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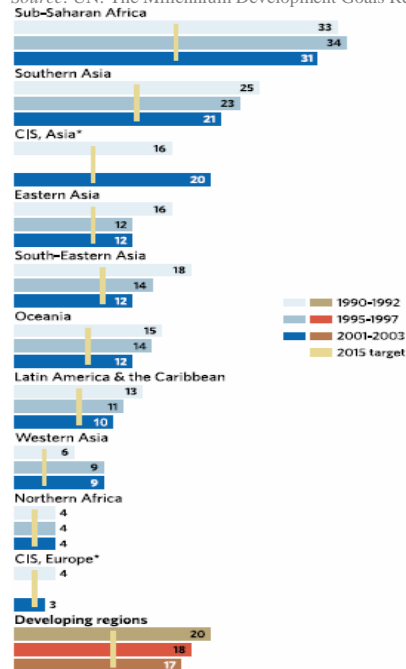
Fact Sheet: MDG 1 – Cut Extreme Poverty and Hunger in Half by 2015

Why a Goal on Poverty and Hunger?

Extreme poverty and chronic hunger make development much more difficult: Poverty leads to malnutrition and illness, which reduce incomes and economic productivity, which in turn exacerbates poverty and hunger because people cannot afford proper nutrition, health care, housing, to invest in their children's education, or own a business. This "poverty trap" also impacts development prospects on the macro level: without economic activity and a tax base, the government cannot invest in its people and foreign investors are wary of financial commitments.

Figure 2. Proportion of people living with insufficient food, 1990-1992, 1995-1997 and 2001-2003 (Percentage)

Source: UN: The Millennium Development Goals Report 2006



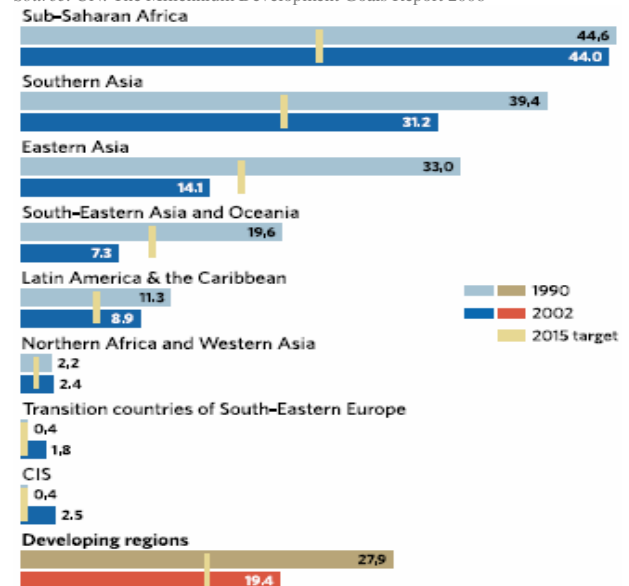
Current Status

1.1 billion people – 1 in 5 – live on less than \$1 a day. The extremely poor suffer from hunger and malnutrition, are unable to afford essential medicines, clean water and

sanitation, live in unsafe homes, do not have the time or money for education, and are politically and socially excluded from their societies.

Figure 1. Proportion of people living on less than \$1 a day, 1990 and 2002 (Percentage)

Source: UN: The Millennium Development Goals Report 2006



Extreme poverty fell from 28% to 19% between 1990 and 2002. Unfortunately, overall global progress has been uneven: Asia's achievement in lifting 250,000 people above \$1 a day mark is mainly due to India and China's economic advances, and 140 million more people in sub-Saharan Africa are living in poverty today despite a slight decline in the poverty rate. Moreover, within developing countries, the poor have higher child and maternal mortality rates, are less educated, and less likely to have health care.

Extreme poverty is inextricably linked to chronic hunger: 800 million people in poor countries do not have enough food to meet their basic caloric needs. Chronic hunger leads to undernourishment, vitamin and



mineral deficiencies, physical and mental disabilities, weakness, and starvation. It leaves people vulnerable to illness and compounds diseases that should be survivable. Hunger's victims are often the most vulnerable: 6 million children die and 161 million suffer from chronic malnutrition annually.

Achieving Goal 1

Both rich and poor countries must take decisive steps to realize the eradication of extreme poverty and chronic hunger. As a compact between the global North and South, the MDGs provide a framework for such cooperation. All UN member states agreed in 2000 to the Millennium Declaration, pledging their support for a "global partnership for development." Poor countries agreed to focus on initiating pro-MDG reforms, and rich countries agreed to help developing countries meet the MDGs by reforming debt, aid, and trade policies.

Poor countries must structure policies and devote resources to respond to the poverty and hunger needs of their people, especially the marginalized and poor, including indigenous populations, women, and the sick. Pro-poor spending in the areas of healthcare, education, and job training must increase.

Debt relief is the cancellation of poor countries debt to rich countries and multilateral lending institutions, such as the World Bank and International Monetary Fund (IMF). Much of poor countries' debts came from loans in the 1960s and 1970s, often to friendly regimes, not necessarily for responsible development projects. Many countries simply can not afford to pay their debt and commit resources to development projects and social services.

In 2005, the debt of the world's poorest 18 countries was cancelled by the IMF, the World Bank, and the African Development Fund. However, many of the poorest countries have not yet had their debt cancelled. Moreover, beyond expanding the scope of debt relief, rich countries must also fulfill their promise to stop counting debt cancellation as aid money, a practice that decreases the funds available to fight poverty.

Foreign aid is an important catalyst for development because it helps poor countries lift themselves out of poverty by providing the additional resources needed to implement reforms to reach the MDGs, such as building roads that enhance their trade capacity, improving the quality of health and education, and increasing pro-poor social spending. Both developed and developing countries want aid to be temporary assistance and for poor countries to develop and be empowered. To help meet the MDGs, global assistance will need to rise to approximately \$195 billion by 2015, a significant increase from 2003's \$69 billion in Official Development Assistance (ODA). Rich countries recognize this need and the importance of increasing their ODA. In 1970, an international benchmark of giving 0.7% of Gross National Income (GNI) as ODA was established, but only a few countries have achieved or surpassed this standard. Moreover, aid sometimes mandates that poor countries buy donor country goods in return, and aid recipients are often foreign policy allies rather than the neediest countries.

Trade isn't a panacea for poor countries' problems, but trade policies that address the special status and obstacles of developing countries in the global economy could have a positive impact on development. The UN estimates that unfair trade rules deny poor countries \$700 billion every year. Rich

countries' trade-distorting agricultural subsidies reduce the opportunities for poor country farmers to compete globally. Subsidized food is overproduced and then "dumped" in poor countries at very low prices, thus undercutting the local producers. Poor countries' access to world markets is also limited by trade barriers, such as taxes on imported goods (tariffs) and limits on how much of a good can be imported (quotas). Many tariffs are higher on processed rather than primary goods, so poor countries have to pay more if they export higher value goods.

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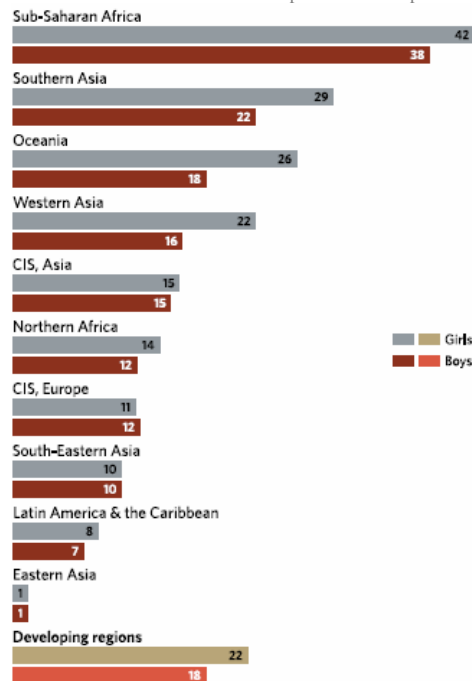
Fact Sheet: MDG 2 – Achieve Universal Primary Education by 2015

Why a Goal on Primary Education?

Education is fundamental to ending poverty and achieving the MDGs. Increasing a society's level of education is positively correlated to higher standards of living and improved health outcomes. However, education is not only about creating a solid foundation for successful development. Education is a human right that everyone, regardless of socio-economic background, has the right to enjoy.

Figure 3. Proportion of children of primary school age out of school by sex, 1996/2004 (Percentage)

Source: UN: The Millennium Development Goals Report 2006



Education is also a central component of women's empowerment because it provides women with the means to reach social, political, and economic equality. Despite the importance of education for women, girls account for almost 60% of children who are not in school. Educated women also contribute more to society: they are more

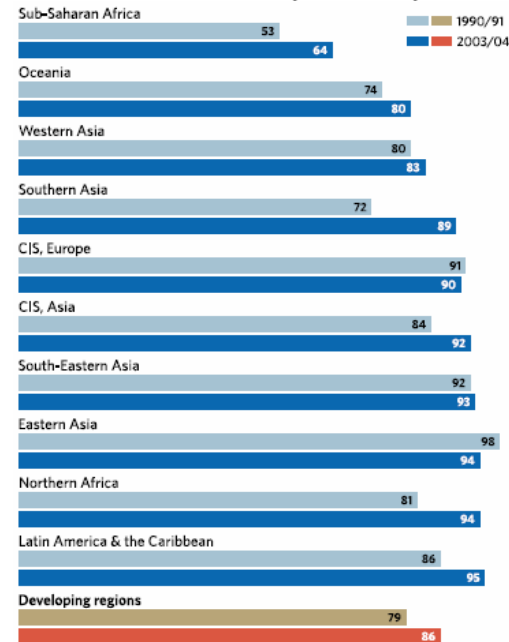
likely to work in the formal sector, increase farm productivity, delay marriage, support gender equality politics, and prevent illness and disease, e.g., children of mothers with a secondary-level education are twice as likely to survive as those of uneducated mothers.

Current Status

More children in the developing world are in primary school than ever before: net enrollment ratios in primary education have increased to 86%.

Figure 1. New enrollment ratio in primary education, 1990/1 and 2003/4 (Percentage)

Source: UN: The Millennium Development Goals Report 2006



However, there are still considerable regional and sub-regional variations: Latin America and the Caribbean's enrollment rate is 95%, while sub-Saharan Africa's improved rate is still only 64%; in some countries like Burkina Faso and Mali, the rate is less than 50%. Progress in sub-Saharan Africa and Southern Asia is critical



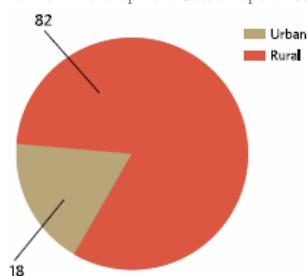
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because these regions account for almost 80% of all out-of-school children.

Rural children are less likely to attend school. This discrepancy significantly impacts the overall education rate because more children live in rural than urban areas. Rural areas often lack local resources for schools, and many poor families rely on their child to earn money and can't afford to send them to school.

Figure 2. Distribution of primary-school age children out of school by place of residence, 1996/2003 (Percentage)

Source: UN: The Millennium Development Goals Report 2006



Health also impacts children's education: malnourished and sick children have more difficulty learning and poor health also impacts the quality of their education. In many sub-Saharan African countries, the HIV/AIDS rate among educators is so high that children might find themselves in overcrowded classrooms with 100 or more students, or may not even have a teacher, e.g., South Africa lost approximately 4,000 teachers to AIDS in 2004.

Achieving Goal 2

While more children than ever are enrolled in primary school and there has been a substantial mobilization to increase resources for universal primary education, nearly 77 million children are still out of school. Gender inequality has improved, but there are still 94 girls in school for every 100 boys.

Developing countries need to improve access to and the quality of education.

School fees must be eliminated and education facilities must be built in rural areas. More and better qualified teachers must be hired to work in schools. To these ends, education must be protected and prioritized in developing countries' national budgets.

Developed countries have the duty to ensure that poor countries have the resources necessary to create educational reforms. Debt relief is an important aspect of freeing funds for education initiatives and when granted, has helped recipient countries eliminate school fees and boost enrollment.

To help low-income countries meet Goal 2, the World Bank and major education donors launched the Education for All – Fast Track Initiative (FTI) in 2002. The FTI is a global partnership between donors and recipient countries that coordinates aid from more than 30 international agencies and banks and assists developing countries in creating and implementing their own education plans. In return for increased and more effective financial and technical support, recipient countries must demonstrate serious commitment to achieving Goal 2 by prioritizing primary education in their domestic agendas and taking ownership over national education plans by providing budget and oversight accountability and political and financial resources. All low-income countries that demonstrate serious commitment to achieving universal primary education are eligible for FTI compacts. FTI insists that no country should fail to educate its children for lack of resources, but FTI is under-funded and many approved plans lack financial backing.

It is estimated that a minimum of \$3.7 billion per year through 2015 is required to meet the basic education goal in all low-income countries; unfortunately, education assistance to these countries is only an

estimated \$2 billion annually, and the need increases if secondary education is counted.

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Fact Sheet: MDG 3 – Promote Gender Equality and Empower Women

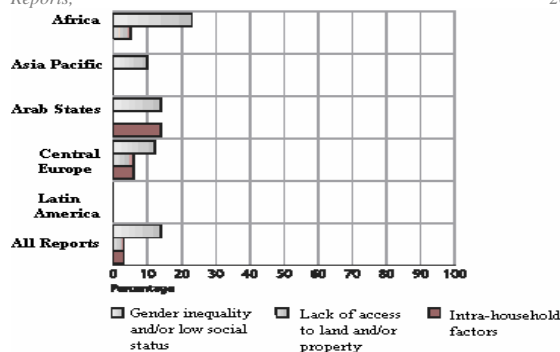
Why a Goal on Gender Equality?

Women are crucial to every aspect of social and economic development, but many women are prevented from fulfilling their potential. Empowered women contribute more to their families and societies, by earning higher income, promoting their children's education, and knowing more about health care, and thus they are positive forces in achieving all of the MDGs.

The social and economic contributions of women underscore the exponential benefits educated women can have on development. However, women often lack equal access to land, battle social and familial discrimination, and struggle to overcome barriers to formal sector-employment. The most marginalized populations are often the poorest, including women, who compose an estimated 70% of the 1.2 billion people living on less than \$1 a day.

Figure 1. Causes of women's poverty.

Source: UNDP, *En Route to Equality: A Gender Review of National MDG Reports*, 2005



Many women are shut out of the political process and thus have greater difficulty advocating for their rights. Politically empowered women are more likely to know and defend their rights and elect politicians

who are dedicated to advancing gender equality.

Many women do not have quality health care. Improving access to medically skilled attendants and reproductive health services can save thousands of mothers' lives and prevent medical complications, such as fistula, that cause physical and psychological suffering.

Environmental degradation also has significant repercussions on women and girls. Women are most often relied upon to collect food and water and are thus more likely to become ill from unclean sources. Water contamination forces women and girls to travel farther to find clean sources, thus opening them to greater risks of violence and taking up precious time women need to fulfill all their responsibilities. An unhealthy environment means that girls are often pulled out of school because they are tasked with time-consuming water collection or because schools don't have female sanitary facilities.

Current Status

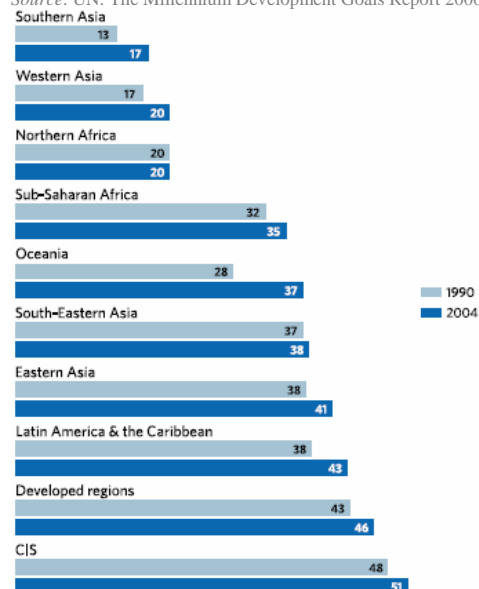
Women contribute 2/3 of all the world's working hours and produce half of the world's food, yet earn only 10% of the world's income and own less than 1% of the world's property. Women are the majority of the world's farmers and 60% of women worldwide work as unpaid and under-valued labor in the informal economy, leaving them financially and legally vulnerable.

Despite progress in achieving gender parity in education, there are still 94 girls in school for every 100 boys, and nearly 2/3 of illiterate adults are women.



Figure 2. Share of women in non-agricultural wage employment, 1990 and 2004 (Percentage).

Source: UN: The Millennium Development Goals Report 2006



Fortunately, female political representation has increased—more than 80 countries now have parliamentary quotas for women, with Rwanda electing women to 49% of parliamentary seats in the 2003—higher than in most developed countries! However, global representation is still only 17%.

Women’s health continues to be a low priority for many countries. The maternal mortality rate has barely improved, with 500,000 women dying annually during pregnancy; the overwhelming majority live in the developing world. Women also disproportionately fall victim to HIV/AIDS and now account for more than half of the infected population in sub-Saharan Africa, where the ratio of female to male infection is as high as 3:1 in some areas.

Achieving Goal 3

Developing countries must specifically address women’s rights and how development affects women in order to successfully address gender inequality and understand how women’s progress impacts the MDGs. The social norms that foster gender inequality must end, laws against

discrimination must be enforced, and women must be educated about their rights. There must also be greater investments in maternal health. Egypt and Bangladesh’s success in decreasing maternal mortality proves that government acknowledgement and action, regardless of GDP, can drastically improve the chances of women. Further, the global exploitation of unpaid and undocumented female laborers must end. NGOs and civil society must be allowed to monitor government programs to ensure that gender equality policies are meaningfully implemented and enforced.

Developed countries and donors must continue to spotlight women’s rights and demand progressive policies from recipient countries. Continued debt relief is crucial for achieving gender equality and the MDGs because debt-free countries can direct resources to reforms that are crucial for women’s empowerment, e.g., Tanzania’s debt cancellation allowed the government to eliminate primary school fees, breaking down a barrier to poor girls’ education and thus achieving primary school gender parity.

International trade liberalization can have significant benefits for women. When poor countries have access to developed countries markets, women have a greater opportunity to work in new industries, export their products, and work in safer conditions. However, labor standards must be enforced to protect the poor and marginalized workers, many of whom are women.

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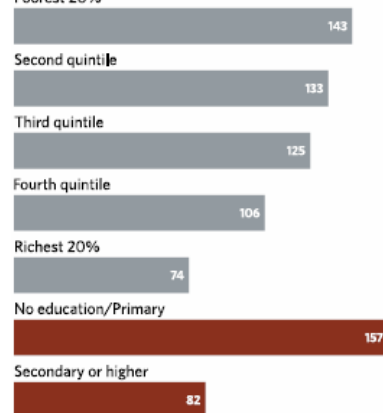
Fact Sheet: MDG 4 – Reduce Child Mortality by Two-Thirds by 2015

Why a Goal on Child Mortality?

A child's chance of survival should not depend on where he or she is born, but unfortunately, that is the reality for millions of children: 99% of under-five deaths occur in low and middle-income countries, mostly in Southern Asia and sub-Saharan Africa. Childhood survival rates also vary significantly among and within countries, and is highly correlated to income and the mother's education level: the wealthiest 20% of children are twice as likely to survive as the poorest 20%, and children with mothers with at least a secondary education are twice as likely to survive as children with less educated mothers. Goal 4 aims to change these statistics and give every child, regardless of nationality and socio-economic status, an equal chance at a healthy and fulfilling life.

Figure 2. Under-five mortality rate per 1,000 live births in developing regions, by household wealth and mother's education, 1995/2004.

Source: UN: The Millennium Development Goals Report 2006



Investing in children's health not only saves innocent lives, but is crucial for achieving the MDGs and lifting countries out of poverty. The World Bank estimates that investing in children's health initiatives yields a seven-fold return through reduced

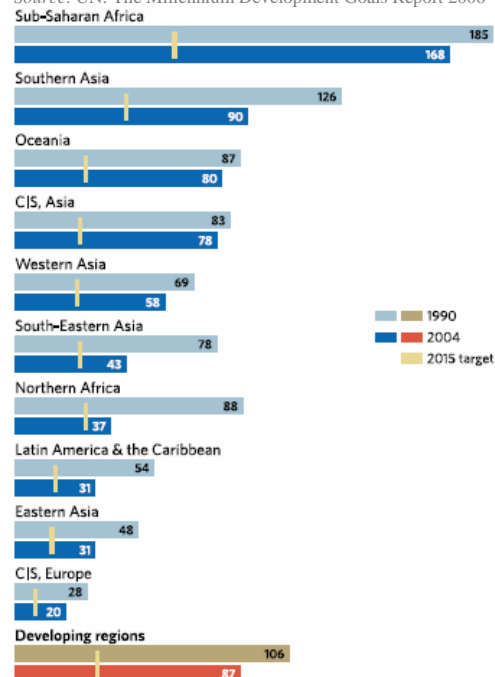
social welfare spending social welfare and increased economic productivity.

Current Status

10.5 million children die every year. Although sub-Saharan Africa is home to 20% of the world's young children, it accounts for 50% of all global deaths. Unfortunately, the region has made little progress in curbing the mortality rate. Latin America and the Caribbean, South-Eastern and Eastern Asia, and Northern Africa have all taken positive steps and reduced child mortality by more than 3% annually.

Figure 1. Under-five mortality rate per 1,000 live births, 1990 and 2004

Source: UN: The Millennium Development Goals Report 2006



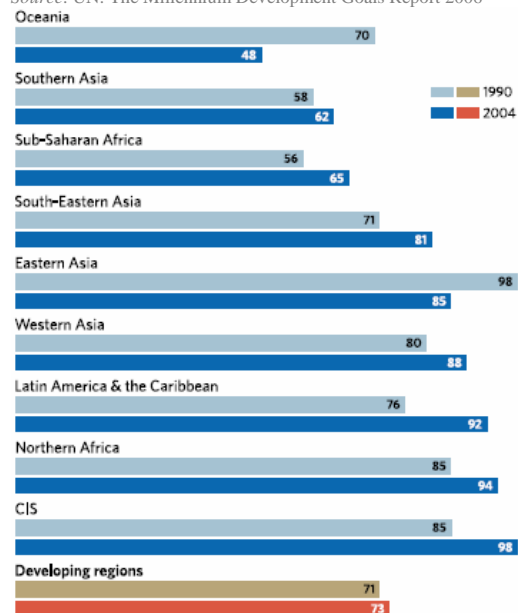
70% of children's deaths are attributable to 6 preventable causes: diarrhea, malaria, neonatal infection, pneumonia, preterm delivery, or asphyxia at birth. 1 in 4 infants are at risk from vaccine-preventable



diseases, and more than 6 million children under 5 die annually from malnutrition. There are affordable and effective interventions, such as encouraging breastfeeding, improving the diets of pregnant women, providing children with food and basic medical care, and increasing access to clean water and sanitation services.

Figure 3. Percentage of children (12-23 months old) immunized against measles, 1990 and 2004 (Percentage)

Source: UN: The Millennium Development Goals Report 2006



The measles vaccination campaign is one of the most cost-effective and successful global public health interventions to date and shows what global cooperation can achieve: Almost 75% of the world's children are now vaccinated. Latin America and the Caribbean and sub-Saharan Africa have made significant progress in providing childhood vaccinations, and sub-Saharan Africa achieved the greatest proportional reduction in deaths (nearly 60% between 1999 and 2004). However, over 450,000 children still died from measles in 2004. Moreover, the overall global success masks regional and demographic disparities. 2/3 of the unvaccinated children live in 6 countries: China, the Democratic Republic of the Congo, India, Indonesia, Nigeria, and

Pakistan. Socio-economic status also impacts infection rates, e.g., children in Chad and Nigeria of educated mothers are 2 to 4 times more likely to be vaccinated than children whose mothers are uneducated; the rich-poor gap is even starker.

Achieving Goal 4

Governments must prioritize funding of basic health interventions so that national health systems provide more complete health access for children and their families, regardless of location and socio-economic status. Health education campaigns must continue to spread knowledge about basic health practices like breastfeeding, clean water, and insecticide-treated bednets.

Rich countries and donors must support health care initiatives in poor countries and provide the necessary funds, both through aid and debt cancellation, to help poor governments provide crucial health services. While overall ODA spending on health care has increased in recent years, HIV/AIDS spending accounts for the increase. In fact, when HIV/AIDS ODA is not counted, spending on pro-poor health care, including basic health care and intervention and nutrition, has actually *decreased*.

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Fact Sheet: MDG 5 – Cut Maternal Mortality by Three-Fourths by 2015

Why a Goal on Maternal Mortality?

For many women in developing countries, the joy of motherhood is too often accompanied by acute health risks. Every year, 500,000 women die of pregnancy related complications, and thousands more are physically impaired. The overwhelming majority of these women live in the developing world: the lifetime risk of dying during pregnancy is 1 in 16 in sub-Saharan Africa, but only 1 in 3800 in the developed world. If a woman in a poor country does beat these odds, she may very well suffer from medical complications that threaten her health and further marginalize her in society.

Poor maternal health also negatively impacts other development goals and outcomes. It is estimated that poor maternal health and nutrition is the cause behind at least 20% of diseases affecting children under 5. (MDG 4) Moreover, approximately 8 million babies die before or during delivery or in the first week of life because of maternal health complications. Children who lose their mothers during their birth are 10 times more likely to die by the age of 2.

In many societies, maternal mortality is a consequence of women's inferior social status and inability to control their sexual health. Social dominance by men in can lead to sexual violence against women, including female seclusion. The inability to assert their sexual health rights increases a women's risk of sexually transmitted infections (including HIV, Goal 6) that contribute to maternal mortality.

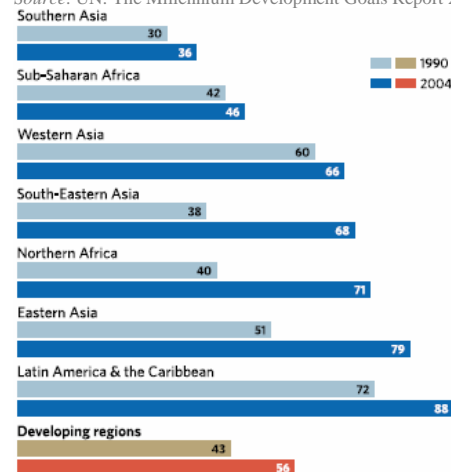
Women's subordinate social status also means that they are more likely than men to suffer from malnutrition, anemia, and chronic ill-health. These health problems compound the risks of pregnancy, yet women in patriarchal societies are often socially pressured into motherhood and to have multiple pregnancies at a young age. Misperceptions by both sexes about the female body and pregnancy may also harm the mother-to-be.

Current Status

Most maternal deaths are preventable, e.g., death from infection or hemorrhaging can be prevented with drugs or a blood transfusion. However, such standard medical care is not offered to many women in the developing world. Not only are most women unable to access medical facilities during pregnancy, but most lack access to medically skilled attendants and reproductive health services.

Figure 1. Proportion of deliveries attended by skilled health care personnel, 1990 and 2005 (Percentage)

Source: UN: The Millennium Development Goals Report 2006



Fortunately, access to medically skilled attendants has increased almost everywhere

since 1990, especially in South-Eastern Asia, Eastern Asia, and Northern Africa. However, despite the importance of skilled attendants and rising awareness of the risks during pregnancy, the 2 regions with the most maternal deaths—sub-Saharan Africa and Southern Asia—have made little progress. Sub-Saharan Africa alone accounts for almost 50% of all maternal deaths but has not seen a significant increase in attended births, and Southern Asia has an even lower percentage of attended births.

Poor and rural women are much less likely to have access to maternal health services. Poor women may also be hesitant to seek expert health care because they often experience discrimination. The rich-poor and urban-rural inequities are especially severe in sub-Saharan Africa, where urban women are more than 3 times as likely to have their births attended by skilled health care personnel, and women in the wealthiest fifth of the population are 6 times more likely to have access to skilled attendants than women in the poorest fifth.

Approximately 200 million women who want to space or limit their children do not have access to contraception and reproductive health information. This lack of safe and reliable family planning services and general taboos about sex dissuade both genders from seeking out safe contraception, leaving women with an increased risk of contracting a sexually transmitted disease and to cope with pregnancies alone.

Achieving Goal 5

To decrease maternal mortality, it is imperative that women in developing countries have improved access to reproductive health services and medically skilled attendants, who must also have the necessary medical supplies and the ability to quickly refer women for emergency

obstetric care. Improving infrastructure is important in order to provide poor, rural women this important health care. These steps will save thousands of mothers' lives and prevent medical complications, such as fistula, that cause physical as well as psychological suffering. Unfortunately, most countries allocate little, if any, funds to pre-natal health care. However, success is possible: Bangladesh, one of the poorest countries, drastically reduced maternal mortality by concentrating on improving access to skilled attendants, emergency obstetric care, and family planning services.

Achieving gender equality (Goal 3) is key for improving maternal health because social norms subordinate women and contribute to the lack of importance placed on female health. Governments, with the help of NGOs, must focus on changing the social inferiority of women, and education is crucial because educated women are more likely to know about health care.

Developed countries and donors must continue to spotlight women's rights and maternal health and demand progressive policies from recipient countries. Donors must also increase their development assistance and direct it to sectors that will help the poor, including maternal health.

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Fact Sheet: MDG 6 - Halt and Reverse the Spread of HIV/AIDS, Malaria, TB, and Other Diseases

Why a Goal on These Diseases?

In poor countries, ill health reduces productivity and income, thus further exacerbating health problems because people cannot afford proper nutrition, housing, and treatment. AIDS in particular has far-reaching impacts, altering the social and economic fabric of African society, as its victims often are in their most productive years.

Both rich and poor countries are safer and healthier when cross-border communicable diseases are prevented. Although combating these global health challenges seems daunting – HIV/AIDS, malaria, and TB claim 6 million lives a year – concerted efforts by donors and recipients have proven effective in the past, e.g., smallpox has been eradicated, and polio no longer plagues Latin American and the Caribbean.

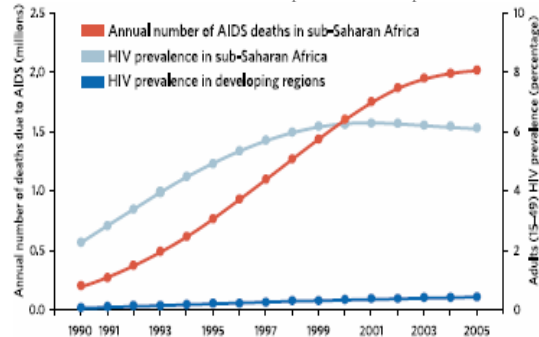
Current Status: HIV/AIDS

In 2005, 38.6 million people were infected with HIV, 4.1 million of which were new infections; 96% of new cases are in the developing world. Despite improved access to anti-retroviral treatment (ART), 2005 saw a 2.8 million increase in AIDS-related deaths. Sadly, only 1-in-5 people are reached by prevention programs, and while ART offers hope to those already infected, 5 to 6 million people still need HIV treatment in low- and middle-income countries. The epidemic is on the rise in parts of Asia. UNAIDS warns that 10 million Chinese could be infected by 2010 if prevention measures are not taken, and HIV is also spreading rapidly in India, which has the

second highest number of infected people after South Africa.

Figure 1. HIV prevalence in adults 15-49 in sub-Saharan Africa and all developing regions (Percentage) and number of AIDS deaths in sub-Saharan Africa (Millions), 1990-2005

Source: UN: The Millennium Development Goals Report 2006



Sub-Saharan Africa remains the hardest hit region: Although it has just 10% of the world's population, it accounts for 64% of all HIV-positive people, 90% of all children under-15 living with the disease, and has adult prevalence rates ranging from 7.4% to 20%. Children suffer not only from the risk of infection, but also from the loss of family and social networks: e.g. 12 million children in sub-Saharan Africa are orphans, and the HIV/AIDS rate among educators is so high that students might find themselves without a teacher, e.g., South Africa lost approximately 4,000 teachers to AIDS in 2004.

As the HIV/AIDS epidemic spreads, more females are becoming infected. Women account for approximately 59% of HIV-positive adults in sub-Saharan Africa. Women are more susceptible to the disease physiologically, and socially many women lack power in their sexual relations- whether from economic dependence, fear of



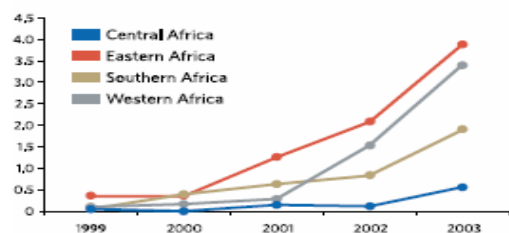
violence, or norms of submission. When families are destroyed by HIV/AIDS, women are also burdened with even more responsibilities, such as becoming the main source of income, supporting other families, and taking care of the sick.

Current Status: Malaria and TB

Malaria and TB are significant global health challenges. There are at least 300 million new cases, 1 million malaria deaths, and 2 million malaria-related deaths annually. Sub-Saharan Africa is the most afflicted region with 90% of all cases and 80% of all under-5 malaria deaths. The distribution of insecticide-treated bednets is a cost-effective, simple, and effective intervention. Unfortunately, the rural-urban and poor-rich divide is stark: Urbanites are six times more likely to use nets, and the wealthiest fifth of the population are 11 times more likely than the poorest fifth to use the nets.

Figure 2. Mosquito nets sold or distributed in sub-Saharan Africa, 1999-2003 (Millions)

Source: UN: The Millennium Development Goals Report 2006



TB claims 1.7 million lives a year and infection rates are increasing by nearly 1% every year. Sub-Saharan Africa and parts of Asia are experiencing the fastest increases: India alone accounts for 1/5 (3.1 million a year) of all the global cases. TB continues to be difficult to treat because new drug-resistant strains continuously emerge, HIV/AIDS reduces immunity, and displaced persons and refugees accelerate the spread. But there is hope: the WHO estimates that their treatment strategy has potential cure rates of 95%, even in poor countries.

Achieving Goal 6

Improving global health requires global cooperation. Developing countries must fight stigma, improve the accuracy of reporting infection rates and devise aggressive prevention and treatment strategies. Moreover, since all the MDGs affect health, long-term success requires achieving all the MDGs, such as empowering women, educating children, and combating hunger.

HIV/AIDS has galvanized the international community and led to significant increases in funds, yet estimates suggest that \$24.5 billion is needed just in 2006-2007 to put the world on track to meet the Goal 6 targets. Debt relief has also freed up resources for some countries to dedicate to fighting AIDS, though debt cancellation is needed for more countries.

Donors, recipients, and NGOs must ensure that the notoriety of HIV/AIDS and communicable diseases does not overshadow child, maternal, and reproductive health and lesser-known diseases. Moreover, the increased development aid and attention on global health creates a problem of donor coordination and harmonization. Global public health is an increasingly complex sector to manage because many of the new health initiatives and partners have their own mandates, goals, and procedures that can create significant demands on developing countries to compile reports, host donors, and adhere to different procedures. Donors must coordinate behind government-led programs and work better together.

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Fact Sheet: MDG 7 – Ensure Environmental Sustainability

Why a Goal on the Environment?

Goal 7 focuses on improving the lives of people in the developing world through sustainable development practices because the MDGs recognize that the fate of people and the environment are interlinked. With 70 percent of their population living in rural areas, the world's poorest countries are heavily reliant on agriculture and severely impacted by environmental degradation. Environmental threats like dirty water pose grave health challenges. Disputes over natural resources are dividing societies, and urbanization calls for sound natural resource management. We are compelled to urgently pursue sustainable development policies and improve urban planning not only to achieve the MDGs, but also to prevent resource conflicts and irreversible environmental degradation.

The poor in developing countries are disproportionately vulnerable to the effects of climate change because they have greater exposure to its consequences, are more sensitive to the changes, and have less of an ability to adapt to the new environment. The poor have few resources to help them undertake the costly changes necessary to protect them from violent and extreme weather or switch to different agricultural techniques. Poor governments often do not have the resources to invest in infrastructure that will be necessary to meet rising demands for clean water, food, shelter, and to repair weather damaged areas.

Current Status

1.1 billion people—20% of the world's population—do not have access to safe and sufficient drinking water, and 2.6 billion people lack adequate sanitation. Goal 7

focuses on halving the proportion of people without sustainable access to safe drinking water and to basic sanitation. Unfortunately, millions continue to die because they lack these basic needs:

- Half of hospital beds in Africa are occupied by people suffering from water-borne diseases.
- A child dies every 15 seconds from diarrhea caused by unsafe water and inadequate sanitation.
- An estimated 1.8 million people die annually from diarrheal diseases caused by unsafe food and water.
- The poor lack access to modern energy services and thus use dirty fuels like charcoal and wood, which cause respiratory and other health problems. Women and children are especially affected because cooking increases exposure.

Significant improvement has been made to increase the number of people with improved sources of water, and the world is on track to meet the water target by 2015. Unfortunately, despite increased sanitation coverage in the developing world (from 35% to 50% between 1990 and 2004) progress is too slow to reach the 2015 target. Booming populations and the rural-urban access gap continue to present major challenges. Urban sanitation coverage is more than double rural sanitation coverage, and although 73% of rural people have improved access to drinking water, only 30% actually have water pumped to their homes.

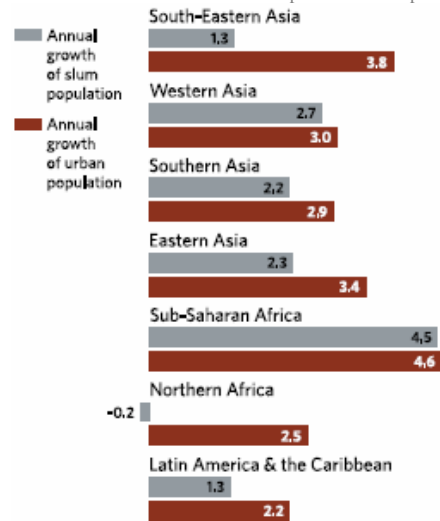
In 2007, the majority of the world's population will live in urban areas for the first time. This increased urbanization is



draining natural resources and leading to overcrowding, inadequate housing, and a lack of water and sanitation for the urban poor, especially in the rapidly urbanizing areas and poorer cities of sub-Saharan Africa and Asia. Goal 7 also aims to significantly improve the lives of at least 100 million slum dwellers by 2020.

Figure 1. Annual growth of urban and slum populations, 1990-2001 (Percentage)

Source: UN: The Millennium Development Goals Report 2006



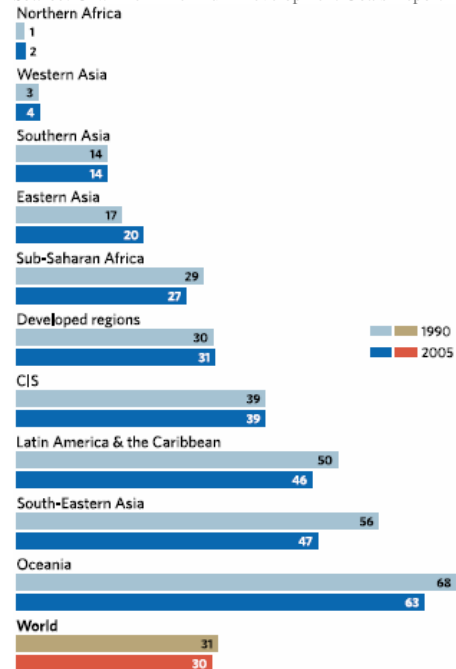
Deforestation, which is predominantly caused by the conversion of forests to agricultural land, continues at the staggering rate of approximately 13 million hectares per year. Growing awareness of this tragedy has reduced the net loss of forests through forest planning, landscape renovation, and the national expansion of forests. Although these new forests help to decrease the net loss from 8.9 million hectares per year in 2000 to an average 7.3 million hectares by 2005, the loss is still too great, and the new forests do not have the same ecological value or provide the same benefits to local communities that rely on the forests for their livelihoods.

Since 1990, global energy use has become more efficient, thus helping to slow down the increase of CO₂ emissions, the gas associated with climate change. However,

due to population growth, industrial expansion (necessary for development), and rising consumer demand for energy, overall CO₂ emissions are still on the rise. To achieve Goal 7, both rich and poor countries must curb their emissions, and rich countries must focus on developing and transferring cleaner energy technologies to the industrializing economies.

Figure 2. Proportion of land area covered by forests, 1990 and 2005 (Percentage)

Source: UN: The Millennium Development Goals Report 2006



Achieving Goal 7

Though the world's poor are especially impacted by environmental degradation, everyone in the world is affected, and thus both rich and poor countries will benefit by cooperating to achieve Goal 7.

The environment has largely been ignored in developing countries. Poor country governments must incorporate protection of the environment in their national budgets, pursue environmentally responsible industrialization, and promote the transparent use of natural resources. Greater



focus and action must also be taken to address the impact of environmental degradation on the poor, urban planning must seek to help cities absorb urban migration and prevent and reverse the spread of slums, the rights of squatters and slum dwellers must be respected, and the rural-urban disparities in services cannot be ignored.

Global efforts are needed to meet Goal 7's targets. For example, G8 leaders have recognized that the MDGs can not be achieved without sustainable fuel access for the world's poor. They must now provide the technology to solve this problem as well as ensure the development and transfer of cleaner fuel technology. In addition, more funds must be dedicated to mitigate the impact of climate change on the poor and to increase access to clean water and sanitation services. Unfortunately, one important global effort to address climate change, the Kyoto Protocol, has not been ratified by the U.S.

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MILLENNIUM CAMPAIGN

VOICES AGAINST POVERTY

Fact Sheet: MDG 8 – Develop a Global Partnership for Development

Why a Goal on a Global Partnership?

The MDGs are a compact between both poor and rich countries, every UN member state agreed in 2000 to the Millennium Declaration, pledging support for a “global partnership for development” to meet specific development targets by 2015. Poor countries agreed to put in place the policies and budgets to achieve the MDGs. They also committed to improving their own governance, transparency and accountability. In turn, rich countries agreed to assist developing countries in meeting the MDGs by reforming debt, aid, and trade policies.

Debt relief is crucial for achieving Goal 1 because repayments stymie a government’s ability to fully commit their resources to the MDGs. Many countries simply can not afford to pay their debt and commit resources to development programmes and social services. Without the burden of debt, countries have been able to improve social services.

Similarly, Official Development Assistance (ODA) provides developing countries with the additional resources needed to invest in the human, social, and physical reforms that are crucial for sustainable development and achieving the MDGs. Both developed and developing countries want aid to be temporary assistance that spurs development and the ultimate goal is for poor countries to become independent and empowered.

Although trade isn’t a panacea for poor countries’ problems, trade policies that address the special status and obstacles of developing countries in the global economy could have a positive impact on

development and the MDGs. Since 70% of the population in poor countries rely on subsistence agriculture, unfair trade practices disproportionately impact the poorest people.

Current Status

Bilateral debt to the world’s richest nations has largely been cancelled, and at the 2005 G8 Summit at Gleneagles, the G8 established the Multilateral Debt Relief Initiative (MDRI) to provide 100% debt relief from the IMF, the World Bank, and the African Development Fund for the world’s 18 poorest countries. This is the first time that multilateral debt has been cancelled. Unfortunately, many poor countries that are severely and moderately indebted, but are not “poor enough” to qualify for debt relief, will continue to see their efforts to achieve the MDGs hampered by their debt burdens. Moreover, not all multilateral banks have forgiven the debt of poor countries.

To help meet the MDGs, the UN estimates that global assistance will need to rise to approximately \$195 billion by 2015, a significant increase from 2003’s \$69 billion. ODA has steadily increased since 1997, reaching \$106 billion in 2005. However, debt relief accounted for more than half of this increase since 1997 and three-quarters in 2005. The 50 least developed countries received about one-third of all aid. Donors have pledged to double aid to Africa, where most of these countries are located, by 2010.

International trade is full of barriers that hinder poor countries ability to share the benefits of globalization. Although world leaders have pledged their support for the



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MDGs and to improving the lives of the world's poor, these promises are largely empty until rich countries eliminate unfair practices, such as trade-distorting agricultural subsidies, import quotas, and dumping that distort trade and make it difficult for poor countries to access international markets. For example, rich countries' subsidization of commodities, such as sugar and cotton artificially deflates the cost of producing and selling these goods compared to the actual costs of developing country farmers. The World Trade Organization's (WTO) so-called "development round" of trade negotiations was supposed to resolve these unfair trade practices, but the round has stalled.

Achieving Goal 8

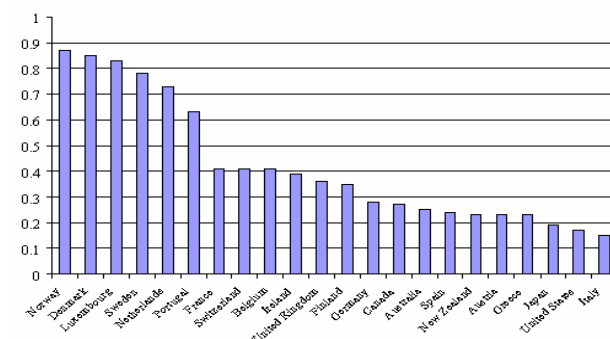
Poor countries must do much more to achieve the MDGs, such as mobilizing domestic resources, prioritizing MDG budgeting, removing barriers to services, and building good governance. However, many of these reforms will be still-born unless rich countries keep their promise to cancel debts, increase and improve aid, and reform trade policies.

Beyond expanding the scope of debt relief, rich countries must also fulfill their promise to stop counting debt cancellation as aid money, a practice that decreases the funds available to fight poverty.

The quantity of aid must be increased to help poor countries achieve the MDGs. In 1970, an international benchmark of giving 0.7% of Gross National Income (GNI) of ODA was established. However, only a few countries have achieved or surpassed this standard, and although EU countries set a goal of giving 0.7% by 2015, Japan and Canada have not yet set a timetable. The U.S. has not officially adopted the 0.7% target, and while it did pledge \$5 billion for

the Millennium Challenge Account, it has not fully funded this commitment.

Figure 1. 2004 Development Assistance as a Share of GNI
Source: Data from OECD, Development Assistance Committee, 2004.



In addition to increasing the quantity of aid, the quality must also improve. Too much aid is "tied," i.e., recipients must buy rich country goods in return for aid. Not only is the U.S. one of the highest distributors of "tied" aid (70% of all U.S. aid is tied), but its top recipients are largely foreign policy allies rather than the neediest countries.

Rich countries must also end trade-distorting subsidies and improve poor countries' access to international markets. While their average tariffs may be low, many rich countries impose high tariffs on agricultural goods and higher tariffs on processed rather than primary goods. Moreover, these unfair trade practices decrease the value of aid: U.S. tariffs on imports in 2005 from India, Indonesia, Sri Lanka, and Thailand were twice the amount the U.S. gave those countries for tsunami relief.

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