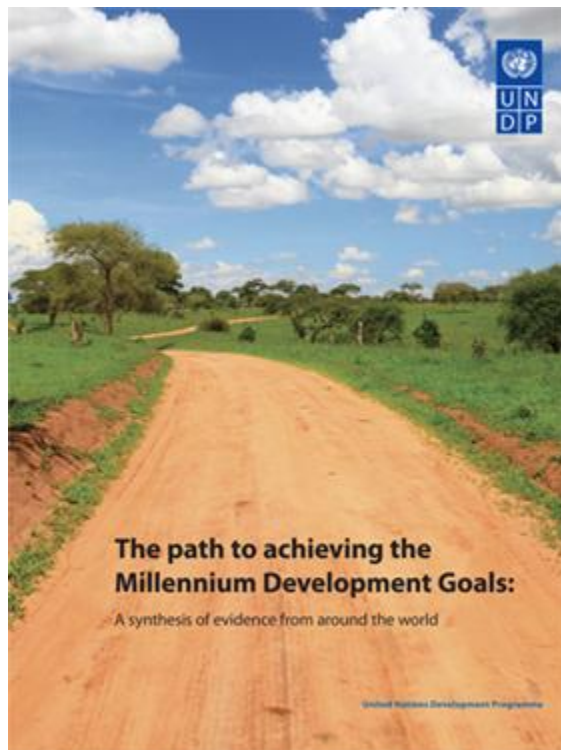


Evidence says the millennium goals are “within reach”



New York, 13 July 2010 — A synthesis of evidence from around the world, released by the **United Nations Development Programme**, vividly illuminates for the international community the path to creating a more healthier and richer world it envisioned a decade ago when it adopted the [Millennium Development Goals](#).

The publication, titled “**The path to achieving the Millennium Development Goals: A synthesis of evidence from around the world**”, draws upon the national experience of **34 countries** — 20 of which are in Africa — that have completed their national MDG assessments and shows trends in progress, successes, failures and the impact of the recent global crises.

It asserts that, while there is no one approach that could guarantee a country’s success across the board, with **national commitment, innovative**

policies and **pro-poor economic growth**, the MDGs are within reach.

“These second generation of national MDG reports are critical because they provide us with an in-depth understanding of what drives and constrains progress”, said Usman Iftikhar, who led a team of specialists for the development of the report. “The previous national reports were more of an advocacy tool; this time, we have concrete country-level evidence that gives us rich experience and guidance on what to do to make progress in the next five years”.

Ethiopia and **Morocco** provide examples of the effectiveness of **pro-poor growth**. Thanks to its agriculture-centred development strategy, which has helped to improve land management and provide vocational training for farmers, Ethiopia’s rural poverty rate of 39 per cent is only slightly higher than the urban rate of 35 per cent. Morocco is increasingly devoting its resources to fight poverty in the poorest communities. In fact, the reduction of poverty from 2004 to 2007 was higher in the country’s poorest municipalities.

Investment in **education** is one of the best ways to increase income, agricultural productivity, gender equality and health. The Government of **Benin** began local initiatives in 2004 to involve parents in the education of their children. This has raised the demand for primary education, as parents became aware of its benefits, and helped to mitigate some of the costs associated with schooling. In 2009, the initiative was taken to the national level.

Evidence also shows that investing in **women's and girls' empowerment** can bring significant progress on other goals. **Egypt**, mindful of women's vulnerability in the labour market — women's unemployment rate used to be four-times higher than that of men — created a programme **inspired by Latin American countries** to reward companies that are committed to gender equality in hiring, wages and promotions.

When health interventions addressed multiple factors, remarkable success has followed. **Kenya** improved the health of children by increasing the provision of obstetric care, immunisation, use of insecticide-treated bed nets and vitamin A supplements. **Rwanda** has successfully fostered community-based healthcare services focusing on measures that families can practice by themselves with assistance from professional health workers. The Government of **Mali** established a contract with partners to accelerate progress on the health MDGs. The contract focuses on the responsibilities and accountability of signatories to ensure long-term, predictable resources to make progress on health.

The **Central African Republic**, a country still recovering from crisis, proves that with strong national commitment, MDG achievement is possible even in conflict or disaster-prone countries. It created a national strategy to achieve universal primary school education, calling for reduced tuition fees and improved salaries for teachers. Partly as a result of this top-level initiative, the country is on track to meet the education targets.

Integration of interventions has proved effective as countries respond to the challenges of reducing childhood mortality and improving maternal health. **Botswana** has provided antiretroviral therapy to 94 per cent of pregnant women with HIV, reducing mother-to-child transmission rates to less than 4 per cent. It has done this by integrating HIV/AIDS treatment and counselling with antenatal clinics. AIDS deaths in Botswana fell by 50 per cent between 2003 and 2007.

The direct and indirect links between the **provision of energy** and accelerated progress across the Millennium Development Goals are increasingly evident. **Nepal** has explored off-grid technologies to expand rural energy access. Currently, more than 250 micro-hydro power plants provide electricity to more than 40,000 households in 40 districts. The initiative has impacted all the MDGs, with particular benefits to women and girls, as they spend less time on collecting woods and more time on income-generating activities.

The report identifies as common constraints unresponsive institutions, lack of personnel capacity and insufficient finance. Social and cultural attitudes that marginalise women and vulnerable groups, inadequate infrastructure, poor data and monitoring, conflict, natural disaster, and emerging challenges — such as the global recession and climate change — also hamper progress.

“The clear message is that the MDGs can be achieved”, said Sara van Gaalen, a member of the team to work on the report. **“We can accelerate progress by leveraging appropriate resources**

and partnerships with good policy, the right programmes and strong commitment from the government and its partners”.

[Click here to read the full report.](#)

Source: <http://content.undp.org/go/newsroom/2010/july/20100713-synthesis-report.en>