THE MILLENNIUM DEVELOPMENT GOALS ARE ABOUT CHILDREN

Progress and Challenges in Latin America and the Caribbean

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

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The information contained in this document is drawn in large part from the regional report prepared by the agencies of the United Nations System and co-ordinated by the Economic Commission for Latin America and the Caribbean (ECLAC) entitled "The Millennium Development Goals: A Latin American and Caribbean Perspective," Santiago de Chile, 2005.

Introduction

In September 2000, 189 Member States of the United Nations signed the Millennium Declaration, which established the international community's collective commitment to advance the human development of all countries. A year later, the UN General Assembly approved the Millennium Development Goals (MDGs) which translated the ideals of the Declaration into a monitoring framework composed of 8 Goals, 18 Targets and 48 Indicators. The MDGs constitute a development programme that is at once visionary and pragmatic.

The MDGs can be achieved only if the rights of children to health, education, protection and equality are protected. Indeed, the majority of the targets are congruent with commitments established by the international community to

comply with the rights of children, particularly the goals established in the Plan of Action "A World Fit for Children."[1]

In Latin America and the Caribbean, several regional political fora have addressed the needs of children. The region has adopted these international goals and in some cases has advanced in the establishment of new goals for children and adolescents. Of particular importance are the Ibero-American Summits of Heads of State and Government that have placed children's issues at the centre of their agendas. During the XI Ibero-American Summit in October 2001, the Ministers and High Level Authorities for Children and Adolescents of the Ibero-American countries adopted the Declaration of Lima and a Plan of Action for Ibero-American Children. This Plan of Action included 19 Goals and 89 Strategic Actions, many of which are convergent and/or complementary with the MDGs, as will be seen in the following sections.[2]

While the Caribbean countries have not established a set of specific goals for their sub-region, the Caribbean Community (CARICOM) has committed to monitoring progress towards the Millennium Development Goals. To that end, a regional report was published in September 2004.[3]

Monitoring the MDGs and the complementary goals for children and adolescents that have been agreed upon in Latin America and the Caribbean allows for a clearer identification of challenges and gaps in public policies directed at this sector of the population. As such, it constitutes a priority issue for governments, societies and international development agencies. The information presented in this document aims to contribute to this objective.

1. The Plan of Action is derived from the document approved by consensus in the United Nations General Assembly Special Session on Children held in May, 2002. The document includes goals and targets to be achieved in the areas of health, education, protection and HIV/AIDS.
2. See the chart included in the appendix concerning the correspondence between the MDGs and the Goals of the Ibero-American Agenda.
3. The CARICOM Council for Human and Social Development requested that the United Nations Development Fund for Women (UNIFEM) refine the targets and indicators of the MDGs so that they can better adapt to the Caribbean context and thus guide the formulation and implementation of public policies from a gender approach. UNIFEM has proposed a more detailed series of targets and indicators that respond to the state of progress and continuing challenges facing this sub-region.

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I. Poverty and Hunger

Goal 1: Eradicate extreme poverty and hunger

Target 1

Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

- Extreme poverty disproportionately affects children: two out of every five persons living in extreme poverty in Latin America and the Caribbean are children.
- There are 41 million children aged 0-12 and 15 million adolescents aged 13-19 who live in extreme poverty. This represents 30% and 22%, respectively, while 14% of the adult population lives in similar conditions.
- Latin America and the Caribbean on the whole are showing insufficient progress towards the poverty reduction target. In spite of the fact that extreme poverty fell by 4% during the 1990-2004 period (from 22.5% to 18.6%), there are still 96 million people living in extreme poverty.

Target 2

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

- Considerable advances have been made towards the reduction of child undernutrition, and the majority of countries are on track to reach the target. In 1990, it was estimated that 10.3% of children in Latin America and the Caribbean were underweight. At present, it is estimated that the prevalence of underweight children under 5 has been reduced to 7.5% (4.2 million children under the age of 5).
- Unfortunately, the MDGs do not include targets for chronic undernutrition (stunting), which is perhaps the most representative indicator of extreme poverty in the region. Across the entire region, 8.8 million children (16%) suffer from stunting due to a persistently inadequate nutritional intake.
- The regional average conceals considerable disparities between countries. Even if the regional target is reached, 2.9 million children under the age of 5 will continue to suffer the consequences of undernutrition.

Convergence with regional targets

Goal 1 of the Ibero-American Plan of Action proposes not only to reduce extreme poverty by one-half, but also to reduce overall poverty by one-half by the year 2015.

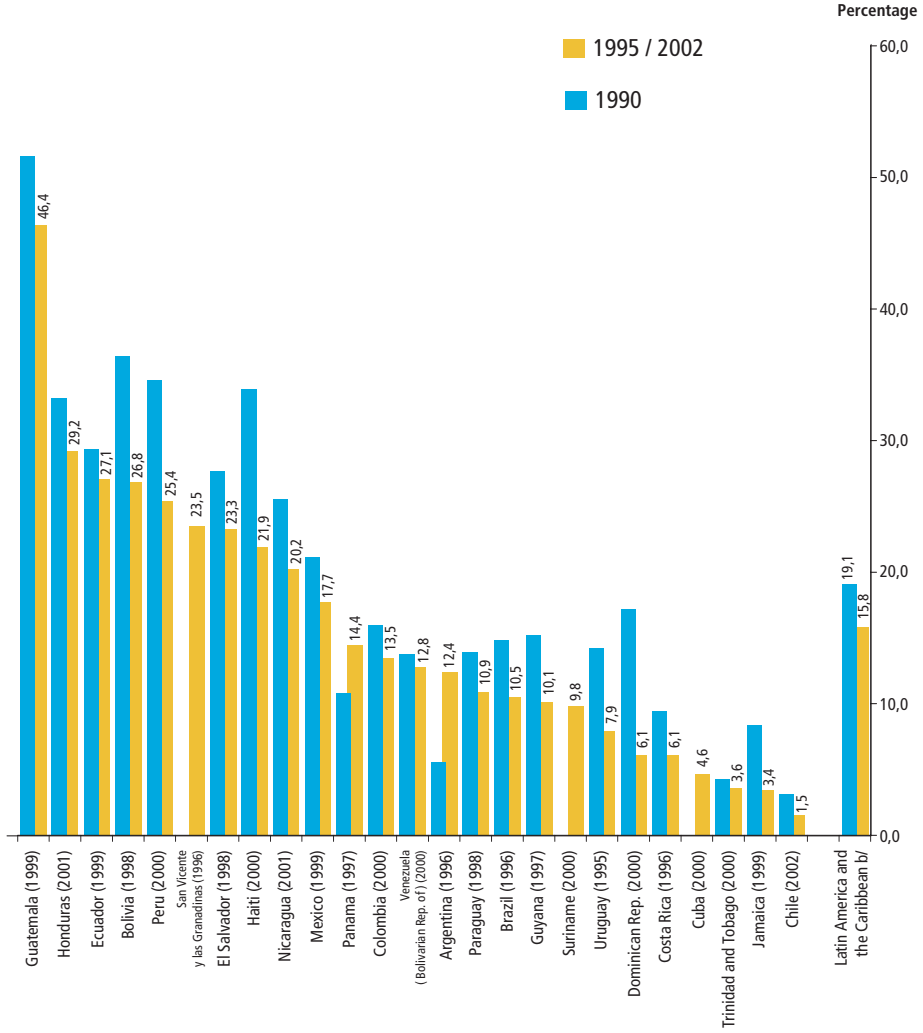
Goal 12 of the Ibero-American Plan of Action is more specific than the Millennium Target with regard to nutritional objectives. It also breaks down the different types of malnutrition that should be reduced and establishes different requirements for countries according to their existing level of progress.

- Between 1990-1992 and 2000-2002, the undernourished population declined from 13% to 10%. Nevertheless, some countries continue to substantially lag behind. In Guatemala, Panama and Venezuela, undernourishment actually increased during this period. Even if the target is reached, there will still be more than 40 million undernourished people in the region by the year 2015.

What are the pending challenges?

- Inequality in income distribution: Latin America and the Caribbean is the most unequal region in the world. An enormous gap exists between the wealthiest and poorest groups of this part of the world. The poorest 20% of households receive between 2.2% and 8.8% of total income while the wealthiest 20% account for between 41.8 and 62.4%.

Latin America and the Caribbean (25 countries): Changes in chronic undernutrition (stunting) in the under-five population between 1990 and 1995-2002 (in percentages)



Source:
Economic Commission for Latin America and the Caribbean (ECLAC) (2005), The Millennium Development Goals: A Latin American and Caribbean Perspective (LC/G.2331), Chap. II, Figure II.21, Santiago de Chile, ECLAC.
b Weighted average of the countries.

- Chronic undernutrition (stunting): Almost 9 million children in the region suffer from chronic undernutrition. This condition is a clear indicator of extreme poverty and can have lifelong effects on children, adversely affecting not only their health but also their education and overall development. Chronic undernutrition affects the poorest social groups and is particularly pervasive among indigenous populations.
- Social exclusion: Indigenous and Afro-descendant peoples make up the poorest segments of the region's population and display the worst socio-economic indicators, the lowest access to knowledge and the lowest levels of political participation. There are other factors, such as geographical location, age and gender which are associated with poverty and access to social services. For example, 37% of the rural population of Latin America is extremely poor, compared to 13% of the urban population.
- Inequality in access to food: Enough food is produced in Latin America and the Caribbean to satisfy the nutritional needs of three times the existing population. This fact notwithstanding, the low income of the poorest segments constitutes a barrier to adequate levels of food consumption in terms of both quality and quantity. Depending on the country, a child living in extreme poverty is between two and six times more likely to suffer from malnutrition than a child living above the poverty line.

How can progress be made?

- Provide free meals in schools for all children, using locally produced food wherever possible.
- Design and implement community nutritional programmes for pregnant women, nursing mothers, and all children under the age of 5. Where necessary, distribute micro-nutritional supplements.
- Expand basic social services and ensure a high standard of quality and accessibility. Encourage local solutions and substantial community participation in addressing the problem of coverage and access to services.
- Ensure the inclusion of specific measures against child poverty and chronic malnutrition in national strategies and poverty reduction programmes.
- Establish and/or strengthen national and local information systems, ensuring the quality and disaggregation of data so as to permit the formulation of specific policies to address the needs of children and adolescents of differing ages, gender, ethnic origin, residence, etc.
- Establish as a national priority increased, more efficient and more equitable social investment as a tool to reduce child poverty and chronic undernutrition
- Strengthen accountability in public policies at all levels of government so as to ensure that social investment makes a positive impact on the lives of all children and adolescents.

II. Education and Gender Equality

Goal 2: Achieve universal primary education
Goal 3: Promote gender equality and empower women

Target 3

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

- Latin America and the Caribbean report an average primary net enrolment rate of 93%. This implies substantial progress since 1990 when the region displayed an 86% rate of enrolment.
- High repetition and drop-out rates represent serious obstacles to the achievement of universal primary education. If current trends continue, it is estimated that by the year 2015, 93.6% of Latin American children will be completing their primary education, leaving a shortfall of more than 6%.

Target 4

Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education no later than 2015

- The majority of countries in Latin America and the Caribbean have already achieved the goal of gender parity in primary education or are close to doing so.
- With very few exceptions, gender disparity in secondary education has also been eliminated.
- In the majority of countries, a greater percentage of girls than boys complete primary education.
- There are more girls than boys studying at the secondary level.

What are the pending challenges?

- Insufficient access to pre-school and secondary education:
  - The enrolment rate in pre-school education in Latin America and the Caribbean in 2001 barely reached 52%.
  - In 2001, the region displayed an average secondary enrolment rate of only 64%.
- Inadequate quality of primary education:

- International studies conducted by OECD and UNESCO in Latin America and the Caribbean reveal not only low performance levels of pupils in primary school but also marked differences between students at public and private schools.

Convergence with regional targets

Goal 7 of the Ibero-American Plan of Action is essentially equivalent to MDG 2. However, the overall goals of the Plan of Action with respect to education go well beyond universal access to primary education.

Goal 6 of the Ibero-American Plan specifies the expansion of socio-educational services for children 0-3 years of age and the universal access to pre-school education while Goal 9 calls for universal access to secondary education.

Goal 8 of the Ibero-American Plan seeks the full inclusion into educational services of all children and adolescents with handicaps and special needs.

Goal 13 of the Ibero-American Plan addresses the eradication of child labour and regulation of the employment of adolescents.

The Ibero-American Plan of Action also dedicates a specific Goal (14) to the prevention and punishment of violence against children and adolescents.

- Disparities in access to education:
  - One of every four young persons (15-19 years) belonging to the poorest 20% of the population does not complete primary education as compared to only one of every 25 young persons from the wealthiest 20%. There are also substantial inequalities

according to geographical location and ethnic origin.

- Inequalities in education are transmitted from parents to children, thus perpetuating the inter-generational cycle of poverty. Only 20% of young people whose parents did not finish primary education manage to complete this level themselves.

- Gender inequality:
  - Despite considerable progress towards the goal of equality in matriculation at the primary level, for many poor girls between the ages of 6-12, attending school and completing primary education remains a considerable challenge. In several countries, including Guatemala, Panama, Mexico and Peru, girls have lower rates of school attendance than their male counterparts.
  - Parity in enrolment does not translate into better educational and employment opportunities for women. Women continue to be disproportionately employed in low productivity and lower paying jobs. There is a persistent gap between the income of women and men in the majority of countries throughout the region.

How can progress be made?

- Expand access to pre-school education. It has been demonstrated that children who attend pre-school tend to achieve better results in primary school which in turn has a positive impact on grade repetition and drop-out rates.
- Expand access to secondary education. Increased

access and completion of secondary education can have a positive impact on poverty reduction, elevate the educational threshold of people and increase the possibilities of staying out of absolute poverty.

- Establish mechanisms of educational management and teacher training that can lead to improved quality and curricular relevance in schools, which in turn favour higher retention rates.
- Integrate educational policies into national poverty

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reduction strategies and assure an efficient, effective and equitable investment in education.

- Promote economic support mechanisms for families in order to eradicate child labour (including domestic work).
- Promote adequate policies for the educational inclusion of marginalized groups, including Indigenous and Afro-descendant peoples.
- Address the issue of gender equality in education over and beyond reaching parity in enrolment figures. Among other things, it will be necessary to modify teaching methods and curricula so as to avoid stereotypical gender expectations of both sexes.

III. Health and the Environment

Goal 4:
Reduce child mortality
Goal 5:
Improve maternal health
Goal 7:
Ensure environmental sustainability

Target 5

Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.

- Between 1990 and 2003 Latin America and the Caribbean has achieved the fastest reduction of infant mortality and presently registers the lowest levels in the developing world.
- Between 1990 and 2003, under-five mortality fell from 56 to 33 per 1,000 live births while infant mortality fell from 43 to 25 per 1,000 live births. The projections indicate that this target will be met at the regional level.
- The regional averages nonetheless conceal substantial disparities between countries. Some countries such as Cuba, Chile and Costa Rica have infant mortality rates that approach those of developed countries. Others such as Haiti and Bolivia report rates twice as high as the regional average of 25.6 per thousand.

Target 6

Reduce by three quarters, between 1990 and 2015, the maternal mortality rate.

- While Latin America's maternal mortality rate is relatively low in comparison to other developing regions at 87 per every 100,000 births, it has also remained virtually stagnant. During the past decade, the rate of maternal mortality remained practically unchanged, suggesting that it is doubtful that this target will be reached.
- The regional average conceals large differences between countries. While in Uruguay, Chile, Cuba, Santa Lucia, Argentina, Costa Rica and Brazil, the rates are below 50 per 100,000 births, Peru, Bolivia and Haiti have rates in excess of 150 per 100,000.
- There are serious geographical disparities in terms of attendance by skilled personnel during childbirth. For example, Guatemala has a 66% coverage level in urban areas but only a 25% level in rural areas. In Colombia, the corresponding figure for urban areas is 94% while it reaches only 70% in rural areas.

Convergence with regional targets

In the areas of infant mortality, maternal mortality, and water and sanitation, the Ibero-American Goals are less ambitious than the corresponding MDGs. However, the timeline for reaching the goals is shorter (2000-2010).

With respect to infant mortality, Goal 4 of the Ibero-American Plan of Action proposes reductions of between 20-50%, depending on the current state of progress in a given country.

Regarding maternal mortality, the targeted reduction according to Goal 5 of the Ibero-American Plan of Action is by one-third.

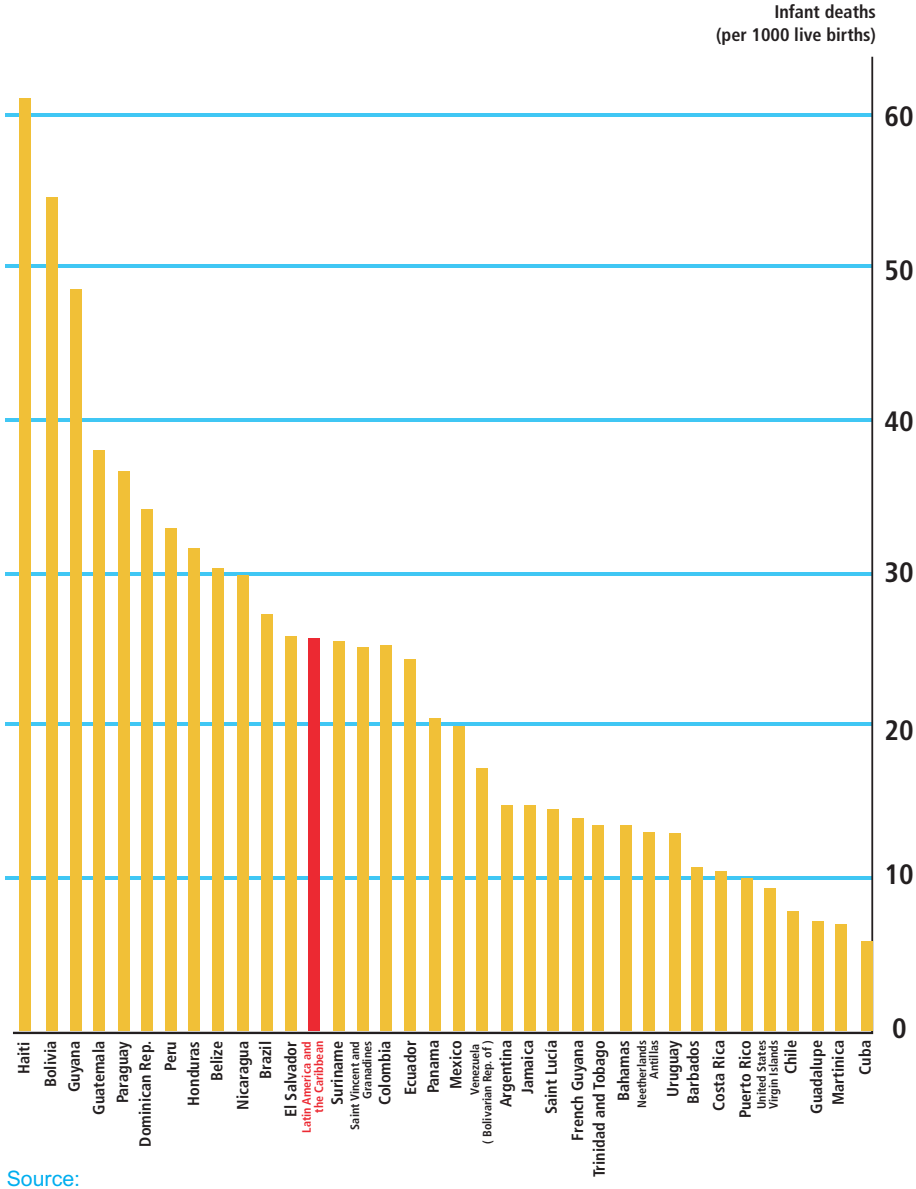
Goal 19 of the Plan involves water and sanitation, proposing a reduction by one-third of the total number of households without access to these services.

Target 10

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

- There are 60 million people in the region without access to safe drinking water and more than 100 million without sanitation services. This situation particularly affects poor people living in rural areas.
- The region has made considerable progress towards the target and the majority of countries are on track for compliance. Between 1990 and 2002, service coverage for drinking water in Latin America and the Caribbean increased by 6% (from 83% to 89%).
- Progress towards the target for basic sanitation services has not been as promising. Between 1990-2002, service coverage in the area of sanitation increased from 69% to 75%. It is

Latin America and the Caribbean (35 Countries and Territories):
Infant Mortality Rate, 2003



Source:
Economic Commission for Latin America and the Caribbean (ECLAC) (2005),
The Millennium Development Goals: A Latin American and Caribbean Perspective (LC/G.2331), Chap. V, Figure V.1, Santiago de Chile, ECLAC.

evident that the rate of progress has not been sufficient to halve the percentage of persons who lack access to basic sanitation services.

What are the pending challenges?

- Socio-economic inequality:
  - Inequalities pertaining to income levels and ethnic origin have a marked impact on infant mortality patterns. In those countries with available information, a high level of infant mortality can be observed among the Indigenous population. In Bolivia, for example, infant mortality among the Indigenous population is close to 75 per 1,000 while the non-Indigenous population displays a rate of approximately 50 per 1,000.
  - With regard to income level, the available data indicate that infant mortality is systematically higher among lower income groups.
  - In spite of the fact that maternal mortality affects all social strata, its incidence is much higher among women of low socio-economic standing. This problem is particularly acute among Indigenous women and the rural population.

- Exclusion of the rural population: Maternal and infant mortality and the lack of access to safe water and sanitation services disproportionately affect the rural population.

How can progress be made?

- Expand access to health and nutrition services for children, especially in the most excluded communities, employing strategies appropriate for their specific cultural context.
- Increase immunization coverage where necessary and monitor the maintenance of existing immunization services in order to avoid deterioriation in coverage levels.
- Expand access to safe drinking water and sanitation, particularly in rural areas.
- Promote breastfeeding and make provisions to facilitate its viability for mothers that work.
- Include a health component within poverty reduction strategies, especially prevention strategies for infant diseases.
- Educate families and communities in the care of children, in seeking health services, and in promoting healthy infant development and growth.
- Address inequality in access to sexual and reproductive health services through effective and targeted health policies.
- Expand attendance by skilled personnel during childbirth and access to family planning methods, particularly among the most excluded populations.
- Ensure greater, more transparent and more equitable budgetary allocations for the health sector.

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IV. HIV/AIDS

Goal 6:
Combat HIV/AIDS, malaria and other diseases

Target 7

Have halted by 2015, and begun to reverse the spread of, HIV/AIDS

- It is estimated that more than 2.1 million people are living with HIV/AIDS in Latin America and the Caribbean, of whom 740,000 are young people between the ages of 15-24.
- The epidemic is having a devastating effect on children, impacting them in various ways. It is estimated that 48,000 boys and girls are living with HIV/AIDS in Latin America and the Caribbean, most of them born of mothers who were not aware of their HIV positive status and unable to access prevention services.
- It is estimated that the region has gone from having 54,000 AIDS orphans in 1990 to more than 750,000 in 2005.
- In 2004, approximately 293,000 people were infected with HIV and 131,000 people died from AIDS-related illnesses.
- The Caribbean is the area with the world's second highest prevalence of HIV/AIDS (2.3%) after Sub-Saharan Africa. In the Caribbean sub-region, AIDS is the principal cause of death among people aged between 15 and 44.
- While in 1999 women represented 20% of adults living with HIV/AIDS in Latin America and 35% in the Caribbean, by 2003 the percentages increased to 35% and 49% respectively.

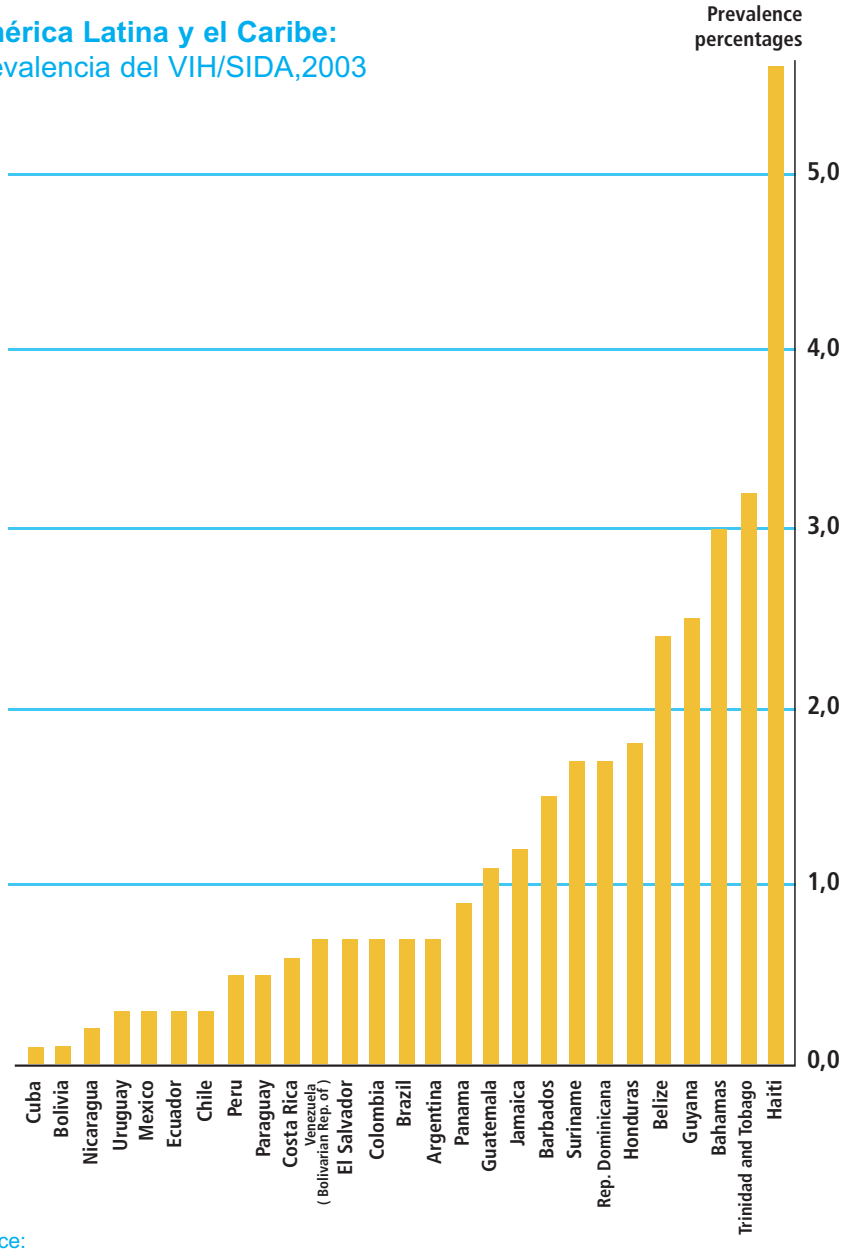
Convergence with regional targets

In the case of HIV/AIDS, the Ibero-American Plan of Action is more specific than the MDGs, proposing a 20% reduction in the percentage of children at risk of contracting HIV by 2005, and a 50% decrease by 2010. The Goal also seeks the eradication of congenital syphilis and the reduction of other sexually transmitted diseases.

What are the pending challenges?

- Prevention: Young people require access to information, development of life skills and access to sexual/reproductive health services.
- Vulnerability of women and adolescents to the HIV/AIDS epidemic: Poverty and the lack of education increases vulnerability to commercial sexual exploitation and at the same time results in a reduced negotiating capacity to demand protected sexual relations. Violence against girls, female adolescents and women in the home, school or workplace also exposes them to greater risk of contracting HIV.
- Mother-to-child transmission: As the epidemic affects increasing numbers of women, the risk of mother-to-child transmission likewise increases. It is estimated that only 33% of pregnant women in the region have access to prevention services for mother-to-child transmission of HIV/AIDS.
- Care and treatment: The proportion of people living with HIV/AIDS without access to antiretroviral drugs varies significantly, but only ten countries in the region report coverage levels above 50%.

América Latina y el Caribe:
Prevalencia del VIH/SIDA,2003



Source:
Economic Commission for Latin America and the Caribbean (ECLAC) (2005),
The Millennium Development Goals: A Latin American and Caribbean Perspective (LC/G.2331),
Chap. V, Figure V.10, Santiago de Chile, ECLAC.

How can progress be made?

- Provide complete and timely information about HIV/AIDS to adolescents and young people while ensuring that they have free access to user-friendly health services.
- Ensure access to HIV tests for all pregnant women, and to prevention of mother-to-child transmission (PMTCT) programmes for all HIV positive women.
- Ensure universal access to the required care and support for all children and adolescents living with HIV/AIDS, including access to antiretroviral drugs and medication for treating opportunistic infections related to HIV/AIDS.

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- Increase knowledge about paediatric HIV/AIDS and access to its treatment.
- Advocate in favour of effective protection and assistance policies for the most vulnerable children and strengthen the capacity of families and communities for protecting and assisting vulnerable children.
- Devise special measures for protecting orphaned children who are vulnerable to violence, abuse and discrimination.
- Advocate for greater investment in children and adolescents in all areas related to HIV/AIDS.

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V. A global partnership for development

Goal 8: Establish a global partnership for development

What does a Global Partnership for Development Imply?

- Essentially, it implies correcting international asymmetries in favour of developing countries.
- Developing a trade and financial system that is open, rule-based, predictable and non-discriminatory, which can help contribute to poverty reduction and human rights compliance.
- Addressing the pressing needs of least developed countries.
- Identifying and addressing the special needs of landlocked developing countries and small island developing states.
- Addressing the problems of heavily indebted developing countries with national and international measures so that debt becomes sustainable over the long term.
- Designing and implementing strategies to provide young people with productive and decent work.
- Working in co-operation with pharmaceutical companies in order to provide access at low cost to essential medication in developing countries.
- Working together with the private sector make available the benefits of new technology, especially information and communications.

What are the pending challenges?

- The countries of Latin America continue to face obstacles in gaining access to developed country markets for their products. It is necessary to advocate in favour of a reduction of subsidies and tariff restrictions by developed countries. In 2004, it was estimated that the dismantlement of these trade barriers would result in an annual increase of US$100 billion in the income of the world's poorest, a high proportion of them being children.

- In several countries of the region, the volume of resources assigned to debt payments continues to hinder the implementation of social investment policies that could benefit children. The debt grew from US$550 billion in 1990 to US$750 billion in 2003. Debt service payments represented 2.8% of the regional GDP in 2003.
- Official development assistance received by the region has remained stagnant at relatively low levels. In 2003, it recovered to approximately US$6 billion (US$11 per capita), still well below the US$7.6 billion received in 1996.
- Barriers to international markets and the limited resources for investment in productive infrastructure and human capital have negative consequences for the capacity of developing economies to grow sufficiently and to generate productive employment. Young people continue to be the most affected by unemployment in Latin America and the Caribbean. In the 1990s, the unemployment rate for the population between 15 and 29 increased from 12.8% to 16.1%.
- According to the ILO, unemployment of young people in 2004 was twice that of the total population. There are additional disparities: youth unemployment was three times higher among the poorest 20% of the population than among the wealthiest 20% .

How can progress be made?

- Generate knowledge about the status of children's and adolescents' rights and how the global context impacts on them, with the objective of promoting partnerships that can help guarantee the fulfilment of these rights.

- Harness economic growth so as to reduce child poverty. It is necessary to simultaneously address human development and economic growth. Countries that have had greater success in human development and fulfilment of children's rights are not necessarily those with the highest economic growth, but rather those that have been willing to make sustained investments in basic social services.
- Promote investment in children and overall human development. Social investment, beyond helping to ensure compliance with social, economic and cultural rights, also has a considerable economic impact in increasing human capital and reducing existing social disparities.
- Advocate for greater and more targeted official development assistance, especially with respect to basic social services.
- Support national and international initiatives to contain the high levels of indebtedness among countries in the region. A reduction of the costs of debt and its payment will increase the resources available for implementing social policies.
- Reduce defence spending in order to make more funds available for investment in health and education.
- Promote investments and policies that increase sources of employment for young people.
- Broaden the employment possibilities of the region's young people through improvements in educational quality and curricular relevance, particularly at the secondary level. This will provide a more adequate preparation for the demands of the labour market.

Appendix

Millennium Development Goals (MDGs)	Corresponding Goals of the Ibero-American Plan of Action
Goal 1: Eradicate extreme poverty and hunger • **Target 1:** Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day • **Target 2:** Halve, between 1990 and 2015, the proportion of people who suffer from hunger	**Goal 1:** Reduce poverty and extreme poverty (indigence) by one half by the year 2015 **Goal 12:** Improve the nutritional state of boys and girls, reducing cases of underweight birth by 20%, chronic malnutrition and global malnutrition according to the following levels: 0 to 10% of cases, reduce by 20%; 11 to 20% of cases reduce by 30%, above 21%, reduce by 50% (2010)
Goal 2: Achieve universal primary education • **Target 3:** Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	**Goal 7:** Ensure by the year 2015 that children have universal access to quality primary or basic education, free of charge, without discrimination, and that this be a permanent feature of the educational system
Goal 3: Promote gender equality and empower women • **Target 4:** Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education no later than 2015	**Goal 7:** Ensure by the year 2015 that children have universal access to quality primary or basic education, free of charge, without discrimination, and that this be a permanent feature of the educational system **Goal 9:** Universal access to quality secondary education by the year 2015
Goal 4: Reduce child mortality • **Target 5:** : Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	**Goal 4:** Reduce infant mortality and mortality of boys and girls under the age of 5 nation-wide according to the following levels: from 0 to 19 per 1,000 live births, a reduction of 20%; from 20 to 39 per 1,000 live births, a reduction of 30%; and above 40 per 1,000 live births, a reduction of 50% (2010)

Millennium Development Goals (MDGs)	Corresponding Goals of the Ibero-American Plan of Action
Goal 5: Improve maternal health • **Target 6:** Reduce the rate of maternal mortality by three-quarters, between 1990 and 2015	**Goal 5:** Reduction of Maternal Mortality by one third by the year 2010
Goal 6: Combat HIV/AIDS, malaria and other diseases • **Target 7:** Have halted by 2015 and begun to reverse the spread of HIV/AIDS • **Target 8:** Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	**Goal 11:** Reduce by 20% by the year 2005 the proportion of children at risk of infection from HIV and by 50% by the year 2010. Eradicate congenital syphilis and reduce the number of cases of other sexually transmitted diseases
Goal 7: Ensure environmental sustainability • **Target 9:** Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources • **Target 10:** Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation • **Target 11:** Achieve a significant improvement in the lives of at least 100 million slum dwellers by 2020	**Goal 16:** Prevent the consequences of natural disasters and prioritize special attention to children and adolescents attending to their needs in a timely manner during disasters where there is risk to human life, the environment or the national economy (2010) **Goal 19:** Reduce by at least one-third the number of homes lacking access to hygienic services of sanitation and safe drinking water at accessible prices
Goal 8: Develop a Global Partnership for Development • **Target 12:** Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. This includes a commitment to good governance, development, and poverty reduction – both nationally and internationally	

Millennium Development Goals (MDGs)	Corresponding Goals of the Ibero-American Plan of Action
Goal 8: Develop a Global Partnership for Development • **Target 13:** Address the special needs of the least developed countries. This includes tariff and quota-free access for LDC exports; enhanced programme of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction • **Target 14:** Address the Special Needs of landlocked countries and small island developing States • **Target 15:** Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term • **Target 16:** In co-operation with developing countries, develop and implement strategies for decent and productive work for young people • **Target 17:** In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries • **Target 18:** In co-operation with the private sector, make available the benefits of new technologies, especially information and communications	

Additional Goals of the Ibero-American Plan of Action [1]

Goal 2: Guarantee that by the year 2005, all boys and girls will have their births registered before completing their third month of life, and that their identity be restored to them whenever it may become lost through some irregularity.

Goal 3: Prioritise programmes and policies that favour adequate integral development for all girls and boys from an early age. (2010)

Goal 6: Broaden coverage of socio-educational services for boys and girls from 0 to 3 years of age with expanded hours, and guarantee by the year 2015 universal access to a quality pre-school education (3-6 years) based on the principles of non-discrimination, equity, and respect for multiculturalism.

Goal 8: Ensure by the year 2010 the inclusion of boys, girls and adolescents with special needs and disabilities in programmes and services for specialised attention.

Goal 9: Make access to quality secondary education universal by the year 2015.

Goal 10: Provide integral support to adolescents so as to prevent premature pregnancy, with the aim of reducing it by one-third while ensuring their continuance in the educational system. (2010)

Goal 13: The immediate elimination of child labour in its worst forms and eradication of all child labour and the regulation of work by adolescents by 2010.

Goal 14: Prevent and sanction those forms of violence affecting children and adolescents with the aim of eradicating them, including in particular, intra-family violence, sexual exploitation, rape, sexual abuse and harassment, pornography, traffic and sale of children, their organs, their detention, kidnapping, illegal adoptions, and the participation of boys and girls in armed conflicts as well as collateral consequences such as forced displacement, and other forms of separation from their social and family environment. (2010)

Goal 15: To establish and maintain juvenile penal justice systems that respect the rights of children, which guarantee due process, and in which deprivation of liberty is used as only the exceptional means and for the briefest justifiable period. (2010)

Goal 17: Create and maintain reliable systems of disaggregated statistical information that are timely and accurate concerning the situation of children and adolescents in all areas agreed to in this Agenda. (2010)

Goal 18: Guarantee the right of participation to all boys, girls and adolescents. (2010)

1. The goals related to protection (13, 14, 15) have no direct correspondence with the MDGs. They do, however, respond to Section VI of the Millennium Declaration: "To encourage the ratification and full implementation of the Convention on the Rights of the Child and its Optional Protocols on the involvement of children in armed conflicts, and on the sale of children, child prostitution and child pornography."

We will spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty, to which more than a billion of them are currently subjected.

We are committed to making the right to development a reality for everyone, and to freeing the entire human race from want.

The Millennium Declaration, Section III

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