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Library Note

Debate on 1st May: Millennium Development Goals

This Library Note aims to provide background reading for the debate to be held on Thursday 1st May:

“To call attention to the targets of the Millennium Development Goals in the poorest countries and the action required to achieve them by 2015”

It summarises the background to the Millennium Development Goals, such as how they are monitored, and includes recent commentary on progress in achieving them.

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1. The Background to the Millennium Development Goals

The Millennium Development Declaration was adopted unanimously by the leaders of 189 member states at the UN Millennium Summit held in September 2000 at the UN General Headquarters in New York¹. The Declaration, which contained a number of broad aspirations, led to the later adoption of the 8 Millennium Development Goals (MDGs) and a series of associated targets:

Goals	Targets
1. Eradicate extreme poverty and hunger	Halve between 1990 and 2015, the proportion of people whose income is less than \$1 a day and the proportion of people who suffer from hunger.
2. Achieve universal primary education	Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.
3. Promote gender equality and empower women	Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.
4. Reduce Child Mortality	Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.
5. Improve Maternal Health	Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.
6. Combat HIV/AIDS, malaria and other diseases	Have halted by 2015 and begun to reverse the spread of HIV/AIDS.
7. Ensure environmental sustainability	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources; Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation; By 2020, to have achieved a significant improvement in the lives of at least 100 million slum-dwellers.
8. Develop a global partnership for development	Address the special needs of the least developed countries, landlocked countries and small island developing States. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.

¹ The full declaration can be found at: <http://www.un.org/millennium/declaration/ares552e.pdf>.

	<p>Deal comprehensively with developing countries' debt.</p> <p>In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.</p> <p>In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.</p> <p>In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.</p>
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In addition to the Millennium Declaration and the MDGs, in 2001 the then UN Secretary-General, Kofi Annan, produced a 'Road Map' which stressed the importance of a comprehensive strategy to co-ordinate international organizations, including the private sector, NGOs and other partners across the broad range of areas that the MDGs touched upon. The Road Map also highlighted the need for increased co-operation between the UN Secretariat, the International Monetary Fund (IMF), the Organization for Economic Cooperation and Development (OECD) and others if the MDGs and the Declaration's broader aims were to be monitored and achieved.

The UN's strategy for achieving the MDGs was launched in 2002 with a number of strands. The UN Millennium Project was established to conduct research to develop implementation strategies. This included research into estimating what the cost might be of achieving all 8 MDGs². In 2006 the work of the UN Millennium Project Team, offering technical support to the MDGs, was transferred to the United Nations Development Programme³. Other strands of the UN Strategy were the UN Millennium Campaign, which sought to raise awareness of the MDGs in the developed and developing world, and the UN Development Group which focused on national-level reporting strategies to support the monitoring of MDGs⁴.

2. How the MDGS are measured

The Millennium Declaration established 2015 as the target date for achieving most of the MDGs, with 1990 generally used as a baseline. July 2007 has also been seen as important as it represents a mid-point on the way to 2015. The UN hosts a website dedicated to the MDGs, which includes a series of resources that seek to track progress. Annual progress reports and other relevant reports can be located on the UN's MDG website at:

<http://www.un.org/millenniumgoals/documents.html>

In addition, the UN MDG website also contains an interactive MDG Monitoring Database, which includes coverage of regions and individual countries:

<http://www.un.org/millenniumgoals/documents.html>

² http://www.unmillenniumproject.org/reports/costs_benefits2.htm.

³ <http://www.undp.org/poverty/mdgsupport.htm>.

⁴ Further background on the early years of the MDGs can be found in Joy Hyvarinen, 'The Millennium Development Goals: At a decisive stage?', Royal Institute of International Affairs Briefing Paper 03/07 (September 2007).

Progress towards achieving the MDGs is also monitored by a number of UN agencies and organisations. The IMF and World Bank jointly publish an annual progress report – *The Global Monitoring Report*. The World Bank’s MDG page, which hosts a number of resources including copies of past Global Monitoring Reports, can be found at:

<http://go.worldbank.org/UVQMEYED00>

The IMF’s MDG web page can be accessed at:

<http://www.imf.org/external/np/exr/facts/mdg.htm>

The World Health Organisation also hosts material which considers progress, especially in the areas of child mortality (MDG 4), maternal health (MDG 5) and HIV/Aids, malaria and other diseases (MDG 6):

http://www.who.int/topics/millennium_development_goals/en/

Finally, the UN Development Programme’s (UNDP) website also maintains relevant material at:

<http://www.undp.org/mdg/>

It is important to note some of the methodological problems associated with monitoring the MDGs, especially in terms of timely and authoritative statistics from developing countries. For instance, in a recent article in *The Lancet*, Christopher J. L. Murray noted that many of the statistics needed to measure the health MDGs are affected by a variety of issues in developing countries, ranging from poor funding and a lack of academic expertise to issues of bias and the self-interest of decision-makers⁵. In addition, Reddy and Heuty argue that the MDGs are often being judged not only by problematic data but also by questionable analytical modelling and forecasting, which does not acknowledge wide differences between regions, countries and the MDG targets⁶. The problem of data reliability is also acknowledged by the UN itself and donor countries, such as the UK⁷.

An overview of the monitoring of the MDGs can be found in House of Commons Library Standard Note SN/EP/3323 *Millennium Development Goals* (12 July 2007), including commentary on international efforts to standardise and improve the quality of such data.

3. Reinforcing the MDG Commitments

3.1 The 2002 Monterrey Consensus

In 2002, the UN International Conference on Financing for Development was held in Monterrey. New development aid commitments from the United States and the European Union and other countries were made at the conference, especially regarding

⁵ Christopher J. L. Murray, ‘Health Metrics and Evaluation: Strengthening the Science’, *The Lancet*, vol. 371 (April 2008) p. 1191.

⁶ Sanjay Reddy and Antoine Heuty, ‘Global Development Goals: The Folly of Technocratic Pretensions’, *Development Policy Review*, vol. 26 no. 1, (2008).

⁷ For instance see the UN initiative to strengthen statistical capacity in West Africa: <http://www.un.org/esa/devaccount/projects/0405V.html> and the Introduction to DfID, *Autumn Performance Report*, (Cm 7274; December 2007), p. 4.

the importance of achieving the 0.7% GNP Official Development Assistance target if the Millennium Development Goals were to be achieved. Agreements were also reached on other issues, including debt relief, fighting corruption, and policy coherence. The agreements reached at the Conference became known as the 'Monterrey Consensus'⁸.

3.2 The 2005 UN World Summit

The original Millennium declaration in 2000 agreed that the UN should meet in 2005 to consider progress on the MDGs. The UN accordingly convened between the 14th and 16th September 2005 and discussed the MDGs along with a number of other issues. In terms of development, the summit agreed the following actions:

- Strong and unambiguous commitment by all governments, in donor and developing nations alike, to achieve the Millennium Development Goals by 2015.
- Additional \$50 billion a year by 2010 for fighting poverty Commitment by all developing countries to adopt national plans for achieving the Millennium Development Goals by 2006.
- Commitment to innovative sources of financing for development, including efforts by groups of countries to implement an International Finance Facility and other initiatives to finance development projects, in particular in the health sector.
- Agreement to consider additional measures to ensure long-term debt sustainability through increased grantbased financing, cancellation of 100 per cent of the official multilateral and bilateral debt of heavily indebted poor countries (HIPCs). Where appropriate, to consider significant debt relief or restructuring for low and middle income developing countries with unsustainable debt burdens that are not part of the HIPC initiative
- Commitment to trade liberalization and expeditious work towards implementing the development dimensions of the Doha work programme.

The 2005 UN World Summit website, which hosts an array of supporting materials, can be found at:

<http://www.un.org/summit2005/>

Commentary on the summit, including the UK's role and reaction to the summit's outcome can be found in House of Commons Library Standard Note SN/EP/3323 *Millennium Development Goals* (12 July 2007).

3.3 The G8 Gleneagles Summit and the Commission for Africa

Also in 2005, the G8 Gleneagles Summit and the Commission for Africa made recommendations regarding aid in support of development and the MDGs. The Commission for Africa recommended that aid needed to be doubled over the next three to five years, which would require donors to increase the ODA to GNI ratio to 0.5% or

⁸ Nitin Desai, *The Monterrey Consensus: Developing the Policy Innovations*, (April 2005): http://www.i20.org/publications/12_L9_multilat_desai.pdf.

more⁹. The G8 Gleneagles Summit, held in July 2005, saw a number of pledges made including the doubling of aid by 2010, which would mean an extra \$50bn each year of which \$25bn would be set aside for Africa¹⁰.

4. Progress on Meeting the MDGs at the 'Mid-point'

As noted above, July 2007 was seen as an important mid-point on the way to 2015, the target date set for most of the MDGs. The UN published a progress chart to show progress as of June 2007. The chart, as reproduced in Annex III to this Note, noted progress across and between regions and indicated the present situation (i.e. the text within each box) and the trends in terms of hitting the targets in 2015 (i.e. the colours of each box):

A more detailed breakdown of the statistics that lay behind the above table can be found in UN, *The Millennium Development Goals Report 2007* (July 2007), while a specific update was produced on Africa – *Africa and the Millennium Development Goals* (June 2007), which noted that sub-Saharan Africa was “not on track to achieve any of the Goals”.

5. Recent International Developments

5.1 World Bank – *Africa Development Indicators 2007*

In November 2007, the World Bank published its annual *Africa Development Indicators* (ADIs)¹¹. The report sought to show that economic growth across Africa as a whole had “accelerated progress on the Millennium Development Goals” (p. 8). It highlighted a number of positive developments, such as poverty rates across Africa dropping from 47% in 1990 to 41% in 2004 with trends indicating that this would be 37% by 2015. Gross primary school enrolment rates had risen from 79% in 1999 to 92% in 2004, although across the same period there had only been a 7% increase in secondary education enrolment and a 1% rise in tertiary enrolment. There had also been some improvements in health, with eight African countries near or above the 7% threshold needed to sustain poverty reduction by 2005.

However not all indicators had improved, especially when considered in regional and national terms. Thus, between 1990 and 2005 life expectancy at birth in sub-Saharan Africa declined from 49.2 years to 47.1. The report also acknowledged that progress was variable between countries and targets. Hence, while sub-Saharan Africa along with South Asia was not expected to meet many of the MDGS by 2015, Mauritius had met 4, while South Africa and Botswana had met 3. Although life expectancy had increased in 25 countries by an average of eight years, it had declined in 21 more populous countries by an average of four years between 1990 and 2005. The report concluded that to maintain existing progress and to support further advances it was

⁹ The recommendations are summarised in House of Commons Library Note SN/SP/3440, *Commission for Africa* (23rd March 2005).

¹⁰ An overview of the commitments made at the Summit and subsequent progress in honouring them can be found in House of Commons Library Research Paper 07/51, *Gleneagles G8 Commitments on Debt Relief and Aid – Two Years On*, (4th June 2007).

¹¹ World Bank, *Africa Development Indicators 2007* (November 2007): http://siteresources.worldbank.org/INTSTATINAFR/Resources/adi2007_final.pdf.

imperative that Africa took steps to produce a conducive climate for stable growth and investment. This in turn would be reliant on improved infrastructure, improved institutional capacity and stable economic and social conditions.

5.2 UNICEF – *The State of the World's Children 2008*

In December 2008, UNICEF published its annual *State of the World's Children Report* for 2008¹². It noted that in 2006, for the first time in recent history, the total number of annual deaths among children under the age of five fell below 10 million, to 9.7 million – a 60% drop in the rate of child mortality since 1960. However, it noted that the world was not on track to achieve a two-thirds reduction in the rate of child mortality by 2015 (MDG4). More worrying was the fact that of the 62 countries making no progress or insufficient progress on MDG4, nearly 75% were in Africa.

5.3 Davos World Economic Forum, January 2008

The Davos World Economic Forum was held between the 23rd and 27th January 2008¹³. During the Conference a statement was issued on the MDGs, which was endorsed by a range of signatories, including Gordon Brown, the UN Secretary General, Ban Ki-moon, Bill Gates and Bono. The statement noted that despite some progress, there was a “development emergency”:

- 72 million children are still not in school and many who are receive a very poor quality education;
- Half of the developing world lack basic sanitation. If current trends continue, the world is likely to miss the MDG sanitation target by almost 600 million people;
- Over half a million women still die each year from treatable and preventable complications of pregnancy and childbirth;
- Over 33 million people are living with HIV, and more than one million people die of Malaria every year, including one child every 30 seconds;
- 980 million people still live on less than \$1 a day.

The statement argued that in order to reach the MDGs on time in 2015, a series of milestones needed to be set for 2010, which would need the concerted effort of governments, NGOs, the private sector and civil society organisations. They included:

- 75 million more people lifted out of extreme poverty in Africa;
- 25 million more children in school;
- Saving 4 million more children's lives;
- 35 million more births need to be attended by skilled health personnel between now and 2010;
- 70 million more people given improved access to water.

Gordon Brown invited executives at Davos to a Downing Street summit in May 2008 at which companies will be asked to come up with resources and ideas to help to meet the Millennium Development Goals. It was reported that the Downing Street summit would be followed up by EU leaders at their meeting in June and at the G8 meeting in Japan the following month¹⁴.

¹² <http://www.unicef.org/sowc08/docs/sowc08.pdf>.

¹³ See: <http://www.weforum.org/en/events/ArchivedEvents/AnnualMeeting2008/index.htm>.

¹⁴ The Times, 'Brown seeks new drive on Millennium Goals', 26th January 2008.

5.4 The UN Secretary General's Assessment, April 2008

On the 1st April 2008 the UN Secretary-General, Ban Ki-moon, in a debate on the MDGs at the UN General Assembly, sought to assess progress¹⁵. He began by offering examples of the advances that had been made. He pointed out that: three million more children surviving each year since 2000; an additional two million people receiving AIDS treatment; increased primary school enrolment in countries such as Ghana, Kenya and Tanzania; Uganda and Senegal's strides towards meeting the water and sanitation MDGs. Many countries were also demonstrating how HIV could be contained and there had been impressive progress in malaria control through the free distribution of bednets in Niger, Togo, and Zambia, and a 75% reduction in deaths caused by measles across Africa as a result of initiatives supported by UNICEF and the WHO. Africa was also experiencing annual growth rates of over 5%.

However, he went on to set out the scale of the remaining challenges. Many countries remained off-track for achieving the MDGs, especially across large parts of Africa and the other Least Developed Countries. Even some of the fast growing countries of South Asia faced serious challenges in improving nutrition and achieving certain other Goals. And some of the middle-income countries in Latin America had struggled to wipe out pockets of extreme poverty. He was also concerned about short-term problems such as high food prices, a slowing world economy, by more long term problems such as climate change, and other environmental dangers and remaining issues of gender inequality.

He concluded by noting the steps that the UN was taking to address these problems. He pointed to the MDG Africa Steering Group which was seeking to mobilize international financial and development organisations in support of achieving the MDGs in Africa. The UN was also gearing its various agencies and reporting mechanisms towards the MDGs by increasing co-ordination and additional synergies between them. This would be extended to UN Country Teams so that UN Development Assistance Frameworks were aligned with the MDGs.

5.5 The *Global Monitoring Report*, April 2008

In April 2008, the IMF and the World Bank published the 2008 edition of their joint *Global Monitoring Report – MDGs and the Environment: Agenda for Inclusive and Sustainable Development*¹⁶. The report, as the title suggests, placed particular emphasis upon the environmental aspects of the MDGs, noting the close interrelation of development and environmental sustainability.

The Executive Summary of the report in looking at the general sweep of progress to date across all the MDGs presented a mixed picture, both in terms of goals and targets but also between different regions and countries. It noted that on current trends, the human development MDGs were unlikely to be met, especially the goals of reducing child and maternal mortality and there was also the danger of slippage in primary school completion, empowerment of women, and sanitation MDGs. It also highlighted considerable variation across regions and countries. For instance, at the regional level, Sub-Saharan Africa was lagging on all MDGs, including the goal for poverty reduction, though many countries in the region were experiencing improved growth performance. South Asia was behind on most human development MDGs but was likely to meet the poverty reduction MDG. At the country level, on current trends the majority of countries

¹⁵ http://www.un.org/apps/news/infocus/sgspeeches/search_full.asp?statID=208.

¹⁶ <http://go.worldbank.org/J20HF0QLL0>.

were off track to meet most of the MDGs, with those in fragile situations falling behind most seriously. However, the report maintained that most MDGs remained achievable for the majority of countries if stronger efforts were made both by the countries and their development partners. It was hoped that the planned high-level meetings during the coming year could provide an opportunity to agree on priorities for action and milestones for monitoring progress¹⁷.

The Annex to the report offered a more detailed commentary on progress across the 8 MDGs. In terms of eradicating extreme poverty and hunger (MDG 1), the report stated that most recent global poverty projections anticipate that the proportion of people living in extreme poverty, that is on less than \$1 a day, would fall from 29% in 1990 to 10% in 2015. However, the report returned to regional variations noting that though there had been reductions in extreme poverty, since 1990, sub-Saharan Africa lagged far behind the other regions in attaining MDG 1.

On the question of universal primary education (MDG 2) there had been successes in some regions but continuing problems in others. Sub-Saharan Africa was off track for both males and females, while South Asia was on track for females but off track for males. Nevertheless, net enrolment rates for male and female children in both regions have been steadily increasing since 1990. The other four regions were on track to achieve the primary school completion rate target for both males and females, with 46 countries in these regions having already achieved full primary completion. In East Asia and the Pacific, Europe and Central Asia, and Latin America and the Caribbean, where primary school completion rates were already close to 100%, literacy rates for youth ages 15 to 24 were also close to 100%.

The success of efforts to promote gender equality and the empowerment of women (MDG 3) were seen as variable. With the exception of Sub-Saharan Africa, significant progress had been achieved since 1990 in reducing developing countries' gender disparity in primary and secondary education. However, gender gaps in wages and labour participation rates remained substantial, and there was little statistical evidence to suggest that these gaps were narrowing.

Regional disparities were particularly marked in terms of attempts to reduce child mortality (MDG 4). Between 1990 and 2006, the number of children under 5 dying from diseases such as pneumonia, diarrhoea, malaria, measles, and AIDS had fallen from 13 to 10 million. However, sub-Saharan Africa had the highest under 5 mortality rate in 2006, at 158 per 1,000. Ten of the eleven developing countries with rates above 200 were in sub-Saharan Africa, including Sierra Leone (270) and Angola (260), and child mortality rates had increased, rather than decreased, in 12 countries in the region since 1990, with HIV/ AIDS a key contributory factor. South Asia was also off track for reaching the MDG child mortality target.

Similar regional disparities were evident in relation to maternal health (MDG 5). An estimated 536,000 maternal deaths occurred worldwide in 2005 but over 99% occurred in developing countries. Sub-Saharan Africa was the region with the highest maternal mortality rate – 20 times higher than the mortality rate for Europe and Central Asia. Although all regions had increased the percentage of births attended by skilled health staff they remained low for South Asia (41%) and sub-Saharan Africa (46%). Adult fertility rates had declined over the past 10 years in all regions, and 87% of countries with available data had increased contraceptive prevalence rates.

¹⁷ IMF and World Bank, *MDGs and the Environment: Agenda for Inclusive and Sustainable Development*, (2008), p. xvii.

The fight to combat HIV/AIDS, malaria and other diseases (MDG 6) had seen some progress in terms of HIV prevalence in sub-Saharan Africa but a worsening in other regions. It was estimated that 99% of individuals who died from AIDS, tuberculosis, and malaria resided in the developing world. In 2007, 33 million individuals were living with HIV, 2.5 million were newly infected, and 2.1 million died from AIDS.

Attempts to ensure environmental sustainability (MDG 7) appeared particularly problematic. Over 1 billion individuals lacked access to safe drinking water, and 2.6 billion individuals lacked access to basic sanitation, which had contributed to approximately 1.8 million deaths annually through diarrhoea. In addition, deforestation and greenhouse gas emissions threatened biodiversity and global warming, indicating that many countries were not doing enough to offset resource depletion and environmental degradation.

In terms of the final MDG – developing a global partnership for development, there had been some improvements. Official Development Assistance (ODA) from Development Assistance Committee (DAC) countries of the OECD had increased steadily in the last decade. Aid was more flexible, more aligned to national priorities and more responsive to needs and local circumstances. However, there was still more to be achieved. Aid from DAC countries, as measured by per capita income levels, still fell short of the UN target of 0.7% of gross national income (GNI). In addition, multilateral trade discussions had not yet delivered tangible results, even if market access for developing countries' exports had slightly improved. And while the cost of information technologies was decreasing, the digital divide still remained.

5.6 The European Commission – Speeding Up Progress towards the MDGs

On the 9th April 2008, the European Commission issued a paper which sought to establish what progress the EU was making in terms of its commitment to the MDGs¹⁸. It noted that although the EU remained the leading donor and the developing countries' most important partner, providing aid to the tune of €93 per European per year, the amount of EU financial aid fell in 2007. The paper called for Member States to confirm their political commitments and their financial targets for 2010 and 2015. This would require that they fulfilled their commitments concerning the predictability of aid, by drawing up reliable provisional multi-annual timetables of their financial flows. The paper also called for more sustained efforts in the area of aid for trade and offers of technical assistance in order to achieve the targets set for 2010. It also asked for more urgency regarding innovative sources of financing for appropriate measures to deal with the effects of climate change. A number of additional recent resources which track EU efforts regarding the MDGs can be found on the Commission's Development website¹⁹.

6. UK Government Policy on the MDGs

6.1 UK Support for the International Effort on the MDGs

The UK has used a number of international forums to push the MDG agenda. For instance, the Government has used the G8 Summit in Gleneagles in 2005 to discuss

¹⁸ European Commission, *The EU - A Global Partner for Development: Speeding up Progress Towards the Millennium Development Goals* (9th April 2008).

¹⁹ http://ec.europa.eu/development/services/news_en.cfm#newsDGdev.

MDGs in relation to Africa and helped agree a raft of initiatives between G8 and African leaders. These included funding to boost investment in health and education, to take action to combat HIV/AIDS, malaria, TB and other killer diseases and to stimulate growth, investment and trade for Africa. This was to be backed up by the doubling of aid for Africa by 2010²⁰. The UK has also sought to contribute to the EU's efforts regarding the MDGs. For example, the UK used its 2005 Presidency of the EU to focus on the Millennium Development Goals (MDGs), Africa and AIDS²¹.

More recently, on the 5th April 2008, the Prime Minister hosted a Progressive Governance Summit, which was attended by global leaders, senior politicians and policy makers²². The summit included a focus on the MDGs. A communiqué which was issued after the summit expressed concern that sufficient progress was not being made on the MDGs, especially in terms of education, child mortality and maternal health. There was a call for immediate global action to put the Millennium Development Goals at the forefront of the international agenda and a commitment to make 2008 and the following years a turning point in the fight against poverty. There was a reiteration of the milestones agreed at the 2008 Davos World Summit (see above) and a determination to use various international forums and meetings over 2008 to keep the MDGs on the international agenda. In addition, the summit also proposed an action plan which included:

- Support for 60 Education Fast Track initiative plans, and the \$9 billion funding needed for these; the removal of user fees; and a commitment to train 10 million teachers by 2010.
- Support for the first 8 international health plans, increased donor funding of \$10 billion for health systems and commitment to train 4 million health workers needed by 2015.
- A comprehensive global plan for malaria that achieves a 75% cut in malaria-related deaths by 2015.
- A commitment to support 7% growth targets in 75% of Least Developed Countries from 2010 to 2015, with support for 30 growth plans.
- A commitment of \$8bn in aid for trade and infrastructure.
- Support for the Strategic Climate Fund in conformity with UNFCCC principles and for the first high-level global water and sanitation meeting, working towards the production of the annual global monitoring report.
- A recommitment to the aspiration of 0.7% goals; to donors delivering their Gleneagles \$50bn promise; and to fully implement debt cancellation.

The plan to cut malaria related deaths was to be supported by considering the provision of 125 million bed nets by 2010, a public-private partnership on prevention and treatment including triple Advanced Combination Therapies under the World Bank's Affordable Medicines Facility for Malaria (AMFM) scheme, and Research and Development funding to develop better drugs, and vaccination programmes.

²⁰ Gleneagles G8 website: <http://www.g8.gov.uk>.

²¹ See Summary of the UK's EU Presidency development agenda on the 2005 UK EU Presidency website: <http://www.eu2005.gov.uk/>.

²² Documents relating to the Summit can be found at: <http://progov.pm.gov.uk/>.

6.2 UK Commitments to the MDGs

The Government also seeks to make clear its own commitments across the range of MDGs and targets. DfID's 2007 Annual Report – *Development on the Record* (HC Paper 514; May 2007) highlighted some of its efforts in relation to Africa:

- DFID's bilateral country and regional programmes in Africa exceeded £1 billion for the first time in 2006/07, with £1.25 billion planned for 2007/08.
- DFID announced £150 million for education in Mozambique up to 2015, which should lead to one million more children completing primary education by 2009 alone and train up to 10,000 new teachers per year; and £105 million for Ghana over 10 years to help enable all girls and boys to complete a full course of primary education.
- In October 2006, the Africa Partnership Forum presented its first progress reports on delivery of the 2005 Gleneagles commitments. The reports, prepared by the DFID-funded Secretariat, focused on HIV/AIDS, infrastructure and agriculture, and highlighted the need for further sustained action.
- DFID played a key role in establishing the Investment Climate Facility, which was launched at the 2006 World Economic Forum in Cape Town. DFID has committed \$30 million (£16 million) and helped to secure a further \$180 million (£98 million) in corporate and donor commitments, which will be used to strengthen Africa's business environment.
- DFID led in establishing the Infrastructure Consortium for Africa, which is now fully operational. In the first nine months, consortium members agreed funding for 11 regional infrastructure projects totalling \$765 million (£416 million).
- In 2006, DFID was the leading donor for new UN Common Humanitarian Funds in Sudan and Democratic Republic of Congo, through which donors' funds are pooled to strengthen the UN and international response to humanitarian crises.

(p. xiii)

It also noted its work in Asia:

- DFID announced at the Asia 2015 Conference that it expects that UK bilateral aid to Asia will grow by 25% between 2005 and 2008.
- DFID signed ten-year Development Partnership Arrangements (DPAs) with Afghanistan, Pakistan and Vietnam.
- DFID committed £252 million to India's programme to reduce maternal and infant mortality. Over one million lives will be saved each year by the programme, and it is the largest ever contribution by DFID to the health sector.
- In China, a new £27 million DFID programme will help improve quality and access to education for over five million disadvantaged children.
- In Pakistan, a DFID-funded programme has provided clean drinking water for 170,000 people and proper sanitation for 225,000 people.

(p. xiv)

The HM Treasury *Comprehensive Spending Review* (Cm 7227), which was published in October 2007, included an increase of 11% a year in real terms to the DFID budget.

This will see DFID's total budget rise across the spending review period from £5.4 billion to £7.9 billion a year by 2010–11. This would in turn allow:

- Total UK Official Development Assistance (ODA) to reach over £9.1 billion a year by 2010–11, which is equal to 0.56 per cent of Gross National Income (GNI), in line with the European Union's (EU) collective commitment. This puts the UK on track to spend 0.7 per cent of GNI on ODA by 2013, two years ahead of the EU target;
- DFID to more than double its bilateral and multilateral aid to Africa between 2004 and 2010 from £1.3 billion to at least £2.6 billion;
- long-term commitments to support the achievement of the Millennium Development Goals, including in education (where DFID has committed to spend £8.5 billion by 2015); and health (where DFID has committed £1 billion between 2007 and 2015 to the Global Fund for AIDS, tuberculosis and malaria);
- DFID to increase its contributions to cross-government efforts to tackle global development challenges, including providing, jointly with the Department for the Environment, Food and Rural Affairs, £800 million through the international element of the Environmental Transformation Fund, and contributing to the reformed conflict stabilisation and prevention arrangements.²³

6.3 Monitoring the UK Government's Progress on the MDGs

The Department for International Development (DfID) states in its most recent *Annual Report* (HC Paper 514; May 2007) that its main aim is "to reduce poverty in poorer countries; in particular, through achieving the Millennium Development Goals (MDGs)". Furthermore, DfID's Public Service Agreement (PSA) for the last two spending review periods contains objectives and targets with which to monitor the UK's contribution in achieving the MDGs (p. xii). The PSAs for the 2003–2006 and 2005–2008 spending review periods can be found in Annex I and II of this Note. These two PSAs include objectives and targets that are specifically focused on sub-Saharan Africa and Asia. The performance of the UK against the objectives and targets in the PSAs are measured by means of a traffic light system contained within DfID's Annual Reports and its yearly Autumn Performance Reports. DfID's last *Annual Report* (HC Paper 514; May 2007) included plans for a new PSA Delivery Agreement and plans to establish an Independent Advisory Committee on Development Impact to identify whether its expenditure was effective in reducing poverty in developing countries.

The most recent *Autumn Performance Report* was published in December 2007 (Cm 7274)²⁴. The report provides fairly detailed coverage of progress against the two sets of PSAs (chapters 2 and 3) and sets out how DfID will seek to address underperformance against the objectives, targets and sub-targets (chapter 4). The report showed that in terms of the 2005–08 PSA, DfID was ahead on three sub-targets and on track on ten more, while in terms of the 2003–2006 PSA, DfID had met five PSA sub-targets and was expecting to meet another seven.

²³ http://www.hm-treasury.gov.uk/media/6/B/pbr_csr07_annexd10_148.pdf; An overview of the Spending Review and its impact on the UK Aid Budget can be found in House of Commons Library Standard Note SN/EP/3714, *Overseas Aid: UK Aid Budget*, (25th October 2007).

²⁴ <http://www.dfid.gov.uk/pubs/files/aut-perf-report-07.pdf>.

The DfID website also maintains a number of fact sheets relating to progress in reaching each of the MDGs²⁵. The fact sheets, which were last updated in November 2007, note general progress by the international community, outstanding problems and challenges in reaching the MDGs and the role of the UK and examples of specific UK initiatives.

In addition, DfID also updates fact sheets for individual countries which include mention of the MDGs and the UK's role in meeting them.

7. House of Commons International Development Select Committee

The House of Commons International Development Select Committee produces reports on a number of aspects of international development, many of which cover UK policy regarding the MDGs. A key element in this scrutiny is the Committee's review of the DfID Annual Report, which as noted above, is predicated on the MDGs. Coverage is given below of the Committee's work regarding the most recent DfID Annual Report and examples of two subsequent Committee reports which touch on the MDGs.

7.1 DfID's 2007 Annual Report

On the 15th November 2007, the House of Commons International Development Select Committee published its report which considered DfID's 2007 *Annual Report* (HC Paper 64)²⁶. The report included comment on the MDGs and the Government's role. The Committee noted that there were methodological problems in gauging the Government's efforts. It was difficult to disaggregate the UK's contribution from other donors to assess the Government's specific impact – a problem which DfID itself had acknowledged. The Committee also had concerns, again shared by DfID, regarding the accuracy and timeliness of data from recipient countries by which the UK could be judged.

The Committee welcomed the new PSA Delivery Agreement and plans to establish an Independent Advisory Committee on Development Impact. It also praised the increased provision of information by DfID in terms of how it was seeking to address those targets which were slipping. However, the Committee thought that the use of a green, amber and red traffic light system for the various targets attached to the MDGs was "problematic". The Committee questioned why specific PSA targets had been assigned to Africa and Asia when the MDGs were global in nature and why individual sub-targets for both these continents had different baselines with which to assess progress, which made it difficult to assess overall progress towards the MDGs. The Committee also thought that there were inconsistencies between the same targets contained in the two spending review (CSR) periods – 2003–2006 and 2005–2008. Thus, the same level of infant mortality in Africa (148 in 1000) had been marked as on course for the 2005–2008 CSR period sub-target but off-course for 2003–2006.

The Committee also questioned progress regarding MDG targets related to gender. It noted the comments of NGOs such as Oxfam, ActionAid and the UK Gender and Development Network, who had pointed to the absence of the gender dimension across a range of activities and indicators. DfID would have to show more evidence of how it was seeking to "up its game" in this regard. On climate change, the Committee accepted that DfID had shown some leadership, but thought that this had not yet demonstrated the

²⁵ <http://www.dfid.gov.uk/mdg/>.

²⁶ <http://www.publications.parliament.uk/pa/cm200708/cmselect/cmintdev/64/64i.pdf>.

necessary changes at country office level which would enable assistance with adaptation and mitigation strategies.

The Government responded to the Committee's report on 20th February 2008 (HC Paper 329).

7.2 Maternal Health

On the 2nd March 2008, the Committee published a report on progress in addressing Maternal Health (MDG5) – *Maternal Health* (HC Paper 61). The report noted that DFID had been a leading donor to maternal health programmes and deserved credit for its creation of international partnerships, its willingness to address sensitive issues such as abortion, its support to research and its consistent focus on strengthening health systems. However, it noted that major challenges remained, especially in sub-Saharan Africa, where the delivery of babies had remained largely unchanged since the early 1990s. To address these challenges, the report made a number of recommendations. These included seeking to increase the availability of emergency obstetric care and access to basic drugs and equipment, including family planning supplies. This in turn would require action to address gender inequalities and improvements to health information systems in developing countries so that policies and programmes could be evidence-based and progress towards MDG 5 could be tracked reliably, especially with regard to under-reporting of maternal death tolls. The Committee appreciated that DfID could not achieve this on its own and would need to prioritise carefully in order to maximise the series of crucial opportunities offered in 2008 to move forward international efforts in this area.

7.3 DfID and the World Bank

On the 5th March 2008 the Committee published a report on the relationship between DfID and the World Bank (HC Paper 67). The Committee argued that DfID needed to exercise a leadership role in relation to the Bank, which should include proposals for its reform. This would require making the Bank more transparent in its operations and more amenable to developing countries, especially with regard to membership of its board. Selection of the President of the World Bank had to be open and on merit, rather than in the gift of the United States. To achieve the latter, the Committee suggested that Europe would have to relinquish its monopoly on the post of Managing Director of the IMF. DfID could play a major role in bringing this about. DfID also needed to improve its analytical capacity with regard to the Bank to ensure that various goals, including the MDGs, were on track.

8. Recent Commentary on the MDGs and related Development Issues

8.1 *The Guardian* – Millennium Development Goals: A lot more to do

On the 10th December 2007, *The Guardian* reviewed progress across 7 of the 8 MDGs²⁷. *The Guardian* highlighted the uneven nature of development:

While there have been significant advances in some areas - more children attend school, and poverty rates are falling - a large part of that is down to prosperity in India and especially China. Other places are barely on the development map.

²⁷ *The Guardian*, 'Special Report: Millennium development goals: Poverty, hunger and disease: so much done yet so much left to do', 10th December 2007.

The Guardian also noted the efforts of Gordon Brown to encourage corporate interest in the MDGs, but suggested that this required a careful approach:

In Africa and elsewhere, private-sector companies have not usually been the engines of development. Indeed, in the tug of interests between poor state and rich multinational, the powerless side often loses. Where corporates can come in handy is as an employer or trader in a country that is already industrialising. All those technology firms would not flock to Bangalore, say, if a highly educated, highly motivated Indian workforce was not already there. That said, some persuasive arguments have been made by CK Prahalad, an Indian-origin business academic, that the world's poor (what he calls, after Roosevelt, the "bottom of the pyramid") can make able entrepreneurs and consumers. But as long as multinationals work closely with development organisations and governments, they could play a useful role.

8.2 The *New Statesman* – Lack of Progress on Maternal Health

On the 10th December, Sarah Brown, the wife of the Prime Minister and a member of the international advisory board of the Royal College of Obstetricians, wrote an article in the *New Statesman*, which considered progress on maternal health (MDG5)²⁸. She noted the commitment made by the International Development Secretary, Douglas Alexander, in November of an £100m towards improvements in reproductive health. However, she condemned the general lack of progress by the international community:

Tragically, 20 years after the Global Safe Motherhood Initiative, seven years after the UN Millennium Summit, no progress has been made. If anything, the figures are worse. Of 211 million pregnancies worldwide in 2005, eight million women experienced life-threatening complications during pregnancy or childbirth.

Those with access to skilled care and services tended to survive. But 536,000 died, the vast majority in developing countries, 80 per cent of them totally avoidable. Millions more have continuing health difficulties following obstetric complications, making life after childbirth difficult and painful.

In sub-Saharan Africa, the number of mothers dying in childbirth is around one in 50: up to 100,000 women die each year, and hundreds of thousands of babies and older children are left without a mother.

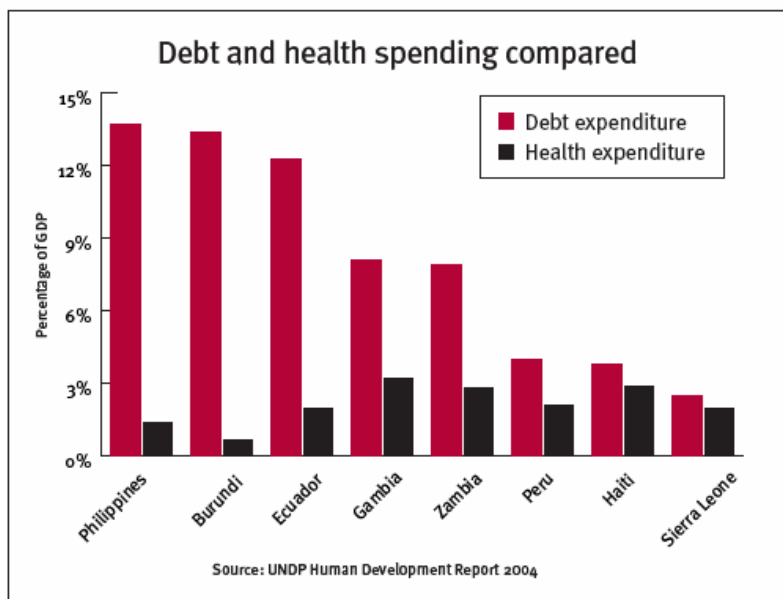
...To meet any of the Millennium Development Goals, we need the will, the means and the momentum. We have seen this in relation to vaccinations, free education and the fight against Aids. Now we must see it on the issue of maternal death, where no significant progress has been made, not just in the past seven years, but in the past two decades.

8.3 The Jubilee Debt Campaign – Debt and the MDGs

Jubilee Debt Campaign (JDC) is the successor to Jubilee 2000 and seeks, as did its predecessor, to highlight the impact of debt upon developing countries. In particular, JDC has sought to highlight the impact that debt has upon MDGs. For instance, in

²⁸ Sarah Brown, 'Mothers Betrayed', *New Statesman*, (10th December 2007), p. 18.

December 2007 JDC published a fact sheet which sought to show how expenditure on debt outstripped health expenditure in a number of developing countries:



(JDC, *Debt and Health Briefing* (December 2007), p. 4)

Further briefings also seek to show a correlation between debt and education, women, public services and climate change²⁹. Though it accepts that the developed world has made some concessions on the question of debt, JDC contends that more has to be done if progress is to be made in terms of the MDGs.

8.4 WaterAid – Sanitation and Clean Water (MDG7)

On 18th February 2008, WaterAid, an international charity concerned with ensuring access to good sanitation and safe water in the developing world, published a report – *Giving Sanitation the Green Light*³⁰. The report examined sanitation in sub-Saharan Africa and concluded that at current rates of progress, the 2015 MDG target for sanitation will not be met until 2076. The report put this down to “political neglect” and a lack of investment. The report called for better planning and co-ordination at national and international levels, increased and more transparent funding and more involvement of relevant stakeholders.

8.5 Africa, Development and Fertility Rates

Writing in the *Financial Times* on 14th March 2008, two demographers from the World Bank suggested that reducing fertility rates in Africa would enhance the chances of the region reaching the MDGs³¹. They argued that reducing fertility rates help reduce the pressures of food security, land tenure, environmental degradation and water supply and also ease the security problems that are often the result of conflicts over scarce resources, exacerbated by unsustainably high rates of population growth and

²⁹ <http://www.jubileedebtcampaign.org.uk/Debt%20and...%20papers+3888.twl>.

³⁰ http://www.wateraid.org/documents/giving_sanitation_the_green_light.pdf.

³¹ Jean-Pierre Guengant and John May, “Africa's greatest challenge is to reduce fertility”, *Financial Times* (14th March 2008).

widespread youth unemployment. A slower rate of population growth would also, they argued, limit the number of child dependents on a comparatively larger, productive workforce. In addition, reduced fertility would put less pressure on inadequate family planning services, which in turn, they contended, would greatly improve women's health outcomes by lowering maternal mortality and enabling them to realise their own economic potential while also adding to Africa's growth. They concluded that slowing the pace of the demographic growth was "a prerequisite to improving Africa's human capital and its economic performance".

8.6 OECD – Official Development Assistance and the MDGs

On 4th April 2008, the OECD published preliminary figures which showed the contribution of 22 developed economies in terms of debt relief and other official development assistance (ODA) 2006 to 2007³². The OECD concluded that the figures indicated that many donors would not be on track for reaching the commitments they had made:

At the Gleneagles G8 and UN Millennium +5 summits in 2005, donors committed to increase their aid. The pledges made at these summits, combined with other commitments, implied lifting aid from USD 80 billion in 2004 to USD 130 billion in 2010 (at constant 2004 prices). While a few countries have slightly reduced their targets since 2005, the majority of these commitments remain in force.

...Overall, most donors are not on track to meet their stated commitments to scale up aid; they will need to make unprecedented increases to meet their 2010 targets. The OECD has completed the first comprehensive survey of donors' future spending plans to 2010 and the results will be published early in May. While the findings are still to be finalised, the preliminary conclusions that emerge are that donors have programmed around an additional USD 11 billion so far into their planned annual spending by 2010, on top of the extra USD 5 billion for country programmes that they delivered in 2005. This shows that efforts to increase aid are being factored into some donors' forward plans, but it still leaves about USD 34 billion in 2004 dollars – about USD 38 billion in 2007 dollars – to be programmed into donor budgets if the commitments made in 2005 to substantially increase aid by 2010 are to be fully met.

In terms of individual donors, the figures showed that the largest donors in 2007, by volume, were the United States, followed by Germany, France, the United Kingdom and Japan, while the only countries to exceed the United Nations ODA target of 0.7% of Gross National Income (GNI) were Denmark, Luxembourg, the Netherlands, Norway and Sweden. The OECD listed the 2007 ODA figure for the UK as 0.36% of GNI.

8.7 Chatham House – Food Prices and Development

In a Chatham House briefing paper published in April 2008, Alex Evans highlighted the dangers that rising global food prices posed for the MDGs and development more generally³³. He noted that global food prices had risen 83% in the last three years. He put this down to a number of factors, such as high income growth in emerging economies, the use of crops for biofuels, the relative inelasticity of supply, historically low

³² OECD, 'Debt Relief is down: Other ODA rises slightly', (4th April 2008):

http://www.oecd.org/document/8/0,3343,en_2649_34585_40381960_1_1_1_1,00.html.

³³ Alex Evans, "Rising Food Prices Drivers and Implications for Development", Chatham House Briefing Paper 08/01 (April 2008): http://www.chathamhouse.org.uk/files/11422_bp0408food.pdf.

stock levels and speculative investment. He also mapped out longer term trends, by pointing to World Bank estimates which showed that demand for food would rise by 50% by 2030, which would require a massive investment in agriculture in developing countries. Because such problems would hit the poorest most, such trends would present “an obvious impediment to achieving the Millennium Development Goal of halving hunger by 2015” (p. 5).

8.8 *The Lancet* – Countdown to 2015 on MDG4 and MDG5

In 2003, a group of public-health scientists within and outside UN agencies launched a process – ‘Countdown to 2015’, by which they would monitor ongoing progress in child mortality (MDG4) and maternal health (MDG 5). In April 2008, *The Lancet* published a special edition in which an assessment was made. One of the studies included in this assessment was based on monitoring progress in 68 countries which had 97% of maternal and child deaths worldwide, and on 22 cases studies where interventions had been proven to improve maternal, newborn, and child survival³⁴. The study found that:

Of the 68 priority countries, 16 were on track to meet MDG 4. Of these, seven had been on track in 2005 when the Countdown initiative was launched, three (including China) moved into the on-track category in 2008, and six were included in the Countdown process for the first time in 2008. Trends in maternal mortality that would indicate progress towards MDG 5 were not available, but in most (56 of 68) countries, maternal mortality was high or very high. Coverage of different interventions varied widely both between and within countries. Interventions that can be routinely scheduled, such as immunisation and antenatal care, had much higher coverage than those that rely on functional health systems and 24-hour availability of clinical services, such as skilled or emergency care at birth and care of ill newborn babies and children. Data for postnatal care were either unavailable or showed poor coverage in almost all 68 countries. The most rapid increases in coverage were seen for immunisation, which also received significant investment during this period³⁵.

The study concluded that rapid progress was possible, but that there needed to be more focused effort, especially for priorities such as contraceptive services, care in childbirth, postnatal care, and clinical case management of illnesses in newborn babies and children.

³⁴ This study and 3 others from the Special April 2008 edition of *The Lancet* can be accessed at: <http://www.thelancetglobalhealthnetwork.com/archives/237>.

³⁵ Countdown Coverage Writing Group, ‘Countdown to 2015 for Maternal, Newborn and Child Survival: The 2008 Report on Tracking Coverage and Interventions’, *The Lancet*, vol. 371, (April 2008), p. 1271.

Annex I – DfID 2003–2006 Public Service Agreement

Objective I: Reduce poverty in Sub Saharan Africa

Target 1: Progress towards the MDGs in 16 key countries demonstrated by:

- a sustainable reduction in the proportion of people living in poverty from 48% across the entire region;
- an increase in primary school enrolment from 58% to 72% and an increase in the ratio of girls to boys enrolled in primary school from 89% to 96%;
- a reduction in under-5 mortality rates for girls and boys from 158 per 1000 live births to 139 per 1000; and an increase in the proportion of births assisted by skilled birth attendants from 49% to 67%; a reduction in the proportion of 15-24 year old pregnant women with HIV from 16%;
- improved effectiveness of the UK contribution to conflict prevention and management as demonstrated by a reduction in the number of people whose lives are affected by violent conflict and a reduction in potential sources of future conflict, where the UK can make a significant contribution. (Joint Target with FCO and MOD); and
- effective implementation of the G8 Action Plan for Africa in support of enhanced partnership at the regional and country level.

Objective II: Reduce Poverty in Asia

Target 2: Progress towards the MDGs in 4 key countries demonstrated by:

- a sustainable reduction in the proportion of people living in poverty from 15% to 10% in East Asia and the Pacific and 40% to 32% in South Asia;
- an increase in gross primary school enrolment from 95% to 100% and an increase in the ratio of girls to boys enrolled in primary school from 87% to 94%;
- a reduction in under 5 mortality rates for girls and boys from 92 per 1000 live births to 68 per 1000; and an increase in proportion of births assisted by skilled birth attendants from 39% to 57%; and
- prevalence rates of HIV infection in vulnerable groups being below 5%; and a tuberculosis case detection rate above 70% and cure treatment rate greater than 85% are achieved.

DfID's Annual Reports and Autumn Performance Reports contain a traffic light system by which each target and objective is measured with specific reference to each MDG.

Objective III: Reduce poverty in Europe, Central Asia, Latin America, the Caribbean, the Middle East and North Africa.

Objective IV: Increase the impact of key multilateral agencies in reducing poverty and effective response to conflict and humanitarian crises.

Target 3: Improved effectiveness of international system as demonstrated by:

- a greater impact of EC external programmes on poverty reduction, including through working for agreement to increase the proportion of EC oda to low income countries from 38% to 70%; and
- ensuring that three-quarters of all eligible HIPC countries committed to poverty reduction receive irrevocable debt relief by 2006 and work with international partners to make progress towards the United Nations 2015 Millennium Development Goals by 2006. (Joint target with HMT);

Target 4: Secure agreement by 2005 to a significant reduction in trade barriers leading to improved trading opportunities for developing countries. (Joint target with DTI & FCO)

Objective V: Develop evidence based, innovative approaches to international development

Value for money

Target 5: Increase the proportion of DFID's bilateral programme going to low income countries from 78% to 90% and a sustained increase in the index of DFID's bilateral projects evaluated as successful

Annex II – DfID 2005–2008 Public Service Agreement

OBJECTIVE I: Reduce poverty in Sub-Saharan Africa

Target 1: progress towards the MDGs in 16 key countries in Africa, demonstrated by:

- A reduction of 4 percentage points in the proportion of people living in poverty across the entire region, against the 1999 baseline;
- an increase in primary school enrolment by 18 percentage points and an increase in the ratio of girls to boys enrolled in primary school by 5 percentage points, both against their year 2000 baseline;
- a reduction in under-5 mortality rates for girls and boys by 8 per 1000 live births, against the year 2000 baseline; and an increase in proportion of births assisted by skilled birth attendants by 11 percentage points, against the year 2000 baseline;
- a reduction in the proportion of 15-24 year old pregnant women with HIV;
- enhanced partnership at the country and regional level, especially through the G8, to increase the effectiveness of aid and ensure that international policies support African development.

OBJECTIVE II: Reduce poverty in Asia

Target 2: Progress towards the MDGs in 9 key countries in Asia, demonstrated by:

- A reduction in the proportion of people living in poverty of 5 percentage points in East Asia and the Pacific, and of 8 percentage points in South Asia, both against the 1999 baseline;
- an increase in net primary school enrolment by 8 percentage points and an increase in the ratio of girls to boys by 5 percentage points, both against their year 2000 baseline;
- A reduction in under-5 mortality rates for girls and boys by 24 per 1000 live births and an increase of 15 percentage points in the proportion of births assisted by skilled birth attendants, both against their year 2000 baseline;
- prevalence rates of HIV infection in vulnerable groups being below 5%; a tuberculosis case detection rate above 70%; and a tuberculosis cure treatment rate greater than 85%.

OBJECTIVE III: Reduce poverty in Europe, Central Asia, Latin America, the Caribbean, the Middle East and North Africa

OBJECTIVE IV: Increase the impact of the international system in reducing poverty, preventing conflict and responding effectively to conflict and humanitarian crises.

Target 3: improved effectiveness of the multilateral system, as demonstrated by:

- A greater impact of EC external programmes on poverty reduction and working for agreement to increase the proportion of EC ODA to Low Income Countries from its 2000 baseline figure of 38% to 70% by 2008;
- Ensuring that 90% of all eligible HIPC countries committed to poverty reduction that have reached Decision Point by end 2005, receive irrevocable debt relief by end 2008 [Joint with HMT];
- International partners are working effectively with poor countries to make progress towards the United Nations 2015 Millennium Development Goals [Joint with HMT];
- Improved effectiveness of United Nations agencies and the humanitarian aid system.

Target 4: Ensure that the EU secures significant reductions in Eu and World trade barriers by 2008 leading to improved opportunities for developing countries and a more competitive Europe. [joint target with DTI]

Target 5: By 2007/08, improved effectiveness of UK and international support for conflict prevention, through addressing long-term structural causes of conflict, managing regional and national tension and violence, and supporting post-conflict reconstruction, where the UK can make a significant contribution, in particular Africa, Asia, the Balkans and the Middle East. [joint target with FCO and MOD]

OBJECTIVE V: Develop, support and promote policy that assists poverty reduction and the achievement of the MDGs.

OBJECTIVE VI: Improve the impact and effectiveness of DFID's bilateral programme.

Target 6: Ensure that the proportion of DfID's bilateral programme going to low-income countries is at least 90% and achieve a sustained increase in the index of DfID's bilateral projects evaluated as successful.

Annex III - UN Statistics Division, Millennium Development Goals - 2007 Progress Chart

	Africa		Asia						Commonwealth of Independent States	
Goals and Targets	Northern	Sub-Saharan	Eastern	South-Eastern	Southern	Western	Oceania	Latin America & Caribbean	Europe	Asia
Goal 1: Eradicate extreme poverty and hunger										
Reduce extreme poverty by half	low poverty	very high poverty	moderate poverty	moderate poverty	very high poverty	low poverty	-	moderate poverty	low poverty	low poverty
Reduce hunger by half	very low hunger	very high hunger	moderate hunger	moderate hunger	high hunger	moderate hunger	moderate hunger	moderate hunger	very low hunger	high hunger
Goal 2: Achieve universal primary education										
Universal primary schooling	high enrolment	low enrolment	high enrolment	high enrolment	high enrolment	moderate enrolment	moderate enrolment	high enrolment	high enrolment	high enrolment
Goal 3: Promote gender equality and empower women										
Equal girls' enrolment in primary school	close to parity	almost close to parity	parity	parity	close to parity	close to parity	close to parity	parity	parity	parity
Women's share of paid employment	low share	medium share	high share	medium share	low share	low share	medium share	high share	high share	high share
Women's equal representation in national parliaments	very low representation	low representation	moderate representation	low representation	low representation	very low representation	very low representation	moderate representation	low representation	low representation
Goal 4: Reduce child mortality										
Reduce mortality of under-five-year-olds by two thirds	low mortality	very high mortality	low mortality	moderate mortality	high mortality	moderate mortality	moderate mortality	low mortality	low mortality	moderate mortality
Measles immunization	high coverage	low coverage	moderate coverage	moderate coverage	low coverage	high coverage	low coverage	high coverage	high coverage	high coverage
Goal 5: Improve maternal health										
Reduce maternal mortality by three quarters*	Moderate mortality	very high mortality	low mortality	high mortality	very high mortality	moderate mortality	high mortality	moderate mortality	low mortality	low mortality
Goal 6: Combat HIV/AIDS, malaria and other diseases										
Halt and reverse spread of HIV/AIDS	low prevalence	very high prevalence	low prevalence	low prevalence	moderate prevalence	low prevalence	moderate prevalence	moderate prevalence	moderate prevalence	low prevalence
Halt and reverse spread of malaria*	low risk	high risk	moderate risk	moderate risk	moderate risk	low risk	low risk	moderate risk	low risk	low risk
Halt and reverse spread of tuberculosis	low mortality	high mortality	moderate mortality	moderate mortality	moderate mortality	low mortality	moderate mortality	low mortality	moderate mortality	moderate mortality

Goals and Targets	Africa		Asia				Oceania	Latin America & Caribbean	Commonwealth of Independent States	
	Northern	Sub-Saharan	Eastern	South-Eastern	Southern	Western			Europe	Asia
Goal 7: Ensure environmental sustainability										
Reverse loss of forests**	low forest cover	medium forest cover	medium forest cover	high forest cover	medium forest cover	low forest cover	high forest cover	high forest cover	high forest cover	low forest cover
Halve proportion without improved drinking water	high coverage	low coverage	moderate coverage	moderate coverage	moderate coverage	high coverage	low coverage	high coverage	high coverage	moderate coverage
Halve proportion without sanitation	moderate coverage	very low coverage	very low coverage	low coverage	very low coverage	moderate coverage	low coverage	moderate coverage	moderate coverage	moderate coverage
Improve the lives of slum-dwellers	moderate proportion of slum dwellers	very high proportion of slum dwellers	high proportion of slum-dwellers	moderate proportion of slum dwellers	high proportion of slum-dwellers	moderate proportion of slum dwellers	moderate proportion of slum dwellers	moderate proportion of slum dwellers	low proportion of slum-dwellers	moderate proportion of slum dwellers
Goal 8: Develop a global partnership for development										
Youth unemployment**	very high unemployment	high unemployment	low unemployment	high unemployment	moderate unemployment	very high unemployment	low unemployment	high unemployment	high unemployment	high unemployment
Internet users	moderate access	very low access	moderate access	moderate access	low access	moderate access	low access	high access	moderate access	moderate access

Country experiences in each region may differ significantly from the regional average. For the regional groupings and country data, see mdgs.un.org.

Sources: United Nations, based on data and estimates provided by: Food and Agriculture Organisation; Inter-Parliamentary Union; International Labour Organisation; International
Compiled by: Statistics Division, UN DESA.

The progress chart operates on two levels. The words in each box tell what the current rate of compliance with each target is. The

	Target already met or very close to being met
	Target is expected to be met by 2015 if prevailing trends persist, or the problem that this target is designed to
	Target is not expected to be met by 2015
	No progress, or a deterioration or reversal
	Insufficient data

* The available data for maternity mortality and malaria do not allow a trend analysis. Progress in the chart has been assessed by the responsible agencies on the basis of proxy indicators.

** The assessment is based on a new methodology and therefore not comparable with previous assessments.

