FACTS against MYTHS

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Another Grandiose Pipe Dream?

The Myths of the Millennium Development Goals (MDGs)

*"...None of the goals is fundamentally wrong, but the MDGs are not embedded in any comprehensive concept. This lack of context is likely to direct attention to well expressed lip service in the debating societies of multilateral politics, while fundamentally flawed global trends (concerning, for instance, resource distribution, world trade or privatization) remain unchallenged." (*1)*

– Dr. A. Wulf, medico international.
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"...So, the poverty line is not the only line about which we have to think; there is also the high-speed digital line, the fiber optic line...which exclude those who are literally not plugged into the possibilities of a new...world...".

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COMMENT

Years of development cooperation between the North and the South have failed to effectively address the problem of global poverty. To precisely address this failure that the ambitious UN plan, the Millennium Development Goals (MDGs) was launched on September 14,2000 in New York where world leaders from 189 member-states adopted the MDGs in the UN Resolution, the Millennium Declaration. These commitments reflected global consensus that poverty in an increasingly prosperous world economy was totally unacceptable and therefore the MDGs have become the main resolve to raise the effectiveness of development aid so as to reduce poverty in the South. This aid represents the sum total of the development goals agreed since the 70s at various global conferences, summits, etc.

The MDGs are a set of time-bound and measurable goals and targets for combating poverty and are the prime focus of development work worldwide. They consist of 8 major goals plus 18 targets and 48 indicators, all of which are to be achieved by 2015. (see Box on pg.8) As is evident, most of these goals are not new at all. What is "new" however is the broad and collective agreement among a number of global players and national governments to work collectively to achieve these goals. The South is expected to produce by 2006 detailed strategies showing how they expect to achieve these goals. As a member state India too is a signatory of this global commitment with the Planning Commission having evolved the National Development Goals (NDGs) as part of its 10th 5-Year Plan targets based on the MDGs and set a target to bring down the incidence of poverty in the country to 10% by 2012, and highlighted in the National Common Minimum Program of the UPA Government. (see box on pg. 2)

Since its inception the MDGs, formulated and publicized worldwide with great fanfare, have however come in for enormous criticism. In the run-up to the Millennium Summit held last September 2005 participants from India and abroad attended the People's Summit against Poverty (PSAP) in Delhi. A report "Securing Rights: Citizen's Report on MDGs"[3] highlighted the condition of education, health and other basic necessities in 13 Indian States. While highlighting the gap between claims made by the Government and the ground reality as it effects the people, the Report notes that 74% of the villages did not have essential drugs at the PHCs and in 82% of villages covered, women reported not getting fair and just wages. It also highlighted that 80 different forms of 'untouchability' were reported against Dalits in both public and private spheres. At another level, questions have been raised on the methodology applied by the UN in defining poverty itself especially over its goals of halving "extreme poverty and hunger" for at least one billion people living on less than $1 a day. The $1 a day measurement fails to distinguish between the widely differing experiences of the poor in the South. It cannot be measured simply by examining income levels. The very measurement of poverty is thus warped. The problem of financial resources is another key factor that has not been taken into account as also the approach towards fulfilling the MDGs the so-called targeted approach, a subject of serious debate. The targeted approach may provide the focus to deal with the most urgent issues facing the South but in the long run it is negative overall.

Other critical concerns of the MDGs include those on health a major highlight in these goals but the focus and commitment has been shifted away from the Alma Ata Declaration (1978) that India had also pledged, to provide health for all by the year 2000. In 1979 India had also ratified the International Covenant for Economic, Social and Cultural Rights (ICESCR) with Art.12 stating that the State is obliged to achieve the highest attainable standards of health. The health situation however continues to be dismal on all fronts and India is no where near to achieving these goals. With this shift in focus there is little hope that India will achieve anything significant within the stipulated timeframe. This change in focus is critical as it also implies a paradigm shift in the UN agenda and strategy on health. If the UN is unable to stand by Health for All and ICESCR then for the South, including India, it becomes even more difficult to sustain the rights-based approach to health and health care for its people. This is even more critical in the light of reduced state participation in the economic sphere both in terms of policy intervention and state investments.

Clearly, the Health MDGs are very narrow. Its focus is primarily on maternal and child health, contraception and selected disease surveillance. Their monitoring indicators are largely demographic. Most disturbing is the fact that these are exactly the goals of India's primary health programme, especially for rural areas. So, the focus on MDGs is not new for India's health policy makers and planners for whom the MDGs are godsend as they coincide with their 2002 National Health Policy of limiting the States role in healthcare; providing them an opportunity to also overlook the

The MDG Target for India[4]

1. **Eradication of Extreme Poverty & Hunger**

   According to the MDG targets, the proportion of people whose income is less than $1 a day is toe halved between 12990 and 2015. Likewise the proportion of people who suffer from hunger is also to be halved. This implies that poverty rate in India will have to be brought down in 2015 to 16%.

2. **Achievement of Universal Primary Education.**

   All children are to be in primary school by 2015.

3. **Promotion of Gender Equality and Empowerment of Women.**

   Gender disparity in primary and secondary education is to be eliminated preferably by 2005 and to all levels of education no later than 2015. The difference between male and female literacy is also to be eliminated by 2007.

4. **Reduction in Child Mortality**

   The under-5 mortality rate is to be reduced by 2/3rds, between 1990 and 2015.

5. **Improving Maternal Health**

   The maternal mortality ratio is to be reduced by three-quarters

6. **Combating HIV/AIDS**, malaria and other diseases, providing safe drinking water

7. **Ensuring environmental sustainability.** India has to integrate the principles of sustainable development into its policies and programmes and reverse the loss of environmental resources

8. **Developing a Global Partnership for Development.**

   Developing an open, rule-based, predictable, non-discriminatory trading and financial system including a commitment to good governance, development, and poverty reduction – both nationally and globally.

goals of the 1982 National Health Policy of comprehensive universal primary healthcare. Evidently, India follows the global agenda set in Washington or Geneva; post 1978/79, that is Health for All and IMESCR, India had adopted a National Health Policy (NHP), which stressed comprehensive universal primary healthcare; and post-2000, India adopts a NHP that follows the diluted agenda of MDGs!

Another disturbing sign are the starvation deaths from various apart of the country. Analysis of the number of such deaths shows that majority of those who died were of a productive age. That is, one of the breadwinners of the family succumbed to starvation with children also as victims. Nearly half of the dead were also women. While most of the dead was from agriculture labour families, some of the weavers also died due to starvation. Another tragic development emanating from the policies pursued by the State is the agrarian distress in various parts of the country leading to farmers' suicides, the central issue of which is the debt trap. Small and marginal farmers, especially those who lease in land from others is not eligible for availing institutional credit and crop insurance. Thus, they are forced to approach the usurious moneylenders. This situation helps in strengthening merchant capital and the traders-cum-moneylenders make fortunes. For most farmers a shift from food drops like 'jowar' was suicidal. In comparison, cash crops like cotton need much more fertilisers and chemical inputs, necessitating higher cash requirements. Thus, market inadequacy and crash in prices are the main reasons for the agrarian distress. Add to this the malnutrition deaths among children in various parts of Maharashtra that have been reported since 2000. These deaths among children, accounting for 71.5 per cent, have been especially pronounced in the Adivasis belts of the State, confirmed by verifying the nutritional status of the siblings of the deceased children. According to one report of the National Family Health Survey (Mumbai) half the children in Maharasthra suffered variously from acute and chronic malnutrition, growth retardation and wasting (i.e. a deficit of weight for height greater than 20 per cent). Between April and August 1996, for instance, 25,000 Adivasi children between the ages of 6 months to 6 years suffered severe malnourishment and 336 children died of secondary causes e.g. pneumonia, low birth weight, premature birth, dysentery, diarrhea and TB.

In this whole dismal situation political considerations and revisions are introduced into the original MDG statement. These damaging revisions are mainly through the aggressive lobbying of the US Administration backed in some areas by other rich nations like Australia and Japan. Most disturbing is that the US has sought to overturn the international agreement on poverty reductions made in 2002 at Monterrey and delete the 35 references to the MDGs altogether. Though compromise wording has now been accepted, there are 250 changes in the comments that need to be negotiated. In strong opposition from a number of countries especially those from the South the US was forced to withdraw many of his contentious proposals. It adopted a similar approach to other multilateral processes and agreements by seeking to strip out references on climate change and the Kyoto Protocol, the International Criminal Court, and the UN Convention against Corruption.[5]

Another crucial socio-economic factor in the battle against mass poverty and hunger in the MDGs viz., is the concern over population growth in the South. Once again, there is no attempt for a parallel consideration — the over-consumption life-style of the rich in both the North and South also responsible for eating into the resources of the earth – over this contentious issue. This specific concern is conveniently excluded from the MDGs as it also relates to the present precarious state of natural resources. The recent Living Planet Report brought out by WWF international and UNEP clearly provides bad news in respect of human society and its impacts on ecology and living species.

Ultimately, what this all amounts to is that the MDGs among other things fails to address head-on the root cause of the problem of global poverty; as to why in the first place mass poverty continues to increase. The cause of this reality is conveniently left unanswered. It is well known that poverty stems largely from a number of crucial socio-economic and political factors, both external and internal, apart from the historical legacy of colonialism responsible for the widespread impoverishment brought about through massive transfer of resources, material and human, from the South. In addition, the debt crisis of the late 80s and 90s subsequently, emanated directly from unfair terms of trade and IMF/WB loan conditionalities are also factors that continue to aggravate this situation. Together, these policies have increased the dependency of the South on foreign aid forcing much of their efforts into servicing their debt repayments, efforts that otherwise would have been invested in development goals. Moreover, these efforts have also severely limited the South's capacity to mitigate the adverse socio-economic and environmental impact leading to increased unemployment and destruction of livelihood systems vis-a-vis food insecurity; in particular to dwindling rural employment opportunities in agriculture with no sign of non-farm employment. In India the situation is further exacerbated by the deflationary, neoliberal economic policies followed at the centre as well as by many state governments. In the name of reducing fiscal deficits and bringing in fiscal discipline, allocation for important social sectors that affect the welfare of the people have been drastically curtailed. Whether it is child mortality, maternal mortality or diseases like malaria, TB, HIV/AIDS India has not gone far from even the situation in the early 90s. As of December 2004, there were 39.5m.

Why "Development" Fails — Repeatedly!

At a more basic level the rural and urban poor, whose poverty is the main justification for the MDGs, as experience shows, are hardly consulted, hardly involved. Their knowledge, resource and capacities are scarcely tapped and often not even acknowledged, as others define their priorities. Ironically, in urban areas, the poor are often been identified as "the problem" holding back development. The rural and urban poor have little chance of gaining support from what they would define as their needs and priorities. Development is still something that professionals and developments institutions "do" for them, and interventions are designed and implemented by intermediaries over whom they have little or no influence. Indeed, the project documents are usually in languages that they cannot understand. There may be some changes at the margin. For instance, support for the development of national poverty reduction strategies that have some "national ownership" and involve some civil society organisations but these processes are still distant from the slum colonies and villages where the deprivations occur. National or regional consultations involving some civil society groups of a weak kind of "participation" – and it is rare for the civil society representatives involved to be chosen by and accountable to "the poor" that they claim to represent. There is little discussion of the changes to institutional structures and funding flows in official donor agencies that would allow direct influence by low-income groups and their community organizations, and direct support to them.

people around the world who were living with HIV/AIDS and 4.9-m. new infections had occurred during 2004. The number of people living with HIV has been rising in every region, compared with two years ago, with the steepest rise occurring in East Asia, and in Eastern Europe and Central Asia. These figures shows that, at least on a global level, India's not even close to slowing the spread of HIV, let along reversing the trend. Even with success stories that India is often cited as, a decline in income poverty has not been matched by human development. The number of people suffering from hunger has risen since 1997. (As compared to the situation in especially Africa hunger in India is more low level and less visible). Hunger has 3 dimensions – chronic under-nutrition; hidden, caused by the deficiency of micronutrients in the diet like iron, iodine, zinc and vitamin A; and transient, caused by natural and others disasters. The present conditions of food insecurity prevailing in disaster affected areas are examples of transient hunger. Incidentally, the UNDP's Human Development 2005 Report has placed India at 127 position out of 177 countries in terms of the Human Development Index, which measures pear capita income, literacy and life expectancy.

Most discussions on MDGs are not about changing the way development aid, etc., is provided but more of an attempt to contain or preempt efforts by the poor in the South to radically transform their miserable plight. Experts thus challenge whether ultimately the MDGs will be fulfiled and whether these goals are nothing more than the UN ritual to achieve good looking statistics rather than tackling the more serious concern viz., the root causes of global poverty; of transforming inegalitarian societal structures and institutional frameworks. While focussed special programmes may indeed lead to isolated cases to triumph they do also foster fragmentation. As indicated above the goals of the 1982 NHP, on many of these indicators that were to be achieved by 2000, are still unmet. There is therefore the urgency in altering the political economy in the country; from the increasingly followed free-trade market-route to a publicly financed, socially committed development paradigm. This alteration is the only route to universal access for all-round development or to achieving the MDGs. For this to occur it is necessary to demystify the MDGs as currently envisaged. Until and unless the root causes of mass poverty and underdevelopment is dealt with the goals of the MDGs, even in its truncated form, will remain a pipe dream!

MYTH: India is one of MDGs success stories because of its favorable development indicators achieved ahead of 2015.

FACT: This is in reference to the so called decline of poverty in India. On "success stories" like India, a decline in income poverty has however not been matched by human development. The figures were poor for child mortality and malnutrition as well as gender party. The number of people suffering from hunger has risen since 1997.

As pointed out earlier, India's progress on the health front is the greatest cause for concern, and some key indicators display how worrisome these factors are:

- India has one of the highest levels of maternal mortality in the world. Maternal deaths account for almost 25%of the world's childbirth related deaths;
- Almost half of all Indian children under the age of 5 are malnourished and 34% of newborns are underweight;
- Approximately, half of the children do not get complete immunisation

- The majority of births (58.0%) in India are still unattended by grained staff
- HIV-AIDS is becoming a pandemic

India's Report Card

Thus, India's progress towards achieving the MDGs, it has a long way to go. The high absolute number of people living in poverty and sharp regional disparities, are real causes for concern. India continues to experience high levels of poverty. While figures show that the proportion of Indians living under the poverty line is falling, in absolute terms, they number approximately 260 m., a figure equivalent to the entire population of the US.The incidence of poverty even today is around 26% according to Government of India definition and around 35%according to international definitions.[3]

Child mortality, especially among girls, remains high in rural areas. Women are often excluded from decision-making psoiti9on in villages, awhile-effective provision of health and education services for the rural poor continues to very low. 92.14% of children (only 82.85% for girls) are in primary school; The literate rate for men is 74% and for women it is 52% -- a difference of 22%; infant deaths are 68% per 1000. Under 5 mortality is 93 per 1000 births; deaths due to child bearing range between 4 to 5.5.per 1000 births, and although 84% of rural families and 95% of urban families have access to drinking water not all sources are sustainable.

The above inequity, denying a child the right to realize its innate genetic potential for physical and metal growth, is the cruelest form of inequity (Any nation which undervalues its human resource and over-values its material resources like land, building, weaponry, etc., will always remain poor). This is the basic cause of India's enigma, where excellence in many areas of human endevaour coexists with mass poverty.

As far as the situation of rest of the countries of South is concerned this claim if and when it materialises will undoubtedly result in multiple benefits to hundreds of millions of the urban and rural poor. Experience, however, of such a development agenda, originating in the North, indicates little optimism. Reports from global aid agencies like the HDR 2005 note that many of the MDGs will not be met in UN member states by 2015! None of them will be met in Africa where 100 m. more people are living in poverty than they were in 1990!

The target to eradicate extreme hunger is projected to be missed in Africa, and South and West Asia. On current trends, Africa and South and East Asia will fail to achieve universal primary education by 2015. By the target date, 75-m. children in over 80 countries are projected to be out of school. On current trends, the child mortality target will be missed in every region except East Asia and Latin America. In Africa, life expectancy has fallen by 15 years since 1990, largely due to HIV and AIDS.

Evidently, the MDGs already behind target, reports do not acknowledge change in direction necessary to get the work back on track. According to Action Aid, pre-summit negotiations have diluted some clear, time-bound commitments on increasing aid, improving the quality of aid, canceling unsustainable debt, tackling HIV and AIDS and expanding access to health and education. Examples include: the removal of timetables to reach the target for rich countries to give 0.7 per cent of their GDP in aid by 2015; the loss of a plan for debt reduction for countries outside the Heavily Indebted Poor Countries (HIPC) initiative.[5]

What is also overlooked in the whole MDG enterprise is the question of resources required to achieve these goals. An estimate in the Times of India (19-9-05) noted that an additional $50 will be needed. And, according to a UN document, "A Practical Plan to Achieve the Millennium Development Goals" $135 b. will be needed in 2006, rising to $195 b. in 2015, primarily in Africa. To close this gap, the countries of the North must more than double the proportion of GDP they spend on development aid, from an average of 0.25 per cent at present to 0.54 per cent by 2015. The Document also warns that most are unlikely to achieve the goals if current trends continue. The reasons for this are:

- Shortcomings in governance with negative impacts on the rule of law or the economy;
- Levels of poverty that has grown so high as to prevent necessary investment;
- Exclusion of sections of the population, resulting in huge differences in income; and
- Neglect of certain policy areas with consequences for the millennium goals.

An Oxfam report in December 2004, pointed out that in comparison to the income earned by the rich North the wealthy give only half as much foreign aid today as they did in the 1960s! Forty years ago, the North spent 0.48 percent of their GNP on aid but today it is a "measly" 0.24 per cent. At present the rich North spend a mere $80 per head of their population on development aid –an equivalent of just one cup of coffee a week. If they increased their support to 0.7 per cent of GNP, this would still only equate to 1/5th of their arms expenditure.[1] Ultimately, however, the funding commitment of the North to the MDGs to reduce global poverty, has not been fulfilled!

Measuring Poverty!

MYTH: A major achievement of the MDGs is the reduction of the number of poor in the South living on less than a $ a day.

FACT: On the contrary! This statistical proportion, firstly, fails to reflect ground reality of the poor. The

equation of a $1 a day measurement of poverty fails to distinguish between the widely different experiences of the poor; it cannot be measured on the simplistic notion of incomes. Moreover, the MDGs themselves set an objective on poverty that obscures the complexity of the problem and such a measurement is misleading. In his book, "End of Globalize" John Ralston Saul noted that after all "... people at $3 a day could be living a life of pure despair in a savage slum of Lagos, a life far worse than that at $1 a day in a stable slum like Kong Toy in Bangkok, where there is a societal structure"!

According to the World Bank the number of people living on less than $1 a day fell to 1.1 b. in 2001 from 1.5 b. in 1981 – a much trumpeted trend that mostly reflects the economic rise of India and China. Yet, it also maintains that the number living on less than $2 day rose to 2.7 b. in 2001 from 2.4 b in 1981. In its recent report the Bank also noted that the "...1.6 b people in the middle, between the $1and $2 day poverty lines, are still very poor and remain vulnerable to economic slowdowns". Thus, according to the above-mentioned author, if the goal posts were moved, and $2 a day was the benchmark — the preferred measure of some anaysists – it would suggest that global poverty is actually increasing. "The evolution from the $1 category to the $2 category might mean a marginal improvement or nothing at all or a worsening of poverty". There are no clear signs of progress and there may be serious slippages, except in perhaps India and China.

According to another recent report, by the UNDP, another 1.7 b. people could be living on $2 a day by 2015 if current trends continue. According to some experts, this data could signal rising inequality. – which may or may not point to a arise in the absolute number of people living in poverty. "In really poor countries, this would not be a good sign as it can point to a deterioration of other social indicators such as health and education and nutrition".

The $1-a-day figure is referred to as the extreme poverty line and is calculated on a purchasing power parity basis. This method attempts to account for inflation while also measuring the relative purchasing power of different countries' currencies for the same types of goods and services. But it is difficult to broadly measure the impact of inflation on different income groups whose baskets of commonly purchased goods are not the same, with food a heavy component of expenditure by the world's poorest. So a person in a country "A" could move well over the $1-a-day threshold but the extra income could simply be eaten up by a sharp rise in his or her staple diet.(*Ed Stoddard) Africa is one place where there is a consensus. It is well known that Africa is getting poorer by just about any definition! Using the $1-a-day or less measurement, the World Bank states the number of Africans living in extreme poverty almost doubled in 20 years, rising to 313 m. in 2001 from 164 m. in 1981.

The Poverty Equation[4]

The measurement of inequality, applying the Gini coefficient, where the more equal a society, the lower is its score on scale of 0 to 1. India scores 0.33. (C.C.) Almost all the countries that do significantly better (i.e. those with a scale better than 0.30) belongs to the former socialist bloc, or to Scandinavia. Outside of these special categories, the only countries to emerge as significantly more equal than India are Japan, Taiwan and Pakistan.

As against this, almost all countries in South America and most countries in Africa are significantly more unequal – with a Gini coefficient in all cases more than 0.50. Even China scores an unflattering 0.45. This would suggest that India is a middle-of-the road country when it comes inequality, and significantly more equal that it's main competitor country.

Finally, the conclusion based on this measurement of poverty must be tempered by the qualification that India measures consumption inequality, whereas some other countries in the World Development Report Table measures income inequality.

MYTH: A positive development indicator of the MDGs in the South is the drop in population growth e.g. India has already succeeded to avert millions of births due to its adoption of the effective family planning strategy.

FACT: As far as India's position on this is concerned, the credit for the number of birth averted does not lie with family planning methods like contraceptives alone as this does not necessarily reflect a declining birth rate! Although there had been no family planning programmes during the early 20th century, the decadal birth rate came down from 49.2 in 1911 to 39.9 in1951, and thereafter, despite immense effort and expenditure to 37.2 in 1981. Much of the decline is owing to the socio-economic development process that had taken place, particularly the marginal increase in female literacy and raising the minimum age of marriage of girls. Although the couple protection rate increased over the years to achieve the short-term demographic goals fixed at various points of time, it has never been possible to achieve the same.

In the present state of development of the South this claim will hardly materialize. Further, whether population growth in the South can be slowed down depends on what political decisions are taken. A key

requirement in this vital decision is the implementation of the resolution adopted at the 1994 Conference on World Population in Cairo. The core elements of this specific progaramme are a qualitative and quantitative improvement in reproductive health care, including family planning, and the empowerment of women for instance, by improving women's legal, economic and social status.

Since the last couple of years, many countries of the South adopted important measures in realising the goals of the Cairo Conference. Progress had also been reported from many Islamic States. Contrary to the myth, Islam's views of family planning is not basically rejectionist. Bangladesh, Iran, Indonesia and other predominately Islamic States have long since made it a state responsibility to provide services for reproductive health and family planning. Yet, despite this positive trend the Cairo action program on the whole fails to get the same level of support it commanded 10 years ago. Backing is still strong and the 1994 resolution was endorsed at all international conferences. Indeed, 4 of the MDGs address key points raised at Cairo.

Even within the context of weak MDGs with one of its major agendas being family planning and strategy to control population growth there has been stiff resistance from the conservative sections of society. Action programmes like qualitative and quantitative improvement in reproductive health care and women's empowerment by improving women's legal, economic and social standing is strongly opposed. These programs no longer receive the same level of support it commanded in earlier years. At the Cairo Conference for the US had strongly championed the case of women's reproductive rights. Now under President George Bush this program faces very stiff opposition. Such political interference has also affected the MDGs with the unilateral US decision of diluting it. Any reference to the MDGs has been seriously challenged. Along with the US the Vatican as well as also other fundamentalist religious groups in the Islamic and Latin American States have sharply protested against the concept of reproductive rights, which merely acknowledges that youth have a right to sex education and family planning. What is new today is the composition of the opposition camp. Since 2001, the US has also taken a conservative line running contrary to the goals of the Cairo action program. On the very day he became President, for example, Bush adopted a policy which prohibits the disbursement of US Aid to organisations that have anything whatsoever to do with abortion. US policy, moreover, is not only weighted against abortion; it also propagates abstinence and marital fidelity in place of modern contraceptives – with adverse implications.

As far as this issue in rest of the South is concerned, in one respect the affect of such political considerations with revisions in the MDGs actually paves the way for rapid population growth! To illustrate: In the Philippines the Bishops Conference in 2003 opposed — and in the end blocked – legislation that would have allowed public funds to be used for family planning purposes. Interestingly, in contrast, Muslim Filipino clerics in 2004 issued a fatwah to promote family. 80% of the Filipino population, however, are Catholics and their clergy is resolutely opposed to modern methods of "family planning".

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Summary of the Millennium Development Goals and their targets[2]	
8 Millenium Development Goals	18 Millennium development targets
1. Eradicate extreme poverty and hunger	1 and 2. Between 1990 and 2015: halve the proportion of people: whose income is less than US$1 a day who suffer from hunger
2. Achieve universal primary education	3. By 2015: all boys and girls able to complete the full course of primary school
3. Promote gender equality and empower women	4. Eliminate gender disparity in primary and secondary education, preferabiy by 2005, and to all levels of education no later than 2015
4. Reduce child mortality	5. 1990-2015: reduce by two-thirds the under-five mortality rate
5. Improve maternal health	6. 1990-2015: reduce by three-quarters the maternal mortality ratio
6. Combat HIV/AIDS, malaria and other diseases	7 and 8. By 2015: to have halted and begun to reverse: the spread of AIDS the incidence of malaria and other major diseases
7. Ensure environmental sustainability	9-11 Integrate principles of sustainable development into country policies 1990-2015: halve the proportion without safe water and basic sanitation Significant improvement in lives of at least 100 millions slum dwellers by 2020
8. Develop a global partnership for development	12-18 Fairer trading and financial systems Address special needs of least-developed, land-locked and small island states Deal with debt problems Strategies for work for youth Access to affordable essential drugs Access to benefits of new technologies, especially information-communications technology

Facts against Myths is a bi-monthly bulletin of factual information on a number of development myths and fallacies, etc. including information against alien development models, paradigms and false concepts on caste, creed and gender.

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