

CHILDREN IN AFRICA

Key statistics on child survival, protection and development

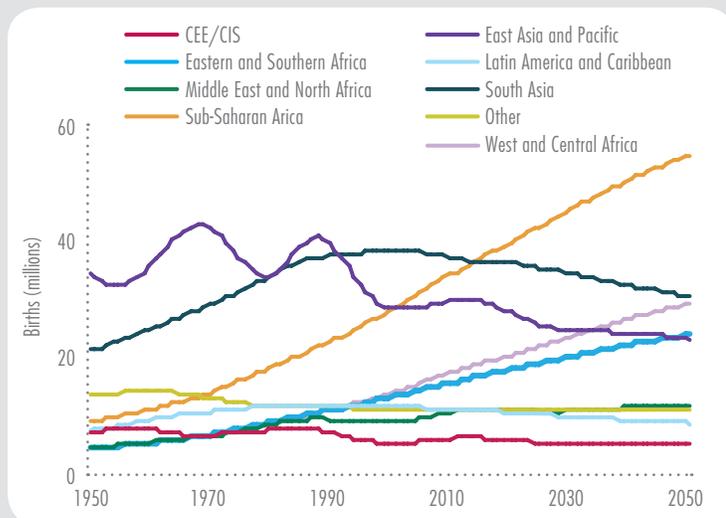


KEY STATISTICS

- In Africa, mortality rates among children under five decreased by 54 per cent between 1990 and 2015, but still half of the world's 5.9 million under-five deaths occur in Africa.
- Pneumonia, malaria and diarrhoea account for 36% of all under-five deaths in Africa.
- Africa has the highest rate of stunting among under-fives; it is also the region with slowest progress in reducing stunting since 1990.
- In 2014, there were an estimated 2.3 million children under 15 years living with HIV in 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 2015.
- There has been major progress in the last decade in the use of insecticide-treated nets among children.

The child population in Africa is burgeoning; by 2050, more than 1 in 3 children in the world will live in sub-Saharan Africa

Number of births, by UNICEF region, 1950-2050



- From 2015 onwards, sub-Saharan Africa is the region with the highest number of births, and this trend will persist for the rest of the century.
- By mid-century sub-Saharan Africa will account for 38 per cent of all births.
- Between 2015 and 2030 the number of children under 18 in sub-Saharan Africa will rise from 496 million to 661 million. From 2026 onwards sub-Saharan Africa will be the single region with the greatest number of children under 18.

Source: UNICEF analysis based on the United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects: The 2015 Revision, United Nations, New York, 2015

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Division of Data, Research and Policy
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Find the latest statistics on children
in Africa at the UNICEF Statistics
website: data.unicef.org



Notes: (1) Maps in this brochure are stylized and not to scale. They do not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined. (2) Regional aggregates are calculated according to the regional classification of the African Union, unless otherwise noted.

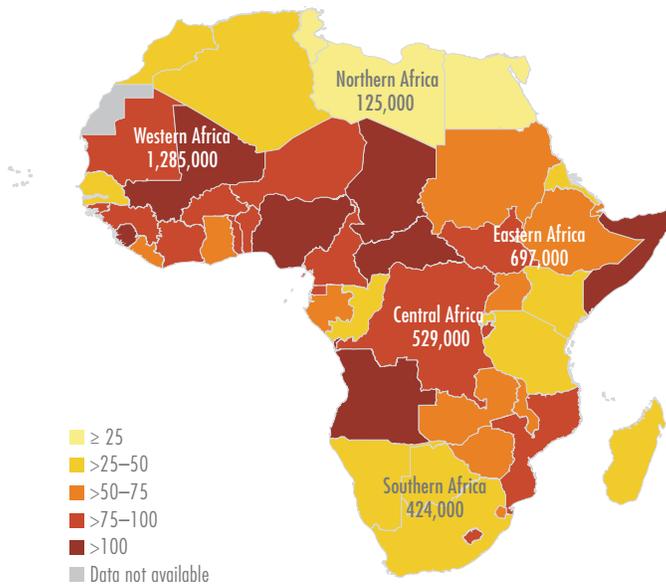
CHILD MORTALITY IN AFRICA

KEY FACT

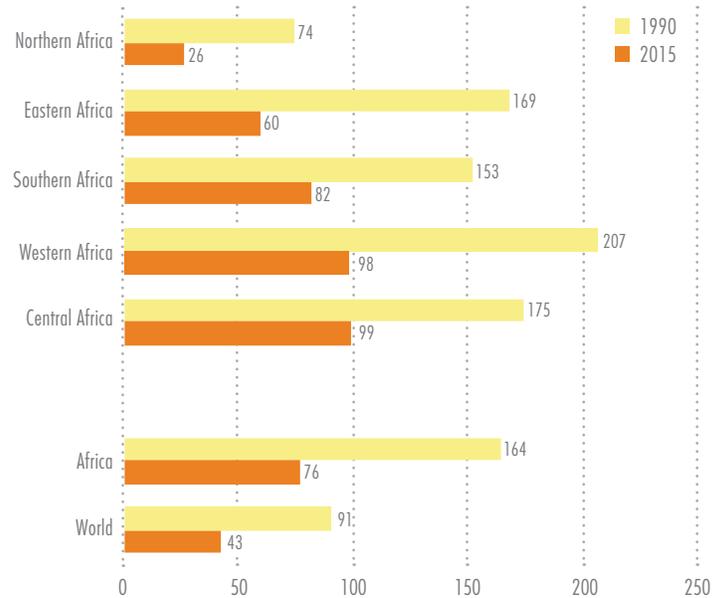
In Africa, mortality rates among children under five (U5MR) have decreased by 54 per cent from 164 deaths per 1,000 live births in 1990 to 76 in 2015, but still half of the world's 5.9 million under-five deaths occur in Africa.

All regions in Africa have experienced marked declines in under-five mortality since 1990

Under-five mortality rate by country (deaths per 1,000 live births) and number of under five deaths by sub-region, 2015

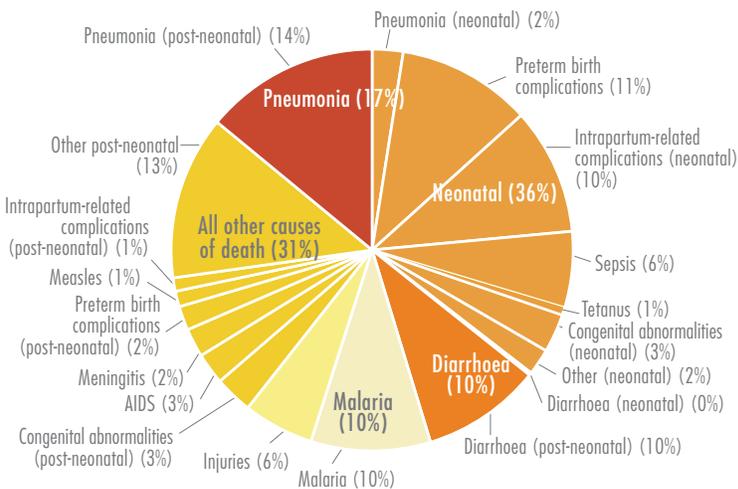


Under-five mortality rate, 1990-2015



Pneumonia, malaria and diarrhoea account for 36% of all under-five deaths in Africa

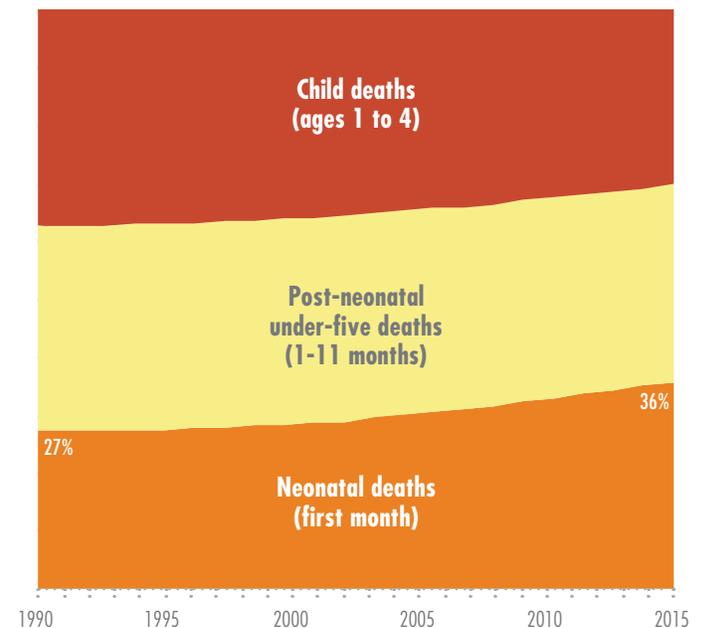
Distribution of under-five deaths in Africa by cause, 2015



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

Despite declining rates, neonatal deaths are growing as a share of under-five deaths, amid faster progress in reducing mortality from 1 to 59 months

Age distribution of under-five deaths, Africa, 1990-2015



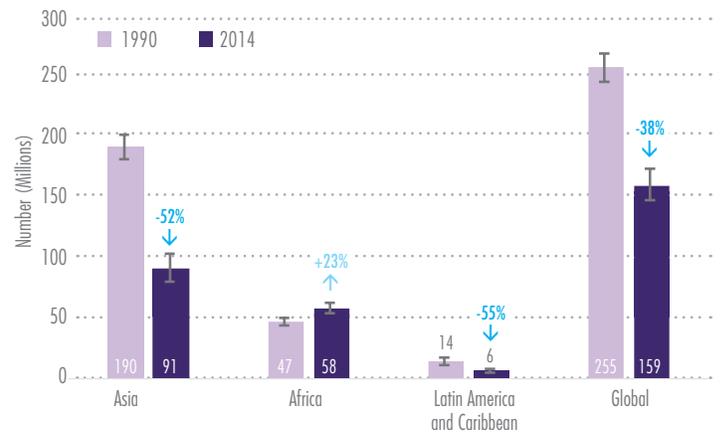
CHILD NUTRITION IN AFRICA

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 very little change in the percentage (%) of stunted children since 1990.
- There are stark disparities between the richest and poorest in most sub-regions.
- Less than two-fifths of 0-5 month olds in Africa are exclusively breastfed; but rapid progress is possible as evidenced in many countries.

In Africa, the number of stunted children is rising

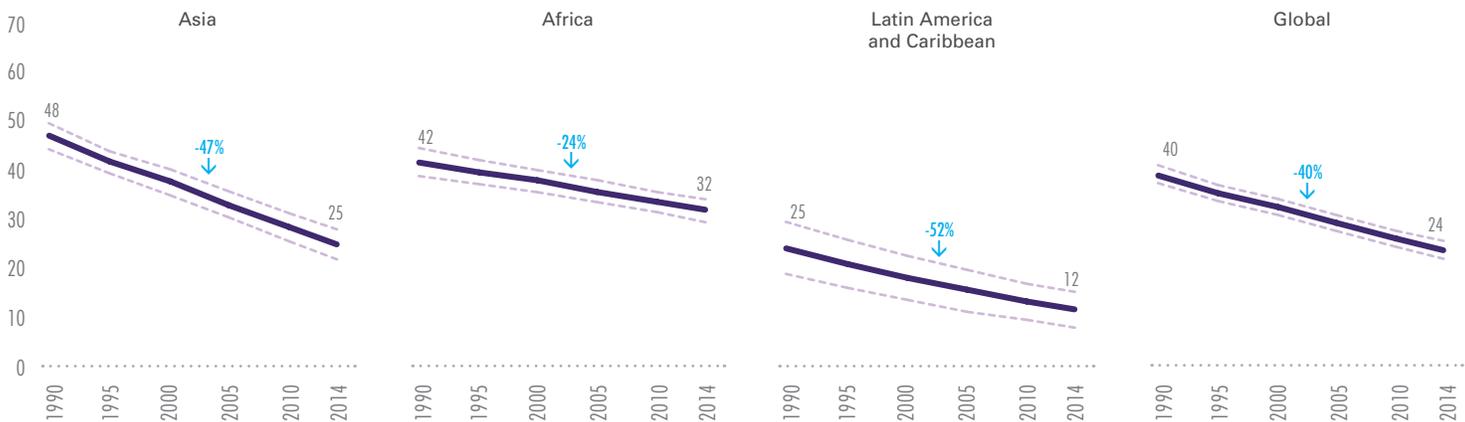
Number of children under 5 stunted, by United Nations region, 1990 and 2014



Source: UNICEF, WHO, World Bank Group joint malnutrition estimates 2015 edition.

Africa has seen slow progress in reducing stunting

Percentage of children under 5 stunted, by United Nations region, 1990 – 2014



Source: UNICEF, WHO, World Bank Group joint malnutrition estimates 2015 edition.

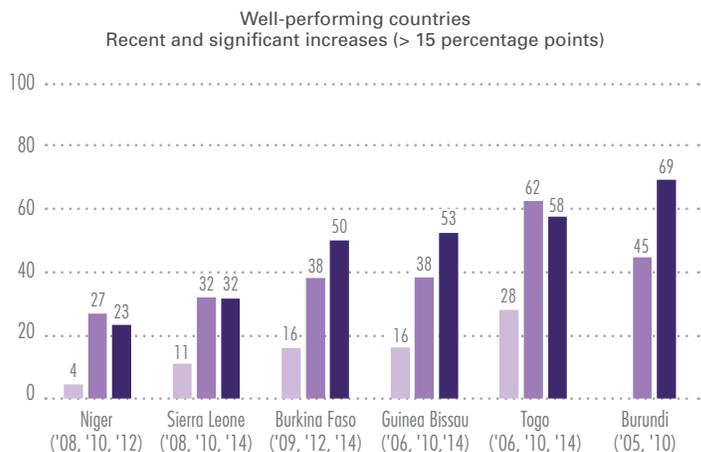
Stunting rates are on average nearly twice as high among the poorest

Percentage of children under age five stunted (moderate and severe), by wealth quintile, 2009-2013*



Recent advances in 6 African countries show that rapid progress in exclusive breastfeeding is possible

Percentage of infants 0-5 months who are exclusively breastfed, 2005-2012



Source for bottom charts: UNICEF global databases 2015, based on DHS, MICS, and other national surveys; UNICEF, WHO, World Bank Group Joint Malnutrition Estimates, 2015 Edition.
Note: *Some exceptions for earlier data years were made to ensure adequate population coverage for all sub-regions.

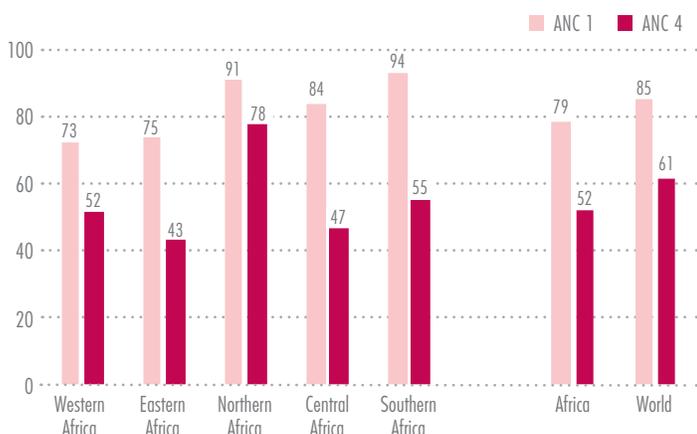
MATERNAL HEALTH IN AFRICA

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

- Globally, the maternal mortality ratio (MMR) declined from 385 maternal deaths per 100,000 live births in 1990 to 216 in 2015
- In sub-Saharan Africa the MMR was 546 per 100,000 live births in 2015, a 45% decline from 987 in 1990.
- Sub-Saharan Africa accounted for 201,000 maternal deaths in 2015, 66 per cent of the global total, largely due to limited access to emergency obstetric care and insufficient maternal care during pregnancy and delivery.

Most pregnant women access skilled antenatal care at least once, but only about half receive the recommended minimum of four antenatal care visits

Antenatal care: Percentage of women aged 15-49 years attended at least once during pregnancy by skilled health personnel (doctor, nurse or midwife), and percentage attended by any provider at least four times 2010-2015*



Note: The World estimate for ANC 4 excludes China, for which comparable data are not available.

IMPROVEMENT IN MATERNAL HEALTH OUTCOMES REQUIRES KEY INTERVENTIONS:

- A minimum of four visits for quality antenatal care in order to ensure the well-being of the mother and the baby
- Quality intra- and post-partum care with skilled health personnel
- 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
- In malaria endemic countries, provision of intermittent preventive treatment of malaria and ITNs to all pregnant women during antenatal visits

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

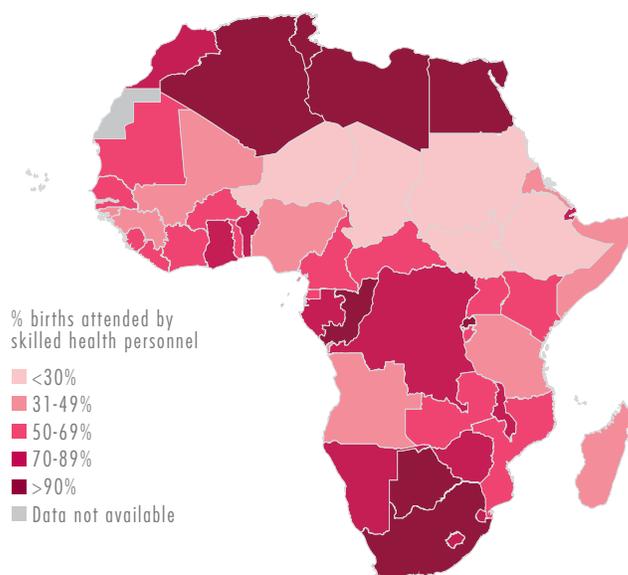
Skilled attendance at birth: Percentage of births attended by skilled health personnel by area of residence, 2010-2015*



Source for all charts: UNICEF global databases 2015, based on DHS, MICS, and other national surveys.

About half of all births in Africa are assisted by skilled health personnel

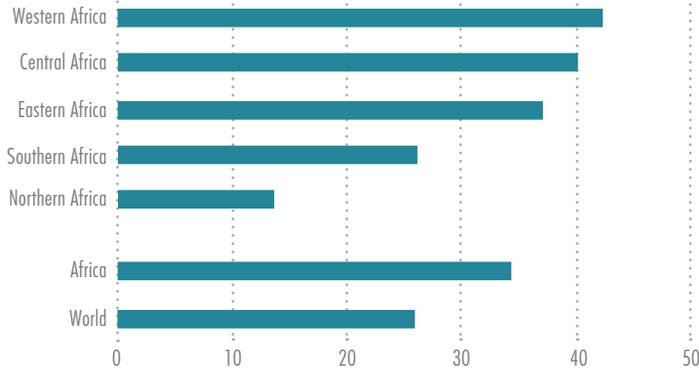
Skilled attendance at birth: Percentage of births attended by skilled health personnel, 2010-2015



CHILD MARRIAGE, BIRTH REGISTRATION AND FEMALE GENITAL MUTILATION/CUTTING (FGM/C) IN AFRICA

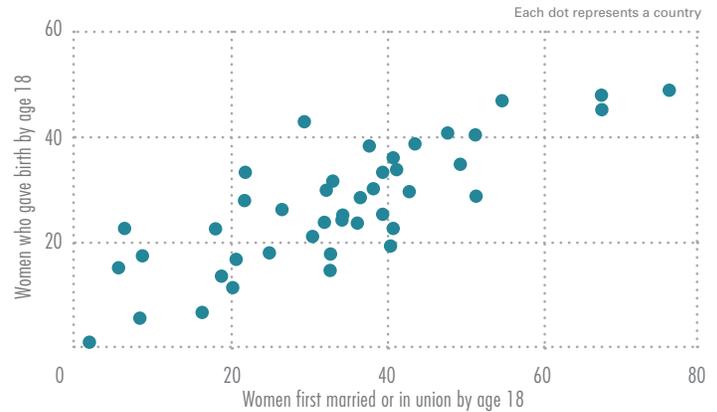
A third of young women in Africa were married or in union before age 18

Percentage of women aged 20-24 years who were first married or in union before age 18, 2003-2014



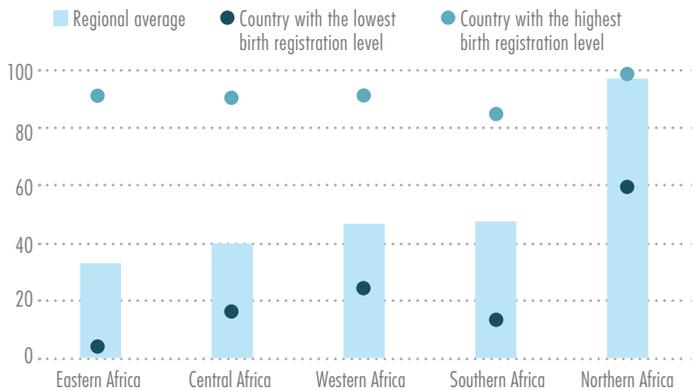
Countries with high levels of child marriage tend to have high levels of early childbearing

Percentage of women aged 20-24 years who were first married or in union before age 18, and who gave birth before age 18, African countries, 2005-2013

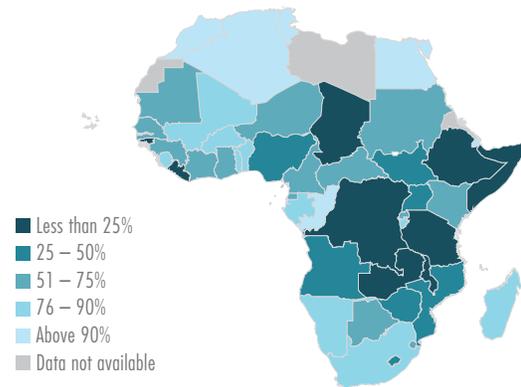


Levels of birth registration vary widely across the different regions of Africa but also between countries within the same region

Percentage of children under age five whose births are registered, and countries with the highest and lowest levels, 2005-2013

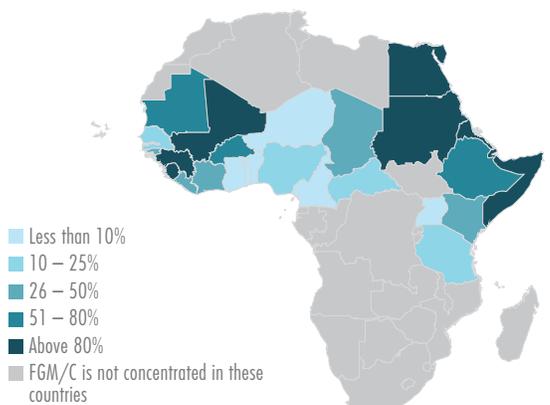


Percentage of children under age five whose births are registered, 2005-2014



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, 2004-2014



- In half of the countries, the majority of girls underwent FGM/C before age 5. In the rest of the countries, most cutting occurs between ages 5 and 14.
- In most countries where FGM/C is concentrated, the majority of women and men think it should end.
- In nearly all countries where the practice is concentrated, traditional practitioners perform most of the procedures.

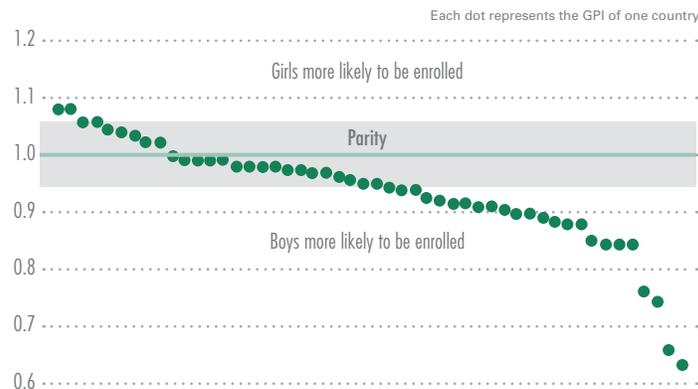
EDUCATION IN AFRICA

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.
- The majority of African countries have not achieved universal primary education.
- Progress in reducing the out-of-school children population has slowed down since 2007.
- Many children fail to complete a full primary education and fail to master basic literacy and numeracy skills.

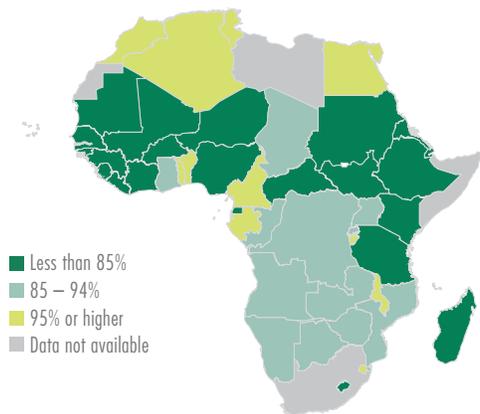
In Africa, boys are more likely to be enrolled in primary school than girls

Gender parity index of primary enrolment, girls as a percentage of boys, African countries, 2009-2012



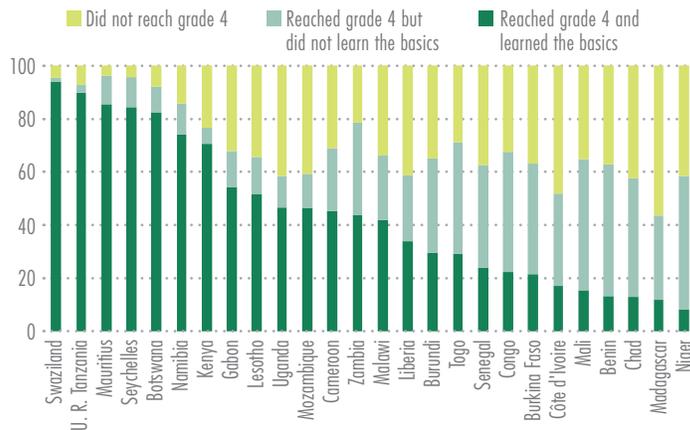
Only fifteen African countries are near achieving universal primary education

Net enrolment/attendance rate, 2009-2014



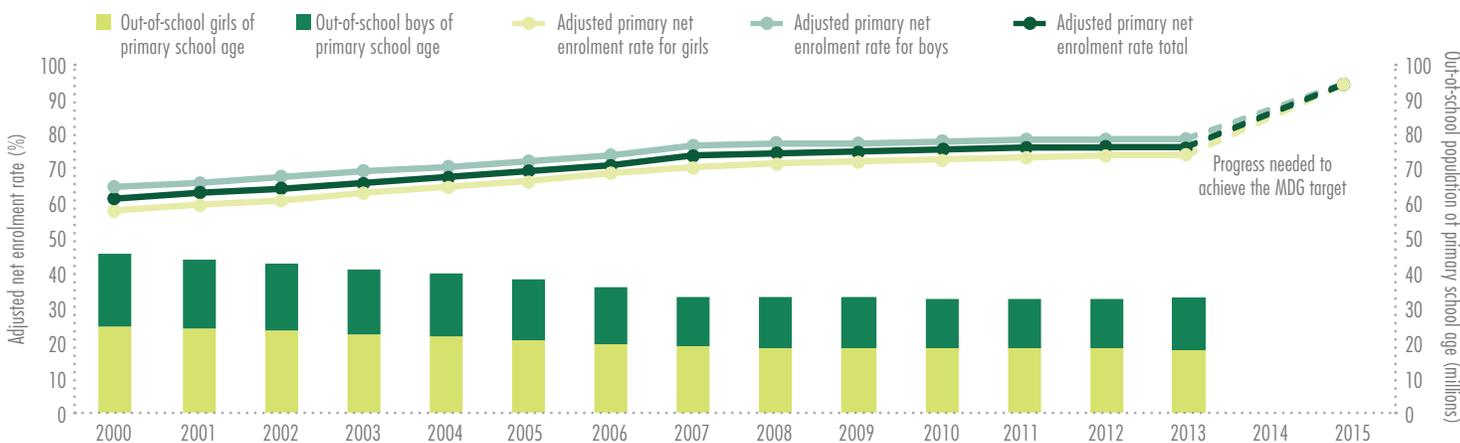
Many African countries face the double challenge of non-completion and low learning performance

Percentage of cohort who reached grade 4 and achieved a minimal level of learning in reading, 2004-2012



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, 2000-2013



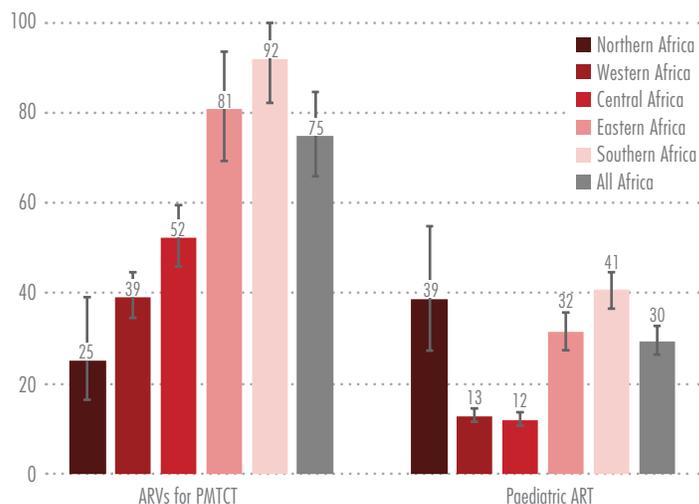
HIV/AIDS AND MALARIA IN AFRICA

KEY FACTS

- Although progress has been made in Africa to increase the prevention of mother to child transmission (PMTCT) of HIV and increasing paediatric anti-retroviral therapy (ART) coverage, much more progress is needed.
- In 2014, around 190,000 children were newly infected with HIV in Africa.
- Across sub-Saharan Africa, about 3% of all under-five deaths are caused by AIDS, and in some Southern African countries, over 10% of under-five deaths are attributed to AIDS.
- Although some progress has been made across all regions of Africa, coverage of ARVs for PMTCT varied significantly, ranging from 25% [17-40%] in Northern Africa to 92% [82->95%] in Southern Africa

An estimated 2.3 million children under 15 years were living with HIV in Africa as of 2014; nearly 10 per cent of which were newly infected, mainly through mother-to-child transmission of HIV

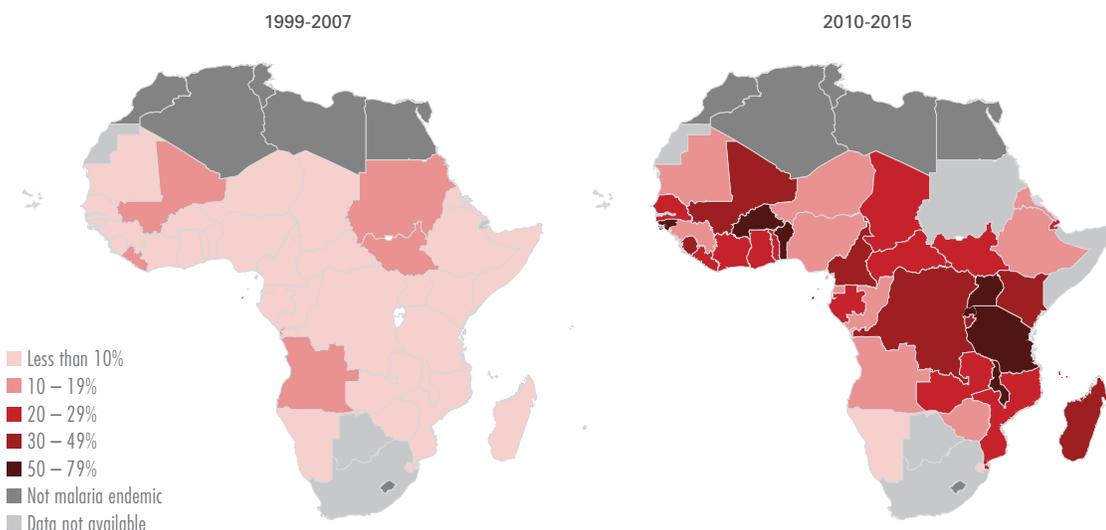
Percentage of pregnant women living with HIV receiving most effective ARVs for PMTCT and percentage of children aged 0-14 years living with HIV receiving ART, 2014



Note: ART coverage is based on the estimated unrounded number of all children living with HIV receiving ART. UNAIDS recommends using the denominator of all children living with HIV and not just those eligible for ART based on 2013 WHO eligibility HIV treatment criteria.
Source: UNAIDS, UNICEF, WHO 2015 Global AIDS Response Progress Reporting; UNAIDS 2014 HIV and AIDS estimates, July 2015.

Major progress during the last decade in the use of Insecticide Treated Nets (ITNs) among children

Percentage of children under age five sleeping under ITNs in Africa, 1999-2007 and 2010-2015



- The estimated proportion of children sleeping under ITNs in sub-Saharan Africa increased from less than 2 per cent in 2000 to 68 per cent in 2015.
- Mass campaigns for distribution of ITNs are used to ensure that everyone is reached.

Malaria case management in endemic countries

- Use of diagnostic tests to confirm malaria before starting antimalarial treatment is 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 2015, based on DHS, MICS, and other national surveys

DRINKING WATER AND SANITATION IN AFRICA

The population with access to an improved drinking water source in Africa more than doubled, from 347 million in 1990 to 834 million in 2015

Improved drinking water coverage, African countries, 2015 (%)



ND = No data

KEY FACTS

- Drinking water coverage in Africa increased from 55% in 1990 to 72% in 2015.
- The rate of progress was not sufficient to meet the continent's MDG drinking water target of 78%.
- Just over a quarter (26%) 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 283 million in 1990 to 332 million in 2015.

In Africa only 39% of the population uses an improved sanitation facility; the population without access grew by 292 million despite 245 million people gaining access since 1990

Sanitation coverage trends in Africa, by sub-region (bars) and by area of residence (area), 1990-2015



Source for all charts: WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP)

KEY FACTS

- Open defecation rates in Eastern Africa declined most from 45% in 1990 to 20% in 2015.
- Western and Central Africa made the least progress on sanitation.
- In Southern Africa 18% of the population still practices open defecation.
- Angola, Benin, Ethiopia, Guinea, Malawi and Morocco registered declines in open defecation rates of 25 percentage points or more since 1990. Djibouti, Nigeria, Sierra Leone and Tanzania registered an increase in open defecation rates.