Millennium Development Goals Gender Chart

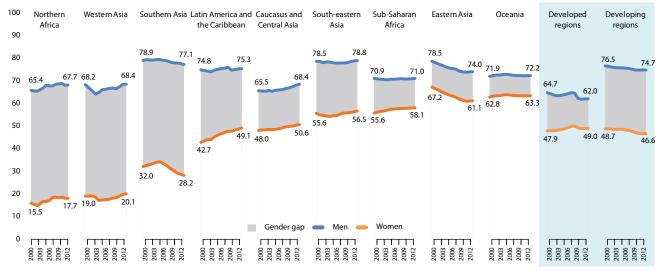


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GOAL 1 | Eradicate extreme poverty and hunger

Large gender gaps in employment persist and may have been exacerbated by the global financial crisis in some regions Employment-to-population ratio, women and men, 2000-2012 (Percentage)



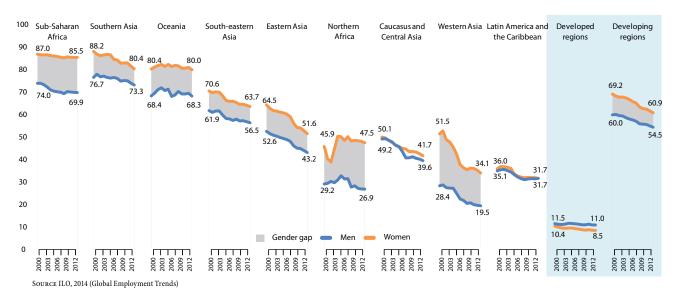
Source: ILO, 2014 (Global Employment Trends)

The lack of data on women's experiences of poverty and hunger limits the analysis of MDG 1 to women's employment outcomes. Between 2000 and 2012, women's employment-to-population ratio declined globally from 48.5 per cent to 47.1 per cent compared to 73.9 and 72.2 per cent for men. In 2012, female employment ratio was still 25.1 percentage points lower than male's. North Africa, Southern Asia and Western Asia stand out as regions where women are particularly disadvantaged with gender gaps in employment of 50.0, 48.9 and 48.3 percentage points, respectively.

The global financial crisis has contributed significantly to the decline in employment ratio in some regions and has had a significant impact on women. Globally, whereas before the crisis (2000-2007) female employment ratio declined only modestly by 0.1 percentage points (compared to a 0.8 decline for men), between 2007 and 2012, they declined by 1.3 percentage points compared to 0.9 percentage points decline for men.

While the share of people in vulnerable employment is decreasing, large gender gaps persist in most regions

Proportion of own-account and contributing family workers in total employment, women and men, 2000-2012 (Percentage)



Globally the proportion of women in vulnerable employment declined from 55.3 per cent in 2000 to 49.3 in 2012, compared to 50.5 and 47.1 per cent for men. Both the scale of vulnerable employment and the gap between women and men differ widely across regions. Sub-Saharan Africa, Southern Asia and Oceania have the highest shares of people in vulnerable employment with values of over 80 per cent for women and around 70 per cent for men. The widest gender gaps can be found in Northern Africa and

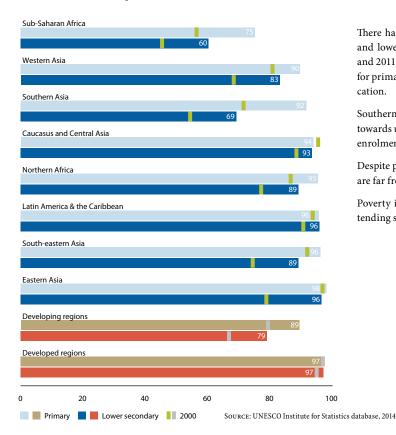
sub-Saharan Africa with 20.6 and 15.6 percentage points, respectively.

Due to pervasive occupational segregation, women are overrepresented in low paid jobs, have less access to social protection, and are paid on average less than men for work of equal value. Women's employment opportunities are further limited by the disproportionate amounts of unpaid care work that they perform.

GOAL 2 | Achieve universal primary education

Girls have made significant progress in primary and lower secondary enrolment, but with regional variations

Girls' adjusted net enrolment rates in primary and lower secondary education, 2000 and 2011 (Percentage)



There has been significant progress in girls' enrolment in both primary and lower secondary education in developing countries. Between 2000 and 2011, the net enrolment rate for girls increased from 79 to 89 per cent for primary education and from 67 to 79 per cent for lower secondary education

Southern Asia and sub-Saharan Africa have made the greatest progress towards universal primary education for girls with an increase of their net enrolment by 20 and 19 percentage points, respectively.

Despite progress towards universal primary education for girls, countries are far from achieving universal enrolment in lower secondary education.

Poverty is the most important factor preventing girls and boys from attending school, but gender and location also play a role.

Gender parity in primary education has been reached and parity in secondary education is close to being achieved Gender parity index for gross enrolment ratios in primary and secondary

education, 2000 and 2011

Western Asia

Eastern Asia

Developing regions

0.2

Primary Secondary 2000

2015 Target = Gender parity index between 0.97 and 1.03

Globally, gender parity in primary education has been reached. Developing countries as a whole achieved gender parity in gross enrolment in primary education in 2011, from 0.92 in 2000. Southern Asia has made significant progress, increasing the gender parity index (GPI) for gross enrolment from 0.84 in 2000 to 0.98 in 2011. In Western Asia, sub-Saharan Africa and Northern Africa, progress has been less remarkable but all three regions are moving towards parity.

In developing regions, the gender parity index for gross secondary enrolment has increased between 2000 and 2011 from 0.89 to 0.96. However, there are wide disparities across regions with the GPI ranging from a high of 1.07 in Latin America and the Caribbean (denoting an advantage for girls), to a low of 0.83 in sub-Saharan Africa.

While the progress on enrolment rates is welcome, improving learning outcomes and tackling barriers to girls' education, such as child marriage and violence against girls in the learning environment, are important challenges that need to be addressed.

Sub-Saharan Africa

0.93

Northern Africa

0.94

0.98

Latin America & the Caribbean

0.97

Southern Asia

0.98

0.99

Caucasus and Central Asia

0.98

0.97

South-eastern Asia

0.6

0.99

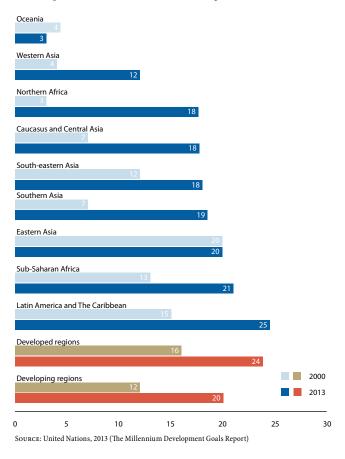
1.0

Source: UNESCO Institute for Statistics database, 2014

GOAL 3 | Promote gender equality and empower women

Despite significant progress since 2000, only 1 in 5 parliamentarians was a woman in 2013

Proportion of seats held by women in single or lower houses of national parliaments, 2000 and 2013 (Percentage)

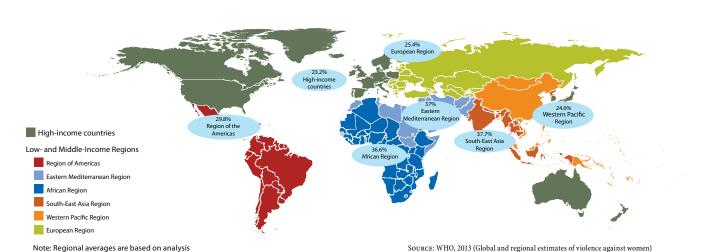


Between 2000 and 2013, progress in women's representation in national parliaments was impressive in some regions, including Northern Africa (from 3 to 18 per cent) and Western Asia and Southern Asia (from 4 to 12 per cent and from 7 to 19 per cent, respectively). However, globally women continue to be underrepresented in decision-making. In 2013, only 21 per cent of parliamentarians in single or lower houses were women, up from 14 per cent in 2000. Gender gaps also persist in areas of decision-making not monitored by the MDGs: as of June 2013, 8 women served as Heads of State and 13 women served as Heads of Government. As of January 2012, only 17 per cent of government ministers were women.

Increasing women's decision-making power is not limited to their role in parliaments or governments. Whether it is in the public or private sphere, women continue to be denied opportunities to participate in decisions that affect their lives. Increasing women's bargaining power within the household contributes to improvements in children's nutrition, survival rates and literacy. Yet survey data shows that women's decision-making power at home remains significantly lower than that of men when it comes to large household purchases, visiting family, relatives and friends, and their own health.

Violence against women is a pervasive violation of women's human rights across all regions

Lifetime prevalence of intimate partner violence against women, by WHO regions (Percentage)



While the three indicators under Goal 3 reflect important dimensions of gender inequality, MDG 3 does not cover several critical issues such as women's disproportionate share of unpaid care work, women's unequal access to assets, violations of women's and girls' sexual and reproductive health and rights, their unequal participation in private and public decision-making beyond national parliaments and violence against women and girls.

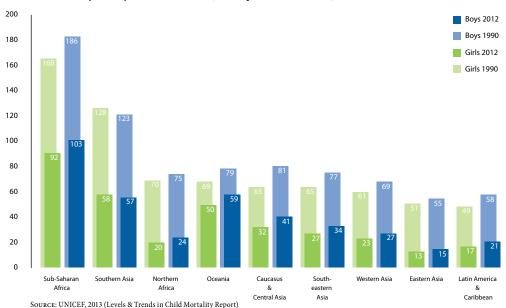
of 81 countries with data available.

According to the data available, 30 per cent of women worldwide have experienced intimate partner violence. Although the prevalence differs among the regions, a large number of women in all regions suffer from physical and/or sexual violence, usually at the hands of their intimate partners.

GOAL 4 | Reduce child mortality

Significant progress in reducing child mortality, but son preference continues to threaten girls' survival in Southern Asia

Under-five mortality rates by sex, 1990 and 2011 (Deaths per 1,000 live births)

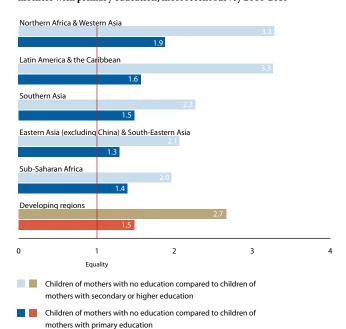


Global progress on reducing child mortality has been significant since 1990. According to the latest estimates, the under-five mortality rate has declined from 90 to 48 deaths per 1,000 live births. There has been progress in all regions but this progress has been uneven. In 2012, sub-Saharan Africa and Southern Asia together accounted for 82 per cent of the total number of under-five deaths globally, up from 67 per cent in 1990.

Due to their physiological advantage over boys in terms of child survival, in the majority of countries where data are available, girls enjoy a better survival over boys. However, there are important exceptions. Southern Asia, for example, has a slightly higher under-five mortality rate for girls than for boys, implying the existence of discriminatory practices related to son preference.

Educating women and girls can significantly reduce child mortality

Ratio of under-five mortality rate of children of mothers with no education to that of children of mothers with secondary or higher education, and of children of mothers with no education to children of mothers with primary education, most recent survey 2000-2010

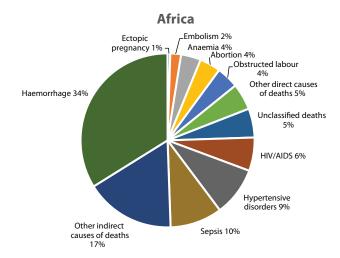


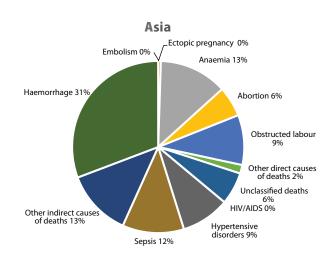
Mothers' education remains a powerful determinant of child survival. Children of educated mothers are more likely to survive than children of mothers with no education. In the Northern African and Western Asian regions, for example, children of mothers with no education are almost twice as likely to die as children of mothers with primary education. For children whose mothers have secondary education the chances of survival more than triple compared to children of mothers without education. Income is another important determinant of inequality. Poorest households show higher child mortality in all regions compared to richest households, though the gap is narrowing in most regions.

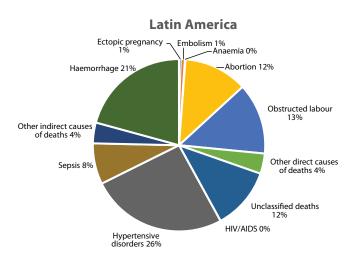
Note: Analysis is based on 78 developing countries with data on under five mortality rates by mother's education, accounting for 75 per cent of total births in developing countries in 2010.

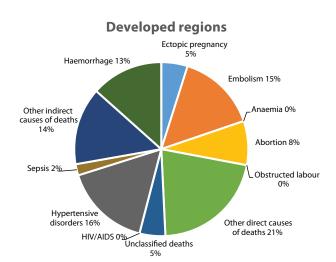
SOURCE: United Nations, 2012 (The Millennium Development Goals Report)

Causes of Maternal Deaths









SOURCE: WHO, 2014; Khan KS et al., 2006 (Lancet, 367:1066-1074)

Globally, there were an estimated 287,000 maternal deaths in 2010, a decline of 47 per cent from the level in 1990, but well below the MDG target to reduce the maternal mortality ratio by three quarters by 2015. High levels of maternal mortality persist in sub-Saharan Africa and Southern Asia, which together accounted for 85 per cent of the total maternal deaths in 2010.

Approximately 80 per cent of maternal deaths could be averted if women had access to essential maternity and basic health-care services. The causes of maternal mortality vary by region but are generally due to a lack of emergency obstetric care services, low levels of skilled assistance at delivery, particularly for poor women, and the continued denial of sexual and reproductive health and rights for women and girls in many countries. In particular, unsafe abortions also constitute a leading cause of maternal deaths. Globally, in 2008, an estimated 21.6 million unsafe abortions took

place, mostly in developing countries, resulting in 47,000 deaths. In Latin America, abortions alone are responsible for 12 per cent of all maternal deaths.

Similarly, childbearing at a young age, most often stemming from early marriage, constitutes a significant health risk for women and their children.

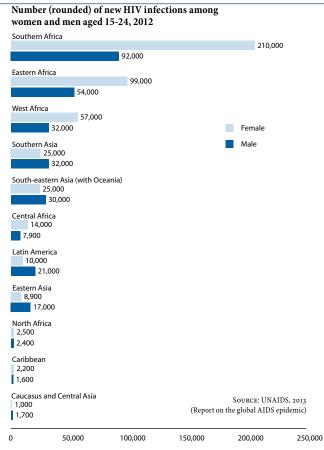
Between 1990 and 2011, the unmet need for family planning has declined worldwide, however there are more than 140 million women (married or in union) who would like to delay or avoid pregnancy, but are not using contraception. Poverty and location remain key determinants of unmet need with significant differences between poor rural women and rich urban women.

GOAL 6 | Combat HIV/AIDS, malaria and other diseases

Girls aged 15-24 are significantly more likely than boys to be infected with HIV

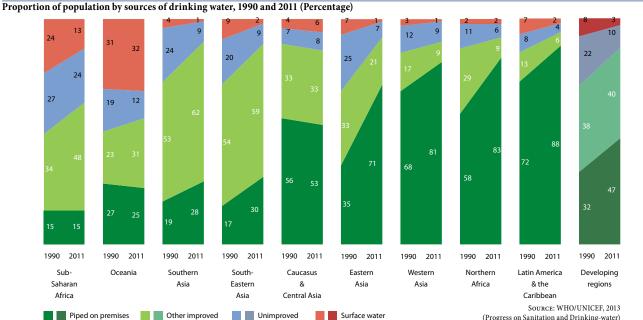
The level of new HIV infections differs among regions. The epidemic continues to disproportionately affect sub-Saharan Africa, home to 72 per cent of all new HIV cases among young men and women in 2012 (560,000). Globally young women aged 15 to 24 have a 50 per cent higher risk of becoming infected with HIV compared to their male peers. In sub-Saharan Africa, for example, more than 380,000 young women became infected in 2012 compared to 180,000 young men. This reflects the greater physiological vulnerability of women to HIV, and additionally structural gender inequalities including violence against women and girls, unequal gendered power dynamics in relationships, and unequal access to education and economic opportunities.

Knowledge of HIV prevention, for example, remains low, particularly among young women. In sub-Saharan Africa, young women have lower levels of both HIV prevention knowledge and condom use than young men (36 per cent for young men and 28 per cent for young women).



GOAL 7 | Ensure environmental sustainability

Significant progress in access to improved drinking water since 1990, but low levels of piped water coverage in many regions, with serious implications for women and girls

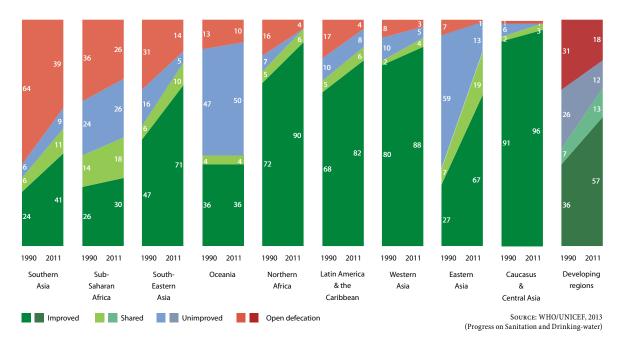


The proportion of people with access to improved drinking water sources has increased from 76 per cent in 1990 to 89 per cent in 2011, meeting the MDG target. However, in 2011, 768 million people still drew water from an unimproved source. There are significant variations in the access across regions with the lowest proportions observed in Oceania and sub-

Saharan Africa. Where water sources are not accessible, women and girls tend to bear the burden of collection. A study of 25 sub-Saharan African countries indicates that, in 71 per cent of households that did not have water on premises, women and girls bore the burden of collecting water.

(Progress on Sanitation and Drinking-water)

Proportion of population by sanitation practices, 1990 and 2011 (Percentage)



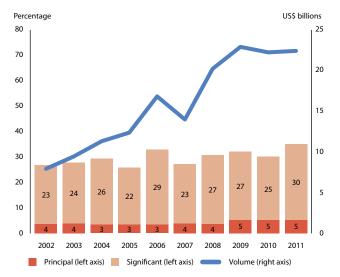
Progress in access to basic sanitation has been slow. Globally, access to improved sanitation has increased between 1990 and 2011 from 49 to 64 per cent, below the 75 per cent target by 2015. There are however significant variations across the world. In Eastern Asia, access to sanitation has almost tripled since 1990 while in Oceania there has been no change in the proportion of people without access since 1990.

Access to sanitation is important for women's and girls' safety, dignity and health. Women and girls need more privacy and time than men when they use toilets; they may have small children in their care, need safety to access outside toilets, and need multiple daily visits during menstruation.

GOAL 8 | Global partnership for development

The amount of aid focused on gender equality has risen in recent years, but the share of aid focused on promoting gender equality as a principal objective remains inadequate

Aid in support of gender equality and women's empowerment, 2002-2011 (Percentage), and annual average commitments (constant 2011 US\$ billions)



SOURCE: OECD, 2014 (Investing in women and girls to achieve the MDGs and accelerate development beyond 2015: aid in support of gender equality and women's rights)

The lack of gender related data limits the analysis for Goal 8 to the share of official development assistance (ODA) focused on gender equality. The OECD Development Assistance Committee has developed gender equality policy marker to measure the amount of aid focused on gender equality and women's empowerment by identifying activities that have gender equality as a principal or significant objective. In 2011 DAC member bilateral sector allocable aid in support of gender equality (principal and significant) reached a total of around US\$ 22 billion (2011 prices). The share of bilateral sector allocable aid in support of gender equality started at 27 per cent in 2002 and had risen to 35 per cent in 2011. However, in 2011, only 5 per cent of total bilateral sector allocable aid went to programmes making gender equality their "principal" objective.

Gender equality focused aid is concentrated in the social sectors of education and health, with alarmingly low levels of aid targeted towards economic sectors. Only 2 per cent of aid to the economic and productive sectors (e.g., banking, business, agriculture, transport) targeted gender equality as its principal objective. While overall DAC members' aid to population policies/programmes and reproductive health reached US\$ 8 billion in 2011, donor funding to family planning remained low at US\$ 650 million.