

The Millennium Development Goals Report 2011



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 2011



UNITED NATIONS
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Foreword

Since they were first adopted, the Millennium Development Goals (MDGs) have raised awareness and shaped a broad vision that remains the overarching framework for the development activities of the United Nations.

At the September 2010 MDG Summit, world leaders put forward an ambitious action plan—a roadmap outlining what is needed to meet the goals by the agreed deadline of 2015. The information presented on the following pages demonstrates that this can be done if concrete steps are taken.

Already, the MDGs have helped to lift millions of people out of poverty, save lives and ensure that children attend school. They have reduced maternal deaths, expanded opportunities for women, increased access to clean water and freed many people from deadly and debilitating disease. At the same time, the report shows that we still have a long way to go in empowering women and girls, promoting sustainable development, and protecting the most vulnerable from the devastating effects of multiple crises, be they conflicts, natural disasters or volatility in prices for food and energy.

Progress tends to bypass those who are lowest on the economic ladder or are otherwise disadvantaged because of their sex, age, disability or ethnicity.

Disparities between urban and rural areas are also pronounced and daunting. Achieving the goals will require equitable and inclusive economic growth—growth that reaches everyone and that will enable all people, especially the poor and marginalized, to benefit from economic opportunities.

We must also take more determined steps to protect the ecosystems that support economic growth and sustain life on earth. Next year's United Nations Conference on Sustainable Development—Rio + 20—is an opportunity to generate momentum in this direction, which is vital for achieving the MDGs.

Between now and 2015, we must make sure that promises made become promises kept. The people of the world are watching. Too many of them are anxious, angry and hurting. They fear for their jobs, their families, their futures. World leaders must show not only that they care, but that they have the courage and conviction to act.



BAN KI-MOON
Secretary-General, United Nations

Overview

Lives have been saved or changed for the better

More than 10 years have passed since world leaders established goals and targets to free humanity from extreme poverty, hunger, illiteracy and disease. The Millennium Declaration and the MDG framework for accountability derived from it have inspired development efforts and helped set global and national priorities and focus subsequent actions. While more work lies ahead, the world has cause to celebrate, in part due to the continued economic growth of some developing countries and targeted interventions in critical areas. Increased funding from many sources has translated into the expansion of programmes to deliver services and resources to those most in need. Here are some of the highlights:

- **Poverty continues to decline in many countries and regions**

Despite significant setbacks after the 2008-2009 economic downturn, exacerbated by the food and energy crisis, the world is still on track to reach the poverty-reduction target. By 2015, it is now expected that the global poverty rate will fall below 15 per cent, well under the 23 per cent target. This global trend, however, mainly reflects rapid growth in Eastern Asia, especially China.

- **Some of the poorest countries have made the greatest strides in education**

Burundi, Madagascar, Rwanda, Samoa, Sao Tome and Principe, Togo and the United Republic of Tanzania have achieved or are nearing the goal of universal primary education. Considerable progress has also been made in Benin, Bhutan, Burkina Faso, Ethiopia, Guinea, Mali, Mozambique and Niger, where net enrolment ratios in primary school increased by more than 25 percentage points from 1999 to 2009. With an 18 percentage point gain between 1999 and 2009, sub-Saharan Africa is the region with the best record of improvement.

- **Targeted interventions have succeeded in reducing child mortality**

The number of deaths of children under the age of five declined from 12.4 million in 1990 to 8.1 million in 2009. This means that nearly 12,000 fewer children are dying each day. Between 2000 and 2008, the combination of improved immunization coverage and the opportunity for second-dose immunizations led to a 78 per cent drop in measles deaths worldwide. These averted deaths represent one quarter of the decline in mortality from all causes among children under five.

- **Increased funding and control efforts have cut deaths from malaria**

Through the hard work of governments, international partners, community health workers and civil society, deaths

from malaria have been reduced by 20 per cent worldwide—from nearly 985,000 in 2000 to 781,000 in 2009. This was accomplished through critical interventions, including the distribution of insecticide-treated mosquito nets, which, in sub-Saharan Africa alone, are sufficient to cover 76 per cent of the population at risk. The largest absolute drops in malaria deaths were in Africa, where 11 countries have reduced malaria cases and deaths by over 50 per cent.

- **Investments in preventing and treating HIV are yielding results**

New HIV infections are declining steadily, led by sub-Saharan Africa. In 2009, an estimated 2.6 million people were newly infected with HIV—a drop of 21 per cent since 1997, when new infections peaked. Thanks to increased funding and the expansion of major programmes, the number of people receiving antiretroviral therapy for HIV or AIDS increased 13-fold from 2004 to 2009. By end-2009, 5.25 million people were receiving such treatment in low- and middle-income countries—an increase of over 1.2 million people since December 2008. As a result, the number of AIDS-related deaths declined by 19 per cent over the same period.

- **Effective strategies against tuberculosis are saving millions of lives**

Between 1995 and 2009, a total of 41 million tuberculosis patients were successfully treated and up to 6 million lives were saved, due to effective international protocols for the treatment of tuberculosis. Worldwide, deaths attributed to the disease have fallen by more than one third since 1990.

- **Every region has made progress in improving access to clean drinking water**

An estimated 1.1 billion people in urban areas and 723 million people in rural areas gained access to an improved drinking water source over the period 1990-2008. Eastern Asia registered the largest gains in drinking water coverage—from 69 per cent in 1990 to 86 per cent in 2008. Sub-Saharan Africa nearly doubled the number of people using an improved drinking water source—from 252 million in 1990 to 492 million in 2008.

Despite real progress, we are failing to reach the most vulnerable

Although many countries have demonstrated that progress is possible, efforts need to be intensified. They must also target the hardest to reach: the poorest of the poor and those disadvantaged because of their sex, age, ethnicity or disability. Disparities in progress between urban and rural areas remain daunting.

- **The poorest children have made the slowest progress in terms of improved nutrition**

In 2009, nearly a quarter of children in the developing world were underweight, with the poorest children most

affected. In Southern Asia, a shortage of quality food and poor feeding practices, combined with inadequate sanitation, has contributed to making underweight prevalence among children the highest in the world. In that region, between 1995 and 2009, no meaningful improvement was seen among children in the poorest households, while underweight prevalence among children from the richest 20 per cent of households decreased by almost one third. Children living in rural areas of developing regions are twice as likely to be underweight as are their urban counterparts.

- **Opportunities for full and productive employment remain particularly slim for women**

Wide gaps remain in women's access to paid work in at least half of all regions. Following significant job losses in 2008-2009, the growth in employment during the economic recovery in 2010, especially in the developing world, was lower for women than for men. Women employed in manufacturing industries were especially hard hit.

- **Being poor, female or living in a conflict zone increases the probability that a child will be out of school**

The net enrolment ratio of children in primary school has only gone up by 7 percentage points since 1999, reaching 89 per cent in 2009. More recently, progress has actually slowed, dimming prospects for reaching the MDG target of universal primary education by 2015. Children from the poorest households, those living in rural areas and girls are the most likely to be out of school. Worldwide, among children of primary school age not enrolled in school, 42 per cent—28 million—live in poor countries affected by conflict.

- **Advances in sanitation often bypass the poor and those living in rural areas**

Over 2.6 billion people still lack access to flush toilets or other forms of improved sanitation. And where progress has occurred, it has largely bypassed the poor. An analysis of trends over the period 1995-2008 for three countries in Southern Asia shows that improvements in sanitation disproportionately benefited the better off, while sanitation coverage for the poorest 40 per cent of households hardly increased. Although gaps in sanitation coverage between urban and rural areas are narrowing, rural populations remain at a distinct disadvantage in a number of regions.

- **Improving the lives of a growing number of urban poor remains a monumental challenge**

Progress in ameliorating slum conditions has not been sufficient to offset the growth of informal settlements throughout the developing world. In developing regions, the number of urban residents living in slum conditions is now estimated at 828 million, compared to 657 million in 1990 and 767 million in 2000. Redoubled efforts will be needed to improve the lives of the urban poor in cities and metropolises across the developing world.

- **Progress has been uneven in improving access to safe drinking water**

In all regions, coverage in rural areas lags behind that of cities and towns. In sub-Saharan Africa, an urban dweller

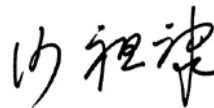
is 1.8 times more likely to use an improved drinking water source than a person living in a rural area.

Continued progress requires an active commitment to peace, equity, equality and sustainability

At the 2010 High-level Plenary Meeting of the General Assembly on the Millennium Development Goals, world leaders reaffirmed their commitment to the MDGs and called for intensified collective action and the expansion of successful approaches. They acknowledged the challenges posed by multiple crises, increasing inequalities and persistent violent conflicts.

They called for action to ensure equal access by women and girls to education, basic services, health care, economic opportunities and decision-making at all levels, recognizing that achievement of the MDGs depends largely on women's empowerment. World leaders also stressed that accelerated action on the goals requires economic growth that is sustainable, inclusive and equitable—growth that enables everyone to benefit from progress and share in economic opportunities.

Finally, further and faster movement towards achievement of the MDGs will require a rejuvenated global partnership, expeditious delivery on commitments already made, and an agile transition to a more environmentally sustainable future.



SHA ZUKANG

Under-Secretary-General for Economic and Social Affairs

Goal 1

Eradicate extreme poverty and hunger

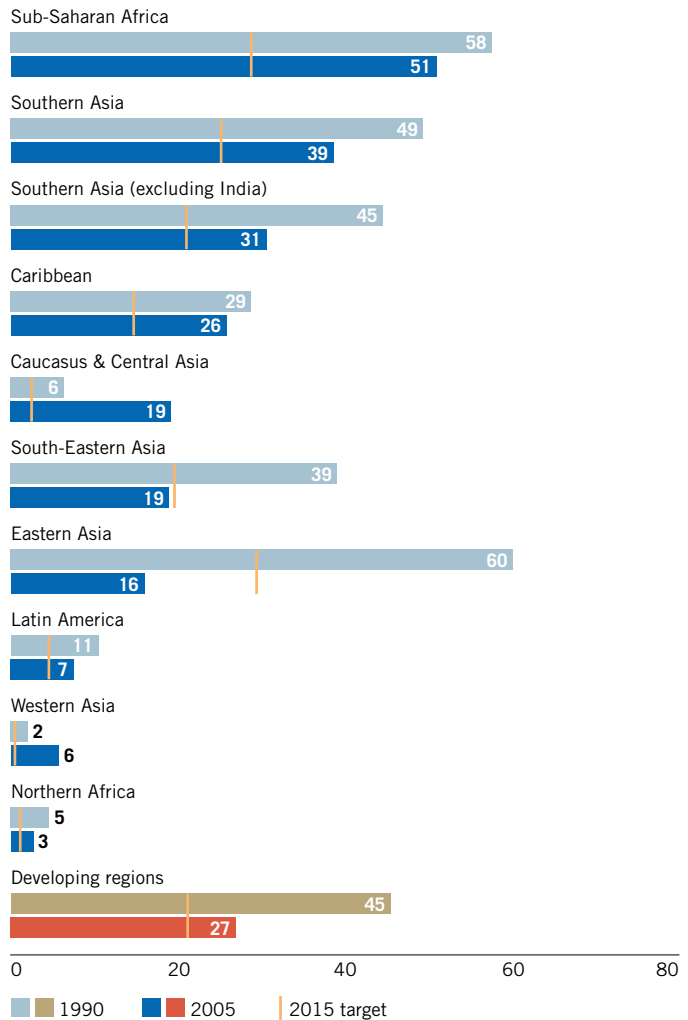


TARGET

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

Sustained growth in developing countries, particularly in Asia, is keeping the world on track to meet the poverty-reduction target

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



Robust growth in the first half of the decade reduced the number of people in developing countries living on less than \$1.25 a day from about 1.8 billion in 1990 to 1.4 billion in 2005. At the same time, the corresponding poverty rate dropped from 46 per cent to 27 per cent. The economic and financial crisis that began in the advanced countries of North America and Europe in 2008 sparked declines in commodity prices, trade and investment, resulting in slower growth globally.

Despite these declines, current trends suggest that the momentum of growth in the developing world remains strong enough to sustain the progress needed to reach the global poverty-reduction target. Based on recently updated projections from the World Bank, the overall poverty rate is still expected to fall below 15 per cent by 2015, indicating that the Millennium Development Goal (MDG) target can be met.

The World Bank's new poverty projections for 2015 incorporate several changes: additional data from over 60 new household surveys, updates of historical consumption per capita from national accounts, and a new forecast of growth in per capita consumption. The forecast therefore captures changes in income distribution in countries for which new survey data are available, and assumes that inequality remains unchanged in other countries. It also incorporates some of the effects of the global economic crisis, such as food and fuel price shocks. By 2015, the number of people in developing countries living on less than \$1.25 a day is projected to fall below 900 million.

The fastest growth and sharpest reductions in poverty continue to be found in Eastern Asia, particularly in China, where the poverty rate is expected to fall to under 5 per cent by 2015. India has also contributed to the large reduction in global poverty. In that country, poverty rates are projected to fall from 51 per cent in 1990 to about 22 per cent in 2015. In China and India combined, the number of people living in extreme poverty between 1990 and 2005 declined by about 455 million, and an additional 320 million people are expected to join their ranks by 2015. Projections for sub-Saharan Africa are slightly more upbeat than previously estimated. Based on recent economic growth performance and forecasted trends, the extreme poverty rate in the region is expected to fall below 36 per cent.

The task of monitoring progress on poverty reduction is beset by a lack of good quality surveys carried out at regular intervals, delays in reporting survey results, and insufficient documentation of country-level analytical methods used. It is also hampered by difficulties in accessing the underlying survey micro-data required to compute the poverty estimates. These gaps remain particularly problematic in sub-Saharan Africa, where the data necessary to make comparisons over the full range of MDGs are available in less than half the countries. For example, between 2007 and 2009, the countries that had collected, analysed and disseminated survey data, represent only 20 per cent of the region's population.

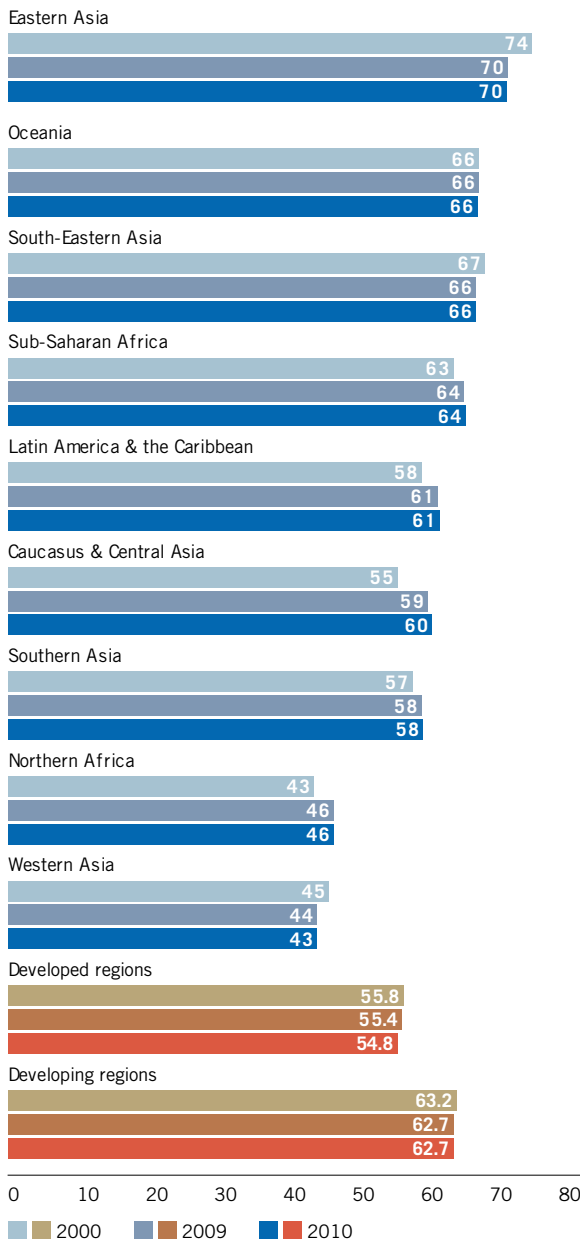


TARGET

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

Economic recovery has failed to translate into employment opportunities

Employment-to-population ratio, 2000, 2009 and 2010 preliminary estimates

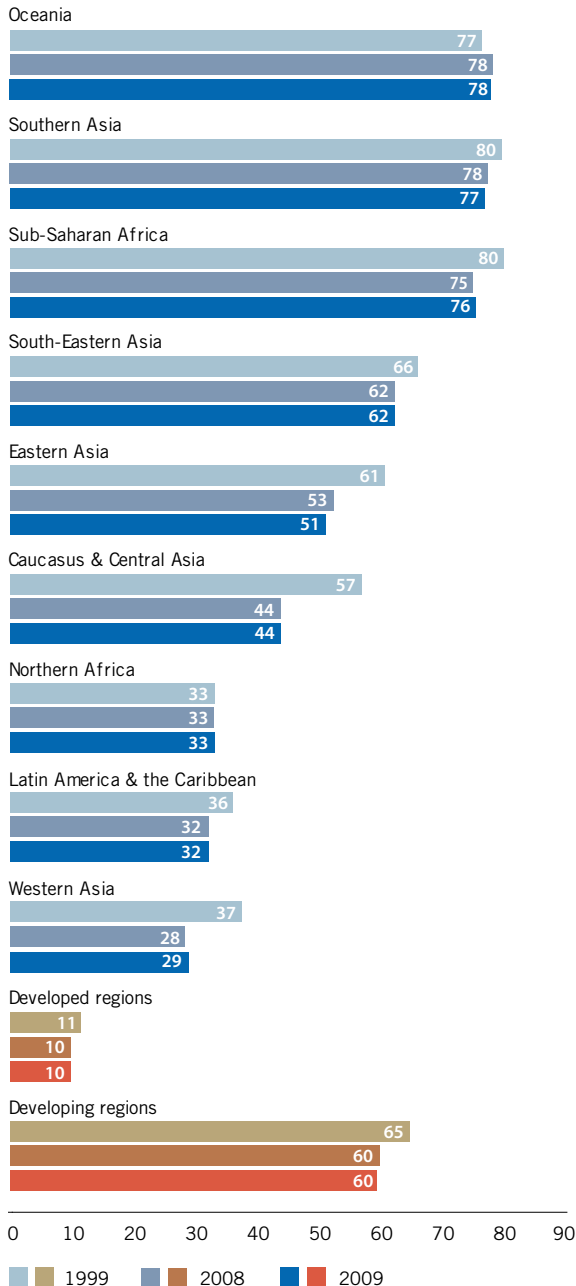


More than three years have passed since the onset of the fastest and deepest drop in global economic activity since the Great Depression. While global economic growth is rebounding, the global labour market is, in many respects, behaving as anticipated in the middle of the crisis: stubbornly elevated unemployment and slow employment generation in developed economies, coupled with widespread deficits in decent work in even the fastest-growing developing countries.

In the developed regions, the employment-to-population ratio dropped from 56.8 per cent in 2007 to 55.4 per cent in 2009, with a further drop to 54.8 per cent in 2010. Clearly, many developed economies are simply not generating sufficient employment opportunities to absorb growth in the working-age population. Again, this reflects an ongoing lag between economic recovery and a recovery in employment in this region. This contrasts with many developing regions, some of which saw an initial decline in the employment-to-population ratio but where, with the exception of the Caucasus and Central Asia and Eastern Asia, the estimated employment-to-population ratio in 2010 has changed little since 2007.

Progress in reducing vulnerable employment stalled following the economic crisis

Proportion of own-account and contributing family workers in total employment, 1999, 2008 and 2009 (Percentage)



In developing regions overall, the majority of workers are engaged in “vulnerable employment”, defined as the percentage of own-account and unpaid family workers in total employment. Vulnerable employment

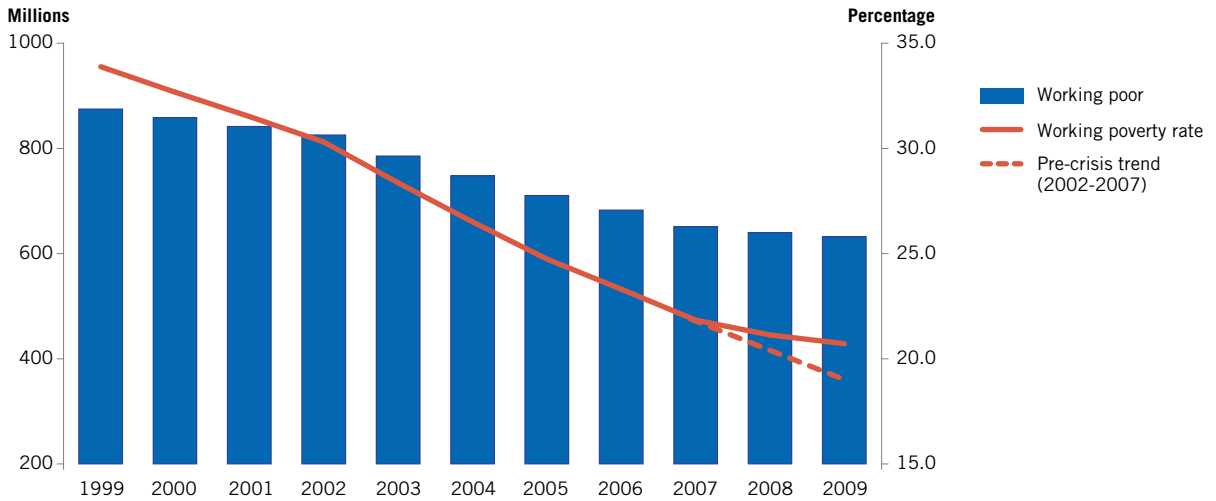
is characterized by informal working arrangements, lack of adequate social protection, low pay and difficult working conditions.

On the basis of available data, it is estimated that the vulnerable employment rate remained roughly the same between 2008 and 2009, both in developing and developed regions. This compares with a steady average decline in the years preceding the economic and financial crisis. Increases in the vulnerable employment rate were found in sub-Saharan Africa and Western Asia.



Worldwide, one in five workers and their families are living in extreme poverty

Proportion of employed people living on less than \$1.25 a day (Percentage) and number of working poor (Millions), 1999-2009



A slowdown in progress against poverty is reflected in the number of working poor. According to the International Labour Organization, one in five workers and their families worldwide were living in extreme poverty (on less than \$1.25 per person per day) in 2009. This represents a sharp decline in poverty from a decade earlier, but also a flattening of the slope

of the working poverty incidence curve beginning in 2007. The estimated rate for 2009 is 1.6 percentage points higher than the rate projected on the basis of the pre-crisis trend. While this is a crude estimate, it amounts to about 40 million more working poor at the extreme \$1.25 level in 2009 than would have been expected on the basis of pre-crisis trends.

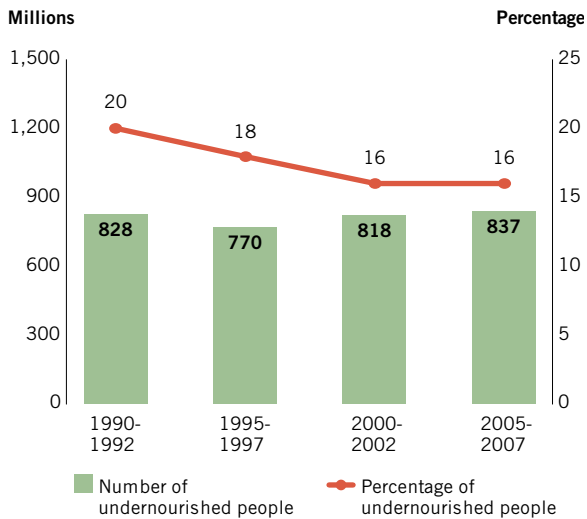


TARGET

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

The proportion of people going hungry has plateaued at 16 per cent, despite reductions in poverty

Number and proportion of people in the developing regions who are undernourished, 1990-1992, 1995-1997, 2000-2002 and 2005-2007



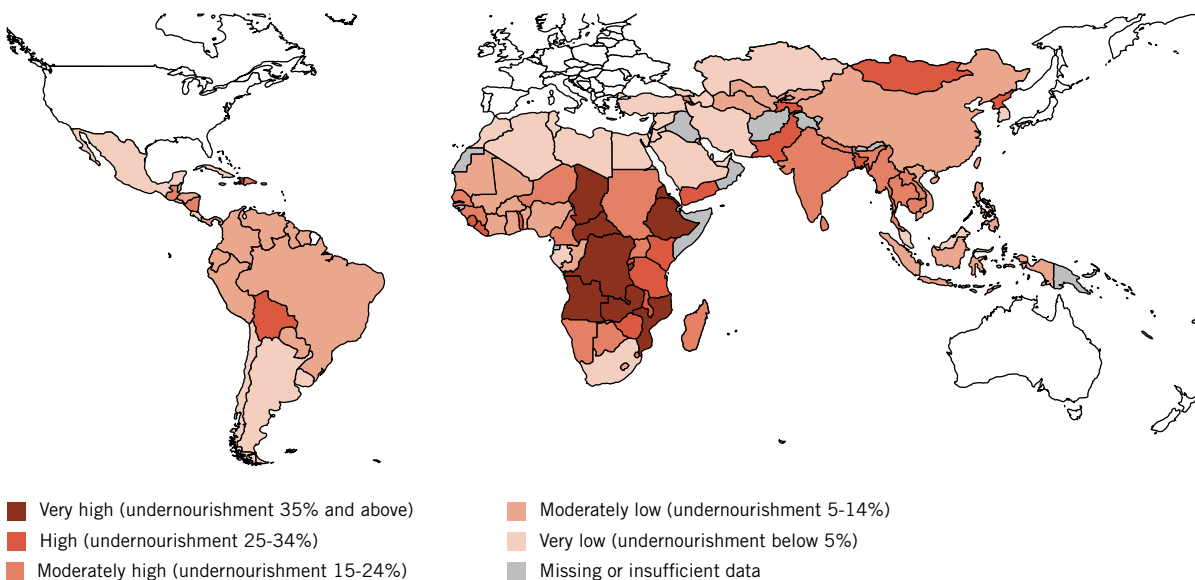
The proportion of people in the developing world who went hungry in 2005-2007 remained stable at 16 per cent, despite significant reductions in extreme poverty. Based on this trend, and in light of the economic crisis and rising food prices, it will be difficult to meet the hunger-reduction target in many regions of the developing world.

The disconnect between poverty reduction and the persistence of hunger has brought renewed attention to the mechanisms governing access to food in the developing world. This year, the Food and Agriculture Organization of the United Nations will undertake a comprehensive review of the causes behind this apparent discrepancy to better inform hunger-reduction policies in the future.



Disparities within and among regions are found in the fight against hunger

Proportion of undernourished population, 2005-2007 (Percentage)



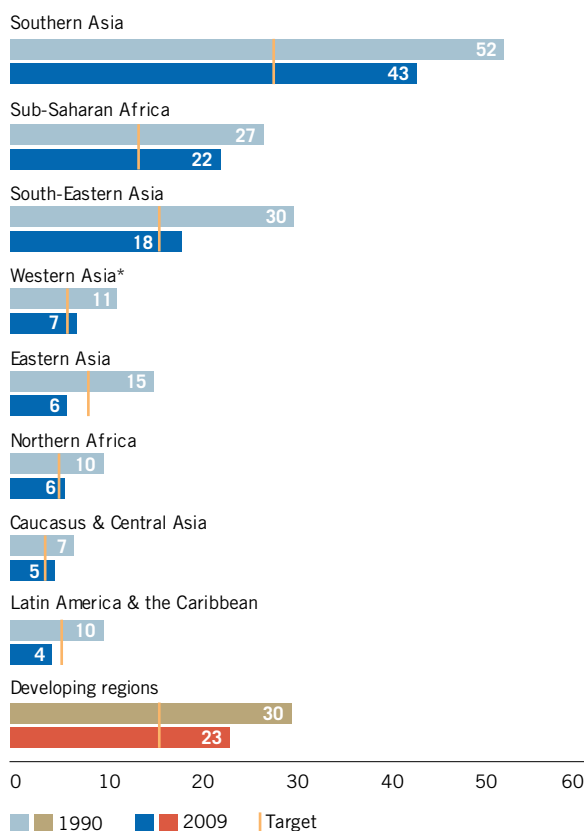
Trends observed in South-Eastern Asia, Eastern Asia and Latin America and the Caribbean suggest that they are likely to meet the hunger-reduction target by 2015. However, wide disparities are found among countries in these regions. For example, the strong gains recorded

in Eastern Asia since 1990 are largely due to progress in China, while levels in South-Eastern Asia benefit from advances made in Indonesia and the Philippines. Based on current trends, sub-Saharan Africa will be unable to meet the hunger-reduction target by 2015.



Nearly a quarter of children under five in the developing world remain undernourished

Proportion of children under age five who are underweight, 1990 and 2009 (Percentage)



* Regional aggregate only covers 47 per cent of the regional population, due to lack of data from Yemen.

Note: Trend analysis is based on data from 64 countries covering 73 per cent of the under-five population in developing regions. Prevalence of underweight children is estimated according to World Health Organization (WHO) Child Growth Standards. For the Caucasus & Central Asia, the baseline for trend analysis is 1996, since there are not sufficient data for 1990.

In developing regions, the proportion of children under age five who are underweight declined from 30 per cent to 23 per cent between 1990 and 2009. Progress in reducing underweight prevalence was made in all regions where comparable trend data are available. Eastern Asia, Latin America and the Caribbean, and the Caucasus and Central Asia have reached or nearly reached the MDG target, and South-Eastern Asia and Northern Africa are on track.

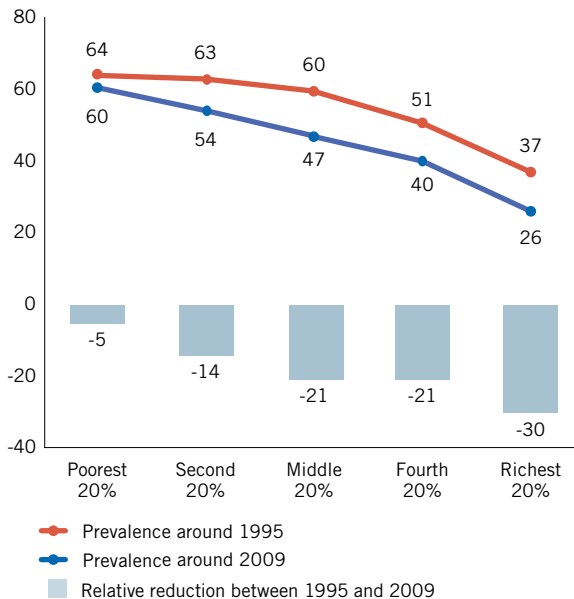
However, progress in the developing regions overall is insufficient to reach the target by 2015. Children are underweight due to a combination of factors:

lack of quality food, suboptimal feeding practices, repeated attacks of infectious diseases and pervasive undernutrition. In Southern Asia, for example, one finds not only a shortage of quality food and poor feeding practices, but a lack of flush toilets and other forms of improved sanitation. Nearly half the population practises open defecation, resulting in repeated bouts of diarrhoeal disease in children, which contribute to the high prevalence of undernutrition. Moreover, more than a quarter of infants in that region weigh less than 2,500 grams at birth. Many of these children are never able to catch up in terms of their nutritional status. All these factors conspire to make underweight prevalence in the region the highest in the world.

Nutrition must be given higher priority in national development if the MDGs are to be achieved. A number of simple, cost-effective measures delivered at key stages of the life cycle, particularly from conception to two years after birth, could greatly reduce undernutrition. These measures include improved maternal nutrition and care, breastfeeding within one hour of birth, exclusive breastfeeding for the first 6 months of life, and timely, adequate, safe, and appropriate complementary feeding and micronutrient intake between 6 and 24 months of age. Urgent, accelerated and concerted actions are needed to deliver and scale up such interventions to achieve MDG 1 and other health-related goals.

In Southern Asia, progress in combating child undernutrition is bypassing the poorest

Proportion of under-five children who are underweight in Southern Asia, by household wealth, around 1995 and 2009 (Percentage)



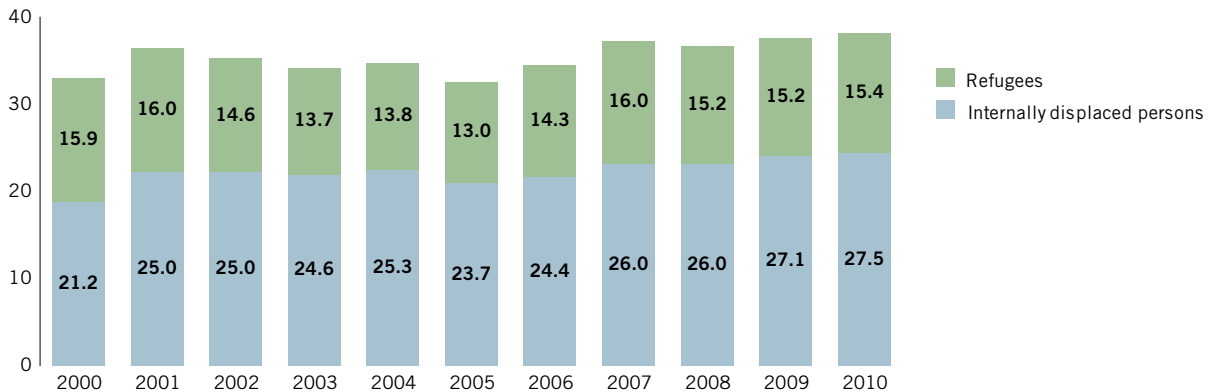
Children from the poorest households are more likely to be underweight than their richer counterparts. Moreover, the poorest children are making the slowest progress in reducing underweight prevalence. In Southern Asia, for example, there was no meaningful improvement among children in the poorest households in the period between 1995 and 2009, while underweight prevalence among children from the richest 20 per cent of households decreased by almost a third.

Children in developing regions are twice as likely to be underweight if they live in rural rather than urban areas. Little difference was found in underweight prevalence between girls and boys.



Close to 43 million people worldwide are displaced because of conflict or persecution

Number of refugees and internally displaced persons, 2000-2010 (Millions)



Humanitarian crises and conflicts continue to uproot millions of people across the globe. They also hinder the return of refugees and those internally displaced. As of end 2010, close to 43 million people worldwide were displaced due to conflict and persecution, the highest number since the mid-1990s and about half a million more than the previous year. Of these, 15.4 million are refugees, including 10.5 million who fall under the responsibility of the United Nations High Commissioner for Refugees (UNHCR) and 4.8 million Palestinian refugees who are the responsibility of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). In addition, 27.5 million people have been uprooted by violence and persecution but remain within the borders of their own countries. While often not displaced per se, UNHCR estimated that some 12 million people were stateless.

While millions of refugees have found a durable solution to their situation over the decades, others

have been confined to camps and other settlements for many years without any solution in sight. Excluding refugees under UNRWA's mandate, UNHCR estimates that 7.2 million refugees spread across 24 countries are currently trapped in a protracted situation of this kind. This is the highest number since 2001 and clearly demonstrates the lack of permanent solutions for many of the world's refugees. The number of refugees who have returned to their homes has continuously decreased since 2004, with the 2010 figures (197,600 returns) being the lowest since 1990.

On average, four out of five refugees are hosted by developing countries. Afghans and Iraqis continue to be the largest refugee populations under the UNHCR mandate with 3 million and 1.7 million refugees, respectively, at the end of 2010. Together they account for nearly half of all refugees under UNHCR's mandate.

Goal 2

Achieve universal primary education

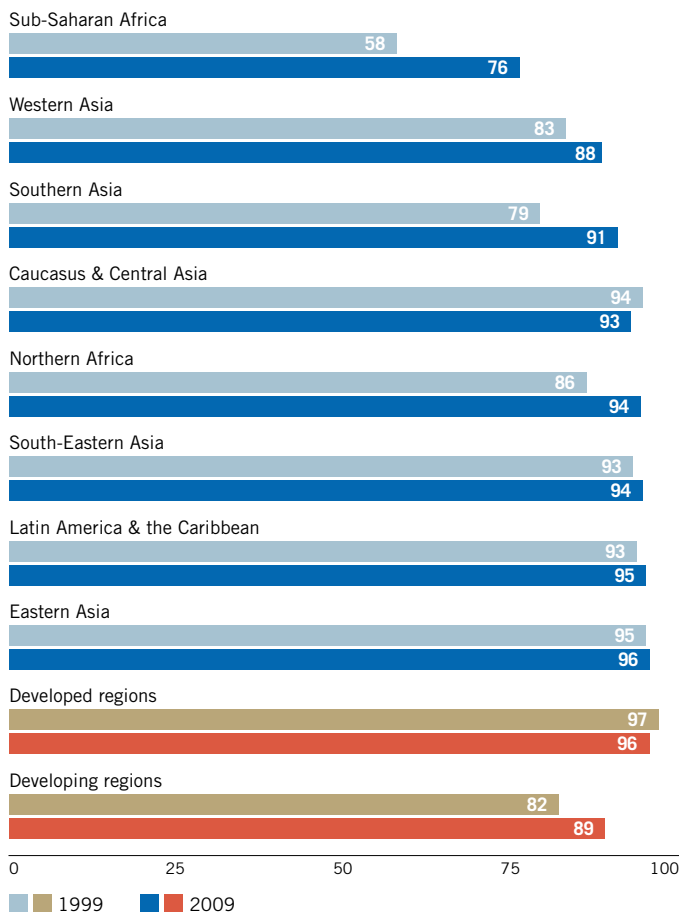


TARGET

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

Sub-Saharan Africa has the best record for improvement in primary school enrolment

Adjusted net enrolment ratio in primary education,* 1998/1999 and 2008/2009 (Percentage)



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

Note: Data for Oceania are not available.

In the developing world as a whole, enrolment in primary education has increased slowly. The net enrolment ratio has gone up by just 7 percentage points since 1999, reaching 89 per cent in 2009. In more recent years, progress has actually slowed, with an increase of just 2 percentage points between 2004 and 2009, dimming prospects for reaching the MDG target of universal primary education by 2015.

Most regions have advanced somewhat, though progress varies considerably among geographical groupings. With an 18-percentage-point gain between 1999 and 2009, sub-Saharan Africa has the best record for improvement, followed by Southern Asia and Northern Africa, which had a 12-percentage-point and an 8-percentage-point increase, respectively. By contrast, the net enrolment ratio fell from 94 per cent to 93 per cent in the Caucasus and Central Asia.

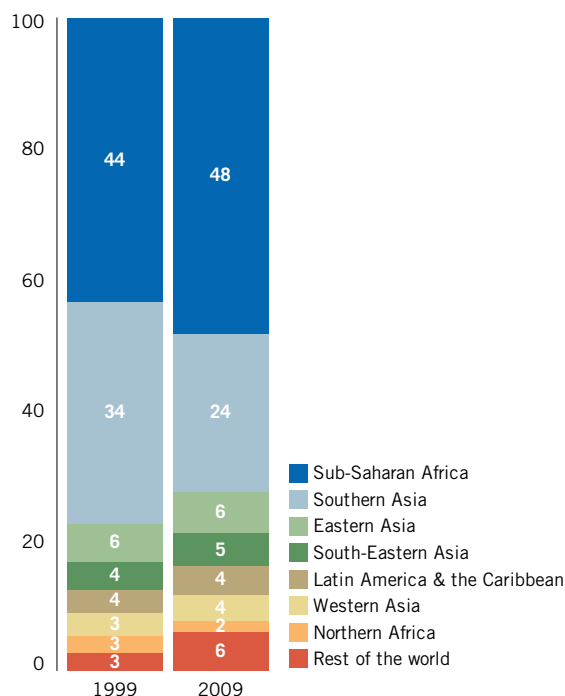
To achieve universal primary education, children everywhere must complete a full cycle of primary schooling. Current statistics show that the world is far from meeting that goal. Only 87 out of 100 children in the developing regions complete primary education.¹ In half of the least developed countries, at least two out of five children in primary school drop out before reaching the last grade.

In 2009, more than 20 per cent of primary-age children in least developed countries were excluded from education. Nevertheless, some of the poorest countries have made the greatest strides since 1999. Burundi, Madagascar, Rwanda, Samoa, Sao Tome and Principe, Togo and the United Republic of Tanzania have achieved or are nearing the goal of universal primary education (with an adjusted net enrolment ratio above 95 per cent). Considerable progress was also made in Benin, Bhutan, Burkina Faso, Ethiopia, Guinea, Mali, Mozambique and Niger, where net enrolment ratios increased by more than 25 percentage points from 1999 to 2009. The abolition of school fees is considered an important driver of rapid progress in many of these countries.

¹ Measured by the gross intake rate to the last grade of primary education.

Being poor, female or living in a conflict zone increases the probability that a child will be out of school

Distribution of out-of-school children by region, 1999 and 2009 (Percentage)



The total number of children out of school fell from 106 million to 67 million between 1999 and 2009. Almost half of these children—32 million—live in sub-Saharan Africa, despite the region's strong efforts to increase enrolment. A quarter of the children out of school, or 16 million, are in Southern Asia. Being female, poor and living in a country affected by conflict are three of the most pervasive factors keeping children out of school. Of the total number of primary-age children in the world who are not enrolled in school, 42 per cent—28 million—live in poor countries affected by conflict. Over the decade, the share of girls in the total out-of-school population dropped from 58 per cent to 53 per cent.

Refugee children face steep barriers to getting an education

Children displaced from their homes face a multitude of problems, including getting an education, according to the United Nations High Commissioner for Refugees. In 87 urban areas for which the UNHCR has data, 37 per cent of refugee children had no access to schooling. When they do, it is often an unsettling experience, due to stigma and discrimination that can result from being an outsider, the fact that they may not understand the language of instruction and difficulties in obtaining certification of classes completed. In addition, governments may not allow refugee children to attend public schools. A strained economic situation in the family often means that children are forced to work or care for their siblings, and obligatory school fees may simply make education unaffordable.

Out of the 132 refugee camps with available data (in both urban and rural areas), only 38 reported that all refugee children were enrolled in school. In 32 camps, at least 70 per cent of children were enrolled. And in

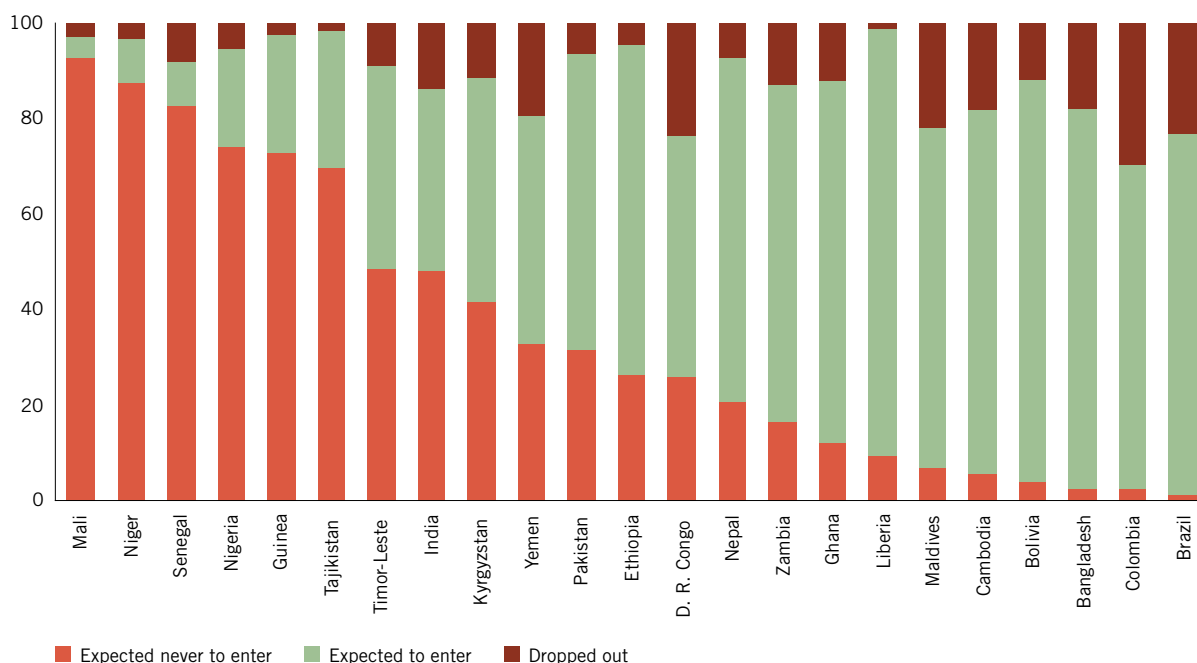
the remaining 62 camps, fewer than 70 per cent were enrolled. One reason for poor enrolment may be the lack of qualified teachers willing to work in refugee camps. Moreover, classrooms tend to be overcrowded, textbooks are generally in short supply, and basic sanitation is frequently lacking. Among youth in refugee camps, 73 per cent of adolescent girls and 66 per cent of adolescent boys were out of school.

It is important to note that these data reflect only registered refugees. Those who are unregistered are probably even less likely to attend school, since they may have entered the country illegally. Access to education is particularly difficult for refugees living without legal status in urban areas.

A major obstacle in remedying the situation is the lack of funding for education in emergencies. Just 2 per cent of humanitarian aid globally is allocated to education.

The majority of children who are out of school in sub-Saharan Africa will never enter a classroom

Distribution of out-of-school children by school exposure, selected countries, surveys between 2002 and 2010 (Percentage)



The majority of out-of-school children in sub-Saharan Africa are largely excluded from education, and most will never enter a classroom. However, household survey data from 23 countries show that in several countries with large out-of-school populations, many children do have exposure to education. Countries show distinct patterns in the distribution of out-of-school children.

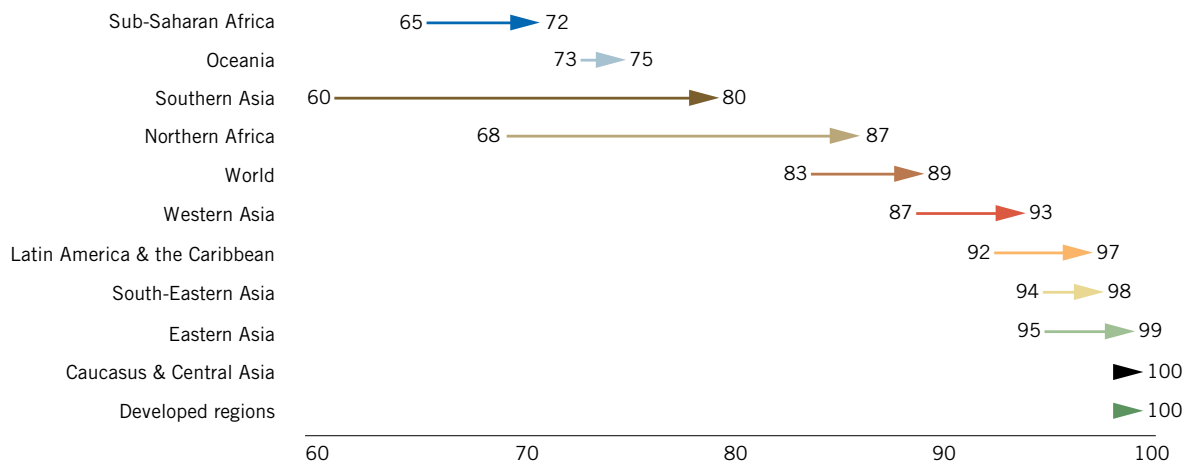
In the Democratic Republic of the Congo, for example, about half of all out-of-school children of primary age are expected to enter school late. About one quarter will never enter a classroom, while another quarter attended school in the past but dropped out. In Ethiopia, almost three quarters of primary-age

out-of-school children will eventually enter school, revealing the extent to which late entry is a widespread phenomenon. In that country, dropping out of primary school is uncommon. In Nigeria, about three quarters of primary-age children who are out of school will likely have no exposure to education at all. This pattern indicates that barriers to education in Nigeria are especially difficult to overcome.

In some countries, such as Brazil, Colombia and the Maldives, a significant proportion of out-of-school children had attended school in the past, but dropped out. In other countries, such as Cambodia, Liberia and Zambia, most out-of-school children will be attending school at some point in the near future.

Southern Asia and Northern Africa lead the way in expanding literacy among youth

Youth literacy rate, 1990 and 2009 (Percentage)



Worldwide, the literacy rate of youth (aged 15 to 24) increased from 83 per cent to 89 per cent between 1990 and 2009. Southern Asia and Northern Africa chalked up the most progress, with increases of 20 percentage points and 19 percentage points, respectively. Sub-Saharan Africa showed significant improvement as well—a rise of 7 percentage points.

Still, it remains the region with the lowest youth literacy rate (72 per cent in 2009). In spite of overall progress, 127 million young people lacked basic reading and writing skills in 2009. Nearly 90 per cent of all illiterate youth live in just two regions: Southern Asia (65 million) and sub-Saharan Africa (47 million).

Goal 3

Promote gender equality and empower women

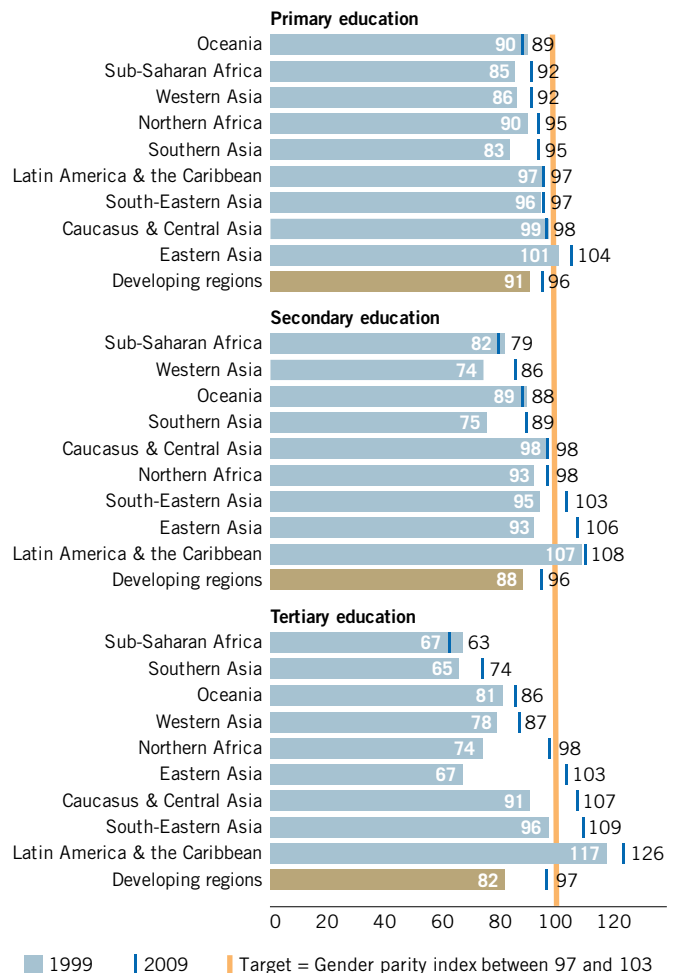


TARGET

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

Girls are gaining ground when it comes to education, though unequal access persists in many regions

Gender parity index for gross enrolment ratio in primary, secondary and tertiary education (Girls' school enrolment ratio in relation to boys' enrolment ratio), 1998/1999 and 2008/2009 (Girls per 100 boys)



In developing regions, 96 girls were enrolled in primary and in secondary school for every 100 boys in 2009. This is a significant improvement since 1999, when the ratios were 91 and 88, respectively.

However, only three regions—the Caucasus and Central Asia, Latin America and the Caribbean, and South-Eastern Asia—have achieved gender parity in primary education (defined

as a gender parity index between 97 and 103). Exceptionally, in Eastern Asia, girls slightly outnumber boys in primary school. Progress for girls has lagged in most other parts of the developing world, and equal access to education in the early years remains a distant target in Northern Africa, Oceania, Southern Asia, sub-Saharan Africa and Western Asia.

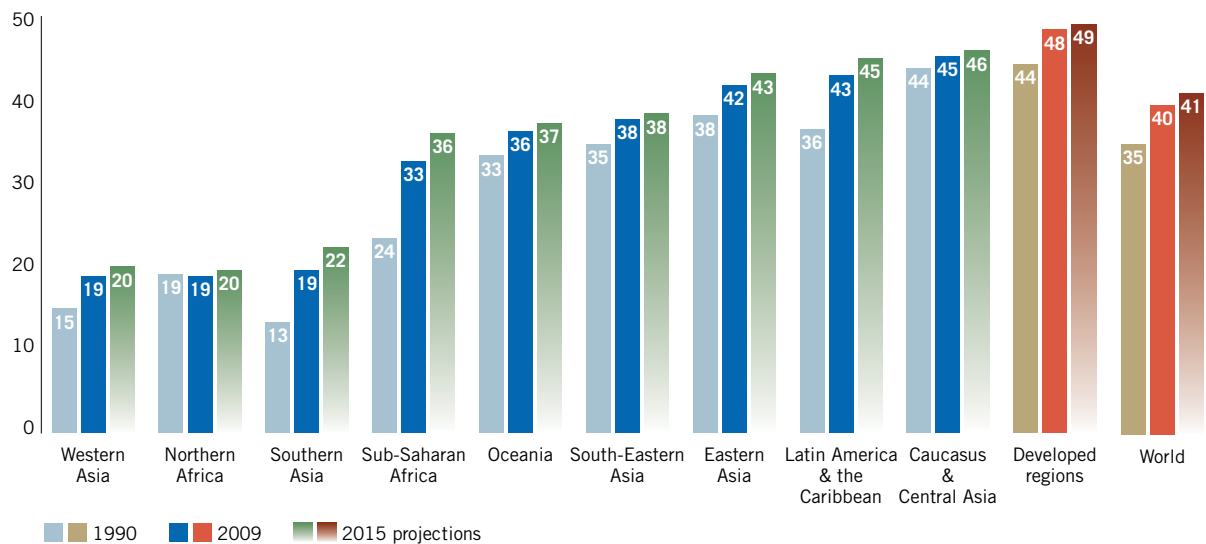
At the level of secondary education, the Caucasus and Central Asia, Northern Africa and South-Eastern Asia have achieved gender parity. However, girls remain at a distinct disadvantage in Oceania, Southern Asia, sub-Saharan Africa and Western Asia. In contrast, girls have surpassed boys in Eastern Asia and in

Latin America and the Caribbean when it comes to participation in secondary school.

The picture is quite different at the tertiary level of education. It is at this level that the gender parity index for the whole of the developing world is highest, at 97 girls for every 100 boys. But it is also where the greatest gender disparity is observed. Among the developing regions, only Eastern Asia and Northern Africa have achieved gender parity in tertiary education. Participation rates are either skewed heavily in favour of boys, as in Oceania, Southern Asia, sub-Saharan Africa and Western Asia, or in favour of girls, as in the Caucasus and Central Asia, Latin America and the Caribbean, and South-Eastern Asia.

Wide gaps remain in women's access to paid work in at least half of all regions

Employees in non-agricultural employment who are women, 1990, 2009 and projections to 2015 (Percentage)



Worldwide, the share of women in non-agricultural paid employment increased from 35 per cent in 1990 to almost 40 per cent in 2009. Progress has slowed in recent years, however, due to the financial and economic crisis of 2008-2009.

Southern Asia and sub-Saharan Africa saw the greatest improvement, though the proportion of women in paid employment in the former region remains below 20 per cent. In sub-Saharan Africa, progress is undermined to some extent by the fact that non-agricultural

wage employment represents only a minor share of employment for both women and men, who tend to work in jobs that lack financial security and social benefits.

The situation in Northern Africa has remained practically unchanged since 1990. In that region as well as in Western Asia, fewer than one in five paid jobs outside the agricultural sector are held by women.

Women have yet to see the fruits of the 2010 economic recovery

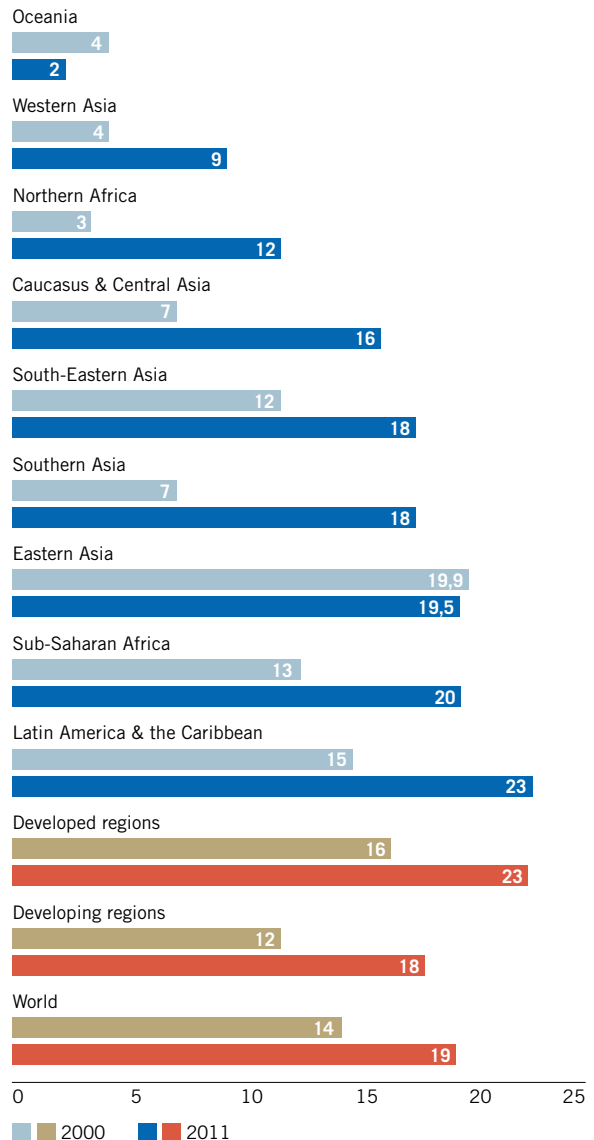
The global financial and economic crisis of 2008-2009 had an adverse impact on labour markets worldwide and slowed progress towards many of the MDGs. Employment declined, unemployment increased and millions of people dropped out of the labour force because they were too discouraged to continue looking for work. Pay cheques, too, were affected.

At the onset of the crisis in 2009, unemployment rates for men were increasing faster than those for women. In 2010, the world economy began to recover and unemployment started to decrease among both sexes. However, the unemployment rate for men declined faster than that for women. This trend—combined with the fact that women's unemployment rates already exceeded those of men—suggests that the gap between women and men in many regions will not close any time soon.

Similarly, following significant job losses in 2008-2009, the growth in employment that occurred during the recovery in 2010, especially in the developing regions, was lower for women than for men. Women employed in manufacturing industries were especially hard hit.

Representation by women in parliament is at an all-time high, but falls shamefully short of parity

Proportion of seats held by women in single or lower houses of national parliaments, 2000 and 2011 (Percentage)



Despite growing numbers of women parliamentarians, the target of equal participation of women and men in politics is still far off. By end-January 2011, women held 19.3 per cent of seats in single or lower houses of parliament worldwide. This is an all-time high. Still, it confirms a pattern of slow progress over the past 15 years from a world average of 11.6 per cent in 1995.

In addition, large disparities are found in women's representation among countries. In early 2011, women

made up 30 per cent or more of the members of single or lower houses of parliaments in 25 countries, including seven countries where the share was 40 per cent or more. Some countries have achieved high levels of participation by women in either of these houses of parliament: Rwanda (56.3 per cent), Sweden (45.0 per cent), South Africa (44.5 per cent) and Cuba (43.2 per cent). In contrast, 48 countries have less than 10 per cent women members in their lower or single houses. Nine countries—Belize, the Federated States of Micronesia, Nauru, Oman, Palau, Qatar, Saudi Arabia, Solomon Islands and Tuvalu—have no women parliamentarians at all.

In 2010, gains for women were registered in just half of all parliamentary elections or renewals. The most notable progress was seen in Northern Africa, where women's representation in single or lower houses increased from 9.0 per cent to 11.7 per cent between 2010 and 2011. Progress was also made in Western Asia, where women's representation in single or lower houses continued to rise: from 4.2 per cent in 2000 to 8.8 per cent in 2010 to 9.4 per cent in 2011. Even so, vast disparities are found among countries in the region. Moreover, progress for women is often dependent on special measures. In Bahrain, only one woman parliamentarian, who ran unopposed, was elected to the lower house. Meanwhile, the women in Bahrain's upper house, representing 27.5 per cent of its members, were mostly appointed. Jordan now has 13 women in its lower house and nine women in its upper house due to a strengthened quota system.

In the Americas, Costa Rican women continue to wield power, representing 38.6 per cent of the lower house. The mid-term elections in the United States saw a record number of women running for both houses of Congress, but this did not result in major gains.

Sub-Saharan Africa has also seen recent progress, with Ethiopia, Madagascar and the United Republic of Tanzania recording improvements in 2010. Burundi consolidated its representation by women in the lower house of parliament with an increase to 32.1 per cent, from 30.5 per cent in 2005, and saw a significant rise in the upper house (from 34.7 to 46.3 per cent), largely due to a quota system. Women's representation in Sao Tome and Principe, unaided by quotas, increased from 7.3 per cent in 2006 to 18.2 per cent in 2010.

In a year of high-profile elections, Southern Asia and South-Eastern Asia saw no progress. Women maintained strong representation in Afghanistan in the 2010 polls, but this resulted in only a small gain of one additional woman parliamentarian. South-Eastern Asia saw a small drop in the number of women

parliamentarians, from 19.3 per cent to 17.6 per cent between 2010 and 2011. In the Philippines, women lost ground in the upper house. In Oceania, the percentage of women parliamentarians dropped to only 2.3 per cent in 2011.

Quota arrangements and measures taken by political parties continue to be key predictors of success. Legislated quotas or voluntary party quotas have been implemented for 67 per cent of the 43 lower houses with 30 per cent or more women members.

At the leadership level, two parliaments saw women speakers elected for the first time: Mozambique and the United Republic of Tanzania. Worldwide, women now account for only 13.4 per cent of presiding officers in parliament. In January 2011, just 10 countries had female heads of state, and 13 countries had female heads of government.

Quotas are not the only factors that influence the level of women's political participation, however. Electoral systems are also key, as are gender-sensitive electoral arrangements. In 2010, many women contenders for political office suffered from a shortage of both media coverage and public appearances. Well trained and financed women candidates and political will at the highest levels of political parties and governments are paramount for overcoming gender imbalances in the world's parliaments.

Goal 4

Reduce child mortality

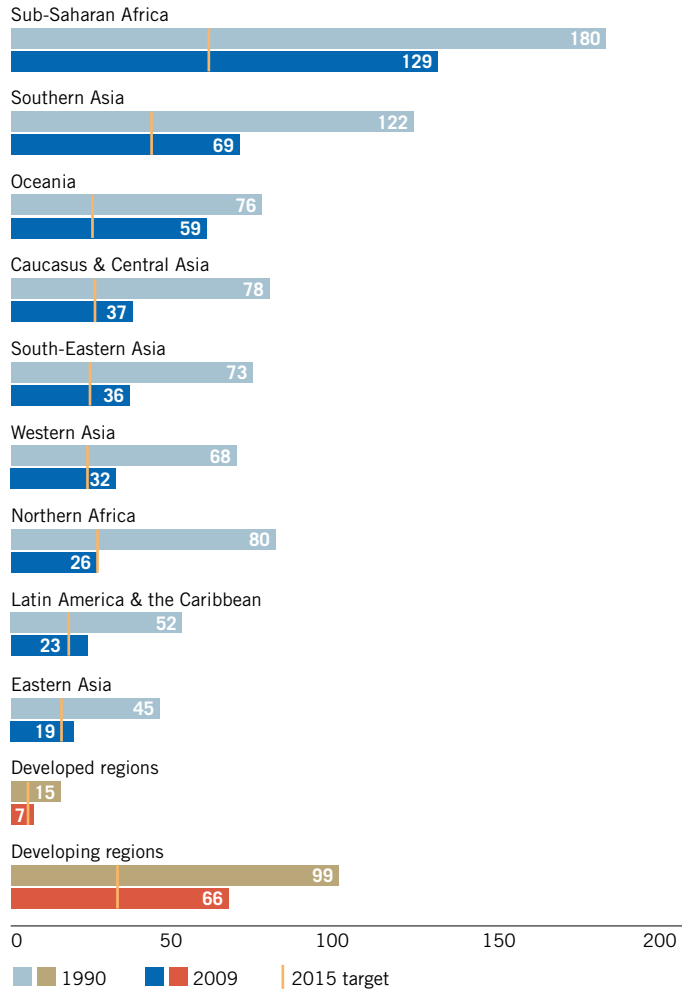


TARGET

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

Achieving the goal for child survival hinges on action to address the leading causes of death

Under-five mortality rate, 1990 and 2009 (Deaths per 1,000 live births)



Steady progress is being made in reducing child deaths. Globally, the mortality rate for children under five has declined by a third, from 89 deaths per 1,000 live births in 1990 to 60 in 2009. All regions, except sub-Saharan Africa, Southern Asia and Oceania, have seen reductions of at least 50 per cent. Despite population growth, the number of deaths in children under five worldwide declined from 12.4 million in 1990 to 8.1 million in 2009, which translates into nearly 12,000 fewer children dying each day.

The greatest success is found in Northern Africa and Eastern Asia, where under-five mortality declined by 68 per cent and

58 per cent, respectively. Among countries with high under-five mortality (above 40 deaths per 1,000 live births), 10 countries reduced their rates by at least half. Among them, Bangladesh, Eritrea, Lao People's Democratic Republic, Madagascar, Nepal and Timor-Leste recorded a 60 per cent drop or more.

The highest levels of under-five mortality continue to be found in sub-Saharan Africa, where one in eight children die before the age of five (129 deaths per 1,000 live births), nearly twice the average in developing regions overall and around 18 times the average in developed regions. With rapid progress in other regions, the disparities between them and sub-Saharan Africa have widened. Southern Asia has the second highest rate—69 deaths per 1,000 live births or about one child in 14.

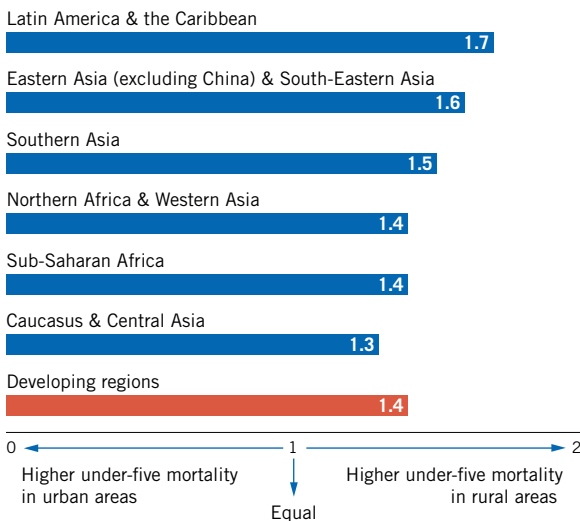
All of the 31 countries with under-five mortality of at least 100 deaths per 1,000 live births, except Afghanistan, are in sub-Saharan Africa. At the same

time, major inroads are being made. Four of the ten countries with more than a 50 per cent reduction in child deaths between 1990 and 2009 are in sub-Saharan Africa. Furthermore, five of the six countries with a reduction of more than 100 deaths per 1,000 live births are in this region.

Increasing evidence suggests that the MDG target can be reached, but only with substantial and accelerated action to eliminate the leading killers of children. In sub-Saharan Africa, diarrhoea, malaria and pneumonia are responsible for more than half the deaths of children under five. In Southern Asia, over half of all childhood deaths occur in the first 28 days after birth, pointing to the need for better post-natal care. In both regions, undernutrition is an underlying cause of a third of these deaths. Special efforts to fight pneumonia, diarrhoea and malaria, while bolstering nutrition, could save the lives of millions of children.

Children in rural areas are more at risk of dying, even in regions where child mortality is low

Ratio of rural to urban under-five mortality rate, 2000/2008

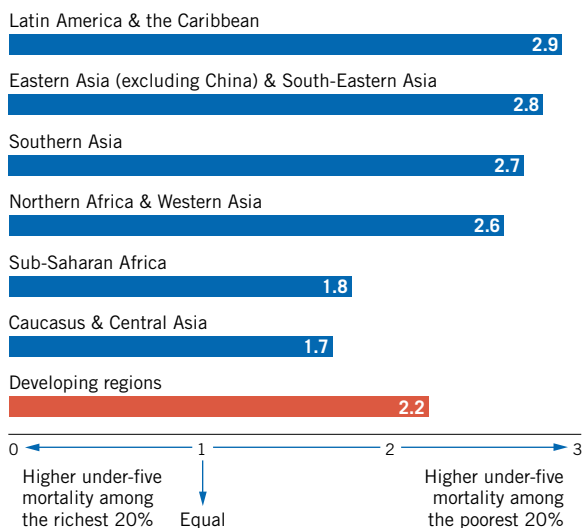


Note: Analysis is based on 80 developing countries with data on under-five mortality rate by residence, accounting for 73 per cent of total births in developing regions in 2008.

Despite substantial progress in reducing child deaths, children from rural households are still at a disadvantage, according to household survey data from 80 countries. This holds true for all developing regions. Disparities are most pronounced in Latin America and the Caribbean and in Eastern and South-Eastern Asia (excluding China), where overall child mortality is low.

Children from the poorest households are two to three times more likely to die before the age of five than children from the richest households

Ratio of under-five mortality rate for children from the poorest households to that of children from the richest households, 2000/2008

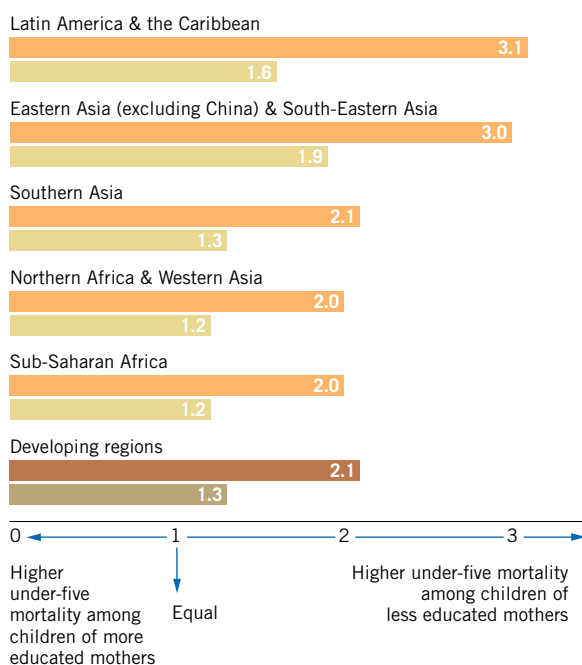


Note: Analysis is based on 66 developing countries with data on under-five mortality rate by household's wealth quintile, accounting for 71 per cent of total births in developing regions in 2008.

According to data from 66 countries, children from the poorest households are also at a disadvantage when it comes to surviving their first five years of life. In the developing regions as a whole, children from the poorest 20 per cent of households have more than twice the risk of dying before their fifth birthday as children in the richest 20 per cent of households. Again, the greatest disparities are found in Latin America and the Caribbean and in Eastern and South-Eastern Asia (excluding China), where the risk is nearly three times as high.

A mother's education is a powerful determinant of child survival

Ratio of under-five mortality rate of children of mothers with no education to that of children of mothers with secondary or higher education; ratio of under-five mortality rate of children of mothers with no education to that of children of mothers with primary education, 2000/2008



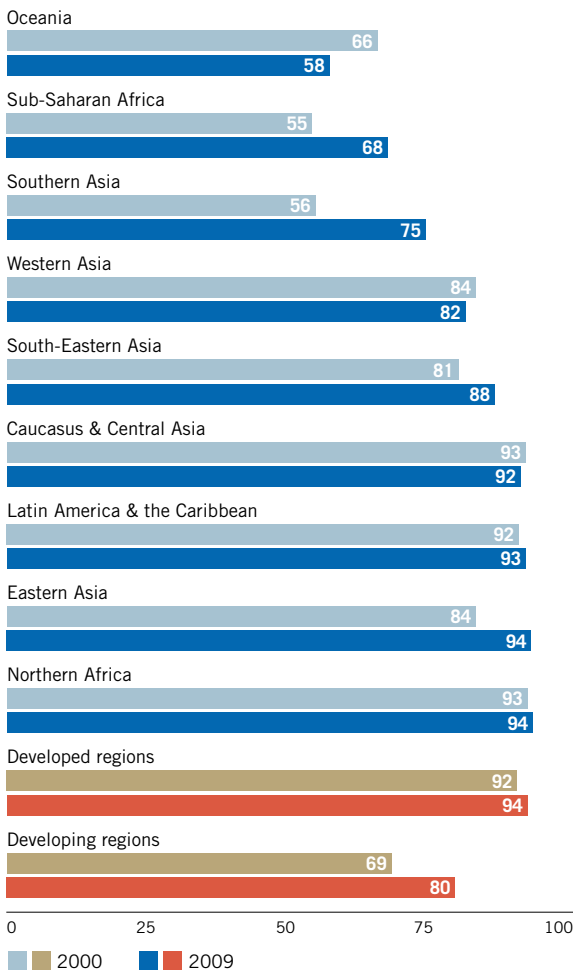
■ Children of mothers with no education compared to children of mothers with secondary or higher education
 ■ Children of mothers with no education compared to children of mothers with primary education

Note: Analysis is based on 68 developing countries with data on under-five mortality rate by mother's education, accounting for 74 per cent of total births in developing regions in 2008.

A mother's education is key in determining whether her children will survive their first five years of life. In all developing regions, children of mothers with some education are at less risk of dying. A child's chances of surviving increase even further if their mother has a secondary or higher education. In addition to education, child survival rates can also be improved by increasing equity in other social services. Empowering women, removing financial and social barriers to welfare, encouraging innovations to make critical services more available to the poor, and increasing the accountability of health systems at the local level are examples of policy interventions that could improve equity, with benefits for child survival.

Children who are poor and hardest to reach still lack access to the lifesaving measles vaccine

Proportion of children 12-23 months old who received at least one dose of measles vaccine, 2000 and 2009 (Percentage)

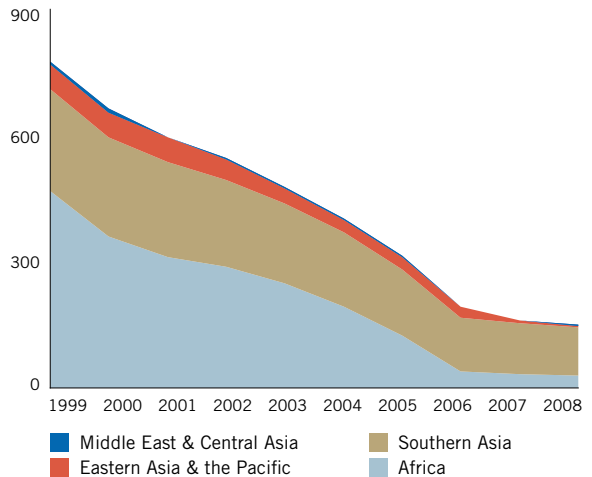


Expanded coverage of immunization against measles is an important indicator for child survival. In 2009, 80 per cent of children in the appropriate age group received at least one dose of the measles vaccine, up from 69 per cent in 2000.

Though important gains have been made, the poorest, most marginalized children, especially in hard-to-reach areas, have been left behind. In countries with lower coverage, immunization campaigns have been effective in vaccinating children who are beyond the reach of existing health services. However, reinvigorated and sustained efforts are needed to consistently improve access to the most vulnerable, through both routine immunization and campaigns.

Child deaths due to measles have plummeted, but shortfalls in funding put continued success in jeopardy

Estimated child deaths due to measles, 1999-2008 (Thousands)



Between 2000 and 2008, the combination of improved immunization coverage and the opportunity for a second dose led to a 78 per cent drop in measles deaths worldwide. These averted deaths represent one quarter of the decline in mortality from all causes among children under five.

However, this resounding success could be in jeopardy. Reduced funding for measles-control activities means that a number of priority countries are facing shortfalls in resources for both routine immunizations and immunization campaigns. As a result, outbreaks of the disease are on the rise. With adequate funding, strong political commitment and high-quality implementation, the exceptional gains made so far can be maintained and protection extended to all children.

Goal 5

Improve maternal health

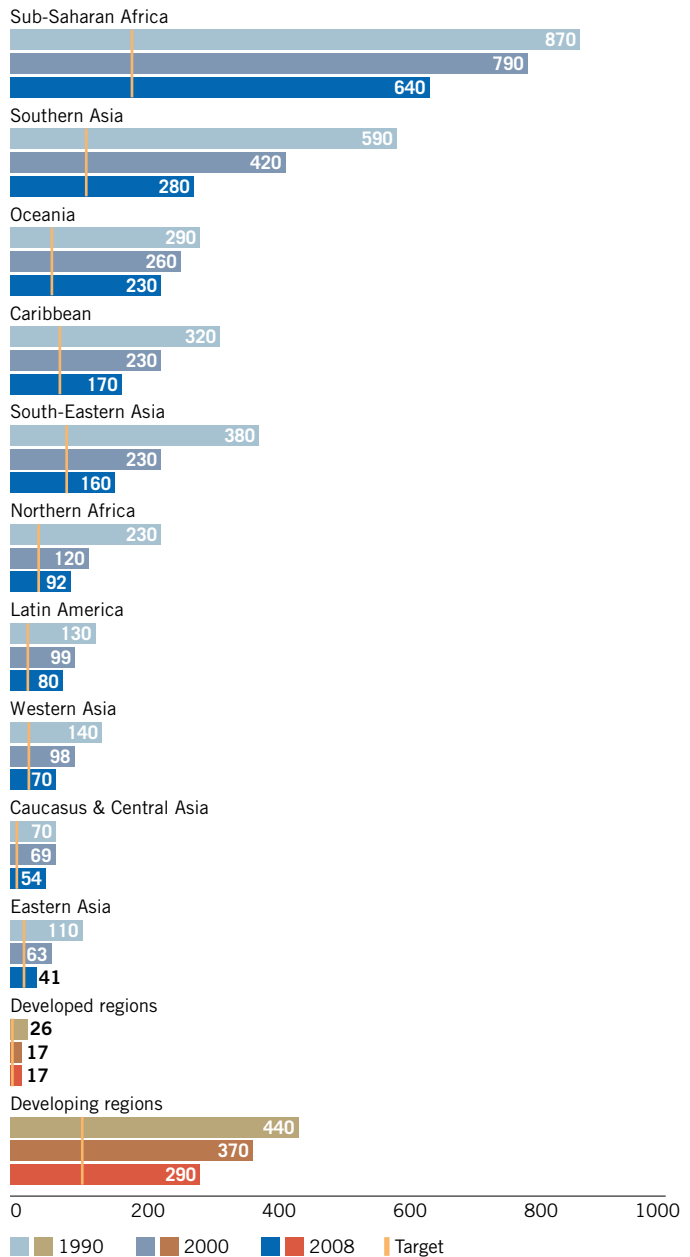


TARGET

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

Despite progress, pregnancy remains a major health risk for women in several regions

Maternal deaths per 100,000 live births, 1990, 2000, 2008



Despite proven interventions that could prevent disability or death during pregnancy and childbirth, maternal mortality remains a major burden in many developing countries. Figures

on maternal mortality tend to be uncertain. Still, the most recent estimates suggest significant progress. In the developing regions as a whole, the maternal mortality ratio dropped by 34 per cent between 1990 and 2008, from 440 maternal deaths per 100,000 live births to 290 maternal deaths. However, the MDG target is still far off.

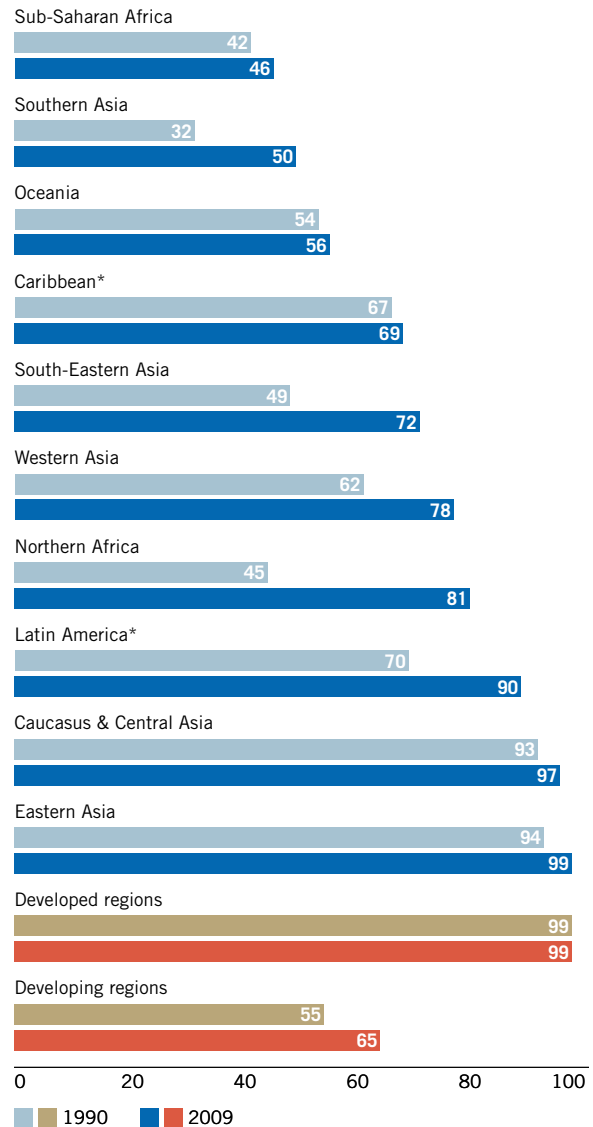
Eastern Asia, Northern Africa, South-Eastern Asia and Southern Asia have made the greatest strides. Between 1990 and 2008, 90 countries showed declines in their maternal mortality ratios of 40 per cent or more, while another 57 countries reported at least some gains. However, more can and must be done to save women's lives and prevent disabilities that could irrevocably alter a woman's and her family's future. This is especially true given the increasing number of young women entering their prime reproductive years in countries already hard pressed to meet current demands for improved maternal health and reproductive health care.

Maternal deaths are concentrated in sub-Saharan Africa and Southern Asia, which together accounted for 87 per cent of such deaths globally in 2008. Southern Asia has made steady progress, with a 53 per cent decline in maternal mortality between 1990 and 2008. In contrast, the ratio has fallen by only 26 per cent in sub-Saharan Africa, though evidence suggests that progress has picked up speed since 2000.

The vast majority of maternal deaths are avoidable. The largest proportion of such deaths are caused by obstetric haemorrhage, mostly during or just after delivery, followed by eclampsia, sepsis, complications of unsafe abortion and indirect causes, such as malaria and HIV. Studies have also shown that the likelihood of maternal death increases among women who have many children, are poorly educated, are either very young or very old, and who are subjected to gender discrimination.

Major gains have been made in increasing skilled attendance at birth, most notably in Northern Africa and Southern Asia

Proportion of deliveries attended by skilled health personnel, around 1990 and around 2009 (Percentage)



* Includes only deliveries in health-care institutions.

The presence of a trained health-care worker during delivery is crucial in reducing maternal deaths. A skilled health professional can administer interventions to prevent and manage life-threatening complications, such as heavy bleeding, or refer the patient to a higher level of care when needed.

In developing regions overall, the proportion of deliveries attended by skilled health personnel rose

from 55 per cent in 1990 to 65 per cent in 2009. Despite dramatic progress in many regions, coverage remains low in sub-Saharan Africa and Southern Asia, where the majority of maternal deaths occur. That said, the proportion of deliveries attended by a skilled health professional in Southern Asia has increased substantially—from 32 per cent in 1990 to 50 per cent in 2009.

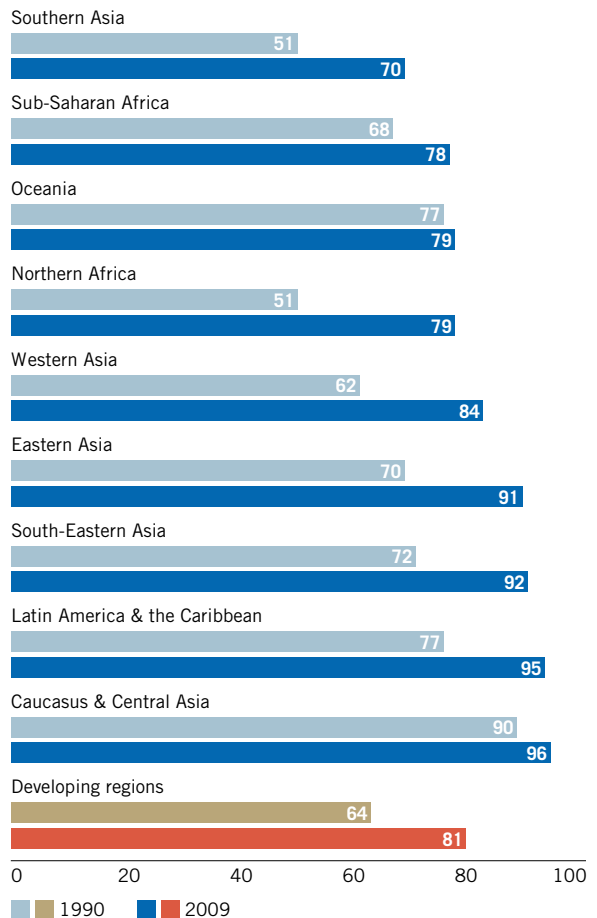


TARGET

Achieve, by 2015, universal access to reproductive health

Across all regions, more pregnant women are offered at least minimal care

Proportion of women (15-49 years old) attended at least once by skilled health personnel during pregnancy, 1990 and 2009 (Percentage)

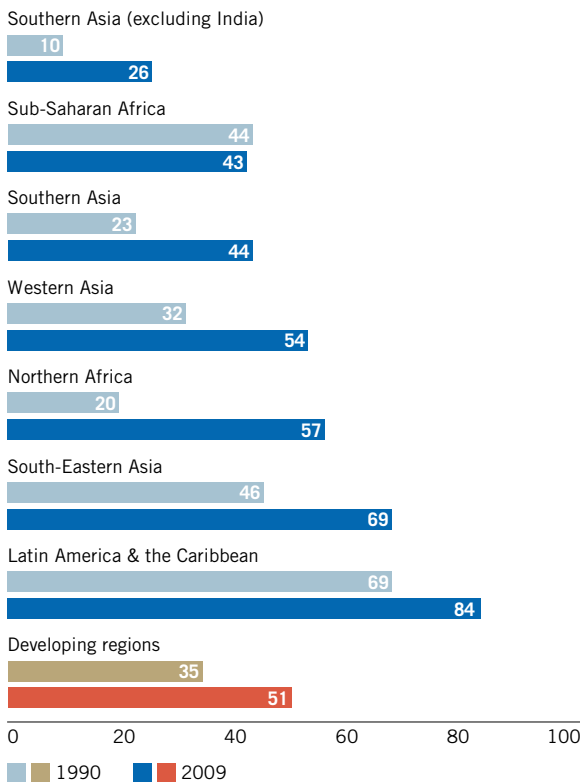


Health care during pregnancy is vitally important in detecting and managing conditions that may complicate pregnancy and childbirth. Basic antenatal care provides women with a package of preventive interventions, including nutritional advice. Women are also alerted to danger signs that may threaten their pregnancy and given support in planning a safe delivery. Moreover, in countries where malaria is endemic, they may be provided with intermittent preventive treatment. Women who are HIV-positive receive help in avoiding transmission of the virus to their babies.

Since 1990, the proportion of women receiving antenatal care has increased substantially in all regions. Across all developing regions, the share of pregnant women attended at least once during pregnancy increased from 64 per cent in 1990 to 81 per cent in 2009.

Not enough women receive the recommended frequency of care during pregnancy

Proportion of women (15-49 years old) attended four or more times by any provider during pregnancy, 1990 and 2009 (Percentage)

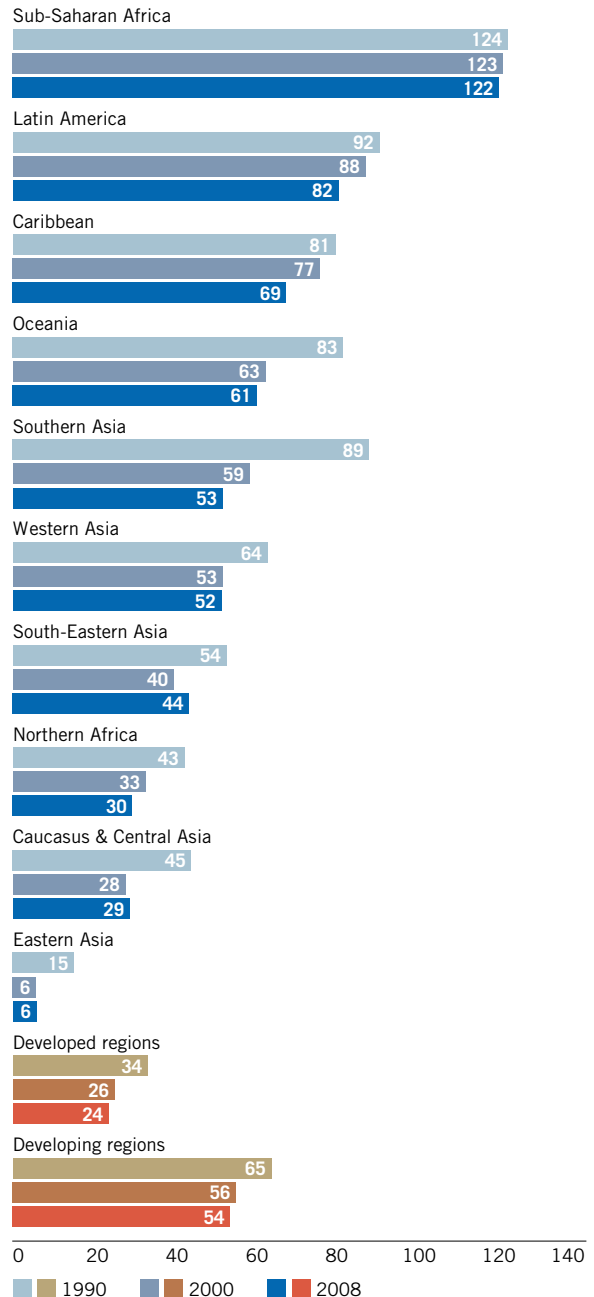


Note: Data for Eastern Asia are not available.

A minimum of four antenatal care visits is recommended to ensure that pregnant women receive the interventions they need to prevent and manage complications. The proportion of women receiving the recommended number of visits in developing regions remains low, though progress is being made, increasing from 35 per cent in 1990 to 51 per cent in 2009.

Gains made during the 1990s to reduce adolescent pregnancies have stalled in many regions

Number of births per 1,000 women aged 15-19, 1990, 2000 and 2008



Very early childbearing brings with it heightened risks of complications or even death. In almost all regions, the adolescent birth rate (the number of births per 1,000 women aged 15 to 19) decreased between 1990 and 2000 and then slowed its decline or even

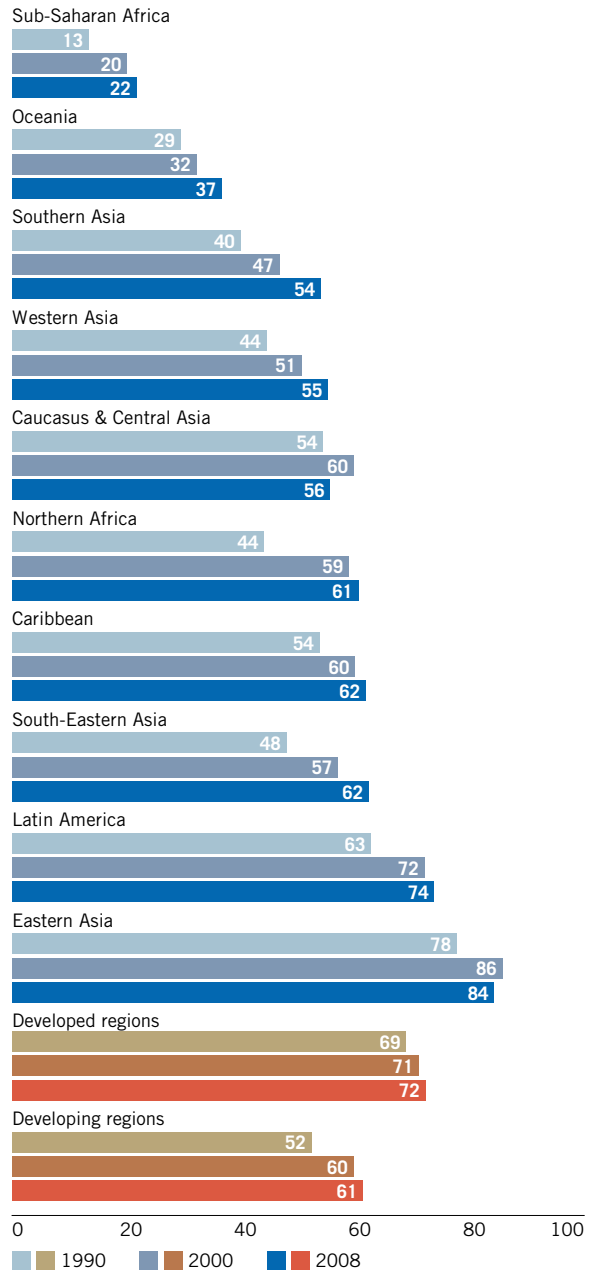
increased in the subsequent eight years. Sub-Saharan Africa has the highest birth rate among adolescents (122 births per 1,000 women), which has changed little since 1990.

Across the developing world, women are having fewer children. But even in some of the regions where overall fertility has declined, adolescent fertility remains relatively high.



Contraceptive use rises, but gains made will be difficult to sustain due to the growing number of women of reproductive age

Proportion of women who are using any method of contraception among women aged 15-49, married or in a union, 1990, 2000 and 2008 (Percentage)



Throughout the world, increased access to safe, affordable and effective methods of contraception has provided individuals with greater opportunities for choice and responsible decision-making in matters of

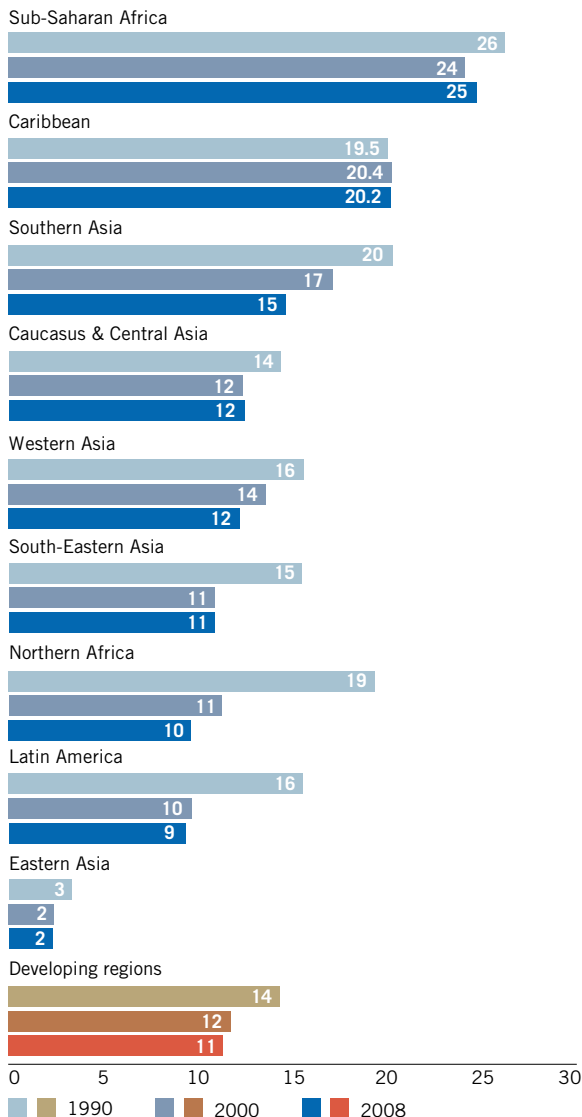
reproduction. Contraceptive use has also contributed to improvements in maternal and infant health by preventing unintended or closely spaced pregnancies and pregnancy in very young women, which can be risky.

By 2008, more than half of all women aged 15 to 49 who were married or in a union were using some form of contraception in all but two regions—sub-Saharan Africa and Oceania. However, progress slowed from 2000 to 2008 in almost all regions. Women

in sub-Saharan Africa—where maternal mortality is high and access to skilled care during pregnancy and at childbirth is limited—continue to have the lowest level of contraceptive prevalence (22 per cent), with little progress reported since 2000. As the number of women of reproductive age in developing regions continues to rise, increasing by nearly 50 per cent since 1990, family planning programmes and health-care services need to invest more, to simply keep pace with the growing number of women wishing to use contraception.

The unmet need for contraceptives remains high in many regions, with inadequate support for family planning

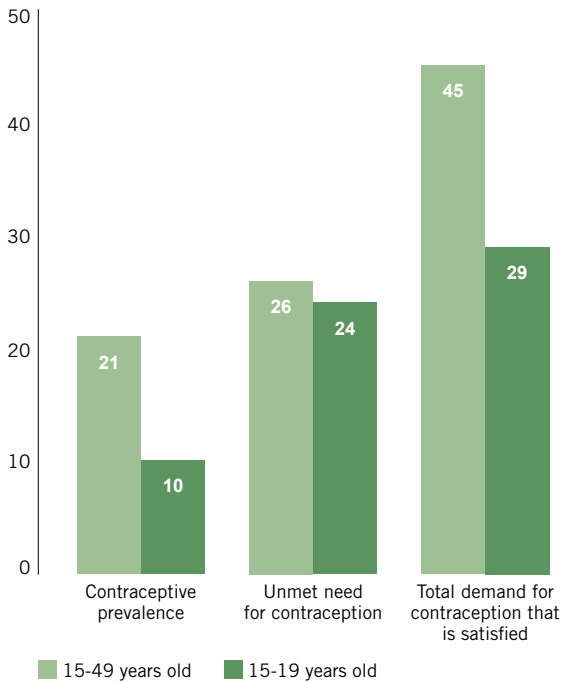
Proportion of women who have an unmet need for family planning among women aged 15-49 who are married or in a union, 1990, 2000 and 2008 (Percentage)



Worldwide, more than 120 million women aged 15 to 49 who are married or in a union have an unmet need for family planning. In other words, these women have the desire to delay or avoid pregnancy, but are not using any form of contraception. The unmet need for family planning has remained at the same moderate to high level in most regions since 2000, but is highest in sub-Saharan Africa and the Caribbean. In those regions, respectively, at least one in five and one in four women of childbearing age who are married or in a union have an unmet need for contraception. The unmet need for family planning is lowest where contraceptive prevalence is already high (above 60 per cent). Yet, even in regions such as South-Eastern Asia and Northern Africa, where contraceptive use is relatively widespread, the family planning needs of at least one in ten women are not being met.

Reaching adolescents is critical to improving maternal health and achieving other Millennium Development Goals

Contraceptive prevalence, unmet need for contraception, and total demand for contraception that is satisfied among women who are married or in a union, by age group, selected countries in sub-Saharan Africa, 1998/2008 (Percentage)



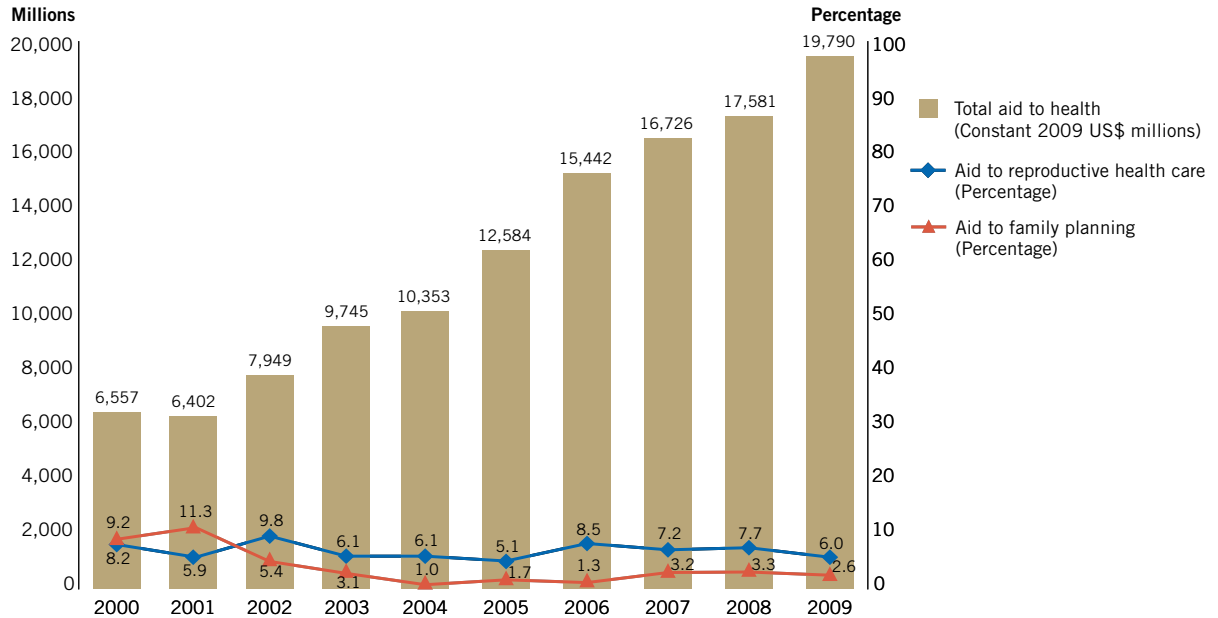
In sub-Saharan Africa, contraceptive use among adolescents is substantially lower than that of all women of reproductive age, though they have similar levels of unmet need (25 per cent). This was the conclusion drawn from data available for 22 countries, which looked at contraceptive use among women aged 15 to 19 who were married or in a union. Thus, the percentage of adolescents who have their demand for contraception satisfied is much lower than that of all women aged 15 to 49. This disparity in access has changed little according to data from the same sources for earlier periods, pointing to scant progress in improving access to reproductive health care for adolescents.

Global population estimates suggest that the number of women aged 15 to 19 is approaching 300 million. The fastest growth is expected in sub-Saharan Africa and in the least developed countries overall, where the risks associated with pregnancy and childbearing are greatest. Intensified efforts are urgently needed to delay or prevent unintended pregnancies among this vulnerable age group. These efforts will not only result in improved maternal and child health, but will contribute to reduced poverty, greater gender equality and the empowerment of women by improving the chances that these young women will go to school and eventually engage in paid employment.



Aid for family planning has fallen in all recipient countries

Official development assistance to health, total (Constant 2009 US\$ millions) and proportion going to reproductive health care and family planning (Percentage), 2000-2009



Over the coming decades, demand for family planning will likely increase, based on substantial unmet need and the expected rise in the number of women and men of reproductive age. Yet funding for family planning services and supplies has not risen commensurately. Aid for family planning as a proportion of total aid for health declined over the past decade and stood at 2.6 per cent

in 2009. This means that, on a per capita basis, aid for family planning has fallen in virtually all recipient countries. Ensuring the funding necessary to meet the growing demand for contraceptives could ultimately reduce the cost of maternal and newborn health care by preventing unintended pregnancies.

Goal 6

Combat HIV/AIDS, malaria and other diseases

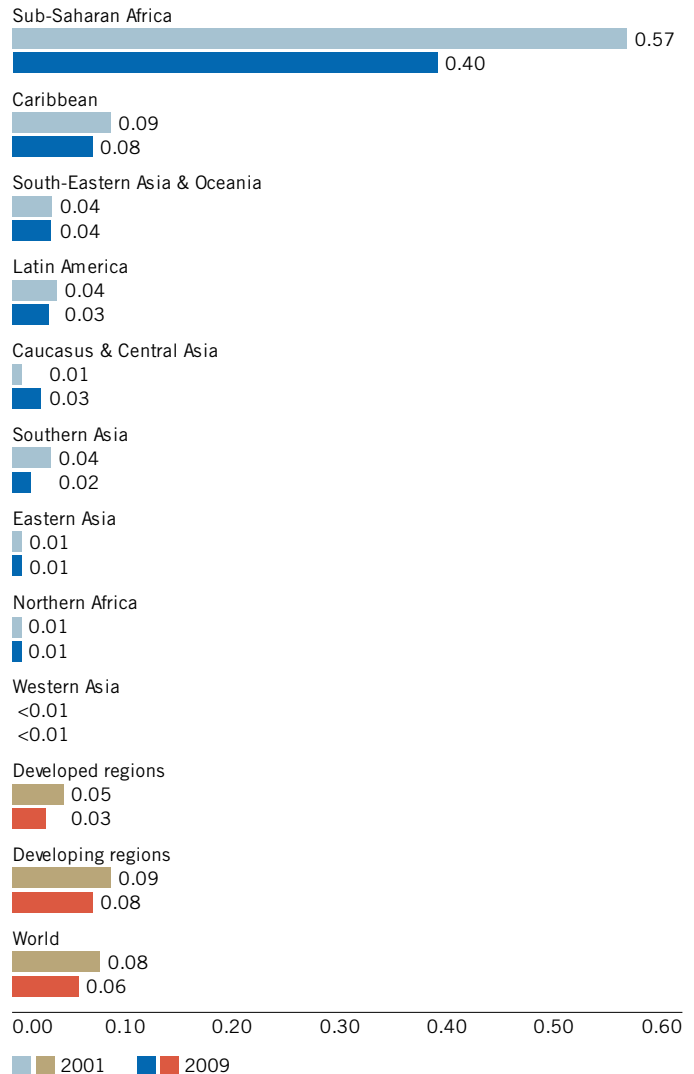


TARGET

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

New HIV infections are declining, led by sub-Saharan Africa, but trends in some other regions are worrisome

HIV incidence rates* (Number of new HIV infections per year per 100 people aged 15-49), 2001 and 2009



* The incidence rate is the number of new HIV infections in a population over a certain period of time, expressed as a percentage of the adult population aged 15-49. For example, an incidence rate of 0.4 per cent in sub-Saharan Africa in 2009 meant that 4 adults out of 1,000 were newly infected that year (leading to a total of 1.8 million new infections in the region).

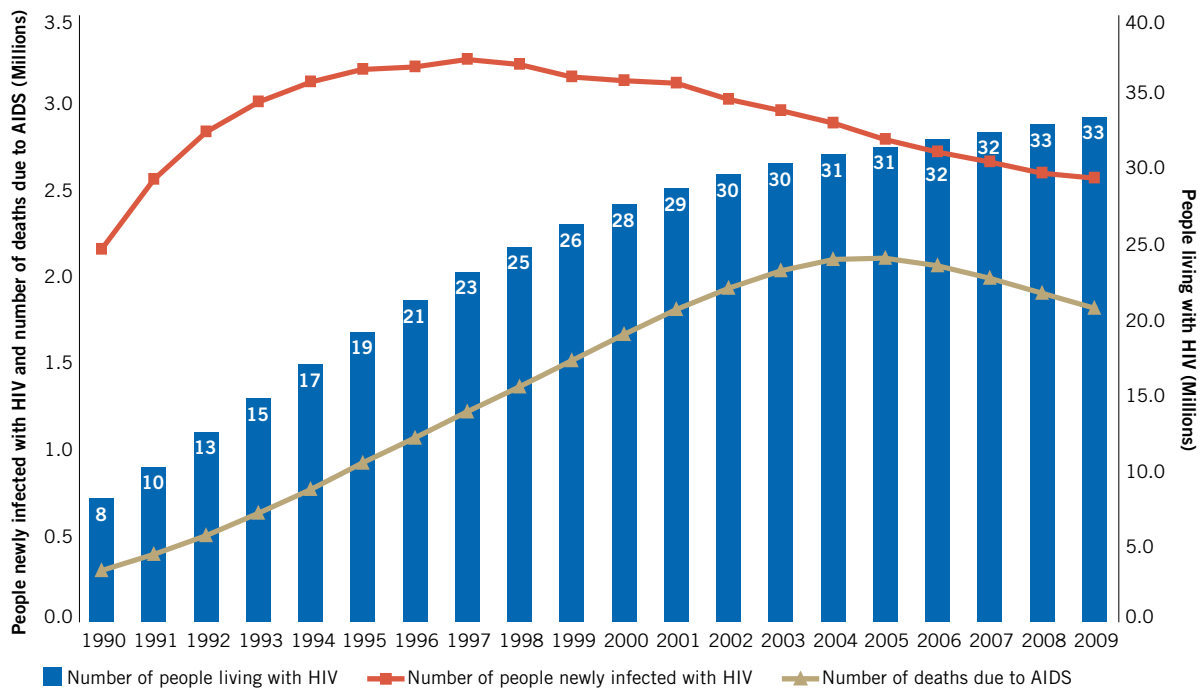
Between 2001 and 2009, the HIV incidence rate declined steadily, by nearly 25 per cent worldwide. However, this global progress masks substantial regional differences. While the

incidence rate fell significantly in sub-Saharan Africa and Southern Asia, it remained unchanged in Eastern Asia, Western Europe, Central Europe and North America. Worse, it is on the rise in Eastern Europe and Central Asia after an initial decline during the first half of the decade.

In 2009, an estimated 2.6 million people were newly infected with HIV. This represents a drop of 21 per cent since 1997, the year in which new infections peaked.

The number of people living with HIV continues to rise, due to life-prolonging treatment

Number of people living with HIV, number of people newly infected with HIV, and number of AIDS deaths worldwide,* 1990-2009 (Millions)



* All AIDS-related figures are the midpoint in a range. The estimate of 2.6 million new infections in 2009, for example, is based on a range of 2.3 million-2.8 million. The complete data series of ranges and corresponding midpoints is available at <http://mdgs.un.org>.

The number of people receiving antiretroviral treatment for HIV or AIDS increased 13-fold from 2004 to 2009. As a result, the number of AIDS-related deaths declined by 19 per cent over the same period. Although new infections are waning, the number of people living with HIV has grown.

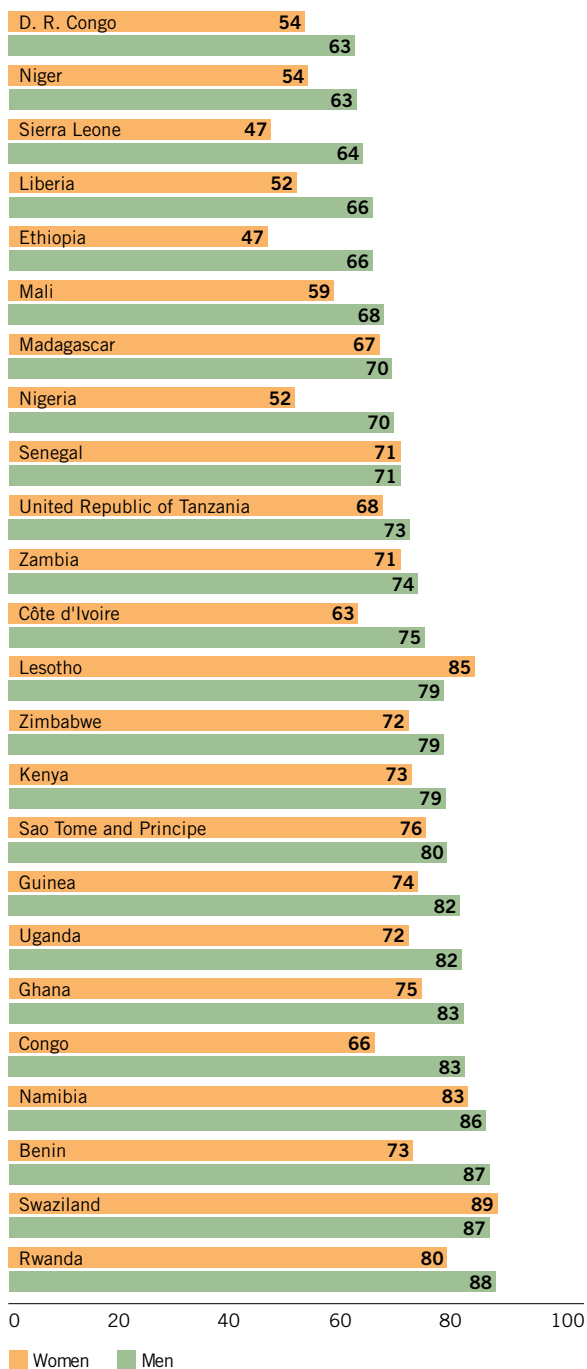
In 2009, 33.3 million people were living with the virus—a 27 per cent increase over 1999. Sub-Saharan Africa remains the most heavily affected region, accounting for 69 per cent of new HIV infections, 68 per cent of all people living with HIV and 72 per cent

of AIDS deaths. Yet the epidemic has not spared other regions, with more than 10.8 million people outside of sub-Saharan Africa living with the virus.

Women and young people are especially vulnerable. Globally, nearly 23 per cent of all people living with HIV are under the age of 25. And young people (aged 15 to 24) account for 41 per cent of new infections among those aged 15 or older. In 2009, women represented a slight majority (about 51 per cent) of people living with HIV.

Most young people lack comprehensive knowledge of HIV, but now know specific ways to prevent its spread

Proportion of women and men aged 15-24 who know they can reduce their risk of getting HIV by using a condom every time they have sexual intercourse, selected countries, 2005/2009 (Percentage)



Understanding how HIV spreads is the first step to avoiding infection. On average, only 33 per cent of young men and 20 per cent of young women in developing regions have a comprehensive and correct knowledge of HIV.¹

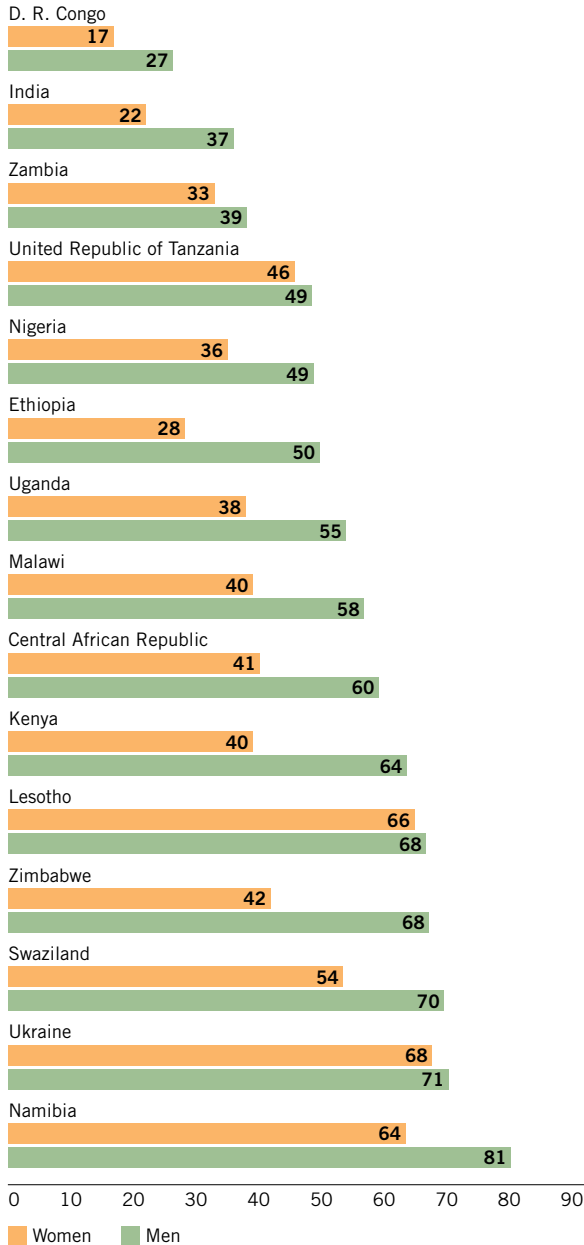
Though global averages remain low, a number of countries have made impressive progress in increasing people's knowledge about HIV, as measured by the five components that make up the indicator. For instance, knowledge of the methods that can be used to avoid HIV transmission is generally widespread among young people.

Recent data from population-based surveys in selected sub-Saharan African countries show that the proportion of young people who know that using condoms can reduce the chances of getting HIV ranges from about 50 per cent to almost 90 per cent in some countries. However, in almost all countries surveyed, young women are less likely to have such knowledge. Youth in rural areas are also less likely to know about prevention methods than their urban counterparts.

¹ China is not included in the calculation.

Condom use to prevent HIV is still dangerously low in many developing countries, especially among women

Proportion of women and men aged 15-24 reporting use of a condom during higher-risk sex, selected countries 2005/2009 (Percentage)



Condom use during higher-risk sex is still low among young people in developing regions. On average, less than half of young men and just over a third of young women used condoms during their last high-risk sexual activity in sub-Saharan African countries.

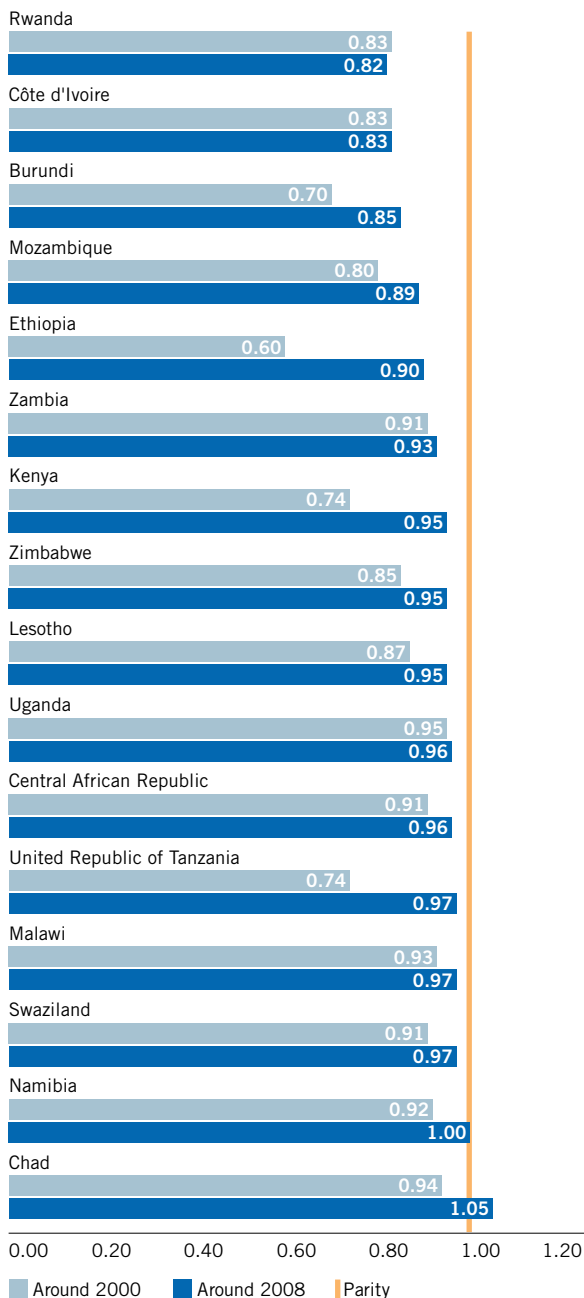
Despite low levels of condom use on average, some countries are doing better than others, with condom-use levels of 60 per cent or more among either young men or women. However, disparities persist.

Young women in developing countries are less likely than young men to use condoms during sex that poses special risks. Condom use is also much less common among young people in poorer households and among those living in rural areas.



More children orphaned by AIDS in sub-Saharan Africa are now in school, increasing their chances of receiving vital protection and support

Ratio of school attendance of children aged 10-14 who have lost both biological parents to school attendance of non-orphaned children of the same age, selected countries in sub-Saharan Africa, around 2000 and around 2008



The impact of the HIV epidemic has been acutely felt by children in terms of both health and social outcomes. Globally, in 2009, about 16.6 million children were estimated to have lost one or both parents to AIDS, up from 14.6 million in 2005; 14.8 million of these children live in sub-Saharan Africa.²

Education is vital to children's futures, and school can provide them with a safe, structured environment in which they can benefit from the emotional support and supervision of adults. Disparities in school attendance show that children who have lost both parents are less likely to be in school than children who have two living parents and who are residing with at least one of them. This gap, however, is narrowing rapidly in sub-Saharan Africa.

Recent progress has been remarkable. In some countries in which survey-based trend data are available, the level of school attendance among children aged 10 to 14 who have been orphaned has increased to near parity with that of other children. These improvements suggest that policies such as the elimination of school fees and targeted educational assistance to orphans and other vulnerable children are working. Furthermore, recognition is growing that child-sensitive social protection plays an important role in scaling up support for children orphaned or made vulnerable by AIDS and in keeping these children in school.

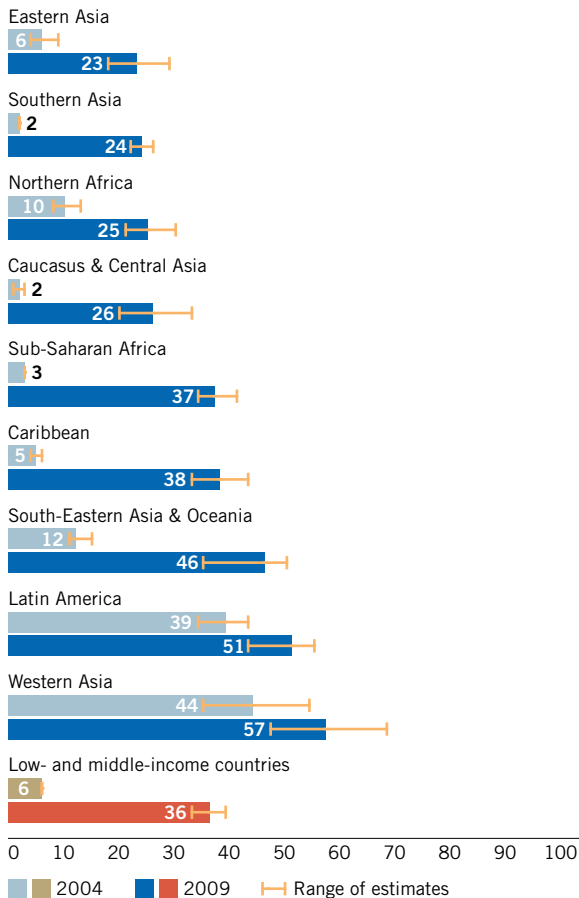
² The numbers of children orphaned by AIDS are estimates. Lower and upper bounds of these estimates are available at <http://mdgs.un.org>.

TARGET

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

Treatment for HIV and AIDS has expanded quickly, but not fast enough to meet the 2010 target for universal access

Proportion of population living with HIV who are receiving antiretroviral treatment*, 2004 and 2009 (Percentage)



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

By the end of 2009, 5.25 million people were receiving antiretroviral therapy for HIV or AIDS in low- and middle-income countries. This represents a jump of over 1.2 million people from December 2008, the largest increase ever in one year.

Some countries, including Botswana, Cambodia, Croatia, Cuba, Guyana, Oman, Romania and Rwanda, have already attained universal access (defined as coverage of at least 80 per cent of the population in

need) to antiretroviral therapy and/or interventions to prevent mother-to-child transmission of HIV. For a good number of countries, universal access by the end of 2010 was clearly within reach. Despite these encouraging findings, it is unlikely that the global target for HIV treatment was achieved that year.

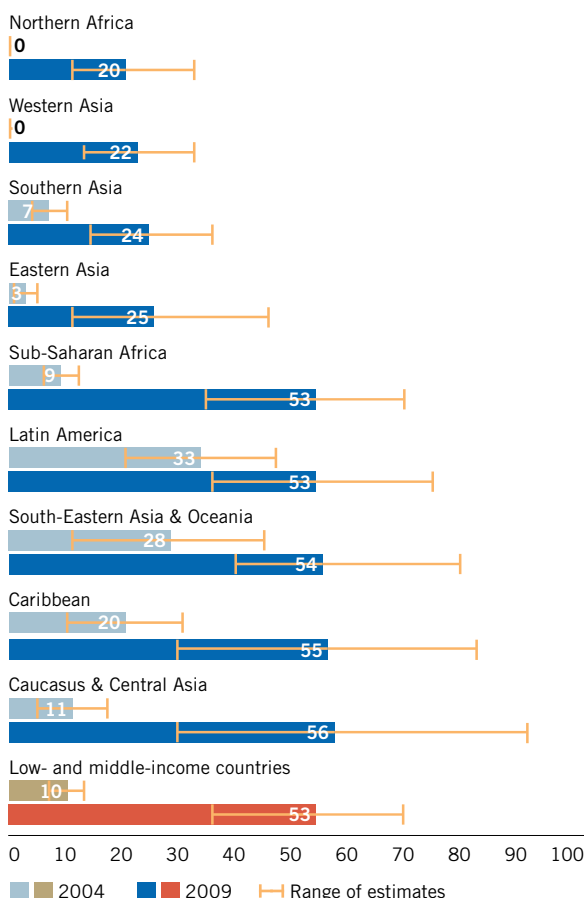
In 2009, the World Health Organization (WHO) revised its guidelines for treatment of adults and adolescents with HIV, including pregnant women. As a result, the number of people defined as needing antiretroviral therapy grew—from 10.1 million to 14.6 million at the end of 2009. In the medium term, the higher initial investments required to conform to these guidelines are expected to be fully compensated for by fewer hospitalizations and lower morbidity and mortality rates.

Based on the new 2009 guidelines, coverage of antiretroviral therapy increased from 28 per cent in December 2008 to 36 per cent at the end of 2009. Under the previous 2006 guidelines, global coverage would have reached 52 per cent in 2009.

Antiretroviral therapy coverage varies by sex and age. In 2009, coverage was higher among women (39 per cent) than among men (31 per cent). Also, overall coverage among children in low- and middle-income countries was lower than that among adults. About 356,400 children under age 15 were receiving antiretroviral therapy at the end of 2009, up from 275,300 at the end of 2008. These children represented an estimated 28 per cent of all children under 15 who needed treatment in low- and middle-income countries, up from 22 per cent in 2008.

Steady progress is being made in reducing the risk of HIV in newborns

Proportion of women receiving antiretroviral drugs to prevent mother-to-child transmission of HIV, 2004 and 2009 (Percentage)



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

An estimated 53 per cent of pregnant women living with HIV received antiretroviral medicines in 2009, up from 45 per cent in 2008. Sub-Saharan Africa is home to about 91 per cent of the 1.4 million pregnant women who are in need of treatment.

TARGET

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

Intensive control efforts have cut deaths from malaria by 20 per cent, with major advances in hard-hit African countries

Major advances are being made against malaria. Over the past decade, increases in funding and attention to malaria control have resulted in widespread reductions in the number of malaria cases and deaths. This was accomplished through critical interventions, particularly in sub-Saharan Africa, involving the development of more effective tools to prevent and fight the disease. These include long-lasting insecticide-treated mosquito nets and artemisinin-based combination therapies. Bottlenecks have also been reduced in their production, procurement and distribution.

Globally, deaths from malaria are down by an estimated 20 per cent—from nearly 985,000 in 2000 to 781,000 in 2009. At the same time, the number of malaria cases rose from about 233 million in 2000 to 244 million in 2005 but decreased to 225 million in 2009. In all countries, the decreases are associated with intensive control efforts. The largest percentage drops in malaria deaths were found in Europe and the Americas; the largest absolute decreases were observed in Africa. Nevertheless, 90 per cent of all deaths from malaria still occur in sub-Saharan Africa, and most of these deaths are among children under age five.

Since 2000, 11 countries in Africa showed reductions of more than 50 per cent in the number of confirmed malaria cases (and/or reported hospital admissions for malaria) and deaths. These include Algeria, Botswana, Cape Verde, Eritrea, Madagascar, Namibia, Rwanda, Sao Tome and Principe, South Africa, Swaziland and Zambia. In other regions, the number of confirmed malaria cases declined by more than half between 2000 and 2009 in 31 of the 56 countries where malaria is endemic; downward trends of between 25 per cent and 50 per cent were reported in eight other countries. In 2009, for the first time, Europe reported no cases of *Plasmodium falciparum* malaria. The following year, WHO certified that Morocco and Turkmenistan had eliminated malaria.

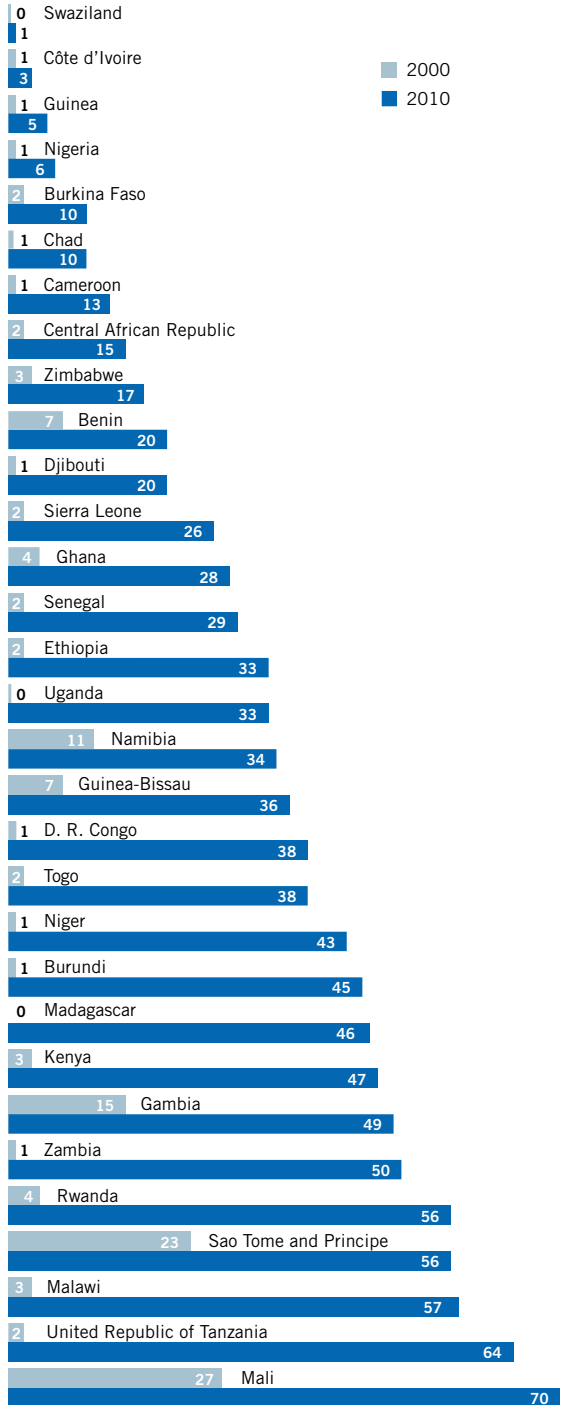
In 2009, evidence pointed to an increase in malaria cases in three countries that had previously reported reductions (Rwanda, Sao Tome and Principe, and

Zambia). The reasons behind these resurgences are uncertain, but they highlight the fragility of progress in malaria control and the need to maintain control programmes rigorously, even when cases have been reduced substantially.



The use of mosquito nets in Africa is rising rapidly, with lifesaving benefits for children

Proportion of children under age five sleeping under an insecticide-treated mosquito net, sub-Saharan African countries with two or more comparable data points, around 2000 and around 2010 (Percentage)



One of the most effective ways to prevent malaria is to sleep under an insecticide-treated net, since mosquitoes carrying the malaria parasite mostly bite at night. Regular use of mosquito nets can reduce deaths in children under five.

The past 10 years have seen a remarkable surge in the production, purchase and distribution of insecticide-treated mosquito nets globally, particularly in Africa. Data from household surveys indicate a marked increase in both net ownership and use among children. Between 2008 and 2010, 290 million nets were distributed in sub-Saharan Africa, enough to cover 76 per cent of the 765 million people at risk in 2010.

Most African countries with data for 2009-2010 show increased mosquito net coverage and reduced disparities among various population groups—largely due to nationwide campaigns for the distribution of free nets that emphasize poor, rural areas. Rural and urban children in Africa are now equally likely to sleep under an insecticide-treated mosquito net.

More African children are receiving the recommended medicines for malaria, but accurate diagnosis remains critical

Prompt diagnosis and treatment are needed to prevent life-threatening complications from malaria. However, accurate diagnosis is critical. The majority of childhood fevers, for example, are not due to malaria, and should not be treated with antimalarial drugs. In 2010, WHO declared that everyone with suspected malaria has a right to a diagnostic test before treatment, rather than presumptive treatment based on clinical symptoms, such as fever.

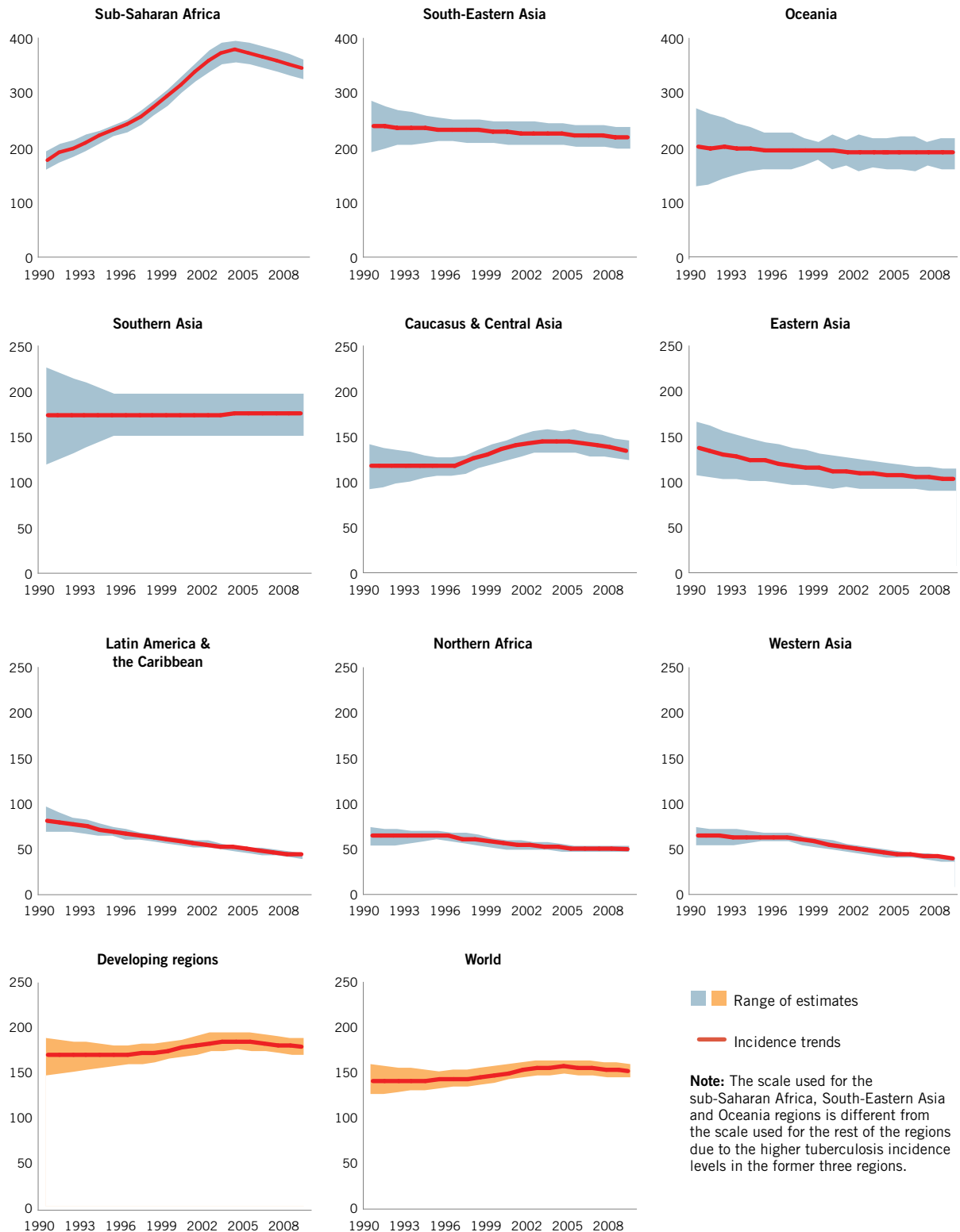
As a consequence, an indicator that tracks the proportion of febrile children receiving antimalarial medicines does not reflect current treatment policy guidance and should be interpreted with caution. Household surveys indicate that, during 2008-2010, 38 per cent of febrile children in sub-Saharan Africa received antimalarial drugs, which may be an underestimate of appropriate treatment of malaria if suspected cases were actually confirmed through diagnostic testing. However, it may also reflect patients receiving antimalarial medicines who do not, in fact, have the disease.

The recommended treatment for uncomplicated malaria in nearly all African countries is artemisinin-based combination therapy. In five African countries with trend data on drug types, a greater proportion of feverish children receiving antimalarial drugs are using this first-line treatment.



The incidence of tuberculosis is falling, bringing the MDG target within sight

Number of new tuberculosis cases per 100,000 population (incidence) (including people who are HIV-positive), 1990-2009



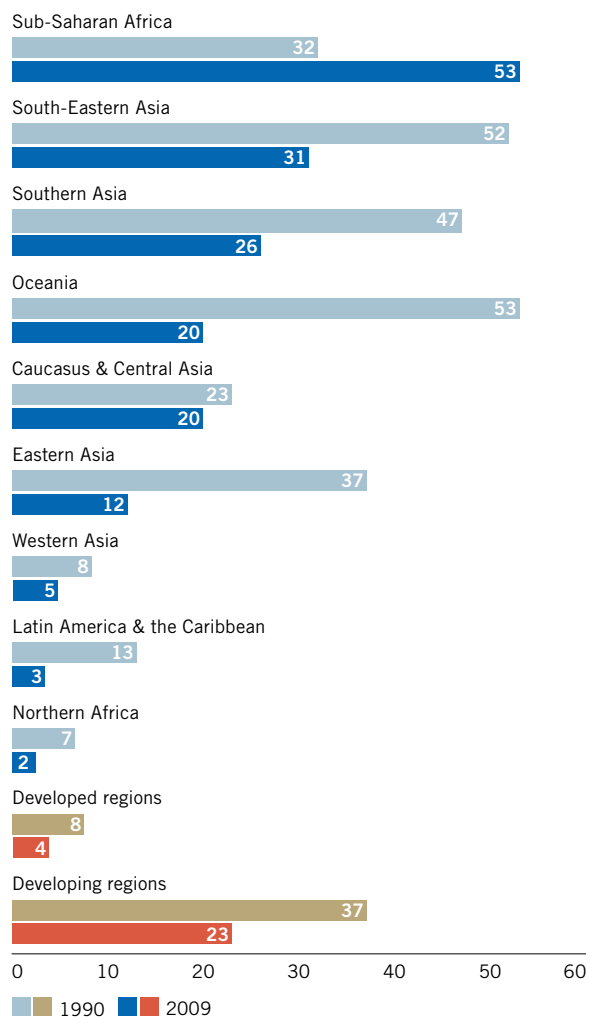
The burden of tuberculosis is gradually easing. Globally, the incidence rate peaked at 142 cases per 100,000 people in 2004. Since then, it has fallen by about 1 per cent a year, reaching 137 cases per 100,000 people in 2009. This corresponds to an estimated 9.4 million people (range, 8.9 million–9.9 million)³ newly diagnosed with the disease worldwide in 2009, the same number as in 2008. If these trends continue, the world is on track to achieve the goal of halting and reversing the incidence of tuberculosis.

In 2009, most new cases of tuberculosis were reported in Asia (55 per cent) and Africa (30 per cent). The five countries with the largest numbers of cases were India, China, South Africa, Nigeria and Indonesia. China and India combined accounted for 35 per cent of the world's new tuberculosis cases. An estimated 12 per cent of people newly diagnosed with the disease in 2009 were HIV-positive, and sub-Saharan Africa accounted for approximately 80 per cent of those cases.

³ All tuberculosis-related figures are the midpoint in a range. The complete data series of ranges and corresponding midpoints are available at <http://mdgs.un.org>.

Tuberculosis prevalence and mortality are also declining

Number of tuberculosis deaths per 100,000 population (excluding people who are HIV-positive), 1990 and 2009



Mortality rates from tuberculosis are dropping in all regions. Worldwide, deaths attributed to the disease have fallen by more than one third since 1990. In 2009, tuberculosis caused an estimated 1.3 million deaths among those who were not infected with HIV. An additional 0.4 million deaths from tuberculosis were recorded among people who were HIV-positive. The total of 1.7 million deaths is equivalent to 26 deaths per 100,000 people.

Current projections suggest that the Stop TB Partnership target of halving 1990 death rates by 2015 could be achieved at the global level and in a number of regions. Several regions have already halved their 1990 mortality rate from tuberculosis.

Tuberculosis prevalence is also falling in most regions. An estimated 14 million people were living with the disease in 2009—the equivalent of 200 cases per 100,000 people. However, trends remain uncertain.

Only Western Asia appears to be on track to achieve the Stop TB Partnership target of halving 1990 prevalence rates by 2015.

Up to 6 million lives have been saved since 1995, thanks to an effective international strategy for the diagnosis and treatment of tuberculosis

Progress against tuberculosis today is the result of intensive efforts over the past 15 years to implement the “DOTS” strategy (1995-2005) and its successor, the Stop TB Strategy (launched in 2006). Between 1995 and 2009, a total of 41 million tuberculosis patients were successfully treated according to the DOTS/Stop TB Strategy and up to 6 million lives were saved as a result.

In 2009, it was reported that 5.8 million people worldwide had been officially diagnosed with tuberculosis. This represents about 63 per cent of the estimated number of all cases. Among patients that were notified of their diagnosis in 2008, 86 per cent were successfully treated—exceeding the 85 per cent target of successful treatment of new positive cases.

Despite these positive outcomes, and related interventions such as antiretroviral therapy, much

more remains to be done. In approximately one third of new cases, the recommended strategy is not being used. Moreover, about 90 per cent of patients with multidrug-resistant tuberculosis are not being diagnosed and treated according to international guidelines. Many people with tuberculosis who are also HIV-positive do not know their HIV status, and are not yet accessing antiretroviral therapy. Funding gaps remain large, despite increased resources over the past decade and substantial financing in many countries from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In the next five years, intensified efforts are needed to plan, finance and implement the range of interventions and approaches included in the Stop TB Strategy, according to the targets established in the Global Plan to Stop TB, 2011-2015.



Goal 7

Ensure environmental sustainability

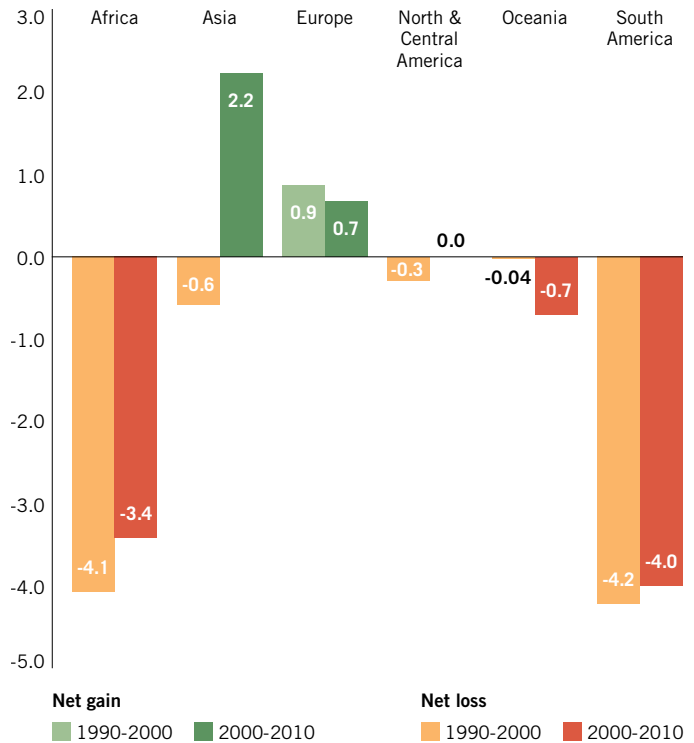


TARGET

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

Forests are disappearing rapidly in South America and Africa, while Asia — led by China — registers net gains

Net change in forested area between 1990 and 2000 and between 2000 and 2010 (Million hectares per year)



Note: The composition of regions is different from the rest of the report. In this chart, Oceania corresponds to what in the MDG regions is Oceania and Australia combined; Europe in the MDG regions is part of the developed regions; and North & Central America are included under developed regions and Latin America, respectively.

Although still alarmingly high, the rate of deforestation and loss of forest from natural causes is slowing down. At the global level, it decreased from an estimated 16 million hectares per year in the 1990s to about 13 million hectares per year in the past decade. At the same time, afforestation and the natural expansion of forests in some countries and regions have reduced the net loss of forest area significantly at the global level. The net change in forest area over the period 2000-2010 is estimated at -5.2 million hectares per year, down from -8.3 million hectares per year in the period 1990-2000. However, most of the forest loss is still occurring in countries in the tropics, while the net gain is mostly found in countries in the temperate and boreal zones.

South America and Africa saw the largest net losses of forest areas between 2000 and 2010. Oceania also reported a net loss, largely due to severe drought and forest fires in Australia over the past decade. Asia, on the other hand, registered a net gain of some 2.2 million hectares annually in the past 10 years, mostly because of large-scale afforestation programmes in China, India and Viet Nam. Rapid conversion of forested lands to other uses continued in many other countries in the region.

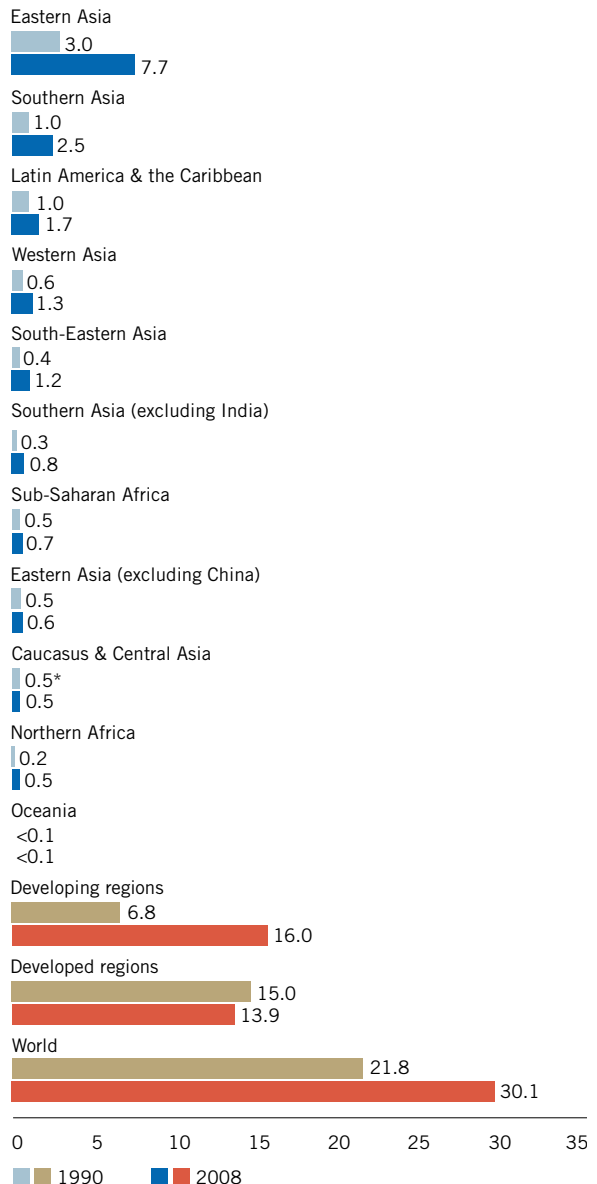
The rich biodiversity of the world's forests remains imperilled by the still high rate of global deforestation and forest degradation as well as a decline in primary forests. One positive trend, however, is growth in the establishment of protected areas, which increased by 94 million hectares since 1990 and now cover an estimated 13 per cent of the world's forests.

Forests play an important role in the global carbon cycle. Trees absorb carbon from the atmosphere and store it in their wood, but the carbon is released back into the atmosphere when the wood is burned or decomposes. It is estimated that the forestry sector alone is responsible for one sixth of all human-induced greenhouse gas emissions—mainly due to deforestation. In late 2010, countries agreed to establish a mechanism under the United Nations Framework Convention on Climate Change to reward developing countries that reduce carbon emissions from deforestation and forest degradation—through the so-called REDD+ mechanism. So far, more than \$4 billion has been pledged for early action.

In addition, the United Nations General Assembly designated 2011 as the International Year of Forests to raise awareness of sustainable management, conservation and development of all types of forests. "Forests for People" is the theme for the Year, highlighting the dynamic relationship between forests and the people who depend on them.

Despite the downturn in economic activity, global greenhouse gas emissions continue their ascent

Emissions of carbon dioxide (CO₂), 1990 and 2008 (Billions of metric tons)



* Data for Caucasus & Central Asia refer to 1992.

In 2008, the latest year for which data are available, global carbon dioxide (CO₂) emissions continued to rise, reaching 30.1 billion metric tons, an increase of 1.7 per cent from the previous year. This change was smaller than in the period 2006-2007 (2.9 per cent) due to the economic crisis, which resulted in a decrease in emissions in 2008 in several countries,

in particular in developed regions. Still, emissions overall increased, underscoring the urgent need for strengthened global action against climate change. According to the World Meteorological Organization, which issues annual updates on the status of climate change and greenhouse gas emissions, the decade 2001-2010 was the warmest on record since 1880 in terms of average global temperatures. It was warmer than the previous record decade 1991-2000.

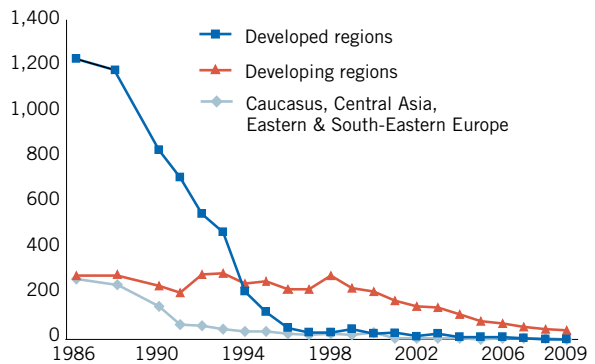
The 2008 emissions were 38 per cent above the 1990 level. Per capita emissions remain highest in the developed regions—11.2 metric tons of CO₂ per person per year in 2008, compared to about 2.9 metric tons in the developing regions and 0.8 metric tons in sub-Saharan Africa, the lowest regional value. The gap in CO₂ emissions per capita between developed and developing regions has diminished somewhat since 1990: In 1990, 12.3 metric tons of CO₂ were emitted per person per year in developed regions, compared to about 1.7 metric tons in the developing regions and 0.9 metric tons in sub-Saharan Africa.

Emissions per unit of economic output fell by more than 36 per cent in the developed regions and by about 9 per cent in the developing regions. The 2008 values for this indicator were significantly higher for developing than for developed regions: 0.58 versus 0.38 kilograms of CO₂, respectively, per dollar of economic output.

The December 2010 United Nations Climate Change Conference in Cancún, Mexico, was an important step forward in international negotiations under the UN Framework Convention on Climate Change. At the conference, a set of decisions known as the “Cancun Agreements” were adopted by the international community to address collectively and comprehensively the long-term challenge of climate change. However, many of these decisions need to be elaborated upon to drive national actions to mitigate greenhouse gas emissions. Operationalizing these decisions will be the subject of further negotiations, which are expected to take place at the next major climate change conference in Durban, South Africa, in December 2011.

The Montreal Protocol is not only helping to restore the ozone layer, but to curb climate change

Consumption of all ozone-depleting substances (ODSs), 1986-2009 (Thousands of tonnes of ozone depleting potential)



The Montreal Protocol is an undisputed—but still unfinished—success story. Much more work remains to be done to ensure the protection of the ozone layer for this and future generations. Still, what the parties to the Protocol have managed to accomplish since 1987 is unprecedented, providing an example of what international cooperation at its best can achieve. As of end-2009, the consumption of 98 per cent of all ozone-depleting substances controlled under the Montreal Protocol had been phased out.

Global observations have verified that atmospheric concentrations of such substances are declining. With full implementation of the Protocol's provisions, the ozone layer is expected to return to its pre-1980 levels around the middle of this century.

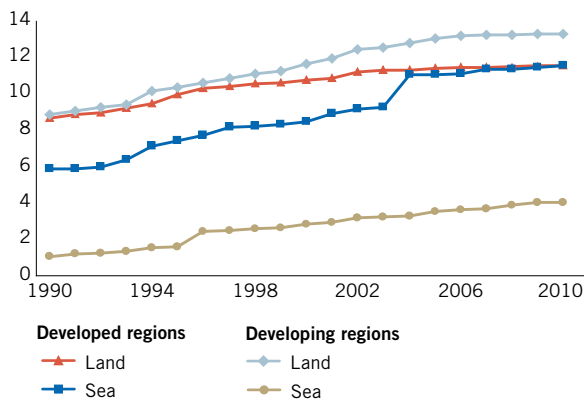
The Protocol has also delivered substantial climate benefits, since ozone-depleting substances are also global-warming gases. The reduction in such substances between 1990, when they reached peak levels, and 2000 has yielded a net reduction of about 25 billion tonnes equivalent of CO₂-weighted global-warming gasses.

TARGET

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

Added effort and innovative approaches are needed to meet new targets for the conservation of priority ecosystems

Proportion of terrestrial areas protected and proportion of coastal waters (up to 12 nautical miles) protected, 1990-2010 (Percentage)



The extent of ecosystems worldwide designated as protected areas has increased dramatically over the last half century. In 2010, over 150,000 protected sites covered 12.7 per cent of the world's land area and 7.2 per cent of its coastal waters (extending out to 12 nautical miles). Beyond this, marine protection is still very limited. Only 3.5 per cent of exclusive economic zones (up to 200 nautical miles) and less than 1.5 per cent of the total ocean area are designated as marine protected areas.

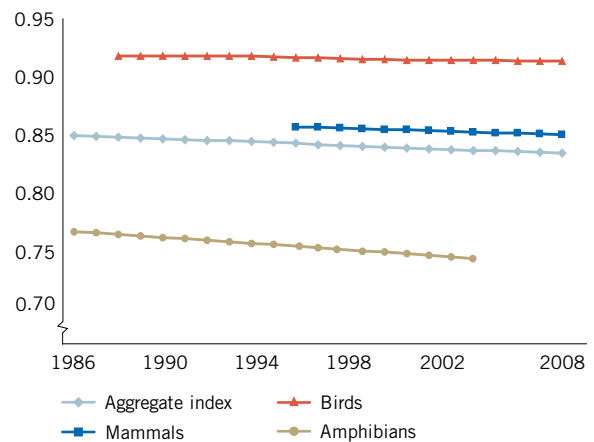
Despite the overall increase in protected ecosystems, biodiversity is still in decline, owing to inadequate management of existing sites and gaps in the protection of areas deemed priorities for conservation. Two global networks have been formed for the protection of such sites: Important Bird Areas (11,000 sites of importance for avian conservation) and Alliance for Zero Extinction sites (588 areas supporting the only remaining populations of one or more highly threatened species). However, only 26 per cent and 22 per cent of these critical sites, respectively, are fully protected.

New targets adopted in 2010 by the 193 parties to the Convention on Biological Diversity called for the expansion of the global protected area network. Targeted sites include ecological corridors and areas

managed by indigenous and community groups. By 2020, under the new targets, at least 17 per cent of land and inland water areas, and 10 per cent of coastal and marine areas, are to be conserved, including more priority sites for conservation. An expansion of sites will only deliver benefits for biodiversity, however, if they are well managed and supported.

The global tide of extinctions continues unabated

IUCN Red List Index of species survival* (showing the proportion of species expected to remain extant in the near future in the absence of additional conservation action) for mammals (1996-2008), birds (1988-2008), amphibians (1986-2004) and aggregate index (1986-2008)

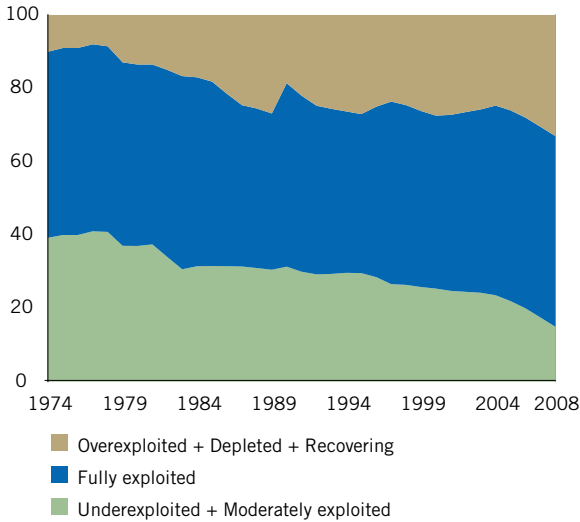


* A Red List Index value of 1.0 means that the species in question is of least concern since it is not expected to go extinct in the near future. A Red List Index value of zero indicates that species has gone extinct.

To measure trends in the percentage of species threatened with extinction, the International Union for Conservation of Nature and its partners have compiled what is known as the Red List Index, now available for all the world's birds (10,000 species), mammals (4,500 species) and amphibians (5,700 species). The latest indices show that, overall, species are declining in population and range and are moving towards extinction—with consequences for the ecosystem services upon which all people depend. An aggregated index shows the average trends across these three groups. Amphibians are most threatened, and are declining most rapidly, but all groups with known trends show a deterioration in status. Other classes of organisms not yet indexed are likely to mirror this pattern, with some being even more threatened (such as cycads—a palm-like tropical plant) and others disappearing even more quickly (such as corals).

Global marine resources continue to decline

Status of the exploited fish stocks, 1974-2008 (Percentage)

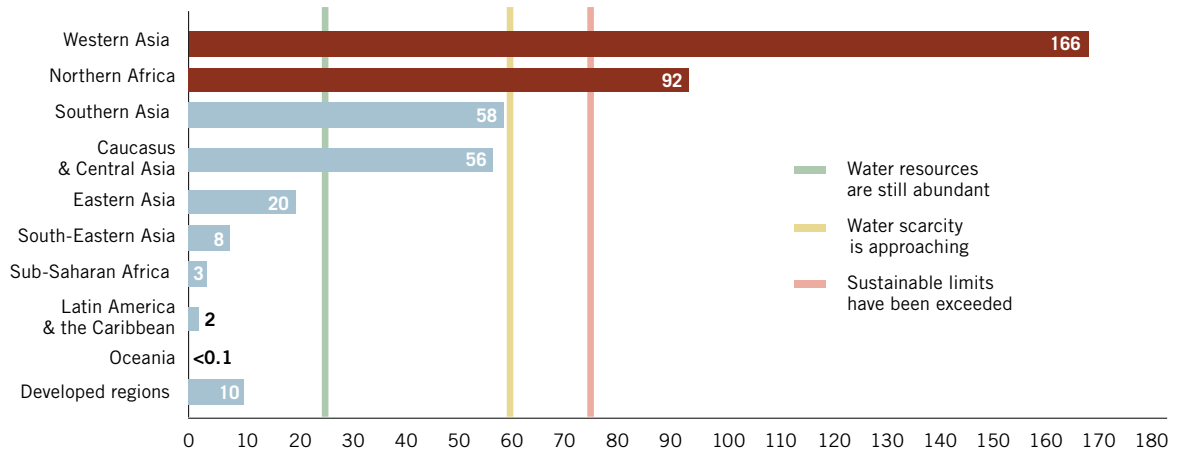


The global production of marine capture fisheries reached a peak of 86.3 million tonnes in 1996. Since that time, it has declined slightly, to 79.5 million tonnes in 2008, with large fluctuations between years. The proportion of fish stocks estimated to be underexploited or moderately exploited declined from 40 per cent in the mid-1970s to 15 per cent in 2008. Over roughly the same period, the proportion of overexploited, depleted or recovering fish stocks increased from 10 per cent to 33 per cent. The proportion of fully exploited stocks has remained relatively stable at about 50 per cent since the 1970s, with some slightly lower levels between 1985 and 1997.

In spite of action on the part of coastal States, and good progress in some cases, the overall decline in global fisheries continues. The most serious pressures on fisheries resources remain overfishing, pollution and loss of habitats. Policy and management actions to safeguard these resources must focus on countering the overcapacity of fishing fleets and the integration of plans to rebuild marine resources with national political and economic decision-making.

The limits for sustainable water resources have already been exceeded in Western Asia and Northern Africa

Surface water and groundwater withdrawal as a percentage of internal renewable water resources, taking into consideration official treaties between countries, around 2005



The proportion of water resources used by a country is a complex indicator reflecting development, national water policies, and physical and economic water scarcity. At low levels of development, it is generally advantageous to increase total water withdrawal. But beyond a certain “inflection point”, ecosystems will be strained and competing water uses will not allow all users to receive their fair share. Dry years may exacerbate the problem, which makes identifying the exact inflection point difficult, as do years of above-normal precipitation.

Most regions withdraw less than 25 per cent of their renewable water resources. Considering usage trends since 1960, they will not approach the range of physical water scarcity for some time. Two regions, however, Western Asia and Northern Africa, have far exceeded the threshold of 75 per cent, meaning that their water resources are no longer sustainable. Two other regions are approaching the threshold of 60 per cent.

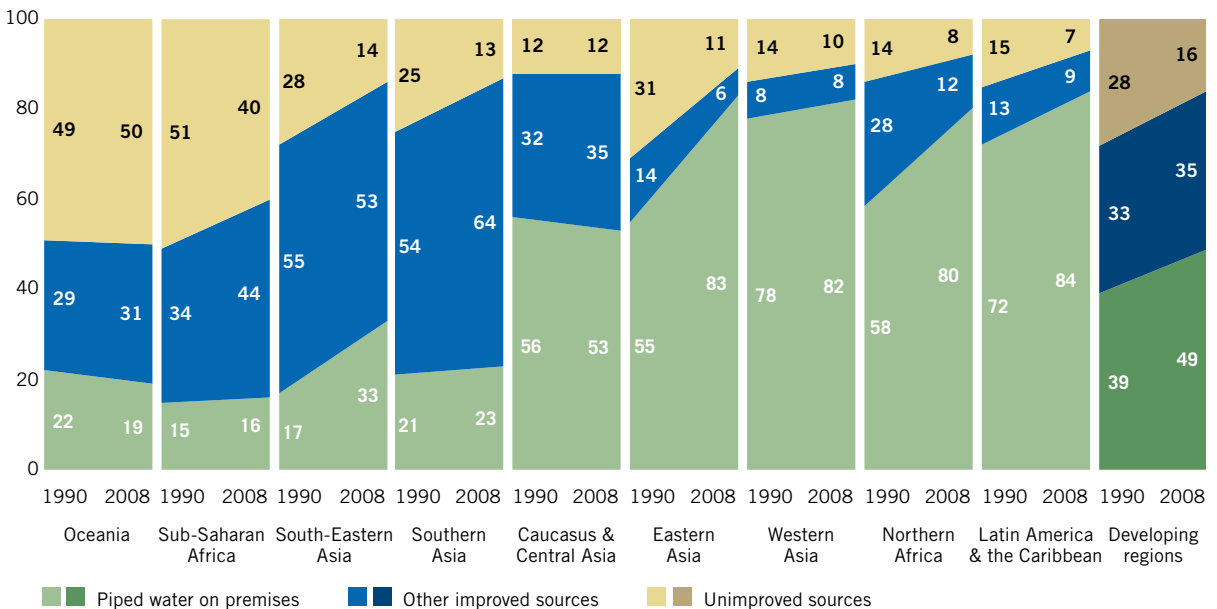


TARGET

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

The world is likely to surpass the drinking water target, though more than 1 in 10 people may still be without access in 2015

Proportion of population using different sources of water, 1990 and 2008 (Percentage)



Progress to improve access to clean drinking water has been strong. Globally, coverage increased from 77 per cent in 1990 to 87 per cent in 2008. If this trend continues, the MDG drinking water target of 89 per cent coverage will be met—and likely surpassed—by 2015.

In 92 per cent of developing countries (103 out of 112 countries), drinking water coverage increased between 1990 and 2008 or stayed the same, at a rate of 98 per cent or higher. In only 13 countries did coverage decline.

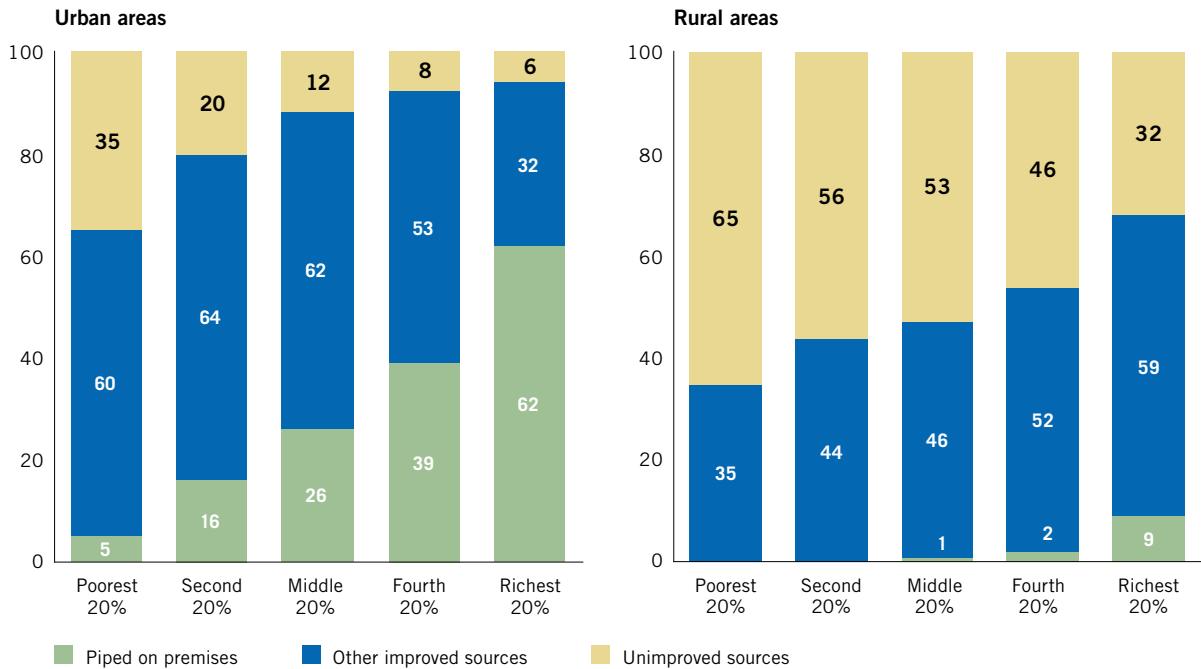
Latin America and the Caribbean, Eastern Asia and South-Eastern Asia have already met the MDG drinking water target. Eastern Asia registered the largest increase in drinking water coverage—from 69 per

cent in 1990, to 86 per cent in 2008. Sub-Saharan Africa nearly doubled the number of people using an improved drinking water source—from 252 million in 1990 to 492 million in 2008. Coverage in that region increased from 49 per cent in 1990 to 60 per cent in 2008.

In all regions, coverage in rural areas lags behind that of cities and towns. In 2008, an estimated 141 million urbanites and 743 million rural dwellers continued to rely on unimproved sources for their daily drinking water needs. In sub-Saharan Africa, an urban dweller is 1.8 times more likely to use an improved drinking water source than a person living in a rural area.

Poor, rural populations remain at a disadvantage in accessing clean drinking water

Proportion of population using different sources of water by wealth quintile, rural and urban areas, sub-Saharan Africa, 2004/2009 (Percentage)

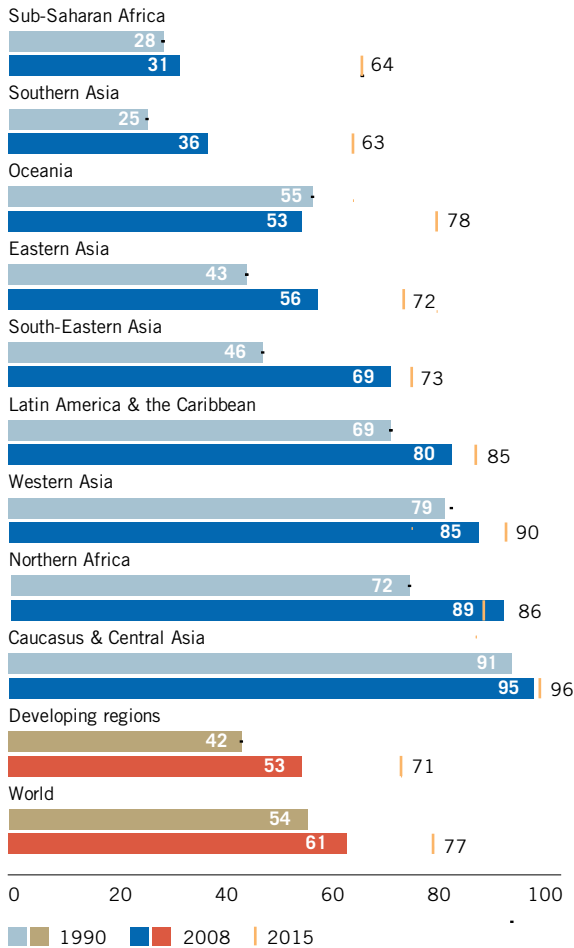


An analysis of survey data from sub-Saharan African countries shows that the poorest 20 per cent of the population in urban areas are almost six times more likely to rely on an unimproved drinking water source than the richest 20 per cent. In urban areas,

the poorest households are 12 times less likely than the richest households to enjoy the convenience and associated health benefits of having a piped drinking water supply on premises.

Over 2.6 billion people still lack flush toilets and other forms of improved sanitation

Proportion of population using an improved sanitation facility, 1990 and 2008 (Percentage)



The world is far from meeting the sanitation target. In fact, at the current rate of progress, it will take until 2049 to provide 77 per cent of the global population with flush toilets and other forms of improved sanitation. Almost half the population of developing regions and some 2.6 billion people globally were not using an improved form of sanitation in 2008.

That year, an estimated 1.1 billion people did not use any facility at all and practised open defecation, which poses enormous health risks, particularly for poorer segments of the population who are most exposed to the dangers of inadequate human waste disposal. Globally, open defecation rates have declined by one third, from 25 per cent of the population in 1990 to

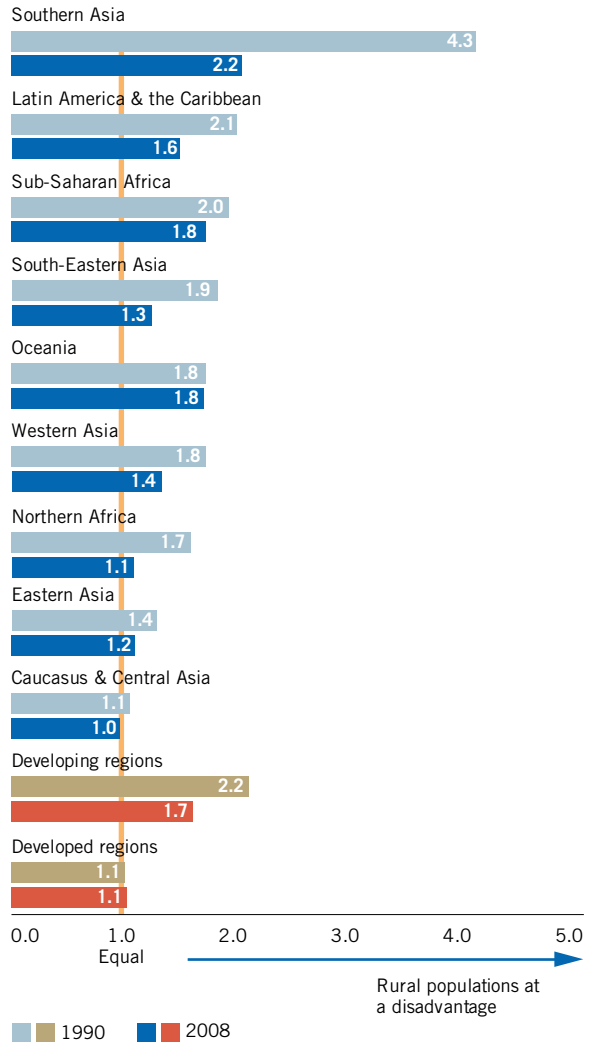
17 per cent in 2008. Almost two thirds of the people who practise open sanitation reside in Southern Asia.

Northern Africa is the only region that has already surpassed the MDG sanitation target, increasing coverage from 72 per cent in 1990 to 89 per cent in 2008.

The International Year of Sanitation in 2008 gave much needed impetus to the debate on sanitation. And in various regions, yearly sanitation conferences are held to ensure that sanitation remains on the political agenda and receives the attention it deserves.

Gaps in sanitation coverage between urban and rural areas are narrowing

Urban/rural ratio of the proportion of population using an improved sanitation facility, 1990 and 2008

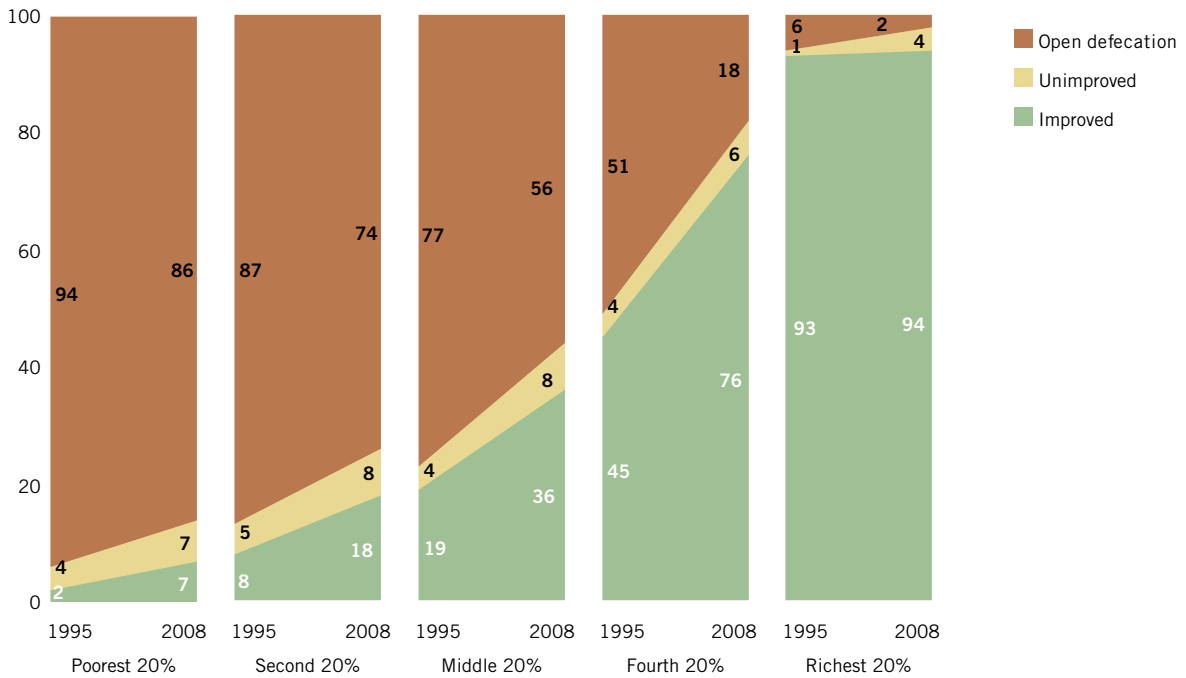


Rural populations everywhere are disadvantaged when it comes to improved sanitation, though disparities with urban areas are decreasing in all regions. Globally, an urban resident is 1.7 times more likely to use an improved sanitation facility than someone living in a rural area. Inequalities are most stark in Southern

Asia, where an urban resident is 2.2 times more likely to use an improved facility than a rural resident. Still, this represents significant improvement since 1990, when an urban resident was 4.3 times more likely to use an improved sanitation facility than a person living in a rural area.

Improved sanitation has failed to reach the poorest households in parts of Southern Asia

Proportion of population by sanitation practices and wealth quintile, Southern Asia, 1995 and 2008 (Percentage)



An analysis of trends over the period 1995-2008 for three countries in Southern Asia shows that improvements in sanitation have disproportionately benefited the wealthy. Sanitation coverage for the poorest 40 per cent of households has hardly

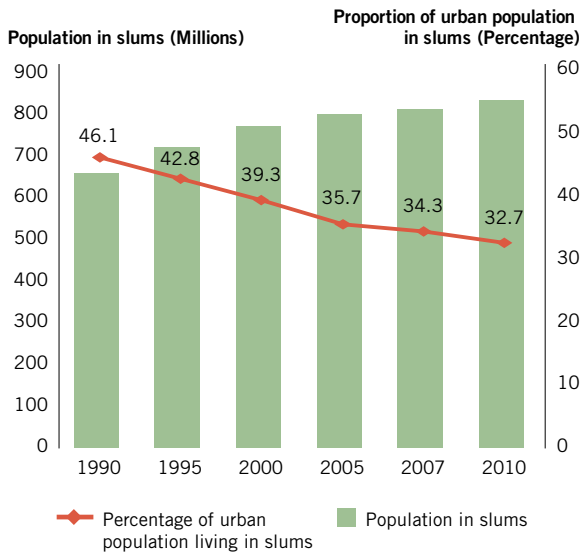
increased, and four out of five people in the bottom two quintiles continue to practise open defecation. The most progress was made by those in the fourth wealthiest quintile, while the richest 20 per cent of the population has maintained its very high coverage level.

TARGET

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

Growing urbanization is outpacing slum improvements, calling for new and realistic national and local targets

Population living in slums and proportion of urban population living in slums, developing regions, 1990-2010



From 2000 to 2010, the share of urban residents in the developing world living in slums declined from

39 per cent to 33 per cent. More than 200 million of these people gained access to either improved water, sanitation or durable and less crowded housing. However, in absolute terms, the number of slum dwellers continues to grow, due in part to the fast pace of urbanization. The number of urban residents living in slum conditions is now estimated at some 828 million, compared to 657 million in 1990 and 767 million in 2000.

In 2010, the highest prevalence of slum conditions was found in sub-Saharan Africa. There, 62 per cent of the urban population were sheltered in slums, followed by Southern Asia (35 per cent) and South-Eastern Asia (31 per cent). Particularly critical is the situation in conflict-affected countries, where the proportion of urban populations living in slums increased from 64 per cent in 1990 to 77 per cent in 2010.

Redoubled efforts will be needed to improve the lives of the urban poor in cities and metropolises across the developing world. Towards that end, in April 2011, the Governing Council of the United Nations Human Settlements Programme encouraged countries to enumerate their slum populations, and to set realistic national, regional and local targets for improving the lives of slum dwellers. These could extend beyond the current MDG target, which has a deadline of 2020. Priorities include housing and basic services, infrastructure such as water and sanitation facilities, transport, energy, health and education. Countries are also urged to promote access to affordable land with secure tenure and to create the conditions in which people are able to carve out and sustain a livelihood.



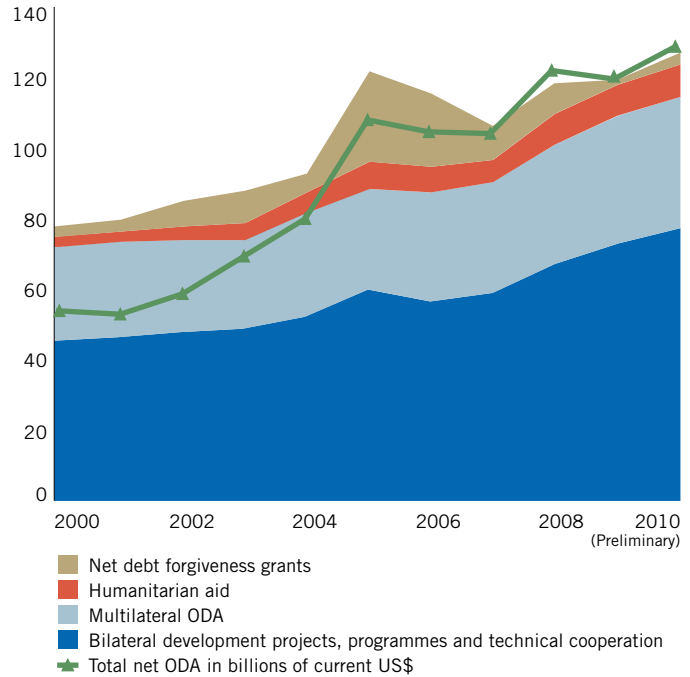
Goal 8

Develop a global partnership for development



Aid to developing countries is at a record high, but falls short of promises made in 2005

Official development assistance (ODA) from developed countries, 2000-2010 (Billions of constant 2009 US\$ and current US\$)



In 2010, net aid disbursements amounted to \$128.7 billion, equivalent to 0.32 per cent of developed countries' combined national income. This was the highest level of real aid ever recorded and an increase of 6.5 per cent in real terms over 2009.

If debt relief and humanitarian aid are excluded, bilateral aid for development programmes and projects rose by 5.9 per cent in real terms, as donors continued to scale up their core development projects and programmes. Most of the rise was in new lending (which grew by 13.2 per cent), but grants also increased (by 6.8 per cent).

In 2005, at the Gleneagles Group of Eight (G8) Summit and other forums, donors committed to increase their assistance to developing countries. The pledges they made at these meetings, combined with other commitments, implied a lifting of aid from about \$80 billion in 2004 to nearly \$130 billion in 2010 (at constant 2004 prices). However, when comparing the 2010 outcome with pledges made in 2005, there was a shortfall of \$19 billion. A little over \$1 billion of this shortfall can be attributed to lower-than-expected levels of gross national income due to the economic crisis. However, the remaining gap—\$18 billion—was due to the failure of donors to meet their commitments. Overall, the combined effect of the increases has lifted aid by 37 per cent in real terms since 2004, or about \$30 billion (in 2004 dollars).

At the Gleneagles summit, G8 donors also envisaged that their commitments, combined with those of other donors, would raise official development assistance (ODA) to Africa by \$25 billion in 2010. That year, bilateral aid to the continent as a whole was \$29.3 billion, of which \$26.5 billion was for sub-Saharan Africa. These amounts represent increases of 3.6 per cent and 6.4 per cent in real terms, respectively, over 2009. Preliminary estimates show that Africa will receive only about \$11 billion out of the \$25 billion increase promised at Gleneagles, due mainly to the underperformance of some European donors that give large shares of their aid to Africa.

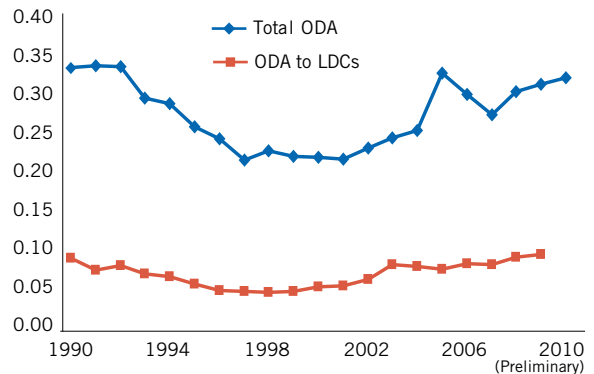


TARGET

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

ODA outlook: Expect leaner years ahead

Net official development assistance from OECD-DAC countries as a proportion of donors' gross national income to all developing countries and to the least developed countries (LDCs), 1990-2010 (Percentage)



In 2010, Denmark, Luxembourg, the Netherlands, Norway and Sweden continued to exceed the United Nations target for ODA of 0.7 per cent of their gross national income (GNI). The largest donors by volume were the United States, followed by the United Kingdom, France, Germany and Japan. The largest increases in ODA in real terms between 2009 and 2010 were made by Australia, Belgium, Canada, Japan, Portugal, the Republic of Korea and the United Kingdom.

In 2005, the 15 European Union countries that are members of the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD-DAC) committed to allocate a minimum of 0.51 per cent of their GNI to ODA by 2010. The following countries surpassed that goal: Luxembourg (1.09 per cent), Sweden (0.97 per cent), Denmark (0.90 per cent), the Netherlands (0.81 per cent), Belgium (0.64 per cent), the United Kingdom (0.56 per cent), Finland (0.55 per cent) and Ireland (0.53 per cent). France nearly met the goal with an ODA/GNI ratio of 0.50 per cent, while others fell short by a larger margin: Spain (0.43 per cent), Germany (0.38 per cent), Austria (0.32 per cent), Portugal (0.29 per cent), Greece (0.17 per cent) and Italy (0.15 per cent).

Other DAC member countries, including Australia, Canada, Norway, Switzerland and the United States,

also made promises for 2010 that they kept. In 2005, Japan committed to providing an additional \$10 billion in aid over the period 2004 to 2009. It fell short by \$3.6 billion due to severe economic constraints; however, in 2010 its ODA again rose significantly. New Zealand plans to achieve an ODA level of \$NZ 600 million (\$472 million) by 2012-2013 and appears to be on track. The Republic of Korea was not a DAC donor in 2005 and made no promises to increase its aid. Still, since 2005, its aid programme has increased in real terms by 56 per cent.

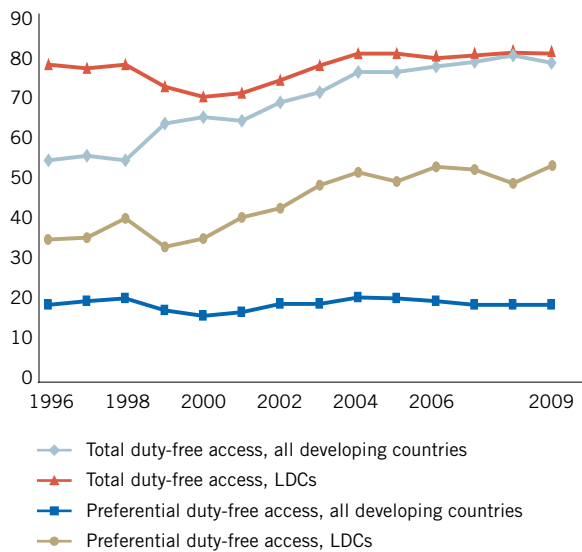
Looking ahead, a recent OECD survey shows that most donors plan to increase aid over the coming three years, though at a sharply reduced pace. Aid will grow at 2 per cent a year between 2011 and 2013, compared to an average of 8 per cent a year over the past three years. Aid to Africa is expected to rise by just 1 per cent a year in real terms, compared to the average of 13 per cent over the past three years. In 2008-2009, out of an average total of \$82.1 billion in ODA that was allocable by sector, \$23.1 billion focused on support for gender equality and women's empowerment. Aid concentrates increasingly on the poorest countries, with the least developed countries (LDCs) receiving about a third of donors' total aid flows.

TARGET

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

Protectionism was averted, despite troubling economic times, due to strong international cooperation

Proportion of developed country imports from developing countries and from the LDCs admitted free of duty, all duty-free access and preferential duty-free access,* 1996-2009 (Percentage)



* Preferential duty-free access is calculated by subtracting from the total duty-free access all products receiving duty free treatment under the most-favoured-nation treatment (MFN) regime.

Despite fears of renewed protectionism at the beginning of the economic crisis in 2008, the strong international governance that emerged from the Group of Twenty (G20) Summit and other multilateral initiatives averted a return to restrictive trade practices. The preferential market access granted to the LDCs and developing countries remained relatively unchanged from the levels of the previous five years.

The vast majority of exports from developing countries are now imported free from custom duties in developed country markets. Recent years have seen a slight increase in the proportion of duty-free imports from developing countries other than LDCs, with the proportions for the two groups converging at about 80 per cent of their exports.

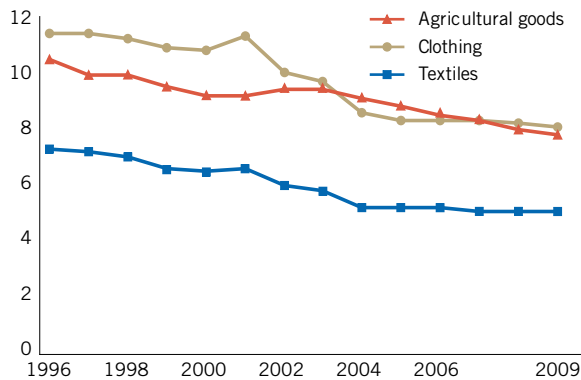
The preferential nature of the duty-free access granted by developed countries is very different between LDCs and developing countries more generally. Thanks to

the general reduction of tariffs in developed markets, more and more products are now routinely imported duty free under the World Trade Organization's most-favoured-nation (MFN) treatment. Products that are MFN duty free include not only raw materials but also manufactures, such as electronics equipment under the Information Technology Agreement. This has benefited many of the more advanced developing countries. When MFN treatment is excluded, only 19 per cent of exports by developing to developed countries benefited from "true" preferential treatment.

On the other hand, true preferential duty-free treatment remains the dominant mode through which LDCs gain access to the markets of developed countries. The proportion of LDC exports benefiting from such preferences has been increasing over the years, reaching 53 per cent in 2009. All but one of the developed countries have granted duty-free market access to at least 97 per cent of products originating from LDCs. The exception is the United States, which has tariffs on imports of textile and clothing from Asian LDCs.

Tariffs on agricultural products from developing countries continue to fall, but remain unchanged for clothing and textiles

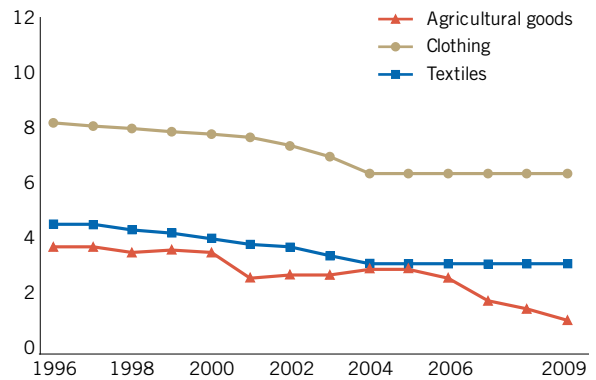
Developed countries' average tariffs on imports of key products from developing countries, 1996-2009 (Percentage)



In 2009, applied tariffs on agricultural products from developing countries and LDCs continued to fall slowly, while remaining largely unchanged for textiles and clothing. During a period dominated by the global economic crisis, no major tariff initiatives were undertaken. Rather, specific modifications, such as those by the European Union relating to rice and sugar, served to advance progress.

Since 2005, the decline in preferential tariffs has tended to follow the trend observed for most-favoured-nation treatment. As a result, preference margins, measured as the difference between MFN treatment

Developed countries' average tariffs on imports of key products from LDCs, 1996-2009 (Percentage)



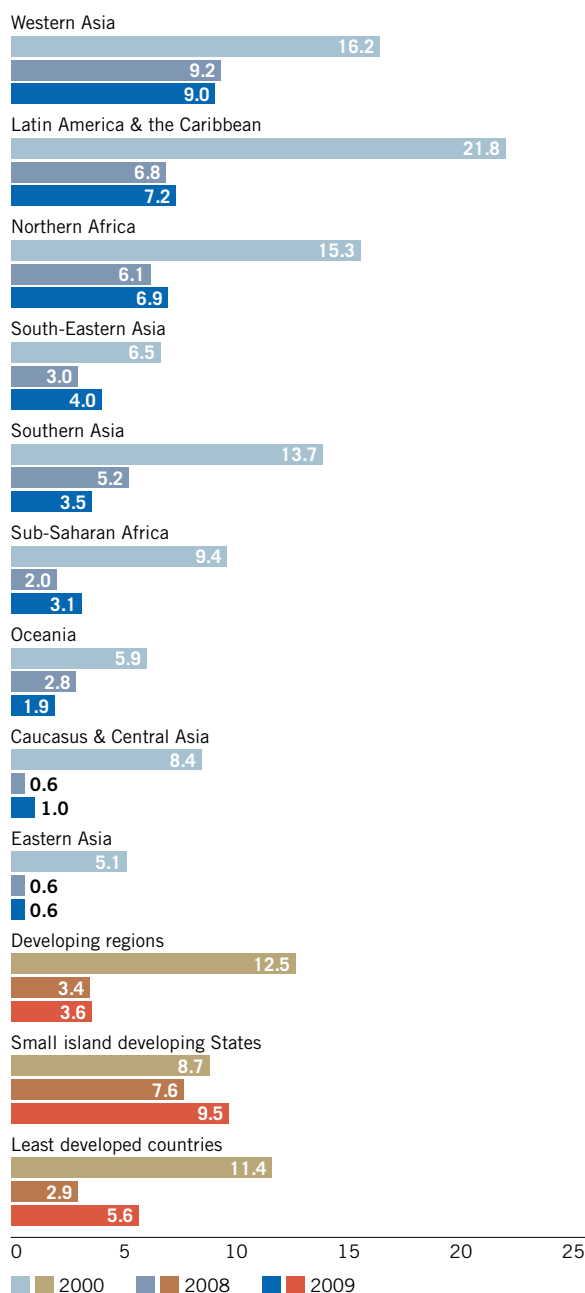
and the best tariff for all developing countries, have seen only marginal changes in the past five years. However, thanks to the special preference granted to them, the margin of preference for LDCs is higher than that for other developing countries. Nevertheless, these preferences are declining as tariffs in developed economies diminish. As a result, the LDCs have been turning their attention to large emerging economies, where demand is increasing and MFN tariffs remain high (about 10 per cent for raw materials and 18 per cent for processed products). Other developing countries now absorb half the exports of LDCs.

TARGET

Deal comprehensively with developing countries' debt

A sharp drop in exports in 2009 interrupted the downward trend of developing countries' debt service ratios

External debt service payments as a proportion of export revenues, 2000, 2008 and 2009 (Percentage)



A country's external debt burden affects its creditworthiness and vulnerability to economic shocks. Better debt management, the expansion of trade and, particularly for the poorest countries, substantial debt relief have reduced the burden of debt service. Between 2000 and 2008, the average ratio of public debt service to exports for developing regions declined from 12.5 per cent to 3.4 per cent. In 2009, due to the global economic crisis, export earnings of developing countries declined by 21 per cent, while total public debt service remained at about the same level as in 2008. As a consequence, the ratio of public debt service to exports increased for all developing regions except Southern Asia, Western Asia and Oceania, with the overall average rising to 3.6 per cent. The impact was most pronounced for the small island developing States (SIDS) and the LDCs.

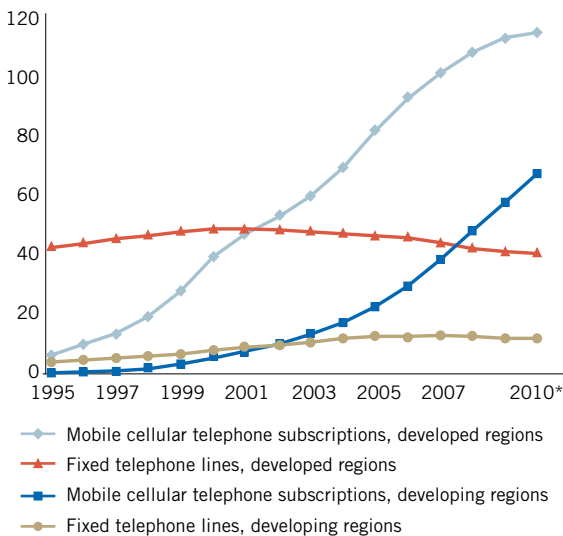
Forty countries are eligible for debt relief under the Heavily Indebted Poor Countries (HIPC) initiative. Of these, 36 countries have reached the "decision point" stage in the process and have had future debt payments reduced by \$59 billion (in end-2009 net present value terms); 32 countries that subsequently reached their "completion point" have received additional assistance of \$30 billion (in end-2009 net present value terms). The debt burdens of countries included in the HIPC initiative are below the average for all LDCs.

TARGET

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

The world is increasingly interconnected through mobile, high-speed communications

Number of fixed telephone lines and mobile cellular subscriptions per 100 inhabitants, 1995-2010



* Data for 2010 are estimates.

By the end of 2010, 90 per cent of the world's inhabitants were covered by a mobile cellular signal. The number of mobile cellular subscriptions had grown to an estimated 5.3 billion—including nearly 1 billion subscriptions to 3G (third generation) services—and more than 2 billion people worldwide were using the Internet, increasingly through broadband access.

Growing demand for information and communications services, combined with technological advances, growing infrastructure and falling prices, are allowing more and more people across the globe to join the information society. By the end of 2010, mobile cellular penetration levels had reached an estimated 76 per cent, and almost one in three people were online.

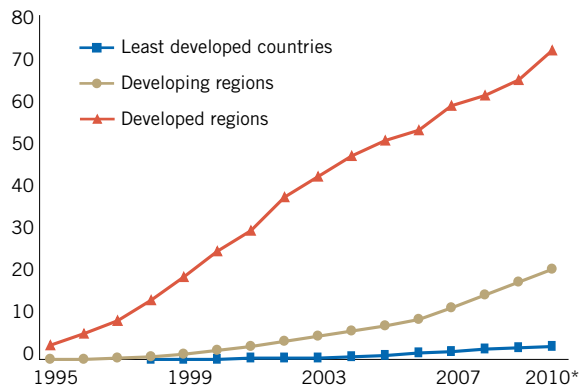
Many developed countries are reaching saturation levels in mobile cellular subscriptions, with an average penetration level of 116 per cent. Growth in mobile telephony continues to be strong in the developing world, where mobile penetration had reached around

68 per cent by end-2010. Mobile cellular networks are offering alternative communications opportunities to previously unconnected regions. In the LDCs, for example, mobile cellular penetration is around 30 per cent, compared to only 1 per cent fixed telephone line penetration.

Mobile communications are not only connecting remote and rural populations to basic voice services. They are also offering innovative applications in, for example, the areas of business, health and education, which can contribute to the achievement of other MDGs.

Two thirds of the world's population have yet to gain access to the Internet

Number of Internet users per 100 inhabitants, 1995-2010

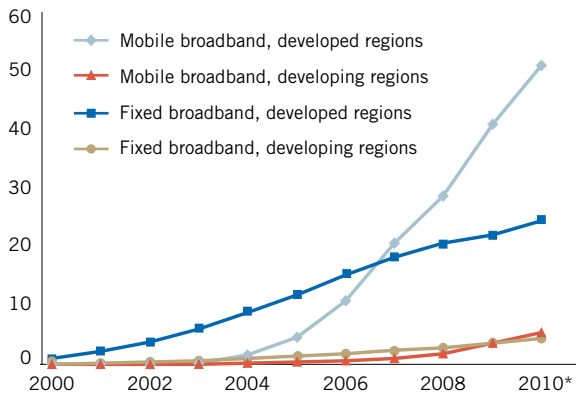


* Data for 2010 are estimates.

The number of Internet users continues to expand. However, penetration levels in the developing world remain relatively low, at 21 per cent by end-2010, compared to 72 per cent in the developed regions. Globally, two out of three people are not using the Internet. And in LDCs, Internet penetration was as low as 3 per cent by end-2010. In absolute numbers, the developed regions have been surpassed by the developing world, which in 2010 accounted for 60 per cent of Internet users worldwide, up from 40 per cent in 2005.

High-speed Internet connections, now more widely available, have promising applications for development

Fixed broadband subscriptions and mobile broadband subscriptions per 100 inhabitants, 2000-2010



* Data for 2010 are estimates.

Some of the most promising applications and services in information and communications for development are those that are delivered over high-speed broadband

networks. More countries are introducing national broadband plans to bring more people online, but major differences in broadband access persist.

By the end of 2010, fixed broadband penetration in the developed regions averaged 24.6 per cent, compared to only 4.4 per cent in the developing world. And fixed broadband subscriptions in the developing world are heavily concentrated in a few countries. In the majority of LDCs, the number of fixed broadband subscriptions remains very low and services are prohibitively expensive.

Mobile broadband has started to become a true alternative to fixed broadband access. In 2010, 143 countries were offering mobile broadband services commercially, compared to less than 50 in 2005. Demand is expected to grow rapidly over the next few years, especially in the developing world and in such regions as Africa, where fixed-line infrastructure to the end-user is limited.

Two thirds of mobile broadband subscriptions are still in the developed regions, where, in 2010, penetration levels had surpassed the 50 per cent mark.



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 2011.²

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. Although the aggregate figures are a convenient way to track progress, the situation of individual countries within a given region may vary significantly from regional averages. Data for individual countries, along with the composition of all regions and subregions, are available at <http://mdgs.un.org>.

The basis for this analysis

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

Reconciling national and international data

Reliable, timely and internationally comparable data on the MDG indicators are crucial for holding the international community to account. They are also important in encouraging public support and funding for development, allocating aid effectively, and comparing progress among regions and across countries.

Discrepancies among sources and gaps in national data have raised concerns in the statistical community and troubled country data producers who find themselves dealing with different figures for the same indicator.

A number of initiatives have been launched to reconcile national and international monitoring and to resolve differences in methods and definitions used by various agencies within countries and in international agencies. The IAEG has promoted a dialogue between national and international agencies to improve the coherence of national and international data and to ensure the quality and transparency of methodologies and data produced. The IAEG has also provided training to national statistics experts in more than 60 countries. As a result, data production in countries is increasingly aligned with internationally agreed-upon recommendations and standards. Moreover, international agencies have developed a better understanding of countries' data availability and of how to work with national experts to produce and estimate indicators.

Improving monitoring systems

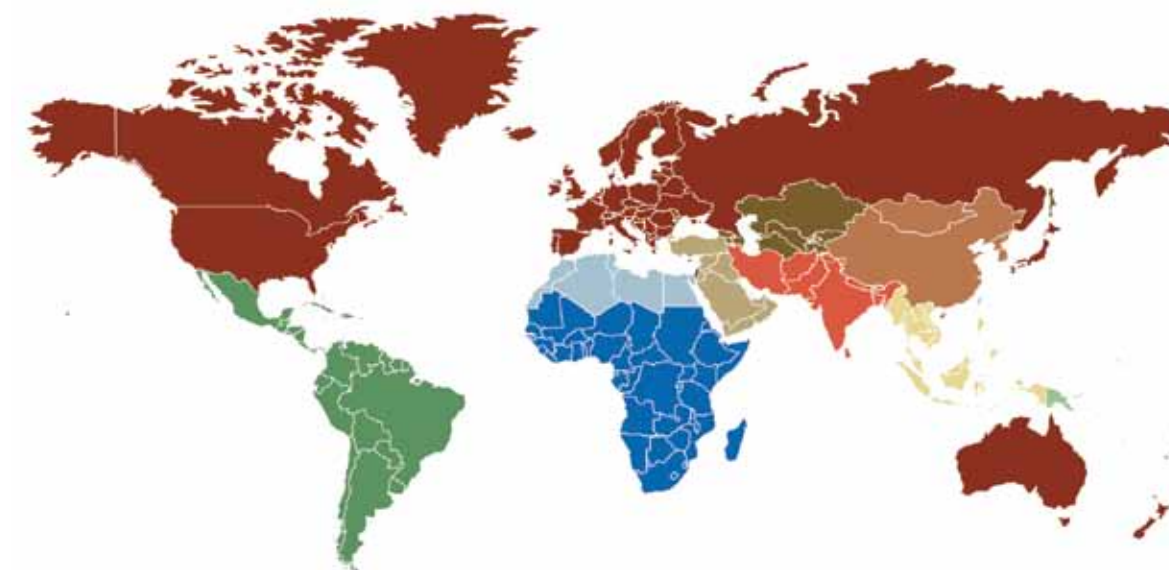
Improved data and monitoring tools are crucial for devising appropriate policies and interventions needed to achieve the MDGs. Although some progress is being made, reliable statistics for monitoring development remain inadequate in many poor countries, and the challenge of building in-country capacity to produce better policy-relevant data is enormous. Building such capacity demands increased and well-coordinated financial and technical support from development partners. It also requires country ownership and government commitment to spur the institutional changes needed to ensure the sustainability of capacity-building efforts.

As a result of recent efforts, more data are now available in the international series for the assessment of trends for all MDGs. In 2010, 119 countries had data for at least two points in time for 16 to 22 indicators; in contrast, only four countries had this data coverage in 2003. These advances are the result of increased national capacity to venture into new data collection initiatives as well as to increase the frequency of data collection. For instance, the number of countries with two or more data points on contraceptive prevalence increased from 50 in the period 1986-1994 to 103 in 2010. At the same time, the number of countries with no data on this indicator decreased from 106 to 34.

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 2009 or 2010.

Regional groupings



- Developed regions
- Caucasus & Central Asia
- Northern Africa
- Sub-Saharan Africa
- South-Eastern Asia
- Oceania
- Eastern Asia
- Southern Asia
- Western Asia
- Latin America & the Caribbean

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 the “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.

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

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

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

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“Between now and 2015, we must make sure that promises made become promises kept. The consequences of doing otherwise are profound: death, illness and despair, needless suffering, lost opportunities for millions upon millions of people.”

—UN SECRETARY-GENERAL BAN KI-MOON

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