

About the methodology

Social Watch monitors progress in achieving commitments made by governments at the World Summit for Social Development (WSSD) in Copenhagen and the Fourth World Conference on Women (WCW) in Beijing. This monitoring is based on the evolution and current situation with regard to certain indicators in selected areas of interest. Once again, the findings are presented in three sets of tables. The first comprises tables that review the goals defined at the WSSD, taking each commitment in turn. It also includes a summary table, listing countries in alphabetical order, where progress and setbacks are grouped into six thematic areas. A second series of tables measures advances and setbacks with respect to the gender gap, distribution of public spending (education, health, defence and external debt service), increase in development assistance, and ratification of key international agreements. The third set of tables appears on the poster and includes mainly issues relating to the goals set at the Millennium Summit.

Sources

This year's edition of *Social Watch* employs the same criteria for selecting sources and calculating the evolution of variables as were used in last year's report. It also maintains the same format in the tables.

The initial difficulties we faced in obtaining and managing data still persist,¹ and we have maintained the criteria employed in earlier editions. We continue to use the most recent source provided by any of the respected international organisations, on the assumption that their data are reliable, 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 where the most recent data were not to be found in these sources, we chose, from among the available alternative sources, those "secondary" sources whose data for previous years corresponded most closely to those published by the most respected sources;
- In those cases where alternative sources were available, we chose whichever source is commonly regarded as the best authority on the topic in question;
- In those cases in which neither of the above two criteria applied, we chose the source offering data from the greatest number of countries.

Data management in calculating the progress indexes

- When the only data available referred to a period (for example, 1990-1994) rather than a single year, we assigned the data to the year falling in the middle of the period (in this case, 1992), in order to allow us to calculate the rate of variation;
- In those tables in which the information for each country corresponds to a specific year, the rate of variation was calculated on the basis of those values, on the understanding that the accuracy of the information is better preserved this way, than in the alternative method based on periods;
- In cases where the goal was not defined numerically in the commitments, specific criteria were used—which are explained where relevant in the evaluation of the goals and their follow-up;
- Finally, in the tables on the poster accompanying this edition, which show "progress" and "current situation", other evaluation tools were employed. These take into account the absolute value of the indicators only, without relating them to the goals set. In these tables, the countries are ranked—with respect to both their "current situation" and "progress"—according to the distribution of values for each variable.

¹ For example, the difficulty in obtaining information for the same year across the board, or the significant differences that exist between statistics provided for the same year by different sources.

Goals set and follow-up

As in past editions of *Social Watch*, the goals set by governments, as well as the progress made and setbacks encountered, are evaluated goal by goal in this year's report. We present a series of tables that illustrate the evolution of countries with respect to the commitments made by governments at the WSSD and the WCW, as well as a summary table listing countries in alphabetical order, where the indicators are grouped according to broad thematic areas.

Social Watch selected what we consider to be the thirteen most important commitments from among those that can be measured quantitatively. Again this year it has not been possible to monitor the thirteenth commitment—"Improve the availability of affordable and adequate housing for everyone, in line with the World Housing Strategy for the year 2000"—since once more the information available was inadequate. With respect to the other commitments, one or more indicators have been chosen, the relevance of which varies from case to case. From among the indicators corresponding most closely to the dimensions we wish to measure, we selected those that were available for a sufficient number of countries.²

The tables, each relating to one commitment, have been updated and show the value of the indicator in 1990 (or the next closest year, if there is no data available for 1990), the value in the last year for which data are available and the goal the country was to meet by 2000. In the case of commitments with goals set for a later date, we adjusted all paths to correspond to the decade under consideration here (1990-2000).

For commitments with goals not linked to specific figures, we took numerically defined goals from other summits where available.³ In cases where the desired outcome was universal access, the goal established was access by 100% of the target population.

The goals were established with reference to the following variables:

Goal 1a: Percentage of children reaching 5th grade in primary school; Goal 1b: Primary school enrolment rate (net); Goal 2: Life expectancy at birth; Goal 3a: Mortality rate among infants under age 1; Goal 3b: Mortality rate among children under 5; Goal 4: Maternal mortality per 1,000 live births; Goal 5: Daily calorie intake; Goal 6: Percentage of children under 5 suffering from serious or moderate malnutrition; Goal 7: Percentage of the population with access to health care services; Goal 8a: Number of pregnancies attended by health personnel (per 1,000); Goal 8b: Percentage of deliveries attended by health personnel; Goal 9: Malaria cases per 100,000; Goal 10: Percentage of children under age 1 fully immunised; Goal 11: Adult illiteracy rate; Goal 12a: Percentage of the population with access to sanitation; Goal 12b: Percentage of the population with access to safe water.

All the tables relating to goals present the initial situation of the country (first column, 1990 or next closest year), the latest figure available from the chosen source (second column)⁴, the rate of progress according to the goal set (third column, "progress or regression"), and the goal set by the country's government for 2000 (final column). Given the delays in the publication of data, information for the year 2000 is still not available for all indicators and it is therefore not yet possible to check whether the goals set for that year have, in fact, been reached. The information available, which corresponds to previous years, allows us to establish each country's rate of variation or progress at the date for which the latest data is available. This is why the comments here still refer to the year 2000 goals as if that date had not yet been reached.

As we explained in previous editions, any progress index of the type used here implies the adoption of a normative path, which serves as the "ideal" against which progress can be measured. However, as we have already pointed out, each of the specific indicators may follow different paths. These model paths should

² These indicators and the corresponding tables are the same as in last year's edition.

³ For example, in the case of the goal of nutritional security, we adopted the goals proposed at the 1996 World Nutritional Summit.

⁴ In some tables, two additional columns are used to indicate the date of the information selected.

either be determined by specialist bodies or be inferred from some previously existing study (for example, a longitudinal analysis). While it would be desirable to conduct our follow-up in this rigorous and exhaustive manner, we recognise that the majority of variables associated with the commitments do not meet these conditions. Furthermore, since the number of observations over time required for the construction of more precise evolutionary models is lacking in many cases, the only alternative was to opt for a simple and straightforward way of evaluating progress towards the fulfilment of goals.

In order to calculate progress and setbacks in relation to the goals set, we chose to “impose” a simple, uniform evolutionary reference model that would prove least demanding when evaluating changes over time or when comparing the evolution of different countries. Given the limitations of the methodology adopted, the conclusions reached are not, and cannot be, regarded as exhaustive or definitive; they are merely an approximation or useful guide. Ultimately, the resulting progress index classifies the actual value of each variable as ahead of schedule, on schedule or behind schedule, in relation to its projected value. For the follow-up of the goals set, we maintained this basic system, which generates a fulfilment index reflecting the degree to which countries had advanced towards achieving their established goals. This index has been re-scaled in sections (we converted the progress indexes to a reference scale of 1 to 5), and to make it easier to read and to eliminate the false impression of precision that a numerical progress index would give, “Progress or Regression” are represented by a series of symbols.

The categories resulting from this re-scaling are:

←	Significant regression
←	Some regression
	Stagnation
→	Some progress
→	Significant progress or goal already achieved

“Significant progress or goal already achieved” applies to countries that had already achieved the goal by 1990, have reached the goal subsequently, or will reach the goal on schedule if they continue at their current rate of progress.

“Some progress” applies to countries with positive indexes, but where progress is not rapid enough to reach the goal on schedule.

“Stagnation” applies to countries where no significant changes (or quantitatively insignificant changes) have been recorded in the period.

“Some regression” applies to countries that show a negative value and a gradual process of regression.

“Significant regression” applies to countries that are regressing at a faster rate.

Additionally, where relevant, for those countries that had reached the goal by 1990, different icons are used in the “Progress or Regression” column to distinguish between four sub-groups: countries that had achieved the goal by 1990; countries for which no data is available for the year 1990, but which at the end of the period had reached the goal; countries that had achieved the goal by 1990 and continue to make progress; and countries that had reached the goal by 1990 but are experiencing setbacks.

In the table showing “Progress and regressions in the fulfilment of the Copenhagen goals”, indicators are grouped in the following manner:

- Goals 1a, 1b in the column headed Basic Education;
- Goals 3a, 3b and 10 in the column headed Children’s Health;
- Goals 5 and 6 in the column headed Food Security and Infant Nutrition;
- Goals 8a and 8b in the column headed Reproductive Health;
- Goals 2 and 7 in the column headed Health and Life Expectancy;
- Goals 12a and 12b in the column headed Safe Water and Sanitation.

2015 goals

In accordance with the new commitments defined at the Millennium Summit, a further column has been added to some tables, showing goals for 2015. In our understanding, nowhere in the commitments is it explicitly stated that the starting point for the new goals continues to be 1990. Adopting that starting point simply implies lowering the requirements that governments have to fulfil in order to meet those goals, meaning less significant advances over the next 15 years.

For example, take the goal of reducing infant mortality by two-thirds by 2015. In the case of Gambia, whose infant mortality rate stood at 132 per 1,000 live births in 1990, and at 61 per 1,000 in 1999, if the 2015 goal is set taking 1990 as the

starting point, the rate to be reached is 44 per 1,000; in contrast, if the starting point were the 2000 rate (or the most recent figure available, from 1999), the 2015 goal would mean reducing infant mortality to a rate of 20 per 1,000 live births.

If 1990 is used as the base year for the indicator, countries will already have advanced partially towards their target during the 1990-2000 period, and requirements for 2015 will obviously be lower.

Assessment of advances made up to 2000

The delay in the publication of new data means that we are unable to present year 2000 values for most of the indicators used in this follow-up. We have therefore chosen to continue reviewing the rate of progress or setbacks according to the latest available data, taking the year 2000 goal as the point of comparison.

In the area of education (**Goal 1: universalisation and completion of primary education**), the evolution over this period once more reveals clearly differentiated situations. The first point of concern is relevant to all the commitments and relates to the large number of countries for which the international organisations have no information available on the basis of which to monitor progress in the period under study. In the case of enrolment rates in primary school, UNESCO has information on only 140 countries, 23 of which have no information for either the beginning or the end of the period. With respect to the goal of universalisation of primary school education, 17 countries show regression, with significant regression in five. Only nine countries show rapid progress towards meeting the 2000 goal, while another 39 were progressing at an insufficient rate.

The goal relating to **completion of primary education** (measured on the basis of the percentage of children from a cohort who reach 5th grade), the goal of 80% had already been reached in 1990 by over 60.5% of countries for which information was available. Another 15 countries were advancing significantly and were on target to meet the goal. Varying degrees of regression can be observed in other countries: Brazil, Guinea and India showed slight regression, while Congo, Ethiopia, Malawi, Gabon, Lesotho and Mauritania revealed more significant regression. It is important to note that values dropped in 21 countries that had already achieved the goal by 1990, in some cases falling below the 80% commitment (Hungary, Eritrea, Sudan, Djibouti and Zimbabwe).

As has been emphasised in previous editions, analysis of the data relating to **life expectancy (Goal 2)** should take into account the fact that the goal of 60 years represents an excessively “low” target for the majority of countries, as is evident from the large number that had already reached the goal by 1990 (122 of the 207 countries with information available). Nonetheless, 22 African and Asian countries were not achieving a sufficient rate of increase to reach 2000 with a life expectancy at birth of 60 years. Other countries (Bangladesh, Bolivia, Comoros, India, Myanmar, Kiribati and Pakistan), whose starting-points were critical, had managed to progress rapidly and will achieve the 2000 goal. Twenty countries showed alarming setbacks. Among all these countries, the average life expectancy in 1990 was 50 years, with a minimum value of 37 years in the case of Sierra Leone. Six of these countries showed more serious regression (Zimbabwe, Swaziland, Botswana, Kenya, Namibia and Lesotho), reaching an average of just 44 years in 1999. In the period under consideration, setbacks of up to 17 years were registered (Botswana). At the other end of the scale, 50 countries had already achieved a life expectancy of over 70 years at the beginning of the period.

The data for follow-up of **Goal 3 —infant and under-five mortality—** available in this edition date from 1999, the same as in last year’s *Social Watch* report. As we have already indicated, the information relating to infant mortality showed that a significant number of countries (74% of the 180 countries for which information is available) had made progress in comparison with their 1990 values. However, only 21% (28 countries) had progressed at a sufficient rate to meet their 2000 goal. Moreover, setbacks could be seen in 39 countries. In 15 of these the rate of regression was high, but in some cases these were countries with already low levels of infant mortality, so that, although their values show increases, they remained well below the rest. However, this group also included countries where the situation was extremely worrying. At the beginning of the 1990s, Lesotho, Nigeria, the Democratic Republic of Congo, Mauritania, Angola and Niger already had high levels of infant mortality, which on average exceeded 90 deaths per 1,000 live births. By 1999 the situation had worsened, with an average of 120 per 1,000.

The **mortality rate for children under five** had dropped significantly in most countries, although not at a sufficient rate to meet the target commitment (161 countries

showed progress, of which only 54 were on schedule to meet the 2000 goal). Fourteen countries showed setbacks, among which Iraq presented the most significant rate of regression, while the African countries of Zimbabwe, Kenya, Cameroon, the Côte d'Ivoire, Rwanda, Zambia and Burkina Faso increased their average rate from 135 to 150 deaths of under fives per 1,000 live births.

Changes have been introduced in international statistics on how the **maternal mortality rate** is calculated. The result is that we have been unable to calculate progress, as we lack two sets of data comparable over time. The values for this indicator are extremely heterogeneous. This can be illustrated by reference to the fact that the regional averages for maternal mortality range from 30 (for Europe and Central Asia) to 567 per 100,000 live births (for Sub-Saharan Africa). The situation in Sierra Leone and Rwanda is particularly alarming for the extreme values they present, exceeding 2,000 maternal deaths per 100,000 live births.

The table for **Goal 5** shows *per capita* daily caloric intake as an indicator of food security. As no fixed target value was set for this goal, we chose to use the FAO targets, which establish a level of calorie intake that depends on the starting situation of the countries in 1990. Of the 163 countries for which comparative information is available, 108 (66%) show progress, although 26 of these were not advancing rapidly enough to meet the 2000 goal. Of the 31 (19%) countries that show setbacks, almost half show significant regression, in particular Iraq and Cuba, which show drops of more than 500 daily calories.

Goal 6 relates to the reduction in **malnutrition in children under five**. To construct the progress index, we took the values from 1990 or the next closest year, and from the last year available. Even so, we could only construct an index for a very limited number of countries (70), as in many cases we did not have information from both moments in time. In the resulting distribution of countries, 61% show progress. Of these, almost a fifth (8 out of 43) were progressing at a sufficiently rapid rate. Among the countries showing setbacks (23), Algeria, Angola, Costa Rica and Côte d'Ivoire had the highest annual rate of regression (although in the case of Costa Rica the percentage of children suffering from malnutrition remained low).

With respect to **Goal 7**, the percentage of the population with **access to health care services** has not been updated by the international sources that usually provide such information. The data are consequently out of date and scarce (available for 55 countries). Here we saw that of the 19 countries showing some progress, 13 were advancing rapidly and were on schedule to meet the target (Cameroon, Central African Republic, Guinea, Indonesia, Iran, Jordan, Malawi, Niger, Oman, Saudi Arabia, Senegal, Syria and Thailand). Eight countries (Benin, Colombia, Gabon, Madagascar, Maldives, Nigeria, Panama and Uganda) show setbacks. In some cases (Benin, Madagascar, Maldives and Uganda) more than 50% of the population lacked access to health care services.

The table for **Goal 8** presents the evolution of indicators concerning **reproductive health** (proportion of pregnancies and deliveries attended by health trained personnel). The information relating to **pregnancies**, available for 92 countries, shows that one-third retained an almost universal level of coverage, in other words, they had achieved the goal. With respect to progress made, 48 countries show advances, 18 at a sufficient rate to reach the goal. Among the 14 countries where setbacks were registered, three showed an alarming rate of regression (Kenya, Myanmar, and Nigeria). Particularly worrying is the case of Tanzania, which started with almost total coverage but reduced that figure by half in the period under consideration.

With respect to medical coverage of **deliveries**, information is available for a total of 155 countries, although we have information from two sources for comparison for only 125 countries. Forty percent of the total (66 countries) present values indicating they were on target to meet the goal of close to 100% coverage. Advances were evident in 61 countries, 20 of which were progressing at a steady rate. Only 10% of countries show setbacks, and only China was regressing significantly. The eight countries whose situation remained unchanged had low levels of coverage, except Tunisia and the Solomon Islands where coverage was close to 90%.

The information relating to **Goals 9 and 10** has not been updated. Of the 58 countries for which data regarding **cases of malaria** were available, 29 showed significant progress and only four were not progressing fast enough to meet the 2000 goal. Among the countries registering setbacks, the vast majority showed rapid regression (Benin, Bolivia, Cambodia, Cameroon, Colombia, Guatemala, Guinea, Honduras, India, Peru, Saudi Arabia, South Africa, Suriname, Turkey, Vanuatu and Venezuela).

Regarding control and eradication of diseases by means of infant vaccination, the progress indicator is based on the situation with respect to four diseases:

tuberculosis, diphtheria, polio and measles. The information presented shows that 130 (71%) of the 184 countries for which data are available have made progress in infant vaccination, and that 93 (50%) of them were advancing at a sufficient annual rate to achieve the 2000 goal. On the other hand, of the 44 (24%) countries that show setbacks, 27 (15%) were regressing rapidly.

In the case of **Goal 11**, to reduce **adult illiteracy** to half its 1990 rate, all countries made progress, but only two had done so at a sufficient rate to reach the target. Many countries had a starting level of almost universal rates of adult literacy (more than 95%): Argentina, Armenia, Belarus, Bulgaria, Croatia, Cuba, Dutch Antilles, Guyana, Hungary, Italy, Korea, Latvia, Lithuania, Moldova, Poland, Rumania, Russian Federation, Slovenia, Spain, Tajikistan, Ukraine and Uruguay. To these must be added the rest of the developed countries, which in general have stopped publishing figures for illiteracy on the understanding that it is a problem that has been overcome.

With respect to **access to sanitation (Goal 12a)**, of the 123 countries for which information is available, 36 (30%) had reached the goal or had already met it by the 1990 starting point. However, some of these countries experienced regression (8), and in some cases access dropped drastically (Korea, Mongolia and Romania). During the period under consideration, 71 countries (58%) made progress, of which only 10 (8%) were on target to reach the goal by 2000. Among the 14 countries registering setbacks, six show alarming rates of regression and extremely low coverage rates for sanitation, such as the case of Rwanda (8%) and Gabon (21%).

Finally, as regards **access to safe water (Goal 12b)**, out of a total of 128 countries the scenario is quite varied: 40 countries had already achieved the goal and 65 were making progress, although only four (Djibouti, United States of America, Samoa and Uruguay) were doing so at a sufficient rate to meet the 2000 goal. Among the 17 countries showing setbacks, two present significant rates of regression (Rwanda and Fiji). The most critical situations were found in Afghanistan, where in 1999 only 13% of the population had access to safe water, followed by Ethiopia, with 24%.

Overview of progress towards social development

An analysis of the information provided in the table "Progress and regressions in the fulfilment of the Copenhagen goals" gives an overview of the performance of countries with respect to the six broad thematic areas into which the indicators were grouped. The table below suggests overall performance with respect to the commitments made, taking the countries as the units of analysis.

		BASIC EDUCATION	CHILDREN'S HEALTH	FOOD SECURITY AND INFANT NUTRITION	REPRODUCTIVE HEALTH	HEALTH AND LIFE EXPECTANCY	SAFE WATER AND SANITATION
		%	%	%	%	%	%
Significant progress	➡	5.1	23.0	30.8	10.5	7.0	5.8
Some progress	➡	34.2	52.4	33.8	34.6	15.0	48.2
Significant regression	⬅	2.6	1.6		0.6	1.1	2.2
Some regression	⬅	8.5	8.4	17.3	5.6	11.8	7.9
Stagnation			14.7		5.6	1.6	7.9
Goal already met at the starting point	⊙	10.3		1.5	14.2	1.6	5.0
Countries with no starting point data. Met the goal by 2000	⊙	6.0			13.6	4.3	10.8
Countries with goal met before the starting point still progressing	⊙➡	14.5		16.5	12.3	51.3	9.4
Countries with goal met before the starting point but going backwards	⊙⬅	18.8		3.1	6.4	2.9	
TOTAL		100	100	100	100	100	100
Total countries for which data are available		117	191	133	162	187	139
		%	%	%	%	%	%
SUMMARY OF PROGRESS							
⊙ + ➡ + ➡ + ⊙➡		43.6	75.4	79.7	43.2	71.7	58.3
SUMMARY OF REGRESSION							
⬅ + ⬅ + ⊙⬅		29.9	9.9	17.3	9.3	19.3	12.9
GOAL ACHIEVED OR ON TARGET							
⊙ + ⊙ + ➡ + ⊙➡		35.9	23.0	48.9	50.6	64.2	30.9

As in last year's edition, at first glance, this summary table comparing progress and setbacks shows an overall improvement in all areas. This means that in all thematic areas more countries were making progress than were regressing. A closer look shows, disappointingly, that once again the bulk of advances are in the "some progress" category, meaning that in general the rate of progress is not sufficient for the countries to achieve their set goals.

Overall, countries that had already reached their targets, or were on schedule to do so, comprise around one-third in three of the thematic areas (Primary Education, Children's Health and Safe Water and Sanitation). In Food Security and Reproductive Health, approximately 50% of countries had achieved the goals set. Only in the areas of Health and Life Expectancy had a significant number of countries already achieved the goal or were on track to do so. Unfortunately, as we have already pointed out, even this cannot be regarded as a huge step forward, since, if one looks closely at the table, one sees that of the 187 countries that have advanced in this respect, 110 had already reached the goal at the start of the period. As we explained above, this is because 60 years is a very low target for life expectancy, since a large number of countries had already exceeded that figure some time ago.

In short, once again in all areas the rate of progress is patently insufficient. If we analyse the information on setbacks, we see that the area of education shows the highest rate of regression: of the 117 countries for which information is available, 30% had regressed relative to their starting points. Regarding food security, the proportion of countries (17.3%) showing a drop in the nutritional levels of their populations over the period under study remains significant.

Gender inequality, public expenditure and Official Development Assistance

The changes that have taken place since 1990 in Women's Situation, Public Expenditure, and Official Development Assistance (ODA) are presented in three tables.

In contrast to the previous edition, *Social Watch* based its 2002 analysis of women's status on the evolution of the gender gap. That is, the object of analysis was progress or regression in the female to male ratio with reference to three basic areas: illiteracy rates among 15-24 year-olds, unemployment rates and primary school enrolment rates.⁵

For the analysis of public spending, we concentrated on the evolution of expenditure on education as a percentage of Gross National Product (GNP), and on the evolution of expenditure on health, defence and external debt service as a percentage of Gross Domestic Product (GDP). The third table measures progress and setbacks in ODA *vis-à-vis* the goal set by developed countries to assign 0.7% of their GNP to aid.

In the first two cases, given that no specific goal was set, we chose to classify countries on the basis of relative progress and regression. For the table showing evolution of the gender gap the analysis consisted in considering the annual rate of variation in the female to male ratio in the three areas indicated above. Thus, three broad categories can be identified, corresponding to situations showing no change, progress or regression. The differences in the scale of progress or regression were measured by taking into account whether the countries were advancing or regressing above or below the average for each group.

The following criteria were used to produce the table on Changes in Public Expenditure: for Social Expenditure (education and health) countries were regarded as showing "significant regression" if the reduction in expenditure was equal to or greater than 1% of GNP; reductions of up to 1% were classified as "some regression"; those which showed no change or changes of one-tenth of one percentage point were classified as "no change"; "some progress" applies to those countries in which spending increased by up to 1%; and, finally, countries showing an increase of over 1% were classed as making "significant progress". For Defence Expenditure and External Debt, the criterion used was exactly the opposite, in other words, reductions in these areas' share of GDP were classified as progress.

The gender gap

The following table presents a summary of the advances and setbacks made with respect to reducing the gender gap in the three areas specified above. In the table the indicators of progress and regression are divided in accordance with whether the rate of evolution of the female to male ratio is above or below the average for each area.

⁵ We chose to consider the gross enrolment rate as this was available for a greater number of countries. While this rate includes matriculation of people over school age, we are of the opinion that this does not create a bias affecting the female to male ratio, which is the indicator used to determine the gender gap.

	ILLITERACY (15-24 YEARS)	UNEMPLOYMENT	PRIMARY SCHOOL ENROLMENT (GROSS)
	(%)	(%)	(%)
←	8.3	25.8	14.0
←	5.3	4.5	6.7
	48.1	25.8	46.3
→	28.6	30.3	19.5
→	9.8	13.5	13.4
TOTAL COUNTRIES	87	133	163
Summary	(%)	(%)	(%)
<	13.5	30.3	20.7
>	38.3	43.8	32.9

On the basis of the values relating to progress and regression, the three selected areas show a positive outcome, since the progress made clearly outstripped the rate of regression.⁶

What a review of the different rates of change shows is that, for example, in the case of unemployment, 43.8% of countries present an evolution that favours a reduction in the gender gap and within that group 13.5% are evolving at an above-average rate. On the other hand, 30.3% of countries for which information on unemployment is available have increased the gender gap, and within this group, 4.5% show a significant increase. The same comparisons can be made in the analysis of the gender gaps with respect to illiteracy and primary school enrolment.

Public expenditure

The following summary table shows the evolution in social expenditure (health and education), and spending on defence and external debt service.

	EDUCATION EXPENDITURE INCREASE	HEALTH EXPENDITURE INCREASE	DEFENCE EXPENDITURE REDUCTION	EXTERNAL DEBT EXPENDITURE REDUCTION
	PUBLIC EXPENDITURE ON EDUCATION AS % OF GNP	PUBLIC EXPENDITURE ON HEALTH AS % OF GDP	MILITARY EXPENDITURE AS % OF GDP	TOTAL DEBT SERVICE AS % OF GDP
	1990-1995/97	1990-1998	1990-1999	1990-1999
Significant progress (more than 1%)	27.6	20.7	30.8	42.7
Some progress (less than 1%)	37.9	45.9	44.2	9.7
Stagnation	6.0	6.3	3.8	2.9
Some regression (less than 1%)	18.1	22.5	15.4	14.6
Significant regression (more than 1%)	10.3	4.5	5.8	32.0
Total countries	116	111	104	103
Overall progress and regression rates				
Progress	65.5	66.7	75.0	52.4
Regression	28.4	27.0	21.2	46.6

In all areas one can observe a substantial number of countries whose public spending has evolved favourably. Only in the case of expenditure on debt service does progress and regression roughly balance out.

With respect to cases at either end of the scale in the area of education, there were increases of more than 2% for education in Malawi, Jamaica, Lesotho, Latvia, Moldova, Paraguay, Poland and Venezuela, and reductions of over 5% in Armenia, Mongolia, Suriname and Tajikistan.

As regards health spending, at one extreme Belarus, Bolivia, Colombia, Israel and Moldova show increases of more than 2%, while at the other end of the scale Georgia and Macedonia show reductions of over 2%.

Military spending and more recently external debt service are generally considered to divert resources from social needs. For this reason, reductions in expenditure in these two areas are regarded as positive achievements towards social development. The countries situated at the two extremes in relation to these areas are: firstly, Kuwait, Mozambique, Oman and Russia with reductions in military

⁶ Since not all countries have information on these three areas, direct comparisons among them cannot be made. In other words, it would not be correct to infer that the rate of reduction of the gender gap in unemployment is greater than that of the illiteracy gap.

spending of over 5% (among these countries particularly notable is the reduction of Kuwait's military budget by more than 40% since the end of the war); and at the opposite end of the scale, with increases of over 4% in military expenditure, Ethiopia and especially Angola (18%).

External debt service reduced its share of GDP by more than 10% in Guyana, Congo and Papua New Guinea, while in Angola, Gabon and Malta it increased by the same amount.

Finally, in terms of **Official Development Assistance (ODA)**, the table shows that the majority of donor countries (12 out of 22) registered a regression between 1990 and 2000 in the proportion of GNP assigned to overseas aid. It should be noted, however, that although reduced, the contributions of Holland, Norway and Sweden remain above the set goal of 0.7% of GNP. Denmark, which had already met this target, shows a slight increase in the proportion of aid. Luxembourg shows a substantive increase in the amount of aid provided, reaching the percentage stipulated in the commitment, thus achieving the target goal. Other countries that decreased their contributions remained throughout the period below the target set.

Countries ordered according to their current situation and the progress or setbacks they have registered over the last ten years

This year's report once again includes a poster with a third set of tables summarising progress and setbacks on the basis of a selection of areas taken from the measurable goals established at the 1995 WSSD and WCW, and at the Millennium Summit.

The indicators used to produce two of the three tables are grouped in seven areas, each of which combine more than one variable: "Illiteracy" (adult illiteracy rates and illiteracy among 15-24 year olds); "Reproductive health" (percentage of pregnancies and deliveries attended by health trained personnel); "Nutrition" (daily *per capita* calorie intake and percentage of under fives suffering from serious and moderate malnutrition); "Services" (percentage of population with access to sanitation, percentage of population with access to safe water and telephone lines per 1,000 inhabitants); "Childhood" (under one mortality rates, under five mortality rates, percentage of children who reach 5th grade and net primary school enrolment rate); and "Gender Equality" (female to male ratio with respect to unemployment, gross enrolment rates in primary school

and illiteracy among 15-24 year-olds).

The table "**Progress and Setbacks**" presents the countries in order from those showing greatest progress to those showing the highest levels of regression or stagnation. The way in which progress and setbacks have been calculated aims to reveal recent changes (between 1990 and the most recent date for which information is available) with respect to key indicators for selected commitments. Each variable was categorised on a scale ranging from significant progress to significant regression, taking into account the distribution of the annual growth rates registered between 1990 and the latest available date.

A second table, "**Current Situation**" shows the current situation in each country with regard to the same series of chosen indicators. This table reflects the situation regarding social development based on the most recent data available. In other words, it shows how near or far countries are on average from achieving their targets, without indicating whether they are progressing towards them or not. The ranking was calculated by taking into account the distribution of values for each variable and converting them into four categories: the highest corresponds to those countries whose situation regarding the indicator in question is the best, and *vice versa* for the lower categories. In this way, the countries were classified in order, ranging from those showing the best performance to those with the worst record. The values relating to the current situation are as follows: 1) close to or beyond target; 2) above average; 3) below average; 4) critical situation.

The table "**Progress and Setbacks**" therefore reflects the rate of progress, while the table "**Current Situation**" provides a "snapshot" of countries' current situation. The two tables are designed to complement each other. A small advance in a country with a high level of social development is not the same as a small advance in a country that still has a long way to go.

A third table "**Political will**" reflects the current position of countries on issues directly linked to governmental decisions. This table includes five indicators: percentage of GNP assigned to education expenditure; percentage of the GDP assigned to health expenditure; percentage of GDP assigned to defence expenditure; percentage of GNP assigned to ODA (for member countries of the Organisation of Economic Cooperation and Development, OECD); and percentage of key international agreements signed and ratified by governments.

The following points system, based on the distribution of variables, was used to construct the ranking measuring the advances shown in the table "**Progress and Setbacks**". The general criterion applied consisted in calculating the Annual Rate of Variation (ARV) for progress and regression, and ranking countries according to whether they are above or below the respective average rates of progress or regression.

Reduction of adult illiteracy rate:

- 5) progressing with an ARV below -3.26%
- 4) progressing with an ARV above -3.26%
- 3) ARV close to 0%

Reduction of illiteracy among 15-24 year olds:

- 5) progressing with an ARV below -5.02%
- 4) progressing with an ARV above -5.02%
- 3) ARV close to 0%

Pregnancies attended by qualified personnel (per 1,000):

- 5) progressing with an ARV above 5.29%
- 4) progressing with an ARV below 5.29%
- 3) ARV close to 0%
- 2) regressing with an ARV above -1.74%
- 1) regressing with an ARV below -1.74%

Deliveries attended by qualified personnel:

- 5) progressing with an ARV above 3.68%
- 4) progressing with an ARV below 3.68%
- 3) ARV close to 0%
- 2) regressing with an ARV above -1.26%
- 1) regressing with an ARV below -1.26%

Daily calorie intake:

- 5) progressing with an ARV above 0.78%
- 4) progressing with an ARV below 0.78%
- 3) ARV close to 0%
- 2) regressing with an ARV above -0.63%
- 1) regressing with an ARV below -0.63%

% infant malnutrition:

- 5) progressing with an ARV below -5.1%
- 4) progressing with an ARV above -5.1%
- 3) ARV close to 0%
- 2) regressing with an ARV below 4.68%
- 1) regressing with an ARV above 4.68%

% of people with access to safe water:

- 5) progressing with an ARV above 3.61%
- 4) progressing with an ARV below 3.61%
- 3) ARV close to 0%
- 2) regressing with an ARV above -2.43%
- 1) regressing with an ARV below -2.43%

% people with access to sanitation:

- 5) progressing with an ARV above 5.75%
- 4) progressing with an ARV below 5.75%
- 3) ARV close to 0%
- 2) regressing with an ARV above -3.96%
- 1) regressing with an ARV below -3.96%

Telephone lines per 1,000 inhabitants:

- 5) progressing with an ARV above 7.4%
- 4) progressing with an ARV below 7.4%
- 3) ARV close to 0%
- 2) regressing with an ARV above -3.12%
- 1) regressing with an ARV below -3.12%

Infant mortality (under age one) per 1,000 live births:

- 5) progressing with an ARV below -3.08%
- 4) progressing with an ARV above -3.08%
- 3) ARV close to 0%
- 2) regressing with an ARV below 3.12%
- 1) regressing with an ARV above 3.12%

Primary school enrolment rate (net):

- 5) progressing with an ARV above 3.02%
- 4) progressing with an ARV below 3.02%
- 3) ARV close to 0%
- 2) regressing with an ARV above -1.74%
- 1) regressing with an ARV below -1.74%

% children reaching 5th grade:

- 5) progressing with an ARV above 5.59%
- 4) progressing with an ARV below 5.59%
- 3) ARV close to 0%
- 2) regressing with an ARV above -3.36%
- 1) regressing with an ARV below -3.36%

Variables used in calculating the gender gap:

Female to male ratio in illiteracy among 15-24 year olds:

- 5) progressing with an ARV below -3.29%
- 4) progressing with an ARV above -3.29%
- 3) ARV between 1 and -1%
- 2) regressing with an ARV below 3.17%
- 1) regressing with an ARV above 3.17%

Female to male ratio with respect to unemployment:

- 5) progressing with an ARV below -3.64%
- 4) progressing with an ARV above -3.64%
- 3) ARV between 1 and -1%
- 2) regressing with an ARV below 7.01%
- 1) regressing with an ARV above 7.01%

Female to male ratio in primary school enrolment rates:

- 5) progressing with an ARV below -0.66%
- 4) progressing with an ARV above -0.66%
- 3) ARV between 1 and -1%
- 2) regressing with an ARV below 1.08%
- 1) regressing with an ARV above 1.08%

The following points system, based on the distribution of variables, was used to construct the ranking measuring the "current situation" in the table "Current Situation". The general criterion applied consisted in first identifying those countries with values close to the target and then classifying the rest of the distribution according to whether their values were above or below average. The category "critical situation" refers to values of more than twice the average (in the case of goals that imply a reduction) or under half the average (in the case of goals that imply an increase).

% adult illiteracy:

- 4) 5% or less
- 3) between 5% and 20.8%
- 2) between 20.8% and 41.5%
- 1) more than 41.5%

% illiteracy among 15-24 year olds:

- 4) 5% or less
- 3) between 5% and 13.7%
- 2) between 13.7% and 27.4%
- 1) more than 27.4%

Pregnancies attended by qualified personnel (per 1,000):

- 4) 950 or more
- 3) between 949 and 789
- 2) between 788 and 395
- 1) less than 395

% deliveries attended by qualified personnel:

- 4) 95% or more
- 3) between 95% and 76.5%
- 2) between 76.5% and 38.3%
- 1) less than 38.3%

Daily calorie intake:

- 4) 3200 or more
- 3) between 3199 and 2700
- 2) between 2699 and 2300
- 1) less than 2300

% infant malnutrition:

- 4) 6% or less
- 3) between 6% and 10%
- 2) between 10% and 15%
- 1) more than 15%

% people with access to safe water:

- 4) 95% or more
- 3) between 95% and 79.1%
- 2) between 79.1% and 39.5%
- 1) less than 39.5%

% people with access to sanitation:

- 4) 95% or more
- 3) between 95% and 79.1%
- 2) between 79.1% and 39.5%
- 1) less than 39.5%

Telephone lines per 1,000 inhabitants:

- 4) 500 or more
- 3) between 499 and 202
- 2) between 201 and 101
- 1) less than 101

Infant mortality (under one) per 1,000 live births:

- 4) less than 10
- 3) between 10 and 44.4
- 2) between 44.4 and 88.8
- 1) more than 88.8

Enrolment rate in primary school (net):

- 4) 95% or more
- 3) between 95% and 84.4%
- 2) between 84.4% and 42.2%
- 1) less than 42.2%

% children reaching 5th grade:

- 4) 95% or more
- 3) between 95% and 82.6%
- 2) between 82.6% and 60%
- 1) less than 60%

Under fives mortality per 1,000 live births:

- 4) less than 10
- 3) between 10 and 64
- 2) between 64 and 128
- 1) more than 128

Variables used in calculating the gender gap:

Female to male ratio in illiteracy among 15-24 year olds:

- 4) up to 1
- 3) between 1 and 1.77
- 2) between 1.77 and 2.72
- 1) more than 2.72

Female to male ratio with respect to unemployment:

- 4) up to 1
- 3) between 1 and 1.35
- 2) between 1.35 and 2.0
- 1) more than 2.0

Female to male ratio in primary school enrolment rates:

- 4) up to 1 (and those countries where the female enrolment rate is higher than 95%)
- 3) between 1 and 0.82
- 2) between 0.82 and 0.74
- 1) less than 0.74

Points system for the table "Political Will". The general criterion applied in constructing this table consisted in categorising the distribution into three broad groups. 1) between 0 and 2/3 of the mean 2) between 2/3 and 3/2 of the mean; and 3) more than 3/2 of the mean.

Cut-off values:

% GNP spent on education:

- 1) less than 3.06%
- 2) between 3.06% and 6.89%
- 3) 6.89% or more

% GDP spent on health:

- 1) less than 2.24%
- 2) between 2.24% and 5.05%
- 3) 5.05% or more

% GDP spent on defence:

- 1) more than 4.14%
- 2) between 4.14% and 1.84%
- 3) 1.84% or less

% GNP spent on ODA (only OECD countries):

- 1) less than 0.26%
- 2) between 0.26% and 0.59%
- 3) 0.59% or more

Percentage of key international agreements signed and ratified⁷: each country is assigned a percentage in accordance with its total points. The points awarded to each country were determined by adding the points assigned to each convention (2 points for each convention ratified, 1 for conventions that have only been signed and 0 for those which have not been signed).

- 1) less than 18.5%
- 2) between 18.5% and 40.6%
- 3) 40.6% or more.

⁷ The key international conventions are those that appear in the tables on the centre pages of the current edition of Social Watch.