The Millennium Development Goals: Reason for Hope, Call to Action
by Eric Muñoz

The Millennium Development Goals (MDGs) represent an unprecedented effort on the part of the world community to better the lives of hungry and poor people across the globe. Taken together, the MDGs serve as a comprehensive vision of human development—one marked by dignity, equality and opportunity for all.

The goals commit all countries in a partnership to eradicate hunger and poverty, ensure that all children have access to a primary school education, reduce child mortality, improve maternal health, promote gender equality, combat HIV/AIDS, malaria and tuberculosis, and ensure environmental sustainability. The MDGs also require developed countries to provide additional development assistance, grant debt relief to low-income countries and reform global trade rules to promote sustainable development.

By including measurable targets, the MDGs provide benchmarks to use in assessing progress and determining whether adjustments are needed in national and international strategies. The goals provide a framework for coordinating development efforts, and they build on decades of success in development programming around the world.

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In a world of abundance, 854 million people suffer from hunger. Almost one billion people live on less than $1 a day. This year more than 9.7 million children will die before their fifth birthday, and complications during pregnancy or birth will lead to the death of more than half a million women. Hundreds of thousands of children do not attend school, 1.1 billion people lack access to safe drinking water and basic sanitation, and 33 million people live with HIV/AIDS, most without access to essential lifesaving drugs.

These are numbers that could lead anyone to despair—and yet, all over the world, there is convincing evidence that the fight against hunger, poverty and disease can be won. Dramatic reductions in extreme poverty have occurred in India and China. Countries as different as Ghana and Brazil have cut hunger thanks to aggressive government campaigns. International commitments to fund health interventions have helped nations such as Haiti and Uganda to achieve impressive gains in fighting infectious diseases, especially HIV.

There is good reason to be optimistic that much broader progress is within reach. In 2000, all U.N. member nations agreed to the Millennium Declaration. From this agreement emerged the set of eight interrelated goals that have come to be known as the Millennium Development Goals (MDGs). The goals commit all countries to eradicate hunger and poverty, ensure that all children have access to a primary school education, reduce child mortality, improve maternal health, promote gender equality, combat HIV/AIDS, malaria and tuberculosis, and ensure environmental sustainability. The MDGs call on developed countries to provide additional development assistance, grant debt relief to low-income countries and reform global trade rules. The goals provide a vision of the future—one marked by dignity, equality and opportunity for all.

In 2000, nations declared that they were dedicated to “making the right to development a reality for everyone and to freeing the entire human race from want.” In 2005, the United Nations Millennium Project prepared a set of recommendations on how the global community can work together to achieve the MDGs and laid out a plan of action. More than 250 experts from around the world contributed to the formulation of the recommendations and action plan, including members of civil society, policy makers, researchers, scientists and representatives of development agencies.

But action to follow through on the lofty rhetoric has been slow. We are just past the halfway point between 2000, when the MDGs were adopted, and 2015, the target date for their achievement. Now is the time to recapture the spirit of 2000 and make real the promise of a better world for all.

Why the MDGs Matter

The MDGs represent unprecedented support for the world’s hungry and poor people. By including measurable

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**UN Millennium Development Goals for 2015**

**Goal 1: Eradicate extreme poverty and hunger**
- Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day
- Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

**Goal 2: Achieve universal primary education**
- Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

**Goal 3: Promote gender equality and empower women**
- Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

**Goal 4: Reduce child mortality**
- Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

**Goal 5: Improve maternal health**
- Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

**Goal 6: Combat HIV/AIDS, malaria and other diseases**
- Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

**Goal 7: Ensure environmental sustainability**
- Target 9: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources
- Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
- Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

**Goal 8: Develop a global partnership for development**
- Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system
- Target 13: Address the special needs of the least developed countries
- Target 14: Address the special needs of landlocked developing countries and small island developing States (through the Program of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)
- Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term
- Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth
- Target 17: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
- Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications
targets, the MDGs provide benchmarks to assess progress and determine what adjustments are needed in national and international strategies to achieve sustainable development. The goals provide a framework for coordinating development efforts. Most importantly, by combining goals across different areas, such as hunger, poverty, education, health, gender equality, environmental sustainability and trade, the MDGs demonstrate an interconnected vision of development.

Connecting Rights and Development

Many of the rights enshrined in the Universal Declaration of Human Rights relate directly to human development. Article 23 of the Universal Declaration commits countries to ensure the right to work. This right is reinforced by Goal 3 of the MDGs, which promotes gender equality and women’s empowerment and uses the number of women employed in the formal (non-farm) sector of a country’s economy as an indicator of success. Article 25 covers the right to a decent standard of living, including the right to food. Article 26 establishes the right to education. Holding leaders accountable depends on basic civil and political rights, such as freedom of expression (Article 19) and the right to take part in the civic life of the state (Article 21).

Roadmap for Action

The MDGs are a grand vision, but they are also a roadmap for action, complete with measurable, time-bound objectives. For instance, Goal 1—to eradicate extreme poverty and hunger—includes targets of reducing by half the proportion of people living on less than $1 a day or suffering from hunger. Goal 3—to promote gender equality and empower women—requires eliminating gender disparities in primary and secondary education by 2005 and in all levels of education by 2015. Of the 18 specific targets included in the MDGs, 10 contain explicit numerical indicators and the rest call for changes that will make government action more effective, such as “integrating the principles of sustainable development into country policies and programs and reversing the loss of environmental resources.”

The benchmarks created by the MDGs help countries to measure progress, identify shortfalls, and realign development strategies and priorities. These benchmarks have spawned an extensive effort to collect, analyze and disseminate MDG-related information. Over the last eight years, the United Nations has produced a mountain of material, including six Millennium Progress Reports, and the World Bank has issued four Global Monitoring Reports to track progress toward the goals. A myriad of data sets have been collected and the information made available on the Internet, and many countries have begun to collect and publish national-level data. All of this information has added to our understanding of the progress made and the work that remains to be done. The publicity generated by the information has galvanized support among citizens to hold governments accountable for their commitments to development.

In his 2001 report on the MDGs, then-U.N. Secretary General Kofi Annan wrote, “States need to demonstrate the political will needed to carry out commitments already given and to implement strategies already worked out.” Political will does not occur in a vacuum. In fact, it most often depends on the strong support of individuals and groups urging governments to take action. By setting goals and tracking progress, the MDGs have armed people with information, a vital tool in building political will.

Across the world, individuals are speaking up for development. The U.N. Millennium Campaign has spurred national campaigns and citizen action for the MDGs. In addition, advocacy groups around the world have mobilized citizens in support of the MDGs, including the ONE Campaign in the United States, the Make Poverty History Campaign in the United Kingdom and the Global Call to Action Against Poverty, an international campaign.

Because of pressure from groups such as these at the G8 Summit in 2005, leaders from developed countries agreed to double development assistance and to expand and deepen debt relief for poor countries. Since 1996, developing countries have been able to redirect $17 billion to anti-poverty programs, money that would otherwise have gone to pay debts.

The United Nations has asked developing countries to submit national-level MDG progress reports. To date, more than 140 developing countries have produced reports detailing their own contributions toward reaching the MDGs. Developed countries have not been asked to produce reports, though they bear primary responsibility for Goal 8, which covers areas such as development assistance, debt relief and trade reform. Goal 8 is critical to achieving all the other goals, but it is weak on accountability. Even without a specific requirement, many developed countries have produced progress reports. According to the advocacy organization Interaction, the United States is a “conspicuous exception.” In another example of how civil society organizations have contributed to achieving the goals, Interaction produced its own evaluation of U.S. progress.

Global Partnerships

In the language of the MDGs, developing and developed countries must form a “global partnership for development.” Many developing countries have taken the lead in designing and implementing strategies to tackle hunger, poverty and disease, as well as the underlying issues such as weak
institutions and lack of respect for human rights that allow these problems to persist. But they cannot achieve the MDGs alone. Developed countries must also do their part by providing resources, removing obstacles and fully engaging in the effort. By signing onto the MDGs, developed countries have committed to providing aid, cancelling debt and reforming trade policies in order to support rather than undermine development efforts. Since 2000, leaders from across the globe have come together on several occasions to explore how to build and sustain meaningful global partnerships.

World leaders have acknowledged that meeting the MDGs will require better coordination of aid programs within and across donor agencies and more coherence among policies such as development, trade and migration. Making sure that policies do not work at cross purposes is crucial, says a recent U.S. government-sponsored report on reforming U.S. foreign assistance. For example, trade is critical to spurring economic growth in developing countries, but the United States applies “the highest trade barriers to imports from the poorest countries.” These are often the very same countries that receive U.S. development assistance. In 2006, Bangladesh received $80 million in U.S. foreign aid, while the United States collected $487 million in tariffs on imports from that country. The United States has been working to increase the competitiveness of Bangladeshi businesses, yet its tariffs make exports from Bangladesh less competitive.

Better alignment and coordination of policies is one area where world leaders and development experts agree that reform is needed. Stronger “ownership” of development programs by developing countries is another. At a recent conference held by the Organization for Economic Cooperation and Development (OECD), government officials from developed and developing countries recognized that each country has a role to play in achieving the goals. Developing countries must take the lead in determining their own development agendas, including defining national goals, identifying budgetary needs, and programming for results. A country’s fight against hunger, poverty and disease will be sustainable only when that country takes ownership of its development policies and programs.

An Interconnected Vision of Development

The problems of development are interrelated, and so too are the solutions. People almost never suffer hunger without poverty. Child mortality is rarely a problem when the health of the mother is not at risk. “The multifaceted challenges of development cut across a vast array of interlinked issues—ranging from gender equality through health and education to the environment,” said Kofi Annan.

An Interconnected Set of Problems

Reducing hunger and malnutrition can play a pivotal role in meeting other MDGs. Close to ten million children will die this year, more than half of them due directly or indirectly to malnutrition. Iron-deficiency anemia will cause the deaths of approximately 100,000 women. Nutrition interventions will directly help to achieve Goals 3 and 4, reducing child mortality and improving maternal health. Besides contributing to child and maternal mortality, hunger and malnutrition affect school attendance and performance (Goals 2 and 3), make preventing and treating infectious diseases more difficult (Goal 6) and can even result in environmental degradation as families put marginal land into production for food (Goal 7).

The links between hunger and school attendance and performance are strong and well-documented. In poor households, parents may feel the need to put children to work rather than send them to school. School enrollment can be increased when food is provided in exchange for attendance. In Bangladesh, school enrollment increased 20 to 30 percent when a take-home food ration was offered. Moreover, children receiving the ration stayed in school longer. In their study of the Bangladesh Food for Education Program, the International Food Policy Research Institute (IFPRI) estimates that increased schooling will lead to higher lifetime earning potential on the order of 33 to 35 percent for girls.

In Guatemala, a nutrition intervention among children between the ages of 6 and 24 months showed positive results in cognitive performance. Follow-up research found that the group had substantial advantages in education and cognitive skills later in life, including a higher probability of attending school, more years of education completed and higher achievement test scores as adults. The evidence is clear that nutrition interventions provide children with more opportunity to attend school and help them become better students once they are there.

There is an emerging body of data on the interaction between malnutrition and disease that has implications for Goal 6. Research has shown that 57 percent of malaria deaths in young children are attributable to malnutrition. Many other deadly diseases such as tuberculosis (TB) and HIV/AIDS are also worsened by poor nutrition. Treating these diseases is more difficult when patients are malnourished.
Hunger and poverty can also force individuals into situations that can increase the likelihood of contracting deadly diseases. In Malawi, recent famines created pressure for people in rural areas to migrate in search of food and work. But in a vicious cycle, people who migrate face a higher risk of contracting HIV/AIDS, and infection makes them less able to work. This problem has exacerbated the HIV/AIDS pandemic in country after country.

As communities face the need to increase food production in order to address hunger, the environmental pressures can be great. “Poverty, food scarcity, and population pressures fuel deforestation and the overharvesting of vegetation,” explain experts charged with developing a plan of action to address Goal 1 to cut hunger. Evidence also suggests that climate change will have a significant impact on developing countries, where warmer, drier conditions will shorten the length of growing seasons, an impact that will have a detrimental effect on crops.

An Interconnected Set of Solutions

Just as the problems the MDGs seek to address are connected, so too are many of the solutions. An intervention in one area can mean progress in others. Creating a fairer trade environment will provide many countries with greater economic opportunities, driving economic growth and leading to poverty reduction. In turn, poverty reduction can have an impact on other areas such as hunger and disease.

One of the strategies for Goal 1 is to pursue ways of increasing agricultural productivity, particularly for smallholder farmers. Up to 75 percent of the world’s poor people live in rural areas. The vast majority of them rely directly or indirectly on farming for their livelihoods. Increasing agricultural research, expanding irrigation, improving soil health, providing better seed varieties, making fertilizer more available and helping farmers expand into higher-value crops will help smallholder farmers produce enough food to feed their families and have a surplus to sell on local markets.

Increasing agricultural productivity will also have secondary impacts—ripple effects in rural communities that will affect many of the other MDGs. Better harvests provide families with cash to pay for basic goods and services. If school fees present a barrier to school attendance, extra money in the pockets of poor families can be used to enroll children in school. For girls, the longer they stay in school, the later they marry and bear children, and that can positively impact maternal health, family size and household income. School attendance is also associated with a lower likelihood of contracting HIV/AIDS.

To achieve the MDGs, many strategies should be pursued simultaneously, progress evaluated, and approaches modified as needed. Some strategies may produce surprisingly strong impacts on the MDGs. What’s important is to learn from experience. Skeptics such as William Easterly argue that the results of many development projects are meager or negative, but the evidence shows that when countries are committed, positive change can occur and sometimes the progress is dramatic.
The MDGs are ambitious, but they are also backed up by more than a half-century of development work. Over the past six decades, the United Nations, multilateral institutions such as the World Bank and the development agencies of governments have worked to increase life expectancy, decrease infant and maternal mortality rates, provide greater access to reproductive health care, curb malnutrition among young children, eradicate smallpox, achieve universal child immunization for diseases such as measles and diphtheria, and achieve universal access to safe drinking water. Efforts started in 1967 to eradicate smallpox, and these efforts were successful by 1980. An initiative to cut in half the number of children dying each year of diarrhea was achieved by 2000. These and other examples illustrate that a combination of strong political will, a flexible approach to development strategies, and the mutual commitment of governments can lead to real results.

The MDGs signal a commitment to end hunger, poverty and disease and promote a more just, sustainable world. Achieving the MDGs will mean that hundreds of millions of people have escaped hunger, poverty and disease. It means that nations will have created enduring institutions to sustain the progress made in the first 15 years of the new century. By offering hope and opportunity to hungry and poor people, meeting these goals will improve the prospects for people everywhere.

The MDGs demonstrate that development is not simply about achieving economic growth or meeting isolated targets like reducing child mortality or improving literacy rates. Development reflects an important set of fundamental values: freedom, equality, solidarity, tolerance, respect for nature and shared responsibility. As Nobel Laureate Amartya Sen put it, “Development is indeed a momentous engagement with freedom’s possibilities.”

Endnotes

2. World Bank (2007) World Development Indicators. Table 2.6: Poverty.
11. Ibid.

All Internet resources retrieved January 8, 2008.
Millennium Development Goals: Progress to Date

This chart provides an overview of progress on the first seven Millennium Development Goals. Progress or lack of progress differs in every state, so regional overviews provide a snapshot at an aggregated level. In some instances, trends are driven by high performance or lack of performance by one or a small group of countries. Since Goal 8 contains few measurable indicators, it is not included in the chart. 1990 is generally used as the baseline year.

<table>
<thead>
<tr>
<th>Goals and Targets</th>
<th>Africa</th>
<th>Asia</th>
<th>Latin America &amp; Caribbean</th>
<th>Commonwealth of Independent States</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Northern</td>
<td>Sub-Saharan</td>
<td>Eastern</td>
<td>S. Eastern</td>
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<tr>
<td>GOAL 1: Eradicate extreme poverty and hunger</td>
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<tr>
<td>Reduce extreme poverty by half</td>
<td>On Track</td>
<td>Off Track</td>
<td>Goal Achieved</td>
<td>Goal Achieved</td>
</tr>
<tr>
<td>Reduce hunger by half</td>
<td>On Track</td>
<td>Off Track</td>
<td>On Track</td>
<td>On Track</td>
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<tr>
<td>GOAL 2: Achieve universal primary education</td>
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<tr>
<td>Universal primary schooling</td>
<td>On Track</td>
<td>Off Track</td>
<td>No Progress</td>
<td>Off Track</td>
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<tr>
<td>GOAL 3: Promote gender equality and empower women</td>
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<tr>
<td>Equal girls’ enrollment in primary school</td>
<td>On Track</td>
<td>Off Track</td>
<td>Goal Achieved</td>
<td>Goal Achieved</td>
</tr>
<tr>
<td>Women’s share of paid employment</td>
<td>Off Track</td>
<td>Off Track</td>
<td>On Track</td>
<td>Off Track</td>
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<tr>
<td>Women’s equal representation in national parliaments</td>
<td>Off Track</td>
<td>Off Track</td>
<td>No Progress</td>
<td>Off Track</td>
</tr>
<tr>
<td>GOAL 4: Reduce child mortality</td>
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<tr>
<td>Reduce mortality of under-five-year-olds by two-thirds</td>
<td>On Track</td>
<td>No Progress</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>Measles immunization</td>
<td>Goal Achieved</td>
<td>On Track</td>
<td>No Progress</td>
<td>Off Track</td>
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<tr>
<td>GOAL 5: Improve maternal health</td>
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<td></td>
<td></td>
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<tr>
<td>Reduce maternal mortality by three-quarters*</td>
<td>Off Track</td>
<td>No Progress</td>
<td>On Track</td>
<td>Off Track</td>
</tr>
<tr>
<td>GOAL 6: Combat HIV/AIDS, malaria and other diseases</td>
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<tr>
<td>Halt and reverse spread of HIV/AIDS</td>
<td>Off Track</td>
<td>No Progress</td>
<td>No Progress</td>
<td>Off Track</td>
</tr>
<tr>
<td>Halt and reverse spread of malaria*</td>
<td>On Track</td>
<td>No Progress</td>
<td>Off Track</td>
<td>Off Track</td>
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<tr>
<td>Halt and reverse spread of tuberculosis</td>
<td>On Track</td>
<td>No Progress</td>
<td>Off Track</td>
<td>Off Track</td>
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<tr>
<td>GOAL 7: Ensure environmental sustainability</td>
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<tr>
<td>Reverse loss of forests**</td>
<td>On Track</td>
<td>No Progress</td>
<td>Goal Achieved</td>
<td>No Progress</td>
</tr>
<tr>
<td>Halve proportion without improved drinking water</td>
<td>On Track</td>
<td>No Progress</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>Halve proportion without sanitation</td>
<td>On Track</td>
<td>No Progress</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>Improve the lives of slum-dwellers</td>
<td>On Track</td>
<td>Off Track</td>
<td>Off Track</td>
<td>Off Track</td>
</tr>
</tbody>
</table>

- Goal Achieved • Target already met or very close to being met.
- On Track • Target is expected to be met by 2015 if prevailing trends persist, or the problem that this target is designed to address is not a serious concern in the region.
- Off Track • Target is not expected to be met by 2015.
- No Progress • Or a deterioration or reversal.

* The available date for maternal mortality and malaria do not allow a trend analysis. Progress in the chart has been assessed by the responsible agencies on the basis of proxy indicators.
** The assessment is based on a new methodology and therefore not comparable with previous assessments.

A Snapshot of Regional Progress: Asia

A handful of countries in Asia, notably India and China, have made progress in reducing extreme poverty. China and India are expected to reach the poverty reduction target. On other targets, China is ahead of India. China is making progress in the fight against hunger, but India is not. The same is true for child and maternal mortality. Other countries in the region are showing mixed progress. Vietnam is on track to meet many of the MDGs. Cambodia is showing slow progress in some areas and the trends are actually in the wrong direction in others. One shining example of progress throughout the region is Goal 6. Almost every country in the region will achieve the goals of halting and reversing the spread of HIV and Tuberculosis.

Goal 1: Proportion of people living with insufficient food

Goal 2: Net enrollment ratio in primary education

Goal 5: Proportion of deliveries attended by skilled health care personnel
A Snapshot of Regional Progress: Commonwealth of Independent States (CIS)

Among countries in the Commonwealth of Independent States (CIS) trends are largely positive. The region is on track to meet the **poverty target**. Most countries will meet the **hunger target**. Georgia and Uzbekistan are exceptions. Most CIS countries will achieve the target set for **primary school enrolment** and parity in primary school enrollment for boys and girls. An area of concern for CIS countries is the spread of **HIV/AIDS and other diseases**. The HIV/AIDS epidemic is spreading quickly, particularly in the Russian Federation. Tuberculosis is also on the rise. The prevalence of HIV/AIDS is high in the Baltics and increasing in neighboring countries to the East, such as Ukraine, Belarus, and Moldova, where public health conditions are rapidly deteriorating. Another area of concern is **access to water and sanitation services**.

### Goal 4: Under-five mortality rate per 1,000 live births

**CIS, Europe**
- 1990: 27
- 2005: 17

**Transition Countries in South-Eastern Europe**
- 1990: 29
- 2005: 17

**Developing Regions**
- 1990: 106
- 2005: 83


### Goal 7: Proportion of population using improved sanitation (percentage)

**CIS**
- 2005: 83
- 2015 target: 91

**Developing Regions**
- 2004: 35
- 2015 target: 58


### Goal 1: Population living on less than $2 and less than $1 per day (2004)

**Europe & Central Asia**
- Actual $2/day: 0.5
- Projected $2/day: 9.8
- Actual $1/day: 0.5
- Projected $2/day: 4.6


### Goal 1: Proportion of people living with insufficient food (percentage)

**CIS, Asia**
- 1990-1992: 16
- 1995-1997: 20
- 2001-2003: no data
- 2015 target: 16

**Developing Regions**
- 1990: 35
- 2004: 18
- 2015 target: 17

Source: United Nations, *Fact Sheets on the MDGs: Eradicate Extreme Poverty and Hunger*.
A Snapshot of Regional Progress: Latin America

Extreme poverty is declining in Latin America and the Caribbean. At current rates, many, though not all, countries will meet the poverty target. In many countries in this region, poverty reduction strategies are competing with persistent economic inequality, keeping gains from economic growth from reaching poor households. In countries like Brazil and Mexico, strong government action is helping to reduce child hunger. Latin America and the Caribbean are demonstrating some progress in the area of gender equality. Since 1990, women have significantly increased their role in the non-farm economy, but wage inequality remains a problem. Central American countries such as Nicaragua and Caribbean countries such as Haiti are facing the greatest hurdles to meeting the MDGs. After sub-Saharan Africa, the Caribbean countries have the highest prevalence of HIV/AIDS.

A Snapshot of Regional Progress: sub-Saharan Africa

Despite strong progress toward a number of the goals, as a region sub-Saharan Africa faces steep hurdles to achieving the MDGs. Extreme poverty is declining, but not quickly enough to meet the poverty reduction target. Meanwhile hunger is increasing across the region. One major challenge is the high prevalence of HIV/AIDS. Countries in sub-Saharan Africa have achieved better results against other diseases. The region will meet the target set to reduce the prevalence of tuberculoses. Dramatic progress has occurred in total net enrollment of children in school, but 30 percent of children still do not attend school. Gender disparities remain high in the region. Gender disparities are reflected in the unequal quality of healthcare services, a problem which exacerbates maternal mortality rates.

Goal 1: Population living on less than $1 per day (2004)

<table>
<thead>
<tr>
<th>Year</th>
<th>Path to goal</th>
<th>Actual progress</th>
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<tbody>
<tr>
<td>1990</td>
<td>46.7</td>
<td>41.1</td>
</tr>
<tr>
<td>1991</td>
<td>41.1</td>
<td>35.6</td>
</tr>
<tr>
<td>2005</td>
<td>23.4</td>
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</table>


Goal 2: Total net enrolment ratio in primary education

<table>
<thead>
<tr>
<th>Region</th>
<th>1991</th>
<th>1999</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>sub-Saharan Africa</td>
<td>54</td>
<td>57</td>
<td>70</td>
</tr>
<tr>
<td>World</td>
<td>80</td>
<td>83</td>
<td>88</td>
</tr>
</tbody>
</table>


Goal 3: Women in non-agricultural wage employment (percentage)

<table>
<thead>
<tr>
<th>Region</th>
<th>1990</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Africa</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>sub-Saharan Africa</td>
<td>28</td>
<td>32</td>
</tr>
<tr>
<td>World</td>
<td>36</td>
<td>39</td>
</tr>
</tbody>
</table>


Goal 6: HIV prevalence in adults in sub-Saharan Africa and developing regions (percentage) and number of AIDS deaths in sub-Saharan Africa (millions)

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### Goal 1: Number of people living on less than $1 per day (millions), 1981-2004

![Graph showing the number of people living on less than $1 per day from 1981 to 2004, categorized by regions.](image)

- **Middle East & North Africa**
- **Europe & Central Asia**
- **East Asia & Pacific**
- **Latin America & Caribbean**
- **South Asia**
- **Sub-Saharan Africa**

Source: World Bank staff estimates.