

INTRODUCTION AND OVERVIEW

Recognizing that development remains the great challenge of our time, the United Nations launched a series of global conferences during the 1990s. Addressing such critical issues as education (Jomtien, 1990), children (New York, 1990), the environment (Rio de Janeiro, 1992), human rights (Vienna, 1993), population (Cairo, 1994), poverty (Copenhagen, 1995), status of women (Beijing, 1995), urban habitat (Istanbul, 1996) and food security (Rome, 1996), these global conferences succeeded in consciousness-raising and in setting the international agenda. Through them the international community has come to agree on numerically defined goals which are expected to give policy makers and planners better guidance in making and evaluating social policies in the years to come.

The present report was prepared as the United Nations was engaged in the first series of systematic quinquennial reviews of progress towards achieving the goals and objectives of those conferences, culminating in a series of special sessions of the General Assembly to assess progress and identify priorities for further implementation of the conference goals and objectives.

Charting the Progress of Populations was prepared by the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat in support of follow-up activities to the global conferences. It provides basic statistical information and sources for 12 key indicators relevant to goals agreed upon by Governments. A particular effort was made to show where countries currently stand and how close they are to the agreed goals.

The indicators were selected for their relevance to six of the main themes of the various global conferences: population, with special emphasis on reproductive health and family planning services; primary health care; nutrition; basic education; drinking water and sanitation; and shelter. The 12 indicators are:

- (a) Total population;
- (b) Access to health services;
- (c) Contraceptive prevalence;
- (d) Underweight prevalence among preschool children;
- (e) Maternal mortality;
- (f) Infant and child mortality;
- (g) Life expectancy at birth;
- (h) School enrolment;
- (i) Adult illiteracy;
- (j) Access to safe water;
- (k) Access to sanitation;
- (l) Floor area per person.

All the recent international conferences and summits have recognized that accurate and timely data are essential for monitoring progress in achieving the conference goals. In order to assess progress for broad regions and for the world, it is necessary for key indicators to be measured in a manner that permits comparison. For most of the indicators included in the present report, comparable and recent national estimates are available. However, the quality of the underlying data varies, and for some indicators further work is needed to improve comparability across countries. For instance, under the auspices of the WHO/UNICEF Joint Monitoring Programme, considerable progress has been made in improving coverage and timeliness of information on access to safe water and sanitation. Still, the estimates are not fully comparable across countries. In the case of access to health services, there remain important questions—about the features of facilities, staff and services available—that must be present for coverage to be considered adequate.

For indicators that provide a high degree of international comparability, achieving that comparability often means adjusting the data in order to give a better estimate of the underlying concept. For instance, for certain countries, all the mortality estimates shown here have been adjusted or indirectly estimated. However, the degree of adjustment is not the same for all the indicators. In the case of mortality indicators in the present report, the underlying data are relatively more complete for infant and child mortality, followed by life expectancy, while the estimates of maternal mortality are substantially more dependent on indirect methods.

Although in most cases, the more developed countries tend to have data that are of better quality and more up-to-date than the developing countries, there are some indicators for which this is not the case. In more developed regions data for five of the 12 indicators are either not available or are available for only a few countries. These indicators are child malnutrition, adult illiteracy and access to health services, to safe water and to sanitation. For some indicators, such as adult illiteracy, this is because the problem has been largely overcome in the more developed countries, and national data gathering has turned to other indicators of educational attainment. In other cases, such as child malnutrition, a concerted effort has been made to obtain timely and comparable data in developing countries, while in most developed countries data either are lacking at the national level or have not been tabulated in a comparable manner. As compared with the other themes, national data on shelter are limited in both developed and developing countries, as shown in chapter XII. Standard definitions and standardized estimates, which make it possible to compare data across countries, are available for some indicators, but not for others. The majority of data used in this report refer to the 1990s, but some data are for earlier times.

In most of the areas covered by the 12 indicators, significant progress has been made in many regions in recent decades. The growth rate of the world's population is estimated to have peaked in the 1960s and has declined significantly since then. Important advances have been made in making accessible the means to combat the most common diseases of childhood, and an increasing number of children are routinely immunized against major diseases. Improvements in life expectancy at birth in the past half century, for both developing and developed countries, represent a remarkable social and demographic achievement. In the area of education, the absolute number of illiterate adults in the world has, since the early 1990s, begun to decline (UNESCO, 1995). WHO and UNICEF also report that access to safe water and sanitation facilities significantly increased during the 1980s.

At the same time, progress has been quite uneven across the world's regions. The 12 indicators show substantial variations between regions and countries in their past achievements (see fig. A). Some countries have already surpassed most of the conference goals, while others have yet to make significant progress. Some countries or regions perform very well in one area but poorly in others.

Organization of chapters

Chapters are organized by indicator in the order listed below. Each chapter begins with excerpts of relevant goals adopted at the global conferences and summary information concerning other international conferences and agreements. (Conferences are listed at the end of this introduction.) A definition of the indicator and a summary of the recent situation in reference to the conference goals follow. Each chapter also includes information on data sources, coverage and quality, and references which provide further information. A statistical table is also included.

Total population

The ICPD Programme of Action notes that early stabilization of the world population would make a crucial contribution to achieving sustainable development. During 1999, world population reached 6 billion persons. During the mid-1990s, world population was still growing at a rate of 1.3 per cent per year, with an average annual addition of 78 million persons. As of 1999, countries with 100 million or more population included China, India, the United States of America, Indonesia, Brazil, Pakistan, the Russian Federation, Bangladesh, Japan and Nigeria. According to the medium variant of the United Nations population estimates and projections, world population will reach 7.2 billion by the year 2015, which is the reference date for achieving many of the Conference goals. Ninety-eight per cent of the global increase in population between 1999 and 2015 will take place in the less developed regions. Africa will experience, by far, the most rapid rate of growth.

Access to health services

In three fourths of the 92 countries with data, the majority of the population is estimated to have access to health services. In about one third of the 92 countries, access is close to universal, or above 90 per cent. Access to health services tends to be limited in Africa, where nearly 40 per cent of the countries have estimated levels of access below 50 per cent. By contrast, in Asia and Oceania, and Latin America and the Caribbean, only 10 per cent of the countries with data have access levels of 50 per cent or less. It should be noted, however, that estimates are available for only about one half of the Asian and Oceanic countries with populations over 150,000 and for only approximately two thirds of the Latin American and Caribbean countries.

Contraceptive prevalence

In general, in countries and regions where the level of contraceptive use is low, many women say they want to stop childbearing or delay the next child, yet are not using contraception. Data on contraceptive prevalence reveal that the majority of married couples use some form of contraception in about half of the countries with data available. Within the less developed regions, there are substantial differences between Africa and the other two regions. In Africa more than one half of the countries (55 per cent) have prevalence rates less than 20 per cent. In Asia and Oceania, 18 per cent of the countries have prevalence rates below 20 per cent, and in Latin America and the Caribbean, only 4 per cent have such rates.

Underweight prevalence among preschool children

Malnutrition usually results from a combination of inadequate dietary intake and infection. The percentage underweight is the most widely cited indicator to assess the nutritional status of young children. Underweight prevalence among children is one area in which the worst cases of deprivation are seen in Asia and Oceania rather than in Africa; in several countries over half of pre-school children are under weight. Only one quarter of countries in the less developed regions have achieved a low prevalence (under 10 per cent) of underweight among children.

Maternal mortality

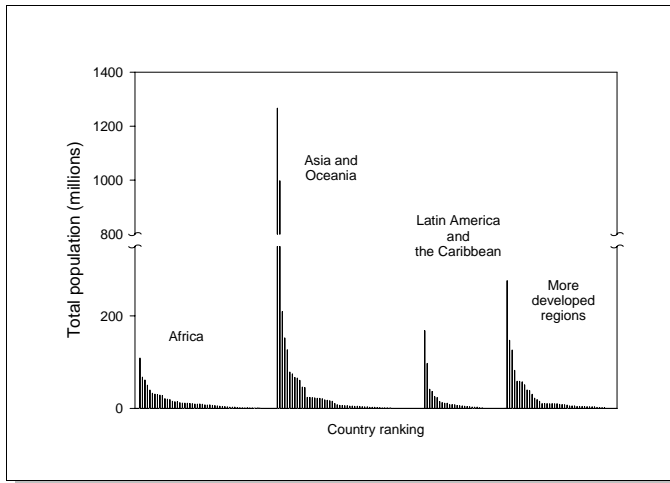
Maternal mortality shows a wide disparity among countries, with ratios under 10 deaths per 100,000 births in some countries and substantially over 1,000 deaths in other countries. The range of values is greater, in proportional terms, than for any other health and development indicator included in this report. As of 1990, one fifth of the countries had maternal mortality ratios estimated at less than 30 maternal deaths per 100,000 births. By region, about 70 per cent of countries in the more developed regions fall into that category, whereas only 6 per cent in the less developed regions do so. The countries from the less developed regions with maternal mortality less than 30 were all in Asia and Oceania. In the case of Africa, no country had a ratio less than 100, and more than four fifths of African countries had a maternal mortality ratio of 500 or more. The majority of African countries will need to make significant progress to achieve the year 2005 goal for countries with the highest levels of mortality—namely, a maternal mortality ratio below 125. It should be noted that the estimates should be taken as indicating orders of magnitude; the standard errors associated with the estimated ratios are very large.

Infant mortality and under-5 mortality

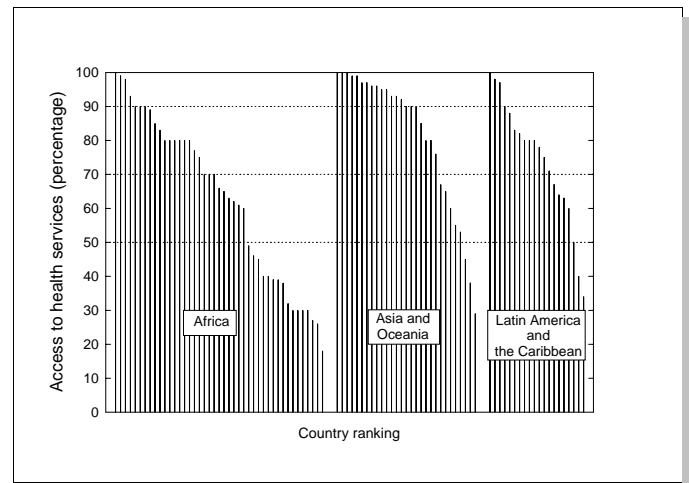
At the global level, approximately half of the countries are estimated to have infant and child mortality rates below the goals set for the year 2015. However, this is the result of very disparate levels in the more developed regions, on the one hand, and the less developed regions, on the other. For example, in Africa, only 4 out of 53 countries have attained the goals for

Figure A. 12 indicators, by country ranking and region

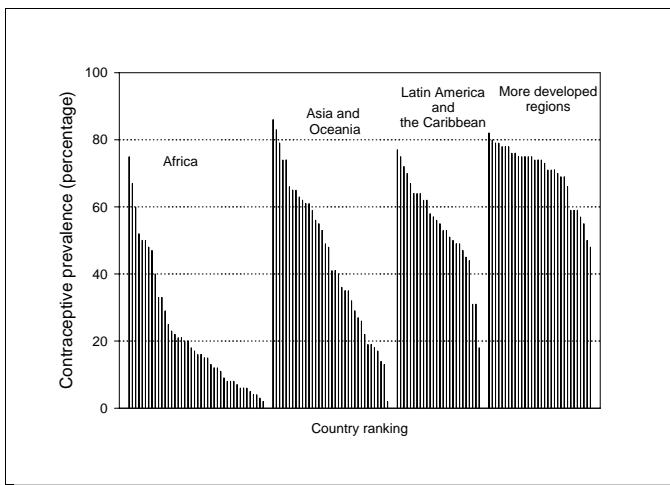
Total population



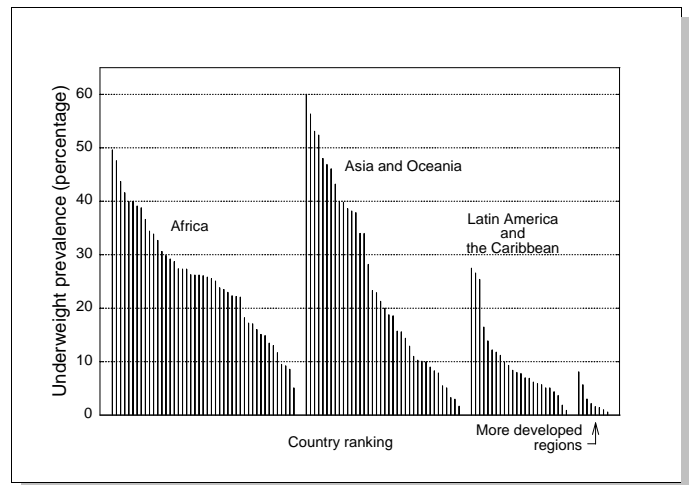
Access to health services



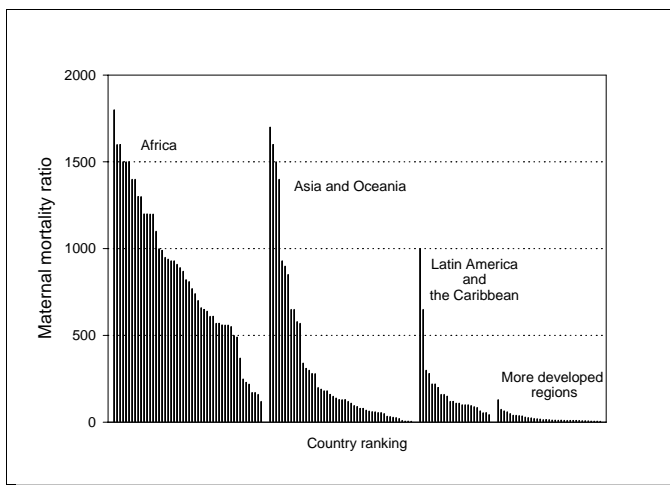
Contraceptive prevalence



Underweight prevalence among preschool children



Maternal mortality ratio



Infant mortality rate and under-5 mortality rate

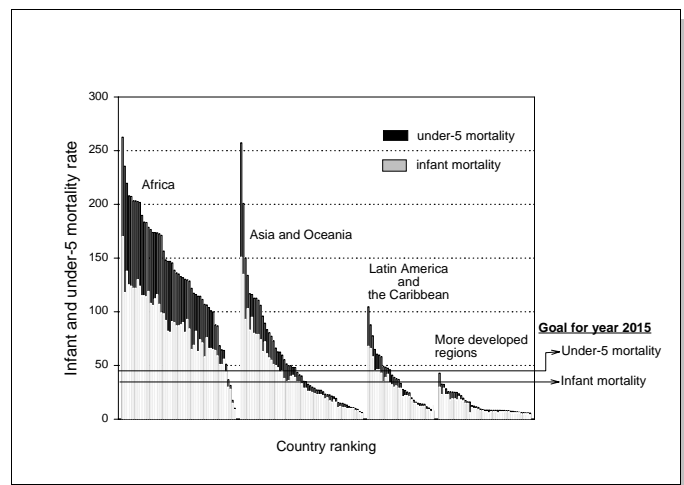
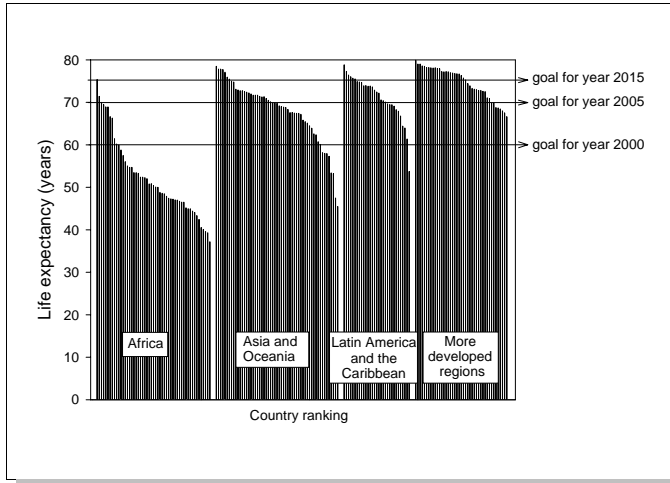
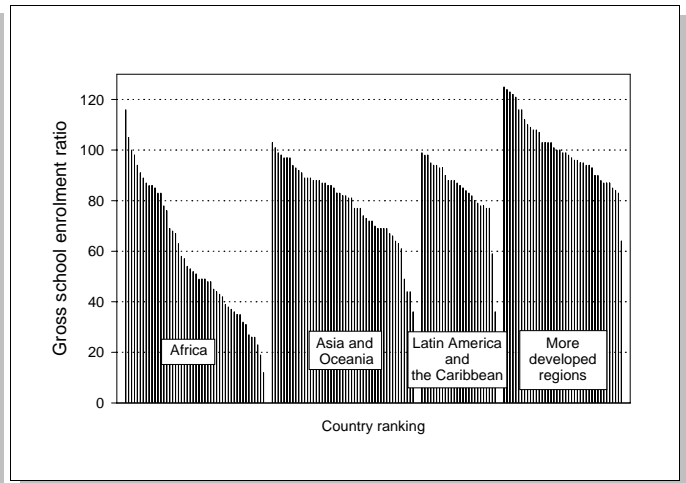


Figure A (continued)

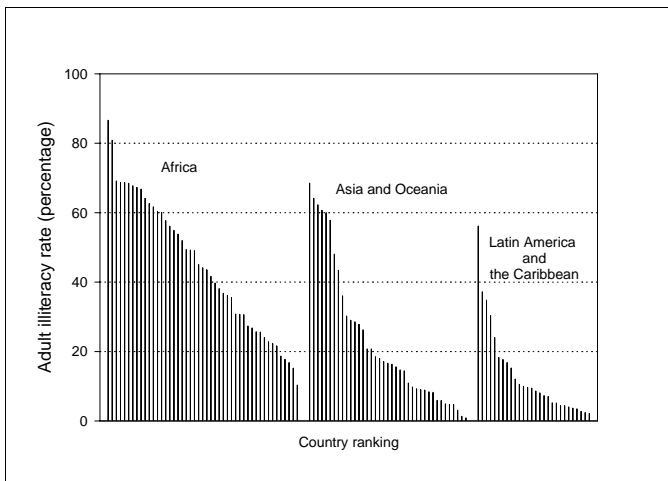
Life expectancy at birth



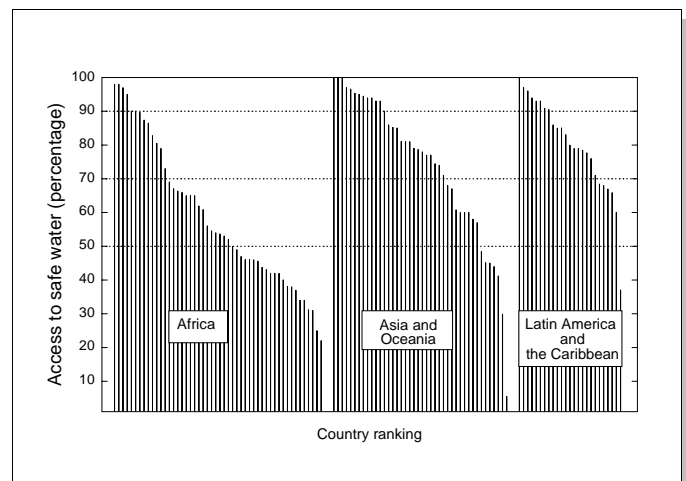
Gross school enrolment ratio for primary and secondary school combined



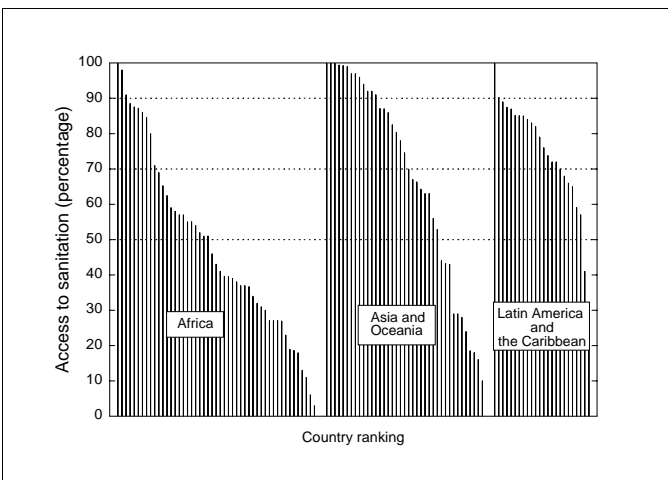
Adult illiteracy rate



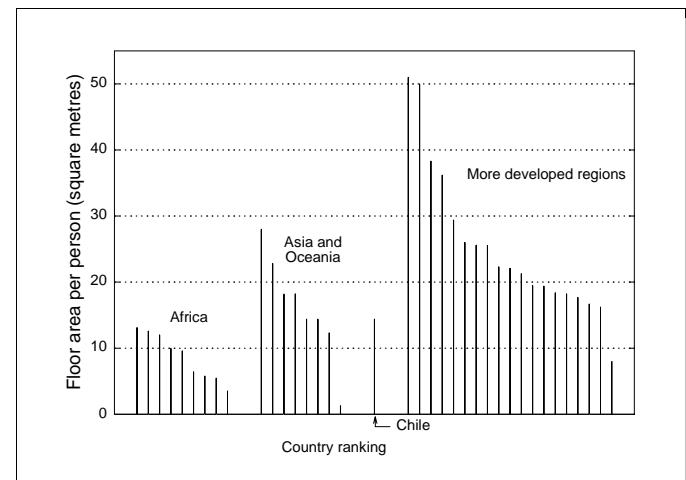
Access to safe water



Access to sanitation



Floor area per person



2015. In reference to the more immediate goal of reducing the infant mortality rate to 50 and the under-5 mortality rate to 70 by the year 2000, more than 90 per cent of African countries still fall short. All of the countries in the more developed regions have infant mortality rates below 35 and under-5 mortality rates below 45.

Life expectancy at birth

As of 1995-2000, about 70 per cent of all countries have achieved the year 2000 goal of a life expectancy at birth of 60 years or more. Over two fifths have already attained the year 2005 goal of 70 years or more, and about one fifth of countries have already achieved the year 2015 goal of at least 75 years. Of the roughly 30 per cent of all countries that have not yet reached the goal for the year 2000, most are African. All countries in the more developed regions have achieved the life expectancy goal of at least 60 years by year 2000, and over half have achieved the 2015 goal. Yet, one fifth of the developed countries have still to reach the goal for 2005, and about one quarter, the goal for 2015. These countries are concentrated in Eastern Europe, including the Russian Federation.

Gross enrolment for primary and secondary school combined

Education is now clearly recognized as a key component of policies aimed at achieving socio-economic development. Of the 164 countries with data available, one third have an enrolment ratio close to the conference goal of universal access to education. On the other hand, nearly one fifth of those countries—most of them in Africa—still have enrolment ratios less than 50. Since low enrolment ratios indicate a need for more school places to respond to unsatisfied educational needs and for measures to encourage increase in enrolment, the majority of African countries will need to make substantial investments in education in the years to come just to meet the needs of the current population. The school-age population is also growing more rapidly in Africa than in any other region. In most countries, boys have higher enrolment ratios than girls, and the differences are substantial in many countries, particularly where levels of enrolment are low overall. In nearly half of the developing countries, the enrolment ratio for boys exceeds that for girls by 5 points or more. However, in Latin America and the Caribbean, the gender gap in school enrolment is narrower than in the other less developed regions. In a substantial fraction of the countries of that region enrolment ratios for girls are higher than for boys.

Adult illiteracy

In the less developed regions, the majority of the adult population is illiterate in nearly one quarter of the countries, although a similar number of countries report that less than 10 per cent of their adult population is illiterate. It should be particularly noted that more than half of the least developed countries report that over half of their adults are illiterate. There is a wide gender gap in literacy in Africa and parts of Asia. More than half of the countries in Africa and about one third of those in Asia and Oceania have female illiteracy rates that are higher than male rates by 20 percentage points or more. In contrast, in Latin America and the Caribbean, no country has such a wide gender gap.

Access to safe water

During the International Drinking Water Supply and Sanitation Decade (1981-1990), significant progress was made in providing access to safe water supplies and sanitation facilities. A large proportion of the population in the developing world, however, still lives without access to safe water and sanitation, on which the health and productive capacity of people depend. Of 117 countries with data available in the less developed regions, the majority of the population lack access to safe water in 25 per cent of the countries. A similar percentage of countries have achieved or are close to achieving the goal of universal access.

Access to sanitation

In all regions, access to sanitation is more limited than access to safe water. In about one third of the 112 countries with data available in the less developed regions, the majority of the population do not have access to sanitation. When the two indicators—access to safe water and access to sanitation—are weighted by population size, about one quarter of the population of the less developed regions lacks access to safe water, but more than half have no access to sanitation.

Floor area per person

Floor area per person is one of the 10 key housing indicators selected by the Commission on Human Settlements to measure progress in meeting the objectives of the Global Strategy for Shelter to the Year 2000, adopted by the General Assembly in 1988. Data availability at the national level is extremely limited for this indicator, as compared with the other indicators included in the present report. Many indicators of crowding and other aspects of housing have been compiled mainly for cities rather than nation-wide. At the national level, out of 37 countries with data available, two thirds report floor area per person of less than 20 square metres. Housing tends to be more crowded in African countries than in other regions. More developed regions have relatively more floor space per person.

In general, most African countries are currently far from reaching the goals identified at the recent United Nations conferences. Asian and Oceanic countries fare better but tend to have larger intra-regional variations than other major regions. Also, in Asia and Oceania, progress is not consistent across different indicators. Progress in some areas, such as access to health services, has been substantial but is lagging in others, especially child malnutrition. In the less developed regions, the countries of Latin America and the Caribbean are the closest to achieving the conference goals for most of the 12 indicators. Their achievements in the field of education are particularly noteworthy.

Conference reports

The relevant conferences and the titles of the policy documents adopted are listed below, by theme:

(a) Primary health: The International Conference on Primary Health Care (Alma-Ata, USSR, 6-12 September 1978) adopted the **Declaration of Alma Ata**;

(b) Global health for all: The World Health Assembly, in resolution WHA.34.36 (1980), adopted the **Global Strategy for Health for All by the Year 2000**;

(c) Maternal health: The International Conference on Safe Motherhood (Nairobi, 10-13 February 1987) adopted the **Safe Motherhood Initiative: A Call to Action**;

(d) Education: The World Conference on Education for All: Meeting Basic Learning Needs (Jomtien, Thailand, 5-9 March 1990) adopted the **World Declaration on Education for All**;

(e) Children: The World Summit for Children (New York, 29-30 September 1990) adopted the **World Declaration on the Survival, Protection and Development of Children in the 1990s** and the **Plan of Action for Implementing the World Declaration**;

(f) Nutrition: The International Conference on Nutrition (Rome, 5-11 December 1992) adopted the **World Declaration on Nutrition and Plan of Action for Nutrition**;

(g) Environment: The United Nations Conference on Environment and Development (Rio de Janeiro, 3-14 June 1992) adopted the **Rio Declaration on Environment and Development** and **Agenda 21**;

(h) Small islands: The Global Conference on the Sustainable Development of Small Island Developing States (Bridgetown, Barbados, 26 April-6 May 1994) adopted the **Declaration of Barbados** and the **Programme of Action for the Sustainable Development of Small Island Developing States**;

(i) Human rights: The World Conference on Human Rights (Vienna, 14-25 June 1993) adopted the **Vienna Declaration and Programme of Action**;

(j) Population: The International Conference on Population and Development (Cairo, 5-13 September 1994) adopted the **Programme of Action of the ICPD**;

(k) Social development: The World Summit for Social Development (Copenhagen, 6-12 March 1995) adopted the **Copenhagen Declaration on Social Development** and the **Programme of Action of the World Summit for Social Development**;

(l) Women: The Fourth World Conference on Women (Beijing, 4-15 September 1995) adopted the **Beijing Declaration and Platform for Action**;

(m) Human settlements: The United Nations Conference on Human Settlements (Habitat II) (Istanbul, 3-14 June 1996) adopted the **Istanbul Declaration on Human Settlements** and the **Habitat Agenda**;

(n) Food security: The World Food Summit (Rome, 13-17 November 1996) adopted the **Declaration on World Food Security** and the **World Food Summit Plan of Action**.