

Millennium Development Goals: At a Glance

MDG 1	Facts and Figures	Country Progress
<p>ERADICATE EXTREME POVERTY & HUNGER</p> <p>Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day</p> <p>Achieve full and productive employment and decent work for all, including women and young people</p> <p>Halve, between 1990 and 2015, the proportion of people who suffer from hunger</p>	<p>In 2005, 1.4 billion people, or one quarter of the population of the developing world, lived below the international poverty line, on less than \$1.25 a day in 2005 prices. In 1990, there were 1.8 billion poor.</p> <p>Progress was uneven across regions. The poverty rate in East Asia fell from 60% to 16% over this 15-year period; by contrast it stayed above 50% in sub-Saharan Africa, though there has been some progress since 1999.</p> <p>In 2009 some 55 to 90 million more people will live in extreme poverty than had been projected before the economic and financial crisis.</p> <p>Between 1998 and 2008, the global number of working poor – workers living with their families on less than \$1.25 a day – fell from 944 to 632 million, or from 38% to 21% of total workers. But, as a result of the economic and financial crisis, it is estimated that in 2009, this number increased by up to 215 million.</p> <p>The number of people in developing regions engaged in vulnerable employment may be up to 110 million more in 2009 than in 2008, reversing encouraging trends over the previous decade.</p> <p>Globally, the number of hungry people rose from 842 million in 1990-92 to 1.02 billion people in 2009.</p>	<p>Through a national input subsidy programme, Malawi achieved a 53% food surplus in 2007, from a 43% national food deficit in 2005.</p> <p>Vietnam's investment in agriculture research and extension helped cut the prevalence of hunger by more than half, from 28% in 1991 to 13% in 2004-06. The prevalence of underweight children also more than halved from 45% in 1994 to 20% in 2006.</p> <p>Nicaragua reduced its hunger rate by more than half, from 52% in 1991 to 21% in 2004-06.</p> <p>In Northeast Brazil, stunting, an indicator of child malnutrition, decreased from 22.2% to 5.9% between 1996 and 2006-07.</p> <p>Between 1991 and 2004, the number of people who suffer from undernourishment in Ghana fell by 34%, to 9% of the population.</p> <p>In Argentina, the <i>Jefes y Jefas de Hogar</i> programme employed 2 million workers within a few months after its initiation in 2002, contributing to the country's rapid poverty reduction, from 9.9% in 2002 to 4.5% in 2005.</p>

Sources: *Keeping the Promise* (Secretary-General's report, March 2010); *Millennium Development Goals Report 2009*; *Accelerating Progress on the MDGs*, UNDP 2010; reports by UN agencies, funds and programmes.

Note: Updated statistical data will be presented in the *Millennium Development Goals Report 2010* in late June. Country progress examples are for illustrative purposes for the media -- not an official record.

MDG 2	Facts and Figures	Country Progress
<p>ACHIEVE UNIVERSAL PRIMARY EDUCATION</p> <p>Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</p>	<p>In the developing regions, net enrolment in primary education reached 88% in 2007, up from 83% in 2000.</p> <p>The net enrolment ratio in primary education was 74% in sub-Saharan Africa, a 16 percentage point improvement since 2000.</p>	<p>In Ethiopia, the net enrolment rate for primary school was 72.3% in 2007, an increase of 88% on 2000 enrolment rates.</p> <p>In Tanzania, the abolition of school fees in 2001 led to a net enrolment rate of 98% for primary schooling in 2006. This represents an increase of 97% (i.e. almost double) compared to 1999 enrolment rates.</p> <p>In Bolivia, bilingual education has been introduced for three of the most widely used indigenous languages, covering 11% of all primary schools in 2002 and helping expand access to education among indigenous children in remote areas.</p> <p>Mongolia has been providing innovative mobile schools (“tent schools”) to cater to children in the countryside who may otherwise not have regular access to educational services. One hundred mobile schools have been spread out over 21 provinces.</p>
<p>MDG 3</p> <p>PROMOTE GENDER EQUALITY AND EMPOWER WOMEN</p> <p>Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015</p>	<p>The gender gap in primary school enrolment has narrowed to over 95 girls for every 100 boys in developing countries, a 4 percentage point improvement since 1999.</p> <p>Women’s share of national parliamentary seats increased to 19% in 2009, a 6 percentage point improvement since 1999.</p>	<p>Mexico’s ‘Oportunidades’ conditional cash transfer programme led to an increase of secondary school enrolment rates of over 20% for girls and 10% for boys in rural areas where the programme operated.</p> <p>In 2008, Rwanda elected a majority of women (56%) to its lower chamber of parliament, the highest level of female representation of any country.</p> <p>Starting from a very low gender parity index in primary education (0.35) in 1980s, Bangladesh closed the gender gap in primary and secondary education within a decade.</p> <p>Tanzania’s Land Act and Village Land Act of 1999 secured women’s right to acquire title and registration of land, addressed issues of customary land rights, and upheld the principles of non-discrimination based on sex for land rights.</p> <p>In Ethiopia’s Amhara Province, promotion of functional literacy, life skills, reproductive health education and opportunities for savings for girls has significantly reduced marriage of girls aged 10 to 14.</p> <p>In Guyana, help for teenage mothers to improve their competencies through education and life skills training has significantly empowered them to make decisions for better lives for themselves and their children.</p>

MDG 4	Facts and Figures	Country Progress
<p>REDUCE CHILD MORTALITY</p> <p>Reduce by two thirds, between 1990 and 2015, the under-five mortality rate</p>	<p>In the developing regions as a whole, the under-five mortality rate decreased from 99 deaths per thousand live births in 1990 to 72 in 2008. This corresponds to a 28% decline, well short of the target of a two-thirds reduction.</p> <p>Since 1990, child mortality rates have been more than halved in Northern Africa, East Asia, South-Eastern Asia, and Latin America and the Caribbean.</p> <p>Sub-Saharan Africa's child mortality rate declined by 22% between 1990 and 2008.</p> <p>Almost one third of the 50 least developed countries have managed to reduce their under-five child mortality rates by 40% or more since 1990.</p> <p>Measles deaths in Africa fell by 91% between 2000 and 2006, from an estimated 396,000 to 36,000, reaching the United Nations 2010 goal to cut measles deaths by 90% four years early.</p>	<p>The under-five child mortality rate has fallen by 40% or more since 1990 in Ethiopia, Malawi, Mozambique and Niger. In Malawi, for example, the under-five child mortality rate fell 56% between 1990 and 2008.</p> <p>The under-five child mortality rate was reduced by 50% or more since 1990 in Bangladesh, Bhutan, Bolivia, Eritrea, Laos and Nepal.</p> <p>Since 1990, China's under-five child mortality rate has declined from 46 deaths for every 1000 live births to 18 per 1000 in 2008, a reduction of 61%.</p> <p>From 1990 to 2008, child mortality declined by 25% in Equatorial Guinea and by 14% in Zambia.</p> <p>Cambodia increased exclusive breastfeeding from 13% to 60% from 2000 to 2005, strengthening children and reducing their vulnerability to illnesses.</p>
<p>MDG 5</p> <p>IMPROVE MATERNAL HEALTH</p> <p>Reduce by three quarters the maternal mortality ratio</p> <p>Achieve universal access to reproductive health</p>	<p>In developing regions, maternal mortality has declined only marginally, from 480 deaths per 100,000 live births in 1990 to 450 per 100,000 live births in 2005.</p> <p>Eastern Asia, Northern Africa, and South-Eastern Asia showed declines of 30% or more in maternal deaths between 1990 and 2005. Very little progress has been made in sub-Saharan Africa.</p> <p>The proportion of births attended by skilled health workers in developing regions increased from 53% in 1990 to 61% in 2007.</p> <p>Since the 1990s, the proportion of pregnant women in the developing regions who had at least one antenatal care visit increased from 64% to 79% in 2007.</p> <p>Contraceptive use has increased in all developing regions. In 2005, 62% women who were married or in union used some form of contraception, compared to 50% in 2000.</p> <p>Contraceptive prevalence nearly doubled in sub-Saharan Africa between 1990 and 2005 – but still lags behind at only 22% of all women married or in unions in 2005.</p> <p><i>Note: New regional and global UN figures will be available in May 2010.</i></p>	<p>In Malawi and Rwanda, removal of user fees for family planning services has contributed to significant increases in use of family planning services.</p> <p>In Rwanda, contraceptive prevalence among married women aged 15-49 jumped from 9% in 2005 to 26% in 2008.</p> <p>The contraceptive prevalence rate among married women aged 15-49 in Malawi has more than doubled since 1992 to 33% in 2004.</p> <p>In Rwanda, the skilled birth attendance rate increased from 39% to 52% from 2005 to 2008.</p>

MDG 6	Facts and Figures	Country Progress
<p>COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES</p> <p>Have halted by 2015 and begun to reverse the spread of HIV/AIDS</p> <p>Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it</p> <p>Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</p>	<p>Globally, the new HIV infection rate decreased from an estimated peak of 3.5 million in 1996 to 2.7 million in 2008, a decline of 30%.</p> <p>Sub-Saharan Africa remains the most heavily affected region. It is home to 67% of all people living with HIV worldwide and, with 1.9 million new HIV infections occurring in 2008, accounts for 70% of all new infections.</p> <p>The estimated number of AIDS-related deaths appears to have peaked in 2005 at 2.2 million. It has since decreased to 2 million in 2008.</p> <p>As of December 2008, approximately 42% of adults and children (nearly 4 million people) in need of antiretroviral therapy in low- and middle-income countries were receiving anti-retroviral therapy, up from 7% in 2003.</p> <p>As of December 2008, 44% of adults and children (nearly 3 million people) in need of antiretroviral therapy in sub-Saharan Africa were receiving such treatment. Five years earlier, the estimated regional treatment coverage was only 2%.</p> <p>ARVs are now widely available free of charge through the efforts of national governments and the Global Fund for AIDS, Tuberculosis and Malaria.</p> <p>Globally, coverage for services to prevent mother-to-child HIV transmission rose from 10% in 2004 to 45% in 2008.</p> <p>In sub-Saharan Africa, 45% of HIV-infected pregnant women received antiretroviral drugs in 2008, compared with 10% in 2004.</p> <p>31% of African households owned an anti-malaria insecticide-treated net in 2008, a 14 percentage point increase since 2006.</p>	<p>In Uganda, the adult HIV prevalence rate dropped from 8% in 2001 to 5.4% in 2007.</p> <p>Cambodia has managed to halt and reverse the spread of HIV, with the prevalence falling from 1.8% in 2001 to 0.8% in 2007.</p> <p>The number of new HIV infections among children has declined five-fold in Botswana, from 4,600 in 1999 to 890 in 2007.</p> <p>In Peru, improved TB case detection and cure rates through DOTS (Directly Observed Treatment Short Course) saved an estimated 91,000 lives between 1991 and 2000. TB incidence declined at a rate of 5% per year over 2006-8.</p> <p>Between 1991 and 2000, improved TB control in China reduced prevalence by over a third.</p>

MDG 7	Facts and Figures	Country Progress
<p>ENVIRONMENTAL SUSTAINABILITY</p> <p>Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</p> <p>Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss</p> <p>Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation</p> <p>By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers</p>	<p>The world is on track to achieve the safe water target. Yet, 884 million people worldwide still use unimproved water sources.</p> <p>In 2006, 2.5 billion people – more than 37% of the world’s population – did not have access to toilets, latrines or other forms of improved sanitation.</p> <p>The proportion of people living without access to improved sanitation decreased by only 8 percentage points between 1990 and 2006.</p> <p>1.2 billion people in the world practice open defecation, posing enormous health hazards to entire communities – 87% of these people are in rural areas.</p>	<p>Between 1999 and 2005, Costa Rica prevented the loss of 720 sq km of forests in biodiversity priority areas and avoided the emission of 11 million tons of carbon.</p> <p>In 2006, 80% of the rural population in Ghana had access to an improved drinking water source, an increase of 43% on 1990 levels.</p> <p>In Mali, the percentage of the population with at least one point of access to improved sanitation rose from 35% in 1990 to 45% in 2006.</p> <p>Guatemala has increased its investment in water and sanitation resources, which contributed to an increase in access to improved drinking water from 79% in 1990 to 96% in 2006 and to improved sanitation from 70% in 1990 to 84% in 2006.</p> <p>South Africa successfully achieved the MDG target of halving the proportion of people lacking access to safe water, as lack of access to improved drinking water was reduced from 19% in 1990 to 7% in 2006</p> <p>In Senegal, the proportion of people living in cities with access to improved water reached 93% in 2006.</p>
<p>MDG 8 GLOBAL PARTNERSHIP</p> <p>Develop further an open, rule-based, predictable, non-discriminatory trading and financial system</p> <p>Address the special needs of least developed countries, landlocked countries and small island developing states</p> <p>Deal comprehensively with developing countries’ debt</p> <p>In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p> <p>In cooperation with the private sector, make available benefits of new technologies, especially ICTs</p>	<p>Official development assistance rose to \$119.8 billion in 2008, from \$103.5 billion in 2007, an increase of 16% in real terms over 2007.</p> <p>The proportion of imports from developing countries admitted free of duty into developed countries rose from 54% in 1996 to nearly 79% in 2007.</p> <p>The proportion of imports from least developed countries admitted free of duty into developed countries rose from 70% in 2000 to nearly 80% in 2007.</p>	<p>In 2008 the only countries to have reached or exceeded the target of official development assistance as 0.7% of Gross National Income were Denmark, Luxemburg, the Netherlands, Norway and Sweden.</p> <p>China, India, Iran and Uzbekistan succeeded in lowering private sector prices for generic medicines to less than twice the international reference price.</p>

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