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The Urban Disadvantage

STATE OF THE WORLD'S MOTHERS 2015

Contents

Note: The focus of this report is on the hidden and often neglected plight of the urban poor. For the purpose of this analysis, the "urban poor" are defined as the bottom quintile (i.e., the poorest 20 percent of urban households). The "urban rich," in contrast, are the top quintile (i.e., the richest 20 percent). The "urban survival gap" is a key metric used throughout. For this report, it refers to relative (not absolute) inequity in child survival chances and is given by the ratio between these two groups (i.e., the under-5 mortality rate (U5MR) for the urban poorest is divided by the U5MR for the urban richest). A relative difference of 2.0, for example, means the poorest urban children are twice as likely as the richest urban children to die before reaching age 5.

When interpreting these data it is important to note that sub-national estimates are subject to uncertainty. Observed gaps, especially where small, may be an artifact of the data rather than an indicator of genuine difference between groups. For this reason, the city and country data included in the report are imperfect but valuable measures of health equity. The data suggest where gaps may be great and call attention to the need for further investigation of health care challenges faced by the urban poor. For details, see Methodology and Research Notes.

Some names of mothers and children have been changed to protect identities.

On the cover
Fatmara lost a baby a few years ago after giving birth on the floor of her shack in Freetown, Sierra Leone. She recently delivered a healthy baby at a clinic opened by Save the Children in the Susan's Bay slum.
Photo by Alfonso Daniels.

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The Urban Disadvantage

In commemoration of Mother's Day, Save the Children is publishing its 16th annual *State of the World's Mothers* report with a special focus on our rapidly urbanizing world and the poorest mothers and children who must struggle to survive despite overall urban progress.

Every day, 17,000 children die before reaching their fifth birthday. Increasingly, these preventable deaths are occurring in city slums, where overcrowding and poor sanitation exist alongside skyscrapers and shopping malls. Lifesaving health care may be only a stone's throw away, but the poorest mothers and children often cannot get the care they need.

This report presents the latest and most extensive analysis to date of health disparities between rich and poor in cities. It finds that in most developing countries, the poorest urban children are at least twice as likely to die as the richest urban children. In some countries, they are 3 to 5 – or even more – times as likely to die.

The annual *Mothers' Index* uses the latest data on women's health, children's health, educational attainment, economic well-being and female political participation to rank 179 countries and show where mothers and children fare best and where they face the greatest hardships.

Manila, Philippines

Foreword

When I was growing up in Hong Kong in the 1950s, 30 percent of the world's population lived in cities. Today, for the first time in history, more than half of humanity lives in an urban setting. Most people flourish under the amenities of modern life: economic and cultural opportunities, a secure food supply, reliable utilities and transportation, and access to social services, including health care. But many others flounder. WHO estimates that nearly a billion people live in urban slums, shantytowns, on sidewalks, under bridges, or along the railroad tracks. Life under these circumstances is chaotic and dangerous, and communities often lack even the most basic legal recognition needed to seek essential services.

As this year's report on the *State of the World's Mothers* shows, one of the worst places in the world to be a mother is in an urban slum. Poverty, and the social exclusion that goes with it, leave the urban poor trapped in overcrowded, makeshift or decrepit housing, with few opportunities to stay clean or safe on a daily basis. Diets are poor. Diseases are rife. Pregnancies occur too early in life and too often. Good health care, especially preventive care, is rare. In most cases, the publicly funded health services that reach the urban poor are under-staffed and ill-equipped. Forced reliance on pricey and unregulated care by private, and sometimes public, practitioners deepens poverty even further.

These are the women and children left behind by this century's spectacular socioeconomic advances. Far too often, even the simplest and most affordable health-promoting and lifesaving interventions – like immunizations, vitamin supplements, safe drinking water, and prenatal check-ups – fail to reach them. Their plight is largely invisible. Average statistics for health indicators in cities conceal the vast suffering in slums and other pockets of poverty in rich and poor countries alike.

State of the World's Mothers 2015 puts these unmet health needs under the spotlight. The data set out in the report are sometimes shocking and often counter-intuitive. Vast health inequalities are pervasive. In the developing world, young children from the poorest urban households are roughly twice as likely to die as children from the wealthiest households. The fact that death rates of mothers and children in urban slums may exceed those in rural areas will come as a surprise to many.

The report is issued at an opportune time as the international community transitions to a new development agenda. The Millennium Development Goals have unquestionably been good for public health. The annual number of young child deaths, stuck at more than 10 million for decades, has fallen by half since 1990. And at least 17,000 fewer children are dying every day. Deaths associated with pregnancy and childbirth have also been cut by 45 percent. As thinking about the post-2015 development agenda has matured, strong emphasis is being given to the importance of making equity and social inclusion explicit policy objectives. I hear this from my Member States every time the post-2015 agenda is discussed.

As so often happens in public health, when one stubborn problem begins to recede, it reveals another problem hidden beneath it. For example, as deaths in young children began to fall, newborn deaths emerged as a huge and neglected problem accounting for 44 percent of all deaths of children under age 5. This report likewise profiles a problem that stands out more prominently in the midst of so many areas of success. As underscored by the report, giving greater attention to the health needs of the urban poor – the mothers and children left behind – is essential to move towards universal health coverage, reducing one of the most glaring gaps in health outcomes, and one of the most tragic.

Dr. Margaret Chan
Director-General, World Health Organization

Introduction

Sometimes reality hits you when you least expect it.

About 20 years ago, I was on a family trip in Asia with my husband and two young children, my 6-month-old son in my arms. As we waited at a bustling city intersection, I looked out of the car window and saw a young woman with her baby, begging in the street. Yes, I had seen such mothers before, but this time the enormous inequities between my world and hers struck me as never before. Here was a mother, just like me, except for the fact that we were born into vastly different worlds. By mere circumstance of birth, I had grown up with all the advantages of modern life, as would my children, while this mother and her child struggled to survive one day to the next. My husband and I began to talk, and not long afterward I left the corporate realm to work for Save the Children.

At Save the Children, we do whatever it takes in some of the world's toughest places to ensure that mothers and children survive and thrive. Increasingly, our work is taking us into urban settings, where very poor, vulnerable mothers and children are dying at rates well above city or national averages. In most countries, the poorest urban children are at least twice as likely to die as the richest children before their fifth birthday. We call this *the urban disadvantage*.

Our 16th annual *State of the World's Mothers* report explores the urban disadvantage in rich and poor cities around the world. Among our most important findings:

- The world, especially the developing world, is becoming urbanized at a breathtaking pace. Virtually all future population growth in developing countries is expected to happen in cities, resulting in a greater share of child deaths taking place in urban areas.

- In developing countries, the urban poor are often as bad as, or worse off than, the average rural family, and for many rural families, moving to the city may result in more – rather than less – hardship.

- Few countries have invested sufficiently in the infrastructure and systems, including water and sanitation, which are critical to addressing the basic health needs of the urban poor. More countries need to adopt universal health care as a national policy to help address the unmet needs of the urban poor.

There is no simple solution to creating more equitable cities, but a number of cities cited in the report – such as Addis Ababa in Ethiopia and Manila in the Philippines – have been successful in addressing the health needs of the poorest families, and these examples could serve as models for other cities to follow.

Save the Children is proud to have contributed to these successes. We are working in urban settings to improve care for pregnant mothers and newborns and provide improved nutrition, education and sanitation. We also partner with local and national governments to create policies and strategies that make it easier for the poorest urban families to get essential services. We leverage the unique advantages cities have to offer – technology, highly skilled partners and existing services that just need to be made more accessible. The tragedy is that so many more could be saved, if only more resources were available to ensure these lifesaving programs reach all those who need them, especially the world's children – and their mothers.

When I think back on the mother and child I saw begging in the street so long ago, I recall the many mothers I have met since then. These are mothers who will do just about anything to keep their children healthy, well-nourished, safe and educated, so their children can grow up to become productive, engaged citizens.

Sooner or later, you will see a mother and a child begging in the street of some major city, as I did. Please don't look away. It's time for all of us to work to set things right – to reverse the urban disadvantage, once and for all.

Carolyn Miles
President and CEO of Save the Children

Dhaka, Bangladesh

Executive Summary: Key Findings and Recommendations

Increasing numbers of mothers are rasing their children in urban areas. Over half the world's population now lives in cities and a growing proportion of child deaths occur in these areas.[1] While cities are home to the wealthiest and healthiest people in a country, they are also home to some of the poorest and most marginalized families on earth.

In much of the world, the odds of children surviving to celebrate their fifth birthday have improved considerably in recent years. Today, 17,000 fewer children die every day than in 1990 and the global under-5 mortality rate has been cut nearly in half, from 90 to 46 deaths per 1,000 live births, between 1990 and 2013. But beneath remarkable improvements in national averages, inequality is worsening in far too many places. Some groups of children are falling behind their more fortunate peers, and these disparities tend to be more pronounced in cities.

Earlier this year, Save the Children's *Lottery of Birth* report called attention to those children who have been left behind and demonstrated how a more equitable path is needed in order to accelerate progress in reducing global and national under-5 deaths. *State of the World's Mothers 2015* focuses on one vulnerable group of children that urgently needs more attention – those living in urban poverty. It also focuses on the people who feel the loss of a child most keenly and who have tremendous potential to make a positive difference in children's lives – their mothers.

This report presents a first-ever global assessment of health disparities between rich and poor in cities. It analyzes data for dozens of cities in developing countries and 25 cities in industrialized countries to see where child health and survival gaps are largest and where they are smallest. It also looks at progress over time to see where gaps have narrowed and where they have grown wider. While preventable deaths of young children are tragic, unacceptable and reason enough to focus more attention on health care for the most vulnerable, it is important to note that child mortality rates are also an important indicator of the overall health of a city. The young children dying in city slums today – even where lifesaving care may be a stone's throw away – represent perhaps the saddest expression of urban health system failure, and they also represent the everyday misery faced by millions of others.

While there are multiple determinants of health in urban settings, this report focuses primarily on health-related interventions and approaches that we know can have a significant impact on the health and survival of mothers and children.

Key Findings

1. While great progress has been made in reducing urban under-5 mortality around the world, inequality is worsening in too many cities. Many countries have made important progress in reducing child death rates overall, including among the poorest urban children. But progress often does not eliminate disparities, and sometimes it exacerbates them. In almost half of the countries with available trend data (19 out of 40), urban survival gaps have grown. In relative terms, survival gaps have roughly doubled in urban areas of Kenya, Rwanda and Malawi despite these countries' overall success in saving more children's lives in cities. *(To read more, turn to pages 26-27.)*

2. The poorest children in almost every city face alarmingly high risks of death. In all but one of the 36 developing countries surveyed, there are significant gaps between rich and poor urban children. Save the Children's *Urban Child Survival Gap Scorecard* examines child death rates for the richest and poorest urban children and finds that in most countries the poorest urban children are at least twice as likely to die as the richest urban children before they reach their fifth birthday. The *Scorecard* finds urban child survival gaps are largest in Bangladesh, Cambodia, Ghana, India, Kenya, Madagascar, Nigeria, Peru, Rwanda, Vietnam and Zimbabwe. In these countries, poor urban children are 3 to 5 times as likely to die as their most affluent peers. In contrast, cities in Egypt and the Philippines have been able to achieve


Lima, Peru

relatively low child mortality rates with comparatively smaller urban child survival gaps. *(To read more, turn to pages 23-24.)*

3. The poorest urban mothers and children are often deprived of lifesaving health care. Save the Children's *City Health Care Equity Ranking* looks at how access to, and use of, health care differs among the poorest and wealthiest mothers and children within 22 cities. It also includes a comparison of child malnutrition (stunting) rates between rich and poor in these same cities. The ranking finds huge disparities in access to prenatal care and skilled birth attendance. The largest coverage gaps between rich and poor were found in Delhi (India), Dhaka (Bangladesh), Port au Prince (Haiti) and Dili (Timor-Leste). Child malnutrition gaps are greatest in Dhaka, Delhi, Distrito Central (Honduras), Addis Ababa (Ethiopia) and Kigali (Rwanda). In these cities, stunting rates are 29 to 39 percentage points higher among the poorest compared to the richest. *(To read more, turn to pages 23-25.)*

4. High child death rates in slums are rooted in disadvantage, deprivation and discrimination. High rates of child mortality in urban slums are fueled by a range of factors, including social and economic inequalities. While high-quality private sector health facilities are more plentiful in urban areas, the urban poor often lack the ability to pay for this care – and may face discrimination or even abuse when seeking care. Public sector health systems are typically under-funded, and often fail to reach those most in need with basic health services. In many instances, the poor resort to seeking care from unqualified health practitioners, often paying for care that is poor quality, or in some cases, harmful. Overcrowding, poor sanitation and food insecurity make poor mothers and children even more vulnerable to disease and ill health. And fear of attack, sexual assault or robbery limit their options when a health crisis strikes. *(To read more, turn to pages 17-21.)*

5. We know what works to save poor urban children. Save the Children profiles six cities that have made good progress in saving poor children's lives despite significant population growth. The cities are: Addis Ababa (Ethiopia), Cairo (Egypt), Manila (Philippines), Kampala (Uganda), Guatemala City (Guatemala) and Phnom Penh (Cambodia). These cities have achieved success through a variety of strategies to extend access to high impact services, strengthen health systems, lower costs, increase health awareness and make care more accessible to the poorest urban residents. The city profiles provide a diverse set of examples, but the most consistently employed success strategies included: 1) Better care for mothers and babies before, during and after childbirth; 2) Increased use of modern contraception to prevent or postpone pregnancy; and 3) Effective strategies to provide free or subsidized quality health services for the poor. *(To read more, turn to pages 29-39.)*

6. Among capital cities in high-income countries, Washington, DC has the highest infant death risk and great inequality. Save the Children examined infant mortality rates in 25 capital cities of wealthy countries and found that Washington, DC had the highest infant mortality rate at 6.6 deaths per 1,000 live births in 2013. While this rate is an all-time low for the District of Columbia, it is still 3 times the rates found in Tokyo and Stockholm. There are also huge gaps between rich and poor in Washington. Babies in Ward 8, where over half of all children live in poverty, are about 10 times as likely as babies in Ward 3, the richest part of the city, to die before their first birthday. *(To read more, turn to pages 41-45.)*

Urban and Unequal

54% of the world's population lives in urban areas. This is projected to increase to 66 percent by 2050. Most of this increase will be in Africa and Asia.[2]

In the developing world, one-third of urban residents live in slums – over **860 million people.**[3]

In cities around the world, the **poorest urban children** are at least **twice as likely to die** as the richest urban children.[4]

In Bangladesh and India, **over half of poor urban children are stunted,** compared to 20 percent or less of the wealthiest children.[5]

In the slums of Nairobi, Kenya, maternal and child mortality rates are about **50% higher** than the national average.[6, 7]

In Cambodia and Rwanda, children born into the poorest 20% of urban households are almost **5 times as likely to die** by age 5 as children born into the richest 20 percent. Survival gaps have grown in Rwanda, but are closing in Cambodia.[8]

In Haiti, Jordan and Tanzania, under-5 mortality rates are **higher in urban areas** than they are in rural areas.[9]

In Latin America and the Caribbean, **more than half** of all child deaths likely occur in urban areas.[10]

Recommendations

Cities on fast and more equitable pathways to reducing child mortality have made concerted efforts to ensure that hard-to-reach groups have access to essential, cost-effective and high-impact health services that address the leading causes of child mortality. Malnutrition is now an underlying cause of nearly half of all under-5 deaths worldwide, and an increasing proportion of all child deaths occur in the first month of life (the newborn period). These facts point to an urgent need to strengthen efforts to improve maternal and child nutrition, provide prenatal care, safe childbirth and essential newborn care. A range of policies make equitable progress more likely for the urban poor, including steps toward the progressive realization of universal health coverage to ensure that poor and marginalized groups have access to quality services that meet their needs.

1. The final post-2015 framework should include an explicit commitment to equitably ending preventable child and maternal deaths with measurable targets. 2015 is a pivotal year for maternal, newborn and child survival. September 2015 will mark the launch of the post-2015 framework (Sustainable Development Goals) and the end of the Millennium Development Goals (in December 2015). This framework will determine the future of mothers' and children's lives around the world. Given the rapid growth of urban populations, and the increasing portion of under-5 deaths occurring among the urban poor, the post-2015 framework needs to highlight investments needed for basic health services, water and sanitation, and improved nutrition for this under-served, and often neglected, population.

2. Commit to leaving no one behind by embedding equity in the final post-2015 framework. The post-2015 framework must make a commitment that no target will be considered to have been met unless it has been met for all social and economic groups. While we have made tremendous progress in reducing maternal and child deaths over the last two decades, not all mothers and children have benefited from this progress. This is especially true for the urban poor. Within the context of the post-2015 framework for addressing inequities, explicit attention should be given to advancing strategies to addressing the inequities that exist within urban populations.


Delhi, India

3. Improve the health of the urban poor by ensuring universal health coverage. Ending preventable maternal, newborn and child deaths will require that everyone, starting with the most vulnerable, has access to high quality basic health and nutrition services, and is protected from the impoverishing effects of out-of-pocket costs of care. To achieve this, quality basic preventive and curative health services must be made more accessible and affordable. This will require investing in strengthened and expanded urban health systems designed to reach the poor, ensuring access to health workers able to provide quality care in slums and informal settlements, and removing financial barriers to accessing quality health services.

4. All governments must follow through on Nutrition for Growth commitments and ensure that the World Health Assembly nutrition targets are met. Malnutrition is the underlying cause of 45 percent of deaths of children under 5, leading to over 3 million deaths each year, 800,000 of which occur among newborn babies. The locus of poverty and malnutrition among children appears to be gradually shifting from rural to urban areas, as the number of the poor and undernourished

increases more quickly in urban than in rural areas. Child stunting is equally prevalent in poor urban settings as in rural settings. Stunting, which is caused by chronic malnutrition, can start during pregnancy as a result of poor maternal nutrition, poor feeding practices, low food quality and frequent infections. Attention must also be given to supporting and promoting exclusive breastfeeding for the first 6 months of life. Breastfeeding in some poor urban settings is lower than in rural areas due to lack of knowledge and education. Country-costed plans must include ways to address malnutrition in urban areas, including an emphasis on wasting, exclusive breastfeeding and stunting.

5. Develop comprehensive and cross-sectoral urban plans. National governments should develop and invest in integrated, cross-sectoral urban policies, strategies and plans that include maternal, newborn and child health (MNCH) and nutrition, as well as investments in improved access to clean water, sanitation and primary education. Donors should support these plans with funding critical to the achievement of the post-2015 goal of ending preventable maternal and child deaths.

6. Invest in data collection. National governments and donors should invest in strengthening data collection to better identify disadvantaged groups, track quality and use of services and monitor progress against agreed-upon plans and targets. Disaggregated data to identify residents of slums, informal settlements and street dwellers is needed to ensure that the urban poor are recognized and brought into the health system.

7. Mobilize resources to end preventable child deaths in poor urban areas. All governments must meet their funding commitments for maternal, newborn and child health and nutrition. Country governments must increase their own health budgets.

(To read this report's full set of recommendations, turn to pages 47-53.)

2015 Mothers' Index Rankings

Top 10

RANK	COUNTRY
1	Norway
2	Finland
3	Iceland
4	Denmark
5	Sweden
6	Netherlands
7	Spain
8	Germany
9	Australia
10	Belgium

Bottom 10

RANK	COUNTRY
169	Haiti*, Sierra Leone*
171	Guinea-Bissau
172	Chad
173	Côte d'Ivoire
174	Gambia
175	Niger
176	Mali
177	Central African Republic
178	DR Congo
179	Somalia

*Countries are tied

Save the Children's 16th annual *Mothers' Index* assesses the well-being of mothers and children in 179 countries – more than in any previous year. Norway, Finland and Iceland top the rankings this year. The top 10 countries, in general, attain very high scores for mothers' and children's health, educational, economic and political status. The United States ranks 33rd. Somalia scores last among the countries surveyed. The 11 bottom-ranked countries – all but two of them from West and Central Africa – are a reverse image of the top 10, performing poorly on all indicators. Conditions for mothers and their children in the bottom countries are grim. On average, 1 woman in 30 dies from pregnancy-related causes and 1 child in 8 dies before his or her fifth birthday.

The data collected for the *Mothers' Index* document the tremendous gaps between rich and poor countries and the urgent need to accelerate progress in the health and well-being of mothers and their children. The data also highlight the role that armed conflict and poor governance play in these tragedies. Nine of the bottom 11 countries are conflict-affected or otherwise considered to be fragile states, which means they are failing in fundamental ways to perform functions necessary to meet their citizens' basic needs.

See the Complete Mothers' Index, Country Rankings and an explanation of the methodology, beginning on page 55.

2015 Mothers' Index Rankings

RANK	COUNTRY
1	Norway
2	Finland
3	Iceland
4	Denmark
5	Sweden
6	Netherlands
7	Spain
8	Germany
9	Australia
10	Belgium
11	Austria
12	Italy
13	Switzerland
14	Singapore
15	Slovenia
16	Portugal
17	New Zealand
18	Israel
19	Greece
20	Canada
21	Luxembourg
22	Ireland
23	France
24	United Kingdom
*25	Belarus
*25	Czech Republic
27	Estonia
*28	Lithuania
*28	Poland
*30	Croatia
*30	Korea, Republic of
32	Japan
33	United States of America
34	Slovakia
35	Serbia
36	Argentina
37	TfYR Macedonia
38	Saudi Arabia
39	Cyprus
*40	Cuba
*40	Latvia
42	Montenegro
43	Grenada
44	Bulgaria
45	Costa Rica
46	Malta
47	United Arab Emirates
48	Chile
49	Bahrain
50	Libya
51	Hungary
52	Barbados
53	Mexico
54	Bosnia and Herzegovina
55	Qatar
*56	Russian Federation
*56	Uruguay
58	Kazakhstan
59	Tunisia
60	Kuwait
*61	China
*61	Ecuador
63	Oman
64	Bahamas
65	Turkey
66	Romania
67	Trinidad and Tobago
68	Saint Lucia
69	Ukraine
70	Mauritius
71	Malaysia
72	South Africa
73	Lebanon
74	Venezuela, Bolivarian Republic of
75	Colombia
76	Algeria
77	Brazil
78	Panama
79	Peru
80	El Salvador
81	Moldova, Republic of
82	Albania
83	Thailand
84	Iran, Islamic Republic of
85	Cape Verde
*86	Georgia
*86	Saint Vincent and the Grenadines
*88	Belize
*88	Bolivia, Plurinational State of
90	Azerbaijan
91	Namibia
*92	Jamaica
*92	Maldives
*92	Sri Lanka
95	Dominican Republic
96	Fiji
97	Mongolia
98	Vietnam
99	Turkmenistan
*100	Iraq
*100	Jordan
102	Nicaragua
103	Armenia
104	Tonga
105	Philippines
106	Timor-Leste
107	Kyrgyzstan
108	Suriname
109	Honduras
110	Paraguay
111	Syrian Arab Republic
112	Indonesia
113	Guyana
114	Nepal
115	Gabon
116	Egypt
117	Samoa
118	Uzbekistan
119	Botswana
120	Angola
121	Rwanda
122	Bhutan
123	Equatorial Guinea
124	Senegal
*125	Morocco
*125	Vanuatu
127	Tajikistan
128	Lao People's Democratic Republic
129	Guatemala
*130	Bangladesh
*130	Sao Tome and Principe
132	Cambodia
*133	Lesotho
*133	Zimbabwe
135	Micronesia, Federated States of
136	Tanzania, United Republic of
137	Kiribati
138	Kenya
139	Zambia
140	India
141	Uganda
142	Swaziland
143	Solomon Islands
144	Mozambique
145	Cameroon
146	Sudan
147	Burundi
148	Congo
149	Pakistan
150	Mauritania
151	Ethiopia
*152	Afghanistan
*152	Togo
154	Ghana
155	Madagascar
156	Eritrea
157	Papua New Guinea
158	Myanmar
*159	Malawi
*159	South Sudan
161	Djibouti
162	Yemen
163	Benin
164	Guinea
165	Comoros
*166	Burkina Faso
*166	Liberia
*166	Nigeria
*169	Haiti
*169	Sierra Leone
171	Guinea-Bissau
172	Chad
173	Côte d'Ivoire
174	Gambia
175	Niger
176	Mali
177	Central African Republic
178	Congo, Democratic Republic of the
179	Somalia

* Countries are tied

The Complete Mothers' Index 2015

COUNTRY OR TERRITORY	MATERNAL HEALTH: Lifetime risk of maternal death (1 in number stated)	CHILDREN'S WELL-BEING: Under-5 mortality rate (per 1,000 live births)	EDUCATIONAL STATUS: Expected number of years of formal schooling	ECONOMIC STATUS: Gross national income per capita (current US$)	POLITICAL STATUS: Participation of women in national government (% seats held by women)*	MOTHERS' INDEX RANK (out of 179 countries)
	2013	2013	2013	2013	2015	2015
Afghanistan	49	97.3	9.7[b]	690	24.8	152
Albania	2,800	14.9	10.8	4,710	20.7	82
Algeria	380	25.2	14.0	5,330	25.7	76
Angola	35	167.4	11.3	5,170	36.8	120
Argentina	630	13.3	17.9	6,290	36.8	36
Armenia	1,800	15.6	12.3	3,800	10.7	103
Australia	9,000	4.0	20.2[a]	65,390	30.5	9
Austria	19,200	3.9	15.7	50,430	30.3	11
Azerbaijan	1,800	34.2	11.9	7,350	15.6	90
Bahamas	1,400	12.9	12.6[x]	21,570	16.7	64
Bahrain	2,000	6.1	14.4[x]	19,700	15.0	49
Bangladesh	250	41.1	10.0	1,010	20.0	130
Barbados	1,100	14.4	15.4	15,080	19.6	52
Belarus	45,200	4.9	15.7	6,730	29.2	25
Belgium	8,700	4.4	16.3	46,290	42.4	10
Belize	750	16.7	13.6	4,510	13.3	88
Benin	59	85.3	11.3[b]	790	8.4	163
Bhutan	340	36.2	12.6	2,330	8.3	122
Bolivia, Plurinational State of	140	39.1	13.2	2,550	51.8	88
Bosnia and Herzegovina	9,700	6.6	13.6[x]	4,780	19.3	54
Botswana	200	46.6	12.5	7,770	9.5	119
Brazil	780	13.7	14.2	11,690	9.6	77
Brunei Darussalam	1,900	9.9	14.5	31,590	—	—
Bulgaria	12,400	11.6	14.4	7,360	20.4	44
Burkina Faso	44	97.6	7.8	670	13.3	166
Burundi	22	82.9	10.7[b]	260	34.9	147
Cambodia	180	37.9	10.9	950	19.0	132
Cameroon	34	94.5	10.4	1,290	27.1	145
Canada	5,200	5.2	15.8	52,200	28.2	20
Cape Verde	740	26.0	13.5	3,620	20.8	85
Central African Republic	27	139.2	7.2	320	12.5[f]	177
Chad	15	147.5	7.4	1,030	14.9	172
Chile	2,400	8.2	15.2	15,230	15.8	48
China	1,800	12.7	13.1	6,560	23.6	61
Colombia	500	16.9	13.5	7,590	20.9	75
Comoros	58	77.9	11.5	840	3.0	165
Congo	48	49.1	11.1	2,590	11.5	148
Congo, Democratic Republic of the	23	118.5	9.7	430	8.2	178
Costa Rica	1,400	9.6	13.9	9,550	33.3	45
Côte d'Ivoire	29	100.0	8.9	1,450	9.2	173
Croatia	5,200	4.5	14.8	13,430	25.8	30
Cuba	970	6.2	13.8	5,890	48.9	40
Cyprus	6,600	3.6	14.0	25,210	12.5	39
Czech Republic	12,100	3.6	16.3	18,950	18.9	25
Denmark	12,000	3.5	18.7	61,680	38.0	4
Djibouti	130	69.6	6.7[b]	1,030	12.7	161
Dominican Republic	360	28.1	13.1	5,770	19.1	95
Ecuador	420	22.5	14.2	5,760	41.6	61
Egypt	710	21.8	13.5	3,140	2.8[f]	116
El Salvador	600	15.7	12.3	3,720	27.4	80
Equatorial Guinea	72	95.8	8.5	14,320	19.7	123
Eritrea	52	49.9	4.1[x]	490	22.0	156

The Complete Mothers' Index 2015 *(Continued)*

	MATERNAL HEALTH	CHILDREN'S WELL-BEING	EDUCATIONAL STATUS	ECONOMIC STATUS	POLITICAL STATUS	
COUNTRY OR TERRITORY	Lifetime risk of maternal death (1 in number stated) 2013	Under-5 mortality rate (per 1,000 live births) 2013	Expected number of years of formal schooling 2013	Gross national income per capita (current US$) 2013	Participation of women in national government (% seats held by women)* 2015	MOTHERS' INDEX RANK (out of 179 countries) 2015
Estonia	5,700	3.4	16.5	17,690	19.8	27
Ethiopia	52	64.4	8.5[x]	470	25.5	151
Fiji	620	23.6	13.9	4,370	14.0	96
Finland	15,100	2.6	17.1	48,820	42.5	2
France	4,300	4.2	16.0	43,460	25.7	23
Gabon	94	56.1	12.4	10,650	16.2	115
Gambia	39	73.8	8.8	500	9.4	174
Georgia	1,300	13.1	13.8	3,570	11.3	86
Germany	11,000	3.9	16.5	47,270	36.9	8
Ghana	66	78.4	11.5	1,770	10.9	154
Greece	12,000	4.4	17.6	22,690	23.0	19
Grenada	1,800	11.8	15.8	7,490	25.0	43
Guatemala	170	31.0	10.6	3,340	13.3	129
Guinea	30	100.7	8.7	460	21.9	164
Guinea-Bissau	36	123.9	9.0	590	13.7	171
Guyana	150	36.6	10.3	3,750	31.3	113
Haiti	80	72.8	7.6[x,d]	810	3.5	169
Honduras	260	22.2	11.1	2,180	25.8	109
Hungary	5,000	6.1	15.4	13,260	10.1	51
Iceland	11,500	2.1	19.0	46,400	41.3	3
India	190	52.7	11.7	1,570	12.2	140
Indonesia	220	29.3	13.0	3,580	17.1	112
Iran, Islamic Republic of	2,000	16.8	15.1	5,780	3.1	84
Iraq	340	34.0	10.1	6,720	26.5	100
Ireland	5,500	3.8	18.6[a]	43,110	19.9	22
Israel	17,400	4.0	16.0	33,930	22.5	18
Italy	17,100	3.6	16.0	35,860	30.1	12
Jamaica	540	16.6	12.4	5,220	16.7	92
Japan	12,100	2.9	15.3	46,330	11.6	32
Jordan	580	18.7	13.5	4,950	11.6	100
Kazakhstan	1,500	16.3	15.0	11,550	20.1	58
Kenya	53	70.7	11.3[b]	1,160	20.8	138
Kiribati	260	58.2	12.3	2,620	8.7	137
Korea, Democratic People's Republic of	630	27.4	—	620[x]	16.3	—
Korea, Republic of	2,900	3.7	16.9	25,920	16.3	30
Kuwait	2,600	9.5	14.6	45,130	1.5	60
Kyrgyzstan	390	24.2	12.5	1,210	23.3	107
Lao People's Democratic Republic	130	71.4	10.6	1,450	25.0	128
Latvia	4,600	8.4	15.2	15,280	18.0	40
Lebanon	3,900	9.1	13.8	9,870	3.1	73
Lesotho	64	98.0	11.1	1,500	26.8	133
Liberia	31	71.1	10.7	410	10.7	166
Libya	2,700	14.5	16.1	12,930	16.0	50
Lithuania	5,900	4.9	16.4	14,900	23.4	28
Luxembourg	5,300	2.0	13.8	69,900	28.3	21
Macedonia, The former Yugoslav Republic of	10,200	6.6	13.4	4,870	33.3	37
Madagascar	47	56.0	10.3	440	20.5	155
Malawi	34	67.9	11.0[b]	270	16.7	159
Malaysia	1,600	8.5	12.7	10,430	14.2	71
Maldives	1,200	9.9	12.7	5,600	5.9	92
Mali	26	122.7	8.4	670	9.5	176
Malta	8,300	6.1	14.4	20,980	12.9	46

The Complete Mothers' Index 2015 *(Continued)*

	MATERNAL HEALTH	CHILDREN'S WELL-BEING	EDUCATIONAL STATUS	ECONOMIC STATUS	POLITICAL STATUS	
COUNTRY OR TERRITORY	Lifetime risk of maternal death (1 in number stated) 2013	Under-5 mortality rate (per 1,000 live births) 2013	Expected number of years of formal schooling 2013	Gross national income per capita (current US$) 2013	Participation of women in national government (% seats held by women)* 2015	MOTHERS' INDEX RANK (out of 179 countries) 2015
Mauritania	66	90.1	8.5	1,060	22.2	150
Mauritius	900	14.3	15.6	9,290	11.6	70
Mexico	900	14.5	13.1	9,940	37.1	53
Micronesia, Federated States of	320	36.4	11.7[b]	3,280	0.0	135
Moldova, Republic of	2,900	15.4	11.9	2,470	20.8	81
Mongolia	560	31.8	14.6	3,770	14.9	97
Montenegro	8,900	5.3	15.2	7,250	17.3	42
Morocco	300	30.4	11.6	3,020	11.0	125
Mozambique	41	87.2	9.3	610	39.6	144
Myanmar	250	50.5	8.7[b]	1,180[x]	4.7	158
Namibia	230	49.8	11.3	5,870	37.7	91
Nepal	200	39.7	12.4	730	29.5	114
Netherlands	10,700	4.0	17.9	51,060	36.9	6
New Zealand	6,600	6.3	19.2[a]	35,550	31.4	17
Nicaragua	340	23.5	10.5	1,790	39.1	102
Niger	20	104.2	5.4	400	13.3	175
Nigeria	31	117.4	9.0	2,710	6.6	166
Norway	14,900	2.8	17.5	102,610	39.6	1
Occupied Palestinian Territory	500	21.8	13.0	3,070	—	—
Oman	2,800	11.4	13.6	25,150	9.6	63
Pakistan	170	85.5	7.8	1,360	19.7	149
Panama	450	17.9	13.3	10,700	19.3	78
Papua New Guinea	120	61.4	10.7[b]	2,010	2.7	157
Paraguay	290	21.9	11.9	4,010	16.8	110
Peru	440	16.7	13.1	6,270	22.3	79
Philippines	250	29.9	11.3	3,270	27.1	105
Poland	19,800	5.2	15.5	13,240	22.1	28
Portugal	8,800	3.8	16.3	21,260	31.3	16
Qatar	7,200	8.2	13.8	86,790	0.0	55
Romania	2,100	12.0	14.2	9,060	12.0	66
Russian Federation	2,600	10.1	14.7	13,850	14.5	56
Rwanda	66	52.0	10.3	630	57.5	121
Saint Lucia	1,500	14.5	12.6	7,060	20.7	68
Saint Vincent and the Grenadines	1,000	19.0	13.3	6,460	13.0	86
Samoa	430	18.1	12.9[a,e]	3,970	6.1	117
Sao Tome and Principe	100	51.0	11.3	1,470	18.2	130
Saudi Arabia	2,200	15.5	16.3	26,260	19.9	38
Senegal	60	55.3	7.9	1,050	42.7	124
Serbia	4,500	6.6	14.4	6,050	34.0	35
Sierra Leone	21	160.6	11.2[b]	660	12.4	169
Singapore	13,900	2.8	15.4[a,c]	54,040	25.3	14
Slovakia	10,200	7.2	15.1	17,810	18.7	34
Slovenia	9,300	2.9	16.8	23,210	27.7	15
Solomon Islands	180	30.1	12.2[b]	1,600	2.0	143
Somalia	18	145.6	2.2[b]	130[x]	13.8	179
South Africa	300	43.9	13.6	7,190	40.7[g]	72
South Sudan	28	99.2	6.0[b]	950	24.3	159
Spain	15,100	4.2	17.3	29,920	38.0	7
Sri Lanka	1,400	9.6	13.7	3,170	5.8	92
Sudan	60	76.6	7.0	1,550	23.8	146
Suriname	330	22.8	12.3[b]	9,370	11.8	108
Swaziland	94	80.0	11.3	2,990	14.7	142

The Complete Mothers' Index 2015 *(Continued)*

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Sweden	13,600	3.0	15.8	61,760	43.6	5
Switzerland	12,300	4.2	15.8	90,760	28.5	13
Syrian Arab Republic	630	14.6	12.3	1,850	12.4	111
Tajikistan	530	47.7	11.2	990	15.2	127
Tanzania, United Republic of	44	51.8	9.2	630	36.0	136
Thailand	2,900	13.1	13.5	5,340	6.1	83
Timor-Leste	66	54.6	11.7	3,940	38.5	106
Togo	46	84.7	12.2	530	17.6	152
Tonga	220	12.1	14.7	4,490	0.0	104
Trinidad and Tobago	640	21.3	12.3	15,760	24.7	67
Tunisia	1,000	15.2	14.6	4,200	31.3	59
Turkey	2,300	19.2	14.5	10,970	14.4	65
Turkmenistan	640	55.2	10.8	6,880	25.8	99
Uganda	44	66.1	9.8	550	35.0	141
Ukraine	2,900	10.0	15.1	3,960	11.8	69
United Arab Emirates	5,800	8.2	13.3[x]	38,360	17.5	47
United Kingdom	6,900	4.6	16.2	41,680	23.5	24
United States of America	1,800	6.9	16.4	53,470	19.5	33
Uruguay	3,500	11.1	15.5	15,180	11.5	56
Uzbekistan	1,100	42.5	11.5	1,880	16.4	118
Vanuatu	320	16.9	11.7[b]	3,130	0.0	125
Venezuela, Bolivarian Republic of	360	14.9	14.2	12,550	17.0	74
Vietnam	1,100	23.8	11.9[x]	1,740	24.3	98
Yemen	88	51.3	9.2	1,330	0.7	162
Zambia	59	87.4	13.5[x]	1,810	12.7	139
Zimbabwe	53	88.5	10.9	860	35.1	133
REGIONAL MEDIANS[§]						
Sub-Saharan Africa	48	81	10	905	17	151
South Asia	225	40	12	1,465	16	126
East Asia and the Pacific	320	27	13	3,580	15	106
Latin America and Caribbean	570	17	13	6,375	20	78
Middle East and North Africa	855	16	14	5,555	12	76
CEE/CIS	2,600	13	14	6,050	19	66
Industrialized countries	9,750	4	16	42,395	28	19
WORLD	190	46	12	10,680	22	

a Discounted to 18 years prior to calculating the *Index* rank.

b Refers to primary and secondary education only.

c Calculated by the Singapore Ministry of Education.

d Based on cross-country regression.

e Calculations based on data from Samoa Bureau of Statistics.

f Data reflect the situation prior to parliament's dissolution.

g Figures are calculated on the basis of permanent seats only.

x Data are from a secondary source.

– Data are not available.

* Figures correspond to the number of seats currently filled in parliament.

§ UNICEF regions. For a complete list of countries and territories in these regions see: UNICEF, *The State of the World's Children 2012*, p.124. Medians are based on the countries included in the *Index* table.

Note: Data refer to the year specified in the column heading or the most recent year available. For indicator definitions and data sources see Methodology and Research Notes.


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