

The Millennium Development Goals Report 2013



UNITED NATIONS



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.

INTERNATIONAL LABOUR ORGANIZATION

FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS

UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION

UNITED NATIONS INDUSTRIAL DEVELOPMENT ORGANIZATION

WORLD HEALTH ORGANIZATION

THE WORLD BANK

INTERNATIONAL MONETARY FUND

INTERNATIONAL TELECOMMUNICATION UNION

ECONOMIC COMMISSION FOR AFRICA

ECONOMIC COMMISSION FOR EUROPE

ECONOMIC COMMISSION FOR LATIN AMERICA AND THE CARIBBEAN

ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC

ECONOMIC AND SOCIAL COMMISSION FOR WESTERN ASIA

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNITED NATIONS CHILDREN'S FUND

UNITED NATIONS CONFERENCE ON TRADE AND DEVELOPMENT

UNITED NATIONS ENTITY FOR GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN - UN WOMEN

UNITED NATIONS DEVELOPMENT PROGRAMME

UNITED NATIONS ENVIRONMENT PROGRAMME

UNITED NATIONS FRAMEWORK CONVENTION ON CLIMATE CHANGE

UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES

UNITED NATIONS HUMAN SETTLEMENTS PROGRAMME

UNITED NATIONS POPULATION FUND

INTERNATIONAL TRADE CENTRE

INTER-PARLIAMENTARY UNION

ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

WORLD TRADE ORGANIZATION

SECRETARIAT OF THE PACIFIC COMMUNITY

The Millennium Development Goals Report 2013



UNITED NATIONS
NEW YORK, 2013





Foreword

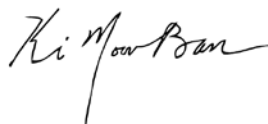
The Millennium Development Goals (MDGs) have been the most successful global anti-poverty push in history.

Significant and substantial progress has been made in meeting many of the targets—including halving the number of people living in extreme poverty and the proportion of people without sustainable access to improved sources of drinking water. The proportion of urban slum dwellers declined significantly. Remarkable gains have been made in the fight against malaria and tuberculosis. There have been visible improvements in all health areas as well as primary education.

We are now less than 1,000 days to the 2015 target date for achieving the MDGs. This year's report looks at the areas where action is needed most. For example, one in eight people worldwide remain hungry. Too many women die in childbirth when we have the means to save them. More than 2.5 billion people lack improved sanitation facilities, of which one billion continue to practice open defecation, a major health and environmental hazard. Our resource base is in serious decline, with continuing losses of forests, species and fish stocks, in a world already experiencing the impacts of climate change.

This report also shows that the achievement of the MDGs has been uneven among and within countries. Children from poor and rural households are much more likely to be out of school than their rich and urban counterparts. Wide gaps remain in basic knowledge about HIV and its prevention among young men and women in sub-Saharan Africa, which has been hardest hit by the epidemic.

In more than a decade of experience in working towards the MDGs, we have learned that focused global development efforts can make a difference. Through accelerated action, the world can achieve the MDGs and generate momentum for an ambitious and inspiring post-2015 development framework. Now is the time to step up our efforts to build a more just, secure and sustainable future for all.



BAN KI-MOON
Secretary-General, United Nations

The Millennium Development Goals Report 2013



UNITED NATIONS
NEW YORK, 2013





Foreword

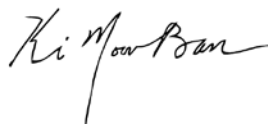
The Millennium Development Goals (MDGs) have been the most successful global anti-poverty push in history.

Significant and substantial progress has been made in meeting many of the targets—including halving the number of people living in extreme poverty and the proportion of people without sustainable access to improved sources of drinking water. The proportion of urban slum dwellers declined significantly. Remarkable gains have been made in the fight against malaria and tuberculosis. There have been visible improvements in all health areas as well as primary education.

We are now less than 1,000 days to the 2015 target date for achieving the MDGs. This year's report looks at the areas where action is needed most. For example, one in eight people worldwide remain hungry. Too many women die in childbirth when we have the means to save them. More than 2.5 billion people lack improved sanitation facilities, of which one billion continue to practice open defecation, a major health and environmental hazard. Our resource base is in serious decline, with continuing losses of forests, species and fish stocks, in a world already experiencing the impacts of climate change.

This report also shows that the achievement of the MDGs has been uneven among and within countries. Children from poor and rural households are much more likely to be out of school than their rich and urban counterparts. Wide gaps remain in basic knowledge about HIV and its prevention among young men and women in sub-Saharan Africa, which has been hardest hit by the epidemic.

In more than a decade of experience in working towards the MDGs, we have learned that focused global development efforts can make a difference. Through accelerated action, the world can achieve the MDGs and generate momentum for an ambitious and inspiring post-2015 development framework. Now is the time to step up our efforts to build a more just, secure and sustainable future for all.



BAN KI-MOON
Secretary-General, United Nations

Overview

With the deadline for the MDGs on the horizon, progress can be reported in most areas, despite the impact of the global economic and financial crisis. Several important targets have or will be met by 2015, assuming continued commitment by national governments, the international community, civil society and the private sector. That said, progress in many areas is far from sufficient. Redoubled efforts are urgently needed, particularly in regions most behind to jumpstart advancement and achieve maximum gains. The world community should take pride in its accomplishments thus far, while building on existing momentum to reach as many goals as possible by 2015 and to realize gains for all.

Several MDG targets have already been met or are within close reach

- **The proportion of people living in extreme poverty has been halved at the global level**

The world reached the poverty reduction target five years ahead of schedule. In developing regions, the proportion of people living on less than \$1.25 a day fell from 47 per cent in 1990 to 22 per cent in 2010. About 700 million fewer people lived in conditions of extreme poverty in 2010 than in 1990.

- **Over 2 billion people gained access to improved sources of drinking water**

Over the last 21 years, more than 2.1 billion people gained access to improved drinking water sources. The proportion of the global population using such sources reached 89 per cent in 2010, up from 76 per cent in 1990. This means that the MDG drinking water target was met five years ahead of the target date, despite significant population growth.

- **Remarkable gains have been made in the fight against malaria and tuberculosis**

Between 2000 and 2010, mortality rates from malaria fell by more than 25 per cent globally. An estimated 1.1 million deaths from malaria were averted over this period. Death rates from tuberculosis at the global level and in several regions are likely to be halved by 2015, compared to 1990 levels. Between 1995 and 2011, a cumulative total of 51 million tuberculosis patients were successfully treated, saving 20 million lives.

- **The proportion of slum dwellers in the cities and metropolises of the developing world is declining**

Between 2000 and 2010, over 200 million slum dwellers benefitted from improved water sources,

sanitation facilities, durable housing or sufficient living space, thereby exceeding the 100 million MDG target. Many countries across all regions have shown remarkable progress in reducing the proportion of urban slum dwellers.

- **A low debt burden and an improved climate for trade are levelling the playing field for developing countries**

The debt service to export revenue ratio of all developing countries stood at 3.1 per cent in 2011, down from nearly 12 per cent in 2000. Their duty-free market access also improved in 2011, reaching 80 per cent of their exports. The exports of least developed countries benefitted the most. Average tariffs are also at an all-time low.

- **The hunger reduction target is within reach**

The proportion of undernourished people in developing regions decreased from 23.2 per cent in 1990–1992 to 14.9 per cent in 2010–2012. Given reinvigorated efforts, the target of halving the percentage of people suffering from hunger by 2015 appears to be within reach. Still, one in eight people in the world today remain chronically undernourished.

Accelerated progress and bolder action are needed in many areas

- **Environmental sustainability is under severe threat, demanding a new level of global cooperation**

The growth in global emissions of carbon dioxide (CO₂) is accelerating, and emissions today are more than 46 per cent higher than their 1990 level. Forests continue to be lost at an alarming rate. Overexploitation of marine fish stocks is resulting in diminished yields. More of the earth's land and marine areas are under protection, but birds, mammals and other species are heading for extinction at an ever faster rate, with declines in both populations and distribution.

- **Big gains have been made in child survival, but more must be done to meet our obligations to the youngest generation**

Worldwide, the mortality rate for children under five dropped by 41 per cent—from 87 deaths per 1,000 live births in 1990 to 51 in 2011. Despite this enormous accomplishment, more rapid progress is needed to meet the 2015 target of a two-thirds reduction in child deaths. Increasingly, child deaths are concentrated in the poorest regions, and in the first month of life.

- **Most maternal deaths are preventable, but progress in this area is falling short**

Globally, the maternal mortality ratio declined by 47 per cent over the last two decades, from 400 maternal

deaths per 100,000 live births to 210 between 1990 and 2010. Meeting the MDG target of reducing the ratio by three quarters will require accelerated interventions and stronger political backing for women and children.

- **Access to antiretroviral therapy and knowledge about HIV prevention must expand**

While new HIV infections are declining, an estimated 34 million people were living with HIV at the end of 2011. The MDG target of universal access to antiretroviral therapy for all who need it by 2010 was missed, but is reachable by 2015 if current trends continue. The ultimate goal is preventing the spread of HIV, but knowledge of the virus and how to avoid transmission remains unacceptably low.

- **Too many children are still denied their right to primary education**

Between 2000 and 2011, the number of children out of school declined by almost half—from 102 million to 57 million. However, progress in reducing the number of children out of school has slowed considerably over time. Stalled progress means that the world is unlikely to meet the target of universal primary education by 2015.

- **Gains in sanitation are impressive—but not good enough**

From 1990 to 2011, 1.9 billion people gained access to a latrine, flush toilet or other improved sanitation facility. Despite these accomplishments, more rapid progress is needed to meet the MDG target. Stopping open defecation and instituting the right policies are key.

- **There is less aid money overall, with the poorest countries most adversely affected**

In 2012, net aid disbursements from developed to developing countries totalled \$126 billion. This represents a 4 per cent drop in real terms compared to 2011, which itself was 2 per cent below 2010 levels. This decline affected least developed countries disproportionately. In 2012, bilateral official development assistance to these countries fell by 13 per cent, to about \$26 billion.

Our attention needs to focus on disparities, which often stand in the way of further improvements

- **Rural-urban gaps persist—access to reproductive health services and to clean drinking water are only two examples**

In 2011, only 53 per cent of deliveries in rural areas were attended by skilled health personnel, versus 84 per cent of them in urban areas. Eighty-three per cent of the population without access to an improved drinking water source live in rural communities.

- **The poorest children are most likely to be out of school**

Children and adolescents from the poorest households are at least three times more likely to be out of school than children from the richest households. Girls are more likely to be out of school than boys among both primary and lower secondary age groups, even for girls living in the richest households.

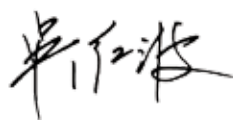
- **Gender-based inequalities in decision-making power persist**

Whether in the public or private sphere, from the highest levels of government decision-making to households, women continue to be denied equal opportunity with men to participate in decisions that affect their lives.

Successful completion of the MDGs by 2015 must remain a global priority, creating a stable foundation for future development action

Efforts to achieve a world of prosperity, equity, freedom, dignity and peace will continue beyond 2015. The United Nations is working concertedly with governments, civil society and other partners to build on the momentum generated by the MDGs and to craft an ambitious, yet realistic, post-2015 development agenda. A successful conclusion to the MDGs will be an important building block for a successor development agenda. And volumes of experience and lessons learned along the way can only benefit the prospects for continued progress.

The analysis in this report, based on a wide range of statistics, shows that the actions of all stakeholders are coalescing in the achievement of many of the MDGs. At the same time, many items on the agenda remain incomplete. The results of this report give us a clear indication where our efforts must be directed in the days remaining before the 2015 deadline.



WU HONGBO
Under-Secretary-General for Economic
and Social Affairs

deaths per 100,000 live births to 210 between 1990 and 2010. Meeting the MDG target of reducing the ratio by three quarters will require accelerated interventions and stronger political backing for women and children.

- **Access to antiretroviral therapy and knowledge about HIV prevention must expand**

While new HIV infections are declining, an estimated 34 million people were living with HIV at the end of 2011. The MDG target of universal access to antiretroviral therapy for all who need it by 2010 was missed, but is reachable by 2015 if current trends continue. The ultimate goal is preventing the spread of HIV, but knowledge of the virus and how to avoid transmission remains unacceptably low.

- **Too many children are still denied their right to primary education**

Between 2000 and 2011, the number of children out of school declined by almost half—from 102 million to 57 million. However, progress in reducing the number of children out of school has slowed considerably over time. Stalled progress means that the world is unlikely to meet the target of universal primary education by 2015.

- **Gains in sanitation are impressive—but not good enough**

From 1990 to 2011, 1.9 billion people gained access to a latrine, flush toilet or other improved sanitation facility. Despite these accomplishments, more rapid progress is needed to meet the MDG target. Stopping open defecation and instituting the right policies are key.

- **There is less aid money overall, with the poorest countries most adversely affected**

In 2012, net aid disbursements from developed to developing countries totalled \$126 billion. This represents a 4 per cent drop in real terms compared to 2011, which itself was 2 per cent below 2010 levels. This decline affected least developed countries disproportionately. In 2012, bilateral official development assistance to these countries fell by 13 per cent, to about \$26 billion.

Our attention needs to focus on disparities, which often stand in the way of further improvements

- **Rural-urban gaps persist—access to reproductive health services and to clean drinking water are only two examples**

In 2011, only 53 per cent of deliveries in rural areas were attended by skilled health personnel, versus 84 per cent of them in urban areas. Eighty-three per cent of the population without access to an improved drinking water source live in rural communities.

- **The poorest children are most likely to be out of school**

Children and adolescents from the poorest households are at least three times more likely to be out of school than children from the richest households. Girls are more likely to be out of school than boys among both primary and lower secondary age groups, even for girls living in the richest households.

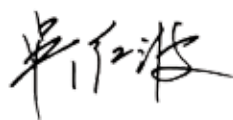
- **Gender-based inequalities in decision-making power persist**

Whether in the public or private sphere, from the highest levels of government decision-making to households, women continue to be denied equal opportunity with men to participate in decisions that affect their lives.

Successful completion of the MDGs by 2015 must remain a global priority, creating a stable foundation for future development action

Efforts to achieve a world of prosperity, equity, freedom, dignity and peace will continue beyond 2015. The United Nations is working concertedly with governments, civil society and other partners to build on the momentum generated by the MDGs and to craft an ambitious, yet realistic, post-2015 development agenda. A successful conclusion to the MDGs will be an important building block for a successor development agenda. And volumes of experience and lessons learned along the way can only benefit the prospects for continued progress.

The analysis in this report, based on a wide range of statistics, shows that the actions of all stakeholders are coalescing in the achievement of many of the MDGs. At the same time, many items on the agenda remain incomplete. The results of this report give us a clear indication where our efforts must be directed in the days remaining before the 2015 deadline.



WU HONGBO
Under-Secretary-General for Economic
and Social Affairs

Goal 1

Eradicate extreme poverty and hunger

Quick facts

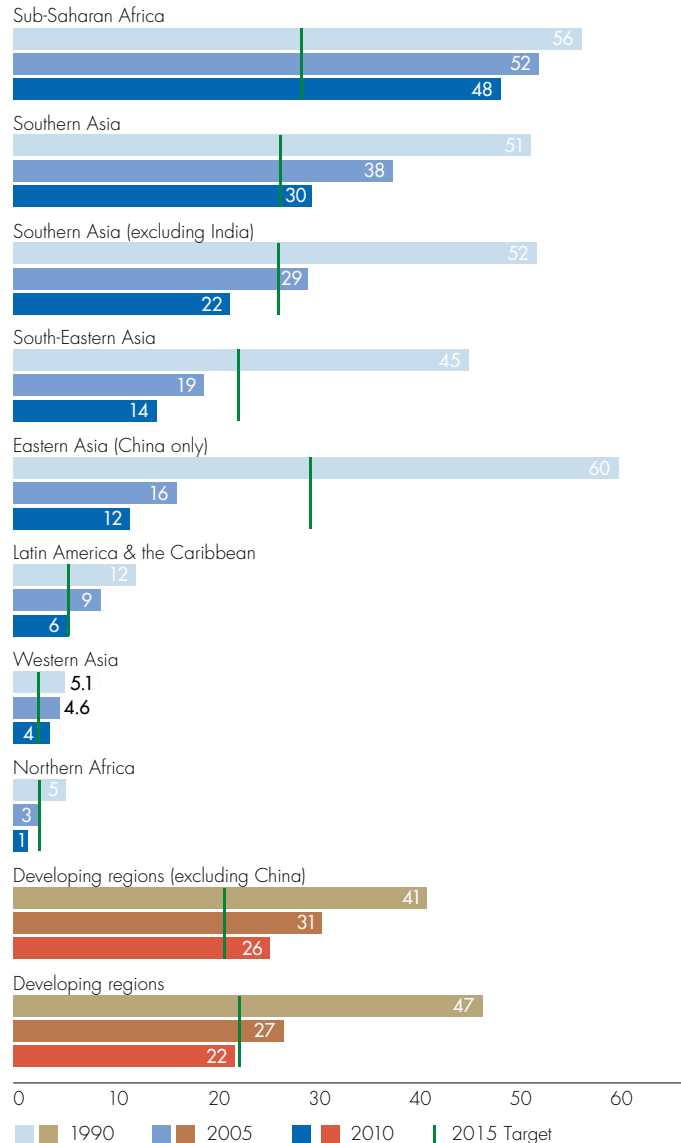
- ▶ Poverty rates have been halved, and about 700 million fewer people lived in conditions of extreme poverty in 2010 than in 1990.
- ▶ The economic and financial crisis has widened the global jobs gap by 67 million people.
- ▶ One in eight people still go to bed hungry, despite major progress.
- ▶ Globally, nearly one in six children under age five are underweight; one in four are stunted.
- ▶ An estimated 7 per cent of children under age five worldwide are now overweight, another aspect of malnutrition; one quarter of these children live in sub-Saharan Africa.

TARGET 1.A

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

The MDG target has been met, but 1.2 billion people still live in extreme poverty

Proportion of people living on less than \$1.25 a day, 1990, 2005 and 2010 (Percentage)



Note: No sufficient country data are available to calculate the aggregate values for Oceania.

New poverty estimates from the World Bank have confirmed last year's finding that the world reached the MDG target five years ahead of the 2015 deadline. In developing regions, the proportion of people living on less than \$1.25 a day fell from 47 per cent in 1990 to 22 per cent in 2010. About 700 million fewer people lived in conditions of extreme poverty in 2010 than in 1990.

Extreme poverty rates have fallen in every developing region, with one country, China, leading the way. In China, extreme poverty dropped from 60 per cent in 1990 to 16 per cent in 2005 and 12 per cent in 2010. Poverty remains widespread in sub-Saharan Africa and Southern Asia, although progress in the latter region has been substantial. In Southern Asia, poverty rates fell by an average of one percentage point annually—from 51 per cent in 1990 to 30 per cent two decades later. In contrast, the poverty rate in sub-Saharan Africa fell only 8 percentage points over the same period.

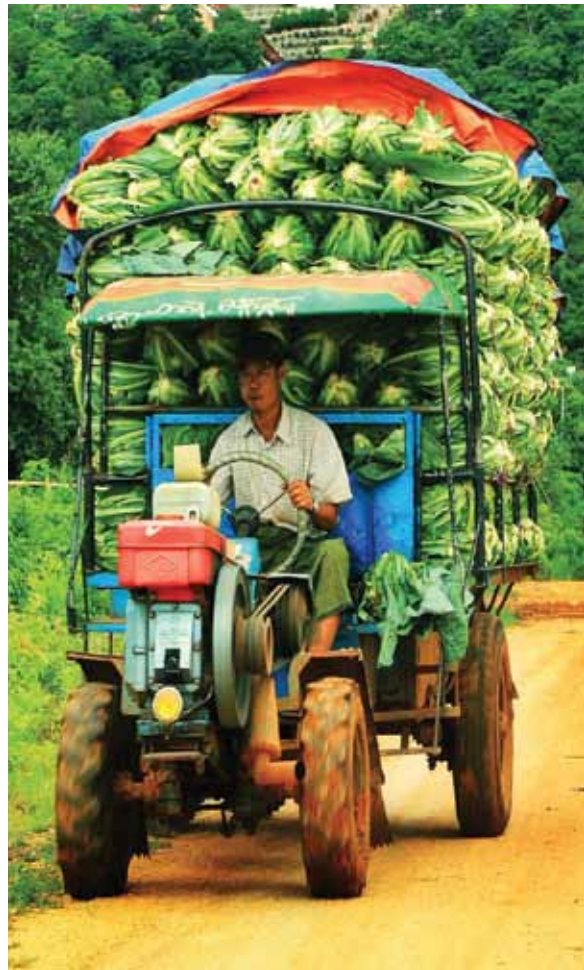
Despite this impressive achievement at the global level, 1.2 billion people are still living in extreme poverty. In sub-Saharan Africa, almost half the population live on less than \$1.25 a day. Sub-Saharan Africa is the only region that saw the number of people living in extreme poverty rise steadily, from 290 million in 1990 to 414 million in 2010, accounting for more than a third of people worldwide who are destitute.

The World Bank projects that, by 2015, about 970 million people will still be living on less than \$1.25 a day in countries classified as low- or middle-income in 1990. Sub-Saharan Africa and Southern Asia will each be home to about 40 per cent of the developing world population living in extreme poverty.

Around the world, abject poverty is found in areas where poor health and lack of education deprive people of productive employment; environmental resources have been depleted or spoiled; and corruption, conflict and bad governance waste public resources and discourage private investment. The international community now needs to take the next steps to continue the fight against poverty at all these various levels.

Challenges in monitoring poverty hamper effective policymaking

Measuring poverty continues to be a barrier to effective policymaking. In many countries, the availability, frequency and quality of poverty monitoring data remain low, especially in small states and in countries and territories in fragile situations. The 2010 estimates included in this report are still provisional due to the limited availability of data from national household surveys collected between 2008 and 2012, particularly in sub-Saharan and Northern Africa. Institutional, political and financial obstacles hamper data collection, analysis and public access. The need to improve household survey programmes to monitor poverty in these countries is urgent.

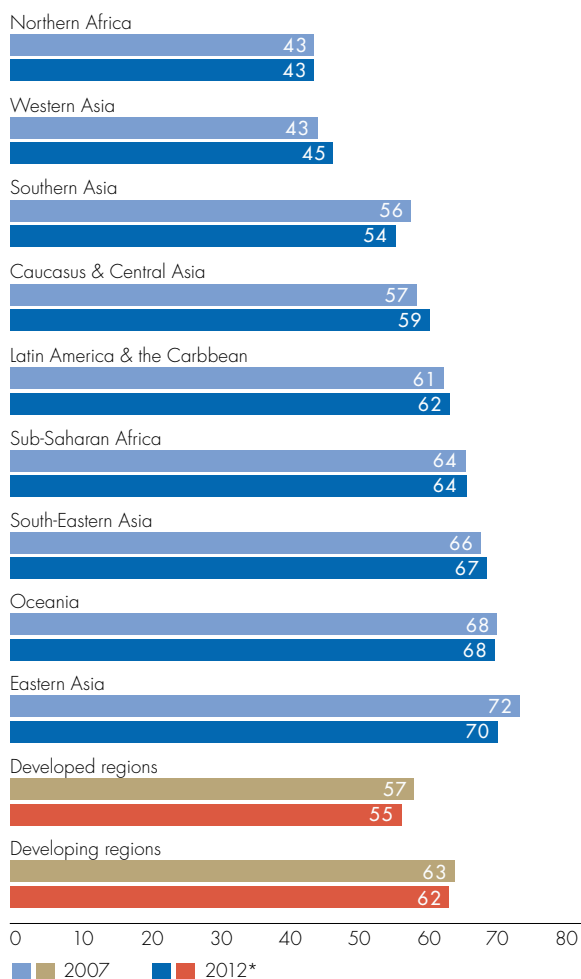


TARGET 1.B

Achieve full and productive employment and decent work for all, including women and young people

The slowing of economic growth spells continued job losses, with young people bearing the brunt of the crisis

Employment-to-population ratio, 2007 and 2012* (Percentage)



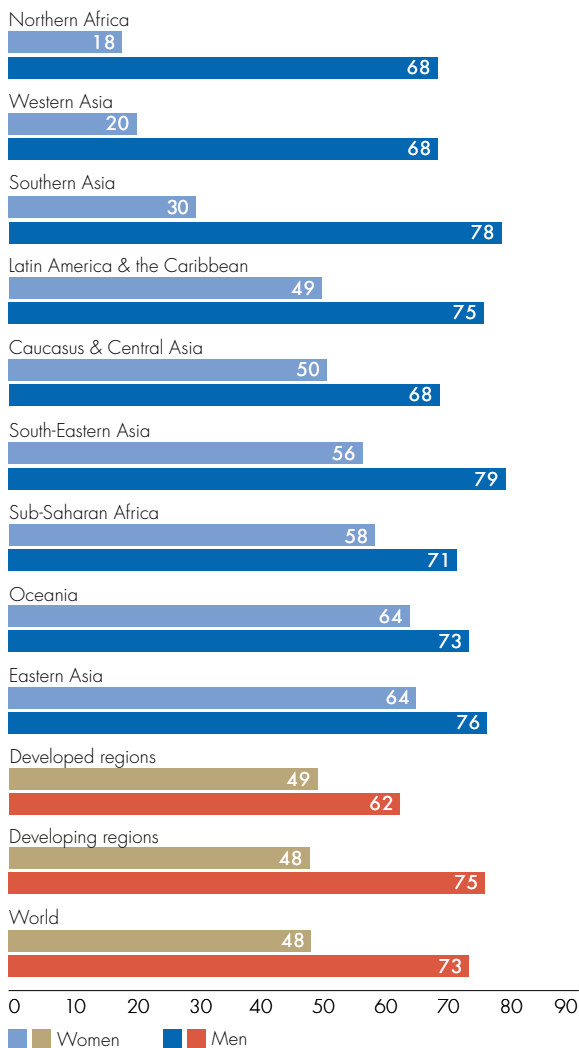
* Data for 2012 are preliminary estimates.

During 2012, global economic growth slowed even further, substantially weakening the employment-generating capacity of national economies. The global ratio of employment to the working-age population declined from 61.3 per cent in 2007 to 60.3 in 2012, after a moderate increase from 2003 to 2007. The top two contributors to the decline in the ratio are falling

labour force participation and rising unemployment. According to the International Labour Organization (ILO), unemployment has increased by 28 million since 2007, and an estimated 39 million people have dropped out of the labour market, leaving a 67 million jobs gap as a result of the global economic and financial crisis.

From 2007 to 2012, the developed regions registered a 1.7 percentage point drop in the employment-to-population ratio. Over the same period, the developing regions experienced a decline of 0.9 percentage points. Within this group, the largest declines were found in Southern Asia and Eastern Asia, which saw drops in the employment-to-population ratio of 2.1 and 1.5 percentage points, respectively.

Employment-to-population ratio, women and men, 2012* (Percentage)



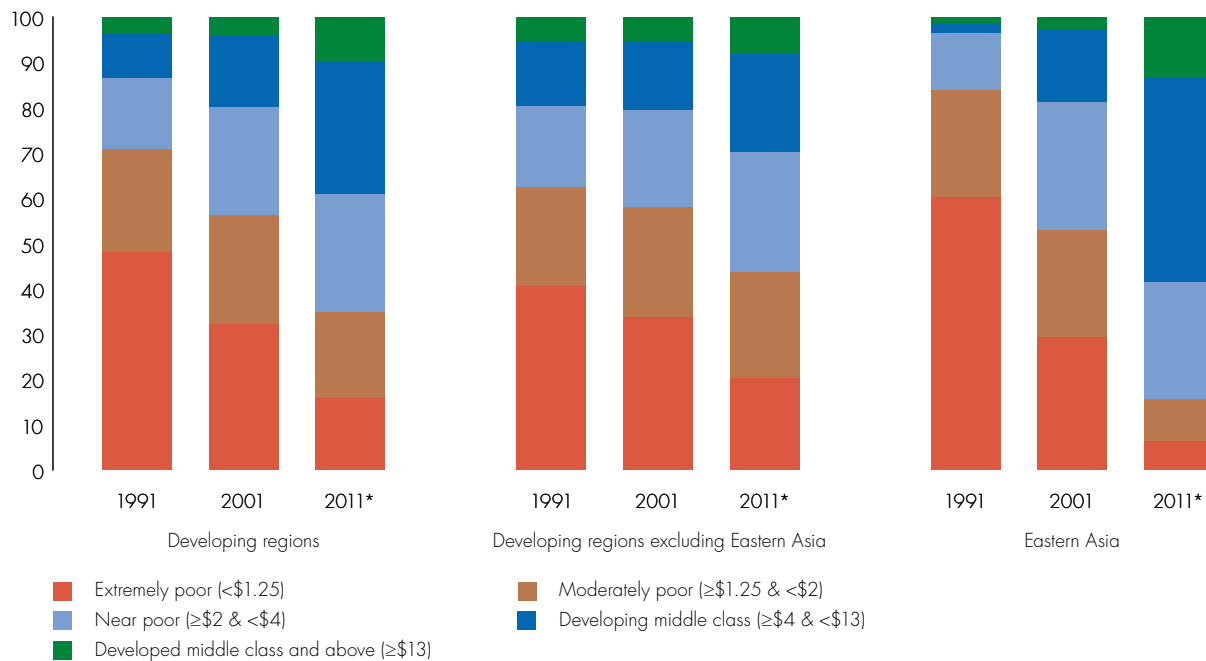
* Data for 2012 are preliminary estimates.

The gender gap in employment persists, with a 24.8 percentage point difference between men and women in the employment-to-population ratio in 2012. The gap is most acute in Northern Africa, Southern Asia and Western Asia, where women are far less likely to be employed than their male counterparts. The differences in the employment-to-population ratio between men and women in these three regions approached 50 percentage points in 2012.

Young people have borne the brunt of the crisis. Negative labour market trends for youth accounted for 41 per cent of the decline in the global employment-to-population ratio since 2007, due to rising unemployment and falling participation.

Though working poverty has declined, over 60 per cent of workers in the developing world still live on less than \$4 a day

Employment by economic class, developing regions, 1991, 2001 and 2011 (Percentage of total employment)



* Data for 2011 are preliminary estimates.

The number of workers living in extreme poverty has declined dramatically over the past decade—despite the global financial crisis. Since 2001, the number of workers living with their families on less than \$1.25 a day has declined by 294 million, leaving a total of 384 million below this threshold classified as the ‘working poor’. In developing regions, the working poor constituted 15.1 per cent of the employed labour force in 2012, down from 32.3 per cent in 2001 and 48.2 per cent in 1991.

For the first time, the ILO has broken down employment statistics into five economic classes. The

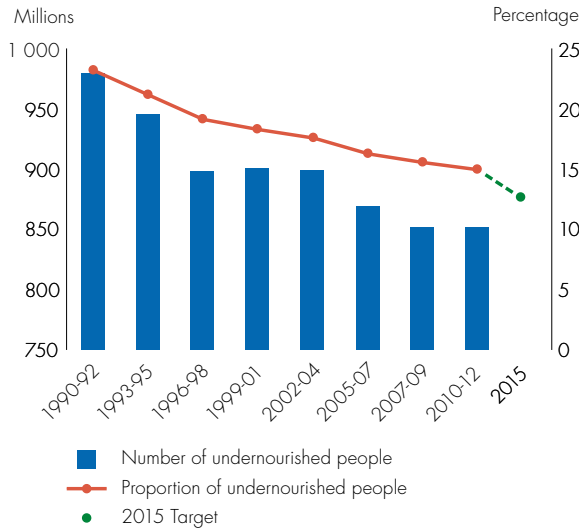
new estimates show that, in addition to the workers that are extremely poor, 19.6 per cent of workers and their families are ‘moderately poor’—living on \$1.25 to \$2 a day—and 26.2 per cent of workers are ‘near poor’, living on \$2 to \$4 a day. Altogether, 60.9 per cent of the developing world’s workforce remained poor or ‘near poor’ in 2011, living on less than \$4 a day. These figures underscore the urgent need to improve productivity, promote sustainable structural transformation and expand social protection systems to ensure basic social services for the poor and most vulnerable workers and their families.

TARGET 1.C

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

The hunger reduction target is within reach if recent slowdowns in progress can be reversed

Number and proportion of people in the developing regions who are undernourished 1990-2012

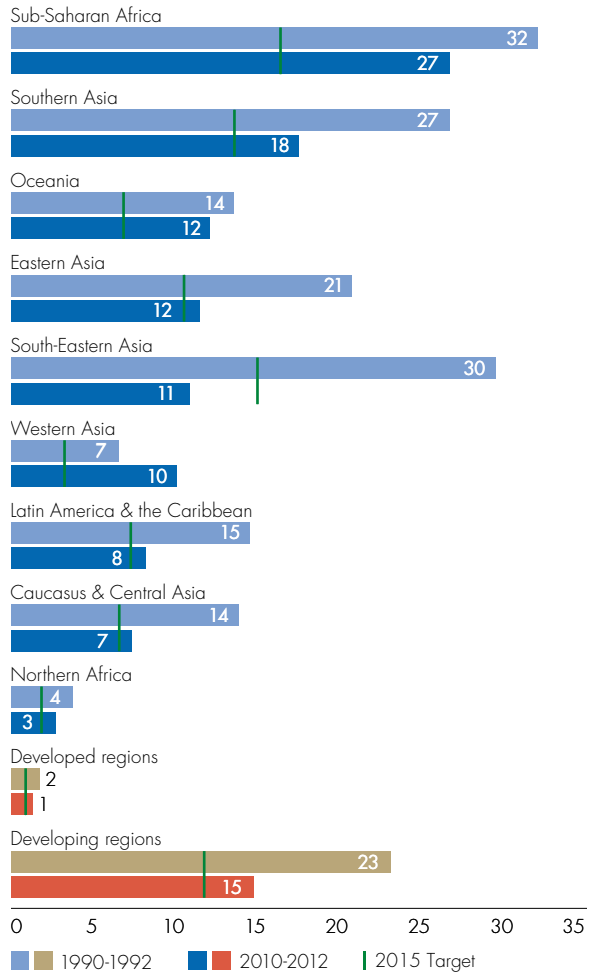


According to new estimates, about 870 million people, or one in eight worldwide, did not consume enough food on a regular basis to cover their minimum dietary energy requirements over the period 2010 to 2012. The vast majority of the chronically undernourished (852 million) reside in developing countries.

While their numbers remain disturbingly high, the proportion of undernourished people in developing regions has decreased from 23.2 per cent in 1990–1992 to 14.9 per cent in 2010–2012. This suggests that progress in reducing hunger has been more pronounced than previously believed, and that the target of halving the percentage of people suffering from hunger by 2015 is within reach.

Contrary to earlier predictions, chronic hunger rates did not spike during the 2007–2009 food price and economic crises. However, the financial situation of poor families has undoubtedly worsened in many countries, and progress against hunger has slowed significantly. Purposeful and coordinated action by national governments and international partners is needed to reverse recent trends.

Proportion of people who are undernourished, 1990-1992 and 2010-2012 (Percentage)



Disparities remain large in the rate of reduction in undernourishment among regions and countries. Progress has been relatively swift in South-Eastern Asia, Eastern Asia, the Caucasus and Central Asia and in Latin America. However, the pace of change in the Caribbean, Southern Asia and, especially, sub-Saharan Africa and Oceania appears to be too slow to meet the MDG target. Western Asia is the only region that has seen a rise in the prevalence of undernourishment from 1990–1992 to 2010–2012. Behind these regional disparities are vastly different levels of vulnerability and markedly different capacities to deal with economic shocks, such as food price increases and economic recessions.

Poverty is among the main determinants of hunger and inadequate access to food. Poor households generally spend large portions of their incomes on food and most of them, including many small-holder farmers, are net food buyers. The inability to consume enough food, in turn, affects labour productivity and the ability of the undernourished to generate income, thus reinforcing the poverty trap.

Methods to assess hunger and food security are improving

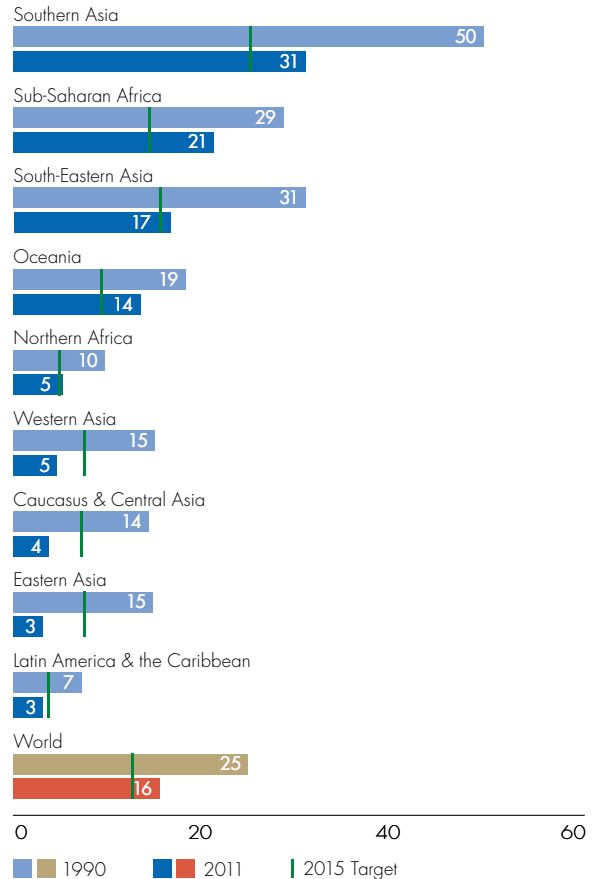
The Food and Agriculture Organization of the United Nations (FAO) has introduced a number of significant improvements in the methodology it uses to measure the prevalence of hunger. Despite these improvements, better data and additional indicators are needed to provide a more holistic assessment of undernourishment and food security. This, in turn, requires strong commitment by international agencies to support the statistical capacity of developing countries.

For its part, the FAO has launched several initiatives to improve the quality of basic data on food production, utilization and consumption, storage, trade and other key variables. This includes the formation of an international partnership for the implementation of the Global Strategy to Improve Agricultural Statistics.



More than 100 million children under age five are still undernourished and underweight

Proportion of children under age five who are moderately or severely underweight, 1990 and 2011 (Percentage)



Note: The trend analysis presented above is based on updated statistical methods that reflect, for the first time, harmonized estimates on child malnutrition from UNICEF, WHO and the World Bank.

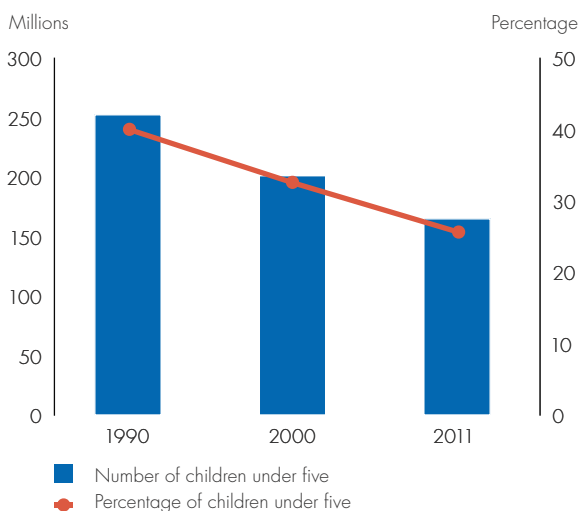
Globally, an estimated 101 million children under age five were underweight in 2011. This represents 16 per cent of all children under five that year, or one in six. The number of underweight children in 2011 fell by 36 per cent from an estimated 159 million children in 1990. Still, this rate of progress is insufficient to meet the MDG target of halving the proportion of people who suffer from hunger by 2015.

Underweight prevalence in 2011 was highest in Southern Asia (31 per cent) and sub-Saharan Africa (21 per cent). This translates into 57 million and 30 million underweight children in Southern Asia and sub-Saharan Africa, respectively.

Evidence pointing to the negative effects of undernutrition on survival, personal and national development, and long-term health is irrefutable, demanding urgent action.

Despite steady gains, one in four children around the world show signs of stunted growth

Number and percentage of children under age five who are moderately or severely stunted, 1990, 2000 and 2011



Stunting in infants and children, defined as inadequate length or height for their age, captures early chronic exposure to undernutrition. Globally, more than one quarter (26 per cent) of children under age five were stunted in 2011. Though still unacceptably high, the percentage represents a 35 per cent decline from 1990 to 2011 (from 253 million to 165 million children). Analysis of the data shows that children in the poorest households are more than twice as likely to be stunted as children from the richest households.

All regions have observed reductions in stunting over this period, while the prevalence of children who are overweight, another aspect of malnutrition, is rising. An estimated 43 million children under age five were overweight in 2011, which represents 7 per cent of the global population in this age group. In sub-Saharan Africa, the overweight prevalence rate has more than doubled from 1990 to 2011—from 3 per cent to 7 per cent. In combination with population growth, three times as many children are overweight in that region than in 1990. Sub-Saharan Africa is now home to nearly one quarter of the world's overweight children.



The interventions currently under way that directly affect stunting and other nutrition indicators need to be expanded. These include simple, cost-effective measures during the critical 1,000-day window during pregnancy and before a child turns two. The well-established benefits of age-appropriate feeding practices for infants and young children should be applied throughout the continuum of care, including timely initiation of breastfeeding (within one hour of birth), exclusive breastfeeding for the first six months of a child's life, and continued breastfeeding for two years or more. Globally, less than half of newborns were breastfed within the first hour of birth and only 39 per cent of children were breastfed exclusively for the first six months.

The number of people uprooted by conflict or persecution is at its highest level in 18 years

The Millennium Declaration calls for protecting and assisting refugees, promoting global burden-sharing and helping displaced persons return home. Towards this end, many of the MDG targets have added significance for survivors of conflict and persecution.

Despite progress in some countries, armed conflict continues to uproot people from their homes, placing them in often precarious situations. By the end of 2012, some 45.1 million people worldwide were forcibly displaced due to conflict or persecution. Of these, 15.4 million are considered refugees, including 10.5 million who fall under the responsibility of the United Nations High Commissioner for Refugees (UNHCR) and 4.9 million Palestinians registered with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). An

additional 28.8 million people have been uprooted from their homes but remain within the borders of their own countries. Another one million people are asylum seekers. Overall, the number of people uprooted by conflict or persecution in 2012 was at its highest level since 1994.

Excluding Palestinian refugees under UNRWA's mandate, most refugees originate from Afghanistan, Iraq, Somalia, the Sudan and the Syrian Arab Republic. At the end of 2012, these five countries accounted for more than half (55 per cent) of all refugees under UNHCR's care worldwide.

Developing regions carry the heaviest burden in hosting uprooted populations. By the end of 2012, developing countries hosted 8.5 million refugees, accounting for 81 per cent of the refugee population falling under the aegis of the UNHCR. In 2012, least developed countries provided asylum to 2.5 million of those refugees.



Goal 2

Achieve universal primary education

Quick facts

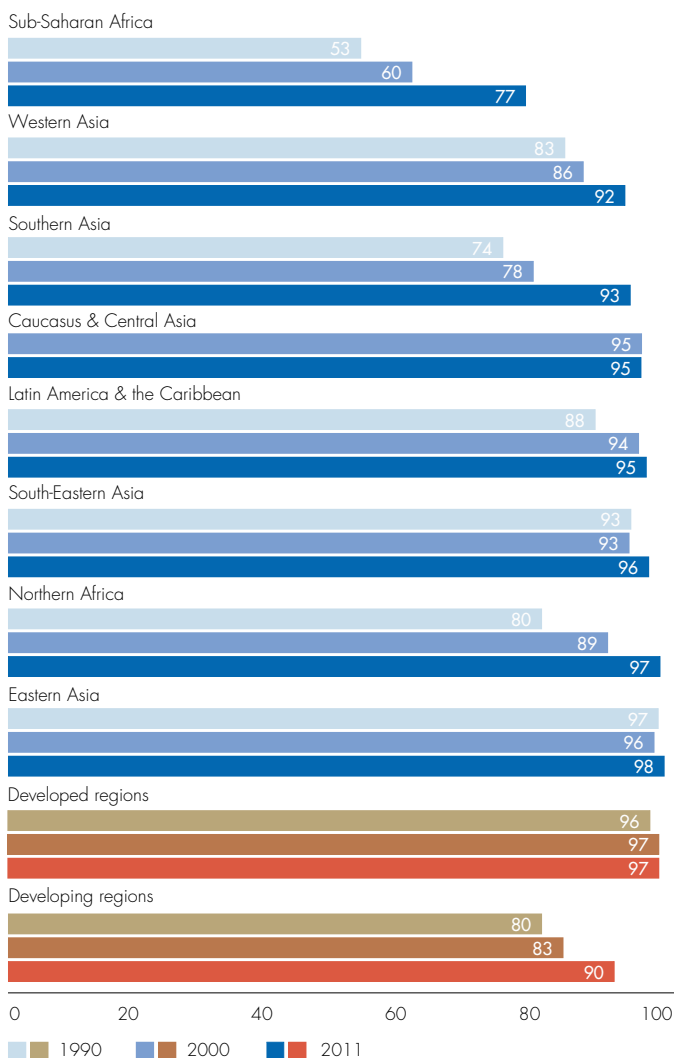
- ▶ In 2011, 57 million children of primary school age were out of school, down from 102 million in 2000.
- ▶ More than half of these out-of-school children live in sub-Saharan Africa.
- ▶ Globally, 123 million youth (aged 15 to 24) lack basic reading and writing skills; 61 per cent of them are young women.

TARGET 2.A

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

If current trends continue, the world will not meet the goal of universal primary education by 2015

Adjusted net enrolment rate in primary education,* 1990, 2000 and 2011 (Percentage)



* Defined as the number of pupils of the official school age for primary education enrolled either in primary or secondary school, expressed as a percentage of the total population in that age group.

Note: Data for Oceania are not available. Data for 1990 for Caucasus & Central Asia are not available.

Developing regions have made impressive strides in expanding access to primary education, with the adjusted net enrolment rate

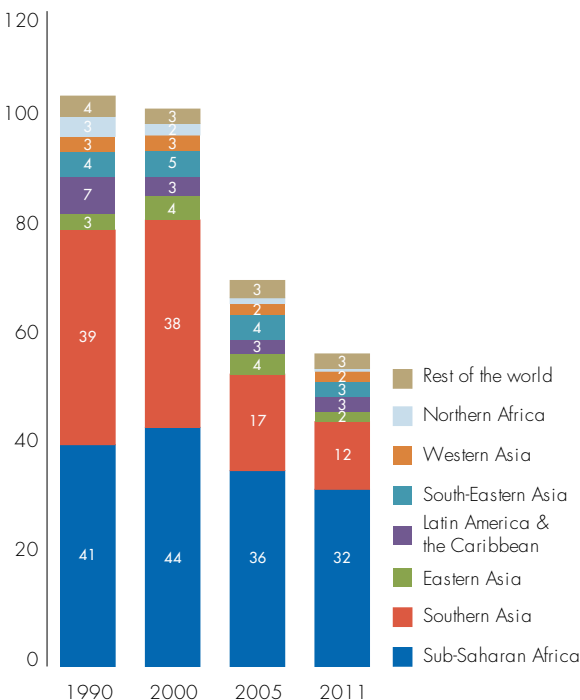
growing from 83 per cent in 2000 to 90 per cent in 2011. Over the same period, the number of children out of school worldwide declined by almost half—from 102 million to 57 million.

But a closer look at the most recent data tells a different story. The progress seen at the start of the decade has slowed considerably. Between 2008 and 2011, the number of out-of-school children of primary school age fell by only 3 million. That means that, at the current rate, the world is unlikely to meet the target of universal primary education by 2015.

Sub-Saharan Africa is home to more than half the world's out-of-school children. Between 2000 and 2011, the adjusted primary net enrolment rate increased from 60 per cent to 77 per cent. However, the region continues to face a rising demand for education from a growing population. In 2011, 32 million more children were of primary school age than in 2000.

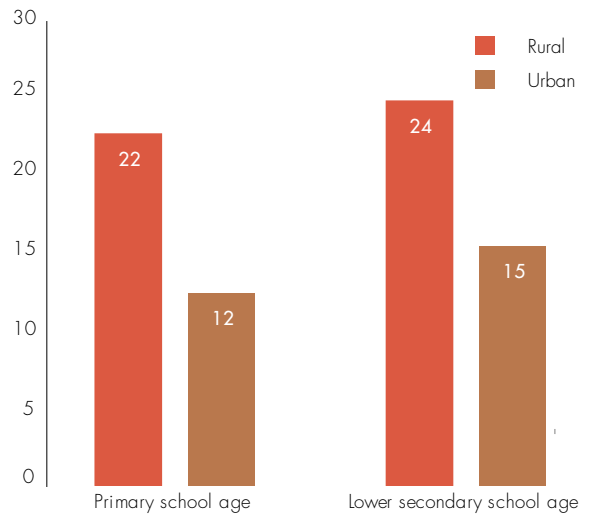
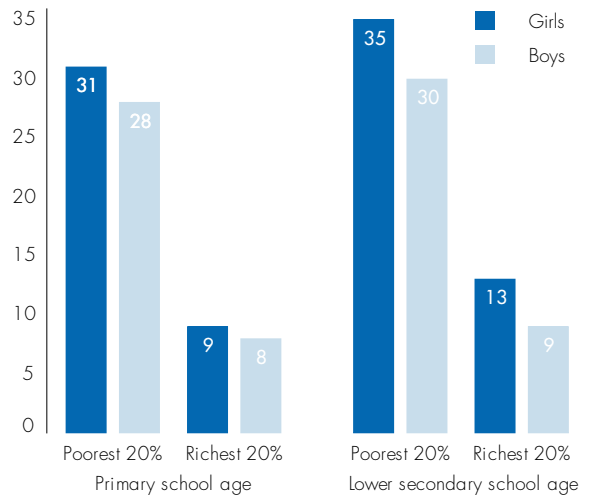
Considerable progress has also been made in Southern Asia, where the adjusted net enrolment rate of children of primary school age increased from 78 per cent to 93 per cent between 2000 and 2011. Almost half the reduction in the global number of children out of school can be attributed to this region, where the number of such children fell from a high of 38 million in 2000 to 12 million in 2011.

Number of out-of-school children of primary school age, 1990, 2000, 2005 and 2011 (Millions)



Poverty is a key factor keeping children out of school, but gender and place of residence also matter

Primary and lower secondary school age children out of school by household wealth, sex and urban and rural areas, 63 countries, 2005-2011 (Percentage)



Household poverty is the single most important factor keeping children out of school. This is one of the findings of an analysis of data collected through household surveys in 63 developing countries between 2005 and 2011. Children and adolescents from the poorest households are at least three times as likely to be out of school as their richest counterparts. Location of residence also matters. Rural children are nearly twice as likely to be out of school as urban children.

Across the 63 countries, girls are more likely to be out of school than boys among both primary and lower secondary age groups. The gender gap in school attendance widens in lower secondary education, even for girls living in better-off households.

One in four children who enter primary school will probably leave before reaching the last grade

Increased access to schooling is a necessary first step towards universal primary education. But children must also complete primary school to master, at a minimum, basic literacy and numeracy skills. Among the 137 million children who entered first grade in 2011, 34 million are likely to leave before reaching the last grade of primary school. This translates into an early school leaving rate of 25 per cent—the same level as in 2000. The persistence of early school leaving is a key obstacle to achieving universal primary education.

Sub-Saharan Africa has the highest rate of children leaving school early in the world: Slightly more than

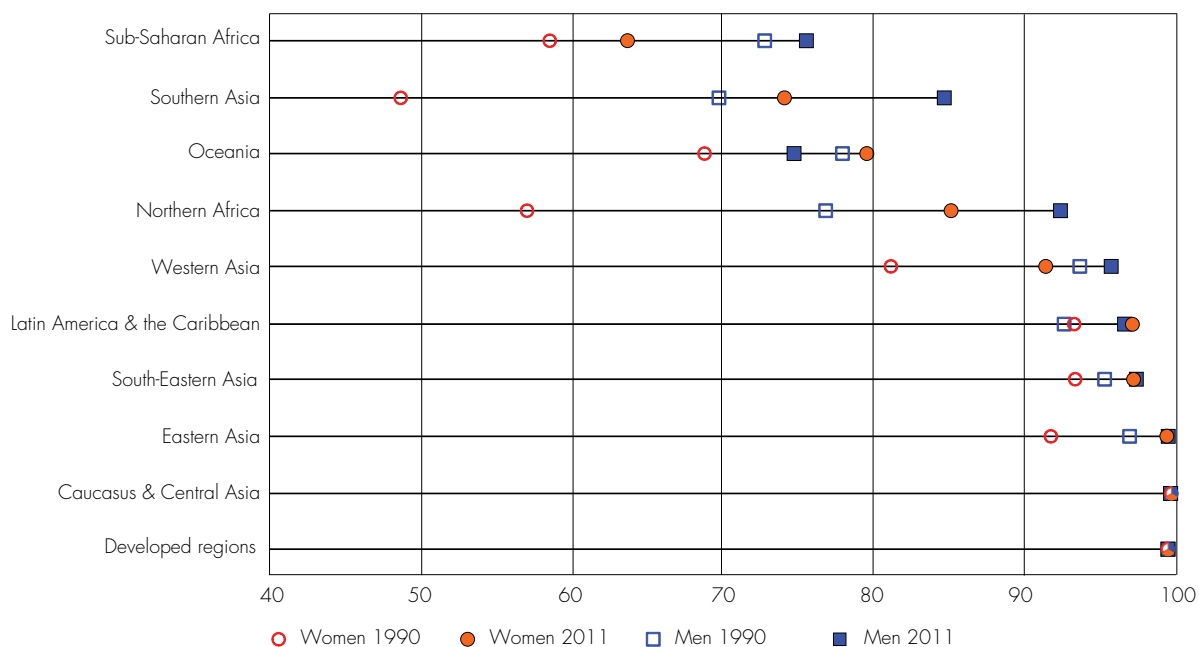
two out of five students who started primary school in 2010 will not make it to the last grade. In Southern Asia, one third of students enrolled in the first grade will leave school before reaching the last grade.

Children who start school late are more likely to drop out before completing their education. Data from household surveys in 22 developing countries (conducted between 2005 and 2010) show that 38 per cent of students starting primary school were at least two years older than the official entry age. Children from poorer households are more likely to delay the start of their education for a number of reasons, including poor health and nutrition and the risks associated with travelling long distances to school.

Girls are less likely to start school than boys, but once enrolled, they are more likely to reach the last grade of primary school, except in Western Asia and Eastern Asia. Boys tend to repeat grades more often than girls, which can increase the risk of leaving school early.

Literacy rates among adults and youth are on the rise, and gender gaps are narrowing

Youth literacy rate by region and by sex, 1990 and 2011 (Percentage)



Note: Data for 1990 refer to the period from 1985 to 1994. Data for 2011 refer to the period from 2005 to 2011.

Youth and adults both have made steady progress in literacy over the last two decades. In 2011, 84 per cent of the global adult population (aged 15 or older) were able to read and write. This represents an increase of 8 percentage points since 1990. The literacy rate for youth (aged 15 to 24) increased by 6 percentage points between 1990 and 2011. As a result, 89 per cent of young people globally have basic literacy and numeracy skills. Even so, 123 million young people are still unable to read or write.

The greatest increases in youth literacy rates between 1990 and 2011 were observed in Northern Africa (from 68 to 89 per cent) and Southern Asia (from 60 to 81 per cent). The literacy rate among young women is growing at a faster pace than that of young men: In Northern Africa, the female literacy rate rose 28 percentage points from 1990 to 2011, compared to 16 percentage points for young men over the same period. In Southern Asia, the literacy rate for young women and young men grew by 26 and 17 percentage points, respectively, over the same period. All regions are moving closer to the point at which male and female literacy rates are equal.

Since 1990, the literacy rate among adult women has risen by 10 percentage points versus 7 percentage points for men. Even so, women still represent two thirds of illiterate adults worldwide.

Global initiative seeks to improve learning outcomes

In 2012, the United Nations Secretary-General launched the Global Education First initiative to make education a development priority, with the objective of reaching every child and improving learning outcomes. Achieving gains in education will have an impact on all the Millennium Development Goals. Though access to education has improved worldwide, an estimated 250 million children of primary school age lack basic reading, writing and numeracy skills, whether in school or not. Robust measures of learning outcomes—both at the global and national levels—are crucial to improving education policy, ultimately leading to more successful learning.

To address the learning crisis, a Learning Metrics Task Force, representing education stakeholders globally, is developing recommendations on learning standards, metrics and implementation practices to help countries and international organizations measure and improve learning outcomes for children and youth. The work is led by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Brookings Institution.



Goal 3

Promote gender equality and empower women

Quick facts

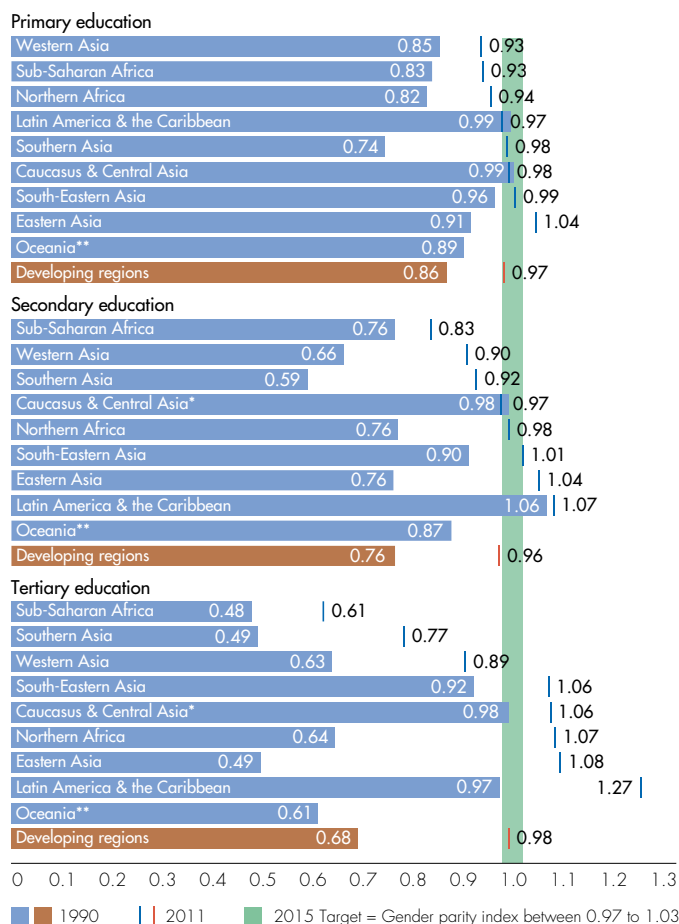
- Gender parity is closest to being achieved at the primary level; however, only 2 out of 130 countries have achieved that target at all levels of education.
- Globally, 40 out of 100 wage-earning jobs in the non-agricultural sector are held by women.
- As of 31 January 2013, the average share of women members in parliaments worldwide was just over 20 per cent.

TARGET 3.A

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

Steady progress has been made towards equal access of girls and boys to education, but more targeted action is needed in many regions

Gender parity index for gross enrolment ratios in primary, secondary and tertiary education in developing regions, 1990 and 2011



* Data for Caucasus & Central Asia refer to 1993.

** 2011 data for Oceania are not available.

In developing regions overall, the gender parity index (or GPI, defined as girls' school enrolment ratio in relation to boys' enrolment ratio) at each level of education is close to or in the range of 0.97 and 1.03, the accepted measure for parity. However, a closer look reveals significant gender disparities among regions in all levels of education.

Considerable progress has been made over time in primary education. But girls continue to face high barriers to schooling in Northern Africa, sub-Saharan Africa and Western Asia. In sub-Saharan Africa, the net enrolment rate for girls has risen substantially—from 47 per cent to 75 per cent between 1990 and 2011. Over the same period, the rate for boys rose from 58 per cent to 79 per cent. Although more girls are now in school in sub-Saharan Africa, only 93 girls are enrolled in primary school for every 100 boys.

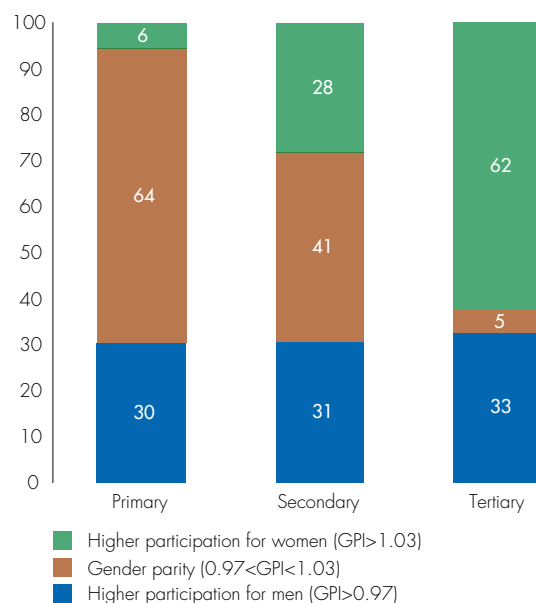
Eastern Asia is the only developing region where girls have greater access to primary school than boys. Other developing regions—the Caucasus and Central Asia, Latin American and the Caribbean, South-Eastern Asia and Southern Asia—are within the limits of gender parity with GPIs ranging between 0.97 and 1.03.

Gender disparities become more marked in secondary education. Girls continue to be at a disadvantage to boys in sub-Saharan Africa, Western Asia and Southern Asia. However, the latter two regions have made substantial gains, with the GPI in Southern Asia rising from 0.59 to 0.92 between 1990 and 2011. In Western Asia, the index rose from 0.66 to 0.90. The rate of change has been much slower in sub-Saharan Africa, with the GPI rising by just a few points, from 0.76 to 0.83, over the same period. Exceptions include Gambia, Ghana, Malawi and Senegal, which have made exceptional progress: Between 1990 and 2011, their GPIs rose from about 0.5 to 0.9.

Disparities are much greater at the tertiary level compared to lower levels of education. More women than men are enrolled in tertiary education in Latin America and the Caribbean, the Caucasus and Central Asia, Eastern Asia, Northern Africa and South-Eastern Asia. In contrast, young women are less likely than young men to pursue tertiary education in Western Asia and Southern Asia, with GPIs of 0.89 and 0.77, respectively. The situation is most extreme in sub-Saharan Africa, where the gender gap has actually widened, with the GPI falling from 0.66 to 0.61 between 2000 and 2011.

Gender disparities become more marked at higher levels of education, with girls not always at a disadvantage

Distribution of countries* by gender parity status in primary, secondary and tertiary education, 2011 (Percentage)



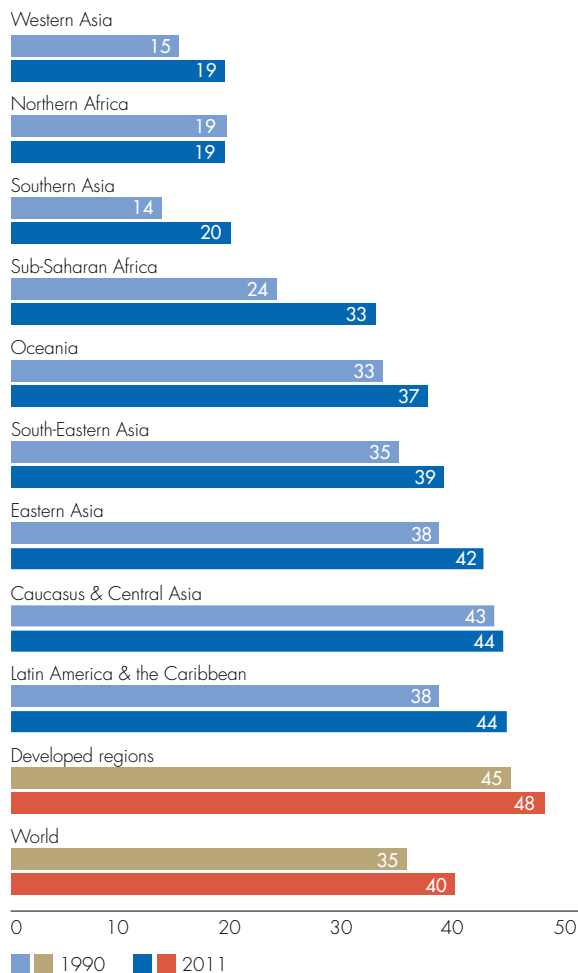
*Based on available data for 175 countries for primary education, 160 countries for secondary education and 141 countries for tertiary education. When data for 2011 were unavailable, the last available data during the period 2009-2012 were used.

Only two out of 130 countries with available data have reached the target of gender parity in all levels of education. An analysis of gender disparities in school participation at the country level shows that girls are not always at a disadvantage. But in general, disparities affecting girls are more extreme than those affecting boys. Girls in many countries are still being denied their right to education, especially at the primary and secondary level.

The overall picture changes at the tertiary level of education. In nearly two thirds of countries (62 per cent), enrolment of women at the highest levels of education exceeds that of men. In countries with low enrolment rates, men generally outnumber women. Yet the opposite is true in countries with high enrolment rates. In general, the most extreme gender disparities in tertiary education are found in countries with low levels of enrolment. Eight out of 10 countries with extreme gender disparities (GPI below 0.7) have gross enrolment ratios below 10 per cent.

Women are gaining ground in the labour market, though not in all regions and not in all areas of work

Employees in non-agricultural wage employment who are women, 1990 and 2011 (Percentage)



Women's access to paid employment is an indication of their integration into the market economy. As women benefit from more regular income, they are more likely to achieve greater autonomy, self-reliance in the household and in their personal development, and decision-making power.

Globally, 40 out of every 100 wage-earning jobs in the non-agricultural sector were held by women in 2011. This is a significant improvement since 1990, when only 35 out of 100 jobs were held by women. However, important differences can be observed among regions and countries. In Eastern Asia, the Caucasus and Central Asia, and Latin America and the Caribbean, parity in the number of women and men holding wage-earning jobs has been nearly achieved. But in six

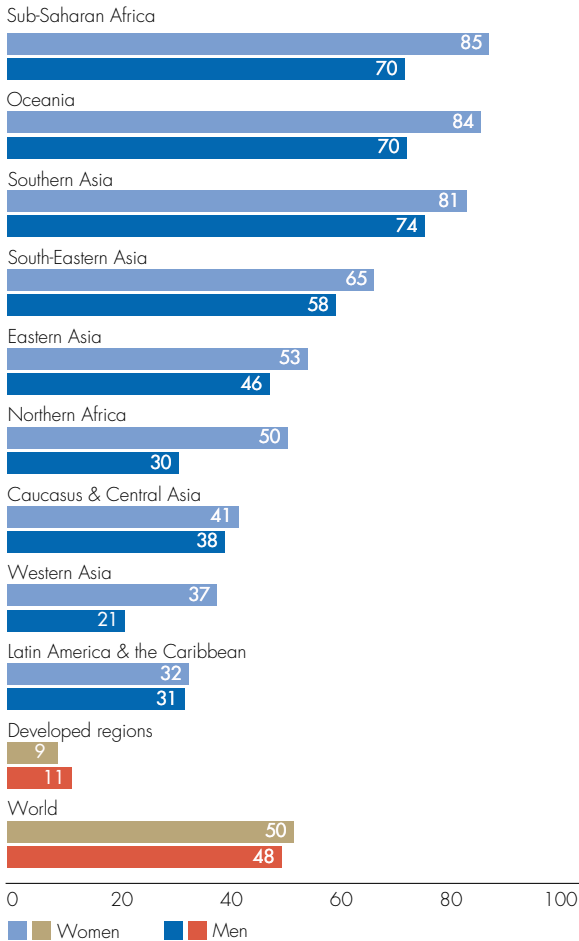


other developing regions, the share of women in non-agricultural wage employment was under 40 per cent. In Western Asia, Northern Africa and Southern Asia, it was under 20 per cent. Access to paid employment remains a distant target for women in these regions.

In the majority of countries, women's share in public sector employment is much higher (at least 5 percentage points) than in non-agricultural sectors. In fact, in many countries it exceeds 50 per cent. Women are, however, more likely to work in local rather than central government offices.

In every developing region, women tend to hold less secure jobs than men, with fewer social benefits

Proportion of own-account and contributing family workers in total employment, women and men, 2012* (Percentage)



* Data for 2012 are preliminary estimates.

Increases in income-earning opportunities for women do not mean they have secure, decent jobs. Nor does it mean they are on an equal footing with men. In fact, the data suggest that women in developing regions are more likely than men to work as contributing family workers—on farms or other family business enterprises or as own-account workers—with little or no financial security or social benefits.

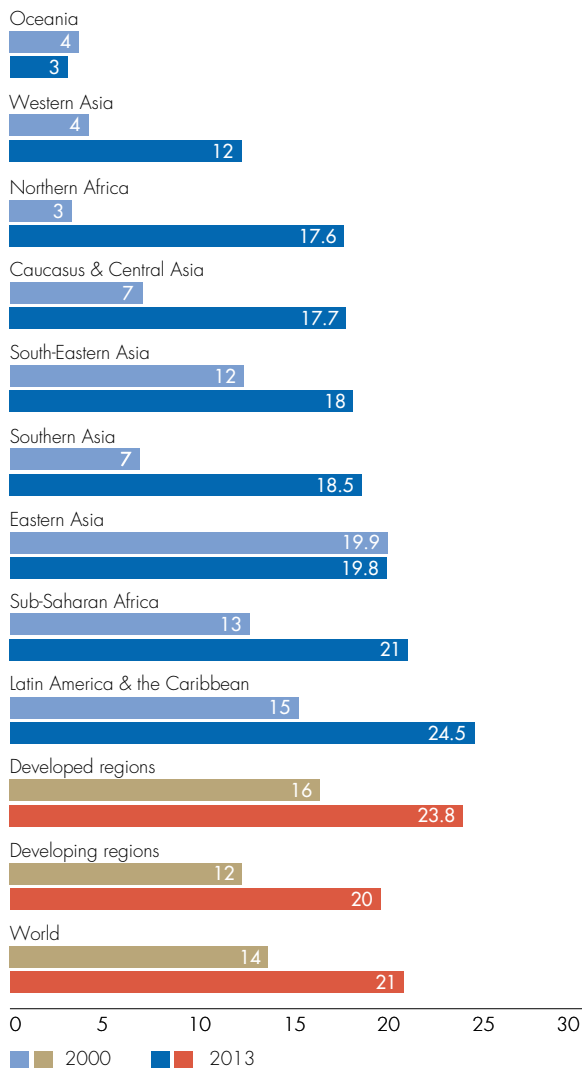
This type of gender gap is particularly evident in Western Asia and Northern Africa, where paid employment opportunities for women are limited. It is also high in sub-Saharan Africa and Oceania.

These gaps may be explained by a variety of factors, including regulations and practices governing work and family life. Women’s responsibilities in unpaid care work, the lack of childcare facilities and other social rights may also play a significant role in women’s non-participation in the labour force, in their occupational choices, and in their employment patterns.



Women are assuming more power in the world's parliaments, boosted by quota systems

Proportion of seats held by women in single or lower houses of national parliament, 2000 and 2013 (Percentage)



The year 2012 saw a rare annual increase of nearly one percentage point in the global number of women members of parliament (both lower and upper houses). As of 31 January 2013, the average share of women in parliament stood at 20.4 per cent, up from 19.6 per cent in January 2012. With the exception of 2007, the average annual rate of increase in recent years has been just 0.5 percentage points.

Only six parliamentary chambers in the world today have no women members: Haiti (upper house),

Micronesia, Nauru, Palau (lower house), Qatar and Vanuatu. This year began with an historic first for women: In 2013, women were appointed to Saudi Arabia's Shura Council for the first time. The 30 women members now account for 20 per cent of that country's parliament.

Among 22 of the 48 countries where elections were held in 2012, the use of either legislated or voluntary quotas (usually in combination with a proportional representation system) were largely responsible for the above-average increase in the number of women members of parliament. Where quotas have been legislated, women took 24 per cent of parliamentary seats; with voluntary quotas, they occupied 22 per cent of seats. Where no quotas were used, women took just 12 per cent of seats, well below the global average.

The highest electoral gains for women in 2012 were seen in Senegal, Algeria and Timor-Leste, with all three countries using legislated quotas for the first time. In Senegal, women took 43 per cent of parliamentary seats. With 32 per cent women members of parliament, Algeria is now the first and only Arab country to have surpassed the 30 per cent mark. In Timor-Leste, the number of women members of parliament increased by 11 percentage points, reaching 39 per cent.

While important, quotas in themselves are insufficient. Lessons learned from the 2012 elections show that political commitment to gender equality and ambitious measures to achieve it must be accompanied by sanctions for non-compliance. Furthermore, women candidates should be placed in winnable positions on party lists and political parties must be supportive. In terms of electoral systems, proportional representation with its use of party lists remains the best system for enforcing quotas. Proportional representation delivered a much higher percentage of women members of parliament (25 per cent) in 2012 than a majority/first-past-the-post system (14 per cent) or a mixture of the two systems (18 per cent).

Women's decision-making power at home leaves lots of room for improvement

Increasing women's decision-making power is not limited to their role in parliaments. Whether it is in the public or private sphere, women continue to be denied opportunities to participate in decisions that affect their lives. The suppression of women's voices in many spheres, whether deliberate or resulting from long-standing discriminatory social and cultural norms, contributes to the persistence of gender inequality and limits human development.

Over the past four decades, women's enrolment in tertiary education has grown nearly twice as fast as men's. As a result, women around the world now account for the majority of tertiary students in most countries. However, these gains have not translated fully into greater opportunities for women in the labour market. This is reflected in persistent gender wage gaps and women's underrepresentation in managerial jobs, among other areas. Research from 51 countries reveals that the proportion of women managers as a percentage of total managers in the private sector ranges from 10 per cent to 43 per cent, with the majority of countries falling between 20 per cent and 35 per cent.

It is widely recognized that increasing women's bargaining power within the household contributes to improvements in children's nutrition, survival rates and literacy. Yet recent surveys in a sample of 37 developing countries, mostly in Africa, show that women's decision-making power at home remains significantly lower than that of men when it comes to large household purchases, visiting family, relatives and friends, and women's own health.

Of all the decisions made at the household level, the majority of women are freer to decide when to visit family, relatives and friends and how to manage their own health. The situation is worse for women when it comes to money-related decisions, which are disproportionately concentrated in the hands of men. In the majority of countries in the sample, no more than 50 per cent of women report that they are given the opportunity to participate in the decision on large household purchases. These disparities are the direct result of differences between women and men in terms of their control over resources, including income and asset ownership. These, in turn, are determined by institutional factors such as laws and norms related to inheritance and property ownership, which, in many countries, tend to discriminate against women.



Goal 4

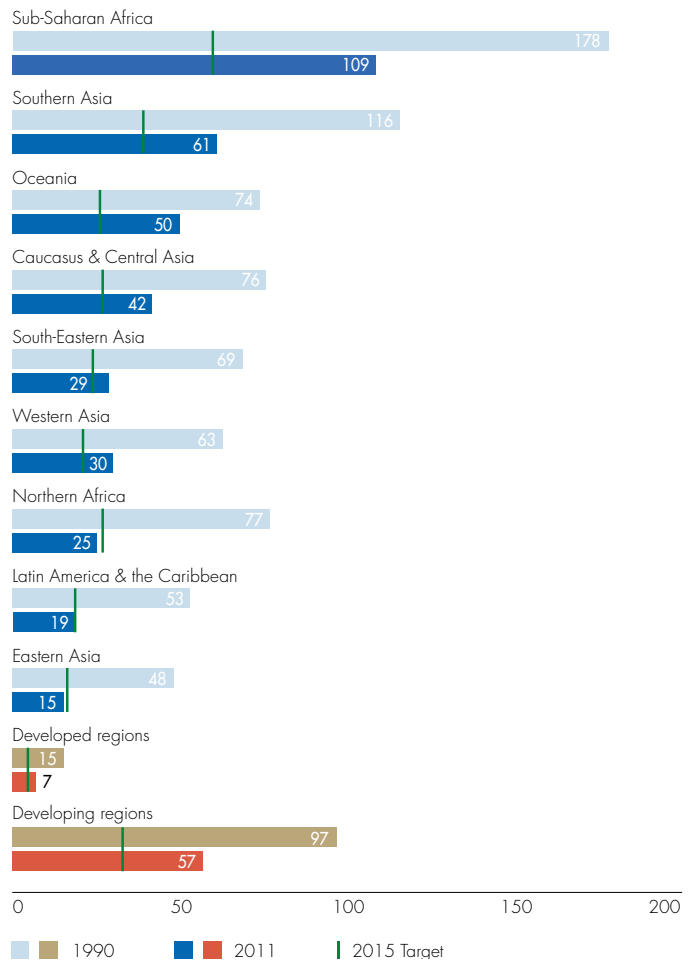
Reduce child mortality

TARGET 4.A

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

Big gains have been made in child survival, but efforts must be redoubled to meet the global target

Under-five mortality rate, 1990 and 2011 (Deaths per 1,000 live births)



Quick facts

- ▶ Since 1990, the child mortality rate has dropped by 41 per cent; 14,000 fewer children are dying each day.
- ▶ Still, 6.9 million children under age five died in 2011—mostly from preventable diseases.
- ▶ In sub-Saharan Africa, one in nine children die before age five, more than 16 times the average for developed regions.

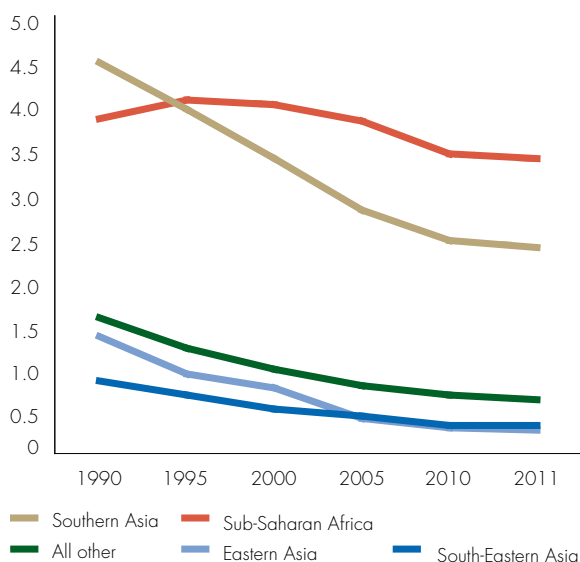
Worldwide, the mortality rate for children under five dropped by 41 per cent—from 87 deaths per 1,000 live births in 1990 to 51 in 2011. Despite this enormous accomplishment, more rapid progress is needed to meet the 2015 target of a two-thirds reduction in child deaths. In 2011, an estimated 6.9 million children—19,000 a day—died from mostly preventable diseases. The overwhelming majority of these deaths occurred in the poorest regions and countries of the world, and in the most underprivileged areas within countries.

Improvements in child survival are evident in all regions, led by Eastern Asia and Northern Africa, the only regions that have met the target so far. Latin America and the Caribbean, South-Eastern Asia and Western Asia have reduced their under-five mortality rate by more than 50 per cent. Sub-Saharan Africa and Southern Asia have achieved reductions of 39 per cent and 47 per cent, respectively.

Since the adoption of the MDGs in 2000, the rate of decline in under-five mortality has accelerated globally and in many regions. Sub-Saharan Africa—with the highest child death rate in the world—has doubled its average rate of reduction from 1.5 per cent a year in 1990–2000 to 3.1 per cent a year in 2000–2011. In sub-Saharan Africa but also other regions, countries with the highest child mortality rates are driving the downward trend: 45 out of 66 such countries have increased their rates of reduction over the previous decade. Still, the pace of change must accelerate even further, particularly in sub-Saharan Africa and Southern Asia, if the MDG target is to be met.

Increasingly, child deaths are concentrated in the poorest regions

Number of under-five deaths, by region, 1990-2011 (Millions)



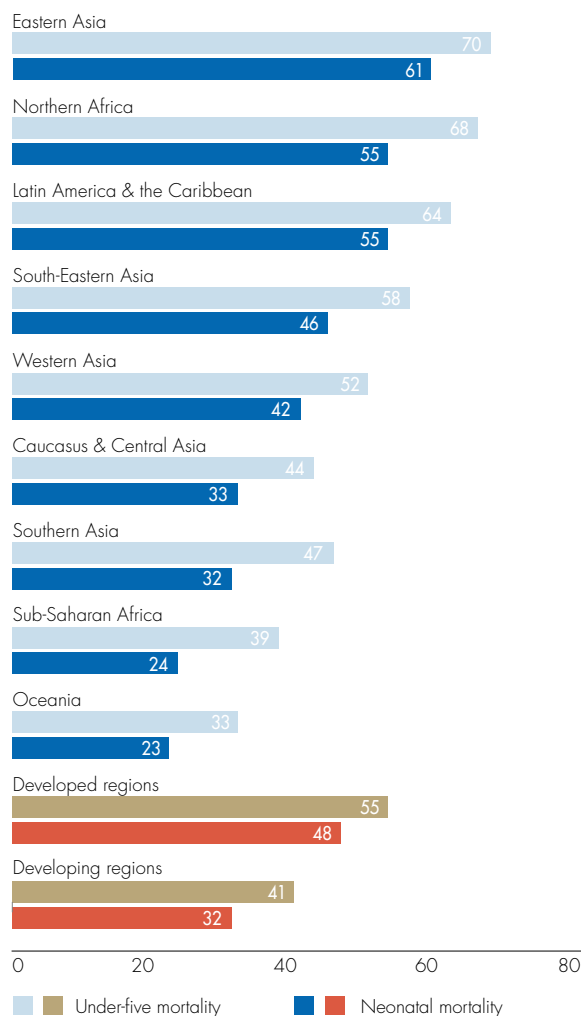
As under-five mortality rates fall in richer developing regions, the majority of child deaths are occurring in the poorest ones—sub-Saharan Africa and Southern Asia. In 2011, these two regions accounted for 5.7 million of the 6.9 million deaths in children under five worldwide. This represents 83 per cent of the global total in 2011, up from 69 per cent in 1990. Of the 24 countries with

an under-five mortality rate above 100 deaths per 1,000 live births in 2011, 23 are in sub-Saharan Africa; the other is in Southern Asia. In sub-Saharan Africa, 1 in 9 children die before age five; in Southern Asia, 1 in 16.

Despite steep challenges, a number of countries with very high rates of child mortality in 1990 have defied the odds, showing that progress for all children is within our grasp. Bangladesh and Liberia, for example, have achieved reductions in under-five mortality of at least two thirds since 1990. Ethiopia, Madagascar, Malawi, Niger and Rwanda in sub-Saharan Africa, and Bhutan and Nepal in Southern Asia, have seen reductions of at least 60 per cent.

Newborns in their first month of life now account for a growing share of child deaths

Declines in under-five and neonatal mortality rates, 1990-2011 (Percentage)



A growing proportion of child deaths occur at or around the time of birth, a clear sign that child survival efforts must focus on the precarious first month of life. Over the past two decades, mortality in children under five has declined by 2.5 per cent a year, compared to the much slower rate of 1.8 per cent a year for newborns in their first month. As a result, the share of neonatal deaths among under-five mortality worldwide has grown from about 36 per cent in 1990 to 43 per cent in 2011.

The same trend is observed in all regions. In Eastern Asia, for instance, which has made the most rapid progress in reducing under-five mortality overall, neonatal deaths constituted 57 per cent of all child deaths in 2011. In Latin America and the Caribbean and Southern Asia, they accounted for more than half of under-five deaths. Sub-Saharan Africa, which accounts for 38 per cent of neonatal deaths globally, has the highest neonatal mortality rate (34 deaths per 1,000 live births in 2010) and has recorded, along with Oceania, the least improvement over the past two decades. The health of infants in the first month of life will need to be addressed more effectively if progress on child mortality overall is to continue at a rapid pace.

Meeting the target by 2015 will require greater focus and a renewed commitment to reaching the most vulnerable children

If the MDG target is to be met, efforts must concentrate on those countries and regions where the most child deaths occur and where child death rates are highest. India and Nigeria, for example, account for more than a third of all deaths in children under five worldwide, while countries such as Sierra Leone and Somalia have under-five mortality rates of 180 or more per 1,000 live births. Of 49 countries in sub-Saharan Africa, only eight (Botswana, Cape Verde, Ethiopia, Liberia, Madagascar, Mali, Nigeria and Rwanda) are expected to achieve the MDG target if current trends continue.

At the same time, systematic action is required to target the main causes of child death (pneumonia, diarrhoea, malaria and undernutrition) and the most vulnerable children. This includes a stronger focus on neonatal mortality, which is now a driving factor in child mortality overall. Simple, cost-effective interventions such as postnatal home visits have proven effective in saving newborn lives.

Emerging evidence has shown alarming disparities in under-five mortality within countries, and these inequities must be addressed. Children born into

the poorest households are almost twice as likely to die before age five as their wealthiest counterparts. Poverty is not the only divider, however. Children are also at greater risk of dying before age five if they are born in rural areas or to a mother denied basic education. A context of violence and political fragility adds to a child's vulnerability. Eight of the 10 countries with the world's highest under-five mortality rates are marked by conflict or violence or are characterized by weak central governments.

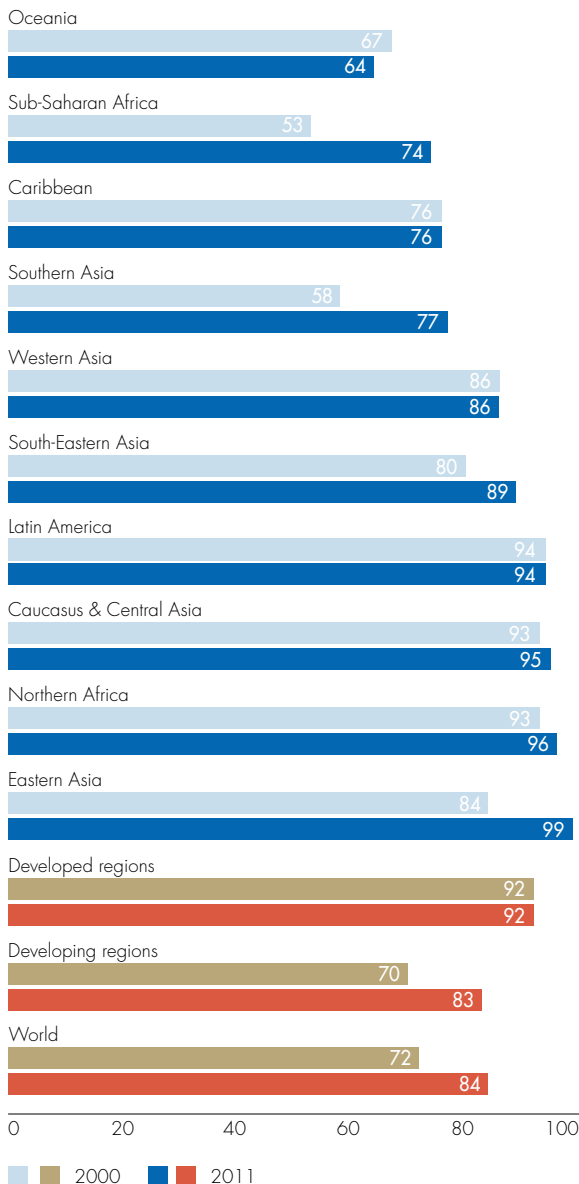
MDG monitoring highlights the continuing need for reliable data

Monitoring through the MDGs has drawn global attention to the problem of child mortality, established targets for its reduction, and informed policymakers about the impact of their actions. Yet in many developing countries, complete vital registration systems, the best source of monitoring data, are lacking. Continued efforts are needed by countries and international agencies to strengthen statistical capacity and to fill data gaps through a wide variety of household surveys.

Monitoring is central to 'A Promise Renewed', a global call to action to end preventable child deaths by 2035. The initiative, launched in 2012 by the United Nations Children's Fund (UNICEF) and the United States Agency for International Development (USAID), has already been endorsed by 179 countries. As part of their pledge, governments and partners from civil society, the United Nations and the private sector are working together to strengthen the monitoring and reporting of child survival within and among countries. The availability of accurate, timely data is critical to strengthening accountability for global commitments made on behalf of children.

Since 2000, measles vaccines have averted over 10 million deaths, but continued progress is uncertain

Proportion of children in the appropriate age group who received at least one dose of measles-containing vaccine, 2000 and 2011 (Percentage)



An estimated 10.7 million deaths were averted from 2000 to 2011 due to immunizations against measles. In 2011, the disease killed 158,000 people, mostly children under five, far less than the estimated 548,000 measles deaths in 2000. Still, these deaths were preventable.

Measles vaccination rates have increased in most regions, particularly in sub-Saharan Africa and Southern Asia, where the disease has taken its harshest toll. However, outbreaks in these two regions continue. This is due in part to weak routine immunization systems and delayed implementation of accelerated disease control, which have contributed to stalled momentum towards regional and global measles control and elimination targets. In 2011, 90 per cent of all measles deaths occurred in sub-Saharan Africa and Southern Asia.

Measles can be prevented with two doses of a safe, effective and inexpensive vaccine. Between 2000 and 2011, global coverage of the first-dose measles vaccine increased from 72 per cent to 84 per cent. Over the same period, it rose from 53 per cent to 74 per cent in sub-Saharan Africa, with similar progress in Southern Asia. Impressive as they are, these gains remain fragile and insufficient. The recommended first-dose coverage levels of at least 90 per cent nationally and at least 80 per cent in all districts were not achieved. Some 20.1 million infants—many of whom are among the poorest, most marginalized children on earth—did not receive even a first-dose of measles vaccine in 2011. Measles immunization remains a key strategy in reducing child mortality. Stronger political and financial commitment is needed to control and prevent this deadly disease, in accordance with the 2010 World Health Assembly.



Goal 5

Improve maternal health

Quick facts

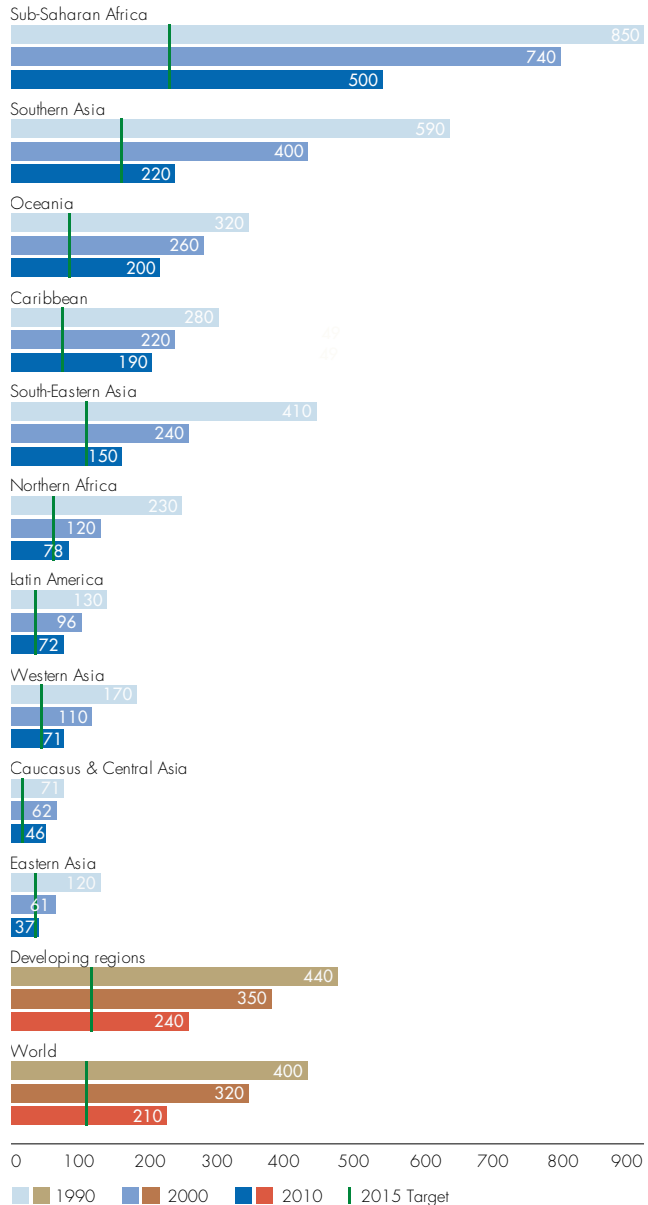
- ▶ In Eastern Asia, Northern Africa and Southern Asia, maternal mortality has declined by around two thirds.
- ▶ Only half of pregnant women in developing regions receive the recommended minimum of four antenatal care visits.
- ▶ Some 140 million women worldwide who are married or in union say they would like to delay or avoid pregnancy, but are not using contraception.

TARGET 5.A

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

Maternal mortality has declined by nearly half since 1990, but falls far short of the MDG target

Maternal mortality ratio, 1990, 2000 and 2010 (Maternal deaths per 100,000 live births, women aged 15-49)

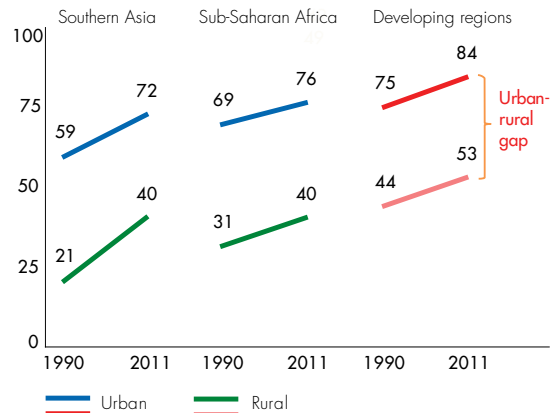


Globally, the maternal mortality ratio declined by 47 per cent over the past two decades, from 400 maternal deaths per 100,000 live births in 1990 to 210 in 2010. All regions have made progress, with the highest reductions in Eastern Asia (69 per cent), Northern Africa (66 per cent) and Southern Asia (64 per cent). Meeting the MDG target of reducing the ratio by three quarters will require accelerated interventions, including improved access to emergency obstetric care, assistance from skilled health personnel at delivery and the provision of antiretroviral therapy to all pregnant women who need it.

Nearly 50 million babies worldwide are delivered without skilled care

Giving birth with the assistance of a skilled and supported attendant (doctor, nurse or midwife) can reduce the risk of preventable death or disability. A birth attendant with the necessary training and medicines can administer aid to prevent or manage life-threatening complications, such as heavy bleeding, or refer a patient to a higher level of care. In developing regions, the proportion of deliveries attended by skilled personnel rose from 55 per cent in 1990 to 66 per cent in 2011. Still, in about 46 million of the 135 million live births in 2011, women delivered alone or with inadequate care. Wide disparities are found among regions in the level of skilled attendance at birth—ranging from nearly universal in Eastern Asia and the Caucasus and Central Asia (100 per cent and 97 per cent, respectively) to a low of about 50 per cent in Southern Asia and sub-Saharan Africa, the regions with the highest levels of maternal mortality.

Proportion of deliveries attended by skilled health personnel, urban and rural areas, 1990 and 2011 (Percentage)



Women who give birth in rural areas are still at a disadvantage in terms of the care they receive. In 1990, 44 per cent of deliveries in rural areas of the developing world were attended by skilled personnel, versus 75 per cent in urban areas. By 2011, coverage by skilled birth attendants increased overall, but the urban-rural gap persisted: More than half (53 per cent) of women in rural areas received skilled attendance at delivery, versus 84 per cent in urban areas. In sub-Saharan Africa and Southern Asia, the gaps were even larger.



TARGET 5.B

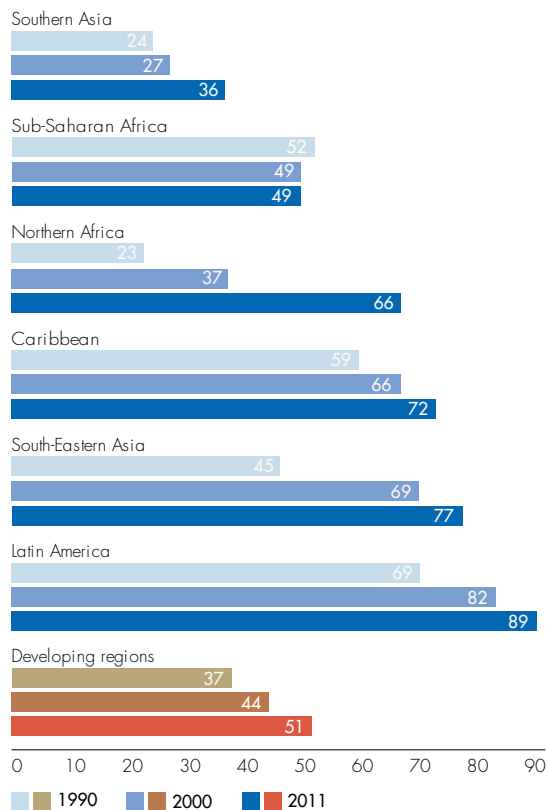
Achieve, by 2015, universal access to reproductive health

Health care during pregnancy can save lives, but only half of women in developing regions receive the recommended amount of care

Good quality care during pregnancy is fundamental to the health, well-being and survival of mothers and their babies. In developing regions, coverage of antenatal care (at least one visit with a doctor, nurse or midwife during pregnancy) increased from 63 per cent to 81 per cent from 1990 to 2011. Southern Asia, Northern Africa and Western Asia made the most progress over the past decade, while regions such as the Caribbean, Eastern Asia, Latin America and South-Eastern Asia have already achieved coverage rates of 90 per cent or more.

The World Health Organization has recommended a minimum of four antenatal care visits to ensure the well-being of mothers and newborns. These visits should include tetanus toxoid vaccination, screening and treatment for infections, and the identification of warning signs during pregnancy. Pregnant women are also tested for HIV; if positive, they receive help and guidance in living with the virus and avoiding transmission to their babies. In countries where malaria is endemic, pregnant women should also receive intermittent treatment to prevent the disease, thereby averting adverse outcomes for mother and baby if infected during pregnancy.

Proportion of women aged 15-49 attended four or more times by any provider during pregnancy, 1990, 2000 and 2011 (Percentage)



Antenatal care can save lives. Yet in developing regions overall, only half of all pregnant women receive the minimum recommended number of antenatal visits (four). Regions such as Northern Africa and South-Eastern Asia showed substantial progress during the past two decades in improving coverage of antenatal care, while Southern Asia and sub-Saharan Africa lagged behind. In 2011, only 36 per cent of pregnant women in Southern Asia and 49 per cent in sub-Saharan Africa received at least four antenatal care visits during their latest pregnancy. Care can vary in terms of quality, a dimension that is hard to measure and is not reflected in the data. Monitoring is required to ensure high-quality antenatal care that actually contributes to improved pregnancy outcomes.

Over half of married women in most developing regions are using some form of family planning

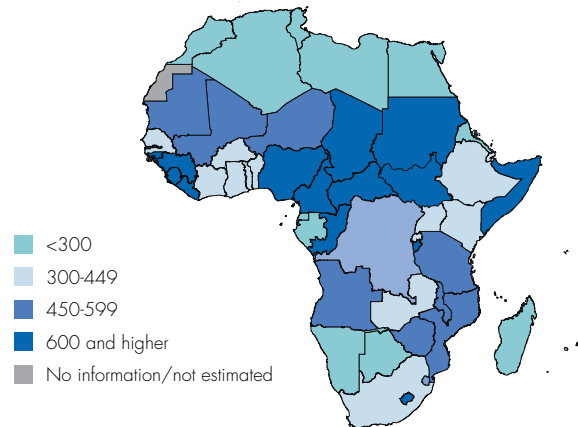
Expanding access to information, counselling and supplies for a wide range of contraceptive methods is essential to meeting the target of universal access to reproductive health. In 2011, an average of 62 per cent of women in developing regions who were married or in union were using some form of contraception. When sub-Saharan Africa and Oceania are excluded, at least 50 per cent of such women in all regions were using contraception.

Worldwide, 9 in 10 women of reproductive age who are married or in union and using contraceptives rely on modern methods. In developing regions, the contraceptive methods with the highest prevalence are female sterilization and the IUD, which together account for more than half of all contraceptive use. Distinct regional patterns are observed. For example, female sterilization dominates in Southern Asia while injectables are most common in Eastern Africa and Southern Africa.

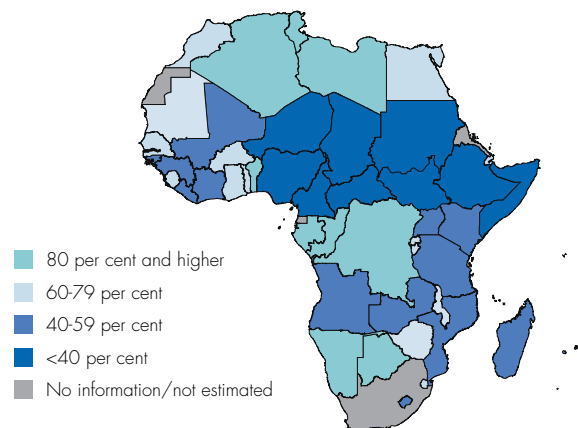
African countries show wide disparities in maternal and reproductive health, emphasizing the need to expand effective interventions

Contraceptive use supports maternal and reproductive health by averting unintended and closely spaced pregnancies and reducing unsafe abortions. Not surprisingly, maternal mortality in Africa tends to be lower in countries where levels of contraceptive use and skilled attendance at birth are relatively high. These countries are mostly found in Northern Africa and Southern Africa. Sub-Saharan Africa as a whole has the world's highest maternal mortality ratio, contraceptive prevalence of only 25 per cent, and low levels of skilled attendance at birth.

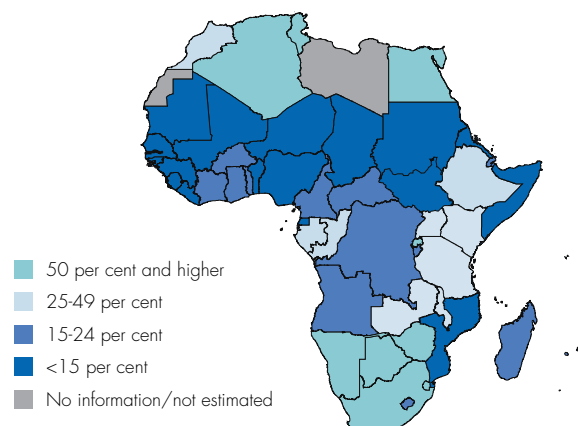
Maternal mortality ratio, 2010 (Maternal deaths per 100,000 live births, women aged 15-49)



Proportion of deliveries attended by skilled health personnel, most recent survey (2006-2012) (Percentage)

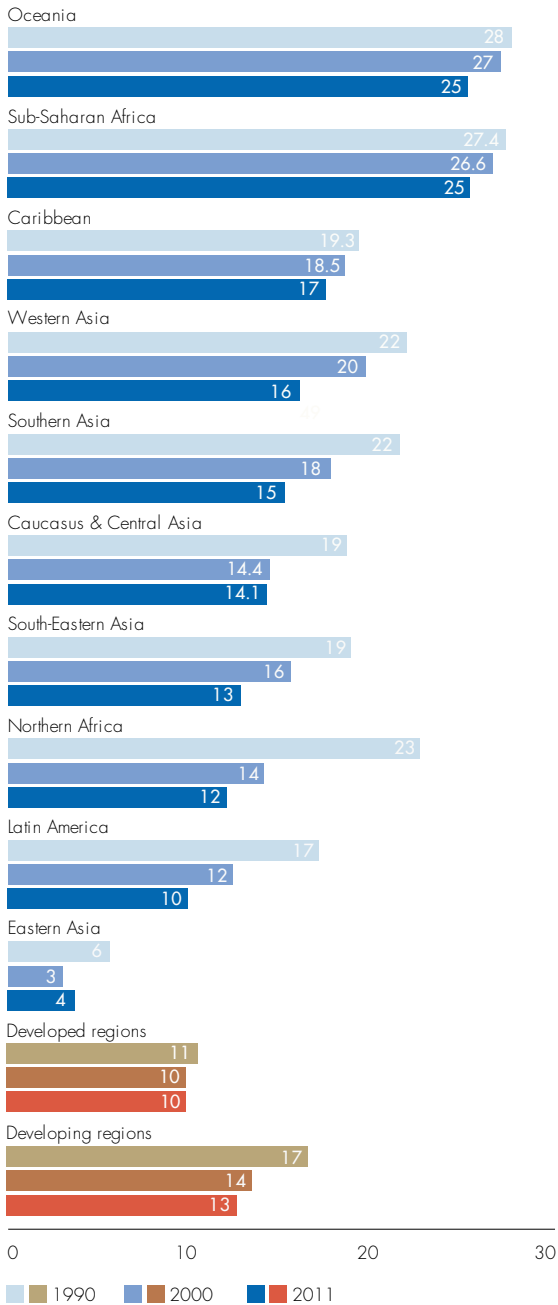


Proportion of women aged 15-49, married or in union, who are using any method of contraception, most recent survey (2000-2012) (Percentage)



The need for family planning is slowly being met for more women, but demand is increasing at a rapid pace

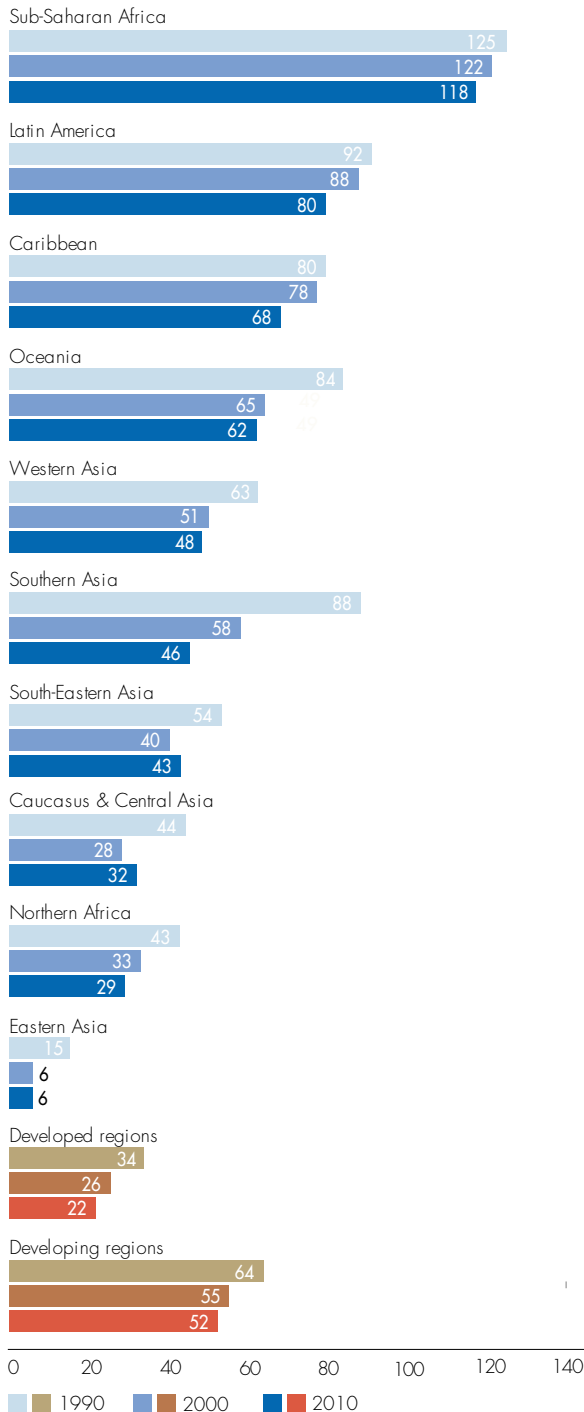
Proportion of women aged 15-49, married or in union, who have an unmet need for family planning, 1990, 2000 and 2011 (Percentage)



As contraceptive prevalence has increased, the unmet need for family planning—defined as the percentage of women aged 15 to 49, married or in union, who report the desire to delay or avoid pregnancy but are not using any form of contraception—has declined overall. Worldwide, unmet need for family planning dropped from 15 per cent in 1990 to 12 per cent in 2011, driven by progress in developing regions. Current levels of unmet need range from a low of 4 per cent in Eastern Asia to a high of 25 per cent in Oceania and sub-Saharan Africa. This translates into more than 140 million women (married or in union) who would like to delay or avoid pregnancy, but are not using contraception. By 2015, total demand for family planning among married women is projected to grow to more than 900 million, mostly due to population growth. This is one indication of the unfinished agenda in reproductive health and the scale of efforts needed to keep pace with the demand for contraceptives, especially more effective modern methods.

Adolescent childbearing is risky for both mother and child, and remains at very high levels in many developing regions

Number of births to women aged 15-19, 1990, 2000 and 2010 (per 1,000 women)



Early childbearing heightens risks for both mothers and their newborns. Although progress has been made in reducing the birth rate among adolescents, more than 15 million out of 135 million live births worldwide are among women between the ages of 15 and 19. In all regions, the adolescent birth rate decreased between 1990 and 2010, with the most dramatic progress in Southern Asia. The highest birth rate among adolescent girls aged 15 to 19 is in sub-Saharan Africa (118 births per 1,000 girls), which has made the least progress since 1990, both in relative terms and absolute numbers. Child marriage (before age 18) is still common in this region and is closely associated with adolescent childbearing. In Latin America and the Caribbean as well, the adolescent birth rate remains high and has only recently begun to decline. The problem is exacerbated by the fact that adolescent girls, in general, face greater barriers than adult women in accessing reproductive health services.



Goal 6

Combat HIV/AIDS, malaria and other diseases

Quick facts

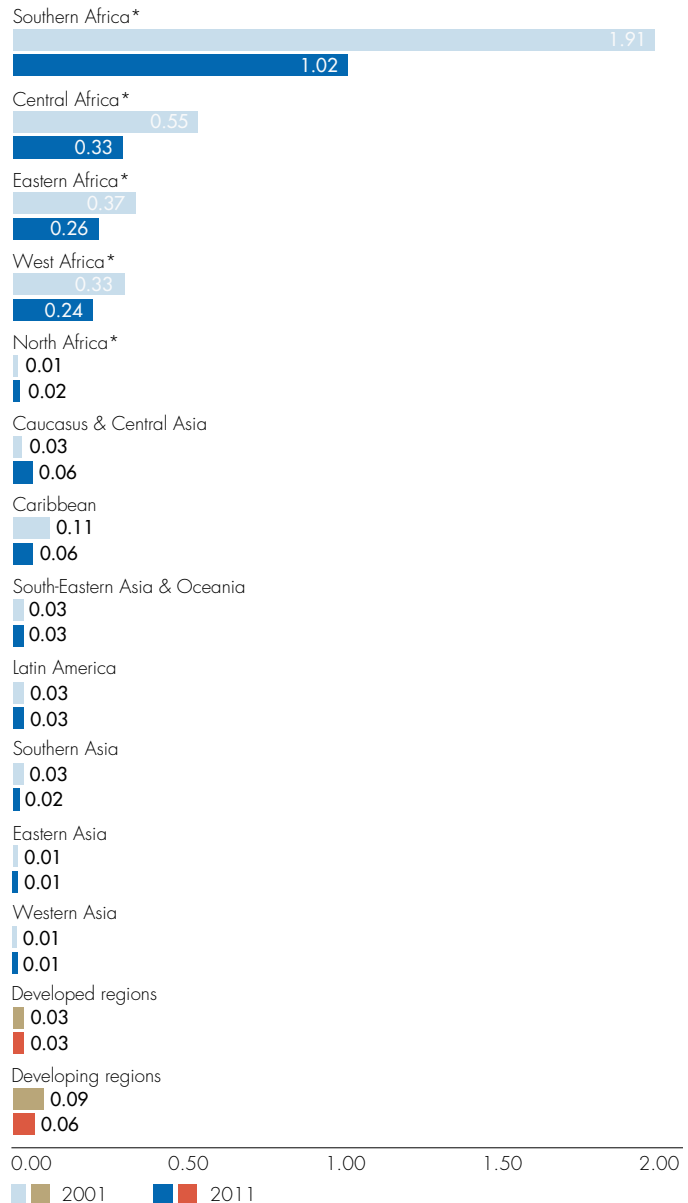
- ▶ In 2011, 230,000 fewer children under age 15 were infected with HIV than in 2001.
- ▶ Eight million people were receiving antiretroviral therapy for HIV at the end of 2011.
- ▶ In the decade since 2000, 1.1 million deaths from malaria were averted.
- ▶ Treatment for tuberculosis has saved some 20 million lives between 1995 and 2011.

TARGET 6.A

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

The incidence of HIV is declining steadily in most regions; still, 2.5 million people are newly infected each year

HIV incidence rate (Estimated number of new HIV infections per year per 100 people aged 15-49), 2001 and 2011



* The composition of the five subregions in Africa is shown on page 59 in the section on regional groupings.

Worldwide, the number of people newly infected with HIV continues to fall, dropping 21 per cent from 2001 to 2011. Still, an estimated 2.5 million people were infected with HIV in 2011—most of them (1.8 million) in sub-Saharan Africa. Over a decade, new infections in that region fell by 25 per cent. They dropped by 43 per cent in the Caribbean, the sharpest decline of any region, resulting in an estimated 13,000 new infections in 2011.

Despite progress overall, trends in some regions are worrisome. In the Caucasus and Central Asia, for example, the incidence of HIV has more than doubled since 2001. An estimated 27,000 people were newly infected in that region in 2011.

About 820,000 women and men aged 15 to 24 were newly infected with HIV in 2011 in low- and middle-income countries; more than 60 per cent of them were women. Young women are more vulnerable to HIV infection due to a complex interplay of physiological factors and gender inequality. Because of their low economic and social status in many countries, women and girls are often at a disadvantage when it comes to negotiating safer sex and accessing HIV prevention information and services.

As treatment is scaled up, fewer people are dying of AIDS and more people are living with HIV than ever before

New HIV infections peaked in 1997. Since that time, the scaling up of antiretroviral therapy and a decline in new infections has meant that fewer people are dying from AIDS-related causes. This decline in AIDS-related mortality continued in 2011 and even accelerated in a number of countries. In 2011, an estimated 1.7 million people died from AIDS, a decline of 25 per cent since 2005, when deaths from the epidemic were at their highest level.

The number of new HIV infections has significantly exceeded the number of AIDS-related deaths in all years of monitoring. As a result, more people are living with HIV than ever before. Globally, an estimated 34 million people were living with HIV at the end of 2011, 4.7 million more than in 2001. An estimated 0.8 per cent of adults (aged 15 to 49) worldwide are infected, although the burden of the epidemic varies widely among countries and regions.

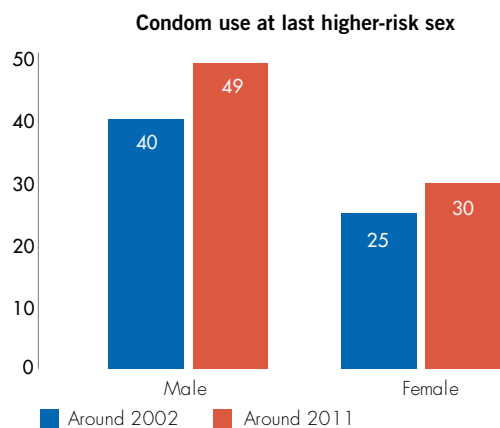
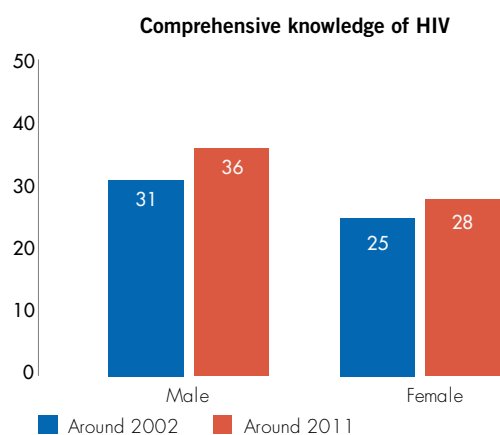
Sub-Saharan Africa remains the most severely affected. In that region, nearly 1 in every 20 adults are infected, accounting for 69 per cent of the people living with HIV worldwide. Although HIV prevalence

rates are nearly 25 times higher in sub-Saharan Africa than in Asia, almost 5 million people are living with HIV in South, South-Eastern and Eastern Asia combined. After sub-Saharan Africa, the region most heavily affected is the Caribbean, where 1 per cent of adults were living with HIV in 2011.



Knowledge about HIV among young people falls far short of the global target

Proportion of women and men aged 15-24 in sub-Saharan Africa with comprehensive knowledge of HIV transmission and reporting condom use at last higher-risk sex, around 2002 and 2011 (Percentage)



The overwhelming majority of new HIV infections are transmitted through sex. A basic understanding of HIV and how it spreads is fundamental to behaviour changes that promote safer sex. Yet levels of such knowledge among young people are appallingly low, especially in the worst-affected region. In sub-Saharan Africa, only 28 per cent of young women and 36 per cent of young men have a comprehensive and correct knowledge of HIV, an increase of only 3 percentage points and 5 percentage points, respectively, in almost a decade. Recent surveys in countries with generalized epidemics show that, in most of these countries, less

than 50 per cent of young women and men have a basic understanding of HIV. This falls far short of the 95 per cent target agreed to in 2001 at the United Nations General Assembly Special Session on HIV/AIDS.

Condoms are one of the most efficient means available to reduce sexual transmission of HIV, and their use has increased in several countries with high HIV prevalence. In sub-Saharan Africa, almost 50 per cent of men aged 15 to 24 used condoms the latest time they had sex with a non-regular partner, according to surveys conducted around 2011. This represents an increase of 9 percentage points since the period around 2002. Condom use among young women in the same age group increased from 25 per cent to 30 per cent over the same period. That said, use of condoms has decreased in several countries with adult HIV prevalence levels greater than 1 per cent, according to nationally representative surveys. They include Benin, Burkina Faso, Côte d'Ivoire and Uganda.

More orphaned children are now in school due to expanded efforts to mitigate the impact of AIDS

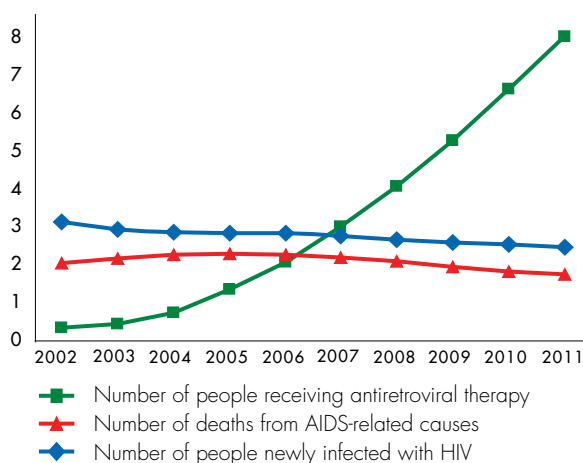
The number of children who have lost one or both parents to AIDS remains staggeringly high. In 2011, the global tally rose to 17.3 million; almost all of these children (16 million) live in sub-Saharan Africa. Over the past five years, measures to mitigate the impact of AIDS on households, communities and children have been expanded by national programmes and global partners. These investments have led to significant advances in social and health outcomes among children, including near parity in school attendance of orphans and non-orphans aged 10 to 14 years.

TARGET 6.B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Universal access to antiretroviral therapy is within reach, but will require sustained political support

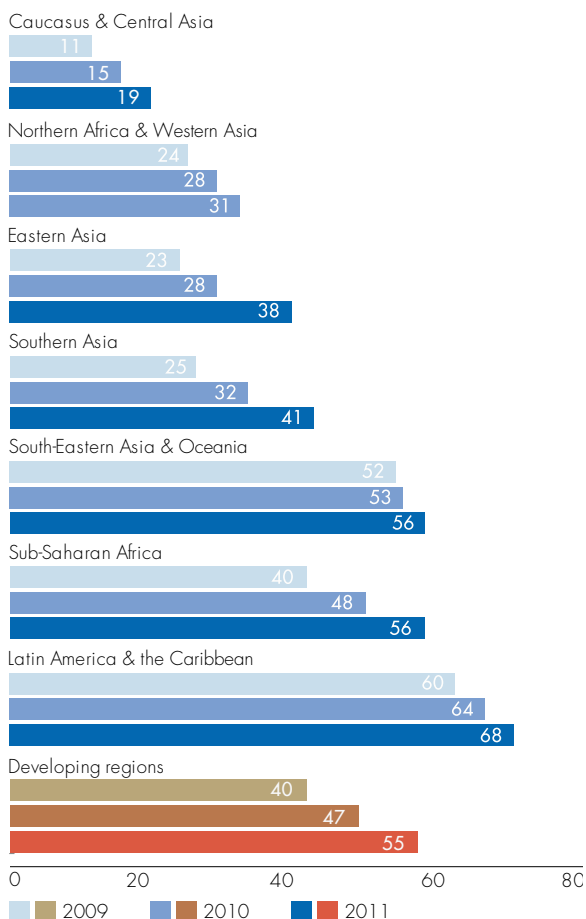
Number of people receiving antiretroviral therapy, number of deaths from AIDS-related causes, and number of people newly infected with HIV, developing regions, 2002-2011 (Millions)



At the end of 2011, 8 million people in developing regions were receiving antiretroviral medicines for HIV or AIDS. This represents an increase of about 1.4 million people from December 2010, which comes on top of similar gains in previous years. At the current rate of increase, close to 15 million people may be receiving this life-sustaining treatment by the end of 2015, the goal agreed to at the United Nations High-Level Meeting on AIDS held in June 2011.

Despite this progress and a positive outlook, the MDG target of universal access to antiretroviral therapy for all who need it by 2010 was missed: At the end of 2011, only 55 per cent of the 14.4 million people in developing countries in need of treatment received it. Furthermore, it is now recommended that antiretroviral medicines be used earlier and more widely for clinical benefits among certain populations. This includes lifelong treatment for all pregnant women who are HIV-positive. As a result, the number of people eligible for therapy is rising, widening the gap between those who need and actually receive treatment. Reaching the goal of universal access to antiretroviral therapy requires sustained political momentum and increased efficiency and effectiveness in the global response to AIDS.

Proportion of people living with HIV who are receiving antiretroviral therapy*, 2009, 2010 and 2011 (Percentage)



* Antiretroviral therapy coverage is measured among people living with HIV with a CD4 cell count at or below 350 cells/mm³.

Most regions made significant progress in providing a growing share of eligible populations with antiretroviral therapy. At the end of 2011, 11 countries, including five with generalized HIV epidemics (Botswana, Namibia, Rwanda, Swaziland and Zambia) and six with low and concentrated epidemics (Cambodia, Cuba, Dominican Republic, Fiji, Guyana and Mexico) had achieved universal access, commonly understood as the provision of antiretroviral therapy to at least 80 per cent of the people who need it. Yet elsewhere, most developing countries are far from achieving that goal.

Access to antiretroviral therapy varies by sex and age. In 2011, coverage was higher among women (63 per cent) than men (46 per cent). An estimated 560,000 children under age 15 were receiving treatment at the end of 2011. However, this represented only about 28 per cent of all eligible children under age 15 in developing regions that year.

Without treatment, approximately one third of children born to women living with HIV will become infected with the virus in the womb, at birth or through breastfeeding. This risk can be greatly reduced by treating an expectant mother with effective

antiretroviral medicines. An estimated 57 per cent of pregnant women in developing regions in need of such treatment received it in 2011. Sub-Saharan Africa is home to about 93 per cent of the 1.5 million pregnant women who should be receiving antiretroviral drugs.

TARGET 6.C

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

More than 1 million deaths from malaria were averted over the last decade, but renewed commitment is needed to sustain gains

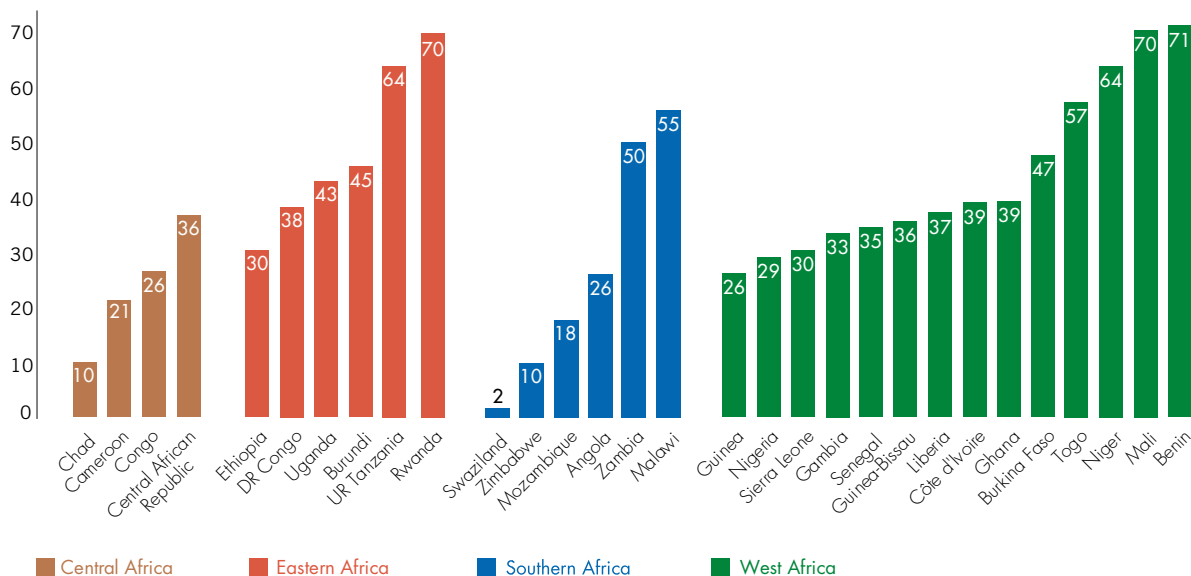
Between 2000 and 2010, mortality rates from malaria fell by more than 25 per cent globally. An estimated 1.1 million malaria deaths were averted over this period, with more than half of those lives saved in the 10 countries with the highest malaria burden. By 2011, 50 of 99 countries with ongoing malaria transmission were on track to reduce their malaria case incidence rates by 75 per cent by 2015. These reductions constitute major achievements in the global fight against malaria. But sustaining these gains will take extra effort and renewed commitment from the international community.

Young children are most likely to succumb to the disease: In 2010, about 219 million cases of malaria

worldwide led to some 660,000 deaths; over 80 per cent of them were among children under five. Together, the Democratic Republic of the Congo and Nigeria account for over 40 per cent of the estimated number of malaria deaths worldwide. Malaria continues to be a disease of poverty. Within countries, the prevalence of malaria infections in children under five is highest among the poor and those living in rural areas.

Sleeping under an insecticide-treated mosquito net is the most effective way to prevent malaria transmission. Over the past decade, substantial progress has been made across sub-Saharan Africa in scaling up both household ownership and use of insecticide-treated nets (use is estimated at 90 per cent among households

Proportion of children under age five sleeping under insecticide-treated mosquito nets, African countries, by regions*, 2010-2012 (Percentage)



* The composition of the four subregions in Africa is shown on page 59 in the section on regional groupings.

with access to them). By 2011, over a third of children under five slept under insecticide-treated mosquito nets, up from less than 5 per cent in 2000. However, large disparities are found across subregions. In Eastern Africa and Western Africa the proportion of children sleeping under insecticide-treated nets was 44 per cent and 38 per cent, respectively. In Central Africa, the share is only 20 per cent, up from 1 per cent in 2000.

Current levels of insecticide-treated bed net use by children are still well below the target of universal coverage. In 2012, the number of treated mosquito nets delivered to countries in sub-Saharan Africa (66 million) was less than half the number delivered in 2010 (145 million). Furthermore, the proportion of the population protected by indoor residual spraying in sub-Saharan Africa remained constant at around 11 per cent in 2011. Unless there is a substantial scaling up of vector control in 2013, major resurgences of malaria can be expected.

Early diagnosis of malaria and effective and timely treatment reduces morbidity and prevents death. Artemisinin-based combination therapy, or ACT, is the most effective antimalarial therapy for *P. falciparum*, the most lethal malaria parasite and the most pervasive in sub-Saharan Africa. However, according to recent available data, only a relatively low proportion of children treated for malaria are currently receiving ACT, since other less effective drugs are still in wide use. On the positive side, major progress is seen in the delivery of rapid diagnostic tests for malaria. In 2011, malaria diagnosis was provided free of charge through the public sector in 84 countries across all regions. The reported number of rapid diagnostic tests deployed publically has increased rapidly—from less than 200,000 in 2005 to more than 74 million in 2011.

Resistance to antimalarial drugs and insecticides remains a major concern. If left unchecked, it could threaten the remarkable progress made over the past 10 years. Resistance to artemisinin, the key compound in ACT, has been detected in four countries in South-Eastern Asia, while mosquito resistance to insecticides has been found in 64 countries around the world.

The last decade has shown just how powerful existing tools can be at saving lives; still, millions lack access to them. The annual resource requirements to prevent, diagnose and treat malaria globally are estimated at \$5.1 billion. Yet in 2011 the world fell \$2.8 billion short of that goal, threatening progress in the worst-hit African countries in particular. Malaria resurgence is a real threat. Countries in which the disease is endemic need to know that funds and support will be there to implement their malaria control plans. Everyone at risk of the disease should have access to prevention, diagnostic testing and treatment.

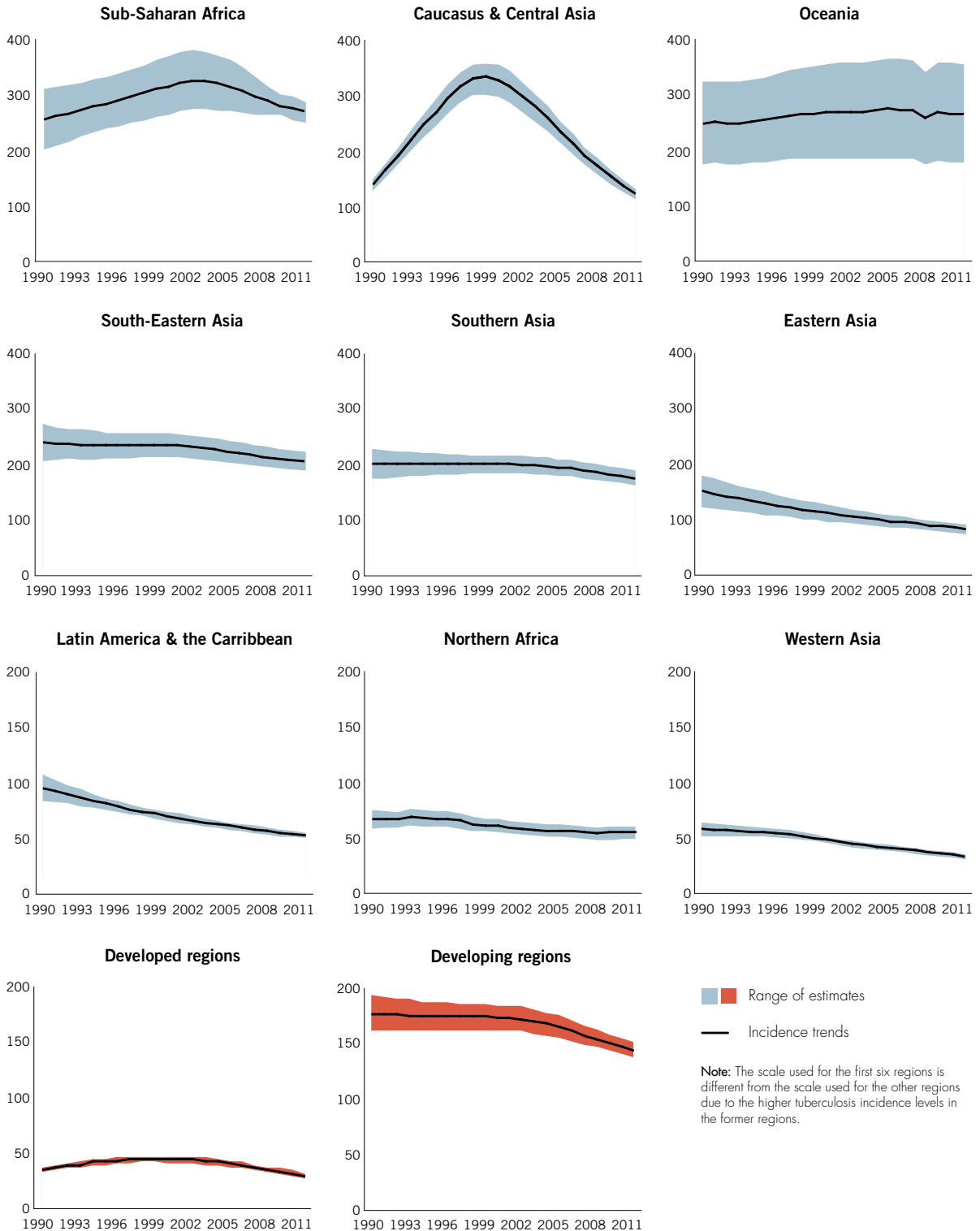


The world is on its way to halting the spread and reversing the incidence of tuberculosis

In 2011, an estimated 8.7 million people worldwide were newly diagnosed with tuberculosis; of these, 13 per cent were HIV-positive. Globally, the number of tuberculosis cases per 100,000 people fell by about 2.2 per cent between 2010 and 2011. Although the rate of decline is slow, if this trend continues, the world as a whole will achieve the MDG target of halting the spread and reversing the incidence of tuberculosis. Sustained control efforts are critical to preventing reactivation of the disease in the estimated 2 billion people who have been infected in the past, mostly in Africa and Asia.

Tuberculosis prevalence rates and associated deaths are falling in most regions. An estimated 1.4 million people died from the disease in 2011, including 430,000 people living with HIV. Current projections suggest that the Stop TB Partnership target of halving 1990 death rates by 2015 could be achieved at the global level and in several regions. As of 2011, an estimated 12 million people were living with the disease.

Estimated number of new tuberculosis cases per 100,000 population including people who are HIV-positive, 1990-2011



Successful treatment of tuberculosis is exceeding global targets, but more work lies ahead

In 2011, 5.8 million people were officially notified that they had tuberculosis. This represents two thirds of the estimated number of new cases. Among patients diagnosed in 2010, 87 per cent were successfully treated. This was the third year in a row that the target of successfully treating at least 85 per cent of confirmed cases was exceeded at the global level.

Progress against tuberculosis follows 15 years of intensive effort to implement the Directly Observed Treatment Short Course (DOTS) strategy (during 1995–2005) and its successor, the Stop TB Strategy, launched in 2006. Between 1995 and 2011, a cumulative total of 51 million tuberculosis patients were successfully treated through such programmes, saving 20 million lives.

More work lies ahead. More than one third of all tuberculosis cases are not treated using the DOTS protocol. And most of the estimated 310,000 cases of multidrug-resistant tuberculosis among notified patients are not being diagnosed and treated according to international guidelines. Many tuberculosis cases are among people who are HIV-positive and do not know their HIV status; nor are they receiving antiretroviral therapy, which hinders their progress.

Monitoring of tuberculosis turns a health crisis into an MDG success story

Twenty years ago, Cambodia had one of the world's highest rates of tuberculosis and a health system weakened by decades of conflict and economic hardship. In 1993, global focus on the resurgence of the disease triggered the newly elected government to re-launch its national tuberculosis programme, with strong support from WHO and international partners. Although it took some years to gather momentum, Cambodia transformed the programme from a hospital-based system to one that provides free, universal access to tuberculosis care at the grass-roots level, through primary health-care centres. At the core of the new approach was the DOTS/Stop TB strategy recommended by WHO, which focuses on supporting patients in following a shortened six-month treatment regimen.

In 2002, Cambodia launched a national population-based survey of tuberculosis prevalence, reaching more than 30,000 people—the first of its kind in a low-income country. The survey confirmed an extremely high tuberculosis burden of 15.1 cases per 1,000 people. Strengthened national surveillance and monitoring capacity allowed officials to identify populations with lower access to health services, and to implement corrective actions. A second national survey in 2011 found that tuberculosis prevalence had been reduced by nearly half—to 8.17 cases per 1,000 people—in nine years. Incidence is now estimated to be falling at a rate of over 3 per cent per year. Cambodia is well on track to achieving all tuberculosis-related MDG targets for 2015, including halving prevalence and mortality from the disease from 1990 levels and reducing incidence.

Goal 7

Ensure environmental sustainability

TARGET 7.A

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

Forests are a safety net for the poor, but they continue to disappear at an alarming rate

Forests are disappearing at a rapid pace, despite the establishment of forest policies and laws supporting sustainable forest management in many countries. The largest net loss of forests has occurred in South America and Africa—around 3.6 million hectares and 3.4 million hectares per year, respectively, over the period from 2005 to 2010.

Close to 75 per cent of the world's forests are covered by national forest programmes. However, in many cases, deforestation is caused by factors beyond a programme's control. One of the primary drivers of deforestation is the conversion of forests into agricultural land to feed the world's growing population.

The loss of forests takes its greatest toll on the rural poor, for whom forests serve as 'safety nets'. They contribute to poverty reduction and sustainable livelihoods by providing food, wood fuel, medicines and other non-wood products used in the households of millions of the world's poorest people or sold in traditional or informal sector markets.

Deforestation poses a serious threat to environmental sustainability and is jeopardizing progress towards poverty and hunger eradication. More integrated approaches between agriculture and forest sectors are needed to make real progress in reversing the loss of natural resources, including forests, and to fulfil international commitments related to climate change mitigation, biodiversity conservation and sustainable land management.

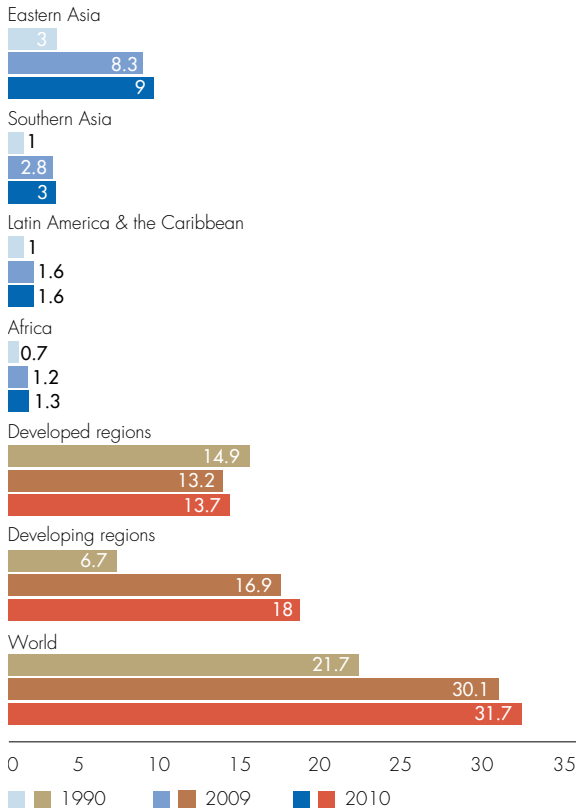
Quick facts

- ▶ Global emissions of carbon dioxide (CO₂) have increased by more than 46 per cent since 1990.
- ▶ Nearly one third of marine fish stocks have been overexploited.
- ▶ Many species are at risk of extinction, despite an increase in protected areas.
- ▶ More than 2.1 billion people and almost 1.9 billion people, respectively, have gained access to improved water sources and sanitation facilities since 1990.
- ▶ An estimated 863 million people reside in slums in the developing world.



Global greenhouse gas emissions resume their upward path, confirming an ominous trend and calling for bold action

Emissions of carbon dioxide (CO₂), 1990, 2009 and 2010* (Billions of metric tons)



* Data for 2010 are preliminary estimates and data for some MDG regions are not available.

At the start of the economic and financial crisis, global emissions of carbon dioxide (CO₂) declined by 0.4 per cent between 2008 and 2009. But, as expected, this turned out to be a short-term reprieve. CO₂ emissions increased by 5 per cent between 2009 and 2010 and are now 46 per cent above their 1990 level. Data collected over two decades show that the growth in global emissions has accelerated, rising 10 per cent from 1990 to 2000 and 33 per cent from 2000 to 2010.

The rise in emissions has been spurred largely by fast-paced growth in developing regions. In those regions, CO₂ emissions increased by 7 per cent between 2009 and 2010, versus 3 per cent in developed regions. In the decade between 1990 and 2000, emissions in developing regions grew by 48 per cent; during the following decade (2000–2010), they increased by 81

per cent. In contrast, emissions in developed regions declined by 7 per cent and by 1 per cent, respectively. That said, average per capita emissions in developed regions are significantly higher than in developing regions. In developed regions, average emissions are about 11 metric tons of CO₂ per person per year, compared to about 3 metric tons in developing regions, though wide variations are found among regions. Emissions per unit of economic output remain higher in developing than in developed regions: 0.6 versus 0.4 kilograms of CO₂, respectively, per dollar of economic output in 2010.

Containing the growth in global emissions demands bold, coordinated, national and international action. The United Nations Climate Change Conference in Doha, Qatar, prompted significant steps in the right direction by forging a consensus on a second commitment period under the Kyoto Protocol—from 2013 to 2020. Efforts are ongoing to strengthen national mitigation efforts under the Climate Change Convention and its Kyoto Protocol. At the same time, negotiations continue to develop “a protocol, another legal instrument or an agreed outcome with legal force under the Convention applicable to all Parties...”. The goal is to complete these negotiations by 2015 and begin implementation in 2020, thereby taking decisive steps towards averting irreversible changes in the global climate system.

Wide commitment and close monitoring of ozone-depleting substances have set a precedent for successful action against climate change

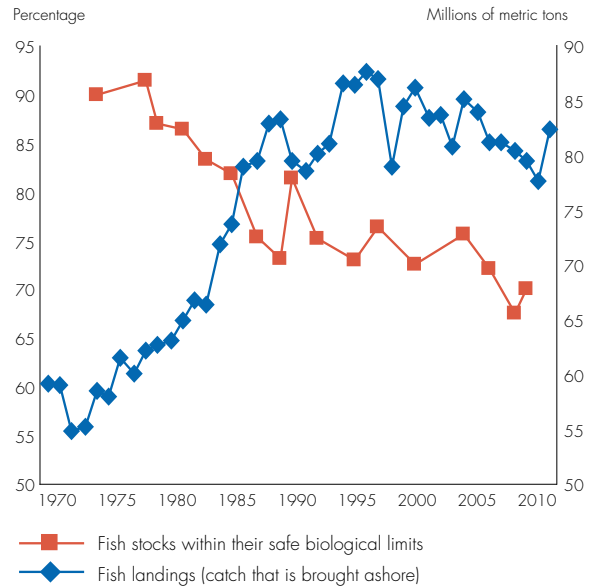
The Montreal Protocol on Substances that Deplete the Ozone Layer is an undisputed—and still ongoing—success story, leading to a 98 per cent reduction in consumption of ozone-depleting substances since 1986. Because most of these substances are potent greenhouse gases, the Montreal Protocol is also contributing significantly to the protection of the global climate system.

The prerequisites for successful international action include sound scientific and technical information; a flexible, adaptable mechanism; the commitment of all stakeholders; exchange of information and transfer of technology; and effective monitoring. Monitoring continues to require adequate data on ozone-depleting substances, all of which can be derived from national production and international trade statistics.



Overexploitation of marine fish stocks is resulting in diminished yields

Proportion of fish stocks within their safe biological limits, 1974-2009 (Percentage) and fish landings, 1970-2011 (Millions of metric tons)



In 2009, 30 per cent of marine fish stocks were overexploited and outside their safe biological limits, compared to 10 per cent in 1974. This means that marine fish stocks globally are now below the level at which they can produce maximum sustainable yields. Over the past 40 years, the overall condition of global fisheries has declined, in spite of actions taken by coastal states in terms of policy development and fisheries management. More and more stocks have become overfished due to continuing expansion of the fishing industry in many countries.

The highest proportion of overfished stocks were recorded in major parts of the Atlantic Ocean, the Mediterranean and the Black Sea, where 50 per cent or more of fish stocks are outside their safe biological limits. The lowest proportion (about 10 per cent) of overfished stocks are found in the eastern central, northeast and southwest Pacific Ocean.

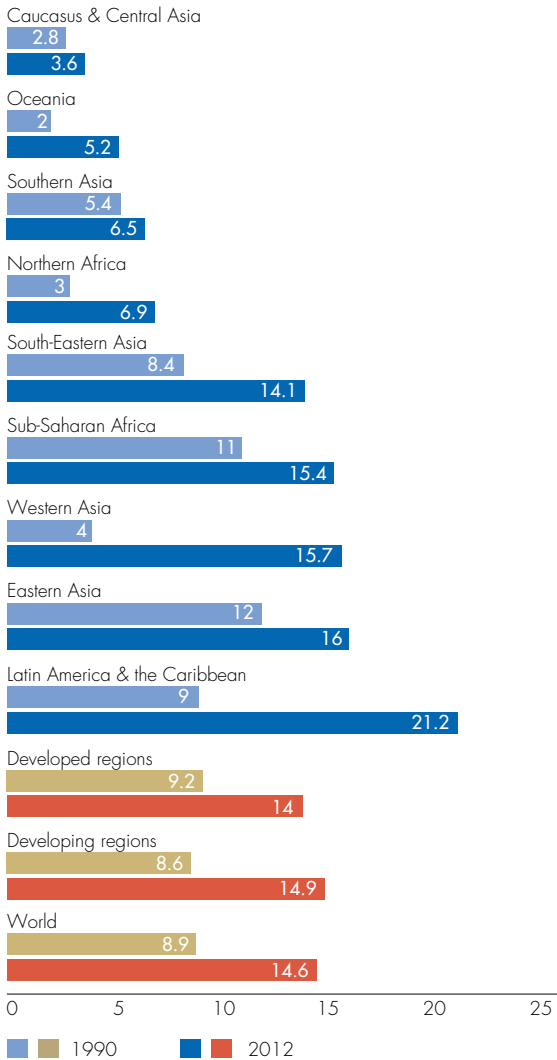
Overfishing reduces the productivity of fish stocks. As a result, the total marine catch brought ashore (known as 'landings') has diminished worldwide from a peak of 87.7 million metric tons in 1996. Rebuilding fish stocks through strict management plans will restore their productivity. At the same time, it will improve the economic efficiency of fisheries and enhance the biodiversity and functioning of marine ecosystems.

TARGET 7.B

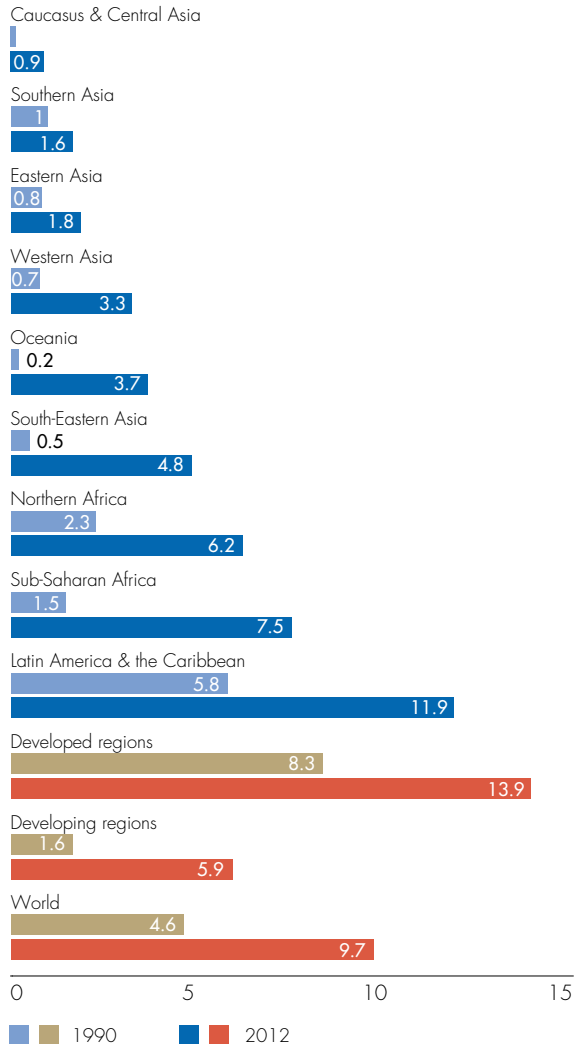
Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

More of the earth's land and marine areas are under protection

Terrestrial areas protected, 1990 and 2012 (Percentage)



Marine areas protected, 1990 and 2012 (Percentage)



Significant progress has been made since 1990 in increasing the coverage of protected areas. These are areas dedicated to safeguarding and maintaining biological diversity and natural resources, with their associated cultural value. From 1990 to 2012, protected terrestrial areas grew from 8.9 per cent to 14.6 per cent of the world's land surface. Over the same period, marine protection has more than doubled in coastal waters up to 12 nautical miles, from 4.6 per cent to 9.7 per cent. Protection of marine areas of potential national jurisdiction (extending from the coastline to 200 nautical miles) increased from 1.2 per cent to 5.3 per cent.

Protected areas aim to conserve and nurture biological diversity. They also produce important ecosystem goods and services that benefit local, national and

global economies. In fact, a significant portion of the world's population depend on protected areas for their livelihoods. Recognizing the importance of both biodiversity and ecosystem services, the Convention on Biological Diversity seeks to conserve at least 17 per cent of the world's terrestrial areas and 10 per cent of coastal and marine areas by 2020 through a global protected area network that is effectively and equitably managed and ecologically representative of the earth's natural resources.

Latin America leads the way in conservation of its land and coasts, with 21.3 per cent of its terrestrial areas and 15.4 per cent of its marine areas under protection. Other regions lag far behind. Continued efforts are needed to improve the coverage and, in particular, the effectiveness of the global protected area network.

Birds, mammals and other species are heading for extinction

Species are moving towards extinction at an ever faster pace, with declines in both populations and distribution. These are the findings of the Red List Index, compiled by the International Union for Conservation of Nature and its partners. The index measures trends in the overall extinction risk of sets of species.

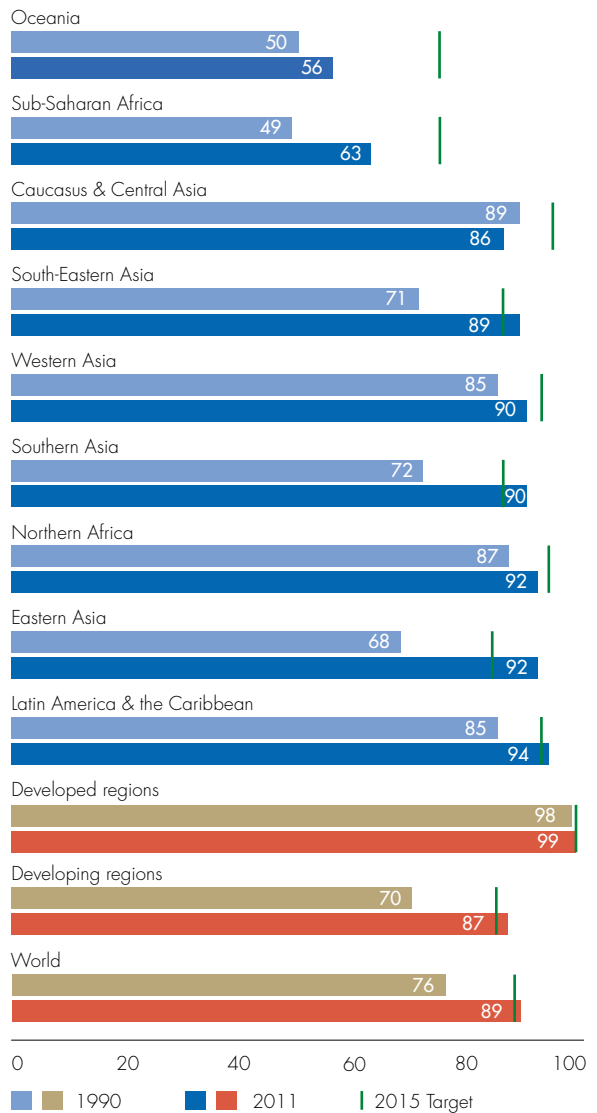
The Red List Index is now available for all the world's birds (10,000 species), mammals (4,500 species), amphibians (5,700 species) and warm-water reef-building corals (700 species). The most recent update—for birds, presenting findings up to 2012—shows that declines are continuing at the same, or even an accelerating, pace. All groups with known trends are deteriorating in status, and other classes of organisms are likely to mirror this pattern. Reduced biodiversity will have serious consequences for the ecosystem services upon which all people depend. In recent years a number of countries, including Denmark and Sweden, have succeeded in reducing the risk of extinction for certain native species. More countries need to follow suit.

TARGET 7.C

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

More than 2.1 billion people have gained access to improved drinking water sources since 1990, exceeding the MDG target

Proportion of population using an improved water source, 1990 and 2011 (Percentage)



Over the past 21 years, more than 2.1 billion people gained access to improved drinking water sources. The proportion of the global population using improved sources reached 89 per cent in 2010, up from 76 per cent in 1990. This means that the MDG drinking water target was met five years ahead of schedule, despite significant population growth.

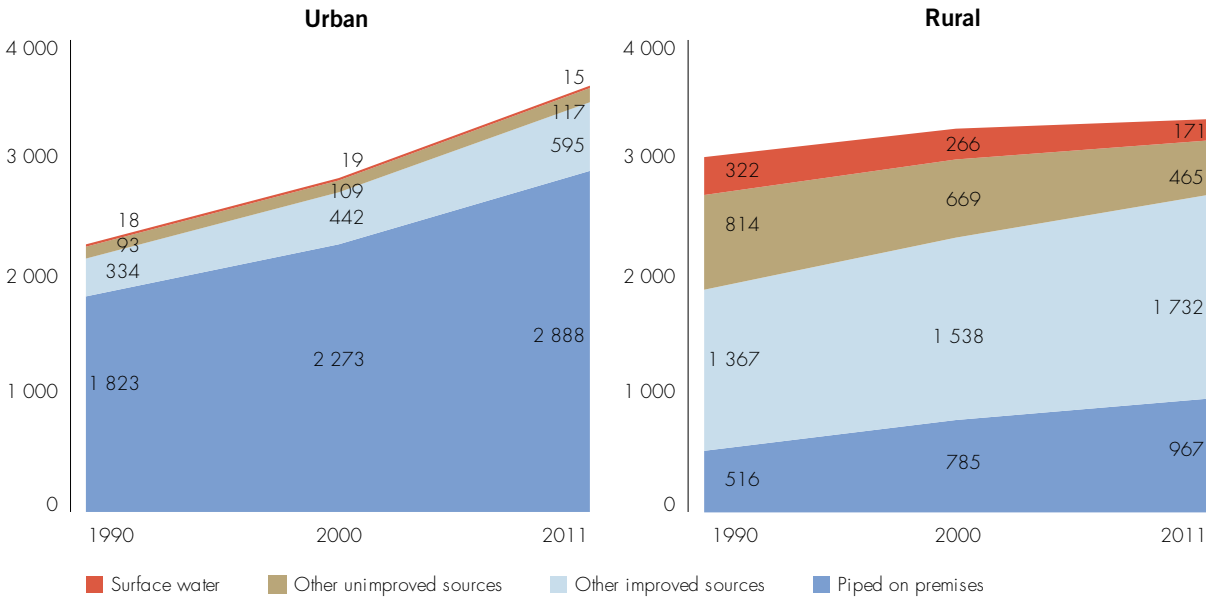
Drinking water coverage has increased in all regions except the Caucasus and Central Asia. There, coverage rates dropped from 89 per cent in 1990 to 86 per cent in 2011. Eastern Asia, South-Eastern Asia and Southern Asia showed the largest gains. Six in 10 people who gained access to improved drinking water sources live in urban areas.

Access to drinking water for the rural poor, along with water quality and safety, remain serious concerns

Despite unprecedented progress, 768 million people still drew water from an unimproved source in 2011. Eighty-three per cent of the population without access to an improved drinking water source (636 million) live in rural areas. Furthermore, concerns about the quality and safety of many improved drinking water sources persist. As a result, the number of people without access to safe drinking water may be two to three times higher than official estimates.

Most people around the world aspire to piped drinking water supplies on their premises. Yet 38 per cent of the 6.2 billion people globally using an improved drinking water source do not enjoy the convenience and associated health and economic benefits of piped drinking water at home. Instead, they spend valuable time and energy queuing up at public water points and carrying heavy loads of water home, often meeting only minimal drinking water needs. The most affected are

Population with access to drinking water, urban and rural areas, 1990, 2000 and 2011 (Millions)



the poorest and most marginalized people in society—many of whom, especially in urban areas, pay high prices for small amounts of often poor quality water. It is encouraging to note that the share of people relying on untreated surface water as their main drinking water

source dropped from 6 per cent in 1990 to 3 per cent in 2011. Still, over 180 million people rely on rivers, streams, ponds or lakes to meet their daily drinking water needs.

Over 240,000 people a day gained access to improved sanitation facilities from 1990 to 2011—impressive but not enough

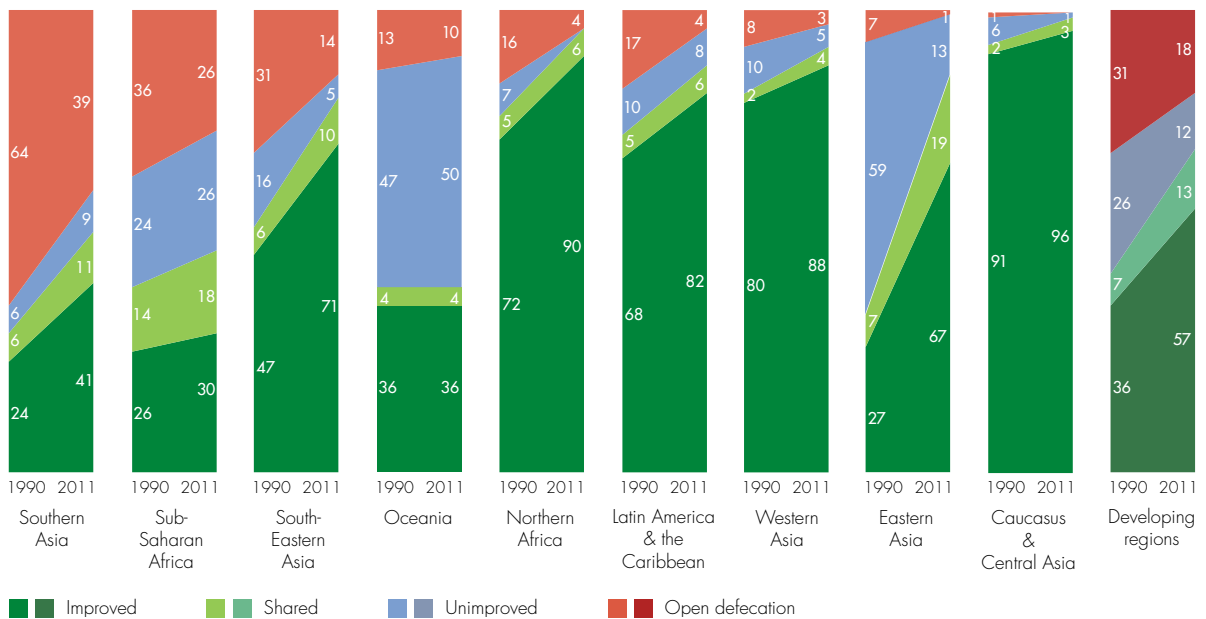
From 1990 to 2011, 1.9 billion people gained access to a latrine, flush toilet or other improved sanitation facility. A strong push is needed to ensure that this number increases by another 1 billion people by 2015 to meet the MDG sanitation target. In 1990, just under half (49 per cent) of the global population had improved sanitation. Coverage must extend to 75 per cent to meet the target, up from the current level of 64 per cent.

The greatest progress has been made in Eastern Asia, where sanitation coverage increased from 27 per cent in 1990 to 67 per cent in 2011. This means that 626 million people gained access to improved sanitation

facilities over 21 years. Sub-Saharan Africa and Oceania remain farthest behind.

Between 1990 and 2011, over 240,000 people on average per day gained access to an improved sanitation facility. Many were born into a family that already had a toilet, while others were connected to a sewer network or finished the construction of a latrine for the first time in their lives. Despite these accomplishments, more rapid progress is needed. Meeting the MDG target will mean extending sanitation services to an average of 660,000 people a day, every day, between 2011 and 2015.

Proportion of population by sanitation practices, 1990 and 2011 (Percentage)

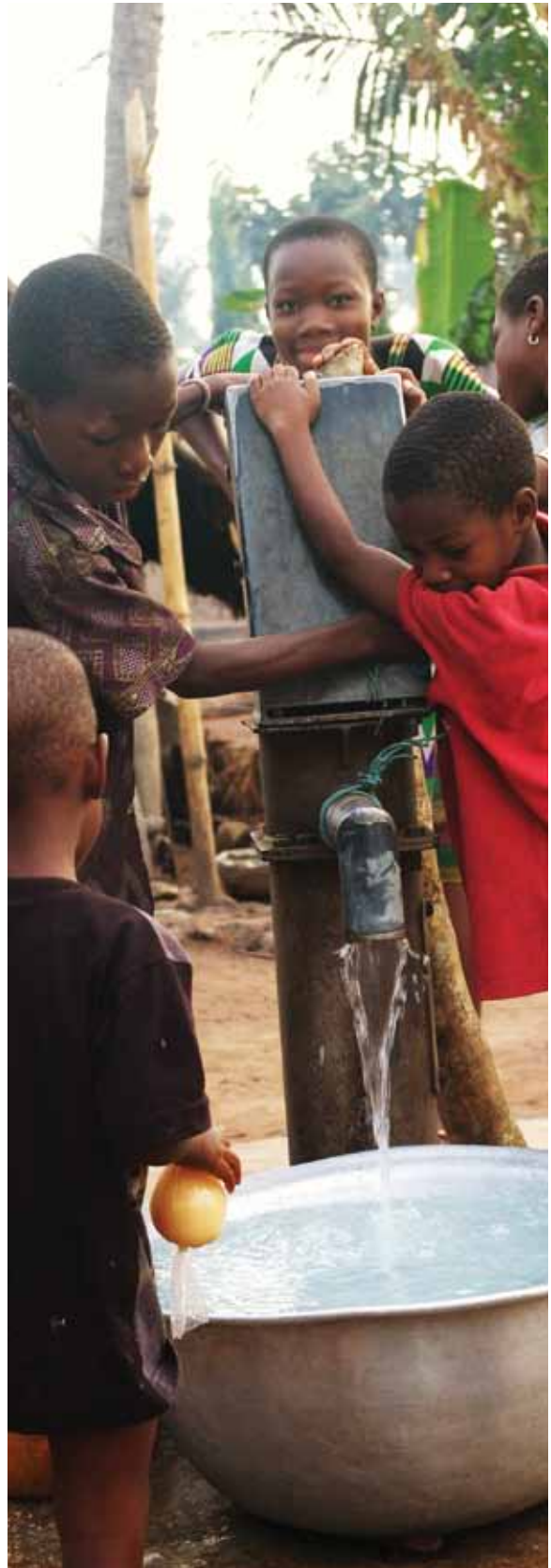


Stopping open defecation and instituting the right policies are key to continued progress in sanitation

The proportion of the global population that resort to open defecation declined from 24 per cent in 1990 to 15 per cent in 2011. Still, over one billion people lack sanitation facilities and continue a practice that poses serious health and environmental risks to themselves and entire communities.

New sanitation policies adopted in recent years throughout the developing world have shown remarkable success and have led to unprecedented increases in sanitation coverage. These policies focus on stopping the practice of open defecation through community-level action and influencing social norms to the point where open defecation is no longer considered acceptable. In almost 100 countries around the world, new approaches to sanitation have taken root and the number of declared 'open-defecation-free villages' is rising.

Experts on water supply, sanitation and hygiene have identified three priorities for the years to come: No one should practise open defecation; everyone should have safe water and sanitation facilities at home and practise good hygiene; and all schools and health centres should have water and sanitation, while promoting good hygiene. In 2010, the United Nations General Assembly explicitly recognized the right to safe, clean water and sanitation and acknowledged that they are essential to the realization of all human rights.

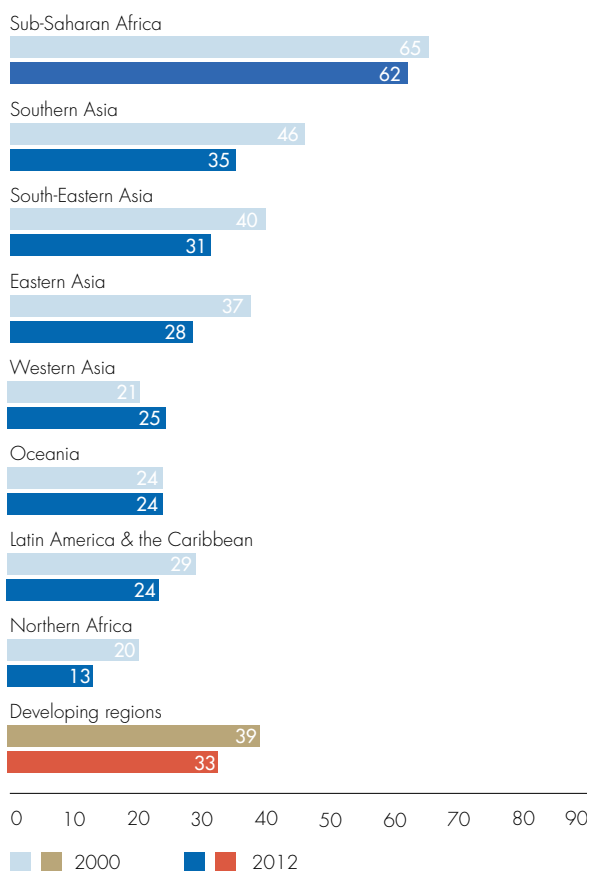


TARGET 7.D

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

Though the MDG target has been met, urbanization continues to outpace improvements in slum conditions

Proportion of urban population living in slums, 2000 and 2012 (Percentage)



Between 2000 and 2010, over 200 million slum dwellers gained access to improved water sources, sanitation facilities, durable housing or sufficient living space, thereby exceeding the 100 million MDG target. In fact, between 2010 and 2012 alone, conditions improved to the point where an additional 44 million people were no longer considered to be living in slums.

The proportion of slum dwellers in developing regions decreased from 39 per cent in 2000 to 33 per cent in 2012. The decline was observed across most regions. Northern Africa reduced its already low share of slum

dwellers even further. Eastern Asia, Southern Asia and South-Eastern Asia achieved the largest decreases in percentage terms. However, the high proportion of slum dwellers in sub-Saharan Africa dropped only slightly—from 65 per cent in 2000 to 62 per cent in 2012.

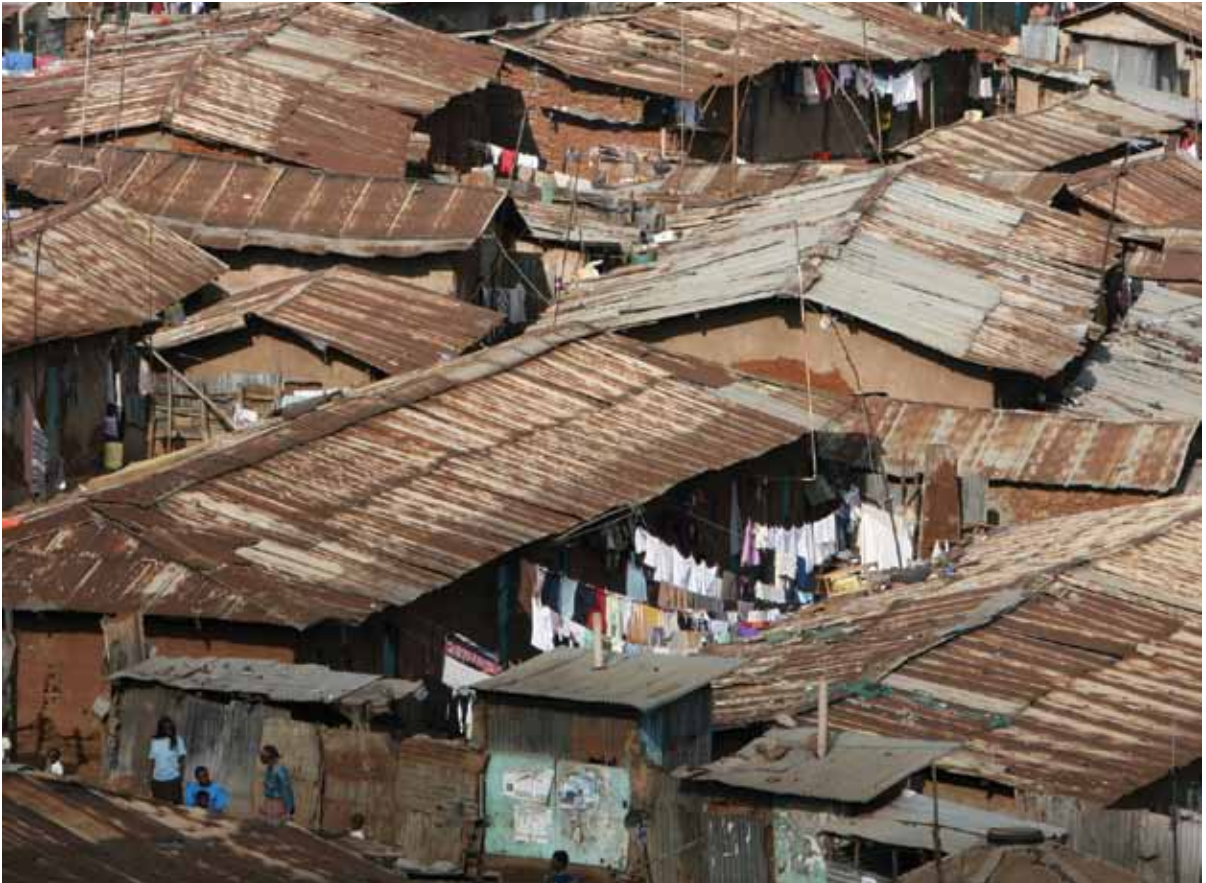
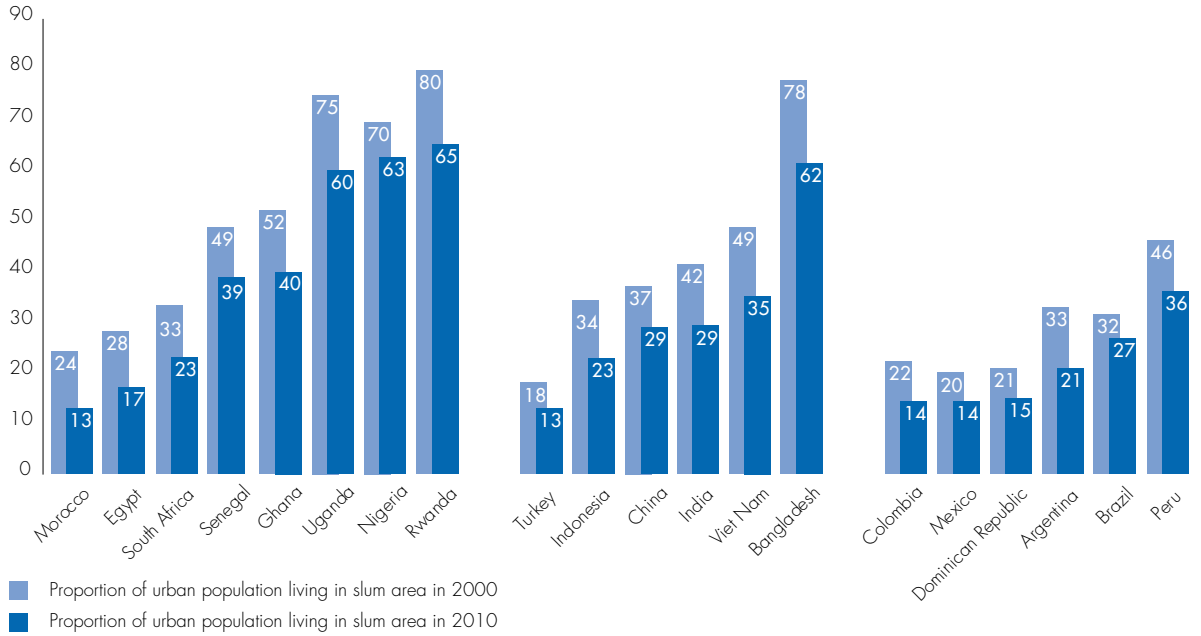
Although the MDG slum target has been reached, the number of slum dwellers, in absolute terms, continues to grow, due in part to the fast pace of urbanization. The number of urban residents in the developing world living in slum conditions was estimated at 863 million in 2012, compared to 650 million in 1990 and 760 million in 2000. Stronger, more focused efforts are needed to improve the lives of the urban poor in cities and metropolises across the developing world.

Lessons from countries that have tackled the multifaceted problems of urban slums may benefit other countries

Many countries across all regions have shown remarkable progress in reducing the proportion of slum dwellers in their cities, with large countries such as China, India and Indonesia driving this regional and global trend. However, in other countries, particularly those affected by conflict, slum prevalence remains very high and the proportion of urban residents living in slums increased from 2000 to 2012. Slum dwellers in these countries often lack improved water sources, improved sanitation facilities, durable housing, sufficient living area or a combination of these four characteristics that now define 'slums'. Improving the lives of the urban poor will therefore require large, multisectoral investments.

In light of burgeoning slum populations, further action is needed. Based on the experience of successful countries, a number of factors have been identified as prerequisites for meeting the slum reduction target at the national level: appropriate policies, access to basic services, security of land tenure, and harmonization of the definition of slums and methods for monitoring and evaluating them. Towards that end, governments and regional and local authorities have been invited to enumerate their own slum populations and, on that basis, to set voluntary and realistic national, regional and local targets to be met by 2020, to ease the plight of the urban poor.

Proportion of urban population living in slums in selected top-performing countries, 2000 and 2010 (Percentage)



Goal 8

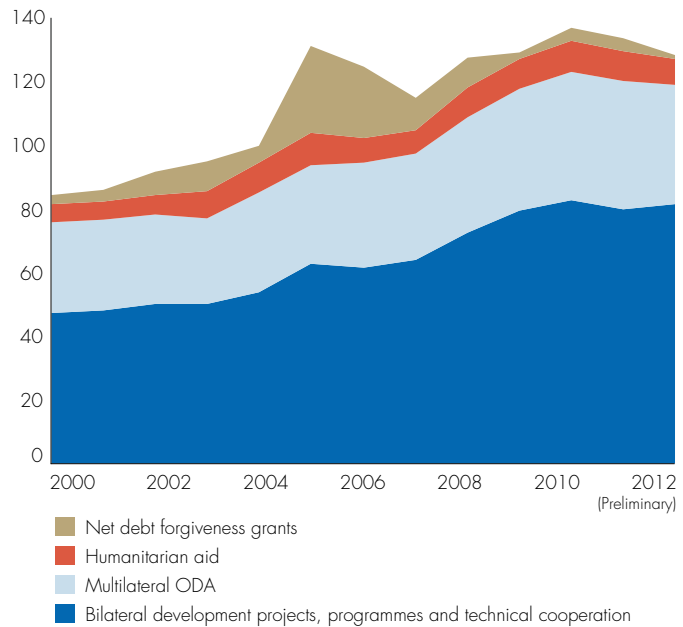
Develop a global partnership for development

Quick facts

- ▶ Official development assistance stood at \$126 billion in 2012.
- ▶ Eighty-three per cent of least developed country exports enter developed countries duty free.
- ▶ The debt service of developing countries consumes only 3 per cent of their export revenues.
- ▶ In the developing world, 31 per cent of the population use the Internet, compared to 77 per cent of the developed world.

The global financial crisis and euro zone turmoil continue to take a toll on official development assistance

Official development assistance (ODA) from OECD-DAC countries, 2000-2012 (Constant 2011 US\$ billions)



In 2012, net official development assistance (ODA) from developed countries stood at \$125.6 billion, representing 0.29 per cent of donors' combined gross national income. This is a 4 per cent drop in real terms from 2011, which was 2 per cent below the 2010 level. The decline is attributed to the economic and financial crisis and euro zone turmoil, which have led many governments to implement austerity measures and reduce their aid budgets.

This is the first time since 1996–1997 that ODA has fallen in two consecutive years. The drop in 2012 reflected a 7 per cent fall in contributions to multilateral organizations in real terms, partly offset by a 2 per cent rise in aid for bilateral projects and programmes.

Despite current fiscal pressures, some countries belonging to the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD) have maintained or increased their aid budgets in pursuit of targets they have set. Net ODA (meaning ODA after loan repayments are deducted) rose in real terms in 9 of the 24 DAC countries, with the largest increases by Australia, Austria, Iceland (which joined the DAC in 2013), Luxembourg and the Republic of Korea. The United Kingdom maintained its aid at 0.56 per cent of gross national income, but has budgeted to increase that to 0.7 per cent in 2013–2014.

A recent DAC *Survey of Donors' Forward Spending Plans* projects a 9 per cent real increase in country programmable aid in 2013, resulting mainly from planned increases by some donors and from soft loans from multilateral organizations. Country programmable aid excludes domestic expenditures in donor countries and other items that are either unpredictable by nature (such as debt relief or humanitarian aid), or not part of cooperation agreements between government. It is considered a good proxy of aid available at the country level. Total country programmable aid is expected to remain stable over the years 2014 to 2016.

In 2012, the largest donors by volume were the United States, the United Kingdom, Germany, France and Japan. Denmark, Luxembourg, the Netherlands, Norway and Sweden continued to exceed the United Nations' ODA target of 0.7 per cent of gross national income.

Aid is falling most sharply among the largest donors, and European countries. The Group of seven industrialized countries provided 70 per cent of DAC ODA in 2012, down from 75 per cent in 2005. The share of aid from the DAC–European Union (51 per cent) is at its lowest level since 2001. However, aid is increasing from non-DAC countries. While precise figures are not available for all countries for 2012, Turkey's aid doubled between 2011 and 2012 and the United Arab Emirates' rose by 31 per cent.

Increasingly, aid is addressing gender issues. In 2010–2011, out of a total of \$91.9 billion of sector-allocable aid, \$20.5 billion focused on the achievement of gender equality and women's empowerment.

TARGET 8.B and 8.C

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

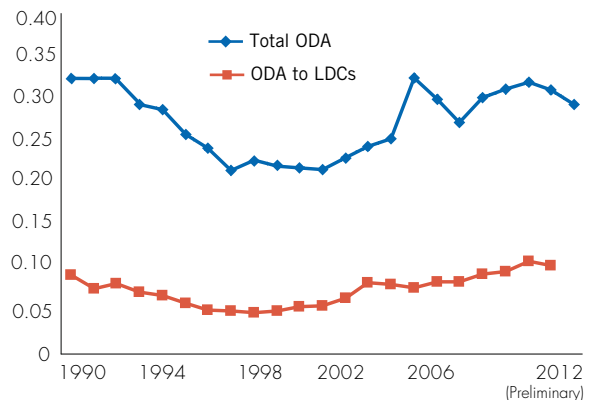
Aid money is declining overall, and moving away from the poorest countries

Official development assistance from DAC countries increased in the decade following 2000, reaching 0.32 per cent of donors' combined gross national income in 2010, before declining to 0.31 in 2011 and 0.29 per cent in 2012. This decline also affected the least developed countries (LDCs), which received about one third of donors' total aid flow in recent years. In 2012, bilateral net ODA to least developed countries fell by 13 per cent in real terms to about \$26 billion.

Bilateral ODA to Africa fell by 10 per cent to \$28.9 billion in 2012, following exceptional support to some countries in Northern Africa after the 'Arab Spring' in 2011. Of this total, aid to sub-Saharan Africa amounted to \$26.2 billion, representing a drop of 8 per cent.

The DAC *Survey* suggests that this shift in aid away from the poorest countries and Africa, and towards middle-income countries, will continue, with a greater share of aid being offered in the form of soft loans rather than grants.

Net official development assistance from OECD-DAC countries as a proportion of donors' gross national income, 1990-2012 (Percentage)

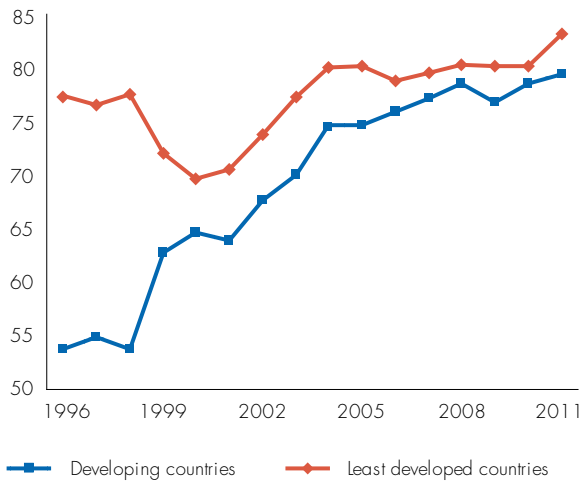


TARGET 8.A

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

The trade climate continues to improve for developing and least developed countries in terms of duty-free access

Proportion of developed country imports (excluding oil and arms) from developing countries and least developed countries (LDCs) admitted duty free, 1996-2011 (Percentage)



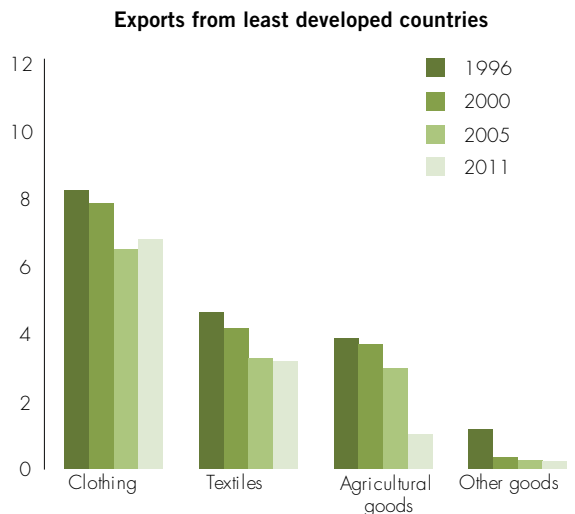
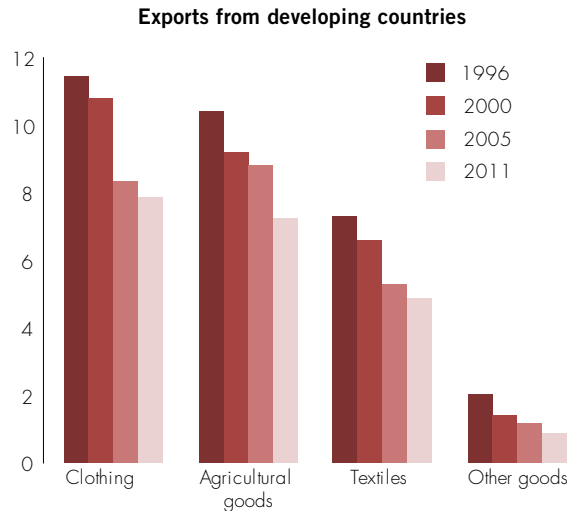
Note: This indicator is subject to the influence of changes in export structure and relative prices.

Duty-free market access to developed countries by least developed countries and developing countries overall improved in 2011, reaching 83 per cent and 80 per cent of their exports, respectively. This is due in part to progress in the area of preferential rules of origin. For example, the European Union has revised its rules of origin in its system of trade preferences which became operational in January 2011.

With a few exceptions, such as Japan and the United States (US) for clothing and textiles, and Norway for some agricultural products, all developed countries provide duty-free market access to the exports of least developed countries. More than half of the exports of LDCs benefit from true preferential treatment, since they are goods that are normally subjected to duty, giving these countries a significant competitive advantage. Market access for the larger group of developing countries has also improved, since most of their exports consist of industrial products that are duty free under the most favoured nation treatment.

Average tariffs levied by developed countries continued to decline slightly for developing and least developed countries alike

Average tariffs levied by developed countries on key products exported by developing countries and least developed countries (LDCs), 1996, 2000, 2005 and 2011 (Percentage ad valorem)



Note: Based on a fixed 1999-2001 export structure. The 2011 spike in average tariffs for LDC clothing products is due to higher US imports from Asian LDCs and not to a change in nominal tariffs.

Average tariffs levied on labour-intensive products exported by LDCs have not changed significantly in recent years. Such tariffs were rapidly reduced following the Uruguay Round of trade negotiations in

1995 and the World Trade Organization's Hong Kong Ministerial Declaration in 2005. They have been almost entirely removed or are very low in other goods and in agricultural goods (average of 1 per cent). Average tariffs for LCDs remain relatively high in the case of textiles and clothing, reflecting the exclusion of large Asian LDC exporters from US preferential tariffs. This is justified on the basis of 'competitive-need limitations', but has not prevented those countries from increasing their share in US markets.

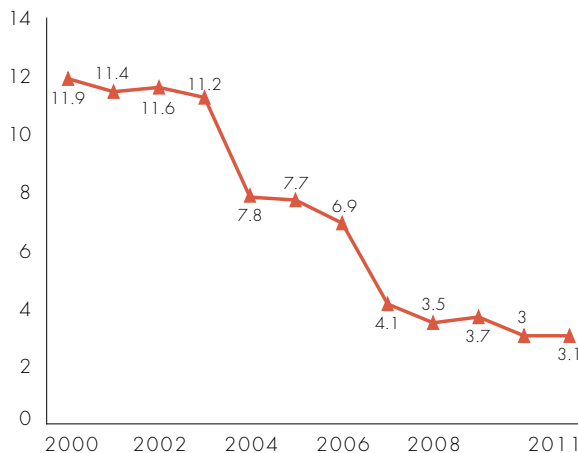
Because the average tariffs paid by other developing countries have also declined, the preference margin granted to LDCs has slowly eroded. It remains significant for agricultural goods (about 6 percentage points), but is low or almost non-existent for textiles, clothing and other goods (below 2 percentage point).

TARGET 8.D

Deal comprehensively with developing countries' debt

Debt service ratios are one quarter of their 2000 level, lightening the financial burden on developing countries

External debt service payments as proportion of export revenues, all developing countries, 2000-2011 (Percentage)



Note: Data only cover the developing countries that report to the World Bank's Debtor Reporting System.

A country's external debt burden affects its creditworthiness and vulnerability to economic shocks. Throughout the past decade, better debt management, the expansion of trade and, for the poorest countries,

substantial debt relief have reduced the burden of debt service. Between 2000 and 2008, the ratio of public and publicly guaranteed debt service to exports for developing regions declined from 11.9 per cent to 3.5 per cent. By 2010 the debt service to export revenue ratio of all developing countries reached an all-time low of 3 per cent and remained low, at 3.1 per cent, in 2011.

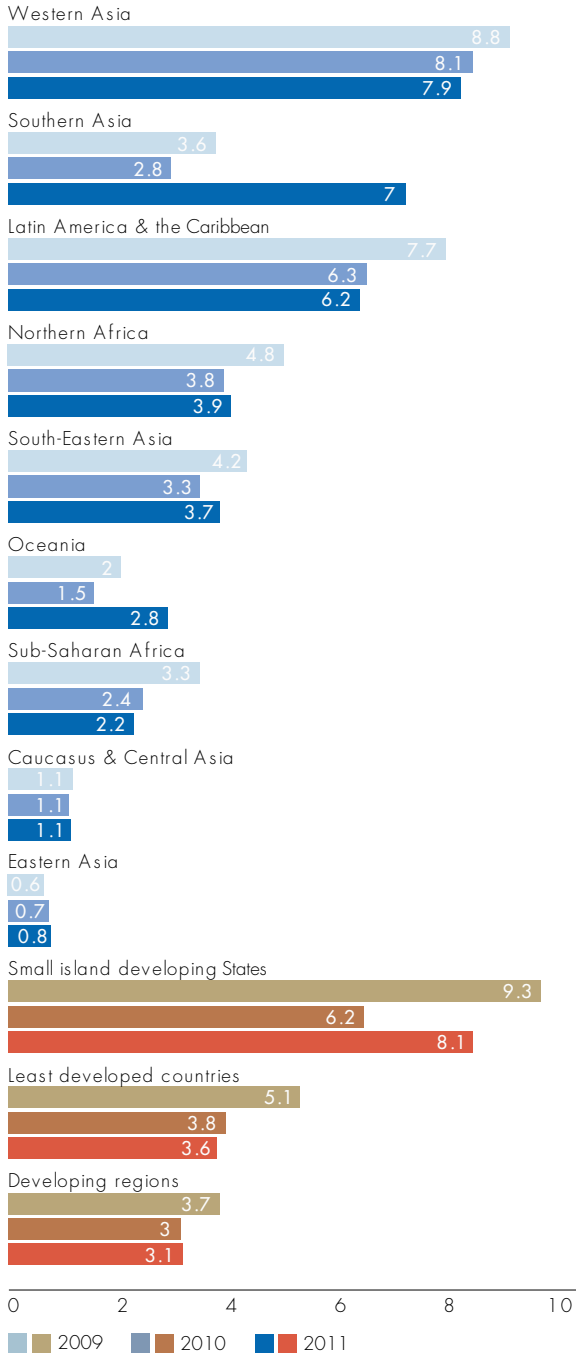
In 2009, the downward trend was briefly interrupted by the global financial crisis, which caused a decline in developing countries' export earnings of 18.1 per cent, while their total public debt service remained at about the same level as in 2008. In 2010, export earnings of developing countries rebounded by 26.5 per cent from 2009, while total public debt service remained steady, allowing the debt ratio to resume its downward course below the 2008 level.

Reductions in export earnings have caused debt service ratios of some regions to rise

For most regions, debt service ratios in 2011 remained roughly the same as in the previous year. However, several regions, including Southern Asia, Oceania and the small island developing States, experienced reductions in their 2011 export earnings. Decreases in debt service were not enough to offset this decline, leading to increases in debt service to export ratios of 4.1, 1.3 and 1.9 percentage points, respectively.

Thirty-nine countries are eligible for debt relief under the Heavily Indebted Poor Countries Initiative. Of these, 36 countries have reached their 'decision points' and have had future debt payments reduced by \$58.9 billion (in end-2011 net present value terms); 35 countries that have reached their 'completion point' are receiving full debt relief under the Multilateral Debt Relief Initiative.

External debt service payments as proportion of export revenues, 2009, 2010 and 2011 (Percentage)

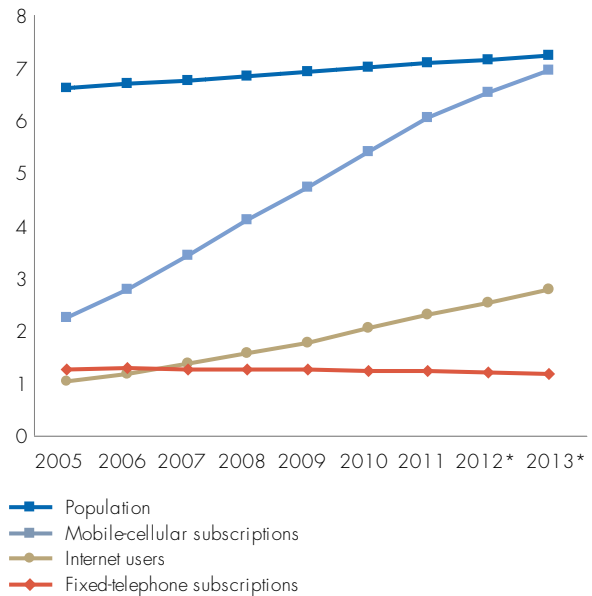


TARGET 8.F

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

Mobile-cellular subscriptions are moving towards saturation levels, and almost 40 per cent of the world's population are online

Estimated number of mobile-cellular subscriptions, Internet users and fixed-telephone subscriptions, 2005-2013 (Billions)



* Data for 2012 and 2013 are preliminary estimates.

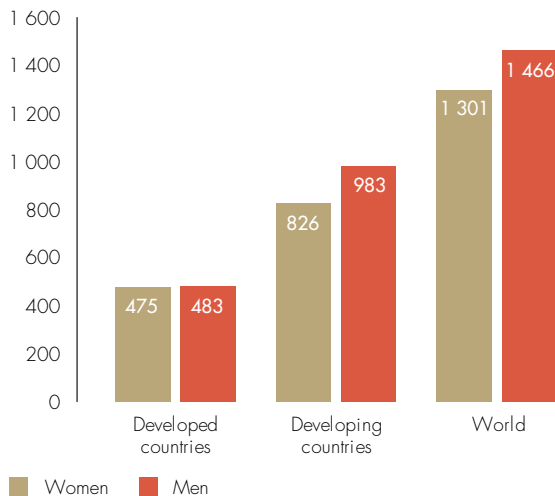
With a projected 6.8 billion mobile-cellular subscriptions by the end of 2013, global penetration (measured as the number of subscriptions in relation to total population) will reach 96 per cent. It will reach 89 per cent in developing countries. As penetration levels approach market saturation in an increasing number of countries, subscription growth rates have fallen to their lowest levels ever in the last year—around 6 per cent in developing and 4 per cent in developed countries. Developing countries now account for over 77 per cent of all the world's mobile-cellular subscriptions, and the mobile-cellular digital divide has been substantially reduced.

By end of 2013, an estimated 2.7 billion people will be using the Internet, which corresponds to 39 per cent of the world's population. Growing infrastructure in information and communications technology, including

mobile-broadband networks, along with social media, innovative applications and falling prices for services continue to drive Internet uptake in all regions of the world. However, major regional differences remain. In the developing world, 31 per cent of the population are online, compared to 77 per cent in the developed world. Sub-Saharan Africa, where less than 20 per cent of the population are using the Internet, remains the region with the lowest penetration rate.

While more and more people are joining the information society, more men than women are using the Internet. Globally, 37 per cent of all women are online, compared to 41 per cent of all men. The gender gap is more pronounced in the developing world, where 29 per cent of women use the Internet, compared with 33 per cent of men. This means that 16 per cent fewer women than men are using the Internet in the developing world, compared with 2 per cent fewer women than men in the developed world.

Estimated number of Internet users, 2013* (Millions)



*Data for 2013 are preliminary estimates.

Broadband is becoming more widely available and affordable, but is still out of reach of many in developing countries

As high-speed connections become more affordable and available, more people are accessing the Internet. The large majority of countries worldwide have launched third-generation (3G) mobile-broadband services, and an increasing percentage of the population are covered by a high-speed mobile-broadband signal. By the end of 2013, subscriptions for fixed broadband are expected to total nearly 700 million, and 2.1 million for mobile broadband. This

represents a global penetration rate of 10 per cent and 30 per cent, respectively.

Both the number of fixed- and mobile-broadband subscriptions in developing countries surpassed those in developed countries. But penetration rates lag seriously behind. While developed countries have fixed- and mobile-broadband penetration rates of 27 and 75 per cent, respectively, rates for developing countries stood at 6 per cent for fixed- and 20 per cent for mobile-broadband subscriptions. In sub-Saharan Africa, fixed-broadband penetration is below 1 per cent.

Besides differences in penetration rates, major disparities remain in the coverage, price and quality of broadband services. The limited availability of international Internet bandwidth and backbone infrastructure in many developing countries continues to pose challenges. Despite a significant drop in prices, the cost of broadband access in relation to average income remains far too high for most in developing countries. More efforts must be made to make broadband available, affordable and truly high-speed for all.



A note to the reader

Measuring progress towards the MDGs

Progress towards the eight Millennium Development Goals is measured through 21 targets and 60 official indicators.¹ This report presents an accounting to date of how far the world has come in meeting the goals using data available as of June 2013.²

Most of the MDG targets have a deadline of 2015, using 1990 as the baseline against which progress is gauged. Country data are aggregated at the subregional and regional levels to show overall advances over time. The composition of MDG regions and subregions is based on UN geographical divisions, with some modifications necessary to create—to the extent possible—groups of countries for which a meaningful analysis can be carried out. In addition to the MDG regional groupings, the report also shows data for subregions in Africa, based on the classification adopted by the United Nations Economic Commission for Africa.³ Although the aggregate figures are a convenient way to track progress, the situation of individual countries within a given region may vary significantly from regional averages. Data for individual countries, along with the composition of all regions and subregions, are available at <http://mdgs.un.org>.

The basis for this analysis

Regional and subregional figures presented in this report are compiled by members of the United Nations Inter-Agency and Expert Group on MDG Indicators (IAEG). In general, the figures are weighted averages of country data, using the population of reference as a weight. For each indicator, individual agencies were designated as official providers of data and as leaders in developing methodologies for data collection and analysis (see page 60 for a list of contributing organizations).

Data are typically drawn from official statistics provided by governments to the international agencies responsible for the indicator. To fill data gaps, data for many of the indicators are supplemented by or derived exclusively from data collected through surveys

sponsored and carried out by international agencies. These include many of the health indicators, which are compiled, for the most part, from Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS).

In some cases, countries may have more recent data that have not yet become available to the relevant specialized agency. In other cases, countries do not produce the data required to compile the indicator, and the responsible international agencies estimate the missing values. Even when national data are available, adjustments are often needed to ensure international comparability. Data from international sources, therefore, often differ from those available within countries.

The United Nations Statistics Division maintains the official website of the IAEG and its database (<http://mdgs.un.org>). In an effort to improve transparency, the country data series in the database are given colour codes to indicate whether the figures are estimated or provided by national agencies; they are also accompanied by metadata with a detailed description of how the indicators are produced and the methodologies used for regional aggregations.

Improving monitoring systems

Reliable, timely and internationally comparable data on the MDG indicators are crucial for devising appropriate policies and interventions needed to achieve the MDGs and for holding the international community to account. They are also important in encouraging public support and funding for development, allocating aid effectively, and comparing progress among regions and across countries. Although considerable progress is being made, reliable statistics for monitoring development remain inadequate in many poor countries. Building statistical capacity in those countries demands increased and well-coordinated financial and technical support from development partners. It also requires country ownership and government commitment to spur the institutional changes needed to ensure the sustainability of capacity-building efforts.

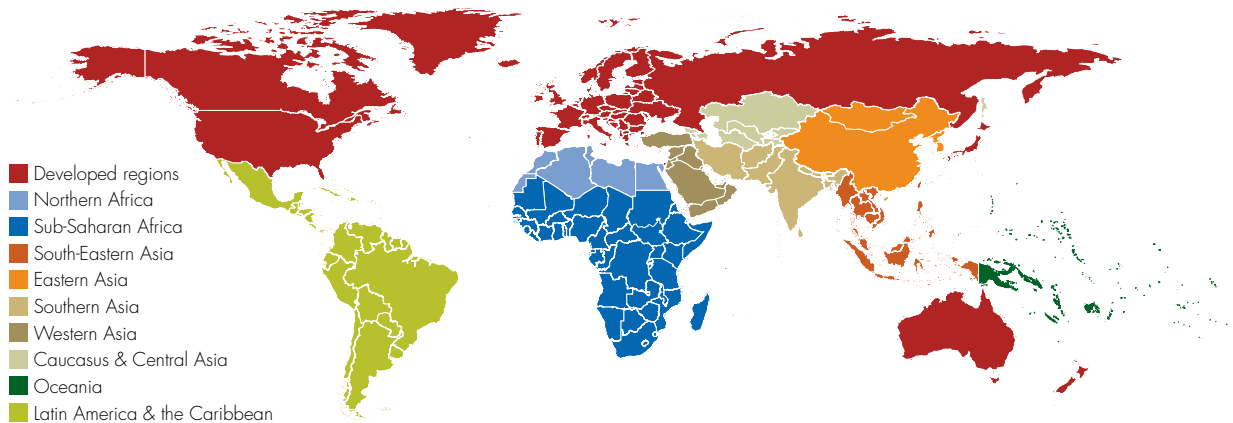
As a result of recent efforts, data availability in the international series for the assessment of trends for all MDGs has continued to improve. In 2012, 135 countries had data for at least two points in time for 16 to 22 indicators; in contrast, only four countries had this data coverage in 2003.

¹ The complete list of goals, targets and indicators is available at <http://mdgs.un.org>.

² Given the time lag between collecting data and analysing them, few indicators can be compiled for the current year. Most of them are based on data from earlier years—generally up to 2011 or 2012.

³ The composition of these subregions is shown in the next section ‘Regional groupings’.

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 and ‘developed’ regions.* 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 subregion is available at mdgs.un.org.

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 of its authorities, or concerning the delimitation of its frontiers or boundaries.

* 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.

African subregions

For some MDG indicators, data are presented separately for smaller subregions in Africa, based on the classification adopted by the United Nations Economic Commission for Africa.



Contributing agencies

Contributions on data and analysis for each target presented under the eight goals were provided by individual agencies as indicated below:

- **Goal 1: Eradicate extreme poverty and hunger**
Target 1.A: World Bank
Target 1.B: ILO
Target 1.C: FAO and UNICEF
Additional contribution: UNHCR
- **Goal 2: Achieve universal primary education**
Target 2.A: UNESCO
- **Goal 3: Promote gender equality and empower women**
Target 3.A: ILO, IPU, UNESCO and UN WOMEN
- **Goal 4: Reduce child mortality**
Target 4.A: UNICEF and WHO
- **Goal 5: Improve maternal health**
Target 5.A: UNICEF and WHO
Target 5.B: UNFPA, UNICEF, and United Nations Population Division
- **Goal 6: Combat HIV/AIDS, malaria and other diseases**
Target 6.A: UNAIDS, UNICEF and WHO
Target 6.B: UNAIDS and WHO
Target 6.C: UNICEF and WHO
- **Goal 7: Ensure environmental sustainability**
Target 7.A: CDIAC, FAO, UNEP and UNFCCC
Target 7.B: IUCN and UNEP-WCMC
Target 7.C: UNICEF
Target 7.D: UN-Habitat
- **Goal 8: Develop a global partnership for development**
Target 8.A: ITC, UNCTAD and WTO
Target 8.B and 8.C: OECD
Target 8.D: World Bank
Target 8.F: ITU

For more information visit the UN Statistics Division Millennium Development Goals website at <http://mdgs.un.org>

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

Visit the UN Millennium Campaign Office website at www.endpoverty2015.org

Photo credits:

Cover ©Mohammad Rakibul Hasan/UNDP Picture This
Page 2: ©Kaori Kobayashi/UNDP Picture This
Page 7: ©Tun Tun Aung/Mandalay
Page 11: ©Md. Akhlaq Uddin/UNDP Picture This
Page 12: ©Masa Kogure/UNDP Picture This
Page 13: ©Jodi Hilton/IRIN
Page 17: ©Leonardo Sexcion/UNDP Picture This
Page 20: ©Sandra Calligaro/Taimani Films/World Bank
Page 21: ©Tran Thi Hoa/World Bank
Page 23: ©Lakshman Nadaraja/World Bank
Page 27: ©Tobin Jones/UN Photo
Page 29: ©Dominic Sansoni/World Bank
Page 32: ©Abhijit Dey/UNDP Picture This
Page 33: ©Maria Fleischmann/World Bank
Page 35: ©Betuca Buri/UNDP Picture This
Page 39: ©Vestergaard Frandsen/Georgina Goodwin
Page 42: ©Eva Fendiaspara/UN Photo
Page 44: ©John Isaac/UN Photo
Page 49: © Gillian Griffin/UNDP Picture This
Page 51: ©IRIN
Page 53: ©Tun Tun Aung/Mandalay
Page 57: ©Charlotte Kesl/World Bank

Editor: Lois Jensen

“The MDGs have proven that focused global development objectives can make a profound difference. Success in the next 1,000 days will not only improve the lives of millions, it will add momentum as we plan for beyond 2015 and the challenges of sustainable development”

—UN SECRETARY-GENERAL BAN KI-MOON

Published in United Nations, New York
13-26318—June 2013—10 000
Sales No. E.13.I.9

USD 15
ISBN 978-92-1-101284-2

