The Millennium Development Goals Report 2014

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.

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The Millennium Development Goals Report 2014

UNITED NATIONS
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WE CAN END POVERTY 2015 MILLENNIUM DEVELOPMENT GOALS

Foreword

At the turn of the century, world leaders came together at the United Nations and agreed on a bold vision for the future through the Millennium Declaration. The Millennium Development Goals (MDGs) were a pledge to uphold the principles of human dignity, equality and equity, and free the world from extreme poverty. The MDGs, with eight goals and a set of measurable time-bound targets, established a blueprint for tackling the most pressing development challenges of our time.

This report examines the latest progress towards achieving the MDGs. It reaffirms that the MDGs have made a profound difference in people's lives. Global poverty has been halved five years ahead of the 2015 timeframe. Ninety per cent of children in developing regions now enjoy primary education, and disparities between boys and girls in enrolment have narrowed. Remarkable gains have also been made in the fight against malaria and tuberculosis, along with improvements in all health indicators. The likelihood of a child dying before age five has been nearly cut in half over the last two decades. That means that about 17,000 children are saved every day. We also met the target of halving the proportion of people who lack access to improved sources of water.

The concerted efforts of national governments, the international community, civil society and the private sector have helped expand hope and opportunity for people around the world. But more needs to be done to accelerate progress. We need bolder and focused action where significant gaps and disparities exist.

Member States are now fully engaged in discussions to define Sustainable Development Goals (SDGs), which will serve as the core of a universal post-2015 development agenda. Our efforts to achieve the MDGs are a critical building block towards establishing a stable foundation for our development efforts beyond 2015.

Ban Ki-moon
Secretary-General, United Nations

Overview

Fourteen years ago, the Millennium Declaration articulated a bold vision and established concrete targets for improving the existence of many and for saving the lives of those threatened by disease and hunger. There has been important progress across all goals, with some targets already having been met well ahead of the 2015 deadline. All stakeholders will have to intensify and focus their efforts on the areas where advancement has been too slow and has not reached all.

Several MDG targets have been met

- **The world has reduced extreme poverty by half**

In 1990, almost half of the population in developing regions lived on less than $1.25 a day. This rate dropped to 22 per cent by 2010, reducing the number of people living in extreme poverty by 700 million.

- **Efforts in the fight against malaria and tuberculosis have shown results**

Between 2000 and 2012, an estimated 3.3 million deaths from malaria were averted due to the substantial expansion of malaria interventions. About 90 per cent of those averted deaths—3 million—were children under the age of five living in sub-Saharan Africa. The intensive efforts to fight tuberculosis have saved an estimated 22 million lives worldwide since 1995. If the trends continue, the world will reach the MDG targets on malaria and tuberculosis.

- **Access to an improved drinking water source became a reality for 2.3 billion people**

The target of halving the proportion of people without access to an improved drinking water source was achieved in 2010, five years ahead of schedule. In 2012, 89 per cent of the world's population had access to an improved source, up from 76 per cent in 1990. Over 2.3 billion people gained access to an improved source of drinking water between 1990 and 2012.

- **Disparities in primary school enrolment between boys and girls are being eliminated in all developing regions**

Substantial gains have been made towards reaching gender parity in school enrolment at all levels of education in all developing regions. By 2012, all developing regions have achieved, or were close to achieving, gender parity in primary education.

- **The political participation of women has continued to increase**

In January 2014, 46 countries boasted having more than 30 per cent female members of parliament in at least one chamber. More women are now holding some of the so-called "hard" ministerial portfolios—such as Defence, Foreign Affairs and the Environment.

- **Development assistance rebounded, the trading system stayed favourable for developing countries and their debt burden remained low**

Official development assistance stood at $134.8 billion in 2013, the highest level ever recorded, after two years of declining volumes. However, aid is shifting away from the poorest countries. 80 per cent of imports from developing countries entered developed countries duty-free and tariffs remained at an all-time low. The debt burden of developing countries remained stable at about 3 per cent of export revenue.

Substantial progress has been made in most areas, but much more effort is needed to reach the set targets

- **Major trends that threaten environmental sustainability continue, but examples of successful global action exist**

Global emissions of carbon dioxide (CO_2) continued their upward trend and those in 2011 were almost 50 per cent above their 1990 level. Millions of hectares of forest are lost every year, many species are being driven closer to extinction and renewable water resources are becoming scarcer. At the same time, international action is on the verge of eliminating ozone-depleting substances and the proportion of terrestrial and coastal marine areas under protection has been increasing.

- **Hunger continues to decline, but immediate additional efforts are needed to reach the MDG target**

The proportion of undernourished people in developing regions has decreased from 24 per cent in 1990–1992 to 14 per cent in 2011–2013. However, progress has slowed down in the past decade. Meeting the target of halving the percentage of people suffering from hunger by 2015 will require immediate additional effort, especially in countries which have made little headway.

- **Chronic undernutrition among young children declined, but one in four children is still affected**

In 2012, a quarter of all children under the age of five years were estimated to be stunted—having inadequate height for their age. This represents a significant decline since 1990 when 40 per cent of young children were stunted. However, it is unacceptable that 162 million young children are still suffering from chronic undernutrition.

- **Child mortality has been almost halved, but more progress is needed**

Worldwide, the mortality rate for children under age five dropped almost 50 per cent, from 90 deaths per 1,000 live births in 1990 to 48 in 2012. Preventable diseases are the main causes of under-five deaths and appropriate actions need to be taken to address them.

- **Much more needs to be done to reduce maternal mortality**

Globally, the maternal mortality ratio dropped by 45 per cent between 1990 and 2013, from 380 to 210 deaths per 100,000 live births. Worldwide, almost 300,000 women died in 2013 from causes related to pregnancy and childbirth. Maternal death is mostly preventable and much more needs to be done to provide care to pregnant women.

- **Antiretroviral therapy is saving lives and must be expanded further**

Access to antiretroviral therapy (ART) for HIV-infected people has been increasing dramatically, with a total of 9.5 million people in developing regions receiving treatment in 2012. ART has saved 6.6 million lives since 1995. Expanding its coverage can save many more. In addition, knowledge about HIV among youth needs to be improved to stop the spread of the disease.

- **Over a quarter of the world's population has gained access to improved sanitation since 1990, yet a billion people still resorted to open defecation**

Between 1990 and 2012, almost 2 billion people gained access to an improved sanitation facility. However, in 2012, 2.5 billion people did not use an improved sanitation facility and 1 billion people still resorted to open defecation, which poses a huge risk to communities that are often poor and vulnerable already. Much greater effort and investment will be needed to redress inadequate sanitation in the coming years.

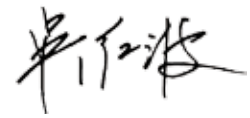
- **90 per cent of children in developing regions are attending primary school**

The school enrolment rate in primary education in developing regions increased from 83 per cent to 90 per cent between 2000 and 2012. Most of the gains were achieved by 2007, after which progress stagnated. In 2012, 58 million children were out of school. High dropout rates remain a major impediment to universal primary education. An estimated 50 per cent of out-of-school children of primary school age live in conflict-affected areas.

The MDGs show that progress is possible, providing the platform for further action

The MDGs brought together governments, the international community, civil society and the private sector to achieve concrete goals for development and poverty eradication. Much has been accomplished through the concerted and focused efforts of all, saving and improving the lives of many people, but the agenda remains unfinished. The analysis presented in this report points to the importance of intensifying efforts to meet all MDG targets.

The post-2015 development agenda is slated to carry on the work of the MDGs and integrate the social, economic and environmental dimensions of sustainable development. Continued progress towards the MDGs in the remaining year is essential to provide a solid foundation for the post-2015 development agenda.



Wu Hongbo
Under-Secretary-General for Economic and Social Affairs

Data for development

Reliable and robust data are critical for devising appropriate policies and interventions for the achievement of the MDGs and for holding Governments and the international community accountable. The MDG framework has fostered the strengthening of statistical systems at both national and international levels to enable the production of quality data for monitoring progress towards the set of concrete, time-bound Goals. Despite considerable advancements in recent years, reliable statistics for monitoring development remain inadequate in many countries. Data gaps, data quality, compliance with methodological standards and non-availability of disaggregated data are among the major challenges to MDG monitoring.

MDG monitoring is driving development policy decision making

▶ MDG monitoring has generated public support and funding for development

The number of Member States submitting country progress reports to the Global AIDS Response Progress Reporting (GARPR) increased from 102 in 2004 to 186 in 2012. The monitoring of HIV and AIDS has helped to galvanise global efforts and to increase the allocation of aid to the fight against HIV and AIDS. Funding for HIV programmes has more than tripled compared to a decade ago, and about ten million people living with HIV were accessing antiretroviral treatment in 2012.

▶ Reliable and timely data allow targeted measures against poverty

The Government of Tanzania has established a comprehensive, MDG-based poverty-monitoring system and has used this information to hone its Poverty Reduction Strategy. Evidence of growing urban-rural disparities has led the Government to increase funding to agriculture, in order to address rural poverty and food security. Similarly, evidence on trends in education and health has prompted the Government into fully meeting the budgetary requirements for primary education and basic health. Abolition of primary school fees, a measure introduced with the Poverty Reduction Strategy, has boosted the enrolment of children in primary school substantially—from less than 50 per cent in 1999 to nearly universal enrolment by 2008.

▶ Disaggregated data can identify problems in local areas and specific population groups, thus allowing effective interventions

Disaggregated data help to track progress accurately in local areas and across marginalized and disadvantaged groups to map out inequalities. For example, household surveys in Bosnia and Herzegovina found that only 32 per cent of the poorest fifth of the Roma population had access to an improved drinking water source, compared to 82 per cent of the poorest fifth of the general population. Thus, data disaggregation makes the invisible visible and allows monitoring progress towards the elimination of inequalities that have undermined the full realization of the Human Right to Water and Sanitation by all.

The MDG monitoring framework has helped to improve statistical capacity and data availability

▶ Statistical capacity has been strengthened to produce internationally comparable development indicators

In many developing countries, the need to track MDG progress gave national statistical systems the opportunity to develop their capacity to produce and deliver the necessary information. The international statistical community has helped to improve methodologies, produce guidelines, and define priorities and strategies to support countries in data collection, analysis, and reporting on MDGs. Household surveys—such as the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS), supported by the international statistical community and undertaken by national authorities—have enabled developing countries to produce statistically sound and internationally comparable estimates on MDG indicators in the areas of health, education, child protection, and HIV and AIDS.

▶ Coordination within countries has improved and the national statistics office has strengthened its coordination role

In Mexico, a specialized technical committee has been set up to coordinate the integration of the MDG indicators into the National Development Plan. All Government Ministries are involved in the process, providing basic data and reviewing and updating metadata. The National Institute of Statistics and Geography was assigned the role of coordinator. Consequently, MDG monitoring has improved the cooperation between Government offices

and strengthened the role of the national statistics office, resulting in improved reporting of development indicators at both national and subnational levels.

▶ Statistical standardization and information systems have improved

In Cambodia, the implementation of MDG monitoring has facilitated the development of common statistical standards on core indicators across the national statistical system. Efforts include the establishment of a repository for development indicators and the development of a metadata handbook to further promote agreed standards and to create greater transparency for users of the data.

▶ Data availability and quality of development indicators have improved

The MDG monitoring framework has helped to improve data availability for the majority of the internationally monitored MDG indicators. An analysis of a subset of 22 MDG indicators showed that the number of developing countries that had two or more data points for at least 16 of those indicators rose from 4 countries in 2003 to 129 countries in 2013. For instance, barely half of the countries in developing regions had at least one data point available to measure skilled attendance at birth accurately in 1990-1994, whereas 90 per cent of those countries had this type of data available by 2005–2009.

Lack of data hampers effective policymaking

▶ Basic data for development are missing

Important data on development—such as the number of births and deaths, the number and quality of jobs, and data on agricultural productivity—are still missing in many developing countries. Most sub-Saharan African countries and many other developing countries still lack complete civil registration systems, which can be the basis for the reporting on births and deaths. It is estimated that nearly 230 million children worldwide under age five have never been registered—approximately one of every three children under age five. Children unregistered at birth or lacking identifying documents are often excluded from access to education, health care and social security.

▶ Data gaps for MDG monitoring remain

The availability, frequency, and quality of poverty-monitoring data have remained low, especially in small States and countries and territories in fragile situations. Institutional, political, and financial obstacles have continued to hamper data collection, analysis, and public access. There is an urgent need to improve household survey programmes for poverty monitoring in these countries.

Between 2000 and 2012, malaria reporting improved in many of the 103 countries which had ongoing cases of malaria transmission. However, in 41 countries where 85 per cent of the estimated number of cases have occurred, the data generated by national health information systems has continued to be incomplete or inconsistent, making it difficult to assess trends in malaria occurrence over time. Surveillance systems are weakest—and case detection rates lowest—in countries where the disease burden is highest. In 2012, routine health information systems detected only 14 per cent of the world's malaria cases.

▶ Existing data are underutilized

Data sources used to produce development indicators have not been exploited sufficiently. For instance, the wealth of information available from population censuses and household surveys, such as MICS and DHS, has remained underutilized. Limited efforts have been made to fully analyse and effectively use these data sources, especially on the disaggregated information by wealth quintile, sex, specific population groups and place of residence, which will be helpful in addressing persistent inequality issues in a society.

Sustainable data are needed for sustainable development

As the 2015 deadline for the MDGs approaches, the international community has started to work on a new development framework. The Report of the High Level Panel of Eminent Persons on the Post-2015 Development Agenda called for a 'Data Revolution', which reflects the growing demand for better, faster, more accessible, and more disaggregated data for bringing poverty down and achieving sustainable development.

The new data demand requires country ownership and Government commitment to increasing resources for the statistical system and building statistical capacity, with the support of the international community. It also asks to bring new information technologies and existing data infrastructure together to produce improved development data. In harnessing the potential of technological advances, there must be continual reinforcement of the existing data infrastructure, such as the registration of births and deaths, health and education information systems, and survey systems. In addition, promoting open access to and effective use of data is essential.

The monitoring experience of the MDGs has shown that data will play a central role in advancing the new development agenda. We need sustainable data to support sustainable development.

Goal 1

Eradicate extreme poverty and hunger

Quick facts

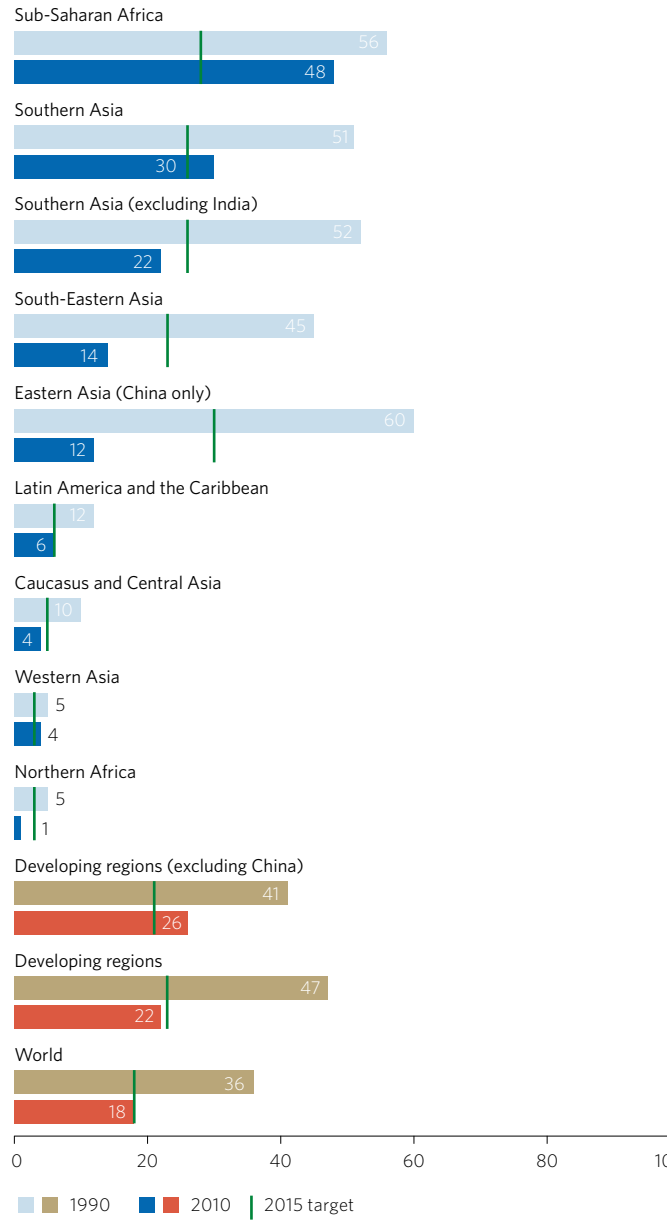
- About one in five persons in developing regions lives on less than $1.25 per day.
- Vulnerable employment accounted for 56 per cent of all employment in developing regions, compared to 10 per cent in developed regions.
- About 173 million fewer people worldwide suffered from chronic hunger in 2011–2013 than in 1990–1992.
- One in four children under age five in the world has inadequate height for his or her age.
- Every day in 2013, 32,000 people had to abandon their homes to seek protection due to conflict.

TARGET 1.A

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

The extreme poverty rate has been halved, but major challenges remain

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

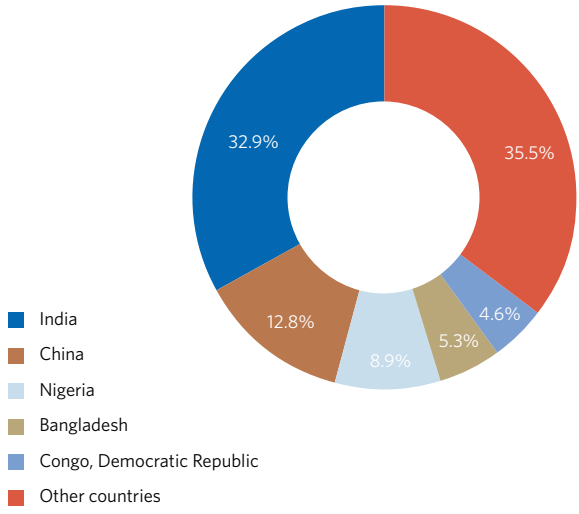


Note: Available country data are not sufficient to calculate the aggregate values for Oceania.

The world has made remarkable progress in reducing extreme poverty. In 1990, close to half of the people in developing regions lived on less than $1.25 a day. This rate dropped to 22 per cent by 2010. This means that the world reached the MDG target—of halving the proportion of people living in extreme poverty—five years ahead of the 2015 deadline. Meantime, the absolute number of people living in extreme poverty fell from 1.9 billion in 1990 to 1.2 billion in 2010. Despite this overall achievement, progress on poverty reduction has been uneven. Some regions, such as Eastern Asia and South-Eastern Asia, have met the target of halving the extreme poverty rate, whereas other regions, such as sub-Saharan Africa and Southern Asia, still lag behind. According to World Bank projections, sub-Saharan Africa will be unlikely to meet the target by 2015.

The majority of the extreme poor live in a few countries

Top five countries with the largest share of the global extreme poor, 2010 (Percentage)



The overwhelming majority of people living on less than $1.25 a day belong to two regions: Southern Asia and sub-Saharan Africa. In 2010, one third of the world's 1.2 billion extreme poor lived in India alone. China, despite much progress in poverty reduction, ranked second, and was home to about 13 per cent of the global extreme poor. Nigeria (9 per cent), Bangladesh (5 per cent) and the Democratic Republic of the Congo (5 per cent) followed. Nearly two thirds of the extreme poor lived in those five countries in 2010.

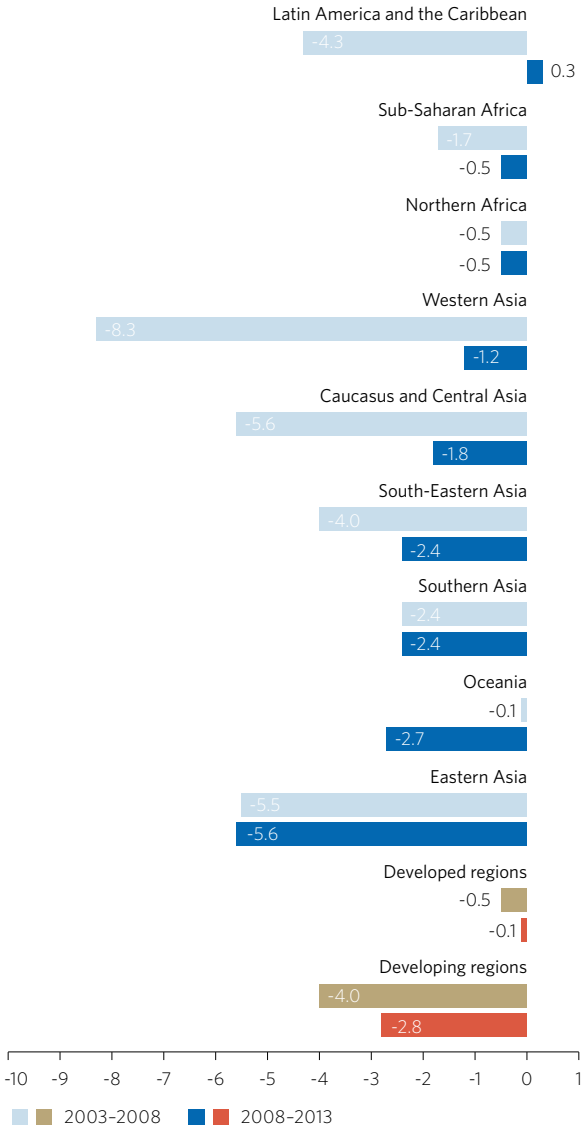
Aside from those populous countries with large numbers of the extreme poor, high poverty rates are often found in small, fragile and conflict-affected countries. However, such countries often lack frequent, quality household surveys that could capture details on income or consumption, thus hampering efforts to design and implement appropriate policies and programmes that will tackle poverty.

TARGET 1.B

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

Slow economic growth takes its toll on labour markets

Changes in proportion of own-account and contributing family workers in total employment, 2003–2008 and 2008–2013 (Percentage)



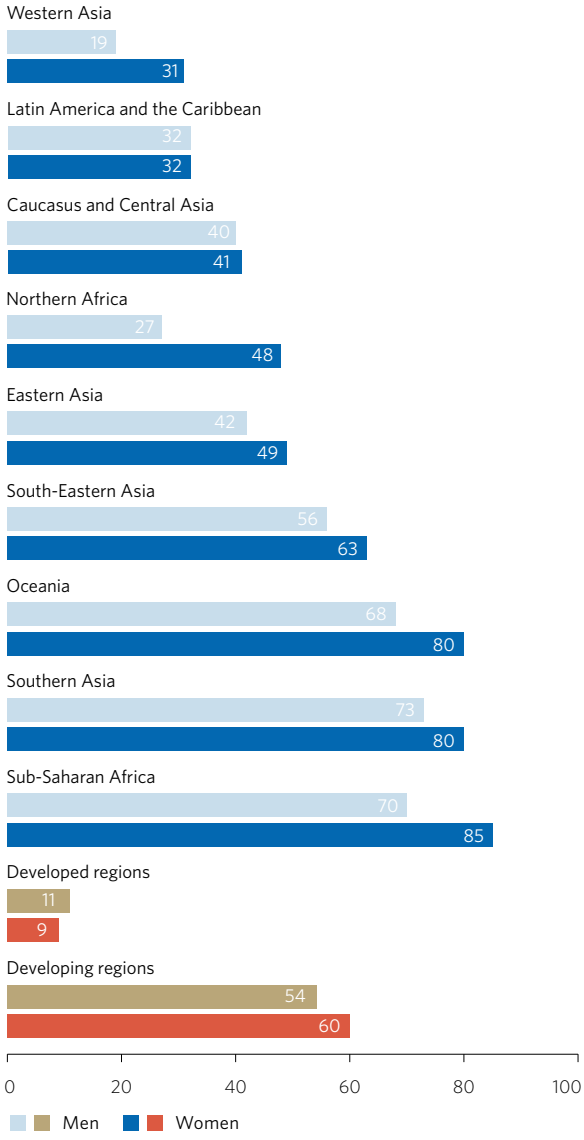
In 2013, global economic growth slowed to its lowest rate since 2009. The weak and uneven global economic recovery continued to take its toll on labour markets, particularly in the developing world. This was reflected in limited progress in the reduction of low-quality employment, which has been widespread in most developing countries.

Vulnerable employment rate—defined as the percentage of own-account and unpaid family workers in total employment—accounted for an estimated 56 per cent of all employment in developing regions in 2013, compared to 10 per cent in developed regions. This rate decreased by 2.8 percentage points in the period of 2008–2013, compared to a decrease of 4.0 percentage points in the preceding five-year period (2003–2008). A high proportion of workers in vulnerable employment signifies widespread informal working arrangements. Workers in such situations usually lack adequate social protection and suffer low incomes and arduous working conditions under which their fundamental rights may be violated.

The slowdown in the decrease in vulnerable employment affected most regions, and was most pronounced in Western Asia. In that region, the vulnerable employment rate decreased by only 1.2 percentage points in 2008–2013, compared to more than 8 percentage points in 2003–2008. The vulnerable employment rate increased in Latin America and the Caribbean, while Oceania experienced a significantly larger decrease in 2008–2013 than in the preceding period.

Women are more engaged in vulnerable employment than men

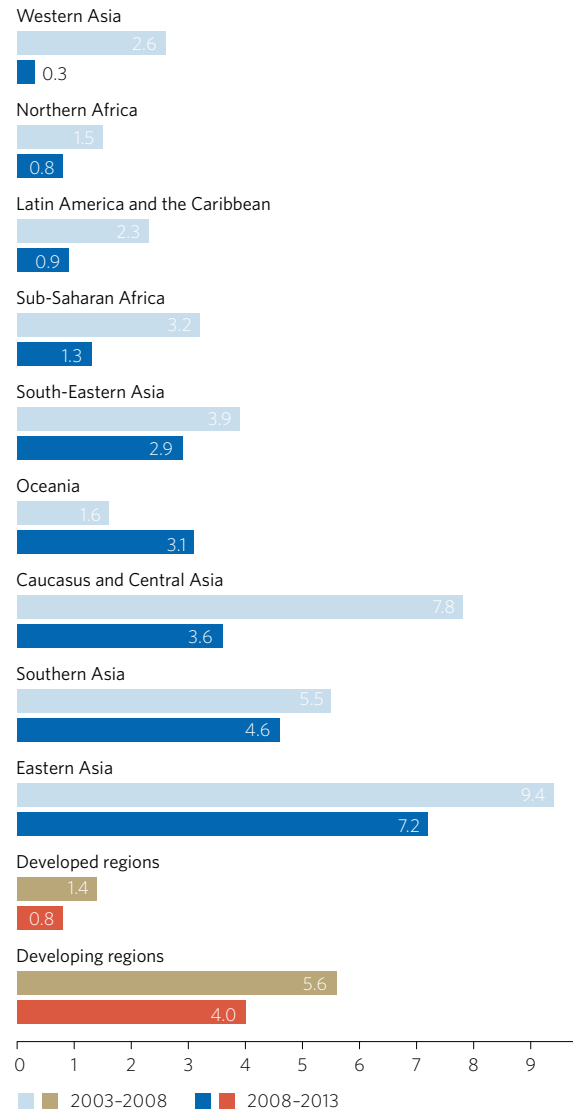
Proportion of own-account and contributing family workers in total employment, women and men, 2013 (Percentage)



Vulnerable employment rates continued to be higher for women than for men. In developing regions, 60 per cent of women were in vulnerable employment in 2013, compared to 54 per cent of men. The largest gender gaps (all exceeding 10 percentage points) were found in Northern Africa, sub-Saharan Africa, Western Asia and Oceania. The gender gap has closed in Latin America and the Caribbean in recent years and was very small (1 percentage point) in Caucasus and Central Asia.

Limited improvement in job quality is accompanied by slowdown in productivity growth

Average annual growth in output per worker, 2003–2008 and 2008–2013 (Percentage)



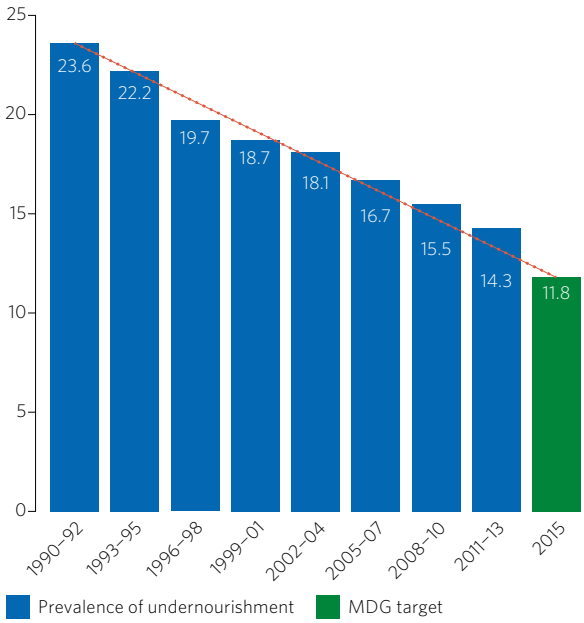
Labour productivity is a key measure of economic performance. It measures the amount of goods and services that a worker produces in a given amount of time. Average annual labour productivity growth rates slowed down markedly in most developing regions in the period 2008–2013, compared to the period 2003–2008. On average, productivity growth in developing regions slowed down from 5.6 per cent annually to 4.0 per cent annually. The slowdown affected Caucasus and Central Asia and Western Asia, in particular. Only Oceania experienced stronger productivity growth in the most recent period.

TARGET 1.C

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

Hunger continues to decline, but major efforts are needed to achieve the hunger target globally by 2015

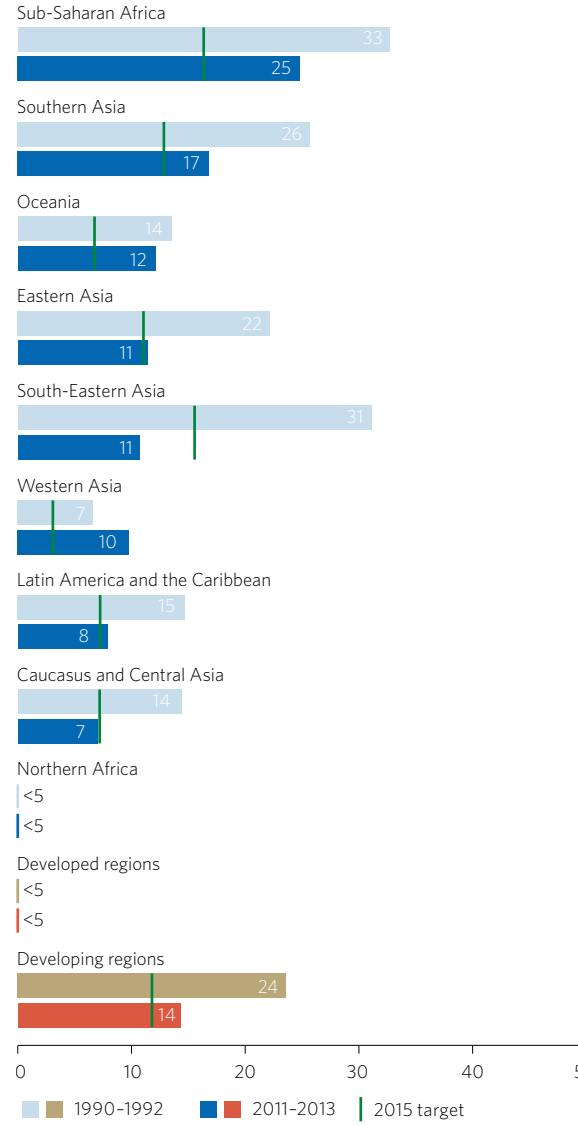
Proportion of undernourished people in developing regions, 1990–2013 (Percentage)



A total of 842 million people, or about one in eight people in the world, were estimated to be suffering from chronic hunger in 2011–2013. The vast majority of those people (827 million) resided in developing regions. Since 1990–1992, significant progress towards the MDG hunger target has been recorded in those regions. The proportion of undernourished people—those individuals not being able to obtain enough food regularly to conduct an active and healthy life—decreased from 23.6 per cent in 1990–1992 to 14.3 per cent in 2011–2013. However, progress during the past decade was slower compared to that recorded in the 1990s. Should the average annual decline of the past 21 years continue on to 2015, the prevalence of undernourishment would barely exceed the target by about 1 percentage point. Meeting the target, therefore, will require considerable—and immediate—additional effort, especially in countries which have showed little headway.

Progress in reducing undernourishment is uneven across regions and countries

Proportion of undernourished people, 1990–1992 and 2011–2013 (Percentage)



Despite overall progress, marked differences in reducing undernourishment have persisted across regions. There have been significant reductions in both the estimated prevalence of undernourishment and the number of undernourished in most countries in South-Eastern Asia, Eastern Asia, Caucasus and Central Asia, and Latin America and the Caribbean in which the target of halving the hunger rate has been reached, or almost reached. In comparison, sub-Saharan Africa has shown limited progress in recent years, remaining the region with the highest prevalence of undernourishment. Western Asia witnessed a rise in the prevalence of undernourishment compared to 1990–1992, and Southern Asia and Oceania showed progress insufficient to meet the MDG hunger target by 2015.

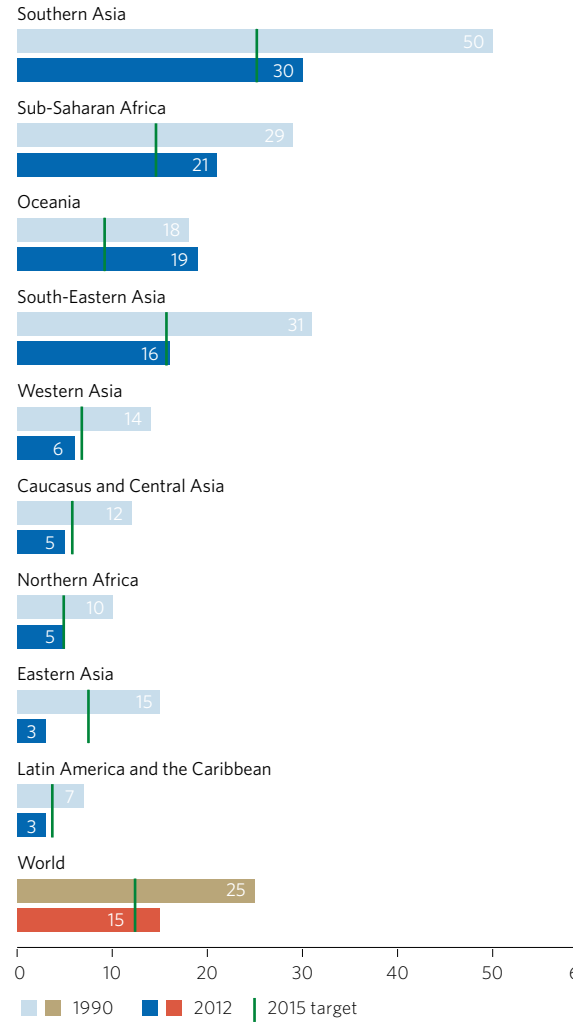
Useful policy implications can be drawn by analysing the different dimensions of food security

The prevalence of undernourishment does not capture the complexity of food security and its multiple dimensions. There are several countries in which underweight and stunting in children persist even when undernourishment is low and most of the population has access to sufficient quantities of food. Nutritional failures are the consequence not only of insufficient food access but also of poor health conditions and the high incidence of diseases such as diarrhoea, malaria, HIV/AIDS and tuberculosis.

The Food and Agriculture Organization of the United Nations (FAO) has recently proposed a suite of indicators to measure the different dimensions of food security to allow identifying appropriate policy actions. In countries where low undernourishment coexists with high malnutrition, nutrition-enhancing interventions are crucial to improving the nutritional aspects of food security. Improvements require a range of policies, encompassing improvements in health conditions, hygiene, water supply and education, targeting women in particular, while less emphasis is required on access to food per se.

One in seven children under age five in the world is underweight

Proportion of children under age five moderately or severely underweight, 1990 and 2012 (Percentage)



Note: The trend analysis presented was based on harmonized estimates on child malnutrition from the United Nations Children's Fund, the World Health Organization and the World Bank.

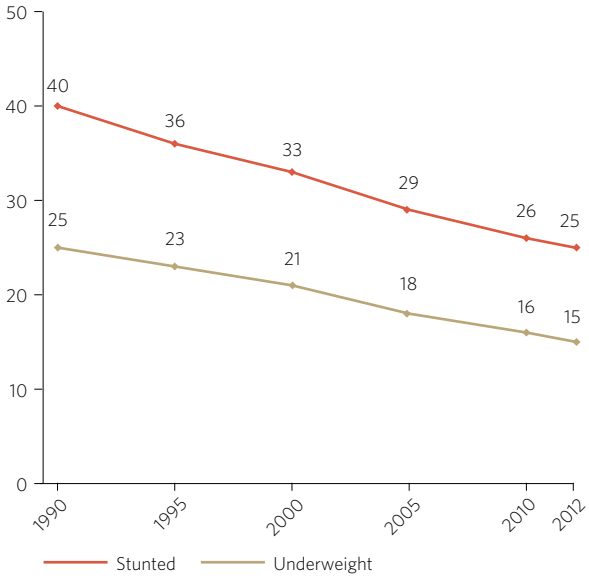
An estimated 99 million children under age five in the world were underweight—inadequate weight for age—in 2012. This represented 15 per cent of all children under five, or approximately one in seven. The number of underweight children fell by 38 per cent from an estimated 160 million children in 1990.

Eastern Asia has experienced the largest relative decrease in the prevalence of underweight children among all regions since 1990, followed by Caucasus and Central Asia, Latin America and the Caribbean and Western Asia. While Southern Asia had the highest underweight

prevalence in 2012, it has also experienced the largest absolute decrease since 1990 and has contributed significantly to the decreased global burden over the same time period. Sub-Saharan Africa, despite a modest reduction in the prevalence of underweight children since 1990, was the only region where the number of undernourished children increased, from an estimated 27 million to 32 million, between 1990 and 2012. Oceania has demonstrated the least progress of all regions.

Despite steady gains, one in four children around the world remains stunted

Proportion of children under age five moderately or severely stunted, and moderately or severely underweight, 1990–2012 (Percentage)

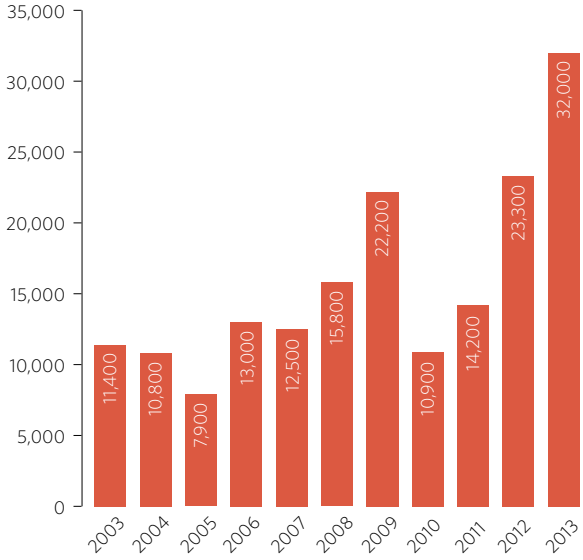


Stunting—defined as inadequate length or height for age—can reflect better than underweight the cumulative effects of child undernutrition and infection during the critical 1,000-day period covering pregnancy and the first two years of a child's life. Stunting is more common than underweight, with one in four children affected globally in 2012. Although the prevalence of stunting fell from an estimated 40 per cent in 1990 to 25 per cent in 2012, an estimated 162 million children under the age of five remain at risk of diminished cognitive and physical development associated with this chronic form of undernutrition. As with underweight, all regions have experienced a decline in the number of children affected by stunting, except sub-Saharan Africa, where the number of stunted children increased alarmingly by one third, from 44 million to 58 million between 1990 and 2012.

Reductions in stunting and other forms of undernutrition can be achieved through proven interventions. These include improving maternal nutrition, especially before, during and immediately after pregnancy; early and exclusive breastfeeding; and timely, safe, appropriate and high-quality complementary food for infants, accompanied by appropriate micronutrient interventions.

The number of newly displaced persons has tripled since 2010

Average number of newly displaced persons* per day, 2003–2013



* Displaced internally or across international borders.

The year 2013 was marked by a continuation of multiple refugee crises, resulting in numbers unseen since 1994. Conflicts during the year such as those in the Central African Republic, the Democratic Republic of the Congo, Mali, the Syrian Arab Republic, and the border area between South Sudan and Sudan, among others, have forced an average 32,000 people per day to abandon their homes and seek protection elsewhere.

By the end of 2013, a record high of 51 million people were displaced forcibly worldwide as a result of persecution, conflict, generalized violence and human-rights violations. These displaced consisted of 16.7 million refugees, of whom 11.7 million fell under the responsibility of the United Nations High Commissioner for Refugees (UNHCR) and 5 million were Palestinian refugees registered with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). An additional more than 1.1 million individuals were waiting for decisions on their asylum applications by year-end. Another 33.3 million people uprooted by violence and persecution remained within the borders of their own countries.

Developing countries, many of them poverty stricken, continue to shoulder the largest burden. They hosted 86 per cent of refugees under the UNHCR mandate, compared to 70 per cent a decade ago. Afghanistan (2.55 million), the Syrian Arab Republic (2.47 million) and Somalia (1.12 million) were the three main source countries of refugees under UNHCR responsibility, accounting for more than half of the total. The Syrian Arab Republic became a main source of refugees during 2013 as a result of the dramatic humanitarian situation in that country.

More than half of the world's refugees nowadays are housed in urban areas and not in camps, compared to approximately only one third a decade ago.

Goal 2

Achieve universal primary education

Quick facts

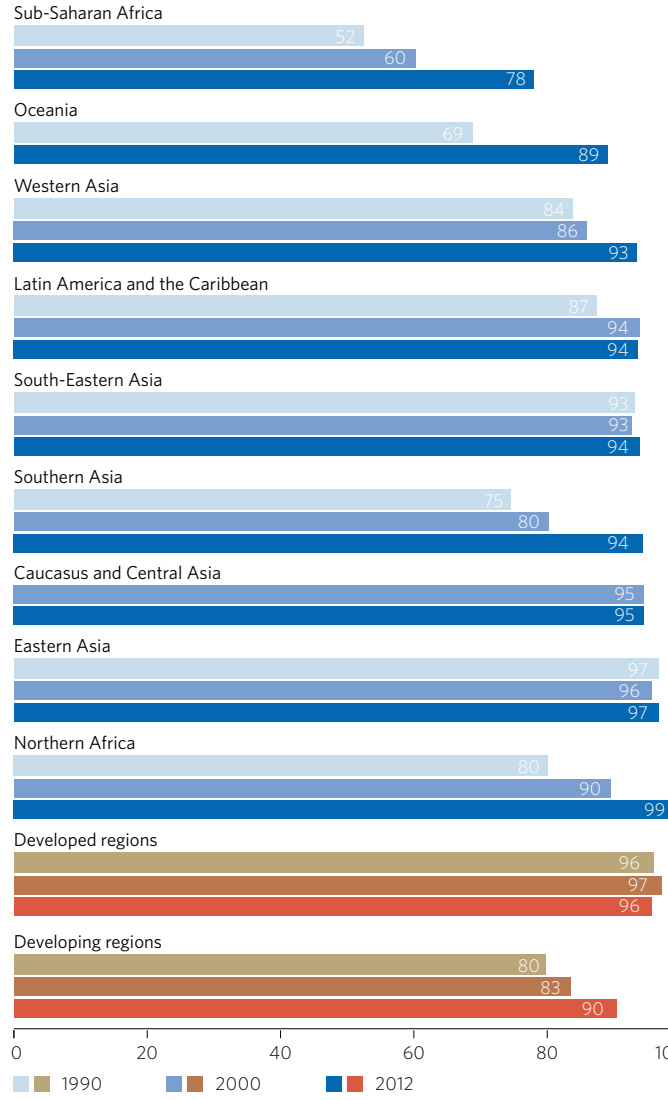
- Half of the 58 million out-of-school children of primary school age live in conflict-affected areas.
- More than one in four children in developing regions entering primary school is likely to drop out.
- 781 million adults and 126 million youth worldwide lack basic literacy skills, and more than 60 per cent of them are 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

Despite impressive strides forward at the start of the decade, progress in reducing the number of children out of school has slackened considerably

Adjusted net enrolment rate for primary education,* 1990, 2000 and 2012 (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: 2000 data for Oceania not available.
1990 data for Caucasus and Central Asia not available.

Developing regions made substantial progress towards universal primary education between 2000 and 2012, with the adjusted net enrolment rate in primary education increasing by 7 percentage points, from 83 per cent to 90 per cent. By 2012, one in ten children of primary school age was still out of school. There was a marked decrease globally in the number of children out of school during the early 2000s—from 100 million in 2000 to 60 million in 2007—after which progress stagnated. There were still 58 million children out of school in 2012.

The regions of Eastern Asia, South-Eastern Asia, Caucasus and Central Asia, and Latin America and the Caribbean were close to achieving universal primary education, but have seen little progress since 2000. Northern Africa, which had enrolment rates of 80 per cent in 1990, had almost achieved universal primary education by 2012. Western Asia and Southern Asia have also closed the gap towards universal primary education, especially since 2000. Oceania made substantial progress between 1990 and 2012 with an increase in enrolment rates from 69 per cent to 89 per cent. The greatest improvement was in sub-Saharan Africa, where the adjusted net enrolment rate increased by 18 percentage points between 2000 and 2012.

However, sub-Saharan Africa faces a big challenge despite its impressive achievement: rapid population growth. Compared to 2000, there were 35 per cent more school children to accommodate in 2012. Countries in the region have also experienced armed conflicts and numerous other emergencies which have kept children out of school. Hence, although the number of children enrolled in primary education more than doubled between 1990 and 2012, from 62 million to 149 million, there were still 33 million children of primary school age who were not in school, of which 56 per cent were girls.

Children in conflict-affected areas, girls from poor rural households and children with disabilities are more likely to be out of school

An estimated 50 per cent of out-of-school children of primary school age live in conflict-affected areas, even though these areas are home to only 22 per cent of the world's primary-school-age population. Sub-Saharan Africa accounts for 44 per cent of these children, Southern Asia about 19 per cent, and Western Asia together with Northern Africa, 14 per cent.

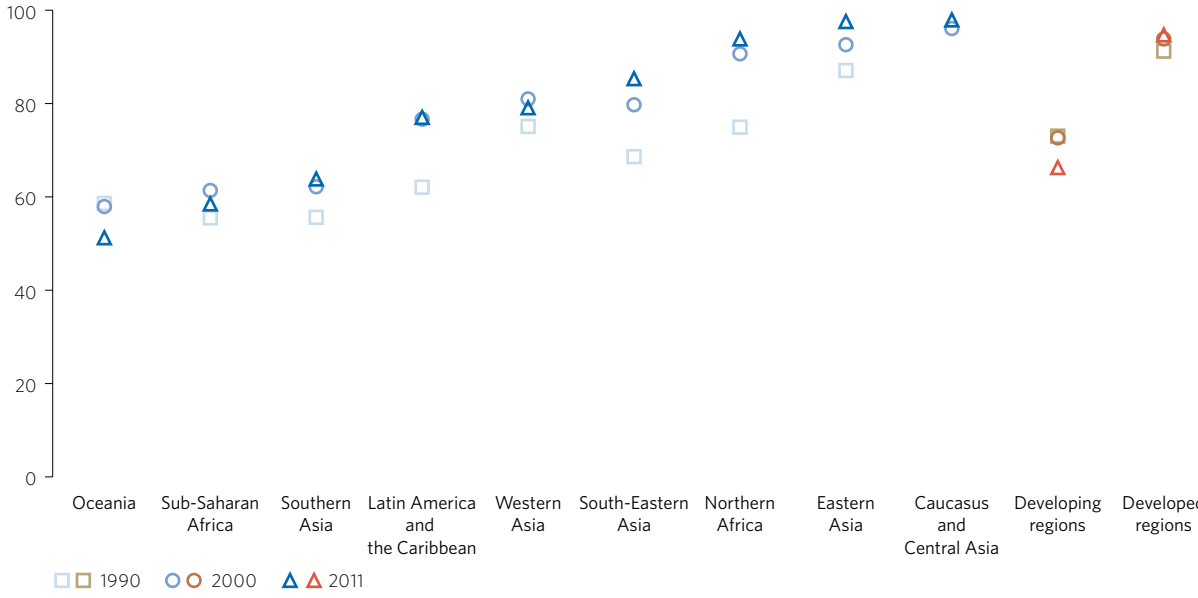
Recent household surveys have revealed the negative effect of conflict on school attendance. For example, in the conflict-affected province of Nord Kivu in the Democratic Republic of the Congo, almost one in two children of primary school age from the poorest households had never been to school in 2010, compared to one in four in the province of Kasaï-Oriental. In the conflict-affected province of Najaf in Iraq, 27 per cent of children of primary school age from the poorest households had never been to school in 2011, compared to 3 per cent in Al-Sulaimaniyah province.

Poverty, gender and location are the most pervasive factors linked to disparities in school attendance in children of primary-school and lower-secondary-school age. An analysis of 61 household surveys from developing countries between 2006 and 2012 shows that children of primary-school age from the poorest 20 per cent of households are over three times more likely to be out of school than children from the richest 20 per cent of households. Among the poorest households, girls are more likely to be excluded from education than boys. Disparities in school participation linked to place of residence also persist. Rural primary-school-aged children are twice as likely to be out of school compared to their urban counterparts. In sub-Saharan Africa, only 23 per cent of poor, rural girls complete their primary education.

Disadvantaged children, such as those with disabilities, are also at risk. These children often require education adapted to their needs. However, in many developing countries, such personalized approaches are either deficient or unavailable, which either prevents these children from going to school, or slows their progress. Inclusive education requires increased attention to be paid to children with disabilities as well as those who are more generally marginalized or vulnerable.

High dropout rates remain a major impediment to universal primary education

Proportion of pupils starting grade 1 who reach the last grade of primary education, 1990, 2000 and 2011 (Percentage)



Note: 1990 data for Caucasus and Central Asia not available.

The achievement of universal primary education requires both enrolment in, and completion of, the full cycle of primary school education. Between 2000 and 2011, persistent early school leaving has slowed progress towards this goal in developing regions. During this period, the proportion of pupils in developing regions starting first grade who completed the last grade of primary education remained at 73 per cent.

Between 2000 and 2011, progress was observed everywhere except in Oceania, sub-Saharan Africa and Western Asia. In Caucasus and Central Asia, Eastern Asia and Northern Africa, nine out of ten pupils who started primary school completed the last grade, bringing these regions closer to achieving the universal primary education goal. However, only three out of five pupils in sub-Saharan Africa, and only one in two pupils in Oceania, were able to complete primary school. Boys were at greater risk than girls of leaving school earlier.

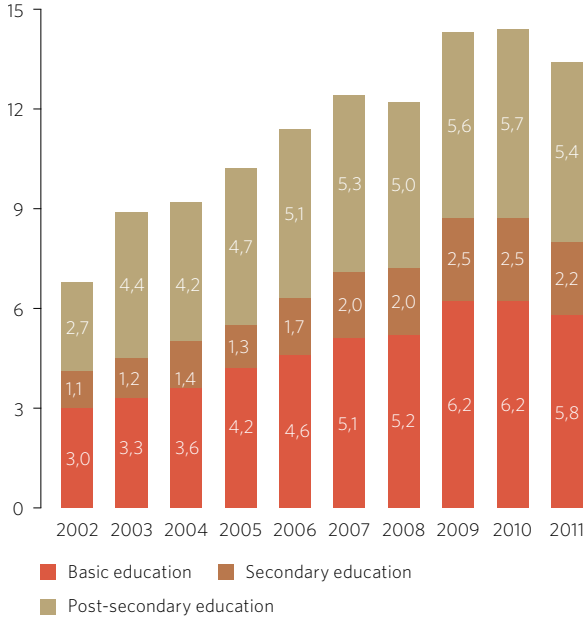
Children who are over-age for their grade are more likely to leave school early due to late entry, repetition or the rising opportunity cost of attending school. Other critical factors for early school leaving include travelling long distances from home to school, household poverty, the combination of work and study, and opportunity costs. Consequently, good measures to tackle early school leaving should address these factors and promote early interventions—including wider access to pre-primary school programmes to facilitate school readiness and timely school entry.

The global number of illiterates remains high despite rising literacy rates

Over the past two decades, the world has seen remarkable progress in youth and adult literacy rates and a simultaneous decrease in the gap between male and female literacy rates. The youth literacy rate for the population 15–24 years old increased globally, from 83 per cent in 1990 to 89 per cent in 2012. The adult literacy rate, for the population 15 years and older, increased from 76 per cent to 84 per cent. Still, 781 million adults and 126 million youth worldwide lacked basic reading and writing skills in 2012, with women accounting for more than 60 per cent of both the illiterate adult and youth populations.

Declines in aid threaten education in the poorest countries

Total aid to education disbursements, 2002–2011 (Constant 2011 US$ billions)



Given the fact that there has been little reduction in the number of children out of school since 2007, a final push will be needed to ensure that as many children as possible are in school by 2015. Even before the economic downturn, donors had not met the commitment made in Dakar in 2000 that no country would be left behind due to lack of resources. More recently, donors have even been moving away from this promise.

Donor aid to education had risen steadily after 2002, peaked in 2010 then declined by 7 per cent between 2010 and 2011. Alarmingly, for the first time since 2002, aid to basic education fell: from $6.2 billion in 2010 to $5.8 billion in 2011.

Low-income countries—which received one third of total educational aid to basic education—witnessed a decrease in aid to basic education, in contrast to middle-income countries where aid to basic education increased. Aid fell by 9 per cent in low-income countries between 2010 and 2011, from $2.1 billion to $1.9 billion. In sub-Saharan Africa, home to over half of the world's out-of-school population, aid to basic education declined by 7 per cent between 2010 and 2011.

Goal 3

Promote gender equality and empower women

Quick facts

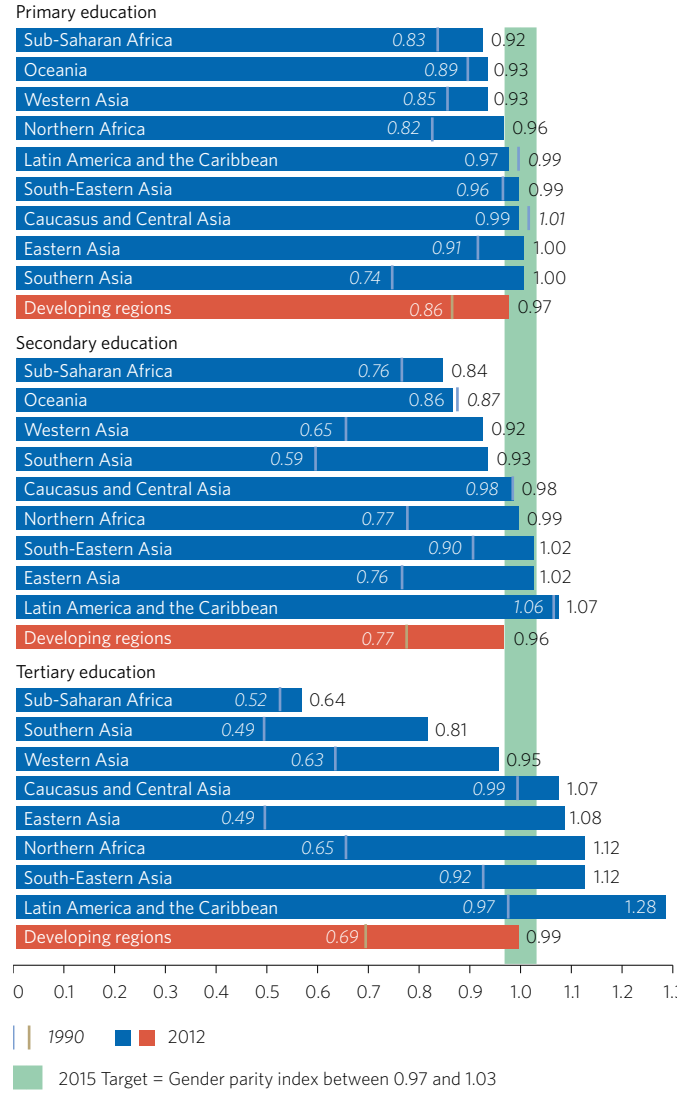
- In Southern Asia, only 74 girls were enrolled in primary school for every 100 boys in 1990. By 2012, the enrolment ratios were the same for girls as for boys.
- In sub-Saharan Africa, Oceania and Western Asia, girls still face barriers to entering both primary and secondary school.
- Women in Northern Africa hold less than one in five paid jobs in the non-agricultural sector.
- In 46 countries, women now hold more than 30 per cent of seats in national parliament in at least one chamber.

TARGET 3.A

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

Gender disparities are more prevalent at higher levels of education

Gender parity index for gross enrolment ratios in primary, secondary and tertiary education in developing regions, 1990 and 2012



Note: In secondary and tertiary education, 1990 data for Caucasus and Central Asia refer to 1993.
In tertiary education, 2012 data for Oceania are not available.

Gender parity in education is reached when the gender parity index (GPI), defined as girls' gross school enrolment ratio divided by the corresponding ratio for boys, is between 0.97 and 1.03. Trends in GPI show important gains in all developing regions at all levels of education—primary, secondary and tertiary. However, gender disparities become more prevalent at higher levels of education, with greater variances among developing regions.

In 2012, all developing regions achieved, or were close to achieving, gender parity in primary education. Southern Asia stands out in terms of overall progress in primary education: in 1990, the primary education GPI was the lowest of all regions, at 0.74; by 2012, it had risen to 1.00. However, there are still countries in that region where gender parity is yet to be achieved, namely, Afghanistan and Pakistan—where there are at most nine girls for every ten boys enrolled—and Bangladesh and Nepal—where the gender disparity favours girls.

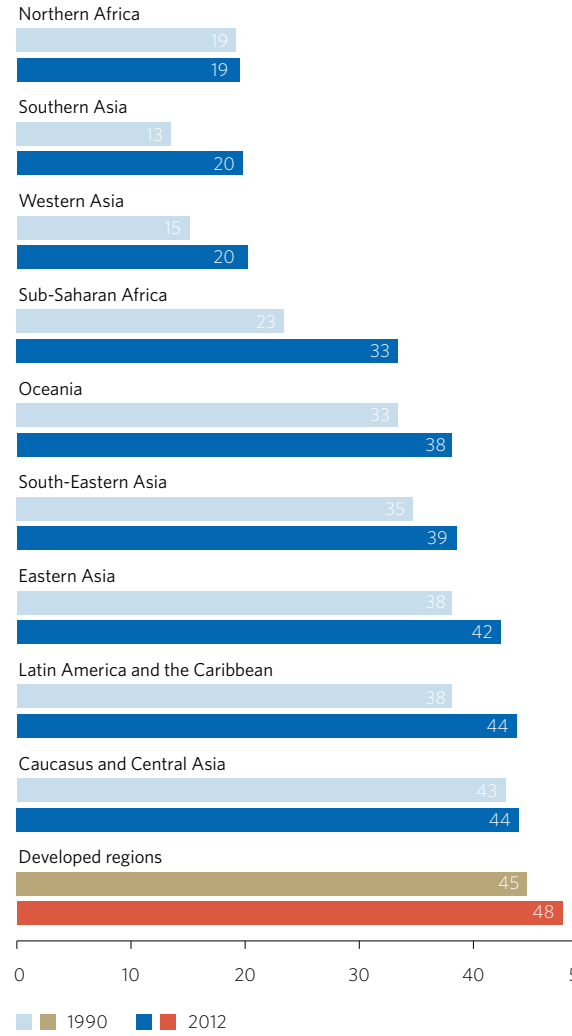
Sub-Saharan Africa, Oceania, Western Asia and Northern Africa still face continuing disadvantages for girls, although these regions have made substantial progress over the past two decades. The most significant progress in this group was observed in Northern Africa, where the GPI increased from 0.82 to 0.96. Sub-Saharan Africa had the lowest GPI of 0.92 in 2012 despite noticeable progress since 1990. The greatest improvements in this region over the period were observed in Benin, Burkina Faso, Chad, Guinea, Mauritania, Senegal and Sierra Leone, where an additional 30 to 40 more girls were enrolled in primary school for every 100 boys.

Gender disparities are larger in secondary education than in primary. While the Caucasus and Central Asia, Northern Africa, South-Eastern Asia and Eastern Asia have achieved gender parity, girls' enrolment ratios are still lower than boys' in sub-Saharan Africa, Oceania, Western Asia and Southern Asia. In 2012, Latin America and the Caribbean was the only region where gender disparity favoured girls.

In tertiary education, enrolment ratios in most regions have improved substantially over the years, but considerable disparities exist in all regions. Enrolment ratios of young women are significantly lower than those of young men in sub-Saharan Africa and Southern Asia. In contrast, young women in Caucasus and Central Asia, Eastern Asia, Latin America and the Caribbean, Northern Africa and South-Eastern Asia have higher enrolment ratios than young men.

Women's status in the labour market is improving, but gender disparity still exists

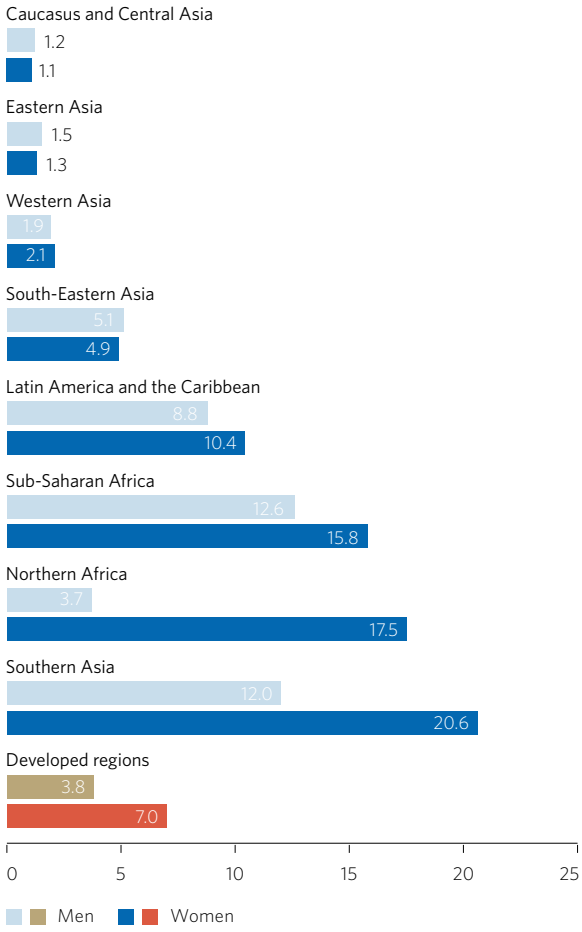
Employees in non-agricultural wage employment who are women, 1990 and 2012 (Percentage)



Women's access to paid employment in non-agricultural sectors has been increasing slowly over the past two decades. Women's share increased globally from 35 per cent in 1990 to 40 per cent in 2012, with increases, although unequal, observed in almost all regions. The most impressive progress has been registered in sub-Saharan Africa, an increase of 10 percentage points over the period 1990–2012. Northern Africa, in contrast, had one of the lowest proportions of women in paid employment in 1990, and showed no noticeable increase by 2012.

More family-friendly policies are needed to support greater women's participation in the job market

Time-related underemployment rate,* men and women, most recent data for period 2010–2012 (Percentage)



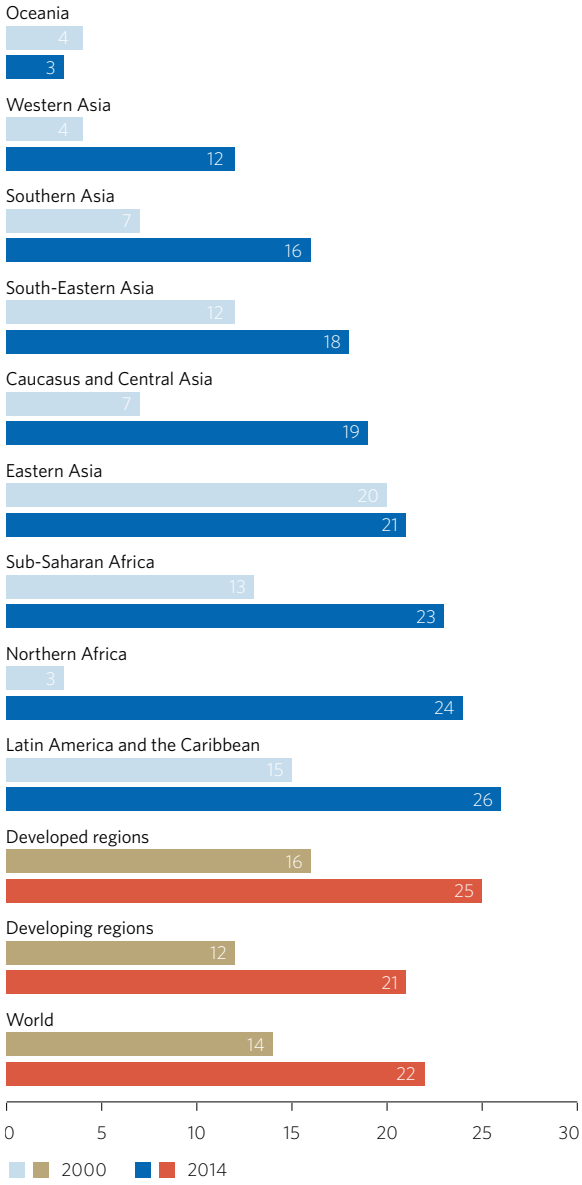
* Defined as the percentage of employed men and women that are willing and available to work additional hours.

In addition to a lower likelihood of being employed than men, women are far more likely than men to have part-time jobs and be in time-related underemployment. The proportion of women in part-time employment is more than double that of men in almost all countries where data are available. These higher part-time employment rates are associated with a number of factors, including gender inequality in family roles, the absence of adequate and affordable childcare and elderly-care facilities, and/or other social perceptions which play a significant role in the participation of women in employment, in their occupational choices, and in the employment patterns that reinforce gender disparities in the labour market.

One of the indicators that measures gender disparity in the labour market is the time-related underemployment rate. It measures the percentage of employed men and women who are willing, and available, to work additional hours. In most developing regions, the time-related underemployment rate for women is higher than that for men. The differences are particularly notable in Northern Africa and Southern Asia. This calls for more family-friendly policies, which not only encourage a better work-family balance, but also enhance the quality of part-time jobs and improve overall business productivity. The policies include legislation on flexible time, parental leave, other codes of conduct and new working practices, as well as childcare and elderly-care facilities.

Women's political participation continues to increase, but glass ceilings remain

Proportion of seats held by women in single or lower houses of national parliament, 2000 and 2014 (Percentage)



Women members of parliament accounted for 21.8 per cent of all parliamentary seats in January 2014, up from 20.3 per cent the previous year. In January 2014, 46 countries boasted more than 30 per cent women members of parliament in at least one chamber, up from 42 countries the previous year. Rwanda maintained its leadership with the election of women to 64 per cent of the seats in its lower house. By the end of 2013, only five chambers worldwide had no women in parliament.

The proportion of women holding seats in parliament increased in 42 of the 64 chambers renewed in 2013 worldwide. The proportion of women rose fastest, by more than 20 percentage points, in two chambers—Grenada's lower house (to 33.3 per cent) and Zimbabwe's upper house (to 47.5 per cent). These were followed by four countries: Saudi Arabia, Cameroon, Zimbabwe and Equatorial Guinea, with an increase of more than 15 percentage points in the lower houses. However, women's shares declined in 14 chambers. Legislated or voluntary quotas were used in 39 chambers holding elections. Such measures impact positively on women's access to parliament. However, quotas alone are not enough: political parties need to field more women candidates.

The year 2013 also witnessed a growing awareness of the importance of ending political violence against women. Pre- and post-electoral violence—which includes intimidation, physical assault and other forms of aggression towards candidates and elected women—is a common deterrent to women's political participation in any part of the world. Countries such as Bolivia and Mexico have taken the lead by passing legislation to redress this issue that deters women from political involvement.

The percentage of women in ministerial posts at the executive level of Government reached 17.2 per cent in 2014, up from 16.1 per cent in 2008. By January 2014, there were 36 countries with 30 per cent or more female ministers. Nicaragua headed the global table with women holding 57 per cent of ministerial positions, followed by Sweden, Finland, France, Cabo Verde and Norway. Political commitment and policy are key components to women's progress in this area.

Another positive trend has been that not only traditionally so-called "soft" portfolios—such as Social Affairs, Education and Women's Affairs—continue to be more commonly held by women ministers, but also that more women are now holding some of the so-called "hard" ministerial portfolios—such as Defence, Foreign Affairs and the Environment.

In contrast to these more positive trends, there has been a slight decline or inertia of the number of female Heads of State/Heads of Government and Speakers of Parliament. Since 2012, the number of female Heads of State or Heads of Government in the world has decreased slightly, from 19 to 18. Meanwhile, the percentage of female Speakers of Parliament has barely risen—from 14.2 per cent in 2012, to 14.8 per cent in 2013—suggesting that there may be a glass ceiling for women in some countries.

Goal 4

Reduce child mortality

Quick facts

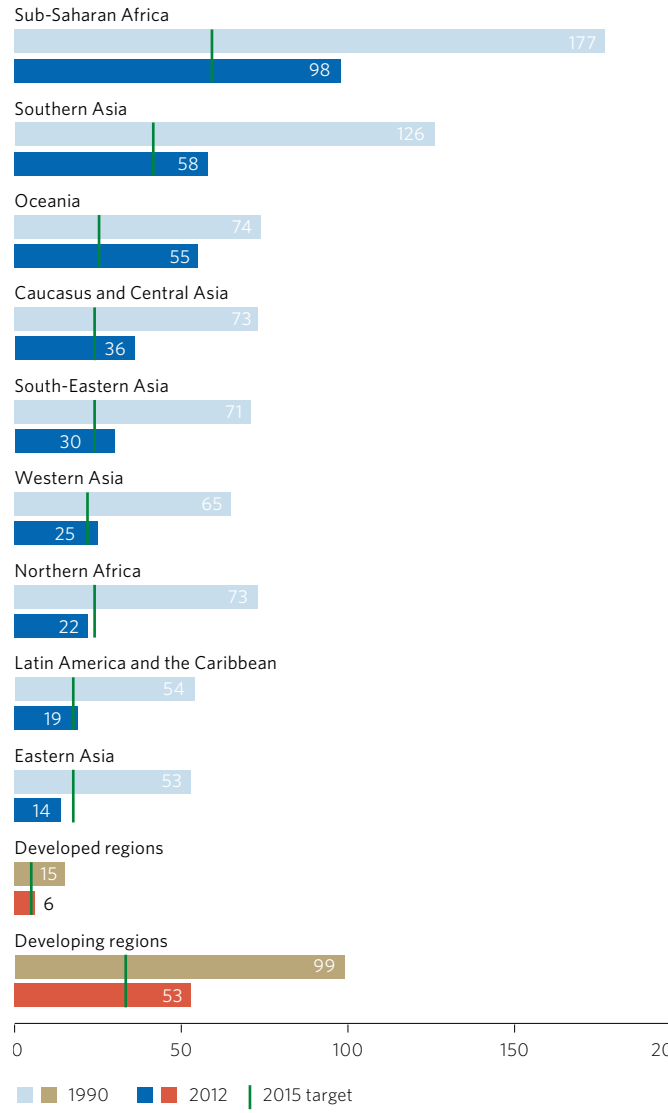
- The child mortality rate has almost halved since 1990; six million fewer children died in 2012 than in 1990.
- During the period from 2005 to 2012, the annual rate of reduction in under-five mortality was more than three times faster than between 1990 and 1995.
- Globally, four out of every five deaths of children under age five continue to occur in sub-Saharan Africa and Southern Asia.
- Immunization against measles helped prevent nearly 14 million deaths between 2000 and 2012.

TARGET 4.A

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

Despite substantial progress, the world is still falling short of the MDG child mortality target

Under-five mortality rate, 1990 and 2012 (Deaths per 1,000 live births)

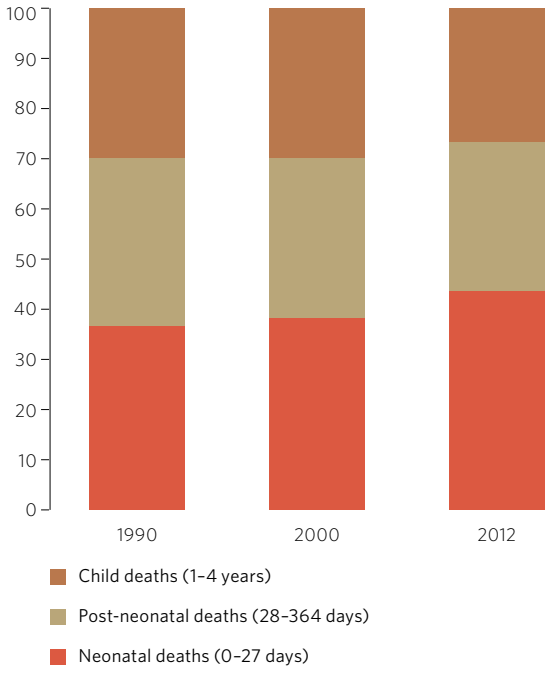


The global rate of under-five mortality in 2012 was almost half of its 1990 rate, dropping from 90 to 48 deaths per thousand live births. The estimated number of under-five deaths fell from about 12.6 million to 6.6 million over the same period: about 17,000 fewer children died each day in 2012 than in 1990. All regions, with the exception of sub-Saharan Africa and Oceania, have reduced their under-five mortality rate by more than half.

Currently, the world is reducing under-five mortality faster than at any other time during the past two decades. The global annual rate of reduction in under-five mortality has accelerated steadily from 1.2 per cent between 1990 and 1995 to 3.9 per cent between 2005 and 2012. However, regions such as Oceania, sub-Saharan Africa, Caucasus and Central Asia, and Southern Asia still fall short of the 2015 target. It will take until 2028 to reach Goal 4 globally at the current rate. The pace of reduction would need to quadruple in the period from 2013 to 2015 to meet the target of a two-thirds reduction in the under-five mortality rate.

Preventable diseases are the main causes of under-five deaths, and almost half of under-five deaths occur during the neonatal period

Age distribution of global under-five deaths, 1990, 2000 and 2012 (Percentage)



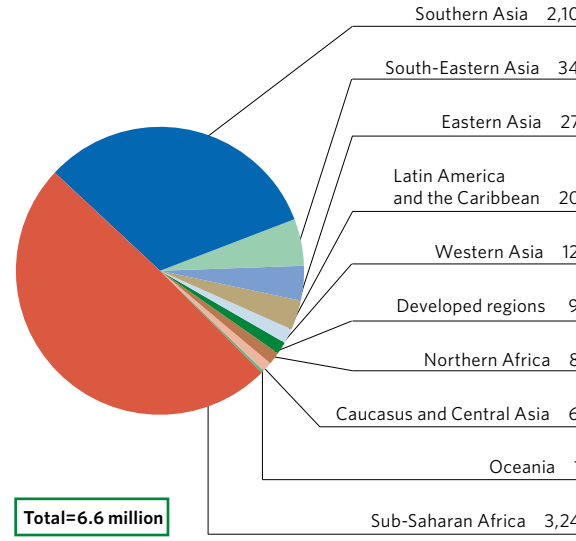
Most of the 6.6 million deaths in children under age five in 2012 were from leading infectious diseases such as pneumonia, diarrhoea and malaria. Moreover, 2.9 million deaths occurred during the first 28 days of life (0–27 days)—the neonatal period. Many under-five deaths occur in children already weakened by undernutrition—a contributing factor in around half of global under-five deaths, mainly in low-income countries where malnutrition and infectious diseases are highly concentrated, predominantly among the poor.

Encouragingly, neonatal mortality is on the decline worldwide. Between 1990 and 2012, the world neonatal mortality rate fell by almost one third, from 33 to 21 deaths for every thousand live births. However, the pace of decline has fallen behind that of post-neonatal mortality. As a result, the proportion of deaths occurring in the first 28 days of life has increased, from 37 per cent in 1990 to 44 per cent in 2012.

Most neonatal deaths are preventable. The best possible way of reducing neonatal mortality is through greater investment in maternal care during the first 24 hours after birth, particularly in labour and delivery care and other high-impact interventions. Far too many births—more than half in some countries—occur outside health facilities, despite the increase in institutional deliveries globally.

It is critical to reduce the number of child deaths in sub-Saharan Africa and Southern Asia

Number of under-five deaths in 2012 by region (Thousands)



Sub-Saharan Africa continues to confront a tremendous challenge. Not only does the region have the highest mortality rate in the world for children under age five—more than 16 times the average for developed regions—but it is also the only region where both the number of live births and the under-five population are expected to rise substantially over the next two decades. In 2012, one child in ten in sub-Saharan Africa did not live until their fifth birthday.

Nevertheless, the region has made remarkable progress since 1990, reducing child mortality rates by 45 per cent.

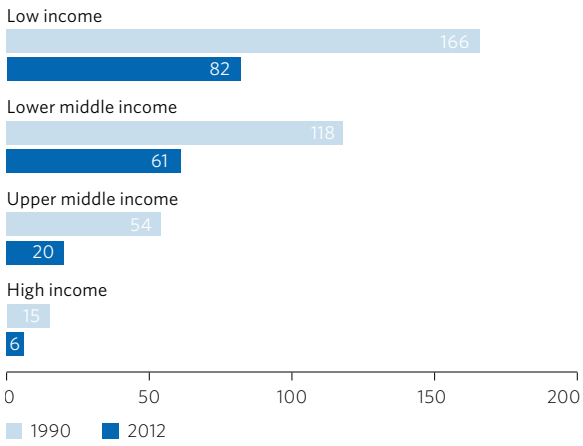
However, its progress continues to lag behind that of every other region except Oceania: nearly half of global under-five deaths in 2012—3.2 million children under age five—occurred in sub-Saharan Africa.

Yet, the signs are that rapid progress is possible. Sub-Saharan Africa, despite its relatively high rate of under-five mortality, was able to step up the rate of decline from 0.8 per cent per year to 4.1 per cent per year—over five times faster during 2000–2012 than during 1990–1995.

Southern Asia has also made strong and steady progress in reducing child deaths, more than halving its under-five mortality rate. Yet, nearly one in every three under-five deaths still takes place there. India had the highest number of under-five deaths in the world in 2012, with 1.4 million children dying before reaching their fifth birthday.

Sharp reductions in child mortality have been observed at all levels of national income

Under-five mortality rate by country income level, 1990 and 2012 (Deaths per 1000 live births)



High-income countries had the lowest rates of under-five mortality on average, at six deaths per thousand live births in 2012. Upper-middle-income countries were the most successful in reducing under-five mortality rates between 1990 and 2012, registering a 63 per cent decrease over the period. Countries at all income levels have been getting steadily better at saving children's lives. The annual rate of reduction in the under-five mortality rate has accelerated since 1995 at all levels of national income, except in high-income countries.

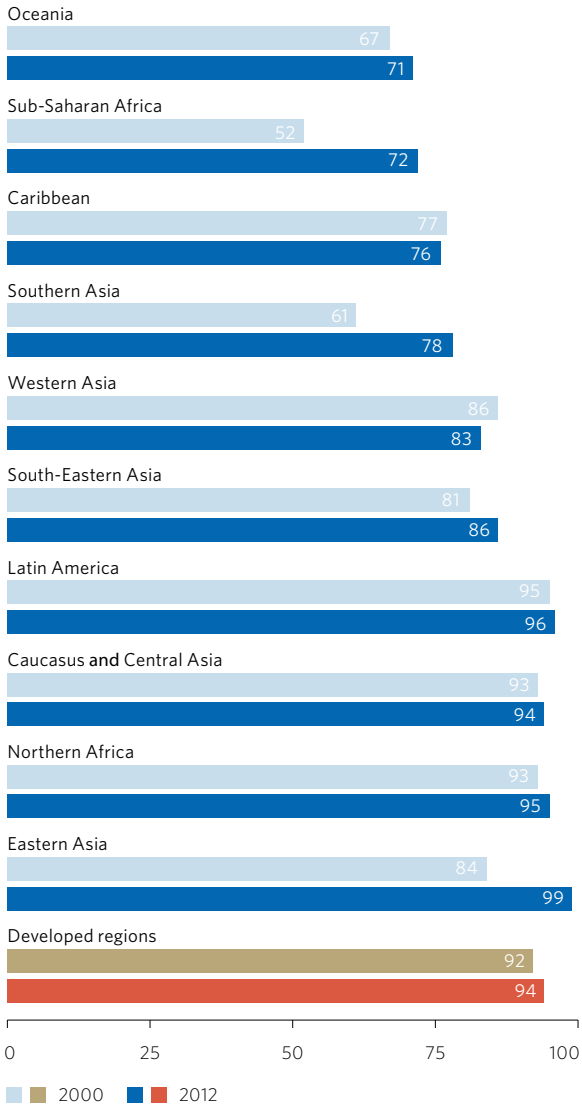
Low income need not be an impediment to saving children's lives, despite evidence of a link between a country's income level and its child mortality. There have been notable reductions in the under-five mortality rate since 1990 and particularly since 2000 in some low-income countries such as Bangladesh, Cambodia, Eritrea, Ethiopia, Guinea, Liberia, Madagascar, Malawi, Mozambique, Nepal, Niger, Rwanda, Uganda and the United Republic of Tanzania. Even high- and middle-income countries with low mortality rates can continue to make considerable progress. There were 53 countries in 1990 that had an under-five mortality rate of twenty or fewer deaths per thousand live births, of which 36 countries had—at least—halved their under-five mortality rate, and 11 had reduced it by at least two thirds by 2012.

New analysis has suggested a comprehensive drop in under-five mortality rates among the poorest households in all regions. Disparities in under-five mortality between the richest and the poorest households have declined in most regions of the world, with the exception of sub-Saharan Africa. Hence, it is possible to curb preventable child deaths regardless of the income level of country or household.

Reducing under-five mortality requires political will, applied consistently in support of child and maternal health through concerted action, sound strategies and adequate resources. The success of a significant number of countries in achieving Goal 4 should encourage all global health actors to commit to achieving a fairer and more equitable world for all children.

Measles immunization has helped to lower measles deaths significantly, although recent progress has stalled

Proportion of children in the appropriate age group who received at least one dose of measles-containing vaccine, 2000 and 2012 (Percentage)



Measles deaths have declined by more than three quarters in the past twelve years, from 562,000 deaths in 2000 to 122,000 in 2012, mostly among children under five years of age. Measles deaths in sub-Saharan Africa (56,000) and Southern Asia (53,000) accounted for 89 per cent of the estimated total global measles deaths during 2012. Compared with estimated mortality in the complete absence of a measles vaccination programme, 13.8 million deaths were averted by measles vaccination between 2000 and 2012.

There has been substantial progress in most regions, particularly Oceania which decreased measles deaths by an estimated 89 per cent between 2000 and 2012. Unfortunately, continued measles outbreaks in Europe, sub-Saharan Africa and Southern Asia—due to weak routine immunization systems and delayed implementation of accelerated disease control—have stalled momentum towards regional and global targets in control and elimination.

Measles can be prevented through the application of two doses of a safe, effective and inexpensive vaccine. Reductions in measles-related mortality have been due—in part—both to improvements in routine coverage among children in the appropriate age group who received the first dose of measles containing vaccine (MCV1), and to the success of supplementary immunization activities in vaccinating children outside the reach of existing health services.

Between 2000 and 2009, global coverage with MCV1 increased from 72 per cent to 84 per cent, and then stagnated at 84 per cent between 2009 and 2012. Recommended MCV1 coverage levels—at least 90 per cent at the national level and at least 80 per cent in all districts—were reached in 58 countries with available data in 2012. However, during the same time period, there were 35 countries with less than 80 per cent MCV1 coverage. An estimated 21.2 million infants—many of them from the poorest, most marginalized populations residing in especially hard-to-reach areas—did not receive MCV1 in 2012.

Addressing the decline in political and financial commitment to measles control is the key to making further progress towards the measles objectives established in 2010 by the World Health Assembly.

Goal 5

Improve maternal health

Quick facts

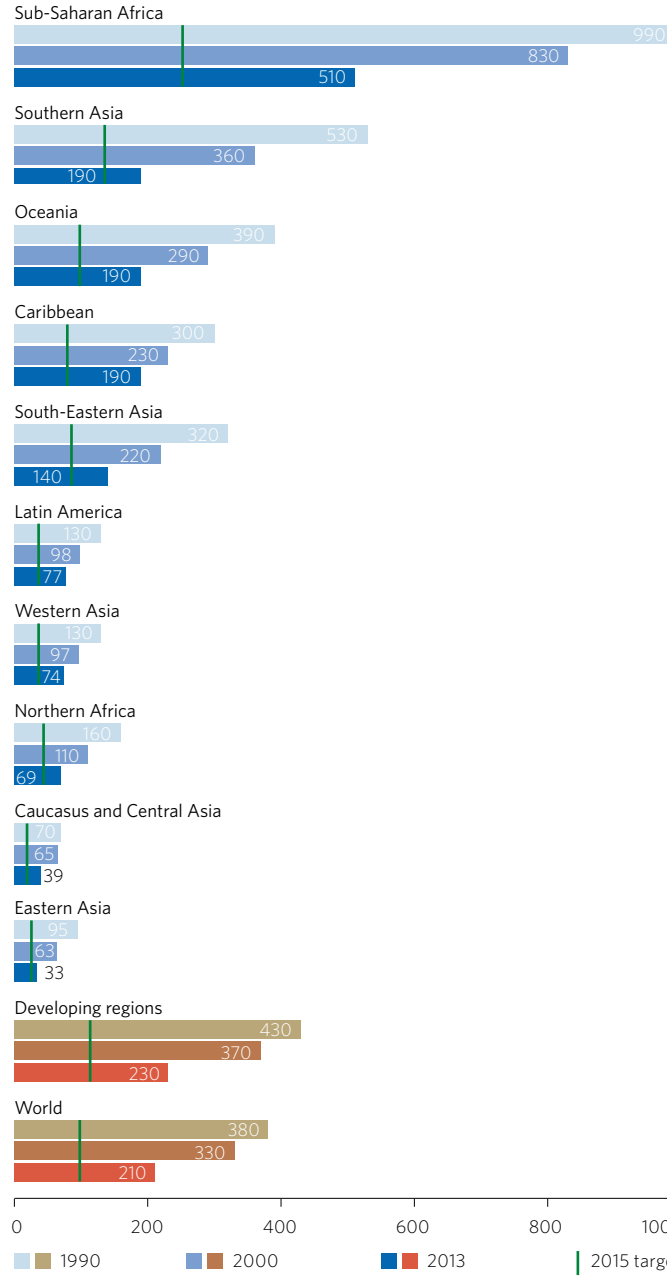
- Almost 300,000 women died globally in 2013 from causes related to pregnancy and childbirth.
- The proportion of deliveries in developing regions attended by skilled health personnel rose from 56 to 68 per cent between 1990 and 2012.
- In 2012, 40 million births in developing regions were not attended by skilled health personnel, and over 32 million of those births occurred in rural areas.
- 52 per cent of pregnant women had four or more antenatal care visits during pregnancy in 2012, an increase from 37 per cent in 1990.

TARGET 5.A

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

Much more still needs to be done to reduce maternal mortality

Maternal mortality ratio, 1990, 2000 and 2013
(Maternal deaths per 100,000 live births, women aged 15–49)



Globally, the maternal mortality ratio dropped by 45 per cent between 1990 and 2013, from 380 to 210 deaths per 100,000 live births. However, this still falls far short of the MDG target to reduce the maternal mortality ratio by three quarters by 2015. In 2013 alone, an estimated 289,000 women died during pregnancy, childbirth, or within 42 days of termination of the pregnancy, from causes (excluding accidental or incidental causes) related to—or aggravated by—pregnancy or its management.

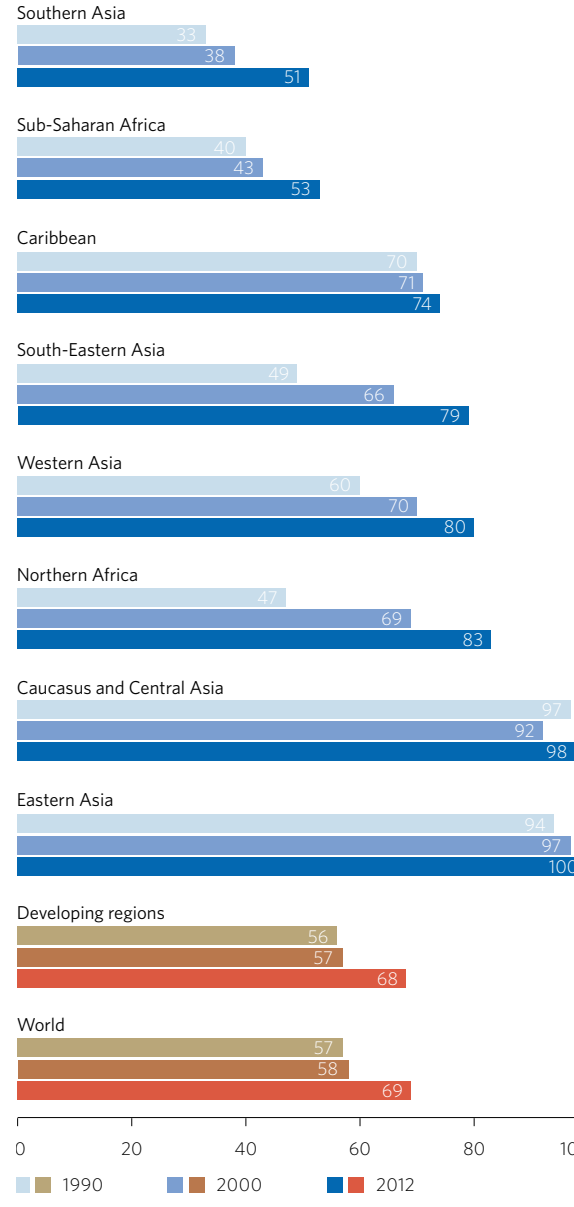
Despite progress in all world regions, the maternal mortality ratio in developing regions—230 maternal deaths per 100,000 live births in 2013—was fourteen times higher than that of developed regions, which recorded only 16 maternal deaths per 100,000 live births in 2013. Sub-Saharan Africa had the highest maternal mortality ratio of developing regions, with 510 deaths per 100,000 live births, followed by Southern Asia, Oceania and the Caribbean, each registering 190 maternal deaths per 100,000 live births, and then by South-Eastern Asia. In other developing regions, maternal death has become a rare event nowadays, with less than 100 deaths for every 100,000 live births. Most of the maternal deaths in 2013 took place in sub-Saharan Africa (62 per cent) and Southern Asia (24 per cent).

There remain extreme differences in maternal mortality among countries. For example, Sierra Leone has the highest maternal mortality rate, with 1,100 maternal deaths per 100,000 live births, while Belarus has a rate of 1 maternal death per 100,000 live births. Almost one third of all global maternal deaths are concentrated in two populous countries: India, with an estimated 50,000 maternal deaths (17 per cent), and Nigeria, with an estimated 40,000 maternal deaths (14 per cent).

Most maternal deaths are preventable. There are well-known health-care solutions for the prevention and handling of complications. For instance, uterotonic commodities and magnesium sulphate can prevent and/or manage common complications such as bleeding during childbirth and hypertensive disorders caused by pregnancy. There must be a concerted effort to ensure universal access to both skilled antenatal care and effective interventions, enhanced to include access to family planning, and information and services for reproductive health, especially in vulnerable populations. Monitoring efforts have to be strengthened to ensure that effective action is taken.

More than two thirds of babies in developing regions are delivered by skilled health personnel, but rural areas lag behind

Proportion of deliveries attended by skilled health personnel, 1990, 2000 and 2012 (Percentage)



One critical strategy for reducing maternal morbidity and mortality is ensuring that every baby is delivered with the assistance of a skilled health attendant (medical doctor, nurse or midwife). A birth attendant with the necessary training and medicines can administer interventions to prevent or treat life-threatening complications such as heavy bleeding, or refer a patient to a higher level of care. In developing regions, skilled health personnel attended 68 per cent of deliveries in 2012 compared to only 56 per cent in 1990. Southern Asia and sub-Saharan Africa—two regions that have had the lowest rates of deliveries attended by skilled professionals—have increased attendance by 10 percentage points or more since 2000.

Despite improvements in access to maternal health care, there are still large disparities between urban and rural areas. In developing regions, the urban-rural gap in the proportion of births attended by a skilled health professional narrowed merely from 33 to 31 percentage points between 2000 and 2012. Over 32 million of the 40 million births not attended by skilled health personnel in 2012 occurred in rural areas.

TARGET 5.B

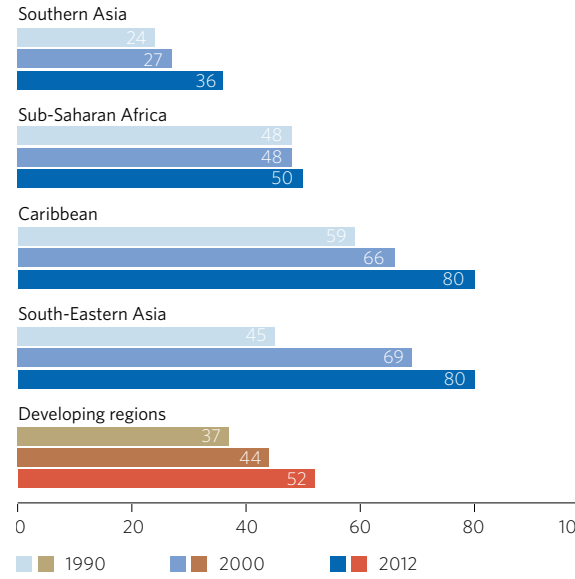
Achieve, by 2015, universal access to reproductive health

Most pregnant women in developing regions see a skilled health provider at least once—only half of them get the recommended four antenatal checkups

Health care during pregnancy is essential to ensure the normal, healthy evolution of the pregnancy and to prevent, detect or predict potential complications during the pregnancy or delivery. Good quality care must be provided by skilled health personnel equipped to detect potential complications and provide the necessary attention or referral. The proportion of women in developing regions who were attended at least once during their pregnancy by skilled health-care personnel increased from 65 per cent in 1990 to 83 per cent in 2012. In most developing regions, about 80 per cent of pregnant women visited a skilled health-care provider at least once, except in Southern Asia, where only 72 per cent of women received this care.

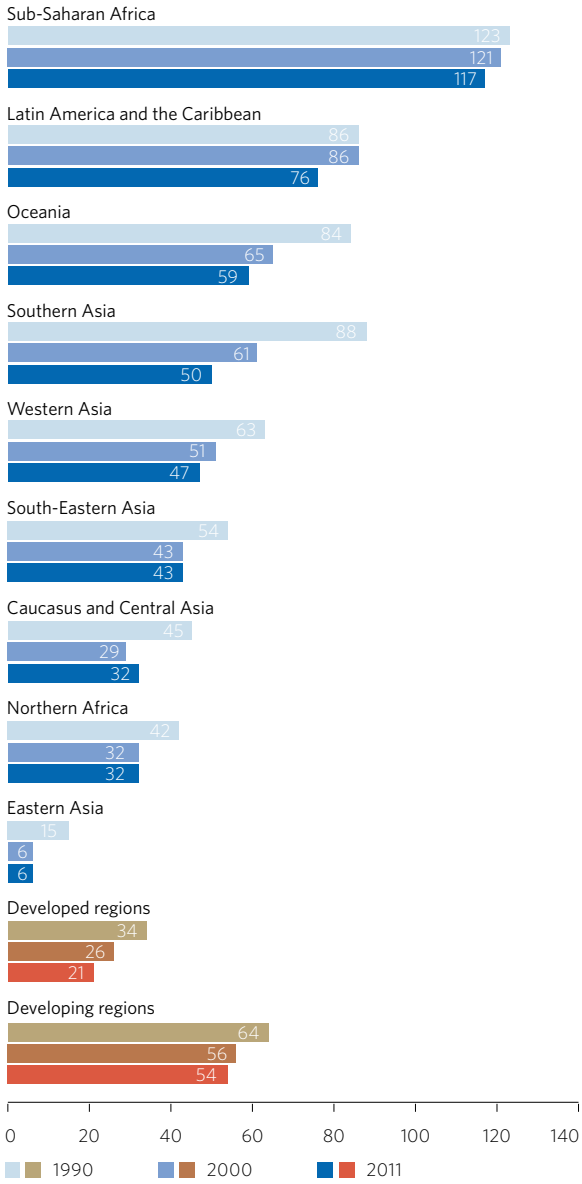
The World Health Organization has recommended a minimum of four antenatal care visits to ensure the well-being of mothers and newborns. During these visits, women should receive—at least—a minimum care package, and be monitored for warning signs during their pregnancy. Notwithstanding, only 52 per cent of pregnant women had four or more antenatal care visits during pregnancy in 2012, albeit an increase from 37 per cent in 1990. Clearly, women in developing regions continue to face challenges in regular access to health care during pregnancy. Substantial differences in access to antenatal care are noticeable across regions. In the Caribbean and South-Eastern Asia, 80 per cent of pregnant women reported at least four antenatal care visits in 2012, compared to 50 per cent in sub-Saharan Africa, and only 36 per cent in Southern Asia.

Proportion of women aged 15–49 attended four or more times by any provider during pregnancy, 1990, 2000 and 2012 (Percentage)



Adolescent childbearing has declined but remains very high in some regions

Number of births to women aged 15–19, 1990, 2000 and 2011 (per 1,000 women)

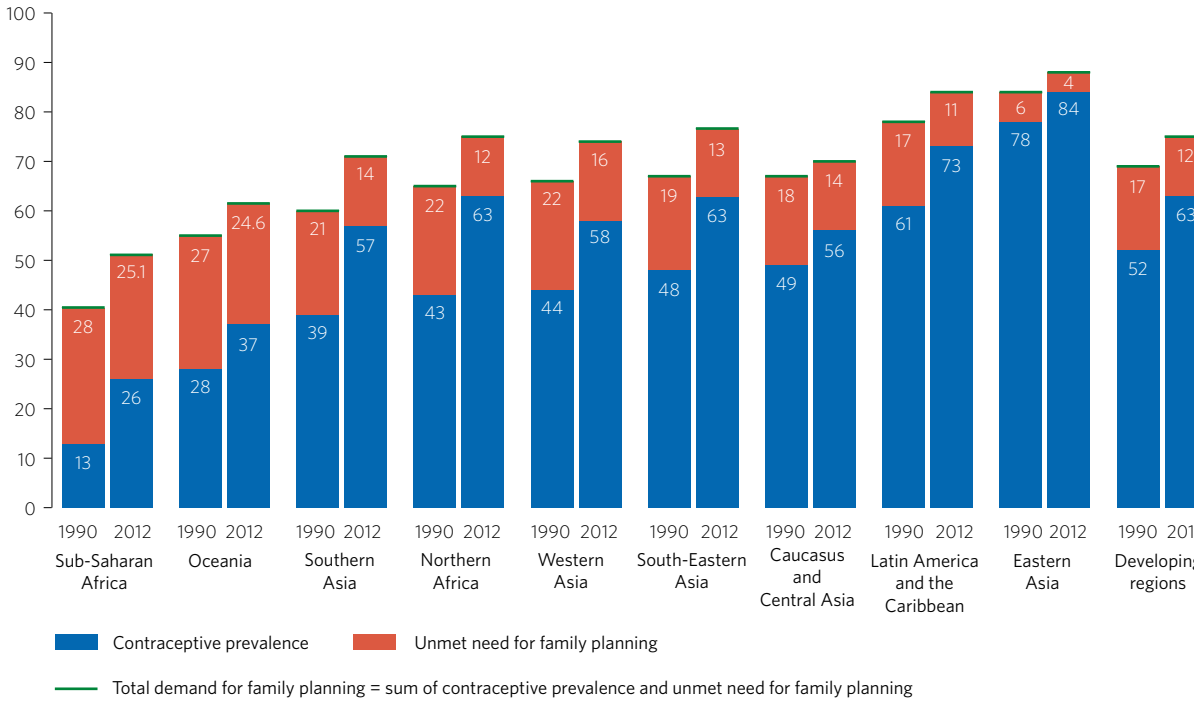


Early childbearing is associated not only with health risks to both the young mother and her child, but also with missed opportunities at school and work, and the consequent intergenerational transmission of poverty. Therefore, reducing early childbearing can impact the achievement of other Millennium Development Goals on poverty, education, gender equality and child mortality.

The number of births to adolescent girls aged 15–19 declined across all world regions between 1990 and 2011. In Southern Asia, the birth rate dropped from 88 to 50 births per 1,000 girls, which was accompanied by an increase in school participation, an increase in the demand for contraception, and a decrease in the proportion of adolescents who married. However, the birth rate dropped only slightly in sub-Saharan Africa, and remained at 117 births per 1,000 girls in 2011, a much higher rate than in other regions. The adolescent birth rate also stayed high in Latin America and the Caribbean, at 76 births per 1,000 girls in 2011.

Contraceptive use has increased but gaps persist in meeting the demand for family planning

Proportion of women aged 15–49, married or in union, who have a demand for family planning, who are using any method of contraception, and who have an unmet need for family planning, 1990 and 2012 (Percentage)



The use of contraception in developing regions has increased, due—in part—to improved access to safe, affordable and effective methods of contraception. In sub-Saharan Africa, the proportion of women between the ages of 15 and 49, married or in union, who were using any method of contraception, doubled between 1990 and 2012 from 13 per cent to 26 per cent. In Southern Asia, the proportion increased from 39 per cent to 57 per cent during the same period.

The increase in the prevalence of contraceptive use in developing regions between 1990 and 2012 was accompanied by a decline, from 17 per cent to 12 per cent, in the unmet need for family planning. This unmet need for family planning was highest in sub-Saharan Africa, whereas the total demand for family planning there was lower than in any other region. In 2012, 25 per cent of women between the ages of 15 and 49, married or in union and residing in this region, reported the desire to delay or avoid pregnancy, but had not used any form of contraception. Large differences in contraceptive use between urban and rural residents, rich and poor households, and the educated and uneducated have persisted in sub-Saharan Africa.

Goal 6

Combat HIV/AIDS, malaria and other diseases

Quick facts

- Almost 600 children died every day of AIDS-related causes in 2012.
- Antiretroviral medicines were delivered to 9.5 million people in developing regions in 2012.
- Malaria interventions saved the lives of three million young children between 2000 and 2012.
- Between 1995 and 2012, tuberculosis treatment saved 22 million lives.

TARGET 6.A

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

There are still too many new cases of HIV infection

HIV incidence rate (Estimated number of new HIV infections per year per 100 people aged 15-49), 2001 and 2012

* The composition of the subregions of Africa is shown on page 55 in the section on regional groupings.

Globally, the number of new HIV (human immunodeficiency virus) infections per 100 adults (aged 15 to 49) declined by 44 per cent between 2001 and 2012. Southern Africa and Central Africa, the two regions with the highest incidence, saw sharp declines of 48 per cent and 54 per cent, respectively. Still, there were an estimated 2.3 million cases of people of all ages newly infected and 1.6 million deaths from AIDS-related causes. Sub-Saharan Africa was the region where 70 per cent—1.6 million cases—of the estimated number of new infections in 2012 occurred.

There were an estimated 35.3 million people living with HIV worldwide, a record high registered in 2012, as new HIV infections continued to exceed the number of AIDS-related deaths and as a record number of people have been receiving antiretroviral therapy, keeping them alive longer. There has been a rapid decline in AIDS-related mortality among children, due to effective interventions to prevent mother-to-child transmission. Nevertheless, about 210,000 children died of AIDS-related causes in 2012, compared to 320,000 in 2005.

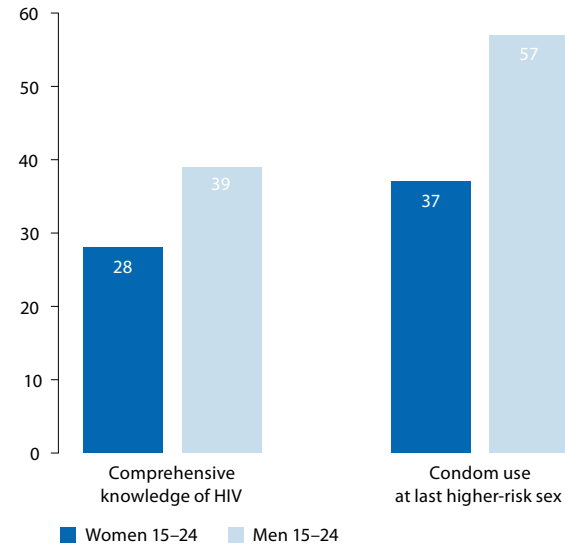
Many young people do not know enough about HIV and continue with risky behaviour

Risky behaviour and insufficient knowledge about HIV remain at alarmingly high levels among youth in some regions. In areas where most new HIV infections are transmitted through sex, practicing safe sex is the best way of reducing the chance of contracting the virus. At the global level, the decline in new HIV infections since 2001 is testimony to the effectiveness of prevention efforts. However, there has been no substantial decline in the past decade in new HIV infections among young people between 15 and 24 years old, despite special efforts targeting that group.

In sub-Saharan Africa, the region most affected by the HIV epidemic, only 39 per cent of young men and 28 per cent of young women aged between 15 and 24 had comprehensive knowledge of HIV. In the same region, condom use among young men and young women who had higher-risk sex reached 57 per cent and 37 per cent, respectively. These rates were far below the 95 per cent target agreed at the United Nations General Assembly Special Session on HIV and AIDS in 2001.

There are signs in several countries of an increase in risky sexual behaviour, such as decreased condom use and/or increased number of sexual partners. Efforts to provide accurate, HIV-related information and services to mitigate the spread of HIV need to be intensified. Young people must understand early in life the ongoing risk of contracting HIV and other sexually transmitted infections before it is too late.

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, 2006–2012 (Percentage)



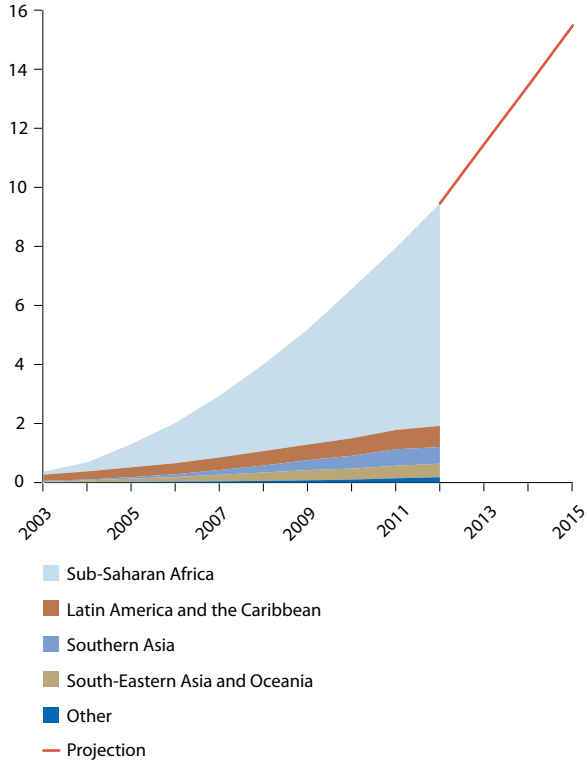
Almost 18 million children lost either one parent or both to AIDS

In 2012, there were an estimated 17.8 million children aged 0 to 17 years globally who had lost either one parent, or both, to AIDS. Efforts by national programmes and global partners to mitigate the impact of AIDS on households, communities and children have intensified. These investments have ensured continuity of care for children and their families and have achieved near-parity in the school attendance of orphans and non-orphans aged 10 to 14 years. However, more needs to be done to provide comprehensive protection, care and support to all children living with HIV and households affected by HIV.

TARGET 6.B
Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Antiretroviral therapy has saved 6.6 million lives since 1995 and expanding coverage can save many more

Actual and projected number of people receiving antiretroviral therapy, developing regions, 2003–2015 (Millions)

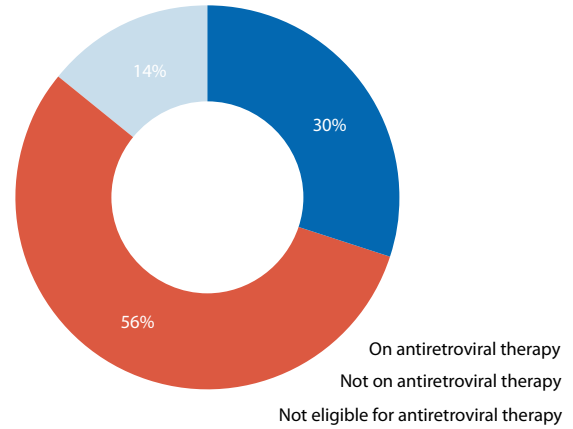


Access to life-saving antiretroviral therapy (ART) has been increasing dramatically over recent years, saving ever more lives. In 2012, an additional 1.6 million people—the largest annual increase ever—received treatment. A total of 9.5 million people in developing regions were receiving treatment in 2012. Sub-Saharan Africa had both the largest share of people living with HIV and the largest increase in the number of people receiving antiretroviral therapy. ART averted 6.6 million HIV- and AIDS-related deaths worldwide between 1995 and 2012, including 5.4 million deaths in developing regions.

Assuming the current momentum can be maintained, the world would be on track to reaching its objective of having 15 million people on ART by the end of 2015, as agreed at the United Nations General Assembly Special Session on HIV and AIDS in June 2011. Not only must there continue to be the political commitment and the mobilization of communities, but also the domestic and international funding needed in order to heighten the delivery of antiretroviral therapy around the globe.

New HIV-treatment guidelines provided by the World Health Organization have called for earlier treatment of HIV and the immediate treatment of certain groups—such as HIV-positive pregnant women, children under age five, and people with HIV-associated tuberculosis and Hepatitis B. These new recommendations have meant that the number of people eligible for antiretroviral treatment increased from 15.4 million to 27.5 million in developing regions. Currently, only 30 per cent of people living with HIV are covered. These guidelines have not only opened new opportunities for the treatment and prevention of HIV, but have also challenged countries to intensify their HIV responses.

Eligibility and access to antiretroviral therapy of people living with HIV according to 2013 WHO guidelines, developing regions, 2012 (Percentage)



By December 2012, over 900,000 pregnant women living with HIV globally were receiving antiretroviral prophylaxis or treatment. Coverage of antiretroviral programmes for the prevention of mother-to-child transmission (excluding the less-effective single dose *nevirapine* regimen) increased from 57 per cent in 2011 to 62 per cent in 2012.

The overall number of people receiving antiretroviral therapy masks some important disparities in access between populations. Treatment programmes are not reaching enough children, adolescents and key populations that face high risk of HIV infection, such as sex workers, people who inject drugs, and men who have sex with men.

TARGET 6.C

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

With more than three million lives saved in the past decade, the world is on track to achieving the malaria target, but great challenges remain

Between 2000 and 2012, the substantial expansion of malaria interventions led to a 42 per cent decline in malaria mortality rates globally. New figures now show that, during that time, an estimated 3.3 million deaths were averted, far more than previously believed. About 90 per cent of those averted deaths—3 million—were children under age five in sub-Saharan Africa, thereby contributing substantially to the reduction in child mortality. Although malaria surveillance systems in most high-burden countries are weak, the latest trend analysis did indicate that the world was on track to achieving its MDG malaria target fully.

The fight against malaria requires sustained political and financial commitment from both the international community and affected countries, as an estimated 3.4 billion people are still at risk of infection. In 2012, about 207 million cases of malaria occurred around the world, and the disease killed about 627,000 people, 80 per cent of them children under age five. The disease has remained concentrated in seventeen countries where about 80 per cent of the world's malaria deaths occur. Two countries—the Democratic Republic of the Congo and Nigeria—account for 40 per cent of malaria mortality worldwide.

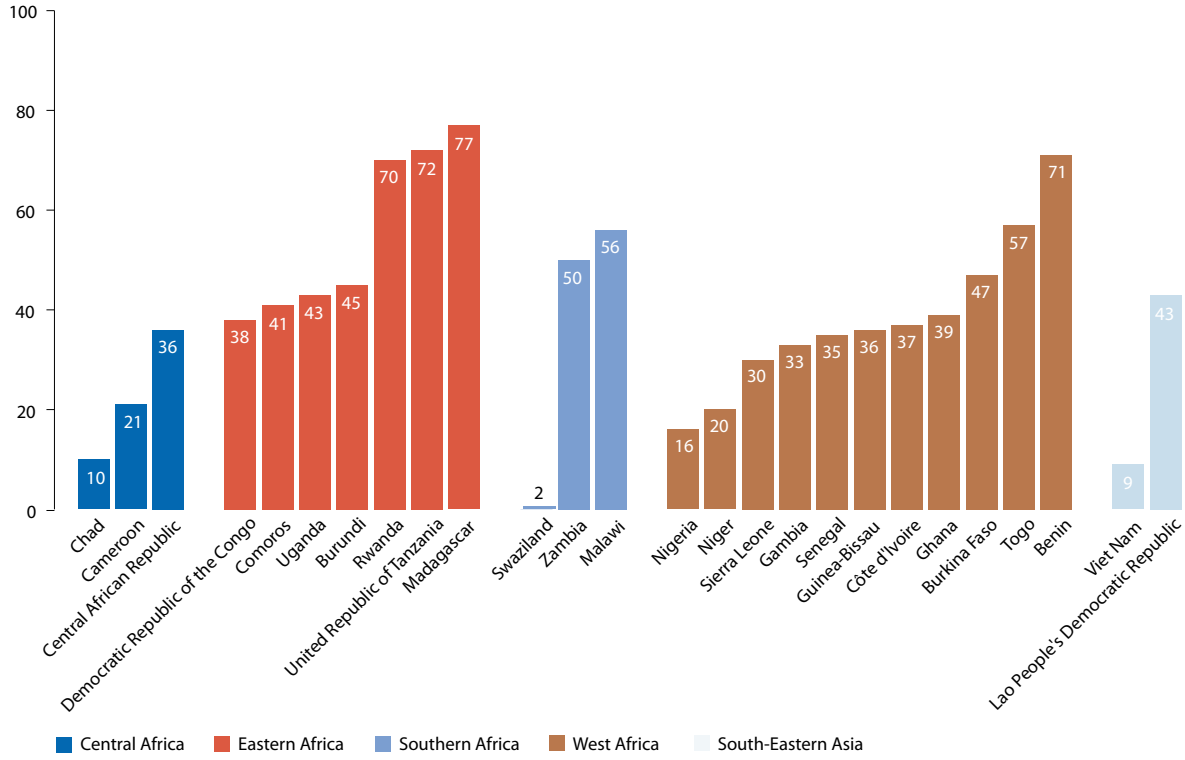
Mosquito control interventions—including the distribution of insecticide-treated bed nets (ITNs) and programmes to expand indoor residual spraying—have to be more widespread. Between 2004 and 2013, more than 700 million bed nets were delivered to countries in sub-Saharan Africa. However, only an estimated 36 per cent of the population living in malaria-risk areas in sub-Saharan Africa were sleeping under an ITN in 2013.

Pregnant women and children continue to be the ones most at risk. In Benin, Madagascar, Rwanda and the United Republic of Tanzania, over 70 per cent of children under age five slept under an ITN in 2012, whereas this was the case for only about 20 per cent or less of children under age five in Chad, Cameroon, Nigeria and Niger.

Preventive therapy, prompt diagnosis and effective and timely treatment can prevent fatal outcomes. Artemisinin-based combination therapy, or ACT, is the most effective medication for infections caused by *P. falciparum*, the most lethal malaria parasite. The number of ACT treatment courses delivered to endemic countries rose from 11 million in 2005 to 331 million in 2012, and sales of rapid diagnostic tests in these countries increased from 200,000 units to 205 million units during this time. As a result, testing and treatment rates improved substantially.

The past ten years have shown just how powerful and cost-effective existing public health interventions can be, in reducing the malaria burden and saving lives to bring the malaria target within reach. Yet, millions of people still lack access to such programmes. The annual resource requirements to prevent, diagnose and treat malaria globally are estimated at $5.1 billion. In 2012, the world fell $2.6 billion short of that goal, threatening progress in the worst-hit African countries, in particular. Without sustained control interventions, predictable financing, and strategic investments in strengthening surveillance systems, malaria outbreaks and resurgence remain a real threat. Emerging resistance to antimalarial drugs and insecticides also gives cause for concern.

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



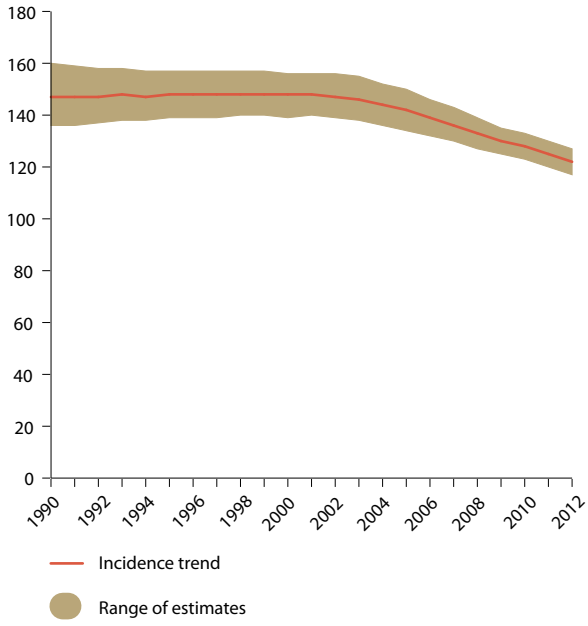
* The composition of the subregions of Africa is shown on page 55 in the section on regional groupings.

The number of new cases and deaths from tuberculosis is falling, bringing the target within reach

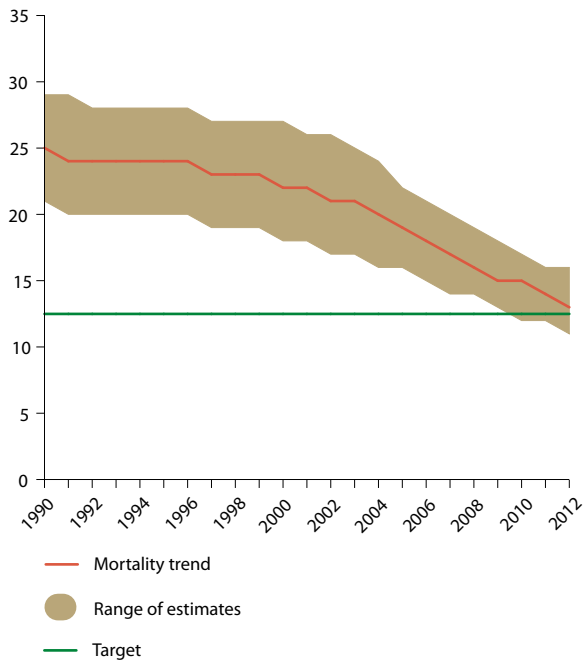
In 2012, there were an estimated 8.6 million additional cases of tuberculosis and a total 11.0 million people living with the disease. Globally, the number of new tuberculosis cases per 100,000 people has continued to fall, with a decline of about 2 per cent in 2012 compared to 2011. If this trend is sustained, the MDG target of halting the spread and reversing the incidence of tuberculosis will be achieved. The rate of decline in the incidence of tuberculosis has been very slow. Well over 2 billion people are estimated to have been infected by *mycobacterium tuberculosis* in their past. The lack of an effective strategy—such as a post-exposure vaccine to prevent the reactivation of tuberculosis in those already infected—has limited the impact of tuberculosis control.

In 2012, an estimated 1.3 million people died from the disease, of whom 320,000 were HIV-positive. The number of deaths from tuberculosis per 100,000 people (excluding HIV-positive people) has been falling in most regions. Current projections suggest that the Stop TB Partnership target of halving 1990 mortality rates by 2015 could be achieved both at the global level and in several regions.

Estimated number of new tuberculosis cases per 100,000 population including people who are HIV-positive, 1990–2012



Estimated number of deaths due to tuberculosis per 100,000 population excluding people who are HIV-positive, 1990–2012



The implementation of successful treatment strategies against tuberculosis has saved millions of lives, but more needs to be done

In 2012, 6.1 million people were officially notified that they had tuberculosis, two-thirds of the estimated total number of new cases. A total of 87 per cent of patients diagnosed in 2011 were treated successfully, thereby exceeding the target of 85 per cent for the fourth consecutive year. Between 1995 and 2012, the cumulative total of tuberculosis patients treated successfully was 56 million, saving 22 million lives. This success has been due to the intensive implementation of the Stop TB Strategy launched in 2006 and its predecessor, the Directly Observed Treatment Short Course (DOTS).

Despite such good progress, much more needs to be done. One-third of newly diagnosed tuberculosis patients may not have received proper treatment. Only one-third of the estimated 300,000 multi-drug-resistant cases among notified TB cases in 2012 were diagnosed and treated according to international guidelines. Many HIV-positive tuberculosis patients do not know their HIV status. Furthermore, almost half of those HIV-positive tuberculosis patients who do know their HIV status have not yet accessed antiretroviral treatment. A great challenge is to bridge the funding gap, which—despite the increases in funding over the past decade, as well as substantial financing from the Global Fund in many countries—has remained very large.

Goal 7

Ensure environmental sustainability

Quick facts

- Global emissions of carbon dioxide (CO_2) have increased by almost 50 per cent since 1990.
- Protected ecosystems covered 14 per cent of terrestrial and coastal marine areas worldwide by 2012.
- Over 2.3 billion more people have gained access to an improved source of drinking water since 1990, but 748 million people still draw their water from an unimproved source.
- Between 1990 and 2012, almost 2 billion people obtained access to improved sanitation. However, 1 billion people still resort to open defecation.
- One-third of urban residents in developing regions still live in slums.

TARGET 7.A

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

Millions of hectares of forest are lost every year, threatening this valuable asset

There were around 13 million hectares of forest lost worldwide each year between 2000 and 2010, either through devastation by natural causes or because the land was converted to other land uses. Urbanization and the expansion of large-scale commercial agriculture were the main causes of deforestation at the global level.

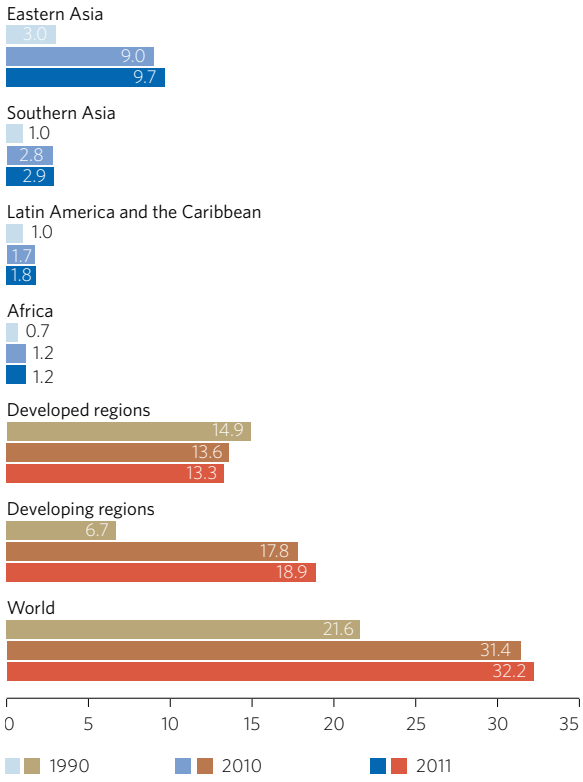
Afforestation and the natural expansion of forests have reduced the net loss of forest from an average of 8.3 million hectares annually in the 1990s to an average of 5.2 million hectares annually between 2000 and 2010. This has been due—for the most part—to the measures taken by countries such as Brazil, Chile, China, Costa Rica, Rwanda and Viet Nam to redress deforestation and manage their forests sustainably.

Deforestation decreases biodiversity and access to clean water, and increases soil erosion and the release of carbon into the atmosphere. It often results in the loss of this major economic asset and, in developing countries, of the livelihood opportunities for rural communities, indigenous peoples and women.

Global greenhouse gas emissions continue their upward trend

Global emissions of carbon dioxide (CO_2) have continued their upward trend, increasing by 2.6 per cent between 2010 and 2011. Global emissions of CO_2 reached 32.2 billion metric tons in 2011, a 48.9 per cent rise above their 1990 level. The growth in CO_2 emissions accelerated after 2000, with emissions increasing by 35 per cent from 2000 to 2011, compared to 10 per cent from 1990 to 2000. This has been due mostly to the fast growth in emissions from developing regions.

Emissions of carbon dioxide (CO_2), 1990, 2010 and 2011* (Billions of metric tons)



* Data for 2011 are preliminary estimates and the breakdown for some MDG regions is not available.

Average per capita emissions in developed regions have remained substantially higher than those of developing regions. Developed regions' average emissions were about 11 metric tons of CO_2 per person per year in 2011, compared to about 3 metric tons in developing regions, although there were wide variations between regions. Emissions in 2011 per unit of economic output, however, were higher in developing than in developed regions: 0.4 versus 0.3 kilograms of CO_2, respectively, per dollar of economic output.

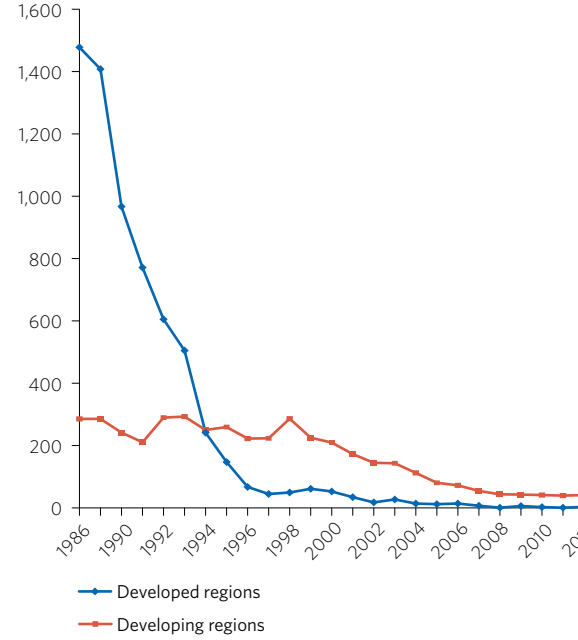
Containing the growth in global emissions remains a challenge. Negotiations to address this challenge are ongoing under the United Nations Framework Convention on Climate Change. The objective is to forge "a protocol, another legal instrument or an agreed outcome with legal force under the Convention applicable to all Parties" by the end of 2015, to be concluded at the UNFCCC conference in Paris in December 2015.

The world has almost eliminated ozone-depleting substances

Global consumption of ozone-depleting substances (ODS) decreased by over 98 per cent between 1986 and 2013. Developed regions succeeded in reducing their consumption of ODS within the ten years subsequent to 1986, whereas the reduction in consumption in developing regions became noticeable only after 2000, after they had assumed their obligations. All countries had stopped the use of major ozone-depleting substances by 2010 and any remaining ODS will be phased out gradually during the next two decades. These achievements are the result of the Montreal Protocol on Substances that Deplete the Ozone Layer, an environmental treaty agreed in 1987 and ratified universally. Compliance-monitoring and funding to developing countries were key factors in its success. Some issues have remained, such as exempted uses of ozone-depleting substances and contending with illegal trade.

Ozone-depleting substances are greenhouse gases. It has been estimated that the Montreal Protocol averted greenhouse gas emissions equivalent to more than 135 billion metric tons of carbon dioxide.

Consumption of ozone depleting substances (ODSs), 1986–2012 (Thousands of metric tons)

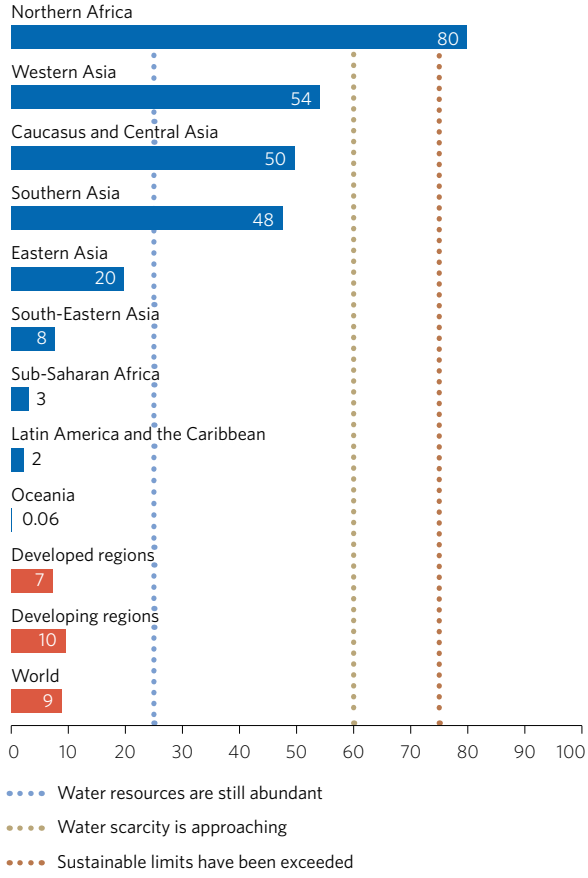


Renewable water resources are becoming more and more scarce

Renewable water resources in Northern Africa and the Arabian Peninsula in Western Asia have withdrawal rates exceeding 75 per cent, the limit of that which is considered sustainable. The remaining part of Western Asia, as well as Southern Asia and Central Asia, have withdrawal rates around 50 per cent. This is close to the threshold of 60 per cent at which physical water scarcity becomes a concern, both in the lives of people and for the environment: ecosystems become strained and not all users get the desired amount of water at all times.

Other regions withdraw less than 25 per cent of their renewable water resources, which is the threshold up to which water resources are considered to be abundant. However, these regional values mask huge differences within regions and also within countries. For example, many people in Australia and China live in areas of serious water scarcity, although each country has enough renewable water resources overall.

Proportion of renewable water resources withdrawn, around 2008 (Percentage)

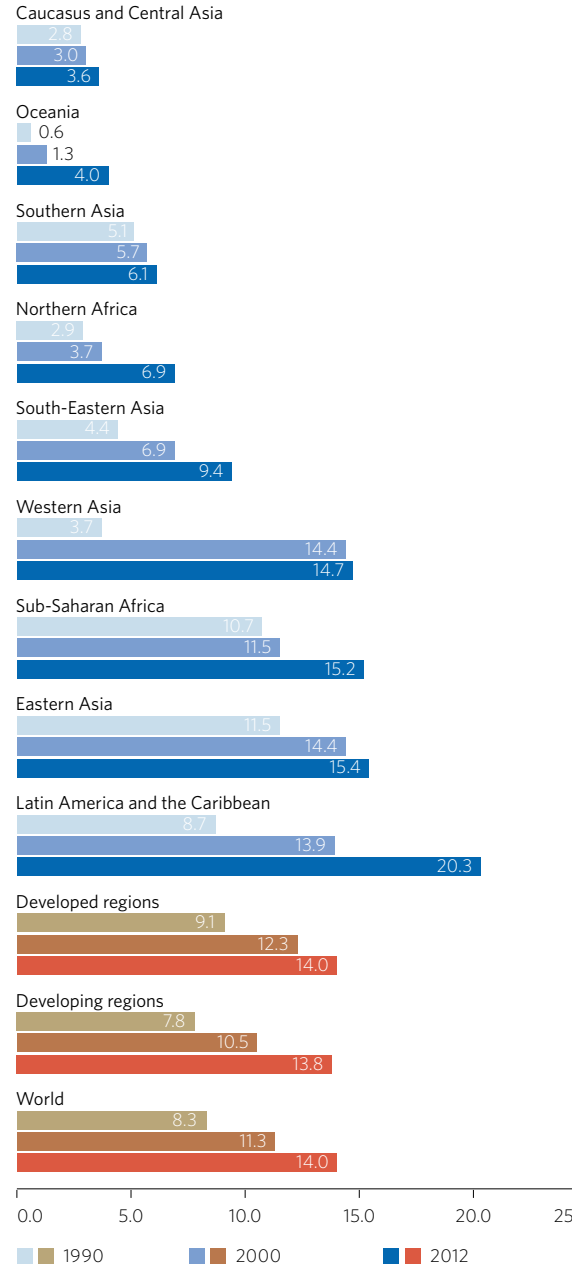


TARGET 7.B

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

Protected areas are increasing, thus helping to safeguard natural resources

Terrestrial and marine areas protected, 1990, 2000 and 2012 (Percentage)



According to the latest estimates, at least 14 per cent of terrestrial and coastal marine areas (up to 12 nautical miles) are protected. Such areas conserve biological diversity and produce many goods and services—such as food and water, climate control, crop pollination and recreational benefits.

The area under protection in many world regions has increased substantially. In Latin America and the Caribbean, protected area coverage rose from 8.7 per cent to 20.3 per cent between 1990 and 2012. Also, Western Asia expanded the area under protection substantially, from 3.7 per cent in 1990 to 14.7 per cent in 2012.

Human existence depends on the services and natural resources that protected areas seek to maintain or enhance. The Convention on Biological Diversity, recognizing the importance of protected areas, has set a protection target of at least 17 per cent coverage of global terrestrial areas and 10 per cent coverage of coastal and marine areas by 2020, through a global protected area network that is effectively and equitably managed, ecologically representative and that safeguards areas of particular importance for biodiversity and ecosystem services. Currently, protected areas cover only 14.6 per cent of the earth's land areas and 9.7 per cent of its coastal marine areas (up to 12 nautical miles). Renewed endeavours will be required to reach the protection targets set under the Convention.

Many species are being driven closer to extinction through declines in population and distribution

The Red List Index shows that, overall, species are declining in population and distribution and, hence, moving faster towards extinction. The Index measures trends in the overall extinction risk of sets of species, and is compiled by the International Union for Conservation of Nature and its partners. It 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).

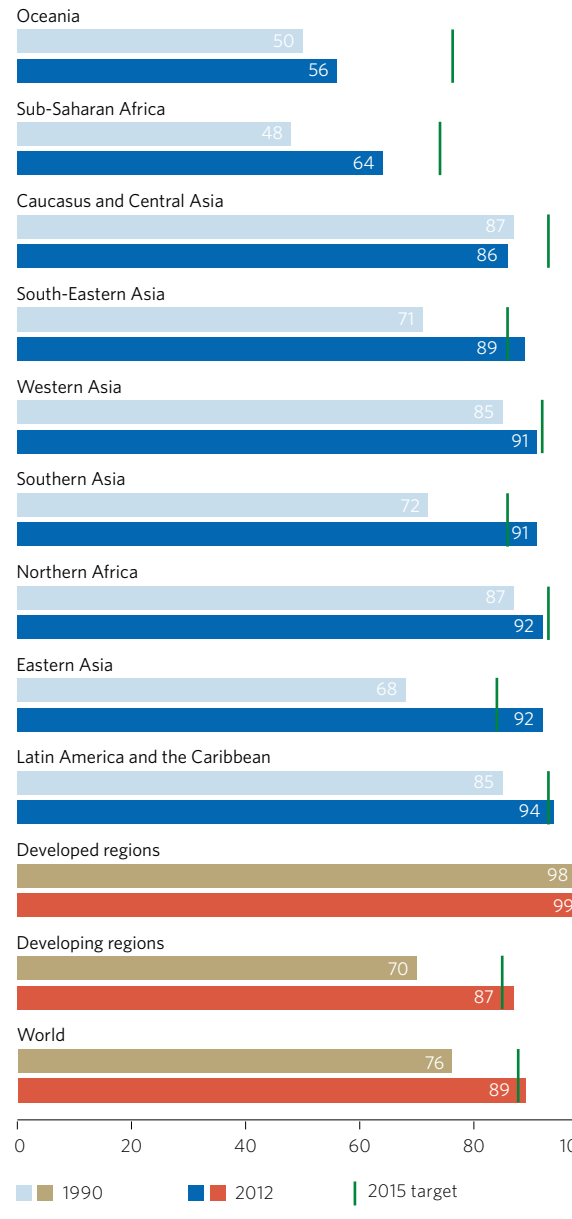
Biological diversity provides many different ecosystem services upon which human lives and livelihoods depend. For example, many studies have shown that declines or absences of species that pollinate crops lead to reduced crop productivity and value. A recent analysis of the Red List Index revealed declining population and distribution trends and increasing extinction risk of pollinator bird and mammal species—a result likely to be mirrored by insect pollinators. More needs to be done to reverse these trends, reduce extinction rates and, hence, safeguard the benefits species provide to society.

TARGET 7.C

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

Access to an improved drinking water source has become a reality for 2.3 billion people since 1990

Proportion of population using an improved drinking water source, 1990 and 2012 (Percentage)



In 2012, the proportion of the world's population with access to an improved drinking water source was 89 per cent, up from 76 per cent in 1990. The target of halving the proportion of people without access to an improved source had already been achieved in 2010, five years ahead of schedule. Over 2.3 billion more people gained access to an improved source of drinking water between 1990 and 2012, out of which there were 1.6 billion people who had gained access to a piped drinking water supply on the premises—the highest level of service, associated with the best health outcomes.

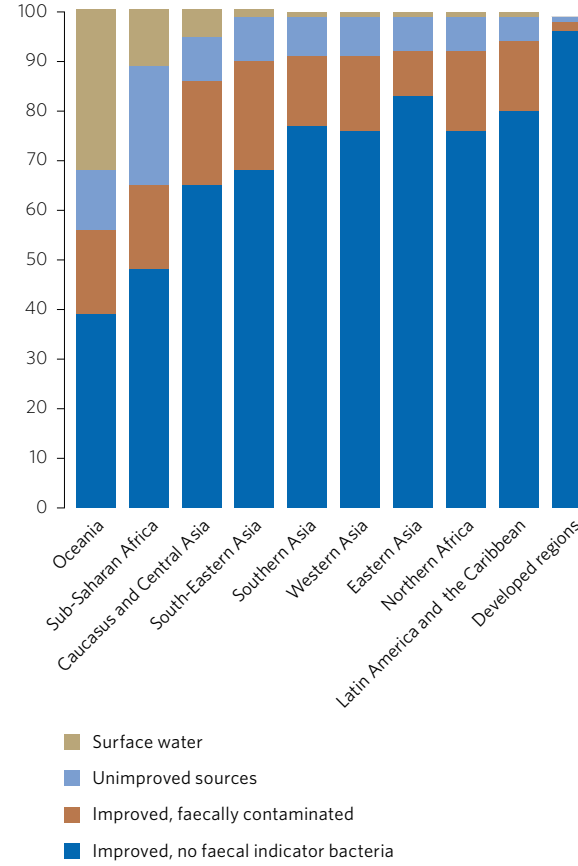
Eastern Asia, Southern Asia and South-Eastern Asia recorded the largest increases in the proportion of the population using an improved drinking water source, with rises of 24, 19 and 18 percentage points, respectively. In sub-Saharan Africa, where the initial coverage had been low, the proportion of the population with access to an improved drinking water source increased by 16 percentage points between 1990 and 2012, despite significant population growth.

Many people still rely on unsafe water sources

There were 748 million people still relying on unsafe drinking water sources in 2012, of which 173 million obtained their drinking water straight from rivers, streams or ponds. The remaining population relied on unprotected, open wells or poorly protected natural springs. Forty-five countries in the world were not on track to meet the MDG drinking water target.

Additionally, those populations using an improved drinking water source may not necessarily have safe water. Many improved facilities are microbiologically contaminated. Furthermore, water is not easily accessible to many households, especially in sub-Saharan Africa. Many people, usually women or young girls, often need to join long queues or walk long distances to get to an improved water source.

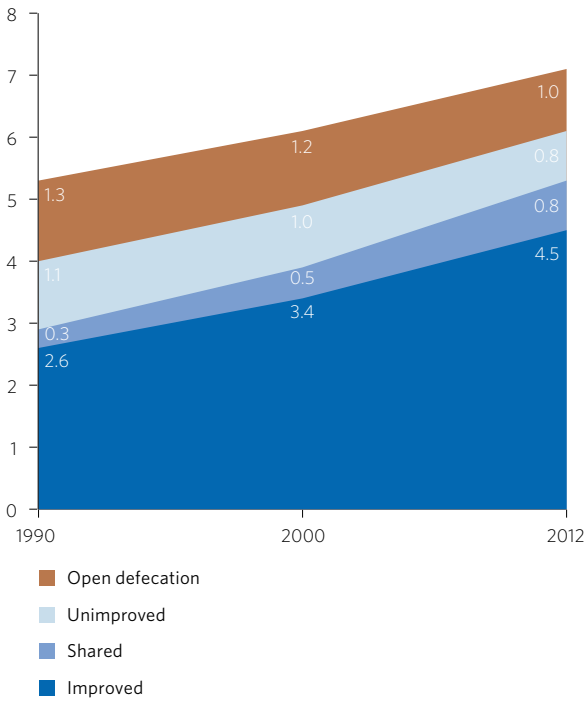
Proportion of population by access to drinking water sources, 2012 (Percentage)



Note: Estimates based on a systematic analysis of 345 studies containing information on drinking water quality.

Over a quarter of the world's population has gained access to improved sanitation since 1990, yet a billion people still resort to open defecation

Population by sanitation practices, 1990, 2000 and 2012 (Billions)



Between 1990 and 2012, almost 2 billion additional people gained access to an improved sanitation facility, one that separates people from faeces hygienically. Despite the large increase in sanitation coverage, from 49 per cent in 1990 to 64 per cent in 2012, it seems unlikely that the MDG target of 75 per cent coverage will be met by 2015. In 2012, 2.5 billion people did not use an improved sanitation facility. Much greater effort and investment will be needed to redress inadequate sanitation practices in the coming years.

In 2012, 1 billion people still resorted to open defecation, a practice that needs to be brought to an end, as it poses a huge risk to communities that are often poor and vulnerable already. Open defecation is most prevalent in Southern Asia, Oceania and sub-Saharan Africa. The vast majority—82 per cent—of people practicing open defecation now live in middle-income, populous countries, such as India and Nigeria.

People in rural areas, the poor and minorities have less access to both improved water and sanitation

Lack of improved water and sanitation facilities is predominantly a rural and poverty-related phenomenon. Seven out of ten people without access to improved sanitation facilities live in rural areas. The rich in urban areas are more likely to have piped water on the premises, or toilets connected to a sewer system, whereas the poor often use communal sources or need to buy their water from vendors, share public facilities or rely on pit latrines. In addition to rural–urban and wealth-related disparities, household surveys have shown much lower coverage within countries for some areas, minorities and other disadvantaged groups.

The resolution on the human right to water and sanitation adopted by the United Nations General Assembly in 2010 called for universal coverage, highlighting the need to address, and monitor, inequalities in access to clean water and proper sanitation.

TARGET 7.D

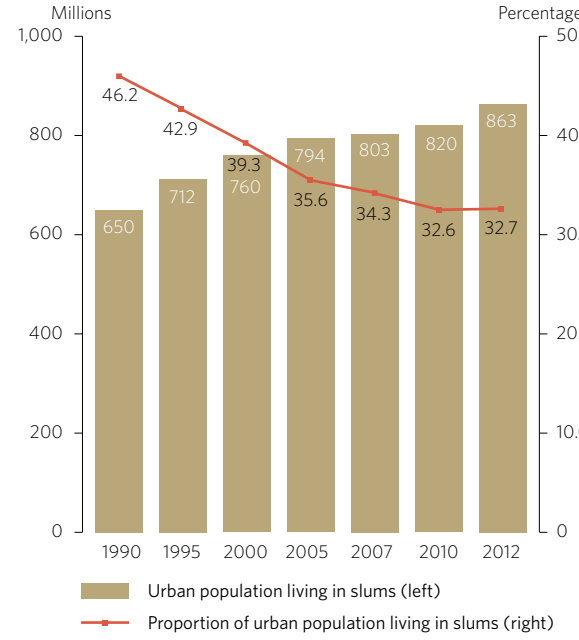
By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Although the MDG target has been met, the number of people living in slum conditions is growing

Slums are characterized by the absence of basic services, such as improved drinking water and adequate sanitation, along with insecure tenure, non-durable housing and overcrowding. Between 2000 and 2012, more than 200 million slum dwellers gained access to either improved water, improved sanitation, durable housing or less crowded housing conditions. By 2012, nearly 33 per cent of urban residents in developing regions still lived in slums. Twelve years earlier, in 2000, practically 40 per cent of urban residents in developing regions had been in that situation.

Despite these advances, the number of slum dwellers has continued to grow, due, in part, to the fast pace of urbanization. The number of urban residents living in slum conditions was estimated at 863 million in 2012, compared to 760 million in 2000, and 650 million in 1990. The proportion of people living in slum conditions in urban areas was particularly high in sub-Saharan Africa (62 per cent) and, to a lesser extent, in Southern Asia (35 per cent), compared to 24 per cent in Latin America and the Caribbean, and 13 per cent in North Africa. More efforts are needed to improve the lives of the urban poor across the developing world, and to reverse the trend whereby the number of people living in slum conditions is increasing.

Urban population living in slums in developing countries, 1990–2012 (Millions and Percentage)



One answer to stopping slums from spreading is to build more streets

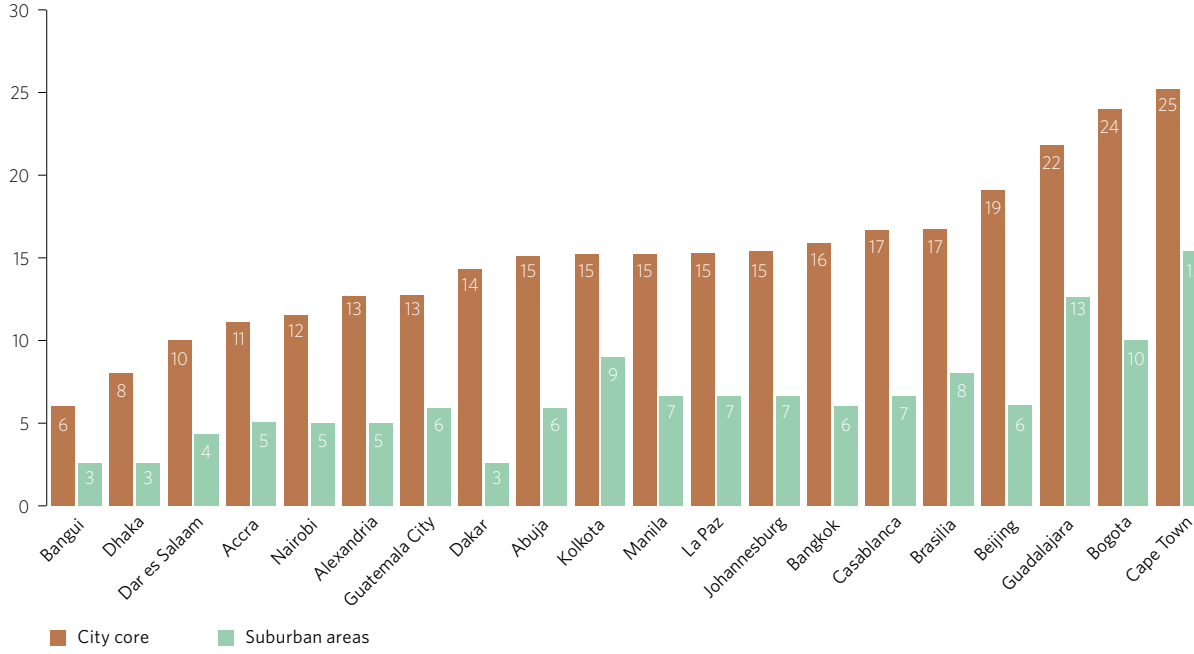
A well-planned city allocates between 25 per cent and 30 per cent of land to streets. Water and sewerage systems are then usually designed along existing street networks. Unplanned urban areas do not allot enough space to streets, making it difficult for authorities to provide basic water and sanitation services.

Less than 15 per cent of land was allocated to streets in many urban settlements in Africa, Asia, and Latin America and the Caribbean. This assessment is based on data from geospatial information systems (GIS) and satellite images of street networks in more than 100 cities around the world. In the 18 African cities included in that study, 13 allocated less than 15 per cent of land to streets. The same study showed that it was common in the suburban areas of all cities for less than 10 per cent of land to be allocated to streets, indicating widespread, unplanned urban settlements.

New geospatial data can help to address the slum problem better

Information on the elements of urban form and structure—such as street networks, built-up and non-built-up areas and urban density—allow the development of effective urban policies to tackle the lack of basic services in cities in developing regions. Such information can be captured nowadays using GIS and remote sensing. The definition (and measurement) of slums should be improved to include these elements, in order to provide better policy guidance.

Proportion of land allocated to streets in selected cities in Africa, Asia, Latin America and the Caribbean, city core and suburban areas, 2013 (Percentage)



Goal 8

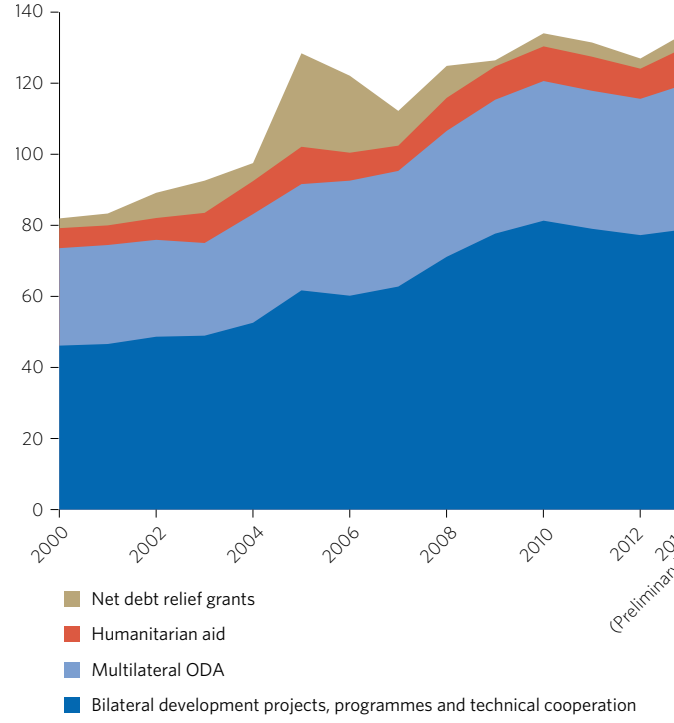
Develop a global partnership for development

Quick facts

- Official development assistance stood at $134.8 billion in 2013, the highest level ever recorded.
- 80 per cent of imports from developing countries enter developed countries duty-free.
- The debt burden on developing countries remains stable at about 3 per cent of export revenue.
- The number of Internet users in Africa almost doubled in the past four years.
- 30 per cent of the world's youth are digital natives, active online for at least five years.

Official development assistance is now at its highest level, reversing the decline of the previous two years

Official development assistance (ODA), from OECD-DAC countries, 2000–2013 (Constant 2012 US$ billions)



Developed countries' net official development assistance (ODA) to developing countries in 2013 rose by 6.1 per cent in real terms compared to 2012, after two years of falling volumes. Net ODA from the members of the group of countries belonging to the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development reached $134.8 billion, the highest level ever recorded. This represented 0.3 per cent of developed countries' combined gross national income. Bilateral aid (excluding debt-relief grants and humanitarian aid) rose by 2.3 per cent in real terms and core contributions to multilateral organizations increased by 6.9 per cent.

A total of 17 out of 28 DAC member countries recorded an increase in their allocations to ODA, while 11 reported a decrease. In 2013, the United States of America, the United Kingdom, Germany, Japan and France were the largest donors by volume. Denmark, Luxembourg, Norway and Sweden continued to exceed the United Nations ODA target of 0.7 per cent of gross national income, while the United Kingdom met the ODA target for the first time.

Aid has also increased from non-DAC countries. The United Arab Emirates' net ODA reached 1.25 per cent of gross national income, the highest ratio of any country in 2013. Turkey increased its net ODA by 30 per cent in real terms and Estonia and Russia by over 20 per cent compared to 2012.

A recent DAC *Survey on Donors' Forward Spending Plans* projected a 2.4 per cent real increase in country programmable aid in 2014, mainly due to continued increases by some donors, and in soft loans from multilateral organizations. Thereafter, it is expected to remain stable. Country programmable aid excludes, for example, items that are unpredictable by nature (humanitarian aid and debt relief), that entail no cross-border flows (e.g., administrative costs) or that do not form part of cooperation agreements between Governments. It is considered a good proxy of aid recorded at the country level.

In 2011–2012, out of a total of $98.8 billion of sector-allocable aid, aid worth $23.5 billion was focused on the achievement of the Goal of gender equality and women's empowerment.

TARGET 8.B and 8.C

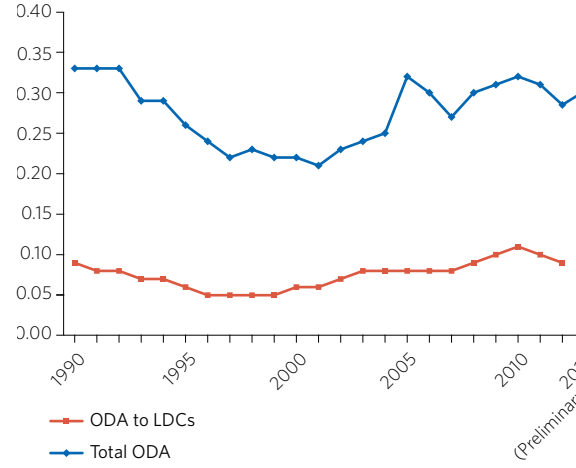
Address the special needs of the least developed countries, landlocked developing countries and small island developing States

Aid is shifting away from the poorest countries

About one-third of the total donor aid flow has been going in recent years to least developed countries (LDCs). In 2012, the aid of DAC donors to LDCs amounted to 0.09 per cent of their combined gross national income, its lowest ratio since 2008.

Net bilateral aid to Africa (where 34 of the 48 LDCs are located) fell by 5.6 per cent in 2013, to $28.9 billion in real terms. The DAC survey suggests the likelihood of a continued decline by 5 per cent in country programmable aid to LDCs and low-income countries, particularly in Africa, reflecting reduced access to grant resources on which LDCs are highly dependent. The same survey reveals an ongoing focus in the medium term on middle-income countries—many with large populations living in extreme poverty. It is most likely that aid to these countries will be in the form of soft loans.

Net official development assistance from OECD-DAC countries as a proportion of donors' gross national income, 1990–2013 (Percentage)

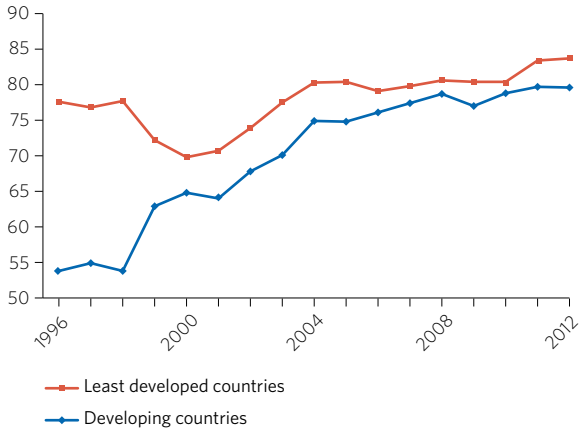


TARGET 8.A

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

Trade liberalization has slowed, while least developed countries benefit from truly preferential treatment

Proportion of developed country imports (excluding oil and arms) from developing countries and least developed countries (LDCs) admitted duty free, 1996–2012 (Percentage)



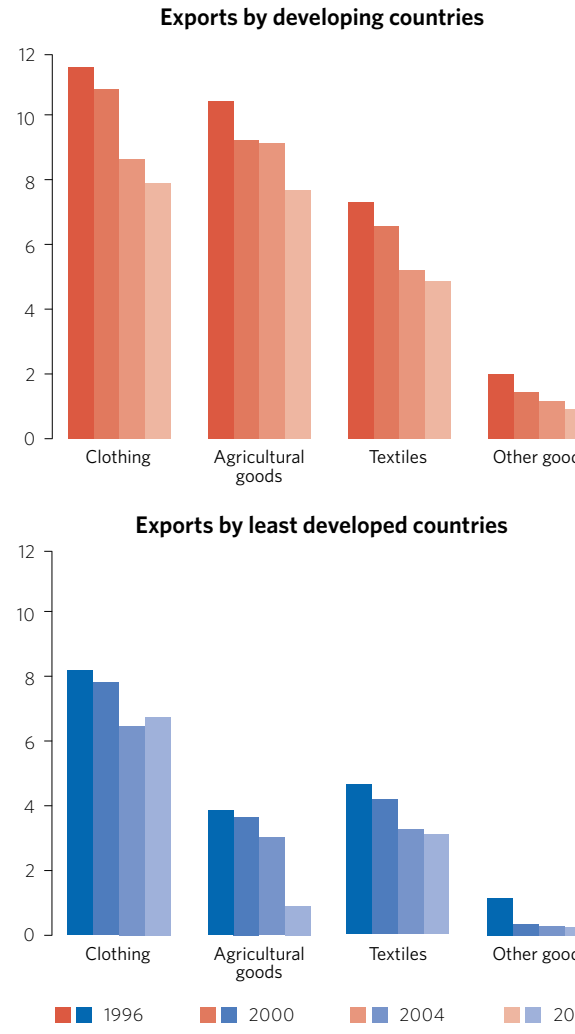
Note: This indicator is subject to the influence of changes in export structure and relative prices.

In 2012, 80 per cent of imports from developing countries entered developed countries duty-free. Between 1996 and 2004, following the completion of the Uruguay Round of multilateral trade negotiations in 1995, the percentage of imports (excluding oil and arms) from developing countries that entered developed countries duty-free increased by an average of 2.5 percentage points each year. A large proportion of the imports that entered duty-free resulted from the multilateral elimination of tariffs under most-favoured-nation (MFN) treatment. After 2004, duty-free access granted to imports from developing countries improved only gradually and amounted to 0.5 additional percentage points each year.

Duty-free access by exports from LDCs to developed countries' markets reached 84 per cent in 2012. Most of the duty-free treatment—54 per cent—was truly preferential and not the result of the MFN treatment available to all exporters. The preference gap in favour of LDCs has increased since 2010.

Average tariffs have declined, but their reduction has moderated

Average tariffs levied by developed countries on key products exported by developing countries and least developed countries (LDCs), 1996, 2000, 2004 and 2012 (Percentage ad valorem)



Note: Based on a fixed 1999–2001 export structure. The 2012 spike in average tariffs for LDC clothing products is due to higher United States imports from Asian LDCs and not to a change in nominal tariffs.

Between 1996 and 2004, the average tariff applied by developed countries to imports of clothing and textiles from developing countries decreased, by 2.8 and 2.1 percentage points, respectively. During the period from 2005 to 2012, the average tariff on those goods dropped by less than 1 percentage point. The average tariff on agricultural goods dropped by 1.3 percentage points between 1996 and 2004, and by a further 1.4 percentage points by 2012.

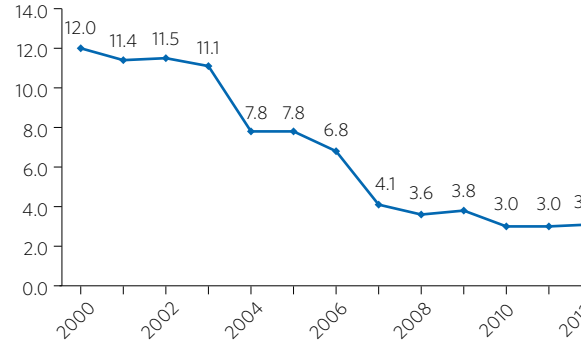
Similarly, LDCs experienced reductions in average tariffs on clothing and textiles between 1996 and 2004 which, however, did not continue in subsequent years. One of the reasons was that many developed countries already gave complete duty-free treatment on those goods to most LDCs, leaving the indicator to show only exceptions. In contrast, the average tariff on agricultural goods of LDCs declined further after 2004, dropping to less than 1 per cent, resulting in a preference margin of almost 6.8 percentage points compared with competing exports originating from other developing countries.

TARGET 8.D

Deal comprehensively with developing countries' debt

The debt burden of developing countries is much lower than in 2000, but is not declining further

External debt service payments as proportion of export revenues, all developing countries, 2000–2012 (Percentage)



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

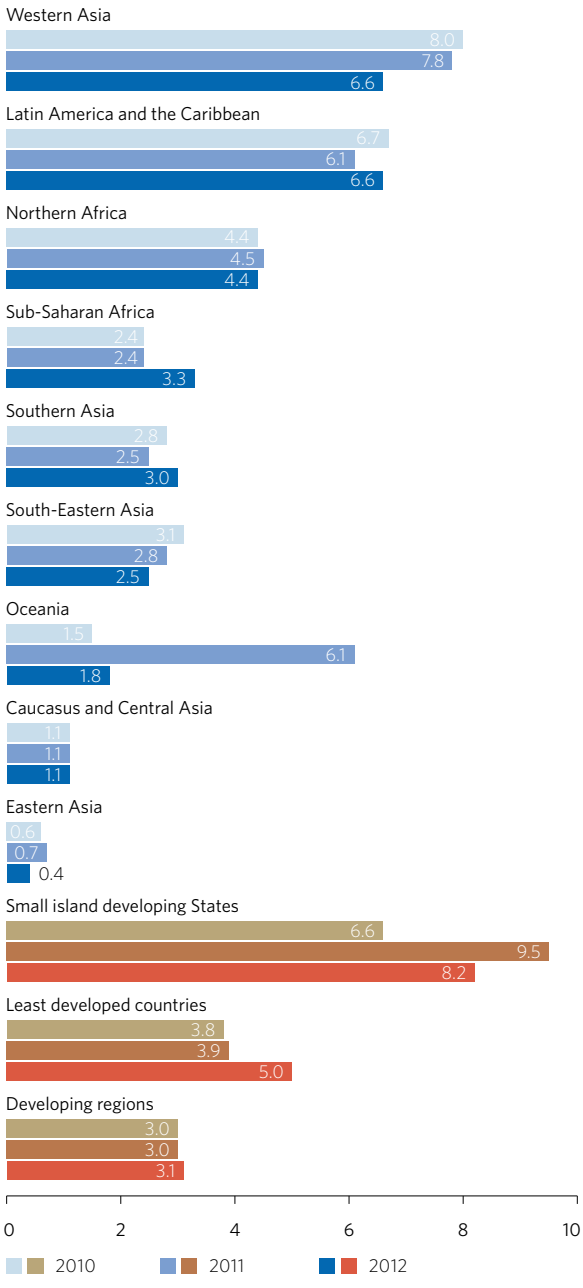
A country's external debt burden affects its creditworthiness and vulnerability to economic shocks. In 2012, the debt burden of developing countries—measured as a proportion of external debt service to export revenue—was 3.1 per cent, similar to the level of the preceding two years. This was much lower than in 2000, when the debt burden of developing countries was equivalent to 12 per cent of their export revenue. Better debt management, the expansion of trade and—for the poorest countries—substantial debt relief have reduced the burden of debt service.

The downward trend in debt ratio was interrupted briefly in 2009 by the sharp fall in export revenue due to the global financial crisis. However, as export earnings rebounded, debt ratios resumed their downward progression in 2010—with several regions' ratios falling below their 2008 levels—and have remained relatively unchanged since then.

In 2011, Oceania and the small island developing States experienced a jump in their debt-service-to-export ratios, mostly due to the repayment of a $150 million bond by Fiji. Not surprisingly, Oceania and the small island developing States were also the regions with the largest drop in their debt-service-to-export ratios in 2012, as Fiji's total public debt service returned to a more normal level.

There are 39 countries eligible for debt relief under the Heavily Indebted Poor Countries (HIPC) Initiative. Of these, 36 countries have reached their "decision point" and have had future debt payments reduced by $57.3 billion (in end-2012 net present value terms); the 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, 2010, 2011 and 2012 (Percentage)



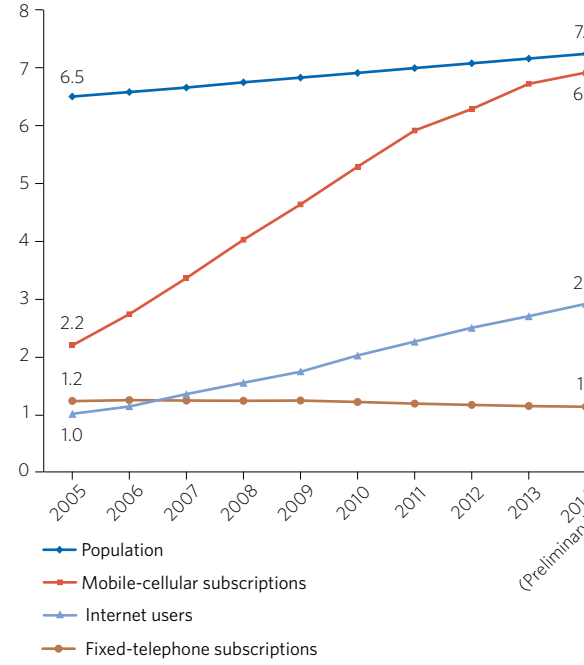
Note: Data only cover the developing countries that report to the World Bank Debtor Reporting System.

TARGET 8.F

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

The use of modern information and communications technology continues to grow—with almost three billion people online and seven billion mobile-cellular subscriptions

Estimated number of mobile-cellular subscriptions, Internet users and fixed-telephone subscriptions, 2005–2014 (Billions)



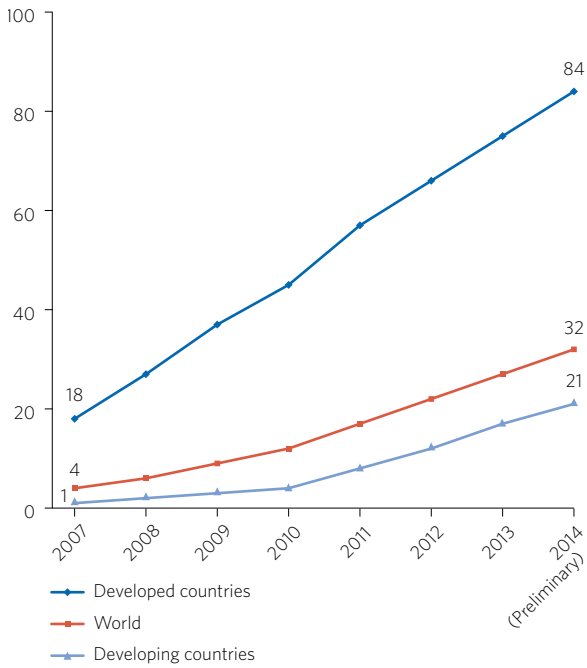
Close to three billion people—or 40 per cent of the world population—will be using the Internet by the end of 2014. More widely available information and communications technology (ICT) networks and services, growing content and applications, and falling ICT prices are allowing increasing numbers of people to join the global information society. While the number of fixed-telephone subscriptions has been stagnating over the past decade or more, mobile-cellular subscriptions have continued to grow, especially in developing countries. By the end of 2014, the number of mobile-cellular subscriptions will reach almost seven billion globally (with many people holding multiple mobile-phone subscriptions).

Two-thirds of the world's Internet users are in developing regions, where the number of Internet users doubled in just five years between 2009 and 2014. In Africa, almost 20 per cent of the population are online, up from 10 per cent in 2010. In 2014, Internet use penetration in developing countries had grown by 8.7 per cent, twice as fast as in the developed world where its usage rose by 3.3 per cent. Still, less than one-third of the developing world population is online, compared to 78 per cent in the developed world. Globally, more than four billion people are not yet using the Internet—90 per cent of whom are from the developing world—highlighting the need for improving the accessibility and affordability of Internet services.

Young people play an important role in driving the information society, particularly in developing countries where they represent a relatively large group within the overall population. In 2012, there were around 363 million digital natives—persons aged 15–24 years with at least five years of online experience. This cohort corresponds to 30 per cent of the world's youth and 5 per cent of the total world population. In developed regions, 82 per cent of youth are digital natives. In contrast, in developing countries, where many young people only came online more recently, only 23 per cent of youth are digital natives. However, within the next five years, the population of digital natives in developing countries will more than double, helping those countries to drive their digital adoption agendas.

High-speed Internet access is soaring as broadband prices fall and mobile-broadband networks expand rapidly

Number of active mobile-broadband subscriptions per 100 inhabitants, 2007–2014



The rapid expansion of fixed- and mobile-broadband services and the drop in broadband prices have been major drivers of the information society. Almost all countries in the world have launched at least third-generation (3G) mobile-broadband services, and the number of subscriptions has been growing rapidly. By the end of 2014, there will be 32 mobile-broadband subscriptions per 100 inhabitants, almost double the penetration rate in 2011. Mobile-broadband penetration will stand at almost 84 per cent in developed countries, compared with 21 per cent in developing countries. Fixed-broadband penetration has been growing at a slower rate than mobile-broadband but will reach almost 10 per cent globally by the end of 2014.

The price of broadband services has continued to drop. Globally, between 2008 and 2012, fixed-broadband prices fell by 82 per cent, with the biggest drop occurring in developing countries. Nevertheless, broadband services have been much more affordable in developed than developing countries, where they are out of reach for large parts of the population. Adding affordable data plans to relatively inexpensive basic mobile voice services is one strategy that would allow more people in developing countries to benefit from access to the Internet.

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 2014.[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.

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 2012 or 2013.

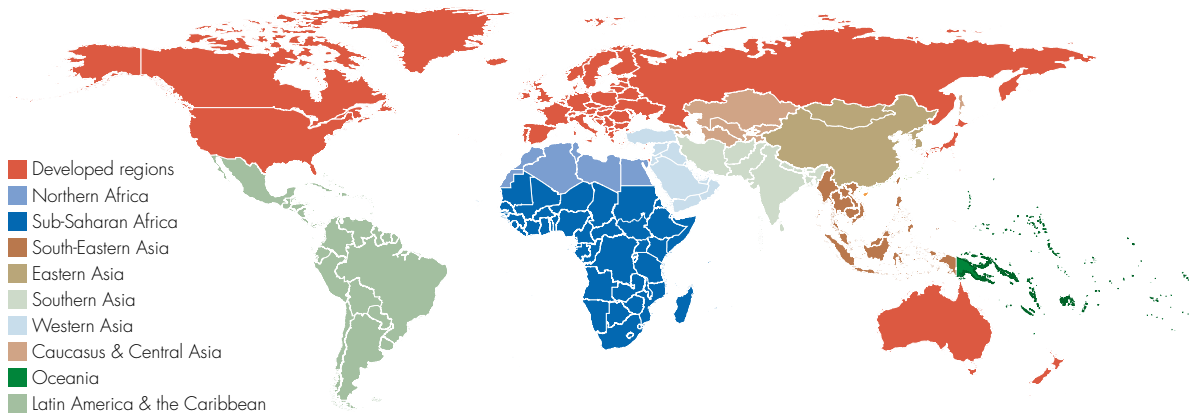
3 The composition of these subregions is shown in the next section "Regional groupings".

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 56 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.

Regional groupings



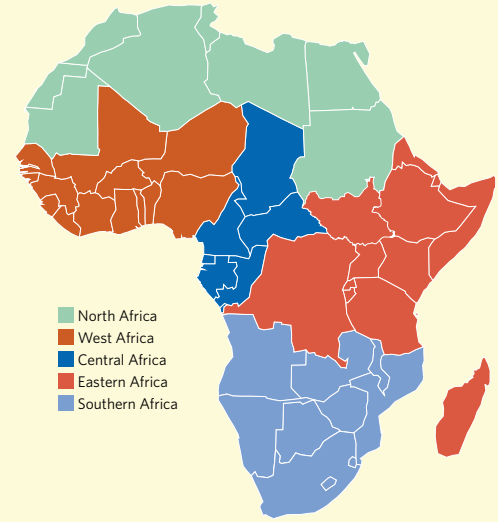
This report presents data on progress towards the Millennium Development Goals for the world as a whole and for various country groupings. These are classified as "developing" regions and "developed" regions.* The developing regions are further broken down into the subregions shown on the map above. 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, United Nations Population Division, World Bank and WHO
- Goal 5: Improve maternal health
  Target 5.A: UNFPA, UNICEF, United Nations Population Division, World Bank 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

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"The Millennium Development Goals have shown that we can make profound differences in people's lives.

The journey we started in the year 2000 has seen us build a solid foundation for further progress."

— UN Secretary-General BAN Ki-moon

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