

The MDG Summit: Strengthening the U.S. Role in Accelerating Progress

by Diana Aubourg Millner



Todd Post

Key Points

While there have been some notable gains over the past decade in achieving the U.N. Millennium Development Goals (MDGs), progress on the MDGs as a whole is a mixed bag, particularly in Africa, where many of the MDG targets will not be met.

One of the most important requirements for progress on the MDGs is clear leadership at the country level, including the integration of the goals into national planning.

The next five years present an opportunity to build on proven strategies to get results. To strengthen U.S. leadership in achieving the MDGs, the United States must:

- Develop a five-year U.S. government acceleration strategy
- Scale up proven nutrition interventions
- Fully fund U.S. government global initiatives and
- Measure effectiveness across the board.

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Abstract

The U.N. Millennium Development Goals (MDGs) generated unprecedented levels of commitment to dramatically cut poverty and disease, improve access to education and health, and promote gender equity and environmental sustainability.

Over the past decade, the MDGs have become in many ways the most accessible set of global benchmarks—embraced by governments, civil society actors, grassroots and youth-focused groups, and celebrities alike.

However, progress on the MDGs as a whole is a mixed bag, particularly in Africa, where many of the MDG targets will not be met. For most of the past decade, global hunger has steadily increased, particularly in 2008-2009 as a food price crisis emerged in tandem with the global economic downturn.

One of the most important requirements for progress on the MDGs is clear leadership at the country level, including the integration of the goals into national planning. With a focused strategy, based on measurable results, the United States can redouble its efforts to accelerate progress on the MDGs.

In 2000, world leaders agreed to an ambitious 15-year agenda to meet the needs of the world's poor people.¹ The Millennium Development Goals (MDGs) generated unprecedented levels of commitment to dramatically cut poverty and disease, improve access to education and health, and promote gender equity and environmental sustainability. The MDGs also include strengthening the partnership between developed and developing countries to make aid delivery more effective. Setting a 2015 deadline to meet specific targets upped the ante for stronger accountability and measurable results and outcomes.

Taking action during the remaining five years of the timeline is urgent, not merely because of a looming deadline but because there is more momentum now to reach some key targets. The poorest developing countries could potentially not only cut poverty and hunger, but recast themselves as partners and agents in development and even as new poles of growth in a changing global landscape.²

Achieving the MDGs requires forging a new course for global development, one that prioritizes success at the country level and shifts the focus from donors to country-led development.

This paper examines factors that have contributed to country-level progress to date on the MDGs, with a focus on national leadership and locally developed strategies. It also considers the U.S. strategy for meeting the MDGs that was announced in July 2010—a comprehensive plan for U.S. global leadership on the MDGs—and suggests ways the United States can maximize its substantial investment in meeting the goals.



Margaret W. Nea

Gender equality means that women who farm, like this young woman in Zambia, have access to appropriate tools, supplies, and training.

A Decade in Review: Progress, Gaps, and Opportunities in Achieving the MDGs

The U.N. summit on the MDGs in September 2010 can point to some notable gains over the past decade. *The U.N. Millennium Development Goals Report 2010* highlights encouraging trends that may lead to success on some of the MDGs.³ Despite the global economic downturn, developing countries could succeed in halving extreme poverty: the proportion of people whose income is less than \$1 a day could fall to 15 percent by 2015.⁴ And in many of the poorest countries in sub-Saharan Africa, more children are enrolled in school than ever before.

Among the most touted country-level or regional MDG successes to date:⁵



MDG 1 (eradicate extreme poverty and hunger): Malawi went from a 43 percent food deficit in 2005 to a 53 percent food surplus in 2007.



MDG 2 (achieve universal primary education): Since 2000, there has been a 16 percentage point improvement in net primary school enrollment in sub-Saharan Africa.



MDG 3 (promote gender equality and empower women): Rwanda elected a parliament that is 56 percent female—the world's first parliament with women in the majority.



MDG 4 (reduce child mortality): the under-5 mortality rate has been reduced by 50 percent or more since 1990 in Bangladesh, Bhutan, Bolivia, Eritrea, Laos, and Nepal.



MDG 5 (improve maternal health): The maternal mortality ratio in Honduras dropped 40 percent between 1990 and 2005.



MDG 6 (combat HIV/AIDS, malaria, and other diseases): The proportion of HIV-positive pregnant women in sub-Saharan Africa receiving antiretroviral drugs increased from 10 percent in 2004 to 45 percent in 2008.



MDG 7 (environmental sustainability): South Africa cut in half the proportion of urban people who lack access to safe water—from 40 percent in 1994 to 19 percent in 2006.



MDG 8 (global partnership): Global official development assistance increased from \$103.5 billion in 2007 to more than \$119 billion in 2008—a 16 percent increase in real terms.

A recent study published in *The Lancet* cited a drop in maternal deaths worldwide for the first time in 30 years—from 525,000 in 1980 to 343,000 in 2008. This is major progress

in achieving MDG 5, which calls for reducing the maternal mortality rate by three-quarters.⁶ The number of people living with HIV who received treatment increased from less than half a million to more than 4 million in five years. This does not meet the goal of achieving universal access to treatment by 2010 (there are still some 2 million more people in need of access), but it is a gigantic leap forward from the days when treatment was beyond the reach of most people in the developing world.⁷ Key health interventions, such as bed net protection and treatments for malaria, have been instrumental in cutting child deaths from 12.5 million in 1990 to 8.8 million in 2008.

The MDGs can be credited with not only building a global consensus on targets to reduce poverty and hunger, but also serving as a platform for launching bold and aggressive initiatives. Over the past decade, the MDGs have become in many ways the most accessible set of global benchmarks—embraced by governments, civil society actors, grassroots and youth-focused groups, and celebrities alike.

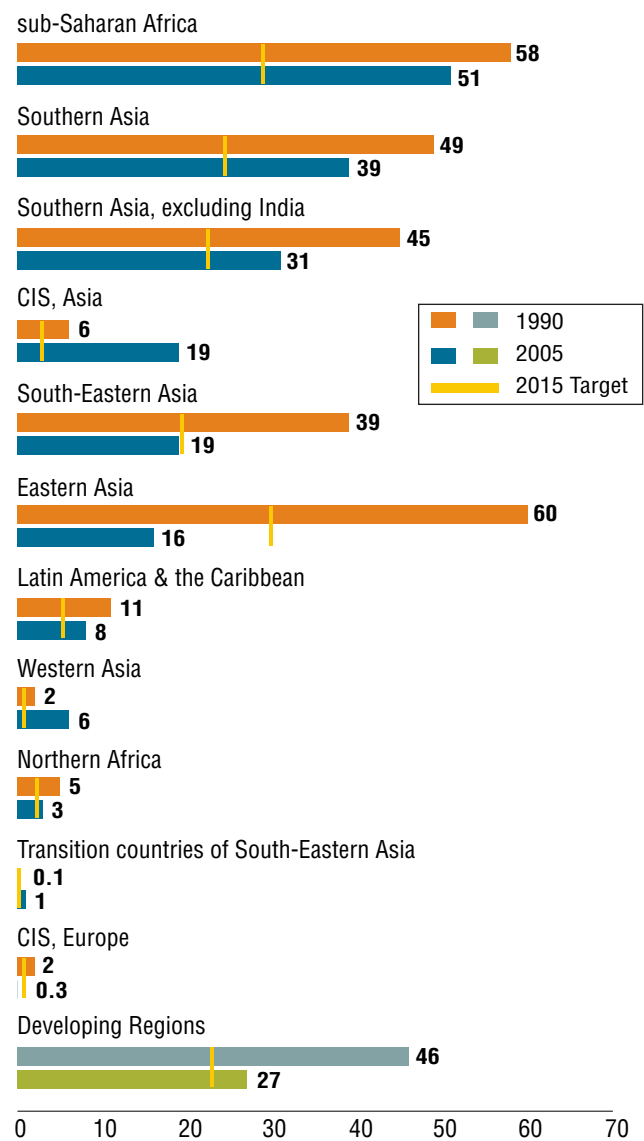
The United States can point to signature initiatives that have directed resources toward achieving the MDGs over the past decade. As the largest funder of global HIV/AIDS programs, the President’s Emergency Plan for AIDS Relief (PEPFAR) has led the global effort to combat HIV/AIDS (MDG 6). Since it was launched in 2003, PEPFAR has invested \$32 billion in bilateral and multilateral funding and has successfully expanded access to HIV prevention, care, and treatment in low-resource settings. In its initial phase, PEPFAR expanded treatment to more than 2.4 million people—half of all those on treatment in low- and middle-income countries. PEPFAR programs also funded care and support for 11 million people affected by HIV, including 3.6 million orphans, and prevented more than 300,000 babies from contracting HIV at birth. These impressive results have undoubtedly moved countries, particularly in Africa, closer to meeting the MDG health goals.

Another U.S. signature program, the Millennium Challenge Corporation (MCC), has led the way in making U.S. foreign assistance more effective in meeting the MDGs. Since it was created in 2005, the MCC has approved more than \$7.4 billion in investments—rewarding well-governed countries with large-scale grants, or “compacts,” supporting country-determined projects in key sectors that drive economic growth, such as agriculture. An independent agency, the MCC has emerged as an innovative mechanism for foreign assistance delivery—one that prioritizes country-driven strategies, good governance, a longer-term outlook, deep engagement with national priorities, and investment in projects most likely to yield economic returns that reduce poverty.

Lifting millions of people out of extreme poverty requires bold initiatives and intensive engagement. In August, the Center for Global Development unveiled a new MDG Prog-

ress Index to better measure country-level progress. Moving beyond the regional focus, the analysis identified “MDG trailblazers,” countries that would achieve at least half the MDG targets by 2015. There are 15 star performers in all. The Progress Index analysis draws on country-level data, rather than global or regional indicators, to determine to what extent a country is on or off track to reach the various goals. The findings suggest that five countries (Honduras, Kyrgyz Republic, Vietnam, Laos, and Cambodia), mostly in East Asia, will likely achieve all of the MDG targets. An additional 10 countries, half of which are in sub-Saharan Africa (Burkina Faso, Ethiopia, Ghana, Malawi, and Uganda), show achievements that will exceed expectations. The next section of this paper looks at three of these “star performers” in Africa.

Figure 1: Proportion of people living on less than \$1.25 a day, 1990 and 2010 (percentage)



Source:

Millennium Development Goals: Progress Chart to Date

This chart provides an overview of progress on the first seven Millennium Development Goals. Progress or lack of progress differs in every state, so regional overviews provide a snapshot at an aggregated level. In some instances, trends

are driven by high performance or lack of performance by one or a small group of countries. Since goal eight contains few measurable indicators, these goals are not included in the chart. 1990 is generally used as the baseline year.

Goals and Targets	Africa		Asia				Latin America & Caribbean	Commonwealth of Independent States	
	Northern	sub-Saharan	Eastern	S. Eastern	Southern	Western		Europe	Asia

GOAL 1: Eradicate extreme poverty and hunger

Reduce extreme poverty by half	On Track	Off Track	Goal Achieved	Goal Achieved	On Track	No Progress	Off Track	Goal Achieved	Off Track
Reduce hunger by half	Goal Achieved	Off Track	On Track	On Track	No Progress	No Progress	Off Track	Goal Achieved	Off Track

GOAL 2: Achieve universal primary education

Universal primary schooling	On Track	Off Track	Off Track	Off Track	On Track	Off Track	Off Track	On Track	No Progress
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GOAL 3: Promote gender equality and empower women

Equal girls' enrollment in primary school	On Track	On Track	Goal Achieved	Goal Achieved	Goal Achieved	On Track	Goal Achieved	Goal Achieved	Goal Achieved
Women's share of paid employment	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	On Track	Goal Achieved	Goal Achieved
Women's equal representation in national parliaments	Off Track	Off Track	No Progress	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track

GOAL 4: Reduce child mortality

Reduce mortality of under-five-year-olds by two-thirds	On Track	Off Track	Off Track	Off Track	Off Track	Off Track	On Track	Off Track	Off Track
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GOAL 5: Improve maternal health

Reduce maternal mortality by three-quarters*	On Track	No Progress	On Track	Off Track	Off Track	Off Track	Off Track	On Track	On Track
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GOAL 6: Combat HIV/AIDS, malaria and other diseases

Halt and reverse spread of HIV/AIDS	No Progress	Off Track	Off Track	Off Track	Off Track	On Track	Off Track	Off Track	No Progress
Halt and reverse spread of tuberculosis	On Track	No Progress	On Track	Goal Achieved	On Track	Off Track	Goal Achieved	Off Track	Off Track

GOAL 7: Ensure environmental sustainability

Reverse loss of forests**	On Track	Off Track	On Track	No Progress	No Progress	On Track	Off Track	Off Track	Off Track
Halve proportion without improved drinking water	On Track	Off Track	Goal Achieved	Goal Achieved	On Track	Off Track	Goal Achieved	Off Track	Off Track
Halve proportion without sanitation	Goal Achieved	Off Track	Off Track	On Track	On Track	Off Track	Off Track	No Progress	Off Track
Improve the lives of slum-dwellers	Goal Achieved	Off Track	Goal Achieved	On Track	Goal Achieved	No Progress	Off Track	No Data	No Data

- Goal Achieved • Target already met or very close to being met.
- On Track • Target is expected to be met by 2015 if prevailing trends persist, or the problem that this target is designed to address is not a serious concern in the region.

- Off Track • Target is not expected to be met by 2015.
- No Progress • Or a deterioration or reversal.
- No Data

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

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

Source: Adapted from *The Millennium Development Goals: 2010 Progress Report*. http://unstats.un.org/unsd/mdg/Resources/Static/Products/Progress2010/MDG_Report_2010_Progress_Chart_En.pdf

However, progress on the MDGs as a whole is a mixed bag, particularly in Africa, where many of the MDG targets will not be met.⁸ The U.N. Food and Agriculture Organization (FAO) estimates that 925 million people worldwide were living with chronic hunger in 2010—about 100 million fewer than in 2009.⁹ Still, the 925 million figure is unacceptably high and MDG 1 is decidedly off track.

For most of the past decade, hunger has steadily increased, particularly in 2008-2009 as a food price crisis emerged in tandem with the global economic downturn.¹⁰ Globally, 137 million children under age 5 are underweight. MDG 4, reducing child mortality, is the most off-track of all the MDGs, especially in sub-Saharan Africa where more than half of all child deaths occur.¹¹

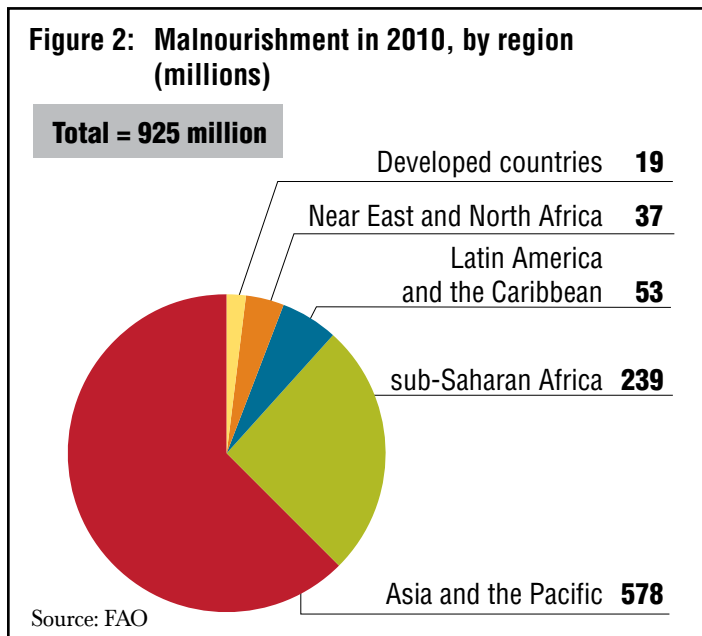
There are also significant regional disparities. The decline in hunger from 2009 to 2010 is largely concentrated in Asia, where 80 million fewer people suffer from hunger compared to a year ago. But the Asia/Pacific region still has 578 million hungry people—more than any other region. Latin America/Caribbean has made impressive gains, with Guyana, Jamaica, and Nicaragua already achieving MDG 1 and Brazil on track to do so.

The proportion of undernourished people is highest in sub-Saharan Africa, where 30 percent of the population is going hungry in 2010. Of all the countries with fewer than nine girls in school for every 10 boys, nearly two-thirds are in



Richard Lord

Supplemental feeding, like the yogurt-based breakfast this little boy in Malawi is eating, gives malnourished children a second chance at the vitamins and minerals they need to grow and develop.



sub-Saharan Africa. Africa lags behind the global progress on maternal health as well.

The U.N. Secretary-General’s 2010 report on MDG progress notes that in general, the challenges in achieving the MDGs are most pronounced in the poorest countries and those with recurring lapses into violence or just emerging from conflict.¹²

A wealth of reports, assessments, and consultations has appeared in advance of the MDG summit in September. Significant gaps in the investments that are needed to achieve the MDGs are in agriculture, nutrition, maternal health, gender equity, economic growth, and the environment. These funding gaps have a disproportionate effect on the most vulnerable people in the poorest regions of the world. There’s no shortage of obstacles to meeting the MDGs, among them the global economic downturn, re-emerging isolated food crises that could continue to grow, the impact of climate change, and an impasse in global trade agreement negotiations.

There is general consensus as to how to accelerate progress toward the MDGs over the next five years:

- Focus on the most off-track MDGs and regions
- Support country-led development, with a focus on including civil society
- Scale up targeted interventions that work; invest in women, job creation, agriculture, and maternal and child nutrition
- Strengthen the global partnership for achieving the MDGs as well as systems for global accountability
- Fulfill aid commitments

Encouraging Trends: A Focus on Progress in Africa

Sub-Saharan Africa is the region where significant and rapid progress on the MDGs is most needed. We should note, however, some very hopeful successes over the past decade. Analysis by the Overseas Development Institute (ODI) found that Africa is home to 11 of the 20 low-income coun-

tries making the most absolute progress on the MDGs, and half of the countries in sub-Saharan Africa are on track to meet the target of halving poverty by 2015.¹³

On the whole, Africa is rebounding from the economic crisis more quickly than most of the world, due largely to its isolation from the global economy and its robust average economic growth rate. More than 30 sub-Saharan African countries recorded higher economic growth rates in 2007 than in 2006.¹⁴ In 2007, 23 African economies grew at a rate of 5 percent or more, and a group of 18 non-oil-producing African countries have averaged annual growth of 5.5 percent between 1995 and 2005. Africa is also experiencing a mobile phone “revolution”—a quarter of the continent’s population now has a mobile phone. Cell phone subscriptions in sub-Saharan Africa grew by more than 60 percent annually between 1994 and 2005—spurring investments in infrastructure and mobile payment platforms that increase access to services and reduce transaction costs. Increasingly, African farmers are relying on their mobile phones to check prices and obtain information that is useful in improving their agricultural techniques.

Benin had one of the world’s lowest net enrollment rates, but the country is now on track to achieve universal primary education by 2015. A number of sub-Saharan African countries have reversed poor health trends, lowered mortality rates, and expanded access to the prevention and treatment of infectious diseases. Across sub-Saharan Africa, the use of insecticide-treated bed nets among children jumped from 2 percent in 2000 to 22 percent in 2008.¹⁵ More than 3 million Africans with HIV now have access to antiretroviral medications, compared with only 100,000 in 2003.¹⁶ And while progress on hunger worldwide has been disappointing, Ghana has managed to cut hunger by 75 percent since 1992.¹⁷

But the continent as a whole lags behind in meeting the MDG targets. While poverty in Africa is falling, more than half of the population still lives below the poverty line. Africa has the highest rate of hunger—about 30 percent of the population, or 239 million people. In sub-Saharan Africa, 40 percent of children younger than 5 are stunted as a result of malnutrition and an estimated 27 percent of children under 5 are malnourished. Sub-Saharan Africa is the only region that has experienced an increase in the under-5 mortality rate—which dropped by 30 percent worldwide between 1990 and 2007.

Even with the gains in disease control and treatment, 90 percent of all malaria deaths currently occur in Africa—most among children younger than 5. In 2008, sub-Saharan Africa accounted for 67 percent of the world’s new HIV infections and 91 percent of all new HIV infections among children.

There is a long way to go on MDG 7 (ensuring environmental sustainability). More than 37 percent of the world’s population lacks access to toilets, latrines, or other forms of adequate sanitation. While there have been gains in access to safe water (countries like Ghana, Mali, Guatemala, and Senegal have significantly improved access), there are still close to 1 billion people worldwide who do not have adequate access to safe water.¹⁸

Climate change is likely to have a significant impact on several MDGs in sub-Saharan Africa. The Intergovernmental Panel on Climate Change (IPCC) predicts increases in extreme weather forms; dry areas will become drier, while heavy rainfall and flooding will increase in other places. Climate change will severely compromise agricultural production and food security in many African countries, disproportionately affecting small scale farmers. Yield in some countries could be reduced by a projected 50 percent by 2020, and net revenues from crops could fall by as much as 90 percent by 2100.¹⁹ These pressures could not only lead to conflicts over natural resources but also spur



Crista Friedli

Universal primary education gives everyone basic skills that are essential to modern life—from reading the instructions on medication to figuring out if the store cashier gave them the right change.

Africa has made substantial progress in reaching MDG 2, universal primary education. Over the past decade, Africa had a 25 percent increase in gross primary school enrollment, the highest of any region. To expand access to education, many African countries abolished school fees. In 1999,

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rural-urban migration. In turn, increased migration has major implications for urbanization, the growth of slums, and resulting social impacts such as urban violence and disease transmission.

Accelerating progress with country-owned strategies

One of the most important requirements for progress on the MDGs is clear leadership at the country level, including the integration of the goals into national planning. Considering country-level successes and how they were achieved is critical to understanding MDG progress to date and planning what it's possible to accomplish over the next five years. Locally-derived strategies have a greater likelihood of sustainability beyond 2015, and there are some noteworthy examples of strong national leadership and country-led development in achieving the MDGs.

Malawi offers a good example of how a national program to support smallholder farmers succeeded in dramatically improving food security. In 2005, an ambitious government-led input subsidy program generated surplus above national demand and effectively buffered Malawi from the worst effects of the global food price crisis of 2008. The government used discretionary budget funds and support from the United Nations to import fertilizer and purchase improved maize seed for distribution to farmers. The subsidy program, along with better rainfall conditions, resulted in a doubling of maize production in 2006 and almost a tripling in 2007. Beyond realizing a surplus for itself, Malawi made maize donations to Lesotho and Swaziland and to the U.N. World Food Program in the country.

The government of Malawi took the lead on this initiative in the face of opposition and criticism from external donors. For decades, donors have been reluctant to support input subsidies because of the high costs of maintaining subsidy programs and the challenges in reaching the poorest farmers.²⁰ In the case of Malawi specifically, donors were concerned about the potential costs and the lack of a clearly articulated "exit strategy." But gradually, donors have become more interested and willing to work with Malawi's government to support and improve the effectiveness of the input subsidy program for smallholders. Some of Malawi's neighbors (including Kenya, Rwanda, and Tanzania) are now studying, adapting, and building on this experience to improve their own agricultural productivity.

The Crop Intensification Program (CIP) launched by the government of Rwanda in 2007 had a similar effect. It fo-



Local people like this maize farmer in Ghana are the experts on their own agricultural production challenges and what solutions will work in their communities.

USAID

cused on distribution of seed and fertilizer, promoting market-oriented farming methods, and land consolidation (encouraging farmers to merge their small holdings for greater yields). The CIP also trained district and sector agronomists and farmers, subsidized transportation in rural areas, and incorporated measures to improve crop husbandry methods.

In 2008, agricultural productivity increased by 16 percent; local production of major food crops such as maize, potatoes, cassava, and rice also rose. The Rwandan government reports that as a result, food security has improved sharply, and food prices have been stable since September 2009. The gains have been significant, both in improving food security and in strengthening the national economy, which relies heavily on agricultural productivity.

According to the U.N. Development Program, Ghana was the first African country to cut the proportion of people living in extreme poverty and it is likely to achieve MDG 1 by 2015. Strong agricultural growth caused a substantial decline in the country's incidence of extreme poverty—from 36.5 percent in 1991 to about 16 percent in 2008. Other elements that have contributed to lowering poverty include a widely successful flagship school feeding program that reaches more than half a million students, and a national job creation program that employs about 100,000 young people each year.

In the area of health, the government of Togo has had some success with an integrated health campaign that combines immunizations with distribution of bed nets and vitamin A supplements.²¹ When it was launched in 2005, the Togo Integrated Child Health Campaign was the country's

first national campaign to deliver various health interventions jointly, with a focus on the most vulnerable members of a household—pregnant women and children under 5. The campaign reached 71 percent of this target group. While at the national level, 45 percent of women and children continue to sleep without bed nets, the government-led campaign has laid the groundwork for an integrated health approach that could be scaled up in Togo and adapted in other countries.

nin, Madagascar, and Zambia are on track to achieve universal primary education by 2015.²³

Agriculture is the basis of most African economies and also, of course, crucial to ending hunger. Beyond the efforts of individual countries, there is a continent-wide effort underway to support African governments in developing strong national agriculture plans. The Comprehensive Africa Agriculture Development Plan (CAADP) creates a platform for countries to align national plans and investments with CAADP principles and targets. CAADP should serve as a platform for donor coordination, alignment with national priorities, and investments in agriculture in Africa over the next five years, all moving us closer to achieving MDG 1, reducing poverty and hunger.

While strong national leadership is important, the responsibility for country-owned development in achieving the MDGs cannot be confined to government alone. This is especially important for countries that may be performing well economically under strong leadership, but lack a commitment to strengthening democratic institutions and promoting gender equity in decision-making. For instance, Rwanda's president is credited with transforming the country post-genocide but increasingly criticized for infringing on democratic principles and human rights.

The most sustainable country-led strategies will prioritize the involvement of local stakeholders, such as smallholder farmers, women, and relevant networks and associations, who can weigh in knowledgeably on program design and implementation as well as systems of accountability. CAADP includes processes for civil society consultation. In each country and at the regional level, these processes need to be broad, robust, and ongoing to support a country-led approach that yields results.

As donor governments assess their roles in accelerating progress on the MDGs over the next five years, they should commit to strengthening country-level strategies that are working. Many of the countries who have achieved inspiring gains on the MDGs worked in partnership with donors who were willing to support national priorities. The United States can point to its substantial investments via PEPFAR and the MCC which in general have been aligned with national plans and required intensive engagement with country-level actors. These resources have kept people alive, strengthened health systems, and fostered economic growth. To build on these gains, the United States must prioritize capacity-building for



Crista Friedli

Tanzanian children can look forward to a healthier future thanks to better nutrition in early childhood. Here, kids drink uji, a fortified porridge.

In addition to its progress on food security, Malawi has generated strong momentum in its efforts to improve health outcomes for children. The country's mortality rate for children under 5 fell by almost half between 1990 and 2007. It is now first in the southern African region in reducing the absolute number of child deaths and second among all low-income countries. Credit for this progress has been given to Malawi's creative country-based strategies for delivering cost-effective prevention and treatment to women and children. These include mosquito nets, vaccinations, deworming medicines, and vitamin A supplements to boost children's immunity. A national corps of 10,000 trained rural health workers has been instrumental in extending medical care to the most vulnerable people.²²

As stated earlier, a number of African countries have eliminated school fees and led national programs to increase primary school enrollment. In addition to Benin's progress, Ethiopia put an additional 3 million kids in school. Tanzania enrolled 2 million, doubling school enrollment between 2001 and 2006. Tanzania, Burkina Faso, and Zambia have increased their enrollment rates to more than 90 percent. Be-

partner governments, such as strengthening key ministries, improving governance, and establishing administrative and legal frameworks. This is particularly true among countries that are furthest off track in meeting the MDGs. This will ensure that countries can continue to take the lead in setting national priorities and implementing key reforms, as noted in the examples above.

The U.S. Strategy for Meeting the MDGs: Leveraging resources toward measurable outcomes

In July 2010, the administration released its strategy for meeting the Millennium Development Goals to affirm the U.S. commitment to supporting countries in achieving the MDGs. The U.S. strategy is anchored by four “strategy imperatives”: innovation, sustainability, tracking outcomes, and mutual accountability.

The strategy has a strong emphasis on responding to partner country priorities as well as developing and applying new technologies, fostering broad-based economic growth, measuring results, and encouraging mutual accountability to accelerate progress on the MDGs. Mutual accountability in this context means that donors must honor their aid commitments, and partner countries must lead their own development and prioritize the MDGs in their national planning.

Perhaps the most important part of the administration’s new strategy is the explicit links drawn between and among the various programs and initiatives. Under the “innovation” imperative, for example, the United States will ramp up investments in research in both of the global initiatives launched this year. The U.S. food security initiative, Feed the Future, will build local research capacity and invest in global agricultural research partnerships. The U.S. Global Health Initiative will support innovations in strengthening health systems and delivery models. There will also be targeted investments in vaccine research, advanced treatment technologies, and other global health research.

The United States is now in the midst of one of the most extensive reviews of foreign assistance programs in decades. The two major administration efforts to assess foreign assistance are the Presidential Study Directive (PSD) and the Quadrennial Diplomacy and Development Review (QDDR). The 2010 review should work toward repositioning development as a central pillar of the United States’ national security strategy. Advocates have been calling for a global development strategy that would help situate all the various (and often disparate) initiatives and activities of U.S. foreign assistance in a broader framework and provide a clear roadmap for U.S. global leadership.²⁴

The MDG strategy is not a global development strategy,

but it is the most comprehensive articulation of the U.S. approach to development vis-à-vis the MDGs that we have seen to date. Many principles of foreign aid reform are woven throughout the strategy and illustrated with specific examples of key existing and forthcoming aid programs, initiatives, and policy shifts.



Robin Stephenson

An emphasis on “sustainable” agriculture will enable these market women in Vietnam to continue to grow as much food as possible without wearing out their land.

Recommendations: Strengthening U.S. Leadership on Achieving the MDGs

The U.S. MDG strategy can help redouble U.S. efforts to accelerate progress on the MDGs. It is important to tie this clear framework for action to a list of measurable results expected in five years. A U.S. MDG plan must also shape an integrated approach that is sustainable beyond 2015.

The plan must:

Develop a five-year U.S. government acceleration strategy

While the four strategic imperatives (innovation, sustainability, outcomes, and mutual accountability) provide an organizing framework for U.S. leadership in meeting the MDGs, we must still situate this strategy (especially the monitoring, measurement, and evaluation components) within a five-year time frame. What are our desired outcomes for 2015 and how will progress over the next five years inform a next generation of goals? A more focused five-year acceleration strategy, with clearer benchmarks, would help us better understand the impact of U.S. assistance on meeting the MDGs. Accountability reports should be issued annually over the next five years to track progress.

Scale up proven nutrition interventions

The impact of malnutrition in the critical “window of opportunity” (birth to 24 months old) is well documented, with potentially irreversible impacts on cognitive development, later earnings, and ultimately a nation’s economic growth. Yet nutrition-focused interventions have not been scaled up to what is needed, particularly at the country level. The U.S. MDG strategy recognizes the importance of nutrition in key areas, but stops there. The United States must include sustained improvements in nutrition at the country level among its development objectives—for example, exploring nutrition as a critical nexus between Feed the Future and the Global Health Initiative.²⁵



Richard Leonard

Reducing extreme poverty and hunger means that hundreds of millions of people will not only have better lives today, but will be in a stronger position to help their communities tomorrow.

Fully fund U.S. government global initiatives

Mutual accountability as a key imperative means that the United States must honor its commitments. This requires fully funding the presidential initiatives that are featured prominently in the U.S. strategy for meeting the MDGs as well as funding other poverty-focused development assistance. Right now, there is tremendous momentum in global food security and agriculture efforts; this is arguably the arena in which we are seeing the greatest country-level progress and the strongest national and regional leadership.

One key way of building on this momentum is to fully fund the administration’s request for \$3.5 billion over the next three years to implement Feed the Future. It will signal to other donors that global commitments related to the MDGs must be fulfilled, thereby leveraging more resources to meet them. Backtracking on commitments will make it more difficult to encourage policy reforms and better practic-

es with partner countries—improvements that could enhance mutual accountability.

Measure effectiveness across the board

We are encouraged by the keen focus on strengthening the capacity of U.S. agencies to more effectively measure and monitor results. Beyond assessing the outcomes of individual initiatives, we should use the MDGs as a framework for measuring the effectiveness and overall impact of the major initiatives (Feed the Future, the Global Health Initiative, the President’s Emergency Plan for AIDS Relief, the Millennium Challenge Corporation, etc.). We should seek to understand to what extent our investments in agriculture, global health, and economic growth are helping to spur progress or fill the most critical gaps in MDG resources. Country-level progress on the MDGs should also be gathered and re-incorporated into agencies’ planning and operations. Flexibility is needed on the ground in order for field staff to respond quickly to findings. For USAID, our main development agency, this also requires sufficient budget decision-making authority to ramp up investments in what is working best.

Conclusion

The administration and Congress must work together more effectively to ensure that U.S. investments in reaching the MDGs are on track. Congress must emphasize the importance of measurable results but also be open to longer-term development objectives with clear goals and benchmarks. This requires being willing to look beyond more immediate political concerns to invest in programs that are proven to have long-term benefits for poor people—a decided shift from evaluating program primarily by outputs (e.g. the number of HIV-positive people receiving treatment) to sustainable outcomes (e.g. increased agricultural productivity that can be repeated in later years). The administration must play its part by initiating active, consistent consultation with members of Congress and their staff to keep them abreast of program developments, notable successes, any complications, and other key information needed for congressional oversight.

The very existence of “MDG trailblazers,” countries that in many ways have defied the odds and are on track to achieve some or all of the MDGs, proves that it is possible to tackle extreme poverty even if it requires reversing decades-long trends. The next five years present an opportunity to build on proven strategies at the country level to get results. With a slow global economic recovery, the ongoing volatility of food and fuel prices, and climate change—all of which affect the least developed countries and most vulnerable people disproportionately—a push to achieve the MDGs is doing

more than meeting pre-set targets. It means building resiliency against external shocks, creating safety nets for poor people, and targeting resources to sustainable development. This is what it will take to make progress on the ambitious yet attainable Millennium Development Goals.

Endnotes

¹ The U.N. Millennium Declaration was adopted by 189 member states September 8, 2000.

² See Robert Zoellick's remarks, Woodrow Wilson Center for International Scholars, April 14, 2010. Available from: <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:22541126~pagePK:34370~piPK:42770~theSitePK:4607,00.html>

³ U.N. Millennium Development Goals Report 2010. Available from: <http://www.un.org/millenniumgoals/pdf/MDG%20Report%202010%20En%20r15%20-low%20res%2020100615%20-.pdf>

⁴ A decline of roughly 200 million, largely in Asia.

⁵ Africa Renewal Online: <http://www.un.org/ecosocdev/geninfo/afrec/vol24no2-3/mdgs.html>. Millennium Development Goals at a Glance: http://www.un.org/millenniumgoals/pdf/mdgs_glance_factsheet.pdf

⁶ *The Lancet*, available from: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2810%2960518-1/fulltext?_eventId=login

⁷ MSF Report, "No Time to Quit." Available from: <http://www.doctorswithoutborders.org/publications/reports/2010/MSF-No-Time-to-Quit-HIV-AIDS.pdf>. "Universal Access" refers to at least 80 percent of people in need of ART on treatment at the national level.

⁸ Leo, Benjamin & Barmerier, Julia (2010). "Who are the MDG Trailblazers? A New MDG Progress Index," Center for Global Development. Available from: <http://www.cgdev.org/content/publications/detail/1424377/>

⁹ FAO Press Release: <http://www.fao.org/news/story/en/item/45210/icode/>

¹⁰ FAO, Available from: <http://www.fao.org/news/story/0/item/20568/icode/en/>. The number of hungry people increased from 825 million in 1995-97, to 857 million in 2000-02 and 873 million in 2004-06. For 2008, FAO revised its provisional estimate from 963 million people down to 915 million, due primarily to a better-than-expected global food supply.

¹¹ "Achieving the Millennium Development Goals: Education is the Key Missing Link," The Brookings Institution. Available from: http://www.brookings.edu/opinions/2010/0730_mdgs_education_gartner.aspx?p=1

¹² U.N. Secretary General Report (2010): http://www.un.org/ga/search/view_doc.asp?symbol=A/64/665

¹³ June 2010 ODI Report. Available from: <http://www.odi.org.uk/resources/details.asp?id=4908&title=mdgs-progress>

¹⁴ Overseas Development Institute (ODI) (2010). Available from: <http://www.odi.org.uk/resources/details.asp?id=4908&title=mdgs-progress>

¹⁵ USAID (2009), "Sub Saharan Africa: Economic Growth and Trade". Available from: http://www.usaid.gov/locations/sub-saharan_africa/sectors/eg/index.html

¹⁶ UNAIDS

¹⁷ UNAIDS (2009), "Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector." Available from: http://data.unaids.org/pub/Report/2009/20090930_tuapr_2009_en.pdf

¹⁸ Millennium Development Goals at a Glance: http://www.un.org/millenniumgoals/pdf/mdgs_glance_factsheet.pdf

¹⁹ (IFAD/WFP)

²⁰ United Nations Environment Programme (UNEP). Available from: http://www.unep.org/roa/amcen/docs/AMCEN_Events/climate-change/2ndExtra_15Dec/FACT_SHEET_CC_Africa.pdf

²¹ UNDP, "What will it take to achieve the Millennium Development Goals?: An international assessment." Available from: http://content.undp.org/go/cms-service/stream/asset/?asset_id=2620072

²² "Child Mortality Rate Declines Globally," *New York Times*. September 9, 2009: <http://www.nytimes.com/2009/09/10/world/10child.html>

²³ "Child Mortality Rate Declines Globally," NYT. September 9, 2009: <http://www.nytimes.com/2009/09/10/world/10child.html>

²⁴ ONE, "The 2010 DATA Report," Available from: <http://www.one.org/report/2010/en/>

²⁵ Modernizing Foreign Assistance Network (MFAN) Open Letter (August 2010): http://modernizingforeignassistance.net/network/open_letter_to_obama.php



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