



V National Monitoring Report on the Millennium Development Goals

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V National Monitoring Report on the Millennium Development Goals

Changes and Challenges

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This report allows each person to track, based on international indicators and targets agreed-upon performance, the development of the life of the Brazilians in its most relevant dimensions. From overcoming poverty to environmental care, passing by decent works, education, gender equality, health of the children and their mothers, quality of governance, among others. A direct comparison with other countries allows each one to discern the relative magnitude of the remaining challenges in Brazil and assess the magnitude of the previous Brazilian contribution to the human progress.

In each dimension addressed, the report allows to trace the evolution of the country as a whole, as well as from the perspective of traditionally excluded groups such as women, blacks, illiterates, residents in rural areas or in the North-east. This possibility of seeing the human faces of the development is perhaps the main difference of the Brazilian report. In

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many cases, it presents maps of municipalities, which enables to reconcile the global thinking with the local acting and the social mobilization. As once a renowned Brazilian thinker, Milton Santos, said: "a man does not see the universe from the universe but sees the universe from a place." And it was not just the geography that he seemed to refer.

The previous report, published in 2010, had series of indicators covering the 1990-2008 period. In the Vth Brazilian MDG Report most of the series have been updated to incorporate the 2009-2012 period. In addition, the Report has changed to incorporate the revisions of the MDGs, as the new decent work target of the first MDG. In general, as we move to the deadline of the established goals, in 2015, the results of this report evidences the substantive and significant **structural changes in the lives of the Brazilians, particularly the poor. It is what you might call a deep transformation in motion.** Consider this:

The main highlight of this Report is the meeting of the target of MDG 4, namely, to *reduce by two thirds, between 1990 and 2015, the under-five mortality rate.* The target was met before 2015, as predicted in the previous report. The under-five mortality rate fell from 53.7 deaths per thousand live births, in 1990, to 17.7 in 2011. The data presented in this report show that the decrease was more significant in the range of one to four years old, but there was also a significant drop in infant mortality, especially in the post-neonatal period. Childhood mortality is currently heavily concentrated in the neonatal period, the first 27 days of life. The other good news is the reduction of inequality between regions: in the Northeast, the infant mortality rate fell from 87.3 to 20.7 deaths per thousand live births, less than a quarter of the level of 1990.

Another highlight is that target C of MDG 7 was also met: *halve by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation.* Brazil had already reached part of the target, that of access to safe drinking water. But the proportion of the population without access to basic sanitation dropped below half of the level of 1990 recently, in 2012. In 1990, only 70% of the population was using an improved drinking water source (public water supply system connection on the dwelling), and even

fewer, 53%, were using an improved sanitation facility (connected to the public sewer system or to a septic tank). In 2012, the percentages had increased to, respectively, 85.5 % and 77%. Even in rural areas, which are still far beyond urban areas, there were significant improvements in these indicators: compared to 1990, use of an improved drinking water source more than doubled among the rural population, and use of an improved sanitation facility almost tripled. The share of urban population living in homes made of non-durable materials, or overcrowded, or lacking an improved drinking water source or sanitation facility, or too costly (rent or mortgage installments over 30% of household income) fell from 53.3% to 36.5%, during the 1992-2012 period.

Still in MDG 7, although environmental objectives don't have clearly defined targets, the reduction of deforestation in all biomes, from the Pampa to the Amazon, contributed both to the preservation of the biodiversity and the land area covered by natural forest - enviable by world standards – as well as to the reduction in the emission of greenhouse effect gases. Brazil has striven to create conservation units and action plans for the preservation of endangered species. Furthermore, the country achieved control of ozone-depleting substances, honoring its commitments to the international community.

Brazil also has advanced in the already met targets of other MDGs. The target of halving the proportion of people whose income is less than US\$ 1.25 a day, of MDG 1, for example, was reached well in advance. The economic crisis of 2008-2009 undermined the strength of the fight against extreme poverty, but from 2011 to 2012, it returned to a level close to that of the initial expansion of the Bolsa Família Program (2003-2007), and the rate of extreme poverty fell below 4%, reducing to 3.5% of the population, close to what can be called as overcoming extreme poverty. The pace of decline from 2011 to 2012 occurred at a rate five times faster than that expected in MDG 1 and is directly related to the advent of the Brazil Without Misery Program (Brasil Sem Miséria) and to the real increase of the average cash transfer of the Bolsa Família Program after 2011.

The indicators of the new decent work target of MDG 1, included in this Report, emphasize the relevance of insisting on formal employment as the main pathway to

sustainable emancipation of extreme poverty: the incidence of extreme poverty is only 1.3% among the employed, and less than 0.1% between occupied with formal links (labor card for employees, social security contributions for the other categories). The reductions in the rate of extreme poverty were significant for all social groups defined by gender, age and race, and in all regions and educational groups.

Regarding education, Brazil has two indicators of MDG 2 near 100%, the net schooling rate in fundamental education for children of 7 to 14 years of age and the literacy rate of young people aged 15 to 24 years. The fundamental cycle of basic education in Brazil lasts for nine years, three more than the primary education considered for the target of MDG 2 (ISCED level 1). The percentage of children aged 7 to 14 years attending fundamental school increased from 81.2%, in 1990, to 97.7% in 2012; the youth literacy rate, from 90.3% to 98.7%. The age-grade lag, one of the major problems of education in Brazil, has greatly declined. The proportion of 9-17 years-old students attending the proper grade increased from 50.3% to 79.6% of the total.

There is still much to be done in the field of basic education, but Brazil has greatly increased its direct public investments in the area from 2000 to 2012, which went from 3.9% to 5.5% of the GDP, with a significant increase in the share of the resources for basic education. The quality of education, measured by the IDEB (Basic Education Development Index) also evolved significantly, quite particularly in the first years of fundamental education.

In the MDG 3, which target is to achieve gender parity in the three levels of education, Brazil has a particular situation. This MDG is about empowering women, and the focus of the goal in education derives from the fact that, in most part of the developing world, women have less access to education at all levels. In Brazil, there is gender parity in the fundamental level, but in secondary and tertiary education, the net schooling rates of women are greater than men's. There remains, however, a strong segmentation by gender in tertiary education, with women more present in lower-paid careers.

In what comes to the representation of women in positions of power, the evolution was huge, although not fully captured by the MDG indicator, which is restricted to the relative size of the female caucus in Congress. The very election of President Dilma was a sign of change, and in the current government more female ministers were named than in the entire history of the Brazilian Republic.

With regard to HIV/aids and other diseases, persists the Brazilian success. In the case of HIV/aids, the detection rates have stabilized, and mortality is now in the lowest level of the time series, 5.5 deaths per 100 thousand inhabitants. Moreover, the treatment of HIV/aids in Brazil is universal, as recommended by the target B of MDG 6: all persons diagnosed with HIV/aids are treated according to the stage of infection. Also there was a significant reduction in both incidence and mortality due to malaria. The same can be said of tuberculosis, which incidence and mortality have declined. In recent years with available data, the percentage of tuberculosis patients treated under direct observation increased, as well as the percentage of healing among new cases.

However, despite all these advances, Brazil will hardly reach the target of reducing the maternal mortality ratio (MMR). This is not a unique situation of Brazil, because according to the latest UN MDGs Report, this goal will not be achieved globally. The number of maternal deaths per 100,000 births fell from 143 in 1990 to 63.9 in 2011. To reduce the target to a quarter of the level observed in 1990, it would be needed to reach 35. Nevertheless, when observing the causes of mortality, there is a significant reduction in direct causes, opposed by a slight increase of indirect causes, not necessarily related to pregnancy but to other risk factors such as preexistent circulatory system diseases that can be complicated by pregnancy. In the other indicators of MDG 5, Brazil is doing very well. Despite the worrying trend of increased percentage of cesarean births, most Brazilian children were born in health facilities with births done by professionals of the area. And, in 2011, almost all pregnant women, 97.3%, were attended at least once by a professional for antenatal care, and 89.8% of them were attended at least four times during pregnancy. In 2000, the latter figure was 83.5%.