



Surviving
the First Day

STATE OF THE WORLD'S MOTHERS 2013

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On the cover

Harriet, from Uganda, holds her 6-day-old baby Pius who was not breathing when he was born. Midwives trained by Save the Children helped Pius to breathe using a gentle technique and a simple ventilation device. "Since it was my first child, I was afraid of giving birth and that I would not know how to take care of my baby," said Harriet. "But when my baby was born, after the midwives helped him to breathe and he started nursing, I was very, very happy. I couldn't believe that I was the real mother of this baby and I felt so much happiness."

Photo by Suzanna Klaucke

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Surviving the First Day

The birth of a child should be a time of wonder and celebration. But for millions of mothers and babies in developing countries, it is a dance with death.

In commemoration of Mother's Day, Save the Children is publishing its 14th annual *State of the World's Mothers* report. Every year, nearly 3 million babies die within the first month of life, most from preventable causes. More than a third of these babies die on their first day of life – making the birth day the riskiest day for newborns and mothers almost everywhere. This report shows which countries are doing the best – and which are doing the worst – at preventing these deaths. It also examines the need to strengthen health systems, train and equip more health workers and make proven, underused solutions available to every mother and newborn who needs them. Such efforts could help prevent as many as 3 out of 4 newborn deaths.

The first-ever *Birth Day Risk Index* compares first-day death rates for babies in 186 countries to identify the safest and most dangerous places to be born. 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 176 countries and show where mothers and children fare best and where they face the greatest hardships.



Foreword

Any report on the state of the world's mothers is by definition a report on the state of the world, full stop. Women and girls – in many roles, including their role as mothers – drive improvements in the human condition. When we invest in them, we invest in a powerful source of global development.

One way to invest in women and girls is to invest in the survival and well-being of their children, and the recent story of child survival is terrific nearly any way you look at it.

Globally, since 1970, the number of children dying has declined by more than half, even though the population has almost doubled. If the rate of death had stayed constant, more than 31 million children would have died in 2011. Instead, that number was 6.9 million.

In many individual countries, progress has been even more dramatic. Barely a decade ago, in 1999, 1 in 5 Rwandan children died before turning 5. In 2011, the child mortality rate in Rwanda had fallen to 1 in 20. Other low-income countries, such as Malawi, Bangladesh and Nepal have also made significant progress against enormous odds. It is now possible that all four countries will meet the 2015 United Nations' Millennium Development Goal (MDG 4) of reducing child deaths by two-thirds since 1990.

We can make sure these numbers keep going in the right direction by investing in proven solutions such as vaccines, anti-malarial bed nets, vitamin A supplements and frontline health workers to deliver these lifesaving interventions.

There is one other vital variable that until now has not received the attention it demands. Can we finally save the lives of newborn babies? This year's *State of the World's Mothers* report shows that the answer is yes, if the partners who have done such excellent work on maternal and child health also turn their attention to newborn health, starting with the day of childbirth.

Each year, 3 million newborns die, making up nearly half (43 percent) of the world's under-5 child deaths. And yet almost all newborn deaths originate from preventable and treatable causes: we already have the tools available to save about three-quarters of the newborns who needlessly die each year.

This report reveals that we know how to stop this trend, because we understand the causes and solutions of newborn death like never before. Simple lifesaving treatments like a basic antiseptic for cleansing the umbilical cord can



prevent deadly infections. Antenatal steroids help premature babies breathe. “Kangaroo mother care” keeps them warm, encourages breastfeeding and protects them from infection. These inexpensive interventions haven't taken hold, but a new analysis in this report shows that four basic solutions alone could save more than 1 million newborns annually as soon as they do. Improvements in access to contraceptives, maternal nutrition and breastfeeding practices would save even more.

Saving newborn lives will prevent incalculable suffering. It is also a vital piece of the global development agenda. The long-term economic prospects of poor countries depend on investments in the health, nutrition and education of the people, particularly the women and young children living there. Children surviving and staying healthy means more children in school and able to learn, which in turn means productive adults who can drive sustained economic growth.

There are clear opportunities to have an immediate impact with smart investments in newborn survival. There is also a powerful rationale for making these investments a priority. As soon as we do, we will start writing the next chapter in the terrific story of child survival – and of global development writ large.

MELINDA GATES

Co-chair of the Bill & Melinda Gates Foundation

Introduction

Every year, our *State of the World's Mothers* report reminds us of the inextricable link between the well-being of mothers and their children. As any mother – myself included – will tell you, our children's health and safety is the most important thing in our lives. And we know that a strong and empowered mother is the best champion a child will ever have. More than 90 years of experience have shown us that when mothers have health care, education and economic opportunities, both they and their children have the best chance to survive and thrive.

But many are not so fortunate. Every year, 287,000 women die during pregnancy or childbirth, and 6.9 million children die before reaching their fifth birthday. Almost all these deaths occur in developing countries where mothers, children and newborns lack access to basic health care. While child mortality rates have declined in recent decades, 19,000 mothers still mourn the loss of a child each and every day – an unthinkable number of heartbreaks. This is especially tragic since most of these deaths could be prevented at a modest cost.

This year's report looks at the critical first day of life, when mothers and their newborns face the greatest threats to survival, and when there is tremendous opportunity to save lives. It highlights approaches that are working to bring essential health care to the hard-to-reach places where most deaths occur. And it shows how millions more lives each year can be saved if we invest in proven solutions and help mothers do what's best for their children. If we don't save lives on this critical first day, we will never truly end preventable child deaths.

Save the Children is working on four fronts as part of our global newborn and child survival campaign:

- First, we are increasing awareness of the challenges and solutions to maternal, newborn and child survival. As part of our campaign, this report calls attention to areas where greater investments are needed and shows that effective strategies are working, even in some of the poorest places on earth.
- Second, we are encouraging action by mobilizing citizens around the world to support programs to reduce maternal, newborn and child mortality, and to advocate for increased leadership, commitment and funding for programs we know work.
- Third, working in partnership with national health ministries and local organizations, we are supporting



efforts to deliver high-quality health services throughout the developing world. By improving pregnancy and delivery care, vaccinating children, treating diarrhea, pneumonia and malaria, as well as improving nutrition, we have saved millions of lives. The tragedy is that so many more could be saved, if only more resources were available to ensure that these lifesaving programs reach all who need them.

- Fourth, we are collaborating with partners on research to determine what tools and approaches work best to save the lives of babies in the first month of life. Our groundbreaking *Saving Newborn Lives* program, launched in 2000 with a grant from the Bill & Melinda Gates Foundation, has helped deliver better care practices and improved health interventions to save newborn lives in 18 countries. The challenge now is to bring these lifesaving services and practices to mothers and newborns everywhere.

This report contains our annual ranking of the best and worst places in the world for mothers – but no matter if they're in the United States or Malawi or India, all mothers are fundamentally the same. Every night, millions of mothers around the world lean over their sleeping newborns and pray that they will be safe, happy and healthy. It's what we all want for our children. And it's certainly not too much to ask.

When a child is placed into his mother's arms for the first time, that woman's life is changed forever. The moment is brief and precious. We must seize the opportunity to invest in this most basic, most enduring partnership – between a mother and her child – if we are to change forever the course of history and reduce newborn deaths. Please read the Take Action section of this report and join me in doing what any mother would do: put the well-being of children first.

CAROLYN MILES
President and CEO of Save the Children USA



Executive Summary: Key Findings and Recommendations

More than 1 million babies die on the first day of life – making the birth day the most dangerous day for babies in nearly every country, rich and poor alike. This is one of the major findings of Save the Children’s 14th annual *State of the World’s Mothers* report. The findings indicate, as never before, that helping babies survive the first day – and the first week – of life represents the greatest remaining challenge in reducing child mortality and meeting the ambitious Millennium Development Goal of reducing 1990 child mortality rates by two-thirds by 2015.

The world has made unprecedented progress since 1990 in reducing maternal and child deaths. Working together, governments, communities, nongovernmental organizations and families have reduced the annual number of children under 5 who die each year by over 40 percent – from 12 million to 6.9 million. Progress for mothers has been even greater, with deaths declining almost 50 percent since 1990 – from 543,000 to 287,000 per year.

But we have made much less progress for the children who are the most vulnerable of all – newborns. In 2011, 3 million babies died in their first month of life. This is 43 percent of all deaths of children under age 5 worldwide. Three-quarters of those newborns died in the first week of their lives, and one-third did not survive their first day of life.

Why such slow progress in reducing newborn deaths? One reason is that until recently many believed – incorrectly – that little could be done to save newborn lives in the poorest countries. We now know that newborn deaths are not inevitable and that low-income countries can make significant progress in reducing newborn mortality. We have identified the three major causes of these deaths – complications during birth, prematurity and infections – and we have developed a set of interventions that can prevent or treat each of these causes.

These proven interventions – coupled with stronger health systems and sufficient health care workers who are trained, deployed and supported to tackle the key causes of child mortality – have the potential to reduce newborn deaths by as much as 75 percent. This would save more than 2 million newborn lives each year. Ending preventable deaths within a generation will require an increased focus on the steps needed to reduce newborn mortality. What is lacking is the political will and funding to deliver these solutions to all the mothers and babies who need them.

This year’s *State of the World’s Mothers* report shows which countries are succeeding – and which are failing – in saving the lives of mothers and their newborn babies. It examines the ways investments in health care, nutrition and education can make a difference for newborns, mothers, communities and society as a whole. It also points to proven, low-cost solutions that could save millions of lives if used by all mothers and newborns.

MOTHERS AND NEWBORNS: VITAL STATISTICS

Every year, 40 million women give birth at home without the help of a skilled birth attendant.

Every day, 800 women die during pregnancy or childbirth and 8,000 newborn babies die during their first month of life.

Newborn deaths account for 43 percent of all deaths among children under age 5.

3 million newborn babies die every year – mostly due to easily preventable or treatable causes such as infections, complications at birth and complications of prematurity.

60 percent of infant deaths occur in the first month of life. Among those, nearly three-fourths (2 million per year) die in their first week. And more than a third (1 million per year) die on their day of birth.

Nearly all newborn and maternal deaths (98 and 99 percent, respectively) occur in developing countries where pregnant women and newborn babies lack access to basic health care services – before, during and after delivery.

Key Findings

1) **The first day of life is the most dangerous day for mothers and babies.** Worldwide, the day a child is born is by far the most dangerous day in a child's life. Save the Children's first-ever *Birth Day Risk Index* compares first-day death rates for 186 countries and finds that in most countries, children are at greatest risk on the day they are born. Babies in Somalia have the highest risk of dying on their birth day. First-day death rates are almost as high in Democratic Republic of the Congo, Mali, and Sierra Leone. Mothers in these four countries are also at high risk on this day. Mothers in Somalia and Sierra Leone face the second and third highest lifetime risk of maternal death in the world, respectively. (To read more, turn to pages 27-35.)

2) **The first day is also a day of unequalled opportunity to save lives and set the stage for a healthy future.** Most newborn and maternal deaths could be prevented by ensuring that mothers and newborns have access to low-cost, lifesaving interventions through improved and expanded health care systems. Ensuring access to well-trained and equipped health care workers during childbirth is part of the solution. According to the United Nations, four products could greatly assist health workers in saving many newborn lives. An original analysis by Save the Children estimates that within the first month of life, more than 1 million babies could be saved each year with universal access to these products, which cost between 13 cents and \$6 each and are ready for rapid scale-up now. The products are:

- steroid injections for women in preterm labor (to reduce deaths due to premature babies' breathing problems);
- resuscitation devices (to save babies who do not breathe at birth);
- chlorhexidine cord cleansing (to prevent umbilical cord infections); and
- injectable antibiotics (to treat newborn sepsis and pneumonia).

Other low-cost interventions such as kangaroo mother care and early and exclusive breastfeeding would save many more babies. Such interventions, as part of strengthened health care systems, not only can dramatically reduce maternal and newborn deaths, but also can prevent a lifetime of negative health consequences such as long-term disabilities, intellectual impairment and increased vulnerability to illness. Poor health is not only costly for individuals and their families, it can also impede a nation's efforts toward economic growth. (To read more, turn to pages 37-49.)

3) **Mothers and babies in sub-Saharan Africa face the greatest risks.** Maternal, child and newborn death rates have declined across the developing world since 1990, but progress has been slowest in sub-Saharan Africa. Save the Children's annual *Mothers' Index* assesses the well-being of mothers and children in 176 countries. The bottom 10 countries on the *Mothers' Index* are all in sub-Saharan Africa. Not surprisingly, many of these same countries also have very high rates of first-day death, and sub-Saharan Africa also occupies the 10 worst spots on the *Birth Day Risk Index*. Seven countries – Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Mali, Sierra Leone and Somalia – score in the bottom 10 on both indices. While mothers and babies struggle for survival in much of sub-Saharan Africa, a number of countries have demonstrated that progress is possible despite great challenges. For example,





Sierra Leone

Malawi has reduced its newborn mortality rate by 44 percent since 1990. And Mali, Tanzania and Uganda have made important policy changes to improve their readiness to expand newborn health programs. *(To read more, turn to pages 27-35 and 65-74.)*

4) In South Asia, mothers and babies die in great numbers. An estimated 423,000 babies die each year in South Asia on the day they are born, more than in any other region. South Asia accounts for 24 percent of the world's population and 40 percent of the world's first-day deaths. In India – where economic growth has been impressive but the benefits have been shared unequally – 309,000 babies die each year on the day they are born (29 percent of the global total). Bangladesh and Pakistan also have very large numbers of first-day deaths (28,000 and 60,000 per year, respectively.) Mothers in South Asia also die in large numbers. Each year, 83,000 women in South Asia die during pregnancy or childbirth. India has more maternal deaths than any other country in the world (56,000 per year). Pakistan also has a large number of maternal deaths (12,000). *(To read more, turn to pages 27-35 and 65-74.)*

5) Babies born to mothers living in the greatest poverty face the greatest challenges to survival. At the heart of the newborn survival problem is the widening gap between the health of the world's rich and poor. Virtually all (98 percent) newborn deaths occur in developing countries, and within many of these countries, babies born to the poorest families have a much higher risk of death compared to babies from the richest families. A new analysis of 50 developing countries found babies born to mothers in the poorest fifth of the population were on average 40 percent more likely to die compared to those in the richest fifth. Disparities within countries like Bolivia, Cambodia, India,

Morocco, Mozambique and the Philippines are especially dramatic. Many newborn lives could be saved by ensuring services reach the poorest families in developing countries. For example: If all newborns in India experienced the same survival rates as newborns from the richest Indian families, nearly 360,000 more babies would survive each year. Closing the equity gaps in Pakistan and Democratic Republic of the Congo would similarly save the lives of 48,000 and 45,000 newborns each year, respectively. *(To read more, turn to pages 15-21.)*

6) Funding for newborn survival programs does not match the need. The majority of health funding in most developing countries is from domestic resources. Many developing nations recognize their primary role in providing for the health of mothers and newborns and the importance of eliminating financial barriers that limit access to care. Within this context, development assistance can play an important role in helping to improve newborn health. While global support for maternal, newborn and child health has been rising since 2000, it remains very low and does not match the need given the 3 million newborn deaths and 2.6 million stillbirths that occur worldwide every year. More specifically, donor funding for newborn care is extremely small compared to the burden, apart from a few leading donors. *(To read more, turn to pages 51-53.)*

7) In the industrialized world, the United States has by far the most first-day deaths. Only 1 percent of the world's newborn deaths occur in industrialized countries, but the newborn period is still the riskiest time, no matter where a baby is born, with the first day being the riskiest time of all in most, if not all, countries. The United States has the highest first-day death rate in the industrialized world. An estimated 11,300 newborn babies die each year in the United



Ethiopia

States on the day they are born. This is 50 percent more first-day deaths than all other industrialized countries combined. When first-day deaths in the United States are compared to those in the 27 countries making up the European Union, the findings show that European Union countries, taken together, have 1 million more births each year (4.3 million vs. 5.3 million, respectively), but only about half as many first-day deaths as the United States (11,300 in the U.S. vs. 5,800 in EU member countries). In Australia, Austria, Canada, Switzerland and the United States, 60 percent or more of babies who die in their first month die on their first day. Current data do not allow for analysis of first-day death rates among disadvantaged groups in wealthy countries, but newborn and infant mortality are often higher among the poor and racial/ethnic minorities, and populations with high newborn mortality rates also tend to have high first-day death rates. Poor and minority groups also suffer higher burdens of prematurity and low birthweight, which likely lead to first-day deaths in the U.S. and elsewhere. *(To read more, turn to pages 55-57.)*

2013 MOTHERS' INDEX RANKINGS

Top 10		Bottom 10	
RANK	COUNTRY	RANK	COUNTRY
1	Finland	167	Côte d'Ivoire
2	Sweden	168	Chad
3	Norway	169	Nigeria
4	Iceland	170	Gambia
5	Netherlands	171	Central African Republic
6	Denmark	172	Niger
7	Spain	173	Mali
8	Belgium	174	Sierra Leone
9	Germany	175	Somalia
10	Australia	176	DR Congo

Save the Children's 14th annual *Mothers' Index* assesses the well-being of mothers and children in 176 countries – more countries than in any previous year. Finland, Sweden and Norway 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. Democratic Republic of the Congo ranks last among the countries surveyed. The 10 bottom-ranked countries – all from sub-Saharan Africa – are a reverse image of the top 10, performing poorly on all indicators. The United States places 30th this year. 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 7 dies before his or her fifth birthday. These statistics go far beyond mere numbers. The human despair, lost opportunities and impaired economic growth represented in these numbers demand mothers, families and communities everywhere be given the basic tools they need to break the cycle of poverty and improve the quality of life for themselves, their children, and for generations to come.

See the Appendix for the Complete Mothers' Index, Country Rankings and an explanation of the methodology.



Finland

“I feel secure, as I receive the support I need,” said Karin Sivelä two days after giving birth to her daughter at Porvoo Hospital.

Recommendations



Pakistan

1) **Address the underlying causes of newborn mortality, especially gender inequality.** When mothers are strong and stable – physically, financially and socially – their children are more likely to survive and thrive. Educated girls tend to marry later and begin childbearing later in life, when their bodies are more fully developed. They are also more likely to make healthy choices for themselves and their babies. Well-nourished girls also grow up to be healthier mothers who are less at risk for many health problems, including preterm birth. And family planning saves the lives of mothers and babies by enabling women to avoid pregnancy when they are too young or too old, and to space their births at healthy intervals. Men must also be engaged as stakeholders in maternal and child health so that they support family choices that will lead to healthier mothers and babies. *(To read more, turn to pages 37-38.)*

2) **Invest in health workers – especially those working on the front lines – to reach the most vulnerable mothers and babies.** The world faces a shortage of 5 million health workers of all types and there is an acute shortage of frontline health workers, including 350,000 with midwifery skills. New frontline health workers need to be recruited and trained, and those who are already practicing need opportunities to update and improve their skills. These health workers must be part of functioning health systems, and deployed to serve communities where they are most needed. Midwives and birth attendants need training, supplies and appropriate facilities to prevent and respond to birth complications. It is essential that routine obstetric care includes proven solutions such as giving corticosteroids to mothers in preterm labor, which can help infants' lungs develop so that they can breathe when they are born. Birth attendants also need training to help newborn babies survive the “golden minute” – that first moment after birth when, if a baby is not breathing spontaneously, a simple intervention can save her life. *(To read more, turn to pages 38-48.)*

3) **Invest in low-cost, low-tech solutions which health workers can use to save lives during pregnancy, at birth and immediately after birth.** Most newborn deaths could be prevented by ensuring access to lifesaving products and approaches, including: treatment of infections in pregnant women; access to low-tech equipment that can help babies breathe; clean cord care using chlorhexidine; prompt treatment of newborn infections; and basic education for mothers about the importance of proper hygiene, warmth and breastfeeding for newborns. Increasing the use of these services and these practices can prevent up to 3 out of 4 newborn deaths. *(To read more, turn to pages 38-48.)*

4) **Strengthen health systems and address demand-related barriers to access and use of health services.** Investing in skilled birth attendants and other frontline health workers is a critical piece of a broader movement to ensure Universal Health Coverage so that everyone – starting with the most vulnerable – receives essential, high-quality care without financial hardship. Developing nations need support in building strong, fully functioning health systems and removing financial and other barriers that prevent mothers and newborns from getting the care they need. The success of Universal Health Coverage should be judged by its success in delivering health outcomes, including reducing newborn, maternal and child mortality. Thousands die every day in developing countries because health systems are grossly underfunded and lack the staff, equipment and supplies needed to save lives. The world needs to understand and address the social, cultural and financial barriers that prevent families from receiving

quality health care. More funding is needed for better facilities, for logistic systems that reliably provide drugs and commodities, to ensure that services are accessible to the most vulnerable, and for national and local monitoring that includes indicators of the coverage and effectiveness of basic components of newborn care, so countries and stakeholders can tell if progress is being made. *(To read more, turn to pages 46-49.)*

5) Increase commitments and funding to save the lives of mothers and newborns. In order to meet internationally agreed-upon development goals to reduce child and maternal deaths, lifesaving services must be increased for women and newborns. In most countries the majority of health financing comes from domestic sources. In many cases, countries need to increase their public investment in health – especially investments in maternal, newborn and child health – and take steps to ensure that direct payments for health care are not a barrier to survival. Developing countries should develop their own funded road maps to identify and implement solutions that work best within their existing health systems to end preventable maternal and newborn deaths. A range of stakeholders, including donor countries, developing countries, international agencies, nongovernmental organizations (NGOs) and the private sector all have separate roles to play in helping improve and expand effective health care coverage so even the poorest mothers and their newborns have access to quality care. NGOs, in particular, can help monitor progress and make sure stakeholders are held accountable. *(To read more, turn to pages 59-63.)*



COUNTRY	RANK	COUNTRY	RANK	COUNTRY	RANK
Finland	1	Turkey	60	Swaziland	119
Sweden	2	Romania	61	Bhutan	120
Norway	3	Mauritius	62	Lao People's Democratic Republic	121
Iceland	4	Oman	63	Nepal	121
Netherlands	5	Trinidad and Tobago	64	Angola	123
Denmark	6	Kazakhstan	65	Morocco	124
Spain	7	Venezuela (Bolivarian Republic of)	65	Tajikistan	124
Belgium	8	Bahamas	67	Senegal	126
Germany	9	China	68	Vanuatu	127
Australia	10	Lebanon	68	Guatemala	128
Austria	11	Malaysia	70	Sao Tome and Principe	129
Switzerland	12	Ecuador	71	Cambodia	130
Portugal	13	Saint Lucia	72	Lesotho	131
Slovenia	14	Peru	73	Uganda	132
Singapore	15	Algeria	74	Micronesia (Federated States of)	133
France	16	El Salvador	74	Solomon Islands	133
Italy	17	Ukraine	74	United Republic of Tanzania	135
New Zealand	17	South Africa	77	Bangladesh	136
Greece	19	Brazil	78	Burundi	137
Ireland	20	Saint Vincent and the Grenadines	79	Mozambique	138
Estonia	21	Thailand	80	Pakistan	139
Canada	22	Albania	81	Equatorial Guinea	140
United Kingdom	23	Cape Verde	81	Ethiopia	141
Czech Republic	24	Colombia	83	India	142
Israel	25	Republic of Moldova	84	Sudan	143
Belarus	26	Iran (Islamic Republic of)	85	Malawi	144
Lithuania	26	Maldives	86	Afghanistan	145
Poland	28	Vietnam	86	Ghana	146
Luxembourg	29	Belize	88	Eritrea	147
United States	30	Nicaragua	89	South Sudan	147
Japan	31	Sri Lanka	89	Zimbabwe	147
Republic of Korea	31	Mongolia	91	Togo	150
Cuba	33	Dominican Republic	92	Madagascar	151
Croatia	34	Bolivia (Plurinational State of)	93	Myanmar	152
Slovakia	35	Georgia	94	Cameroon	153
Argentina	36	Armenia	95	Mauritania	154
Serbia	36	Jamaica	96	Djibouti	155
Latvia	38	Panama	96	Kenya	156
Cyprus	39	Azerbaijan	98	Congo	157
TfYR Macedonia	40	Turkmenistan	99	Papua New Guinea	158
Costa Rica	41	Suriname	100	Zambia	159
Montenegro	42	Namibia	101	Benin	160
Bulgaria	43	Tonga	102	Burkina Faso	161
Bahrain	44	Jordan	103	Yemen	162
Malta	45	Kyrgyzstan	104	Comoros	163
Saudi Arabia	46	Uzbekistan	105	Haiti	164
Bosnia and Herzegovina	47	Indonesia	106	Guinea-Bissau	165
Barbados	48	Philippines	106	Liberia	166
Mexico	49	Gabon	108	Côte d'Ivoire	167
United Arab Emirates	50	Guyana	109	Chad	168
Chile	51	Timor-Leste	110	Nigeria	169
Grenada	52	Honduras	111	Gambia	170
Hungary	52	Syrian Arab Republic	112	Central African Republic	171
Uruguay	54	Iraq	113	Niger	172
Kuwait	55	Paraguay	114	Mali	173
Tunisia	56	Samoa	115	Sierra Leone	174
Libya	57	Botswana	116	Somalia	175
Qatar	58	Rwanda	117	Democratic Republic of the Congo	176
Russian Federation	59	Egypt	118		

Country or Territory	MATERNAL HEALTH	CHILDREN'S WELL-BEING	EDUCATIONAL STATUS	ECONOMIC STATUS	POLITICAL STATUS	Mothers' Index Rank (out of 176 countries)
	Lifetime risk of maternal death (1 in number stated)	Under-5 mortality rate (per 1,000 live births)	Expected number of years of formal schooling	Gross national income per capita (current US\$)	Participation of women in national government (% seats held by women)*	
	2010	2011	2012	2011	2013	
Afghanistan	32	101.1	8.8 (b)	470	27.6	145
Albania	2,200	14.3	11.3	3,980	15.7	81
Algeria	430	29.8	13.6	4,470	25.8	74
Angola	39	157.6	10.2	3,830	34.1	123
Argentina	560	14.1	16.4	9,740	37.7	36
Armenia	1,700	17.5	12.0	3,360	10.7	95
Australia	8,100	4.5	19.6 (a)	49,130	29.2	10
Austria	18,200	4.2	15.6	48,190	28.7	11
Azerbaijan	1,000	44.7	11.8	5,290	16.0	98
Bahamas	1,100	16.2	12.6 (x)	21,970	16.7	67
Bahrain	1,800	10.0	14.4	15,920	18.8	44
Bangladesh	170	46.0	8.1 (x)	780	19.7	136
Barbados	1,300	19.7	16.6	12,660	19.6	48
Belarus	16,300	5.6	15.3	5,830	29.5	26
Belgium	7,500	4.3	16.5	45,990	38.9	8
Belize	610	16.9	13.1	3,710	13.3	88
Benin	53	106.0	11.3 (b)	780	8.4	160
Bhutan	210	53.7	12.4	2,130	13.9	120
Bolivia, Plurinational State of	140	50.6	13.5	2,020	30.1	93
Bosnia and Herzegovina	11,400	7.7	13.6	4,780	19.3	47
Botswana	220	25.9	11.8	7,470	7.9	116
Brazil	910	15.6	14.2	10,720	9.6	78
Brunei Darussalam	1,900	7.2	15.1	31,800	—	—
Bulgaria	5,900	12.1	14.0	6,530	22.9	43
Burkina Faso	55	146.4	6.9	570	15.7	161
Burundi	31	139.1	11.9 (b)	250	34.9	137
Cambodia	150	42.5	11.0	820	18.5	130
Cameroon	31	127.2	11.5	1,210	13.9	153
Canada	5,200	5.6	15.1	45,560	28.0	22
Cape Verde	480	21.3	13.0	3,540	20.8	81
Central African Republic	26	163.5	7.2	480	12.5	171
Chad	15	169.0	8.2	690	14.9	168
Chile	2,200	8.7	14.9	12,280	13.9	51
China	1,700	14.6	11.9	4,940	21.3	68
Colombia	430	17.7	13.6	6,070	13.6	83
Comoros	67	79.3	10.2	770	3.0	163
Congo, Democratic Republic of the	30	167.7	8.5	190	8.3	176
Congo	39	98.8	9.8 (b)	2,250	9.6	157
Costa Rica	1,300	10.1	13.5	7,640	38.6	41
Côte d'Ivoire	53	114.9	6.6 (b)	1,090	10.4	167
Croatia	4,100	5.1	14.1	13,530	23.8	34
Cuba	1,000	5.8	15.4	5,460	45.2	33
Cyprus	6,300	3.1	14.0	29,450	10.7	39
Czech Republic	12,100	3.9	15.8	18,620	20.6	24

Country or Territory	MATERNAL HEALTH	CHILDREN'S WELL-BEING	EDUCATIONAL STATUS	ECONOMIC STATUS	POLITICAL STATUS	Mothers' Index Rank (out of 176 countries)
	Lifetime risk of maternal death (1 in number stated)	Under-5 mortality rate (per 1,000 live births)	Expected number of years of formal schooling	Gross national income per capita (current US\$)	Participation of women in national government (% seats held by women)*	
	2010	2011	2012	2011	2013	
Denmark	4,500	3.7	16.8	60,120	39.1	6
Djibouti	140	89.5	5.8 (b)	1,270	13.8	155
Dominican Republic	240	24.7	12.3	5,240	19.1	92
Ecuador	350	22.8	13.7 (x)	4,200	32.3	71
Egypt	490	21.1	12.4	2,600	2.8	118
El Salvador	490	15.2	12.2	3,480	26.2	74
Equatorial Guinea	88	118.1	7.9	15,670	10.0	140
Eritrea	86	67.8	4.6	430	22.0	147
Estonia	25,100	3.7	16.0	15,260	20.8	21
Ethiopia	67	77.0	9.1	370	25.5	141
Fiji	1,400	16.4	15.7	3,720	—	—
Finland	12,200	2.9	16.9	47,770	42.5	1
France	6,200	4.1	16.3	42,420	25.1	16
Gabon	130	65.6	13.0 (x)	8,080	16.7	108
Gambia	56	100.6	8.6	500	7.5	170
Georgia	960	20.5	13.2	2,860	12.0	94
Germany	10,600	4.0	16.4 (x,d)	44,270	32.4	9
Ghana	68	77.6	11.3	1,410	10.3	146
Greece	25,500	4.4	16.3	24,480	21.0	19
Grenada	1,700	12.8	15.8	7,350	17.9	52
Guatemala	190	30.4	10.7	2,870	13.3	128
Guinea	30	125.8	9.5	430	— (f)	—
Guinea-Bissau	25	160.6	9.5	600	14.0	165
Guyana	150	35.9	10.6	2,900	31.3	109
Haiti	83	70.0	7.6 (x,d)	700	3.5	164
Honduras	270	21.4	11.7	1,980	19.5	111
Hungary	3,300	6.3	15.5	12,730	8.8	52
Iceland	8,900	2.5	18.5	34,820	39.7	4
India	170	61.3	10.7	1,410	10.9	142
Indonesia	210	31.8	12.9	2,940	18.6	106
Iran, Islamic Republic of	2,400	25.0	13.9	4,520	3.1	85
Iraq	310	37.9	10.0	2,640	25.2	113
Ireland	8,100	4.0	18.7 (a)	39,930	19.0	20
Israel	5,100	4.3	15.7	28,930	21.7	25
Italy	20,300	3.7	16.1	35,290	20.6	17
Jamaica	370	18.3	12.9	3,300	15.5	96
Japan	13,100	3.4	15.3	44,900	11.3	31
Jordan	470	20.7	12.7	4,380	11.9	103
Kazakhstan	770	28.3	15.4	8,260	18.2	65
Kenya	55	72.8	11.1	820	9.8	156
Kiribati	—	47.4	12.0	2,030	8.7	—
Korea, Democratic People's Republic of	670	33.2	—	510 (x)	15.6	—
Korea, Republic of	4,800	4.8	17.2	20,870	15.7	31
Kuwait	2,900	10.9	14.2	48,900	6.2	55

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	Lifetime risk of maternal death (1 in number stated)	Under-5 mortality rate (per 1,000 live births)	Expected number of years of formal schooling	Gross national income per capita (current US\$)	Participation of women in national government (% seats held by women)*	
	2010	2011	2012	2011	2013	
Kyrgyzstan	480	30.6	12.5	880	23.3	104
Lao People's Democratic Republic	74	41.9	10.5	1,130	25.0	121
Latvia	2,000	8.3	14.5	12,350	23.0	38
Lebanon	2,100	9.3	14.4	9,140	3.1	68
Lesotho	53	86.0	10.0	1,220	26.8	131
Liberia	24	78.3	10.5	330	11.7	166
Libya	620	16.2	16.2	12,320	16.5	57
Lithuania	9,400	5.7	15.5	12,280	24.5	26
Luxembourg	3,200	3.2	13.5	77,580	21.7	29
Macedonia, The former Yugoslav Republic of	6,300	9.6	13.4	4,730	32.5	40
Madagascar	81	61.6	10.4	430	15.8	151
Malawi	36	82.6	10.8	360	22.3	144
Malaysia	1,300	6.5	12.6	8,770	13.2	70
Maldives	870	10.7	12.6	5,720	6.5	86
Mali	28	175.6	7.5	610	10.2	173
Malta	8,900	5.9	15.1	18,620	8.7	45
Mauritania	44	112.1	8.2	1,000	19.2	154
Mauritius	1,000	15.1	13.6 (x)	8,040	18.8	62
Mexico	790	15.7	13.7	9,420	36.0	49
Micronesia, Federated States of	290	41.5	11.7 (b)	2,860	0.0	133
Moldova, Republic of	1,500	16.0	11.9	1,980	19.8	84
Mongolia	600	30.7	14.5	2,310	14.9	91
Montenegro	7,400	7.2	15.0	7,140	17.3	42
Morocco	400	32.8	11.0 (b)	2,970	11.0	124
Mozambique	43	103.1	9.7	470	39.2	138
Myanmar	250	62.4	9.5 (b)	1,140 (x)	4.6	152
Namibia	160	41.5	11.3	4,700	25.0	101
Nepal	190	48.0	8.9	540	33.2	121
Netherlands	10,500	4.0	17.0	49,650	37.8	5
New Zealand	3,300	5.9	19.7 (a)	29,140	32.2	17
Nicaragua	350	25.6	10.8	1,510	40.2	89
Niger	23	124.5	5.3	360	13.3	172
Nigeria	29	124.1	9.0	1,280	6.6	169
Norway	7,900	3.1	17.5	88,890	39.6	3
Occupied Palestinian Territory	330	22.0	13.4	1,250	—	—
Oman	1,200	8.7	13.8	19,260	9.6	63
Pakistan	110	72.0	7.5	1,120	21.1	139
Panama	410	19.5	13.2	7,470	8.5	96
Papua New Guinea	110	57.8	5.8 (x,d)	1,480	2.7	158
Paraguay	310	22.4	11.9	3,020	13.6	114
Peru	570	18.1	13.2	5,150	21.5	73
Philippines	300	25.4	11.3	2,210	22.1	106
Poland	14,400	5.8	15.4	12,480	21.8	28
Portugal	9,200	3.4	16.2	21,210	28.7	13

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	Lifetime risk of maternal death (1 in number stated)	Under-5 mortality rate (per 1,000 live births)	Expected number of years of formal schooling	Gross national income per capita (current US\$)	Participation of women in national government (% seats held by women)*	
	2010	2011	2012	2011	2013	
Qatar	5,400	7.7	12.9	80,440	0.0	58
Romania	2,600	12.5	14.5	7,910	11.6	61
Russian Federation	2,000	11.9	14.3	10,730	12.1	59
Rwanda	54	54.1	11.1	570	51.9	117
Saint Lucia	1,400	15.6	12.9	6,820	17.2	72
Saint Vincent and the Grenadines	940	20.9	13.3	6,070	17.4	79
Samoa	260	18.7	13.0	3,160	4.1	115
Sao Tome and Principe	330	88.8	11.2 (b)	1,350	18.2	129
Saudi Arabia	1,400	9.2	13.7	17,820	19.9	46
Senegal	54	64.8	8.2	1,070	42.7	126
Serbia	4,900	7.1	13.6	5,690	33.2	36
Sierra Leone	23	185.3	7.4	340	12.4	174
Singapore	25,300	2.6	14.4 (x,c)	42,930	24.2	15
Slovakia	12,200	7.7	14.7	16,070	18.7	35
Slovenia	5,900	2.8	17.0	23,610	24.6	14
Solomon Islands	240	21.6	12.3 (b)	1,110	2.0	133
Somalia	16	180.0	2.4 (b)	110 (x)	13.8	175
South Africa	140	46.7	13.1 (x,d)	6,960	41.1 (g)	77
South Sudan †	31	120.5	6.3 (b)	1,310	24.3	147
Spain	12,000	4.2	16.8	30,890	35.2	7
Sri Lanka	1,200	12.2	13.8	2,580	5.8	89
Sudan ‡	31	86.0	6.3 (b)	1,310	24.1	143
Suriname	320	29.5	13.0 (b)	7,640	11.8	100
Swaziland	95	103.6	11.3	3,300	21.9	119
Sweden	14,100	2.8	16.0	53,150	44.7	2
Switzerland	9,500	4.4	15.7	76,400	27.2	12
Syrian Arab Republic	460	15.3	11.7 (x,d)	2,750	12.0	112
Tajikistan	430	63.3	11.5	870	17.5	124
Tanzania, United Republic of	38	67.6	9.2	540	36.0	135
Thailand	1,400	12.3	12.3	4,440	15.7	80
Timor-Leste	55	54.1	11.7	2,730	38.5	110
Togo	80	110.1	12.9	570	11.1	150
Tonga	230	15.4	14.7	3,820	3.6	102
Trinidad and Tobago	1,300	27.7	11.8	15,840	26.0	64
Tunisia	860	16.2	14.9	4,070	26.7	56
Turkey	2,200	15.2	13.8	10,410	14.2	60
Turkmenistan	590	52.5	12.6 (x,d)	4,800	16.8	99
Uganda	49	89.9	11.1	510	35.0	132
Ukraine	2,200	10.1	14.8	3,130	9.4	74
United Arab Emirates	4,000	6.6	12.0 (x)	40,760	17.5	50
United Kingdom	4,600	5.1	16.7	37,840	22.6	23
United States	2,400	7.5	16.8	48,620	18.2	30
Uruguay	1,600	10.3	15.5	11,860	12.3	54
Uzbekistan	1,400	48.6	11.6	1,510	19.2	105

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	2010	2011	2012	2011	2013	
Vanuatu	230	13.2	11.1 (b)	2,750	0.0	127
Venezuela, Bolivarian Republic of	410	15.0	14.3	11,820	17.0	65
Vietnam	870	21.7	11.9	1,270	24.4	86
Yemen	90	76.5	8.7	1,070	0.7	162
Zambia	37	82.9	9.3 (b,e)	1,160	11.5	159
Zimbabwe	52	67.1	10.1 (x)	660	17.9	147

REGIONAL MEDIANS§						
Sub-Saharan Africa	53	94	10	775	16	147
South Asia	180	51	10	1,265	17	129
East Asia and Pacific	295	22	12	2,750	16	106
Latin America and Caribbean	525	18	13	6,070	18	76
Middle East and North Africa	555	18	13	4,425	12	74
CEE/CIS	2,200	14	14	4,800	18	65
Industrialized countries	8,900	4	16	36,565	25	18
WORLD	180	51	11	9,511	20	

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.

— Data are not available.

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

‡ Data for maternal health, educational and economic status are pre-secession estimates.

§ 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 only on the countries included in the *Index* table.

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 Estimate excludes years spent repeating grades.

f Parliament was dissolved following the December 2008 coup.

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

x Data are from a secondary source.