



# Millennium Development Goals (MDGs)

Fact sheet N°290  
Updated May 2014

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## Key facts

- Globally, the number of deaths of children under 5 years of age fell from 12.6 million in 1990 to 6.6 million in 2012.
  - In developing countries, the percentage of underweight children under 5 years old dropped from 25% in 1990 to 15% in 2012.
  - While the proportion of births attended by a skilled health worker has increased globally, fewer than 50% of births are attended in the WHO African Region.
  - Globally, new HIV infections declined by 33% between 2001 and 2012.
  - Existing cases of tuberculosis are declining, along with deaths among HIV-negative tuberculosis cases.
  - In 2010, the world met the United Nations Millennium Development Goals target on access to safe drinking-water, as measured by the proxy indicator of access to improved drinking-water sources, but more needs to be done to achieve the sanitation target.
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The United Nations Millennium Development Goals (MDGs) are 8 goals that UN Member States have agreed to try to achieve by the year 2015.

The United Nations Millennium Declaration, signed in September 2000, commits world leaders to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. The MDGs are derived from this Declaration. Each MDG has targets set for 2015 and indicators to monitor progress from 1990 levels. Several of these relate directly to health.

## Progress report on the health-related MDGs

While some countries have made impressive gains in achieving health-related targets, others are falling behind. Often the countries making the least progress are those affected by high levels of HIV/AIDS, economic hardship or conflict.

## **Millennium Development Goal 1: eradicate extreme poverty and hunger**

### **Target 1.C. Halve, between 1990 and 2015, the proportion of people who suffer from hunger**

Undernutrition which includes fetal growth restriction, stunting, wasting and deficiencies of vitamin A and zinc, along with suboptimal breastfeeding; is the underlying cause of death in an estimated 45% of all deaths among children under 5 years of age. The proportion of underweight children in developing countries has declined from 25% to 15% between 1990 and 2012. This rate of progress is close to the rate required to meet the MDG target, however improvements have been unevenly distributed between and within different regions.

## **Millennium Development Goal 4: reduce child mortality**

### **Target 4.A. Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate**

Globally, significant progress has been made in reducing mortality in children under 5 years of age. In 2012, 6.6 million children under 5 died, compared with 12.6 million in 1990. Between 1990 and 2012, under-5 mortality declined by 47%, from an estimated rate of 90 deaths per 1000 live births to 48. The global rate of decline has also accelerated in recent years – from 1.2% per annum during 1990–1995 to 3.9% during 2005–2012. Despite this improvement, the world is unlikely to achieve the MDG target of a two-thirds reduction in 1990 mortality levels by the year 2015.

More countries are now achieving high levels of immunization coverage; in 2012, 66% of Member States reached at least 90% coverage. In 2012, global measles immunization coverage was 84% among children aged 12–23 months. During 2000–2012, estimated measles deaths decreased by 78% from 562 000 to 122 000.

## **Millennium Development Goal 5: improve maternal health**

### **Target 5.A. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio**

### **Target 5.B. Achieve, by 2015, universal access to reproductive health**

Despite a significant reduction in the number of maternal deaths – from an estimated 523 000 in 1990 to 289 000 in 2013 – the rate of decline is less than half of what is needed to achieve the MDG target of a three quarters reduction in the mortality ratio between 1990 and 2015.

To reduce the number of maternal deaths, women need access to good-quality reproductive health care and effective interventions. In 2011, 63% of women aged 15–49 years who were married or in a consensual union were using some form of contraception, while 12% wanted to stop or postpone childbearing but were not using contraception.

The proportion of women receiving antenatal care at least once during pregnancy was about 81% for the period 2006–2013, but for the recommended minimum of 4 visits or more the corresponding figure drops to around 56%.

The proportion of births attended by skilled personnel – crucial for reducing perinatal, neonatal and maternal deaths – is above 90% in 3 of the 6 WHO regions. However, increased coverage is needed in certain regions, such as the WHO African Region where the figure remains less than 50%.

## **Millennium Development Goal 6: combat HIV/AIDS, malaria and other diseases**

### **Target 6A. Have halted by 2015 and begun to reverse the spread of HIV/AIDS**

**Target 6B. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.**

In 2012, an estimated 2.3 million people were newly infected with HIV – 33% less than the 3.4 million people newly infected in 2001. Sub-Saharan Africa accounted for 70% of all the people who acquired HIV infection globally.

There were an estimated 35 million people living with HIV in 2012, an increase from previous years. As access to antiretroviral therapy in low- and middle-income countries improves (around 9.7 million people in low- and middle-income countries received treatment in 2012), the population living with HIV will continue to grow since fewer people are dying from AIDS-related causes.

### **Target 6C. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases**

#### **Malaria**

About half the world's population is at risk of malaria, and an estimated 207 million cases in 2012 led to approximately 627 000 deaths – most of these in children under the age of 5 living in Africa.

During the period 2000–2012, malaria incidence and mortality rates of population at risk have both fallen globally, 29% and 42% respectively. An estimated 3.3 million lives were saved as a result of scaling-up malaria interventions during the same period.

The coverage of interventions such as the distribution of insecticide-treated nets and indoor residual spraying has greatly increased, and will need to be sustained in order to prevent the resurgence of disease and deaths caused by malaria.

#### **Tuberculosis**

The annual global number of new cases of tuberculosis has been slowly falling for a decade thus achieving MDG target 6.C to reverse the spread of the disease by 2015. In 2012, there were an estimated 8.6 million new cases and 1.3 million deaths (including 320 000 deaths among HIV-positive people).

Globally, treatment success rates have been sustained at high levels since 2007, at or above the target of 85%. Between 1995 and 2012, 56 million people were successfully treated for tuberculosis and 22 million lives were saved. However, multi-drug resistant tuberculosis (MDR-TB), which emerged primarily as a result of inadequate treatment, continues to pose problems.

## **Other diseases**

Neglected tropical diseases are a medically diverse group of infections caused by a variety of pathogens such as viruses, bacteria, protozoa and helminths.

The 17 diseases prioritized by WHO are found in 149 countries and can cause multiple infections in one person and are almost always associated with poverty.

Leprosy has now been eliminated as a public health problem in 119 out of the 122 countries where it was previously endemic. Dracunculiasis (also known as guinea-worm) is a crippling parasitic disease on verge of eradication, with only 148 cases reported in 2013.

In addition, 728 million people worldwide were treated for at least 1 NTD through preventive chemotherapy in 2011.

However, neglected tropical diseases still affect more than 1 billion people worldwide.

Despite renewed momentum characterized by unprecedented progress, some neglected tropical diseases (like dengue) remain a significant obstacle to health, making it harder to achieve the Millennium Development Goals, and pose an ongoing impediment to poverty reduction and overall socio-economic development.

## **Millennium Development Goal 7: ensure environmental sustainability**

### **Target 7C: By 2015, halve the proportion of people without sustainable access to safe drinking water and basic sanitation**

The world has now met the MDG target relating to access to safe drinking-water. In 2012, 90% of the population used an improved source of drinking-water compared with 76% in 1990. Progress has however been uneven across different regions, between urban and rural areas, and between rich and poor.

With regard to basic sanitation, current rates of progress are too slow for the MDG target to be met globally. In 2012, 2.5 billion people did not have access to improved sanitation facilities, with 1 billion these people still practicing open defecation. The number of people living in urban areas without access to improved sanitation is increasing because of rapid growth in the size of urban populations.

## **Millennium Development Goal 8: develop a global partnership for development**

### **Target 8E. In cooperation with pharmaceutical companies, provide access to affordable essential medicines in developing countries**

Many people continue to face a scarcity of medicines in the public sector, forcing them to the private sector where prices can be substantially higher. Surveys undertaken from 2007-2012 show the average availability of selected generic medicines in low- and middle-income countries was

only 57% in the public sector. Patient prices of lowest priced generics in the private sector averaged 5 times international reference prices, ranging up to about 16 times higher in some countries.

Even the lowest-priced generics can put common treatments beyond the reach of low-income households in developing countries. The greatest price is paid by patients suffering chronic diseases. Effective treatments for the majority of the global chronic disease burden exist, yet universal access remains out-of-reach.

## **WHO response**

WHO works with partners to support national efforts to achieve the health-related MDGs. WHO's activities include:

- setting prevention and treatment guidelines and other global norms and standards;
- providing technical support to countries to implement guidelines;
- analysing social and economic factors and highlighting the broader risks and opportunities for health.

WHO assists national authorities as they develop health policies and plans, and helps governments work with development partners to align external assistance with domestic priorities. WHO also collects and disseminates data on health so countries can plan health spending and track progress.