

General note on the data

The data presented in the following statistical tables are accompanied by definitions, sources and explanations of symbols. Data from the responsible United Nations organization have been used wherever possible. Where such internationally standardized estimates do not exist, the tables draw on other sources, particularly data received from the appropriate UNICEF field office. Wherever possible, only comprehensive or representative national data have been used. More detailed information on methodology and sources of the data presented are available at <www.childinfo.org>.

Data quality is likely to be adversely affected for countries that have recently suffered from human-caused or natural disasters. This is particularly true where basic country infrastructure has been fragmented or major population movements have occurred.

Several of the indicators, such as the data for life expectancy, total fertility rates and crude birth and death rates, are part of the regular work on estimates and projections undertaken by the United Nations Population Division. These and other internationally produced estimates are revised periodically, which explains why some data will differ from earlier UNICEF publications.

Mortality estimates

Each year, UNICEF includes in *The State of the World's Children* mortality estimates, such as the infant mortality rate, under-five mortality rate, under-five deaths and, beginning this year, neonatal mortality rate, for at least two reference years. These figures represent the best estimates available at the time the report is produced and are based on the work of the Interagency Group for Mortality Estimation, which includes UNICEF, the World Health Organization, the World Bank and the UN Population Division. This Group updates these estimates every year, undertaking a detailed review of all newly available data points. At times, this review will result in adjustments to previously reported estimates. Therefore, estimates published in consecutive editions of *The State of the World's Children* may not be comparable and should not be used for analyzing mortality trends over time. It is important to note that comparable under-five mortality estimates for the period 1970 to present are available for all countries at <www.childinfo.org>, and that this time series is based on the most recent estimates produced by the Interagency Group for Mortality Estimation.

Revisions

Several statistical tables have been revised this year.

Table 1. Basic Indicators: A new indicator – neonatal mortality rate – has been added to the Basic Indicators table. Estimates for this indicator are presented for the year 2000.

Table 3. Health: There are three major changes in this year's child health indicators.

- *Improved drinking water and adequate sanitation:* Data have been updated to include the latest estimates from the World Health Organization/UNICEF Joint Monitoring Programme on Water Supply and Sanitation, which now refer to the year 2004.
- *Immunization:* Coverage estimates, specifically for hepatitis B (HepB) and *Haemophilus influenzae* type b (Hib), are now also presented for countries where these vaccines have been dispensed in only parts of the country (such as India). In previous reports, no values were provided for countries with only partial coverage from these vaccines.
- *Suspected pneumonia:* The term 'suspected pneumonia' is employed in place of 'acute respiratory infections (ARI)', which was used in previous editions. However, the data collection methodology has not changed, and estimates presented in previous reports are comparable to those in this year's edition. The change in terminology was initially proposed and supported at an inter-agency meeting in 2004.

The term 'suspected pneumonia' is a more accurate description of the data collected, as these data refer to children under five with cough and fast or difficult breathing, which are the key symptoms of pneumonia. 'Acute respiratory infections' is a more general term and refers to infections of either the upper or lower respiratory tract. Pneumonia is a severe infection of the lungs that accounts for a significant proportion of the ARI disease burden.

Table 4. HIV/AIDS: Estimates of adults, children and women living with HIV have changed due to revisions by the Joint United Nations Programme on HIV/AIDS (UNAIDS) to the estimates of HIV prevalence. These revisions are based on better and more precise information newly available from countries on the number of infections. UNAIDS also adjusted its reporting on the estimated

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number of adults infected with HIV from 15–49 to 15+. This was done to reflect the increasing number of older adults who are infected.

The changes in HIV prevalence, and to some extent changes in adult mortality estimates from the UN Population Division, have also affected the estimates of the numbers of orphans due to AIDS and to all causes. In addition, there have been changes to the organization of Table 4 in this year's report. The columns have been reordered to reflect the priorities of the global campaign *Unite for Children. Unite against AIDS*, which focuses on prevention of mother-to-child transmission of HIV, prevention among young people, paediatric HIV, and protection and support for children affected by AIDS (the 'Four Ps'). An additional indicator was included in the table that reports HIV prevalence among young people (aged 15–24). Finally, the 'comprehensive knowledge of HIV' indicator was changed to exclude two components previously included.

Multiple Indicator Cluster Surveys (MICS)

UNICEF supports countries in collecting statistically robust and internationally comparable data through the Multiple Indicator Cluster Surveys (MICS). MICS are a major data source for monitoring important international goals and targets, such as the Millennium Development Goals, 'A World Fit for Children' Plan of Action, the UN General Assembly Special Session on HIV/AIDS targets and the Abuja targets for malaria. Around 50 countries conducted MICS in 2005–2006. However, while these surveys were conducted in 2005–2006, the results were not available in time for inclusion in this edition of *The State of the World's Children*. These data will be included in the next edition, and will also be published at <www.childinfo.org>.

Explanation of symbols

Because the aim of these statistical tables is to provide a broad picture of the situation of children and women worldwide, detailed data qualifications and footnotes are seen as more appropriate for inclusion elsewhere. The following symbols are common across all tables; symbols specific to a particular table are included in the table footnotes.

- Data are not available.
- x Data refer to years or periods other than those specified in the column heading, differ from the standard definition, or refer to only part of a country. Such data are not included in the regional averages or totals.
- y Data differ from the standard definition or refer to only part of a country but are included in the calculation of regional and global averages.
- * Data refer to the most recent year available during the period specified in the column heading.
- ‡ Due to the cession in June 2006 of Montenegro from the State Union of Serbia and Montenegro and its subsequent admission to the UN on 28 June 2006, disaggregated data for Montenegro and Serbia as separate States are not yet available. Aggregated data presented are for Serbia and Montenegro pre-cession.
- § Includes territories within each country category or regional group. Countries and territories in each country category or regional group are listed on page 136.