

# Countries by critical development areas

Since 1995 Social Watch has presented a summary of the situation of countries in relation to the 2000 targets set as part of the commitments assumed by governments at the World Summit for Social Development in Copenhagen and the Fourth World Conference on Women in Beijing, and in relation to the goals set for the year 2015 in the Millennium Declaration.

For this edition we have developed a monitoring strategy by thematic area that incorporates and consolidates the dimensions of analysis relating to development and human security, in line with the approaches defined at the international summit meetings.<sup>1</sup>

The indicators used to assess the different areas of interest were selected not only in line with conceptual criteria regarding the relevance of each one, but also on the basis of practical considerations relating to coverage and international comparability of the indicators.<sup>2</sup>

In our interpretation of the information provided in the tables, we have chosen to include both regional analysis and analysis based on the classification of countries according to their income levels.<sup>3</sup>

Thematic areas	
•	Poverty and distribution
•	Food security
•	Health security <ul style="list-style-type: none"> <li>- Morbidity and mortality</li> <li>- Women's reproductive health</li> <li>- Water and sanitation</li> </ul>
•	Education
•	Information, science and technology
•	Gender equity <ul style="list-style-type: none"> <li>- in Education</li> <li>- in Economic activity</li> <li>- in Empowerment</li> </ul>
•	Public expenditure
•	Development aid
•	International commitments and human rights

## 1. Poverty and distribution

Selected indicators:
Gini Index
International poverty line: Population living with less than USD 1 a day (%)
International poverty line: Poverty gap of population living with less than USD 1 a day (%)
Population below the national poverty line (%)
Share of poorest quintile consumption 1987-2001

The world is characterised by great poverty amidst abundance. Of the world's total 6 billion inhabitants, 2.8 billion - almost half - live with less than USD 2 a day, and 1.2 billion - a fifth - live with less than USD 1 a day. Almost two-thirds (62%) of people who are fighting for survival on less than USD 1 a day live in South Asia and another fifth (20%) in sub-Saharan Africa. Latin America is home to 5% of the world's poor, most of them living in Mexico and Central America.<sup>4</sup>

While the indicators presented in the table **The present situation of poverty in the world**<sup>5</sup> are used internationally to measure poverty and income distribution,<sup>6</sup> it is important to bear in mind that the information available on a global level for this type of measurement is very limited. Not only is information not available for all countries, but the measurement criteria are not the same and/or are applied to non-comparable universes.<sup>7</sup> Clearly, the problem of obtaining information relating to two points in time, which will also allow for minimum comparisons to be made between countries, presents yet another obstacle to attempts to monitor the principal goal established by governments at the Millennium Summit: reducing world poverty by half.

## 2. Food security

Selected indicators:
Undernourishment (% of total population)
Estimated low birth weight
Under 5 children malnutrition (weight for age)

Food security is defined as access for all people at all times to the food needed to live a healthy and active life. It entails a range of needs like availability of and access to nutritionally adequate food. With respect to this dimension, Social Watch proposes to focus the analysis specifically on the nutritional well-being of the population, which depends to a large part on the level of food security that countries achieve.

To measure this concept we combine three indicators: undernourishment, malnutrition and low birth weight. The indicators included in this area allow us to review the issue of food security both in relation to different target populations (infants, children and the population in general) and also in relation to the different consequences of food insecurity.

According to the latest FAO estimates,<sup>8</sup> there are 842 million undernourished people in the world, 95% of whom live in developing countries. Across the developing world as a whole, the number of undernourished people has declined by only 19 million since the beginning of the 1990s.

Each year 18 million children are born with low birth weights, 9.3 million in Central Asia and 3.1 million in sub-Saharan Africa.<sup>9</sup>

The **Food security** table included in this report shows that the situation on a global level has developed unevenly. More than half the countries (75) for which information is available are currently in a situation above the average for the area. Among these it is worth highlighting the relatively good situation among

Present situation and recent evolution in food security <sup>10</sup>					
PRESENT SITUATION	EVOLUTION IN FOOD SECURITY				
	←	←		→	→
Countries in a better situation	1	7	26	16	
Countries above average		6	9	3	4
Countries below average	2	6	9	8	4
Countries in a worse situation	4	7	11	4	6
Total countries with sufficient information to be included in the ranking by present situation and evolution	7	26	55	31	14

1 Social Watch Report 2003 provided a critique of the operationalisation of the goals set at the Millennium Summit, highlighting the excessive focus on the situation of countries in relatively worse situations, while the expectations and demands for progress directed at other countries with relatively higher levels of development are lowered.

2 It should be noted that in several areas we chose to include indicators that overlap considerably in order to ensure that the area was represented in case any single indicator was missing from the summary value.

3 World Bank. *World Bank Development Indicators 2003*. Country classification by income levels.

4 World Bank. *World Development Indicators*. 2000.

5 World Bank. *World Development Indicators*. 2003.

6 Although there are complex theoretical debates surrounding their use. See, for example, Vigorito, Andrea. "Some comments on country-to-country poverty comparisons". In *Social Watch Report 2003. The poor and the market*. Montevideo, 2003.

7 In many cases the information provided for the country refers only to certain regions or cities.

8 FAO, *The State of Food Insecurity in the World 2003*.

9 UNICEF. *Progress since the World Summit for Children. A statistical review*. UNICEF, 2001.

10 The definition of the categories relating to present situation and evolution in this area can be found in the Methodology section; these categories are the same as those used in the tables.

a small group of low-income countries: Kyrgyzstan, Moldova, Georgia and the Ukraine. However, almost 1 in 4 countries (32) are in a relatively worse situation in this area; 29 of these are low-income countries and 3 are lower middle-income countries.

During the 1990s, almost half the countries with information (80) experienced no significant change in their situation. Twenty-nine per cent of countries (50) showed on average an improvement, but 24% of countries (41) regressed. The trend towards an improved situation is not steady, but a noteworthy effort was made by a large number of lowest-income countries (40% of this sector, 25 countries) which have managed to improve their nutritional levels, compared with a decade ago.

On a regional level, the countries that made most progress in this area were those in South and East Asia and the Pacific: 5 of the 8 countries in Central Asia showed progress over the decade, while only one (Afghanistan) regressed. Of the 25 countries in East Asia and the Pacific for which data are available, 9 progressed and 3 regressed (Democratic Republic of Korea shows the most drastic increase in undernourishment).

Evolution in other regions was much more varied: in Latin America 11 countries improved their situation, but 9 regressed over the decade. In the Middle East and North Africa 38% (8 countries) regressed and 29% (6 countries) progressed. Iraq is the country in this region showing the greatest regression over this period.

In sub-Saharan Africa 34% (15 countries) showed setbacks, while 32% (14 countries) made progress. In this region the countries with the highest levels of regression are Burundi, the Democratic Republic of Congo, Eritrea and Comoros.

<b>OVER HALF THE POPULATION IS UNDERNOURISHED IN...</b>	
Congo, Dem. Rep.	73%
Somalia	71%
Afghanistan	70%
Burundi	69%
Tajikistan	64%
Eritrea	58%
Mozambique	55%
Angola	50%
Haiti	50%
Zambia	50%

<b>FOOD INSECURITY AT THE MOMENT OF BIRTH (LOW BIRTH WEIGHT) IS CRITICAL IN...</b>	
Mauritania	42%
Sudan	31%
Bangladesh	30%
Haiti	28%
Yemen	26%
India	26%

<b>AT LEAST 4 OUT OF EVERY 10 CHILDREN UNDER THE AGE OF 5 SUFFER FROM MALNUTRITION IN...</b>	
Afghanistan	49%
Nepal	48%
Bangladesh	48%
Ethiopia	47%
India	47%
Yemen	46%
Cambodia	45%
Burundi	45%
Eritrea	44%
Maldives	43%
Angola	41%
Niger	40%
Lao PDR	40%

### 3. Health security

#### *Selected sub-dimensions:*

Morbidity and mortality  
Women's reproductive health  
Water and sanitation

For the purposes of this report we decided to divide the area of health security into three sub-dimensions. Since each table represents a specific topic and as such relates directly to international commitments on the issue, they are presented separately and the information they contain is ranked according to the summary present situation for each country, based on its component indicators.

#### 3.1. Morbidity and mortality

##### *Selected indicators:*

##### **Morbidity and mortality**

Malaria (cases per 100,000 people)  
Tuberculosis (cases per 100,000 people)  
AIDS (% of 15-49 years old)  
Infant mortality (per 1,000 live births)  
Under-5 mortality (per 1,000 live births)

##### **Immunisation**

DPT immunised 1-year-old children  
Polio immunised 1-year-old children  
Measles immunised 1-year-old children  
Tuberculosis immunised 1-year-old children

The main conclusion of WHO's *The World Health Report 2002* is that gaps between countries and regions are getting steadily wider. The difference in life expectancy between sub-Saharan Africa and developed countries is 32 years (46 and 78 years respectively). And the situation is growing ever worse, as a result of the drop in life expectancy caused by AIDS in Africa and the drop in the probability of chil-

dren reaching the age of five, due to the profound impact of transmittable diseases.

A higher life expectancy can be achieved through progress in the area of health and by reducing indices of maternal and infant mortality. The process of "demographic transition" that has taken place in these countries starts with high birth and death rates. In general mortality rates are the first to be reduced, followed by birth rates. This transition process began many years ago in developed countries and in the poorest countries it has not yet concluded.

While in developed countries mortality is concentrated (60%) among senior citizens (70 years old and over), in many developing regions it is concentrated in much lower age groups, due to the high rates of infant mortality and premature mortality among adults. The health challenges facing adults are only just beginning to be taken into consideration in health policies in developing countries. These challenges continue to be regarded as a characteristic concern of wealthy countries, where the child mortality rate has already been reduced to very low figures.<sup>11</sup>

The **Health** table reflects the situation of countries in relation to their morbidity and mortality rates. The indicators relating to infant mortality have been prioritised, together with its causes and the most prevalent diseases, since lowering infant mortality rates constitutes one of the most important goals set at the international summits.

When countries are sorted according to their health situation significant differences between regions become clear (Chart 1).

Nine out of every ten countries in the group in a worse situation are in sub-Saharan Africa. The group in a relatively better situation includes principally 90% of countries in Europe, 85% of countries in North Africa and the Middle East, and 64% of countries in Latin America.

Among the countries in a worse situation, the most serious cases are Malawi, Mozambique and Zambia, where one in five children dies before reaching the age of five and which have very high rates of malaria, tuberculosis and HIV-AIDS.

If countries are grouped by income levels (Chart 2), it becomes clear that a country's situation with respect to health security is closely related to its wealth.

Child mortality rates continue to represent a key indicator for understanding the health situation in countries and can be used as an indicator of development levels. They also show huge regional variations (Chart 3). Today the great majority of child deaths happen in developing countries, and almost half in Africa. A child in Sierra Leone is three times as likely to die before the age of five than a child in India and 94 times more likely than a child in Sweden.

11 WHO, *The World Health Report 2002*.

## Present situation and recent evolution in health security (morbidity and mortality)<sup>12</sup>

PRESENT SITUATION	EVOLUTION IN MORBIDITY AND MORTALITY				
	←	←		→	→
Countries in a better situation	3	16	6	3	
Countries above average		3	9	14	7
Countries below average		2	14	20	8
Countries in a worse situation		1	23	69	8
Total countries with sufficient information to be included in the ranking by present situation and evolution	3	6	62	109	26

Within countries the highest rates of infant mortality occur among the poorest sectors.<sup>13</sup> In many countries where infant mortality rates have decreased this improvement is concentrated among relatively less poor children, which widens the gap among them.

Since 1970, under-5 mortality has dropped in the world from 147 to 80 per 1,000. This improvement was centred in South-East Asia, the East Mediterranean and Latin America, while in Africa progress was more modest. The greatest reductions took place between 20 and 30 years ago, although this was not the case in Africa and the Western Pacific region, where the rate of improvement dropped in the 1980s, nor in some Eastern European countries where this tendency was reverted in the 1970s.<sup>14</sup>

From 1990-2002, 119 countries made progress and 62 showed no change. By region, South Asia is where the greatest progress has been made (Chart 4).

The most notable advances took place in countries where mortality was already low, while countries with higher mortality rates did not register such a clear improvement.

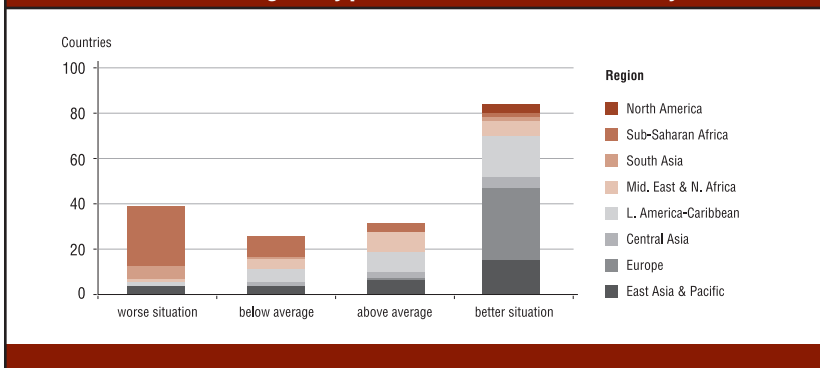
Similarly, while less developed countries show greater variations in their health situation and in progress made, among the richer nations the picture is much more homogeneous, since the levels of health security reached are closely linked to the rapid generalisation of advances in medical science.

	1990	2002
<b>INFANT MORTALITY REGRESSION</b>		
<i>Slight regression</i>		
Zambia	189	192
Rwanda	178	183
South Africa	60	65
Uzbekistan	62	68
Kazakhstan	67	76
<i>Significant regression</i>		
Kenya	97	122
Cameroon	139	166
Swaziland	110	149
Zimbabwe	80	123
Botswana	58	110
Iraq	50	125
<b>UNDER-5 MORTALITY REGRESSION</b>		
Iraq	50	125
Botswana	58	110
Cameroon	139	166
Swaziland	110	149
Zimbabwe	80	123

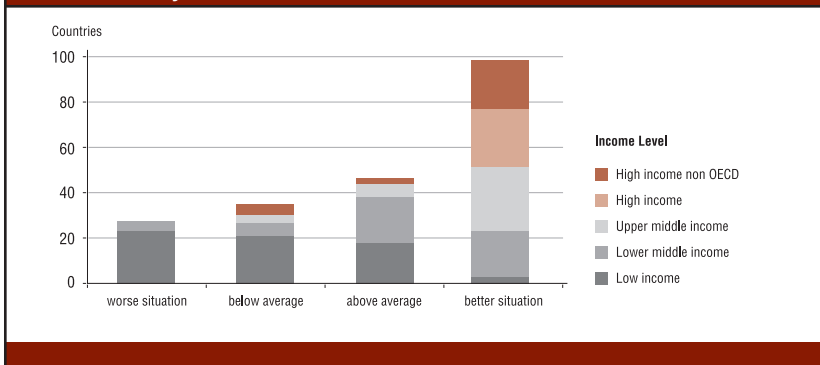
<sup>13</sup> FAO, *op cit.*

<sup>14</sup> *Ibid.*

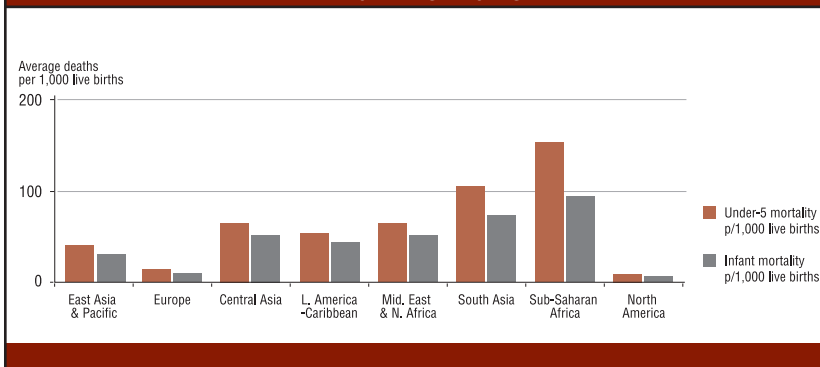
### CHART 1. Distribution of regions by present situation in health security



### CHART 2. Distribution of countries grouped by income, by present situation in health security

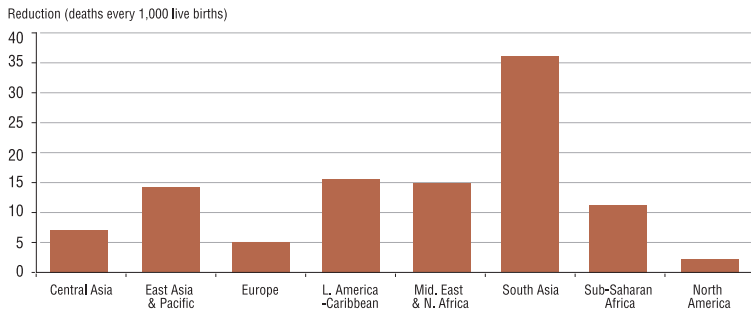


### CHART 3. Infant and under-5 mortality averages by region

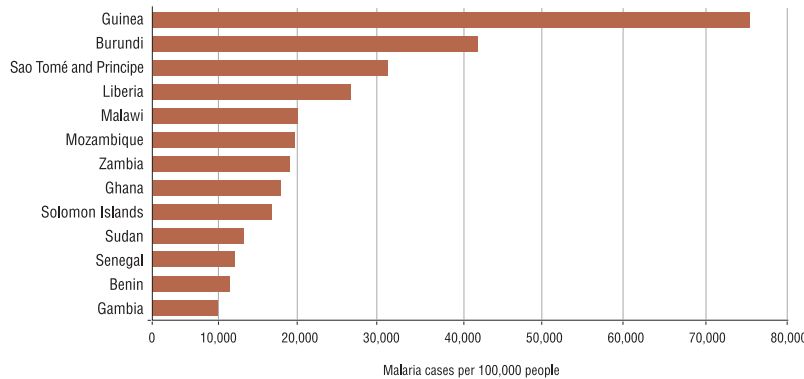


<sup>12</sup> See footnote 10.

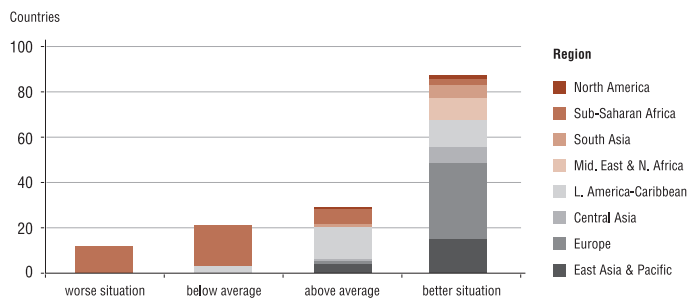
**CHART 4. Under-5 mortality reduction - 1990-2002**



**CHART 5. Malaria: countries in a critical situation**



**CHART 6. Distribution of regions by present situation in AIDS prevalence**



**Present situation and recent evolution in health security (immunisations)<sup>16</sup>**

PRESENT SITUATION	EVOLUTION IN IMMUNISATIONS				
	←	←		→	→
Countries in a better situation	8	7	3	5	10
Countries above average	7	2	9	10	1
Countries below average	1	4	13	14	10
Countries in a worse situation		1	16	37	20
Total countries with sufficient information to be included in the ranking by present situation and evolution	16	14	41	66	41

*Transmittable diseases: tuberculosis, malaria and HIV-AIDS*

Infectious and parasitic diseases are the 10 primary causes of death among children. Ninety per cent of deaths among children from AIDS or malaria happen in sub-Saharan Africa. This region concentrates 23% of births and 42% of deaths in the world.<sup>15</sup>

Each year malaria is responsible for almost a million deaths among children under five years old, representing 11% of total deaths for that age group (Chart 5). The countries showing the worst setbacks in malaria prevalence are the Republic of Congo, Sudan, Ghana and Guinea.

As far as tuberculosis is concerned, the balance for the period is slightly in favour of progress (100 countries) against regression (82). The worst setbacks took place in Kazakhstan, Kyrgyzstan, Mongolia, Afghanistan, Kenya, the Republic of Congo, Papua-New Guinea, Zimbabwe, Botswana, Lesotho, Swaziland and Namibia, where prevalence doubled or more.

The incidence of HIV-AIDS by region also reveals a critical situation in sub-Saharan Africa, whose countries comprise almost the totality of those in the group in a worse situation compared with the rest of the world in 2001. Latin America and the Caribbean (especially the latter) is the region with the second highest prevalence rate for AIDS (Chart 6).

AIDS has become the primary cause of death among adults aged between 15 and 59 years. Eighty per cent of AIDS deaths take place in sub-Saharan Africa, where in some countries these deaths have been responsible for the reversal in the positive trend in life expectancy, and have caused a decline in this indicator. AIDS is also directly responsible for up to 50% of infant deaths in Africa. Moreover, adult deaths from AIDS have the indirect effect of increasing the likelihood of deaths due to neglect among orphaned children.

**3.2. Women's reproductive health**

*Selected indicators:*

- Women aged 15-49 attended at least once during pregnancy by skilled health personnel (doctors, nurses or midwives)
- Births attended by skilled health personnel (doctors, nurses or midwives)
- Estimated maternal mortality ratio (per 100,000 live births)
- Contraceptive use among currently married women aged 15-49

At the World Conference on Population and Development (Cairo, 1994), 165 States approved the following definition of reproductive health: "Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the

<sup>15</sup> UNICEF, *op cit*.

<sup>16</sup> See footnote 10.

reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.”

In recent years clear progress has been made in the coverage and quality of health care for women, but there are still serious deficiencies in terms of both quality and quantity in the provision of services, which translate into poor health indicators: high maternal mortality, low prevalence of contraceptive use, low percentages of births properly attended.

According to WHO data, 1,600 women die each day as a result of complications during pregnancy and childbirth. In developing countries, maternal mortality is 18 times higher than in industrialised nations. Moreover, 50 million women suffer from pregnancy- and birth-related health problems. Because women in developing countries have more pregnancies and obstetric care is inadequate, exposure to the risk of maternal mortality lasts 40 times as long as in the developed world. Half of perinatal deaths are principally due to inappropriate or unavailable prenatal and obstetric maternal care.

There is a clear difference between the overall situation in developed countries and the situation in developing countries. In developed nations, almost universal access to proper medical care in pregnancy and childbirth, the availability of medicines and safe surgical procedures, together with high levels of contraceptive use and low levels of fertility, contribute to an overall good level of reproductive health. The situation is somewhat different in developing countries: more than 95% of adult deaths due to causes related to poor reproductive health occur in these countries.

Reviewing the summary for the area, recent evolution shows a clear trend towards progress in all country groups. However, a group of 11 countries has suffered a decline in reproductive health. Among these, the situation is especially bad in Moldova, Viet Nam and Turks and Caicos Islands, which show significant regression, in the first case linked to the use of contraceptives indicator, while in the other two countries there has been a decline in coverage of prenatal care and in births attended by skilled health personnel.

In developed countries women face a 1 in 2,125 risk of dying from pregnancy- or birth-related causes. This risk is 33 times higher (1 in 65) for women in developing countries. This can be seen clearly in the maternal mortality indicator. While in countries in a better situation maternal mortality

Present situation and recent evolution in health security (reproductive health) <sup>17</sup>				
PRESENT SITUATION	EVOLUTION IN REPRODUCTIVE HEALTH			
	←	←		→
Countries in a better situation	1	7	11	8
Countries above average	1		9	8
Countries below average	2	2	2	10
Countries in a worse situation	1	4	12	17
Total countries with sufficient information to be included in the ranking by present situation and evolution	3	8	21	47

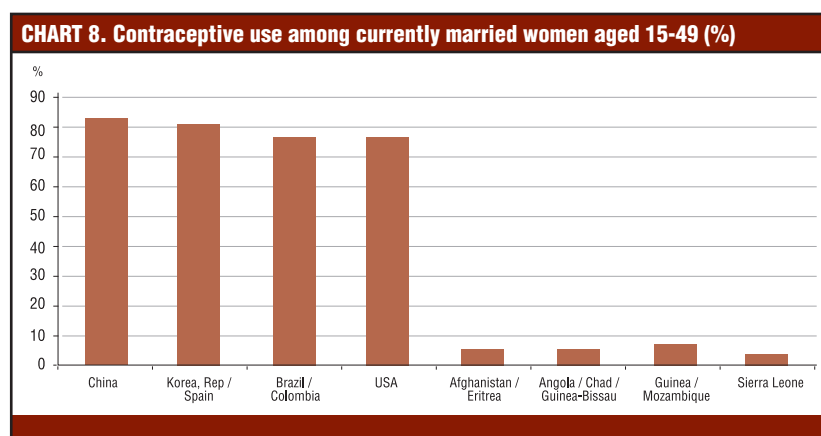
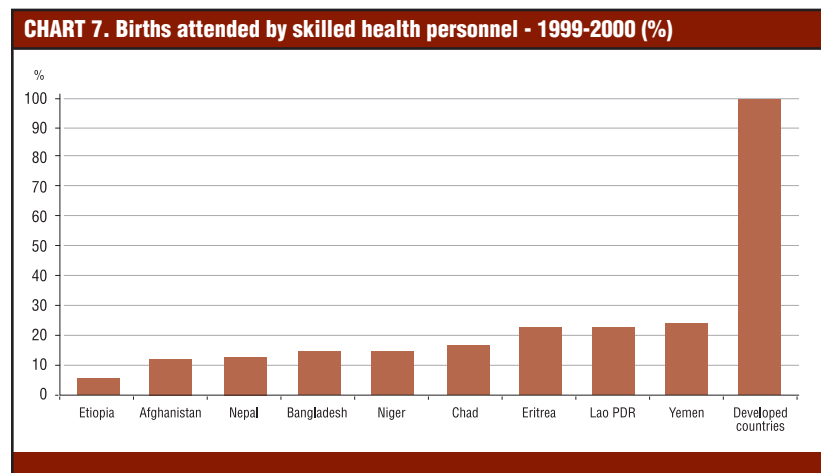
shows values of under 10 per 100,000 (Germany, Austria, Denmark, Ireland, Italy, Kuwait, New Zealand, Portugal, Qatar, Spain, Sweden, Switzerland, Czech Republic) in the 10 countries in a worse situation this indicator reaches values of over 1,000 per 100,000 (Afghanistan, Angola, Central African Republic, Chad, Guinea-Bissau, Mali, Niger, Sierra Leone, Tanzania).

In the developing world 45 million women do not receive prenatal care and 60 million births are not attended by skilled health personnel.

Compared with the almost universal coverage of births by skilled personnel in wealthy countries,

the situation among the countries in the last group in the table is very varied. There the values range from 65% in Equatorial Guinea to 6% in Ethiopia (Chart 7).

Almost 60% of women and men in the world today use modern contraceptive methods.<sup>18</sup> The highest rate of contraceptive use (67%) is in North America (the United States and Canada). The lowest (15%) is in Africa. The indicator used in Chart 8 (contraceptive use among currently married women aged 15-49) shows this information in a more restricted form but allows us to compare countries. According to this indicator



17 See footnote 10.

18 www.savingwomenslives.org

the highest rates are found in China (84%), the Republic of Korea (81%), Spain (81%), Brazil and Colombia (77%), and the United States (76%). At the other extreme we find a group of 11 countries where the rate of contraceptive use is under 10%: Angola, Chad, Guinea-Bissau, Ethiopia, Mali and Mauritania (8%), Guinea and Mozambique (6%), Afghanistan and Eritrea (5%), and Sierra Leone (4%).

On the other hand, according to WHO data every year throughout the world 50 million pregnancies are terminated. Some 20 million abortions are carried out in unsafe conditions. Each day 200 women die as a consequence of unsafe abortions, and 95% of these deaths take place in developing countries.

For women and men, reproductive health and sexual health constitute a first step forward of vital importance towards the possibility of having more life options and greater means to achieve them, as well as the opportunity to escape poverty. Births that come too early, too late or too close represent grave risks.

### 3.3. Water and sanitation

#### Selected indicators:

Percentage of population with access to sanitation

Percentage of population with access to improved water sources

Universalisation of access to sanitation and improved water sources are included among the Millennium Development Goals, on the understanding that they are fundamental to improving a country's health situation and achieving a better quality of life for its inhabitants.

It is estimated that 600 million urban and more than 1 billion rural inhabitants currently live in overcrowded, bad quality dwellings, without adequate water, sanitation and rubbish collection. More than 1.2 billion people still lack access to safe drinking water and 2.4 billion do not have adequate sewage disposal services.

Regional figures are alarming: 150 million people living in cities Africa, 700 million in Asia and 120 million in Latin America and the Caribbean do not have access to suitable water sources. The lack of proper sanitation in cities affects 180 million people in Africa, 800 million in Asia and 150 million in Latin America.

Each year more than 2 million people die from diseases linked to the lack of proper water and sanitation services. These diseases are much more prevalent in cities than in rural areas. Infant mortality rates in particular are 10 to 20 times higher in cities lacking adequate sanitation services than in those that do have them.

This already critical situation is being exacerbated by globalisation policies that have accelerated the trend towards the privatisation of basic services like water. In some countries more than half the urban population depends on private water suppliers,

Present situation and recent evolution in health security (water and sanitation) <sup>20</sup>				
PRESENT SITUATION	EVOLUTION IN WATER AND SANITATION			
	←	←		→
Countries in a better situation	1	2	9	3
Countries above average	2	1	13	14
Countries below average		3	8	4
Countries in a worse situation		21	2	2
Total countries with sufficient information to be included in the ranking by present situation and evolution	3	27	32	23

whose services are generally more expensive than those of public providers.<sup>19</sup>

The data for 2000 presented in the **Habitat** table show a polarised situation. Thirty-eight per cent of countries (59) are in a relatively better situation for the area. On the other hand, 20% of countries (32) are in a relatively worse situation for the area, and all of these are low - or lower middle - income countries.

One in five countries for which information is available has achieved universal coverage in these services (28 countries with respect to sanitation and 30 in access to adequate water sources) and one in four is relatively close to achieving this target, with coverage of 90% or above.

At the other extreme, in 12% of countries (19), less than half the population has access to improved water sources and in one in five more than 50% of inhabitants lack adequate basic sanitation.

Since 1990 the vast majority of countries that had not achieved universal coverage have improved access to adequate water and sanitation for their populations. A total of 80 countries are progressing in this area.

This trend of significant progress in the majority of countries contrasts strongly with the situation in several countries that show no change in this area (based on the average evolution of both indicators) and that started out from very low coverage rates: such is the case with Haiti (where access to sanitation has improved slightly, from 23% to 28%, but which shows regression in access to water sources, from 53% to 46%), Togo (where sanitation coverage has diminished from 37% to 34% and access to water sources has improved slightly, from 51% to 54%) and Papua New Guinea (showing difficulties in water provision, which has increased over 19 years from 40% to 42%, but with a significant level of coverage in sanitation: 82%).

More serious is the situation in three countries where coverage in one of the two services has declined significantly: Argentina, where access to water dropped from 94% to 79% (while sanitation rose from 82% to 85%), Burkina Faso, which also shows a regression in access to water sources from 53% to 42% (with sanitation coverage increasing from 24% to 29%) and Uganda, which, despite a improvement in access to water (from 45% to 52%), has

registered a decline in access to sanitation from 84% to 79%.

At a regional level, sub-Saharan Africa contains the most countries in relatively worse situations with respect to coverage in these services. Of the 42 countries in the region, only 4 are in an above-average situation for the area.

SANITATION COVERAGE IS BELOW 25% IN...	
Benin	23 %
Congo, Dem. Rep.	21 %
Niger	20 %
Cambodia	17 %
Eritrea	13 %
Ethiopia	12 %
Afghanistan	12 %
Rwanda	8 %

WATER COVERAGE IS BELOW 40% IN...	
Oman	39 %
Angola	38 %
Lao PDR	37 %
Mauritania	37 %
Cambodia	30 %
Chad	27 %
Ethiopia	24 %
Afghanistan	13 %

## 4. Education

#### Selected indicators:

Children reaching 5th grade

Illiteracy (15-24 years old)

Primary school enrolment ratio (net)

The indicators selected for the area of education provide information on children's access and permanence in the education system and on the consequences of the lack of education in post-childhood years.

<sup>19</sup> UN-HABITAT. *Water and Sanitation in the World's Cities: Local Action for Global Goals*. 2003.

<sup>20</sup> See footnote 10.



Achieving universal basic education, which is one of the minimum goals set by the international community for 2015, means not only getting all children into the education system, but also making sure that they all complete their education. Achieving both targets together is not currently a reality in many countries, where failure to meet one or other goal produces a high level of illiteracy in following generations.

According to UNESCO data, more than 115 million school-age children are not enrolled in the education system, 94% of whom live in developing countries. In Central Asia, one in four children are not in education. In addition, 20% of children who start school do not complete their education. In sub-Saharan Africa just one in three children who enrol complete primary school.

More than 860 million adults are illiterate, a third of them in India, China, Pakistan and Bangladesh. Among the younger generations, 140 million people aged between 15 and 24 are illiterate and it is expected that by the year 2015, despite the efforts being made to expand education coverage, the figure will remain alarming: 107 million illiterate young people.<sup>21</sup>

According to the data shown in the table **Education** presented in this report, half the countries for which information is available (77) are in the "better situation" category for the area. This group includes 44 countries that are not high-income, but which nonetheless have performed well in the education indicators. However, the countries in a worse situation in this area (28) are almost all low-income (except Djibouti, which is lower middle-income).

This situation reflects the progress made by an important number of countries since the beginning of the 1990s. More than half the countries for which data are available (89) have made some progress in the area of education. At the other extreme a total of 19 countries have regressed over this period.

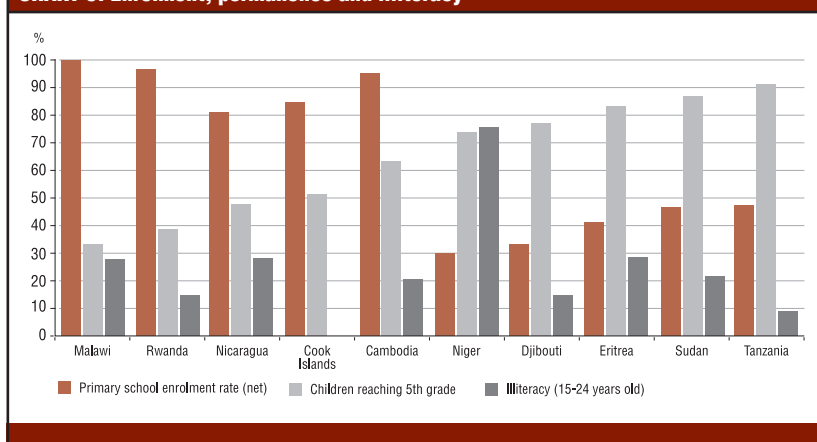
On a regional level, sub-Saharan Africa shows progress in 77% of its countries (34). However, another five have regressed over this period, including two countries that show a serious decline in one of the indicators: in Angola primary enrolment has dropped from 57% to 37% and in the Republic of Congo the percentage of children reaching 5th grade has fallen from 62% to 55%. Consequently, sub-Saharan Africa currently has average rates for the indicators of 67% primary enrolment, 72% of children reaching 5th grade and 26% illiteracy among young people.

Another region that is worth looking at in detail is Latin America and the Caribbean, where 18 countries have made progress in education and only one Caribbean country has regressed slightly (Bahamas, where illiteracy among young people rose from 2.7% to 3.5%). The current averages for Latin America in each indicator is 94% primary enrolment, 84% of children reaching 5th grade and 6% illiteracy among young people.

## Present situation and recent evolution in education<sup>22</sup>

PRESENT SITUATION	EVOLUTION IN EDUCATION				
	←	←		→	
Countries in a better situation			5	8	12
Countries above average		2	4	10	10
Countries below average		6	10	6	4
Countries in a worse situation		6	38	27	5
Total countries with sufficient information to be included in the ranking by present situation and evolution		14	57	51	31

## CHART 9. Enrolment, permanence and illiteracy



The Middle East, North Africa and Central Asia show no regression, but the percentage of countries making progress is lower than in the above-mentioned regions.

Some countries have achieved high rates of primary enrolment, but fail to keep their students in school. In others, coverage is more limited, but the children who enrol stay in the system (Chart 9).

### Worst performers in education

- Less than half of school-age children enrol in education in 11 countries for which data are available, and the situation is particularly bad in Niger, Djibouti and the Republic of Congo, where practically 3 out of 10 children do not enrol in primary school.
- Malawi, Guinea-Bissau, Rwanda, India and Nicaragua all perform badly in terms of keeping children in school, with less than half of children who enrol reaching 5th grade.
- In Niger, Burkina Faso and Mali more than 6 out of every 10 youngsters are illiterate, while in Iraq, Bangladesh and Mauritania one in two people aged between 15 and 24 is illiterate.

## 5. Information, science and technology

### Selected indicators:

- Internet users (per 100,000 people)
- Personal computers (per 1,000 people)
- Telephone mainlines (per 1,000 people)
- Scientists and engineers in research and development (per million people)
- Information and communication technology expenditure (% of GDP)
- Tertiary education enrolment ratio (% gross)

Countries' sustainable development cannot be conceived of if they do not have the endogenous ability to generate the necessary scientific and technological knowledge to improve their inhabitants' quality of life.

The selected indicators in this new area seek to show both people's access to the new technologies and countries' technological potential with respect to levels of higher education and the percentage of scientists in society. Performance in these indicators showed a high degree of internal correlation, which strengthens the validity of the area.

Although developing countries account for 79% of the world's population, they represent only

21 UNESCO. *Education for All Monitoring Report 2003*.

22 See footnote 10.

27% of the total number of researchers in the world. In terms of expenditure on research and development (R&D), developing countries account for about 19% of total world R&D expenditure as compared to their share of 39% of the world's GDP. Developing countries devote just 0.9% of their GDP to R&D, whereas developed countries generally spend 2.4% of GDP.<sup>23</sup>

As we enter the new millennium, almost every country in the world has a direct connection to the Internet. Although this is an impressive achievement, the penetration levels of information and communication technologies vary among and within countries, creating a digital divide between those with high and those with low access levels. At present 80% of the world's population does not have access to basic communications infrastructure and less than 10% has access to the Internet. Less than 1% of people in South Asia are online, even though it is home to one-fifth of the world's population. The situation is even worse in Africa. There are only one million Internet users on the entire continent whereas in the UK alone there are 10.5 million.<sup>24</sup> Sub-Saharan Africa contains about 10% of the world's population but only 0.2% of the world's one billion telephone lines.

Unlike in the other thematic areas, in recent years global evolution in this area shows an explosive upward trend. However, and in spite of progress being made in a significant number of countries, the gap between wealthy and poor countries, and among different regions is increasing in several of the selected indicators.

Countries' current situation ranking in the table **Information, science and technology** shows that while just 29% of countries for which information is available are above the average, half of countries (92) fall into the "worse situation" category (Chart 10).

The average profile for countries in each group clearly highlights inequalities in access to the different resources studied. The gap between countries in a better situation and those in a worse situation is very wide with respect to Internet access (a ratio of 41 to 1 per 1,000 people), personal computer use (28 to 1 per 1,000 people), and telephone mainlines (15 to 1 per 1,000 people). There is also a wide gap with respect to the number of scientists and engineers (16 to 1 per million inhabitants).

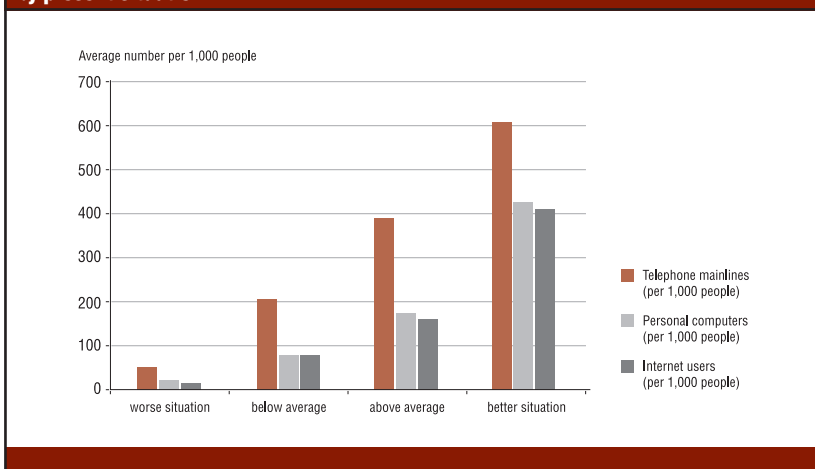
To assess the rate of evolution in this area we need to distinguish analytically between performance associated with the expansion of technology and communications, and performance with respect to human resources in research and development. Over the period under study, it is among the former indicators that great progress

23 UNESCO Institute for Statistics, Science and Technology. [www.uis.unesco.org](http://www.uis.unesco.org)

24 Address by UNESCO Director-General Koichiro Matsuura on the occasion of the Round Table on Science, the Information Society and the Millennium Development Goals during the World Summit on the Information Society (WSIS). Geneva, 11 December 2003.

25 See footnote 10.

**CHART 10. Access to modern communications technologies for countries by present situation**



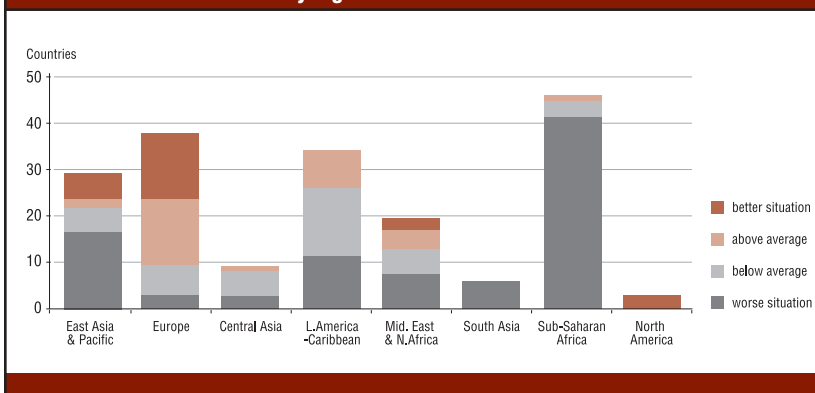
**Present situation and recent evolution in information, science and technology<sup>25</sup>**

PRESENT SITUATION	EVOLUTION IN INFORMATION, SCIENCE AND TECHNOLOGY				
	←	←		→	→
Countries in a better situation	2	56	34		
Countries above average	2	5	22	11	
Countries below average			11	20	
Countries in a worse situation			2	20	
Total countries with sufficient information to be included in the ranking by present situation and evolution	4	61	69	51	

**Evolution in information, science and technology according to countries' income levels**

	EVOLUTION				
	←		→	→	Total
Low income	2	57	6		65
Lower middle income	2	6	41	2	51
Upper middle income	1	1	18	16	36
High income			3	21	24
High income non OECD		1	6	18	25
Total countries with information on evolution	5	65	74	57	201

**CHART 11. Present situation by region**





has been registered, while in relation to the latter, there are even some countries that have regressed.

Development in communications has improved in all the countries for which data are available, although not all countries have progressed at the same rate. There are more telephone mainlines, personal computers and Internet users per capita. In contrast, evolution in terms of human resources training and funding for research and development is uneven, although there are more countries that have made some progress in these indicators.

Only 10% of low-income countries (6) have made progress in the indicators for which information is available, and 88% (57) are progressing very slowly compared with the rest of the world (or show a mix of progress and regression among the various indicators), which means that we cannot say that they have progressed in the area.

There are very large differences with respect to the current situation among regions. Not a single country in sub-Saharan Africa, Central or South Asia, or Latin America and the Caribbean is among the countries in a better situation. However, 12 European countries (32%) and 6 of the 29 countries (20%) in East Asia and the Pacific are in a better situation (Chart 11).

In Europe, North America and Latin America almost all countries have progressed, while less than one in four have done so in Central and South Asia, and only 17% in sub-Saharan Africa.

The disparities in the rates of evolution alert us to the growing gaps among regions: significant progress is principally concentrated in those regions with a higher level of development. While in Europe more than half of countries are progressing rapidly, no country in Central and South Asia is managing to make such rapid progress.

Three countries in sub-Saharan Africa have made significant progress, basically linked to substantial improvements in the proportion of Internet and personal computer users, and telephone mainlines: Cape Verde, Seychelles and Mauritius (this last country also shows progress in tertiary education enrolment).

A group of five countries have regressed due to a decline in the tertiary education enrolment rate: Palau, Tajikistan, Turkmenistan, Georgia and Kazakhstan (these last two countries also show a drop in the number of scientists per inhabitant).

## 6. Gender equity

Except for the United States, all the world's governments support the conclusions of the UN conferences in Cairo (1994) and Beijing (1995) and have committed to putting into practice their platforms for action which aim to achieve gender equality and eliminate all forms of discrimination against women.

In this edition of Social Watch we pay special attention to the evolution of the indicators relating to gender equity. While the problem of gender inequity should be measured using a cross-cutting

Present situation and recent evolution in gender equity (education) <sup>26</sup>					
PRESENT SITUATION	EVOLUTION IN EDUCATION GENDER GAP				
	←	←		→	→
Countries in a better situation			2	2	12
Countries above average		2		8	8
Countries below average		1	2	5	6
Countries in a worse situation	1	3	92	12	5
Total countries with sufficient information to be included in the ranking by present situation and evolution	1	6	96	27	31

approach in all the dimensions of analysis of social phenomena, a series of separate indicators have been included that aim to show the principal spheres in which gender inequities restrict the rights of women as human beings.

Changing women's traditional role in society and changing relations between women and men, within both the domestic and other spheres, is a complex task requiring the formulation and monitoring of specific policies. In order to do this indicators are needed, as are statistics showing their evolution. Disaggregated data are increasingly available showing the differences between men and women in terms of various social indicators, but agreement has not yet been reached as to how to measure "gender equity" as a whole, in a way that will allow comparisons to be made among countries.

Given the specific thematic monitoring that a range of international institutions has been carrying out in relation to gender equity, we decided to present each of the dimensions separately, ordered according to the average situation in each one. However, we also present a global ranking of countries that combines different dimensions, in an attempt to summarise the general situation of countries on the basis of the average situations in each of the dimensions.

### Selected sub-dimensions:

Education  
Economic activity  
Empowerment

The first dimension shows gender differences in access to primary, secondary and tertiary education. Taken together the various indicators show women's participation in the different levels of the education system.

The second dimension chosen relates to economic activity and the labour market, since participation in economic activity, that is having a paid job, is one of the circumstances that most conditions women's and men's lives. Studying sex-disaggregated data on economic activity puts in focus gender differences which need to be understood and which were previously invisible. For the purposes of this report we have chosen two indicators: the percentage of waged women workers in non-agricultural sectors of the economy and the relation between female and male incomes.

A third dimension called "empowerment" provides information on women's participation in various political and economic decision-making bodies.

## 6.1. Education

### Selected indicators:

Literacy ratio gap (women/men)  
Net primary enrolment ratio gap (women/men)  
Net secondary enrolment ratio gap (women/men)  
Gross tertiary enrolment ratio gap (women/men)

This dimension is of particular importance since, according to UNESCO data, of the 860 million people who cannot read or write (the majority of whom live in developing countries) at least two-thirds (573 million) are women. The countries in a worse situation with respect to female/male illiteracy are Niger (0.44), Iraq (0.50), Benin and Burkina Faso (0.52), Mali (0.54), Nepal (0.57) and Yemen (0.58).

The majority of illiterate women in the world live in rural areas in developing countries, especially in Africa, the Arab countries and East and South Asia, where illiteracy rates among women are over 60%.

While many countries have progressed, sex inequality in access to education is present in most developing countries and is far from being eradicated.

Parity in access to education is still far from being achieved in Pakistan, India and the majority of countries in sub-Saharan Africa. The greatest disparities by sex in access to primary education are to be found in Yemen, Niger, Chad, Benin, Mali, Pakistan, Central African Republic, Côte d'Ivoire, Ethiopia and Guinea, all of which show values below 0.80.

The gender gap is even wider in secondary education and average values for these countries are between 0.3 and 0.6. The balance at times swings in favour of girls, in those cases where a considerable number of boys do not complete secondary school. There are more girls than boys in

<sup>26</sup> See footnote 10.

<sup>27</sup> See footnote 10.

secondary school in Mexico, Colombia, the United Arab Emirates and Sweden, among others.

In tertiary education regional disparities increase. In Western Europe there are 93 women for every 100 men in higher education. In South-East Asia there are 58 women per 100 men, in North Africa 63 women per 100 men, and in East Asia 71 women per 100 men. The gap is greater in sub-Saharan Africa and South Asia, with 30 and 38 women for every 100 men respectively.

In South America, the Caribbean and West Asia, the number of women in tertiary education exceeds the number of men. With the exception of Latin America, all developing regions in the world show significant differences in women's and men's education levels. In Africa, Asia and the Middle East average levels of female access to formal education are half those of men.

## 6.2. Economic activity

### Selected indicators:

Women wage employment in non-agricultural sector (as % of total non-agricultural employees)

Estimated earned income ratio (women/men)

Evolution in this area shows that 19% of countries have regressed in this dimension, 37% show no change and 44% show progress.

The female labour force has grown in almost all the regions in the world, but labour inequalities between women and men persist. In the world as a whole women receive on average between 50% and 80% of what men earn.

In developed countries the gender wage gap ranges from 30% to just under 10%. In Latin America women earn between 44% and 77% of male earnings.

The statistics on employment, salary levels and the data that is beginning to be collected regarding women's total work burden (both paid and unpaid) show that women's economic contribution is far greater than their wage levels. However this contribution is invisible because statistics on employment and national accounts underestimate women's participation in the economically active population and gender-based discrimination persists in the workplace.

ILO studies attribute this paradoxical situation to four main factors: persistent differences between women's and men's wages (as shown in the table); unequal access to steady jobs; the perpetuation and at times the accentuation of professional segregation; and the growth of "ghost work" (that is invisible work in the domestic, agricultural and informal sectors, which is unpaid but economically necessary).

## Present situation and recent evolution in gender equity (economic activity)<sup>27</sup>

PRESENT SITUATION	EVOLUTION IN ECONOMIC ACTIVITY GENDER GAP				
	←	←		→	→
Countries in a better situation	2	7	11	6	1
Countries above average	1	5	6	16	5
Countries below average	3	3	7	12	5
Countries in a worse situation	1	2	23	9	2
Total countries with sufficient information to be included in the ranking by present situation and evolution	7	17	47	43	13

## Present situation and recent evolution in gender equity (empowerment)<sup>28</sup>

PRESENT SITUATION	EVOLUTION IN EMPOWERMENT GENDER GAP				
	←	←		→	→
Countries in a better situation	2	15	18	13	2
Countries above average		11	10	25	8
Countries below average		6	6	19	19
Countries in a worse situation		1	1	1	10
Total countries with sufficient information to be included in the ranking by present situation and evolution	2	33	35	58	39

## 6.3. Empowerment

### Selected indicators:

Female professional and technical workers (as % of total)

Female legislators, senior officials and managers

Seats in parliament held by women

Women in decision-making positions in government at ministerial level

Gender equality also implies that women should be fully represented in decision-making at all levels. Women must have the capacity to participate directly in the formulation of social, health, labour and budget policies. Improvements in gender equality can lead to better governance, by directly involving that half of the population which until now has been almost absent from decision-making spheres.

Countries' evolution in this dimension shows that in 20% of countries there have been setbacks, 25% show no change and 55% have made progress.

Clear progress has been made in North America, Europe, Central Asia, Latin America and the Caribbean, South Asia and sub-Saharan Africa, while in the Middle East and North Africa progress has been more limited. In these regions 65% of countries show no change, 25% have registered some progress and 10% have regressed.

If we analyse participation in parliaments, we find that female participation is tending to grow, especially in developing countries. Little by little women have been winning more seats in Uganda, Senegal, Burundi, Guinea and Latvia. This trend contrasts with the relatively low rates of women's parliamentary participa-

tion in some developed countries, such as the United Kingdom, the United States, Canada or France, which are lagging far behind the targets set as part of internationally defined goals.

The countries that have the greatest level of female MPs are Sweden (45%), followed by Denmark, Finland, the Netherlands and Norway (ranging between 36% and 38%).

In Argentina the percentage of women MPs has increased from 3% to 30% since a law was passed establishing quotas by sex in electoral lists. Other cases worthy of note are Uganda, Mozambique, Namibia, South Africa, Rwanda and Viet Nam, which all have more than 25% female MPs, following campaigns to increase women's political participation. The most spectacular increase took place in South Africa in the first elections held after apartheid was abolished, with the proportion of women in the national parliament rising from 3% in 1990 to 30% in 2003.

On the other hand, the situation in Arab and Muslim countries - many of which do not have a single woman MP (for example, Kuwait, United Arab Emirates, Bahrain) - means that they come at the bottom of the ranking.

Some other data that clearly illustrate the low levels of female representation in decision-making are the fact that globally only one in nine politicians elected is a woman and just 6 out of the 185 member states of the United Nations has a female permanent representative.

Likewise, if we analyse the data relating to women's participation in ministerial-level posts, their absence is even more marked. In general executives show very low rates of female participation. The highest rates are registered in Sweden (43%) and Denmark (41%). On average, countries in a better situa-

28 See footnote 10.

tion have about 20% of women in ministerial posts. At the other extreme, among the countries for which data are available for this indicator, 26% (47 countries) have no women in the cabinet.

## 7. Public expenditure

### Selected indicators:

- Public health expenditure (% of GDP)
- Public education expenditure (% of GDP)
- Total social security expenditure (% of GDP)
- Total debt service (% of GNI)
- Military expenditure (% of GDP)

This thematic area includes indicators relating to political decisions concerning public spending. The promotion of health and education to generate a better quality of life for the population requires greater spending, and in general public expenditure benefits the poorest sectors.

The priority given to military spending, which may mean that fewer funds are available for social spending, depends on the geo-political context and is linked to governments' political will to prevent conflicts or resolve them militarily. On the other hand, payment of interest on foreign debt is another limiting factor that the governments affected have only partial control over, but which can be affected by the decisions taken by creditor countries, which are almost always the most developed.

Analysis of the variation in public spending on education and health should take into account the trends towards privatisation which are common currency in international trade talks. A greater liberalisation of the services sector - especially key social services like education and health - impact most negatively on the most vulnerable sectors of the population in the poorest economies, where private spending on health currently exceeds public spending, in contrast to the case in the majority of the wealthy economies.

According to certain international analyses, global per capita health spending stood at USD 482 in the year 2000. However, in rich countries per capita expenditure amounted to USD 2,700, while in regions like sub-Saharan Africa it was only USD 29. In the same year, average per capita spending on education was 28 times higher in wealthy nations than in developing countries. While an average of USD 38 per student was spent in South Asia, in high-income countries spending per student reached USD 4088.

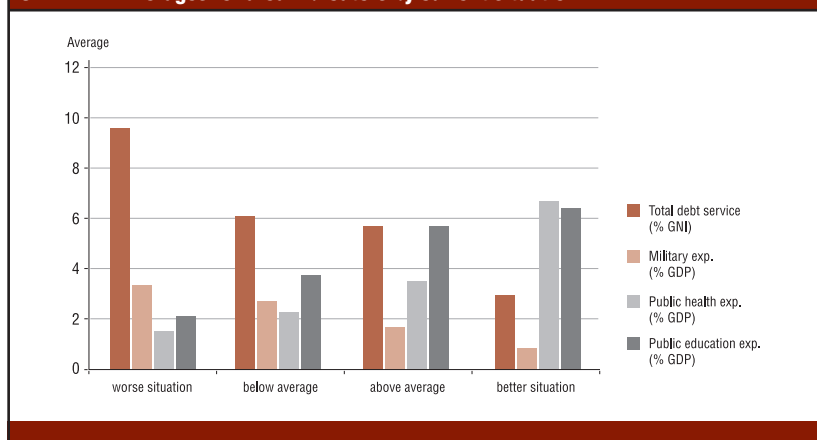
Meanwhile, estimated military expenditure for 2001 was 2.3% of global income, that is, over USD 800 billion a year. This is equal to USD 137 per inhabitant in the world.<sup>29</sup>

As shown in the table **Public expenditure**, in the countries that are in a relatively better situation (29) education and health account for an important share (on average 11% of GDP) of overall public expenditure. These countries spend an average of

## Present situation and recent evolution in public expenditure<sup>30</sup>

PRESENT SITUATION	EVOLUTION IN PUBLIC EXPENDITURE			
	←←	←		→
Countries in a better situation	1	2	13	
Countries above average		15	50	13
Countries below average		3	32	9
Countries in a worse situation			28	1
Total countries with sufficient information to be included in the ranking by present situation and evolution	1	20	123	23

## CHART 12. Averages for area indicators by current situation



USD 7.5 in these areas for every USD 1 spent on their military budgets. For these countries foreign debt service is much less of a burden than it is for the rest of the countries, representing on average 2% of GNI (Chart 12).

At the other extreme we find the countries in a worse situation (16) where average combined expenditure on education and health does not reach 4% of GDP, in other words, a similar proportion to what these countries spend on their military budget. Moreover, their debt service payments account for almost 9% of GNI. However, it should be noted that there are great variations between some of the countries that comprise this category. For example, the group includes both Angola (where debt service accounts for 23% of GNI but shows a ratio of USD 1.5 spent on education and health for every USD 1 of military spending) and Burundi (where debt service is just 3.5% of GNI but military spending exceeds 8% of GDP, and USD 0.6 is spent on education and health for every USD1 that goes on military expenditure).

On a regional level, in both Asia and Africa there are a great number of countries below the average. However, the situation varies depending on which indicator is consulted. The worst situation with respect to public education and health expenditure is found in South Asia, with an average of 3.4% and 2.1% of the GDP spent on education and health respectively. Military spending, for its part, is greatest in the Middle East and North Africa, where it represents 5.7% of GDP. The region that shows the most critical situation regarding the share of public expenditure devoted to servicing the foreign debt is Central Asia (8.9%).

The 1990s have not witnessed great changes in the structure of public spending in the majority of the countries for which information is available (140). Just 12% have achieved changes that impact positively on their development, although most of them are countries that today remain below average in this area. None of them falls into the group of countries in a worse situation.

Evolution over recent years in this area has mainly centred on changes in the weight of debt service. As the table shows, three out of ten countries have improved their situation with respect to how much of public expenditure goes on debt servicing, while at the same time three out of ten show setbacks.

As far as the rest of the indicators are concerned, around 80% of countries show no change over the period.

### THE SHARE OF PUBLIC EXPENDITURE GOING TO SERVICE THE FOREIGN DEBT HAS GONE DOWN IN...

	1990	2001
Congo, Rep.	22.9	4.8
Gambia	12.9	2.8
Honduras	13.7	5.4
Jordan	16.5	7.6
Papua New Guinea	17.9	9.5
Syrian Arab Republic	9.9	1.4

<sup>29</sup> World Bank. Press releases, April 2003.

<sup>30</sup> See footnote 10.

PRESENT SITUATION IN THE AREA	EAST ASIA & PACIFIC	EUROPE	CENTRAL ASIA	LATIN AMERICA & CARIBBEAN	MIDDLE EAST & NORTH AFRICA	SOUTH ASIA	SUB-SAHARAN AFRICA	NORTH AMERICA
Countries in a better situation	3	1	1	2	2	2	5	
Countries above average	11	9	7	14	9	3	25	
Countries below average	3	11	1	11	5	1	12	1
Countries in a worse situation	5	17		2	1	1	2	1
Total countries with information on present situation	22	38	9	29	17	7	44	2

## 8. Development aid

### Selected indicator:

Net Official Development Assistance from DAC countries to developing countries and multilateral organisations (% of GNI)

Just as the distribution of public expenditure is an indicator linked to government decision-making, development aid is also an issue of political will. It is important to highlight the evolution of the percentage of GNI that OECD countries have given to Official Development Assistance (ODA) and assess compliance with the commitment assumed 40 years ago to allocate 0.7% of GNI to ODA (Chart 13).

Quite apart from the evolution shown by the developed countries with respect to this commitment, a simple consideration of the volume of aid in comparison with, for instance, military spending or agricultural subsidies, highlights the absurdity of the situation.

## 9. International commitments and human rights

To finish we provide an evaluation of the political will shown by countries in the international arena in terms of which key international human rights conventions and treaties they have signed and ratified.

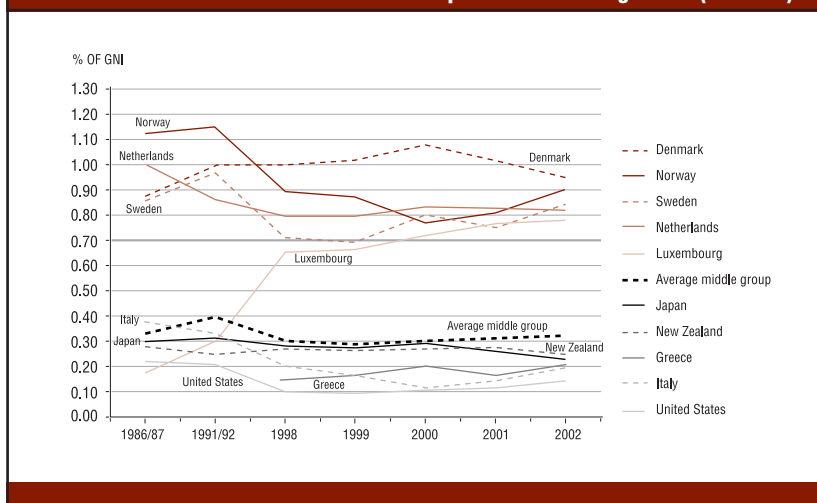
### Selected dimensions:

Status of ratifications of the principal international human rights treaties  
 Status of ratifications of the fundamental ILO conventions  
 Status of ratifications of international treaties mentioned in the Millennium Declaration

Since 1995 Social Watch has been demanding that governments, the UN system and international institutions comply with the national, regional and international commitments to eradicating poverty. A fundamental tool in Social Watch's work has been the lobbying carried out by member organisations, demanding compliance by national and international authorities with the commitments assumed by governments.

On 10 December 1948, the UN General Assembly approved and proclaimed the Universal Declaration of Human Rights. Since then, govern-

CHART 13. Net ODA disbursements at current prices and exchange rates (% of GNI).



ments have signed a series of international treaties concerning fundamental human rights,<sup>31</sup> which have force of law on an international level. As well as individuals' civil and political rights, these international treaties and conventions enshrine the rights to health, education and decent housing, to non-discrimination and decent jobs for all men and women, and the rights of the child, among others.

Among the obligations assumed by States when they sign and ratify these international treaties is the commitment to guarantee at national level compliance with the agreements, by passing national legislation and implementing policies designed to apply them in practice. One aspect worth noting, especially in the case of the CESCR, is that ratification of these obligations means that governments should attempt to guarantee progressive enjoyment of these rights and should moreover present periodic reports on their progress in this respect to the treaty-monitoring bodies.

<sup>31</sup> Universal Declaration of Human Rights (UDHR), 1948; International Convention on the Elimination of All Forms of Racial Discrimination (CERD), 1965; International Covenant on Economic, Social and Cultural Rights (CESCR), 1966; Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979; Convention on the Rights of the Child (CRC), 1989.

This edition of Social Watch includes the table **Status of ratifications of the principal international human rights treaties** displaying the current situation of each UN member State in terms of the human rights charters it has signed and ratified.

We also provide a list of **Reports to be submitted to the UN treaty bodies during 2004-2005** as well as a table on the **Status of official countries' reports to UN human rights treaty bodies**. This information is extremely useful given that these reports contain details of the action governments are taking to guarantee full enjoyment of citizen rights.

### Beyond simple political will

The human rights dimension has also been incorporated in the tables showing country by country progress in the different areas of social development and equity.<sup>32</sup>

In each table the areas of development are linked directly to the corresponding international human rights treaty, which the majority of governments has signed.

<sup>32</sup> According to the guidelines laid down at the international summits: World Summit on Social Development (1995), the Fourth World Conference on Women (1995) and the Millennium Summit (2000).

For example:

HUMAN RIGHTS	INTERNATIONAL COMMITMENTS
<p>The right to <b>universal education</b> is enshrined in:</p> <p><b>UDHR</b> - Art. 26</p> <p><b>CERD</b> - Art. 5</p> <p><b>CESCR</b> - Art. 13 &amp; 14</p> <p><b>CEDAW</b> - Art. 5, 10 &amp; 14a</p> <p><b>CRC</b> - Art. 28 &amp; 29</p>	<p><b>Education</b> is considered in:</p> <p><b>Millennium Development Goals</b> - Goal 2</p> <p><b>World Summit for Social Development</b> - Commitment 1</p> <p><b>Fourth World Conference on Women - Beijing Platform for Action</b> - Critical Areas of Concern</p>

These linkages show that there are other ways of calling for compliance with the commitments assumed on an international level at the UN world conferences, which go beyond merely appealing to the political will of governments, since there exists in international law a framework making them legally binding.

The commitments to improving health, education, morbidity and mortality, reproductive health, information, habitat and housing, together with gender equity, are rights that are inherent to all people on the basis of the simple fact that they are human beings, in other words they are rights which cannot either be given or taken away. Governments have an obligation to respect and protect these rights, in fact to do everything within their power to ensure that they are fulfilled and

guaranteed. Human rights are universal, that is they are valid and demandable anywhere in the world. They are also indivisible, reflecting an integral approach that does not allow for them to be separated one from the other.

When governments sign or ratify the CESCR they commit to doing everything within their power to guarantee progressive enjoyment of those rights. In line with this commitment, policies and programmes aimed at ensuring basic development goals should include among their objectives that of ensuring an increase in the number of people who enjoy full rights. In other words, they are committing to adopting a rights-based approach in the actions they carry out. This means that governments should ensure that each of their policies or programmes approaches the different specific is-

ssues they aim to tackle within a human rights framework.

The tables Social Watch generally presents reflect progress and setbacks in the quality of life of citizens through the evolution of a series of basic indicators (access to education, health care coverage, access to drinking water, participation of women in decision-making, etc.). From the point of view of human rights, these indicators can be interpreted in another way. When the tables show that a country is regressing in one of the areas relating to internationally assumed development goals, it is clear that the country is not fulfilling its commitment to respect, protect, fulfil or guarantee human rights. In this sense, then, we can talk of the violation of citizen's human rights in that country.

This edition of Social Watch includes lists of the international human rights treaties and of the commitments assumed in previous UN conferences and in the Millennium Development Goals. It is hoped that this information can be used as another tool by lobbying organisations to pressure their governments in their struggle to eradicate poverty and its causes, ensuring an equitable distribution of wealth and respect for human rights. ■

## Methodology and data management

While the use of electronic media has clearly speeded up access to information,<sup>33</sup> many of the problems that Social Watch signalled in previous years continue to make it difficult to carry out comparative analysis on the evolution of the indicators.<sup>34</sup> This year we have maintained the same criteria as were adopted in previous editions regarding the selection of

data sources. That is, our first choice continues to be the most recent source provided by any of the international institutions that are generally recognised as providing reliable data, even if some changes appear surprising and could be interpreted in different ways, or be seen to result from a variety of causes.

In those cases in which the most recent data were not available from these institutions, we chose from among the alternatives on offer those "secondary" sources whose data for previous years most closely and consistently matched the data published by the acknowledged authority on the subject.

If several alternative sources were available, we chose whichever best-known source was regarded as being (or basing its informa-

tion on)<sup>35</sup> the best authority on the topic in question.

If none of the above criteria could be applied, we chose the source offering data from the largest number of countries.

In those cases in which the data related to a period (for instance, 1990-1994) rather than to a single year, we followed the recommendation that the data be assigned to the year falling in the middle of the period (which in the above example would be 1992) in order to allow us to calculate the rate of variation. ■

<sup>33</sup> The question of the accessibility of information is another issue altogether. Most international institutions' large databases can only be accessed by paying high-cost subscriptions.

<sup>34</sup> These problems include, for example, the fact that the dates for which information is available often do not coincide, and the significant differences in the figures provided by different sources for the same year.

<sup>35</sup> Large databases can be consulted that refer to the original source from which the information was taken.



## Measuring countries' present situation and the rate of change

In each of the thematic areas the information is displayed in relation to the chosen indicators. Each indicator covers three columns: the first shows the country's initial situation (data from 1990 or the closest possible year), the second column shows the latest available data and the third and last column (titled "progress or regression") shows the rate of change.<sup>36</sup>

In order to assess the evolution of each indicator, two aspects were taken into account: initial and final levels and the rate of change of progress or regression.

The **situation** a country is in according to each indicator is given by the last available value for that indicator.

Each country is assigned a value from 1 to 4 (1 indicates worst situation and 4 indicates best situation) according to the distribution of values for each indicator<sup>37</sup> and the value for all the indicators for that area is then given by the average of these values for each country.<sup>38</sup> In this

way a self-referential ranking is obtained, independent of the distance from the goals or from specific conceptually defined levels.

This ranking was only applied to those countries with information for at least half the indicators that make up the overall thematic area.

To avoid giving a false impression of accuracy, the average values were rescaled<sup>39</sup> to create four country categories:

*Countries in better situation*

*Countries above average*

*Countries below average*

*Countries in worse situation*

A fifth group is also presented showing information for those countries which lack sufficient data to be included in the ranking (*Countries with insufficient data to summarise the area*).






Within each group the countries are listed in alphabetical order.

The **rate of change** for each country is obtained by considering the variation in the values of the indicator over the time period within which the measurements are made. The quotient between the variation in the indicator and the time period reflects the rate of change for the item in question.

The values for this rate of change have also been rescaled in sections (using a refer-

ence scale from 1 to 5), which are presented in the tables in the column titled "Progress or regression". A series of symbols are used to illustrate the changes in order to make the information easier to read and to avoid the false impression of accuracy given by a numerical value.

The categories defined in this rescaling are as follows:

	Significant progress
	Slight progress
	Stagnant
	Slight regression
	Significant regression

"Significant progress" applies to those countries which are progressing at rates above the average for all countries making progress.

"Slight progress" applies to those countries which are progressing at rates below the average for all countries making progress.

"Stagnant" refers to those countries where no changes (or quantitatively insignificant changes) have been recorded over the period in question.

"Slight regression" applies to those countries which are regressing at rates below the average for all countries regressing (i.e. they are regressing more slowly).

"Significant regression" applies to those countries which are regressing at rates above the average for all countries regressing (i.e. they are regressing more rapidly). ■

36 In some tables two extra columns appear displaying the date of the information selected.

37 For this the variable was normalised (by subtracting the mean and dividing by the standard deviation) and then the mean positive values and the mean negative values for the normalised indicator were calculated. The four categories were established according to the values above and below the mean positive values for the normalised indicator, and the values above and below the mean negative values for the normalised indicator.

38 In the case of the table showing morbidity and mortality rates the child immunisation ranking was included as another indicator in the calculations of the average value for the area. The immunisation table is presented separately and ordered according to the average value of its indicators.

39 The possible range for the average of the area was divided into four groups as follows: group 1 (between 4 and 3.26); group 2 (between 3.25 and 2.6); group 3 (between 2.5 and 1.76); group 4 (between 1.75 and 1).