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The Millennium Development Goals IN ARAB COUNTRIES

All Arab states agree that human development is a fundamental aspiration. In affirmation of this commitment, all countries in the region adopted the Millennium Declaration from which the eight Millennium Development Goals (MDGs) are derived.

The MDGs include a selection of numerical and time-bound targets that encapsulate people's most basic aspirations for a better life. Between 1990 and 2015, countries agree to halve income poverty and hunger; achieve universal primary education; promote gender equality; reduce under-five mortality by two-thirds; cut maternal mortality by three-quarters; combat HIV/AIDS, malaria and tuberculosis; ensure environmental sustainability; and build a global partnership for development.

"AND I SAY THAT LIFE IS INDEED DARKNESS SAVE WHEN THERE IS URGE, AND ALL URGE IS BLIND SAVE WHEN THERE IS KNOWLEDGE, AND ALL KNOWLEDGE IS VAIN SAVE WHEN THERE IS WORK..."

GIBRAN KHALIL GIBRAN
Lebanese poet (1883-1931)

PROGRESS TO DATE

Over the last few decades, the Arab countries have made progress towards many of the MDGs. Literacy rates for the 15-24 years old steadily increased from 35 per cent in 1970 around to 77 per cent in 2001. Life expectancy soared from 51 to 68 years between 1970 and 2001. New infrastructure extended access to safe water to 83 per cent of the population, while sanitation networks spread to 87 per cent of the urban population.

However, progress began faltering in the 1990s. The proportion of children in primary school stalled around 80 per cent, while the ratio of girls to boys in primary and secondary education inched slowly upward. Maternal mortality figures remained high at 500 per 100,000 live births.

Today, the Arab states face significant development challenges. About 10 million children still do not go to school. Even though women's access to education has tripled since 1970, gender disparities persist. Over half of women remain illiterate; women occupy less than five per cent of the seats in Arab legislatures.

Progress has been uneven across the region and within each country. Regional aggregation is not often telling of how individual countries are performing, or how socio-economic groups are benefiting from 'average' progress. Several countries are successfully addressing education, health and housing needs. Others, however, continue to be afflicted by poverty, ignorance, disease and hunger; all areas that call for immediate attention if they are to reach the MDG targets by 2015.

The report documents the level as well as the recent trends for several of the MDG targets. The former is depicted in dot-diagrams, the latter in bar-diagrams. When reading the two in conjunction, it often appears that the countries with lower levels of human development made the least progress during the 1990s; which means that the social and economic picture across the region has steadily grown less homogeneous. The gaps within and among countries will need to be narrowed in order to reach the MDG targets, improve people's everyday lives, strengthen human security and achieve sustainable human development.



GOAL 1

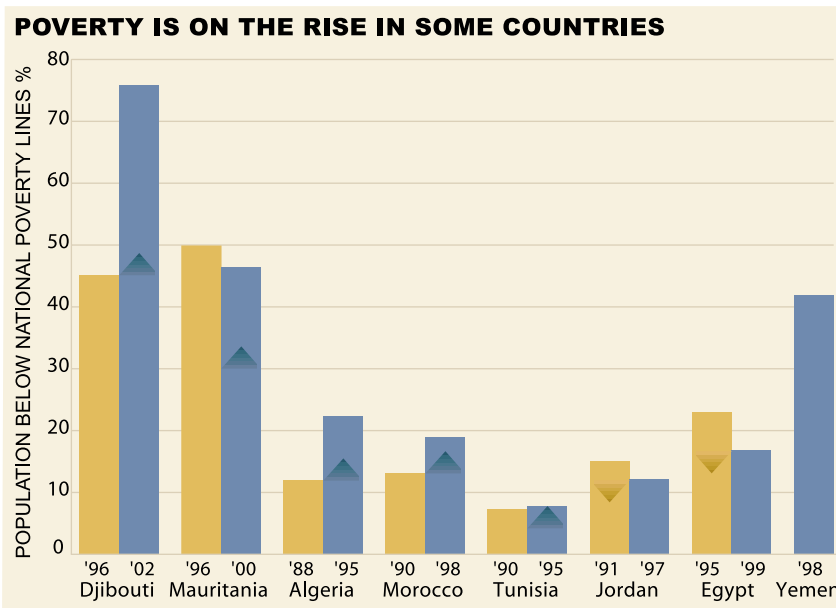
ERADICATE EXTREME POVERTY AND HUNGER



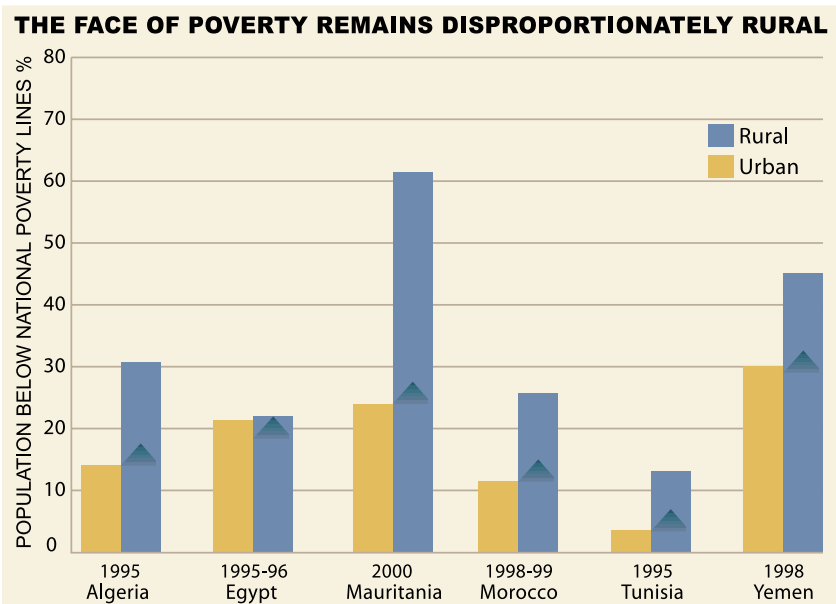
UNICEF/HQ/04/661 / GIANCO PIRAZZI



TARGET: HALVE, BETWEEN 1990 AND 2015, THE PROPORTION OF PEOPLE WHOSE INCOME IS LESS THAN ONE DOLLAR A DAY



Source: based on World Bank 2003 (earlier figures for Yemen not available)



Source: based on World Bank 2003 and National Statistics

Mapping the true dimensions of income poverty in the Arab states is a complex task. The World Bank has published income poverty estimates for seven countries based on national poverty lines. The most recent figures indicate that poverty affects around 10 per cent of the population in Jordan and Tunisia, about 20 per cent in Algeria, Egypt and Morocco, 40 per cent in Yemen and 46 per cent in Mauritania.

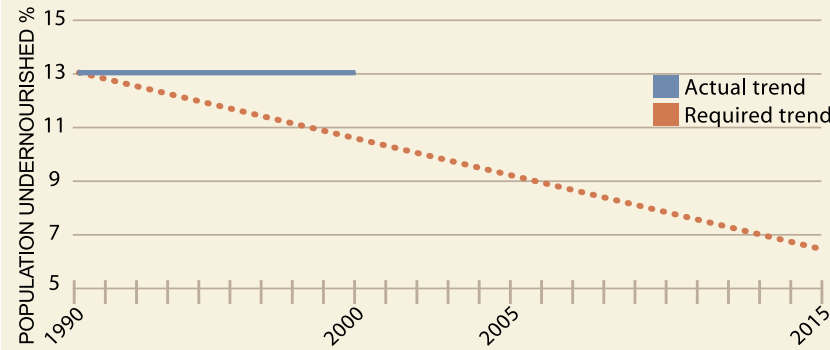
Given recent trends, these figures could rise in the near future. In the second half of the 1990s, the proportion of people struggling to survive in poverty increased in Algeria and Morocco, while remaining constant in Tunisia. Poverty rates almost doubled in Djibouti and remained high in Mauritania. A welcome trend is that income poverty has fallen in Egypt and Jordan.

Fighting poverty in the region will need to focus on social inclusion and policies that create jobs. They will need to reach deep into rural areas since the incidence of rural poverty in most Arab states significantly exceeds that in urban centres.

TARGET:

HALVE, BETWEEN 1990 AND 2015, THE PROPORTION OF PEOPLE WHO SUFFER FROM HUNGER

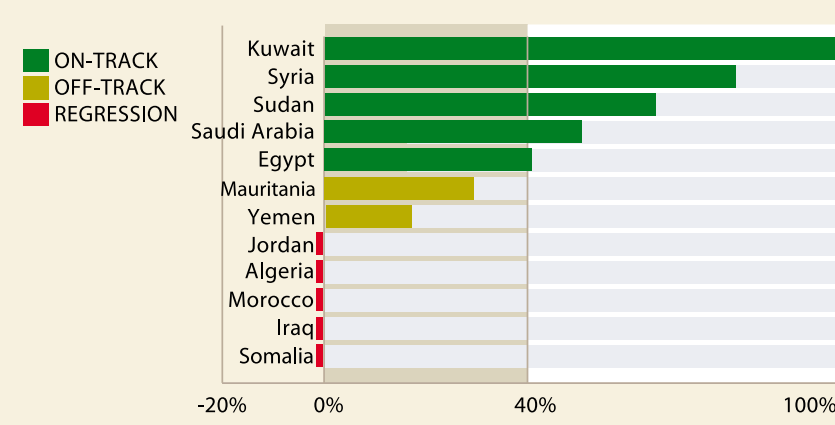
HALVING HUNGER BY 2015 IS NOT LIKELY TO OCCUR



Source: based on Human Development Report 2003 (aggregate figures)

Throughout the 1990s, there was little or no reduction in the proportion of undernourished people. The Arab region will most likely not reach the MDG target. Six countries are clearly not on track, while four have experienced setbacks. On the other hand, several countries are making substantial strides, among them Egypt, Kuwait, Saudi Arabia, Sudan and Syria.

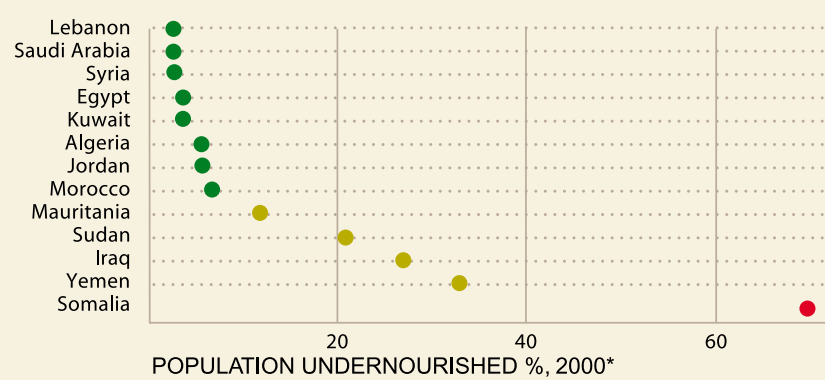
UNDERNOURISHMENT: PROGRESS BETWEEN 1990 AND 2000



Source: based on Human Development Report 2003

In 2000, undernourishment remained relatively rare in nine countries, out of 13 with available information. But in Iraq, Mauritania, Sudan and Yemen, between 1-3 of every 10 people go hungry, and in Somalia more than 7 out of every 10 people are estimated to be undernourished.

HUNGER IS MOST SERIOUS IN 4 COUNTRIES



Source: based on Human Development Report 2003 (aggregate figures) (*1998-2000)

GOAL 2

ACHIEVE UNIVERSAL PRIMARY EDUCATION

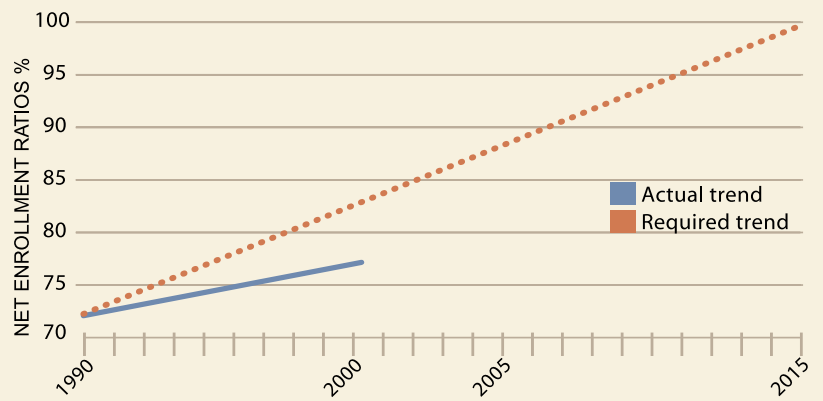
TARGET:

ENSURE THAT, BY 2015, CHILDREN EVERYWHERE, BOYS AND GIRLS ALIKE, WILL BE ABLE TO COMPLETE A FULL COURSE OF PRIMARY SCHOOLING

As a whole, progress during the 1990s was not consistent and was insufficient for the region to meet the MDG target of universal primary education. Six countries, out of 13 with available information, are on track to meeting the 2015 target. In five, the proportion of children in primary school actually decreased.

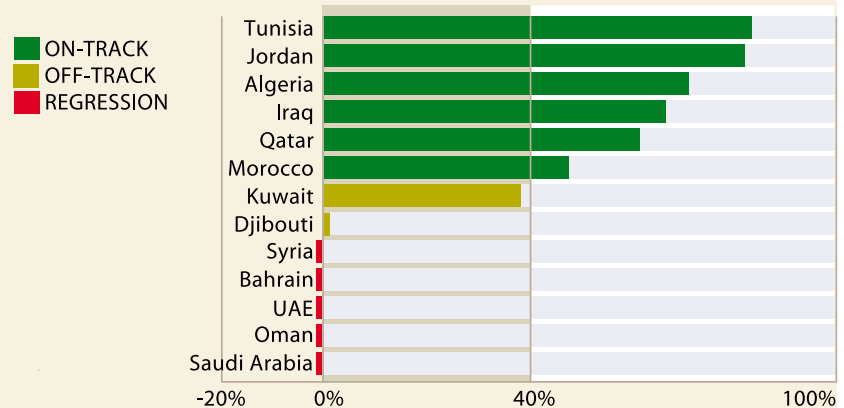
Enrolment ratios in primary education for the region are relatively low, averaging around 80 per cent. But there are several success stories, including Iraq, Jordan and Qatar where the ratio exceeds 90 per cent. Starting from low levels, Morocco and Kuwait have made large gains. And for Algeria and Tunisia, rapid progress from already high levels of enrolment means the education target is within their grasp.

NOT ALL CHILDREN WILL HAVE ACCESS TO PRIMARY SCHOOL BY 2015



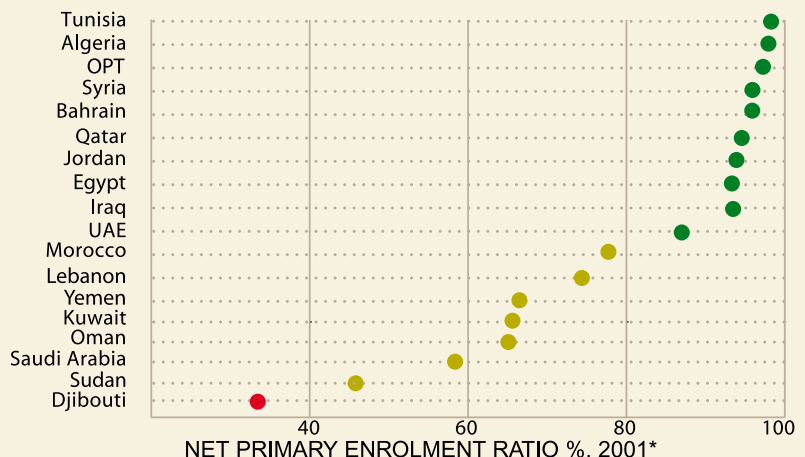
Source: based on Human Development Report 2003

NET ENROLMENT RATIO: PROGRESS BETWEEN 1990 AND 2000



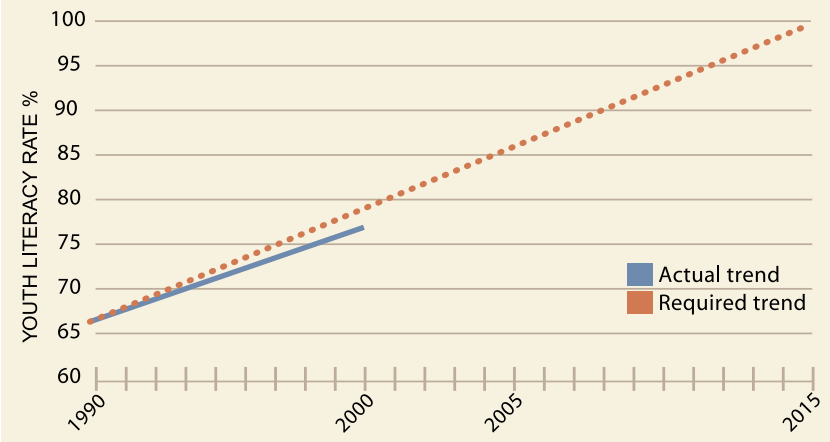
Source: based on Human Development Report 2003

SOME COUNTRIES HAVE HIGH ENROLMENT RATIO WHILE OTHERS ARE FAR BEHIND



Source: based on Human Development Report 2003
(*2000-2001)

THE REGION IS ADVANCING TOWARDS UNIVERSAL YOUTH LITERACY

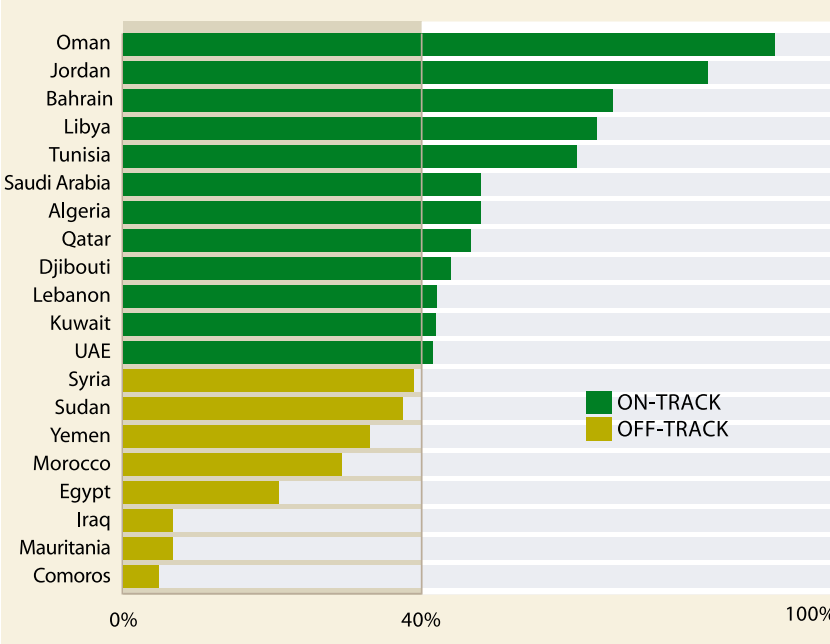


Source: based on Human Development Report 2003



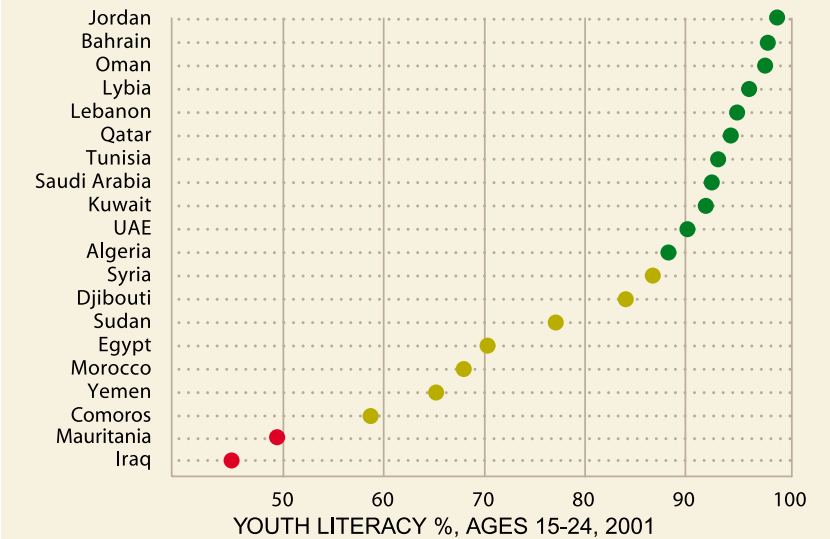
UNICEF/ROC-0417/INC/OLE TOUTOUNI

YOUTH LITERACY: PROGRESS BETWEEN 1990 AND 2000



Source: based on Human Development Report 2003

IN OVER A DOZEN STATES MOST YOUTHS READ AND WRITE



Source: based on Human Development Report 2003

Dropout rates seem to be relatively low in the region, with about nine out of ten children who start primary school remaining until at least the fifth grade.

During the 1990s, six countries achieved significant improvements so that over 95 per cent of their primary school children now reach grade five. However, less than eight of every ten children in primary school attain this level in the Comoros, Djibouti, Mauritania and Morocco. Mauritania and Sudan in particular are grappling with a decade of decreasing efficiency.

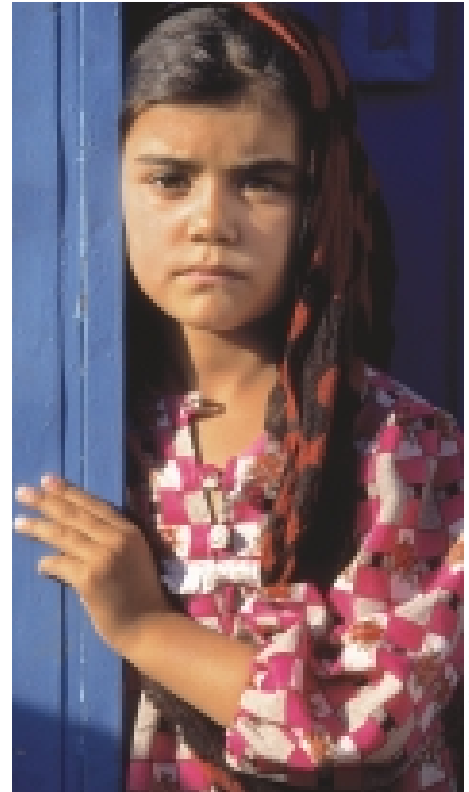
The region is slowly advancing towards achieving full literacy among the young adults aged 15-24. Starting from a regional average of 67 per cent in 1990, 77 per cent of the region's youngsters were literate by 2000. Out of 20 countries, 12 will likely achieve universal youth literacy by 2015. Eight others are advancing at slower rates and they include some of the most populous countries. Extra momentum is needed in Egypt, Iraq, Morocco, Yemen, and especially the Comoros and Mauritania, where slow advancement entrenches already existing low literacy rates.

In several countries, eliminating rural illiteracy is a priority. Algeria, Morocco and Tunisia face an illiteracy rate among rural adolescents that is twice the level for their urban counterparts.

Several inconsistencies emerge from the available data. Some countries report a high youth literacy rate, yet their enrolment ratio is relatively low. Others report high enrolment but also high illiteracy among their youth. Extra investments are needed to obtain better statistics on MDG trends.

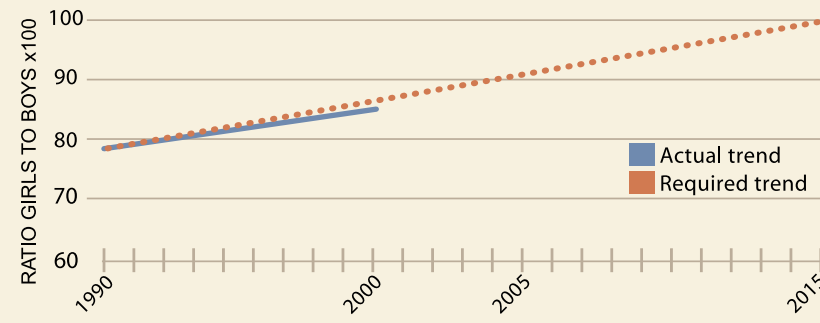
GOAL 3

PROMOTE GENDER EQUALITY AND EMPOWER WOMEN



TARGET: ELIMINATE GENDER DISPARITY IN PRIMARY AND SECONDARY EDUCATION, PREFERABLY BY 2005 AND TO ALL LEVELS OF EDUCATION NO LATER THAN 2015

GENDER EQUALITY IN PRIMARY AND SECONDARY SCHOOLS IS ON TRACK IN THE REGION



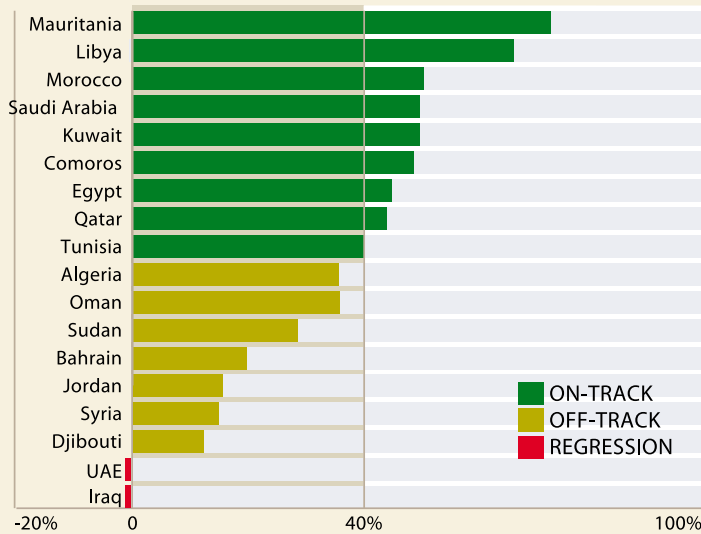
Source: based on Human Development Report 2003

Steady reduction of gender disparities in primary and secondary education means that while the region may not fulfil the MDG target by 2005, it will likely do so by 2015. Gender equality in tertiary education, however, remains a challenge. At this level, there are only seven female students for every ten male students.

The potential for achieving gender equality in primary schools varies. Led by Libya and Mauritania, nine countries will meet the target. Some countries are already close to gender parity, namely Bahrain, Kuwait, Libya and the Occupied Palestinian Territories. Another seven, need to accelerate their rate of advancement, and two countries need to reverse declining trends. In Djibouti, Iraq and Yemen, less than eight girls attend primary school for every ten boys.

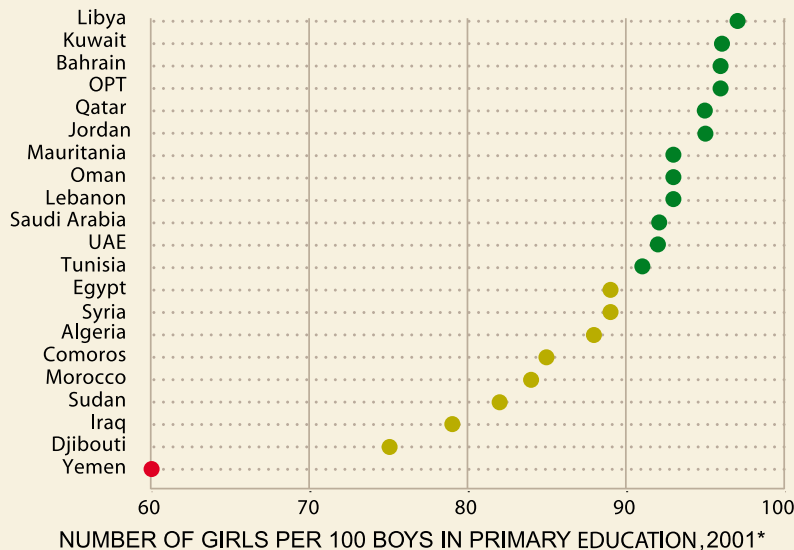
Trends diverge widely for secondary and tertiary education. Secondary schools enrol a maximum of eight girls for every ten boys in the Comoros, Iraq, Morocco and Yemen, yet girls actually outnumber boys in Djibouti, Lebanon and the Sudan. In tertiary education, there are less than three female students for every ten male students in Mauritania and Yemen, but in Bahrain, Kuwait and Qatar there are more female than male students at the university.

GENDER EQUALITY IN PRIMARY EDUCATION: PROGRESS BETWEEN 1990 AND 2000



Source: based on Human Development Report 2003

SEVERAL COUNTRIES ARE CLOSE TO GENDER PARITY IN PRIMARY EDUCATION



Source: based on Human Development Report 2003 (*2000-2001)

LITERACY

Illiteracy in the region affects women disproportionately. Women make up two-thirds of illiterate adults, with most living in rural areas. Concerted efforts towards gender parity in literacy among the younger generations are yielding results. The region is on schedule for the MDG target by 2015; the ratio of literate females to males among the adolescents and young adults increased from 71 per cent in 1990 to 83 per cent in 2001. Five countries have already achieved gender parity in this area, and another ten stand a good chance if recent trends continue. Countries lagging behind include the Comoros, Iraq, Mauritania and Yemen.

EMPOWERMENT OF WOMEN

The average share of women employed in the non-agricultural sector remains modest, not exceeding 20 per cent in most cases. Women's participation is below 15 per cent in Algeria, Bahrain, Saudi Arabia and the United Arab Emirates, and as low as 7 per cent in Yemen. No country currently surpasses 30 per cent.

The number of women working in non-agricultural activities rose during the 1990s, but slowly. In several countries, there was no progress or even regression in this area, as was the case in Morocco and Saudi Arabia.

Gender equality also continues to fall short in the legislative arena. Women occupy only a small percentage of seats (about five per cent) in the region's parliaments. As of 2003 women had not exceeded 12 per cent in any parliament in the region.

GOAL 4

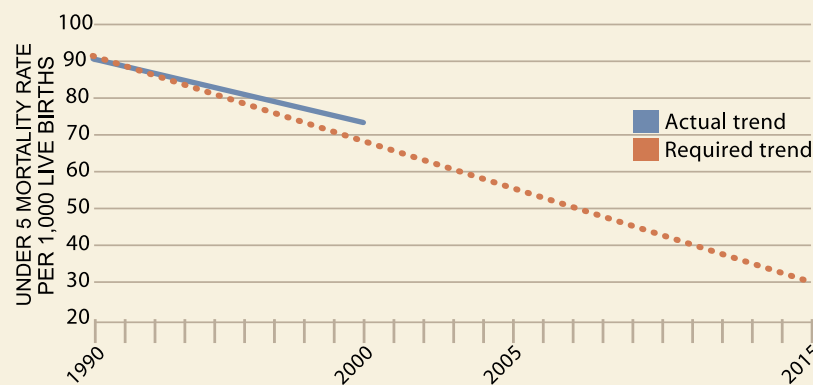
REDUCE CHILD MORTALITY



UNICEF/WHO/5917/NICOLE YOUTOUNJI

TARGET: REDUCE BY TWO-THIRDS, BETWEEN 1990 AND 2015, THE UNDER-FIVE MORTALITY RATE

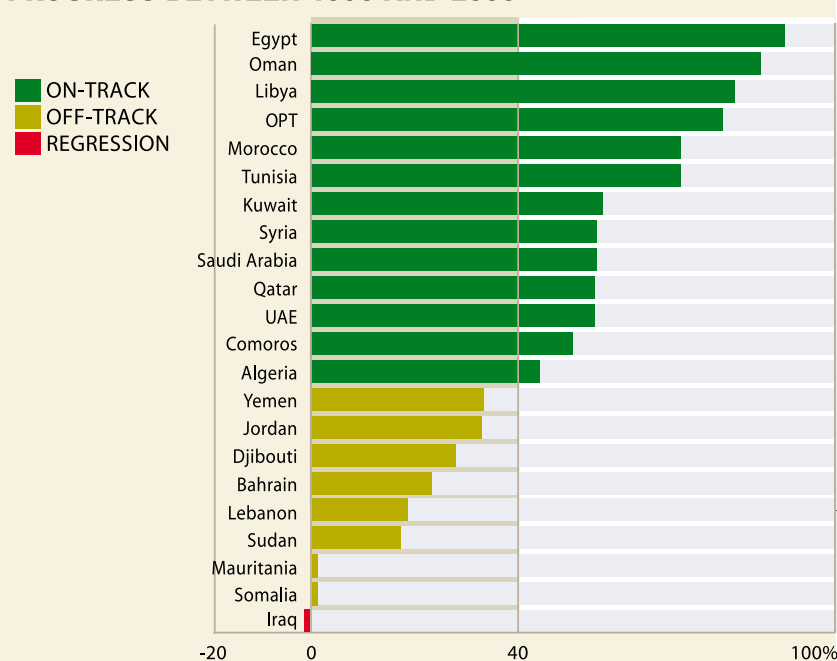
PROGRESS TO REDUCE UNDER-FIVE MORTALITY IS NOT FAST ENOUGH



Source: based on Human Development Report 2003

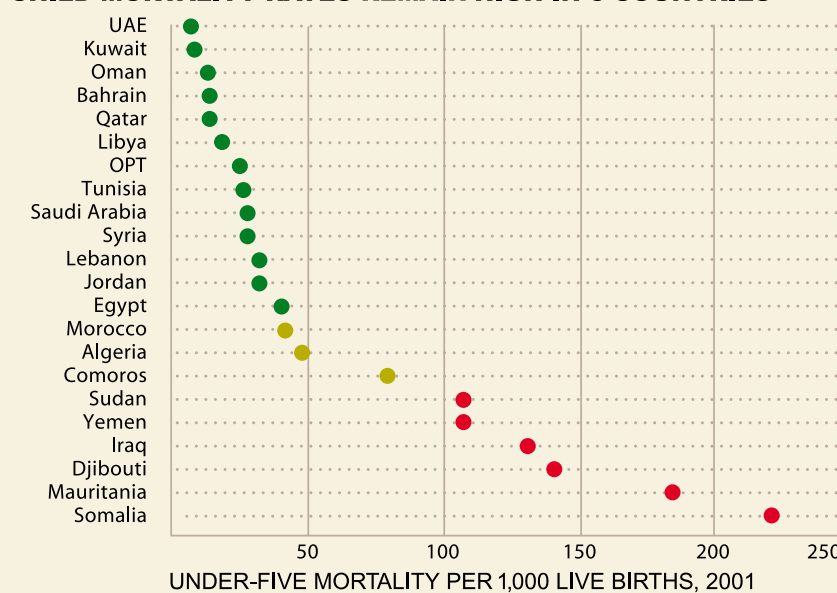
The rate of advancement in the region in reducing under-five mortality was insufficient to achieve the 2015 target. Iraq witnessed a regression. In Djibouti, Mauritania, Somalia and the Sudan progress has stagnated or slowed down. As a consequence, high mortality rates persist with more than one tenth of children dying before their fifth birthday. Improvement has been too slow in Jordan and Yemen, which means they are not likely to meet the MDG target.

UNDER-FIVE MORTALITY RATE: PROGRESS BETWEEN 1990 AND 2000



Source: based on Human Development Report 2003

CHILD MORTALITY RATES REMAIN HIGH IN 6 COUNTRIES



Source: based on Human Development Report 2003

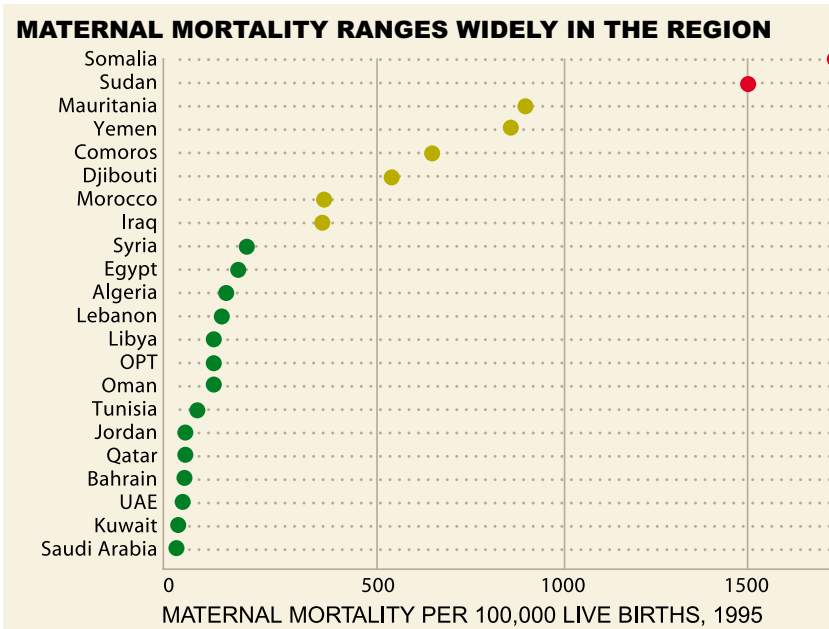
However, other countries have surged forward – 13 will probably reach the target by 2015. In the Comoros, Egypt and Morocco, for example, child mortality was relatively high in 1990 but concerted efforts reduced it to between 40 and 80 deaths per 1,000 live births in 2001. The United Arab Emirates, Kuwait, Oman, Bahrain, Qatar, Libya, the Occupied Palestinian Territories and Tunisia achieved some of the lowest levels of child mortality in the region.

The region's progress in immunising infants against measles improved from a coverage of 77 per cent in 1990 to 84 per cent in 2001. Several countries, including Lebanon, Bahrain, Egypt, Jordan, Kuwait, Morocco, Oman, Saudi Arabia, and the United Arab Emirates have made significant advances, with immunisation coverage exceeding 90 per cent. Countries in need for additional efforts in this area include Djibouti, Somalia and the Sudan.

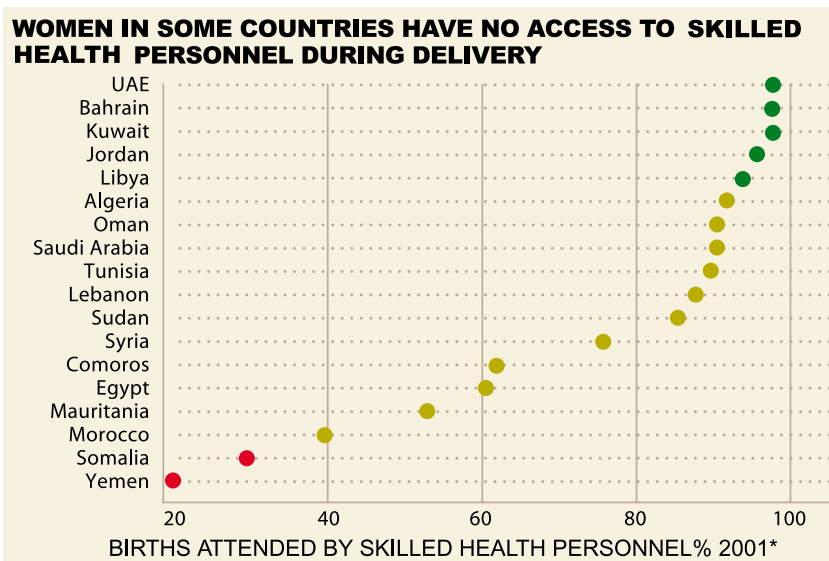
GOAL 5

IMPROVE MATERNAL HEALTH

TARGET: REDUCE BY THREE-QUARTERS, BETWEEN 1990 AND 2015, THE MATERNAL MORTALITY RATIO



Source: based on Human Development Report 2003



Source: based on Human Development Report 2003
(*1995-2001)

No reliable data exist to measure the critical area of maternal health with precision. From the statistics gathered, maternal mortality ratios appear to diverge widely, from less than 50 per 100,000 live births in Bahrain, Jordan, Kuwait, Qatar, Saudi Arabia and the United Arab Emirates, to more than 800 in Mauritania, Somalia, the Sudan and Yemen.

Maternal mortality ratios generally decline when skilled health professionals attend births, the point when they can most efficiently handle emergencies. Despite recent improvements, however, more than a third of women giving birth still do so without professional support in the Comoros, Egypt, Mauritania, Morocco, Somalia and Yemen. By contrast, in Bahrain, Kuwait, Jordan and the United Arab Emirates, more than 95 per cent of births are attended by skilled health personnel.

While the maternal mortality ratio is traditionally one of the most difficult social indicators to measure, it is clear that the Arab region needs to improve data collection. This would shed light, for example, on why some countries with a relatively high percentage of births attended by professionals, such as the Sudan, still struggle with high maternal mortality ratios, and vice versa.



GOAL 6

COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

TARGET: HAVE HALTED BY 2015 AND BEGUN TO REVERSE THE SPREAD OF HIV/AIDS

Information about HIV/AIDS and other sexually transmitted diseases is scattered and insufficient. But according to available data, more than half a million AIDS cases have been reported in the Arab states since the 1980s. Women of all ages account for 55 per cent of them, while young women aged 15-29 comprise up to 45 per cent. The relatively low levels of HIV infection should encourage preventive measures; it would be a tragedy if they were to justify an attitude of silence or complacency. Public awareness campaigns, coupled with detection and treatment measures, are the best way to produce lasting results.

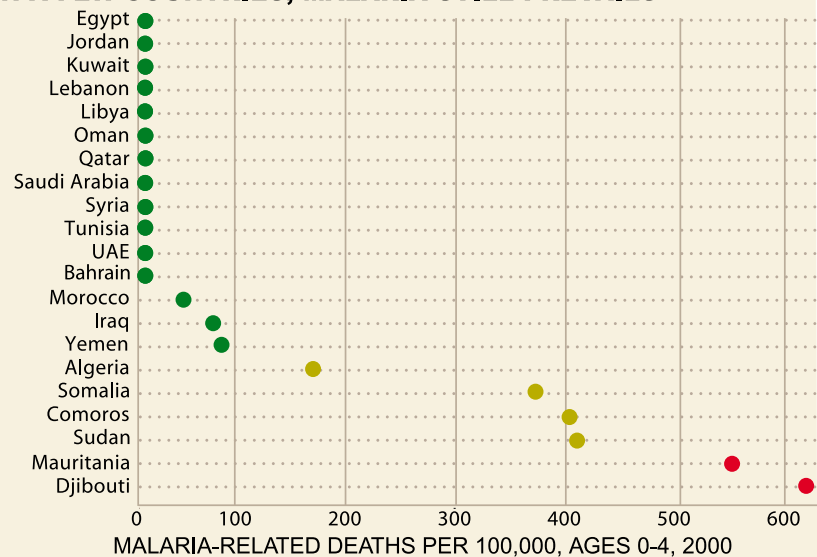
TARGET: HAVE HALTED BY 2015 AND BEGUN TO REVERSE THE INCIDENCE OF MALARIA AND OTHER MAJOR DISEASES.

Malaria is not a major problem for most Arab countries, but for a few countries this is a relative target. The number of malaria-related deaths among children is significant in the Comoros, Somalia and the Sudan, and even more considerable in Djibouti and Mauritania.

Mortality rates related to tuberculosis are limited in most countries. However, several countries exceed the average for developing countries with the hardest hit being Djibouti, Mauritania, Somalia and the Sudan.

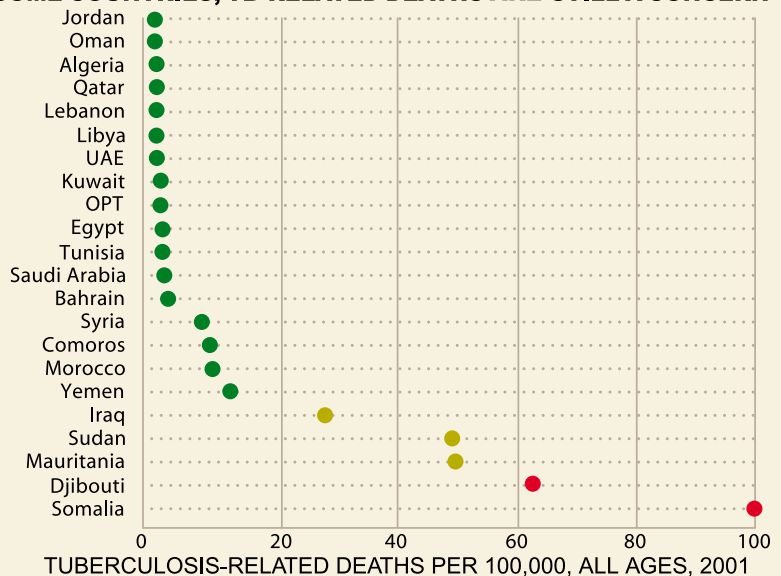
These countries require more intense efforts and public awareness campaigns against tuberculosis. In Somalia, for example, only a third of the cases are detected; fortunately, about eight out of ten of these are cured. Anti-tuberculosis programmes in Djibouti attend two-thirds of all cases, but only cure six out of ten of these.

IN A FEW COUNTRIES, MALARIA STILL PREVAILS



Source: based on Human Development Report 2003

IN SOME COUNTRIES, TB-RELATED DEATHS ARE STILL A CONCERN



Source: based on Human Development Report 2003



GOAL 7



UNICEF/HQ03/0048/SHEHZAD NOORANI

ENSURE ENVIRONMENTAL SUSTAINABILITY

TARGET: INTEGRATE THE PRINCIPLES OF SUSTAINABLE DEVELOPMENT INTO COUNTRY POLICIES AND PROGRAMMES AND REVERSE THE LOSS OF ENVIRONMENTAL RESOURCES

Despite the fragility of the environment in much of the Arab region, only five states have adopted environmental protection strategies. The portion of land devoted to maintaining biological diversity does not exceed 5 per cent in most countries.

Forest coverage is, not surprisingly, very small. At the extremes, forests extend over less than one per cent of Algeria, Qatar, Saudi Arabia and Yemen. In Sudan, however, they blanket about one-quarter of the land. While Tunisia and the United Arab Emirates expanded their forests during the 1990s, coverage is under threat overall, especially in the Comoros, Somalia and the Sudan.

Regional energy efficiency, as measured by the output per unit of energy input, improved throughout the 1990s. But Morocco, Oman, Saudi Arabia and the United Arab Emirates experienced efficiency declines. Economic growth has brought higher levels of carbon dioxide emissions, so air quality has worsened. The per capita increase in emissions was particularly dramatic in Qatar.

An encouraging development has been the reduction of ozone-depleting chlorofluorocarbons in most countries. However, three countries witnessed an increase, with the most challenging trend observed in Libya.



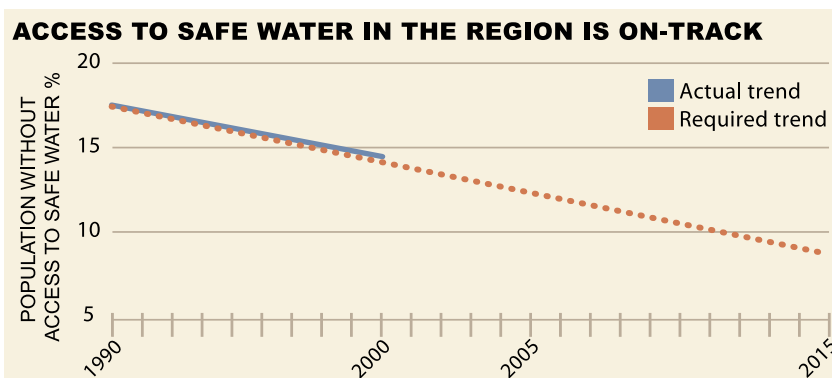
TARGET: HALVE, BY 2015, THE PROPORTION OF PEOPLE WITHOUT SUSTAINABLE ACCESS TO SAFE DRINKING WATER

The region, according to available data for a limited number of countries, seems to be on track to meet the access to safe drinking water target. In rural areas two countries, Lebanon and Djibouti, have already achieved complete water coverage. Three other countries, Comoros, Egypt and the Sudan, are on track to reach the 2015 target. Four countries including Libya, Mauritania, Oman and Tunisia are not advancing at the required pace or are stagnating, while Morocco and Jordan are experiencing setbacks.

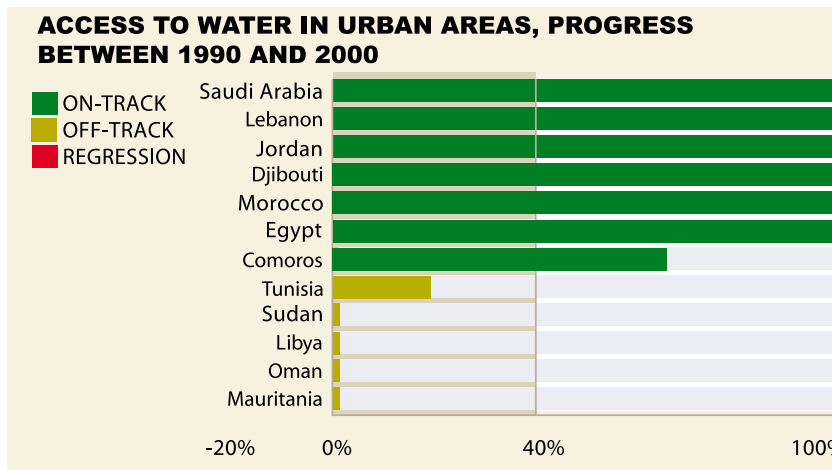
The picture improves in urban areas where, among twelve countries with available data, four - Djibouti, Jordan, Lebanon and Saudi Arabia - have achieved complete water coverage, three, Comoros, Egypt and Morocco, are on track to reach the 2015 target, while five - Libya, Mauritania, Oman, Sudan, Tunisia - are not advancing at the required pace or are stagnating. Across all countries, eight out of ten people now have access to improved water sources, but deficits remain in some places.

In twelve countries, more than 90 per cent of the urban population have access to safe water. Coverage is substantially lower in Libya, the Sudan and Yemen. Mauritania and Oman face the acute problems, as more than half of the urban population do not have sustainable access to safe water and there was only modest progress in the 1990s.

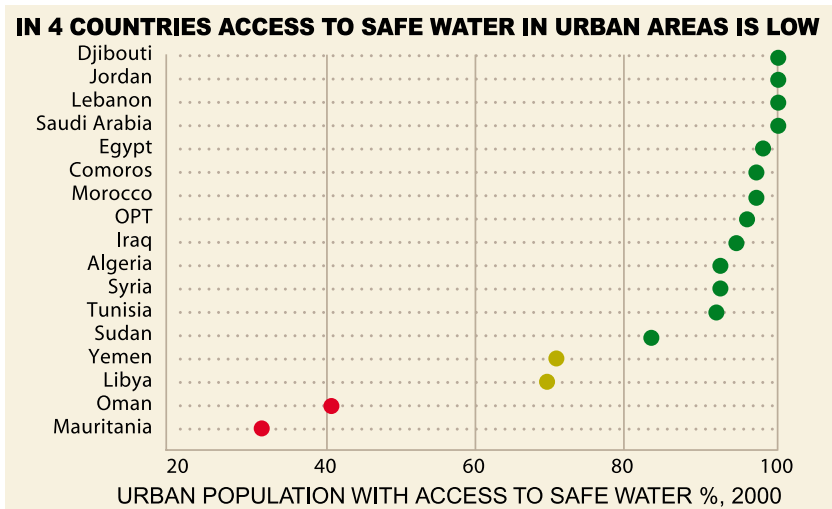
Variations between countries widen in rural areas, where the largest deficiencies persist. In Djibouti, Lebanon, Egypt and the Comoros, almost all rural residents have access to safe water, but there are 7 countries where between 15 and 40 per cent of rural residents do not. In five countries (Iraq, Mauritania, Morocco, Oman and Tunisia), over 40 per cent of the rural population go without safe drinking water.



Source: based on World Bank and Human Development Report 2003

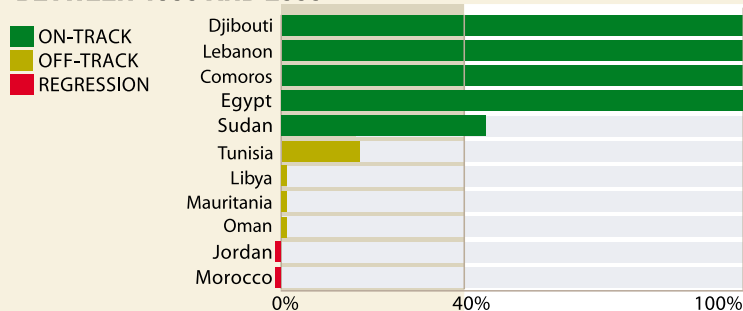


Source: based on Human Development Report 2003



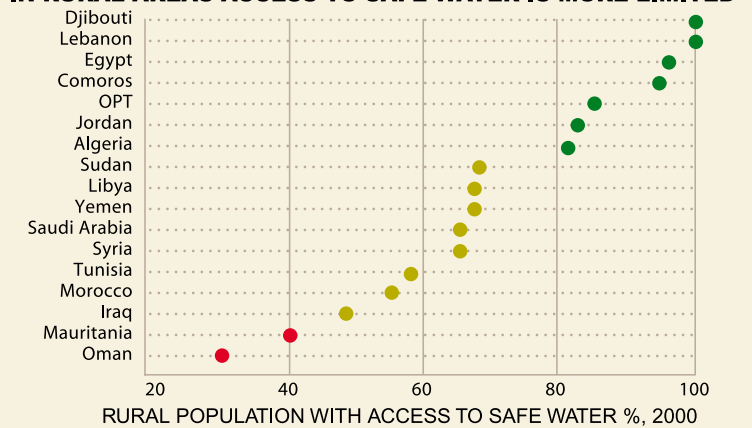
Source: based on Human Development Report 2003

ACCESS TO WATER IN RURAL AREAS, PROGRESS BETWEEN 1990 AND 2000



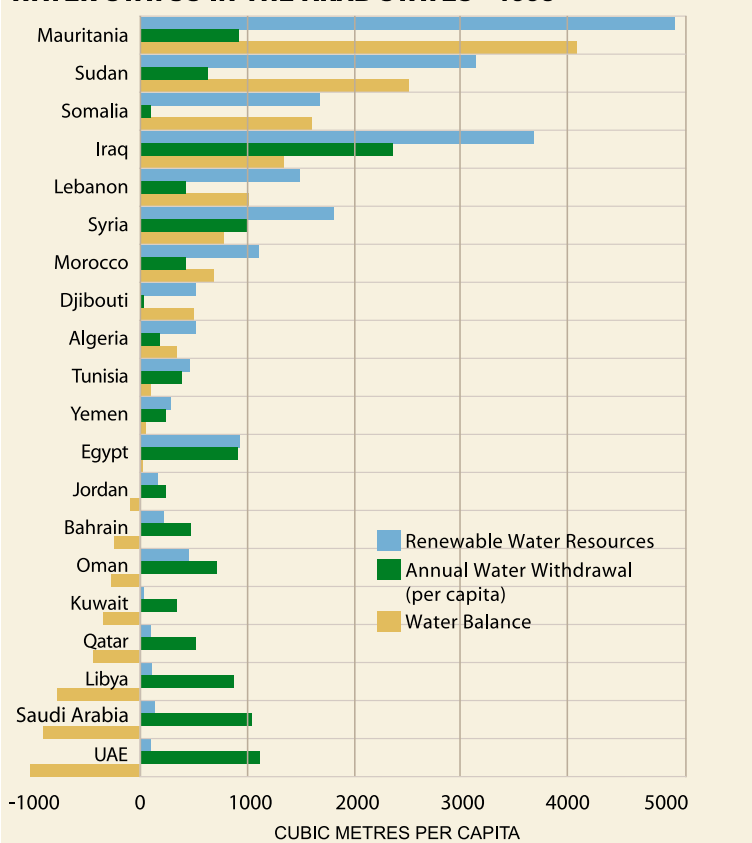
Source: based on Human Development Report 2003

IN RURAL AREAS ACCESS TO SAFE WATER IS MORE LIMITED



Source: based on Human Development Report 2003

WATER STATUS IN THE ARAB STATES - 1995



Source: based on UNDP- Arab Human Development Report 2002

Sustaining the progress towards the water target will be a challenge for the region. At least 15 countries are overusing their renewable and non-renewable water resources. Eight confront an alarming per capita water deficit: Bahrain, Jordan, Kuwait, Libya, Oman, Qatar, Saudi Arabia and the United Arab Emirates.

When water is scarce, all segments of society are affected. Yet poor people suffer most, particularly those who live in rural areas and depend on agriculture. While richer states compensate for deficits through capital-intensive solutions, such as the construction of water desalination plants, poorer countries are literally draining away their limited supplies.

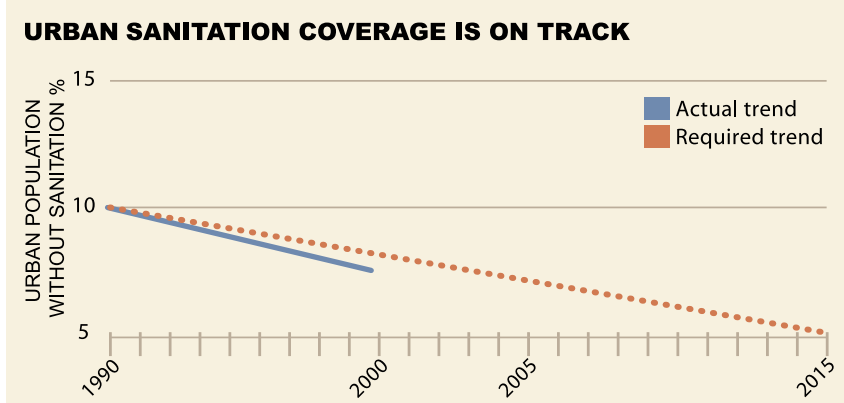
Designing policies to manage water supply in a sustainable way is complicated by rapid population growth, accelerating urbanisation and changing lifestyles. With water resources usually shared by several countries, regional co-operation can broker sustainable, long-term solutions.



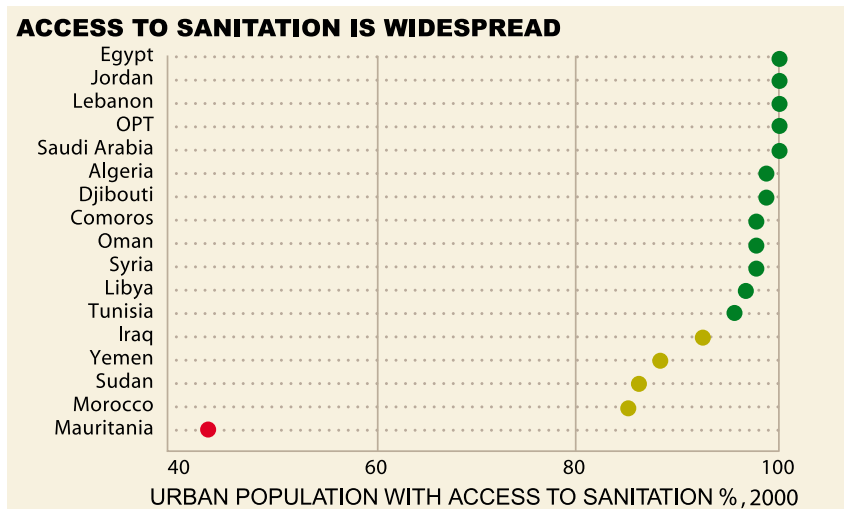
UNICEF/H09/0443/ GACOMO PIRROZZI

TARGET: BY 2020, TO HAVE ACHIEVED A SIGNIFICANT IMPROVEMENT IN THE LIVES OF AT LEAST 100 MILLION SLUM DWELLERS

A relevant indicator for this target is the proportion of people with access to improved sanitation in urban areas. Regionally, urban access is relatively high, with an average coverage of about 90 per cent. In ten countries, over 98 per cent of urban dwellers have access to adequate sanitation. However, among the 17 with sufficient information, sanitation requires additional attention in at least 4 countries. Over one eighth of the urban population in Morocco and the Sudan have no access to the service, while the most pressing case is Mauritania where over half of the people had no access to sanitation in 2000.



Source: based on Human Development Report 2003



Source: based on Human Development Report 2003

GOAL 8

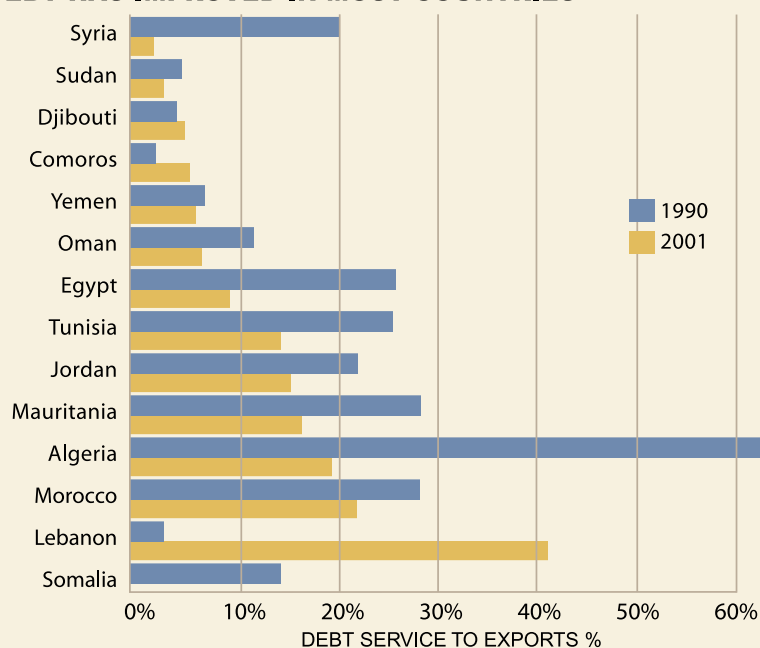
DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

TARGET: ENHANCED PROGRAMME OF DEBT RELIEF AND MORE GENEROUS ODA FOR COUNTRIES COMMITTED TO POVERTY REDUCTION

TARGET: IN COOPERATION WITH PHARMACEUTICAL COMPANIES, PROVIDE ACCESS TO AFFORDABLE, ESSENTIAL DRUGS IN DEVELOPING COUNTRIES

TARGET: IN COOPERATION WITH THE PRIVATE SECTOR, MAKE AVAILABLE THE BENEFITS OF NEW TECHNOLOGIES, ESPECIALLY INFORMATION AND COMMUNICATIONS

CAPACITY OF COUNTRIES TO SERVICE EXTERNAL DEBT HAS IMPROVED IN MOST COUNTRIES



Source: based on Human Development Report 2003

Global partnerships can make critical contributions to improving the lives of people in Arab countries, whether by opening channels to markets in developed nations, reducing external debt burdens, reversing declines in official development assistance (ODA) or easing access to essential medications.

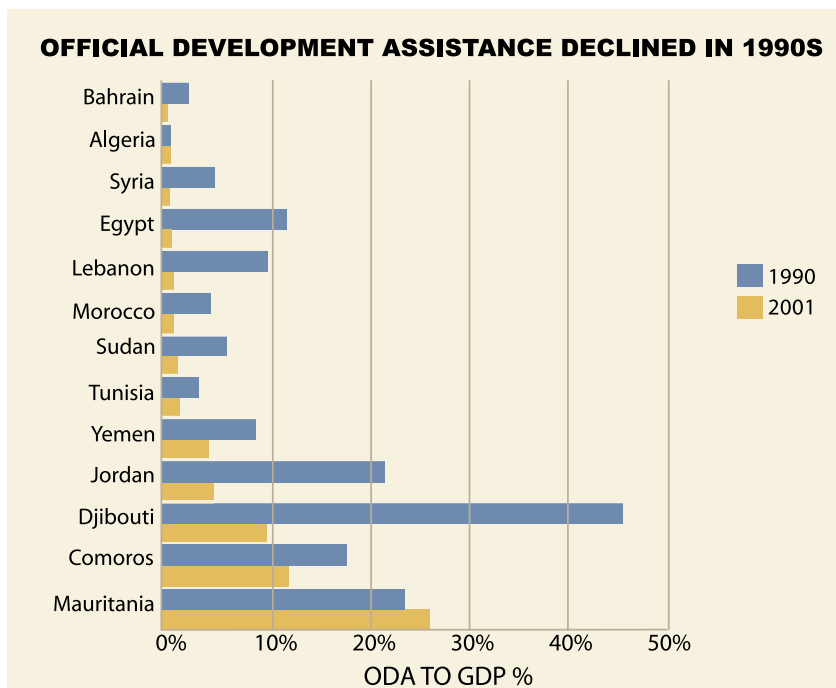
Debt remains a major impediment to development in some countries. In Lebanon, external debt servicing soaks up 40 per cent of export earnings. In Algeria and Morocco, it absorbs around 20 per cent, and 15 per cent in Tunisia and Jordan.

Mauritania obtained a 95 per cent reduction on its Paris Club debt as it reached completion point of the Heavily Indebted Poor Countries Initiative in mid-2002. If countries can redirect debt payments towards the MDGs, the development outlook will substantially improve.

The decline in ODA has been another stumbling block, particularly for the least developed countries. Regionally, ODA fell from 3.6 per cent of the combined GDP in 1990 to 0.8 per cent in 2001. In twelve countries, out of 13 with available data, reductions ranged from 25 per cent to 94 per cent.

DRUG AVAILABILITY

Accessibility to affordable drugs in the region has been steadily improving. By 2001, according to available data, over 95 per cent of the population in 8 countries, and over 80 per cent in another seven had access to essential medicines. Yet, only between 50-80 per cent of the population in Mauritania, Morocco, Tunisia and Yemen have such access, and drugs are too expensive for more than half the people in Somalia and the Sudan.



Source: based on Human Development Report 2003

CONNECTIVITY

Telephone usage, whether fixed or mobile, improved during the 1990s, but languished in the least developed countries. In Kuwait and Qatar the number of telephone lines and cellular subscribers surpass half of the population, a figure that increases to more than 72 and 96 per cent in Bahrain and the United Arab Emirates respectively.

While the prevalence of personal computers is spreading rapidly in oil-producing and middle-income countries, most people in the region have few opportunities to tap into the information and communication technology. In at least nine countries, computer access lingers below 2 per cent. Internet usage also remains limited, available to less than two per cent of the population in 12 countries. Bahrain and the United Arab Emirates claim the highest numbers, but even there the coverage does not exceed one-third of the people.

MDG PROGRESS AT A GLANCE

The Arab countries have made significant progress in human development. Life expectancy has risen, child and maternal mortality rates have declined and illiteracy rates have fallen. A larger proportion of the people enjoy access to safe water and sanitation.

In the 1990s, however, the pace of change slowed down. One of the main messages of this report is that Arab countries must regain and accelerate their rate of advancement in human development in order to meet the MDG targets by 2015.

Most are moving unevenly towards these targets; some are advancing well, others are lagging behind. Differences in human development across and within countries are apparent and regional averages can hardly reflect the overall picture in depth. Nevertheless, a closer look at progress over the past decade can be summarised as follows:

Halving hunger.

Four countries are making progress; one has already met the target. Seven countries need to overcome the negative or slow trends of the 1990s.

Achieving universal primary education.

Six countries are moving forward towards the target with various degrees. Seven countries are experiencing reversals or making little advancement.

Attaining gender equality in primary education.

Nine countries progressed rapidly. Two countries dropped back during the 1990s; seven edged forward but slowly.

Reducing under-five mortality.

Thirteen are doing well enough to achieve the MDG target. Nine countries displayed negative changes or are moving too slow to reach it.

Providing safe water in urban areas.

Seven countries are advancing or have achieved the MDG target in urban areas. Five are still off track.

Providing safe water in rural areas.

Five countries are advancing or have achieved the MDG target in rural areas. Six are off track or regressed.

Ensuring adequate sanitation.

Thirteen countries are on track to making the MDG target by 2015 in urban areas. Three countries made no steps forward.

PROGRESS TOWARDS THE MDGS IN ARAB STATES: 1990-2000

MDGs	Number of countries		
	ON TRACK	OFF TRACK	No data
Halving Hunger	5	7	10
Net primary enrolment	6	7	9
Gender equality in primary education	9	9	4
Under-5 mortality	13	9	0
Access to water (Urban)	7	5	10
Access to water (Rural)	5	6	11
Access to sanitation	13	3	6

Source: based on Human Development Report 2003

Overall, the countries in the region fall in three groups of about equal size: one-third are on track or ahead of the curve for reaching the 2015 targets; one-third are off track, stagnating or regressing and are unlikely to meet the MDGs without concerted efforts; and one-third are without relevant or reliable data. We cannot be complacent about the latter group because a journey to an agreed destination requires a map. If the MDGs are to be met by 2015, better statistics will be needed to document progress, to mobilise the people and to design pro-poor policy reforms based on evidence, not only on economic theory.



All Arab states could still arrive at the targets by 2015. To do so will require embracing sound governance and pro-poor policy reforms, pursuing effective resource management, setting clear priorities for human developments, combating social exclusion, expanding economic and employment opportunities, addressing gaps between rural and urban areas, bringing women into the mainstream of development and decision-making, protecting the fragile environment and managing scarce water resources. To monitor progress, the capacity for data collection, processing and use needs to expand.

This scenario can only unfold with national and regional stability, democratisation and decentralisation, and peace and security. The global partnership holds the promise of giving access to markets in developed nations, of reducing external debt, of increasing development assistance and of making access easier to essential drugs.

The region can still meet the challenges of the Millennium Declaration. Although some countries might be off track for some targets today, the region can recover the lost ground by pursuing the right initiatives – national, regional and international.

MILLENNIUM DEVELOPMENT GOALS, TARGETS AND INDICATORS

A framework of 8 goals, 18 targets and 48 indicators to measure progress towards the Millennium Development goals was adopted by a consensus of experts from the United Nations Secretariat and IMF, OECD and the World Bank:

GOAL 1. ERADICATE EXTREME POVERTY AND HUNGER

TARGET 1. HALVE, BETWEEN 1990 AND 2015, THE PROPORTION OF PEOPLE WHOSE INCOME IS LESS THAN ONE DOLLAR A DAY

Indicators

1. Proportion of population below \$1 (PPP) per day
2. Poverty gap ratio (incidence x depth of poverty)
3. Share of poorest quintile in national consumption

TARGET 2. HALVE, BETWEEN 1990 AND 2015, THE PROPORTION OF PEOPLE WHO SUFFER FROM HUNGER

Indicators

4. Prevalence of underweight children under five years of age
5. Proportion of population below minimum level of dietary energy consumption

GOAL 2. ACHIEVE UNIVERSAL PRIMARY EDUCATION

TARGET 3. ENSURE THAT, BY 2015, CHILDREN EVERYWHERE, BOYS AND GIRLS ALIKE, WILL BE ABLE TO COMPLETE A FULL COURSE OF PRIMARY SCHOOLING

Indicators

6. Net enrolment ratio in primary education
7. Proportion of pupils starting grade 1 who reach grade 5
8. Literacy rate of 15-24-year-olds

GOAL 3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

TARGET 4. ELIMINATE GENDER DISPARITY IN PRIMARY AND SECONDARY EDUCATION, PREFERABLY BY 2005, AND TO ALL LEVELS OF EDUCATION NO LATER THAN 2015

Indicators

9. Ratio of girls to boys in primary, secondary and tertiary education
10. Ratio of literate women to men of 15- to 24-year-olds
11. Share of women in wage employment in the non-agricultural sector
12. Proportion of seats held by women in national parliament

GOAL 4. REDUCE CHILD MORTALITY

TARGET 5. REDUCE BY TWO THIRDS, BETWEEN 1990 AND 2015, THE UNDER-FIVE MORTALITY RATE

Indicators

13. Under-five mortality rate
14. Infant mortality rate
15. Proportion of 1-year-old children immunized against measles

GOAL 5. IMPROVE MATERNAL HEALTH

TARGET 6. REDUCE BY THREE QUARTERS, BETWEEN 1990 AND 2015, THE MATERNAL MORTALITY RATIO

Indicators

16. Maternal mortality ratio
17. Proportion of births attended by skilled health personnel

GOAL 6. COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

TARGET 7. HAVE HALTED BY 2015 AND BEGUN TO REVERSE THE SPREAD OF HIV/AIDS

Indicators

18. HIV prevalence among 15-to-24-year-old pregnant women
19. Condom use rate of the contraceptive prevalence rate
 - 19a. Condom use at last high-risk sex
 - 19b. Percentage of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS
20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14

TARGET 8. HAVE HALTED BY 2015 AND BEGUN TO REVERSE THE INCIDENCE OF MALARIA AND OTHER MAJOR DISEASES

Indicators

21. Prevalence and death rates associated with malaria
22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures
23. Prevalence and death rates associated with tuberculosis
24. Proportion of tuberculosis cases detected and cured under DOTS (internationally recommended TB control strategy)

GOAL 7. ENSURE ENVIRONMENTAL SUSTAINABILITY

TARGET 9. INTEGRATE THE PRINCIPLES OF SUSTAINABLE DEVELOPMENT INTO COUNTRY POLICIES AND PROGRAMMES AND REVERSE THE LOSS OF ENVIRONMENTAL RESOURCES

Indicators

- 25. Proportion of land area covered by forest
- 26. Ratio of area protected to maintain biological diversity to surface area
- 27. Energy use (kg oil equivalent) per \$1 GDP (PPP)
- 28. Carbon dioxide emissions (per capita) and consumption of ozone-depleting CFCs (ODP tons)
- 29. Proportion of population using solid fuels

TARGET 10. HALVE BY 2015 THE PROPORTION OF PEOPLE WITHOUT SUSTAINABLE ACCESS TO SAFE DRINKING WATER AND SANITATION

Indicators

- 30. Proportion of population with sustainable access to an improved water source, urban and rural
- 31. Proportion of urban and rural population with access to improved sanitation

TARGET 11. BY 2020 TO HAVE ACHIEVED A SIGNIFICANT IMPROVEMENT IN THE LIVES OF AT LEAST 100 MILLION SLUM DWELLERS

Indicators

- 32. Proportion of households with access to secure tenure

GOAL 8. DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Indicators for targets 12-15 are given below in a combined list.

TARGET 12. 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

TARGET 13. ADDRESS THE SPECIAL NEEDS OF THE LEAST DEVELOPED COUNTRIES.

Includes: tariff and quota-free access for least-developed countries' exports; enhanced programme of debt relief for HIPC countries and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction

TARGET 14. ADDRESS THE SPECIAL NEEDS OF LANDLOCKED 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)

TARGET 15. DEAL COMPREHENSIVELY WITH THE DEBT PROBLEMS OF DEVELOPING COUNTRIES THROUGH NATIONAL AND INTERNATIONAL MEASURES IN ORDER TO MAKE DEBT SUSTAINABLE IN THE LONG TERM

Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries (LLDCs) and small island developing States (SIDS)

Indicators

Official development assistance (ODA)

- 33. Net ODA, total and to LDCs, as percentage of OECD/Development Assistance Committee (DAC) donors' gross national income (GNI)
- 34. 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)
- 35. Proportion of bilateral ODA of OECD/DAC donors that is untied
- 36. ODA received in landlocked countries as proportion of their GNIs
- 37. ODA received in small island developing States as proportion of their GNIs

Market access

- 38. Proportion of total developed country imports (by value and excluding arms) from developing countries and from LDCs, admitted free of duties
- 39. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries
- 40. Agricultural support estimate for OECD countries as percentage of their GDP
- 41. Proportion of ODA provided to help build trade capacity

Debt sustainability

- 42. Total number of countries that have reached their Heavily Indebted Poor Countries Initiative (HIPC) decision points and number that have reached their HIPC completion points (cumulative)
- 43. Debt relief committed under HIPC initiative, US\$
- 44. Debt service as a percentage of exports of goods and services

TARGET 16. IN COOPERATION WITH DEVELOPING COUNTRIES, DEVELOP AND IMPLEMENT STRATEGIES FOR DECENT AND PRODUCTIVE WORK FOR YOUTH

Indicators

- 45. Unemployment rate of 15- to 24-year-olds, each sex and total

TARGET 17. IN COOPERATION WITH PHARMACEUTICAL COMPANIES, PROVIDE ACCESS TO AFFORDABLE ESSENTIAL DRUGS IN DEVELOPING COUNTRIES

Indicators

- 46. Proportion of population with access to affordable essential drugs on a sustainable basis

TARGET 18. IN COOPERATION WITH THE PRIVATE SECTOR, MAKE AVAILABLE THE BENEFITS OF NEW TECHNOLOGIES, ESPECIALLY INFORMATION AND COMMUNICATIONS

Indicators

- 47. Telephone lines and cellular subscribers per 100 population
- 48. Personal computers in use per 100 population and Internet users per 100 population

