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Millennium Development Goals (MDGs)

19 February 2018



Key facts

- Globally, the number of deaths of children under 5 years of age fell from 12.7 million in 1990 to 6.3 million in 2013.
- In developing countries, the percentage of underweight children under 5 years old dropped from 28% in 1990 to 17% in 2013.
- Globally, new HIV infections declined by 38% between 2001 and 2013.
- 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.

The MDGs have been superseded by the [Sustainable Development Goals](#)

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 28% to 17% between 1990 and 2013. 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 2013, 6.3 million children under 5 died, compared with 12.7 million in 1990. Between 1990 and 2013, under-5 mortality declined by 49%, from an estimated rate of 90 deaths per 1000 live births to 46. The global rate of decline has also accelerated in recent

years – from 1.2% per annum during 1990–1995 to 4.0% during 2005–2013. 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 2013, 66% of Member States reached at least 90% coverage. In 2013, global measles immunization coverage was 84% among children aged 12–23 months. During 2000–2013, estimated measles deaths decreased by 74% from 481 000 to 124 000.

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 2012, 64% 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 83% for the period 2007–2014, but for the recommended minimum of 4 or more visits the corresponding figure drops to around 64%.

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 was still only 51%.

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 2013 an estimated 2.1 million people were newly infected with HIV – down from 3.4 million in 2001. By the end of 2013 about 12.9 million people were receiving antiretroviral therapy (ART) globally. Of these, 11.7 million lived in low- and middle-income countries, representing 36% of the estimated 32.6 million people living with HIV in these countries. Should current trends continue the target of placing 15 million people on ART by 2015 will be exceeded.

The decrease in the number of those newly infected along with the increased availability of ART have contributed to a major decline in HIV mortality levels – from 2.4 million people in 2005 to an estimated 1.5 million in 2013. As fewer people die from AIDS-related causes the number of people living with HIV is likely to continue to grow.

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 198 million cases in 2013 led to approximately 584 000 deaths – most of these in children under the age of 5 living in Africa.

During the period 2000–2013, malaria incidence and mortality rates of population at risk have both fallen globally, 30% and 47% respectively.

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. Globally, the MDG target of halting by 2015 and beginning to reverse the incidence of malaria has already been met.

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 2013, there were an estimated 9 million new cases and 1.5 million deaths (including 360 000 deaths among HIV-positive people).

Globally, treatment success rates have been sustained at high levels since 2007, at or above the target of 85%. However, multi-drug resistant tuberculosis (MDR-TB), which emerged primarily as a result of inadequate treatment, continues to pose problems.

Other diseases

MDG Target 6.C also includes neglected tropical diseases – a medically diverse group of infectious conditions caused by a variety of pathogens.

In 2013 only 6314 cases of human African trypanosomiasis were reported, representing the lowest levels of recorded cases in 50 years. This disease is now targeted for elimination as a public health problem by 2020. Dracunculiasis is also on the verge of eradication with an historic low of 126 cases reported in 2014 and an ongoing WHO target of interrupting its transmission by the end of 2015.

Plans to eliminate leprosy as a public health problem worldwide by 2020 have also been prepared and are being implemented. The elimination of visceral leishmaniasis as a public health problem in the Indian subcontinent by 2020 is on track with a greater than 75% reduction in incident cases recorded since the launch of the programme in 2005. In the case of lymphatic filariasis, more than 5 billion treatments have been delivered since 2000 to stop its spread and of the 73 known endemic countries 39 are on track to achieve its elimination as a public health problem by 2020.

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 2007-2013 show the average availability of selected generic medicines in 21 low- and middle-income countries was only 55% in the public sector.

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.

Related health topics

[Universal Health Coverage \(UHC\)](#)

[Sustainable Development Goals](#)

