



House of Commons  
International Development  
Committee

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# The 2010 Millennium Development Goals Review Summit

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Second Report of Session 2010–11

*Volume I*

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International Development  
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**The 2010 Millennium  
Development Goals  
Review Summit**

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**Second Report of Session 2010–11**

***Volume I***

*Volume I: Report, together with formal minutes, oral and written evidence*

*Additional written evidence is contained in Volume II, available on the Committee website at <http://www.parliament.uk/lindcom>*

*Ordered by the House of Commons  
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## Summary

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In 2000 world leaders established the Millennium Development Goals (MDGs), a set of global targets seeking to reduce poverty and promote development. For the first time there were measurable objectives on which developed and developing countries could base their development strategies. The UK's Department for International Development (DFID) has made the achievement of the MDGs a central strategic objective.

There has been notable progress towards reaching several Goals, including those focussing on child mortality and primary education. However, the Goals seeking improved gender equality and maternal health, amongst others, are seriously off-track.

A major United Nations (UN) Summit was held from 20-22 September 2010 to review progress towards achieving the MDGs five years before their 2015 deadline. Our report focuses on this Summit. In general the Summit was a success and a number of its outcomes should enable better progress on these Goals by 2015, particularly a Global Strategy for Women's and Children's Health. The UK Government showed effective leadership by focussing on women's and children's health, doubling its funding for these sectors and committing to prioritise them across its programmes.

A number of developing countries made impressive commitments, particularly regarding women's and children's health. But whether or not these pledges translate into achievement of the Goals by 2015 depends on two key factors.

Firstly, it is vital that both donor and developing countries fulfil their promises. The number of off-track goals demonstrates that much greater commitment is needed by a number of developing country governments. Further, certain donors, such as the Italian Government, are not fulfilling their aid commitments. It is therefore important that different governments' post-Summit responsibilities are clearly identified with appropriate timelines attached. DFID should help build civil society capacity and strengthen Parliaments to ensure governments are held to account. It should also seek to boost political support for the moral and economic case for gender equality.

Secondly, multilateral organisations, notably the UN, must work as efficiently as possible to support improved health, education and other basic services in developing countries. The UN is seeking to improve co-ordination between its agencies but progress is too slow. DFID must continue to press for better co-ordination and the amount of funding it provides should be related to success in achieving improvements.

DFID should also engage in planning for a new international framework to replace the MDGs after 2015. A review of the effectiveness of the MDGs should be carried out to assess whether this framework represents the best approach to facilitating development before a new set of targets is agreed for the post-2015 framework. This new framework should include a greater focus on: reaching the most vulnerable people and the very poorest; giving higher priority to climate change, biodiversity and the environment; and addressing population growth.

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# Table 1: Progress towards the MDGs by region, 2010

Goals and Targets	Africa		Asia				Oceania	Latin America & Caribbean	Commonwealth of Independent States	
	Northern	Sub-Saharan	Eastern	South-Eastern	Southern	Western			Europe	Asia
<b>GOAL 1   Eradicate extreme poverty and hunger</b>										
Reduce extreme poverty by half	low poverty	very high poverty	high poverty	high poverty	very high poverty	low poverty	—	moderate poverty	low poverty	high poverty
Productive and decent employment	very large deficit	very large deficit	large deficit	very large deficit in decent work	very large deficit in decent work	very large deficit in decent work	very large deficit in decent work	moderate deficit in decent work	small deficit in decent work	large deficit
Reduce hunger by half	low hunger	very high hunger	moderate hunger	moderate hunger	high hunger	moderate hunger	—	moderate hunger	low hunger	moderate hunger
<b>GOAL 2   Achieve universal primary education</b>										
Universal primary schooling	high enrolment	moderate enrolment	high enrolment	high enrolment	moderate enrolment	moderate enrolment	—	high enrolment	high enrolment	high enrolment
<b>GOAL 3   Promote gender equality and empower women</b>										
Equal girls' enrolment in primary school	close to parity	close to parity	parity	parity	parity	close to parity	almost close to parity	parity	parity	parity
Women's share of paid employment	low share	medium share	high share	medium share	low share	low share	medium share	high share	high share	high share
Women's equal representation in national parliaments	very low representation	low representation	moderate representation	moderate representation	low representation	very low representation	very low representation	moderate representation	low representation	low representation
<b>GOAL 4   Reduce child mortality</b>										
Reduce mortality of under-five-year-olds by two thirds	low mortality	very high mortality	low mortality	moderate mortality	high mortality	low mortality	moderate mortality	low mortality	low mortality	moderate mortality
<b>GOAL 5   Improve maternal health</b>										
Reduce maternal mortality by three quarters*	moderate mortality	very high	low mortality	high mortality	high mortality	moderate mortality	high mortality	moderate mortality	low mortality	low mortality
Access to reproductive health	moderate access	low access	high access	moderate access	moderate access	moderate access	low access	high access	high access	moderate access
<b>GOAL 6   Combat HIV/AIDS, malaria and other diseases</b>										
Halt and reverse spread of HIV/AIDS	low prevalence	high prevalence	low prevalence	low prevalence	low prevalence	low prevalence	moderate prevalence	moderate prevalence	moderate prevalence	low prevalence
Halt and reverse spread of tuberculosis	low mortality	high mortality	moderate mortality	high mortality	moderate mortality	low mortality	moderate mortality	low mortality	moderate mortality	moderate mortality
<b>GOAL 7   Ensure environmental sustainability</b>										
Reverse loss of forests	low forest cover	medium forest area	medium forest area	high forest cover	medium forest area	low forest cover	high forest cover	high forest cover	high forest cover	low forest cover
Halve proportion without improved drinking water	high coverage	low coverage	moderate coverage	moderate coverage	moderate coverage	high coverage	low coverage	high coverage	high coverage	moderate coverage
Halve proportion without sanitation	moderate coverage	very low coverage	low coverage	low coverage	very low coverage	moderate coverage	low coverage	moderate coverage	moderate coverage	high coverage
Improve the lives of slum-dwellers	moderate proportion of slum-dwellers	very high proportion of slum-dwellers	moderate proportion of slum-dwellers	high proportion of slum-dwellers	high proportion of slum-dwellers	moderate proportion of slum-dwellers	moderate proportion of slum-dwellers	moderate proportion of slum-dwellers	—	—
<b>GOAL 8   Develop a global partnership for development</b>										
Internet users	high usage	low usage	high usage	moderate usage	low usage	high usage	low usage	high usage	high usage	moderate usage

The progress chart operates on two levels. The words in each box indicate the present degree of compliance with the target. The colours show progress towards the target according to the legend below:

- Already met the target or very close to meeting the target.
- Progress sufficient to reach the target if prevailing trends persist.
- Progress insufficient to reach the target if prevailing trends persist.
- No progress or deterioration.
- Missing or insufficient data.

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

For the regional groupings and country data, see [mdgs.un.org](http://mdgs.un.org). Country experiences in each region may differ significantly from the regional average. Due to new data and revised methodologies, this Progress Chart is not comparable with previous versions.

Sources: United Nations, based on data and estimates provided by: Food and Agriculture Organization; Inter-Parliamentary Union; International Labour Organization; International Telecommunication Union; UNAIDS; UNESCO; UN-Habitat; UNICEF; UN Population Division; World Bank; World Health Organization - based on statistics available as of June 2010.

Compiled by Statistics Division, Department of Economic and Social Affairs, United Nations.

# 1 Introduction

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1. At the 2000 Millennium Summit, world leaders established the Millennium Development Goals (MDGs), a set of targets which aimed to reduce poverty and promote sustainable development. Subsequently, the UK's Department for International Development (DFID) has made achievement of the MDGs one of its central strategic objectives. In December 2009, United Nations (UN) Secretary-General Ban Ki-Moon announced that a major UN summit reviewing progress on the MDGs would be held from 20-22 September 2010.<sup>1</sup>

2. We decided to carry out a short inquiry into the Summit's outcomes and DFID's role in helping to meet the MDGs. In addition, we wished not only to explore the role of developed and developing countries and key international actors, including the UN, in securing and delivering Summit outcomes, but also to examine where responsibility lies for achieving them. We also decided to look ahead and ensure consideration is being given to what might follow the MDGs after their 2015 deadline.

3. We received 24 written memoranda of evidence, chiefly submitted by non-governmental organisations (NGOs). We held three evidence sessions during October and November 2010, with: the Secretary of State for International Development, the Right Honourable Andrew Mitchell MP; two experts in the field, Myles Wickstead and Andrew Shepherd; and the Right Honourable Gordon Brown MP. We are grateful to all those who provided oral and written evidence.

4. We visited New York and Washington in November 2010 in connection with this and a separate inquiry into the World Bank. We visited UN headquarters and held discussions with a wide range of people including representatives from the Secretary-General's office, the UN Children's Fund, the UN Population Fund, the UN Office for the Co-ordination of Humanitarian Affairs, the UN Development Programme, UN Women and country Executive Directors. We would like to thank everyone who made the visit so worthwhile and interesting (see Annex 2 for the visit programme).

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<sup>1</sup> UN News Release, 21 December 2009, 'Secretary-General calls on leaders to attend Millennium Development Goals summit next September', online at <http://www.un.org/millenniumgoals/summitstroy.shtml>

## 2 The context

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### The Goals

5. The UN Secretary-General has described the creation of the MDGs at the Millennium Summit in 2000 as “a defining moment for global co-operation in the twenty-first century”.<sup>2</sup> For the first time, the international community agreed a series of “over-arching” goals around which it could organise its attempts to reduce poverty and stimulate development. The eight MDGs cover: eradicating poverty; increasing gender equality; improving health, education, water and sanitation provision; ensuring environmental sustainability; and promoting development. The goals had quantifiable targets attached. Progress towards these targets is measured by 60 indicators.<sup>3</sup> The goals and targets are set out in Annex 1. The majority of the goals were to be achieved by a 2015 deadline, mostly measured against a 1990 baseline. In 2005, four new targets were added bringing the total number of targets to 22.<sup>4</sup>

6. During the past decade, the Goals have become a central platform for addressing global poverty. They have, according to *Christian Aid*, “driven significant [...] development progress.”<sup>5</sup> They have provided the driver for global schemes such as the Millennium Project, Millennium Campaign and Millennium Villages initiatives.<sup>6</sup> The Goals have been discussed and monitored at a series of international meetings including the 2005 World Summit in New York and the High Level Event on the MDGs in 2008.<sup>7</sup> A major Summit was organised for September 2010 in order to review progress while there were still five years left till the Goals’ deadline in 2015. The Summit comprised six plenary meetings and six roundtable sessions over three days.<sup>8</sup>

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2 UN Secretary-General, ‘Keeping the promise: a forward-looking review to promote an agreed action agenda to achieve the MDGs by 2015’ (12 February 2010), p.2

3 Indicators are a set of objectives to be met within each target.

4 The four new targets were: Achieve full and productive employment and decent work for all, including women and young people (under MDG 1); Achieve, by 2015, universal access to reproductive health (under MDG 5); Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it (under MDG 6); and Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss (under MDG 7).

5 Ev w36

7 The Millennium Project worked until 2006 to develop and implement an MDG action plan ([www.unmillenniumproject.org](http://www.unmillenniumproject.org)). The Millennium Campaign aims to build political will for the achievement of the MDGs ([www.endpoverty2015.org](http://www.endpoverty2015.org)). The Millennium Villages were designed to demonstrate how the MDGs can be met in the short-term by communities in rural Africa ([www.millenniumvillages.org](http://www.millenniumvillages.org)).

7 These meetings followed the 2002 International Conference on Financing for Development at Monterrey, Mexico and the 2002 World Summit on Sustainable Development, in Johannesburg.

8 The six Roundtable sessions were organised on the following themes: Roundtable 1 – Addressing the challenge of poverty, hunger and gender equality ; Roundtable 2 – Meeting the goals of health and education; Roundtable 3 – Promoting sustainable development; Roundtable 4 – Addressing emerging issues and evolving approaches; Roundtable 5 – Addressing the special needs of the most vulnerable; and Roundtable 6 – Widening and strengthening partnerships.

## What has been achieved so far?

7. A number of developments in the last decade have had a significant effect on the international community's ability to meet the MDGs. There has been increasingly strong economic growth in many poor countries, and in a number of these this growth has been linked to poverty reduction.<sup>9</sup> This has led to a robust performance on the MDGs by even some poor sub-Saharan African countries, such as Ghana, where hunger has been reduced by nearly 75% between 1990 and 2004—so that it should reach MDG 1 (halving the rates of poverty and hunger) before the 2015 deadline. A further nine African countries, including Angola, Egypt and Ethiopia have significantly reduced their rates of absolute poverty.<sup>10</sup>

8. Advocates say that the existence of the MDGs has played a part in these advances, arguing that different disciplines, approaches and organisations have been united, and that the goals have provided a rallying point which has enabled poor people to hold their governments to account.

9. However, others believe the MDGs were a flawed concept, claiming that the highly ambitious targets set many poor countries up to fail. Others say they represent a donor-led agenda which ignores local needs; and yet others that improvements, for example in China, owe little to the MDGs. A further concern is that new challenges have emerged since the MDGs were launched, and that targets now need to be adapted in light of climate change and volatile food and financial markets.<sup>11</sup>

10. The Goals have become benchmarks by which many donors measure the success of their policies and the achievement of the MDGs is at the centre of DFID's approach to poverty reduction. Under the previous Government, DFID was the lead department for Public Service Agreement (PSA) 29 to "Reduce poverty in poorer countries through quicker progress towards the MDGs".<sup>12</sup> The new Government has made "supporting actions to achieve the MDGs" the first of DFID's seven Business Plan pillars. It has made clear its intention that DFID should focus particularly on reducing maternal and infant mortality (MDGs 4 and 5) and on fighting malaria (MDG 6).<sup>13</sup>

11. It is difficult to summarise overall progress towards the Goals because achievement varies greatly between individual targets and from country to country. Table 1 (see page 4) shows progress according to region for each Goal. Obtaining timely and reliable data from international and national authorities also complicates accurate measurement of progress. Missing data presents a particular challenge for donors such as DFID who report their progress against the MDGs. In one recent DFID survey of its priority countries, the Department did not have sufficient data to assess progress in a number of the seven selected MDG targets which it has focussed on.<sup>14</sup> Another problem is that aggregated data

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9 However, there is no guaranteed relationship between growth and poverty reduction; the impact varies depending upon inequalities within the individual country and the pattern of growth.

10 Overseas Development Institute, 'MDG Report Card: Measuring Progress Across Countries' (September 2010)

11 For example, Ev w139 and Ev w167

12 In partnerships with HM Treasury, the Foreign & Commonwealth Office, the Department for Energy and Climate Change and the Department for Environment, Food and Rural Affairs.

13 DFID Business Plan 2011-2015 (November 2010), p.2 and p.6

14 NAO, *The work of the Department for International Development in 2009-10 and its priorities for reform* (November 2010) para 3.2

masks individual, national and regional results. For instance, overall global progress towards MDG 1 looks impressive but is in significant part attributable to the millions of people that have been pulled out of poverty in China in recent years. The global population living in extreme poverty has fallen from 1.8 billion in 1990 to 1.4 billion in 2005, but if China's per capita poverty reduction figures are removed, the number of poor worldwide actually increased by about 36 million.

12. The problem of data notwithstanding, it is possible to chart rapid progress on a number of Goals. Countries which have been singled out as making particular progress on the Goals include Ethiopia, Uganda, Burkina Faso, Ghana, Honduras, Nepal and Cambodia. The reasons for these countries' achievements vary from country to country, although, according to the Overseas Development Institute, a shared characteristic is a commitment to strengthening institutions and boosting accountability.<sup>15</sup> In some countries, such as Ethiopia, high economic growth rates have been significant, and in others, such as Ghana, political leadership has played an important role, particularly in bringing about social changes, for instance educating girls. Support from, and partnerships with, the international community, have been found to be a contributing factor.<sup>16</sup> Key MDG successes at a global level include:

- **MDG 2, achieve universal primary education:** the proportion of children in primary school has risen from just over 70% in 1990 to well over 80% in low- and middle-income countries (although this trend is not sufficient for the Goal to be met by 2015);<sup>17</sup>
- **MDG 4, reduce child mortality:** there has been significant progress (mainly through disease control and immunisation) in reducing under-5 deaths, which have fallen from 12.5 million in 1990 to fewer than 9 million in 2008 worldwide (again, this trend is not sufficient for the Goal to be met by 2015); and
- **MDG 7, halve the proportion of people without access to water:** all regions, except sub-Saharan Africa, are on track to meet the drinking water target.<sup>18</sup>

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15 ODI Report Card, *Millennium Development Goals Report Card* (2010) and Benjamin Leo and Julia Barmeier, *Who are the MDG trailblazers? A new MDG progress index* (Center for Global Development Working Paper 222, August 2010)

16 These findings are from initial case studies under the ODI MDG Report Card project and will be explored in greater depth in a forthcoming report.

17 ODI Report Card, *Millennium Development Goals Report Card* (2010), p.2 and UN, MDG Progress Chart 2010, online at <http://mdgs.un.org/unsd/mdg/Default.aspx>

18 UN, Millennium Development Goals Report 2010

13. However, some Goals are a long way from being achieved in a large number of low income countries, including:

- **MDG 1, eradicate extreme poverty and hunger:** as described above, when China is excluded from the figures, global poverty has actually risen rather than declined. The proportion of under-nourished people continues to grow. There are still more than one billion hungry people in the world; one in four children under-5 are underweight.
- **MDG 3, promote gender equality and empower women:** progress is lagging on most targets under this goal, including secondary education, political participation and access to paid employment. Violence against women, according to the UN Secretary-General, “remains a major blight on humanity everywhere.”<sup>19</sup>
- **MDG 5, improve maternal health:** MDG 5 is the most off-track Goal. An annual reduction in the rate of deaths in childbirth of over 5% worldwide is needed to reach the MDG, yet the current reduction rate is around 2%.<sup>20</sup>
- **MDG 7, halve the proportion of people without access to basic sanitation:** this target will be comprehensively missed on current trends. Almost 40% of people, 2.6 billion, lack access to basic sanitation. On current trends, the MDG target for sanitation will not be met until the 23rd Century.<sup>21</sup>

14. During our inquiry, we examined why progress towards achieving a number of Goals had been poor. Conflict and insecurity greatly weaken a country’s MDG prospects. 22 out of the 34 countries furthest from reaching the MDGs are conflict-affected or fragile, for example Afghanistan and the Democratic Republic of Congo.<sup>22</sup> Inequalities within countries also stand in the way of progress: people disadvantaged by geographic location, sex, age, disability or ethnicity are most removed from development progress. Many of the poorest and marginalised have been left behind over the last 20 years, or have even become further entrenched in poverty. For instance, in India, the number of underweight children in the richest 20% of households decreased by about a third between 1990 and 2008, but there was no significant improvement among children in the poorest households.<sup>23</sup>

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19 UN Secretary-General, ‘Keeping the promise: a forward-looking review to promote an agreed action agenda to achieve the MDGs by 2015’ (12 February 2010), p.6. There has been more progress on the target to reach gender equitable education at primary level. Approximately three-quarters of DFID’s 22 priority countries are on-track to reach the target. See NAO, *The work of the Department for International Development in 2009-10 and its priorities for reform* (November 2010), Figure 6.

20 DFID, *DFID in 2009-10*, p.14 and World Health Organisation News Release, 15 September 2010, ‘Maternal deaths worldwide drop by third’

21 Ev w133

22 World Bank, ‘Conflict and development’. Online at <http://blogs.worldbank.org/conflict/category/tags/mdgs>

23 ‘It was the greatest promise ever made. But can we keep it?’, *The Guardian* 14 September 2010

15. A set of new challenges is acting as an additional brake on progress. These include climate change and volatile food and financial markets.<sup>24</sup> UNICEF told us that “crises affecting development progress appear to be ever more frequent, powerful and less predictable—whether climate, financial, economic, food, fuel or natural disasters”.<sup>25</sup>

16. A lack of focus and political will apparent in a number of developing country governments is a severe constraint to achieving the MDGs. As we will discuss in the following chapter, there were some heartening pledges made by countries such Tanzania, Liberia, Afghanistan and Yemen at the September Summit,<sup>26</sup> but too many developing governments seem to remain unwilling or unable to address the substantial challenges which lie ahead if the Goals are to be met. Moreover, several European donors, notably the Italian Government, have also shirked their responsibility and reneged on previous financial commitments to support MDG progress. If the Summit was “the last chance for the world to get it right”, these actors need to urgently step up their efforts.<sup>27</sup>

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24 Ev w139

25 Ev w139

26 Ev w52

27 Jeffrey Sachs, Columbia University, quoted in: Informal Summary, Second Committee, 64<sup>th</sup> General Assembly, Panel Discussion, “Achieving the MDGs by 2013: preparing for the 2010 UN MDG Summit”, United Nations, 12 October 2009

## 3 Summit outcomes

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### The Outcome Document

17. Commentators were split between detecting a new note of confidence at the Summit and a sense that the MDGs are still attainable, and complaining that the gathering was heavy on rhetoric but light on action. Most approved of the Outcome Document, which was formally adopted at the end of the Summit.<sup>28</sup> The Secretary of State was confident that the Document represented a significant step forward, telling us that it provided “a path for [...] renewed momentum in the global fight against poverty and [...] an ambitious action agenda for the MDGs’ final five years.”<sup>29</sup> Although they had a few caveats—for example, that the Document reiterated previous promises and was weak on clear actions for implementation<sup>30</sup>—NGOs broadly agreed.<sup>31</sup> *The ONE Campaign* praised the Document’s promotion of national ‘ownership’ of the Goals by developing countries, and its emphasis on accountability in the run-up to 2015.<sup>32</sup>

### UK-supported outcomes

#### *Women and children’s health*

18. The UK Government strongly pressed for a number of key outcomes from the Summit, in particular the Global Strategy for Women’s and Children’s Health which was launched at the Summit to save the lives of more than 16 million mothers and children over the next five years.<sup>33</sup> This aims to boost efforts towards reaching MDGs 4 (to reduce child mortality) and 5 (to improve maternal health)—as well as MDG 3 (to promote gender equality).

19. While the Strategy was generally well-received, some commentators argued that it was more a list of funding pledges than an actual strategy and that the pledges did not all even offer ‘new money’.<sup>34</sup> The NGO *One World Action* estimates that only around half of this sum is ‘new’.<sup>35</sup> Under the Strategy, the UK pledged to double its annual support for maternal, newborn and child health by 2012, and sustain that level—an annual average of £740 million—to 2015. The Strategy document calculates this to be an additional £2.1 billion of UK spending on this area.<sup>36</sup> The Secretary of State assured us that this was all

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28 For instance, Ev w28-29. Summit Outcome Document, ‘Keeping the Promise – United to achieve the Millennium Development Goals’ (September 2010)

29 Rt Hon Andrew Mitchell MP, Secretary of State for International Development, letter to Parliamentarians, 5 October 2010

30 Ev w28-29

31 For example, Ev w140

32 Ev w98-99

33 Ev w28-29 and UN, ‘Every Woman, Every Child: Summary of Commitments for Women’s and Children’s Health’ (22 September, 2010).

34 For example, see Owen Barder, ‘UN Summit roundup: three development narratives’, 28 September 2010 [www.owen.org/blog](http://www.owen.org/blog) and Ev w158

35 Ev w106

36 UN, ‘Every Woman, Every Child: Summary of Commitments for Women’s and Children’s Health’ (22 September, 2010), p.11

‘new money’.<sup>37</sup> He also emphasised the UK’s “very significant influence behind the scenes and in front of the scenes” in launching the Strategy. *World Vision* agreed, adding that this leadership must extend to the delivery of the Global Strategy over the next five years (especially as the Strategy itself does not provide a mechanism for turning the commitments into action plans).<sup>38</sup> The World Health Organisation has been given the task of developing an accompanying “accountability framework” for the Strategy, that is a breakdown of which organisations, governments and donors will be responsible for particular aspects of the Strategy and to what timescale.

#### **Box 1: The Global Strategy for Women and Children’s Health**

- Launched at the MDG Summit on 22 September by the UK Deputy Prime Minister, Nick Clegg. Funded by £25.5 billion of aid pledges from Governments and private aid foundations
- A series of country-by-country commitments to action that aims to galvanise new commitments behind a coordinated effort on child and maternal health
- Aims to save the lives of more than 16 million mothers and children, prevent 33 million unwanted pregnancies and prevent the death of 740,000 women from pregnancy and childbirth complications
- Partners in the campaign include: the UK, USA and Australian Governments; relevant UN agencies; the World Bank; and the Gates Foundation.

20. **We are impressed by the UK Government’s leadership of the launch of the Global Strategy for Women’s and Children’s Health. The Strategy represents a final chance to make serious progress on MDGs 3, 4 and 5 before 2015. We welcome the doubling of annual UK financial support for maternal, newborn and child health by 2012, and the maintenance of this level of funding—an annual average of £740 million—to 2015. However, DFID must ensure that this increase in inputs results in improved outputs. This will necessitate sustained DFID engagement in the delivery of the Strategy over the next five years. We recommend that, as well as fulfilling its own pledges, DFID focus on ensuring that pledges made by other governments under the Strategy are fulfilled according to their allocated timescales, so that the promised impact on child and maternal health is achieved by 2015. Central to this will be the development of an accompanying ‘accountability framework’ for the Strategy, which should clearly specify different governments’ pledges along with their timescales. We recommend that this framework be completed by the end of January 2011 at the latest.**

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37 Q 20

38 Ev w160

## **Malaria**

21. A High Level Malaria Event, co-hosted by the UK Government, was held at the Summit. The UK Government stated that it would:

- increase funding for tackling malaria from £150 million to up to £500 million per year by 2014;
- use its resources to help halve the number of malaria deaths in at least ten African countries with high levels of malaria (with specific pledges for Zambia and Ghana); and
- review how malaria interventions could be included in all DFID's programmes.<sup>39</sup>

22. The NGO *Malaria No More* told us that “increased and sustained funding” will be “critical” to meet the MDG 6 target of ending preventable deaths from malaria by 2015. It highlighted the scale of the challenge remaining, advocating a multi-pronged approach that focuses on: bed-net coverage and other preventative measures; availability and accessibility of diagnostic tools and treatment; and ongoing research into development of malaria vaccines.<sup>40</sup> A special focus on pregnant women and young children is vital given that 85% of malaria deaths occur in children under five and pregnant women.<sup>41</sup> DFID will publish a Malaria Evidence Paper and Business Plan in December 2010 detailing how the £500 million per year will be spent. Three-quarters of international malaria funding is provided by the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) and the World Bank's International Development Association (IDA). DFID is currently carrying out a review into its funding of these and other multilateral bodies. The outcome of this review—due in the first quarter of 2011—will therefore be significant to the Department's future support to addressing malaria. DFID's provision of funding will be particularly important in view of the “funding shortfall” announced by GFATM in October.<sup>42</sup>

**23. We commend the UK Government's role in promoting anti-malaria strategies at the Summit. Reliable, expanded funding will be crucial to meeting the MDG 6 target of halting the spread of malaria by 2015. We trust DFID's Malaria Evidence Paper and Business Plan will provide detailed information as to the mixture of interventions needed to reach the target. We recommend that these interventions be co-ordinated closely with DFID's increasing support for maternal and infant health, given that children under five and pregnant women account for 85% of malaria deaths. We recommend that the Multilateral Aid Review, due to be published early in 2011, ensure that DFID continues to provide adequate funding and technical assistance to the Global Fund to Fight AIDS, Tuberculosis, and Malaria.**

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39 Ev w50 and DFID Business Plan 2011-2015 (November 2010)

40 Ev w92

41 Ev w93

42 Ev w94

## What was missing?

24. Several interlocutors argued that the Summit focused too narrowly on the health MDGs and that the UK should have helped include other MDG priorities such as sanitation and agricultural development.<sup>43</sup> There was particular concern at the lack of priority accorded to the issue of hunger at the Summit.<sup>44</sup> *ActionAid* said that, while the UK did publicly support the Scaling Up Nutrition ‘1000 days’ campaign, it “could and should have placed a greater priority on hunger” at the Summit, including “the importance of supporting smallholder-based agriculture as a key route to tackling poverty, hunger, food insecurity and malnutrition”.<sup>45</sup> When we raised this with the Secretary of State, he defended his use of a “sheep dog approach” to chasing up the most off-track goals such as maternal mortality.<sup>46</sup> However, he accepted that DFID “can” and “must” do more on nutrition, an issue which he said was “at the heart of MDG 1”. He said that DFID would fund nutrition research over the next few years and had offered to sit on the leaders’ group on nutrition.<sup>47</sup> Our predecessor Committee highlighted the need for DFID to develop a nutrition strategy in its 2008 report on *The World Food Programme and Global Food Security*.<sup>48</sup> The Department published a strategy in March 2010.<sup>49</sup>

**25. We welcome the UK Government’s decision to prioritise the health-related MDGs at the Summit. It is right to focus on those Goals that are most off-track. However, other Goals, such as MDG 1, seeking to eradicate hunger, are also off-track. The proportion of under-nourished people in the world is growing rather than contracting, and one in four children under-5 are underweight. We find the extent of hunger and malnutrition deeply worrying and urge the UK to continue its work to support efforts to reach MDG 1. We welcome the Secretary of State’s support for nutrition initiatives and recommend that DFID widely disseminate its research into nutrition. In addition, DFID should continue to examine ways of supporting smallholder-based agriculture.**

## Developing country commitments

26. During our inquiry, we were told of the impressive commitments made by a number of developing country governments at the Summit. DFID was favourably struck with the level of participation:

Various ministerial participants remarked on the quality and seriousness of the policy debate between developed and developing countries, especially on health, education and nutrition. Also notable was the degree to which a growing number

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43 Ev w133 and Ev w8

44 Ev w8

45 Ev w8. Scaling Up Nutrition was launched at a side event co-hosted by Hilary Clinton. It attempts to tackle malnutrition amongst mothers and infants in the first 1000 days of an infant’s life.

46 Q 16, 21 October 2010

47 Qq 34-35

48 International Development Committee, Tenth Report of Session 2007-08, *The World Food Programme and Global Food Security*, HC 493-1

49 DFID, ‘The neglected crisis of under-nutrition: DFID’s strategy’ (March 2010)

of developing country ministers were well-informed by economic analysis and independent evaluation of what works and what doesn't.<sup>50</sup>

27. The Department was also impressed by the fact that, “unlike previous summits”, there were “significant new commitments” made by developing countries.<sup>51</sup> For example, Nigeria agreed to spend a share of oil revenues on healthcare. Liberia pledged to implement universal coverage of anti-malarial bednets.<sup>52</sup> Many more commitments were made under the Global Strategy for Women’s and Children’s Health, described earlier in this chapter. This Strategy’s format—a series of individual country pledges—puts the onus on governments to commit to a specific set of actions. Pledges were made by Afghanistan and Yemen to increase access to family planning and safe births. Zimbabwe, Liberia, Malawi, Nepal, Niger and Haiti all announced their intention to provide (or extend) free healthcare for women and children.<sup>53</sup>

**28. We are impressed by the commitments made by a number of developing country governments at the Summit. However, the fact that a large number of countries is seriously off-track for a number of Goals demonstrates *inter alia* that much greater commitment is needed from many countries. We welcome the principle of country ownership embodied within the Global Strategy for Women’s and Children’s Health. We strongly encourage DFID to support with both technical and financial assistance those developing countries which have made pledges under the Strategy, especially those seeking to introduce or expand free healthcare to women and children.**

29. When we asked the Secretary of State how to assist developing country governments to fulfil their MDG responsibilities, he emphasised the importance of boosting civil society’s capacity to hold their governments to account.<sup>54</sup> He also highlighted the difficulty in “holding to account leaders in developing countries [...] if members of the G8 do not stand by their promises”. He proposed that the UN should name each year those countries which had not stood by their commitments.<sup>55</sup> He said that the US Agency for International Development (USAID) had accepted a proposal of his that the UK and US should publish an annual audit of best practice worldwide for each MDG.<sup>56</sup> **We agree with the Secretary of State that supporting civil society in developing countries to hold their governments to account over MDG pledges will help ensure that leaders fulfil their commitments. We also believe that DFID should continue to work with partner donors to encourage better and more effective governance and promote civil liberties. Parliaments have a vital role to play in holding governments to account and DFID must continue to support programmes which seek to strengthen them. Similarly, donors such as the Italian Government should be held to account on their promises. We agree that a useful step towards this would be for the UN to ‘name and shame’ donors or governments which have reneged on promises.**

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50 Ev w49

51 Ev w52

52 Ev w52

53 Ev w160

54 Q 42

55 Q 41

56 Q 11

## 4 Remaining challenges

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30. While there were many positive outcomes to the Summit, it was clear that a number of significant challenges must be addressed if the international community is to have a chance of meeting the MDGs. One of these, as briefly discussed at the end of Chapter 3, is to build clear lines of accountability from the Summit, establishing clearly who is responsible for achieving what. Another is to bring the most off-track Goals back into range. A third priority is ensuring that global development actors, notably the UN, are working at maximum capacity to lead progress on the Goals in the short time left before 2015.

### Securing progress on the most off-track goals

31. As we described in Chapter 2, a number of MDG targets will not be met if current trends are sustained. The most off-track include the MDG 1 target on hunger, MDG 2 on education,<sup>57</sup> MDG 3 on gender equality, MDG 5 on maternal health and the MDG 7 target seeking to halve the proportion of people without access to basic sanitation. The scale of the challenge for most of these targets is very serious. For example, a UN study found that 20 of 30 countries surveyed were either off-track or required corrective action to achieve the education MDG, and only seven were on-track for maternal health.<sup>58</sup>

32. The sanitation target is also seriously off-track and, as we said in Chapter 2, on current trends will not be met until the 23rd Century. In its 2007 report on Sanitation and Water, our predecessor Committee called the failure to address sanitation provision “a hidden international scandal that is killing millions of children every year.”<sup>59</sup> On current trends, the target will be missed by one billion people.<sup>60</sup> *WaterAid* told us that DFID should increase the volume of UK aid spent on water, sanitation and hygiene (WASH) to £600 million annually, and do more to integrate WASH within health and education goals and strategies. It also recommended that DFID “commit the highest levels of government support” for the international Sanitation and Water for All partnership.<sup>61</sup> A side event on sanitation and water was held at the Summit; *WaterAid* reported that a number of states recognized and gave their support to the partnership.<sup>62</sup>

**33. While it is beyond the remit of this report to explore all the factors constraining progress on all the off-track Goals, we are deeply concerned about the number of targets that are seriously lagging. Specifically, we wish to note the worrying lack of progress on MDG 1 target on hunger, MDG 2 on education and MDG 3 on gender equality. We have particular concern about the MDG 7 target on sanitation, which**

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57 However, as stated in Chapter 2, there has been significant progress towards MDG 3 seeking universal primary education: the proportion of children in primary school has risen from just over 70% in 1990 to well over 80% in low- and middle-income countries. However, this trend is not sufficient for the Goal to be met by 2015. For further details, see ODI Report Card, *Millennium Development Goals Report Card* (2010).

58 “UK calls for bold new plan to get MDGs back on track”, DFID release, 11 March 2010, online at [http://www.aidsportal.org/News\\_Details.aspx?ID=12800](http://www.aidsportal.org/News_Details.aspx?ID=12800)

59 International Development Committee, Sixth Report of Session 2006-07, *Sanitation and Water*, HC-126-1, Summary

60 DFID, *DFID in 2010*, p.17

61 Ev w156

62 Ev w155

looks set to be missed by at least one billion people. Our predecessor Committee challenged DFID in 2007 to intensify its efforts on the Goal—but nearly four years on progress towards the Goal is still lagging. We urge DFID to look carefully at the balance of resources it gives to sanitation, and to ensure sanitation concerns are well-integrated into health and education strategies. We were encouraged to hear that a number of new countries gave their support to the Sanitation and Water for All partnership at the Summit, and recommend DFID does all it can to boost international support for this important initiative.

### *The gender-related MDGs*

34. In this short report, we are unable to examine all the MDGs, so we have decided to focus on MDG 5, which seeks a reduction by three-quarters of the ratio of women dying in childbirth. This is the Goal that is currently most off-track. The results of DFID's programmes reflect this: only two out of DFID's 22 priority countries are on track to achieve MDG 5.<sup>63</sup> As our predecessor Committee said in its 2008 report on Maternal Health, the reasons for the very poor levels of progress on the Goal are manifold. But central to the problem is the fact that women's ability to exercise their right to maternal health is directly affected by the gender, social, cultural and economic inequalities they face.<sup>64</sup> Women are more likely to face poverty, poor educational opportunities, violence and oppressive socio-cultural norms than men and are therefore less able to articulate their demand for better care. Given this, making progress on MDG 5 will depend on advancements made towards the other gender-related goals, for example the MDG 1 target promoting employment for all, and MDGs 2-3 seeking full participation in education. As Myles Wickstead, Head of Secretariat for the Commission for Africa, emphasised to us, the reverse is also true: progress on maternal health (MDG 5) will have "a huge impact across the board".<sup>65</sup> A 2010 UN paper on gender underlined this.<sup>66</sup> For example, gender discrimination continues to: keep girls out of school (slowing MDGs 2 and 3); lead to women's under-representation in the labour market and in parliaments (MDGs 1 and 3); and perpetuate high rates of maternal mortality (MDG 5).

35. The Summit produced some important outcomes for addressing gender inequality. For example, the Global Strategy for Women and Children's Health had a significance extending beyond new financial pledges: it offered what Professor Wickstead called a "very strong political push" in order to show how far behind the maternal health target had fallen and focus attention on it.<sup>67</sup> Another positive outcome was the World Bank's announcement of an additional \$750 million for 79 countries off-track on the education MDGs.<sup>68</sup> In sub-Saharan Africa and South Asia, this will include support for gender-focused interventions such as girls' scholarships.

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63 NAO, *The work of the Department for International Development in 2009-10 and its priorities for reform* (November 2010), para 3.20

64 International Development Committee, Fifth Report of Session 2007-08, *Maternal Health*, HC 66-1, para 23

65 Q66

66 United Nations Development Group, *Thematic Paper on MDG 3*, 2010

67 Q 66

68 Ev w51

36. Secondary education offers particular benefits for both girls themselves (in terms of their daily lives, employment and ability to move out of poverty) and economic returns for societies (smaller families, a larger labour market and improved health and education outcomes for whole families). Yet recent statistics show that only 44% of girls in developing countries progress through to secondary education.<sup>69</sup> DFID's Business Plan says new programmes will be approved to increase the number of girls completing primary and secondary education, which indicates a shift in emphasis from the Department's previous focus on increasing girls' enrolment in primary education.<sup>70</sup> The Secretary of State described to us the importance of educating girls:

The impact down the generations over a number of years—it is not instantaneous—of having more girls educated through schools is incredibly important. They increasingly take leadership positions in their own government—there is evidence of that happening in Afghanistan—but also in their own communities, driving forward the importance of girls' education having had it themselves, ensuring that their own children become doctors, teachers and so forth, and having fewer children as a result of education, as all the research shows.<sup>71</sup>

The Minister has made a wider commitment to re-orient DFID's programme to prioritise women's needs.<sup>72</sup> DFID is currently carrying out a review of its bilateral programme, the results of which will be published in the first quarter of 2011.

**37. We are deeply concerned about the very poor progress on MDG 5 seeking to reduce maternal deaths. Our concern extends to DFID's own performance on this issue, given that only two out of DFID's 22 priority countries are on track to achieve the MDG. We welcome the new Government's decision to put women's needs at the centre of DFID's programmes. We urge DFID to implement this objective as quickly as possible and provide details of how this will be done when the Bilateral Review is published in early 2011.**

**38. We believe that making progress on MDG 5 will rely on addressing wider gender inequalities that obstruct women's ability to exercise their right to health. We welcome Summit outcomes that will help address gender inequality, including the Global Strategy for Women's and Children's Health which sent a strong political message to Governments about the prioritisation of maternal health and gender issues. We also welcome the announcement of increased World Bank funding for education. As a major shareholder in the World Bank, DFID should help ensure this new funding promotes secondary level education for girls. We look forward to seeing the results of DFID's own increasing focus on girls completing secondary as well as primary school.**

39. Another major obstacle to meeting MDG 5 is that some developing country governments have not shown the necessary political will to achieve this goal. There is evidence that where there is political leadership, maternal deaths can be reduced relatively

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69 NAO, *DFID: Bilateral support to primary education*, HC 69, Session 2010-2011 (18 June 2010), paras 2.13 and 7

70 DFID Business Plan 2011-2015 (November 2010), Section 5 and NAO, *The work of the Department for International Development in 2009-10 and its priorities for reform* (November 2010), para 3.21

71 Q 40

72 DFID Business Plan 2011-2015 (November 2010)

quickly (shown, for instance, by recent advances in Sri Lanka).<sup>73</sup> We asked witnesses how to deal with governments which do not take gender concerns sufficiently seriously. Myles Wickstead said that challenging entrenched social norms takes “time and historical development”. He was confident that, as families and countries became economically better off, they would increasingly see the value of getting girls into school, for example, and the wider gender equality that tends to follow.<sup>74</sup> Andrew Shepherd of the ODI also said there were specific interventions which could be made to support developing countries in changing such norms.<sup>75</sup> This is likely to include building civil society capacity to hold their governments to account, as discussed in Chapter 3. It will also require donors to prioritise women’s and girls’ wellbeing and address the structural barriers that prevent equal access to education, health and other services, and employment. Further, the UK must put the case to other governments. The Secretary of State agreed, saying “Should we speak out [about gender issues]? Absolutely, and we will speak out.”<sup>76</sup> Alan Duncan, DFID Minister of State, reiterated this, saying: “The [Goal] that is most off track and concerns us most is No. 5—maternal mortality [...] We will continue to press other countries to step up to the plate.”<sup>77</sup>

**40. Securing progress on maternal health clearly depends on developing country governments demonstrating the political will to prioritise gender equality. Such governments can be supported in this by donors through specific interventions such as the promotion of girls’ education. But it will also involve sending a clear message to developing country governments that gender equality is both morally right and economically advantageous for countries. As part of its follow-up efforts to the Summit, we urge the UK Government to do this.**

### **Accountability and follow-up mechanisms to the Summit**

41. As we said in Chapter 3, the Summit Outcome Document stressed the need for accountability in the run-up to 2015.<sup>78</sup> DFID states that it “pressed for and secured” the annual MDG review mechanism that was included in the Outcome Document. The annual review will include monitoring of the implementation of the Outcome Document. The Outcome Document asks the Secretary-General to organise a “special event” in 2013 to follow up on efforts.<sup>79</sup>

42. DFID emphasised the importance of clear lines of accountability following the Summit. It told us:

Our priority going forward will be to ensure the UN follows up on the commitments made both in the outcome document and at side events. Work is

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73 K.McNay, R.Keith and A.Penrose, *Bucking the Trend* (Save the Children UK, 2004)

74 Q 68

75 Q 68

76 Q 40

77 Uncorrected transcript of oral evidence taken before the International Development Committee on 23 November 2010, HC 605-i, Q 72

78 Ev w98-99

79 Ev w99

underway to record all of the policy and financial commitments, not just from governments, made at the Summit and there was a clear commitment from Ban Ki-Moon to ensure that all sides will be held accountable through the UN Economic and Social Council [...] [The UK will] continue to make sure that the international community lives up its promises—as the UK will do.<sup>80</sup>

**43. In Chapter 3, we welcomed the commitments made by developing countries at the Summit and emphasised the need for Parliaments and populations to be supported in their ability to hold their governments to account. We reiterate our view that holding both developing countries and donors to account for their Summit commitments is of key importance. We commend DFID for its role in securing an annual review mechanism for both the MDGs and the implementation of the Outcome Document. We request that any new details about its format are conveyed to us in the Government Response to this report. We also recommend that DFID continue to press to ensure that all policy and financial commitments from the Summit are fully recorded. DFID should update the Committee on this issue in three months' time. Further, we welcome the UN special event on the MDGs in 2013. We foresee that this will be a critical meeting taking place just two years before the 2015 deadline, and recommend that DFID take a central role in planning the event.**

## UN reform

### *Improving UN co-ordination*

44. Meeting the MDGs will depend on the effectiveness of key organisations and how efficiently their work is co-ordinated. We will comment on DFID's own operations and on the World Bank in reports to be published in early 2011. Here we examine briefly the work of the UN and its agencies.

45. There is a wide range of UN agencies working in developing countries, with the largest including the UN Development Programme (UNDP), the UN Children's Fund (UNICEF), the Office of the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP). The diverse agendas and working styles of these agencies ensure a comprehensive approach, but also heighten the risk of poor co-ordination and duplication of work. In 2006, the UN High-level Panel on System-wide Coherence produced a report entitled "Delivering as One" which aimed to address widespread concerns about this problem. The report led to the 'One UN' initiative, a process piloted in eight countries aiming for greater cohesion at the country level through "one UN leader, one budget, one programme and one office."<sup>81</sup> DFID has provided financial support to a number of the pilots. A key purpose of the One UN process was narrowing the gaps between the three areas of humanitarian assistance, development and the environment, but another primary concern has been ensuring effective UN leadership of work towards the MDGs.

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80 Ev w51

81 UN Development Programme, 'Delivering as one', online at <http://www.undg.org/?P=7>. The eight pilot countries are: Albania, Cape Verde, Mozambique, Pakistan, Rwanda, Tanzania, Uruguay, and Vietnam.

46. Efficient UN co-ordination is especially relevant to implementing commitments made under the Global Strategy for Women's and Children's Health. Our predecessor Committee reported in 2008 on the particular risk of poor co-ordination on the MDGs relating to women's health, given that responsibility for them is spread across a number of UN agencies including the UN Population Fund (UNFPA), UNICEF and the World Health Organization (WHO). Our predecessor Committee said that fragmentation amongst the agencies has slowed progress on MDG 5 on maternal health in particular, and called for greater co-ordination between the three relevant agencies.<sup>82</sup> In discussions at the UN we heard that serious attempts were made to improve co-ordination, but in some areas progress was very slow. While the new Global Strategy for Women's and Children's Health brings advantages, it also heightens the risk of poor co-ordination as it brings together not just UN agencies but a range of other partners including the UK, USA and Australian Governments, the World Bank and the Gates Foundation.

**47. Meeting the MDGs will depend on the ability of implementing agencies to work effectively. The efficient co-ordination of agencies, in particular UN agencies, is the key to maximising this contribution, particularly if the new Global Strategy for Women's and Children's Health, which is key to meeting several MDGs, is to be successful. Not only will the Strategy focus on an already fragmented sector, it will bring together both a range of UN agencies and a set of wider partners, including the UK Government. We were impressed by the emphasis in our meetings at the UN on the need to improve co-ordination, but disappointed to hear that progress in achieving this was too often very slow. We recommend that the UK Government closely monitor the effectiveness of co-ordination between the various UN Agencies involved in the Strategy so that the initiative can make the strongest possible contribution to meeting successfully the MDGs relating to women's and children's health. The level of DFID funding for UN agencies should be related to improvements in their co-ordination. We trust that the forthcoming Multilateral Aid Review will take this into account.**

### **UN Women**

48. Partly in response to longstanding concerns about a fragmented and overlapping UN approach to gender issues, a new 'super agency' called UN Women has been established. The new agency is the culmination of four years of negotiations.<sup>83</sup> We met the new Head of UN Women, Michelle Bachelet, during our visit to UN Headquarters in New York and were impressed with her plans for the new agency, which will be operational by 1 January 2011. It will merge four UN bodies currently working on gender.<sup>84</sup> It will implement programmes directly in countries and will also support global agreements on gender and women's rights. Its mandate will reach across all the development activities of the UN system. DFID's Minister of State, the Right Honourable Alan Duncan MP, "strongly welcomed" the new organisation and its "necessary leadership role". He called it "the

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82 International Development Committee, Fifth Report of Session 2007-08, *Maternal Health*, HC 66-1, paras 60 and 65

83 UN News Release, 2 July 2010, 'General Assembly adopts consensus text on system-wide coherence, establishing composite entity – UN Women – to accelerate gender equality, empowerment'.

84 The four bodies are: the UN Development Fund for Women (UNIFEM); the Division for the Advancement of Women (DAW); the Office of the Special Adviser on Gender Issues; and the UN International Research and Training Institute for the Advancement of Women (UN-INSTRAW).

structural expression of ‘Delivering As One’”. Funding mechanisms for the agency are still being planned, but Mr Duncan said it was “unthinkable” that DFID would not be a funder.<sup>85</sup> *Christian Aid* told us that DFID should “commit to being one of the top four funders of the new agency, and that it should provide the necessary political support to ensure that UN Women is able to leverage real change through the UN system.”<sup>86</sup>

**49. We welcome the creation of UN Women after years of negotiations about how to improve the UN’s fragmented approach to gender issues. The new agency has been established just in time to catalyse progress on the off-track gender MDGs, and help the Global Strategy for Women’s and Children’s Health fulfil its potential. DFID must press for both country programmes and international advocacy work connected with the agency to begin in earnest next year. We recommend that DFID be a major funder of the agency, but future funding must be dependent on evidence of success. We also recommend that DFID monitor the agency’s work to ensure co-ordination in this very important area is improved and that existing work is not duplicated.**

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85 Uncorrected transcript of oral evidence taken before the International Development Committee on 23 November 2010, HC 605-i, Q 64

86 Ev w41

## 5 Looking ahead beyond 2015

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### A new framework

50. The Secretary of State told the Committee on 21 October:

I worry a bit about focusing on the after-2015 at this stage, because it think it gives people a let-out for not focusing unremittingly on progress in each of the next five years on each of the eight goals [...] I want the energy and vigour of my Department to be devoted to boosting efforts for all eight of these goals and not side-tracked at the moment.<sup>87</sup>

Witnesses had some sympathy with this perspective. For example, *Tearfund* told us: “it is imperative that governments do not become distracted by a post-2015 discussion that allows them to avoid delivering on their MDG promises between now and 2015.”<sup>88</sup> In written evidence, the Department made it clear that it understood the tension between undertaking the necessary preparation for 2015 while not becoming sidetracked from the current MDGs. It said that it recognised that the current MDGs “were the product of a long and complex process of lesson learning, consensus building and negotiation” and that it was “therefore important that we start to look now at what will come after the MDGs in 2015.”<sup>89</sup> DFID has said that it will play “a full part” in a post-2015 consultation process announced by the UN Secretary General Ban Ki-Moon at the end of the MDG Summit.<sup>90</sup> **We understand the Secretary of State’s concern about the risk of becoming sidetracked from the urgent task of achieving the MDGs through a preoccupation with a post-MDG framework after 2015. Nevertheless, we were pleased to hear that DFID intends to play a full part in the UN Secretary-General’s consultation on a post-2015 framework. We believe it should be possible for DFID to keep its eye on future planning without becoming distracted from the priority of achieving the Goals by 2015.**

51. Myles Wickstead of the Commission for Africa emphasised that, even if the MDGs are fully achieved, many of the targets use fairly minimal thresholds. For instance, if the MDG 7 targets on sanitation and water are reached, at least one billion people will still not have access to basic sanitation, and 672 million will lack access to improved drinking water.<sup>91</sup> Similarly, MDG 1 seeks only to halve the proportion of people living on a dollar a day and those suffering from hunger (and the global population is rising). Hence in 2015, as Myles Wickstead put it, “We still have the other half to worry about”. His view was that “something like” the MDGs was therefore needed to “follow on” after 2015.<sup>92</sup> This future framework, in his view, could keep the valuable aspects of the MDGs—not least that they provide measurable and quantifiable targets against which to measure progress—but could see the original targets altered and supplemented so that they, for example, give more focus

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87 Q 51

88 Ev w135

89 Ev w52

90 Ev w52

91 Ev w156-157

92 Qq 59-60

to long-term, sustainable outcomes.<sup>93</sup> This perspective was broadly shared by other witnesses and many, in particular NGOs, argued for significant amendments and additions.<sup>94</sup>

## Equity

52. *One World Action* (OWA) told us:

It is imperative that a post 2015 framework prioritises action to challenge the underlying causes of poverty—inequality, discrimination and lack of power—rather than addressing only the symptoms of poverty.<sup>95</sup>

OWA argued that challenging inequality and promoting human rights “must be at the heart” of this approach, with specific targets on addressing the needs of vulnerable groups (including women). The focus on equity and rights was highlighted by other witnesses, including *EveryChild* who said the current set of MDGs is “equity blind” and pays “no attention to who is benefitting from gains in health, education or poverty alleviation.”<sup>96</sup> MDG 1, for example, seeks a reduction in absolute poverty, rather than a focus on either reaching the poorest people or more equitable societies. As we said earlier in this Report, inequality has been a fundamental factor behind poverty in many countries over the last 20 years, with the poorest and marginalised being left behind, or even becoming further entrenched in poverty. Inequality is rising, as borne out in recent research showing that 75% of the world’s poor now live in middle income countries.<sup>97</sup>

53. Some critics argue that governments and donors have picked off the ‘low-hanging fruit’ of the MDGs by only reaching the most accessible people. Research by the Overseas Development Institute (ODI) shows that those who have benefited most from recent progress are those who were already better off.<sup>98</sup> To support the very poorest in moving out of poverty, Andrew Shepherd of the ODI said that social protection measures (which include measures such as cash transfers or insurance to help vulnerable people become more resilient to poverty) are of key importance.<sup>99</sup>

**54. We recognise that it is early days to be prescribing what specific format any post-2015 framework should take, but agree with many of our witnesses that retaining the basic framework of a series of international targets makes sense. It is important, however, that a review of the effectiveness of the MDGs is carried out to assess whether such targets are indeed the best method for facilitating development before a new set of targets is agreed for the post-2015 framework. If the MDG framework is maintained after 2015, we believe that changes will need to be made to the targets used under the current MDGs. One particular area for amendment is the current lack of focus on**

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93 Q 59

94 Ev w134-135

95 Ev w111

96 Ev w57

97 Andy Sumner, ‘Global poverty and the new bottom billion: What if three-quarters of the world’s poor live in middle-income countries?’, Institute of Development Studies (September 2010)

98 Alison Evans, ODI blog post, ‘Why the MDGs need critical friends’ (21 September 2010)

99 Q 60

reaching the most vulnerable. New targets should reflect the fact that inequality is rising and that many of the poorest have been left behind over the last 20 years. We recommend that the Government maintain its commitment to reaching the most vulnerable and ensure that the post-2015 framework promotes greater attention to reaching the very poorest. DFID monitors progress towards the MDGs at country level using its own assessment methodology. We believe DFID should also carry out in-country audits at local level measuring more fully what progress has been made towards meeting the MDGs and reaching the most vulnerable.

### *Climate change*

55. *WWF-UK* told us that the MDG Summit's Outcome Document did not adequately reflect concern expressed at the gathering about climate change and environmental sustainability—especially on the part of developing countries.<sup>100</sup> The organisation argued that climate change and environmental sustainability will need a far higher profile in a post-2015 framework. *WWF-UK* told us:

DFID has appeared reluctant to talk about the impact of climate change and other 'emerging issues' on the MDGs, as they don't want to 'distract' from achieving the 2015 targets. However, without addressing issues like climate change, environmental degradation and biodiversity loss, any progress on MDGs will be quickly undermined.<sup>101</sup>

56. Concern about the level of carbon emissions and changes to the world's climate has grown substantially since the MDGs were created a decade ago. Climate change is a now a major factor affecting sustainable development and poverty reduction strategies. Andrew Shepherd of ODI said that MDG 7, dealing with the environment, needs to be re-thought. Central to this re-conceptualisation, he believes, is the need to bring together poverty and climate concerns. This would help address the sheer range of possible climate change impacts, from crops failing to flooding to refugees. Dr Shepherd said that DFID could play an important role in this process of working out "the implications of reducing poverty in ways that are also environmentally sustainable."<sup>102</sup> He emphasised to us that post-2015 approaches to climate change would also need to tie in linked issues such as agriculture and food security.<sup>103</sup> Strategies will need to take account of new technologies in, for example, nutrition.<sup>104</sup> *WWF-UK* recommended that the aspects of MDG 7 concerning biodiversity and environmental resources need much greater focus, as they are currently overshadowed by the Goal's water and sanitation targets.<sup>105</sup>

**57. We recommend that a post-2015 framework make climate change, the environment and biodiversity a priority. Progress on other targets will depend on addressing the**

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100 Ev w165

101 Ev w167

102 Q 79

103 Q 79

104 UN Secretary-General, 'Keeping the promise: a forward-looking review to promote an agreed action agenda to achieve the MDGs by 2015' (12 February 2010), para 43

105 Ev w165

**wide-ranging impacts of climate change, such as crop failure, the increased incidence of natural disasters and new patterns of evacuees and refugees. Therefore, new targets and approaches must integrate climate change and environmental and biodiversity concerns with poverty reduction strategies. We encourage the UK Government to participate in discussions relating to such approaches at this early stage so that negotiations do not become rushed as 2015 approaches.**

### ***Population growth***

58. Neither the MDG framework nor DFID's stated policy priorities explicitly address the issue of population growth. We were also surprised to see that the Summit Outcome Document does not mention population growth at all.<sup>106</sup> We believe this is a major oversight given that the world's population is growing and that many developing countries have high fertility rates. For instance, women in Nigeria give birth to an average of six children each. This means that Nigeria's population is projected to increase from 149 million now to 289 million by 2050.<sup>107</sup> Future planning for how to accommodate extra people's needs is therefore essential.

59. The Secretary of State agreed with us that DFID's current efforts to prioritise women's health should simultaneously seek to address population growth. He pointed to his commitment to put reproductive health at the centre of DFID's work and the UK's pledge under the new Global Strategy for Women's and Children's Health to extend the availability of contraception to 10 million couples.<sup>108</sup>

**60. We were surprised to see that the Summit Outcome Document does not mention population growth at all. We also believe this issue is under-prioritised in the current MDG framework. The world's population is growing and it is startling that global development structures do not take account of this increasing squeeze on resources. We welcome the Secretary of State's commitment to put reproductive health at the centre of DFID's programmes, and to extend contraception to 10 million couples. As 2015 draws closer, we recommend that DFID advocate strongly that the post-2015 framework give sufficient attention to the issue of population growth so that future targets take account of the need to address the world's increasing number of people.**

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106 Summit Outcome Document, 'Keeping the Promise – United to achieve the Millennium Development Goals' (September 2010)

107 UN Population Fund (UNFPA), *The State of the World Population 2010*

108 Q 17

# Annex 1: The Millennium Development Goals

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## Targets (for 2015 unless stated)

1. Eradicate extreme poverty and hunger
  - Halve the proportion of people living on less than a dollar a day and those who suffer from hunger
  - Full and productive employment and decent work for all, including women and young people
2. Achieve universal primary education
  - Ensure that all boys and girls complete primary school
3. Promote gender equality and empower women
  - Eliminate gender disparities in primary and secondary education preferably by 2005, and at all levels by 2015
4. Reduce child mortality
  - Reduce by two thirds the mortality rate among children under five
5. Improve maternal health
  - Reduce by three-quarters the ratio of women dying in childbirth.
  - Universal access to reproductive health
6. Combat HIV/AIDS, malaria and other diseases
  - Halt and begin to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases
  - Universal access to HIV/AIDS treatment for all who need it by 2010
7. Ensure environmental sustainability
  - Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
  - Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss
  - By 2015, reduce by half the proportion of people without access to safe drinking water

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- By 2020 achieve significant improvement in the lives of at least 100 million slum dwellers.

8. Develop a global partnership for development

- Develop further an open trading and financial system that includes a commitment to good governance, development and poverty reduction—nationally and internationally
- Address the least developed countries' special needs, and the special needs of landlocked and small island developing states
- Deal comprehensively with developing countries' debt problems
- In co-operation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
- In co-operation with the private sector, make available the benefits of new technologies – especially information and communications technologies.

## **Annex 2: Committee's Visit Programme in New York**

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The Committee visited Washington and New York in from 31 October to 4 November 2010 in connection with this and a separate inquiry into the World Bank. Meetings in Washington on the 1<sup>st</sup> and 2<sup>nd</sup> November related to the World Bank inquiry.

Members participating: Malcolm Bruce (Chairman), Hugh Bayley, Richard Burden, Pauline Latham, Jeremy Lefroy, Anas Sarwar, Chris White

Accompanied by: David Harrison (Clerk); Mick Hillyard (Assistant Clerk)

### **New York**

#### ***Wednesday 3 December***

Briefing from Mark Lyall Grant, UK Ambassador to the UN

Meeting with Hilde Johnson, UNICEF

Lunch with Mark Dybal, Managing Director of the Office of the Special Envoy to the Secretary General on Malaria, with Tim Castano (Chief of Staff)

Meeting with the President of the General Assembly

Meeting with Catherine Bragg, Under Secretary General, UN Office for the Co-ordination of Humanitarian Affairs (OCHA)

Meeting with Thoraya Obaid, Executive Director, UN Population Fund

Dinner on the MDGs with country Executive Directors and Mark Lyall Grant

#### ***Thursday 4 November***

Meeting with Bob Orr, Assistant Secretary General for Policy Planning

Meeting with Helen Clark, Administrator, UNDP and Jordan Ryan, Director of the Bureau for Conflict Prevention and Recovery

NGO lunch on MDGs

Meeting with Asha-Rose Migiro, Deputy Secretary General

Meeting with Michelle Bachelet, Under Secretary General, UN Women

Debrief with Mark Lyall Grant, UK Ambassador to the UN

## Conclusions and recommendations

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### Women's and children's health

1. We are impressed by the UK Government's leadership of the launch of the Global Strategy for Women's and Children's Health. The Strategy represents a final chance to make serious progress on MDGs 3, 4 and 5 before 2015. We welcome the doubling of annual UK financial support for maternal, newborn and child health by 2012, and the maintenance of this level of funding—an annual average of £740 million—to 2015. However, DFID must ensure that this increase in inputs results in improved outputs. This will necessitate sustained DFID engagement in the delivery of the Strategy over the next five years. We recommend that, as well as fulfilling its own pledges, DFID focus on ensuring that pledges made by other governments under the Strategy are fulfilled according to their allocated timescales, so that the promised impact on child and maternal health is achieved by 2015. Central to this will be the development of an accompanying 'accountability framework' for the Strategy, which should clearly specify different governments' pledges along with their timescales. We recommend that this framework be completed by the end of January 2011 at the latest. (Paragraph 20)

### Malaria

2. We commend the UK Government's role in promoting anti-malaria strategies at the Summit. Reliable, expanded funding will be crucial to meeting the MDG 6 target of halting the spread of malaria by 2015. We trust DFID's Malaria Evidence Paper and Business Plan will provide detailed information as to the mixture of interventions needed to reach the target. We recommend that these interventions be co-ordinated closely with DFID's increasing support for maternal and infant health, given that children under five and pregnant women account for 85% of malaria deaths. We recommend that the Multilateral Aid Review, due to be published early in 2011, ensure that DFID continues to provide adequate funding and technical assistance to the Global Fund to Fight AIDS, Tuberculosis, and Malaria. (Paragraph 23)

### What was missing?

3. We welcome the UK Government's decision to prioritise the health-related MDGs at the Summit. It is right to focus on those Goals that are most off-track. However, other Goals, such as MDG 1, seeking to eradicate hunger, are also off-track. The proportion of under-nourished people in the world is growing rather than contracting, and one in four children under-5 are underweight. We find the extent of hunger and malnutrition deeply worrying and urge the UK to continue its work to support efforts to reach MDG 1. We welcome the Secretary of State's support for nutrition initiatives and recommend that DFID widely disseminate its research into nutrition. In addition, DFID should continue to examine ways of supporting smallholder-based agriculture. (Paragraph 25)

## Developing country commitments

4. We are impressed by the commitments made by a number of developing country governments at the Summit. However, the fact that a large number of countries is seriously off-track for a number of Goals demonstrates inter alia that much greater commitment is needed from many countries. We welcome the principle of country ownership embodied within the Global Strategy for Women's and Children's Health. We strongly encourage DFID to support with both technical and financial assistance those developing countries which have made pledges under the Strategy, especially those seeking to introduce or expand free healthcare to women and children. (Paragraph 28)
5. We agree with the Secretary of State that supporting civil society in developing countries to hold their governments to account over MDG pledges will help ensure that leaders fulfil their commitments. We also believe that DFID should continue to work with partner donors to encourage better and more effective governance and promote civil liberties. Parliaments have a vital role to play in holding governments to account and DFID must continue to support programmes which seek to strengthen them. Similarly, donors such as the Italian Government should be held to account on their promises. We agree that a useful step towards this would be for the UN to 'name and shame' donors or governments which have reneged on promises. (Paragraph 29)

## Securing progress on the most off-track goals

6. While it is beyond the remit of this report to explore all the factors constraining progress on all the off-track Goals, we are deeply concerned about the number of targets that are seriously lagging. Specifically, we wish to note the worrying lack of progress on MDG 1 target on hunger, MDG 2 on education and MDG 3 on gender equality. We have particular concern about the MDG 7 target on sanitation, which looks set to be missed by at least one billion people. Our predecessor Committee challenged DFID in 2007 to intensify its efforts on the Goal—but nearly four years on progress towards the Goal is still lagging. We urge DFID to look carefully at the balance of resources it gives to sanitation, and to ensure sanitation concerns are well-integrated into health and education strategies. We were encouraged to hear that a number of new countries gave their support to the Sanitation and Water for All partnership at the Summit, and recommend DFID does all it can to boost international support for this important initiative. (Paragraph 33)

## The gender-related MDGs

7. We are deeply concerned about the very poor progress on MDG 5 seeking to reduce maternal deaths. Our concern extends to DFID's own performance on this issue, given that only two out of DFID's 22 priority countries are on track to achieve the MDG. We welcome the new Government's decision to put women's needs at the centre of DFID's programmes. We urge DFID to implement this objective as quickly as possible and provide details of how this will be done when the Bilateral Review is published in early 2011. (Paragraph 37)

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8. We believe that making progress on MDG 5 will rely on addressing wider gender inequalities that obstruct women's ability to exercise their right to health. We welcome Summit outcomes that will help address gender inequality, including the Global Strategy for Women's and Children's Health which sent a strong political message to Governments about the prioritisation of maternal health and gender issues. We also welcome the announcement of increased World Bank funding for education. As a major shareholder in the World Bank, DFID should help ensure this new funding promotes secondary level education for girls. We look forward to seeing the results of DFID's own increasing focus on girls completing secondary as well as primary school. (Paragraph 38)
9. Securing progress on maternal health clearly depends on developing country governments demonstrating the political will to prioritise gender equality. Such governments can be supported in this by donors through specific interventions such as the promotion of girls' education. But it will also involve sending a clear message to developing country governments that gender equality is both morally right and economically advantageous for countries. As part of its follow-up efforts to the Summit, we urge the UK Government to do this. (Paragraph 40)

### **Accountability and follow-up mechanisms to the Summit**

10. In Chapter 3, we welcomed the commitments made by developing countries at the Summit and emphasised the need for Parliaments and populations to be supported in their ability to hold their governments to account. We reiterate our view that holding both developing countries and donors to account for their Summit commitments is of key importance. We commend DFID for its role in securing an annual review mechanism for both the MDGs and the implementation of the Outcome Document. We request that any new details about its format are conveyed to us in the Government Response to this report. We also recommend that DFID continue to press to ensure that all policy and financial commitments from the Summit are fully recorded. DFID should update the Committee on this issue in three months' time. Further, we welcome the UN special event on the MDGs in 2013. We foresee that this will be a critical meeting taking place just two years before the 2015 deadline, and recommend that DFID take a central role in planning the event. (Paragraph 43)

### **Improving UN co-ordination**

11. Meeting the MDGs will depend on the ability of implementing agencies to work effectively. The efficient co-ordination of agencies, in particular UN agencies, is the key to maximising this contribution, particularly if the new Global Strategy for Women's and Children's Health, which is key to meeting several MDGs, is to be successful. Not only will the Strategy focus on an already fragmented sector, it will bring together both a range of UN agencies and a set of wider partners, including the UK Government. We were impressed by the emphasis in our meetings at the UN on the need to improve co-ordination, but disappointed to hear that progress in achieving this was too often very slow. We recommend that the UK Government closely monitor the effectiveness of co-ordination between the various UN Agencies

involved in the Strategy so that the initiative can make the strongest possible contribution to meeting successfully the MDGs relating to women's and children's health. The level of DFID funding for UN agencies should be related to improvements in their co-ordination. We trust that the forthcoming Multilateral Aid Review will take this into account. (Paragraph 47)

## UN Women

12. We welcome the creation of UN Women after years of negotiations about how to improve the UN's fragmented approach to gender issues. The new agency has been established just in time to catalyse progress on the off-track gender MDGs, and help the Global Strategy for Women's and Children's Health fulfil its potential. DFID must press for both country programmes and international advocacy work connected with the agency to begin in earnest next year. We recommend that DFID be a major funder of the agency, but future funding must be dependent on evidence of success. We also recommend that DFID monitor the agency's work to ensure co-ordination in this very important area is improved and that existing work is not duplicated. (Paragraph 49)

## A new framework

13. We understand the Secretary of State's concern about the risk of becoming sidetracked from the urgent task of achieving the MDGs through a preoccupation with a post-MDG framework after 2015. Nevertheless, we were pleased to hear that DFID intends to play a full part in the UN Secretary-General's consultation on a post-2015 framework. We believe it should be possible for DFID to keep its eye on future planning without becoming distracted from the priority of achieving the Goals by 2015. (Paragraph 49)
14. We recognise that it is early days to be prescribing what specific format any post-2015 framework should take, but agree with many of our witnesses that retaining the basic framework of a series of international targets makes sense. It is important, however, that a review of the effectiveness of the MDGs is carried out to assess whether such targets are indeed the best method for facilitating development before a new set of targets is agreed for the post-2015 framework. If the MDG framework is maintained after 2015, we believe that changes will need to be made to the targets used under the current MDGs. One particular area for amendment is the current lack of focus on reaching the most vulnerable. New targets should reflect the fact that inequality is rising and that many of the poorest have been left behind over the last 20 years. We recommend that the Government maintain its commitment to reaching the most vulnerable and ensure that the post-2015 framework promotes greater attention to reaching the very poorest. DFID monitors progress towards the MDGs at country level using its own assessment methodology. We believe DFID should also carry out in-country audits at local level measuring more fully what progress has been made towards meeting the MDGs and reaching the most vulnerable. (Paragraph 54)

## Climate change

15. We recommend that a post-2015 framework make climate change, the environment and biodiversity a priority. Progress on other targets will depend on addressing the wide-ranging impacts of climate change, such as crop failure, the increased incidence of natural disasters and new patterns of evacuees and refugees. Therefore, new targets and approaches must integrate climate change and environmental and biodiversity concerns with poverty reduction strategies. We encourage the UK Government to participate in discussions relating to such approaches at this early stage so that negotiations do not become rushed as 2015 approaches. (Paragraph 57)

## Population growth

16. We were surprised to see that the Summit Outcome Document does not mention population growth at all. We also believe this issue is under-prioritised in the current MDG framework. The world's population is growing and it is startling that global development structures do not take account of this increasing squeeze on resources. We welcome the Secretary of State's commitment to put reproductive health at the centre of DFID's programmes, and to extend contraception to 10 million couples. As 2015 draws closer, we recommend that DFID advocate strongly that the post-2015 framework give sufficient attention to the issue of population growth so that future targets take account of the need to address the world's increasing number of people. (Paragraph 60)

# Formal Minutes

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**Tuesday 14 December 2010**

Members present

Malcolm Bruce, in the Chair

Richard Burden	Mr Michael McCann
Mr James Clappison	Alison McGovern
Richard Harrington	Anas Sarwar
Pauline Latham	Chris White
Jeremy Lefroy	

Draft Report (*The 2010 Millennium Development Goals Review Summit*), proposed by the Chair, brought up and read.

*Ordered*, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 59 read and agreed to.

Annexes and Summary agreed to.

Two Papers were appended to the Report as Annex 1 and Annex 2.

*Resolved*, That the Report be the Second Report of the Committee to the House.

*Ordered*, That the Chair make the Report to the House.

*Ordered*, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

Written evidence was ordered to be reported to the House for printing with the Report (in addition to that ordered to be reported for publishing on 13 November 2010).

[Adjourned till Tuesday 11 January at 09.30 am

## Witnesses

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### Thursday 21 October 2010

Page

**Rt Hon Andrew Mitchell MP**, Secretary of State for International Development

Ev 1

### Tuesday 26 October 2010

**Myles Wickstead**, Head of Secretariat, Commission for Africa and **Andrew Shepherd**, Director, Chronic Poverty Research Centre, Overseas Development Institute

Ev 16

### Tuesday 9 November 2010

**Rt Hon Gordon Brown MP**, Co-Convenor, Global Campaign for Education High-Level Panel

Ev 26

## List of written evidence from oral witnesses

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1	Department for International Development	Ev 46
2	Rt Hon Gordon Brown MP, Co-Convenor, Global Campaign for Education High-Level Panel	Ev 48

## List of additional written evidence

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(published in Volume II on the Committee's website [www.parliament.uk/indcom](http://www.parliament.uk/indcom))

1	Action for Global Health	Ev w1
2	Action Aid	Ev w3
3	Amnesty International UK	Ev w6
4	ARTICLE 19	Ev w11
5	Bond	Ev w13
6	Christian Aid	Ev w17
7	Department for International Development	Ev w24
8	EveryChild	Ev w27
9	International AIDS Vaccine Initiative (IAVI)	Ev w29
10	International Alert	Ev w31
11	International Planned Parenthood Federation (IPPF)	Ev w35
12	Local Government Association for England and Wales	Ev w38
13	Malaria No More UK	Ev w46

14	The ONE Campaign	Ev w49
15	One World Action and the UK Gender and Development Network	Ev w52
16	Publish What you Pay	Ev w56
17	Rt Hon Gordon Brown MP, Global Campaign for Education High-Level Panel	Ev w58
18	Sightsavers	Ev w63
19	Tearfund	Ev w65
20	UNICEF UK	Ev w68
21	VSO	Ev w73
22	WaterAid	Ev w76
23	World Vision UK	Ev w77
24	WWF-UK	Ev w80

## List of Reports from the Committee during the current Parliament

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The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

### Session 2010–11

First Report	Appointment of the Chief Commissioner of the Independent Commission for Aid Impact	HC 551
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