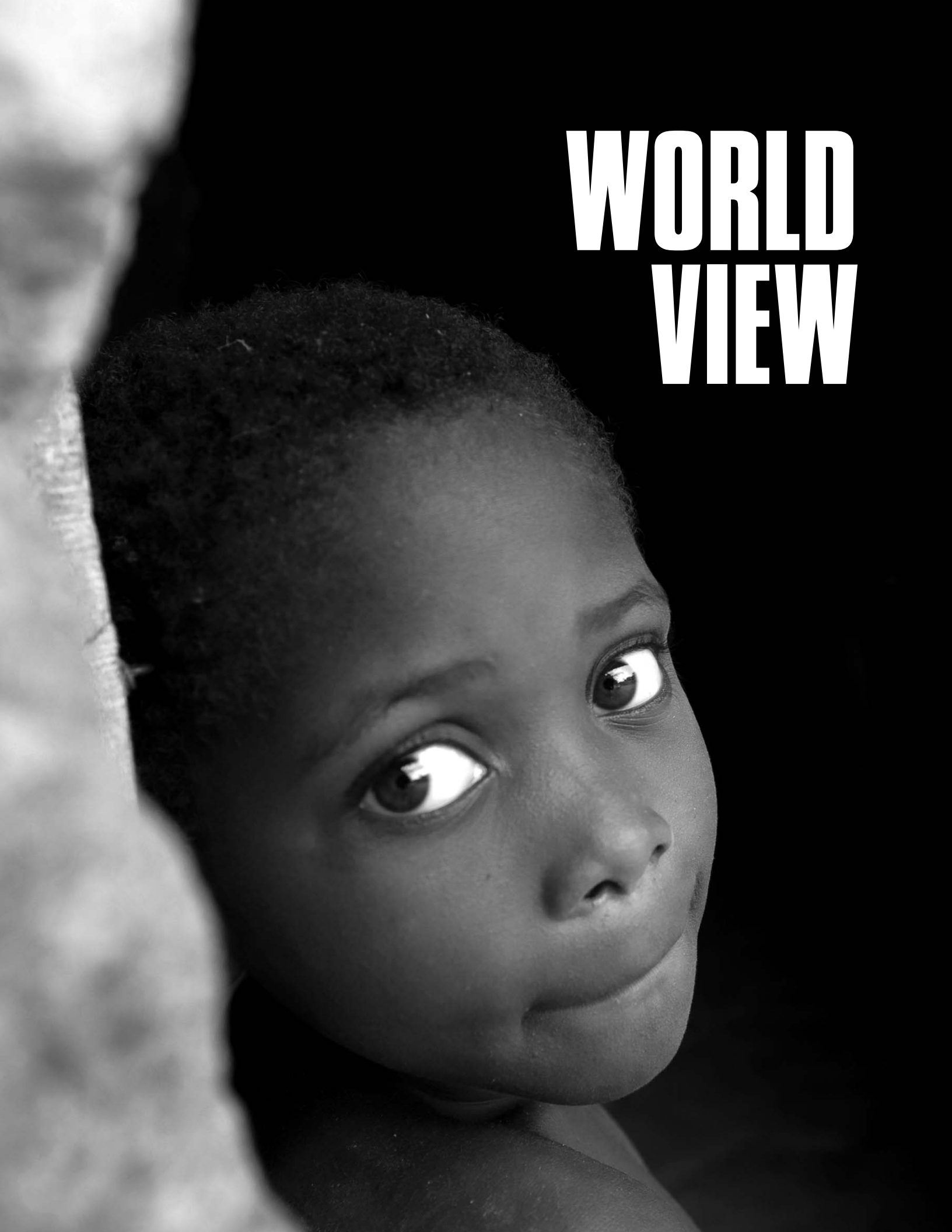


WORLD VIEW



We now have data to monitor the first 10 years of the Millennium Development Goals. Results are starting to appear, and we have a better view of where we will be in 2015. We will not achieve all the targets we set for ourselves, but progress measured against 1990 benchmarks accelerated in the last decade, lifting millions of people out of poverty, enrolling millions of children in school, and sharply reducing loss of life from preventable causes. We know this because we have access to greatly improved statistics.

The need for reliable and timely statistics was recognized long before the Millennium Development Goals were proposed in 2000, but the widespread attention given to their quantitative targets has increased demand for regular and uniform reporting of key indicators. The International Development Goals proposed by the Organisation for Economic Co-operation and Development in 1996 (OECD DAC 1996) included 21 indicators under seven headings that anticipated the Millennium Development Goals. The World Bank's 1992 *Poverty Reduction Handbook* (World Bank 1992) noted the need for an overall strategy for country statistical capacity and institution building.

Faced with large gaps in the international database, the Partnership in Statistics for Development in the 21st Century (PARIS21) was established in 1999 to coordinate efforts to increase developing countries' statistical capacity. In 2004 the Second Roundtable on Managing for Development Results endorsed the Marrakech Action Plan for Statistics, creating an international agenda for support to statistics in developing countries. Subsequently the Accra Agenda for Action made broad commitments on behalf of donors and developing countries to strengthen national statistical systems; provide more data disaggregated by sex, region, and economic status; and "invest in strengthening developing countries' national statistical

capacity and information systems, including those for managing aid" (OECD 2008a). More recently, the 2009 Dakar Declaration on the Development of Statistics reaffirmed that "concerted and co-ordinated actions are required to make more effective use of statistical data to support poverty reduction policies and programs and to strengthen and sustain the capacity of statistical systems especially in developing countries" (PARIS21 2009a).

Much progress has been made. When the current round of censuses concludes in 2014, 98 percent of the world's population will have been counted. Since donors began reporting support for statistical capacity development in 2008, financial commitments to statistics have increased 60 percent to \$1.6 billion over 2008–10. More than 55 developing countries have improved the data collection, management, and dissemination of household surveys. The United Nations Inter-Agency and Expert Group on the Millennium Development Goal Indicators has conducted a series of regional workshops aimed at improving the MDG monitoring and has reported annually on progress. The quality of statistics as measured by the World Bank's statistical capacity indicator has improved from its benchmark level of 54 in 1999 to 67 in 2011. The availability of data for monitoring the Millennium Development Goals has improved commensurately: in 2003 only 4 countries had two data points for at least 16 of 22 principal Millennium Development Goals indicators; by 2009 this had risen to 118 countries (PARIS21 2009b).

Any assessment of the Millennium Development Goals must acknowledge that amid all the signs of progress, there are gaps. Shortcomings. Disappointments. Some targets will not be reached in this decade or the next. Likewise the statistical record is still incomplete. Continuing progress will require renewed commitment and careful monitoring.

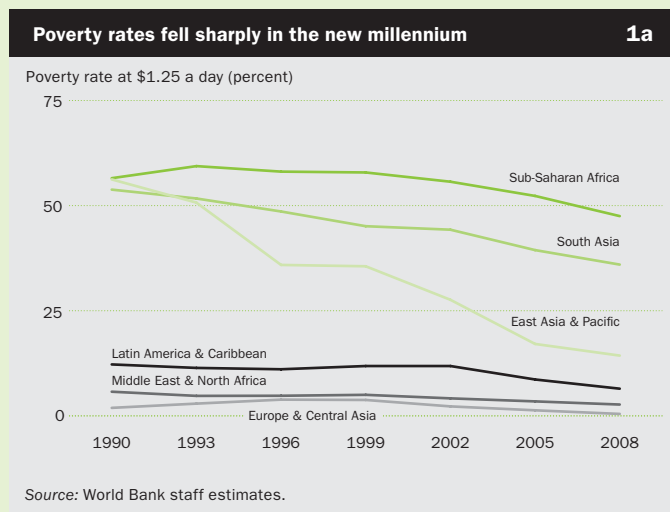


Eradicate extreme poverty and hunger

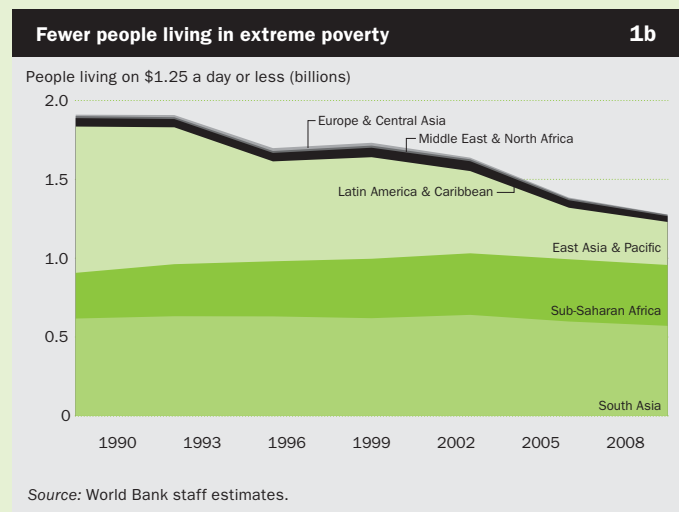
Goal 1

Poverty and hunger remain, but fewer people live in extreme poverty. The proportion of people living on less than \$1.25 a day fell from 43.1 percent in 1990 to 22.2 percent in 2008. While the food, fuel, and financial crises over the past four years have worsened the situation of vulnerable populations and slowed poverty reduction in some countries, global poverty rates have continued to fall. Between 2005 and 2008 both the poverty rate and the number of people living in extreme poverty fell in all six developing country regions, the first time that has happened. Preliminary estimates for 2010 show that the extreme poverty rate fell further, reaching the global target of the Millennium Development Goals of halving world poverty five years early.

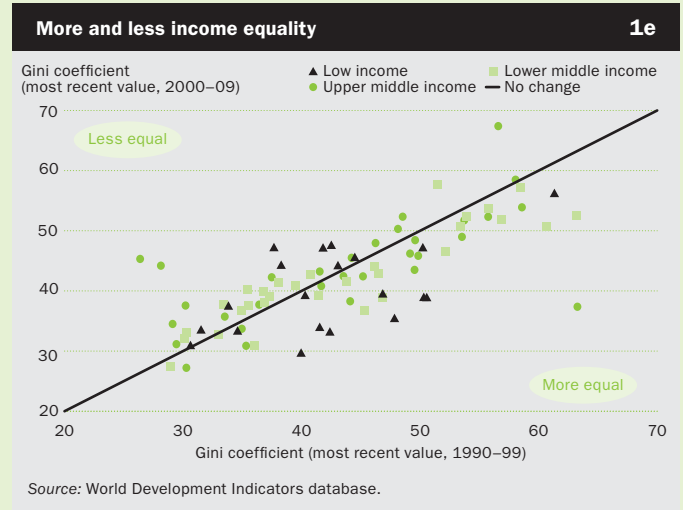
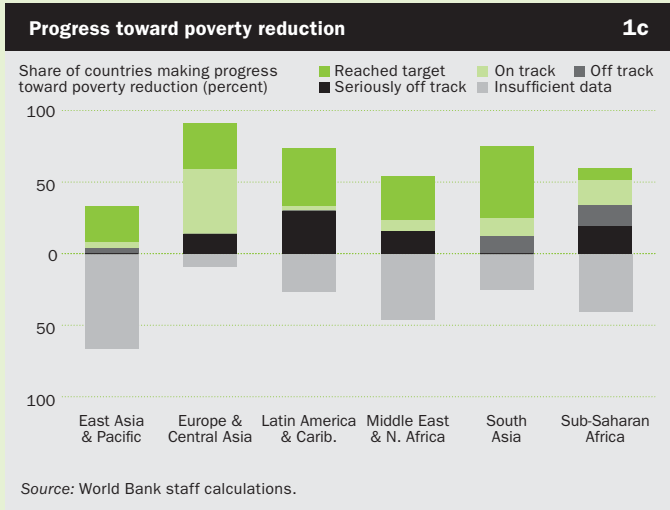
Further progress is possible and likely before the 2015 target date of the Millennium Development Goals, if developing countries maintain the robust growth rates achieved over much of the past decade. But even then, hundreds of millions of people will remain mired in poverty, especially in Sub-Saharan Africa and South Asia and wherever poor health and lack of education deprive people of productive employment; environmental resources have been depleted or spoiled; and corruption, conflict, and misgovernance waste public resources and discourage private investment.



The most rapid decline in poverty occurred in East Asia and the Pacific, where extreme poverty in China fell from 60 percent in 1990 to 13 percent. In developing countries outside China, the poverty rate fell from 37 percent to 25 percent. Poverty remains widespread in Sub-Saharan Africa and South Asia, but progress has been substantial. In South Asia the poverty rate fell from 54 percent in 1990 to 36 percent in 2008. And over 2005–2008 the poverty rate in Sub-Saharan Africa fell 4.8 percentage points to less than 50 percent, the largest drop in Sub-Saharan Africa since international poverty rates have been computed.

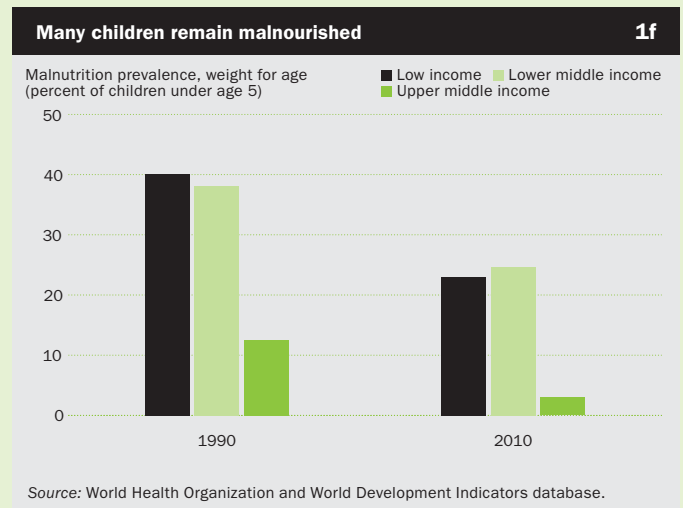
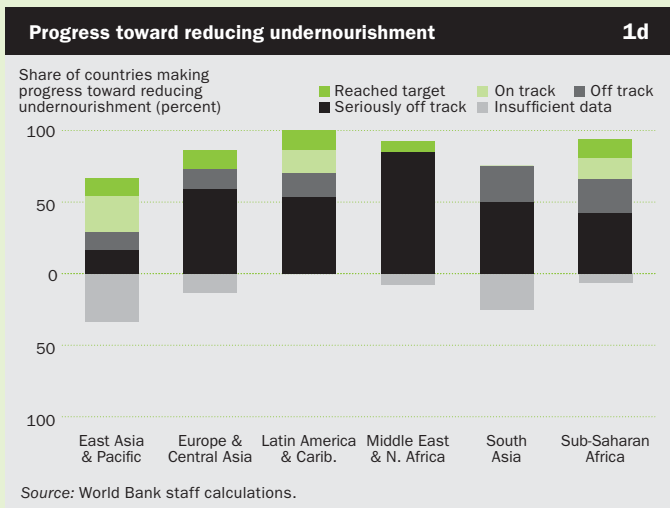


In 2008, 1.28 billion people lived on less than \$1.25 a day. Since 1990 the number of people living in extreme poverty has fallen in all regions except Sub-Saharan Africa, where the rate of population growth exceeded the rate of poverty reduction, increasing the number of extremely poor people from 290 million in 1990 to 356 million in 2008. The largest number of poor people remain in South Asia, where 571 million people live on less than \$1.25 a day, down from a peak of 641 million in 2002.



Individual country progress is assessed by comparing the rate of poverty reduction with the average rate required to achieve a 50 percent reduction in 25 years. Countries that have already reached the target are listed as “achieved.” Those matching the required rate are listed as “on track.” Countries that will take longer but could reach the target by 2040, based on past performance, are listed as “off track.” And those that would need still longer or where poverty rates have increased are listed as “seriously off track.”

Is income inequality improving or getting worse? At any level of income per person, the less equal the distribution of income the greater the poverty rate. The Gini coefficient is a common measure of inequality. A higher value indicates greater inequality. Poor countries often have less equal distributions of income than do rich countries, but there are significant regional differences as well. Data for 81 countries with values measured before and after 2000 show Gini coefficients fell in 44, including many low-income economies.



Undernourishment measures the availability of food to meet people’s basic energy needs. The Millennium Development Goals call for halving the proportion of undernourished people, but few countries will reach that target by 2015. Rising agricultural production has kept ahead of population growth, but increasing food prices and the diversion of food crops to fuel production have reversed the declining rate of undernourishment since 2004–06. The Food and Agriculture Organization estimated that there were 739 million people without adequate daily food intake in 2008.

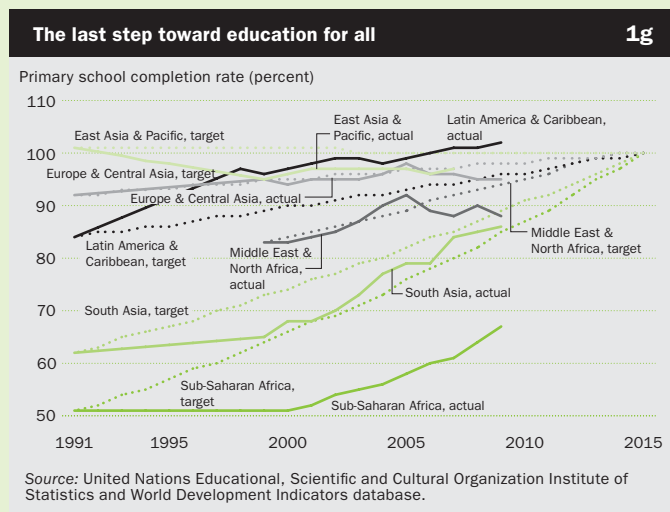
Malnutrition rates have dropped substantially since 1990, but more than 100 million children under age 5 remain malnourished. Only 40 of 90 countries with adequate data to monitor trends are on track to reach the Millennium Development Goal target of halving the number of people who suffer from hunger. Malnutrition in children often begins at birth, when poorly nourished mothers give birth to underweight babies. Malnourished children develop more slowly, enter school later, and perform less well. Programs to encourage breastfeeding and improve the diets of mothers and children can help.

Achieve universal primary education

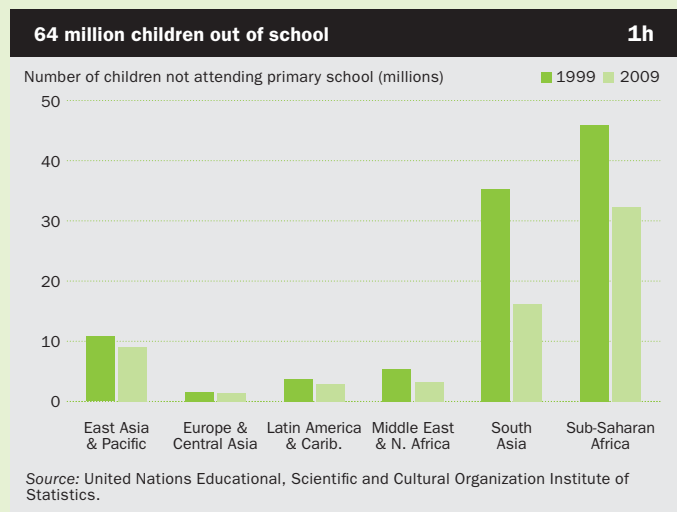
Goal 2

The commitment to provide primary education to every child is the oldest of the Millennium Development Goals, having been set at the first Education for All conference in Jomtien, Thailand, more than 20 years ago. Achieving this goal has often seemed tantalizingly near, but only Latin America and the Caribbean has reached the goal, although East Asia and Pacific and Europe and Central Asia are close.

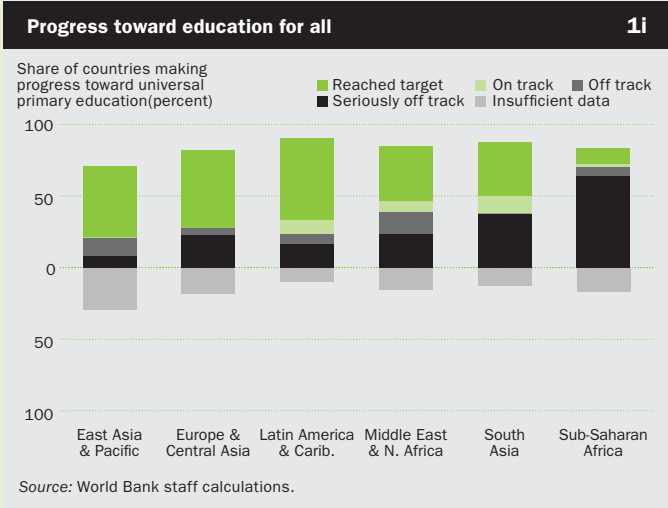
Progress among the poorest countries, slow in the 1990s, has accelerated since 2000, particularly in South Asia and Sub-Saharan Africa, but full enrollment remains elusive. Many children start school but drop out before completing the primary stage, discouraged by cost, distance, physical danger, and failure to progress. Even as countries approach the target of Millennium Development Goal 2, the education demands of modern economies expand. In the 21st century primary education will be of value only as a stepping stone toward secondary and higher education.



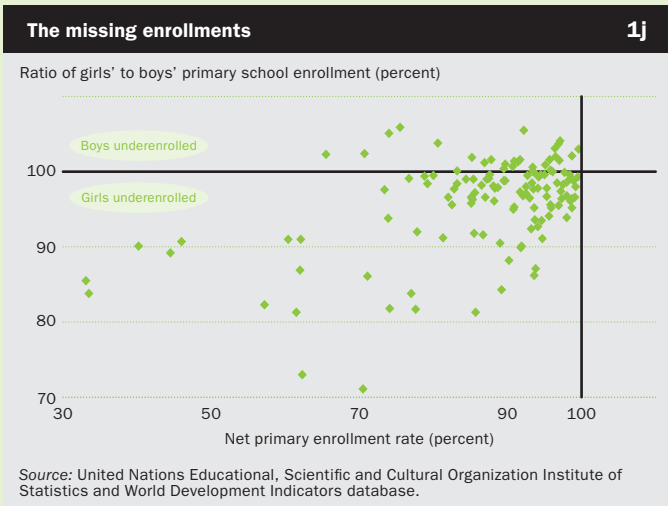
In 2009, 87 percent of children in developing countries completed primary school. In most regions school enrollment picked up after the Millennium Development Goals were promulgated in 2000, when the completion rate was 80 percent. Sub-Saharan Africa and South Asia, which started out farthest behind, have made substantial progress but will still fall short of the goal. The Middle East and North Africa has stalled at completion rates of around 90 percent, while Europe and Central Asia and East Asia and Pacific are within striking distance but have made little progress in the last five years.



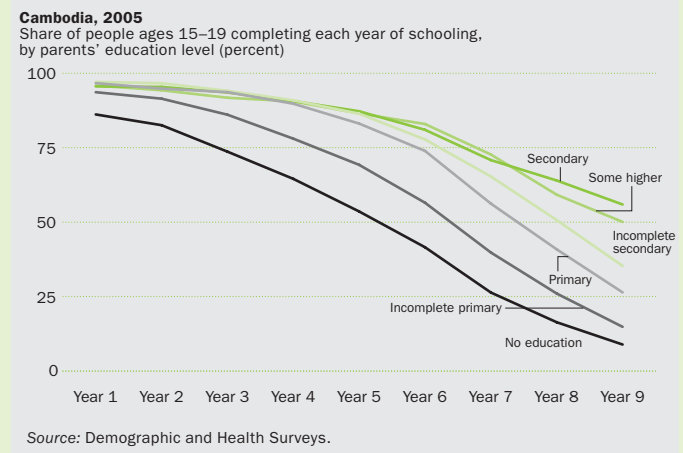
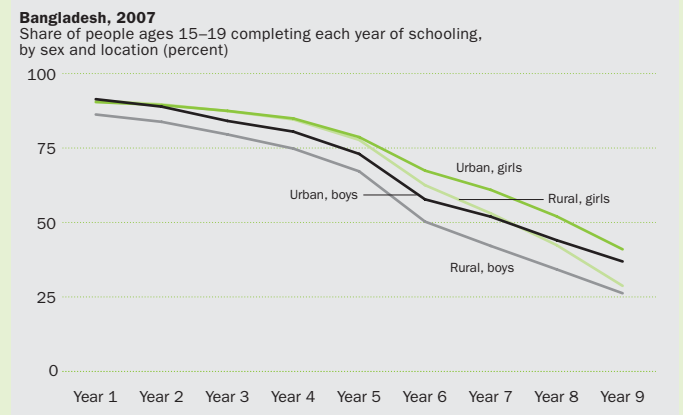
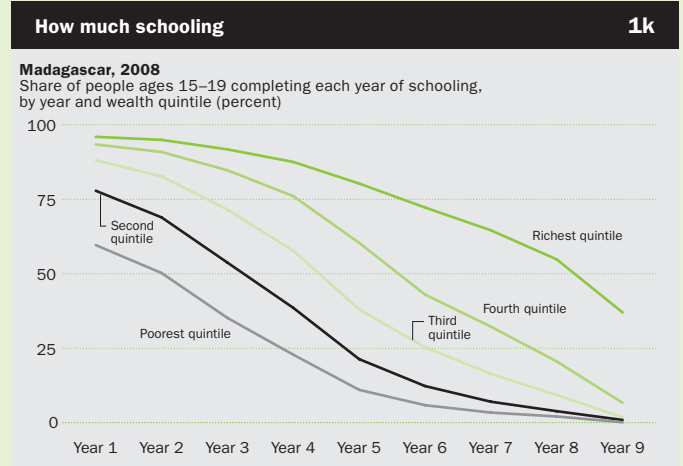
Many children enroll in primary school but attend intermittently or drop out entirely. This is particularly the case for girls whose work is needed at home. In rural areas the work of children of both sexes may be needed during planting and harvest. Other obstacles, including the lack of suitable facilities, absence of teachers, and school fees, discourage parents from sending their children to school. The problem is worst in South Asia and Sub-Saharan Africa, where more than 48 million children of primary school age are not in school.



Sixty developing countries, half the countries for which adequate data are available, have achieved or are on track to achieve the Millennium Development Goal target of a full course of primary schooling for all children. Twelve more will miss the 2015 deadline. At their current rate of progress they will achieve full enrollment sometime after 2015. That leaves at least 48 countries seriously off track, making little or no progress, 30 of them in Sub-Saharan Africa.



A major obstacle to achieving universal primary education is the shortfall in girls' enrollments. Almost all school systems with low enrollment rates show underenrollment of girls in primary school. In only a few places are boys' enrollment rates lower than girls'. Starting at such a disadvantage, most girls will never catch up. Achieving the Millennium Development Goal target to enroll and keep girls in school is essential.



Many factors affect how long students stay in school. Children from poor families are less likely to attend or stay in school. In most countries girls and children from rural areas are also less likely to attend, but Bangladesh has used targeted incentives to raise girls' attendance rates. In Cambodia and everywhere else parents with lower levels of education are less likely to keep their children in school. Achieving the Millennium Development Goal target will require breaking the cycle of lack of education–poverty–low enrollment.



Promote gender equity and empower women

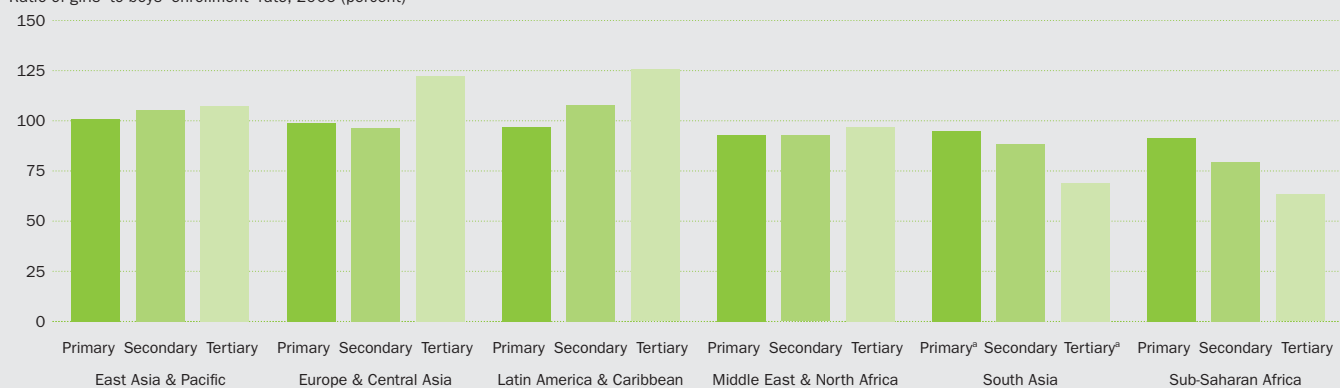
Goal 3

Women are making progress along the three dimensions of gender equality and women’s empowerment that the Millennium Development Goals monitor: education, employment, and participation in public decisionmaking. These are important, but there are others. Efforts are under way to improve monitoring of women’s access to financial services, entrepreneurship, and migration and remittances as well as of violence against women. Time-use surveys, for example, can illuminate differences in the roles of women and men within the household and the workplace. Disaggregating other statistical indicators by sex can also reveal patterns of disadvantage or, occasionally, advantage for women. Whatever the case, women make important contributions to economic and social development. Expanding opportunities for them in the public and private sectors is a core development strategy. And good statistics are essential for developing policies that effectively promote gender equity and increase the welfare and productivity of women.

Increasing participation by girls at all levels of education

11

Ratio of girls’ to boys’ enrollment rate, 2009 (percent)

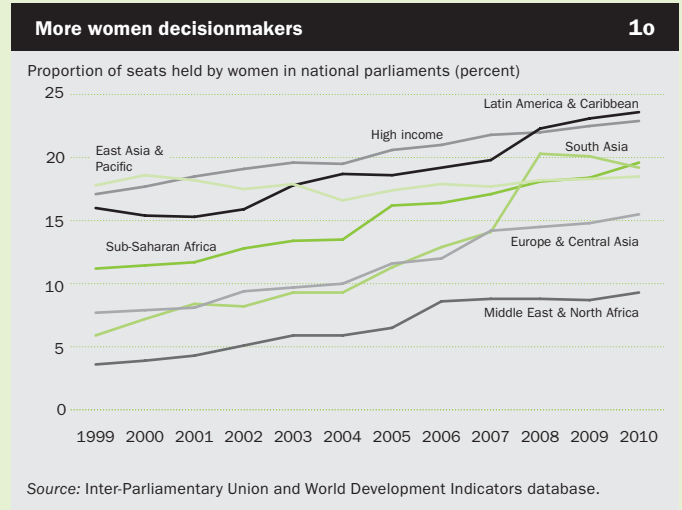
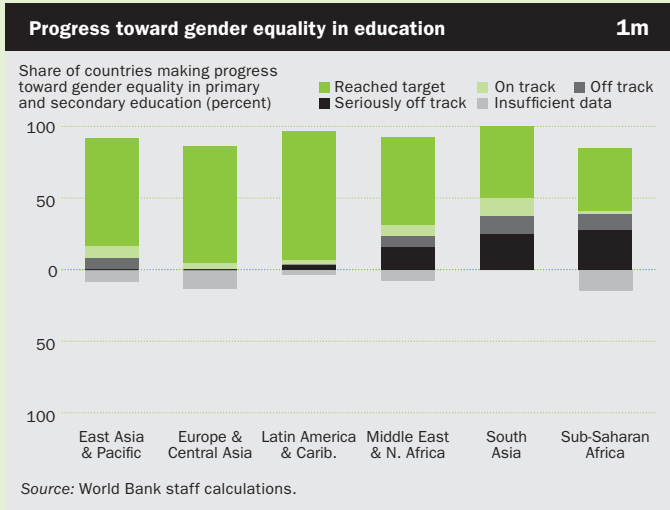


a. Data are for 2008.

Source: United Nations Educational, Scientific and Cultural Organization Institute of Statistics and World Development Indicators database.

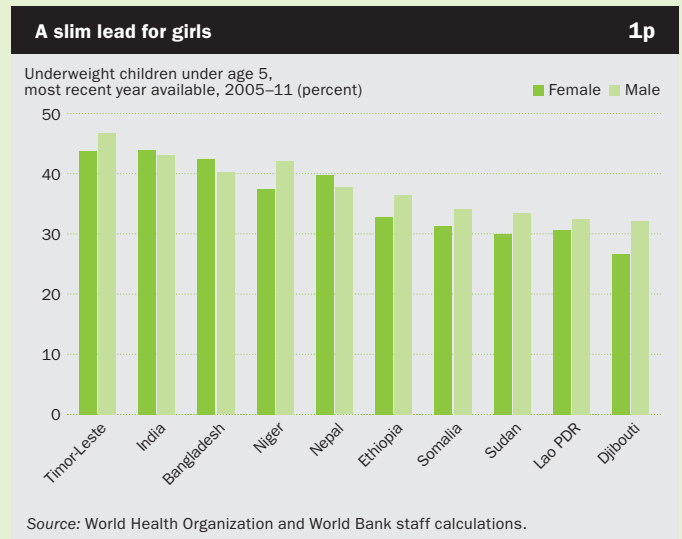
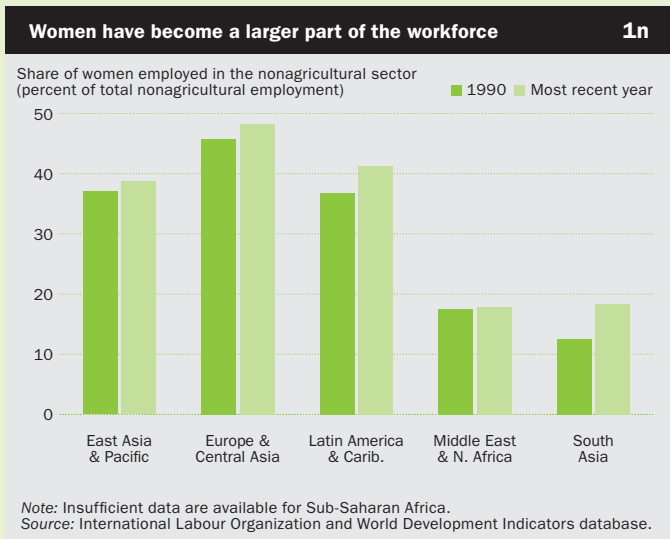
Girls have made substantial gains in primary and secondary school enrollment. In many countries girls’ enrollment rates outnumber boys’, particularly in secondary school. And more girls are staying in school. In 1991 only 73 percent of girls in developing countries finished primary school; by 2010 the completion rate stood at 86 percent. But this comparison obscures the underlying problem of underenrollment. Girls are still less likely to enroll in primary school or to stay through the end of primary

school. In some countries the situation changes at the secondary level. Girls who complete primary school may be more likely to stay in school, while boys drop out. In Europe and Central Asia and Latin American and the Caribbean the differences in higher education enrollment are substantial. This is an unsatisfactory path to equity. Rapid growth and poverty reduction truly require education for all.



Substantial progress has been made toward increasing the proportion of girls enrolled in primary and secondary education. By the end of the 2009/10 school year, 96 countries had achieved equality in enrollment rates and 7 more were on track to do so by 2015. That leaves only 27 countries off track or seriously off track, mostly low- and lower middle-income economies in the Middle East and North Africa, South Asia, and Sub-Saharan Africa. Fourteen countries lacked adequate data to assess progress.

The proportion of parliamentary seats held by women has increased everywhere. In Latin America and the Caribbean women now hold 24 percent of all parliamentary seats. The most impressive gains have been made in South Asia, where the number of seats held by women tripled between 1999 and 2000. In Sub-Saharan Africa Rwanda leads the way, making history in 2008 when it elected a parliament composed 56 percent of women. The Middle East and North Africa lags far behind.



Women’s share in paid employment in the nonagricultural sector has risen marginally but remains less than 20 percent in the Middle East and North Africa and South Asia. In many countries the majority of women who work hold insecure jobs outside the formal sector. Overall labor force participation rates of women follow a similar pattern, but they are highest in Sub-Saharan Africa, where 60 percent of women ages 15 and older are in the labor force, although many are employed as unpaid family workers.

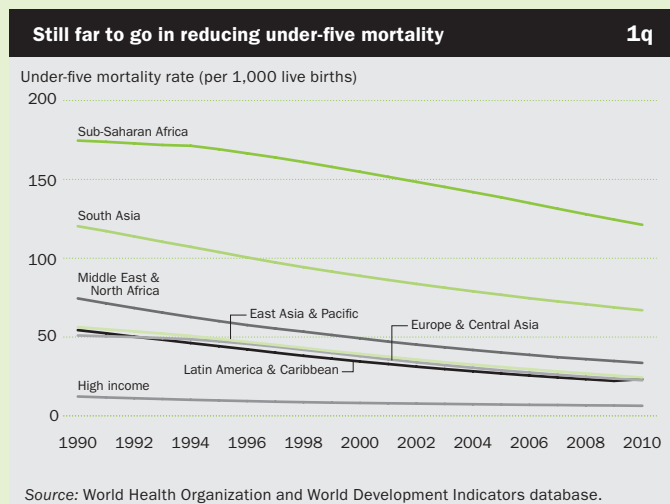
Girls are less likely to attend school, have secure jobs, or hold public office. But by most measures, they have an advantage in one area: malnutrition. Out of 99 countries with data for 2005–11, 19 had a larger proportion of underweight girls than of underweight boys; 74 had a larger proportion of underweight boys than of underweight girls, and 6 had no difference. The chart shows the 10 countries with the highest proportion of underweight children during the period.

Reduce child mortality

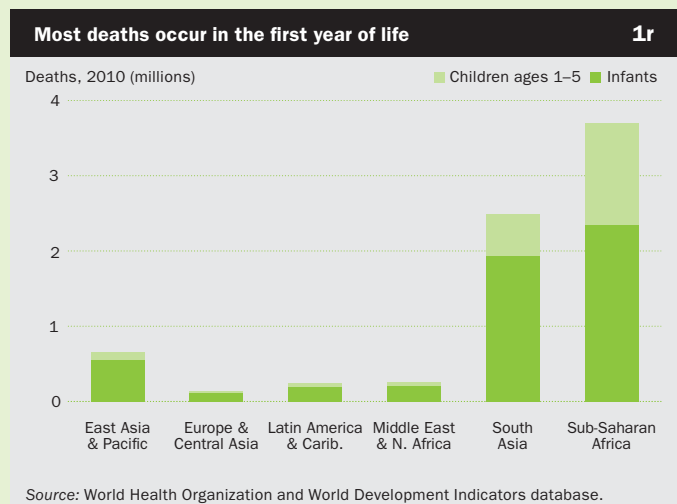
Goal 4

In 1990, 12 million children died before their fifth birthday. By 1999 there were fewer than 10 million child deaths, and the number has continued to fall to just over 7.5 million in 2010. That is good news, but the ambitious Millennium Development Goal target of a two-thirds reduction in the under-five mortality rate will be met by no more than 40 countries. Only Latin America and the Caribbean and upper middle-income economies as a whole will, on average, reach the target.

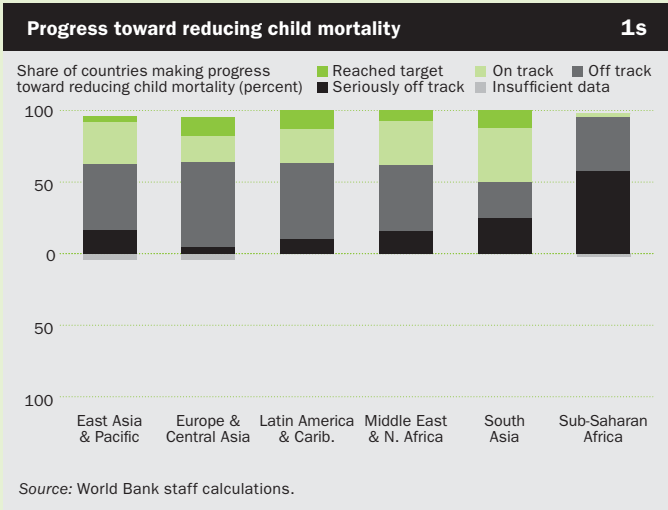
Most children die from causes that are readily preventable or curable with existing interventions, such as acute respiratory infections, diarrhea, measles, and malaria. And most die in the first year of life. Rapid improvements prior to 1990 in a few countries gave hope that mortality rates for infants and children could be cut further in the following 25 years, but progress slowed almost everywhere after 1990, leaving most countries far behind the target before the goals were announced. Was the target too challenging? Perhaps. But the more important question is whether it encouraged countries to use their resources wisely to achieve the fastest possible progress.



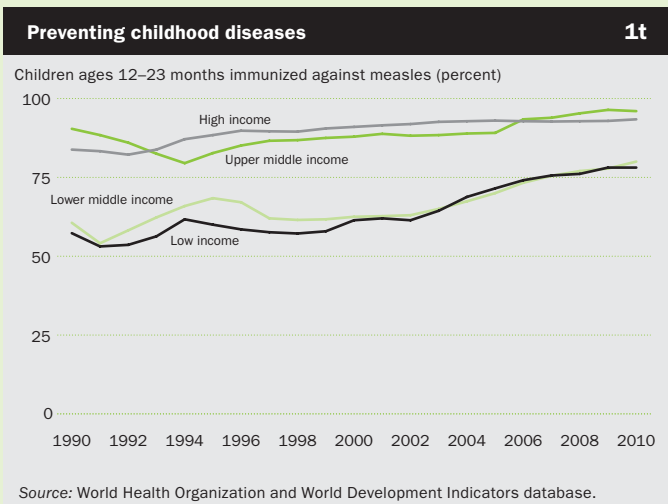
Mortality rates have been falling everywhere. In developing countries the mortality rate fell from an average of 98 per 1,000 live births in 1990 to 63 in 2010. But rates remain much higher in many countries, especially in Sub-Saharan Africa and parts of South Asia. In Sub-Saharan Africa one child in eight dies before his or her fifth birthday. The odds are somewhat better in South Asia, where 1 child in 15 dies. But even in these regions there are countries exhibiting rapid progress.



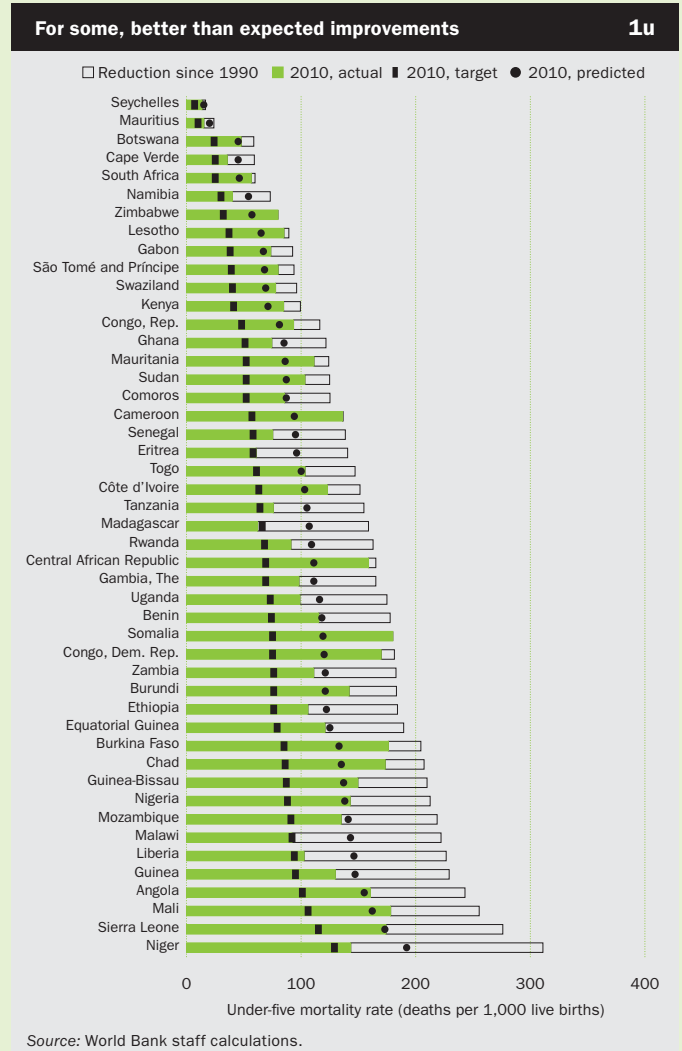
Almost 70 percent of deaths of children under age 5 occur in the first year of life, and half in the first month. Therefore, reducing child mortality requires addressing the causes of neonatal and infant deaths: inadequate care at birth and afterward, malnutrition, poor sanitation, and exposure to acute and chronic disease. Improvements in infant and child mortality are, in turn, the largest contributors to increased life expectancy in most countries.



A concerted effort by academic researchers and international statistical agencies has greatly improved measurement of infant and child mortality. Therefore, few countries lack estimates of child mortality rates, although many are derived from statistical models. Ten countries have already achieved a two-thirds reduction in under-five mortality rates since 1990, and 26 are on track to do so by 2015. But that leaves 105 countries, with half of developing countries' population, off track or seriously off track.



Illnesses that could be prevented by early childhood vaccinations still account for many child deaths. Despite years of vaccination campaigns, many children in low- and lower middle-income economies remain unprotected. Measles is one example. Other recommended immunizations include diphtheria, pertussis, tetanus, and the BCG immunization for tuberculosis. To be successful, vaccination campaigns must reach all children and be sustained over time.



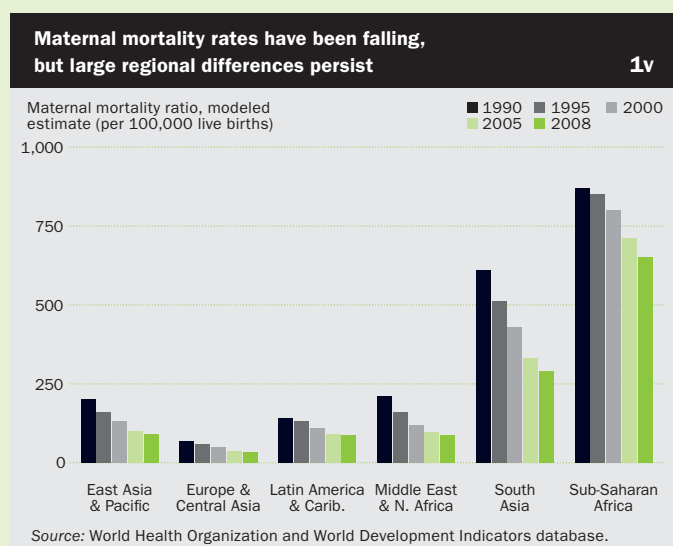
In 1990 the under-five mortality rate in Niger stood at 311 per 1,000 live births, the worst in the world. In the same year, Seychelles, with an under-five mortality rate of 16, was the best in Sub-Saharan Africa. How have they fared since? In the 20 years from the Millennium Development Goals baseline, Niger's mortality rate fell by 168, the greatest in the region, while Seychelles's fell by 3. In proportional terms Niger experienced a 54 percent reduction—second greatest in the region—and Seychelles a 16 percent reduction. Both are short of the Millennium Development Goal target, but Niger, having started in last place, has progressed faster. Has this been the general rule? On average, countries in Sub-Saharan Africa that started in worse positions have done better. But experience has been mixed: conflict-affected countries such as the Democratic Republic of the Congo and Somalia have made almost no progress, while similarly situated countries such as Uganda and Zambia have done much better. Two countries, Madagascar and Malawi, are on track to achieve the Millennium Development Goal target. Several others, including Eritrea, Niger, and Tanzania, are close. Only one country, Zimbabwe, moved backward from 1990 to 2010.

Reduce maternal mortality

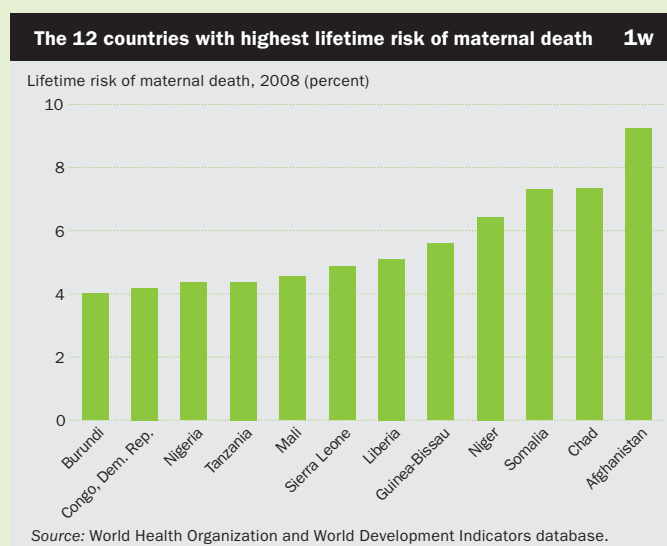
Goal 5

An estimated 358,000 maternal deaths occurred worldwide in 2008, a 34 percent decrease since 1990. The Millennium Development Goals call for reducing the maternal mortality ratio by 75 percent between 1990 and 2015, but few countries and no developing country region on average will achieve this target. What makes maternal mortality such a compelling problem is that it strikes young women experiencing a natural life event. They die because they are poor. Malnourished. Weakened by disease. They die because they lack access to trained health care workers and modern medical facilities. And because women in poor countries have more children, their lifetime risk of maternal death may be more than 200 times greater than for women in Western Europe and North America.

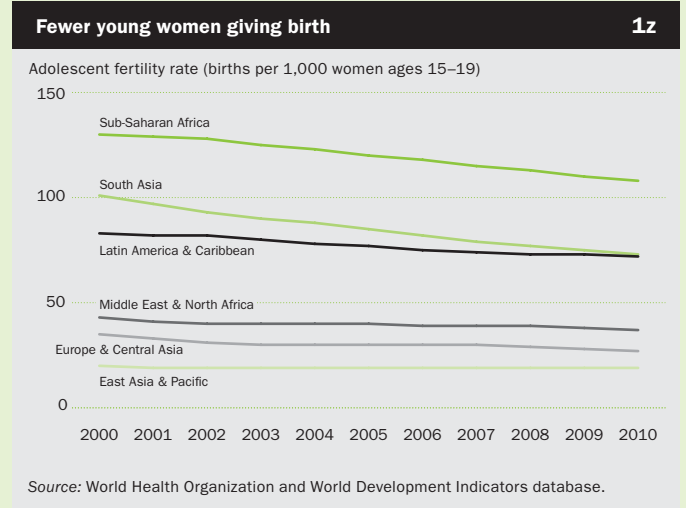
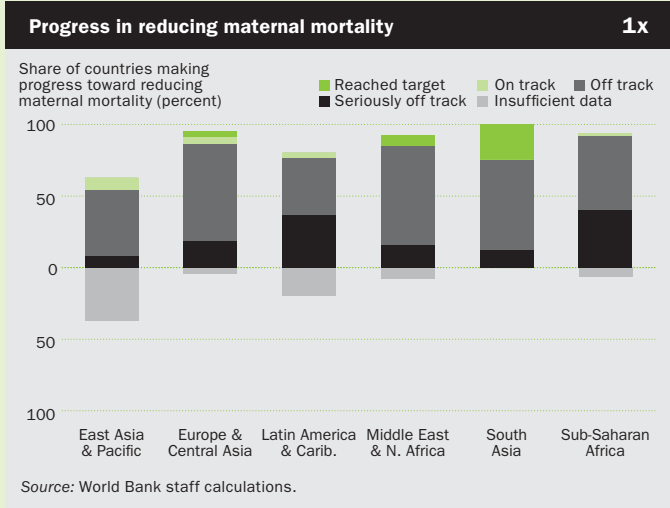
Reducing maternal mortality requires a comprehensive approach to women's reproductive health, starting with family planning and access to contraception. Many health problems among pregnant women are preventable or treatable through visits with trained health workers before childbirth. Good nutrition, vaccinations, and treatment of infections can improve outcomes for mother and child. Skilled attendants at time of delivery and access to hospital treatments are essential for dealing with life-threatening emergencies such as severe bleeding and hypertensive disorders.



About half of all maternal deaths occur in Sub-Saharan Africa and a third in South Asia, but mothers in other regions face substantial risks as well. The maternal mortality ratio may be many times higher in fragile and conflict-afflicted states than in countries with strong institutions and well organized health systems.

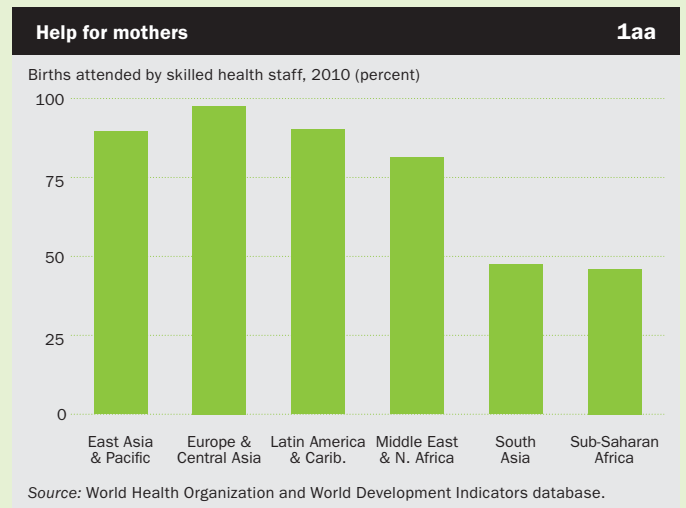
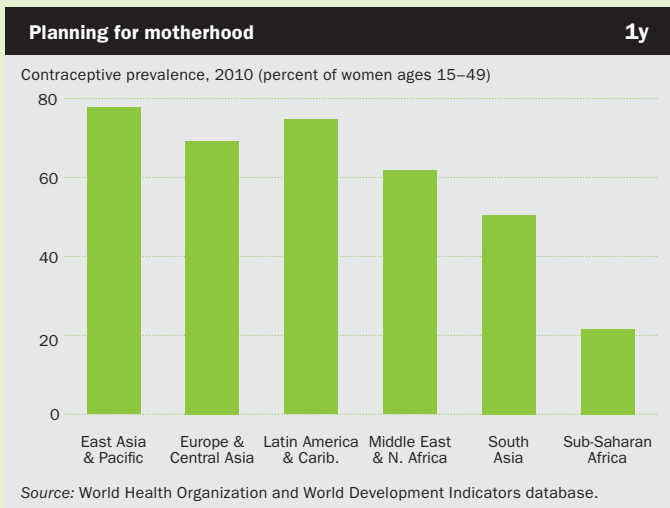


In high-fertility countries women are repeatedly exposed to the risk of maternal mortality. In Afghanistan in 2008, where the lifetime risk of maternal death was over 9 percent, one woman in 11 is expected to die in childbirth; in Burundi one woman in 25 is at risk. In high-income economies the lifetime risk is less than 0.03 percent, or less than 1 woman in 3,500.



Progress in reducing maternal mortality ratios has been slow, far slower than imagined by the Millennium Development Goal target of a 75 percent reduction from 1990 levels. Only four countries have achieved this target, and five more are on track. Accurately measuring maternal mortality is difficult and requires specialized surveys and good reporting of vital events. Recent efforts by statisticians have improved estimates, but for many countries the need for improved monitoring of maternal health will continue long past 2015.

The adolescent fertility rate is highest in Sub-Saharan Africa and is declining slowly. Women who give birth at an early age are likely to bear more children and are at greater risk of death or serious complications from pregnancy. In many developing countries the number of women ages 15–19 is still increasing. Preventing unintended pregnancies and delaying childbirth among young women increase the chances of their attending school and eventually obtaining paid employment.



Contraceptive use has increased in most developing countries for which data are available. In almost all regions more than half of women who are married or in union use some method of birth control. More than 200 million women want to delay or cease childbearing, and a substantial proportion say that their last birth was unwanted or mistimed. Worldwide an estimated 120 million women have an unmet need for family planning.

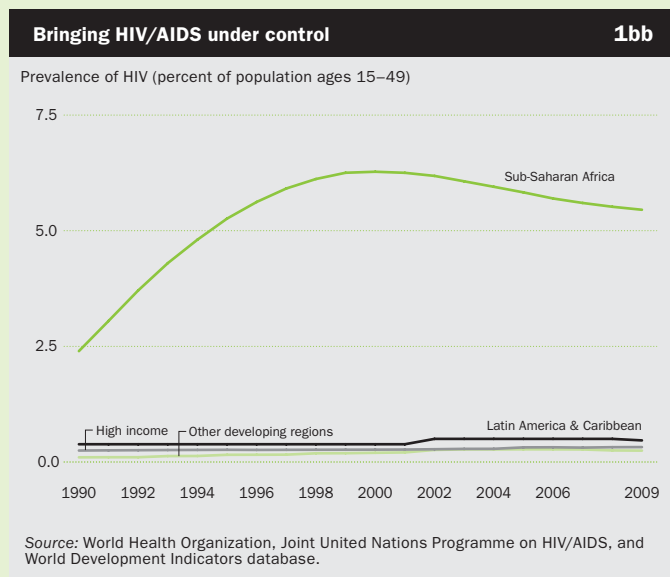
In South Asia and Sub-Saharan Africa less than half of all births are attended by doctors, nurses, or trained midwives. Having skilled health workers present for deliveries is key to reducing maternal mortality. In many places women have only untrained caregivers or family members to attend them during childbirth. Skilled health workers are trained to give necessary care before, during, and after delivery; they can conduct deliveries on their own, summon additional help in emergencies, and provide care for newborns.

Goal 6

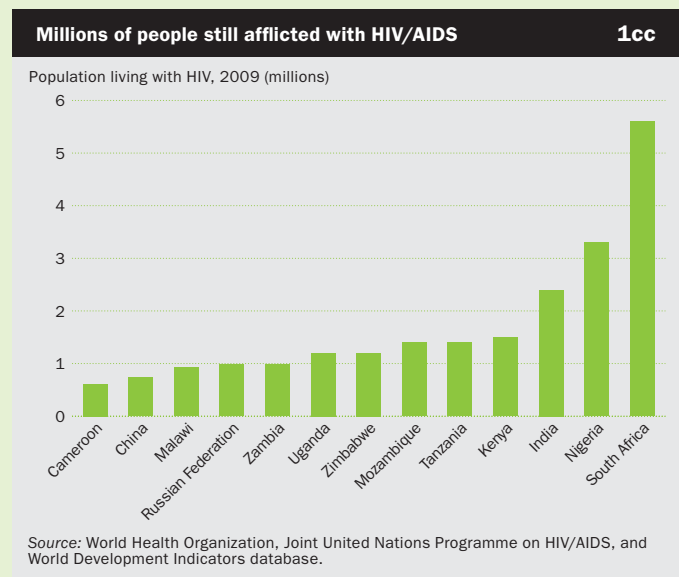
Epidemic diseases exact a huge toll in human suffering and lost opportunities for development. Poverty, armed conflict, and natural disasters contribute to the spread of disease and are made worse by it. In Africa the spread of HIV/AIDS has reversed decades of improvement in life expectancy and left millions of children orphaned. It is draining the supply of teachers and eroding the quality of education.

There are 300–500 million cases of malaria each year, leading to more than 1 million deaths. Malaria is a disease of poverty. Nearly all the cases occur in Sub-Saharan Africa, where the most lethal form of the malaria parasite is abundant. Most deaths from malaria are among children under age 5, but the disease can be debilitating in adults as well.

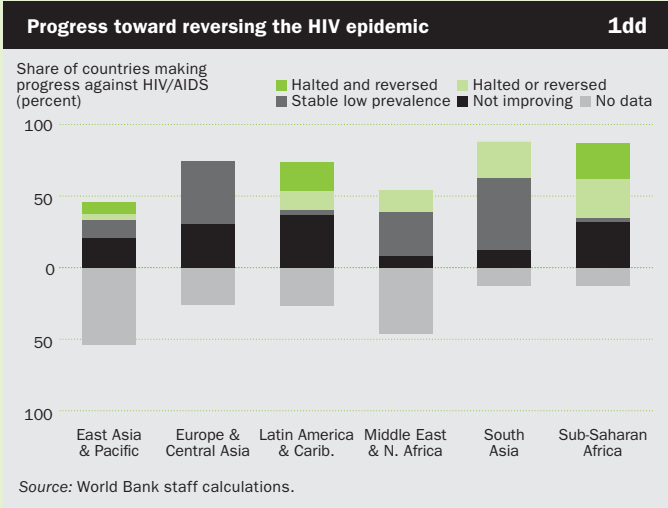
Tuberculosis kills some 2 million people a year, most of them ages 15–45. The disease, once controlled by antibiotics, is spreading again because of the emergence of drug-resistant strains. People living with HIV/AIDS, which reduces resistance to tuberculosis, are particularly vulnerable, as are refugees, displaced persons, and prisoners living in close quarters and unsanitary conditions. Well managed medical intervention using appropriate drug therapy is the key to stopping the spread of tuberculosis.



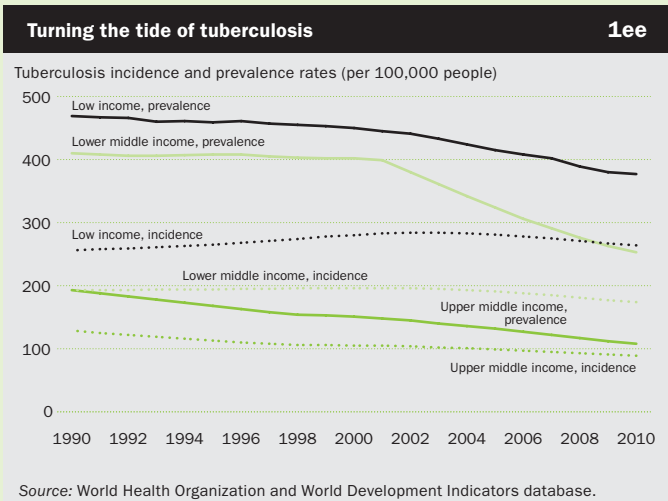
Sub-Saharan Africa remains the center of the HIV/AIDS epidemic, but the proportion of adults living with AIDS has begun to fall even as the survival rate of those with access to antiretroviral drugs has increased. In Africa 58 percent of adults with HIV/AIDS are women. Among young people ages 15–24, the prevalence rate among women is more than twice that among men. Latin America and the Caribbean, where 0.5 percent of adults are infected, has the next highest prevalence rate.



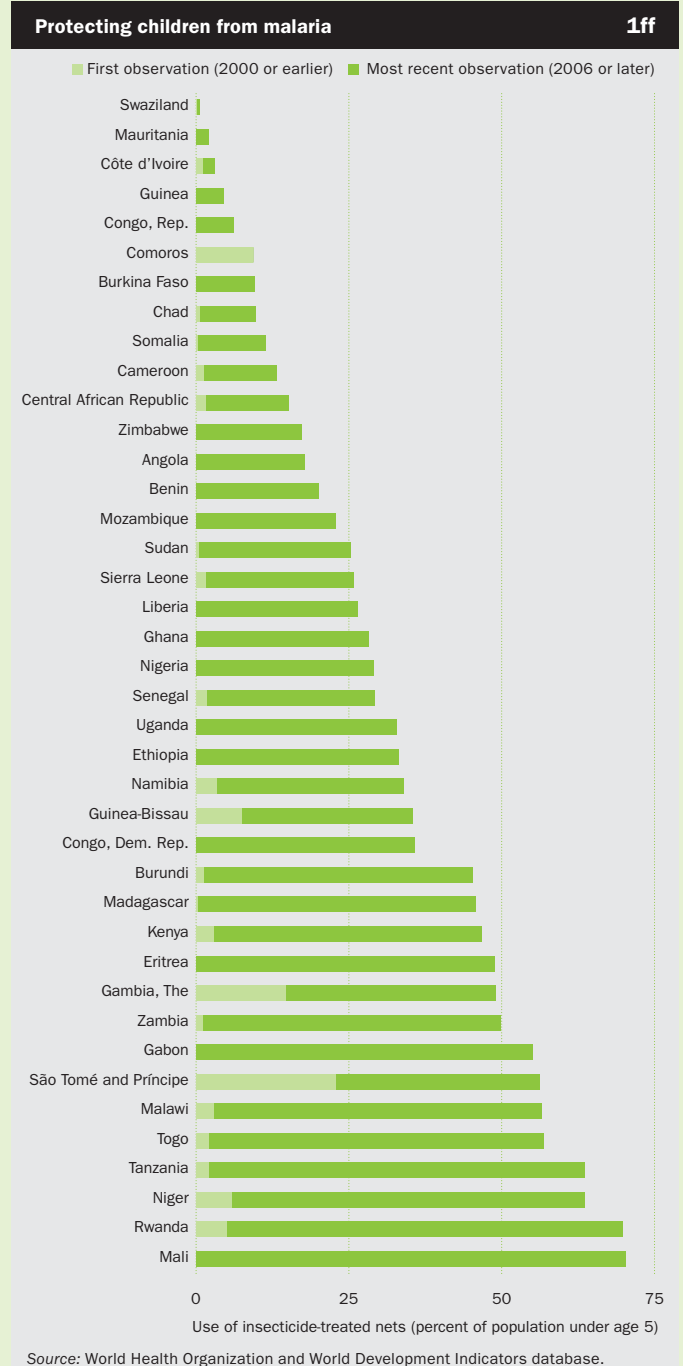
In 2009, 31–33 million people were living with HIV/AIDS, and approximately 1.5 million of them were under age 15. Another 16.9 million children, 14.8 million of them in Sub-Saharan Africa, have lost one or both parents to AIDS. By the end of 2009, 5.25 million people were receiving antiretroviral drugs, or 36 percent of the population for which the World Health Organization recommends treatment.



The Millennium Development Goals call for halting and then reversing the spread of HIV/AIDS by 2015. The progress assessment shown here is based on prevalence rates for adults ages 15–49. Countries that have a declining prevalence rate since 2005 are assessed to have halted the epidemic; those that have a prevalence rate less than their earliest measured rate have reversed the epidemic. Countries that have a prevalence rate of less than 0.2 percent are considered stable. Countries that have a prevalence rate greater than 0.2 percent and that have neither halted nor reversed the epidemic are shown as not improving.



Tuberculosis is one of the main causes of adult deaths from a single infectious agent in developing countries. The data shown here illustrate the association of tuberculosis with poverty. The incidence rate is three times higher in low-income economies than in upper middle-income economies. The number of new tuberculosis cases peaked in 2004, and prevalence rates are also declining, but the targets of halving the 1990 prevalence and death rates by 2015 are unlikely to be met.



Malaria is endemic in most tropical and subtropical regions, but 90 percent of malaria deaths occur in Sub-Saharan Africa. Those most severely affected are children under age 5. Even those who survive malaria do not escape unharmed. Repeated episodes of fever and anemia take a toll on mental and physical development. Insecticide-treated nets have proved to be an effective preventative, and their use has grown rapidly. Between 2008 and 2010, 290 million nets were distributed in Sub-Saharan Africa. But coverage remains uneven. In some countries with large numbers of reported cases, use of nets for children remains at less than 20 percent.

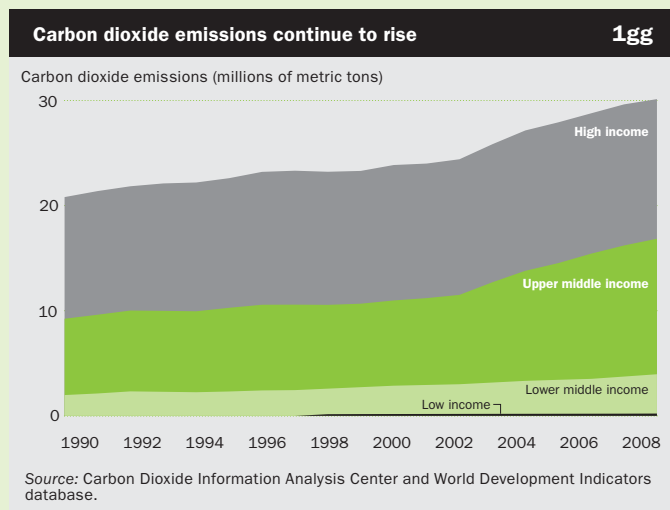
Ensure environmental sustainability

Goal 7

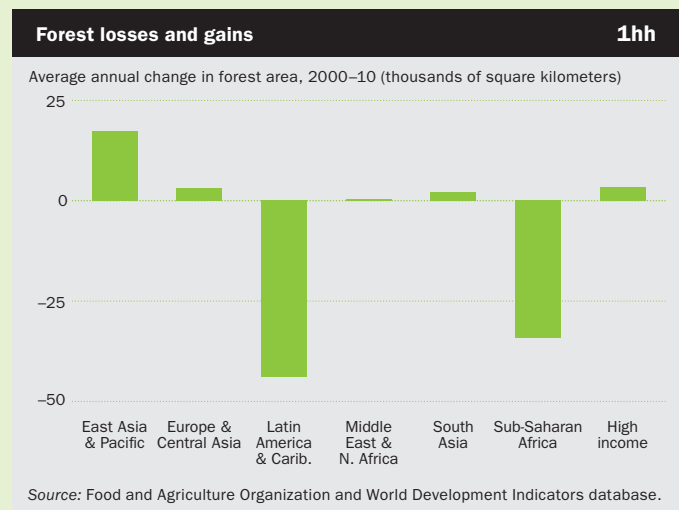
Sustainable development can be ensured only by protecting the environment and using its resources wisely. Poor people, often dependent on natural resources for their livelihood, are the most affected by environmental degradation and natural disasters (fires, storms, earthquakes), whose effects are worsened by environmental mismanagement. Poor people also suffer from shortcomings in the built environment: whether in urban or rural areas, they are more likely to live in substandard housing, lack basic services, and be exposed to unhealthy living conditions.

The seventh goal of the Millennium Development Goals is the most wide ranging but perhaps the least well specified. Among its 10 indicators, only 3 are associated with quantified and timebound targets. For others we can only monitor trends.

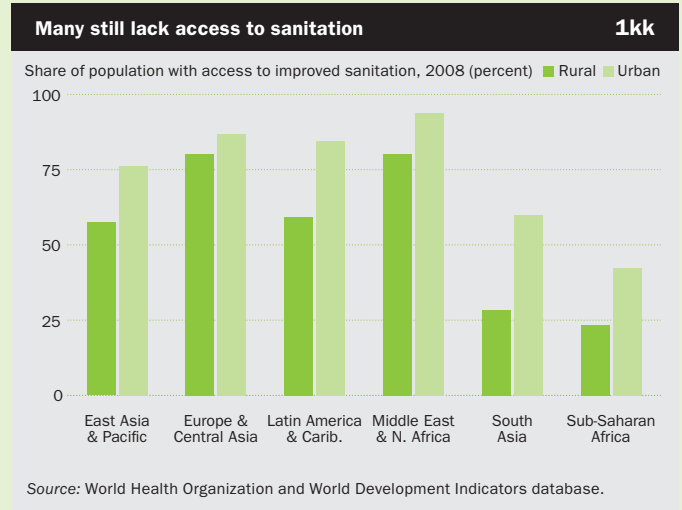
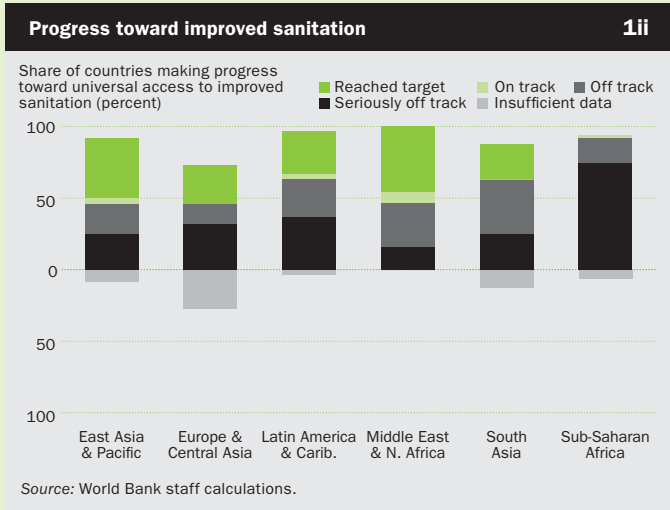
Most countries have adopted principles of sustainable development and agreed to international accords on protecting the environment. But the failure to reach a comprehensive agreement on limiting greenhouse gas emissions leaves billions of people and future generations vulnerable to the impacts of climate change. Growing populations put more pressure on marginal lands and expose more people to hazardous conditions that will be exacerbated by global warming.



Annual emissions of carbon dioxide reached 32 million metric tons in 2008 and are still rising. High-income economies remain the largest emitters, but the rapidly growing upper middle-income economies are not far behind. Measured by emissions per capita, however, emissions by high-income economies are more than three times higher than average emissions by low- and middle-income economies.

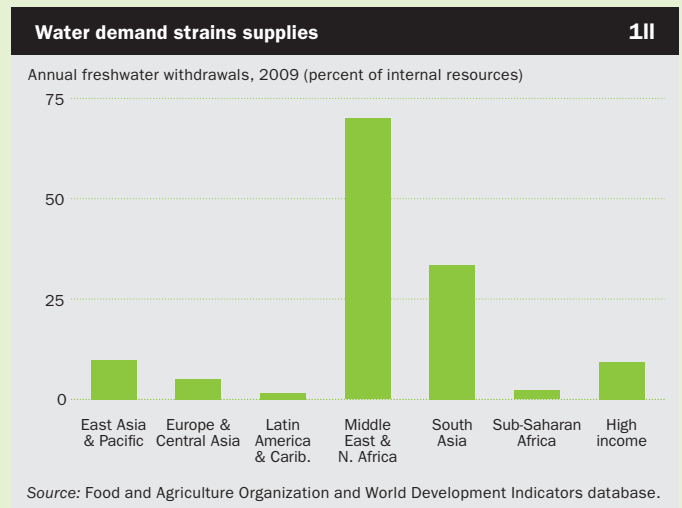
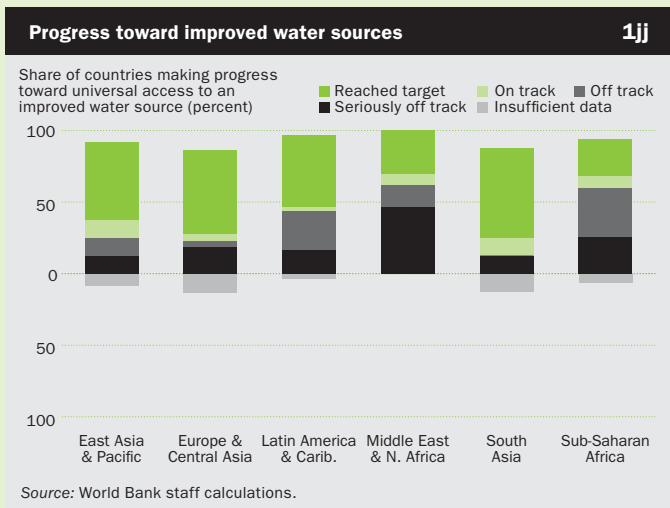


Loss of forests threatens the livelihood of poor people, destroys habitat that harbors biodiversity, and eliminates an important carbon sink that helps moderate climate change. Net losses since 1990 have been substantial, especially in Latin American and the Caribbean and Sub-Saharan Africa, and only partially compensated for by net gains in Asia and high-income economies.



The Millennium Development Goals call for cutting the proportion of the population without access to improved sanitation and water sources in half by 2015. By 2010, 2.7 billion people still lacked access to improved sanitation, and more than 1 billion people practiced open defecation, posing enormous health risks. At the present pace only 37 countries are likely to reach the target—an increase of two since 2008. East Asia and Pacific and Middle East and North Africa are the only developing regions on track to reach the target by 2015.

In 1990, 63 percent of the people living in low- and middle-income economies lacked access to a flush toilet or other form of improved sanitation. By 2010 the access rate had improved 19 percentage points to 44 percent. The situation is worse in rural areas, where 57 percent of the population lack access to improved sanitation. The large urban–rural disparity, especially in Sub-Saharan Africa and South Asia, is the principal reason the sanitation target of the Millennium Development Goals will not be reached.



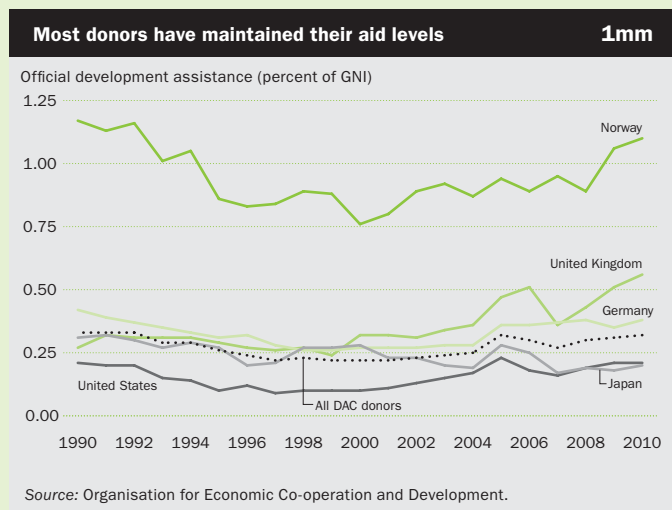
In 1990 more than 1 billion people lacked access to drinking water from a convenient, protected source, but the situation is improving. The proportion of people in developing countries with access to an improved water source increased from 71 percent in 1990 to 86 percent in 2008, reaching the Millennium Development Goal target of halving the proportion of people without access to an improved water source. Seventy-three countries have reached or are on track to reach the target. At this rate, only Middle East and North Africa and Sub-Saharan Africa will fall short.

Worldwide more than 70 percent of freshwater withdrawals go to agricultural and 20 percent to industrial uses. Only 10 percent go to households, many of which are underserved. The potential impacts of global warming and increased demand for water will require more efficient use of available resources. As pressure grows on internal water resources, conflicts over shared, external resources may also increase.

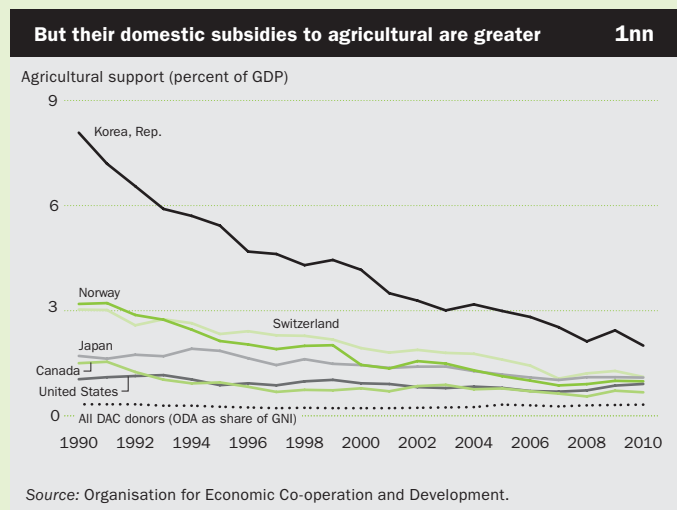
Develop a global partnership for development

Goal 8

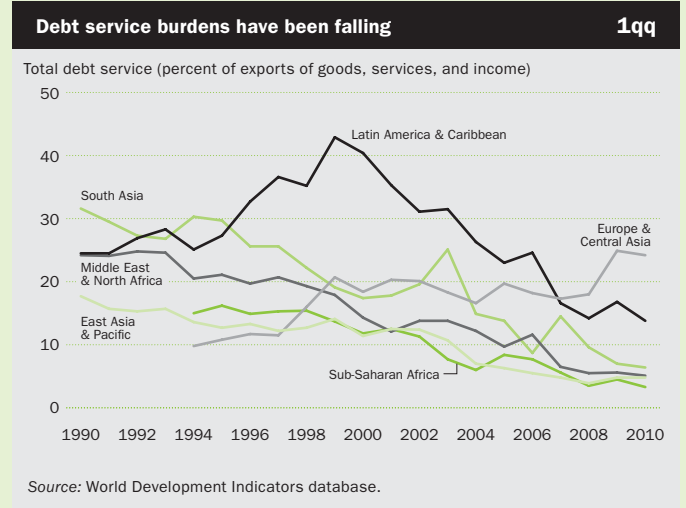
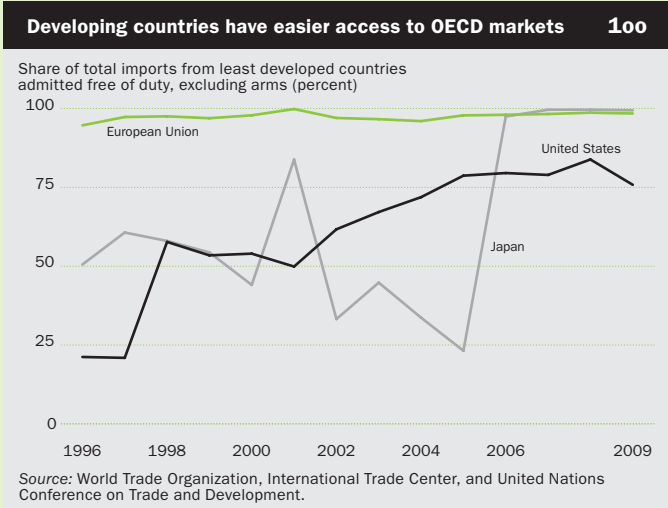
The eighth and final goal distinguishes the Millennium Development Goals from previous sets of resolutions and targeted programs. It recognizes the multidimensional nature of development and the need for wealthy countries and developing countries to work together to create an environment in which rapid, sustainable development is possible. Following the Millennium Summit, world leaders meeting at Monterrey, Mexico, in 2002 agreed to provide financing for development through a coherent process that recognized the need for domestic as well as international resources. Subsequent high-level meetings expanded on these commitments. Along with increased aid flows and debt relief for the poorest, highly indebted countries, goal 8 recognizes the need to reduce barriers to trade and to share the benefits of new medical and communication technologies. Goal 8 also reminds us that development challenges differ for large and small countries and for those that are landlocked or isolated by large expanses of ocean. Building and sustaining a partnership is an ongoing process that does not stop at a specific date or when a target is reached. However it is measured, a strong commitment to partnership should be the continuing legacy of the Millennium Development Goals.



The financial crisis that began in 2008 and fiscal austerity in many high-income economies have threatened to undermine commitments to increase official development assistance. So far leading donors have maintained their level of support. Total disbursements by members of the Organisation for Economic Co-operation and Development's Development Assistance Committee reached \$130 billion in 2010, a real increase of 4.3 percent over 2008.

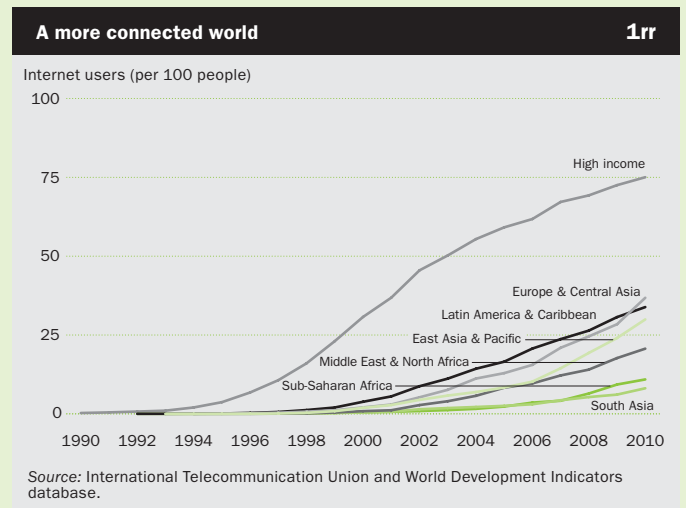
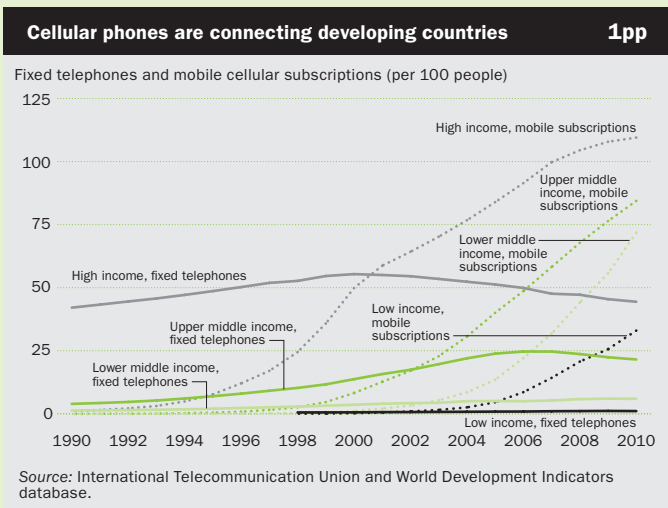


Organisation for Economic Co-operation and Development (OECD) members (which include some upper middle-income economies such as Chile and Mexico) spend more on support to domestic agricultural producers than on official development assistance. In 2010 the OECD producer support estimate was \$227 billion, down about 10 percent from the previous three years.



Many rich countries have pledged to admit the exports of the least developed countries duty free. However, arcane rules of origin and phytosanitary standards keep many countries from qualifying for duty-free access. And uncertainty over market access may inhibit development of export industries. Compared with the European Union, the large U.S. market retains many barriers to the exports of the poorest countries.

Growing economies, better debt management, and debt relief for the poorest countries have allowed developing countries to substantially reduce their debt burdens. Despite the financial crisis and a 2.3 percent contraction in the global economy in 2009, debt service ratios continued to fall in most developing country regions. Only in Europe and Central Asia has the ratio of debt service to exports risen since 2008, although rising export earnings have helped moderate the trend.



Telecommunications is an essential tool for development, and new technologies are creating new opportunities everywhere. The growth of fixed-telephone systems has peaked in high-income economies and will never reach the same level of use in developing countries, where mobile cellular subscriptions continue to grow rapidly. In high-income economies, with more than one subscription per person, the pace of growth appears to be slowing. Gradually the world is becoming more connected.

In 2000 Internet use was spreading rapidly in high-income economies but was barely under way in developing country regions. Now developing countries are beginning to catch up. By 2010 there were an average of 34 internet users per 100 people in upper middle-income economies. Like telephones, Internet use is strongly correlated with income. In low-income economies there were only 5.4 users per 100 people in 2010. But growth is picking up.

Millennium Development Goals

Goals and targets from the Millennium Declaration Indicators for monitoring progress

Goal 1 Eradicate extreme poverty and hunger

Target 1.A	Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day	1.1	Proportion of population below \$1 purchasing power parity (PPP) a day ^a
		1.2	Poverty gap ratio [incidence × depth of poverty]
		1.3	Share of poorest quintile in national consumption
Target 1.B	Achieve full and productive employment and decent work for all, including women and young people	1.4	Growth rate of GDP per person employed
		1.5	Employment to population ratio
		1.6	Proportion of employed people living below \$1 (PPP) a day
		1.7	Proportion of own-account and contributing family workers in total employment
Target 1.C	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8	Prevalence of underweight children under five years of age
		1.9	Proportion of population below minimum level of dietary energy consumption

Goal 2 Achieve universal primary education

Target 2.A	Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1	Net enrollment ratio in primary education
		2.2	Proportion of pupils starting grade 1 who reach last grade of primary education
		2.3	Literacy rate of 15- to 24-year-olds, women and men

Goal 3 Promote gender equality and empower women

Target 3.A	Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1	Ratios of girls to boys in primary, secondary, and tertiary education
		3.2	Share of women in wage employment in the nonagricultural sector
		3.3	Proportion of seats held by women in national parliament

Goal 4 Reduce child mortality

Target 4.A	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1	Under-five mortality rate
		4.2	Infant mortality rate
		4.3	Proportion of one-year-old children immunized against measles

Goal 5 Improve maternal health

Target 5.A	Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	5.1	Maternal mortality ratio
		5.2	Proportion of births attended by skilled health personnel
Target 5.B	Achieve by 2015 universal access to reproductive health	5.3	Contraceptive prevalence rate
		5.4	Adolescent birth rate
		5.5	Antenatal care coverage (at least one visit and at least four visits)
		5.6	Unmet need for family planning

Goal 6 Combat HIV/AIDS, malaria, and other diseases

Target 6.A	Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1	HIV prevalence among population ages 15–24 years
		6.2	Condom use at last high-risk sex
		6.3	Proportion of population ages 15–24 years with comprehensive, correct knowledge of HIV/AIDS
		6.4	Ratio of school attendance of orphans to school attendance of nonorphans ages 10–14 years
Target 6.B	Achieve by 2010 universal access to treatment for HIV/AIDS for all those who need it	6.5	Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6	Incidence and death rates associated with malaria
		6.7	Proportion of children under age five sleeping under insecticide-treated bednets
		6.8	Proportion of children under age five with fever who are treated with appropriate antimalarial drugs
		6.9	Incidence, prevalence, and death rates associated with tuberculosis
		6.10	Proportion of tuberculosis cases detected and cured under directly observed treatment short course

The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of state and government, in September 2000 (www.un.org/millennium/declaration/ares552e.htm) as updated by the 60th UN General Assembly in September 2005. The revised Millennium Development Goal (MDG) monitoring framework shown here, including new targets and indicators, was presented to the 62nd General Assembly, with new numbering as recommended by the Inter-agency and Expert Group on MDG Indicators at its 12th meeting on November 14, 2007. The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries "to create an environment—at the national and global levels alike—which is conducive to development and the elimination of poverty." All indicators should be disaggregated by sex and urban-rural location as far as possible.

Goals and targets from the Millennium Declaration Indicators for monitoring progress

Goal 7 Ensure environmental sustainability

Target 7.A	Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources	7.1 Proportion of land area covered by forest 7.2 Carbon dioxide emissions, total, per capita and per \$1 GDP (PPP)
Target 7.B	Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used 7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7.C	Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
Target 7.D	Achieve by 2020 a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums ^b

Goal 8 Develop a global partnership for development

Target 8.A	Develop further an open, rule-based, predictable, nondiscriminatory trading and financial system (Includes a commitment to good governance, development, and poverty reduction—both nationally and internationally.)	Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries, and small island developing states. Official development assistance (ODA) 8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income 8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water, and sanitation) 8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied 8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes 8.5 ODA received in small island developing states as a proportion of their gross national incomes
Target 8.B	Address the special needs of the least developed countries (Includes tariff and quota-free access for the least developed countries' exports; enhanced program of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction.)	Market access 8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty 8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries 8.8 Agricultural support estimate for OECD countries as a percentage of their GDP 8.9 Proportion of ODA provided to help build trade capacity
Target 8.C	Address the special needs of landlocked developing countries and small island developing states (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the 22nd special session of the General Assembly)	Debt sustainability 8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) 8.11 Debt relief committed under HIPC Initiative and Multilateral Debt Relief Initiative (MDRI) 8.12 Debt service as a percentage of exports of goods and services
Target 8.D	Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	8.13 Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8.E	In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.14 Telephone lines per 100 population 8.15 Cellular subscribers per 100 population 8.16 Internet users per 100 population
Target 8.F	In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	

a. Where available, indicators based on national poverty lines should be used for monitoring country poverty trends.

b. The proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of these characteristics: lack of access to improved water supply, lack of access to improved sanitation, overcrowding (3 or more persons per room), and dwellings made of nondurable material.