As a global thematic report on children and the Sustainable Development Goals, *Progress for Every Child in the SDG Era* uses internationally comparable data from the global databases held on behalf of the international community by UNICEF and other United Nations agencies.

Similarly, global rather than national targets are used to gauge progress on the SDG indicators, including in the country profiles, which are available at <uni.cf/sdgreport>. UNICEF remains committed to the localization of SDG targets – but in a global report, only the global targets and indicators are available and comparable.

### Assessing trajectories towards the global targets

For each of the child-related SDG indicators examined here, countries are assigned to one of five categories, based on their progress towards the target and availability of data, as follows:

- Target met the country has already achieved the global SDG target (although this may change between now and 2030).
- On track the current rate of progress (the average annual rate
  of change, assessed based on available trend data) is equal to or
  higher than that required to achieve the global target by 2030.
- Acceleration needed based on current trends, the projected level in 2030 does not meet the global target.
- **Insufficient trend data** there are not enough data points (usually fewer than two) from the date range in question (usually 2000–2016) to establish a trend and make a projection to 2030.
- No data there are no internationally comparable data available in UNICEF global databases, or none deemed recent enough to use.
- N/A not applicable for the reasons outlined under each relevant indicator listed below.

How countries are assigned to these categories and how the categories are defined – what constitutes meeting the global target, how the rate of progress is determined, and what is considered usable data – vary from one indicator to another, depending on the particularities of the available data.

#### Statistical capacity scores and ranks

Country ranks used in the country profiles are on the basis of countries' 2017 Statistical Capacity scores established by the World Bank. The Statistical Capacity score assesses capacity in terms of: methodology (how major indicators are measured); source data (what surveys and administrative data systems are functioning well); and periodicity (how frequently the statistics are collected and released).

#### Indicators by dimension of child rights

### Every child survives and thrives

#### **Nutrition**

- 2.2.1 Prevalence of stunting among children under 5
- 2.2.2.a Prevalence of wasting among children under 5

#### 2.2.2.b Prevalence of overweight among children under 5

Source for all three nutrition indicators: UNICEF-WHO-World Bank Group, joint child malnutrition estimates, country data set, 2017 edition (available at <a href="https://data.unicef.org/resources/joint-child-malnutrition-estimates-2017-edition/">https://data.unicef.org/resources/joint-child-malnutrition-estimates-2017-edition/</a>), based on DHS, MICS and other nationally representative household surveys.

Countries' trajectories towards the stunting, wasting and overweight targets at the national level were determined using the joint malnutrition country dataset (May 2017). For some countries, a newer data point was accepted after the close of the joint child malnutrition dataset in May 2017. These new points are considered to assess global progress towards stunting targets at the national level and regional progress for disaggregations such as urban/rural and wealth quintiles. The rules applied are in alignment with the WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring rules ('Methodology for Monitoring Progress towards the Global Nutrition Targets for 2025: Technical report', World Health Organization and United Nations Children's Fund, June 2017, available at <a href="http://www.who.int/nutrition/publications/team-methodology-monitoring-technicalreport/en/">http://www.who.int/nutrition/publications/team-methodology-monitoring-technicalreport/en/</a>).

At the time the report was drafted, the 2030 target were not finalized yet; thus, the WHA 2025 targets have been used in these analyses.

The 'on track' and 'acceleration needed' categories are based on a combination of prevalence and average annual progress rates. In the WHO-UNICEF 2017 rules, there are two categories for 'off track' – off track: some progress; and off track: no progress or worsening. These two categories are combined for this report and classified as 'acceleration needed'.

One change to the WHO-UNICEF rules used in this report was a classification for 'target met' which was applied to any country that had a stunting, wasting or overweight prevalence of <3 per cent, when considering its most recent data point between 2011–2016.

With the exception of countries in the 'target met' category, countries that did not have at least two data points since 2008 and at least one data point beyond 2012, were classified as having 'insufficient trend data'. Countries without any data point after 2000 were classified as 'no data'.

#### **Country profile footnotes**

- f Denotes a different assessment than was made for the interagency assessment using WHO-UNICEF rules, May 2017 joint malnutrition data set.
- g Denotes countries for which a newer data point was accepted after closing the joint child malnutrition data set in May 2017, but which was not included in this assessment.

#### Maternal care

### 3.1.1 Maternal mortality ratio (maternal deaths per 100,000 live births)

Source for 3.1.1: United Nations Maternal Mortality Estimation Inter-Agency Group – WHO, UNICEF, UNFPA, World Bank Group and United Nations Population Division (UNPD), 2015.

Progress assessments cannot be made due to the poor quality of input data and the lack of country-reported data, which make estimates unreliable, with very wide uncertainty ranges. Furthermore, because targets are set at the national level, an assessment against a global target would not make sense.

### 3.1.2 Proportion of births attended by skilled health personnel

Source: UNICEF global databases, 2017, based on DHS, MICS and other nationally representative surveys.

Projections are based on data from 2000–2016. The threshold for meeting the 'universal coverage' target is 95 per cent. Data are deemed insufficient to establish a trend if there are fewer than two data points, or no data in 2016; the country is categorized as having no data if there is none since 2000.

#### **Child mortality**

3.2.1 Under-five mortality rate (deaths per 1,000 live births)

#### 3.2.2 Neonatal mortality rate (deaths per 1,000 live births)

Source for both child mortality indicators: UN IGME (UNICEF, WHO, United Nations Population Division and World Bank Group).

The data presented in the country profiles for indicators 3.2.1 and 3.2.2 refer to estimates, not the latest year of available data.

Under-five and neonatal mortality rate estimates produced by the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) were used to assess progress. Projections were based on the current mortality level in 2016 and the annual rate of reduction (ARR) in the mortality rate from 2000 to 2016. Crisis-free estimates were used for the projections.

For countries with mortality rates above the SDG targets (25 underfive deaths and 12 neonatal deaths per 1,000 live births in 2016), the ARR was used to project the 2030 mortality rates. For countries with a neonatal mortality rate above the SDG target of 12 deaths per 1,000 live births in 2016, the neonatal mortality rate in 2030 (based on the ARR) was calculated and constrained to not exceed the projected under-five mortality rate in 2030.

Regional aggregates in 2030 were calculated based on the projected country-level estimates.

#### HIV

3.3.1 Number of new HIV infections per 1,000 uninfected population (children under 5)

3.3.1 Number of new HIV infections per 1,000 uninfected population (adolescent girls 15-19)

### 3.3.1 Number of new HIV infections per 1,000 uninfected population (adolescent boys 15-19)

Source for all three HIV indicators: UNAIDS 2017 estimates, July 2017.

Projections are based on the annual rate of change between 2005 and 2016 in the estimated number of new HIV infections – not the HIV incidence rate, as no targets exist for incidence rates. Projections for adolescents take into account demographic projections in each country, and have also been calculated separately for girls and boys and aggregated to a total value for both sexes combined.

The target for children under age 5 is based on the Fast Track target of 20,000 new HIV infections among children globally. The target for adolescents (aged 15–19) is based on the ALL IN and Stay Free target of 75 per cent reduction in new HIV infections between 2010 and 2020. For both children and adolescents, the 2005–2020 ARR necessary to achieve the 2020 target was extrapolated to determine a 2030 target. For both children and adolescents, each country's target was below 0.001 new HIV infections per 1,000 uninfected population. In addition, any country is considered to have met their target if the number of annual new HIV infections for each age group drops below 10.

#### **Country profile footnotes**

h Unpublished estimates.

#### Other health-related indicators

#### 3.3.3 Malaria incidence per 1,000 population

Source: SDG Global Database, 2017.

This indicator was not included in the analysis because malaria is a geographically confined disease, and because the available global estimates of malaria incidence cover the entire population, and are not available for children only – even though children account for an exceptionally high proportion of those affected.

#### 3.7.2 Adolescent birth rate (births per 1,000 girls 15-19)

Source; United Nations Population Division, 2017.

It is difficult to determine a desirable and appropriate threshold of the adolescent birth rate because some adolescents (those 18 years and older) are adults.

#### 3.8.1 Population coverage of essential health services

This new indicator is a composite of many tracer indicators, including family planning coverage, antenatal care visits, vaccination, non-use of tobacco, improved water sources, adequate sanitation, and other locally relevant coverage indicators – as well as tracer indicators of care such as skilled birth attendant, antiretroviral therapy, treatment of tuberculosis, hypertension, diabetes and pneumonia in children, and other locally relevant indicators.

#### **Immunization**

### 3.b.1 Proportion of the target population covered by all vaccines included in their national programme – MCV1

### 3.b.1 Proportion of the target population covered by all vaccines included in their national programme – DTP3

Source for both immunization indicators: WHO and UNICEF estimates of national immunization coverage, 2016 revision.

In the absence of an adopted SDG indicator, this report uses DTP3 and MCV1 coverage to gauge progress in immunizing children. DTP3 coverage is traditionally used to measure the performance of immunization programmes, and DTP is one of the few universal vaccines present in all countries. The first dose of measles containing vaccine (MCV1) is likewise used in all countries. Usually, DTP3 is recommended early in the first year of life, while MCV1 is given towards the end of the first year of life. The two vaccines together offer a better assessment of the performance of immunization programmes.

Projections are based on the average annual rate of change in estimated national immunization coverage between 2010 and 2016 for DTP3 and MCV1. The threshold for meeting the target is 95 per cent coverage.

### **■ Every child learns**

#### Learning outcomes

4.1.1.c.i Proportion of children at the end of lower secondary achieving at least a minimum proficiency level in reading

4.1.1.c.ii Proportion of children at the end of lower secondary achieving at least a minimum proficiency level in mathematics

Source: 4.1.1.c.i – PISA, World Bank EdStats, 2017; 4.1.1.c.ii: PISA and International Association for the Evaluation of Educational Achievement (IEA) Trends in International Mathematics and Science Study (TIMMS) data extracted from World Bank EdStats, 2017;

Projections are made based on data reported during 2010-2016, using a linear extrapolation. The target is considered met at or above 95 per cent.

#### **Early learning**

# 4.2.1 Proportion of children 36-59 months who are developmentally on track in health, learning and psychosocial well-being

Source: UNICEF global databases, 2017, based on DHS, MICS and other nationally representative household surveys.

A proxy indicator is used for SDG reporting on indicator 4.2.1 because methodological work to develop a new measure of early childhood development (ECD) that is fully aligned with the SDG indicator formulation is still ongoing.

'Universal ECD' is defined as 100 per cent prevalence.

Countries marked as having no data represent those for which comparable data are not available in the UNICEF global databases, for varying reasons.

#### **Country profile footnotes**

- Data are available from two points in time but are not directly comparable.
- j Data refer to the oldest child among those aged 36–59 months in the household
- k Data refer to the youngest child among those aged 36–59 months in the household.

### 4.2.2 Participation rate in organized learning one year before the official primary entry age

Source: UNESCO Institute for Statistics (UIS), 2017.

Projections are made based on data reported during 2000–2016, using a linear extrapolation. The target is considered met at or above 95 per cent.

#### Learning environment

#### 4.a.1 (e)(f)(g) Proportion of schools with access to WASH

The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene is preparing estimates for basic drinking water, sanitation and hygiene in schools. The SDG baselines for WASH in schools will be published in early 2018.

# ■ Every child is protected from violence, abuse and exploitation

Countries marked as having 'no data' for child protection indicators represent those for which comparable data are not available in the UNICEF global databases. Reasons vary: Countries may use alternate non-comparable measures, or may have comparable data that are not yet included in UNICEF's global data compilation. Additional reasons for the lack of data on particular indicators are specified below.

### Intimate partner violence and sexual violence

- **5.2.1** Proportion of ever-partnered women and girls aged 15-19 subjected to physical, sexual or psychological violence by a current or former intimate partner
- 5.2.2 Proportion of women and girls aged 15-19 subjected to sexual violence by persons other than an intimate partner
- 16.2.3 Proportion of young women aged 18-29 who experienced sexual violence by age 18

### 16.2.3 Proportion of young men aged 18-29 who experienced sexual violence by age 18

Source: For 5.2.1, UNICEF global databases, 2017, based on DHS, MICS and other nationally representative household surveys. For 5.2.2 and 16.2.3, UNICEF global databases, 2017, based on DHS.

A proxy indicator that refers only to experiences of physical and/or sexual violence is used for SDG reporting on indicator 5.2.1, because there is no agreed-upon definition or standard methodology for measuring psychological violence.

Elimination is defined as 0 per cent prevalence. An exception to the threshold of 0 per cent as elimination was made for Azerbaijan (for 5.2.2 and 16.2.3 for women), Rwanda (for 16.2.3 for men) and Timor-Leste (for 5.2.2), which were considered as target met given that the current levels are extremely low (i.e., 0.1 per cent).

For indicators 5.2.1 and 5.2.2, trends are assessed by comparing two data points from comparable survey sources. If the calculated average annual rate of change (AARC) was sufficient to reach elimination by 2030, the country is considered on track.

For indicator 16.2.3, trends in the prevalence of sexual violence in childhood are assessed by comparing the values across two age cohorts (aged 18–19 and 25–29) from the most recent available

data source. The AARC was calculated over a 7-year period. The country is considered on track if the observed AARC is sufficient to reach elimination by 2030. An additional criterion for a country to be considered on track was a prevalence of 0 per cent for sexual violence ever experienced among those aged 15–17.

Due to very low levels reported for indicators 5.2.2 and 16.2.3 in most countries, the 'on track' analyses that are presented here need to be interpreted with some degree of caution, as the observed changes used to determine a country's progress may be within confidence intervals.

#### **Country profile footnotes**

- I Currently married girls.
- m Based on 25-49 unweighted cases.
- n Refers to girls aged 15-24 years.
- Data differ from the standard definition.
- p Although these countries are marked as having met the target, it is known that victims of violence are extremetly reluctant to report their experience. Due to this major challenge of underreporting, it is improbable that violence is altogether non-existent, even with a reported prevalence of zero per cent.
- v Refers to ever-married women who experienced sexual violence committed by a husband or partner.

#### **Harmful practices**

- **5.3.1** Proportion of women aged 20-24 who were married or in union before age 18
- 5.3.2 Proportion of girls and women aged 15-49 who have undergone female genital mutilation/cutting

Source: UNICEF global databases, 2017, based on DHS, MICS and other nationally representative household surveys.

Trends are assessed by comparing the prevalence across age cohorts from the latest available data source. The average annual rate of reduction (AARR) is calculated over a 25-year (for child marriage) or 30-year (for FGM/C) period and the most recent 10-year period, and the country is considered 'on track' if either AARR is sufficient to reach elimination of the practice (defined as <1 per cent) by 2030. Countries with an FGM/C prevalence of under 1 per cent among girls aged 15–19 years, or a child marriage prevalence under 1 per cent among women aged 20–24 years, are considered to have met the respective targets.

Countries for which comparable data are not available in the UNICEF global databases include those in which child marriage and FGM/C are not widespread enough to warrant national-level data collection. Evidence does suggest, however, that harmful practices occur within population groups throughout the world, including, for example, the practice of FGM/C in countries that are destinations for migrants from countries where the practice still occurs.

### 8.7.1 Proportion of children aged 5-17 engaged in child labour

Source: UNICEF global databases, 2017, based on DHS, MICS and other nationally representative household surveys.

While trend data on child labour are available for some countries, changes in the definition applied, the age groups covered, and the methodology used to collect the information over time limit the comparability of available data sources and the ability to measure trends for most countries.

Country-level estimates of child labour are higher than those in the SDG Global Database for indicator 8.7.1, which exclude the hazardous work component of the standard indicator definition for child labour and apply a threshold of 21 hours for household chores for children aged 5-14, and no threshold for household chores for children aged 15-17.

#### **Country profile footnotes**

d Data differ from the standard definition or refer to only part of a country.

#### Deaths due to violence

### 16.1.1 Number of victims aged 0-19 of intentional homicide per 100,000 population

#### 16.1.2 Conflict-related deaths per 100,000 population

Producing reliable estimates of the number and causes of death, particularly among children and adolescents in both conflict and non-conflict settings, is difficult as age disaggregated death registration data in many countries are not systematically collected, accessible, adequately compiled, complete or accurate. Determining cause of death, particularly when victims are very young, can be especially challenging even in countries with advanced and well-functioning health and registration systems. For these reasons, the assessment of trends in child deaths due to violence from official records is limited by the lack of reliable data for most countries.

#### Violent discipline

# 16.2.1 Proportion of children aged 1-14 who experienced any physical punishment and/or psychological aggression by caregivers in the past month

Source: UNICEF global databases, 2017, based on DHS, MICS and other nationally representative household surveys. Due to availability of data, the age range used to report on this indicator for most countries differs from the SDG indicator.

'Elimination' is defined as 0 per cent prevalence. Trends in the prevalence of violent discipline are assessed by comparing two data points from comparable survey sources. If observed AARC was sufficient to reach elimination by 2030, the country is considered on track.

#### Country profile footnotes

- t Data refer to children aged 2–14 years.
- **u** Data differ from the standard definition.

#### **Birth registration**

### 16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority

Source: UNICEF global databases, 2017, based on DHS, MICS, other nationally representative household surveys, censuses and vital registration systems.

Complete birth registration coverage is defined as 99.5 per cent or higher. Countries identified as having already met the target include those with the most recent survey based estimates above that threshold, and those with 100 per cent birth registration coverage as pre-determined based on the completeness of their vital registration systems. An exception to the threshold of 99.5 per cent was made for Chile (99 per cent) and Armenia (99 per cent), which were considered as having met the target since other recent data points for these countries have indicated registration levels above 99.5 per cent.

Trends are assessed by comparing two data points from comparable survey sources conducted at least two years apart. The average annual rate of change (AARC) was calculated using the exact number of years between each data point. The projected prevalence by 2030 was calculated using the year of the last data source as a starting point. If the observed AARC was sufficient to reach complete coverage by 2030, the country is considered on track.

For indicator 16.9.1, countries marked as having no data represent those for which data from the year 2010 or after are not available in the UNICEF global databases.

Analyses presented here need to be interpreted with some degree of caution since the changes observed used to determine a country's progress may be within confidence intervals. While evidence also suggests that the rate of progress stalls once birth registration prevalence levels become very high, these analyses have not accounted for plateau effects.

#### **Country profile footnotes**

- d Data differ from the standard definition or refer to only part of a country.
- w Estimates of 100 per cent were assumed given that civil registration systems in these countries are complete and all vital events (including births) are registered. Source: Department of Economic and Social Affairs, Statistics Division, *Population and Vital Statistics Report*, Series A, vol. LXV, United Nations, New York, 2013.

### iii Every child lives in a safe and clean environment

#### Air pollution

3.9.1 Mortality rate attributed to household and ambient air pollution per 100,000 population

Source: SDG Global Database, 2017.

The global target used for this analysis is 5 or fewer deaths.

#### **WASH**

6.1.1 Proportion of population using safely managed drinking water services

### 6.2.1.a Proportion of population using safely managed sanitation services

Countries and regions are classified as having met the global target if use of safely managed services exceeded 99 per cent in 2015. The indicators for 'safely managed services' are new, and data are insufficient to establish trends.

- 1.4.1.a Proportion of population using basic drinking water services
- 1.4.1.b Proportion of population using basic sanitation services
- 6.2.1.b Proportion of population with a basic handwashing facility with soap and water available on premises

#### 6.2.1.c Proportion of population practising open defecation

Source for all six WASH indicators: WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), 2017.

Projections are made based on data from 2000–2015. Countries are considered as having met the global targets for basic hand washing, water and sanitation if use exceeded 99 per cent in 2015, and 'on track' if the annual rate of change between 2000 and 2015 would be sufficient to reach 95 per cent coverage in 2030.

Countries and regions classified as having met the open defecation target if an estimated 0 per cent of the population practised open defecation in 2015, and 'on track' if <0.5 per cent or the annual rate of change between 2000 and 2015 would be sufficient to end open defecation by 2030.

#### Clean energy

### 7.1.2 Proportion of population with primary reliance on clean fuels and technology

Source: SDG Global Database, 2017.

The global target used for this analysis is 95 per cent or more.

#### **Country profile footnotes**

- r High-income countries with no data are assumed to have transitioned to clean fuels and technologies, and are therefore assumed to have >95 per cent of their population using clean fuels and technologies.
- **s** In the estimates presented here, values above 95 per cent polluting fuel use are reported as ">95 per cent", and values below 5 per cent as "<5 per cent".

#### **Disaster deaths**

### 13.1.1 Number of deaths caused by disaster per 100,000 population

Source: SDG Global Database, 2017.

This is a disaster-related indicator, hence, progress cannot be assessed based on trend data alone.

# Every child has a fair chance in life

#### 1.1.1 Children living in households in extreme poverty

Source: World Bank, 2017.

This global target is measured at the global level using household survey data in a sample of countries that have data in World Bank databases (PovcalNet, Global Micro Database and World Development Indicators). A baseline estimate for 2013 is the only global data available, and this imputes data for missing countries and extrapolates data from the sample of 89 countries that report data from 2009 onward to produce an estimate for a common year of 2013.

The methodology used to assign a status for trend data at the country level reflects the methodology used to produce the original global estimate. The 89 countries in the sample used to produce the global baseline estimate are recorded as 'having insufficient trend data', while other countries are given the status of 'no data' because they were not in that sample.

Many of these countries will have national-level data that are not available or was for a survey year prior to 2009. All high income countries are assumed to have 'zero' extreme poverty by the World Bank methodology and are assigned the 'no data' status.

#### **Country profile footnotes**

- **a** The 2013 estimate may be an extrapolation from a earlier or later survey year. Country-level data are unpublished.
- **b** Country is assumed to have zero extreme poverty in World Bank estimates.

#### 1.2.1 Children living below the national poverty line

Source: Data are compiled from official national government sources such as statistical office tabulations and national household survey and poverty reports, and from official regional databases such as those compiled by Eurostat. National estimates are based on representative household income or expenditure surveys.

The data come from UNICEF's Country Reporting on Indicators for the Goals (CRING), 2016–2017, and do not represent the full extent of available data on child poverty using poverty lines that exist at the national level. For the SDG thematic report, the 49 countries reporting data to CRING have been classified as having 'insufficient trend data', while all others have been assigned to 'no data' – although many countries do have data (and have long trends in data) but are not currently included in CRING.

In addition to reflecting very different national methodologies, this indicator – which refers to the population as a whole – has been modified to be specific to children. Data on this child-specific formulation of the indicator is not publicly available in the SDG Global Database.

#### **Country profile footnotes**

- **c** There are only national-level targets to reduce prevalence by 50 per cent, by 2030. There is no global target for this indicator.
- **d** Data differ from the standard definition or refer to only part of a country.

### 1.2.2 Children living in poverty in all its dimensions according to Global MPI

Source: OPHI global estimates, 2017.

The global Multidimensional Poverty Index (MPI) was chosen because of high country coverage, consistency between regional methodologies, and the ability to track progress on poverty reduction over time. Other multidimensional indices are employed for child poverty at national and regional levels and for advocacy purposes.

The data are from the Oxford Poverty and Human Development Initiative (OPHI) global estimates disaggregated for children, first produced in 2017 from a sample of 103 developing countries. As these are baseline estimates, the 103 countries are categorized as 'insufficient trend data' in this report, while the remaining countries are assigned to 'no data.

#### **Country profile footnotes**

These data are not an indicator of SDG target 1.2.2, which is a national-level indicator. These data represent a proxy to enable consistent measurement over time and between countries of multidimensional poverty for children, which is not available due to the use of different methodologies at the national level, and of different iterations of the same methodology.

### 1.3.1 Proportion of child population covered by social protection floors/systems

Source: SDG Global Database, 2017.

This indicator belongs to SDG 1, end extreme poverty in all its forms everywhere. To maintain consistency with the methodology used for indicator 1.1.1, which has 3 per cent or less as its target, the target set for 1.3.1 is 97 per cent or more.

# Regional classification

#### **East Asia and the Pacific**

Australia; Brunei Darussalam; Cambodia; China; Cook Islands; Democratic People's Republic of Korea; Fiji; Indonesia; Japan; Kiribati; Lao People's Democratic Republic; Malaysia; Marshall Islands; Micronesia (Federated States of); Mongolia; Myanmar; Nauru; New Zealand; Niue; Palau; Papua New Guinea; Philippines; Republic of Korea; Samoa; Singapore; Solomon Islands; Thailand; Timor-Leste; Tokelau; Tonga; Tuvalu; Vanuatu; Viet Nam

#### **Europe and Central Asia**

Eastern Europe and Central Asia; Western Europe

#### **Eastern Europe and Central Asia**

Albania; Armenia; Azerbaijan; Belarus; Bosnia and Herzegovina; Bulgaria; Croatia; Georgia; Kazakhstan; Kyrgyzstan; Montenegro; Republic of Moldova; Romania; Russian Federation; Serbia; Tajikistan; the former Yugoslav Republic of Macedonia; Turkey; Turkmenistan; Ukraine; Uzbekistan

#### Western Europe

Andorra; Austria; Belgium; Cyprus; Czechia; Denmark; Estonia; Finland; France; Germany; Greece; Holy See; Hungary; Iceland; Ireland; Italy; Latvia; Liechtenstein; Lithuania; Luxembourg; Malta; Monaco; Netherlands; Norway; Poland; Portugal; San Marino; Slovakia; Slovenia; Spain; Sweden; Switzerland; United Kingdom

#### Latin America and the Caribbean

Anguilla; Antigua and Barbuda; Argentina; Bahamas; Barbados; Belize; Bolivia (Plurinational State of); Brazil; British Virgin Islands; Chile; Colombia; Costa Rica; Cuba; Dominica; Dominican Republic; Ecuador; El Salvador; Grenada; Guatemala; Guyana; Haiti; Honduras; Jamaica; Mexico; Montserrat; Nicaragua; Panama; Paraguay; Peru; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Suriname; Trinidad and Tobago; Turks and Caicos Islands; Uruguay; Venezuela (Bolivarian Republic of)

#### Middle East and North Africa

Algeria; Bahrain; Egypt; Iran (Islamic Republic of); Iraq; Israel; Jordan; Kuwait; Lebanon; Libya; Morocco; Oman; Qatar; Saudi Arabia; State of Palestine; Syrian Arab Republic; Tunisia; United Arab Emirates; Yemen

#### **North America**

Canada; United States

#### **South Asia**

Afghanistan; Bangladesh; Bhutan; India; Maldives; Nepal; Pakistan; Sri Lanka

#### **Sub-Saharan Africa**

Eastern and Southern Africa; West and Central Africa

#### **Eastern and Southern Africa**

Angola; Botswana; Burundi; Comoros; Djibouti; Eritrea; Ethiopia; Kenya; Lesotho; Madagascar; Malawi; Mauritius; Mozambique; Namibia; Rwanda; Seychelles; Somalia; South Africa; South Sudan; Sudan; Swaziland; Uganda; United Republic of Tanzania; Zambia; Zimbabwe

#### **West and Central Africa**

Benin; Burkina Faso; Cabo Verde; Cameroon; Central African Republic; Chad; Congo; Côte d'Ivoire; Democratic Republic of the Congo; Equatorial Guinea; Gabon; Gambia; Ghana; Guinea; Guinea-Bissau; Liberia; Mali; Mauritania; Niger; Nigeria; Sao Tome and Principe; Senegal; Sierra Leone; Togo

#### Asia

East Asia and the Pacific; South Asia

#### **Americas**

North America; Latin America and the Caribbean

#### Europe

Eastern Europe and Central Asia; Western Europe

#### Least developed countries/areas

[Classified as such by the United Nations High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States (UN-OHRLLS)].

Afghanistan; Angola; Bangladesh; Benin; Bhutan; Burkina Faso; Burundi; Cambodia; Central African Republic; Chad; Comoros; Democratic Republic of the Congo; Djibouti; Eritrea; Ethiopia; Gambia; Guinea; Guinea-Bissau; Haiti; Kiribati; Lao People's Democratic Republic; Lesotho; Liberia; Madagascar; Malawi; Mali; Mauritania; Mozambique; Myanmar; Nepal; Niger; Rwanda; Sao Tome and Principe; Senegal; Sierra Leone; Solomon Islands; Somalia; South Sudan; Sudan; Timor-Leste; Togo; Tuvalu; Uganda; United Republic of Tanzania; Vanuatu; Yemen; Zambia