THE MILLENNIUM DEVELOPMENT GOALS AND THE ROAD TO 2015
BUILDING ON PROGRESS AND RESPONDING TO CRISIS

THE WORLD BANK
The Millennium Development Goals and the Road to 2015
Building on Progress and Responding to Crisis

With online companion World Bank eAtlas of the MDGs, www.worldbank.org/mdgs

THE WORLD BANK
Washington, D.C.
Contents

Acknowledgments .......................................................... 2
About the data ............................................................... 2
Foreword ........................................................................ 3
User’s guide to the World Bank eAtlas of the Millennium Development Goals ................. 4

Building on progress and responding to crisis .......................................................... 6
Map 1 The economic and financial crisis slowed or reversed growth in every region ........ 12

Goal 1: Eradicate extreme poverty and hunger ......................................................... 14
Map 2 Sub-Saharan Africa has the highest poverty rates, but more people in East and South Asia live in extreme poverty ......................................................... 16

Goal 2: Achieve universal primary education ......................................................... 18
Map 3 Millions of children either never attend or fail to complete primary school .......... 20

Goal 3: Promote gender equality and empower women .......................................... 22
Map 4 Education increases opportunities for girls and their families ......................... 24

Goal 4: Reduce child mortality .............................................................................. 26
Map 5 Infants are 10 times more likely to die in developing than in developed countries . 28

Goal 5: Improve maternal health ......................................................................... 30
Map 6 In countries with poor reproductive health care, each pregnancy adds to the risk of maternal death ................................................................. 32

Goal 6: Combat HIV/AIDS, malaria, and other diseases ..................................... 34
Map 7 Tuberculosis remains a major problem in Sub-Saharan Africa and many parts of Asia ......................................................................................... 36

Goal 7: Ensure environmental sustainability ....................................................... 38
Map 8 Lack of access to a safe, convenient water source increases the risk of disease and burdens women and children with fetching water ......................... 40

Goal 8: Develop a global partnership for development ......................................... 42
Map 9 Aid flows from OECD countries remain an important source of development assistance in many developing countries ............................................... 44

Goals and targets from the Millennium Declaration ............................................ 46
Acknowledgments

This report is based on the 2010 Global Monitoring Report and the World Development Indicators. It was produced by the Development Economics Prospects Group and the Development Economics Data Group of the World Bank in collaboration with the Office of the Publisher. Guidance was provided by Justin Lin, Senior Vice President and Chief Economist, and Caroline Anstey, Vice President for External Affairs. Hans Timmer, Director, Development Prospects Group; Shaida Badiee, Director, Development Data Group; and Carlos Rossel, Publisher of the World Bank, provided support and advice throughout. The lead authors were Delfin Go and Eric Swanson. Uranbileg Batjargal, Masako Hiraga, and Sulekha Patel prepared the statistical material. The Global Monitoring Report is a joint product of the World Bank and the International Monetary Fund. Sachin Shahria (a member of the GMR core team) coordinated the GMR inputs to this report. The development, design, and production team, led by Santiago Pombo, included Stephen McGroarty, Aziz Gokdemir, and Denise Bergeron. Shana Wagger prepared the eAtlas User’s Guide. Bill Pragluski of Critical Stages created the cover. Typesetting services were provided by Jim Taylor of BMW&W. Jeff Lecksell prepared the maps. Paul Holtz was the principal editor.

About the data

**Income and regional groupings**

For analytical purposes, the World Bank classifies countries by gross national income (GNI) per capita (calculated using the World Bank Atlas method). Every economy is classified as low income, middle income (subdivided into lower middle and upper middle), or high income. Low- and middle-income economies are sometimes referred to as developing economies, but this is not intended to imply that all economies in the group are experiencing similar development or that other economies have reached a preferred or final stage of development.

Countries are also classified by regions. The country composition of regions is based on the World Bank’s analytical regions and may differ from common geographic usage. The aggregate measures for regions include only low- and middle-income economies. High-income economies are included in a single, high-income aggregate regardless of their geographic location.

In this report, income classifications are determined by 2009 GNI per capita. The income groupings are

- Low income: $995 or less
- Lower middle income: $996–$3,945
- Upper middle income: $3,946–$12,195
- High income: $12,196 or more

**Data sources**

The data in this report come from the World Development Indicators (WDI) database, which is accessible at http://data.worldbank.org. The data are also available in the World Bank eAtlas of the Millennium Development Goals (http://www.worldbank.org/mdgs), where users can create maps, charts, and tables from more than 100 development indicators.

There are many sources for the data compiled in the WDI database. Some come from reports by World Bank staff, but many come from other international organizations with which the World Bank exchanges data. More information about the data is available in the World Development Indicators (http://bit.ly/WDI2010), published annually by the World Bank, which includes definitions and sources for all published indicators. The same information is available at http://data.worldbank.org. In addition the United Nations MDG database (http://mdgs.un.org) provides authoritative information on the sources and definitions of all official MDG indicators.

www.worldbank.org/mdgs
The Millennium Development Goals provide a multidimensional framework for attacking poverty in a world of multipolar growth. By focusing on measurable results, they provide a scorecard for assessing progress toward mutually agreed targets. And by enlisting the support of national governments, international agencies, and civil society in a development partnership, they have brought greater coherence to the global development effort. In this way they take us beyond the old, sterile opposition of “developed” and “developing” or “north” and “south.” The evidence from the last 20 years, documented in the statistical record of the MDGs, is that where conditions and policies are right for growth with equity, rapid and sustainable progress toward improving the lives of the poorest people can take place. Not every country will achieve the global MDG targets in the time allowed. Success has not been distributed evenly and there have been serious setbacks. Some countries are still burdened by legacies of bad policies, institutional failures, and civil and international conflict. For them, progress toward the MDGs has been delayed, but the examples of good progress by others point the way for their eventual success.

Five years from the target date of the MDGs, a new cloud of uncertainty shadows developing countries’ efforts. We have experienced a historic financial and economic crisis, which began in the richest economies of the world and now threatens to slow progress in the poorest. The recovery now underway is fragile and likely to be uneven. We know from past crises that the harm to human development during bad times cuts far deeper than the gains during upswings. Under these conditions, it is especially important to protect the gains to date and press ahead with actions for further progress to achieve the MDGs.

However difficult it may be to achieve all of the goals in every country of the world, it is important to report on progress clearly and realistically, using the best available data. That is what this little book does. In maps, charts, statistics, and text, it shows the achievements of the past 10 years and the challenges ahead. It also provides an assessment of the impact of the recent financial and economic crisis and its lingering effects on the prospects for achieving the MDGs.

The material presented here has been drawn from two of the World Bank’s flagship publications, the Global Monitoring Report and the World Development Indicators. Drawing on the international statistical record and the findings of researchers across the globe, it is literally the product of thousands upon thousands who share our passion for fighting poverty. I wish to thank everyone who has contributed to this effort and renew our commitment to its success.

Justin Yifu Lin
Senior Vice President and Chief Economist
The World Bank
The World Bank eAtlas, this book’s online companion, lets you map the indicators that measure progress on the eight MDGs.

Easy navigation from the home page, accessible via www.worldbank.org/mdgs (figure 1)

- Use the right-hand panel to select and read about goals and targets and see related indicators. (When you make a selection, a description appears, and the right-hand panel refreshes.)
- Use the search box (top right) to search for any word in an indicator title (e.g., malnutrition).
- Use indicator (top left) to drill quickly from goal to target to indicator.
- Use view (top left) to choose one map (standard) or two maps (comparative).
- Wherever you start, selecting view or a specific indicator launches the mapping application.

Mapping basics (figure 2)

Once you have selected a view or your indicator, the mapping application launches.

- The world map shows your indicator (by default, showing the most recent year). Mouse over to see country name and data.
- The indicator name and year (above the map) are linked to the definition and source information.
- Ranking table with country data (bottom right panel) toggles from table to chart.
- A time series chart (bottom) is created.

Changing and viewing countries and regions (figure 2)

- View and zoom to countries and regions:
  - Click the map or any country or region name in the ranking table to zoom, or
  - Use Countries/Regions (above the map) to select a country or region, or
  - Use Locations (above the map) to select a country or region.
- Each time you choose a country (or region), it is added to the time series chart (bottom).
- Given more context (top right panel).
- Restore the full world map view using the inset map at the top.
Changing years, colors, intervals, and more (figure 2)

- Use *Periods* (above the map) to see and select from all available years for your indicator.
- Use *Options* (above the map) to change colors and intervals.
- Use *Locations* (above the map) to select a region, including geographical and income regions, or a country.

Comparing maps and data (figure 2)

- Select the *Comparative* mode in view to see two maps.
- Use *Indicators*, *Periods*, *Options*, and *Locations* (above each map) to select what you want to compare, including indicators, years, country, and region.
- Select the *Standard* mode in view to return to one map with all features.

Using the time series chart (figure 2)

- When you select a country or region, time series for your selected indicator appear on the chart (bottom); the country name and the indicator’s value and date are shown when you mouse over.
- Check the *Display world* box to see available aggregate data.
- Use the *Play* button below the chart to dynamically map the time series for your indicator. As the map changes for each year, the ranking table and other information refresh.

Exporting, importing, bookmarking, and more (figures 1 and 2)

- Use *Export* (top left) to export your selections as various image or data files.
- Other features, such as *Import*, *Bookmark*, and *Share*, will be available (top left) and can be used with your own login.
Building on progress and responding to crisis

Poverty—and hunger and disease—have always been with us, but the will to eradicate poverty in all its forms is new. In 2000, the Millennium Declaration committed rich and developing countries to working in partnership to achieve a set of critical development outcomes. Those commitments are embodied in the eight Millennium Development Goals (MDGs) for 2015, supported by 18 quantified targets and 60 indicators measuring progress since 1990. The MDGs do not and cannot capture all dimensions of development, but despite their limitations, they are a milestone in international cooperation and development efforts, calling attention to the enormous challenges facing developing countries and galvanizing governments, donors, civil society, private agencies, and the media to support human development.

The first seven MDGs focus on eradicating poverty and hunger; achieving universal primary education; promoting gender equality and empowering women; reducing child mortality; improving maternal health; combating HIV/AIDS, malaria, and other diseases; and ensuring environmental sustainability. The eighth MDG commits developing and developed countries to a global partnership for development, encompassing aid, trade, debt relief, and access to new technologies.

Over the past decade, tremendous global progress has been made on the MDGs, underpinned by rapid economic growth and good policies in all regions and many countries. The global financial crisis that hit in 2008 disrupted those vigorous trends. But low-income countries, particularly in Sub-Saharan Africa, have done relatively well during the crisis thanks to strong economic and policy positions, and developing countries as a whole are recovering better than expected.

Still, the crisis will slow progress on the MDGs for many years. The impressive pre-crisis achievements in economic growth and poverty reduction will not be matched for some time, and post-crisis deviations in MDG progress from precrisis trends will persist for at least a decade. Moreover, the recovery in many developing countries has relied on enormous increases in government spending, with fiscal deficits reaching nearly 3 percent of GDP in 2009 and expected to remain high in 2010. Borrowing from international financial institutions has also increased. Financial market conditions for developing countries are improving and capital flows are returning, but no major improvements are expected in 2010. And in most countries, near-term growth will likely not be strong enough to undo the damage caused in 2009.
If the recovery slows and old patterns of policy failures, institutional breakdowns, and growth collapses emerge, history shows that the adverse impacts on human development—especially for women and children—will be devastating. So this is no time for complacency. International financial institutions and the international community have responded quickly and strongly to the crisis but need to do more to help developing countries regain their momentum in achieving the MDGs. To do so, developing countries require policy reforms, increased aid and trade access, and sustainable support from international financial institutions.

With only five years left before the MDG deadline, there is an urgent need to intensify efforts on all the goals and their associated targets. Special efforts are needed to increase investment in girls and women across the globe—particularly in Sub-Saharan Africa, where 38 percent of the population, or 366 million people, will continue to be in extreme poverty (defined as living on less than $1.25 a day in 2005 prices) in 2015.

**Global progress**

With the acceleration of economic growth in many developing countries since the late 1990s, human development indicators improved significantly before the crisis hit. Progress on reducing poverty was especially strong, even in Sub-Saharan Africa. Good progress was also made on achieving universal primary education, eliminating gender disparities in primary and secondary education, and increasing access to safe drinking water. As a result, many countries have achieved or are likely to achieve the MDG targets set for 2015 in these areas. Progress on other MDGs—especially those related to health—has been less encouraging.

The first MDG target—halving the share of people living in extreme poverty—is within reach at the global level and in four of the six developing regions. Rapid growth in East Asia and the Pacific and falling poverty in South Asia, the two regions with the most people living in extreme poverty, account for most of this remarkable achievement.

Progress has been less consistent at the country level. Part of the reason is that the pace of progress is inversely related to initial conditions, so countries at low starting points had much farther to go to achieve the goals. While the extent to which countries are on track to achieve the MDGs by 2015 varies widely, recent improvements have been widespread. But so too have been the losses caused by the crisis-induced interruption in progress.

Among 85 countries with available data, 46 are on track to halve extreme poverty by 2015. These countries contain 48 percent of the people in the developing world. But 40 percent live
in countries that are off track or seriously off track. Another 12 percent live in 59 countries lacking sufficient data to assess progress.

The human development MDGs describe a compelling plan of action: educate children, empower women, reduce child and maternal mortality, and alleviate epidemic diseases. In absolute terms, impressive achievements have been made. Since 2000, about 37 million more children have attended and completed primary school. In 2008, about 83 percent of the world’s children received one dose of measles vaccine by their first birthday through routine health services—up from 72 percent in 2000. And the number of children dying before age 5 has fallen from more than 10 million a year to 8.8 million.

The most progress has been made on the targets for primary school attendance, gender equality in primary and secondary school, and access to safe drinking water:

- Seven of 10 people in developing countries live in countries that have attained universal primary education or are on track to do so by 2015. But only two in five developing countries will do so—and more than one in three is off track or seriously off track.
- Four of five people in developing countries live in countries that have attained or are likely to attain gender equality in primary and secondary education by 2015. Some 81 of 144 countries have achieved this target, and 10 more are on track to do so.
- Seven of 10 people in developing countries live in countries that have halved the share of people without sustainable access to safe drinking water, though more than half of developing countries have not achieved this target.

Progress has been slower in reducing child mortality and malnutrition. Some 45 percent of people in developing countries live in countries that have reduced or are on track to reduce the under-5 mortality rate by two-thirds, but 56 percent live in the 102 of 144 countries that are unlikely to attain this target. Only 25 of the 55 countries with data have halved child malnutrition or are on track to do so.

Progress on improving sanitation has been much slower—indeed, some of the slowest progress among the MDG targets. Only 16 percent of people in developing countries live in countries that have halved the share of people lacking sustainable access to basic sanitation, and only one in five countries has done so. Nearly 7 in 10 countries are off track or seriously off track on this target.

**Inside the global averages**

Demographic change and economic growth are altering the structure of the developing world. In 1990, there were 4.1 billion people in developing countries, with three-quarters in countries classified as low-income. In 2008 the population of developing countries was 5.6 billion, with two-thirds (3.7 billion) in lower-middle-income countries. This massive shift reflects China’s and India’s advance from low-income to lower-middle-income status. Today 43 low-income countries contain just under 1 billion people, while 46 upper-middle-income countries contain about 950 million and a similar number live in high-income countries.*

Progress on the MDGs has been particularly slow in low-income countries. This is not surprising given that this group is dominated by fragile states, with many afflicted by conflict. Except for achieving gender equality in primary education (61 percent of low-income countries are expected to do so by 2015, but only 30 percent in secondary education) and halving the share of people without access to safe drinking water (35 percent of low-income countries are expected to reach this target), less than 20 percent of low-income countries have reached or are on track to achieve the MDGs.

Lower-middle-income countries have done much better, though they still face serious challenges. A third are expected to achieve the poverty reduction target, and 38 percent have attained universal primary school completion, with another 7 percent on track to do so.

*See “About the data” (page 2) for an explanation of the World Bank’s country classifications.
Two-thirds of lower-middle-income countries have attained or are expected to attain gender equality in secondary schools. And 43 percent are expected to achieve the safe drinking water target. Two areas where lower-middle-income countries have done poorly are child mortality and sanitation access, with 7 of 10 countries not expected to attain the goal for reducing child mortality and 2 of 3 the target for sanitation. Many of these countries have large concentrations of poverty, reflecting high income inequality.

Progress has been fastest among upper-middle-income countries, but they face the challenge of reaching truly advanced levels. For example, child mortality rates in upper-middle-income countries averaged 47 per 1,000 in 1990 (four times the average in high-income countries) and have fallen to 24 (compared with 7 in high-income countries). A two-thirds reduction would require that rate to fall to 16. Still, a majority of these countries are expected to attain most of the MDGs.

Among regions, Sub-Saharan Africa lags on all the MDGs, including poverty reduction. But that is only half the story, because the region has made progress. Progress has taken longer because Sub-Saharan Africa began more slowly than other regions and from a lower starting point. In addition, it implemented reforms later and so benefited later from accelerating income growth.

**The impact of the global financial crisis**

The global financial crisis that hit in 2008 worsened in 2009. Though signs of recovery are emerging, considerable efforts will be needed to restore and achieve progress on many MDGs.

During past cycles of accelerations and decelerations of economic growth, deteriorations in bad times have been much greater than improvements in good times—especially for human development indicators. For example, life expectancy is 2 years higher than its long-term trend during sustained expansions in growth and 6.5 years lower during recessions. Infant mortality is lower by 8 per 1,000 live births during expansions and higher by 24 per 1,000 during recessions. The primary school completion rate is 4 percentage points higher during expansions and 25 points lower during recessions. But recovery from the current crisis is uncertain and likely to be uneven, and the data needed to assess its impact on development indicators will not be available for at least two years.

The economic and social impacts of the financial crisis would have been far worse if not for the effective, often extraordinary policy responses adopted by many countries.
The crisis was also mitigated by swift and significant assistance from international financial institutions and regional development banks. Moreover, developments in the period leading up to the crisis enabled many developing countries to help offset its effects on MDG progress. Unlike in past crises, most developing countries encountered this one with better economic policies and social protection mechanisms, stronger institutions, and lower debt. Social spending has remained strong in Latin America and the Caribbean, and in Europe and Central Asia—the hardest hit of developing regions—some countries focused spending cuts on sectors with excess capacity, increasing long-term efficiency and limiting the welfare impact of the cuts.

Several Sub-Saharan countries with poverty reduction strategies have been able to protect social spending, and countries such as the Philippines and the Republic of Yemen have expanded existing or planned safety net programs in response to the crisis. Still, low-income countries were more vulnerable to the effects of the crisis and are recovering more slowly.

Thus, continued urgent and exceptional responses are needed to halt the slipping progress on many MDGs. Success will depend on further reforms by developing countries, increased trade access to advanced economies, and continued and sustained support from donors and international financial institutions. Timely, well-designed cash transfer programs increase household incomes and help girls and boys stay in school. To beat major diseases and reduce maternal mortality, a holistic approach should be taken to strengthening health systems. Some MDGs will not be achieved by 2015, especially in Sub-Saharan Africa, but many were ambitious to start with. And that ambition fueled much of the striking progress over the past decade.

Though there are signs of recovery from the crisis, the damage it has caused to developing countries, especially in Sub-Saharan Africa, will be long lasting. And if the recovery weakens and developing countries suffer

**Human development indicators fall more in recessions than they gain in expansions**

![Graphs showing the impact of recessions and expansions on human development indicators.](source: World Bank staff calculations based on data from the World Development Indicators database. Note: The panels show differences of averages during growth accelerations and decelerations from overall averages; averages are statistically different at the 1% level.)
policy reversals—cutting trade, eliminating safety nets, and allowing inflation to return—the impacts on human development outcomes could be horrific. To meet the MDGs, the developing world must revive its growth and reinforce its resilience to global economic volatility by rebuilding fiscal policy buffers and strengthening social safety nets—the first line of defense against shocks to poor people. Core spending on health, education, and infrastructure must also be protected against economic downturns. Still, if growth in developing countries is lower than expected over the next decade, it will exacerbate the slowed progress on the MDGs caused by the crisis.

The financial crises of the late 1990s showed that continued progress on the MDGs is possible despite major challenges. The next five years offer the same opportunity. A dynamic, resilient global economy, powered by strong and sustainable growth on many fronts, is a prerequisite for mobilizing the resources and generating the jobs and prospects needed to achieve the MDGs. Regaining momentum on the MDGs will also require ambitious efforts to improve access to health, education, and basic infrastructure—particularly for the most disadvantaged groups—without which poor people will not be able to lift themselves out of poverty.

To mitigate the effects of the crisis, efforts in all countries—rich and poor—should focus on achieving inclusive and sustainable global growth, maintaining and expanding open international trade and financial systems, and fostering private sector development. Sustained support from the international community will be essential to helping governments restore trust, build legitimacy, and deliver basic services to their people. As part of this effort, high-income countries must deliver on their aid commitments.

The World Bank Group is dedicated to helping countries achieve—and reach beyond—the MDGs. Drawing on its comparative advantages, the Bank is supporting critical programs and providing technical assistance. It is also helping countries mobilize and leverage domestic and international resources in new and innovative ways from both the private and the public sectors. With committed efforts from the many partners engaged in advancing development, developing countries can learn from past experiences, seize emerging opportunities, and build a future that delivers the promise offered by the MDGs.

Effects of crisis on MDG progress

Source: World Bank staff calculations.
The economic and financial crisis slowed or reversed growth in every region.
Eradi cate extreme poverty and hunger

Reducing poverty and hunger and increasing employment are intrinsic components of development efforts. Indeed, they are among the first things that come to mind when assessing any country’s prospects for prosperity. Accordingly, this first MDG focuses on the need for action on all three.

Reduced poverty—a global bright spot

When the crisis hit, poverty rates were falling rapidly in many countries, especially in East Asia and the Pacific and in South Asia. Since 1990, global poverty had fallen 40 percent, with poverty in East Asia dropping from 55 percent in 1990 to 17 percent in 2005. Sub-Saharan Africa had also seen rapid declines in poverty levels since the late 1990s, though it is the largest region that will not achieve the MDG target of halving extreme poverty by 2015.

Moreover, the number of people living on less than $1.25 a day in developing countries fell from 1.8 billion in 1990 to 1.4 billion in 2005—from 42 percent of the population to 25 percent—largely due to progress in China and India. By 2015, the global rate of extreme poverty is expected to be 15 percent.

Economic growth is a key driver in reducing poverty, and GDP growth in developing countries is projected to accelerate to 6.3 percent in 2010, up from 2.3 percent in 2009. Poverty will continue to fall after the crisis, but more slowly. In 2015, the global poverty rate would have been 14.1 percent were it not for the crisis; instead it is projected to be 15 percent. The crisis will cause 53 million fewer people to have escaped poverty by 2015, including 20 million in Sub-Saharan Africa. Still, the number of people in extreme poverty is expected to fall to about 900 million in 2015 even as the...
population in developing countries rises to 5.8 billion.

**Achieving full and productive employment—an ongoing challenge**

Progress on full and productive employment, especially for women, was lacking even before the crisis. Maintaining full employment is important for sustainable growth and income generation, and increasing productivity is key to raising incomes and reducing poverty. Underemployment is high in informal sectors, and subsistence activities in rural areas are hard to measure. Employment levels for women have consistently been lower than for men, particularly in the Middle East and North Africa and South Asia. Still, female employment has increased since 1991 in Latin America and the Caribbean and the Middle East and North Africa.

**Fighting hunger—crises create complications**

The developing world is not on track to halve the proportion of people suffering from hunger by 2015. Moreover, the recent food crisis complicated progress on fighting hunger and malnutrition. The United Nations Food and Agriculture Organization estimates that the number of people suffering from food insecurity—not consuming enough food calories to meet average daily energy needs—rose from 842 million in 1990–92 to more than 1 billion in 2009.

Malnutrition is caused by a combination of insufficient food consumption, lack of vitamins and minerals, and disease. Reducing malnutrition among children is essential to achieving other MDGs, including education for all and reductions in child and maternal mortality. Malnourished children are less likely to attend school and may suffer learning deficits. Malnutrition is a contributing factor in more than one-half of deaths in young children, and malnutrition during pregnancy accounts for more than a fifth of maternal deaths.

The share of children under 5 who are underweight in developing countries fell from 31 percent in 1990 to 24 percent in 2008, a much slower pace than needed. Progress has been slowest in South Asia and Sub-Saharan Africa, where moderate to severe stunting affects more than 140 million children. Children in the poorest households are more than twice as likely to be underweight as those in the richest.
MAP 2  Sub-Saharan Africa has the highest poverty rates, but more people in East and South Asia live in extreme poverty

Poverty rate:
Share of population living on less than $1.25 a day, % (2005)

- <2
- 2–9.9
- 10–24.9
- 25–49.9
- ≥50
- no data

This map was produced by the Map Design Unit of The World Bank. The boundaries, colors, denominations and any other information shown on this map do not imply, on the part of The World Bank Group, any judgment on the legal status of any territory, or any endorsement or acceptance of such boundaries.

Source: World Bank staff calculations.
THE MILLENNIUM DEVELOPMENT GOALS AND THE ROAD TO 2015

Achieve universal primary education

More than 20 years ago the world community committed itself to providing at least a primary school education to every child. Ensuring that all children receive a good quality education is the foundation of sustainable development and poverty alleviation. Education accelerates progress in other areas such as poverty, gender equality, and child and maternal health. When women are educated and empowered, their fertility rate is likely to be lower, and their children are less likely to suffer from malnutrition or die before their fifth birthday. When the head of household is educated, the poverty level for the household is lower.

Progress toward the goal of universal primary education was slow in the least developed countries but has accelerated since 2000. But in periods of economic crisis, families sometimes choose to remove children from school because they cannot afford the cost of schooling or they need their children’s labor. Because of the current crisis, 350,000 students may be unable to complete primary school by 2015.

Progress toward primary education

According to available data, 50 developing countries have achieved universal primary education and 7 more are on track to do so. Countries in Europe and Central Asia and Latin America and the Caribbean have been most successful in reaching the target. The recent increase in enrollment rates in Sub-Saharan Africa—despite rapid population growth—is encouraging. But 38 countries, mostly in Sub-Saharan Africa, are seriously off track and unlikely to achieve the full-enrollment target.

In 2007, the primary school completion rate reached 87 percent for developing countries: 92 percent for middle-income countries but just 67 percent for low-income ones. That means that some 70 million children worldwide were not enrolled in

To reach the goal of universal primary education, children must remain in school

Source: World Bank staff estimates.

primary school—and about half will receive no formal education. Not all households are affected to the same extent. Poor children are less likely to be enrolled in school, but in the poorest countries large numbers of children in wealthier households are also not enrolled. During an economic crisis, urban households may suffer more than rural households from unemployment and reduced earnings, forcing cuts in their children’s education.

Keeping children in school

For children to complete primary school, they must be enrolled. Although enrollments in grade 1 have been increasing, in some developing countries, less than 60 percent of primary school pupils who enroll in first grade reach the last grade of schooling. Children drop out of primary school because their families do not recognize the value of education. Many things discourage children and their parents: absent or indifferent teachers, inadequate or dangerous facilities, and demand for children’s labor at home or at work. Enrolling all children and keeping them in school will require ongoing reforms and increased investment. Conditional cash transfers, scholarships, and school feeding programs are effective ways of encouraging poor households to invest in their children. But the current global economic downturn threatens the ability of both governments and parents to invest in education. Developing countries therefore need to give priority to those education expenditures that have the highest expected returns and to protect the most vulnerable and disadvantaged parts of the population.

The literacy challenge

Literacy comes closest to a general measure of the quality of education outcomes. Across developing countries, youth literacy is higher than adult literacy—a result of expanded access to formal schooling. The United Nations Educational, Scientific, and Cultural Organization defines literacy as the ability to read and write with understanding a short, simple sentence about everyday life. In many countries, national assessments are enabling ministries of education to monitor progress on literacy. But approaches differ, and in some places literacy is assessed by school attendance or self-reporting instead of formal testing.

Dramatic improvements in youth literacy have occurred in the Middle East and North Africa and South Asia. But in every region except Latin America and the Caribbean, boys are more literate than girls—with the starkest differences in South Asia and Sub-Saharan Africa.

Youth literacy is on the rise . . .

. . . but in most regions girls lag boys

Primary completion rate:
% of relevant age group (2004–09)

- <50
- 50–69
- 70–84
- 85–94
- ≥95
- no data

MAP 3  Millions of children either never attend or fail to complete primary school

This map was produced by the Map Design Unit of The World Bank. The boundaries, colors, denominations and any other information shown on this map do not imply, on the part of The World Bank Group, any judgment on the legal status of any territory, or any endorsement or acceptance of such boundaries.

Source: World Development Indicators.
GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION
Promote gender equality and empower women

Promoting gender equality and empowering women are important in their own right and because they foster progress toward other MDG targets, such as those for reducing poverty, hunger, and disease and improving access to education. When women make decisions, household resources tend to be shared more equitably. And educated women are better able to care for children and more likely to send their children to school. But progress toward the gender parity targets has been uneven, and the current crisis has made achieving the targets more difficult because women are more vulnerable, particularly in poor countries.

**Progress toward gender parity in education**

Education opportunities for girls have expanded since 1990. Enrollment patterns in upper-middle-income countries now resemble those in high-income countries, and those in lower-middle-income countries are nearing equity. But gender gaps remain large in low-income countries, especially at the primary and secondary levels. Girls in poor households and rural areas are least likely to be enrolled in school. Cultural attitudes and practices also pose formidable obstacles to gender parity.

Despite these challenges, developing countries have made progress toward gender parity in education. Two-thirds achieved gender parity in primary education by 2005, and more girls than ever before are completing primary school. Today 64 developing countries, many in Europe and Central Asia and Latin America and the Caribbean, have achieved gender parity in primary school, and 21 more are on track to do so by 2015. But 22 countries remain seriously off track—mostly in Sub-Saharan Africa.
In most developing regions, progress toward gender parity has been faster in secondary than in primary schools: 71 countries have achieved gender parity, and another 14 are on track. Again, Europe and Central Asia and Latin America and the Caribbean have made the most progress. But 29 countries, more than two-thirds of them in Sub-Saharan Africa, are seriously off track and unlikely to achieve parity if current trends continue. Still, the global target of gender parity in primary and secondary education could be achieved by 2015.

Underlying these statistics is a disturbing pattern. In Latin America and the Caribbean, for example, 24 of 30 countries have reached the target at the secondary level, while only 15 have reached the target or are on track to do so at the primary level. This implies that boys are leaving secondary school in disproportionate numbers—not a good solution to achieving gender parity.

**Where and how women work**

Women’s share in nonagricultural paid employment has risen marginally in some regions but remains below 20 percent in the Middle East and North Africa and South Asia. There are more men than women in wage and salaried employment in all regions except Europe and Central Asia and Latin America and the Caribbean. Women are also segregated to lower-paid employment. And in sectors where women dominate, such as health care, they rarely hold upper-level management jobs.

**Women in government**

The proportion of parliamentary seats held by women has increased steadily over the past two decades. Rwanda is furthest ahead, making history in 2008 when its elections led to women holding 56 percent of parliamentary seats. Worldwide, more women are entering positions of political leadership. In March 2009, 15 women were heads of state, up from 9 in 2000. In Latin America and the Caribbean, the Middle East and North Africa, and South Asia, women’s representation in parliament rose 30–50 percent between 1990 and 2009. Women in the Middle East and North Africa made substantial gains but still hold less than 10 percent of parliamentary seats—the smallest share among all regions. Latin America and the Caribbean is in the lead, with women holding 23 percent of seats.

**Women’s share in nonagricultural work has barely changed**

![Graph showing women's share in nonagricultural work](image1)

**Women’s political representation is growing**

![Graph showing women's political representation](image2)

*Source: International Labour Organization.*

*Source: Inter-Parliamentary Union.*
MAP 4  Education increases opportunities for girls and their families

Gender equality rate:
Ratio of girls to boys in primary and secondary education, % (2005–09)

- <80
- 80–89
- 90–97
- 98–100
- ≥101
- no data

This map was produced by the Map Design Unit of The World Bank. The boundaries, colors, denominations and any other information shown on this map do not imply, on the part of The World Bank Group, any judgment on the legal status of any territory, or any endorsement or acceptance of such boundaries.

Source: World Development Indicators.
GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN
Goal 4

Reduce child mortality

Deaths of children under age 5 have been declining since 1990. In 2006, for the first time, the number of children who died before their 5th birthday fell below 10 million. Child mortality in developing countries dropped more than 25 percent between 1990 and 2008, from 101 per 1,000 live births to 73. Though this progress is impressive, it will be insufficient to meet the fourth MDG of reducing under-5 child mortality by two-thirds. And with the onset of the financial crisis, an additional 265,000 infants and 1.2 million children under age 5 may die between 2009 and 2015.

Little progress has been made in reducing infant and child mortality in Sub-Saharan Africa, where one child in seven dies before the age of 5. And because of the crisis, infant deaths in the region rose by 30,000–50,000 in 2009 alone, nearly all of them girls. The odds are slightly better in South Asia, where 1 child in 13 dies before reaching age 5, but progress remains well short of the MDG target. These two regions remain overriding priorities for child survival interventions such as immunizations, exclusive breastfeeding, and insecticide-treated bednets. Better policies and targeted interventions could reduce the deaths of 3 million infants a year in Sub-Saharan Africa, which is home to one-fifth of the world’s children under age 5 but accounts for half of all child deaths.

Progress on reducing under-5 mortality

Thirty-seven developing countries have achieved or are on track to achieve the target of reducing their under-5 mortality rate by two-thirds. Two of the poorest countries in Sub-Saharan Africa, Eritrea and Malawi, have made remarkable progress. Countries that have achieved this target now

Progress toward reducing child mortality

Infant mortality rates are falling

---

See pp. 4–5 for more information about the World Bank eAtlas of the MDGs
account for half the population of developing countries.

**Life expectancy begins at birth**

Success in reducing infant mortality—deaths before age 1—is a general indicator of progress on human development outcomes under the MDGs, reflecting access to medicines, health facilities, safe water and sanitation, fertility patterns, maternal health, maternal and infant nutrition, maternal and infant disease exposure, and female literacy. Infant mortality is the main contributor to child mortality, and reducing infant and child mortality is the most effective way of increasing life expectancy in developing countries.

**The importance of immunizations**

Immunizations, among the most important and cost-effective public health interventions, have saved more than 20 million lives in the past two decades and protected countless children from illness and disability. Immunizations for measles—a leading cause of vaccine-preventable deaths among children—continue to expand worldwide. Coverage in all regions now exceeds 70 percent, markedly improving child survival rates. But at the end of 2009, 23.7 million children had not received a single dose of the measles vaccine by their first birthday, and 23.2 million children went without all three recommended doses of the DTP (diphtheria, tetanus, and pertussis) vaccine. Of the children not properly immunized with DPT, 16.2 million live in 10 countries, with the largest numbers in India and Nigeria. And according to the most recent World Health Organization estimates, rotavirus, which causes the most common form of deadly childhood diarrhea, caused more than 500,000 child deaths worldwide in 2004. In Asia and Africa, where more than 85 percent of rotavirus-related deaths occur, prevention through the newly field-tested vaccine could have a substantial impact on diarrhea and child mortality.

Sharp disparities in access to immunizations continue to remain within countries. In developing countries, only 40 percent of poor children are immunized, compared with more than 60 percent of children from wealthier households. But in some countries, poor people have shared in these health improvements. In Mozambique, immunization coverage rose from 58 percent in 1996 to 77 percent in 2002. The poorest 40 percent of households were the main beneficiaries of this increase.

**Progress toward measles immunization**

![Graph showing progress toward measles immunization](image)

**Measles is a leading cause of vaccine-preventable deaths in children**

![Graph showing measles immunization rate](image)


---

**GOAL 4: REDUCE CHILD MORTALITY**

27
Infants are 10 times more likely to die in developing than in developed countries

Source: World Development Indicators.
GOAL 4: REDUCE CHILD MORTALITY
Every year hundreds of thousands of women die from complications related to pregnancy or childbirth. Some 99 percent of these deaths occur in developing countries. And for every woman who dies, about 20 suffer injuries, infections, or diseases. In developing countries, pregnancy-related complications are among the leading causes of death and disability for women between 15 and 49.

But recent findings from 181 countries indicate more rapid progress on reducing maternal mortality than previously estimated. Between 1980 and 2008, maternal mortality dropped from more than 525,000 a year to less than 350,000. But progress is fragile and has varied enormously. Very few countries are on track to achieve the MDG target of reducing maternal mortality to three-quarters of the 1990 level. As countries emerge from the crisis, efforts must be upgraded to achieve universal access to reproductive health care.

### Causes and concentrations of maternity-related deaths

Causes of maternal death vary. Hemorrhage is the leading cause in South Asia and Sub-Saharan Africa, while hypertensive disorders during pregnancy and labor are more common in Latin America and the Caribbean. AIDS also kills many pregnant women in Africa, particularly in the south.

About half of maternity-related deaths occur in Sub-Saharan Africa and about a third in South Asia. Afghanistan, Bangladesh, the Democratic Republic of Congo, Ethiopia, India, and Nigeria account for a large share of maternal deaths.

The risk of death in pregnancy or childbirth increases with the number of pregnancies. In some countries in Africa, the total fertility rate exceeds six children per woman. In countries with high maternal mortality ratios...
and high fertility rates, a woman’s lifetime risk of maternal death can be several hundred times higher than for women in Western Europe or North America. Pregnancy in adolescence further increases the chance of dying during childbirth.

**Skilled care—a critical antidote**

Attendance by skilled health workers at delivery is critical to reducing maternal mortality. In developing countries, the share of births attended by skilled health staff rose from about half in 1990 to two-thirds in 2008. Countries in Europe and Central Asia have made the most progress in ensuring safe deliveries. Most have achieved universal coverage, and the rest are on track to achieve it by 2015.

But the overall picture remains sobering. In South Asia and Sub-Saharan Africa, more than half of births are not attended by skilled staff. And averages obscure a harsh reality: wealthy women are more than twice as likely as the poorest to have access to skilled health workers at childbirth.

Many health problems faced by pregnant women are preventable and treatable through visits with trained health workers before childbirth. Having at least four prenatal visits enables women to receive important services such as tetanus vaccinations and treatment of infections and life-threatening complications.

The proportion of pregnant women in developing countries who had at least one prenatal visit rose from 64 percent in 1990 to 82 percent in 2008. But the share who received four or more visits is still less than 50 percent in South Asia and Sub-Saharan Africa. The availability of family planning services is also low and advancing slowly in both regions.

**Lack of contraception poses large risks**

Contraceptive use has increased in most developing countries for which data are available and is usually accompanied by reductions in fertility. In almost all regions, more than half of women who are married or in union use some form of birth control. The exception is Sub-Saharan Africa, where contraceptive prevalence has remained at just over 20 percent since 2000.

More than 200 million women want to delay or stop having children. In every country, large shares of women—more than half in some—say that their last pregnancy was unwanted or mistimed. More than a quarter of these pregnancies, about 52 million a year, end in abortion. More than 1 in 10 maternal deaths are due to unsafe abortions, with young women especially vulnerable. Thus women in developing countries continue to die for lack of contraception.
MAP 6  In countries with poor reproductive health care, each pregnancy adds to the risk of maternal death

Total fertility rate:
Births per woman, 2008

- 5.0 or more
- 3.5–4.9
- 2.2–3.4
- 1.5–2.1
- less than 1.5
- no data

This map was produced by the Map Design Unit of The World Bank. The boundaries, colors, denominations and any other information shown on this map do not imply, on the part of The World Bank Group, any judgment on the legal status of any territory, or any endorsement or acceptance of such boundaries.

Source: World Development Indicators.
The Millennium Development Goals and the Road to 2015

Combat HIV/AIDS, malaria, and other diseases

For many reasons—including poverty, climate, bad policies, and inadequate services—people in developing countries are highly susceptible to life-threatening diseases. Some of these, such as malaria and tuberculosis, have been eliminated or largely contained in high-income countries, yet continue to kill millions a year in developing countries. HIV/AIDS remains a global pandemic. A concerted international effort against these diseases is starting to make inroads, but more resources are needed.

HIV/AIDS—progress and problems

Worldwide, 33.4 million people were living with HIV/AIDS in 2008. Sub-Saharan Africa contains just over one-tenth of the world’s population but is home to two-thirds of people living with HIV/AIDS, with women far more likely to be infected than men. In 2008, there were 2.7 million new HIV infections worldwide—a 17 percent decline over eight years—and 2 million AIDS-related deaths. But the global prevalence rate of the disease has remained constant since 2000, in line with the MDG target. HIV prevalence in Sub-Saharan Africa has fallen, and in 14 of 17 Sub-Saharan countries with adequate data, the share of pregnant women ages 15–24 living with HIV/AIDS has declined since 2000.

Still, troubling increases in new infections are occurring in highly populated countries in other regions, such as Indonesia, the Russian Federation, and some high-income countries. Even more worrisome, an estimated 430,000 children under 15 became infected with HIV in 2008. Globally, the number of infected children rose from 1.6 million in 2001 to 2.1 million in 2008. About 90 percent live in Sub-Saharan Africa.

Two thirds of young people living with HIV/AIDS are in Sub-Saharan Africa, most of them women

Only 42 percent of the population with HIV receive effective treatment

Source: Joint United Nations Programme on HIV/AIDS and World Health Organization.

Source: UNAIDS.
In 2008, some 17.5 million children worldwide had lost one or both parents to AIDS, including 14.1 million in Sub-Saharan Africa. A key indicator of progress in HIV/AIDS treatment and the situation of children affected by AIDS is school attendance by orphans. Orphans and vulnerable children are at higher risk of not attending school, living in households with low food security, and being exposed to HIV. But in many countries, the disparity in school attendance between orphans and non-orphans appears to be shrinking.

Wider access to antiretroviral medicines has slowed deaths from AIDS, reaching almost a third of people with HIV/AIDS in developing countries. Though these medicines have become much more widely available in Sub-Saharan Africa, more than 60 percent of the infected population still does not have access to them. Few countries will achieve the target of universal access to treatment anytime soon.

**Tuberculosis rates falling—but not fast enough**

The number of new tuberculosis cases peaked globally in 2004 and is leveling off. The tuberculosis prevalence rate (cases per 100,000 people) has fallen, but the target of halving 1990 prevalence and death rates by 2015 is unlikely to be met in all regions. Prevalence is still high in Sub-Saharan Africa, and South Asian countries appear to have returned to 1990 levels. In 2008, there were 11 million cases of tuberculosis globally—down from 14 million in 2007. In 2008, 1.3 million infected people died. An estimated half million people who died were also HIV positive.

**Malaria’s enormous toll—and effective responses**

The World Health Organization estimates that in 2008 there were 250 million cases of malaria, leading to nearly 1 million deaths. Though malaria is endemic in most tropical and subtropical regions, 90 percent of malaria deaths occur in Sub-Saharan Africa—and most are among children under 5. Moreover, children who survive malaria do not escape unharmed. Repeated episodes of fever and anemia take a toll on their mental and physical development. Much progress has been made across Sub-Saharan Africa in providing insecticide-treated bednets for children, use of which rose from 2 percent in 2000 to 20 percent in 2006.
MAP 7  Tuberculosis remains a major problem in Sub-Saharan Africa and many parts of Asia

Tuberculosis rate:
Incidence of tuberculosis per 100,000 people (2008)
- <50
- 50–99
- 100–249
- 250–499
- ≥500
- no data

This map was produced by the Map Design Unit of The World Bank. The boundaries, colors, denominations and any other information shown on this map do not imply, on the part of The World Bank Group, any judgment on the legal status of any territory, or any endorsement or acceptance of such boundaries.

Source: World Development Indicators.
The 1992 Earth Summit adopted comprehensive global, national, and local responses for every area where humans affect the environment. This agenda was incorporated into the Millennium Declaration along with commitments to reduce greenhouse gas emissions, protect biodiversity, and prevent desertification.

**Mitigating forest losses**

Many of the world’s poor people depend on forests. The loss of forests threatens their livelihoods, destroys habitats that harbor biodiversity, and eliminates important carbon sinks. Since 1990, forest losses have been substantial, especially in Latin America and the Caribbean and Sub-Saharan Africa. But recent data show that global deforestation is slowing.

**Alleviating climate change**

Neither the UN Framework Convention on Climate Change (adopted at the Earth Summit) nor the MDGs commit countries to targets for reducing greenhouse gas emissions, and such emissions have continued to rise. As economies develop, their use of energy derived from fossil fuels increases. And despite increased energy efficiency, average emissions per person are growing. Without agreed and enforceable targets for reduced emissions, little progress will be made on global climate change.

Developing countries can shift to lower-carbon paths while promoting development and reducing poverty if they receive financial and technical assistance. High-income countries must shape the climate future by reducing their carbon footprints and developing alternative energy sources. The costs of doing so will be high but manageable.

**Easing demands on water resources**

Most water is used for agriculture and industry; only a small portion goes to domestic consumption. Growing economies and populations are putting greater demands on the world’s fresh water. In 2008, 63 economies had less than 1,700 cubic meters of fresh water per person
GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

(a level associated with water stress), and 43 of these had less than 1,000 cubic meters per person (water scarcity). Water pollution and waste further reduce its availability. In some countries, especially in the Middle East and North Africa, withdrawals exceed available resources, with the difference made up by seawater desalinization.

Reducing biodiversity loss
Habitat losses have caused widespread extinctions of animals and plants. Developing countries contain some of the most important areas of biodiversity, and designating protected areas is an important step toward sustainable development. But though the number and size of protected areas have grown, there is no evidence that biodiversity loss has slowed.

Increasing access to improved water sources
An improved water source meets basic standards for access to a protected water supply, but water from improved sources—such as public taps or hand pumps—may not meet quality standards set by the World Health Organization and may still require considerable fetching and carrying. In 1990, more than 1 billion people in developing countries lacked access to such a minimal convenience. That number has been falling, but because of the crisis, 25 million more people may remain without access to an improved source of drinking water. Nevertheless, at least 66 developing countries are on track to halve the share of people without access to an improved water source, and others could reach the target by 2015.

Improving sanitation has proven elusive
Around the world, 2.6 billion people lack access to toilets, latrines, and other forms of improved sanitation, and more than 40 percent of these people practice open defecation. In developing countries, the share of people with access to improved sanitation rose from 43 percent in 1990 to 54 percent in 2008. To halve the proportion of people without basic sanitation by 2015, more than 1.3 billion people would have to gain access to an improved facility—so the global target will be missed. Progress has been slowest in South Asia and Sub-Saharan Africa.

Expanding urban housing
Since 2000, living conditions have improved for more than 200 million urban dwellers, but the number of people moving into urban areas has grown even faster. More than 825 million people live in urban dwellings without improved sources of drinking water, improved sanitation facilities, sufficient living areas, durable structures, and secure tenure. In Sub-Saharan Africa, more than half the urban population lives in slums.

The world has lost more than 1.4 million square kilometers of forest since 1990

[Graph showing forest loss in different regions]

Source: Food and Agriculture Organization.

Carbon dioxide emissions continue to rise

[Graph showing carbon dioxide emissions from fossil fuels]

Source: Carbon Dioxide Information Analysis Center.
MAP 8  Lack of access to a safe, convenient water source increases the risk of disease and burdens women and children with fetching water

Access to water:
Share of population with access to improved water source, % (2008)

- <50
- 50–69
- 70–89
- 90–99
- 100
- no data

Source: World Development Indicators.
Prospects for sustaining the current economic recovery will be enhanced if advanced and developing countries continue to cooperate in implementing policies aimed at increasing growth, protecting the poor and vulnerable, maintaining infrastructure investment, and sustaining private sector growth.

**Increasing official development assistance (ODA)**

In 2002, world leaders agreed on the need to provide financing for development through a coherent process that recognizes the need for both domestic and international resources. Three years later, the leaders of the Group of Eight (G-8) industrial countries made specific commitments to increase aid to Africa. But while aid to Africa increased to $40 billion in 2008, it has fallen far short of the commitments made in 2005.

Aid received by all developing countries has increased substantially in real terms—from $73 billion in 2000 to $129 billion in 2008. But to meet donors’ global commitments, aid increases will have to be larger and sustained.

**Expanding trade**

The global economy is bound together by trade and investment. To improve opportunities for developing countries, the Millennium Declaration calls for rich countries to permit tariff- and duty-free access for exports from developing countries and draws attention to the need for assistance to improve developing countries’ export capacity.

Average tariffs levied by rich countries have been falling, but many obstacles remain for developing-country exporters. The averages disguise high peak tariffs applied to certain goods. Arcane rules of origin may also prevent countries from qualifying for duty-free access. And subsidies paid by rich countries to their agricultural producers make it hard for developing countries to compete. Though
falling, these subsidies are still much higher than the aid provided by the same countries.

Despite widespread fears, the crisis has not significantly reduced developing countries’ access to global markets. Although global trade contracted by 12 percent and 350 trade-restrictive measures were introduced around the world in 2009, protectionism has been contained. Signs of recovery are evident, but trade remains fragile.

**Reducing debt burdens**

Better debt management, increased trade, and, for the poorest countries, substantial debt relief have reduced the burden of debt repayments. The global crisis is likely to reverse these trends in the near term and make it more difficult for developing countries to pay off debt or borrow to finance balance of payments deficits—especially for countries with high debt.

In 1996, the World Bank and International Monetary Fund (IMF) launched the Heavily Indebted Poor Countries (HIPC) initiative to provide relief to countries with recurring debt repayment problems. By June 2010, 36 countries had participated in the initiative and received $72.3 billion in debt relief. Since 2005, the World Bank, IMF, African Development Bank, and Inter-American Development Bank have provided additional debt relief under the Multilateral Debt Relief Initiative (MDRI). Also by June 2010, 29 HIPC countries, primarily in Sub-Saharan Africa, had received $45.2 billion in additional assistance under the MDRI.

Still, concerns about debt sustainability underscore the need for sound economic and borrowing policies. Six countries that received HIPC debt relief are again at high risk of debt distress.

**Increasing access to affordable drugs**

There have been limited successes in providing poor people with access to affordable essential drugs—such as the introduction of antiretroviral drugs to combat HIV/AIDS in Sub-Saharan Africa. But a lack of measurable indicators has rendered this target more a wish than a commitment.

**Realizing the benefits of new technologies**

While trade and investment provide the economic sinews that bind the world together, information and communication technology provides the nerve tissues that relay messages from the most remote parts of the planet. Growth in fixed-line telephone systems has peaked in high-income economies and slowed in developing countries, while mobile (cellular) subscriptions continue to grow at a rapid pace in both. Internet use, barely under way in 2000, is expanding quickly in many developing countries.
MAP 9  Aid flows from OECD countries remain an important source of development assistance in many developing countries

Aid:
Aid received per capita, 2008
- $100 or more
- $50–99
- $10–49
- less than $10
- no data

Aid donated per capita, 2008
- $250 or more
- $150–249
- $50–149
- less than $50
- net donor
- no data

Source: World Development Indicators.
GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT
Goals and targets from the Millennium Declaration

<table>
<thead>
<tr>
<th>GOAL 1</th>
<th>ERADICATE EXTREME POVERTY AND HUNGER</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET 1.A</td>
<td>Halve, between 1990 and 2015, the proportion of people whose income is less than $1.25 a day</td>
</tr>
<tr>
<td>TARGET 1.B</td>
<td>Achieve full and productive employment and decent work for all, including women and young people</td>
</tr>
<tr>
<td>TARGET 1.C</td>
<td>Halve, between 1990 and 2015, the proportion of people who suffer from hunger</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL 2</th>
<th>ACHIEVE UNIVERSAL PRIMARY EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET 2.A</td>
<td>Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL 3</th>
<th>PROMOTE GENDER EQUALITY AND EMPOWER WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET 3.A</td>
<td>Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education no later than 2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL 4</th>
<th>REDUCE CHILD MORTALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET 4.A</td>
<td>Reduce by two-thirds, between 1990 and 2015, the under-5 mortality rate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL 5</th>
<th>IMPROVE MATERNAL HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET 5.A</td>
<td>Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio</td>
</tr>
<tr>
<td>TARGET 5.B</td>
<td>Achieve by 2015 universal access to reproductive health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL 6</th>
<th>COMBAT HIV/AIDS, MALARIA, AND OTHER DISEASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET 6.A</td>
<td>Have halted by 2015 and begun to reverse the spread of HIV/AIDS</td>
</tr>
<tr>
<td>TARGET 6.B</td>
<td>Achieve by 2010 universal access to treatment for HIV/AIDS for all those who need it</td>
</tr>
<tr>
<td>TARGET 6.C</td>
<td>Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL 7</th>
<th>ENSURE ENVIRONMENTAL SUSTAINABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET 7.A</td>
<td>Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources</td>
</tr>
<tr>
<td>TARGET 7.B</td>
<td>Reduce biodiversity loss, achieving by 2010 a significant reduction in the rate of loss</td>
</tr>
<tr>
<td>TARGET 7.C</td>
<td>Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation</td>
</tr>
<tr>
<td>TARGET 7.D</td>
<td>Have achieved a significant improvement by 2020 in the lives of at least 100 million slum dwellers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL 8</th>
<th>DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET 8.A</td>
<td>Develop further an open, rule-based, predictable, nondiscriminatory trading and financial system (including a commitment to good governance, development, and poverty reduction, nationally and internationally)</td>
</tr>
<tr>
<td>TARGET 8.B</td>
<td>Address the special needs of the least-developed countries (including tariff- and quota-free access for exports of the least-developed countries; enhanced debt relief for heavily indebted poor countries and cancellation of official bilateral debt; and more generous official development assistance for countries committed to reducing poverty)</td>
</tr>
<tr>
<td>TARGET 8.C</td>
<td>Address the special needs of landlocked countries and small island developing states (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the 22nd special session of the General Assembly)</td>
</tr>
<tr>
<td>TARGET 8.D</td>
<td>Deal comprehensively with the debt problems of developing countries through national and international measures to make debt sustainable in the long term</td>
</tr>
<tr>
<td>TARGET 8.E</td>
<td>In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries</td>
</tr>
<tr>
<td>TARGET 8.F</td>
<td>In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</td>
</tr>
</tbody>
</table>


Note: The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of state and government, in September 2000 (http://www.un.org/millennium/declaration/ares552e.htm) and from further agreement by member states at the 2005 World Summit (Resolution adopted by the General Assembly—A/RES/60/1). The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries “to create an environment—at the national and global levels alike—which is conducive to development and the elimination of poverty.”

www.worldbank.org/mdgs
As the development community takes stock of its MDG progress, we need to look beyond and behind the numbers to see what we can learn from them and our efforts to date. We need to invest in what works and fix what doesn’t. We need to mobilize and create incentives for all those that can contribute: developing and developed countries; governments and businesses; NGOs and church groups. And as we do, we always need to keep in mind that this work is ultimately about empowering people, families, and communities. If given a chance, the human spirit can accomplish amazing things. We need to give everyone, wherever they live, that opportunity. Even one person imprisoned in poverty is one too many.

— Robert B. Zoellick
President
The World Bank Group