GOBIERNO DE CHILE

MILLENNIUM DEVELOPMENT GOALS

Executive Summary

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EXECUTIVE SUMMARY

FOREWORD BY RICARDO LAGOS ESCOBAR PRESIDENT OF THE REPUBLIC OF CHILE

Five years ago, 189 member countries of the United Nations, including Chile, signed the Millennium Declaration, which sets forth the Millennium Development Goals (MDG). These refer to critical poverty-related aspects, such as education, gender equality, reproductive, child and maternal health, sustainable development and international cooperation.

Signatory countries, including Chile, made a commitment to a main target: halve the proportion of people whose income is less than 1 dollar a day and halve the proportion of people who suffer from hunger, by 2015. Our goal is to eradicate extreme poverty and hunger in the world, which are the roots of disappointment, despair, instability and insecurity.

When we recovered our democracy in 1990, we decided to gear our efforts towards a fairer society, with as much fortitude as we had shown into putting new life into our economy. Today we evidence economic achievements that would not have been possible without social growth and conditions of governance.

Chile is the only country in Latin America that has already achieved the target of halving extreme poverty. Furthermore, using 1990 as a baseline, Chile has already accomplished most of the Millennium Development Goals.

Our per capita income in 2005 more than doubles that of 1990. Our country is more integrated, more open to the world, and is on its way to celebrating its bicentennial without any extreme poverty.

Chile has developed a series of structural and social reforms under a comprehensive, national, social agreement, with extensive support from our citizens and the country's various political sectors.

We have set up a budget structure focused primarily on equality and the development of opportunities for the more needy sectors. The fiscal surplus rule has contributed to Chile operating with countercyclical social spending. Far from reducing social spending, this has enabled us to increase it, by improving targeting of spending on the poorer sectors.

From 1990 to 2003, Chile has reduced poverty from 38.6% to 18.8%, and extreme poverty from 12.9% to 4.7%. With a view to eradicating extreme poverty, we have set in motion the Chilean Solidarity System. This is a system of social protection for 225,000 families in extreme poverty and combines both aid and promotional aspects. Its implementation marks a huge step forward, since it institutionalizes a specific policy for overcoming extreme poverty in the State.

We have also made other reforms that have an impact on the goal of overcoming poverty and improving the quality of life of Chilean men and women. We have set in motion the Health Reform, based on the Universal Access Plan for integral health benefits and Explicit Guarantees (AUGE). We implemented an Obligatory Unemployment Insurance Contribution for all workers under the Labor Code. We set up an Educational Reform that guarantees 12 years free, obligatory, schooling. And we have developed a housing policy for poorer groups, and the Chile Barrio Program, which seeks to put an end to shanty towns in Chile.

Notwithstanding these significant achievements, our goal is to make decisive progress in those areas where Chile is still backward. Unequal distribution of income and wealth, eradication of poverty and dearth, recognition of and increased opportunities for native peoples, and gender equality are four huge challenges that Chile will have to cope with in the next decade in order to become a fairer country.

This first national report enables us to set more realistic goals and targets, in line with Chile's possibilities of economic and social growth over the course of the next decade. Our goal is to increase our efforts in fighting against exclusion and promoting social growth. To that end, this report includes both the levels of progress of the Minimum Indicators proposed by the United Nations and of a set of Additional Indicators aimed at strengthening our goals and setting realistic challenges with a high social impact.

In the Millennium Declaration, we expressed our ethical and political conviction that we needed to promote equal opportunities on a global scale. Because we want a fairer globalization, because the progress of some cannot be offset by the domination, exclusion and poverty of the rest, our commitment to a better world is a commitment to our country and to the inhabitants of other, poorer, countries.

I am convinced that we political leaders cannot accept situations of hunger and extreme poverty, which lie within our ability to remediate. Not making every possible effort to eliminate hunger in the world does not befit the leadership that we are called to exercise. We have to act, because there is an ethical need to do so. There is no justification for hunger and poverty to be increasing in the world today, when it has achieved the level of knowledge and technological development that now exists. And, if this injustice can possibly be changed, then it is our moral duty to do so.

We do not want the Millennium Development Goals to be a declaration of good intentions. To that end, in the Geneva Declaration, Chile,

Spain, Brazil and France issued a warning that the international community was lagging behind in the deadlines which it had set for accomplishing the Millennium Goals. The lack of financing could prevent us from making significant progress towards the goal. Hence, as of 2006, Chile will levy a 2 dollar contribution on international air fares, and these resources will be allocated to projects that combat extreme poverty and hunger. This is a specific way of setting in motion the idea that we conceived together with President Lula, President Chirac, and Prime Minister Rodríguez Zapatero in the fight against poverty.

Meeting the Millennium Development Goals requires that each country should make a concerted effort to accomplish its goals. We are aware, however, that many countries will not be able to put an end to poverty and hunger without international aid and cooperation. Chilean men and women are committed to our fellow countrymen and women, and to those countries where many of their inhabitants are beset by extreme poverty, lack of medication and hunger.

Ricardo Lagos Escobar

PRESENTATION

Within the framework of the United Nations Summit to cope with the world's main challenges in matters of development, held in September, 2000, Chile was one of 189 member states that approved the Millennium Declaration.

This Declaration set forth eight goals that committed the countries to make every effort to eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria and other diseases; guarantee environmental sustainability; and develop a global partnership for development.

This report informs the country and the international community of Chile's progress towards accomplishing the targets stipulated in the Millennium Development Goals, to which our government is strongly committed.

Chile has made gradual progress in this regard. The evolution of the specific indicators of the various targets starting in 1990 –the baseline year for the "Millennium Development Goals"– shows that Chile has evidenced a steady improvement, accomplishing many of them at this date. Chile is also in a position to accomplish most of the remaining goals before the deadline.

This first report has also set forth additional targets that seek to cope with new challenges for each of the Millennium Development Goals. These have been defined in line with the country's degree of economic and social growth, and its strategic development goals.

This report considers data on the situation to date, the state of progress, the main challenges, the supporting framework and the capacity for evaluation and follow-up of each of the Millennium Development Goals, which reflect Chile's current situation. It must be stressed that, where possible, the information has been presented broken down by gender, age, geographical zone, regional and ethnic differences. Specific analyses have also been made of given population groups, so as to show the different circumstances existing in the country.

The Ministry of Planning (MIDEPLAN), through its Social Division, has been responsible for coordinating and editing this report, which has been prepared with the participation of the Ministry of Education, the Ministry of Health, the National Bureau for Women (SERNAM), the Ministry of Labor and Social Security, the National Forestry Corporation (CONAF), the National Committee for the Environment (CONAMA), the National Committee for Energy, the Ministry of Housing and Urban Development, the Ministry of Public Works, the Under-secretariat

for Regional and Administrative Development, and the Superintendence of Health Services, making up the Millennium Goals Government Network. This network received constant cooperation from the United Nations System in Chile.

I would like to express my thanks for the support and commitment of these institutions, which has enabled us to draw up this report.

We must bear in mind that our achievements so far in these important issues are just a springboard that enables us to continue working together to address the challenges before us with even greater fortitude – and these are none other than having a country with improved living conditions for the people who live in it.

Yasna Provoste Campillay
Minister of Planning

This report, edited in September, 2005, informs the country and the international community of Chile's progress towards accomplishing the targets stipulated in the Millennium Development Goals, to which Chile's government is strongly committed. The Chilean Government has also set additional targets, keyed to its social and economic growth and to its strategic development goals.

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1

GOAL

ERADICATE EXTREME POVERTY AND HUNGER

TARGET 1

Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

TARGET 2

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

TARGET 1 Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

In 1990, 3.5% of the Chilean population earned an income of less than one dollar a day. In 2000, this figure was down to 2.3%. By 2015, this figure is expected to be halved (1.7%). Using the national poverty line, which almost duplicates the international one, the poverty incidence between 1990 and 2003 dropped to one third, from 12.9% to 4.7% of the population.

In 1990, the poverty gap ratio, which measures the depth of poverty, was 1.41; in 2000, it was 0.69, and it is projected to be 0.70 in 2015. Evaluations made using the national poverty line also show significant reductions in the depth of poverty between 1990 and 2003 - from 4.3 to 1.7.

The estimate used in this report for the indicator "share of poorest quintile in national consumption" is the share of the monetary income of the first quintile of households. In 1990, it was 4.4%. During the nineties, the proportion of targeted subsidies captured by the first quintile increased to 53.8% in 2000, and 55.2% in 2003.

If this trend is maintained, and greater targeting of subsidies on lower income households is achieved, so that the first quintile captures around 67% of total subsidies, the share of monetary income of this quintile could increase from 4.3% in 2000 to 4.6% in 2015. This estimate considers that, between 1990 and 2003, the Gini coefficient has stayed at around 0.57.

Additionally, two Chile Solidarity family-related indicators, supporting compliance with the extreme poverty reduction indicators and based on the Social Protection System created by the government of President Ricardo Lagos to support Chile's poorest families, are set forth. Their target is for at least 70% of these families to earn an income above the poverty line and for at least 70% of them to have at least one adult member of the family with a regular job and stable wage.

The supporting framework includes the fact that, during the nineties, the Governments of the Concertation changed the strategies for overcoming poverty, not just in terms of giving the issue explicit importance, but also because of the need to innovate in their strategies of intervention and in the relevance and efficiency of the public offer of services and benefits aimed at the poorest sectors of the population.

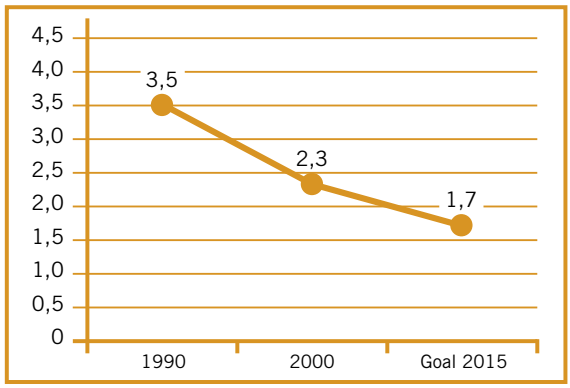
These last 15 years have stood out because of transcendental reforms aimed at fostering equality, equal opportunities and increasing social protection mechanisms. These aspects are expressed in the Educational Reform, implemented since 1990, which seeks to guarantee 12 years of obligatory,

free, schooling, increase school coverage, improve educational infrastructure, modernize the teaching curriculum, extend the school day, and in programs to provide food, health and textbooks.

The Health Reform, involving implementation of the Universal Access Plan for Integral Health Benefits and Explicit Guarantees (AUGE) (Law of General Health Guarantee System), a mechanism that acts as a complete health system for all Chileans and considers the various stages of all diseases, including the most serious and costly, also stands out. The Labor Reform (Law No. 19.728), which stipulates an Obligatory Unemployment Insurance Contribution for all workers under the Labor Code hired as of October 2nd 2002, has also been relevant; and there are other reforms (Judicial – Criminal Procedures, Housing Subsidies, among others).

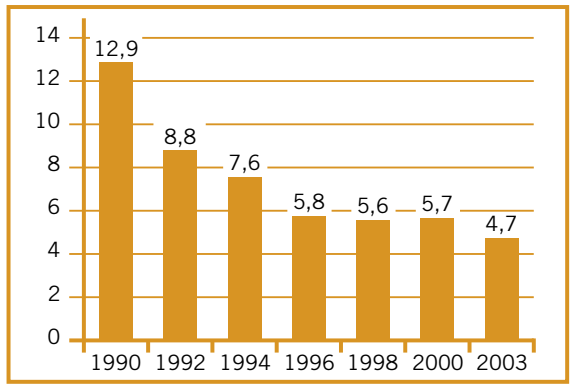
Notwithstanding the above, an essential aspect for accomplishing the goal of eradicating extreme poverty has been the creation of the Chile Solidarity Social Protection System for 225,073 families living in extreme poverty (May, 2002).

Proportion of the population with an income of less than one dollar a day



Source: Social Division of ECLA based on Casen Surveys for the respective years.

Evolution of poverty in Chile (1990-2003) (percentage of the population)



Source: Ministry of Planning, Casen Survey for the respective years.

TARGET 2 Halve, between 1990 and 2015, the proportion of people who suffer from hunger

In 1990, according to the SEMPE guideline, 4.0% of children under 6 years old were malnourished. In 1994, the Ministry of Health changed the guideline from SEMPE to NCHS, since the latter fitted much better with Chile's epidemiological circumstances and was more in line with available scientific evidence.[1]

This change means that figures from the beginning and end of the decade cannot be compared exactly. Nonetheless, malnutrition has clearly decreased in the nineties. In 1994, the proportion of children under 6 years old suffering from malnutrition was 0.7%. This indicator has continued to drop since then to 0.5% in 2000, which is the figure expected to be maintained until 2015.

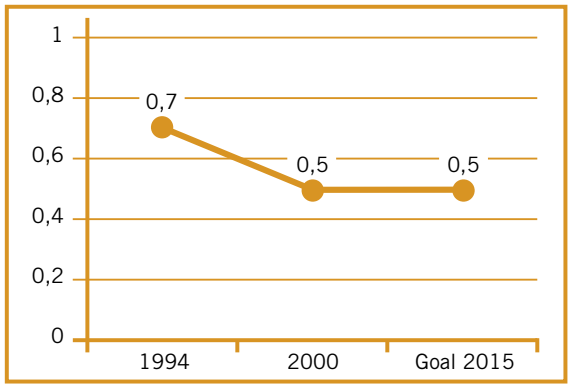
The incidence of obesity has increased significantly. The proportion among children under 6 has increased from 6.2% in 1996 to 7.2% in 2003. This trend is expected to be reversed, so that the indicator will be 6.0% in 2015.

The proportion of undernourished people, that is, people who do not have enough food to cover their basic energy and protein needs and are, therefore, in a position of food insecurity, has already been halved in Chile, thereby achieving the target set for 2015. Between 1990 and 1992, the proportion of undernourished people was 8.0%, while between 1998 and 2000 it was 4.0%. This figure is expected to be maintained in 2015.

The supporting framework for this target consists of the Health Fostering Program (since 1996), whose main goals include reducing obesity and also fostering healthy food by making available health guides, nutritional labeling of food and nutritional guides for senior citizens. Other aspects that contribute to achieving the target are, among others, the Supplementary Food Program for Premature Infants and Senior Citizens; government health and nutrition programs aimed at children under 6 years old (JUNI and INTEGRA), pregnant women and nursing mothers; the School Meals Program (PAE) aimed at children in kindergarten, primary and secondary education in State-financed educational establishments (which attends about 1 million 300 thousand children); and the existence of a data system on children under 6 implemented by the Ministry of Health in 1974 and on pregnant women since 1981.

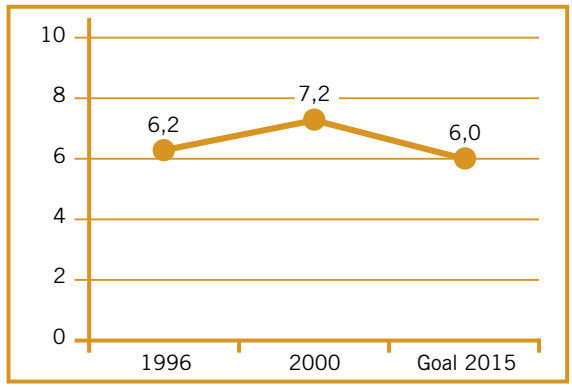
1 Nutritional rating is based on comparing weight for age, height for age and weight for height indicators, using the National Center Health Statistic (NCHS) guideline as a reference.

Proportion of population under 6 years old suffering from malnourishment, according to an integrated nutritional diagnosis (1994 – 2015)



Source: Ministry of Health

Proportion of population under 6 years old suffering from obesity, according to an integrated nutritional diagnosis (1996 – 2015)



Source: Ministry of Health

2

GOAL

ACHIEVE UNIVERSAL PRIMARY EDUCATION

TARGET 3

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

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The net primary school enrolment ratio is currently more than 90%. In 1990, this ratio was 88.0% and in 2000 it was 91.0%. A net primary school enrolment ratio of about 95.5% is espected for 2015.

The proportion of students who started first grade and reached fifth grade was more than 91% in 2000. There is no information for this indicator in 1990. There is only information for 2000. Since the ratio for 2000 may be considered high (91.6%), it is estimated that by 2015 almost one hundred per cent of the population starting first grade will reach fifth grade.

The youth literacy rate (in the 15 to 24 year age group) was 98.4% in 1990 and 99.1% in 2000. 99.8% of the total population in the 18 to 24 year age group is expected to be able to read and write by 2015.

Additional targets and indicators are set in light of the current challenges faced by education in Chile and the main thrust and priorities of the policy defined by the Chilean Government for this sector. In this regard, kindergarten sets additional indicators seeking to improve the quality and strengthen the schooling of children under six, by contributing substantially to early childhood development of Chile's boys and girls and stressing the importance of increasing educational coverage. The particular target is to increase the preschool (0-3 years old) enrolment ratio to 30.0% by 2015. This ratio was 5.4% in 1990 and 11.3% in 2000.

Our target is also to achieve a 100% enrolment ratio for the first transitional level (4 year old children) and the second transitional level (5 year old children) by 2015. This ratio was 40.1% in 1990 and 56.1% in 2000. Finally, we are seeking to increase pre-school educational coverage for boys and girls in the 40% of Chilean households with the lowest income.

60% coverage is expected for the first quintile in 2015, and 55.0% for second. Coverage for children from the first quintile in 1990 was 16.9%, increasing to 25% in 2000. This coverage was 17.5% in 1990 and 29.6% in 2000 for children from the second quintile.

Primary education is expected to achieve a survival rate of about 95.2% in 2015. The rate in 1990 was 69.9%, and in 2000 it was 84.0%.

The additional indicators for the second secondary education cycle seek to ensure that, in 2015, boys, girls and teenagers enjoy access to this second secondary education cycle. In particular, the target for 2015 is a net secondary education enrolment ratio of 72.9%. This ratio in 1990 was 54.6%, and in 2000 it was 61.8%.

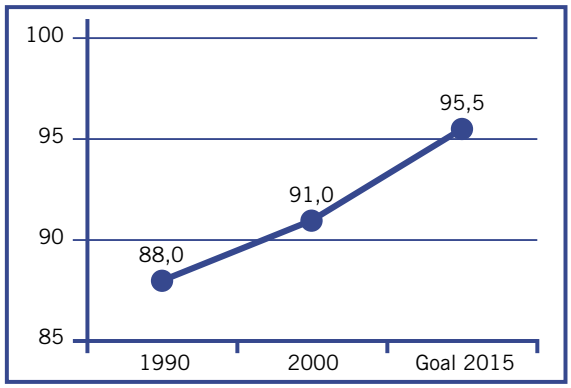
Similarly, the target is to achieve a secondary education completion ratio of 90.5% by 2015. In 1990, it was 52.7%, and in 2000 it was 67.9%. The final target is to increase permanence in the educational system, by achieving a secondary education survival rate of 99.0% in 2015. This rate was 75.3% in the 1995-2000 cohort.

The additional adult education indicators seek to improve the quality and expand coverage for adults with incomplete studies. The idea is to reduce the proportion of individuals in the 15 to 65 year age group with less than 8 years schooling to 15.0% by 2015. In 1990, 31.0% of the population in the 15 to 65 year age group had less than 8 years schooling, while this proportion dropped to 22.0% in 2000.

Another target is to reduce the proportion of individuals in the 18 to 65 year age group with less than 12 years schooling to 34% by 2015. In 1990, this proportion was 60%, while in 2000 it dropped to 49.0%.

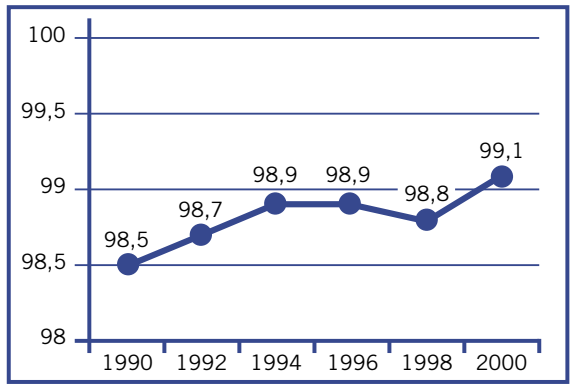
The supporting framework for accomplishing this goal is given by the increase in spending on both public and private education. This is expressed both in global terms and in terms of expenditure per student in pre-school, primary and secondary education. Low income sectors have benefited from a consistent policy of positive discrimination that has noticeably increased their educational opportunities.

Net primary education enrolment ratio (1990 – 2015)



Source: Ministry of Education

Literacy rate for individuals in the 15 to 24 year age group (1990 – 2000)



Source: Ministry of Education

Sufficient school infrastructure has also been provided during this period, even to meet the goal of a full school day for all children and teenagers. The necessary resources are also available in terms of higher education trained teaching professionals. All students in State-supported educational establishments have the necessary textbooks and enjoy almost universal access to educational computer systems.

During this period, educational policies have been geared towards Quality, Equity and Participation. Two foundational criteria are considered for achieving quality – exigency and support. The idea is that this combination should encourage school communities to review and improve their teaching service.

One of the most important components of the Educational Reform is the Constitutional Reform (May, 2002), which stipulates obligatory, free secondary education (12 years schooling), making the State responsible for guaranteeing all Chileans up to 21 years of age access to this level of schooling.

A Full Schooling Plan was developed to implement this Reform. This includes giving a Pro-Survival Subsidy to educational establishments, which attend the poorer students between seventh grade and the end of secondary school, including sons and daughters of "Chile Solidario" families. This subsidy institutes an additional contribution from the State to reinforce access and permanence of these boys, girls and teenagers in primary and secondary schools.

3

GOAL

PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

TARGET 4

Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015

TARGET 4 Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015

In 1990, the girls/boys ratio in primary education was 1.0, and in 2000 it was 0.97. By 2015, it is expected to be 1.0. The ratio in secondary education was slightly favorable to women in 1990 and 2000 (1.05 and 1.02, respectively). This indicator is expected to be 1.0 by 2015. The women/men ratio in higher education grew from 0.81 to 0.87 between 1990 and 2000. This indicator is projected to be 0.97 in 2015.

The literacy rate ratio for women and men in the 15 to 24 year age group is practically the same for both genders (0.99). In 1990, it was 1.04. This indicator is expected to be 1.0 in 2015.

Women's access to wage employment in non-agricultural occupations has been stable since 1990, when it was 36.2%, climbing to 36.6% in 2000. The proportion of women in wage employment in the non-agricultural sector is expected to climb to 40% by 2015.

In 1990, the proportion of women in parliament was 6.0%. In 2000, it was 9.5%. This proportion is expected to increase to 40% by 2015. A series of additional indicators linked to women's education, access to public office by popular election, access to nursery school education for sons and daughters of economically active women, participation of women in positions of responsibility and/or decision-making at company level, quality of employment, wage gaps between men and women, participation of women in training activities and women's access to the financial system, are set forth with regard to this goal.

In 1990, 54.4% of women in the 20 to 24 year age group had 12 years schooling (full secondary education); in 2000, this proportion increased to 68.8%. The secondary education completion rate for women is expected to be 91.3% in 2015. In 2000, the proportion of women holding public office by popular election (town councilwomen) was 17%. This proportion is expected to increase by 2015.

In Chile, women's share of the labor market has increased over the last decade, from 31.7% in 1990, 33.6% in 1992, 35% in 2000 to 34.7% in 2002. It is expected to be 45% by 2015. In 1990, share of the economy by women from the first income quintile was 17.9%, while in 2000 it was 25.7%. It is expected to be 35.0% by 2015.

In 1990, pre-school coverage for sons and daughters of economically active women was 20.9%; this proportion increased to 32.4% in 2000. The trend is expected to continue with a 42.0% indicator in 2015.

A study by the National Bureau for Women (SERNAM), based on a sample of 1010 companies,

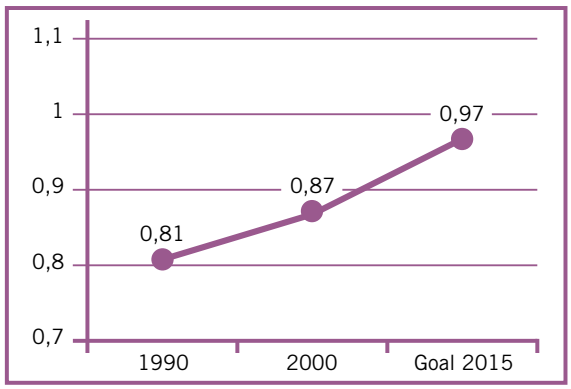
reveals that women's share of positions of responsibility was 18% in 2000. The target for 2015 is a 25% women's share of positions of responsibility and/or decision-making at company level.

Furthermore, the Overall Quality of Employment Index developed by the Ministry of Labor and Social Security, which shows the main work conditions at national level based on an integration of job income, existence of a contract, and social security (health and social security contributions) variables, shows that quality of employment conditions deteriorated between 1992 and 2000. Women were not the exception, with the index dropping from 71.36 to 65.1. The trend is expected to be reserved in the next few years, to achieve a women's quality of employment index of 75.0 in 2015.

The wage gender gap was 31% in 2000. In other words, for every $1,000 earned by a man, a woman earned $689 for the same job. This gap was 38% in 1990. The downward trend is expected to continue through 2015, with the gap being reduced to 25%.

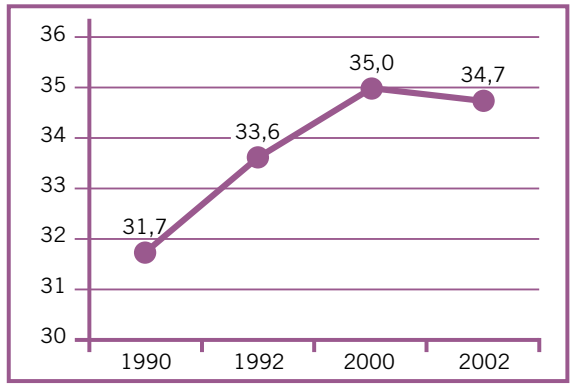
Women's job training through tax concessions has evolved positively from 1998 to 2002. Of all people who received job training by this means in 1998 and 2000, 20.1% and 26.3%, respectively, were wage employed women. This proportion rose to 27.9% in 2001 and 30.1% in 2002. Women's participation in job training through tax concessions or other means is expected to increase to 45% by 2015. Of all people who had access to loans from banks and financial institutions in 2003, only 38%

Women/men ratio Higher Education (1990 – 2015)



Source: Ministry of Education

Women's share of the labor market (1990 – 2002)



Source: SERNAM

were women. This proportion is expected to climb to 45% in 2015.

The supporting framework for accomplishing this goal is given by the traditional public institutional framework (especially in such areas as education, health, work, among others) and the new institutional framework generated by the return to democracy (SERNAM, PRODEMU, Family Courts, among others) fostering greater gender parity. It is also given by progress in legislation and the political will of the authorities to recognize disparity problems affecting women and to act on them. A key milestone in this regard is the commitment by the authorities expressed in the creation of the Council of Ministers for Equal Opportunities (March, 2002), whose purpose is to supervise and enforce the Equal Opportunities Plan and incorporate specific policies with gender content into Ministries, Government Services and State-owned Companies.

Internationally, Chile has signed and ratified a series of international and regional human rights treaties and instruments that address parity between men and women and which constitute an essential supporting framework for accomplishing the Millennium Development Goals and, especially, the goal of promoting gender equality and empowering women.

4

GOAL

REDUCE CHILD MORTALITY

TARGET 5

Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

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The mortality incidence in children aged 1 to 4 has dropped 50% in the nineties, ending up close to the expected rate for 2015, that is, 0.26 for every one thousand children in that age group. In 1990, it was 0.79, while in 2000 it was 0.31, increasing slightly in 2002 (0.39).

The main causes of death in children under-five are traumatism and poisoning, followed by congenital anomalies. The main cause of accidental death is household accidents, especially drowning, immersion and poisoning. The primary cause of death from disease is respiratory infections, and their incidence (22%) is higher than for under-one-year-old infants (13%), so these are the main cause of out-patient visits and hospital discharges.

The reduction of child mortality in the last decade has been largely at the expense of late infant mortality, which is the reason for the greater weight currently of the neonatal mortality component, responsible for 64% of total deaths of under-one-year-old infants. Of all deaths of infants less than 28 days old, about 75% occur in the first week of life.

In 1990, the child mortality rate was 16.0 per one thousand live births, dropping to 8.9 in 2000. The figure is expected to stand at 5.3 per one thousand live births in 2015.

The five specific major causes of death in children under one year old are extreme prematurity, congenital malformations of the heart, pneumonia, cot death syndrome, and congenital malformations of the nervous system, which together represent 48% of all deaths in this age group.

Measles is not one of the main causes of child mortality in Chile, and no cases have been confirmed in the country since 2000. Vaccination coverage was 96.8% in 1990 and 97.0% in 2000. The same proportion is expected to be maintained in 2015.

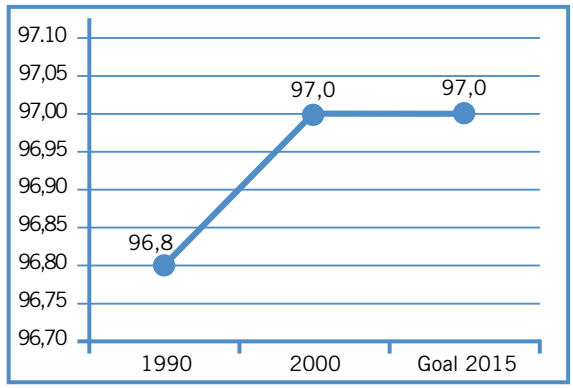
The supporting framework for accomplishing this goal is given by the inclusion of "extreme prematurity" in the explicit guarantees of the General System of Health Guarantees (AUGE). The country also has a very complex neonatal care network, consisting of 28 neonatal intensive care units (ICU) that cover the whole country. According to national research, this has meant that more than half of the reduction in infant deaths is directly related to the expansion and coverage of the Health Services.

The main actions carried out in this area over the last ten years are: Equipping the neonatology units; regionalizing neonatal care; implementing neonatal residencies; continuous national training plan; National Program for the Use of Surfactant;

implementation of follow-up polyclinics for premature babies and the National Program for the Use of Indometacine.

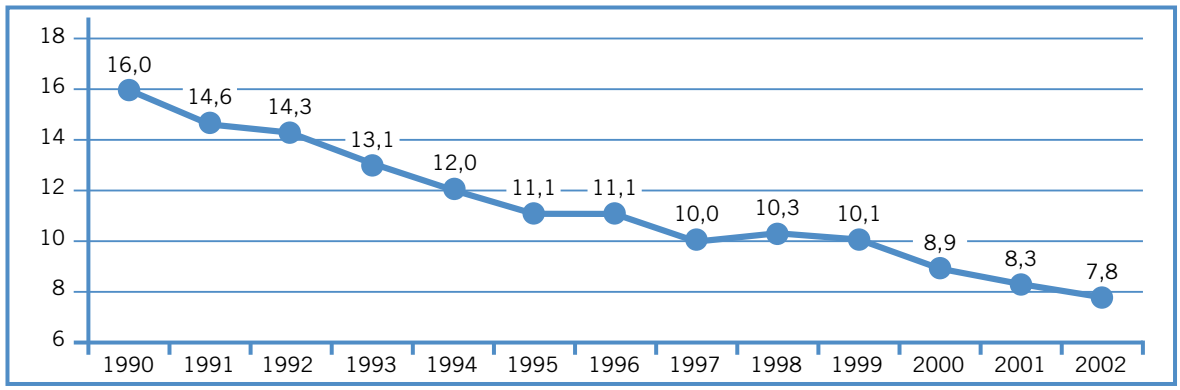
Eradicating measles is a government commitment assumed together with the American Region States. To achieve this, there is, in addition to regular immunization, a system of supervision to identify suspicious cases (evaluations have already been made in 2001 and 2002, when a low number of suspicious, but unnotified, cases were detected).

Proportion of 1 year old children vaccinated against measles (1990 – 2015)



Source: Ministry of Health.

Child mortality rate (x 1000 live births) (1990 – 2002)



Source: Ministry of Health.

5

GOAL

IMPROVE MATERNAL HEALTH

TARGET 6

Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

TARGET 6 Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Maternal mortality has evolved favorably over the last decades and is one of the lowest rates in Latin America. In 1990, it was 4.0 per 10000 live births, dropping to 1.9 per 10000 live births in 2000 and 1.7 per 10000 live births in 2002. It is expected to drop to 1.0 in 2015.

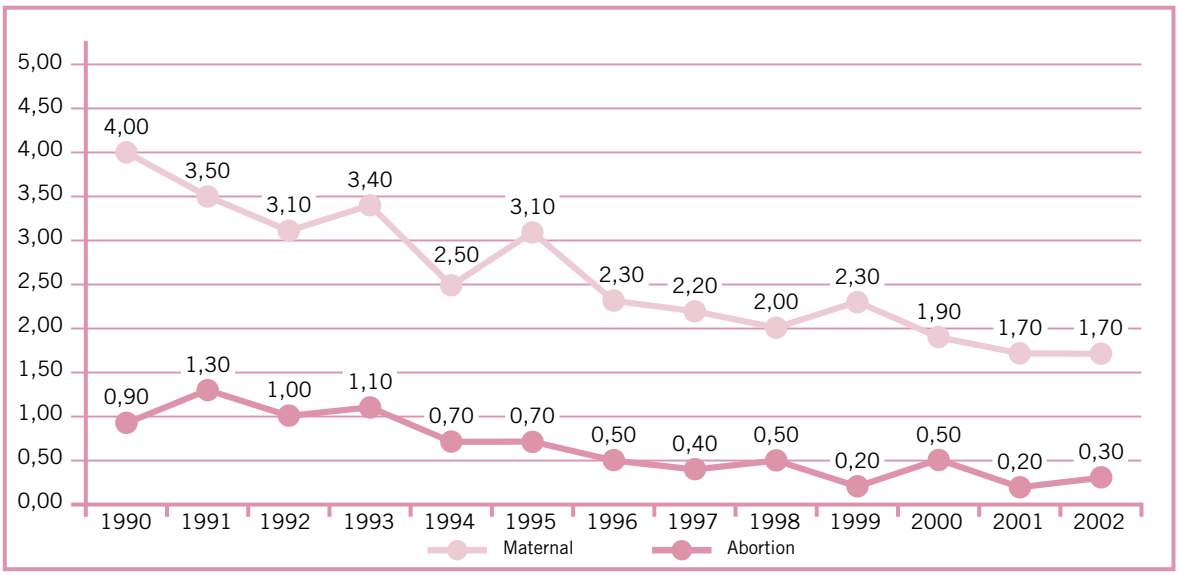
The main causes of maternal mortality are pregnancy-related complications and miscarriages. The sustained reduction in miscarriage mortality, however, has meant that pregnancy complications have become more relevant in the last decade.

Recently, complications during the puerperium have come to take third place in the causes of maternal death. Chile has a high proportion of professionally attended deliveries, which ensures good perinatal care and subsequent control of any potentially fatal complications. In 1990, this proportion was 99.2%, rising to 99.7% in 2000. It is expected to be 100% by 2015.

Two additional indicators are also set forth. These involve the use of contraceptive services by women of childbearing age, and the proportion of live births of under-nineteen mothers in relation to the total number of live births.

In 1995, contraceptive coverage of women of childbearing age was 31.6%, rising to 40.9%

Maternal mortality and miscarriage rate (x 10000 live births) (1990 – 2002)

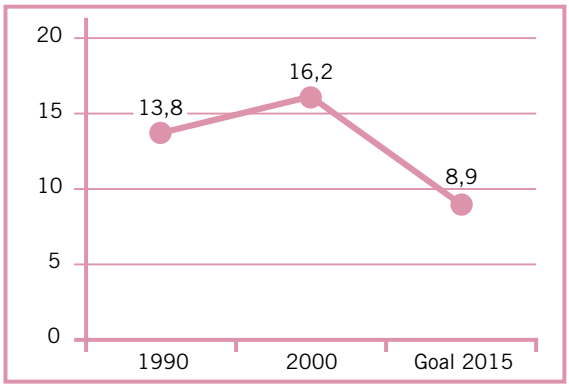


Source: Ministry of Health

in 2000. The target set considers achieving 60% coverage of public health system beneficiaries in 2015.

The proportion of live births of under-nineteen mothers in Chile was 16.2% in 2000, which was an increase in relation to 1990. The expected reduction for this indicator is 45% by 2015. During 1990, the proportion of live births of under-nineteen mothers was 13.8%, while it was 16.2% in 2000. It is expected to be 8.9% in 2015.

Proportion of live births in under-nineteen mothers (1990 – 2015)



Source: Ministry of Health

The supporting framework for accomplishing this goal is given by the development of public policies aimed at the most vulnerable groups and those at reproductive risk, especially in lower socio-economic sectors of the population and the young. The mechanisms used include mass educational campaigns and specific actions at school level, generating intersectoral coordination mechanisms (Ministries of Education and Health).

The causes of the drop in the country's maternal mortality rate include, among others, the continuous improvement in access to and quality of prenatal care via the primary care network and hospital deliveries with skilled attendants, which has reduced avoidable deaths thanks to technological progress in obstetric care, and the reduction in unwanted pregnancies due to greater access to information and contraceptive services.

Furthermore, the framework of the 2000-2010 Health Goals and the Health Reform involving implementation of the AUGE Plan, which specify national health goals to be accomplished by 2010, includes such targets as reducing reproductive inequality, reducing the incidence of abortions and reducing unwanted teenage pregnancies.

6

GOAL

COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

TARGET 7

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

TARGET 8

Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

TARGET 7 Have halted by 2015 and begun to reverse the spread of HIV/AIDS

The estimate of people living with HIV/AIDS is 33,314 at December 31, 2003 (between 3 and 4 people for every sick person notified). Until December 31, 2003, 6,060 people with AIDS and 6,514 asymptomatic HIV-positive people had been reported. The death of 3,860 people since 1984 was reported.

The prevalence of the infection in pregnant women (representative of the population as a whole) was studied in Chile from 1992 to 1999. The figure remained stable at 0.05% during that period. This is an indicator of stability in population prevalence, which could be due to the impact of preventive measures. This figure is expected to be maintained in 2015.

This information will be obtained as of 2005 by implementing the HIV Vertical Transmission Prevention Regulation, which considers offering the test to all pregnant women (with acceptance being voluntary) in the public health service, which covers about 75% of total pregnancies in the country. Prevention of Vertical Transmission of HIV is implemented through Protocol ACTG 076, established in Chile since 1996 and covering pregnant women in public and private health sectors.

The use of condoms by the sexually active population aged 15 to 24 was obtained through the National Study of Sexual Behavior carried out by the Ministry of Health's National Committee on AIDS. This indicator will be measured in 2005 in the quality of life survey. The target for 2015 is to reach 50% of the target population, which is what is already set forth in the Health Goals for 2010.

Measuring the population aged 15 to 24 with comprehensive, correct knowledge of HIV/AIDS is based on the National Study of Sexual Behavior referred to above. The target for 2015 is a commitment assumed by the country in the United Nations General Assembly Special Session on AIDS (UNGASS 2001), which stipulates that "at least 95% of young people of both sexes in the 15 to 24 age group have access to information and services to reduce their vulnerability".

Recent studies confirm that, although it has increased, the use of condoms in the population is low. Condom imports, however, are an indirect indicator of condom use, and this figure has increased noticeably in Chile. As a result of these conditions, the Ministry of Health estimates a conservative target of 5 condoms per population aged 15 to 49 by 2015. In 2001, the ratio was 1.4; in 2002, it was 1.7; in 2003, it was 2.6; and in 2004 it was 7.6.

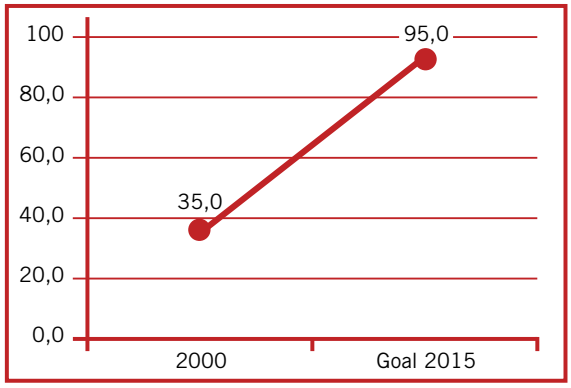
An additional indicator is also set: reach 2015 with an AIDS mortality rate of 1.7 per 100,000 inhabitants.

The supporting framework for accomplishing this goal is given by the allocation of resources from the Global Fund for TBC, Malaria and HIV/AIDS (as of 2005), which will be used to implement the strategy of "social marketing of the condom", in those regions most affected by the epidemic, covering the whole country in two years. The aim of the project is make condoms more accessible to the population by means of mass communicational and promotional campaigns and by bringing down their cost.

A specific study is also being carried out to gain knowledge of the sexual behavior of emerging, vulnerable, population groups, in addition to women, such as young people, migrants and people who work in high risk professions. (Sexual Behavior in Young People Survey, which will be implemented by the Ministry of Health during the 2005-2008 period in the population aged 15 to 24).

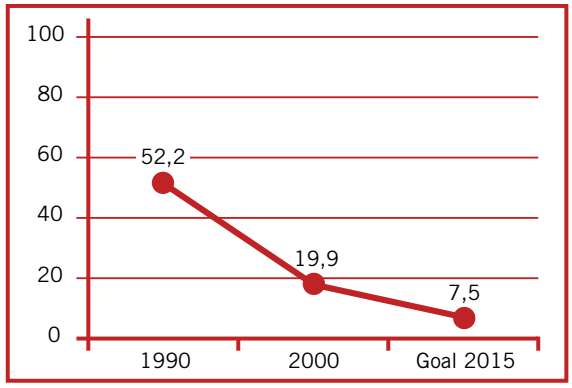
Finally, the inclusion of HIV/AIDS in the explicit guarantees of the General System of Health Guarantees (AUGE) is consistent with the proposed target.

Proportion of population aged 15 to 24 with comprehensive, correct information on HIV/AIDS (1990 – 2015)



Source: Ministry of Health

TB Morbidity Rate (x 100,000 inhabitants) (1990 – 2015)



Source: Ministry of Health

TARGET 8 Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

In 2002, the TB mortality rate was 1.9 per 100,000 inhabitants and its incidence was 19.9 per 100,000 (all forms). This figure was considered the "threshold" for the elimination phase. In this context, the Ministry of Health has set the goal of "eliminating tuberculosis as a public health problem", that is, to reduce the morbidity rate to figures equal to or less than 5 per 100,000 inhabitants in the next decade. An intermediate target is to achieve the advanced elimination stage by 2010 (10 per 100,000) and reach a rate of 7.5 per 100.000 inhabitants by 2015. The proportion of TB cases detected and cured with the Directly Observed Treatment Short Course (DOTS) was 84% in 2000. The target for 2015 is 95% of cases.

There is no malaria in Chile, and the mortality incidence of tuberculosis has decreased constantly. TB is in the process of being eliminated. The above justifies the definition of more demanding additional indicators that answer to the typical health problems of a country with an advanced population change-over and medium level of development.

In this context, the following additional indicators are set: Reduce mortality from cardiovascular diseases by 18% in 2015, given that the rate was 185 per 100 thousand inhabitants in 1990 and 137.6 in 1999. Halt the increase in diabetes mortality in both men and women, maintaining a standardized age-specific rate of 14 per 100,000 inhabitants. Reduce the standardized age-specific cervical cancer mortality rate by 40% in 2015. In 1990, the standardized age-specific cervical cancer mortality rate per 100,000 women was 11.8, while in 2000 it was 8.9. Increase the proportion of women aged 25 to 64 who have had a smear test in the last three years to 90% by 2015. The proportion of women aged 25 to 64 who had a smear test was 26% in 1990 and 64% in 2000. Reduce depression prevalence by 10% in 2015. Depression prevalence was 7.5% in 1999, and a 6.8% rate is expected by 2015. Reduce tobacco consumption in the population as a whole by 25%. The rate was 40% in 2000, and 30% is expected by 2015. Finally, reduce the "drinking problem" in the over twelve population. The indicator in 1994 was 24%, dropping to 23.8% in 2000. The target for 2015 is to reach 20%, which would be a 10% reduction in the "drinking problem" in the over twelve population.

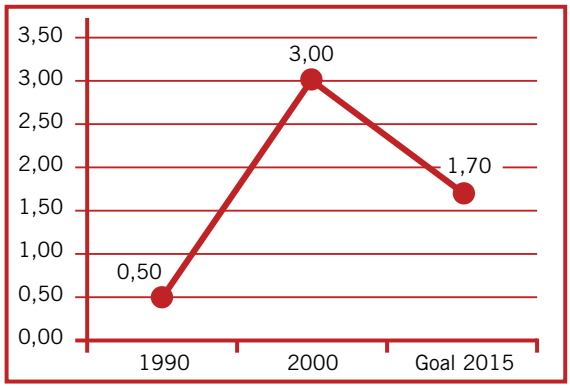
The supporting framework for accomplishing this goal is given, among others, by the National Cervical Cancer Program, which is based on recommendations from the WHO/PHO and on cost effectiveness criteria. This program targets women aged 25 to 64 to have a smear test every three

years. It also ensures the reliability of the smear test through a quality control system and accreditation of the public health system's cytopathology laboratories; as well as timely, quality treatment of cases detected.

It is also essential to maintain the achievements of the National Program for Controlling and Treating Cervical Cancer. To this end, the Ministry of Health has updated a care protocol for detected cases, which contains both the activities involved, such as the referral and care network, integrating all 3 levels, and a continuous training system. This pathology is also included in the AUGE Plan, which guarantees its timely treatment.

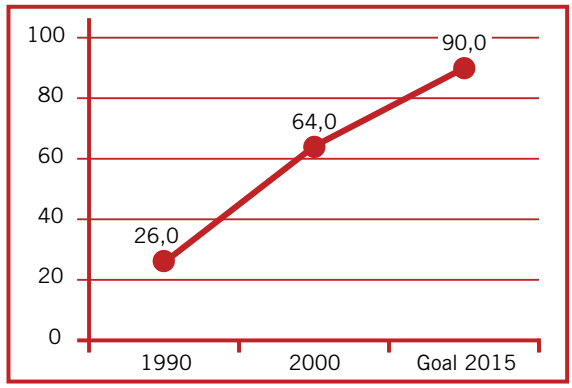
The inclusion of chronic kidney failure, acute myocardial infarction and diabetes mellitus types I and II in the explicit guarantees of the General System of Health Guarantees AUGE, is an essential supporting framework for achieving the proposed target for this goal, since people suffering from these diseases are guaranteed access, opportunity, quality and financial protection.

AIDS mortality rate (x 100 thousand inhabitants) (1990 – 2015)



Source: Ministry of Health

Proportion of women aged 25 to 64 who have had a smear test in the last 3 years (1990 – 2015)



Source: Ministry of Health

7

GOAL

ENSURE ENVIRONMENTAL SUSTAINABILITY

TARGET 9

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

TARGET 10

Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation

TARGET 11

By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers

TARGET 9 Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

The proportion of the country's land area covered by forests has evolved positively in the decade from 1990 to 2000, increasing from 20.18% to 20.93%. This increase is basically due to planted forests, which increased from 2.34% to 3.15%. This increase in planted forests has reduced deforested land areas or grass and scrubland.

The native forest land area decreased slightly in the same period from 17.84% to 17.78%.

Huge efforts are currently being made to stop this process by strictly applying current legislation, strengthening the system for detecting illegal felling, as well as also applying prioritization and improvement plans to the Forest Fire Fighting Program.

The ratio of area protected to maintain biological diversity to surface area indicator was 18.02% in 1990, and 18.81% in 2004; it is expected to increase by 2015.

The situation of this indicator's components is as follows: Between 1990 and 2004, protected terrestrial surface areas (SNASPE) grew from 18.01% of total surface area to 18.66%. This land area is expected to increase by 2015. In 1990, marine and coastal protected areas were 0.01% of total surface area, while in 2000, they represented 0.15%. This surface area is expected to increase by 2015 to safeguard biodiversity and contribute to environmental sustainability.

The "energy use (kg oil equivalent) per $1 GDP (PPP)" indicator shows that energy intensity in 1990 was 0.47 kTep/ThMUS$, reaching 0.39 units in 2002.

Although Chile is not committed to reducing carbon dioxide emissions (per capita), the application of a series of measures aimed at reducing consumption of ozone-depleting chlorofluorocarbons (tons of SAO), coordinated by the Countrywide Ozone Program, has led to progressive reduction of CFC consumption, from a maximum of 961 tons in 1995 to 372 tons in 2002. CFC consumption in 2015 is expected to be 0.0 tons, according to targets set in the Montreal Protocol.

The "proportion of population using solid fuels" energy indicator is very important in Chile's southern zone (especially Temuco). Home firewood consumption has been identified as the main source of urban particulate matter emissions. Firewood's share of the country's energy matrix has grown from 16% in 1975 to 17% in 1991 and to 19% in 1996.

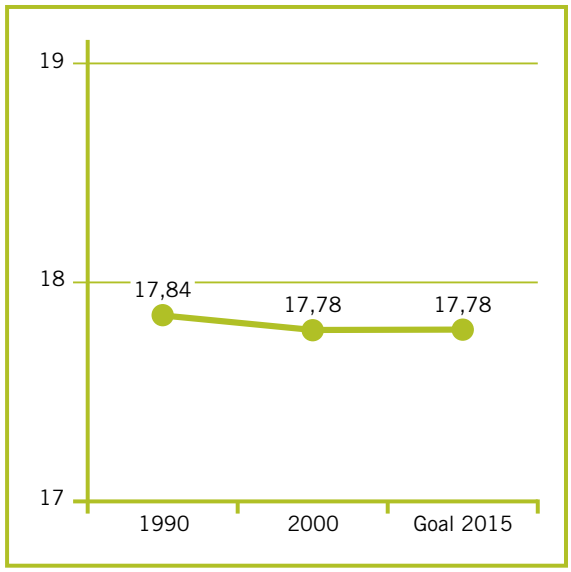
Indicator values show that, in 2001, firewood consumption for cooking in Temuco was 8% (for high socio-economic level), 28% (for middle socio-economic level) and 59% (for low socio-economic level). All are expected to be reduced by 2015. Indicator values also show that, in 2001, firewood consumption for heating was 30% (high socio-economic level), 39% (middle socio-economic

level) and 11% (low socio-economic level). All are expected to be reduced by 2015.

In terms of additional indicators, total land area affected by forest fires was 0.034% in 1990 and 0.023% in 2000. The Millennium Goal for 2015 is to reduce the surface area and average number of forest fires, taking into account that the behavior of variables can change dramatically from one season to the next due to weather conditions and unforeseeable factors.

The desertified land reclamation indicator was 0.80% in 1990 and 1.72% in 2000. The Millennium Goal for 2015 is to increase the land area reclaimed from desert encroachment, by increasing actions aimed at reclaiming degraded soils, restoring hydrographic cycles and developing the potential of natural resources. The target has also been set to reduce to 6 the number of days in Temuco with levels of breathable particulate matter PM10 (higher than the daily Chilean average of 150ug/m3); and finally, the target is to increase the proportion of establishments implementing the systemic method of Sustainable Development Education from 2% in 2000 to an expected 30% in 2015.

Proportion of the country's land area covered by native forests (1990 – 2015)



Source: INFOR and CONAMA Vegetation Survey

The supporting framework for accomplishing this goal is given by the institutional framework set up as a result of the General Law on the Environment promulgated in 1994; the Policy on the Environment approved in 1998 by the Council of Ministers of the National Committee for the Environment (CONAMA); the 2004-2006 Environmental Agenda; and a series of commitments in connection with environmental Conventions and Treaties, especially the Kyoto and Montreal Protocols.

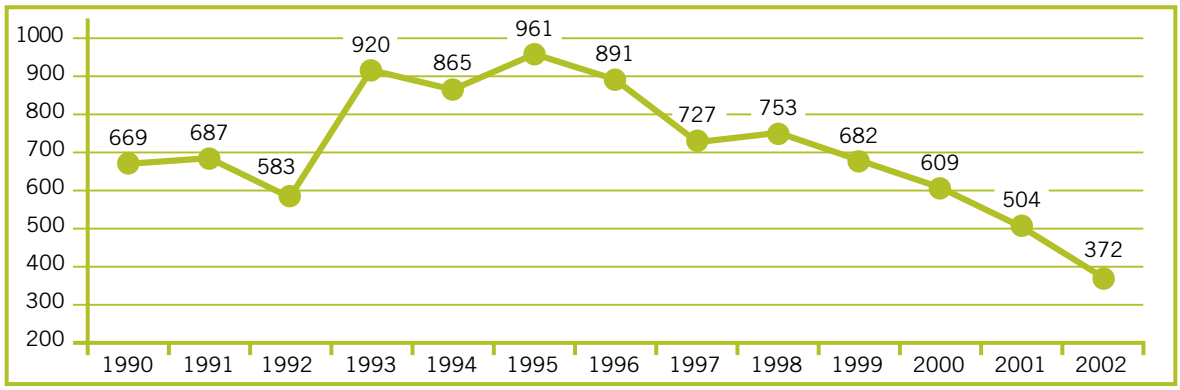
Huge efforts are being made to protect native forests by strictly applying current legislation, strengthening the system for detecting illegal felling, as well as also applying prioritization and improvement plans to the Forest Fire Fighting

Program. Chile has signed the Convention on Biological Diversity for protected natural areas. Chile has also signed several international agreements regarding protection of marine ecosystems, such as the Convention on Biological Diversity, the United Nations Convention on the Law of the Sea and, especially, the Convention for the Protection of the Marine Environment and the Coastal Area of the Southeast Pacific and its Supplementary Agreements. Within the framework of this Convention, the Protocol for the Conservation and Administration of Marine and Coastal Areas of the Southeast Pacific was signed in 1989, ratified by Chile in 1993, thereby becoming a Law of the Republic and, therefore, the legal basis for establishing the Protocol for the Conservation and Administration of Marine and Coastal Areas of the Southeast Pacific in Chile.

For efficient use of energy, the National Committee for Energy (CNE), with support from international cooperation funds, created a working unit called "Efficient Use of Energy" in 1992. This working unit was designed to implement the "National Program for Efficient Use of Energy", which was active until 2000. The National Committee for Energy's work on energy efficiency was subsequently redefined (in mid 2000), prioritizing regulatory work to remove barriers and sectoral regulations over execution of specific projects that were hard to evaluate over all.

The political strategy for reducing the surface area affected by forest fires will focus on improving and modernizing management and implementing technologies to consolidate an optimum level of management for the forest fire protection system.

Consumption of CFC (1990 – 2002)



Source: CONAMA – Montreal Protocol Reports .

Furthermore, the Fire Management Program at National Level will be strengthened, reinforcing the framework of agreements and coordinated actions involving the cooperation of State and private enterprises. The General Law on the Environment (Law 19.300/1994), and the Environmental Agenda since 1994, provide the country with an environmental law marshalling dissemination of environmental provisions and regulations that exist to this date.

Finally, the changes in the school Curriculum and Study Plans and Programs stand out in education. These now explicitly include environmental and citizen education issues. The Ministry of Education (MINEDUC), the National Committee for the Environment (CONAMA), the National Forestry Committee (CONAF), UNESCO, and the Chilean Association of Municipalities have been developing the Program for Environmental Certification of Educational Establishments since 2003.

TARGET 10 Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation

Urban drinking water coverage in 1990 was 97.4%; in December, 2003, coverage was 99.8%. The above means that 99.8% of residential buildings in the country's urban centers were connected to public drinking water networks. The rural population supplied with drinking water in 2004 was 1.47 million people, grouped in 1397 rural drinking water utility services.

Access to public sewer systems nationwide was 94.4% in 2003, which is the equivalent of a sanitized population of 12,009,317 inhabitants. The above means that only 5.6% of residential buildings in the country's urban centers are not connected to public sewer systems.

The proportion of the population without drinking water in urban areas, in other words the percentage of buildings in urban centers not connected to public drinking water networks, has been reduced from 2.6% in 1990 to 0.20% in 2003. This indicator is expected to reach 0.0% by 2015. Drinking water coverage in concentrated rural areas was 76.5% in 1990, increasing to 98.5% in 2004. The figure for this population without drinking water in 2015 is expected to be 0.0%.

Nationwide access to public sewer systems was 94.4% in 2003. If one considers the indicator to reduce the urban population without access to sewer systems, available information shows that this figure was 17.4% in 1990, while in 2003 it had been reduced to 5.6%, and it is expected to continue dropping to 0.0% in 2015.

Since current urban drinking water and sanitary sewerage coverage already stands at more than 94%, an additional indicator incorporating sewage treatment coverage in urban areas is being considered. Nationwide sewage treatment coverage estimates for the next ten years are 71.1% in 2004, 97.5% in 2009 and 99.1% in 2015. Considering the indicator to halve the urban population without sewage treatment services, the proportion in 2000 was 79.1%, dropping to 34.3% in 2003. It is expected to decrease to 0.9% in 2015.

The laws regulating operation and development of the national sanitation sector are one of the primary elements of the urban environment's supporting framework. Their application starting in the early nineties enabled the sound growth evidenced by the sector, which has meant improved profitability, especially in recent years. The incorporation of private capital as of the amendment to the laws governing the sector in 1998 has also had a positive impact.

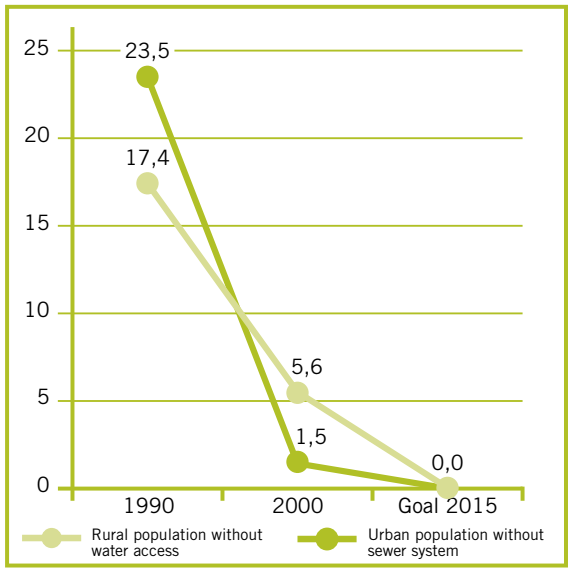
A new institutional framework considering the following has been created based on the laws

regulating the sanitary sector: (i) separation of the services' regulatory and inspection functions from their production and marketing functions; (ii) transformation of a direct delivery system into a system of independent companies, mostly state-owned; (iii) change in the legal structure of state-owned companies, putting them on an equal footing with the private sector; and (iv) promulgation of a legal framework to regulate state-owned and private sector suppliers.

The sector's existing regulatory model stressed two crucial aspects to make the sector's operation economically fair – rates and the concession system. These aspects are contained in the Rates Law, Statutory Decree (DFL) 70 of 1988, and the General Law on Sanitary Services, Statutory Decree 382 of 1988. The Superintendence of Sanitary Services was created in January, 1990 to expedite all these elements.

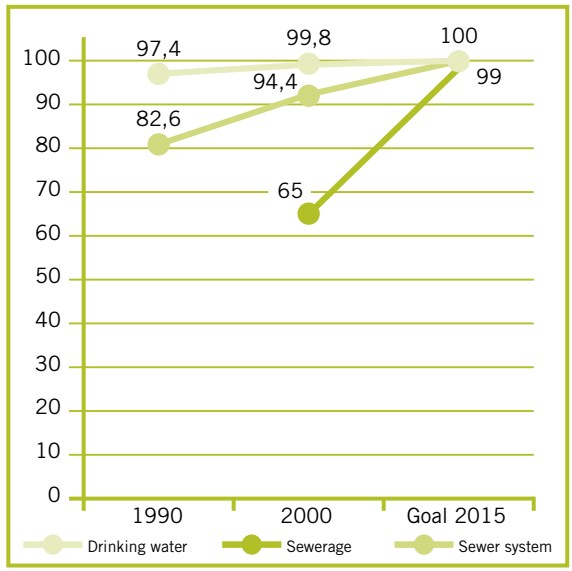
The regulatory model implemented in the sector has been widely accepted by the various political, institutional and economic actors. Amendments to the Water Code have recently been approved. These resolve the concentration of tenure of wa-

Proportion of urban population without sewerage and of rural population without access to drinking water (1990 – 2015)



Source: Ministry of Public Works – Waterworks Board

Drinking water, sewerage and sewage treatment coverage (1990 – 2015)



Source: Superintendence of Sanitary Services

ter rights, freeing water resources for production projects, including sanitary ones. Similarly, promulgation of regulations for appointing the Panel of Experts and its operation in 2001 reduced the areas of discrepancy between companies and the regulatory body during the rate setting process.

In order to help families of limited means, which allocate a major proportion of their income to paying for their consumption of drinking water[2], the Government, through Law 18.778, set up a drinking water and sewerage subsidy, which varies depending on where the residence is located. The subsidy consists of a rebate of up to 85% on the first 15 or 20 cubic meters of consumption, paid for by the State, with the difference being paid by the beneficiary. Furthermore, if a subsidized consumer records consumption in excess of 15 or 20 cubic meters (as applicable), the benefit only applies to the first 15 or 20 cubic meters, with the other cubic meters being charged at normal rates.

The Rural Drinking Water Program covers the rural area. This was given a new boost in 1990 by the Ministry of Public Works, which plans, coordinates and controls activities commissioned by the Budget Law for execution of the Program. This especially involves actions agreed to with the Technical Units for projecting, building, maintaining, and providing technical assistance and community advisory services for rural sanitation and drinking water systems.

2 Spending on drinking water represents a greater proportion of the budget of low income households. The 20% of the population with the lowest income allocates 2.35% to consumption of drinking water. This proportion decreases as one climbs through the income brackets, representing 0.77% for the 20% of the population with the highest income.

TARGET 11 By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Two data sources may be used to evaluate the magnitude and evolution of slums in Chile. The first is the Shanty-Town Survey undertaken in 1996 by the University of Chile's Housing Institute, and the second is the Housing and Population Censuses of 1992 and 2002.

The Shanty-Town and Irregular Settlement Survey (1996) measured the baseline for the Chile-Barrio Program, aimed at solving the housing and poverty problems of these settlements[3]. The Survey calculated the existence of 972 shanty-towns throughout the country, comprising 93,457 houses inhabited by 105,888 families made up of 445,943 individuals in 213 communities.

549 of these shanty-towns are urban and 423 are rural. The size of each settlement varies between 20 and 400 shanties. Furthermore, the 2002 National Housing and Population Census showed a total of 4,141,427 households in the country for a population of slightly over 15 million inhabitants. Therefore, the universe being intervened represents 2.55% of total households and 3.3% of total population.

The data from the 1992 and 2002 Censuses also show how shanties have evolved in the country, based on the five negative baseline indicators associated with slum dwellings: Security of tenure, inadequate access to safe drinking water, inadequate access to sanitation facilities, poor structural quality of the dwelling, and overcrowding.

All negative baseline indicators, except for overcrowding, are below 10% of the population and dwellings, and have evidenced noticeable improvement in the intercensal period, i.e. the nineties. For example, the absolute number of the population with inadequate access to drinking water was reduced by 74% between 1992 and 2002, while the population with sanitation facility deficits decreased by 67%.

Similarly, the 4.53 percentage point decrease in the security of tenure index added to 2 or more NBIs characterizing slums stands out. This progress has been made in parallel to the creation of programs that target 70% of the Housing Ministry's investments on the poorest 30% of the country's population, using methods adapted to the particular circumstances of both urban and rural areas, to the possibility of savings, and to various housing alternatives.

Progress has also been made in terms of the minimum indicator "slum-dwellers as a proportion

3 Currently, Chile-Barrio has provided solutions for about 52% of the universe (55,069 families); plans are in place to provide a solution for 19,000 families in 2004, 22,000 in 2005, and the remainder, about 9,800 families, are expected to be provided with a solution in 2006. This, coupled with regular programs implemented by the Ministry of Housing and Urban Development (MINVU), has reduced the number of households without access to secure tenure (UN-Habitat Indicator) by 1.83 points.

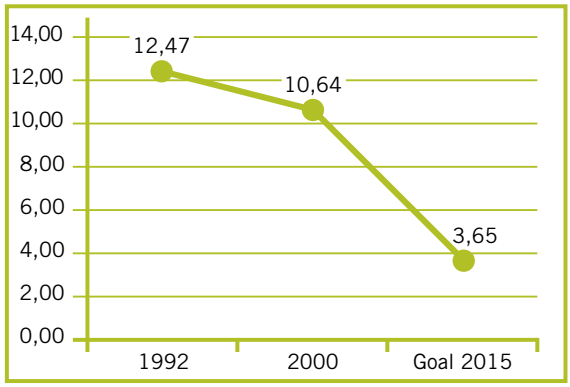
of urban population (security of tenure index)". In 1990, 12.47% of households lacked security of tenure, while in 2002 this proportion had decreased to 10.65%. This percentage of households is expected to drop to 3.65% by 2015.

The additional indicator "households lacking security of tenure, with 2 or more NBIs" presupposes a slum condition, even if not living in a cluster of slum dwellings. This indicator has decreased from 6.28% in 1992 to 1.75% in 2002. Data on dwellings with 2 or more simultaneous deficits show that slum dwellings may have decreased from about 206 thousand in 1992 to 72 thousand in 2002. This indicator is expected to drop to 1.0% by 2015.

The supporting framework for accomplishing this goal is given, on the one hand, by the impact of the Chile-Barrio Program, which tackles solutions for the lack of security of tenure in shanty towns. 100% of the families included in the 1996 survey should have left the shanty towns during this period (1996 – 2006). This means that, by that date, all 105,000 families included in the program are expected to have ceased being slum-dwellers.

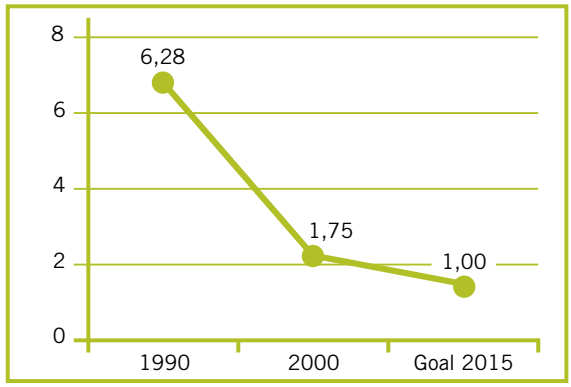
To that end, the program's intervention concentrates mainly on Housing and Neighborhood Improvement and on Community Development and Social Insertion. Additionally, as a result of its activity, the Program supports actions carried out by various programs aimed at overcoming poverty both in the public and private sectors and at various levels of government.

Population living in slums as a percentage of the urban population (1990 – 2015)



Fuente: Ministerio de Vivienda y Urbanismo

Homes with insecure titles and two or more unsatisfied basic necessities (1990 – 2015)



Fuente: Ministerio de Vivienda y Urbanismo

On the other hand, actions implemented by the Ministry of Housing and Urban Development (MINVU) are another significant aspect of this supporting framework. This Ministry has generated a series of strategies to cope with the other poverty-stricken situations, which are not considered slums because they do not form clusters of shanties and do not meet all the negative indicators that define a slum. These are tackled by means of a public policy design involving sectoral and multi-sectoral interventions. This design includes the intervention of the following programs: Housing Solidarity Fund (FVS); Staged Housing Subsidy (Stage I and II); Neighborhood Improvement Program; and, in rural areas, the Rural Housing Subsidy.

FINAL COMMENTS

As has been seen throughout this Report, the evolution of the specific indicators for the various goals as of 1990 –baseline year for the "Millennium Development Goals"– shows that Chile has improved substantially, accomplishing most of them. In this first report, in addition to telling of the progress made towards accomplishing the targets set in the Millennium Development Goals, the Chilean Government has set additional targets that seek to cope with new challenges. These have been defined in line with the country's degree of economic and social growth, and its strategic development goals.

The minimum indicators considered are mostly those proposed by the United Nations, but they have been replaced in those cases where they were not consistent with the country's existing indicators. As has been stated, additional indicators have also been included. Where possible, the information has been presented broken down by gender, age and geographical area (rural or urban); regional and ethnic differences have been highlighted; and specific analyses have been made for given population groups.

To sum up, public policies as of 1990 have been aimed simultaneously at maintaining a stable macroeconomic environment, in an environment of openness that favors growth, and at intensifying efforts of democratization and construction of more inclusive forms of social organization, with the goal of making gradual progress towards full attainment of the economic, social, cultural, civil and political rights of all citizens.

GOVERNMENT OF CHILE
MINISTRY OF PLANNING

ECONOMIC COMMISSION FOR LATIN AMERICA
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INTERNATIONAL LABOUR ORGANIZATION (ILO)

INTERNATIONAL TELECOMMUNICATION UNION (ITU)

OFFICE OF THE HIGH COMMISSIONER
FOR HUMAN RIGHTS (OHCHR)

PAN AMERICAN HEALTH ORGANIZATION (PAHO)

WORLD HEALTH ORGANIZATION (WHO)

UNITED NATIONS CHILDREN'S FUND (UNICEF)

UNITED NATIONS DEVELOPMENT
PROGRAMME (UNDP)

UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND
CULTURAL ORGANIZATION (UNESCO)

GOBIERNO DE CHILE