

What the social development indicators say

Social development in focus

- *The percentage of the world's population living in extreme poverty, the number one concern of the Millennium Development Goals (MDGs),¹ may have decreased over the last decade (1995-2004). This decline however is closely linked to the development of one single country (China), whose population accounts for one-fifth of the total world population. Forecasts on the future evolution of poverty point to the absence of one single direction and the prevalence of regional differences. World Bank estimates predict that the goals set by the MDGs might be met in Europe, the Middle East, Central Asia and perhaps in Northern Africa, while in Latin America the slow poverty reduction pace makes the goal unattainable by 2015. In Sub-Saharan Africa the outlook is grim given that poverty affects 140 million people.*
- *Eradicating extreme poverty and hunger is an indispensable step towards the well-being of the world's population and represents the first challenge facing the global community. However concerns about food security have not resulted in actions which help countries pursue solutions to overcome this serious problem. Although many countries have made great efforts and shown some improvement in indicators related to food status and population undernourishment, they account for less than half of the whole community of nations. Conversely, approximately one in every five countries in that group has experienced a significant deterioration of its nutrition situation. According to FAO the outlook does not look very promising as far as the affected population is concerned: in developing countries the number of hunger-stricken people has fallen by only nine million over the course of 15 years and the opportunities favourable to food security are still very unequal, both between and within countries. South Asia and Sub-Saharan Africa are still the most critical regions in terms of their food situation. Even though poverty is still concentrated in rural areas, urbanization and globalization generate a more complex view of the factors that cause food insecurity and their related impact. In the world today, food crises are increasingly caused by human actions. It therefore becomes even more horrifying to realize that at present 852 million people in the world are affected by hunger.*
- *There is broad consensus about the importance of education as an indispensable tool to help people out of a situation of poverty in a context of sustainable and lasting development. Over recent years, there has been growth in primary education coverage spurred by commitments resulting from the Copenhagen Social Summit and the Millennium Summit. However worldwide advances in education coexist with a wide variety of situations; some of them extremely serious as in the case of several African countries where nearly half the population is illiterate. At other levels it is necessary to evaluate the quality of education provided in order to go beyond mere quantitative coverage indicators. Although there may be no systematic information available in this area, the differences in quality are obvious and have a negative influence on educational equity. Another feature that characterizes these inequities, apart from basic coverage and quality of elementary education, is the time of exposure to education, that is to say, the highest level reached by a person in their educational career. The number of years of schooling varies greatly between poor and rich countries. The widest coverage gaps occur in the average years in tertiary education, where understandably the richest countries have the highest averages while in Africa the average is insignificant.*
- *In recent years, characterized by a slowdown in health-related social benefits and by increased inequality, the health security of countries has evolved unevenly. The differences caused by demographic factors and health policies as well as by different living standards are revealed in the morbidity and mortality indicators. Although there is some progress on a global level, such as a decline in infant mortality, there are regions where the situation is still serious and some countries have even experienced regression. Sub-Saharan Africa is the area facing the world's poorest health conditions: the HIV/AIDS pandemic, together with an increase of tuberculosis and malaria, have caused historical regression such as the reduction in life expectancy at birth. Increased coverage of basic immunization to children under one year of age has probably been one of the main contributing factors in the reduction of infant mortality. A follow-up study of the situation since the early 1990s shows progress in most countries. The average world immunization coverage today is around 70% but this figure masks the huge inequity existing between countries. The goal of achieving universal immunization coverage becomes more elusive in the light of the enormous gaps observed between countries and even more so when at least 15% of the countries have regressed in their coverage. A country's wealth is inextricably related to its health indicators. The gap existing between the richest and the poorest countries is not diminishing; therefore, world progress in terms of morbidity and mortality is still unevenly distributed among the world's population.*
- *Access to safe drinking water and sanitary services comprise the minimum basic infrastructure associated with better health security levels. Ten years after the Copenhagen and Beijing agreements, and five years after the Millennium Declaration, over 1.1 billion people lack access to safe drinking water (approximately 17% of the global population) while more than 40% of the world's population lack basic sanitary services. The situation becomes alarming in poor countries where more than 70% of the urban population live in squatter settlements or slums, with no access to essential services such as safe drinking water and sanitation. The most serious example of lack of access to safe drinking water is Afghanistan where in 2002 only 13 out of every 100 people had access to improved water sources. With respect to sanitation, there are extreme cases such as that of Ethiopia, where only 6 out of 100 inhabitants have access to this service. On the other end of the spectrum, both in terms of water services and sanitation, are high-income countries such as Norway, the United States and the Netherlands, where both services are completely covered.*

¹ The Millennium Development Goals are: 1) Eradicate extreme poverty and hunger; 2) Achieve universal primary education; 3) Promote gender equality and empower women; 4) Reduce child mortality; 5) Improve maternal health; 6) Combat HIV/AIDS, malaria and other diseases; 7) Ensure environmental sustainability; and 8) Develop a global partnership for development.

- *The inclusion of the gender dimension in these categories of well-being triggers a multiplying effect, that is to say, global inequity becomes even greater when gender is considered. Gender equity must be borne in mind when studying quality of life. The growing participation of women in different spheres of society has not guaranteed their recognition or improvements in their quality of life. The fact is that women cannot fully participate in economic and public life; they have limited access to positions of influence and power; their labour options are more restricted and their income is much lower than that of men performing the same job. Although progress can be noted in many countries, unequal access to education still exists between men and women in most developing countries and is still far from being eradicated.*
- *The participation of women in economic activities is of particular importance as it relates directly to poverty issues. Women's participation in the most rural societies coincides with the most industrialized ones. According to available data, 70% of the estimated 1.3 billion poor of the world today are women. Some of the reasons leading to higher poverty among women are unequal conditions in terms of women's access to the labour market and labour discrimination through lower salaries. The income gap is one of the most striking inequalities: even in countries that are better off, female income is only 65% of male income, while in countries where the situation is worse, the relationship is around 30%. Furthermore, all over the world women are practically absent from parliament. On average they account for less than 15% of members of parliament and no systematic differences are observed by region or according to country income level.*
- *Despite evident progress in both the coverage and quality of reproductive health, this particular area is still a priority for millions of women in countries with severe qualitative and quantitative deficiencies. This is reflected in poor health indicators: high maternal mortality, low prevalence in the use of contraceptives and low percentage of births attended by skilled personnel. Every day 1,600 women die worldwide due to complications experienced during pregnancy and childbirth. In addition, 50 million women annually suffer health problems related to pregnancy and childbirth. Inequalities between countries are overwhelming: in developing countries, maternal death is 18 times higher than in industrialized countries. Since women in developing countries have more pregnancies and obstetric care is more scarce and inadequate, they are exposed to the risk of maternal mortality 40 times more than in the developed world. Inadequacies in reproductive and sexual health care services cause almost one fifth of the world's premature morbidity and mortality figures, and one third of the diseases and deaths of women in their reproductive years.²*
- *Scientific and technological innovation is the area that has advanced most rapidly in recent years. The capacity of countries to generate science and technology is of vital strategic importance despite the fact that only a few nations have been able to maintain a good position in terms of these indicators. Developing countries, which are home to almost four-fifths of the world's population, supply less than 30% of researchers in science and technology. Meanwhile, although practically all countries in the world are connected to the Internet and other types of communication and information technology such as telephones and personal computers access to them is remarkably unequal. This inequality is maintained in spite of the progress achieved in this field by the large majority of countries. When the expenses on information and communication technology and the number of scientists and engineers devoted to research and development are taken into account, the outlook is not encouraging. These two indicators, which are key to progress in this area, also demonstrate an unequal distribution which compromises the chance for equitable and sustainable development.*
- *Governments have signed a series of international treaties on fundamental human rights³ that have become internationally binding. In addition to the civil and political rights of individuals, these international treaties and conventions express the right to health, education, adequate housing, non-discrimination, decent work for men and women alike, and the rights of children, among others. Part of the obligations assumed by the States that signed and ratified these international treaties is their commitment to guarantee their compliance at the national level by passing national legislation and implementing policies geared at their enforcement.*
- *The chances to improve the living conditions of citizens all over the world and allow them to fully exercise their rights, requires the political will of decision-makers. Governments play a leading role and their resources should be made available for development. A look at the public budgets of all countries and at the international cooperation commitments of high income countries reveals that governments are not making further efforts in education and health. Some countries have experienced progress in this area while in others expenditure in relation to gross domestic product (GDP) has fallen. A more specific analysis should incorporate the way in which expenses are managed within the education and public health systems. Meanwhile, the heavy share of military expenses in several countries is a matter of concern when compared to their social spending.*
- *Servicing the foreign debt is still a very important burden that results in substantial restrictions in terms of the availability of economic resources and their potential reorientation toward policies favouring the MDGs. Access to debt alleviation programmes for heavily indebted poor countries has become difficult for many due to restrictions imposed upon the adoption of these programmes, and their global impact remains weak. In middle-income countries there is concern regarding the tendency towards increased debt servicing as percentage of gross national income (GNI).*
- *In recent years the Official Development Assistance provided by wealthy countries over the last three decades has shown signs of recovery, after a period of regression. However donor countries are far from fulfilling their commitment since only five of them have reached the agreed goal of assisting developing countries with the equivalent of 0.7% of their GNI. ■*

2 Singh, S., et al. *Adding it up: The Benefits of Investing in Sexual and Reproductive Health Care*. Washington, DC and New York: The Alan Guttmacher Institute and the UN Population Fund (UNFPA), 2004.

3 Universal Declaration of Human Rights (UDHR), 1948; International Convention on the Elimination of all Forms of Racial Discrimination (CERD), 1965; International Covenant on Economic, Social and Cultural Rights (CESCR), 1966; Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979; Convention on the Rights of the Child (CRC), 1989.

Since 1995, Social Watch annual reports have included a follow-up on the situation of countries in relation to the development goals that governments committed themselves to during the World Summit for Social Development in Copenhagen and at the Fourth World Conference on Women in Beijing, as well as to the most recent goals of the Millennium Declaration for 2015.

Starting with the 2004 issue, the Social Watch follow-up strategy is built around a set of basic areas of social development. The dimensions of analysis related to human security were therefore incorporated and strengthened following the guidelines proposed by international summits.⁴ These dimensions also represent relevant thematic areas for understanding poverty from a multi-dimensional perspective.

Indicators selected to define and evaluate these core areas of development respond not only to conceptual criteria but also to functional considerations based on the evaluation of coverage and international comparability of indicators.⁵

Thematic areas:

- Poverty and distribution
- Food security
- Education
- Health security
 - Morbidity and mortality
 - Immunization
- Environment
- Gender equity
 - In education
 - In economic activity
 - In empowerment
- Reproductive health
- Information, science and technology
- Public spending
- Development aid
- International commitments and human rights

For descriptive/explanatory purposes the advance tables and the placement of countries in each area are classified according to geographic region or income level.⁶

1. Poverty and distribution

Selected indicators:

- Gini Index (%)
- International poverty line: population living with less than USD 1 a day (%)
- International poverty line: poverty gap of population living with less than USD 1 a day (%)
- Population below the national poverty line (%)
- Poorest quintile's share of consumption (%)

Unfortunately very little can be said about the progress in the struggle to reduce poverty. Even though the foremost goal of the Millennium Summit is to reduce the world's poverty by half, instruments and measurements used in the diagnosis and evolution of the situation are still inaccurate and under discussion.

1.1. On measuring poverty

The concept of poverty is and will be a source of heated debate. This is mainly due to the fact that it is built around a purely analytical perspective that reflects the dissatisfaction of certain needs considered basic for the development of life in society. There is more than one viewpoint not only on the way these needs are measured but also on how to determine when needs are met. There is also debate regarding the choice of basic needs that define a situation of poverty.

When considering which needs determine a poverty situation, the first step is to identify any unsatisfied basic needs. In order to do so, it is necessary to define the specific set of household needs whose presence or absence determines whether the household is poor or not. Therefore a person is considered poor when living in a poor household. A second method is based on the consideration of income as a tool to satisfy the set of needs that are considered essential to ensure a minimum standard

of living. According to this method, a person is poor when his/her income is below the minimum threshold to satisfy certain needs. This option, based exclusively on the satisfaction of needs related to the consumption of goods and services money can buy, does not take into consideration access to other goods and services not provided by the private sector or factors that influence a person's welfare but are unrelated to monetary income.

The income threshold method may be based on a relative poverty line or on an absolute poverty line. The relative poverty line is set in such a way that a person is considered poor when his/her income is below the average income of the members of a given society. This is the method used by the Organization for Economic Cooperation and Development (OECD) countries. Thus, poverty is basically conceptualized as a problem of distribution related to social justice criteria. The absolute poverty line is determined in such a way as to reflect the amount of money necessary to reach a minimum standard of living. It does not depend on the distribution of income. When establishing these poverty lines the income level necessary to cover basic needs (food, clothing, housing, healthcare, and education) should be taken into consideration. In order to do so a basket of goods is established that includes food items that meet nutritional requirements and non-food items considered to cover basic consumption needs. The poverty line will result from expanding the value of the basic basket according to the factor derived from the quotient between consumption expenditure and food expenditure of the group in question.

Over and above absolute and relative poverty lines, it is increasingly necessary to remember that poverty is a multi-dimensional phenomenon. Altimir⁷ defines poverty as "a situational syndrome that brings together infra-consumption, malnutrition, poor living conditions, low educational levels, inadequate sanitary conditions, unstable participation in the productive system, attitudes of discouragement and anomie, little participation in social integration mechanisms, and maybe the endorsement of a particular set of values somewhat different to those of the rest of the society." Qualitative considerations are currently being added to the definition to provide more depth to the concept. "Feeling poor is a relative concept that has a lot to do with having access to necessary resources to satisfy the living standards that are customary to or approved by the society you belong to."⁸

Recently, non-material or symbolic dimensions have been added to the concept of poverty, such as the increasingly necessary use of several modern skills, among which can be mentioned analytical thinking, information processing capacity, communication and management skills in order to ensure

4 Social Watch holds a critical view on making the goals established by the UN in the Millennium Summit, operational, as it has focused on the situation of countries in the worse relative situation, thus reducing expectations and demands for improvement in other countries with higher relative development. However, the Millennium Development Goals (MDGs) are considered an important point of reference.

5 It must be pointed out that in several areas we chose to include indicators that, despite showing high correlations among them, firmly represent the area should one of them be absent in the summary value.

6 World Bank definitions: *Geographic region*: Classifications and data reported for geographic regions are for low-income and middle-income economies only. Low-income and middle-income economies are sometimes referred to as developing economies. The use of the term is convenient; it is not intended to imply that all economies in the group are experiencing similar development or that other economies have reached a preferred or final stage of development. Classification by income does not necessarily reflect development status. *Income group*: Economies are divided according to 2003 GNI per capita, calculated using the World Bank Atlas method. The groups are: low income, USD 765 or less; lower middle income, USD 766 - USD 3,035; upper middle income, USD 3,036 - USD 9,385; and high income, USD 9,386 or more. See: www.worldbank.org/data/countryclass/countryclass.html

7 Altimir, Oscar. *La dimensión de la pobreza en América Latina*. (The dimension of poverty in Latin America), ECLAC, 1979.

8 *Ibid.*

full participation in a globalized world and adaptation to new labour and production models. If poverty is defined in terms of a lack of well-being or resources that allow people to live a good quality of life, then attention must be paid to dimensions such as availability of spare time, public safety, protection against public and domestic violence, protection against disasters, and gender equity.⁹

Although the broad approach presented here has not been operational at the level of empirical research, a multi-dimensional approach seems to be the most appropriate way to define situations associated with the condition of poverty. In this respect, the Millennium Development Goals (MDGs) can and must be considered a multi-dimensional approach to meet basic human needs and part of an organized response to the condition of poverty in its broadest sense.

1.2. Poverty of income

In recognizing the multidimensional character of poverty, we should acknowledge that there is no single method for measuring poverty but rather a variety of methodological approaches that can be used to measure it. Information on the living standards of individuals, their health situation, educational level, mortality and morbidity, gender equity and other characteristics are indispensable in obtaining a sense of the scope, distribution and trends of poverty worldwide. Income poverty is, however, an essential part of measuring certain situations and living conditions of people, since income in today's society is undoubtedly a fundamental factor that links people with the satisfaction of certain needs.

The need to compare income poverty at the international level has led to the development of tools that have become both widely used and widely questioned. The USD 1 or USD 2 a day poverty lines are controversial, yet the former was still used to make the main MDG operational.

1.3. The poverty of measurement

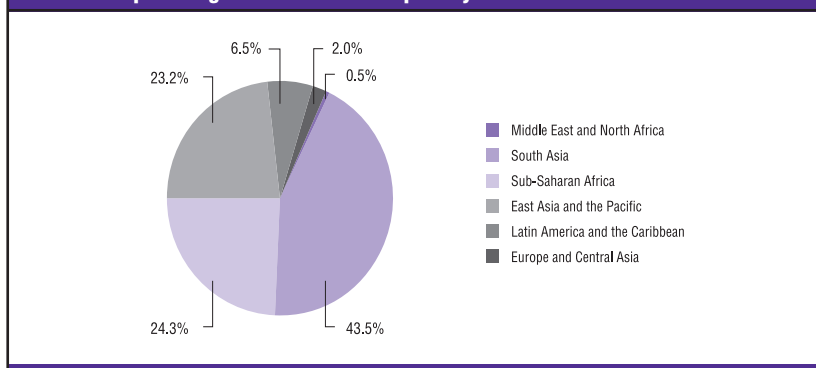
According to Reddy and Pogge,¹⁰ the World Bank estimates contain serious flaws and are therefore not fully reliable:

- The international poverty line (IPL) is inconsistent, since it does not provide the means to interpret purchasing power between countries or between years, and therefore leads to estimates that make no sense. Thus it is possible for people who are considered poor in one country to have more products or engage in higher consumption than those not identified as poor in another.

9 Economic Commission for Latin America and the Caribbean (ECLAC). "Document on poverty for the Third Regional Follow-up Conference on the Social Development Summit", 2003.

10 Reddy, Sanjay G. and Thomas W. Pogge. *How Not to Count the Poor*, (Version 4.5), mimeo. New York: Barnard College, University of Columbia, 2003.

Chart 1: People living on less than USD 1 per day



- The IPL is not based on an individual's requirement for basic resources.
- Poverty estimates available today are unreliable due to their sensitivity to the values of critical parameters that are estimated on the basis of limited information or no information at all.

Reddy and Pogge state that we are still uncertain about the income of poor people in the whole world, how poor they are, where they live and how this figure has changed over the years. This information is extremely important and urgent for MDG monitoring. The authors suggest that the definition of poverty concentrate on the basic ability to satisfy one's needs and not just on an arbitrary amount of dollars. This would provide meaning to the IPL: those below the line will lack the necessary resources to satisfy the most basic requirements of a human being.

In conclusion, common methods need to be adopted to determine poverty lines and to provide worldwide poverty estimates. To this end, it will be necessary to specify - through a comprehensive and transparent process - not only the basic human capabilities that depend on income but also to specify the characteristics of any goods typically needed to achieve them. A fixed set of human capabilities can also provide a single standard to adjust national poverty lines over time, to reflect the changing prices of priority needs to achieve elementary capabilities. These adjustments should be conducted by national committees that make the national poverty line consistent with common standards. A universal standard will allow the world to rely on the definition of poverty used to estimate the number of poor people and will also ensure that this condition has the same meaning in any corner of the world.

1.4. The goal to reduce poverty in the world and World Bank data (1990-2015)

Indicators presented in the **Poverty and distribution** table are the ones used internationally¹¹ to assess poverty and inequity from the point of view of

11 See, for example, Vigorito, Andrea. "Some comments on country-to-country poverty comparisons" in *Social Watch Report 2003. The poor and the market*. 2003.

income. Information available at a global level for this type of measurement is very limited: not only is it lacking in some countries but also the criteria for measuring vary or are applied to situations that do not allow for comparison.¹² In addition, some national situations are diagnosed on the basis of quite superficial estimates. Within this framework of inaccuracy and relativity it is very difficult to establish the criteria for quantifying poverty in the world and, more specifically, to get information on two instances in time that are minimally comparable between countries. For all of these reasons, it is truly complicated to establish a follow-up of the evolution of poverty, measured through changes in country income level. It is necessary to pay attention to potential manipulation of the results of poverty measurements undertaken for purposes related to the political evaluation of international commitments and campaigns.

Bearing in mind the warnings mentioned above, the latest figures available from the World Bank report a decline in the absolute number of people in conditions of extreme poverty¹³ from 1.219 billion in 1990 to 1.1 billion in 2001. The same source¹⁴ points to the fact that this reduction is mainly due to the significant decrease in poverty experienced in China. At a regional level, substantial improvement was seen in South and East Asia, where the first MDG will most likely be reached.

The Global Economic Projections carried out by the World Bank in 2002 already recognized that the MDGs could be achieved at a global level, albeit with great regional differences. The forecast for the year 2015 indicates that 734 million people will be living in poverty. This figure is obtained through differential drops in the number of poor people by region and according to a slight increase in North Africa and the Middle East and an alarming increase in Sub-Saharan Africa.

The 2004 review of poverty projections indicates that by 2015 poverty might reach a global level

12 In many cases, the country information presented refers only to certain regions or cities.

13 People living with less than USD 1 a day.

14 The World Bank is the only source of reference to count poverty according to income on a global level.

of 12.5%, compared to 28.3% estimated for 1990. At the regional level, the evolution of poverty in North Africa and the Middle East, as well as in Europe and Central Asia, shows that this goal is likely to be achieved. It might not be met however in Latin America and Sub-Saharan Africa. According to regional specialists, chances for the Latin American region to reach its goal are closely linked to a change in its income distribution patterns. The region is the most unequal in the world and there does not appear to be any trend to indicate a reversal on this situation. On the other hand, Sub-Saharan Africa has witnessed the growth, rather than the reduction of poverty, from 41% to 46% of the population. This translates into 140 million more people living in a situation of extreme poverty.

It is worth noting that the poverty reduction goal has been implemented through the specific goal of reducing the share of the total population below the poverty line of USD 1 a day, which nevertheless allows the absolute number of people living in such conditions to increase. Taking into account the total number of people who survived on less than USD 2 a day in 1990 (2.653 billion), the estimates for this figure in 2015 are down to 2.144 billion. In this case, the situation is slightly different as the significant increase in the number of people who live on less than USD 2 a day in Sub-Saharan Africa must be added to the slight increase experienced in South Asia and to a decline in East Asia and the Pacific (due to China's inclusion in this region).

Although good performance is expected from countries in South Asia regarding populations living on less than USD 1 a day, a large contingency of people will hardly cross this threshold and will remain below USD 2 a day. If we consider the evolution of poverty measured through the one-dollar-a-day basis over the last few decades, we can see that by the year 2000 the number of people living on less than USD 1 a day was reduced by more than 130 million, compared with this figure in 1990. But this was due, almost exclusively, to the reduction experienced in East Asia and the Pacific, where figures fell almost by half: from 470 million in 1990 to 261 million in 2000, mostly due to the strong pace of income growth in China, which reached over 9% annually.

2. Food security

Selected indicators:

- Undernourishment (% of total population)
- Low birth weight (%)
- Malnutrition in children under 5, low weight (%)

For a society to achieve the adequate levels of food security, all of its members must "at all times have physical and economic access to sufficient, safe and nutritionally adequate food to satisfy nutritional needs and their preference in terms of food choice, so that they may live a healthy and active life. Food security is accomplished when the availability of

Table 1. Food security: averages for countries in better and worse relative situation

PRESENT SITUATION		UNDER-NOURISHMENT (% OF TOTAL POPULATION)	LOW BIRTH WEIGHT (%)	MALNUTRITION IN CHILDREN UNDER 5, LOW WEIGHT (%)
Countries in worse relative situation	Average	38	19	34
	Number of countries	28	32	32
Countries in better relative situation	Average	8	6	6
	Number of countries	36	72	46

To halve the average number of people experiencing hunger in the world by the year 2015 is one of the first commitments governments assumed at the time that the MDGs were agreed upon. This goal is less ambitious than the one formulated in 1996 when 186 country leaders at the World Food Summit pledged to reduce the number of people starving by over one half. The estimated figure of starving people at that time was 841 and the goal was to be achieved within one decade. The latest figures reveal that, since 1990, the number of people living in hunger in developing countries has only been reduced by 9 million.

food is guaranteed and the supply is stable and affordable."¹⁵

Food security is an essential factor in the effective exercise of human rights. The right to adequate nutrition is enshrined in the International Covenant on Economic, Social and Cultural Rights, through which the signatory States committed themselves to work towards improved food production, preservation and distribution methods in order to ensure an equitable distribution of global food supplies according to the needs of the population.

The current food security situation on a global level is of high concern, particularly when faced with the fact that recent history does not show a strong tendency towards improved food security. In its 2004 report, the Food and Agriculture Organization of the United Nations (FAO)¹⁶ estimates the number of people in the world suffering from undernourishment at 852 million and draws three forceful conclusions. Firstly, the minimum pace of progress necessary to combat chronic hunger in the developing world has not been attained. Secondly, progress has been very asymmetric with several countries experiencing significant progress while many others remained stagnant or even deteriorated. Finally, both in human and economic terms, "the costs of not taking immediate and strenuous action to reduce hunger at comparable rates worldwide are staggering. (...) Every year that hunger continues at present levels costs more than 5 million children their lives and costs developing countries billions of dollars in lost productivity and earnings."¹⁷

With the hunger reduction pace that the world has set up until now, it will not be possible to achieve the MDG to reduce hunger. In order to improve this situation, intensive efforts will be necessary from developing countries and from the international community. These efforts must not only include investments and specific policies, but also substantial changes in world trade practices. These elements are explicitly outlined in MDG 8 and involve aid from the international community to the most troubled countries, as well as changes in debt management and trade mechanisms.

In particular, FAO has expressed the need for direct measures to reinforce effective access to food, especially through income generated by employment in rural activities that are safe, productive and competitive. "Most of the poorest developing countries are in desperate need of investment. International aid to such countries, including lasting solutions to the debt issue as well, would represent a concrete signal that the world is willing to meet the goals of the UN World Food and Development Summit for the Millennium."¹⁸

Curiously enough, currently half the people starving in the world live in small farming communities, while another 20% are landless farmers and 10% live in communities whose subsistence is based on cattle grazing, fishing or forestry activities. Only 20% of the starving live in cities. However, urbanization as well as globalization of food systems are modifying the map of hunger and the nutritional profile of hunger and malnutrition in developing countries.¹⁹ These changes make more complex the factors leading to food vulnerability among countries and within countries.

The number of food emergencies (crises due to natural or human causes that require immediate attention) has gradually grown over the last 20 years from an annual average of 15 in the 1980s to over 30 since the year 2000. Additionally, the proportion of emergencies that can be principally attributed to human causes, such as conflict or economic crisis, has more than doubled since 1992, from 15% to 35% while the proportion of emergencies caused by natural disasters has diminished. African countries affected by the most devastating and prolonged crises are those subject to armed conflict. Some of these countries such as Angola, Ethiopia, Somalia and Sudan have been immersed in crises throughout almost the entire period lasting from 1990-2004.

¹⁵ FAO, Special Programme for Food Security. www.fao.org/spfs/index.asp?lang=en

¹⁶ FAO, *The State of Food Insecurity in the World 2004*, 2004. www.fao.org/docrep/007/y5650e/y5650e00.htm

¹⁷ *Ibid.*

¹⁸ Jacques Diouf, Director-General of FAO. www.fao.org/newsroom/en/news/2004/50703

¹⁹ FAO, *op cit.*

The consequences of food insecurity are especially serious in the case of the newly born and of children, causing immediate effects and after-effects for the rest of their lives. Almost one-third of children living in developing countries suffer retarded growth and below average height for their age, which is proof of their chronic undernourishment. Every year, over 20 million babies are born with insufficient weight in the developing world. Retarded growth and low birth weight cause serious harm to these children, impairing their physical and cognitive development and therefore seriously compromising their future possibilities. In the case of girls, consequences can also be passed on to the next generation as their chances of giving birth to babies with lower weight are above average.²⁰

In all of these cases, armed conflicts have coincided with difficult climatic conditions.²¹

In terms of the present undernourishment situation, infant malnutrition and low birth weight, a significant number of countries occupy the best relative position; this group is comprised of around 40% of the countries with available information (72). At the other extreme, almost one in five countries (34) occupies the worse relative situation according to their food status. The difference between these two groups reveals the gap that exists among countries in the world in terms of food security. On average, almost four of every ten inhabitants of countries in the worst situation are affected by undernourishment. This translates into more than three children out of every ten under the age of 5 with malnutrition and one in every five with low birth weight. This is a far cry from countries with a better food situation, where on average there is less than one undernourished person out of every ten, one child out of every 20 is malnourished and one of every 20 babies is born with low weight. (Table 1).

These differences are clearly visible when grouping countries according to their levels of income (measured in GDP per capita which is one of the indicators normally used to classify countries according to their development levels). According to FAO estimates, out of the 852 million undernourished people, 815 million live in developing countries, 28 million in countries in transition and 9 million in industrialized countries.²² More specifically, 30% of the population is undernourished in countries in the lowest income level, while in lower middle income countries this figure drops to 12%. This indicator most clearly shows the differences existing between the poorest countries and the rest of the world. (Chart 2).

Chart 2. Average rates in undernourishment, child malnutrition and low birth weight by income level

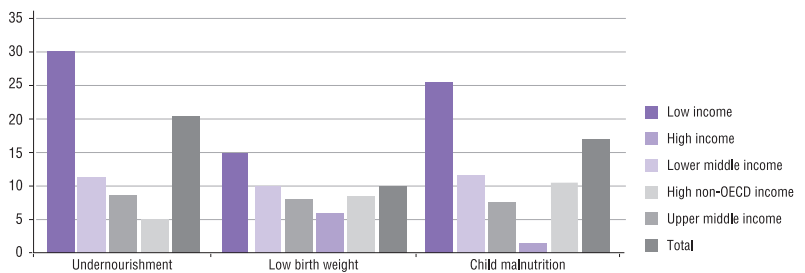
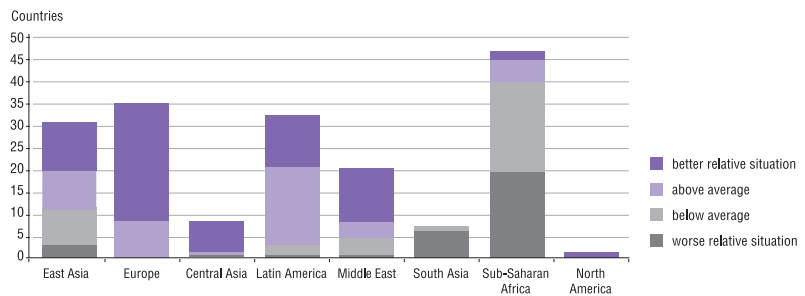


Chart 3. Present situation in food security by region



The geography of food security also reveals the differences that exist between countries by concentrating the most critical situations in specific regions. South Asia experiences the most awkward situation in terms of food security. Of the eight countries with available information, seven are in the worst situation within the area and the rest remain below average. The nutritional situation of children in this region is particularly critical, as it reflects the worst average values both in the percentage of the newly born with low birth weight (22%) as well as malnutrition in children under the age of 5 (39%).

Sub-Saharan Africa also reveals serious problems. In this region, the most critical situations relate to undernourishment (32%), with permanently high levels in infant malnutrition (24%) and in low birth weight (15%). Africa is the continent with the largest increase in food emergencies in recent years. These emergencies tripled between 1986 and 2004.²³ (Chart 3).

Recent developments in food security present a worrying scenario. Countries which show no or little progress in this area predominate. That is to say, there has been only a slight improvement in over ten years. The effort made by some countries that were in very critical situations has been impressive but not sufficient to produce any substantial changes. Only slightly more than half (27) of

the countries that made advances were able to rise above the global food security average.

The deterioration of food security is happening as much in countries that still maintain above average situations, as in countries in the worst positions in this area, although the greatest regression has occurred mainly in this last group.

Indicators reflect this slow progress. On average, countries have curbed the undernourishment of their population by two percentage points and infant malnutrition by three points. However the same average values are maintained in the percentage of children with low birth weight. These averages however summarize divergent evolutions where we find some countries that have regressed significantly while others have made substantial progress in their food situation.

The stagnation and regression of many countries is associated with frequent or prolonged food crises which cause chronic generalized undernourishment of the population. The average duration of emergencies during the period of 1992-2004 was 9 years. Between 1986 and 2004, 18 countries underwent critical situations for more than half that period. The result has been that in 13 of those countries, more than 35% of the population is starving.²⁴

In eight countries significant regression has been registered in at least one of the indicators. In

20 Ibid.

21 Ibid.

22 Ibid.

23 Ibid.

24 Ibid.

The most critical situations today:

AT LEAST 1 IN 2 PERSONS IS STARVING* IN ...		
Eritrea	Sub-Saharan Africa	73%
Congo, Dem. Rep.	Sub-Saharan Africa	71%
Burundi	Sub-Saharan Africa	68%
Tajikistan	Central Asia	61%
Sierra Leone	Sub-Saharan Africa	50%
Zambia	Sub-Saharan Africa	49%
* Undernourishment (% of total population)		

OF EVERY 10 CHILDREN BORN, AT LEAST 3 ARE BORN WITH WEIGHTS MUCH BELOW NORMAL* IN...		
Mauritania	Sub-Saharan Africa	42%
Yemen	Middle East and North Africa	32%
Sudan	Sub-Saharan Africa	31%
Bangladesh	South Asia	30%
India	South Asia	30%
* Low birth weight (%)		

ALMOST 1 OF EVERY 2 CHILDREN UNDER THE AGE OF 5 SUFFERS FROM MALNUTRITION* IN...		
Bangladesh	South Asia	48%
Afghanistan	South Asia	48%
India	South Asia	47%
Nepal	South Asia	47%
Ethiopia	Sub-Saharan Africa	47%
Yemen	Middle East and North Africa	46%
Cambodia	East Asia and the Pacific	46%
Burundi	Sub-Saharan Africa	45%
* Malnutrition in children under 5, low weight (%)		

some cases, this setback is displayed in the percentage of undernourished people (the most alarming cases are the Democratic Republic of Congo, moving from 32% to 71% and Tajikistan, from 21% to 61% of its population). In other cases, deterioration is observed mainly in the infancy indicators (regression in terms of low birth weight and in infant malnutrition is significant in Comoros and Iraq).

On the other end of the scale, 12 countries have made significant progress in their food situation. In connection with this progress, FAO highlights important factors such as the implementation of specific actions both in food programmes (to accompany development policies) as well as changes in production structure and policies that cushion the effects of food crises, especially climate-generated ones. (Table 2).

3. Education

Selected indicators:

- Children reaching 5th grade (%)
- Illiteracy (ages 15-24) (%)
- Primary school enrolment net rate (%)

Table 2. Present situation and recent evolution in food security

PRESENT SITUATION	EVOLUTION IN FOOD SECURITY					TOTAL*
	←	←		→	→	
Countries in worse relative situation	3	6	12	7	4	32
Countries below average	3	1	9	11	5	29
Countries above average	1	11	20	9	2	43
Countries in better relative situation	1	8	35	22	1	67
Total *	8	26	76	49	12	171

* Total countries with sufficient information to be included in the ranking by present situation and evolution.

Access to elementary education is crucial to the elimination of extreme poverty and is also a core human right. Governments are committed to achieving the six objectives in the World Declaration on Education for All (EFA)²⁵ and the education MDG.

Since 1994 there has been substantial growth in education worldwide, especially in Africa and South America. However inequality is still experienced and represents a source of concern both in developing and developed countries.

One of the most important world education objectives for governments is universal primary education coverage by 2015. In terms of primary education, it is essential to provide people with the basic reading, writing and arithmetic skills that they need for their personal development and to live in society. In order to do so, most countries have adopted five- or six-year primary education programmes, which are considered to be the number of years needed to reach the goal before moving onto more diversified and specialized education at secondary level. Likewise, many countries find it indispensable to develop educational systems that continue well beyond primary education.

According to UNESCO's *Global Education Digest 2004*,²⁶ although a child today is more likely to receive 9.3 years of schooling (primary and secondary education combined), there are considerable differences at the global level. In high-performing countries another 2.5 years of tertiary education can be added to the average, while in Africa the average time devoted to tertiary education is still marginal. A child starting school in Finland, New Zealand or Norway can expect to receive more than 17 years of education, which is almost twice what

In the Millennium Development Goals, education is a priority. MDG 2, which pursues universal primary education, is the main goal in this area. However the role of education in the attainment of the other goals is also relevant. Whether in the quest for more gender equality (MDG 3), or in the struggle to eradicate hunger and extreme poverty (MDG 1), environmental challenges (MDG 7), sanitary challenges (MDG 4, 5 and 6) or political challenges (MDG 8), education must be considered a crucial element in achieving higher levels of social development.

is received in Bangladesh or Myanmar, and four times what is received in Niger or Burkina Faso.

The study also reveals that estimated school years have a very high, although not perfect, correlation to the national income of a country. However unequal access to education exists both within and between countries. Therefore it is important not only to assess a country's progress with respect to world goals but also with respect to its declared national standards.

Some of the most significant differences in results between countries are found in the average time spent studying at the tertiary education level. The average time that young people spend in tertiary education (these estimates include those who never study) is more than 30 times higher in the ten countries with the highest participation rates compared with the ten countries with the lowest rates. An important exception is Africa, where time devoted to tertiary education is insignificant, even in countries with higher school-life expectancy. Tunisia and South Africa are the only countries in the region where tertiary school-life expectancy is more than one year.

According to the above-mentioned UNESCO report, the expected number of school years devoted to primary and secondary education is closely related to a country's wealth. Of 37 countries with low incomes, only Malawi and Uganda display a school-life expectancy of at least 11 years. Meanwhile, all high-income countries, except two, exceed this level. Among low-income countries, the mean duration of expected schooling is below seven years in 21 of 37 countries. Only Cameroon, Malawi, Nepal, Tajikistan and Uganda exceed the world mean duration of nine years.

In the majority of countries most students that complete primary education continue onto the first

25 In 1990, International Year of Literacy, the World Conference on Education for All was held in Jomtien (Thailand) and the "World Declaration on Education for All" was adopted. The International Consultative Forum on Education for All was created together with its Secretariat at the UNESCO headquarters, and became the inter-institutional body in charge of conducting and supervising a follow-up on the conference. The World Education Forum, held in April 2000 in Dakar (Senegal), adopted the "Dakar Framework for Action. Education for All: Meeting Our Collective Commitments", that integrates six world action frameworks, and expressed the "collective commitment to action" and to attaining the objectives and purposes of EFA by 2015, at the latest.

26 UNESCO, *Global Education Digest 2004: Comparing Education Statistics across the World*. Institute for Statistics, 2004.

OVER 40% OF YOUNG PEOPLE* ARE ILLITERATE IN...	
Niger	73%
Burkina Faso	60%
Mali	59%
Iraq	54%
Bangladesh	49%
Mauritania	49%
Senegal	44%
Benin	41%

* Illiteracy ages 15-24 (%)

three years of secondary education. In Europe, all countries except Ireland and Malta show transition rates that exceed 94%. In Asia and the Americas, transition rates exceed 90% in half of the countries and are above 85% in another quarter of the countries.

However the reality is very different in Africa. In one out of every four countries, half the children who reach the last level of primary education do not move onto secondary education. In another quarter of the countries, at least one in every three students drops out of school before starting secondary education. Only one quarter of the countries attain transition rates similar to those registered in other regions (exceeding 95%), including Botswana, Ethiopia, Namibia, Seychelles and South Africa.

Participation in the first 3 years of secondary education is common practice all over the world, with the exception of Africa. In Oceania, Europe, Asia and the Americas, half or almost half of the countries display net enrolment rates that exceed 90%. Of the 37 European countries, only Bulgaria and Moldova have net enrolment rates below 90%. Despite the high general levels of participation several countries present net enrolment rates under 50%: Papua New Guinea (31%) and Vanuatu (39%) in Oceania; Afghanistan (13%), Cambodia (33%), Myanmar (42%), Pakistan (35%) and East Timor (41%) in Asia; and Guatemala (44%) in the Americas.

Gender parity and equality in access to education are important components of international goals. The first international goal with concrete deadlines requires the achievement of gender parity in access to primary education by 2005.

As we will see in the section on gender equity and in the corresponding tables, more than one in every three boys and girls live in countries without equitable access to primary education. In all countries lacking gender equity in primary education access, girls are the most affected.

When considering the general situation of countries in terms of education, and looking at the three available indicators together, it is possible to observe that the majority of countries (84 out of 139) are above the world average. In the 25 countries in the worst performance group, more than 72% have been able to improve their situation in recent years and almost 30% have achieved significant progress (Table 3).

Table 3. Present situation and recent evolution in education

PRESENT SITUATION	EVOLUTION IN EDUCATION				TOTAL*	
	←	←		→		
Countries in worse relative situation			7	11	7	25
Countries below average	2		5	5	8	20
Countries above average	2		8	7	4	21
Countries in better relative situation	6		3	30	4	73
Total *	10		53	53	23	139

* Total countries with sufficient information to be included in the ranking by present situation and evolution.

Chart 4. Enrolment and retention rates in primary education by region



Chart 5. Literacy by region

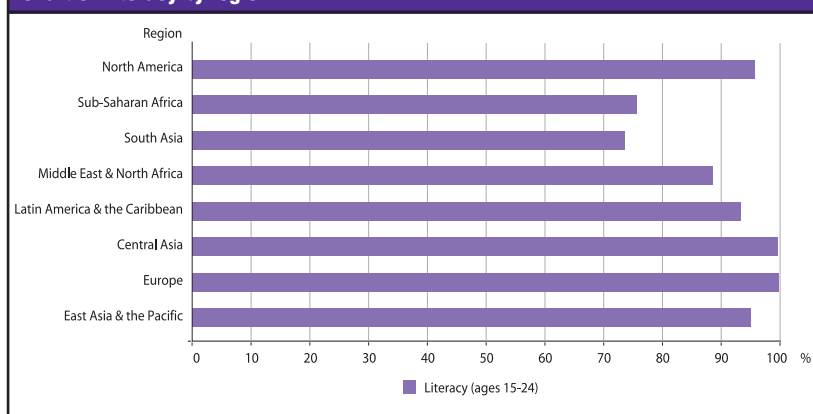


Table 4. Education: averages for countries in better and worse relative situation

PRESENT SITUATION		LITERACY (AGES 15-24) (%)	PRIMARY SCHOOL ENROLMENT NET RATE (%)	CHILDREN REACHING 5 TH GRADE (%)
Countries in worse relative situation	Average	66.7	61.8	58.5
	Number of countries	25	25	21
Countries in better relative situation	Average	98.4	94.9	93.9
	Number of countries	60	76	55

The most worrying scenarios are those of Burundi, Democratic Republic of Congo, Comoros, Mauritania, Nepal, Papua New Guinea and Senegal, since they are stagnant and have the lowest education figures in the world. In some cases, such as that of Mauritania, circumstances are particularly serious since the illiteracy rate is around 50%.

As is the case in other dimensions, deep inequalities are evident between different regions of

the world in the education field (Chart 4). Very diverse education contexts co-exist throughout the world: from Sub-Saharan Africa, whose countries do not average 70% in primary education enrolment and retention, to the situation in North America and Europe where these figures exceed 90%.

The primary education figures from the various regions are clearly linked to the corresponding literacy rates (Chart 5) in such a way that the regions

lagging behind in enrolment and retention of children in school are the same as the ones with the worst literacy rates.

The gap dividing countries into better and worse situations (Table 4) reveals a considerable distance between one group and the other. In countries where data is available, the literacy of the general population as well as enrolment and retention rates are over 90% in countries with better situations, while in countries with stagnant situations the figures are around 60%. As is to be expected, the three education indicators are strongly correlated.

4. Health security: morbidity and mortality

Selected indicators:

- Malaria (cases every 100,000 people)
- Tuberculosis (cases every 100,000 people)
- HIV/AIDS (% in ages 15-49)
- Infant mortality (every 1,000 live births)
- Mortality in children under 5 (every 1,000 live births)

The situation of health security in the world reveals deep inequalities. The specific morbidity and mortality indicators presented by Social Watch, as well as the latest publications by the World Health Organization (WHO),²⁷ which are included for reference, clearly express this reality. Demographic and health policy factors have an impact on health conditions, but the general lifestyle of each country's population is equally important.

Sub-Saharan Africa is the region most affected by poor health conditions. There are enormous contrasts resulting from global social development inequality. While a girl born today in Japan has a life expectancy of 85, a girl born in Sierra Leone can only expect to live 36 years.

On a global scale, infant mortality has not diminished while life expectancy has been gradually growing over the last years. Despite this fact, it is particularly serious to learn that in 14 African countries the present levels of child mortality are higher than those registered in 1990. In other terms, 35% of children run more mortal risks today (2005) than 10 years ago. Perinatal disorders, respiratory infections, diarrhea-related diseases and malaria only strengthen the effects of malnutrition, a risk associated with mortality. Adding to this, the HIV/AIDS pandemic aggravates the situation and once again demonstrates the huge divide between rich and poor in their struggle against diseases.

Indicators draw attention to a group of countries where child mortality rate progress made in the 1990s is reverting. Something similar is happening with life expectancy in Sub-Saharan Africa where life expectancy is falling below the age of

Chart 6. Present situation in morbidity and mortality by region

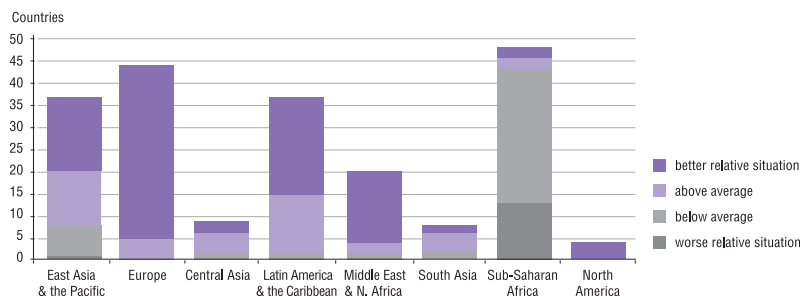
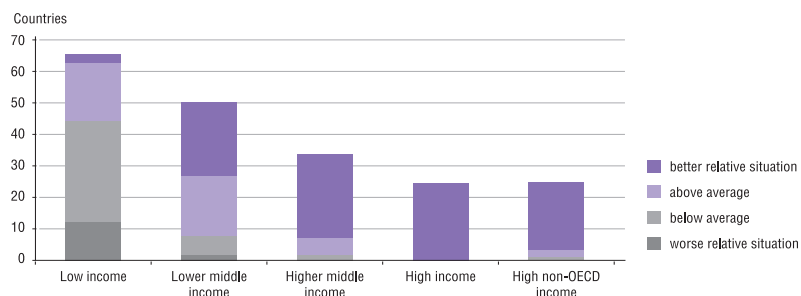


Chart 7. Present situation in morbidity and mortality by income level



46, when it had exceeded the age of 49 during the 1980s. This situation becomes more complicated as problems related more specifically to population health are inter-dependent. For example, HIV/AIDS infection increases the risk of tuberculosis, a disease on the rise in countries with a high prevalence of HIV/AIDS.

One of the challenges most aggressively tackled by the international community is that of child survival which is closely related to the fall of mortality rates in children under the age of 5. By this last measure, the large majority (98%) of those deaths occur in developing countries. In Africa, prior to 1990 some improvement was experienced with this indicator, but to a large extent the HIV/AIDS pandemic destroyed this progress. Infectious and parasitic diseases are the primary causes of death and are intimately related to HIV/AIDS.

Socio-economic differences bring about inequalities not only between countries but also within each national territory where mortality levels vary significantly across income groups. The magnitude of this variation also differs between countries: while in Niger a poor child has a chance of dying that is 13% higher than that of a non-poor child, in Bangladesh this difference is reduced to 3%.

Recent years show a decline in health-related social benefits and an increase in inequality. In addition to this and partly as a result, the burden of morbidity is becoming more complex. We know

The possibility of attaining the MDGs is seriously undermined by HIV/AIDS. In countries with high mortality resulting from this pandemic, the macro-economic consequences are very important, to such an extent that they make it difficult to reduce extreme poverty (MDG 1). Achieving the other objectives will also likely prove to be difficult given the situation unleashed by HIV/AIDS. Attaining universal primary education, for example, is unlikely in contexts such as Uganda's, where 80% of children affected by HIV/AIDS were removed from schools. The gender equality goal will also be of limited success since girls and women are increasingly assuming the role of care providers, in addition to being subject to different forms of discrimination when they themselves are HIV-positive. MDG 4 and 5 (to reduce infant mortality and improve maternal health) are even more closely related to the pandemic.

that in developed countries over 60% of deaths relate to people over the age of 70, while in developing countries this proportion is around 30%. The WHO has pointed out that even though the mortality gap between developed and developing countries has been narrowing since the 1970s, the new challenge lies in stopping the accentuation of the differences between the various developing regions. According to this reality, a poor child in Africa has

²⁷ World Health Organization. *World Health Report 2003 and World Health Report 2004.*

almost twice the chance of dying as a poor Latin American child.

Considering the aforementioned factors, the general situation of countries reveals a remarkable difference as we move from one region to the next. The worst situation is again that of Sub-Saharan Africa, where almost the majority of countries display values below the world average (Chart 6). It is quite significant that all countries in worse relative situations, with the exception of Kiribati, belong to that region. The remainder of the regions presents relative heterogeneous situations, except Europe where all of its countries are above the average, and North America whose countries are all in a better relative situation.

There is a close link between the income level of countries and their situation in terms of morbidity and mortality, which reinforces the presence of a strong correlation between the different dimensions of development. Nations identified in worse relative situations only have low and lower middle incomes, while those with higher incomes enjoy a better situation.

The majority of countries with low incomes are below the world average in terms of their health security. On the other end of the spectrum, OECD countries with higher income are exclusively in the best relative situation. In short, health security is an area of crucial importance where the worst faces of inequality are shown, as can be seen in the infant mortality figures. (Chart 7).

Recent evolution in this area allows us to observe the paths that the different countries are taking (Table 5). To this effect, it is notable to see just one country with a significant regression within the group of countries in worse relative situations (Swaziland).

Out of the 194 countries with sufficient data to study their evolution in this area, 116 have slightly progressed and 47 are stagnant. The most worrying situation is that of countries below the world average since in that group more than half are stagnant or experiencing some regression.

Child mortality is one of the core challenges facing nation states in terms of social development. Regarding the recent evolution of this indicator, there are many countries that experienced stagnation or slight regressions, although the majority of countries experienced slight or even significant progress (this progress also includes low and lower middle income countries). In 15 of the 182 countries regressions have been experienced. In terms of the relation between this evolution and the income level (Table 6), it can be noted that no countries with higher incomes experienced a regression while the poorest countries display a wider variety of situations.

The only countries that have regressed in relation to this indicator are those below the world average. It is also worrying to observe that only half of the 32 countries in worse relative situations have been able to make progress (Table 7).

Swaziland, Zimbabwe, Kazakhstan, Botswana and Iraq, are not only in the worst relative situa-

Table 5. Present situation and recent evolution in morbidity and mortality						
PRESENT SITUATION	EVOLUTION IN MORBIDITY & MORTALITY					TOTAL*
	←	←		→	→	
Countries in worse relative situation	1	1	4	5	3	14
Countries below average		6	13	16	5	40
Countries above average		2	13	26	3	44
Countries in better relative situation		1	17	69	6	93
Total *	1	10	47	116	17	191

* Total countries with sufficient information to be included in the ranking by present situation and evolution.

Table 6. Infant mortality by income level						
PRESENT SITUATION	INFANT MORTALITY EVOLUTION					TOTAL*
	←	←		→	→	
Low income	1	9	10	15	30	65
Lower middle income	3	1	5	18	24	51
Higher middle income	1		2	25	4	32
High income			8	16		24
High non-OECD income				10		10
Total *	5	10	25	84	58	182

* Total countries with sufficient information to be included in the ranking by present situation and evolution.

Table 7. Present situation and recent evolution in infant mortality						
PRESENT SITUATION	EVOLUTION IN INFANT MORTALITY					TOTAL*
	←	←		→	→	
Countries in worse relative situation	2	4	9	5	12	32
Countries below average	3	4	3	9	19	38
Countries above average		2	3	23	24	52
Countries in better relative situation			10	47	3	60
Total *	5	10	25	84	58	182

* Total countries with sufficient information to be included in the ranking by present situation and evolution.

Table 8. Mortality in children under 5 by income level				
PRESENT SITUATION	WORSE RELATIVE SITUATION	BELOW AVERAGE	ABOVE AVERAGE	BETTER RELATIVE SITUATION
Low income	30	27	9	
Lower middle income	2	9	33	7
Higher middle income		2	11	21
High income				24
High non-OECD income				14
TOTAL	32	38	53	66

tion in terms of infant mortality compared with the rest of the countries in the world, but they have also experienced significant regressions in this indicator.

When mortality rates in children under the age of 5 are observed in each country by income level (Table 8), it is once again possible to observe a very clear relationship: the poorest countries are in worse situations. Almost all countries with higher mortality rates are also in the low income group. At the other extreme, high-income countries, whether they belong to the OECD or not, are without exception within the better relative situation bracket, with the lowest mortality rates in children under 5 in the world.

In terms of transmittable diseases, in addition to HIV/AIDS, the prevalence of tuberculosis and

The large impact of the HIV/AIDS pandemic is greater than the number of deaths it actually causes. One of its consequences, which is alerting the world to these impacts, is the growing number of children orphaned by HIV/AIDS. According to WHO, 14 million African children have been orphaned by HIV/AIDS and this figure is expected to rise to 25 million by 2010. The outlook is very troubling especially considering that each year 2.2 million HIV positive women give birth, and that the future situation will depend on prevention policies and the population's access to antiretroviral therapy. In Brazil, where the government has been able to provide universal access to this therapy, the average survival period of HIV positive people rose from six months to five years.

Table 9. Morbidity and mortality: averages for countries in better and worse relative situation

PRESENT SITUATION		INFANT MORTALITY (PER 1,000 LIVE BIRTHS)	MORTALITY IN CHILDREN UNDER 5 (PER 1,000 LIVE BIRTHS)	MALARIA PREVALENCE (CASES PER 100,000 PEOPLE)	TUBERCULOSIS PREVALENCE (CASES PER 100,000 PEOPLE)	HIV/AIDS PREVALENCE (% AGES 15 TO 49)
Countries in worse relative situation	Average	110	173	20,748	231	15.4
	Number of countries	14	14	11	14	10
Countries in better relative situation	Average	12	15	84	20	0.3
	Number of countries	94	94	21	102	69

malaria has increased, causing substantial health regressions. In the case of malaria, one of the main causes of child deaths, the most affected region is again Sub-Saharan Africa where all countries in worse relative situations are located. Something similar occurs in the case of HIV/AIDS, while the prevalence of tuberculosis occurs most problematically in East Asia and the Pacific region. If countries are taken into account according to income groups, the relation between tuberculosis and wealth is the one we should expect in the context of the present inequality: while the poorest countries are the most affected, out of the 81 high or middle-income with sufficient data, only six are below the world average.

A summary of morbidity and mortality indicators reflects sharp contrasts (Table 9). For example, countries in worse relative situations have infant mortality averages of 110 (for every 1,000 live births), which is 9 times the average of countries in better situations.

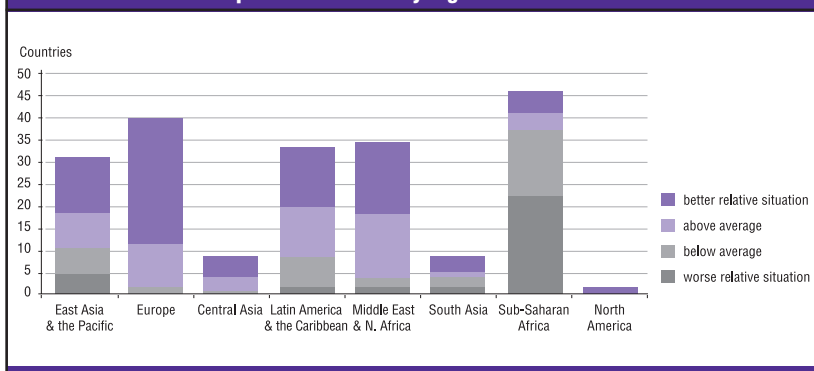
A closer look at countries in worse relative situations (Angola, Burundi, Guinea-Bissau, Guinea, Equatorial Guinea, Kiribati, Lesotho, Liberia, Malawi, Mozambique, Sierra Leone, Swaziland, Zambia and Zimbabwe) points to the strong prevalence of Sub-Saharan Africa nations in this group.

It is also within this region that are found the countries worst affected by the most dramatic indicators, such as the prevalence of people infected by HIV/AIDS or infant mortality rates.

COUNTRIES WITH HIGHER PREVALENCE OF HIV/AIDS *	
Swaziland	38,8
Botswana	37,3
Lesotho	28,9
Zimbabwe	24,6
South Africa	21,5
* % in ages 15 to 49	

COUNTRIES WITH HIGHER INFANT MORTALITY *	
Sierra Leone	166
Afghanistan	165
Liberia	157
Angola	154
Niger	154
* per 1,000 live births	

Chart 8. Immunization: present situation by region



5. Health security: immunization

Selected indicators:

- DPT²⁸ immunized children under age 1 (%)
- Polio immunized children under age 1 (%)
- Measles immunized children under age 1 (%)
- Tuberculosis immunized children under age 1 (%)

Progress in immunization has been a decisive factor in the present health status of the world's population. The lives of millions of children have been saved as the use of vaccines has spread around the world. Vaccination is the most powerful tool in the prevention of diseases and children have a right to receive this type of protection. Access to vaccines is a core goal for meeting human rights and alleviating poverty. As stated in the report *State of the World's Vaccines and Immunization*,²⁹ the near-eradication of polio, as well as the drastic reduction in the incidence of measles and maternal and neonatal tetanus, represent the most positive effects produced by immunization.

Nevertheless inequity is still a source of concern both in terms of benchmarking at the level of nations as well as within each nation. On a global level, it is estimated that in the year 2000, 37 million children did not receive basic vaccination during their first year of life.

28 DPT: diphtheria, whooping cough and tetanus.

29 WHO, UNICEF, World Bank. *State of the World's Vaccines and Immunization 2002*. www.who.int/vaccines/en/sowvi2002.shtml

The present regional situation in children's basic immunological coverage (polio, measles, tuberculosis and diphtheria) identifies Sub-Saharan Africa once again as the region in the worst situation (37 out of 48 countries with available data are classified within the two lowest brackets).

Botswana, Rwanda, Seychelles, Swaziland and Tanzania are the only five countries in this region that reach the level of those in better relative situations, with coverage over 90%. Meanwhile, the average situation of immunological coverage for these diseases for the rest of the region is substantially lower with values around 70%, with the exception of tuberculosis immunization, which reaches 81% coverage. (Chart 8).

The critical situation in Sub-Saharan Africa is evident especially in DPT and polio immunization coverage, where it shows the greatest gap in relation to other regions of the world. (Tables 10 and 11).

Similarly, if the average of countries in worse relative situations is analyzed (indicated in Chart 9 as the lowest income countries), the difference with the average of countries in better situations becomes even wider. Immunization against DPT, measles and polio is below 56% for countries in worse situations while these same immunization rates exceed 96% in countries in better situations.

It is not surprising to find a close connection between the classification of countries according to their income levels and their general situation in terms of basic immunological coverage. The poorest countries invariably present the lowest levels of coverage. Within the group of lower middle income countries, a fairly large number is above average. A clear relation can be observed between income and current coverage of immunization, although income is not as decisive a factor as in other morbidity and

IMMUNIZATION: COUNTRIES IN THE WORST RELATIVE SITUATIONS THAT HAVE ALSO REGRESSED
Central African Republic
Comoros
Congo Democratic Republic
Djibouti
Gabon
Papua New Guinea
Sudan
Vanuatu
Yemen

mortality indicators (malaria, tuberculosis, infant mortality, etc.). (Chart 9).

An assessment of the progress and regression which have occurred since 1990 reveals that 65% of countries have made progress, 20% have not shown any changes and 15% have regressed (Table 12). In general, the greatest progress in vaccination coverage has taken place in low income countries, where the lowest levels of vaccination were initially observed. However the highest regression is also concentrated in countries in worse relative situations and corresponds to countries with historically low levels of immunization coverage. Regression also occurs in some middle-income countries, namely the Central and Eastern European countries which became independent since 1990.

International commitments assumed by countries at the Beijing, Copenhagen and Millennium summits have placed priority on increasing vaccination coverage as one of the basic instruments to combat infant mortality. Attention paid to the poorest countries in the world in this aspect has been particularly emphasized both by governments and by international cooperation organizations. (Chart 10).

Countries that have not presented changes are mostly those where coverage levels are above average.

Unequal access to basic vaccination services during childhood is only one example of inequality at the level of immunological protection. Inequity is even more pronounced in access to new vaccines introduced since 1985.

6. Environment

Selected indicators:

- Population with access to improved water sources (%)
- Population with access to sanitation (%)

One of the cross-cutting topics in social development is sustainable development. During the UN Conference on Environment and Development in 1992 (Earth Summit) in Rio de Janeiro, the international community adopted Agenda 21 as a global action plan for sustainable development.

Agenda 21 reintroduced a series of recommendations for all areas of environmental interest. These

Table 10. Immunization: coverage averages by disease (%)

	DPT	MEASLES	TUBERCULOSIS	POLIO
East Asia and the Pacific	84.7	83.2	87.5	84.7
Europe	94.1	91.4	91.9	94.6
Central Asia	92.4	94.0	96.8	93.2
Latin America and the Caribbean	86.5	89.5	92.7	88.2
Middle East and North Africa	92.0	91.7	91.0	92.0
South Asia	80.8	76.6	86.9	80.8
Sub-Saharan Africa	69.5	69.1	81.0	69.3
North America	93.5	94.0		89.5

Table 11. Immunization: coverage averages for countries in better and worse relative situation (%)

		DPT	MEASLES	TUBERCULOSIS	POLIO
Countries in worse situation	Average	55.8	55.9	70.8	55
	Number of countries	35	35	35	35
Countries in better situation	Average	96.2	95.7	97.5	96.8
	Number of countries	79	79	59	79

Chart 9. Present situation in immunization by income level

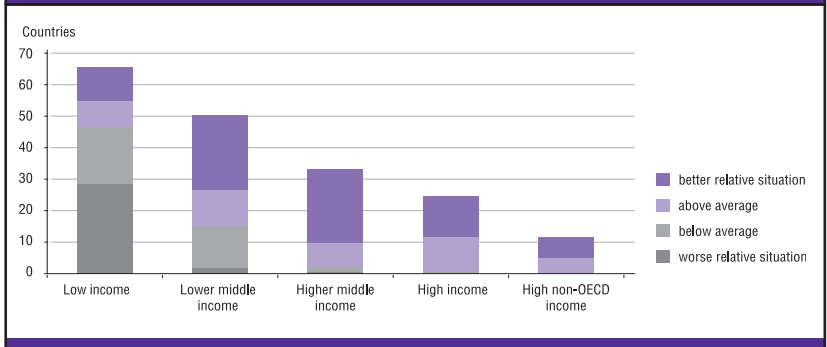
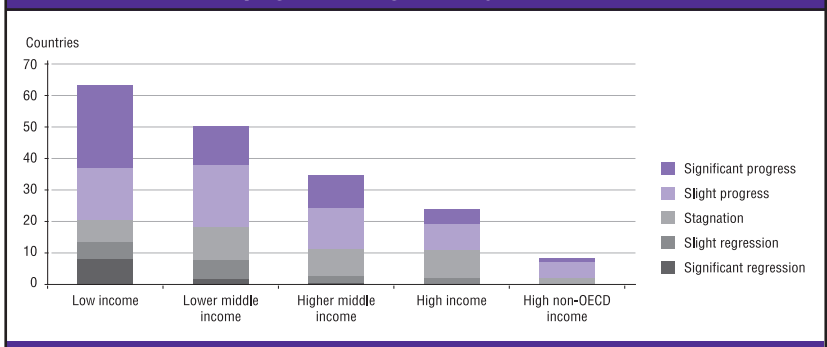


Table 12. Present situation and recent evolution in immunization

PRESENT SITUATION	EVOLUTION IN IMMUNIZATION					TOTAL*
	←	←		→	→	
Countries in worse relative situation	9	5		3	15	32
Countries below average	2	5	9	11	6	33
Countries above average	1	3	11	17	10	42
Countries in better relative situation		2	16	32	21	71
Total *	12	15	36	63	52	178

* Total countries with sufficient information to be included in the ranking by present situation and evolution.

Chart 10: Immunization: progress and regression by income level



recommendations recognize human rights with respect to the environment and the need to integrate environmental problems into socio-economic and sectoral policies, as well as into national administrative and productive systems.

After the Earth Summit different international conferences revisited some of the items in Agenda 21 and integrated them into other development issues. For example, the UN Conference on Human Settlements (Habitat) held in Istanbul in 1996 set goals which included sustainable development into the vision and study of human settlements. Similarly the MDGs include a specific area devoted to this issue. However none of the goals or indicators was sufficiently comprehensive.

In 2002, ten years after the Earth Summit, the World Summit on Sustainable Development took place in Johannesburg. It provided a unique opportunity to adopt specific measures and to identify measurable objectives for improving the implementation of Agenda 21. During the summit it was clear that the vision of sustainable development had shifted towards the concept of "sustainable economic growth" and strengthening of markets.

Measuring the advances and setbacks of countries in environmental commitments is very difficult since complete and up-to-date information is unavailable at an international level.

Agenda 21 presented proposals for sustainability indicator systems which could act as the foundation in decision-making processes: "It is necessary to develop sustainable development indicators to provide a solid foundation for decision making at all levels and to contribute to the self-regulated sustainability of integrated environmental and development systems."³⁰

Sustainable development indicators³¹ are an attempt to systematize environment, development and urban growth information. They combine data from economic, social, environmental and institutional areas.

In 2000 a series of indicators were developed for the assessment of MDG 7. The indicators link access to water and sanitation to sustainable development, the environment and land. The series also links variables from sustainable urban and territorial development, habitat, drinking water access and squatter settlements or slums. Additionally MDG 7 aims to reduce by half the percentage of people who lack access to drinking water and calls for a significant improvement in the life of at least 100 million slum dwellers by 2020.

The rapid growth of urban population and its impact on the environment need to be considered.

Over 70% of the urban population in poor countries live in squatter settlements or slums where they have no access to basic services such as drinking water and sanitation and where living conditions violate the human rights of the dwellers.

The real progress and regression of countries in achieving international goals is difficult to measure. The only available data measures water and sanitation access, while secure right to tenure or housing quality goes largely unmeasured.

Even though many countries do not have systematized registries with secure tenure data, the UN Statistics Division has published a secure tenure index developed by UN Habitat. The goal is to measure the proportion of homes with secure tenure of the dwelling. This index is new and is currently undergoing an evaluation process. It employs indirect variables to quantify access to secure tenure, given the difficulties of obtaining direct data.³²

At the same time, the UN Environment Programme has defined a series of variables and indicators to evaluate the environment.³³ The dimensions include indicators (vulnerability, human settlements and sustainable cities); social issues (health, inequity and poverty); and economic aspects (competitiveness, trade and production and consumption patterns, where energy issues are highlighted).

Once again, the majority of the indicators do not have systematized data at the national level. Due to the importance of the issues involved this information is quickly needed. The international community must cooperate in the implementation of regional and national data collection programmes.

On 16 February 2005, the Kyoto Protocol came into force which is a significant event for the environment and habitat. The protocol obliges signatory industrialized countries to reduce greenhouse-gas emissions by at least 5% of 1990 levels by 2012. The refusal by the United States to sign the protocol reflects the belief that environmental protection will thwart economic growth.

In addition to the international regulations foreseen in the protocol, it is important to rely on figures which permit evaluation of its implementation and which allow citizens to monitor its progress. These figures must be related to other environment data in order to provide a thorough picture of the situation when it comes to urging governments to comply with international commitments.

In 2002 the UN Committee on Economic, Social and Cultural Rights approved General Comment No. 15,³⁴ which recognizes the human right to wa-

Adequate habitats and standards of living have been addressed by different international conferences and human rights treaties. These topics must be approached from an integrated perspective since they are interrelated to other factors such as health, water, sanitation, and adequate housing. The International Covenant on Economic, Social and Cultural Rights sets forth a series of obligations for proper living condition standards. These standards or socially assumed values were also formulated in the Copenhagen Summit and at the Beijing Conference, as well as during other conferences. The commitments were finally compiled in the Millennium Declaration and quantified in MDG 7. However there are other dimensions which cut across these commitments such as the relationship between habitat and health, habitat and poverty, and habitat and discrimination. Bearing in mind that poverty and discrimination are very closely related, within discriminated groups (aborigines, afro-descendants, migrants, the homeless, among others) women face two to three times more discrimination. In order to reverse this situation specific policies directed towards women must be created. Policies must focus on increasing women's access to drinking water, sanitation and housing, as the fundamental and structural foundation for meeting commitments made to reduce poverty, provide work, protect children's health and safeguard reproductive health (MDGs 2, 4 and 5).

ter as an indispensable factor in human dignity. The document explicitly states the connection between water, life and health by linking lack of adequate sanitation to illnesses that do not allow people to enjoy the right to health. Also the UN General Assembly adopted the resolution to declare 2005-2015 the International Decade for Action: "Water for Life" due to the importance of water access for life, in order to reach international goals and in order to lay foundations for future progress.³⁵

Ten years after the Copenhagen and Beijing agreements and five years after the Millennium Declaration more than 1.1 billion people do not have access to drinking water (approximately 7% of the world's population). More than 40% of the world's population lack basic sanitation services.

The urbanization of poverty must also be examined. According to UN-Habitat,³⁶ current levels of global urban poverty will grow from 30% to between 45% and 50% by 2020. The report also shows a close inverse relationship between the values reached by the Human Development Index (HDI) of the United Nations Development Program (UNDP) and the proportion of the population living in squatter settlements. According to HDI measurements, there is a larger proportion of people living in settlements in

30 United Nations Conference on Environment and Development (UNCED), Agenda 21, Section IV, Chapter 40 "Information for decision-making", para. 40.4. Rio de Janeiro, 1992.

31 United Nations. *Indicators of Sustainable Development: Framework and Methodologies*. Department of Social and Economic Affairs, Division for Sustainable Development, 1996. www.un.org/esa/sustdev/natlinfo/indicators/indisdiv/english/english.htm

32 United Nations, Statistics Division, Goal 7: Ensure environmental sustainability. http://unstats.un.org/unsd/mi/mi_indicator_xrxx.asp?ind_code=32

33 United Nations Environment Programme (UNEP). Regional Workshop, Costa Rica, 2003. www.pnuma.org/reunion%20indicadores/documentos/EMA-IDS_PNUMA03.pdf

34 Committee on Economic, Social and Cultural Rights. General Comment No. 15 (2002). "The right to water (arts. 11 and 12 of the International Covenant on Economic, Social and Cultural Rights)". Geneva, November 2002.

35 www.un.org/waterforlifedecade/worldwaterday.html

36 UN-Habitat. *State of the World's Cities 2004/2005 - Globalization and Urban Culture*. 2004.

countries with low human development scores. The relationship between squatter settlements, water access, sanitation and housing demonstrates the need for very specific policies to meet the international commitments.

Although the documentation and registration of situations through reports and statistics is the first step in finding solutions to the problem, it is currently impossible to measure progress in secure tenure and housing conditions due to a lack of data. This report therefore will focus on indicators with available information in order to shed light, insofar as the availability of data allows it, on the global water and sanitation access situation.

In studying access to drinking water one cannot leave aside the influence of worldwide changes in urbanization, the impact of globalization on a demographic level (on land, human settlements and natural resources), the growth of urban mobility of citizens and the growth or expansion of cities.

According to UNICEF 20 litres of water a day are needed to cover the basic needs of a child (this amount is equivalent to two pails of water). However approximately 4,000 children die every day simply because they have no access to drinking water.

Gender discrimination is also an issue to be tackled in this area. Due to discrimination in land tenure, as well as access to sources of production and drinking water, women must travel far from their homes. In most cases women have children to take care of and find their areas of opportunity on the outskirts of cities which further increases the population of squatter settlements or slums.

In the agricultural sector, where women have always played a fundamental role, there are still many countries where women face difficulties accessing land tenure (women have been excluded in agrarian reforms in El Salvador, Honduras, Mexico and Nicaragua, where they only hold between 4% and 25% of all ownership deeds). In Kenya, a woman can only own land if her husband or children are alive. If she lacks stable income and property deeds she is systematically marginalized from the credit market. Therefore in many African countries where women represent 60% of agricultural labour and 80% of the total food production labour force, they receive less than 10% of the credit granted to small farmers and 1% of total agricultural credit.

Additionally, General Comment No. 15 on water linked the need for drinking water, beyond domestic and personal use, to the production of food and public hygiene and health.

According to UNICEF figures,³⁷ we currently run the risk of not complying with MDG 7 which is aimed at halving, by 2015, the proportion of people without sustainable access to safe drinking water sources within 15 minutes' walking distance from their dwellings. This figure is currently 1 billion and rising.

If circumstantial conditions such as armed conflict and natural disasters are added to structural

Table 13. Sub-Saharan African countries in most critical situation

SANITATION COVERAGE BELOW 15%		DRINKING WATER COVERAGE BELOW 45%	
Guinea	13	Equatorial Guinea	44
Niger	12	Mozambique	42
Burkina Faso	12	Chad	34
Congo Republic	9	Somalia	29
Eritrea	9	Ethiopia	22
Chad	8		
Ethiopia	6		

Table 14. Present situation and recent evolution in access to water and sanitation

PRESENT SITUATION	EVOLUTION IN ACCESS TO WATER AND SANITATION					
	←	←		→	→	TOTAL*
Countries in worse relative situation		4	4	11	8	27
Countries below average	1		4	11	15	31
Countries above average		1	6	10	7	24
Countries in better relative situation		3	45	3	2	53
Total *	1	8	59	35	32	135

* Total countries with sufficient information to be included in the ranking by present situation and evolution.

ones, complying with international commitments requires additional effort on the part of the national and international communities. For example in March 2003 the Iraq conflict left Basra - one of the first cities to be bombed - with 1 million inhabitants without access to water. These people could only rely on 2 litres of water per day, which is only one tenth of what is stipulated as the minimum for survival. Up until 2003, six million people in Baghdad were without access to electricity, water or telecommunications.

The UN-Habitat³⁸ report highlights the lack of access to sanitation services in urban settlements. The study suggests that channelling investment towards improving access to sanitation would have a great impact on the living conditions of squatter settlement and slum inhabitants especially women and children. The gap between rural and urban situations is enormous: 73% of urban dwellers have access to sanitation while only 31% of rural dwellers do.

In order to achieve MDG 7, every day 370,000 people without sanitation should have access to it before 2015. Service losses due to natural disasters must be added to the former calculation. The Indian Ocean tsunami in December 2004 caused regression in the region through the destruction of previous improvements in sanitation, although figures of the destruction are incomplete.

Although the developed world has not reached total access to water and sanitation in all cases (values exceed 90% in both variables), inequalities exist in comparison to developing countries. More than half of the total population without adequate sanitation live in China and India; Sub-Saharan Africa reveals a coverage of only 36.5%. Two-thirds of the people without access to drinking water live

in Asia; and Sub-Saharan Africa experiences the worst situation globally with an average of only 36.4%. (Table 13).

The critical situation is compounded by globalization policies which have accelerated privatization trends of basic services such as water. In some countries more than half of the urban population depend on private water suppliers, whose services tend to be more expensive than public ones.³⁹

However it is important to note that some African countries, although still with low coverage rates, have made significant progress. This is the case of Ghana which went from 43% sanitation service coverage in 1990 to 58% coverage in 2002. Access to drinking water rose from 54% to 79% over the same period. Another example is Malawi where the proportion of population with sanitation access rose from 36% to 46% between 1990 and 2002, while access to drinking water rose from 41% to 67%, during the same timeframe. Comoros also performed well, increasing access to drinking water from 89% to 94% during the period of 1990-2002.

In Latin America and the Caribbean the situation is improving and the percentage of population with access to sanitary services rose from 69% in 1990 to 78% in 2002. Access to drinking water in the same region improved from 83% to 91% over the same period of time. Guatemala, for example, experienced significant progress in access to water since service coverage rose from 77% to 95% between 1990 and 2002.

Fifty-nine percent of countries have not experienced any change in their situation. Countries above the world average have not undergone major progress: 45 countries in the group did not experience progress or regression. Meanwhile, three

37 World Water Day 2005, 20 March 2005. www.unicef.org/wes/index_25637.html

38 UN-Habitat, *op cit*.

39 UN-Habitat. *Water and Sanitation in the World's Cities: Local Action for Global Goals*. March, 2003.

countries have experienced slight regression, diminishing their coverage of drinking water and sanitation access.

Of the 31 below average countries, 11 have slightly progressed and 15 have made significant progress even though coverage levels continue to be unsatisfactory. (Table 14).

The majority of low-income countries belong to the worse situation categories since they have less coverage. Conversely, better income countries are above average or in a better relative situation. While countries in worse situations have sanitation access coverage of 31%, countries in better situations and with better incomes have 96% coverage. Meanwhile, countries in the worse situations provide 54% water access coverage compared with 98% coverage in countries with better relative situations. (Table 15).

Inequality between countries is very high. Data published in Social Watch show that while in Ethiopia 6 out of every 100 inhabitants have sanitation access, 100% of inhabitants do so in high-income countries such as Norway, the United States and the Netherlands. Afghanistan presents the most serious situation in access to water. In 2002 only 13 of every 100 people could access improved water sources. Similarly to what happens with sanitation access, countries with high incomes have the best indices and in most cases provide complete water access coverage.

There is a strong correlation between countries, their income and their situation in this field. However there are cases that do not follow this trend; for example, Sri Lanka experienced significant progress in sanitary service coverage, improving from 70% in 1990 to 91% in 2002. This ranks Sri Lanka together with those countries in better relative situations.

7. Gender equity

In the tables presented in the Social Watch Report 2005, the year 1995 was taken as the starting point to measure gender equity progress and regression since this was the year when the Beijing commitments were made. In order to make comparisons, the latest available data in each indicator was selected.

Even though gender inequity cuts across all dimensions of social analysis, specific indicators have been chosen in order to address the main areas where inequity hinders women's human rights and their evolution.

The gender dimension cuts across all of the UN Millennium Development Goals to such a degree that none of them will be achieved if no significant progress is made in this area. MDG 3, which refers to gender equity and the empowerment of women, is of strategic importance. Given present conditions the burden of poverty falls on chiefly on women (MDG 1); women are the main caretakers of children (MDG 2) and face situations of risk during pregnancy (MDG 4 and 5). Likewise, women are increasingly vulnerable to the HIV/AIDS pandemic (MDG 6), they play an irreplaceable role in

PRESENT SITUATION		POPULATION WITH ACCESS TO SANITATION (%)	POPULATION WITH ACCESS TO IMPROVED WATER SOURCES (%)
Countries in worse situation	Average	30.9	54.2
	Number of countries	42	42
Countries in better situation	Average	96.0	97.6
	Number of countries	50	58

natural resource management (MDG 7) and must have the capability to access the benefits of globalization in the same measure as men do (MDG 8). More than only a series of specific actions, it is important to focus actions towards greater gender equity within a broad framework of transformation as proposed during the World Conference in Beijing in 1995.

To alter the traditional role of women in society, and to change relations between men and women both within and outside the domestic environment, represents a complex challenge calling for policy elaboration and evaluation. Indicators and statistics on their evolution are required. There is more and more disaggregated data which demonstrates the differences between men and women in different social indicators however there is no agreement on how to measure gender equity overall in a way which allows for regional or country comparison.

In March 2005 the follow-up conference on the Beijing agreement was held. One of the main conclusions of the conference was that 10 years after Beijing there is still a long way to go before women achieve full access to education, equal remuneration, healthcare, as well as other rights they have been denied for centuries. Although the greatest achievements by women in their struggle against discrimination have been made in rich countries, it must be remembered that women still suffer from discrimination in many of these countries.

The growing participation of women in different areas of society has not guaranteed their recognition in these roles or improved their quality of life. Women cannot fully participate in economic and public life; they have limited access to positions of influence and power; their labour options are fewer and they receive lower remuneration for equal jobs.

Domestic violence is a worldwide phenomenon and one of the primary causes of injury and death for women worldwide. This violence is present throughout the world to different degrees and it is

often ignored or tolerated by states on the grounds that it is a private matter.

7. 1. Education

Selected indicators:

- Literacy gap (women/men)
- Net primary education enrolment rate gap (women/men)
- Net secondary education enrolment rate gap (women/men)
- Gross tertiary education enrolment rate gap (women/men)

According to UNESCO data gender equity in education is particularly relevant: at least two-thirds (573 million) of the 860 million illiterate people (the majority living in developing countries) are women.

The majority of illiterate women in the world live in rural areas in developing countries, particularly in Africa, the Arab countries and East and South Asia where illiteracy rates among women exceed 60%. There are 140 million illiterate youth; more than half of them female (86 million). UNESCO projections predict that if present trends continue, by 2015 there will be 107 million illiterate youth, 67 million of whom will be female.

In access to secondary education, most countries have attained gender equity and 63% of countries even have more girls registered than boys. This is due to many boys never completing their secondary education. The 34% of countries with less female enrolment are located mainly in Sub-Saharan Africa and South Asia. Poverty levels in these regions, and a cultural preference to better feed and educate males, are decisive factors.

A reverse gender gap exists in other regions such as North Africa, Central Asia, East Asia and the Pacific, and Latin America and the Caribbean. In the latter region, 23 countries register higher female

PRESENT SITUATION	EVOLUTION OF THE GENDER GAP IN EDUCATION				
	←	←		→	→
Countries in worse relative situation	2	1	8	11	22
Countries below average	1	4	5	8	18
Countries above average	1	6	4	5	16
Countries in better relative situation	8	77	19	2	106
Total *	12	88	36	26	162

* Total countries with sufficient information to be included in the ranking by present situation and evolution.

secondary education enrolment, while only four countries have higher male enrolment. This is also common in developed countries.

These four indicators together give us a global picture of gender inequity levels in education (Table 16). At the same time, it is of interest to study the recent evolution of inequality in this area. Out of 162 countries with sufficient information, 62 reveal some improvement in education gender equity and no countries have experienced significant regression. Although most countries in better situation are stagnant, among higher inequity countries almost 90% have improved their situation. Half of the countries that were falling behind have experienced significant progress.

Although progress is noted in many countries, gender inequality in access to education still exists in most developing countries and is far from being eradicated.

The largest disparities in primary education access are concentrated in Sub-Saharan Africa. In secondary education disparities observed in the region are even greater with average values of approximately 0.8.

In tertiary education regional disparities are on the rise. In Western Europe there are 93 women for every 100 men in higher education. In Southeast Asia there are 58 women for every 100 men, in North Africa 63 per 100 and in East Asia 71 women per 100 men. The difference is even greater in South Asia (38 per 100) and in Sub-Saharan Africa (30 per 100). In Latin America, the Caribbean and West Asia, the number of women in tertiary education exceeds the number of men.

Gender inequity in education is revealed in a clearly differentiated way (Chart 11). North America,

Chart 11. Gender equity in education by region

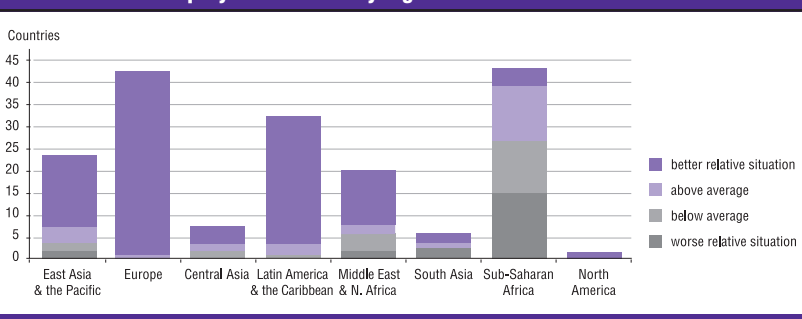


Table 17. Gender equity: education. Averages for countries in better and worse relative situation

PRESENT SITUATION		POPULATION WITH ACCESS TO SANITATION (%)	POPULATION WITH ACCESS TO IMPROVED WATER SOURCES (%)
Countries in worse situation	Average	30.9	54.2
	Number of countries	42	42
Countries in better situation	Average	96.0	97.6
	Number of countries	50	58

Europe and Latin America and the Caribbean are the areas whose countries display the least inequity, while the remaining regions present heterogeneous situations. Once again, Sub-Saharan Africa is the region where most countries experience serious levels of inequality.

A comparison of the averages observed for each indicator for the countries in better and worse situations shows significant distances between both groups (Table 17). Even though inequity is evident in all indicators, in certain cases it is reflected with greater intensity. The women/men ratio in tertiary education enrolment rates displays the greatest distance. In the group of countries with greater inequities this ratio reaches an average value of 0.4 while in countries with better situations the average is three times higher at 1.3.

7.2. Economic activity

Selected indicators:

- Wage-earning women in the non-agricultural sector (% of total non-agricultural wage-earners)
- Estimated income ratio (women/men)

Participation in economic activity is directly related to poverty issues. Seventy per cent of the world's estimated 1.3 billion poor are women. The situation is the same in both the most rural and the most industrialized societies. Some reasons for the higher feminization of poverty are unequal conditions in access to the labour market and labour discrimination, which result in lower remuneration for women in equal jobs.

Most countries have not been successful in this area. Women do not get equal remuneration for equal jobs. Women's salaries compared with those of men only approach 90% in five countries: Iceland, Australia, Tanzania, Sri Lanka and Vietnam. An in-depth analysis is needed to explain why this is so in countries with such different contexts.

Studies of gender inequity in economic activity are conducted using two indicators: the percentage of wage-earning women in the non-agricultural sector and the income gap between female and male remuneration in the labour market. Taken together, these indicators show a similar number of countries above and below the world average. (Table 18).

Evolution has been uneven in countries where gender equity in economic activities is in the worst relative situation. Regression took place in some

COUNTRIES IN WORSE SITUATION IN LITERACY RATIO (WOMEN/MEN)	
Niger	0.46
Iraq	0.51
Benin	0.55
Mali	0.57
Burkina Faso	0.58
Nepal	0.63
Pakistan	0.64
Yemen	0.67

GENDER GAP IN PRIMARY EDUCATION ENROLMENT: COUNTRIES IN WORSE SITUATIONS	
Yemen	0.66
Chad	0.67
Niger	0.68
Benin	0.69
Burkina Faso	0.71
Guinea Bissau	0.72
Mali	0.73
Ivory Coast	0.74
Pakistan	0.75

Table 18. Present situation and recent evolution in gender equity: economic activity

PRESENT SITUATION	EVOLUTION IN ECONOMIC ACTIVITY					TOTAL*
	←	←		→	→	
Countries in worse relative situation	3	3	9	9	3	27
Countries below average		3	8	13	7	31
Countries above average	1	1	5	11	4	22
Countries in better relative situation	2	3	22	7	6	40
Total *	6	10	44	40	20	120

* Total countries with sufficient information to be included in the ranking by present situation and evolution.

cases while the majority of countries either advanced or remained stagnant. Of the 58 nations below the world average, nine experienced regressions while 22 advanced. The more equal countries have mainly remained stagnant or, in a significant number, progressed towards greater equity.

Participation of women in the non-agricultural sectors is almost on equal standing with the participation of men (around 45% to 55%) in less than half of the countries with available information.

Although there is a global trend towards increased economic participation by women, discrimination still exists in the labour sector. Statistics in this field remain insufficient and scarce in many regions of the world. The International Labour Organization (ILO) informs that of the 13 African countries with available information there is a range of different situations; from Botswana, where women account for 47% of non-agricultural workers, to Chad, where they represent less than 10%. In Central Asia, variation is also great; from Kazakhstan, where women participate on an equal standing with men, to Turkey where they account for less than 10%. These figures underestimate the economic participation of women since they only reflect formal work when in many of these countries, the highest participation indices are found in the informal sector. In East Asia and the Pacific, the participation of women in economic life ranges from 30% to 47%.

In countries with higher gender equity in the economy almost half of the wage-earning population in the non-agricultural sector are women. In the less equal countries women do not even account for one quarter of the working population. Another element that illustrates this same point (Table 19) is the income gap or the women/men income ratio. In countries in better situations this ratio is only 0.65. In the most unequal countries the situation is much worse since women's incomes constitute only one third of the remuneration of men.

Gender inequity in economic activity on a regional level (Chart 12), illustrates that contrary to what happens with other indicators, the Sub-Saharan African countries are not all in the worst situation. There is significant disparity within almost all regions. The greatest gender inequity in economic activity is in countries in the Middle East, North Africa and South Asia. In North America and Europe inequity is lower, although in the latter region there are also countries whose levels of inequity are among the worst worldwide.

7.3. Empowerment

Selected indicators:

- Female professional and technical workers (%)
- Female legislators, senior officials and managers (%)
- Female members of parliament (%)
- Women in governmental decision-making positions at ministerial levels (%)

Chart 12. Gender equity in economic activity by region

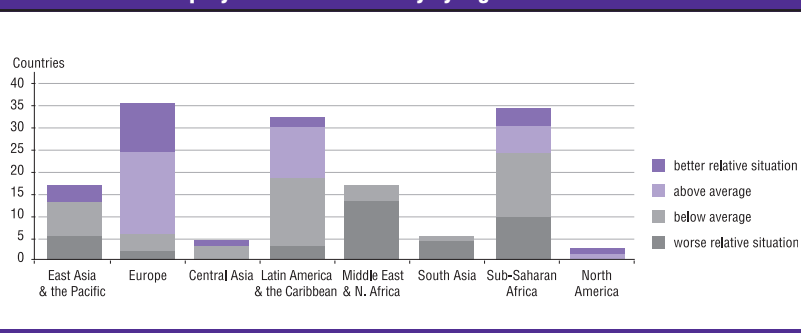


Table 19. Gender equity: economic activity. Averages for countries in better and worse relative situation

PRESENT SITUATION		WAGE-EARNING WOMEN IN THE NON-AGRICULTURAL SECTOR (%)	ESTIMATED INCOME RATIO (WOMEN/MEN)
Countries in worse relative situation	Average	23.8	0.33
	Number of countries	27	29
Countries in better relative situation	Average	49.3	0.65
	Number of countries	41	49

Table 20. Present situation and recent evolution in gender equity: empowerment

PRESENT SITUATION	EVOLUTION IN EMPOWERMENT					TOTAL*
	←	←		→	→	
Countries in worse relative situation	1	9	14	11	4	39
Countries below average		3	10	18	14	45
Countries above average		1	4	15	19	39
Countries in better relative situation		1	1	9	9	20
Total *	1	14	29	53	46	143

* Total countries with sufficient information to be included in the ranking by present situation and evolution.

Throughout the world women are practically absent from parliament. On average they account for less than 15% of parliament and no systematic differences are observed by region or by income level. The report *Progress of the World's Women*⁴⁰ by the UN Development Fund for Women (UNIFEM) notes that contrary to what happens in the case of other development aspects women's level of involvement in politics does not depend on the wealth or poverty of a country.

The report stresses that the presence of women in decision-making positions is the only gender inequity indicator which does not vary according to a country's level of poverty. Some of the richest countries in the world such as the United States, France and Japan, have between 10% and 12% women representation in their parliaments. This is lower than the 13% average in Sub-Saharan African countries which are the poorest countries in the world. In South Africa and Mozambique, the share of women in parliament is

30%, while in Rwanda and Uganda it is 26.7% and 25%, respectively.

The growing number of female members of parliament may be attributed to agreements made in the last decade. Several countries have a self-imposed objective of maintaining 30% women participation in parliament following recommendations from international conferences such as Beijing. However by 2004 only 11 countries attained this goal (Sweden, Denmark, Germany, Finland, Norway, Iceland, the Netherlands, South Africa, Costa Rica, Argentina and Mozambique).

To strengthen the position of women in the world is one of the eight objectives established in the Millennium Declaration. Within this framework empowerment is a dimension of growing consideration. Empowerment is measured by the number of women with access to positions of power and decision-making in each country. The presence of women in professional, technical, management, parliamentary and ministerial positions is studied in comparison with men's participation in the same fields.

In Table 20 we note a large number of countries in situations considerably more unequal than the world average. Nevertheless the majority of

40 Elson, Diane and Hande Keklik. *Progress of the World's Women 2002, Volume Two: Gender Equality and the Millennium Development Goals*. UNIFEM, 2003.

Table 21. Gender equity: empowerment. Averages for countries in better and worse relative situation

PRESENT SITUATION		WOMEN AS MANAGERS AND TOP-RANKING POSITIONS (%)	FEMALE PROFESSIONAL AND TECHNICAL WORKERS (%)	WOMEN IN GOVERNMENT POSITIONS AT MINISTERIAL LEVEL (%)	FEMALE MEMBERS OF PARLIAMENT (%)
Countries in worse relative situation	Average	9.3	32.7	5.9	6.6
	Number of countries	17	17	34	42
Countries in better relative situation	Average	36.6	56.2	32.5	25.8
	Number of countries	14	14	17	19

countries are progressing while only 10% have experienced some regression. There is however one situation which causes concern: there are 10 countries which have experienced regressions despite already being in the worst relative situation.

When examining countries by geographic region, the Middle East, Northern Africa and South Asia have the most countries with the most serious empowerment inequalities (Chart 13). Nevertheless in almost all regions there are countries with empowerment inequities. This reinforces the idea that a nation's wealth or poverty is relatively independent of gender inequity levels in positions of power and decision-making.

The main empowerment deficits are observed by looking at the situation of each indicator in countries in worse and better relative situations. In more equal countries parliamentary seats held by women hardly account for one quarter of the total. On average countries falling behind in this field do not have more than 6% of women in parliament. Similarly strong inequities occur in management and high-ranking positions, as well as in government positions at ministerial levels (Table 21).

8. Reproductive health

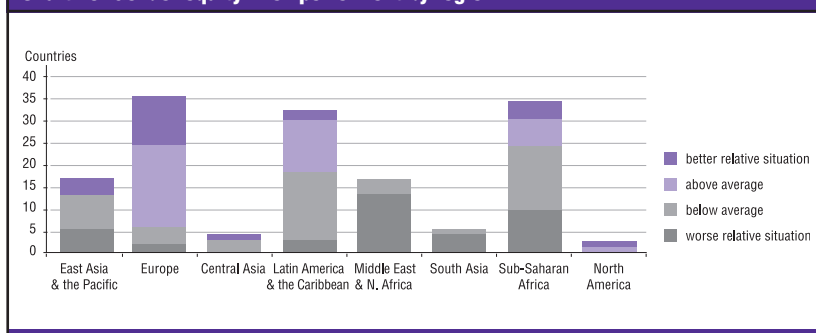
Selected indicators:

- Women aged 15 to 49 attended to at least once during pregnancy by skilled health personnel (%)
- Births attended by skilled health personnel (%)
- Estimated maternal mortality rate (per 100,000 live births)
- Contraceptive use among married women aged 15 to 49 (%)

During the UN International Conference on Population and Development (ICPD) in Cairo in 1994, the international community adopted a new, broader concept of reproductive health and of reproductive rights which includes family planning and sexual health. ICPD called for the integration of family planning and maternal-child health care into a wider series of services, among them the struggle against HIV/AIDS and sexually transmitted diseases (STD).

ICPD set the objectives for ensuring voluntary and universal access to a series of reproductive health services and related information before 2015. It was also then agreed that sexual and reproductive health is a human right and part of the general right to health. Reproductive health encom-

Chart 13. Gender equity in empowerment by region



passes a general state of physical, mental and social well-being in all matters relating to the reproductive system and to its functions and processes and not simply to the absence of disease or illness. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the ability to reproduce and the freedom to decide if, when and how often to do so. The right of men and women to be informed and to have access to their choice of family planning services is implicit in this last condition as is access to legal, safe, efficient and affordable contraceptive methods. It also includes the right to receive adequate healthcare services which will enable women to have a safe pregnancy and childbirth and provide couples with the best chance of having a healthy child.

Since 1994 important progress has been made towards the ICPD goal of universal access to reproductive health services. The World Survey conducted by the United Nations Population Fund (UNFPA) in 2003⁴¹ confirmed that the majority of countries established or expanded reproductive health policies and programmes. Many have substantially changed the way they offer maternal-child healthcare services and family planning services by redirecting services to improve quality and best meet the needs and wishes of the users. A high rate of contraceptive use by couples indicates that there is more access to family planning methods.

Programmes now reach out to more people in need of services, and family planning has become a part of prenatal, postnatal, and childbirth services. STD and HIV/AIDS prevention programmes have also expanded; cervical cancer detection programmes and referral to other treatment services, where necessary, have increased.

More emphasis has been placed on providing greater access to groups lacking sufficient services (the very poor and rural dwellers) as well as providing means for their participation in the formulation of policies in order that both the services and the information provided may be geared to their special circumstances. Likewise many countries are integrating reproductive health services (including family planning and sexual health) into primary healthcare services, within the framework of health sector reforms. They are also carrying out significant changes in terms of organization, administration and funding.

In May 2004 the 57th World Health Assembly approved for the first time the WHO reproductive health strategy. Its goal is to accelerate progress towards the achievement of the reproductive health MDG and the objectives stated in the ICPD, as well as on its five-year review approved by Special Session of the UN General Assembly in 1999.

Despite progress in coverage and quality in women's healthcare attention, there are still serious qualitative and quantitative deficiencies in the provision of services. This is reflected in poor health indicators such as high maternal mortality, low prevalence of contraceptive use and low percentage of adequately attended births.

Worldwide, 1,600 women die every day due to complications during pregnancy and delivery. This figure reveals considerable inequities when examined further, since maternal mortality is 18 times higher in developing countries than in industrialized

41 United Nations Population Fund (UNFPA). *Investing in People: National Progress in Implementing the ICPD Programme of Action*. New York: UNFPA; and World Health Organization (WHO). *Reproductive Health. Draft Strategy to Accelerate Progress towards the Attainment of International Development Goals and Targets* (EB11/15 Add.1). Geneva: WHO, 2003.

ones. In addition, 50 million women annually suffer pregnancy and delivery-related complications. Since women in developing countries have more pregnancies and obstetric attention is inadequate, their exposure to maternal mortality risks is 40 times greater than in the developed world. Half of perinatal deaths are due mainly to inappropriate or non-existing maternal prenatal and obstetric attention.

In developed countries practically full access to adequate healthcare services during pregnancy and childbirth, availability of medicines and safe surgical procedures, together with high rates of contraceptive use and low levels of fertility, contribute to overall good reproductive health. The situation is different in developing countries: over 95% of adult deaths related to poor reproductive health occur in these countries, where fertility rates are also higher.

Complications during pregnancy and delivery are among the primary causes of death and disease for women of reproductive age in many developing countries. Every year, about 8 million women suffer complications that threaten their lives during pregnancy and as a consequence, more than 529,000 die. Ninety-nine percent of these women live in developing countries.⁴²

In the developing world, one-third of pregnant women do not receive any kind of healthcare during pregnancy and 60% of childbirths take place far from health centres, where only half receive the attention of skilled health personnel.

Donor countries have only provided half of the external resources that ICPD determined were necessary to implement its Action Plan. Donors agreed to contribute USD 6.1 billion a year to population and reproductive health programmes by 2005, which is one-third of the resources needed. However between 1999 and 2001 contributions remained at around USD 2.6 billion and in 2002 they rose to USD 3.1 billion. The UNFPA has pointed out that despite the increase, the amount may not be sustainable and investment could be used entirely in HIV/AIDS prevention programmes rather than in the adoption of an integrated reproductive health strategy. Due to the HIV/AIDS pandemic there are additional needs such as a reliable and sufficient supply of reproductive health products, namely male and female condoms.

Inadequacies in reproductive and sexual health services cause almost one-fifth of global premature morbidity and mortality and one-third of the diseases and deaths of women of child-bearing age.⁴³ Reproductive health can be properly attended to only if its close link to gender and health security is understood by all.

In this report measurements are taken on the basis of four indicators: percentage of women at-

42 WHO, UNICEF and UNFPA. *Maternal Mortality in 2000: Estimates Developed by WHO, UNICEF, and UNFPA*. Geneva: WHO, 2003; and WHO. *Reproductive Health, op cit*.

43 Singh, S. et al, *op cit*; and UN Population Fund (UNFPA).

Table 22. Present situation and recent evolution in reproductive health

PRESENT SITUATION	EVOLUTION IN REPRODUCTIVE HEALTH					
	←	←		→	→	TOTAL*
Countries in worse situation	0	3	7	6	16	
Countries below average	2	4	7	6	19	
Countries above average	1	1	5	3	10	
Countries in better situation	3	2	4	0	9	
Total *	0	6	10	23	15	54

* Total countries with sufficient information to be included in the ranking by present situation and evolution.

Table 23. Reproductive health: averages for countries in better and worse relative situation

PRESENT SITUATION		ESTIMATED MATERNAL MORTALITY RATE (PER 100,000 LIVE BIRTHS)	ESTIMATED MATERNAL MORTALITY RATE (PER 100,000 LIVE BIRTHS)	BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL (%)
Countries in worse situation	Average	959	16.9	33.6
	Number of countries	31	26	31
Countries in better situation	Average	41	62.5	98.1
	Number of countries	87	23	73

tended by skilled health personnel during pregnancy, maternal mortality rate, rates of contraceptive use methods by married women aged 15-49 and percentage of childbirths attended by skilled health personnel.

All four indicators grouped together can give us an idea of the current general reproductive health situation; however in order to show evolution in recent years, only three of the four indicators have been used since there are difficulties in comparing maternal mortality indicators.

All groups of countries show a trend towards progress in this area. Despite a group of six countries which regressed in reproductive health, the absence of countries with significant regression must be noted. It is interesting to observe the relation between the current situation and recent evolution (Table 22).

A look at countries with sufficient data shows a clear majority whose recent progress is significant. Of a total of 54 countries, reproductive health indicators have improved in 38. Among countries in worse situations (16), over 80% (13) have made progress despite not being able to move out of the worst position. In countries in the best positions, three out of 9 have regressed in reproductive health.

Taken separately, each indicator shows the vast inequity between countries in better situations and countries in worse situations (Table 23). In the most advanced countries the percentage of deliveries attended by skilled health personnel is 98.1%, while in countries in worse situations this figure does not reach 33.6% in most cases. Maternal mortality rates are also remarkably unequal since in one group they reach 959 deaths for every 100,000 live births while in the other they reach 41 for every 100,000 live births.

If we focus on the relation between some of these indicators and other dimensions of development we can perceive the correlation between the

The role of reproductive health is fundamental in the reduction of hunger and extreme poverty (MDG 1). Secretary General Kofi Annan pointed out that in order to improve these indicators public investment in education and health must increase and gender inequities must be reduced. Recently the quest for greater synergy between ICPD objectives and MDGs made significant progress when the UN declared that universal access to sexual and reproductive health (ICPD priority) is a strategic objective in the attainment of the MDGs.

COUNTRIES WITH THE HIGHEST MATERNAL MORTALITY RATES *

Sierra Leone	2,000
Afghanistan	1,900
Malawi	1,800
Angola	1,700
Niger	1,600

* Estimated maternal mortality rate (per 100,000 live births)

percentage of deliveries attended by skilled personnel (Chart 14) or the maternal mortality rate (Chart 15) and a country's wealth.

In both cases this correlation is high. For deliveries attended by skilled health personnel, low-income countries are almost 30% below the rest of the world, while the maternal mortality rate shows a similar disparity. Inequality is so high that the rate of the poorest countries is four times higher than that of middle-lower income countries.

Reproductive health indicators by region also show a very high correlation, in which profound inequalities still persist. In maternal mortality (Chart 16), the distance between Sub-Saharan Africa and other regions speaks for itself: there are 800 deaths out of every 100,000 live births in Sub-Saharan

Africa while in North America and Europe the figure is almost insignificant.

Since 1994 the use of family planning methods has increased worldwide from 55% of married couples to almost 61%. In 68% of countries with available data use has increased by at least 1% each year and in 15% of these countries, at a rate of at least 2% a year. The use of methods varies from region to region, from 25% in Africa to almost 65% in Asia (where the high rates in China raise the average), and 70% in Latin America and the Caribbean and more developed regions.

However in many countries including the poorest ones access to contraceptives is still restricted. If we exclude China, with its very large population and high contraceptive usage rate, from its regional group, it turns out that only 46% of married women in Asia use contraceptives. In less developed countries the proportion is much lower.

The overall encouraging evolution of reproductive health indicators globally coexists with striking inequalities between regions.

9. Information, science and technology

Indicators selected:

- Internet users (per 100,000 people)
- Personal computers (per 1,000 people)
- Telephone lines (per 1,000 people)
- Scientists and engineers in research and development (per million people)
- Expenditure on information and communication technology (% of GDP)
- Gross enrolment rate in higher education (%)

Sustainable development is inconceivable if countries do not have the endogenous ability to generate the scientific and technological knowledge that is essential for improving quality of life. UNESCO sponsored the Declaration on Science and the Use of Scientific Knowledge (better known as the Budapest Declaration) speaks to this point. Science is considered an instrument at the service of knowledge, which is an indispensable tool for progress. The inherent function of scientists is to systematically and thoroughly study nature and society in order to obtain new knowledge. This new knowledge is a source of educational, cultural and intellectual nourishment, and it generates technological progress and economic benefits.

Recent economic growth theories include knowledge as another production factor since it is reflected in more effective methods of production and organization, and in new and better products and services. Innovation emerges as the result of multiple interactions between different agents: universities, public and private research centres and bodies, enterprises and entrepreneurial groups, financial organizations, users and public administrations.

Several countries have undergone technological development in the last three decades. In these

Chart 14. Birth attended by skilled health personnel (%) by income level

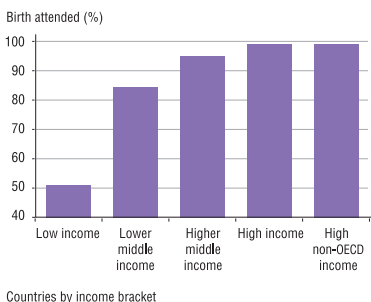


Chart 15. Estimated maternal mortality rate (per 100,000 live births) by income level

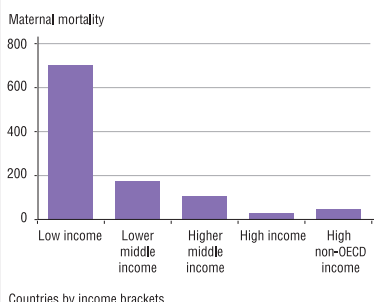
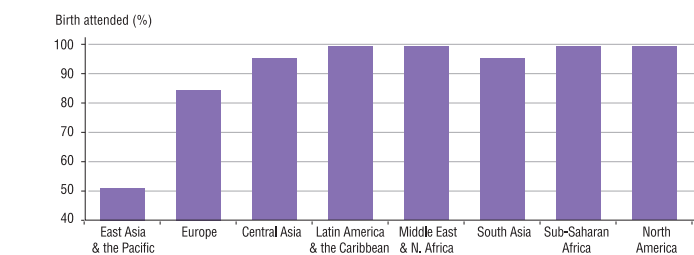


Chart 16. Maternal mortality by region



cases development has resulted from planned middle- and long-term investment in scientific and technological activities. Investment has brought about substantial improvements in quality of life (economic, medical, food, housing, city planning). These improvements demonstrate that countries which invest in scientific and technological activities (experimental research and development, scientific and technical education and teaching, scientific and technological services) make an investment that will bear fruit in the near future. This is demonstrated by the United States, Germany, France, Japan and other nations which have become international technological leaders through the construction of productive chains, the exportation of technology, and the production and diffusion of knowledge. These countries invest a considerable percentage of their GDP in research and development and as a result, they have more trained human resources (i.e., master's degrees and doctorates) working in the field of science and technology.

Similarly larger and better scientific and technological infrastructure is essential in generating and developing knowledge which will result in high technology goods. The impact of the above-mentioned activities in economies globally has come to the attention of international organizations such as the OECD and UNESCO. They have made agreements to generate the conceptual framework that governs the generation of indicators for scientific and technological activities.

At first glance it may appear that country performance in the field of information, science and technology is not as closely linked as other areas to the Millennium Development Goals. However there are good reasons to connect the two. It might be possible to eradicate extreme poverty and hunger (MDG 1) using solid and sustainable growth as a base. And this growth can only be guaranteed if autonomous and critical generation of scientific and technological knowledge also takes place. Similar considerations could apply to the environmental challenges addressed in MDG 7. The Millennium Project was set up by the United Nations in 2002 to monitor compliance with the MDGs, and it includes a task force on innovation, science and technology.

The indicators that shed light on this field were adopted by Social Watch in 2004. They are designed to measure access to new technologies, as well as the technological potential of countries based on access to higher levels of education and the presence of research and development scientists and engineers. There is a high degree of correlation between the behaviour of these indicators, which underlines the value of this area.

Although countries with lower levels of development make up 79% of the population of the planet they only contribute 27% of the total number of researchers in the world. Likewise these countries only account for 19% of total world investment in re-

search and development, but they account for 39% of the world's GDP. Less than 1% (0.9%) of their GDP goes towards research and development, while the more developed countries invest over 2.4% of GDP.⁴⁴

Certain aspects of information, science and technology are strategically important. At the beginning of the new millennium almost every country in the world has direct connection to the Internet. Although this is an impressive achievement we should bear in mind that the penetration rates of information and communication technologies vary between and within countries, creating a digital divide between high and low access areas.

At the end of 2003, 80% of the people in the world did not have access to basic communication infrastructure, and less than 10% had access to the Internet. Less than 1% of the population of South Asia (a region that contains a fifth of the world's population) was online.

The region in the worst situation is Africa. There are only 1 million Internet users on the whole continent (which has a population of 700 million), while in the United Kingdom alone there are 10.5 million users.⁴⁵ About 10% of the world's population lives in Sub-Saharan Africa, but it only has 0.2% of the planet's 1 billion telephone lines.

To evaluate the dynamics of development in this field it is necessary to consider the expansion of technology and communication processes, together with those related to human resources in research and development. The former have been very dynamic over the last decade however this has not been the case for human resources. Some countries have even regressed during the 1995-2004 period.

When we take a general look at the information, science and technology situation (Table 24), and study the averages of the six indicators used, we can see that only less than one third of the world's countries find themselves above world averages and that 44% of countries (127) are in the worst situation.

The most encouraging data is linked to recent evolution. Only two countries (Tajikistan and Uzbekistan) of the 186 with available data have regressed slightly. In most cases (127 countries) the information, science and technology situation has improved.

Development in communications has improved in almost all the countries with available data but the pace of this development varies. Telephone lines, personal computers and Internet users have increased their weight per capita, but the evolution of human resources training and research and development funding shows heterogeneous behaviour.

44 UNESCO. Institute of Statistics, Science and Technology. www.uis.unesco.org

45 Conference by Koichiro Matsuura, General Director of UNESCO, at the Roundtable on "Science, Society and Information and the Millennium Development Goals", at the World Summit on the Information Society, Geneva, 11 December 2003.

Table 24. Present situation and recent evolution in information, science and technology

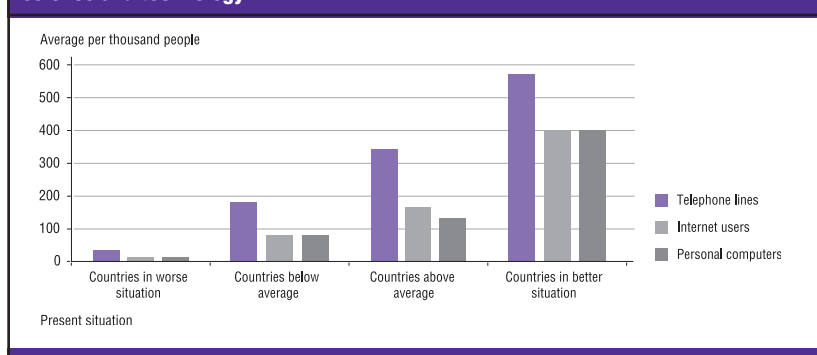
PRESENT SITUATION	EVOLUTION IN INFORMATION, SCIENCE AND TECHNOLOGY					
	←	←		→	→	TOTAL*
Countries in worse situation	2	52	28	1	83	
Countries below average		4	29	10	43	
Countries above average			11	16	27	
Countries in better situation			1	15	17	
Total *	0	2	57	83	44	186

* Total countries with sufficient information to be included in the ranking by present situation and evolution.

Table 25. Information, science and technology by income level

COUNTRIES BY INCOME LEVEL	EVOLUTION IN INFORMATION, SCIENCE AND TECHNOLOGY					
	←	←		→	→	TOTAL*
Low income	2	47	13		62	
Lower middle income		8	35	5	48	
Higher middle income		1	14	18	33	
High income		1	14	9	24	
High non-OECD income			7	11	18	
Total *	0	2	57	83	43	185

Chart 17. Acces to means of communication by present situation in information, science and technology



Still countries that have made some type of progress predominate.

None of the lower-income countries have made significant progress. Some show slight progress but most are at a standstill. The rich countries continue to make headway, which means that the scientific-technological gap is still widening (Table 25).

When the countries that are in better situations in this field are compared with those in worse situations (Table 26) significant inequities are noted. The different available indicators show that there is an average of 13 personal computers per 1,000 people in the less developed countries, while the figure in countries in better situations is 30 times

Chart 18. Present situation in information, science and technology by region

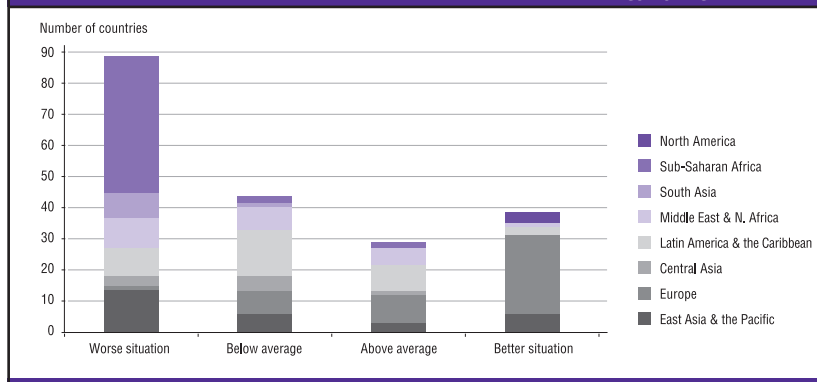


Table 26. Information, science and technology: averages for countries in better and worse relative situation

PRESENT SITUATION		TELEPHONE LINES (PER 1,000 PEOPLE)	GROSS ENROLMENT RATE IN HIGHER EDUCATION (%)	INTERNET USERS (PER 100,000 PEOPLE)	PERSONAL COMPUTERS (PER 1,000 PEOPLE)	EXPENDITURE ON INFORMATION AND COMMUNICATION TECHNOLOGY (% OF GDP)	SCIENTISTS AND ENGINEERS IN RESEARCH AND DEVELOPMENT (PER MILLION PEOPLE)
Countries in worse situation	Average	33	7	13	16	2.6	147
	Number of countries	89	83	88	74	5	23
Countries in better situation	Average	562	55	403	412	5.8	2,598
	Number of countries	40	31	40	34	27	30

higher (403 per 1,000). Data on the number of telephone lines, Internet users and enrolment in higher education confirms that there is a large gap between the two groups of countries.

The prospects for reducing inequalities in the future will be related to the data from two other important indicators: expenditure on information and communication technology as a percentage of GDP, and the number of scientists and engineers in research and development per million people. The former indicator shows that expenditure in countries in better situations is double that of the countries in the most disadvantaged group. The figures also speak volumes regarding the number of scientists and engineers: there are 17 times more professionals in this field in countries with greater scientific and technological development. Besides differences in access to means of communication (Chart 17) there are large differences in these two indicators which are strategically important for reducing inequality in the future.

By looking at the different geographical regions (Chart 18) we can see that certain patterns of inequality recur. Sub-Saharan Africa is again the most disadvantaged region, and all the African countries are in the worst situation group. Likewise, South Asia is in an unfavourable situation, while the situation in Latin America and the Caribbean, Central Asia, Europe, the Middle East and the Pacific is more heterogeneous. The United States and Canada are in better situations.

10. Public expenditure

Indicators selected:

- Public health expenditure (% of GDP)
- Public education expenditure (% of GDP)
- Foreign debt servicing (% of GNI)
- Military expenditure (% of GDP)

A study of public expenditure enables us to evaluate government priorities. However, social expenditure by itself does not ensure an improvement in living conditions. Social policies and the way budgets are executed also make a difference and have an impact on quality of life.

Public social expenditure competes with other areas of spending within a budget structure and this structure reveals the government's resource management priorities and restrictions. Governments must satisfy economic, social and cultural rights, while meeting their legal obligations outlined in numerous of human rights agreements. Budgets are

Table 27. Public expenditure: averages for countries in better and worse relative situation

		FOREIGN DEBT SERVICE (% OF GNI)	MILITARY EXPENDITURE (% OF GDP)	PUBLIC HEALTH EXPENDITURE (% OF GDP)	PUBLIC EDUCATION EXPENDITURE (% OF GDP)
Countries in worse situation	Average	9.2	4.7	1.9	2.9
	Number of countries	14	15	22	18
Countries in better situation	Average	1.6	1.6	5.9	6.5
	Number of countries	7	25	37	31

mechanisms for allocating public resources and are therefore key instruments for ensuring that these rights are satisfied.

Without an adequate social expenditure minimum it is impossible to obtain the resources needed to implement social policies which allow development to take place. According to the World Bank,⁴⁶ world average per capita expenditure on health was USD 482 in 2000. However in some regions like Sub-Saharan Africa it was no more than USD 29, and in South Asia it was even lower (USD 21). In both of these regions spending amounted to less than 5% of GDP. In contrast, expenditure in higher income countries was USD 2,700, that is, 10% of GDP. Added to these significant differences is the fact that private spending on health services in the poorer countries is proportionally higher than total public expenditure in this sphere (73%, in contrast to 38% in richer countries). In most cases, public expenditure does not reach the people for whom access is most difficult. In 2000 average world per capita expenditure on education was estimated at USD 629, but in Sub-Saharan Africa this figure was only USD 48, and in South Asia USD 38.

Two other important dimensions of budget allocation are military expenditure and debt servicing. In 2003 total military expenditure in the world reached USD 956,000 million, a rise of 11% over the previous year. This increase was mainly due to the extra costs incurred by the United States in the Iraq war. The United States accounts for almost 50% of world military spending and if we add the amount spent by 31 other high-income countries, the proportion of total world military spending by this group rises to 75%.⁴⁷ Military

expenditure is only a relatively small proportion of GDP in these countries because they have enormous incomes, so they do not figure prominently when relative indicators such as military spending as a percentage of GDP or GNI are studied. However, other comparisons demonstrate absurd situations such as the fact that the resources that these countries allocate to the military sector are ten times greater than their expenditure on official development aid, for example.⁴⁸

Expenditure on foreign debt servicing results in a direct restriction on the resources available for development. From a strictly financial point of view, multilateral banks understand that for a large number of countries the weight of these payments constitutes a serious obstacle to growth and economic stability. In 1996, the World Bank and the International Monetary Fund set up the Heavily Indebted Poor Countries (HIPC) Initiative as "...a first general attempt to eliminate an unbearable debt in the poorest and most indebted countries in the world."⁴⁹

A survey of countries with available information shows that average government spending on health and education is in the order of 8% of GDP, while military expenditure is slightly lower than 3% of GDP. Better said, expenditure on health and education services is three times higher than military spending. However, these global figures obscure the vast differences that exist between different countries and different regions. (Table 27).

In countries in better public spending situation (37 countries), on average 12% of GDP goes towards education and health and less than 2% to military expenditure. This is an 8 to 1 ratio. On the

⁴⁸ *Ibid.*

⁴⁶ World Bank. "Report on Development Indicators 2003". Press release. web.worldbank.org/WBSITE/EXTERNAL/NEWS

⁴⁷ Stockholm International Peace Research Institute. SIPRI Yearbook 2004. *Armaments, Disarmament and International Security*. www.sipri.org

⁴⁹ International Monetary Fund and International Development Association. "Initiative for the reduction of debt in heavily indebted poor countries. Prospects of the current framework and options for the future". Prepared by IMF and World Bank staff. Approved by Jack Boorman and Masood Ahmed. 2 April 1999.

other hand, in the countries that are classified in worse situations (24 countries), total spending on health and education barely exceeds what is allocated for military purposes.

The world average for debt servicing is somewhere below 6% of GNI. However the average in countries in worse situations is 9%, while in countries in better situations it is only 2%.

The average weight of education spending as a percentage of GDP is between 4% and 5% for all country groups by income level. The health spending figure in lower income countries is 2%, and 6% in higher income OECD countries, while middle and middle-higher income countries spend 4%. The obvious difference is in the absolute expenditure values where there are unequal figures between the richer and poorer countries.

When we consider the relationship between income and debt servicing, countries with higher middle incomes are the most affected, with average debt servicing of 9% of GNI. It is important to note that these countries do not qualify for the HIPC initiative. (Chart 19).

The indicators show that Central Asia is the region with the highest percentage of countries in worse or below-average situations (eight of nine countries). The regional comparison shows that the composition of public spending is heterogeneous in relation to selected indicators. However more than 25% of East Asian and Pacific countries, as well as countries in the Middle East, North Africa and South Asia are in the worst relative situation group.

Central and South Asia and Sub-Saharan Africa have the lowest average weight of social expenditure (education and health): only 6% of GDP. South Asia is in the worst health expenditure situation (3%) while the lowest average allocation for education is in Sub-Saharan Africa (2%). The Middle East and North Africa is the region with the worst ratio of social to military expenditure. On average

Chart 19. Present situation of public expenditure by region

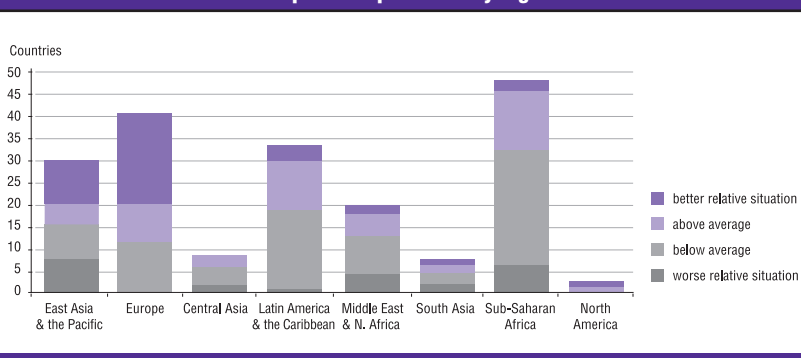


Table 28. Countries in which budget allocations for military expenditure exceed the combined total for education and health

	1 MILITARY EXPENDITURE (% OF GDP)	2 EDUCATION AND HEALTH EXPENDITURE (% GDP)	RATIO 2/1
Eritrea	28	7	0.25
Oman	13	6	0.46
Myanmar	2	1	0.50
Pakistan	5	3	0.60
Burundi	8	6	0.75
Sri Lanka	4	3	0.75
Singapore	5	4	0.80
Kuwait	11	10	0.91

for each monetary unit allocated to the military a little more than one monetary unit goes to health and education combined. (Table 28).

The debt servicing situation has worsened in the higher middle-income countries from 5% to 9% of GNI. In lower income countries the average (4%) has not changed, and in lower middle-income countries it has improved somewhat (8% to 6%). Geographically, Central Asia is the only region where

there is a predominance of countries undergoing regression. Seven of the 9 countries in the region have regressed due to the greater weight of debt servicing. The regions which show increased debt servicing as a percentage of GNI are Central Asia, Europe and Latin America with 9%, 8% and 8% respectively.

The evolution of public expenditure between 1990 and the early years of the 21st century shows

The evolution of public expenditure is directly connected to all the Millennium Development Goals. The possibilities for countries to develop depend to a large extent on the allocations governments make in their budgets. The impact of this is felt primarily by the most vulnerable citizens in each society. When governments joined the International Pact on Economic, Social and Cultural Rights, they made commitments to allocate the most resources possible to achieving the effective enjoyment of human rights. In addition countries should be able to manage their foreign debt in a way that does not jeopardize national development goals. Reducing foreign debt and making it more flexible falls under MDG 8. It commits the international community, and in particular the creditor countries and the multilateral bank, to pursuing negotiations which will lead to real improvements in the ways that debtor countries manage their resources.

Table 29. Present situation and recent evolution in public expenditure

PRESENT SITUATION	EVOLUTION IN PUBLIC EXPENDITURE				TOTAL*
	←	←		→	
Countries in worse relative situation	2	6	9	2	19
Countries below average	4	11	46	19	80
Countries above average		4	18	22	44
Countries in better relative situation			18	10	28
Total *	6	21	91	53	171

* Total countries with sufficient information to be included in the ranking by present situation and evolution.

Table 30. Countries where debt servicing amounts to 15% or more of GNI

COUNTRY	REGION	CLASSIFICATION BY INCOME LEVEL	DEBT SERVICE AS % OF GNI (2002)
Hungary	Europe	Higher middle income	24
Belize	Latin America and the Caribbean	Lower middle income	23
Dem. Rep. of Congo	Sub-Saharan Africa	Lower income	17
Kazakhstan	Central Asia	Lower middle income	17
Thailand	East Asia and the Pacific	Lower middle income	16
Turkey	Central Asia	Lower middle income	15

that while there has not been significant progress on a global level, 30% of countries have made some progress. On the other hand nearly 20% of countries have fallen back on public expenditure allocation, and six countries have experienced a significant regression. (Table 29).

On average there has been almost no change in the countries in the worse and better groups with the exception of one. The indicator that links debt servicing to GNI shows that the countries in worse relative situation underwent serious deterioration (from 5% to 9%). On average there was a slight improvement in education spending as a percentage of GDP for countries in better situations (5% to 6%). However, these averages obscure the changes made in different directions by the countries within these groups in different indicators. (Table 30).

11. Development aid

Indicator selected:

- Official Development Aid from the DAC countries and multilateral organizations to developing countries (% of GNI)

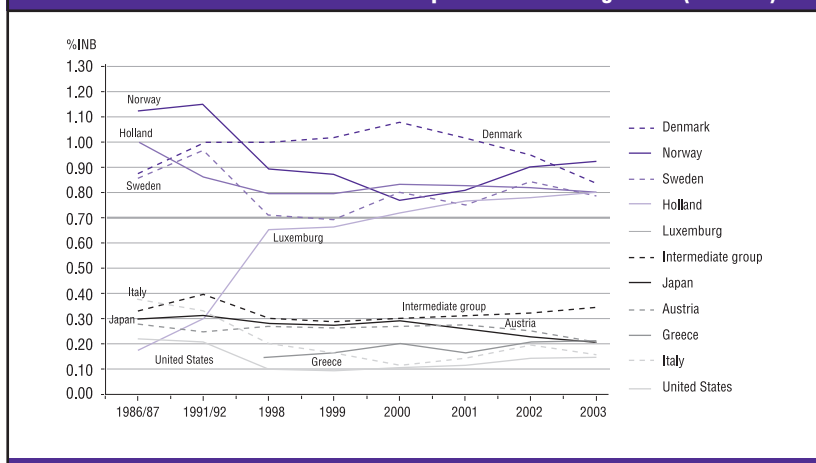
Development aid is a basic component of international cooperation. It helps achieve better living conditions in all countries and a reduction in current inequalities. Although total aid in 2003, which amounted to USD 69,000 million, was the highest figure to date (both in nominal and in real terms), when measured as a percentage of GNI it is still below the average level achieved between 1982 and 1990. In 2003 total aid was 0.25% of total GNI in donor countries, compared to 0.33% in the 1980s.⁵⁰

In 2003 donor countries gave an average of 0.41% of their respective GNIs to developing countries but the degree of commitment was very heterogeneous. The only countries which have reached the UN proposed target of 0.7% of GNI are Norway, Denmark, Luxemburg, Holland and Sweden. If we consider only these countries and the five countries with the lowest donations, the average is 0.33% of GNI which is far below the target level. In the past year there has been good progress and various donor governments have

MDG 8 proposes that a world development association be created. There is a commitment by the richest countries to provide development aid and a responsibility on the part of the recipient countries to channel it in such a way that it supports social development. The contribution from international cooperation that is needed to achieve the MDGs is considerably higher than the target of 0.7% of donor country GNI.

50 Organization for Economic Cooperation and Development (OECD). "Final ODA Data for 2003". www.oecd.org/dataoecd/19/52/34352584.pdf

Chart 20. Net Oda disbursements at current prices and exchange rates (% of GNI) *



made explicit commitments to reaching the proposed goal in the near future. Additionally, Sweden, Norway and Luxemburg made a commitment (with different time frames) to raise their contributions to 1% of GNI.

An evaluation of development aid cannot be limited to the quantification of funds involved. There is increasing concern about the quality of this aid, that is to say its efficacy, its transparency and its real impact. For this reason evaluation tools to improve follow-up on the real effects of aid are being implemented.

12. International commitments and human rights

Indicators selected:

- Status of ratifications of fundamental ILO conventions
- Status of ratification of the main International Human Rights Treaties
- Status of ratification of International Treaties mentioned in the Millennium Declaration
- Status of ratifications of the CEDAW and related protocols

Finally we will carry out an inventory of the UN countries' demonstrated willingness to pursue social development. This can be gauged by whether countries have signed and ratified international conventions and agreements considered vital for the defence of human rights and the improvement of quality of life.

The 2005 edition of the Social Watch Report focuses on the situation of women 10 years after the Beijing Conference. An in-depth study was carried out of the international instrument for women's rights: the 1979 Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), which came into force on 3 September 1981. Government behaviour with respect to this

convention will be analysed in the article **25 years of the CEDAW**, and will be dealt with in-depth in thematic articles included in the Social Watch 2005 annual report.

Since 1995 Social Watch has been pressuring governments, the United Nations and international institutions for an account of the extent to which national, regional and international commitments to eradicating poverty have been met. A key tool in Social Watch's work is lobbying by member organizations to demand that national and international authorities meet their commitments.

On 10 December 1948, the General Assembly of the United Nations passed and proclaimed the Universal Declaration of Human Rights. Since that time governments have signed a series of international treaties⁵¹ on basic human rights, which have the force of international law. As well as proclaiming the civil and political rights of the individual, these international treaties and agreements recognize the right to health, to education, to decent housing, to non-discrimination, to decent work for all men and women, and also children's rights. The obligations which governments assumed when they signed and ratified these international treaties include a commitment that the provisions in them would be executed by passing laws and implementing policies.

When governments ratified these obligations, especially the International Covenant on Economic, Social and Cultural Rights (ICESCR), they committed themselves to guaranteeing the enjoyment of these rights. They are also obliged to submit periodic reports to the appropriate monitoring bodies.

The table **Status of ratifications of the main International Human Rights Treaties** shows the signing and ratification status of all UN member countries. Two other tables address reporting issues: **Reports to be submitted to the UN Treaty**

51 See footnote 4.

Bodies during 2005-2006, and Status of official countries' reports to the UN Human Rights Treaty Bodies. These reports are particularly useful in that they contain details of government implementation as well as specifying government approaches at the national level on the fulfilment of their citizens' rights.

Every year Social Watch compiles a series of statistical tables which show country progress made towards international goals in social development and equity.⁵² Since the international treaties represent strong commitments made by UN countries, the tables also incorporate a human rights dimension.

In each table, areas of development are directly linked to the respective human rights treaty that the majority of the governments in question have signed.

For example:

HUMAN RIGHTS

The right to universal education is enshrined in:

UDHR - Art. 26
CERD - Art. 5
CESCR - Art. 13 & 14
CEDAW - Art. 5, 10 & 14
CRC - Art. 28 & 29

INTERNATIONAL COMMITMENTS

Education is considered in:

Millennium Development Goals - Goal 2
 World Summit for Social Development - Commitment 1
 Fourth World Conference on Women - Beijing Platform for Action - Critical Areas of Concern

Matching the development areas to treaties and agreements makes it possible to see how carrying out the commitments made at UN international conferences involves more than political will. The treaties and agreements force countries to comply with their obligations since there is international law framework which gives the commitments legal force. The commitments to improving health, education, morbidity and mortality rates, reproductive health, access to information, environment, housing and gender equity are inherent rights of each human being, and hence they cannot be given or taken away. Governments are obliged to respect these rights, to protect them, and to do everything in their power in order for them to be fulfilled or implemented. Human rights are universal, that is to say valid and exactable, in any part of the world. Besides this they are indivisible. This is a holistic understanding of rights: they cannot be sub-divided

When a government signs and/or ratifies the ICESCR it makes a commitment to do everything in its power to guarantying the enjoyment of these rights in a progressive way. The policies and programmes for securing basic development goals must be geared towards enabling the whole population to enjoy these rights. That is to say, governments are making a commitment to take action with a focus on human rights. Therefore each policy or programme that a government implements must ensure that, in the different areas dealt with in that programme, the general framework of human rights is respected.

In the tables which Social Watch normally presents, progress and regression in the quality of life of a country's citizens is reflected in the evolution of a series of basic indicators (access to education, health service cover, access to drinking water, the participation of women in decision-making, etc.). From a human rights perspective these indicators can be read differently: when a country regresses

in one of the areas in which it has committed to international development goals, the government is not fulfilling its obligation to respect, protect, and comply with or implement human rights. Therefore the human rights of the citizens of the country are being violated.

The international human rights treaties, the commitments agreed on in UN conferences and in the Millennium Development Goals can become tools for NGOs to lobby governments for the eradication of poverty and its causes and demand equitable wealth distribution and the full enjoyment of human rights. ■

This section was prepared by the Social Sciences Research Team at the Social Watch Secretariat.

⁵² According to the broad guidelines proposed in the following international summits: World Summit on Social Development (1995), Fourth World Women's Conference (1995), and the Millennium Summit (2000).

Ratifications of fundamental ILO Conventions:

- Freedom of Association and Protection of the Right to Organise Convention, 1948.
- Right to Organise and Collective Bargaining Convention, 1949.
- Equal Remuneration Convention, 1951.
- Abolition of Forced Labour Convention, 1957.
- Discrimination (Employment and Occupation) Convention, 1958.
- Minimum Age Convention, 1973.
- Worst Forms of Child Labour Convention, 1999.

Ratifications of the main International Human Rights Treaties:

- International Covenant on Economic, Social and Cultural Rights, 1966. Entry into force: 3 January 1976.
- International Covenant on Civil and Political Rights, 1966. Entry into force: 23 March 1976.
- International Convention on the Elimination of All Forms of Racial Discrimination, 1965. Entry into force: 4 January 1969.
- Convention on the Elimination of All Forms of Discrimination against Women, 1979. Entry into force: 3 September 1981.
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1984. Entry into force: 26 June 1987.
- Convention on the Rights of the Child, 1989. Entry into force: 2 September 1990.
- Convention on the Prevention and Punishment of the Crime of Genocide, 1948. Entry into force: 12 January 1951.
- Convention Relating to the Status of Refugees, 1951. Entry into force: 22 April 1954.
- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, 1990. Entry into force: 1 July 2003.

Ratifications of International Treaties mentioned in the Millennium Declaration:

- Rome Statute of the International Criminal Court, 1998. Entry into force: 1 July 2002.
- Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction, 1997. Entry into force: 1 March 1999.
- Protocol II on Prohibitions or Restrictions on the Use of Mines, Booby-Traps and Other Devices as amended on 3 May 1996 annexed to the Convention on Certain Conventional Weapons, 1996. Entry into force: 3 December 1998.
- Kyoto Protocol to the United Nations Framework Convention on Climate Change, 1997. Entry into force: 16 February 2005.
- Convention on the Rights of the Child, 1989. Entry into force: 2 September 1990.
- Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict, 2000. Entry into force: 12 February 2002.
- Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography, 2000. Entry into force: 18 January 2002.
- Convention on Biological Diversity, 1992. Entry into force: 29 December 1993.
- United Nations Convention to Combat Desertification in those Countries Experiencing Serious Drought and/or Desertification, Particularly in Africa, 1994. Entry into force: 26 December 1996.
- Convention on the Elimination of All Forms of Discrimination against Women, 1979. Entry into force: 3 September 1981. ■