

Introduction to the Millennium Development Goals

At the Millennium Summit in September 2000, the largest gathering of world leaders in history adopted the United Nations Millennium Declaration, committing their nations to a new global partnership to reduce extreme poverty and setting out a series of targets, with a deadline of 2015. These have become known as the Millennium Development Goals (MDGs). In 2007, the MDG monitoring framework was revised to include four new targets agreed on by member states at the 2005 World Summit, namely, full and productive employment and decent work for all, access to reproductive health, access to treatment for HIV/AIDS, and protection of biodiversity. The indicators for these new targets became effective in January 2008. The updated framework is used here to monitor progress toward achieving the MDGs.

The first MDG targets the poor directly—those living on less than \$1 a day—while the next six focus on the underlying causes of poverty, such as lack of access to education, health care, and employment; gender inequality; poor housing conditions; and environmental degradation. The eighth goal is to develop a global partnership for development, and focuses on how the industrialized countries can work with the poorer countries to enhance the latter's standard of living. The MDGs thus complement the Asian Development Bank's vision of a region free of poverty, and its mission to help its developing member countries reduce poverty and improve the quality of life of their citizens. Box 1 lists the eight MDGs and the corresponding targets and indicators for monitoring progress.

Box 1 Millennium Development Goals	
Goals and Targets (from the Millennium Declaration)	Indicators for Monitoring Progress
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below \$1 (PPP) per day ¹ 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below \$1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrollment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary 2.3 Literacy rate of 15–24 year-olds, women and men
Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1-year-old children immunized against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15–24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs

continued.

Box 1 Millennium Development Goals (continued)

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bednets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence, and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7: Ensure environmental sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	7.1 Proportion of land area covered by forest 7.2 CO ₂ emissions, total, per capita, and per \$1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums ²
Goal 8: Develop a global partnership for development	
Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system Includes a commitment to good governance, development and poverty reduction – both nationally and internationally	<i>Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries, and small island developing States.</i> Official development assistance (ODA) 8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income 8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)
Target 8.B: Address the special needs of the least developed countries Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction	8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied 8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes 8.5 ODA received in small island developing States as a proportion of their gross national incomes
Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)	Market access 8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty 8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries 8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product 8.9 Proportion of ODA provided to help build trade capacity
Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	Debt sustainability 8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) 8.11 Debt relief committed under HIPC and MDRI Initiatives 8.12 Debt service as a percentage of exports of goods and services
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13 Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14 Telephone lines per 100 population 8.15 Cellular subscribers per 100 population 8.16 Internet users per 100 population
PPP = purchasing power parity, GDP = gross domestic product, HIV = Human Immunodeficiency Virus, AIDS = Acquired Immune Deficiency Syndrome, CO ₂ = carbon dioxide, OECD = Organisation for Economic Co-operation and Development, DAC = Development Assistance Committee, MDRI = Multilateral Debt Relief Initiative.	
1 For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.	
2 The actual proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of the four characteristics: (a) lack of access to improved water supply; (b) lack of access to improved sanitation; (c) overcrowding (three or more persons per room); and (d) dwellings made of nondurable material.	

To assess progress, all indicators should be disaggregated by sex and urban/rural areas as far as possible. Not all indicators listed in Box 1 are available for all countries. Several new indicators were introduced in the revised monitoring framework. The accompanying tables in Part II contain the indicators currently available on a comparable basis for countries of the Asia and Pacific region.

In monitoring progress, “cut-offs” have been introduced for several targets. For example, the “cut-off” for Target 1.C: *Halve, between 1990 and 2015, the proportion of people who suffer from hunger* is 5%, so that the target is considered to have been achieved if 5% or less of the population is suffering from malnutrition, even though this may not mean that the proportion has been halved. “Cut-offs” have been introduced in recognition of the fact that complete achievement is not practical for several of the targets. The cut-offs used here are listed in Box 2 and are mostly the same as those that were used in the 2007 edition of the *Asia-Pacific MDG Study Series*. Note that Targets 7.A, 7.D, and all those listed under Goal 8 are qualitative rather than quantitative. It is only possible to make assessments in general terms whether the corresponding goals have been achieved.

Box 2 Cut-Off Values for Selected MDG indicators

Indicators	MDG Target	Cut-off
1.9 Proportion of population below minimum level of dietary energy consumption	Reduce by half	5%
2.1 Total net enrollment ratio in primary education	100%	95%
2.2 Proportion of pupils starting grade 1 who reach last grade of primary	100%	95%
3.1 Ratios of girls to boys in primary, secondary and tertiary education	Female / male ratios equal 1.0	0.95
4.1 Under-five mortality rate	Reduce by two thirds	30 per 1000 live births
7.8 Proportion of population using an improved drinking water source (urban)	Reduce by half the proportion without access	5%

Progress toward Targets

In assessing the progress of countries toward reaching the targets, countries have been divided into four groups based on latest available data. The groupings follow those in the 2007 edition of the *Asia-Pacific MDG Study Series*. Similar groupings can also be found in other publications, e.g., *Global Monitoring Report 2008* by the World Bank.

Early achievers

Countries have already achieved the MDG target or the cut-off value where relevant.

On track

Countries are likely to achieve the target by 2015 or earlier provided they continue to move toward the target at the same rate they have achieved between 1990 (or the earliest date for which data are available) and the latest year for which data are available.

Slow progress

Countries are moving toward the target but at a rate that is too slow to achieve the target by 2015.

Regressing

Countries are either at the same distance from the target as they were in 1990, or even further away from it.

Source: UNESCAP et al. (2007).

In order to decide if a country is “on track” or making only “slow progress”, it has been assumed that countries will continue to move toward the target at the same rate that they have achieved since 1990. Progress since 1990 has been calculated as the average annual geometric rate of change over the period between 1990 (or the earliest year available) and the latest year. For example, if X_{1990} and X_{2005} are the values of the target variable in 1990 and 2005, the average annual rate of change, i.e., r , is obtained as $[(X_{2005} / X_{1990})^{(1/15)} - 1] \times 100$. Rates of change can be calculated in other ways, for

example as an arithmetic average $(X_{2005} - X_{1990})/15$, or by fitting a semi-log regression to all the observations available between the earliest and latest years. These alternative calculations could give a different classification of countries between “on track” and “slow progress”, but the differences would in general be quite small. The geometric average is preferred because it is the most widely used method for calculating rates of growth over time.

It is important to remember that the classification of countries into the four categories is provisional and is likely to change as the 2015 target date draws closer. Countries may move into higher or lower categories as data for future years become available. The classification can also change if data for past years are revised.

Finally there are always some countries for which rates cannot be calculated because either they have reported only a single figure or they have not reported at all. Sometimes countries do not report because they believe that they have achieved a particular goal some time ago so that it is no longer relevant for them.

Country Groups

In commenting on progress toward the MDGs, three groups of countries are often singled out for special mention:

- (i) The five most populous countries, namely, Bangladesh, People’s Republic of China, India, Indonesia, and Pakistan, are of special interest because progress by these countries determines the progress of most of the population of the Asia and Pacific region.
- (ii) The 14 Pacific countries are mostly small and isolated and have similar difficulties with each other in meeting their targets.
- (iii) The countries of the former Soviet Union in Central and West Asia are in transition from systems of government characterized by central planning and extensive welfare provision, to market economies in which fewer health and education services are being provided by government. As a result, they have similar experiences with each other in meeting many of the targets.

Data Sources and Comparability with Other Publications

The tables included in Part II contain data that have mostly been compiled by the designated international agencies for the respective MDG indicators. These data have been verified to the extent possible but responsibility for the reliability of the statistics remains with the agencies that are listed as the sources of each table.

Differences in the data and analysis of country progress in meeting the goals that exist between this publication and reports from other organizations may be due to several factors, including data sources, dates when statistics were collected, and methodology.

Selected References

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