United Nations
Millennium Development Goals
Data and Trends, 2002

Report of the Inter-agency and Expert Group on MDG Indicators, New York, April 2002

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New York, 31 May 2002
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Introduction

1. Our ability to monitor progress – or the lack of progress – in reaching the Millennium Development Goals (MDGs) is no better than the quality of the data. While the data presented in this report are the best that are currently available, it is important to understand the uncertainty of the data used and, thus, whether the data are of sufficient quality to meet policy needs. Before turning to the indicators used to track the MDGs we examine briefly in this introduction some of the general data properties, such as:
   - Is the indicator conceptually the right measure of the goal?
   - Are the country data available?
   - Are the country data accurate?
   - Is the coverage of the indicator sufficient for global and regional estimates?
   - Are the available data consistent over time?

2. The indicators used to measure and track the Millennium Development Goals have been provided by several UN specialized agencies, funds and programmes and by other international organizations. A meeting of relevant stakeholder institutions organized by the United Nations Statistics Division (UNSD) in March 2002 identified for each indicator either a single agency or an agency team to compile the data. The data provided by these agencies are based on:
   - data reported by the responsible statistical authorities in countries in response to queries by the agencies;
   - estimates made by the agencies to account for gaps in national data;
   - adjustments made by the agencies to ensure comparability.

3. As we note below the MDG process has demonstrated that there are indeed serious and far-reaching problems in almost all of the indicators in terms of the above data properties. The following paragraphs are not intended to be exhaustive nor critical of individual data series but rather to illustrate the problems referred to above.

Conceptualization

4. Some of the goals expressed in the Millennium Declaration are very specific, for example goal 4 “Reduce child mortality” and the indicators that measure progress towards the achievement of these goals are well established and defined. There are other areas addressed by the Millennium Declaration that are broader, more complex by nature and more difficult to measure. While the indicators that are presented are the best available there are still conceptual problems:
   - The indicator may be a proxy for the concern expressed in the goal. Enrolment ratios, for example, are used to monitor progress towards goal 2 “Achieve universal primary education”. However, enrolment does not imply achievement of primary education, which is why it is complemented by indicators of survival and literacy. But even with these additional measures, it provides only limited information on achievement. A further example is safe drinking water: To be safe, drinking water should meet
chemical and bacteriologic standards. However, it is not yet feasible to measure chemical and bacterial contaminants in water across many developing countries. Hence a proxy for safe water is used – that of improved water sources that, in general, provide safer drinking water than non-improved water sources.

- The indicator might not capture the whole spectrum of a goal, but only one or few aspects. This is caused by the difficulty of using one number to express a complex phenomenon and/or the difficulty of reaching agreement on a definition of multi-dimensional concerns, such as poverty. The share of women in wage employment in the non-agricultural sector, for example, is used to monitor the empowerment of women. However, in practice, paid employment does not always mean empowerment, as other factors intervene, such as for instance the fact that women often do not have full control over their earnings.

Data availability

5. There are still many areas where countries are unable to provide data, which leads to problems in providing global estimates. Due to limited and regionally unbalanced coverage, global estimates could not be provided for about one quarter of the indicators. For example the “Share of Women in Wage Employment in the Non-Agricultural Sector” is available for 69 countries, of which only 11 are in Africa; reliable data on “Proportion of pupils who start grade 1 who reach grade 5” are limited to approximately 40 per cent of the countries and also not consistently available for the same countries over time.

6. Population data and basic data on births and deaths are fundamental to many indicators. While complete vital and civil registrations systems are the preferred source of such data, the implementation of these is very costly and at present only possible for a small number of developing countries. In most developing countries household surveys are used to estimate fertility and mortality. However, in some cases these can be subject to wide margins of uncertainty and therefore the resulting data cannot be used to monitor trends, unless they are supplemented by additional data and analysis.

Data accuracy

7. The lack of adequate civil and vital registration not only affects data availability but also data accuracy. Estimates from censuses and surveys are used to fill gaps in civil registration. For some of the indicators these estimates are fairly reliable such as “Under 5 mortality”. For others, such as deaths from malaria and TB, the absence of accurate mortality data by cause weakens the accuracy of the estimates. In addition, these estimates from censuses and surveys are based on retrospective information and often do not measure current situations.

8. Detailed national surveys are required to obtain data for MDG indicators related to poverty, hunger, unemployment, literacy, accessibility to safe drinking water and improved sanitation, and HIV/AIDS. However, surveys, by their very nature, are subject to sampling and non-sampling errors. Sampling errors arise from the fact that a sample rather than the whole population is surveyed and, in general, the smaller the sample size the larger the sampling error. In particular, where occurrences of an event are infrequent (such as a maternal death), sampling errors can be very large. Non-sampling errors, on the other hand, are errors associated with such factors as outdated sampling frames and
non-response. In addition, available infrastructure in many developing countries needs to be further improved in order to ensure sufficient frequency of such surveys.

9. Alternatively, data for indicators on literacy, unemployment and accessibility to safe drinking water and improved sanitation, can be derived from population censuses, which however are infrequent and cannot adequately cover these topics in detail.

10. One of the indicators, “proportion of population with access to affordable essential drugs on a sustainable basis”, is based neither on administrative records nor surveys or censuses, but is generated through interviews with experts on the pharmaceutical situation in each country. While this is still the best available source of information, the data obtained are statistically weak.

Aggregation

11. In preparing regional and global estimates, the following problems arise:

- In order to compensate for the lack of country data, international agencies use different approaches: (i) missing data are estimated using national data on related variables or data from “similar” countries and/or modeling techniques, (ii) regional and global figures are based only on countries with available data; and (iii) a combination of (i) and (ii).
- A specific challenge for the aggregation of economic indicators exists with respect to the appropriate exchange rate. The statistical problems associated with the estimation of purchasing power parities (PPP) are well documented in the technical literature. Present PPP estimates are based on available country price data and estimates referenced to 1993.
- In order to produce meaningful global aggregates country data need to be harmonized with respect to concepts and methods. However, agreed international standards do not exist for all MDG indicators, and even when they exist, they are not necessarily adopted by all countries.
- The definitions of geographical regions and definitions of economic grouping of countries differ among agencies.

Consistency over time

12. In order to monitor progress towards the goals and targets, data on one indicator must be available for several points in time (in this report the two benchmark years considered to assess progress are 1990 and 2000 or the closest available years to these dates). In some cases there are no benchmark data for the year 1990 that allow comparison over time. In other cases, data may be available but comparisons are difficult because of different concepts and methods used in data collection. For example, if household consumption surveys, which form the basis of poverty indicators, improve significantly, changes in the data could be the result of either an actual change in poverty levels or the improved data collection methods, or both.

Conclusions

13. The present document is the first progress report in a fifteen-year process. The task that the agencies have accepted is to work together to better understand and reduce the uncertainty in the data. Specifically, for next-year progress report, UNSD in close
collaboration with its partner agencies will elaborate suggestions of how to reduce data uncertainty over time. Furthermore, the Millennium Development Indicators Database on the UNSD website (http://millenniumindicators.un.org/unsd/mi/mi.asp) already provides technical notes, which give the user some indication of the degree of uncertainty of individual indicators.

14. It should be emphasized that a necessary condition to obtain better data for the MDG indicators is to improve the capacity of countries to produce data, not only for tracking international goals, but also for their own national purposes. UNSD and the partner agencies will continue to work together towards strengthening the statistical capacity of the countries to improve quality and availability of data necessary to compile the indicators.
Goal 1. Eradicate extreme poverty and hunger

15. The first of the Millennium Development Goals addresses the consumption dimension of poverty, as well as hunger and malnutrition. The proportion of people living in extreme poverty – defined as average per capita consumption of $1 a day or less$^1$ - declined from 1990 to 1999, but progress was uneven and poverty remains deep and widespread. Large gains were made in parts of Asia, but elsewhere the number of people living on less than $1 a day increased. Faster growth will be needed to reduce poverty worldwide. At current trends, many countries in sub-Saharan Africa will not achieve the goal, so that the overall number of poor people in the region will increase over the next thirteen years.

16. Analysis of recent data on hunger and malnutrition conveys a mixed message: globally, progress has been made in reducing hunger and malnutrition in the developing world, but this is not happening fast enough to reach the Millennium Development target of reducing by half the proportion of people in hunger by 2015. Moreover, the overall improvement hides contrasting trends. On the one hand, some countries have made impressive progress with substantive reductions in the prevalence of undernourished. On the other hand, a larger number of countries have either not experienced a sufficient reduction in the prevalence of undernourished to compensate for population growth or experienced an increase in the prevalence of malnutrition.

Target 1 - Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day$^a$

17. Measured by the $ PPP 1 a day consumption poverty line, the global percentage of population living in extreme poverty fell from 29 per cent in 1990 to 23 per cent in 1999. In 1999, there were 490 million people living in extreme poverty in South Asia, 300 million in sub-Saharan Africa and 260 million in East Asia. (See Table 1)

18. Between 1990 and 1999, East Asia experienced the greatest decline in the percentage of population in extreme poverty, from 28 to 14 per cent - a 50 per cent decline. In South Asia, the percentage of the population in extreme poverty fell more slowly from 44 to 37 per cent, while the total number remained almost unchanged because of population growth. In the region of Europe and Central Asia, consumption poverty increased sharply in the 1990s. Sub-Saharan Africa, with the highest proportion of people in extreme poverty, made virtually no progress in moving people out of poverty.

$^a$ Story line contributed by the World Bank.
$^c$ Story line contributed by FAO in consultation with UNICEF and WHO.
Table 1. Population in extreme poverty by region, 1990-1999

<table>
<thead>
<tr>
<th>Regions and country groups*</th>
<th>Population in extreme poverty (%)</th>
<th>Population in extreme poverty (%)</th>
<th>Population in extreme poverty (millions)</th>
<th>Average annual rate of change in poverty (%)</th>
<th>Average annual rate of change needed to achieve goal (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All low- and middle-income economies</td>
<td>29</td>
<td>23</td>
<td>1,151</td>
<td>-2.7</td>
<td>-2.8</td>
</tr>
<tr>
<td>East Asia and Pacific</td>
<td>28</td>
<td>14</td>
<td>260</td>
<td>-7.4</td>
<td>-0.2</td>
</tr>
<tr>
<td>Europe and Central Asia</td>
<td>2</td>
<td>4</td>
<td>17</td>
<td>9.0</td>
<td>-9.4</td>
</tr>
<tr>
<td>Latin American and Caribbean</td>
<td>17</td>
<td>15</td>
<td>77</td>
<td>-1.2</td>
<td>-3.7</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>-0.5</td>
<td>-4.1</td>
</tr>
<tr>
<td>South Asia</td>
<td>44</td>
<td>37</td>
<td>490</td>
<td>-2.0</td>
<td>-3.2</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>48</td>
<td>47</td>
<td>300</td>
<td>-0.2</td>
<td>-4.2</td>
</tr>
</tbody>
</table>

*For the composition of the regional and income grouping, see Annex 1.

19. Based on past progress, East Asia and the Pacific is the only region on a path to meet the consumption poverty target of reducing by half the percentage of people in extreme poverty by 2015 – a goal the region has come close to meeting in one decade. For the other regions, the decade of the 1990s was a period of slow progress. Only in South Asia did the percentage of people living on less than $1 a day decrease significantly. And while the percentage of population living in poverty fell everywhere except in Europe and Central Asia and in the Middle East and North Africa, the rate of reduction will have to accelerate substantially to achieve the 2015 target.

20. By the end of the decade, economic growth rates in many parts of the world were increasing and with them the prospect of achieving the poverty goal. The World Bank currently estimates that GDP per capita growth in developing countries will average 3.6 per cent a year in the long run, enough to bring down the global poverty rate to 12 per cent by 2015 and to reduce the number living on less than $1 a day to 750 million. Poverty reduction will be greatest in East Asia, where the percentage of population in extreme poverty will fall to less than 3 per cent. In South Asia, this percentage could fall to 17 per cent, thus achieving the regional goal. Europe and Central Asia would return to a poverty rate of about one-half the 1990 level. Under this scenario, Latin America and the Caribbean, the Middle East and North Africa would reduce the absolute number of those living in extreme poverty but would not succeed in reducing poverty rates by half. And in sub-Saharan Africa, the numbers living in poverty would continue to increase. By 2015, 345 million people, nearly 40 per cent of the population, would still live on less than $1 a day.
Target 2 - Halve, between 1990 and 2015, the proportion of people who suffer from hunger

21. The analysis of progress made to reduce the proportion of people who suffer from hunger is based on two related aspects of hunger and malnutrition: food deprivation or "undernourishment" and child malnutrition.³

Progress in reducing food deprivation

22. FAO estimates for 1997-99 indicate that 17 per cent of the population in developing countries suffered from undernourishment—defined as food consumption insufficient to meet minimum level of dietary energy requirements—down from 20 per cent in 1990-92 (Table 2). In the developing world as a whole, the number of undernourished fell by 39 million over this period.

<table>
<thead>
<tr>
<th>Region</th>
<th>1990-92</th>
<th>1997-99</th>
<th>1990-92 (millions)</th>
<th>1997-99 (millions)</th>
<th>% change between the two periods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing regions</td>
<td>20</td>
<td>17</td>
<td>816</td>
<td>777</td>
<td>-39</td>
</tr>
<tr>
<td>Africa</td>
<td>29</td>
<td>28</td>
<td>173</td>
<td>200</td>
<td>27</td>
</tr>
<tr>
<td>Northern Africa</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>35</td>
<td>34</td>
<td>168</td>
<td>194</td>
<td>26</td>
</tr>
<tr>
<td>Latin America</td>
<td>13</td>
<td>11</td>
<td>59</td>
<td>54</td>
<td>-5</td>
</tr>
<tr>
<td>Caribbean</td>
<td>13</td>
<td>11</td>
<td>59</td>
<td>54</td>
<td>-5</td>
</tr>
<tr>
<td>Asia</td>
<td>19</td>
<td>16</td>
<td>584</td>
<td>522</td>
<td>-62</td>
</tr>
<tr>
<td>Eastern Asia</td>
<td>16</td>
<td>10</td>
<td>198</td>
<td>127</td>
<td>-71</td>
</tr>
<tr>
<td>South-central Asia</td>
<td>25</td>
<td>23</td>
<td>301</td>
<td>319</td>
<td>18</td>
</tr>
<tr>
<td>South-eastern Asia</td>
<td>17</td>
<td>13</td>
<td>78</td>
<td>66</td>
<td>-12</td>
</tr>
<tr>
<td>Western Asia</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>11</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: FAO.

23. The largest reductions in undernourishment prevalence were achieved in Eastern and South-Eastern Asia. In sub-Saharan Africa and South-Central Asia, there was little change in the prevalence levels, while the numbers of undernourished increased over the decade.

24. The World Food Summit (WFS) in 1996 set the target of halving the number of hungry people by the year 2015. However, the current rate of progress, of approximately 0.4 per cent points annual reduction, is not sufficient to reach the WFS target by 2015, which would require a decrease of 0.6 per cent points per year.
Progress in reducing child malnutrition

25. Malnutrition is implicated in more than half of all child deaths worldwide. Malnourished children have lowered resistance to infection and are more likely to die from common childhood ailments like diarrhoeal diseases and respiratory infections. During the 1990s, child malnutrition, measured as the prevalence of underweight children, declined from 32 to 28 per cent in the developing world as a whole (Table 3). These global figures, however, mask individual country achievements. Eighteen countries, including some of the most populous nations in the world, achieved reductions of 25 per cent or more over the decade.

Table 3. Prevalence of underweight children in developing regions

<table>
<thead>
<tr>
<th>Region</th>
<th>Proportion of under-fives suffering from moderate and severe underweight (per cent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1990</td>
</tr>
<tr>
<td>Developing regions</td>
<td></td>
</tr>
<tr>
<td>Africa</td>
<td>28</td>
</tr>
<tr>
<td>Northern Africa</td>
<td>10</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>32</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>11</td>
</tr>
<tr>
<td>Asia</td>
<td>37</td>
</tr>
<tr>
<td>Eastern Asia</td>
<td>19</td>
</tr>
<tr>
<td>South-central Asia</td>
<td>55</td>
</tr>
<tr>
<td>South-eastern Asia</td>
<td>38</td>
</tr>
<tr>
<td>Western Asia</td>
<td>14</td>
</tr>
</tbody>
</table>

Source: UNICEF.

26. The largest decline was achieved in Eastern Asia where underweight prevalence decreased by nearly a half. Substantial improvements were also made in South-Eastern Asia, and in Latin America and the Caribbean where rates were already relatively low.

South-central Asia continues to suffer from high levels of child malnutrition with close to half of all under-five children being underweight. In sub-Saharan Africa, there was little or no change over the decade. In this region, nearly a third of all under five remain underweight, and the number of malnourished children increased over the decade. Data from 102 countries show that there is very little difference between boys and girls with respect to underweight prevalence. Except for South Asia, most regions show slightly higher rates among boys. By contrast, urban/rural data do show significant differences. On average, the underweight prevalence rates are more than 50 per cent higher in rural areas than in urban areas.

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8 Story line contributed by UNICEF in consultation with WHO and FAO.
Goal 2. Achieve universal primary education

Target 3 - Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Achievement of universal primary education for all (UPE)

27. Achievement of universal primary education for all (UPE) has been identified as a priority at both national and international levels. In the Millennium Declaration, as in the Education For All (EFA) initiative, the overriding goal is for all countries to ensure that by 2015, children everywhere will be able, at the minimum, to complete a full course of primary schooling of high quality. Three indicators are used to measure progress towards this goal: the net enrolment ratio for primary education, the proportion of pupils starting grade 1 who reach grade 5 (survival rate to grade 5) and the literacy rate of 15-24 year-olds.

28. During the past decade many countries made some progress towards UPE. The total number of pupils in primary education rose from 599 million in 1990 to 681 million in the school year beginning in 1998. The increase in the demand for school spaces mainly occurred in the developing regions, in particular Southern Asia and sub-Saharan Africa. However, great disparities in progress exist across countries within regions.

29. The attainment of UPE implies that countries will need to achieve an NER of 100. The net enrolment ratio for primary education in developing countries as a whole has gradually increased during the 1990s. The situation however, varies across regions and countries. Although almost all regions experienced gains in their net enrolment ratios from 1990 to 1998, some regions continue to have low ratios. This indicates that many children who should be enrolled in primary education are not. In particular, sub-Saharan Africa has the lowest net enrolment ratios, with 57 per cent enrolled in Central and Western Africa and 63 per cent in Southern and Eastern Africa for the school year beginning 1998.

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h Story line contributed by UNESCO.
Table 4. Net enrolment ratios at primary level

<table>
<thead>
<tr>
<th>Region*</th>
<th>1990</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arab States and North Africa</td>
<td>74</td>
<td>76</td>
</tr>
<tr>
<td>Central and Western Africa</td>
<td>50</td>
<td>57</td>
</tr>
<tr>
<td>Southern and Eastern Africa</td>
<td>59</td>
<td>63</td>
</tr>
<tr>
<td>Latin America</td>
<td>85</td>
<td>94</td>
</tr>
<tr>
<td>Caribbean</td>
<td>62</td>
<td>80</td>
</tr>
<tr>
<td>East Asia</td>
<td>96</td>
<td>97</td>
</tr>
<tr>
<td>Central Asia</td>
<td>88</td>
<td>92</td>
</tr>
<tr>
<td>South and West Asia</td>
<td>67</td>
<td>74</td>
</tr>
<tr>
<td>Pacific</td>
<td>99</td>
<td>96</td>
</tr>
<tr>
<td>Central and Eastern Europe</td>
<td>85</td>
<td>93</td>
</tr>
<tr>
<td>North America and Western Europe</td>
<td>97</td>
<td>97</td>
</tr>
<tr>
<td>Developing countries</td>
<td>78</td>
<td>82</td>
</tr>
<tr>
<td>Countries in transition</td>
<td>91</td>
<td>96</td>
</tr>
<tr>
<td>Developed countries</td>
<td>97</td>
<td>98</td>
</tr>
<tr>
<td>World</td>
<td>80</td>
<td>84</td>
</tr>
</tbody>
</table>

* For the composition of the regions, see Annex 1.

Source: UNESCO.

Proportion of pupils starting grade 1 who reach grade 5

30. In order to measure progress towards universal primary education for all, it is not only important to measure changes in the enrolment rate over time but also measure how many children have successfully completed the desired level of primary education. In many countries, data indicate a high initial enrolment ratio but a low primary completion rate. This indicates that these countries are able to ensure that students start grade 1, but fail to retain them in the school system until the desirable level of completion.

31. The indicator that is currently the most widely used to measure completion at the primary level of education is the survival rate. It should be noted that there are significant difficulties in calculating this indicator at present. Data are only available for a limited number of countries and often not consistently for the same country over time. In fact, reliable data are currently limited to approximately 40 per cent of the countries of the world and thus it is not possible to assess regional trends or calculate a global figure. The UNESCO Institute for Statistics is paying particular attention to the improvement of coverage and harmonisation of this indicator.

Literacy

32. The youth literacy rate for persons aged 15 to 24 years old reflects the accomplishment of a country’s basic education system. It measures the population’s ability to read, write, and communicate and thus reflects to some extent their ability to continue learning using the written word. It is also often conceptualized as a proxy measure of social progress and economic achievement. Literacy statistics (adult and youth literacy rates, literacy gender parity indices) are being used as core indicators for
monitoring and assessing progress towards the UN Millennium Development Goals as well as the Education For All Goals.

33. Unlike other education data that are mostly collected through annual school censuses and administrative records, literacy data are often gathered in population censuses or household surveys. Data on literacy are collected in a census by asking whether each individual within a household is able to read and write, with understanding, a simple statement on his/her daily life. In some cases, specific literacy household surveys have been carried out to assess the literacy status of individuals.

34. The youth literacy rate (15-24 years old) reflects recent outcomes of the basic education process. With increasing access to schooling over recent decades, youth literacy rates for the 15-24 years old are generally higher than literacy rates of higher age groups. From 1990 to the year 2000, the world’s youth literacy rate is estimated to have increased from 84 to 87 per cent. According to UNESCO estimates, if this trend continues, it is likely to reach 91 per cent by the year 2015. In absolute numbers, the youth illiterate population in the world has decreased from an estimated 160 million in 1990 to some 140 million in 2000, eventually to go down to 107 million in 2015 according to present trends. But this will still mean that a very large number of young people will not possess the minimum literacy skills. Among the developing sub-regions, the current estimates of youth literacy rates range from 97 per cent in East Asia and Oceania to 68 per cent in Southern Asia. The youth literacy rate is 84 per cent among the developing countries and 65 per cent in the least developed countries (LDCs).

Table 5. Youth literacy rates

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage literate, ages 15-24</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1990</td>
</tr>
<tr>
<td>World</td>
<td>84</td>
</tr>
<tr>
<td>Developing countries</td>
<td>81</td>
</tr>
<tr>
<td>Least developed countries</td>
<td>57</td>
</tr>
<tr>
<td>Eastern Asia &amp; Oceania</td>
<td>95</td>
</tr>
<tr>
<td>Southern Asia</td>
<td>61</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>68</td>
</tr>
<tr>
<td>Arab States</td>
<td>69</td>
</tr>
<tr>
<td>Latin America &amp; Caribbean</td>
<td>92</td>
</tr>
</tbody>
</table>

Source: UNESCO.
Figure 1 - Estimated and projected youth (15-24) literacy rates: 1970 - 2015

Source: UNESCO.
Goal 3. Promote gender equality and empower women

Target 4. Eliminate gender disparity in primary and secondary education, preferably by 2005 and to all levels of education no later than 2015

The United Nations Millennium Declaration recognizes the need to promote gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable. Three areas are considered under this goal - gender disparity in education, women’s access to employment opportunities in the non-agricultural sector and women’s access to political decision-making. These three areas cannot, however, give a comprehensive picture of the extent to which gender equality is being realized. Gender equality is both a goal in itself and a means to ensure the achievement of the goals of the Millennium Declaration. Promotion of gender equality should, thus, be an integral part of the efforts to achieve these goals, and progress towards gender equality and the empowerment of women should be assessed in relation to each of them.

Gender disparity in education

Gender equality in terms of access to all levels of education has been identified as a priority at both national and international levels, and is one of the goals of the Education For All (EFA) initiative. Within the Millennium Development framework, the indicators used to measure progress towards gender equality in education are the ratio of female to male enrolment by level of education and the ratio of literate females to males aged 15-to-24 years.

Gender disparity in enrolment

In the developed countries as a whole, the ratio of female to male primary enrolment has remained relatively stable during the 1990s. In developing countries, although signs of progress are evident in most regions, a gender gap in enrolment remains at all levels of education. In primary education, the female to male ratio has increased between 1990 and 1998, but remains at 0.87 for the developing regions as a whole. Despite considerable gains during the decade, the gender gap in enrolment for South-central Asia is still the lowest among all the regions, at 0.79. The sub-Saharan region has also witnessed progress in reducing the gender gap in primary level enrolment, but at a much lower rate over the same period. The gender gap in primary enrolment is widening in South-eastern Asia where the ratio has declined from 0.94 in 1990 to 0.91, for the school year beginning in 1998. Regional averages often mask wide variation across countries. This is especially the case in sub-Saharan Africa, where many countries still have a large gender gap in primary education: of the 49 countries in this region, 16 were below 0.80 in 1998.

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1 Story line contributed by UNESCO.
Table 6. Gender disparity in primary education

<table>
<thead>
<tr>
<th>Region</th>
<th>1990</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing regions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern Africa</td>
<td>0.79</td>
<td>0.86</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>0.82</td>
<td>0.85</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>0.95</td>
<td>0.95</td>
</tr>
<tr>
<td>Eastern Asia</td>
<td>0.86</td>
<td>0.92</td>
</tr>
<tr>
<td>South-central Asia</td>
<td>0.71</td>
<td>0.79</td>
</tr>
<tr>
<td>South-eastern Asia</td>
<td>0.94</td>
<td>0.91</td>
</tr>
<tr>
<td>Western Asia</td>
<td>0.82</td>
<td>0.84</td>
</tr>
<tr>
<td>Oceania</td>
<td>0.94</td>
<td>0.93</td>
</tr>
<tr>
<td>Developed regions</td>
<td>0.95</td>
<td>0.96</td>
</tr>
</tbody>
</table>

Source: UNESCO.

38. Although almost all regions made progress in reducing the gender gap in secondary enrolment between 1990 and 1998, globally there are still fewer girls than boys enrolled at this level of education. In 1998, the ratio of girls to boys in developing countries was approximately 0.82. There are, however, significant differences among regions. Some regions have achieved or are approaching gender parity in secondary enrolment, with many countries showing a higher enrolment for girls than for boys. In Latin America and the Caribbean the average ratio has been above 1 since 1990, with more girls enrolled at the secondary level than boys. In others, such as South-central Asia and Western Asia, sex ratios in enrolment are still below 0.80.

Table 7. Gender disparity in secondary education

<table>
<thead>
<tr>
<th>Region</th>
<th>1990</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing regions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern Africa</td>
<td>0.76</td>
<td>0.90</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>0.75</td>
<td>0.82</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>1.06</td>
<td>1.06</td>
</tr>
<tr>
<td>Eastern Asia</td>
<td>0.73</td>
<td>0.82</td>
</tr>
<tr>
<td>South-central Asia</td>
<td>0.59</td>
<td>0.68</td>
</tr>
<tr>
<td>South-eastern Asia</td>
<td>0.87</td>
<td>0.93</td>
</tr>
<tr>
<td>Western Asia</td>
<td>0.69</td>
<td>0.74</td>
</tr>
<tr>
<td>Oceania</td>
<td>1.00</td>
<td>0.94</td>
</tr>
<tr>
<td>Developed regions</td>
<td>0.98</td>
<td>--</td>
</tr>
</tbody>
</table>

Source: UNESCO.

39. A gender gap remains in enrolment at the tertiary level in most of the developing countries. For the developing regions as a whole, there are on average 75 women per 100 men enrolled. The gap is particularly evident in Eastern Asia, South-central Asia, sub-
Saharan Africa and Oceania. By contrast, in South-Eastern Asia, Western Asia and Latin America, women’s enrolment has surpassed that of men. In the developed regions, at the tertiary level of education, the gender gap is clearly reversed—in 1998, there were 112 women enrolled at the tertiary level per 100 men.

**Table 8. Gender disparity in tertiary education**

<table>
<thead>
<tr>
<th>Region</th>
<th>Ratio of female to male enrolment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1990</td>
</tr>
<tr>
<td>Developing regions</td>
<td></td>
</tr>
<tr>
<td>Northern Africa</td>
<td>0.52</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>0.47</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>0.94</td>
</tr>
<tr>
<td>Eastern Asia</td>
<td>0.49</td>
</tr>
<tr>
<td>South-central Asia</td>
<td>0.54</td>
</tr>
<tr>
<td>South-eastern Asia</td>
<td>0.82</td>
</tr>
<tr>
<td>Western Asia</td>
<td>0.66</td>
</tr>
<tr>
<td>Oceania</td>
<td>0.82</td>
</tr>
<tr>
<td>Developed regions</td>
<td>1.05</td>
</tr>
</tbody>
</table>

Source: UNESCO.

**Gender disparity in literacy rates**

40. UNESCO estimates that there were 86 million illiterate women aged 15 to 24 in the year 2000—61 per cent of the total illiterate youth. In 1990, women accounted for 100 million of the 160 million illiterate youth—63 per cent of the total. Thus, although the number of illiterate youth has been decreasing, the gender gap has remained substantially the same. The widest gender disparities for young adults are found in South Asia, sub-Saharan Africa and Western Asia. In some countries, the gender gap in literacy has in fact widened over the decade.

**Table 9. Illiterate women and men**

<table>
<thead>
<tr>
<th>Estimated and projected numbers of illiterates, ages 15-24 (millions)</th>
<th>1990</th>
<th>2000</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>100</td>
<td>86</td>
<td>64</td>
</tr>
<tr>
<td>Men</td>
<td>60</td>
<td>54</td>
<td>43</td>
</tr>
</tbody>
</table>

Source: UNESCO.

41. Improvements in school enrolment over the years are reflected in the generally lower illiteracy rates among young adults. However, illiteracy rates are still high in those parts of the world where many girls and boys remain out of school or drop out too early to be able to acquire the necessary skills to function as literate individuals.
Women’s access to paid employment in the non-agricultural sector

42. A high proportion of wage and salaried workers in an economy is an indication of a highly developed labour market, with most jobs in the formal sector. In both developing and industrialized economies, paid employment often provides workers with financial security and in some cases with non-wage benefits (social security coverage, paid and parental leave, retirement and unemployment benefits).

43. Data on paid employment in the non-agricultural sector, available for 69 countries at the International Labour Office (ILO), documents a significant overall increase in women’s share in paid employment in the non-agricultural sector over the last decade.

Current trends

- In the developed regions, in the 22 countries with available data, the share of women in wage employment in the non-agricultural sector was generally high over the decade – 35 per cent and above, with an upward trend.

- In 14 transition countries, the shares ranged between 38 per cent and 58 per cent in 1990, with an average of 44 per cent. The average increased to 49 per cent in 1995, and to 50 per cent in 2000, with a range of 45 per cent to 53 per cent.

- In 9 Asia and the Pacific countries women’s share of non-agricultural wage employment was around 40 per cent, with an increasing trend.

- In Latin America and the Caribbean, the share of women, recorded in 11 countries, varied widely, from about 35 per cent to almost 50 per cent. Data in this region come mostly from labour force surveys that take into account women’s participation both in and outside the formal sector (e.g. paid domestic services in the informal sector).

- The increasing trend is evident in Africa for the 9 countries observed, but levels vary widely: from below 11 per cent to nearly 40 per cent. Data in this region come almost exclusively from establishment surveys, more likely to reflect the situation of women in the small formal sector only.

- In the 4 countries of the Middle East and North Africa region the trend was increasing. However, levels vary considerably across countries, in line with different levels of industrialization: from about 10 to 48 per cent.

44. Women’s share in wage employment in the non-agriculture sector has increased in almost all regions and countries over the period 1990-2000. The extent to which this trend will be sustainable will depend on economic growth and on whether these employment opportunities are made available equally to women and men. This latter in turn depends on countries’ labour regulations, family and social policies, child care services, maternal and parental protection and regulation and many other factors affecting women and men’s family and public lives.

45. An assessment of the real extent to which women and men equally benefit from access to paid employment would require additional information on the quality,

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1 Story line contributed by ILO.
conditions and characteristics of work. Other variables would need to be considered, such as the level of education, the levels of remuneration and wage differentials, and to what extent employees benefit from labour legislation and social benefits. Also, a distinction should be made between full-time and part-time jobs, as well as casual, home-based work or domestic service types of work.

**Women’s access to political decision-making**

46. Women’s equal participation with men in power and decision-making is part of their fundamental right to participate in political life, and at the core of gender equality and women’s empowerment. Women’s equal participation in decision-making is one of the necessary conditions for women’s interests and concerns to be taken into account, and for ensuring a real integration of the equality dimension in government policy-making.

47. Women’s participation in political decision-making is monitored using the percentage of parliamentary seats held by women in single house or lower chambers of parliament.

48. Gender parity in parliamentary representation is still far from being realized. In 2002, globally the proportion of seats held by women in national parliaments stands at 14 per cent. The proportion of women has increased slightly since 1990, when it was 13 per cent. In only 10 countries, the presence of women in parliaments has reached or exceeded the target of 30 per cent called for by the ECOSOC in 1990 and not one single country has ever achieved numerical equal participation with men.

49. IPU data indicate that between 1990 and 2002, the proportion of seats held by women in the Single or Lower Houses has been growing everywhere except in Europe and in part of Western Asia. The average figure for Europe however masks two conflicting trends. On the one hand, women’s representation in parliament has continued to increase in the Nordic countries and other parts of the region. On the other hand, in Eastern Europe and CIS countries, changes in the political systems and deteriorating economic conditions resulted in a decline in the percentage of seats held by women, especially in the initial years of the transition.

50. The largest improvements took place in sub-Saharan Africa and in the Pacific, where the participation of women in parliament has risen from 9 and 5 respectively, to 13 per cent, in 2002. It should be noted, however, that data vary widely across countries within each region.

51. This wide variation within regions may in part be due to variations in electoral systems. IPU surveys tend to demonstrate a relative link between the type of electoral system used and the ways in which it is used, and the proportion of women in parliament. In general, the proportional system or a mixed system appears to be more favourable to women than the majority system. In some countries, quotas for women’s seats in parliament have been established through legislation. In others, political parties have agreed to quotas, or set targets, for the proportion of female candidates in elections.

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"Story line contributed by the United Nations Division for the Advancement of Women in consultation with UNIFEM, based on data provided by Inter-Parliamentary Union."
With regard to women’s leadership in parliaments, IPU reports that only 26 women preside over one of the houses of the 179 existing parliaments, 64 of which are bicameral. Women therefore occupy only 11 per cent of the total number of 243 posts of presiding officers of parliament or of one of its houses.

Table 10. Women parliamentarians in the single or lower House *

<table>
<thead>
<tr>
<th>Region**</th>
<th>1990</th>
<th>1997</th>
<th>2000</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nordic countries</td>
<td>34</td>
<td>36</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>Europe-OSCE member countries <strong>a</strong> (including Nordic countries)</td>
<td>17</td>
<td>14</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Europe-OSCE member countries <strong>a</strong> (excluding Nordic countries)</td>
<td>16</td>
<td>12</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Americas</td>
<td>11</td>
<td>13</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>Asia</td>
<td>13</td>
<td>13</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Pacific</td>
<td>5</td>
<td>10</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Western Asia</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>World</strong></td>
<td><strong>13</strong></td>
<td><strong>12</strong></td>
<td><strong>13</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

* Due to the absence of the Upper House or Senate in some countries, for purposes of comparability, this table reflects women’s representation in the Single or Lower Houses only.
** For the composition of each region, see Annex 1.
*a/ Organization of Security and Cooperation in Europe.
Source: IPU.

Caution needs to be exercised in interpreting this indicator. Women’s representation in parliaments alone is not an indication of the actual influence women have over a country’s political agenda. Parliament is only one of the political and decision-making structures commonly found at the national and local level, and thus statistics on the representation of women in parliament provide only partial insights into women’s ability to influence key decisions in social, economic and political areas that affect society as a whole. Women’s share of positions in the executive branch and in local government, the judiciary, the private sector, professional associations, and in trade unions and other interest groups would give further insights into the quantity, and quality, of women’s participation in power and decision-making.
Goal 4. Reduce child mortality

Target 5 - Reduce by two thirds, between 1990 and 2015, the under-five mortality rate\(^1\)

54. Under-five mortality accounts for the major part of mortality of children under the age of 18 (over 90 per cent, worldwide). The under-five mortality rate (U5MR) represents the probability of children dying by age 5. Country levels of U5MR vary from 4 to over 300 deaths per 1000 live births, with the latter signifying that over 30 per cent of children die before reaching the age of 5. More than 10 million under-fives die each year, 99 per cent of them in developing countries. Five diseases (pneumonia, diarrhoea, malaria, measles, and HIV/AIDS) account for over 50 per cent of these deaths. Malnutrition contributes to over 60 per cent. More than one in five deaths among children under five occur during the first week of life, mostly due to malnutrition in the mother and fetus leading to low birth weight, and to birth asphyxia and other delivery-related problems, both of which are compounded by poor antenatal care and lack of skilled birth attendants.

<table>
<thead>
<tr>
<th>U5MR (per 1000 live births)</th>
<th>1990</th>
<th>2000</th>
<th>Percentage change in U5MR, 1990 to 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>93</td>
<td>83</td>
<td>-11</td>
</tr>
<tr>
<td>Developed regions*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Europe</td>
<td>16</td>
<td>11</td>
<td>-29</td>
</tr>
<tr>
<td>Developing regions</td>
<td>103</td>
<td>91</td>
<td>-12</td>
</tr>
<tr>
<td>Africa</td>
<td>164</td>
<td>156</td>
<td>-4</td>
</tr>
<tr>
<td>Northern Africa</td>
<td>88</td>
<td>46</td>
<td>-48</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>176</td>
<td>171</td>
<td>-3</td>
</tr>
<tr>
<td>Latin America and the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
<td>54</td>
<td>37</td>
<td>-31</td>
</tr>
<tr>
<td>Asia</td>
<td>90</td>
<td>73</td>
<td>-19</td>
</tr>
<tr>
<td>Eastern Asia</td>
<td>46</td>
<td>40</td>
<td>-14</td>
</tr>
<tr>
<td>South-central Asia</td>
<td>125</td>
<td>96</td>
<td>-23</td>
</tr>
<tr>
<td>South-eastern Asia</td>
<td>77</td>
<td>54</td>
<td>-30</td>
</tr>
<tr>
<td>Western Asia</td>
<td>70</td>
<td>64</td>
<td>-8</td>
</tr>
<tr>
<td>Oceania</td>
<td>95</td>
<td>93</td>
<td>-2</td>
</tr>
</tbody>
</table>

* Includes Canada, United States of America, Japan, Australia and New Zealand.

Source: UNICEF, WHO and World Bank, based on data from the UN Population Division.

\(^1\) Story line contributed by UNICEF and WHO.
Regional estimates of U5MR in 2000 vary from a low of 9 per 1000 live births in developed regions to a high of 171 per 1000 live births in sub-Saharan Africa. In relation to the goal, the difference between regions in the reduction of U5MR over the period 1990 to 2000 is even more striking. The region with the lowest level of U5MR (Europe) achieved one of the largest reductions (29 per cent), and the region with the highest level of U5MR (sub-Saharan Africa) achieved one of the smallest reductions (3 per cent). For a small number of countries in sub-Saharan Africa with high levels of HIV infection this can, to some extent, be attributed to mother-to-child transmission of HIV. For most countries, however, progress in reducing child deaths has also slowed because efforts to reduce malnutrition and to achieve full coverage with interventions to reduce child mortality from diarrhoea, pneumonia, vaccine-preventable diseases, malaria and delivery-related conditions have been inadequate.

If trends in U5MR during the 1990s continue at the same rate to 2015, the global reduction of U5MR over the period 1990 to 2015 will be about one quarter, far from the goal of a two-thirds reduction. Even if the rate of reduction increased five fold, the goal of a two-thirds reduction would still not be reached by 2015. This is because nearly half of all under-five deaths occur in sub-Saharan Africa, and therefore this region has an enormous impact on the reduction of U5MR. Thus, a major improvement in reducing U5MR must occur in sub-Saharan Africa in the next several years if the target is to be achieved. This will require rapid and dramatic increases in coverage with the effective interventions that support families and communities in preventing disease and caring for their children, and improved health services.

Measles immunization

U5MR is a composite of deaths from a variety of causes (such as pneumonia, diarrhoea, malaria, measles, and HIV/AIDS). Health and other programmes targeted at these specific causes are the practical means of reducing U5MR. Immunization is an essential component in reducing U5MR. Among the childhood vaccine-preventable diseases, measles is the leading cause of child mortality—accounting for over half a million deaths in 2000. Routine measles immunization with a 90 per cent coverage in all countries combined with a ‘second opportunity’ for measles vaccination are the main strategies to reduce measles deaths. Measles immunization coverage can be assessed annually and hence is a useful indicator of progress on one of the key causes of under-five deaths.

Overall measles immunization coverage has stagnated during the 1990s at marginally above 70 per cent. However, regional estimates vary considerably. Coverage increased by 19 per cent and reached a level of 92 per cent in Latin America and the Caribbean, while it decreased to 51 per cent in sub-Saharan Africa. At the end of the 1990s, both South-central Asia and sub-Saharan Africa had coverage below 60 per cent, a level that requires substantial improvement if measles mortality is to be reduced in these regions.
<table>
<thead>
<tr>
<th>Region</th>
<th>Measles immunization coverage (percentage)</th>
<th>Percentage change in coverage, 1990 to 1999</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1990</td>
<td>1999</td>
</tr>
<tr>
<td>World</td>
<td>74</td>
<td>72</td>
</tr>
<tr>
<td>Developed regions*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Europe</td>
<td>83</td>
<td>91</td>
</tr>
<tr>
<td>Developing regions</td>
<td>73</td>
<td>69</td>
</tr>
<tr>
<td>Africa</td>
<td>66</td>
<td>56</td>
</tr>
<tr>
<td>Northern Africa</td>
<td>82</td>
<td>91</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>63</td>
<td>51</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>77</td>
<td>92</td>
</tr>
<tr>
<td>Asia</td>
<td>74</td>
<td>71</td>
</tr>
<tr>
<td>Eastern Asia</td>
<td>98</td>
<td>89</td>
</tr>
<tr>
<td>South-central Asia</td>
<td>59</td>
<td>57</td>
</tr>
<tr>
<td>South-eastern Asia</td>
<td>72</td>
<td>80</td>
</tr>
<tr>
<td>Western Asia</td>
<td>81</td>
<td>82</td>
</tr>
<tr>
<td>Oceania</td>
<td>69</td>
<td>60</td>
</tr>
</tbody>
</table>

* Includes Canada, United States of America, Japan, Australia and New Zealand.

Source: UNICEF.
Goal 5. Improve maternal health

59. This goal addresses the need to improve maternal health and prevent maternal deaths. Complications during pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries, and are estimated to be the cause of death of over half a million women in 1995 and of disability and suffering among many millions more. In 1995, over half these deaths (273,000) occurred in Africa, about 42 per cent (217,000) occurred in Asia, about 4 per cent (22,000) in Latin America and the Caribbean, and less than one per cent (2,800) in the more developed regions of the world.

Target 6 - Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

60. The maternal mortality ratio, which is a measure of the obstetric risk associated with each pregnancy, is estimated to be 400 per 100,000 live births globally. By region, it is highest in Africa (1000), followed by Asia (280), Oceania (260), Latin America and the Caribbean (190), and the developed countries (21). In high fertility settings, women face this risk several times during their lives and the cumulative lifetime risk of maternal death may be as high as one in 13, compared with one in 2500 in developed countries.

Table 13. Estimates of maternal mortality ratios, number of maternal deaths, and lifetime risk, 1995

<table>
<thead>
<tr>
<th>REGION</th>
<th>Maternal mortality ratio (Maternal Deaths per 1000,000 live births)</th>
<th>Number of maternal deaths</th>
<th>Lifetime risk of maternal death 1 in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>World total</td>
<td>400</td>
<td>515,000</td>
<td>75</td>
</tr>
<tr>
<td>Developed countries</td>
<td>21</td>
<td>2,800</td>
<td>2,500</td>
</tr>
<tr>
<td>Developing countries</td>
<td>440</td>
<td>512,000</td>
<td>60</td>
</tr>
<tr>
<td>Africa</td>
<td>1,000</td>
<td>273,000</td>
<td>16</td>
</tr>
<tr>
<td>Northern Africa</td>
<td>200</td>
<td>7,200</td>
<td>120</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>1,100</td>
<td>265,000</td>
<td>13</td>
</tr>
<tr>
<td>Asia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastern Asia</td>
<td>60</td>
<td>13,000</td>
<td>770</td>
</tr>
<tr>
<td>South-Central Asia</td>
<td>410</td>
<td>158,000</td>
<td>55</td>
</tr>
<tr>
<td>South-Eastern Asia</td>
<td>300</td>
<td>35,000</td>
<td>95</td>
</tr>
<tr>
<td>Western Asia</td>
<td>230</td>
<td>11,000</td>
<td>95</td>
</tr>
<tr>
<td>Latin America &amp; the Caribbean</td>
<td>190</td>
<td>22,000</td>
<td>160</td>
</tr>
<tr>
<td>Oceania</td>
<td>260</td>
<td>560</td>
<td>70</td>
</tr>
</tbody>
</table>

Regional averages in Asian regions exclude Japan and Australia/New Zealand, included in developed countries.
Source: WHO/UNICEF.

m Story line contributed by WHO, in collaboration with UNICEF and UNFPA.
61. Measuring maternal mortality accurately is notoriously difficult, except in settings with comprehensive registration of deaths and good attribution of causes of death. Current estimates are derived from country information using different sources and data collection methods and are subject to rather large margins of uncertainty. The figure of 515,000 maternal deaths in 1995 should be interpreted with caution; globally the number of maternal deaths could fall within the range 300,000 to 800,000.

62. Based on current rates of progress, the regions with the highest levels of maternal mortality, sub-Saharan Africa and South-central Asia, are unlikely to achieve the Millennium Development target on maternal mortality reduction unless substantially more resources are committed to achieving the target in the poorest countries.

63. Reducing maternal deaths comprises enhancing gender equity and women’s empowerment, providing family planning information and services, access to skilled care during pregnancy, delivery and the postpartum period, and ensuring essential obstetric care for the management of pregnancy-related complications.

Assessing trends in maternal mortality

64. Currently, countries with comprehensive registration of deaths and good attribution of causes of death account for only around one quarter of all births and they are all countries with relatively low levels of maternal mortality. Data for these countries indicate that whereas significant declines in maternal mortality took place during the 1970s and 1980s, these improvements levelled off during the 1990s, in some countries with little evidence of further progress.

65. In the other countries of the world, where levels of maternal mortality are estimated to be high, survey methods have to be used to estimate levels and these are subject to wide margins of uncertainty and cannot be used to monitor trends. Therefore, there is consensus that for assessing trends over time, other indicators should be used. The proportion of women who deliver with the assistance of a skilled health care provider – doctor, nurse, midwife - is one such indicator; it is widely available and is highly correlated with maternal mortality ratios. Increasing access to skilled care during the critical time of delivery when obstetric complications are most likely to arise, is a key strategy for reducing maternal mortality, along with efforts to improve access to antenatal and postpartum care and family planning information and services to prevent unwanted pregnancy and unsafe abortion.

66. Trends in this indicator during the 1990s, suggest that significant progress has been made in developing countries, with an overall increase from 42 to 53 per cent between 1990 and 2000. However, there are important differences across regions. In sub-Saharan Africa, there was no significant change over the period with coverage of skilled attendant remaining at around 40 per cent throughout the decade. Similarly, in Western Asia, there was little improvement--coverage increasing by only 8 per cent, although rates were generally higher than in sub-Saharan Africa. By contrast, coverage increased significantly in Northern Africa and in East/South-eastern Asia so that by the year 2000, nearly two thirds of women had a skilled attendant at delivery in these regions. Although coverage increased over the decade in South-central Asia, it remains very low, with only one woman in three assisted by a skilled person during delivery. In Latin America/Caribbean use of skilled attendant increased by 12 per cent over the
decade, though this region has the highest overall levels of coverage with over 80 per cent of women having a skilled attendant at delivery in 2000. Within these regional groupings there are significant differences between countries and between settings within countries.

67. All data on skilled attendant at delivery are derived from household surveys such as the Demographic and Health Surveys and the UNICEF-supported Multiple Indicator Cluster Surveys (MICS). Some caution is warranted in the interpretation of these data, as the precise meaning of the term “skilled attendant” and the extent to which the indicator accurately reflects access to essential obstetric care, will vary from one setting to another.

Figure 2 - Trends in skilled care at delivery, 1990-2000
Based on 51 countries with trend data

Source: WHO.
Goal 6. Combat HIV/AIDS, malaria and other diseases

68. Goal 6 addresses the need to halt and begin to reverse the spread of HIV/AIDS and other major diseases that affect humanity, and to provide special assistance to children orphaned by HIV/AIDS. One useful indicator for tracking progress in reducing the overall incidence and mortality from HIV/AIDS, malaria and other diseases is healthy life expectancy. Healthy life expectancy summarizes total life expectancy into equivalent years of "full health" by taking into account years lived in less than full health due to diseases and injuries. 7

69. Average healthy life expectancy at birth for the world in the year 2000 is estimated to be 56 years. Healthy life expectancy at birth declined in sub-Saharan Africa from 42 years in 1990 to 39 years in 2000, reflecting the impact of HIV/AIDS. Without HIV/AIDS, healthy life expectancy at birth in sub-Saharan Africa would have been almost 6 years higher in 2000. If malaria and tuberculosis were also eliminated, it would have been almost 9 years higher in 2000.

70. HIV/AIDS is now the leading cause of mortality in sub-Saharan Africa and the fourth-biggest killer worldwide. At the end of 2001, an estimated 40 million people globally were living with HIV. In sub-Saharan Africa alone, there were 2.3 million AIDS deaths. Two other communicable diseases – malaria and tuberculosis - account for a large share of disease burden, especially in developing countries. At least 1 million people die from malaria every year and malaria is likely to be a contributing factor in another 2 millions deaths. Tuberculosis kills 1.7 million people every year.

71. Strategies to prevent new HIV infections have been shown to be effective in lowering the levels of HIV prevalence in some countries. Strategies to alleviate the impact of the epidemic on individuals and communities have also been developed. Implementation of these strategies at the appropriate scale will allow to reverse the spread and impact of HIV globally.

72. Prevention and treatment measures also exist for malaria, but have not been made available to people who need them most. An inexpensive strategy that could prevent and treat million of tuberculosis cases and deaths has also been identified -the DOTS programmes. 8 There has been a steady increase in case findings notified under DOTS since 1994. However, with this rate of progress the target of 70 per cent case detection—endorsed at the World Health Assembly in May 2000—will not be reached by the agreed target year of 2005.

Target 7 - Have halted by 2015 and begun to reverse the spread of HIV/AIDS

73. Through the nineties, the HIV prevalence rate has increased globally and in all regions. In sub-Saharan Africa, there were 2.3 million AIDS deaths in 2001 and prevalence rates among adults have reached 8.4 per cent, rising to over 30 per cent in some settings. The Caribbean is the second most affected region with prevalence among adults at 2.2 per cent. Eastern Europe is experiencing the fastest growing epidemic in the world, along with high levels of other sexually transmitted infections and of injecting

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7 Story line contributed by UNAIDS, UNFPA, UNICEF and WHO.
drug use among young people, both of which are major risk factors for the spread of HIV/AIDS. HIV remains entrenched in specific population groups in Latin America. In countries of Asia and the Pacific, where over 7 million people have already been infected, relatively low national prevalence rates mask localized epidemics that have enormous potential to escalate in the world’s most populous countries. Even in high-income countries in North America, parts of western Europe and Australia, rising infection rates in recent years suggest that advances made in treatment and care have not been matched consistently with progress in prevention.

74. At the UN General Assembly Special Session on AIDS in June 2001, countries committed themselves to working towards a clear and measurable target of reducing the prevalence of HIV among young people of 15-24 years old by 25 per cent by the year 2010. Countries further committed themselves to a wide range of prevention efforts and to ensuring that at least 95 per cent of young women and men have access to the information and services needed to reduce their vulnerability to HIV infection. Countries further promised to implement strategies to provide supportive environments for orphans. The indicators for monitoring progress towards the HIV target thus relate to these three key commitments.

Tracking HIV prevalence in young people

75. Sentinel HIV sero-surveillance among pregnant women is recommended for countries with a generalised epidemic, as well as for urban areas of countries with concentrated epidemics. In countries with low-level and concentrated epidemics, HIV sero-surveillance should be conducted among sub-populations at high risk.

76. For monitoring the impact of prevention programmes, the number of new infections is a better measure than the total number of people living with HIV/AIDS. However, the number of new infections cannot be directly monitored. Tracking HIV prevalence among 15-to-24-year-olds is based on the consideration that most HIV infections in this age group are relatively recent, thereby approximating new infections. The prevalence among 15-24 year old pregnant women can be tracked over time for the capital city or the major urban areas, to avoid bias that would be introduced by changing sentinel surveillance sites over time.

77. In many parts of the world, the majority of new infections occur in young adults and globally, about one third of those currently living with HIV/AIDS are aged 15-24. Adolescent girls are at particularly high risk of HIV infection, especially in sub-Saharan Africa where more than two-thirds of newly infected 15 to 19 year olds are female and where over 8 per cent of young women are currently living with HIV/AIDS, compared with around 4 per cent of young men. Prevention programmes have reversed the trends in infection in young people in some countries in Africa and Asia.
Table 14. Estimates of HIV prevalence in 15-24 year old young women and men, end of 1999

<table>
<thead>
<tr>
<th></th>
<th>Female 15-24</th>
<th>Male 15-24</th>
<th>Total 15-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>1.2</td>
<td>0.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Developed regions*</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Europe</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Developing regions</td>
<td>1.4</td>
<td>0.8</td>
<td>1.1</td>
</tr>
<tr>
<td>Africa</td>
<td>6.8</td>
<td>3.4</td>
<td>5.1</td>
</tr>
<tr>
<td>Northern Africa</td>
<td>0.01</td>
<td>0.03</td>
<td>0.02</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>8.4</td>
<td>4.2</td>
<td>6.3</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>0.3</td>
<td>0.7</td>
<td>0.5</td>
</tr>
<tr>
<td>Asia</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Eastern Asia</td>
<td>0.02</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>South-central Asia</td>
<td>0.4</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>South-eastern Asia</td>
<td>0.5</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Western Asia</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
</tr>
<tr>
<td>Oceania</td>
<td>0.2</td>
<td>0.1</td>
<td>0.2</td>
</tr>
</tbody>
</table>

* includes Canada, United States of America, Japan, Australia and New Zealand.

Source: UNAIDS.

Progress in prevention

78. Most young people living with HIV/AIDS do not know that they carry the HIV virus. Millions more know too little about HIV to protect themselves against it. Yet, knowledge of HIV and its modes of transmission is a precondition for people to be able to protect themselves against infection. Studies in sub-Saharan Africa have found that half of the teenage respondents do not realize that a healthy-looking person can be living with HIV/AIDS. The proportion of young people aged 15-24 who have never heard about AIDS or who believe that HIV can be transmitted through mosquitoes, has ranged between 35 per cent and 96 per cent in selected countries. In future years, survey data will provide information on the percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.

79. In the context of prevention measures, condoms represent an effective way to prevent sexual transmission of HIV. However, the use of family planning methods, in particular condoms, is influenced by many factors, especially access to and knowledge of affordable and quality commodities and services, and requires empowerment of women and greater male participation, so that people can make informed choices. Between 1990 and 2000, the contraceptive prevalence rate increased from an estimated 57 per cent in
1990 to 67 per cent in 2000. Of those using a contraceptive method, globally just 7 per cent used condoms. Because this contraceptive condom use rate is only measured amongst women in a union and relates to contraception rather than prevention of HIV infection, survey data on condom use in high-risk situations will be reported in future years.

**Children orphaned by HIV/AIDS**

80. Because of the sexual transmission of HIV, especially in high prevalence settings, dual orphanhood is highly associated with HIV/AIDS. Children orphaned by AIDS are at risk of malnutrition, illness, abuse, child labour and sexual exploitation. They also suffer the stigma and discrimination often associated with HIV/AIDS and may be denied education, work, housing and other basic needs as a result. They are likely to drop out of school because of discrimination, emotional distress, because they cannot afford to pay school fees, or because they need to care for parents infected with HIV or for younger siblings. The ratio of orphaned children who lost both parents to non-orphaned children 10-14 years of age who are currently attending school provides a crude measure of the extent of disadvantage faced by orphans compared to non-orphaned children as manifested in school attendance. In the period 1994-1998, in selected countries, this ratio has ranged between .35 and .88 in Africa, between .78 and .93 in Asia, and between .76 and .84 in Latin America and the Caribbean.

**Target 8 - Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases**

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**Prevalence and death rates associated with malaria**

81. Estimates of the number of acute malaria cases are highly variable, and range up to 500 million. At a minimum, 1 million people die from malaria every year and malaria is likely to be a contributing factor in another 2 millions deaths. About 80 per cent of malaria deaths are among young children living in sub-Saharan Africa. For the world as a whole in the year 2000, malaria mortality among children 0-4 years was estimated at 906,000 deaths, 880,000 of which occurred in sub-Saharan Africa.9

82. Today, 40 per cent of the world’s population – primarily those living in the world’s poorest countries – are at risk of contracting malaria. In many parts of Africa, children experience at least three life-threatening infections by the age of one; those who survive may suffer learning impairments or brain damage. Pregnant women and their unborn children are also at particular risk of malaria, which is a cause of perinatal mortality, low birth weight, maternal anaemia and maternal mortality.

**Use of effective malaria prevention and treatment measures**

83. The Roll Back Malaria initiative, established in late 1998 by the World Health Organization, UNICEF and the World Bank, identifies four main interventions to reduce the burden of malaria in Africa: (1) use of insecticide-treated nets (ITNs), which have been demonstrated to cut all-cause child mortality over the first two years by 20 per cent, (2) prompt access to effective treatments in or near the home, (3) providing anti-malarial drugs to symptom-free pregnant women in high transmission areas, and (4) improved

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9 Story line contributed by WHO in consultation with UNICEF.
forecasting, prevention and response, essential to respond quickly and effectively to malaria epidemics.

84. Much of current monitoring on malaria control focuses on young children in Africa because they suffer the largest burden. Results indicate that the use of insecticide-treated bed nets among children under five is very low. In 21 out of 24 African countries with survey data on bed net use, the levels were at 5 per cent or less, with an overall median coverage of 1 per cent. These surveys also show that in 14 out of 25 African countries, at least 50 per cent of children under five with fever were treated with anti-malarial drugs. However, these figures do not take into account late treatment, inadequate dosing, poor quality drugs or resistance of the malaria parasite to the drugs. So the coverage rates for effective, life-saving treatment are likely to be significantly lower.

85. Although there is sufficient evidence to confirm the effectiveness of the main malaria interventions, they have not been made available to those people who need them most. If the Roll Back Malaria initiative is to achieve the ambitious Millennium Development target on the incidence of malaria, focused attention, bold action and sufficient resources are required.

Prevalence and death rates associated with tuberculosis

86. Tuberculosis kills 1.7 million people every year. In addition, almost half a million people infected with HIV also contract TB as a result. One in three people in the world – some 2 billion people – have latent TB infection but only around 10 per cent of them will go on to develop the disease. Each year there are about 8 million new TB cases and the poor are most at risk. Most of the deaths associated with TB occur during the most productive years, between the ages of 15 and 54. Detecting and curing TB is, therefore, a key intervention for addressing poverty and inequality. Table 15 gives WHO’s best assessment of regional rates for TB prevalence (sputum smear-positive disease) and mortality from all forms of TB excluding cases attributable to HIV/AIDS.

Primary intervention against TB

87. The recommended approach to treatment is via DOTS, an inexpensive strategy that could prevent millions of TB cases and deaths over the coming decade. DOTS is a 5-pronged strategy for TB control consisting of:

- government commitment to sustained TB control;
- detection of TB cases through sputum smear microscopy among symptomatic people;
- regular and uninterrupted supply of high-quality TB drugs;
- 6-8 months of regularly supervised treatment (Including direct observation of drug-taking for at least the first two months);
- reporting systems to monitor treatment progress and programme performance.

88. The success of DOTS depends on expanding case detection while ensuring high treatment success rates. Unfortunately, DOTS programmes are nowhere near reaching the target of 70 per cent case detection, endorsed at the World Health Assembly in May 2000. The 1.02 million smear-positive cases notified under DOTS represent only one quarter (27 per cent) of the estimated total TB cases that arose in 2000, and the rate of
progress in case finding between 1999 and 2000 was no faster than the average since 1994. The increment in case finding has been steady at about 133,000 additional smear-positive cases in each year since 1994. If this rate of progress is maintained, the target of 70 per cent case detection will not be reached until 2013. To reach 70 per cent case detection by the agreed target year of 2005, DOTS programmes must find an additional 333,000 cases each year.

89. Many of the 148 national DOTS programmes in existence by the end of 2000 have shown that they can achieve high treatment success rates, close to or exceeding the World Health Assembly target of 85 per cent. The global average treatment success rate for DOTS programmes was 80 per cent in 1999, though cure rates tend to be lower, and death rates higher, where drug resistance is frequent, or HIV prevalence is high. DOTS programmes however successfully treated only 19 per cent of all new smear-positive cases estimated to have arisen that year.

Table 15. Malaria child death rates, tuberculosis prevalence and death rates, 2000

<table>
<thead>
<tr>
<th>REGION</th>
<th>Malaria deaths per 100,000 aged 0-4 years</th>
<th>Tuberculosis mortality rate * (deaths per 100,000)</th>
<th>Tuberculosis prevalence rate * (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>World total</td>
<td>148</td>
<td>28</td>
<td>123</td>
</tr>
<tr>
<td>Developed countries</td>
<td>0</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>Developing countries</td>
<td>166</td>
<td>33</td>
<td>147</td>
</tr>
<tr>
<td>Africa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern Africa</td>
<td>47</td>
<td>5</td>
<td>27</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>791</td>
<td>62</td>
<td>223</td>
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<tr>
<td>Asia</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Eastern Asia</td>
<td>0</td>
<td>19</td>
<td>88</td>
</tr>
<tr>
<td>South-Central Asia</td>
<td>6</td>
<td>40</td>
<td>196</td>
</tr>
<tr>
<td>South-Eastern Asia</td>
<td>2</td>
<td>49</td>
<td>239</td>
</tr>
<tr>
<td>Western Asia</td>
<td>26</td>
<td>11</td>
<td>42</td>
</tr>
<tr>
<td>Latin America &amp; the Caribbean</td>
<td>1</td>
<td>11</td>
<td>44</td>
</tr>
<tr>
<td>Oceania **</td>
<td>2</td>
<td>44</td>
<td>217</td>
</tr>
</tbody>
</table>

* Prevalence of sputum smear positive TB excluding TB attributable to HIV/AIDS, mortality due to all forms of TB; excluding TB attributable to HIV/AIDS.
** Regional averages and totals exclude Japan and Australia/New Zealand.
Source: WHO.
Goal 7. Ensure environmental sustainability

90. Sustainable development encompasses environmental, social and economic aspects. Goal 7 addresses important environmental issues by looking at the interaction between the environment and the other two components of sustainable development. The goal deals with the losses of natural resources and the impact of the economy on the environment through the use of the environment as provider of materials (e.g. timber and non-timber products and energy resources) and as a provider of sink for pollutants (e.g. emissions of CO2, ozone depleting substances). The concerns related to the interaction of the environmental domain with social issues are also addressed, including the needs to promote equitable access to and adequate supplies of water, to reduce exposure to indoor air pollution and to improve the lives of slum dwellers.

Target 9 - Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Land area covered by forests

91. Forests provide a number of functions, which are vital for mankind. These functions include the provision of goods, e.g. timber and non-timber products and the provision of services such as protection against flooding, habitat for bio-diversity, carbon sequestration, watershed protection and soil conservation. Large areas of the world’s forests have been converted to other uses or severely degraded. While substantial areas of productive forest remain, there is now widespread recognition that the resource is not infinite, and that its wise and sustainable use is needed for our survival. Initiatives to promote sustainable forest management have stimulated many countries to implement forest management plans.

92. Forest area provides an indication of the relative importance of a forest in a country and changes in forest area reflect the demand for land for other competitive uses. In the year 2000, the total forest area amounted to 3.9 billion hectares, of which 47 per cent were in the tropics. During the period 1990-2000, according to FAO, the decrease in tropical forest was 14.2 million hectares a year, 97 per cent of total deforestation. This decrease was partially offset by the expansion of plantation forests, primarily in non-tropical areas. Over the same period, the world lost 4.2 per cent of its natural forests, but it gained 1.8 per cent through natural expansion and establishment of plantations, resulting in the net reduction of 2.4 per cent over the ten-year period. The estimated net loss during the decade was 9.4 million hectares per year, an area about the size of Portugal.

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P Story line contributed by FAO.
Table 16. Amount of gross and net changes in forest area, 1990 to 2000
(million hectares per year)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Deforestation *</th>
<th>Increase in forest area**</th>
<th>Net change in forest area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tropical</td>
<td>-14.2</td>
<td>+1.9</td>
<td>-12.3</td>
</tr>
<tr>
<td>Non-tropical</td>
<td>-0.4</td>
<td>+3.3</td>
<td>+2.9</td>
</tr>
<tr>
<td>Global</td>
<td>-14.6</td>
<td>+5.2</td>
<td>-9.4</td>
</tr>
</tbody>
</table>

* Deforestation indicates the conversion of forest to other land use or long term reduction of the tree canopy cover below the minimum 10 per cent threshold.
** Increase in forest area includes afforestation, that is the establishment of forest plantations in non-forested areas, and natural expansion of forests into previously non forested areas.

Source: FAO, Global forest resources assessment 2000.

93. In the past, deforestation was directly linked to population growth and shifting cultivation. In the last decade, although demand for agricultural land remains the major driving force leading to deforestation, other factors such as commercial logging, illegal and controlled, and the general level of economic development and urbanization, contributed.

**Protected areas**

94. Protected areas are a vital contribution to the conservation of the world’s natural and cultural resources. They are essential for maintaining bio-diversity, and for delivering vital ecosystem services, such as protecting watersheds and soils and shielding human communities from natural disasters. Many protected areas are important to local communities, especially indigenous peoples who depend for their survival on a sustainable supply of resources from them. They are important also for research and education, and contribute significantly to local and regional economies, most obviously from tourism. Protected areas face many challenges, such as external threats associated with pollution and climate change, irresponsible tourism, infrastructure development and ever increasing demands for land and water resources.

95. The number and size of protected areas provide an indication of the continuous efforts made by governments to maintain their natural heritage. The proportion of protected areas on total land area in the world increased from 7.5 per cent in 1990, to 9.5 per cent in 2000- that is from 1 billion ha to 1.28 billion ha. The number of protected areas increased by 7,388, between 1990 and 2000, although the number of new sites established during the last decade was less than the one established during the previous decade. While the new establishments decreased in number, they increased in size.

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* Story line contributed by UNEP-WCMC.
1. Areas for which there is no information on the year of establishment are not included. These amount to 21,337 sites and 191 thousand ha.

2. In 1990 the number of sites was 30,723 and the global area of protected areas was 1 billion ha.

3. The peak in 1994 can be attributed to the establishment of vast Ar-Rub’al Khali Wildlife Management Area in Saudi Arabia, which covers 640,000 square kilometres, and the Arabian Oryx Sanctuary in Oman, covering 34,000 square kilometres. 

Source: UNEP- World Conservation Monitoring Centre (WCMC).

**Energy use**

96. Environmental sustainability calls for efficient use of resources. Energy use per unit of GDP measured in purchasing power parity terms, provides an indicator of energy efficiency. Between 1990 and 1999 energy efficiency increased in developed and developing countries, with the largest rate of improvement in lower-middle-income economies. Still developed economies remain the most energy efficient and the gap between them and the poorest countries has increased.

97. Energy is an important component of any economy, not only as a sector by itself, but also as an important input to other economic activities. However, energy production and use have environmental effects that differ greatly by energy source. Fuel combustion is the main source of local and regional air pollution and greenhouse gas emission. Other effects involve reduction in water quality, changes in land use, risks related to the nuclear fuel cycle and to the extraction, transport and use of fossil fuels. The structure of a country’s energy supply and the efficiency of its use are key determinants of environmental performance and sustainability of economic development.

98. In this context, data on energy use refer only to the commercial energy and excludes non-commercial energy use, which is significant in developing countries. Hence, the data presented underestimate the use of energy in most developing countries. This notwithstanding, all economies have made progress in using commercial energy more efficiently during the 1990-99 period.

99. By 1999 low-income economies, as well as upper-middle-income economies, improved their efficiency of energy use by almost 15 per cent over 1990 levels. Lower-

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* Story line contributed by the World Bank.
middle-income economies made the most significant improvement, using almost 30 per cent less energy for producing a unit of GDP measured in purchasing power parity terms. The energy efficiency of high-income economies has improved by almost 20 per cent since 1990. Despite these improvements, the gap between high- and low-income economies has widened in this decade: in 1990 the low-income economies, on average, were using 324 kg oil equivalent to produce $1,000 worth of PPP GDP, compared with 258 kg in high-income economies – 26 per cent more. By 1999, low-income economies were using 277 kg oil equivalent, compared to 208 kg in high-income economies – or 33 per cent more.

**Carbon dioxide emissions**

100. The atmospheric abundance of greenhouse gases increased in recent decades due largely to human activities. Most of the warming over the last fifty years is likely due to the significant increase in greenhouse gas emissions. Largely as a result of increased concentrations of greenhouse gases (GHGs) in the atmosphere, the global average surface temperature increased 0.6° over the 20th century. The most recent period of warming (1976-1999) was almost global, but the largest increases in temperature, beyond regional variability in the climate system, occurred over the mid-high latitudes of the continents in the Northern Hemisphere. Global ocean heat content increased significantly; annual land precipitation also continued to increase in the middle and high latitudes of the northern hemisphere.

101. The main agent causing the greenhouse effect is carbon dioxide (CO2) - mainly from burning coal, oil, and natural gas. Other important GHGs are methane (CH4) and nitrous oxide (N2O) - mainly due to agriculture and changes in land use, and long-lived industrial gases such as chlorofluorocarbons (CFCs), hydrofluorocarbons (HFCs), perfluorocarbons (PFCs) and sulphurhexafluoride (SF6).

102. The largest single source of greenhouse gas emission from human activities is CO2 accounting for 60 per cent of the total changes in concentrations of all long-lived and globally mixed greenhouse gases. Globally, the average increase in CO2 concentrations since 1980 has been 0.4 per cent per year. Anthropogenic emissions increased at a higher rate, from 6,096 in 1990 to 6,608 million metric tons of carbon in 1998—an annual average increase of 1.01 per cent. Between 1990 and 1999, CO2 emissions declined by 41 per cent in the economies in transition (Central/Eastern Europe and the former Soviet Union) due to economic restructuring, whereas, in Western Europe, North America, Japan and Oceania the emissions rose by 7 per cent. As a result, overall emissions in developed and transition countries declined by 8 per cent, over the period. Comparing data from the 1990 inventories with projections for the years 2010, emissions are expected to rise by at least 6 per cent by 2010, if no additional control measures are adopted. In developing countries, the estimated emissions of CO2 increased by 30 per cent between 1990 and 1998, from 2,126 to 2,756 million metric tons.

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*Story line contributed by the United Nations Framework Convention On Climate Change (UNFCCC) Secretariat. The analysis is based on data obtained from UNFCCC, for developed countries, and from Carbon Dioxide Information Analysis Center (CDIAC) for developing countries and for global trends.*
103. As for the other greenhouse gases, methane emissions account for 20 per cent, nitrous oxide emissions for 6 per cent and halocarbons (CFCs, HFCs, PFCs) and SF6 contribute to the remaining 14 per cent of the total changes in concentrations of all long-lived and globally mixed greenhouse gases.

**Ozone-depleting substances**

104. The Montreal Protocol on Substances that Deplete the Ozone Layer (1987) aims to reduce and eventually eliminate the emissions of man-made ozone depleting substances (ODSs) by ceasing their production and consumption. To date, 183 countries have ratified the Montreal Protocol and thus are required to report yearly on production, imports and exports of the controlled substances. 170 of them (93 per cent) have reported data for various years.

105. Countries that have ratified the Montreal Protocol have committed to phase out the consumption of CFCs. Industrialized countries have, in general, complied with the protocol’s requirement of reducing their emissions of ozone depleting substances by 1996 to a residual amount. Under article 5 of the protocol, developing countries are given a grace period of about ten years – with the phasing out schedule starting in July 1999. As a result, their compliance to the protocol will be more easily assessable in the next few years.

106. Figure 4 shows the global consumption of CFCs controlled under the Montreal Protocol from 1986 to 2000. Before the adoption of the Montreal Protocol, in 1986, the total consumption of CFCs worldwide was about 1.1 million tonnes of ozone depleting potential (ODP tonnes). By 2000 this had decreased to about 146,000 tonnes. The bulk of 1986 consumption, about 0.9 million ODP tonnes, was consumed in industrialized countries, but by 1996 these countries consumed a residual amount of 24,000 ODP tonnes corresponding to their obligations under the protocol. This residual consumption can mostly be attributed to approved essential use exemptions and consumption for some of the former Soviet Union republics that have not yet managed to fully meet their obligations under the protocol. The success of the fast and economical reduction of consumption of CFCs has been possible thanks to the development and commercialization of alternatives to ozone-depleting substances.

107. Developing countries’ consumption of CFCs did not change significantly during 1986-95, while showed a slight reduction between 1995-1999. Their phase-out schedule requires them to freeze their consumption at average 1995-1997 levels by July 1999 and to reduce it by 50 per cent by the year 2005. Three out of the 130 developing countries (Brazil, China and Republic of Korea) accounted for more than 50 per cent of this group’s consumption for 1999.

108. Between 1978-1992, despite declines in the CFCs emissions, stratospheric concentrations increased. This was because long-lived CFCs emitted in earlier years continued to rise to the stratosphere. After 1992, the concentrations of CFCs leveled off. However, since HCFCs and HFCs are being used as substitutes for the CFCs, their concentrations are increasing.

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1 Story line contributed by Ozone Secretariat, UNEP.
Exposure to indoor air pollution (caused by solid fuels for cooking and heating)\textsuperscript{u}

109. Incomplete and inefficient combustion of solid fuels such as wood, charcoal, crop residues, dung and coal, results in the emission of hundreds of compounds, many of which are health-damaging pollutants or greenhouse gases. Exposure to indoor air pollution from the combustion of solid fuels, which especially affects women and small children, has been implicated, with varying degrees of evidence, as a causal agent of several diseases in developing countries.

110. Exposure to indoor air pollution depends on interactions of pollution source (fuel and stove type), pollution dispersion (housing and ventilation), and activities of household members. The type of fuel and participation in cooking tasks have consistently shown to be the most important predictors of exposure. While large-scale monitoring of actual exposure in field conditions is excessively costly, household fuel use patterns provide an easily-measurable predictor of exposure.

111. Approximately one half of the world’s population relies on biomass (wood, charcoal, crop residues, and dung) and coal as the primary source of domestic energy for cooking and heating. Solid fuel use is especially common among poor households. In Latin America and the Caribbean, for example, households with per capita income of less than $1 per day, are 7 times as likely to be solid fuels users, respectively, than those living above $1 per day.

112. According to WHO estimates, global mortality due to indoor air pollution from solid fuels show that in year 2000, approximately 1.5 million deaths, almost all in developing countries and among children and women, were attributed to this risk factor.

113. The patterns of household solid fuel use in developing countries have remained relatively unchanged between 1990 and 2000, as shown below. Technologies and

\textsuperscript{u} Story line contributed by WHO.
economic tools however have begun to be tested in a number of settings, which would allow the design and scaling-up of interventions.

**Figure 5 - Trends in household solid fuel use in developing regions**

* Data from Latin America and the Caribbean were insufficient to calculate regional estimates.  
Source: WHO.

**Target 10 - Halve by 2015 the proportion of people without sustainable access to safe drinking water**

114. Access to "improved" drinking water sources (e.g. piped supplies, protected wells/boreholes) is used as an indicator of access to safe drinking water. Data are available from household surveys and censuses, or, in their absence, national reports. Bacteria, viruses and parasites in drinking water are not the only concern for human health. Chemical contaminants, such as arsenic and fluoride in groundwater, are emerging as widespread threats and require closer monitoring and mitigation. While the absolute numbers of people with access to safe drinking water are smaller than those with access to improved sources, the trends in proportions are likely to be similar.

115. The target of halving the proportion of the world’s population without access to safe drinking water by 2015 implies a commitment to reach a global water coverage rate of 90 per cent. During the period 1990-2000 (for which data are available), the percentage of population with access to improved sources rose from 77 to 82 per cent.

116. The greatest gain in improved water coverage was registered in South-central Asia (from 72 per cent to 85 per cent). The lowest coverage rates remain in sub-Saharan Africa where only 58 per cent of the population have access to improved water sources (see chart of regional trends below). In the world’s poorest countries (LDCs), no progress was made over the decade.

*v Story line contributed by UNICEF and WHO.
117. Rural areas have seen the greatest improvements in coverage compared with urban areas—from 64 to 71 per cent coverage in rural areas, as compared to an increase from 94 to 95 per cent in urban areas. However, rural areas remain poorly served in terms of access to safe water. Urban–rural disparities are greatest in sub-Saharan Africa where only 45 per cent of the rural population have access to improved sources compared with 83 per cent of the urban population. Similarly high disparities are found in both Latin American and Eastern Asia.

118. In 2000, some 1.1 billion people – about one sixth of the world's population – still lacked access to improved drinking water. The majority of these people live in Asia and Africa. In sub-Saharan Africa, for example, two out of five people do not have access to improved sources.

119. The overall progress seen in the period 1990-2000 shows that target of halving the proportion of people without access to safe drinking – measured by access to improved water sources – is attainable if the current rate of increase is sustained. Accounting also for world population growth, access will need to be provided to about 1.5 billion people. This translates into the establishment of new water supply services for an additional 275,000 people each day until 2015. Ensuring that the world’s water supplies provide safe drinking water free of chemical and bacterial contamination will be a greater challenge. Achieving this will require a growth in investment and improved strategies for reaching those not yet served, especially for the low coverage region of sub-Saharan Africa.

Source: UNICEF.
Target 11 - By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers

120. One-third of the world’s urban population lives in slums. The comparatively more rapid growth in the urban areas of developing countries suggests that the problem will worsen in those areas that are already most vulnerable. More than 50 per cent of urban population in Africa lives in slums and this is set to increase unless there is substantial intervention.

Proportion of urban population with access to improved sanitation

121. Lack of sanitation is a major public health problem that causes disease, sickness and death, especially in overcrowded urban slums of developing countries. Access to improved sanitation is measured by the percentage of the population using “improved” sanitation facilities (e.g. sewer/septic connections, household latrines). Data are available from household surveys and censuses, or, in their absence, national reports.

122. Over the period 1990-2000, access to improved sanitation increased from 51 to 61 per cent globally. Despite these gains, in 2000 about 2.4 billion people, 80 per cent of them in Asia, still lacked access.

123. Data that reports directly on the sanitation conditions in slum areas is limited. Global reports on sanitation from WHO and UNICEF extracted from national household surveys indicate that overall access to improved sanitation in urban areas may have improved from 81 to 85 per cent between 1990 and 2000–about 600 million people in urban areas globally gained access to improved sanitation. In developing regions as a whole, coverage in urban areas grew from 70 to 77 per cent, over the period. Progress has been most impressive in Eastern and South-central Asia. In sub-Saharan Africa and Latin America, urban sanitation coverage remained virtually unchanged (see Figure 7). In rural areas of developing regions, improvement was substantially greater, but it remains very low–coverage rose from 21 to 35 per cent.

124. By year 2020, the world’s population living in urban areas is projected to overtake the number living in rural areas. Halving the proportion of the world’s fast growing urban population without improved sanitation by 2020 (from 19 to 10 per cent) will require reaching an additional 1.4 billion people, a challenge for greater financing and more effective sanitation programmes.

w Story line contributed by UNICEF and WHO in consultation with UN-HABITAT.
Currently, almost half of the world population lives in cities, but by 2020, this percentage will increase to 56. For the developing regions, the percentage of people living in cities will increase from 40 per cent in the year 2000 to 51 per cent by 2020. Estimates based on the secure tenure index show that between 1993 and 2001 the number of slum dwellers increased from 712 million to 837 million. Regionally, UN-Habitat estimates that 56 per cent of urban population in Africa is now living in slum conditions.

Slums are often unplanned informal settlements where access to services is minimal to non-existent. Slum dwellers are at a higher risk of disease and mortality. Adding to these burdens is the legal-social vulnerability of slum dwellers to eviction. This legal-social vulnerability of slum dwellers coupled with the inadequacy of services is encapsulated in the concept of security of tenure. Where secure tenure exists there will be a tendency to see improved housing structures and better access to services.

UN-Habitat developed a secure tenure index \(^{18}\) that focuses on the comparatively well-measured physical representation of secure tenure and better estimates the magnitude of slum dwellers. The index is a statistical composite of permanency and legality of structure, and access to water, sewerage and electricity as reported in city summary data collected by UN-Habitat. It represents the percentage of households with inadequate housing attributes. The percentage of households is

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\(^{x}\) Story line contributed by UN-HABITAT.
converted directly into a population estimate using the World Urbanization Prospects population figures and projections.

128. The baseline year (1993) estimate of global slum dwellers is 712 million. The straight-line projection for 2001 based on the urban population projection is 837 million. These estimates show that as much as 30 per cent of the urban population in 1993 was living in inadequate housing. Developing country cities have an estimated 38 per cent of urban residents living in slums, while for developed country cities the estimate is 4 per cent. Data by region is presented in the table below. Notable is Africa, where 56 per cent of the urban population is estimated to be living in slums. This situation is in line with higher consumption poverty and higher under-five mortality in the region. Although slum dwellers and the urban poor overlap, not all slum dwellers may be classified as poor.

Table 17. Population in urban slums *

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* Shown are the secure tenure indexes for each of the regional domains and the global domain. The global secure tenure index is not a weighted average of the regional indexes. For this reason the regional estimates are not additive to the global estimate. Due to the sample size the global estimate is the more robust estimate. Refer to: Harvey Herr and Guenter Karl (2002), “Estimating Global Slum Dwellers – Monitoring the Millennium Development Goal 7, Target 11”, UN-HABITAT, for a detailed description of the data and the estimation methods used.

Source: UN-HABITAT.
Goal 8. Develop a global partnership for development

129. The Millennium Declaration establishes a mutually accountable partnership between developed and developing countries. Goal 8 addresses the way developed countries can assist developing countries to achieve the other seven goals through more development assistance, improved access to markets, and debt relief. A promising start has been made. The Doha Conference has set the stage for a “development round” of trade liberalization. Tariffs and agricultural support in developed countries have been reduced in the 1990s, but barriers and high levels of agricultural support remain and the pace of reduction needs to accelerate. The Monterrey Conference on Financing for Development stimulated commitments from major donors to increase official development assistance (ODA)—as a first step—to reverse the 1990s decline in ODA and focusing it more on poverty reduction, education and health to help countries to realize the goals. And the Heavily Indebted Poor Countries Initiative has started to bring some $41 billion worth of debt relief to 26 countries. But maintaining developing countries' debt at sustainable levels will require that these countries implement sound economic and debt management policies and that they receive international support through trade, aid, and help with capacity building.

130. Goal 8 also addresses the need to develop strategies to provide youth with economic opportunities, to provide people in developing countries access to affordable, essential drugs, and to ensure that the benefits of new technologies are available to all.

131. Within the Millennium Declaration, the following targets have been set for this goal:

- **Target 12 - Develop further an open, rule-based, predictable, non-discriminatory trading and financial system**

- **Target 13 - Address the special needs of the least developed countries**

- **Target 14 - Address the special needs of landlocked countries and small island developing States**

- **Target 15 - Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term**

**Official development assistance**

132. Official development assistance (ODA)\(^9\) is at an all time low. Since 1990, it has fallen by 5 per cent in real terms, and by as much as 33 per cent as a share of donors’ national income. The share to least developed countries has declined from 27 per cent to 22 per cent, to small island developing States (SIDS) from 2.8 per cent to 2.4 per cent, while the share to the landlocked countries has risen slightly, but only because new countries have entered the group. Within the reduced total, however, more is going to

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\(^9\) Story line contributed by OECD.
basic social services, up from 8 per cent of ODA in 1995 to 14 per cent of ODA (nearly $4 billion) in 2000, and over four-fifths of aid is no longer tied to procurement of goods and services in the donor country, including practically all aid to least developed countries (LDCs) since January 2002. Fulfilling the commitments made at Monterrey would reverse the decline in ODA, raising it to 0.24 per cent of donors’ national income by 2006. This would however still be well short of the additional $50 billion that it is estimated to be required to help countries to achieve the other MDGs.

133. In 1970, the UN General Assembly set a target for ODA of 0.7 per cent of national income.\textsuperscript{20} For many years afterwards the collective effort of members of the OECD’s Development Assistance Committee hovered around half this level, but over the last decade it has fallen and by 2000 stood at 0.22 per cent ($54 billion). Only five countries reached the 0.7 per cent level in that year.

134. The first UN Conference on the least developed countries, held in Paris in 1981, agreed to boost aid to that group, either by doubling previous aid levels, or attaining a level of 0.15 per cent of national income. Although not universally accepted, the 0.15 per cent level has often been used as a benchmark. In 2000, only the same five countries that reached the overall level 0.7 per cent level for ODA directed the 0.15 per cent of their GNI to least developed countries. The average was 0.05 per cent.

135. There are several reasons for the decline in aid in the 1990s. The recession at the beginning of the decade put pressure on donors’ budgets, particularly in an area such as aid in which a domestic constituency was not directly affected. In some parts of the developing world (South-eastern Asia and to an extent Latin America) there was less need for aid. More distressing was the case of several countries in Africa where war and civil strife made it virtually impossible to deliver effective aid.

**Figure 8 - Net ODA, total and to least developed countries, as percentage of donors’ gross national income**

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\begin{align*}
\text{all developing countries} & \quad 0.40 & 0.35 & 0.30 & 0.25 & 0.20 & 0.15 & 0.10 & 0.05 & 0.00 \\
\text{LDCs} & \quad 0.00 & 0.00 & 0.00 & 0.00 & 0.00 & 0.00 & 0.00 & 0.00 & 0.00 \\
\end{align*}
\]

Source: OECD.
Proportion of ODA to Basic Social Services (BSS)

136. The World Summit on Social Development at Copenhagen in 1995 suggested the possibility of “mutual commitment between interested developed and developing country partners to allocate, on average, 20 per cent of ODA and 20 per cent of the national budget, respectively, to basic social programmes”. These programmes comprise basic education, basic health, population programmes and reproductive health, and poverty-focused water and sanitation projects.

137. In relation to the ODA part of the target, recent years have seen a significant rise in the share of bilateral, sector-allocable aid directed towards BSS, from around 8 per cent in 1995-96, when comparable statistics begin, to 11 per cent in 1997-98, and to almost 14 per cent in 1999-2000.\(^{21}\) Incomplete data for multilateral agencies suggest that on the whole they direct a somewhat higher share of their assistance to BSS.

Proportion of bilateral ODA that is untied

138. Tying procurement from aid contracts to suppliers in the donor country reduces its cost-effectiveness. Recognising this, OECD reports that DAC members have raised the share of their aid that is untied from about 60 per cent to more than 80 per cent over the last decade. The share of untied aid to the least developed countries has not risen so quickly. In 2001, the DAC adopted a new Recommendation on Untying Aid to the Least Developed Countries, which should spur progress in this area.

![Figure 9 - Percentage of bilateral ODA of OECD/DAC donors that is untied](image)

Source: OECD.
Addressing the special needs of landlocked countries and small island developing States

ODA received by land-locked developing countries as a proportion of their GNI

139. As a percentage of their national income, aid to land-locked countries dropped sharply at the beginning of the 1990s, but has since stabilised at around 6 per cent of their GNI, equivalent to $7.4 billion in 2000. The initial fall is largely a statistical artifact due to the fact that some former Soviet republics became aid recipients in 1992. Falls in aid to some African countries reflect the difficulty of delivering effective aid in strife-torn regions.

140. ODA receipts as a share of GNI increased a little over the last part of the 1990-2000 period, but partially due to a decline in the recipients’ GNI. This continues a decade of very disappointing economic performance among the group. Of the 24 land-locked countries for which data are available, 15 show falls in real per capita income over the 1990s.

141. For the group as a whole, about 35 per cent of bilateral aid goes to social services, a further 25 per cent to economic infrastructure and production, and over 10 per cent on each of programme/budgetary support and debt relief.

Figure 10 - ODA received in landlocked countries*

as a percentage of their GNI


Source: OECD.

z Story line contributed by OECD.
ODA received by small island developing States (SIDS) as a proportion of their GNI

142. ODA received by SIDS as a percentage of their GNI fell between 1990-2000, from 5.3 per cent to 2.1 per cent, equivalent to $1.2 billion in 2000. This is partially because a number of SIDS have a reduced need for aid, having successfully diversified their economies by developing tourism, offshore banking, or clothing or other light industry.22

143. Currently nearly 40 per cent of bilateral aid to SIDS goes to social services, a further 30 per cent to economic infrastructure and production, and 15 per cent to programme/budgetary support. Environmental challenges have arisen in some SIDS from rapid infrastructure development and population growth in fragile ecosystems. Tackling these problems may involve a variety of aid instruments.

Figure 11 - ODA received in small island developing States* as percentage of their GNI

![Graph showing ODA received in small island developing States as percentage of their GNI]

* Estimates are based on available data for the following SIDS: Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, Cape Verde, Cayman Islands, Comoros, Cook Islands, Dominica, Dominican Republic, Fiji, Grenada, Haiti, Jamaica, Kiribati, Maldives, Marshall Islands, Mauritius, Micronesia, Montserrat, Palau, Papua New Guinea, Samoa, Sao Tome and Principe, Seychelles, Solomon Islands, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Tonga, Trinidad and Tobago, Turks and Caicos Islands, Vanuatu.
Excludes the following SIDS which are not eligible for ODA: Guam, U.S. Virgin Islands.
Also excludes the following SIDS, for which GNI data not available: British Virgin Islands, Nauru, Netherlands Antilles, Niue, Northern Mariana Islands, Tokelau, Tuvalu.
Source: OECD.

Market accessaa

144. Access by the developing countries and the LDCs to the markets of the developed countries was facilitated and improved between 1996 and 2000, through actions by the developed countries to (i) expand duty free access for goods from developing countries, (ii) reduce average tariffs on textiles and clothing which are goods of interest to developing countries, and (iii) reduce overall levels of support and protection for domestic agriculture in developed countries.

Duty free access

145. The share of duty-free imports (excluding arms) from developing countries into developed countries has increased significantly between 1996 and 2000–from 47 per cent to 61 per cent of total import from developing countries. The group of LDCs shows a

aa Story line contributed by WTO in collaboration with the IMF, OECD, UNCTAD and the World Bank.
similar – although more irregular- trend, with the share of duty-free imports rising from 63 to 72 per cent. However, when oil exports are excluded, data provide a different picture: the percentage for developing countries is still rising–from 49 to 65 per cent– while for LDCs it falls from 77 to 66 per cent.

**Table 18. Duty free imports into developed countries from developing countries and LDCs, 1996-2000**

| Percentage of duty free imports into developed countries from developing countries and LDCs |
|-----------------------------------------------|---|---|---|---|---|
| Developing countries                          | 47   | 48   | 43   | 54   | 61   |
| LDCs                                          | 63   | 81   | 77   | 76   | 72   |
| Developing countries                          | 49   | 49   | 44   | 56   | 65   |
| LDCs                                          | 77   | 77   | 73   | 71   | 66   |

Source: WTO.

**Reduced average tariffs on textiles and clothing**

146. There is a downward movement in the average tariffs in developed countries on both textiles and clothing imports originating from developing countries as a whole and for the sub-group of LDCs, starting in 1998. However, the levels of tariffs on textiles and clothing remain higher than the national average of tariffs applied by each of the developed countries. Nevertheless, trade preferences are extremely important and often give substantial preference margins over MFN duties especially for LDCs.

**Table 19. Average tariffs in developed countries on textiles and clothing from developing countries and LDCs, 1996-2000**

| Average tariffs applied in developed countries on products from developing countries and LDCs |
|-----------------------------------------------|---|---|---|---|---|
| Developing countries                          | 6.8  | 6.7  | 6.8  | 6.5  | 5.8  |
| LDCs                                          | 5.4  | 5.1  | 5.4  | 5.1  | 4.4  |
| Developing countries                          | 10.6 | 10.7 | 10.8 | 10.6 | 9.8  |
| LDCs                                          | 8.0  | 8.3  | 7.8  | 7.6  | 7.8  |

Source: UNCTAD.

**Reduced support and protection for domestic agriculture in developed countries.**

147. In penetrating foreign markets, developing countries also face the problem of competing against products that benefit from government subsidies. Since 1990 there has been a modest downward trend in agricultural support as a percentage of GDP in OECD countries, but with significant differences between countries and year-on-year variability, as measured by the Total Support Estimates (TSE) as a per cent of GDP.
The higher TSE percentage in the European Union and Japan largely reflects the consistently higher levels of support and protection and - to a lesser extent - the larger share of agriculture in these economies, compared to the United States. In 2000, the TSE for developed countries was estimated at $US 321 billion, or 1.3 per cent of GDP, whereas in 1990 it was $351 billion or 1.9 per cent of GDP. The challenge linked to the Doha Development Agenda is to further reduce production and trade-distorting support and implement policies that effectively address both domestic and international goals, while ensuring well functioning markets.

![Figure 12 - Agricultural support estimate for OECD countries as percentage of their GDP](image)

Source: OECD.

**Table 20. Agricultural support in developed countries**

<table>
<thead>
<tr>
<th>Total support to agriculture in OECD countries</th>
<th>1990</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>In per cent of GDP</td>
<td>1.9</td>
<td>1.3</td>
</tr>
<tr>
<td>In billion US $</td>
<td>351</td>
<td>321</td>
</tr>
</tbody>
</table>

Source: OECD.

148. Difficulties in penetrating foreign markets are also amplified by the poor production and export capacities and capabilities in many developing countries. A number of developed countries have non-reciprocal preferential schemes to improve market access for developing countries and have trade-related technical assistance and capacity building programs.

149. A number of developed countries have recently made significant changes to their programs for preferential market access that could help improve the trends observed in
the 1996-2000. These include the European Union's "Everything but Arms" (EBA) initiative that allows for duty-free and quota-free treatment for all products originating from LDC beneficiaries. Implementation of the program began in 2001 with the duties and quotas to be eliminated on bananas by 2006, and on rice and sugar by 2009. The United States also extended in 2001 its Generalised System of Preferences program to designated sub-Saharan African countries through the African Growth and Opportunity Act. Other countries to extend their preferences include Australia, Canada, Japan and New Zealand.

150. These unilateral initiatives occurred against the backdrop of a number of multilateral initiatives including: the Programme of Action for the Least Developed Countries adopted by the Third United Nations conference on the least developed countries in May 2001, and at the Fourth World Trade Organisation Ministerial adopted in November 2001. The outcome of that Ministerial is now referred to as Doha Development Agenda (DDA) and complements the outcome of LDCIII by calling for development partners to improve preferential market access for LDCs by working towards the objective of duty-free and quota-free market access for all LDCs' products. Paragraph 16 of the DDA states that negotiations will reduce, or eliminate a range of measures, "in particular on products of export interest to developing countries". This work programme complements initiatives underway in the market access negotiations in agriculture—to further reduce agricultural production and trade distorting support—and the implementation of commitments in the Agreement on Textiles and Clothing.

151. At Doha, donors also committed to providing increased support to help developing countries, especially LDCs, build the capacity to trade and to integrate into world markets. WTO and OECD are compiling the Doha Development Agenda Database to list and quantify activities by bilateral and multilateral donors from 2001 onwards. Data for this indicator will be available for the next annual report.

**Debt sustainability**

152. A global partnership for development will also require increased debt reduction. The major international effort targeted specifically to improving developing countries’ debt sustainability is the Initiative for Heavily Indebted Poor Countries (HIPCs). Launched in 1996, the HIPC Initiative marked the first time that multilateral, official bilateral and commercial creditors united in a joint effort to reduce the external debt of the world’s most debt laden poor countries to sustainable levels. Once a heavily indebted poor country has established an appropriate track record of good performance, made a commitment to continue to implement sound macroeconomic policies, within the context of an IMF-supported programme, and developed an Interim Poverty Reduction Strategy Paper (I-PRSP) or a full PRSP, the country can reach its “decision point.” At this point, the country’s eligibility and the amount of debt relief are determined by the IMF and World Bank Executive Boards. Debt relief and other assistance begin flowing on an interim basis as soon as the decision point is reached. Approximately one to three years after the decision point, the country reaches its “completion point,” when the remainder of the debt relief pledged is delivered unconditionally and irrevocably. The actual time

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*bb Story line contributed by IMF and the World Bank.*
period between a country’s decision and completion points is variable, depending on how quickly the country can make satisfactory progress toward implementing its full PRSP and establishing its track record by implementing the specific macroeconomic and structural measures that were identified at its decision point.

153. A total of 37 countries are considered likely to be eligible for assistance under the enhanced HIPC Initiative. The amount of debt relief that could be provided to these countries over time could be around $70-75 billion.

154. As of end of 2000, 22 countries had reached their decision points under the enhanced Initiative. By end-April 2002, 26 countries were benefiting from HIPC debt relief. Many of the remaining 11 eligible countries have been affected by armed conflict.

155. As of end of 2000, one country had reached its completion point under the enhanced HIPC Initiative. By end-April 2002, 5 countries had reached their completion points.

156. As of end-April 2002, commitments of debt relief to the 26 benefiting countries totaled US$41 billion, compared with US$34.5 billion that had been committed to 22 countries at end-2000. The debt stocks for these countries taken as a group will fall by nearly two-thirds (on a present value basis), after the full application of traditional debt relief mechanisms and bilateral debt forgiveness over and beyond the enhanced HIPC Initiative committed by several bilateral creditors.

157. The target concerning debt relief also addresses the need to make debt sustainable in the long term. One of several indicators of whether debt levels are sustainable is the debt service as a percentage of exports of goods and services. Export receipts along with worker remittances received from abroad provide the foreign exchange proceeds for meeting external debt service obligations. But small, open economies may have relatively high levels of exports (and imports) and yet face problems in meeting debt service obligations, particularly when debt service payments due on public debt are high relative to government revenue. A large economy may have proportionately smaller exports and still find its debt payments sustainable. For this reason it is useful to look at other indicators, such as the ratio of total debt to gross national income, the size of international reserves to total debt, and debt maturing within a year’s time, in forming a picture of debt sustainability.

158. The average debt service to exports ratio in all low- and middle-income economies has remained about 18 per cent over the period 1990 to 2000. The average for low-income economies alone has declined sharply in the last few years and should decline further as countries participating in the HIPC initiative gain further debt relief. For the 26 countries that reached decision points under the enhanced HIPC Initiative as of end April 2002, the ratio of debt service to exports is expected to fall from an average of 16 per cent in 1998-99, to 9 per cent in 2001-2005—less than half the average for all developing countries.
Target 16 - In cooperation with developing countries, develop and implement strategies for decent and productive work for youth\(^\text{cc}\)

159. Developed countries can assist developing countries in the formulation and implementation of adequate strategies to provide young women and men with the opportunity to find decent and productive work. In a general context of a worldwide deterioration in the employment situation, young women and men in the developing countries are faced with limited employment opportunities and raising competition for jobs due to the rapid growth in the number of young labour market entrants. Since the rapid expansion of the young population continues in many developing economies, the pressure on the youth labour market is likely to increase in these regions, leading to even higher youth unemployment rates, unless preventative strategies are undertaken.

160. Unemployment is but one dimension of the employment problem faced by young people. A disproportionately large number of the young in many countries are underemployed, some working fewer hours than they would like to and others working long hours with little economic gain. Stagnation and decline of employment opportunities in the formal sectors of most developing countries has intensified the problem in recent years, with young women bearing a disproportionate burden.

161. The youth unemployment rate (youth unemployment as a percentage of the youth labour force) is a general measure of utilization of the labour force of young persons. Youth unemployment rate alone cannot fully gauge the ability of youth to meet their full-productive capacity; however, it can serve as a useful proxy of the labour market situation facing this group. Other indicators of interest in assessing issues facing youth employment issues should include, therefore, measures of underemployment, the informal sector, educational access and labour force participation, amongst others.

**Current trends**

- The International Labour Organization (ILO) estimates that approximately 66 million young women and men were unemployed in the world in 1999. This means that young people account for about 41 per cent of the global 160 million persons classified as unemployed.\(^\text{26}\) The global situation is deteriorating. Globally, youth unemployment rose by 8 million between 1995 and 1999. (See figure 13)

- Of the 60 developing countries for which recent information is available (1995 or later), no less than 41 have youth unemployment rates of over 15 per cent, and 34 over 20 per cent.

- Looking at the latest year available for each country with unemployment information, the youth unemployment rate of females exceeds that of males in 61 out of 97 countries.\(^\text{27}\) In some countries the female-to-male variation is substantial. (See figure 14)

- Youth unemployment rates almost always exceed adult unemployment rates. The ratio shows that in the majority of countries, youth unemployment rates are at least double adult unemployment rates.

\(^\text{cc}\) Story line contributed by ILO.
One reason for the higher youth rates may be that young people tend to spend more time in looking for a job; that is, with generally high education levels and high job expectations, young jobseekers may be more likely to “shop around” for a suitable job rather than to accept any job. Furthermore, young people having fewer family responsibilities can better afford to remain unemployed than the adult population with families to support. Nevertheless, the fact that young people are conspicuously more affected by unemployment than adults suggests that they face certain barriers in integrating into the labour market. In some cases, young people have not acquired the occupational skills required by the world of work. Moreover, a lack of on-the-job training obstructs even further the reduction of this gap. Employers may find it less expensive to hire adults who already have experience and on-the-job know-how.

In evaluating progress on achieving the Millennium Target 16 on access to productive and decent work for young people, it will be useful to monitor progress in each of the four areas identified by the high-level panel of the UN Secretary-General’s Youth Employment Network - employability, equal opportunities, entrepreneurship and employment creation. Furthermore, the panel has recommended that UN member states prepare national reviews and action plans on youth employment. Such plans would provide an opportunity to develop better indicators and data on this target.

**Figure 13. Youth unemployment, worldwide, 1995-99**

![Figure 13](image_url)
Figure 14. Differences in female-to-male percentage youth unemployment rates, by country, latest years

Source: ILO.
Target 17 - In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

164. One important target is to make all essential drugs available and affordable to all those who need them. WHO estimates that in 1999, still 30 per cent of the world population lacked regular access to essential drugs. There was some improvement from 1987, when globally 37 per cent of people lacked such access. Progress in access to essential medicines is the result of combined effort by the government, strategic partners such as other UN agencies, public-private partnership, non-government organizations and professional associations.

165. WHO regularly monitors access to a minimum of 20 most essential drugs continuously available and affordable at public or private health facilities or drug outlets that are within one hour’s walk. The information is generated through interviews with relevant experts on the pharmaceutical situation in each country. Countries are categorised as having low, middle, high, very high coverage where:

- Low means that <50 per cent less than 50 per cent of population have regular access;
- Middle means that 50-80 per cent of population has regular access;
- High means that 81-95 per cent of population has regular access; and
- Very high means that >95 per cent of population have regular access.

166. The access framework covers a number of criteria, including: (i) the rational selection of drugs appropriate for the population and the setting, (ii) sustainable financing and procurement, (iii) affordability, and (iv) reliable supply system. It is therefore complex to measure accurately. Table 21 shows regional estimates of access based on point estimates or ranges reported for each country as shown in table 22.

### Table 21. Population with access to essential drugs (data for late 1990s) by region

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage of population with access to essential drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>World total</td>
<td>70</td>
</tr>
<tr>
<td>Developed countries</td>
<td>91</td>
</tr>
<tr>
<td>Developing countries</td>
<td>65</td>
</tr>
<tr>
<td>Africa</td>
<td></td>
</tr>
<tr>
<td>Northern Africa</td>
<td>83</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>47</td>
</tr>
<tr>
<td>Asia</td>
<td></td>
</tr>
<tr>
<td>Eastern Asia</td>
<td>84</td>
</tr>
<tr>
<td>South-central Asia</td>
<td>44</td>
</tr>
<tr>
<td>South-eastern Asia</td>
<td>77</td>
</tr>
<tr>
<td>Western Asia</td>
<td>86</td>
</tr>
<tr>
<td>Latin America &amp; the Caribbean</td>
<td>64</td>
</tr>
<tr>
<td>Oceania</td>
<td>77</td>
</tr>
</tbody>
</table>

Source: WHO.

\[dd\] Story line contributed by WHO.
Estimates indicate that in the late 1990s, 65 per cent of the population in developing countries had access to treatment using essential drugs–up from 55 per cent in 1987. In spite of some progress however, still about one person in three in developing countries continues to lack such access. There is also a gap in geographical distribution of essential drugs. In sub-Saharan Africa and South-Central Asia, over 50 per cent of the population lack access to even the most basic essential drugs. It is also estimated that 80 per cent of individuals without access live in low-income countries against only 0.3 per cent in high-income countries.

### Table 22 Numbers of countries by level of access to essential drugs

<table>
<thead>
<tr>
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<td>North America</td>
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<tr>
<td>Europe</td>
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<td>7</td>
<td>35</td>
<td>25</td>
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<td></td>
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<tr>
<td>Asia</td>
<td>3</td>
<td>3</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Developed regions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern Africa</td>
<td></td>
<td></td>
<td>7</td>
<td>3</td>
<td>7</td>
<td>39</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>29</td>
<td>15</td>
<td>9</td>
<td>23</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Latin America and</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
<td>4</td>
<td>7</td>
<td>14</td>
<td>14</td>
<td>5</td>
<td>7</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Eastern Asia</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>South-central Asia</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>South-eastern Asia</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Western Asia</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Oceania</td>
<td></td>
<td></td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Developing regions</strong></td>
<td>41</td>
<td>28</td>
<td>36</td>
<td>59</td>
<td>14</td>
<td>25</td>
<td>16</td>
<td>25</td>
</tr>
<tr>
<td><strong>World</strong></td>
<td>41</td>
<td>28</td>
<td>36</td>
<td>66</td>
<td>17</td>
<td>32</td>
<td>55</td>
<td>55</td>
</tr>
</tbody>
</table>

Note: 149 countries reporting in 1987 and 181 countries reporting in late 1990’s.

168. The number of countries with low level of access decreased from 1987 to 1999. All countries reporting low access are from developing regions and over half the countries with low level of access are in sub-Saharan Africa.

169. In Europe, the number of countries with very high access has decreased following the collapse of the Soviet Union. Countries with very high level of access are mostly the developed countries of Europe, North America and Asia. As of 1999, there are 25 countries in Europe with very high level of access compared to only two in sub-Saharan Africa.

**Access to HIV drugs**

170. It is estimated that 40 million adults and children are living with HIV/AIDS and in need of care, including medicines such as anti-retrovirals (ARV). Access to ARV is still very limited, especially to people living in developing countries. Various efforts and initiatives are now being undertaken by various agencies, governments, non-government organizations and private entities, to improve access.
As a result of public-private sector collaboration, prices of ARV have been reduced 95 per cent in the last two years. Some countries are now providing free anti-retrovirals to HIV patients and others are working on patent restrictions to make ARV drugs more available. In 2002, ten anti-retroviral compounds recommended for the combination treatment of HIV infection in adults and children were included in the WHO model list of essential drugs.

**Target 18 - In cooperation with the private sector, make available the benefits of new technologies, especially information and communications**

Target 18 relates to the need of making new technologies available to all. Access to Information and Communication Technologies (ICT) has been growing since 1990, always exceeding global economic growth. ICT growth has been driven by both demand-side factors, such as the increasing popularity of mobile phones and the Internet, and by supply-side factors such as regulatory reform, falling costs, and technological innovation. However, the difference in quantity and quality of telecommunication services is still wide. This so-called ‘digital divide’ has to be reduced in order for all nations to effectively participate in and benefit from the global information society.

The total number of telephone subscribers (fixed and mobile) rose from 530 million in 1990 to 1,989 million in 2001, a growth of 275 per cent. Access to telephone networks tripled from 10.1 subscribers per 100 inhabitants in 1990 to 32.3 in 2001. The most rapid growth occurred in use of mobile phones. From just 11 million subscribers in 1990, the number of mobile cellular subscribers was just short of one billion by the end of 2001, an annual average growth rate of 50 per cent compared to just 6 per cent for fixed telephone line subscribers. One factor contributing to the rapid growth in mobile cellular was the introduction of second-generation (2G) digital systems, launched in the early-1990s. One in seven people around the world now has a mobile phone, up from one in 339 in 1991. In 2002, mobile telephone subscribers will surpass fixed ones.

Growth has been robust in Africa where more than half the countries now have more mobile than fixed telephone subscribers. As a whole, developing countries now account for 42 per cent of all telephone subscribers in the world, up from just 19 per cent in 1990.

The estimated number of personal computers rose from some 120 million in 1990 to 575 million in 2001. Worldwide PC penetration (PCs per 100 people) stood at 9.4 at the end of 2001. Growing investment in information technology, falling prices through technological improvement and reductions in trade barriers, domestic production, and greater functionality have driven PC sales. Another major factor has been the use of the PC as the leading access device to the Internet. Global spending on information technology products averaged about 9 per cent a year between 1997 and 2001 in an effort to boost productivity. While developing countries had some 20 per cent of the total PC stock in the early 1990s, they now own about 30 per cent of all PCs.

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**ee Story line contributed by ITU.**
176. Just 27 countries had a direct connection to the Internet in 1990. Today, practically every country in the world is online and by the end of 2001, there were some half a billion users around the world and an estimated 230 million subscribers. It is estimated that some 8 per cent of the world’s population was online at the end of 2001. Over half the adult population is online in most developed countries.

177. While the developing country share of Internet users is less than their share of telephone subscribers, the Internet has been growing fastest in developing nations. In 2001, 27 per cent of the users were in developing countries, an increase from 1991, when users in developing countries represented only 2 per cent of the world’s Internet users.

Table 23. Access to information and communication technology

<table>
<thead>
<tr>
<th></th>
<th>Telephone lines and cellular subscribers per 100 population</th>
<th>Personal computers in use per 100 population</th>
<th>Internet users per 100 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>10.1</td>
<td>32.3</td>
<td>2.3</td>
</tr>
<tr>
<td>Developed regions</td>
<td>37.9</td>
<td>96.3</td>
<td>8.5</td>
</tr>
<tr>
<td>Developing regions</td>
<td>2.4</td>
<td>16.8</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Source: ITU.
Notes

1 The $1.08 a day - often referred to as "dollar a day" -- poverty line was chosen to be consistent with the poverty lines used by low-income countries, and was originally defined in 1985 purchasing power parity (PPP) terms. It is now defined in 1993 PPP terms.


3 The analysis on undernourishment is based on the FAO estimates for 1990-92 (benchmark period) and 1997-99 (latest available figures), as presented in the FAO report “The State of Food Insecurity in the World 2001”. The figures are estimates of the proportion of the population below the minimum level of dietary energy consumption. The data on child malnutrition are based on the estimates of underweight prevalence (low weight-for-age) prepared by UNICEF, published in “Progress since the World Summit of Children. A Statistical Review”. This indicator is related not only to food deprivation but also to other factors such as infections, adequate family care and environmental conditions. In addition, the quality of food intake, such as micro-nutrients, is as important as the quantity.

4 The net enrolment ratio is calculated as the enrolment of the official age group for a given level of education expressed as a percentage of the corresponding population. It is intended to show the extent of participation in a given level of education of children and youth belonging to the official age group for that level of education. A high net enrolment ratio denotes a high degree of participation of the official school-age population. The theoretical maximum value is 100 per cent. Increasing trends reflect improving participation at the specified level of education. Differences between the net enrolment ratio and the gross enrolment ratio indicate the incidence of under-aged and over-aged enrolment. The extent to which the net enrolment rate falls below 100 per cent provides a measure of the proportion of school age children not enrolled at a specified level of education. However, since some of these children might be enrolled at other levels of education, this difference does not necessarily indicate the actual percentage of students not enrolled.

5 The Survival Rate is the percentage of a cohort of pupils (or students) enrolled in the first grade of a given level or cycle of education in a given school year who are expected to reach successive grades. The Survival Rate measures the holding power and internal efficiency of an education system. It is an indicator of the retention of pupils (or students) from grade to grade in schools, and conversely of the magnitude of dropout by grade.


8 DOTS (Direct Observed Treatment Short Course) indicates a global strategy developed by WHO to treat and prevent tuberculosis cases.

9 Malaria mortality estimates are based on limited data and do not account for co-morbidity of various types. Work is under way to address these issues and the estimates will be revised retrospectively once the epidemiologic review is completed and the procedures to account for co-morbidity have been developed and agreed upon.


11 Protected areas are classified on the basis of IUCN Management Categories (I to VI) to distinguish sites according to the degree of protection, from strictly protected to under sustainable use. Protected Category
IV areas – that is sites are managed to maintain the habitat of significant species but tourism or other forms
of exploitation are not a primary management objective, are being established more than in any other
category. Moreover, category IV is the most common type of protected area comprising 49 per cent of all
sites. The largest proportion of protected areas, 31 per cent – in terms of size- is accounted by sites in
Category II (National Park). These are relatively large, for the greater part in a natural condition and
managed for recreation and scientific research.

Due to the fact that protected areas may include large marine areas, the ratio of protected areas to surface
area may be inflated (for example for small island developing countries, Ecuador and Australia) and in
extreme cases may be larger than 100 per cent.

The 1992 UN Framework Convention on Climate Change (UNFCCC), signed by 154 states (plus the
European Commission) at Rio de Janeiro and now covering over 185 members, was established with the
objective of “stabilizing greenhouse gas concentrations in the atmosphere at a level that would prevent
dangerous anthropogenic interference with the climate system”. Both developed and developing countries
are required to submit national inventories of greenhouse gas emissions by source and greenhouse gas
removals by sink (e.g. forest). Developed countries report these inventories annually using agreed
methodologies to ensure that national data are consistent and comparable. Developing countries started
making their initial submissions of national inventories in 1997 and data is not available for all countries or
for all years since 1990.

Substances controlled by the Montreal Protocol include CFCs (CFC-11, 12, 113, 114 and 115) and
Halons (1211,1301,2402).

Consumption of CFCs is defined as production plus imports minus exports, minus destroyed quantities
minus feedstock uses.

The figure for 2000 is based on projections since some parties have not yet reported the data for that
year.

Ozone depleting potential (ODP) refers to the amount of ozone depletion caused by a substance. It is the
ratio of the impact on ozone of a chemical substance compared to the impact of a similar mass of CFC-11.
The ODP of CFC-11 is defined to be 1. Other CFCs and HCFCs have ODPs that range from 0.01 to 1. The
halons have ODPs ranging up to 10.

UN-HABITAT collected data from 237 cities that reported on 46 Urban Indicators in 1993. A similar
data collection took place in 2001 for 23 indicators reported from 232 cities. These data coupled with
localized studies informed the measurements for this section.

ODA consists of official grants and concessional loans designed to promote the economic development
and welfare of developing countries

UN General Assembly Resolution 2626 (XXV) of 24 October 1970. Switzerland and the United States
have never committed to the 0.7 per cent target.

These figures for aid to basic social services may be underestimated, as some assistance within wider
sector programmes, multi-sector programmes, and through NGOs is not captured by the reporting system.

Several SIDS are now high-income countries, and are excluded from the graph, since they are not
eligible to receive ODA.

This indicator was to cover also tariffs on agricultural products. However, data for agricultural products
are not available.
Data cover all OECD countries, which include countries classified as developing and transition countries elsewhere in the report: Korea, Czech Republic, Hungary, Mexico, Poland, Slovakia, and Turkey.

For agricultural products, the Total Support Estimate (TSE) represents the overall taxpayer and consumer costs of agricultural policies. It includes: support to individual farmers from trade barriers that keep domestic farm prices above those on world markets, budgetary-financed payments, and input subsidies; as well as support to general services provided to the agricultural sector as a whole and consumer food subsidies. When expressed as a percentage of GDP the TSE is an indicator of the cost to the economy as a whole. Differences across countries of TSE as a percentage of GDP reflect the level of support and the share of agricultural output in the economy in countries. Changes over time reflect changes in the level of support and in the share of agriculture in GDP, as well as the growth of the economy.

Global figures were calculated by the ILO Key Indicators of the Labour Market Team and will be reproduced in W. Schaible and R. Vijaya, World and regional estimates for selected key indicators of the labour market, ILO Employment Paper (Geneva, forthcoming).

In addition, young women in developing countries are likely to have lower participation rates implying that young women faced with dismal employment prospects may fall disproportionately into the informal sector and subsistence-oriented activities.