Millennium Development Goals Report Card

Learning from Progress






odi
Overseas Development Institute

ENDPOVERTY 2015
millennium campaign

The Big Picture

The last two decades have shown that it is possible to defeat the scourge of poverty. Progress has not been uniform across countries, and there have been setbacks and disappointments. But overall, the rate of progress in reducing poverty and in increasing access to basic health, education, water, and other essential services is unparalleled in many countries' histories.

The Millennium Development Goals (MDGs) have provided an important motivational force and measuring rod for this progress. They were deliberately ambitious, and their achievement would require an unprecedented pace of progress in most countries. The fact that many countries are on track to achieve a significant number of the goals will transform the quality of life for hundreds of millions of people, and should be a sign of hope and a spur to action in others.

This summary is part of initial findings from an ongoing review of development progress, which will include a set of 'MDG indicators to construct league tables' highlighting progress on these indicators. The review will generate comparative analysis that illustrates relative and absolute progress at national, sub-national and regional levels. In addition, a number of analytical case studies will provide a deeper understanding of the nature of progress and its contributing factors.

The analysis is based on the MDG database, with the exception of income poverty data for Africa, which are based on the ReSAKSS database. The data on equity – the distribution of progress within a country – are based on household Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS). Two measures are used to evaluate progress: absolute and relative. Both measures are needed to tell the full story of progress, particularly in low-income countries. Where the available data permit, countries have been compared over the same time period against average annual rates of progress, irrespective of population size.

This summary focuses on progress towards three MDGs and some of the factors contributing to that progress: Goal 1 (eradicating extreme poverty and hunger); Goal 4 (reducing child mortality); and Goal 5 (improving maternal health). Goals 4 and 5 are seen as having a critical role to play in getting all MDGs on track and have been identified as priorities for discussion at the G8 and G20 summits in June 2010.

Most countries are making progress on most of the key MDG indicators (see Figure 1). Since the MDG clock began ticking towards 2015, the proportion of people living in extreme poverty fell from an estimated 1.8 billion in 1990 to 1.4 billion in 2005 (UN, 2009). While the economic situation for many millions of people remains precarious, the direction is unambiguously positive. Equally, the share of children in primary school in low- and middle-income countries has risen from just over 70% to well over 80%. Ninety-five per cent of countries are making progress in reducing child mortality, which overall fell from 101 to 69 per 1000 live births between 1990 and 2007[1]. And, despite wide variation in progress on maternal mortality, access to maternal health services has increased in about 80% of countries.

The key message from many years of working towards the MDGs is that progress is possible. In every aspect of development – even in the least successful of the MDGs reviewed here, on maternal health (Goal 5) – a significant number of countries have made real achievements. Although these statistics are encouraging, the challenge for the remaining five years and beyond is to learn from, and build upon, progress made.

[1] All averages quoted in this note are un-weighted i.e. not accounting for population size.

Figure 1 : Proportion of countries progressing or regressing on MDGs (low- and middle-income countries)

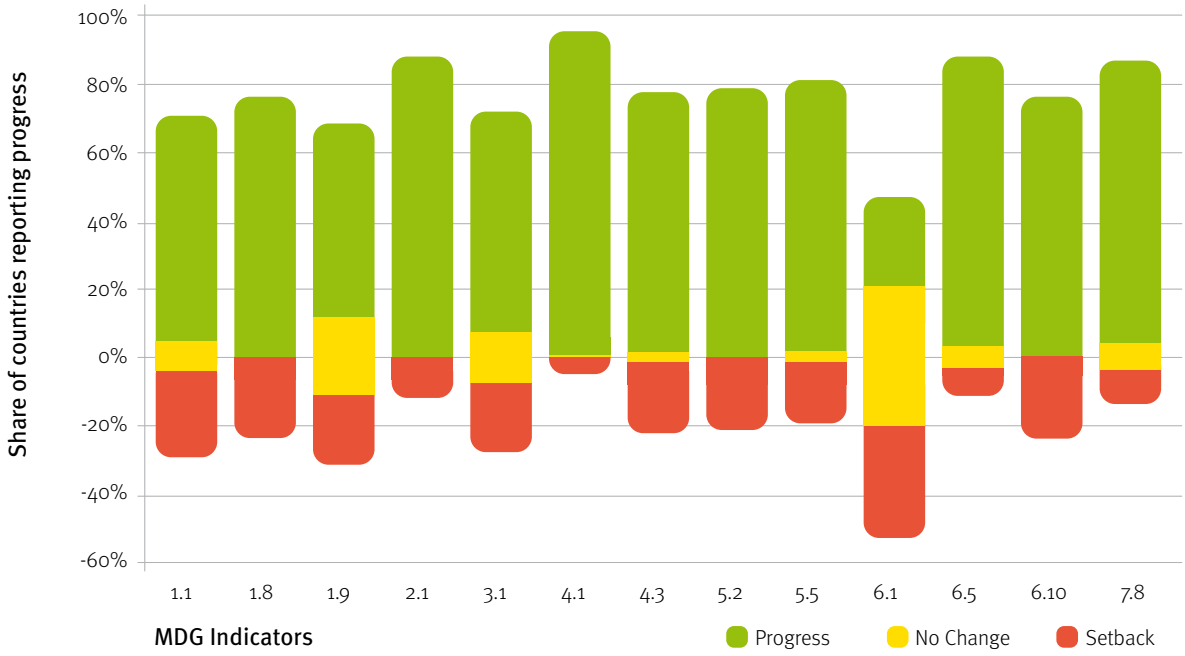

Figure 2 : Proportion of countries in Sub-Saharan Africa progressing or regressing on MDGs

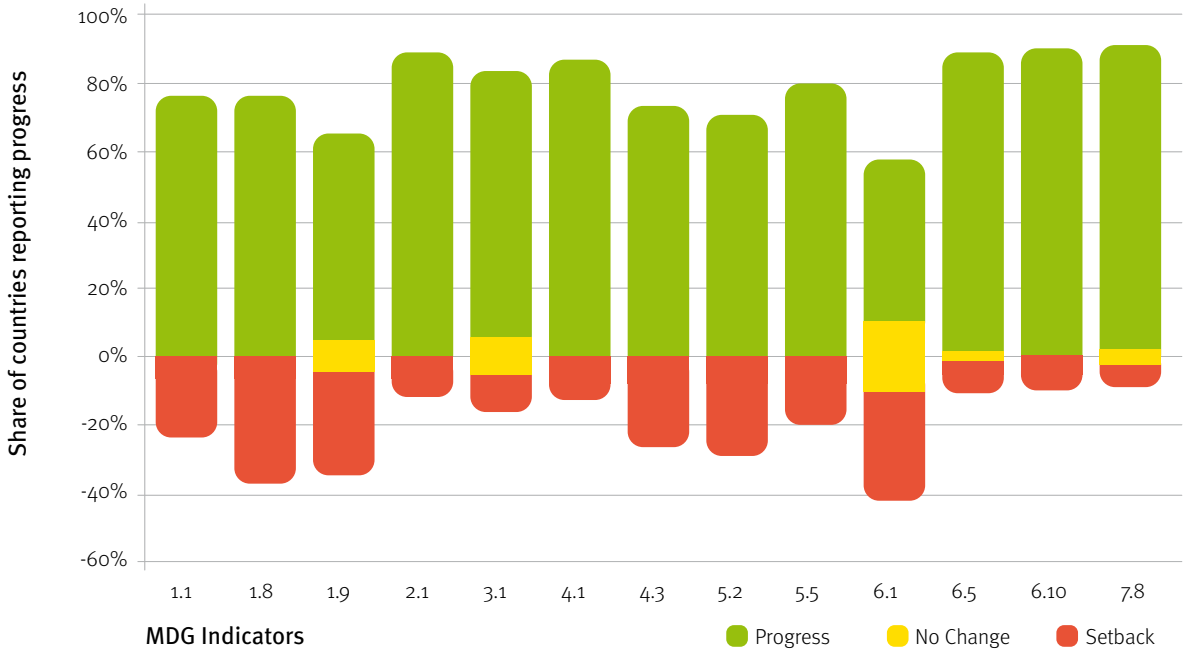

Table 1 offers a snapshot of which countries are making the most progress overall in meeting the MDGs, based on a simple aggregation of the rankings of the annual rate of progress for selected MDG indicators[2]. Such aggregation is fraught with the obvious problems of adding dissimilar indicators, and of treating all countries as a single unit regardless of the size of their population, but it is nonetheless suggestive of where to find some of the most significant achievements.

It shows the top 20 countries in rankings against both absolute progress and relative progress. Absolute progress measures which countries have reduced the largest share of the population living in extreme poverty, for instance, or increased primary school enrolment rates by the largest number of percentage points. Relative progress measures progress against the MDG target – for example, which countries have come closest to halving child mortality, or to closing the gap in achieving universal primary education. Low-income countries, especially in Africa, tend to rank top in absolute progress, while middle-income countries tend to do better in closing the gap.

These aggregate indicators mask the detailed achievements, and so the remainder of this summary focuses on three MDGs: eradicating extreme poverty and hunger (Goal 1), reducing child mortality (Goal 4) and improving maternal health (Goal 5). Table 2 summarises the indicators considered for these three goals.

[2] Annual rates of progress are calculated by dividing the total rate of progress by the number years for which data is available. Where possible equal data periods have been considered.

Table 1 : Absolute and Relative Overall Progress on the MDGs: Top 20 Achievers*

Top 20 Absolute Progress		Top 20 Progress Relative to MDG Targets	
Benin	Bangladesh	Ecuador	Kazakhstan
Mali	Honduras	China	Sri Lanka
Ethiopia	Mauritania	Thailand	Cuba
Gambia	Ghana	Brazil	Mexico
Malawi	China	Egypt	El Salvador
Viet Nam	Burkina Faso	Viet Nam	Benin
Uganda	Rwanda	Honduras	Chile
Nepal	Nicaragua	Belize	Malawi
India	Guatemala	Nicaragua	Gambia
Cambodia	Togo	Armenia	Guatemala

*Note: This ranking is based on a simple aggregation of rankings across the first seven MDGs (using one indicator per goal and an additional indicator on hunger for Goal 1): 1.1 (poverty), 1.8 (hunger); 2.1 (education); 3.1 (gender disparity); 4.1 (child mortality); 5.2 (maternal mortality); 6.1 (HIV AIDS) and 7.8 (water).

Table 2 : Indicators used for Assessment of Progress

Goal	Indicator	
Goal 1: Eradicate extreme poverty and hunger	1.1	Proportion of population living on less than $1 per day
	1.8	Prevalence of underweight children under five years of age
	1.9	Proportion of population below minimum levels of dietary energy
Goal 4: Reduce child mortality	4.1	Under-five mortality rate
	4.3	Proportion of one- year-old children immunised against measles
Goal 5: Improve maternal health	5.2	Proportion of births attended by skilled health personnel
	5.3	Antenatal care coverage

MDG 1:
Eradicate extreme poverty and hunger

Extreme poverty in developing countries has fallen since the 1990s. Poverty has been reduced in 66% of low- and middle-income countries and 76% of African countries, and many low-income countries have shown strong (absolute) progress from a low base (see Table 3).

In terms of (relative) progress against the target, countries in Asia performed best since the early 1990s. The huge reduction in the number of poor in China is particularly noteworthy. Several African countries have also made strong relative progress, and the average proportion of people living in poverty declined from 52% in 1990 to 40% in 2008. Ten African countries have already halved their poverty rate, including relatively populous countries such as Ethiopia and Egypt, and post-conflict countries such as Angola. Half of the African countries for which data exist have been reducing the poverty rate by at least two percentage points per year, which puts them on track to meet the MDG target of halving poverty. By contrast, in a small number of countries, such as Nigeria and Zimbabwe, the proportion of the population living in extreme poverty has risen.

Progress is more mixed on the third target for Goal 1: halving the proportion of people who suffer from hunger. Just over half of the countries have made progress in reducing undernourishment and 75% have reduced the number of under-fives who are underweight. Progress rates needed to halve the proportion of children who are underweight by 2015 have been reached in 44% of countries[3]. The strongest relative progress in reducing overall undernourishment was made in South-East Asia, Latin America, and the Commonwealth of Independent States (CIS). Ghana tops the relative progress chart and six sub-Saharan African countries are in the top ten in terms of absolute progress (see Table 4).

In a number of countries the reductions in hunger are small, however, and disparities are great. Ghana cut hunger levels by 75% between 1990 and 2004, while the prevalence of hunger in the Democratic Republic of Congo (DRC) more than doubled to 76% over the same period. Throughout Africa the progress on reducing hunger has been slow (and has often regressed) and its prevalence in sub-Saharan Africa remains a major concern. In 2004, an average of 28% of people were undernourished, only slightly down from 31% in 1990, and compared to an average of 18% in low- and middle-income countries as a whole.

[3] It should be noted, however, that progress on this goal is likely to be affected by the food and financial crises.

Table 3 : Absolute and Relative Progress in Extreme Poverty: Top Ten Achievers

Proportion of pop. below $1/Day (1.1)

Absolute Annual Percentage Point Progress	Annual Progress Relative to MDG Targets
Gambia	Tajikistan
Tajikistan	Gambia
Viet Nam	Azerbaijan
Pakistan	Armenia
China	Ecuador
Mali	Thailand
Senegal	Viet Nam
Ethiopia	Costa Rica
Central African Rep.	China
Guinea	Pakistan

Table 4 : Absolute and Relative Progress in Reducing Hunger: Top Ten Achievers

Proportion of population below min. level of dietary energy consumption (1.9)

Absolute Annual Percentage Point Progress	Annual Progress Relative to MDG Targets
Georgia	Ghana
Nicaragua	Georgia
Djibouti	Kyrgyzstan
Ghana	Saint Vincent and the Grenadines
Myanmar	Guyana
Armenia	São Tome and Principe
Ethiopia	Solomon Islands
Mozambique	Nicaragua
Chad	Myanmar
Angola	Azerbaijan

Viet Nam: Progress in eradicating extreme poverty and hunger

- Achieved average growth rates of 7.4% per year between 1990 and 2008, coupled with a dramatic reduction in poverty. The proportion of people living on less than $1/day declined from 63% to 21% between 1993 and 2006. This ranks Viet Nam third among all low-income countries and first in East Asia in terms of absolute poverty reduction.
- The proportion of underweight children fell by two percentage points annually between 1994 and 2006, from 45% to 20%, placing Viet Nam second among all low-income countries and first in East Asia.
- Economic success presents the challenges of rising inequality (urban v rural; poor v middle income; ethnic minorities v majority population), and pressures on the natural environment.

MDG 4: Reduce child mortality



Globally, the under-five mortality rate (U5MR) fell by 30% between 1990 and 2007, with 95% of countries improving their child-survival rates. Large absolute reductions in under-five mortality have occurred in regions with the highest initial mortality rates, such as sub-Saharan Africa and South Asia. Performance in Western and Eastern Africa has been particularly impressive, with average annual reductions of 2.64 and 2.16 per 1000 live births. Significant relative reductions in child mortality can be found in regions with relatively lower initial mortality rates, including North Africa, South-East Asia, and Latin America.

Despite strong progress, sub-Saharan Africa is the only region registering an increased U5MR, in Cameroon, Central African Republic, Chad, Congo, Kenya, and Zambia. All 36 countries with child mortality rates above 100 per 1000 births are in sub-Saharan Africa, with the exception of Afghanistan and Myanmar.

Child immunisation has expanded dramatically since 1990, with 63 countries in 2007 recording at least 90% coverage (up from just 13 in 1990), and 18 countries reporting universal coverage. A number of sub-Saharan African countries are in the top ten in terms of absolute progress, but immunisation coverage also declined in 11 countries since 1990. Immunisation rates for one-year-olds have also fallen in China and Viet Nam, with India reporting the lowest level of immunisations in South Asia.

Table 5 : Absolute and Relative Progress in Reducing U5MR: Top Ten Achievers

Under-five Mortality Rates (4.1)

Absolute Annual Percentage Point Progress	Annual Progress Relative to MDG Targets
Niger	Thailand
Angola	Peru
Malawi	Viet Nam
Lao DPR	Maldives
Bangladesh	Turkey
Nepal	Indonesia
Timor-Leste	Brazil
Ethiopia	Morocco
Maldives	Ecuador
Guinea	Egypt

Malawi: Progress in reducing child mortality

- Achieved significant progress in improving in child health and cutting the prevalence of HIV and AIDS. The under-five mortality rate fell from 209 deaths per 1000 live births in 1990, to 111 in 2007 – placing it third in terms of absolute reductions across all low and middle income countries, first in its region and second among low-income countries.
- Progress has been equitable and has benefitted the poorest.

MDG 5: Improve maternal health



Data on maternal mortality remain unreliable and out of date. Birth attendance by a qualified health professional is thus used here as the best available (and reasonably accurate) proxy. Top performers in absolute terms started from a relatively low average level (48%) and include several sub-Saharan countries that have increased their coverage by an average of between 1.8% and 2.4% each year. The top performers in terms of relative progress already had much higher initial coverage rates (average 93%) and are in the Caribbean, CIS, and some parts of Asia.

The proportion of women who have access to health professionals shows more dramatic variation however than any of the other MDG indicators examined, ranging from 6% in Ethiopia to nearly 100% in a number of countries. In some regions, especially the Caribbean, CIS, and most of Latin America, a high percentage of births are attended by skilled personnel. Professional birth attendance is lowest in sub-Saharan Africa and parts of South and South-East Asia, again with huge variations. In India birth attendance at 47% is in sharp contrast with China's 98% coverage. Progress has been relatively slow or has even reversed in some cases, including Sudan, where coverage fell from 86% to 49% between 1991 and 2006.

Performance in antenatal care has been stronger than in birth attendance. There are top performers in terms of relative progress in various regions, including a few countries that started from a relatively low base. For example, Bhutan increased its coverage from 51% to 88% between 2000 and 2007. Some of the top performers in absolute terms more than doubled their rates of coverage between the mid-1990s and mid-2000s, including Cambodia and Morocco. Some of the lowest levels of antenatal care are found in Asia, but with wide variation. Lao DPR has only 35% coverage while in Sri Lanka coverage is universal.

Table 6 : Absolute and Relative Progress in Professional Birth Attendance: Top Ten Achievers

Proportion of births attended by skilled personnel (5.2)

Absolute Annual Percentage Point Progress	Annual Progress Relative to MDG Targets
Bhutan	Belarus
Iraq	Saint Vincent and the Grenadines
Morocco	Grenada
Egypt	St Kitts and Nevis
Cape Verde	Saint Lucia
Angola	Mongolia
DRC	Belize
Indonesia	Iran
Benin	Iraq
Belize	Uzbekistan

Bangladesh: Progress in improving maternal health

- Halved maternal mortality rates since the 1980s, although these remain very high at 320 per 100,000 live births
- Reduced the total fertility rate from seven children per woman in 1978 to almost two in 2008, along with achieving greater contraceptive use
- Rapid urbanisation and an ageing population will pose new challenges as the focus to date has been on rural areas

Who has benefitted?

While progress has been strong in many countries, it has not always benefitted those who need it most. There are wide disparities between rich and poor, male and female, and rural and urban populations. Preliminary data show that reductions in child malnutrition and improvements in child survival in particular have not always benefitted the poorest. In some countries (e.g. Mauritania) the proportion of underweight children in the poorest households actually increased, despite aggregate progress. More positively, Malawi, Mali, and Niger are examples of countries that have achieved progress while also improving equity in child nutrition and survival. Progress in the provision of maternal health services has tended to be more equitable than in child health, and equity has generally improved in countries making good progress against this indicator, such as Benin, DRC, Egypt, and Morocco. Equity in antenatal coverage has improved in 60% of the countries for which data exist, with Cambodia making the largest improvement in terms of the distribution of its antenatal care across income groups.

While strong progress has been made on gender equity in primary education (Goal 3), in particular in Africa, disparities remain more severe in child nutrition and child health. In 70% of countries, either more girls or more boys are undernourished, and in some cases overall progress on child nutrition has coincided with a growing gender gap. In Bangladesh, one of the top performers in terms of reducing child undernourishment, there were 10% more girls who were undernourished than boys. In more than half of all countries the gender divide in child mortality has widened. In some cases, gender disparities in child nutrition and health show regional patterns. For example, undernourishment affects boys disproportionately in sub-Saharan Africa, while the reverse is the case in South Asia.

How has progress been achieved?

The MDG Report Card is part of a larger project that looks into progress in several countries and how it is being achieved. Findings from some initial case studies suggest that contributing factors include:

- Consistent leadership committed over an extended period of time to reducing poverty, backed by strong implementation and human capacity.
- Sound macro-economic policies, open trade, and recognition and active management of the complementary roles of market and state.
- Long-term institutional reform aimed at making the public sector accountable to citizens, and devolution of responsibility and accountability to local levels.
- Prioritisation of investment in human development, and protection of budgets in health and education.
- Active community and civil society participation, encouraged by government.
- Openness to new technologies, and support for innovation, adaptation, and scaling up.
- Support from, and partnership with, the international community including government and non-government agencies.
- These and other factors will be explored in depth in a report to be published later this year.

Project information:

This note is part of a larger project reviewing development progress over the past two decades. A report presenting a detailed score card for the MDGs will be published in September 2010, and a set of case studies will be published later in the year. The project is financed by the Bill & Melinda Gates Foundation and (MDG Report only) the UN Millennium Campaign, and conducted by the Overseas Development Institute (ODI). For information, please contact Liesbet Steer (l.steer.ra@odi.org.uk) or Matthew Geddes (m.geddes@odi.org.uk). The views presented do not necessarily represent the views of ODI.

This report is based on research funded in part by the Bill & Melinda Gates Foundation. The findings and conclusions contained within are those of the authors and do not necessarily reflect positions or policies of the Bill & Melinda Gates Foundation.

 Printed on Recycled Paper Design: www.wilddogdesign.co.uk

UN Millennium Campaign

AFRICA
Charles Abugre Akelyira - UN Millennium Campaign
Bishop Josiah Kibrah House, All Africa Conference of Churches (AACC)
Waiyaki Way
PO Box 14202 00800, Nairobi, Kenya
Tel: +254 (0) 20 44 53 440, Fax: +254 (0) 20 44 53 444
charles.akelyira@undp.org

ASIA
Minar Pimple - UN Millennium Campaign
Rajasamnern Nok Avenue, Bangkok 10200, Thailand
Tel: +66 (0) 2 288 2806, Fax: +66 (0) 2 288 1052
minar.pimple@undp.org

EUROPE
Marina Ponti - UN Millennium Campaign
UNDP/UNOPS c/o FAO, Building E-First Floor
Via delle Terme di Caracalla, 1, 00153 Rome, Italy
Tel: +39 (0)6 5705 6597, Fax +39(0)6 5705 3007
marina.ponti@undp.org

NORTH AMERICA
Anita Sharma - UN Millennium Campaign
1800 Massachusetts Ave., NW, Suite 400
Washington, DC 20036, USA
Tel: +1-202-887-9040, Fax: +1 202-877-9021
anita.sharma@undp.org

GLOBAL
Sering Falu Njie - UN Millennium Campaign
304 E 45th Street, 6th Floor, New York, NY 10017 USA
Tel: +1 212-906-6024, Fax: +1 212-906-6057
sering.njie@undp.org

www.endpoverty2015.org

The UN Millennium Campaign was established by the UN Secretary General Kofi Annan in 2002. The Campaign supports citizens in their efforts to hold their governments to account for the achievement of the Millennium Development Goals. The Millennium Development Goals were adopted by 189 word leaders from the north and south, as part of the Millennium Declaration which was signed in 2000. These leaders agreed to achieve the goals by 2015. Our premise is simple: we are the first generation that can end poverty and we refuse to miss this opportunity.

Overseas Development Institute
111 Westminster Bridge Road
London SE1 7JD, UK

Tel: +44 (0)20 7922 0300
Fax: +44 (0)20 7922 0399

odi@odi.org.uk
www.odi.org.uk