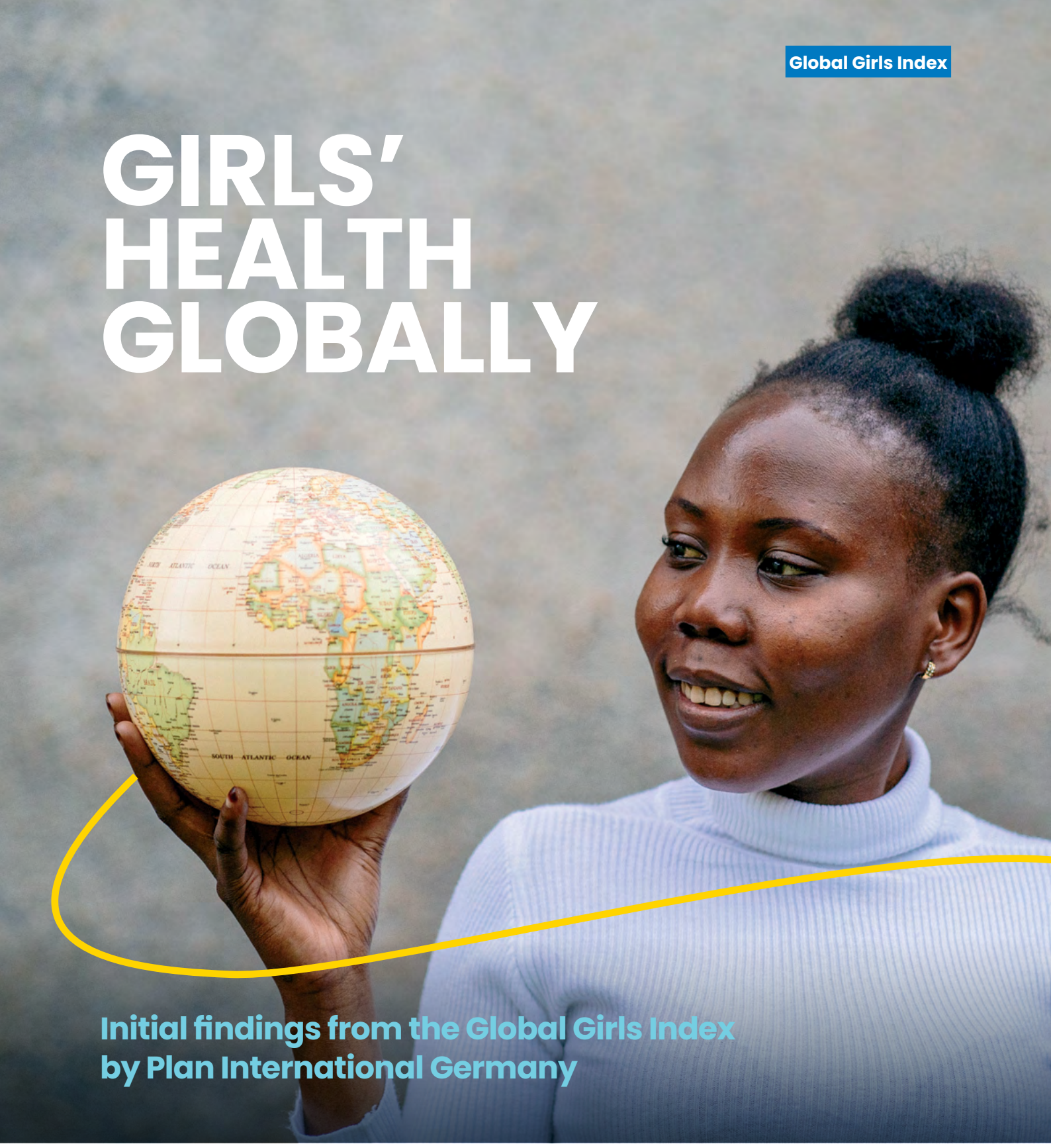
Global Girls Index

GIRLS' HEALTH GLOBALLY



Initial findings from the Global Girls Index by Plan International Germany

IFHV
Institut für Friedenssicherungsrecht und Humanitäres Völkerrecht
Institute for International Law of Peace and Armed Conflict

GLOBAL GIRLS index

PLAN INTERNATIONAL

Girls' health globally

Initial findings from the Global Girls Index by Plan International Germany

The Global Girls Index (GGI) presents data on the situation of almost one billion girls (just over 971 million) aged between five and 19 globally. This tool – developed jointly by the children's rights organisation Plan International Germany and the Institute for International Law of Peace and Armed Conflict (IFHV) at Ruhr University Bochum – makes it possible to illustrate the global situation of girls.

This prototype focuses on the topic of girls' health and reveals a positive trend: between 2000 and 2023, girls' health has improved in 178 out of 192 countries, particularly in sub-Saharan Africa and Southern Asia. At the same time, it shows that progress is unevenly distributed, and millions of girls continue to live in countries with low or very low levels of girls' health. Overall, these successes demonstrate that positive change is possible if political will, reliable data and targeted investments come together.

Foreword



Petra Berner,
CEO of
Plan International Germany

We can only change what we see

We can only change what we see – this was the thought that sparked the idea for the Global Girls Index. There are currently almost a billion girls aged between five and 19 across the globe, and yet we know surprisingly little about their everyday lives. Their reality is lost in statistics on children as a whole or only becomes visible once they have become women. Yet girls are a distinct and significant group in their own right, with their own experiences, needs, rights and prospects for the future.

Girls' rights are not a niche issue. Their well-being reflects how stable and sustainable a society is. Every girl who is unable to grow up healthy is a doctor we are missing out on, an engineer who will never build anything, a mayor who will never be elected. Investing in girls means investing in the future of entire countries.

With the GGI, we are presenting robust data on girls for the first time. It systematically maps the situation of girls and makes it comparable across countries and time. Plan International Germany is developing it in collaboration with the Institute for International Law of Peace and Armed Conflict (IFHV) at Ruhr University Bochum. For us, it is far more than a research project – it is a milestone in our global commitment to girls' rights and a project very close to our hearts.

First in line was the health dimension, and the findings are encouraging: in the first quarter of this century, the health situation of girls has improved in almost every country in the world. This shows that investments can make a difference, that political will can leverage change, and that positive change is possible.

We want to build upon this. The GGI highlights successes whilst also showing where we need to focus our efforts even more precisely. It serves as a compass for policymakers, academics, civil society and the general public alike, and provides motivation to take responsibility and drive forward further progress.

Every healthy girl is a promise: of a doctor who saves lives, a mayor who shapes her city, a researcher who finds answers we do not yet know. With the GGI, we are giving girls worldwide a strong public voice. It is designed to spark debate, provide impetus for decision-making and inspire people to take action, so that all girls worldwide can grow up healthy and safe, fulfil their potential and shape their own futures.



Prof. Dr Pierre Thielbörger, M.PP. (Harvard)

Professor of Public Law and International Law and
Executive Director of the Institute for International Law
of Peace and Armed Conflict (IFHV)
Ruhr University Bochum

Measuring girls' rights

Over the past few decades, the international community has established a comprehensive network of human rights obligations and standards to protect particularly vulnerable groups. The UN Convention on the Rights of the Child, the UN Convention on the Elimination of All Forms of Discrimination against Women, and numerous other international treaties and declarations set out clear requirements for the protection of children and women and call for gender equality. Yet there is often a wide gap between legal recognition and the actual realisation of human rights.

It is precisely this gap which sparks our interest as researchers in the Global Girls Index. After all, the normative aspirations of human rights must ultimately always be measured against the reality of people's lives. In order to assess where human rights standards are actually having an impact and where shortcomings persist, we need robust data and transparent benchmarks.

This is where the Global Girls Index comes in. Its joint development by Plan International Germany and the Institute for International Law of Peace and Armed Conflict (IFHV) at Ruhr University Bochum is as academically compelling as it is challenging. After all, complex realities of life cannot simply be translated into figures: which indicators provide a meaningful picture of girls' situations? How can different countries and regions be meaningfully compared? How do we deal methodologically with gaps in the data?

The Global Girls Index is therefore not intended as a mere ranking. Its academic value extends far beyond that. It enables systematic documentation of shortcomings and developments, highlighting differences in the process and thereby creating an empirical basis for further well-founded legal research and well-informed political decisions.

This year's focus on health clearly highlights the potential of the Global Girls Index. Progress is just as evident as worrying shortcomings. For academia and society, this opens up the opportunity to examine more closely where and why the reality of life falls short of human rights guarantees and state obligations – particularly for girls.

The Global Girls Index thus builds a bridge between (international) law, empirical research and practice. We need such bridges if universal human rights are to be more than just words on paper but are to contribute to tangible improvements in girls' lives.

1. An index for one billion girls

At Plan International, girls come first – because all too often they come last. This statement not only describes the organisation's programmatic focus but also highlights a fundamental challenge: in many global datasets, girls are not visible as a distinct group. Gender equality indices are often focused primarily on adult women. Other statistics look at children as a whole. Both are important, but neither adequately reflects the situation of girls worldwide.

It is precisely during adolescence that crucial paths are set:
Girls undergo physical and social changes, move on to secondary school, and in many societies take on responsibility for family and household at an early age, whilst also facing gender-specific expectations and risks. Their opportunities to make decisions about their own bodies, as well as their education, health and future, often differ significantly from those of women – and even more so from those of their male peers. Anyone wishing to understand the situation of girls therefore needs relevant data. With the Global Girls Index, we are highlighting the situation of around one billion girls (just over 971 million) aged between five and 19 worldwide.

This is exactly where the Global Girls Index comes in. Plan International Germany is developing it in collaboration with the Institute for International Law of Peace and Armed Conflict (IFHV) at Ruhr University Bochum. The aim is to provide a global overview of the current situation and trends by systematically collating existing data on girls, making it comparable across countries and years, and thereby highlighting developments. The IFHV has many years of academic experience with indices on development policy and humanitarian issues. It is already responsible for the data collection and analysis of the Global Risk Report and the Global Hunger Index. Plan International complements this expertise through its long-standing commitment to children's and girls' rights.

> **"I know what it's like to sit in a delegation representing women's issues and realize the girl I used to be isn't actually in the room. For years that's what representing women's issues in youth and legislative spaces meant, everything folded into one category and nothing measured on its own terms. What the Global Girls Index does for me is finally give girls their own place in that data."**
> (Karen, Peru)

The Global Girls' Index aims to highlight how girls are faring worldwide, how their situation is changing, and where political action is particularly urgent.

The Global Girls Index is needed because information on girls worldwide has, until now, often been scattered, collected in different ways or been made available only for individual years. Whilst global data exists on many relevant topics, it does not automatically provide a comprehensive picture. In some cases, the data lacks sufficient disaggregation by age and gender. In other cases, data is only updated at longer intervals. The Global Girls Index does not fully address these shortcomings, but it does highlight what we already know and further clarifies what we do not yet know.

This is not merely a question of methodology, because data plays a decisive role in determining which issues receive political attention. What is not statistically visible is more easily overlooked – whether in the allocation of resources, the planning of programmes and services, or the design of development programmes. The Global Girls Index can therefore also help to identify blind spots and answer the question of which data needs to be collected in the future so that girls are taken into account more consistently in political decision-making.

Preparations for the scientific research project began in 2024. The complete Global Girls Index is scheduled for 2028. It will then cover the following four dimensions: **health, education, protection, and opportunities and participation**. These include, for example, the following aspects: early pregnancy and maternal mortality, access to education and the labour market, protection against gender-based violence, child marriage or child labour, and opportunities for economic independence. The IFHV is currently working on collating and analysing the available data to provide an overview of the situation of girls worldwide. The now available health dimension is an initial prototype. It already enables drawing robust conclusions about key developments in girls' health worldwide.

Plan International choosing health as the first dimension is logically consistent. Health is a human right and, at the same time, a prerequisite for girls to learn, participate in social life and shape their own futures. Health influences educational pathways, economic opportunities and the ability to make decisions about their own life. At the same time, it is one of the areas in which gender-specific risks become particularly apparent.

The Global Girls Index is a long-term monitoring tool. Its strength lies in its ability to highlight comparable trends across many years and countries. These trends provide valuable insights into progress, setbacks and structural inequality.

> **"Part of being a young girl is believing in a world that is more just, humane, and loving. But creating that world requires evidence that makes girls' realities impossible to ignore. The Global Girls Index brings attention to our everyday experiences, which are often overlooked, dismissed, or left invisible. The GGI gives us the evidence we need to act and supports a future that we, as girls, have the power to co-create—for girls today and for the generations of girls who come after us."**
> (Luisa, Brazil)

2. How the Global Girls Index makes health visible

The first prototype of the Global Girls Index examines the health of around one billion girls (just over 971 million) aged between five and 19. Data from 2000 to 2023 is analysed for 192 countries. The focus is on the following five indicators, which reflect different aspects of health:

- **Mortality among girls**
- **Anaemia**
- **Adolescent fertility rate (10–19 years)**
- **Maternal mortality (aged 10–19)**
- **Prevalence of sexually transmitted infections**

Data for 192 countries from 2000 to 2023 • Girls and young women aged five to 19 • Five health indicators

This age group was deliberately chosen. Children under five are particularly affected by early childhood health risks. Illness, mortality and other health factors in the first five years of life are, in some cases, governed by different mechanisms than those affecting school-age children and adolescents. If the younger age group under five were included, the specific health characteristics of older girls and adolescents might be less clearly reflected in the overall figures. The reproductive indicators – adolescent fertility and maternal mortality – are, however, only considered from the age of ten onwards, as they require reproductive maturity.

> **"As young people, we often experience the impact of global decisions in very local and personal ways. The GGI gives us an opportunity to bring those lived realities into global conversations, but its real value will be seen when decision-makers use what they hear from young people to shape policies and actions. I'm really glad that GGI is creating space for our voices to be heard, and I hope our participation can continue to lead to meaningful action and greater accountability."**
> (Samikshya, Nepal)

Five indicators of different health risks

Mortality among girls is a fundamental measure of their health and access to healthcare. This indicator tracks how often girls in the relevant age groups die. A decline in mortality may indicate improvements in prevention, healthcare and living conditions. At the same time, mortality is a very broad indicator: it summarises the most serious health outcome without explaining individual causes.

Anaemia is a condition in which there is a deficiency of red blood cells or of the red blood pigment haemoglobin. As a result, the blood transports less oxygen. Possible consequences include tiredness, weakness, dizziness or shortness of breath. Anaemia can be linked, amongst other things, to malnutrition, infections, inflammation or gynaecological causes. It affects children and girls in particular. In the Global Girls Index, it therefore serves as a proxy for an area in which nutrition, healthcare and physical development interact.

The **adolescent fertility** rate records births among girls between 10 and 19. Early pregnancy can entail significant health risks, as the body is still developing. This can lead to complications during pregnancy and childbirth occurring more frequently. Furthermore, early pregnancy is often closely linked to limited educational and future opportunities. A declining adolescent fertility rate is therefore interpreted as an improvement in health.

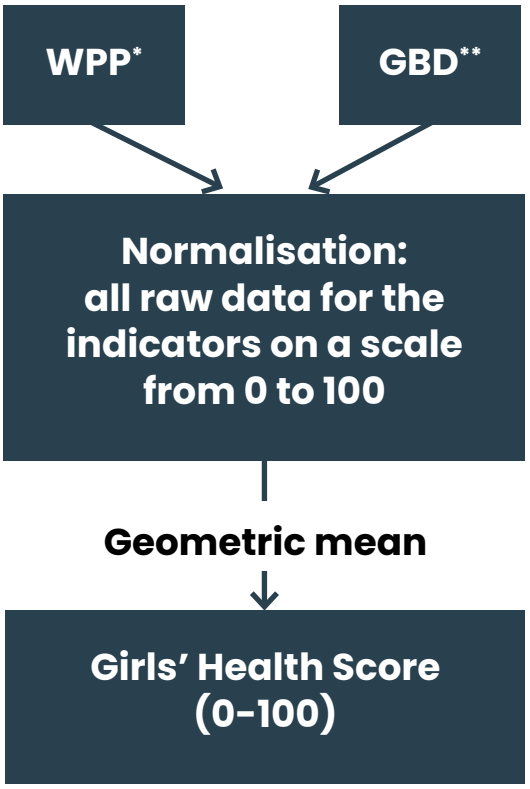
Maternal mortality measures deaths related to pregnancy and childbirth. This indicator is particularly relevant for girls and young women, as pregnancies at a young age can entail increased health risks. At the same time, maternal mortality reflects the effectiveness of access to sexual and reproductive healthcare, qualified care before, during and after childbirth, and medical treatment in the event of complications.

The fifth indicator captures the burden of disease caused by sexually transmitted infections, including HIV. It thus reflects an area closely linked to education, prevention, access to contraception, medical care, and sexual and reproductive rights. Among young people in particular, a lack of information, social norms, limited freedom of choice or restricted access to health services can increase the risk.

Where does the data come from?

The data is sourced from two internationally recognised projects. The United Nations' World Population Prospects (WPP) provide demographic data for countries, territories and regions, broken down by age and gender, amongst other factors. The Global Burden of Disease (GBD) study by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington records deaths, diseases, disabilities and health risk factors worldwide. Both data projects employ extensive quality checks and scientific modelling.

This scientific rigour also has a practical implication: global datasets of this scale are not available in real time. The data is updated at longer intervals and must therefore be intricately collated and verified. For the prototype, the data currently available therefore extends only up to 2023. The GGI is thus not suitable for providing a day-to-day picture of acute humanitarian emergencies. Its strength rather lies in the long-term analysis of trends.



How is an index value derived from five indicators?

The five indicators are originally presented on very different scales. Depending on the indicator, these include, for example, cases per 1,000 girls, births per 1,000 girls and young women, or deaths per 100,000 live births. Such values cannot simply be aggregated. The raw data is therefore converted to a common scale ranging from zero to 100. The general rule is: the higher the score, the better the health situation.

For indicators where a high raw value signifies a burden – such as high mortality or a high burden of disease – the direction of the conversion is reversed accordingly. In such cases, a low risk results in a high index value. This normalisation makes the different metrics comparable and enables them to be combined into a single overall value.

All five indicators are given equal weighting in the total health score. They are combined using the geometric mean. Whilst this may sound technical at first, it serves an important purpose: very good scores in one area can only compensate to a limited extent for very poor scores in another. For example, a country cannot fully compensate for a very poor score on maternal mortality solely through a low overall mortality rate. In this way, the method takes into account the fact that good girls' health always requires simultaneous high scores in several areas.

For the purposes of presentation, countries are also categorised into five groups: from very low to very high levels of girls' health[1]. As we are able to collect data over a long period, this not only shows where a country stands in relation to other countries, but also whether the health situation of girls is improving or deteriorating in the long term.

1 Countries are categorised into groups using scientifically established methods based on the quintile structure. For detailed information on the methodology, see the Appendix.
**United Nations World Population Prospects | **Global Burden of Disease study*

3. Findings: How healthy are girls worldwide

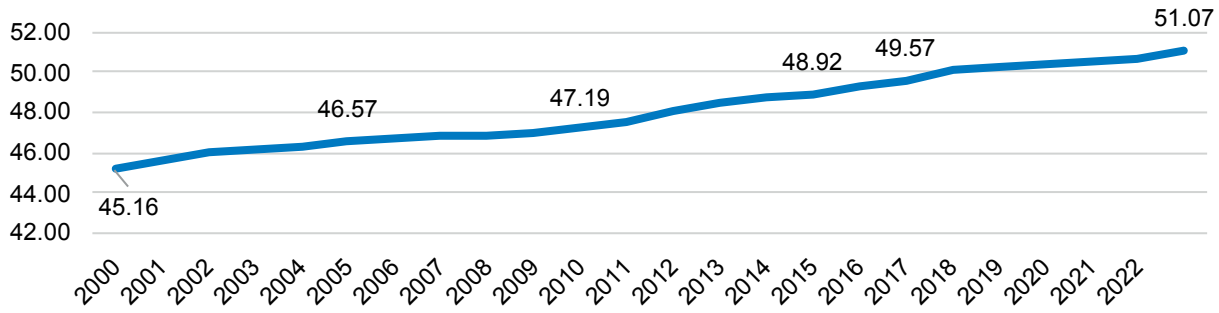
The key message is positive: on a global average, girls' health improved between 2000 and 2023; 178 of 192 countries had a higher health score in 2023 than in 2000. Particularly significant progress is evident in the regional averages for sub-Saharan Africa and Southern Asia. However, the second part of the story is just as important: this progress is not sufficient to overcome major global inequalities.

In 2023, 178 out of 192 countries had a better health score for girls than in 2000.

Progress is evident worldwide

The global health score has risen steadily over the period under review (2000–2023). All geographical regions[2] have also improved on average: sub-Saharan Africa (+9.77) has recorded the strongest growth since 2000. Rwanda (+33.07), Ethiopia (+29.78), Burundi (+27.52), South Sudan (+23.55) and Zambia (+23.47) have shown the greatest improvement. Southern Asia (+9.32) follows closely behind. As both regions started from a significantly lower baseline than, for example, Europe (+6.17), Northern America (+2.00) or Eastern Asia (+6.67), they were also able to make faster progress.

Global mean girls' health score (2000–2023)



2 The regional classification follows the United Nations' regional classification: https://unstats.un.org/unsd/methodology/m49/

Globally, all indicators relating to girls' health have improved. Two developments in particular are contributing to this positive overall trend: firstly, the mortality rate among girls fell by more than half worldwide between 2000 and 2023. In 2000, on average, almost one in every 800 girls died worldwide. By 2023, this had fallen to one in every 1,700 girls on average. Secondly, the likelihood of girls aged between ten and 19 to give birth has fallen by one-third worldwide over the same period. Whilst in 2000, on average, one in every 31 girls worldwide gave birth, by 2023 this had fallen to one in every 48 girls on average.

The distribution of girls across the five groups has also changed. In 2000, almost half of all girls still lived in countries with low or very low levels of girls' health. By 2023, this proportion had fallen to 30 per cent. This progress is notable – precisely because these are changes that are evident across many countries and large population groups.

Bangladesh: education, future prospects and fewer early pregnancies

Bangladesh[3] has more than halved its adolescent fertility rate between 2000 and 2023. This success is primarily due to the promotion of education and improved access for girls and young women to the labour market. In collaboration with international development partners, Bangladesh implemented the 'Female Secondary Stipend and Assistance Programme' (FSSAP). The programme aimed to improve access to secondary education for girls and to reduce the rate of early marriage. Investment in education has not only led to young women being more likely to take up employment, but also to them making use of family planning services, resulting in a decline in the number of early pregnancies. The cost of the programme was more than offset by the resulting positive effects on the future earnings of girls and young women. Despite these successes, Bangladesh still has one of the highest adolescent fertility rates in the world (ranked 161st out of 192 in the Global Girls Index).

> **"As a young person coordinating girls' rights advocacy on the ground here in Liberia, I see the Global Girls Index report as a tool that gives decision-makers no excuse to ignore what the evidence already shows. The GGI matters because it makes visible what girls in places like Liberia experience every day but rarely see reflected in global data and how climate shocks strip away access to the very health services they depend on."**
> (Samsee, Liberia)

> **"Progress for girls must not rely on vague promises. We must create evidence driven by our own stories. In my work alongside young leaders, I have consistently seen local advocacy stalled by a lack of measurements. The Global Girls Index grounds our lived experiences in undeniable evidence, providing young influencers with a tool to transform their experiences into a compelling mandate for action that decision-makers cannot ignore."**
> (Isabella, Canada)

3 https://www.adb.org/sites/default/files/publication/678776/sawp-081-female-secondary-stipend-assistance-program-bangladesh.pdf https://www.tandfonline.com/doi/full/10.1080/17441730.2022.2028253#abstract

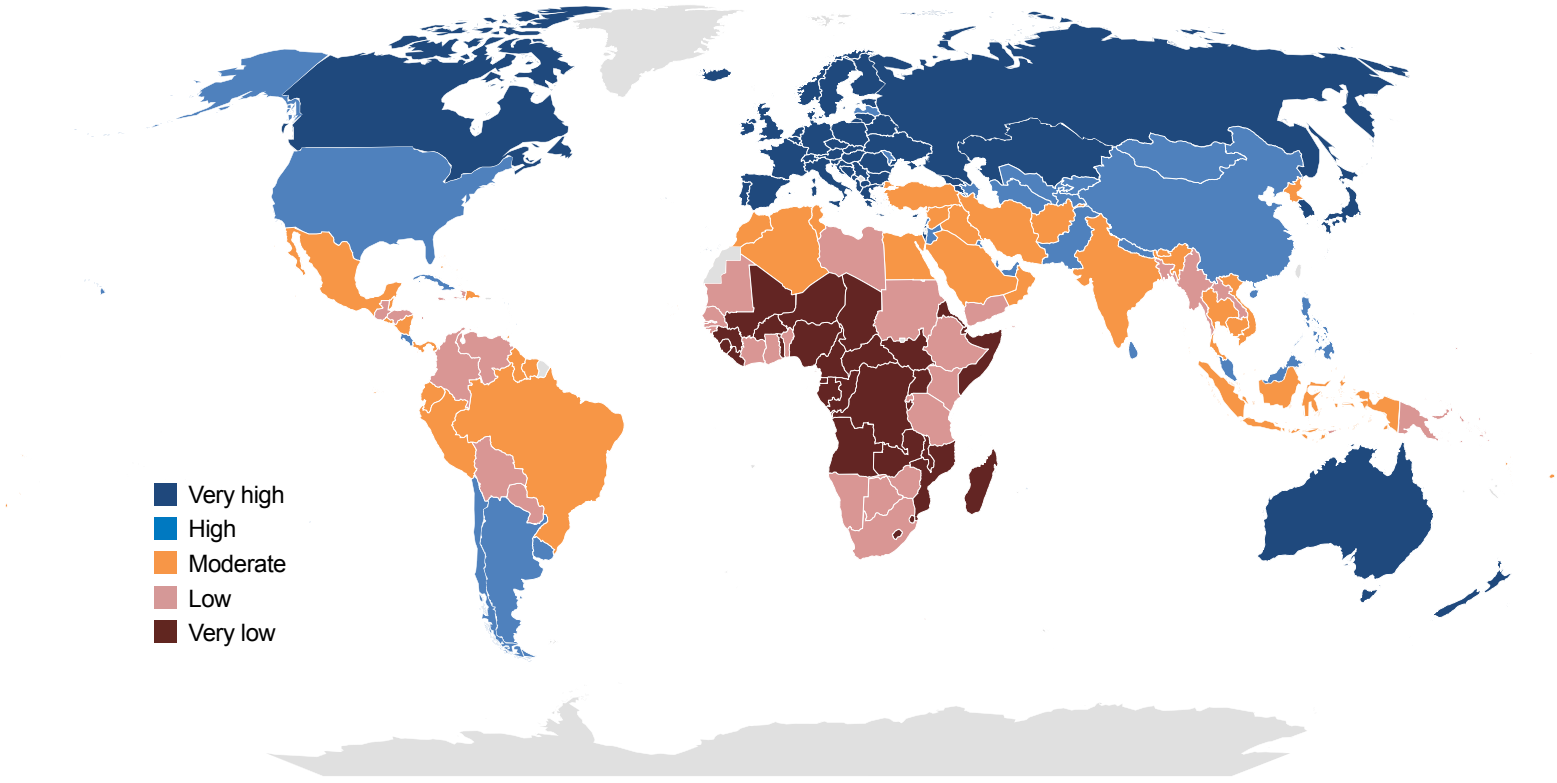
Global inequalities persist

Sub-Saharan Africa has seen the greatest improvement in its regional average since 2000. This sends an important signal: major health challenges can be overcome. At the same time, this region in particular illustrates why absolute figures and rates of progress must always be considered together. Despite the greatest improvement, sub-Saharan Africa's average health score in 2023 – at 30.83 (out of 100) – remains well below the scores of the leading regions. Its regional average score is less than half of the average scores for Europe (71.64), Eastern Asia (65.26), Northern America (64.25) and Central Asia (62.93).

The Global Girls Index therefore does not tell a simple success story, but rather highlights two simultaneous trends: many countries are catching up, yet the disparities remain significant. In 2023, fewer than ten per cent of all girls worldwide live in the 51 countries with very good girls' health. By contrast, around 290 million girls (30 per cent of all girls worldwide) live in 66 countries where girls' health is rated as low or very low.

Around 290 million girls worldwide live in countries with low or very low levels of girls' health.

Girls' health in 2023



Powered by Bing
© Australian Bureau of Statistics, GeoNames, Geospatial Data Edit, Microsoft, Navinfo, Open Places, OpenStreetMap, Overture Maps Foundation, TomTom, Wikipedia, Zenrin
The boundaries and names shown, as well as the designations used on this map, do not imply any official endorsement or acceptance by Plan International.

Country distribution according to their overall health score

Very high	High	Moderate	Low	Very low
Albania	Antigua and Barbuda	Afghanistan	Bangladesh	Angola
Andorra	Argentina	Algeria	Benin	Bahrain
Armenia	Azerbaijan	Bahamas	Bolivia	Burkina Faso
Austria	Barbados	Belize	Botswana	Burundi
Australia	Brunei Darussalam	Bhutan	Colombia	Cameroon
Belarus	Chile	Brazil	Comoros	Central African Republic
Belgium	China	Cambodia	Côte d'Ivoire	Chad
Bosnia and Herzegowina	Costa Rica	Cape Verde	Ethiopia	Democratic Republic of Congo
Bulgaria	Cuba	Dominica	Federated States of Micronesia	Djibouti
Canada	Grenada	Dominican Republic	Gambia	Equatorial Guinea
Croatia	Jordan	Ecuador	Ghana	Eritrea
Cyprus	Qatar	Egypt	Guatemala	Eswatini
Czech Republic	Kyrgyzstan	El Salvador	Guinea-Bissau	Gabon
Denmark	Kuwait	Fiji	Haiti	Guinea
Estonia	Latvia	Guyana	Honduras	Lesotho
Finland	Lebanon	India	Jamaica	Liberia
France	Malaysia	Indonesia	Kenya	Madagascar
Georgia	Maldives	Iraq	Kiribati	Malawi
Germany	Mauritius	Iran	Laos	Mali
Greece	Mongolia	Mexico	Libya	Mozambique
Hungary	Nepal	Morocco	Marshall Islands	Niger
Iceland	Pakistan	Nauru	Mauretania	Nigeria
Ireland	Philippines	Nicaragua	Myanmar	Republic of Congo
Israel	Republic of Moldova	North Korea	Namibia	Sierra Leone
Italy	Seychelles	Oman	Papua New Guinea	Somalia
Japan	Sri Lanka	Palau	Paraguay	South Sudan
Kazakhstan	St. Kitts and Nevis	Panama	Rwanda	Togo
Lithuania	St. Vincent and the Grenadines	Peru	São Tomé and Príncipe	Uganda
Luxembourg	Tajikistan	Saint Lucia	Senegal	Zambia
Malta	Turkmenistan	Samoa	Solomon Islands	
Monaco	Tuvalu	Saudi Arabia	South Africa	
Montenegro	Uruguay	Suriname	Sudan	
Netherlands	Uzbekistan	Syria	Tanzania	
New Zealand	United Arab Emirates	Thailand	Timor-Leste	
North Macedonia	United States of America	Tonga	Venezuela	
Norway		Trinidad and Tobago	Yemen	
Poland		Tunisia	Zimbabwe	
Portugal		Türkiye		
Romania		Vanuatu		
Russia		Vietnam		
San Marino				
Serbia				
Singapore				
Slovakia				
Slovenia				
South Korea				
Spain				
Sweden				
Switzerland				
United Kingdom				
Ukraine				

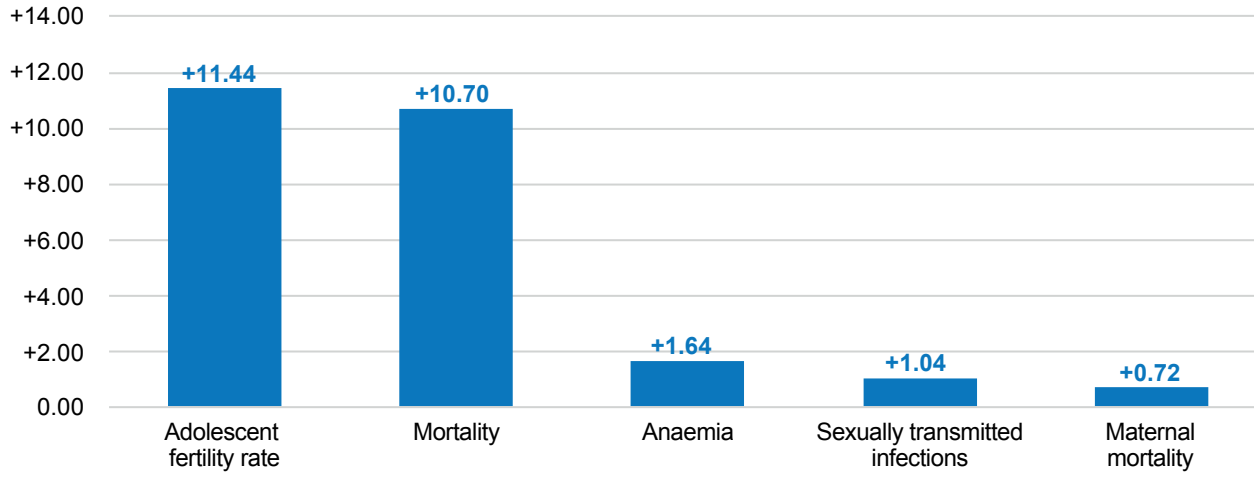
Action required on maternal mortality and sexually transmitted infections

Not all of the five indicators are progressing at the same rate. There is a particularly urgent need for action on maternal mortality and sexually transmitted infections, including HIV. These areas have the lowest global average scores. At the same time, they are closely linked to issues that go beyond medical care: sexual and reproductive rights, access to information, self-determined decisions, social norms and the accessibility of health services.

Not only do both indicators have the lowest global average scores (49.40 and 50.97 out of 100 respectively), but they have also shown hardly any improvement between 2000 and 2023. The values for the indicators adolescent fertility rate (+11.44) and mortality among girls (+10.70) have improved more than ten times as much as those for maternal mortality (+0.72) and sexually transmitted infections (+1.04).

According to the underlying data, in 2023 an average of almost five girls and young women worldwide died every hour as a result of pregnancy or childbirth. More than half of those affected lived in countries with very poor girls' health. Behind such figures lie preventable risks: a lack of healthcare services or services that are too far away, financial barriers, a lack of education, a shortage of qualified professionals, or a lack of autonomy of decision.

Change in global mean by indicator (2000–2023)



Cambodia: Maternal mortality has fallen

Cambodia[4] is one of the countries worldwide that has made the greatest progress in reducing maternal mortality: Between 2000 and 2023, the country reduced the maternal mortality rate for girls aged 10 to 19 from 339 to 13 cases per 100,000 live births, placing it amongst the top 40 countries worldwide for this indicator. The Cambodian government has prioritised this issue through relevant initiatives. Investments in the healthcare system and the capacity of healthcare professionals were crucial to this positive development. In particular, the training of midwives has ensured that adequate specialist care is provided before, during and after childbirth. Rural areas are also covered, and various financial support mechanisms ensure that healthcare is provided to poorer girls and women. In addition, access to water and sanitation facilities has been improved, and comprehensive information campaigns have been implemented.

4 https://www.who.int/westernpacific/newsroom/feature-stories/item/cambodia-s-sustained-progress-in-improving-maternal--newborn-and-child-health https://cambodia.unfpa.org/en/publications/fast-track-initiative-road-map-reducing-maternal-and-newborn-mortality-2016-2020?page=0

Botswana: Progress through medication and prevention

Botswana[5] was the first country in the world with a high HIV prevalence to be awarded 'gold status' by the World Health Organisation for the elimination of mother-to-child transmission of HIV. This was achieved through the unconditional provision of free medicines, information campaigns involving civil society and local communities, the expansion of testing facilities and the training of healthcare staff. Furthermore, the country has collected comprehensive data and used it effectively to inform strategic decisions. International cooperation and targeted investment, particularly through the US President's Emergency Plan for AIDS Relief (PEPFAR), also played a key role. The Global Girls Index shows that, since 2000, Botswana has also made the greatest progress worldwide in reducing the HIV rate among girls. Nevertheless, Botswana continues to have one of the highest HIV rates among girls and young women worldwide. At the same time, the latter group is the demographic most frequently affected by new infections. This highlights the importance of systematically taking girls and young women into account. And this makes it even more worrying that such support programmes are increasingly being phased out. In 2025, the US government ended its DREAMS programme in 15 African countries, including Botswana, which had provided two million girls and young women with access to HIV prevention measures.

India: Why education and self-determination are crucial

India[6] has seen the highest drop in score for the indicator sexually transmitted infections between 2017 and 2023 globally. An analysis of scientific surveys has shown that girls in India have very little knowledge about HIV, and even less regarding other sexually transmitted infections. The level of knowledge is also influenced by socio-demographic factors, such as whether they live in an urban or rural setting, their level of education and their socio-economic status. In turn, knowledge influences whether contraceptives are used. The use of contraception is often further restricted by the limited physical and sexual autonomy resulting from patriarchal norms. Furthermore, when an infection is suspected, medical help is frequently not sought. Studies have shown that information and awareness campaigns have had a positive impact on knowledge, the use of contraception and the uptake of medical services.

Global inequality is on the rise again

Decades of international cooperation to promote health under the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) have ensured that global health – including, and particularly, that of girls – has steadily improved on average, whilst at the same time reducing disparities between countries. Since the COVID-19 pandemic, however, the gap between countries has widened again and global inequality is on the rise once more:

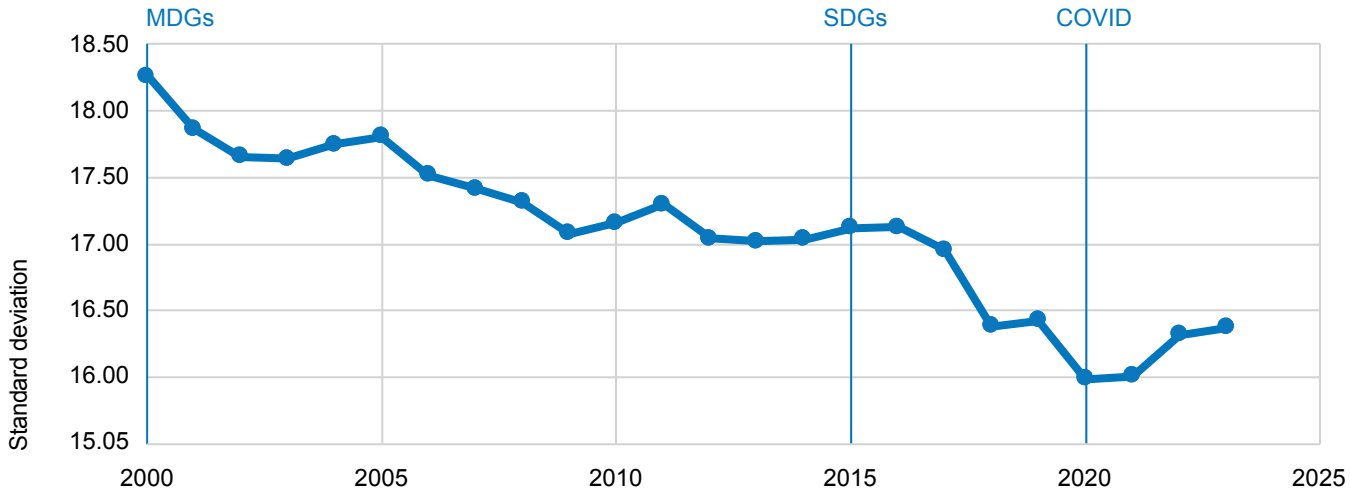
Whilst in 2020 and 2021 the gap between the highest and the lowest scores for girls' health over the 23-year period was the narrowest (a gap of 72.59 and 71.34, respectively), it has since widened again notably (a gap of 78.91 in 2022).

Progress is possible, but it is not irreversible. Since the COVID-19 pandemic, global inequality in girls' health has been on the rise again.

5 https://www.theguardian.com/global-development/2025/aug/22/botswana-health-hiv-aids-disease-africa-mothers-babies-extinction-cure | https://www.cdc.gov/global-hiv-tb/php/success-stories/a-global-first-botswana-achieves-gold-tier-status-protecting-mothers-and-infants.html | https://www.nature.com/articles/d44148-025-00262-7 | https://www.cdc.gov/global-hiv-tb/php/where-we-work/botswana.html | https://onlinelibrary.wiley.com/doi/full/10.1002/hsr2.71904 | https://www.unicef.org/botswana/hiv | https://www.unaids.org/en/resources/presscentre/featurestories/2025/march/20250331_ESA-region_fs | https://2017-2021.state.gov/pepfar-dreams-partnership/ | https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(25)00108-7/fulltext

6 https://pmc.ncbi.nlm.nih.gov/articles/PMC10866498/

Uneven distribution of country scores (2000–2023)



Conflicts, the climate crisis and displacement can exacerbate existing risks

Climate disasters, conflicts or humanitarian crises can exacerbate existing health risks and have severely negative consequences for girls' health.

Taking **South Sudan** as an example, the GGI data shows a dramatic rise in girl mortality following the outbreak of armed conflict in 2013 and a decline following the 2018 peace agreement. Maternal mortality also rose in the years that followed. This highlights how important it is to examine health trends in fragile contexts more closely and to ensure that healthcare for girls is safeguarded even during crises[7].

Similarly, the current conflict in **Haiti** reveals that armed groups are systematically using sexual violence. In 2025, 14 per cent of survivors of sexual violence in Haiti were under the age of 18. The risk is even higher for the thousands of girls and women accommodated in refugee shelters. At the same time, girls and women in Haiti have no access to antenatal, postnatal or reproductive healthcare. According to the United Nations, 39 healthcare facilities had already been forced to close by 2025. Furthermore, the high prevalence of violence in everyday life severely restricts mobility, meaning that girls and women are unable to reach healthcare facilities. Many pregnant women therefore give birth without any medical care. According to the United Nations, less than a third of all rape survivors receive the necessary medical support within the critical first 72 hours[8].

Climate-related impacts became apparent in **Brazil** in 2024. In April and May 2024, the consequences of severe flooding in the state of Rio Grande do Sul led to widespread postnatal complications in both mothers and newborns. For example, an increased incidence of pregnancy-induced hypertension or proteinuria (protein in the urine), elevated stress-related cortisol levels and lower birth weight were observed. Extreme weather events can also restrict access to healthcare or food security[9].

7 Based on findings from the Global Girls' Index.
8 https://news.un.org/en/story/2025/04/1162436 | https://lac.unfpa.org/en/news/sexual-reproductive-health-haitian-women-urgent-matter-times-of-crisis?page=0 | https://www.csis.org/analysis/gender-based-violence-crisis-haiti | https://reliefweb.int/report/haiti/sexual-and-gender-based-violence-port-au-prince-haiti-january-2026 | https://reliefweb.int/report/haiti/haiti-snapshot-sur-les-incidents-de-violences-basees-sur-la-genre-vbg-de-janvier-septembre-2025
9 https://link.springer.com/article/10.1007/s00737-026-01738-7

4. Visibility drives change – what needs to be done now

The more we know about girls' living conditions, the more effectively we can strengthen their rights and improve their health. The Global Girls Index provides an important foundation for this: it covers almost every country in the world and draws on data spanning more than 30 years. It highlights progress whilst also showing where further action is still needed..

The picture is not yet complete. Much of the data is only collected or updated with time lags. As a result, recent developments can sometimes only be reflected with delays. Furthermore, some data is based on modelling and estimates rather than direct measurements or observations.

There is also a lack of sufficiently disaggregated data. This applies, for example, to girls with disabilities, girls from minority groups and girls from different socio-economic backgrounds.

Comprehensive data is missing on:

- Sexual self-determination, access to contraception, family planning
- Access to healthcare, disaggregated by age and gender
- Vaccination rates among girls
- Mental health and self-harm
- Injuries and causes of accidents, for example in road traffic or due to drowning
- Alcohol, tobacco and other substance use

Despite the extensive data set, we still lack a complete picture of girls' health and their lived realities worldwide.

However, this also presents a major opportunity: if we improve the data, the diverse needs of girls will become more visible. And this visibility is crucial to generate political attention and allow for effective action.

> **"The Global Girls' Index is important so that research can finally move in the direction of gender equality. This data, which is currently lacking, forms the basis for establishing equal opportunities and finally realising the rights of marginalised groups – above all girls and young women. We hope that decision-makers will take note of the Index and not simply accept the status quo, but will adapt their decisions accordingly! There can be no more excuses; we want to see action rather than just words."**
> (Plan International Youth Advisory Board)

> **"Behind every number in the Global Girls Index is a girl with dreams, challenges and a future she deserves the chance to shape. I hope the GGI helps decision-makers not only see where girls are being left behind, but truly listen to them and create opportunities for every girl to thrive."**
> (Shanura, Uganda)

Our recommendations for action:

Close the gaps. Make girls visible. Take girls into account.

1. **Gender-sensitive health policy**: The specific health risks and needs of girls should consistently be considered by national health systems and international development cooperation.
2. **Investments in girls' health:** Development programmes and humanitarian aid should specifically be targeted at promoting girls' health.
   - Girls and young women worldwide should be given better access to healthcare, education and self-determined family planning.
   - During global budget cuts, investments in girls' health should be maintained or expanded. Scaling down jeopardises decades of progress, particularly putting the most vulnerable girls at risk.
3. **Consideration of exacerbating factors**: The climate crisis, conflicts and displacement exacerbate existing health risks for girls, and should be considered in future health strategies.
4. **More and better data**: Investments should be made in the collection of disaggregated data covering various and overlapping areas of discrimination. Existing data projects should be supported, promoted and expanded.

Progress as an incentive for the future

The initial findings of the Global Girls Index show that immense progress has been made with regards to girls' health between 2000 and 2023 – not least thanks to international development cooperation and shared global development agendas. These successes demonstrate that positive change is possible when political will, reliable data and targeted investment come together.

At the same time, much remains to be done to ensure that all girls worldwide can exercise their right to health. The Global Girls Index draws much needed attention to the issue of girls' health: it does not merely highlight successes but also points towards data gaps, specific needs and opportunities for action. More and better data will help to ensure that the necessary resources are channelled even more effectively to where girls and young women face the greatest challenges.

With the future dimensions of the Global Girls Index (Education, Opportunities and Participation, Protection), we will gradually complete the picture. In this way, we will ensure that the diverse needs and challenges faced by girls are recognised, understood and effectively addressed.

Girls have a right to good health. When girls grow up healthy, they can realise their potential and play an active role in shaping the world around them – for their own sake and for the benefit of society as a whole. After all, sustainable social and political change can only succeed if girls and young women are involved on an equal footing.

Strengthening their rights and making targeted investments in their future have far-reaching positive effects: when girls and young women are given equal access to education, healthcare, economic opportunities and political participation, entire societies benefit: they become more stable, resilient, prosperous and peaceful.

Better data makes girls visible. Visibility creates attention. Attention enables positive change.

Appendix

Index methodology

This prototype for the health dimension of the Global Girls Index aggregates the following five key indicators for 192 countries (excluding Liechtenstein) over the period from 1990 to 2023 into an annual composite score for girls' health: mortality among girls, adolescent fertility, maternal mortality, anaemia, and sexually transmitted infections, including HIV. This selection is intended to reflect the situation of girls and young women using internationally comparable, regularly updated data.

To ensure that the different scales of the raw data – such as deaths per 1,000 girls or new cases per 100,000 girls – are comparable, each indicator is normalised on a scale from 0 to 100. A higher value always indicates better health. For indicators where a high raw value indicates a burden (such as high maternal mortality), the direction is reversed accordingly, so that a low risk corresponds to a high score. The normalisation is rank based (ordered quantile transformation) and is anchored to a fixed reference period (2000 to 2023). This anchoring is crucial because it ensures that the scores remain comparable over the years: if a country improves, this is reflected in the score and is not masked by a shifting benchmark.

Using the geometric mean, the five normalised indicators are then combined to an overall health score. This method deliberately limits the extent to which the indicators can offset one another: a very poor score in a single area can therefore not be fully offset by good scores in other areas. In this way, the index takes account of the fact that adequate girls' health requires good performance on all measured indicators.

For presentation purposes, countries are categorised into five categories ranging from 'very low' to 'very high'. This is based on scientifically established methods. The categorisation of countries into five classes is based on the quintile structure, i.e. the division into five equal parts. For each year in the period from 2000 to 2023, the quintile thresholds for the index are calculated; for each threshold, the median across all years is then calculated. The obtained thresholds, which remain constant over time, separate the five different categories, and countries are classified according to their overall health score. To enable comparison between years, these thresholds remain constant over time.

The regional classification follows the United Nations' regional classification.

Definitions of the indicators

Mortality among girls (WPP). Measures the age-specific mortality rate among girls, expressed per 1,000 girls. This indicator captures basic survival and is an established measure of the quality of healthcare provision.

Anaemia (GBD). Measures the proportion of girls with anaemia, expressed per 100,000 girls. Anaemia is indicative of malnutrition and inadequate healthcare, and has a direct negative impact on performance, pregnancies and general well-being.

Adolescent fertility rate (WPP). Measures the number of births per 1,000 adolescent girls (aged 10–1 9). A high adolescent fertility rate is closely linked to limited educational and health opportunities, as well as increased health risks for young mothers.

Maternal mortality (GBD). Refers to the number of maternal deaths per 100,000 live births resulting from pregnancy and childbirth. This indicator shows the quality of access to sexual and reproductive healthcare.

Sexually transmitted infections, including HIV (GBD). Measures the burden of disease from sexually transmitted infections, including HIV, among girls and young women, expressed per 100,000 girls. The indicator highlights a key health risk that often remains unseen and, together with maternal mortality, identifies one of the areas where action is most urgently needed.

About Plan International

Plan International is an independent organisation dedicated to development cooperation and humanitarian aid. We believe that girls and boys worldwide should have equal rights and opportunities and be able to actively shape their own futures. To achieve this, we implement efficient and transparent projects for sustainable community development in our partner countries and respond swiftly to emergencies and disasters that threaten children's lives. In more than 80 countries, we work hand in hand with children, young people, supporters and partners of all genders to achieve our global goals. The United Nations Sustainable Development Goals reinforce our commitment.

About the Institute for International Law of Peace and Armed Conflict (IFHV)

The Institute for International Law of Peace and Armed Conflict (IFHV) at Ruhr University Bochum is one of Europe's leading institutions for research and teaching in the field of humanitarian crises. Building on a long tradition of academic engagement with international humanitarian law and human rights, the Institute today combines interdisciplinary research in the fields of law, social sciences, earth sciences and public health. The Institute's research focuses on the causes of humanitarian crises, the legal frameworks before, during and after crises, the impact of crises on people, societies and institutions, and the responses of states, international organisations and non-governmental organisations to crises.

Legal notice

The Global Girls Index is developed by Plan International Germany and the Institute for International Law of Peace and Armed Conflict (IFHV) at Ruhr University Bochum. The first prototype of the Global Girls Index was conceptualised by Petra Berner (Plan International Germany), Bastian Borregaard (Plan International Germany), Dáire Brady (IFHV), Anna-Lena Schröder (Plan International Germany), Ines Schultes (Plan International Germany), Greta Uhlich (Plan International Germany), Daniel Weller (IFHV) and Annegret Wittfoth (Plan International Germany).

Published by:
Plan International Deutschland e.V.
Bramfelder Straße 70
22305 Hamburg
Tel.: + 49 (0) 60 77 16 - 0
Email: info@plan.de
plan.de

instagram.com/planinternationaldeutschland
facebook.com/PlanDeutschland
tiktok.com/@plandeutschland
linkedin.com/company/plan-international-deutschland-e-v-

CEO: Petra Berner

Responsible under press law: Petra Berner, Elisabeth Falke

Author: Ines Schultes

Academic supervision: Daniel Weller

Editor: Sascha Balasko

Photos: Cover: Plan International / Quinn Neely,
Petra Berner: Jenner Egberts / Plan International Germany,
Prof. Dr Pierre Thielbörger: Mirko Raatz, Photography.

Design: hausgemacht. Grafik & Design, Hamburg

© 2026 Plan International Deutschland e. V.
This publication is protected by copyright. All rights reserved.
Images and text, including extracts, may not be used or reproduced without the prior written consent of the publisher.