14</td>
<td>8</td>
</tr>
</tbody>
</table>

**Investing in children, especially girls, yields high and long-lasting returns for families, societies and future generations.**

### More primary school age girls are out-of-school than boys

**Average rate of male and female out-of-school children of primary school age, by area of residence and wealth quintiles, 57 countries.**

**Key interventions to reduce gender disparities in education include:**
- Increase demand for education through community-based interventions
- Create inclusive gender-responsive learning environment through child-friendly education
- Tackle multiple drivers of out-of-school children (e.g., gender, poverty and geography) through innovative approaches
- Address gender disparity in access, progression and learning outcomes

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*Source: UNESCO Institute for Statistics (UIS), 2011*

*Source: UNESCO Institute for Statistics Fact Sheet, June 2013, No.25.*
Reduce Child Mortality

Target 4A
Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Indicator
- Under-five mortality rate and infant mortality rate
- Proportion of 1-year old children immunized against measles

Progress
- Under-five deaths have declined from 12.6 million in 1990 to 6.6 million in 2012
- About 44 percent of the under-five deaths occur within the first 28 days of life
- Global under-five mortality dropped from 90 deaths per 1,000 live births to 48 in 2012

Under-five mortality declined but falls short of the two-thirds reduction required to achieve the MDG target

Under-five mortality rate (per 1,000 live births), by region, 1990 and 2012

Diseases of poverty like pneumonia, diarrhoea and malaria accounted for a third of under-five deaths in 2012

Key interventions to reduce child mortality include:
- Focus on the poorest, most marginalized and most-vulnerable
- Ensure clean and safe delivery practices
- Improve ante-natal care
- Reduce deaths from preventable diseases of poverty: pneumonia, diarrhoea, and malaria
- Encourage exclusive breastfeeding
- Immunize children against measles and other diseases
- Eliminate open defecation
- Promote washing hands with water and soap
- Let children sleep under insecticide treated bednets

The rate of decline in under-five mortality has accelerated significantly in the last decade

The continuing agenda for children

Global, almost half of the under-five deaths are attributable to malnutrition

Regions with the largest number of maternal deaths have highest levels of births NOT attended by skilled health personnel

<table>
<thead>
<tr>
<th>Region</th>
<th>Maternal deaths, 2010 (in 1,000s)</th>
<th>% of births NOT attended by skilled health personnel, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>162</td>
<td>52</td>
</tr>
<tr>
<td>Southern Asia</td>
<td>83</td>
<td>50</td>
</tr>
<tr>
<td>South-Eastern Asia</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>8.8</td>
<td>10</td>
</tr>
<tr>
<td>Eastern Asia</td>
<td>6.4</td>
<td>1</td>
</tr>
<tr>
<td>Western Asia</td>
<td>3.5</td>
<td>26</td>
</tr>
<tr>
<td>Northern Africa</td>
<td>2.8</td>
<td>18</td>
</tr>
<tr>
<td>Caucasus and Central Asia</td>
<td>0.8</td>
<td>3</td>
</tr>
</tbody>
</table>

Making pregnancies wanted and childbirths safe prevents maternal deaths and saves children’s lives

Key maternal and reproductive health interventions include:

- Increase assistance from skilled health personnel at delivery with proper supplies and equipment
- Improve access to emergency obstetric care
- Ensure a minimum of four visits with quality antenatal care
- Expand access to information, counseling and supplies for a wide range of contraceptive methods
- Lower birth rates among adolescents

*Excluding China

Source for both graphs: UNICEF Global databases, 2013 Based on MICS and DHS household surveys and other national sources
The continuing agenda for children

Key interventions to reduce HIV/AIDS and malaria include:

- Increase antiretroviral coverage for treatment and the prevention of mother-to-child transmission of HIV
- Scale up high impact HIV prevention, treatment and care in adolescents including key populations
- Provide protection, care and support for children and families affected by HIV and AIDS
- Ensure that children and pregnant women sleep under a ITN
- Expand the use of artemisinin-based combination therapy
- Expand rapid diagnostic testing before commencing malaria treatment

We now have the knowledge and the means to make an AIDS-free generation a reality

In 2011, an estimated 4.6 million young people 15-24 were living with HIV; 64% were girls and 78% were in sub-Saharan Africa

Over half of the households in sub-Saharan Africa own an ITN but only 37% of children under-five sleep under one

Target 6A
Indicator: HIV prevalence among population aged 15-24 years
Progress:
- Globally, new HIV infections dropped by 21% to 2.5 million between 2001 and 2011
- Access to antiretrovirals for adults has increased to 59%, but only to 28% for children in 2011
- Since 2005, AIDS-related mortality declined from 2.3 million to 1.7 million, but adolescent AIDS deaths increased

Target 6C
Indicator: Incidence and death rates associated with malaria
Progress:
- In 2012, more than a third of children sleep under an ITN, up from less than 5% in 2000
Ensure Environmental Sustainability

Target 7C  Halve by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation

Indicator  
- Proportion of the population using an improved drinking water source
- Proportion of the population using an improved sanitation facility

Progress  
- The proportion of population without drinking water declined from 24% in 1990 to 11% in 2011
- The proportion of population without sanitation declined from 51% in 1990 to 36% in 2011

The drinking water target will be surpassed by >150 million people; the sanitation target will likely be missed by more than 600 million

Population without an improved drinking water source and improved sanitation facility, current and MDG trends, 1990-2015

Open defecation rates declined in all regions, but still over 1 billion people continue the practice

Open defecation rates, 1990 and 2011

UNICEF is a global leader on statistics for children

UNICEF as a global leader in statistics for children is proud to continue to provide the global development community with the latest statistics on children and women, many of which appear every year in the United National Secretary General’s Report on the MDGs. We reaffirm our commitment to work with governments in strengthening the collection and analysis of the evidence that allows for the monitoring of progress towards global development goals which has made such a measurable difference in children’s lives across the world.

THE CONTINUING AGENDA FOR CHILDREN

A post-2015 vision for water and sanitation:

- No one practices open defecation
- Everyone has water, sanitation and hygiene at home
- All schools and health centres have water, sanitation and hygiene
- Water, sanitation and hygiene are sustainable and inequalities in access have been progressively eliminated
- Water supply, sanitation and hygiene services are resilient to disasters