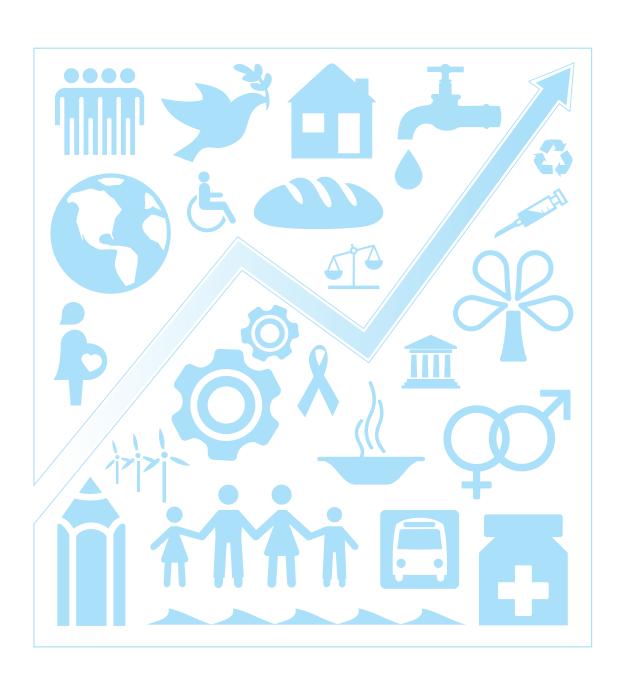
ACCELERATING PROGRESS SUSTAINING RESULTS



Empowered lives.



ACCELERATING PROGRESS, SUSTAINING RESULTS The MDGs to 2015 and Beyond
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FORFWORD

In 2010, UNDP introduced the MDG Acceleration Framework as a systematic, workable approach for helping accelerate progress towards MDG targets which were at risk of being missed. This framework – the MAF – allows for the identification of priority bottlenecks which are holding back progress towards a specific goal, and the creation of effective, pragmatic solutions which bring implementing partners together from across sectors and mandates in a joint push for success.

The global picture of MDG progress has continued to show gains – several important milestones such as the extreme poverty and drinking water targets have been reached – but also troublingly slow progress in many areas. At the same time, the country level commitment to reaching the MDGs has never been higher – one indicator of this is that more than fifty countries are using the MAF to formulate their MDG Action Plans, and putting their own resources into carrying them out.

This report presents evidence about how the MAF works; examples of how action plans are being implemented; what countries are emphasizing in their visions for development; and what we can do to support them in accelerating progress and sustaining results to 2015 and beyond. While the range of examples presented here is necessarily selective, the overall picture is clear and compelling.

The MAF produces action plans which are focused and implementable, complementing sector efforts with critical cross-sectoral support. Where partners rally behind them – and they are doing so in many countries – considerable gains are possible. With fewer than 850 days to go until the end of 2015, all of us must pledge to stay the course for implementation. At the global level, the commitment of the UN system's Chief Executives Board (CEB) to provide joined-up support to these efforts consistently through its bi-annual meetings is a powerful example of what is possible, and what is needed.

These action plans are also indicating where some of the most widely prevalent problems lie and, importantly, what can be done to tackle them. Across some of the most vulnerable countries in the Sahel, the plans demonstrate practical, effective ways in which humanitarian efforts can work with development interventions to lead to sustained gains in reducing hunger and poverty. Plans for reducing maternal mortality across a broad swathe of countries are emphasizing the urgent need to boost the quality – not just quantity – of services provided. While solutions are necessarily context specific, what has worked in one country can often be adapted in another, indicating yet another way to achieve rapid, successful implementation.

FOREWORD 5

At this moment, in 2013, we must also actively consider what is to come after 2015. A vigorous effort is underway on defining a shared global agenda for development – informed by reports from expert panels and consultations with over a million people around the world. At the same time, national governments are indicating priority domestic objectives through their vision statements which extend beyond 2015.

Completing the unfinished business of the MDGs is a high priority, as is extending gains in poverty reduction, nutrition, health and education to entire populations. Many are already using the MAF to take action, bridging gaps in economic opportunities and outcomes, and in seeking to make advances against non-communicable diseases and overcoming unequal access to energy. These experiences help us understand how best a global agenda for development can actually complement national efforts towards these objectives – which is important for its implementation and acceptability. On the other hand, emphasis on some important themes – such as sexual and reproductive health and rights, and violence against women – appears to be uneven across these visions, implying a need for continuing in-country advocacy and constituency building.

As we continue the countdown to the end of 2015, we must recognize that it represents an intermediate stop rather than a terminus. Accelerating progress and sustaining results is crucial if we are to shorten the time to our ultimate destination of sustainably eradicating human deprivations across the world and over generations.

24 September 2013, New York

Helen Clark

Helen Clace

Administrator

United Nations Development Programme

6 FOREWORD

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ACRONYMS

ANC Antenatal Care

CAR Central African Republic
CEB Chief Executives Board

CIS Commonwealth of Independent States
CBOs Community Based Organizations

DANIDA Danish International Cooperation Agency
 DFID Department for International Development
 ECOWAS Economic Community of West African States

EFA Education for All

EmONC Emergency Obstetric and Neonatal Care

EU European Union

FAO Food and Agriculture Organization

ICT Information and Communication Technology
IFAD International Fund for Agricultural Development

ILO International Labour Organization

JICA Japan International Cooperation Agency

LDC Least Developed Country
LIC Low Income Country

LLDC Landlocked Developing Country
 L/U-MIC Lower/Upper Middle Income Country
 3N Les Nigeriens Nourrissent les Nigeriens

MAF MDG Acceleration Framework
MMR Maternal Mortality Rate

MDGs Millennium Development Goals
NCDs Non-Communicable Diseases
NGO Non-governmental organization

OWG Open Working Group
SBA Skilled Birth Attendant

SIDS Small Island Developing States
SRH Sexual and Reproductive Health

USAID U.S. Agency for International Development
UNCDF United Nations Capital Development Fund

UNICEF United Nations Children's Fund
 UNCT United Nations Country Tream
 UNDG United Nations Development Group
 UNDP United Nations Development Programme

UNWOMEN United Nations Entity for Gender Equality and the Empowerment of Women

UNFPA United Nations Population Fund

WFP World Food Programme
WHO World Health Organization

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EXECUTIVE SUMMARY

The 2010 review of the Millennium Development Goals (MDGs) at the United Nations in New York concluded with a call for accelerating progress. One of the instruments available for this purpose is the MDG Acceleration Framework (MAF), an approach that systematically identifies and prioritizes bottlenecks to progress; and helps devise pragmatic, multi-partner solutions to resolve them. Developed and tested by the United Nations Development Programme (UNDP) in 2010, and subsequently endorsed by the United Nations Development Group (UNDG), the MAF is now in use in over 50 developing countries over the world, across regions and different levels of economic status. A toolkit and operational guidance note help guide the process in each country.

The MAF responds to a demonstrated political resolve to take action against an MDG target that is likely to be missed. Countries have used the MAF to devise and implement MDG action plans in the areas of maternal health, hunger, poverty, water and sanitation, HIV/AIDS and others, at both national and sub-national levels. Several have gone beyond the traditional set of MDGs, applying the framework to address economic disparities, education quality, energy access and non-communicable diseases (NCDs). These plans are nationally owned, based on existing policies and programmes, and help assemble a robust partnership of actors across sectors and mandates to carry out specific activities intended to result in accelerated progress.

Formulation of an MDG action plan is followed by its implementation - experience from countries underscores the need for sustained, longer term engagement over this phase. Advocacy and communication – at global, regional and national levels – are critical, serving to bring in additional partners while also maintaining interest and momentum, and linking strategically to broader initiatives as may be most relevant. The coordinating mechanism that evolved during the formulation retains its importance during implementation, leading also in periodically reviewing and updating the action plan – as some bottlenecks get resolved, others may assume greater prominence.

This report presents the MAF experience from countries across three principal themes – hunger, economic disparities and health - which, taken together, account for a large majority of MDG action plans. In the Sahel, action plans for hunger integrate short and long term measures, bringing together the multiple dimensions of food security in a comprehensive way. This helps establish an integrated basis for humanitarian and development interventions, with the former leading to the latter and resulting, eventually, in strengthening resilience to shocks.

Reducing economic disparities across regions; and across population groups, is the primary focus of many action plans. These include those from Armenia, Cambodia, Colombia (certain territories) and Costa Rica. These plans are characterized by the central importance of collaborations with the private sector, both during the formulation of the plan and its implementation. As economic opportunities arise in many different sectors, for example tourism, industry or agriculture, it is also common to see a large number of ministries and departments involved, and therefore the increased importance of an effective coordination mechanism.

Maternal mortality is the subject of focus in the largest number of MAF countries, corresponding its status globally as one of the goals that is furthest from being achieved. The MDG action plans from a diverse set of countries are a significant source of information that can be used to examine the most commonly occurring bottlenecks to progress. Among these, the poor quality of services provided and the cultural factors that inhibit, in many societies, women from seeking and receiving timely and appropriate care, are bottlenecks that recur frequently.

Other health related sectors include HIV/AIDS, water and sanitation and non-communicable diseases. A common thread that runs through these diverse areas is the critical role that community engagement can play in delivering effective solutions.

MDG action plans are at different stages of formulation and implementation in different countries. In all of them, the primary vehicles for implementation are the Government's own work plans and budgets. Partners support these efforts through technical assistance, financial resources or by aligning their own work programmes around them. Connecting these country-led efforts to broader initiatives can be a potent driver of acceleration.

Looking forward, national visions and perspective plans of various Governments are indicating domestic policy priorities and development objectives that extend beyond 2015. Based on a review of over 45 such plans, achieving most of the MDG targets, and then going beyond to encompass the entire population are commonly held aspirations. Experience with MDG action plans indicates that these are most likely to be achieved in the following ways.

In the immediate term:

- Sustaining and further strengthening our efforts to implement action plans, including through linking them to global initiatives and partner support opportunities;
- Developing solutions to commonly observed bottlenecks that can be adapted across countries;
- Boosting the quality of services delivered;
- Facilitating cross-mandate, cross-sectoral collaboration thereby ensuring that interventions have the greatest possible impact, and also fully realizing the gains from investing in multipliers such as access to energy.

In the medium term:

- Proactively and progressively tackling inequality;
- Updating and revising action plans over time, re-prioritizing bottlenecks and addressing constraints due to environmental sustainability as needed;
- Addressing systemic gaps in institutions and capacity;
- Minimizing shocks and building the capacity to cope, while also climate-proofing the MDGs and other development gains.

In conclusion, as we have gained greater understanding of the MDGs, we have also learnt about what we can do to hasten the implementation of the next global development agenda. While the agenda itself will only be determined after 2015, there are several countries that are already seeking to achieve objectives that could well be part of the future agenda and provide a valuable resource for policy learning, including how best a global agenda can support such home grown efforts, including imperatives for environmental sustainability. As the MDGs have shown, securing the political leadership and most appropriate institutional ownership will be central for a smooth transition.

1. MAKING THE MDGs WORK: ACCELERATING PROGRESS

The 2010 review of the Millennium Development Goals (MDGs) at the United Nations in New York concluded with a call to countries to accelerate progress, especially with regard to poorly performing MDGs. Ever since the MDGs were articulated in 2001 they have, over time and in nationally appropriate versions, served to define globally shared objectives for reducing poverty and secure higher levels of human development.

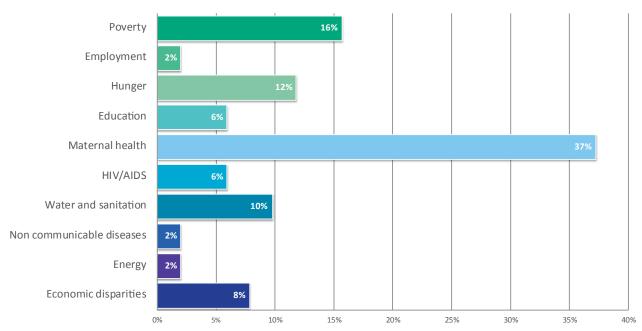
Efforts to accelerate progress are a natural culmination of the concerted efforts that have been made over the past decade to achieve the MDGs.¹ These experiences have shown that such acceleration can be brought about through one or more of the following:

- Additional investments in interventions that have been proven to be effective and require scaling up;
- Removing bottlenecks that are limiting the impact of otherwise effective interventions;
- Maximizing the positive spillover from accelerated progress towards a related goal in a different area.

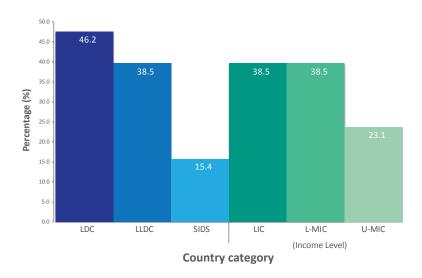
All these measures — whether working individually or in concert — call for a deepened and coordinated partnership across government departments and ministries, and between the government and a range of domestic and external partners.

In 2010, the United Nations Development Group (UNDG) endorsed the MDG Acceleration Framework (MAF) in response to the call to make faster progress.² The MAF is a tool that helps countries systematically identify and prioritize feasible actions³ — such as those listed above — that could accelerate progress towards an MDG target that is otherwise likely to be missed (off-track). Developed and tested by the United Nations Development Programme (UNDP), in collaboration with the UN Specialized Agencies in 10 countries over 2009–2010, the MAF was formally launched at the 2010 MDG review.⁴ It is now in use in over 50 different countries in various developing regions, across a range of MDGs as well as other locally important goals that go beyond the MDG agenda (figure 1).

■■ FIGURE 1: MAF COUNTRIES BY THEMES AND CATEGORIES



Percentage of MDG Action Plans by Theme



Source: Country classifications as per UN (see the World Economic Situation and Prospects 2012, Statistical Annex, p.132) and World Bank (http://data.worldbank.org/about/country-classifications)

1.1 TWO PHASES OF THE MAF: ROLL-OUT AND IMPLEMENTATION

The MAF helps governments develop and implement a nationally owned MDG acceleration action plan to speed up progress towards a specific target that is otherwise unlikely to be met by 2015. The first phase — roll-out — ends with the technical and political validation of the MAF action plan (figure 2). This plan — based on and complementary to existing policies and programmes — serves to refocus and consolidate efforts in areas where they are likely to be most impactful, and to align partner initiatives accordingly. The acceleration action plan contains specific activities to help resolve bottlenecks that are significantly limiting the impact of interventions. These activities are expected to be carried out by a diverse array of partners, each according to their respective mandates and areas of expertise. While many different actions could have some degree of impact towards acceleration, well-defined criteria and evidence from the ground are used to help prioritize those that are likely to have greater effect. Systematic identification, prioritization and a robust partnership for implementation are central to the value addition of the MAF (figure 3).

FIGURE 2: PREPARING AN MDG ACTION PLAN

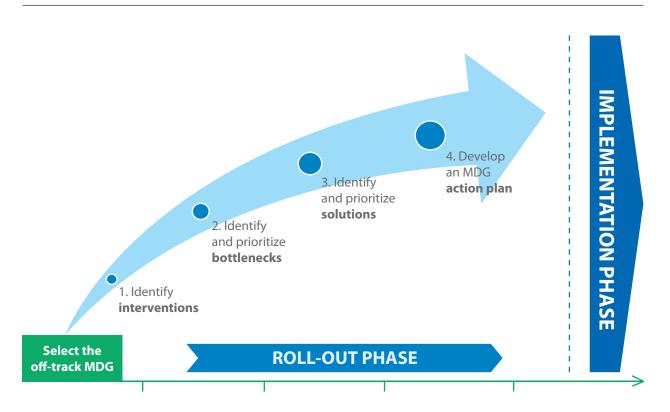
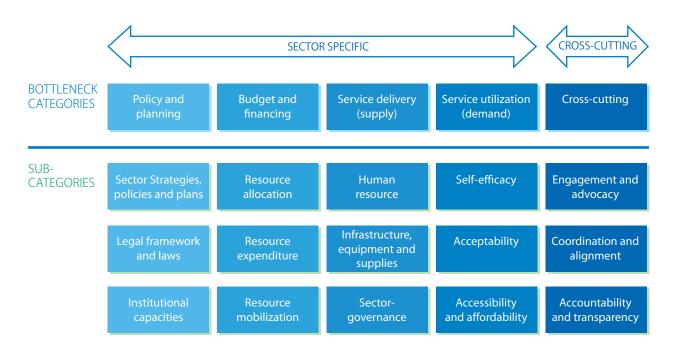


FIGURE 3: MAF BOTTLENECK ASSESSMENT



Source: UNDG 2010, MDG Acceleration Framework

Roll-out is ideally completed over three months or so, but can take longer if the process has to navigate changes — for example a cabinet reshuffle or a reallocation of work within a key ministry.

The second phase of the MAF process — implementation — is initiated once the roll-out has been completed. The primary vehicles for implementation are the annual work plans of the relevant ministries and departments, supported through national or subnational budgets. In most countries, partner support, both technical and financial, plays an important role. Depending on the country and thematic context, there may also be roles for the private sector, NGOs and community-based organizations (CBOs). Additional support may also come from linking to global and system wide initiatives across countries.

Unlike the roll-out phase, implementation calls for a longer term, sustained effort. Advocacy and communication — at domestic, regional and global levels — are vital to the process, serving to bring in additional partners, while also maintaining interest and momentum and linking strategically to broader initiatives as may be most relevant. Care must also be taken in this phase to sustain the implementation through political transitions, such as a change in leadership.

The coordinating mechanism that evolved during the roll-out retains its importance during implementation, although formal monitoring is best left to the existing mechanisms of the government and participating partners. The acceleration action plan itself is dynamic: periodic reviews help identify new partnerships as well as reprioritize bottlenecks and solutions. As some bottlenecks get resolved or attenuated through implementation of the initial set of actions, others can become over time more important, requiring priority attention (box 1).

1.2 HOW ARE COUNTRIES USING THE MAF?

Countries have developed MDG action plans for a range of thematic areas (figure 1). Many of these relate directly to global MDG themes — for example, maternal mortality or hunger — although in some cases the country may be working to achieve a nationally redefined target, such as universal access to drinking water. ⁵

MDG acceleration action plans have also been developed for country priorities that go beyond the global MDG themes. These include the economic empowerment of women (e.g., Cambodia) and people with disabilities (e.g., Costa Rica), education quality (e.g., Tuvalu), access to energy (e.g., Tajikistan) and non-communicable diseases (e.g., Tonga).

Many countries (e.g., Colombia, Indonesia) have applied the MAF to develop acceleration plans at subnational levels — notably even when the MDG target itself may have been met in the aggregate at the national level. Subnational plans allow local priorities to receive greater attention. They also allow for the prioritization of solutions to bottlenecks that may be more important in one part of the country, or with respect to a particular population group, thus helping address some of the underlying causes of inequalities and disparities in achievement.

Several countries have applied it more than once in order to tackle multiple off-track goals. For example, Togo first applied the MAF to address rural poverty, and followed up subsequently to address water and sanitation. In Colombia, an initial application in six subnational territories (departments and municipalities) was followed by widespread use in other such territories leading to the formulation of over 70 action plans at the subnational level. The range of these applications is evidence of the flexibility and adaptability of the MAF, and its relevance, in a variety of contexts.

Although each action plan aims at one specific lagging MDG, mutual synergies across goals generate positive spillover effects on others. For example, an action plan targeted at maternal mortality or gender parity in education will also have positive impacts on infant mortality.

1.3 HOW DOES THE MAF MAKE A DIFFERENCE?

The MAF responds to demonstrated political resolve to take action against an off-track MDG target. Experience in over 50 countries shows that this resolve, manifested through government leadership and ownership, is key to the success of a MAF application. During the roll-out phase, governments work with partners in a participatory manner to identify bottlenecks and priority solutions, and to define implementation roles. Typically, the UN country team (UNCT) support is coordinated by the Resident Coordinator, with government leadership being provided by the relevant line ministry working closely with a cross-sectoral ministry such as planning or finance. NGOs, CSOs, local communities, academia, professional associations, and the private sector also take part, as do external partners outside the UNCT such as bilateral and multilateral donors.

This arrangement allows a broad variety of actors from within and outside the immediate thematic area to engage in identifying solutions that may lie outside the given sector. The recognition of these concrete multisectoral and cross-sectoral opportunities — including those where individual agencies can work jointly — is one of the ways in which the MAF adds value. Identified solutions often include innovative approaches and the application of new technologies. They can also involve scaling up based on lessons learned from pilots, and indicate the customization needed to address regional or population-specific bottlenecks. Crucially, by building on existing processes and strategies, they help suggest how these should be refocused, coordinated or complemented for greater impact rather than introducing a completely 'new' action plan. Far from being a stand-alone strategy, the MAF is a set of policy interventions and concrete solutions that complement and strengthen existing policies and programmes.

The quality and specificity of the MDG acceleration plan depends on the quality of data and evidence available: in some countries inaccurate, outdated or less relevant data constitute a significant handicap to the preparation of the action plan. In general, the better the quality, including the degree of disaggregation, timeliness and periodicity of the evidence and data, and the more participative the partnership, the greater the potential of the action plan to deliver focused and impactful outcomes.

1.4 WHAT IS NEW SINCE 2010?

The 2010 report on the MAF, 'Unlocking progress: MDG acceleration on the road to 2015' presented results from each of the 10 pilot countries⁶ and a synthesis of lessons learned. In particular, action plans addressing rural poverty, maternal mortality, education and subnational inequalities were described and analysed in depth.

Since then, experience with the MAF has burgeoned along several different dimensions. Thematically, the MAF has been applied to new areas: hunger, economic empowerment, water and sanitation, HIV/AIDS, non-communicable diseases, population-based inequalities and others. Geographically, over 50 countries from different regions and at different stages of development have put the MAF to use, generating a diverse body of experience and a more broad based fellowship of professionals to support it. This has been backed up by codification and dissemination of the technical guidance through the publication of an operational note, and a toolkit.⁷ This dissemination has supported the use of the MAF as a guiding mechanism in several different efforts that go beyond its original intent to accelerate progress towards MDG targets: for example, the Government of Ukraine's comprehensive review of its National AIDS Programme (NAP), and the 'Big Push' Education for All (EFA) Acceleration Initiative in Africa.

Significant gains in knowledge and experience have also come from the implementation of the MDG action plans of the pilot countries (and other early adopters). Some of these relate to the new opportunities that opened up to further the implementation of these plans. In 2011, the European Union (EU) announced its one billion euro MDG acceleration initiative for countries from the African, Caribbean and the Pacific regions with MAF-based plans being eligible for support. In individual countries, other bilaterals rallied behind the implementation either through aligning parts of their own programmes with action plan priorities, or by supporting the Government in its efforts to do the same.

In late 2012, the Chief Executives' Board (CEB)⁹ of the UN system agreed to a proposal from the World Bank President to examine gaps in the implementation of MDG acceleration plans at the country level and to see how to better provide coherent and meaningful support for them. The first meeting took place in 2013, with others expected to follow every six months, thus providing the opportunity to further advance implementation in meaningful ways. Separately, several global initiatives aimed at mobilizing support from a broad range of actors — for example Zero Hunger Challenge, Every Woman Every Child, Scaling up Nutrition — also offer the prospect of connecting to concrete initiatives on the ground through the country acceleration plans.

The current report, by presenting preliminary results from this expanded set of countries and greater diversity of experiences, aims to capture some of these developments that have taken place after 2010. It also seeks to draw broader conclusions for what is needed to accelerate progress to 2015, and to sustain results thereafter with reference to emerging national priorities. While illustration of the entire scope of MDG acceleration and MAF experiences would be premature, the present document provides a compilation and an analysis based on evidence from individual countries to date.

This report is organized in three parts: the first part introduces the MAF and key developments; the second presents and analyses experiences from a number of countries focusing on the areas of hunger, health and population-based inequalities; and the third looks back to what has been learned while presenting recommendations for action to 2015 and beyond.

BOX 1: STEPS TO ACCELERATE PROGRESS — AN EXAMPLE FROM GHANA

The MDG acceleration action plan in Ghana (2010)¹⁰ was drawn up in response to the Presidential declaration of maternal mortality as a 'national emergency'. The maternal mortality ratio had declined steadily, but too slowly to reach the target by 2015. Moreover, national averages masked tremendous regional variation with the ratio in the remote rural region of Upper Volta being 2¼ times that of Greater Accra.

Since 2000, numerous initiatives had been introduced to strengthen interventions that directly addressed maternal mortality. By 2010, there were over 37 distinct policies and strategies to respond to the issue, and the country approached the UN system for assistance in formulating an acceleration plan. Led by the Ministry of Health and the Ghana Health Service, with technical support being coordinated by the UN Resident Coordinator, the acceleration plan was formulated using the MAF approach and it sought to improve the efficacy of interventions addressing both the direct and indirect causes of maternal deaths.

Apart from the health authorities, key participants included the National Development Planning Commission, the Ministry of Finance and Economic Planning, the Ghana Statistical Office, medical and dental associations, the private sector, CSOs and NGOs active in the area, members of local elected bodies, UN agencies and other development partners. Consultations, technical assessments and validation over several steps ensured the technical validity and broad acceptance of the action plan.

Priority bottlenecks included social, cultural and economic factors that curtailed the access of women and girls to reproductive health services and medical care during pregnancy. While many solutions lay within the health sector, several required active collaboration with other sectors, or with non-government, nontraditional partners.

The primary impetus for implementation of the acceleration plan came from the government. In addition, special efforts were made for advocacy and sensitization, aimed at mobilizing additional partners and support from across the spectrum. Some highlights:

- An early warning system to prevent stock-outs of family planning commodities uses smart/mobile phones to capture and transmit data, and is expected to be scaled up after an initial pilot phase;
- An agreement with the Ghana Motor Transport Union to set up a voucher system to allow free transportation of women to birth centres at the time of delivery;
- · Stronger curricula, three new midwifery schools and revisions of the national Reproductive Health Policy and Protocol are helping extend the scope and quality of maternal health services;
- · Over \$100 million has been mobilized, primarily from traditional donors but also from the private sector; and
- · Strong partnerships have been developed to support the implementation of specific parts of the action plan, including with the European Commission (EC), Department for International Development (UK), Danish International Cooperation Agency (DANIDA), Japan International Cooperation Agency (JICA), and U.S. Agency for International Development (USAID); as also within the UNCT (World Health Organization [WHO], United Nations Children's Fund [UNICEF], United Nations Population Fund [UNFPA], World Food Programme [WFP] and UNDP); and selected NGOs.

Following a review of the action plan at the UN Chief Executives' Board (CEB) in April 2013, several new initiatives such as those involving the community to expand demand for maternal health services, development of a maternity protection benefit package to guarantee a minimum level of social protection for pregnant and nursing mothers and accelerated grading of health facilities on the basis of service provided are under way. The review also served to mobilize additional partners such as the International Labour Organization (ILO and the World Bank).

Sustained advocacy by multiple actors in both domestic and international forums has greatly strengthened implementation. The engagement of CBOs and traditional leaders has also been significant. Community volunteers in remote parts of the country assist in health service delivery by tracking maternal deaths and newborn care, immunization and other basic services. Traditional leaders such as 'Queen mothers' have also been instrumental in mobilizing women to seek timely maternal health care.

An ad hoc steering committee provides oversight to the implementation, and a review of the action plan is planned for 2014, in particular to examine whether there is now a new set of constraints limiting progress, given that the first set identified as priorities in 2010 has been receiving concerted attention since then.

2. ACTIONS TO DRIVE MDG ACCELERATION

This section of the report presents the MAF experience from countries in three thematic areas — hunger and poverty; health; and economic disparities. Taken together, these three themes account for a very large majority of MAF countries, including some addressing priorities going beyond the globally defined set of MDGs.

2.1 REDUCING HUNGER

Most of the MDG acceleration plans that address hunger and poverty are found in Africa, with those from other parts of the world emphasizing action at subnational levels to particularly address geographic disparities. Several of the African plans on hunger — Burkina Faso, Chad, Mali and Niger — are from the Sahel, reflecting the severity of the issue in a region which has been particularly susceptible to food crises, the most recent being in 2012 (figure 4). Outside of the Sahel, the acceleration plan for the Central African Republic (CAR) is also focused on hunger in the context of a country affected by crisis.

Recurrent crises are at least partly responsible for the very slow decline in measures of poverty, hunger and nutrition in these countries, with periods where the rates have actually gone up. In Niger, for example, poverty rates have remained almost stable over two decades, decreasing only slowly between 1993 (63 percent) and 2008 (59 percent), and the percentage of underweight children below the age of five declined from 36 percent in 1992 to 34 percent in 2009. Similarly, in Burkina Faso, the poverty rate fell from 46 percent in 2003 to 44 percent in 2010, and the percentage of underweight children below the age of five was 34 percent in 1998, rose in subsequent years to a peak of 46 percent in 2005, falling to 32 percent in 2007.

Notably, the action plans for countries in this region integrate short and long-term measures and seek to address the several dimensions of food security¹⁴— availability, access, utilization and stability — in a *comprehensive* fashion.¹⁵ This approach establishes an integrated basis for humanitarian and development interventions, with the former leading into the latter and resulting, eventually, in strengthening resilience to shocks. For example, the action plan for Niger proposes to better adapt social safety nets to the needs of transhumant households by introducing cash or food-for-work programmes that would improve shared rural infrastructure such as movement corridors for pastoral herds.

FIGURE 4: COUNTRIES REQUIRING EXTERNAL ASSISTANCE FOR FOOD (MARCH 2012)



Source: FAO, 2012 16

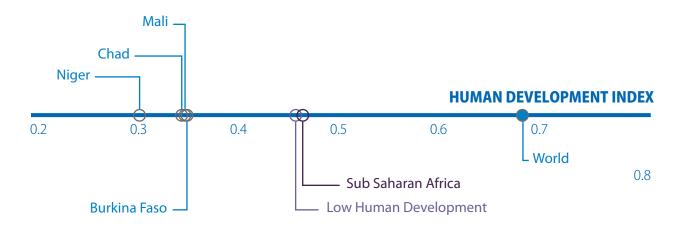
Even within the dire scenario in these countries, certain regions and population groups are worse off than others, and the plans introduce solutions targeted specifically at them. For example, in Burkina Faso, the action plan has maintained a particular focus on improving the livelihoods of poor women through its promotion of milk processing, poultry rearing (and other family livestock activities) and the sustainable use of non-timber forest products. Milk processing initiatives in particular, seek to leverage ongoing efforts to improve access to electricity. Meeting the nutritional needs of vulnerable groups — children, pregnant and lactating women, for example, whose nutrient profiles differ from the rest of the population — has also been a priority, and may help account for the limited impact of the 2012 food crisis on nutrition.

All the plans from the region recognize that the ongoing deterioration of the natural capital stock compounds the problem, and have built in measures for environmental sustainability and responding to climate change. For instance, Chad and Mali include training small producers in managing soil fertility and Niger's plan provides for crop diversification as well as the sustainable management of livestock.

Burkina Faso and Niger are the most advanced in terms of implementation of the action plans (see box 2). Two features are especially notable during this phase. The first is the relative dynamism and adaptability of the plans themselves. In Burkina Faso, while much of the implementation is being carried out by line ministries engaged in the MAF exercise, other actors have also come on board after the finalization of the action plan to implement identified solutions: for example, the Ministry of Youth and Employment has actively strengthened rural livelihoods, and the Millennium Challenge Account's construction of rural roads has helped link producers to markets in the relatively worse-off Mouhoun region. In Niger, the action plan has been folded into the national food security strategy — '3N' (Les Nigeriens Nourrissant Nigeriens), which has become the primary vehicle for its implementation. A second feature is the continuing engagement of central coordinating bodies rather than a specific line ministry during the implementation: in Burkina Faso this is the ministry in charge of the economy, while in Niger it is an ad hoc Haut Commissariat, responsible for overseeing the national food security strategy.

These countries in the Sahel are currently among the lowest ranked in terms of the Human Development Index, indicating deep structural deficits and capacity limitations (see Figure 5) — for example, in providing services or in statistical monitoring systems. This situation is rendered even more intractable by the high population growth rate and regional instability. Clearly, these conditions necessitate complementary actions in the long term to ensure sustained progress.

FIGURE 5: HUMAN DEVELOPMENT IN SELECT SAHEL COUNTRIES



Source: Based on OCHA (2013) and UNDP 2013 Human Development Report 17

BOX 2: ACCELERATING AND SUSTAINING MOMENTUM IN NIGER

Niger's MDG action plan was completed in 2011 and, following a change in government, became a central component of the new national strategy on food security. Known as the '3N' (Les Nigeriens Nourrissant Nigeriens) initiative, this incorporated the MDG acceleration action plan while also adding measures to improve coordination and governance.¹⁸ Apart from its substantive contributions, the network of NGOs and other partners that had been developed during the MAF process assisted in the preparation of the 3N and its broad acceptance. Implementation of the 3N initiative is led by a Haut Commissionaire of ministerial rank who brings the separate arms of the government together through an ad hoc working group, which also includes external partners — members of the UN country team, the World Bank, donors and international NGOs.

An initial commitment by the Government of \$30 million over five years from domestically mobilized resources for implementation of acceleration efforts stimulated partner interest and support. As part of its commitment, the Government put into place rotating credit arrangements and guarantee systems for small producers through the Banque Agricole du Niger (BAGRI). It also subsidized the distribution of over 6,000 tonnes of seed to small producers over 2011–2012. During this period, partners such as the EC and JICA committed resources through financial support of over 25 million euros and by aligning specific activities to correspond with 3N priorities, respectively.

In addition, several regional and global initiatives support implementation. These include the National Agricultural Investment Programme (PNIA) in the framework of the Economic Community of West African States (ECOWAS), African Agricultural Development Programme (PDAA), the African Development Bank's Pilot Programme for climate resilience, the Global Alliance for Resilience Initiative (AGIR-Sahel), and partnership and advocacy initiatives such as the Renewed Effort Against Child Hunger and Undernutrition (REACH) and Scaling Up Nutrition (SUN).

Over time, the multilateral system has continued to support the implementation through specific actions by several agencies, including FAO, IFAD, UNCDF, UNICEF, UNDP, UNWOMEN, WFP and the World Bank. These efforts received a further boost when the Chief Executives Board of the UN system (CEB) conducted a review to examine how best to step up the joint support. Measures likely to follow include scaling up safety net programmes such as cash transfers and cash for work, ecosystem restoration and the timely provision of climate-related information and meteorological decision-making tools to farmers.

Recognizing the complementary, long-term measures needed to support sustained progress, the 3N initiative was itself nested into the country's national development and poverty reduction strategy, the Economic and Social Development Plan (PDES) 2012–2015. At the November 2012 donor roundtable to support PDES implementation, commitments amounting to approximately \$4.8 billion, to be delivered (mostly) over 2012– 2015 were recorded.

Recently, FAO announced some gains in the reduction of hunger as measured by the proportion of the undernourished in the population.¹⁹ There are also some signs of improved resilience: the 2011–2012 agropastoral campaign did reduce the number of people exposed to food insecurity from 5.5 million in November 2011 to 2.5 million in June 2013.²⁰ That might help explain why fewer pastoralists came to relief centres during the 2012 drought compared to the previous one of a similar magnitude.

2.2 IMPROVING ECONOMIC INCLUSION

Economic opportunities for individuals and households — jobs, livelihoods and entrepreneurship — are closely tied to the country's macroeconomic policies. MDG action plans take these policies as given, on the assumption that they have already been optimized to achieve specific targets for growth and employment at the national level, following a well-established planning process. Hence, a MAF-like analysis of these policies may have little to add.

However, the share that certain population groups have of these economic opportunities may be disproportionately low, reflecting and possibly perpetuating existing patterns of inequality, and the MAF methodology could help identify and address bottlenecks to their economic advancement. Doing so effectively would reduce the commonly observed gaps in median earnings across population groups such as women relative to men, or people with disabilities relative to those without.²¹ Such differences tend to also be associated with higher levels of poverty; they also reflect, among other things, differences in opportunity.

Reducing such inequalities is an important normative objective in itself and necessary for progressing towards the achievement of universal goals and targets, but it can also have significant positive spillovers. Particularly in the case of women, such economic advancement has been shown to also be beneficial for the achievement of other human development objectives such as child health and learning. In many countries, legislation and official mechanisms do exist to help reduce such gaps but their impact may be limited.

A schematic representation that helps guide the analysis of the economic empowerment of women is presented in figure 6. This can easily be generalized to other cases, such as people with disabilities or other disadvantaged groups. The central idea is that the economic outcomes of individuals — mediated through jobs, livelihoods and entrepreneurship — depend on how well they can take advantage of the economic opportunities engendered by economic growth, government policies and the growth of the private sector.

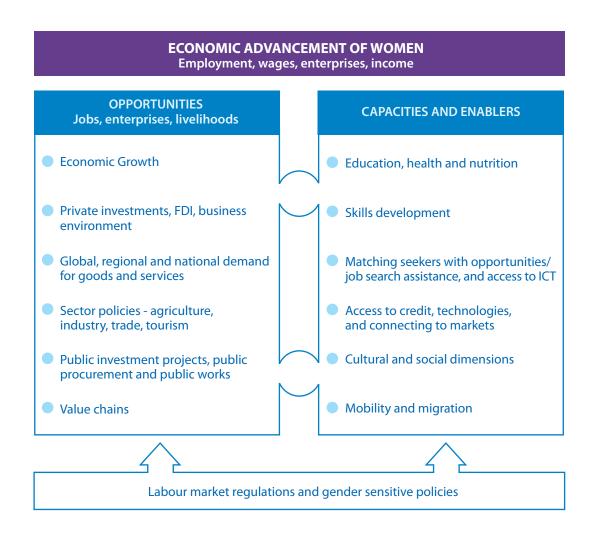
The first step in the analysis takes stock of the nature and determinants of economic opportunities that are available in the form of jobs, enterprises or livelihoods. The characteristics of these opportunities would vary by sector (e.g., opportunities in tourism would be different from those in agriculture) as well as broader conditions such as the environment for doing business. The next step examines the individual capacities, such as skills; and enablers, such as access to credit, or availability of information, that help individuals to take advantage of opportunities.

This leads into the analysis of bottlenecks, some of which would impact all individuals in a similar fashion — for example the lack of timely information about job openings — while others may be specific to a particular group, or have a differential impact across groups — women, for instance, may have limited mobility due to care responsibilities at home. Even when a particular constraint applies more broadly — access to credit, for instance

— it may be exacerbated for particular population groups: for example, women may find it particularly difficult if property titles are not issued in their name. Sometimes, solutions to a given bottleneck may also need fine-tuning: for example, skill development programmes need to take into account the difficulty that many women have in staying away from home for extended periods.

Many MDG action plans to address poverty contain specific elements targeted at women. For example, the action plan for the Central African Republic (CAR) includes specific performance indicators for women, such as the numbers trained in preparing non-timber forest products for the market. A number of plans specifically aim to reduce disparities in economic status across specific population groups. These include Cambodia's plan for the economic empowerment of women; Narino, Colombia's plan at the subnational level for reducing the gender income gap;²² Armenia's plan targeting the youth; and Costa Rica's plan for people with disabilities.

FIGURE 6: FCONOMIC. ADVANCEMENT OF WOMEN — KEY DIMENSIONS



BOX 3: INCLUSIVE ECONOMIC DEVELOPMENT IN CARTAGENA (COLOMBIA).

In 2010, the department of Cartagena (Colombia) developed an MDG acceleration plan to help improve the implementation of its 2009 policy on Cartagena Policy for Productive Inclusion for the poor and vulnerable population (Política de Inclusion Productiva para Población en Situación de Pobreza y Vulnerabilidad). One of the key existing interventions for realizing this objective was CEMPRENDE, centres that provided training, technical assistance and access to credit for facilitating employment and entrepreneurship among the poor and vulnerable.

The MDG acceleration plan identified bottlenecks that were keeping these centres from reaching their full potential. These included lack of institutional capacity, onerous requirements for the vulnerable to access their services, lack of a seed capital fund, unavailability of timely information about the labour market, lack of coordination between different levels of the government, and inadequate and uncertain flow of resources.

As the action plan was being formulated, there was a sustained effort to forge effective partnerships with the local chamber of commerce on the one hand, and national initiatives such as the Labour Market Observatory and the Training for Work programme in the tourism sector. This led to the identification of concrete opportunities, for instance linking vendors/suppliers to 'anchor firms' such as hotels that could source some of their purchases locally, provided they met quality standards. In addition, occupational profiles for current and emerging opportunities were prepared, leading to the identification of new vocational training needs (for example, the position of 'logistics assistant') as well as internship options for gaining experience.

At the same time, a pooling together of local government, national government, businesses, the local chamber of commerce and external donor funds helped strengthen local capacities as well as set up a microcredit seed capital fund.

Specific constraints to accessing credit that were more likely to affect the most vulnerable — women, indigenous populations, Afro-Colombians and the internally displaced — were identified. These included a lack of guarantors, no credit history, and irregular cash flows due to low productivity/subsistence businesses. With more focused outreach to vulnerable groups, a setting of targets, and actions taken to resolve some of the bottlenecks, the number of women availing of the services of these centres went up from 36 percent to 62 percent, and women's share of the total value of microcredit loans was 62 percent, above the target of 50 percent.

Based on this initial experience in Cartagena, similar efforts are underway in the territories of Guajira, Pasto, Santa Marta, Sincelejo and Barranquilla.

BOX 4: FOSTERING ECONOMIC EMPOWERMENT — CAMBODIA AND COSTA RICA

Acceleration plans for Cambodia and Costa Rica have examined the spectrum of interventions across several sectors at the national level, with a view to improving economic outcomes for women in the case of Cambodia, and people with disabilities, in Costa Rica. Both countries have a history of strong legislative and policy involvement in these areas — Cambodia's Neary Rattanak strategic plans, developed for five-year cycles since 1999, have provided a strategic framework and plan for gender equality. Costa Rica, in 1996, passed law 7600, Equality of Opportunities for People with Disabilities, following which there has been a steady increase in their presence in educational institutions and in paid work.

The private sector is a crucial partner in these efforts, not only helping understand both opportunities and constraints, but also piloting solutions. In Cambodia, the private sector partners included credit granting bodies such as commercial banks, rural development banks and microfinance institutions, and employers and business associations. Civil society partners included groups such as the Cambodia Women Entrepreneurs Association, the Khmer Women's Handicraft Association and a number of agricultural cooperatives. In Costa Rica, business associations such as the Inclusive Enterprises Network (REI) and the Business Association for Development (AED) took part.

The actual interventions prioritized for action in these two countries differ, reflecting differences in country circumstances. In Cambodia, the interventions are:

- o Training for jobs that are consistent with market demands;
- o Promoting micro/small/medium enterprises (MSMEs) for women;
- o Improving the livelihoods of rural communities, especially women.

The Ministry of Women's Affairs (MoWA) is the nodal ministry for gender-related issues; however, activities related to the interventions mentioned above are typically within the purview of dedicated line ministries. For example, vocational training alone is provided by at least six ministries and through over 375 centres.²³ The list expands considerably when the analysis is carried out to encompass all three interventions: in all, 11 ministries were involved in the preparation of the action plan.²⁴

Despite the proliferation of vocational training programmes for women, many were felt to be of low quality, not providing entrepreneurial or business development skills and tending to reinforce traditional gender occupations rather than providing access to emerging opportunities. Other bottlenecks included the lack of partnerships between the private sector and Women's Development Centres, 25 limited access to credit, poor collaboration across ministries, inadequate participation of women in policy-making and networking forums,²⁶ and insufficient gender disaggregated data to fine-tune policy and implementation.

Acceleration solutions address the priority bottlenecks in detail, integrating and expanding services offered at the Women's Development Centres and linking them to market outlets. They seek to enhance collaboration between the training programmes of the various ministries to improve quality and reduce overlaps. One activity with the potential for long-term strategic impact is the integration of women's issues and business challenges into policy dialogue at the highest level by partnering with working groups on manufacturing, small and medium sized enterprises (SMEs), trade facilitation and export processing within the Government-Private Sector Forum.²⁷

The MAF process in Cambodia was timed to feed into the development of the next Neary Rattanak and the country's next five-year plan, both of which will be the principal vehicles for implementation. Significant impacts can also be expected through the forging of partnerships with the private sector and strengthening the collaboration across ministries in the cause of women's economic empowerment. While the political transition following the general elections of 2013 could be a challenge, the incorporation of priority actions into the national plans may help ensure continuity of implementation efforts.

The Costa Rica action plan is designed to meet four objectives:

- o Boosting the employability profile of people with disabilities by addressing weaknesses at the training of trainers (ToT) level in pre-vocational centres;
- o Increasing private sector demand for people with disabilities by working with business associations;
- o Strengthening technical capacities at employment exchanges and job centres to more effectively support the hiring of people with disabilities;
- o Developing a specific pilot programme to support enterprise development among people with disabilities.

A separate section considers the governance arrangements needed for effective coordination and implementation, and houses this function within the pre-existing Inter-institutional Technical Committee on Employability of People with Disabilities.²⁸ Apart from the formal arrangement, an informal network of champions at the working level who emerged during the MAF process is also helping move activities forward. Implementation of specific activities has commenced, supported by allocations from the national budget, contributions from the private sector and a grant from the UN trust fund on people with disabilities. With elections scheduled for early 2014, the issue will need to remain a priority with the next government.

2.3 BOOSTING MATERNAL HEALTH

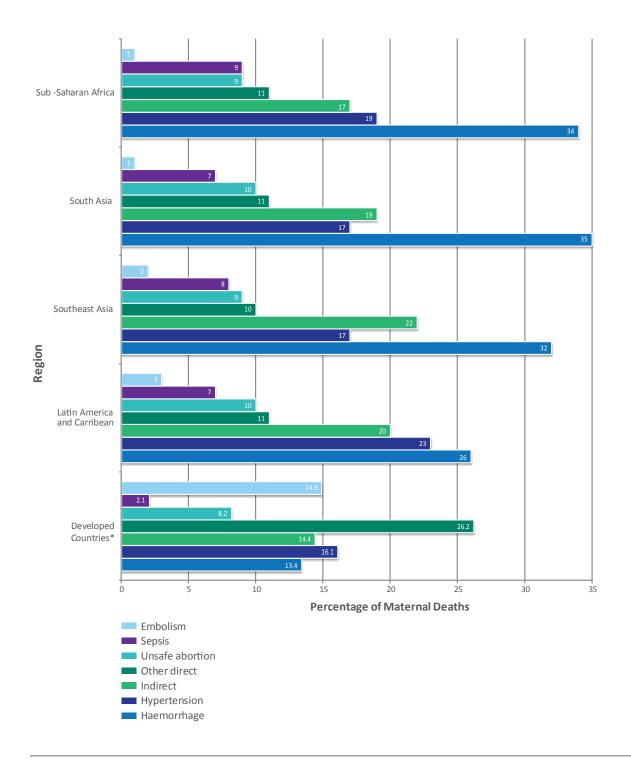
Globally, the maternal mortality rate (MMR) is estimated to have declined by 47 percent from 1990 to 2010, a drop from 400 per 100,000 live births to 210. All regions have made progress, but meeting the MDG target of reducing the ratio by three quarters will require accelerated results.²⁹ Every day, about 800 women are estimated to die from pregnancy-related complications across the world, with 90 percent of these occurring in Africa and Asia.³⁰

About half the countries developing MDG acceleration plans choose to focus on maternal health, a reflection of its status as one of the MDGs most likely to be significantly off-track. MDG acceleration plans on improving maternal health come from a diverse set of countries, spanning several regions and country typologies: Botswana, Ghana, Lesotho, Mauritania and Uganda in Africa; Kyrgyzstan in the CIS; the Philippines and Indonesia in Asia; and El Salvador in Latin America.

Maternal deaths are due to direct or indirect causes which vary across regions to some extent as shown in Figure 7. Direct causes include haemorrhage, hypertension, unsafe abortions and infections. Indirect causes, representing about 20 percent of deaths at the regionally aggregated level in developing regions, include conditions such as HIV/AIDS, hepatitis, diabetes, malaria and iron deficiency anaemia. While there is little variation across developing regions in the relative contributions of direct versus indirect causes to maternal deaths, there can be significant variation within, on the importance of individual factors within each group: for example, hypertension accounts for a relatively high fraction of the deaths due to direct causes in Latin America, while malaria is relatively more important among the indirect causes in sub-Saharan Africa and some parts of Asia.³¹ Also, in general, the chances of dying in childbirth are higher among the poor relative to the rich, and in rural areas relative to urban.

MDG action plans for maternal health have been prepared at both national and subnational levels. They typically start with the standard set of interventions considered to have high impact on curbing maternal mortality, which include antenatal care, access to an SBA during delivery, access to emergency obstetric and neonatal care (EmONC), and family planning and reproductive health services, and then move on to identifying and prioritizing bottlenecks and feasible solutions to resolve them.

■■■ FIGURE 7: CAUSES OF MATERNAL DEATHS (1997-2007) BY REGION



Source: WHO and UNICEF, 2010 32

SUSTAINING RESULTS

From a quick comparison of the diagnoses undertaken as part of the MAF process, it is possible to identify some of the more common bottlenecks across countries. Not all bottlenecks occur in each country; furthermore, even when some are present, their relative importance may vary across and within countries; however, all countries do report on at least some of the bottlenecks presented in table 1, grouped according to the MAF categories.

TABLE 1: FREQUENTLY OBSERVED BOTTLENECKS IMPACTING INTERVENTIONS TO BOOST MATERNAL HEALTH

CATEGORY	FREQUENTLY OBSERVED BOTTLENECKS
Policy and planning	 Lack of policy coherence (e.g., policy decisions not followed up with the necessary measures, proliferation of roadmaps and policies without adequate coordination) Unclear human resource policy and regulations (e.g., lack of regulation of midwife tasks, inadequate standards for accreditation of health personnel and placement of staff) Poor integration of maternal health related services (e.g., sexual and reproductive health (SRH) and HIV services) can get in the way of reaching populations in need. (Proper integration of services is a key factor in achieving MDGs 4, 5 and 6.)
Finance and budgeting	 Insufficient resources (proportion of GDP or funds generated locally) allocated to health ³³ Delay in the transfer of resources from national to subnational budgets Leakage of public resources in the health sector
Service delivery	 Inadequate numbers and poor quality of service providers at various levels Problems with procurement and management of medicine, supplies and equipment, including their timely distribution to local health care units Inadequate infrastructure Lack of a functioning referral system
Service utilization	 Out-of-pocket expenses inhibit the poorest from seeking maternal health care (even when services are officially free there are other direct and indirect costs) Cultural barriers Poor road infrastructure, long distances to equipped hospitals or lack of transportation especially at time of delivery
Cross-cutting	 Lack of quality data for better policy-making (e.g., misdiagnoses of indirect causes of maternal mortality) Poor coordination and alignment across different levels of government Urban-rural and other geographical disparities affecting the provision and access of health care services

Source: WHO and UNICEF, 2010

Several of these bottlenecks are interrelated, or require action concurrently along different fronts. For example, improving the quality of services provided by midwives and antenatal care (ANC) workers requires training and certification, but also clarity about their roles and functions, accountability for services provided, support for circumventing cultural barriers, and human resource management that can distribute personnel and deliver performance fairly according to the needs of different locations. Similarly, interventions to ameliorate one bottleneck may need to be matched by those taken to redress others: for example, reducing out-of-pocket costs would likely increase the demand for services, potentially straining their quality — necessitating additional investments in this regard.

Cultural factors are seen to be especially important in many countries as determinants of women's access to health care, and individuals' access to family planning information, materials and services. For example, a pregnant woman not being empowered to make decisions about when to seek professional care, or services not being provided in the local language, or the disparaging of local customs and traditions would all lower the demand for maternal health care services. These bottlenecks also need sustained and concerted efforts to address them, including through the engagement of civil society, individual champions and education systems. In multicultural communities, these factors may also contribute to regional disparities in progress.

One response to addressing regional disparities is a greater decentralization of policy-making and implementation authority. However, experience across a range of countries indicates that decentralization or devolution alone do not solve the problem — complementary capacities need to be developed for planning, implementing and monitoring at the local level, along with institutionalized collaboration mechanisms between levels. In fact, in some cases, decentralization could end up perpetuating regional inequalities when certain local governments do not prioritize particular issues (for example, reproductive health or family planning), leading to a loss of publicly provided services in that area.

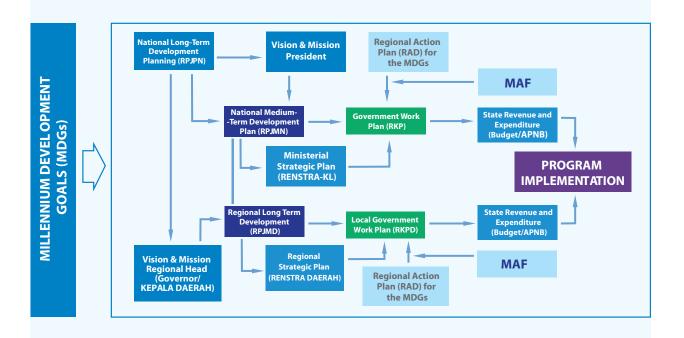
A qualitative assessment suggests that as countries develop, and their maternal health situation evolves, the relative importance of the causes (figure 7) of maternal deaths will change – for example, iron deficiency anaemia is expected to become less important as diets improve, and greater coverage of family planning methods and services could reduce the contribution of unsafe abortions to maternal deaths. Hence, the relative prioritization of interventions would change over time. Similarly, the relative importance of bottlenecks (table 1) — and relevant solutions — can also change over time. For instance, as supply-side bottlenecks in services get resolved, cultural barriers and other demand-side bottlenecks may assume greater importance. MDG action plans therefore need to be dynamic, capable of being revisited and updated over time to reflect these changes.

Finally, while countries develop solutions to bottlenecks that work in their own context, table 1 also indicates that there is strong potential for them to learn from each other. For example, many countries stand to gain from solutions to commonly experienced bottlenecks such as those in procurement and supply chain management, or from the improved diagnosis of the causes of maternal deaths, the stemming of leakages of resources, or improved accountability of service providers. Several countries and their partners are working on technology-based answers to these issues, and there would seem to be scope for developing solutions that could be transferred across national boundaries.

BOX 5: REDUCING MATERNAL MORTALITY IN INDONESIA

The MDG acceleration plan for Central Java³⁴ was drawn up to address the apparent stagnation in the MMR over the last few years in one of Indonesia's most populous provinces, where about 13.5 percent of the total population lives. The plan reflects the increasing attention to, and political momentum behind, maternal health in the country, as evident from the Presidential Decree 3/2010, the National Medium Term Plan (RPJMN) 2010-2014 and the Ministry of Health's Strategic Plan for the same period. It also seeks to help operationalize the Central Java MDG Regional Action Plan for maternal health, in the broader context of decentralized planning in the country (see figure 8).

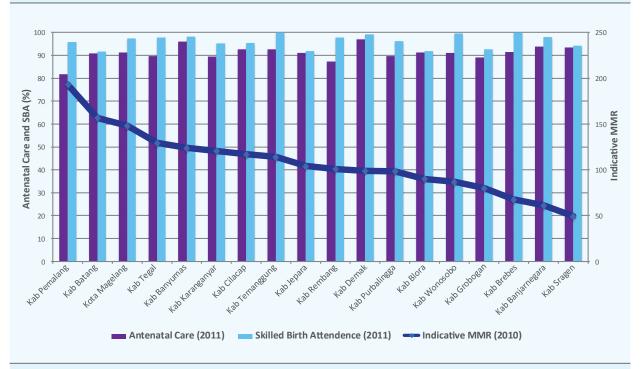
FIGURE 8: THE MAF IN THE PLANNING PROCESS



Source: Regional Action Plan, Central Java Province (2011-2015), July 2013

This province is notable for the close to universal coverage of essential interventions such as ANC and SBA (figure 9), which have contributed to driving the provincial MMR (116 per 100,000 live births) below the national average (220 per 100,000 live births). However, the apparent plateauing of the MMR at the provincial level over the last few years, and the wide variation in the MMR across districts and towns achieving similar levels of coverage in terms of these interventions, both indicate that complementary actions to improve service quality, referral and access to emergency care are now essential to drive progress.

FIGURE 9: DISTRIBUTION OF MMR AND SERVICE COVERAGE IN CENTRAL JAVA DISTRICTS (2010 - 2011)



Source: Regional Action Plan, Central Java Province, 2011-2015 35

The plan indicates quality to be a priority across all the services provided, whether by midwives or family planning counsellors, and whether in Poskesdes (village health posts), Puskesmas (primary health centres) or in referral hospitals. It proposes multi-pronged solutions encompassing training at various stages including while on the job; better staff management, incentives and accountability; clearer articulation of differential roles and responsibilities; and engaging retired specialists to address temporary shortfalls.

Improving the referral system to allow for more rapid admission and treatment when complications occur is an important priority; a large number of deaths take place in homes or while in transit. The plan proposes two principal approaches: clarifying, through regulations, referral pathways in order to avoid delays in reaching referral centres; and using ICT and mobile phones to access specialists as well as transmit patient information to reduce delays in receiving care.

Many solutions require collaborative actions by the provincial authorities, district and city health services, professional associations³⁶ and different national ministries, with several requiring the engagement of non-health actors such as local leaders, religious heads and institutions of education and culture.

Finally, the plan clearly brings out the importance of having reliable, timely data in order to effectively guide policies and implementation. For example, 46 percent of maternal deaths in the province are related to indirect³⁷ causes — anaemia, tuberculosis, diabetes and others — but the relative importance of these causes is not known. A better understanding of those dimensions could help make ANC more effective and bring a special focus to maternal health in the (often separate) efforts to treat these diseases.³⁸ In addition, there needs to be a continuing effort to find reliable proxies for MMR at the district level — where its estimation can be inaccurate — that will help provide timely feedback to guide policy and implementation.

BOX 6: TARGETING FXCLUSION — KYRGYZSTAN AND FL SALVADOR

The MDG action plans for both Kyrgyzstan and El Salvador bring home the need to understand and address the reasons for why certain populations are progressing less rapidly than others.

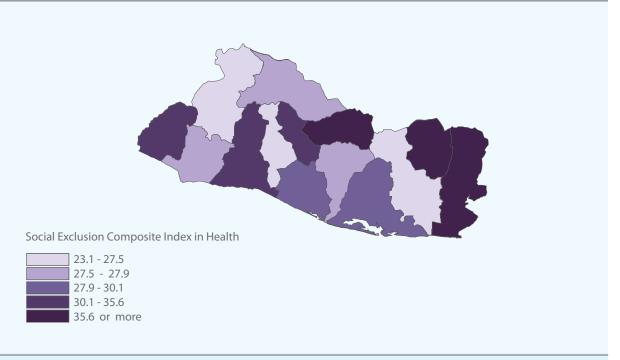
In Kyrgyzstan, the proportion of maternal deaths not related to direct medical causes was at 24% as of 2012, and this trend has been steadily increasing since 2006. This is mainly due to the worsening of economic conditions and increasing vulnerabilities for persons living at the subsistence level. There has also been a corresponding increase in the proportion of maternal deaths occurring among women who are either unemployed/informally employed or internal migrants.

Women who move to the capital city of Bishkek and other large cities in search of work often do not have access to medical services due to a set of reasons - lack of registration, poor knowledge of their rights and possible unwillingness from medical workers to treat them. Thus, they seek medical help only when they are already facing serious complication which worsens the chances of survival. The latest data shows and increasing proportion of deaths due to complications in Republican hospitals and regional hospitals, where most clients are women who do not have permanent registration papers and/or who have not had access to proper prenatal services.

The action plan proposes a 'beyond the health sector' approach by targeting vulnerable pregnant women through an integrated package of social and medical support, including provision of quality services regardless of registration/permanent address, and involvement of existing village health committees and local authorities to provide counseling and support throughout pregnancy. The MDG acceleration plan comes at a particularly opportune time in the policy cycle, with a new health sector-wide approach (SWAp), Den Sooluk, currently in the process of being implemented.

In El Salvador, a map showing variations in a composite 'social exclusion in health' index shows pronounced variations across the country, with darker regions representing worse off areas (see figure 10). The index presents a composite picture of difficulties in accessing health services based on economic, social, spatial and medical system variables. The MDG acceleration plan focuses on department where the value of the indexand therefore social exclusion – is the highest.

FIGURE 10: SOCIAL FXCLUSION IN FLISAL VADOR



Source: Social Exclusion Study, MINSAL –PAHO, El Salvador. 2012 39

2.4 WATER AND SANITATION, HIV/AIDS, AND NCDs: OTHER DIMENSIONS OF HEALTH

MDG action plans also target other health related areas – water and sanitation (e.g., Belize, Benin, Ghana, Nepal, Togo), HIV/AIDS (e.g., Moldova, Ukraine) and certain NCDs (e.g. Tonga). While these differ from one other in many specifics, socio-economic determinants of outcomes are seen to be of critical importance in each, along with significant roles for local communities and governance structures.

In both Benin and Ghana, community based sanitation approaches are seen as effective vehicles for changing behavior and facilitating adoption – key to accelerating progress towards an especially hard to reach goal. This follows recognition of the fact that merely providing toilets – even at highly subsidised prices – does not guarantee use. Engaging the community and involving local champions – including school children - triggers a joint desire for change, encourages innovation and enables mutual support. In Benin, community based 'Hygiene and Sanitation Promotion' in several provinces led to a significant increase in the proportion of people adopting non-subsidized improved sanitation over a period of four years, arguing for its scaling up across the country as part of the MDG action plan. Nepal's action plan aims to use community managed public toilets in urban slums. Yet another aspect of this dimension is seen in Belize, where inadequate representation of ethnic minorities in local water boards was seen as a key bottleneck to achieving the country's target of universal access to safe drinking water.

The MAF has been used in two different ways for addressing HIV/AIDS. In Ukraine, the scope of the application has been broad – guiding the comprehensive assessment of its National Aids Programme (NAP)⁴¹ 2009-2013. The assessment covered twelve thematic areas⁴² in considerable detail. Bottlenecks identified included sector specific ones such as the inordinately slow public procurement systems for drugs and medicines, but also those indicating social dimensions such as the lack of legislative and other measures to protect the human rights of key populations, especially sexual minorities. Among these, several gaps such as poor coverage and outreach to the population groups that are most in need, as well as lack of an integrated model to provide holistic medical and social care to HIV affected individuals would require the engagement of local communities for successful redressal. It is expected that these would feature in the integrated vision behind the new NAP (2014-2018). Integrating services to provide social and nutrition support in addition to medical treatments is also one of the solutions put forward in Moldova, where the focus is jointly on HIV/AIDS and tuberculosis (TB).

Tonga's national MDG targets include those related to obesity, hypertension, cardiovascular disease and diabetes.⁴³ NCDs such as these reduce the quality of life, increase disabilities and impose considerable financial burdens on the health system. Underlying causes include the large scale availability of cheap imported foods and meats of poor nutritional value, accompanied by a shift away from healthier traditional diets; lack of physical activity and under-funding of NCD prevention. Solutions to identified bottlenecks include coordinated action by the ministries of trade, education, health and rural development but also involve significant roles for community actors such as churches and village councils.

3. ACCELERATING PROGRESS AND SUSTAINING RESULTS: PRIORITIES FOR ACTION

As we approach 2015, the accumulated experience of countries working towards the MDGs (and using the MAF) can be helpful in indicating priorities for action around three objectives: accelerating MDG progress, completing the unfinished business of the MDGs, and transitioning smoothly, at the country level, to the post-2015 global agenda for development. The rest of this chapter is organized around these themes. Although the discussion is organized in separate subsections for ease of presentation, it must be kept in mind that all three are part of one whole and are deeply interconnected.

3.1 ACCELERATING PROGRESS

MDG acceleration efforts take certain preconditions as given — strong political leadership, broad-based country ownership and a commitment towards inclusive growth. Implementation of the first set of action plans commenced in late 2011-early 2012, and not enough time has elapsed to be able to definitively identify impacts and attribute results. However, the experience of a large number of countries — Belize, Benin, Burkina Faso, Colombia, Costa Rica, Ghana, Indonesia, Niger among others — demonstrates some of the factors essential for driving acceleration.

1. STAYING THE COURSE ON IMPLEMENTATION, LOCALLY AND GLOBALLY

Many countries have programmes designed to accelerate MDG achievement — either as part of comprehensive MDG action plans or as stand-alone initiatives implementing proven interventions, and requiring scaling up. Over 25 countries are currently implementing MDG action plans with both domestic and partner support, and many others are currently formulating such plans, with implementation expected to commence soon.

Across countries, experience shows that effective implementation requires sustained commitment and engagement, with preparations beginning even as the plan is being formulated (see box 7).

BOX 7: FROM ROLL-OUT TO IMPLEMENTATION

Preparing for implementation begins during the formulation of the action plan itself, through identifying entry points in the national planning process for anchoring the plan and mapping partner initiatives that could support specific sets of solutions. These steps are complemented by communications and advocacy — in public media, as well as in other forums such as donor round tables, private sector engagement initiatives or global and regional meetings. As existing partners align themselves around the action plan, new partners — those not part of the formulation of the action plan itself — come on board. Over time, and based on feedback from the ground, certain bottlenecks may get resolved and others become a greater priority. The action plan itself is then revisited to reprioritize bottlenecks, and craft additional solutions, directing attention towards filling emerging gaps in support. These activities also help maintain and reaffirm commitment.

The external environment, too, would appear to be especially conducive for implementation at this point: various global initiatives such as Scaling up Nutrition (SUN), Every Woman, Every Child, Education First, Rollback Malaria and others are helping mobilize partnerships, and country-owned action plans would be an effective means for channeling this support. Agency efforts, individual and joint, are also oriented towards this end, with, for example, meetings of the Chief Executives' Board (CEB) providing corporate backing at the highest level. Continuing advocacy and engagement are necessary to make the most of these opportunities.

In spite of these efforts, implementation at the country level could falter if critical gaps in financing or technical assistance remain unaddressed, or if transitions in the domestic polity lead to a reprioritization of objectives. Even if priorities remain unchanged, changes in government can jeopardize timely implementation, especially for programmes in their infancy. Ownership that is shared across political parties, and engages senior technical experts can be especially helpful in navigating such transitions. In Colombia, pre-electoral outreach to parties and mayoral candidates across the spectrum helped MAF action plans retain their relevance even when municipal and departmental governments changed. In Niger, the MDG action plan on hunger, developed under one government, got firmly embedded in the next government's 3N — Les Nigeriens Nourrissent les Nigeriens — strategy for food security. Efforts are now underway for enshrining this into legislation, thereby providing additional insurance against hasty changes.44 In Tanzania, the MAF process built up a coalition of committed experts in various ministries who were pivotal in ensuring its continued relevance through a change in government.

2. INSPIRING CROSS-SECTORAL COLLABORATION

MDG acceleration requires a combination of sectoral and cross-sectoral efforts. Contributions may come from the outside direct relevant sectors for acceleration, but the incentives for providing this may be weak or nonexistent. However, such incentives for collaboration can often be provided through the engagement of a cross-cutting ministry, such as that of finance or planning, facilitated through the commitment of senior political executives.

For example, the Ministry of Finance in the Government of Uganda set up a 'marginal fund', designed to complement each department's own resources with the small incremental amounts they might need to redress a bottleneck that is constraining progress in another department. For instance, a rural roads programme, seeking to connect producers to markets, might bypass a nearby health clinic. In that case, the roads department could receive resources from the marginal fund to help make the connection. In Indonesia, the central and provincial planning authorities have taken the lead in the formulation of the maternal health action plan, helping bring together other ministries, streamlining resource allocations towards a common cause, and raising the profile of maternal health as a development issue.

The sustained and visible engagement of senior political figures can also help facilitate these cross-sectoral connections. In Ghana, the preparation of the maternal health action plan followed the 'declaration of an emergency' by the President, helping motivate collaboration across sectors and partners with different mandates and expertise. Yet another example comes from Niger, where monitoring the implementation of the 3N food security strategy is vested in a 3N Haute Commissariat, headed by a senior Cabinet minister. In Costa Rica, an existing body, the Inter-Institutional Technical Committee of Employability for Persons with Disabilities, has been revitalized through the creation of the action plan and is providing the requisite coordination during implementation.

3. INVESTING IN 'MULTIPLIERS'- REALISING THE GAINS

All the MDGs are inter-related, and making progress towards one will tend to have positive effects on at least some of the others. However, there are also some development outcomes ('multipliers') that, while outside the formal MDG canon, can be catalytic in the size and scope of the associated positive spillover on the MDGs.

One of these is the economic empowerment of women, addressed at the subnational level in Nariño (Colombia) and at the national level in Cambodia. In Cambodia, the action plan, coordinated through the Ministry of Women's Affairs, engages another 10 ministries, including those of commerce, tourism, rural development, agriculture and industry. Yet another multiplier is universal access to clean energy: Tajikistan, in 2010, developed an action plan for this purpose, which complements efforts currently being made through the 'Sustainable Energy for All' initiative. Countries such as Burkina Faso, have sought to make the most of existing initiatives for energy access to improve the livelihood and well-being of people, especially rural women.

Realising the full potential of these developments, especially for the poor, can require complementary interventions, necessitating the engagement of additional stakeholders. For example, facilitating access to credit or markets might be necessary to secure the benefits to livelihoods that can result from access to energy. Similarly, nutrition education could enhance the spillover effects of the economic empowerment of women on child health. These interventions could require the engagement of additional stakeholders.

4. ADAPTING INNOVATIVE ACCELERATION SOLUTIONS ACROSS COUNTRIES

Many countries face similar bottlenecks to making progress towards a given goal. For example, difficulty in reaching a well-equipped health centre at the time of delivery is a common bottleneck to accessing emergency obstetric care. Normally, each country finds solutions appropriate to its context: Ghana addressed this through a reimbursable voucher programme that compensated bus and truck drivers for transporting pregnant women in time, while the solution in Lesotho was to set up Maternal Waiting Homes near birth centres. However, there are cases where solutions can be easily adapted to work in different countries. For example, an open source system to manage the family planning department's commodity supply chain via cellular networks could be transferred across countries with relative ease. Similarly, nascent health insurance programmes in many emerging countries such as Ghana, Indonesia and the Philippines often contain design features that inhibit the participation of the poor, or limit the involvement of private service providers. A fiscally appropriate system that is better designed and can accommodate greater participation would contain features that could be adapted by many countries at a similar stage.

5. ENSURING OUALITY FROM THE OUTSET

At the time the MDGs were formulated, addressing supply-side bottlenecks — in education, for example, these included insufficient schools or inadequate numbers of teachers — were often the highest priority. While this did ameliorate one kind of constraint, over time, poor quality rather than insufficient quantity became the bigger barrier to further progress. This situation is now widespread across MDGs and countries, necessitating that measures to improve the quality of services delivered become an intrinsic part of acceleration efforts.

In Tuvalu, primary school enrolment is near universal and completion rates are over 90 percent.⁴⁵ However, only about 50 percent of the students pass the National Year Eight Examination, indicating fundamental deficiencies in learning. The MDG action plan for education focuses on improving learning outcomes by emphasizing higher quality instruction, supported by an environment more conducive to learning.

Another example comes from Indonesia, where the Bidan di Desa programme in the late 1980s sought to address the bottleneck of insufficient numbers of Skilled Birth Attendants by providing a trained midwife in every village. Between 1989 and 1994, over 54,000 midwives were trained and currently, in provinces such as Central Java, over 90 percent of births receive the care of a skilled attendant. However, the maternal mortality rate decline appears to have slowed and the MDG action plan emphasizes improving service quality. Achieving this, however, requires action along several fronts: improving training and the availability of supplies, the effective staffing of remote health centres, and clarifying mandates and areas of responsibility for midwives that can otherwise hold them back from offering services.

3.2 SUSTAINING RESULTS: COMPLETING THE UNFINISHED BUSINESS

While countries seek to accelerate progress towards the MDGs, national development agendas have always encompassed broader objectives. They continue to evolve, as is most clearly evident from the 'national visions', 'perspective plans' and so on of individual governments, many of which now extend well beyond 2015. Variously named and, in general, prepared prior to the start of the global discussion on the post-2015 agenda, ⁴⁶ each of them sets out development priorities that are nationally owned, informed by a politically shared consensus at the country level and anchored in the country's own planning process. The issues they emphasize could be refined or added as the global development agenda going beyond 2015 gets articulated, endorsed and adopted for action on the ground: however, the principal priorities already expressed through a country's own political process are themselves likely to endure. On the other hand, as has been the case with the MDGs, a global agenda could add a fillip to these efforts by helping raise visibility, improve advocacy for neglected priorities, mobilize partnerships for support and assist in facilitating appropriate forms of knowledge, technology and resource transfer.

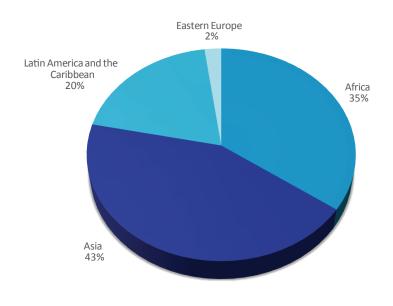
From an examination of over 45 such statements that express a vision beyond 2015 (listed in annex 1, see figure 11), certain key elements stand out. For example, poverty reduction, nutrition, health and education remain central to all countries. Several underscore the importance of achieving the MDG targets while many also advance related targets or aspirations that include the entire population. For example, Honduras seeks to eradicate extreme poverty by 2038, Nigeria by 2020 and Pakistan by 2030; the Marshall Islands seek to attain food security for all by 2018 and Bangladesh to achieve health and education for all by 2021.

Within this broad approach, individual country objectives and priority mechanisms vary. Fiji recognizes the importance of proper diet in ensuring nutrition; Pakistan aims for self-sufficiency in food; Belize seeks to expand universal access to health care; South Africa emphasizes the need to raise education standards. Several countries indicate targets for the means by which they seek to achieve these wider objectives: for example, the Dominican Republic aims to be able to provide universal health insurance and, by 2030, be spending at least 5 percent of its GDP on health, and Papua New Guinea emphasizes the management of natural disasters.

Almost all countries wish to reduce inequalities along various dimensions, including gender and geography. Ghana's vision to 2016 indicates that equitable distribution of the benefits of growth is important; Nicaragua seeks to ensure that at least 50 percent of political positions are held by women by 2016; the Dominican Republic aims for a Gini coefficient of 0.42 by 2030; Thailand prioritizes social equality through inclusive growth.

There are also aspirations related to elements of MDG 8 in these national visions. Maldives wishes to become a regional trade hub, South Africa aims to increase its share of trade within the region from 15 percent to 30 percent by 2030, and Bahrain to be fully linked to the global trade and information highways by 2030.

FIGURE 11: PERCENTAGE OF VISION STATEMENTS REVIEWED BY REGION



Source: Refer to Annex I

Taken together, these reflect the evolution of domestic agendas along three dimensions associated with the MDGs: achieving the remaining targets; extending the gains to all; and moving on to the next level in directly related areas by, for example, considering nutrition rather than just hunger, or skill formation and educational outcomes at all levels rather than just primary enrolment. At the same time, not all the elements of the MDG agenda receive such emphasis in these visions and plans. For example, attention to sexual and reproductive health is uneven, indicating a continuing need for political advocacy and building a constituency within specific countries.

Therefore, drawing from the countries' own visions, the following four items can be taken to constitute the 'unfinished business' of the MDGs:

- · Bringing less visible MDGs back in focus;
- Sustaining gains already made, and achieving remaining MDG targets;
- Extending MDG-related gains to the entire population by setting universal targets;
- · Moving on to the next level in MDG-related areas.

Other objectives, relating to economic growth, sustainable development, peace and security, culture, among others (see box 8), are also clearly indicated in these documents. Some of these objectives — for example, stable growth and improved governance of the public sector — can enable both more rapid MDG achievement as well as sustaining gains over time. However, others, such as achieving self-sufficiency in food production while simultaneously expanding forest cover or minimizing the carbon footprint, will entail a consideration of tradeoffs, and choosing from alternatives that will need to balance between objectives.

While the five priorities for action outlined in the previous section — staying the course with implementation; inspiring cross-sectoral collaboration; realizing the gains from investing in multipliers; adapting solutions across countries and ensuring quality — will continue to drive acceleration, maintaining this momentum and sustaining gains so as to complete the unfinished business of the MDGs, as articulated by the countries themselves, will require additional actions.



BOX 8: COMPLEMENTING THE MDGs - OTHER EMERGING PRIORITIES OF NATIONAL GOVERNMENTS

- o Many countries, both LDCs and MICs, prioritize a high rate of economic growth, with low unemployment, improved infrastructure and a vibrant private sector. Bangladesh seeks to attain MIC status by 2021; South Africa aims for being close to full employment by 2030 and Panama aspires to double GDP over the next 10 years while reducing unemployment and growing sectors related to sustainable development.
- o The environment and sustainable development are important in many national plans. Thailand has targets for air and water quality, waste recycling, forest area expansion and mangroves. El Salvador seeks to incorporate the environmental dimension with a focus on risk reduction and climate change and Liberia emphasizes biodiversity, clean energy and mass transit.
- o Countries emphasize governance primarily along three axes: one that establishes peace, security and cohesion; a second that strengthens democracy and participation; and a third improving public services. Guatemala targets, by 2024, a reduction in the rate of homicides to 0.98 per 100,000 inhabitants; Ghana aims for peace and stability as part of a just and free society; Colombia seeks to strengthen its democratic political model; Senegal aims to improve governance and South Africa to fight corruption.
- o Preserving culture and individual traditions are important to many. Azerbaijan emphasizes the management of its cultural heritage, Liberia aims for a culturally vibrant society, Sri Lanka for preserving family values and Malaysia to continue to value cultures, customs and religious beliefs.
- o Other items such as diversification of the economy, technology and innovation and migration are highlighted to varying degrees in smaller sets of countries.

1. UPDATING MDG ACTION PLANS FOR CONTINUED EFFICIENCY AND SUSTAINABILITY

At any given point in time, a particular set of bottlenecks is likely to be more important than another in constraining progress. For example, poor outcomes in child health may initially be attributed to a lack of demand for otherwise adequately functioning health services due to difficulties in gaining access. A proven intervention for increasing demand is the conditional cash transfer programme such as Bolsa Familia in Brazil or Oportunidades in Mexico.⁴⁷ However, as demand rises, existing service provision mechanisms might become overstretched, and service quality deteriorates so that the anticipated gains from the intervention are attenuated. In such cases, therefore, prioritized bottlenecks will evolve from the demand side to those related to the supply side of services.

Such effects require that activities emphasized in acceleration plans be periodically re-evaluated and necessary adjustments made. For example, in 2010, Ghana's action plan for maternal health resolved one of the bottlenecks in access to Skilled Birth Attendants through the introduction of vouchers that allowed private transport operators to be reimbursed for conveying women to health centres for delivery. Three years on, lack of road connections is being seen as a major constraint in delivering further gains from this particular solution, and a planned review of the action plan in 2014 is likely to prioritize the development of these road links. Accurate and timely data that can be collected inexpensively and indicate impact — either directly or through proxies — helps fine-tune interventions and actions as needed.

Yet another imperative to revisit MDG action plans is to ensure that they are consistent with a country's other development priorities, taking advantage of the opportunities they may offer as well as managing within any constraints they may impose. For example, addressing hunger through increasing agricultural productivity and reducing rural poverty may need to explicitly take environmental sustainability considerations into account, which can become more important over time.

2. PROACTIVELY AND PROGRESSIVELY TACKLING INEQUALITIES

Addressing inequalities in opportunities and outcomes is key to reaching universal targets and, more broadly, to sustaining progress on the MDGs and human development. Virtually every MDG action plan includes, explicitly, some provisions to reduce inequality — whether these are based on socio-economic classifications, other population characteristics or geography. In some, the focus is more direct, with the entire action plan directed towards this end — Cambodia and Costa Rica addressed gaps in the economic empowerment on women and people with disabilities respectively.

An analysis of the MAF experience in 11 countries of West and Central Africa shows that even though countries commenced the MAF diagnostics with broad national interventions, the systematic and inclusive consultative process succeeded in refining the focus towards identifying the reasons behind unequal access and utilization, leading to solutions customized towards different groups. Additionally, although the availability and quality of disaggregated data, especially at subnational levels, is a challenge in many countries, much can be done

with the information that is already available. The acceleration plan for hunger in the Central African Republic was able to separately draw attention to post-conflict areas and to malnourishment in mining cities.

3. ADDRESSING SYSTEMIC DEFICITS THAT RETARD PROGRESS IN THE LONG TERM

Institutional limitations, weak governance and lack of peace and stability are among the factors that constitute long-term barriers to sustaining momentum for the MDGs. Some of these issues — gaps in human resource management and development, weaknesses in procurement systems or in monitoring and evaluation — are tackled through specific actions in national and subnational plans. However, other challenges, such as corruption and lack of accountability, require sustained effort that cuts across individual sectors.

The experience with MDG acceleration also indicates the need to develop a more nuanced approach to decentralization and local service delivery. Rapid decentralization, while salutary from the point of view of encouraging voice and participation and holding the potential for improving service delivery, can end up being inimical to achieving particular development outcomes. In the Philippines and Indonesia, for example, subnational units set priorities for health that differed from those at the national level, even though the national priorities continued to be important at the subnational level. While slowing down progress towards particular objectives, such differences may also perpetuate geographic inequalities. These suggest that some degree of federal control over development functions may remain desirable.

At the same time, even when priorities may be aligned across levels, weak capacity for planning, implementing and monitoring accompanied by low levels of participation can be significant barriers to delivery. For example, a major thrust of the Benin action plan on sanitation is to secure the full recognition of the responsibilities of local governments as well as to equip them with capacities that would allow them to discharge those effectively.

4. MINIMIZING SHOCKS AND BUILDING CAPACITY TO COPE

It is well documented that for human development, even short-term shocks to households — income or job losses, or illnesses — can lead to long-term setbacks, some of which may be irreversible. These shocks can be experienced by individual households, or across communities, regions and countries — in the latter case, being observable as slowdowns or reversals in progress towards the MDGs. Such shocks can stem from economic or financial crises, increases in the prices of fuel or food, adverse weather events, other natural disasters, or prolonged conflicts. Minimizing the chances of experiencing such shocks by, for example, the diversification of income sources can be possible both for the macroeconomy and the individual.⁴⁹

When such shocks do occur, additional measures to maintain minimal levels of consumption and well-being are also needed to safeguard against adverse outcomes. These measures for social protection have to be adapted to country circumstances, but are widely prevalent in some form or the other across many countries. ⁵⁰ Several of the MDG acceleration plans developed for the Sahel countries incorporate actions aimed at developing

resilience through diversifying and securing incomes or access to food for the most vulnerable at all times, and strengthening mechanisms for early warning and crisis prevention through, for example the management of food reserves. These plans have been helpful for building resilience over the longer term as well.⁵¹

5. 'CLIMATE-PROOFING' THE MDGS AND OTHER DEVELOPMENT GOALS

Over the medium to long term, climate change threatens to slow down, or even reverse gains in the MDGs through several different channels. For example, drops in agricultural productivity or the drying out of pastures can threaten the livelihoods and nutrition status of the poor; changes in temperature and precipitation can alter the range of disease vectors such as mosquitoes, introducing malaria and other illnesses into regions where they did not previously exist, thus also contributing to maternal mortality; and more intense and more frequent extreme events such as storms and landslides can wipe out both individual and community assets, jeopardizing incomes, infrastructure and services.

Some of the MDG action plans – for example, those from the Sahel - already contain measures intended to help adapt: for example, through the sustainable management of livestock and the adoption of farming practices that conserve soil fertility by small-holders. However, as the effects of climate change become more apparent and better understood, there will need to be a systematic effort to ensure that they do not slow down progress towards eradicating poverty and achieving other development goals.

3.3 TRANSITIONING SMOOTHLY TO A FUTURE GLOBAL DEVELOPMENT AGENDA

2013 marks a pivotal moment in development. There is a high level of shared political commitment towards accelerating progress towards the MDGs,⁵² as evidenced by both national and global action. At the national level, many countries are focusing attention on off-track MDGs, supported by a wide spectrum of domestic and external stakeholders. UNDG consultations on post-2015 with the general public of 88 countries re-affirm the centrality of key MDG themes — poverty, health, education, gender disparities — in people's aspirations towards a better life for themselves and their children.⁵³ These are also consistent with the results from the 'MYWorld' survey, that has polled closed to a million individuals to date (September 2013), and finds the top four priorities to be education, health care, an honest and responsive government, and jobs. At the global level, declarations from summits such as Rio+20 urge for the eradication of poverty within the framework of sustainable development, and there are special efforts — such as the EU's 2011 MDG Initiative or the Zero Hunger Challenge or the efforts of the CEB — aimed at providing targeted support to countries.

At the same time, the Member State process intended for formulating a shared development agenda beyond 2015 is well-advanced. A number of reports, including those of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, the Sustainable Development Solutions Network and the UN system covering key themes as well as capturing global consultations, have provided input to inform the debate. Following the outcome of the United Nations Conference on Sustainable Development at Rio in 2012, the Open Working Group (OWG) of the General Assembly is working to elaborate Sustainable Development Goals (SDGs).⁵⁴ These goals are expected to mark the evolution of the MDGs into a broader, more comprehensive framework that will secure the gains made so far, advance progress beyond the current targets, and capture a limited number of shared objectives into a common framework that will further advance the aspirations of the Millennium Declaration⁵⁵ and the sustainable development agenda agreed to in Rio.⁵⁶

While this process is expected to continue through 2015, the experience with accelerating and sustaining progress towards the MDGs is already indicating certain steps that could be taken to hasten implementation of the next global agenda. These steps would complement the ones outlined above.

1. SECURE POLITICAL LEADERSHIP AND APPROPRIATE INSTITUTIONAL OWNERSHIP

The MDGs have shown that the crucial link between the aspirations of a global agenda and their achievement on the ground is the traction they have in national political and planning processes. As we consider the actions needed to move forward with the unfinished business of the MDGs, as well as the need to balance the trade-offs and optimize the synergies needed to advance sustainable development, it is clear that sectoral efforts must work with cross-sectoral ones. The new agenda has to be anchored as a whole within the national ministries of planning and finance, and not just in the line ministries. As with MDG acceleration plans, strong leadership by the executive head of the country will help bring partners together from across the spectrum, and also facilitate the coordinating role of the central ministries.

2. LEARN FROM COUNTRIES ALREADY ADVANCING BEYOND THE MDG AGENDA

In many countries, priorities articulated in national vision statements are already informing national plans and strategies, and extending the development agenda beyond the MDGs. For example, MAF action plans in Tonga and the Altiplano sub-regions in Colombia address NCDs; those for Cambodia and Nariño department in Colombia target the economic empowerment of women; and that for Tuvalu seeks to achieve quality learning outcomes. Several different dimensions of inequality, by geographic region and population groups, are addressed in many different action plans. Practical experiences like these are generating a knowledge base that should be drawn upon for country-level action and to frame effective guidance for other countries, while indicating specific points at which a global agenda could provide targeted support. At the same time, there may be items in a future global agenda — for example, violence against women — that are not reflected in a country's national priorities, however pertinent. This might indicate the need for effective home-grown advocacy to ensure that they are included.

3. BUILD ON MDG ACCELERATION PLANS TO SIMULTANEOUSLY ACHIEVE SUSTAINABLE DEVELOPMENT

Any future development agenda will need to address the twin objectives of poverty eradication (with its multidimensional aspects) and sustainable development together. However, recent evaluations recognize that one of the key challenges lies in bringing the MDGs and sustainable development agendas closer together.⁵⁷ Part of this is at the level of implementation where, historically, sustainability has been the concern of ministries of environment, while the MDGs have been the province of relevant line ministries.

MDG acceleration plans in over 50 countries are advancing domestic social priorities through explicitly cross-sectoral approaches, while recognizing economic and, in some cases, environmental limitations. The MAF works primarily through improving the effectiveness and efficiency of interventions within realistic resource envelopes. Going forward, there will be a continuing need to push the limits in this regard —to continue to reach those who may be left behind by existing approaches; to use resources more economically in order to reduce waste and the impact on the environment; and in anticipation of possible short-falls in resources during the transition to more environmentally sustainable growth paths. Therefore, policy innovations must continue to improve the economic efficiency of interventions. At the same time, a systematic incorporation of the environmental resource envelope in the MAF process — through recognizing environmental constraints and objectives — offers an opportunity to weave together the three dimensions of sustainable development in practical terms, and within the context of well recognized, nationally owned processes.

4. PILOT AND STRENGTHEN THE USE OF DATA TO GUIDE IMPLEMENTATION

Finally, the need for timely, reliable and inexpensive data in order to assess outcomes and also to help guide policy and implementation is paramount, and has been made clear in various forums. While most MDG indicators deal with outcomes that are globally comparable, they also indicate that when final outcomes, such as maternal mortality rates, are slow moving, indicators that mark progress along intermediate steps (e.g., deliveries receiving skilled assistance) have an important role to play. In order to effectively guide policy, however, such indicators should not be seen as stand-alone, but rather as part of a suite, with additional, complementary elements potentially already present in national administrative systems. For example, the quality of service provided — disaggregated down into availability of required commodities, presence of trained staff, client satisfaction and other measures — could usefully complement the indicator related to skilled attendance at birth. Such quality-related indicators would also strengthen the accountability of service providers, thus feeding into a virtuous cycle of improved quality, and helping to increase coverage. Also, as the incidence of certain conditions becomes less common (e.g., fewer children out of school due to the success of enrolment efforts), there may be a need for improved data collection methods in order to help understand how to further drive results towards universal goals. All these considerations will be especially important in guiding the search for additional indicators to better implement agendas for development.

CONCLUSION

The time is ripe for accelerating progress on the MDGs. Countries are demonstrating their commitment and resolve through the concrete measures they are taking to identify and address bottlenecks, with many partners rallying around the platform provided by the MDG action plans to harmonize support. At the same time, there is increasing knowledge of bottlenecks that are common across countries, indicating the possibility of innovative solutions that could be customized to different contexts, or adapted from one country by another. Evidence from the ground is also demonstrating the necessity of being able to work across sectors and mandates in order to maximize the impact of interventions. Countries are progressing towards motivating such collaborations domestically, while international organizations are also strengthening the ways in which they provide joint support.

Continuing with measures such as these is necessary for accelerating progress, and for maintaining the momentum beyond 2015. The national visions and perspective plans of many countries are already indicating that reaching many of the MDG targets, and then going beyond them to improve the lot of every individual, is important for them. MDG action plans are demonstrating some of what is needed for this to happen – regular reviews to ensure that we continue to direct resources where they are most effective; removing systemic barriers such as those due to poor institutional capacity; addressing issues related to environmental sustainability; developing resilience to shocks and adapting to climate change.

As we transition to the next global development agenda in a little over two years, the success of our current efforts will determine the baseline from which progress will be measured. Our experience with the MDGs and the MAF can also inform how such an agenda can be implemented, strengthening our ability to hit the ground running in 2016.

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ANNEX

ANNEX I. LIST OF NATIONAL VISION STRATEGIES

COUNTRY	VISION STRATEGY DOCUMENT	GOVERNMENT DEPARTMENT/ INSTITUTION	
Azerbaijan	Azerbaijan 2020: Look Into The Future Concept Of Development	Presidency of the Republic of Azerbaijan	
Bahrain	From Regional Pioneer to Global Contender: Our Vision, The Economic Vision 2030 For Bahrain	Prime Minister, King, and Crown Prince/ Deputy Supreme Commander	
Bangladesh	Outline Perspective Plan of Bangladesh 2010-2021 (Draft)	Planning Commission, Government of Bangladesh	
Belize	Belize (2010-2030) Horizon 2030	Ministry of Economic Development, Government of Belize	
Benin	Benin 2025: ALAFIA	Ministry of Coordination and Planning	
Bhutan	Bhutan 2020: A Vision for Peace, Prosperity and Happiness	Planning Commission of the Royal Government of Bhutan	
Burkina Faso	Etude Nationale Prospective Burkina 2025	National Council of Prospective and Strategic Planning	
Burundi	Vision Burundi 2025	Ministere du plan et du development Communal	
Cambodia	National Sustainable Development Strategy for Cambodia August 2009	Signed by Dr. Mok Mareth, Minister of Environment, Royal Kingdom of Cambodia	
Colombia	Visión Colombia II Centenario: 2019	Departamento Nacional de Planeación (DNP)	
Costa Rica	Costa Rica Diciembre 2010, "María Teresa Obregón Zamora" 2011-2014, Ministerio de Planificación y Política Económica	Gobierno de Costa Rica	
Côte d'Ivoire	Plan National de Development 2012-2015	Ministry and Planning and Development	
Dominican Republic	Republica Dominicana Noviembre 2009 (2010- 2030) Estrategia Nacional de Desarrollo	Ministerio de Economía, Planificación y Desarrollo, Gobierno de Republica Dominicana	
Egypt	Strategic Framework for Economic and Social Plan until 2022. Egypt Long-term Vision	Ministry of Planning and International Cooperation	
El Salvador	El Salvador Plan Quinquenal de Desarrollo 2010- 2014	Secretaría Técnica de la Presidencia Gobierno de El Salvador	
Fiji	20-Year Development Plan (2001-2020) For the Enhancement of Participation of Indigenous Fijians And Rotumans in the Socio-Economic Development of Fiji	Ministry of Finance and National Planning	

COUNTRY	VISION STRATEGY DOCUMENT	GOVERNMENT DEPARTMENT/ INSTITUTION	
Gambia	Gambia National Development Strategy Vision 2020	Republic of Gambia	
Ghana	The coordinated Programme of Economic and Social Development Policies, 2010-2016	President of The Republic of Ghana	
Guatemala	Guatemala (2012-2032) K´atun 2032	Secretaría de Planificación y Programación de la Presidencia	
Guinea-Bissau	Second National Poverty Reduction Strategy Paper (2011-2015)	Ministry of Economy, Planning, and Regional Integration	
Honduras	Honduras Enero (2010-2038) Visión de País 2010- 2038	Secretaria Técnica de Planificación y Cooperación Externa, Gobierno de Honduras	
India	India Vision 2020	Planning Commission, Government of India	
Indonesia	Masterplan for Acceleration and Expansion of Indonesia's Economic Development (2011-2025)	Coordinating Ministry For Economic Affairs	
Liberia	Liberia National Vision 2030	Government of Liberia, Ministry of Planning and Economic Affairs, signed by Ellen Johnson Sirleaf, President of the Republic	
Malaysia	Vision 2020	Government of Malaysia	
Maldives	Maldives Vision 2020	Ministry of Planning and National Development	
Mali	Etude National Prospective, Mali 2025	Republic of Mali	
Marshall Islands	The Strategic Development Plan Framework 2003-2018	Government of the Marshall Islands	
Mozambique	Agenda 2025: The Nation's Vision and Strategies	Committee of Counsellors, Office of the President	
Nauru	National Sustainable Development Strategy (2005-2025)	Republic of Nauru	
Nicaragua	Nicaragua Noviembre 2012- (2012-2016) Plan Nacional de Desarrollo Humano, Consejo de Comunicación y Ciudadanía	Gobierno de Nicaragua	
Nigeria	Nigeria Vision 2020, Economic Transformation Blueprint	National Planning Commission	
Pakistan	Strategic Directions to Achieve Vision 2013	Government of Pakistan Planning Commission (Islamabad)	
Palau	Palau 2020 National Master Development Plan	Palau National Master Plan Task Force, Office of the President	
Panama	Visión Nacional 2020	Programa De Las Naciones Unidas Para El Desarrollo Panama (UNDP Panama in collaboration with the Government of Panama and civil society)	
Panama	Panamá Diciembre 2009- (2010-2014) Plan Estratégico de Gobierno,	Gobierno de Panama	

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COUNTRY	VISION STRATEGY DOCUMENT GOVERNMENT DEPARTMINISTITUTION		
Papua New Guinea	PNG Development Strategic Plan 2010-2030	Department of National Planning and Monitoring	
Philippines	Philippines Development Plan 2011-2016	2011-2016, National Economic and Development Authority	
Qatar	Qatar National Vision 2030	General Secretariat for Development Planning	
Senegal	Strategie Nationale de Development Economique et Social 2013-2017	Government of Senegal	
Sierra Leone	Sierra Leone Vision 2025: "Sweet Salone"	Government of Sierra Leone	
South Africa	National Development Plan, Vision 2030	National Planning Commission	
Sri Lanka	Sri Lanka The Emerging Wonder of Asia Mahinda Chintana-Vision for the Future: the Development Policy Framework (2010-2016)	Department of National Planning and Ministry of Finance and Planning	
Sudan	National Human Resources for Health Strategic Plan for Sudan (2012-2016)	Federal Ministry of Health	
Thailand	The Eleventh National Economic and Social Development Plan (2012-2016)	National Economic and Social Development Board, Office of the Prime Minister	
Timor-Leste	Timor-Leste Strategic Development Plan 2011-2030	Government of Timor-Leste (Signed by President of Republic, Dr. José Ramos-Horta)	
Tonga	National Strategic Planning Framework (2010-2020)	Prime Minister's Office	

ANNEX 55

ENDNOTES

- **1.** UN General Assembly. 2013. (A/68/202). "A life of dignity for all: accelerating progress towards the Millennium Development Goals and advancing the United Nations development agenda beyond 2015". New York.
- **2.** UN (United Nations). 2011. "MDG Acceleration Framework: Toolkit". http://www.undg.org/docs/11788/ MAF_Toolkit_Dec%202011.pdf
- 3. UN (United Nations). 2011. "MDG Acceleration Framework: Operational Note". http://www.undp.org/content/dam/undp/library/Poverty%20Reduction/MDG%20Strategies/MAF%20 Operational%20Note.pdf
- **4.** UN (United Nations). 2010. "Unlocking Progress: MDG acceleration on the road to 2015". http://www.undp.org/content/dam/undp/library/MDG/english/Unlocking%20Progress_MAF%20Lessons%20 from%20Pilot%20Countries_7%20October%202010.pdf
- 5. The global target is to improve access by 50 percent relative to 1990 levels.
- **6.** The 10 pilot countries were Belize, Colombia, Ghana, Jordan, Lao PDR, Papua New Guinea, Tajikistan, Tanzania, Togo and Uganda.
- **7.** See note 2 and 3.
- **8.** A global MDG conference 'Making the MDGs work' held in Bogota in February 2013 allowed for the sharing of this large and multi-faceted body of knowledge from all of the world. The conference was attended by close to 200 development professionals from governments, technical agencies, academia and NGOs. Papers presented are being made available online.
- 9. For more information on CEB members: http://unsceb.org/content/ceb
- 10. Beyai, P.L., Aboagye, P.K., Adutum, N., Salifu, M., and Sedegah, K. 2013. "Implementation of MDG Acceleration Framework (MAF) as a Strategy to Overcome Inequalities in Access to Maternal Health Services in Ghana". 2013 Global MDG Conference, UNDP Working Paper Series. No. 1, UNDP Publishing, New York, NY.
- 11. The Queen Mothers in Ghana are recognized as leaders of other women within the community. They have traditional female roles and are custodians for girls and women, and oversee their livelihoods and transition from youth into adulthood. They employ the influence and respect they command as community leaders to mobilize, educate and inform youth and women in the community about HIV/AIDS and related health issues.
- **12.** FAO (Food and Agriculture Organization of the United Nations). 2012. "Crop Prospects and Food Situation" http://www.fao.org/docrep/015/al985e/al985e00.pdf. Accessed 23 September 2013. 2.
- 13. Ministry of State for Planning, Land Use and Community Development, Ministry of Agriculture and Livestock, and UN (United Nations). 2011. "MDG Acceleration Framework, Food and Nutrition in Niger" http://www.undp.org/content/dam/undp/library/MDG/MDG%20Acceleration%20Framework/MAF%20Reports/RBA/18680%20Niger%20UK%20 v5_FINAL.pdf. Accessed on 23 September 2013.
- **14.** ——. 2012. "Burkina Faso , Accelerating Progress toward the MDGs, Eradicate extreme poverty and hunger". http://www.undp.org/content/dam/rba/docs/Reports/Burkina%20Faso%20MAF%202012%20English.pdf. Accessed September 2013.
- **15.** As defined at the 1996 World Food Summit, food security exists when all people at all times have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.

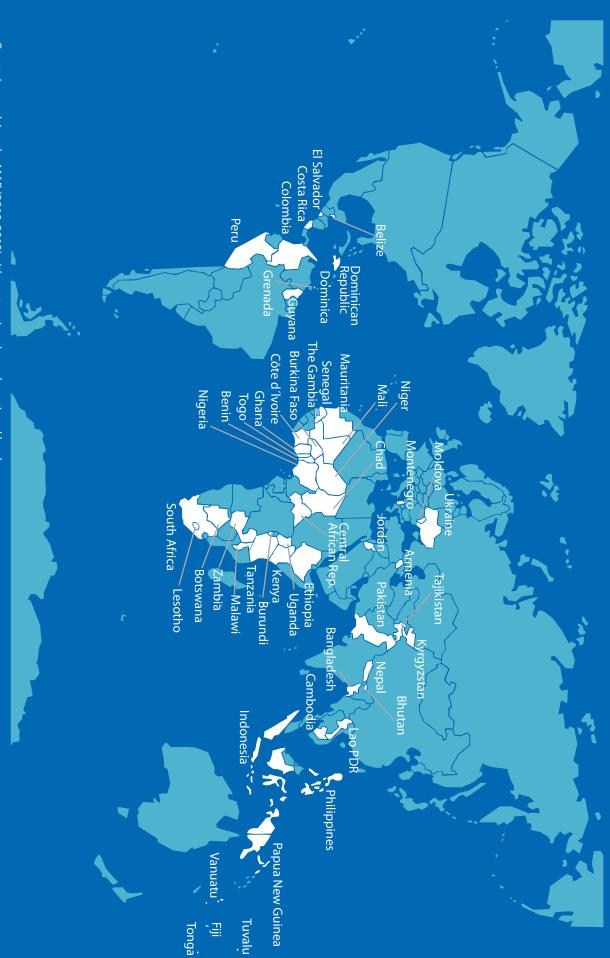
- **16.** High Level Task Force on the Global Food Security Crisis. 2010. "Updated comprehensive framework for action" http://un-foodsecurity.org/sites/default/files/UCFA_English.pdf.
- 17. For further information see: OCHA (UN Office for Coordination of Humanitarian Affairs) (2013), "Sahel Regional Strategy", available at: https://docs.unocha.org/sites/dms/ROWCA/Funding%20update/2013%20Sahel%20Strategy%2 MYR%20DOCUMENT.pdf.; and UNDP (2013), Human Development Report: The Rise of the South Human Progress in a Diverse World, available at: http://hdr.undp.org/en/media/HDR_2013_EN_complete.pdf
- **18.** The first four of the five axes of 3N—growth and diversification of agro-silvopastoral production and fish production; regular availability of agricultural and food products in rural and urban markets; improving the resilience of Nigeriens facing climate change, crises and disasters; improving nutritional status; facilitation and coordination of the initiative itself—correspond closely to the priority areas of the MAF.
- **19.** FAO (Food and Agriculture Organization of the United Nations). 2012. http://www.fao.org/news/story/en/item/177728/ and announcement at FAO conference, Thirty-eighth session, Rome, 15 - 22 June 2013.
- 20. IFRC (International Federation of Red Cross and Red Crescent Societies). 2012. "Emergency appeal, Niger: Food insecurity". n°. MDRNE010. http://www.ifrc.org/docs/appeals/11/MDRNE010ea.pdf.; OCHA (UN Office for Coordination of Humanitarian Affairs). 2013. "Sahel Regional Strategy". https://docs.unocha.org/sites/dms/ROWCA/Funding%20update/2013%20Sahel%20Strategy%20MYR%20DOCUMENT.pdf.; Ndiaye, M., Madai, A., Thiers, R. 2013. "Implementing the MAF action plan in Niger: Opportunities and challenges in accelerating MDG 1". 2013 Global MDG Conference. UNDP Working Paper Series. UNDP Publishing. New York.
- **21.** Differences in median earnings across population groups are observed in all countries and can be due to various factors including different skill levels, occupational choices and availability, hours at work and other factors including, possibly, discrimination.
- **22.** Featured in UNDP (United Nations Development Programme). 2010. "Unlocking Progress: MDG acceleration on the road to 2015". http://www.undp.org/content/dam/undp/library/MDG/english/Unlocking%20Progress_MAF%20 Lessons%20from%20Pilot%20Countries_7%20October%202010.pdf
- 23. Ministry of Women's Affairs and UN (United Nations). 2013. "MDG Acceleration Framework, promoting women's economic empowerment in Cambodia". http://www.undp.org/content/dam/undp/library/MDG/MDG%20 Acceleration%20Framework/MAF%20Reports/RBAP/Cambodia%20-%20may%209%20WEB.PDF
- **24.** Apart from the Ministry of Women's Affairs these included the ministries of commerce; education, youth and sports; finance; industry, mines and energy; labour and vocational training; land management, urban planning and construction; planning; rural development; and tourism.
- **25.** Thirteen Women's Development Centers operated by the Ministry of Women's Affairs provide training to women in traditional skills such as food processing, sewing and weaving.
- **26.** For example, the Government-Private Sector Forum is the only formal platform in the country for private firms or individuals to raise business-related issues with the government in order to seek solutions. While credited with being an effective mechanism for resolving problems, there has been very little participation of women entrepreneurs in its eight working groups.

27. See note 23.

- 28. As in the case of Cambodia, the number of implementing partners is large: 14 at the national and 10 at the local level.
- **29.** For further details see the 2013 MDG Progress Report, United Nations. http://www.un.org/millenniumgoals/pdf/report-2013/mdg-report-2013-english.pdf
- 30. Based on estimates from UNFP, 2010.
- 31. Data for maternal death causes for developed countries is from the Lancet 2006 article, "WHO analysis of causes of maternal death: a systematic view," and the other regions are from WHO's "Countdown to 2015 Decade Report." The discrepancy in the developing country causes total percentage is that "unclassified deaths" is not included in the WHO data from the Decade Report. In this case, unclassified deaths (4.8%) are omitted from the developing countries data for comparison to the other regions. For further information please see WHO (World Health Organsation) and UNICEF (United Nations Children's Fund). 2010. Countdown to 2015 Decade Report. 2000-2010. "Taking stock of maternal, newborn and child survival". Washington DC.; and Khan, KS., Wojdyla, D., Say, L., Gülmezoglu AM, Van Look PF, "WHO analysis of causes of maternal death: a systematic review," Lancet 2006. 367(9516): 1066-74. Review.
- **32.** Based on the information published by the Countdown to 2015: Maternal, Newborn, and Child Health Data. http://www.countdown2015mnch.org/.
- **33.** High Level Taskforce on Innovative International Financing for Health Systems. 2009. http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Results___Evidence/HAE__ results__lessons/Taskforce_report_EN.2009.pdf. The report estimated that \$49-\$54 per capita is needed to attain the health-related MDGs.
- **34.** BAPPENAS, Ministry of Health, Government of Central Java and the United Nations. 2013. "MDG Acceleration Framework: Accelerating Progress towards Improving Maternal Health in Central Java, Indonesia".
- **35.** There is no MMR figure for districts/cities, presumably because the absolute number of deaths is too small to build up an MMR. The indicative MMR was estimated using the number of maternal deaths per district (Pemerintah Provinsi Jateng, 2011) and the number of babies born alive (Dinas Kesehatan Provinsi Jateng, 2010). Estimating the indicative MMR seeks to balance the interpretation of absolute number of maternal deaths and the indication of MMR. For further information see endnote 34.
- **36.** For example, the midwives' association, IBI (Ikatan Bidan Indonesia) and the doctors' association, POGI (Perkumpulan Obstetri dan Ginekologi Indonesia).
- **37.** Indirect causes are those that result from a previously existing disease or a disease that developed during pregnancy and was not due to direct obstetric causes but was aggravated by the physiological effects of the pregnancy.
- **38.** The relative contribution of direct versus indirect causes to maternal deaths shifts over time as interventions such as emergency obstetric care become more widely available. The need to understand and tackle the indirect causes is therefore likely to grow, and be grounded in country specific contexts of communicable and NCD.
- 39. The map represents the composite social exclusion in health index. Among the factors that have the greatest weight in the Exclusion Composite Index are: economic exclusion component (poverty, income, unemployment), social and spatial component (transfer time, analphabetism, access to water and sanitation), and health system component (number of doctors and nurses per ten thousand inhabitants and institutional deliveries). At country level, the index is estimated to be worth 0.28, which is considered high exclusion (range of 0.273 -0.282 with 95% CI). The map shows the composite index by departments. Cabañas, Morazán and then followed by La Union and Ahuachapán are those with highest levels of exclusion, represented by ocher and dark orange on the map.
- **40.** Bouché, N. 2013. "MDG Acceleration Efforts and Emerging Priorities for a Post-2015 Agenda: Evidence from MAF Roll-Outs in Western and Central Africa". 2013 Global MDG Conference. UNDP Working Paper Series no. 3. UNDP Publishing. New York.
- **41.** Formally named the 'National Programme to Ensure HIV Prevention, Treatment, Care, and Support to HIV-positive People and Patients with AIDS'.
- **42.** Organizational activities, Sustainability, Human Rights and Gender, Injecting Drug Users (IDU), Commercial Sex Workers (CSW), Men having sex with Men (MSM), Prevention of Mother-to-Child HIV Transmission (PMTCT), Youth, Penitentiary System, HIV Testing and Counseling (HTC), Anti-Retroviral Treatment (ART), and Care and Support (C&S).

- **43.** Ministry of Finance and National Planning. 2010. "2nd National Millennium Development Goals, Status ad Progress between 1990-2010". http://www.undp.org/content/dam/undp/library/MDG/english/MDG%20Country%20Reports/Tonga_MDG%202010.pdf
- **44.** IRIN Africa (Integrated Regional Information Networks). 2013. "Niger seeks to end cycle of hunger". http://www.irinnews.org/report/97790/niger-seeks-to-end-cycle-of-hunger. Accessed 15 September 2013.
- **45.** Ministry of Education and Sports, and Ministry of Finance and Economic Development from the Government of Tuvalu; and the United Nations System in the Pacific Islands. 2013. "MDG Acceleration Framework: Improving quality of education in Tuvalu". http://www.undp.org/content/dam/undp/library/MDG/MDG%20Acceleration%20 Framework/MAF%20Reports/RBAP/MAF%20Tuvalu-FINAL-%20April%204.pdf
- **46.** Within the UN, an inter-governmental process for arriving at a negotiated global agenda is well underway in the Open Working Group that is charged, through the outcome document of the Rio conference in 2012, with developing sustainable development goals. These goals are expected to be central to any future development agenda, and are receiving inputs from a diverse range of stakeholders. These include reports from the Secretary-General's High-Level Panel and Sustainable Development Solutions Network, and from the UN Task Team on Post-2015, as well as various other entities. At the country level, consultations facilitated by UNDG, involving CSOs and individuals in over 90 countries, have sought to define 'the world we want' and these have been synthesized into a preliminary and a final report. The tone of both the global and national contributions has been, by design, aspirational.
- **47.** ILO (International Labour Organization) and UNDP (United Nations Development Programme). 2011. "Inclusive and resilient development the role of social protection; Background paper for G-20 Development Working Group". http://www.socialprotection.org/sites/default/files/SPG20_clean_final.pdf
- **48.** Bouché, N. 2013. "MDG Acceleration Efforts and Emerging Priorities for a Post-2015 Agenda: Evidence from MAF Roll-Outs in Western and Central Africa", 2013 Global MDG Conference, UNDP Working Paper Series no. 3, UNDP Publishing. The countries studied are Benin, Burkina Faso, CAR, Chad, Cote d'Ivoire, Ghana, Mali, Mauritania, Niger, Senegal and Togo.
- **49.** UNDP (United Nations Development Programme). 2012. 'Towards Human Resilience: Sustaining MDG Progress in an Age of Economic Uncertainty'. http://www.undp.org/content/dam/undp/library/Poverty%20Reduction/Towards_SustainingMDG_Web1005.pdf
- **50.** ILO (International Labour Organization) and UNDP (United Nations Development Programme). 2011. "Inclusive and resilient development—the role of social protection; Background paper for G-20 Development Working Group". http://www.socialprotection.org/sites/default/files/SPG20_clean_final.pdf
- **51.** OCHA (Office of the Coordination of the Humanitarian Affairs). 2012. "Sahel Strategy Document". http://reliefweb.int/sites/reliefweb.int/files/resources/Full_Report_3569.pdf
- **52.** UN General Assembly. 2013. (A/68/202). "A life of dignity for all: accelerating progress towards the Millennium Development Goals and advancing the United Nations development agenda beyond 2015". New York.
- **53.** UNDG (United Nations Development Group). 2013. "A Million Voices: The World We Want A sustainable future with dignity for all". http://www.worldwewant2015.org/bitcache/9158d79561a9de6b34f95568ce8b389989412f16?vid=42 2422&disposition=inline&op=view
- **54.** UN General Asembly. 2013. (A/67/941) ."Progress Report from the Open Working Group of the General Assembly on Sustainable Development Goals". New York.
- **55.** UN General Assembly 2000. (A/RES/155/2), "United Nations Millennium Declaration". New York.
- 56. UN General Assembly. 2012. (A/RES/66/288). "The Future We Want". New York.
- **57.** UNDESA (Department of Economic and Social Affairs) and UNDP (United Nations Development Programme). 2013. "Synthesis of national reports for Rio+20". New York. http://www.undp.org/content/dam/undp/library/ Environment%20and%20Energy/Integrating%20Environment%20into%20Development/RIO+20_ENGLISH_WEB.pdf

MDG ACCELERATION FRAMEWORK COUNTRIES ACROSS THE WORLD



Countries applying the MAF (2010-2013) either at national or sub-national levels. Some countries are currently formulating action plans, while others have moved forward to implementation.



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