Introduction

1. In September 2000, over 150 world leaders committed themselves to achieve by 2015 a series of goals that came to be known as the Millennium Development Goals (MDGs) as they signed the Millennium Declaration of the UN. The MDGs summarize the key development goals embraced by the main international conferences and world summits during the 1990s.

2. The MDGs and related targets and indicators provide our country as well as the international community with a framework for planning policy interventions and benchmarks for monitoring progress in reducing the many dimensions of economic and social poverty. Like all other countries, India, too faces exact targets to achieve, which in most cases are dependent on what the specific conditions were back in 1990.

3. In the last seven years India has completed its Tenth Five-Year Plan (2002-2007) of national development with objectives derived from its own policy agenda that started taking shape with newer dimensions in the 1990s. A basic shift in priorities signalled by the National Common Minimum Programme of the Government of India was the need to give greater importance to social sector expenditures as part of the efforts to promote development with social justice. The Tenth Plan specified monitorable targets for certain indicators of social development in health, education and gender equality. These targets are not identical to the MDGs but it is believed if these targets are achieved the MDGs cannot remain illusive.

4. The MDGs have become the overarching objective of all UN agencies and funds. These have also progressively reached the top of the policy agenda in many developing countries, being mainstreamed into their national development plans. The Eleventh Plan of the Government of India while recognising the merits of the MDG framework is going to put Government's commitment to a more inclusive development agenda.

5. From the statistical point of view, the MDG framework seems to have placed the National Statistical System in a role, in many cases, conflicting with national statistical needs that necessitate diverting scarce resources and processes from other priorities. As a result, country data on MDG indicators are often not of admissible quality or are simply not available. This situation has led to substitute a number of recommended indicators of country valuesin order to fill in the data gaps. This report also has captured the evidence of targeted progression through alternative indicators in many cases, data for which are available centrally for both national and sub-national levels.

6. The growing criticism within the statistical community has culminated in the adoption, during the 37th UN Statistical Commission, of a draft resolution on "Strengthening Statistical Capacity", which was endorsed in July 2006 by the Economic and Social Council (ECOSOC). This resolution recognized that the reporting mechanism from

national to international statistical systems should be improved. It agreed that statistical capacity building efforts from the United Nations system should be intensified and recommended that international agencies should make country-level estimates only in the absence of country data, using a fully transparent methodology and after having consulted with the concerned countries; and requested the International Agencies to further improve the metadata information accompanying the MDG indicators.

7. Based on the experience gained over the last five years of work; the concerns raised at the 37th session of the UN Statistical Commission and the related ECOSOC resolution on capacity building, as well as the recommendations included in the Report of the Friends of the Chair on MDGs Indicators (FOC Report), the Inter Agency Expert Group (IAEG) has established a set of key rules for the selection of the new indicators. The main criteria used are:

- The indicator and related metadata need to be well established in the statistical community (FOC report, paragraph 16b).
- The indicator should already be part, to the extent possible, of the regular data collection and compilation programmes in countries (FOC report, paragraph 16a).
- Available data and geographical coverage should allow for regional/sub-regional aggregation and trend analysis (at least two points in time).

8. Of the 48 indicators for the 8 Goals, 35 are found relevant to India. Some of the variants of the measures being followed by India in assessment of the indicators with conceptual disparity with international definitions have been discussed in the following sections.

i. The poverty ratio according to the Government of India definition is at variance with that according to international definition. India unlike most countries has different poverty lines at sub-national level in the sense that the poverty ratios are estimated for different states of the country separately for rural and urban areas.

ii. All-India implicit poverty line at for the urban areas is nearly 51% higher than that for rural areas at 2004-05 prices. The state with the highest price index has a poverty line that is 27% higher than that for the state with lowest price index. These variations are mainly on account of price differentials across states and for rural and urban areas.

iii. The poverty indicator in the MDG for 'Prevalence of underweight children' is the percentage of children under five years of age whose weight for age is less than minus two standard deviations from the median for the reference population aged 0-59 months. In Indian context, data on this indicator are not available. The National Family Health Survey (NFHS) collected data on the underweight children below 3 years of age in 1998-99 and 2005-06, while in the survey conducted in 1992-93, children between 0-47 months of age were considered and as such results of the last two surveys are not comparable with the first one.

iv In estimating the proportion of people who suffer from hunger (Target 2: MDG 1), the recommended indicator is proportion of population below minimum level of dietary energy consumption. In India, data are available for the first time from the District Level Rapid Household Survey (DLHS) 2002-05, by which district level estimates for 'hidden hunger' or micro- nutrient deficien-

cies and malnutrition are available. Repeat surveys of this nature would be required to track direction of changes. However, other measures such as incidence of malnourishment (e.g. anaemia) among woman and children as per NFHS 1998-99/2005-06 are also being considered indicative in the absence of well-defined indicator for 'hunger'.Using the norm of 2425K Cal per consumer unit for rural and 2100 K Cal per consumer unit for urban, proportion of households with sufficient food for members of the household is also estimated state-wise. In fact, based on the National Sample Surveys (NSS) on household consumption expenditure regularly carried out by National Sample Survey Organisation (NSSO), percentage distribution of households by different calorie intake level (expressed as percentages of the norm stated above) is available periodically (once in five years) at the level of state x sector (rural / urban).

v. Net Enrolment Ratio (NER) in primary education is one prescribed indicator (Target 3: MDG 2) defined as the ratio of the number of children of official school age who are enrolled in primary school to the total population of children of official school age.In India NER is fraught with inconsistencies which may be corrected in due course. Instead, Gross Enrolment Ratio (GER) which is defined as the number of pupils enrolled in a given level of education, regardless of age, expressed as a percentage of the population in the normative age group for the same level of education, is calculated for Class I-V and age 6-11 years from the data collected by Ministry of Human Resource Developemnt through an annual return from schools and educational institutions. The limitation of this indicator is that, in some cases, the figure is more than 100% due to enrolment of children beyond the age group 6-11 years. Thus, it may not be quite indicative of the situation.

vi. Another prescribed indicator for Target 3: MDG2 is 'Proportion of pupils starting Grade 1 who reach Grade 5. It is also known as 'survival rate to Grade 5', and is defined as the percentage of a cohort of pupils enrolled in Grade 1 of the primary level of education in a given school-year who are expected to reach Grade 5. This indicator is measured in India alongside 'dropout rate' as well so that changes could be better explained.

vii. The third indicator for Target 3: MDG2 is literacy rate of 15-24 year-olds, or youth literacy rate that is defined as the percentage of the population 15-24 years old who can both read and write with understanding a short simple statement on everyday life. In India, literacy rate of the youth age group is not normally calculated though it is also possible to work out the value for the age group 15-24. Instead, literacy rate for age group 7 years and above has been used from Census data in the last report for the sake of its relevance to national policy initiative. However, adult literacy rate for 15 years and above based on Census data are also available gender disaggregated and state-wise and has been used in this report to present a different view for two comparable times. In the household surveys undertaken by NSSO, data on general educational level and age in completed years for each member of sample households are regularly collected. This information can, however, be utilized to work out youth literacy rate for intervening years between two censuses.

viii One prescribed indicator for Target 4: MDG3 is 'Ratio of literate women to men 15-24 years old' (literacy gender parity index) which is the ratio of the female literacy rate to male literacy rate

for the age-group 15-24 years. The ratio of literate women to literate men is available from the Census data for the population in the age group of 7 years plus instead of 15-24 years and calculated state-wise and at national level.

ix. 'Maternal Morality Ratio' (MMR), one of the indicators for maternal health (Target 6: Goal 5) is the number of maternal deaths per 100,000 live births. Its estimate in India at state level generated through Sample Registration System carried out by the Office of the Registrar General of India is not very robust as system of registering deaths for maternity causes is prone to biases.

x. Two of the indicators prescribed for combating spread of HIV/AIDS (Target 7: MDG 6) are (i) HIV prevalence among pregnant women aged 15-24 years and (ii) condom use percentage at high-risk sex. Data on these are collected through annual round of HIV sentinel surveillance at identified sentinel sites (clinics) conducted during 12 weeks from 1st August to 31st October every year. The estimates are too specific to high-risk zone, both at state-level and national level. A survey known as 'Behavioural Sentinel Surveillance Survey' (BSS) is however, conducted once in three years to monitor trends in risk behaviours among general population and high-risk groups. The findings of the two for high-risk groups differ as the latter survey is conducted by an independent organisation.

xi. One composite indicator for reversing incidence of malaria and other diseases (Target 8: MDG6) comprises prevalence of malaria i.e. the number of cases of malaria per 1,00,000 people and 'deaths rate associated with malaria' i.e. the number of deaths caused by malaria per 1,00,000 population. In India data on 'annual parasite incidence (annual number of malaria positive cases per thousand population) and deaths due to malaria per 1,00,000 population are collected from 22,975 PHCs; 2,935 CHCs and 13,758 malaria clinics. However, limitation of these rates is that they grossly underestimate the incidence in tribal, hilly, difficult and inaccessible areas, which cover 20% of population but 80% of malaria cases.

xii. Other composite indicators for Target 8: MDG 6 include 'Prevalence and death rates associated with Tuberculosis' and 'Proportion of Tuberculosis cases detected and cured under directly observed treatment short course' (DOTS). In India these rates are calculated on the basis of nation wide 'Annual Risk of TB Infection' (ARTI) survey conducted by National Tuberculosis Institute and Tuberculosis Research Centre. However, death rate due to TB as per notified cases is grossly underestimate and there is no representative data available to estimate it correctly.

xiii. One of the recommended indicators for reversing the loss of environmental resources (Target 9: MDG7) is 'Energy use (Kg oil equivalent) per $1 GDP (PPP), which is defined as the commercial energy use measured in units of oil equivalent per $1 of GDP converted from national currencies using PPP conversion factors. In the Indian context, commercial energy use in Kg oil equivalent per unit of GDP includes consumption figures for coal and lignite, crude petroleum, natural gas (including feed stock) and electricity (hydro and nuclear). As consumption data of coal and lignite are not collected and compiled by any single agency, off-take of indigenous coal and lignite and net import are taken as consumption with the assumption that stock changes at both

producers' and consumers' end remain the same. Again neither grade-wise distribution and dispatches data nor that of the off-take is available. Therefore, average GCV in kilo cal per kg for dispatch is taken as the average GCV of colliery consumption. Till now GCV concept has not been adopted for Indian coal and lignite like other coal producing countries or the world.

xiv. 'Carbon dioxide emissions per capita' is another indicator for environmental sustainability (Target 9: MDG 7), which is defined as the total amount of carbon dioxide emitted by a country as a consequence of human (production and consumption) activities, divided by the population of the country. In the global CO_2 emission estimate of the Carbon Dioxide Information Analysis Centre of OAK Ridge National Laboratory, USA, the calculated country estimates of emissions include emission from consumption of solid, liquid and gas fuels, cement production and gas flaring. However, India's national reporting to the UN Framework Convention on Climate Change, which follows the Inter-Governmental Panel on Climate Change guidelines, is based on national emission inventories and covers all sources of anthropogenic carbon dioxide emissions as well as carbon sinks (such as forests).

xv. 'Proportion of Population using solid fuels' which is the proportion of the population that relies on biomass (wood, charcoal, crop residues and dung) and coal as the primary source of domestic energy for cooking and heating, is another indicator for environmental sustainability (Target 9: MDG 7). In the Indian context, per thousand distributions of households reporting use of solid fuels for cooking has been used. The data is captured through household consumer expenditure surveys of NSSO. Here one of the energy sources only is recorded. In case of more than one type of energy use, the type most commonly used is recorded.

xvi. Towards making available the benefits of new technologies, especially information and communication (Target 18: MDG 8), the indicators prescribed are (i) Telephone lines and cellular subscribers per 100 population and (ii) Personal Computers in use per 100 population/internet users per 100 population. In India in addition to normal phones, community access has been provided through Public Call Offices (PCOs), Village Public Telephones (VPTs) and Rural Community Phones (RCPs). Hence there is no estimate as per UN prescription. Cellular mobile services are provided by private operators in a big way. There are Unified Access Service Licences, having large share of private operators. As a result the total number of telephones of all types together is considered to calculate the overall tele-density.

9. Training and seminar experiences have been put to use for improvement of data collection, analysis and interpretation of statistics and other information at both national and sub-national levels in the preparation of this MDG Report. Improvements in methodological aspects are being addressed and evidence of the same in respect of coverage, quality, and reliability of data at both national and sub-national levels is visible in this report. The initiative has also contributed to establishing proper adaptation of DevInfo software for creation of databases on a large set of development indicators, which will be tailored in near future to assist MDG monitoring. DevInfo India database has been used in this report also for depicting spatial variations of many indicator values at sub-national levels.

Socio-Economic Focus of XI Five-Year Plan

10. A basic objective of XI Plan is to extend access to essential public services such as health, education, clean drinking water, sanitation, etc., to those who are deprived of them. Our failure on this count is a major reason for wide-spread dissatisfaction and the feeling of exclusion from the benefits of growth. Recognizing that the provision of good quality education is the most important equalizer in society, the Sarva Shiksha Abhiyan has tried to universalize elementary education. The focus now is on reducing the drop out rate from 52% in 2003-04 to 20% and also achieving a significant improvement in the quality of education. The literacy rate is targeted to be increased to 85% and the gender gap in literacy narrowed to 10 percentage points. Compulsions that force a child to work needs to be removed so that every child can go to school.

11. It is also time to bridge the large gaps in health status indicators which currently place India below some of the world's poorest countries. The 11th Plan proposes to ensure substantial improvement in health indicators such as maternal morality, infant morality, total fertility rate, and malnutrition particularly among children and set monitorable targets for these areas. Success in this area involves convergence of multiple efforts in many sectors other than health and family welfare. Supply of safe drinking water and access to sanitation to all has received top priority. In addition, the Plan addresses the lack of education, especially in women, which has severely limited our ability to improve nutrition and control neo-natal diseases.

12. The 11th Plan also pays special attention to gender equity and is expected to help create an enabling environment for the social, economic and political empowerment of women. The shameful practice of female feoicide, which is reflected in low and falling sex ratio for age group 0-6 must be stopped. The Plan focuses on ways of improving women's socio-economic status by mainstreaming gender quality concerns in all sectoral policies and programmes. Special efforts are going to be made to ensure that the benefits of government schemes accrue in appropriate proportions to women and girls.

13. Protection of the environment is extremely important for the well-being of all, but it is even more so for future generations who will bear the brunt of environmental degradation. The 11th Plan aims at significant improvements in this area. Forest cover is intended to be increased by 5 percentage points. Determined steps would be taken at the level of state government to improve air quality in all major cities to meet WHO standards. As our rivers and water bodies are seriously threatened by unrestricted discharge of effluents and sewage, urban waste water needs to be fully treated. This essential requirement to clean up our rivers should receive priority attention from state governments especially in areas of large urban and industrial concentration. Moreover, appropriate policies are proposed to be designed and implemented to increase energy efficiency by 20 percentage points and thus limit the harmful effect of carbon combustion on the environment.

Monitorable Socio-Economic Targets of the 11th Plan

Income & Poverty

- Accelerate growth rate of GDP form 8% to 10% and then maintain at 10% in the 12th Plan in order to double per capita income by 2016-17.
- Increase agricultural GDP growth rate to 4% per year to ensure a broader spread of benefits.
- Create 70 million new work opportunities.

- Reduce educated unemployment to below 5%.
- Raise real wage rate of unskilled workers by 20 percent.
- Reduce the headcount ratio of consumption poverty by 10 percentage points.

Education

- Reduce dropout rates of children from elementary school from 52.2% in 2003-04 to 20% by 2011-12.
- Develop minimum standards of educational attainment in elementary school, and by regular testing monitor effectiveness of education to ensure quality.
- Increase literacy rate for persons of age 7 years or more to 85%.
- Lower gender gap in literacy to 10 percentage points.
- Increase the percentage of each cohort going to higher education from the present 10% to15% by the end of the 11th Plan.

Health

- Reduce infant mortality rate (IMR) to 28 and maternal morality ratio (MMR) to 1 per 1000 live births.
- Reduce Total Fertility Rate to 2.1.
- Provide clean drinking water for all by 2009 and ensure that there are no slip-backs by the end of the 11th Plan.
- Reduce malnutrition among children of age group 0-3 to half its present level.
- Reduce anaemia among women and girls by 50% by the end of the 11th Plan.

Women and Children

- Raise the sex ratio for age group 0-6 to 935 by 2011-12 and to 950 by 2016-17.
- Ensure that at least 33 percent of the direct and indirect beneficiaries of all government schemes are women and girl children.
- Ensure that all children enjoy a safe childhood, without any compulsion to work.

Infrastructure

- Ensure electricity connection to all villages and BPL households by 2009 and round-the clock power by the end of the Plan.
- Ensure all-weather road connection to all habitation with population 1000 and above (500 in hilly and tribal areas) by 2009, and ensure coverage of all significant habitation by 2015.
- Connect every village by telephone by November 2007 and provide broadband connectivity to all villages by 2012.
- Provide homestead sites to all by 2012 and step up the pace of house construction for rural poor to cover all the poor by 2016-17.

Environment

- Increase forest and tree cover by 5 percentage points.
- Attain WHO standards of air quality in all major cities by 2011-12.
- Treat all urban waste water by 2011-12 to clean river waters.
- Increase energy efficiency by 20 percentage points by 2016-17.

14. In addition to the monitorable targets listed above, many new social interventions are needed to help achieve the objective of inclusiveness. Some important interventions proposed in the Plan are listed below.

- Provide one year of pre-school education for all children to give those from underprivileged backgrounds a head start.
- Expand secondary schools with provision of hostels and vocational education facilities to assure quality

education to all children up to Class X.

- Expand facilities for higher and technical education of quality with emphasis on emerging scientific and technological fields.
- Provide freedom and resources to select institutions so that they attain global standards by 2011-12.
- Provide emergency obstetrics care facilities within 2 hours travel from every habitat.
- Ensure adequate representation of women in elected bodies, state legislatures and the Parliament.
- Provide shelter and protection to single women including widows, handica-pped, deserted and separated women.

Summary of India's position with reference to MDGs

(i) To achieve the Goal of eradicating extreme poverty and hunger, India have to reduce the proportion of people below poverty line from nearly 37.5 percent in 1990 to about 18.75 percent by 2015. In 2004-05, the poverty headcount ratio is 27.5 percent (rural 28.3%, urban 25.7%). The rural-urban gap in poverty has narrowed. The poverty ratio is the least in Jammu and Kashmir (where 5.4% of the population is poor). Other large States having poverty ratio less than 20% include, Andhra Pradesh (15.8%), Assam (19.7%), Gujarat (16.8%), Haryana (14%), Himachal Pradesh (10%), Kerala (15%) and Punjab (8.4%). On the other hand there are a few States with high poverty ratio. The poorest among the States is Orissa with poverty ratio of 46.4%. States where one-third or more of the population is poor are Madhya Pradesh (38.3%), Uttarkhand (39.6%), Jharkhand (40.3%), Chhatisgarh (40.9%) and Bihar (41.4%). UP has clocked a poverty ratio of 32.8%. Prevalence of underweight children has marginally declined to about 46% from 47 % observed in 1998-99. In Rajasthan and UP where more than 50% children of age less than three were underweight in 1998-99, the prevalence has declined to 44% and 47.3% respectively. In Gujarat and MP, the prevalence of underweight seems to be on the rise.

(ii) To achieve the Goal of universal primary education, India has to ensure the primary school enrolment rate of 100 percent and wipe out the drop-outs by 2015 against 41.96 percent in 1991-92. The drop-out rate for primary education during 2004-05 is 29.00 percent. The gross enrolment ratio in primary education has crossed the 100 percent mark for both boys (110.7%) and girls (104.7%). An increase of nearly 20 percentage points for girls in the period from 2000-01 to 2004-05 is quite significant. The net enrolment ratio taking into consideration official school age of 6-11 years enrolled in Grades I-V is however about 82% in 2004-05.

(iii) To ensure gender parity in education levels as per Goal-3, India will have to promote female participation at all levels to reach a female male proportion of equal level by 2015. The female male proportion in respect of primary education was 71:100 in 1990-91 which has increased to 88:100 in 2004-05. During the same period, the proportion has increased from 50:100 to 71:100 in case of secondary education. In terms of share of women in wage employment in the non-agricultural sector, it is only 20.23 % at the all India level in 2004-05 with 21.39% in the rural and 19 % in the urban sector against 16% at all India level with 15% in rural and 16.6% in urban sectors in 1999-2000.

(iv) Goal 4 aims at reducing Under-five Mortality Rate (U5MR) from 125 deaths per thousand live births in 1988-92 to 41 in 2015. The U5MR decreased during the period 1999- 2003 to 99.1 per thousand live births. It is the least (57.2 per 1000 live births) in Maharashtra and the highest in Madhya Pradesh (147.7 per 1000 live births). The overall U5MR for the period 1999-2003 is by and large consistent

with the NFHS results which show the rate as 95.4 per thousand live births during 5-years preceding 1998-99 (NFHS-II) and 74.3 during 5-years preceding 2005-06 (NFHS-III).The infant mortality rate (IMR) of 80 per thousand live births in 1990 which is required to come down to 27 by 2015 stands at 58 per thousand in 2005. The central India belt of UP, Bihar, MP, Chhattisgarh and Rajasthan continue to have more than 60 per thousand infant mortality. The proportion of 1 year old children immunised against measles has increased from 42.2 percent in 1992-93 to 58.8 percent in 2005-06. However, UP and the North Eastern States of Assam, Arunachal Pradesh, Manipur and Nagaland have less than 40% immunisation in 2005-06. In other States the immunisation against measles has improved during the period.

(v) To achieve Goal-5, India has to reduce maternal mortality (MMR) from 437 deaths per 100,000 live births in 1991 to 109 by 2015. A study on the value of MMR for the period 1997-2003 shows that it is 301 per 100,000 live births in 2001-2003 against 398 during 1997-98. While some States have shown marginal to significant increase in maternal deaths, Bihar, Punjab, West Bengal have registered decrease by more than 100 points. The proportion of births attended by skilled health personnel has been continuously increasing, (from 26.1 percent in 1992-93 to 40.7 percent in 2005-06) thereby reducing the chances of occurrence of maternal deaths.

(vi) In so far as Goal-6 is concerned, though India has a low prevalence of HIV among pregnant women as compared to other developing countries, the prevalence rate has decreased from 0.74 per thousand pregnant women in 2002 to 0.68 in 2006. While the prevalence of malaria is declining the death rates associated with it tends to remain stationary. The death rate associated with TB has come down from 42 deaths per 100,000 population in 1990 to 29 per 100,000 population in 2004. The proportion of TB patients successfully treated has also risen from 82% in 1997 to 86% in 2005.

(vii) Goal-7 aims at ensuring environmental sustainability. As per assessment made in 2005, total land area covered under different forests has been 20.60%. There have been persistent efforts to preserve the natural resources. The reserved and protected forests together account for 19% of the total land area. The energy use has declined consistently from about 35 kilogram oil equivalent in 1990-91 to about 33 kilogram oil equivalent in 2003- 04 per GDP worth Rs. 1000. The proportion of population without sustainable access to safe drinking water and sanitation has to be halved by 2015 and India is on track to achieve this target.

(viii) Goal-8 is regarding the developing global partnership for development. It is basically meant for the Developed Countries to provide development assistance to developing countries. With regard to one of the targets of the Goal 8, i.e. in cooperation with the private sector, make available the benefits of new technologies, especially information and communications, India has made substantial progress in recent years. The overall teledensity has remarkably increased from 2.86 percent in 2000 to 18.31 percent in March 2007. Use of Personal Computers has also increased from 5.4 million PCs in 2001 to 19.6 million in 2006 and there are 3.5 internet users per 100 population in March 2006.

Overall progress towards MDGs

Indicator	Year	Value	Year	Value	MDG Target Value
Proportion of population below poverty line (%)	1990	37.5	2004-2005	27.5	18.75
Proportion of under-weight children	1992	51.5	2005-2006	46	27.4
Literacy rate of 15-24 year olds	1990-91	64.3	2001	76.4	100.0
Ratio of girls to boys in primary education	1990-91	0.71	2004-2005	0.88	1
Ratio of girls to boys in secondary education	1990-91	0.50	2004-2005	0.71	1
Under five mortality rate (per 1000 live births)	1988-92	125	1999-2003	99.1	41
Infant Mortality rate (per 1000 live births)	1990	80	2005-2006	58	27
Maternal mortality ratio (per 100,000 live births)	1991	437	2001-2003	301	109
Population with sustainable access to an improved water source, rural (%)	1990	55	2001	82	80.5
Population with sustainable access to an improved water source, urban (%)	1990	81	2001	87	94
Population with access to sanitation urban (%)	1990	44	2001	63	72
Population with access to sanitation rural (%)	1991	9.46	2005	32.4	72
Deaths due to malaria per 100,000	1994	0.13	2006	0.14	–
Deaths due to TB per 100,000	1990	44	2005	29	–
Deaths due to HIV/ AIDS	2000	471	2004	1114	–