

**WORLD HEALTH  
STATISTICS  
2015**

**Part I**

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**Health-related Millennium  
Development Goals**

**Table 1.** Global and regional progress towards the achievement of the health-related MDGs

	Target	Global	AFR	AMR	SEAR	EUR	EMR	WPR
<b>Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger</b>								
Percent reduction in proportion of underweight children under five years of age, 1990–2013	50	40	27	60	43	86	36	79
<b>Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate</b>								
Percent reduction in under-five mortality rate, 1990–2013	67	49	49	64	60	63	46	71
Measles immunization coverage among 1-year-olds <sup>a</sup> (%), 2013	90	84	74	92	78	95	78	97
<b>Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio</b>								
Percent reduction in maternal mortality ratio, 1990–2013	75	45	49	37	64	59	50	60
Births attended by skilled health personnel <sup>b</sup> (%), 2007–2014	90	74	51	96	68	98	67	96
<b>Target 5.B: Achieve, by 2015, universal access to reproductive health</b>								
Antenatal care coverage (%): at least one visit, 2007–2014	100	83	77	96	77	...	78	95
Unmet need for family planning (%), 2012	0	12	24	9	13	10	18	6
<b>Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS</b>								
Percent reduction in HIV incidence, 2001–2013	>0	46	59	24	45	20	< -50	21
<b>Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</b>								
Percent reduction in incidence of malaria <sup>a</sup> , 2000–2013	75	30	34	76	49	100	39	69
Percent reduction in mortality rate of tuberculosis (among HIV-negative people) <sup>a</sup> , 1990–2013	50	45	40	69	54	11	15	74
<b>Target 7.C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking-water and basic sanitation</b>								
Percent reduction in proportion of population without access to improved drinking-water sources, 1990–2012	50	54	32	60	70	60	13	76
Percent reduction in proportion of population without access to improved sanitation, 1990–2012	50	32	8	40	27	22	32	53

<sup>a</sup> Target established via resolutions of the World Health Assembly or agreed upon by WHO multilateral partnerships.

<sup>b</sup> Target set by the International Conference on Population and Development.

Met or on track
  Substantial progress
  No or limited progress
 ... Data not available or not applicable

# Summary of status and trends

2015 represents the target year for the Millennium Development Goals (MDGs). By assessing the progress made based upon data available up to 2014 this report provides a clear indication of whether the regional and global targets set for 2015 are likely to be met. It should be noted, however, that the progress assessments reported below may change for some countries once the 2015 data have been taken into account in upcoming final analyses.

**Table 1** summarizes the current estimates of global and regional progress made towards the achievement of health-related MDG indicators with set targets<sup>1</sup> for which data are available. For relative target reductions (%) the numbers indicate the overall percent reduction, while for absolute targets (% coverage) the numbers indicate the latest available figure.

For each of the indicators shown in **Table 1** the extent of global and regional progress has been classified into one of three categories based upon the following arbitrarily defined criteria:

- **Met or on track** – indicates that the relative target reduction has already been met or will be achieved by 2015 should the trends observed since 1990 continue. In the case of absolute targets, the criterion used is that the latest observed data are within 5 percentage points of the target value.
- **Substantial progress** – indicates that for relative target reductions the latest observed data are at least halfway to achieving the target. For the absolute coverage targets, indicates that the difference between the latest observed data and the target is no more than half the gap between the target and the global

baseline<sup>2</sup> but greater than 5 percentage points.

- **No or limited progress** – indicates that latest observed data are not yet halfway to achieving the relative target reduction. For the absolute coverage targets, indicates that the difference between the latest observed data and the target is more than half of the gap between the target and the global baseline.

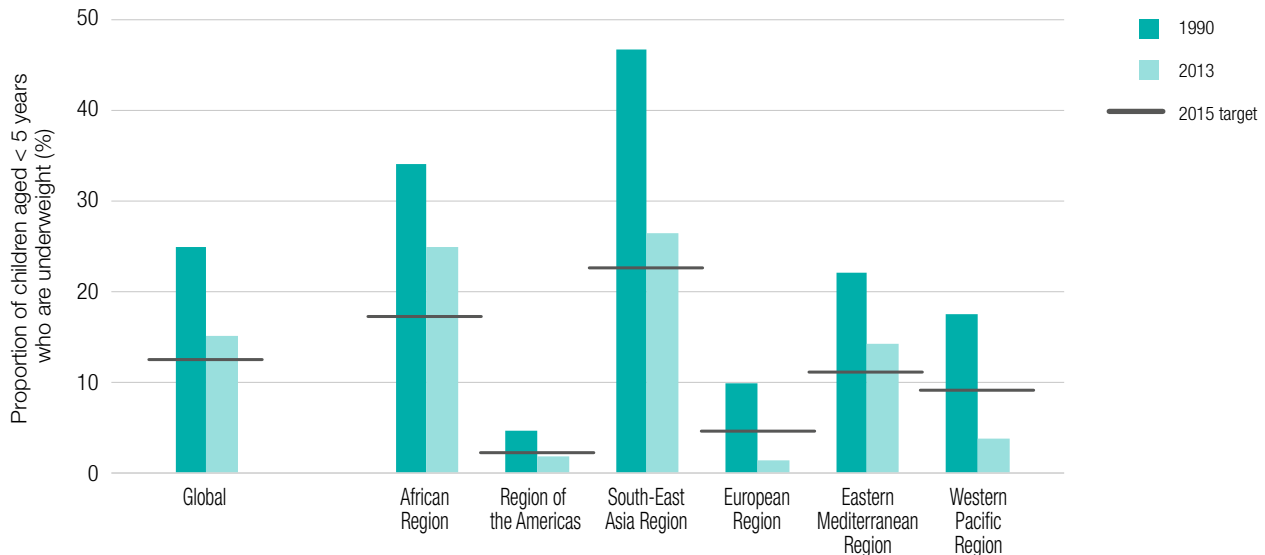
**Table 1** clearly shows that significant strides have been taken at the global level towards achieving many of the health-related MDGs, with the corresponding targets for HIV and drinking-water having been met. Although not shown in **Table 1** the MDG targets for both malaria and tuberculosis were also met. In addition, it can be seen that substantial progress has been made in terms of the proportion of the target achieved in reducing child undernutrition (four fifths), child mortality (two thirds) and maternal mortality (three fifths), and in increasing access to improved sanitation (three fifths). Substantial progress was also made towards achieving the Stop TB Partnership target of halving the tuberculosis mortality rate.

However, it is also clear from **Table 1** that the gains made in different regions of the world have been uneven and renewed efforts are now needed if progress is to be made in all countries. In order to sustain and build upon the gains already made new global action plans have therefore emerged or are being prepared with even more ambitious goals set for 2030. This unfinished agenda will need to incorporate new challenges such as the growing impact of noncommunicable diseases, and changing social and environmental determinants. Such an ambitious agenda and its goals will need to be firmly embedded within a sustainable development and implementation framework, and be driven by the crucially important concept of universal health coverage.

<sup>1</sup>. The targets shown for measles immunization coverage, percent reduction in malaria incidence and percent reduction in mortality due to tuberculosis were established via resolutions of the World Health Assembly or agreed upon by WHO multilateral partnerships. The target shown for births attended by skilled health personnel was set by the International Conference on Population and Development (ICPD+5).

<sup>2</sup>. After rounding to the nearest 5% this leads to the following cut-off values: (a) measles immunization coverage among 1-year-olds – 80%; (b) births attended by skilled health personnel – 75%; (c) antenatal care coverage: at least one visit – 80%; and (d) unmet need for family planning – 10%.

**Figure 1.** Proportion of children under 5 years of age who are underweight – globally and by WHO region, 1990–2013



## Goal 1, Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Undernutrition<sup>1</sup> is the underlying cause of death in an estimated 45% of all deaths among children under 5 years of age.<sup>2</sup> Between 1990 and 2013 the proportion of underweight children in developing countries declined from 28% to 17%, and if past trends continue will reach 16% in 2015. This rate of progress is close to, but does not meet, the MDG target for this indicator. As shown in Fig. 1, the proportion of underweight children declined globally from 25% in 1990 to 15% in 2013. At regional level, the MDG target for this indica-

tor was met in the WHO Region of the Americas, the WHO European Region and the WHO Western Pacific Region. Of the remaining regions, some are more likely to reach the target than others (Fig. 1).

Between 1990 and 2013, the number of children affected by stunting declined globally from 257 million to 161 million, representing a decrease of 37%.

<sup>1</sup> Including fetal growth restriction, stunting, wasting, and deficiencies of vitamin A and zinc, along with suboptimal breastfeeding.

<sup>2</sup> Black RE, Victora CG, Walker SP, Bhutta ZA Christian P, de Onis M et al. Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet*. 3 August 2013;382(9890):427–51. doi:10.1016/S0140-6736(13)60937-X (<http://www.sciencedirect.com/science/article/pii/S014067361360937X>, accessed 25 March 2015).

**Table 2.** Number of countries according to MDG Target 4.A achievement status, by WHO region, 2013

WHO region	MDG Target 4.A – achievement status				Total
	Achieved	On track	At least halfway	Less than halfway	
African Region (AFR)	6	2	25	14	47
Region of the Americas (AMR)	5	3	24	3	35
South-East Asia Region (SEAR)	5	2	4	0	11
European Region (EUR)	23	4	26	0	53
Eastern Mediterranean Region (EMR)	6	2	12	1	21
Western Pacific Region (WPR)	3	0	18	6	27
<b>Global</b>	<b>48 (25%)</b>	<b>13 (7%)</b>	<b>109 (56%)</b>	<b>24 (12%)</b>	<b>194 (100%)</b>

## Goal 4, Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Progress in child survival worldwide has been described as one of the greatest success stories of international development, with child deaths being almost halved over the last two decades compared to the 1990 MDG baseline. Between 1990 and 2013 under-five mortality rates declined by 49%, falling from an estimated 90 deaths per 1000 live births to 46 deaths per 1000 live births.

More than half of this reduction has taken place in the past decade with the global rate of decline accelerating greatly – from 1.2% per annum between 1990 and 1995 to 4.0% per annum between 2005 and 2013. As a result, an estimated 17 000 fewer children died every day in 2013 than in 1990. Nevertheless, such a rate of decline remains insufficient to reach the target of a two thirds reduction in the 1990 mortality levels by the year 2015.

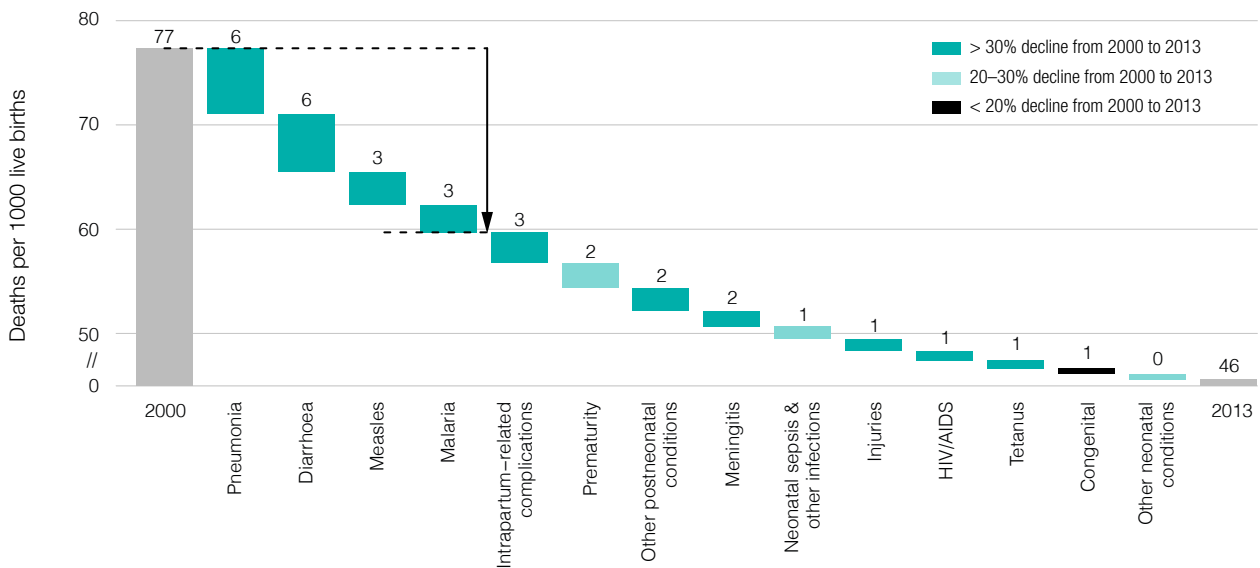
Worldwide, the total number of neonatal deaths decreased from 4.7 million in 1990 to 2.8 million in 2013. Neonatal mortality rates per 1000 live births declined

from 33 to 20 over the same period – a reduction of 39%. This rate of decline is slower than that for child mortality overall with the proportion of deaths in children aged < 5 years that occurred in the neonatal period increasing from 37% in 1990 to 44% in 2013.

Despite remarkable progress at the global level, the MDG Target 4.A will not be achieved in most countries by 2015. **Table 2** shows the number of countries that: (a) have achieved this target; (b) are on track to meet the target by 2015 if the current rate of progress is maintained; (c) are at least halfway to achieving a two thirds reduction in the 1990 level of mortality but are unlikely to achieve it by 2015 at the current rate of progress; and (d) are less than halfway to meeting the target. As shown in **Table 2**, less than one third of all countries have either achieved or are on track to meet the MDG target by 2015.

Improved understanding of cause-specific trends will now be an essential element in accelerating further

**Figure 2.** Global trends in cause-specific mortality rates among children under 5 years of age, 2000–2013



change. As the MDG era draws to a close, analysis indicates that preterm birth complications are now the leading cause of under-five deaths globally, accounting for 17% of all such deaths, not just deaths in the neonatal period. This finding underlines the major transition which has taken place in the patterns of child survival. Pneumonia is now the second leading cause of death among the under-fives (15%) with birth asphyxia third (11%), diarrhoea (which was the third leading cause in 2010) fourth (9%) followed by malaria (7%), congenital anomalies (7%) and neonatal infections (7%).

Despite an increase in the global number of live births from 127.7 million in 2000 to 137.7 million in 2013, the total number of deaths in children aged < 5 years decreased from 9.9 million to 6.3 million respectively, with under-five mortality rates falling from 77 to 46 per 1000 live births over the same period. In absolute terms, deaths from pneumonia, diarrhoeal diseases, measles and malaria were associated with the largest

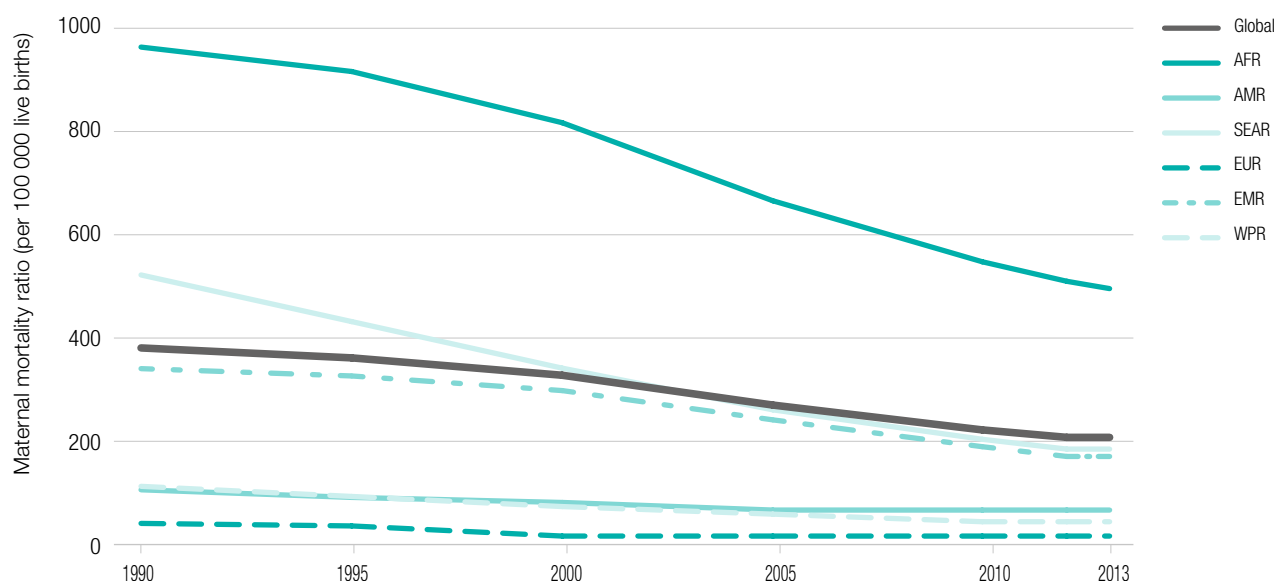
reductions (Fig. 2). Taken together, these reductions accounted for more than half (58%) of the gains made in under-five survival rates between 2000 and 2013.

The first 28 days of life – the “neonatal period” – represent the most vulnerable time for a child’s survival. In 2013, around 44% of under-five deaths occurred during this period, up from 37% in 1990.

In 2010 the World Health Assembly established the following three milestones for 2015: (a) at least 90% routine coverage with the first dose of measles-containing vaccine for children aged 1 year; (b) a reduced and maintained global annual measles incidence of less than 5 cases per million; and (c) a 95% reduction in the 2000 global measles mortality estimate.

- a. During the period 2000–2009, estimated measles immunization coverage increased globally from 73% to 83% and remained at 83–84% through 2013. As of 2013, 66% of WHO Member States had reached

**Figure 3.** Maternal mortality ratio – globally and by WHO region, 1990–2013



### Goal 5, Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

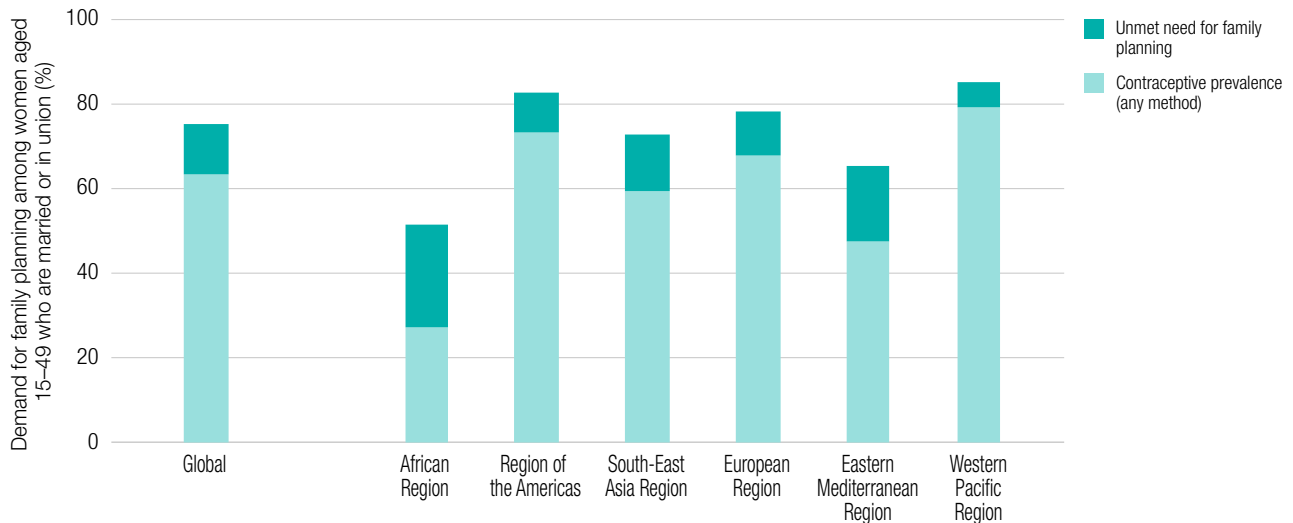
at least 90% coverage, compared with only 44% in 2000.

- b. During the period 2000–2013, the incidence of measles decreased by 72%, from 146 to 40 cases per million population. However, following outbreaks in a number of countries, the figure for 2013 was an increase on the figure for 2012.
- c. Between 2000 and 2013, the estimated global number of measles deaths in children aged < 5 years decreased by 74% from 481 000 to 124 000. This decrease was one of three main contributors to the observed decline in overall under-five mortality.

The maternal mortality ratio – the number of maternal deaths per 100 000 live births – decreased globally by around 45% between 1990 and 2013, with reductions observed in all WHO regions (Fig. 3). Although large, this rate of decrease is unlikely to lead to the achievement of the targeted 75% reduction by 2015. In addition, of the 89 countries with the highest maternal mortality ratio in 1990 (100 or more maternal deaths per 100 000 live births) 13 have made insufficient or no progress at all, with an average annual decline of less than 2% between 1990 and 2013.

The absolute number of women dying due to complications during pregnancy and childbirth has decreased by 45% from an estimated 523 000 in 1990 to 289 000 in 2013. Direct obstetric causes, notably haemorrhage (27%), hypertensive diseases of pregnancy (14%) and sepsis (11%), continue to be the leading causes of maternal deaths. Increasingly, however, deaths during pregnancy are attributed to other medical conditions.

**Figure 4.** Contraceptive prevalence, unmet need and total demand for family planning – globally and by WHO region, 2012



The sum of contraceptive prevalence and unmet need represents total demand for family planning.

## Goal 5, Target 5.B: Achieve, by 2015, universal access to reproductive health

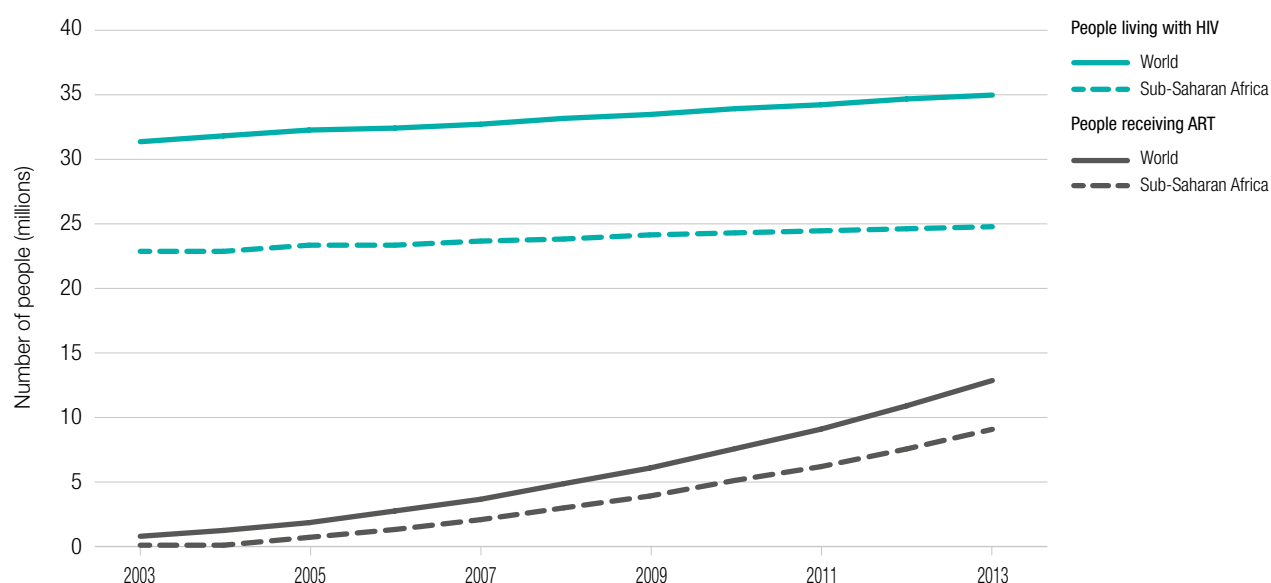
In order to reduce maternal mortality rates and improve maternal health women need access to effective interventions and high-quality reproductive health care. Many countries have implemented programmes to expand access to interventions in order to reduce the level of unmet need for contraception, provide antenatal care during pregnancy and ensure delivery by a skilled birth attendant.

The prevalence of contraceptive use among women aged 15–49 years who were married or in a consensual union increased globally from 55% in 1990 to 64% in 2012. Unmet need – defined as the proportion of women who are married or in a union who want to stop or postpone childbearing but are not using contraception – declined from 15% in 1990 to 12% in 2012. Although the WHO African Region had the lowest total demand for family planning in 2012 it also had the highest level of unmet need at 24% (Fig. 4).

Worldwide, the proportion of women receiving antenatal care at least once during pregnancy was 83% for the period 2007–2014. However, only 64% of pregnant women received the recommended minimum of four antenatal care visits or more, suggesting that large expansions in antenatal care coverage are still needed. In addition, despite increasing coverage of delivery by a skilled birth attendant both globally and in several regions, coverage is still only 51% in the WHO African Region and in low-income countries.



**Figure 5.** Trends in HIV prevalence and ART coverage, 2003–2013



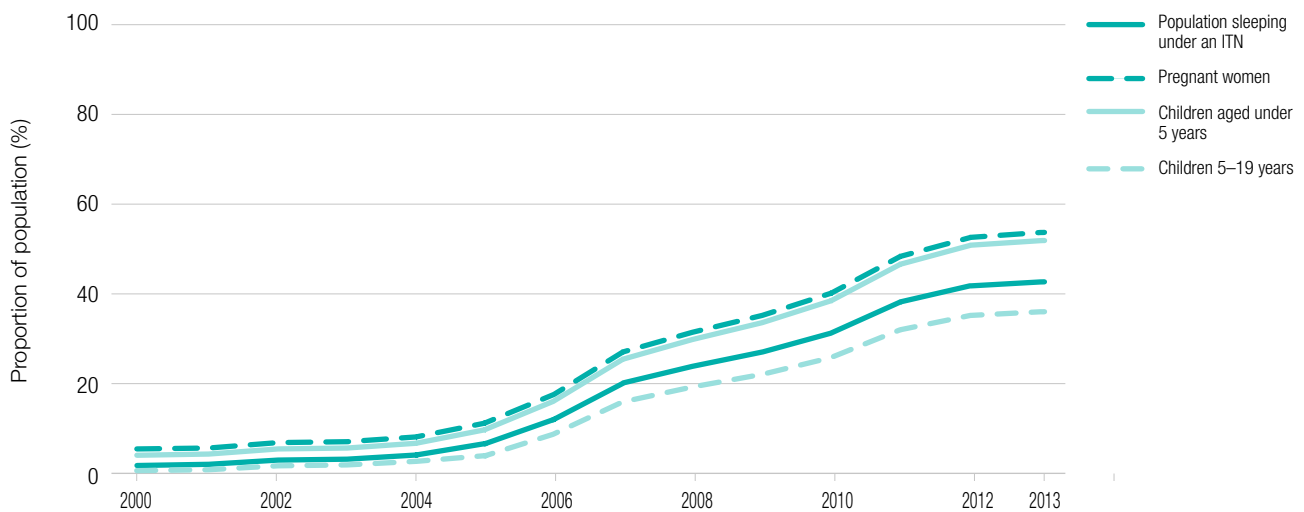
**Goal 6, Target 6.A:  
Have halted by 2015 and begun  
to reverse the spread of HIV/  
AIDS; and Target 6.B: Achieve,  
by 2010, universal access to  
treatment for HIV/AIDS for all  
those who need it**

In 2013 an estimated 2.1 million people were newly infected with HIV – down from 3.4 million in 2001. By the end of 2013 about 12.9 million people were receiving antiretroviral therapy (ART) globally (Fig. 5). Of these, 11.7 million lived in low- and middle-income countries, representing 36% of the estimated 32.6 million people living with HIV in such countries. Should current trends continue then the revised United Nations General Assembly target of placing 15 million people on ART by 2015<sup>1</sup> will be exceeded.

The decrease in the number of those newly infected along with the increased availability of ART have contributed to a major decline in HIV mortality levels – from 2.4 million people in 2005 to an estimated 1.5 million in 2013. As fewer people die from AIDS-related causes the number of people living with HIV is likely to continue to grow (Fig. 5).

<sup>1</sup> Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS. United Nations General Assembly. Sixty-fifth session. Resolution 65/277, annex; paragraph 66; 8 July 2011 ([http://www.unaids.org/sites/default/files/sub\\_landing/files/20110610\\_UN\\_A-RES-65-277\\_en.pdf](http://www.unaids.org/sites/default/files/sub_landing/files/20110610_UN_A-RES-65-277_en.pdf), accessed 3 April 2015).

**Figure 6.** Proportion of selected subpopulations sleeping under an ITN in sub-Saharan Africa, 2000–2013



## Goal 6, Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Globally an estimated 3.2 billion people are at risk of being infected with malaria and developing disease, with 1.2 billion at particularly high risk (greater than a one-in-thousand chance of getting malaria in a year). According to the latest estimates, 198 million cases of malaria occurred globally in 2013 and the disease led to 584 000 deaths. The WHO African Region bears the highest burden of malaria, accounting for an estimated 90% of all malaria deaths worldwide. More than three quarters (78%) of malaria deaths occur in children aged < 5 years.

The estimated total number of malaria cases fell from 227 million in 2000 to 198 million in 2013. During the same period, the population at risk for malaria increased by 25% globally and by 43% in the WHO African Region. Consequently, malaria incidence rates per 1000 persons at risk are estimated to have fallen by 30% globally and by 34% in the WHO African Region. Over the same period, malaria mortality rates decreased by an estimated 47% globally, by 54% in the WHO

African Region and by 53% globally in children aged < 5 years. If the annual rate of decrease is maintained, malaria mortality rates are projected to decrease by 55% globally, by 62% in the WHO African Region and by 61% globally in children aged < 5 years by 2015.

During the past 10 years the coverage of vector-control interventions has increased substantially in sub-Saharan Africa. As a result, the proportion of the population in sub-Saharan Africa protected by at least one vector-control method has increased in recent years, reaching 48% in 2013. An estimated 44% of the population at risk were sleeping under an insecticide-treated net (ITN) in 2013 compared to 2% in 2004 (Fig. 6). Pregnant women and children aged < 5 years were more likely than the general population to sleep under an ITN (Fig. 6).

Despite the impressive increases in malaria-intervention coverage, it is estimated that in 2013, 278 million of the 840 million people at risk of malaria in sub-Saharan Africa lived in households without even a single ITN. In addition, 15 million of the estimated total of 35 million

pregnant women in the same region did not receive preventive treatment, and between 56 and 69 million children with malaria did not receive artemisinin-based combination therapies. A substantial proportion of such individuals do not seek care, and even those who do are not always provided with antimalarial treatment.

Nevertheless, at the global level, the MDG target of halting by 2015 and beginning to reverse the incidence of malaria has been met. In terms of country-level progress, nationally reported data indicate that a total of 64 countries are meeting the MDG target of reversing the incidence of malaria. Of these, 55 are on track to meet the World Health Assembly and Roll Back Malaria Partnership target of reducing malaria incidence by 75% by 2015.

Globally, the number of new cases of tuberculosis (incidence) has fallen at an average rate of about 1.5% per year between 2000 and 2013 (Fig. 7). Between 1990 and 2013, the global tuberculosis prevalence rate fell by 41%, with a decline of 45% observed in the mortality rate over the same period (Fig. 7). Since 2007 high global treatment-success rates ( $\geq 85\%$ ) have also been sustained. Nevertheless, 1.5 million people died from tuberculosis in 2013, including 80 000 HIV-negative children and 360 000 HIV-positive individuals, and major efforts will be required to ensure that all cases are detected, notified and treated. Multi-drug resistant tuberculosis also continues to pose a significant challenge with an estimated 480 000 people developing this condition in 2013.

Although the burden of tuberculosis remains high, with 9 million people (including 550 000 children) becoming ill in 2013, the MDG target of halting and reversing its incidence has been achieved globally, in all six WHO regions and in most of the 22 high-burden countries. In addition, two of the six WHO regions have achieved all three of the 2015 targets for reductions in tuberculosis disease burden (incidence, prevalence and mortality)<sup>1</sup> – namely, the WHO Region of the Americas and the WHO Western Pacific Region, with the WHO South-East Asia Region on track to do so. Incidence, prevalence and

mortality rates are all falling in the WHO African Region, WHO European Region and WHO Eastern Mediterranean Region but not fast enough to meet the targets.

MDG Target 6.C also includes neglected tropical diseases<sup>2</sup> – a medically diverse group of infectious conditions caused by a variety of pathogens. In 2013 only 6314 cases of human African trypanosomiasis were reported, representing the lowest levels of recorded cases in 50 years. This disease is now targeted for elimination as a public health problem by 2020. Dracunculiasis is also on the verge of eradication with an historic low of 126 cases reported in 2014 and an ongoing WHO target of interrupting its transmission by the end of 2015. In Chad, Ethiopia, Mali and South Sudan, where dracunculiasis cases are still occurring, local solutions are now required.

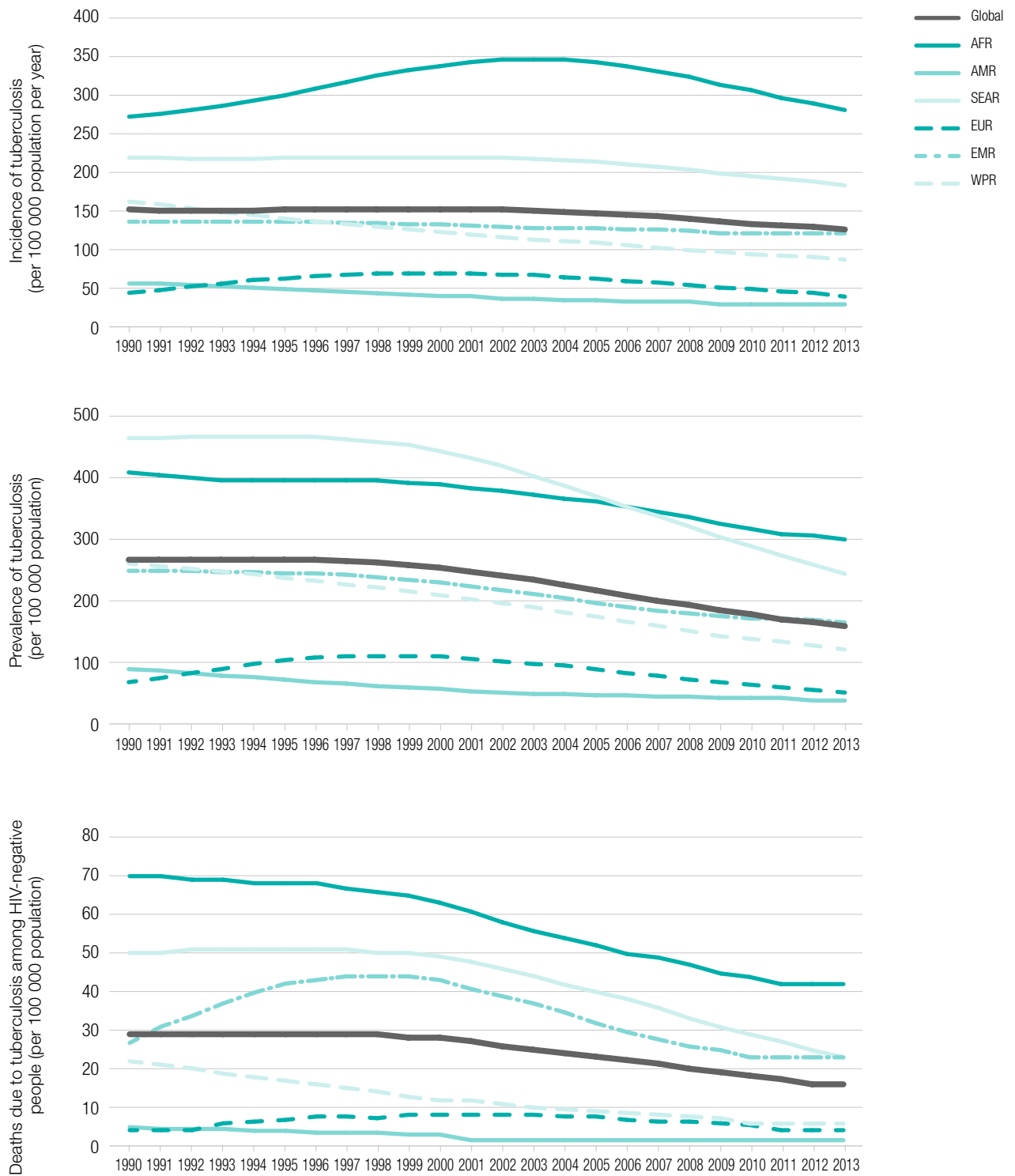
Plans to eliminate leprosy as a public health problem worldwide by 2020 have also been prepared and are being implemented. The elimination of visceral leishmaniasis as a public health problem in the Indian sub-continent by 2020 is on track with a greater than 75% reduction in incident cases recorded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

In 2012 more than 807 million people received treatment through preventive campaigns for at least one of the neglected tropical diseases shown below in Footnote 2. For dengue – the world's fastest growing arbo-viral infection – effective, long-term vector control and disease-prevention measures (including future vaccines) will require strong and well-funded national programmes and strategies, and the support of partners in the global public health community, to reduce morbidity and mortality by 2020.

<sup>1</sup> Stop TB Partnership targets linked to the MDG target 6.C of halting and beginning to reverse the incidence of major diseases such as tuberculosis by 2015, include reducing tuberculosis prevalence and deaths by 50% by 2015 compared with the 1990 baseline.

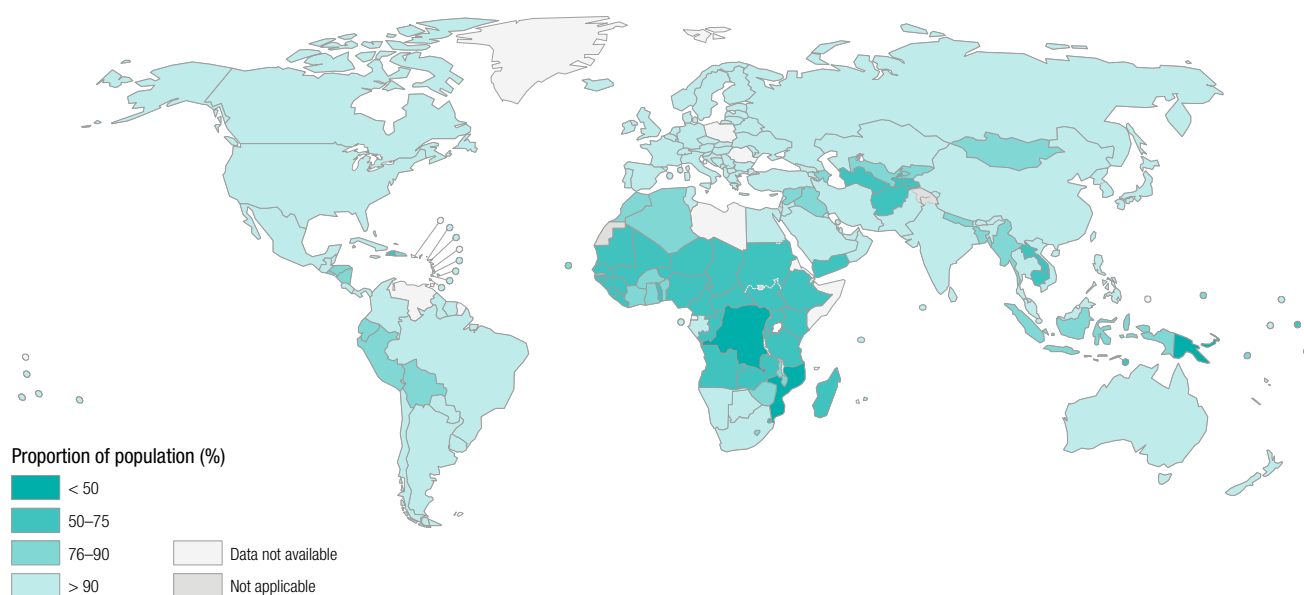
<sup>2</sup> The diseases concerned are: Buruli ulcer; Chagas disease; cysticercosis; dengue; dracunculiasis; echinococcosis; endemic treponematoses; foodborne trematode infections; human African trypanosomiasis; leishmaniasis; leprosy; lymphatic filariasis; onchocerciasis; rabies; schistosomiasis; soil-transmitted helminthiasis; and trachoma.

**Figure 7.** Tuberculosis incidence, prevalence and mortality rates – globally and by WHO region, 1990–2013<sup>1</sup>



<sup>1</sup> The charts show point estimates. For more information, including uncertainty intervals, see: Global Tuberculosis Report 2014, Geneva: World Health Organization; 2014 ([http://www.who.int/tb/publications/global\\_report/en/](http://www.who.int/tb/publications/global_report/en/)).

**Figure 8.** Proportion of population using improved drinking-water sources, by country, 2012



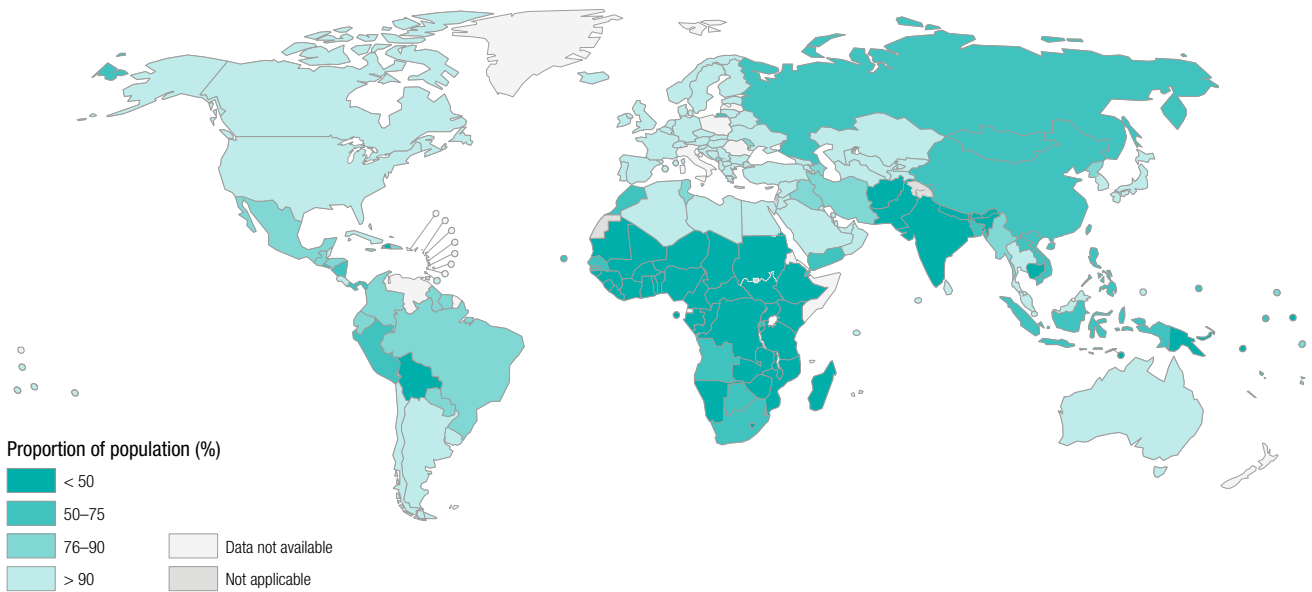
## **Goal 7, Target 7.C: Halve, by 2015, the proportion of the population without sustain- able access to safe drinking- water and basic sanitation**

The MDG on drinking-water called for the proportion of the population without sustainable access to safe drinking-water to be halved between 1990 and 2015, and was met globally in 2010. At national level, 116 countries have met the MDG target with 45 countries not currently on track to do so. In 2012, an estimated 748 million people still lacked access to improved sources of drinking-water. In addition, wide disparities continue to exist, not only between different regions of the world (Fig. 8) but also between urban and rural areas and between different socioeconomic groups within countries.

The world is unlikely to meet the MDG target on access to basic sanitation in 2015, with 2.5 billion people still

lacking access to improved facilities in 2012 (Fig. 9). A staggering 1 billion people (14% of the world population) have no access to toilets, latrines or any form of sanitation facility at all and therefore practised open defecation. This leads to high levels of environmental contamination and exposure to the risks of microbial infections, diarrhoeal diseases (including cholera), trachoma, schistosomiasis and hepatitis. Around 90% of people with no access to any form of sanitation facility live in rural areas.

**Figure 9.** Proportion of population using improved sanitation facilities, by country, 2012



## **Goal 8, Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries**

Many people continue to face a scarcity of medicines in the public sector, forcing them to turn to the private sector where prices can be substantially higher. Surveys undertaken in the period 2007–2013 indicate that, on average, selected essential (generic) medicines in 21 low- and middle-income countries were available in only 55% of public sector facilities. The prices faced by patients increase as the wealth of the country increases – with medicines in the public sector of low-income countries costing on average twice the international reference prices, while in middle-income countries patients paid over three times the international reference prices.

## Summary of progress at country level

Table 3 provides country-by-country summaries of national trends in MDG indicators for which targets were set<sup>1</sup> and data are available. As with Table 1 above, the extent of progress has been classified into one of three categories based upon the following arbitrarily defined criteria:

- **Met or on track** – indicates that the relative target reduction has already been met or will be achieved by 2015 should the trends observed since 1990 continue. In the case of absolute targets, the criterion used is that the latest observed data are within 5 percentage points of the target value.
- **Substantial progress** – indicates that for relative target reductions the latest observed data are at least halfway to achieving the target. For the absolute coverage targets, indicates that the difference between the latest observed data and the target is no more than half the gap between the target and the global baseline<sup>2</sup> but greater than 5 percentage points.
- **No or limited progress** – indicates that latest observed data are not yet halfway to achieving the relative target reduction. For the absolute coverage targets, indicates that the difference between the latest observed data and the target is more than half of the gap between the target and the global baseline.

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<sup>1</sup> The targets shown for measles immunization coverage, percent reduction in malaria incidence and percent reduction in mortality due to tuberculosis were established via resolutions of the World Health Assembly or agreed upon by WHO multilateral partnerships. The target shown for births attended by skilled health personnel was set by the International Conference on Population and Development.

<sup>2</sup> After rounding to the nearest 5% this leads to the following cut-off values: (a) measles immunization coverage among 1-year-olds – 80%; (b) births attended by skilled health personnel – 75%; (c) antenatal care coverage: at least one visit – 80%; and (d) unmet need for family planning – 10%.

**Table 3.** Country progress towards the achievement of the health-related MDGs

	Target 4.A: Reduce by two thirds, between 1990 and 2015, the under five mortality rate		Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio		Target 5.B: Achieve, by 2015, universal access to reproductive health	
	Percent reduction in under-five mortality rate, 1990-2013	Measles immunization coverage among 1-year-olds <sup>a</sup> (%), 2013	Percent reduction in maternal mortality ratio, 1990-2013	Births attended by skilled health personnel <sup>b</sup> (%)	Antenatal care coverage (%): at least one visit	Unmet need for family planning (%)
<b>Target</b>	67	90	75	90	100	0
<b>African Region</b>						
Algeria	47	95	44	97	93	...
Angola	26	91	67	49	68	...
Benin	53	63	43	81	84	33
Botswana	6	94	53	99	94	...
Burkina Faso	51	82	48	66	95	25
Burundi	51	98	43	60	99	32
Cabo Verde	59	91	77	99	91	...
Cameroon	30	83	18	64	85	24
Central African Republic	21	25	27	40	55	27
Chad	31	59	42	14	43	28
Comoros	38	82	44	82	92	...
Congo	47	65	39	90	90	18
Côte d'Ivoire	34	74	3	57	89	22
Democratic Republic of the Congo	32	73	27	80	89	24
Equatorial Guinea	48	42	82	68	91	34
Eritrea	67	96	78	32	70	...
Ethiopia	69	62	70	10	34	26
Gabon	40	70	37	89	95	27
Gambia	56	96	39	57	86	22
Ghana	39	89	50	67	96	37
Guinea	58	62	41	45	85	...
Guinea-Bissau	45	69	40	43	93	6
Kenya	28	93	18	44	92	26
Lesotho	-14	92	32	62	...	23
Liberia	71	74	47	61	96	36
Madagascar	65	63	41	44	82	19
Malawi	72	88	54	87	96	26
Mali	52	72	50	57	74	...
Mauritania	24	80	49	65	84	...
Mauritius	39	99	-4	100	...	...
Mozambique	63	85	63	54	91	29
Namibia	32	82	59	88	97	21
Niger	68	67	37	29	83	16
Nigeria	45	59	53	35	61	19
Rwanda	66	97	77	69	98	21



Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Target 7.C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking-water and basic sanitation		
Percent reduction in HIV incidence, 2001-2013	Percent reduction in mortality rate of tuberculosis (among HIV- negative people) <sup>a</sup> , 1990-2013	Percent reduction in proportion of population without access to improved drinking-water sources <sup>b</sup> , 1990-2012	Percent reduction in proportion of population without access to improved sanitation <sup>c</sup> , 1990-2012	<span style="color: #00A68F;">■</span> Met or on track <span style="color: #A6D8C8;">■</span> Substantial progress <span style="color: #A6A6A6;">■</span> No or limited progress <span style="border: 1px dashed black; padding: 0 2px;">...</span> Data not available or not applicable
> 0	50	50	50	<b>Target</b>
<b>African Region</b>				
-30	-18	< -50	55	Algeria
-8	32	21	44	Angola
52	68	44	9	Benin
70	83	63	41	Botswana
47	66	68	12	Burkina Faso
90	41	19	9	Burundi
...	39	42	44	Cabo Verde
53	< -50	47	8	Cameroon
65	82	22	8	Central African Republic
69	-10	18	4	Chad
...	29	...	...	Comoros
69	0	...	...	Congo
76	70	17	8	Côte d'Ivoire
51	33	5	17	Democratic Republic of the Congo
...	-21	...	...	Equatorial Guinea
86	47	...	...	Eritrea
87	64	45	22	Ethiopia
77	8	60	5	Gabon
67	39	58	-3	Gambia
79	90	72	8	Ghana
...	70	48	12	Guinea
43	-18	59	10	Guinea-Bissau
48	46	33	7	Kenya
25	32	14	9	Lesotho
76	-29	39	5	Liberia
66	65	30	7	Madagascar
80	77	74	0	Malawi
76	47	54	8	Mali
...	74	29	13	Mauritania
69	56	100	18	Mauritius
48	42	23	14	Mozambique
61	51	76	11	Namibia
95	87	27	4	Niger
55	5	33	-14	Nigeria
76	-35	28	49	Rwanda

	Target 4.A: Reduce by two thirds, between 1990 and 2015, the under five mortality rate		Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio		Target 5.B: Achieve, by 2015, universal access to reproductive health	
	Percent reduction in under-five mortality rate, 1990-2013	Measles immunization coverage among 1-year-olds <sup>a</sup> (%), 2013	Percent reduction in maternal mortality ratio, 1990-2013	Births attended by skilled health personnel <sup>b</sup> (%)	Antenatal care coverage (%): at least one visit	Unmet need for family planning (%)
<b>Target</b>	67	90	75	90	100	0
Sao Tome and Principe	54	91	49	81	98	38
Senegal	61	84	40	51	95	29
Seychelles	18	97	...	99	...	...
Sierra Leone	40	83	52	60	97	27
South Africa	28	66	7	94	97	...
South Sudan	61	30	59	17	40	26
Swaziland	-8	85	44	82	97	13
Togo	42	72	32	59	73	37
Uganda	63	82	54	58	95	34
United Republic of Tanzania	69	99	55	49	88	25
Zambia	55	80	52	64	96	27
Zimbabwe	-19	93	10	80	94	15
<b>Region of the Americas</b>						
Antigua and Barbuda	65	98	...	100	100	...
Argentina	54	91	3	100	98	...
Bahamas	46	92	14	99	86	...
Barbados	22	90	57	99	93	...
Belize	58	99	40	95	96	16
Bolivia (Plurinational State of)	68	95	61	84	86	20
Brazil	77	99	43	99	96	...
Canada	38	95	< -50 <sup>d</sup>	98	100	...
Chile	58	90	60	100	...	...
Colombia	51	92	17	99	97	8
Costa Rica	41	91	0	99	95	8
Cuba	54	99	-27	100	100	9
Dominica	35	93	...	100	100	...
Dominican Republic	53	79	58	99	99	11
Ecuador	60	97	46	95	84	...
El Salvador	73	94	37	100	94	18
Grenada	45	94	32	99	100	...
Guatemala	62	85	48	59	93	21
Guyana	39	99	-19	87	86	29
Haiti	50	65	43	37	90	35
Honduras	63	89	59	83	94	11
Jamaica	43	94	18	99	98	10
Mexico	67	89	44	100	99	10
Nicaragua	64	99	41	88	95	11
Panama	42	92	13	91	93	...

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Target 7.C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking-water and basic sanitation		
Percent reduction in HIV incidence, 2001-2013	Percent reduction in mortality rate of tuberculosis (among HIV- negative people) <sup>a</sup> , 1990-2013	Percent reduction in proportion of population without access to improved drinking-water sources <sup>c</sup> , 1990-2012	Percent reduction in proportion of population without access to improved sanitation <sup>c</sup> , 1990-2012	
> 0	50	50	50	<b>Target</b>
96	75	88	20	Sao Tome and Principe
82	19	35	26	Senegal
...	0	6	0	Seychelles
45	56	37	2	Sierra Leone
57	6	74	38	South Africa
...	...	...	...	South Sudan
48	< -50	57	16	Swaziland
83	< -50	25	-2	Togo
-4	87	57	11	Uganda
67	74	-4	5	United Republic of Tanzania
62	69	27	3	Zambia
56	23	5	-2	Zimbabwe
<b>Region of the Americas</b>				
...	64	17	...	Antigua and Barbuda
-7	67	83	79	Argentina
...	93	56	33	Bahamas
49	< -50	97	...	Barbados
59	< -50	96	63	Belize
59	49	61	25	Bolivia (Plurinational State of)
...	59	83	42	Brazil
...	52	...	...	Canada
-2	79	90	93	Chile
20	68	25	35	Colombia
...	72	57	50	Costa Rica
...	48	40	63	Cuba
...	60	...	...	Dominica
86	59	< -50	33	Dominican Republic
...	89	46	60	Ecuador
38	79	60	40	El Salvador
...	< -50	0	0	Grenada
31	84	68	47	Guatemala
9	< -50	91	33	Guyana
60	48	3	6	Haiti
71	55	63	62	Honduras
55	31	0	5	Jamaica
42	77	72	56	Mexico
-23	75	42	16	Nicaragua
7	42	63	33	Panama

	Target 4.A: Reduce by two thirds, between 1990 and 2015, the under five mortality rate		Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio		Target 5.B: Achieve, by 2015, universal access to reproductive health	
	Percent reduction in under-five mortality rate, 1990-2013	Measles immunization coverage among 1-year-olds <sup>a</sup> (%), 2013	Percent reduction in maternal mortality ratio, 1990-2013	Births attended by skilled health personnel <sup>b</sup> (%)	Antenatal care coverage (%): at least one visit	Unmet need for family planning (%)
<b>Target</b>	67	90	75	90	100	0
Paraguay	52	92	15	96	96	5
Peru	79	85	64	89	96	8
Saint Kitts and Nevis	66	99	...	100	100	...
Saint Lucia	35	99	43	99	97	...
Saint Vincent and the Grenadines	24	99	6	99	100	...
Suriname	52	93	< -50	90	90	17
Trinidad and Tobago	32	91	6	100	...	...
United States of America	36	91	< -50	99	...	8
Uruguay	52	96	67	100	97	...
Venezuela (Bolivarian Republic of)	50	85	-18	96	...	...
<b>South-East Asia Region</b>						
Bangladesh	72	93	69	44	59	14
Bhutan	73	94	87	58	74	12
Democratic People's Republic of Korea	37	99	-2	100	100	15
India	58	74	66	67	75	21
Indonesia	65	84	56	83	96	11
Maldives	89	99	93	99	99	29
Myanmar	53	86	66	78	83	...
Nepal	72	88	76	36	58	28
Sri Lanka	52	99	41	99	99	7
Thailand	65	99	38	100	98	7
Timor-Leste	68	70	78	21	84	32
<b>European Region</b>						
Albania	63	99	32	99	97	13
Andorra	67	95	...	...	...	...
Armenia	68	97	38	100	99	14
Austria	60	76	60	99	...	...
Azerbaijan	64	98	57	100	...	...
Belarus	71	99	97	100	100	7
Belgium	60	92	40	...	...	...
Bosnia and Herzegovina	61	94	58	100	87	9
Bulgaria	45	94	79	100	...	...
Croatia	62	94	< -50	100	94	...
Cyprus	64	86	44	99	99	...
Czech Republic	73	99	67	100	98	4
Denmark	56	89	44	98	...	...
Estonia	85	94	77	99	99	...
Finland	57	97	33	100	...	...

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Target 7.C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking-water and basic sanitation		
		Percent reduction in proportion of population without access to improved drinking-water sources <sup>c</sup> , 1990-2012	Percent reduction in proportion of population without access to improved sanitation <sup>c</sup> , 1990-2012	
Percent reduction in HIV incidence, 2001-2013	Percent reduction in mortality rate of tuberculosis (among HIV- negative people) <sup>a</sup> , 1990-2013	Percent reduction in proportion of population without access to improved drinking-water sources <sup>c</sup> , 1990-2012	Percent reduction in proportion of population without access to improved sanitation <sup>c</sup> , 1990-2012	
> 0	50	50	50	<b>Target</b>
...	37	87	68	Paraguay
...	77	50	41	Peru
...	< -50	0	...	Saint Kitts and Nevis
...	70	14	...	Saint Lucia
...	< -50	58	...	Saint Vincent and the Grenadines
66	33	62	0	Suriname
50	15	...	-14	Trinidad and Tobago
...	73	50		United States of America
...	56	80	50	Uruguay
...	63	...	...	Venezuela (Bolivarian Republic of)
<b>South-East Asia Region</b>				
...	36	53	36	Bangladesh
...	96	...	...	Bhutan
...	75	< -50	62	Democratic People's Republic of Korea
57	50	77	22	India
< -50	64	50	37	Indonesia
...	92	86	97	Maldives
75	68	68	51	Myanmar
86	67	65	33	Nepal
< -50	22	81	75	Sri Lanka
68	37	71	61	Thailand
...	...	36	3	Timor-Leste
<b>European Region</b>				
...	67	0	57	Albania
...	92			Andorra
< -50	-30	100	18	Armenia
...	84			Austria
< -50	65	33	58	Azerbaijan
< -50	< -50		-20	Belarus
...	80			Belgium
...	26	100	0	Bosnia and Herzegovina
...	16	< -50	100	Bulgaria
...	87	50	0	Croatia
...	0			Cyprus
...	84			Czech Republic
...	64			Denmark
...	44	0	0	Estonia
...	88			Finland

	Target 4.A: Reduce by two thirds, between 1990 and 2015, the under five mortality rate		Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio		Target 5.B: Achieve, by 2015, universal access to reproductive health	
	Percent reduction in under-five mortality rate, 1990-2013	Measles immunization coverage among 1-year-olds <sup>a</sup> (%), 2013	Percent reduction in maternal mortality ratio, 1990-2013	Births attended by skilled health personnel <sup>b</sup> (%)	Antenatal care coverage (%): at least one visit	Unmet need for family planning (%)
<b>Target</b>	67	90	75	90	100	0
France	56	89	25	97	100	...
Georgia	72	96	18	100	98	12
Germany	56	97	46	99	...	...
Greece	69	99	17	...	...	...
Hungary	68	99	39	99	...	...
Iceland	67	91	43	...	...	...
Ireland	56	93	-50	100	100	...
Israel	67	97	83	...	...	...
Italy	60	90	60	100	98	...
Kazakhstan	70	99	71	100	98	12
Kyrgyzstan	64	99	12	98	98	18
Latvia	60	96	77	99	98	...
Lithuania	71	93	68	...	100	...
Luxembourg	78	95	< -50	100	100	...
Malta	45	99	25	100	100	...
Monaco	50	99	...	...	...	...
Montenegro	71	88	13	99	92	...
Netherlands	50	96	45	...	...	...
Norway	67	93	56	99	...	...
Poland	71	98	82	100	...	...
Portugal	73	98	47	...	...	...
Republic of Moldova	53	91	66	99	99	...
Romania	68	92	81	99	...	...
Russian Federation	62	98	68	100	...	8
San Marino	73	74	...	...	...	...
Serbia	75	92	11	98	98	7
Slovakia	61	98	53	100	...	...
Slovenia	70	94	36	100	100	...
Spain	64	95	43	...	...	...
Sweden	57	97	33	...	...	...
Switzerland	50	93	25	...	...	...
Tajikistan	56	92	35	87	79	23
The former Yugoslav Republic of Macedonia	81	96	53	...	99	17
Turkey	74	98	58	91	92	6
Turkmenistan	40	99	8	...	...	...
Ukraine	50	79	53	99	99	5
United Kingdom	44	95	20	...	...	...
Uzbekistan	39	97	45	...	...	...

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Target 7.C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking-water and basic sanitation		
		Percent reduction in proportion of population without access to improved drinking-water sources <sup>c</sup> , 1990-2012	Percent reduction in proportion of population without access to improved sanitation <sup>c</sup> , 1990-2012	
> 0	50	50	50	<b>Target</b>
...	72			France
< -50	21	93	< -50	Georgia
...	69			Germany
...	56	100	67	Greece
...	85	100		Hungary
...	25			Iceland
...	73		0	Ireland
...	57			Israel
...	55		...	Italy
...	27	-17	25	Kazakhstan
< -50	-21	56	11	Kyrgyzstan
...	71	0	...	Latvia
...	-20	69	63	Lithuania
...	27			Luxembourg
...	-43			Malta
...	86			Monaco
...	...	33	...	Montenegro
...	33			Netherlands
...	73			Norway
...	55	...	...	Poland
...	58	100	100	Portugal
-47	< -50	57	46	Republic of Moldova
...	22	...	...	Romania
...	-46	57	-15	Russian Federation
...		...	...	San Marino
...	...	0	25	Serbia
...	71			Slovakia
...	62			Slovenia
...	78			Spain
...	80			Sweden
...	85			Switzerland
13	-8	33	45	Tajikistan
...	71	0	...	The former Yugoslav Republic of Macedonia
...	94	100	44	Turkey
...	< -50	< -50	50	Turkmenistan
71	-46	33	-20	Ukraine
...	36			United Kingdom
...	8	-30	100	Uzbekistan

	Target 4.A: Reduce by two thirds, between 1990 and 2015, the under five mortality rate		Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio		Target 5.B: Achieve, by 2015, universal access to reproductive health	
	Percent reduction in under-five mortality rate, 1990-2013	Measles immunization coverage among 1-year-olds <sup>a</sup> (%), 2013	Percent reduction in maternal mortality ratio, 1990-2013	Births attended by skilled health personnel <sup>b</sup> (%)	Antenatal care coverage (%): at least one visit	Unmet need for family planning (%)
<b>Target</b>	67	90	75	90	100	0
<b>Eastern Mediterranean Region</b>						
Afghanistan	46	75	67	36	46	...
Bahrain	74	99	-5	100	100	...
Djibouti	41	80	43	57	...	...
Egypt	74	96	63	92	90	12
Iran (Islamic Republic of)	70	98	72	96	97	6
Iraq	36	63	39	91	78	8
Jordan	49	97	42	100	99	12
Kuwait	41	99	-17	99	100	...
Lebanon	72	79	75	...	...	...
Libya	64	98	52	100	93	27
Morocco	63	99	61	74	77	11
Oman	72	99	77	99	99	56
Pakistan	38	61	58	52	73	20
Qatar	62	99	45	100	91	6
Saudi Arabia	64	98	61	97	98	...
Somalia	19	46	35	...	...	...
Sudan	40	85	50	20	74	29
Syrian Arab Republic	59	61	62	96	88	16
Tunisia	71	94	49	74	84	7
United Arab Emirates	53	94	50	100	100	...
Yemen	59	78	41	45	60	...
<b>Western Pacific Region</b>						
Australia	56	94	14	99	96	...
Brunei Darussalam	17	99	-4	100	93	...
Cambodia	68	90	86	71	89	17
China	76	99	67	100	95	...
Cook Islands	63	97	...	100	...	...
Fiji	20	94	34	99	98	...
Japan	50	95	57	100	...	...
Kiribati	39	91	48	80	88	28
Lao People's Democratic Republic	56	82	80	40	53	20
Malaysia	47	95	48	99	97	...
Marshall Islands	24	70	...	90	92	8
Micronesia (Federated States of)	35	91	44	100	80	...
Mongolia	70	97	32	99	99	22
Nauru	36	96	...	97	94	24
New Zealand	45	92	56	97	...	...



Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Target 7.C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking-water and basic sanitation		
Percent reduction in HIV incidence, 2001-2013	Percent reduction in mortality rate of tuberculosis (among HIV- negative people) <sup>a</sup> , 1990-2013	Percent reduction in proportion of population without access to improved drinking-water sources <sup>c</sup> , 1990-2012	Percent reduction in proportion of population without access to improved sanitation <sup>c</sup> , 1990-2012	
> 0	50	50	50	<b>Target</b>
<b>Eastern Mediterranean Region</b>				
...	-14	62	10	Afghanistan
...	87	100	0	Bahrain
95	7	65	-3	Djibouti
< -50	80	86	86	Egypt
-21	36	50	62	Iran (Islamic Republic of)
...	60	32	46	Iraq
...	58	-33	33	Jordan
...	-3	0		Kuwait
...	53		...	Lebanon
...	33	...	0	Libya
-46	28	41	48	Morocco
...	72	67	83	Oman
< -50	61	40	29	Pakistan
...	98			Qatar
...	3	63	100	Saudi Arabia
21	37	...	...	Somalia
...	53	-36	-4	Sudan
...	72	29	73	Syrian Arab Republic
< -50	5	83	63	Tunisia
...	-1		33	United Arab Emirates
...	89	-32	38	Yemen
<b>Western Pacific Region</b>				
...	44			Australia
...	0	...	...	Brunei Darussalam
82	68	63	35	Cambodia
...	84	76	54	China
...	< -50		63	Cook Islands
...	26	73	70	Fiji
...	45			Japan
...	0	34	17	Kiribati
...	73	53	56	Lao People's Democratic Republic
...	12	100	75	Malaysia
...	< -50	38	31	Marshall Islands
...	19	-22	47	Micronesia (Federated States of)
...	69	61	17	Mongolia
...	-2	...	0	Nauru
...	82		...	New Zealand

	Target 4.A: Reduce by two thirds, between 1990 and 2015, the under five mortality rate		Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio		Target 5.B: Achieve, by 2015, universal access to reproductive health	
	Percent reduction in under-five mortality rate, 1990-2013	Measles immunization coverage among 1-year-olds <sup>a</sup> (%), 2013	Percent reduction in maternal mortality ratio, 1990-2013	Births attended by skilled health personnel <sup>b</sup> (%)	Antenatal care coverage (%): at least one visit	Unmet need for family planning (%)
<b>Target</b>	67	90	75	90	100	0
Niue	< -50	99	...	100	100	...
Palau	50	99	...	99	90	...
Papua New Guinea	31	70	53	44	66	27
Philippines	49	90	-9	73	95	19
Republic of Korea	43	99	-50	100	100	...
Samoa	42	99	61	81	93	48
Singapore	63	95	25	100	...	...
Solomon Islands	23	76	59	86	91	11
Tonga	48	99	< -50	96	99	...
Tuvalu	49	96	...	93	93	24
Vanuatu	48	52	49	89	76	...
Viet Nam	53	98	65	94	96	4

<sup>a</sup> Target established via resolutions of the World Health Assembly or agreed upon by WHO multilateral partnerships.

<sup>b</sup> Target set by the International Conference on Population and Development

<sup>c</sup> Countries without 1990 estimates shown in Part II, Table 5 were assessed using 1995 estimates as the baseline and against a proportionately decreased reduction target of 40%.

<sup>d</sup> Vital registration data were available for analysis only up to 2009. Recent hospital surveillance data for Canada (excluding Quebec) indicate a decline in maternal deaths per 100 000 deliveries from 8.8 in 2007–2009 to 6.1 in 2009–2011. An estimated 98% of deliveries in Canada occur in hospitals.

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Target 7.C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking-water and basic sanitation		
Percent reduction in HIV incidence, 2001-2013	Percent reduction in mortality rate of tuberculosis (among HIV- negative people) <sup>a</sup> , 1990-2013	Percent reduction in proportion of population without access to improved drinking-water sources <sup>c</sup> , 1990-2012	Percent reduction in proportion of population without access to improved sanitation <sup>c</sup> , 1990-2012	
> 0	50	50	50	<b>Target</b>
...	58	< -50	100	Niue
...	83	...	100	Palau
67	69	9	-1	Papua New Guinea
...	51	50	40	Philippines
...	53	78		Republic of Korea
...	33	91	-14	Samoa
...	58		100	Singapore
...	84	...	...	Solomon Islands
...	61	0	< -50	Tonga
...	73	80	37	Tuvalu
...	10	76	34	Vanuatu
58	63	87	60	Viet Nam

Met or on track  
 Substantial progress  
 No or limited progress  
 Data not available or not applicable