

WE CAN END POVERTY 2015 MILLENNIUM DEVELOPMENT GOALS

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WE CAN

GOAL 1 Eradicate Extreme Poverty and Hunger

FACT SHEET

TARGETS

1. Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day
2. Achieve full and productive employment and decent work for all, including women and young people
3. Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Quick Facts

- The number of people living under the international poverty line of \$1.25 a day declined from 1.8 billion to 1.4 billion between 1990 and 2005.
- The proportion of people living in extreme poverty in developing regions dropped from 46 per cent to 27 per cent – on track to meet the target globally.
- The economic crisis is expected to push an estimated 64 million more people into extreme poverty in 2010.
- About one in four children under the age of five is underweight in the developing world, down from almost one in three in 1990.

WHERE DO WE STAND?

The world is on track to meet the MDG target of halving the proportion of people living on less than \$1 a day between 1990 and 2015. Overall poverty rates fell from 46 per cent in 1990 to 27 per cent in 2005 in developing regions, and progress in many developing countries is being sustained. This is despite setbacks caused by the 2008-09 economic downturn and the effects of the food and energy crises. However, even if these positive trends continue, in 2015, roughly 920 million people would still be living under the international poverty line of \$1.25 a day, as adjusted by the World Bank in 2008.

Achievements so far are largely the result of extraordinary success in Asia, mostly East Asia. Over a 25-year period, the poverty rate in East Asia fell from nearly 60 per cent to under 20 per cent. Poverty rates are expected to fall to around 5 per cent in China and 24 per cent in India by 2015.

In contrast, little progress has been made in reducing extreme poverty in sub-Saharan Africa, where the poverty rate has declined only slightly, from 58 to 51 per cent between 1990 and 2005. Sub-Saharan Africa, Western Asia and parts of Eastern Europe and Central Asia are the few regions not expected to achieve the MDG poverty reduction target.

The World Bank estimates that the effects of the economic crisis will push an additional 64 million people into extreme poverty in 2010, and that poverty rates will be slightly higher in 2015 and beyond than they would have been without the crisis, mostly in sub-Saharan Africa and Eastern and South-Eastern Asia.

The proportion of people suffering from hunger is declining, but at an unsatisfactory pace. Even though the proportion of people worldwide suffering from malnutrition and hunger has fallen since the early 1990s, progress has stalled since 2000-2002. The estimate of the number of people who will suffer chronic hunger this year is 925 million, according to the Food and Agriculture Organization of the UN – down from 1.023 billion in 2009, but still more than the number of undernourished people in 1990 (about 815 million).

Between 1990 and 2008, the proportion of underweight children under five declined from 31 per cent to 26 per cent in developing regions with particular success in Eastern Asia, notably China. Despite such improvements, progress is currently not fast enough to reach the MDG target, and particular focus is required in Southern Asia. This region alone accounts for almost half the world's undernourished children. In all developing regions, children in rural areas are nearly twice as likely to be underweight as those in urban areas.

WHAT HAS WORKED?

- **Subsidy programmes in Malawi and Ghana:** Since 2005, Malawi's voucher programme for fertilizers and seeds has helped boost its agricultural productivity, turning the country into a net food exporter after decades of famine as a perennial food importer. Malawi needs 2.2 million tons of maize a year to reach self-sufficiency. In 2005, the harvest fell to a low of 1.2 million tons of maize. The National Input Subsidy Programme resulted in a dramatic increase to 3.2 million tons of maize in 2007. Through a similar nationwide fertilizer subsidy programme, Ghana increased food production by 40 per cent, contributing to an average decline of 9 per cent in hunger between 2003 and 2005.
- **Investing in agriculture research in Vietnam:** Vietnam's investment in agriculture research and development helped cut the prevalence of hunger by more than half, from 28 per cent in 1991 to 13 per cent in 2004-06. The prevalence of underweight children was also more than halved from 45 per cent in 1994 to 20 per cent in 2006.
- **Innovative finance schemes in Nigeria and Bangladesh:** Nigeria's National Special Programme for Food Security helped almost double agricultural yields and farmers' incomes. Farmers were able to buy inputs using interest-free loans to be repaid following harvest. In Bangladesh, \$107 million is to be distributed in the form of Agricultural Input Assistance Cards, targeting poor households.
- **Employment programmes in Argentina:** In Argentina, the *Jefes y Jefas de Hogar* programme employed two million workers within a few months after its initiation in 2002. This contributed to the country's rapid poverty reduction from 9.9 per cent that year to 4.5 per cent in 2005.
- UNDP provided technical expertise to establish the **Ethiopian Commodity Exchange**, bringing together farmers, farming co-operatives, domestic traders, agro-industrial processors, commodity exporters and institutional buyers to meet and trade through a secure, low-cost platform. An estimated 850,000 small-holder farmers (mostly producers of coffee, sesame and other cash crops) are now involved in the Exchange system, which facilitates an average of 14,527 trades per day, equal to about US\$5 million to 10 million.
- The World Food Programme (WFP) provides **food assistance**, including cash and voucher transfers to the hungry, especially in the aftermath of a natural disaster. WFP's mapping tools and assessments of exactly where the hungry live help to ensure that food assistance is targeted to where it is most needed.
- The Office of the UN High Commissioner for Human Rights (OHCHR) provides technical advice and support in many countries, such as in Nepal, and Liberia, on integrating **human rights** into MDG-based development planning.
- In Mali, UNDP is working with a **women's mango cooperative** which aims to give women farmers the right skills to grow and treat their produce for export. Thanks to the project, Mali's mango exports have risen sharply, from 2,915 tons in 2005 to 12,676 tons in 2008. The average price paid to the mango producer increased by approximately US\$70 per ton.
- The UN Children's Fund (UNICEF) and the UN Economic Commission for Latin America and the Caribbean (ECLAC) in 2008-2009 carried out the first comparative **study of child poverty** in the region to promote inclusive, universal and efficient public policies for children and adolescents.

WHAT IS THE UN DOING?

- In India, the UN Development Programme (UNDP) is supporting the Mahatma Gandhi **National Rural Employment Guarantee Scheme** which provides a right to a minimum of 100 days of paid work a year for landless laborers and marginal farmers, benefiting some 46 million households. Almost half of the beneficiaries are women.

Sources: *The Millennium Development Goals Report 2010*, United Nations; UN MDG Database (mdgs.un.org); MDG Monitor Website (www.mdgmonitor.org); *What Will It Take to Achieve the Millennium Development Goals? - An International Assessment 2010*, UN Development Programme (UNDP); UN Girls' Education Initiative, UNICEF (www.ungei.org); UN Population Fund (UNFPA); UN Educational, Scientific and Cultural Organization (UNESCO); World Food Programme (WFP); UN Regional Commissions, New York Office.

For more information, please contact mediainfo@un.org or see www.un.org/millenniumgoals.



GOAL 2 Achieve Universal Primary Education

FACT SHEET

TARGET

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

Quick Facts

- Enrolment in primary education in developing regions reached 89 per cent in 2008, up from 83 per cent in 2000.
- The current pace of progress is insufficient to meet the target by 2015.
- About 69 million school-age children are not in school. Almost half of them (31 million) are in sub-Saharan Africa, and more than a quarter (18 million) are in Southern Asia.

WHERE DO WE STAND?

Despite great strides in many countries, the target is unlikely to be met. Enrolment in primary education has continued to rise, reaching 89 per cent in the developing world in 2008. Between 1999 and 2008, enrolment increased by 18 percentage points in sub-Saharan Africa, and by 11 and 8 percentage points in Southern Asia and Northern Africa, respectively.

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 official entry age for primary schooling would have had to be attending classes by 2009. Instead, in half of the sub-Saharan African countries with available data, at least one in four children of enrolment age was not attending school in 2008.

About 69 million school-age children were not going to school in 2008, down from 106 million children in 1999. Almost three-quarters of children out of school are in sub-Saharan Africa (31 million) or Southern Asia (18 million).

Drop-out rates in sub-Saharan Africa remain high.

Achieving universal primary education requires more than full enrolment. It also means ensuring that children continue to attend classes. In sub-Saharan Africa, more than 30 per cent of primary school students drop out before reaching a final grade.

Moreover, providing enough teachers and classrooms is vital in order to meet demand, most notably in sub-Saharan Africa. It is estimated that double the current number of teachers would be needed in sub-Saharan Africa in order to meet the primary education target by 2015.

WHAT HAS WORKED?

- **Abolishing school fees in Burundi, Ethiopia, Ghana, Kenya, Mozambique, Malawi, Nepal and Tanzania:** The abolition of school fees at primary school level has led to a surge in enrolment in a number of countries. In Tanzania, the enrolment ratio had doubled to 99.6 per cent by 2008, compared to 1999 rates. In Ethiopia, net enrolment was 79 per cent in 2008, an increase of 95 per cent since 2000. But the surge in enrolment in developing regions has brought a new set of challenges in providing enough teachers and classrooms.
- **Investing in teaching infrastructure and resources in Ghana, Nepal and Tanzania:** Ghana has recruited retirees and volunteers to meet teacher demand. Additional funds have also been allocated for the provision of temporary classrooms and teaching materials. In Nepal, investment has ensured that more than 90 per cent of students live within 30 minutes of their local school. And Tanzania has embarked on an ambitious programme of education reform, building 54,000 classrooms between 2002 and 2006, as well as hiring 18,000 additional teachers.

- **Promoting education for girls in Botswana, Egypt and Malawi:** Egypt's Girls' Education Initiative and Food-for-Education (FFE) programme encourage girls to attend school by providing free education and by constructing and promoting 'girl-friendly schools'. By 2008, more than 1,000 schools were built and almost 28,000 students enrolled. In conjunction the FFE programme provides school meals to 84,000 children in poor and vulnerable communities. Botswana has reduced female drop-out rates by half by implementing readmission policies. Malawi has been promoting girls' education in grades 1-4 by providing learning materials.
- **Expanding access to remote and rural areas in Bolivia and Mongolia:** Mongolia has introduced mobile schools ('tent schools') to reach children who would otherwise not have regular access to primary education. One hundred mobile schools have been providing educational services across 21 provinces. In Bolivia, a bilingual education programme has been introduced for three of the most widely used indigenous languages. It covered 11 per cent of primary schools in 2002, expanding access to education for indigenous children in remote areas.

WHAT IS THE UN DOING?

- The UN Educational, Scientific and Cultural Organization (UNESCO) supports countries in building quality primary education systems that reach all children, for instance through the **Basic Education in Africa Programme**, advocating for countries to adopt legal frameworks guaranteeing 8-10 years of uninterrupted basic education.
- In Ethiopia, the UN Population Fund (UNFPA) supports a programme called "Berhane Hewan" which advocates putting an end to child marriages and **keeping girls in**

school. To encourage families to let the girls complete schooling, girls receive a female sheep upon completing the programme. In Malawi, UNFPA is working with Youth Councils to repeal a law allowing girls as young as 16 to be married and to support campaigns to keep girls in school.

- The World Food Programme (WFP) provides **school meals**, which act as a strong incentive for parents to send their children to school and help to build the nutritional foundation that is essential for a child's future intellectual development and physical well-being. The programme also encourages parents to send more girls to attend classes.
- The UN Economic and Social Commission for Western Asia (ESCWA) partnered with UNESCO to address problems affecting **education in politically unstable environments**. ESCWA was responsible for infrastructure, while UNESCO took care of training and e-learning. The initiative facilitated capacity building sessions on education strategy, instructor training and the creation of courses for teaching Arabic to non-Arabic speaking Iraqi schoolchildren.

Sources: *The Millennium Development Goals Report 2010*, United Nations; UN MDG Database (mdgs.un.org); MDG Monitor Website (www.mdgmonitor.org); *What Will It Take to Achieve the Millennium Development Goals? - An International Assessment 2010*, UN Development Programme (UNDP); UN Girls' Education Initiative, UNICEF (www.ungei.org); UN Population Fund (UNFPA); UN Educational, Scientific and Cultural Organization (UNESCO); World Food Programme (WFP); UN Regional Commissions, New York Office.

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GOAL 3 Promote Gender Equality and Empower Women

FACT SHEET

TARGET

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

Quick Facts

- In 2008, there were 96 girls for every 100 boys enrolled in primary school, and 95 girls for every 100 boys in secondary school in developing regions.
- The share of women employed outside of agriculture remains as low as 20 per cent in Southern Asia, Western Asia and Northern Africa.
- The global share of women in parliament continues to rise slowly and reached 19 per cent in 2010 — far short of gender parity.

WHERE DO WE STAND?

Gender gaps in access to education have narrowed, but disparities remain high in university-level education and in some developing regions. Girls' enrolment ratios in primary and secondary schools have significantly increased in recent years. Nevertheless, the 2005 target was missed and major challenges remain, with large inequality gaps in primary education in Oceania, sub-Saharan Africa and Western Asia.

Access to university-level education remains highly unequal, especially in sub-Saharan Africa and Southern Asia. In these regions, only 67 and 76 girls per 100 boys, respectively, are enrolled in tertiary education. Completion rates also tend to be lower among women than men.

Poverty is the main cause of unequal access to education, particularly for girls of secondary-school age. Women and girls in many parts of the world are forced to spend many hours fetching water, and girls often do not attend school because of a lack of decent sanitation facilities. Also, if they get pregnant, many are not allowed to continue school. Secondary education is especially important for women's empowerment, but in the poorest households, about twice as many girls of secondary-school age are out of school compared to their wealthier peers.

Despite progress made, men continue to outnumber women in paid employment, and women are often relegated to vulnerable forms of employment. The share of women in paid non-agricultural wage employment is slowly increasing and globally reached 41 per cent in 2008. It is still as low as 20 per

cent in Southern Asia, Northern Africa and Western Asia, and 32 per cent in sub-Saharan Africa.

Even when women are employed, they are typically paid less and have less financial and social security than men. Women are more likely than men to be in vulnerable jobs — characterized by inadequate earnings, low productivity and substandard working conditions — especially in Western Asia and Northern Africa, where paid employment opportunities for women are the lowest.

Globally, only one quarter of senior officials or managers are women. In Western Asia, Southern Asia and Northern Africa, women hold less than 10 per cent of top-level positions.

Women are slowly gaining political power, mainly thanks to quotas and special measures. Between 1995 and 2010, the share of women in parliament, on a global level, increased from 11 per cent to 19 per cent — a gain of 73 per cent, but far short of gender parity. Parliamentary elections in 2009 contributed to rising gains for women in sub-Saharan Africa and Latin America and the Caribbean, where 29 per cent and 25 per cent of the renewed seats went to women, respectively. But 58 countries still have 10 per cent or fewer female members of parliament.

Progress in women's representation in the executive branches of government is even slower. In 2010, just nine of 151 elected heads of state and 11 of 192 heads of government were women. Globally, women hold only 16 per cent of ministerial posts.

Affirmative action continues to be the key driver of progress for women. In 2009, the average share of women elected to

parliament was 13 percentage points higher — 27 per cent as opposed to 14 per cent — in countries that applied such measures.

WHAT HAS WORKED?

- **Providing secondary school stipends for girls in Bangladesh:** The Female Secondary School Stipend programme in Bangladesh has provided money directly to girls and their families to cover tuition and other costs, on the condition that they enrol in secondary school and remain unmarried until the age of 18. By 2005, girls accounted for 56 per cent of secondary school enrolment in the areas covered by the programme, compared with 33 per cent in 1991.
- **Furthering women's empowerment in Mexico:** Mexico has developed an innovative federal programme called Generosidad that awards a "Gender Equity Seal" to private firms. Seals are granted through an independent evaluation that assesses a company's achievement of specific standards related to gender equity, including recruitment, career advancement, training and reducing sexual harassment. By 2006, 117 companies had obtained the Seal. Similar initiatives have been launched in Brazil, Costa Rica and Egypt.
- **Setting a gender quota for Parliament in Kyrgyzstan:** In 2005, there were no women in the Kyrgyz Parliament and only one woman in a cabinet position. In 2007, following a nationwide discussion facilitated by the UN Development Programme (UNDP), a 30 per cent gender quota was enshrined in the election code. By 2008, Kyrgyzstan had the highest proportion of women in Parliament (25.6 per cent) and in Government (21 per cent) in Central Asia.

WHAT IS THE UN DOING?

- The UN Population Fund (UNFPA) and the UN Children's Fund (UNICEF) are working in a joint programme to **reduce female genital mutilation and cutting** by 40 per cent between 2008 and 2012 in a number of countries, including Burkina Faso, Djibouti, Egypt, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Senegal, Somalia, Sudan and Uganda.
- In Cambodia, an initiative run by the UN Development Fund for Women (UNIFEM), in partnership with seven NGOs, provided **training in political campaigning and governing** to 919 women candidates. The initiative helped increase the number of women running for office from 16 per cent in 2002 to 21 per cent in 2007, and the number of women elected rose from 8.5 per cent to 15 per cent.

- UNDP supports the **participation of women in the political process** in Rwanda, where women now make up 56 per cent of the Parliament — the world's highest share.
- UNDP installed hundreds of **diesel-run generators**, known as multi-functional platforms, in rural areas across Burkina Faso, Mali and Senegal to help ease some of the most time-consuming chores for women, such as fetching water, grinding and milling. The scheme freed up a daily average of two to four hours for women in Burkina Faso and contributed to increasing the owners' annual income by an average of US\$55 in 2009, producing net profits of US\$248 per unit.
- In Viet Nam, UNFPA works with the Viet Nam Women's Union on a **microfinance** initiative that helps women get credit and training. Participants meet weekly to review loans and learn about household economics, farming and animal husbandry.
- The UN Educational, Scientific and Cultural Organization (UNESCO) supports **teacher training** and the development of **learning materials** that promote gender equality. Through the UN Girls' Education Initiative, UNESCO also develops legal tools to reduce gender-based violence in schools and supports innovative methods to bring education to hard-to-reach women, such as through mobile phones.
- The **UN Trust Fund to End Violence against Women**, managed by UNIFEM on behalf of the UN System, supports national and local action to address violence against women and girls. Since 1996, it has supported 304 programmes in 121 countries and territories with over US\$50 million in grants.
- The Food and Agriculture Organization of the UN (FAO), UNIFEM, UNESCO and the World Bank partnered with the Liberian government in 2007 to stimulate the production of cassava (also called yuca or manioc) through the Ganta Concern Women's Group in Liberia. By mid-2009, the initiative had provided **technical skills and equipment** to 500 women.

Sources: *The Millennium Development Goals Report 2010*, United Nations, UN MDG Database (mdgs.un.org); MDG Monitor Website (www.mdgmonitor.org); *What Will It Take to Achieve the Millennium Development Goals? - An International Assessment 2010*, UN Development Programme (UNDP); UN Population Fund (UNFPA); UN Educational, Scientific and Cultural Organization (UNESCO); World Food Programme (WFP); *Give Girls a Chance: Tackling Child Labour, a Key to the Future*, International Labour Organization (ILO), 2009; UN Development Programme (UNDP).

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GOAL 4 Reduce Child Mortality

FACT SHEET

TARGET

1. Reduce by two thirds, between 1990 and 2015, the mortality rate of children under five

Quick Facts

- The number of children in developing countries who died before they reached the age of five dropped from 100 to 72 deaths per 1,000 live births between 1990 and 2008.
- Almost nine million children still die each year before they reach their fifth birthday.
- The highest rates of child mortality continue to be found in sub-Saharan Africa, where, in 2008, one in seven children died before their fifth birthday.
- Of the 67 countries defined as having high child mortality rates, only 10 are currently on track to meet the MDG target.

WHERE DO WE STAND?

Child deaths are falling, but not quickly enough. Between 1990 and 2008, the death rate for children under five has decreased by 28 per cent, from 100 to 72 deaths per 1,000 live births. That means that, worldwide, 10,000 fewer under-fives die each day.

Many countries have shown considerable progress in tackling child mortality. Almost one third of the 49 least developed countries have managed to reduce their under-five mortality rates by 40 per cent or more over the past twenty years. However, the current rate of progress is well short of the MDG target of a two-thirds reduction by 2015.

Since 1990, child mortality rates have been more than halved in Northern Africa, Eastern Asia, Western Asia, Latin America and the Caribbean. By contrast, many countries with unacceptably high rates of child mortality, most notably in sub-Saharan Africa, have made little or no progress in recent years.

While under-five mortality rates have declined by 22 per cent since 1990 in sub-Saharan Africa, high fertility rates and the slow pace of reducing deaths mean that the absolute

number of children who have died has actually increased, from four million in 1990 to 4.4 million in 2008. Sub-Saharan Africa has one fifth of the world's children under the age of five, and it accounted for half of their 8.8 million deaths in 2008. In Southern Asia too, child mortality rates remain high, with progress insufficient to meet the 2015 target.

The causes of child deaths are related to malnutrition and lack of access to adequate primary health care and infrastructure, such as water and sanitation, in many developing countries. Pneumonia, diarrhea, malaria and AIDS accounted for 43 per cent of all deaths in under-fives worldwide in 2008, and more than a third of all child deaths were attributable to undernutrition.

Considerable progress was made in routine immunization against measles worldwide, particularly in Africa, protecting millions of children against this often fatal disease. In 2008, coverage reached 81 per cent in the developing regions, up from 70 per cent in 2000. However, projections show that without sustained funding for immunization activities in priority countries, mortality from measles could rebound quickly, resulting in approximately 1.7 million measles-related deaths between 2010 and 2013.

WHAT HAS WORKED?

- **Expanding immunization programmes in Egypt, Viet Nam and Bangladesh:** Egypt has already surpassed the MDG target for reducing child mortality in children under five. This achievement has been aided by a significant expansion in measles vaccination coverage, which stood at 92 per cent in 2008. Viet Nam's Expanded Programme of Immunization has benefited more than 90 per cent of children and pregnant women. The mortality rate of under-fives in the country was more than halved, from 56 per 1,000 live births in 1990 to 14 per 1,000 live births in 2008. And in 2006, Bangladesh conducted the world's largest-ever measles campaign, vaccinating 33.5 million children between the ages of nine months and 10 years, over a 20-day period.
- **Promoting breastfeeding in Cambodia:** The Cambodian Ministry of Health's Baby-Friendly Community Initiative, a network of community support groups that promote exclusive breastfeeding in rural areas, increased the rate of breastfed babies from 13 to 60 per cent between 2000 and 2005. Originally launched in 50 villages, the initiative has since expanded to 2,675 – or 20 per cent of all villages in the country. Breastfeeding strengthens children and reduces their vulnerability to disease.
- **Providing mosquito nets in the Republic of Congo, Democratic Republic of Congo, Gabon, Mali, Nigeria and Zimbabwe:** Through the "Nothing But Nets" campaign, initiated by a number of foundations and corporate, sports-related and religious partners, more than three million insecticide-treated anti-malaria nets have been distributed to children, pregnant women and refugees in Africa since the campaign's inception in 2006. The effectiveness of such mosquito nets has been shown by a previous distribution programme in Kenya, where a ten-fold increase in the number of young children sleeping under nets between 2004 and 2006 resulted in 44 per cent fewer deaths from malaria than among children not protected by them.

WHAT IS THE UN DOING?

- UN Secretary-General Ban Ki-moon, together with leaders from governments, foundations, NGOs and business, launched in 2010 a **Global Strategy for Women's and Children's Health**, setting out key actions to improve the health of women and children worldwide, with the potential of saving 16 million lives by 2015. The Global Strategy spells out steps to enhance financing, strengthen policy and improve service delivery, and sets in motion international institutional arrangements for global reporting, oversight and accountability on women's and children's health.
- In partnership with governments, the World Health Organization (WHO) and others, the UN Children's Fund (UNICEF) provides high-impact, cost-effective health and nutrition interventions to reduce the number of neonatal and young child deaths from preventable and easily treatable causes. UNICEF purchases **vaccines**, negotiates favourable prices and forecasts vaccine requirements to ensure sustainable supplies. When delivering vaccines, UNICEF adds micronutrient supplements to offset malnutrition, another critical factor in child survival.
- Working with governments, health providers and communities in the field, UNICEF helps families learn essential skills and **basic health knowledge**, particularly in the care of newborns. This includes best practices in breastfeeding and complementary feeding, hygiene and safe faeces disposal.

Sources: *The Millennium Development Goals Report 2010*, United Nations; UN MDG Database (mdgs.un.org); MDG Monitor Website (www.mdgmonitor.org), UN Development Programme (UNDP); *What Will It Take to Achieve the Millennium Development Goals? - An International Assessment 2010*, UNDP; UN Children's Fund (UNICEF) website (www.unicef.org).

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GOAL 5 Improve Maternal Health

FACT SHEET

TARGETS

1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
2. Achieve, by 2015, universal access to reproductive health

Quick Facts

- More than 350,000 women die annually from complications during pregnancy or childbirth, almost all of them — 99 per cent — in developing countries.
- The maternal mortality rate is declining only slowly, even though the vast majority of deaths are avoidable.
- In sub-Saharan Africa, a woman's maternal mortality risk is 1 in 30, compared to 1 in 5,600 in developed regions.
- Every year, more than 1 million children are left motherless. Children who have lost their mothers are up to 10 times more likely to die prematurely than those who have not.

WHERE DO WE STAND?

Maternal mortality remains unacceptably high. New data show signs of progress in improving maternal health — the health of women during pregnancy and childbirth — with some countries achieving significant declines in maternal mortality ratios. But progress is still well short of the 5.5 per cent annual decline needed to meet the MDG target of reducing by three quarters the maternal mortality ratio by 2015.

Progress has been made in sub-Saharan Africa, with some countries halving maternal mortality levels between 1990 and 2008. Other regions, including Asia and Northern Africa, have made even greater headway.

Most maternal deaths could be avoided. More than 80 per cent of maternal deaths are caused by haemorrhage, sepsis, unsafe abortion, obstructed labour and hypertensive diseases of pregnancy. Most of these deaths are preventable when there is access to adequate reproductive health services, equipment, supplies and skilled healthcare workers.

More women are receiving antenatal care and skilled assistance during delivery. In all regions, progress is being made in providing pregnant women with antenatal care. In North Africa, the percentage of women seeing a skilled health worker at least once during pregnancy jumped by 70 per cent. Southern Asia and Western Asia reported increases of almost

50 per cent, with coverage increasing to 70 per cent of pregnant women in Southern Asia and 79 per cent in Western Asia.

In 2008, skilled health workers attended 63 per cent of births in the developing world, up from 53 per cent in 1990. 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.

Large disparities still exist in providing pregnant women with antenatal care and skilled assistance during delivery. Poor women in remote areas are least likely to receive adequate care. This is especially true for regions where the number of skilled health workers remains low and maternal mortality high — in particular sub-Saharan Africa, Southern Asia and Oceania.

HIV is also curtailing progress, contributing significantly to maternal mortality in some countries.

The risk of maternal mortality is highest for adolescent girls and increases with each pregnancy, yet progress on family planning has stalled and funding has not kept pace with demand. Contraceptive use has increased over the last decade. By 2007, 62 per cent of women who were married or in union were using some form of contraception. However, these increases are lower than in the 1990s.

Some 215 million women who would prefer to delay or avoid childbearing lack access to safe and effective contraception. It is estimated that meeting the unmet needs for contraception alone could cut — by almost a third — the number of maternal deaths.

Funding of reproductive and maternal health programmes is vital to meet the MDG target. Yet official development assistance for family planning declined sharply between 2000 and 2008, from 8.2 to 3.2 per cent. Other external funding has also declined. There is now less money available to fund these programmes than there was in 2000.

WHAT HAS WORKED?

- **Widening access to maternal health services in Egypt:** The Ministry of Health and Population significantly increased access to obstetric and neonatal care, in particular to vulnerable populations in Upper Egypt. About 32 maternity homes were constructed in rural areas. The number of births attended by trained healthcare workers in rural areas has since doubled to 50 per cent.
- **Fighting fistula in sub-Saharan Africa, South Asia and the Arab States:** In 2003, the UN Population Fund (UNFPA), together with government and private partners, launched the Campaign to End Fistula, a childbirth injury that leaves women incontinent, isolated and ashamed. The campaign is now active in 49 countries across sub-Saharan Africa, South Asia and the Arab States. More than 28 countries have integrated the issue into relevant national policies and more than 16,000 women have received fistula treatment and care.
- **Investing in mobile maternal health units in Pakistan:** UNFPA-supported mobile clinics were set up in Pakistan in 2005 and had received nearly 850,000 patients by 2008. Women can use them for antenatal consultations, deliveries, post-miscarriage complications and referrals for Caesarean section. The mobile units managed to provide skilled birth attendance to 43 per cent of pregnant women in remote areas, 12 per cent higher than the national average.

WHAT IS THE UN DOING?

- UN Secretary-General Ban Ki-moon, together with leaders from governments, foundations, NGOs and business, launched in 2010 a **Global Strategy for Women's and Children's Health**, setting out key actions to improve the health of women and children worldwide, with the potential of saving 16 million lives by 2015. The Global Strategy spells out steps to enhance financing, strengthen policy and improve service delivery, and sets in motion international institutional arrangements for global reporting, oversight and accountability on women's and children's health.

- UNFPA, the UN Children's Fund (UNICEF), the World Health Organization (WHO), and the World Bank, as well as the Joint UN Programme on HIV/AIDS (UNAIDS), have joined forces as **Health 4+** (H4+) to support countries with the highest rates of maternal and newborn mortality. The H4+ partners support emergency **obstetric and neonatal care needs assessments** and help cost national maternal, newborn and child health plans, mobilize resources, increase the number of skilled health workers, and improve access to reproductive health services.
- In 2009, WHO, UNICEF and UNFPA partnered with the African Union Ministers of Health as well as bilateral aid and non-governmental organizations to launch the **Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA)**. The campaign aims to save the lives of mothers and newborns. It is active in 20 African countries, including Chad, Ethiopia, Ghana, Malawi, Mozambique, Namibia, Nigeria, Rwanda, Sierra Leone and Swaziland.
- A programme led by UNFPA and the International Confederation for Midwives is active in 15 countries in Africa, the Arab States and Latin America, working closely with Ministers of Health and Education to increase the capacity and the number of **midwives**. Under the programme, Uganda has developed a plan to promote quality midwife training; Northern Sudan has developed the first ever national midwifery strategy; and in Ghana, a nationwide needs assessment of all the midwifery schools will help strengthen training.
- UNFPA's **Global Programme to Enhance Reproductive Health Commodity Security** and WHO's evidence-based guidance in family planning have helped improve access to reproductive health supplies in more than 70 countries, including in Ethiopia, where the contraceptive prevalence rate has more than doubled since 2005, and in Laos, Madagascar and Mongolia, where significant progress in the use of voluntary family planning was also noted.

Sources: *The Millennium Development Goals Report 2010*, United Nations; World Health Organization (WHO); UN MDG Database (mdgs.un.org); MDG Monitor Website (www.mdgmonitor.org); UN Development Programme (UNDP); *What Will It Take to Achieve the Millennium Development Goals? - An International Assessment 2010*, UNDP; Campaign to End Fistula Website (www.endfistula.org); UN Population Fund (UNFPA); Office of the UN High Commissioner for Human Rights (OHCHR)

For more information, please contact mediainfo@un.org or see www.un.org/millenniumgoals.



GOAL 6 Combat HIV/AIDS, Malaria and Other Diseases

FACT SHEET

TARGETS

1. Halt and begin to reverse, by 2015, the spread of HIV/AIDS
2. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
3. Halt and begin to reverse, by 2015, the incidence of malaria and other major diseases

Quick Facts

- * Every day over 7,400 people are infected with HIV and 5,500 die from AIDS-related illnesses. HIV remains the leading cause of death among reproductive-age women worldwide.
- * An estimated 33.4 million people were living with HIV in 2008, two thirds of them in sub-Saharan Africa.
- * Access to HIV treatment in low- and middle-income countries increased ten-fold over a span of just five years.
- * Malaria kills a child in the world every 45 seconds. Close to 90 per cent of malaria deaths occur in Africa, where it accounts for a fifth of childhood mortality.
- * 1.8 million people died from tuberculosis in 2008, about 500,000 of whom were HIV-positive.

WHERE DO WE STAND?

The global response to AIDS has demonstrated tangible progress toward the achievement of MDG 6. The number of new HIV infections fell steadily from a peak of 3.5 million in 1996 to 2.7 million in 2008. Deaths from AIDS-related illnesses also dropped from 2.2 million in 2004 to two million in 2008.

Although the epidemic appears to have stabilized in most regions, new HIV infections are on the rise in Eastern Europe and Central Asia. Globally, the number of people living with HIV is continuing to increase because of the combined effect of new HIV infections and the beneficial impact of antiretroviral therapy.

There are 17.5 million children who have lost one or both parents to AIDS. More than 80 per cent of them (14.1 million) are in sub-Saharan Africa.

Knowledge about HIV is the first step to avoiding its transmission. Yet less than one third of young men and only a fifth of young women in developing countries know basic facts about the virus. Although condom use has gained acceptance in some countries, global use remains low, especially among young adults in developing countries.

Antiretroviral treatment has expanded, but continues to be outpaced by HIV infection rates. When antiretroviral therapy

was launched in 2003, only 400,000 people were receiving it. By the end of 2009, more than five million people were on treatment. But for every two individuals starting HIV treatment each year, five are newly infected.

Access to antiretroviral therapy is particularly important for pregnant women, as most of the 2.1 million children under the age of 15 living with HIV were infected while in the womb, at birth or through breastfeeding. In 2008, 45 per cent of HIV-positive expectant mothers in low- and middle-income countries received treatment, up from 35 per cent in the previous year. In 2008 alone, over 60,000 HIV infections among at-risk babies were prevented because their HIV-positive mothers received treatment.

Half the world's population is at risk of malaria. There were an estimated 243 million cases of malaria in 2008, causing 863,000 deaths, 89 per cent of them in Africa. The disease is also a chief contributor to anemia among children and pregnant mothers.

Major increases in funding have recently helped control malaria. Global production of mosquito nets rose from 30 million to 150 million annually between 2004 and 2009. Artemisinin-based antimalarial medication has also become more readily available, though coverage varies sharply by country. External funding for malaria control has risen sharply in recent years, and reached \$1.5 billion in 2009 — still far short of the estimated \$6 billion needed in 2010 alone to meet the MDG target.

Tuberculosis remains the second leading killer after HIV, but its prevalence is falling in most regions. An estimated 11 million people suffered from tuberculosis in 2008. But the number of new cases fell from 143 to 139 per 100,000 people between 2004 and 2008. If the current trend continues, the MDG target of halting and beginning to reverse the incidence of tuberculosis will have been achieved since 2004. Rates have been falling in all regions except Asia, which accounts for 55 per cent of all new cases.

WHAT HAS WORKED?

- **Providing free access to antiretroviral treatment in Botswana:** Free universal access to antiretroviral treatment, combined with dietary information and supplements, helped increase life expectancy in Botswana by four years. In 2007, 79 per cent of those with advanced HIV infection received antiretroviral treatment, and the number of new cases of HIV infection in children declined five-fold between 1999 and 2007.
- **Slowing new HIV infections among young people:** In 15 of the most severely affected countries, including Cote d'Ivoire, Ethiopia, Kenya, Malawi, Namibia, Tanzania, Zambia and Zimbabwe, HIV prevalence among young people has fallen by more than 25 per cent, as young people are choosing to have sex later, have fewer partners and use condoms.
- **Distributing insecticide-treated bed nets against malaria:** Nearly 200 million nets were delivered to African countries by manufacturers during 2007-2009 – enough for endemic African countries to cover more than half of their populations at risk of malaria.
- **Controlling the incidence of tuberculosis in India:** Annually, the disease kills an estimated 330,000 people in India. Since 1997, the Revised National Tuberculosis Control Programme has provided treatment to more than 11 million patients and saved more than two million lives. Tuberculosis mortality rates in the country dropped by 43 per cent between 1990 and 2008, and prevalence diminished by 44 per cent.
- **Protecting families from malaria, measles and polio in Togo:** In 2004, Togo launched an integrated public health campaign. Immunization against measles and polio was combined with the distribution of free insecticide-treated bed nets, vitamin A supplements and parasite medication. By 2008, 71 per cent of targeted households had a bed net and close to one million children had benefited from treatment for parasites.

WHAT IS THE UN DOING?

- The **Joint United Nations Programme on HIV/AIDS (UNAIDS)** brings together the efforts and resources of ten cosponsoring UN System organizations to assist countries with technical support in the implementation of their national AIDS plans.
- The UN Children's Fund (UNICEF), the World Health Organization (WHO), the UN Population Fund (UNFPA) and UNAIDS have helped countries scale up programmes for the **prevention of mother-to-child transmission** of HIV, including through training, guidance and technical support to access Global Fund resources.
- In Burkina Faso, the UN Development Programme (UNDP) provides regular support to nearly 36,000 **people living with HIV**. Patients receive home visits, meals and assistance to set up small-scale enterprises. Three million people have been engaged in prevention activities over the last five years.
- In Viet Nam, UNFPA is supporting an initiative by the Ministry of Education and Training to empower secondary-school students to protect themselves against HIV infection through a nationwide integrated **reproductive health and HIV prevention** curriculum.
- Through the UN Foundation's Nothing but Nets campaign, the U.S. President's Malaria Initiative, the Canadian Red Cross, WHO, UNICEF, and Malaria No More, 2.8 million **insecticide-treated bed nets** were distributed in Mali, covering 95 per cent of all children under five.
- The Office of the UN High Commissioner for Human Rights (OHCHR), in partnership with UNAIDS and UNDP, has developed a **Handbook on HIV/AIDS and Human Rights** for national human rights institutions.
- The UN Educational, Scientific and Cultural Organization (UNESCO) leads the **Global Initiative on Education and HIV & AIDS (EDUCAIDS)**, which assists countries in planning and implementing comprehensive responses that address the effects of the pandemic on their education systems.

Sources: *The Millennium Development Goals Report 2010*, United Nations; UN MDG Database (mdgs.un.org); UNAIDS Outlook Report 2010 (July 2010); World Health Organization (WHO); MDG Monitor Website (www.mdgmonitor.org); *What Will It Take to Achieve the Millennium Development Goals? – An International Assessment 2010*, UN Development Programme (UNDP); MDG Good Practices 2010, UN Development Group; United Nations Population Fund (UNFPA); Office of the UN High Commissioner for Human Rights (OHCHR); UN Educational, Scientific and Cultural Organization (UNESCO); Office of the UN Secretary-General's Special Envoy for Malaria.

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GOAL 7 Ensure Environmental Sustainability

FACT SHEET

TARGETS

1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
2. Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss
3. Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation
4. Achieve, by 2020, a significant improvement in the lives of at least 100 million slum dwellers

Quick Facts

- Some 1.7 billion people have gained access to safe drinking water since 1990. Yet 884 million people worldwide still do not have access to safe drinking water and 2.6 billion people lack access to basic sanitation services, such as toilets or latrines.
- The world has missed the 2010 target for biodiversity conservation. Based on current trends, the loss of species will continue throughout this century.
- Slum improvements are falling to keep pace with the growing number of urban poor. The absolute number of slum dwellers keeps rising, with some 828 million people living in slums today, even though the share of the urban population living in slums is declining.

WHERE DO WE STAND?

The world will meet or even exceed the drinking water target by 2015 if current trends continue. By that time, an estimated 86 per cent of the population in developing regions will have gained access to improved sources of drinking water, up from 71 per cent in 1990. Four regions — Northern Africa, Latin America and the Caribbean, Eastern Asia and South-Eastern Asia — have already met the target.

Even though progress was made primarily in rural areas, those areas still remain at a disadvantage. Globally, eight out of 10 people who are without access to an improved drinking water source live in rural areas.

With half the population of developing regions lacking basic sanitation, the 2015 target appears to be out of reach. At the current rate of progress, the world will miss the target of halving the proportion of people without access to basic sanitation, such as toilets or latrines. In 2008, an estimated 2.6 billion people around the world lacked access to improved sanitation. If the trend continues, that number will grow to 2.7 billion by 2015. Wide disparities also exist by region, with sub-Saharan Africa and South Asia continuing to lag behind. Recent data show 69 per cent and 64 per cent of their populations still lack access, respectively. And the gap between rural and urban areas remains huge, especially in Southern Asia, sub-Saharan Africa and Oceania.

The world has missed the 2010 target to slow the decline in biodiversity. Nearly 17,000 species of plants and animals are currently at risk of extinction, and the number of species threatened by extinction is growing by the day. Despite increased investment, the main causes of biodiversity loss — high rates of consumption, habitat loss, invasive species, pollution and climate change — are not being sufficiently addressed. Biodiversity is vitally important; billions of people rely directly on diverse species for their livelihoods and often survival.

Deforestation rates have slowed, but remain fastest in some of the world's most biologically diverse regions. Tree-planting programmes, combined with the natural expansion of forests in some regions, have added more than 7 million hectares of new forest annually. As a result, the net loss of forest area over the period 2000-2010 was reduced to 5.2 million hectares per year, down from 8.3 million hectares per year in 1990-2000. South America and Africa continue to show the largest net losses of forests.

The target of improving the lives of at least 100 million slum dwellers has already been achieved twice-over. In the last ten years, more than 200 million slum dwellers have gained access to improved water, sanitation or durable and less crowded housing, greatly enhancing their prospects of escaping poverty, disease and illiteracy.

These improvements, however, are failing to keep pace with the growing ranks of the urban poor. Even though the share of the urban population living in slums has declined from 39 per cent to 33 per cent over the last ten years, the absolute number of slum dwellers in the developing world is growing and will continue to increase in the near future. The number of urban residents living in slum conditions in the developing world is now estimated at some 828 million, compared to 657 million in 1990 and 767 million in 2000.

The target set in the year 2000 was set too low, based on too small an estimated number of people living in sub-standard conditions. For governments to set meaningful country-specific goals, make serious commitments and be held accountable for continued progress, the target will require redefinition, such as, "Halve the proportion of slum dwellers by 2020."

WHAT HAS WORKED?

- **Reducing ozone-depleting substances:** The 1987 Montreal Protocol resulted in the phasing out of 98 per cent of ozone-depleting substances by 2008. Many ozone-depleting substances under the Protocol are also potent greenhouse gases contributing to climate change. In 2007, almost all governments also committed to phasing out hydrochlorofluorocarbons (HCFCs), currently the most widely used ozone-depleting substance.
- **Installing water systems in Brazil, Burkina Faso and Sri Lanka:** Since 2002, Brazil has been implementing the One Million Rural Cisterns Programme to bring clean water to about 36 million people in semi-arid North-Eastern Brazil. In Burkina Faso, a water tower and pipe system were installed for 1,300 villagers in 2006, resulting in 20 litres of affordable clean water a day being available to each household. And in Sri Lanka, the introduction of rainwater harvesting tanks has enabled households to save on average \$31 per month.
- **Expanding good sanitation practices in Kyrgyzstan:** In Kyrgyzstan, a community-based project focused on promoting good sanitation and hygiene practices in the rural north, where almost a third of children were infected with one or more intestinal parasites. Improved water supply to schools and hygienic education contributed to a decline in the incidence of lambliaisis by 76 per cent in the villages covered by the project.

WHAT IS THE UN DOING?

- In Tanzania, an initiative led by the UN Development Programme (UNDP) and the Global Environment Facility (GEF) provided **solar energy systems** to some 8,400 households in the northern region of Mwanza, collectively reducing carbon dioxide emissions by an estimated 0.93 metric tons per year by the end of 2009.

- The UN Children's Fund (UNICEF) helps governments and partners implement community-based **water quality surveillance** systems to screen for contaminants like human faeces, arsenic, fluoride and nitrates. UNICEF also promotes a range of low-cost sanitation, water and hand-washing facilities and helps improve sanitation and promote hygiene, like hand washing, in schools.
- In the Arab region, the UN Economic and Social Commission for Western Asia (ESCWA) was tasked by the Ministerial Water Council of the League of Arab States to lead the establishment of a regional mechanism for **monitoring the water supply and sanitation** targets and other related indicators in Arab countries.
- The UN Economic Commission for Europe (UNECE) has supported the Russian Federation in the development of **Regional Biomass Action Plans** to help the private sector and regional governments integrate the biomass sector with the forestry, woodworking, agricultural, electricity, municipal heating, waste and recycling sectors.
- The UN Economic and Social Commission for Asia and the Pacific (ESCAP) is partnering with an NGO to help developing countries **turn trash into cash**. Launched in Bangladesh, the aim of the region-wide project is to enable cities across Asia and the Pacific to develop and implement solid waste management strategies that are decentralized, pro-poor, low-carbon and self-financing through the sale of carbon credits.
- The UN Educational, Scientific and Cultural Organization (UNESCO) leads the United Nations Decade of **Education for Sustainable Development**, which seeks to integrate the principles, values, and practices of sustainable development into all aspects of education and learning.

Sources: *The Millennium Development Goals Report 2010*, United Nations; UN MDG Database (mdgs.un.org); MDG Monitor Website (www.mdgmonitor.org), UN Development Programme (UNDP); *What Will It Take to Achieve the Millennium Development Goals? - An International Assessment 2010*, UNDP; MDG Good Practices 2010, UN Development Group; One Million Rural Cisterns - The SEED Initiative (www.seedinit.org); UN Educational, Scientific and Cultural Organization (UNESCO); UN Children's Fund (UNICEF); UN Development Programme (UNDP); UN Regional Commissions, New York Office.

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GOAL 8 Develop a Global Partnership for Development

FACT SHEET

TARGETS

1. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system
2. Address the special needs of least developed countries, landlocked countries and small island developing states
3. Deal comprehensively with developing countries' debt
4. In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries
5. In cooperation with the private sector, make available benefits of new technologies, especially ICTs

Quick Facts

- Official development assistance stands at 0.31 per cent of the combined national income of developed countries, still far short of the 0.7 per cent UN target. Only five donor countries have reached or exceeded the target.
- Debt burdens have eased for developing countries and remain well below historical levels.
- Only 1 in 6 people in the developing world has access to the Internet.

WHERE DO WE STAND?

Levels of official development assistance (ODA) continue to rise despite the financial crisis, but Africa is short-changed and aid remains below expectations. Net disbursements of ODA reached almost \$120 billion in 2009, an all-time high. In real terms, this represents a slight increase of 0.7 per cent compared to 2008, even though in current US dollars ODA fell by over two per cent.

Donor countries at the Gleneagles Group of Eight Summit and the UN World Summit in 2005 pledged to increase ODA to \$146 billion in 2010. Currently, 2010 ODA levels are projected to be around \$126 billion. This shortfall in aid affects Africa in particular. It is estimated that Africa will receive only about \$11 billion out of the \$25 billion increase promised at Gleneagles.

For most donor countries, aid remains well below the United Nations target of 0.7 per cent of gross national income. Only five donor countries have reached or exceeded the UN target: Denmark, Luxembourg, the Netherlands, Norway and Sweden. In terms of aid volume, the largest donors in 2009 were the United States, France, Germany, the United Kingdom and Japan.

Aid is increasingly focused on the poorest countries, with the least developed countries receiving about a third of donors' total aid flows.

Developing countries are gaining access to the markets of the developed countries. The proportion of developed country imports — excluding arms and oil — from developing countries reached close to 80 per cent in 2008, a jump from 54 per cent a decade earlier.

Least developed countries are benefiting from tariff reductions. Developed countries' tariffs on imports of agricultural products, textiles and clothing have remained high. But least developed countries are continuing to benefit from preferential tariffs, especially on agricultural products (1.6 per cent as opposed to 8 per cent for other developing countries).

Debt burdens have eased for developing countries and remain well below historical levels. Forty countries qualify for debt relief under the Heavily Indebted Poor Countries initiative. Thirty-five of them have had future debt repayments reduced by \$57 billion, and 28 have received additional assistance of \$25 billion under the multilateral Debt Relief Initiative. But the existing major debt relief initiatives are coming to an end, and a number of low-income and small middle-income countries are in or at risk of debt distress.

Access to information and communications technology (ICT) is expanding. Globally, an estimated 4.6 billion people had access to mobile phones by the end of 2009 — equivalent to one mobile cellular subscription for 67 out of every 100 people. Growth in mobile telephony remains strongest in the

developing world, where mobile penetration had passed the 50 per cent mark by the end of 2009. In sub-Saharan Africa, where only 1 per cent of people have access to fixed telephone lines, more than 30 per cent now have access to mobile phones.

Access to the Internet continues to expand, but is still closed to the majority of the world's people. By the end of 2008, 1.6 billion people, or 23 per cent of the world population, were using the Internet. In the developed regions, the percentage remains much higher than in the developing world, where only 1 in 6 people are online. In Southern Asia, Oceania and sub-Saharan Africa, a mere 6 per cent of people had Internet access.

WHAT HAS WORKED?

- **Increasing the share of world trade for developing countries:** The share of world trade belonging to economies that are developing and in transition has increased to over 40 per cent, from 35 per cent in 2000, despite the inability to successfully resolve the Doha development round of trade talks. Developing and transition economies now attract a full half of global foreign direct investment (FDI) and are the source of one quarter of global outflows. FDI outflows from these countries are more than fifty times greater in volume than they were in 1990.
- **Strengthening South-South cooperation:** The Report of the UN Secretary-General on the state of South-South cooperation (2009) estimates that 40 per cent of FDI from countries of the South goes to highly vulnerable least-developed countries, many of which are just emerging from conflict. FDI emanating from South Africa, for instance, accounts for more than half of the incoming flows to Botswana, the Democratic Republic of the Congo, Lesotho and Malawi — providing a force for greater stability, less poverty and more regional coherence in sub-Saharan Africa.
- **Transforming debt into public funds:** Several countries have implemented Debt for Development Swaps and Virtual Poverty Funds to transform debt into public funds used to fight poverty. In Egypt, under its Debt for Development Swap agreement with Italy, 53 development projects with a budget of \$149 million were implemented between 2001 and 2006. In Chad, Ghana, Honduras, Nigeria, Tanzania and Zambia, Virtual Poverty Funds had a positive impact on development indicators and public spending.

WHAT IS THE UN DOING?

- The Third **UN Conference on the Least Developed Countries** (2001, Brussels) helped galvanize international support for the 50 most vulnerable national economies and set terms for boosting Official Development Assistance and trade access and improving domestic governance. A follow-up confer-

ence to be held in Istanbul, Turkey, in 2011 will assess the results of the 10-year action plan and adopt new measures for the least developed countries into the next decade.

- A new North-South consensus on development, overcoming previous rifts, took shape at the **International Conference on Financing for Development** (2002, Monterrey, Mexico). Among the steps forward were agreement on principles for sustainable economic growth and pledges by donor countries that reversed a decade-long stagnation and decline in Official Development Assistance. A follow-up conference in Doha, Qatar, in 2008 endorsed strong action to contain the ongoing economic crisis, restore sustained economic growth and reform the international financial architecture.
- The High-Level **UN Conference on South-South Cooperation** (2009, Nairobi) demonstrated that cooperation among developing countries — through aid, trade, technical assistance and investment — is playing a prominent role in progress on the Millennium Development Goals, and encouraged countries of the South to advance this valuable partnership.
- In May 2009, near the beginning of the **H1N1 pandemic**, UN Secretary-General Ban Ki-moon and the Director-General of the World Health Organization (WHO) obtained agreement from pharmaceutical companies to donate at least 10 per cent of their vaccine production to poor countries.
- The **GAVI Alliance** (Global Alliance for Vaccines and Immunization) — a public-private global health partnership that includes WHO, the UN Children's Fund (UNICEF) and the World Bank — is working to accelerate access to vaccines, strengthen immunization systems and introduce innovative new immunization technologies. Since its launch in 2000, the GAVI Alliance has helped prevent over 1.7 million deaths.
- At the beginning of the Internet revolution, the UN and its Economic and Social Council (ECOSOC) took a lead role in promoting the advantages of the new digital order in developing countries, and with the International Telecommunication Union (ITU), in improving their role in **Internet governance**. The Global Alliance for ICT and Development (GAID), a UN body, is helping to **close the digital divide** by facilitating public-private partnerships.

Sources: *The MDG Report 2010*, United Nations; UN MDG Database (mdgs.un.org); MDG Monitor Website (www.mdgmonitor.org); *What Will It Take to Achieve the Millennium Development Goals? — An International Assessment 2010*, UN Development Programme (UNDP); *MDG Good Practices 2010*, UN Development Group; *World Investment Report 2010*, UN Conference on Trade and Development (UNCTAD); *World Economic Situation and Prospects 2008*, UN Department of Economic and Social Affairs (UN DESA).

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