

Millennium Development Goals



1 Eradicate extreme poverty and hunger



2 Achieve universal primary education



3 Promote gender equality and empower women



4 Reduce child mortality



5 Improve maternal health



6 Combat HIV/AIDS, malaria and other diseases



7 Ensure environmental sustainability



8 Develop a global partnership for development

Part II of *Progress of the World's Women 2008/2009* reviews achievements in each of the Millennium Development Goals (MDGs) from a gender perspective. The MDGs are the expression of a global aspiration to eliminate human suffering and promote inclusive development, and they have also become a central element of many national planning systems. The MDGs, with their clear, time-bound targets, provide the core elements of a tracking system, with indicators against which progress can be measured and monitored around the world. In this sense, they form a key element of accountability systems — they outline the outcomes expected from national and international investments in poverty reduction, education, health, and environmental protection. They provide not just shared indicators of progress, but they are reviewed in regular global events — such as the High Level Event on the MDGs in September 2008 — during which progress may be assessed, deficits subjected to scrutiny, and efforts redoubled.

MDGs & Gender

Four new targets were added to the MDGs in 2007, three of them bringing a sharper focus on gender equality. The targets are:

- Achieve full and productive employment and decent work for all, including women and young people;
- Achieve, by 2015, universal access to reproductive health;
- Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it;
- Reduce biodiversity loss, achieving by 2010 a significant reduction in the rate of loss.

Some of these new targets address the concerns of gender equality advocates about the need for a more expansive vision of global goals in relation to women's rights, such as those outlined in the 1995 Beijing Platform for Action, which includes elements that were omitted from the MDGs. Still missing, however, is a target on reducing violence against women, which represents a massive constraint on women's capacity to contribute to the well-being of families and communities and to poverty reduction.

Three years ago Task Force 3 of the Millennium Project included ending violence against women among their 7 priorities for MDG 3.¹

Marked and significant progress in increasing primary school enrolment rates for girls is a sign that countries can deliver for women even in contexts of significant resource scarcity. Successes in meeting primary education targets also show the value of combining gender-focused investments with efforts to mainstream gender across public institutions. Both are needed to ensure that the needs of girls and women receive adequate response in efforts to improve public service delivery.

This present review takes place at a critical moment in the global effort to achieve the MDGs. We are over the halfway point to the target year of 2015, and are now seeing marked trends of progress and backlog. A number of comprehensive reviews of the MDGs catalogue the challenges ahead for realising these Goals around the world. These reviews note with concern

that in some regions women are less likely to benefit from progress than men.² Furthermore, many countries still lack information regarding their progress, and many more do not report sex-disaggregated data.³ For these reasons Part II of *Progress 2008/2009* spotlights the gender dimensions of each MDGs.

Women's empowerment is not a stand-alone goal. It is the driver of efforts to eradicate extreme poverty and hunger, achieve universal primary education, reduce child and maternal mortality, and fight against major diseases like HIV/AIDS and malaria. Women's empowerment is also a driver of sound environmental management and is, finally, essential for ensuring that development aid reaches the poorest through making women a part of national poverty reduction planning and resource allocation. If women are not benefitting from progress in achieving the MDGs as much as men, this represents an accountability problem for national governments and international aid institutions alike. It is a problem that must be tackled decisively in the next seven years.

8 out of 10 women workers are in vulnerable employment in sub-Saharan Africa and South Asia



1 Eradicate extreme poverty and hunger

Under MDG 1, a new target added in 2007 addresses productive employment and decent work for all, including women and young people. This focus on female productive employment acknowledges the contribution of female employment to poverty and hunger reduction at the household level. The connection between poverty and employment is particularly relevant when considering those in *vulnerable* employment, defined as self-employed workers or those contributing to family work with little or no pay. These informal work arrangements usually lack social protection, and pay is usually too low to generate savings.

Vulnerable employment has decreased globally by three percentage points since 1997. But about 1.5 billion people are still in this category and the share is larger for women at 51.7 per cent.⁴ This discrepancy is worse in some regions: Eight out of ten women workers are in vulnerable employment in sub-Saharan Africa and South Asia (Figure MDG1.1).

FIGURE MDG1.1 | More Women in Vulnerable Employment than Men

The share of vulnerable employment has declined from 1997 to 2007, but it is still high, particularly for women in sub-Saharan Africa and in South Asia.



Notes: Vulnerable employment is calculated as the sum of own-account workers and contributing family workers. Own-account workers are persons who are self-employed with no employees working for them. Contributing family workers are own-account workers who work without pay in an establishment operated by a related person living in the same household. Regional averages are calculated by ILO using UNIFEM's regional classification. The value labels shown are for 2007.

Sources: ILO Key Indicators of the Labour Market database; ILO (2008); and estimates provided by ILO to UNIFEM on request.

TARGET 1A

Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

[NEW] TARGET 1B

Achieve full and productive employment and decent work for all, including women and young people

TARGET 1C

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

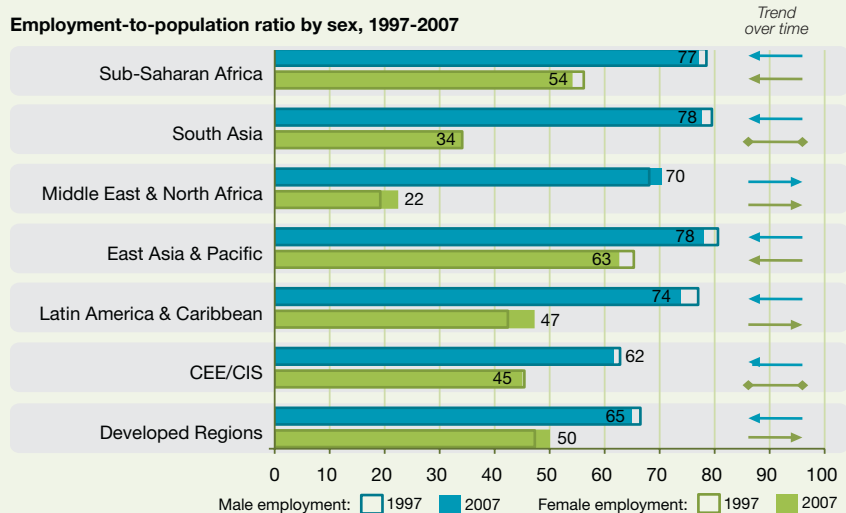
The employment-to-population ratio (Figure MDG1.2) indicates the extent to which economies use the productive potential of men and women: 60 to 80 per cent of all men, but only 20 to 65 per cent of all women are employed, indicating serious gender gaps across all regions. The female employment-to-population ratio further dips to 34 and 22 per cent, respectively, in South Asia and the Middle East and North Africa.

FIGURE MDG1.2 | Disparities in Levels of Employment Between Men and Women Are Shrinking, but at a Slow Pace

Across all regions, employment-to-population ratios are significantly higher for men compared to women, with a gender gap that ranges from 15% in developed regions to more than 40% in South Asia and the Middle East and North Africa.

Notes: The employment to population ratio is defined as the number of employed persons, calculated as a percentage of the working-age population. This indicator provides information about the ability of the economy to create jobs. Regional averages are calculated by ILO using UNIFEM's regional classification. The value labels shown are for 2007.

Sources: ILO Key Indicators of the Labour Market database; ILO (2008); and estimates provided by ILO to UNIFEM on request.



Global data on extreme poverty is not disaggregated by sex, and it is therefore difficult to see how far women and girls enjoy recently reported gains in reducing poverty and hunger. There has been a significant reduction in poverty: The proportion of people living on less than US\$1 a day fell significantly from 31.6 per cent in 1990 to 19.2 per cent in 2004. One-fifth of the world's population, however—about 980 million people—still lives in poverty. Recent reports indicate that, in spite of the serious remaining obstacles, it may be possible to meet the 2015 target.⁵ Particular attention needs to be paid to the fact that poverty reduction seems to have been accompanied by rising inequality.⁶ Child hunger has declined at a much slower pace, from 33 per cent in 1990 to only 27 per cent in 2005; at this rate, it is likely that the 2015 target will be missed.⁷

While global progress is important, national-level data indicate that women are still more likely than men to be poor and at risk of hunger because of the systematic discrimination they face in access to education, healthcare and control of assets.⁸ For example, in South Africa, two-thirds of female-headed households are poor, compared to only one-third of male-headed households. In Malawi, there are three poor women for every poor man, and this proportion is increasing.⁹ Data on child poverty is not sex-disaggregated, and thus it is impossible to assess girls' progress in hunger or poverty mitigation.

INDICATORS

- Proportion of population below US\$ 1 (PPP) per day
- Poverty gap ratio
- Share of poorest quintile in national consumption
- Prevalence of underweight children under-five years of age
- Proportion of population below minimum level of dietary energy consumption

[NEW] INDICATORS

- Growth rate of GDP per person employed
- Employment-to-population ratio
- Proportion of employed people living below US\$ 1 (PPP) per day
- Proportion of own-account and contributing family workers in total employment

57% of children out of school are girls



Achieve universal primary education

National and regional progress in increasing girls' enrolment in school shows how much can be achieved by governments willing to invest in girls' and women's rights. The global net enrolment ratio has increased from 80 per cent in 1991 to 88 in 2005.¹⁰ The gender gap in enrolment has shrunk in most regions, and the gender gap in literacy is also narrowing. Still, much remains to be done in relation to girls' education to ensure that girls finish primary and secondary school, to eliminate violence against girls in school, and to bring more non-enrolled girls into school. Of the estimated 72 million primary-age children that were not in school in 2005, 57 per cent were girls, and this may be an underestimate.¹¹

FIGURE MDG2.1 | Gender Differences in Primary Education Enrolment Ratios Are Decreasing but are Still Significant in Some Regions

Sub-Saharan Africa has made significant improvements in overall primary education enrolment and is now on track for achieving the 2015 goal. In South Asia, although absolute enrolment levels have increased for both boys and girls, the gender gap in primary education does not seem to be narrowing. In the Middle East and North Africa, gender disparities are still present although decreasing.

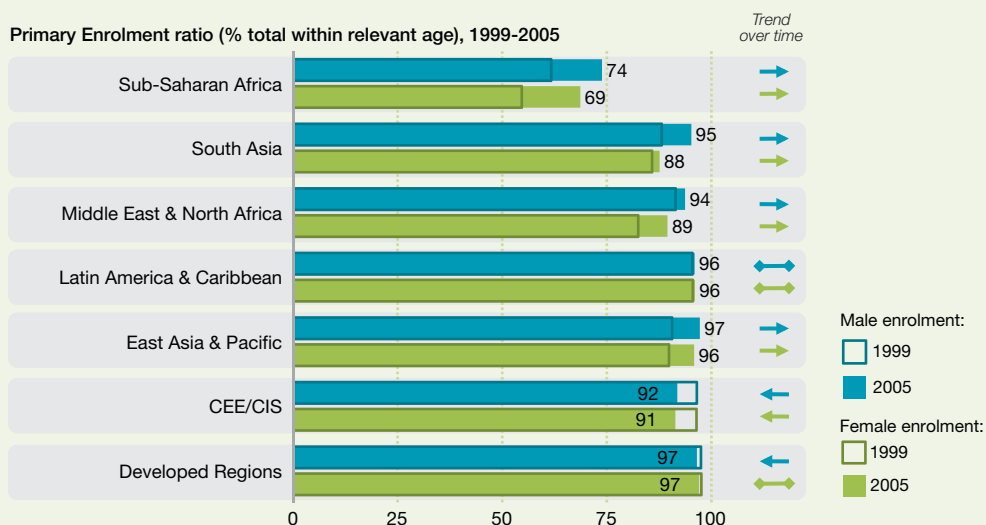


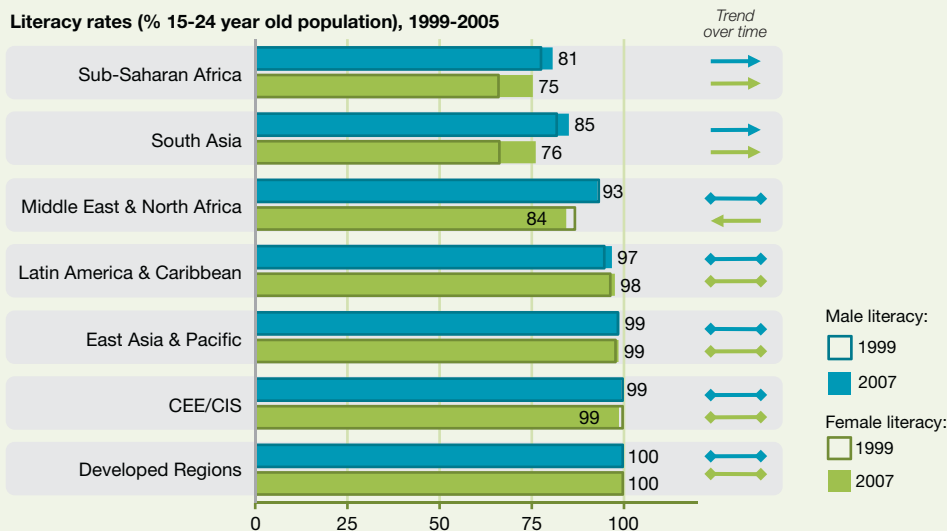
Figure MDG2.1 shows improvements in both enrolment rates and the enrolment gender gap. The pace of change in girls enrolment in primary education in sub-Saharan Africa is accelerating. Youth literacy has increased and the gender gap is narrowing in literacy in all regions (Figure MDG2.2) except the Middle East and North Africa.

TARGET 2A

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

FIGURE MDG2.2 | Gender Gaps in Youth Literacy are Narrowing in Most Regions

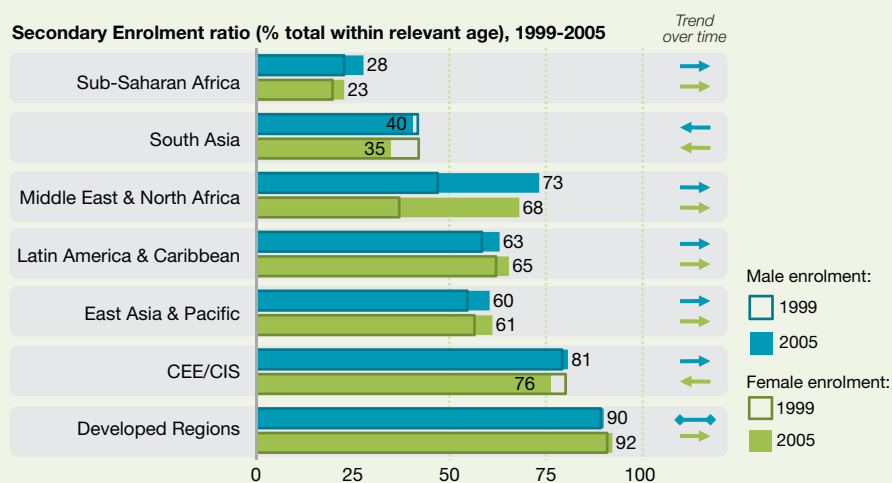
Female literacy rates have increased substantially in sub-Saharan Africa and South Asia. The gender gap has narrowed but not yet disappeared.



Post-primary education is known to have the greatest impact on women's empowerment.¹² Yet girls' enrolment rates in secondary schools have not experienced the same level of increase as in primary education (Figure MDG2.3). Indeed, gender gaps are widening in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) and South Asia.

FIGURE MDG2.3 | Enrolment Rates are Lower for Secondary Education

Secondary education enrolment rates are much lower than primary education enrolment. For women, in sub-Saharan Africa and South Asia, this ratio is only 23% and 35%, respectively.



INDICATORS

- Net enrolment ratio in primary education
- Proportion of pupils starting grade 1 who reach last grade of primary
- Literacy rate of 15- to 24-year-olds, women and men

1 in 5 members of parliament worldwide is a woman. Quotas make a difference in increasing this proportion

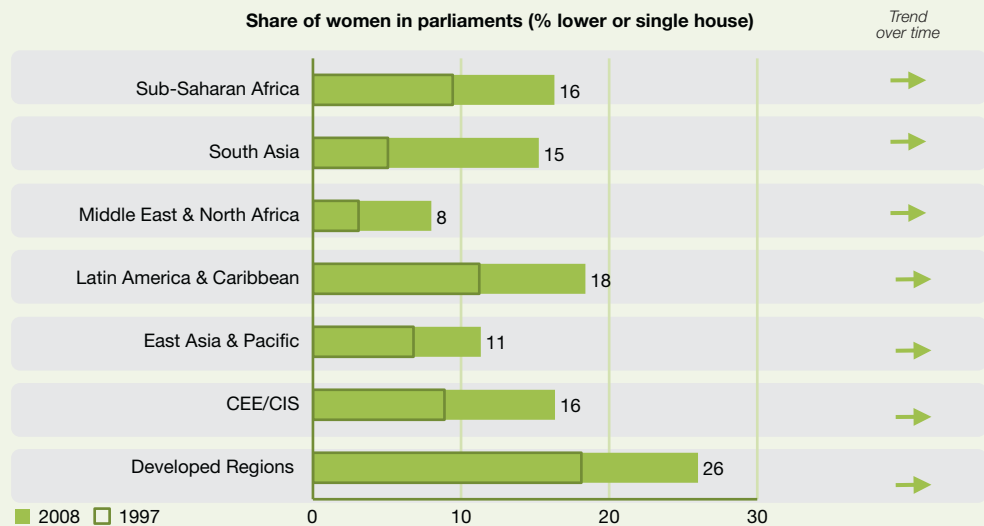


Promote gender equality and empower women

MDG 3 is central to the achievement of all the other MDGs, yet it has only one target, educational parity. While there is a commitment to track, there are no targets for women's share of wage employment and women's share of representative seats in public decision-making. That concrete targets motivate action is evident from the fact that, of these three indicators for women's empowerment, significant progress has been achieved only in the area of education, which is also the target for MDG 2.

FIGURE MDG3.1 | Women's Representation in Parliaments Has Increased but Regional Averages Are Still Below 30%

The percentage of women in parliaments has increased in the last decade, but regional averages are all below 20%, with the exception of developed countries. At this rate, a critical mass of 30% will not be achieved by 2015. The parity zone between 40% and 60% will not be reached in developing countries for another 40 years.



Source: IPU database.

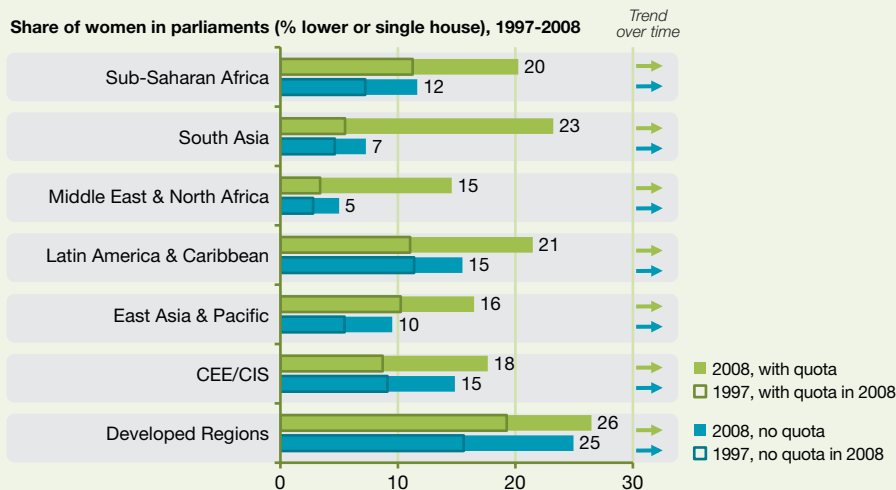
Figure MDG3.1 indicates a slow rate of improvement in women's share of national parliamentary seats: At the current rate of increase, few countries will reach a critical mass of 30 per cent by 2015. As of June 2008, women's share of seats in national parliaments (lower or single house) was only 18.4 per cent — that is, one out of every 5 parliamentarians is a woman. At the present rate, it will take another 40 years for developing countries to reach the parity zone between 40 and 60 per cent. As seen in Chapter 2, quotas and reservations play a positive role in accelerating the rate at which women move into public decision-making. Across the world there is a striking contrast between countries with and without quotas (Figure MDG3.2). This difference can be as significant as 16 per cent, as is the case in South Asia.

TARGET 3A

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

FIGURE MDG3.2 | Countries with Quotas Have Higher Representation of Women in Parliaments – in All Regions

The use of quotas can be instrumental in accelerating the increase of regional averages and in improving the probability of reaching a critical mass of 30% by 2015, as well as the parity zone of 40% to 60% sooner than the estimated 40 years at the current rate.

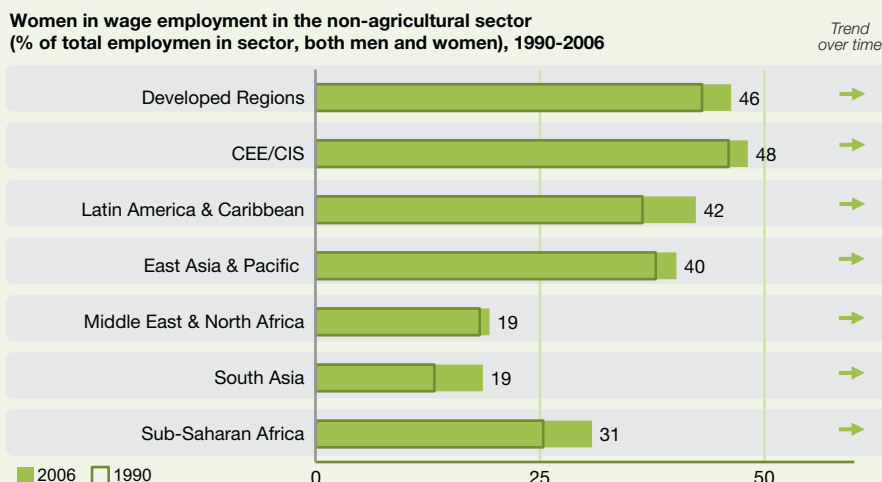


Sources: IPU database; IDEA Global Database of Quotas for Women; and IDEA (2003).

Women's share of waged non-agricultural employment — which brings significant benefits in terms of women's capacity to control income and decision-making — has increased in the last decade, but only by three per cent since 1990, to a total of 39 per cent in 2005 (Figure MDG 3.3). At the regional level, in the Middle East and North Africa and in South Asia, only one woman for every four men has a non-agricultural paid job. In sub-Saharan Africa, the proportion is slightly higher: one woman for every three men.

FIGURE MDG3.3 | Slow Increase in Women's Waged Employment Outside of Agriculture

Women's share in wage employment in the non-agricultural sector has increased across all regions. Globally, women now account for almost 40% of the total employment in this sector. Despite improvements, women's share of waged non-agricultural employment is still low in sub-Saharan Africa, at around 30%, and in South Asia and the Middle East and North Africa, at less than 20%.



Sources: Estimates provided by ILO to UNIFEM on request.

In developing regions, it will take 40 years for women to constitute 40% of parliament representation

INDICATORS

- Ratios of girls to boys in primary, secondary and tertiary education
- Share of women in wage employment in the non-agricultural sector
- Proportion of seats held by women in national parliament

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Gender equality in primary and secondary education is a goal within reach by 2015 (Figure MDG3.4). Parity in primary schooling has already been reached in Latin America and the Caribbean, East Asia and the Pacific and CEE/CIS. Parity will be more challenging but is achievable in secondary and higher education, where the positive impact of female education has been widely demonstrated (see Figure MDG 3.5). Tertiary education – essential for women’s leadership roles in politics, the economy, and administration – presents a different picture, with ratios of 0.6 and 0.7 in sub-Saharan Africa and South Asia, respectively.¹³ Combined with the finding that the brain drain of professionals from developing countries is now increasingly female (see Chapter 4), this has implications for building up a pool of women leaders nationally.

FIGURE MDG3.4 | Gender Parity in Education Is Improving but Regional Differences are Significant, Especially in Tertiary Education

Despite progress, differences between female and male enrolment rates persist in sub-Saharan Africa and South Asia for levels of education beyond the primary level. In Latin America and the Caribbean and in Developed Regions, female enrolment tends to be higher than male enrolment especially at the tertiary level.

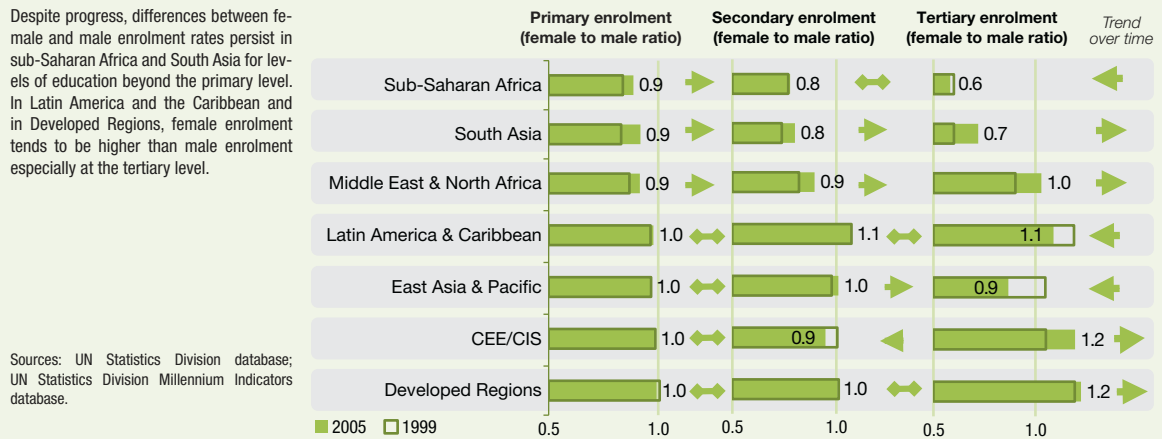
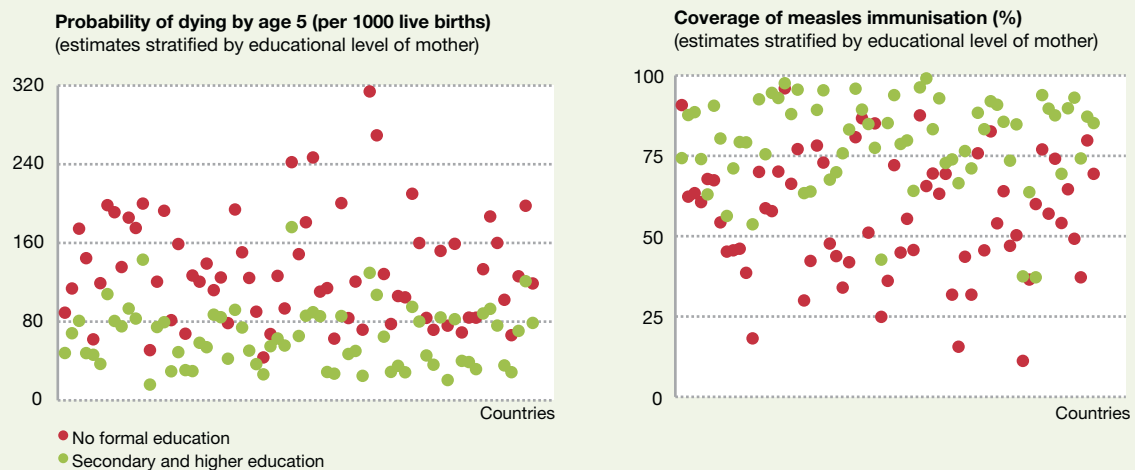


FIGURE MDG3.5 | A Mother with Secondary or Higher Education Reduces the Probability of a Child Dying Before Its Fifth Birthday



Notes: For all countries, under-five mortality rate is based on the ten-year period preceding the survey, except for India and Turkey where it is based on the five-year period preceding the survey. WHO source uses stratified figures for “educational level of mother” extracted from Demographic and Health Survey data using STATcompiler software or Demographic and Health Survey reports data ranges from 1990 to 2005.

Sources: WHO (2008); DHS database.



Reduce child mortality

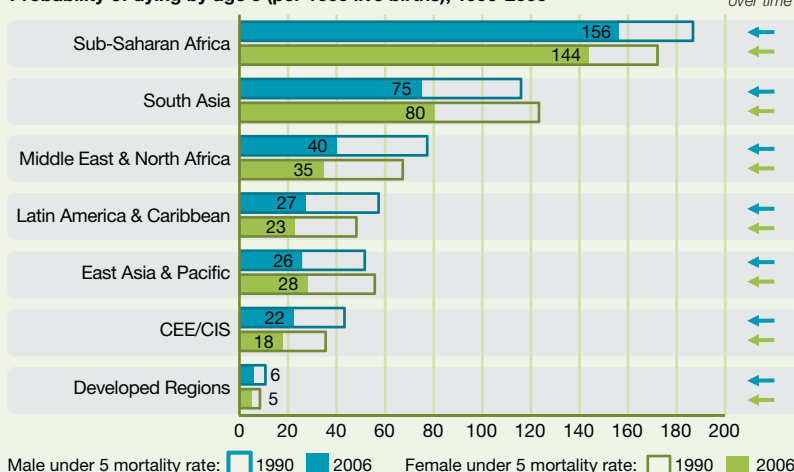
The mortality of girl children is a good indicator of gender equality and women's rights. Not only are the causes of child mortality (disease, malnutrition) linked to women's health and education, but if girls do not survive at equivalent or higher rates than boys, this can be a sign of specific gender-based discrimination.¹⁴ Child mortality has decreased globally from 106 per 1,000 live births to 83 in 2005. This is not fast enough. To meet MDG4, the mortality rate must drop to 31 per 1,000 live births by 2015. Figure MDG4.1 shows that all regions are seeing a drop in child mortality, but at the current rate of decrease, MDG4 will not be met until 2045.

The probability of a child dying before their fifth birthday is higher for girls than boys in South Asia and East Asia and the Pacific

FIGURE MDG4.1 Under-Five Mortality Rates have Decreased, but Gender Inequality Still Exists in Some Regions

The decrease in under-five mortality rates since 1990 has been striking for both boys and girls. Child mortality rates have been roughly halved in East Asia and the Pacific, CEE/CIS and Latin America and the Caribbean.

Probability of dying by age 5 (per 1000 live births), 1990-2006



Notes: Under-five mortality rate is the probability of a child born in a specific year or period dying before reaching the age of five. The under five mortality rate is not a rate per se. Values shown correspond to weighted averages for 2006.

Sources: WHO (2008); and UN Statistics Division database

There are significant regional variations in infant and child mortality rates particularly from a gender perspective. In South Asia and in East Asia and the Pacific, more girls die before their fifth birthday than do boys (see Figure MDG3.5). There has been little deviation from this gender gap since 1990. According to Action Aid, various factors are behind the missing millions of girls and women, including sex-selective pregnancy termination, as well as neglect and discriminatory access to food and medicine.¹⁵

Women's education levels – especially secondary and higher – significantly affect child survival and well-being. Figure MDG3.5 shows the link between under-five mortality and immunisation coverage for measles and women's education. Changes in child mortality levels are strongly differentiated across socio-economic status according to the Millennium Development Goals Report 2007.¹⁶ The most substantial reductions in child mortality have been observed in the richest 40 per cent of households, where mothers have higher levels of education and better access to basic healthcare.

TARGET 4A

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

INDICATORS

- Under-five mortality rate
- Infant mortality rate
- Proportion of one-year-olds immunized against measles

One in four women who die as a result of pregnancy and childbirth could be saved by effective access to contraception



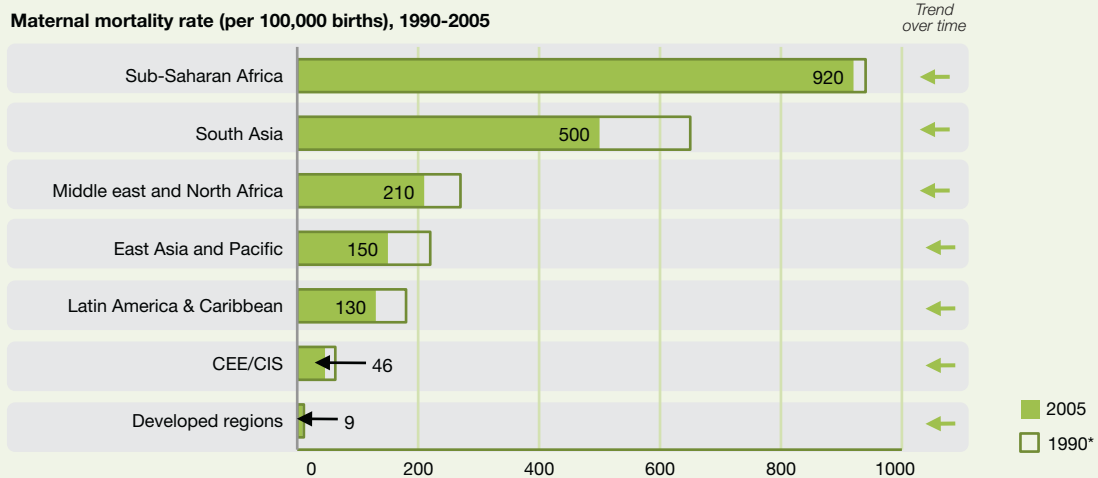
Improve maternal health

This constitutes the most off-track of all MDGs. Globally, over half a million women every year die during pregnancy or childbirth, and over 90 per cent of these largely preventable deaths occur in developing countries.¹⁷ The link between the MDGs and accountability is nowhere clearer than here: governments that answer to women would invest in preventing these deaths.

Figure MDG5.1 shows that there has been a decrease of less than 7 per cent in maternal deaths between 1990 and 2005. This translates into a decrease in the maternal mortality ratio from 430 (deaths per 100,000 live births) in 1990 to 400 in 2005. According to recent esti-

FIGURE MDG5.1 | High Levels of Maternal Mortality Persist in Some Regions

Sub-Saharan Africa experienced an absolute increase in the number of maternal deaths (from 212,000 in 1990 to 270,000 in 2005) accompanied by an increase in the number of live births (from 23 million in 1990 to 30 million in 2005).



Notes: *1990 estimates have been revised for 2005 using the same methodology. Due to unavailability of country level data for 1990, regional averages based on UNIFEM groupings could not be computed. This figure presents estimates based on UNICEF regional groupings, which differ from UNIFEM groupings as follows: Djibouti, Sudan and Iran are grouped with Middle East and North Africa; Hong Kong and several countries from CEE/CIS such as Cyprus, Czech Republic, Estonia, the Holy See, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia are included in the group of developed/industrialised countries. The MMRs have been rounded according to the following scheme: < 100, no rounding; 100–999, rounded to nearest 10; and >1,000, rounded to nearest 100. The numbers of maternal deaths have been rounded as follows: < 1,000, rounded to nearest 10; 1,000–9,999, rounded to nearest 100; and >10,000, rounded to nearest 1,000.

Sources: WHO, UNICEF, UNFPA and The World Bank, (2007).

TARGET 5A

Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

[NEW] TARGET 5B

Achieve, by 2015, universal access to reproductive health

mates by the World Health Organisation (WHO)¹⁸, this rate (roughly less than 0.4 per cent per year at the global level) falls far short of the 5.5 per cent annual reduction in maternal deaths required to achieve the global target.

Figure MDG5.1 also illustrates striking regional differences in maternal mortality ratios, which are disproportionately high in sub-Saharan Africa

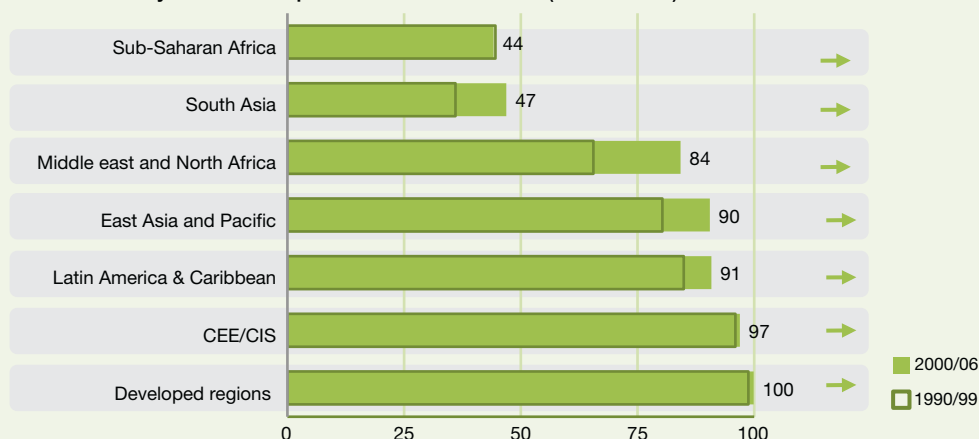
at around 920 (deaths per 100,000 live births) in 2005, down only slightly from 1990. On average one in 22 women dies in this region from pregnancy-related causes. High maternal mortality ratios are also prevalent in South Asia, but an important decrease has occurred in this region, from 650 (deaths per 100,000 live births) in 1990 to 500 in 2005. Currently, one in 59 women in the region faces a risk of dying from maternal causes during her lifetime. By contrast, developed regions have a lifetime risk of maternal death of one in 8,000 women (see Chapter 3).

Figure MDG5.2 examines the proportion of births attended by skilled health personnel (doctors, nurses, midwives), the most effective way of preventing maternal death. This proportion has remained virtually unchanged in sub-Saharan Africa over the past 15 years.

FIGURE MDG5.2 | Insufficient Increase in the Proportion of Births Attended by Skilled Personnel in Regions with High Levels of Maternal Mortality

The regions with the lowest proportions of birth attended by skilled health care personnel are South Asia and sub-Saharan Africa, which also have the highest numbers of maternal deaths. In East Asia, there has been a considerable increase in the proportion of births attended by skilled health care personnel, which is reflected in a significant decline in maternal deaths.

Births attended by skilled health personnel 1990/99 - 2000/06 (% total births)



Notes: Per cent of births attended by skilled health personnel includes the number of births out of 100 that took place under the supervision of an attendant with training on maternal care and child delivery.

Sources: UN Statistics Division Millennium Indicators database.

The prevention of unplanned pregnancies could, on its own, reduce maternal deaths by around one quarter, including those that result from unsafe terminations¹⁹. In this sense, the inclusion of a new target related to universal access to reproductive health care is important, especially when accompanied by indicators such as the unmet need for family planning and the contraceptive prevalence rate. According to the United Nations Statistics Division, 137 million women in the world still have an unmet need for family planning, and contraceptive prevalence has increased from 55 per cent in 1990 to 64 per cent in 2005. Another 64 million are using traditional methods of contraception, which can have high failure rates.²⁰

INDICATORS

- Maternal mortality ratio
- Proportion of births attended by skilled health personnel

[NEW] INDICATORS

- Contraceptive prevalence rate
- Adolescent birth rate
- Antenatal care coverage (at least one visit and at least four visits during the entire pregnancy)
- Unmet need for family planning



6 Combat HIV/AIDS, malaria and other diseases

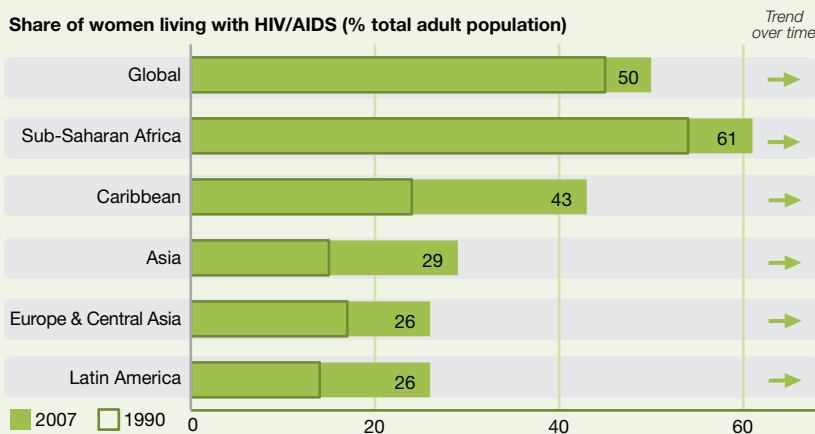
Recent estimates show that there has been a steady increase in the number of HIV-positive women and men. Figure MDG6.1 shows that among all adults living with HIV/AIDS, the proportion of women living with HIV has increased from 45 per cent in 1990 to 50 per cent in 2007.²¹ In developed countries, it can reach 30 per cent.²² But in regions where the problem is most serious, the pandemic has become feminized. In sub-Saharan Africa the proportion of women among adults living with HIV/AIDS has increased from 54 per cent in 1990 to over 60 per cent in 2007. In the Caribbean, this has grown from 24 per cent to 43 per cent.

Of particular concern is the elevated level of HIV prevalence among young women (Figure MDG6.2), who are two to three times more likely to be infected with HIV than men in the same age group in high prevalence environments. One reason for this is the lower proportion of young women than men with access to comprehensive and correct knowledge about HIV/AIDS. Figure MDG6.3 shows a considerable gender gap between young women and men who demonstrate a comprehensive and correct knowledge of HIV.

According to WHO, violence is both a cause and consequence of HIV infection.²³ In some countries, the percentage of women reporting that their first sexual experience was forced — one of the reasons for increasing infection rates among young women — is as high as 30 per cent. Infected women sometimes experience further violence from their partners and communities, due to stigma and discrimination. This is one of the most clear-cut connections between eliminating violence against women and achievement of the MDGs.

The new target and indicator on provision of treatment for HIV infection is essential but must be properly focused on women. In 2005 only 11 per cent of pregnant women in low and middle-income countries who were HIV-positive were receiving services to prevent the transmission of the virus to their newborns. HIV/AIDS prevention amongst women is clearly tied to improved reproductive health services, information access, and enforcement of women's sexual and reproductive rights.

FIGURE MDG6.1 | The Share of Adult Women Living with HIV/AIDS has been Increasing Dramatically since 1990



Notes: Recent data tend to be more accurate and reliable than those produced in previous years, since they are based on improved methods and more data than earlier estimates. Nevertheless, cross-year comparisons should be made cautiously. Due to unavailability of estimates by country, regional averages based on UNIFEM classification could not be estimated; instead, the graph is based on regional data from UNAIDS 2008.

Sources: UNAIDS (2007).

TARGET 6A

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

[NEW] TARGET 6B

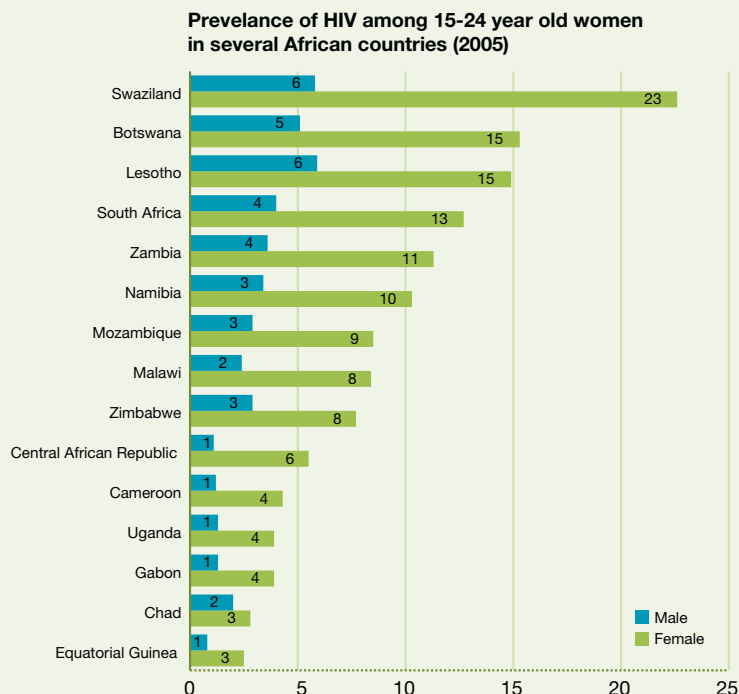
Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

TARGET 6C

Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

FIGURE MDG6.2 | Prevalence of HIV Is Dramatically Increasing among Young Women

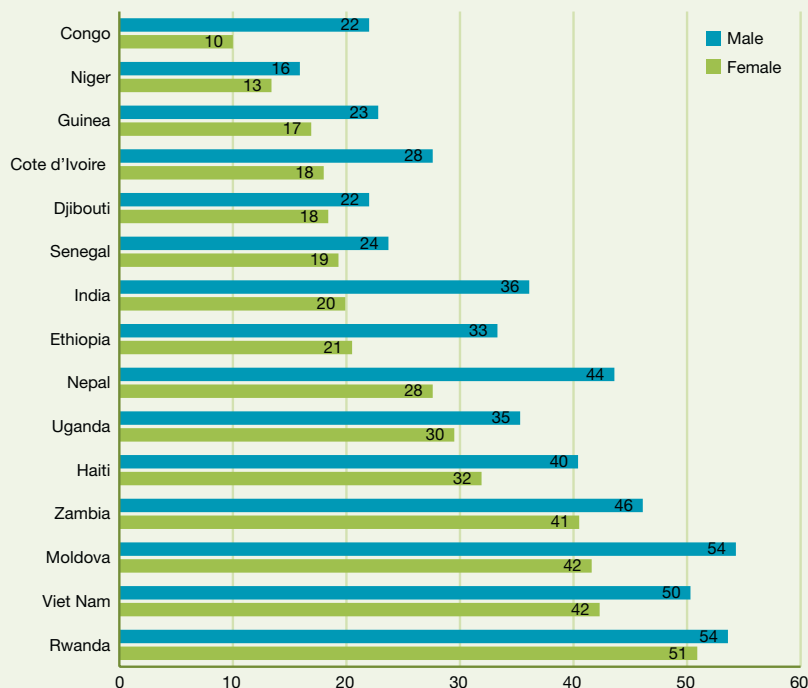
Young women are two to three times more likely to be infected with HIV than men of the same age group.



Sources: UNAIDS (2008).

FIGURE MDG6.3 | Better Understanding of HIV/AIDS among Young Men than Young Women

Proportion of population aged 15-24 years old with comprehensive correct knowledge of HIV/AIDS in selected countries, 2005-06



Notes: Various household and demographic surveys are used to collect information on men and women with comprehensive knowledge on HIV/AIDS. The complete list of surveys can be accessed through the UNSD website.

Sources: UN Statistics Division Millennium Indicators database.

3 of every 5 adults living with HIV in sub-Saharan Africa are women

The feminisation of HIV/AIDS infection is increasing in other regions

INDICATORS

- HIV prevalence among population aged 15-24 years
- Condom use at last high-risk sex
- Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
- Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
- Incidence and death rates associated with malaria
- Proportion of children under 5 sleeping under insecticide-treated bed nets
- Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs
- Incidence, prevalence and death rates associated with tuberculosis
- Proportion of tuberculosis cases detected and cured under directly observed treatment short course

[NEW] INDICATORS

- Proportion of population with advanced HIV infection with access to antiretroviral drugs

The lack of access to improved water in households results in a high time burden for women



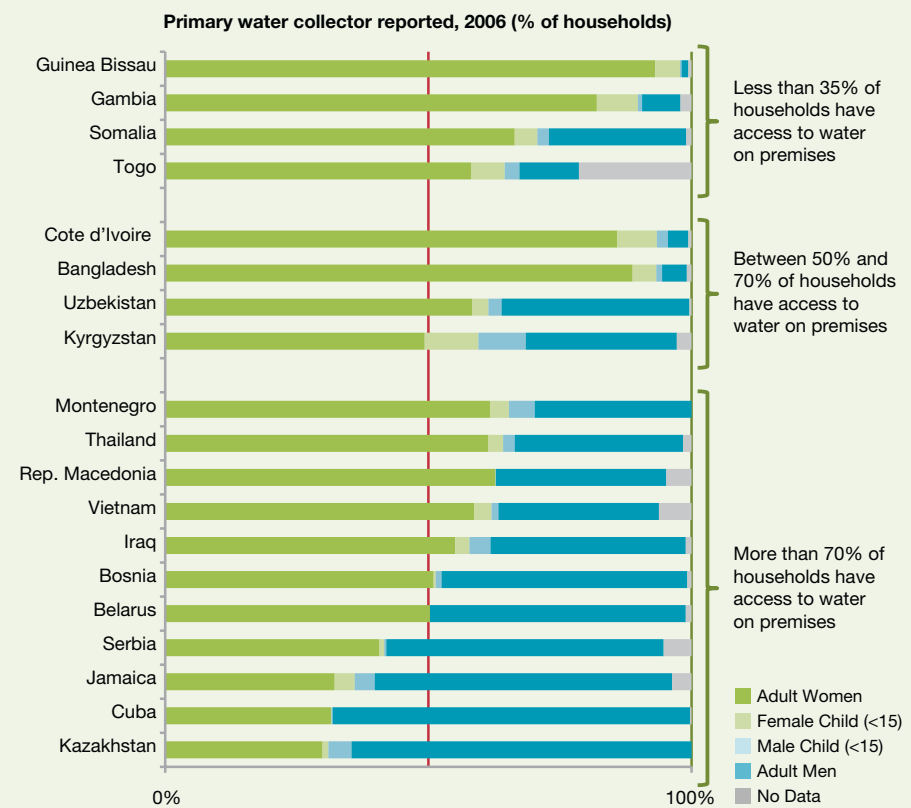
7 Ensure environmental sustainability

Data is scarce on the impact of environmental degradation and climate change on poor women, but as women often ensure household food security and do the bulk of water and household fuel collection, their time burdens will increase if drought, floods, erratic rainfall, and deforestation undermine the supply and quality of natural resources.

Women and children are usually in charge of fetching and carrying water, an activity that is among the most time- and energy-consuming of household tasks, especially in rural areas (Figure MDG7.1). It is estimated that women and children in Africa alone spend 40 billion hours every year fetching and carrying water – a figure equivalent to a year's labour for the entire workforce of France.²⁴

FIGURE MDG7.1 | Women Tend to Be the Primary Water Collectors in Households

In all but four of the countries reporting on water use, adult women are in charge of water collection in more than half of the households. Women's responsibility for water collection tends to coincide with poor access to water, thus suggesting a high time burden on women.



Source: UNIFEM elaboration based on UNICEF MICS 2004.

TARGET 7A

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

[NEW] TARGET 7B

Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

TARGET 7C

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

TARGET 7D

Achieve, by 2020, a significant improvement in the lives of at least 100 million slum dwellers

Most regions in the world are on track to halve the proportion of people without access to safe drinking water, with global access to improved sources of water up from 78 per cent in 1990 to 83 per cent in 2004.²⁵ Still, more than one billion people lack access, most of them in sub-Saharan Africa.

Access to sanitation is also a critical issue for women and girls, as survey data from schools in developing countries shows that the absence of appropriate sanitary facilities often discourages female attendance, especially of girls in puberty. Inadequate sanitation also exacerbates family health risks and women's vulnerability to violence. In the absence of latrines, women are often expected to wait until dark to relieve themselves, which poses risks of sexual violence and harassment.²⁶

Accountability for the protection of the environment and sustainable use of resources is an important gender issue. Women have less control over natural resources than do men because of power disparities. Yet their responsibilities for family well-being mean that women suffer most directly from environmental degradation. In this context, an increased rate of engagement by women in decision-making over the use of natural resources must be supported.

INDICATORS

- Proportion of land area covered by forest
- CO₂ emissions, total, per capita and per US\$1 GDP (PPP)
- Consumption of ozone-depleting substances
- Proportion of population using an improved drinking water source
- Proportion of population using an improved sanitation facility
- Proportion of urban population living in slums

[NEW] INDICATORS

- Proportion of fish stocks within safe biological limits
- Proportion of total water resources used
- Proportion of terrestrial and marine areas protected
- Proportion of species threatened with extinction

Gender equality aid should be diversified to include more funds allocated towards economic infrastructure and private sector development

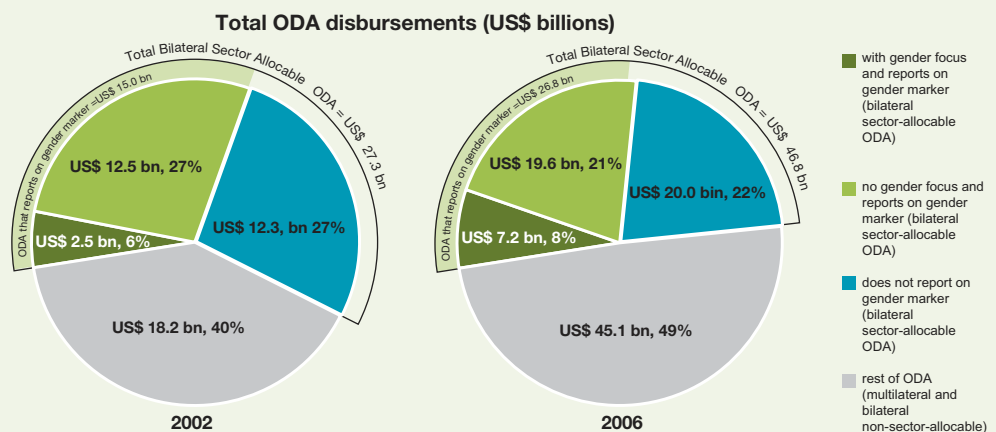


Develop a global partnership for development

With uneven progress of the gender equality dimensions of all of the MDGs save education, and significant regional disparities, the message for developing country governments and international aid institutions is clear: investment in gender equality and women's empowerment is vital for improving economic, social and political conditions in developing countries within the framework of sustainable development. The effectiveness of aid depends on this.

It is a good sign that disbursements of OECD Official Development Assistance (ODA) for gender equality have tripled in 2006 compared to 2002, going up from US\$ 2.5 billion to US\$ 7.2 billion. This has meant an increase in the proportion of total ODA from 6 to 8 per cent (see Figure MDG8.1).

FIGURE MDG8.1 Gender Equality Focus in Bilateral ODA has Increased Since 2002



Note: Bilateral Sector Allocable Overseas Development Aid (ODA) refers to aid from bilateral sources allocated to identifiable sectors (like education and health). Non-sector allocable aid includes budgetary support and other forms of assistance that do not target specific sectors. Total ODA includes bilateral and multilateral DAC members and is identified as sector-allocable or non sector-allocable aid. Only some DAC members have committed to reporting on the gender marker, and this marker applies only to sector-allocable ODA from bilateral DAC members. This graph reflects the distribution of total ODA distributed in four groups: (1) bilateral sector-allocable ODA from DAC members that report on the gender marker and have a gender focus; (2) bilateral sector-allocable ODA from DAC members that report on the gender marker, but do not have a gender focus; (3) the rest of bilateral sector allocable ODA (from DAC members that do not report on the gender marker); and (4) the rest of ODA, including multilaterals and non-sector allocable bilateral aid.

Sources: OECD Credit Reporting System (CRS) database.

TARGET 8A

Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

TARGET 8B

Address the special needs of the least developed countries

TARGET 8C

Address the special needs of land-locked developing countries and small island developing States

TARGET 8D

Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

TARGET 8E

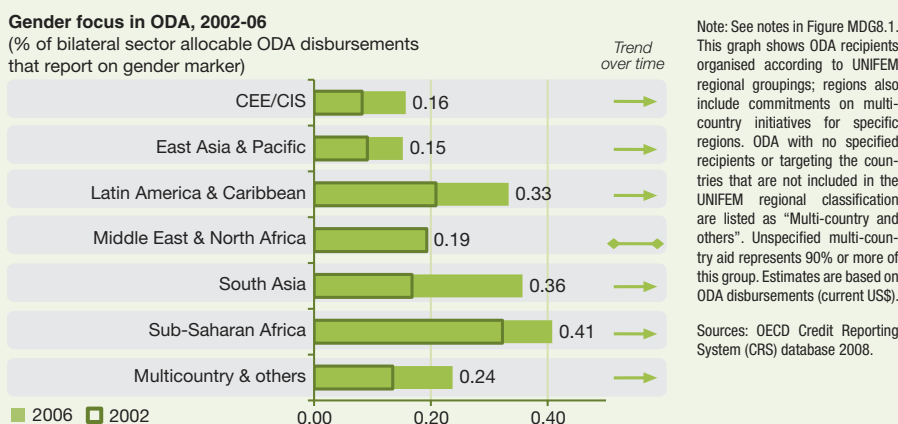
In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

TARGET 8F

In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Although this proportion has increased in most regions of the world, as Figure MDG8.2 shows, improvements vary greatly within regions. The proportion of gender equality-focused bilateral aid (of donors marking for gender)²⁷ ranges from over one-third in Latin America and the Caribbean, South Asia and sub-Saharan Africa, to under one-fifth in the Middle East and North Africa and East Asia and the Pacific. These regional differences are clearer when considering the proportion of total ODA. As shown in Figure MDG8.3, this proportion has increased in all regions but the Middle East and North Africa, where the proportion of aid focused on gender equality is less than half of that in any other region.

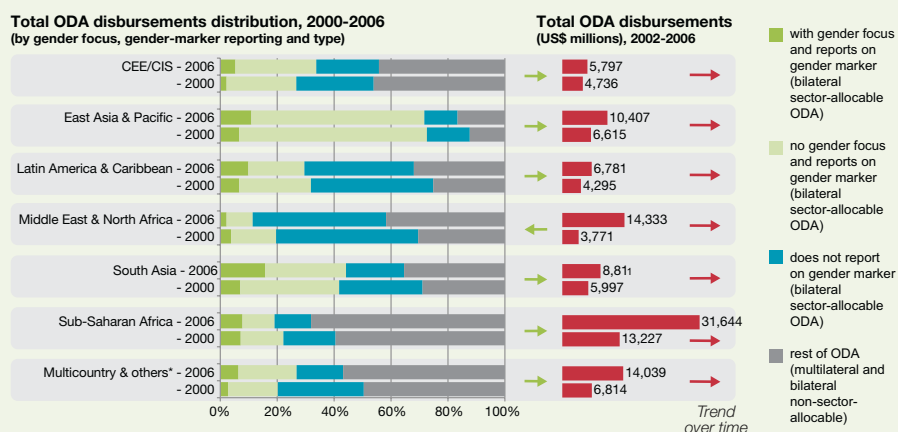
FIGURE | The Proportion of Aid with a Gender Focus Has Increased in Most MDG8.2 | Regions Since 2002



Another element to consider is the sectoral distribution of the gender equality-focused aid. As shown in Chapter 6, this category of aid is still concentrated in social sectors, while allocations of gender-marked aid on economic infrastructure and private sector development are relatively small.

Although a great deal of international attention is being paid to aid effectiveness, the importance of addressing gender inequality through aid and governance has not been adequately recognized in the largely technical agenda of the Paris Declaration. To date, no consistent tracking system of investment on gender equality aid exists in multilateral institutions; an exception is the OECD gender marker, but less than half of the funds eligible for 'screening' use this marker. One step toward improving accountability in this area would be for international aid and security institutions – including multilateral agencies – to agree to a coherent monitoring system for marking aid flows by gender, building on the OECD Gender Equality Marker (GEM). Another step would be to intensify support for collection of sex-disaggregated data, at least across all of the MDGs and also in key 'missing' MDG areas such as violence against women. Finally, alliances between gender equality champions within and outside of international institutions must focus their efforts to identify and call for greater accountability of these institutions to unswervingly implement the gender equality commitments embodied in their own policies and strategies.

FIGURE | Bilateral ODA Focussed on Gender has Increased in all Regions but MDG8.3 | the Middle East & North Africa



INDICATORS

[Official Development Assistance]

- Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income
- 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)
- Proportion of bilateral official development assistance of OECD/DAC donors that is untied
- ODA received in landlocked developing countries as a proportion of their gross national incomes
- ODA received in small island developing States as a proportion of their gross national incomes

INDICATORS [Market access]

- Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty
- Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries
- Agricultural support estimate for OECD countries as a percentage of their gross domestic product
- Proportion of ODA provided to help build trade capacity

INDICATORS [Debt sustainability]

- Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)
- Debt relief committed under HIPC and MDRI Initiatives
- Debt service as a percentage of exports of goods and services

INDICATORS [Targets E and F]

- Proportion of population with access to affordable essential drugs on a sustainable basis
- Telephone lines per 100 population
- Cellular subscribers per 100 population
- Internet users per 100 population