2023 SCORECARD NAIROBI GLOBAL COMMITMENTS MONITORING FRAMEWORK & COUNTRY PROFILES

Appendix

ICPD25
International Conference on Population and Development

THE NAIROBI STATEMENT: 12 GLOBAL COMMITMENTS

Recognizing our different capacities and responsibilities, our way forward is to focus in particular on those actions, expressed in specific commitments and collaborative actions, that will deliver on the promise of the ICPD Programme of Action, the Key Actions for the Further Implementation of the Programme of Action of the ICPD and the outcomes of its reviews, and the 2030 Agenda for Sustainable Development.

In that context, we will:

Intensify our efforts for the full, effective and accelerated implementation and funding of the ICPD Programme of Action, Key Actions for the Further Implementation of the Programme of Action of the ICPD, the outcomes of its reviews, and Agenda 2030 for Sustainable Development.

Achieve universal access to sexual and reproductive health and rights as a part of universal health coverage (UHC), by committing to strive for:

Zero unmet need for family planning information and services, and universal availability of quality, accessible, affordable and safe modern contraceptives.

Zero preventable maternal deaths and maternal morbidities, such as obstetric fistulas, by, inter alia, integrating a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and for the provision of post-abortion care, into national UHC strategies, policies and programmes, and to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights.

Access for all adolescents and youth, especially girls, to comprehensive and age-responsive **information, education and adolescent-friendly comprehensive, quality and timely services** to be able to make free and informed decisions and choices about their sexuality and reproductive lives, to adequately protect themselves from unintended pregnancies, all forms of sexual and gender-based violence and harmful practices, sexually transmitted infections, including HIV/AIDS, to facilitate a safe transition into adulthood.

Address sexual and gender-based violence and harmful practices, in particular child, early and forced marriages and female genital mutilation, by committing to strive for:

Zero sexual and gender-based violence and harmful practices, including zero child, early and forced marriage, as well as zero female genital mutilation; and **elimination of all forms of discrimination against all women and girls**, to realize all individuals' full socioeconomic potential.

Mobilize the required financing to finish the ICPD Programme of Action and sustain the gains already made, by:

Using national budget processes, including gender budgeting and auditing, increasing **domestic financing** and exploring new, participatory and innovative financing instruments and structures to ensure full, effective, and accelerated implementation of the ICPD Programme of Action.

Increasing **international financing** for the full, effective and accelerated implementation of the ICPD Programme of Action, to complement and catalyze domestic financing, in particular of sexual and reproductive health programmes, and other supportive measures and interventions that promote gender equality and girls' and women's empowerment.

Draw on demographic diversity to drive economic growth and achieve sustainable development, by:

Investing in the education, employment opportunities, health, including family planning and sexual and reproductive health services, of adolescents and youth, especially girls, so as to fully **harness the promises of the demographic dividend.**

Building peaceful, just and inclusive societies, where no one is left behind, where all, irrespective of race, colour, religion, sex, age, disability, language, ethnic origin, sexual orientation, and gender identity or expression, feel valued, and are able to shape their own destiny and contribute to the prosperity of their societies.

Providing quality, timely and disaggregated data, that ensures privacy of citizens and is also inclusive of younger adolescents, investing in digital health innovations, including in big data systems, and improvement of data systems to inform policies aimed at achieving sustainable development.

Committing to the notion that nothing about **young people's** health and well-being can be discussed and decided upon without their **meaningful involvement and participation** ("nothing about us, without us").

Uphold the right to sexual and reproductive health services in humanitarian and fragile contexts, by:

Ensuring that the **basic humanitarian needs and rights** of affected populations, especially that of girls and women, are addressed as critical components of responses to humanitarian and environmental crises, as well as fragile and post-crisis reconstruction contexts, through the provision of access to comprehensive sexual and reproductive health information, education and services, including access to safe abortion services to the full extent of the law, and post-abortion care, to significantly reduce maternal mortality and morbidity, sexual and gender-based violence and unplanned pregnancies under these conditions.

2023 SCORECARD NAIROBI GLOBAL COMMITMENTS MONITORING FRAMEWORK

The 2019 Nairobi Summit showcased gains, gaps and shared commitment to action in completing the unfinished business of the ICPD Programme of Action. The Summit mobilized global momentum that resulted in over 1,300 commitments by diverse stakeholders, including governments. It also saw widespread endorsement of the Nairobi Statement, which outlines collective ambition to reach ICPD goals for everyone, everywhere. The Statement's 12 global, overarching commitments are key to ensuring full, effective and accelerated implementation of the ICPD agenda and to achieving the 2030 Agenda for Sustainable Development.

In September 2020, the independent High-Level Commission on the Nairobi Summit on ICPD25 Follow-up was launched, comprising eminent representatives from governments, the private sector, young people and faith leaders, civil society and philanthropy, to support the tracking of and reporting on progress on the 12 Global Commitments contained in the Nairobi Statement on ICPD25, and their inclusion in existing global, regional, and national follow-up mechanisms. The High-Level Commission's annual reports are submitted to UNFPA Executive Director, Dr. Natalia Kanem, and made available publicly through a high-level launch and other wide-ranging advocacy events and activities.

The Commission's first report "*No Exceptions, No Exclusions: Realizing Sexual and Reproductive Health, Rights and Justice for All*" of 2021, as well as its second report "*Sexual and reproductive justice as the vehicle to deliver the Nairobi Summit commitments*", of 2022, included a comprehensive Global Commitments Monitoring Framework (GCMF) that tracks the 12 commitments against key indicators to complement the reports' narratives. The GCMF presents a scorecard, using a four-colour traffic light system to indicate progress globally and regionally on key global indicators under each of the 12 global commitments and as an overall score for every commitment.[I] The colours run from green as the most positive, to yellow, then orange and finally red as the lowest score. A grey colour means there is not sufficient data for that indicator for the respective region.

In the Commission's 2021 report, a baseline for selected indicators and overall regional scores for each commitment were presented, against the benchmarks and level of ambition included in the Nairobi Statement commitments. In the 2022 report the Commission continued to reflect on the indicators and updated the overall regional scores for each commitment, based on the latest available data, while also marking trends, using an upward pointing triangle for progress in terms of advancement through the traffic light colors, while using downward pointing triangles when regression was concerned. In addition, the Commission developed a select set of Country Profiles as examples that present deep dives on the available data, including disaggregated data, to further elucidate the concept of sexual and reproductive justice and with a desire of contributing to further dialogue on how to advance the Nairobi commitments on the ground ensuring that no one is left behind.

In 2023, for its third and final report "*Sexual and Reproductive Justice Cannot Wait: All Rights, All People, Acting Now*", to keep the report concise, the Commission has opted to only include in the print version the main oversight of the status of the Nairobi global commitments, presenting the overall scores on global commitment 1 which concerns the full, effective and accelerated implementation of the ICPD Programme of Action, and consists of a composite index constructed of all other key global Nairobi commitments.

Complementing the concise final report by the Commission, this document presents the full-length 2023 scorecard of the GCMF, along with a new range of Country Profiles spanning all regions and a detailed methodological note. Please note that the High Level Commission has also developed an interactive online dashboard that incorporates all of the annual GCMF scorecards and country profiles that can be accessed here: https://www.nairobisummiticpd.org/gcmf-dashboard.

I Except commitments 6 and 7 which did not have relevant indicators or data sets at this stage

Intensify our efforts for the **full, effective and accelerated implementation and funding of the ICPD Programme of Action**, Key Actions for the Further Implementation of the Programme of Action of the ICPD, the outcomes of its reviews, and Agenda 2030 for Sustainable Development.

COMMITMENT	CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
2 NAIROBI GLOBAL COMMITMENT	●	●	●	●	●	●	●
3 NAIROBI GLOBAL COMMITMENT	●	●	●	●	▲	●	●
4 NAIROBI GLOBAL COMMITMENT	●	●	●	●	●	●	●
5 NAIROBI GLOBAL COMMITMENT	●	●	●	●	●	●	●
6 NAIROBI GLOBAL COMMITMENT	●	●	●	●	●	●	●
7 NAIROBI GLOBAL COMMITMENT	●	●	●	●	●	●	●
8 NAIROBI GLOBAL COMMITMENT	●	●	●	●	●	●	●
9 NAIROBI GLOBAL COMMITMENT	●	●	●	●	●	●	●
10 NAIROBI GLOBAL COMMITMENT	●	●	●	●	●	●	●
11 NAIROBI GLOBAL COMMITMENT	●	▲	▲	●	●	▲	●
12 NAIROBI GLOBAL COMMITMENT	●	▼	▲	●	●	●	●
OVERALL SCORE	◎	◎	◎	◎	◎	◎	◎

There is no internationally comparable data and indicators available for each of Commitments 6 and 7

Zero unmet need for family planning information and services, and universal availability of quality, accessible, affordable and safe modern contraceptives.

	CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
Adolescent birth rate							
Nr of countries with laws and regulations that guarantee equal access to sexual and reproductive health care (SDG 5.6.2 - contraceptive and family planning)							
Unmet need for modern methods, total (all women)							
OVERALL SCORE							

Zero preventable maternal deaths and maternal morbidities, such as obstetric fistulas, by, inter alia, integrating a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and for the provision of post-abortion care, into national UHC strategies, policies and programmes, and to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights.

	CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
Universal Health Coverage Index (SDG 3.8.1)							
Number of countries with laws and regulations that guarantee equal access to sexual and reproductive health care (SDG 5.6.2 - maternity care)							
Proportion of births attended by skilled health personnel (SDG 3.1.2)							
Maternal mortality ratio (SDG 3.1.1)							
World Abortion Laws							
OVERALL SCORE							

Access for all adolescents and youth, especially girls, to comprehensive and age-responsive **information, education and adolescent-friendly comprehensive, quality and timely services** to be able to make free and informed decisions and choices about their sexuality and reproductive lives, to adequately protect themselves from unintended pregnancies, all forms of sexual and gender-based violence and harmful practices, sexually transmitted infections, including HIV/AIDS, to facilitate a safe transition into adulthood.

	CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
Percentage of young women age 20–24 who gave birth by age 15							
Percentage of young women age 20–24 who gave birth by age 18							
Demand for family planning satisfied by modern methods (all women aged 15–24)							
Number of new HIV infections per 1,000 uninfected population (aged 15–24) (SDG 3.3.1)							
Number of countries with laws and regulations that guarantee equal access to sexual and reproductive health care (SDG 5.6.2 - sexuality education)							
OVERALL SCORE							

Zero sexual and gender-based violence and harmful practices, including zero child, early and forced marriage, as well as zero female genital mutilation; **elimination of all forms of discrimination against all women and girls**, to realize all individuals' full socioeconomic potential.

	CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
Violence against women from an intimate partner (SDG 5.2.1)							
Proportion of women aged 20–24 years who were married or in a union before age 15 (SDG 5.3.1 - under age 15)							
Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex (SDG 5.1.1 - violence against women)							
Proportion of countries with systems to track and make public allocations for gender equality and women's empowerment (SDG 5.c.1)							
Consensual same sex sexual acts between adults legal							
OVERALL SCORE							

8 NAIROBI GLOBAL COMMITMENT

Investing in the education, employment opportunities, health, including family planning and sexual and reproductive health services, of adolescents and youth, especially girls, so as to fully **harness the promises of the demographic dividend.**

	CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
Secondary school net attendance ratio	●	●	●	●	●	●	●
Proportion of youth (aged 15–24 years) not in education, employment or training (SDG 8.6.1)	●	●	●	●	●	●	●
Proportion of women aged 20-24 years who were married or in a union before age 18 (SDG 5.3.1 - under age 18)	●	▲	●	●	●	●	●
OVERALL SCORE	◎	◎	◎	◎	◎	◎	◎

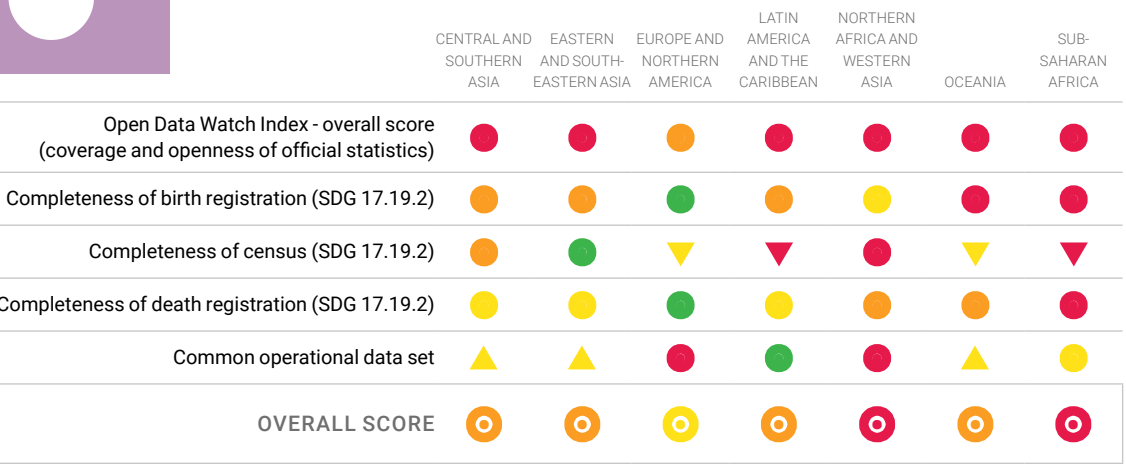
9 NAIROBI GLOBAL COMMITMENT

Building **peaceful, just and inclusive societies**, where no one is left behind, where all, irrespective of race, colour, religion, sex, age, disability, language, ethnic origin, sexual orientation, and gender identity or expression, feel valued, and are able to shape their own destiny and contribute to the prosperity of their societies.

	CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
Representation in public institutions (ratio of female Members of Parliament, lower chamber or unicameral) (SDG 16.7.1)	●	●	●	▲	●	▲	●
Representation in public institutions (ratio of young Members of Parliament, lower chamber or unicameral) (SDG 16.7.1)	●	●	●	●	●	●	●
Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex (SDG 5.1.1. - employment and economic benefits)	●	●	●	●	▼	▼	●
Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex (SDG 5.1.1 - overarching legal frameworks and public life)	●	●	●	●	▲	●	●
Existence of independent national human rights institutions in compliance with the Paris Principles (SDG 16.A.1 - A status)	●	●	●	●	●	●	●
Protection against hate crimes (ILGA)	●	●	●	●	●	●	●
Protection against incitement (ILGA)	●	●	●	●	●	●	●
OVERALL SCORE	◎	◎	◎	◎	◎	◎	◎

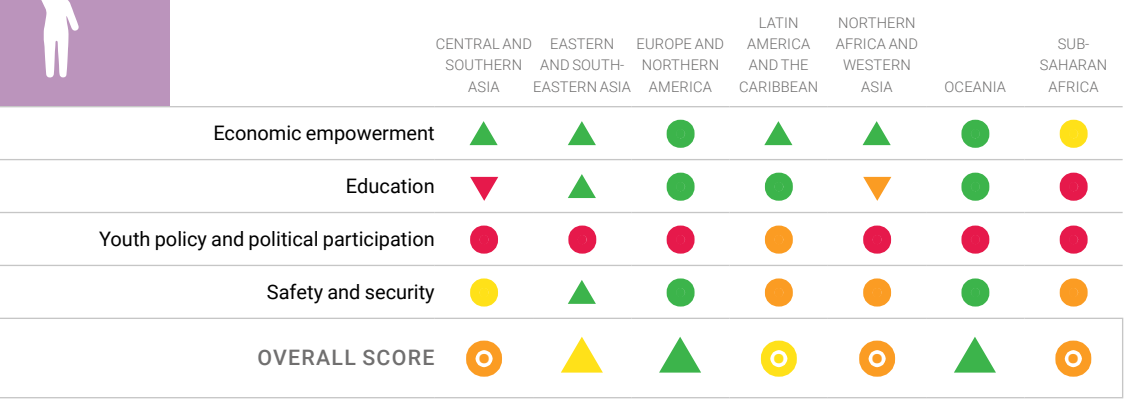
10 NAIROBI GLOBAL COMMITMENT

Providing **quality, timely and disaggregated data**, that ensures privacy of citizens and is also inclusive of younger adolescents, investing in digital health innovations, including in big data systems, and improvement of data systems to inform policies aimed at achieving sustainable development.



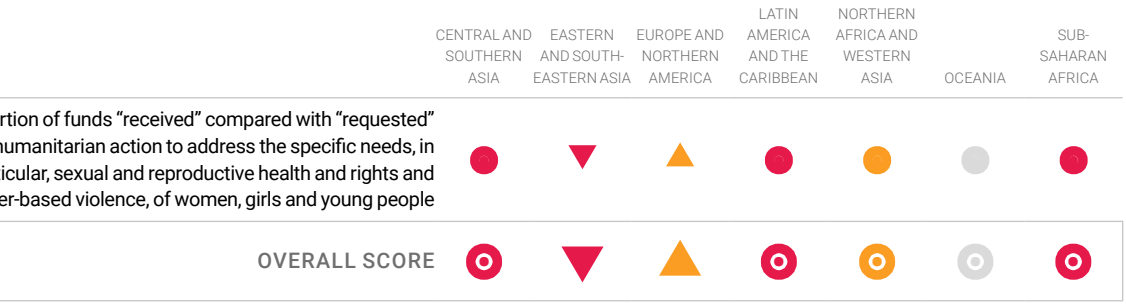
11 NAIROBI GLOBAL COMMITMENT

Committing to the notion that nothing about **young people's** health and well-being can be discussed and decided upon without their **meaningful involvement and participation** ("nothing about us, without us").

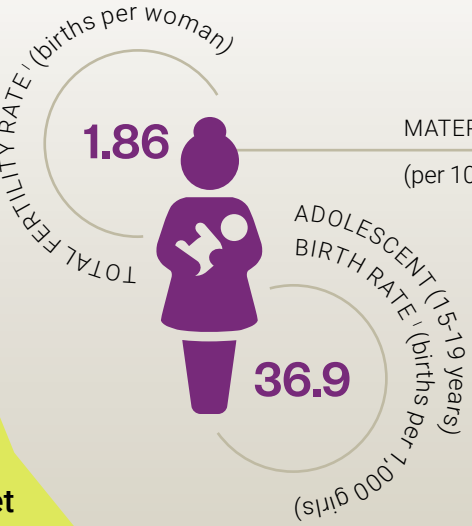


12 NAIROBI GLOBAL COMMITMENT

Ensuring that the **basic humanitarian needs and rights** of affected populations, especially that of girls and women, are addressed as critical components of responses to humanitarian and environmental crises, as well as fragile and post-crisis reconstruction contexts, **through the provision of access to comprehensive sexual and reproductive health information, education and services**, including access to safe abortion services to the full extent of the law, and post-abortion care, to significantly reduce maternal mortality and morbidity, sexual and gender-based violence and unplanned pregnancies under these conditions.



At the Nairobi Summit, Argentina committed to stepping up efforts to mobilize resources to ensure the funding and effective, accelerated and full implementation of the ICPD and 2030 Agenda. The country committed to ensuring zero unmet need for access to and availability of contraception, as well as increasing access to and availability of information on contraception and modern, high-quality, safe and affordable contraception, including in situations of crisis or humanitarian emergency. Argentina also committed to maximizing efforts to end preventable maternal deaths. In addition, Argentina has committed to incorporating comprehensive, effective and intersectional actions on health, mental health, and sexual and reproductive rights in the programmes, policies and strategies of universal health coverage and comprehensive sex education, **including the legal termination of pregnancy,** in accordance with the regulatory framework in force.

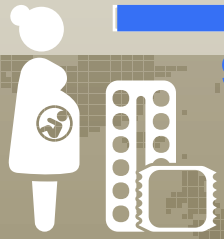


MATERNAL MORTALITY RATIO (per 100,000 live births) [II]
44.9
100,000

10.2% UNMET NEED FOR FAMILY PLANNING (all women) [III]

82.4% DEMAND FOR FAMILY PLANNING SATISFIED WITH MODERN METHODS (all women) [III]

98.8% DELIVERIES ATTENDED BY SKILLED HEALTH PERSONNEL [II]



ARGENTINA

TOTAL POPULATION [I]

45,917,100

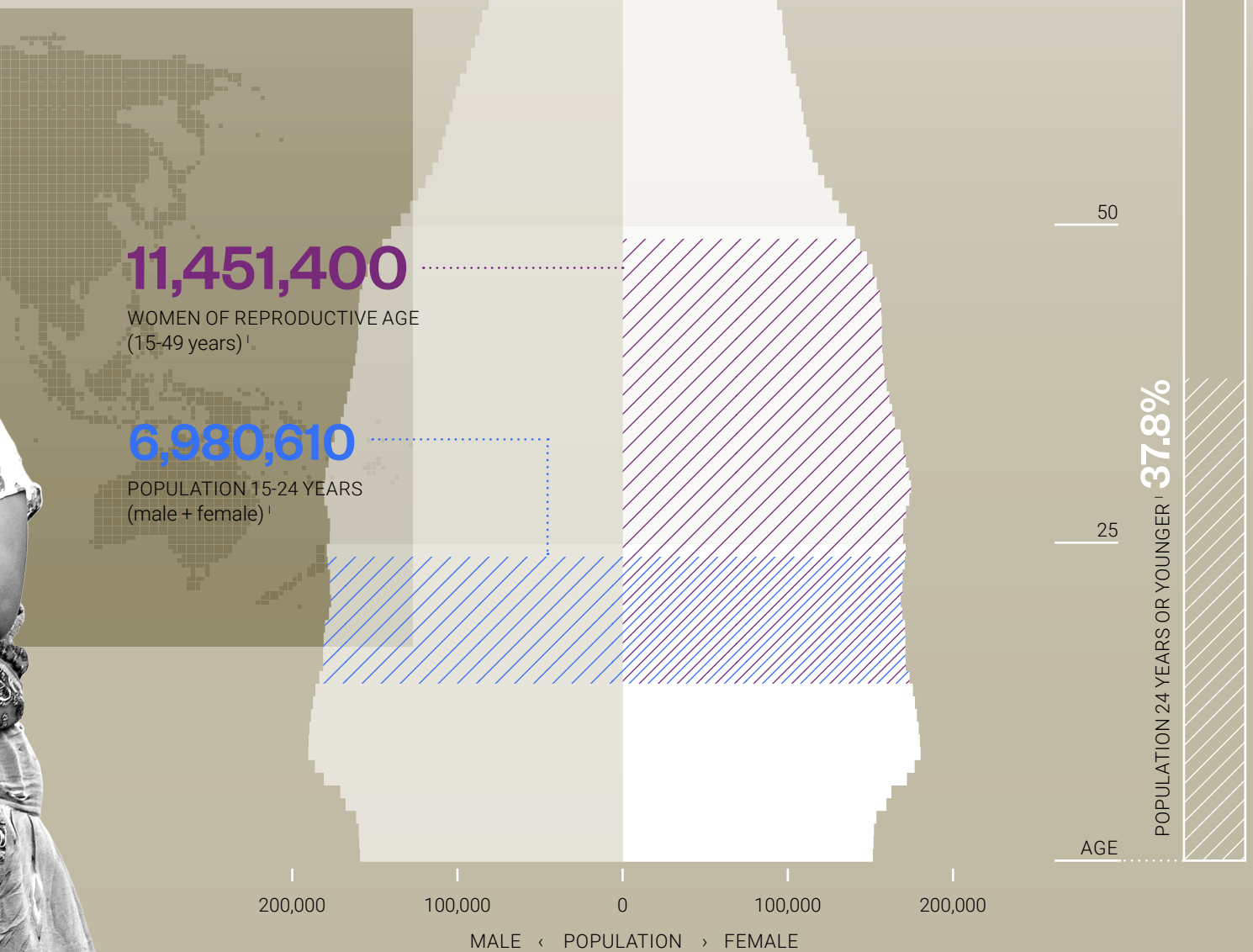
WOMEN (20-24 years) WHO WERE FIRST MARRIED OR IN UNION [II]

BEFORE AGE 18

15.5%

BEFORE AGE 15

2.4%



11,451,400

WOMEN OF REPRODUCTIVE AGE (15-49 years) [I]

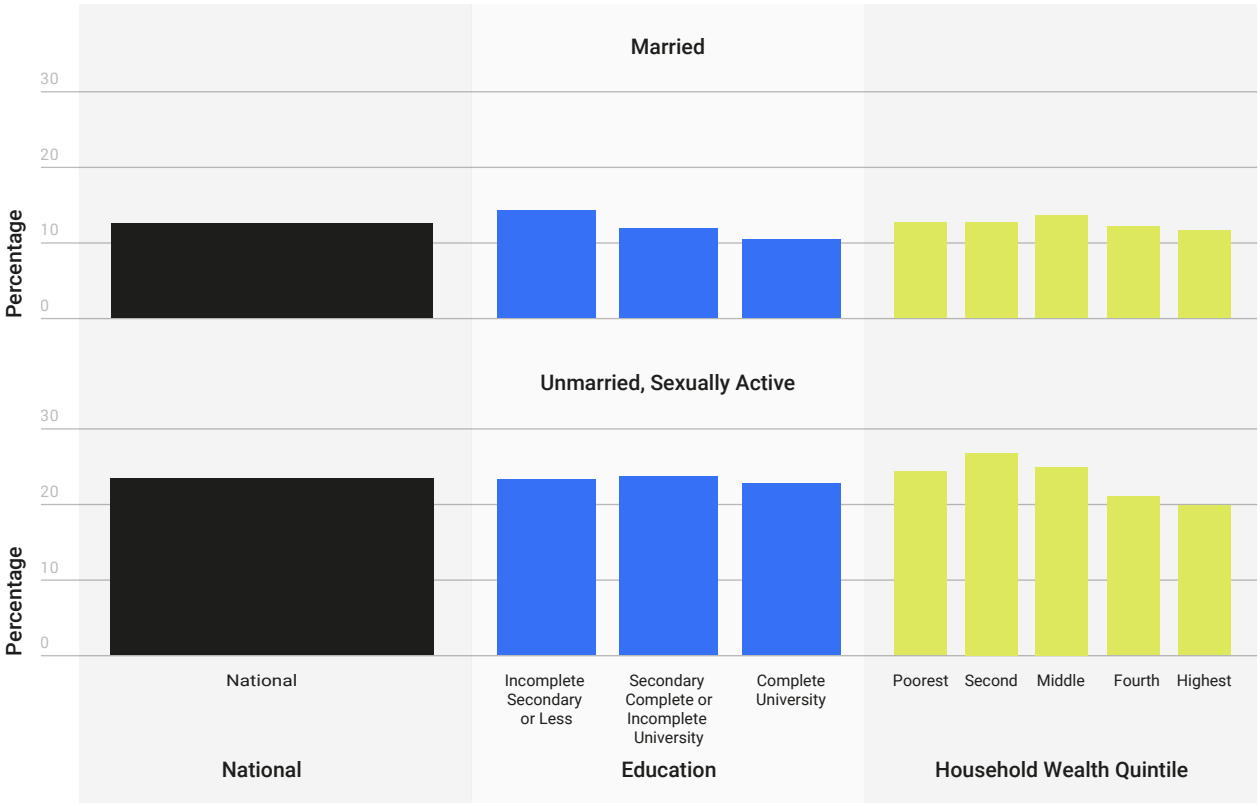
6,980,610

POPULATION 15-24 YEARS (male + female) [I]

I. World Population Prospects 2022
II. SDG
III. World Contraceptive Use 2022

In Argentina, unmet need for family planning is higher among unmarried, sexually active women than among married women (23.4% versus 12.5%). Among married women, unmet need for family planning is relatively the same regardless of education and household income; among unmarried, sexually active women unmet need for family planning is relatively the same regardless of education, but decreases slightly as household wealth increases. Demand for family planning satisfied by modern methods is higher among married women than among unmarried, sexually active women. Among married women, demand for family planning satisfied by modern methods is relatively the same by household income, but increases with higher levels of education. Among unmarried, sexually active women, demand for family planning satisfied by modern methods is relatively the same by level of education, but generally increases with higher levels of household wealth.

Unmet Need for Family Planning

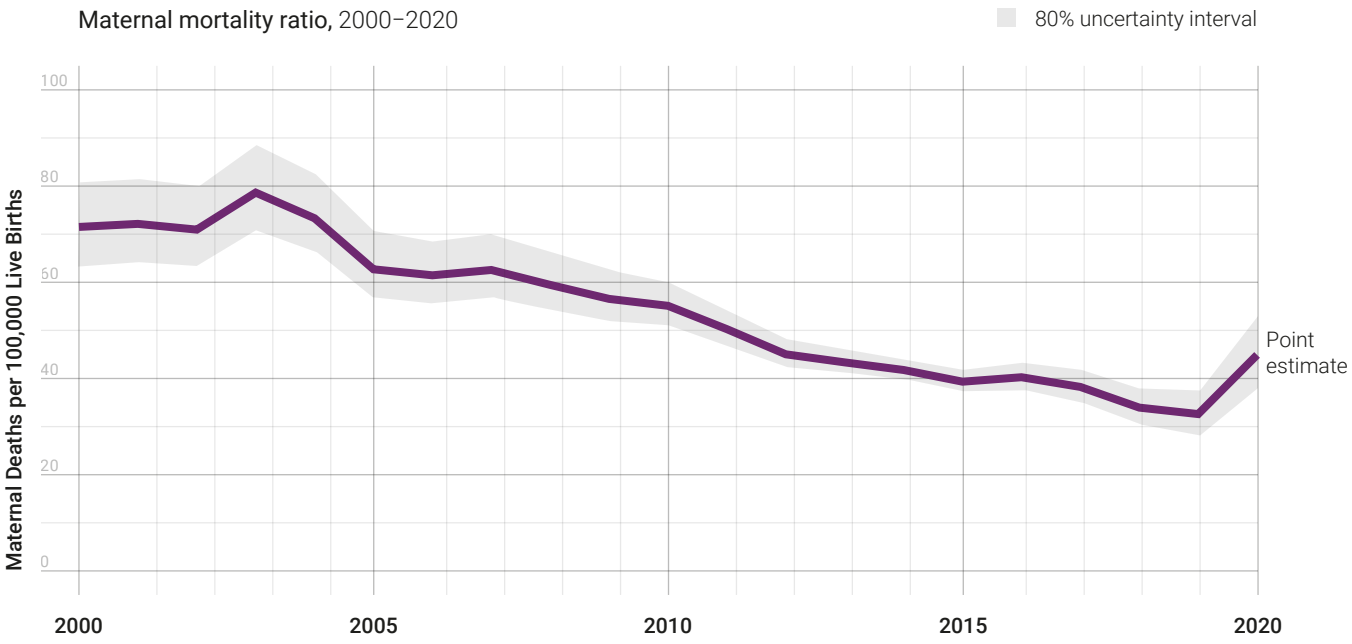


Source: Multiple Indicator Cluster Survey, 2019–2020

Demand for Family Planning Satisfied with Modern Methods

Source: Multiple Indicator Cluster Survey, 2019–2020

Argentina's maternal mortality ratio has been declining from 2000 to 2020, the most recent year for which data is available when it was estimated to be 44.9 deaths per 100,000 live births. The maternal mortality ratio is one of the lowest in the region, and 1.5 times lower than the SDG target of 70 deaths per 100,000 live births. Recognizing the impact of unsafe abortion on maternal deaths, Nairobi Summit Commitment 3 highlights the integration of "a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and the provision of post-abortion care into national UHC strategies, policies and programmes, and the need to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights". In December 2020, Argentina's Congress passed Law 27.610 permitting "Voluntary Interruption of Pregnancy" up to 14 weeks gestation, and "Legal Interruption of Pregnancy" for cases of rape or where there is a threat to the life or "integral health" of the pregnant person.



Source: World Health Organization, 2019

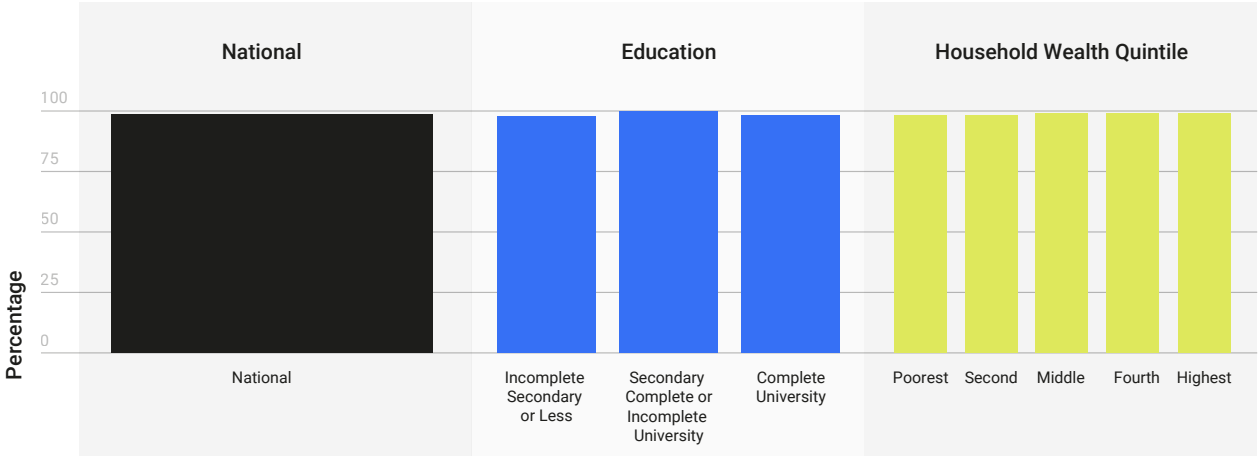
SDG 5.6.2 reflects the extent to which prevailing laws enable or disable women and men's full and equal access to health and rights. Argentina has achieved 100% of enabling laws and regulations that guarantee full and equal access to maternity care, contraceptive and family planning services, and to sexuality education.

Extent to which Argentina has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education

Source: United Nations Population Fund, 2023

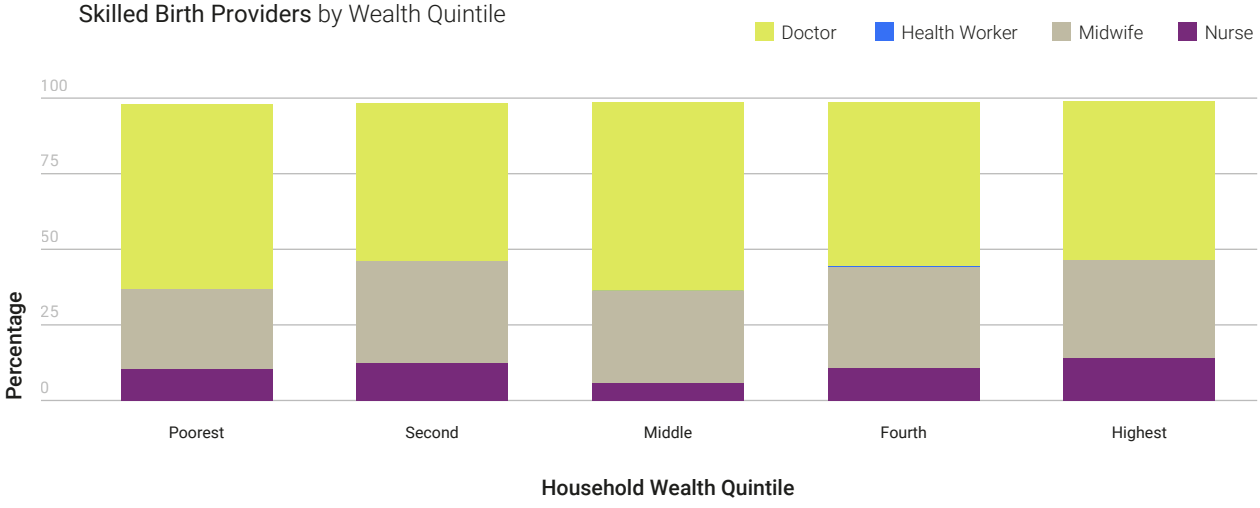
Among married women 15-49 years who had a live birth in the last two years in Argentina, approximately 98.8% of deliveries were assisted by a skilled attendant; this is one of the highest rates in the region. The proportion of births attended by a skilled attendant is relatively the same by education level and household wealth. In Argentina, most births are attended by a doctor, regardless of household wealth (61.3% among those women living in the poorest households, and 54.4% among those living in the wealthiest households). Depending on household wealth, between 5.8% to 12.5% of births are attended by nurses, while between 26.4% to 33.5% of births are attended by midwives.

Births with Skilled Attendant



Source: Multiple Indicator Cluster Survey, 2019–2020

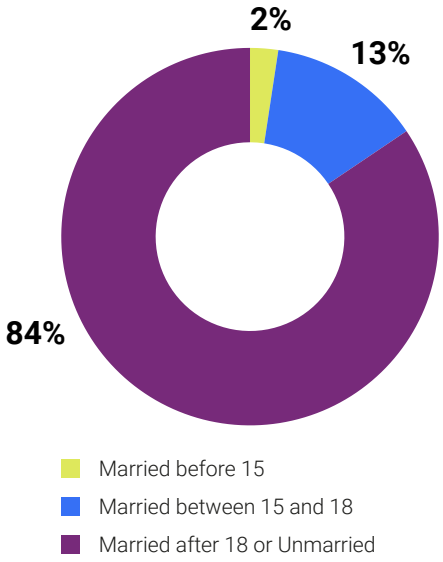
Skilled Birth Providers by Wealth Quintile



Source: Multiple Indicator Cluster Survey, 2019–2020

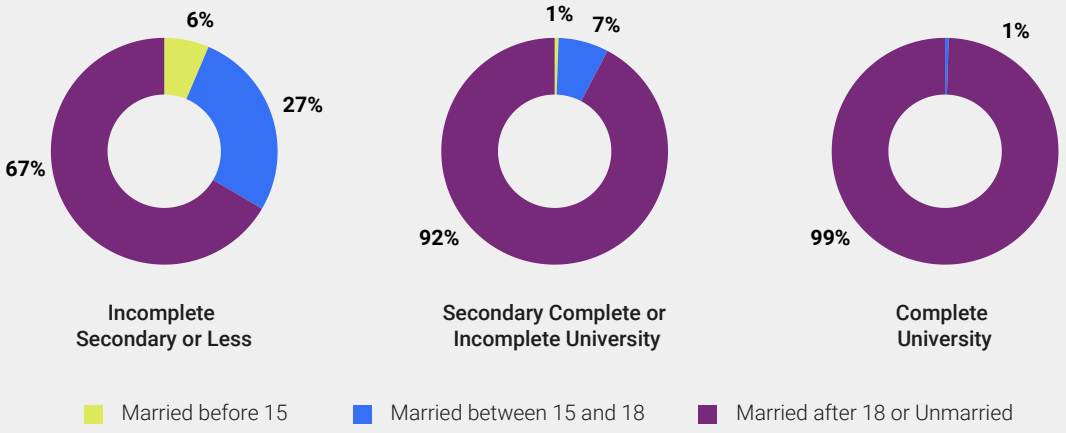
In Argentina, 15.5% of women aged 20-24 years were married before age 18, with 2.4% married before age 15. Marriage before age 18 is highest among those with incomplete secondary or less education, and among those in the poorest households.

Age of Marriage Distribution, Women 20–24



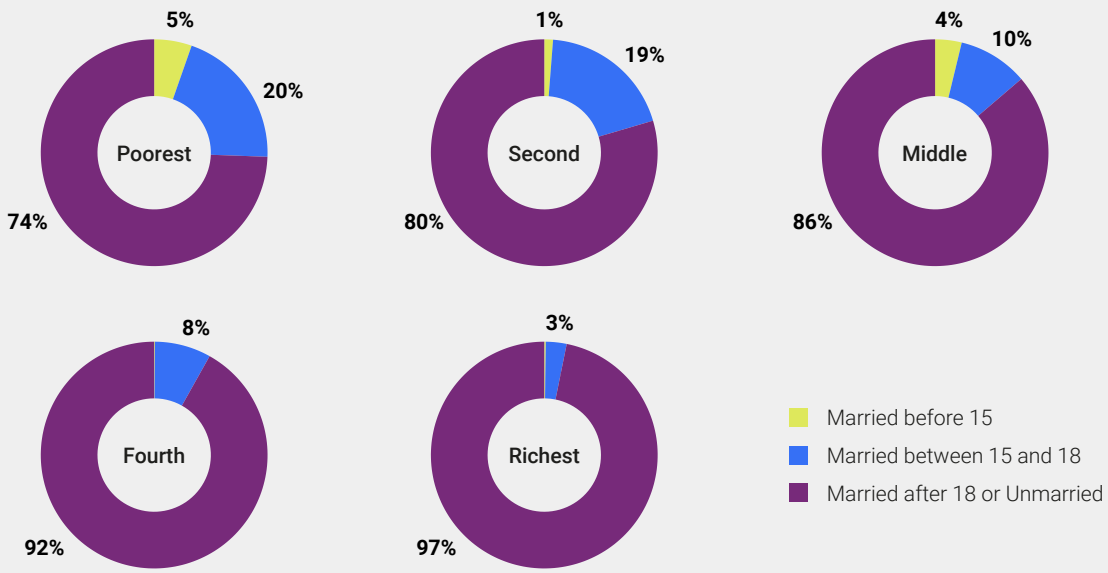
Source: Multiple Indicator Cluster Survey, 2019–2020

Age of Marriage Distribution by Education, Women 20–24



Source: Multiple Indicator Cluster Survey, 2019–2020

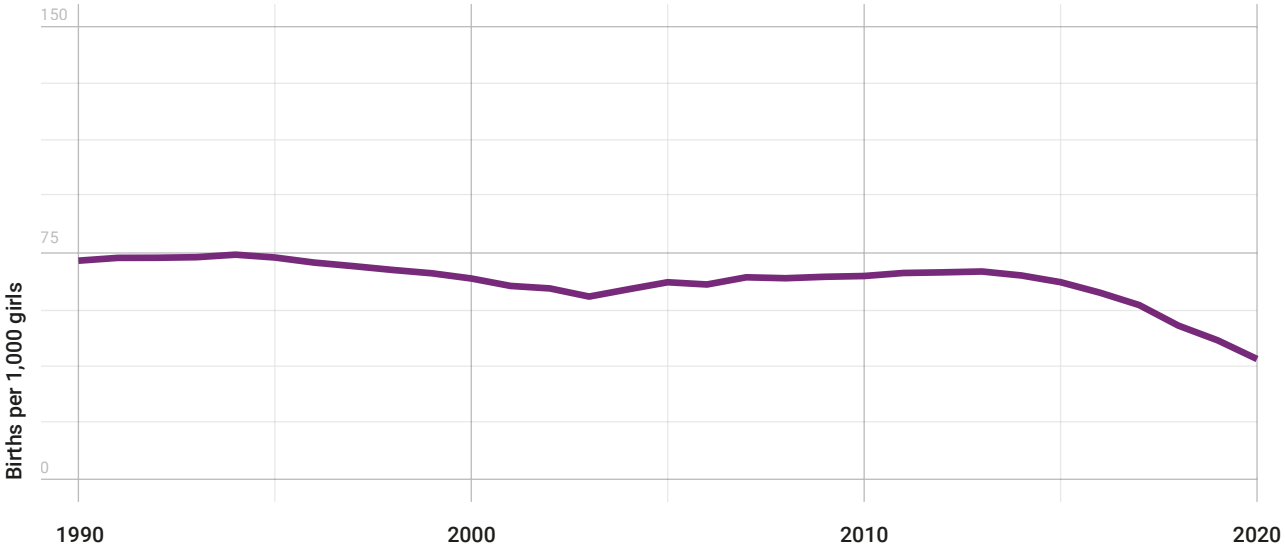
Age of Marriage Distribution by Household Wealth Quintile, Women 20–24



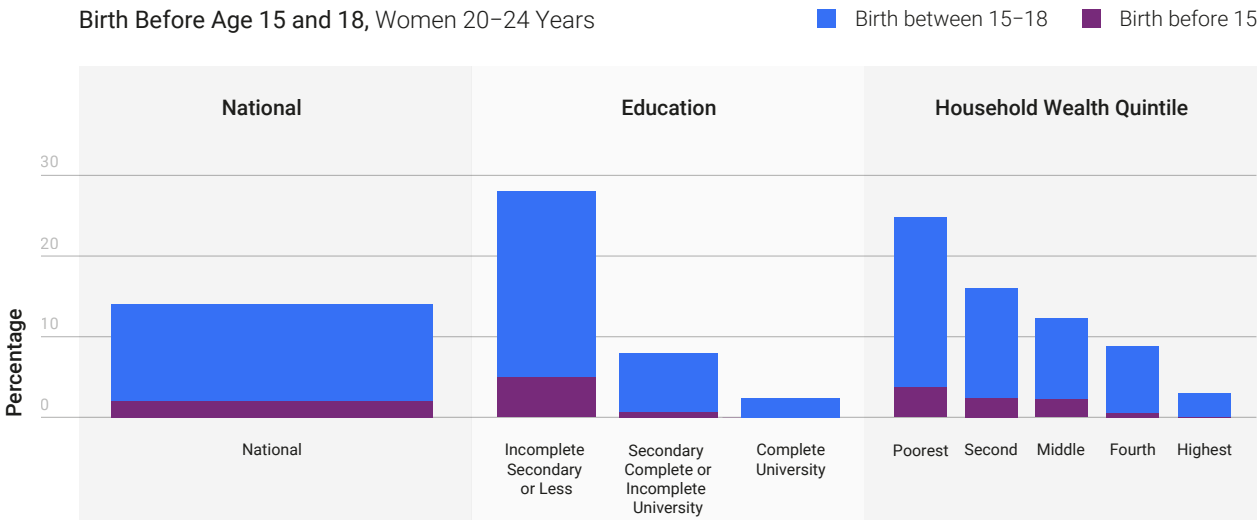
Source: Multiple Indicator Cluster Survey, 2019–2020

The adolescent birth rate in Argentina has decreased from 1990 to 2020 and is currently among the lowest in the region. It is highest among women with incomplete secondary or less education (5% of women aged 20-24 years had a birth before age 15 and 23% between ages 15-18 years), and among those living in the poorest households (4% of women aged 20-24 years had a birth before age 15 and 21% between ages 15-18 years). Births before age 15 and before age 18 decrease with higher levels of education and household wealth.

Adolescent birth rate, 1990–2020

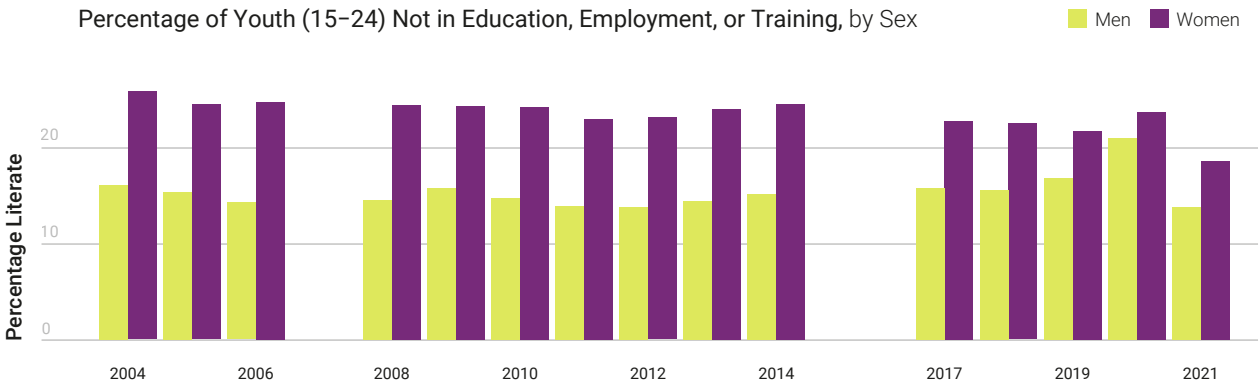


Source: World Population Prospects, 2022



Source: Multiple Indicator Cluster Survey, 2019–2020

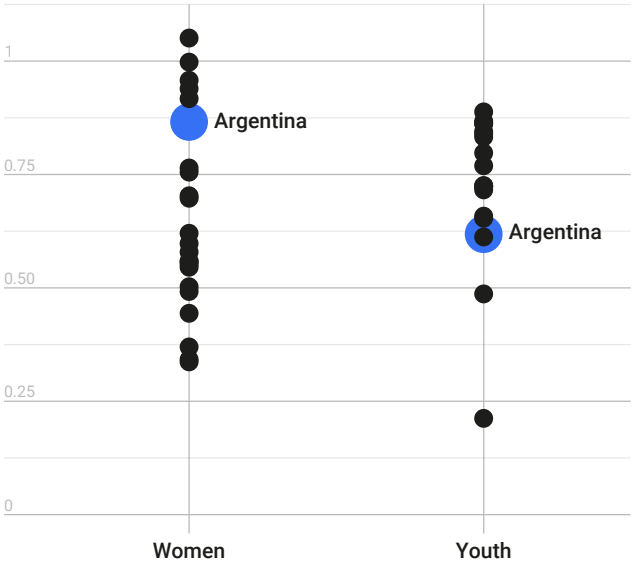
Young people who are not in education, employment or training (i.e., the NEET population) quantifies the proportion of young people who find themselves outside of the educational system and without work. In Argentina, the percentage of youth not in education, employment or training is higher among females than males, and this has been consistent from 2004 to 2021. In 2004, 25.8% of female youth were not in education, employment or training compared with 16.1% of males; in 2021 this percentage was 18.6% for females and 13.7% for males.



Source: Permanent Household Survey (Urban), 2004–2021

SDG Goal 16 seeks to promote peaceful and inclusive societies for sustainable development, to provide access to justice for all and build effective, accountable and inclusive institutions at all levels. One component of this is ensuring responsive, inclusive, participatory and representative decision-making at all levels. In Argentina, the ratio of the proportion of female Members of Parliament is among the higher ones in the region, while the ratio of the proportion of young Members of Parliament is on the lower end compared with those in the region (SDG 16.17.1).

Ratio of proportion of population in parliament to proportion in national population, Lower Chamber or Unicameral, Latin America and Caribbean Countries



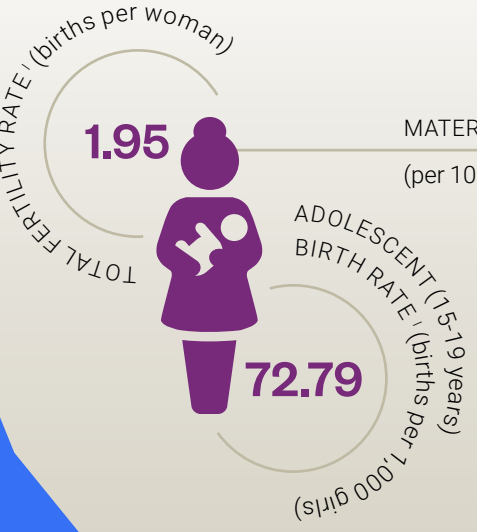
Source: Inter-Parliamentary Union, 2023

As an emerging regional leader in advancing sexual and reproductive rights, including the ICPD agenda and the Montevideo Consensus on Population and Development, Argentina has recently made progress through advanced progressive legal, policy and regulatory frameworks in sexual and reproductive health and rights and gender equality[IV]. Notable examples include the Law on Access to Voluntary Interruption of Pregnancy, a work that gained momentum with the women's movement in Nairobi.

Argentina was reviewed at the 42nd session of the Universal Periodic Review from January to February 2023. It received 287 recommendations, of which at least 114 (40% of all recommendations) were related to the Nairobi Summit on ICPD25.

IV UNFPA, Country programme document for Argentina, 2022

At the Nairobi Summit, the People's Republic Bangladesh committed to reduce unmet need for family planning, **ensuring the availability and access to all family planning methods and contraceptives for everyone**, with specific attention to adolescents and young married couples. Bangladesh has also committed to reducing maternal mortality ratio.



MATERNAL MORTALITY RATIO **173**
(per 100,000 live births) [ii] **100,000**

9.4% UNMET NEED FOR FAMILY PLANNING (all women) [iii]

73.7% DEMAND FOR FAMILY PLANNING SATISFIED WITH MODERN METHODS (all women) [iii]

59% DELIVERIES ATTENDED BY SKILLED HEALTH PERSONNEL [ii]

PEOPLE'S REPUBLIC OF BANGLADESH

TOTAL POPULATION [I]

172,075,200

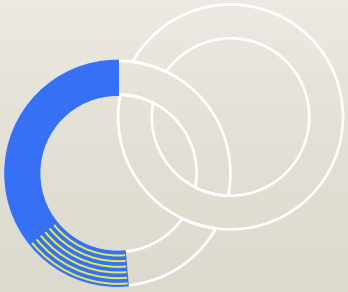
WOMEN (20-24 years) WHO WERE FIRST MARRIED OR IN UNION [II]

BEFORE AGE 18

51.4%

BEFORE AGE 15

15.5%



LIFE EXPECTANCY AT BIRTH [I] **76.0**

71.5 LIFE EXPECTANCY AT BIRTH [I]

48,728,990

WOMEN OF REPRODUCTIVE AGE (15-49 years) [I]

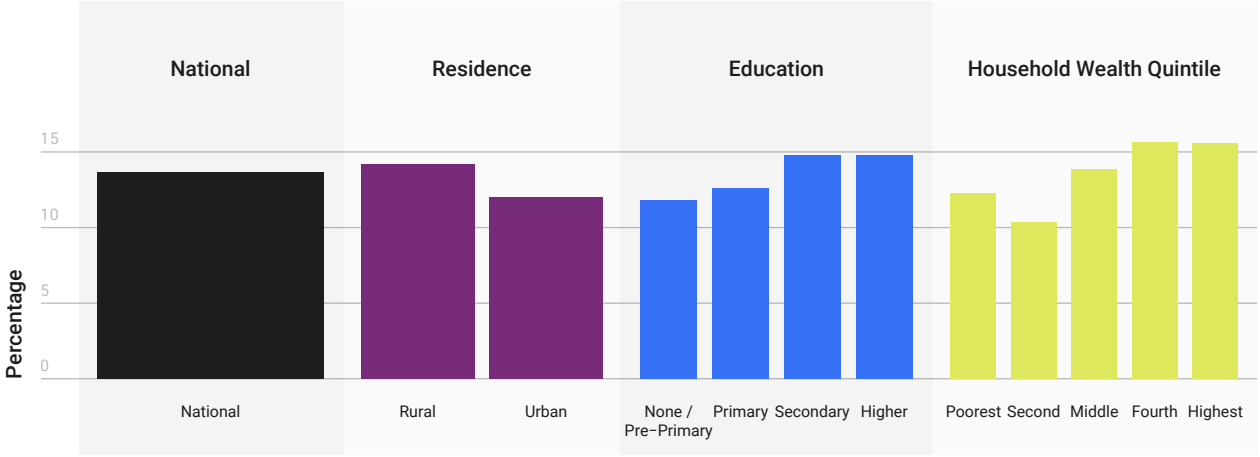
32,936,510

POPULATION 15-24 YEARS (male + female) [I]

I. World Population Prospects 2022
II. SDG
III. World Contraceptive Use 2022

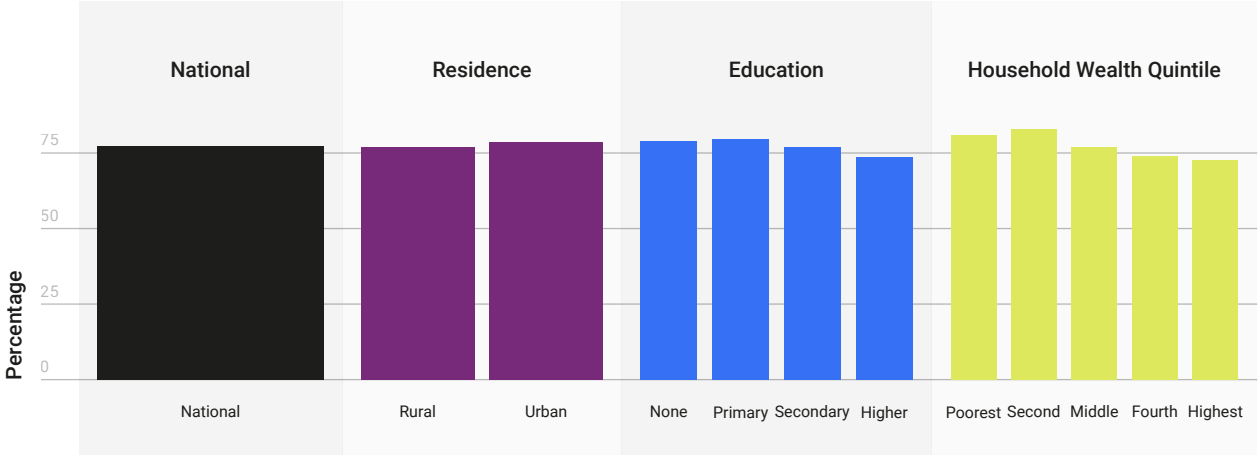
In Bangladesh, unmet need for family planning is higher in rural areas than in urban areas, and lowest among those women with no education and those women living in the second poorest households' quintile. Demand for family planning satisfied by modern methods is fairly similar in urban and rural areas of the country, and decreases slightly with higher levels of education level and household wealth.

Unmet Need for Family Planning, Married Women



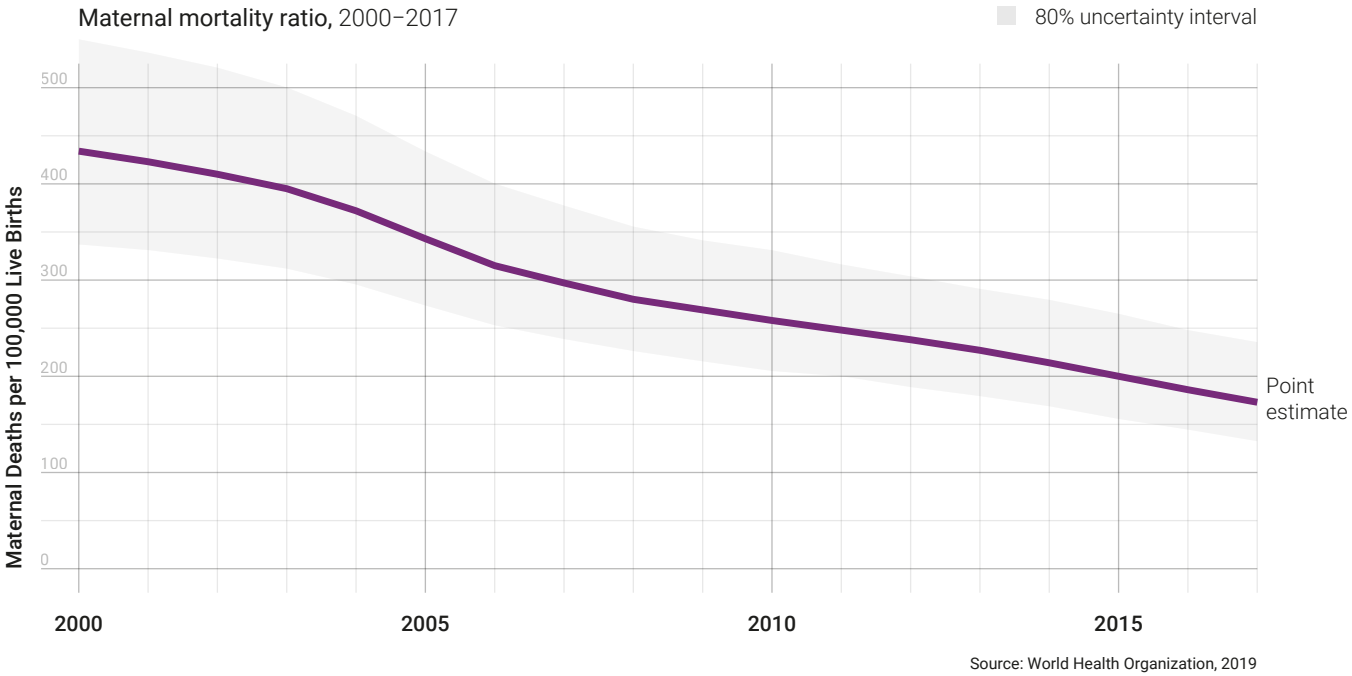
Source: Multiple Indicator Cluster Survey, 2019

Demand for Family Planning Satisfied with Modern Methods, Married Women



Source: Multiple Indicator Cluster Survey, 2019

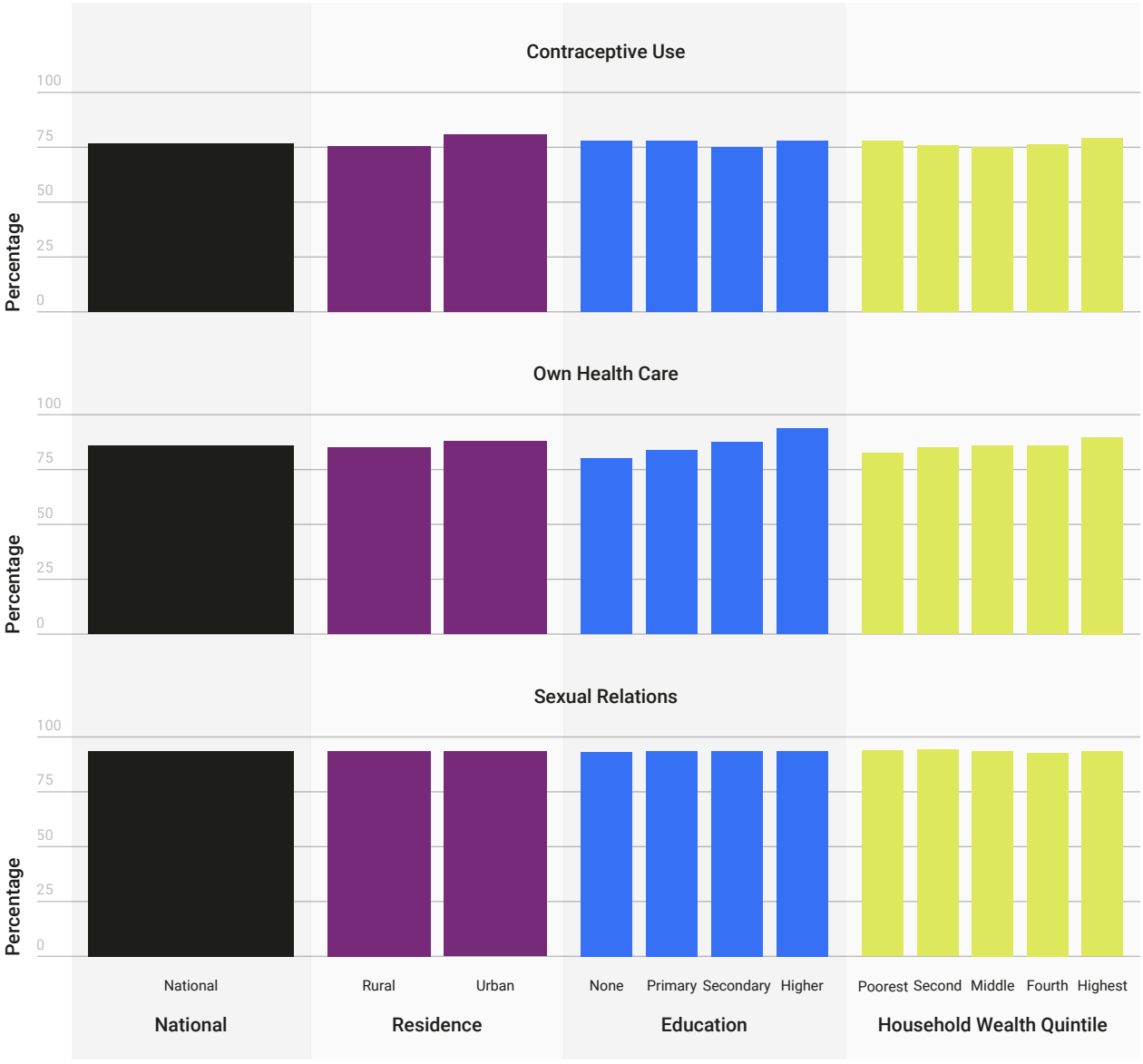
Bangladesh's maternal mortality ratio has been declining from 2000 to 2017, the most recent year for which data is available and the year in which it was estimated to be 173 deaths per 100,000 live births. Recognizing the impact of unsafe abortion on maternal deaths, Nairobi Summit Commitment 3 highlights the integration of "a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and the provision of post-abortion care into national UHC strategies, policies and programmes, and the need to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights". Abortion is illegal in Bangladesh except to save a woman's life, but menstrual regulation up to 10-12 weeks and medication menstrual regulation up to 9 weeks after a woman's last menstrual period have been part of Bangladesh's national family planning program since 1979.



Source: World Health Organization, 2019

Overall, 63.8% of married or in-union women aged 15-49 years in Bangladesh make their own decisions regarding sexual relations, contraceptive use and health care. The percentage of women making their own decisions regarding their own health care and contraceptive use is higher in urban areas than in rural areas, and decision-making about a women's own health care increases with higher levels of education. SDG 5.6.2 reflects the extent to which prevailing laws enable or disable women and men's full and equal access to health and rights. Bangladesh has achieved 94% of enabling laws and regulations that guarantee full and equal access to women and men to sexuality education.

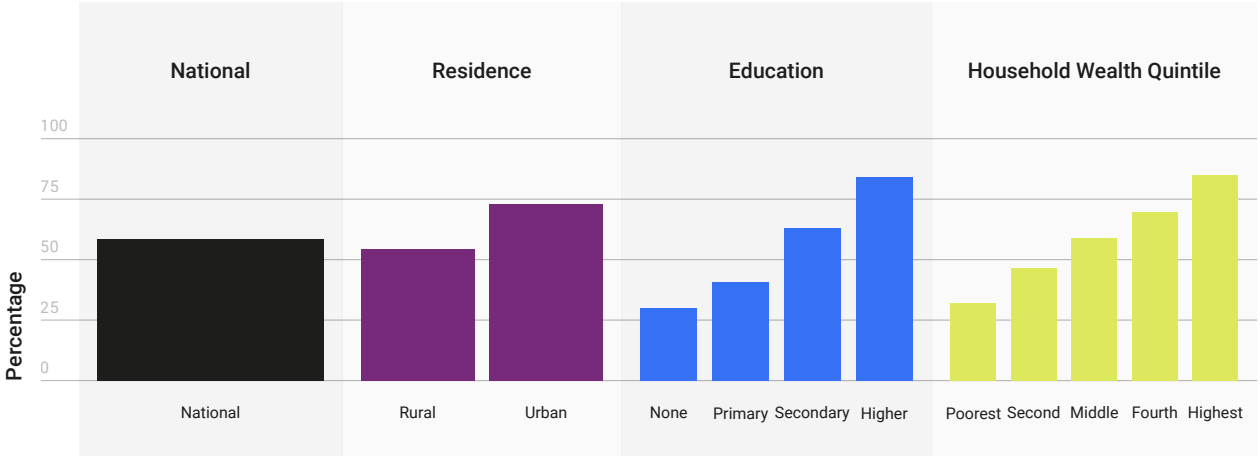
Proportion of married women who make their own informed decisions regarding reproductive health care, contraceptive use, and sexual relations



Source: Demographic and Health Survey, 2017

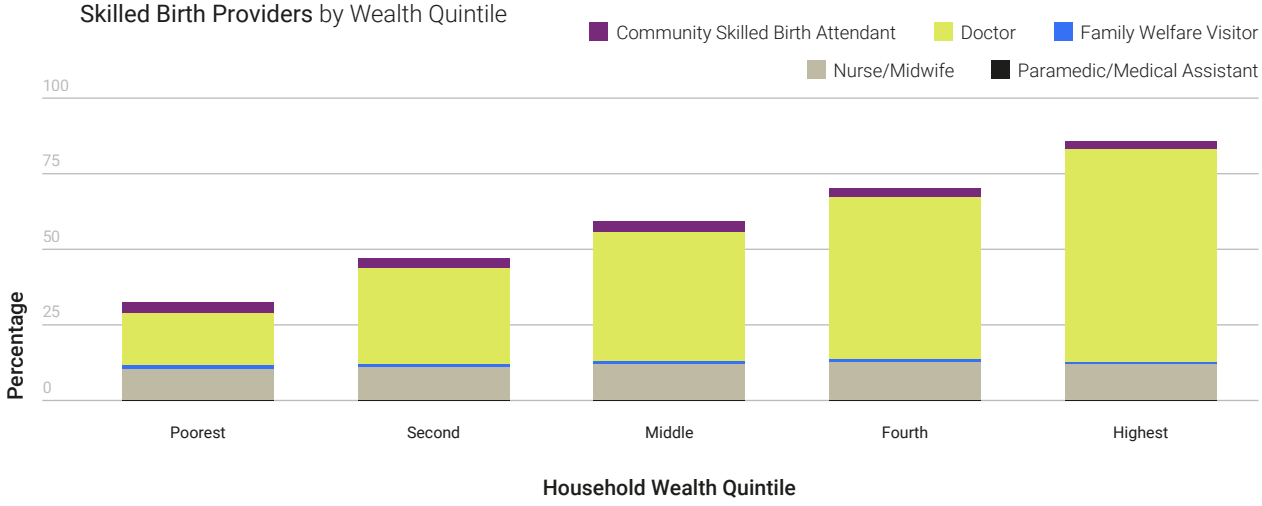
With approximately 59% of deliveries in Bangladesh assisted by a skilled attendant among married women 15-49 years who had a live birth in the last two years, Bangladesh rate is about half that of the country with the highest rate in the region. The proportion of births attended by a skilled attendant is higher in urban areas and increases considerably with higher levels of education and household wealth. While the proportion of births attended by nurse/midwives and community skilled birth attendants is relatively the same regardless of household wealth, the proportion of births attended by a doctor increases considerably as household wealth increases.

Births with Skilled Attendant



Source: Multiple Indicator Cluster Survey, 2019

Skilled Birth Providers by Wealth Quintile

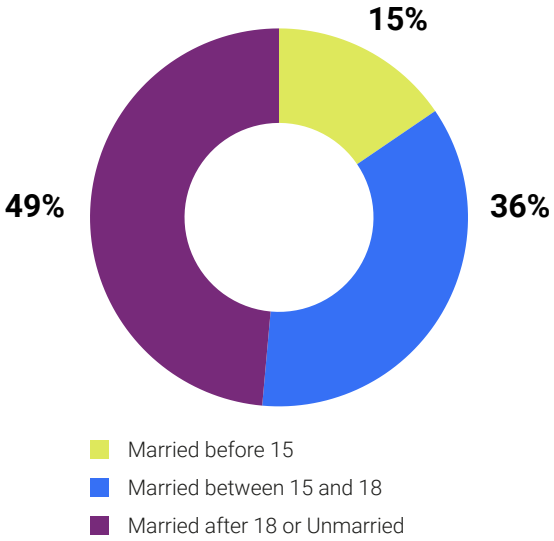


Source: Multiple Indicator Cluster Survey, 2019

Bangladesh has committed to harnessing the demographic dividend in conformity with the SDGs.

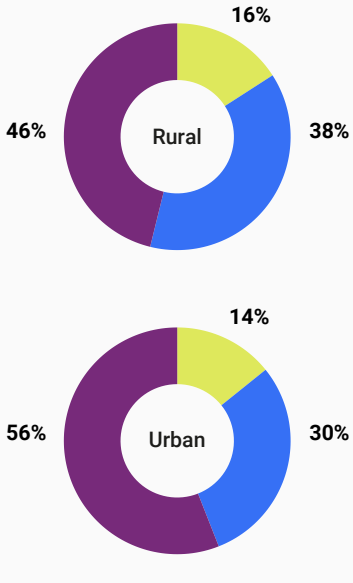
In Bangladesh, 51% of women aged 20-24 years were married before age 18, with 15% married before age 15, which are the highest rates in the region. Marriage before age 18 is higher in rural areas than urban areas (54% versus 44% respectively), and it decreases generally with higher levels of education and household wealth.

Age of Marriage Distribution, Women 20–24

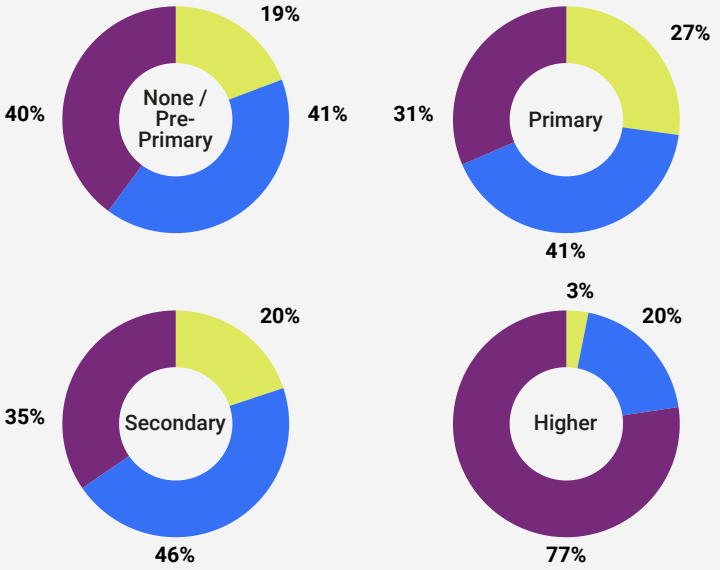


Source: Multiple Indicator Cluster Survey, 2019

Age of Marriage Distribution by Residence, Women 20–24



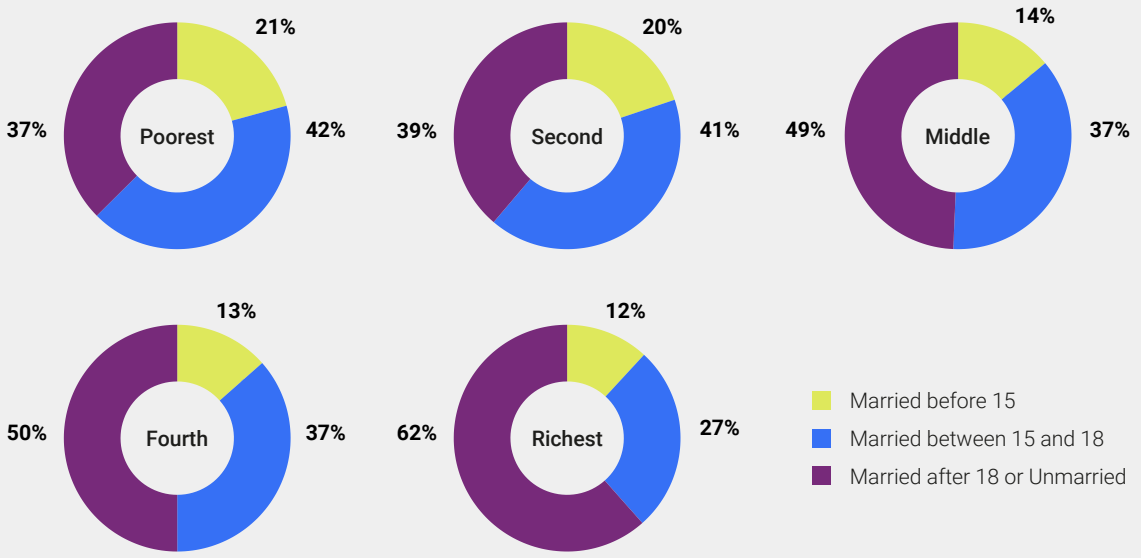
Age of Marriage Distribution by Level of Education, Women 20–24



Married before 15 Married between 15 and 18 Married after 18 or Unmarried

Source: Multiple Indicator Cluster Survey, 2019

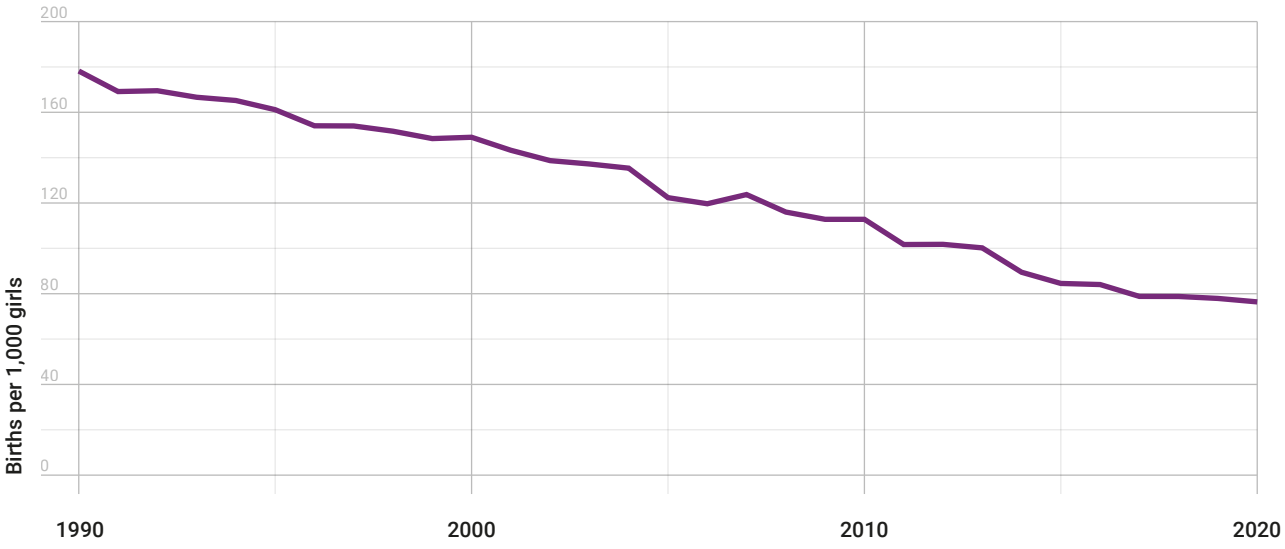
Age of Marriage Distribution by Household Wealth Quintile, Women 20–24



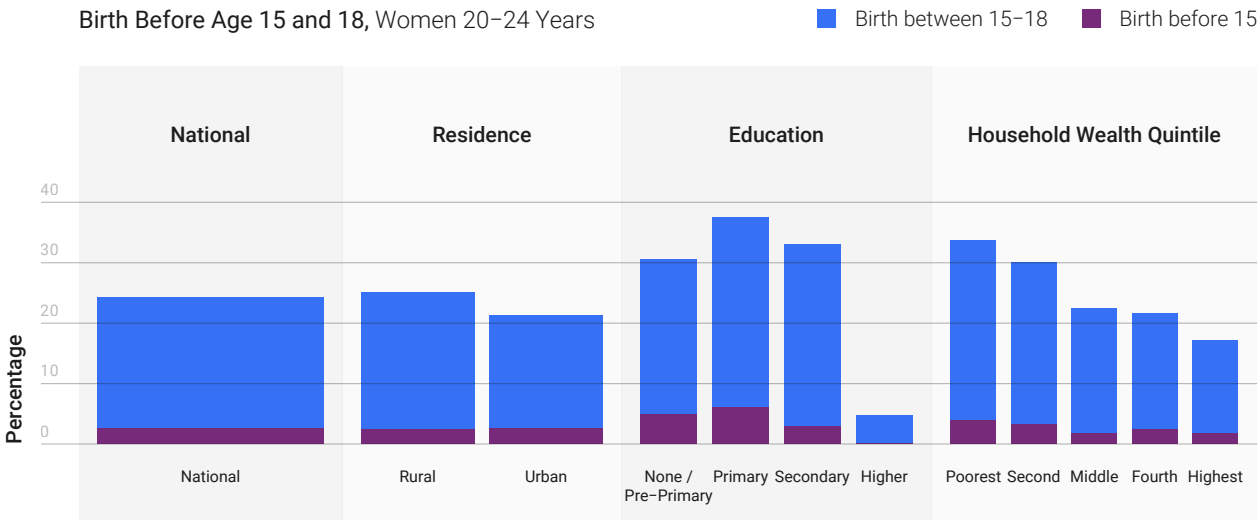
Source: Multiple Indicator Cluster Survey, 2019

Bangladesh's adolescent birth rate has decreased from 1990 to 2020 but is still the highest in the region. Births among Bangladeshi women 20-24 years before age 15 and before age 18 are also the highest in the region. Most births before age 15 occur among women who have no and only primary education, and those women in the poorest households. Births before age 18 are 2.7 times higher for women with no education compared to women with higher education; they are also 1.5 times higher among women living in the poorest households compared with women living in the wealthiest households.

Adolescent birth rate, 1990–2020

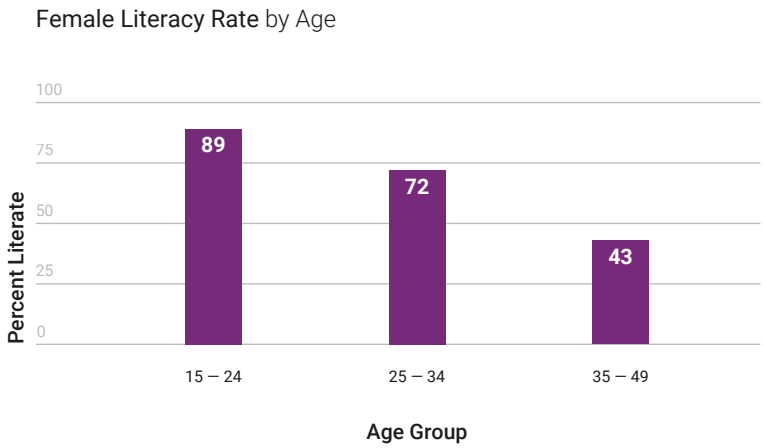


Source: World Population Prospects, 2022



Source: Multiple Indicator Cluster Survey, 2019

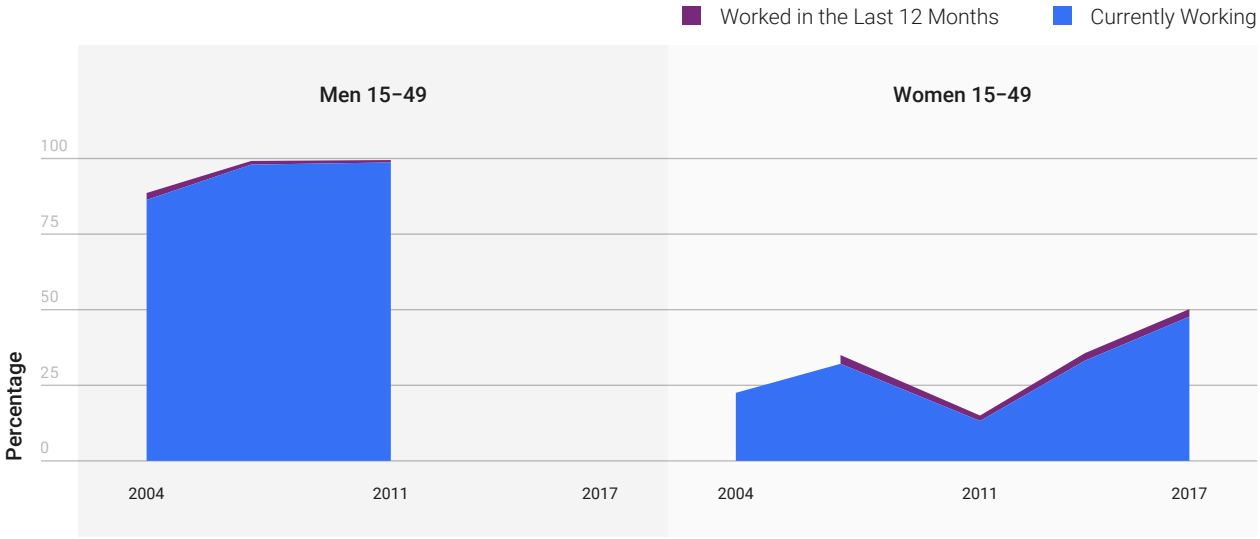
At 89%, the literacy rate in Bangladesh among 15-24 years old women is twice as high as the literacy rate among 35-49 years old women.



Source: Multiple Indicator Cluster Survey, 2019

Employment trends for men are only documented through the 2011 Demographic and Health Survey in Bangladesh where they are quite high at 98.3% of men who worked in the 12 months preceding the survey and are working currently. Employment trends for women have been increasing since 2004, but in 2017 were half that of their male counterparts in 2011. Young people who are not in education, employment or training (i.e., the NEET population) quantifies the proportion of young people who find themselves outside of the educational system and without work. In Bangladesh, the percentage of youth not in education, employment or training has been decreasing among women from 2005 to 2017, and has remained relatively the same for men.

Employment Trends (Currently Working and Worked in the Last 12 Months), by Sex



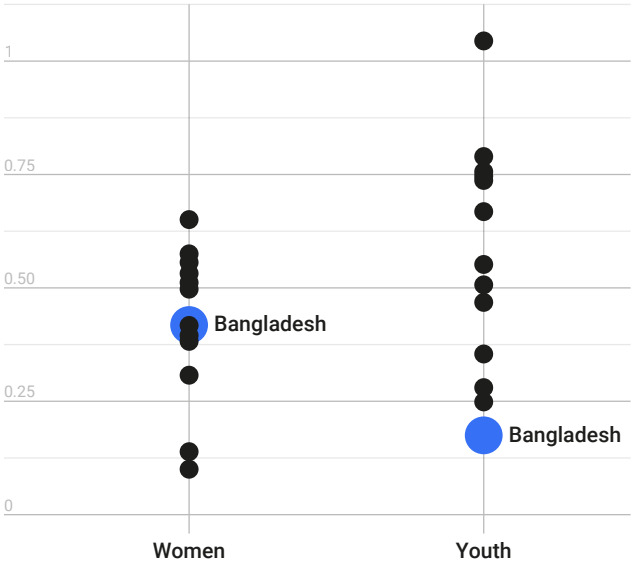
Source: Demographic and Health Survey, 2004—2017

Percentage of Youth (15–24) Not in Education, Employment, or Training, by Sex

Source: Labor Force Survey, 2005–2017

SDG Goal 16 seeks to promote peaceful and inclusive societies for sustainable development, to provide access to justice for all and build effective, accountable and inclusive institutions at all levels. One component of this is ensuring responsive, inclusive, participatory and representative decision-making at all levels. The ratio of the proportion of female Members of Parliament in Bangladesh is near the median compared with those in the region, while the ratio of the proportion of young Members of Parliament is the lowest in the region (SDG 16.17.1).

Ratio of proportion of population in parliament to proportion in national population, Lower Chamber or Unicameral, Central and South Asian Countries



Source: Inter-Parliamentary Union, 2022

Since the Nairobi Summit, the ICPD25 agenda and commitments have been advocated during high-level policy dialogues and at national and regional forums and consultation workshops organized by the Parliament of Bangladesh. Actions have been taken to address sexual harassment and provide security and protection to stop child marriage.

At the Nairobi Summit, the Republic of the Gambia committed to achieving zero unmet need for family planning, including **committing to creating and funding a budget line for family planning commodities and services** in the national budget by 2020.

TOTAL FERTILITY RATE [i] (births per woman)

4.59

ADOLESCENT BIRTH RATE [i] (births per 1,000 girls (15-19 years))

62.38

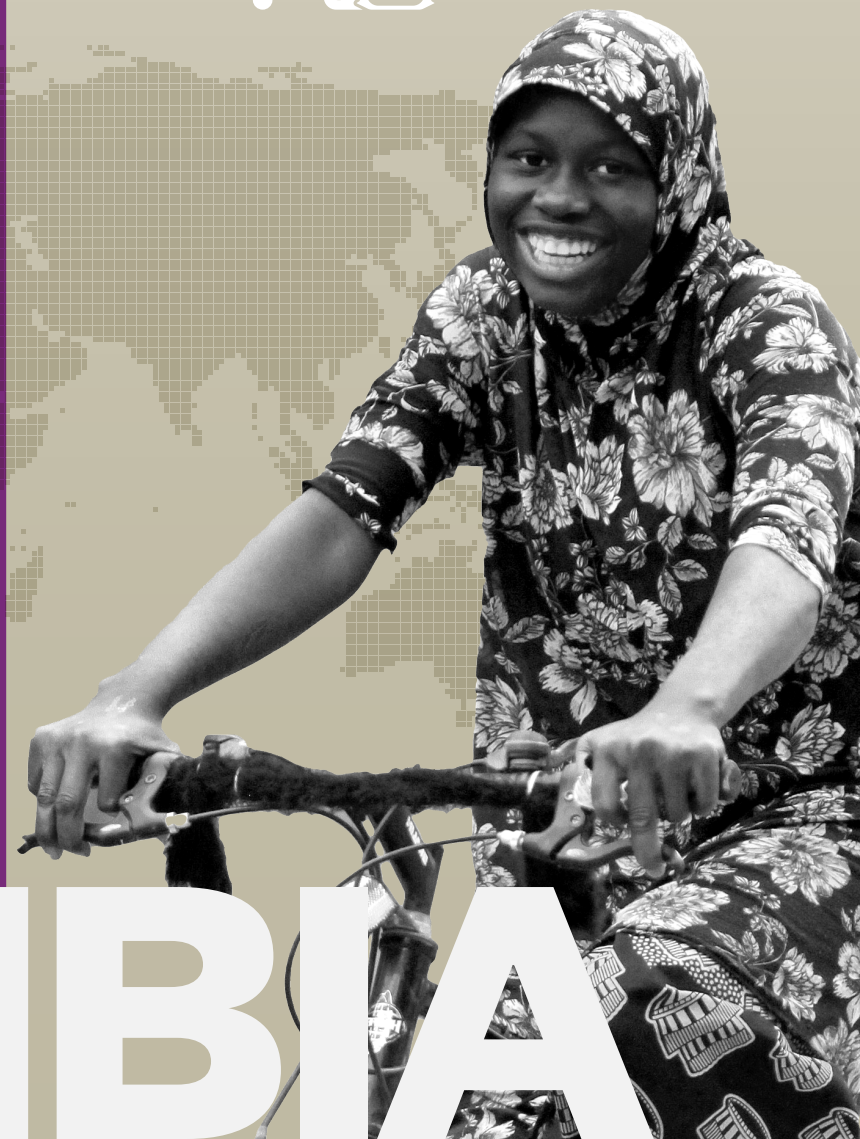
MATERNAL MORTALITY RATIO 597

(per 100,000 live births) [ii] 100,000

15.9% UNMET NEED FOR FAMILY PLANNING (all women) [iii]

43.9% DEMAND FOR FAMILY PLANNING SATISFIED WITH MODERN METHODS (all women) [iii]

83.8% DELIVERIES ATTENDED BY SKILLED HEALTH PERSONNEL [ii]



REPUBLIC OF THE GAMBIA

TOTAL POPULATION [I]

2,739,090

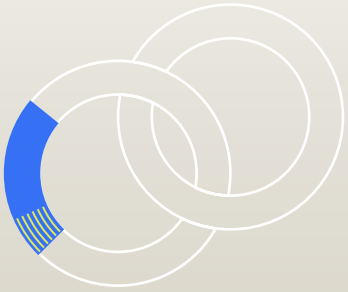
WOMEN (20-24 years) WHO WERE FIRST MARRIED OR IN UNION [II]

BEFORE AGE 18

23.1%

BEFORE AGE 15

5.6%



61.5 LIFE EXPECTANCY AT BIRTH [I]

LIFE EXPECTANCY AT BIRTH [I] **64.3**

659,500

WOMEN OF REPRODUCTIVE AGE (15-49 years) [I]

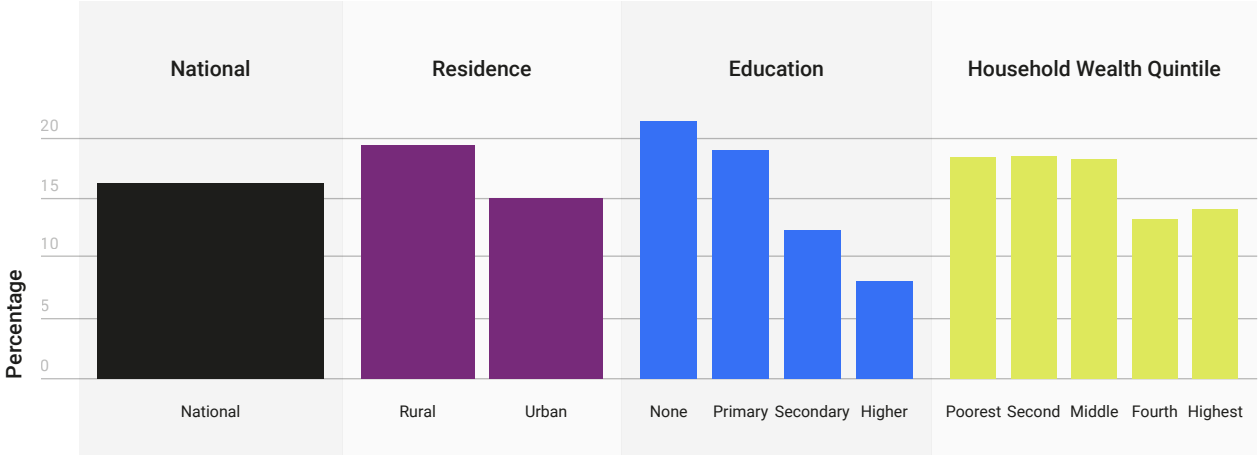
560,530

POPULATION 15-24 YEARS (male + female) [I]

I. World Population Prospects 2022
II. SDG
III. World Contraceptive Use 2022

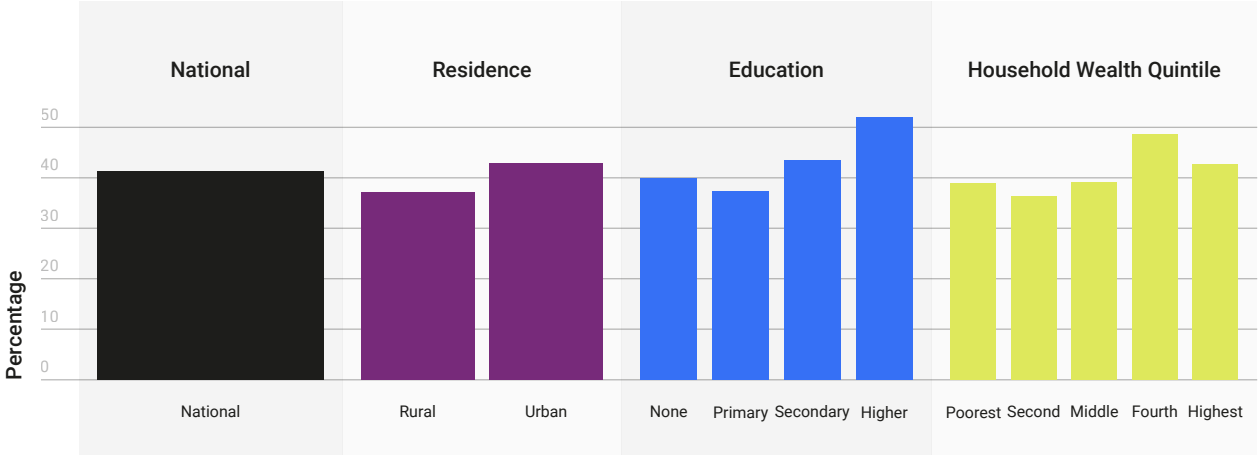
In the Gambia, unmet need for family planning is relatively the same in urban and rural areas but is highest among women with no education and women from the poorest households. Demand for family planning satisfied by modern methods is highest among women with no education and women in the wealthiest households.

Unmet Need for Family Planning, All Women



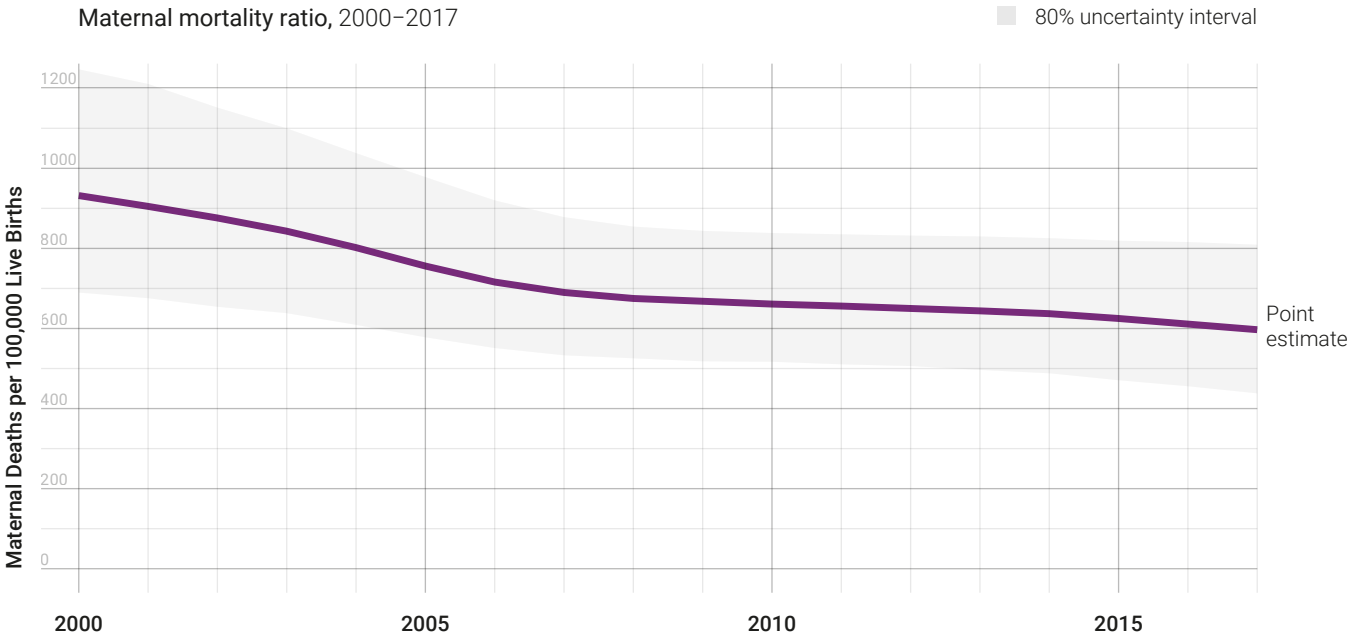
Source: Demographic and Health Survey, 2019

Demand for Family Planning Satisfied with Modern Methods, All Women



Source: Demographic and Health Survey, 2019

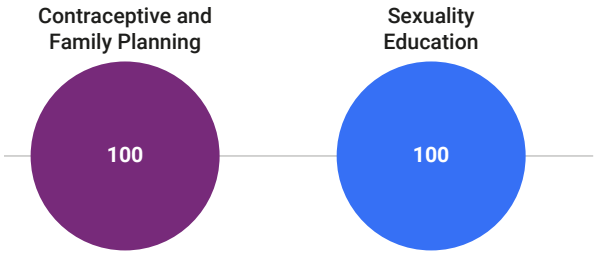
The Gambia's maternal mortality ratio has been declining from 2000 to 2017, the most recent year for which data is available, and the year in which it was estimated to be 579 deaths per 100,000 live births – about half that of the country with the highest maternal mortality ratio in the region. Recognizing the impact of unsafe abortion on maternal deaths, Nairobi Summit Commitment 3 highlights the integration of "a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and the provision of post-abortion care into national UHC strategies, policies and programmes, and the need to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights". Abortion is only permitted to save a woman's life in the Gambia.



Source: World Health Organization, 2019

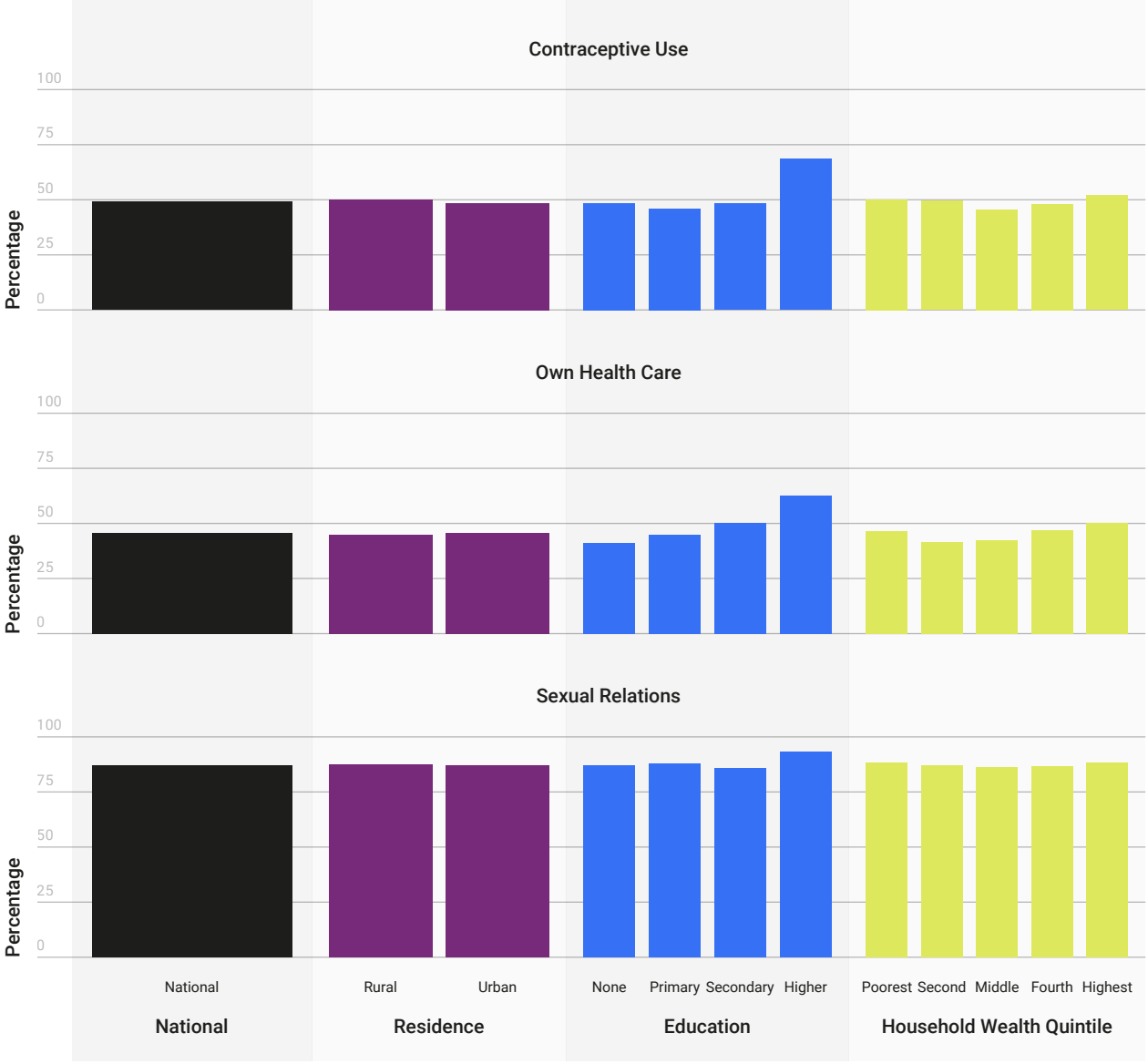
In the Gambia, 86.9% of married or in-union women aged 15 to 49 make their own decisions regarding sexual relations, 48.9% about contraceptive use, and 45.4% about their own health care. These percentages are slightly higher among women with higher education and those living in wealthier households. SDG 5.6.2 reflects the extent to which prevailing laws enable or disable women and men's full and equal access to health and rights. The Gambia has achieved 100% of enabling laws and regulations that guarantee full and equal access to women and men to contraceptive and family planning services, and to sexuality education.

Extent to which Gambia has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education



Source: United Nations Population Fund, 2022

Proportion of married women who make their own informed decisions regarding reproductive health care, contraceptive use, and sexual relations

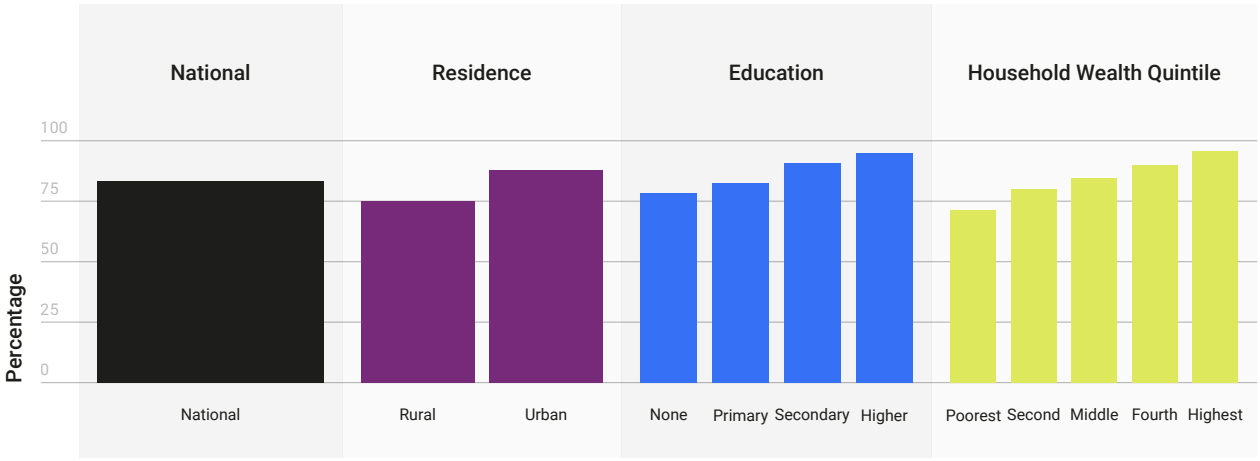


Source: Demographic and Health Survey, 2019

The Gambia has committed to accelerating efforts to realize zero preventable maternal death. It has committed to revitalizing the primary health care system, increasing the proportion of births attended by skilled attendants, and ensuring the provision of basic lifesaving equipment, supply services, and medicines to all health facilities for maternal and new-born services by 2025.

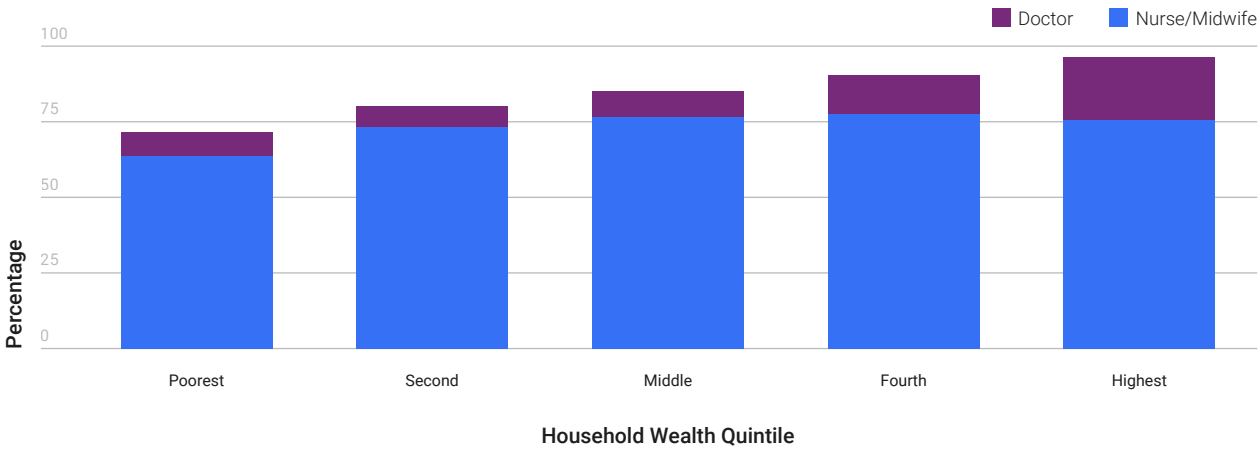
The percentage of deliveries among married women 15-49 years assisted by a skilled attendant in the Gambia is 83.8% which is near the highest in the region. This percentage increases slightly in urban areas, with education, and as household wealth increases. As household wealth increases, so does the percentage of deliveries assisted by a skilled attendant, including the proportion of deliveries performed by a doctor, although the majority of births are attended by nurse midwives.

Births with Skilled Attendant



Source: Demographic and Health Survey, 2019

Skilled Birth Providers by Wealth Quintile

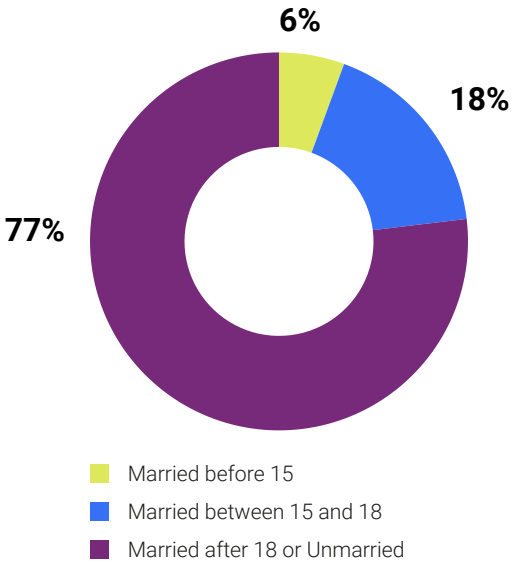


Source: Demographic and Health Survey, 2019

The Gambia has committed to strengthening comprehensive sexuality education including the teaching of comprehensive sexuality education in and out of school.

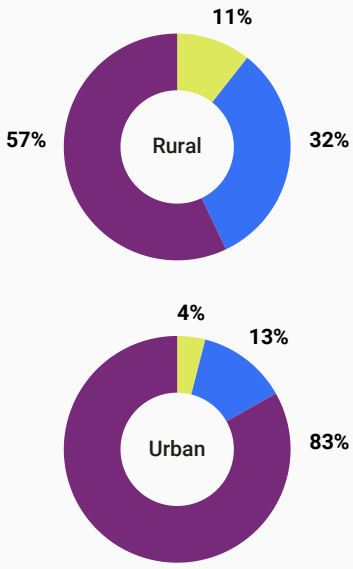
In the Gambia, 24% of women aged 20-24 years were married before age 18, with 6% of women married before age 15. Marriage before age 18 is highest among women living in rural areas, those women with no education and only primary education, and those women living in the poorest households.

Age of Marriage Distribution, Women 20–24

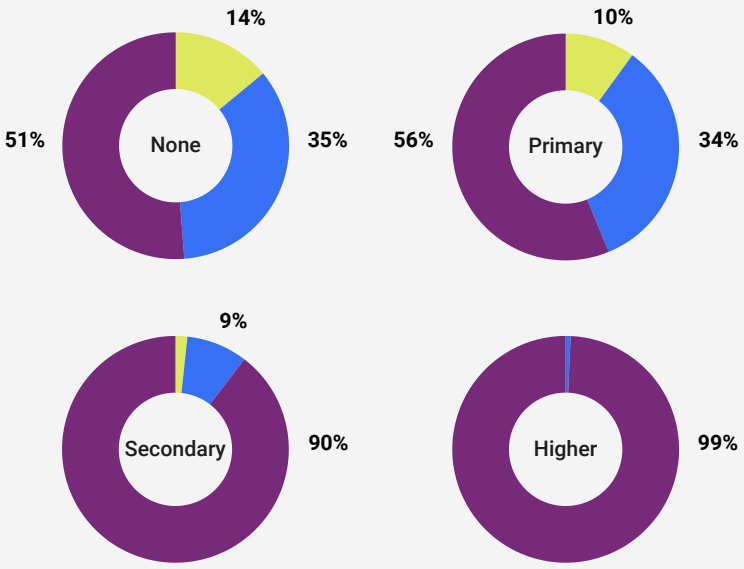


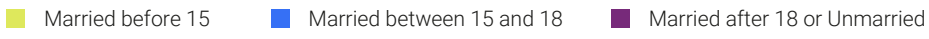
Source: Demographic and Health Survey, 2019

Age of Marriage Distribution by Residence, Women 20–24



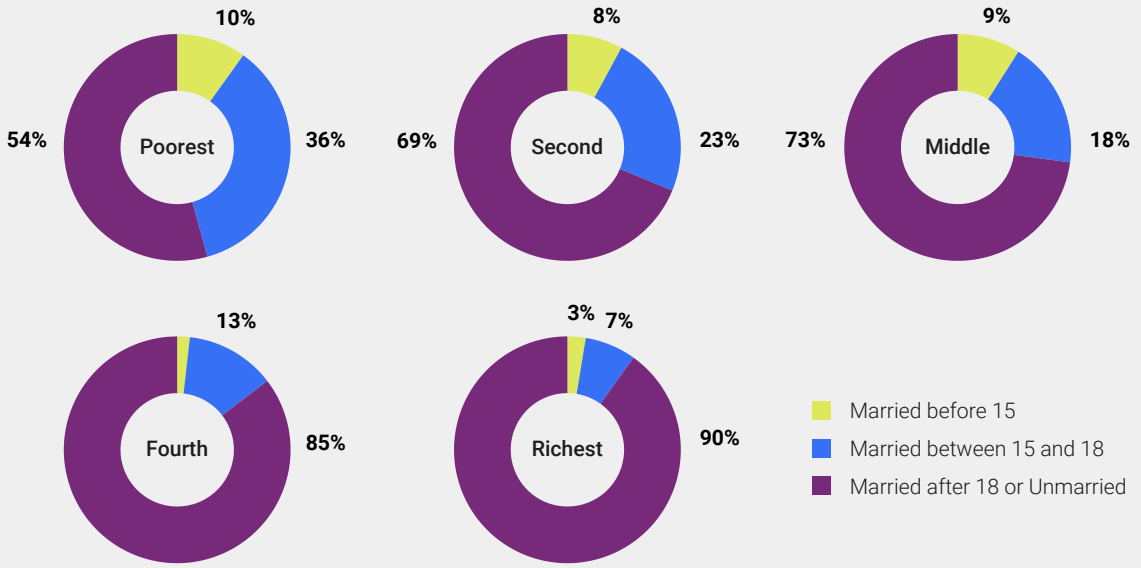
Age of Marriage Distribution by Level of Education, Women 20–24





Source: Demographic and Health Survey, 2019

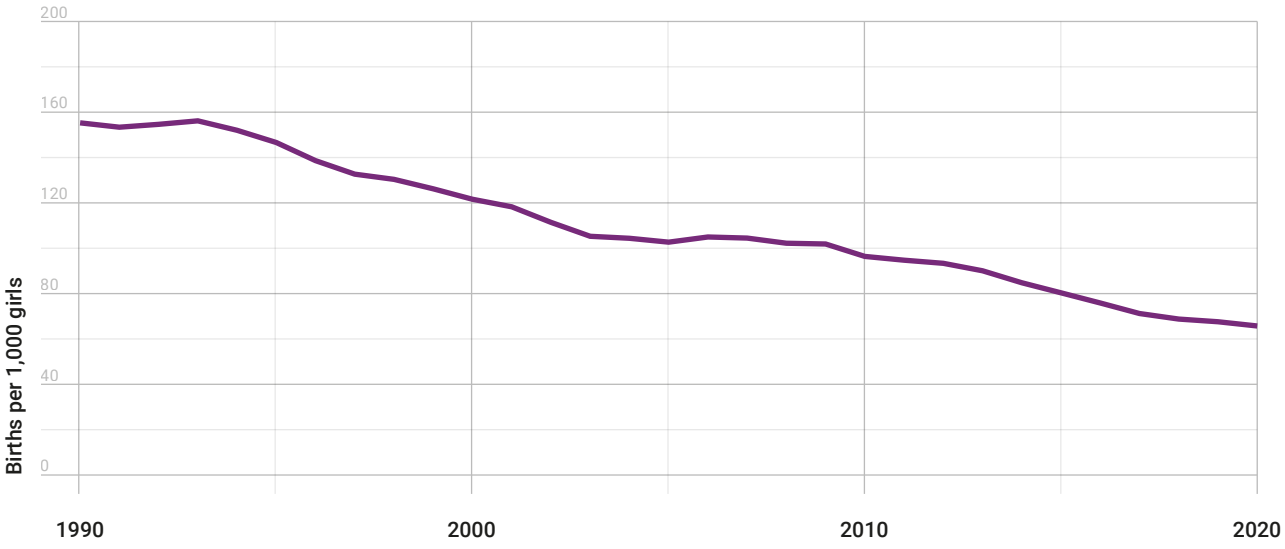
Age of Marriage Distribution by Household Wealth Quintile, Women 20–24



Source: Demographic and Health Survey, 2019

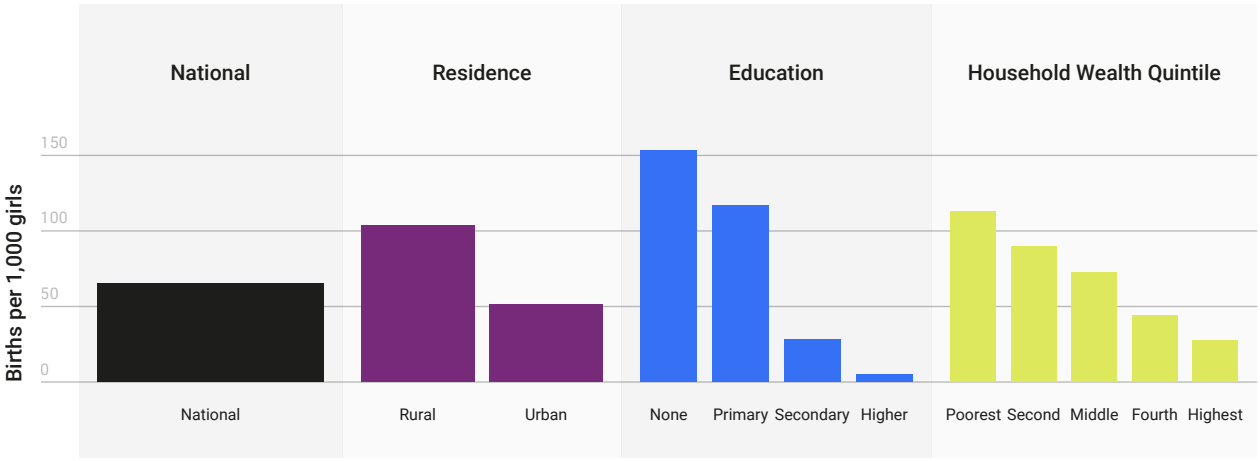
The Gambia's adolescent birth rate has declined from 1990 to 2020 to around 60 births per 1,000 girls, falling midway between other countries in the region. The adolescent birth rate is two times higher in rural areas than in urban areas, is 30 times higher among those with no education compared with those who have higher education, and is four times higher among those living in the poorest households compared with those in the wealthiest households.

Adolescent birth rate, 1990–2020



Source: World Population Prospects, 2022

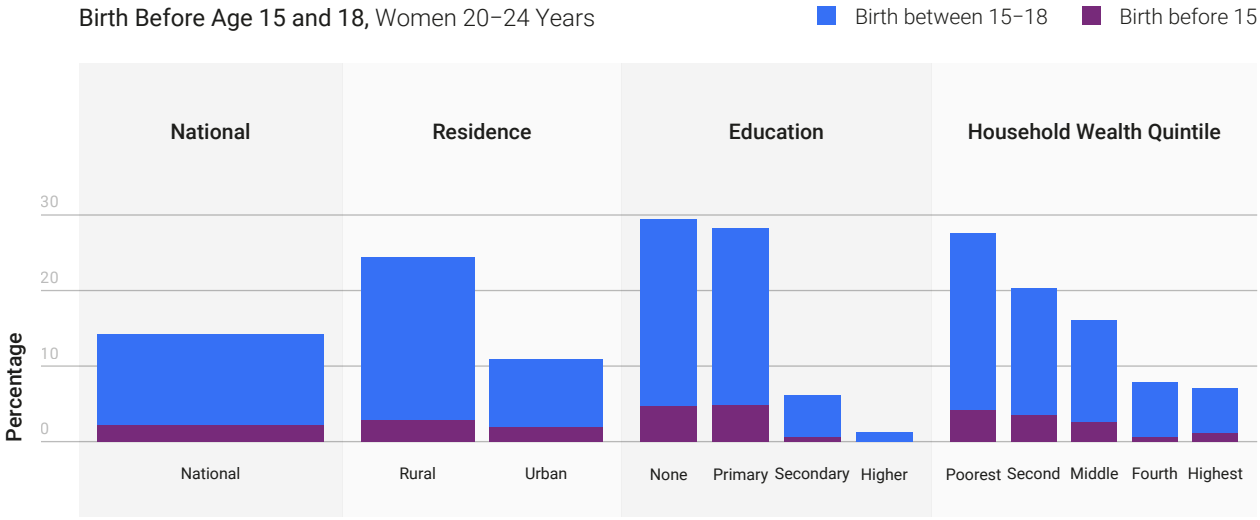
Adolescent birth rate



Source: Demographic and Health Survey, 2019

In the Gambia 14.3% of married women aged 20-24 years gave birth before age 18. The percentage is 2.4 times higher in rural areas than in urban areas, 23 times higher among those with no education compared to those with higher education, and four times higher among those women living in the poorest households compared with those living in the wealthiest households. The percentage of births before age 15 and age 18 is reduced as education and household wealth increases.

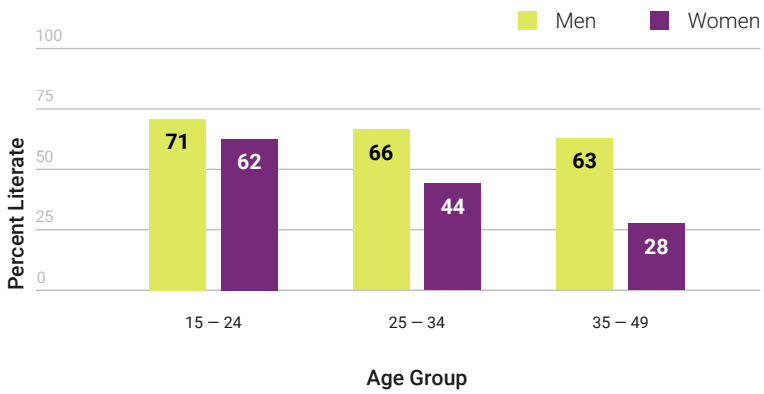
Birth Before Age 15 and 18, Women 20–24 Years



Source: Demographic and Health Survey, 2019

The Gambia's literacy rate among men is higher than that for women regardless of age group, however among those between 35-49 years, the literacy rate for men is two times higher than the rate for women.

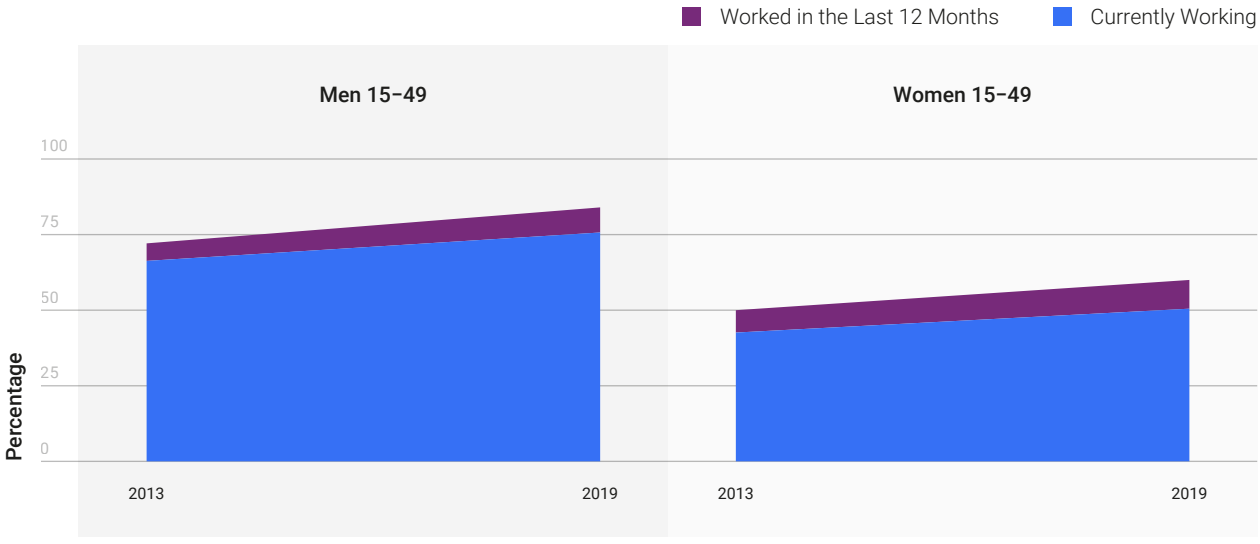
Literacy Rate by Age and Sex



Source: Demographic and Health Survey, 2019

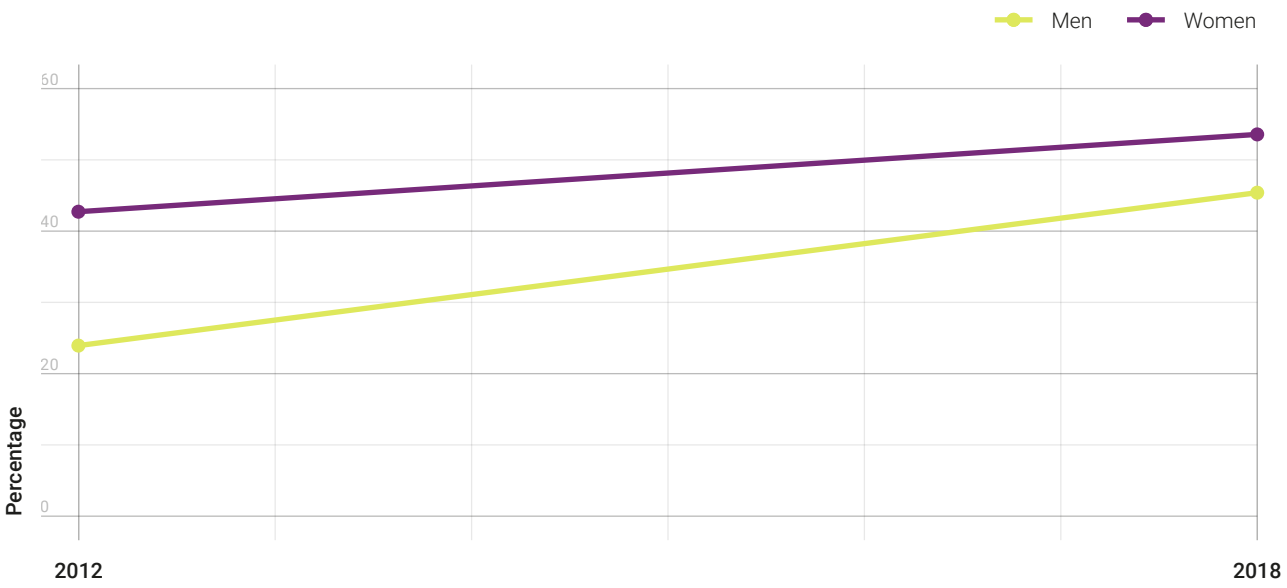
Employment trends in the Gambia have been increasing from 2001 to 2016 for both men and women, with the proportion of women who worked in the last 12 months also growing during this period. Young people who are not in education, employment or training (i.e., the NEET population) quantifies the proportion of young people who find themselves outside of the educational system and without work. In the Gambia, the percentage of youth not in education, employment or training has been increasing among both women and men from 2012 to 2018, with the percentage of women being higher than that for men.

Employment Trends (Currently Working and Worked in the Last 12 Months), by Sex



Source: Demographic and Health Survey, 2013 and 2019

Percentage of Youth (15–24) Not in Education, Employment, or Training, by Sex

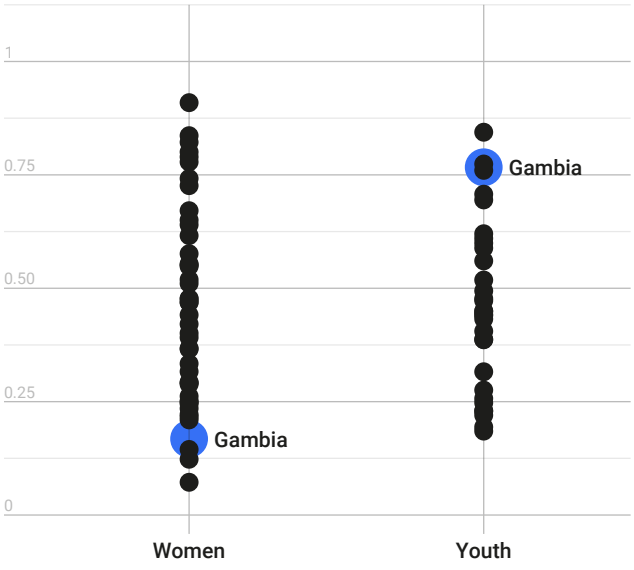


Source: Labor Force Survey, 2012 and 2018

SDG Goal 16 seeks to promote peaceful and inclusive societies for sustainable development, to provide access to justice for all and build effective, accountable and inclusive institutions at all levels. One component of this is ensuring responsive, inclusive, participatory and representative decision-making at all levels. The ratio of the proportion of female Members of Parliament in the Gambia is near the lowest compared with those in the region, while the ratio of the proportion of young Members of Parliament is one of the highest in the region (SDG 16.17.1).

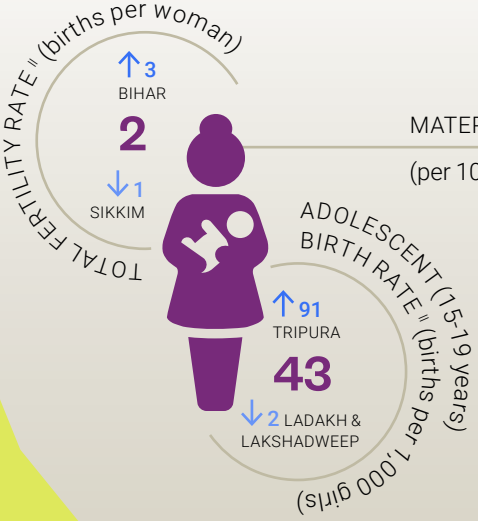
Since the Nairobi Summit, strategic partnerships were secured through the Peacebuilding Fund (PBF) supported projects on youth and democratic processes, human security, and cooperation support to youth health enhancement and empowerment.

Ratio of proportion of population in parliament to proportion in national population, Lower Chamber or Unicameral, Sub-Saharan African Countries



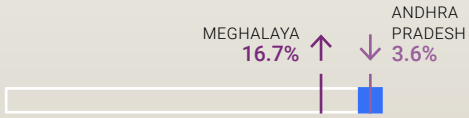
Source: Inter-Parliamentary Union, 2022

At the Nairobi Summit, the Republic of India committed to accelerating implementation and funding of the ICPD Programme of Action and 2030 Agenda for Sustainable Development. India has also **committed to making Universal Health Coverage a reality for all.** India has committed to substantially reducing the unmet need for contraception by 2030 by increasing the range of contraceptives and improving the quality of family planning services. The country has committed to advocate for voluntary and informed choice so couples can freely and responsibly decide the number and spacing of their children.

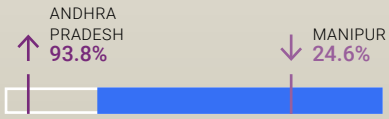


MATERNAL MORTALITY RATIO **102.65**

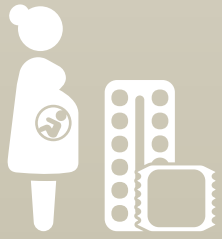
(per 100,000 live births) [iii] **100,000**

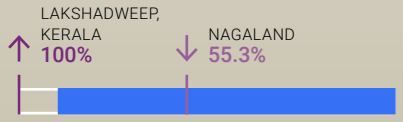


6.6% UNMET NEED FOR FAMILY PLANNING (all women, national) [ii]



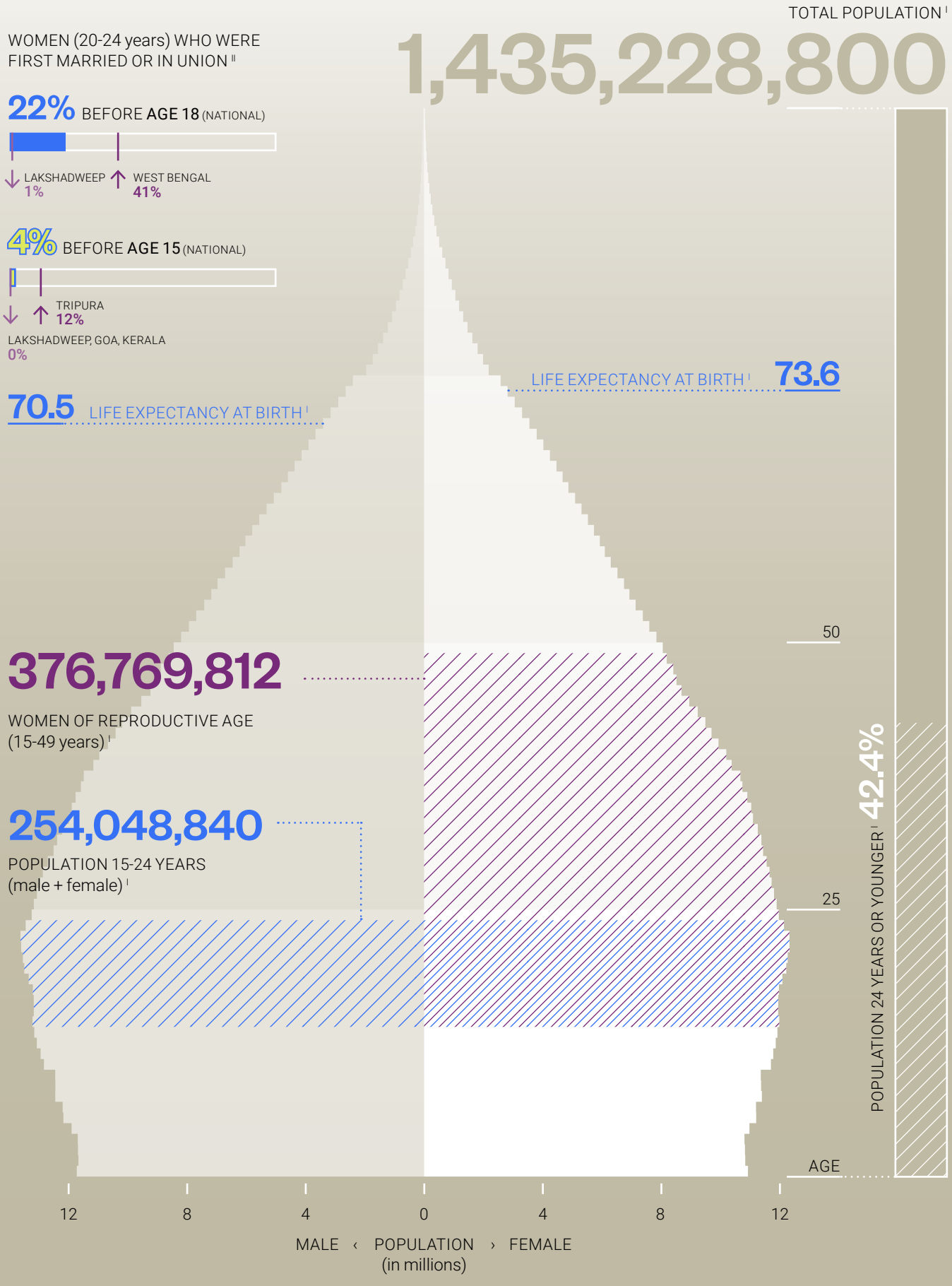
75.5% DEMAND FOR FAMILY PLANNING SATISFIED WITH MODERN METHODS (all women, national) [ii]





89.4% DELIVERIES ATTENDED BY SKILLED HEALTH PERSONNEL (national) [ii]

THE REPUBLIC OF INDIA



I. World Population Prospects 2022
II. Demographic and Health Survey, 2019-2021
III. SDG

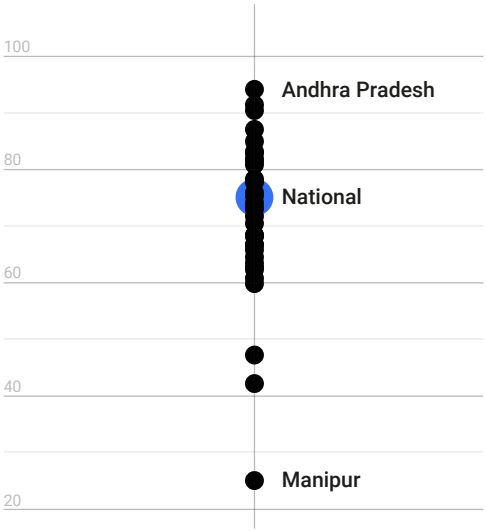
Nationally, unmet need for family planning in India is 6.6%, ranging from 3.6% in Andhra Pradesh state to 16.7% in Meghalaya state. In 19 states, the unmet need for family planning is lower than the national level, while in 17 states, it is greater. Demand for family planning satisfied with modern methods is 75.5% nationally, ranging from 25.1% in Manipur to 94% in Andhra Pradesh. In 16 states, demand for family planning satisfied with modern methods is higher than the national level, while it is lower in 20 states.

At the national level, unmet need for family planning is relatively the same by residence and education, but decreases slightly as household wealth increases (e.g., from 8.3% among women living in the poorest households to 6.1% among women living in the wealthiest households). In Andhra Pradesh state, where unmet need for family planning is the lowest, there is little variation by residence or household wealth. In this state, women with no or primary education are primarily women 35 years and older, who are also more likely to be users of contraceptives for limiting births. Unmet need for family planning is highest in Meghalaya state; it is higher in rural areas (18.2% compared with 11.5% in urban areas), and decreases with higher levels of education (24.4% among women with no education versus 10% among women with higher education) and household wealth (21.7% among women living in the poorest households versus 9.5% among women living in the wealthiest households).

Unmet Need for Family Planning, All Women National and by State

Source: Demographic and Health Survey, 2019–2021

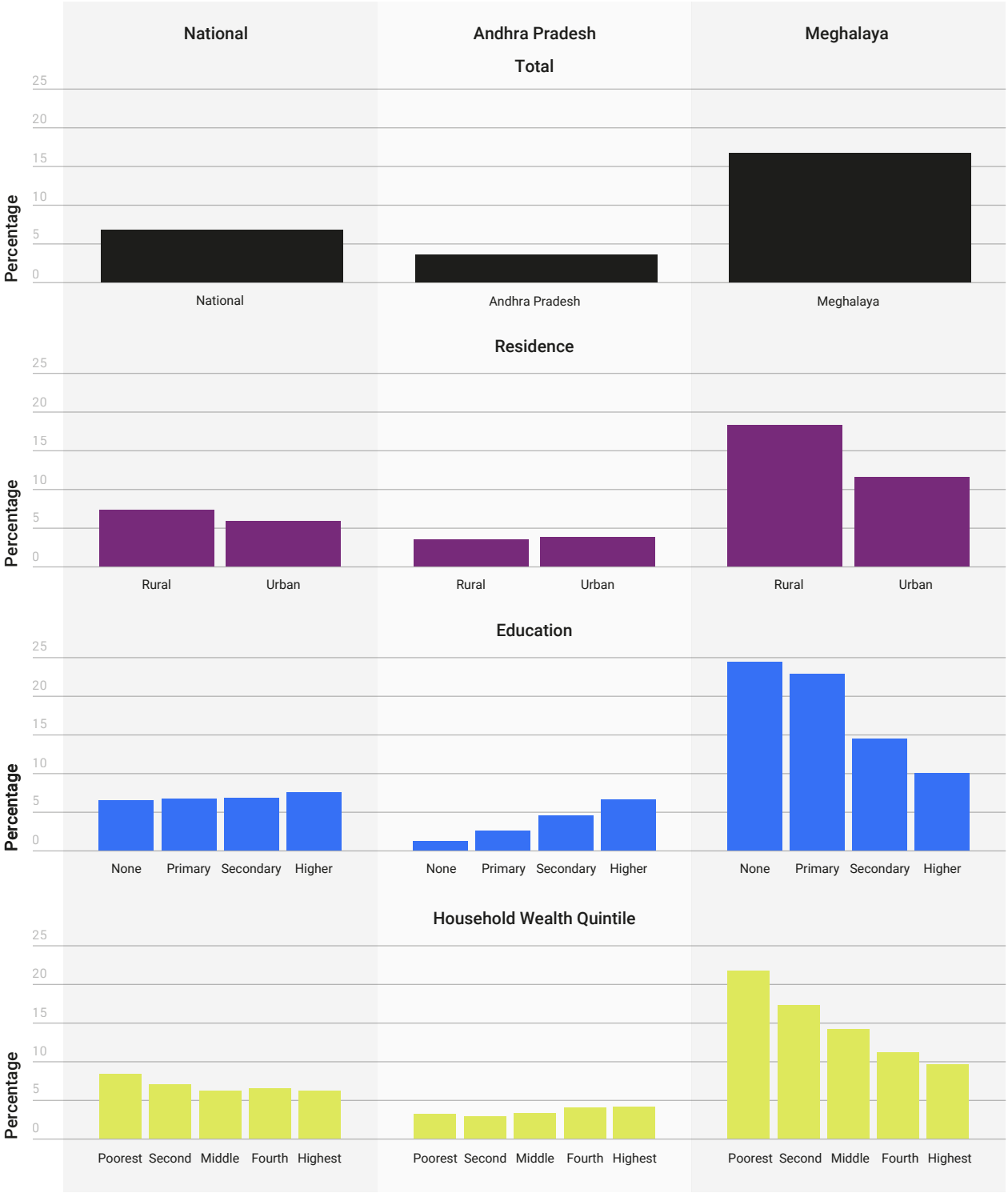
Demand for Family Planning Satisfied with Modern Methods, All Women National and by State



Source: Demographic and Health Survey, 2019–2021

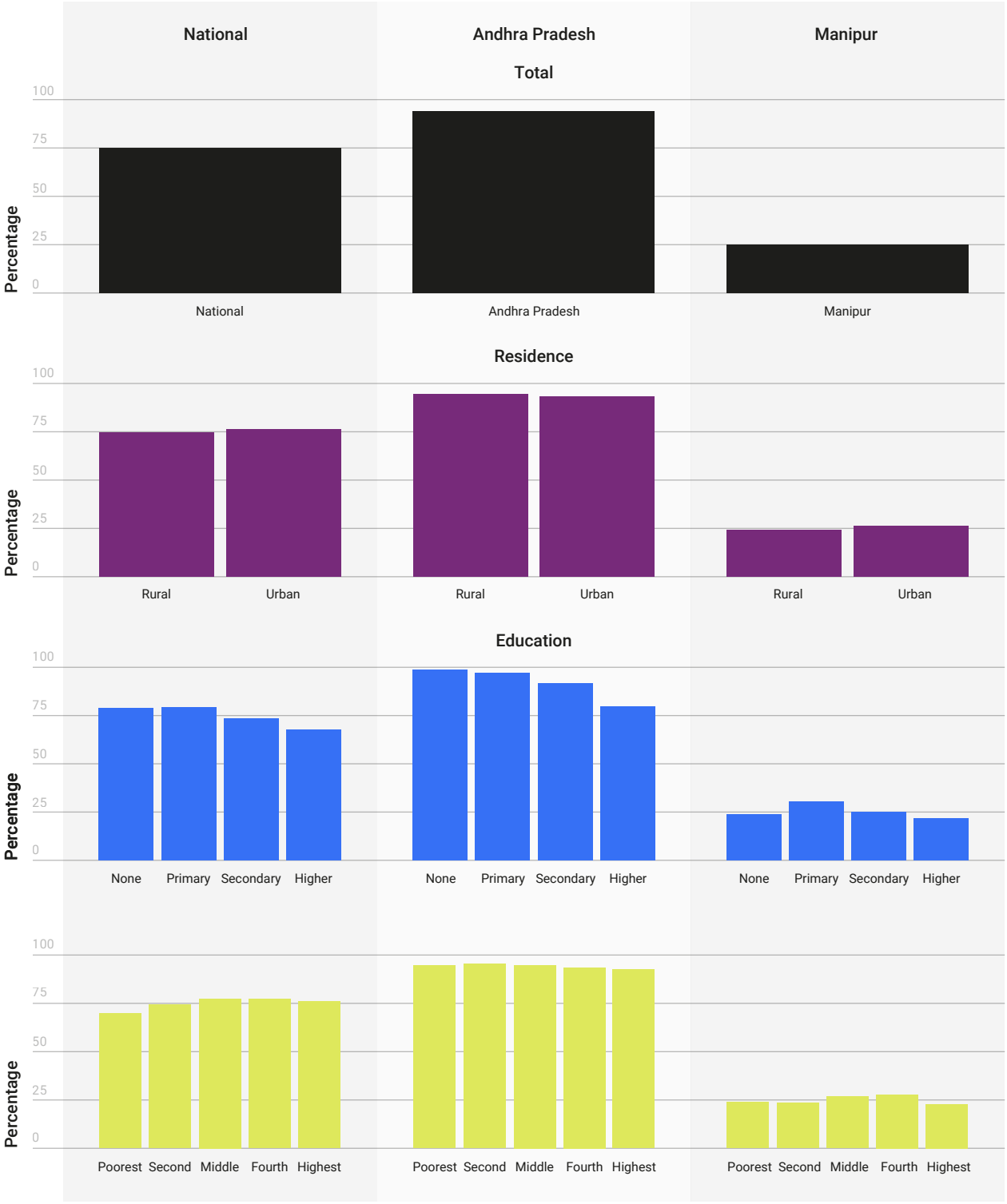
Demand for family planning satisfied by modern methods remains relatively the same by residence nationally (76.2% urban versus 74.4% rural) as well as in the states with the highest (Andhra Pradesh state: 93% urban versus 94.5% rural) and lowest levels (Manipur state: 26.3% urban versus 24.3% rural). There is not much variation by household wealth nationally (69.7% among women living in the poorest households versus 75.9% in the wealthiest households) as well as in the states with the highest and lowest levels. Nationally, as well as in the states with the highest and lowest levels, the percentages are higher among women with no education (78.8% nationally, 23.9% in Manipur state, and 98.6% in Andhra Pradesh state) compared with women with the highest levels of education (67.7% nationally, 21.5% in Manipur state, and 79.4% in Andhra Pradesh state); women with no or low education primarily include women 35 years and older.

Unmeet Need for Family Planning, All Women; National, Highest, and Lowest States Shown



Source: Demographic and Health Survey, 2019–2021

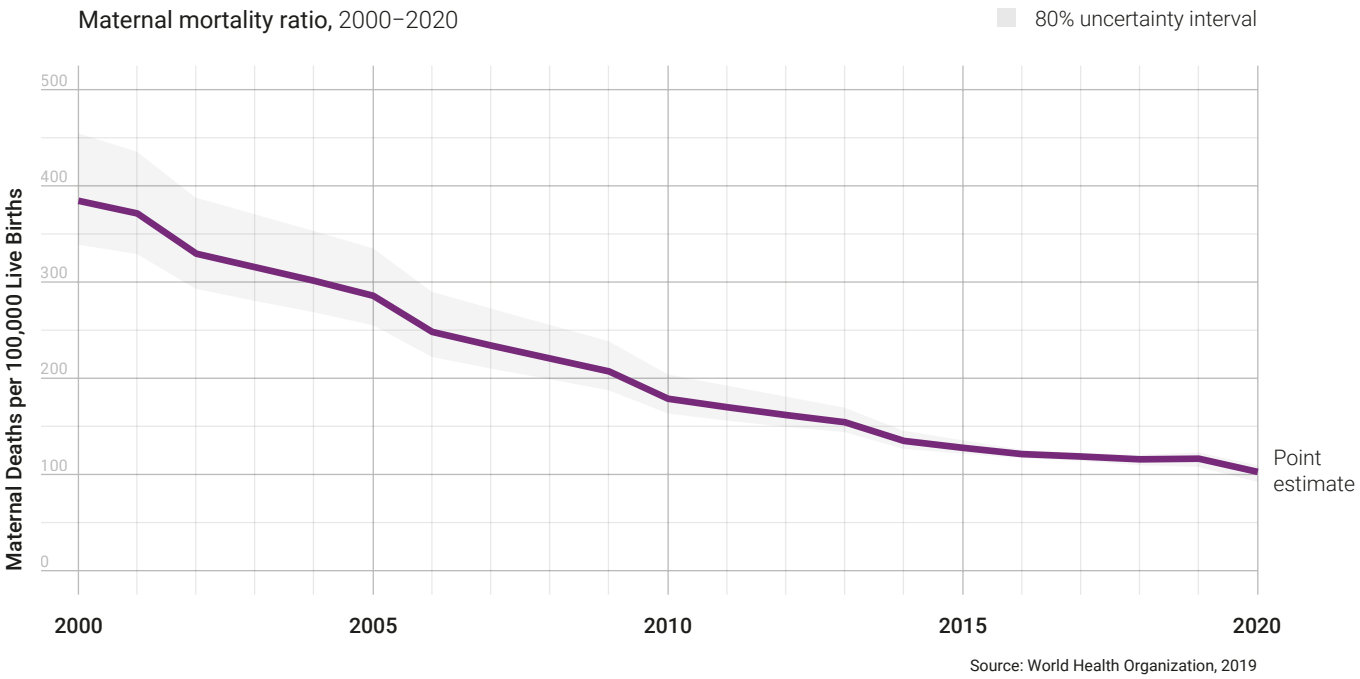
Demand for Family Planning Satisfied with Modern Methods, All Women



Source: Demographic and Health Survey, 2019–2021

India has committed to achieving the SDG target of a maternal mortality ratio of less than 70 deaths per 100,000 live births by 2030 through Suman (Surakshit Matritva Aashwasan – safe motherhood benefit scheme).

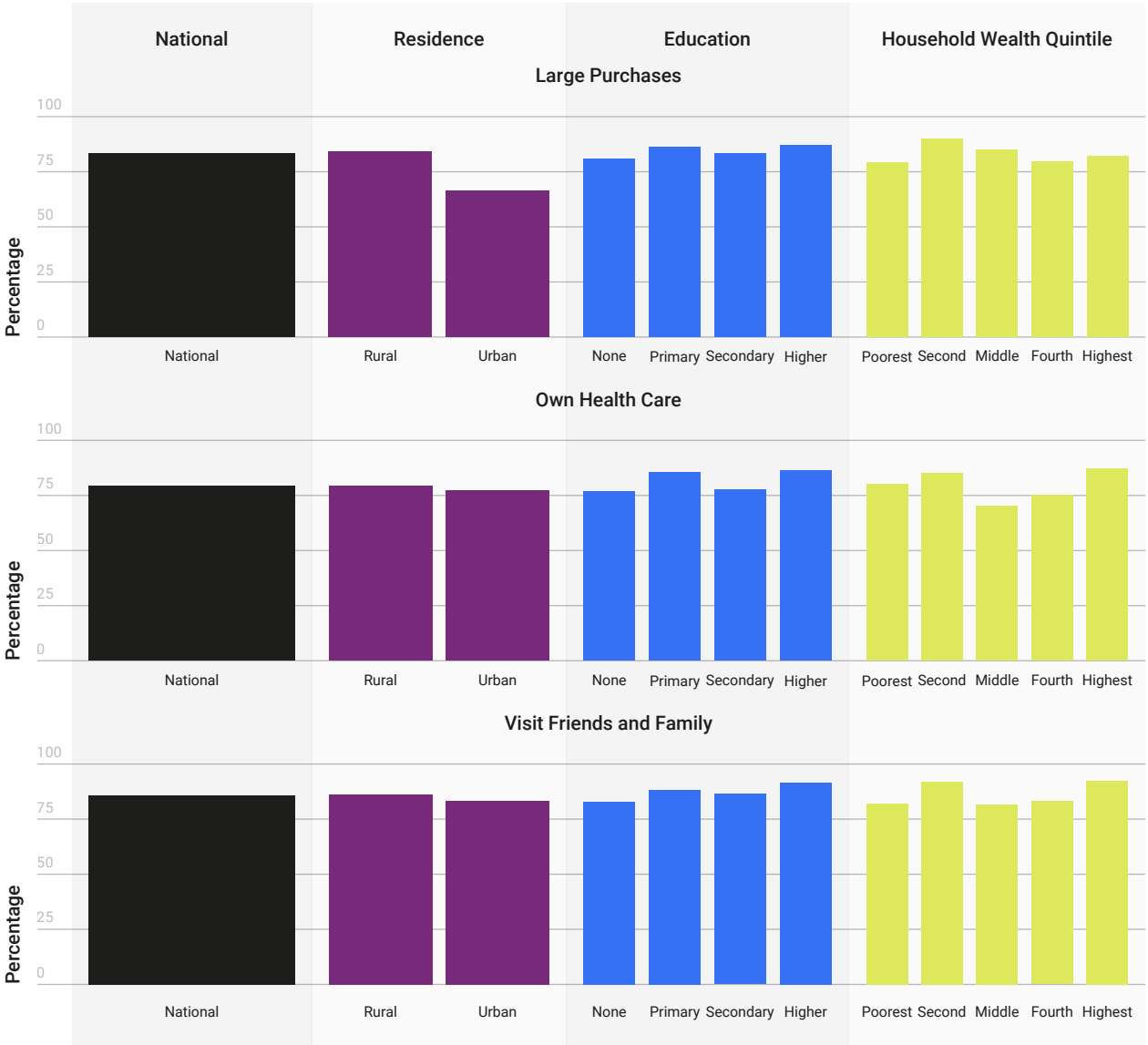
India's maternal mortality ratio has declined from 2000 to 2020, the most recent year for which data is available and was estimated to be 102.65 deaths per 100,000 live births. The maternal mortality ratio is 1.5 times higher than the SDG target of 70 deaths per 100,000 live births. Recognizing the impact of unsafe abortion on maternal deaths, Nairobi Summit Commitment 3 highlights the integration of "a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and the provision of post-abortion care into national UHC strategies, policies and programmes, and the need to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights". Abortion is permitted in India. In 2021, India amended its Medical Termination of Pregnancy Act which further liberalized access to abortion services.



Source: World Health Organization, 2019

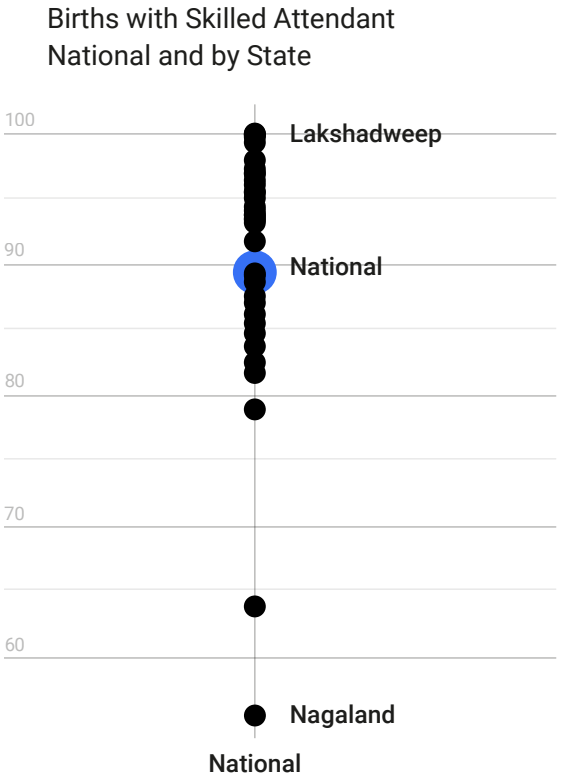
Overall, 78.7% of married or in-union women aged 15-49 years in India make their own decisions regarding their own health, with 83% making their own decisions regarding large purchases and 85.6% regarding visiting friends and family. There is little variation by residence in decisionmaking regarding their own health or visiting friends and family, but more women in rural areas (84.1%) compared to urban areas (66.3%) make decisions regarding large purchases. There is also little variation by level of education and by household wealth in decision making.

Proportion of married women who make their own informed decisions regarding reproductive health care, contraceptive use, and sexual relations



Source: Demographic and Health Survey, 2019–2021

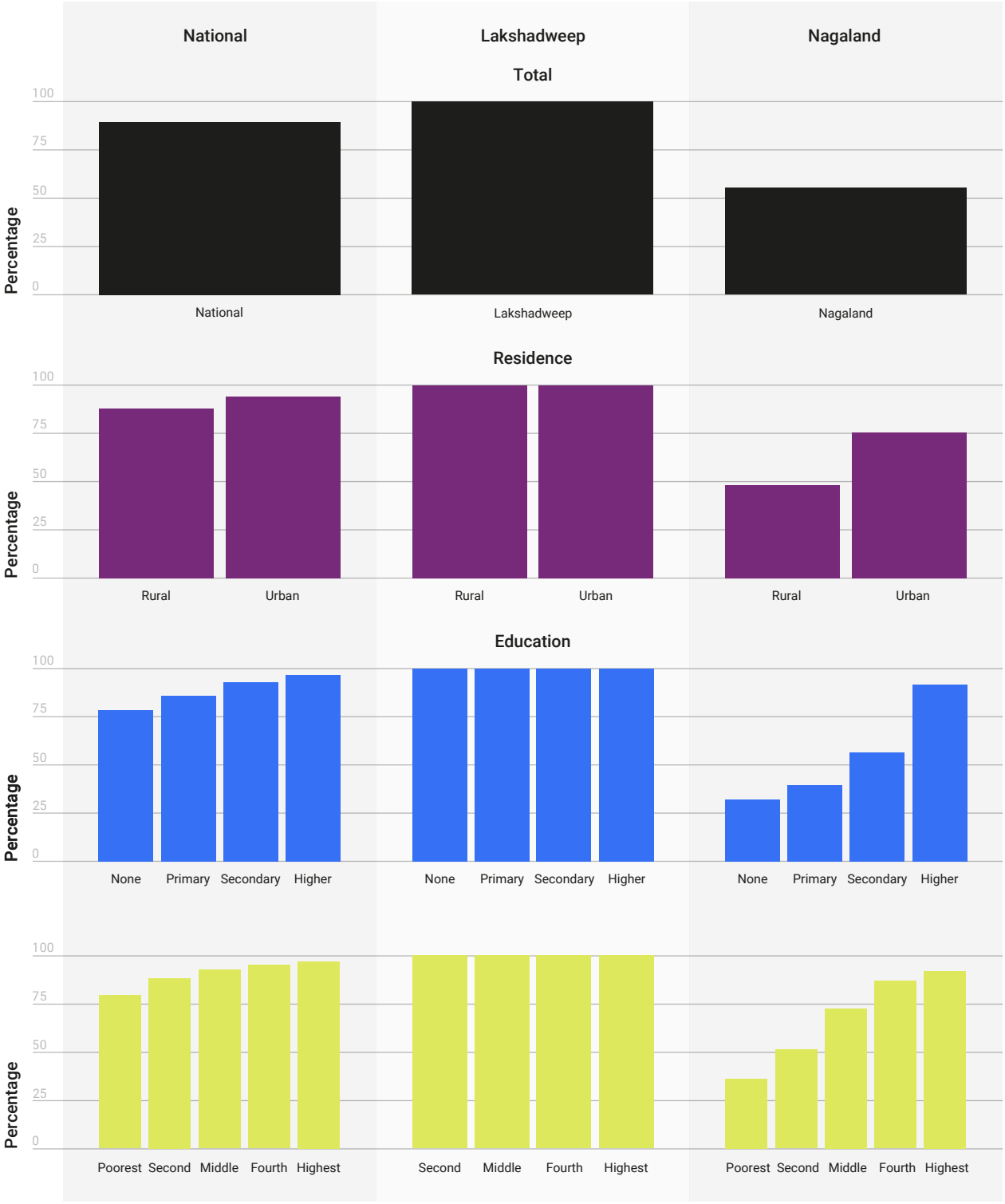
Among married women 15-49 years in India who had a live birth in the last two years, approximately 89.4% of deliveries are assisted by a skilled attendant; this is one of the highest in the region. There are three states in India where the percentage of deliveries assisted by a skilled attendant is less than 80%: Nagaland state (55.3%), Meghalaya state (63.9%) and Bihar state (78.9%); in all other states the percentage of deliveries by a skilled attendant among married women 15-49 years who had a live birth in the last two years is over 80%.



Source: Demographic and Health Survey, 2019–2021

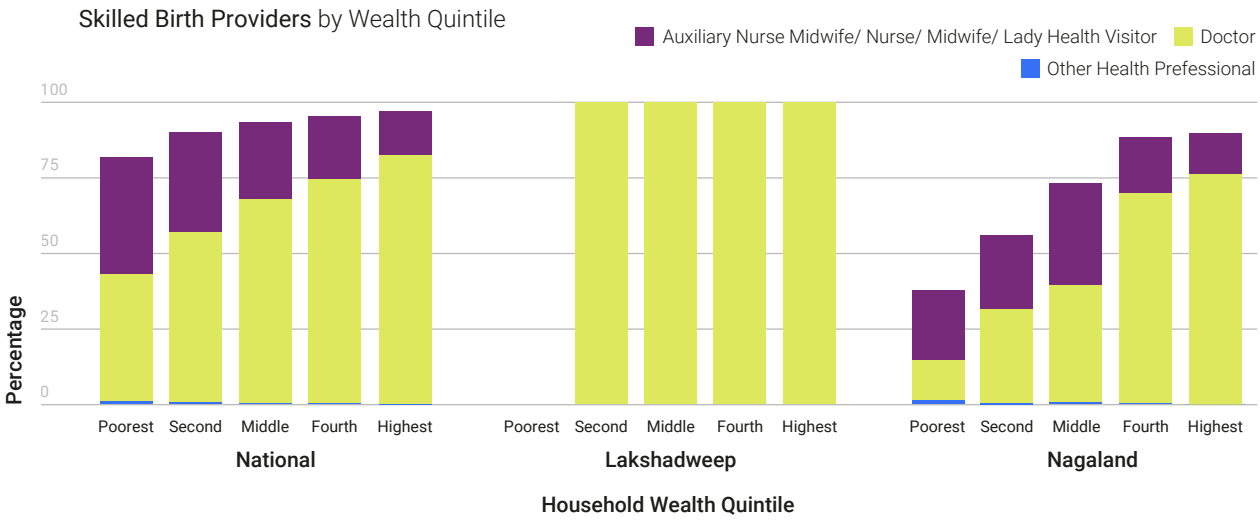
Nationally, the percentage of deliveries assisted by a skilled attendant is higher in urban areas than rural areas (94% versus 87.8%), increases with higher levels of education (78.5% among women with no education versus 96.7% among women with higher education) and household wealth (79.3% among women living in the poorest households versus 96.8% among women living in the wealthiest households). In Lakshadweep state, with the highest percentage of deliveries assisted by a skilled attendant, there is little variation by residence, level of education, or household wealth. In Nagaland state, the percentage of deliveries assisted by a skilled attendant is higher in urban areas (75.4% versus 48.2% in rural areas), increases with higher levels of education (32% among women with no education to 91.6% among women with higher education) and household wealth (36.1% among women living in the poorest households to 91.8% among women living in the wealthiest households).

Births with Skilled Attendant; National, Highest, and Lowest States Shown



Source: Demographic and Health Survey, 2019–2021

Nationally, as household wealth increases, so does the proportion of births attended by doctors versus an auxiliary nurse midwife/nurse/midwife/lady health visitor (among women living in the poorest households, 52% of births are attended by doctors, compared to 85% in the wealthiest households). This is consistent in Nagaland state where the proportion of births attended by doctors is 40% among women living in the poorest households and 81% among women living in the wealthiest households. Among women living in Lakshadweep state, all births are attended by doctors.



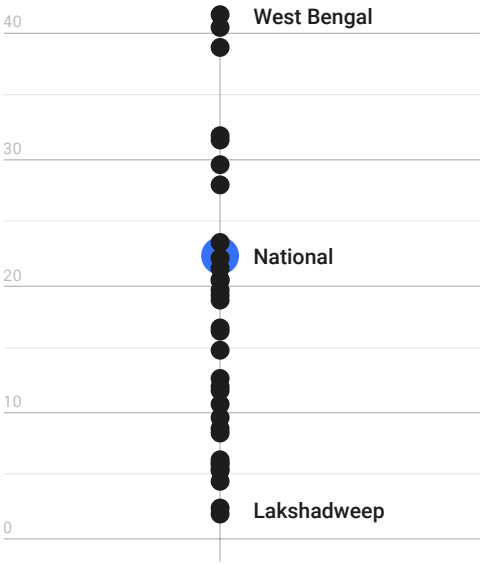
Source: Multiple Indicator Cluster Survey, 2019–2021

India has committed to ensuring access for all adolescents and youth, especially girls, to comprehensive and age-responsive information, education, and adolescent-friendly comprehensive, quality, and timely health services under the Rashtriya Kishor Swasthya Karyakram (RKSK). India has also committed to addressing gender-based violence to achieve SDG 5.6.2 by eliminating all forms of violence against women and girls through improved implementation of various legislative frameworks and strengthened schematic interventions.

In India, 22.4% of women aged 20-24 years were married before age 18 including 4% married before age 15. Notably, marriage before age 18 varies across states, with the highest percentage observed in West Bengal, 41.5%, including 9.7% married before age 15, and the lowest in Lakshadweep, 2%, including 0.7% married before age 15. In eight states, the proportion of women aged 20-24 years who were married before age 18 is greater than that the national level; in 28 states it is lower than the national level.

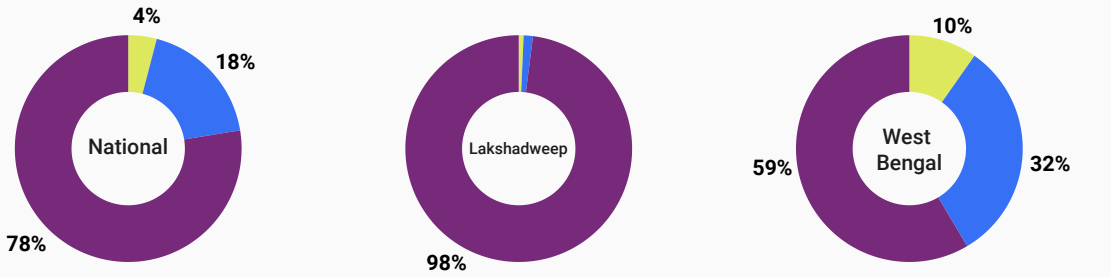
Nationally, marriage before age 18 is higher in rural areas (26%, including 4.8% married before age 15) than urban areas (14.3%, including 2.4% married before age 15). This is also consistent in West Bengal state where 48.1% of women in rural areas were married before age 18 (including 11.4% married before age 15) compared with 25.9% in rural areas (including 5.9% in rural areas married before age 15)

Percent of Women Married before Age 18, Women 20–24
National, Highest, and Lowest States Shown

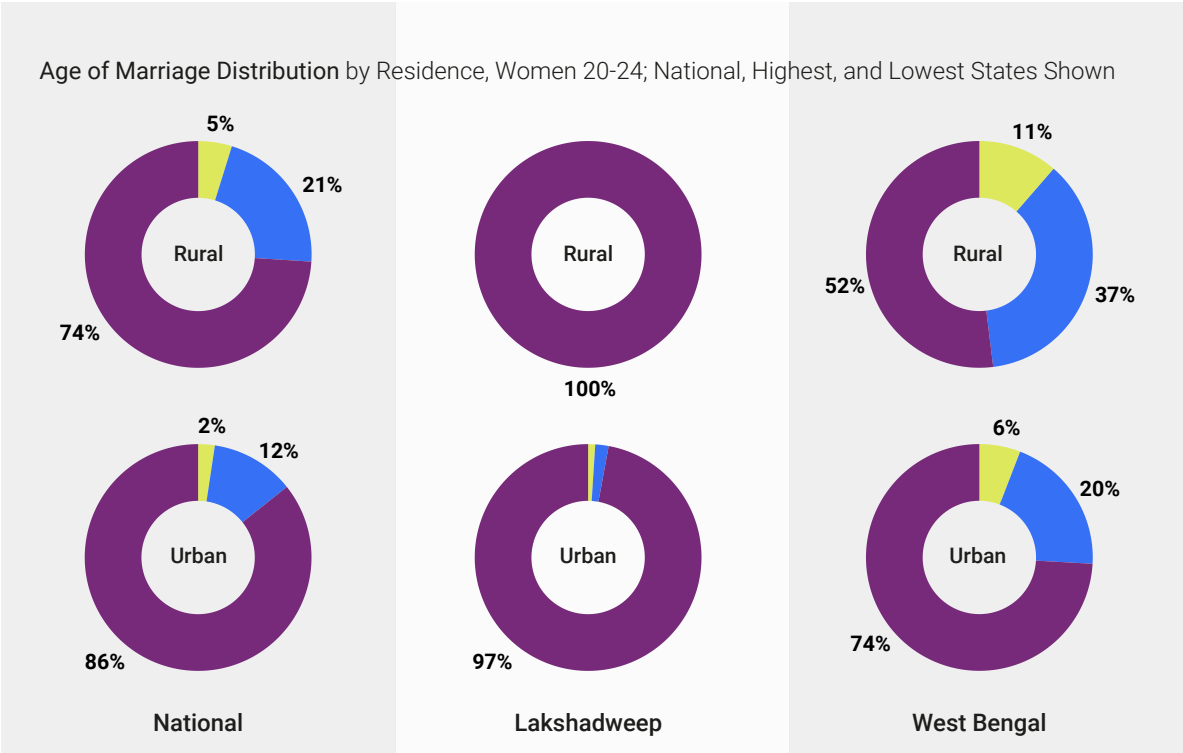


Source: Demographic and Health Survey, 2019–2021

Age of Marriage Distribution Women 20-24; National, Highest, and Lowest States Shown



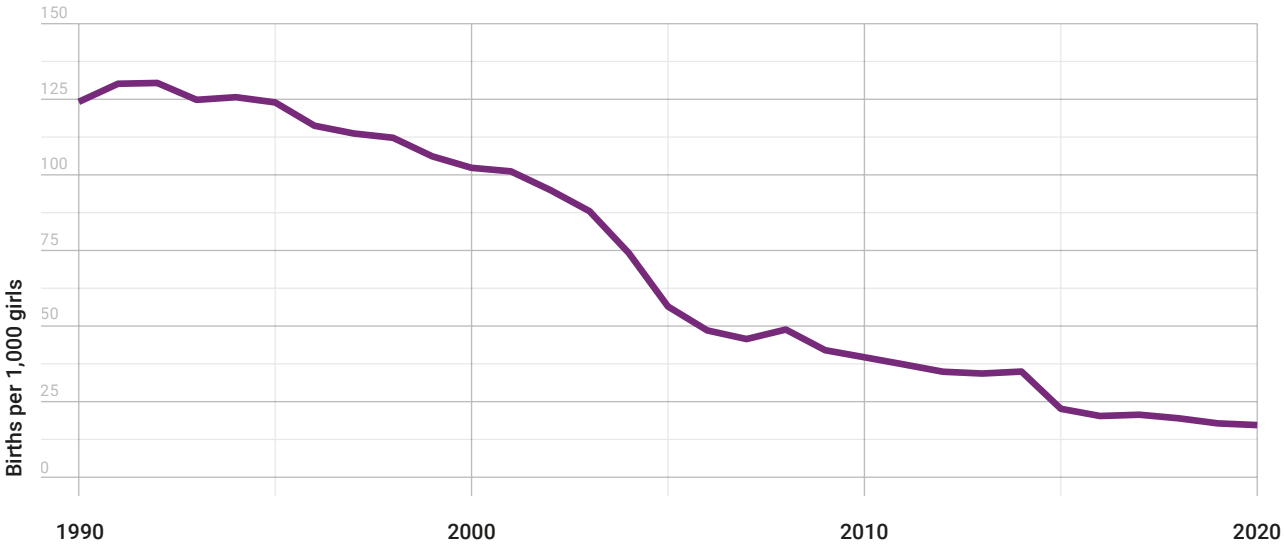
Source: Demographic and Health Survey, 2019—2021



Source: Demographic and Health Survey, 2019—2021

Since 1990 the adolescent birth rate in India has decreased. Trends reveal that across the country it decreased from approximately 124.1 births per 1,000 girls in 1990 to approximately 17.3 births per 1,000 girls in 2020.

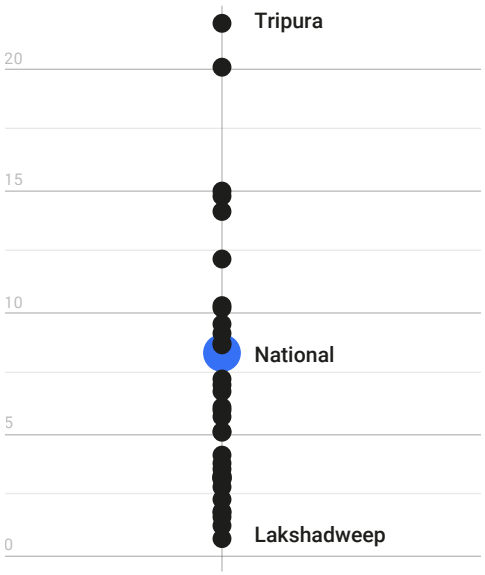
Adolescent birth rate, 1990–2020



Source: World Population Prospects, 2022

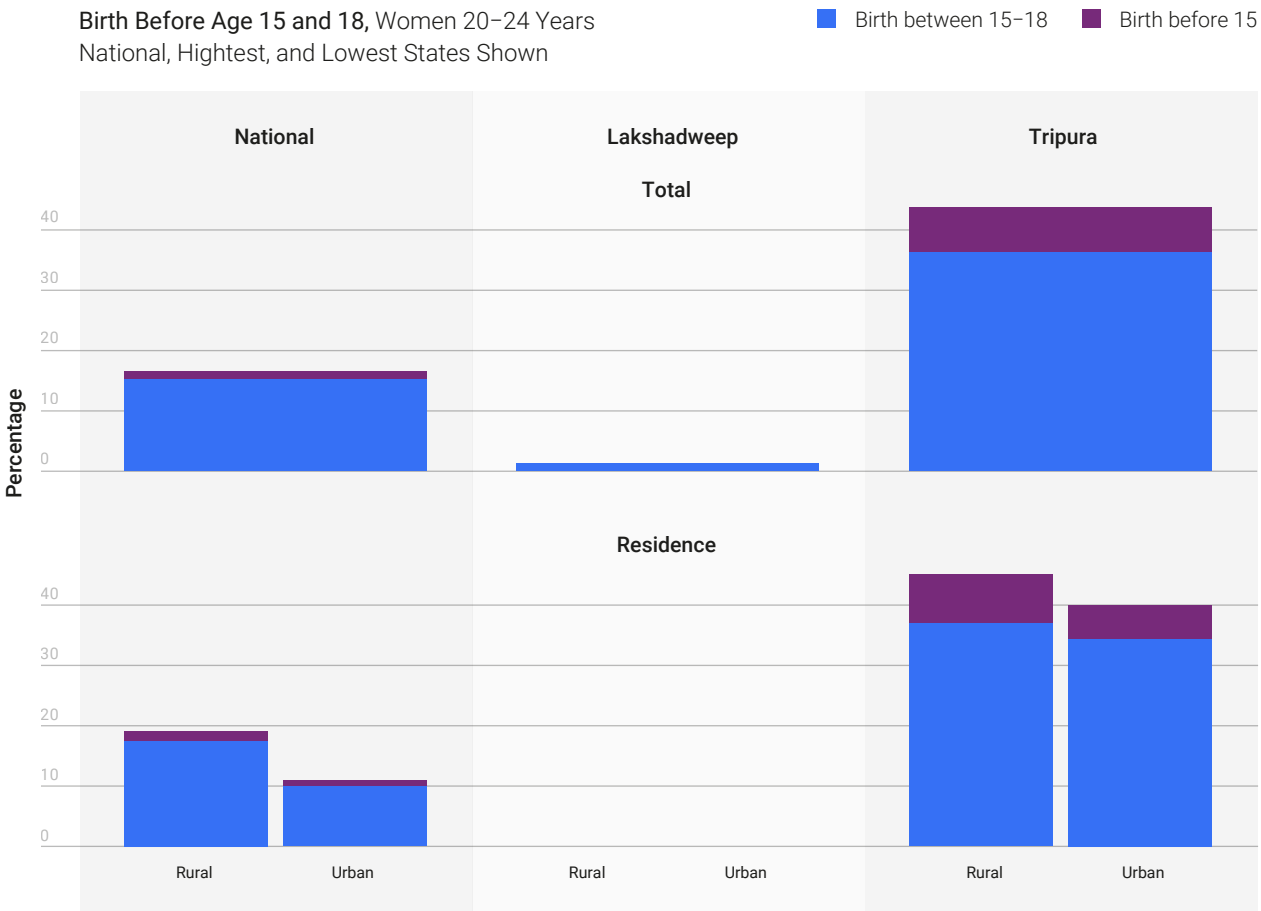
According to the latest Demographic and Health Survey, approximately 8.3% of women aged 20-24 years had a birth before age 18 nationally.This ranges from 0.6% in Lakshadweep state to 21.9% in Tripura state. In 24 states the percentage is less than that at the national level, while in 12 states it is greater than the percentage at the national level. The percentage of women who had a birth before age 18 is higher in rural areas (nationally: 9.5%; Tripura state: 22.6%) than in urban areas (nationally: 5.5%; Tripura state: 20%).

Percent of Women Who Gave Birth before Age 18, Women 20–24
National, Highest, and Lowest States Shown



Source: Demographic and Health Survey, 2019–2021

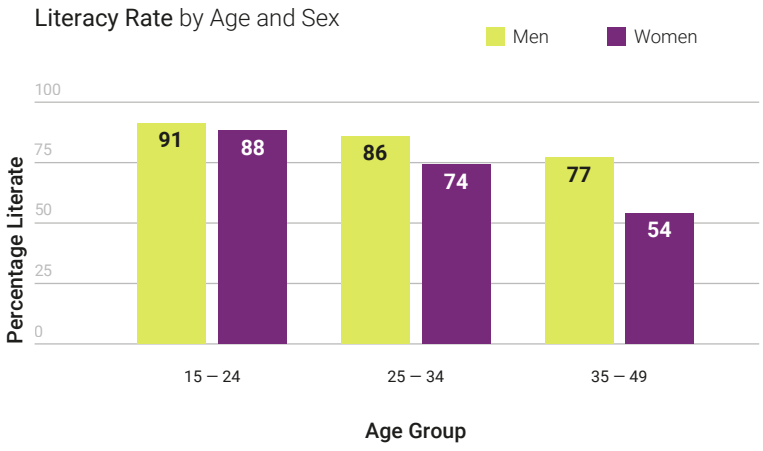
Birth Before Age 15 and 18, Women 20–24 Years
National, Hightest, and Lowest States Shown



Source: Demographic and Health Survey, 2019–2021

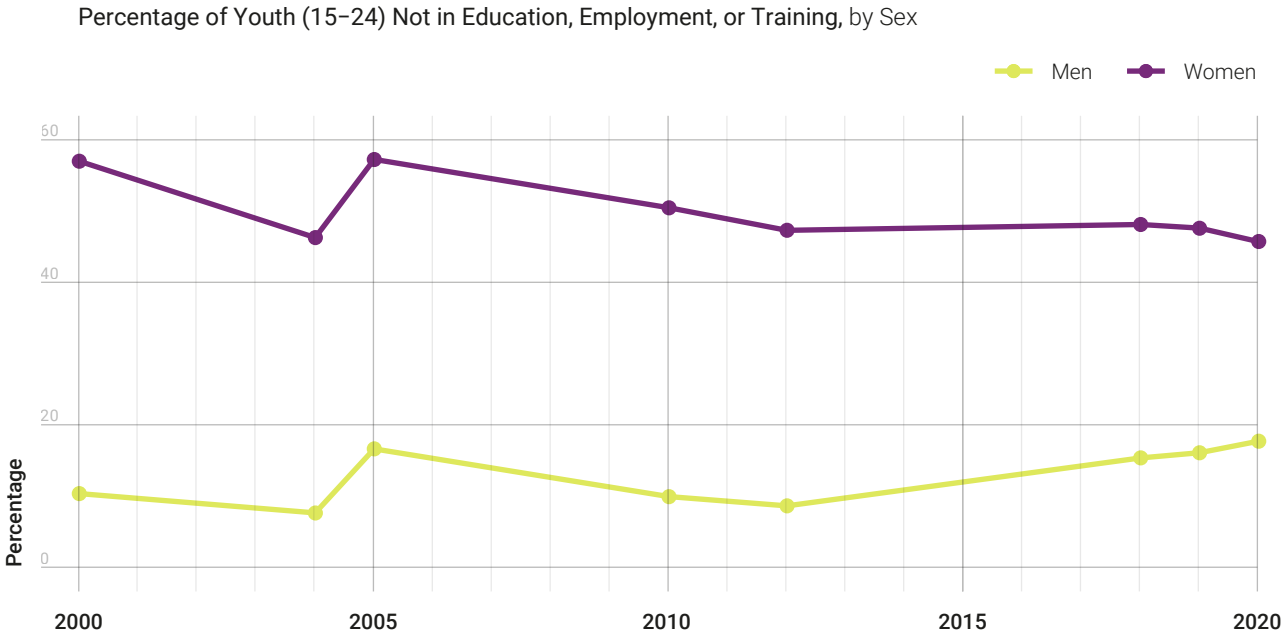
The literacy rate in India among 15- to 24-year-olds is higher among men (91.4%) than women (88.2%). This difference is magnified in the 35-to-49-year age group where at 77% the literacy rate for men is 1.4 times higher than the literacy rate for women (53.9%).

India has committed to strengthening interventions to promote women's equal participation in public life.



Source: Demographic and Health Survey, 2019–2021

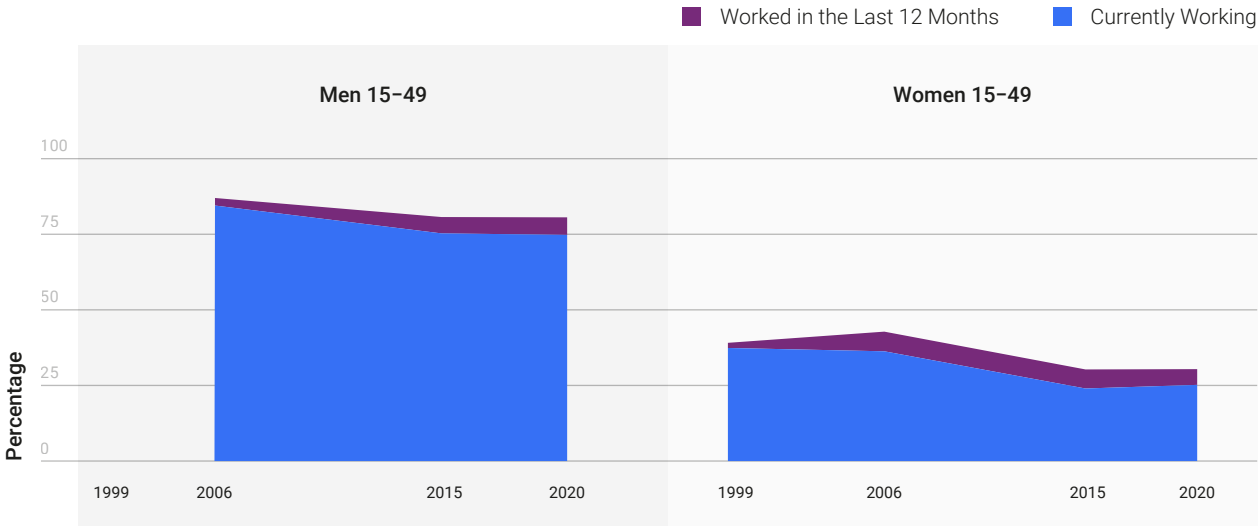
Young people who are not in education, employment or training (i.e., the NEET population) quantifies the proportion of young people who find themselves outside of the educational system and without work. In India, the percentage of youth not in education, employment or training increased among males from 10.3% in 2000 to 17.7% in 2020, while among women it decreased from 57% in 2000 to 45.7% in 2020.



Source: National Sample Survey (2000, 2004, 2005, 2010, 2012), Periodic Labour Force Survey (2018, 2019, 2020)

Employment trends for women and men in India reveal a decline from 2006 to 2020 with approximately 74.8% of men and 25.2% of women who worked in the last 12 months currently working in 2020 (versus 84.5% and 37.4% respectively in 2006).

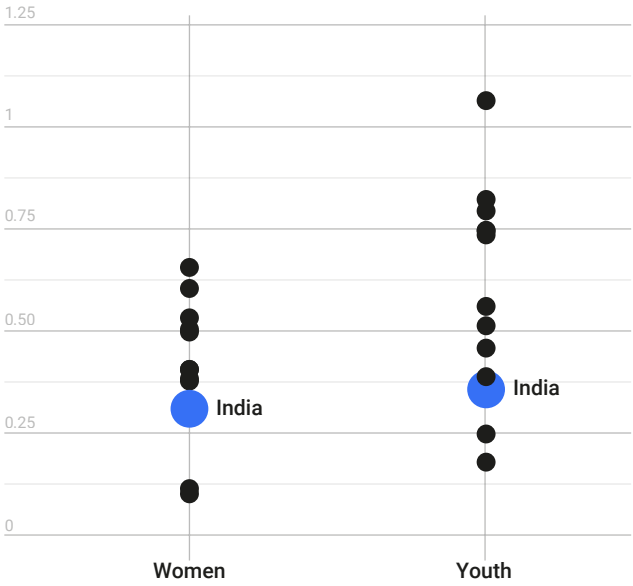
Employment Trends (Currently Working and Worked in the Last 12 Months), by Sex



Source: Demographic and Health Survey, 1999—2020

SDG Goal 16 seeks to promote peaceful and inclusive societies for sustainable development, to provide access to justice for all and build effective, accountable and inclusive institutions at all levels. One component of this is ensuring responsive, inclusive, participatory and representative decision-making at all levels. In India, the ratio of the proportion of female Members of Parliament and the ratio of the proportion of young Members of Parliament are lower than the median compared with those in the region (SDG 16.17.1).

Ratio of proportion of population in parliament to proportion in national population, Lower Chamber or Unicameral, Central and South Asian Countries



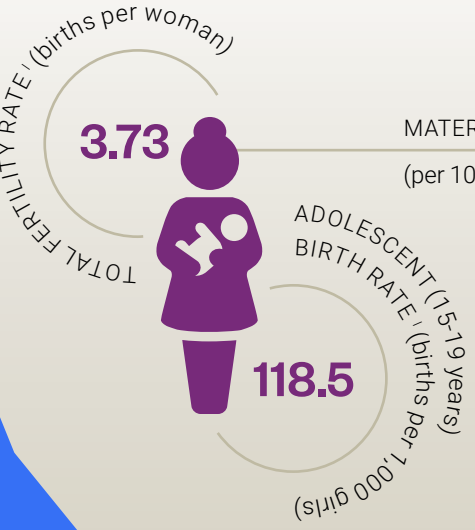
Source: Inter–Parliamentary Union, 2023

During the 54th session of the United Nations Commission on Population and Development in 2021, the Minister of Health reiterated India's Nairobi commitments. The Government in partnership with UNFPA advocated in select States for the incorporation of mental health and psychosocial support within one-stop centers for women facing violence.

A significant step towards enhancing sexual and reproductive health and rights has been realized through the Amendments to the Medical Termination of Pregnancy Act (MTP Act 1971). This amendment permits abortion up to 24 weeks of pregnancy for all women, regardless of marital status.

India was reviewed at the 41st session of the Universal Periodic Review in November 2022. It received 339 recommendations, of which at least 138 (41% of all recommendations) were related to the Nairobi Summit on ICPD25.

At the Nairobi Summit, the Republic of Madagascar committed to guaranteeing access to an efficient health system for all in order to achieve the goal of zero preventable maternal deaths. The country committed to building the capacity of service providers, strengthening health facilities' technical skills in reproductive health and family planning, **increasing the availability of contraceptive products, raising awareness of and enforcing the law on reproductive health and family planning at all levels, and setting up mobile clinics.**



MATERNAL MORTALITY RATIO **391.52**
(per 100,000 live births) [II] **100,000**

12.9% UNMET NEED FOR FAMILY PLANNING (all women) [III]

67.7% DEMAND FOR FAMILY PLANNING SATISFIED WITH MODERN METHODS (all women) [III]

45.8% DELIVERIES ATTENDED BY SKILLED HEALTH PERSONNEL [II]

THE REPUBLIC OF MADAGASCAR

TOTAL POPULATION [I]

30,688,120

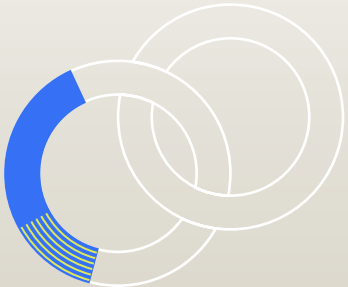
WOMEN (20-24 years) WHO WERE FIRST MARRIED OR IN UNION [II]

BEFORE AGE 18

38.8%

BEFORE AGE 15

12.6%



64.1 LIFE EXPECTANCY AT BIRTH [I]

LIFE EXPECTANCY AT BIRTH [I] **68.8**

7,650,610

WOMEN OF REPRODUCTIVE AGE (15-49 years) [I]

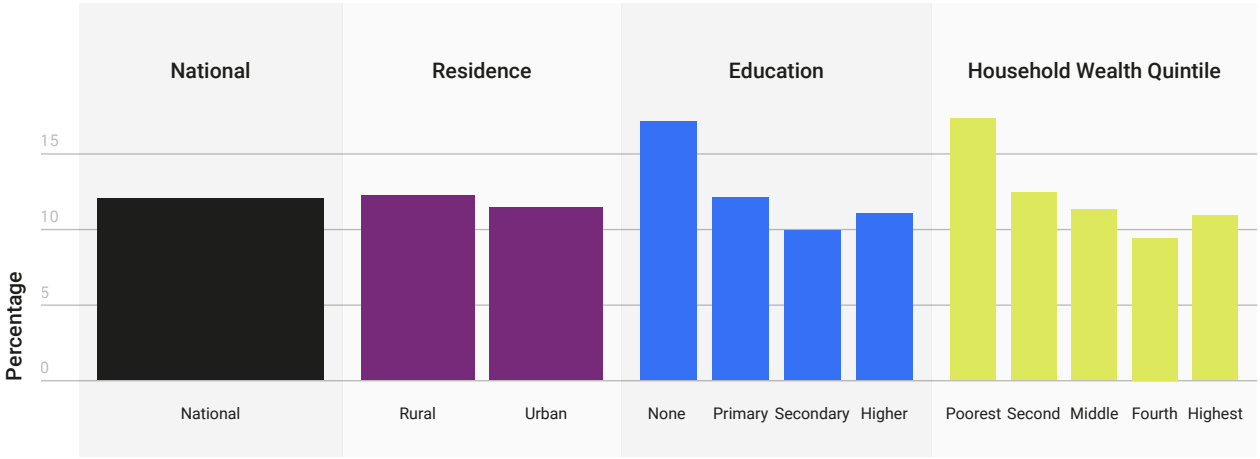
6,182,790

POPULATION 15-24 YEARS (male + female) [I]

I. World Population Prospects 2022
II. SDG
III. World Contraceptive Use 2022

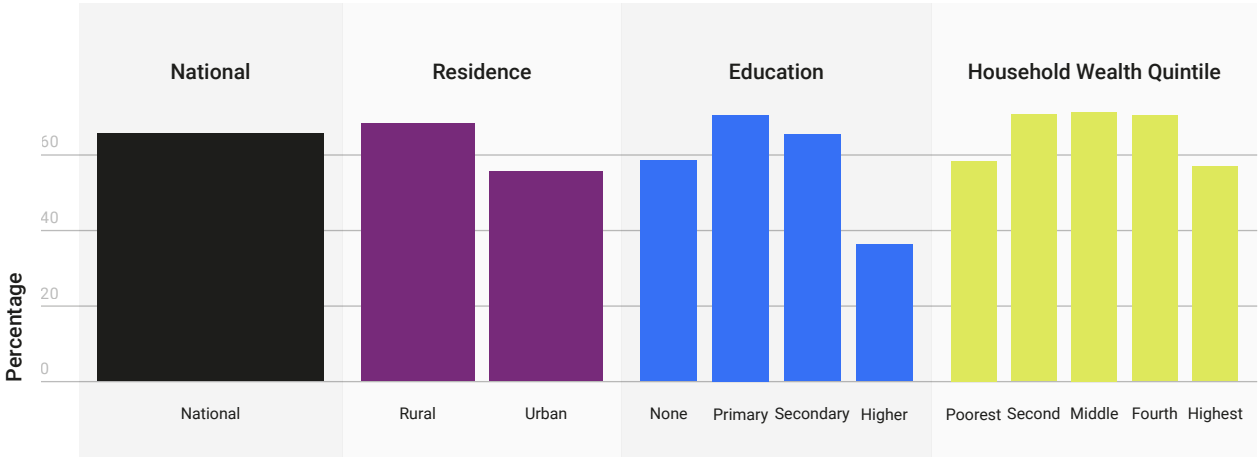
In Madagascar, unmet need for family planning is higher in rural areas than in urban areas, and highest among women with no education and women living in the poorest households. Demand for family planning satisfied by modern methods is higher among women living in rural areas, and among women with primary and secondary education, as well as those in the middle household wealth quintiles.

Unmet Need for Family Planning, All Women



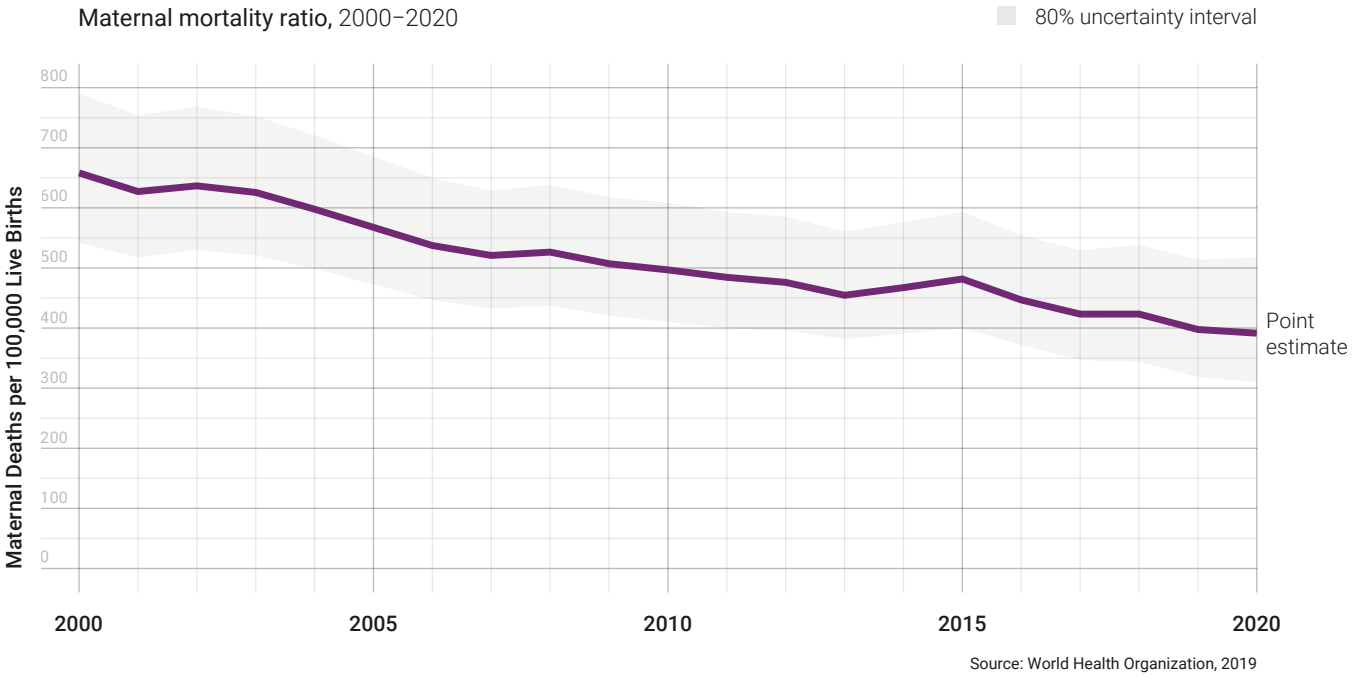
Source: Demographic and Health Survey, 2021

Demand for Family Planning Satisfied with Modern Methods, All Women



Source: Demographic and Health Survey, 2021

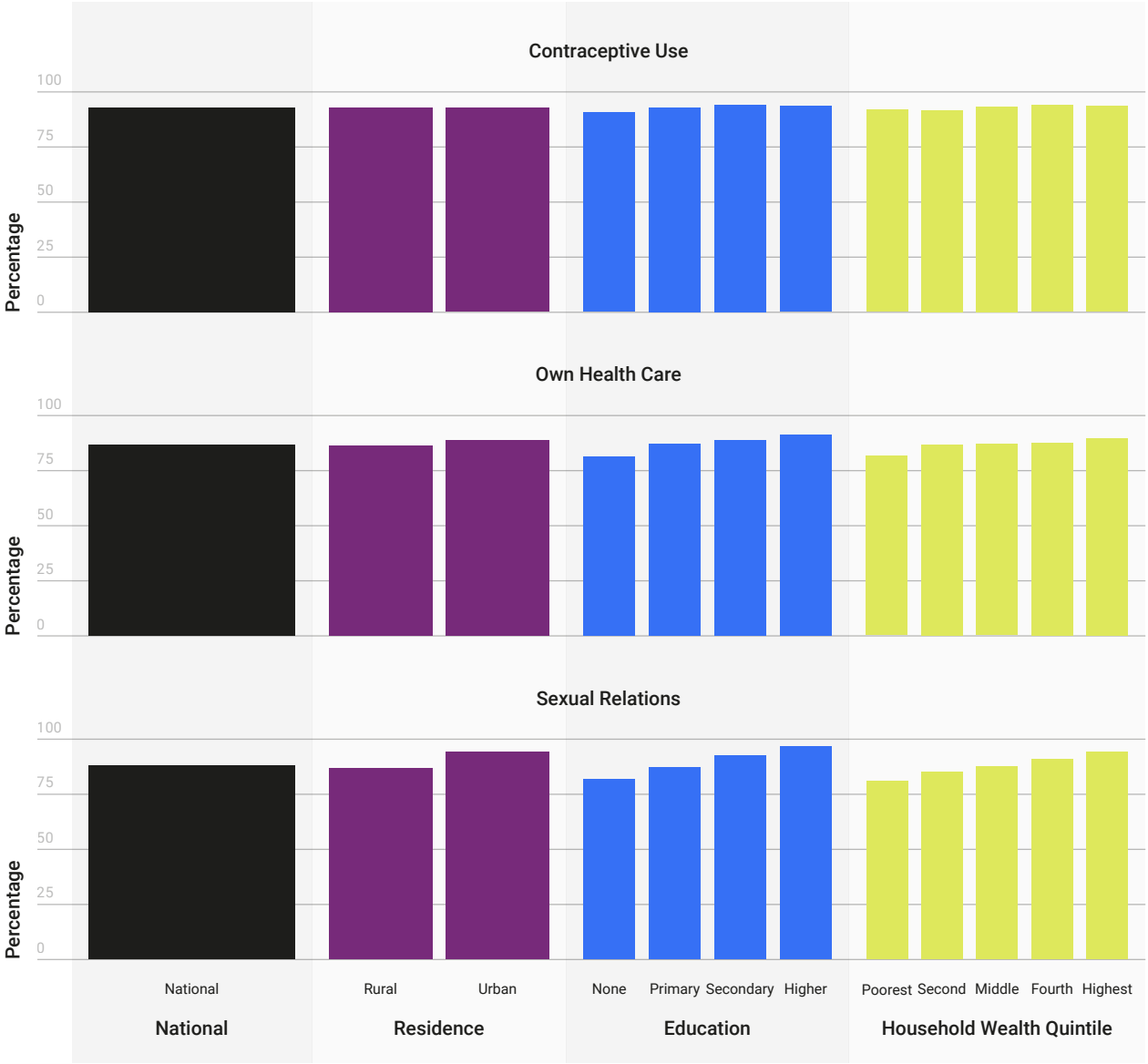
Madagascar's maternal mortality ratio has been declining from 2000 to 2020, the most recent year for which data is available when it was estimated to be 391 deaths per 100,000 live births. The maternal mortality ratio is 5.5 times higher than the SDG target of 70 deaths per 100,000 live births. Recognizing the impact of unsafe abortion on maternal deaths, Nairobi Summit Commitment 3 highlights the integration of "a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and the provision of post-abortion care into national UHC strategies, policies and programmes, and the need to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights". Abortion is illegal in Madagascar.



Source: World Health Organization, 2019

Overall, 74% of married or in-union women aged 15-49 years in Madagascar make their own decisions regarding sexual relations, contraceptive use and health care. The percentage of women making their own decisions regarding contraceptive use is relatively the same by residence, by level of education and household wealth. The percentage of women making their own decisions regarding their own health care and sexual relations is higher in urban areas and increases with higher levels of education and household wealth.

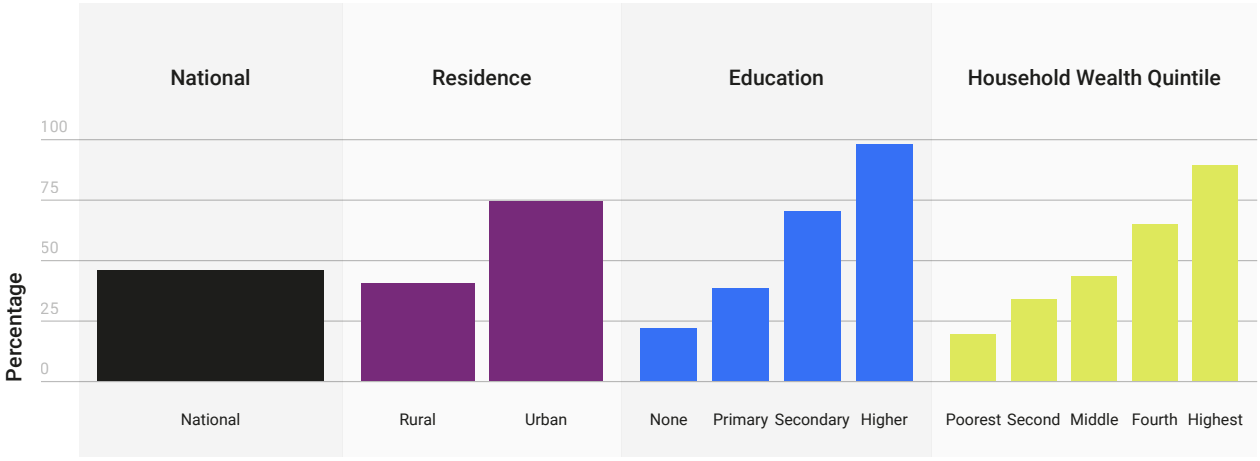
Proportion of married women who make their own informed decisions regarding reproductive health care and contraceptive use



Source: Demographic and Health Survey, 2021

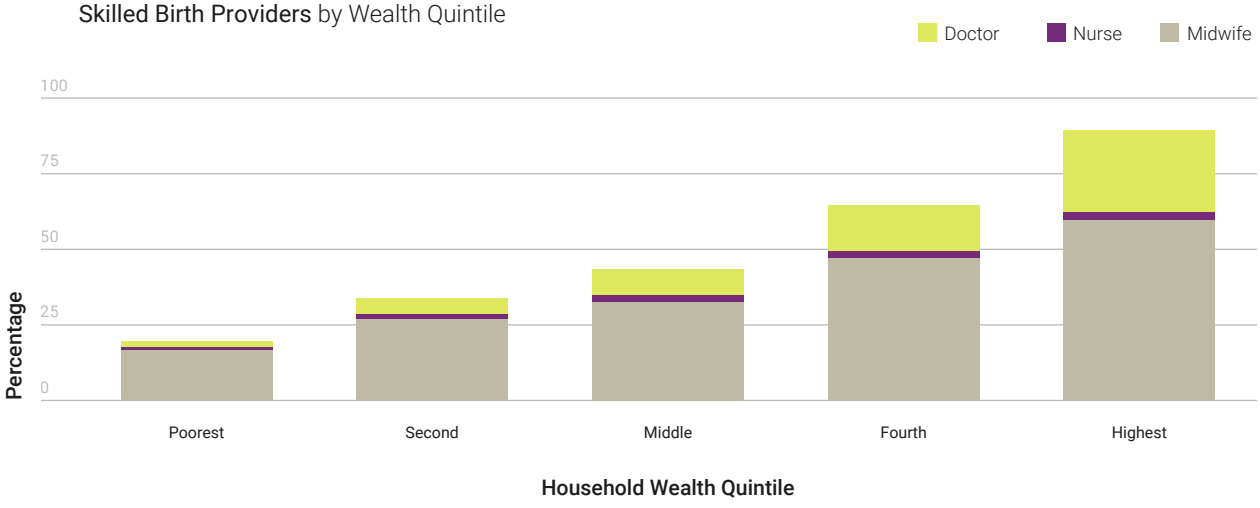
Among married women 15-49 years who had a live birth in the last two years, approximately 46% of deliveries are assisted by a skilled attendant. The proportion of births attended by a skilled attendant is higher in urban areas and increases considerably with higher levels of education and household wealth. Among women living in the poorest households where 19.4% births are attended by skilled providers, approximately 85% of these births are attended by a midwife. As education and household wealth increases, the proportion of births addended by doctors increases; among women living in the richest households, 89.4% of deliveries were assisted by a skilled attendant (64% by midwives and 30% by doctors).

Births with Skilled Attendant



Source: Demographic and Health Survey, 2021

Skilled Birth Providers by Wealth Quintile

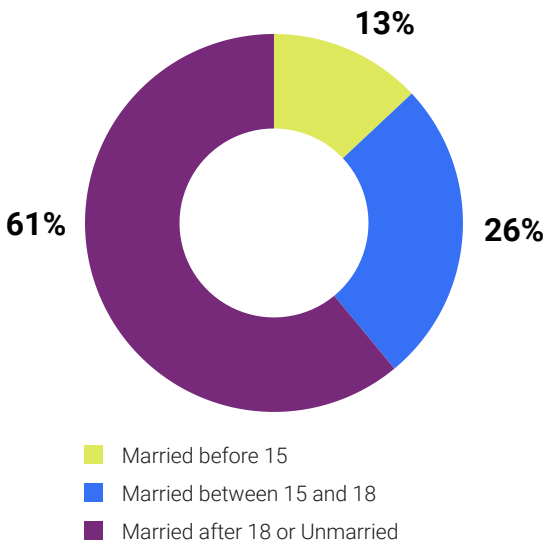


Source: Demographic and Health Survey, 2021

Madagascar has committed to harnessing the demographic dividend by investing in young people, ensuring their involvement in the decisions that affect them, making information and services adapted to their needs, and accelerating job creation.

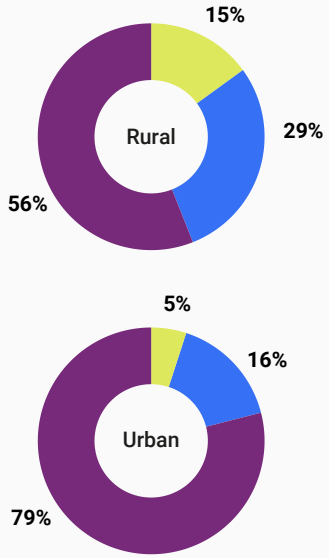
In Madagascar, 39% of women aged 20-24 years were married before age 18, with 13% married before age 15. Marriage before age 18 is higher in rural areas than urban areas (44% versus 21% respectively), and it decreases with higher levels of education and household wealth.

Age of Marriage Distribution, Women 20–24

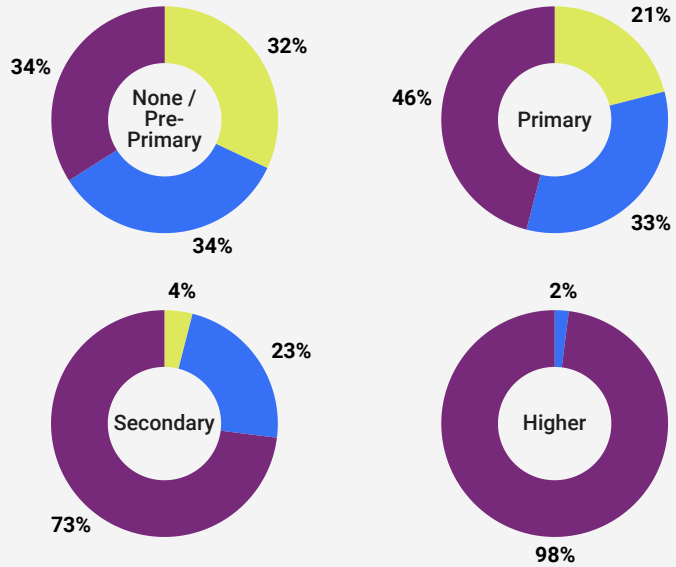


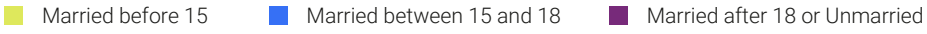
Source: Demographic and Health Survey, 2021

Age of Marriage Distribution by Residence, Women 20–24



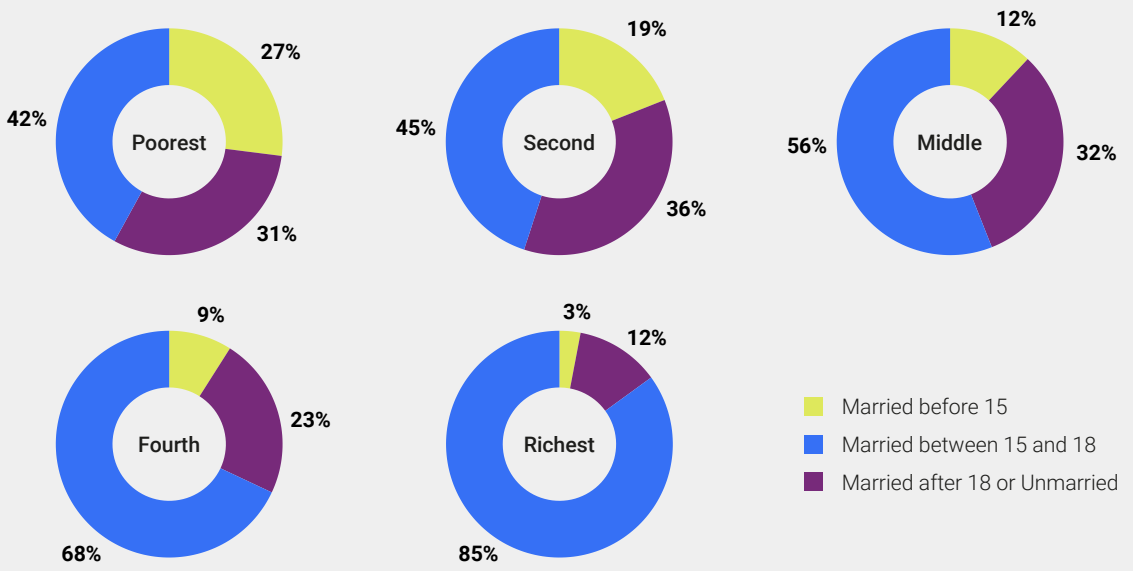
Age of Marriage Distribution by Level of Education, Women 20–24





Source: Demographic and Health Survey, 2021

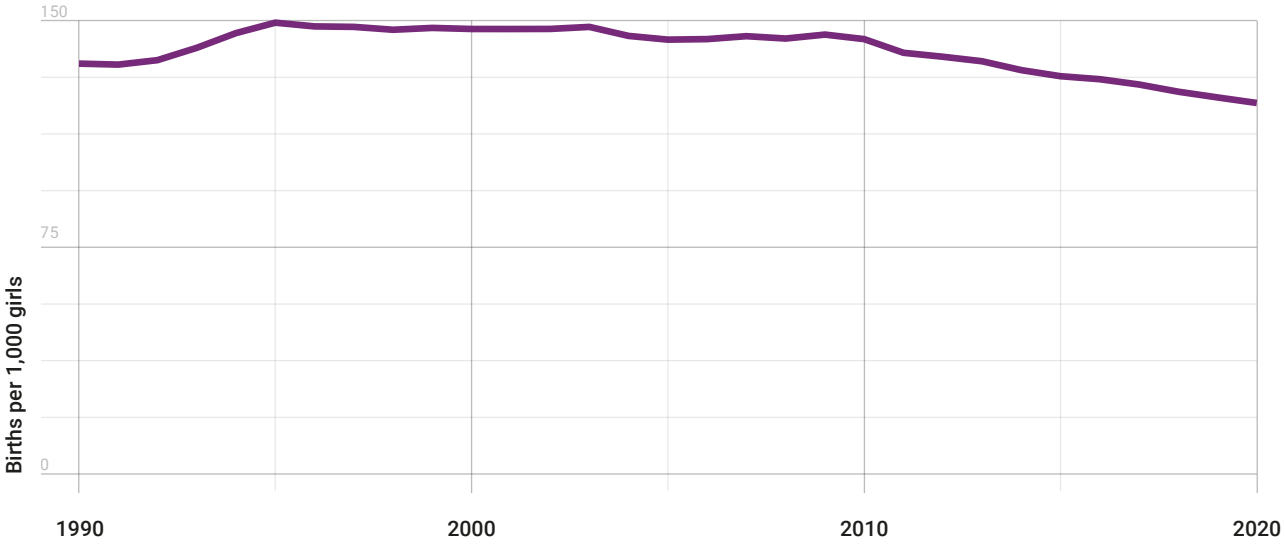
Age of Marriage Distribution by Household Wealth Quintile, Women 20–24



Source: Demographic and Health Survey, 2021

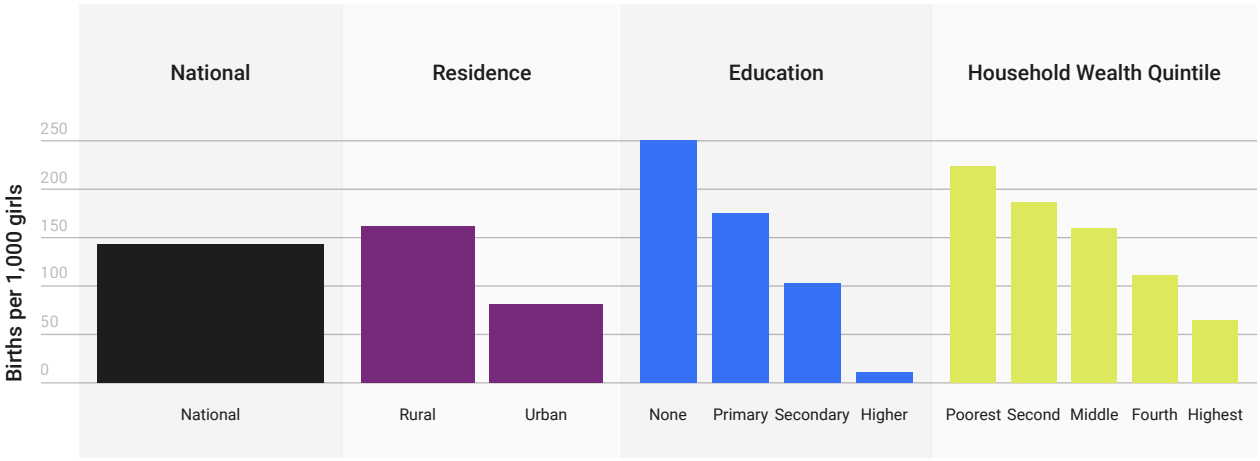
The adolescent birth rate in Madagascar has decreased from 1990 to 2020; it is highest among women living in rural areas and those women with no education and living in the poorest households and decreases with higher levels of education and household wealth. Thirty-four percent (34%) of women aged 20-24 years had a birth before age 18 including 8% before age 15. Births before age 15 were higher among women living in rural areas, those with no and primary education, and those living in the poorest households. The percentage of women who had a birth before age 18 decreases markedly with higher levels of education (from 61% among women with no education to 2% among women with higher education) and household wealth (from 55% among women living in the wealthiest households).

Adolescent birth rate, 1990–2020



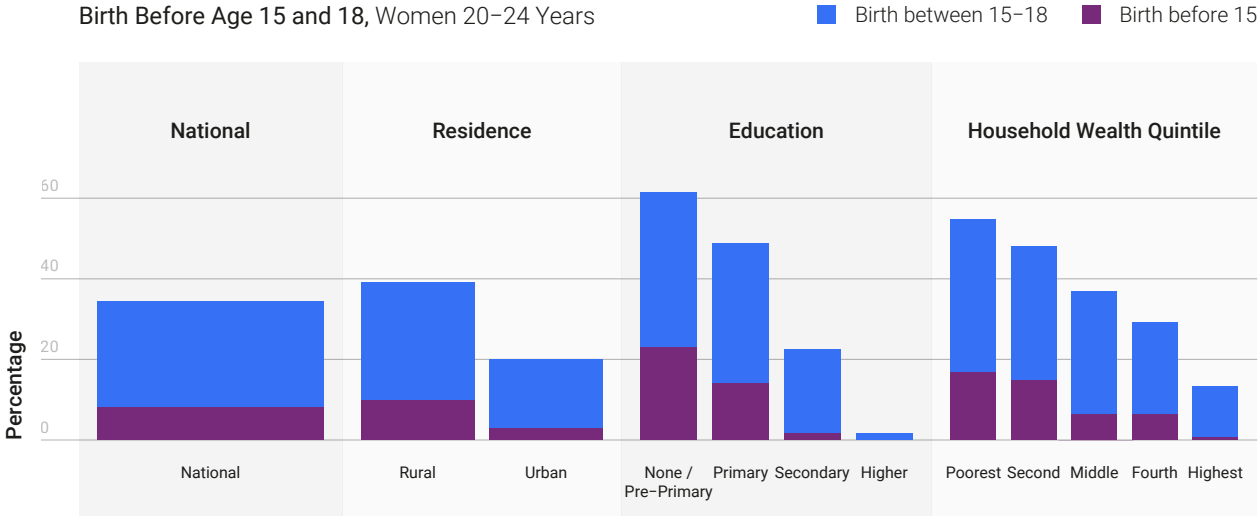
Source: World Population Prospects, 2022

Adolescent birth rate



Source: Demographic and Health Survey, 2021

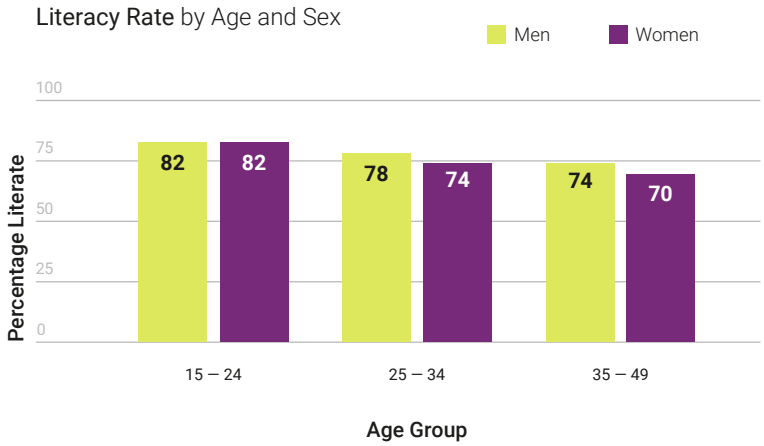
Birth Before Age 15 and 18, Women 20–24 Years



Source: Demographic and Health Survey, 2021

The literacy rate in Madagascar among 15 to 24 years old is the same among men and women (82%), and is slightly lower among women in the 24-35 year and 35 to 49 year age groups.

Literacy Rate by Age and Sex

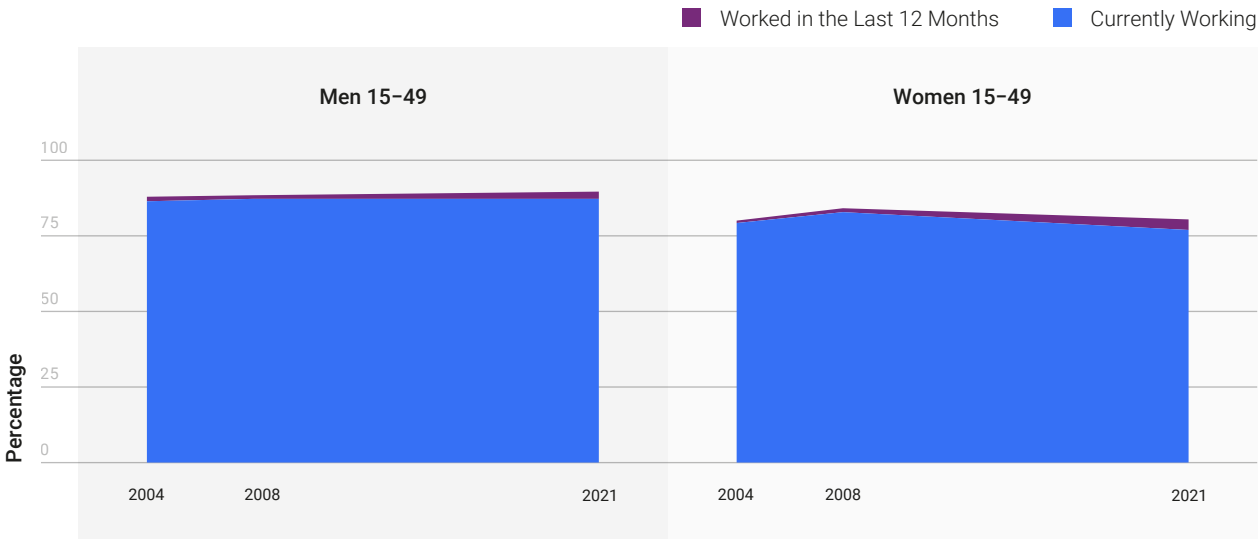


Source: Demographic and Health Survey, 2021

Employment trends for women and men in Madagascar have remained relatively the same from 2004 to 2021 with approximately 77% of women and 87% of men who worked in the last 12 months and are currently working in 2021.

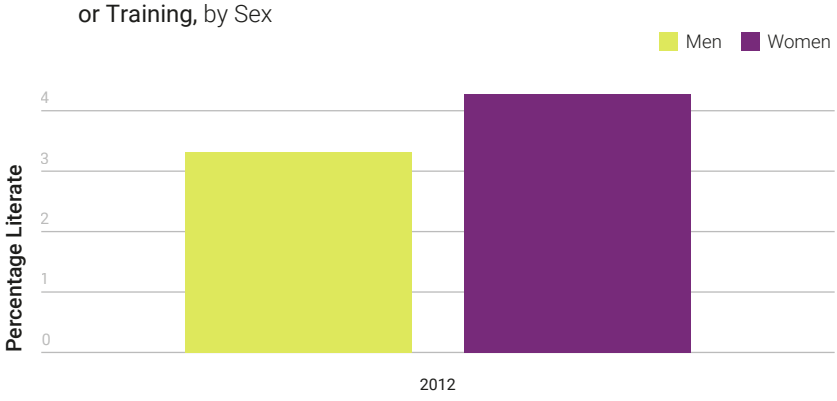
Young people who are not in education, employment or training (i.e., the NEET population) quantifies the proportion of young people who find themselves outside of the educational system and without work. In Madagascar, in 2012, the percentage of youth not in education, employment or training was 3% for males and 4% for females.

Employment Trends (Currently Working and Worked in the Last 12 Months), by Sex



Source: Demographic and Health Survey, 2004—2021

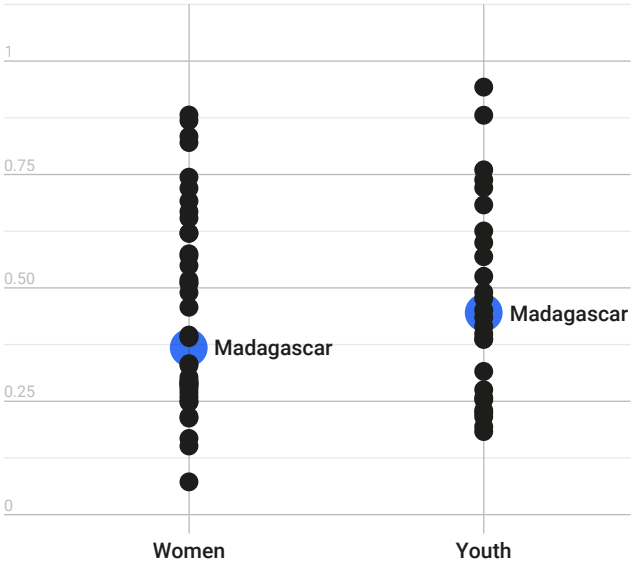
Percentage of Youth (15–24) Not in Education, Employment, or Training, by Sex



Source: Labor Force Survey, 2012

SDG Goal 16 seeks to promote peaceful and inclusive societies for sustainable development, to provide access to justice for all and build effective, accountable and inclusive institutions at all levels. One component of this is ensuring responsive, inclusive, participatory and representative decision-making at all levels. In Madagascar, the ratio of the proportion of female Members of Parliament and the ratio of the proportion of young Members of Parliament are slightly lower than the median compared with those in the region (SDG 16.17.1).

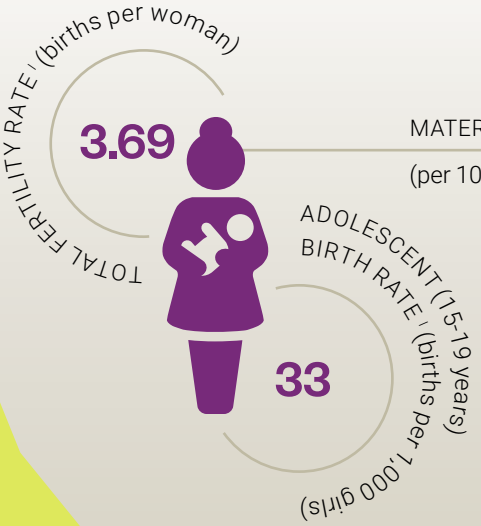
Ratio of proportion of population in parliament to proportion in national population, Lower Chamber or Unicameral, Sub-Saharan African Countries



Source: Inter-Parliamentary Union, 2023

Since the Nairobi Summit, a monitoring plan for Madagascar's ICPD25 commitments has been developed. Efforts have also been made in regard to the commitment of the head of State to family planning – compact commitment and the operation of the integrated care centers for the fight against gender-based violence. The progress towards realizing Madagascar's ICPD25 commitments was specifically referenced and reflected in the 2021 Voluntary Nation Review at the UN's High-level Political Forum on Sustainable Development. Some key highlights include the pursuit of leveraging its demographic dividend, the efforts to ensure a conducive local environment, the strengthening of institutional capacities to enforce laws and regulations, and efforts to achieve zero preventable maternal deaths by 2023.

At the Nairobi Summit, the Republic of Rwanda committed to reducing unmet need for family planning by **improving the delivery, access and uptake of family planning services, increasing the number of health facilities and skilled healthcare providers, and by expanding the type of contraceptives available.** Rwanda also has committed to reducing preventable maternal deaths by investing in human resources for health, infrastructure, and equipment, and ensuring the availability of commodities and supplies for integrated reproductive maternal, newborn, child and adolescent health services for all people.

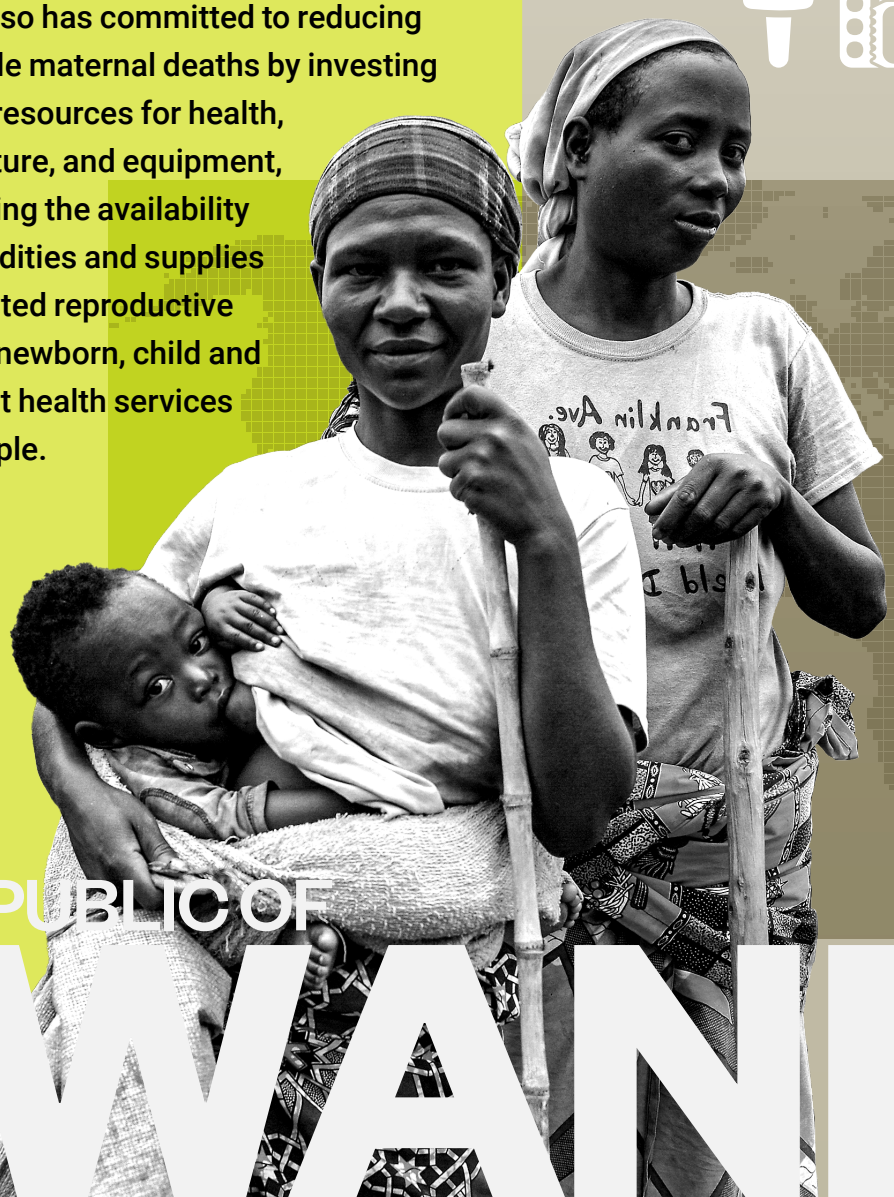


MATERNAL MORTALITY RATIO **258.9**
(per 100,000 live births) [ii] **100,000**

8.8% UNMET NEED FOR FAMILY PLANNING (all women) [iii]

74.9% DEMAND FOR FAMILY PLANNING SATISFIED WITH MODERN METHODS (all women) [iii]

94.2% DELIVERIES ATTENDED BY SKILLED HEALTH PERSONNEL [ii]



THE REPUBLIC OF RWANDA

TOTAL POPULATION [I]

14,254,400

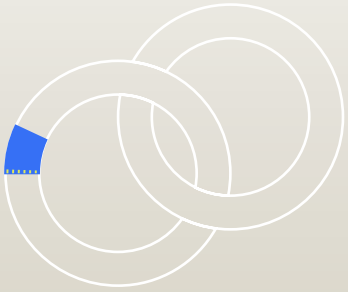
WOMEN (20-24 years) WHO WERE FIRST MARRIED OR IN UNION [II]

BEFORE AGE 18

6.8%

BEFORE AGE 15

0.4%



65.0 LIFE EXPECTANCY AT BIRTH [I]

LIFE EXPECTANCY AT BIRTH [I] **69.5**

3,759,100

WOMEN OF REPRODUCTIVE AGE (15-49 years) [I]

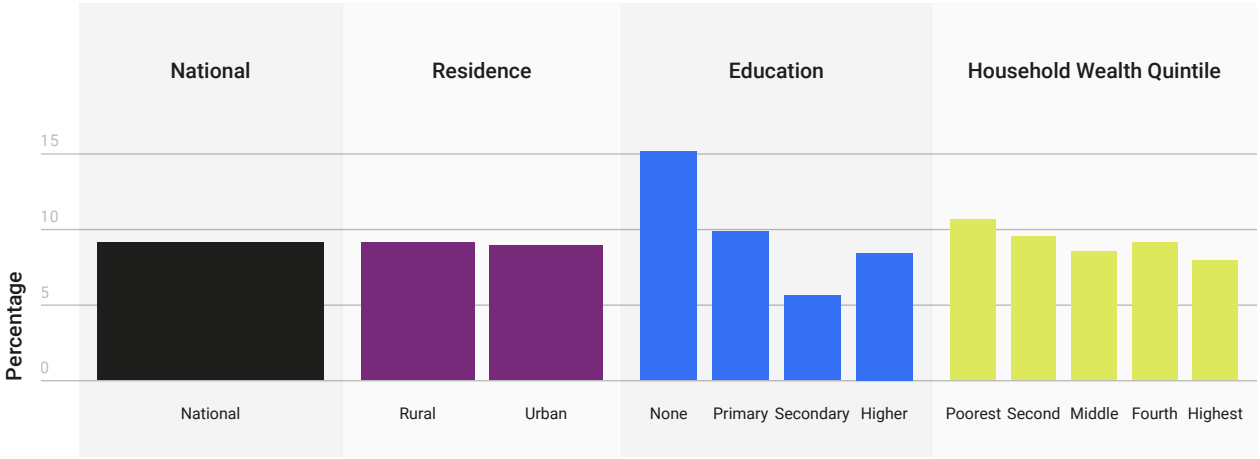
2,937,900

POPULATION 15-24 YEARS (male + female) [I]

I. World Population Prospects 2022
II. SDG
III. World Contraceptive Use 2022

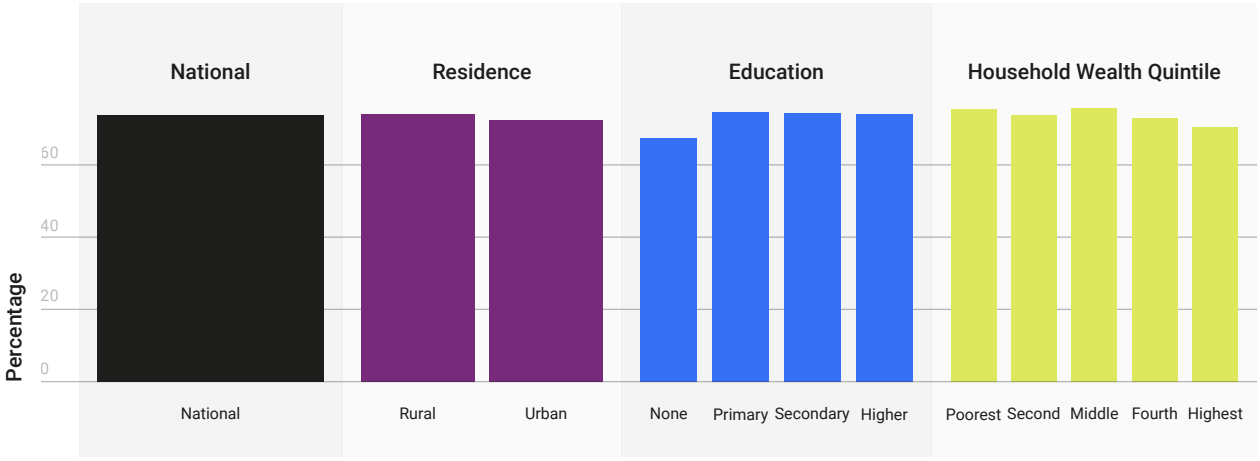
In Rwanda, unmet need for family planning is relatively the same in rural and urban areas of the country. Unmet need is highest among women with no education, and decreases with higher levels of education and household income. Demand for family planning satisfied by modern methods is fairly similar in urban and rural areas of Rwanda and across education levels and by household wealth.

Unmet Need for Family Planning, All Women



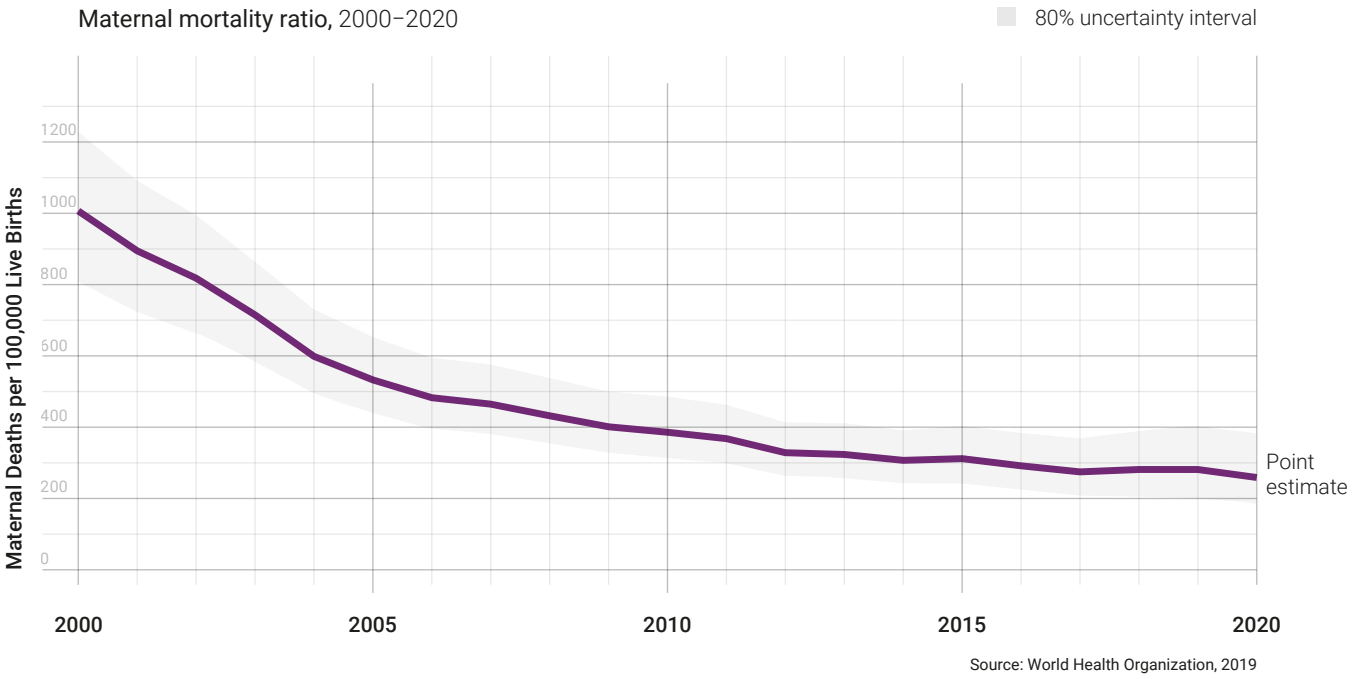
Source: Demographic and Health Survey, 2019

Demand for Family Planning Satisfied with Modern Methods, All Women



Source: Demographic and Health Survey, 2019

Rwanda's maternal mortality ratio has been steadily declining since 2000 to 2020, the most recent year for which data is available when it was estimated to be 258.9 deaths per 100,000 live births. This is nearly five times lower than that of the country in the region with the highest maternal mortality, but still nearly four times higher than the SDG target of 70 deaths per 100,000 live births. Recognizing the impact of unsafe abortion on maternal deaths, Nairobi Summit Commitment 3 highlights the integration of "a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and the provision of post-abortion care into national UHC strategies, policies and programmes, and the need to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights". Rwanda revised its formerly strict abortion law in 2012, identifying circumstances under which abortion is permitted (e.g., rape, fetal diagnosis, incest, and on additional grounds). In 2019 a Ministerial Order removed the requirement for women to go to court to seek an abortion.

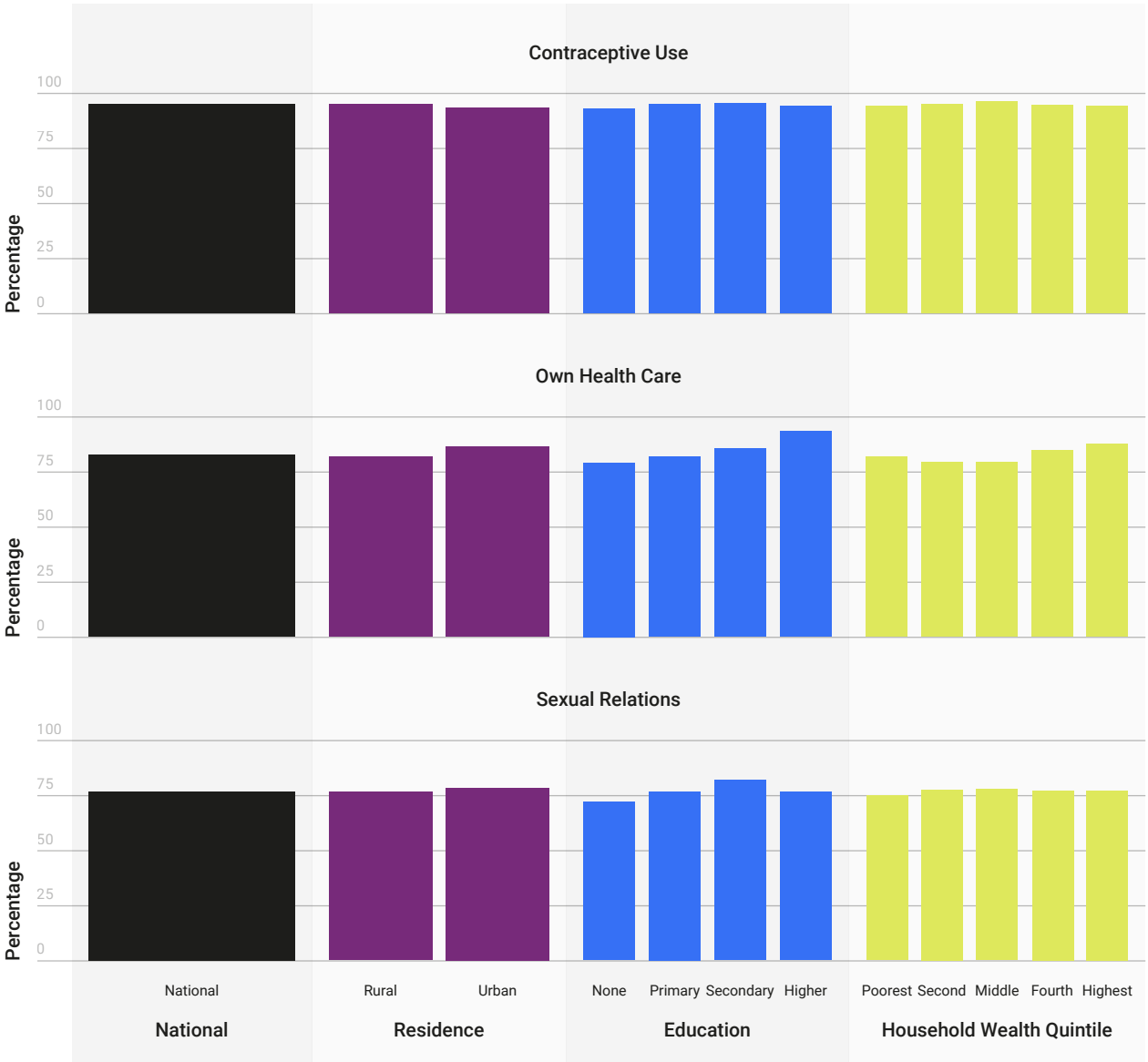


Source: World Health Organization, 2019

Rwanda has committed to gender equality and to reducing gender-based violence and harmful practices.

Overall, 70% of married or in-union women aged 15-49 years in Rwanda make their own decisions regarding sexual relations, contraceptive use and health care. The percentage of women making their own decisions regarding contraceptive use, their own health care, and sexual relations is relatively the same by residence, by level of education and by household wealth.

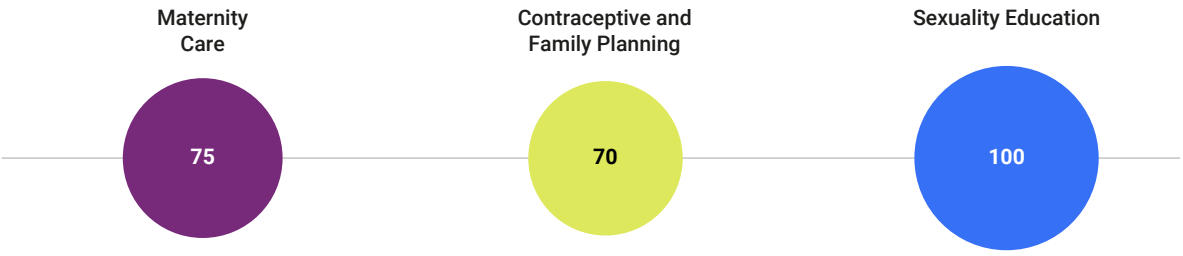
Proportion of married women who make their own informed decisions regarding own health care and contraceptive use



Source: Demographic and Health Survey, 2019

SDG 5.6.2 reflects the extent to which prevailing laws enable or disable women and men's full and equal access to health and rights. Rwanda has achieved 100% of enabling laws and regulations that guarantee full and equal access to sexuality education, 75% to maternity care, and 70% to contraceptive and family planning services.

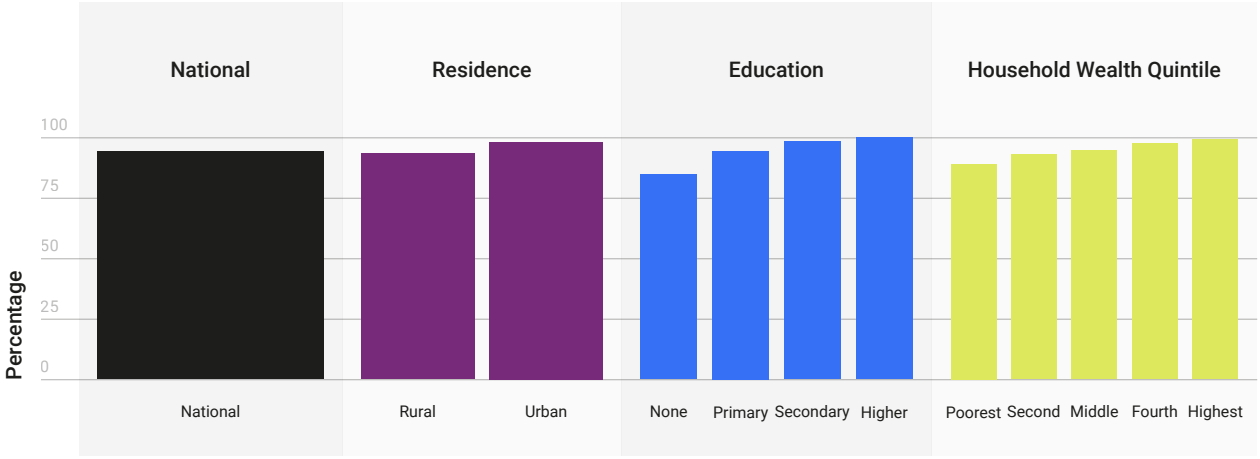
Extent to which Rwanda has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education



Source: United Nations Population Fund, 2023

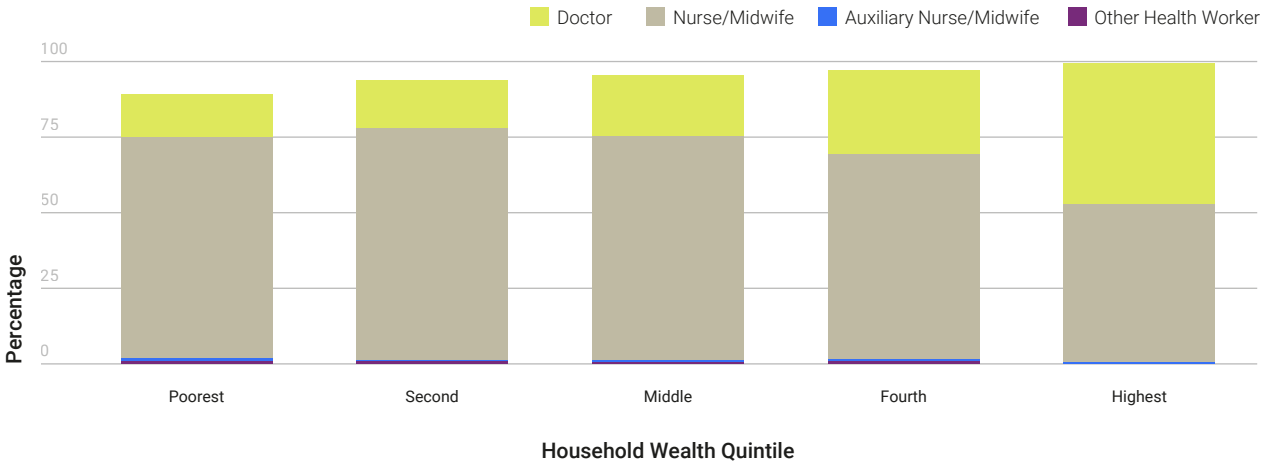
With approximately 94.2% of deliveries in Rwanda assisted by a skilled attendant among married women 15-49 years who had a live birth in the last two years, Rwanda's rate is one of the highest in the region. The proportion of births attended by a skilled attendant is slightly higher in urban areas, and increases with higher levels of education and household wealth. The proportion of births attended by nurse/midwives decreases with increasing household wealth as a greater proportion of births are attended by doctors.

Births with Skilled Attendant



Source: Demographic and Health Survey, 2019

Skilled Birth Providers by Wealth Quintile

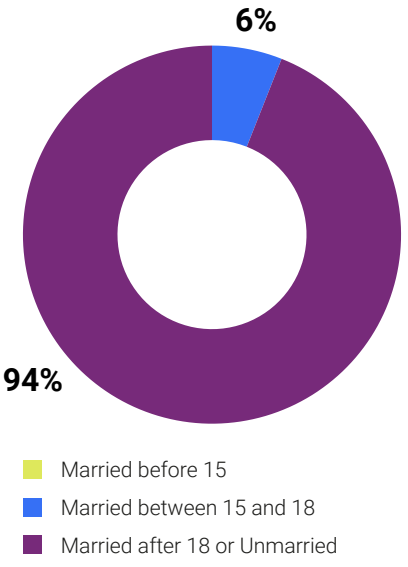


Source: Demographic and Health Survey, 2019

Rwanda has committed to promoting youth-friendly policies and increasing demand for adolescent sexual and reproductive health services through awareness raising, community engagement, education, and by expanding the number of health facilities offering youth-friendly services. The country has been promoting strategies and approaches that ensure the involvement of adolescents and youth and ensuring young people can access age-appropriate quality information, comprehensive knowledge and education. Rwanda has also committed to reducing gender-based violence and harmful practices.

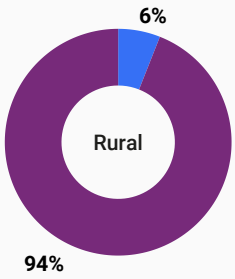
In Rwanda, 5.8% of women aged 20-24 years were married before age 18, with 0.3% married before age 15, which is one of the lowest rates in the region. Marriage before age 18 is slightly higher in rural areas than urban areas (6% versus 4% respectively) and it decreases with higher levels of education and as household wealth increases.

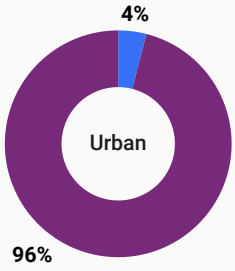
Age of Marriage Distribution, Women 20–24



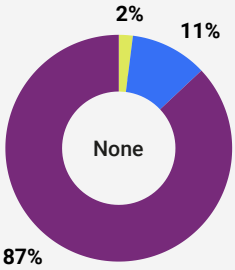
Source: Demographic and Health Survey, 2019

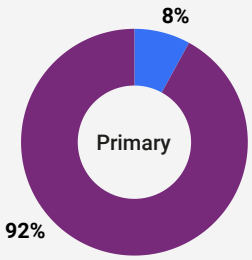
Age of Marriage Distribution by Residence, Women 20–24

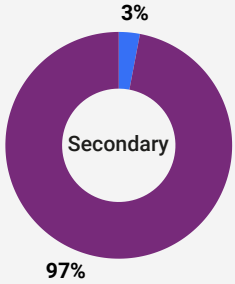


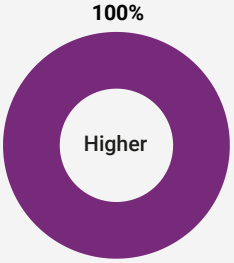


Age of Marriage Distribution by Level of Education, Women 20–24

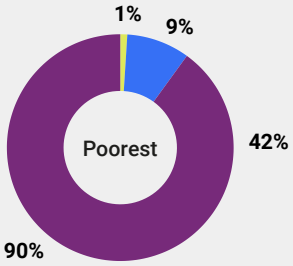


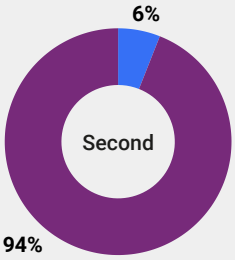


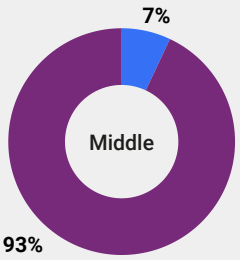


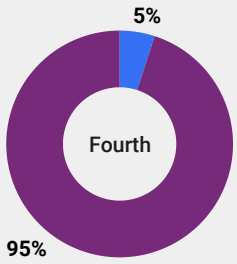


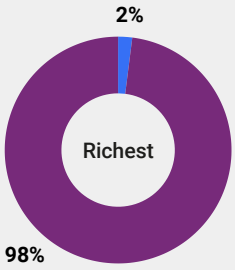
Age of Marriage Distribution by Household Wealth Quintile, Women 20–24

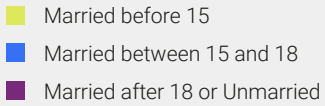








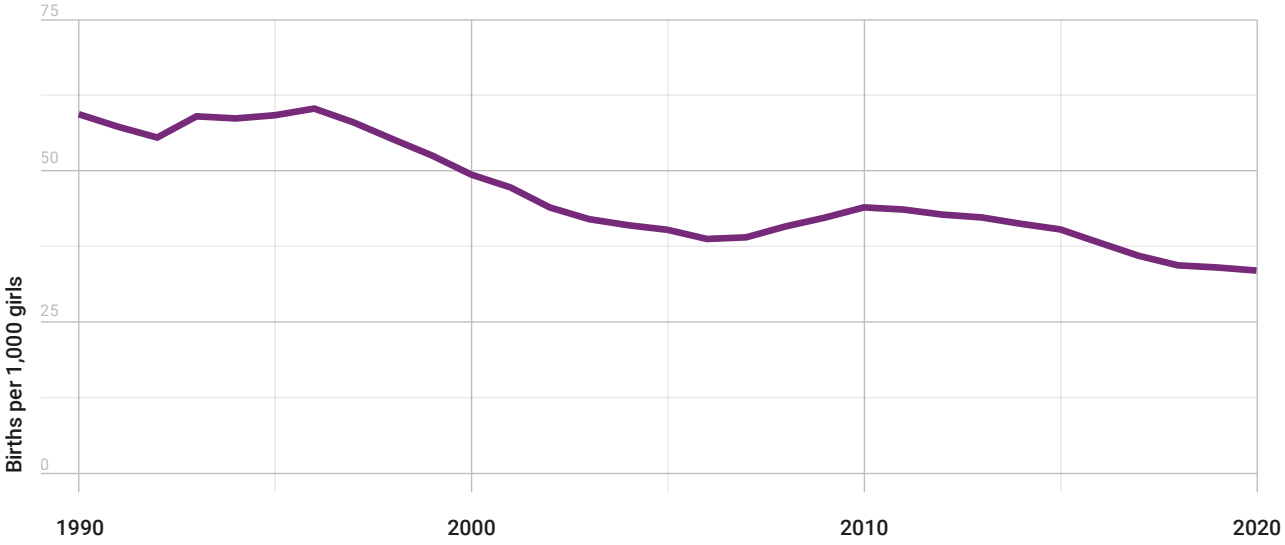




Source: Demographic and Health Survey, 2019

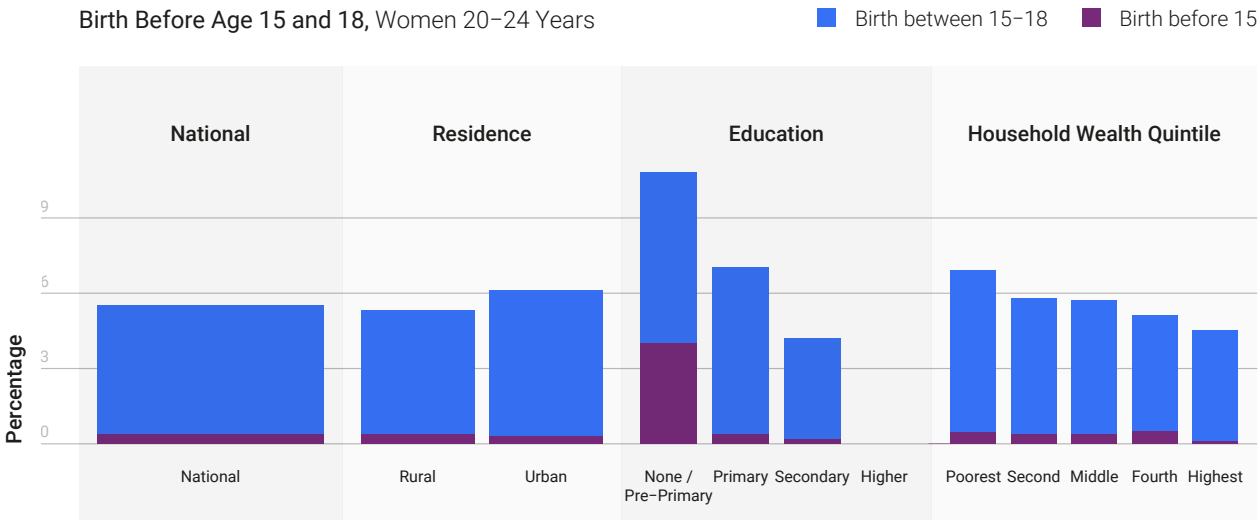
While Rwanda's adolescent birth rate has decreased from 59.3 in 1990 to 49.4 in 2020, it is among the lower rates in the region. Births among Rwandan women 20-24 years before age 15 and before age 18 are also among the lowest in the region. Of the 10.8% of births occurring among women with no education, 6.8% occur between the ages of 15-18 and 4% occur to women younger than age 15. The percentage of births before age 18 decreases with levels of education and household wealth increase.

Adolescent birth rate, 1990–2020



Source: World Population Prospects, 2022

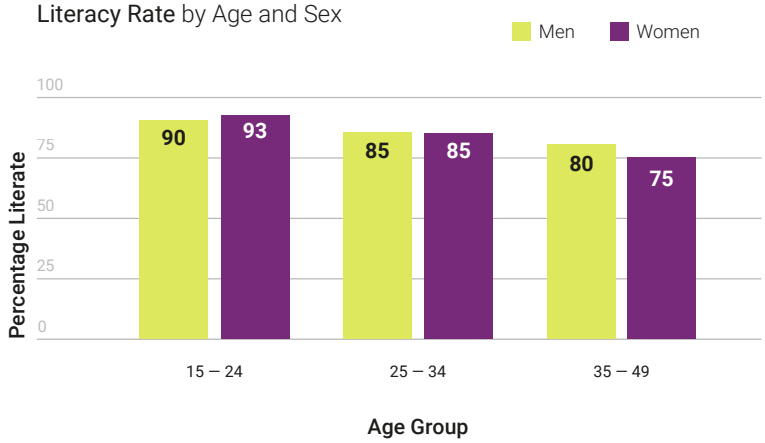
Birth Before Age 15 and 18, Women 20–24 Years



Source: Demographic and Health Survey, 2019

Among 15-24 years old, the literacy rate is slightly higher among women than men. It is the same among those 25-34 years old, but in the 34-49 year age group the literacy rate is higher among men than women.

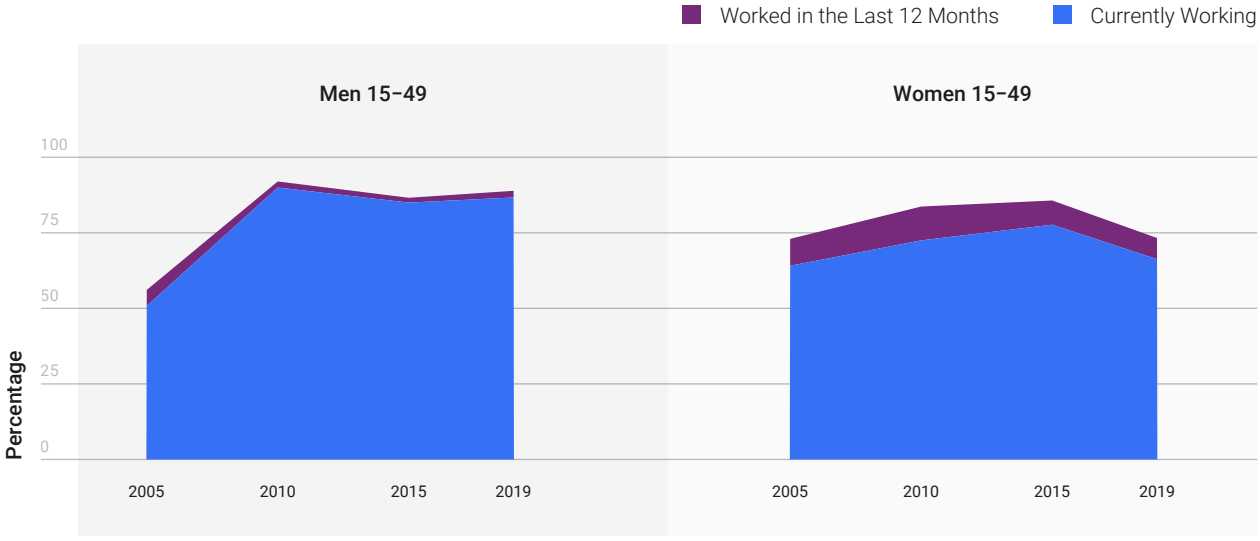
Literacy Rate by Age and Sex



Source: Demographic and Health Survey, 2019

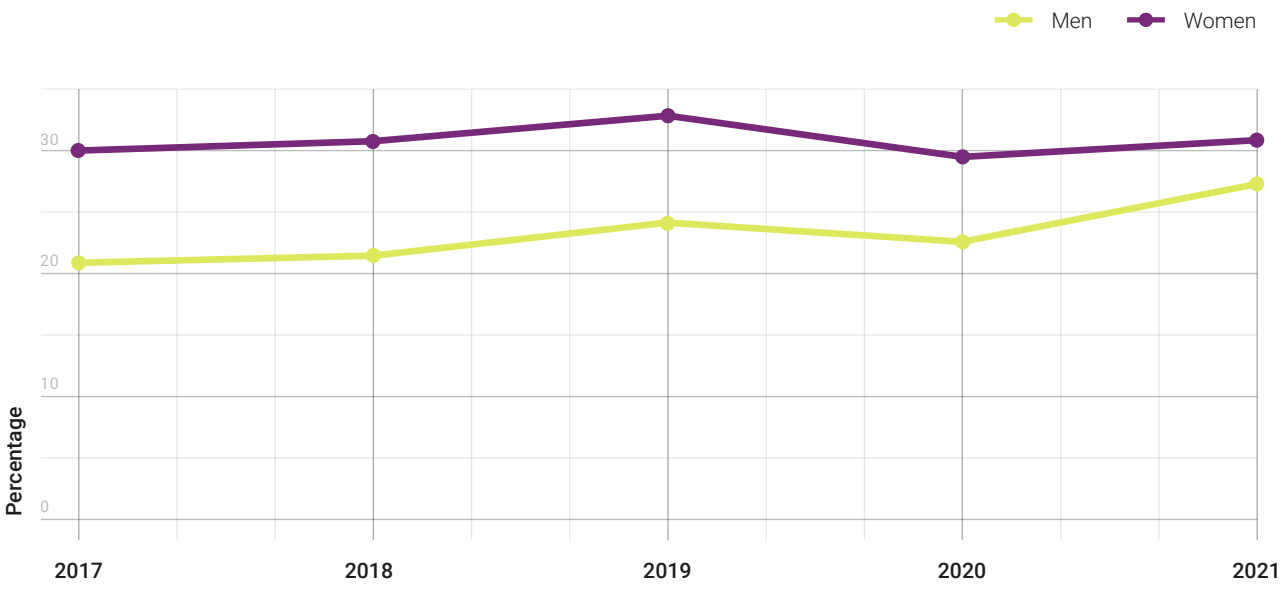
From 2005 to 2019, employment trends for men rose from approximately 54% to 87% of men 15-49 who worked in the last 12 months and were currently working. Among women 15-49 years, employment trends have decreased from 2000 to 2019, going from approximately 79% of women who worked in the last 12 months and were currently working in 2005 to 66% in 2019. Young people who are not in education, employment or training (i.e., the NEET population) quantifies the proportion of young people who find themselves outside of the educational system and without work. In Rwanda, the percentage of youth not in education, employment or training has been increasing among men and women from 2017 to 2021 (men: 20.9% in 2017 to 27.26% in 2021; women: 29.98% in 2017 to 30.78% in 2021).

Employment Trends (Currently Working and Worked in the Last 12 Months), by Sex



Source: Demographic and Health Survey, 2005—2019

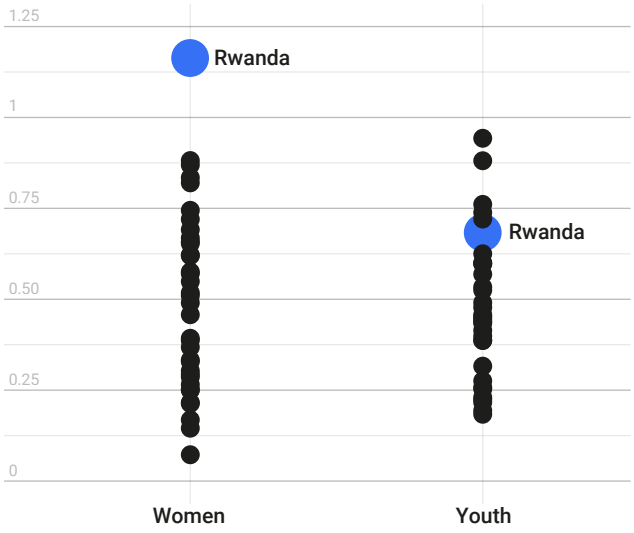
Percentage of Youth (15–24) Not in Education, Employment, or Training, by Sex



Source: Labor Force Survey, 2017–2021

SDG Goal 16 seeks to promote peaceful and inclusive societies for sustainable development, to provide access to justice for all and build effective, accountable and inclusive institutions at all levels. One component of this is ensuring responsive, inclusive, participatory and representative decision-making at all levels. The ratio of the proportion of female Members of Parliament in Rwanda is the highest in the region, while the ratio of the proportion of young Members of Parliament is one of the highest in the region (SDG 16.17.1).

Ratio of proportion of population in parliament to proportion in national population, Lower Chamber or Unicameral, Sub-Saharan African Countries



Source: Inter–Parliamentary Union, 2023

Rwanda has registered key achievements in realizing its' Nairobi Commitments. Since the Nairobi Summit, a national action plan to implement Rwanda's commitments has been developed and endorsed by the Government and various stakeholders. The action plan prioritizes achieving zero unmet need for family planning, zero preventable maternal deaths, and zero gender-based violence and harmful practices to women and girls by 2030.

Review and monitoring of the progress in implementing the ICPD25 commitments has been integrated into the country's coordination mechanisms. Stakeholders have taken steps to strengthen partnerships and fulfill the commitments. In collaboration with the Ministry of Health, African Youth and Adolescents Network (AfriYAN), and UNFPA, various stakeholders reviewed Rwanda's Nairobi commitments and assessed the progress made. Strategies have been employed to raise awareness and advocate for achieving the Nairobi commitments through social and other media, such as an ICPD booklet and a video.

At the Nairobi Summit, the Republic of Türkiye **committed to the goal of zero preventable maternal deaths.**

TOTAL FERTILITY RATE [i] (births per woman)

1.88

ADOLESCENT BIRTH RATE [i] (births per 1000 girls)

15.82

MATERNAL MORTALITY RATIO **17**

(per 100,000 live births) [ii] **100,000**

11.6% UNMET NEED FOR FAMILY PLANNING (married women) [iii]

60% DEMAND FOR FAMILY PLANNING SATISFIED WITH MODERN METHODS (married women) [iii]

99.2% DELIVERIES ATTENDED BY SKILLED HEALTH PERSONNEL [ii]

REPUBLIC OF TÜRKIYE

TOTAL POPULATION [I]

85,590,850

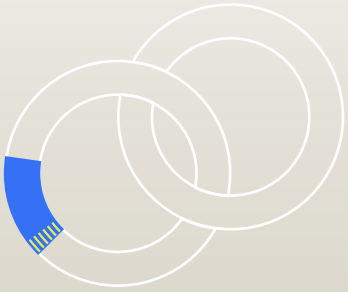
WOMEN (20-24 years) WHO WERE FIRST MARRIED OR IN UNION [II]

BEFORE AGE 18

14.7%

BEFORE AGE 15

2%



LIFE EXPECTANCY AT BIRTH [I] **81.5**

75.4 LIFE EXPECTANCY AT BIRTH [I]

22,047,570

WOMEN OF REPRODUCTIVE AGE (15-49 years) [I]

12,835,060

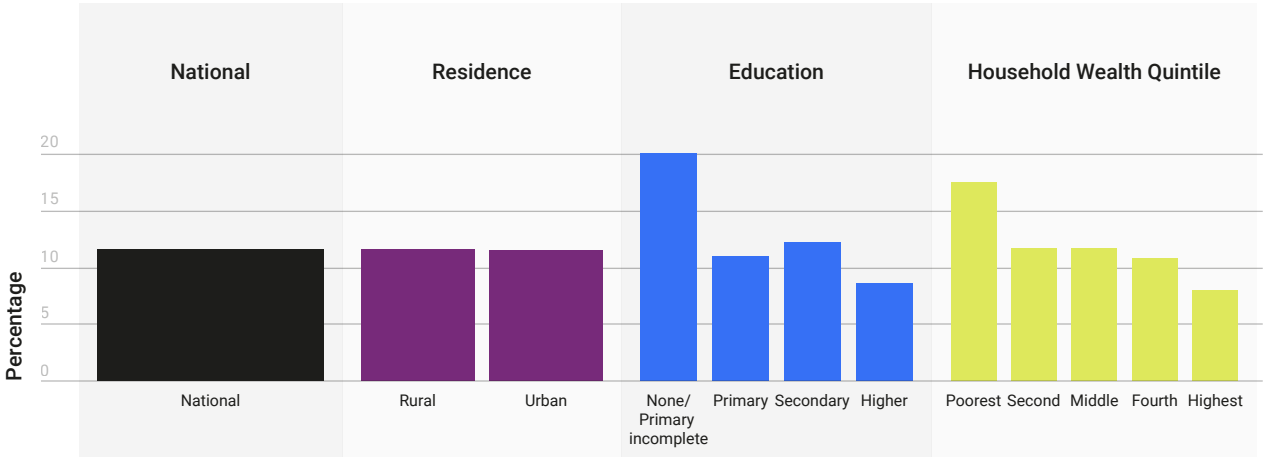
POPULATION 15-24 YEARS (male + female) [I]

I. World Population Prospects 2022
II. Demographic and Health Survey, 2018

In Türkiye, 11.6% of women have an unmet need for family planning; this rate is the same in rural and urban areas of the country. Unmet need for family planning is highest among women with no or incomplete primary education (20.1%) and is two times higher in this group compared to women with higher education. Unmet need for family planning among those women living in the poorest households is 17.5% which is two times higher than unmet need among women living in the wealthiest households (8.1%).

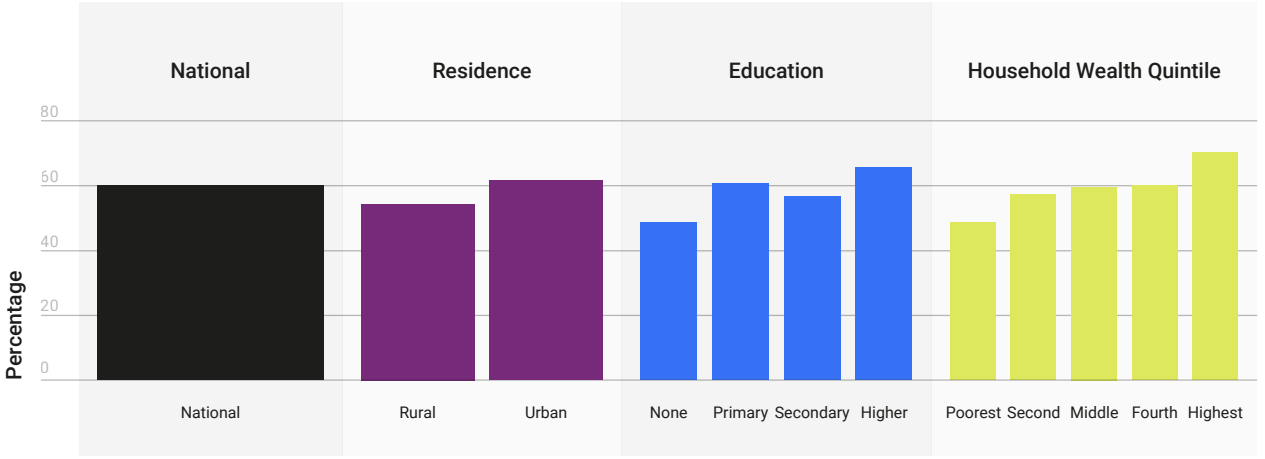
60% of married women in Türkiye have their demand for family planning satisfied by modern methods. This percentage is slightly higher in urban areas and increases with higher levels of education. Demand for family planning satisfied by modern methods is 1.5 times higher for married women in the wealthiest households than those in the poorest households.

Unmet Need for Family Planning, Married Women



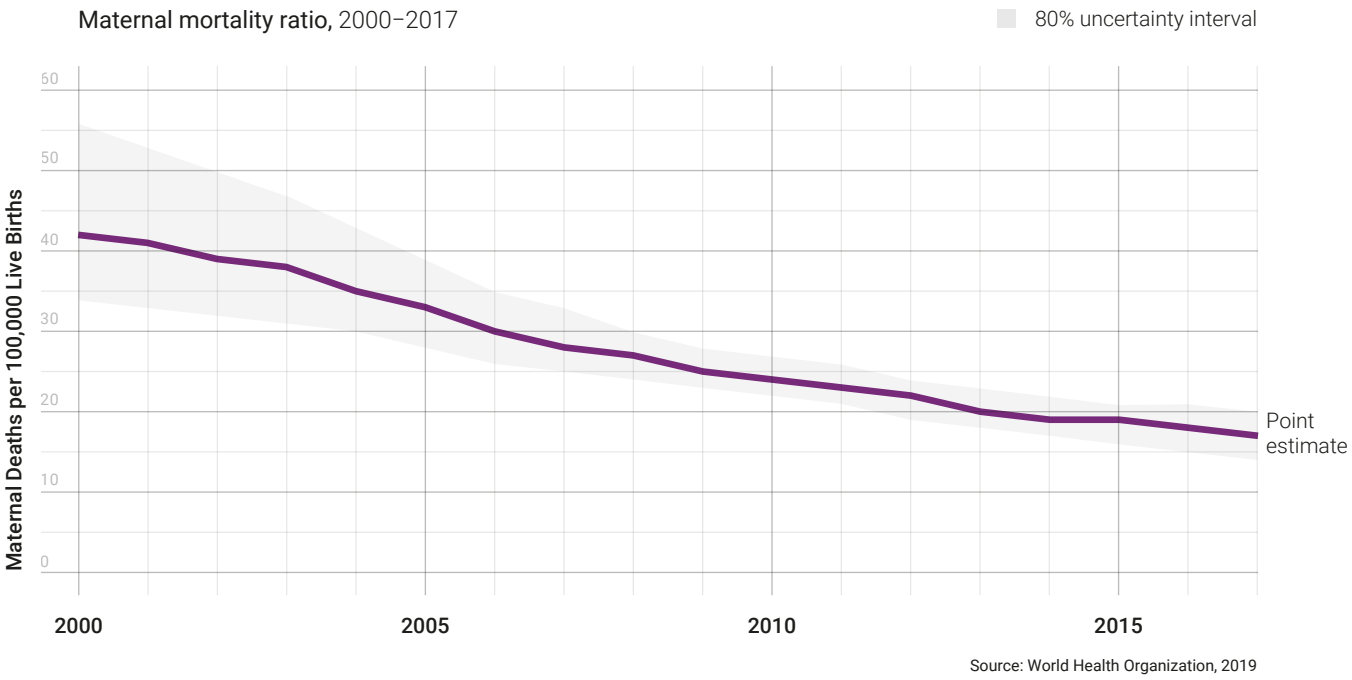
Source: Demographic and Health Survey, 2018

Demand for Family Planning Satisfied with Modern Methods, Married Women



Source: Demographic and Health Survey, 2018

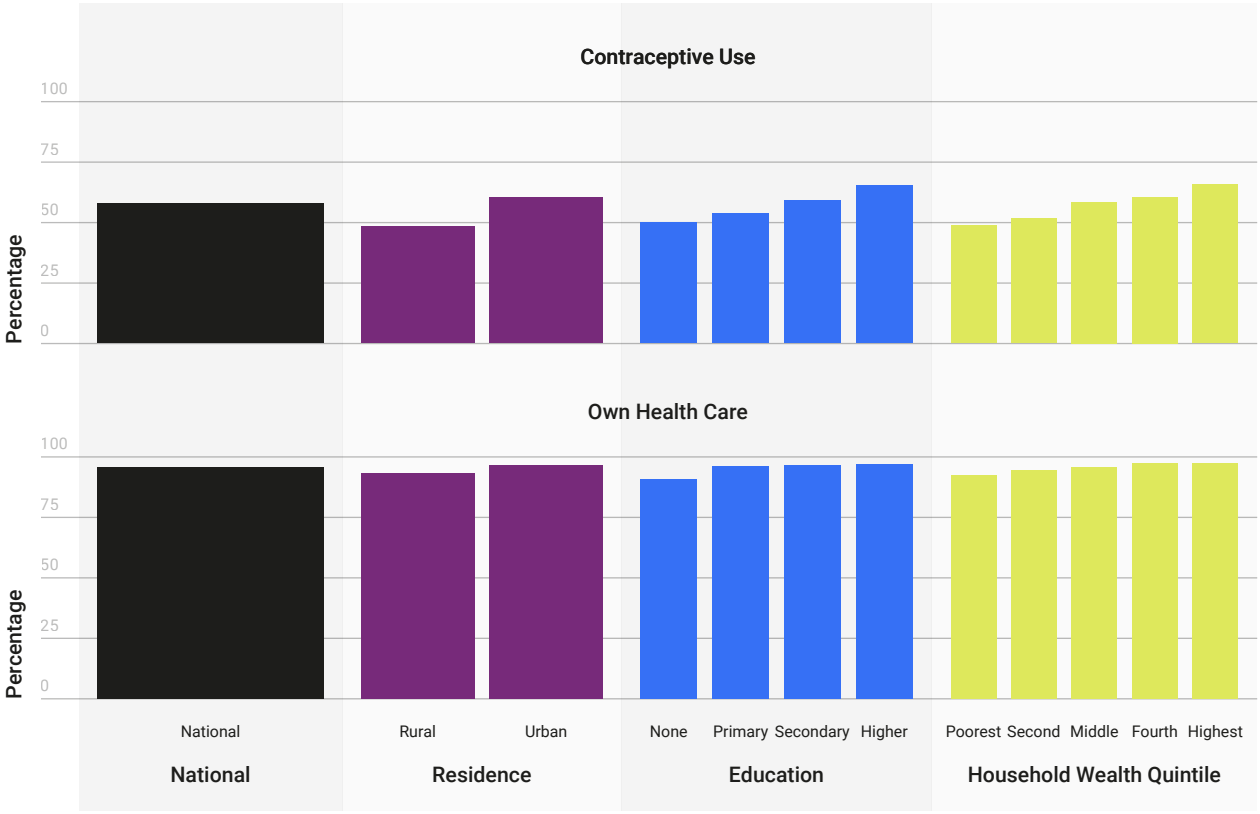
Türkiye's maternal mortality ratio has been declining from 2000 to 2017, the most recent year for which data is available, and the year in which it was estimated to be 17 deaths per 100,000 live births – one of the lowest in the region. Recognizing the impact of unsafe abortion on maternal deaths, Nairobi Summit Commitment 3 highlights the integration of "a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and the provision of post-abortion care into national UHC strategies, policies and programmes, and the need to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights". Abortion is legal on request in Türkiye to all women up to the 10th week of pregnancy, and up to the 20th week for medical reasons.



Source: World Health Organization, 2019

Approximately 58% of married or in-union women aged 15-49 years in Türkiye make their own decisions regarding contraceptive use. The percentage is higher in urban areas compared with rural areas, and increases with higher levels of education and household wealth. Almost 100% of women in Türkiye make their own decisions regarding their own health care; this percentage is consistently high by geographic area, education and household wealth. SDG 5.6.2 reflects the extent to which prevailing laws enable or disable women and men's full and equal access to health and rights. Türkiye has achieved 75% of enabling laws and regulations that guarantee full and equal access to women and men to maternity care, 100% to contraceptive and family planning, and 69% to sexuality education.

Proportion of married women who make their own informed decisions regarding reproductive health care, contraceptive use, and sexual relations



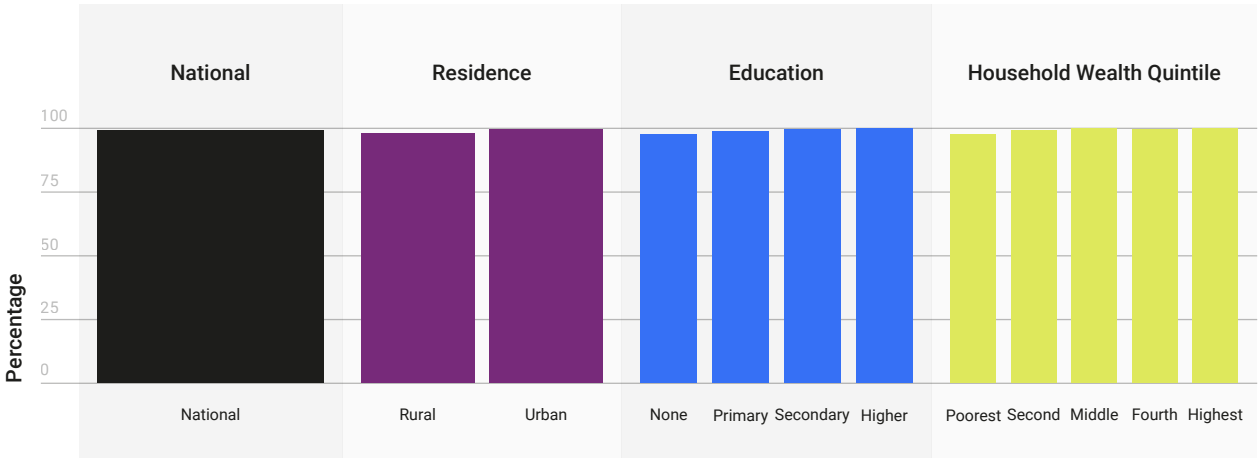
Source: Demographic and Health Survey, 2018

Extent to which Türkiye has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education

Source: United Nations Population Fund, 2022

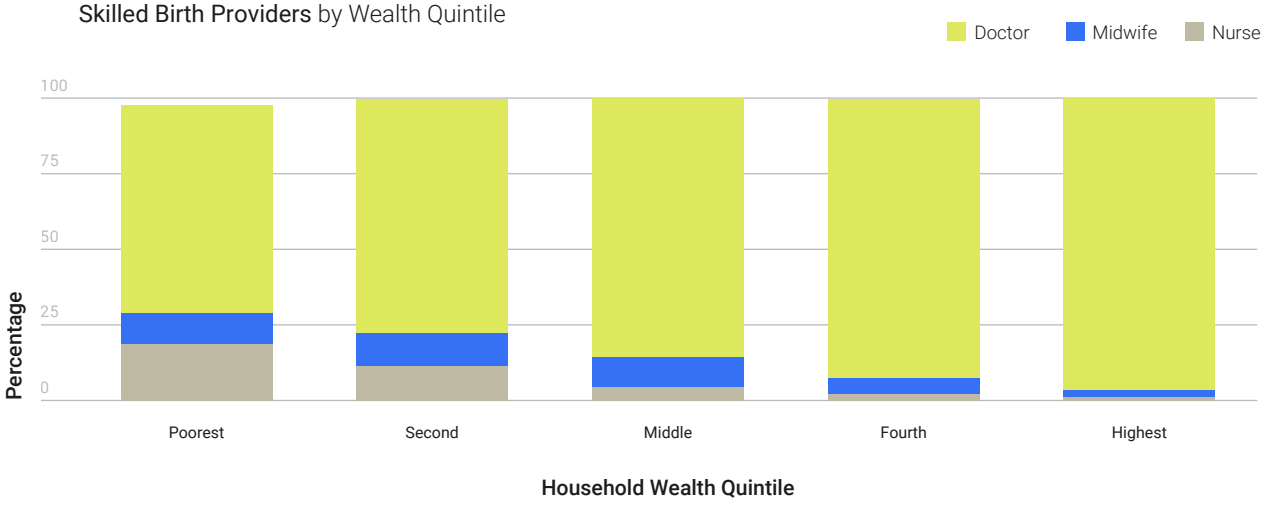
The percentage of deliveries in Türkiye assisted by a skilled attendant among married women 15-49 years who had a live birth in the last two years is one of the highest in the region, and is consistently high by geographic area, education and household wealth. As household wealth increases, the portion of births attended by doctors increases, with the percentage for women from the wealthiest households being 1.4 times higher than that for women in the poorest households.

Births with Skilled Attendant



Source: Demographic and Health Survey, 2018

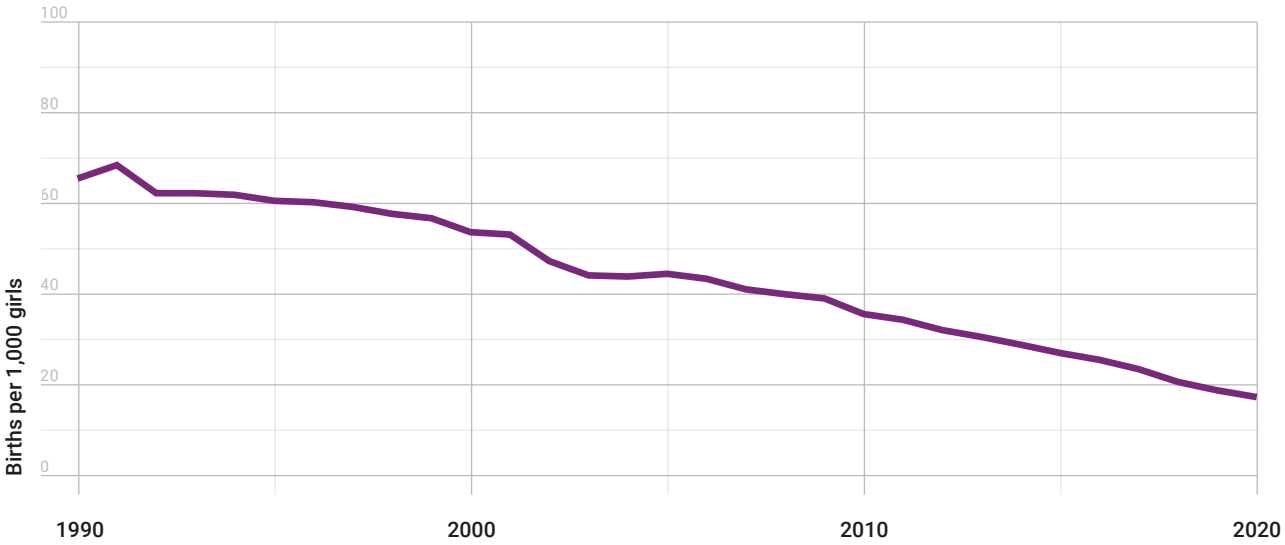
Skilled Birth Providers by Wealth Quintile



Source: Demographic and Health Survey, 2018

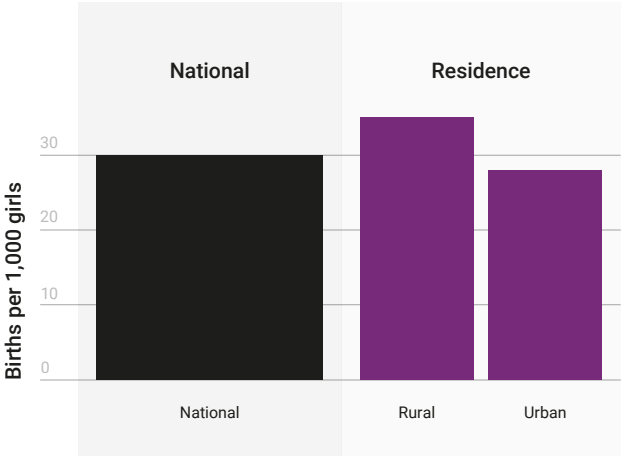
The adolescent birth rate in Türkiye has decreased from 1990 to 2020 and is low for the region. Births are higher in rural areas than in urban areas of the country.

Adolescent birth rate, 1990–2020



Source: World Population Prospects, 2022

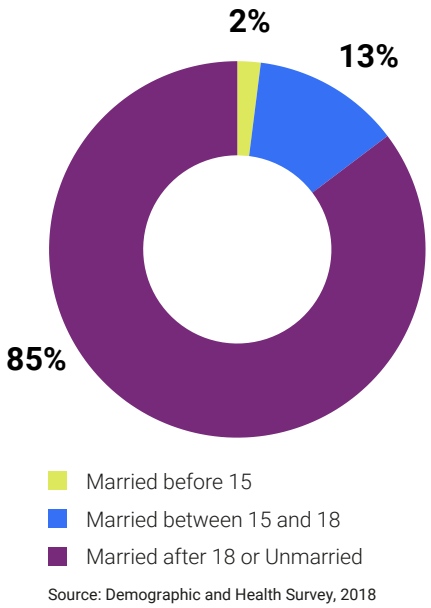
Adolescent birth rate



Source: Demographic and Health Survey, 2018

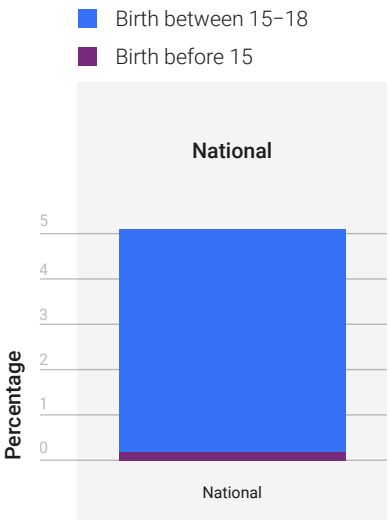
In Türkiye, 15% of women aged 20-24 years were married before age 18, with 2% married before age 15.

Age of Marriage Distribution, Women 20–24



Source: Demographic and Health Survey, 2018

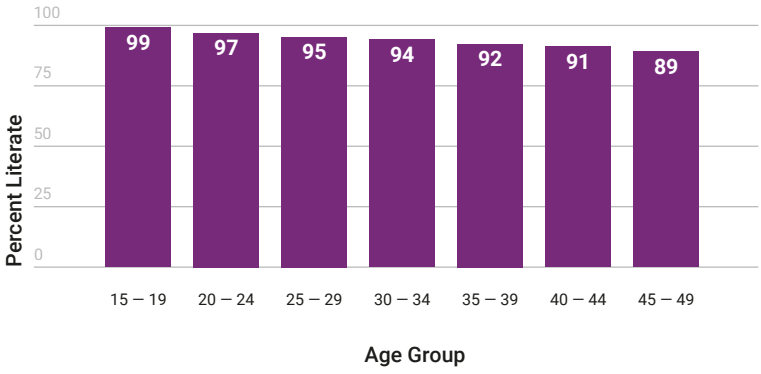
Birth Before Age 15 and 18, Women 20–24 Years



Source: Demographic and Health Survey, 2018

Literacy rates among women are high in Türkiye, with the rate decreasing slightly by age group.

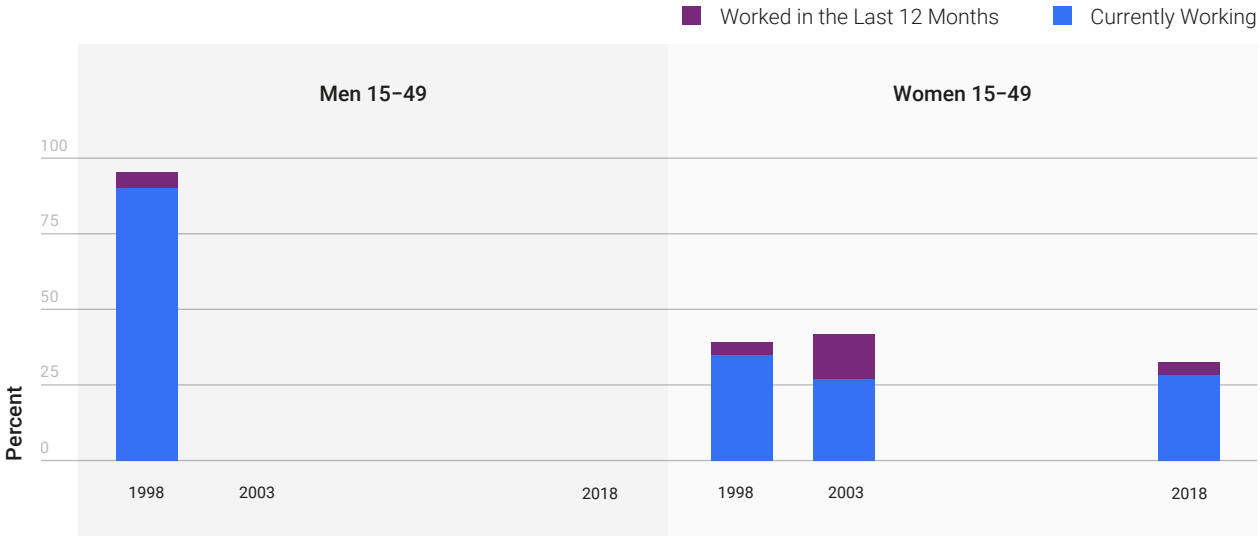
Female Literacy Rate by Age



Source: Demographic and Health Survey, 2018

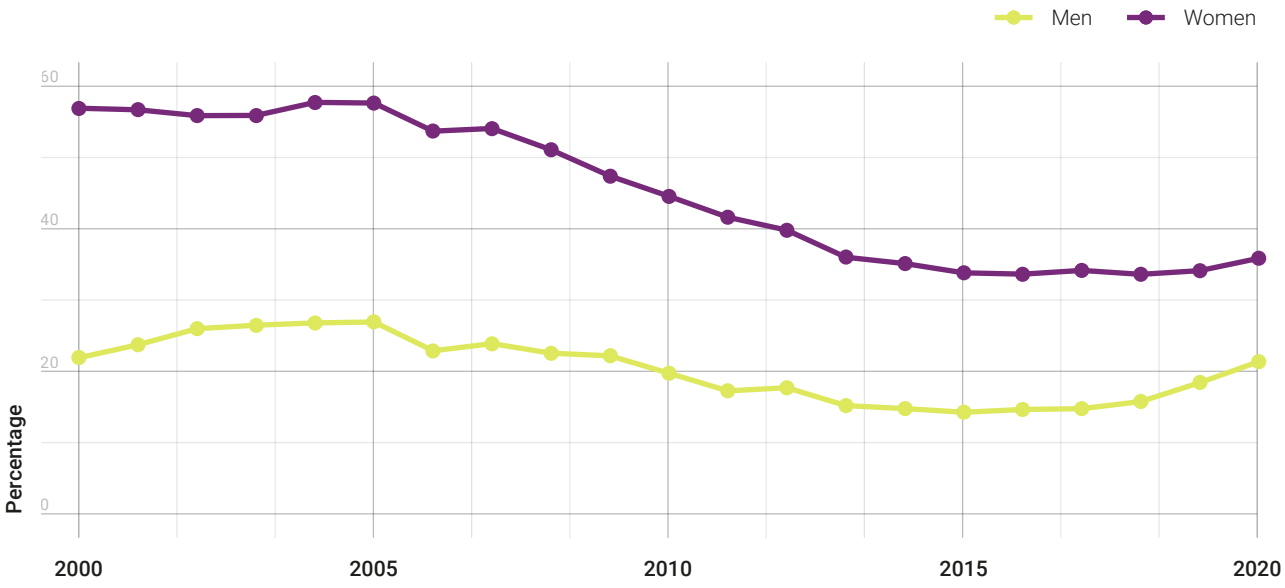
Employment trends for women in Türkiye were documented in 1998 and 2003 and then again in 2018 and show slightly lower levels of women currently and working in the last 12 months. Young people who are not in education, employment or training (i.e., the NEET population) quantifies the proportion of young people who find themselves outside of the educational system and without work. In Türkiye, the percentage of youth not in education, employment or training has been decreasing among women from 2005 to 2017 but has remained fairly the same for men. The percentage of youth not in education, employment or training for women is higher than that for men.

Employment Trends (Currently Working and Worked in the Last 12 Months), by Sex



Source: Demographic and Health Survey, 1998—2018

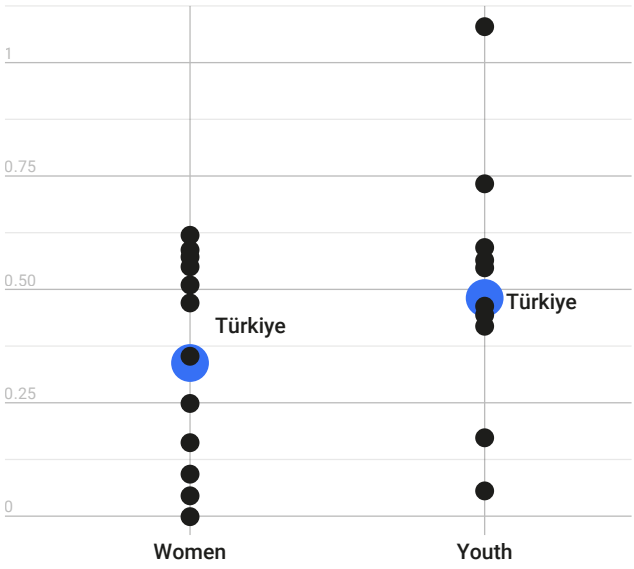
Percentage of Youth (15–24) Not in Education, Employment, or Training, by Sex



Source: Household Labour Force Survey, 2000–2005 and EU Labour Force Survey, 2006–2020

SDG Goal 16 seeks to promote peaceful and inclusive societies for sustainable development, to provide access to justice for all and build effective, accountable and inclusive institutions at all levels. One component of this is ensuring responsive, inclusive, participatory and representative decision-making at all levels. The ratio of the proportion of female Members of Parliament and the proportion of young Members of Parliament are both near the median compared with those in the region (SDG 16.17.1).

Ratio of proportion of population in parliament to proportion in national population, Lower Chamber or Unicameral, North African and West Asian Countries



Source: Inter–Parliamentary Union, 2022

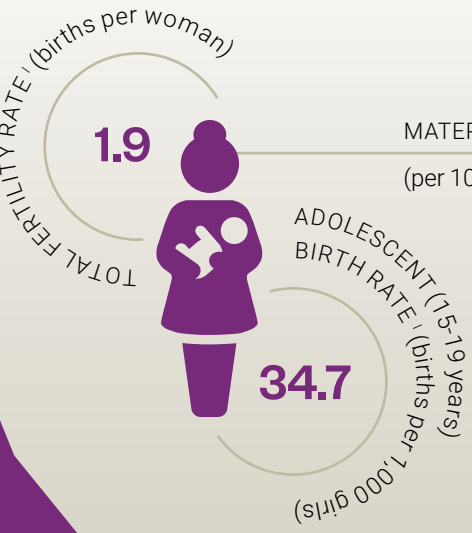
Since the Nairobi Summit, the Ministry of Health and UNFPA signed a Memorandum of Understanding for the period of 2021-2025 that includes the improvement of maternal health among most vulnerable groups alongside other sexual and reproductive health interventions.

Türkiye was reviewed at the 35th session of the Universal Periodic Review in January 2020. It received 321 recommendations, of which at least 122 (38% of all recommendations) were related to the Nairobi Summit on ICPD25.

Türkiye withdrew from the Istanbul Convention, a Council of Europe agreement to prevent and combat violence against women, through a Presidential decree in March 2021. The United Nations has been calling on Türkiye to rejoin the convention, including through the UN's special rapporteur on violence against women and girls, Ms. Reem Alsalem. Leaving the convention came as the rate of femicide was on the rise in Türkiye and was widely protested by civil society groups.

A pair of catastrophic earthquakes struck Türkiye and neighbouring Syria on 6 February 2023, killing tens of thousands of people and injuring many more. Among the over 15 million people who have been affected in Türkiye, were 226,000 pregnant women in need of access to maternal health services. UNFPA and partners engaged in ensuring lifesaving reproductive health and protection interventions in Türkiye's earthquake-affected areas and continue to be active in the region.

At the Nairobi Summit, the Socialist Republic of Viet Nam committed to completing the unfinished business of the ICPD agenda and achieving the ambitious SDGs by 2030. The country has also committed to evidence- and human rights-based policies and guidelines towards achieving zero preventable maternal deaths. The country has pledged to intensify efforts for the effective implementation and sufficient funding for family planning information and services, to integrate a comprehensive essential sexual and reproductive health package including measures for **preventing and avoiding unsafe abortions and postabortion care into national universal health coverage strategies, policies and programmes,** and to protect and ensure all individuals' rights.

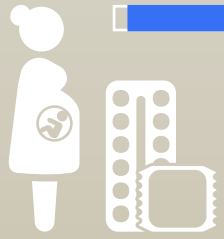


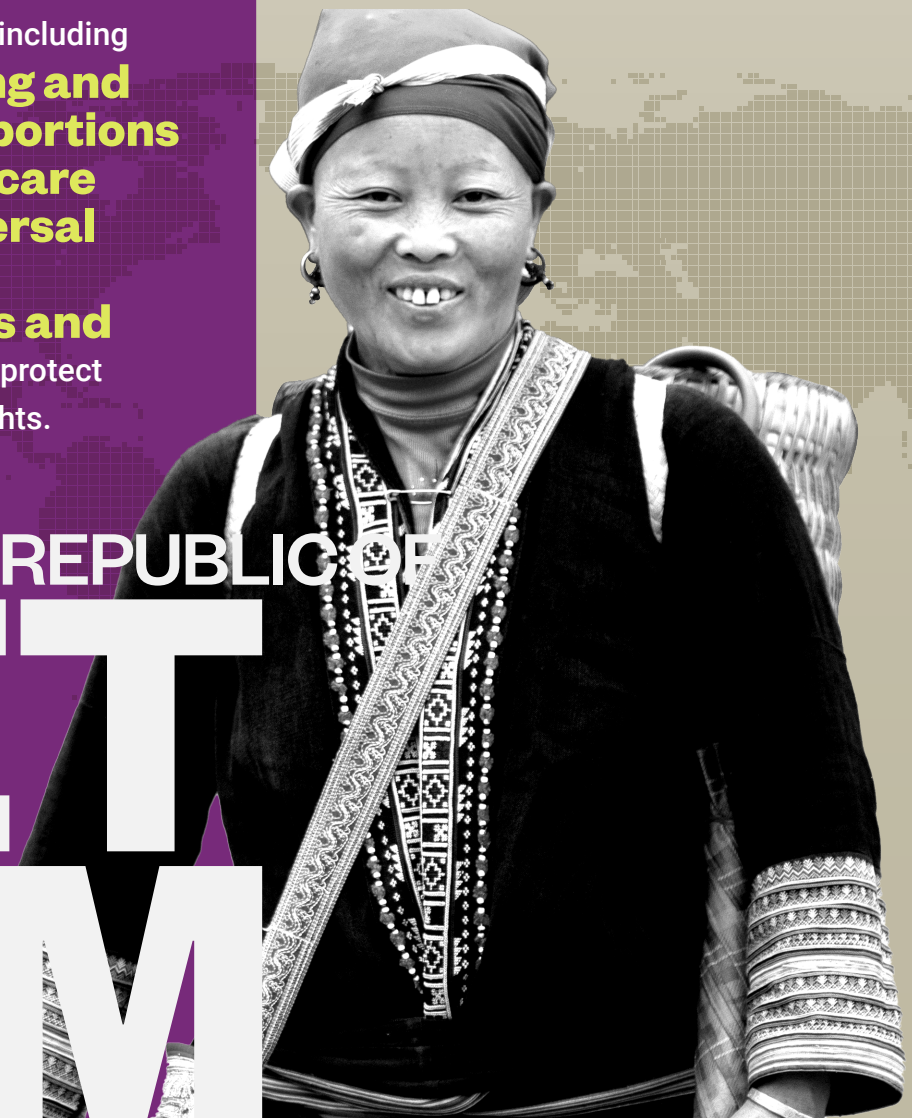
MATERNAL MORTALITY RATIO **124.3**
(per 100,000 live births) [II] **100,000**

4% UNMET NEED FOR FAMILY PLANNING (all women) [III]

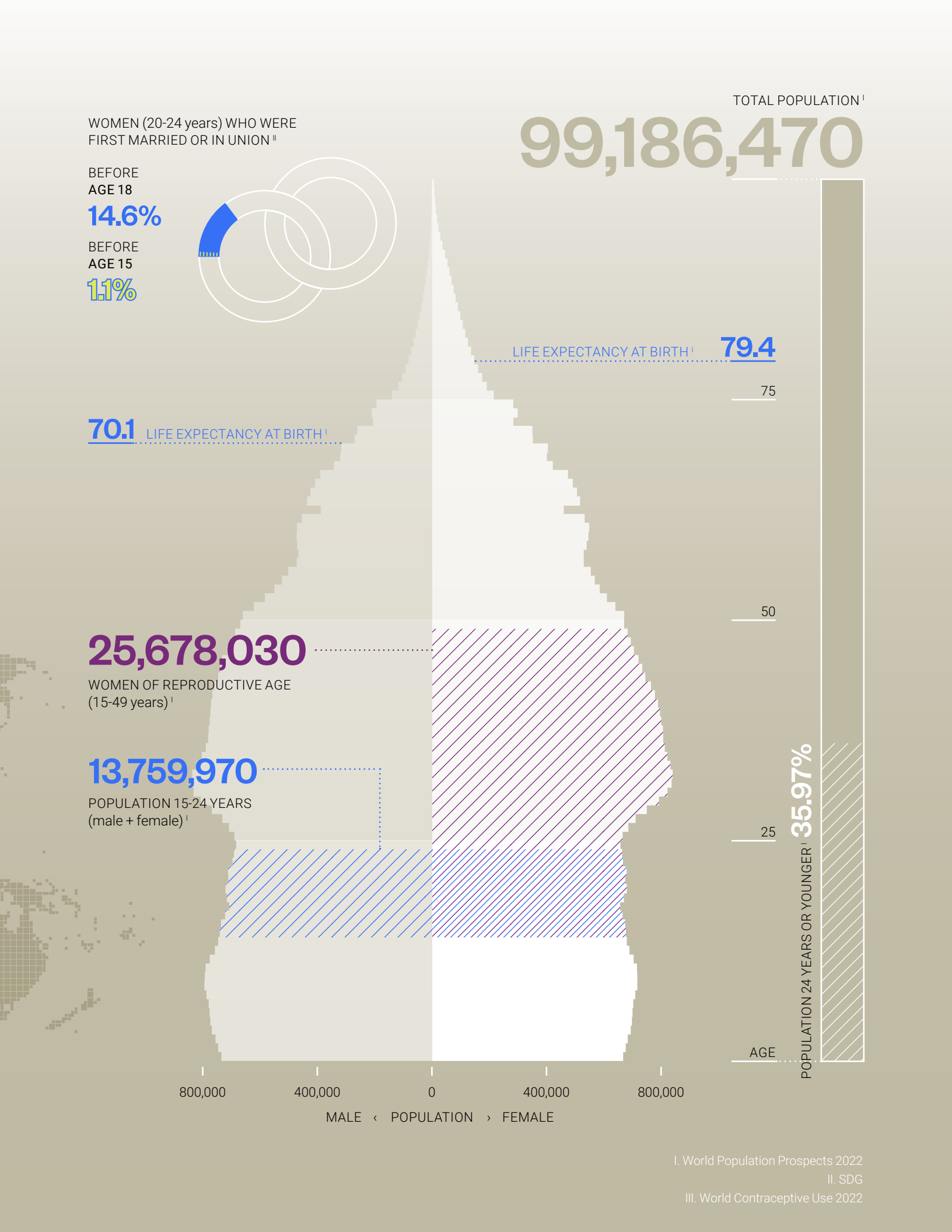
77.7% DEMAND FOR FAMILY PLANNING SATISFIED WITH MODERN METHODS (all women) [III]

96.1% DELIVERIES ATTENDED BY SKILLED HEALTH PERSONNEL [II]





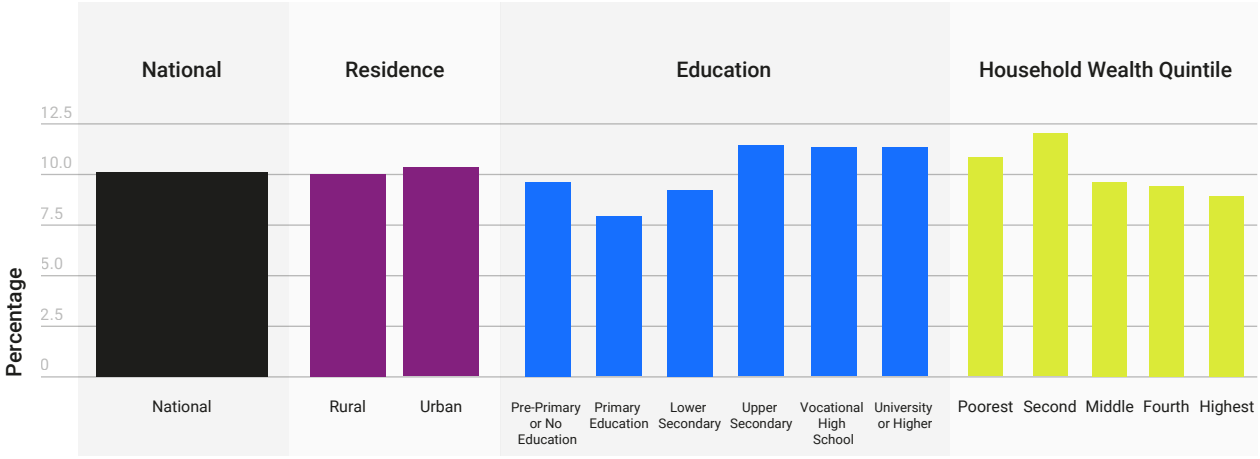
THE SOCIALIST REPUBLIC OF VIET NAM



I. World Population Prospects 2022
II. SDG
III. World Contraceptive Use 2022

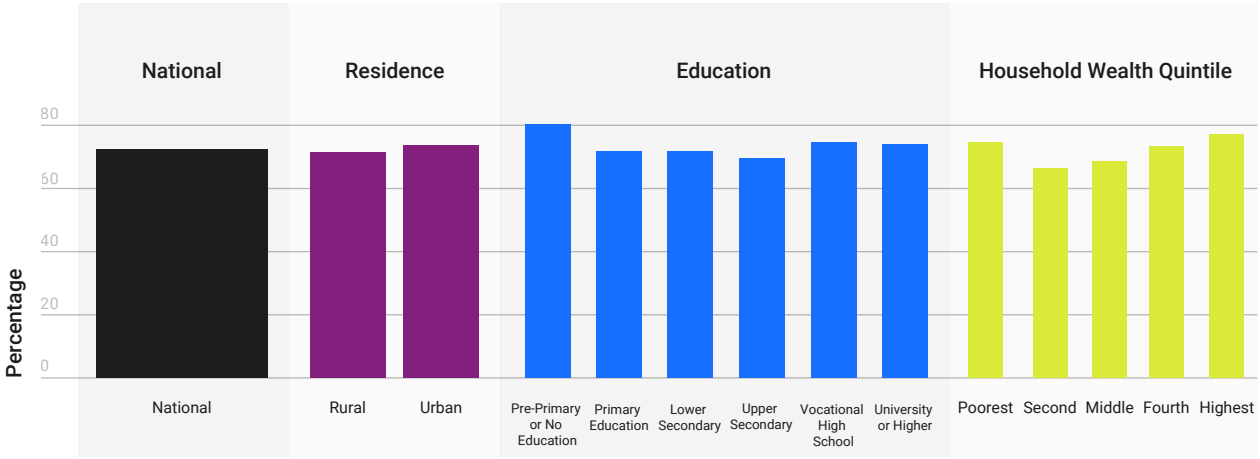
In Viet Nam, unmet need for family planning (approximately 10% in urban and rural areas) and demand for family planning satisfied by modern methods (74% in urban areas and 71% in rural areas) are relatively the same by residence. Unmet need for family planning decreases and demand for family planning satisfied with modern methods increases with higher levels of household wealth. Unmet need for family planning does not vary much by education (9.6% among those with pre-primary or no education compared to 11% among those with vocation or university education), while demand for family planning satisfied by modern methods is higher among those with pre-primary or no education (80%) compared with those with vocation or university education.

Unmet Need for Family Planning



Source: Multiple Indicator Cluster Survey, 2020–2021

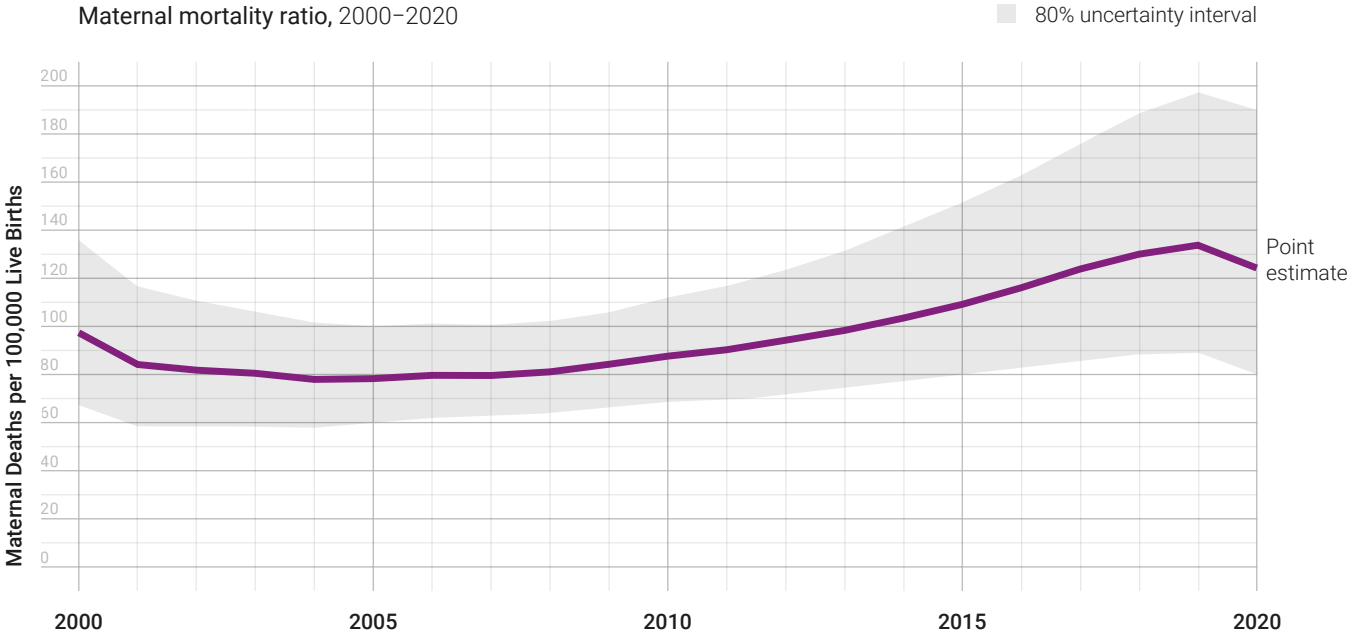
Demand for Family Planning Satisfied with Modern Methods



Source: Multiple Indicator Cluster Survey, 2020–2021

Viet Nam's maternal mortality ratio has increased from 97.4 deaths per 100,000 live births in 2000 to 124.3 deaths per 100,000 live births in 2020, the most recent year for which data is available. The maternal mortality ratio is 1.8 times higher than the SDG target of 70 deaths per 100,000 live births. Recognizing the impact of unsafe abortion on maternal deaths, Nairobi Summit Commitment 3 highlights the integration of "a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and the provision of post-abortion care into national UHC strategies, policies and programmes, and the need to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights". In Viet Nam abortion is guaranteed under Article 44 of the 1989 Public Health Protection Law, with no legal restrictions until the 22nd week of pregnancy.

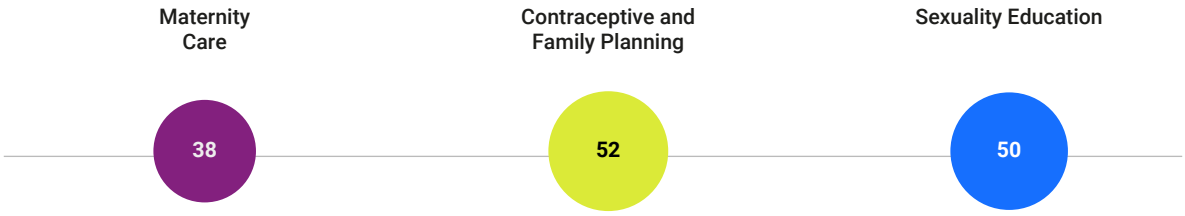
Maternal mortality ratio, 2000–2020



Source: World Health Organization, 2019

SDG 5.6.2 reflects the extent to which prevailing laws enable or disable women and men's full and equal access to health and rights. Viet Nam has achieved 38% of enabling laws and regulations that guarantee full and equal access to maternity care, 52% to contraceptive and family planning services, and 50% to sexuality education.

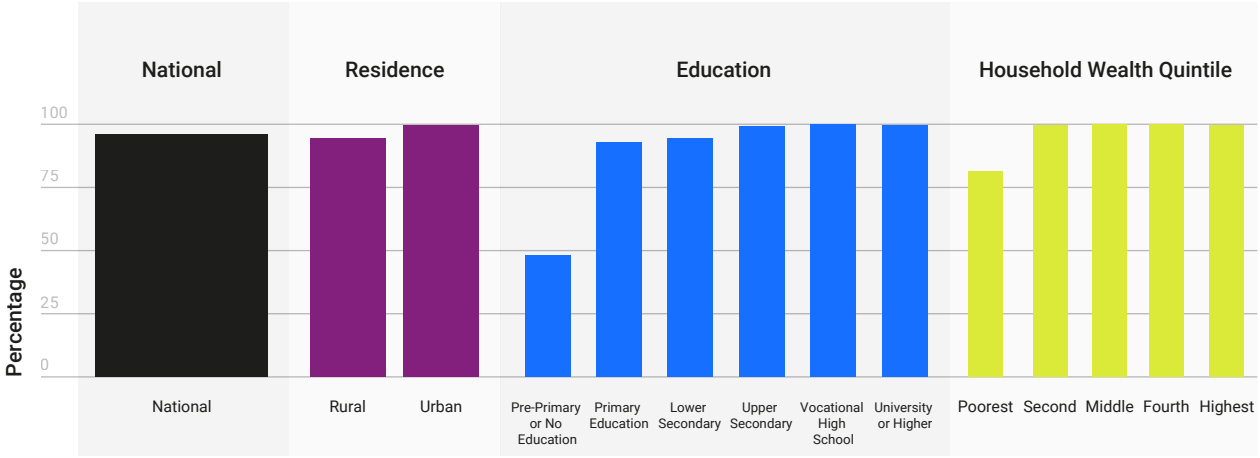
Extent to which Viet Nam has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education



Source: United Nations Population Fund, 2023

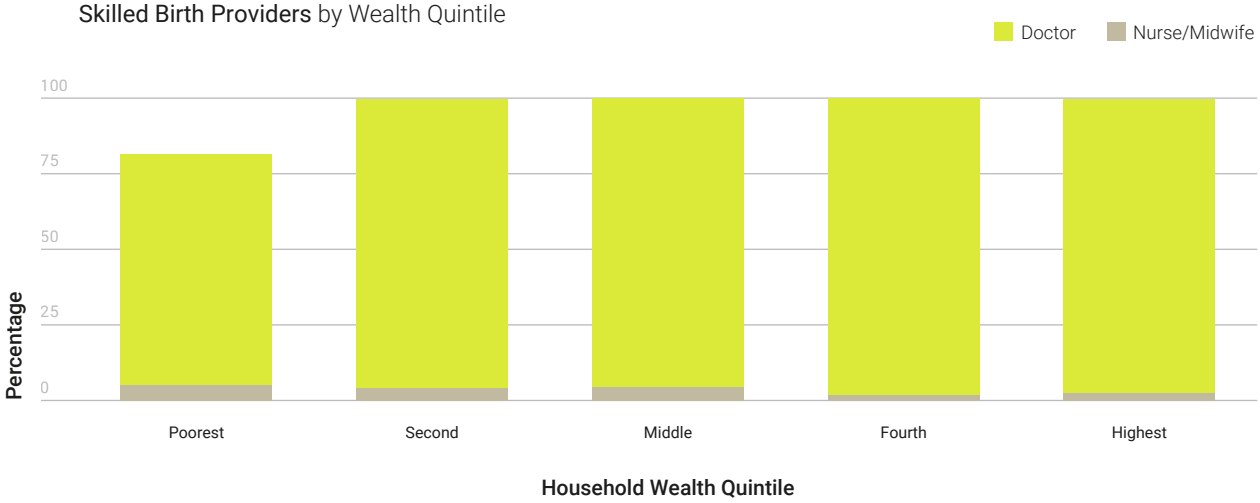
Among married women 15-49 years who had a live birth in the last two years, approximately 96.1% of deliveries were assisted by a skilled attendant; this is one of the highest in the region. The proportion of births attended by a skilled attendant was higher in urban areas (99.6% versus 94.5% in rural areas) and increased considerably with higher levels of education (48.3% among women with pre-primary or no education compared with 99.6% among those with university education) and household wealth (81.4% among women living in the poorest households compared to 99.6% among those living in the wealthiest households). Among women living in the poorest households, approximately 94% of these births were attended by a doctor, and 6% by a nurse/midwife. As household wealth increases, the proportion of births attended by doctors increased to 98%, with 2% of births being attended by a nurse/midwife.

Births with Skilled Attendant



Source: Multiple Indicator Cluster Survey, 2020–2021

Skilled Birth Providers by Wealth Quintile

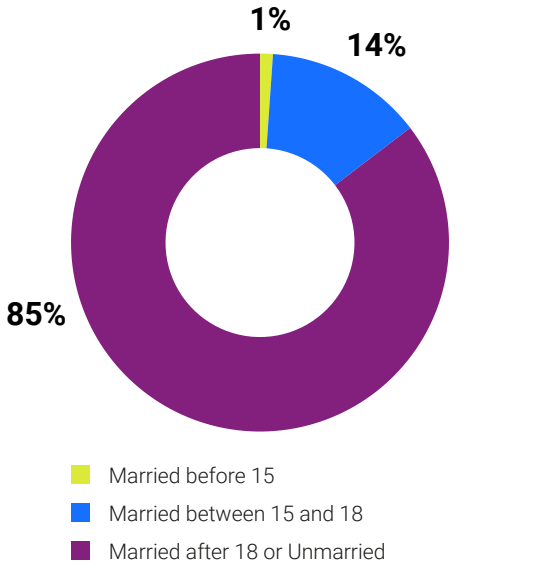


Source: Multiple Indicator Cluster Survey, 2020–2021

Viet Nam has committed towards zero sexual- and gender-based violence and harmful practices (including zero child, early and forced marriage) against women and girls by 2030 in order to realize all individuals' potential as agents of change in their society – both socially and economically. Viet Nam has committed to harnessing the demographic dividend by investing in adolescent and youth education, employment opportunities and health, including family planning and sexual and reproductive health information and services.

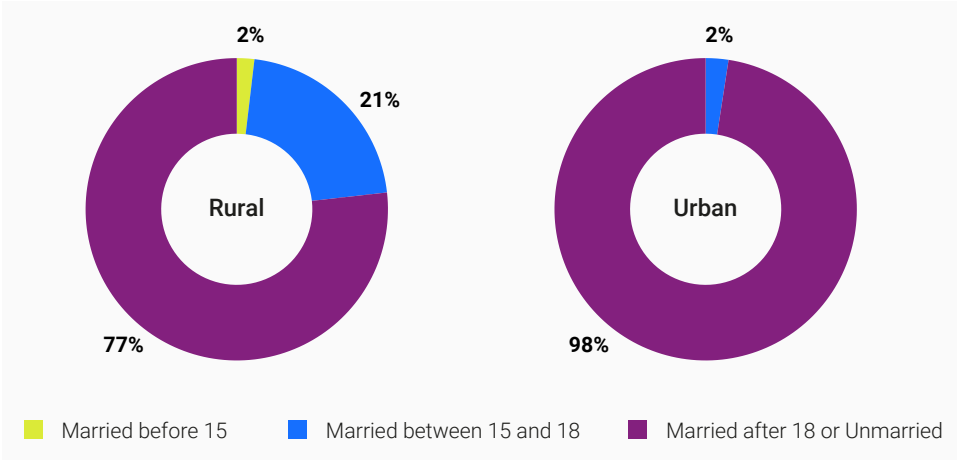
In Viet Nam 14.6% of women aged 20-24 years were married before age 18, with 0.2% married before age 15. Marriage before age 18 is higher in rural areas than urban areas (23.2% versus 2.4% respectively), and it decreases with higher levels of education and household wealth.

Age of Marriage Distribution, Women 20–24



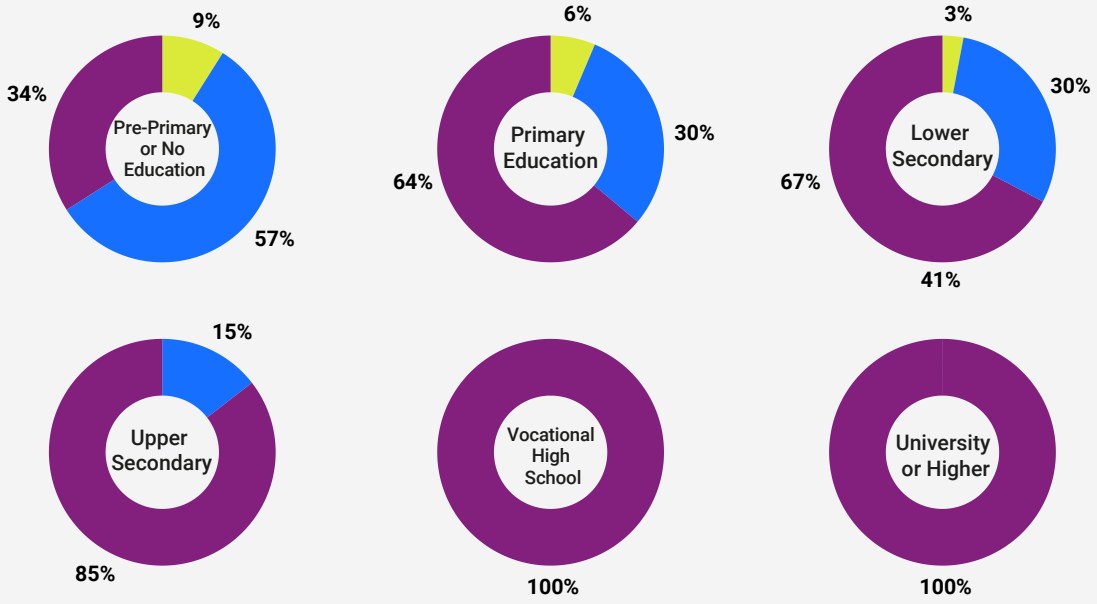
Source: Multiple Indicator Cluster Survey, 2020–2021

Age of Marriage Distribution by Residence, Women 20–24

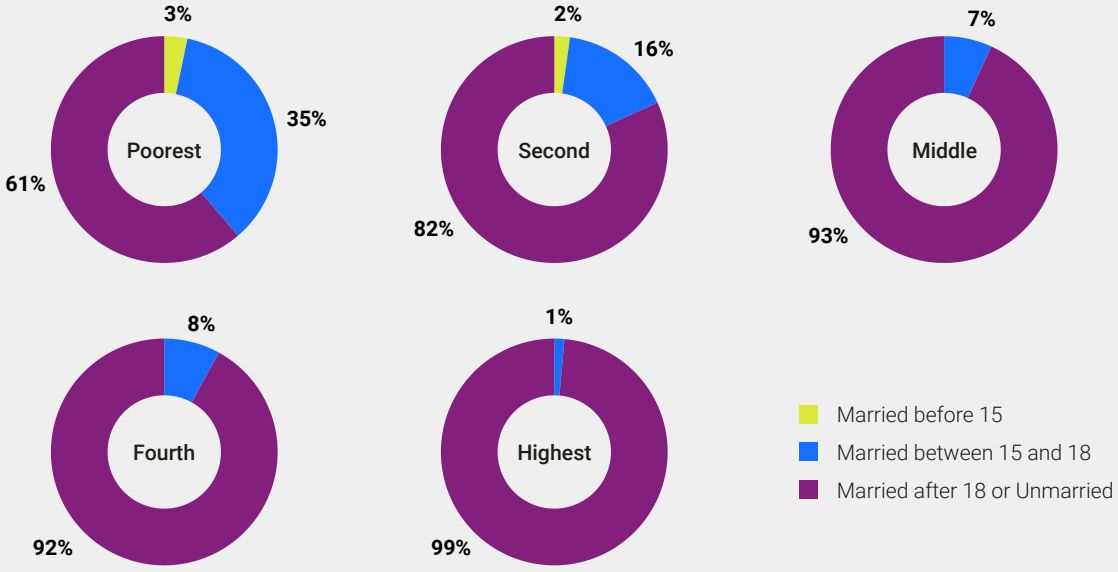


Source: Multiple Indicator Cluster Survey, 2020–2021

Age of Marriage Distribution by Level of Education, Women 20–24



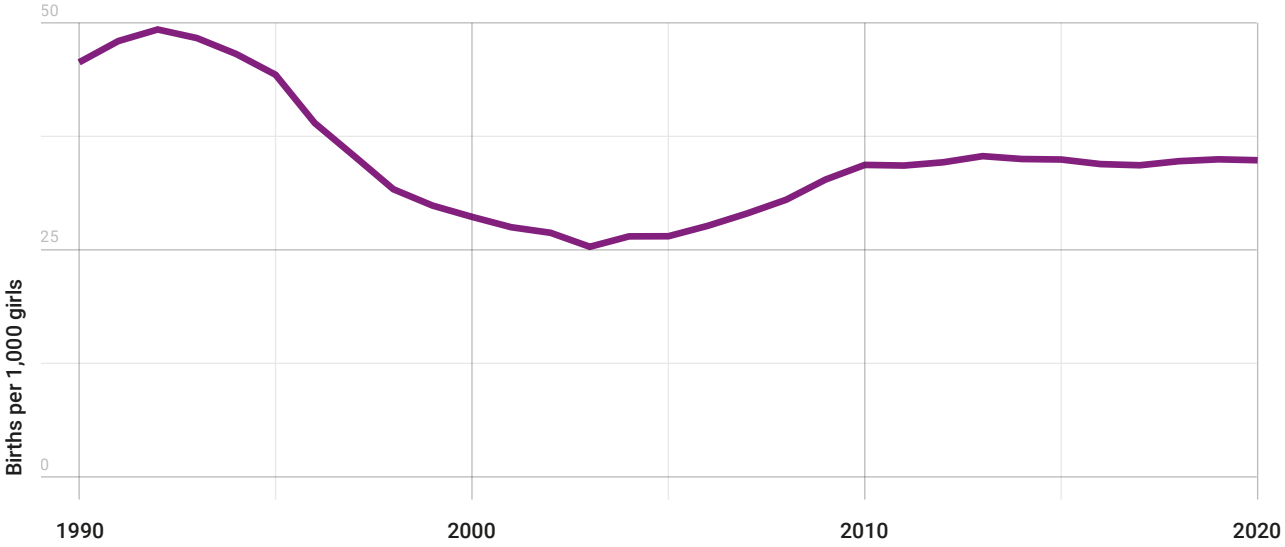
Age of Marriage Distribution by Household Wealth Quintile, Women 20–24



Source: Multiple Indicator Cluster Survey, 2020–2021

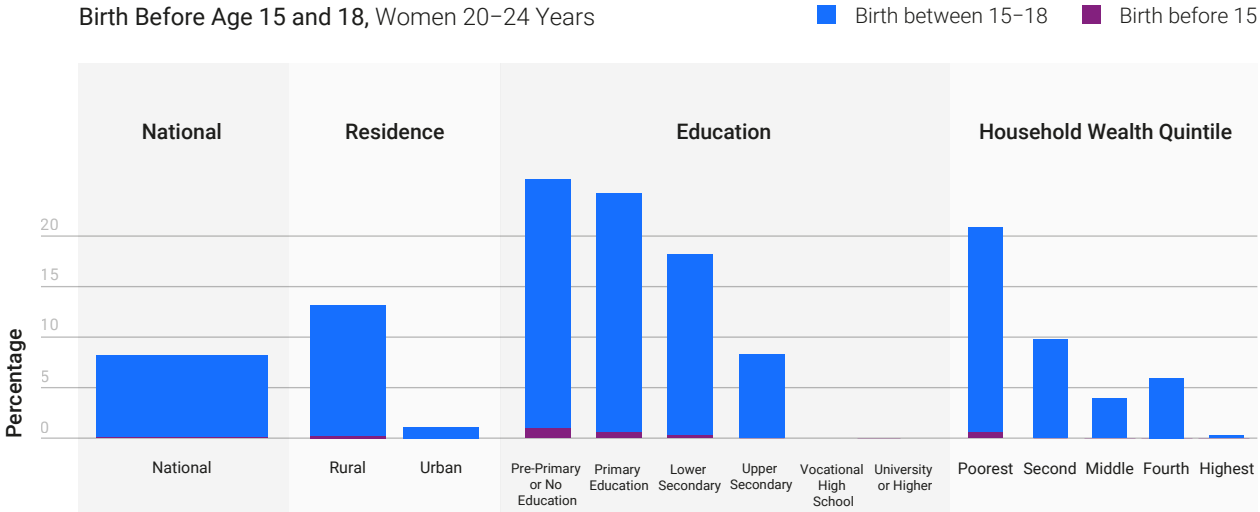
The adolescent birth rate in Viet Nam has decreased from approximately 45 births per 1,000 girls in 1990 to 34 births per 1,000 girls in 2020. Eight percent (8.2%) of women aged 20-24 years had a birth before age 18, including 0.1% before age 15; these rates are the lowest in the region. Births before age 15 and age 18 were higher among women living in rural areas, those with no and pre-primary education, and those living in the poorest households. The percentage of women who had a birth before age 18 decreased markedly with higher levels of education (from 25.6% among women with no and pre-primary education to 0% among women with vocation or university education) and household wealth (from 20.8% among women living in the poorest households to 0.3% among women living in the wealthiest households).

Adolescent birth rate, 1990–2020



Source: World Population Prospects, 2022

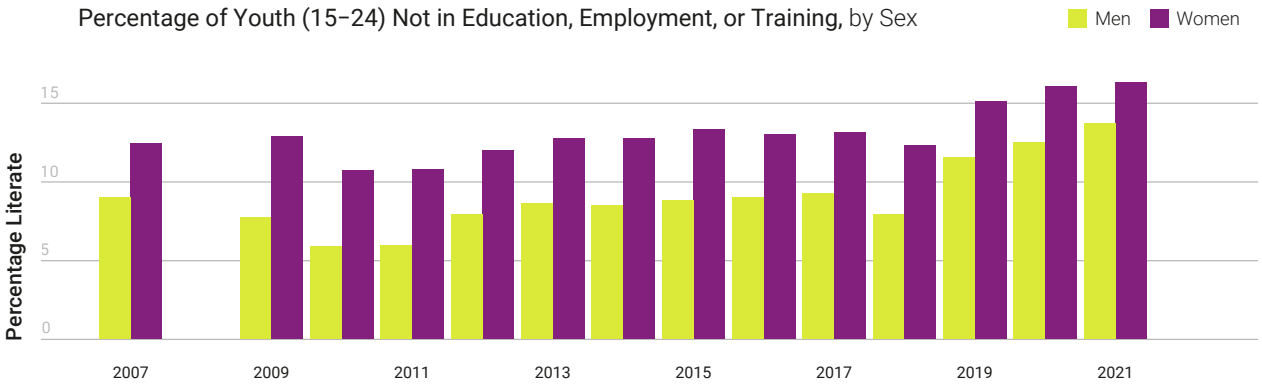
Birth Before Age 15 and 18, Women 20–24 Years



Source: Multiple Indicator Cluster Survey, 2020–2021

Young people who are not in education, employment or training (i.e., the NEET population) quantifies the proportion of young people who find themselves outside of the educational system and without work. In Viet Nam, the percentage of youth not in education, employment or training increased from 2007 to 2021 and was consistently higher for females than for males. The proportion increased from 12.43% among females and 8.99% among males in 2007 to 16.29% and 13.66% among females and males respectively in 2021.

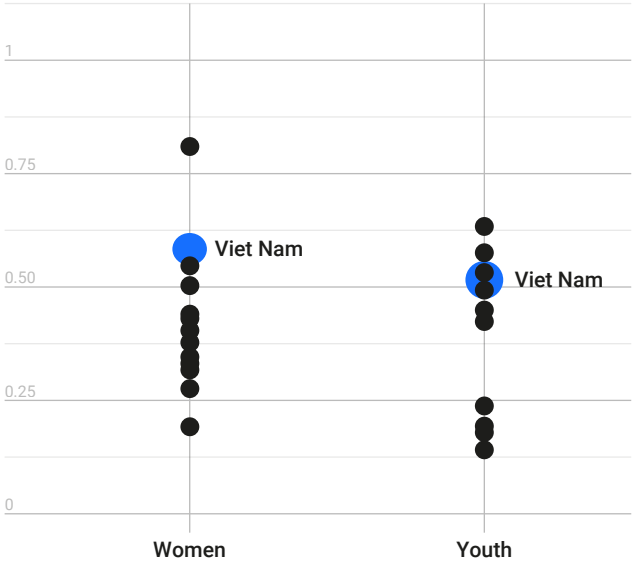
Percentage of Youth (15–24) Not in Education, Employment, or Training, by Sex



Source: Labor Force Survey 2007–2021

SDG Goal 16 seeks to promote peaceful and inclusive societies for sustainable development, to provide access to justice for all and build effective, accountable and inclusive institutions at all levels. One component of this is ensuring responsive, inclusive, participatory and representative decision-making at all levels. In Viet Nam, the ratio of the proportion of female Members of Parliament and the ratio of the proportion of young Members of Parliament are among the highest in the region (SDG 16.17.1).

Ratio of proportion of population in parliament to proportion in national population, Lower Chamber or Unicameral, Eastern and South-eastern Asia



Source: Inter–Parliamentary Union, 2023

Since the Nairobi Summit, the Nairobi commitments have been integrated into various policy documents related to sexual and reproductive health and rights for the period of 2021-2025, including national action plans aimed at enhancing the quality of family planning services, promoting adolescent sexual and reproductive health, implementing a national human papillomavirus (HPV) vaccination roadmap, and addressing maternal and neonatal child health. Urgent needs of those who are left behind, such as ethnic minorities and migrant workers, are at the center of these policy documents.

METHODOLOGICAL NOTE

This methodological note documents the development of the Global Commitments Monitoring Framework (GCMF) to track and report on the 12 overarching global commitments in the Nairobi Statement. It also presents further information on selected indicators.

The framework was developed at the request of and fully endorsed by the High-Level Commission. Avenir Health lead the process in collaboration with the ICPD25 Follow-up Secretariat, the Commission and technical experts at UNFPA and its partners. The work built off on the initial draft framework that was prepared by a UNFPA Task Team during 2020. The GCMF was launched in 2021 and has since been included in all reports of the High-Level Commission on the Nairobi Summit on ICPD25 Follow-up (2021, 2022 and 2023).

Within the framework, an index for each global commitment allows a regional comparison of a single measure that combines many facets. These include indicators selected to measure what a particular commitment is meant to capture, the scale used to compare indicators, cut-off thresholds for each traffic light colour, and the weight assigned to each indicator to capture its relative importance in realizing the global commitment. Global commitments 6 and 7 were not included given challenges around indicator and data quality, representation and accuracy. The GCMF presents the overall regional scores for each commitment as an annual scorecard.

Indicator selection

For each global commitment[I], indicators were selected based on several criteria, namely that they:

- Are available for and representative of as many countries as possible,
- Are from publicly available datasets, and
- Measured something that is expected to change over time in order to track progress.

Two principles guided the construction of the framework. First, a decision was made to avoid repeating indicators across different commitments. This was to prevent overlap in the representation of indicators, especially in the computation of global commitment 1 as a composite of all other commitments. Second, while many different indicators can be used to track each global commitment, a limited number was included to prevent the framework from becoming overly complex and difficult to comprehend, and so that indicators would carry an appropriate weight in measuring the commitment.

A special note is necessary on the inclusion of SDG 5.6.1 (the proportion of women who make their own informed decisions regarding reproductive health care, contraceptive use and sexual relations). Subsections of this indicator were originally proposed as indicators under global commitments 2, 3 and 5. Due to a lack of data for many countries and regions, however, this indicator has not been included. Since the indicator is key to issues under the Commission's purview, it may be reconsidered for future inclusion as more countries report on it.

Data for selected indicators are the most recent available. The number of countries covered by data for each indicator and the proportion of the population represented were captured using United Nations World Population Prospects data. Indicators are detailed below.

I Except for commitments 1, 6, and 7.

Missing data

For several indicators, data were missing for multiple countries. In these situations, we used regional averages for countries with available data. To determine representation of the indicator in the region, we also calculated the proportion of the population represented by the data for each indicator and region.

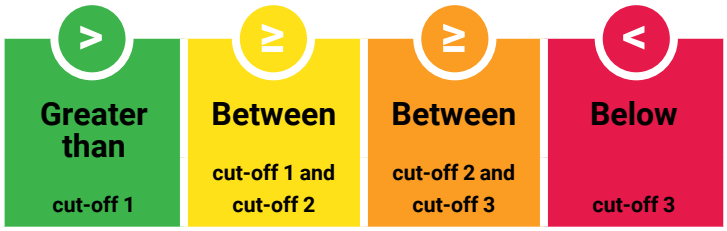
Scaling indicators

To combine multiple indicators in an index, all indicators need to be scaled to range from 0 to 1. In some cases, where lower measures of an indicator signified a positive outcome, the minimum was a larger number than the maximum, so once scaled the indicator would have the worst possible score as 0 and the best as 1. Once we selected the maximum and minimum values, we rescaled the indicators and cut-offs using the following equation:

$$\text{Scaled Indicator} = \frac{\text{Indicator} - \text{ScaleMin}}{\text{ScaleMax} - \text{ScaleMin}}$$

Traffic light cut-off thresholds

To assign traffic light colours by region, three cut-off values were determined for each indicator and applied as shown to the right.



The 2023 GCMF scorecard continues using circles and triangles, as well as colors to represent the traffic light score for each indicator. Circles indicate that there was not enough difference recorded compared to the previous year, 2022, to cause the traffic light to change colour. Triangles indicate that there has been a significant enough change in scores to determine a new traffic light colour. Triangles pointing up designate progress, while pointing down show regress.

Indicator weights

Countries were weighted by relevant population when creating regional averages for individual indicators. While all indicators selected for each global commitment capture an element of a given commitment, some indicators better represent the commitment as a whole. Each indicator was therefore assigned a weight reflecting its relative importance in capturing the concept of the commitment. For example, for commitment 3, the maternal mortality ratio indicator was given a weight of 50 per cent with respect to other indicators. To create traffic light thresholds for the commitments, each indicator's cut-offs were scaled, weighted and combined to form the commitment's cut-offs. The threshold cut-offs for each commitment and for the indicators in each commitment are presented in Tables 20 and 21.

Regional classification

The results for each indicator of each commitment are presented by geographic regions based on the country groupings defined by the UN Statistics Division in presenting the SDG indicators. Table 22 shows the number of countries represented in each region.

Country Profiles

Country profiles were initially developed in 2022 to further conceptualize the concept of sexual and reproductive justice, and to complement the 2022 GCMF and were included in the High Level Commission's 2022 report, *Sexual and Reproductive Justice as the Vehicle for Delivering the Nairobi Summit Commitments*. As part of the process of developing country profiles, several criteria were used. As part of its work, the Commission undertook to add a new set of country profiles from all regions in 2023. As a first step, an exercise was done to determine the level at which each indicator included in the GCMF could be disaggregated. Members of the Commission's Working Group on the GCMF used this analysis to rank the importance of each indicator included in the GCMF to represent the concept of sexual and reproductive justice. Following this exercise, a short-list of two to three countries per region were selected to be profiled based on additional criteria including:

- Countries with a recent (i.e., after 2015) Demographic and Health Surveys (DHS) or Multiple Indicator Cluster Surveys (MICS) survey, including those countries where new survey rounds are being conducted.
- Countries that have made commitments to meet the Nairobi Commitments
- Countries that have a Strategic Information System (SIS) report, and/or that have conducted a Voluntary National Review (VNR), and/or that have gone through a Universal Periodic Review (UPR) and received recommendations on implementing commitments, and/or with an available United Nations Sustainable Development Cooperation Framework (UNSDCF), and/or are recipients of ICPD25 Follow-up seed grants supported with the funding of the Government of Denmark.

In developing country profiles, key national commitments made by the country (and possibly other national stakeholders) at the Nairobi Summit and thereafter were identified and highlighted. In addition, making use of the most recent data available for that particular country (e.g., data from a DHS, a MICS, etc.), each profile examines country-level data with a lens to identify differences in indicators by geographic location, by (sub-national) region, and by other elements such as age, household wealth, education, etc. Furthermore, in the selection of countries to be featured with country profiles, an effort was made to ensure cross-regional balance. The profiles are to be taken as a set of samples that offer the opportunity to dive deeper on what discrepancies in sexual and reproductive health outcomes exist at country levels, while focusing on issues of intersectionality, and as such to give direction to how the sexual and reproductive justice framework is to be applied. The country profiles as such can help in driving action on the ground.

Global Commitments Monitoring Framework summary

Table 1 shows the results from the framework with index values and the corresponding traffic light colours reported for each commitment.

Table 1. Commitment index value and color by region, 2023

	1	2	3	4	5	8	9	10	11	12
Central and Southern Asia	0,619	0,763	0,812	0,738	0,639	0,587	0,313	0,686	0,569	0,287
Eastern and South-eastern Asia	0,721	0,850	0,854	0,878	0,844	0,785	0,411	0,738	0,654	0,281
Europe and Northern America	0,833	0,832	0,950	0,877	0,937	0,901	0,729	0,829	0,730	0,606
Latin America and the Caribbean	0,709	0,744	0,825	0,794	0,838	0,719	0,616	0,672	0,668	0,367
Northern Africa and Western Asia	0,656	0,738	0,817	0,689	0,703	0,647	0,402	0,599	0,539	0,629
Oceania	no data	0,795	0,855	no data	0,858	0,859	0,487	0,667	0,755	no data
Sub-Saharan Africa	0,532	0,551	0,571	0,639	0,613	0,485	0,440	0,442	0,521	0,454

Commitment details

The section below presents a detailed look at each commitment, including indicators selected to measure the commitment, data sources, relative weights of each indicator and threshold cut-offs.

Global commitment 1

Intensify our efforts for the full, effective and accelerated implementation and funding of the ICPD Programme of Action, Key Actions for the Further Implementation of the Programme of Action of the ICPD, the outcomes of its reviews, and Agenda 2030 for Sustainable Development.

Commitment 1 is a composite index constructed using a weighted mean of commitments 2-5 and 8-12. Commitments 2, 3 and 5 were given 1.5 times the weight of the indicators for the other commitments due to their centrality in achieving commitment 1.

Global commitment 2

Zero unmet need for family planning information and services, and universal availability of quality, accessible, affordable and safe modern contraceptives.

Tables 2 and 3 present the indicators, weights and cut-off thresholds for commitment 2. Indicators with an asterisk use a reverse scale for the cut-off thresholds.

Table 2. Global Commitment 2 indicators and definitions

INDICATOR	DEFINITION	SOURCE
Adolescent birth rate (SDG 3.7.2)	Adolescent birth rate per 1,000 women aged 15-19 years.	World Population Prospects 2022
Sexual and reproductive health care laws and regulations: Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (SDG 5.6.2 Section 2: Contraceptive and Family Planning)	Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (Section 2, contraceptive and family planning).	SDG Global Database
Unmet need for modern methods, total (all women)	Percentage of all women of reproductive age, either married or in a union, who have an unmet need for family planning. Women with an unmet need are those who want to stop or delay childbearing but are not using any modern method of contraception.	World Contraceptive Use 2022

Table 3. Global Commitment 2 indicator weights, scales and threshold cut-offs

INDICATOR	POPULATION	WEIGHT	CUT 1	CUT 2	CUT 3
Adolescent birth rate (SDG 3.7.2)*	Women aged 15-19 years	0.4	25	37.5	50
Sexual and reproductive health care laws and regulations: Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (SDG 5.6.2 Section 2: Contraceptive and Family Planning)	Men and women aged 15 and over	0.2	90	75	60
Unmet need for modern methods, total (all women)*	Women aged 15-49 years	0.4	0	15	30

Global Commitment 3

Zero preventable maternal deaths and maternal morbidities, such as obstetric fistulas, by, inter alia, integrating a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and for the provision of post-abortion care, into national UHC strategies, policies and programmes, and to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights

Tables 4 and 5 present the indicators, weights and cut-off thresholds for commitment 3. Indicators with an asterisk use a reverse scale for the cut-off thresholds.

Table 4. Global Commitment 3 indicators and definitions

INDICATOR	DEFINITION	SOURCE
Universal Health Coverage Index (SDG 3.8.1)	Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population). The indicator is an index reported on a unitless scale of 0 (worst) to 100 (best), which is computed as the geometric mean of 14 tracer indicators of health service coverage.	SDG Global Database
Sexual and reproductive health care laws and regulations: Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (SDG 5.6.2 Section 1, maternity care)	Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (Section 1, maternity care)	SDG Global Database
Proportion of births attended by skilled health personnel (SDG 3.1.2)	Proportion of births attended by skilled health personnel (generally doctors, nurses or midwives but can refer to other health professionals providing childbirth care)	SDG Global Database
Maternal mortality ratio (SDG 3.1.1)	Number of maternal deaths during a given time period per 100,000 live births during the same time period. It depicts the risk of maternal death relative to the number of live births and essentially captures the risk of death in a single pregnancy or of a single live birth	SDG Global Database
World Abortion Laws	The Center for Reproductive Rights tracks the legal status of abortion in countries across the globe. Countries are classified by several categories (e.g., prohibited altogether, to save the woman's life, to preserve health, etc.). For the GCMF each category is assigned a numeric level (i.e., "Prohibited altogether" = 0; "To save the woman's life" = 0.25; "To preserve health" = 0.5; "subnational variation to save women's life and on request existing in different jurisdictions" = 0.625; "Broad social or economic grounds" = 0.75; "On request (gestational limits vary)" = 1)	Center for Reproductive Rights

Table 5. Global Commitment 3 indicator weights, scales and threshold cut-offs

INDICATOR	POPULATION	WEIGHT	CUT 1	CUT 2	CUT 3
Universal Health Coverage Index (SDG 3.8.1)	Women aged 15-49 years	0.125	80	75	60
Sexual and reproductive health care laws and regulations: Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (SDG 5.6.2 Section 1: maternity care)	Women aged 15-49 years	0.125	90	75	60
Proportion of births attended by skilled health personnel (SDG 3.1.2)	Births	0.125	98	94	90
Maternal mortality ratio (SDG 3.1.1)*	Women aged 15-49 years	0.5	70	105	140
World Abortion Laws	Women aged 15-49 years	0.125	0.75	0.50	0.25

Global Commitment 4

Access for all adolescents and youth, especially girls, to comprehensive and age-responsive information, education and adolescent-friendly comprehensive, quality and timely services to make free and informed decisions and choices about their sexuality and reproductive lives, to adequately protect themselves from unintended pregnancies, all forms of sexual and gender-based violence and harmful practices, sexually transmitted infections, including HIV/AIDS, to facilitate a safe transition into adulthood

Tables 6 and 7 present the indicators, weights and cut-off thresholds for commitment 4. Indicators with an asterisk use a reverse scale for the cut-off thresholds.

Table 6. Global Commitment 4 indicators and definitions

INDICATOR	DEFINITION	SOURCE
Young women aged 20–24 giving birth by age 15	Percentage of young women aged 20-24 who gave birth by age 15.	Demographic and Health Survey, Multiple Indicator Cluster Survey
Young women aged 20–24 giving birth by age 18	Percentage of young women age 20-24 who gave birth by age 18	Demographic and Health Survey, Multiple Indicator Cluster Survey
Demand for family planning satisfied by modern methods of contraception, all women aged 15–24 years	The number of women aged 15–24 years using modern methods of family planning divided by the number of currently married women with demand for family planning (either with unmet need or currently using any family planning).	Demographic and Health Survey, Multiple Indicator Cluster Survey
Number of new HIV infections per 1,000 uninfected population aged 15–24 years (SDG 3.3.1)	Number of new cases of HIV per year per uninfected adolescents per 1,000 people aged 15-24 years	UNAIDS 2022 Report

INDICATOR	DEFINITION	SOURCE
Sexual and reproductive health care laws and regulations: Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (SDG 5.6.2 Section 3: sexuality education)	Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (Section 3, sexuality education).	SDG Global Database

Table 7. Global Commitment 4: Indicator weights, scales, & threshold cut-offs

INDICATOR	POPULATION	WEIGHT	CUT 1	CUT 2	CUT 3
Young women aged 20-24 giving birth by age 15*	Women aged 20-24 years	0.125	0	2.5	5
Young women aged 20-24 giving birth by age 18*	Women aged 20-24 years	0.125	0	2.5	5
Demand for family planning satisfied by modern methods (all women 15-24)	Women aged 15-24 years	0.25	90	75	60
Number of new HIV infections per 1,000 uninfected population aged 15–24 years (SDG 3.3.1)*	Men and women aged 15-24 years	0.25	0.2	0.6	1
Sexual and reproductive health-care laws and regulations: Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (SDG 5.6.2, Section 3, sexuality education)	Men and women aged 15 years and older	0.25	90	75	60

Global Commitment 5

Zero sexual and gender-based violence and harmful practices, including zero child, early and forced marriage, as well as zero female genital mutilation[II]; elimination of all forms of discrimination against all women and girls, to realize all individuals' full socio-economic potential

Tables 8 and 9 present the indicators, weights and cut-off thresholds for commitment 5. Indicators with an asterisk use a reverse scale for the cut-off thresholds.

II The issue of female genital mutilation proved challenging. The practice of female genital mutilation only occurs in a specific number of countries, and as such it was not possible to find a meaningful indicator that was globally comparable. In addition, for those countries in which female genital mutilation is practiced, data on its incidence or prevalence is reported in different ways, and it was determined that these indicators are likely not to change considerably on an annual or bi-annual timeframe because of how they are captured. As such, no indicators related to female genital mutilation are included in the current matrix.

Table 8. Global Commitment 5 indicators and definitions

INDICATOR	DEFINITION	SOURCE
Violence against women from an intimate partner (SDG 5.2.1)	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical sexual or psychological violence by a current or former intimate partner in the previous 12 months	SDG Global Database
Women married before age 15 (SDG 5.3.1)	Proportion of women aged 20-24 years who were married or in a union before age 15	SDG Global Database
Legal frameworks that promote, enforce and monitor gender equality (SDG 5.1.1, Area 2, violence against women)	Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex (Area 2, violence against women)	SDG Global Database
Systems to track gender equality (SDG 5.c.1)	Proportion of countries with systems to track and make public allocations for gender equality and women's empowerment	SDG Global Database
Consensual same sex sexual acts between adults legal	The *State-Sponsored Homophobia: Global Legislation Overview Update 2020* report states that consensual same sex sexual acts between adults are considered legal if they are not criminalized. For the framework: Countries where same-sex sexual acts are legal = 1; countries where they are not legal or de facto criminalized = 0.	International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA)

Table 9. Global Commitment 5 indicator weights, scales, and threshold cut-offs

INDICATOR	POPULATION	WEIGHT	CUT 1	CUT 2	CUT 3
Violence against women from an intimate partner (SDG 5.2.1)*	Women aged 15-49 years	0.3	0	15	30
Women married before age 15 (SDG 5.3.1)*	Women aged 20-24 years	0.175	0	10	20
Legal frameworks that promote, enforce and monitor gender equality (SDG 5.1.1, Area 2, violence against women)	Entire population	0.175	90	75	60
Systems to track gender equality (SDG 5.c.1)	Entire population	0.175	0.9	0.75	0.6
Consensual Same Sex Sexual Acts between Adults Legal	Entire population	0.175	1	0.9	0.8

Global Commitment 6

Using national budget processes, including gender budgeting and auditing, increasing domestic financing and exploring new, participatory and innovative financing instruments and structures to ensure full, effective and accelerated implementation of the ICPD Programme of Action

Potential indicators to track this commitment were discussed. But the commitment could not be considered in this current framework because data are not systematically tracked and are therefore not globally comparable.

Global Commitment 7

Increasing international financing for the full, effective and accelerated implementation of the ICPD Programme of Action, to complement and catalyze domestic financing, in particular of sexual and reproductive health programmes, and other supportive measures and interventions that promote gender equality and girls' and women's empowerment

Potential indicators to track this commitment were discussed. But the commitment could not be considered in this current framework because data are not systematically tracked and are therefore not globally comparable.

Global Commitment 8

Investing in the education, employment opportunities, health, including family planning and sexual and reproductive health services, of adolescents and youth, especially girls, so as to fully harness the promises of the demographic dividend

Tables 10 and 11 present the indicators, weights and cut-off thresholds for commitment 8. Indicators with an asterisk use a reverse scale for the cut-off thresholds.

Table 10. Global Commitment 8 indicators and definitions

INDICATOR	DEFINITION	SOURCE
Total net enrolment rate, secondary school	Total number of students of secondary school age who are enrolled in secondary education, expressed as a percentage of the corresponding population in that age group	World Bank
Young people not in education, employment or training (SDG 8.6.1)	This indicator presents the share of young people who are not in employment, education or training (NEET) as a percentage of the total number of young people in the corresponding age group, by gender	SDG Global Database
Women married before age 18 (SDG 5.3.1)	Proportion of women aged 20-24 years who were married or in a union before age 18	SDG Global Database

Table 11. Global Commitment 8 indicator weights, scales, and threshold cut-offs

INDICATOR	POPULATION	WEIGHT	CUT 1	CUT 2	CUT 3
Total net enrolment rate, secondary school	Men and women 12-17 years	0.33	90	80	70
Young people not in education, employment or training (SDG 8.6.1)*	Men and women 15-24 years	0.33	10	12.5	15
Women married before age 18 (SDG 5.3.1)*	Women aged 20-24 years	0.33	0	10	20

Global Commitment 9

Building peaceful, just and inclusive societies, where no one is left behind, where all, irrespective of race, colour, religion, sex, age, disability, language, ethnic origin, sexual orientation and gender identity or expression, feel valued and are able to shape their own destiny and contribute to the prosperity of their societies

Tables 12 and 13 present the indicators, weights and cut-off thresholds for commitment 9.

Table 12. Global Commitment 9 indicators and definitions

INDICATOR	DEFINITION	SOURCE
Representation in public institutions (ratio for female Members of Parliament, lower chamber or unicameral) (SDG 16.7.1)	Proportions of positions in national and local institutions, including (a) the legislature, (b) the public services, and (c) the judiciary, compared to national distributions (Ratio of the proportion of women in parliament in the proportion of women in the national population with the age of eligibility as a lower bound boundary)	SDG Global Database
Representation in public institutions (ratio of young Members of Parliament, lower chamber or unicameral) (SDG 16.7.1)	Proportions of positions in national and local institutions, including (a) the legislature, (b) the public services, and (c) the judiciary, compared to national distributions (Ratio of the proportion of young members in parliament in the proportion of the national population with the age of eligibility as a lower bound boundary)	SDG Global Database
Legal frameworks that promote, enforce and monitor gender equality (SDG 5.1.1, Area 3, employment and economic benefits)	Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex (Area 3: employment and economic benefits)	SDG Global Database
Legal frameworks that promote, enforce and monitor gender equality (SDG 5.1.1, Area 1, overarching legal frameworks and public life)	Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex (Area 1: overarching legal frameworks and public life)	SDG Global Database
National human rights institutions – A: Status (SDG 16.A.1)	Existence of independent national human rights institutions in compliance with the Paris Principles (A: Status)	SDG Global Database

INDICATOR	DEFINITION	SOURCE
Protection against hate crimes	The *State-Sponsored Homophobia: Global Legislation Overview Update 2020* report states that hate crime protection is composed of "different legal vehicles to address the violence motivated by a victim's sexual orientation". For the framework, countries are defined as: 1 = "yes protection exists", 0 = "no protection exists" or 0.25 (for a limited number of countries) = "protection is not available nationwide or does not meet the threshold for the category".	International Lesbian, Gay, Bisexual, Trans and Intersex Association
Protection against Incitement	The *State-Sponsored Homophobia: Global Legislation Overview Update 2020* report states that protection against incitement entails laws that "recognize the paramount importance of securing the safety and protection of marginalized communities". For the framework, countries are defined as: 1 = "yes protection exists", 0 = "no protection exists" or 0.25 (for a limited number of countries) = "protection is not available nationwide or does not meet the threshold for the category".	International Lesbian, Gay, Bisexual, Trans and Intersex Association

Table 13. Global Commitment 9 indicator weights, scales, and threshold cut-offs

INDICATOR	POPULATION	WEIGHT	CUT 1	CUT 2	CUT 3
Representation in public institutions (ratio for female Members of Parliament, lower chamber or unicameral) (SDG 16.7.1)	Women aged 18 years and older	0.125	0.9	0.75	0.6
Representation in public institutions (ratio of young Members of Parliament, lower chamber or unicameral) (SDG 16.7.1)	Men and women aged 18-44 years	0.125	0.9	0.75	0.6
Legal frameworks that promote, enforce and monitor gender equality (SDG 5.1.1, Area 3, employment and economic benefits)	Entire population	0.125	90	75	60
Legal frameworks that promote, enforce and monitor gender equality (SDG 5.1.1, Area 1, overarching legal frameworks and public life)	Entire population	0.125	90	75	60
National human rights institutions – A: Status (SDG 16.A.1)	Entire population	0.25	0.9	0.75	0.6
Protection against Hate Crimes	Entire population	0.125	0.9	0.75	0.6
Protection against Incitement	Entire population	0.125	0.9	0.75	0.6

Global Commitment 10

Providing quality, timely and disaggregated data, that ensures privacy of citizens and is also inclusive of younger adolescents, investing in digital health innovations, including in big data systems, and improvement of data systems to inform policies aimed at achieving sustainable development

Tables 14 and 15 present the indicators, weights and cut-off thresholds for commitment 10.

Table 14. Global Commitment 10 indicators and definitions

INDICATOR	DEFINITION	SOURCE
Open Data Watch Inventory – overall score	The inventory assesses the coverage and openness of official statistics to monitor the progress of open data relevant to the economic, social and environmental development of a country. The overall score is an indicator of how complete and open a national statistical office's data offerings are. It comprises a coverage subscore (how complete the country's data offerings are) and an openness subscore (how well the data meet standards recommended by the Open Definition and Open Data Charter).	Open Data Watch ODIN
Completeness of birth registration (SDG 17.19.2)	Proportion of countries that have achieved 100% birth registration	State of the World's Children - UNICEF
Completeness of census (SDG 17.19.2)	Proportion of countries that have conducted at least one population and housing census in the last 10 years	SDG Global Database
Completeness of death registration (SDG 17.19.2)	Proportion of countries that have achieved 80% death registration	The United Nations Statistics Division's Population and Vital Statistics Report and the United Nations Population Division's World Population Prospects.
Common Operational Dataset – population statistics	Common Operational Datasets (CODs) are authoritative reference datasets needed to support operations and decision-making for all actors in a humanitarian response. "Up-to-date" COD-PS are those whose reference year is within three years of the current year.	OCHA Common Operational Datasets

Table 15. Global Commitment 10 indicator weights, scales, and threshold cut-offs

INDICATOR	POPULATION	WEIGHT	CUT 1	CUT 2	CUT 3
Open Data Watch Inventory – overall score	Entire population	0.2	90	75	60
Completeness of birth registration (SDG 17.19.2)	Births	0.2	0.9	0.75	0.6
Completeness of census (SDG 17.19.2)	Entire population	0.2	0.9	0.75	0.6
Completeness of death registration (SDG 17.19.2)	Deaths	0.2	0.9	0.75	0.6
Common Operational Dataset – population statistics	Entire population	0.2	0.9	0.75	0.6

Global Commitment 11

Committing to the notion that nothing about young people's health and well-being can be discussed and decided upon without their meaningful involvement and participation ("nothing about us, without us")

The Youth Empowerment Index being developed by UNFPA was used to track global commitment 11. The index was constructed using six domains, each with three subdomains (resource, agency and achievement) with several indicators. The domains of "gender and autonomy" and "sexual and reproductive health empowerment" were not included due to an overlap with indicators used for other commitments. Tables 16 and 17 present the domains, weights and cut-off thresholds for commitment 11.

Table 16. Global Commitment 11 domains and definitions

INDICATOR	DEFINITION	SOURCE
Economic empowerment	This domain encompasses the sub-domains of resource, agency and achievement and relate to the "My Life" component of the UNFPA global strategy for adolescents and youth	Youth Empowerment Index
Education	This domain encompasses the sub-domains of resource, agency and achievement and relate to the "My Life" component of the UNFPA global strategy for adolescents and youth	Youth Empowerment Index
Youth policy and political participation	This domain encompasses the sub-domains of resource, agency and achievement and relate to the "My World" component of the UNFPA global strategy for adolescents and youth	Youth Empowerment Index
Safety and security	This domain encompasses the sub-domains of resource, agency and achievement and relate to the "My World" component of the UNFPA global strategy for adolescents and youth	Youth Empowerment Index

Table 17. Global Commitment 11 indicator weights, scales and threshold cut-offs

INDICATOR	POPULATION	WEIGHT	CUT 1	CUT 2	CUT 3
Economic empowerment	Men and women 15-24 years	0.25	0.7	0.6	0.5
Education	Men and women 15-24 years	0.25	0.7	0.6	0.5
Youth policy and political participation	Men and women 15-24 years	0.25	0.7	0.6	0.5
Safety and security	Men and women 15-24 years	0.25	0.7	0.6	0.5

Global Commitment 12

Ensuring that the basic humanitarian needs and rights of affected populations, especially girls and women, are addressed as critical components of responses to humanitarian and environmental crises, as well as fragile and post-crisis reconstruction contexts, through the provision of access to comprehensive sexual and reproductive health information, education and services, including access to safe abortion services to the full extent of the law, and post-abortion care, to significantly reduce maternal mortality and morbidity, sexual and gender-based violence and unplanned pregnancies under these conditions

One indicator was identified to track Global Commitment 12; Tables 18 and 19 present its definition, weight and cut-off thresholds. The indicator reflects only countries within the regional categories that needed humanitarian support in 2022.

Table 18. Global Commitment 12 indicator and definition

INDICATOR	DEFINITION	SOURCE
Humanitarian "ask" versus "give"	Funding coverage for each country; proportion of funds "received" compared with "requested" for humanitarian action to address the specific needs – in particular, sexual and reproductive health and rights, and the prevention of and response to gender-based violence – of women, girls and young people	UNFPA

Table 19. Global Commitment 12 indicator weights, scales and threshold cut-offs

INDICATOR	POPULATION	WEIGHT	CUT 1	CUT 2	CUT 3
Humanitarian "ask" versus "give"	Entire population	1	0.9	0.75	0.6

Table 20 presents scaled cut-off thresholds for each global commitment. The scaled thresholds were used to generate the traffic light colours for each indicator.

Table 20. Scaled cut-off thresholds by global commitment

	CUT-OFF 1	CUT-OFF 2	CUT-OFF 3
Commitment 1	0.900	0.753	0.607
Commitment 2	0.930	0.725	0.520
Commitment 3	0.898	0.816	0.733
Commitment 4	0.945	0.839	0.733
Commitment 5	0.965	0.724	0.483

	CUT-OFF 1	CUT-OFF 2	CUT-OFF 3
Commitment 8	0.911	0.822	0.733
Commitment 9	0.900	0.750	0.600
Commitment 10	0.900	0.750	0.600
Commitment 11	0.700	0.600	0.500
Commitment 12	0.900	0.750	0.600

Table 21. Scaled threshold cut-offs for indicators included in the commitments

	SCALED CUT-OFF 1	SCALED CUT-OFF 2	SCALED CUT-OFF 3
Commitment 2			
Adolescent birth rate	0.875	0.8125	0.75
Sexual and reproductive health care laws and regulations (SDG 5.6.2 - contraceptive and family planning)	0.9	0.75	0.6
Unmet need for mordern contraception, all women	1	0.625	0.25
Commitment 3			
Universal Health Coverage Index	0.8	0.7	0.6
Sexual and reproductive health-care laws and regulations (SDG 5.6.2, Section 1, maternity care)	0.9	0.75	0.6
Skilled birth attendance (SDG 3.1.2)	0.98	0.94	0.9
Maternal mortality rate (SDG 3.1.1)	0.93913	0.908696	0.878261
World Abortion Laws	0.75	0.5	0.25
Commitment 4			
Women aged 20–24 who gave birth before age 15	1	0.875	0.75
Women aged 20–24 who gave birth before age 18	1	0.958333	0.916667
Family planning demand satisfied by modern contraception, aged 15–24	0.9	0.75	0.6
New HIV infections (SDG 3.3.1)	0.98	0.94	0.9
Sexual and reproductive health care laws and regulations (5.6.2, Section 3, sexuality education)	0.9	0.75	0.6
Commitment 5			
Intimate partner violence (SDG 5.2.1)	1	0.625	0.25
Women aged 20–24 years who married before age 15 (SDG 5.3.1)	1	0.666667	0.333333
Legal framework (SDG 5.1.1, Area 2, violence against women)	0.9	0.75	0.6
Countries tracking gender equality (SDG 5.c.1)	0.9	0.75	0.6
Same sex sexual acts legal	1	0.9	0.8

	SCALED CUT-OFF 1	SCALED CUT-OFF 2	SCALED CUT-OFF 3
Commitment 8			
Secondary-school net attendance ratio	0.9	0.8	0.7
Youth not in education, employment or training	0.833333	0.791667	0.75
Women aged 20–24 years who married before age 18 (SDG 5.3.1)	1	0.875	0.75
Commitment 9			
Female Members of Parliament (SDG 16.7.1)	0.9	0.75	0.6
Young Members of Parliament (SDG 16.7.1)	0.9	0.75	0.6
Employment and economic benefits (SDG 5.1.1, Area 3, employment and economic benefits)	0.9	0.75	0.6
Overarching legal frameworks and public life (SDG 5.1.1 Area 1, overarching legal frameworks and public life)	0.9	0.75	0.6
Independent human rights institutions (SDG 16.A.1, A: status)	0.9	0.75	0.6
Protection against hate crimes	0.9	0.75	0.6
Protection against incitement	0.9	0.75	0.6
Commitment 10			
Open Data Watch Index	0.9	0.75	0.6
Birth registration (SDG 17.19.2)	0.9	0.75	0.6
Census (SDG 17.19.2)	0.9	0.75	0.6
Death registration (SDG 17.19.2)	0.9	0.75	0.6
Common operational data set	0.9	0.75	0.6
Commitment 11			
Economic empowerment	0.7	0.6	0.5
Education	0.7	0.6	0.5
Youth policy and political participation	0.7	0.6	0.5
Safety and security	0.7	0.6	0.5
Commitment 12			
Humanitarian “ask” vs “give”	0.9	0.75	0.6

Global Commitments Monitoring Framework results

Table 22 presents the numbers of countries included in each region. Results by commitment are shown in the tables below.Each table displays, for each indicator, the index values, traffic light colours, number of countries and percentage of the population represented by available data.

Table 22. Regional groupings used in the framework

REGION	NUMBER OF COUNTRIES INCLUDED IN THE REGION
Central and Southern Asia	13
Eastern and South-Eastern Asia	14
Europe and Northern America	26
Latin America and the Caribbean	26
Northern Africa and Western Asia	17
Oceania	10
Sub-Saharan Africa	48

Table 23. Global Commitment 1 results by region, 2023

REGION	COMPOSITE INDEX VALUE
Central and Southern Asia	0.619
Eastern and South-eastern Asia	0.721
Europe and Northern America	0.833
Latin America and the Caribbean	0.709
Northern Africa and Western Asia	0.656
Oceania	no data
Sub-Saharan Africa	0.532

Table 24. Global Commitment 2 results by region, 2023

		CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
Adolescent birth rate	Index value	0.862	0.899	0.944	0.739	0.803	0.938	0.503
	# countries	13	14	26	26	17	10	48
	% population	100%	100%	100%	100%	100%	100%	100%
Nr of countries with laws and regulations that guarantee equal access to sexual and reproductive health care (SDG 5.6.2 - contraceptive and family planning)	Index value	0.783	0.886	0.872	0.786	0.890	0.610	0.711
	# countries	12	11	18	21	12	3	41
	% population	92.31%	78.57%	69.23%	80.77%	70.59%	30.00%	85.42%
Unmet need for modern methods, total (all women)	Index value	0.654	0.783	0.699	0.728	0.597	0.745	0.518
	# countries	13	14	24	26	17	9	47
	% population	100.0%	100.0%	99.9%	100.0%	100.0%	99.6%	100.0%

Table 25. Global Commitment 3 results by region, 2023

		CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
Universal Health Coverage Index (SDG 3.8.1)	Index value	0.599	0.747	0.851	0.769	0.658	0.839	0.433
	# countries	13	14	26	26	16	10	48
	% population	100.0%	100.0%	100.0%	100.00%	98.94%	100.00%	100.0%
Number of countries with laws and regulations that guarantee equal access to sexual and reproductive health care (SDG 5.6.2 - maternity care)	Index value	0.768	0.688	0.895	0.710	0.727	0.575	0.713
	# countries	11	10	15	17	9	2	30
	% population	84.62%	71.43%	57.69%	65.38%	52.94%	20.00%	62.50%
Proportion of births attended by skilled health personnel (SDG 3.1.2)	Index value	0.824	0.951	0.988	0.956	0.887	0.955	0.649
	# countries	13	14	24	26	16	10	48
	% population	100%	100%	97%	100%	98.35%	100%	100%
Maternal mortality ratio (SDG 3.1.1)	Index value	0.898	0.951	0.989	0.931	0.940	0.992	0.574
	# countries	13	14	26	25	17	9	48
	% population	100%	100%	100%	99.99%	100%	99.95%	100%
World Abortion Laws	Index value	0.712	0.643	0.909	0.438	0.500	0.500	0.474
	# countries	13	14	26	26	17	9	48
	% population	100%	100%	100%	100%	100%	90%	100%

Table 26. Global Commitment 4 results by region, 2023

		CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
Percentage of young women age 20–24 who gave birth by age 15	Index value	0.939	0.983	0.999	0.904	0.965	no data	0.766
	# countries	12	7	3	13	8		40
	% population	99.96%	35.24%	4.60%	81.90%	61.21%	0.00%	97.10%
Percentage of young women age 20–24 who gave birth by age 18	Index value	0.823	0.893	0.946	0.706	0.874	no data	0.557
	# countries	12	7	3	13	8		40
	% population	99.96%	35.24%	4.60%	81.90%	61.21%		97.10%
Demand for family planning satisfied by modern methods (all women aged 15–24)	Index value	0.526	0.708	0.662	0.671	0.497	no data	0.465
	# countries	8	5	3	10	5		39
	% population	74.1%	27.7%	4.7%	57.0%	33.1%		96.8%

		CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
Number of new HIV infections per 1,000 uninfected population (aged 15–24) (SDG 3.3.1)[III]	Index value	0.993	0.968	0.992	0.974	0.996	0.998	0.872
	# countries	10	10	16	22	11	3	47
	% population	29.97%	37.25%	29.36%	67.20%	67.87%	92.95%	99.99%
Number of countries with laws and regulations that guarantee equal access to sexual and reproductive health care (SDG 5.6.2 - sexuality education)	Index value	0.553	0.897	0.882	0.725	0.344	0.833	0.555
	# countries	12	9	17	20	10	3	41
	% population	92.31%	64.29%	65.38%	76.92%	58.82%	30.00%	85.42%

III This indicator uses the latest HIV incidence estimates from UNAIDS (2022). However for 10 countries (Egypt, Liberia, Mozambique, Nepal, Pakistan, Armenia, Trinidad and Tobago, Somalia, Syrian Arab Republic, and Venezuela) since there are no updated HIV incidence rates in the 2022 report, the 2019 HIV incidences have been used for these countries.

Table 27. Global Commitment 5 results by region, 2023

		CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
Violence against women from an intimate partner (SDG 5.2.1)	Index value	0.750	0.889	1.000	0.923	0.889	1.000	0.821
	# countries	8	9	15	13	9	5	28
	% population	61.5%	64.3%	57.7%	50.0%	52.9%	50.0%	58.3%
Proportion of women aged 20–24 years who were married or in a union before age 15 (SDG 5.3.1 - under age 15)	Index value	0.778	0.728	0.871	0.815	0.694	0.972	0.711
	# countries	7	9	25	21	12	4	20
	% population	53.8%	64.3%	96.2%	80.8%	70.6%	0.4%	41.7%
Whether or not legal frameworks are in place to promote, enforce and monitor equality and non- discrimination on the basis of sex (SDG 5.1.1 - violence against women)	Index value	0.816	0.970	0.991	0.845	0.869	0.921	0.664
	# countries	13	11	7	21	15	6	45
	% population	100%	91.50%	7.79%	93.26%	97.91%	9.26%	99.69%
Proportion of countries with systems to track and make public allocations for gender equality and women's empowerment (SDG 5.c.1)	Index value	0.538	0.805	0.871	0.794	0.674	0.879	0.495
	# countries	11	12	25	23	11	10	39
	% population	97.97%	97.16%	91.37%	99.88%	68.63%	100.00%	94.32%
Consensual same sex sexual acts between adults legal	Index value	0.385	0.857	1.000	0.846	0.412	0.500	0.458
	# countries	13	14	26	26	17	10	48
	% population	100%	100%	100%	100%	100%	100%	100%

Table 28. Global Commitment 8 results by region, 2023

		CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
Secondary school net attendance ratio	Index value	0.596	0.744	0.930	0.800	0.681	0.918	0.338
	# countries	11	8	25	24	13	6	35
	% population	99.69%	32.76%	99.78%	97.48%	78.28%	95.17%	58.52%
Proportion of youth (aged 15–24 years) not in education, employment or training (SDG 8.6.1)	Index value	0.476	0.714	0.811	0.642	0.494	0.823	0.530
	# countries	11	12	26	22	13	10	41
	% population	91.50%	43.16%	100.00%	98.61%	84.61%	100.00%	94.93%
Proportion of women aged 20–24 years who were married or in a union before age 18 (SDG 5.3.1 - under age 18)	Index value	0.689	0.897	0.961	0.714	0.767	0.836	0.588
	# countries	13	11	11	21	15	6	45
	% population	100.00%	91.50%	17.47%	93.26%	97.91%	9.26%	99.69%

Table 29. Global Commitment 9 results by region, 2023

		CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
Representation in public institutions (ratio of female Members of Parliament, lower chamber or unicameral) (SDG 16.7.1)	Index value	0.340	0.464	0.631	0.626	0.388	0.757	0.482
	# countries	12	13	26	24	13	9	47
	% population	98.46%	97.83%	100.0%	94.36%	83.9%	99.95%	99.67%
Representation in public institutions (ratio of young Members of Parliament, lower chamber or unicameral) (SDG 16.7.1)	Index value	0.379	0.318	0.736	0.744	0.506	0.530	0.519
	# countries	13	11	26	20	13	6	34
	% population	100.00%	93.25%	100.00%	95.68%	76.53%	98.04%	80.96%
Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex (SDG 5.1.1. - employment and economic benefits)	Index value	0.486	0.711	0.920	0.795	0.575	0.750	0.705
	# countries	7	9	25	21	12	4	20
	% population	53.8%	64.3%	96.2%	80.8%	70.6%	40.0%	41.7%

		CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex (SDG 5.1.1 - overarching legal frameworks and public life)	Index value	0.685	0.648	0.808	0.729	0.616	0.684	0.645
	# countries	7	9	25	21	12	4	20
	% population	53.8%	64.3%	96.2%	80.8%	70.6%	40.0%	41.7%
Existence of independent national human rights institutions in compliance with the Paris Principles (SDG 16.A.1 - A status)	Index value	0.308	0.500	0.731	0.615	0.529	0.400	0.521
	# countries	13	14	26	26	17	10	48
	% population	100%	100%	100%	100%	100%	100%	100%
Protection against Hate Crimes (ILGA)	Index value	0.000	0.143	0.548	0.462	0.059	0.225	0.083
	# countries	13	14	26	26	17	10	48
	% population	100%	100%	100%	100%	100%	100%	100%
Protection against Incitement (ILGA)	Index value	0.000	0.000	0.731	0.346	0.015	0.150	0.047
	# countries	13	14	26	26	17	10	48
	% population	100%	100%	100%	100%	100%	100%	100%

Table 30. Global Commitment 10 results by region, 2023

		CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
Open Data Watch Index - overall score (coverage and openness of official statistics)	Index value	0.439	0.538	0.691	0.457	0.510	0.461	0.395
	# countries	13	13	26	23	16	7	45
	% population	100%	92.9%	100%	88.5%	94.1%	70.0%	93.8%
Completeness of birth registration (SDG 17.19.2)	Index value	0.667	0.625	1.000	0.640	0.875	0.429	0.222
	# countries	9	8	26	25	16	7	27
	% population	69.23%	57.14%	100.00%	96.15%	94.12%	70.00%	56.25%
Completeness of census (SDG 17.19.2)	Index value	0.615	0.929	0.885	0.500	0.588	0.900	0.583
	# countries	13	14	26	26	17	10	48
	% population	100%	100%	100%	100%	100%	100%	100%

Completeness of death registration (SDG 17.19.2)	Index value	0.889	0.750	1.000	0.800	0.688	0.714	0.261
	# countries	9	8	26	25	16	7	23
	% population	69.2%	57.1%	100%	96.2%	94.1%	70.0%	47.9%
Common operational data set	Index value	0.818	0.846	0.571	0.962	0.333	0.833	0.750
	# countries	11	13	7	26	15	6	48
	% population	84.62%	92.86%	26.92%	100%	88%	60%	100%

Table 31. Global Commitment 11 results by region

		CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
Economic empowerment	Index value	0.756	0.910	0.917	0.858	0.730	0.915	0.693
Education	Index value	0.454	0.709	0.836	0.746	0.530	0.824	0.340
Youth policy and political participation	Index value	0.445	0.285	0.433	0.507	0.325	0.486	0.488
Safety and security	Index value	0.620	0.711	0.734	0.560	0.572	0.796	0.562

Table 32. Global Commitment 12 results by region, 2023

		CENTRAL AND SOUTHERN ASIA	EASTERN AND SOUTH-EASTERN ASIA	EUROPE AND NORTHERN AMERICA	LATIN AMERICA AND THE CARIBBEAN	NORTHERN AFRICA AND WESTERN ASIA	OCEANIA	SUB-SAHARAN AFRICA
Proportion of funds "received" compared with "requested" for humanitarian action to address the specific needs, in particular, sexual and reproductive health and rights and gender-based violence, of women, girls and young people	Index value	0.287	0.281	0.606	0.367	0.629	no data	0.454
	# countries	4	1	4	7	9	0	23
	% population	30.8%	7.1%	15.4%	26.9%	52.9%	0.0%	62.5%