



The path to achieving the Millennium Development Goals:

A synthesis of evidence from around the world

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A Synthesis of MDG evidence from around the world**

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Disclaimer

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EXECUTIVE SUMMARY

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TABLE OF CONTENTS

Executive Summary	7
1 Introduction	16
2 What drives and constrains progress?	18
2.1. MDG 1: Eradicate extreme poverty and hunger.....	18
2.2. MDG 3: Achieve universal primary education	22
2.3. MDG 3: Promote gender equality and empower women.....	26
2.4. MDG 4: Reduce child mortality, and MDG 5: Improve maternal health	31
2.5. MDG 6: Combat HIV/AIDS, malaria and other diseases	35
2.6. MDG 7: Ensure environmental sustainability.....	41
2.7. MDG 8: Develop a global partnership for development.....	45
3 Common challenges and bottlenecks	51
3.1. Cross-cutting challenges and bottlenecks.....	51
3.2. Conflicts and disaster-related challenges	57
3.3. New and emerging challenges	59
4 Common success factors	64
5 Conclusion	70
References	71
ANNEX 1: Official list of MDG indicators	74
ANNEX 2: MDG Status per Country at a glance	79



EXECUTIVE SUMMARY

Ten years ago, the world agreed on the Millennium Development Goals (MDGs), an ambitious set of development targets aimed at reducing poverty and improving the lives of people all around the world by 2015. Over the past decade, notable progress has been made on each individual MDG — even in the poorest countries and the most difficult circumstances. Such success shows that the MDGs can be achieved. Indeed, the MDGs have led to unprecedented commitments, partnerships and progress in combating poverty and hunger, in improving school enrolment, in fostering gender equality and in extending equal access to health care. Yet progress is uneven between and within regions and countries and often too slow to meet the 2015 deadline. There is a growing realization that, without renewed commitment and concerted action, some countries will not reach all of the MDGs.

With five years remaining in the challenge, the year 2010 is the defining moment for keeping the global MDG promise. To do so, though, countries must accelerate efforts toward meeting the MDGs by the target date. Strengthened with knowledge and evidence gathered over the past ten years, the international community must seize the opportunity to revitalize the push toward creating the world that was envisioned for 2015: one that is healthier, better educated, better nourished, embraces gender equality and has taken significant steps toward eradicating extreme poverty.

This report synthesizes country-level evidence generated through a sample of 34 MDG Country Reports. These reports are part of a new generation MDG Country Reports focused on trends in progress, successes and failures as well as the impact of recent global crises.¹ They were supplemented on occasion by other background government documents that focus on trends in progress toward the MDGs and on the gaps and disparities that have arisen. The countries were not randomly selected, but were taken from those that have completed the most recent assessments, resulting in some imbalances; African countries, for example, make up 20 of the 34 MDG Country Reports used. This report examines interventions that have worked in bringing individual countries on track toward achieving specific MDGs (and in some cases achieving an MDG), as well as some of the common bottlenecks. Overall, the evidence suggests that there is no single approach guaranteed to bring a country success across the board. Yet, by drawing out common success factors and specifically looking at knowledge gained over the past decade about specific MDG achievements, progress and constraints, the path to achieving the MDGs is illustrated vividly.

¹ A UNDG Addendum to the MDG Country Reporting Guidelines was issued in November 2009 for this purpose: UNDG (2009) Addendum to the 2nd Guidance Note on Country Reporting on the Millennium Development Goals.



EXECUTIVE SUMMARY

Lessons on success

The collection of MDG Country Reports provides clear lessons on success over the past ten years.

Where planning and policy initiatives were backed by national commitment, a foundation for progress has been created. Clear messages sent from the highest levels of government have helped overall MDG momentum. In some cases, particularly in addressing gender equality, these efforts have taken the form of constitutional amendments or other changes in national legislation, signalling a step toward meaningful change for communities and individuals. Often, these ideas have been wrapped in formal programmes announced by heads of state, ministers or other top government officials. Such leadership not only mobilizes needed resources for a specific target or group of targets, but also creates ownership and transparency that can compel leaders to meet their commitments. In addition, when civil society embraces these themes, momentum increases significantly. In the Central African Republic, for example, the creation of a national strategy for education was a critical stimulant to achieving universal primary school education there.

Where policy innovations to protect and promote the poor were pursued, accelerated and sustained progress cutting across some MDGs emerged. Strong evidence shows how innovation on social protection measures has contributed not only to reduced poverty and vulnerability — particularly during periods of crises — and has improved nutrition, education and health of the poor. These programmes were especially effective when linked to pro-poor spending. Improved nutrition, health and education in turn have led directly to higher growth. Such linkages are multifaceted. For example, social protection measures such as school meals, cash transfers and health treatment have been very successful in increasing primary school enrolment and in improving the nutrition and health of children — especially when responsive to gender-specific concerns. In Peru, the Programa de Transferencias Condicionadas JUNTOS transfers about \$35 to households in extreme poverty that meet specific commitments on health, education and nutrition services. In Ghana the School Feeding Programme has directly improved primary school enrolment, gender parity, nutrition and health.

Where countries faced implementation challenges in delivering MDG services, experiments and innovations have accelerated progress. Evidence suggests that, in many countries, the pursuit of the MDGs has gone beyond a mechanical exercise of implementing proven interventions. Instead, progress over the past decade has been pushed forward by various surprising policy experiments and innovations that address some implementation bottlenecks. Many of these innovations have supported progress toward numerous MDG targets simultaneously. These innovative programmes have spanned the breadth of MDG targets. Ethiopia designed its mobile schools programme to provide innovative access to primary education to migratory, pastoralist communities. Countries like Lesotho and Togo have



combined programmes targeting HIV/AIDS with other health care initiatives to create more cost-effective interventions.

Where economic growth included targeted ‘pro-poor’ approaches and growth in sectors that benefit the poor, poverty and hunger decreased significantly. Growth has been an important driver of the reduction of poverty and hunger in countries where development focused on agricultural productivity, employment intensity and the deliberately planned and gender-equitable distribution of income, assets and opportunities. Evidence also suggests that investments in sustaining natural resources have stimulated growth. In Botswana, benefits from growth are increasingly being made available to the poor. For example, in July 2008 the Labour Intensive Public Works Programme was introduced on a permanent basis to provide employment to the poor to carry out essential public works projects in both urban and rural areas. During 2007-2008, 172,360 people benefited from the programme.

Where proven education interventions are part of a sequenced, holistic package, there has been significant progress on MDG 2 and MDG 3 targets. In the past ten years, there has been remarkable progress toward universal primary education in developing countries, with many reaching enrolment rates of 90 percent or more. Evidence shows that, when education initiatives come in a sequenced package, progress can be rapid. Successful programmes often integrate numerous proven interventions, including abolishing school fees; scaling up infrastructure development; improving teacher recruitment; introducing gender-related interventions such as financial incentives, sanitation facilities and female teachers’ recruitment; decentralizing authority; reforming the curriculum; distributing free or subsidized text books; increasing public spending on education; improving sector coordination; and adopting and implementing Sector-Wide Approaches (SWAps) in education to enhance donor support. Egypt’s Girls Education Initiative is a prime example of achieving gender parity in primary education. The initiative to create “female-friendly” schools was launched in 2003 and featured facilities that were close to villages, class hours that allowed girls to continue with household chores, teaching staff that were primarily female, free tuition and lessons in vocational and life skills. In addition, in Benin a network of ‘Mothers’ Clubs’ targets a variety of concerns centred on education, including increasing the awareness of the benefits of education, providing enrolment assistance and helping mitigate some of the costs associated with schooling.

Where resources were invested in expanding opportunities, legal rights and participation for women and girls, progress has been catalyzed across all the MDGs. Evidence abounds that improved gender equality in areas including access to education and health services (especially sexual and reproductive health) relates directly to reductions in child hunger, child mortality, maternal mortality and vulnerability to HIV/AIDS and other diseases. Indeed, healthy, educated and productive women are much more likely to have children who are better nourished, better educated and healthier. Quota systems have successfully increased



EXECUTIVE SUMMARY

the percentage of women in legislative and executive posts in government. In Rwanda, constitutional change followed vigorous lobbying by women's organizations. As a direct result, the country has the highest proportion of women sitting in parliament in the world. Other tools that have been used to empower women include political and business workshops, education scholarships and specialized training.

Where health interventions addressed multiple factors, remarkable success has followed.

The health MDGs — maternal and child health, HIV/AIDS, malaria and other diseases — are closely related to the nutrition and water and sanitation MDG targets, but they are also linked to a range of underlying structural drivers, such as education, gender norms for women and men, discrimination, income inequality and poverty itself that constrain access to basic services. By understanding these linkages, governments have developed comprehensive programmes that have had material impact. For example, interventions to prevent child mortality and improve the health of mothers are generally well known, such as providing prenatal and postnatal care, providing essential obstetric and newborn care, offering immunization and insecticide-treated bed nets against malaria and encouraging breastfeeding. HIV/AIDS and other major diseases are important issues in their own right, but their impact is compounded when their effects on child and maternal mortality issues are considered.

Innovative approaches that integrate different health programmes have overcome many challenges by including child health with maternal health care issues or combining HIV/AIDS programmes with tuberculosis treatments. Raising the awareness of HIV/AIDS and other health issues, teaching parents to identify symptoms of sicknesses early and promoting reproductive health and family planning are also ways to improve the health outcomes, particularly of women and children. Togo's integrated public health campaign, which combines immunization against measles and polio with the distribution of free insecticide-treated bed nets, vitamin A supplements and parasite treatments, targeted pregnant women and more than one million under-five children. Following the second phase, 71 percent of all targeted households had a bed net and nearly one million children benefited from parasite treatment. The campaign also achieved full coverage of vitamin A supplements.

Where investments in environmental sustainability were scaled up, there has been progress toward MDGs.

Progress on MDG 7 influences progress across the other MDGs. Improved access to safe drinking water and sanitation helps prevent people from falling ill. Improved access to clean energy services can reduce the workload placed on women and spark rural economy. Healthy ecosystems — forests, waterways, lands and seas — provide livelihoods and food, while reducing vulnerability to natural disasters and climate change shocks. In some countries, there has been good progress toward gaining access to safe drinking water. Some initiatives at the national and sub-national levels show that environmental targets are attainable. In Niger, for example, the country's vulnerability to drought was reduced through large-scale reforestation programmes that were underpinned by the transfer of land ownership from the state to local



communities. The programme also contributed to increased agriculture production and improved livelihoods.

Where strong partnerships were developed, efforts toward the MDGs were better coordinated and scaled-up. Progress in the delivery of health and education and other basic services in many countries has been accelerated with the support of official development assistance. There have been successful global partnerships on the health and education MDGs. Beyond partnerships with donor countries, success is also attainable through partnerships with regional neighbours, as well as through public-private partnerships that have harnessed the expertise and other resources of the private sector against the MDG targets. In Mali the government works together with development partners to accelerate the implementation of the health MDGs by focusing on the predictability of aid and the principles of responsibility and accountability between the partners.

Even where challenges have been the greatest — such as in conflict, post-conflict and disaster-prone countries — MDG achievement is possible. Liberia, Mozambique and Rwanda demonstrate that support from the international system and non-state actors combined with suitable governance mechanisms can contribute to significant improvements in delivering basic services during periods of recovery. Moreover, since peace and security are essential for achieving the MDGs, evidence suggests that concurrent investments financed through international aid have supported security reform, rule of law, improved basic service delivery and job creation and set in motion the process of economic recovery, sustained growth and consolidated peace. In the Democratic Republic of the Congo Country Report, meeting nutrition requirements for many displaced people by war would not have been possible without non-governmental organizations and international aid. These investments ran concurrent with, for example, the process of demobilization and reintegration of armed combatants.

Common constraints and bottlenecks

While the recent MDG Country Reports offered lessons of progress, they also illustrate common constraints and bottlenecks.

Structural shortfalls: Unresponsive institutions and poor implementation have slowed progress by constraining economic growth and hampering basic service delivery. They have also created sharp disparities between rural and urban areas and between women and men. In many instances, these limitations led to clear disparities in MDG progress, even as economic growth and appropriate policy pushed indicators forward at the national level.

Some countries indicate that growth has been accompanied with increasing income inequality among regions (usually with rural areas lagging behind urban areas), by gender and among ethnic groups (especially for those groups living in remote areas). This threatens future growth since undernourished, unhealthy and uneducated households cannot fully take part in the



EXECUTIVE SUMMARY

economy and thus represent lost opportunities. Similarly, the spread of HIV/AIDS, which strikes at the productive age groups in a society, has slowed economic growth in the most heavily affected countries, such as those in sub-Saharan Africa. HIV/AIDS has left millions of orphans in its wake and is likely to continue slowing economic growth in many countries for some time unless targeted investments are made to improve their education and health. Greater population mobility, for example, spurred by economic growth, can facilitate the spread of the HIV/AIDS, reinforcing the need for long-term vigilance, nimble and sustainable prevention measures, supportive policies and responsive institutions.

Job creation is another key element of reducing poverty, yet partly because of the dependence on a limited range of export products, neglect of agricultural sector, and the financial crisis, many people in many countries are unemployed or work in the informal sector, where they have little or no security. Women and young people in particular have difficulties finding a secure job.

Lack of capacity: Capacity shortages, including the quality and quantity of personnel, are the largest obstacle to service delivery in many countries. Programmes often suffer from a lack of personnel in health, education, environmental management or administration skills. Countries, for example, report that attempts to decentralize health care service can be stymied by local administrators who are unable to plan and implement effective programmes. The capacity constraints are usually most critical in rural areas, where poor roads, few ambulances, inadequate schools and communications shortfalls compound problems brought on by a shortage of trained staff. In education, such capacity constraints can increase dropout rates, especially in rural areas, if teacher quality suffers while staff turnover increases. This cycle makes it even more difficult to explain the importance of education to groups with little experience with schooling. Many countries have launched programmes focused clearly on hard-to-reach regions and groups.

Inadequate resources: Lack of finances has also hindered countries as they work toward meeting the MDGs. Particularly in the wake of the global food and financial crises, many national budgets are straining to maintain the status quo and to avoid reversing progress already achieved toward reaching the Millennium targets. In recent years, official development assistance — a significant part of many national budgets — has been threatened, leaving many countries scrambling to meet their commitments. Many countries are trying to work around such financial constraints by improving the efficiency of aid-funded programmes, for example by finding ways to coordinate and integrate efforts targeting similar outcomes. Some countries are also taking a close look at domestic finances, yet have limited scope to increase tax revenues — such as including in the tax base areas of the economy that have been exempt (agriculture and the informal sector, for example), avoidance and evasion, and tax other exemptions — as well as limited scope to improve allocation and operational efficiency of public expenditure.

Many Country Reports cite the need for greater support from developed countries over the next five years if they are to achieve the MDGs. Along with the burden of the debt service and



repayments, government revenues have been compromised by the global economic and financial crisis. Many countries saw a significant decline in exports, foreign remittances and official development assistance in the wake of the crisis. Regional cooperation and international trade agreements have been cited as an important instrument to accelerate progress toward fulfilling the MDGs, as they can reduce barriers to growth.

Social attitudes: A recurring theme from the Country Reports is the impact of social and cultural attitudes that shape the demand for MDG services, and thus on reaching the MDGs. Culture plays an obvious role for example in shaping attitudes toward gender equality. Violence against women encouraged by legacy gender roles and the traditional economic dependency of women in many areas create gender disparities across a range of other issues, notably HIV/AIDS. Growth, poverty reduction, health outcomes and educational opportunities are all missed when women are not empowered to make their own decisions and to participate fully in the economic and political system. Countries have used legislative action, educational and awareness programmes, organized workshops to teach women vocational and entrepreneurial skills, and initiatives that strive to nurture a sense of empowerment among women.

Social attitudes can also directly impede efforts to achieve other MDGs. Cultural obstacles can take the form of stigma and discrimination against many other marginalized groups. Discrimination against people living with HIV and those most at risk of HIV (such as sex workers, men who have sex with men, intravenous drug users and migrants) impedes progress against HIV-related services and infringes on human rights.

Inadequate infrastructure: For many countries, infrastructure shortfalls also block improvements needed to reach the MDGs. In particular, unimproved roads or other transportation links prevent countries from delivering health care and education services and prevent farmers and others in remote areas from bringing their products to market. Without question, larger countries face particular difficulties in building appropriate infrastructure to reach everyone and ease access to development programmes.

Vulnerable groups: While disparities in poverty levels between men and women and between urban and rural inhabitants are cited in many Country Reports, some also mention challenges linked to specific vulnerable groups. Persons with disabilities, orphans and the elderly, particularly women, have had difficulties fighting against poverty. Even among the poor, these groups can be marginalized and overlooked in efforts to reduce poverty.

Poor data and monitoring mechanisms: Across some MDG sectors and some Country Reports, the theme of poor data and monitoring recurs. National statistical systems often suffer from weak institutional capacity and human resource constraints. When data is available, it is too often incomplete, incomparable across surveys or lacking in important detail, such as disaggregation by sex. These informational and capacity constraints impede appropriate planning, policy actions and service delivery, and as a result create gaps and disparities. The problem is particularly



EXECUTIVE SUMMARY

noticeable in addressing environmental topics, but data that is not disaggregated by sex is also a major constraint to making informed policy and monitoring gender-equitable outcomes.

Several countries report that the indicator for biodiversity is lagging, partly because the metrics are less specific, but also because few have in place the means to measure progress. Institutions with limited resources often lack the capacity to manage and monitor environmental resources, handle vital data, such as information on hazardous chemicals, or both. Several countries, however, have recently begun developing information systems to monitor and preserve their biodiversity, as well as track energy usage, greenhouse emissions and ozone-depleting substances.

Conflicts and disaster-related challenges: Conflicts and post-conflict situations pose a serious challenge to achieving MDG targets by leaving countries with barely functioning national institutions, hobbled infrastructure and a traumatized population. Around the globe, conflict, armed violence and disaster hold back or even reverse progress toward the MDGs. In many countries, the costs of policing crime, treating the consequences of violence and subsidizing lost income now exceed the sum total of national investments in education and health. Countries suffering high levels of armed violence, conflict and insecurity are farthest from reaching MDG targets. By eroding the capacity to anticipate, prepare and respond to shocks, these challenges heighten the vulnerability of crisis countries to economic crises, climate-related hazards (drought, floods and wind damage), and increase the risk of relapse into conflict as well as impede achievement of the MDGs by undermining growth, job opportunities and the delivery of social services.

New and emerging challenges: Many MDG Country Reports cite the food crisis, global financial crisis and climate change as having significantly complicated the road to achieving the MDGs. Often, the effects of these multiple shocks were intertwined, for example weak export markets linked to the financial crisis made it more difficult for countries to afford food imports, which have remained more expensive than recent levels despite a slight weakening of markets. In some cases, progress has been slowed and even reversed. When possible, countries have responded to crises by expanding social protection programmes and trying to reach the most affected households with food programmes and other subsidies. But the effort has often strained national finances and has occasionally come at the expense of other development programmes.

Within reach

Without doubt, the MDGs will not be reached if efforts across the board are not accelerated. But the successes shown in the most recent MDG Country Reports offer justified hope that, through application of the lessons learned over the past decade, these development targets can be reached. The path to success is not a mystery. Achievements follow when appropriate resources and partnerships are conjoined with good policy, the right programmes and commitment.



Well-established interventions have brought success when partners work together to create the right policy and planning frameworks. They work when capacity constraints are broken by carefully designed, adequately funded creative training and incentive programmes. Targeted domestic reforms and renewed vigour to meet international commitments can breach financial roadblocks. Cultural obstacles can be overcome when leaders talk openly about the needed changes and when oppressed groups are empowered with the necessary tools.

While the Country Reports certainly highlight the difficulties in reaching the MDGs, they also offer inspiration. Almost a third of the Country Reports examined for this synthesis states that the countries will probably meet at least half of the eight MDGs, while another third states that they still have the potential to meet half of the MDGs. Three countries report in their self assessment that they have already reached or are very near to reaching at least one target, and only one states that it is not likely to meet any of the MDG targets.

After ten years of hard work, now is the time to celebrate the successes of countries around the globe and to embrace the lessons they have shown us. The obstacles to achieving the Millennium Development Goals can be overcome if the revitalized effort begins today.



1 INTRODUCTION

Ten years ago, the world agreed on the Millennium Development Goals (MDGs), an ambitious set of development targets aimed at reducing poverty and improving the lives of those people living in poverty globally. Countries large and small committed to meeting these targets by 2015. This year, 2010, is the defining moment for keeping this global promise, but to do so countries must accelerate efforts toward meeting the MDGs by the target date. Strengthened with knowledge and evidence gathered over the past ten years, the international community must seize the opportunity to revitalize the push toward creating the world that was envisioned for 2015: one that is healthier, better educated, better nourished and has taken significant steps toward eradicating extreme poverty.

The purpose of this report is to synthesize country-level evidence generated through a sample of 34 MDG Country Reports and supplementary documents that focus on trends toward progress and on the gaps and disparities that have arisen.² This Synthesis Report examines interventions that have worked in bringing an individual country on track toward achieving specific MDGs (and in rare cases achieving an MDG), as well as some of the common bottlenecks. The Synthesis Report strives to bring together the knowledge created over the past decade by select countries working toward achieving the MDGs. In addition, the report looks at the impact of recent major global events — the food and fuel crises, climate change and the financial crisis — that have hampered countries' abilities to meet the MDGs.

The Synthesis Report is compiled through analysis of 34 of the most recent individual MDG Country Reports, looking primarily at evidence from programmes that have helped countries move closer toward achieving the MDGs. These reports are part of a new generation MDG Country Reports focused on trends in progress, successes and failures as well as the impact of recent global crises.³ In addition, other recent Country Reports are also used to supplement the evidence and, occasionally, other official government documents. Few of the countries included in this synthesis are on track to meet all of the eight Goals, but most have shown pockets of progress, sometimes in surprising areas. A desk review of the MDG Country Reports, as well as other key documents, has helped isolate factors that can be scaled up and hold the potential for rapid success.

While the Synthesis Report offers data on the MDG status indicated by the countries in their MDG Reports, these numbers should not be viewed as indicative of the global trend. Indeed,

2 Countries that submitted recent MDG Country Reports, often including addendum information, are Benin, Botswana, Burkina Faso, Burundi, Cambodia, Central African Republic, Democratic Republic of the Congo, Egypt, El Salvador, Ethiopia, Ghana, Kenya, Kyrgyzstan, Lesotho, Liberia, Mali, Mauritania, Morocco, Mozambique, Nepal, Niger, Occupied Palestinian Territories, Papua New Guinea, Peru, Republic of Congo, Rwanda, Senegal, Serbia, Swaziland, Syria, Togo, Ukraine, Uruguay and Yemen.

3 A UNDG Addendum to the MDG Country Reporting Guidelines was issued in November 2009 for this purpose: UNDG (2009) Addendum to the 2nd Guidance Note on Country Reporting on the Millennium Development Goals.



pinpointing even national trends can be problematic because of incomplete or generalized data in the MDG Country Reports. Also, the countries were not randomly selected, but taken from those that have completed the most recent assessments. Their Country Reports are synthesized to cull lessons from their experiences, especially from countries that have faced significant challenges or may be viewed as outliers in progress toward achieving the MDG targets.

The remainder of this report is arranged in four sections. The second section, *What drives success and what constrains progress*, examines each MDG in sequence and highlights interventions that have worked in specific countries. In this section, we offer evidence from case studies presented in the MDG Country Reports, again focusing on efforts that may offer lessons for other countries, but also showing specific examples of constraints being faced. The third section, *Common challenges and bottlenecks*, provides an overview of cross-cutting structural difficulties, conflict and disaster-related challenges and new obstacles to MDG achievements. It considers the global shocks that have emerged or have become more pressing since the MDGs were created in 2000. Surges in the price of food and fuel, climate change and the global financial crisis have all placed increased burdens on countries working toward achieving the MDGs. The fourth section, *Common success factors*, gives an overview of generic success factors. The Synthesis Report ends with some concluding observations underscoring the fact that the MDGs remain within reach.



WHAT DRIVES AND CONSTRAINS PROGRESS

2 WHAT DRIVES AND CONSTRAINS PROGRESS?

The MDG Country Reports included in this Synthesis Report paint a dynamic picture of countries working toward fulfilling the promises made ten years ago. Countries began their journey toward meeting the MDGs from a wide range of starting positions. Some were favoured with rich natural resources and other assets that allowed them to take part in a global economy that was buoyant until late 2008. For some of these countries, resources that could have lifted millions out of poverty, instead served as divisive assets that sparked violent conflicts that have in some cases lasted decades. Some had the national commitment to move forward as a matter of domestic development strategy. Others, of course, faced clear obstacles to pushing ahead. Land-locked or small-island nations had to work harder to find a place in a dynamic global economy, for instance. Still others were in crisis or post-crisis situations and were left with barely functioning national institutions, hobbled infrastructure and a traumatized population.

Yet, from this mosaic, progress toward reaching the MDG goals is clearly shown. Of the 34 MDG Country Reports analyzed for this Synthesis Report, ten report that they will probably meet at least half of the MDG targets, while 11 others report that they can potentially meet at least half of them. Together, these groups represent almost two thirds of the countries in the synthesis. In addition, three report in their self-assessment report that they have reached or were about to reach at least one of the targets. Only one country reports that it is unlikely to meet any of the MDGs by 2015.

Examining each goal in sequence creates a clear picture of progress from this mosaic.

2.1. MDG 1: Eradicate extreme poverty and hunger

MDG 1 focuses on efforts to reduce the number of people living in extreme poverty, generally defined as living on less than \$1.25 per day, to assure that able adults have jobs and to improve nutritional standards.

Data collected from the Country Reports often do not capture the full impact of the global financial crisis since they generally reflect the situation in 2009 or even 2008. Reduced global consumption, for instance, was a primary factor that led to reduced jobs and incomes in developing countries, but the impact was delayed as the chain of events worked through the global markets. Many countries expressed grave concerns over the effect in their Country Reports. The number of unemployed youth is expected to increase dramatically, leaving them more vulnerable to conflict and insecurity and threatening progress toward MDG achievement. The Central African Republic, for example, which is at risk of missing all of the MDG 1 targets, notes, "The recent international financial crisis has made a huge impact at a time [...] in the dynamics of the struggle against poverty. It undermines the significant progress made over the last three years."



Success toward meeting MDG 1 has many faces. In this section, the report examines the influence of economic growth and how it can benefit all people. Despite the adage that “a rising tide lifts all boats,” experience shows that carefully crafted pro-poor development policies are needed to make sure the surge indeed helps everyone. In addition, the report looks at how policies that target employment disparities, and programmes to modernize agricultural production have shown benefits.

Economic growth

Economic growth has been a prime catalyst toward eradicating poverty, reducing hunger and creating productive employment. An expanding economy can offer more and better-paying jobs and with pro-poor development strategies, increased income can reach all strata of society. Many countries credit the buoyant global economy in the first years of the 21st century — and particularly high world prices for oil, minerals and other commodities — with rising national incomes. But while national average incomes have risen, countries are struggling to ensure inclusive growth. Often, the benefits are not reaching the poorest segments of the population, usually in rural areas. In Botswana, for instance, where the diamond trade fuelled one of the world’s strongest economic growth rates until the economic and financial crisis, the Country Report notes, “In spite of sustained overall economic growth, growth has been slow in the bottom income groups. [. . .] Unemployment remains high, especially in the rural areas. The poor people who are in employment mainly occupy low-paying jobs because of their education and skills.”

But some countries have been able to narrow the gap between high- and low-income segments, helping ensure that the benefits of growth are more evenly distributed. Ethiopia, for example, has for years achieved a very low score on the Gini Coefficient, a common metric for measuring income disparity. While poverty rates remain high, the rural poverty rate of 39 percent is only slightly higher than the urban rate, 35 percent. “[G]rowth and the nature of growth (whether it is pro-poor or not) has the most significant impact on reducing absolute poverty,” the Ethiopia Country Report states, adding that it is on track to meeting the poverty goal by 2015.

A key element to maintaining equality in Ethiopia has been the country’s agricultural development-led industrialization strategy, which focuses on modernizing the country’s subsistence-level and inefficient agricultural production system. The strategy guided an integrated effort that included improved vocational training for farmers, better land management and more secure rights, market-based initiatives, targeted interventions in areas prone to flooding or with non-productive land, expansion of arable land, improved inputs such as better seeds and decentralized authority bolstered by better training, staffing and equipment for district offices.

By 2006, Ghana had already halved the proportion of people living in extreme poverty. The success was helped by foreign direct investment in the country and high global cocoa and gold prices, but a vital aspect was an innovative approach that integrated programmes that included food transfers, employment initiatives and agricultural investments. Political security and development and aid



WHAT DRIVES AND CONSTRAINS PROGRESS

programmes carefully targeted to create inclusive growth were essential factors. However, Ghana's Country Report also notes that, beneath this national success, some disparities remain, for instance with high levels of poverty in the northern regions. As part of its effort to correct these disparities, Ghana is trying to diversify its economy away from gold and cocoa by promoting non-traditional exports.

Beyond the challenge of narrowing income gaps, particularly as national economies grow, many nations have had to contend with health problems that have taken people out of the productive mainstream and made them dependent on social services. HIV/AIDS, in particular, has had a devastating impact on sub-Saharan Africa. Beyond the tragic human toll, the health challenges have also slowed economic growth in many countries. The Lesotho Country Report explains, "The (HIV/AIDS) epidemic is concentrated in the productive age group, often the breadwinners. [...] It commonly undermines the ability of individuals and households to feed and care for themselves, while eroding the capacity of communities and institutions to provide basic services and support the people in need." In addition, women and girls are often taken out of education and productive work to care for the sick.

Employment

Several Country Reports, including Mauritania, indicate that growth in modern industries, particularly the mineral and oil sectors, is creating very few job opportunities. In the Republic of Congo, for example, economic growth relies heavily on the oil and mining sectors, but they are poorly integrated with the rest of the economy and so have not led to the creation of a broader range of jobs. Also, creating jobs for unskilled labour is especially difficult, hindering efforts to disperse the benefits of economic growth more evenly. In the Central African Republic, low education, particularly among women and young people, is the main impediment to employment. The Country Report states that youth unemployment is more than twice the national average and there is a strong mismatch between the skills offered by workers and the skills needed by employers.

But even as education levels improve, jobs may still be hard to find, particularly in social sciences, leading to frustration and disappointment among young workers. In at least one country, Botswana, hundreds of students graduate each year who cannot find jobs. The Kyrgyzstan Country Report adds that inadequate vocational and technical training contributes to the unemployment among youth. "Job opportunities that are created, especially for rural youth, do not meet existing requirements in terms of remuneration, career prospects, labour safety and the protection of rights of labour migrants," the Country Report states. Countries are tackling this problem through pro-poor job creation programmes, often focusing on opportunities for women, as well as targeted training in vocational and technical skills for low-income households. The Kyrgyz government, with the support from international organisations such as the Asian Development Bank, is implementing the "Second Education Project," which aims to help the general education system adapt to the requirements of the modern market economy, to increase coverage of education and to improve progress among pupils in poor regions.



Nevertheless, disparities in employment patterns remain. In Syria, despite the estimated 250,000 new entrants into the labour market annually, the percentage of employed youth from the age group 15-24 fell from 30.8 percent in 2001 to 22.2 percent in 2007 and then to 20.4 percent in 2008. Employed women represented 6.2 percent of the number of employed men in 2001, but fell to 2.4 percent in 2008. Countries in conflict or post-conflict situations also face exceptional hurdles. Disparities such as these could create situations that are prone to unrest.

In Uruguay, the MDG Country Report notes that formalizing relations between employees and employers has helped the country post significant employment gains that have reached into the countryside. In 2005, the country expanded the use of wage boards to ease interactions between workers, employers and the government. These included wage boards for rural and domestic workers, two fields that historically had not been covered by formal labour relations. The Country Report indicates that the proportion of workers covered by wage boards rose from 25 percent in 2005 to 100 percent at the time of the report. "The reinstatement of collective bargaining contributed to the achievement of a higher number of registered workers, real wage growth and an increase in the number of jobs, estimated at about 160,000," the Country Report goes on. "The trend in terms of formalization of labour relations suggests that it is feasible to reach the [MDG 1] goal by 2015."

Nutrition

MDG 1 also encompasses improved nutritional standards and, especially with the sharp rises in the price of rice, wheat, corn and other food staples in 2007 and 2008, food security became a pressing issue for many countries. In land-locked Burkina Faso, where the price of food staples rose by as much as 44 percent in one year, "households had to restructure their budgets, spending more on food and less on other categories, such as health and education," the Country Report states. "Such coping strategies in the crisis as household incomes stayed unchanged were detrimental to health and nutrition."

ACUTE MALNUTRITION IN BENIN

Because of the alarming state of nutrition of children under five in Benin, especially in the north, the government, supported by its partners, including UNICEF, began efforts to detect acute malnutrition at early ages. Mass screening campaigns have been launched since June 2007 throughout Alibori, where one of ten children under five was malnourished. Under the initiative, all households are visited once a year for regular screening. In addition, the programmes increase community awareness of malnutrition and its management. In 2007, nearly 90,000 children under five received active screening. The detection of malnutrition has been gradually integrated into the routine health system to ensure sustainability.



WHAT DRIVES AND CONSTRAINS PROGRESS

Many countries have shown progress, however, by promoting micro-level solutions. These programmes often rest on the fundamentals of promoting good nutrition, for example by encouraging breastfeeding. The Country Report from Senegal notes that the government has begun the second phase of a nutritional programme that resulted in more mothers exclusively breastfeeding their babies, as well as other measures that increased calorie and protein intake and improved monitoring of children's health status. Backyard food production has also been helpful in meeting MDG nutritional targets and food security. In Lesotho, where the prevalence of underweight children has been dropping since about 2000, the government has worked with various organizations to promote small vegetable patches and fruit orchards by offering seeds, saplings and building materials. In particular, the country encourages keyhole gardens, which are small raised plots with layers of organic material that retain moisture better than traditional beds in dry conditions.

The integration of anti-poverty and nutritional programmes into a national agenda and the launching of initiatives that span several targets have emerged from the various MDG Country Reports as clear success factors. In Peru, the Country Report describes a coordinated effort among national and local governments, international organizations and civil society that pushed progress toward better nutrition and health. As part of the initiative, 20 regional governments, 638 municipal governments and various other official and private parties worked together to combat malnutrition. Efforts included programmes targeting women's literacy, prenatal care, healthy lifestyles and health care for women and children. In addition, lessons on household hygiene, irrigation and animal husbandry led to nutritional and health improvements. In Egypt, the government introduced plastic ration cards, replacing less durable and less secure paper ones, to help ensure that food aid is getting to the right families. In addition, these cards are expected to evolve into 'family cards' that would ease access to other government services such as education, health care and pensions. In Niger, the MDG Country Report describes how an inter-agency effort has accelerated progress in the Maradi region, the country's poorest. The initiative was planned through inclusive consultation among relevant stakeholders — national and regional officials, technical and financial partners and local recipients, among others — to create a programme that strives to improve food security and income, ease access to basic services, dampen population growth and increase capacities of local governments.

2.2. MDG 2: Achieve universal primary education

MDG 2 focuses on education. Improved educational opportunities, especially starting with the earliest years, opens the doors to better income and advanced agricultural productivity, helps combat harmful legacy views of gender roles, allows people to make smarter choices surrounding health risks and behaviors and offers a broader view of the environment and global economy. MDG 2 centers on universal access to a full course of primary education.



Delivering education

Bringing universal primary education to a population relies very much on securing enough teachers, facilities, textbooks and the other requisites of schooling. But success can create additional challenges. In Ghana, the MDG Country Report observes that one bottleneck it faces is an “insufficient number of school buildings to accommodate the growing population of pupils, especially after the introduction of capitalization grants and school feeding programmes.” Ghana and other countries also report that, even when a country’s stock of qualified teachers is sufficient (and in some cases more than the number of jobs available), the staffing of rural schools, where positions are seen as less attractive than urban ones, remains a problem. “The distribution of teachers is highly skewed to the disadvantage of the deprived areas,” the Ghana Country Report continues. The Mauritania Country Report adds that low pay for teachers also encourages them to shun rural posting. “The level of compensation encourages teachers to stay in Nouakchott or in large urban centres where they can have complementary gainful employment (teaching in private schools or home or business),” the report states.

Ghana is working to correct this disparity in part by offering creative incentive packages, which include bicycles for teachers assigned to posts considered less attractive and greater diligence in enforcing its quota system on teaching assignments, the Country Report indicates. In addition, the country has expanded its distance learning programme so that it can, among other objectives, allow teachers to receive additional training without leaving their classrooms.

Along with a lack of willing teachers, rural disparities in primary school enrolment are also a result of migratory cultures in some countries, such as the pastoralists in Ethiopia, who move continuously in search of water and pastures for their livestock. The Ethiopian government hopes to reach more of these migratory communities through its mobile schools programme. In this initiative, the community selects a teaching candidate who is then trained and travels with the group, offering coursework to the young in their mother tongue when the opportunity arises. Similar efforts are being tried in Kenya and elsewhere.

Many MDG Country Reports raised concerns about teacher quality. For example, as primary education becomes mandatory, the demand for teachers rises, leaving governments with the unpleasant choice between increasing student-teacher ratios or hiring less-qualified teachers, at least until a larger supply of certified educators graduates. “A second challenge [following regional disparities] relates to the trade-offs between the substantial success in raising the level of enrolment and the quality of education,” the Ethiopia Country Report observes. To combat this trend, Ethiopia is working to improve the standards of on-the-job training and summer programmes for teachers, as well as continuing efforts to reduce student-teacher and student-textbook ratios.

Inadequately trained teachers, ones who are poorly paid and those attending to too many children all deliver lower quality education. The Country Report from Ghana cites a plethora



WHAT DRIVES AND CONSTRAINS PROGRESS

of factors impeding teaching quality: skewed teacher distribution that favours urban areas, insufficient classrooms and materials, low accountability of teachers to parents and children, no system to monitor and evaluate teachers, and low teacher commitment and motivation. Access to resources is a recurring issue. In some cases, like Nepal, more than 90 percent of the national education budget goes to teacher salaries and recurrent costs, leaving little for investment in books, laboratories and general building improvements, like proper sanitation facilities for teachers and students.

Building schools

Distance to schools can be a significant barrier to achieving universal enrolment. In many countries, programmes to bring schools closer to students have markedly increased enrolment. Nepal, for example, has made considerable investment to ensure that more than 90 percent of the student population is within 30 minutes from a school. In Botswana, officials cut the maximum distance to a school from ten miles to five.

In noting that Burkina Faso is making strides toward universal education, the Country Report cites among its efforts a focus on public-private partnerships, which has helped increase the country's available classroom space by almost eight percent a year between 2000 and 2007. The country has also institutionalized the concept of free universal primary education through changes in national legislation and has distributed free textbooks and other supplies to reduce the costs of education for individual households.

Dropout rates

Many MDG Country Reports noted problematic dropout rates for primary and secondary schools. Families are often discouraged from sending their children to primary schools by long distances to the schools (often more than five kilometres), discomfort in sending children to boarding schools at a young age, language barriers, the need for help during planting and harvesting seasons, a migratory lifestyle or unaffordable costs, whether for school fees, uniforms or other expenses. Often, the reasons for students leaving school are closely tied to the local economy and culture, as well as health challenges. The Lesotho Country Report observes that boys tend to drop out earlier than girls. "In Lesotho, the norm has been that boys from a young age tend to herd livestock and then migrate to take up work in the South African mining industry," the Country Report indicates. Early marriage and pregnancy are also strong reasons that girls drop out of secondary school in many countries. Botswana, where teen pregnancy is a significant factor in girls dropping out from secondary school, has reversed a tradition of "punitive" measures against pregnant teenagers, which included expulsion from school with no option to return until two years after childbirth, in favour of "present regulations [that] have been progressive in that they exhibit more tolerance and sympathy for young learners who fall pregnant," the Country Report states.



The Rwanda Country Report states, “There is [...] evidence that parents are more likely to keep their children in school if they will be able to continue into the secondary phase. The introduction by the government of free basic education, enabling all children to attend school until the end of the junior secondary phase, may have a positive impact on primary school retention and completion rates.”

Latent demand for education can also be low, and many countries struggle to clarify the benefit of education, especially to parents who never attended school. In Benin, ‘Mothers’ Clubs,’ which started as a local initiative in 2004 and are led by the communities themselves, increase the awareness of parents by explaining the need for schooling through public meetings and home visits, with special attention paid to the education of girls. These clubs serve as an interface between parents and schools. They also identify and register school-age children, again with a particular focus on girls. Moreover, the clubs identify children without birth certificates and assist children in difficult circumstances by giving them school uniforms and supplies. The clubs are also advocates for vulnerable children to authorities, managers and social promotion centres and monitor the progress of children. A National Federation of the ‘Mothers’ Clubs’ was created in 2009. Other countries have created demand for primary education by introducing or expanding preschool programmes and through grants, food programmes and other efforts designed to lessen the cost of education as its benefits become more apparent.

“Investment in preschool education is one of the best and most efficient ways to achieve the previous three objectives—increased coverage, reduced dropout and a higher rate of primary school completion,” the Serbia MDG Country Report states, adding that preschool better prepares children for primary school and eases the social integration of education. Like some other countries, Serbia has made preschool mandatory for children aged 5 - 6 years.

Gender disparities

Gender inequality is also a pressing concern for governments as they work to create universal enrolment in primary school and often further into secondary school. Generally, a greater proportion of boys than girls attends and completes a full course of formal education. Egypt and Lesotho are among the exceptions, with girls more likely to complete primary school than boys. The MDG Country Report from Egypt attributes this to the success of the Girls Education Initiative, which was launched in 2003 and led to the creation of ‘female-friendly’ schools where

GRADE REPETITION EVIDENCE

Several Country Reports, including the Republic of Congo, indicate that there may be a link between dropout rates and grade repetition. “Families might view repetition imposed on their child as if they are not successful and do not benefit from attending school,” the Republic of Congo Report states. “Repetition invites parents to remove their child from school. [...] These negative impacts of repetition are especially strong in situations where demand for school is lower (enrolment of girls, minority and economically disadvantaged children).”



WHAT DRIVES AND CONSTRAINS PROGRESS

nine of ten students were female. These schools were built in governorates primarily in rural Upper Egypt and featured facilities that were close to villages, class hours that allowed girls to continue with household chores, teaching staffs that were primarily female, free tuition and lessons in vocational and life skills.

Wide-reaching impact

Education has wide-ranging effects throughout society and links directly to poverty-reduction efforts. Poverty levels are lower among families in which the head of the household has had some education than in those where the head of the household has no education. In Serbia, the poverty level was three times the national average in households that were headed by someone with no education. Education is also directly related to improved health. In Syria in 2008, 77 percent of the mothers who had a child who died prematurely were illiterate or had not finished primary school. Educated mothers are also much more likely to have their children immunized.

Countries should watch the adult literacy indicator to ensure that efforts to increase enrolment and keep children in school truly produce a better-educated population. Like education generally, literacy has significant effects on income generation, health care and gender equality. But increased enrolment has not always led to increased literacy. In Morocco, for example, gross enrolment rate has increased rapidly, surpassing 100 percent, but improvement in adult literacy rate has not kept pace, rising only to 56 percent in 2007 from 42 percent in 1994.

2.3. MDG 3: Promote gender equality and empower women

From the Country Reports, governments have approached the issue of gender equality from many directions. Among the critical steps the report looks at in this is legal reform that creates a national framework establishing the principles of gender equality. In addition, it examines measures focused on placing woman in elected posts, improving their educational opportunities and ensuring their place in the economy.

Legal empowerment

For many countries, major steps made toward gender equality have included drafting an appropriate legal framework and building representation of women on the national legislations that create those laws. The principles of gender equality have been written into the constitutions of some countries, but individual laws have often had to be changed or repealed altogether to reflect adequately the principles of gender equality set out in the Committee on the Elimination of Discrimination Against Women (CEDAW) and reflected in MDG 3. In many countries, legislation dealing with inheritance rights, land rights, asset ownership, access to credit and protection from violence, has been scrutinized and revised to ensure gender equality.

But in many cases, changing the laws has only been a first step, with many challenges remaining for implementation. To achieve the MDGs, the Rwanda Country Report, for example, illustrates



that resources must focus on strategies to facilitate the legal empowerment of women envisaged in legislation. This includes mechanisms to enhance access to justice for women to know, assert and protect their rights. In those countries affected by HIV/AIDS, armed conflict, and poverty resulting in a sharp rise in widowhood and subsequent girl- and female-headed households, particular attention to inheritance and property rights is necessary to improve the situation of women and to accelerate progress toward MDG 3.

The Mauritania Country Report, for example, notes that the low socio-economic status of women is preventing their access to information and their capacity to claim their rights. “National or international legal provisions are poorly implemented due to the lack of resources, capacity and willingness of decision makers,” the report explains. “There are very few opportunities for women to assert their rights, including lack of childcare [...] and accessible and functional legal structures.”

Government

Countries are also working to increase the proportion of women in national parliaments or legislative bodies. In Burundi, for example, constitutional provisions mandate that women occupy at least 30 percent of the senior legislative and executive posts in government, but the Country Report adds, “According to the current situation the road ahead is still long to achieve this objective [...]. Indeed, although women represent 51.1 percent of the population and are an important production force in a national economy based on agriculture, they remain relatively marginalized due to cultural constraints that limit their full emancipation. And despite the guarantees stipulated in the Constitution, it should be noted that women remain poorly represented in decision-making.” Burundi and others are tackling these problems — continued gender disparities and lack of awareness — partly through programmes that incorporate these issues into the overall national strategy of poverty reduction and development.

In Rwanda, constitutional change followed vigorous lobbying by women’s organizations. As a direct result, the country has the highest proportion of women represented in parliament in the world. Half of the members of the Rwanda Chamber of Deputies are women, as are about one third of both the Senate and the executive cabinet. Kyrgyzstan added the objective “30 percent of women among the deputies of the Jogorku Kenes [parliament]” in its Country Development Strategy; because of the adoption of special measures in electoral legislation, the objective was exceeded, as the percentage had reached 31.1 percent at the time of the country’s MDG Country Report.

Other countries are helping women create networks and offering other services to help them enter the public sphere. Botswana, for example, held a series of workshops around the country to assist aspiring female politicians in areas such as assertiveness and navigating in a male-dominated environment. The country also initiated an awareness campaign that advocated female representatives in local and central governments, which the Country



WHAT DRIVES AND CONSTRAINS PROGRESS

Report cites as a contributing factor to the election of three women to mayoral positions in districts and city councils, four women to parliament and four to cabinet positions.

Education

Access to education, through primary school and beyond, is also a critical factor in creating gender equality and, as more countries adopt the principle of universal primary education the focus is beginning to shift toward preventing girls from dropping out. “The main challenge is the ability to keep girls in school once enrolled, including up to secondary level and higher,” explains the MDG Country Report from Niger. “This requires improvements in productivity among poor households to enable them to reduce the opportunity cost of sending girls to school. [...] Thus, this issue covers the whole challenge of reducing poverty.”

In Ghana, where the MDG Country Report puts it on track to fulfilling MDG 3, the country has initiated some efforts that make remaining in school an attractive option for girls. Among these interventions are the construction of women’s dormitories in secondary schools, the provision of school supplies [and] uniforms to needy girls, the sponsoring of scholarships for girls, the opening of ‘gender-friendly’ toilets and the offering of meals, including rations that can be taken home. “Active implementation of activities to promote girls’ education has helped to eliminate barriers to enrolment and encouraged participation and attendance,” the Country Report states.

Data from the Country Reports show that Ethiopia, Ghana, Mozambique and others countries have improved their score on the gender parity index, in many cases bringing it above 0.90. But

school completion rates for girls remain a challenge, especially in later years. In Nepal, for instance, the median age for marriage is 17 years for girls, leading to high dropout rates. Targeted scholarship programmes for girls, school meals and oil-for-education programmes have all been helpful in keeping girls in school.

Health

Efforts to promote healthy lifestyles and disease prevention, detailed in later sections, are also necessary to create an environment in which women and men have equal opportunities. Women and girls generally spend many hours a day doing household chores such as getting water and fuel or caring for children. In addition, HIV/AIDS has

THE GIRLS’ EMPOWERMENT PROGRAMME IN RWANDA

With few role models, low expectations by teachers and others and a stereotyped perception that these are ‘boys’ subjects,’ girls in Rwanda often perform poorly in these subjects at the secondary school level. To change this, the Girls’ Empowerment Programme was piloted at the Kigali Institute of Science and Technology in 2006 and aims to increase girls’ access to degrees in science, mathematics and engineering. The small-scale programme has enabled about 100 young women whose grades narrowly disqualified them from acceptance to these programmes to attend the institute to pursue science, mathematics or engineering degrees. Later evaluation showed that women who graduated from the programme and went on to study at the institute did extremely well. The government is now taking the programme forward.



disproportionately affected women, partly because of gender inequalities. Countries reported that girls are often taken out of school to support the household when members are stricken with HIV/AIDS or some other critical health problem. In addition, control over their own health options, which often starts with knowledge, is a significant step toward empowering women. “Low utilization of existing health services by women is an obstacle to their enjoyment of reproductive rights, [and] increased vulnerability of women to sexually transmitted infections and HIV/AIDS is also a major challenge,” warns the Country Report from Ethiopia, which echoes other Country Reports when it observes, “In a country like Ethiopia [...] the notion of social equality in gender takes time to permeate the moral fabric of society.”

Employment

Legacy institutions and attitudes also prevent women from finding salaried employment in non-agricultural jobs. In many countries, unemployment among women can be twice as high or more as that among men. And while even in the developed markets earning power between the genders still favours men, the gap widens substantially in less-developed markets.

In Egypt, for example, the unemployment rate among women was 23 percent in 2009, more than four times the rate among men, the Country Report indicates, and it had doubled since 1984. The trend highlights one of the emerging issues cited in the Egypt Country Report: “The vulnerability of women in the global financial and economic crisis because of their fragile status in the labour market and the fact that the highest percentage of women are working in the informal sector or are non-wage family workers.” As part of the solution, Egypt has borrowed an idea from Latin America to create a ‘Gender Equity Seal’, which has so far been awarded to 10 private companies. Coordinated by several government agencies, including the Ministry of Investment, the programme recognizes companies that are publically committed to internal efforts promoting gender equality in hiring, wages, and promotions. The certification is valid for two years, after which participating companies must undergo a renewal audit to continue the recognition.

Pay differences between the women and men are also common. In Ukraine, the gender gap in income level is significant, with the Ukraine Country Report stating that the average income of women was 65.2 percent that of men. In Nepal, men earn about 45 percent more than women, on average. In response, the government introduced the Labour and Employment Policy in 2005, which addresses the gap through gender-sensitive budgeting. This includes a 25 percent concession for women on land registration fees and a 10 percent concession on income tax. Almost half of the national budget in Nepal addresses gender imbalances, either directly or indirectly.



WHAT DRIVES AND CONSTRAINS PROGRESS

Violence against women

In many countries, violence against women (VAW) remains a serious impediment toward achieving gender equality. Without fundamental protections against physical and mental harm, progress toward equal social, economic and political rights is nearly impossible. In Morocco, the government included as part of its national strategy a plank to tackle violence against women. The Country Report notes the need for “a societal awareness and sensitization approach to influence and change behaviour in this area”. Together with institutions and civil society, the government is organising annual social mobilization campaigns to raise awareness.

In Papua New Guinea, about two thirds of all married women suffer violence inflicted by their husbands. The country’s Law Reform Commission notes that 67 percent of rural men believe that it is acceptable for a husband to hit his wife. The importance of addressing gender-based violence in Papua New Guinea is officially acknowledged in the country’s National Gender Policy and Plan on HIV and AIDS 2006-2011.

Several countries have reported progress in constitutional, legal and policy reforms that acknowledge the connection between gender equality, VAW and HIV. Botswana and Mozambique, for example, recently passed laws to protect women from violence, including domestic violence. Ghana already has a constitutional ban on gender-based discrimination, but has also enacted legislation to protect men and women from domestic violence. Some countries have moved toward laudable implementation of these laws through training of police (Togo) and the creation of domestic violence victim support units within local police outfits (Ghana and Mozambique). Still, as is the case with other most at-risk and marginalized groups, the passage of enabling laws is only one step in creating a truly enabling environment in the lives of individuals.

The multi-sectoral Tamkine programme in Morocco fights violence based on gender and seeks to empower women and girls. The initiative includes several projects, such as a national survey on the prevalence of violence based on gender, a survey on men’s and women’s daily activities, a review of the country’s penal code (which led to the amendments in articles related to discrimination) and a review of the law on domestic violence against violence against women, as well as improving access of women and children to quality services.

Data

While the presence of gender disparities is beyond dispute, many countries report difficulties in assessing the breadth of these gaps. Poor data and monitoring systems make it difficult to measure the progress of programmes designed to close these gaps. In many cases, national data is not disaggregated by sex and, when data is available there is often insufficient information to determine whether changes in the numbers are the result of a programme’s impact or changes in reporting patterns. The Ukraine Country Report states that further development of gender statistics would lead to full coverage of problems of gender development in all facets of life.



“If the current national statistical system allows conducting of gender analysis of data on political representation, economic pro-activeness and employment, income capacity of population, then obtaining reliable data on displays of indirect discrimination in the labour market, intra-family distribution of power and resources, family violence or illegal labour migration will be possible through conducting special studies,” the report continues. The absence of such data complicates the country’s ability to monitor regularly gender indicators and to assess the progress toward gender equality. To counter this obstacle, countries have integrated gender issues into other programmes such as education and health care. Among other benefits, such mainstreaming helps create gender awareness in a broader swath of data-collection efforts.

Indeed, integration of gender equality issues with a diverse range of other national priorities is a recurrent theme in many of the Country Reports. In education, lessons on gender equality in primary school and higher levels can introduce students to current ideas of equality between the sexes. Improved health outcomes can often hinge on the empowerment of women to take better care of themselves and their children. Economic growth can be boosted by more effectively adding the muscles and minds of women to a country’s stock of assets. The Central African Republic, working to lift itself from a post-crisis environment, notes in its Country Report, “With the many problems facing women in the Central African Republic, their resolution requires all actors (the government, civil society, the private sector and communities) to show ingenuity and creativity to meet the challenge of equality and harmony. The contribution of women in development is crucial for sustainable development in Central Africa.”

2.4. MDG 4: Reduce child mortality, and MDG 5: Improve maternal health

MDG 4 and MDG 5 are the first two of three Millennium Goals that focus on health issues. Because the health issues along the spectrum ranging from pre-natal care to childhood immunization are intertwined and often affect the well-being of both mother and child, the report analyses the findings from the MDG Country Reports on these two targets together.

The objective of MDG 4 is to improve the standard of children’s health, and the report looks closely in particular at infants and children under five years of age, as well as the extent of measles immunization. The lens shifts to focus on maternal health in MDG 5, where the targets are to reduce maternal mortality by three quarters by 2015, compared to 1990 levels, and achieve universal access to reproductive health services. Analyzing progress toward these targets includes indicators such as teen pregnancies, proportion of births attended by trained health care personnel and mortality rates. In looking at MDGs 4 and 5, the report discusses well-known interventions that have stood the test of time. In addition, the Country Reports will show how some countries have addressed capacity constraints, worked to raise awareness and found efficiencies in coordinated efforts by adopting innovative solutions.



WHAT DRIVES AND CONSTRAINS PROGRESS

Well-known interventions

Interventions to improve overall health care standards are generally well known. For example, the Kenya MDG Country Report notes that attaining childhood health targets “is dependent on scientifically proven interventions, such as prenatal care, essential obstetric and newborn care, immunization, use of insecticide treated nets, breastfeeding, vitamin A supplementation and appropriate management of common childhood illness, including oral rehydration therapy and zinc for diarrhoea treatment.”

For all countries, though, improvements are also closely linked to national economic health and stability, which offer resources to create an efficient health network and the ability to access the network.

In Egypt, which is on track to reach the MDG target on under-five mortality and advances in maternal health are also generally on track, the Country Report reflects fears expressed in other reports, stating, “The impact of the global interrelated financial and economic crises on the health sector, especially for programmes aiming at maternal and child health, can be reflected in the possible reduction in the national budget allocated for health care. [...] Any cuts would end in underinvestment in training, weak incentives and insufficient equipment and supplies for obstetric care. This is also coupled with reduced international financial assistance to the country, especially for maternal health and family planning interventions.”

Immunization programmes have repeatedly spurred rapid progress toward achieving the Millennium child and maternal health targets. In the Occupied Palestinian Territories, for instance, the percentage of children immunized against measles increased from 49 percent in 1996 to 96.8 percent in 2006.

Capacity

Prenatal and postnatal care are necessary to promote a healthy pregnancy, delivery and infancy. In Papua New Guinea, the proportion of mothers attending antenatal clinics fell from 68 percent to 60 percent from 1995 to 2008, while the proportion of births attended by a skilled health care provider fell from 42 percent to 39 percent in the same period.

Countries that have found ways to reach mothers and newborns with skilled medical staff, however, have shown progress. In Botswana, 84 percent of the population lives within five kilometres of a health facility and 95 percent lives within eight kilometres, which helped cut infant mortality by one half. Such effective service delivery was achieved through partnerships with the private sector, civil society and international parties, which together directly offered services and financing.

Many countries have expanded facilities for prenatal and postnatal care, but have found themselves constrained by a shortage of quality health care providers and equipment, especially



in remote areas. As an example, in Ghana, where rural mothers received prenatal care almost as often as urban mothers (94 percent and 98 percent, respectively), the Country Report notes, “Antenatal care from health professionals [...] increased from 82 percent in 1988 to 95 percent in 2008. [...] However, lack of information on signs of pregnancy complications and access to basic laboratory services, particularly in the Northern and Upper West regions, affect the quality of antenatal care. In the Northern and Upper West regions, only 6 in 10 pregnant women and 2 in 3 have access to urine testing and blood testing, respectively. These are against 90 percent access to these services at the national level.”

The Egypt Country Report also notes that the country has tried to address the shortfall trained staff by recruiting *dayas*, traditional village birth attendants whose tasks include a variety of rituals associated with a woman’s life cycle. Rather than excluding these women from the modern health care system, the Egyptian government has recruited from among the *dayas* in Upper Egypt and provided training in modern midwifery. The programme had been instrumental in advancing toward the government’s goal of having sufficient nurses or midwives for the region’s primary health care facilities.

Reproductive health and family planning

The Yemen Country Report states that one third of the total maternal mortalities are among women aged 20 years or less. Teenage pregnancies put both the mother and child at risk of mortality. The Niger Country Report adds that an important constraint to improved maternal health is also related to behaviours such as infrequent use of contraceptives, which results in pregnancies that are too close together, or low participation of women in decision-making within the marriage. The scarcity of goods and services for reproductive health care is a challenge for countries trying to improve family planning, as Country Reports from the Democratic Republic of the Congo, Mauritania and Mozambique note. And the Kyrgyzstan Country Report cites as another constraint that “the awareness of the population [...] of family planning methods [and] protection of reproductive health, as well as safe contraception, is insufficient.” Part of the awareness programme in many countries has centred on breastfeeding and family planning. The Cambodia Country Report states that family planning has the potential to reduce maternal mortality by up to 30 percent, in part by reducing the number of unwanted pregnancies and, consequently, unsafe abortions.

Several Country Reports indicate that contraception use is increasing, although progress is slow in some countries. In Mauritania, access to contraception has been hampered by opposition from some religious groups, the unavailability of contraceptives and the low technical capacity of providers. In Burundi, medical staff increased efforts to educate and sensitize women to use contraceptive methods. The Country Report states, “This development would also result in outreach efforts and local communication and the availability of more modern contraceptive methods in health facilities.” In Ethiopia, 90 percent of the country’s health care facilities carried



WHAT DRIVES AND CONSTRAINS PROGRESS

or stocked at least three contraceptive methods. The most commonly available methods in both hospitals and health centres were injectables, combined oral contraceptives and male condoms.

The practice of breast feeding, encouraged in many programmes, not only improves a child's nourishment, but also helps increase spacing between children. In Egypt, the Baby Friendly Hospital Initiative has promoted exclusive breastfeeding for babies during their first six months. Family planning programmes to prevent pregnancy or increase the time between pregnancies have also been launched as part of national health care programmes, with the emphasis often on preventing teen pregnancy.

Awareness

Along with working on the supply side of health care, many Country Reports record the need to sensitize people, especially those with little education, about when to seek medical assistance. According to several Country Reports, the mother's level of education is inversely related to the risk of death to both mother and child. The Rwanda Country Report states, "There are substantial differences between the mortality rates for the children of women who have secondary or higher education and the rates for children whose mothers have primary or no education." Countries have tried to increase the likelihood that mothers and fathers will identify symptoms and seek help through national awareness campaigns. Ghana, for instance, declared maternal mortality a national emergency in 2008, offering a programme of free health care for pregnant women that includes child deliveries.

Government coordination

Integration of services is also a recurring theme as countries address the challenges of MDG 4 and MDG 5. A counter example from the Lesotho Country Report helps explain the need for integration. "Services for children are not integrated with health services for mothers," the report indicates. "This means that available resources to improve the health for both child and mother are not efficiently used. [...] There is also an urgent need to mobilize resources and strengthen partnerships for maternal and child health services to operationalise fully the agreed strategies." Other countries, however, have been more successful in integrating various health care programmes and initiatives, citing the coordinated effort as one of the notable success factors for improving outcomes.

The combining of maternal and childhood health care initiatives with programmes targeting the HIV/AIDS epidemic has been an important facet of integrated services. Especially in Sub-Saharan African, the close connection among HIV/AIDS, maternal health and early childhood health makes integration of these programmes vital. In Botswana, the Country Report recounts that 58 percent of the deaths of children under five years of age can be directly attributed to HIV/AIDS. The Country Report adds that the government is working to integrate HIV/AIDS and other health programmes, for example by supplying free antiretroviral medicines to all infected



children under two years of age. In addition, noting that HIV/AIDS programmes have overshadowed maternal health efforts, the report states the government is also moving to integrate more closely initiatives on sexual and reproductive health, HIV/AIDS and family planning “to better tackle some challenges to maternal health.” The MDG Country Report from Togo explains, “Taking into account the scarcity of resources, integration of interventions is an effective strategy for the achievement of the MDGs.” The country began combining vaccinations with the distribution of treated bed nets, vitamin A supplements and treatments for parasitic infections in 2004, triggering a sharp increase in individual interventions.

Implementing national standards for health care delivery has created a forcing mechanism that has helped some countries address the quality gap. The adoption of national obstetric and neonatal care standards for all public facilities in 2006 improved maternal and paediatric health care service in Egypt for almost 23 million people in Upper Egypt and urban slums, the Country Reports estimates.

GHANA'S NATIONAL HEALTH INSURANCE PROGRAMME

Another successful health care intervention brought up in the Country Reports was a national health insurance programme launched in Ghana. The programme was started in 2004 and costs most individuals about \$8 per year; a national sales tax and a portion of social security contributions from those working in the formal sector finances the rest of the programme. Indications suggest that insured people are more likely to seek medical care when ill and their costs are much lower than those of the uninsured — for example, \$2 to deliver a child compared with \$18. “These early findings indicate that health insurance with high population coverage can broadly increase health care utilization and financial protection in sub-Saharan Africa,” the Ghana Country Report concludes, although challenges remain in increasing efficiencies, reducing waste and broadening the programme’s accessibility to the poor.

2.5. MDG 6: Combat HIV/AIDS, malaria and other diseases

MDG 6 calls on countries to stop and reverse the spread of HIV/AIDS and to secure universal access to antiretroviral drugs for people living with HIV/AIDS by 2015. For many countries fighting their way out of poverty, the ravages of HIV/AIDS represent not only a singular health crisis, but also the single greatest obstacle to economic growth and well-being. In 2008, sub-Saharan Africa accounted for almost three quarters of the global deaths related to AIDS and for about two thirds of those infected with HIV worldwide. In Asia, about 6 million households will sink into poverty between 2008 and 2015 as a result of the economic consequences of AIDS, based on an estimate by the Commission on AIDS in Asia. Despite significant gains in universal access to treatment, significant gaps remain for most countries. And with new infections outpacing treatment scale-up — for every two people put on treatment, five more are newly infected — along with millions of AIDS orphans, AIDS is indeed a long-wave event, one that countries will have to address for many years to come. MDG 6 also takes into account efforts to combat



WHAT DRIVES AND CONSTRAINS PROGRESS

malaria, tuberculosis and other deadly diseases, striving to halt or reverse the spread of these diseases by 2015.

Counter to the pattern of problems targeted by other MDGs, prevalence of HIV/AIDS tends to be concentrated in cities where the urban lifestyle exposes residents to greater risks. In some cases in sub-Saharan Africa, the urban prevalence of HIV/AIDS can be up to four times the national average, allowing governments to focus their HIV/AIDS interventions on cities. In countries with the highest prevalence rates, however, the regional disparities are less pronounced. In Lesotho, for example, which has the world's third highest prevalence of HIV/AIDS, the Country Report notes that urban prevalence is 28 percent compared with 21 percent in rural areas.

In this section, the report examines national efforts to address the HIV/AIDS epidemic. Drawing from the Country Reports, the report offers examples of how countries have implemented programmes on prevention, treatment, care and support and created enabling environments. In addition, the section looks into measures that countries have taken against malaria, tuberculosis and other diseases.

HIV prevention

Improved education and awareness about HIV/AIDS are vital steps toward preventing new HIV infections and stopping its spread. In South Africa, President Jacob Zuma, despite a controversial record, has raised awareness and helped remove the stigma associated with HIV testing by announcing the results of his own tests (negative) in 2010 and announcing a campaign to test 15 million South Africans over the next year. MDG Country Reports recount efforts that focus on a more grassroots level. The Occupied Palestinian Territories, for example, have standardized and supported a set curriculum on sex education with a focus on HIV/AIDS and sexually transmitted infections. The goal is to ensure that every young Palestinian has appropriate awareness of these issues before leaving school. Lesotho is making a greater effort to bring awareness, education and prevention programmes to at-risk groups that had been neglected in the past, in particular those in uniformed services, prisoners, migrant workers, herd boys, adolescents, commercial sex workers and sexual minorities.

Having multiple concurrent partners helps fuel the epidemic, and reducing the incidence of such relationships is thus an important pillar of prevention strategies in hyper-endemic countries. Botswana, the country with the second highest prevalence of HIV/AIDS, launched a high-profile awareness campaign in 2009 targeting individuals with multiple concurrent partners. As part of that campaign, "local theatre groups were trained to deliver a play that demonstrated how multiple concurrent partnerships spread HIV in an entertaining and visually appealing way," the Country Report notes. In addition, prominent musicians were brought in to attract crowds to the performances, and, following the performance, community workers milled through the crowds to discuss prevention measures and distribute literature. An estimated 5,500 people saw the performances across Botswana. "Post-show questionnaires showed that the overwhelming



majority of the attendees both related to the shows and took valuable information from them,” the Country Report continues. “More than one in four indicated that the information presented in the play was striking enough to them that that they would change their behaviour as a result.”

Botswana has also taken a leadership role in rolling out safe male circumcision, one of the newest tools in the HIV prevention arsenal. The country aims to circumcise safely 500,000 men over five years. Already, many health care providers have been trained in the procedure, and the government has promoted it to men through multiple media channels and in workplace programmes.

Condom use is another central pillar in preventing the spread of HIV. Unfortunately, rates of condom use are quite low in many countries. In Lesotho, for example, condom use among those with multiple concurrent partners is 51 percent among men and only 38 percent among women. On the supply side, one of the bottlenecks cited was lack of logistics support, especially coordination in procurement among different national and international partners.

A central aspect of many prevention programmes is stopping mother-to-child transmission of HIV infection. Following good practice and making highly effective antiretroviral therapy available to pregnant women with HIV infections, Botswana has reached 94 percent of pregnant women with HIV, reducing transmission rates to less than 4 percent and expecting the rate to drop to below 1 percent by 2016 as availability of treatment becomes universal, the Country Report indicates. Part of the success is attributed to integrating HIV/AIDS treatment and counselling with antenatal clinics, as well as involving men and providing psycho-social support.

Monitoring and data collection are other facets of prevention, allowing governments to track trends in HIV infection and measure the effectiveness of policy initiatives. The Lesotho Country Report recounts, for instance, that an analysis of the modes of transmission in the country has provided valuable evidence for the development and implementation of effective HIV/AIDS interventions. In Botswana, routine exercises to gather data on HIV/AIDS, supported by a computerized data-input system at the clinic level, have fuelled some of the country’s successes against the disease. “Policy is directly informed by the growing amount of information gleaned from careful analysis of statistical information [that has been] gathered, though it is recognized that once again lack of human resources is a constraint to analyzing and using all the data gathered in the country,” the Country Report states. In addition, Botswana conducts regular surveys to track individual behaviour, with, for instance, a recent effort showing increased condom use and accurate knowledge about HIV/AIDS

KAGOGO CENTRES IN SWAZILAND

Swaziland Country Report informs that using theatre and other traditional communications channels to increase awareness of HIV/AIDS prevention techniques. Along with including relevant lessons in plays and skits, the country has established Kagogo (grandma’s) centres to enhance communications and offer HIV/AIDS-related services. Such centres are particularly useful in countries like Swaziland where the family unit has broken down and a large number of children are orphans or living with single parents.



WHAT DRIVES AND CONSTRAINS PROGRESS

and preventative measures among young adults. Unfortunately, monitoring of the HIV epidemic is typically weakest among those groups most at-risk, such as sex workers, men who have sex with men and intravenous drug users.

HIV treatment

MDG 6 also calls for universal availability of HIV/AIDS treatments and antiretroviral drugs that can prolong the life of those infected with HIV and allow healthier lives. UNAIDS estimates that, in 2008, at least 4 million people had access to antiretroviral drugs in low-income and middle-income countries.⁴ Although this is a significant improvement from earlier in the decade, it suggests that only about 40 percent of those needing treatment have access to antiretroviral drugs.

A successful antiretroviral programme in Botswana has brought antiretroviral coverage to well over 90 percent in some areas, the Country Report states, noting, “Mortality and survival rates in Botswana rival those in developed countries, making Botswana the gold standard for ARC [AIDS-related complex] programming, particularly in Southern Africa, where prevalence rates are the highest in the world.” AIDS deaths in Botswana fell by 50 percent between 2003 and 2007. The success in expanding treatment availability is mirrored with high rates of adherence to treatment protocols (93 percent of people on antiretroviral treatment after 12 months in 2010) and a low rate (4 percent) of secondary resistance developing. Yet, the success of the programme and population increases mean that the number of people living with HIV will grow to more than 350,000 by 2021, with the number of people receiving antiretroviral treatments also increasing. “Lack of human resources is the number one challenge faced by the HIV programme,” the Botswana Country Report avers. “The Ministry of Health requires an estimated 20 new clinics a year [...], with the underlying concern that many more individuals could need support and care as a growing number of adults who are as yet untested fall ill.”

Many Country Reports cite funding as an obstacle to providing antiretroviral drugs to people living with HIV/AIDS. The Lesotho Country Report indicates, “As the number of patients enrolled in ART [antiretroviral treatments] has continued to increase, challenges within the programme have arisen,” it indicates. “These include sharply increased volumes at the health-centre level, where a registered nurse or nurse clinician is the only clinical provider on the centre staff.” As part of the solution, the government has approved the use of data clerks in health centres to reduce the paperwork burden on medically trained staff and allow them to focus more on treatment. In addition, the Country Report continues, supervising medical officers have been positioned in each district to support and mentor local staff, and backers within the community — including expert patients, traditional healers and health workers — have been trained to help people living with HIV/AIDS adhere to their treatment regimes.

4 UNAIDS and World Health Organization (2009) AIDS epidemic update.



HIV care and support

In addition to treatment, people living with HIV/AIDS also require care and support as they try to maintain healthy and productive lives. According to the MDG Country Reports, many countries have launched community-based efforts to help those living with HIV/AIDS handle the disease, as well as to spread knowledge and understanding. For example, an effort to reach orphans and vulnerable children in the mountainous areas of the Thaba-Tseka and Mohale's Hoek districts is among the initiatives in Botswana. Dubbed MOVE (Mountain Orphan and Vulnerable children Empowerment), the multi-sectoral effort has supported more than 5,000 children in these hard-to-reach areas. The programme attends to the children's immediate needs, such as schooling and health care, and works with their parents and communities to foster a healthy, supportive environment. Orphans of HIV/AIDS represent a long-lasting impact of the disease on a country's economy and growth prospects.

In addition, the Lesotho Country Report details another programme, Camp 'Mamohato', which makes available camps, teen clubs and other activities to children infected with HIV. "Through activities that offer children self-awareness and growth and through greater sensitivity to their environment, Camp 'Mamohato' strives to empower children to become ambassadors for themselves and their communities," an addendum to the Country Report explains. The primary goals of the programme are to support the children in lifestyles that lead to a longer life and give them the knowledge needed to prevent the spread of HIV/AIDS.

Enabling environment

Linked to community care and support is the need to create an enabling environment that allows people to be tested and seek treatment without fear and, particularly for women, to be empowered to make meaningful choices that affect their sexual and reproductive health. Country Reports routinely cite the stigma and discrimination attached to HIV/AIDS as a prime obstacle to prevention, treatment and care and support. For example, the Ghana Country Report states, "Stigma and discrimination against persons living with HIV/AIDS is quite high, coupled with misconceptions about the disease." Changes in behaviour and norms within a community can be slow, but governments are working toward reducing the negative attitudes toward people living with HIV/AIDS through educational programmes, especially those targeting teens and young adults, and treatment centres that try to integrate with their communities. Increasingly, political leaders are speaking openly about HIV/AIDS, which can encourage others to relax their attitudes.

In many cases, governments must also examine national legislation or institutional attitudes — for example, toward high-risk groups, such as sex workers, men who have sex with men and intravenous drug users — that not only infringe on human rights but also undermine efforts to combat the epidemic. Some countries have already made some headway on policy



WHAT DRIVES AND CONSTRAINS PROGRESS

reforms to protect people living with HIV from discrimination. Countries that recently passed such laws include Botswana, the Democratic Republic of the Congo, Mozambique, Togo and Ukraine. Often, the main challenges of implementation are two-fold: lack of awareness of rights among individuals and lack of enforcement and implementation structures, including ministerial regulations. Progress can also come with setbacks, however. The same Mozambique law that dealt with a suite of human rights and HIV issues also criminalized HIV transmission. Furthermore, the Mozambique law penalizes ‘vices against nature,’ which could be construed to mean consensual sex among same-sex partners. Togo also still has laws that make sex work and men having sex with men crimes. Unfortunately, these countries are not outliers.

An enabling community environment also empowers its women to take control of their own choices and actions. Among other disparities, the MDG Country Reports repeatedly note that women have a higher rate of HIV prevalence than men. This is often rooted in unchecked gender-based violence, women’s inability to assert control of their own sexual activities, including safer sex negotiations, and their economic exclusion, which leaves many women with few options for a livelihood beyond commercial or transactional sex.

A stark illustration comes from the Country Report from the Democratic Republic of the Congo (DRC). “The conflict in the DRC has been the scene of the worse forms of violence against women, as [violence was] systematically used as a weapon of war and women were the first victims,” the report states. “The mass rapes contributed to the deliberate spread of the HIV/AIDS virus. [...] Young women are three times more likely to be living with HIV/AIDS than young men.” While this is an extreme case, the powerlessness of women is echoed in many of the Country Reports.

Again, time-tested interventions, particularly education and counselling, are the primary tools used by countries to combat the prevalence of HIV/AIDS among women and its root causes. Often, these efforts are coupled with other programmes targeted at improving women’s health. In Ethiopia, for example, the Country Report notes that voluntary counselling and testing for HIV/AIDS have been incorporated into the country’s existing antenatal services and are available in all of the country’s hospitals and health centres.

Malaria, tuberculosis and other diseases

In addition to HIV/AIDS, many countries are also struggling to control malaria, tuberculosis and other life-threatening diseases, including hepatitis and schistosomiasis. Many of these diseases are closely linked to environmental issues, such as unsafe drinking water and poor sanitation, and are exacerbated by the prevalence HIV infections. Malaria in particular is a leading cause of death among pregnant women and young children in many countries.

A proven intervention against malaria is the distribution and use of insecticide-treated bed nets. Distribution efforts are often hindered by a lack of resources and logistical bottlenecks, though,



as several Country Reports noted. And while some Country Reports note that more than one half of the targeted population has received treated bed nets, they add that the programmes will need to be accelerated if complete coverage is to be achieved by 2015. Resource shortages are hurting efforts to improve drinking water and sanitation facilities, as well as procurement of direct observed treatment short course (DOTS), the common course against tuberculosis. Integrated efforts that combine several interventions have been the most successful, based on the Country Reports. For example, Burundi states that it is tackling malaria through a programme that combines insecticide-treated nets (focusing on pregnant women and small children), spraying of housing and public buildings, testing and prompt treatment.

Tuberculosis continues to pose daunting challenges, especially in countries and communities hardest hit by AIDS. In these places, not only is tuberculosis a major cause of AIDS mortality, it is also a major public health threat in its own right. Crowded urban living conditions also promote the spread of tuberculosis. Furthermore, drug-resistant strains of tuberculosis are becoming more common as a result of confluent factors: insufficient treatment adherence, weak health systems and AIDS.

2.6. MDG 7: Ensure environmental sustainability

MDG 7 takes a longer-term view of national development and efforts to reduce poverty, to ensure food security and to create the infrastructure needed to underpin social and health care advances. In doing so, it considers the protection of natural resources and an area's biodiversity. In addition, this Millennium Goal calls for significantly better access to safe drinking water and basic sanitation, as well as improved living conditions for people living in slums. The Country Reports show that, although there has been progress toward these targets, many countries are struggling with environmental sustainability. In addition, MDG 7 has produced a wide range of ambiguity, with data often insufficient to allow assessment of the status.

In this section, the report explores how countries are beginning to approach environmental issues. In addition, the report goes to the Country Reports to look at efforts being made to improve data collection, land management, water management, forest coverage and urban conditions.

Embracing the environment

While developing countries generally have some history of addressing poverty, hunger and health issues, most are new to issues related to environmental protection. Until recently, these issues have been given a lower priority than more immediate demands. But heightened global awareness of the value of natural resources — whether clean air, pristine water, rich forests or abundant wildlife — and the threat of their depletion, combined with the recognition of the threat of climate change, have brought environmental safeguards to the table.



WHAT DRIVES AND CONSTRAINS PROGRESS

MAINSTREAMING ENVIRONMENT INTO LEGAL FRAMEWORKS

Land-locked Bhutan⁵ in the eastern Himalayans is one of the very few countries that have fully embraced environmental issues. The country is susceptible to serial natural disasters, such as earthquakes, landslides, river erosion and flooding from glacial melting. In an unusual measure to protect the environment, Bhutan's constitution contains environmental protections, such as a stipulation that forest cover at least sixty percent of the country's territory.

In addition, nature conservation is one of the four pillars of the country's "Gross National Happiness" development strategy.

Another recent effort to mitigate the impact of environmental disasters is the Caribbean Catastrophe Risk Insurance Facility,⁶ which was set up in 2007 through a collaborative effort among Caribbean governments, supported by regional and international partners. The programme provides insurance against disasters, offering government resources they can mobilize following an event. In its first year in operation, the fund gave payouts totalling almost \$1 million to support recovery efforts in the Dominican Republic and Saint Lucia following an earthquake that struck the eastern Caribbean.

In addition, countries are increasingly recognizing the direct link between a healthy environment and national well-being and progress. For example, evidence clearly shows that child mortality is disproportionately high among households with poor access to safe water and improved sanitation facilities. Diarrhoea accounts for the majority of infant deaths in areas where people do not have access to improved water facilities.

Access to modern energy services

Access to energy, especially in rural areas, is a recurring theme in some Country Reports in terms of impeding the prospects for increased productivity, entrepreneurship, growth and accelerated progress across the MDGs. In sub-Saharan Africa, for example, more than 75 percent of the overall population (and estimated 90 percent in rural areas) lacks access to electricity.⁷ In South Asia, more than 50 percent of the rural population or more than 300 million people lack access to electricity.⁸ The direct and indirect links between the provision of energy and accelerated progress across the MDGs are increasingly evident through some bold initiatives. In Nepal, the Rural Energy Development Programme (REDP), initiated in 1996 in collaboration with key development partners, has been a unique attempt using modern, off-grid technologies to expanded rural energy access. Currently, more than 250 micro-hydro power plants and peltric sets have been established and are functional, benefiting about 40,000 households in 40 districts — some in remote locations that are not likely to be connected by the national grid in the next five years. The programme has also installed solar home

5 Royal Government of Bhutan (2008) Bhutan's Progress: Midway to the Millennium Development Goals.

6 UN (2010) Objetivos de Desarrollo del Milenio, Avances en la Sostenibilidad Ambiental del Desarrollo en América Latina y el Caribe.

7 Africa Commission (2009) Realising the Potential of Africa's Youth, Report of the Africa Commission

8 International Energy Agency: <http://www.iea.org/weo/electricity.asp>.



systems in more than 2,163 rural households, 4,700 toilet-attached biogas plants and 11,500 improved cooking stoves. The initiative has affected all MDGs, with particular benefits to women and girls, for instance through reduced time spent collecting fuel wood, improved health through decrease in indoor air pollution and the creation of income-generating opportunities. In Burkina Faso, Ghana, Mali and Senegal, the adoption and provision of access to cleaner, more reliable fuels have created income-generating opportunities, particularly for women. Easy access to low-cost electricity has saved people up to six hours a day, which means, for instance, women and girls can use the time saved from doing household chores on education, formal employment or entrepreneurial activities.

Data and monitoring

Many countries are just initiating data collection and monitoring efforts, and some are finding it difficult to allocate the proper resources. The Lesotho MDG Country Report indicates, “The gathering of statistical information in areas related to biodiversity is a huge challenge. Because of the nature of the task, detailed, time-consuming and costly studies need to be taken by qualified experts. [. . .] The resource competition that exists within ministries may often favour projects that focus on improving the material circumstances of the population over projects that are focused on gathering statistics.”

In an attempt to fill the information gap, Botswana has created a national Environmental Information System, which is designed to capture data on the environment from various sources. “While there are still gaps in the data and the quality is weak, the system itself is a major improvement and in coming years is expected that much more reliable data and information [. . .] will be available,” according to the Country Report. The Country Report cautions, though, that a shortage of human resources could impede the statistical analysis needed for the system to inform policy and government decisions.

In addition, inadequate monitoring systems have been obstacles to effective environmental policies, many Country Reports note. The Lesotho Country Report recounts, “A large number of seedlings are planted each year, but no system exists to determine the survival rate of these trees.” In many countries, farmers continue destructive slash-and-burn methods to clear land and governments have nothing in place to spot and stop this illegal practice. At the same time, there is no system in many areas to ensure, for example, that mining companies reclaim the land once it is no longer viable for their uses.

Insufficient capacity is often behind these problems in data collection, monitoring and other shortfalls in moving toward environmental sustainability. Country Reports note, for example, that efforts are often stymied by a lack of environmental management skills, inter-agency competition for available expertise and sporadic studies that are conducted when resources become available, but that fail to provide a complete picture. To help close the gap, some countries are offering environmental training within national ministries and local governments.

Land management

Countries are also finding that economic growth, generally desired as a factor in reducing poverty and making other social gains, is putting significant pressure on natural resources and the environment.



WHAT DRIVES AND CONSTRAINS PROGRESS

Increased private, commercial and industrial demand for water is sparking shortages. Urbanization and the need for more arable land are driving deforestation in many countries. At the same time, external shocks have crimped efforts to sustain the environment; for example, climate change has accelerated desertification in some areas and the recent spike in food prices has encouraged farmers to clear even more land for crops.

Modern land management, guaranteed by an effective legal system, is the keystone to achieving the first two targets of MDG 7 (reversing the loss of environmental resources and preserving biodiversity) and to resolving many of the resource-based conflicts that accelerate environmental degradation. The MDG Country Report from Ethiopia explains, “Biodiversity is left in a precarious state due to factors such as settlement and investment activities that do not take into account biodiversity, the absence of a land use policy and land use plans as well as increasing amounts of toxic substances and pollutants.”

As an initial step toward effective land use, many countries are requiring some companies to obtain environmental permits or produce an environmental impact statement before they begin work on a project that could be detrimental. In Lesotho, for example, the Environmental Act of 2008 requires certain public and private projects to file an environmental impact assessment before beginning work. “This is an effort to ensure the potential positive and negative environmental impacts of projects are considered from the outset,” the Country Report states. “Encouragingly, even before the 2008 Environment Bill was signed into law, many projects were already voluntarily submitting environmental impact assessments (EIAs).”

Water management

Water management is also a critical issue linked to land-use management. On the one hand, governments face an urgent need to supply safe drinking water to a growing population, while, on the other hand, they need to create sanitation systems that safely treat or re-use the wastewater. Failure at either task can trigger severe health problems.

Not surprisingly, many of the immediate improvements in providing safe water and improved sanitation have focused on cities. Improvements in the countryside have been slower. While noting that Lesotho is on track to meet the safe water target by 2015, the Country Report adds a cautionary note relevant to many countries, stating, “Over this period the improvement in access to water has largely been concentrated in urban areas. Providing water in rural areas presents a difficult technical challenge and the lower density of settlements means that further incremental improvements become progressively more costly to achieve.” Basic sanitation improvements face similar disparities and obstacles. In Burkina Faso, a system of water towers and pipes made safe water available to 1,300 villagers at affordable prices, which had the added impact of radically reducing the workload of women.

Nevertheless, there are some counterexamples. In Benin, for example, the infrastructure development focused on creating access to potable water proceeded without ensuring effective



management. As a result, poor maintenance of the infrastructure led to deficient water points that were not repaired. The Country Reports states, “To remedy this situation, communities established a committee for water management.” This committee, which is working under the supervision of the Association of Village Development, local government or both, collects feedback from villagers for repair, monitoring and maintenance of the water points.

Reforestation

Another aspect of MDG 7 is reforestation, which is linked to preserving biodiversity and creating sustainable development. While many efforts remain in their infancy, the Country Reports have noted some accomplishments. In Niger, for example, the country’s vulnerability to drought was reduced through large-scale reforestation programmes supported by the transfer of land ownership from the state to local communities.

In another interesting programme, Egypt has combined wastewater management with reforestation. Under the programme, the government will ultimately use 2.4 billion cubic meters of treated wastewater to irrigate desert lands for forestry. The Country Report indicates that 26,000 feddans of land (roughly 27,000 acres) of desert land have already been cultivated under the programme. The target is to create 400,000 feddans of forest altogether.

Urban conditions

Crowded, unsanitary urban living conditions are also targeted by the aspirations of MDG 7, which calls for improving the conditions for at least 100 million slum dwellers by 2016. Along with the efforts to provide safe water and modern sanitation to slums, governments are concentrating on economic initiatives to improve the living standard of the poorest urban residents. In their Country Reports, Egypt and Ethiopia both cite programmes that are expected to encourage small- and medium-sized enterprises and to support micro-lending in these areas. Additional efforts include community-based urban works programmes and the creation of low-cost housing.

2.7. MDG 8: Develop a global partnership for development

The final Millennium Goal takes broader view of development that supports national efforts to achieve the other MDGs. Among a diverse set of targets within MDG 8 that range from internet access to flows of official development assistance, one of the clear priorities encouraged by the Millennium Goal is integration with the global economy with equal opportunities through market access, international cooperation, debt policies and fiscal acumen. In the current volatile global environment, progress toward individual goals is difficult to assess. .

Official development assistance

Individual Country Reports testify to the efforts national governments are making to become more self-reliant, although the continued need for official development assistance (ODA) remains



WHAT DRIVES AND CONSTRAINS PROGRESS

clear. For Benin, the mobilization of ODA to finance the MDG financial gap, which is estimated at 12 percent of gross domestic product (GDP), is a major constraint. Niger's and Swaziland's Country Reports cite that ODA has been falling over the years. Liberia, on the other hand, continues to make marked progress in attracting significant donor support, which has allowed the country to make enormous progress in good governance, development and poverty reduction. The Nepal Country Report states, "The gap between aid commitments by the development partners and the actual realization of aid remains wide and has been further widened in the recent past. In 2007/08, less than 60 percent of the committed aid was disbursed." The Nepal Country Report suggests that some of the shortfall could be explained by mismatched fiscal years between donors and recipients and management capacity constraints, then continues that, more importantly, significant aid funds do not actually come through the government's budget, but rather via payments to consultants and purchases of donor home country goods and services. Donors also tend to place compliance requirements for disbursement and to lean toward direct funding to meet their own agenda and to safeguard aid money, the report continues.

Most countries expect a decline of ODA in the coming years as developed countries feel the impact of the global economic crisis, although initial data suggest aid has actually increased.⁹ Under such uncertainty, countries find it difficult to hold the international community to their MDG commitments. Another challenge, mentioned in the Syria Country Report, is that conditions tied to ODA are placed on recipient countries. For example, some donors require that goods and services be procured through a specific list of suppliers, which can distort established distribution channels in the recipient countries. In Ethiopia, a significant proportion of ODA is targeted to finance social services, including projects focused on education, health, water supply and sanitation, population control and reproductive health. Far too little is targeted to the productive sector such as agriculture, industry, and trade, yet, the Ethiopia Country Report notes, improvements in the productive sector often drive social sector development.

Donor coordination

While developing countries can take greater steps to integrate with the world economy, a lack of donor coordination and cooperation is a significant obstacle to meeting the MDGs, especially for the least-developed countries. The DRC, for example, has a large number of donors supporting the country's development programme, but wants to ensure that the funds are distributed according to needs and skills, to reduce transaction costs and to improve absorption of funds. The Country Report states that switching to a programme approach instead of a project approach could address this problem. A programme approach would avoid resources being wasted by the need to coordinate simultaneously with multiple implementation agencies and would encourage government ownership of programme implementation.

9 World Bank and International Monetary Fund (2010), Global Monitoring Report 2010: The MDGs after the Crisis.



Trade initiatives

For many countries trade in raw materials and manufactured goods has been the entry point into the global economy. Country Reports show that many countries are struggling to create competitive, gender-responsive export strategies that can sustain their global trade activities. In an effort to expand its exports, for example, Egypt is pursuing free trade agreements that would give it improved access to markets and is considering trade policies that would ensure that its products meet the relevant global standards and are competitive.

Botswana is also exploring trade agreements with Europe, its Country Report states, and sees a silver lining to the global crisis, which triggered a drop in demand for its chief export, diamonds. “The current economic crisis provides, in some ways, a window on the future when diamond revenues will no longer form the mainstay of Botswana’s economy,” the Country Report explains. “The need to diversify the economy away from mineral wealth could hardly be made more starkly.” With no illusions about the challenges it faces, the Country Report concludes that Botswana needs to create a more diverse economy that provides jobs for a wide spectrum of people.

The Serbia Country Report adds that trade policies are buttressed by active regional and global cooperation. The Country Report states, “Through integration on regional and multilateral levels, the Republic of Serbia will obtain better access to foreign markets and thus increase its effective market size, which stimulates the flow of direct foreign investments and the growth of exports.”

Regional alliances

Regional cooperation can also help countries steepen their growth trajectories and in turn accelerate progress toward fulfilling the MDGs. Swaziland, for example, credits its membership in the Southern African Development Community (SADC) with reducing trade barriers. “Following the launch of the SADC Free Trade Area in August 2008, member states are currently in the process of fulfilling their obligations of tariff phase-downs in order to achieve the goal of having tariffs and import quotas phased out by 2012,” the Country Report states, noting that plans to create a customs union could further improve the country’s economic competitiveness and offer opportunities for further development.

HEALTH COMPACT IN MALI

In Mali, the COMPACT on “increased efforts and resources for health to the achievement of MDGs” is a contract between the government and its partners to accelerate the implementation of the health MDGs. It focuses on the predictability of aid and the principles of responsibility and accountability between the signatories. It aims to unite all efforts of government, civil society and bilateral and multilateral partners for more efficiency in the implementation of the joint programme and will allow Mali to attain the health MDGs more quickly. The COMPACT was developed by the government to ensure long-term, predictable resources in a single budget framework and alignment with national procedures.



WHAT DRIVES AND CONSTRAINS PROGRESS

Rwanda has increased partnerships with many countries, organizations and institutions. The Country Report explains that strengthening its positions within the East African Community (EAC) and Economic Community of the Great Lakes Countries (CEPGL) is a priority for forming development partnerships. By opening access to more markets, these efforts will enable Rwanda to gain benefits and seize opportunities to increase trade.

Fiscal management

Sound macroeconomic management is a continuing need among countries analysed in this Synthesis Report. Many countries cited the need for better debt management skills. In its Country Report, Ghana, for example, notes that the country made significant progress in reducing its debt through 2008, but these efforts were reversed under renewed borrowing for non-productive projects. High inflation linked to increases in commodity prices and the global credit crunch also sabotaged Ghana's attempt to restructure its debt portfolio with a greater weighting for long-term instruments.

Along with the burden of debt service and repayments, fiscal policy was also been hit by the direct and indirect effects of the global crises. Most countries report a significant decline in exports and official development assistance. Burkina Faso states, "[Its] sustainability of external debt [...] could be hampered by the slow growth of exports of goods and services. The low diversification of exportable goods is a major handicap to the prospects of growth of exports." In addition, expenditures in many places, increased as governments expanded the safety net for the poor, who were often hit worst. In its Country Report, Botswana points to sound fiscal policies that were implemented during a time of significant export revenues from diamonds. Ghana also notes the need for fiscal reform, including more efficient tax collections, to bolster its national finances. Without improved government finances, countries will find it difficult to move away from a reliance on official development assistance. The Togo Country Report also cites the needs for improved tax collection, but warns, "There is still a small margin of progress to improve fiscal space without undermining the incentives to the private sector and compromising macroeconomic stability."

Governance

Countries must also tackle governance issues within their system. Inadequate governance invariably leads to ineffective use of available resources, for example through corruption and other leakages. The Central African Republic helped to restore the confidence of its aid partners by "consolidating public finances and raising public servants' and financial authorities' moral standards," the Country Report states. As part of the programme, the government established a new code of public procurement and an efficient instant information management system on aid and operational implementation, the Development Assistance Database (DAD), which allows partners to monitor announcements, commitments and disbursements of aid there.



Affordable drugs

Access to affordable drugs is also an aspect of MDG 8. High prices charged by drugs companies have in the past kept needed drugs out of the reach of patients in poor countries. To combat this, Rwanda established a health insurance plan that now covers 83 percent of the population, while another 6 percent is covered by other insurance programmes. Only about 11 percent of the population remains without access to essential medicines.

Further, the Swaziland Country Report notes that the problems linked to the country's centralized, inefficient and unresponsive health management systems are compounded by frequent shortages of quality medicine linked to procurement and distribution shortfalls. The Country Report notes imbalances in distributing drugs between public and private clinics and between rural and urban areas. These disparities hurt the most vulnerable groups that rely heavily on public health facilities. Swaziland has adopted a National Pharmaceutical Policy to ensure that medicines are readily available.

Civil society

Many Country Reports document that civil society and the private sector play important roles in achieving the MDGs. In Burkina Faso, civil society and the private sector are involved in school construction, while Country Reports from Botswana and the Central African Republic state that civil society played a positive role in the health sector, including helping reduce infant and maternal mortality. Also in the Central African Republic, non-government organizations (NGOs) were essential in mobilizing assistance for humanitarian emergencies and recovery efforts, for example in building basic sanitation services.

The DRC Country Report also mentions the important role of NGOs in humanitarian emergencies. During the war, many displaced people were not able to feed themselves without the assistance of NGOs and international aid, even as security concerns in some parts of the country hampered health care programmes. In Cambodia, where people are hurt by land mines and unexploded ordinance, civil society provides assistance through community-based rehabilitation, emergency assistance, income generation activities, vocational training and social reintegration of persons with disabilities. And in Egypt, civil society adopted various measures and mechanisms to decrease loss of biological diversity, particularly in the protected areas.

Several Country Reports, including those of Mauritania, Papua New Guinea, the Republic of Congo and Senegal, mention the important role that civil society organizations play in the fight against HIV/AIDS. In Mauritania, there are three NGOs that can do voluntary HIV testing. The Republic of Congo Country Report states that the fight against HIV/AIDS was



WHAT DRIVES AND CONSTRAINS PROGRESS

accelerated, not only because the government provided more resources, but also through greater commitments from civil society, including from people living with the virus themselves, associations and NGOs. In Kyrgyzstan, civil society implements prophylactic programmes and provides support to drug addicts, HIV-infected individuals and sex workers.



3 COMMON CHALLENGES AND BOTTLENECKS

While the 34 Country Reports analysed for this Synthesis Report show clearly that progress has been made against the entire range of MDGs, they also highlight common challenges. Whether structural, the result of conflict or linked to global crises, the obstacles threaten to derail efforts to meeting the MDGs. Faced with determination and commitment, these challenges can be overcome. If neglected, however, achieving the MDGs will be quite difficult.

3.1. Cross-cutting challenges and bottlenecks

The evidence from the Country Reports highlighted some cross-cutting structural challenges and bottlenecks that impede MDG progress.

Unresponsive institutions and poor implementation

Policies and plans, no matter how promising, remain ineffective without the means to implement them. From Benin, for example, the Country Report notes, “The reduction of extreme poverty and hunger remain essentially constrained by weak growth and its sources, and by the unequal distribution of income.” Structural weaknesses are a critical factor preventing the country from achieving the poverty and hunger reduction targets in the Millennium Goals. Included among the root causes behind this challenge, the report cites “weak state capacity to produce collective public goods, to initiate institutional reforms conducive to growth and to develop consensus-based strategies that promote societal change.”

The Botswana MDG Country Report, for example, states, “While acute respiratory infections and waterborne diseases are manageable, treatable and preventable, they remain leading causes of morbidity and mortality among children, primarily because of a lack of comprehensive training on the protocols of childhood disease management and insufficient follow-up and supervision of health care providers.”

Another common challenge, apparent from the Country Reports, is simply getting the right people in right places. More often than not, this means teachers and health workers. Even in countries where there are enough qualified personnel, significant gaps remain because these workers are reluctant to accept assignments that are viewed as hardship or undesirable postings. This often leads to sharp disparities, usually with rural areas performing worse than urban areas. In Botswana, the Country Report notes, for instance, that, in one particular year, as many as 300 more trained teachers graduated than there were jobs available. Yet, the country has difficulties staffing remote schools. “Difficulties in retaining teachers in settlements for long further exacerbate this challenge of improving access to education in remote areas,” the report continues.



COMMON CHALLENGES AND BOTTLENECKS

Job creation is a key element for reducing poverty, particularly when it benefits women and young people. However, partly due to the dependence of the economy of many countries on a narrow range of export products, neglect of agriculture and more recently the economic downturn many people have lost their jobs or are working in the informal sector.

In many countries, the mechanisms to hold institutions accountable for their own responsiveness and effectiveness are missing, particularly transparency. Policies and goals that are understood and known outside the institution, as well as the means to evaluate clearly an institution's progress toward those goals, are strong tools for achieving results. In Egypt, for example, shortcomings in transparency and evidence-based evaluation are hindering poverty-reduction programmes. Elsewhere, from the Country Reports, the lack of accountability on HIV/AIDS programme spending is a challenge in Ghana, as is a lack of effective coordination and management of the national response to health issues, such as HIV/AIDS in Liberia and the inefficient allocation of financial resources for the education sector in Mauritania.

Many Country Reports also indicate that the implementation of protection mechanisms focused on the rights of women in areas including inheritance, reproductive rights and gender-based violence has fallen short. Translating gender equality policies, programmes and statutory provisions into effective initiatives has been difficult, the Nepal Country Report states. The Ukraine Country Report adds that legislative changes designed to strengthen parity representation of females and males in the ceremonial authorities of administration of the national and local level were introduced only very slowly.

Some countries indicate that growth has been accompanied with increasing income inequality among regions (usually with rural areas lagging behind urban areas), by gender and among ethnic groups (especially for those groups living in remote areas). This threatens future growth since undernourished, unhealthy and uneducated households cannot fully take part in the economy and thus represent lost opportunities. Similarly, the spread of HIV/AIDS, which strikes at the productive age groups in a society, has slowed economic growth in the most heavily affected countries, such as those in sub-Saharan Africa. HIV/AIDS has left millions of orphans in its wake and is likely to continue slowing economic growth in many countries for some time unless targeted investments are made to improve their education and health. Greater population mobility, for example, spurred by economic growth, can facilitate the spread of the HIV/AIDS, reinforcing the need for long-term vigilance, nimble and sustainable prevention measures, supportive policies and responsive institutions.

Conflict has contributed to institutional deficits in affected countries. In countries that have been fairly successful in rebuilding schools and hospitals, such as Liberia, the absence of skilled teachers for these facilities has stymied progress. A combination of factors including poorly trained teachers and low earnings harms the quality of health and education services. In disaster-affected countries, existing capacities and facilities are often wiped out. The destruction and



suffering in the aftermath of a disaster render capacity development much more complex. Natural disasters also have intangible effects on the capacity of government and civil society to deliver social services, as resources are redirected to humanitarian response and post-crisis recovery. The government of the Dominican Republic estimates that the Haiti 2010 earthquake cost the country tens of millions of dollars in increased demand for education and health services to assist Haitians.

Lack of capacity

For many countries, capacity restraints have been the largest obstacle to service delivery. Such challenges take many forms. In some cases, there are administrative shortages, where the people are in place, but the skills are lacking. Programmes often suffer from a lack of personnel with health care, teaching or administration skills. Countries report that attempts to decentralize health care provision, for example, can be hindered by local administrators who cannot plan and implement effective programmes. Local health staff that cannot recognize signs of health problems in pregnant women and children can prevent national programmes from achieving real impact, no matter their potential.

The capacity constraints are usually most critical in rural areas, where poor roads, few ambulances, inadequate school facilities and communications shortfalls compound problems brought on by a shortage of trained staff. Many countries have launched programmes focused clearly on these hard-to-reach regions. In one example, Egypt launched its “Healthy Mother, Healthy Child” programme in 1993, and the Country Report credits it with a sharp improvement in health outcomes in the poor Upper Egypt region. The programme targeted Upper Egypt with neonatal and maternal care services that included nutritional programmes with iron supplements for mothers, subsidized bread fortified with iron and ionized salt and educational programmes that encouraged breastfeeding and other healthy lifestyles.

Country Reports also highlight a dilemma endemic to attempts to decentralize programmes. While decentralization can strengthen a programmes impact by relegating authority to local players, capacity constraints can erase much of the impact. Low wages, lack of recognition and insufficient incentives that fail to take into account the hardships posed by some locations all make it more difficult to staff local offices with workers skilled in administration, programme management, health care, education and other critical fields.

Inadequate resources

Finances have also hampered countries as they work toward meeting the MDGs. Particularly in the wake of the global food and financial crises, many national budgets are straining to maintain the status quo and to prevent reversals of successes toward reaching the Millennium Goals. In recent years, official development assistance — a significant part of many national budgets — has also declined, leaving many countries to scramble to meet their commitments.



COMMON CHALLENGES AND BOTTLENECKS

For example, Mali, a country heavily dependent on external aid for its development agenda, notes in its MDG Country Report that a significant constraint to progress toward the goals is the anaemic mobilization of funding despite public commitments from donor countries. The financial crisis would likely effect aid programmes, the report continues, indicating, “This may result in decreased volume of aid, and anything that may affect the financing of development and therefore that of the Ten-Year Plan goals.”

Many countries are trying to work around such financial constraints by improving the efficiency of aid-funded programmes, for example by finding ways to coordinate and integrate efforts targeting similar outcomes. Gender-responsive budgeting is also an important tool for using available resources efficiently while creating gender equality. Some countries are also taking a close look at domestic finances. They are seeking ways, for instance, to cut costs by improving government productivity, to improve tax collections without imposing too high a burden on the population, and to stimulate economic growth by diversifying their economies and making their export sectors more competitive globally.

Land-locked and small-island nations have relatively few domestic resources and in most cases are furthest behind in reaching the MDGs. These countries cannot effectively deal with such structural constraints themselves. Pragmatic measures are needed to ease their integration into the global economic system by improving their access to markets and their competitiveness.

Inadequate infrastructure

Lack of infrastructure is a key bottleneck that cuts across some Country Reports and some MDGs. With regard to MDG 1, the Central African Republic Country Report states that the road network is in poor condition and often impassable during the rainy season, resulting in higher transportation costs and commodity prices in the country. In Mali, most agricultural areas cut off from markets because of infrastructure shortfalls. The Niger Country Report indicates that a low availability of social services, including access to infrastructure, is an important obstacle to improving the factor productivity in rural areas and hence the acceleration of wealth creation.

The Ghana Country Report observes that an “insufficient number of school buildings to accommodate the growing population” has been a significant obstacle to improving education, especially after the government introduced capitalization grants and feeding programmes that brought more children to school. In some countries, the lack of ‘gender-friendly’ sanitation or women’s dormitories has kept many girls from school. Large countries like Niger face particular problems in building appropriate infrastructure to bring educational services to everyone.

Weak basic infrastructure is also an important challenge for women since it makes household jobs, such as collecting drinking water and getting to markets, more difficult. Weak basic infrastructure contributes to the increasing poverty disparities at the disadvantage of women, states the Togo Country Report.



In many countries, including Mauritania, the infrastructure for health services is also insufficient. The Togo Country Report observes, “[The] provision of goods and services for achieving the MDGs in the health sector [...] depends on the number of infrastructure that remains adequate to meet the needs. About 88 percent of the population are less than five kilometre (one hour walk) to a health facility and 62.5 percent to less than 2.5 kilometres [...]. The facilities are not adequate or not easily accessible.”

Social attitudes

A recurring theme from the Country Reports is that cultural issues greatly influence efforts to reach the MDGs. Culture plays an obvious role, for example, in shaping attitudes toward gender equality. And violence against women encouraged by traditional gender roles and the economic dependency of women in many areas create gender disparities across a range of issues. Growth, poverty reduction, health outcomes and educational opportunities are all retarded when women are not empowered to make their own decisions and participate fully in the economic and political system.

Cambodia Country Report notes significant optimism in its ability to reach most of the MDGs. Yet, traditional gender attitudes still prevail and are reflected in high maternal mortality rates, low nutritional rates among women and an increased impact from the spread of HIV/AIDS, while violence against women remains widespread despite legislative intervention. The Cambodia Country Report highlights as a key challenge “improving the gender focus of all sectoral interventions and addressing core issues of behavioural norms for both men and women to allow women improved economic and educational opportunities, access to health, participation in decision-making and protection from violence, exploitation and other risks.”

Culture can also directly impede efforts to achieve other MDGs. For example, it has been difficult in some countries to replace traditional farming methods with modern agriculture. Nomadic populations with no tradition of salaried work may not fully understand the benefits of education and cannot be served by conventional education models based on stationary schoolrooms. The stigma and discrimination faced by people living with HIV/AIDS are often based on habitual norms that make testing, treatment and other efforts more complex.

To shift behavioural norms, countries have used legislative action, educational and awareness programmes, workshops targeted at teaching women vocational and entrepreneurial skills and initiatives that strive to nurture a sense of empowerment among women. And while the inertia of tradition is difficult to change, countries have posted notable successes.

In Bahrain,¹⁰ for example, a National Labour Charter passed in 2001 and constitutional amendments in 2002 significantly influenced the perception of women’s rights. Almost all

¹⁰ Kingdom of Bahrain (2009) The Millennium Development Goals Progress of Work from 2004 – 2007.



COMMON CHALLENGES AND BOTTLENECKS

eligible women voted on the referendum on the charter, which together with constitutional and legislative changes gave women full political rights and established the principles of gender equality in the social, economic and political spheres.

Vulnerable groups

Along with disparities between women and men and between urban and rural populations, a few Country Reports indicate that specific vulnerable groups are disproportionately poor. Disabled persons, orphans and the elderly, especially women, remain victims of entrenched poverty in some countries.

In Serbia, the unemployment rate of disabled persons stood at 13.3 percent in 2007. The Country Report states, "The essential reason for such a low unemployment rate of disabled persons is their high rate on inactivity, which is standing at 69 percent. This can be explained by the fact that most of them do not believe that they will ever find a job [...]. This is also implied by the rather small number of disabled persons registered in the National Employment Service." The Country Report mentions further that women from marginalized groups such as Roma and the disabled women are in a particularly unfavourable position.

The Liberia Country Report notes that 560,000 people, 16 percent of its population, are living with one or more disabilities, most often hearing, visual and physical disabilities. In addition, the Country Report states that mental disabilities have not been thoroughly examined in recent studies. The Swaziland Country Report indicates the country lacks proper infrastructure for gifted or disabled children. Few schools there cater to children with special needs, for instance by having specialized teaching aids available or teachers with appropriate training. The Nepal Country Report mentions the conditions for the elderly, disabled and weak have not changed much in recent years and drastic and integrated measures are needed to change their circumstances.

From Papua New Guinea, the Country Report notes concerns over the large number of children at risk of neglect and abuse, including many orphans, adopted infants, displaced children and children living in squatter settlements areas in and near urban areas. The Country Report also states that HIV/AIDS has led to an increase in the number of orphans in the country. The Lesotho Country Report also documents that the number of orphaned or vulnerable children has been growing in the last decade because of the impact of HIV/AIDS. An estimated 68 percent of the country's orphans are linked to HIV/AIDS, the report states, adding, "The extended family system, which was the main social safety net for the vulnerable segments of the population is quickly diminishing."

Countries are taking steps to help prevent such vulnerable group from being overlooked by programmes designed to reduce poverty and reach other MDGs. The Botswana Country Report, for example, states that more support programmes have been initiated to assist destitute



people, orphans and other vulnerable children and unemployed adults. Beyond the immediate impact, such efforts help the Ministry of Health and the Central Statistics Office measure changes in poverty indicators for these groups. In addition, Morocco maps poverty, vulnerability and inequality, disaggregated to the smallest local level.

Poor data and monitoring mechanisms

Data collection and monitoring have also troubled countries as they reach for the MDG targets. “In 2009, measurement was hampered by the fact that since the Independent Household Survey of 1996 no new information on income and consumption has become available,” notes the Papua New Guinea MDG Country Report. Countries have turned to a collection of proxy indicators, such as jobs, longevity, literacy and education, to assess their current status toward reaching the MDG goals. For watching malnutrition levels, some countries have incorporated weight and growth assessments into routine health screening, where they are available.

3.2. Conflicts and disaster-related challenges

Conflicts and post-conflict situations pose a serious challenge to MDG achievement. Countries affected by conflict and fragility are farthest away from achieving the MDGs. The Country Reports underscore the importance of peace, security and disaster risk reduction to the achievement of the MDGs. Other constraints include weak individual and institutional capacity, weak infrastructure and weak governance structures.

Insecurity and vulnerability to disasters harm a country’s ability to achieve the MDGs by diverting much-needed resources from MDG-related investments and by creating an environment that hurts livelihoods and hinders vibrant economic activity. In Jamaica,¹¹ for example, violence in 2001 cost 3.7 percent of GDP and consumed about 12 percent of the country’s total health expenditure even as late as 2006. In El Salvador, armed violence is estimated to have deprived the country of about 11.5 percent of its GDP in 2003 because of disruptive effects on businesses, the delivery of social services and the loss of human life, particularly among skilled workers in their most productive years. In the same country, two earthquakes in 2001 caused a loss of \$2 billion, or 15 percent of GDP.

Military and political crises over the last two decades have hurt the capacity of some countries to develop a Global Partnership for Development. According to the Central African Republic Country Report, some organizations and development partners withdrew from the country because of insecurity, political instability and the destruction of the administrative and economic structures. Development aid dropped from more than \$200 million at the end of the 1980s to about \$37 million in 2002.

11 Government of Jamaica (2009), National report of Jamaica on MDGs for the UN Economic and Social Council Annual Ministerial Review.



COMMON CHALLENGES AND BOTTLENECKS

Conflict is undermining livelihoods and threatening food security. In the DRC, poorly and irregularly paid soldiers blackmail and extort money from farmers and businessmen, undermining incentives for production and contributing to food insecurity. Unexploded mines are also a source of insecurity and a constraint to livelihoods, particularly in agricultural areas, slowing progress toward many MDGs, especially hunger and poverty reduction. In Nepal, insecurity and instability have been linked to weak investor confidence and slow economic growth. Incomplete or unsuccessful Disarmament, Demobilization and Reintegration (DDR) programmes increase insecurity linked to armed violence by warlords or ex-combatants with few alternative livelihood opportunities. In the Central African Republic, poorly implemented DDR programmes have threatened security and the rule of law and undermined the business environment and progress toward the MDGs.

Crises also interrupt the delivery of social services by destroying or damaging infrastructure and diverting scarce resources from investments in social services. In the DRC, armed conflict has forced government to increase military and security spending, while reducing expenditure on education and health. According to the DRC Country Report, the government has withdrawn support for primary education, which has contributed to an increase in dropout rates as students whose parents are unable to afford tuition simply leave school. In the Central African Republic, conflict is reportedly responsible for reversing progress that had been made toward ensuring greater access to drinking water from 1990 to 2008. Earthquakes such as the ones in Haiti, Chile and China in 2010 have devastated social services and will burden development across many generations for the affected countries.

Challenges in addressing horizontal inequalities, particularly ethnic inequality and pockets of exclusion, pose a serious bottleneck to achieving the MDGs in crisis-affected countries because they carry the potential to trigger a resurgence of conflict. Despite progress toward reaching the MDGs, ethnic inequalities persist in several countries. In Nepal, individuals from lower caste and indigenous ethnic groups are disproportionately poorer than higher caste and non-indigenous people. Furthermore, insecurity has resulted in withdrawal of services in 'unsafe zones', which often coincide with the habitats of marginalized groups. In Papua New Guinea, for example, the political party system is characterized by alignment with tribal or regional interests with relatively little focus on national goals and ambitions. This phenomenon is contributing to fragile and volatile governance and underdeveloped institutions. Lack of good governance, in turn, often leads to law and order problems, corruption and flagging investor confidence.

As environmental change and degradation continue, the stress on natural resources can create or inflame conflicts and tensions as people vie for food, water and land or are displaced to already resource-strained urban centres, especially in environments of weak or malignant governance.

Notwithstanding these challenges, several crisis-affected countries remain committed to achieving the MDGs through measures that accelerate transition from recovery to sustainable



development. For example, the Rwanda Country Report indicates, “The challenge now is for Rwanda to operate a successful transition from recovery and reconstruction-based growth to a broad-based and sustainable growth that will benefit all the population.” In Rwanda, years of conflict have resulted in poverty levels that surpass those seen in 1990, even though a new constitution in 2003 marked the beginning of a period of stability. The Country Report concedes that efforts to reduce poverty are off track to meet the target by 2015, that infant, child and maternal mortality rates remain high, and that creating gainful employment for all remains elusive in an agrarian society dependent on rainfall. Yet the country is confident in its progress toward universal education, noting that it will reach universal primary school enrolment soon and MDGs linked to primary school completion and literacy rates for women and men are within reach.

To triumph over this challenge, the Country Report continues, the country has launched a three-prong Economic Development and Poverty Reduction Strategy that seeks to improve the environment for economic growth, for example by increasing the productivity of its agricultural products and slowly diversifying its export base; by following a pro-poor development strategy that addresses the plight of the poor in rural areas through public works programmes, improved access to credit and other actions designed to support the private sector; and by concentrating on good economic governance.

Rwanda is not alone in showing mixed progress toward reaching the MDGs. Almost every conflict or post-conflict country has areas that are moving forward and others that are lagging behind. Overall, it is clear that rule of law, justice and security — or their absence — have a major impact on the achievement of the MDGs. But the Country Reports illustrate that, despite a country’s individual circumstance, progress is possible. These successes are often based on commitment to strategies that follow tried-and-true interventions, but countries have also found new ways to push their development agenda forward. This attests to the need to firmly anchor efforts to pursuing policies that are sensitive to the risk of conflict.

Nepal, for instance, is making great strides in the education sector. By transferring education responsibilities to locally elected school management committees and introducing performance grants, Nepal increased enrolment of marginalized communities in public primary schools. Other successful programmes include school feeding programmes, oil for education and take-home rations, as well as recruitment of teachers from marginalized groups, for instance women from Dalit and Janajati and people with disabilities.

3.3. New and emerging challenges

As the first decade of the 21st Century drew to a close, a series of unprecedented global events shock the world. Global assessments of progress toward fulfilling the MDGs were thrown into uncertainty as these external shocks sidelined national efforts.



COMMON CHALLENGES AND BOTTLENECKS

For many countries, the sudden rise in the global price of food that began in 2007, coupled with high fuel prices, was the most difficult storm to weather. A year later, the global financial crisis brought new challenges. And through it all, the immediate effects of climate change — most notably droughts and flooding — foretold long-term changes that could have devastating impacts. Often, the effects of these multiple shocks were intertwined.

Food prices

After rising slowly for several years, the global prices for many food staples sharply increased in 2007. The price of rice more than doubled within a year, and the prices of other staples rose by as much as almost 40 percent during the same period. Rising fuel prices, increased bio-fuel production and adverse weather triggered this surge. And, although prices have moderated since mid-2008, the World Bank projects that the prices for most major food crops will remain well above 2004 levels at least through 2015.¹²

Many Country Reports cite the food crisis as a primary cause for decelerating progress towards many of the Millennium Goals. Food price surges obviously affect nutritional goals, as households are forced to eat less and food programmes become more costly. In addition, greater expenditures for food have crowded out spending in other categories, such as health and education, putting increased pressure on achievements in those areas. Children have been pulled out of school so they can work and help provide the extra income needed to buy food.

Citing a survey of urban areas in 2008, the Senegal Country Report notes, “Rising food prices were the main shock suffered by surveyed households in 2008. Since the country is heavily dependent on imports (rice in particular) to ensure its food security, the consequences of a sharp increase in international prices coupled with poor harvests in the 2007/2008 agricultural season have been very negative, especially on the purchasing power of urban households.” Senegalese households have adopted various survival strategies to cope with the higher prices, included lowering the quality and variety of foods they eat, resorting to credit to finance food purchases, cutting expenses in other areas, and seeking new sources of income, often in the informal sector, the report states.

The Country Report from the Occupied Palestinian Territories adds, “As a result of the downturn in global financial markets and inflated food prices [...] UN agencies were forced to reduce the amount of food and money distributed to hardship cases. In the West Bank in 2008, the Ministry of Social Affairs reported that food packages and money, which were distributed and deemed essential for two months’ subsistence, had to be distributed every three months due to the funding cuts.”

¹² <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:21722688~pagePK:64257043~piPK:437376~theSitePK:4607,00.html>



When possible, countries have responded to the crisis by expanding the national safety net and trying to reach the most affected households with food programmes and other subsidies. But the effort has often strained national finances and has occasionally come at the expense of other programmes. Food programmes at schools have also helped counter the impact of the surge in food prices and encouraged parents to keep their children in school.

Global financial crisis

In the autumn of 2008, the breakdown of sub-prime mortgages in the United States and other risky and complex credit products worldwide brought the global economy to the brink of collapse. For more than a decade ahead of the collapse, developing nations had charted impressive headway toward reducing poverty and other development goals. But the financial crisis changed the fortunes of many economies, sending them into recession after years of solid growth.

While financial markets in most developing countries were too rudimentary to suffer direct losses from trading in derivatives and other complex credit instruments, national economies suffered from a sudden weakening of export markets, triggering increased domestic unemployment. Job losses overseas brought a decrease in foreign remittances. Aid flows were threatened. All told, the deterioration during bad times far outpaced improvements witnessed during the buoyant days. Since data is still being collected, the full impact of the crisis remains unclear.

After seeing its GDP growth reach as high as 4.7 percent ahead of the crisis, El Salvador watched its economy contract by 3.3 percent in 2009 as a result of the financial crisis, and the country projected no growth for 2010. Beyond the headline figure, credit to the private sector has shrunk, employment in the informal sector has risen, remittances fell by almost 10 percent, tax collections were down by 11 percent and the public deficit rose from 3.1 percent of GDP to 5.4 percent. "After Mexico, El Salvador has hitherto been the Latin American country most severely affected by the international financial crisis," the Country Report indicates. "Aggravating the situation, there are as yet no clear signals of a changing trend among the main economic and social indicators."

El Salvador is not alone. Many other MDG Country Reports list a similar litany of economic effects brought on by the crisis. But although initial signs seemed dire, the final outcome may be less than many observers have feared.

Several factors may help mitigate the impact of the crisis on developing countries.¹³ First, ahead of the crisis, many countries had improved their institutional capabilities and economic growth was on a solid foundation. In addition, protectionism has been contained, and, although countries have imposed restrictive barriers to trade, these affect less than one percent of global merchandise trade flows. Also, aid flows have not contracted, but rather aid volumes increased in real terms through 2009. And finally, after a dismal 2009, emerging and developing markets are expected to post overall

¹³ World Bank and International Monetary Fund (2010), Global Monitoring Report 2010: The MDGs after the Crisis.



COMMON CHALLENGES AND BOTTLENECKS

growth rates of 6.3 percent in 2010 in aggregate, more than two percentage points above the projected global average.

Climate change

Since the mid-20th century, concentrations of greenhouse gases have spurred a gradual increase in global temperatures. As a result, weather patterns such as flooding and droughts are changing. Many MDG Country Reports express concern over the impact of these changes, particularly in agricultural areas where subsistence farming is common.

The Nepal Country Report explains, “While climate change will affect everyone, it is expected to have a disproportionate effect on those living in poverty in developing countries. [...] Many developing regions of the globe are especially vulnerable to climate change, and within these countries the poorest of the poor are likely to suffer most. This is because developing countries have limited resources to adapt socially, technologically, and financially.”

Climate-related shocks threaten the gains made in the areas of health, access to education and hunger by disrupting service delivery including through destruction of social infrastructure. Flooding in Bangui in the Central African Republic has left hundreds of people homeless, resulted in faecal contamination of groundwater and consequently increased the risk of diarrheic illnesses. The destruction of homes, schools and health centres has resulted in the closure of schools and the displacement of people. In the Central African Republic, more than 15,000 people were rendered homeless from floods in June 2009. In some cases, victims spontaneously occupied classrooms, disrupting school sessions. In Nepal, floods caused by glacial melting destroyed bridges, homes, agricultural land and the Namche Small Hydropower Plant two weeks before its inauguration, resulting in an estimated loss of \$1.5 million. Droughts and other climate related hazards threaten agricultural productivity. In Ethiopia, droughts in 2009-2010 in Eastern and Southern Tigray, Eastern Amhara, Eastern Oromia, Somali and Gambella are estimated to have affected 5.2 million people, sending them to seek emergency food assistance. In 2007-2008, 3.4 million people required food aid as a result of drought in Ethiopia.

Responses to climate change have been twofold and often interlinked with programmes that address specific Millennium Goals. The first prong is to alleviate the direct impact, particularly through programmes that target agricultural productivity. Training in modern farming techniques and programmes that provide more productive seeds to poor farmers are among the measures that various countries have used. Public works that focus on irrigation and flood control also help mitigate the impact.



The second prong is most closely linked to MDG 7, which addresses the need to create growth through sustainable development strategies and to help to slow or reverse the trend of climate change. Many developing countries in sub-Saharan Africa and elsewhere have yet to contribute greatly to the volume of anthropogenic greenhouse gases being emitted into the atmosphere, but deforestation is also a primary factor in climate change. Urban expansion, timber harvesting and clearing land for farming all contribute to the global destruction of forests. In developing countries, efforts to protect the environment remain in their infancy, but some have begun programmes of reforestation, taken steps to halt illegal land clearing and introduced policies requiring environmental impact assessments on major projects. However, developing countries that have experienced rapid growth such as China and India have already become large producers of greenhouse gasses and must also address emissions as well.



4 COMMON SUCCESS FACTORS

The MDG Country Reports clearly illustrate that there is no ‘silver bullet,’ no single approach guaranteed to bring a country success across the board. Even national commitment, which is essential in any effort, is no assurance in an interconnected world vulnerable to global shocks. But the Country Reports also show that there is no real secret to success. Countries have made great strides toward fulfilling their MDG commitments by applying time-tested interventions, experimenting and innovating in the face of challenges and constraints as well as tailoring approaches to local circumstances. Yet it is possible to demonstrate the promise of the MDGs by drawing out common success factors from the evidence, including enhanced knowledge about MDG achievements, challenges and constraints.

Planning and policy initiatives backed by national commitment set the foundation of progress toward meeting the MDGs. Overall MDG momentum has been helped by clear messages sent from the highest levels of government. In some cases, particularly in addressing gender equality, these efforts have taken the form of constitutional amendments or other changes in national legislation. Often, these ideas have been wrapped in formal programmes announced by heads of state, ministers or other top government officials. Such public initiatives not only free needed resources for a specific target or group of targets, but also create the necessary ownership and transparency that can compel leaders to meet their commitments.

In the Central African Republic, a post-crisis country, the creation of a national strategy for education was a critical stimulant to its achieving universal primary school education. “This new framework has enabled the mobilization of resources through the Emergency Project in Education and Health Sectors and subsequently the Project Sector Programme Support of Education,” the Country Report indicates. “Awareness raising campaigns conducted within the framework of these projects have allowed for greater ownership of the sector’s priorities by local partners in education and effective partner involvement in implementing planned activities.”

Among other measures, the strategy called for reduced tuition fees, administrative changes such as improved practices for issuing birth certificates and commitments to pay teachers, including salaries that were in arrears. Partly as a result of this top-level initiative, the Central African Republic reports that it is on track to reaching the education targets included in the MDGs.

Policy innovations to protect and promote the poor accelerated and sustained progress cut across several MDGs. Strong evidence shows how innovation on social protection measures, especially when linked to pro-poor spending, has contributed not only to reduced poverty and vulnerability — particularly during periods of crises — but also to the improved nutrition, education and health of the poor. Nutrition, health and education in turn have been closely linked to higher growth. Social protection measures such as school meals, cash transfers and health treatment have been particularly successful in increasing primary school enrolment, as well as improving the nutrition and health of children. These programmes are especially



successful when responsive to gender-specific concerns. In Peru, the Programa de Transferencias Condicionadas JUNTOS transfers about \$35 to households in extreme poverty that meet specific commitments on health, education and nutrition services. JUNTOS, which started as a pilot programme in one district, now reaches 420,941 extremely poor households in 638 rural districts across the country. The programme impacts on various MDG targets by reducing poverty while contributing to the improvement of women's health, education and empowerment. It has led to increased food consumption among families and improved school attendance. Ghana's School Feeding Programme, which covers over half a million pupils, is noted for directly improving primary school enrolment and gender parity, as well as their nutrition and health status.

Experiments and innovations on MDG service delivery can overcome implementation challenges and bottlenecks, and accelerate progress. Evidence suggests that the pursuit of the MDGs in many countries has gone beyond a mechanical exercise of implementing proven interventions. Instead, the past decade has seen some surprising policy experiments and innovations that address implementation bottlenecks and often spur progress in several MDG targets simultaneously. These innovative programmes have spanned the breadth of MDG targets. In Egypt, for example, officials have recruited and trained dayas, traditional caregivers for women, to work with health care officials targeting maternal mortality and to help mitigate staff shortages. Ethiopia designed a mobile schools programme to provide innovative access to primary education to migratory, pastoralist communities. Countries like Lesotho and Togo have combined programmes targeting HIV/AIDS with other health care initiatives to create more cost-effective interventions.

Economic growth accompanied with targeted 'pro-poor' approaches and growth in sectors that benefit the poor, reduces poverty and hunger significantly. Growth has been an important driver of the reduction of poverty and hunger in countries where development focused on agricultural productivity, employment-intensity and the deliberately planned and gender-equitable distribution of income, assets and opportunities. Evidence also suggests that investments in sustaining natural resources have stimulated growth. In Ghana, for example, the Country Report notes that an integrated programme that brought together measures including food transfers, employment programmes and investments in the agricultural sector was effective in creating inclusive growth. In Morocco, the resources devoted to the fight against poverty are increasingly focused on the poorest communities, using periodically updated poverty maps. The Morocco Country Report states that the latest poverty map, from 2007, shows that the reduction of poverty from 2004 to 2007 was higher in the poorest municipalities, which benefited from the National Initiative for Human Development (NIHD). While there was a reduction in approximately 80 percent of urban and rural municipalities, the rate was 95 percent in NIHD target rural municipalities, against about 76 percent in non-targeted rural municipalities.

Job creation is a key element for reducing poverty, particularly when it benefits women and young people. To provide employment and livelihood options and technical on-the-job training



COMMON SUCCESS FACTORS

for Ghanaian youth, the National Youth Employment Programme (NYEP) was started with a registration exercise of unemployed youth in 2001. This led to an assessment of the nature and extent of unemployment among young people. A Skills Training and Employment Placement Programme (STEPP) at the inception provided readily employable skills and employment opportunities. The NYEP has nine proposed modules; five of these, covering health, education, ICT and other areas have already been implemented. The programme strives to achieve the MDGs and by emphasizing poverty reduction, improved health service delivery, access to education and good governance. It has provided a source of income for many young people since its inception and has improved the delivery of services in various state-run sectors the police, the health care system and the education system. On average, the scheme employs an estimated 100,000 youth annually.

Proven education interventions integrated into a holistic strategy have produced significant progress. Remarkable progress has been made toward achieving universal primary education in developing countries, with many countries reaching enrolment rates of 90 percent or more. When education initiatives come in an integrated package, progress can be rapid. Adopting and implementing education SWAp, successful programmes often integrate a mix of proven interventions, including abolished school fees; scaled-up infrastructure; improved teacher recruitment; gender-related interventions such as financial incentives and gender-appropriate sanitation facilities; decentralization; curriculum reform; text book distribution; increased and targeted public spending on education; sector coordination; and donor support. Nepal, for instance, is making great strides in the education sector. By transferring education responsibilities to locally elected school management committees and introducing performance grants, Nepal increased enrolment of marginalized communities in public primary schools. Other successful programmes include school feeding programmes, oil for education and take-home rations, as well as recruitment of teachers from marginalized groups, for instance women from Dalit and Janajati and people with disabilities.

Investments in expanding opportunities, legal rights and participation for women and girls have catalyzed progress across all of the MDGs. Improved gender equality in access to education and health services (especially sexual and reproductive health) is directly related to reductions in child hunger, child mortality, maternal mortality, HIV/AIDS and other diseases. Healthy, educated and productive women almost always increase the likelihood that their children will be better nourished, healthy and educated. Most countries have articulated the principle of equal rights for women and men in their legislation and some countries have created an enabling framework to assert and protect those rights.

Rwanda, for example, enshrined the principle of gender equality in its constitution, appointed a Minister for Gender and Family Promotion in the Prime Minister's Office, created a Gender Monitoring Unit and made a commitment to gender-based budgeting. Rwanda has also passed important legal reforms, including a law to give women the same rights as men to inherit land



and a law criminalising gender based violence. In the 2009 Social Watch Gender Equity Index,¹⁴ Rwanda placed level with Finland, with only Sweden achieving a higher score.

The implementation of quotas has increased the percentage of women in legislative and executive posts in government. A UNIFEM study in 2008 found that the average representation of women in legislative houses was 21.9 percent in countries that used quotas and 15.3 percent in those that did not.¹⁵ Other means of increasing women's share of government posts involve the organisation of political and business workshops for women and the provision of education scholarships and specialized training. Addressing gender wage gaps, gender-responsive labour and employment laws and policies and support to female entrepreneurs have also proven beneficial.

Comprehensive health interventions bring demonstrable success. The health MDGs — maternal and child health, HIV/AIDS, malaria and other diseases — are closely related to the nutrition and water and sanitation MDG targets, but they are also linked to a range of underlying structural drivers, such as education, gender norms for women and men, discrimination, income inequality and poverty itself that constrain access to basic services. By understanding these linkages, governments have developed comprehensive programmes that have had material impact. Togo's integrated public health campaign, which combines immunization against measles and polio with the distribution of free insecticide-treated bed nets, vitamin A supplements and parasite treatments, targeted pregnant women and more than one million under-five children. Following the second phase, 71 percent of all targeted households had a bed net and nearly one million children benefited from parasite treatment. The campaign also achieved full coverage of vitamin A supplements.

Innovative approaches that integrate different health programmes have overcome many challenges by including child health with maternal health care issues or combining HIV/AIDS programmes with tuberculosis treatments. Raising the awareness of HIV/AIDS and other health issues, teaching parents to identify symptoms of sicknesses early and promoting reproductive health and family planning are also ways to improve the health outcomes, particularly of women and children.

Recognising that better health requires a partnership between the government and local communities, the Ministry of Health in Rwanda has involved local communities directly in health promotion activities. Family-orientated community-based services focus on measures that families and communities can practice by themselves after health workers give them the necessary information. The programme integrates the management of children and maternal health and provides information about preventive and promotional measures, as well as the management of neonatal and childhood illnesses. Participants are encouraged to resolve problems, when possible, at the community level, and communities are responsible for their own well-being. Under the programme, professional community health workers support communities include and provide health care supplies. The community elects its own community health workers, with one health worker for each community

¹⁴ www.socialwatch.org/node/469.

¹⁵ UNIFEM (2008) *Who Answers to Women? Gender and Accountability, Progress of the World's Women 2008/2009*.



COMMON SUCCESS FACTORS

responsible for ante- and post-natal care. Through text messaging people become more aware about health services and programmes available in local communities.

Scaled-up investments in environmental sustainability hasten progress toward MDG targets. Progress on MDG 7 influences progress across the other MDGs. Improved access to safe drinking water and sanitation helps prevent people from falling ill. Improved access to clean energy services can reduce the workload placed on women and spark rural economy. Healthy ecosystems — forests, waterways, lands and seas — provide livelihoods and food, while reducing vulnerability to natural disasters and climate change shocks. In some countries, there has been good progress toward gaining access to safe drinking water. Some initiatives at the national and sub-national levels show that environmental targets are attainable. In Niger, for example, the country's vulnerability to drought was reduced through large-scale reforestation programmes that were underpinned by the transfer of land ownership from the state to local communities. The programme also contributed to increased agriculture production and improved livelihoods.

New environmental standards, such as impact statements, will be most effective when they are incorporated into a country's overall development policies. In addition, government officials and the population generally must be made more aware of environmental issues, even at the individual level. One effort in that direction is the Green Scorpions programme in Botswana. Working with urban waste management and pollution control officials, the Green Scorpions are a team of environmental enforcement officers who patrol urban areas looking for people active in "the indiscriminate disposal of waste." The Scorpions have the authority to impose fines of up to 1,000 pula (roughly \$140), the Country Report states.

Strong partnerships resulted in better coordinated and scaled-up MDG efforts. Official development assistance has accelerated progress in the delivery of health and education and other basic services in many countries. There have been successful global partnerships on the health and education MDGs. Beyond partnerships with donor countries, MDG Country Reports also show that success is attainable through partnerships with regional neighbours, as well as through public-private partnerships that have harnessed the expertise and other resources of the private sector against the MDG targets. Botswana, through the provision of direct support and financing from the private sector, civil society and international partners, was able to provide health facilities for 84 percent and 95 percent of the population within a 5-kilometer and 8-kilometer radius, respectively, leading to the reduction of infant mortality by half.

Even where challenges have been the greatest — such as in conflict, post-conflict and disaster-prone countries — MDG achievement is possible. Liberia, Mozambique and Rwanda demonstrate that support from the international system and non-state actors combined with suitable governance mechanisms can contribute to significant improvements in delivering basic services during periods of recovery. Moreover, since peace and security are



essential for achieving the MDGs, evidence suggests that concurrent investments financed through international aid have supported security reform, rule of law, improved basic service delivery and job creation and set in motion the process of economic recovery, sustained growth and consolidated peace. In the Democratic Republic of Congo Country Report, meeting nutrition requirements for many displaced people due to war would not have been possible without non-governmental organizations and international aid. These investments ran concurrent with, for example, the process of demobilization and reintegration of armed combatants.



5 CONCLUSION

The world today is much different than it was in 2000 when the Millennium Development Goals were first penned. At the turn of the century, the world economy was dynamic and a consensus was being formed to find ways to share the benefits of globalization more broadly. Over the next decade, cracks began showing in the foundation. Soaring prices for food and fuel, the impact of climate change and, finally, the global financial crisis of 2008 pushed the pendulum to the opposite extreme, triggering fears from the wealthiest nations to the poorest and inspiring reactionary debates on protectionist policies and economic nationalism. Development goals that were already aspirational became much harder to reach.

But the efforts and the accomplishments of the past decade cannot be ignored. While the MDGs may be more difficult to reach for many countries, they remain within reach. Even conflict and post-conflict countries found the resolve and the capabilities to move forward in many of the MDGs. Without doubt, the MDGs will not be reached if efforts across the board are not accelerated. But the successes shown in the most recent MDG Country Reports offer justified hope that, by applying the lessons learned over the past decade, these development targets can be reached. The path to success is not a mystery. Achievements follow when appropriate resources and partnerships are leveraged with good policy, the right programmes and commitment. Progress on one MDG invariably pushes others forward. Some of the most promising avenues for achieving the MDGs are policies and programmes that address multiple MDGs at once. Not only can there be multiple MDG-related effects — for example, microfinance programmes that reduce poverty, empower women and reduce HIV risk — but the synergies of working across multiple MDGs at once can also create greater impact than working on each in isolation.

Well-established interventions have brought success when partners work together to create the right policy and planning frameworks. They work when adequately funded and creative training and incentive programmes break capacity constraints. Financial roadblocks can be razed when there are targeted domestic reforms and renewed vigour to meet international commitments. Cultural obstacles can be overcome when leaders talk openly about the needed changes and when oppressed groups are empowered with the necessary tools and attitudes. Gender-responsive budgeting and a commitment to equal rights can break down even long-standing cultural norms.

After ten years of hard work, now is the time to celebrate the hard-won successes of countries around the globe and to embrace the lessons they have shown us. The obstacles to achieving the Millennium Development Goals on time can be overcome if the revitalized effort begins today.



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ANNEX 1: OFFICIAL LIST OF MDG INDICATORS

Effective 15 January 2008

All indicators should be disaggregated by sex and urban/rural as far as possible.

MILLENNIUM DEVELOPMENT GOALS (MDGS)

GOALS AND TARGETS (FROM THE MILLENNIUM DECLARATION)	INDICATORS FOR MONITORING PROGRESS
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below \$1 (PPP) per day ¹⁶ 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below \$1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1.C: Halve, between 1990 and 2015, the proportion of People who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary 2.3 Literacy rate of 15-24 year-olds, women and men

¹⁶ For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.



Goal 3: Promote gender equality and empower women

Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

- 3.1 Ratios of girls to boys in primary, secondary and tertiary education
- 3.2 Share of women in wage employment in the non-agricultural sector
- 3.3 Proportion of seats held by women in national parliament

Goal 4: Reduce child mortality

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

- 4.1 Under-five mortality rate
- 4.2 Infant mortality rate
- 4.3 Proportion of 1 year-old children immunised against measles

Goal 5: Improve maternal health

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

- 5.1 Maternal mortality ratio
- 5.2 Proportion of births attended by skilled health personnel

Target 5.B: Achieve, by 2015, universal access to reproductive health

- 5.3 Contraceptive prevalence rate
- 5.4 Adolescent birth rate
- 5.5 Antenatal care coverage (at least one visit and at least four visits)
- 5.6 Unmet need for family planning

Goal 6: Combat HIV/AIDS, malaria and other diseases

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

- 6.1 HIV prevalence among population aged 15-24 years
- 6.2 Condom use at last high-risk sex
- 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
- 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

- 6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs



ANNEX 1

Goal 6: Combat HIV/AIDS, malaria and other diseases (Continued)

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6	Incidence and death rates associated with malaria
	6.7	Proportion of children under 5 sleeping under insecticide-treated bed nets
	6.8	Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs
	6.9	Incidence, prevalence and death rates associated with tuberculosis
	6.10	Proportion of tuberculosis cases detected and cured under directly observed treatment short course

Goal 7: Ensure environmental sustainability

Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	7.1	Proportion of land area covered by forest
	7.2	CO ₂ emissions, total, per capita and per \$1 GDP (PPP)
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.3	Consumption of ozone-depleting substances
	7.4	Proportion of fish stocks within safe biological limits
	7.5	Proportion of total water resources used
	7.6	Proportion of terrestrial and marine areas protected
	7.7	Proportion of species threatened with extinction
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8	Proportion of population using an improved drinking water source
	7.9	Proportion of population using an improved sanitation facility
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10	Proportion of urban population living in slums ¹⁷

¹⁷ The actual proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of the four characteristics: (a) lack of access to improved water supply; (b) lack of access to improved sanitation; (c) overcrowding (3 or more persons per room); and (d) dwellings made of non-durable material.



Goal 8: Develop a global partnership for development

Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Includes a commitment to good governance, development and poverty reduction — both nationally and internationally

Target 8.B: Address the special needs of the least developed countries

Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction

Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.

Official development assistance (ODA)

- 8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income
- 8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)
- 8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied
- 8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes
- 8.5 ODA received in small island developing States as a proportion of their gross national incomes



ANNEX 1

Goal 8: Develop a global partnership for development (Continued)	
<p>Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)</p> <p>Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p>	<p>8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty</p> <p>8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries</p> <p>8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product</p> <p>8.9 Proportion of ODA provided to help build trade capacity Debt sustainability</p> <p>8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)</p> <p>8.11 Debt relief committed under HIPC and MDRI Initiatives</p> <p>8.12 Debt service as a percentage of exports of goods and services</p>
<p>Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p>	<p>8.13 Proportion of population with access to affordable essential drugs on a sustainable basis</p>
<p>Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</p>	<p>8.14 Telephone lines per 100 population</p> <p>8.15 Cellular subscribers per 100 population</p> <p>8.16 Internet users per 100 population</p>

The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of State and Government, in September 2000 (<http://www.un.org/millennium/declaration/ares552e.htm>) and from further agreement by member states at the 2005 World Summit (Resolution adopted by the General Assembly - A/RES/60/1, <http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/60/1>). The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries “to create an environment — at the national and global levels alike — which is conducive to development and the elimination of poverty.”



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