

# Assessment of the advances up to 2000

Although for some of the commitments, information for the year 2000 has been obtained, the delay in obtaining information makes it impossible to handle these values for all the indicators used in this follow-up. The alternative continues to be reviewing the rate of progress or setbacks according to the latest available data, taking the year 2000 goal as the point of comparison.

In the area of education (**Goal 1: universalisation and completion of primary education**), the evolution over this period once more reveals a large number of countries for which the international organisations have no information available. Regarding the goal of **universalisation of primary education** measured based on the net enrolment rate, of a total of 132 countries with information for which a rate of progress could be measured, 24 countries show regression, with significant regression in three. Rapid progress towards meeting the 2000 goal was observed in 19 countries (12%), while another 36 were progressing at an insufficient rate. The goal relating to **completion of primary education** (measured on the basis of the percentage of children who reach fifth grade), out of the 130 countries with information, less than half have information after 1997 and in no case is the necessary information up to 2000 available to make a final assessment of the commitment. Considering the different rates observed for the countries, it is surprising to note that almost 30% of the countries revealed some regression, while 37% progressed favourably, although some at an insufficient pace (10%). Varying degrees of regression can be observed; in the Republic of Congo, Ethiopia, Gabon, Lesotho and India regression is slight, while in Rwanda, Mauritania and above all, Malawi, regression is more significant. In the group of countries that showed regression, it should be noted that values dropped in 24 countries that had already achieved the goal in 1990, in some cases falling below the 80% commitment (Hungary, Djibouti, Senegal and Zimbabwe).

The goal of 60 years for the indicator relating to **life expectancy (Goal 2)** has not implied an additional effort for the majority of the countries (62% of the 198 for which information is available), which at the beginning of the 1990s had already reached the goal. Nevertheless, save exceptions, the rest of the countries did not pass this threshold at the year 2000, and 12% have even lowered their life expectancy during the decade. Only six countries: Bangladesh, Bolivia, Comoros, India, Kiribati and Pakistan progressed to reach the goal and another 26 have improved their situation, but insufficiently. Regression, based on a life expectancy of less than 60 years, was concentrated in 24 African countries, with an average setback of five years of life, with a life expectancy in the year 2000 of 44.3 years. In turn, seven of these countries showed a very serious regression over the period (Botswana, Kenya, Lesotho, Namibia, Swaziland, Zambia and Zimbabwe) with setbacks of up to 18 years (Botswana). This serious deterioration in terms of life expectancy may be associated with the important weight of factors such as AIDS, malnutrition and armed conflicts that continue affecting the African continent in particular. Finally, the evolution of a group of 11 countries that had started the period with the goal achieved, but that have ended the decade with regression in relation to their initial situation, is a matter for concern.

The data for follow-up of **Goal 3 on infant and under-five mortality** up to the year 2000 also makes it possible to undertake a final assessment for the commitment. In many countries (80%), **infant mortality** has dropped, but only one-third of these, 47 countries, had reached the goal. In 110 countries, the rate was insufficient and in 13, no changes took place throughout the decade. At the same time, setbacks were seen in 17 countries; the regression in Iraq and Botswana stands out because of its dimension. The **mortality rate of children under five** followed a similar evolution: out of the 192 countries with available data, 156 reduced mortality rates, but only 61 reached the goal. The

group of countries showing setbacks in infant mortality also showed setbacks in the mortality rate of children under five, and the most critical situations were also to be found in Iraq and Botswana, where rates practically doubled.

Follow-up of the goal of reducing to half the **maternal mortality rate** between 1990 and 2000 has been prevented by the lack of comparable information over time, due to changes introduced in international statistics on how this is calculated. Maternal mortality rates per 100,000 live births are extremely heterogeneous and therefore the goals reflect very different situations. This can be illustrated by reference to the fact that the regional averages for maternal mortality range from 30 (for Europe and Central Asia) to 567 (for Sub-Saharan Africa) per 100,000 live births. The situations in Sierra Leone and Rwanda are particularly alarming for the extreme values they present, exceeding 2,000 maternal deaths per 100,000 live births.

The table for **Goal 5** shows **per capita daily caloric intake** as an indicator of food security. As no fixed target value was set for this goal, we chose to use the targets of the UN's Food and Agriculture Organisation, which establish a level of calorie intake that depends on the starting situation of the countries in 1990. For the year 2000, 70% of the countries for which information is available (155) showed progress and 47% of the countries reached 2000 having achieved the goal. Of the 34 (20%) countries that show setbacks, almost half show significant regression, in particular Iraq, Yugoslavia and Hungary (which in 1990 had reached the goal), which show drops of more than 1,000 daily calories per capita.

**Goal 6** relates to the reduction in **malnutrition in children under five**. To construct the progress index, we took the values from 1990 or the next closest year, and from the last year available. Even so, we could only construct an index for a very limited number of countries (80) as in many cases we did not have information from both moments in time. In the resulting distribution of countries, 60% show progress. Of these, almost a quarter (11 out of 48) were progressing at a sufficiently rapid rate. Among the countries showing setbacks (23), Angola and Costa Rica had the highest rate of regression (although in the case of Costa Rica, the percentage of children suffering from malnutrition remained low).

With respect to **Goal 7**, the percentage of the population with **access to health care** has not been updated by the international sources that usually provide such information. The data are consequently out-of-date and scarce (available for 55 countries). Here we saw that of the 19 countries showing some progress, 13 were advancing rapidly and were on schedule to meet the target (Cameroon, Central African Republic, Guinea, Indonesia, Iran, Jordan, Malawi, Niger, Oman, Saudi Arabia, Senegal, Syria and Thailand). Eight countries (Benin, Colombia, Gabon, Madagascar, Maldives, Nigeria, Panama and Uganda) show setbacks. In some cases (Benin, Madagascar, Maldives and Uganda), more than 50% of the population lack access to healthcare services.

The table for **Goal 8** presents the evolution of indicators concerning **reproductive health** (proportion of pregnancies and deliveries attended by skilled personnel). The information relating to **pregnancies**, available for 91 countries, shows that one-third retained an almost universal level of coverage, in other words, they had achieved the goal. With respect to progress made, 48 countries show advances at a sufficient rate to meet the goal. Among the 14 countries where setbacks were registered, three showed an alarming rate of regression (Kenya, Myanmar and Nigeria). Particularly worrying is the case of Tanzania, which started with almost total coverage but reduced that figure by half in the period under consideration. With respect to medical coverage of **deliveries**, information is available for a total of 175 countries, 152 of which have two points of comparison over time. Fifty percent of the countries with

complete information present values indicating they were on target to meet the goal of close to 100% coverage. Forty-six countries showed that although progress had been made, it was not sufficient to meet the 2000 goal. Setbacks were shown in 12% of the countries, and only China was regressing significantly. The eight countries whose situation remained unchanged had low levels of coverage, except Tunisia and the Solomon Islands, where coverage was close to 90%.

Of the 58 countries for which there were data regarding **cases of malaria (Goal 9)**, 64% had met the 2000 goal. However, a large group of countries are registering setbacks, and most of these were regressing very significantly.

Regarding control and eradication of diseases by means of **infant vaccination (Goal 10)**, the progress indicator is based on the situation with respect to four diseases: **tuberculosis, diphtheria, polio and measles**. Evolution over the decade shows that 38% of the countries for which data is available (72 out of 189), had met the 2000 goal, while in 31% of the cases insufficient progress was registered. However, 24% regressed during the decade in relation to this indicator, in particular Cape Verde, the Comoros, Republic of Congo, Djibouti, São Tomé and Príncipe showed considerable regression over this period.

In the case of **Goal 11**, to reduce **adult illiteracy** to half its 1990 rate, most of the countries for which data was available had made progress. Only two (Moldova and Tajikistan) had done so at a sufficient rate to reach the target, although it should be noted that their starting point was very close to absolute zero in the indicator. Within the other countries, the initial situation was very heterogeneous, implying very different efforts to reduce the illiteracy rate to half. A large group of countries had a starting level of almost universal rates of adult literacy but did not reach 100%. In particular, seven countries had rates of over 70% adult illiteracy in 1990 and on reaching the year 2000 two countries were still in the same position (Burkina Faso and Niger). Finally it should be added that this indicator is not available for the developed countries, which in general have stopped publishing figures for illiteracy on the understanding that it is a problem that has been overcome.

With respect to **access to sanitation (Goal 12a)**, of the 149 countries for which information is available, 48 (32%) have reached this goal. The lack of data for many countries on their initial situation has made it impossible to assess how far this achievement has implied an additional effort during the decade. Among the countries having data available for 1990, all had the requested universalisation. However, of countries for which data was available, those that started the period in a deficient position regarding the goal in no case reached the required threshold. Among them, 57 countries made insufficient progress. In three cases (Mali, Togo and Uganda) regression may be observed. It should be noted that no initial information was available for another 39 countries that did not reach universal sanitation by 2000, but for which it is impossible to assess progress over the decade.

Finally, as regards **access to safe water (Goal 12b)** (using as an indicator access to improved water sources), there is also a group of countries (30% of 157) that had already met the goal at the 1990 starting point. Among the others, only four achieved universal access (Bangladesh, Botswana, Comoros and Egypt). Thirty-one percent of the countries improved their situation over the decade but did not reach the goal. Furthermore, regression is noted in eight countries that had started below the required threshold. Among them, Colombia, Jamaica, Trinidad and Tobago and Philippines had shown setbacks from an initial situation that was relatively close to universal coverage (around 90%). During the 1990s, Argentina showed values close to the goal, but evolution up to 2000 shows a sharper regression than in other countries. Burkina Faso,

Haiti and above all, Ethiopia, on starting the decade were very far from the goal, and this situation has worsened on reaching 2000.

		BASIC EDUCATION	CHILDREN'S HEALTH	FOOD SECURITY AND INFANT NUTRITION	REPRODUCTIVE HEALTH	HEALTH AND LIFE EXPECTANCY	SAFE WATER AND SANITATION
		%	%	%	%	%	%
Significant progress or goal already achieved	➡	10.5	24.5	24.2	10.5	6.1	
Some progress	➡	25.5	60.4	29.8	35.2	15.2	43.5
Significant regression	⬅	2.0	0.5	7.5	1.2	4.1	2.4
Some regression	⬅	10.5	8.3	13.0	4.9	9.6	7.3
Stagnation		9.8	6.3	9.9	6.2	1.5	15.3
Goal already met at the starting point	⊙	5.9			14.2	1.5	31.5
Countries with no starting point data. Met the goal by 2000	⊙	10.5			12.3	5.6	
Countries with goal met before the starting point still progressing	⊙➡	13.1		9.9	12.3	51.3	
Countries with goal met before the starting point but going backwards	⊙⬅	12.4		5.6	3.1	5.1	
<b>TOTAL</b>		<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total countries for which data are available</b>		<b>153</b>	<b>192</b>	<b>161</b>	<b>162</b>	<b>197</b>	<b>124</b>
		%	%	%	%	%	%
<b>SUMMARY OF PROGRESS</b>	⊙ + ➡ + ➡ + ⊙➡	54.9	84.9	64.0	72.2	74.1	75.0
<b>SUMMARY OF REGRESSION</b>	⬅ + ⬅ + ⊙⬅	24.8	8.9	26.1	9.3	18.8	9.7
<b>GOAL ACHIEVED OR ON TARGET</b>	⊙ + ⊙ + ➡ + ⊙➡	39.5	24.5	34.2	49.4	64.5	31.5

There is no doubt that at a first glance, this summary table shows an overall improvement in all areas. This means that in all thematic areas most countries had made progress in the direction stipulated in the commitments and goals for the year 2000. However, the proportion of countries whose progress has enabled them to effectively achieve the goals is far from satisfactory.

The best performance is to be observed in the area of health and life expectancy, as 65% of the countries have achieved the goal. Unfortunately, as we have already pointed out, even this cannot be regarded as a huge step forward, since, if one looks closely at the table, one sees that of the 197 countries that have advanced in this respect, 113 had already reached the goal at the start of the period. As we explained above, this is because 60 years is a very low target for life expectancy, since a large number of countries had already exceeded that figure some time ago.

In reproductive health, almost half the countries have achieved the goals set or are on target. In basic education, 40% of the countries are in this situation and in the other areas no more than one-third of the countries are on schedule. In short, in all the areas the rate of progress is patently insufficient.

If we analyse the information on setbacks, we see that the area of food security and child nutrition shows the highest proportion of regression (26%), 42 of the 117 countries with available data. Regarding education, the proportion of countries showing regression (25%) is also significant.

## Public expenditure

The following summary table shows the evolution in social expenditure (health and education) and spending on defence and external debt service.

	EDUCATION EXPENDITURE INCREASE	HEALTH EXPENDITURE INCREASE	DEFENCE EXPENDITURE REDUCTION	EXTERNAL DEBT EXPENDITURE REDUCTION
	PUBLIC EXPENDITURE ON EDUCATION AS % OF GNP	PUBLIC EXPENDITURE ON HEALTH AS % OF GDP	MILITARY EXPENDITURE AS % OF GDP	TOTAL DEBT SERVICE AS % OF GDP
	1985/87-1995/97	1990-1998	1990-2000	1990-2000
Significant progress (more than 1%)	29.6	21.5	27.7	34.5
Some progress (less than 1%)	32.0	39.2	45.5	19.1
Stagnation	4.0	6.2	8.9	0.9
Some regression (less than 1%)	17.6	24.6	11.9	10.0
Significant regression (more than 1%)	16.8	8.5	5.9	35.5
<b>Total countries</b>	<b>125</b>	<b>130</b>	<b>101</b>	<b>110</b>
OVERALL PROGRESS AND REGRESSION RATES				
Progress	61.6	60.8	73.3	53.6
Regression	34.4	33.1	17.8	45.5

In the light of new data, what was observed in the previous edition is still valid. A substantial number of countries show a favourable evolution of public spending in all the areas. Only in the case of expenditure on debt service does progress and regression roughly balance out.

With respect to cases at either end of the scale, in the area of education, there were increases of more than 2.5% for education in Jamaica, Bolivia, Paraguay, Poland, Latvia, Lesotho, Saint Lucia and Moldova and reductions of over 5% in Mongolia and Suriname.

As regards health spending, at one extreme, Bolivia, Belarus, Colombia, Estonia, Germany, Israel and Samoa show increases of more than 2% of their GDP, while at the other end of the scale Georgia, Kyrgyzstan and Macedonia FYR, show reductions of over 2%.

As noted previously, military spending and external debt service are generally considered to divert resources from social needs. For this reason, reductions in expenditure in these two areas are regarded as positive achievement towards social development. Considering the latest information, the countries situated at the two extremes in relation to these areas are Kuwait, Russian Federation, Oman and Mozambique at one end, with reductions in military spending of over 5% and, at the opposite end of the scale, with increases of over 2% of GDP, Algeria, Burundi, Sri Lanka and above all, Angola (15%). The share of GDP of external debt service fell by more than 10% in Guyana and Republic of Congo, while in Angola, Nicaragua and Slovakia it increased by the same amount.

Finally, in terms of Official Development Assistance (ODA), the table again shows that the majority of the donor countries (11 out of 22) registered a regression between 1990 and 2001 in the percentage of their GNP assigned to overseas aid. Norway, the Netherlands, and Sweden, although reducing their contribution, remain above the set goal of 0.7% of the GNP. Denmark also remains above this level and increased its aid since 1990. Luxembourg shows a substantive increase in the amount of aid offered between 1990 and 2001 and remains above the percentage stipulated in the commitment, thus achieving the target goal. In general, countries fulfilling their commitment continue to do so in spite of certain variations in the percentages within the period. On the other hand, countries showing regression are those that have never fulfilled their commitment throughout the period.