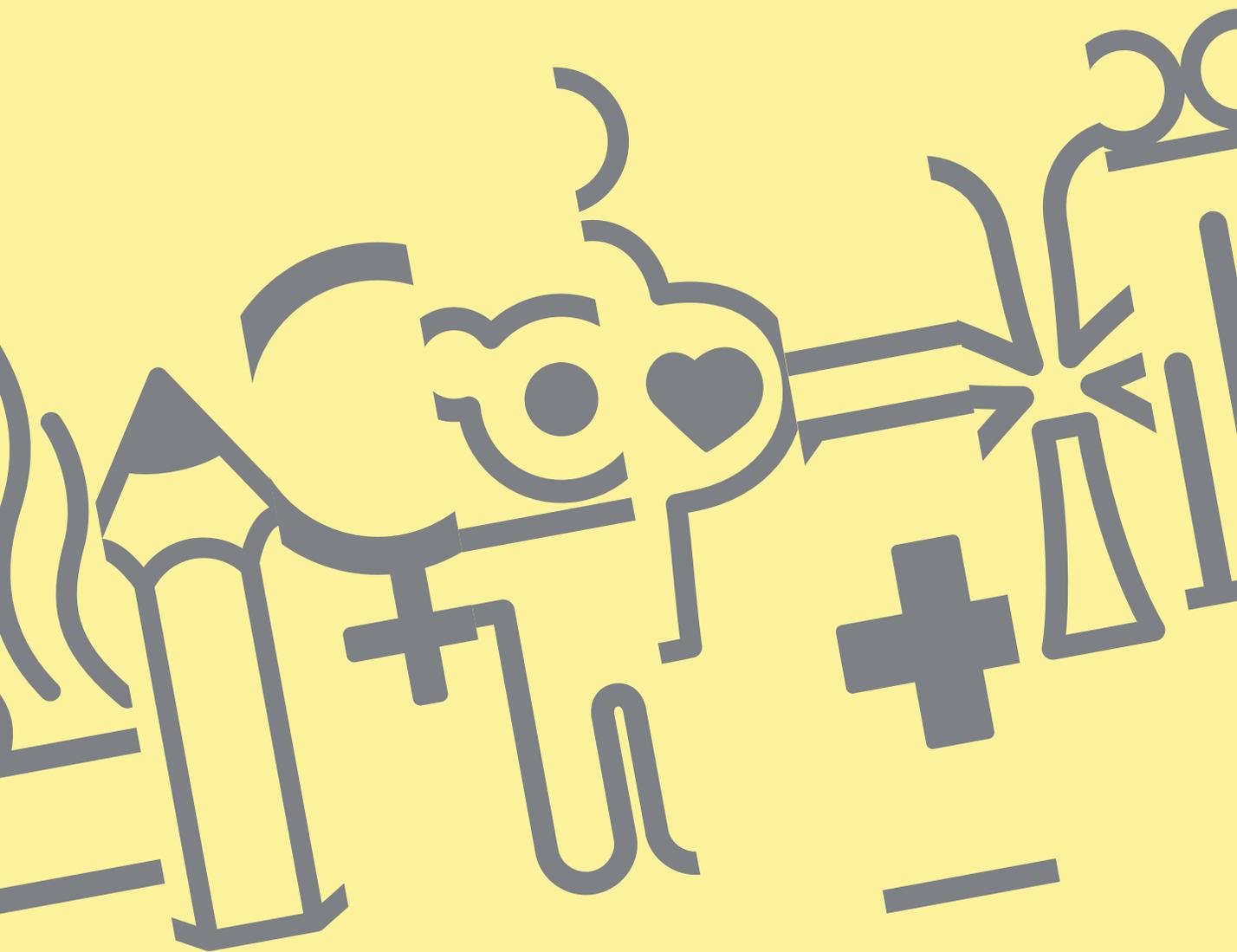


*Leading
MDG*

Action



***Accelerating
Action:
Global Leaders
on Challenges &
Opportunities
for MDG
Achievement***

1



ERADICATE
EXTREME
POVERTY AND
HUNGER

5



IMPROVE
MATERNAL
HEALTH

2



ACHIEVE
UNIVERSAL
PRIMARY
EDUCATION

6



COMBAT
HIV/AIDS
MALARIA
AND OTHER
DISEASES

3



PROMOTE
GENDER
EQUALITY
AND EMPOWER
WOMEN

7



ENSURE
ENVIRONMENTAL
SUSTAINABILITY

4



REDUCE
CHILD
MORTALITY

8



GLOBAL
PARTNERSHIP
FOR
DEVELOPMENT



“The MDGs have been the greatest anti-poverty push in history. New partnerships have been established. New actors have engaged. And now we must finish the job...”

- BAN KI-MOON

UNITED NATIONS SECRETARY-GENERAL



**Accelerating
Action:
Global Leaders
on Challenges
& Opportunities
for MDG
Achievement**

“We have to cultivate cross-sectorial efforts and broad partnerships in the year ahead so that we can accelerate synergies, including between education and health as well as gender equality”.

- PAUL KAGAME

PRESIDENT OF THE REPUBLIC OF RWANDA

- ERNA SOLBERG

PRIME MINISTER OF NORWAY

*Co-Chairs of the
UN Secretary-General's
MDG Advocacy Group*



THE UNITED NATIONS
SECRETARY-GENERAL'S
MILLENNIUM DEVELOPMENT GOALS
ADVOCACY GROUP

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FOREWORD

I established the MDG Advocacy Group in June 2010 to generate political momentum and mobilize global action to reach these historic goals. By highlighting both their successes and shortfalls, this report provides a vivid reminder that we can and must accelerate our campaign in its final months.

In 2000, the adoption of the Millennium Development Goals was met with scepticism as to whether such an ambitious vision could ever be realized. Nearly 15 years later, we have seen the galvanizing power of these strategic goals to rally the international community around specific and practical aims. Several targets have been achieved, including halving the proportion of people without access to improved water sources, and there has been substantial progress in other areas. Since 1990 poverty has been reduced by half, 6 million fewer children are dying before their fifth birthday each year, and more than twice as many children are going to primary school in sub-Saharan Africa.

The MDGs have been the greatest anti-poverty push in history. New partnerships have been established. New actors have engaged. And now we must finish the job we initiated in the year 2000. Success will lay a solid foundation for a bold and ambitious post-2015 agenda that builds on the lessons learned from the MDGs and addresses the new challenges that have emerged or worsened since, including climate change and inequalities.

The transition to sustainable development – enabled by the integration of economic growth, social justice and environmental stewardship – must be based on a commitment to eradicate extreme poverty as envisioned in the MDGs. This is an indispensable requirement – and a matter of basic justice and human rights.

I thank the MDG Advocates, and the contributors to this report, for their committed leadership and support on behalf of the world's most vulnerable, and I count on all partners to continue working to realize our collective vision of a life of dignity for all.

Ban Ki-moon
Secretary-General of the United Nations



INTRODUCTION

Fourteen years ago this month, world leaders unanimously adopted the Millennium Declaration, which sought to harness the uneven process of globalization as a historic opportunity “to create a shared future, based upon our common humanity in all its diversity”.

The Millennium Development Goals framework, adopted at the same time, was the concrete expression of that vision. The goals to be met by the end of 2015 on extreme poverty, health, education, gender equality, and environmental sustainability were ambitious. But for the first time, global development targets were specific, actionable, and measurable.

The locus of responsibility for achieving the goals rested, appropriately, with national governments. But by incorporating measures of donor effort, the MDG framework also laid the foundation for new global development partnerships that have accelerated progress and deepened international solidarity.

We are heartened by how much has been achieved over the past 14 years. Extreme poverty has been halved. More children survive past their fifth birthday than ever before, and fewer women die in pregnancy or childbirth. More children reach adulthood with the education and skills necessary to pull their families from poverty to prosperity. The burden of HIV/AIDS, malaria, and other diseases, while still heavy, is more manageable.

In short, a greater share of the world’s people stand to benefit from globalization than was the case in 2000.

But with only 462 days left to attain the MDGs, this is not the moment to slow down. Too many children still die from preventable illnesses. Too many people living in areas of conflict are being left behind; women and children in particular.

All of us, whether in government, business, or civil society, have to keep pushing, not just to December 2015, but beyond. The MDG deadline, after all, is not the finish line of a race, and there will be neither medals nor rest. It is, however, a moment to check in, learn lessons, and then recommit ourselves to the even harder work that lies ahead.

The contributions in this report are offered in that spirit. One way to accelerate progress is to share innovations by learning from the experiences of others. We thus invited the leaders of several countries and organizations to share succinct statements of approaches that worked well.

The content of this report also reflects our conviction that we have to cultivate cross-sectorial efforts and broad partnerships in the year ahead so that we can accelerate synergies, including between education and health as well as gender equality.

Investing in the education of girls can transform nations and economies. Better-educated women are more likely to make good choices for themselves and their children. Good education will create motivated young people who can contribute to economic growth and share fully in its benefits.

These statements may sound like truisms, in part because the MDG process itself has helped to change mindsets. But our experience as leaders is that it is common sense that often requires the most sustained advocacy.

Erna Solberg
Prime Minister of Norway

Paul Kagame
President of Rwanda

“All of us, whether in government, business, or civil society, have to keep pushing, not just to December 2015, but beyond. The MDG deadline, after all, is not the finish line of a race, and there will be neither medals nor rest.”



EDUCATION – AN ECONOMIC AND MORAL OBLIGATION

As someone who has spent much of my life seeking to expand educational opportunities for young people, I am passionately and steadfastly convinced that education can benefit entire communities.

As a UNESCO Special Envoy for Basic and Higher Education and a UN advocate for the Millennium Development Goals, I ardently believe that global priority-setting, backed by action, does generate results.

Yet, as a mother, I am dismayed that, as we approach the MDGs' deadline, so many children are denied their chance to learn, and so many schools – from Gaza to Nigeria – are under attack.

For today, despite all the progress brought by the MDGs' framework, there are still more than 58 million children globally who receive no education.

The children who are still out of school are the hardest to reach. They live in remote villages, in poverty-stricken slums, in war-torn streets and in refugee camps.

Over half of the world's out-of-school children are in sub-Saharan Africa where, worryingly, the numbers are growing. Millions of these children and their families are stuck in chronic cycles of economic deprivation.



***“Getting all children into
basic education could boost
economic growth by 2% in
low-income countries.”***

Twenty-eight million live in areas affected by conflict, playing out most clearly in the Middle East. In Syria and Gaza, school buildings are being targeted and destroyed, killing children sheltered within and perpetually ailing the mind of the survivors as a result of the hideous atrocity which they had witnessed. Instead of schools being a refuge, instead of education providing stability, children are being denied their schooling and condemned to be part of the cruel logic of violence.

Getting these children into quality education is a vital building block in helping communities and societies develop and recover.

Quality primary education is not only a fundamental human right, but also an essential driver of human development. A study commissioned in 2013 by Educate A Child, a programme of the Education Above All Foundation, suggested that getting all children into basic education could boost economic growth by 2% in low-income countries. Moreover, providing basic education is shown to reduce involvement in conflict and to have significant health benefits for a society.

Practical steps are being taken. Created in 2012, Educate A Child aims to trigger significant breakthroughs in reducing the numbers of out-of-school children. It nurtures innovative approaches and enables successful efforts to be adapted and replicated. The programme has already reached more than 2 million young people from Brazil to Bangladesh via co-funding of successful community-based programmes. Our goal to reach 10 million children by 2015/2016 is in sight.

The global community has 462 days left to complete the “unfinished business” of the MDGs. To do so, a significant injection of new resources is needed to attract new sectors and contributors to invest in education. As we look beyond 2015, I hope the new development framework maintains priority on universal basic quality education, and pays increased attention to tackling the gaps for the poorest and most marginalized groups.

I feel blessed to be able to meet each day people whose lives have been transformed by education. Their inspiring stories teach me that education gives us the gifts of opportunity and influence. It also gives us a clear moral obligation to use those gifts to protect that right for others. Let us now do so.

Her Highness Sheikha Moza bint Nasser
Chairperson of the Qatar Foundation for Education, Science and Community Development

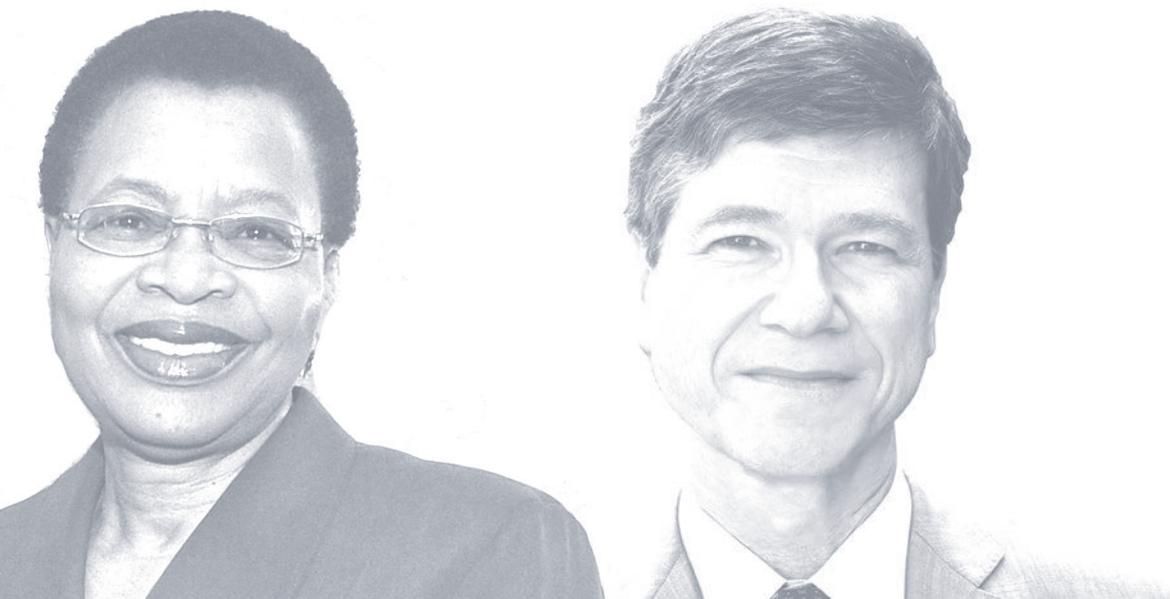
GIVE SMALLHOLDER FARMERS THE HELP THEY NEED TO FEED THE HUNGRY

Contrary to many other Millennium Development Goals, progress in reducing hunger has remained very slow in recent years. There are still around 850 million people worldwide who are chronically hungry. Of these, approximately half are smallholder farm families who cannot produce enough food to feed themselves. Rural hunger remains a global challenge, but hunger rates among smallholder farmers are especially high in parts of Africa, South Asia and Southeast Asia.

The global hunger situation is even more serious and complicated than it first appears. In addition to the chronically hungry, perhaps 1 billion or more people have serious micronutrient deficiencies. These can contribute to devastating under-development of the brain and other organs, and to chronic diseases later in life. For children, access to safe, affordable and nutritious food is critical within the first 1000 days of life to avert serious life-long consequence for themselves and their communities. Undernutrition contributes to about a third of all child deaths worldwide.

Undernutrition is a complex biological and social phenomenon that concerns far more than the quantity of food intake. To combat it, you must address numerous components – from boosting micronutrient intake and smallholder yields through to protecting women farmers against discrimination, and their crops against the effects of climate change.

Each component is relatively well understood and programmes in each have been deployed at scale in some countries. However, it is rare for all the pieces to be put together, especially in the poorest countries. Hunger and undernutrition have a cross-cutting impact on a wide range of development objectives, including health, education and economic advancement. Therefore, it is critical that nutrition is made a central element of the Sustainable Development Goals.



“African countries such as Malawi and Rwanda have shown how effective public-private investments in agriculture can multiply yields.”

As a key priority – especially for sub-Saharan Africa – smallholders require transitional financial support to access fertilizer, improved seeds and farming techniques so they can get on to a viable footing. Additional investments are required in rural infrastructure, food storage and distribution systems.

African countries such as Malawi and Rwanda have shown how effective public-private investments in agriculture can multiply yields. Local farm cooperatives, connected with national supply chains, can tremendously boost local capacities, access to working capital and household incomes. What is needed now is reliable and systematic financing, combined with expertise and reliable management, to take these investments to scale.

In 2009 the G8 countries set up the Global Agriculture and Food Security Program (GAFSP) at the World Bank. It has lent around US\$ 1 billion to improve smallholder farm yields, but is chronically short of funds because of the lack of G8 follow through. It remains the single best instrument available to scale up international support for smallholder farmers.

G8 countries must honour their pledges to fund smallholder agriculture, water and sanitation and climate change adaptation in order to break the back of global hunger and improve nutritional well-being.

By increasing funding and applying proven tools, we can accelerate the pace of hunger reduction during the remaining 462 days of the MDGs. Clear funding commitments at the Financing for Development Conference in Ethiopia in July 2015 will set the stage for ending hunger among smallholder farmers by 2030. Indeed, all hunger can be ended during the new era of the Sustainable Development Goals. Let's make it happen!

Graça Machel
*President, Foundation for Community Development
Founder, Graça Machel Trust*

Jeffrey Sachs
Special Advisor to the United Nations Secretary-General on the MDGs

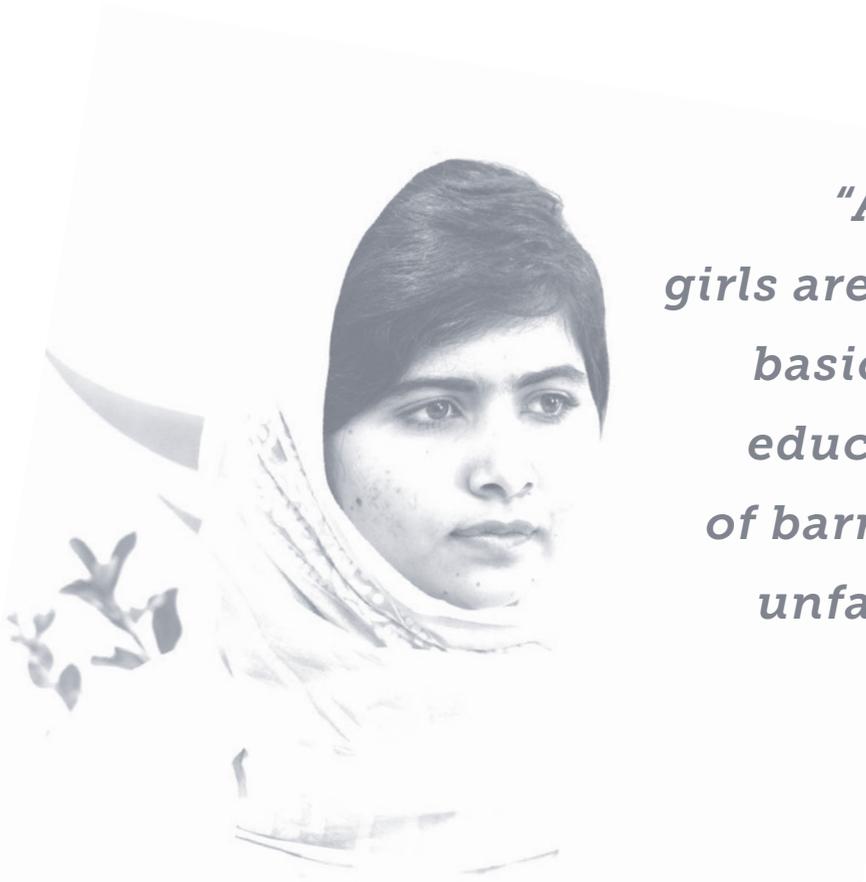
EDUCATION IS OUR BEST TOOL FOR BUILDING A BETTER WORLD

I would like to thank Prime Minister Solberg and President Kagame for inviting me to write in this 2014 report of the Millennium Development Goals Advocacy Group. All the MDGs are important to me, but please excuse me if my words here focus on education and especially on girls' education, which is the cause closest to my heart.

For those who don't know my story, I will say briefly that I stood up for the right of education of girls in Pakistan by writing a blog and speaking out at the time of terrorism. I was shot by the Taliban on 9 October 2012 while on my way home from school. My offence, in their eyes, was the struggle for education, women's rights and peace.

Since my recovery, I have continued my campaigning work and have been lucky enough to receive many opportunities such as this to present my views.

We can't be exact about numbers, but around 66 million girls are out of school worldwide. In many countries the situation is getting worse, and especially in places like the Middle East, parts of Africa and Pakistan, where their studies are badly affected.



***“Around the world,
girls are being denied the
basic right to a formal
education by a variety
of barriers — all of them
unfair and avoidable.”***

I will begin by sharing the current situation of education for girls. Even though it is the 21st Century, girls are still denied the basic human rights by a variety of barriers – all of them unfair and avoidable. In some countries, patriarchal groups believe that girls should not go to school for cultural reasons and are supposed to get married at the age of 11. This was part of my experience in Pakistan and I was stunned when my 15-year-old class fellow phoned me and said she had a son. In other places they are denied education by grinding poverty, because of which children suffer from child labour and have to earn for their family in order to get food and shelter.

In Pakistan, many people had to leave their homes for their safety because there is a military operation going on against terrorists. Seven million children are deprived of education and about 900 000 people are homeless.

Girls from Syria who were once in school and learning, now live in a camp, and struggle to understand their new life as refugees. While the world watches, doing not nearly enough to help young Syrian refugees in desperate need, the children of Syria are becoming a lost generation. Sometimes I get sad when I think of Muzzon, a brave young refugee girl, who wants to be a journalist. Her dream is not a big palace, expensive car and wealth, but is to go back to her home, continue her education and see peace.

Because of conflict between Gaza and Israel, people are badly affected and children on both sides are suffering. Recently many children died because of air strikes in Palestine. Hundreds of children are orphans now and are out of schools.

In Nigeria, every day Boko Haram is still raiding villages and terrorizing the local people. On 14 April 2014, they kidnapped over 200 girls from their school in Chibok, and most still have not returned. Apart from the fear and sorrow of those kidnapped girls, imagine how this affects other girls in Nigeria? How many would love to go to school and are desperate to learn, but fear they too will be kidnapped and taken away from their families if they dare to defy Boko Haram?

Armed conflict in all its forms is the enemy of education, whether carried out by groups such as Boko Haram or by armies of the state. Every time a man fires a bullet from his gun he harms the interests of children who want to learn.

There are countless other places in the world where girls are being denied an education, and just as many causes. The situation is very bad, but it can be changed. I appeal to all the nations of the world to grasp the opportunity of the Millennium Development Goals and get every girl into school and learning. There is still time to achieve MDG 2 – if not globally then certainly in many of your countries. And please, please remember your obligations to girls and women under MDG 3. Wherever women have a strong voice and are treated as equal citizens with men it becomes much easier to advance the cause of girls in education.

I now live in the UK, where children, both girls and boys, have the right to attend school. I tell my British friends that they are so fortunate to have this right and should be proud and happy, because it is a very precious and prestigious thing to go to school. Reading a book, having a pen in your hand, studying, sitting in a classroom – these are special things, which 57 million children dream of... and which I dreamed for when I could not go to school in 2009.

However, this article is not about me. I am writing here in the name of all the girls of the world, and especially those who are unable to attend school for whatever reason. My work, and the work of the Malala Fund, is focused on giving girls a voice and demanding they can go to school and learn, no matter who they are or where they live.

To close I would just like to share a few more thoughts.

Let me make my point clear. Because of not getting the opportunity to go to school – to learn, to discover and uncover one's potential, talents and skills – a child, a girl, does not become who she wants to be but rather gets married very early. Some suffer from child labour, some from violence and discrimination and some remain voiceless and neglected for their whole lives and never know that they too have equal rights as men have. But to fight against these problems that children are facing, we have to make education our top priority.

To fight against ignorance, poverty and inequality, we have to pick up the powerful weapon of education. This is how we are going to bring change.

A country becomes powerful when its people are educated, when its future generation is educated. We have to change the definition of being a super power. So, to make a country powerful, don't make weapons, don't spend money on weapons, but rather spend the money on education and the people of that country. And start by making the education of girls a priority. A gun can only kill, but a pen, a book, can save lives.

I always dream of a world where I see every child, girl or boy, holding books in his/her hands, wearing school uniform and going to school. I will struggle to make this today's dream, tomorrow's reality. I always believe that even one book, one pen, one child, one teacher can change the world.

Education first! Education first! Education first!

Malala Yousafzai





ERADICATE
EXTREME
POVERTY
AND HUNGER

- RWANDA -

**Ubudehe:
Rwanda's Poverty
Reduction Approach**

Rwanda has implemented a number of homegrown initiatives to address its developmental challenges in the aftermath of the genocide. One of these initiatives, Ubudehe, was introduced as an integrated local development programme to promote rural growth, accelerate poverty reduction and contribute to the achievement of the Millennium Development Goals.

Ubudehe refers to a long-standing Rwandan practice and culture of collective action and mutual support to solve problems within a community. The practice was often employed in peak agricultural seasons, when the community would prepare the fields together to ensure everyone was ready for the planting season. The underlying principle of Ubudehe is that the people, albeit vulnerable, have the capacity to solve their problems. We also believe that the foundation of development and progress is self-determination of the people and their communities.

The government reintroduced the Ubudehe practice as a pillar of its social protection programme. Citizens in communities meet to define their development priorities and decide upon the most effective and efficient ways to achieve poverty reduction. Communities also classify the level and type of poverty that exists within their community and reach a common understanding on this classification. Ubudehe, which is actually a form of democratic participation in decision-making and resource allocation, has had a significant impact in reducing extreme poverty in Rwanda. It has enabled thousands of community-led actions such as purchasing livestock, undertaking agriculture activities, and building clean water facilities, classrooms, terraces and health centres. It has also permitted improvements in the targeting of social protection schemes focused mainly on cash transfers to extremely poor households, paid labour-intensive works and facilitation of credit access for the rural poor.

*"Between 2006 and 2011,
1 million Rwandans lifted themselves
out of poverty."*

Between 2006 and 2011, 1 million Rwandans lifted themselves out of poverty. In the same period, access to basic services such as clean water and improved sanitation was significantly increased. The programme has also promoted unity and solidarity through mutual support among the citizens. In the remaining 462 days to reach the MDGs and beyond, Rwanda is committed to continuing to invest in its people and empower citizens and their communities so that they become drivers of development and reach their full potential.

*Paul Kagame
President of the Republic of Rwanda*





**ACHIEVE
UNIVERSAL
PRIMARY
EDUCATION
- ETHIOPIA -**

***Accelerating progress towards
achieving the MDGs on education***

Ethiopia has come a long way in addressing poverty, and the related serious challenges it has faced for decades, by putting in place the right mix of pro-poor policies and strategies. Within the first decade of the 21st Century we have managed to reduce the proportion of people living in poverty from just under 50% to 26%. This complements the impressive progress we have made in achieving other Millennium Development Goal targets in important areas such as reduction of child mortality, universal primary education, promotion of gender equality and empowerment of women.

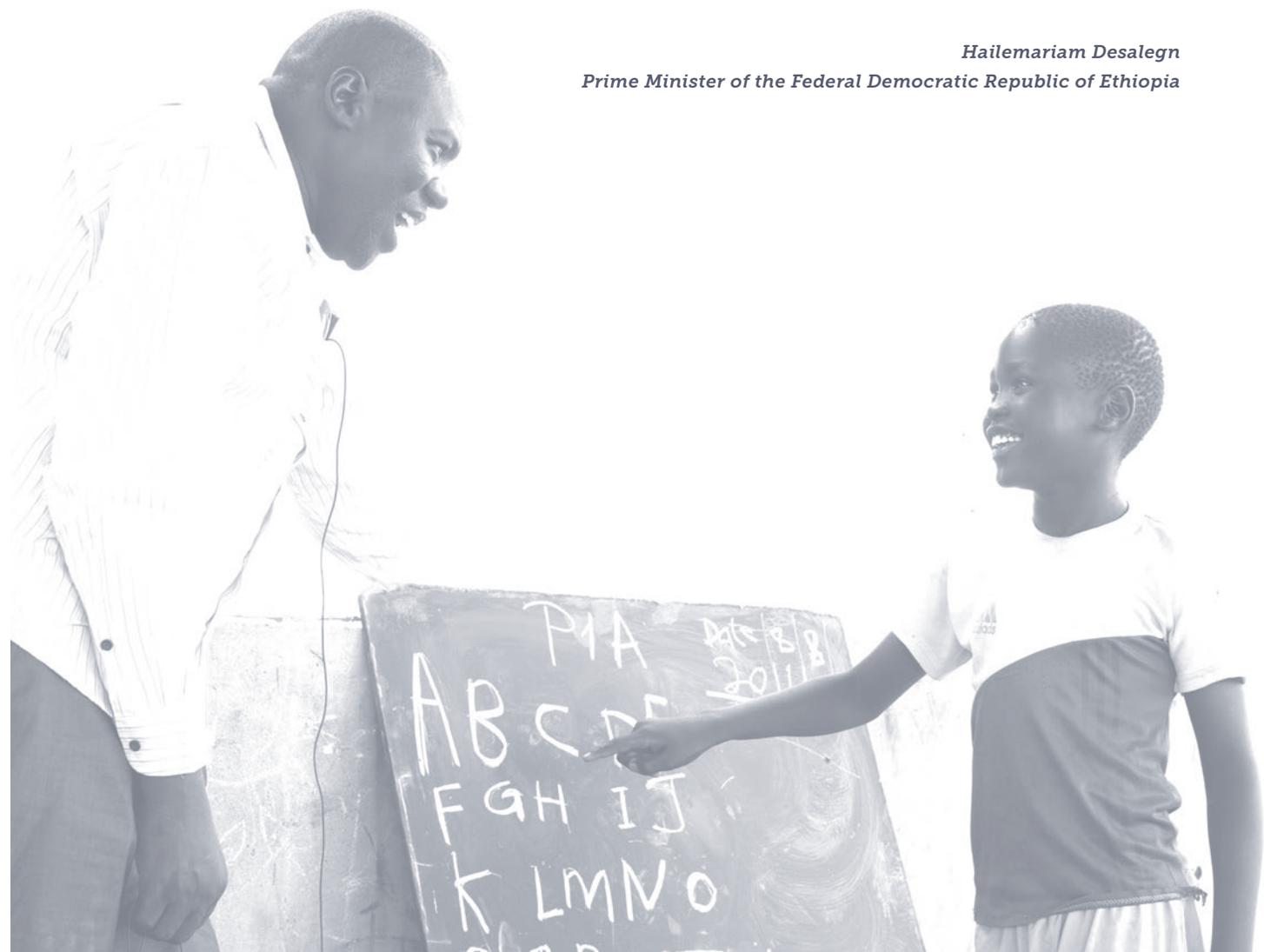
My government is keenly aware of the indispensable role education plays in eradicating poverty and enabling the country to achieve its renaissance. Our unflinching commitment to the expansion of education has resulted in the enrolment of more than 20 million students throughout Ethiopia – in a country where a staggering 60% of people were illiterate only 15 years ago. In terms of promoting gender equality and empowerment of women, our efforts to eliminate gender disparity in primary and secondary school education have resulted in significant progress. Growth in education coverage for girls has been remarkable in many parts of the country, with some regions achieving a success far beyond the targets set by the MDGs. The national average of primary school enrolment rate suggests that we are on track to achieve the goals by 2015. The goals for tertiary education – of reaching parity between men’s and women’s enrolment – have already been achieved ahead of schedule. A key factor has been and will continue to be the commitment of my government to ensuring the fullest possible participation of a cross-section of society in the multi-faceted development endeavours that have contributed to our success.

Despite this significant progress, we continue to face a number of challenges in various areas. For example, we need to address the enrolment in Technical and Vocational Education and Training programmes and the dropout rate in high schools for girls, and to ensure overall quality of education. However, there is every indication that these challenges can be overcome with more concerted effort to ensure quality, access to educational facilities and provision of educational supplies, and to train teachers at all levels.

“Our unflinching commitment to the expansion of education has resulted in the enrolment of more than 20 million students throughout Ethiopia – in a country where a staggering 70% of people were illiterate only 15 years ago.”

In conclusion, my government sincerely believes that if we harmonize our efforts with all stakeholders – while ensuring the fullest possible participation of people at all levels of society, and making the best use of resources (including those from partners) – we will be in a position to build on the momentum we have already created. It is my hope and expectation that our collective efforts at global and regional levels can go a long way in augmenting successful national endeavours in this regard.

***Hailemariam Desalegn
Prime Minister of the Federal Democratic Republic of Ethiopia***





ACHIEVE UNIVERSAL PRIMARY EDUCATION

- VIET NAM -

Our Priorities are to Increase School Enrolment and Raise Standards

Viet Nam, together with many other countries across the globe, pledged to implement the United Nations Millennium Declaration in 2000. The most important component of this was to successfully implement the Millennium Development Goals (MDGs).

Over the past few years, Viet Nam has managed to overcome challenges and obstacles and to record encouraging results in attaining the MDGs. We have achieved three of the eight MDGs ahead of schedule, including universal primary education.

We are now moving towards the higher goals of universal education at primary and secondary school age. In 2012-2013, the enrolment rate at primary and secondary school age stood at 98.31% and 88.04% respectively.

Viet Nam has provided a variety of education programmes to support ethnic minority groups. These include programmes to reduce tuition fees for some pupils and to exempt others completely. School buildings have been provided in mountainous and remote areas, where a large number of people from ethnic minorities live.

Support schemes for education are incorporated in policies for poverty reduction and socioeconomic development, which have produced remarkable successes. At present, every town has its own elementary schools and every district has its own secondary schools.

“Viet Nam has achieved three of the eight MDGs ahead of schedule, including universal primary education.”

Education is receiving increased attention from the state. The allocation of national budget to education increased by 150% between 2008 and 2013. Household expenditure on education also increased between 2000 and 2013.

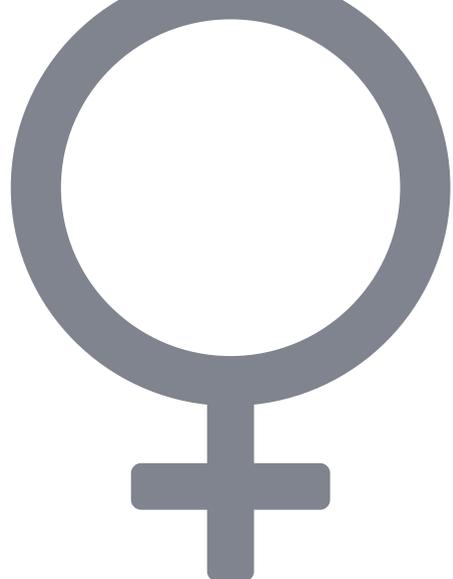
Viet Nam has introduced inclusive national policies on universal and pre-school education, which demonstrate the government's determination to build a high-quality education system. They focus on providing educational facilities for remote areas, paying due attention to capacity enhancement for schools by upgrading teachers' skills and teaching materials. Publicly funded accommodation for teachers has been constructed in disadvantaged areas.

In addition, the government will continue to reduce gaps in access to education. These currently exist between rural and urban areas, majority and minority groups, and different geographical areas across Viet Nam. Another aim is to further improve the current low level of literacy among ethnic minority groups.

In future, the government is determined to continue to work alongside the international community to promote universal education. We will strive to strengthen human resources, improve quality of teaching and educational facilities, and reform the approach to teaching and learning by implementing suitable policies. And we will prioritize resources to achieve the MDGs as committed.

Nguyen Tan Dung
Prime Minister of the Socialist Republic of Viet Nam





**PROMOTE
GENDER
EQUALITY AND
EMPOWER
WOMEN**
~ NEPAL ~

***Gender Equality and Social Inclusion
Drive Progress on MDGs***

In 2007, the Interim Constitution of Nepal established health as a fundamental right of every person and adopted a gender-equality and social-inclusion approach. This was underpinned by the state's commitment to international agreements such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). As a direct consequence of this approach, 31% of members in the new Constituent Assembly are women.

The Interim Constitution made specific provisions for affirmative action on marginalized social and ethnic groups. The Caste-Based Discrimination and Untouchability (Crime and Offences) Act was introduced in 2011 to prohibit caste-based discriminatory practices. It has been invoked in several legal cases, although many victims are still deterred from reporting offences by culturally determined caste-based discriminatory practices.

In line with MDG 3 (to promote gender equality and empower women), the Government of Nepal has institutionalized gender-responsive budgeting. This makes the connection between poverty, women's empowerment and gender equality, and targets resources to enhance gender equity in education, health and the workplace. Nepal has achieved the target for gender parity in primary education and is likely to achieve it in secondary education by 2015. We are also on track to achieve MDG 4 on child mortality and MDG 5 on maternal health.

***“Nepal has achieved the target
for gender parity in primary education
and is likely to achieve it in secondary
education by 2015.”***

Efforts to expand the role of women in the workplace resulted in a significant increase in employment in the service sector, particularly education, between 2005 and 2013. However, ethnic groups and “untouchables” are not yet proportionally represented in the teaching profession.

The government has responded to an increase in reporting of violence against women and girls by establishing a gender-based violence (GBV) unit and a hotline service to handle complaints. It has also set up one-stop crisis management centres in 15 districts to provide services to victims of violence against women and girls (VAW/G). A Witness Protection Bill has been drafted to provide protection for victims seeking justice, and to criminalize bribery, harassment and threats to the witnesses or victims of VAW/G.

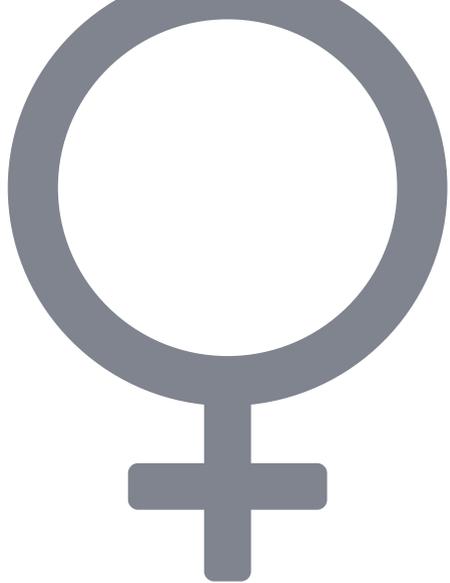
An inter-ministerial national action plan (NAP) Implementation Committee has also been formed for the implementation of the NAP on United Nations Security Council Resolutions.

As the MDGs deadline approaches, the government plans to review baselines, measure progress and set new targets on gender equality for its achievement across all MDGs for 2015 and beyond. Other plans include: a costing exercise for implementation of the national action plan on GBV; intensified efforts to combat trafficking in children, women and vulnerable groups; expanded coverage of social health insurance programmes for poor and vulnerable groups, with a focus on children and women; and strengthened gender-friendly infrastructure in public places to ensure safety and security.

At the regional level, the government plans to enhance bilateral co-operation for combating trafficking and illegal migration in girls and women through the implementation of the Regional Convention on Preventing and Combating Trafficking in Women and Children for Prostitution.

***Sushil Koirala
Prime Minister of Nepal***





PROMOTE
GENDER
EQUALITY AND
EMPOWER
WOMEN
~ TIMOR-LESTE ~

***Education of Girls Can Transform
Development Progress***

From the Restoration of Independence in 2002, Timor-Leste faced a long journey to achieve the eight Millennium Development Goals. Despite our fragility, and being one of the world's poorest countries at independence, we have made impressive progress – particularly in relation to MDG 3 on education.

My government is determined to end the discrimination women and girls face in all areas of their lives. We are working hard to eliminate gender-based violence and gender discrimination, both of which have a negative impact on opportunity and welfare. A litmus test of our development progress is the position of women and girls in our country.

The Timor-Leste Constitution of 2002 makes it clear that men and women must be treated equally in all aspects of life. The constitution also guarantees protection against discrimination based on gender, and equality of rights and obligations in political, economic, social, cultural and family life. These constitutional guarantees have helped us get very close to meeting the targets set under MDG 3 on gender equality.

We have made substantial progress in relation to the first indicator for this target, which is “an equal ratio of girls to boys in primary, secondary and tertiary education”. Data from Timor-Leste’s 2013 Education Monitoring Information System shows that the female/male ratio in primary, pre-secondary and secondary is 0.93, 1.01 and 1.01, respectively.

We are also making progress in relation to the second indicator, which is to increase the share of women in wage employment in the non-agricultural sector. While we lack reliable historical data, the 2011 Timor-Leste Business Activity Survey found that women in non-petroleum producing businesses made up 34% of total employment in the formal sector of the economy.

***“The percentage of women MPs
has increased from 28% in 2007
to 38.5% in 2013.”***

We have surpassed our MDG target of 35% for the third indicator – the proportion of seats held by women in the national parliament. The percentage of women MPs has increased from 28% in 2007 to 38.5% in 2013 following the introduction of legislation setting quotas for the 2012 election. Timor-Leste has the highest percentage of women representatives in parliament in Asia and the Pacific and is in 16th position on a table of 140 countries.

My government understands that the education of girls has a transformative impact on development progress. We are accelerating efforts to reach our targets for gender parity at all levels of education under MDG 3 by 31 December 2015, assisted by a range of policy initiatives. These include gender-sensitive budgeting, a gender focus in school improvement plans, and introducing modules on the special needs of girls in teaching training programmes.

We are promoting more opportunities for women’s participation in the workforce, particularly in non-agricultural sectors, including tourism and hospitality. The provision of maternity leave and other benefits (as a result of amendments to the Labour Code in 2012) will also help working women. Programmes are being introduced to increase parents’ awareness of the importance of education for girls. We encourage pre-schooling, which employs large numbers of female teachers who provide good role models for young girls.

Other national strategies include sex education, to prevent teenage pregnancies, and promotion of women’s representation, employment and career development in public and private institutions.

***Kay Rala Xanana Gusmão
Prime Minister of the Democratic Republic of Timor-Leste***



**REDUCE
CHILD
MORTALITY**
~ BANGLADESH ~

**Child Mortality –
Our Pledge to the Future**

In the words of the Bengali poet, Rabindra Nath Tagore, a father lies dormant inside every child. Therefore, every time a young child dies, a potential part of our future also dies. However, so often this need not happen, because most child deaths are preventable.

MDG 4 set out a bold vision to cut the under-five mortality rate by two-thirds between 1990 and 2015. Working together, we have reduced the global rate by 49%, giving almost 100 million children around the world a chance of longer life.

But this is not enough. With only a year remaining, the current annual rate of reduction of 4% is still too slow. Only 10 countries among 60 with a high under-five mortality burden (at least 40 deaths per 1,000 live births in 2013) are poised to reach the MDG 4 target.

In Bangladesh, we have reduced the under-five mortality rate to 41 deaths per 1000 live births, which is below the global value of 48 for this MDG indicator. We achieved this through sustained investments in public health and robust cooperation between governmental and nongovernmental organizations. Our near universal vaccination coverage has helped us win the battle against six deadly diseases. Our simple, home-grown oral rehydration therapy has given hope to children succumbing to diarrhoea. We continue to gain ground against pneumonia and malaria, which still kill many children worldwide.

In keeping with its promise to our people, the Government has set up 12 577 community clinics to take primary health care to their doorsteps. We are progressively increasing the capacity of our local health facilities and have significantly enhanced the reach of eHealth services – much praised by Secretary-General Ban Ki-moon. We have recruited 40 000 additional health professionals to cover underserved areas.

***“For the sake of our children,
the international community must deliver
on a meaningful and equitable partnership
for development to give every child the
opportunity to realize his or her full
potentials and rights.”***

We have embarked on a nationwide nutrition campaign to deal with stunting and underweight growth among our children. As a global advocate of the Scaling Up Nutrition (SUN) movement, I believe this initiative is very effective in promoting focused interventions to tackle endemic malnutrition in Southern Asia.

As we aspire to build a middle-income, knowledge-driven economy by 2021, we aim to address all forms of health inequities and pave the way towards attaining universal health coverage. We are set to roll out social health insurance beyond the formal sector, and develop a comprehensive health information system.

In the final months of the MDGs and post-2015, we need to match our commitments with adequate resources. For the sake of our children, the international community must deliver on a meaningful and equitable partnership for development. I therefore urge all our development partners to make good on their promises.

We believe every newborn deserves to start out in life healthy and strong. Every child must be given the opportunity to realize his or her full potential and rights.

It is in our hands to ensure that every child counts and that no child is left behind. It is our pledge to the future that preventable deaths among our children will be a thing of the past.

Sheikh Hasina
Prime Minister of the People's Republic of Bangladesh



**REDUCE
CHILD
MORTALITY**
~ NIGERIA ~

***Rapid Scale Up of Key Interventions
Aims to Save Many More Lives***

Nigeria is fully committed to achieving the Millennium Development Goals. In recent years we have seen gains on a number of the health MDGs, and especially on infant and child mortality, HIV prevention, malaria and tuberculosis. We are now striving to improve equity in health-care access by implementing strategies from the Presidential Summit on Universal Health Coverage, which I hosted in Abuja in March 2014.

Interventions targeted at the health MDGs have resulted in a substantial decrease in child mortality rates. The U5MR has reduced from 201 per 1000 live births in 2003 to 128 now, and infant mortality from 91 deaths per 1000 live births in 1990 to 69 now.

Our Integrated Maternal, Newborn and Child Health strategy provides high-quality and equitable services across the continuum of care from pre-pregnancy to children under five. Huge progress on polio has reduced the disease burden by over 90%, with 67% immunization coverage in the last two years. We have also introduced new vaccines and enhanced integrated disease surveillance nationwide.

To increase skilled attendance at birth, we established the Midwives Service Scheme, which in 2012 received first prize for strategic innovation from government by the Commonwealth Association of Public Administrators. We have also re-invested the gains from our subsidy removal to expand human resources for health under the SURE-P MNCH programme.

“Huge progress on polio has reduced the disease burden by over 90%.”

We have included noncommunicable diseases (NCDs) as a priority under MDG 6, and have developed and implemented several initiatives to address the major NCDs affecting our population. These include ensuring that hospitals have sickle cell units and establishing specialist regional centres for the disease at six locations across the country.

Our Presidential Comprehensive Response Plan for HIV/AIDS is targeting the prevention of mother-to-child transmission of HIV, while for malaria a significant reduction in child mortality has been achieved through distribution of nets and intermittent preventive treatment during pregnancy. We conducted a nationwide tuberculosis prevalence survey to determine our absolute TB burden and the factors contributing to low notification. Targeted interventions have since reduced TB incidence and prevalence across the country.

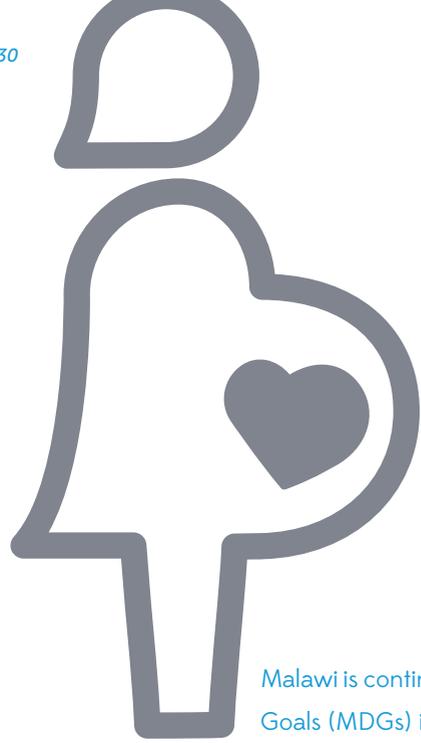
The National Strategic Health Development Plan provides the roadmap for health actions up to 2015. We have since gone further to develop several other policy and strategic documents such as the Harmonized Country Plan of Priority Interventions for 2014-2015. This prioritizes key interventions that are already underway for rapid scale up and/or improvements in programming to improve results and save many more lives by 2015.

Other major initiatives include mobilizing additional resources, and reprioritizing existing ones, to meet the significant funding gap identified in the planning process. This work is being conducted by the Government of Nigeria with the office of the UNSG's Special Envoy on the Financing of Health MDGs and Malaria, development partners, multilateral and bilateral organizations and donor countries. A massive expansion of health insurance coverage is ongoing, especially for the most vulnerable.

As these initiatives illustrate, the MDGs are fully incorporated into our national policies and form the building blocks of the overarching Transformation Agenda of my administration.

***Goodluck Ebele Jonathan
President of the Federal Republic of Nigeria***





**IMPROVE
MATERNAL
HEALTH
~ MALAWI ~**

***New Measures will Target our
four "Off-Track" MDGs***

Malawi is continuing efforts to accelerate progress towards achieving all the Millennium Development Goals (MDGs) in 2015. It is doing so because we believe this is the only way we can meaningfully improve the living standards of our people.

Of the seven MDGs that are to be achieved at country level, three are already on track: reducing child mortality; combating HIV/AIDS, malaria and other diseases; and ensuring environmental sustainability. The remaining four – eradicating extreme poverty and hunger; achieving universal primary education; promoting gender equality and empowering women; and improving maternal health – will require extra effort to be met.

Having realized that Malawi is making slow progress on the above-mentioned indicators, we developed an MDG Acceleration Framework Plan (MAP). Under this, indicators that are lagging behind are being accelerated for achievement in 2015. Where this does not prove possible, a strong foundation will have been laid for their achievement in the shortest time possible.

Focus on skilled birth attendance

Malawi still has one of the world's highest maternal mortality rates. Although we have made significant strides in reducing maternal mortality from 984 per 100 000 live births in 2004, to 675 per 100 000 in 2010 (and are estimated to go below 475 per 100 000 in 2014), this still lags far behind the target of 155 per 100 000 by 2015. And it underscores the need for a big step up in efforts to achieve the target. To this end, we have shared some of the specific measures needed with the Steering Committee on Reproductive, Maternal, Newborn and Child Health (RMNCH) under the Office of the Secretary-General of the United Nations. One such measure is to further increase the percentage of births attended by skilled health personnel, which has already steadily increased from 56% in 2000 to 82.6% in 2012.

"The percentage of visits made to access various family planning methods has increased every year; in 2013, women of child-bearing age made over 2.4 million visits."

Other strategies include: improving the availability of quality maternal and neonatal health care; strengthening human resources for health to provide quality skilled care; strengthening referral systems; and strengthening national and district-level planning and management of maternal and neonatal health care.

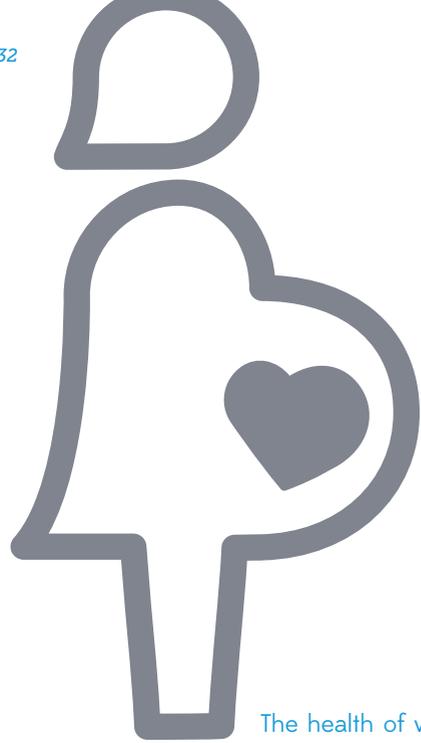
Improving access to reproductive health

Malawi has made strides in the areas of advocacy and provision of modern family planning methods. In 2012, we committed to increase the modern contraceptive prevalence rate (CPR) to 60% by 2020. Currently, the CPR is at 42%, compared to around 9% in 1998. We are focusing on the 15-24 age group with the aim of avoiding early parenthood and its subsequent complications. Similarly, the percentage of visits made to access various family planning methods has also increased every year; in 2013, women of child-bearing age made over 2.4 million visits.

Committed to making progress

Despite the successes, we still face challenges in the area of health system strengthening. These include inadequate numbers of health-care workers, lack of essential medicines and medical equipment and inadequate infrastructure. The Government of Malawi is committed to making every effort in these areas, and in all others needed to accelerate progress towards achieving the MDGs.

***Prof. Arthur Peter Mutharika
President of the Republic of Malawi***



**IMPROVE
MATERNAL
HEALTH
~ NIGER ~**

***Improving Maternal Health
in Niger and Making Progress
Towards MDG 5***

The health of women and children has always been a priority for Niger, and we have a range of strategies and legal measures to improve it. For example, we have free family planning and childbirth care, we have built more than 2500 health posts and gradually converted them to Integrated Health Centres, and we have introduced a range of laws on reproductive health and the prevention of HIV.

The share of the State budget allocated to health increased by 23% between 2011 and 2013, and during that same period we built 24 health facilities and rehabilitated a further 53. Health coverage went up from 47% in 2011 to 48% in 2013, and the rate of health services usage increased from 43% in 2011 to 47% in 2012. A huge recruitment drive has increased the per capita ratio of doctors from 1 / 46 000 to 1 / 16 000 and the ratio of midwives per population of women of reproductive age from 1 / 5000 to 1 / 3000.

We have also made progress in schooling adolescent girls and ending early marriages, and have committed to free and compulsory education for pupils up to 16 years of age. We have reduced female genital mutilation by more than 50%, and many female circumcisers have abandoned their profession. Meanwhile, the continued roll-out of free pre- and post-natal and caesarean section childbirth care helped improve the assisted delivery rate from 17% to 30% between 2006 and 2012.

To enhance the referral system, we added 17 ambulances to the country's health facilities between 2012 and 2013, allowing all district hospitals to make emergency evacuations and improve emergency obstetric care. In addition, the Ministry of Public Health has made fleets of cell phones available to health facilities – an essential tool for transmitting epidemiological surveillance data.

***“The share of the State budget
allocated to health increased by 23%
between 2011 and 2013.”***

In August 2013, we set up a national committee to review, monitor and respond to maternal deaths, and the Ministry of Public Health can now monitor maternal deaths by district and region on a weekly basis.

As for family planning, at the 2012 London Summit on Family Planning, Niger committed to increase the contraceptive-prevalence rate from 12% in 2012 to 50% in 2020. To that effect, we proposed a fourfold increase to the budget for family planning (from 53 million CFA Francs to 200 million CFA Francs in 2013). A Resource mobilization plan was launched in February 2013, and more than 50% of the funding has been secured.

In summary, while the rate of maternal death in Niger is still high, we have made progress in improving maternal health. In 1990, the country had a maternal mortality ratio of 700 deaths per 100 000 live births, by 2012 this had fallen to 535 deaths.

To address these challenges, we intend to take a range of actions, including improvements to obstetric care facilities, investigations into all maternal deaths, and an increase in the national health budget from less than 7% to 15%.

***Brigi Rafini
Prime Minister of Niger***





**COMBAT
HIV/AIDS,
MALARIA
AND OTHER
DISEASES
~ BOTSWANA ~**

***Leadership and Coordinated Response
Turn the Tide Against Disease***

My government is fully committed to achieving the MDG 6 target for combating HIV/AIDS, malaria and other diseases in the country by the target date of 2015. We have one of the highest rates of spending on health in our region. Figures for 2009/10 showed spending at US\$ 444.66 per person – up from US\$ 380.53 in 2007/08.

Botswana is among the countries with the highest burden of HIV in the world. According to the Botswana AIDS Impact Survey of 2013, our national HIV prevalence rate is 18.5% with an estimated HIV incidence rate of 1.35%. However, we have made strong progress against the disease with an effective, country-owned HIV/AIDS response, backed by donor support.

Resource mobilization, including the role and commitment of leadership, has always been our strength in the HIV/AIDS response. Our programme includes a wide range of interventions, including prevention of mother-to-child transmission of HIV, antiretroviral treatment and HIV testing and counselling. We use research data to inform our response and have developed and rolled out effective new testing approaches. Integration of HIV and sexual and reproductive health services is progressing.

As a result of this programme, we have been successful in halting and reversing the spread of HIV, as stated in both the global MDG and national goals. Mother-to-child transmission has been virtually eliminated, with a mother-to-child transmission rate of 2.49% in 2013. The HIV prevalence rate for reproductive females has been declining at an annual average rate of 3.8% from 37.4% in 2003 to 30.4% in 2011. Even more gratifying is the fact that prevalence rates for the younger child-bearing age groups (15-19 and 20-24) have actually started decreasing.

Our progress in combating malaria has been good. Malaria incidence declined from 42.57 cases per 1000 population in 2000 to 0.15 cases per 1000 population in 2012. This substantial decrease is the result of an integrated approach to prevention through house spraying, distribution of insecticide-treated nets and introduction of anti-malaria combination treatment in 2007. Botswana has been selected as one of the four Southern Africa Development Community (SADC) member states targeted for elimination of malaria by 2015.

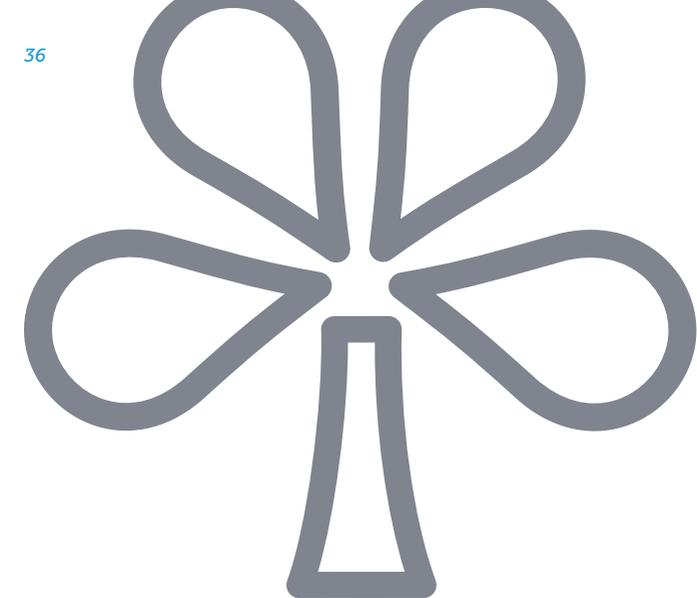
We have suffered serious setbacks in our battle with tuberculosis because of HIV and AIDS. This is due to the very high TB and HIV co-infection, reported at 63% in 2011. Our TB notification rate in 2012 was 329 per 100 000 population. In 2011, our treatment success rate was 81.5% against a global requirement of 85%. Despite a notable and sustained decline in the country's TB notification rate over the years, the case detection in 2011 was at 71%.

Botswana is on track for the MDG 6 targets. However, we are still looking for ways to improve the sustainability of the AIDS response, and at how this can contribute to overall health and community system strengthening. The move from vertical disease management into integrated health service provision will potentially give Botswana an opportunity to present best practice to the world.

*Lieutenant General Seretse Khama Ian Khama
President of the Republic of Botswana*

***“Mother-to-child transmission
[of HIV] has been virtually eliminated”.***





ENSURE ENVIRONMENTAL SUSTAINABILITY

~ COLOMBIA ~

Ensuring Environmental Sustainability

Colombia adopted the Millennium Declaration in 2000. Since then we have developed a clear strategy to achieve Millennium Development Goal 7 (ensure environmental sustainability) by dividing the topic into four target areas: 1) sustainable development; 2) biodiversity; 3) safe drinking water and basic sanitation; 4) housing.

Sustainable Development. The National Development Plan (2010-2014), Prosperity For All, established the reforestation and restoration of 90 000 hectares as a priority to protect our biodiversity. In order to accomplish this goal, the government signed agreements with local environmental authorities, and allocated new resources to the National Parks of Colombia, to the Adaptation Fund and to the Environmental Compensation Fund. Also, we adopted the Compensation Biodiversity Loss handbook, formulated the National Plan of Restoration and developed six restoration protocols. As a result, by 30 June 2014, 68 598 hectares had been restored – at a rate of 23 887 hectares per year.

Biodiversity. By August 2013, the total area protected in Colombia by the National Natural Parks System (NNPS) was 6.87%, so we have already exceeded the target set for 2015 (6.57%). These data result from the 58 protected areas included in the NNPS and the 14.3 million hectares of natural heritage in the marine and continental area, which are located in 31 of the 32 departments of Colombia.

The government issued a Resolution (383/2010) to cover the reporting and protection of endangered species. In addition, we created seven conservation programmes for different types of animal: the Andean Condor; the Andean Bear; the Ranger Cayman; Felines; Marine and Continental Turtles; Snakes; and the Grey Titi.

“Complete coverage of suitable methods of water supply increased from 89% in 2004 to 92% in 2012.”

Safe drinking water and basic sanitation. Colombia has met MDG 7C to “halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.” Complete coverage of suitable methods of water supply increased from 89% in 2004 to 92% in 2012. An increase of 55% was achieved in urban areas and 89% in rural areas.

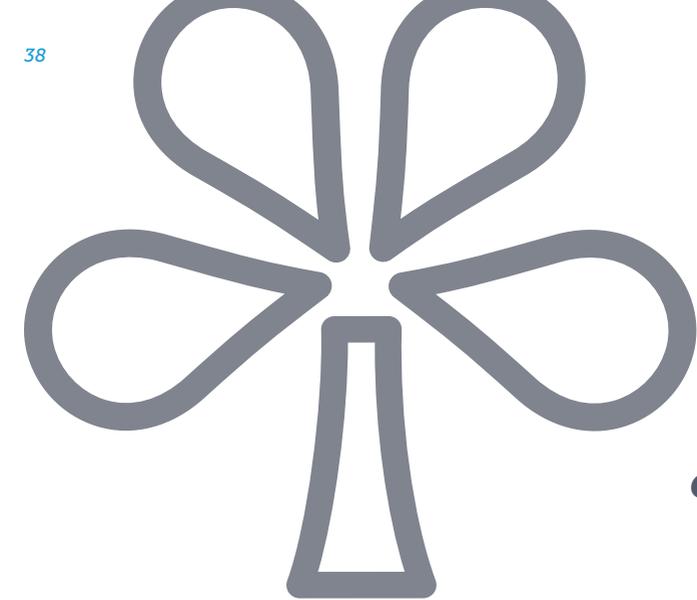
Between 2004 and 2012, sustainable access to appropriate sanitation methods rose from 82% to 86%. These achievements were made possible by an increase in institutional and financial efforts to boost investments in drinking water and basic sanitation, promoted by the government in 2011.

Housing. Our plan for 2020 is to reduce by 4% the percentage of households in precarious and informal or temporary urban settlements. To this end, the government has implemented a comprehensive joint programme with the municipalities and communities at the local level. This seeks to improve the living conditions of people who are informally settled in poor and extremely poor neighbourhoods.

Thanks to our clear strategic approach, Colombia is on track to achieve MDG 7 by the end of 2015. This helps to preserve and restore our natural environment and to make a real difference to its sustainability.

Juan Manuel Santos
President of the Republic of Colombia





**ENSURE
ENVIRONMENTAL
SUSTAINABILITY**

- COSTA RICA -

***Climate change creates challenges
that we must face head on***

Global progress towards the Millennium Development Goals (MDGs) has been impressive, with more than 1 billion people escaping extreme poverty since they were introduced in 2000. However, we must also recognize that progress has been uneven across countries and regions, and across the goals themselves.

Some regions continue to struggle with old challenges and new problems such as those brought about by climate change, bringing more droughts and floods, and exposing the high vulnerability of many poor countries. The stark shadow of famine is still present in the world, including in our own Central America. A recent drought brought by another “El Niño” event is putting millions of people at risk in the dry Pacific arc of Mesoamerica.

Some of the MDGs have proven more difficult than others to address and track effectively. For example, although progress in addressing extreme poverty and clean water has been impressive, goals dealing with infant mortality and sanitation are lagging behind and still remain a challenge. This is the case for Costa Rica, where we have made considerable progress in conservation and reversing deforestation, but still face problems in areas like waste management and sanitation.

Costa Rica has developed a formal tracking system for the MDGs. One important effort has been directed to bringing the process down to the municipal level, to address the localized effects of poverty. Significant efforts have to be made to identify populations and areas of high risk and bring assistance to them, such as the help given to women and fishing communities.

It is now evident that not all of the MDGs will be met at the global or national levels, but we should not and will not give up. The past 14 years have taught important lessons about how to move forward. For example, we know that Costa Rica, like many other countries, needs to adopt better tracking and targeting systems. We should recognize that quality targets, not only enrolment, are needed in education, and that we should focus not only on water and sanitation, but also on many other dimensions of sustainability. The challenges posed by climate change in terms of extreme weather events will make our task harder, but we must face them head on.

***“The challenges posed by
climate change in terms of extreme
weather events will make our task harder,
but we must face them head on.”***

We require greater solidarity among nations and we should not forget about tracking MDG 8. At the same time, as I have emphasized throughout my career, we need to improve governance, accountability and transparency at all levels. We need to increase the effectiveness of programmes to reach populations in need, and we must fight and expose corruption at all levels. Only if we face these challenges squarely and simultaneously will we be able to deliver on these critical goals for the future of humanity.

***Luis Guillermo Solís
President of the Republic of Costa Rica***



GLOBAL PARTNERSHIP FOR DEVELOPMENT

Next step is to target the most vulnerable children

The good news is we have made great progress towards the Millennium Development Goal promise of universal access to primary education. The number of children of primary age out of school was nearly halved between 2000 and 2012, from 100 million to 58 million. Net enrolment in primary school increased in developing countries from 80% in 1990 to 90% in 2012. Gender parity in primary education has been nearly reached in developing countries, rising from a 1990 ratio of 86/100 girls to boys enrolled in primary school to 97/100 in 2012. And by 2011 there were 95 literate young women for every 100 young men, up from 90/100 in 1990.

However, while progress has been made, we have not honoured our promise of ensuring every child has access to primary school. The most vulnerable children still need better access to school and learning while there. Poverty is the number one factor keeping children out of school, with more than a quarter of the poorest boys and girls out of school compared to less than 10% of children in the richest households. This breaks down as 31% of girls and 28% of boys out of school in the 20% of poorest households, versus just 9% and 8% in the richest 20%.

Change is too slow. At current rates, it will be 75 years until the poorest boys and almost 100 years until all of the poorest girls in sub-Saharan Africa attend lower-secondary school. Currently, 250 million children of fourth-grade age, both in and out of school, lack basic numeracy and literacy skills. Meanwhile, rural children are nearly twice as likely to be out of school as urban children. And, in conflict zones, attacks on schools and the lack of school access have highlighted how children suffer when education is under attack.

“The most vulnerable children still need better access to school and learning while there. Poverty is the number one factor keeping children out of school.”

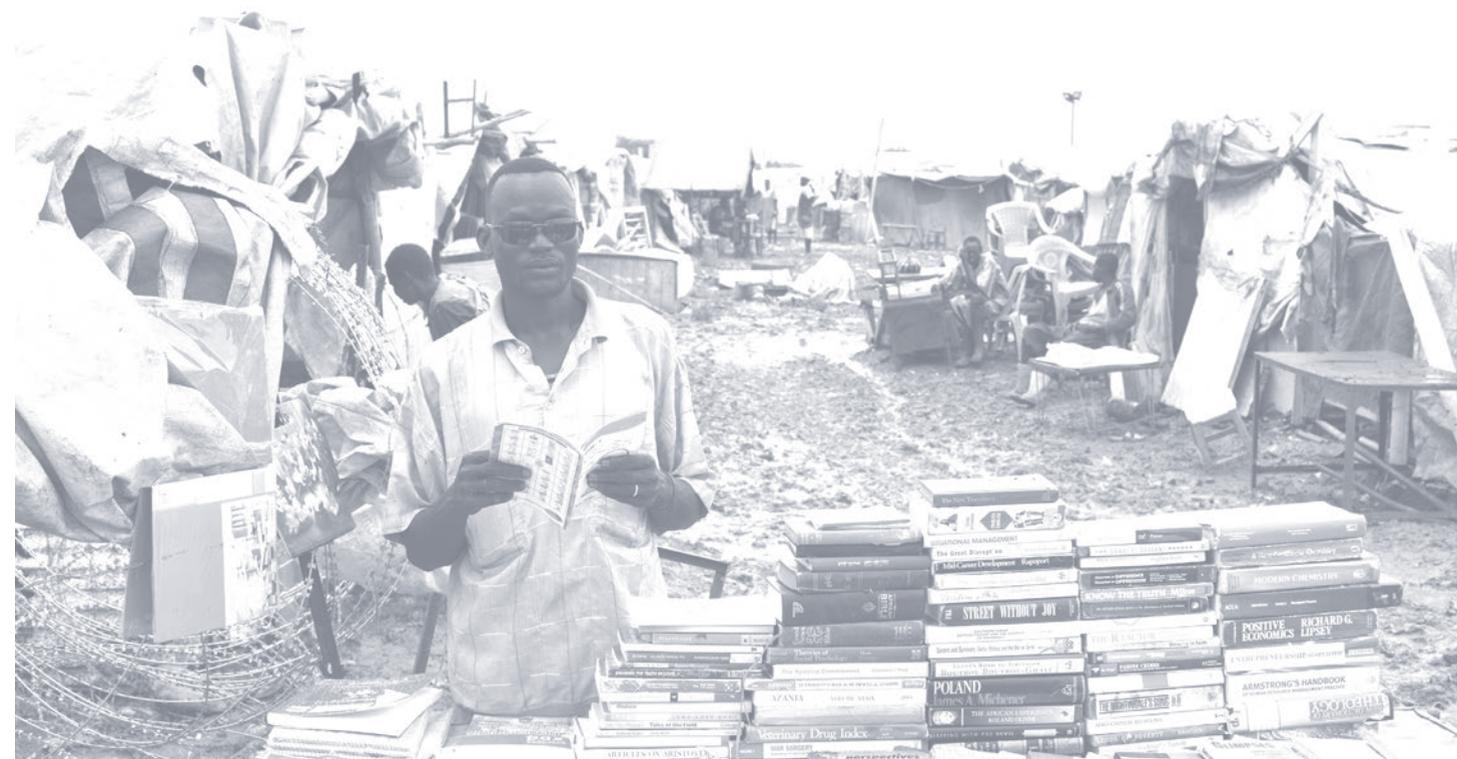
But these disturbing statistics should not cause us to lose heart or lessen our resolve. The work of the Global Partnership for Education proves that even for the hardest-to-reach children – like girls in Yemen, conflict-affected children in Somalia and the poorest in Viet Nam – we can provide a place in school and ensure learning. Our recent Replenishment Conference has unlocked new resources from both donor nations and organizations, as well as US\$ 26 billion of commitments from developing countries to increase their own expenditure on education.

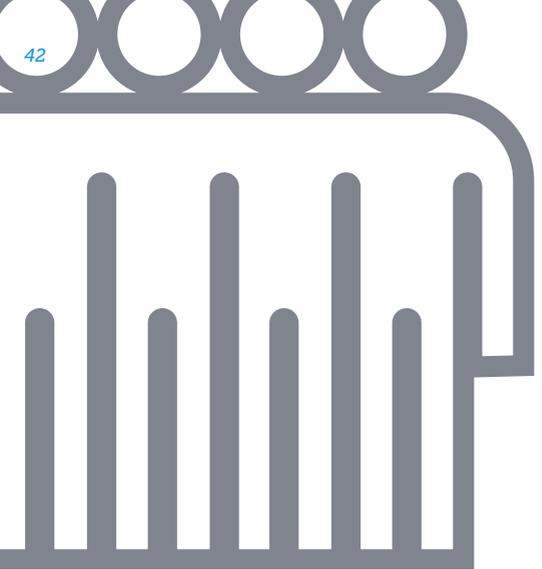
Importantly, The Brookings Institution is expanding our understanding of what works at scale through its Millions Learning research programme. And the work of the Learning Metrics Taskforce is helping to develop new tools for measuring learning so that we are better able to identify and address quality problems.

There are so many positive stories of change. One is certainly the innovative approach of Save the Children to building new schools. Another is Camfed’s work to identify and finance secondary education for the most marginalized girls in a community, and provide workforce training and a post-schooling network.

Clearly, the commitment and goodwill is there. We can and should make a difference to educating all our children in the 462 days that remain. The time has come to honour our promise to the world’s children.

***Julia Gillard
Chair, Board of Directors
The Global Partnership for Education***





GLOBAL PARTNERSHIP FOR DEVELOPMENT

Every Woman Every Child: A Template for Transformative Partnerships

As we look toward the post-2015 era, it is critical to recognize how the world has changed since 2000. The private sector, philanthropy and civil society have become increasingly active and vibrant in doing public good. It is essential we harness their strengths and capacity to achieve our mutual goals and mandates – not just to bridge the funding gap, but because of the innovation, technology, research and human capacity they can and want to invest.

The Every Woman Every Child movement is the pioneering example of what can be achieved when we bring all relevant actors to the table. Seeking to accelerate progress on MDGs 4 and 5, the Secretary-General convened actors working on women's and children's health from across sectors in order to create consensus and a joint action plan. This led to the launch of Every Woman Every Child in 2010, with a strong accountability mechanism for resources and results at its core. In just four years, the global health community has seen remarkable progress for women's and children's health. Over 300 commitments from governments, private sector, civil society and the United Nations have been made to advance the Global Strategy for Women's and Children's Health, totalling US\$ 45 billion. An estimated US\$ 25 billion has been disbursed to date.

Importantly, women's and children's health has become a top priority for leaders worldwide. The movement has generated new attention and investment for some of the most neglected causes of preventable mortality among women and children.

Every Woman Every Child has proven itself to be an innovative model, showing how partnerships with a diverse range and scope of actors are game-changers as we look to accelerate progress on Member State goals. Each actor brings necessary and diverse strengths to the table, including political will, innovative products and service delivery and much-needed financial capital and expertise. By working collectively and across sectors, our actions are exponentially strengthened and increasingly effective at delivering results against ambitious targets.

Yet, despite our progress, it is unacceptable that each year 289 000 women still die while giving life and an estimated 18 000 children die every day from preventable diseases and circumstances. This is an appalling tragedy that demands an accelerated response.

As we move into the final leg of the MDGs, Every Woman Every Child is adapting and shifting focus to: translate global commitments into implementation on the ground; strengthen national ownership and engagement, particularly of emerging economies; support and increase south-south cooperation for women's and children's health; and focus on neglected areas such as newborn mortality, which accounts for 44% of deaths in children under five. Accountability for resources and results has been a cornerstone of the movement and will continue to be a priority. Also, the example of transformative partnerships like Every Woman Every Child and its strong accountability mechanism is important to help inform the post-2015 discussions.

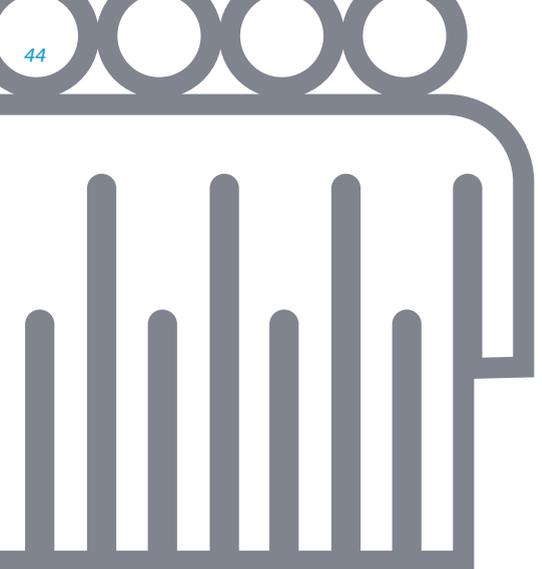
The extraordinary momentum built around women's and children's health since 2010 should serve as a reminder that the challenges of today can be overcome. We have an opportunity to end preventable maternal and child deaths within a generation. The world's most vulnerable women and children are counting on us.

Robert Orr

*Assistant Secretary-General for Policy Coordination and Strategic Planning
Executive Office of the United Nations Secretary-General*

“Every Woman Every Child has proven itself to be an innovative model, showing how partnerships with a diverse range and scope of actors are game-changers as we look to accelerate progress on Member State goals.”





GLOBAL PARTNERSHIP FOR DEVELOPMENT

A movement for nutrition that can buttress the new development agenda

In June 2014 the United Nations Food and Agriculture Organization recognized 40 countries for halving the numbers of their people who are hungry. This excellent progress against the first Millennium Development Goal is proof that hunger can be eliminated in our lifetimes, in line with the Zero Hunger Challenge (ZHC).

Launched in June 2012 by the United Nations Secretary-General, ZHC has to date been endorsed by more than 100 countries. The vision encompasses smallholder agriculture, sustainable development, elimination of waste, universal access to nutritious food and an end to chronic malnutrition. It is backed by numerous scientific, civil society, business and intergovernmental bodies. This kind of “nexus action” is key to sustainable futures. By building on the MDGs’ focus on people’s well-being rather than on specific interventions or sectors of government, it offers a model for future Development Goals.

In May 2012 at the World Health Assembly, Ministers of Health agreed a series of far-reaching targets for nutrition by 2025, with a particular focus on malnutrition in the period between the start of pregnancy and a child’s second birthday:

- 1 40% reduction in the number of children under five who are chronically malnourished and affected by stunting;
- 2 50% reduction in the number of women of reproductive age affected by anaemia;
- 3 30% reduction in the proportion of newborns with a birth weight less than 2.5 kg;
- 4 No increase in the numbers of children who are overweight;
- 5 At least 50% of all infants exclusively breastfed in the first six months of life;
- 6 Reduce the percentage of acutely undernourished, or wasted, children to less than 5%.

“In June 2014 the United Nations Food and Agriculture Organization recognized 40 countries for halving the numbers of their people who are hungry.”

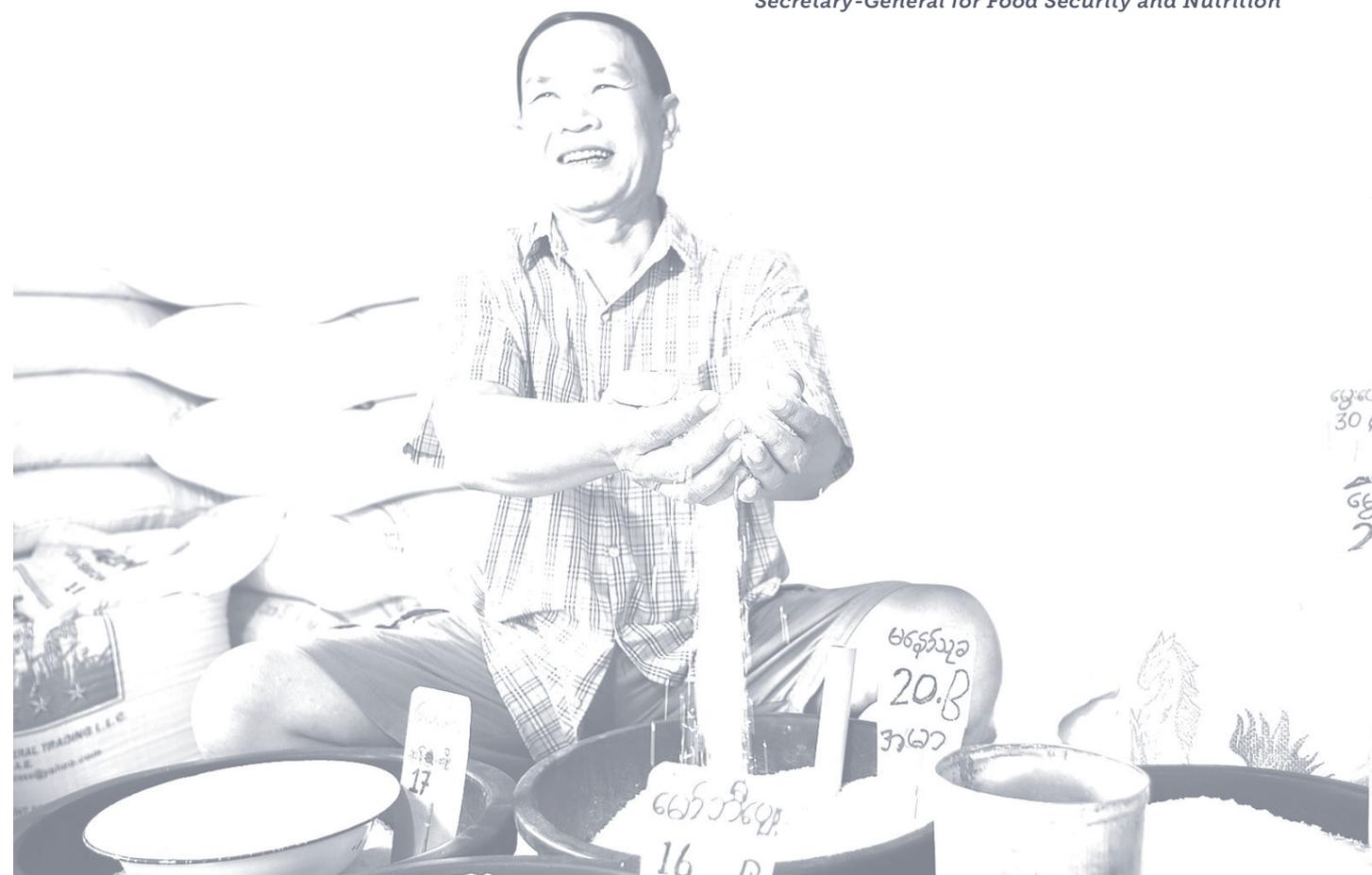
The World Health Assembly targets were relevant for the MDGs and are now the basis of the growing movement for Scaling Up Nutrition (SUN), which is driven by the 54 countries that have joined in the last four years.

These governments are taking a lead on nutrition, working closely with partners in pursuit of national nutrition targets that are often based on global goals but shaped by national policies. The responsible sectors of government take action to address the underlying determinants of nutrition: they are supported by nongovernmental organizations, businesses, scientists and community groups. This means being responsive to the growing evidence about causes of malnutrition among women and children, implementing appropriate strategies, measuring progress and ensuring mutual accountability.

Countries in the SUN movement build on their experience with the MDGs, organizing their systems to encourage multiple stakeholders and sectors to work together effectively for nutrition at community, district and national levels. The SUN movement is led from within the countries, and demonstrates the impact achieved through joined-up efforts across the whole of society – all of government working closely with other interested stakeholders.

These SUN actors recognize that all strategies must reflect the needs and interests of women. Areas of particular focus and cooperation include: nutrition during and after pregnancy; exclusive breastfeeding to at least six months; and preventing childhood obesity. By meeting the nutritional needs of women and their children in this way, governments and their people are creating a firm foundation for the new post-2015 development agenda.

David Nabarro
Special Representative of the United Nations
Secretary-General for Food Security and Nutrition



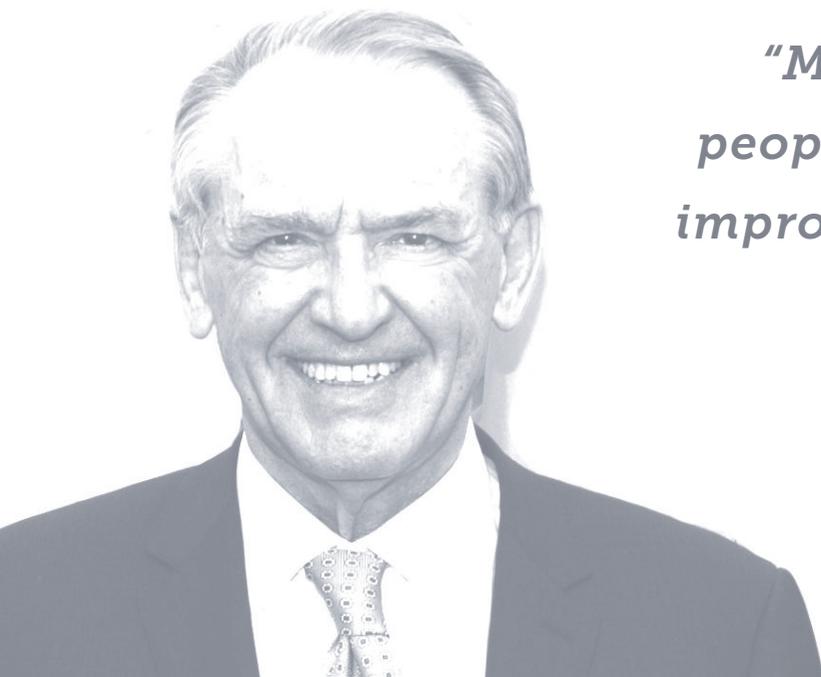
A MATTER OF LIFE: INVESTING IN CLEAN WATER AND ACCESS TO SANITATION

The Millennium Development Goals (MDGs) have mobilized governments and many stakeholders around the world. Several targets have been achieved. Importantly, more than 2 billion people have gained access to improved sources of drinking water since 1990 – the baseline for measuring our MDG achievements.

While applauding these achievements, we must give closer attention to the 1 billion people who are forced to practise open defecation, and to the 2.5 billion who do not have decent sanitation facilities. There are 748 million people who still lack access to improved drinking water. This situation most seriously affects girls and women.

These alarming figures call for accelerated action by governments, international organizations, civil society and the private sector. Failing to deliver sanitation and water for all undermines human rights and threatens hard-won progress on health. It is imperative that we act – and it is also in our collective best interest. Every dollar invested in water and sanitation brings economic benefits of roughly five dollars from a reduction of disease and premature mortality. Our challenge is to press for these valuable investments.

***“More than 750 million
people still lack access to
improved drinking water.”***



Resources can translate commitments into results. We must monitor evidence of what is working. Donors, the business sector and other actors need to step up their engagement. Through the Sanitation and Water for All global partnership (SWA), more than 50 governments and partners have made specific commitments. We should build on this progress and continue to leverage each other's efforts.

Not least, we must urgently break the silence surrounding the subject of open defecation and sanitation. While speaking up on these issues may be uncomfortable, it is essential to spotlight this area for the sake of global development and for the sake of human dignity. Secretary-General Ban Ki-moon has asked me to lead a global Call to Action on Sanitation. I am proud to raise my voice for this campaign.

I applaud the MDG Advocacy Group for this report and its impressive activities. Let us now step up action and ensure that safe water and sanitation become priority issues in the 462 days we have left with the MDG framework – and beyond. Let us answer the global Call to Action with a resounding chorus of solid support and vigorous action.

***Jan Eliasson
Deputy Secretary-General
United Nations***



BUILDING ON THE MDGS TO ADDRESS INEQUALITIES AND ACHIEVE THE WORLD WE ALL WANT

Remarkable strides have been made toward achieving the Millennium Development Goals (MDGs). Taken as a whole, the world population is better educated, healthier, and more prosperous than ever before. Yet, significant numbers of people, communities, and countries have been left behind, shut out of the benefits of technology advances, economic growth, and social progress.

More than 1 billion people still try to survive on average earnings of US\$ 1.25 or less a day. A high proportion of them face steep barriers in the way of participating in their countries' economies and societies, because of their gender, ethnicity, disability, religion, sexual orientation, or other factors. Denied the capabilities and resources that prevent setbacks and improve lives, many teeter between states of heightened vulnerability and extreme poverty. Natural disasters, crop failures, and economic volatility are becoming increasingly costly. This is true particularly for the world's poorest, many of whom continue to die from preventable diseases and illnesses, lack access to energy, and confront violence and injustice daily.

By adopting the Millennium Declaration in 2000, world leaders agreed that such deprivation, senseless suffering and death was intolerable. They agreed to work towards a world which affirms human dignity, and is freed from debilitating poverty in all its dimensions.

“Many of the most impressive strides to meet the MDGs in some of the world’s poorest countries were made in places where local leaders, civil society, and development organizations worked in partnership to demand change and take action.”



UNDP supports countries to realize this shared vision – as it is embodied in the eight Millennium Development Goals and targets. From the MDGs we have learned that solidarity, participation, and voice matter everywhere. Many of the most impressive strides to meet the MDGs in some of the world’s poorest countries were made in places where local leaders, civil society, and development organizations worked in partnership to demand change and take action.

The MDGs are easy to communicate, few in number, clear in objective, and simple to measure. That helped mobilize people and inspire global and local action. It also made it easier to track progress against the targets and to focus on lagging areas. The goodwill, evidence of what works, and spirit of cooperation generated by the MDGs can continue to be put to good use to energize efforts and strengthen partnerships right through to the end of 2015. Action taken now to accelerate MDG progress can reduce the size of the gaps which remain, and will also enhance the credibility of setting the post-2015 agenda.

UNDP and its sister agencies have been deploying the MDG Acceleration Framework in almost 60 countries to speed up progress in achieving MDG targets. With the support and efforts of stakeholders, this work is paying off. Tanzania, for example, used the Framework to win the local and international support it needed to expand its social safety net, reach more people more quickly, and include nutrition-related components. The original plan set out to cover 220 000 households by 2017. It has now been expanded to target 1 million by 2015.

The unfinished business of the MDGs must be carried through to the post-2015 agenda. New goals and targets are likely to be more ambitious – to address inequalities, eradicate extreme poverty, and protect the one planet on which we all depend. With clear goals and targets, strong national and local ownership, focused action plans, and sufficient capacities and funding for implementation, success is possible. The MDGs have proven that.

To maintain momentum, countries will need to transition to the post-2015 sustainable development agenda quickly and effectively. UNDP has a long track record of supporting countries to achieve, monitor, and report on their development progress, including on meeting the MDGs. We are poised to help countries draw on existing, MDG-inspired strategies, structures, successes, and partnerships to set baselines, identify and fill data gaps, establish participatory monitoring approaches, and build capacities to pursue the post-2015 agenda.

HELEN CLARK
Administrator
United Nations Development Programme
(UNDP)

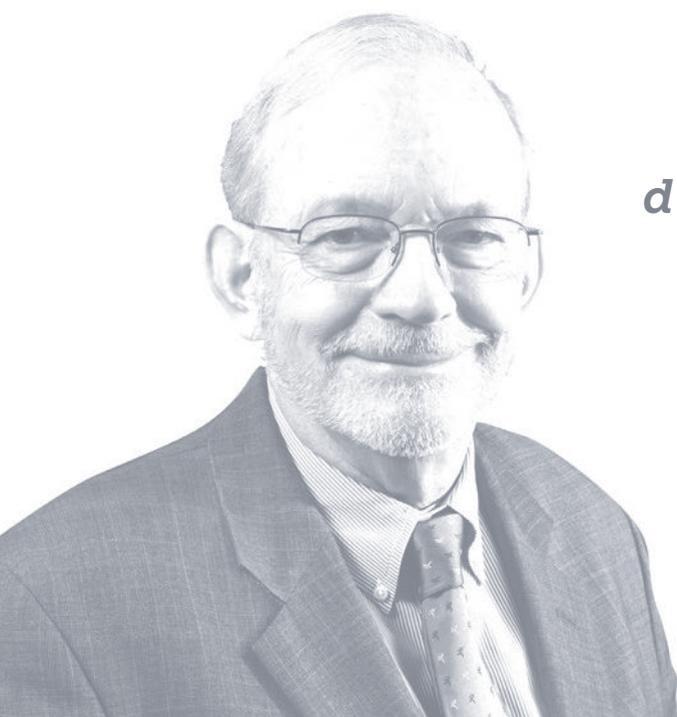
**ONE MORE YEAR FOR THE
MILLENNIUM DEVELOPMENT GOALS:
A STEPPING-STONE TOWARDS
KEEPING ALL OUR PROMISES
TO CHILDREN**

The Millennium Development Goals promised much for children and much has been achieved.

Child deaths have almost halved. More children are in primary and secondary school, and fewer are undernourished. Two billion more people now have access to improved drinking water sources. Both the number of new HIV infections among children, and the number of children dying from AIDS, have fallen markedly in recent years. These gains have occurred in diverse countries across the world, proving that faster advances are possible irrespective of national income or geographic region.

However, much remains to be done. The global drive towards the MDGs is largely bypassing huge numbers of children in disadvantaged and marginalized communities everywhere, and in the poorest and most fragile and conflict-affected countries. Unless progress accelerates markedly, MDG 4 will not be achieved in all countries until 2028 – and an additional 35 million children will die who could otherwise have lived if the world had met this goal by 2015 as promised. To accelerate progress to the 2015 MDGs deadline and beyond, we require a bolder agenda for advancing child survival and development.

***“A renewed focus on equity
has shown that investing
in the poorest and most
disadvantaged families and
communities can yield
cost-effective results.”***



Prompted by emerging data and science and innovations in programming and technology, UNICEF's priorities for the MDGs have evolved in recent years. Our ambitions are ever broader, reflecting our universal mandate. A renewed focus on equity has shown that investing in the poorest and most disadvantaged families and communities can yield cost-effective results. This means driving equity-focused actions to reduce stunting, end open defecation and invest in community-focused maternal, newborn and child health care. In education, we emphasize quality learning as well as improved access to primary and secondary schooling.

Early childhood development is fast becoming a priority, given its proven positive impact on physical and brain development: 700 new neural connections form every second in the brain of a child in the early years. And these connections build the foundation for health, learning and social functioning throughout a person's life.

Evidence, experience and analysis show that preventable child deaths can be vastly reduced. All children can and must receive quality pre-primary, primary and secondary education; all children can and must be protected from violence; all people must have access to and use safe water and decent sanitation. Africa, home to a quarter of the world's children, and fragile areas, where one third of child deaths occur, will demand particular attention if faster progress is to occur.

The lives of millions of children are at stake. We must do all we can to accelerate progress towards the MDGs, and keep our promises to the world's children. In doing so, we can change the lives of millions – as well as the future of our societies.

ANTHONY LAKE
Executive Director
UNICEF



EXPANDING SEXUAL AND REPRODUCTIVE HEALTH TO ACHIEVE THE MDGS

We are committed to doing our utmost at UNFPA to support United Nations Member States in achieving the Millennium Development Goals. With 462 days remaining until the MDGs deadline, we are working intensively with partners guided by the Roadmap to Accelerate Achievement of Maternal and Newborn Survival. This roadmap, which was unveiled by the Secretary-General's MDG Advocates in July, aims to galvanize action to save an additional 139 000 women and 250 000 newborns and provide universal access to reproductive health.

Spearheaded by a public-private partnership, the roadmap is an expression of our confidence that, with the right leadership and the right investments, the health-related MDGs can be met.

Together with partners, UNFPA is expanding access to integrated interventions for reproductive, maternal and newborn health, based on what we know works, and where we know we need to invest and how much.

“Projections warn us that an additional 139 000 women’s deaths must be averted and 30 million more women must gain access to modern contraceptives during 2015 if we are to reach our targets.”



At the heart of our work is MDG 5: to improve maternal health and ensure universal reproductive health. We are scaling up reproductive, maternal health and family planning support to countries with the greatest unmet need, sharpening focus on poor and marginalized women and girls, and strengthening action in humanitarian settings.

Concerted action has produced significant results. By working together, we have reduced annual global maternal mortality by 45% since 1990 from an estimated 523 000 maternal deaths to 289 000. We see improved maternal health services and family planning supplies, more trained health workers, better data on available contraceptives, and fewer stock-outs.

In 2013, UNFPA contributed to the potential prevention of 9.5 million unintended pregnancies, 6.4 million unintended births, 27 300 maternal deaths and 1.1 million unsafe abortions. More health centres now have broader availability and choice of contraceptives and life-saving maternal health medicines. Family planning is increasingly being prioritized at the highest levels of national policies, plans and programmes, and more developing country governments are allocating resources for contraceptives.

Despite steady progress, achieving MDG 5 remains an unfinished agenda. Projections warn us that an additional 139 000 women’s deaths must be averted and 30 million more women must gain access to modern contraceptives during 2015 if we are to reach our targets.

UNFPA is working with partners to reach 30 million women and girls by 2015 and 120 million by 2020 with modern contraceptives, as agreed at the London Family Planning Summit. We are committed to the achievement of universal sexual and reproductive health and the protection of reproductive rights so that every pregnancy is wanted, every childbirth is safe and every young person can reach their potential.

The Roadmap to Accelerate Achievement of Maternal and Newborn Survival provides a comprehensive action plan across the spectrum of reproductive, maternal and newborn health to intensify efforts to achieve MDGs 4 and 5 by the end of 2015.

This is not only an investment worth making. It is also a crucial step to ensure universal sexual and reproductive health and sustainable development.

Babatunde Osotimehin
Executive Director
United Nations Population Fund
(UNFPA)

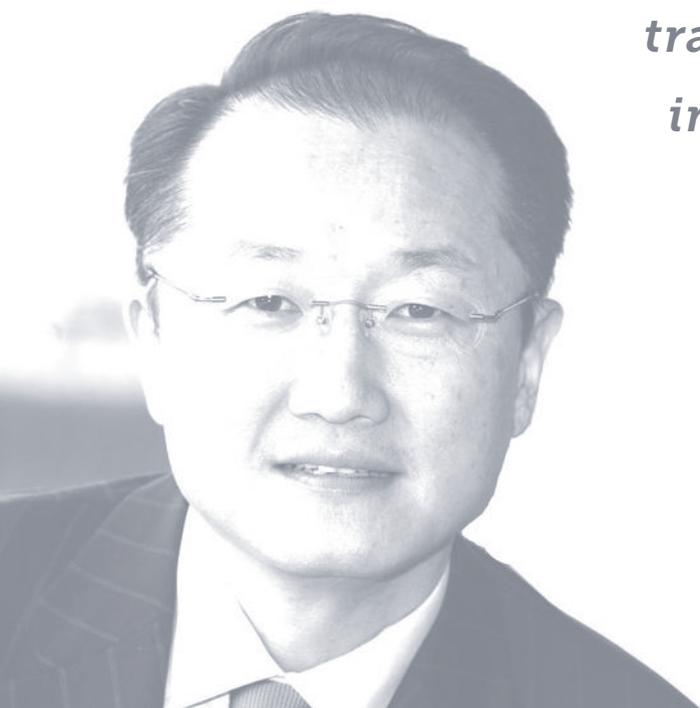
SMARTER AID: RESULTS-BASED FINANCING FOR EDUCATION

Learning provides the foundation for nations to prosper, yet we often undervalue its transformative power. In the last 40 years, the education of mothers has prevented more than 4 million child deaths. If all students in poor countries could read by the end of primary school it would lift 171 million people out of poverty.

To serve children who need education most, countries must act quickly to formulate better education policy and ensure children leave school with the right skills and knowledge. Results-based financing mechanisms can help by offering appropriate incentives.

For example, conditional cash transfers give money to poor households when they meet certain conditions, such as sending girls to secondary school. Cash on delivery provides aid when people achieve pre-agreed outputs. Performance-based incentives provide bonuses, such as extra pay for teachers who undergo extra training. Performance-based contracting with NGOs or the private sector can help deliver a set of services in settings with low public capacity. And the World Bank Group has recently put in place a lending instrument called P4R (Performance for Results), which disburses project funds against the achievement of results.

“Mexico’s conditional cash transfer programme helped increase secondary school enrolment by more than 20% for girls and 10% for boys.”



Jim Yong Kim
President
World Bank Group

Global experience highlights two areas that need urgent attention to ensure effective education reform: teacher development and management, and reaching disadvantaged groups. Results-based financing can help focus teacher development programmes on achieving results, rather than providing inputs. And evidence shows that teacher incentive programmes work most effectively when they have well-articulated performance targets. Targeted assistance can also prove effective in helping disadvantaged groups. For example, Mexico’s conditional cash transfer programme helped increase secondary school enrolment by more than 20% for girls and 10% for boys.

Evidence provides helpful guidance in choosing the incentive mechanism that best fits a particular context and will produce the greatest impact. For example, conditional cash transfers and pay-for-performance have been used more widely in education than the other schemes, guided by extensive experience from the health sector.

Results-based financing programmes for education can be hampered by several factors. These include: poor design; unambitious outcome indicators; low country capacity to implement, monitor and evaluate programmes; and no guarantee of impact. However, several tactics can help mitigate these risks, such as: experimenting with a variety of results-based financing arrangements; building domestic support and capacity for greater focus on results; defining a clear results framework; establishing a realistic implementation plan; and strengthening government monitoring and evaluation capacity.

As a guide to results-based financing in education, the Health Results Innovation Trust Fund represents an important success story. Evidence shows it has strengthened accountability and achieved remarkable results in more than 30 high-need countries; in Argentina, neonatal mortality dropped by 74% due to the Fund’s intervention. The World Bank’s International Development Association (IDA) has also played a role. An IDA incentive mechanism has facilitated commitments by a number of finance ministries to prioritize spending for health. Across the globe, this results-based approach has saved lives and made a real difference for poor women and children. For example, in Zambia, the use of modern family planning increased by 109% in just one year. In Zimbabwe, child immunization rates nearly doubled from 33% to 62%, also in one year.

As we develop the post-2015 agenda, outcomes-based financing should play an important role in our strategy to help countries achieve the next generation of development goals.

SUPPORTING WOMEN AND CHILDREN THROUGH PARLIAMENTS

Parliaments were not closely involved in the setting up of the Millennium Development Goals (MDGs). However, in recent years they have become critical to driving global efforts to implement them, especially MDGs 4 and 5, and to accelerating progress.

In 2012, through the Inter-Parliamentary Union (IPU), parliaments adopted a landmark resolution on access to health as a basic right: The role of parliaments in addressing key challenges to securing the health of women and children. This recommended parliamentary action in areas such as reproductive health, sexually transmitted infections, birth registrations and budgeting for health. It was followed by practical information for parliamentarians on concrete action they, as individuals, can take to implement these commitments.

The IPU resolution identifies quality sexual and reproductive health education for all women, children and adolescents as pivotal to reducing health inequities. It puts a special emphasis on young people's need to not only access information but also services. Finally, it calls on all parliaments to help ensure universal access to reproductive health information, services and supplies, including contraceptives.

The resolution has inspired national and regional parliamentary action to help women and children. With assistance from IPU and partners such as the World Health Organization and the Partnership for Maternal, Newborn and Child Health, parliaments in countries most affected by maternal and child deaths have engaged strongly on the issue. Support has ranged from raising awareness to budgeting for health, establishing maternal and child health parliamentary caucuses and defining new legislation.

"...parliaments in countries most affected by maternal and child deaths have engaged strongly on the issue."



During budget negotiations in Uganda, parliament successfully pressured the government to allocate more funds to health and has made robust efforts to monitor the government's commitment to the issue. The Bangladesh Parliament is taking on the scourge of early marriage; the Pan-African Parliament is tackling violence against women and girls; in Rwanda, parliament is focusing on reproductive health – and so the list goes on.

Since 2008, IPU has supported up to 12 parliaments each year in preventing and addressing all forms of violence against women and girls. Recently, ground-breaking legislation on domestic violence and sexual harassment has been adopted in the Maldives with IPU assistance. Similarly, in Burkina Faso and Burundi, IPU is assisting parliamentarians to draft or improve bills on violence against women and girls. In Tonga, IPU supported joint action by parliamentarians and other groups to adopt an action plan on implementing a new law on domestic violence. Together, these parliamentary initiatives undoubtedly represent hope and positive prospects for change in the lives of women and children throughout the world.

However, there is still work to do for parliaments to overcome skills and knowledge gaps in addressing women's and children's health. IPU is committed to its support for parliaments' efforts on both the MDGs and the post-2015 development agenda. Continued assistance from the international community for vital parliamentary work to improve women's and children's health is equally essential. It would help make a giant leap forward on a fundamental precondition for development.

Martin Chungong
Secretary-General of the
Inter-Parliamentary Union
(IPU)

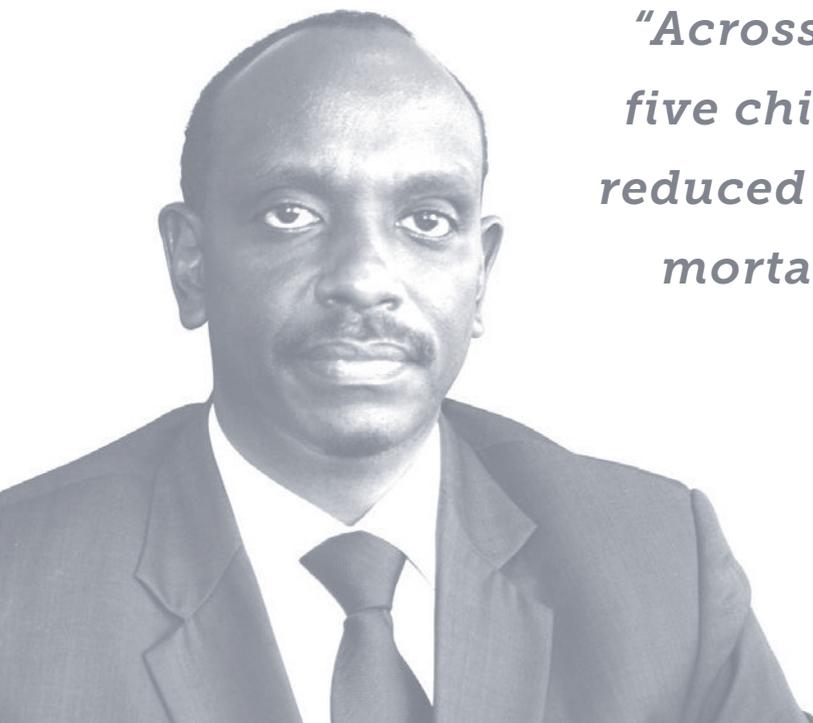


OPEN HEALTH INITIATIVE: IMPROVING THE LIVES OF WOMEN AND CHILDREN IN EAST AFRICA

Over the past decade, Burundi, Kenya, Rwanda, Tanzania and Uganda – the Partner States of the East African Community (EAC) – have made unprecedented strides towards achieving Millennium Development Goals (MDGs) 4 and 5. Across the region, under-five child mortality has been reduced by 44% and maternal mortality has been halved. However, 400 000 mothers and children in East Africa still die every year, often of preventable causes. With only 462 days remaining until the MDGs deadline in December 2015, we must continue to accelerate progress in saving the lives of women and children.

In 2012, the EAC and Presidents of the Partner States jointly launched the Open Health Initiative (OHI). This draws upon the breadth and depth of knowledge across the region to promote rapid progress towards targets for reproductive, maternal, newborn and child health (RMNCH). OHI promotes accountability around results and resource allocation and has facilitated knowledge sharing – and sometimes even friendly regional competition to spur political action. When a programme proves to be effective in one country, we want to scale it up wherever it may drive progress and benefit women and children.

“Across [East Africa], under-five child mortality has been reduced by 44% and maternal mortality has been halved.”



In the first two years of the OHI, we have seen this culture of evidence-based management of maternal and child health programmes grow. Policymakers have often committed to global targets, but lacked the data and evidence to ensure that these targets are met. The OHI worked with Partner States, and the African Leaders Malaria Alliance, to develop an RMNCH scorecard and regional database to track health outcomes. Now, for the first time, leaders have visibility on progress against key targets – and governments can compare programme performance and spending to identify and learn from high-performing programmes. With this kind of information, our leaders can better achieve their commitments and be held accountable to their constituencies.

Going forward, the OHI will build on this progress with the introduction of innovative programmes to save lives faster in the lead-up to 2015 and beyond. Later this year, the OHI is planning to launch The Acceleration Fund for Reproductive, Maternal, Neonatal and Child Health. This is a regional incentive-funding mechanism to promote access, accountability and equity around women's and children's health. Through the fund, Partner States will gain access to flexible funding based on the achievement of “results”, such as lives saved, not “inputs”, such as training completed.

As a physician in East Africa, I have seen the potential impact of strong health systems. No woman should die giving birth. And all children should have a safe and healthy childhood. This is true in our region and around the world. By empowering our leaders and development partners with quality data and results-based financing opportunities, we aim to accelerate improvements in the health and well-being of women and children across East Africa.

Richard Sezibera
Secretary-General,
East African Community

ADOLESCENT GIRLS

The fight for equality for women and girls is at the very heart of the Millennium Development Goals: it is essential if we are to drive progress and development around the world.

Adolescence is a particularly crucial time in a girl's life, but too often this is when their potential is stifled. Around the world millions of adolescent girls face inequality and even abuse. The figures are shocking: 130 million women in our world are affected by female genital mutilation, with 63 million more potentially at risk by 2050. 700 million women alive today were married as children, with 250 million married before the age of 15.

In contrast, supporting girls in adolescence can transform their life chances and build genuine equality of opportunity. The UK is committed to giving adolescent girls a fair chance in life.

Here at home we are doing everything we can to ensure adolescence is the beginning, not the end, of a lifetime of equality. We have passed laws to make clear that child marriage, forced marriage and female genital mutilation are all illegal. We have stepped up information and enforcement campaigns. We have passed a law that ensures we consider gender equality in all our international aid.

But passing laws and taking action at home isn't enough. We want to do more for girls growing up all around the world. Our development programmes have already prevented 12.9 million children and pregnant women from going hungry, ensured that 1.6 million births took place safely, and supported 2.8 million girls to go to primary school.

***“Supporting girls
in adolescence can
transform their life
chances and build genuine
equality of opportunity”.***



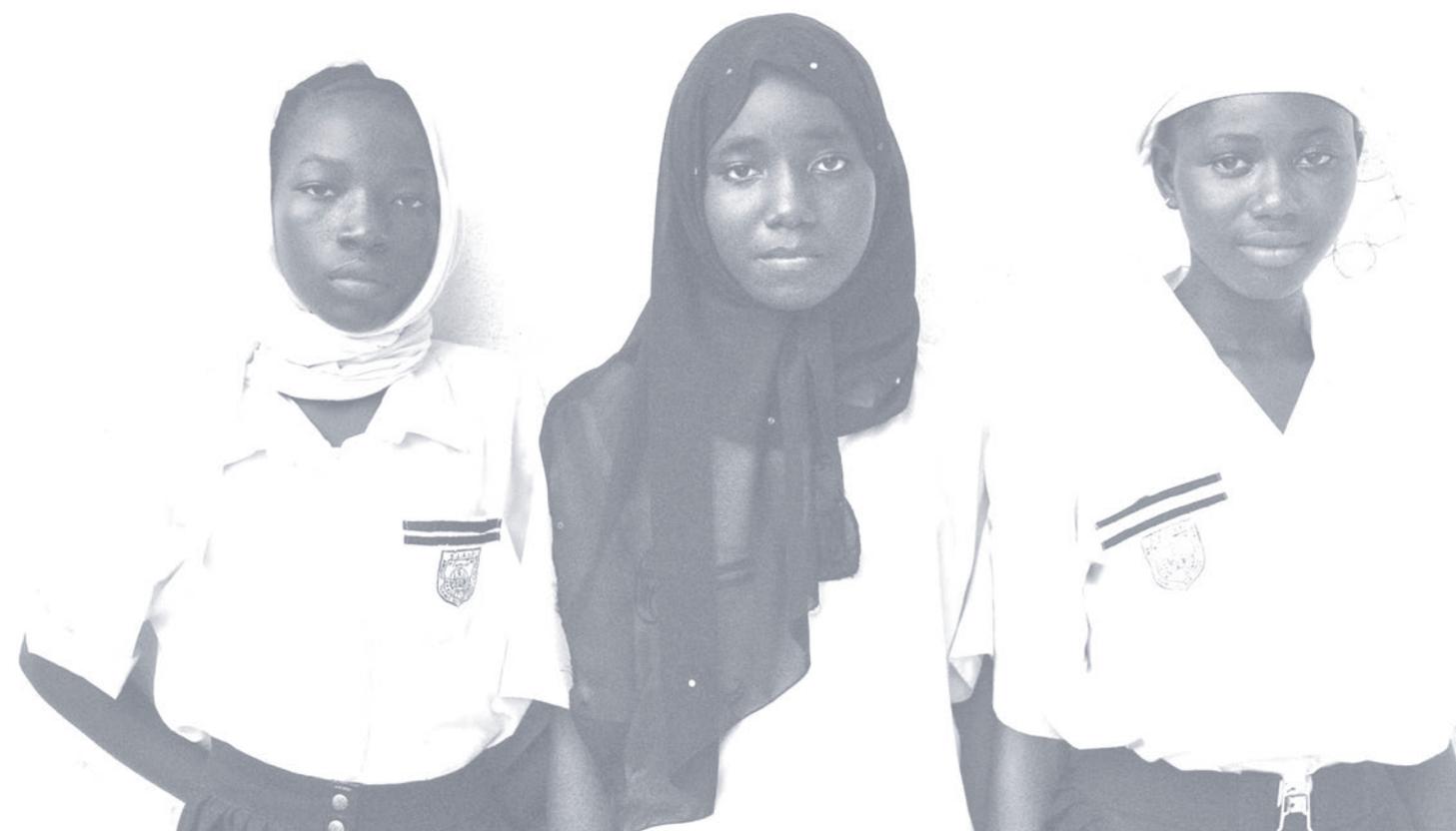
We now want to go even further. In July I hosted the first Girl Summit and launched an international Charter to end female genital mutilation and child, early and forced marriage within a generation.

We want this to be the start of a global movement to empower and value girls around the world. We will do our bit: by 2015 we will

- enable 1 million women and girls in some of the poorest countries in the world to access modern methods of family planning;
- save the lives of over 50 000 women during pregnancy and childbirth;
- support 2 million births with skilled attendants;
- support 4.5 million girls in primary education and 700 000 in secondary education each year; and
- give 10 million women and girls better access to security and justice.

The Millennium Development Goals were supposed to be achieved by 2015, so we have 462 days left to fight for the equality that is so central to them. We must come together to drive action before then. But it can't stop there. Achieving true equality of opportunity for adolescent girls around the world is a long-term project and must be central to the new framework that follows the Millennium Development Goals. In the High Level Panel I co-chaired for the UN Secretary-General we were clear – our report called for a goal to empower girls and women and achieve gender equality. It is not just about passing laws, or spending money. It is about embedding attitudes and practices that reflect real equality for women and girls. Britain is committed to this change. We must ensure that girls around the world are given the opportunities they deserve – no one must be left behind.

***David Cameron
Prime Minister of the United Kingdom of Great Britain and Northern Ireland***



SAVING EVERY WOMAN, EVERY CHILD: WITHIN ARMS' REACH

In May, I hosted the Saving Every Woman, Every Child: Within Arms' Reach Summit, to increase global momentum to improve maternal, newborn and child health leading up to the MDG deadline of 2015. Since launching the Muskoka Initiative in 2010, the international community has been impressed by how effectively we have marshalled the resources, partnerships and innovation that have made a sustainable difference in the lives of women and children. In Toronto, I saw first-hand the continued commitment to this issue, and am encouraged by the opportunity that we have before us to end preventable maternal, newborn and child deaths.

As we look ahead to the post-2015 development agenda, we need to prioritize the elements that have made us so successful, including:

Political leadership: The United Nations Secretary-General's Global Strategy for Women's and Children's Health and the Every Woman Every Child (EWEC) initiative has worked to further galvanize and focus resources to accelerate progress in reducing maternal and child mortality. The EWEC initiative provides an annual opportunity to exercise the political will necessary to advance this global issue as evidenced by the continued personal engagement of leaders like President Jakaya Kikwete of Tanzania. We will continue to be most effective if we work together under a common global approach, and I support the Secretary-General in renewing this strategy for the years to come.

“Ending preventable maternal, newborn and child death must be a top priority for the post-2015 development agenda”.



Stephen Harper
Prime Minister of Canada

Targeted goals: In 2010, Millennium Development Goals 4 and 5 gave world leaders a shared purpose. As we begin planning for post-2015, maternal, newborn and child health risks losing prominence in a new development agenda. Sustaining the progress made to save the lives of women and children means taking real action and I believe that we must focus our efforts on areas where we can make the biggest difference. Ending preventable maternal, newborn and child death must be a top priority for the post-2015 agenda. For Canada, this means focusing domestic resources on access to health services, immunization and nutrition.

Financial commitments: Predictable funding is critical so that partners can plan and deliver on their commitments. Canada is proud to have renewed its efforts to end preventable maternal and child deaths with a commitment of 3.5 billion Canadian dollars between 2015-2020. Canada calls on all partners to work together, maintain gains to date, increase momentum and honour the financial commitments to women and children, leading up to and beyond 2015. Canada also welcomes intensified efforts on innovative financing. We must continue to expand our network of global partners – be they in government, private business or civil society.

Common approaches: In 2010, the global community coalesced around the integrated delivery of high-impact, cost-effective interventions across the continuum of care. In Toronto, I heard how the decision to act in unison and focus resources on proven solutions – like vaccines, nutrition and newborn health – has multiplied our effectiveness and will continue to be a determinant of future success.

Accountability: Accountability takes commitment and effort, and I have been encouraged by our collective dedication to delivering on our promises. As we outlined in the Commission on Information and Accountability for Women's and Children's Health, an important first step in measuring our progress is improved data that are timely and useful. Supporting our country partners' efforts to collect, measure and use these data for decision-making is critical, and Canada is working with all like-minded partners to support the strengthening of civil registration and vital statistics systems.

As a global community, we made a commitment to the women and children of the world through the Muskoka Initiative and the Global Strategy for Women's and Children's Health. Canada is committed to ensuring that preventable maternal, newborn and child health remains a central priority within the post-2015 development agenda and will stand with you in seeing that commitment through.

SMART AID: RESULTS-BASED FINANCING OF EFFECTIVE INTERVENTIONS

2015 will be a very important year for the international community, a year of self appraisal and decision making. In 2015, we will take stock of the progress made towards realizing the Millennium Development Goals. This won't be our final stocktaking. Despite some remarkable successes to date, we will continue to face major challenges for the foreseeable future. Therefore, it is important to think hard now about whether any momentous decisions are needed to accelerate progress on even the most difficult goals.

Maternal and newborn mortality rates are still unacceptably high and too many women and children face a fight for survival during pregnancy, childbirth and infancy. So what should we do to make greater and more rapid progress? How can we ensure that development programmes reach the people who most need help? How can we further improve the effectiveness of development cooperation?

“I believe that results-based instruments are a promising approach. They create incentives for greater ownership by the partner countries and measure success in terms of results achieved...”



I believe that results-based instruments are a promising approach. They create incentives for greater ownership by the partner countries and measure success in terms of results achieved, and not just in terms of the funding provided. Results-based management of development programmes eliminates the risk that external interventions could in the long term undermine the partner country's ability and willingness to help itself. Lasting dependency on external aid cannot be the object and purpose of development cooperation.

Let me give just one example. Germany has been working with Norway and the Malawian Government on a programme to improve maternal health. However, increasing the number of safe births in health-care facilities is not the only goal. Offering incentives to raise the quality of the health services provided is another key element. Such incentives include rewards for staff who do good work, awarded under Quality and Performance Contracts. The programme also makes it easier for pregnant women to access health services by paying for their transport to the clinic, and assuming some of the costs of their stay there.

An initial review has shown that cooperation and open dialogue between the various actors has improved. And, thanks to the continuous analysis of results achieved, all participants are better able to plan and oversee the quality of the services provided. This has led to a new awareness of the specific problems involved and of the responsibility for solving them. These improvements show that a results-based approach and more scope for national ownership are an effective combination. This conclusion is not, in my opinion, confined to any given country or to the health sector in particular, although of course results-based approaches will never solve all problems.

Results-based approaches may foster a more efficient use of limited resources and lead to more effective development cooperation, but their success depends on manifold factors. It is, for example, vital to provide technical expertise for a project, to minimize the outlay for reviewing result indicators and to focus attention on quality and sustainability.

Fifteen months remain until we will have to take stock of 15 years of the MDG process. What we have achieved and learned so far will help us continue to fight for our goals – in the awareness that our campaign to give the world a human face will not end with the next deadline. It is an enduring responsibility.

Angela Merkel
Chancellor of the Federal Republic of Germany

**PARTNERSHIP
AND INNOVATION
LEAD A “SPRINT”
TO THE FINISH LINE**

Since 2000, unprecedented progress has been made in reducing poverty, hunger and disease through the partnership and innovation driven by the Millennium Development Goals. But, with the finish line now in sight, it is hugely important that we work together to make the most of this opportunity and maximize the impact by accelerating efforts and focusing on those most vulnerable.

We have already come a remarkably long way. Fewer children are now dying thanks to the MDGs, with 6.3 million under-five deaths in 2013, compared with 12.6 million in 1990. Through the immunization of hundreds of millions of the world's poorest children with new and previously underused lifesaving vaccines, more than 6 million additional lives have been saved. Similarly, over the same period, deaths caused by malaria have roughly halved and deaths caused by tuberculosis reduced by 45%. Worldwide, the number of people newly infected with HIV has dropped by a third since 2001; 10 million people in low- and middle-income countries now receive antiretroviral therapy.

However, too many children and vulnerable people are still not being reached. Malaria still causes 660 000 deaths each year; mostly children under five. Millions continue to be infected by HIV each year, and millions continue to die. And one in five children still do not receive a full course of even the most basic vaccines. As a result, 1.5 million children still die each year from vaccine-preventable diseases.

To tackle this shortfall, the Global Fund is focusing efforts to invest in a way that better reaches the marginalized and vulnerable who are at highest risk of acquiring HIV and TB. These include women and girls, men who have sex with men, transgender people, sex workers, people who inject drugs,



**“10 million people in low- and middle-
income countries now receive
antiretroviral therapy.”**

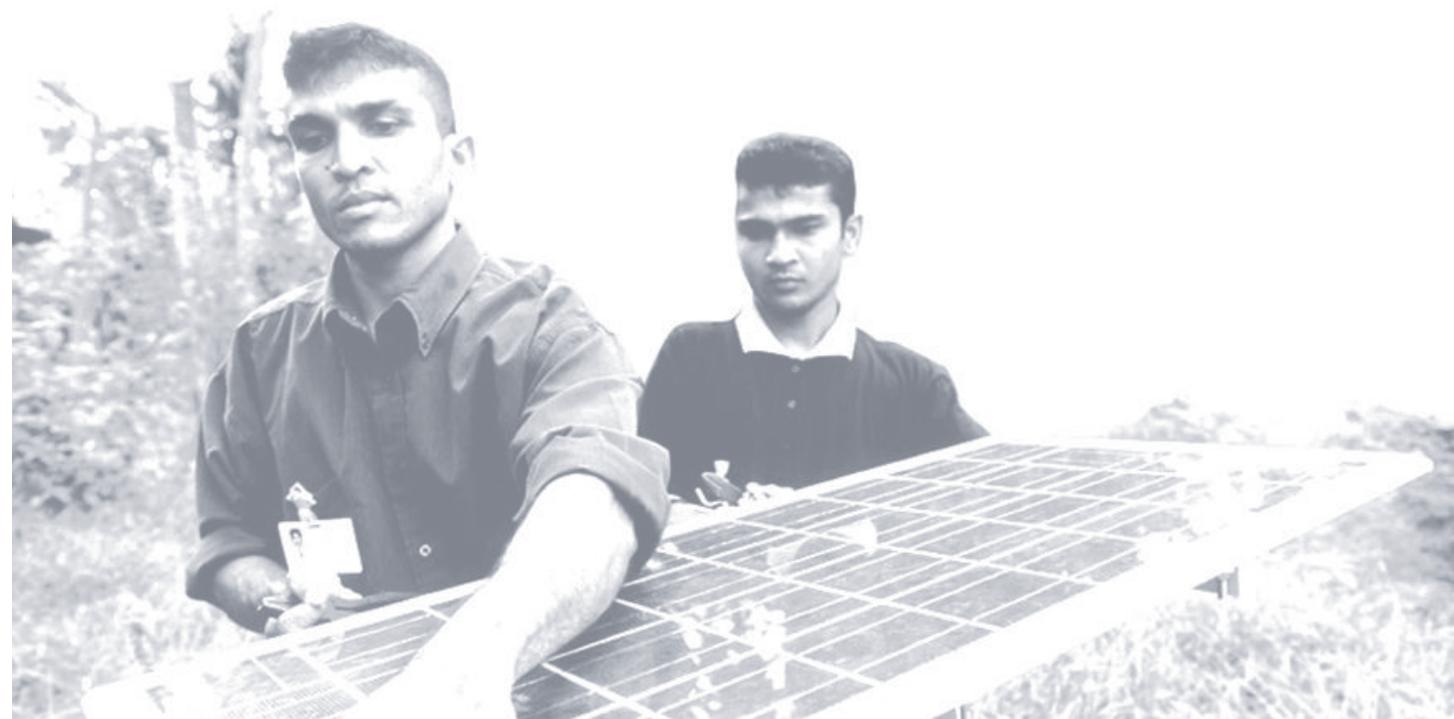
migrants and prisoners. Pregnant women and children, who are most likely to die from malaria, are also a priority. And, through recent scientific advancements and more efficient delivery, the Global Fund aims to further reduce new HIV, TB and malaria infections and deaths down to very low levels.

At the same time, GAVI Alliance members are working together to support countries in an unprecedented number of vaccine introductions; 2015 alone will see more introductions than any other year in GAVI's history. By ramping up we can not only strengthen routine immunization through increased coverage of the 5-in-1 pentavalent vaccine, building on the successes of the polio eradication effort, but also intensify the fight against major child killers like pneumonia and diarrhoea. And through the combined measles-rubella vaccine we hope to address major equity issues by simultaneously protecting women's health and fighting one of the most contagious diseases ever known.

It is important to remember that these goals are not abstract targets. They represent people and the opportunity to save lives, transform them and lift the most vulnerable out of poverty. In light of this it is crucial that we work together to sprint, not jog, to the MDGs finish line.

*Dr Mark Dybul
Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria*

*Dr Seth Berkley
Chief Executive Officer, The GAVI Alliance*



TOGETHER WE ACHIEVE – FOR EVERY CHILD

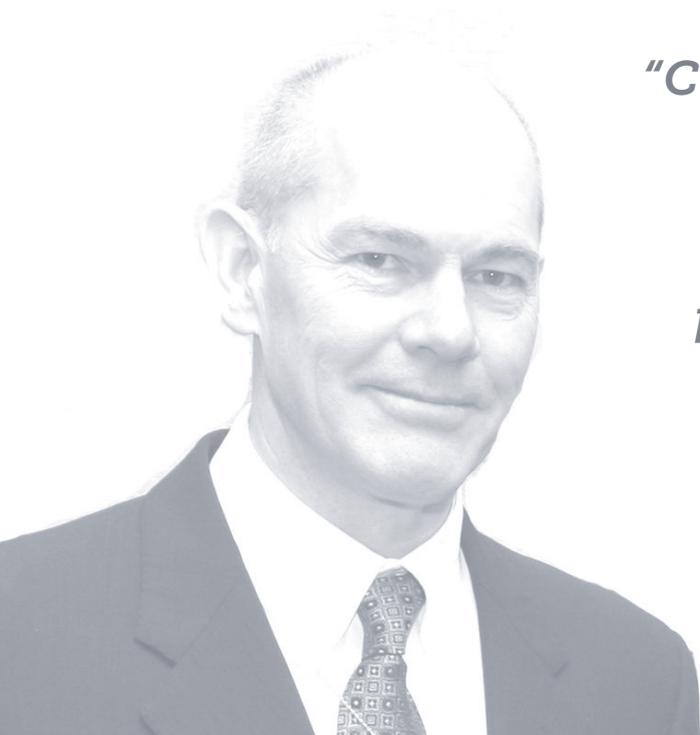
A decade of slow progress ended with a huge boost for women's and children's health when the United Nations Secretary-General launched the Every Woman Every Child (EWEC) campaign in September 2010.

At that time, I committed World Vision to align our health, nutrition, water, sanitation and hygiene investments with EWEC, and to target US\$ 1.5 billion toward EWEC activities until 30 September 2015. In addition, we added US\$ 3 million to gather evidence to support maternal and child health and nutrition, and strengthened advocacy by committing US\$ 10 million to our Child Health Now campaign. We took a lead on social accountability by tracking commitments and parliamentary engagement for women's and children's health.

To achieve our ambitious goals, World Vision seeks to ensure that all our sectors work together across the world to deliver effective, sustainable health outcomes. An important example is our focus on education and the need to improve outcomes for girls in particular.

I was encouraged when I visited Khulna in Bangladesh earlier this year and reconnected with 16-year-old Akter Samsunnahar. I got to know Akter at last year's United Nations General Assembly where she spoke on the rights of girls like her to an education.

***“Child Health Now’s annual
‘global week of action’
mobilized 5.7 million
people in 2014, including
16 000 religious leaders
across the world.”***



Akter introduced me to Rabeya, who was barely a teenager when her father forced her to stay at home in preparation for an arranged child marriage. For 15 days, Akter and her friends called and tried to persuade the father to change his mind, and eventually he agreed she could stay in school. Rabeya wept with gratitude as she recounted her story. Not only is educating girls the right thing to do, it is good for society. Educated girls marry later, have smaller families, earn more, boost national wealth and raise healthier children.

By September 2014, we will have exceeded our pledge, more than a year early, with independently audited EWEC-aligned investments of US\$ 1.58 billion. As a result, we have increased our commitment and by the end of 2015 will have contributed over US\$ 2 billion.

World Vision is working in 63 countries on health, nutrition, water, sanitation and hygiene with operations aligned to the EWEC strategy. For example, since 2010 we have provided 5.5 million people with improved access to water and 4.5 million with safe sanitation. We are investing US\$ 5.7 million in research with Johns Hopkins Bloomberg School of Public Health. And we are recognised as a global leader in social accountability for health through our Citizen Voice and Action approach in 42 countries.

Child Health Now's annual “global week of action” mobilized 5.7 million people in 2014, including 16 000 religious leaders across the world. We expect to invest a further US\$ 19.5 million in Child Health Now by 30 September 2015.

I am pleased that World Vision is on track with our commitment to EWEC, but the task of completing MDGs 4 and 5 is far from over. In partnership with other NGOs, business, government and the United Nations, I am confident we can achieve them with a final burst of focused interventions. World Vision remains committed to seeing that every woman and every child has the opportunity to enjoy good health.

***Kevin J Jenkins
President and Chief Executive Officer
World Vision International***



**ALL CHILDREN
HAVE THE RIGHT
TO LEARN – AND ALL
MUST MEAN ALL**

I took it for granted that my daughter and my son, who is differently abled, would go to school and learn. And they both did; they were born in Norway.

Millennium Development Goal 2 is about access to quality education and life-time opportunity for all wherever you live. We have made progress, but there still is a way to go as we enter the last lap for the MDGs.

Today, 58 million children who yearn to learn are not in school. Yet being in school is not enough; there are more children in school not learning than there are children out of school. Both the above facts represent major unmet challenges, so what do we know that we can build on as we enter the final lap?

We know that schools must provide safe learning environments. Good teachers must see and nurture every child and ensure that learning takes place, and local communities must be supportive. We know that all children are not equally prepared for learning. Imagine a child who is the first in the family to go to school, is poorly nourished, speaks a different language than the teacher, is a girl, is of a “lower” caste, or is differently abled. Often these children need more time and extra support to begin learning and to keep learning.

So what should we do? Entering the last lap of MDG 2, we must re-double our efforts to ensure quality education for all, with “all” defined in its most inclusive sense. We must strive wholeheartedly to achieve equity in practice. We must walk the extra mile and meet the extra costs associated with fulfilling the right to education of the hardest-to-reach children.

***“By end 2015, we will
use systematic testing
and research to assess
the literacy learning of
600 000 children.”***



Save the Children education programmes focus on reaching the hardest-to-reach children. In 2013, we helped provide education for 9.8 million children, and we have introduced new teaching methods for enhanced learning. By end 2015, we will use systematic testing and research to assess the literacy learning of 600 000 children.

Today, almost half of all out-of-school children live in areas affected by conflict and crises. They suffer the double injustice of no education combined with growing up with violence, trauma and despair. In emergency settings, Save the Children programmes emphasize protective environments that allow children to be children for some hours of the day, while learning life-saving skills. Through negotiations between combating parties, schools have been declared zones of peace, as in Nepal.

There is growing recognition of children’s right to go to school and learn, and of the obligation of states to fulfil this right. There is no looking back. We are on the verge of rewriting the future. It is vital that we continue our MDG 2 efforts – through 2015 and beyond – and fight to reach all children no matter where they live, what social group they belong to, or whether or not they are differently abled or live in a crisis setting.

MDG 2 cannot be considered met until all children are in school and learning; children and parents wait impatiently for us to finish the job we started. We must do so because it is both just and smart – “just” because all children have equal rights, and “smart” because education is a powerful investment that gives hope and helps break the cycle of poverty.

***Tove R. Wang
Secretary-General
Save the Children, Norway***



LEARNING FOR ALL: ACTIONS TO ENSURE THAT ALL CHILDREN AND YOUNG PEOPLE HAVE ACCESS TO SCHOOL AND QUALITY LEARNING

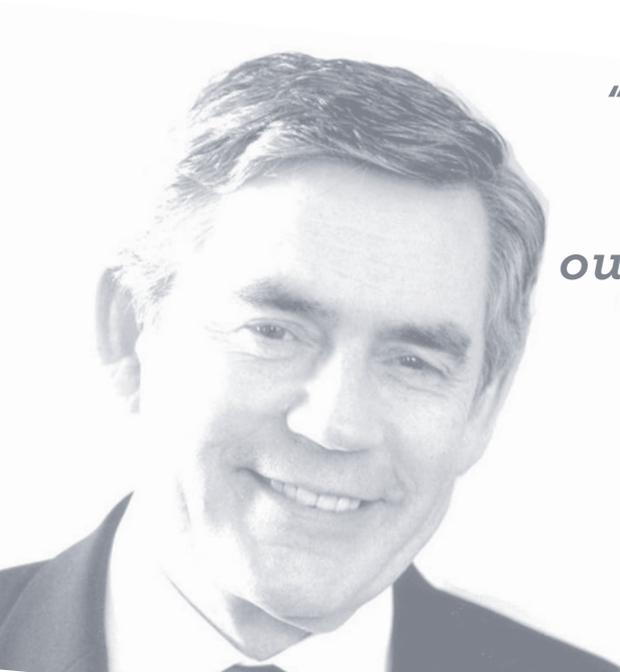
Every week 200 000 school-age girls are married off as child brides and excluded from their right to education. And every day 14 million school-age children are compelled to work when they should be learning. Millions of girls, 32 million, are not at school and, amid a critical shortage of teachers, 58 million children will not be going to primary school today or any day.

Around the world a civil rights struggle is underway as girls and boys demand a basic right that in 2014 should be guaranteed – their right to education. To help them we need to tackle the barriers that keep children from school. This means enforcing laws against child marriage, making sure children are at school and not at work, ending discrimination against girls, providing education in war-torn areas and ensuring enough teachers are trained.

We need to invest in scaling up programmes that work, and offer incentives that allow us to overcome barriers to learning.

We can be the first generation to develop all of the talents of all of our children. Universal education does not require an amazing scientific breakthrough or earth-shattering new medical discovery. We have all the tools we need to make it happen.

By the end of 2015 we can deliver on the promise of universal education and we can also deliver the largest expansion of educational opportunity in history.



***“An injection of US\$ 6 billion
in 2015 could help us meet
our goal and deliver education
for an additional 40 million
children who are currently
out of school.”***

However, to reach our goal we need aligned, coordinated and unwavering determination and agreed timetables for action. We need countries to show the highest degree of political leadership – from prime ministers and presidents to ministers of education and finance. The international community must be pressured to honour its commitment to universal education.

If we continue with current plans, we estimate 18 million primary-age children could be enrolled into school by the end of 2015. But it could be more, because it costs only US\$ 150 per child to provide a year of quality learning. An injection of US\$ 6 billion in 2015 could help us meet our goal and deliver education for an additional 40 million children who are currently out of school. This financing must be targeted to specific interventions that deliver results for the most marginalized.

To make this happen we need to harness expertise from a range of sources: national governments; non-profit organizations; new innovations that use technology to deliver education through mobile and distance learning; and, in some cases, publicly financed private providers.

On the financing side we need both governments and the donor community to prioritize more of their budget for education. It is an international scandal that education aid in 2012 decreased by 10% when compared to 2010. This must change and we must all be prepared to contribute more than the current US\$ 13 per child per year.

We have set out a plan to accelerate progress on the delivery of education with the United Nations Secretary-General’s Global Education First Initiative. For countries with many out-of-school children we have identified the main barriers to learning and proposed concrete solutions to accelerate progress.

High-level meetings have been held with officials from Bangladesh, Democratic Republic of Congo, Ethiopia, Haiti, India, Nigeria, South Sudan, Yemen, Pakistan, Afghanistan, Malawi, Lebanon, Somalia, Chad, Myanmar, Timor-Leste and others. Development partners have met with ministers of education and finance to pledge support.

We need more countries to address the barriers that keep children from learning if we are to achieve universal primary education by the end of 2015. And we need to coordinate the efforts of the international community so that donors and development banks can fill the gaps in financing to enable the plans to become a reality. The replenishment of the Global Partnership for Education, the significant pledges made in domestic resource mobilization, and the support for country plans are steps in the right direction.

Accountability – of both governments and the international community – will be the key to success. With global and country roadmaps established, we need upwards pressure to deliver from all sectors, including faith-based organizations, business leaders, youth, civil society, NGOs and teachers.

Before the end of 2015, a united demand for action and results for children will be heard from: the Global Education First Initiative Youth Advocacy Group; the A World at School campaign; the Global Business Coalition for Education; the Global Faiths Coalition for Education; the Global Youth Ambassadors; and over 30 million teachers from Education International.

In every country, the approach will be different based on needs. Here are examples of what we can achieve by the end of 2015.

In South Sudan, girls are so discriminated against that out of a population of 10 million only 400 girls between the ages of 14 and 15 are in school. Our plans would bring 2 million boys and girls into the classroom at a cost of US\$ 80 million.

In the DRC, removal of school fees could result in immediate school enrolment of 60% of out-of-school children – 1.2million children for a cost of US\$ 200 million.

In Lebanon, it would cost just over a dollar per day per child to educate the 413 000 Syrian refugees and vulnerable children currently out of school.

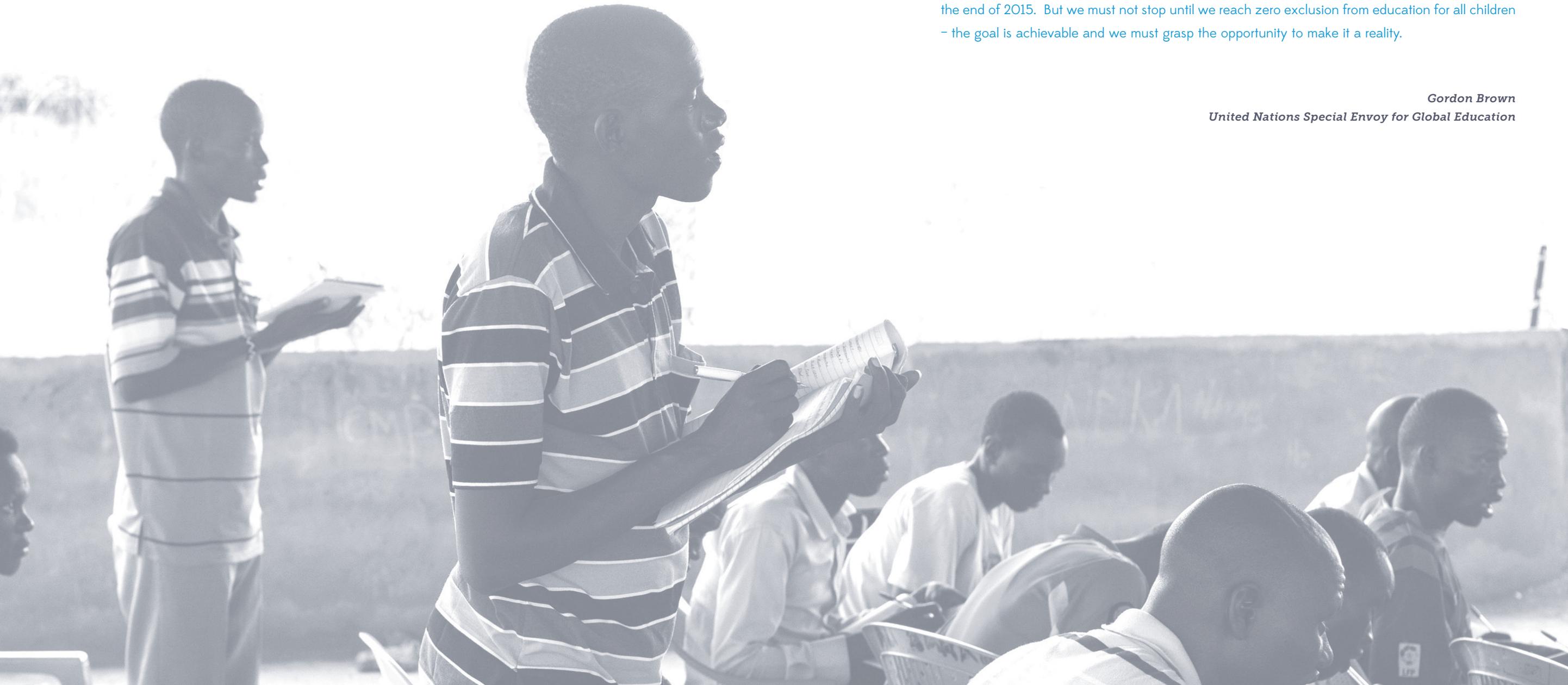
In Iraq, girls now face a law that would require them to marry at eight and be forced out of education for good. Enforcing new norms for girls' rights could help thousands move from oppression to opportunity.

In Nigeria, where 200 girls were kidnapped because they wanted to go to school, the Safe Schools Initiative is working on safe school communities in the north. Additional schemes have been developed to provide schools for nomadic communities and to provide cash transfers to help nearly a million girls go to school.

In Pakistan, the government is working to double the percentage of GDP allocated to education. As part of the MDG acceleration process, each state has developed a plan for universal education and reports back on progress throughout the year.

By acting on these plans in about 10 countries, we could halve the out-of-school numbers before the end of 2015. But we must not stop until we reach zero exclusion from education for all children – the goal is achievable and we must grasp the opportunity to make it a reality.

Gordon Brown
United Nations Special Envoy for Global Education



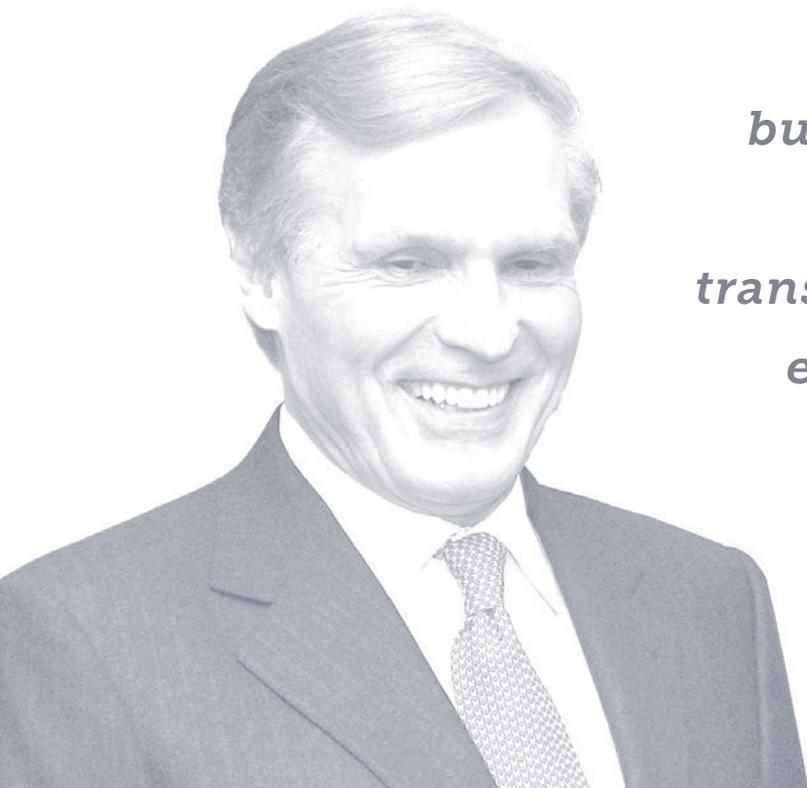
TOOLS FOR MDG SUCCESS: ACCELERATION ROADMAPS AND A LIVES SAVED SCORECARD

With the end of the Millennium Development Goals so near, and the goals so important, we must rely on the best tools available to guide us to the finish line. In my years in business I learned that clear roadmaps and transparent reporting are essential to achieving success, which is why I have been so pleased to see key partners in maternal, child and newborn survival aligning around a set of “MDG Acceleration Roadmaps”. These focus on saving as many lives as possible through the championing of “opportunism” and “integration”.

A common set of characteristics runs through our Roadmaps: they seek efficiency wherever possible and alignment among stakeholders who may not traditionally work together; they limit their focus to the geographies where mortality is highest; and they propose acceleration activities that can be measured and reported. Here is a snapshot of what these plans could achieve if executed:

The MDG 4 Child Survival Roadmap. Launched at the World Economic Forum in Davos in January 2014, this is a plan to save an additional 1 million children’s lives in 2015 (on top of our current lives-saved trajectory of 1.2 million) in order to achieve MDG 4. This plan was developed in close cooperation with UNICEF, USAID, the Government of Norway, the UN Commission on Life-Saving Commodities, Clinton Health Access Initiative and others.

*“In my years in
business, I learned that
clear roadmaps and
transparent reporting are
essential to achieving
success.”*



The MDG 5 Maternal/Newborn Survival Roadmap. This was launched under the leadership of UNFPA in July 2014 at the Secretary-General’s MDG Advocates meeting in Kigali. It focuses on the 48 high-risk hours around childbirth when it is possible simultaneously to deliver high-impact, cost-effective interventions for mother and baby. The aim is to save the lives of an additional 130 000 mothers and 250 000 newborns by the end of 2015, while also providing universal access to modern contraception.

The Nigeria MDG Achievement Roadmap. Launched in February 2014 in Abuja, this aims to save the lives of 400 000 Nigerian children and 20 000 mothers by the end of 2015. It is driven by a remarkable coalition of government officials, private sector leaders and development partners who came together to craft an aligned vision for accelerating progress to achieve the health-related MDGs in Nigeria.

Roadmaps provide the vision, but we also need tools to track progress and ensure accountability. To this end, the “Lives Saved Scorecard” provides quarterly reporting on lives saved, enabling us to evaluate whether we are on track to achieve our goals, and to make adjustments where needed. We will unveil the “Lives Saved Scorecard” at UNGA 2014 and will use it to remain focused on achievement of the health MDGs.

Let’s stay committed to achieving the health MDGs, to saving hundreds of thousands of additional lives, and to laying the foundation for healthier societies for years to come.

Ray Chambers
United Nations Secretary-General’s
Special Envoy for Financing the Health MDGs and for Malaria





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- RAY CHAMBERS

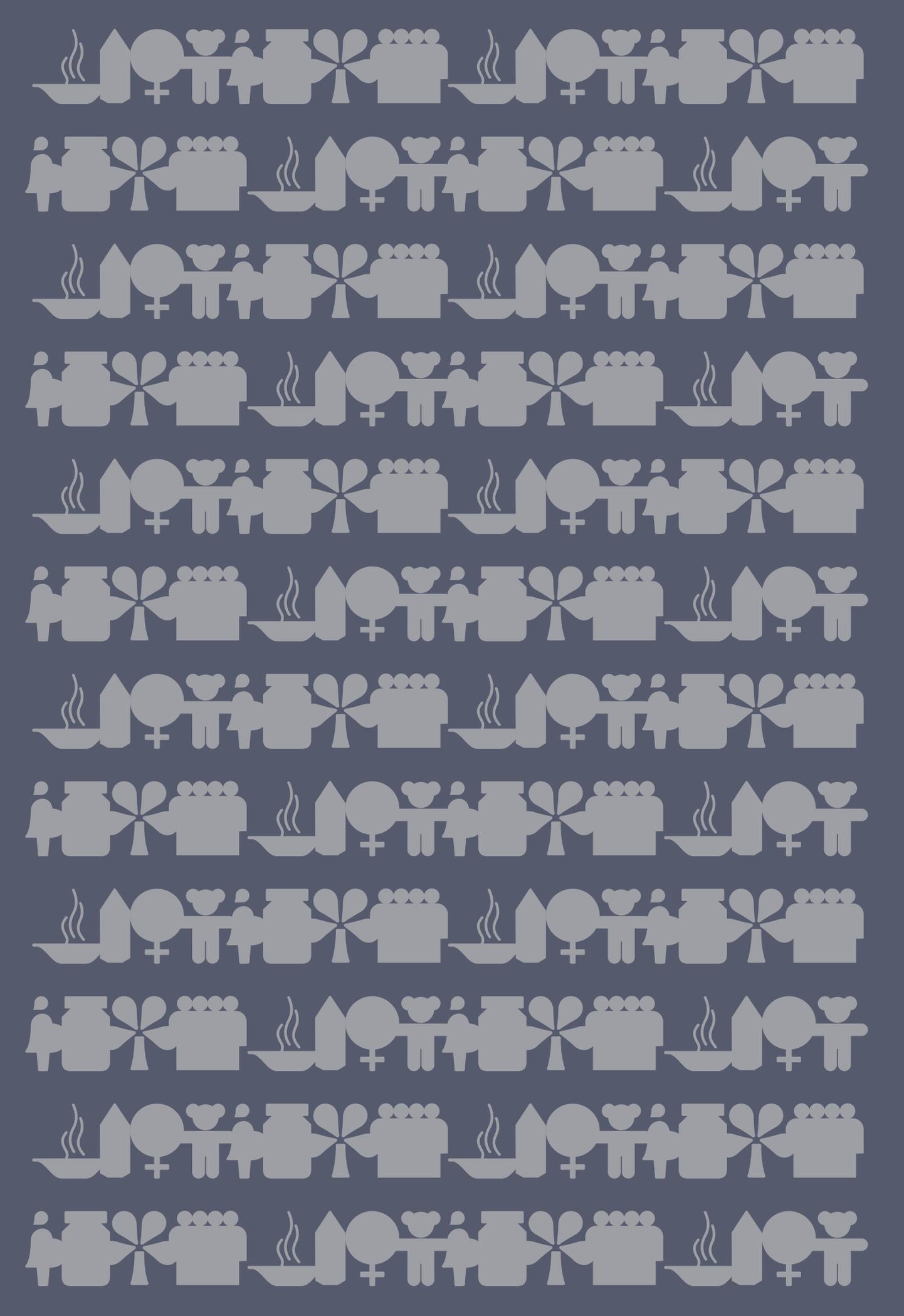
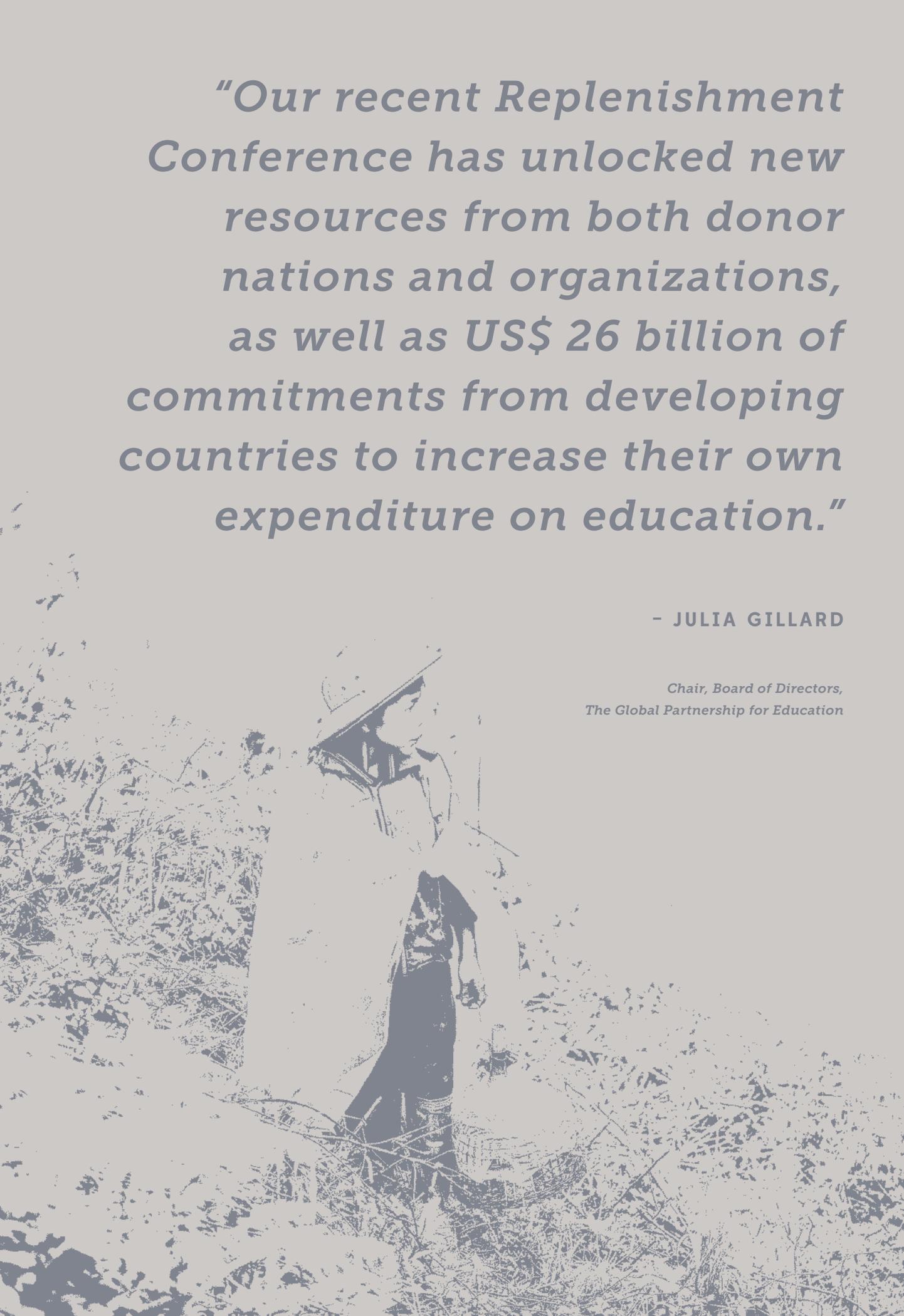
UNITED NATIONS SECRETARY-GENERAL’S
SPECIAL ENVOY FOR FINANCING
THE HEALTH MDGS AND FOR MALARIA



“Our recent Replenishment Conference has unlocked new resources from both donor nations and organizations, as well as US\$ 26 billion of commitments from developing countries to increase their own expenditure on education.”

- JULIA GILLARD

*Chair, Board of Directors,
The Global Partnership for Education*





*"I always believe that
even one book, one pen,
one child, one teacher can
change the world."*

- MALALA YOUSAFZAI





“The MDG deadline is not the finish line of a race, it is a moment to check in, learn lessons, and then recommit ourselves to the even harder work that lies ahead.”

- PAUL KAGAME

PRESIDENT OF THE REPUBLIC OF RWANDA

- ERNA SOLBERG

PRIME MINISTER OF NORWAY

*Co-Chairs of the
UN Secretary-General's
MDG Advocacy Group*