

In this edition of *Social Watch*, three sets of charts show follow-up of commitments made by governments at the World Summit for Social Development in Copenhagen and the Fourth World Conference on Women in Beijing. A first set shows follow-up of the established goals of the Copenhagen Summit, commitment by commitment. For this set, there is a summary table, organised alphabetically, where progress and setbacks are grouped into six areas. A second set of charts measures progress and setbacks for seven objectives: gender equality, increase of social spending, decrease of military spending, increase in development aid, availability of information, and ratification of key agreements. A third set of charts organises countries according to indicators selected to measure the goals, and to progress and setbacks experienced in the period.

This section has four sub-sections. The first indicates data sources and methodological criteria utilised. The second describes the specific methodology used to generate the first set of charts: those showing, goal by goal, progress and setbacks in each country. In the third sub-section we describe the methodology used to generate the charts on the poster «Easier said than done». The fourth describes the methodology and comments on the results portrayed by the charts, relative to spending (social, military, international cooperation) and the situation of women.

## SOURCES AND GENERAL METHODOLOGY

The present edition preserves the criteria for source usage and the calculation of the evolution of variables presented in the previous number. It also maintains the format for presenting the charts, which we believe facilitates their comprehension. We also introduce some new criteria for the measurement of progress and setback to be discussed below.

Although the difficulties encountered initially for obtaining and managing data persist,<sup>1</sup> we have maintained the criteria adopted

## ABOUT THE METHODOLOGY

for earlier editions. We continue to use the most recent source provided by recognised international organisms, and we assume that the data these institutions offer is reliable, despite changes that may appear surprising and could be interpreted differently. As always, we have followed a set of guidelines.

### Regarding the sources:

- where multiple sources exist, we chose the most widely recognised and authoritative source dealing with the matter in question;
- where more recent data exists that is unavailable from these sources, we opted for those «secondary» sources that demonstrated the greater systematic correspondence with the reliable published sources;
- when neither of the above criteria could be applied, we chose the source offering data from the greatest number of countries.

### Regarding the management of data for the calculation of indexes of progress:

- when the available data refers to an interval (for example, 1990–1994) and not to a single year, we adopted the recommendation to centre the data at the middle of the interval (in the example, 1992);
- in those cases where the goal was not specified numerically in the commitments, specific detailed criteria were assumed, where relevant, as in the following section;
- all cases for which the data and the goals refer to a reduction are considered as achievements (both the data and the goals) for the calculation of this index. This is because we have become inclined toward a less-demanding procedure that rewards advances more, although it also penalises setbacks more;
- finally, in the charts showing «progress» and «the situation»

<sup>1</sup> Eg, difficulties stemming from the variety of dates for which information is available and from the differences in statistics provided for the same year by different sources.

on the poster accompanying this edition, other instruments for the evaluation of achievements and situations were applied. These privilege the absolute values of the indicators, separating them from the goals. In this sense, the charts on the poster privileged a ranking criteria which organises countries as a function of their «situation», as well as their «progress» according to the average value which their own position reveal.

Each national report is accompanied by a chart describing the situation relative to four indicators: the infant mortality rate for children under five; literacy; the Gini Index; and the Gender-Relative Development Index (GDI) of UNDP. The chart allows us to compare a rhombus or «diamond» formed by the average data for the region (or the economic group) to which the country belongs with another figure formed by the indicators of the country in question. On each axis, if the value of the country is further from the centre than the value of the region or group, this indicates a better average situation. If it is closer, the opposite is indicated. In short, the bigger the country's diamond, the better its average situation, measured by these four indicators, compared with the region.

## FOLLOWING UP ON THE GOALS

Progress and setbacks toward achievement of goals committed to by governments at the World Summit for Social Development and the Fourth World Conference on Women are evaluated goal by goal, as in past editions of *Social Watch*.

Here we present 16 charts illustrating the evolution of countries regarding implementation of the commitments and a summary table, organised alphabetically, with indicators grouped according to important areas. *Social Watch* selected 13 commitments or goals that are of great relevance and can be measured quantitatively, although as in past years we have not succeeded in presenting the 13<sup>th</sup> –«to improve the availability of affordable and adequate housing for everyone, according to the World Strategy for Housing for the year 2000»– since the necessary data for a sufficient number of countries were not available. For each of the other goals, one or two illustrative indicators were selected. Adequacy of the selected indicators varies. We agreed to choose those that best portray the dimensions we wish to measure and that are available for a sufficient number of countries.<sup>2</sup> A table was produced for each commitment, presenting the value of the indicator in 1990 (or the closest year for which information was available), the value for the last year for which information was available, and the goal for 2000. For the commitments referring to future goals, all paths are adjusted to the reference decade (1990–2000).

For commitments with goals not associated to fixed numbers,

we took the numerical goals of other summits where pertinent.<sup>3</sup> For universal access goals, the goal was established at 100% of the population.

## THE GOALS TOOK THE FOLLOWING INDICATORS AS REFERENCE:

*Goal 1a:* Percentage of children reaching 5<sup>th</sup> grade; *Goal 1b:* Primary school enrolment ratio (net); *Goal 2:* Life expectancy; *Goal 3a:* Infant mortality rate for children under age 1; *Goal 3b:* Infant mortality rate for children under age 5; *Goal 4:* Maternal mortality; *Goal 5:* Amount of daily calories consumed; *Goal 6:* Percentage of children under age 5 with serious or moderate malnutrition; *Goal 7:* Percentage of the population with access to health care; *Goal 8a:* Number of pregnancies attended by health personnel for every 1,000; *Goal 8b:* Percentage of deliveries attended by health personnel; *Goal 10:* Percentage of children under age 1 fully vaccinated; *Goal 11:* Literacy rate; *Goal 12a:* Percentage of the population with access to sewerage; *Goal 12b:* Percentage of the population with access to drinking water.

All the commitment charts consider the initial situation of the country (first column is year 1990 or closest); the latest figure available in the source utilised (second column); the rhythm of progress according to the established goal (third column of «progress and regression»); and the goal set by the country's government for 2000 (in the last column). As in previous editions, any claim of progress (of the type considered here) supposes the adoption of a normative procedure, serving as a «should be» against which progress can be measured. Each of the specific indicators may nevertheless follow different paths. We conceded that the reference evolution must either possess specialised entities or be inferred from some previous study (for example, an analysis of temporal series). We recognised, therefore, that while it was desirable to offer such rigorous and exhaustive treatment, the majority of indicators associated with the commitments did not contain such provisions. Furthermore, since the number of observations required for the construction of more precise evolutionary models is lacking in many cases, the only alternative was to opt for a simple and comprehensible way of evaluating progress toward fulfilment of the goals.

To calculate progress and setbacks, we agreed to «impose» a simple, uniform evolutionary reference model that would be least demanding when evaluating changes through time or when comparing the evolution among countries. Under these conditions, the judgements derived from the methodology adopted do not, and cannot, be considered an exhaustive or definitive evaluation. They are merely an approximation or a helpful guide. Ultimately,

<sup>2</sup> Those indicators and their corresponding charts are still the same as in the last edition.

<sup>3</sup> Such as the case of the achievement of nutritional security, where the proposal of goals was adopted by the 1996 World Nutritional Summit.

the index of achieved progress qualifies the observed value of the variable as ahead of schedule, on schedule or behind schedule, in relation to the expected value. For fulfilment of the goals, we maintained this basic procedure, which provides a fulfilment index reflecting the degree to which the countries have advanced toward achievement of the established goal. This index has been re-scaled in sections (we converted progress indexes to a reference scale of 1 to 5), representing them in the charts in a column entitled «Progress and Regression», through a group of symbols which depict this transformation. We have taken care to simplify comprehension and eliminate the false precision suggested by a numerical progress index.

The re-scaling was completed by translating these numerical values into categories that, according to the progress index, suggested:

1. Significantly going backwards
2. Some regression
3. Standing still
4. Progressing but not enough
5. Rapidly progressing or goals already achieved.

«*Rapidly progressing or goals already achieved*» applies to countries that had achieved the goal in 1990, reached the goal subsequently, or will reach the goal in time if they continue their current pace.

«*Progressing but not enough*» applies to countries with positive indexes, but where progress is not rapid enough to reach the goal on schedule.

«*Standing still*» applies to countries where no significant changes have been recorded in the period (except insignificant quantitative changes).

«*Some regression*» applies to countries who show a negative value below what should have been achieved.

«*Significantly going backwards*» indicates major setbacks.

Countries presenting data for less than four of the aforementioned indicators are excluded from this table.

Additionally, we indicate with icons in the «Progress and Regression» column countries that reached the goal by 1990 and classify them in three sub-groups: countries that achieved the goal in 1990, countries that achieved the goal in 1990 and continue advancing, and countries that achieved the goal in 1990 but are experiencing setbacks.

We have maintained in the charts the criteria for demonstrating the value that indicators should have reached in 2000, or their «recommended value», so that when more recent information becomes available, it would be plausible that in each country, under the adopted methodological suppositions, those interested in follow-up of that indicator may conduct their own study and evaluate whether the country advanced at a rhythm that would allow it to reach the set goal.

In the «Progress and Regression» chart, indicators are grouped in the following manner:

- Goals 1a, 1b and 11 in the column entitled Primary Education
- Goals 3a, 3b and 10 in the column entitled Child Health Care

- Goals 5 and 6 in the column entitled Food Security and Child Nutrition
- Goals 8a and 8b in the column entitled Reproductive Health
- Goals 2 and 7 in the column entitled Health and Life Expectancy
- Goals 12a and 12b in the column entitled Access to Drinking Water and Sewerage

## FULFILMENT OF THE GOALS: A PRELIMINARY BALANCE

The goals related to **primary education** show varying achievements. Regarding universal access, setbacks are confirmed in 11 countries, and significant setbacks occurred in at least 8. 12 countries demonstrated rapid progress, almost reaching the goal by 2000.

Regarding completion of primary school, this goal was achieved by many countries in the 1990s in Europe, Latin America and Southeast Asia. Today there is progress toward achieving the goal in many Asian, African and Latin American countries. Significant setbacks have occurred in at least 9 countries, including some that had reached the goal in 1990 (Botswana, Djibouti, Eritrea, Gambia, Kiribati, United Arab Emirates, Sri Lanka, Solomon Islands and Zimbabwe).

The data on **life expectancy** shows more promising results, but it appears that the goal of 60 years should be considered «low» for some countries since many attained it by 1990 and some 80 countries reached a life expectancy of 70 years by 1990. Even countries that started from critical situations (Bolivia, Comoros, Ghana, India, Myanmar, Pakistan and Swaziland) have advanced rapidly to reach this goal. But the number of countries that experienced significant setbacks and remain with very low life expectancies is alarming (Botswana, Central African Republic, Cote d'Ivoire, Kenya, Tanzania, Togo, Uganda, Zambia and Zimbabwe).

The data for **infant mortality** indicate that an important group experienced progress (more or less rapid) in relation to their 1990 values. But the setbacks are significant in 13 countries, many of them in Africa; less drastic setbacks occurred in 23 countries. The **mortality rate for children under 5** has been reduced significantly in most countries, but Angola, Armenia, Iraq, the Republic of Moldova, Mongolia, Saint Lucia, Turkmenistan and Yemen had significant increases.

Changes in the formula for calculating the **maternal mortality rate**, which have been introduced in international statistics, have not permitted any calculation of progress, because values over time are not comparable. But we do know that regional maternal mortality rate averages vary from 59 (for Europe) to 940 (for Africa) per 100,000 live births. Afghanistan, Angola, Bhutan, Chad, Burundi, Eritrea, Ethiopia, Gambia, Guinea, Haiti, Mali, Mozambique, Nepal, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Somalia, Uganda and Yemen all surpassed in 1990, the average rate of 1,000 maternal deaths per 100,000 live births.

The chart for **Goal 5** presents the daily caloric intake as an indicator of food security. Since there was no fixed numeric target,

we followed the FAO goals, which offered a set value for caloric availability according to the situation in countries in 1990. Once again, although many countries showed progress, setbacks are more than a few. The Bahamas, Botswana, Cuba, Iraq, Tajikistan, Turkmenistan, and Uzbekistan are among those countries with reductions in their nutritional balance.

The chart for **Goal 6** illustrates the changes in infant malnutrition for children under 5. In 1997, only Burkina Faso, Congo, China, El Salvador, Malaysia, Mauritania, Thailand, Togo and Uruguay were advancing rapidly enough to reach the goal set for 2000. Angola, Democratic Republic of Congo and Myanmar experienced significant setbacks, which are even more serious considering the high rates of malnutrition evidenced in 1990.

On the chart for **Goal 7**, health services, we can observe that, excluding Cuba, Republic of Korea and Popular Democratic Republic of Korea, Kuwait, Mauritius, New Zealand, Qatar, West Samoa, Singapore and Tonga, which all have 100% coverage, the countries advancing the most rapidly toward the goal were Indonesia, Jordan, Niger, Oman, Saudi Arabia, Senegal, Syrian Arab Republic and Thailand. On the other hand, Benin, Madagascar, the Maldives, Nigeria and Uganda all experienced serious recessions in health care access, with over 50% of the population denied access.

The chart for **Goal 8** portrays progress and setbacks in reproductive health. The data measuring health care for pregnancy is very scarce, and for the majority of countries we do not possess recent data. Many countries have significant setbacks: Comoros, Malaysia, Mauritania, Mongolia, Myanmar, Namibia, Nigeria, Pakistan and São Tomé and Príncipe. We have a more important group of figures in relation to the goal of universal attendance at birth by trained personnel. For this indicator, progress is greater than setbacks. Countries such as Barbados, Bahrain, Brazil, Mexico, Dominican Republic, Guyana, Jordan and New Zealand are advancing and have almost reached the goal. In countries such as Bangladesh, Burundi, Tanzania or Zambia, the attendance of trained personnel at childbirth is dramatically low and declining.

**Goal 9** refers to cases of malaria. Because of lack of data, this index has not been calculated. Nevertheless, the incidence of this illness in Benin, Burundi, Kenya, Malawi, Namibia, Papua New Guinea, Solomon Islands, Tanzania and Zambia is notoriously high, far surpassing the average incidence of malaria in less developed countries.

The chart for **Goal 10**, indicates a very high and increasing level of child immunisation in Hungary and Oman. In other countries, immunisation coverage has dropped dramatically: Bangladesh, Belarus, Gabon, Lesotho, Madagascar, Nigeria, Sierra Leone, Papua New Guinea, Togo and Uganda.

For **Goal 11**, reducing adult illiteracy to half of 1990 figures, all countries have experienced progress, although the only countries with near-universal levels (less than 5% adult illiteracy) are Argentina, the Bahamas, Belarus, Bulgaria, Croatia, Chile, Cuba, Cyprus, Greece, Guyana, Hungary, Israel, Italy, Republic of Korea, Latvia, Lithuania, the Maldives, Republic of Moldova, Poland, Romania, Russian Federation, Slovenia, Spain, Tajikistan, Trinidad and Tobago, and Uruguay. This list could indicate that the «socialist» legacy of numerous countries may explain current literacy levels.

**Access to sewerage or sanitation** has not improved substantially in the countries for which we possess comparable information for both time periods considered, and as far as can be told from the data, a reduction seems apparent. As the chart for Goal 12a shows, the average access to sanitation in 1996 was inferior (67.7%) to that of 1990 (71.9%). Especially dramatic have been the setbacks in Comoros, Djibouti, Gambia, Iraq, Kenya, Mauritania, Mozambique, Paraguay and Zambia.

The goal of **accessing drinking water** achieved more progress: for countries with available comparable information, the average is 68.8% having access to drinking water in 1990 and this percentage increased to 73.1% in 1996. For Afghanistan, Chad, Gambia, Micronesia and Papua New Guinea availability, already insufficient in 1990, dropped even further in 1996.

Globally, the grouped indicators exhibit sufficient progress, as shown in the chart «Progress and Regression». In the first place, we observe that for «Primary Education,» there is more progress than setbacks (or stagnation) throughout the period considered for all countries. The balance for «Child Health Care» is also positive: only 13 countries suffered setbacks in this area with the greatest setbacks occurring in the Democratic Republic of Congo and Mauritania. For «Nutritional Health and Child Nutrition», however, the general results are problematic: setbacks and progress are balanced with no real progress.

Some «key» areas of social development agreed upon in Copenhagen are very difficult to evaluate given the scarce availability of information: reproductive health and access to safe water and sanitation are among them. In both cases, while there may be progress and setbacks, very few countries were able to provide universal access to these necessities in 1990. The improvement in access to reproductive health services is evident in many Arabic countries. Finally, the column on «health and life expectancy» shows the greatest relative progress, but this is conditioned by the fact that many countries had already met the life expectancy goal in 1990: the weight of life expectancy figures, which brings up the worldwide average (despite dramatically low cases), and the scale of the goal on the low side, may explain these results.

## EASIER SAID THAN DONE

**This set of charts organises countries according to their current situation and to progress and setbacks experienced in the last 10 years.** For the present edition, we are including a poster with a similar group of charts.

The chart «**Steps forward, steps back: Progress and setbacks**», reflects the degree to which the countries experience progress and setbacks in relation to the indicators that reflect the goals established at the World Summit for Social Development.

The indicators are grouped in six areas, with most areas combining more than one indicator. «Primary Education» (percentage of children reaching 5<sup>th</sup> grade; net ratio of enrolment in primary school; illiteracy rate); «Child Health Care» (infant mortality rate for children under 1 year old; infant mortality rate for children under 5; and percentage of children under 1 who are fully immunised);

«Nutritional Security and Infant Nutrition» (caloric supply *per capita* and percentage of children under 5 with serious or moderate malnutrition); «Reproductive Health» (percentage of pregnancies and births attended by trained health personnel); «Health and Life Expectancy» (life expectancy; percentage of the population with access to health services); «Drinking Water and Sanitation» (percentage of the population with access to sanitation and percentage of the population with access to drinking water); «Reduction in Military Spending» (military spending as a percentage of the GDP); «Increase in Official Development Aid» (ODA in relation to the GNP); and «Gender Equity in Literacy» (difference in literacy between men and women).

This chart ranks countries from those displaying greater progress to those with the most critical levels of setbacks or stagnation. The formula for calculating the progress and setbacks portrays the most recent changes (1990 and latest available data) for those «key» indicators that reflect established goals. Each variable was categorised on a scale which ranges from significant progress to significant setback, taking into account the distribution

of the differences between 1990 and the latest available data.<sup>4</sup>

A second chart, «**The haves and the have-nots: the situation by country**», shows the situation in each country today in relation to the group of indicators that represent the goals agreed upon at the Summit. To produce a ranking for this second chart, the same columns as the last chart were used. The ranking was calculated by taking into account the distribution of values for each variable and categorising these in four levels: the highest indicates countries demonstrating a better situation for that indicator, and the lowest indicates a worse situation. In this way, countries were ranked according to their performance for the selected indicators. The values are: 1) Close to or beyond the goals set; 2) Above average; 3) Below average; 4) Critical situation.<sup>5</sup>

These two charts are complementary. While «The haves and the have-nots» chart ranks countries according to progress, the «Steps forward, steps back» chart demonstrates the changes in countries in variables measuring the fulfilment of social development goals.

4 The cuts used to produce the ranking **Steps forward, steps back** were: *Percentage of children reaching the 5<sup>th</sup> grade*: 1) advancing by more than 10%; 2) advancing by 1% to 10%; 3) stagnated (registering advances and regressions lower than 1%); 4) regressing by up to 10%; 5) regressing by more than 10%; *Net primary enrolment ratio*: 1) advancing by more than 10%; 2) advancing by 2% to 10%; 3) stagnated (registering advances and regressions lower than 2%); 4) regressing by 2% to 5%; 5) regressing more than 5%; *Life expectancy*: 1) increasing by two or more years; 2) increasing by less than two years and more than one; 3) stagnated (increasing or regressing by less than one year); 4) regressing by between 1 and 2 years; 5) regressing by more than 2 years; *Infant mortality rate*: 1) regressing by more than 10%; 2) regressing by more than 1% and less than 10%; 3) stagnated (regressing or increasing by less than 1%); 4) increasing between 1% and 5%; 5) increasing by more than 5%; *Mortality rate for children under 5*: 1) regressing by more than 10%; 2) regressing by between 3% and 10%; 3) stagnated (regressing less than 2% or increasing less than 1%); 4) increasing more than 1% and less than 10%; 5) increasing more than 10%; *Caloric offer per capita*: 1) increasing by more than 100 calories per year *per capita*; 2) increasing by between 50 and 100 calories; 3) stagnated (increasing or regressing by 50 calories or less); 4) regressing by between 50 and 100 calories; 5) regressing by more than 100 calories; *Percentage of children suffering malnutrition*: 1) regressing by more than 5%; 2) regressing by more than 1% and less than 5%; 3) stagnated (regressing by less than 1% or increasing up to 2%); 4) increasing by between 2% and 5%; 5) increasing by more than 5%; *Access to health services*: 1) increasing coverage by 10% or more; 2) increasing between 2% and 10%; 3) stagnated (increasing or regressing by less than 2%); 4) coverage regressing by between 2% and 10%; 5) coverage regressing by more than 10%; *Percentage of pregnancies attended by trained health personnel for every 1,000 live births*: 1) increasing coverage by more than 100 per 1,000; 2) increasing coverage by 50 to 100 per 1,000; 3) stagnated (the increase or reduction of coverage is under 50 per 1,000); 4) coverage reduced by 50 to 100 per 1,000; 5) coverage reduced by more than 100 per 1,000; *Percentage of deliveries attended by trained health personnel*: 1) increases coverage by more than 10%; 2) increases coverage by 2% to 10%; 3) stagnated (the expansions or retractions of coverage do not surpass 2%); 4) retraction of coverage between 2% and 10%; 5) retraction of coverage by 10% or more; *Adult illiteracy*: 1) reduction of illiteracy by 5% or more; 2) reduction of illiteracy by 2% to 5%; 3) stagnated (reduction of illiteracy by less than 2%); 4) no growth in adult illiteracy; *Access to sanitation*: 1) increases coverage by 10% or more; 2) increases coverage by more than 2% and less than 10%; 3) stagnated (the reductions and expansions in coverage are less than 2%); 4) reduction in coverage by more than 2% and less than 10%; 5) reduction of coverage by 10% or more; *Access to drinking water*: 1) increases access by 10% or more; 2) increases access by more than 2% and less than 10%; 3) stagnated (the increase or reduction is less than 2%); 4) reduction of coverage by more than 2% and less than 10%; 5) reduction of coverage by more than 10%; *Reduction of military expenditure*: 1) reduction by more than 2.5%; 2) reduction between 1.5% and 2.5%; 3) stagnated (reduces or increases up to 1.4%); 4) increases between 1.5% and 2%; 5) increases 2% and more; *Official Development Aid*: 1) increases more than 0.1%; 2) increases between 0.05% and 0.1%; 3) stagnated (increases or reduces less than 0.05%); 4) reduces between 0.05% and 0.1%; 5) reduces more than 0.1%; *Gender gap in literacy*: 1) increase in female/male ratio of more than 0.1; 2) increase between 0.1 and 0.8; 3) stagnated (increase less than 0.08 or reduces less than 0.1); 4) retraction between 0.1 and 0.2; 5) reduce ratio in 0.2 or more.

5 The cuts used to produce **The haves and the have-nots** chart were: *Percentage of children reaching the 5<sup>th</sup> grade*: 1) 80% or more; 2) 75% to 80%; 3) 60% to 75%; 4) less than 60%; *Net primary enrolment ratio*: 1) 95% or more; 2) 85% to 95%; 3) 75% to 85%; 4) less than 75%; *Life expectancy*: 1) over 70 years; 2) 60,1 to 70 years; 3) 50,1 to 60 years; 4) 50 years and less; *Infant mortality rate (per 1,000 live births)*: 1) less than 10; 2) 10 to 30; 3) 31 to 46; 4) more than 46; *Mortality rate for children under 5*: 1) less than 15; 2) 15 to 40; 3) 41 to 70; 4) more than 70; *Caloric offer per capita*: 1) more than 3200 daily calories *per capita*; 2) 2700 to 3200 calories; 3) 2300 to 2700 calories; 4) less than 2300 calories; *Percentage of children suffering serious or moderate malnutrition*: 1) up to 6%; 2) 6% to 10%; 3) 10% to 15%; 4) 15% or more; *Access to health services*: 1) up to 75%; 2) 75% to 85%; 3) 86% to 95%; 4) 95% or more; *Percentage of pregnancies attended by trained health personnel for every 1,000 live births*: 1) more than 900; 2) 851 to 900; 3) 750 to 850; 4) less than 750; *Percentage of deliveries attended by trained health personnel*: 1) more than 95%; 2) 85% to 94%; 3) 76% to 85; 4) less than 75%; *Percentage of children under 1 fully immunised*: 1) more than 95%; 2) 85% to 95%; 3) 75% to 85%; 4) less than 75%; *Adult illiteracy*: 1) 5% or less; 2) 5% to 10%; 3) 10% to 20%; 4) more than 20%; *Access to sanitation*: 1) 95% or more; 2) 81% to 95%; 3) 68% to 80%; 4) less than 68%; *Access to drinking water*: 1) 95% or more; 2) 80% to 95%; 3) 70% to 80%; 4) less than 70%; *Female literacy*: 1) more than 90%; 2) 62% to 90%; 3) 34% to 62%; 4) less than 34%; *Official Development Aid (as percentage of GNP)*: near to or at the goal, more than 0.7; below average, 0.69 to 0.3; critical situation, less than 0.3; *Military expenditure*: 1) 0 to 1%; 2) 1 to 2%; 3) 2 to 2,5%; 4) more than 2,5%.

As can be observed from «The haves and the have-nots» chart, Holland, Denmark, Hungary and Norway are among the first. Although some of the more developed countries tend to be at the top of the chart, many have lower positions than some less developed countries. This is the case for countries such as Austria, Italy, Japan, Canada, Australia, France and Belgium, which are among the top 50 in ranking, but get lower grades because of their poor performance in the area of development aid. Or the United States, which is still lower. Among those with a better social situation at the end of the millennium, are some countries of Latin America, Southeast Asia, and the former socialist block. The 5 countries with the worst social situations, in terms of the selected indicators, are Liberia, Angola, Afghanistan, Chad and Mozambique. The situation is critical in many African countries and some Asian countries.

In the «Steps forward, steps back» chart, the resulting organisation is entirely different because of the criteria used to produce this chart. Countries were ranked as a function of absolute progress and setbacks experienced in the selected time period. This way of evaluating «rewards» countries that were relatively less developed but made real efforts and implemented policies to improve their social conditions. In this way, countries such as Liberia, Jordan, Cambodia, El Salvador or Ethiopia appear in the first places. Note that the starting point for the social indicators in each country contributes to its positive achievements, since countries starting at a very low level may, in time period considered, have experienced significant progress. Likewise, for countries already in a very good social situation, the progress will inevitably be lower. This explains, for example, why countries such as Sweden, Belgium, Cuba, Spain, Italy and France are lower on the chart. The merit of this formula of calculation consists in its effective discrimination among less developed countries, between those making greater progress in social development and those that, having started in the same place, do not progress or take steps backwards.

#### GENDER INEQUITY, SOCIAL SPENDING, MILITARY SPENDING AND OFFICIAL DEVELOPMENT AID

There are three charts referring to changes between 1990 and 1997 in the Situation of Women, Social Spending and Defence Spending and a chart on Official Development Aid (ODA), which shows changes in countries from 1994 to 1997. The first chart was formed from three indicators: women's life expectancy, female illiteracy and net female enrolment in primary education. The second chart was built from social spending on health care and education as percentages of GNP (Gross National Product) and from military spending as a percentage of the GNP. Given there is no specific goal, it was decided to classify countries according to a criteria detailed below. The third chart measures increases and reductions in ODA, in terms of the established goal of 0.7% of GNP committed to ODA.

For chart on the situation of women, indicators were treated in the same way as for the goal charts, but generated from gender data. The chart has three columns analogous to the «Progress and Regression» charts for goals 2, 11 and 1b, but instead of using the same icons, categories are re-scaled through colours.

In the chart, Changes in Social and Military Expenditure, it was agreed to qualify the data observed using the average behaviour of the group of countries in each of the three indicators. In this way, the qualifications appearing there are:

- Health: reductions of spending equal or greater to 1 percentage point of the GNP were qualified as a «significantly going backwards;» reductions of up to 1% as «some regression;» those which did not change or changed by a decimal percentage

were qualified as «standing still;» «progressing» refers an increase in health care up to 1%; «significantly progressing» qualifies those with increases of 1% or more;

- Education: reductions in spending greater or equal to 0.4% are qualified as a «significantly going backwards;» reductions of less than 0.4% were «some regression;» those cases where the data did not change or increased up to 0.2% were qualified as «standing still;» increases from 0.3% to 0.5% as «progressing;» and finally, increases greater than half a percentage point as «significantly progressing;»
- Defence: countries that increased military spending by more than half a percentage point are qualified as «significantly going backwards;» those that increased it by 0.3% or less as «some regression;» those that did not change or reduced spending up to 0.3% as «standing still;» those that reduced spending by 0.4% or 0.5% as «progressing;» finally, those that reduced it by 0.6% or more get the rating «significantly progressing;»
- The goal of developed countries to allocate 0.7% of their GNP to Official Development Aid (ODA), is taken together with the change in aid allocations in numeric terms. We give a 5 to those countries that comply with the 0.7% target; a 4 to those that comply but reduce their aid in numeric terms; 3 to those that, while not complying with the 0.7%, increase their aid in relative and numeric terms, 2 to those that reduce their aid as a percentage of GNP, but increase it in numeric terms, and finally, 1 to those that reduce their aid in both aspects.

With regard to women, we can see that the improvement in life expectancy for women is progressing faster than for the other indicators. The reduction of female illiteracy is a goal advancing significantly in only 20 of the considered countries. In relation to the net female enrolment in primary school, there are important

information gaps for both comparable periods (1990–1997), which makes it difficult to evaluate progress or setbacks, even though the progress seems to surpass the setbacks.

Cuba, Hungary, Poland and Spain rank highest in terms of significant progress in the condition of women in the three dimensions considered. European countries (including Eastern Europe) demonstrated the greatest progress in this sense. Some countries, such as China, Mauritius, Nicaragua, South Africa, Trinidad and Tobago, and Tunisia, still show a great deficit in reduction of female illiteracy despite some progress in female life expectancy, female primary enrolment. For the majority of poor countries this goal is still pending. Finally, Tanzania, Uganda, Zambia, Guinea–Bissau, Kenya and Zimbabwe have experienced significant setbacks in life expectancy as well as in the fight against illiteracy.

There has been an increase in spending for education in many countries, but many others have experienced setbacks. This latter group includes Algeria, Cameroon, Chile, Ethiopia, Philippines, Honduras, Malawi, Malaysia, the Maldives, Pakistan, Panama, Seychelles, Singapore, Togo, and Zambia.

Principal setbacks in healthcare spending are in Chile, Pakistan, Senegal, Burkina Faso, Nepal, Nicaragua, Venezuela and Zimbabwe. On the other hand, Bolivia, Colombia, Jordan, Mexico and Argentina have made significant progress. The rest of the countries are in an intermediate situation of relative progress, setbacks or stagnation.

Reduction of military spending has been significant in some countries of Latin America (Chile, Nicaragua, Peru, Panama, Guatemala, El Salvador), Asia (Thailand, Malaysia, Korea, Mongolia) and Africa (Ethiopia, Botswana, Tunisia, Zimbabwe), and even in Iran, India and Pakistan. On the other hand, countries such as Algeria, Burundi, Uganda, Brazil, Kuwait, Sri Lanka, Swaziland or Turkey have increased their spending to a greater degree than the rest. In balance, reduction of military spending is one of the goals that governments have respected most.

Finally, with regard to Official Development Aid (ODA), we observe that the majority of contributing countries **cut their spending significantly**. Even Denmark, the Netherlands, Norway and Sweden, which all had reached the goal in 1994, reduced their ODA spending in relative terms. But certain progress was made in contributing countries that had committed a minimal part of their GNP for aid. This is the case of Belgium, Ireland and New Zealand.