One billion strong
Protecting children’s rights in Africa today and tomorrow
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Introduction

Today, close to half of Africa’s inhabitants are children. Fueled by steady growth in births and declining mortality rates, the continent’s population aged under 18 will rise 50 per cent by mid-century, topping 1 billion. As the 22nd century dawns, there will be more children in Africa than anywhere else in the world.

This expansive growth will bring about great change across the continent, and a great need to ensure each and every child is supported to achieve their full potential. There will be new challenges and opportunities for families and communities, and for African governments and their health, education and legal systems. African States must prepare to meet the needs of their changing young population, and commit to urgent, concrete actions to protect and promote the rights of all children, adolescents and youth now, and in future generations.

These children’s rights are enshrined in the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). Thirty years since their adoption, this is an opportune moment to examine how well these instruments have fulfilled their mission for African children. How healthy and safe are African children and their mothers? How might their experiences change 10, 20, 30 years from now?

This statistical snapshot presents key data on the lives of African children today and how their experiences will likely shift into the future, providing an evidence-based opportunity to discuss progress, gaps and emerging issues related to child rights in Africa.

The data presented here are not meant to be comprehensive; they do not address all the issues affecting children in Africa. Rather, the figures illustrate the urgent need to prioritize children’s rights from a broad range of perspectives.

Data are organized under five themes that address every child’s right to survive and thrive; learn; be protected from violence, exploitation and harmful practices; live in a safe and clean environment; and have a fair chance in life.

The data demonstrate the progress African States have made in their commitment to the CRC and ACRWC and protecting children and women from continued harm and injustice. The data also indicate important shortfalls and where the continent needs to redouble its efforts to realize the rights of all African children and achieve the visions set forth by the United Nations’ 2030 Agenda for Sustainable Development, Africa’s Agenda 2040 for children, and the African Union’s Agenda 2063.

Now more than ever, we must come together and recommit to closing these gaps and uphold the promise of the CRC and ACRWC for the years and decades to come. Millions of lives are counting on it.
Children in Africa: Population dynamics

Africa’s demographics are changing, with great variation across its five regions. The continent’s child population will grow by 50 per cent between now and 2050, and about 1.6 billion babies will be born in Africa during that time period. Every one of these children is entitled to the fundamental rights of the CRC and ACRWC, and every African nation must examine how it will honour these rights in a nationally appropriate manner and prepare for this dramatic population shift. This growing population of children will place new demands on already strained health, education and legal systems in many countries.

To see the path ahead, it’s important to consider the overall health and development of the continent and each of its regions – this is represented by data on children younger than 5 years.
Africa’s child population will increase by 50 per cent over the next 30 years

FIGURE 1. Trends of child population (aged 0–17 years), by African region (1950–2100)

Africa’s child population has almost doubled over the last 30 years, from 322 million in 1990 to 626 million in 2020.

Children in 2050

Over the next 30 years, the child population will increase by 50 per cent to 941 million in 2050. This means over 315 million more children will need access to quality health care, education and other essential services, compared to 2020.

Looking toward 2100

Africa’s child population is projected to peak towards the end of the century, at over 1 billion.

Births

About 1.6 billion babies will be born in Africa between 2020 and 2050

About 50 per cent more births – some 525 million – will occur in the 30 years up to 2050 compared to the same time period before 2020. Central Africa and Western Africa are projected to experience the largest increase (68 and 59 per cent, respectively); Northern Africa the lowest increase (17 per cent).

Ensuring that these births will be attended by skilled medical personnel and providing mothers with quality care before, during and after birth will require a substantial investment in the existing health system in most African countries.

Africa’s life expectancy at birth is projected to reach 70 years in 2050, up from 63 years in 2020

FIGURE 3. Life expectancy, by African region (1950–2100)

Today, Africa’s life expectancy is 10 years lower than the global average (63 vs. 73 years). Large differences exist within the continent, ranging from 74 years in Northern Africa to 58 years in Western Africa.

Africa’s life expectancy experienced a slump around 2000 as a result of the HIV/AIDS epidemic in sub-Saharan Africa – but recovered in the following decades, returning to the previous increasing trend.

Life expectancy at birth in Africa is projected to increase over the next 30 years by seven years, reaching 70 years by 2050.


Children in many African countries face high risks of dying before their fifth birthday

FIGURE 4. Under-five mortality rate (deaths per 1,000 live births), by African country (2018)

In many countries in Africa, particularly sub-Saharan Africa, children under age 5 still face a high risk of dying. In sub-Saharan Africa alone, as many as about 2.8 million children under age 5 died – 52 per cent of all under-five deaths.

Sub-Saharan Africa, together with Central and Southern Asia (1.5 million), account for more than 80 per cent of the 5.3 million under-five deaths in 2018 – while they only account for 52 per cent of the global under-five population.

Under-five mortality

Accelerating progress to achieve the SDG target on under-five mortality would save the lives of about 10 million children in Africa

FIGURE 5A. Estimated under-five mortality rates (1990–2018) and projections (2019–2060) if current trends continue, by African region

FIGURE 5B. Estimated number of under-five deaths (1990–2018) and projections (2019–2060) if current trends continue, by African region

FIGURE 6A. Estimated under-five mortality rates (1990–2018) and projections (2019–2060) if SDG target is achieved in all countries, by African region

FIGURE 6B. Estimated number of under-five deaths (1990–2018) and projections (2019–2060) if SDG target is achieved in all countries, by African region


Projections show that Africa as a whole will not meet the SDG target on under-five mortality until mid-century, if current trends in countries continue. That’s 20 years past the globally agreed target. One region, Northern Africa, is predicted to successfully meet the 2030 timeline. Central Africa and Western Africa are only expected to meet the SDG target after 2050. Among all African countries, 70 per cent (or 38 countries) are not expected to meet the SDG target.

If current trends continue, the under-five mortality rate in Africa will be 48 deaths per 1,000 live births in 2030 and 31 million children would die before turning 5. If Africa accelerates progress and meets the SDG in all countries by 2030, the under-five mortality rate will be 23 deaths per 1,000 live births in 2030, saving the lives of about 10 million children.
Every child survives and thrives

A child’s prospects in life begin to take shape before he or she is born. The circumstances of their earliest and most vulnerable years have a critical impact on their ability to survive, grow and develop to their full physical and cognitive potential.

For every child to survive and thrive, a combination of high-impact interventions are needed. These include quality antenatal, delivery and postnatal care for mothers and their newborns, prevention of mother-to-child transmission of HIV, immunization to protect children from infectious diseases and nutritious, safe, affordable and sustainable diets.
Nutrition

Prevalence of stunting among under-fives is on the decline, but robust acceleration is needed to meet the SDG target

FIGURE 7. Percentage of stunted children under age 5 (1990–2018) and projection to 2030, in Africa

The prevalence of stunting among children under age 5 in Africa has steadily declined from 42 per cent in 1990 to 30 per cent in 2018. But, without faster progress, Africa will miss the global 2030 target of reducing the number of stunted children by half (equivalent to about 30 million fewer stunted children) with reference to the 2012 baseline.


The number of stunted children in Africa is on the rise, particularly in Central and Western Africa

FIGURE 8. Number of stunted children under age 5 (1990–2018) and projection to 2030, in Africa and by region

Over the past 30 years, Africa has observed an increase in the number of stunted children under age 5, from 46 million in 1990 to 59 million in 2018. This increase was in two regions, Central Africa and Western Africa. Progress needs to be accelerated as current projections show no decrease in the number of stunted children in Africa by 2030.

Most children in Africa live in countries where stunting levels are high

**FIGURE 9.** Percentage of stunted children under age 5, by African country (2018)

One in three African children under age 5 is stunted, the devastating result of poor nutrition in utero and early childhood. Children suffering from stunting may never attain their full possible height and their brains may never develop to their full cognitive potential. A majority of countries in Africa have very high or high stunting prevalence (>20%).

In 2018, more than one quarter of all wasted children lived in Africa

**FIGURE 10.** Percentage of wasted children under age 5, by African country (2018)

In Africa, approximately 1 in 14 children under age 5 suffer from wasting. These children have weakened immunity, are susceptible to long-term developmental delays, and face an increased risk of death, particularly when wasting is severe. Thirteen countries in Africa have very high or high wasting prevalence (>10%).

By region, overweight prevalence varies from very low to very high

**FIGURE 11.** Percentage of overweight children under age 5, by African country (2018)

In 2018, overweight prevalence among children under age 5 was low or very low in most countries in Africa. Efforts to maintain these low rates through to 2030 and beyond are needed since data show that overweight and obesity rates have been increasing among adolescents.

*Note for all maps on this page: Country data are the most recent available estimate between 2011 and 2018; exceptions where older data (2000–2010) are shown are denoted with an asterisk (*) and where only data prior to 2000 are available the dark grey color denoting no recent data is used.

### Skilled attendance at birth

**Without dramatic intervention, Africa will fall far short of the SDG target**

Today, many more women in Africa are receiving skilled care during childbirth: Coverage has increased from 44 per cent on average in 2000 to 62 per cent in 2018. However, if the continent continues to progress at this pace, coverage will reach only 74 per cent by 2030, falling far short of the SDG target of universal coverage.

Variations in progress persist across Africa’s regions, with Northern Africa expected to reach the SDG target while Eastern Africa and Western Africa will continue to lag behind. In these two regions, nearly half of all women experienced childbirth without the help of a skilled provider in 2018; approximately one third are projected to miss out on skilled delivery care in 2030. Maternal health care services must be prioritized to improve these numbers and save the lives of more women and babies.

**FIGURE 12.** Percentage of births attended by a skilled provider, historical trends in intervention coverage, and projections in Africa and globally (2000–2030)**

**Global and regional data reflect observed trends from 2000–2018. Projections are based on the assumption that these observed trends will continue linearly through 2030.**


As the number of births increase in Africa, maternal health care services must keep pace

**FIGURE 13.** Number of births attended by a skilled provider, in Africa and by region (2000–2030)

Across every African region, the number of births attended by a skilled provider increased dramatically between 2000 and 2015, while the number of births unattended decreased or stayed the same. If these trends continue, the number of births attended by skilled personnel is expected to be about three times than the number unattended. Progress is slower in Eastern Africa and Western Africa, where the number of births attended by a skilled provider is projected to be about double the number unattended.

Maternal deaths

Maternal deaths are declining across all regions, but globally in 2017 African mothers accounted for 7 in 10 maternal deaths


Immunization

Substantial progress across the continent in increasing vaccination coverage has been made since 1990; however, progress has stalled in the past decade

FIGURE 15. DTP3 and MCV1 coverage, by African region (1990–2018)

Though Africa has achieved substantial increases in coverage of the diphtheria, tetanus and pertussis (DTP) and measles vaccines, progress has stalled since around 2010. Continent-wide, average coverage levels for both vaccines (78 per cent for DTP3 and 76 per cent for measles first dose [MCV1]) are lower than the global average (86 per cent).

Progress for vaccination coverage varies by regions across Africa: Northern Africa consistently outperformed all regions for the two vaccines between 1990 and 2018, while Western Africa showed the lowest coverage levels for both vaccines in 2018.

Although coverage of DTP3 and MCV1 increased from 1990 to 2018 in Africa, the total number of children unreached by these life-saving vaccines fluctuated over time and by region.

Trends show striking patterns in the absolute numbers of children un- and under-vaccinated with DTP3 and MCV1. While the target population increased by nearly 75 per cent due to population growth, coverage rates increased more than 15 percentage points since 1990 for DTP3 and MCV1. Across Africa, this means more than two times the number of children were vaccinated in 2018 when compared to 1990. Nevertheless, despite continent-wide progress in vaccination coverage since 1990, children continue to be left behind in the Eastern and Western African regions.

The missed opportunities to reach children in Eastern and Western Africa and the slower progress in Western Africa in improving coverage levels suggest that priority action is needed in these two regions.

The number of unvaccinated children across the continent fell between 20 per cent and 30 per cent for both DTP3 and MCV1 since 2000, yet the burden remains concentrated in Eastern and Western Africa

**FIGURE 16.** Un- and under-vaccinated children for DTP3 and MCV1, by African region (1990–2018)

HIV among children and adolescents

Trends in new HIV infections

The annual number of new HIV infections among children under age 5 in Africa increased from 1990 until around 2000 when the epidemic reached its peak. Since then, new infections in this age group have continued to drop, with the fastest declines occurring between 2000 and 2010. In the last nine years, new HIV infections among under-fives decreased by 43 per cent.

Variations in the pattern of the epidemic and progress in reducing new HIV infections are evident across the African regions. Since 2000, new HIV infections among children under age 5 have halved in both Eastern and Southern Africa. In contrast, child infections decreased by 21 per cent over the same period in Western Africa. Because of this slower progress, the share of all child HIV infections in Africa found in the Western region has increased from 17 per cent in 1990 to 28 per cent in 2018.

New HIV infections among children under age 5 in Northern Africa were less than 500 in 2018.

Across Africa, fewer children under age 5 are becoming infected with HIV than in 2000

FIGURE 17. Number of annual new HIV infections among children aged 0 to 4 years in Africa (1990–2018)

Note: The shaded area in the figure reflects the lower and upper uncertainty bounds.

With regional variation in new HIV infections among children, the relative burden of the epidemic is shifting out of Eastern and Southern Africa

FIGURE 18. Number of annual new HIV infections among children aged 0 to 4 years, by African region (1990–2018)

Note: Due to the scale of the Y-axis and the very low numbers of new HIV child infections in Northern Africa, the region does not appear in the chart.
Projections of new HIV infections

In Africa, new HIV infections among children under age 5 are expected to decline fastest in the Eastern (by 91 per cent) and Southern (by 89 per cent) region between 2010 and 2050.

New HIV infections among adolescents aged 10–19 years are expected, on average, to decline during this time, but at a slower pace compared to children under age 5 (59 per cent vs. 84 per cent decline).

In Western Africa, the absolute number of new HIV infections among adolescents is projected to increase by 26 per cent between 2010 and 2050. This increase is partially due to the expected increase in the size of the adolescent population group.

In 2018, the highest number of new HIV infections among children under age 5 occurred in Southern Africa (38 per cent), but in 2050 the highest number of new HIV infections in this age group is projected to be in Western Africa (accounting for half of all new HIV infections among children under age 5).

Current and projected data demonstrate faster progress across African regions for children under 5 years of age compared to adolescents

FIGURE 19. Percentage of reduction of new HIV infections for children under age five compared to adolescents (2010–2030)

New child and adolescent HIV infections are projected to decline faster in the Eastern and Southern regions, shifting the geographical concentration to Western and Central Africa, especially for adolescents.

Every child learns

Every child has the fundamental right to learn. Education is the cornerstone to a child’s cognitive and socio-emotional development, personal empowerment and prospects for the future. Education is a powerful instrument for change – it drives equity, reduces poverty and promotes economic growth, which benefits all members of a society. The simple act of going to school has a vital impact across generations: Children of mothers who are better educated also have a better chance of enrolling and succeeding in school, enjoying good health, being immunized, and finding productive work as adults. Growing evidence also points to the role of equitable, quality education in building peaceful, inclusive societies.
Completion rates across all levels of education in Africa are lower than worldwide averages

Among all African countries, two in three school-age children completed primary education, almost half completed lower secondary education, and only a third completed upper secondary education. These completion rates are significantly lower than global figures.

Among the five regions in Africa, the average gap in completion rate between school levels is the greatest between primary and lower secondary. This implies that many students drop out during the transition from primary to lower secondary education.

Learning and access

Large data gaps in the majority of countries prevent accurate estimates of minimum reading proficiency

In 12 African countries, less than 50 per cent of students reached the minimum proficiency in reading in grade 2 or 3; the number was 10 countries for primary, and four for lower secondary education, respectively.

There are huge gaps in data on learning outcomes in Africa – for the last eight years, there were no data on learning outcomes for the majority of countries for grade 2 or 3 (33 countries) and lower secondary education (46 countries). For end of primary education, there were no data for 25 countries.
Quality of education is an important area of focus

For 25 African countries with sufficient data, the variation in the access to enrolment rate ranges from 59 per cent to almost 100 per cent, while the range in learning outcomes is much wider, ranging from 8 per cent to 98 per cent. This implies that, while relatively many African countries have achieved a high level of access to primary education, the quality of learning should receive more attention as a critical education goal.

Some countries have achieved high levels of participation, with the majority of students attaining minimum reading proficiency (Figure 22, countries in the top right quadrant). In contrast, others need to overcome the challenge of expanding access to schooling rapidly while lifting the quality of learning so that students master the expected knowledge and skills (countries in the bottom left quadrant of the chart). Targeted policies are required to ensure that all children are in school and that they learn.

School environment

African countries need to redouble their efforts to improve school conditions

In the primary schools of 12 African countries, fewer than half have potable water or single sex toilets. Fewer than half have electricity in 23 countries. In five countries, fewer than half have trained teachers. The situation is not much better for upper secondary schools.

Improvement of school conditions should be prioritized for quality of education and learning outcomes. Many countries – often more than half – do not have data on school environments.

**FIGURE 23.** Proportion of primary and upper secondary schools with basic services in Africa (2018)

![Proportion of primary and upper secondary schools with basic services in Africa (2018)](image)

Every child is protected from violence, exploitation and harmful practices

Children worldwide experience the worst kinds of rights violations, many of which remain under-recognized and under-represented. Only a small proportion of these acts are denounced or investigated, and few perpetrators are held accountable. Adequate protection begins from the moment a child is born and is recognized as a person before the law through birth registration, a critical step in ensuring lifelong protection. Effective measures are required, including changing some entrenched social norms, to protect children from such harmful traditional practices as child marriage and female genital mutilation.
Child marriage

Progress in reducing child marriage in Africa is not sufficient to eliminate the practice by 2030 and achieve the SDG target

FIGURE 24. Percentage of women aged 20 to 24 years first married or in union before age 18 in Africa, observed and projected (1990–2030)

Note: Analysis based on a subset of 40 African countries with nationally representative data from 2012–2018, representing 88 per cent of the regional population of women aged 20 to 24 years. Trends in the prevalence of child marriage rely on an age-cohort analysis based on data from the latest available surveys. Projected values are based on a continuation of observed progress, applying the average annual rate of reduction observed in the past 25 years. The accelerated progress scenario assumes a doubling of the observed rate of reduction. For statistical purposes, ‘elimination’ of child marriage is defined as a prevalence of below 1 per cent.

Source: UNICEF global databases, 2019, based on MICS, DHS and other nationally representative sources.

Female genital mutilation

Prevalence of FGM has dropped from one in two to one in three since around 1990, but Africa is not on track to eliminate the practice by 2030

FIGURE 25. Percentage of adolescent girls aged 15 to 19 years who have undergone FGM in Africa, observed and projected (1990–2030)

Note: Analysis based on a subset of 25 countries in Africa with nationally representative data from 2010–2018, representing 65 per cent of the regional population of women aged 20 to 24 years. FGM is a localized practice, and data are only available for practising countries, thus aggregate estimates are only representative of practising countries, not the region as a whole. Trends in the prevalence of FGM rely on an age-cohort analysis based on data from the latest available surveys. Projected values are based on a continuation of observed progress, applying the average annual rate of reduction observed in the past 30 years. The accelerated progress scenario assumes a doubling of the observed rate of reduction. For statistical purposes, ‘elimination’ of FGM is defined as a prevalence of below 1 per cent.

Source: UNICEF global databases, 2019, based on MICS, DHS and other nationally representative sources.
Birth registration

Africa is home to world’s lowest level of birth registration, and has seen slow progress overall

**FIGURE 26.** Percentage of children under age 5 whose births are registered, by African region (2010–2018)

The birth of almost every child under age 5 in Northern Africa is registered. In Western Africa, this is the case for only about 6 out of every 10 children. In contrast, fewer than half of children in the other African regions have had their births registered.

**Note:** This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country, territory or area or the delimitation of any frontiers. The final boundary between the Sudan and South Sudan has not yet been determined, and the final status of the Abyei area has not yet been determined. Data for Botswana, Liberia, Malawi, Mauritania and Namibia refer to children with a birth certificate. Data for South Africa refer to the percentage of births registered. Data for Togo refer to non-usual residents.

**Source:** UNICEF global databases, 2019, based on MICS, DHS, other national surveys, censuses and vital registration systems.

Child labour

Today, nearly one in three children in Central Africa, Eastern Africa and Western Africa are engaged in child labour

**Note:** The estimate for Africa is based on a subset of 36 countries with nationally representative data from 2010–2018, representing 84 per cent of the population of children aged 5 to 17 years. Estimates for the African regions represent data from countries covering at least 50 per cent of the regional population of children aged 5 to 17 years.

**Source:** UNICEF global databases, 2019, based on MICS, DHS and other national surveys.
Every child lives in a safe and clean environment

The physical environment in which children are born and grow up affects all aspects of their lives. The quality of the air available for them to breathe and the water they drink have an impact on their survival and health, as does the availability of sanitation and hygiene facilities to keep their surroundings clean and safe.

When children benefit from clean and safe environments, they are given the opportunity to thrive: their health improves, their educational outcomes benefit, and they lead better lives. Adolescent girls are afforded the dignity they deserve in managing menstruation. Clean environments benefit every family member in a household, no matter their age.
Open defecation

Eliminating open defecation is central to child health, but substantial acceleration is needed to meet the SDG target by 2030

**FIGURE 28.** Population practising open defecation (1990–2017), and reduction required to end open defecation by 2030, by African region


Basic sanitation

Since 2000, many countries have increased basic sanitation coverage but not all have reduced the gap between richest and poorest quintiles, in urban areas

**FIGURE 29.** Percentage change in basic sanitation coverage and inequalities between wealth quintiles, in urban areas, by country (2000–2017)


Globally, 46 of 132 countries are on track to achieve universal basic water services by 2030, but progress is slower in rural areas and among the poorest wealth quintile

**FIGURE 30.** Progress towards universal basic water services by national, rural and poorest wealth quintile (2000–2017) among countries with <99% coverage in 2017

Note: Tunisia is an example of a country that is on track to achieve universal basic drinking water at national level and in rural areas as a whole, but among the poorest quintile, coverage is decreasing.

Progress in reducing inequalities between the rich and poor varies widely across African countries

FIGURE 31. Trends in basic drinking water, basic sanitation and open defecation among the richest and poorest wealth quintiles, by select African countries (2000–2017) (%)

Figure 31 shows how inequalities between the richest and poorest quintiles have changed between 2000 and 2017 in selected countries. Egypt has closed the gap in basic water coverage, while in Tunisia the gap remains. In Somalia, the gap is much larger but coverage has increased faster among the poorest. In Tanzania, the richest and the poorest have seen significant increases in basic sanitation coverage, while in Cameroon coverage among the richest has stagnated and declined sharply among the poorest. Since 2000, Ethiopia and the Gambia have succeeded in reducing open defecation but in the Central African Republic it increased sharply among the poorest.
Every child has a fair chance in life

Whether boys or girls, whether living in wealthy urban centres or remote rural areas, from wealthy families or poor ones – every child deserves the same opportunity to succeed. Equity affects all aspects of a child’s life. Poverty plays a role in a spectrum of issues in a child’s day-to-day existence, carrying a domino effect that not only impacts the trajectory to adulthood, but also the lives of future generations.

Children are entitled to live in societies that invest in nationally appropriate systems and measures that address, protect and uphold the rights of all children, in particular the poorest ones.
Child poverty

Child poverty in Africa is among the world’s highest, particularly in the Western, Eastern and Central regions.

In most countries for which trend data are available, the incidence of child poverty hovers between 70 per cent and 80 per cent – among the highest rates in the world. Based on available data, child poverty in Africa is lowest in Northern African and Southern African countries where data are available.

To measure child poverty, the status of each child is assessed in terms of their right to education, health, housing, information, nutrition, sanitation, and water. Deprivation in any of these rights means the child is suffering from poverty.

**Note:** Data to establish trends for the last couple of decades are sparse. Only 20 countries are covered to describe child poverty trends; data in these charts cover at least two countries per region. Data are not sufficient to estimate regional aggregates. Unweighted averages are thus used here to show the status of the ‘average’ country in the region.

**Source:** UNICEF estimates based on MICS and DHS.

**Child poverty has slowly declined between the latter half of the 1990s and the most recent estimates (within the last five years)**

In some parts of the continent, most notably countries in the Northern and Western regions, the pace of progress has been faster than in Eastern and Central countries.

Some of the largest reductions in poverty have taken place in countries where initial levels were (and still are) very high (Western Africa). However, large reductions have also taken place where child poverty prevalence was the lowest to begin with (Northern Africa), suggesting that the initial level of child poverty is not a predictor of ensuing child poverty reduction.

**Although reductions in poverty prevalence are impressive, the number of poor children in Africa has increased because population growth has outpaced poverty reduction**

Reduction in poverty prevalence is most prominent in Western Africa and Northern Africa, followed by Southern Africa. Reductions in countries in Central Africa are within the margin of error. Some countries in Eastern Africa have experienced statistically significant reductions in child poverty prevalence but in others, child poverty has increased (resulting in a small average reduction for the region).

**Source:** UNICEF estimates based on MICS and DHS.
Social protection

Social protection coverage for children in Africa is the lowest in the world, standing at half the world average

**FIGURE 35.** Percentage of children and households receiving child and family benefits, worldwide and by global region, latest available year

*Source: ILO, 2017.*

Coverage of social protection varies widely within Africa

The percentage of children covered by social protection also varies substantially – from about 1 per cent to almost 50 per cent – for countries with data.


For the majority of African countries, there are no data on social protection

In some regions, there is only one country with reliable data on social protection coverage of children.

**FIGURE 37.** Children covered by social protection, by African region (2016–2018)

Around the world, regions with a larger proportion of children invest less in the social protection programmes that benefit them and their families. This is one of the reasons why the pace of child poverty reduction has been too slow in Africa.

**FIGURE 38.** Percentage of children in the total population and share of GDP spent on social protection interventions for children and families, worldwide and by global region (2009–2016)

Low expenditure levels geared towards social protection coverage of children in Africa are partly a reflection of low investment in social protection overall. Taking into account that data exist for most countries, very few of them – mostly in the Southern and Western regions – allocate and spend more than 2 per cent on social protection.

**FIGURE 39.** Public investment in social protection, by African region (% of GDP) (2010-2018)

Public investment in social sectors

Insufficient expenditure in education and health is a major constraint in reducing child poverty.

**FIGURE 40.** Public investment in health and education, by African region (% of GDP) (2010-2018)

Investments that increase the availability of health and schooling contribute directly to reducing child poverty. Higher investments in these two areas that are efficient and equitably shared allow more children to fulfil their right to a healthy childhood and an education.


