

The Millennium Development Goals Report



UNITED NATIONS

2005



This report is based on a master set of data that has been compiled by an Inter-Agency and Expert Group on MDG Indicators led by the Department of Economic and Social Affairs of the United Nations Secretariat, in response to the wishes of the General Assembly for periodic assessment of progress towards the MDGs. The Group comprises representatives of the international organizations whose activities include the preparation of one or more of the series of statistical indicators that were identified as appropriate for monitoring progress towards the MDGs, as reflected in the list below. A number of national statisticians and outside expert advisers also contributed.

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The Millennium Development Goals Report 2005



UNITED NATIONS

NEW YORK, 2005



Foreword

THE ADOPTION OF THE Millennium Development Goals, drawn from the United Nations Millennium Declaration, was a seminal event in the history of the United Nations. It constituted an unprecedented promise by world leaders to address, as a single package, peace, security, development, human rights and fundamental freedoms. As I said in my March 2005 report entitled “In larger freedom: towards development, security and human rights for all”, to which the present report is a complement: “We will not enjoy development without security, we will not enjoy security without development, and we will not enjoy either without respect for human rights. Unless all these causes are advanced, none will succeed.”

The eight Millennium Development Goals range from halving extreme poverty to halting the spread of HIV/AIDS and providing universal primary education — all by the target date of 2015. They form a blueprint agreed by all the world’s countries and all the world’s leading development institutions — a set of simple but powerful objectives that every man and woman in the street, from New York to Nairobi to New Delhi, can easily support and understand. Since their adoption, the Goals have galvanized unprecedented efforts to meet the needs of the world’s poorest.

Why are the Millennium Development Goals so different? There are four reasons.

First, the Millennium Development Goals are people-centred, time-bound and measurable.

Second, they are based on a global partnership, stressing the responsibilities of developing countries for getting their own house in order, and of developed countries for supporting those efforts.

Third, they have unprecedented political support, embraced at the highest levels by developed and developing countries, civil society and major development institutions alike.

Fourth, they are achievable.

The year 2005 is crucial in our work to achieve the Goals. In September — 5 years after they adopted the Millennium Declaration and 10 years before the

Goals fall due — world leaders will meet at the United Nations in New York to assess how far their pledges have been fulfilled, and to decide on what further steps are needed. In many ways, the task this year will be much tougher than it was in 2000. Instead of setting targets, this time leaders must decide how to achieve them.

THIS PROGRESS REPORT IS the most comprehensive accounting to date on how far we have come, and how far we have to go, in each of the world’s regions. It reflects a collaborative effort among a large number of agencies and organizations within and outside the United Nations system. All have provided the most up-to-date data possible in their areas of responsibility, helping thereby to achieve clarity and consistency in the report.

Above all, the report shows us how much progress has been made in some areas, and how large an effort is needed to meet the Millennium Development Goals in others. If current trends persist, there is a risk that many of the poorest countries will not be able to meet many of them. Considering how far we have come, such a failure would mark a tragically missed opportunity. This report shows that we *have* the means at hand to ensure that nearly every country can make good on the promises of the Goals. Our challenge is to deploy those means.

As I said in my March report: “Let us be clear about the costs of missing this opportunity: millions of lives that could have been saved will be lost; many freedoms that could have been secured will be denied; and we shall inhabit a more dangerous and unstable world.”

I commend this report as a key resource in preparing for the September summit, which must be a time of decision. The analysis and information contained here can help citizens, civic organizations, Governments, parliaments and international bodies to play their respective roles in making the Millennium Development Goals a reality.



KOFI A. ANNAN
Secretary-General

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Goal 1 Eradicate extreme poverty & hunger

Global poverty rates are falling, led by Asia. But millions more people have sunk deep into poverty in sub-Saharan Africa, where the poor are getting poorer.

Progress has been made against hunger, but slow growth of agricultural output and expanding populations have led to setbacks in some regions. Since 1990, millions more people are chronically hungry in sub-Saharan Africa and in Southern Asia, where half the children under age 5 are malnourished.

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Goal 2 Achieve universal primary education

Five developing regions are approaching universal enrolment. But in sub-Saharan Africa, fewer than two thirds of children are enrolled in primary school. Other regions, including Southern Asia and Oceania, also have a long way to go. In these regions and elsewhere, increased enrolment must be accompanied by efforts to ensure that all children remain in school and receive a high-quality education.

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Goal 3 Promote gender equality & empower women

The gender gap is closing — albeit slowly — in primary school enrolment in the developing world. This is a first step towards easing long-standing inequalities between women and men. In almost all developing regions, women represent a smaller share of wage earners than men and are often relegated to insecure and poorly paid jobs. Though progress is being made, women still lack equal representation at the highest levels of government, holding only 16 per cent of parliamentary seats worldwide.

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Goal 4 Reduce child mortality

Death rates in children under age 5 are dropping. But not fast enough. Eleven million children a year — 30,000 a day — die from preventable or treatable causes. Most of these lives could be saved by expanding existing programmes that promote simple, low-cost solutions.

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Goal 5 Improve maternal health

More than half a million women die each year during pregnancy or childbirth. Twenty times that number suffer serious injury or disability. Some progress has been made in reducing maternal deaths in developing regions, but not in the countries where giving birth is most risky.

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Goal 6 Combat HIV/AIDS, malaria & other diseases

AIDS has become the leading cause of premature death in sub-Saharan Africa and the fourth largest killer worldwide. In the European countries of the Commonwealth of Independent States (CIS) and parts of Asia, HIV is spreading at an alarming rate. Though new drug treatments prolong life, there is no cure for AIDS, and prevention efforts must be intensified in every region of the world if the target is to be reached.

Malaria and tuberculosis together kill nearly as many people each year as AIDS, and represent a severe drain on national economies. Ninety per cent of malaria deaths occur in sub-Saharan Africa, where prevention and treatment efforts are being scaled up. Tuberculosis is on the rise, partly as a result of HIV/AIDS, though a new international protocol to detect and treat the disease is showing promise.

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Goal 7 Ensure environmental sustainability

Most countries have committed to the principles of sustainable development. But this has not resulted in sufficient progress to reverse the loss of the world's environmental resources. Achieving the goal will require greater attention to the plight of the poor, whose day-to-day subsistence is often directly linked to the natural resources around them, and an unprecedented level of global cooperation. Action to prevent further deterioration of the ozone layer shows that progress is possible.

Access to safe drinking water has increased, but half the developing world still lack toilets or other forms of basic sanitation. Nearly 1 billion people live in urban slums because the growth of the urban population is outpacing improvements in housing and the availability of productive jobs.

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Goal 8 Develop a global partnership for development

The United Nations Millennium Declaration represents a global social compact: developing countries will do more to ensure their own development, and developed countries will support them through aid, debt relief and better opportunities for trade. Progress in each of these areas has already begun to yield results. But developed countries have fallen short of targets they have set for themselves. To achieve the Millennium Development Goals, increased aid and debt relief must be accompanied by further opening of trade, accelerated transfer of technology and improved employment opportunities for the growing ranks of young people in the developing world.

Goal 1 Eradicate extreme poverty & hunger

Extreme poverty remains a daily reality for more than 1 billion people who subsist on less than \$1 a day. Hunger and malnutrition are almost equally pervasive: more than 800 million people have too little to eat to meet their daily energy needs. For young children, the lack of food can be perilous since it retards their physical and mental development and threatens their very survival. More than a quarter of children under age 5 in developing countries are malnourished.

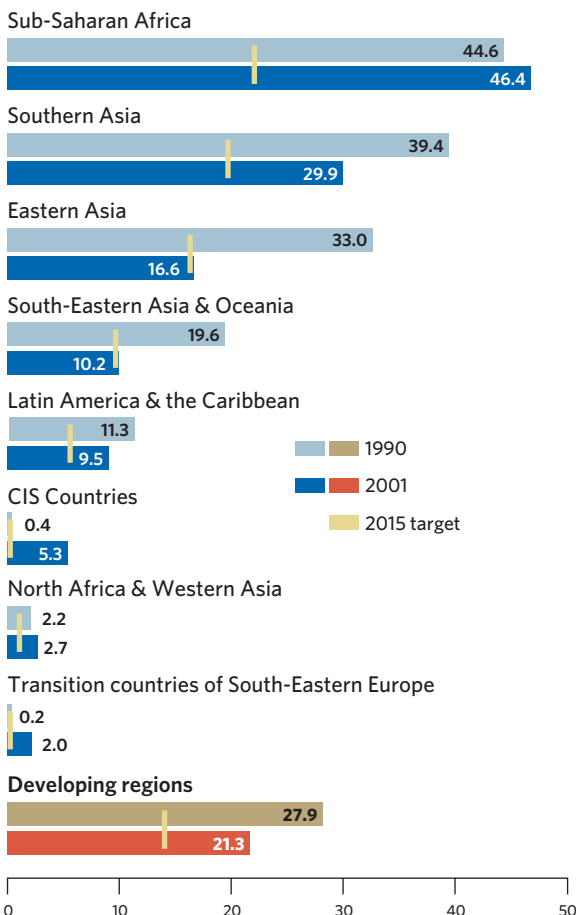
Overcoming poverty and hunger is possible. In Asia, reductions in poverty were dramatic. The number of people living on less than \$1 a day dropped by nearly a quarter of a billion from 1990 to 2001 — a period of rapid economic growth. In more than 30 countries, hunger was reduced by at least 25 per cent during the last decade. Fourteen of these countries are in sub-Saharan Africa, the region hardest hit by hunger and malnutrition.

TARGET

Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day

Asia leads the way in reducing poverty rates

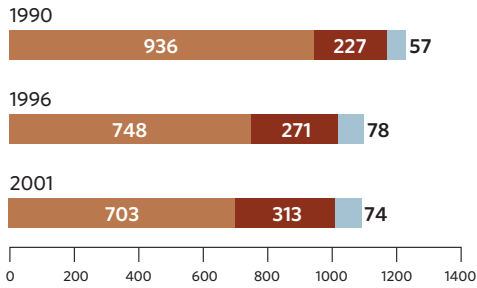
Proportion of people living on less than \$1 a day, 1990 and 2001 (Percentage)



During the 1990s, extreme poverty dropped in much of Asia, fell slowly in Latin America, changed little in Northern Africa and Western Asia, and rose and then started to decline in the transition economies. But in sub-Saharan Africa, which already had the highest poverty rate in the world, the situation deteriorated further and millions more fell into deep poverty.

Number of poor in Africa is rising

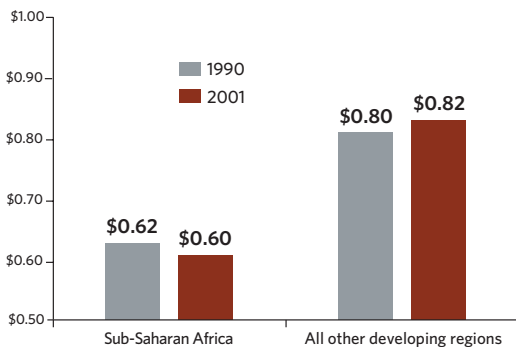
Asia Sub-Saharan Africa All other developing regions



Number of people living on less than \$1 a day, 1990, 1996 and 2001 (Millions)

Sustained growth in China and acceleration of the economy in India, the two most populous countries in the world, are the main reasons for the decline in the number of extremely poor people in Asia in the 1990s. But in sub-Saharan Africa, growing numbers of people have failed to find productive employment opportunities, agriculture has stagnated, and HIV/AIDS has taken a brutal toll on people in their most productive years.

The very poor are getting poorer



Average income of people living on less than \$1 a day, 1990 and 2001 (United States dollars)

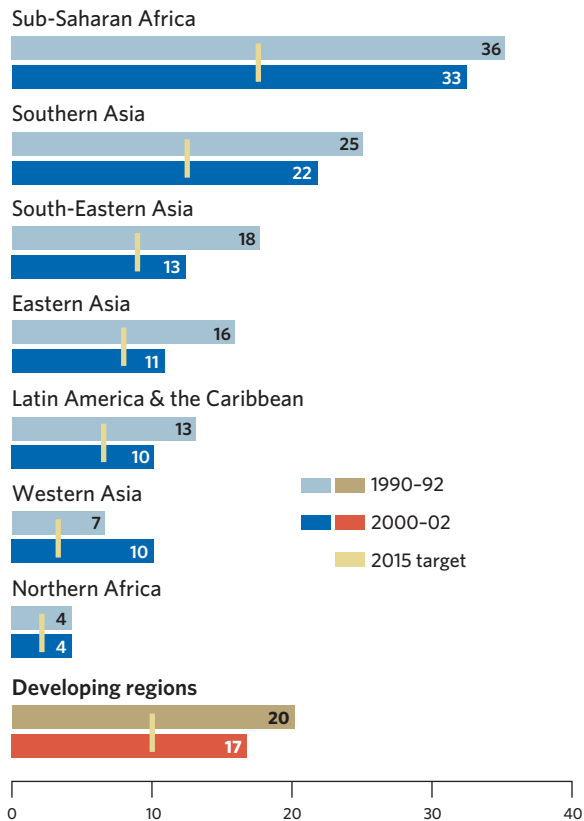
In most regions, the average daily income of those living on less than \$1 a day increased only marginally in the 1990s. Worse, the average income of the extremely poor in sub-Saharan Africa declined. Reversing this negative trend requires faster economic growth that reaches the poor — a challenging task in the face of disease and armed conflicts.

TARGET

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

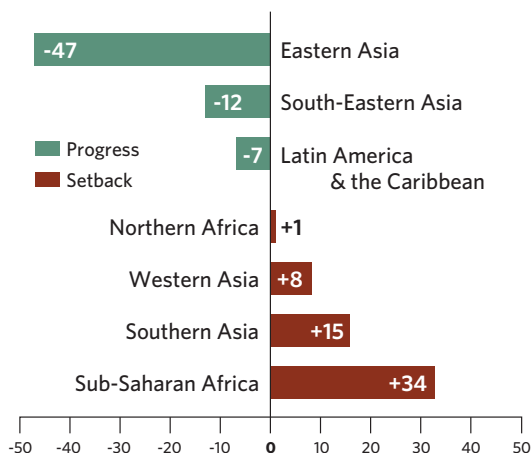
The decline in hunger is slowing

Proportion of people living with insufficient food 1990-1992 and 2000-2002 (Percentage)



Chronic hunger — measured in terms of the proportion of people lacking the food needed to meet their daily needs — is on the decline. The percentage of people with insufficient food was lower in 2000-2002 than in 1990-1992 in all regions except Western Asia. However, progress has slowed over the past several years, and the number of people going hungry increased between 1997 and 2002.

Setbacks on hunger nearly outweigh progress

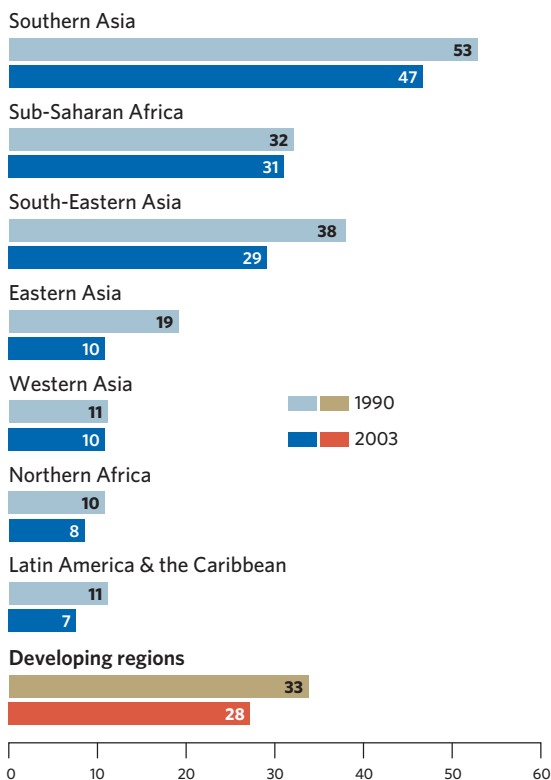


Change in number of people with insufficient food between 1990 and 2002 (Millions)

There were 815 million hungry people in the developing world in 2002 — 9 million less than in 1990. Yet in the worst-affected regions — sub-Saharan Africa and South-eastern Asia — the number of hungry people has increased by tens of millions. Growing populations and poor agricultural productivity have been the main reasons for food shortages in these regions. Most of the world’s hungry live in rural areas and depend on the consumption and sale of natural products for both their income and their food. Hunger tends to be concentrated among the landless or among farmers whose plots are too small to provide for their needs.

More than a quarter of the children in the developing world are malnourished

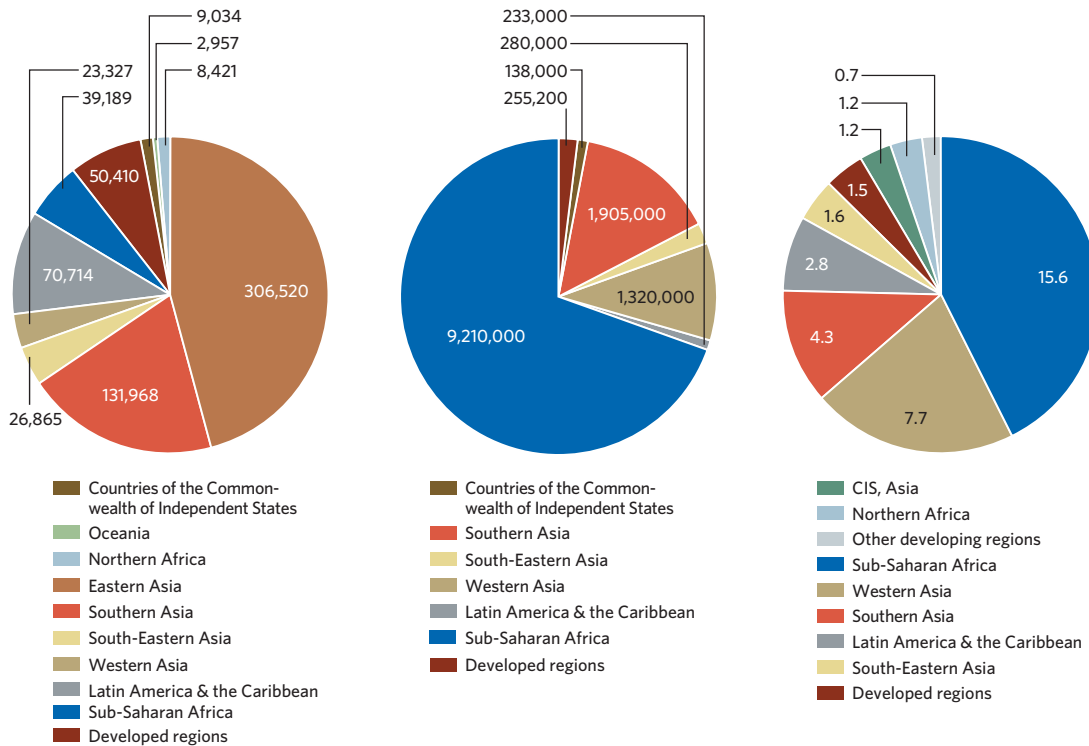
Proportion of children under age five who are underweight, 1990 and 2003 (Percentage)



Malnutrition in children contributes to over half of child deaths. It is caused not only by food deprivation, but also by the debilitating effects of infectious diseases and lack of care. Progress in reducing child malnutrition has been slow. Over 150 million children under age 5 in the developing world are underweight, including almost half the children in Southern Asia. In sub-Saharan Africa, the number of underweight children increased from 29 million to 37 million between 1990 and 2003. Progress was made in Eastern Asia where the number of malnourished children declined from 24 to 10 million.

Strategies to combat child malnutrition include exclusive breastfeeding for the first six months, increasing the use of micronutrient supplements, reducing infectious diseases, and improving access to clean water and sanitation.

Conflicts and disasters exacerbate poverty and hunger



Estimated number of deaths due to disasters, 1994-2003

Estimated number of deaths in conflicts, 1994-2003

Number of refugees and internally displaced persons,* 2003 (Millions)

Efforts to eradicate poverty and hunger are frequently set back by conflict and natural disasters. Hunger and poverty, in turn, can provide fertile ground for conflict, especially when combined with factors such as inequality, and make being prepared to cope with disasters more difficult.

Out of 13 million deaths in large-scale conflicts from 1994 to 2003, over 12 million were in sub-Saharan Africa, Western Asia and Southern Asia. Not surprisingly, these regions are also home to three quarters of the world's 37 million refugees and displaced persons and the areas where the number of hungry people is growing. In two of these regions — sub-Saharan Africa and Western Asia — poverty is also on the rise.

Over the same period of time, 669,000 people died as a consequence of natural disasters. Nearly three quarters of these deaths were in Eastern and Southern Asia. In December 2004, in a matter of hours, the Asian tsunami killed hundreds of thousands more. Many of the deaths resulting from natural disasters could have been prevented through early warning systems and other measures. But, because of competing priorities, the poorest countries and people tend to lose out.

The Millennium Development Goals apply to all people, whatever their circumstances. Promoting the MDGs in humanitarian emergencies and post-conflict situations can help create a sound foundation for development over the longer term.

* Data on internally displaced persons refer to those to whom the office of the United Nations High Commissioner for Refugees extends protection and/or assistance

Goal 2 Achieve universal primary education

Education gives people choices regarding the kind of lives they wish to lead. It enables them to express themselves with confidence in their personal relationships, in the community and at work. But for more than 115 million children of primary school age who are out of school, this human right is being denied. These are mostly children from poor households, whose mothers often have no formal education either.

The loss of potential does not affect children alone. Education, especially for girls, has social and economic benefits for society as a whole. Educated women have more economic opportunities and engage more fully in public life. As mothers, they tend to have fewer and healthier children who are more likely to attend school. All of these benefits are key to breaking the cycle of poverty.

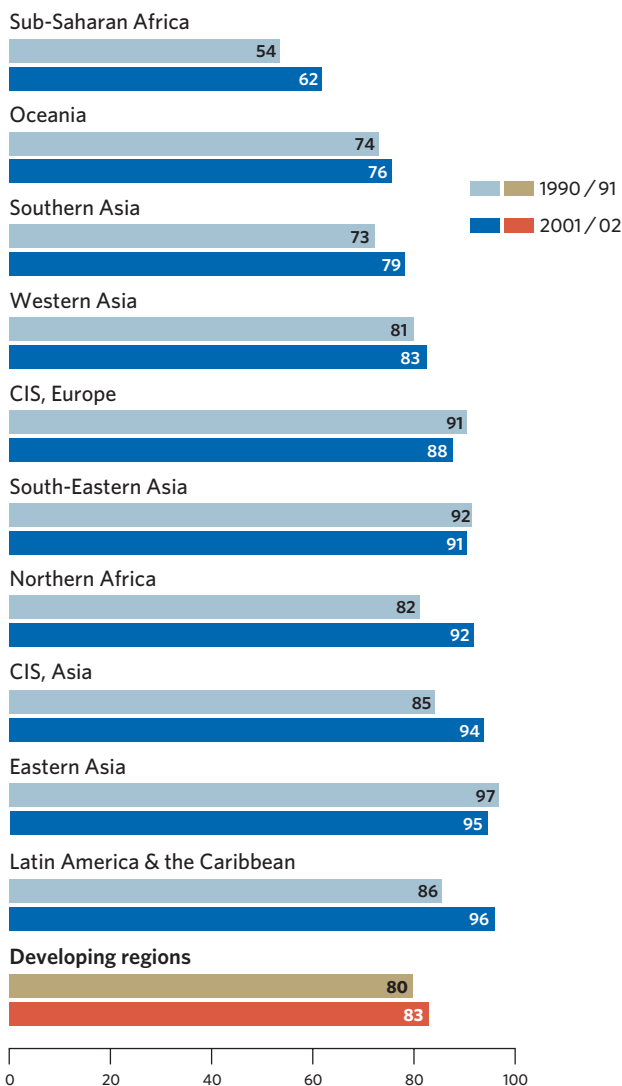
Five regions are close to universal enrolment in primary education. Achieving the goal will require dramatically scaled-up efforts in sub-Saharan Africa, Southern Asia and Oceania. In these regions and elsewhere, increased enrolment needs to be accompanied by efforts to ensure that all children — especially those hardest to reach — remain in school and receive a high-quality education.

TARGET

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

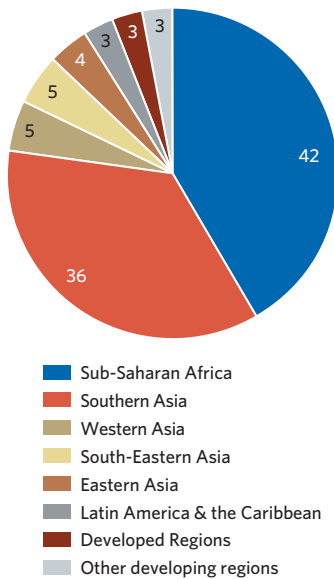
Five regions are close to universal primary school enrolment

Net enrollment ratio in primary education, 1990 / 91 and 2001 / 02 (Percentage)



In five regions, 90 per cent of children or more are enrolled in primary school, though maintaining these high levels — and reaching the remaining few who are out of school — has sometimes been difficult. Sub-Saharan Africa has made progress, but still has over a third of its children out of school. In five African countries, less than half the children of primary school age are enrolled. In Southern Asia, Oceania and Western Asia, enrolment is also lagging, with about 20 per cent of children out of school.

Eight of ten children out of school live in sub-Saharan Africa or Southern Asia



Distribution of children out of school by region, 2001
(Percentage)

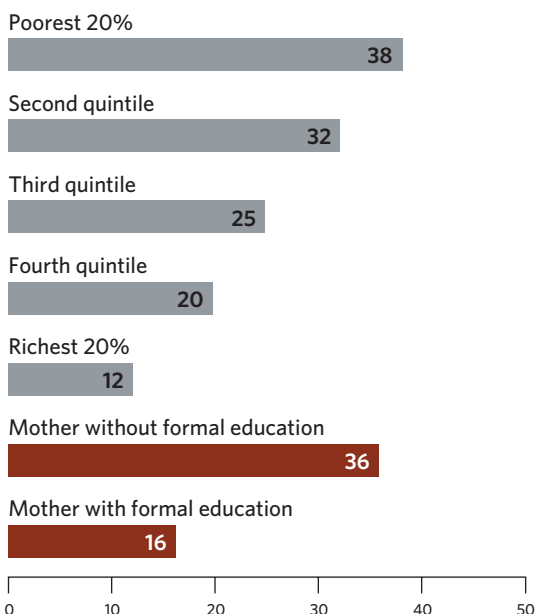
Large school-age populations present the greatest challenges for countries in sub-Saharan Africa and Southern Asia. The situation is compounded by the fact that a large proportion of children live in rural areas with particularly poor educational resources.

Of the 115 million children out of school in developing countries in 2001, some had dropped out, others had never been enrolled at all. In Mali, for instance, almost none of the 61 per cent of children out of school have ever attended school consistently.

AIDS takes a harsh toll on education

The education crisis in sub-Saharan Africa is made worse by the impact of AIDS. In 1999 alone, nearly 1 million children in that region lost their teachers to AIDS. The cumulative effect of these deaths has been placing an untenable burden on many countries that already lacked sufficient trained teachers. When parents become ill with AIDS, children are often pulled out of school to care for them, take on other household responsibilities or work to support the family. When parents die, children often leave school because of economic hardship. Tragically, education is all-the-more important at this time, because it provides a stable element in a child's life. Moreover, it is probably the single most effective way of preventing the further spread of HIV. Facts about how young people can protect themselves are increasingly being integrated into school curricula.

Children from poorer families are less likely to go to school



Proportion of children of primary school age out of school in developing regions, by household wealth and mother's education, 2001 (Percentage)

In all developing regions, the evidence is the same: children from the richest 20 per cent of households are three times more likely to be in school than children from the poorest 20 per cent of households. Similarly, children with educated mothers are more than twice as likely to be in school as children of mothers with no formal education.

The lowest levels of attendance are found among indigenous peoples and other minority groups. Addressing these disparities and reaching the most disadvantaged will be the greatest challenge in achieving universal primary education.

Enrolment is only half the battle

Once children are enrolled, it is important that they stay in school and receive an education that prepares them for life. Dropping out and repeating grades mean that many children never complete a full course of primary education. In sub-Saharan Africa, just over half the children reach the final grade. In Southern Asia, Western Asia and Oceania, the share is between 60 and 75 percent. The greatest progress in primary school completion has been made in Latin America and the Caribbean and South-Eastern Asia, where over 90 per cent of children reach the final grade. In Eastern Asia, all children complete primary school. School enrolment and attendance can be improved by reducing or eliminating school fees, providing school lunches, improving the quality of teaching and bringing schooling closer to home.

In most developing regions, girls are less likely than boys to stay in school

In all developing regions, except Latin America and the Caribbean and Eastern and South-Eastern Asia, girls are less likely than boys to remain in school. The gap between girls and boys is greatest in the 22 countries where fewer than 60 per cent of children complete their primary education.



Goal 3 Promote gender equality and empower women

Gender equality is a human right and at the heart of achieving the Millennium Development Goals. It is a prerequisite to overcoming hunger, poverty and disease. This means equality at all levels of education and in all areas of work, equal control over resources and equal representation in public and political life.

Achieving parity in education — in primary school and beyond — is critical if women are to engage fully in society and the global economy. But in too many countries, girls are left behind. Among the numerous benefits of quality education is the security that comes from paid employment. But all too often, women are relegated to insecure and poorly paid positions. Although women have increased their share in paid non-agricultural employment, they remain a small minority in salaried jobs in many regions, while they are overrepresented in the informal economy.

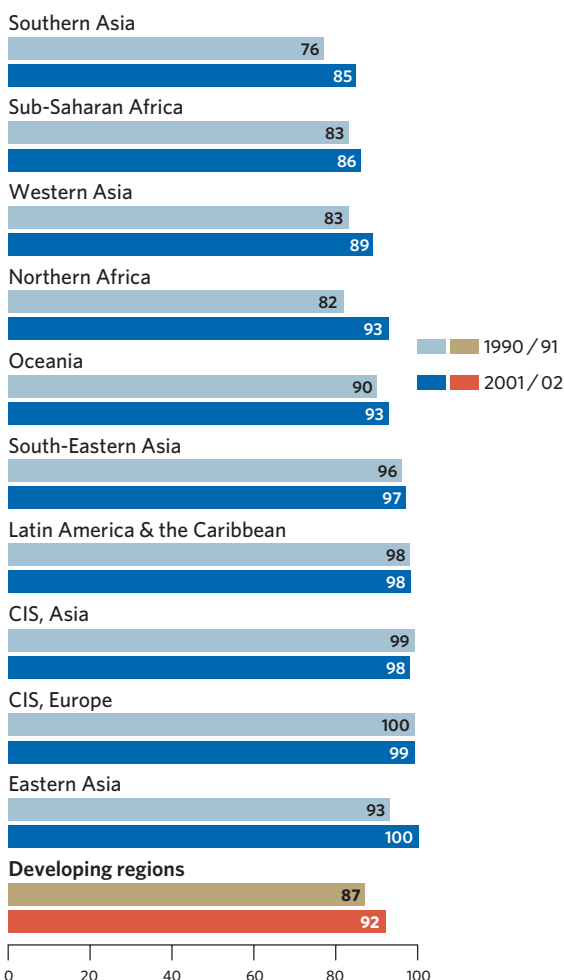
Having an equal voice in the decisions that affect their lives — from within the family to the loftiest realms of government — is a key element of women’s empowerment. Although women’s representation in national parliaments has been steadily increasing since 1990, women still occupy only 16 per cent of seats world-wide.

TARGET

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

Girls still lag behind boys in school enrolment

Girls’ primary school enrolment ratios in relation to boys’, 1990/91 and 2001/02 (Girls per 100 boys)

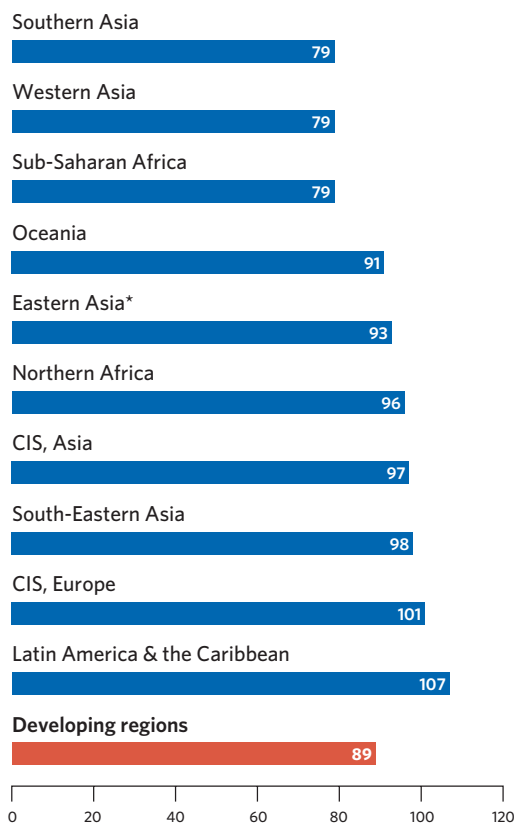


Countries with the widest gender gap in primary education have made progress in increasing the proportion of girls enrolled in school. Still, this gap remains a serious concern in Southern Asia, sub-Saharan Africa and Western Asia. In countries where resources and school facilities are lacking, and total enrolments are low, a choice must often be made in families between sending a girl or a boy to school. Girls tend to lose out.

Targeted interventions can go a long way towards getting girls into school, and encouraging them to stay there. These include providing safe transportation to and from school, separate toilets for girls and boys, and removing gender stereotyping from the classroom.

Gender disparities tend to increase at higher levels of education

Girls' secondary school enrolment ratios in relation to boys, 2001/2002 (Girls per 100 boys)

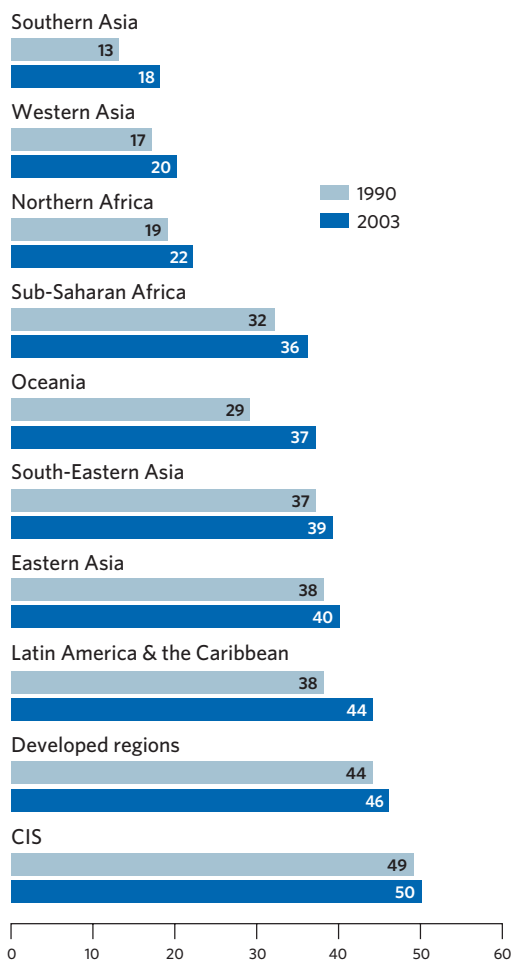


In countries where overall enrolments are high, girls tend to be well represented in both primary and secondary education. In Latin America, for instance, more girls than boys are enrolled in secondary school. But in most developing regions, gender disparities become progressively more marked when girls enter secondary school and later go to university. Of some 65 developing countries with full data, about half have achieved gender parity in primary education, about 20 per cent in secondary education and 8 per cent in higher education.

* Refers to 2000/2001

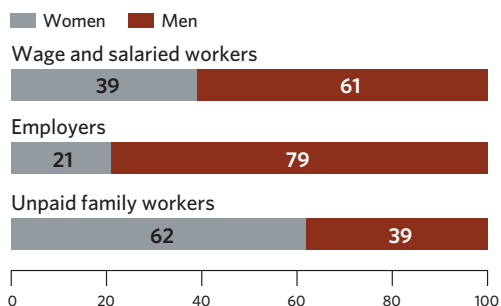
Women still have a smaller share of paying jobs than men

Share of women in non-agricultural wage employment, 1990 and 2003 (Percentage)



Women's access to paid employment is lower than men's in most of the developing world. Some progress has been made in all regions, but women in Southern Asia, Western Asia and Northern Africa still hold only about 20 per cent of paying jobs in sectors outside of agriculture. After steady improvement in Latin America and the Caribbean, women there now hold well over 40 per cent of these paying jobs. In CIS, near equality in wage employment is offset by a deteriorating job situation for both women and men. Many have lost their jobs, and pay and benefits have been eroded.

More women than men work in low-status jobs

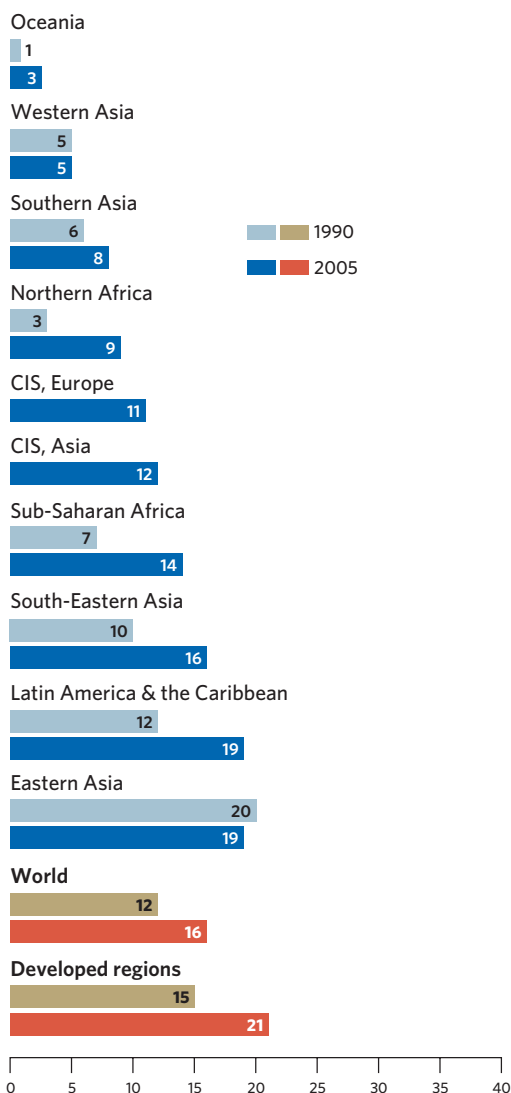


Share of women in total employment by job status, 1990-2002 (Percentage)

Women are less likely than men to hold paid and regular jobs and more often work in the informal economy, which provides little financial security and no social benefits. Fewer women than men own businesses and employ others. And worldwide, over 60 per cent of people working in family enterprises without pay are women. In the home, women perform most of the chores. This work is also unpaid, often little valued and not reflected in national production statistics.

Men dominate decision-making at the highest levels

Share of women in single or lower houses of parliament, 1990 and 2005 (Percentage)



Since the early 1990s, women's share of seats in parliament has steadily increased. In sub-Saharan Africa, women's representation has doubled. Nevertheless, women still hold only 16 per cent of seats worldwide. Only Rwanda and the Nordic countries have come close to parity. At the other end of the scale, the participation of women in parliament is negligible in Oceania and Western Asia. In CIS, representation by women dropped dramatically in the early 1990s when their participation in national politics was no longer guaranteed. However, that trend is starting to be reversed as more and more women assume a role in multiparty democracies.



More than 80 countries are taking specific actions to guarantee women's political participation

As the result of a national election held in 2003, 49 per cent of members of Rwanda's National Assembly are now women. This is the closest any country has come to gender parity in parliament. Other African countries — including Burundi, Eritrea, Mozambique, Namibia, South Africa and Uganda — have also passed provisions that reserve parliamentary seats for women. In Latin America and the Caribbean, the introduction of affirmative action in 17 countries has raised women's representation in parliament to nearly 20 per cent. And in Northern Africa and Western Asia, where women's participation has traditionally been low, Djibouti, Jordan, Morocco and Tunisia have amended their electoral laws to provide quotas for women in parliament. Globally, by the end of 2004, 81 countries had introduced similar measures, which are crucial to assuring progress for women in the political arena. Awareness campaigns, training and reform of political parties have also proved effective in increasing women's participation as leaders and voters.

Goal 4 Reduce child mortality

The death of a child is a tragic loss. Yet, every year, almost 11 million children die — that is, 30,000 children a day — before their fifth birthday. Most of these children live in developing countries and die from a disease or a combination of diseases that can be prevented or treated by existing inexpensive means. Sometimes, the cause is as simple as a lack of antibiotics for treating pneumonia or of oral rehydration salts for diarrhoea. Malnutrition contributes to over half these deaths.

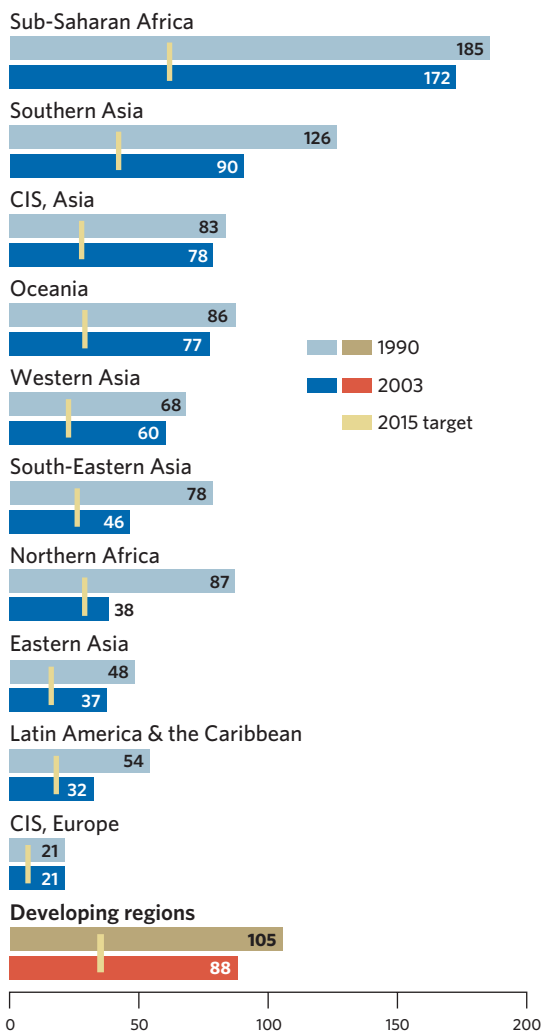
Child mortality is closely linked to poverty: advances in infant and child survival have come more slowly to people in poor countries and to the poorest people in wealthier countries. Improvements in public-health services are key, including safe water and better sanitation. Education, especially for girls and mothers, saves children’s lives. Raising incomes can help, but little will be achieved unless services reach those who need them most.

TARGET

Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

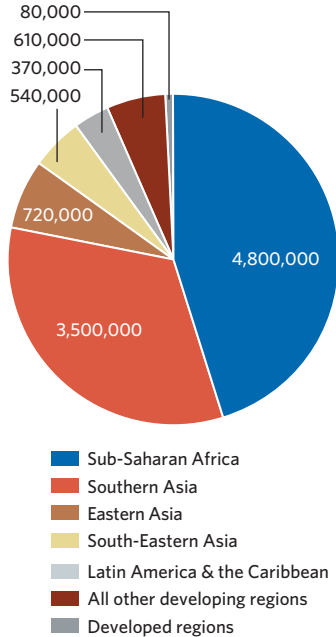
Progress in reducing child mortality has slowed

Under-five mortality rate per 1,000 live births, 1990 and 2003



In 1960, more than 1 child in 5 in the developing regions died before age 5. By 1990, the rate was down to 1 in 10. Such progress gave hope that child mortality could be cut by a further two thirds by 2015. But advances slowed in the 1990s. Only in Northern Africa, Latin America and the Caribbean and South-Eastern Asia has progress maintained its rapid pace. In these regions, economic growth, better nutrition and access to health care have spurred improvements in child survival. Regional averages, however, mask differences from country to country and disparities among socio-economic groups.

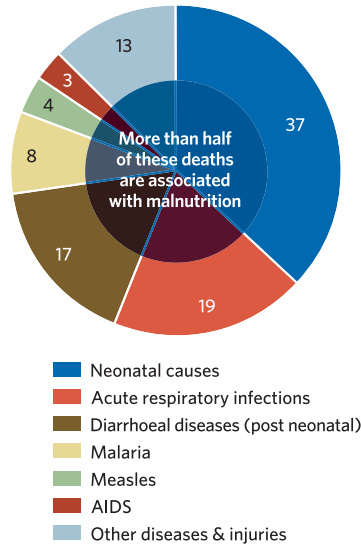
Meeting the target will require a drastic reduction in child deaths in sub-Saharan Africa and Southern Asia



Number of deaths among children under age five, 2003

Almost half of all deaths among children under age 5 occur in sub-Saharan Africa, where progress has slowed owing to weak health systems, conflicts and AIDS. More than one third of all deaths occur in Southern Asia, despite the reduction in poverty. Countries that have experienced conflict, including Cambodia and Iraq, have seen sharp increases or no improvement in child mortality since 1990. Countries reeling from AIDS, especially in Southern Africa, have also seen sudden rises in under-five mortality.

Expanding simple low-cost measures would save more lives

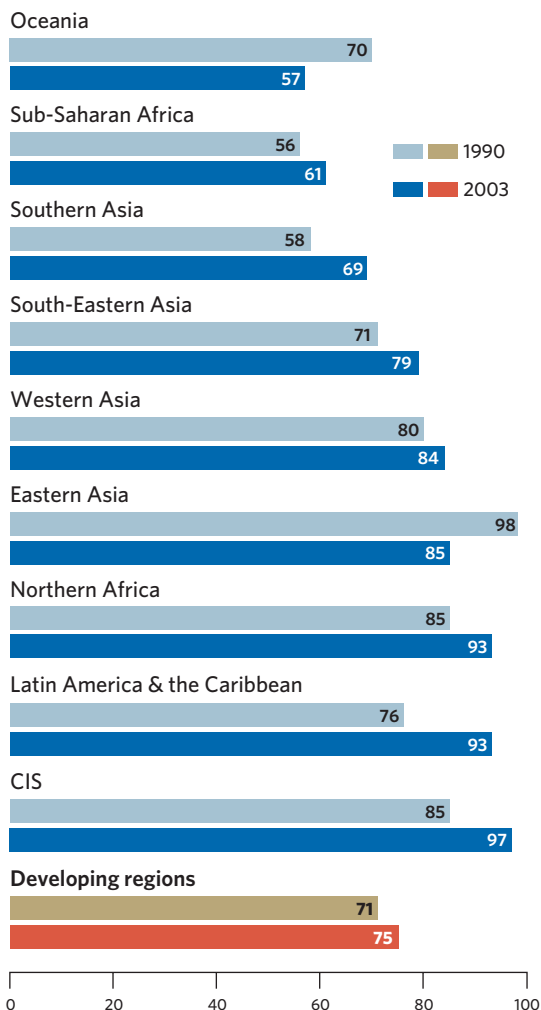


Causes of deaths among children under age five, 2000-2003 (Percentage)

Just five diseases — pneumonia, diarrhoea, malaria, measles and AIDS — account for half of all deaths in children under age 5. Most of these lives could be saved by expanding low-cost prevention and treatment measures. These include exclusive breastfeeding of infants, antibiotics for acute respiratory infections, oral rehydration for diarrhoea, immunization, and the use of insecticide-treated mosquito nets and appropriate drugs for malaria. Proper nutrition is part of prevention, because malnutrition increases the risk of dying from these diseases. Better care for mothers and babies before and after birth would address the challenge of the one third of these deaths that occur in the first days of life.

Immunization against measles saves lives, but not all children are protected

Percentage of children (12-23 months old) immunized against measles, 1990 and 2003 (Percentage)



Among the diseases that can be eradicated by immunization, measles is the leading cause of child deaths. A safe, effective and relatively inexpensive vaccine has been available for over 40 years. Still, measles strikes 30 million children a year, killing 540,000 in 2002 and leaving many others blind or deaf. Global coverage of measles immunization has risen slowly, but is lagging in Oceania, sub-Saharan Africa and Southern Asia, where about a third of all children are still unprotected. The level of routine measles immunization is one reflection of how well a health-care system is serving children under age 5.



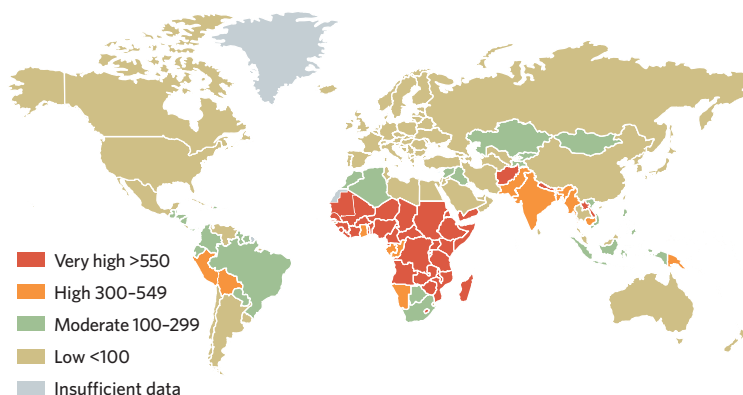


Goal 5 Improve maternal health

TARGET

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

Women risk death to give life



Maternal mortality ratios per 100,000 live births, 2000

In 2000, the average risk of dying during pregnancy or childbirth in the developing world was 450 per 100,000 live births. In countries where women tend to have many children, they face this risk many times. Thus, the chances of dying during pregnancy or childbirth over a lifetime are as high as 1 in 16 in sub-Saharan Africa, compared with 1 in 3,800 in the developed world. This lifetime risk could be substantially reduced if women had the family planning services they desire. Once a woman is pregnant, it is essential that she have good medical care and access to emergency obstetric-care facilities in case of unexpected complications.

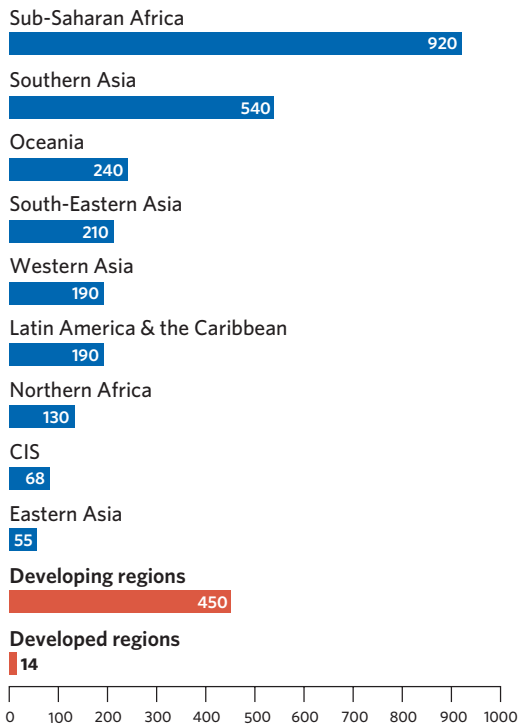
Giving birth should be a time of joy. But for more than half a million women each year, pregnancy and childbirth end in death. Twenty times as many women suffer serious injuries or disabilities, which, if untreated, can cause life-long pain and humiliation. A mother's death can be particularly devastating to the children left behind, who are more apt to fall into poverty and to become the objects of exploitation.

Countries with already low levels of maternal mortality have made further progress. But this is not enough. Reductions in the worst-affected countries will require additional resources to ensure that the majority of births are attended by doctors, nurses or midwives who are able to prevent, detect and manage obstetric complications. When problems do arise, women must be able to reach a fully equipped medical facility in time.

Universal access to reproductive health care, including family planning, is the starting point for maternal health. It is particularly important for addressing the needs of the 1.3 billion young people about to begin their reproductive lives. Currently, 200 million women have an unmet need for safe and effective contraceptive services.

Fewer women are dying during childbirth, but not in countries most affected

Maternal mortality ratios per 100,000 live births, 2000



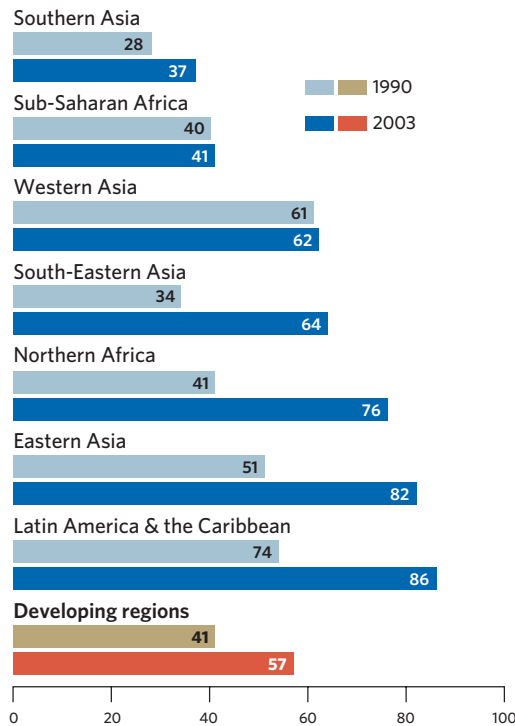
An analysis of the limited data available suggests that significant reductions in the number of deaths have occurred in countries with moderate to low levels of maternal mortality. Evidence of similar progress was not found in countries where pregnancy and childbirth are most risky.

Success is possible, even in poorer countries

Although it is one of the poorest countries in the world, Bangladesh was able to substantially reduce maternal mortality by focusing on skilled birth attendants, access to emergency obstetric care and expanded family planning programmes. In Egypt, maternal mortality was cut in half in only 8 years. This extraordinary accomplishment was the result of a comprehensive programme to boost the quality of medical care, especially the management of obstetric complications, and to ensure skilled attendants at births. Attention was also focused on mobilizing community support for women during pregnancy and childbirth and addressing reproductive health needs, including family planning.

More deliveries are attended by skilled health care personnel

Proportion of deliveries attended by skilled health care personnel, 1990 and 2003 (Percentage)



Advances were made in most developing regions between 1990 and 2003 in providing medically skilled attendants at birth. Major improvements were achieved in South-Eastern Asia, Northern Africa and Eastern Asia, but there was no change in sub-Saharan Africa, where maternal mortality is highest. Though progress continues in Southern Asia, it has the lowest level of professional care at birth in the world. In every region, the presence of skilled birth attendants is lower in rural than in urban areas.

Professional care at birth is one of several factors that can lower maternal mortality, along with access to emergency obstetric care. To be effective, emergency facilities, however, must be stocked with essential drugs, equipment and supplies.

Goal 6 Combat HIV/AIDS, malaria & other diseases

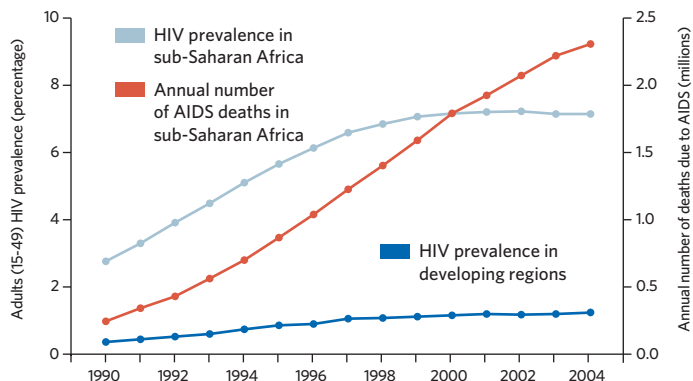
In the 25 years since it was first reported, AIDS has become the leading cause of premature death in sub-Saharan Africa and the fourth largest killer worldwide. More than 20 million people have died around the world since the epidemic began. And by the end of 2004, an estimated 39 million people were living with HIV. In addition to the incalculable human suffering that AIDS has wrought, the epidemic has reversed decades of development progress in the worst-affected countries. Almost no country has escaped its wrath. But there are countries that are fighting back — and winning. Thailand and Uganda have shown that infection rates can be reversed with vision and leadership. They provide an example to other countries caught in the grip of AIDS.

Though they are not making headlines, other diseases are quietly stealing the vitality and hope of people in the developing world. Malaria claims the lives of a million people a year, mostly young children, and is estimated to have slowed economic growth in African countries by 1.3 per cent a year. Tuberculosis, once thought defeated, is making a comeback, helped by the emergence of drug-resistant strains and the vulnerabilities created by HIV and AIDS. Not surprisingly, all three of these diseases are concentrated in the poorest countries. And they can be largely controlled through education, prevention and, when illness strikes, treatment and care.

TARGET

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

HIV prevalence remains high in sub-Saharan Africa, as deaths and new infections mount

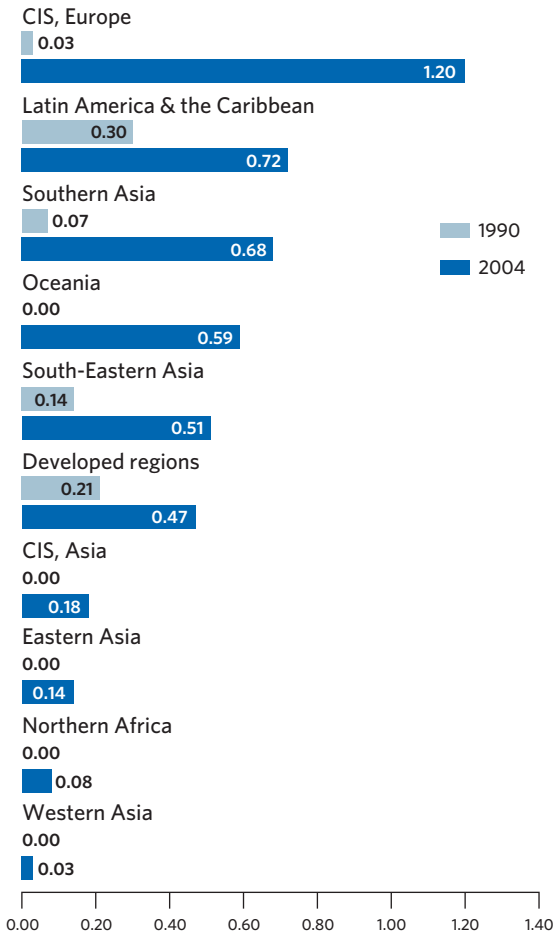


HIV prevalence in adults aged 15-49 in sub-Saharan Africa and all developing regions (Percentage) and number of AIDS deaths in sub-Saharan Africa (Millions), 1990-2004

In sub-Saharan Africa, 7 out of 100 adults are living with HIV. In some Southern African countries, more than a quarter of the adult population are HIV-positive. Although prevalence rates have stabilized in the region, they remain at very high levels. This does not mean that the epidemic has been controlled. Rather that the increasing number of AIDS deaths each year roughly matches the number of new infections.

HIV prevalence in all other regions has increased

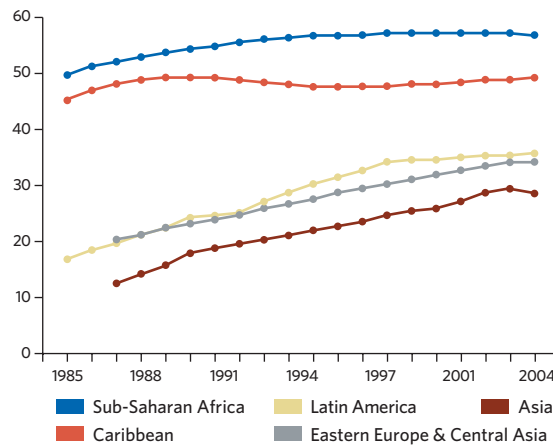
HIV prevalence in adults aged 15–49 in selected regions, 1990 and 2004 (Percentage)



Globally, 4.9 million people were newly infected with HIV in 2004 and 3.1 million died. HIV is spreading fastest in the European countries of CIS and in parts of Asia.

In countries where the epidemic is still at an early stage, programmes targeted at the most vulnerable are effective. But in many countries, inadequate resources and a lack of political leadership inhibit progress — especially where HIV has established footholds among marginalized and stigmatized groups. Unless pragmatic and forward-looking approaches are adopted, HIV will spread in countries that, until now, have escaped a major epidemic.

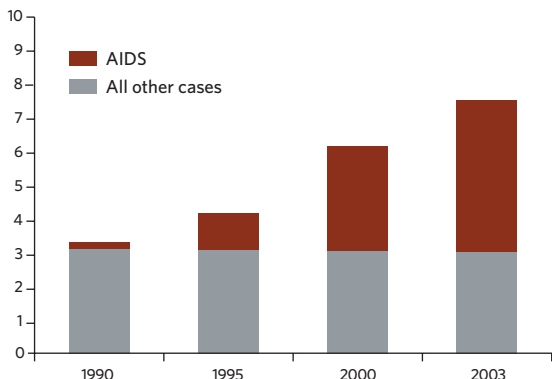
As the AIDS epidemic worsens, more girls and women are infected



Proportion of adults aged 15–49 living with HIV who are women, in selected developing regions, 1985–2004 (Percentage)

Globally, just under half the people living with HIV are female, but as the epidemic worsens, the share of infected women and girls is growing. For physiological reasons, and because they typically lack power in sexual relations with men, women and girls are more vulnerable to HIV infection. In sub-Saharan Africa, 57 per cent of the infected people are women. Among Africans aged 15 – 24, the difference is even more pronounced. In the worst-affected countries, recent national surveys show as many as three young women living with HIV for every young man. These trends point to serious shortcomings in the response to AIDS. Services that can protect women against HIV should be expanded, and education and prevention are needed to counteract the factors that contribute to women’s vulnerability and risk.

AIDS is robbing children of their parents in record numbers



Children under age 15 who have lost both parents to AIDS and other causes in sub-Saharan Africa, 1990–2003

As the epidemic advances, the number of children who have lost both parents to AIDS is escalating. Innovative responses are required to a social problem without precedent. In 2003, there were over 4 million children in sub-Saharan Africa alone who had lost both parents to AIDS and 12 million who had lost one parent or both. In all developing regions, 15 million children had lost one parent or both to AIDS.

Prevention is key along with treatment and care

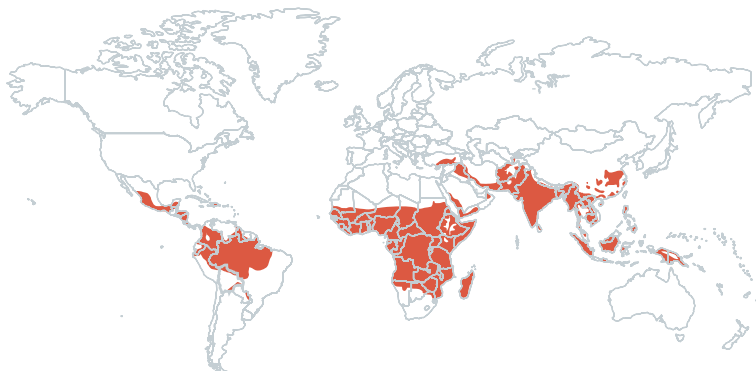
Because there is no cure for AIDS, prevention is essential. But millions of young people know too little about HIV to protect themselves. Surveys in sub-Saharan Africa have found that only 21 per cent of young women and 30 per cent of young men know the basics about how to avoid infection. Surveys of young women in South-Eastern Asia show even lower levels of knowledge. It is not surprising, then, that a majority of young people do not use condoms when engaging in high-risk sex.

Once people are infected, drug treatment prolongs their lives. In pregnant women, it also decreases the risk of transmitting HIV to their babies. During the second half of 2004, the number of people receiving antiretroviral therapy in developing regions increased from 440,000 to 700,000, but that figure represents only about 12 per cent of those who would benefit from these medications. Treatment and care need to be expanded to reach millions more.

TARGET

Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Malaria attacks the poorest and most defenceless

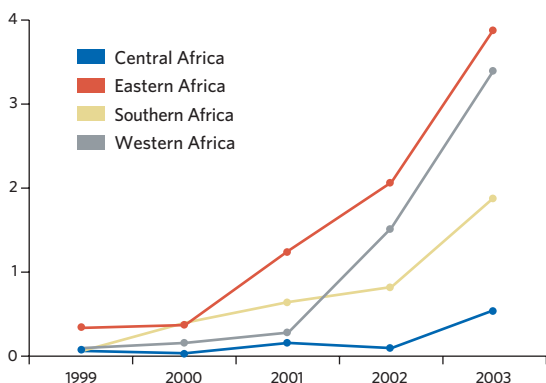


Risk of malaria transmission by geographical area

Malaria is endemic in many of the world's poorest countries, affecting an estimated 350 million–500 million people a year. Ninety per cent of the 1 million malaria deaths each year occur in sub-Saharan Africa. Pregnant women and their unborn children are particularly vulnerable to the disease, which is a major cause of low birth weight in newborns, anaemia and infant death. In sub-Saharan Africa alone, more than 2,000 children a day die from malaria. Children who survive do not escape unharmed. Episodes of fever and anaemia take their toll on those children's mental and physical development. Malaria can have a debilitating effect on adults as well, often removing them from the workforce for days or even weeks at a time.



Mosquito net distribution widens

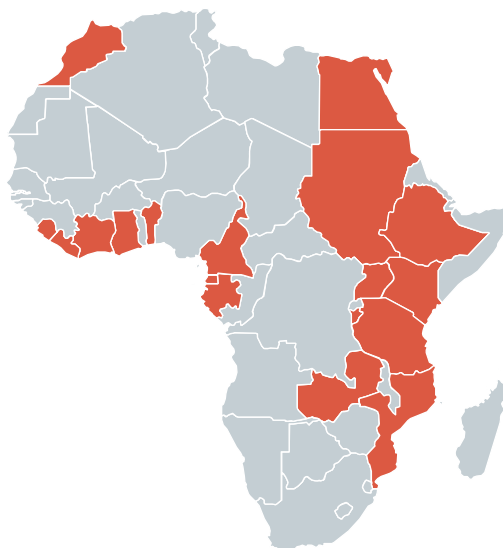


Mosquito nets sold or distributed in sub-Saharan Africa, 1999-2003 (Millions)

Illness and death from malaria increased in the 1990s, mainly in Africa. Since then, prevention and treatment measures in that region have improved. Among the most effective tools for prevention are insecticide-treated mosquito nets, which United Nations organizations and their partners are distributing free to people in need. Distribution has increased tenfold since 2000.

In Malawi, 1 million insecticide-treated mosquito nets were given out in 2003 alone, boosting coverage from 5 per cent of households in 2000 to 43 per cent by the end of 2003. At the same time, distribution of nets through the health-care network increased participation in routine preventive services. Other countries are now adopting the same approach.

Countries are adopting more effective malaria drug policies



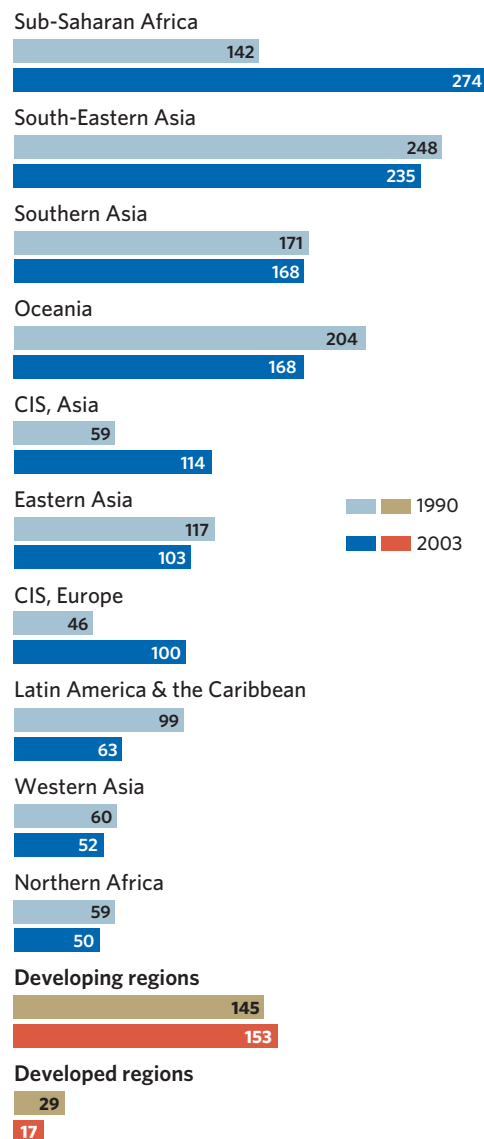
African countries that, by 2004, had changed their policy on treatment of malaria to one requiring the use of artemisinin-based combination therapy

Over the last two decades, the most common form of malaria has become increasingly resistant to drugs. New artemisinin-based drug combinations that are more effective against the disease are becoming more widely available, and changes in drug policies are encouraging their use. Between 2001 and 2004, 40 countries — half of them in Africa — amended their policies to require the use of these more effective antimalarial treatments.

There are other positive signs. Eighty countries are benefiting from over \$290 million for malaria control, provided through the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. Efforts are also being expanded to prevent malaria during pregnancy, through mosquito net distribution and preventive drug treatment.

Tuberculosis, an old threat, re-emerges

Number of new tuberculosis cases per 100,000 population (excluding people that are HIV-positive), 1990 and 2003



0 50 100 150 200 250 300

Tuberculosis kills 1.7 million people a year, most of them in their prime productive years. The number of new tuberculosis cases has been growing by about 1 per cent a year, with the fastest increases in sub-Saharan Africa and CIS. In 2003, there were nearly 9 million new cases, including 674,000 among people living with HIV. The emergence of drug-resistant strains of the disease, the increase in the number of people with HIV or AIDS, which reduces resistance, and the growing number of refugees and displaced persons have all contributed to its spread.

A new tuberculosis treatment strategy is proving successful

An increasing number of tuberculosis patients are being treated under an internationally recommended protocol known as DOTS, which emphasizes positive diagnosis followed by a course of treatment and follow-up care. Over 80 per cent of patients treated under DOTS are cured, but the cure rate is lower and the death rate higher where drug resistance is frequent or HIV prevalence is high. Ultimately, the success of the protocol depends on identifying all cases of the disease. But less than half of cases are currently detected and treated under DOTS. To speed up action against tuberculosis, identification of cases and expansion of health services will have to improve, especially in Asia and Africa.

Goal 7 Ensure environmental sustainability

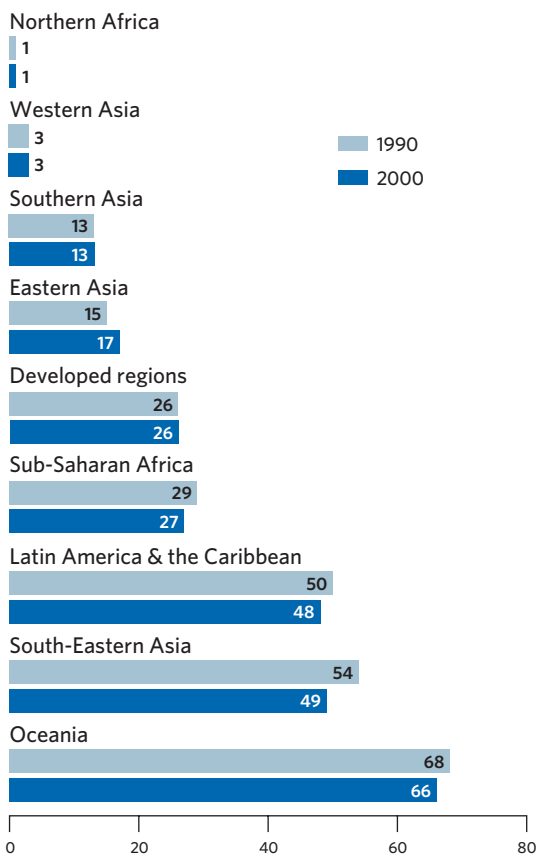
TARGET

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

Most countries have committed to the principles of sustainable development and to incorporating them into their national policies and strategies. They have also agreed to the implementation of relevant international accords. But good intentions have not resulted in sufficient progress to reverse the loss of our environmental resources.

Forests are disappearing fastest in the poorest regions

Proportion of land area covered by forests, 1990 and 2000 (Percentage)



Forests cover one third of the earth’s surface and constitute one of the richest ecosystems. They provide for many people’s everyday needs, including food, fuel, building materials and clean water. Yet, in the last decade alone, 940,000 square kilometres of forests — an area the size of Venezuela — were converted into farmland, logged or lost to other uses. Efforts to combat deforestation are ongoing. Sustainable forest management practices are reducing pressure on the land and improving the livelihoods of communities living in and around forests. Still, it is a race against time.

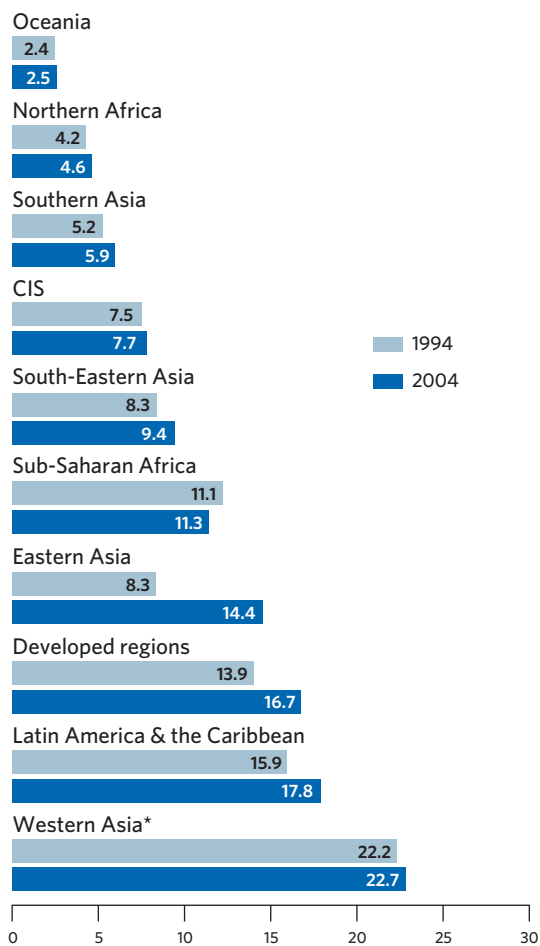
Environmental sustainability means using natural resources wisely and protecting the complex ecosystems on which our survival depends. But sustainability will not be achieved with current patterns of resource consumption and use. Land is becoming degraded at an alarming rate. Plant and animal species are being lost in record numbers. The climate is changing, bringing with it threats of rising sea levels and worsening droughts and floods. Fisheries and other marine resources are being overexploited.

The rural poor are most immediately affected because their day-to-day subsistence and livelihoods more often depend on the natural resources around them. Though the exodus to urban areas has reduced pressure on rural lands, it has increased the number of people living in unsafe and overcrowded urban slums. In both urban and rural areas, billions of people lack safe drinking water and basic sanitation.

Overcoming these and other environmental problems will require greater attention to the plight of the poor and an unprecedented level of global cooperation. Action to halt further destruction of the ozone layer shows that progress is possible when the political will is there.

More areas are protected, but loss of species and habitats continues

Proportion of total territorial areas protected, land and marine, 1994 and 2004 (Percentage)

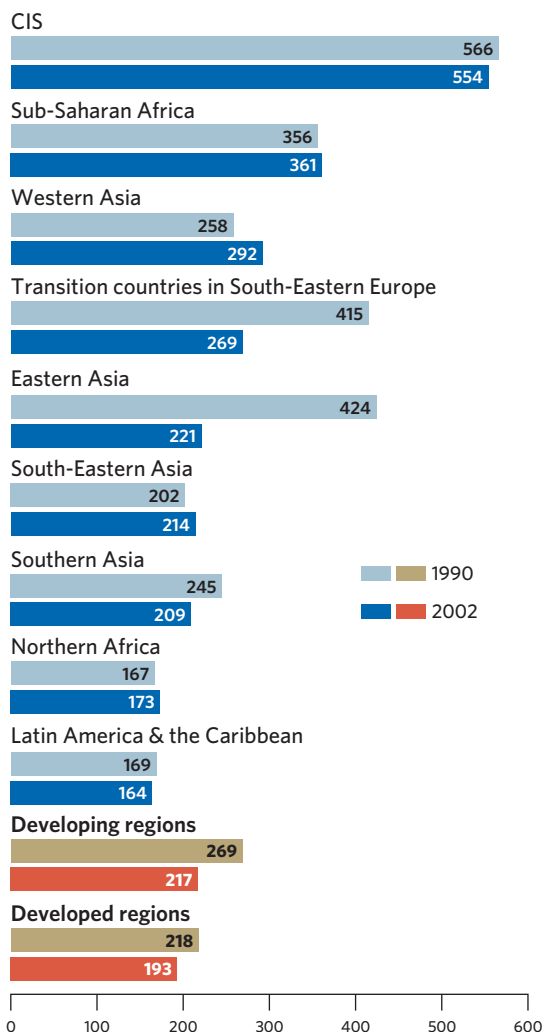


Some 19 million square kilometres — over 13 per cent of the earth's land surface — have been designated as protected areas. This represents an increase of 15 per cent since 1994. The expansion of protected areas is encouraging, but their management does not always meet conservation goals. Moreover, marine environments are highly underrepresented, with less than 1 per cent of marine ecosystems protected. Loss of habitats and biological diversity continues, with more than 10,000 species considered to be under threat.

* The large percentage is due to one protected area in Saudi Arabia.

Progress is being made in improving energy efficiency, but more is needed

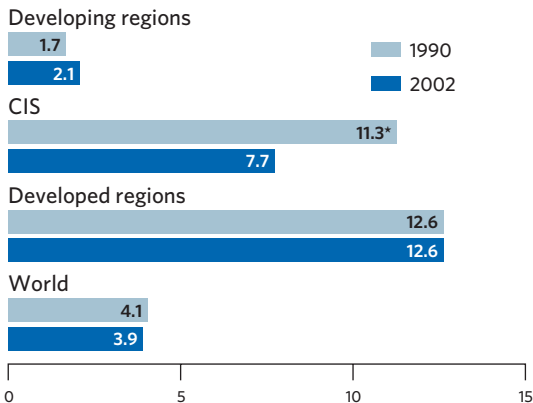
Energy use per unit of GDP, 1990 and 2002 (Kilograms of oil equivalent per dollar of GDP in 2000 purchasing power parities)



Progress is being made in improving energy efficiency and access to clean technology and fuels. But the transfer of these new technologies to developing countries, where energy needs are skyrocketing, is not proceeding fast enough. Despite improved efficiency, total energy use continues to rise.

In developing countries, the lack of clean fuels has a direct impact on rural households which depend on wood, dung, crop residues and charcoal for cooking and heating. Indoor air pollution caused by these fuels is estimated to cause more than 1.6 million deaths per year, mostly among women and children.

Rich countries produce the most greenhouse gases

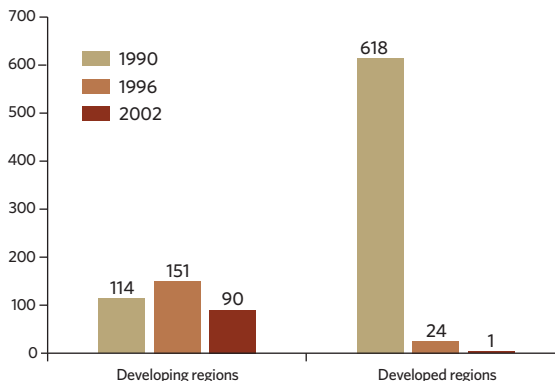


Per capita emissions of carbon dioxide (CO₂), 1990 and 2002 (Metric tons per person)

The consumption of fossil fuels, including oil, coal and natural gas, results in carbon dioxide emissions that are contributing to the gradual warming of the planet. The expected repercussions of climate change — including rising sea waters, more frequent and intense storms, the extinction of species, worsening droughts and crop failures — will affect every nation on earth. With total emissions continuing to grow, the majority of industrialized countries have adopted the Kyoto Protocol, the first global effort to control emissions.

* Reference year is 1992.

Ozone-depleting substances have been drastically reduced



Use of chlorofluorocarbons, 1990, 1996 and 2002 (Thousands of metric tons of ozone-depleting potential)

The ozone layer in the stratosphere absorbs ultraviolet radiation, which has been associated with rising levels of skin cancer and other harmful effects on living species. Through unprecedented global cooperation, use of chlorofluorocarbons, the most widespread ozone-depleting substances, has been reduced to one tenth of 1990 levels. This remarkable accomplishment shows that progress on the environment can be achieved with strong political will and with consensus on the problem and on how to solve it. Though damage to the ozone layer is already evident, recovery is expected within the next 50 years.

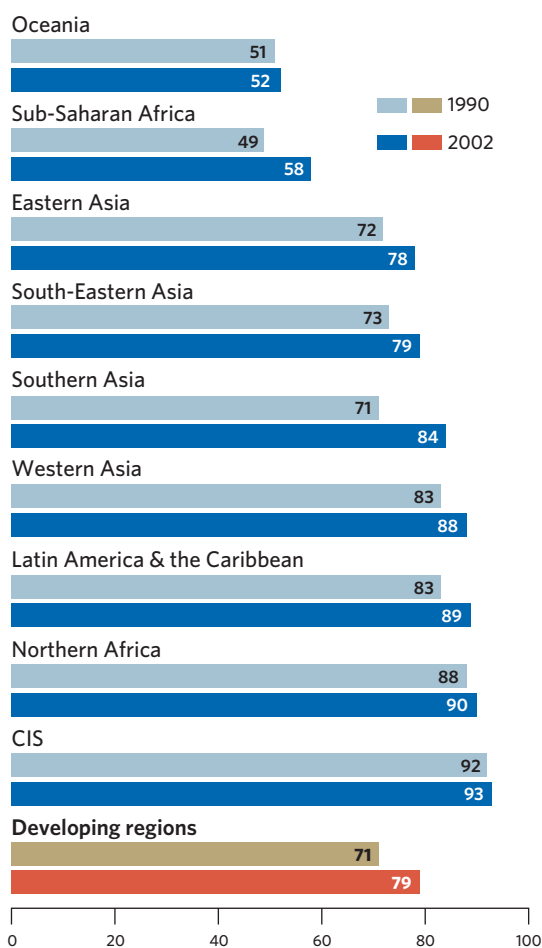
TARGET

Halve, by 2015, the proportion of the people without sustainable access to safe drinking water and basic sanitation

During the 1990s, access to improved drinking water sources increased substantially. However, over a billion people have yet to benefit, with lowest coverage in rural areas and urban slums. Much slower progress has been made globally in improving sanitation. An estimated 2.6 billion people — representing half the developing world — lack toilets and other forms of improved sanitation.

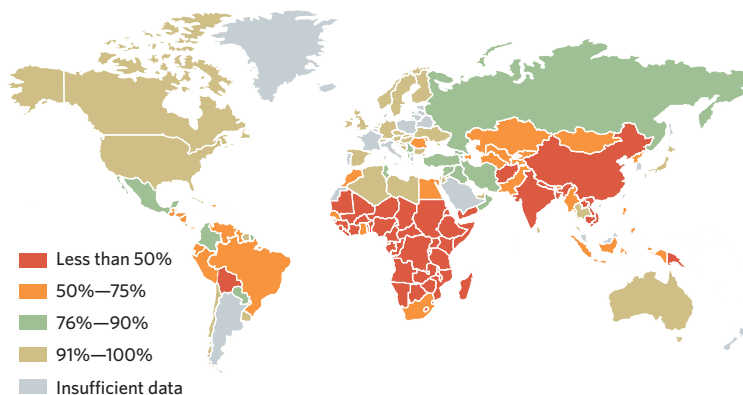
Access to safe drinking water has improved worldwide

Proportion of population using improved sources of drinking water, 1990 and 2002 (Percentage)



The proportion of population using safe sources of drinking water in the developing world rose from 71 per cent in 1990 to 79 per cent in 2002. The most impressive gains were made in Southern Asia. This jump was fuelled primarily by increased coverage in India, home to over 1 billion people. The good news — gains in all regions since 1990 — is counterbalanced by the fact that 1.1 billion people were still using water from unimproved sources in 2002. In sub-Saharan Africa, where 42 per cent of the population is still unserved, the obstacles to progress, which include conflict, political instability and low priority assigned to investments in water and sanitation, are especially daunting given high population growth rates.

Half the developing world lacks improved sanitation

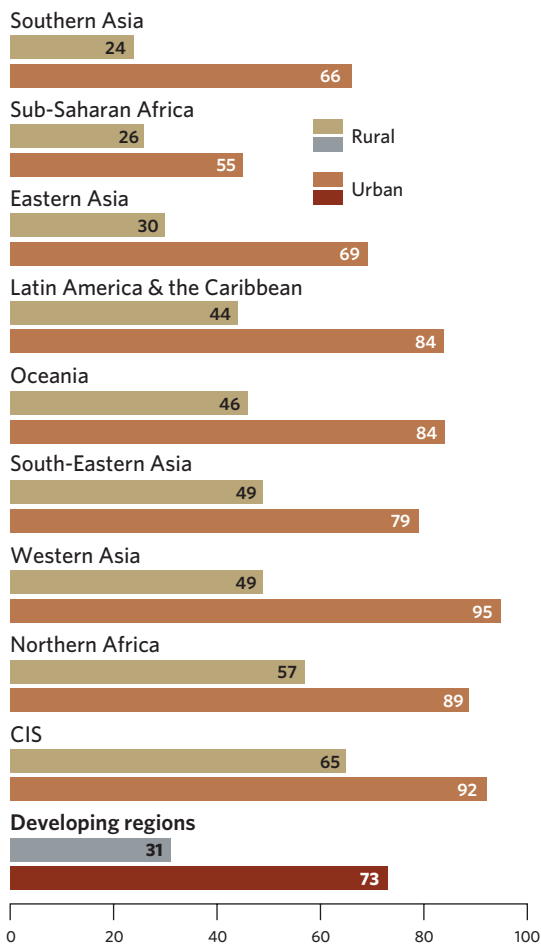


Proportion of population using improved sanitation, 2002 (Percentage)

Sanitation coverage in the developing world rose from 34 per cent in 1990 to 49 per cent in 2002. If present trends continue, however, close to 2.4 billion people worldwide will still be without improved sanitation in 2015, that is, almost as many as there are today. The sanitation target can be met only with a dramatic increase in investment in services.

Policy makers must focus on the poor in rural areas and urban slums

Proportion of population using improved sanitation in urban and rural areas, 2002 (Percentage)



Sharp disparities in access to sanitation exist between urban and rural areas. Rural populations have less than half the coverage of urban areas. But statistics on coverage in urban areas mask the deprivation in urban slums. Both use of safe water and basic sanitation coverage remain extremely low in the burgeoning slums of the developing world.

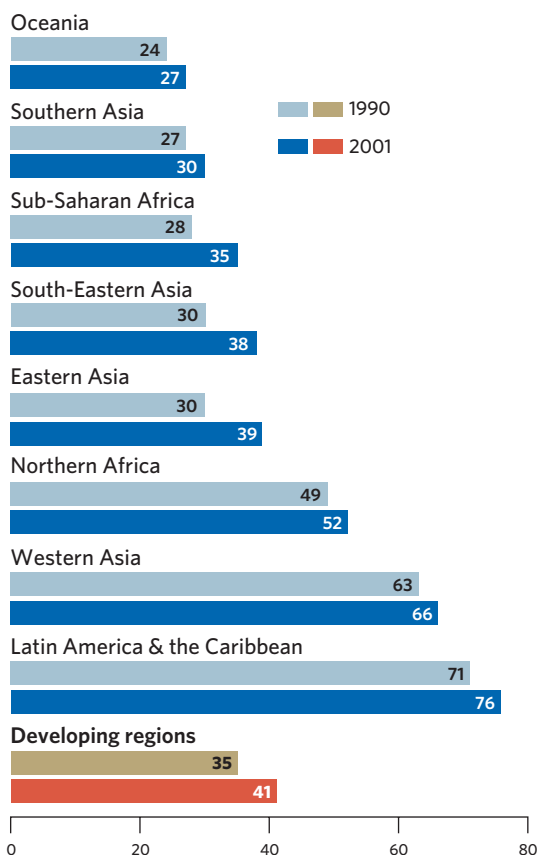
Overall in the developing world, the richest 20 per cent of households are twice as likely to use safe drinking water sources as the poorest 20 per cent of households, and four times more likely to use improved sanitation.

TARGET

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum-dwellers

City dwellers are about to outnumber rural populations in the developing world

Proportion of people living in urban areas, 1990 and 2001 (Percentage)

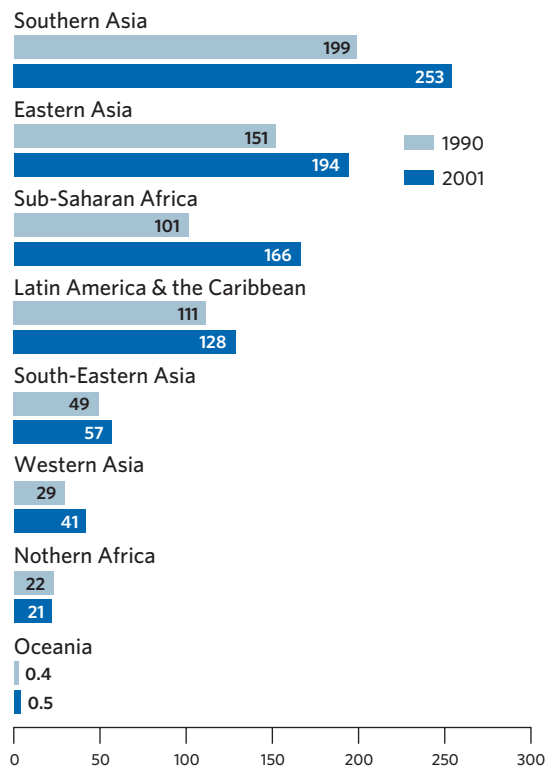


The urban population of developing countries is growing at a rate of more than 3 per cent per year, three times faster than in rural areas. This means that, because of migration to the cities and additional births, about 100 million people are added to urban communities of the developing world each year. By 2007, the number of people living in cities is expected to exceed the rural population in developing regions.

Nearly one in three city dwellers — almost 1 billion people — lives in slums, in conditions characterized by overcrowding, little employment or security of tenure, poor water, sanitation and health services, and widespread insecurity, including violence against women. Not surprisingly, disease, mortality and unemployment are considerably higher in slums than in planned urban settlements. Surveys suggest that in some African cities, the death rate of children under age 5 who live in slums is about twice as high as that of children in other urban communities.

The growth in the number of slum-dwellers is outpacing urban improvement

Number of urban dwellers living in slums, 1990 and 2001 (Millions)



Together, Southern Asia, Eastern Asia and sub-Saharan Africa account for more than two thirds of people living in slums. In most regions, countries are making efforts to provide alternatives to the formation of slums. But because of the rapid expansion in urban populations, the number of slum-dwellers is increasing in all developing regions, except Northern Africa.



Proven measures to improve slum conditions must be scaled up

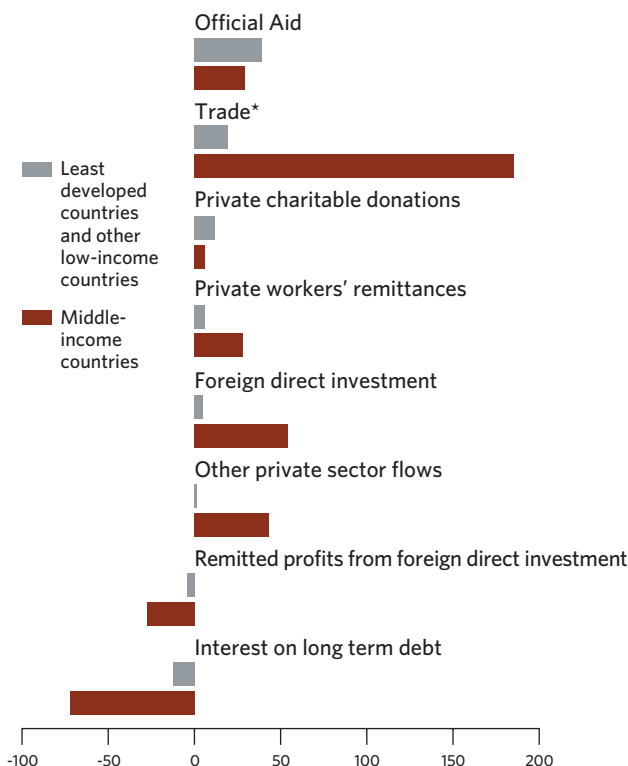
Even as urban areas continue to grow, a number of developing countries have shown that it is possible to improve the living conditions of slum-dwellers. Doing so on a massive scale will be required to meet the Millennium Development Goals target. Senegal and South Africa, for example, have improved health and employment among people in urban slums. Policymakers in Brazil and India were successful in upgrading *favelas* and slums by strengthening protection against forced and unlawful evictions. In Egypt, South Africa and Thailand, secure tenure, coupled with access to credit, has encouraged residents to invest in their homes.

Goal 8 Develop a global partnership for development

At the heart of the Millennium Development Goals is the understanding that fighting poverty is a collective undertaking and that all countries have a stake in the results. Primary responsibility to achieve the Goals rests with developing countries, but international support is critical, especially for the poorest countries and for countries handicapped by geographical isolation. Moreover, in an interdependent world economy, open avenues for trade, international financial stability and the spread of technology are needed to enable developing countries to seize opportunities for accelerated and sustained development.

The United Nations Millennium Declaration embodies an agreement that developing countries will work to maintain sound economies, to ensure their own development and to address human and social needs. Developed countries, in turn, agree to support poorer countries through aid, trade and debt relief. A meaningful partnership between rich and poor must also address developing countries' need for technology, medicines and jobs for their populations, particularly for the growing ranks of young people.

Aid is critical for the poorest countries, while middle-income countries benefit more from trade



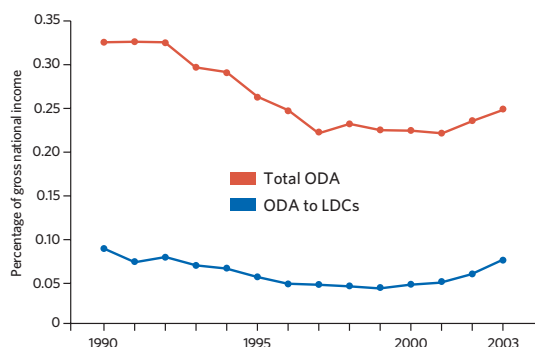
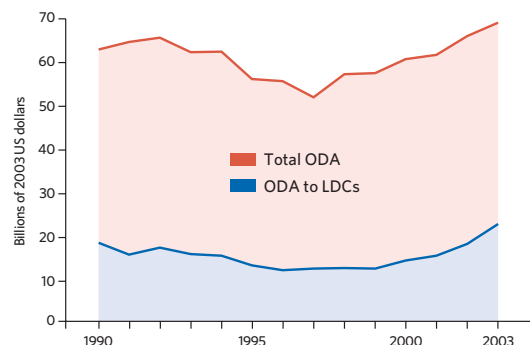
Receipts and payments of foreign exchange for developing countries, average 2002-2003 (Billions of United States dollars)

Official aid and private charitable donations from developed countries are the main source of external financing for the poorest countries. For middle-income developing countries, trade is the primary source of foreign revenue. Private foreign direct investment ranks second for these countries, but is partially offset by the return of profits to corporations' home countries. Money sent home by migrants working in developed countries totalled some \$34 billion in 2000 and is an increasingly important source of external finance for several developing countries. It also brings concrete benefits to recipient families.

In low-income countries, higher levels of aid are needed to overcome disease, illiteracy and lack of infrastructure. Until such handicaps are overcome, these countries will not be able to attract investment or compete in world trade. Fairer access to rich-country markets would help these countries gain a foothold in a competitive global economy. It would also help middle-income countries, where trade in commodities and manufactured goods is already important.

* Exports less imports of goods and services excluding oil.

Development aid has reached an all-time high, but remains at a historically low level as a share of donor country income



Official development assistance from developed countries, 1990–2003 (Constant United States dollars and as a proportion of donor country gross national income)

Official aid has recovered from its decline in the 1990s, reaching a record high of \$79 billion in 2004. Donors have pledged to raise aid by an additional \$20 billion by 2006. Despite this recovery, aid is still equivalent to just one quarter of 1 per cent of donor countries' national income and only five countries — Denmark, Netherlands, Luxembourg, Norway and Sweden — currently meet or exceed the United Nations target of 0.7 per cent of national income. Six more countries have pledged to do so before 2015. If all new commitments are honoured, aid is expected to exceed \$100 billion by 2010. Still, this falls short of the amounts widely considered necessary to achieve the MDGs.

Increases in aid are going mostly to debt relief and emergency assistance

Most of the recent increase in aid has been used to cancel debts and meet humanitarian and reconstruction needs in the aftermath of emergencies. Debt relief, while welcome, often goes to countries that have ceased debt repayments, and does not necessarily provide new finance for social services or poverty reduction. Similarly, emergency and disaster relief, although essential, does not address long-term development needs. It will rise further in response to the Asian tsunami disaster.

The share of total official aid going to basic human needs, such as those targeted in the Millennium Development Goals, has doubled since the mid-1990s. About half of the growing share going to basic education, health, and water and sanitation promotes gender equality and women's empowerment. On the negative side, the share devoted to agriculture and physical infrastructure has diminished. These two sectors will need more support if countries are to be able to feed their own people and build their economies.

Quality as well as quantity of aid is important

More aid needs to go hand in hand with more effective use of aid — by advancing a recipient country's own development strategies. The focus should be on results, not inputs. Moreover, donors have to simplify their aid procedures and build on arrangements already in place so that developing countries are not overburdened with administrative requirements that vary with every donor. Donors have agreed to move in this direction and have set targets for doing so.

TARGET

Address the special needs of the least developed countries, landlocked countries and small island developing States

The United Nations has identified 50 developing countries that face acute challenges — the "least developed countries." Within their total aid packages, developed countries have agreed to provide at least 0.15–0.20 per cent of their gross national income to assist this group. This target is far from being met. The least developed countries now receive about one third of all aid flows.

Two other groups of countries facing special development constraints are the landlocked developing countries and the small island developing States. The landlocked countries are receiving more aid, too, up by \$1.5 billion since 1996 to almost \$10 billion in 2003. Small island developing States received \$1.7 billion in aid in 2003.

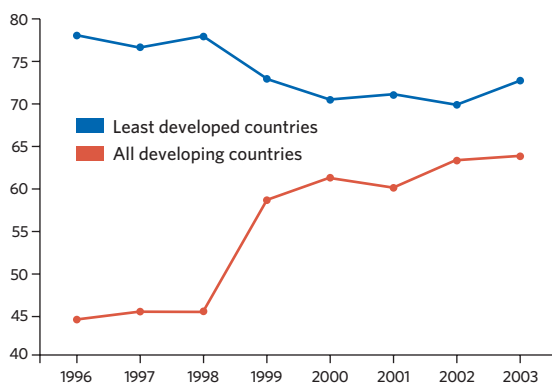


TARGET

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

If developing countries are to realize the potential of international trade to enhance economic growth, the main barriers to their exports need to be removed. These include tariffs (taxes) imposed by developed countries on imports from developing countries and the subsidies that developed countries provide to domestic agricultural producers.

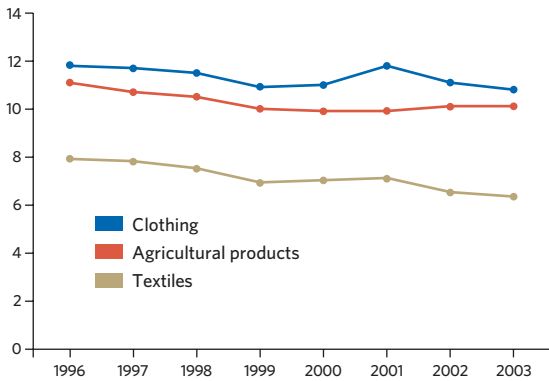
Developed countries are allowing more duty-free goods from developing countries



Proportion of imports from developing countries (excluding arms and oil) admitted to developed countries duty-free, 1996-2003 (Percentage of value)

Almost two thirds of exports from developing countries now enter developed countries duty-free. Although developed countries did not raise tariffs, the share of duty-free exports from least developed countries declined between 1998 and 2002 as the composition of those exports changed. Since then, the developed countries have initiated a number of special trade measures to benefit the poorest countries. And the proportion of exports from least developed countries subject to duties has declined.

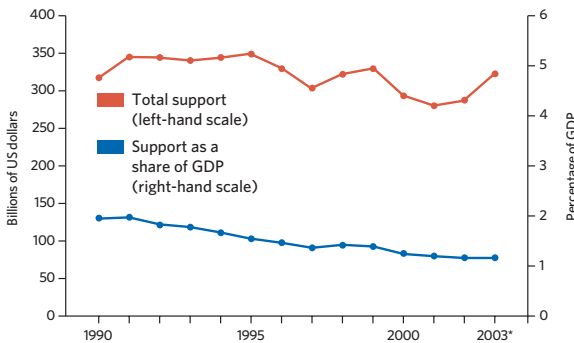
Tariffs on important exports from developing countries remain largely unchanged



Developed countries' average tariffs on imports of key products from developing countries, 1996-2003 (Percentage)

Developed countries' tariffs remain high on goods that are strategically important to developing economies, such as textiles and farm products. Ongoing multilateral trade negotiations provide an opportunity to make the markets of all countries more accessible to exports from the developing world.

Time to slash subsidies to rich-country agricultural producers



Value of agricultural subsidies in developed countries, 1990-2003 (Billions of United States dollars and as a proportion of GDP)

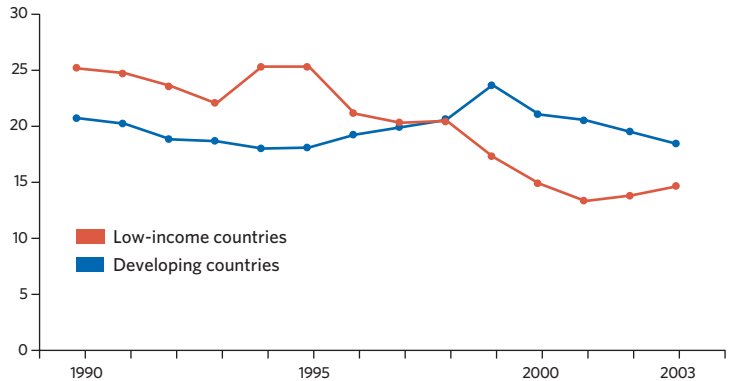
Tariffs are not the only obstacle to developing-country exports. Government subsidies to producers in rich countries give them an unfair advantage against imports from abroad — at a great cost to taxpayers. It is estimated that free trade in farm products alone would benefit developing countries by \$20 billion a year.

* Provisional.

TARGET

Deal comprehensively with developing countries' debt

External debt is still an obstacle to development, and not just in the poorest countries



Developing countries' debt-service payments in relation to export revenues, 1990-2003 (Percentage)

A debt-relief programme for the most heavily indebted countries has reduced future debt payments for 27 nations by \$54 billion. That should bring their payments down to 10 per cent of export earnings. But even this reduced level is proving difficult for many of these countries. External debt payments also pose an obstacle for a number of middle-income countries. Implementing an agreement reached by the finance ministers of the seven largest industrialized countries in February 2005 to write off up to 100 per cent of the poorest countries' external debt would be an important breakthrough.

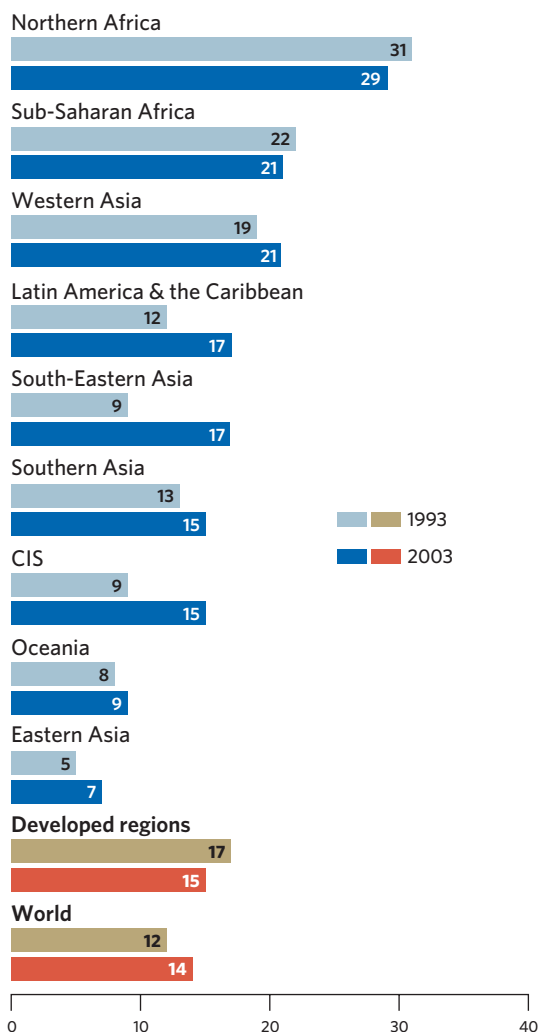
TARGET

In cooperation with developing countries, develop and implement strategies for decent and productive work for youth

Despite the many benefits of globalization, nearly half the world's 2.8 billion workers still live on less than \$2 a day. More than 500 million of these workers subsist on half that much. Reducing poverty among them will require more jobs and more productive employment.

Youth unemployment is a potential source of unrest

Youth unemployment rates, 1993 and 2003 (Percentage)



Of the 185 million jobless people worldwide, just under half are young people aged 15–24. In developing regions, young people are three times more likely than adults to be unemployed. The total number of young people has increased by over 115 million since 1990, to nearly 1.2 billion in 2004, and is expected to grow by an additional 64 million by 2015. In 6 out of 9 developing regions, unemployment rates are higher among young women than among young men. Youth unemployment is simultaneously a drag on national economies and a waste of a country’s most important resource. Moreover, young adults without jobs could create a scenario for crime, violence and social unrest.

TARGET

In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Essential drugs could save millions of lives

Millions of people die prematurely or suffer unnecessarily each year from diseases or conditions for which effective medicines or vaccines exist. Essential drugs can save lives and improve health, but only if they are accessible, affordable and of good quality.

Progress continues to be made in increasing the availability of essential drugs to developing regions, as a result of efforts by national Governments, donors, the private sector and others. In 2001, the World Trade Organization ruled that the TRIPS (Trade-related Aspects of Intellectual Property Rights) Agreement, which, among other things, protects patents on drugs, should be interpreted so as to support countries’ rights to safeguard public health and promote access to medicines for all. This was followed by a decision of the General Council of the World Trade Organization taken in 2003 to ease restrictions on the importation of generic drugs by the poorest countries for the treatment of rapidly spreading “high-cost” diseases, such as AIDS, malaria and tuberculosis.

Essential ingredient for combating malaria is in short supply

New combinations of drugs — especially those that contain a compound derived from the *Artemisia annua* plant — are proving effective in controlling malaria. But access to this natural substance remains difficult owing to the high cost and limited supply. As the plant has a six- to eight-month growing season, accurate forecasting of demand is a critical factor in maintaining the supply of artemisinin-based combination therapy, or ACT. Production and financing of ACT remain the major challenges to meeting the projected needs of 132 million people in 2005.

AIDS drugs are more widely available, but millions more are still in need

In 2004, the number of people receiving antiretroviral drugs for the treatment of HIV and AIDS doubled in sub-Saharan Africa and Asia. But there are another 6 million people — about three quarters of whom are in sub-Saharan Africa — who could benefit from treatment. Though the price of generic versions has dropped sharply, the cost of these drugs and the challenges of making them available in settings with weak health systems as well as the limited capacity of health systems to reach those in need remain the biggest obstacles to treatment.

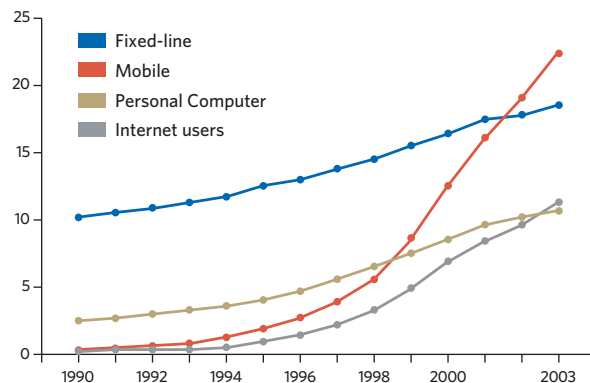
Insufficient drug supplies and inadequate drug policies limit progress against tuberculosis

If taken as prescribed, a combination of drugs is generally effective in treating tuberculosis. Though these drugs are relatively inexpensive in their generic forms, the cost is still too high for many of the poorest countries. In these countries and elsewhere, the effectiveness of treatment strategies — including the internationally recommended protocol called DOTS (see Goal 6) — and the prospect of expanding them are limited by insufficient drug supplies and inadequate drug policies.

TARGET

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

The information revolution is just getting started in the developing world



Proportion of world population with telephone subscriptions, personal computers and internet connections, 1990–2003 (Percentage)

A positive trend is the spread of information and communications technologies throughout the developing world. Access to such technologies has gained momentum since the mid 1990s, and continues to be a catalyst for development. In Bangladesh, for example, GrameenPhone, a private sector company, has started a micro-lending network enabling poor women to buy mobile telephones and sell phone services to fellow villagers. The initiative has helped create 100,000 new jobs, boosted the incomes of these women microentrepreneurs and provided phone access to 60 million people in rural areas.

In a short period of time, the boom in mobile phones has dramatically increased telephone access in the developing world. There were 25 fixed or mobile phones per 100 people in the developing world in 2003, compared to 2 in 1991. However, there are still large disparities among countries. And only 5 per cent of the population in developing countries has Internet access. There is still a long way to go to bridge the digital divide between rich and poor.

A note to the reader

The Millennium Development Goals were derived from the United Nations Millennium Declaration, adopted by 189 nations in 2000. Most of the goals and targets were set to be achieved by the year 2015 on the basis of the global situation during the 1990s. It was during that decade that a number of global conferences had taken place and the main objectives of the development agenda had been defined. The baseline for the assessment of progress is therefore 1990 for most of the MDG targets. For most of the indicators, 2002 and 2003 are the last years for which comprehensive data are available.

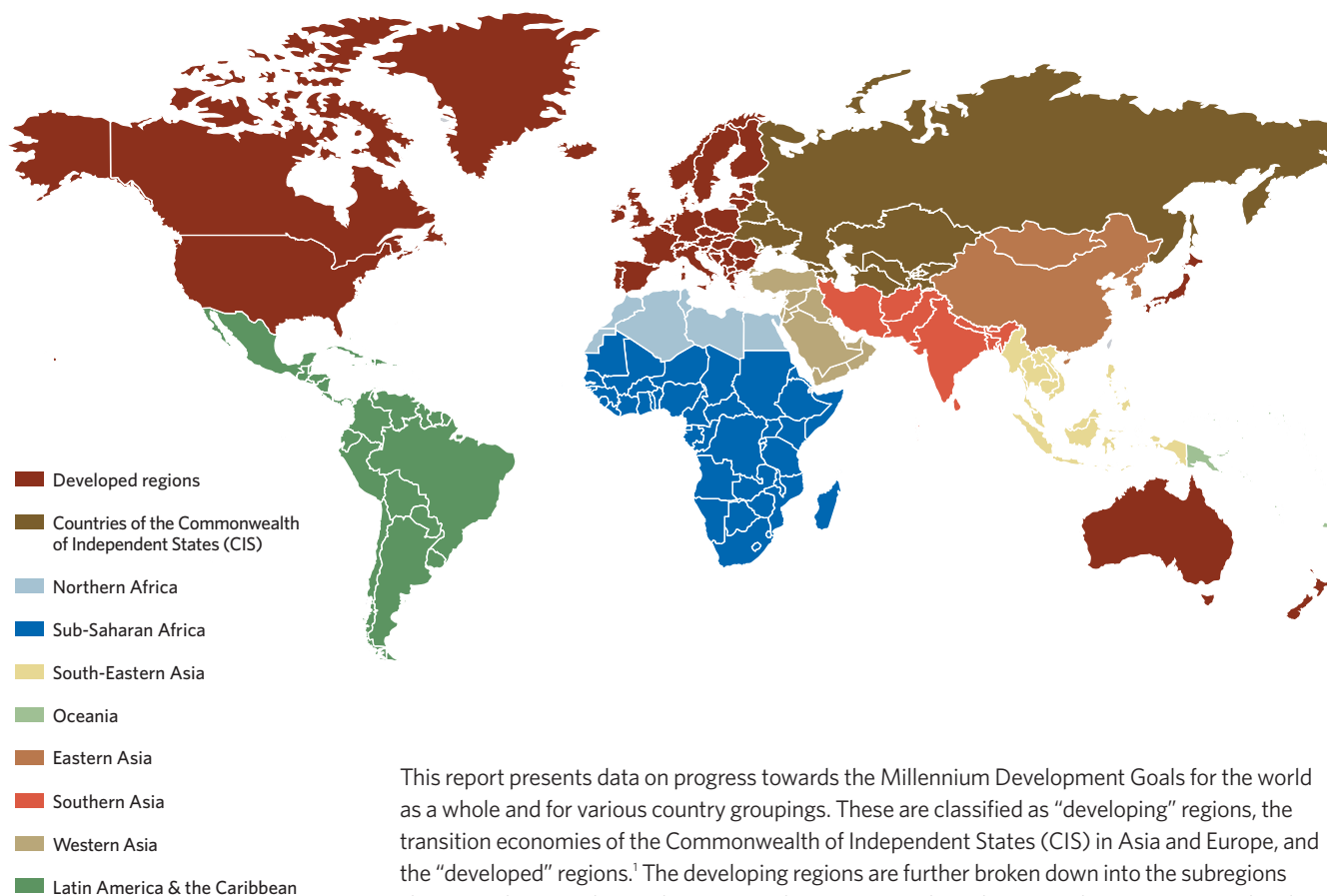
Data to monitor progress towards the Millennium Development Goals are compiled by specialized agencies within their area of expertise. They are drawn from national statistics provided by Governments to the international statistical system — the United Nations Statistics Division and the statistical offices of the various international organizations — and adjusted for comparability. In some cases, national Governments may have more recent statistics that have not been reported to the international statistical system. In other cases, countries do not produce the data required for the compilation of indicators. When this occurs, international statistical agencies make estimates based on the data of neighbouring countries or of countries with similar levels of income. Most of the organizations and agencies of the United Nations system, along with the Organization for Economic Cooperation and Development and the Inter-Parliamentary Union, contribute to this exercise.

Many of the indicators — for example, on child mortality and malnutrition, malaria prevention and treatment, and knowledge of and behaviour related to HIV/AIDS — are derived from surveys sponsored and carried out by international agencies. These include, most importantly, the Multiple Indicators Clusters Surveys and the Demographic and Health Surveys, which help fill the frequent data gaps that exist.

Country data derived from international surveys and national sources or estimated by the responsible agencies are aggregated into regional and global figures. It is these aggregates that are used in this report to provide an overall assessment of progress. Regional aggregates are a convenient way to track progress over time but, in many cases, they mask wide disparities among countries within the same region. Presenting aggregate figures for all regions also obscures another reality: the lack, in many parts of the developing world, of adequate data to assess national trends and to inform and monitor the implementation of development policies.

The international statistical community is well aware of these shortcomings and is supporting efforts to improve the production of data at the national level. To this end, activities will need to focus on the training of national statistical staff, while at the same time ensuring that trained statisticians remain in national statistical offices. Basic data-collection programmes must also be developed to ensure a continuous flow of social and economic statistics and increased collaboration and knowledge-sharing must be promoted across countries within regions.

Regional Groupings



This report presents data on progress towards the Millennium Development Goals for the world as a whole and for various country groupings. These are classified as “developing” regions, the transition economies of the Commonwealth of Independent States (CIS) in Asia and Europe, and the “developed” regions.¹ The developing regions are further broken down into the subregions shown on the map above. These regional groupings are based on United Nations geographical divisions, with some modifications necessary to create, to the extent possible, groups of countries for which a meaningful analysis can be carried out. A complete list of countries included in each region and sub-region is available at <http://millenniumindicators.un.org>.

¹ Since there is no established convention for the designation of “developed” and “developing” countries or areas in the United Nations system, this distinction is made for the purposes of statistical analysis only.

The designations employed and the presentation of the material in the present publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

For the full UN progress report on the Millennium Development Goals, see
millenniumindicators.un.org

For more information , or to help:

Contact the UN Development Programme office or UN Information Centre in your country or area.

Visit the UN Millennium Development Goals web site at
www.un.org/millenniumgoals.

Visit the UN Millennium Campaign Office web site, www.millenniumcampaign.org.

DESIGN

Giampietro+Smith, New York

PHOTO CREDITS

Cover photo: Stuart Franklin/Magnum Photos;
Page 2: UNEP/Still Pictures; Page 13: Louise Gubb/UNICEF/04-0474; Page 17: Photo by John Rae; Pages 21 and 22: UN Photo by Eskinder Debebe; Page 27: Sean Sprague/The Image Works; Page 35: Thierry Geenen/UNICEF/HQ02-0255; Page 38: Raghu Rai/Magnum Photos

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Today's is the first generation with the resources and technology to make the right to development a reality for everyone and to free the entire human race from want. There is a shared vision of development. The Millennium Development Goals, which range from halving extreme poverty to putting all children into primary school and stemming the spread of infectious diseases such as HIV/AIDS, all by 2015, have become globally accepted benchmarks of broader progress, embraced by donors, developing countries, civil society and major development institutions alike. These goals can be met by 2015 — but only if all involved break with business as usual and dramatically accelerate and scale up action now.

SALES NUMBER: E.05.116
ISBN 92-1-100972-3



— Executive Summary of the Report of the Secretary-General, *In larger freedom*

Published by the United Nations Department of Public Information
DPI/2390—May 2005—35M