

The Millennium Development Goals Report



UNITED NATIONS

2010



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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WORLD TRADE ORGANIZATION

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Foreword

The Millennium Declaration in 2000 was a milestone in international cooperation, inspiring development efforts that have improved the lives of hundreds of millions of people around the world. Ten years later, world leaders will gather again at the United Nations in New York to review progress, assess obstacles and gaps, and agree on concrete strategies and actions to meet the eight Millennium Development Goals by 2015.

The Goals represent human needs and basic rights that every individual around the world should be able to enjoy—freedom from extreme poverty and hunger; quality education, productive and decent employment, good health and shelter; the right of women to give birth without risking their lives; and a world where environmental sustainability is a priority, and women and men live in equality. Leaders also pledged to forge a wide-ranging global partnership for development to achieve these universal objectives.

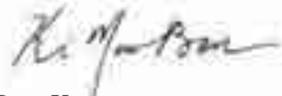
This report shows how much progress has been made. Perhaps most important, it shows that

the Goals are achievable when nationally owned development strategies, policies and programmes are supported by international development partners. At the same time, it is clear that improvements in the lives of the poor have been unacceptably slow, and some hard-won gains are being eroded by the climate, food and economic crises.

The world possesses the resources and knowledge to ensure that even the poorest countries, and others held back by disease, geographic isolation or civil strife, can be empowered to achieve the MDGs.

Meeting the goals is everyone's business. Falling short would multiply the dangers of our world – from instability to epidemic diseases to environmental degradation. But achieving the goals will put us on a fast track to a world that is more stable, more just, and more secure.

Billions of people are looking to the international community to realize the great vision embodied in the Millennium Declaration. Let us keep that promise.



BAN KI-MOON
Secretary-General, United Nations

Overview

Keeping the promise

Five years from the target date for the Millennium Development Goals, leaders from around the world will be gathering at the United Nations to undertake a comprehensive review of progress and together chart a course for accelerated action on the MDGs between now and 2015.

Many countries are moving forward, including some of the poorest, demonstrating that setting bold, collective goals in the fight against poverty yields results. For every life that has benefited from the establishment of a quantitative, time-bound framework of accountability, the MDGs have made a real difference.

But unmet commitments, inadequate resources, lack of focus and accountability, and insufficient dedication to sustainable development have created shortfalls in many areas. Some of these shortfalls were aggravated by the global food and economic and financial crises.

Nevertheless, the data and analysis on the following pages provide clear evidence that targeted interventions, sustained by adequate funding and political commitment, have resulted in rapid progress in some areas. In others, the poorest groups, those without education or living in more remote areas, have been neglected and not provided the conditions to improve their lives.

Building on successes

The collective efforts towards achievement of the MDGs have made inroads in many areas. Encouraging trends before 2008 had put many regions on track to achieve at least some of the goals. The economic growth momentum in developing regions remains strong and, learning from the many successes of even the most challenged countries, achieving the MDGs is still within our grasp:

- Progress on poverty reduction is still being made, despite significant setbacks due to the 2008-2009 economic downturn, and food and energy crises. The developing world as a whole remains on track to achieve the poverty reduction target by 2015. The overall poverty rate is still expected to fall to 15 per cent by 2015, which translates to around 920 million people living under the international poverty line—half the number in 1990.
- Major advances have been made in getting children into school in many of the poorest countries, most of them in sub-Saharan Africa.
- Remarkable improvements in key interventions—for malaria and HIV control, and measles immunization, for example—have cut child deaths from 12.5 million in 1990 to 8.8 million in 2008.
- Between 2003 and 2008, the number of people receiving antiretroviral therapy increased tenfold—from 400,000 to 4 million—corresponding to 42 per cent of the 8.8 million people who needed treatment for HIV.
- Major increases in funding and a stronger commitment to control malaria have accelerated delivery of malaria interventions. Across Africa, more communities are benefiting from bed net protection and more children are being treated with effective drugs.
- The rate of deforestation, though still alarmingly high, appears to have slowed, due to tree-planting schemes combined with the natural expansion of forests.
- Increased use of improved water sources in rural areas has narrowed the large gap with urban areas, where coverage has remained at 94 per cent—almost unchanged since 1990. However, the safety of water supplies remains a challenge and urgently needs to be addressed.
- Mobile telephony continues to expand in the developing world and is increasingly being used for m-banking, disaster management and other non-voice applications for development. By the end of 2009, cellular subscriptions per 100 people had reached the 50 per cent mark.

Bridging the gaps

Though progress has been made, it is uneven. And without a major push forward, many of the MDG targets are likely to be missed in most regions. Old and new challenges threaten to further slow progress in some areas or even undo successes achieved so far.

The most severe impact of climate change is being felt by vulnerable populations who have contributed least to the problem. The risk of death or disability and economic loss due to natural disasters is increasing globally and is concentrated in poorer countries. Armed conflict remains a major threat to human security and to hard-won MDG gains. Large populations of refugees remain in camps with limited opportunities to improve their lives. In 2009, 42 million people had been displaced by conflict or persecution, four fifths of them in developing countries.

The number of people who are undernourished has continued to grow, while slow progress in reducing the prevalence of hunger stalled—or even reversed itself—in some regions between 2000-2002 and 2005-2007. About one in four children under the age of five are underweight, mainly due to lack of food and quality food, inadequate water, sanitation and health services, and poor care and feeding practices.

An estimated 1.4 billion people were still living in extreme poverty in 2005. Moreover, the effects of the global financial crisis are likely to persist: poverty rates will be slightly higher in 2015 and even beyond, to 2020, than they would have been had the world economy grown steadily at its pre-crisis pace.

Gender equality and the empowerment of women are at the heart of the MDGs and are preconditions for overcoming poverty, hunger and disease. But progress has been sluggish on all fronts—from education to access to political decision-making.

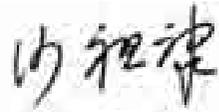
Achieving the MDGs will also require increased attention to those most vulnerable. Policies and interventions will be needed to eliminate the persistent or even increasing inequalities between the rich and the poor, between those living in rural or remote areas or in slums versus better-off urban populations, and those disadvantaged by geographic location, sex, age, disability or ethnicity:

- In all developing regions, children in rural areas are more likely to be underweight than urban children. In Latin America and the Caribbean and parts of Asia, this disparity increased between 1990 and 2008.
- The gap between the richest and the poorest households remains enormous. In Southern Asia, 60 per cent of children in the poorest areas are underweight compared to 25 per cent of children in the richest households.
- In developing regions overall, girls in the poorest 20 per cent of households are 3.5 times more likely to be out of school than girls in the richest households and four times more likely to be out of school than boys from the richest households.
- Even in countries close to achieving universal primary education, children with disabilities are the majority of those excluded.
- Maternal health is one of the areas in which the gap between rich and poor is most conspicuous. While almost all births are attended by skilled health personnel in the developed countries, less than half of women receive such care when giving birth in parts of the developing world.
- Disparities in access to care during pregnancy are also striking, with women in the richest households 1.7 times more likely to visit a skilled health worker at least once before birth than the poorest women.
- Lack of education is another major obstacle to accessing tools that could improve people's lives. For instance, poverty and unequal access to schooling perpetuate high adolescent birth rates, jeopardizing the health of girls and diminishing their opportunities for social and economic advancement.
- Contraceptive use is four times higher among women with a secondary education than among those with no education. For women in the poorest households and among those with no education, negligible progress was seen over the last decade.
- Only about half of the developing world's population are using improved sanitation, and addressing this inequality will have a major impact on several of the MDGs. Disparities between rural and urban areas remain daunting, with only 40 per cent of rural populations covered. And while 77 per cent of the population in the richest 20 per cent of households use improved sanitation facilities, the share is only 16 per cent of those in the poorest households.

Towards 2015

The Millennium Declaration represents the most important promise ever made to the world's most vulnerable people. The MDG framework for accountability derived from the Declaration has generated an unprecedented level of commitment and partnership in building decent, healthier lives for billions of people and in creating an environment that contributes to peace and security.

The Millennium Development Goals are still attainable. The critical question today is how to transform the pace of change from what we have seen over the last decade into dramatically faster progress. The experience of these last ten years offers ample evidence of what works and has provided tools that can help us achieve the MDGs by 2015. The Millennium Development Goals summit in September will be an opportunity for world leaders to translate this evidence into a concrete agenda for action.



SHA ZUKANG
Under-Secretary-General for Economic and Social Affairs

Goal 1

Eradicate extreme poverty and hunger

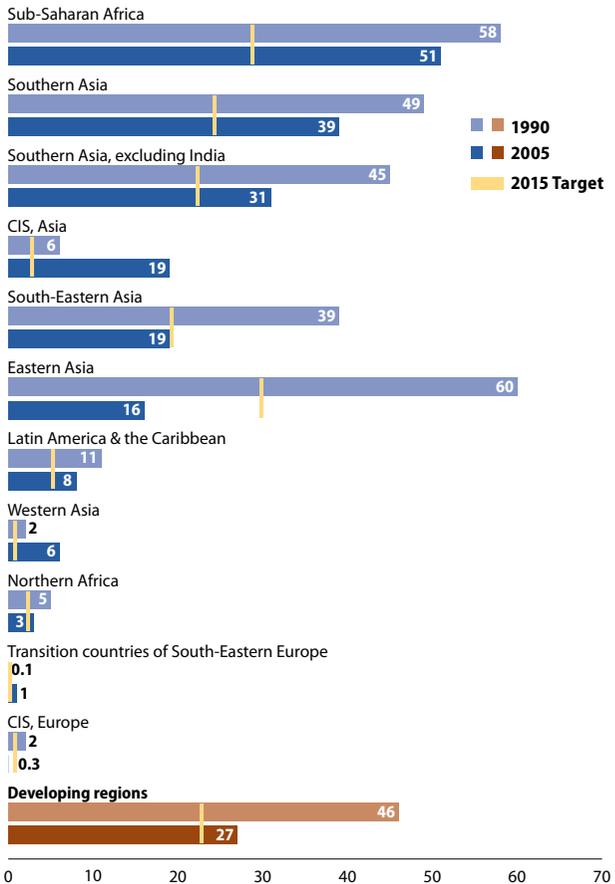


TARGET

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

The global economic crisis has slowed progress, but the world is still 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 regions living on less than \$1.25 a day from 1.8 billion in 1990 to 1.4 billion in 2005, while the poverty rate dropped from 46 per cent to 27 per cent. The global economic and financial crisis, which began in the advanced economies of North America and Europe in 2008, sparked abrupt declines in exports and commodity prices and reduced trade and investment, slowing growth in developing countries. Nevertheless, the momentum of economic growth in developing countries is strong enough to sustain progress on the poverty reduction target. The overall poverty rate is still expected to fall to 15 per cent by

2015, indicating that the Millennium Development Goal (MDG) target can be met. This translates into around 920 million people living under the international poverty line—half the number in 1990.

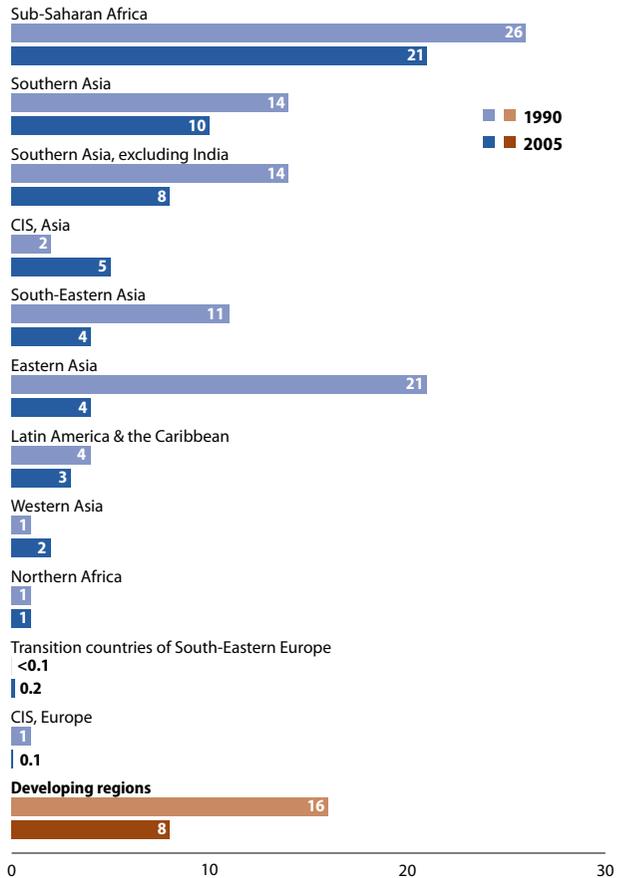
Newly updated estimates from the World Bank suggest that the crisis will leave an additional 50 million people in extreme poverty in 2009 and some 64 million by the end of 2010 relative to a no-crisis scenario, principally in sub-Saharan Africa and Eastern and South-Eastern Asia. Moreover, the effects of the crisis are likely to persist: poverty rates will be slightly higher in 2015 and even beyond, to 2020, than they would have been had the world economy grown steadily at its pre-crisis pace.

The fastest growth and sharpest reductions in poverty continue to be recorded in Eastern Asia. Poverty rates in China are expected to fall to around 5 per cent by 2015. India, too, has contributed to the large reduction in global poverty. Measured at the \$1.25 a day poverty line, poverty rates there are expected to fall from 51 per cent in 1990 to 24 per cent in 2015, and the number of people living in extreme poverty will likely decrease by 188 million. All developing regions except sub-Saharan Africa, Western Asia and parts of Eastern Europe and Central Asia are expected to achieve the MDG target. These shortfalls reflect slow growth in sub-Saharan Africa in the 1990s and the transition from planned to market economies that saw poverty increase, albeit from very low levels, in some countries of Eastern Europe and the former Soviet Union.

The lack of good quality surveys carried out at regular intervals and delays in reporting survey results continue to hamper the monitoring of poverty. Gaps are particularly acute in sub-Saharan Africa, where more than half of countries lack sufficient data to make comparisons over the full range of the MDGs, and among small island states in the Pacific and the Caribbean. Surveys deliver important information—not just in the change in average income or consumption, but also in its distribution. This year's poverty estimates integrate 31 new household surveys. Combining these new surveys with last year's growth forecast suggests a 0.5 percentage point decline (after taking into account the effect of the financial crisis) in the aggregate poverty headcount index in 2015—from 15.5 per cent to 15.0 per cent. Only with more timely data can accurate reports on progress towards the MDGs be provided.

Prior to the crisis, the depth of poverty had diminished in almost every region

Poverty gap ratio at \$1.25 a day, 1990 and 2005 (Percentage)



The poverty gap measures the shortfall in incomes of people living below the poverty line. While the international poverty line is set at a level typical of very poor countries, many people live on even less than that amount. Economic growth and improvements in the distribution of income or consumption reduce the depth of poverty. Since 1990, the depth of poverty has decreased in all regions except Western Asia. In 2005, the average income of people living below the poverty line stood at \$0.88. The depth of poverty was greatest in sub-Saharan Africa, but has fallen since 1999 to reach the level of Eastern Asia in 1990.

Investments in disaster risk reduction can yield long-term benefits, including progress on the MDGs

The risk of death or disability and economic loss resulting from natural disasters is increasing globally and is concentrated in poorer countries. Reducing such risk can have multiplier effects that can accelerate achievement of the MDGs. The horrific loss of life from earthquakes in Haiti, Chile and China, and floods in Brazil, underscore the need to make the built environment more resilient in the face of potential hazards—both seismic and climatic (or weather-related).

Urbanization, climate change and ecosystem degradation are increasing the toll of natural disasters, and countries least able to reduce their risk are suffering the most. An estimated 97 per cent of global mortality risk from natural disasters is faced by populations in low- and lower-middle-income countries, which also experience higher economic losses relative to the size of their economies. From the start of 2008 through March 2010, 470,000 people were reportedly killed as a result of natural disasters; economic losses were estimated to be more than \$262 billion (not including 2010). Small island developing states and landlocked developing countries together constitute 60 per cent and 67 per cent, respectively, of the countries considered to have a high or very high economic vulnerability to natural hazards.

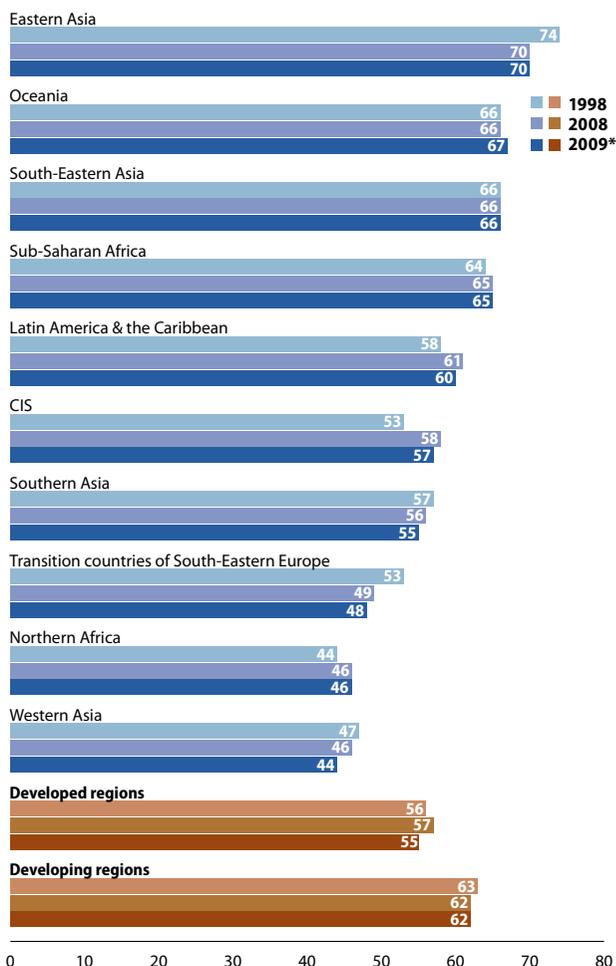
Experience from countries has shown that investments in disaster risk reduction produce long-term benefits—from reduced future losses and avoided reconstruction to co-benefits such as more robust livelihoods, resilient communities, and protective and productive ecosystems. In Peru, incorporation of risk reduction into development has led to benefits that exceeded costs by as much as 37 times. When China spent \$3.15 billion on reducing the impact of floods between 1960 and 2000, it averted losses estimated at \$12 billion.

TARGET

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

Deterioration of the labour market, triggered by the economic crisis, has resulted in a decline in employment

Employment-to-population ratio, 1998, 2008 and 2009 preliminary estimates



* Data for 2009 are preliminary.

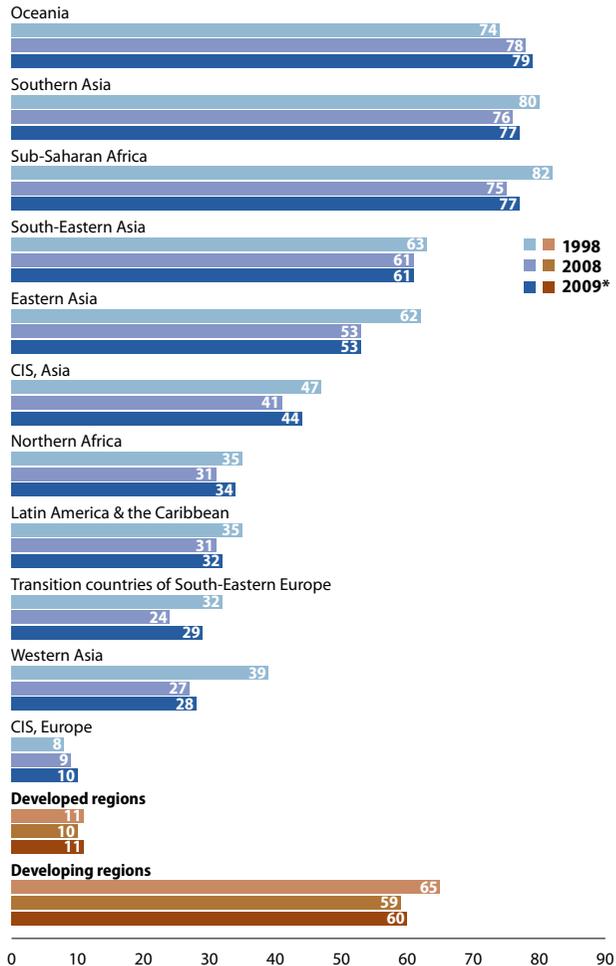
The bursting of the housing bubble in the United States in 2007 and subsequent paralysis of the global financial system became an economic and labour market crisis that plagued the world throughout 2009. The cascading crisis crippled economies, reduced enterprise capacities and forced millions of people out of work. Many workers resorted to vulnerable forms of employment as the ranks of the working poor swell.

As jobs were lost, more workers have been forced into vulnerable employment

As the crisis deepened, government stimulus measures began to curb the slide in economic activity and lessen the impact of global job losses. The coordinated efforts of countries responding to the crisis have been instrumental in averting even greater social and economic hardships. However, labour market conditions have continued to deteriorate in many countries and will likely threaten much of the progress made over the last decade towards decent work.

The economic deterioration resulted in a sharp drop in employment-to-population ratios. In addition, labour productivity declined in 2009. In most regions, the decrease in gross domestic product was even greater than the decline in employment, resulting in diminishing output per worker. Preliminary estimates indicate a negative growth in output per worker in all regions except Northern Africa, Eastern Asia and Southern Asia. The largest fall in output per worker was in CIS countries in Europe, the transition countries of South-Eastern Europe and in Latin America and the Caribbean. Declining labour output contributes to poorer working conditions, worsening the plight of workers in regions where labour productivity was already low before the economic crisis, as in sub-Saharan Africa.

Proportion of own-account and contributing family workers in total employment, 1998, 2008 and 2009 second scenario (Percentage)



*Forecasts for 2009 are based on the International Labour Organization's second scenario. Details are available at mdgs.un.org

The positive downward trend in vulnerable employment was interrupted by deteriorating conditions on the labour market following the financial crisis. For many wage and salaried workers who lost their jobs, as well as first-time job seekers who entered the labour market in the midst of the crisis, own-account and unpaid family work are options of last resort.

Those engaged in 'vulnerable employment', defined as the sum of own-account workers and contributing family workers, are not typically bound by formal work arrangements. They are therefore more likely to lack benefits associated with decent employment, such as adequate social security

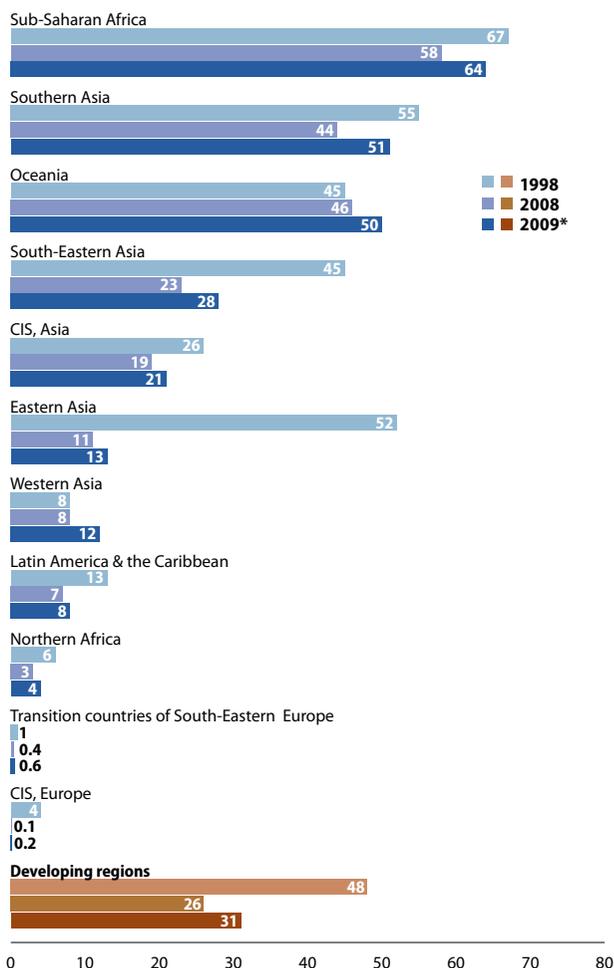
and recourse to effective mechanisms for social dialogue. Vulnerable employment is often characterized by inadequate earnings, low productivity and substandard working conditions that undermine fundamental labour rights.

Prior to the economic crisis, over three quarters of workers in Oceania, Southern Asia and sub-Saharan Africa were without the security that wage and salaried jobs could provide. The crisis is likely to have further increased the number of workers engaged in vulnerable employment in these regions in 2009. The International Labour Organization (ILO) estimates* the global vulnerable employment rate in 2009 to be between 49 per cent and 53 per cent, which translates into 1.5 billion to 1.6 billion people who are working on their own or as unpaid family workers worldwide.

* Details are available at <http://mdgs.un.org>

Since the economic crisis, more workers find themselves and their families living in extreme poverty

Proportion of employed people living below \$1.25 a day, 1998, 2008 and 2009 second scenario (Percentage)



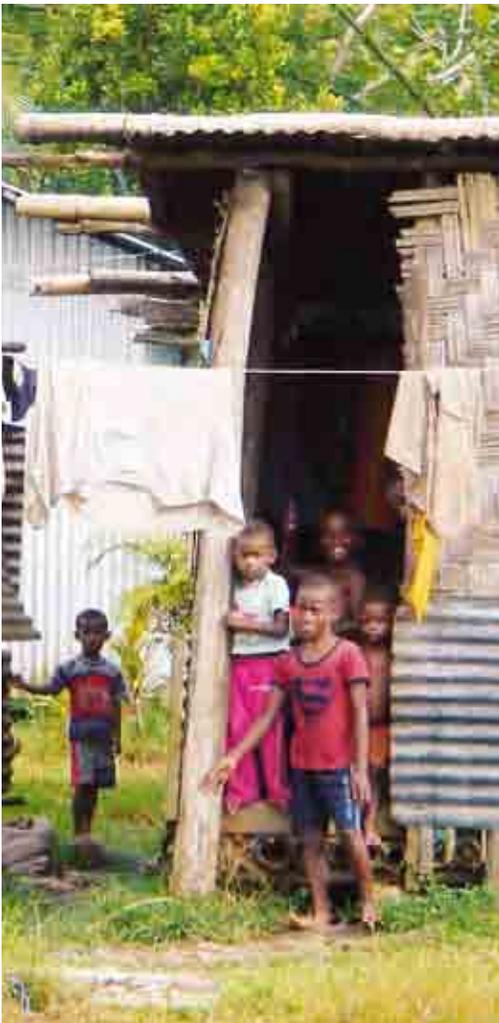
*Data for 2009 are based on the ILO's second scenario.

Details are available at mdgs.un.org

The 'working poor' are defined as those who are employed but live in households where individual members subsist on less than \$1.25 a day. Most of these workers are engaged in jobs that lack the social protection and safety nets that guard against times of low economic demand, and they are often unable to generate sufficient savings to offset hard times. Since vulnerable employment is often characterized by low productivity work, and the global financial crisis has resulted in declining output per worker, working poverty is likely to have increased as well. The small decreases in the percentage of working poor in 2009 that would result from a

continuation of historical trends (scenario 1) are therefore not likely to have materialized. Rather, it is estimated that an additional 3.6 per cent of the world's workers were at risk of falling into poverty between 2008 and 2009 (scenario 2), an alarming increase and a setback of many years of steady progress.

The largest negative impact is most likely to be seen in sub-Saharan Africa, Southern Asia, South-Eastern Asia and Oceania, where extreme poverty among the employed may have increased by four percentage points or more in the second scenario. These estimates reflect the fact that, prior to the crisis, many workers in these regions were only slightly above the poverty line. In the case of sub-Saharan Africa, the large majority of workers (63.5 per cent) were at risk of falling below the extreme poverty line in this scenario.

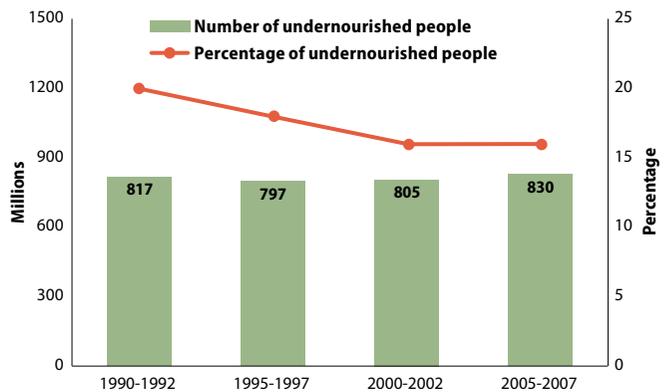


TARGET

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

Hunger may have spiked in 2009, one of the many dire consequences of the global food and financial crises

Proportion of people who are undernourished in the developing regions (Percentage) and number of undernourished people (Millions), 1990-1992, 1995-1997, 2000-2002 and 2005-2007

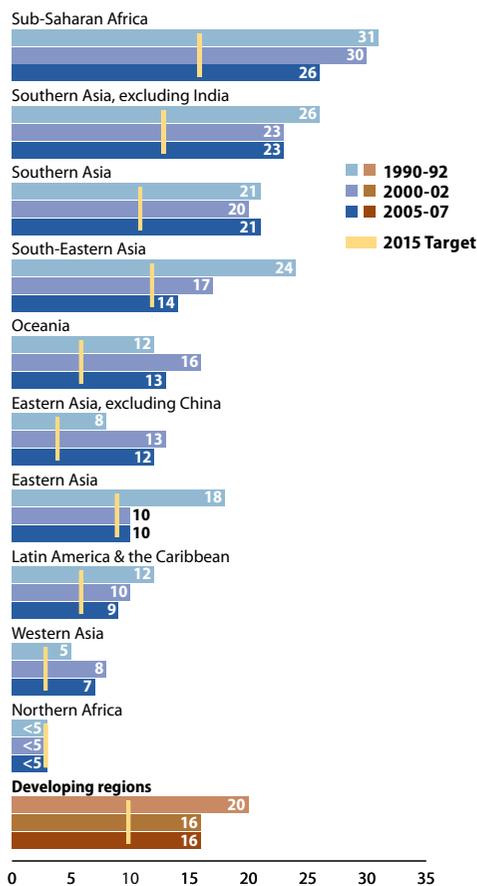


Since 1990, developing regions have made some progress towards the MDG target of halving the proportion of people suffering from hunger. The share of undernourished populations decreased from 20 per cent in 1990-1992 to 16 per cent in 2005-2007, the latest period with available data. However, progress has stalled since 2000-2002. Overall progress in reducing the prevalence of hunger has not been sufficient to reduce the number of undernourished people. In 2005-2007, the last period assessed, 830 million people were still undernourished, an increase from 817 million in 1990-1992.

Food prices spiked in 2008 and falling income due to the financial crisis further worsened the situation. The Food and Agricultural Organization of the United Nations estimates that the number of people who were undernourished in 2008 may be as high as 915 million and exceed 1 billion in 2009.

Progress to end hunger has been stymied in most regions

Proportion of undernourished population, 1990-1992, 2000-2002 and 2005-2007 (Percentage)



Before the onset of the food and financial crises, a number of regions were well on their way to halving, by 2015, the proportion of their population that were undernourished. South-Eastern Asia, which was already close to the target in 2005-2007 made additional progress, as did Latin America and the Caribbean and Eastern Asia. Progress in the latter region was largely due to reductions in hunger in China. The prevalence of hunger also declined in sub-Saharan Africa, although not at a pace that was sufficiently fast to compensate for population growth and to put the region on track to meet the MDG target.

Prices of staple foods remained high in 2009, after the initial food crisis of 2008. At the same time, the incomes of poor households diminished because of higher unemployment following the economic downturn. Both crises contributed to a considerable reduction in the effective purchasing power of poor consumers, who spend a substantial share of their income on basic foodstuffs.

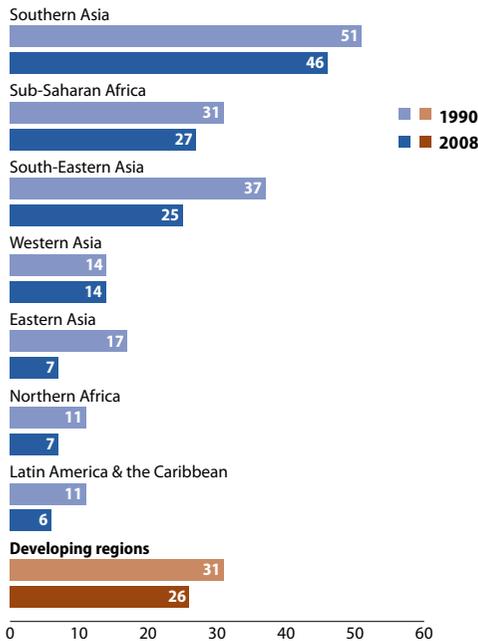
Though international food prices continued to decline in the second half of 2008, consumer food price indexes rose. International food prices have not yet stabilized and threats of new food crises loom.

Aggregate food availability globally was relatively good in 2008 and 2009, but higher food prices and reduced employment and incomes meant that the poor had less access to that food.



Despite some progress, one in four children in the developing world are still underweight

Proportion of children under age five who are underweight, 1990 and 2008 (Percentage)



Note: Prevalence of underweight children is estimated based on the NCHS/WHO/CDC reference population. The United Nations Children's Fund (UNICEF) is in the process of converting its entire child undernutrition database according to the new World Health Organization (WHO) Child Growth Standards.

From 1990 to 2008, the proportion of children under five in the developing regions who are underweight declined from 31 per cent to 26 per cent. Progress in reducing underweight prevalence among children has been made in all regions except Western Asia. Eastern Asia, Latin America and the Caribbean, and CIS countries in Asia have reached or nearly reached the MDG target, and South-Eastern Asia and Northern Africa are on track.

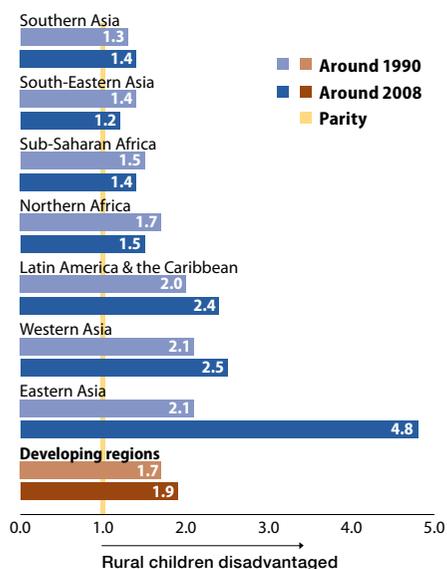
Progress is being made, but not fast enough to reach the MDG target. Data are not yet available to fully understand the impact of the food and financial crises on underweight prevalence, but the achievement of the MDG target may be further threatened by them.

Halving the prevalence of underweight children by 2015 (from a 1990 baseline) will require accelerated and concerted action to scale up interventions that effectively combat undernutrition. A number of simple and cost-effective interventions at key stages in a child's life could go a long way in reducing undernutrition, such as breastfeeding within one hour of birth, exclusive breastfeeding for the first six months of life, adequate complementary feeding and micronutrient supplementation between six and 24 months of age.

Undernutrition among children under five continues to be widely prevalent, due to both a lack of food and lack of quality food, inadequate water, sanitation and health services as well as less than optimal caring and feeding practices. Until improvements are made in all these areas, progress will be limited. In Southern Asia, for example, feeding practices are often poor and shortages of quality food are common. But in addition, nearly two thirds of the population are without improved sanitation and nearly half practise open defecation, resulting in repeated episodes of diarrheal diseases in children. Moreover, more than 25 per cent of infants are underweight at birth. Many of these children are never able to catch up in terms of their nutritional status. All of these factors have made underweight prevalence in Southern Asia—at 46 per cent—the highest in the world.

Children in rural areas are nearly twice as likely to be underweight as those in urban areas

Ratio between the proportion of under-five children who are underweight in rural areas and urban areas, 1990 and 2008

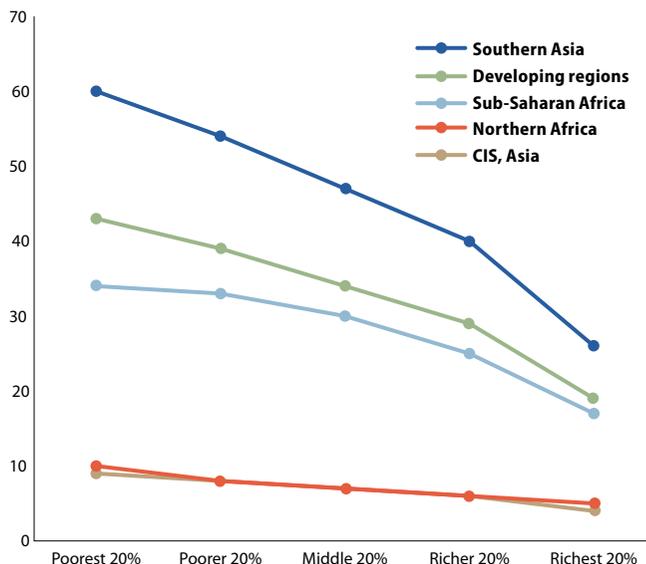


In all developing regions, children in rural areas are more likely to be underweight than children living in cities and towns. In parts of Asia and in Latin America and the Caribbean, the relative disparity actually increased between 1990 and 2008. In Eastern Asia, there was a striking increase in the rural/urban ratio (from 2.1 to 4.8), indicating that, in 2008, children in rural areas were almost five times as likely to be underweight as children in urban areas. This region, however, has already achieved the target—in both rural and urban areas—of halving the 1990 underweight prevalence: only 2 per cent of children in urban areas are underweight, versus 9 per cent of rural children.

South-Eastern Asia, sub-Saharan Africa and Northern Africa have succeeded in reducing child malnutrition more rapidly in rural areas and in narrowing the gap with the urban population, demonstrating that more equitable progress is indeed possible.

In some regions, the prevalence of underweight children is dramatically higher among the poor

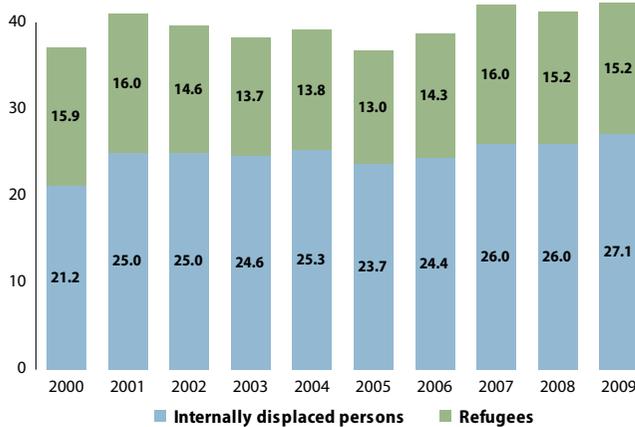
Proportion of under-five children who are underweight, by household wealth, around 2008 (Percentage)



Across the developing world, children from the poorest households are twice as likely to be underweight as children from the richest households. The disparity is most dramatic in regions with a high prevalence of underweight children. This is the situation in Southern Asia, where as many as 60 per cent of children in the poorest families are underweight, compared to about 25 per cent in the richest households.

Over 42 million people have been uprooted by conflict or persecution

Number of refugees and internally displaced persons, 2000-2009 (Millions)



Conflicts are a major threat to human security and to hard-won MDG gains. Years after a conflict has ended, large populations of refugees remain in camps with limited employment and education opportunities and inadequate health services. Not surprisingly, refugees often become dependent on subsistence-level assistance and lead lives of poverty and unrealized potential.

More than 42 million people are currently displaced by conflict or persecution. Of these, 15.2 million are refugees (residing outside their countries of origin) and 27.1 million people have been uprooted but remain within the borders of their own countries. Developing countries hosted four fifths of the global refugee population in 2009. They included 10.4 million people who fall under the aegis 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).

The number of refugees has remained relatively stable over the past two years—about 15 million—in part because of the lack of durable solutions. In 2009, some 250,000 refugees were able to return to their homes voluntarily, the lowest level in 20 years. Afghans and Iraqis continue to be the largest refugee populations under the UNHCR mandate, totalling 2.9 million and 1.8 million people, respectively, at the end of 2009. Together they account for nearly half of all refugees under UNHCR care.



Goal 2

Achieve universal primary education

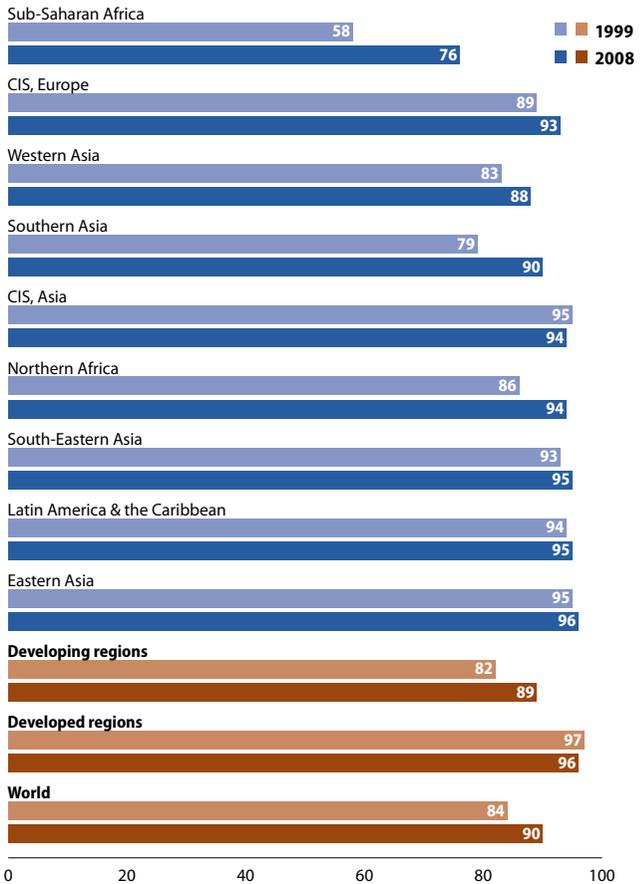


TARGET

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

Hope dims for universal education by 2015, even as many poor countries make tremendous strides

Adjusted net enrolment ratio in primary education,* 1998/1999 and 2007/2008 (Percentage)



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

Note: Data for Oceania are not available.

Enrolment in primary education has continued to rise, reaching 89 per cent in the developing world. But the pace of progress is insufficient to ensure that, by 2015, all girls and boys complete a full course of primary schooling.

To achieve the goal by the target date, all children at the official entry age for primary school would have had to be attending classes by 2009 or so, depending on the duration of the primary level and how well schools retain pupils to the end of the cycle. But in half of the sub-Saharan African countries with available data, at least one in four children of primary-school age were out of school in 2008.

To meet the goal, countries will also need to ensure that there are enough teachers and classrooms to meet the demand. Between now and 2015, the number of new teachers needed in sub-Saharan Africa alone equals the current teaching force in the region.

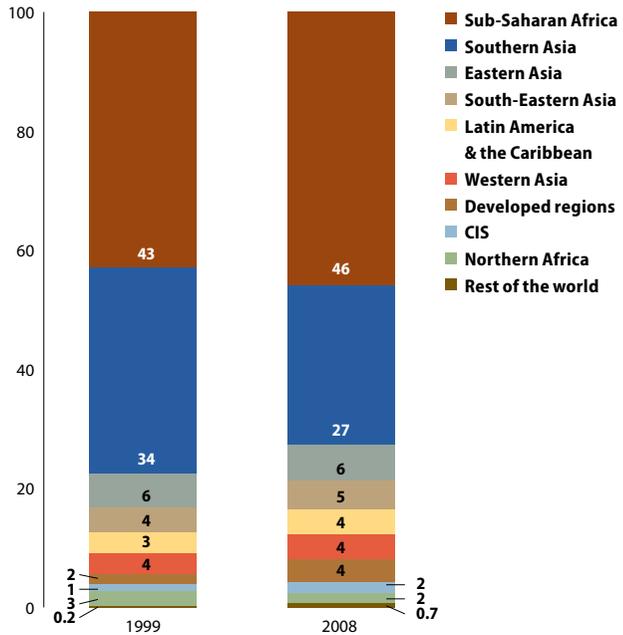
Despite these challenges, a good deal has been accomplished in many regions. Though enrolment in sub-Saharan Africa remains the lowest of all regions, it still increased by 18 percentage points—from 58 per cent to 76 per cent—between 1999 and 2008. Progress was also made in Southern Asia and Northern Africa, where enrolment increased by 11 and 8 percentage points, respectively, over the last decade.

Major advances have been made even in some of the poorest countries, most of them in sub-Saharan Africa. The abolition of primary school fees in Burundi resulted in a threefold increase in primary-school enrolment since 1999, reaching 99 per cent in 2008. Similarly, the United Republic of Tanzania doubled its enrolment ratio over the same period. Guatemala, Nicaragua and Zambia also broke through the 90 per cent threshold towards greater access to primary education.

Getting children into school is a vital first step. But to receive the full benefits of education, they must continue to attend classes. In half the countries in sub-Saharan Africa with available data, more than 30 per cent of primary-school students drop out before reaching the final grade.

Sub-Saharan Africa and Southern Asia are home to the vast majority of children out of school

Distribution of out-of-school children by region, 1999 and 2008 (Percentage)

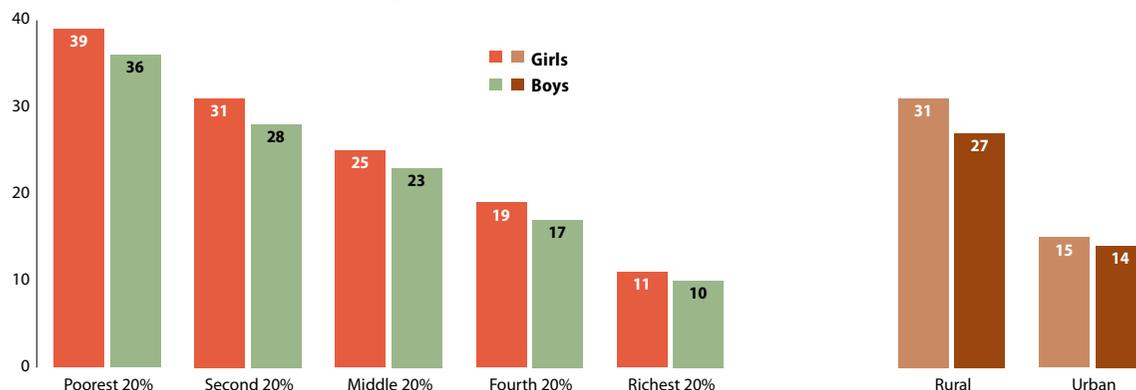


Even as the number of school-age children continues to rise, the total number of children out of school is decreasing—from 106 million in 1999 to 69 million in 2008. Almost half of these children (31 million) are in sub-Saharan Africa, and more than a quarter (18 million) are in Southern Asia.

The gender gap in the out-of-school population has also narrowed: the share of girls in this group decreased from 57 per cent to 53 per cent globally between 1999 and 2008. In some regions, however, the share is much larger; in Northern Africa, 66 per cent of out-of-school children are girls.

Inequality thwarts progress towards universal education

Out-of-school children by wealth quintile and area of residence, girls and boys, 42 countries, 2000/2008 (Percentage)



Household data from 42 countries show that rural children are twice as likely to be out of school as children living in urban areas. The data also show that the rural-urban gap is slightly wider for girls than for boys. But the biggest obstacle to education is poverty. Girls in the poorest 20 per cent of households have the least chance of getting an education: they are 3.5 times more likely to be out of school than girls in the richest households and four times more likely to be out of school as boys in the richest households. Boys from the richest households are the least likely to be out of school (10 per cent), compared to all other groups.

Children remain out of school for a variety of reasons, including cost. Social and cultural

barriers to education are also common. In many countries, educating girls is widely perceived as being of less value than educating boys. And children with disabilities across the world face far more limited opportunities than their non-disabled peers.

The link between disability and marginalization in education is evident in countries at all levels of development. In Malawi and the United Republic of Tanzania, being disabled doubles the probability that a child will never attend school, and in Burkina Faso the risk rises to two and a half times. Even in some countries that are closer to achieving the goal of universal primary education, children with disabilities represent the majority of those who are excluded. In Bulgaria and Romania, net enrolment ratios for children aged 7 to 15 were over 90 per cent in 2002, but only 58 per cent for children with disabilities.



Goal 3

Promote gender equality and empower women

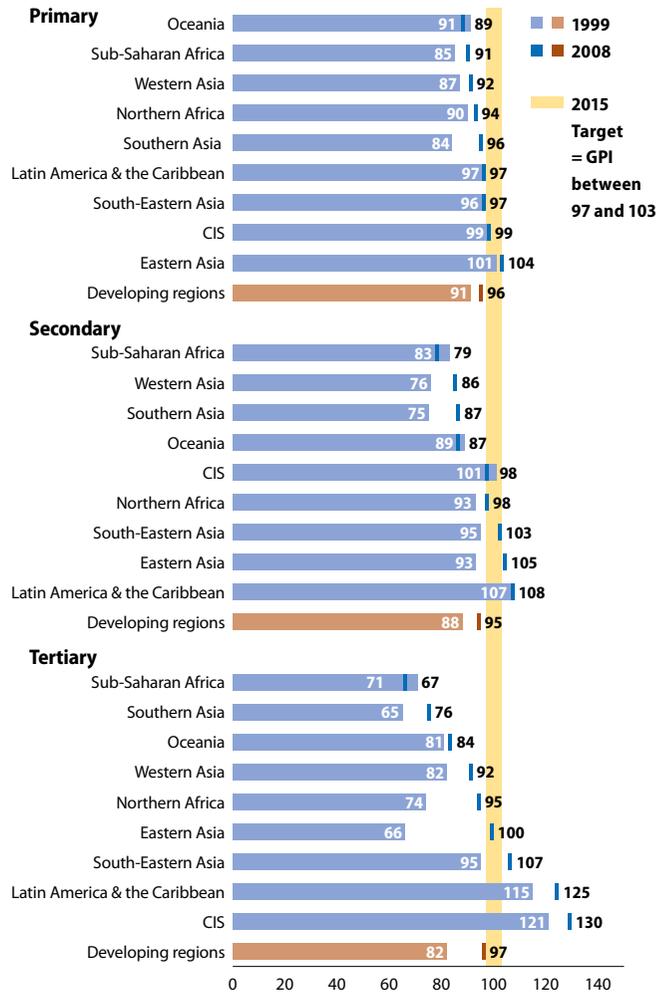


TARGET

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

For girls in some regions, education remains elusive

Girls' primary-school enrolment in relation to boys', 1998/1999 and 2007/2008 (Girls per 100 boys)



The developing regions as a whole are approaching gender parity in educational enrolment. In 2008, there were 96 girls for every 100 boys enrolled in primary school, and 95 girls for every 100 boys enrolled in secondary school. In 1999, the ratios were 91:100 and 88:100 for the two levels of education, respectively. Despite this progress, gender parity in primary and secondary education—a target that was to be met by

2005—is still out of reach for many developing regions. For primary education, the steepest challenges are found in Oceania, sub-Saharan Africa and Western Asia.

In secondary education, the gender gap in enrolment is most evident in the three regions where overall enrolment is lowest—sub-Saharan Africa, Western Asia and Southern Asia. In contrast, more girls than boys have signed up for secondary school in Latin America and the Caribbean, Eastern Asia and South-Eastern Asia.

In tertiary education, the ratio between girls and boys in the developing regions is close to parity, at 97 girls per 100 boys. This is largely due to the fact that many more girls than boys are enrolled in higher education in the CIS countries, Latin America and the Caribbean, Northern Africa and South-Eastern Asia. But in most other regions, the number of boys heavily outweighs that of girls in colleges and universities. In sub-Saharan Africa and Southern Asia, for example, only 67 and 76 girls per 100 boys, respectively, are enrolled in tertiary levels of education.

Other gender disparities found in tertiary education relate to areas of study, with women being overrepresented in the humanities and social sciences and significantly underrepresented in science, technology and, in particular, engineering. Completion rates also tend to be lower among women than men.

Poverty is a major barrier to education, especially among older girls

Proportion of girls and boys who are out of school, by age and household wealth, in 42 countries with surveys during 2001/2008 (Percentage)



Poverty puts girls at a distinct disadvantage in terms of education. Girls of primary-school age from the poorest 60 per cent of households are three times more likely to be out of school as those from the wealthiest households. Their chances of attending secondary school are even slimmer, and older girls in general are more likely to be out of school. In the poorest households, about twice as many girls of secondary-school age are out of school compared to their wealthier peers.

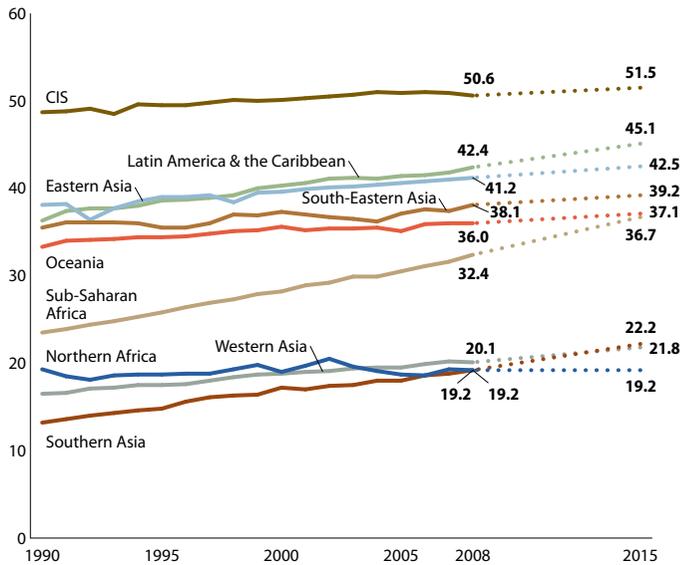
Household survey data also indicate that girls in rural areas face added challenges in getting an education and that the gender gap is much wider for girls of secondary-school age.





In every developing region except the CIS, men outnumber women in paid employment

Employees in non-agricultural wage employment who are women, 1990–2008, and projections to 2015 (Percentage)



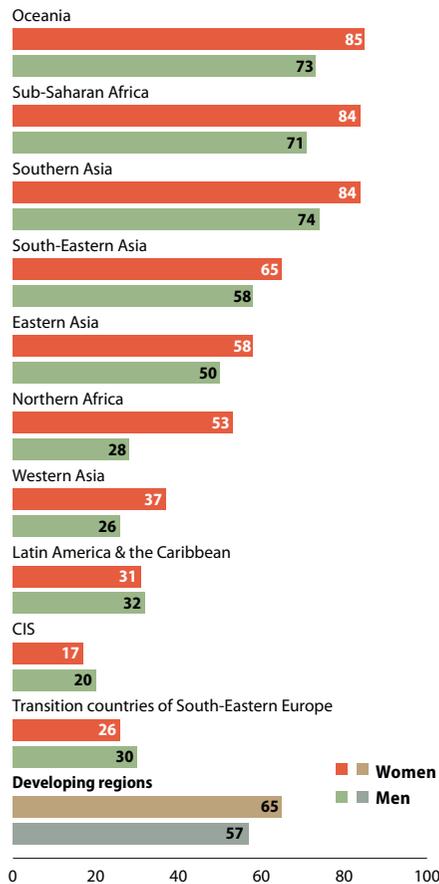
Globally, the share of women in paid employment outside the agricultural sector has continued to increase slowly and reached 41 per cent in 2008. But women in some regions are seriously lagging behind. In Southern Asia, Northern Africa and Western Asia, only 20 per cent of those employed outside agriculture are women. Gender equality in the labour market is also a concern in sub-Saharan Africa, where only one in three paid jobs outside of agriculture are occupied by women.

But even when women represent a large share of waged workers, it does not mean that they have secure, decent jobs. In fact, women are typically paid less and have less secure employment than men.

In countries where the agricultural sector predominates, women are mostly employed in agriculture and largely in vulnerable jobs—in subsistence farming, as unpaid family workers or as own-account workers—with no or little financial security or social benefits.

Women are largely relegated to more vulnerable forms of employment

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



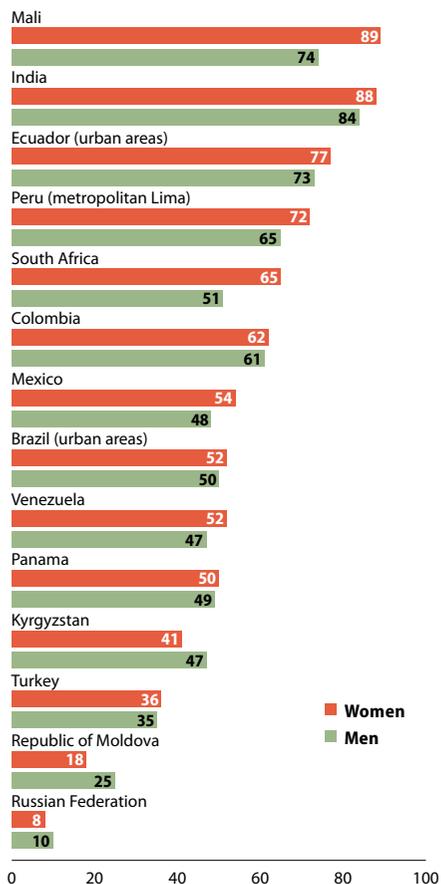
The 2008 financial crisis has eroded employment around the world. As both women and men lost their jobs, unemployment rates shot up, especially in the first half of 2009. The good news is that the rate at which unemployment is increasing appears to be slowing, according to the latest data. However, the fact that women are disproportionately represented in temporary employment, and occupy a substantial share of jobs in export-oriented manufacturing industries in many developing countries, may result in higher unemployment rates for women.

While the crisis has drawn attention to the levels of unemployment, the *quality* of available jobs is also worrisome. Many wage and salaried workers who lost their jobs, as well as many first-time job seekers who entered the labour market in the midst of the financial turmoil, have resorted to own-account or unpaid family work, resulting in deteriorating working conditions and lower incomes for the poorest. Women are more likely than men to be in vulnerable jobs, with the gap being particularly evident in those regions where paid employment opportunities for women are the lowest—in Western Asia and Northern Africa.



Women are overrepresented in informal employment, with its lack of benefits and security

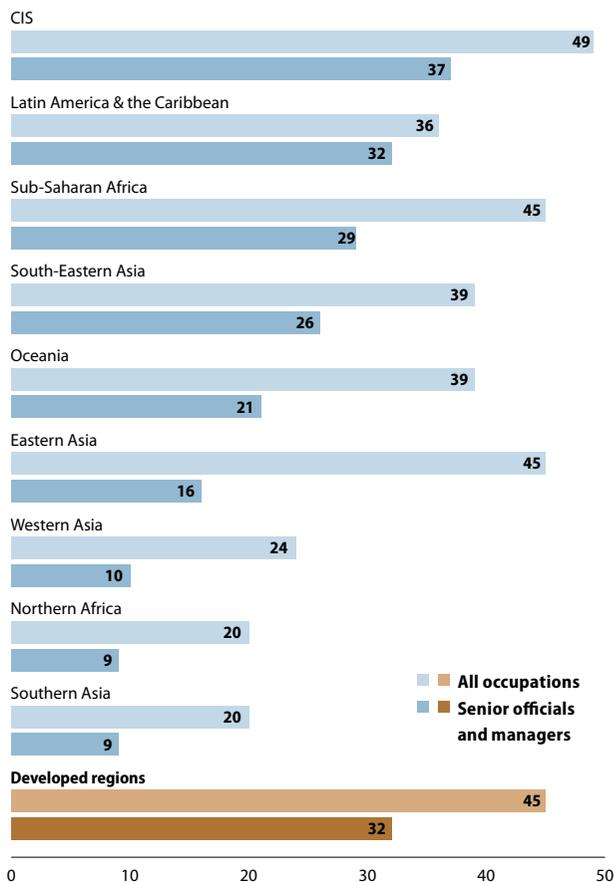
Informal employment as a percentage of total non-agricultural employment, women and men, selected countries, 2003/2005 (Percentage)



It is likely that the recent financial crisis has also led to a surge in informal employment due to job losses in the formal sector. In some developing countries, over 80 per cent of workers have informal jobs—as owners of informal-sector businesses, contributing family workers or employees without written contracts or social security benefits (including subcontracted workers operating from home and domestic services workers). In most of these countries, women are overrepresented in informal employment.

Top-level jobs still go to men — to an overwhelming degree

Share of women in top-level and all occupations, average for the period 2000/2008 (Percentage)



Though the number of women who secured paid jobs outside the agricultural sector increased between 1990 and 2008, women have generally failed to access higher-level positions. The top jobs—as senior officials or managers—are still dominated by men. Globally, only one in four senior officials or managers are women. And in all regions, women are underrepresented among high-level workers, accounting for 30 per cent or more of such positions in only three out of 10 regions. In Western Asia, Southern Asia and Northern Africa, less than 10 per cent of top-level positions are held by women.

Women are slowly rising to political power, but mainly when boosted by quotas and other special measures

Proportion of seats held by women in single or lower houses of national parliaments, 2000 and 2010 (Percentage)



The global share of women in parliament continues to increase slowly and reached an all-time high of 19 per cent in 2010. This represents a gain of 67 per cent since 1995, when 11 per cent of parliamentarians worldwide were women. But it is far short of the target of 30 per cent of women in leadership positions that was to be met by 1995, and further still from the MDG target of gender parity.

Women make up 30 per cent or more of the members of lower houses of parliament in 26 countries and 40 per cent or more in seven countries. There were 35 women presiding

officers in 269 parliamentary chambers (13 per cent) in January 2010, up from 24 in 1995.

Following parliamentary elections and renewals in 2009, gains for women were registered in sub-Saharan Africa, where 29 per cent of the renewed seats went to women, bringing the regional average up to 18 per cent. In South Africa, women took 44 per cent of seats in the lower-house election, placing it third in terms of global ranking, after Rwanda and Sweden. Similarly, there was some progress in most countries in Latin America and the Caribbean, with 25 per cent of seats up for renewal going to women. Bolivia's upper house elected more than 40 per cent women members, bringing the regional average up to 23 per cent.

At the opposite end of the spectrum, 58 countries have 10 per cent or fewer women members of parliament and, in nine chambers, women have no seats at all. During 2009, no women gained seats in parliamentary renewals in the Comoros, the Federated States of Micronesia and Saudi Arabia.

Electoral systems, quota arrangements and other affirmative action measures taken by political parties continue to be key predictors of progress for women. During 2009, the average share of women elected to parliament reached 27 per cent in countries that applied such measures; in contrast, women gained only a 14 per cent share of seats in countries that did not. Women are also elected in far greater numbers under systems of proportional representation, rather than majority/plurality systems.

In addition to electoral systems and quotas, gender-sensitive electoral arrangements, well-trained and financed women candidates and political will at the highest levels of political parties and governments are key to overcoming gender imbalances in the world's parliaments. Given that there are still four men for every one woman in parliament, efforts will be needed on all these fronts if the target of 30 per cent is to be met.

Progress in achieving greater representation by women in the executive branches of government is even slower than in the legislative branches. In 2010, just nine of 151 elected heads of state (6 per cent) and 11 of 192 heads of government (6 per cent) were women. This is an improvement over 2008, when only seven women were elected as heads of state and eight as heads of government. On average, women hold 16 per cent of ministerial posts and only 30 countries have more than 30 per cent women ministers. On the other hand, 16 countries have no women ministers at all. The majority of these countries are in Northern Africa and Western Asia, the Caribbean and Oceania.

Goal 4

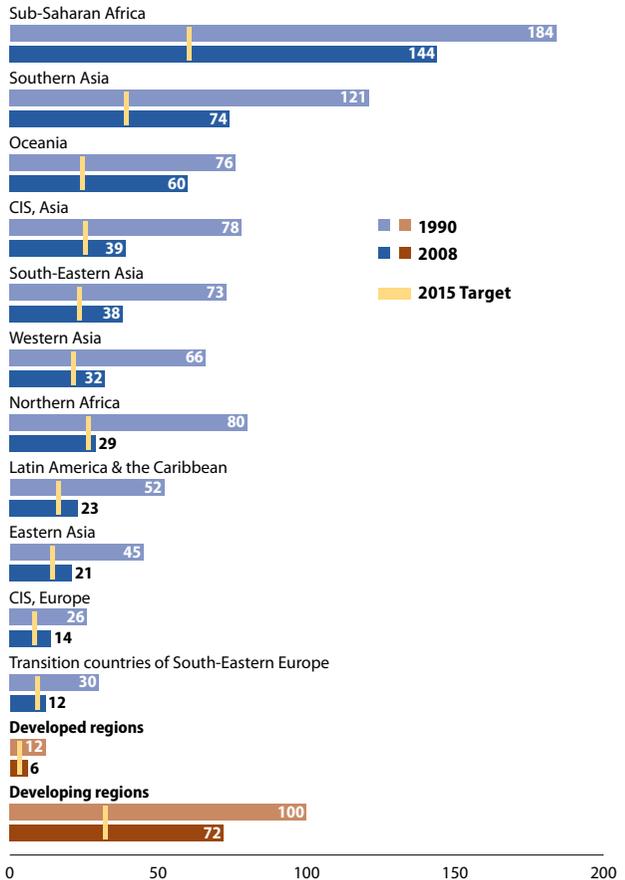
Reduce child mortality

TARGET

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

Child deaths are falling, but not quickly enough to reach the target

Under-five mortality rate per 1,000 live births, 1990 and 2008



Substantial progress has been made in reducing child deaths. Since 1990, the mortality rate for children under age five in developing countries dropped by 28 per cent—from 100 deaths per 1,000 live births to 72 in 2008. Globally, the total number of under-five deaths declined from 12.5 million in 1990 to 8.8 million in 2008. This means that, in 2008, 10,000 fewer children died each day than in 1990. An encouraging sign is the acceleration of progress after the year 2000: the average annual rate of decline increased to 2.3 per cent for the period 2000 to 2008, compared to 1.4 per cent in the 1990s.

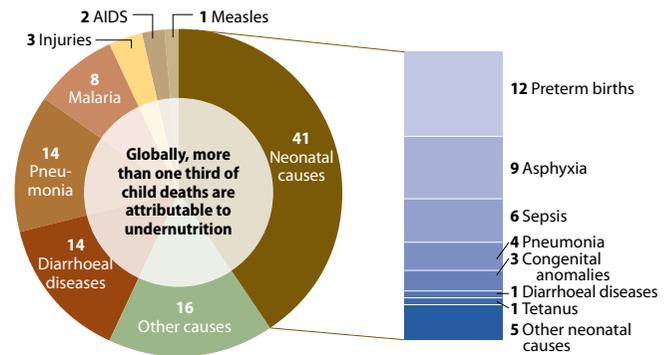
The greatest advances were made in Northern Africa, Eastern Asia, Western Asia, Latin America and the Caribbean, and the countries of the CIS. But most striking is the progress that has been made in some of the world's poorest countries. Against steep odds, Bangladesh, Bolivia, Eritrea, Lao People's Democratic Republic, Malawi, Mongolia and Nepal have all reduced their under-five mortality rates by 4.5 per cent annually or more. Ethiopia, Malawi, Mozambique and Niger have seen absolute reductions of more than 100 per 1,000 live births since 1990.

Despite these achievements, and the fact that most child deaths are preventable or treatable, many countries still have unacceptably high levels of child mortality and have made little or no progress in recent years. What's more, among the 67 countries with high child mortality rates (defined as 40 or more deaths per 1,000 live births), only 10 are on track to meet the MDG target on child survival. The highest rates of child mortality continue to be found in sub-Saharan Africa. In 2008, one in seven children there died before their fifth birthday; the highest levels were in Western and Central Africa, where one in six children died before age five (169 deaths per 1,000 live births). All 34 countries with under-five mortality rates exceeding 100 per 1,000 live births in 2008 are in sub-Saharan Africa, except Afghanistan. Although under-five mortality in sub-Saharan Africa has declined by 22 per cent since 1990, the rate of improvement is insufficient to meet the target. Furthermore, high levels of fertility, combined with a still large percentage of under-five deaths, have resulted in an increase in the absolute number of children who have died—from 4.0 million in 1990 to 4.4 million in 2008. Sub-Saharan Africa accounted for half of the 8.8 million deaths in children under five worldwide in 2008.

Under-five mortality also remains very high in Southern Asia, where about one in 14 children died before age five in 2008 and where progress is too slow to meet the 2015 target.

Revitalizing efforts against pneumonia and diarrhoea, while bolstering nutrition, could save millions of children

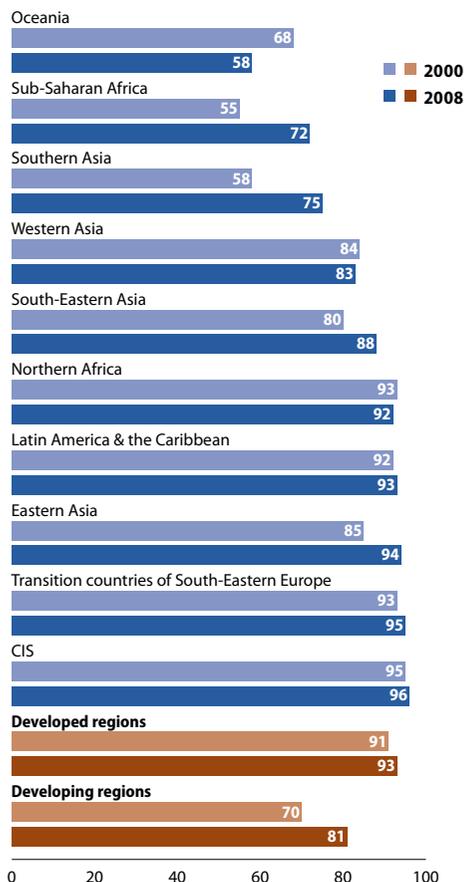
Causes of deaths among children under age five, 2008 (Percentage)



Four diseases—pneumonia, diarrhoea, malaria and AIDS—accounted for 43 per cent of all deaths in children under five worldwide in 2008. Most of these lives could have been saved through low-cost prevention and treatment measures, including antibiotics for acute respiratory infections, oral rehydration for diarrhoea, immunization, and the use of insecticide-treated mosquito nets and appropriate drugs for malaria. The need to refocus attention on pneumonia and diarrhoea—two of the three leading killers of children—is urgent. The use of new tools, such as vaccines against pneumococcal pneumonia and rotaviral diarrhoea, could add momentum to the fight against these common diseases and provide an entry point for the revitalization of comprehensive programming. Ensuring proper nutrition is a critical aspect of prevention, since malnutrition increases the risk of death.

Recent success in controlling measles may be short-lived if funding gaps are not bridged

Proportion of children 12-23 months old who received at least one dose of measles vaccine, 2000 and 2008 (Percentage)



Globally, routine immunization against measles has continued to rise and protect millions of children against this often fatal disease. In 2008, coverage reached 81 per cent in the developing regions as a whole, up from 70 per cent in 2000. Such averages, however, mask significant inequalities in access to the vaccine. Data from 178 Demographic and Health Surveys suggest that access to measles vaccinations varies across different social and economic groups, with lower coverage for children in households that are poor or located in rural areas, or whose parents have lower levels of education. Higher birth order (that is, having many older siblings) is also associated with lower measles vaccine coverage. Disparities between girls and boys in immunization coverage are not significant, except in some South Asian countries.

A single-dose vaccine strategy is not sufficient to prevent measles outbreaks. As of 2008, a total of 132 countries used a two-dose schedule routinely. In countries with weak health systems, the second dose is offered during campaigns to ensure high coverage. Between 2000 and 2008, the combination of improved routine immunization coverage and the provision of a second-dose opportunity led to a 78 per cent reduction in measles deaths globally—from an estimated 733,000 deaths in 2000 to 164,000 in 2008.

But recent successes may be short-lived. Funding for measles-control activities has recently declined, and many priority countries are confronting funding gaps for immunization campaigns. Projections show that without supplementary immunization activities in these countries, mortality will quickly rebound, resulting in approximately 1.7 million measles-related deaths between 2010 and 2013. However, with sufficient funding, political commitment and high-quality implementation of the second-dose measles strategy in priority countries, the exceptional gains made so far can be maintained.



Goal 5

Improve maternal health

TARGET

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

Achieving good maternal health requires quality reproductive health services and a series of well-timed interventions to ensure a women's safe passage to motherhood. Failure to provide these results in hundreds of thousands of needless deaths each year—a sad reminder of the low status accorded to women in many societies.

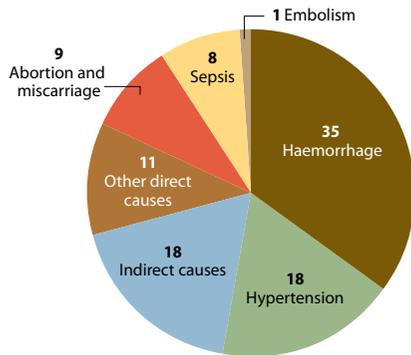
Measuring maternal mortality—death resulting from the complications of pregnancy or childbirth—is challenging at best. Systematic underreporting and misreporting are common, and estimates lie within large ranges of uncertainty. Nevertheless, an acceleration in the provision of maternal and reproductive health services to women in all regions, along with positive trend data on maternal mortality and morbidity, suggest that the world is making some progress on MDG 5.

New estimates of maternal mortality are currently being finalized by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and the World Bank. Preliminary data show signs of progress, with some countries achieving significant declines in maternal mortality ratios. However, the rate of reduction is still well short of the 5.5 per cent annual decline needed to meet the MDG target. The complete data set will be available at mdgs.un.org



Most maternal deaths could be avoided

Causes of maternal deaths, developing regions, 1997/2007 (Percentage)

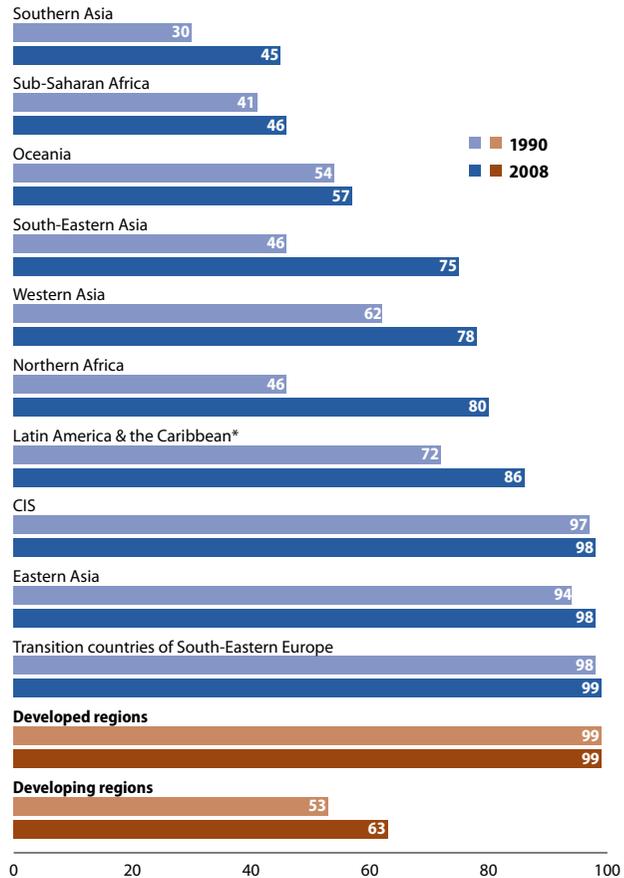


The leading causes of maternal mortality in developing regions are haemorrhage and hypertension, which together account for half of all deaths in expectant or new mothers. Indirect causes, including malaria, HIV/AIDS and heart disease, result in 18 per cent of maternal deaths. Other direct causes, such as obstructed labour, complications of anaesthesia or caesarean section, and ectopic pregnancy, lead to 11 per cent of all deaths during pregnancy or childbirth.

The vast majority of these deaths are avoidable. Haemorrhage, for example, which accounts for over one third of maternal deaths, can be prevented or managed through a range of interventions administered by a skilled health-care provider with adequate equipment and supplies.

Giving birth is especially risky in Southern Asia and sub-Saharan Africa, where most women deliver without skilled care

Proportion of deliveries attended by skilled health personnel, 1990 and 2008 (Percentage)

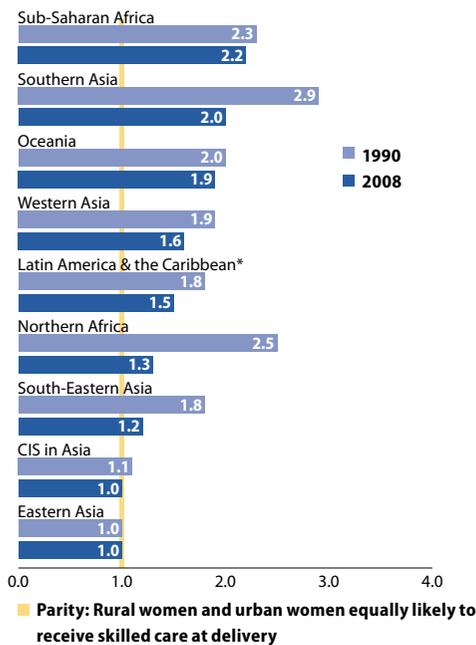


* Includes only deliveries in health-care institutions.

The proportion of women in developing countries who received skilled assistance during delivery rose from 53 per cent in 1990 to 63 per cent in 2008. Progress was made in all regions, but was especially dramatic in Northern Africa and South-Eastern Asia, with increases of 74 per cent and 63 per cent, respectively. Southern Asia also progressed, although coverage there, as well as in sub-Saharan Africa, remains inadequate. Less than half the women giving birth in these regions are attended by skilled health personnel.

The rural-urban gap in skilled care during childbirth has narrowed

Ratio of urban women to rural women attended by skilled health personnel during delivery, 1990 and 2008



More rural women are receiving skilled assistance during delivery, reducing long-standing disparities between urban and rural areas. In Southern Asia, for example, urban women were three times more likely as their rural counterparts to receive professional care at childbirth in 1990; by 2008, they were only twice as likely to receive such care, indicating some improvement. Still, inequalities persist, especially in regions where attendance by skilled personnel is lowest and maternal mortality highest—notably in sub-Saharan Africa, Southern Asia and Oceania.

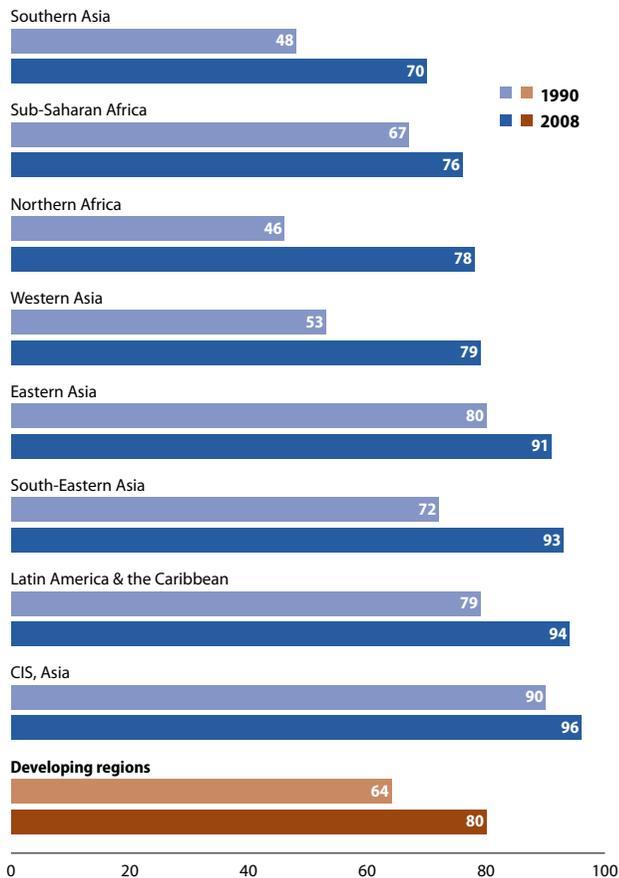
Serious disparities in coverage are also found between the wealthiest and the poorest households. The widest gaps are in Southern Asia and sub-Saharan Africa, where the wealthiest women are five times more likely and three times more likely, respectively, as the poorest women to be attended by trained health-care workers at delivery. In the developing regions as a whole, women in the richest households are three times as likely as women in the poorest households to receive professional care during childbirth.

TARGET

Achieve, by 2015, universal access to reproductive health

More women are receiving antenatal care

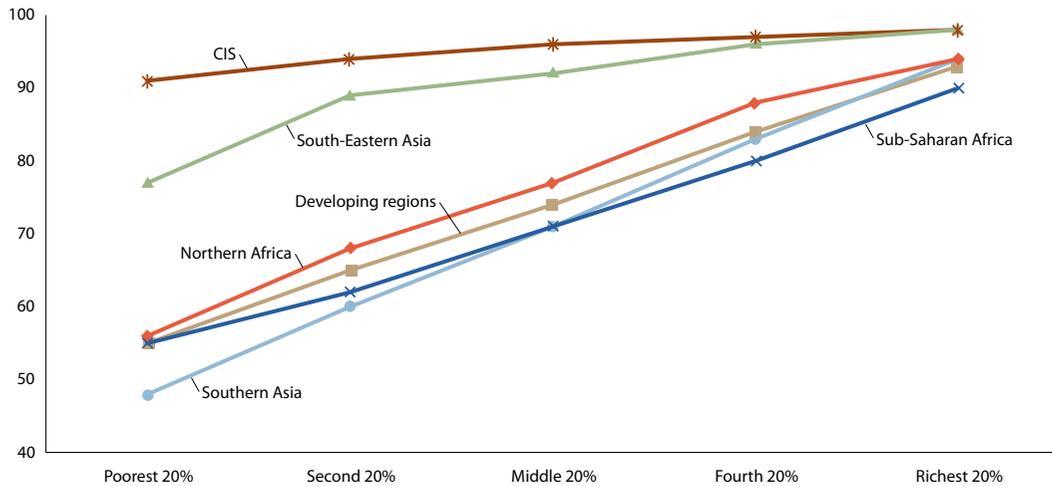
Proportion of women attended at least once during pregnancy by skilled health-care personnel, 1990 and 2008 (Percentage)



In all regions, progress is being made in providing pregnant women with antenatal care. Remarkable gains were recorded in Northern Africa, where the share of women who saw a skilled health worker at least once during pregnancy increased by 70 per cent. Southern Asia and Western Asia reported increases of almost 50 per cent.

Inequalities in care during pregnancy are striking

Proportion of women attended at least once during pregnancy by skilled health personnel, by household wealth quintile, 2003/2008 (Percentage)



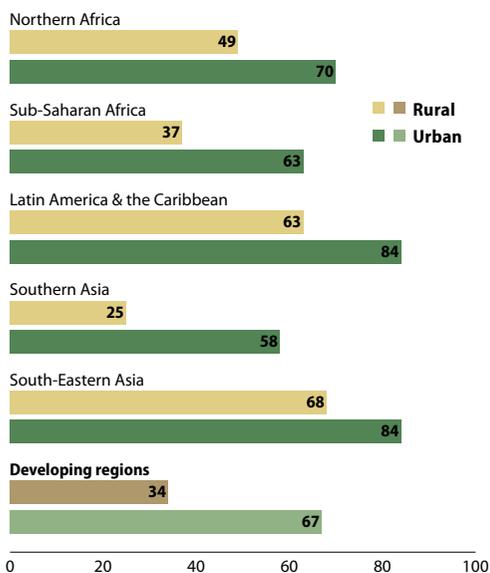
Disparities in the share of women receiving antenatal care by wealth are striking, particularly in Southern Asia, Northern Africa and sub-Saharan Africa. Even in South-Eastern Asia, where over 90 per cent of women receive skilled care during pregnancy, only 77 per cent of women in the poorest households are covered, versus almost 100 per cent of women in the wealthiest households.

Large disparities also exist between women living in rural and urban areas, although the gap narrowed between 1990 and 2008. In sub-Saharan Africa, the proportion of urban women who received antenatal care at least once increased from 84 per cent in 1990 to 89 per cent in 2008. The corresponding proportions for rural women are 55 to 66 per cent, indicating that coverage has improved at a faster pace among rural women.



Only one in three rural women in developing regions receive the recommended care during pregnancy

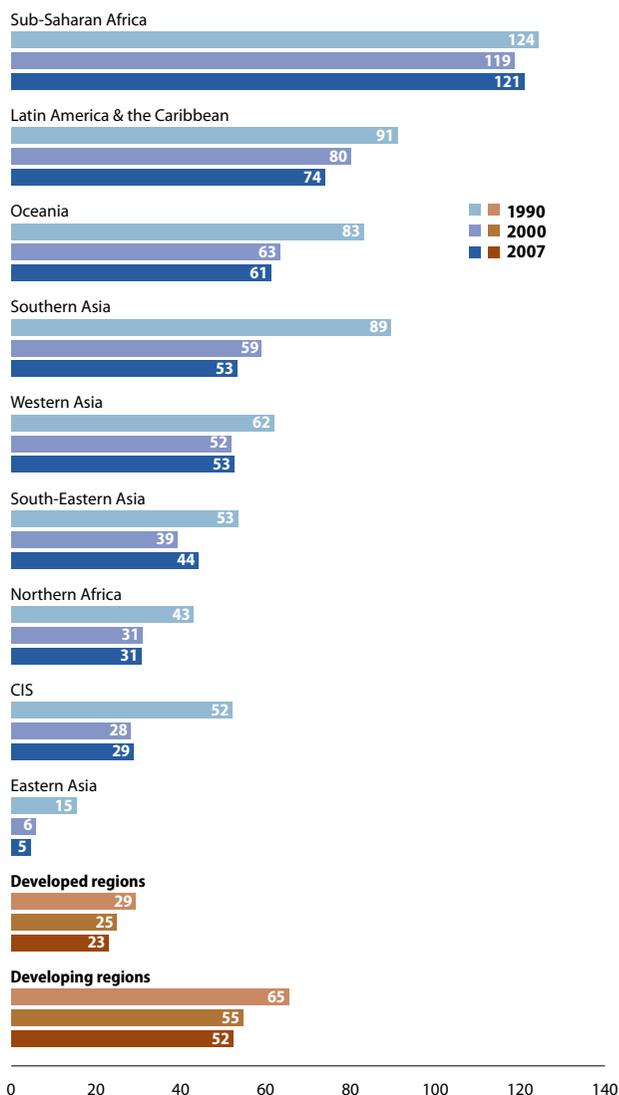
Proportion of women attended four or more times during pregnancy by area of residence, 2003/2008 (Percentage)



Women should receive care from a trained health-care practitioner at least four times during the course of their pregnancies, according to WHO and UNICEF recommendations. However, less than half of pregnant women in developing regions and only a third of rural women receive the recommended four visits. Among rural women in Southern Asia, the share is only 25 per cent.

Progress has stalled in reducing the number of teenage pregnancies, putting more young mothers at risk

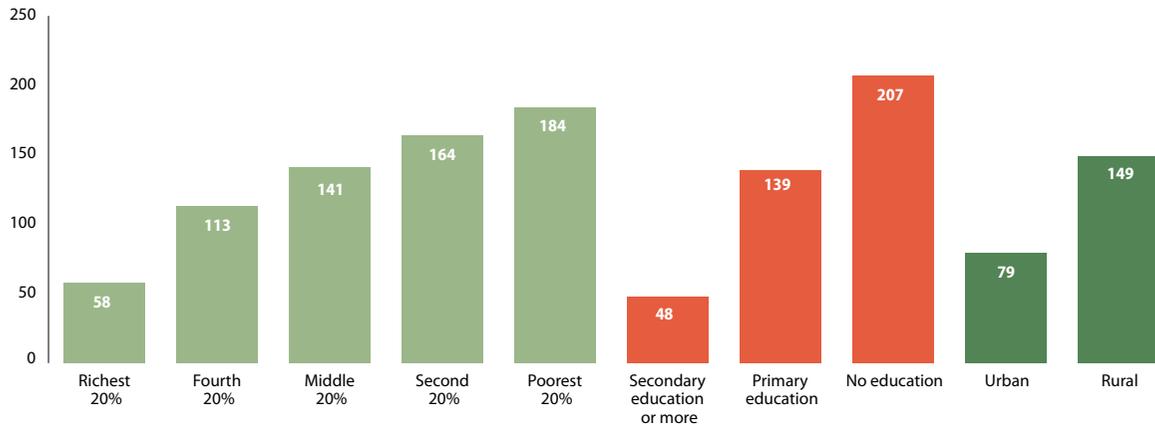
Number of births per 1,000 women aged 15-19, 1990, 2000 and 2007



In all regions, the adolescent birth rate (the number of births per 1,000 women aged 15 to 19) decreased between 1990 and 2000. Since that time, progress has slowed and, in some regions, increases have even been recorded. The highest birth rate among adolescents is found in sub-Saharan Africa, which has seen little progress since 1990. Adolescents, in general, face greater obstacles than adult women in accessing reproductive health services.

Poverty and lack of education perpetuate high adolescent birth rates

Adolescent birth rates by background characteristics in 24 sub-Saharan African countries, 1998/2008 (Number of births to women aged 15-19 per 1,000 women)



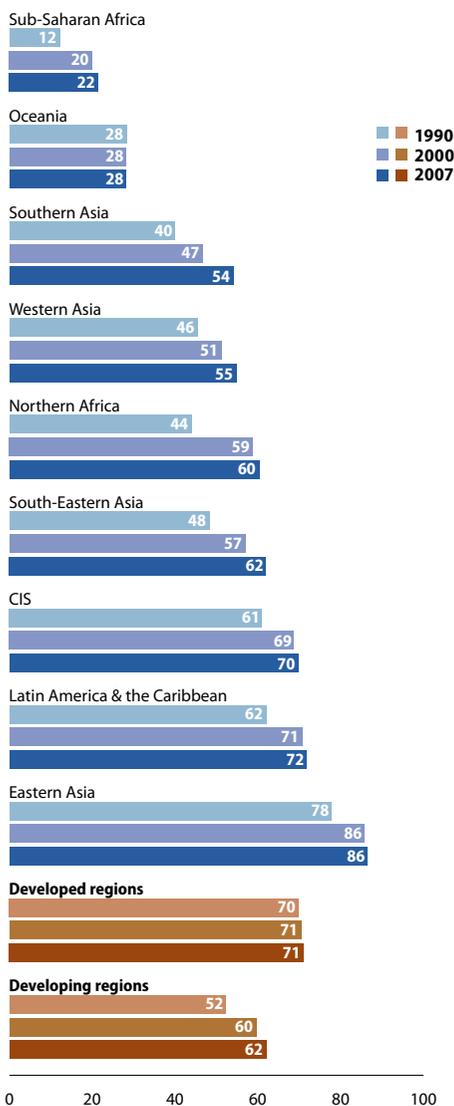
Data for 24 countries in sub-Saharan Africa show that adolescents in the poorest households are three times more likely to become pregnant and give birth than those in the richest households. In rural areas, adolescent birth rates are almost double those of urban areas. But the largest disparities are linked to education: girls with a secondary education are the least likely to become mothers. The birth rate among girls with no education is over four times higher.

Even more worrisome is the widening of disparities over time. The adolescent birth rate declined in 18 of the 24 sub-Saharan countries studied. However, in almost all these 18 countries the decline was largest among adolescents living in urban areas, among those with at least a secondary education, and among those belonging to the richest 20 per cent of households. Thus, disparities between those groups and rural, less educated and poorer adolescents have increased, rather than decreased, over time.



Progress in expanding the use of contraceptives by women has slowed

Proportion of women who are using any method of contraception among women aged 15-49, married or in union, 1990, 2000 and 2007 (Percentage)



2000 and a widening gap among regions. From 2000 to 2007, the annual rate of increase in contraceptive prevalence in almost all regions was lower than it had been during the 1990s. Moreover, contraceptive prevalence in sub-Saharan Africa and Oceania continues to be very low. And in several subregions, traditional and less effective methods of contraception are still widely used.

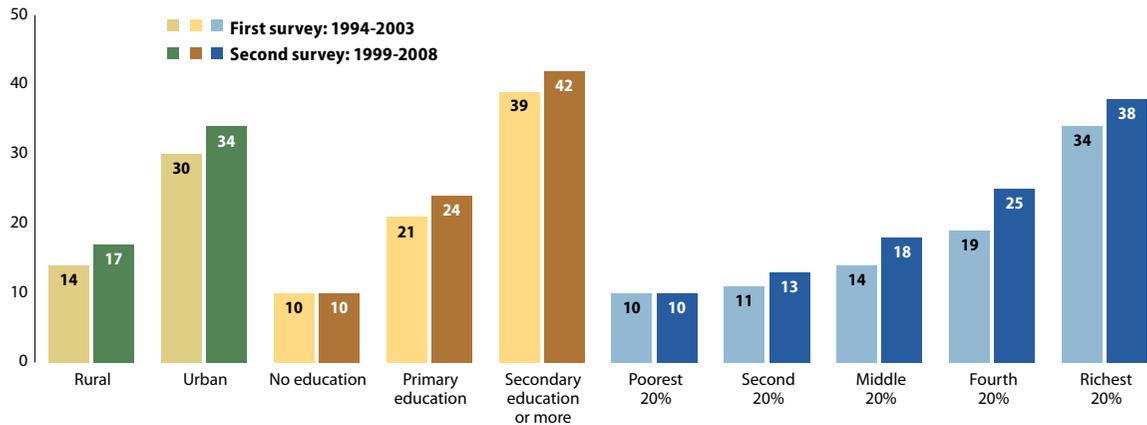
Satisfying women’s unmet need for family planning—that is, facilitating access to modern contraceptives by women who desire to delay or avoid pregnancy but who are currently not using contraception—could improve maternal health and reduce the number of maternal deaths. Recent estimates indicate that meeting that need could result in a 27 per cent drop in maternal deaths each year by reducing the annual number of unintended pregnancies from 75 million to 22 million. Preventing closely spaced pregnancies and pregnancies among adolescents would also improve the health of women and girls and increase the chances that their children will survive.

The unmet need for family planning remains moderate to high in most regions, particularly in sub-Saharan Africa, where one in four women aged 15 to 49 who are married or in union and have expressed the desire to use contraceptives do not have access to them.

During the 1990s, use of contraceptives increased among women in almost every region. By 2007, over 60 per cent of women aged 15 to 49 who were married or in union were using some form of contraception. Yet this average masks two disturbing trends: a considerable slowdown in progress since

Use of contraception is lowest among the poorest women and those with no education

Contraceptive prevalence by background characteristics in 22 sub-Saharan African countries, surveys around 1994–2003 and 1998–2008 (Percentage of women using at least one contraceptive method among women aged 15–49, married or in union)



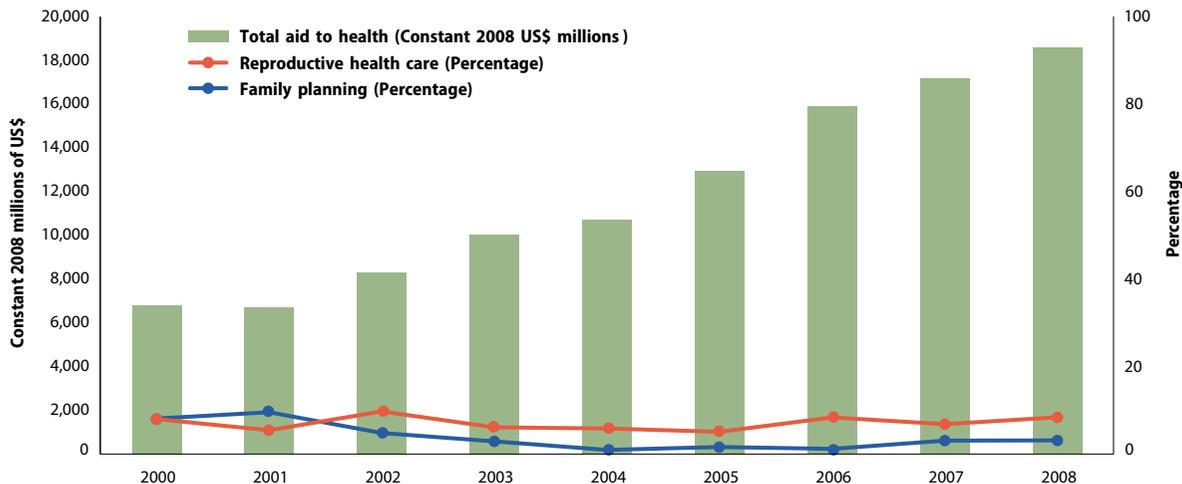
Ensuring that family planning services reach poor women and those with little education remains particularly challenging. Surveys conducted in 22 countries in sub-Saharan Africa show that contraceptive use to avoid or delay pregnancy is lowest among rural women, among women with no schooling and among those living in the poorest households.

In these countries, contraceptive use is four times higher among women with a secondary education than among those with no education, and is almost four times higher among women in the richest households than those in the poorest households. Almost no improvement has been made over time in increasing contraceptive prevalence among women in the poorest households and among those with no education.



Inadequate funding for family planning is a major failure in fulfilling commitments to improving women’s reproductive health

Official development assistance to health, total (Constant 2008 US\$ millions) and proportion going to reproductive health care and family planning, 2000-2008 (Percentage)



Ensuring that even the poorest and most marginalized women can freely decide the timing and spacing of their pregnancies requires targeted policies and adequately funded interventions. Yet financial resources for family planning services and supplies have not kept pace with demand. Aid for family planning as a proportion of total aid to

health declined sharply between 2000 and 2008, from 8.2 per cent to 3.2 per cent. Aid to reproductive health services has fluctuated between 8.1 per cent and 8.5 per cent. External funding for family planning in constant 2008 US dollars actually declined during the first few years of this decade and has not yet returned to its 2000 level.