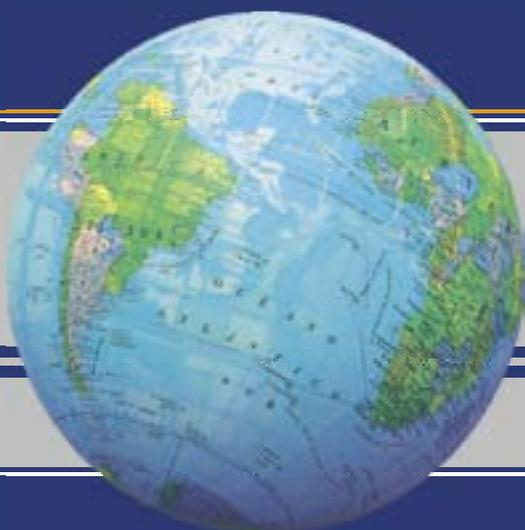


REPUBLIC OF ARGENTINA



Millennium Development Goals

A commitment for poverty eradication,
social integration and non-discrimination purposes.

Country report 2005 | **Executive Summary**



THE OFFICE OF THE PRESIDENT



REPUBLIC OF ARGENTINA

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This report was prepared for the sole purpose of providing elements to the Argentine delegation for its participation at the High Level United Nations Assembly, which took place on September, 2005 in New York City. Such Assembly had the objective of illustrating the goals achieved by the member countries since the subscription of the Millennium Declaration.

This Executive Summary describes the progress achieved by the Argentine Interministerial Committee for the Follow-Up of the Millennium Development Goals, during the preparation of the Second Country Report and until June 2005. This process ended by the end of 2005 with the publication of the Second Country Report, which refers to the latest political, technical and methodological decisions and contains more updated information.

This translation into English of the original Spanish version includes the latest information published in the Second Country Report.

Millenium Development Goals

A commitment for poverty eradication,
social integration and non-discrimination purposes

Country Report 2005 / Executive Summary

Proyecto PNUD /ARG/04/046
Council for the Coordination of Social Policies
The Office of the President

United Nations Development Program (UNDP) – Argentina

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Designed by DGD Silvina Subotich – DG Emiliano Fernández

ISBN98-721619-2-5
Argentina, September 2005

National Authorities

President

Dr. Néstor Carlos Kirchner

National Council for the Coordination of Social Policies

Honorary Chairperson

Alicia Margarita Kirchner

Acting Executive Secretary

Cdr. Carlos Daniel Castagneto

Technical Coordinator

Dra. Matilde Morales

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Minister of Economy and Production

Dr. Roberto Lavagna

Minister of Federal Planning, Public Investment and Services

Arq. Julio De Vido

General information about Argentina

Territorial surface

In the American Continent: 2,791,810 Km²

In the Antarctic Continent: 969,464 Km²

Total surface: 3,761,274 Km²

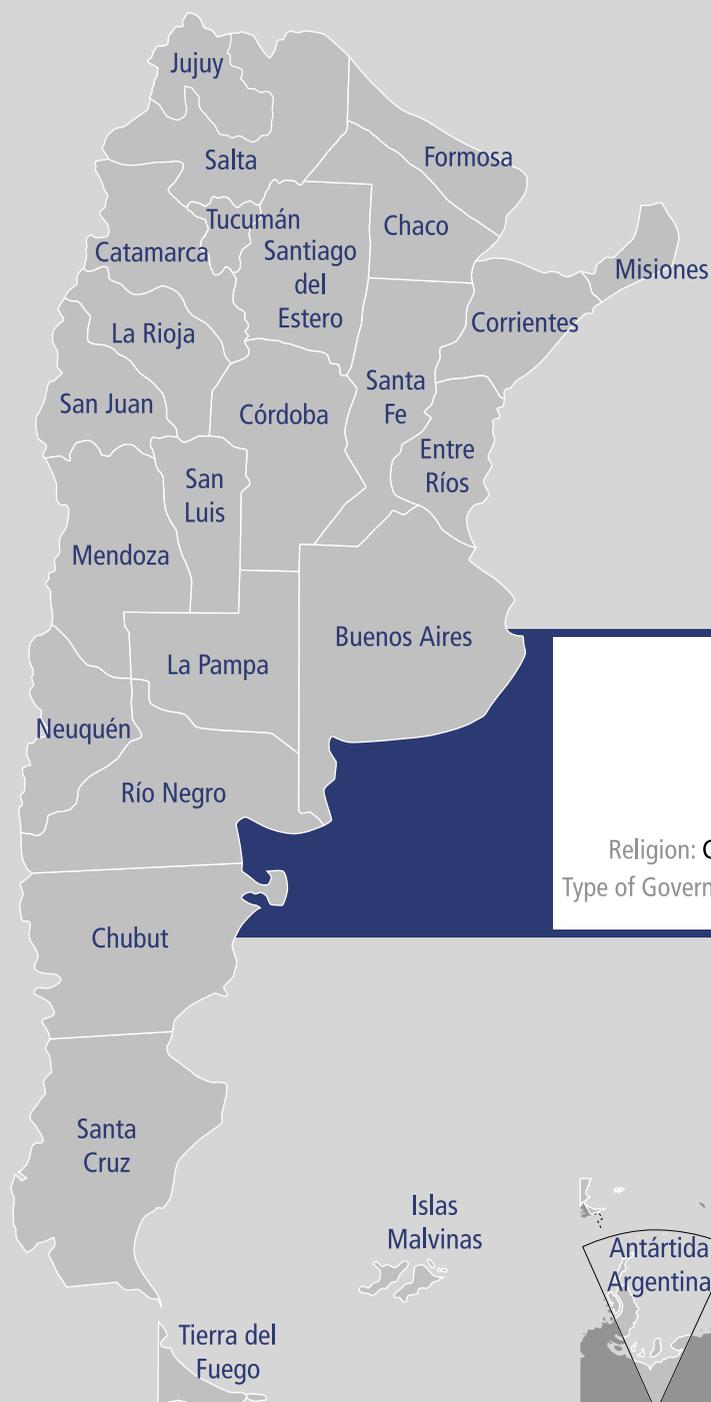
Source: Military Geographic Institute

Extension

From North to South: 3,694 Km

From West to East: 1,423 Km

Military Geographic Institute



Capital City: City of Buenos Aires

Official Language: Spanish

Local Currency: Peso (\$)

Exchange Rate: 2.9 / U\$S 1 (July 2005)

Fiscal Year: January-December

Religion: Catholic (freedom of worship is acknowledged)

Type of Government: Federal, Representative and Republican

Demographic indicators

Total average annual growth rate of the population (1991-2001): 10.1 per 1,000 inhabitants

Gross Birth Rate 2001: 18.2 per 1,000 inhabitants

Gross Mortality Rate: 7.6 per 1,000 inhabitants

Life expectancy for both sexes (2001-2005): 74.28 years

Source: INDEC (2004) Anuario Estadístico de la República Argentina and INDEC (2004) Estimaciones y Proyecciones de Población. Total for the country: 1950-2015.



Composition of the population per ages. Argentina

Year 2001

Age Groups	Percentage
0 – 14 years old	28.3
15 – 64 years old	61.8
65 years old and older	9.9
	100.0
Total Population	36,260,130

Source: INDEC, National Population, Household and Houses Census 2001.

Total population per sex and population density

Total for the country.

Year 2001

Total	Sex		Surface km ²	Population Density per km ²
	Women	Man		
36,260,130	17,659,072	18,601,058	2,780,403	13.0

Source: INDEC, National Population, Household and Houses Census 2001. Military Geographic Institute.

Size and Growth Rate of Urban and Rural Population

Total for the country

Years 1970-2010.

Political-territorial Division	Population (in thousands)					Average Annual Growth Rate (%)				Relative Variation (%)			
	1970	1980	1990	2000	2010	1970-1980	1980-1990	1990-2000	2000-2010	1970-1980	1980-1990	1990-2000	2000-2010
Total	23,364	27,947	32,527	37,032	41,474	18.0	15.8	13	11.4	19.6	16.4	13.8	12.0
Urban	18,454	23,193	28,257	33,166	37,891	23.0	20.6	16.1	13.4	25.7	21.8	17.4	14.2
Rural	4,910	4,755	4,270	3,866	3,582	-3.2	-11.0	-9.9	-7.6	-3.2	-10.2	-9.5	-7.3

Source: INDEC, National Population, Household and Houses Census 1970 & 1980 and INDEC – CELADE. Percentage of population per sex and age groups: urban, rural and economically active (1990-2025) and by province (1990-2010). Revised version – February 1996. Demographic Analysis Series N° 7.

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Foreword

The Millennium Development Goals consist in fundamental guidelines for the cooperation between rich and poor countries to reach equitable global human development, the eradication of hunger and extreme poverty and the guaranteed access to health care and education to all men, women and children.

The commitment undertaken by the international community not only inserts cooperation on the global agenda as an axis in the relationships between developed and developing countries but also defines quantifiable objectives and goals and a concrete calendar for their achievement.

The viability and sustainability of this commitment in the course of time largely depend on the implementation of specific policies designed for the transfer of resources and technologies to developing countries, thus providing a positive and ethical significance to globalization. Globalization must operate for everybody, not just for a few, while multilateral relationships must be a tool in the search of a more prosperous, safer world. For these reasons, the commitments undertaken by the developed countries in connection with the Millennium Development Goals must translate into the adoption of specific measures, for the benefit of emerging countries, intended to eliminate protectionist barriers affecting agricultural exports, while taking into account the problems generated by the foreign debt charged on their economies.

Argentina reaffirms its determination to take an active part in a new world order in which the peripheral nations will be able to increase both the generation of employment opportunities and the income levels of the poorest, while securing their access to such education, health care, housing and services as are required to make life worth living.

Having default been overcome, sound, consistent strategies are being implemented to release the country from its foreign debt in line with its payment possibilities and without compromising structural growth prospects. The negotiations concerning the foreign debt, which came to an end in 2005, resulted in savings for the amount of 67,000 million dollars.

The process of economic growth has been going on for several quarters in a row, at a 9% annual rate. However, there is still much to be done in order to reduce the unprecedented poverty levels with which Argentina started the new millennium.

Today, Argentina is once again capable of facing the challenge of improving the standard of living of its inhabitants. Thus, on the basis of the active involvement of the Government, poverty levels decreased from 54.7% in 2003 to 40.2% in the second semester of 2004. While in the second semester of 2003 the percentage of indigent population had climbed up to 21.2%, it dropped to 15.4% in the same period in 2004.

After leaving the crisis behind, Argentina succeeded in consolidating the most lasting employment growth period in 25 years: 2,500,000 jobs were created, most of them in 2005.

In April 2002, the unemployment rate was of 24% of the total active population. By the first quarter in 2005, such rate had been reduced almost to its half.

Under the Kirchner Administration, the 300% increase of the basic living salary has made it possible to advance in the gradual recovery of the real salary. Likewise, the bottom line of retirement and pension funds has been increased in more than a 100%.

The active involvement of the society at large is required to make further progress towards the achievement of the development and social integration goals. Not only the provincial and local authorities but also a large number of business, labor and social organizations have been summoned to cooperate in our efforts to achieve –and hopefully exceed- the goals undertaken by our country in 2000.

We are very pleased to inform that our work has resulted in a significant progress if compared with the information contained in the report submitted in 2003, although we are well aware that obstacles and challenges must still to be overcome in order to put an end to poverty and social exclusion.

Alicia Kirchner
**Chairperson National Council
for the Coordination of Social Policies
The Office of the President**

Introduction

In 2000, Argentina subscribed the Millennium Declaration and committed itself to achieve a definite set of objectives and goals globally known as “Millennium Development Goals” (MDGs).

To the list of such objectives and goals, our country has added “Promote Decent Employment”, in the understanding that an equitable, integrating society is built up by securing decent job opportunities for its inhabitants at large.

The goals so proposed must be met by the year 2015, having 1990 been chosen as the base year, to monitor the evolution and improvement of the selected indicators throughout the period.

The complete list of MDGs for our country comprises the following objectives:

- 1. Eradicate extreme poverty and hunger**
- 2. Achieve basic universal education**
- 3. Promote decent employment**
- 4. Promote gender equity**
- 5. Reduce child mortality**
- 6. Improve maternal health**
- 7. Combat HIV, tuberculosis, the Chagas disease, malaria and other diseases**
- 8. Ensure environmental sustainability**
- 9. Develop a global partnership for development**

The follow-up of first eight MDGs will be conducted by each country. MDG No. 9, referred to the efforts of industrialized countries in furtherance of such objectives and goals, demands a global monitoring (although it also includes domestic enforcement indicators).

The federal organization of the Argentine State demands a joint effort from the national and provincial governments for the follow-up of the proposed targets.

The National Council for the Coordination of Social Policies has been entrusted with the monitoring of the MDGs at national level and the submission of the relevant reports.

This Executive Summary deals with the principal aspects of the report known as “Country Report 2005”¹, which includes the updating of MDG indicators together with an analysis of the principal policies and programs designed for their achievement, and a description of the challenges to be overcome. This report is the result of the monitoring performed by the National Government, which will be hopefully enriched with the contributions of the provinces and the local authorities of the City of Buenos Aires.

This document contains a brief description of each MDG pursued at national level, including regional and provincial trends and asymmetries as well as the challenges to be overcome and the actions to be adopted.

¹ This Report has been prepared within the scope of the activities contemplated in PNUD/ARG/04/046 Project.

Goal No. 1



Eradicate extreme poverty and hunger

Introduction

The policies implemented during the 90's and the crisis they generated by late 2001, produced serious adverse effects over the social variables. Unemployment rates exceeded 20.0% of the economically active population, and income distribution patterns worsened in a drastic way. These conditions led to a significant increase in the number of inhabitants with an income lower than the basic basket value, and indigence ratios doubled during such period.

From 2003 on, most social/employment-related indicators show a positive trend. However, the current poverty levels evidence that further efforts must be focused on these issues.

Current Situation and Trends

The population with incomes lower than US\$ 1 Purchasing Power Parity (PPP)¹ per day, decreased a 3.0% from May 2002 to May 2004, being thus reduced from 8.8% to 5.8%.

The poverty gap coefficient² shows a similar trend, since from 2002 to 2004 it was reduced from 0.517 to 0.454, although it still remains below the level registered in 2000, namely, 0.412.

As regards the Gini Coefficient³, its trend changed in 2003, since it dropped from 0.551 in 2002 to 0.498 in 2004.

The deterioration of the purchasing power of salaries and employment rates between October 2001 and October 2002, generated a 30.0% drop in the total income of family groups, even if "employment programs" are taken into account. In 2003 and 2004, family groups were able to increase their total income as a result of the access to new job opportunities and salary increases.

The implementation of the "Plan Jefas y Jefes de Hogar Desocupados (PJJHD)" (Unemployed Heads of Household Plan) also reduced the inequality among family units, since it raised the income of the poorest families.

The income gap indicator, i.e., the quotient between the per capita family income of the richest fifth and the poorest first portions of the reference population, also had a positive evolution. After creeping up to its highest peak, namely, 23.1, in 2002, it dropped to 16.7 in 2004.

Likewise, the percentages of the population earning an income below poverty or indigence lines show a positive trend.

Both indicators have been reduced since 2003, after the alarming growth of poverty and indigence ratios in 2002. In May 2003, such ratios climbed up to 54.7% and 26.3% of the

¹ In order to facilitate the relevant comparison at international level, the average income of a country is usually expressed as the purchasing power parity in dollars, that is, as the number of dollars required to buy, at USA prices, the same basket of goods and services which could be acquired with such average income in the country concerned. PPP coefficients are usually provided by the World Bank.

² It is the average difference between the income of poor family homes and the poverty line applicable to them, expressed as a proportion of the latter.

³ This coefficient ranges from zero, in the event that all family homes receive the same income, up to a top value of one, in the event that a single family home concentrates the total income.

total population, respectively. By the second semester of 2004, such values had already dropped to 40.2% (poverty ratio) and 15.0% (indigence ratio).

It should be highlighted that the circumstances are not the same in the different regions within the country. The Northeastern (NEA) and Northwestern (NOA) regions register the highest poverty and indigence ratios, which rank far above the average for the total urban population. The most critical situation is that of the NEA region, where poverty and indigence ratios were of 19.5 and 11.2 percentile points, respectively, above the national urban average in 2004. The concentration of poor families in the Greater Buenos Aires and Central Regions is also significant.

In connection with infant nutrition indicators, the data gathered from the “Anthropometrics Survey on Children under Six Years Old” , within the context of the Infant-Maternal Program 2002, indicate that in the 8-jurisdiction conglomerate (representing 60.0% of the total population of children under 6 years old who are assisted by the public health system) the prevalences are: children of less than one year old: weight/age: < -2:2.9%; children from 1 to five years old: weight/height: < -2:2.8%.

The Poverty Vulnerability Extended Index measures percentages in the population that are running the risk of impoverishment. This index measures the evolution of social risk, and is subject to the behavior of economic activity and the evolution of the prices of the goods and services made a part of the basic family basket. From May 2003 to December 2004, the average index for the country as a whole was reduced by 4.0%.

Programs and Supporting Actions

Since the present Administration took office in 2003, different actions were taken in full consistency with the MDGs in general, and the fight against poverty and hunger in particular. With the view to combat hunger and promote social integration, the generation of employment opportunities and income sources has been promoted, most efforts being focused on socially vulnerable families suffering from unsatisfied basic needs. Among the main programs, the Food Safety National Plan known as “El Hambre Más Urgente” (The Most Urgent Hunger), fosters the access of socially vulnerable families to an adequate, sufficient nutrition, consistent with the peculiarities and traditions of each region in the country. Furthermore, the National Plan known as “Manos a la Obra” (“Let’s Do It”) is intended to provide support to local initiatives associated to social and economic development. This Plan, primarily designed for low income and unemployed people, fosters the creation of productive, social enterprises to be developed by the population at risk, through local and regional strategies supported by the coordinated action of the State and private organizations or companies.

The National Plan called “Plan Nacional Familias” comprises a series of actions intended to protect, promote and provide support to family groups through the implementation of a social integration program, the granting of state pensions and the offer of job opportunities

for poor or indigent adolescents and young people.

Overcoming poverty implies combating its structural and immediate causes at the same time. Employment and education represent two core strategies in this connection, as well as the channelling of public expenditure to the implementation of social programs is an indispensable tool to fight against poverty and social vulnerability.

Challenges

The commitment of the National Government in connection with economic and social issues and the drop of poverty ratios since 2003, will make it possible to reduce the number of inhabitants under the line of poverty to less than 20.0% of the total population by 2015. Needless to say, this will imply the implementation of the current strategies associated to economic growth under equitable standards, strengthening the productive structure and the impact thereof on the generation of jobs. Furthermore, it will be necessary to go on increasing basic salaries while controlling inflation rates. In this way, the income accrued from employment will be above the line of poverty.

Population under the poverty line and Goal for 2015 - Selected Years.

Años		
2002	2004	2015
57.5%	40.2%	< 20.0%

Source: The data for 2002 and 2004 were provided by the INDEC. The Goal for 2015 is included in the report entitled "Objetivos del Desarrollo del Milenio. Argentina. La oportunidad para su reencuentro". The Office of the President. United Nations, 2003.

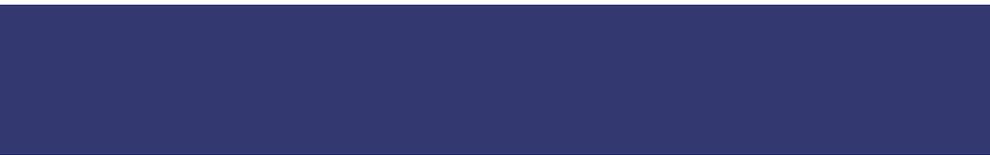
Note: The data for 2002 correspond to the month of October, and those for 2004, to the second semester of the year.

The reduction of indigence depends not only on the positive behaviour of the macroeconomic variables, but also on the implementation of social policies focused on the generation of employment opportunities. To this regard, the efforts made from the point of view of social economics in furtherance of the implementation of training programs are of the utmost importance.

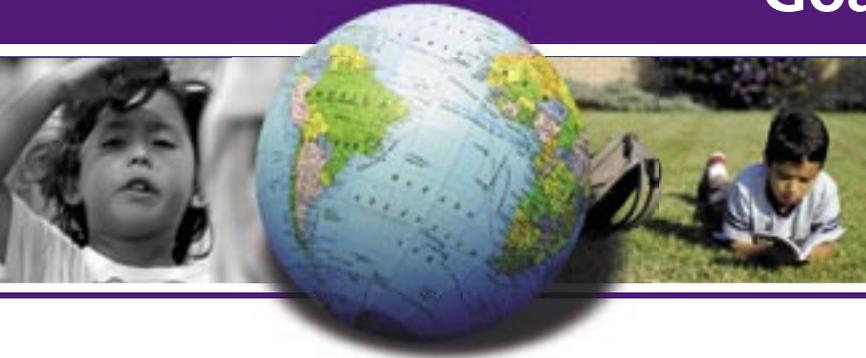
In the case of poorly educated and deficiently trained social groups, with an actual history of hardships, the access to the labor market will mostly depend on the enforcement of long-term social policies and actions intended to revert the reproduction of vulnerability and exclusion conditions. For these reasons, the Administration will give top priority to such actions as may result in the generation of new jobs and a stronger social integration.

With regard to the "Percentage of 1 to 5-year-old children, users of the public system, with a less than normal weight/height ratio" and to the "Percentage of children of less than one year old, users of the public system, with a less than normal weight" the target to be hit is the reduction of such population to 2.3%, i.e., a 20.0% drop thereof from 2002 to 2015.

One of the most important objectives pursued by the Government is to make tools available, so that the poor will be able to achieve social integration and development by means of participation and work. This demands an ethical commitment from the State, coupled with the adoption of measures made a part of a comprehensive social-economic policy under which, unlike in the case of the one prevailing in previous years, social requirements will not be subordinated to the economy. Upon the failure of the neoliberal political vision, the social issue must translate into articulated integration policies, designed for the redistribution of income for the benefit of the most vulnerable population through the generation of employment opportunities and the access to the exercise of full citizenship rights.



Goal No. 2



Achieve universal basic education

Introduction

Education, science and technology must play a fundamental role in the transformation of the productive and social model in the Argentina of the XXI century. Education may be an answer to citizens' needs, as it fosters ascending mobility, and to the requirements of the country, as it boosts economic growth, social equality and the consolidation of the democratic system.

The critical situation in which Argentina is involved demands the implementation of policies, intended to resolve emergencies and immediate issues, so as to prevent the impact of social exclusion on the young and future generations and, at the same time, the enforcement of strategies centered on knowledge as the fundamental item on the national development agenda. Such policies require proposals for the school to fulfil its levelling role, in the light of the sharp inequalities shown by children upon admission, while such strategies extend the scope of the debate on the role played by knowledge in the context of a new social-economic model, and on the need to generate State policies concerning the educational system and its medium and long term funding.

Current Situation and Trends

Argentina will soon be achieving the MDG entitled "Achieve Universal Basic Education", as it appears from the EGB 1 & 2 net enrolment rate, the 5th year/grade survival rate, the rate of graduation¹ from those educational cycles (General Basic Teaching (EGB) 1 & 2) and the literacy rate corresponding to youths between 15 and 24 years old.

Net enrollment rate in the General Basic Teaching Levels 1 and 2. Year 2001	98,1 %
5th year/grade survival rate . Cohort 2002-2003	90,7 %
Rate of graduation from General Basic Teaching Levels 1 and 2. Year 2001	98,2 %
Literacy rate of youths between 15 and 24 years old. Year 2001	98,9 %

Source: DINIECE, Ministry of Education, Science and Technology from data of the National Population Census 2001 of the INDEC, and from Annual Surveys 2002-2003.

Here follow the principal educational indicators for the different levels and cycles. The Clasificador Internacional Normalizado de la Educación- CINE 97 (International Standard Classification of Education - ISCED 1997), applied for comparative purposes, defines Level 1 as a 6-year cycle which comprises the basic learning of reading and writing skills and of mathematics. Levels 2 and 3 are two three-year cycles which, together, compose the secondary education. The present structure of the Argentine educational system² consists in the Initial Level the General Basic Education (EGB), divided into three cycles of three years each, the Polymodal Level, which extends for three additional years and the Superior Level (university and non university courses of study). Therefore, ISCED 1 comprises the first two EGB cycles; ISCED 2, the third cycle, and ISCED 3, the Polymodal Level.

¹ United Nations Development Group, Indicators for Monitoring the Millennium Development Goals, New York, United Nations, 2003.

² This structure has been applied since 1993, when the Federal Education Law was enacted.

In spite of the rise of poverty levels registered during the last decade, significant increases in the enrolment rate were registered in all levels of the educational system, mainly in the initial and intermediate ones. The net enrolment rate for 5 year old children has been growing on a steady basis since 1980 (57.5% in 1980, 72.6% in 1991 and 90.8% in 2001), will soon cover the total population throughout the country. However, despite the important increase noticed during inter-survey periods, the rate corresponding to certain regions, such as the NEA, the coverage rate is lower than the national value and also 21 percentile points lower than the Southern region. Recent studies (DINIECE, 2004) ratify the relationship existing between the families' poverty levels, the attendance to the initial level and its incidence on the later school performance of the children, who are more exposed to repeating certain courses of study if they do not attend kindergarten classes at the age of five.

During the last two decades, the growth of school enrolment rates for specific age groups is oriented to the involvement of the total number of children and youths in the educational system, since the vacancies in all EGB groups are highly covered. However, slight enrolment drops have been noticed particularly in the group of 12-14 year olds, a phenomenon with a greater impact on certain regions.

The total average survival rate in 5th grade/year was of 90.7% for the 2002-2003 period. The rate of graduation from EGB 1 & 2 for the whole country was of 98.2% in the year 2001.

Notwithstanding the above, an analysis of the school enrolment net rate for EGB cycles shows significant variations between EGB 1 & 2 on the one hand and EGB 3 on the other hand. These variations evidence the need to improve attendance and retention levels, as well as the number of students who succeed in completing the last years of the basic education cycles. While in the whole country EGB 1 & 2 enrolment rates are very close to universal levels (98.1%), the enrolment rate corresponding to EGB 3 is almost 20 percentile points lower (78.4%). Furthermore, the larger regional asymmetries are registered in connection with the EGB 3 cycle, with differences of up to 25 percentile points.

The rate of graduation from the full EGB cycle (9 years) for the 2002-2003 cohort was of 65.7%. The residents in Greater Buenos Aires have more possibilities to complete such cycle (74.9%) than those who live in less favored regions, such as the NEA (49.7%) or the NOA (58.2%).

The Polymodal Level, corresponding to post-obligatory educational stages under the Federal Education Law, is a key indicator in the evaluation of individual and social development trends.

The rate of graduation from the Polymodal Level was of 58.4% for the 2002-2003 cohort, which evidences that it is still difficult to retain students at school for more years.

An almost universal literacy rate for 15-24-year olds and the offer of equal gender opportunities at each and every educational level, are among the most significant achievement of the national education system.

Although a more than satisfactory progress has been made, the gaps between the different regions of the country are still to be narrowed. This is the objective underlying the programs and actions described below.

Programs and Supporting Actions

The National Government is working in the development of policies designed for the revalorization of the learning-teaching process and school attendance, promoting early school enrolment and permanence as well as the graduation of students with knowledge of a similar quality in all cycles and levels of the National Educational System. To this end, the National Government has advanced in the identification of “Núcleos de Aprendizaje Prioritario (NAP)” (Priority Learning Nucleus), from the Initial to the Polymodal/ Intermediate levels, which compose a set of core, relevant and significant data, which will serve as the structure for the activities carried out by the educational community at large. Through the “Programa Integral para la Igualdad Educativa (PIIE)” (Comprehensive Program for Educational Equality), actions have been taken to strengthen the EGB1 and EGB2 institutions located at urban marginal areas, where the school population is more socially vulnerable. The “Programa Nacional Becas Estudiantiles (PNBE)” (National Student Scholarships Program), has been implemented as another strategy intended to favor the permanence of students at school, with the view to achieve more equitable educational conditions. Finally, the primary objective pursued through the “Programa Nacional de Inclusión Educativa “Todos a estudiar” (National Educational Integration Program known as “Everybody to School”) is to provide an answer to the problems associated to the educational and social exclusion of children and adolescents from 11 to 18 years old, who are not going to school.

The National Digital Literacy Campaign deserves a final comment. Its objective is the narrowing of the digital gap through the installation of information and communication technologies for all levels in the educational institutions at large, so that the protagonists of the system will have access to the principal topics and concepts of modern culture.

Challenges

Argentina will soon be meeting its objective to offer universal access to basic education. However, a number of pending challenges have been summarized in intermediate goals proposed for 2007. The set of policies and actions which the Government is implementing in connection with educational issues is oriented to the achievement of such goals.

Follow-up indicators. Intermediate and Final Goals.

Goals	
2007	2010-2015
Increase enrollment to five-years old kindergarden courses, tending to its globalization.	Ensure, that by 2010, every child and adolescent is able to complete the 10-year basic, obligatory education.
Increase the rate of pupils who reach 5th year/grade, mainly in the NEA and NOA regions.	
Increase, the amount of youths incorporated to and completing the Polymodal/Secondary Levels.	Promote, that by 2015, every child and adolescent may finish their Polymodal/Secondary Levels, after their mandatory schooling (General Basic Education).

In the short term, the principal challenge consists in securing the investments required for the implementation of an educational, scientific and technological project for the benefit of the Argentine population at large.

To this regard, in his speech to Congress members upon the inauguration of the 2005 session period, President Néstor Kirchner referred to the need to reach education-related investment levels equivalent to 6.0% of the Domestic Gross Product by 2010.

Financial resources will be primarily invested in such actions as may be associated to the achievement of the Millennium Development Goals, as well as in the improvement of the labor conditions of teachers and professors, the promotion of technical education programs, the streamlining of the courses of study in the light of the innovative information and communication technologies, the teaching of a second language and other goals intended to provide quality educational services for everyone.



Goal No. 3



Promote decent employment

Introduction

The policies implemented during the 90's and the crisis which broke out by the end of 2001, had a negative impact on the labor market in Argentina. The combination of a macroeconomic environment adverse to the creation of employment opportunities, with an institutional context supporting labor market deregulation, resulted in a significant increase in the unemployment and precarious job rates during such period.

Argentina faces the ambitious –still necessary- challenge to offer decent jobs to its population at large. A “decent” job is understood as one “which may be freely elected; in exchange for sufficient income to meet the basic economic needs of the worker and his family group; respectful of the labor and union rights and providing for social security benefits”¹

Although the principal objective is the reduction of the unemployment rate, the creation of suitable conditions for the implementation of a decent employment policy is also a priority.

Current Situation and Trends

■ Employment

Unemployment Rate: Unemployment Rate: Two different stages may be identified in the evolution of the unemployment rate during the last years: a first stage, from 1998 to 2003, characterized by a sharp increase in such rate and the worsening of labor market conditions, and a second stage, from 2003 to 2004, during which such trends changed and the unemployment rate registered a significant drop.

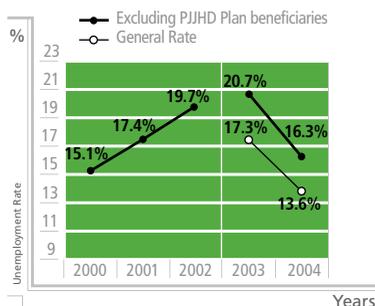
From 1998 to 2002 the unemployment rate crept up from 12.9% to 19.7%, but since the first quarter in 2003, within the framework of a new economic growth cycle, labor indicators in general, and the above-mentioned rate in particular, started to improve.

The following chart illustrates the evolution of the unemployment rate with some discontinuity in 2002, on account of a change in the methodology applied to the relevant survey.² For the period 2003 – 2004, the unemployment rate estimate included the beneficiaries of the “Plan Jefas y Jefes de Hogar Desocupados (PJJHD)” (Unemployed Heads of Household Plan).

¹ Report of the World Commission on the Social Dimension of Globalization in furtherance of a fair globalization. OIT, first edition, 2004.

² As from 2003, the family homes permanent survey conducted by the National Institute of Statistics and Censuss (INDEC) introduced substantial changes to the methodological criteria applied to labor phenomena. For this reason, the series under analysis register some discontinuity during the year 2002, since as from 2003 all indicators are estimated on the basis of the reformulated survey.

Unemployment Rate. Total Urban Conglomerates – 2000/2004



Source: DGE&FPE, SPT&EL, MTSS, on the basis of data provided by EPH, INDEC.

Employment-related figures evolved in terms of the economic recovery starting in 2003. This recovery translated into a drop of 3.7 percentile points in the unemployment rate between 2003 and 2004. If the beneficiaries of employment plans are not taken into account, the unemployment rate, which had crept up to 20.7% in 2003, was reduced in 4.4 percentile points by late 2004.

In spite of the favorable evolution of these indicators, unemployment levels are still high. Furthermore, sharp regional asymmetries have been noticed. In 2004, a difference of more than 10 percentile points was registered between the Northwestern and the Patagonia regions, which registered the highest and the lowest unemployment rate, respectively.

■ Proportion of workers who earn salaries lower than the basic basket

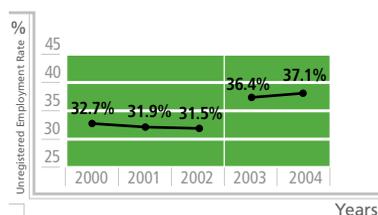
In 2004, thanks to the recovery of the real salary, the proportion of workers within the captioned group decreased almost 6 percentile points. Such recovery – particularly in the case of workers with the lowest salaries and therefore, more vulnerable to poverty- could be achieved as a result of a State policy based on salary increases for fixed amounts and the reassessment of the basic living salary which, under the provisions of several executive orders, was increased from two hundred monthly pesos (AR\$ 200) in July 1993, to four hundred and fifty pesos (AR \$ 450) as from September 2004.

■ Labor Rights

The exclusion of workers from social security benefits is one of the most habitual signs of the existence of precarious jobs in our country. From May 1991 to May 2000, the unregistered employment rate crept up from 28.9% to 37.4%.

Lately, the behaviour of the unregistered employment rate in Argentina has been cyclical: it went down during recession periods and grew up as the economic activity recovered. Today, the prevailing trend favors the creation of formal employment.

Unregistered Employment Rate – Total Urban Conglomerates 2000/2004



Source: DGE&FPE,SPT&EL, MTSS, on the basis of data provided by EPH, INDEC.

■ Child Employment

It is estimated that in 2001, the 4.7% of the 5-14 year-old children actually worked and that the 3.6% of them did so on a relatively regular basis. However, sharp differences are noticed in terms of age and sex: while the 7.8% of 10-14 year-old children worked, the percentage of smaller working children was only of 1.7% and while the 6.6% of the 5-14 year-old boys worked, the percentage of working girls of like ages was just of 2.9%.

A 65% of working children assist their parents, relatives or neighbors in their workplaces, and a 35% works more independently from their closest social circle, whether on a free lance basis, to earn some money or tips or as employees or apprentices.

One of the principal effects of children employment is class desertion or course repetition. Statistics clearly show that 7.1% of the children who work during the year fail to go to school. Such percentage is pretty high if compared with the 2.1% corresponding to children who fail to attend classes although they do not work, which is three times lower than the former.³

■ Social Security Benefits and Programs

Social coverage for the unemployed has had little development in Argentina. Today, coverage is awarded by means of a contributive system, in the form of an unemployment insurance, and a non-contributive system, translated into the above-mentioned PJJHD. The implementation of the unemployment insurance started in 1993, but it never covered a significant percentage of the unemployed population. Only a 2.0% of the unemployed was insured in 2000 and 2001. A significant growth of such coverage was noticed as from 2002, with the implementation of the PJJHD, which was made effective as a result of the crisis, in the form of a universal contribution or benefit tendered to unemployed heads of households with children under 18 years old. It is worth mentioning that this group of unemployed people were not entitled to an unemployment insurance because they fell short of complying with the requirements contemplated in the applicable labor regulations, that is, the existence of a labor relationship registered with the social security system and the payment of contributions to the Fondo Nacional del Empleo (National Employment Fund) for at least 12 months. Thus, the implementation of the PJJHD has provided unemployment

³ According to the Living Conditions Survey, SIEMPRO, 2001.

coverage to a new group of beneficiaries who were totally unprotected in the light of this kind of contingencies. In this connection, 16.5% of the unemployed population was covered by a social security program in 2004.

In such year, the regional distribution of social security programs for the unemployed was similar to the regional distribution of poverty levels. For this reason, a higher coverage has been allocated to the NEA and NOA regions, for the benefit of more than 19.0% of the unemployed.

Programs and Supporting Actions

Since 2003, the National Government has been taking actions designed for the creation of decent employment, which consist in the offer of more job opportunities and better assistance to the unemployed population. It should be highlighted that the implementation of the PJJHD has not been discontinued since it was made effective and that it had its momentum when it succeeded in providing coverage to 2.200.000 beneficiaries. The purpose of this Plan has been the universal enforcement of social rights, by way of the payment of a minimum monthly income to the unemployed heads of households and the development of self-maintenance capabilities and other employment eligibility qualifications. The recently implemented “Plan Más y Mejor Trabajo” (“More and Better Work Plan”), is also intended to promote the access to quality employment opportunities for the unemployed and/or beneficiaries of social programs

The recovery of the real salary for low income workers who are more vulnerable to poverty was primarily base on the implementation of a State policy focused on salary increases for fixed amounts and the reassessment of the basic living salary. At the same time, several programs have been put into practice with the view to improve the environmental conditions at workplaces and to reduce industrial accidents and diseases.

Challenges

Here follows a brief description of the intermediate and final goals defined for the indicators selected for the follow-up of the target associated to the promotion of decent employment.

Intermediate and Final Goals – Year 2004			
Indicator	2004	2007	2015
Unemployment Rate	16.3 %	12.0 %	< 10.0 %
Unregistered Employment Rate	37.1 %	39.0 %	< 30.0 %
Proportion of workers earning salaries lower than the total basic basket	62.4 %	48.0 %	< 30.0 %
Percentage of unemployed people covered by social security programs	16.5 %	28.0 %	60.0 %
Children Employment Rate	4.7 %	3.0 %	0.0 %

It is expected that the unemployment rate (excluding the beneficiaries of employment programs) will be reduced to less than two digits by the year 2015, provided always that the creation of job opportunities and the implementation of active labor policies by the Government are not discontinued.

Likewise, the so-called unregistered employment, a phenomenon resulting from a combination of structural and institutional factors, should be significantly reduced in the medium or long run. It is estimated that by the year 2015, this indicator will represent a 30.0% of the employment rate.

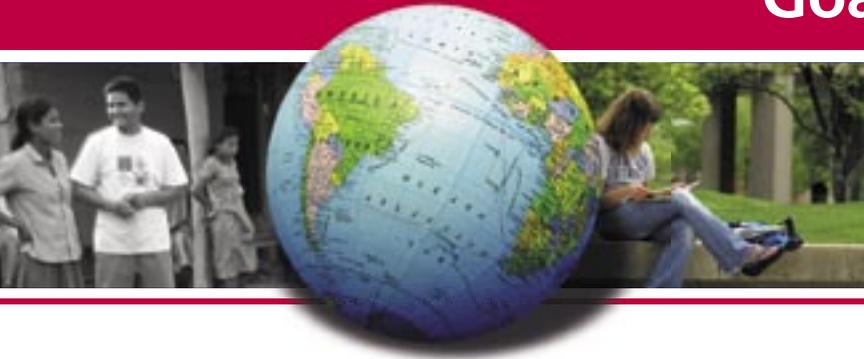
The articulation of the income and employment policies implemented by the National Government with the process of economic growth will lead to the salary improvements. It is worth noting that the basic living salary, as a reference value for the determination of workers' remunerations, could be reassessed after the recomposition of the Consejo Nacional del Empleo, la Productividad y el SMVM ("National Council for Employment, Productivity and Basic Living Salary"). Being that precarious jobs account for 50.0% to 60.0% of the remunerations of registered workers, the income-related public policies will be more effective as the indicator drops. It is expected that the indicator will move down to 48.0% in 2007 and even further down to 30.0% in 2015.

The National Government is making its best to improve and enlarge the scope of social security programs, bearing in mind the needs and living conditions of the unemployed and with the view to expand their possibilities of labor integration. On the basis of these policies and unemployment rate reduction forecasts, social security programs will probably reach 60.0% of the unemployed in 2015.

Finally, it is anticipated that by the year 2015 child employment will have been fully eradicated.



Goal No. 4



Promote gender equity

Introduction

Ten years have passed since the Fourth World Conference on Women, where the Beijing Platform for Action -a basic international document which promotes gender equality- was approved. Its follow-up has been carried on during the international meetings at Beijing+5 and Beijing+10. These meetings have showed the need for the promotion of the achievement the goals approved, as a sine qua non condition to improve the condition of women throughout the world and strengthen the development and democratization processes of the countries.

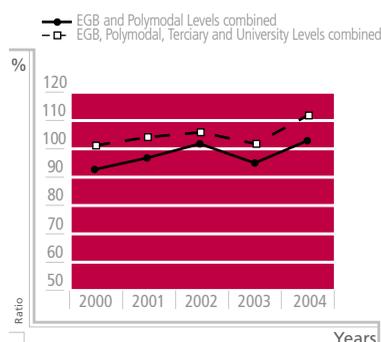
Current Situation and Trends

■ Participation in Education

The attendance of women to formal educational institutions at basic levels (General Basic and Polymodal Education Levels), has increased in the last years, reaching rates higher than those of their male peers, with female ratio figures above 100.

Likewise, all levels considered, equity-related fluctuations from 2000 to 2004 (a female ratio close to 100) show a slight upward trend of the gap in favor of women.

Female ratio at different levels of formal education. Total urban population (2000-2004)



Source: Prepared by the National Women's Council on the basis of SIEMPRO processes and data compiled by EPH-INDEC.

However, the larger number of women at formal education levels is not an homogenous phenomenon throughout the country. Taking 2004 as the reference year, the female ratio at EGB and Polymodal levels combined, reveals a unfavorable situation for women in every region of the country, exception made of the Greater Buenos Aires (GBA) and the region of La Pampa, the most unfavorable situation being that of the Northeastern region (NEA), with a ratio close to 92.0%. Nevertheless, the prevalence of women becomes evident when education levels are considered as a whole.

Although women attending tertiary and university education levels outnumber men, it should be borne in mind that they keep choosing courses of study regarded as basically feminine, which will render future negative effects on their salaries. For example, while 20.0% of the women take up humanist and social sciences, only 5.5% of the men choose them. Furthermore, while women represent only a 1.7% of the graduates from engineering or similar courses of study, 20.0% of men hold degrees associated to those disciplines (National Population, Family and Houses Census 2001 for the whole country).

■ Economic Participation

Women's activity rates showed a sustained increase during the last decade. At the beginning of the 90's, women's share in the urban labor market was close to 37.3%, while during the first quarter of 2004 it crept up to 49.2%.¹

Women's share in the total remunerated occupations within the scope of the non-agricultural sector was of 40.0% in 2000. This rate has not undergone substantial modifications since then, although it shows an upward trend as labor demand rises.

As these indicators are broken down by geographical regions, no significant differences are shown regarding participation rates. However, the average national rate is exceeded at the Northeastern (NEA) and Northwestern (NOA) regions, where such participation is of 45.3% and 44.4%, respectively. This is due to the fact that these regions register the highest poverty and indigence rates, and there exists a larger pressure on married women to contribute to the family income.

The labor market share of women is basically referred to non-qualified occupations (55.0%).

Disparities also appear as the female share in paid employment is broken down by activity sectors. With regard to the rendering of housekeeping, teaching and social and community services, employment is largely feminine, with share rates of 93.0%, 77.0% and 70.0%, respectively.

These activities are generally identified with such tasks as women perform at home, poorly esteemed and consequently, even more poorly remunerated. The counterpart relates to the manufacturing, financial and real estate-related services, where their share falls to 30.0% (2004).

■ Participation in top management positions in the public and the private sectors

Executive positions are those whose target is the general management of agencies, institutions and public, private or mixed organizations, through the determination of goals and objectives and the taking of global decisions of political, social, economic and productive nature. According to this indicator, women represented 40.0% of all executive positions in the year 2004.

1 Data supplied by the National Institute of Statistics and Census (INDEC).

■ Participation in the Legislative, Executive and Judicial Branches of Government

The “Ley de Cupos” (Quotas Law) passed in 1991, increased the participation of women in the National Congress. The first national elections as from the date such law was made effective, took place in 1993. From 1983 to 1993, such share barely reached a 9.0%. Twelve years later, the results of the implementation of this legal rule are easily identified: in March 2005, 35.3% of the seats in the Chamber of Deputies and 41.7% of the seats in the Senate² were held by women.

The number of women legislators who preside over committees dealing with a wide range of issues has also increased. In 2000, women chaired nine committees in the House of Deputies and three committees in the Senate, versus thirteen and twelve committees, respectively, in the year 2004.

Likewise, most provincial legislatures have passed similar laws. In June 2000, 22.1% out of the total number of provincial legislators were women legislators; in June 2004, such percentage rose to 26.6%.

In the Executive Branch, the percentage of women holding decision-making positions is low if compared to the Legislative branch. At national level, only one of the Ministries is conducted by a woman and the feminine share in other conduction level, such as at Offices of Secretaries and Undersecretaries of State, is also low.

In connection with the Judicial Branch, in 2004 two women were appointed members of the Supreme Court of Justice, for the first time in the history of Argentine democratic governments. As regards the provincial judiciaries, women are members of Superior Courts only in fourteen jurisdictions, eight of which have only one woman in their number.

■ Participation at superior educational levels

At superior educational levels, most students are women. However, this does not show a correlation with the conduction of educational institutions. In 2005, according to data from the Ministry of Education, only six women performed as Rectors out of 38 national universities. This share decreases at private universities, since out of 41 universities, only one has a woman Rector.

■ Participation in trade unions, business corporations and associations and professional corporations

Amongst private organizations, quotas have been defined in order to facilitate the access of women to leadership positions. It is expected that the effective enforcement of the Ley de Cupo Sindical (Law on Trade Union Quotas) passed in November 2002, will increase the number of women holding executive positions in trade unions and federations.

The participation of women in business organizations is very low and does not show

2. The number of seats taken by women in the Senate registered a notorious growth in 2001, as a result of the enforcement of the Quotas Law and the direct election of the members thereof (majority/minority system).

significant differences since the year 2000 up to the present time.

Year after year, more and more women are admitted to professional organizations, but this participation does not reflect in the composition of the executive authorities of said organizations.

Programs and Supporting Actions

The principal labor axis associated to the Millennium Development Goals are referred to promoting women's rights: gender perspective, citizenship and political participation, productive integration, reproductive health and responsible procreation, prevention of violence against women and institutional strengthening of women's areas at provincial and municipal levels and civil society organizations, through the implementation of different programs.

A significant example is the national program denominated "Mujer, Equidad y Trabajo" (MET) ("Woman, Equity and Work"), which offers training and technical assistance to women who want to obtain a remunerated job. Other courses of action are oriented to prevention and assistance in the event of violent outbreaks, through training and technical assistance and the creation of a registry of domestic violence cases.

Challenges

Argentina has already reached many of the targets set for 2015, with reference to gender equality. For this reason, the final goals have been reformulated, so that the targets set for 2015 be brought forward to 2007. This will give greater impulse to the provinces lagging behind in the fulfillment of such goals.

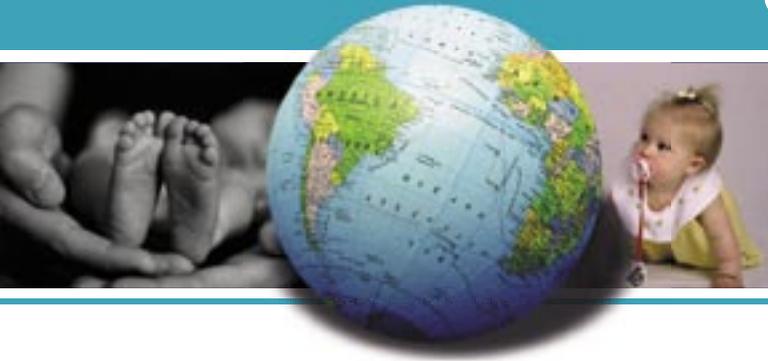
Follow-up indicators, intermediate targets and final proposals. 2007 and 2015

Indicators	Targets (years)	
	2007	2015
Female percentage in the EGB and Polymodal educational levels, combined	100.0	100.0
Female ratio in the EGB, Polymodal, tertiary and university educational levels, combined	100.0	100.0
Literacy percentage of youths between 15 and 24 years old	100.0	100.0
Share of women in wage employments in the non-agricultural sector	40.0	45.0
Income Gap between employed earners	0.6	0.8
Ratio between women and men in public and private executive positions	0.4	0.6
Percentage of seats held by women in the National Congress	30.0	45.0
Percentage of seats occupied by women in Provincial Legislatures	30.0	45.0

Finally, the efforts are not only oriented to the formulation of more ambitious targets, but also to the transversal enforcement of this MDG, in its association with other goals.



Goal No. 5



Reduce child mortality

Introduction

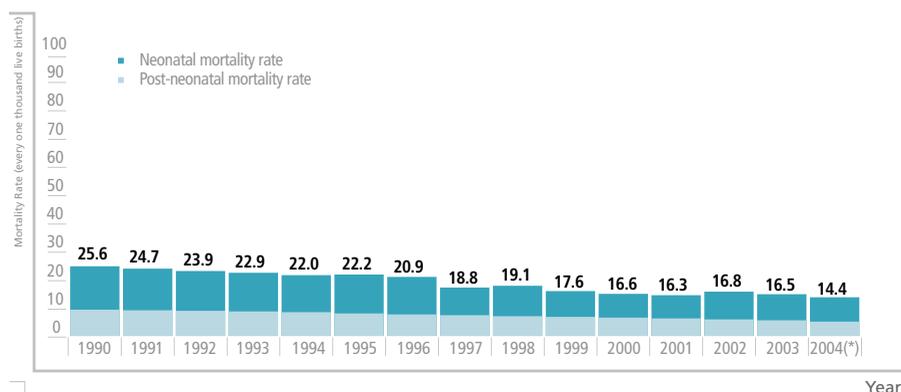
Child mortality is a complex problem, due to the fact that it involves biological phenomena that are not independent from the social and economic situation. This group of phenomena, which explains child mortality rates and their structure, registers evident regional specifications.

Current Situation and Trends

Infant mortality rates (IMRs) and the mortality rates of children under five years old (UFMRs) show decreasing trends since 1990.

In particular, the infant mortality rate for 2004 was of 14.4‰, while in 1990 the same rate was of 25.6‰, which indicates a gradual decrease each year during that period of time.

Evolution of the Child Mortality Rate (1990-2004)



Source: Statistics and Health Information Department. Ministry of Health and Environment of the Republic of Argentina.

Note: (*) 2004. Data previous to August 2005.

Since 1990, the Infant Mortality Rate (IMR) has shown a stronger negative trend in the case of neonates (which represent two thirds of the infant mortality as a whole) versus post-neonatal mortality. The influence of biological, demographic, social, economic, cultural, environmental, health care and geographical factors differs according to the age of infants up to one year old.

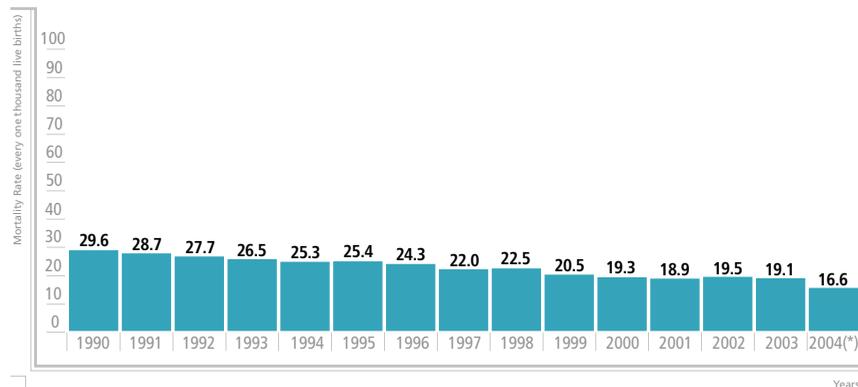
The factors prevailing in neonatal mortality are associated to both congenital and health care conditions (the mother's health, pregnancy control, assistance during delivery and the baby's first days of life). In post-neonatal mortality, environmental and social-economic conditions have a greater impact on the infant's health.

Thus, the neonatal mortality rate registered a significant drop between 1990 and 1997. This

reduction is related to a decrease in the mortality rate of low-weighted (under 2.500 g) and extremely low-weighted infants (under 1.500 g), since the frequency of low weighted and extremely low weighted births has remained stable (7.0% and 1.0%, respectively).

The child under-five years old mortality rate also shows a decreasing trend since the beginning of the 90`s: while at the beginning of such decade, it reached 29.6 every one thousand live births, in 2004 it scored 16.6 every one thousand live births.

Evolution of the mortality rate of children under five years old (1990-2004)



Source: Direction of Health Statistics and Information, Ministry of Health and Environment of the Republic of Argentina.
Notes: Preliminary data from 2004 to August 2005.

The principal causes of child mortality are certain diseases which originate during the perinatal period (53.0% in 2003). Child diarrhea, which belongs to the enteric infectious disease group, is one of the five principal causes of post neonatal mortality, especially in some of the poorer provinces of the country. In children under five years old, the proportion of death causes in 2003 is similar to the one registered in children under one year old (46.0% of the mortality causes are associated to diseases of the perinatal period), although there was a larger participation of deaths caused by accidents, which goes from a 3.0% in children under one year old to a 6.0% in children under five years old.

An analysis of the inter-provincial variability figures indicates that rates follow a decreasing pattern. The Child Mortality Rates (CMRs) for different provinces in 2003 show a sharp difference between those with the lowest rates (Tierra del Fuego: 8.4‰ lb.; Buenos Aires: 10.3‰ lb. and Mendoza: 11.1‰ lb) and those with the highest rates, three times higher than the former (Chaco: 27.7‰ lb and Formosa: 25.0‰ lb.) The Northwestern (NOA) and Northeastern (NEA) regions register the least favorable social indicators, with the highest poverty and child mortality rates in 2003.

The disparity among regions is also reflected in the behavior of the Gini Coefficient for the Child Mortality Rate during those periods. After showing a greater disparity between the years 2000 and 2002, the indicator improved in 2003, although it did not reach as low levels as those registered at the beginning of the 90`s.¹

Likewise, in the case of the mortality of children under five years old, the distribution of deaths among the provinces has shown a behavior similar to the one registered for child

mortality since the beginning of the 90's, with a greater relative concentration in the poorer provinces. Again, such disparity is reflected in the behavior of the Gini Coefficient for the Children Under Five Years Old Mortality Rate. It has increased during the last decade, reaching its highest peak in 2002 (0.132), which indicates a higher concentration of deaths of children under five years old in a small group of provinces. By 2004, this indicator showed a moderate improvement (0.119), although it was still notoriously above the level registered at the beginning of the previous decade (0.113).

Finally, with regard to the evolution of immunization at a national level, an improvement has been verified in the health care coverage of the population during the last years, as a result of the implementation of more effective national health policies.

Although the number of children who received the quadruple vaccine ("DPTHib") against Diphtheria, Tetanus, Pertussis and Haemophilus Influenzae B decreased between 1990 and 2000 from 87.1% to 82.5%, later on a conspicuous increase has been registered in the immunization of infants under one year old with the quadruple vaccine, with satisfactory results (a 95.4% immunization in 2003).

In the case of mumps (parotiditis), Argentina incorporated an anti-parotiditis component to the Calendario de Vacunación Nacional (National Vaccination Calendar) in 1998, i.e., the triple viral vaccine (against measles, mumps and rubella viruses) first administered to one-year old and again to six-years old, with a reinforcement dose upon their eleventh birthday.² From said incorporation on, a significant drop has been registered in the number of mumps cases throughout the country.

The number of convulsive cough cases has been showing a drastic decrease for several decades in the country. Until 1994, the basic scheme consisted in three doses in the second, fourth and sixth months and a reinforcement dose in the eighteenth month. In 1985, new breakouts made it necessary to add a second reinforcement dose to six-year olds, which made it possible to modify the cyclical pattern of the disease. Although the indicator showed a slight drawback in 2003, the number of cases informed during the analyzed period has decreased.

As a result of an intensive vaccination campaign implemented between 1988 and 1990, diphtheria cases were drastically reduced. No cases were registered in the country from 1999 to 2002.

The tetanus is the second cause of deaths due to diseases avoidable through vaccination. During the last years isolated cases have appeared in some provinces. Nevertheless, no cases were reported in 2003.

In the case of bacterial meningitis, an optimum nation-wide level of protection could be reached only in 2003. Nevertheless, a coverage rate above 95.0% of the tuberculosis vaccine (BCG) was registered in one province, while another five provinces are close to hit such target. Meanwhile, in the rest of the country, less than 85.0% of the infants under seven days old are immunized.

¹ The evolution of the Gini Coefficient was the following: 0.100 in 1990; 0.124 in 2000; 0.122 in 2001; 0.130 in 2002 and 0.118 in 2003. Ministry of Health and Environment of the Republic of Argentina.

² If they have not been previously administered two doses of triple viral or one dose of triple viral + one dose of double viral vaccinations.

On the other hand, the protection of the vaccine against measles in one year-old children showed a growing trend from 1999 to 2003, although its level has dropped in some years. In 2003, the percentage of one-year-old vaccinated children against measles reached 97.4%. During 2002, only cases of suspected measles appeared within the national territory.

It should be taken into account that as from 1998, the component against measles was combined with anti-parotiditis and anti-rubella components, altogether known as the triple viral vaccine, the coverage of which has reached an average 100.0% at national level. During 2003, the year when an integrated surveillance program was implemented for the first time in some provinces, 586 suspected cases of rubella and measles were reported.

Programs and Supporting Actions

In order to reduce child mortality rates and their uneven distribution between the provinces, the National Government has implemented a program involving a wide range of actions, intended to promote child health care and disease prevention strategies.

In this connection, programs have been implemented to improve, as a result of the transformation of the assistance model, the pre-conceptional situation, prenatal control, assistance during delivery and to the newly born infant. Furthermore, a Maternal Death Audit System and a set of measures focused on the Comprehensive Assistance of Prevailing Infant Diseases are being carried out, together with a policy for the promotion of food and nutrition education and the prevention of infant diseases and deaths, which has been articulated with the enforcement of the Calendario Nacional de Vacunas y Campañas Focalizadas (National Calendar of Vaccines and Focused Campaigns).

Challenges

In connection with this Millennium Development Goal, Argentina supports the targets set forth at international level, also considering the possibility of future revisions, in the event that the Child Mortality Rate (CMR) is reduced in two-thirds before the established date.

Through the Plan Federal de Salud (Federal Health Program), made effective as from 2004, intermediate targets were determined for the infant and children under-five years old mortality rates to be achieved in 2007. Such targets take particularly into account the evolution of the relevant indicators in each province, with the view to narrow regional disparities.³

³ See the Plan Federal de Salud (Federal Health Plan) at www.msal.gov.ar

Follow-up Indicators: intermediate and final targets

Indicators	Goals	
	2007	2015
Infant Mortality Rate	12.6	8.5
Children Under Five Years Old Mortality Rate	14.6	9.9
Gini Coefficient applied to the Infant Mortality Rate	0.116	0.090
Gini Coefficient applied to the Children Under Five Years Old Mortality Rate	0.117	0.102

Source: Ministry of Health and Environment of the Republic of Argentina.

Argentina has undertaken the achievement of an additional goal, consisting in a 10.0% reduction of the disparity among provinces by the year 2015, 1990 being the base year. This implies a renewed effort to play a more active and responsible role with regard to the less developed provinces, narrowing the gap between the infant and the children under five years old mortality rates.

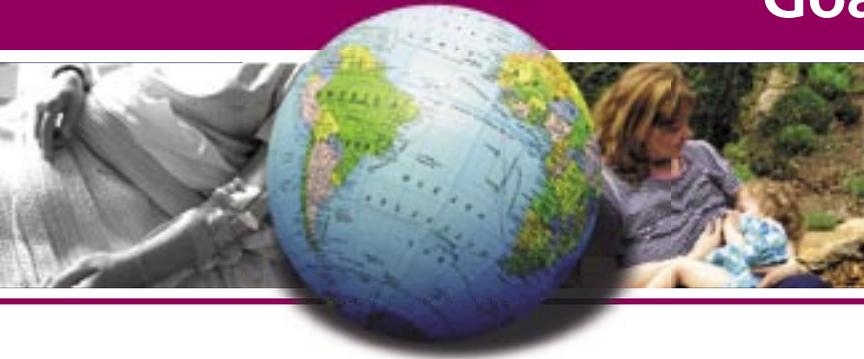
Today, the health care system in Argentina evidences severe desarticulation and fragmentation problems, which hinder the optimization of the available resources. Thus, it will be necessary to strengthen the decision-making powers of the health care public services, and the information systems nationwide.

This implies the undertaking by health care agents of the responsibility to take care of the population entrusted to them, specially of children, through a better coverage, a higher quality of prenatal and pediatric controls and a more efficient broadcasting of the information on disease prevention. At the same time, the national and provincial governments must commit themselves to support and monitor the actions taken by the public and private health care services throughout the country.

Likewise, answers must be given to the demands oriented to reduce neonatal mortality rates even more, which requires, in addition to the adequate organization of the health care system, that all aspects associated to personnel training and the provision of cutting-edge technologies, supplies and other necessary resources be properly taken care of.



Goal No. 6



Improve maternal health

Introduction

Alike child mortality, maternal mortality is closely associated to the economic, social, cultural and structural factors involved in the health care system, since everyone of them determines women's well-being in terms of health conditions.

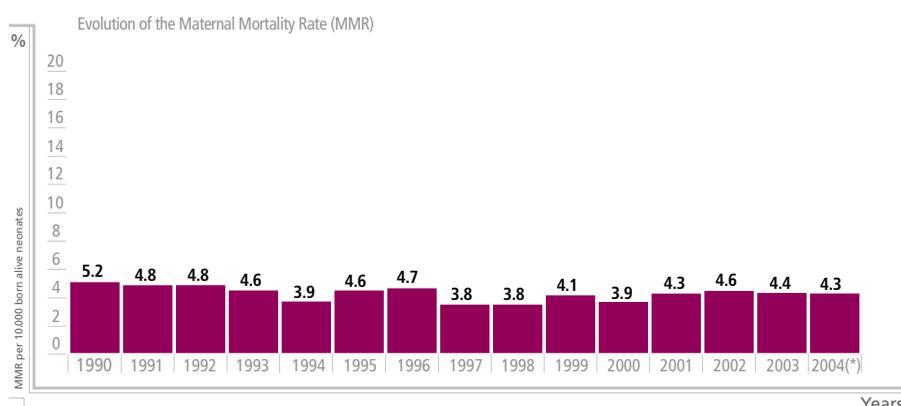
The admittance of women to health care services and their involvement in reproductive health programs during their fertile years, as well as their access to quality assistance during pregnancy, delivery and the puerperium period, also cause a strong impact on their health conditions.

During the last decades, maternal health indicators did not have the expected evolution, since no improvements were noticed in the country, as it happened in most underdeveloped nations. For example, the trend of the maternal mortality rate for Latin America and the Caribbean remains stable, denoting a situation similar to that of 1990.

Alike the other social indicators, maternal mortality shows regional disparities which imply differential health-medical risks, with a heterogeneous territorial distribution.

Current Situation and Trends

The Maternal Mortality Rate (MMR) shows a relatively firm trend of 4 per 10.000 born alive neonates between 1990 and 2004.



Source: Health Care Statistics and Information. Ministry of Health and Environment of the Republic of Argentina.
(*) 2004. Data previous to August 2005.

The most important causes for maternal mortality in Argentina, are avoidable through preventive action and adequate assistance during pregnancy and at delivery. In 2003, more than half of the maternal deaths were caused by factors directly associated to pregnancy control and delivery care, such as hypertensive disorders, the pre and postpartum hemorrhages and sepsis, among others.

Nevertheless, the principal cause for maternal mortality is abortion, which represented 27.0% of total deaths in 2003. For the purpose of avoiding abortion, pregnancy prevention policies were strengthened during the 90's. All in all, the conditions in which abortions are carried out are far from being the best ones. This phenomenon leads to a significant increase in the number of admittances because of abortion-related complications, which increased a 46.0% in state hospitals between 1995 and 2000.

Another risk factor is adolescent pregnancy. In 2003, 13.6% of living children were born of mothers under 20 years old, which implied a slight decline versus the year before, when it reached 14.6% of the total number of live births.

The regional distribution of maternal mortality is largely heterogeneous, since the high rates registered in the poorer provinces practically double the national average. In 2003, the maternal mortality rates (MMRs) registered in the Northeastern (NEA) and Northwestern (NOA) regions were of 8.2 and 7.6 per 10.000 children born alive, respectively. There also exist great differences among the different jurisdictions in our country as to the percentage of children born alive of adolescent mothers, since the rate ranges from 5.9% to 22.6%. Again, the highest rates appear in the Northeastern (NEA) and Northwestern (NOA) regions.

However, during the 1990-2003 period, the maternal mortality rate (MMR) underwent a greater reduction in the regions where the highest values had been registered at the beginning of the period. While the MMR reduction was of 0.8 percentile points in the average, its decrease in the Northwestern (NOA) and Northeastern (NEA) regions was of 1.5 and 2.7 percentile points, respectively.

In spite of the fact that the adoption of the actions described above has resulted in a relative reduction, in the uneven distribution of maternal mortality rates in the provinces, the disparity between them is still very high. This can be clearly noticed by means of the evolution in the Gini Coefficient for the MMRs. Although in the last two years, this indicator reached values lower than those registered in 2000 and 2001, it has not been reduced yet to its values at the beginning of the 90's.

Evolution of the Gini Coefficient applied to the MMR Baseline (1990) and 2000-2004 period.

Years					
1990	2000	2001	2002	2003	2004*
0.346	0.436	0.401	0.300	0.363	0.355

Source: Health Care Statistics and Information Agency. Ministry of Health and Environment of the Republic of Argentina.
 (*) 2004. Data previous to August 2005.

Finally, it is important to point out that, although the causes for maternal mortality are not still being properly recorded, a significant progress has been made during the last years in connection with this issue, especially with reference to the rates registered by the beginning of the 90's. The reduction of the number of deficient records explains why the MMR remained relatively stable during the period under analysis.

Programs and Supporting Actions

The national health care policy envisions women's health as a whole, taking into account the different stages of the vital cycle and not just the pregnancy period. At the same time, such policy contemplates women's rights to the protection of their health, as well as the need to place the emphasis on the reproductive process. In 1994, the State acknowledged the International Convention against all Forms of Discrimination against Women a pari passu ranking with the National Constitution, thus adding the comprehensive protection of women's health care to its agenda.

The Plan Federal de Salud (Federal Health Program), which sets forth specific targets in order to improve maternal health care, was created in the year 2004. It contemplates a 20.0% reduction in the Maternal Mortality Rate for the five-year period running from 2002 to 2007. Under such Program, a number of actions have been adopted to guarantee the access of all women to top quality health care services, in equal conditions, through a regionalized system. As a result, a wide range of policies are being implemented, the most relevant of which are the ones focused on physical, emotional and social aspects and family-related issues, taking ethnical and cultural differences into consideration. Furthermore, actions are being taken to guarantee the right of the population to decide on sexual health care and responsible procreation matters, by emphasizing the prevention of undesired pregnancies and widening the scope of information broadcasts and the access to contraceptive materials. Such actions are also intended to provide women who have undergone an abortion with undiscriminating, humanized and effective assistance, and to guarantee them the access to the proper assistance of decriminalized abortion cases by state hospitals.

Challenges

In Argentina, since the number of maternal mortality cases caused by avoidable reasons is substantially high, the implementation of more powerful policies intended to minimize such cases is regarded a priority.

This is why Argentina has adhered to the internationally accepted goal and established performance standards much more demanding than those contained in the First Country Report submitted in 2003, in full consistency with the measures adopted by the rest of the countries.

Argentina is also determined to reduce the disparities existing between its provinces. Consequently, efforts will be focused on the reduction of the Gini Coefficient applied to the Maternal Mortality Rate (MMR) by a 10.0% from 1990 to 2015.

Since the above mentioned targets are closely related to the health care services made available to mothers, action will likewise be taken so that 99.0% of deliveries will be assisted by specialized personnel in 2015.

Follow-up Indicators. Intermediate and Final Goals.

Indicators	Goals	
	2007	2015
MMR per 10.000 live births	3.7	1.3
Percentage of live births attended by medical doctors or midwives	99.0	99.0
Gini Coefficient applied to the MMR	0.344	0.311

Source: Statistics and Health Information Department. Ministry of Health and Environment of the Republic of Argentina. Pan American Health Organization.

With reference to the prevention and promotion of maternal health care, actions should be reinforced, through counseling and the access to free-of-charge quality contraceptives, in order to prevent undesired pregnancies. In this context, it is important to promote the involvement of men in the election of contraceptive methods, through information and educational activities associated to reproductive health care and family planning issues. It is also necessary to advance in the transformation of maternal care centers, traditionally known as “maternities”, in order to improve the quality of the assistance offered to mothers and neonates.

On the other hand, health care strategies must be reinforced and reformulated to provide for timely referrals and for the continuous availability of trained professionals and adequate supplies at the health care services where deliveries and/or other abortion complications are assisted, especially at those dealing with obstetric emergencies. Furthermore, the access of the population residing at rural areas to health care services should be improved through more efficient means of transportation and communication.

Moreover, the performance of the agencies supplying statistical data and other information should smoothly articulated in furtherance of the continuous improvement of record keeping functions, notification systems and the monitoring of maternal mortality cases.

Actions are also being taken to disseminate the results of such studies as deal with maternal mortality causes and to obtain consensus from health care and political authorities as to the relevance of maternal mortality as a health care issue involving the protection of human rights.

Finally, measures must be adopted for the society to be better informed and more aware of the paramount importance of these issues.



Goal No. 7



Combat HIV/AIDS, Tuberculosis, The Chagas Disease, Malaria and Other Diseases

Introduction

The interaction of HIV/AIDS with other infections, represents a priority among public health issues. This phenomenon emerges as an unprecedented threat for the humanity at large, and its impact will bear consequences for generations. At national level, this epidemic has had two peculiarities. One of them is the speed with which it spread during the last decade, in spite of the significant efforts pledged by the Government in terms of prevention and treatment; the other, is the change undergone in the last years by its transmission forms, since until the early 90`s it was primarily caused by the use of intravenous drugs, while nowadays it is mainly transmitted by sexual intercourse.

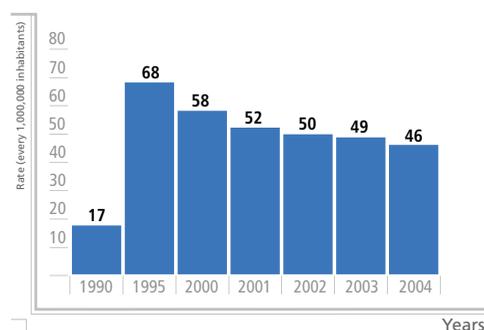
Tuberculosis is another core public health issue. Among the causes that explain the extraordinary propagation of this disease throughout the world, reference must be made to the economic decline in the most affected countries, the collapse of the health care system because of the continuous expansion of epidemics, the implementation of insufficient control methods, the propagation of HIV/AIDS (which increases its development probabilities) and the emergency posed by the polypharmaceutical resistant tuberculosis (PFRTB). The prospects concerning the evolution of this epidemic have created great concern in the health care authorities of the countries.

Argentina has decided to include additional targets referred to the Chagas disease, since it is one of the diseases which severely hits some regions of the country.

Current Situation and Trends

In Argentina, the HIV/AIDS epidemic has had an irregular evolution since the first case was registered in 1982. As of March 31st 2005, there were a total of 28.503 HIV/AIDS reported cases and of 29.497 HIV reported infections, out of which 40.0% have appeared since 2001, the year when the compulsive HIV notification to the AIDS Registry was enforced.

AIDS Incidence Rate (1990, 1995 and 2000-2004)



Source: National Program against Human Retroviruses, AIDS and Sexual Transmission Diseases. Ministry of Health and Environment of the Republic of Argentina.

The chart illustrates a downward tendency. However, the decrease from year to year is relatively small. The lowest rate since the beginning of 2000 was registered in 2004, although the levels are still comparatively high versus those of 1990.

In the last years, the HIV/AIDS epidemic has become of a paramount importance within the heterosexual population, mainly among women. Regarding distribution by sex, it turned out that there are more HIV infected men than women, but the gap between both sexes is narrower than the one registered in AIDS reported cases. Thus, in 2004, the sex ratio regarding AIDS reported cases was of 3 men per woman, while in HIV reported cases it was of 1.51 men per woman.

The HIV prevalence rate in pregnant women has been decreasing for the last years, since it dropped from 0.61 of the total number of pregnant women in 2000 to 0.32 in 2003. This reduction is due to multiple causes. On the one hand, it is the result of the broader scope given to HIV tests offered to pregnant women as a whole. On the other hand, the sample does not include those women who are infected by the HIV and aware of their serology before becoming pregnant. The HIV prevalence rate in pregnant women between 15 and 24 years old is higher than the general rate, which implies a greater risk of infection in women within said age group.

In Argentina, HIV/AIDS is considered a concentrated epidemic, since its prevalence in pregnant women nationwide does not exceed 1.0%.

The prevalence of the use of preservatives among youths between 15 and 24 years old, according to a survey conducted by the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2003, shows that 46.0% of the youths use preservatives in every sexual intercourse. This prevalence creeps up to 61.0% as the young people interviewed are asked about the use of preservatives in their last sexual relation.

The HIV/AIDS mortality rate showed a sustained increase until 1996, when it was of 5.9 per 100.000 inhabitants, while during the 1996-2003 period, it registered a strong negative tendency, reaching 4.1 per 100.000 inhabitants in 2005.

With regard to tuberculosis (TB) in all its forms, the number of reported cases is higher than the average rate in the American continent, according to information corresponding to the year 2002. A steady decrease of the reported cases was registered between 1993 and 2002, from 41.3 to 30.5 per 100.000 inhabitants. In 2003, the rate increased once again, but this situation was reverted during 2004.

The incidence of the tuberculosis rate is not uniform in the various regions of the country. In the province where the disease registers its highest incidence, the population is ten times more exposed to the risk of infection than the population residing in the province with the lowest incidence. The tuberculosis mortality rate decreased between 1990 and 2003, from 3.76 to 2.4 deaths every 100.000 inhabitants, although the reduction pace has remained in a standby since the year 2000, when rates were very close to those of 2003. In the evolution of deaths caused by tuberculosis during the last years, the negative impact derived from the growing incidence of HIV/AIDS cases stands out.

The ratio of tuberculosis cases detected and cured through a directly-observed treatment strategy (DOTS)¹ registered a notorious improvement in the 90's, accounting for the success of said treatment. Between 1990 and 2000, the percentage of detected and cured cases increased from 64.3% to 75.1%. During the last years, this percentage practically has not shown any significant variation.

In Argentina, malaria-related indicators show that the situation substantially improved throughout the 1990-2004 period, with zero mortality rates, decreasing morbidity rates and a lower Annual Parasite Index (API). Generally, malaria in Argentina follows an unstable and seasonal pattern, and is distributed within a low risk area, just limited to two departments in the province of Salta, where 80% of the cases of the country are registered. The health-care controls implemented by the authorities since the late 90's have contributed to the reduction of the incidence of the disease in Argentina, although the migration of people from neighboring countries, especially from Bolivia, have prevented the disappearance of malaria cases. During the last three years, more than 75.0% of the reported cases have had such origin.

The progress made in relation to the eradication of malaria in Argentina translates into a decreasing API from 1990 to 2004, with a reduction of 0.756% to 0.058% of new cases in the total population. These substantially low values are reflected in the goal set forth for 2015 (API below 0.1 per thousand inhabitants).

As regards to the Chagas disease, the measures adopted against the vector and the transfusion control, led to a heterogeneous improvement of the infection prevalence between regions and provinces. This situation is reflected in the provincial certification indicator, corresponding to the discontinuance of the vector transmission of the disease, which has evolved at a slow pace during the last years and is currently very distant from the goal established for 2015. More precisely, the proportion of the endemic provinces which have certified the discontinuance of the vector transmission of the Chagas disease was of 26.3% in 2004 and increased by 5.2 % since the beginning of the decade. At the same time, proofs have been given of vector transmissions which have resulted in the report of acute vector cases.

Programs and Supporting Actions

The National Government has taken a number of actions, intended to meet the targets established in the Millennium Development Goals. Such actions, which contemplate the peculiarities of each of the diseases, range from disease prevention and treatment policies and the streamlining of information registry systems to the enforcement of controlling measures, through the disinfection of critical areas.

The interaction between HIV/AIDS and other associated diseases stands out as a priority. Argentina was one of the first countries in Latin America, to pass legal rules on the epidemic and the safeguard of the rights of people suffering from HIV/AIDS. The Ley

¹ Both national and provincial authorities adhere to the strategy based on strictly monitored abbreviated treatments, which consist in the direct observation of patients by qualified personnel as he takes the indicated medication and the follow-up of his regular fulfilment of the treatment.

Nacional de SIDA (The National AIDS Law), enacted in 1990, was regulated in 1991 by an executive order for the protection of the rights of AIDS patients, intended to avoid their marginalization, discrimination, degradation or humiliation. In 1995 and 1996, two other laws were passed under which social security agencies and organizations, as well as private insurance companies are under the obligation not only to finance medical, psychological and pharmacological treatments of people suffering from HIV/AIDS, but also to develop HIV/AIDS prevention and promotion programs. Advances have also been made in the identification of such behavior patterns of people in general and each individual group in particular as increase the risk of HIV infection.

The National Program against Human Retroviruses (HR), AIDS and Sexual Transmission Diseases (STD) was created in 1992 with the view of diminishing the HIV and STD infections in the population at large, prevent HIV infections in vulnerable groups, eradicate mother-to-fetus HIV transmission, improve the living standards of people suffering from HIV/AIDS and optimize the management and logistics of the program. In this context, medicines and supplies for the treatment and control of the disease are provided without cost. Thanks to this Program, preventive actions have been significantly consolidated and the number of patients assisted by the National Government, which represent approximately 70.0% of the population undergoing treatment, has increased.

Challenges

Challenges must be focused on the support of the strategies and actions already under way, as well as on their reinforcement and expansion.

In connection with HIV/AIDS, it will be necessary to ensure the timely, regular supply of antiretroviral medicines and other drugs used in the treatment of HIV/AIDS associated diseases, as well as a comprehensive preventive policy against the vertical transmission of the HIV and other sexual transmission infections. Likewise, it will be necessary to lower the barriers of access to health care services, promote the use of preservatives and other prevention factors by current and potentially vulnerable populations and reinforce monitoring and evaluation systems.

The launching of costly treatments to the market has put the sustainability of health care programs in danger. At this stage, it is fundamental to increase the level of coverage of AIDS patients treated with antiretroviral medicines, since one of the main obstacles which developing countries must overcome are the monopolist prices of such treatments.

As far as tuberculosis is concerned, the coverage of the population must be broadened through the enforcement of strategic actions intended to combat the disease, together with a larger availability of human and financial resources.

The challenges related to malaria are focused on the implementation of continuous monitoring and control systems in the areas under risk, and the articulation of such

systems with the execution of bilateral agreements allowing for the continuity of the relevant actions in neighboring countries.

As to the Chagas disease, the main challenge is still the discontinuance of its vector transmission throughout the country. The control of triatomines found in family homes through the use of insecticides, the introduction of improvements to dwelling units and the selection of blood donors will contribute to a significant reduction of the disease levels in the medium term. However, there still exist transmission residues and a large number of infected individuals and, at the same time, the disease is developing in urban areas and in the sectors where the agricultural boundaries have expanded, which makes permanent monitoring a must. Health care centers should be provided with more adequate equipment and other resources, while facilitating the access thereto by the infected individuals.

Follow-up Indicators. Intermediate and Final Goals.

Indicator	Goals	
	2007	2015
HIV/AIDS		
HIV prevalence rate in pregnant women between 15 and 24 years old (%)	0.35	0.32
Prevalence rate for the use of preservatives by youths between 15 and 24 years old (%)	67.0	75.0
HIV/AIDS mortality rate (every 100,000 inhabitants)	3.8	3.5
HIV/AIDS incidence rate (every 1,000,000 inhabitants)	42	37
Tuberculosis		
Morbidity rate (every 100,000 inhabitants)	32.2	23.1
Mortality rate (every 100,000 inhabitants)	2.08	1.21
Proportion of tuberculosis cases detected and cured through a directly-observed treatment strategy	82.0	90.0
Malaria		
Mortality rate (every 100,000 inhabitants)	0	0
Proportion of population in risk areas who apply effective prevention measures and treatments	100	100
Annual Parasite Index (per thousand inhabitants)	<0.1	<0.1
Chagas Disease		
Proportion of endemic provinces certifying the interruption of its vector transmission	42.1	100.0

Source: National Program against Human Retroviruses, AIDS and Sexual Transmission Diseases and Health Statistics and Information Department. Ministry of Health and Environment of the Republic of Argentina. Pan American Health Organization. National Institute of Respiratory Diseases "Emilio Coni". ANLIS. National Vector Control Coordination. Ministry of Health and Environment of the Republic of Argentina.



Goal No. 8



Ensure environmental sustainability

Introduction

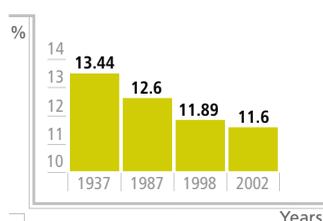
The modern vision of development seeks, not only to boost the well-being of current human societies but also to provide the future generations with the possibility to inherit a planet with acceptable levels of environmental, social and economic health. The notion of sustainable development rests on this principle. In order to achieve such development, the State must play an active role in the enforcement of policies and programs designed for the improvement of the living conditions of the population, through the rational utilization of natural resources.

It is worth pointing out that Argentina has environmental advantages such as biological diversity, scarce carbon dioxide emissions, areas fit for cultivating and obtaining food, and an important drinking water reservoir. All this places the country in an environmental condition involving significant comparative advantages.

Current Situation and Trends

The lower proportion of native forests registered between 1987 and 2002, indicates that Argentina is undergoing one of the most severe deforestation processes of its history. Agricultural activities have been privileged to the detriment of forestry developments. This phenomenon was favored by the convergence of the following factors: the investment in infrastructure, the technological advances which enabled the access to transgenics and direct plowing techniques, a highly globalized international context and the displacement of isohyets towards the northeastern region, which has broadened the climatic frontier of agricultural activities performed in dry barren land.¹

Proportional area covered by native forests. Selected years



Sources: Management Unit of the Forestry Evaluation System. Bureau of Forests. Office of the Secretary of Environment and Development..

Note: The furnished data are considered comparable, although they differ as to their reliability.

On the contrary, the size of the protected areas within the country has increased from 4.4% of the national territory in 1990, to 6.3% in 2003.

¹ This does not necessarily imply that the soils in the new areas are fit for agricultural development purposes..

The energy used by Gross Domestic Product (GDP) unit provides a platform for the projection of energy consumption and the environmental impact associated to economic

growth. During the last decade, energy consumption was kept at moderate level, with a peak of 0.22 Fuel Equivalent Tons / 1000\$ GDP. This tendency changed as from 2000, due to the impact of the deterioration of the economic conditions over the use of energy. Thus, between 2000 and 2003², the annual energy consumption was of 0.24 FTE/1000 \$ GDP.

Finally, it should be pointed out that in the same period, the use of renewable energy sources registered a slight increase, although still strongly dependent on the annual hydraulic offer.³

■ Access to Safe Drinking Water

The population residing at housing units with access to drinking water served by public networks has increased in absolute and proportional terms from 1991 to 2001, a period during which the last two population surveys were conducted. This represented an extension of the coverage from 66.2 % to 78.4% at national level.

In order to achieve the target of providing 75.0% of the population with sustainable access to safe drinking water in 2015, and considering a lineal coverage model for the 1991-2001 period, 4.0 million inhabitants should have been proportionally included as new beneficiaries. However, during such period, 6.8 million additional beneficiaries were provided with this basic service, that is, 2.8 million beneficiaries above the partial goal set for 2001. This means that the pace of future investments required to reach the expected coverage level shall have to be slower. Although the global performance regarding the access to safe drinking water was positive, important provincial asymmetries are still noticed. The largest coverage of safe drinking water supply corresponds to the City of Buenos Aires (98.0%) and the lowest, to the Province of Misiones (59.3%).

■ Access to Sewerage Networks

Between 1991 and 2001, the extension of sewerage networks nationwide increased from 34.3% to 42.5%, which implied 4.2 million new users in absolute terms. However, taking into account a coverage lineal growth model (1990-2001), 6.9 –rather than 4.2- million inhabitants should have been given access to the sewerage system in order to fulfill the planned expansion. This stands for a deficit of 2.7 million users in terms of the partial goal.

The coverage of sewerage networks shows important asymmetries between the different jurisdictions, being the largest part of the deficit concentrated in a small number of provinces only: Buenos Aires, Córdoba, Santa Fe and Misiones represent 66.0% of the deficit at national level.

■ Deficitary Housing Units under Irregular Tenure

During the last 15 years, the evolution of the number of families residing at shantytowns and precarious settlements has been favorable. While in 1991, 7.6% of such families lived

² Last available information. The 2004 Energy Balance Sheet has not been published yet.

³ As from 2001, the participation of energy renewable sources in the Primary Energy Total Offer will be over the 10.0% for the first time.

in deficitary housing units under irregular tenure conditions, only 6.1% of them were in that position in 2004.

This decreasing tendency is a reality in all the jurisdictions. However, there exist deep regional differences. The provinces of the Northeastern (NEA) and Northwestern (NOA) regions are the less favored ones, with incidences of 11.0% and 14.0%, respectively.

Programs and Supporting Actions

In Argentina, the preservation and protection of the environment and the implementation of sustainable development hold a legal status, since they are contemplated in the National Constitution as well as in the Ley General del Ambiente (General Environmental Law). The introduction of these principles into the national legal system was intended to: promote a national sustainable development; contribute to the improvement of the standard of living of the population; comply with the national commitments regarding global environmental issues, emphasizing the control over their local effects, and gradually insert the environmental dimension in the strategic core of governmental policies.

In the light of these objectives, a series of actions have been taken, among others, the creation and revision of the “2004/2007 National Environmental Agenda”, which stands out on account of its strong federal and participative nature, since 22 provinces and a large number of civil and agricultural organizations have been involved in this project.

As regards the actions, policies and programs oriented to expanding safe drinking water and sewerage networks, several technical and financial assistance programs are being implemented to such end.

Several programs intended to make the housing deficit good are under way, especially in the NEA and NOA regions or in border areas. Housing units are being built by cooperative associations created for such purpose. Furthermore, programs are being implemented to improve housing conditions in shantytowns and precarious settlements, such as their connection to drinking water and sewerages networks.

Challenges

Should the national macroeconomic conditions and the international prices of agro-industrial commodities remain constant, it seems unlikely that the effects of the policies for the promotion of native forests and the incentives of the emergent market (carbon economy) will be felt by 2007.

The impact of the implementation of the policies and programs described above will be noticed only in 2011. Based on this projection, the goal could be met by such year.

Areas covered by native forest (%) and Goals. Selected Years

Areas covered by native forests			Goals		
1987	1998	2002	2007	2011	2015
12.60%	11.89%	11.60%	11.20%	11.30%	*

Source: Percentages calculated on the basis of data provided by UNSEF – Bureau of Forests – SAyDS.

* The goal for 2015 has not been determined yet.

If the protected areas keep on growing at the current pace, it will be possible to meet the goal set for 2015; therefore, the percentage of the protected areas shall be larger than a 10.0% and shall exceed the 15.0% in each eco-region in the long run.

Areas protected for biodiversity reasons and Goals. Selected Years

Areas protected for biodiversity reasons (%)			Goals		
1987	1998	2002	2007	2011	2015
4.35%	5.26%	6.31%	7.31%	8.33%	>del 10.0%

Source: Federal System of Protected Areas (SFAP). Administration of National Parks.

It is estimated that by 2011, the energy intensity shall be reduced in a 12.0%, depending on the continuous implementation of policies and programs dealing with energy efficiency issues.

Fuel Equivalent Tons required to generate GDP \$ 1,000 and Goals. Selected Years.

Fuel Equivalent Tons			Goals		
1987	1998	2002	2007	2011	2015
0.21	0.22	0.24	0.22	0.21	*

Source: National Bureau of Prospects. Office of the Secretary of Energy. National Bureau of National Accounts – INDEC.

* The goal for 2015 has not been determined yet.

In connection with the greater utilization of renewable energy sources, the challenge consists in promoting the gradual removal of certain technical, regulatory, economical, financial and institutional barriers, which prevent a larger participation of the alternative sources in the primary energy offer.

Participation of Renewable Sources in the Primary Energy Total Offer and Goals. Selected Years.

Participation of Renewable Sources in the Primary Energy Total Offer (%)			Goals		
1987	1998	2002	2007	2011	2015
7.28%	9.27%	9.85%	9.93%	>10.0%	>10.0%

Source: Office of the Secretary of Energy. National Bureau of Prospects. National Energy Balance Sheet.

In order to achieve the goal related to the safe drinking water access, the coverage at national level will be close to 89.0% by 2015.

Coverage and Investment in drinking water systems. Goals. Selected Years.

	Goals		
	2007	2011	2015
Coverage ¹	80.8 %	82.4%	84.0%
Population to be included with drinking water access ²	2.8	2.0	2.2
Population to be included with drinking water access –cumulated value) ³	2.8	4.8	7.0
Investment ⁴	0.076%	0.038%	(*)

Source Prepared with data furnished by the INDEC and projections made by the Ministry of Economy and Production.

Note: ¹ expressed in percentage; ² values are expressed in millions; ³the cumulated value includes 2002-2007, 2008-2011 and 2012-2015 sub-periods; ⁴ expressed as a percentage of the annual average GDP.

* Projections of the GDP were not available.

Achieving the millennium goal defined in 2003 would imply considerably important resources, since the annual average investment would be equivalent to 0.14% of the GDP. Thus, a viable intermediate scenario would be that of an investment level of approximately \$260 million per year. At this investment pace, the national coverage of sewerage networks would rise from 42.5% to 55.0% in ten years, for the benefit of 7.7 million new users.

Coverage and Investment in sewerage networks. Goals.

	Goals		
	2007	2011	2015
Coverage ¹	47.9 %	51.5%	>55.0%
Population to be included with access to sewerage networks ²	3.1	2.2	2.4
Population to be included with access to sewerage networks (cumulated value) ³	3.1	5.3	7.7
Investment ⁴	0.167%	0.845%	(*)

Source: Prepared with data furnished by the INDEC and projections of the Ministry of Economy and Production.

Note: ¹ expressed in percentage; ² values are expressed in millions; ³the cumulated value includes 2002-2007, 2008-2011 and 2012-2015 sub-periods; ⁴ expressed as a percentage of the annual average GDP.

* Projections of GDP were not available.

Although this scenario falls short of the original goal regarding sewerage networks, it is possible to meet and, therefore, lies on a more logical economic basis.

Percentage of households residing at inadequate housing units under irregular tenure conditions and Goals. Selected Years.

Families residing at inadequate housing units		Goals		
1991	2001	2007	2011	2015
7.7 %	6.4 %	5.6 %	4.8%	3.9%

Source: Prepared by the Office of the Secretary of Environment, Ministry of Health and Environment of the Republic of Argentina, on the basis of data furnished by the INDEC.

Finally, the percentage of families residing at inadequate housing units under irregular tenure conditions, will be probably reduced to its half by the year 2015.



Annex

Objectives – Goals – Indicators

MDG1 · Eradicate Extreme Poverty and Hunger

Goals	Indicators
<ul style="list-style-type: none"> ■ Eradicate extreme poverty and hunger ■ Reduce poverty to less than 20% 	<ul style="list-style-type: none"> ■ Proportion of population with income below US\$ 1(PPP) per day. ■ Poverty Gap Ratio ■ Gini Coefficient ■ Salary Income Gap ■ Proportion of Population with income below line of indigence ■ Proportion of population with income below line of poverty ■ Prevalence of infant malnutrition

MDG2 · Achieve Universal Basic Education Goals

Goals	Indicators
<ul style="list-style-type: none"> ■ Ensure that every child and adolescent is able to complete 10 years of basic, obligatory education ■ Promote, by 2015, the possibility for every child and adolescent to complete their Polymodal/Secondary Levels, after their mandatory schooling (General Basic Education – EGB) 	<ul style="list-style-type: none"> ■ Net Enrollment Ratio of 5 year olds ■ School attendance rate of 6-11 year olds ■ School attendance rate of 12-14 year olds ■ School attendance rate of 6 - 14 year olds ■ School attendance rate at EGB 1 & 2 levels ■ School attendance rate at EGB 3 level ■ School attendance rate for the EGB cycle ■ Proportion of pupils starting grade 1 who reach grade 5 ■ Female ratio ■ Literacy rate of 15-24-year-old youths ■ Rate of Graduation from EGB 1 & 2 ■ Rate of Graduation from EGB3 ■ Rate of Graduation from Polymodal Level

MDG3 · Promote decent employment

Goals	Indicators
<ul style="list-style-type: none"> ■ Reduce unemployment rate to less than 10% by 2015 ■ Reduce unregistered employment to 30% ■ Increase social security coverage to 60% of the unemployed population by 2015 ■ Reduce the proportion of workers who earn salaries below the basic basket to 30% ■ Eradicate child employment 	<ul style="list-style-type: none"> ■ Unemployment rate of 15 year- olds and older population (total for the country and by region) ■ Activity rate of 15 year- olds and older population (total for the country and by province) who do not contribute to social security programs ■ Proportion of employed earners of 18 years of age and older who do not contribute to social security programs ■ Proportion of employed earners of 15 years of age and older working on a full time basis (40 weekly hours and more) whose salaries cover the basic basket of a “typical household unit” ■ Proportion of unemployed population with access to different types of social security programs ■ Employment rate of children from 4 to 14 years of age

MDG4 · Promote Gender Equity

Goals	Indicators
<ul style="list-style-type: none"> ■ Reach by 2015, a higher gender equality through a greater economic participation of women and the narrowing of the salary gap between men and women, while keeping the gender equality levels acquired until 2000 in the education sector ■ Increase women's participation at decision-taking levels 	<ul style="list-style-type: none"> ■ Female ratio at the EGB and polymodal levels, combined ■ Female ratio in EGB and polymodal, tertiary and university courses of study, combined ■ Literacy rate of male 15-24 year olds ■ Literacy rate of female 15-24 year olds ■ Share of women in wage-employment in the non-agricultural sector ■ Income gap of wage earners ■ Ratio between women and men in public and private executive positions ■ Proportion of seats held by women in the National Congress ■ Proportion of seats held by women in Provincial Legislatures

MDG5 · Reduce Child Mortality

Goals	Indicators
<ul style="list-style-type: none"> ■ Reduce by two-thirds the mortality rate among children under five, from 1990 to 2015 ■ Reduce disparity among provinces in 10% by 2015 	<ul style="list-style-type: none"> ■ Child Mortality Rate ■ Children Under-Five Mortality Rate ■ Proportion of 1 year-old children immunized against measles ■ Gini Coefficient applied to the distribution of child mortality rate and the under-five mortality rate

MDG6 · Improve Maternal Health

Goals	Indicators
<ul style="list-style-type: none"> ■ Reduce maternal mortality by two-thirds from 1990 to 2015 ■ Reduce disparities among provinces in 10%, by 2015 	<ul style="list-style-type: none"> ■ Maternal Mortality Rate ■ Proportion of births attended by skilled health personnel ■ Gini Coefficient applied to maternal mortality

MDG7 · Combat HIV-AIDS, Tuberculosis, Malaria, the Chagas disease and other diseases

Goals	Indicators
<ul style="list-style-type: none"> ■ AIDS: Reduce, between 2005 and 2015, HIV prevalence in pregnant women between 15-24 years old, in 10%. Reduce, between 2005 and 2015, the mortality caused by HIV-AIDS in 12,5% and the HIV-AIDS incidence rate in 20%. Increase, between 2003 and 2015, the use of preservatives in youths at their last sexual intercourse in 25% ■ Tuberculosis: Reduce tuberculosis morbidity by 8% annual average. Reduce the tuberculosis mortality rate in 10% annual average and cure 90% of the tuberculosis cases under directly-observed treatment strategy ■ Chagas Disease: Certify the interruption of its vector transmission in 19 endemic provinces 	<ul style="list-style-type: none"> ■ HIV prevalence in 15-24-year old pregnant women ■ Rate of preservative use in the last sexual intercourse ■ Rate of preservative use in 14-24-year old youths ■ HIV-AIDS mortality rate ■ TAIDS incidence rate ■ Tuberculosis morbidity rate ■ Tuberculosis mortality rate ■ Proportion of Tuberculosis cases detected and cured under directly-observed treatment strategy ■ Parasite Annual Index ■ Proportion of endemic provinces where the interruption of the vector transmission of the Chagas disease has been certified

MDG8· Ensure Environmental Sustainability

Goals	Indicators
<ul style="list-style-type: none"> ■ To have achieved, by 2015, for all policies and programs at national level, to integrate the principles of sustainable development and have reversed the loss of natural resources (environmental) ■ Reduce by two-thirds, from 1990 to 2015, the proportion of population without access to safe drinking water ■ Reduce by two-thirds, from 1990 to 2015, the proportion of population without access to sewerages ■ Halve, by 2015, the proportion of households residing at inadequate housing units, under irregular tenure conditions 	<ul style="list-style-type: none"> ■ Proportion of surface covered by native forests, per year ■ Proportion of the total surface of area protected for biodiversity purposes, per year ■ Energy used per GDP unit, expressed in local currency ■ Proportion of participation of renewable sources in the Primary Energy Total Offer ■ Per capita annual carbon dioxide emissions ■ Proportion of family homes with access to safe water served by public pipelines ■ Proportion of the population with access to sewerage networks ■ Percentage of households residing at inadequate housing units under irregular tenure

Acronyms

CABA	Ciudad Autónoma de Buenos Aires	Autonomous City of Buenos Aires (BA)
CEDES	Centro de Estudios de Estado y Sociedad	State and Social Studies Center
CELADE	Centro Latinoamericano de Demografía	Latin American Demographic Study Center (LADSC)
CEPAL	Comisión Económica para América Latina y el Caribe	Economic Commission for Latin America and the Caribbean (ECLC)
CINE	Clasificador Internacional de Niveles de Enseñanza	International Standard Classification of Education (ISCED1997)
CNCPS	Consejo Nacional de Coordinación de Políticas Sociales	National Council for the Coordination of Social Policies
CNM	Consejo Nacional de la Mujer	National Women's Council
CONAPRIS	Comisión Nacional de Premios e Investigación en Salud	National Health Awards and Research Commission
DGEyFPE	Dirección General de Estudios y Formulación de Políticas de Empleo	Head Office of Studies and Policies on Employment
DINIECE	Dirección Nacional de Información y Evaluación de la Calidad Educativa	National Office of Information and Assessment on Educational Quality
EGB	Educación General Básica	Basic General Educations
EPH	Encuesta Permanente de Hogares	Permanent Household Units Survey
GBA	Gran Buenos Aires	Greater Buenos Aires
INDEC	Instituto Nacional de Estadísticas y Censos	National Statistics and Census Institute
IGM	Instituto Geográfico Militar	Military Geographic Institute
IPA	Índice Parasitario Anual	Annual Parasite Index (API)
MET	Mujer, Equidad y Trabajo	Women, Equity and Labor
MTSS	Ministerio de Trabajo, Empleo y Seguridad Social	Ministry of Labor, Employment and Social Security
NAP	Núcleos de Aprendizaje Prioritarios	Priority Learning Contents
NEA	Noreste Argentino	Northeastern region of Argentina
NOA	Noroeste Argentino	Northwestern region of Argentina
NV	Nacido vivo	live births (lb)
ODM	Objetivos de Desarrollo del Milenio	Millennium Development Goals (MDGs)
OIT	Organización Internacional del Trabajo	International Labor Organization (ILO)
OTEP	Oferta Total de Energía Primaria	Total Primary Energy Offer (TPEO)
OMS	Organización Mundial de la Salud	World Health Organization (WHO)
ONU	Organización de Naciones Unidas	United Nations Organization (UN)
PBI	Producto Bruto Interno	Gross Domestic Product (GDP)
PIIE	Programa Integral para la Igualdad Educativa	Comprehensive Program for Educational Equality
PJJHD	Plan Jefas y Jefes de Hogar Desocupados	Unemployed Heads of Households Program
PNBE	Programa Nacional de Becas Estudiantiles	National Students Scholarship Program
PNUD	Programa de Naciones Unidas para el Desarrollo	United Nations Development Program (UNDP)
PPA	Paridad Poder Adquisitivo	Purchasing Power Parity (PPP)
SAyDS	Secretaría de Ambiente y Desarrollo Sustentable	Sustainable Environment and Development Secretariat
SIEMPRO	Sistema de Información, Monitoreo y Evaluación de Programas Sociales	System of Information, Monitoring and Evaluation of Social Programs
SIFAP	Sistema Federal de Áreas Protegidas	Federal System of Protected Areas
SMVM	Salario Mínimo, Vital y Móvil	Basic, Vital and Movable Wage
SPTyEL	Secretaría de Programación Técnica y Estudios Laborales	Secretariat of Technical Programming and Labor Studies
TAES	Tratamiento Abreviado Estrictamente Supervisado	Directly-Observed Treatment Strategy (DOTS)
TBC	Tuberculosis	Tuberculosis (TB)
TEP	Toneladas Equivalentes de Petróleo	Fuel Equivalent Tons (FET)
TMI	Tasa de Mortalidad Infantil	Child Mortality Rate (CMR)
TMM	Tasa de Mortalidad Materna	Maternal Mortality Rate (MMR)
TMM5	Tasa de Mortalidad de Menores de Cinco Años	Children under-five Mortality Rate (UFMR)
UMSEF	Unidad de Manejo del Sistema de Evaluación Forestal	Management Unit of Forest Evaluation System

Regions

■ Based on the provinces

The regions are composed as follows:

Central Region: Buenos Aires, City of Buenos Aires, Córdoba, Santa Fe and Entre Ríos.

Cuyo Region: La Rioja, San Juan, San Luis and Mendoza.

Northwestern Region: Catamarca, Santiago del Estero, Tucumán, Jujuy and Salta.

Northeastern Region: Formosa, Chaco, Corrientes and Misiones.

Southern Region: Tierra del Fuego, Santa Cruz, Río Negro, La Pampa and Neuquén.

■ Based on urban conglomerates

There are six statistical regions composed of the aggregate of urban conglomerates according to the Permanent Households Survey:

Cuyo: Greater Mendoza, Greater San Juan and San Luis.

Greater Buenos Aires: City of Buenos Aires and surrounding suburban districts.

Northeast: Corrientes, Formosa, Greater Resistencia and Posadas.

Northeast: Greater Catamarca, Tucumán–Tafí Viejo, Jujuy–Palpalá, La Rioja, Salta, Santiago del Estero – La Banda.

La Pampa: Bahía Blanca, Concordia, Greater Córdoba, Greater La Plata, Greater Rosario, Greater Santa Fe, Mar del Plata, Río Cuarto, San Nicolás – Villa Constitución, Río Santa Rosa.

Patagonia: Comodoro Rivadavia, Neuquén, Rawson-Trelew, Río Gallegos, Ushuaia-Río Grande, Viedma-Carmen de Patagones

CAMPAÑA DE
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Argentina



CONSEJO NACIONAL de COORDINACIÓN de
POLÍTICAS SOCIALES

PRESIDENCIA de la NACIÓN



Presidencia de la Nación
Consejo Nacional de Coordinación de Políticas Sociales
Av. Julio A. Roca 782 5° (C1092AAH) Buenos Aires
Tel.: +54 (11) 4342-0939
odm@presidencia.gov.ar
<http://odm.politicassociales.gov.ar>