

IRISH AID

REPORT ON THE MILLENNIUM DEVELOPMENT GOALS

SEPTEMBER 2010



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INTRODUCTION

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The Millennium Development Goals agreed by the international community in 2000, provide the framework for international development, and for Ireland's Official Development Assistance, up to 2015. The MDGs set a comprehensive agenda for action across all aspects of human development, around which Governments, international organisations, Civil Society Organisations (CSOs), private foundations and individuals can focus their efforts. As the agreed yardstick for measuring progress and assessing effectiveness they also form the basis for identifying needs and for evidence-based policy making. The MDG Summit at the UN in New York in September 2010 will review progress on the Goals so far, and actions required for their achievement over the next five years.

This report provides an overview of Irish Aid and its contribution to the achievement of the MDGs. Based on the evidence available it identifies key challenges facing the global community in achieving the MDGs by the target date of 2015 and sets out the priorities and Ireland's response to them. The report draws heavily on Ireland's own experience, lessons learned and analysis. It does not go into detail on each MDG¹. This is provided in the annexes which give an overview of the global status of each MDG and examples of Irish Aid's contribution towards their achievement.



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¹Refer to the MDG Briefs in Annex 1 for a detailed overview of each MDG.

SECTION ONE

IRELAND'S DEVELOPMENT ASSISTANCE PROGRAMME

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Overseas Development is integral to Ireland's foreign policy. The Government's aid programme is managed by Irish Aid, a Division of the Department of Foreign Affairs. Poverty reduction, to reduce vulnerability and increase opportunity, is the overarching objective of the aid programme, as set out in the 2006 White Paper. The fight against global hunger is a cornerstone of the programme.

Since 2000 the Government has contributed €5.8 billion in Official Development Assistance (ODA). Over the decade, Ireland's ODA has almost tripled, increasing from €254 million in 2000 to €722 million in 2009. This represented 0.54% of Gross National Income (GNI) in 2009 (up from 0.3% in 2000). Ireland is committed to reaching the international target of spending 0.7% of GNI on overseas aid by 2015. 69% of ODA is delivered as bilateral aid² and 31% as multilateral aid³. 80% of bilateral aid was provided to Least Developed Countries (LDCs) in 2009 and the share of spending on health, education, governance and other social infrastructure increased from 46% in 2000 to almost 60% in 2009. This expenditure reflects the strong poverty focus of the programme.

POVERTY FOCUS

Ireland is committed to an integrated approach to development focused on the poorest countries, and especially on the poorest people and communities. Ireland has always placed particular importance on supporting the provision of basic services to the poor. Support to social sectors (education and health), local development and food security

are at the centre of Ireland's development programme. Implementing the recommendations of the Government's Hunger Task Force (2008)⁴ has placed the livelihoods and food security of the poorest and most vulnerable firmly at the heart of the aid programme. Addressing gender equality, HIV and AIDS, governance and environmental sustainability are priority issues in Ireland's efforts to reduce poverty. Specific results and targets related to these priorities are included in all programming documents. The 2003 OECD DAC Peer Review of Ireland noted that the programme distinguishes itself by having a sharp focus on poverty reduction, a point reiterated strongly in the 2009 Peer Review of Ireland which recognised the concentration of Ireland's development assistance on a limited number of poor countries as one of its strengths.⁵

IRELAND'S APPROACH

Partnership and ownership underpin Ireland's approach to development cooperation. Aid is effective when it helps countries achieve their own development goals. Providing information on the volumes of aid and the timing of disbursements enables partner countries to plan and deliver essential public services. Using partner countries' systems and procedures reduces the burden of parallel management systems and reporting, thereby increasing transparency and improving accountability. When aid is spread too thinly the administrative costs for both donors and partner countries far outweigh the benefits of the aid.

²Bilateral aid is given by one country directly to another and includes transactions with national or international Non Governmental Organisations.

³Multilateral aid is made up of contributions to international agencies, institutions or organisations whose members are governments, and which conduct all or part of their activities in favour of development.

⁴Hunger Task Force: Report to the Government of Ireland (2008).

⁵OECD DAC Peer Review of Ireland (2003 and 2009).

By focusing on fewer countries, and fewer sectors, better results can be obtained. Irish Aid is actively engaged at country and international levels in working to make aid more effective and to demonstrate the results achieved⁶. Ireland's aid focuses entirely on poor countries' needs and is untied to the provision of goods and services.

PARTNERS

Ireland works with a range of partners at local, national, regional and international levels in its efforts to respond to the needs of the poorest people in the world:

PROGRAMME COUNTRIES

Ireland is known for its strong focus on Least Developed Countries (LDCs) and in particular those in sub-Saharan Africa, the region most lagging behind in its efforts to achieve the MDGs. Ireland has developed a long term relationship with nine Programme Countries, and works closely with the governments of these countries on the basis of their national development plans⁷.

CIVIL SOCIETY ORGANISATIONS (CSOs)

CSOs have always played a major role in Ireland's development efforts. Ireland has a long tradition of involvement across the world by missionaries and CSOs. About a quarter of Ireland's development assistance is channelled through these types of organisations, a high proportion compared with other international donors. Support to civil society in developing countries is an important channel contributing to the achievement of the MDGs and to ensuring that the strengthened Government and public service capacity is accompanied by increased demand by the people for good governance, proper service delivery,

gender equality and accountability.

MULTILATERAL SUPPORT

Ireland views joint global action as essential for achieving the MDGs and works actively through its multilateral engagements to build a consolidated and coherent international effort to meet the targets. In 2009 Ireland, provided 31% of its Official Development Assistance (ODA) through multilateral aid. The choice of multilateral partners is largely based on the extent and effectiveness of their support to LDCs. Ireland works with the **European Union** (EU) to ensure that the MDGs are kept at the centre of development policies and priorities of the Union. The **United Nations** in particular has a crucial role in addressing poverty globally and in helping deliver on the MDGs. The **World Bank** and **Regional Development Banks** are important aid delivery channels and interlocutors with Government on policy and reform issues at country level.

EMERGENCY RESPONSE

Ireland's significant humanitarian assistance programme reflects the focus on saving lives, alleviating suffering and maintaining human dignity during and after humanitarian crises. Ireland works with and through Governments and local organisations in affected countries and on an ongoing basis with Irish and international non-governmental organisations, the Red Cross/Red Crescent and the United Nations. Ireland increasingly focuses on risk and vulnerability in the analysis and planning of all its development interventions to prevent and reduce the impact of disasters. Countries in or emerging from crisis are facing the greatest challenges in meeting the MDGs.

⁶Ireland has committed to the principles of the Paris Declaration on Aid Effectiveness and is implementing the Accra Agenda across the aid programme and is active at global and country level in promoting aid effectiveness.

⁷Uganda, Tanzania, Ethiopia, Zambia, Lesotho, Malawi, Mozambique, Zimbabwe, South Africa, Sierra Leone, Liberia, Timor Leste, VietNam.

SECTION TWO

THE MDGS – WHERE DO WE STAND?

Evidence suggests that progress towards the MDGs has been considerable but is significantly less than hoped in 2000. In the remaining five years to the 2015 deadline, the opportunity exists to weigh up that evidence, identify what has worked and where efforts have been insufficient or inadequate to reach the targets set and to agree on how best to ensure that the MDGs are achieved.

WHAT DOES THE EVIDENCE SAY?

The fight against poverty and hunger

The global economy has grown significantly since the Millennium Summit in 2000. The highest rates of growth have been in developing countries. The larger developing economies have grown quickly and become significant players in the global markets. Growth has also been high in Least Developed Countries where GDP has, in many cases grown at twice the rate of population growth. This significant and widespread progress in wealth creation has not been matched by reductions in poverty.

However, the reduction in income poverty in sub-Saharan Africa is at best marginal and despite the positive developments in wealth creation there is little hard evidence of significant or sustainable improvements in the lives of poor people. The proportion of the population living on less than \$1.25 a day⁸ in sub-Saharan Africa is estimated to have dropped from 58% in 1990 to 51% in 2005 but the absolute numbers had increased by at least 90 million even before the impact of

the current global economic crisis was felt⁹. Women have benefited least from economic growth, being systematically disadvantaged in their access to paid employment and having to shoulder the heaviest burden of unpaid care work.

The absolute number of hungry people, now over one billion, has been rising for the last 15 years. However, over the last 5 years, global hunger has increased at a faster rate than the growth in population. The situation calls for new approaches to tackling hunger, a priority taken up internationally by the Irish Government.

⁸World Bank, 2005 International Comparison Program (ICP) established a new poverty line on \$1.25 a day.

⁹UNDP MDG Report 2009.

BOX 1

**HUNGER TASK FORCE:
REPORT TO THE GOVERNMENT OF IRELAND**

Ireland has prioritised hunger and food insecurity in its policies and strategies arguing that failure to address the global hunger crisis impedes progress across all the MDGs. This is a political priority, with the Government committed to giving effect to the recommendations of the **Report of the Hunger Task Force**. Increasing smallholder agricultural productivity with a particular focus on women farmers; targeting under-nutrition, especially maternal and infant under-nutrition; and promoting governance and leadership action on tackling global hunger are key areas of focus across the Irish Aid programme. Substantial resources are now focussed on supporting hunger reduction projects and programmes in Irish Aid **Programme Countries**. In **Ethiopia** we are supporting access to food for 7.5 million poor farmers through innovative productive safety nets, where communities do not just benefit from cash or food but are building long-term assets such as check dams, terracing

hillsides and other soil and water conservation structures to help reduce their future vulnerability. In Malawi, we provided early and crucial support for the Government's landmark input subsidy programme, providing fertilisers and improved seeds. In 2009, this programme contributed to the improved food security of 1.6 million smallholder farmer households in the country. We are also collaborating with leading international research centres to ensure that the latest knowledge and techniques for long term food security are accessible to poor farmers. We are drawing on our experience in agriculture and food security in **Mozambique, Tanzania and Ethiopia** in order to inform the development of a new hunger focused strategy in **Sierra Leone**, and in **Uganda** we are responding to the food insecurity in the north of the country by supporting the Government of Uganda's efforts to provide targeted social protection and social security for the poorest.

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Policy and budgetary reform and improved public financial management in LDCs have led to significant increases in public expenditure on the expansion and provision of basic services, particularly in education and health. Commitments to the principle of universal primary education in many LDCs have resulted in large increases, and greater gender equality, in enrolment rates. Primary school enrolment in sub-Saharan Africa grew by 31% in the ten years to 2008, faster than in any other region. However, enrolment in

sub-Saharan Africa remains lower than in any other region and despite increasing enrolment of girls, there are gender gaps in attendance, retention and completion. Ireland has a focus on education in four countries where indications are clear that encouraging progress in net enrolment rates have been realised:

TABLE 1: NET PRIMARY SCHOOL ENROLMENTS

COUNTRY/YEAR	1999	2007	2008
LESOTHO	57	72.7	–
MOZAMBIQUE	52	–	79.9
UGANDA	–	95.5	97.1
ZAMBIA	68	93.1	95.2
SUB-SAHARAN AFRICA	56	73	–

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Although enrolment is high, these figures are swollen by high repetition in the early grades. Many of those who start school do not complete a basic primary education, with girls less likely than boys to remain in education to the last grade.

Some definite progress has been made in moving towards the achievement of the MDGs associated with major diseases - such as TB, malaria and some childhood diseases. However, progress in reducing maternal mortality remains stubbornly slow, especially in sub-Saharan Africa. Mortality rates in this region have only fallen from 920 to 900 deaths per 100,000 live births over the past two decades. More people than ever live with the HIV virus and in 2008, sub-Saharan Africa accounted for 68% of new HIV infections among adults, 91% of new infections among children and 72% of the world's AIDS related deaths.

Poor people's use of basic services is often limited as they are forced to choose between meeting basic consumption needs, investing in their children's education or accessing healthcare. In Tanzania the poorest 20% of households use health services 17% less than they did in 2001. Across developing countries, children from the poorest 20% of households are over 3.5 times more likely to be out of primary school than those from the wealthi-

est 20%. In sub-Saharan Africa the rate of teenage pregnancies is rising and adolescents from the poorest 20% of households are three times more likely to become pregnant than those from the wealthiest 20%. The resulting drop-out from school lowers women's educational attainment, one of the key drivers of reductions in poverty and food insecurity.

A number of systemic factors, across different sectors, contribute to poor maternal health. These include food and nutrition security, lack of access to education, gender inequality, violence against women, early marriage, lack of access to health services and lack of participation in decision-making in the home. In addition, the particular weaknesses which characterise health services in many poor countries have a seriously detrimental impact on maternal health in particular. Among these are, inadequate infrastructure, service delivery standards that are in decline and poor staffing levels resulting in lack of skilled attendance at birth and lack of emergency care, both major contributory factors to maternal mortality. The Outcome Document from the meeting on maternal mortality, hosted by Ireland, at the Commission on the Status of Women (March 5th, 2010), highlights key actions needed to improve maternal health.

BOX 2

OVERCOMING BARRIERS AND ACCELERATING PROGRESS TO ACHIEVE MDG 5**Outcome Document - UN Commission on the Status of Women Meeting on Maternal Mortality - 5th March 2010 - hosted by Ireland**

Key actions for Government as highlighted in the Meeting Outcome Document as essential for addressing barriers to maternal health are the need to:

- Recognise that maternal mortality is a human rights issue and that gender equality and women's empowerment are central to its elimination. Governments must demonstrate their full support for the new UN gender entity – UN Women - through political will and adequate resources.
- Integrate maternal and obstetric services into primary health care, to include services for family planning, prevention and treatment programmes for communicable diseases including sexually transmitted infections, mother-to-child transmission of HIV and malaria in pregnancy.
- Address the human resource crisis in health systems, by prioritising the training of mid level health workers to provide maternity services, who must be incentivised through appropriate salary levels, working conditions and recognition of status.
- Address barriers to access of health services by reviewing user costs, providing transport and improving accountability of service providers.
- Prioritise maternal and child nutrition through antenatal and post natal strategies that increase the use of direct dietary supplements to improve pregnancy and birth outcomes and promote breastfeeding and complementary feeding.

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MORE AND BETTER AID

Increased aid volumes since 2000 have supported increased development expenditures in LDCs. Measured in current US dollars, total aid has doubled to \$120bn in 2009, though current exchange rates exaggerate the increase. Measured as a proportion of donor Gross National Income, the increase is more modest - from 0.24% to 0.32%. The way aid is delivered in LDCs has also been improving, albeit slowly. Donors increasingly provide financial support to national public expenditure programmes, especially in health and education, through joint sector programmes or budget support.

The need has been recognised for an increase in the proportion of aid going to those countries which are lagging behind the most in the achievement of the MDGs. It is reflected in

the commitments made at the G8 Gleneagles summit in 2005. Aid to Africa and to LDCs remains, however, a low priority internationally at 31% and 26% of total bi-lateral aid respectively. The G8 Gleneagles summit in 2005 made commitments to increase total ODA by \$50 billion by 2010 to around \$130 billion of which \$25 billion extra would go to Africa. However in 2010, due to economic pressures in developed countries the total ODA is likely to be in the region of US\$108 billion, (at 2004 prices) and Africa will see only an increase of \$11 billion or less than 50% of its projected increase. These figures highlight the need to focus development aid on the poorest countries and in particular on sub-Saharan Africa. In 2009, 80% of Ireland's bilateral aid was directed to LDCs and Ireland's consistent focus on the poorest countries has been commended by the OECD DAC.

BOX 3**IRELAND FOCUSES ITS AID ON LEAST DEVELOPED COUNTRIES, PARTICULARLY IN SUB-SAHARAN AFRICA**

The concentration of Ireland's development aid on a limited number of poor countries is one of its main strengths. Currently, Irish Aid has intensive, wide-ranging and long-lasting development co-operation programmes in nine countries (seven of which are in Africa); together they accounted for 47% of bilateral spending in 2005-07. All but one of the top 20 recipients of Irish aid is a least developed country. (LDC). The percentage of gross bilateral spending to the poorest countries has been both high and remarkably constant over the years, reaching 89% in 2007 compared to an average of 56% for the DAC as a whole. (OECD DAC Peer Review of Ireland, 2009).

The evidence available and the analysis of the impact of the events of the last few years, especially the series of global crises - the economic and financial crisis - climate change, and global food insecurity, have clearly demonstrated the need for a more effective and comprehensive response to

global poverty and hunger. It is essential to ensure that evidence gathered on progress by individual countries and regions is reliable, current and feeds into policy and decision making. And that it provides the basis for addressing the key challenges which have emerged.

SECTION THREE

KEY CHALLENGES AND LESSONS LEARNED

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A COMPREHENSIVE RESPONSE TO GLOBAL HUNGER IS URGENTLY NEEDED

Increased hunger is one of the major constraints to accelerating progress across all the MDGs. Hunger transmits poverty to the next generation as the hungry child becomes in turn the irregular and underachieving pupil and the vulnerable and impoverished adult. Hunger is about more than food production and is ultimately the result of systemic failures related to agriculture, development, trade, economics, governance and health. The lack of household access to sufficient, safe and nutritious food for healthy living is a consequence of these failures. Increasing smallholder productivity with a focus on women farmers; targeting maternal and child under-nutrition; and political commitment and leadership is now critical to eradicate global hunger and achieve all the MDGs.

Lesson Learned:

Achieving progress across all the MDGs requires a comprehensive response to tackling the global food security crisis focusing not only on increasing smallholder productivity, but targeting under-nutrition and promoting political commitment and leadership action.

PROGRESS ON THE MDGs HAS BEEN UNEQUAL

Progress across the MDGs has been mixed. Global development efforts have brought significant benefits in some dimensions of poverty while lack of progress has meant continued deprivation in others. The mixed progress has not been distributed evenly across countries or demographic groups. Sub-Saharan Africa has benefited least and is now further behind other regions than it was in 1990. Within countries the overall progress

on the MDGs has benefited some groups more than others. Increased public services and improvements in health and education indicators have benefited the better-off more than the poor, for whom affordability of access is an ongoing constraint. The rural poor are excluded from economic opportunity as growth is focussed on non-agriculture sectors. Early childhood under-nutrition permanently limits physical and intellectual development while the costs of schooling and meeting the health needs of women compete with other basic survival needs.

Lessons Learned:

The MDGs are global goals which cannot be achieved by balancing rapid progress in one region against persistent poverty in another. A stronger focus on vulnerable groups – including women, children and those with disabilities – and countries where progress is particularly slow, is needed.

METHODS FOR ESTIMATING INCOME POVERTY NEED TO BE QUESTIONED

Clear evidence and reliable data is needed for countries to plan and implement development programmes. Current estimates of income poverty which are showing slow but continuous improvement conflict with the evident growth in hunger. Therefore, methods for estimating income poverty need to be questioned. The problem of the measurement of poverty is central to a realistic assessment of progress towards the MDGs and, consequently, to identifying priorities between now and 2015.

Understanding the extent and dynamics of poverty requires data that is disaggregated by significant drivers of poverty such as sex, ethnicity and location.

The lack of hard data on populations, livelihoods, household economies and consumption is a fundamental gap. Of 53 African countries 40 have not undertaken a representative national survey of poverty and income more recently than 2003¹⁰.

Lesson Learned:

The measurement of poverty needs to be broadened to include consumption as well as income, and investment in the production of reliable, consistent, sex-disaggregated and regular data for use in policy and planning is essential.

GENDER INEQUALITY IS A DRIVER OF POVERTY

There is growing evidence that addressing gender inequality is a key strategy for stimulating pro-poor economic growth. Healthy, educated, empowered women make better decisions about their own and their children's health and education and are better able to participate effectively in their communities, as well as the broader society and economy. Gender inequality is most severe among poor people and is a driver of their poverty. Maternal mortality has shown little improvement. On current performance the MDG target will not be met until well into the next century. Again, poor women are most at risk, being less able to access and meet the costs of health care during pregnancy.

Lesson Learned:

Achieving equality between men and women is central to poverty reduction and development. Promoting gender equality and women's empowerment is crucial to the achievement of all the MDGs.

CONTEXT MATTERS

Many of the critical factors affecting poverty reduction are context specific and responses should recognise and respond to different

priorities and needs. The situation in least developed countries and in sub-Saharan Africa is substantially different to that in middle income countries and emerging economies - and significantly worse. In determining the way forward analysis must be grounded in the evidence, data and experience from the poorest countries as achievement of the MDGs will depend on rapid progress in these countries.

Lesson Learned:

Responses should be based on specific needs and priorities of different regions and countries and recognise differences even within countries.

EFFECTIVE AID CAN LEAD TO BETTER RESULTS

At the centre of achieving the MDGs is a partnership for development. Since 2000, the volume of global aid has grown. However, like the MDGs themselves, progress on improving how aid is provided has been mixed. Monitoring of aid effectiveness commitments¹¹ by the EU and OECD continually highlights a divide between what is agreed at international level and what is implemented at country level. Too much aid remains parallel to partner governments' own systems, unpredictable in nature, and fragmented across thousands of small projects, each with their own administration costs. Estimates by the EU suggest that by fully implementing aid effectiveness commitments over €3 billion Euros per year could be saved between 2010 and 2015. Clearly, at a time of global economic crisis it is imperative that every euro spent makes a difference to the lives of poor people.

Lesson Learned:

Implementing the international aid effectiveness commitments will help maintain a focus on value for money and results.

¹⁰African Economic Outlook, 2010

SECTION FOUR

WHAT NEEDS TO BE DONE?

Analysis of the current status of the MDGs, the key challenges and lessons learned point to what needs to be done by the global community between now and 2015 if the MDGs are to be achieved.

HUNGER, INCOME POVERTY AND GENDER INEQUALITY ARE THE PRIORITY

The complementarity between the MDGs is a critical consideration for deciding how best to focus efforts over the next five years. This does not mean that resources and efforts must be spread evenly across the sectors to which they seem most directly relevant. On the contrary, the complementary nature of the MDGs means that at a given point in time the critical intervention to achieve progress on one MDG might in fact be an action on another MDG. Looking at the causal relationships between the MDGs and progress achieved over the last ten years it is clear that, at this point in time, rapid progress on hunger, income poverty and gender inequality in LDCs offers the transformational and step-change potential to achieve the MDGs by 2010.

FOCUS ON THE POOREST PEOPLE AND POOREST COUNTRIES

The global nature of the MDGs requires that progress towards the MDGs be achieved universally. They must be delivered in all countries for all people. In many of the poorest countries existing inequality means that growth principally benefits the better-off,

this further increases inequality leading to an even more disproportionate distribution of wealth. It is critical that progress of the poorest people and countries is accelerated before the gaps in wealth, opportunity and capability become self-perpetuating.

LDCs SHOULD BE PRIORITISED IN THE RESPONSE TO THE GLOBAL ECONOMIC CRISIS

The global economic crisis constitutes a serious threat to progress towards the MDGs in LDCs. The data on which progress towards the MDGs is assessed does not yet reflect the impact of the crisis in LDCs. They have been a low priority in the global response to the crisis and do not have access to the levels of resources required to make up the gaps in financing basic services. This needs to be addressed rapidly, otherwise the starting point for the final push to 2015 will be even further back than it appears at the moment.

GREENER MODELS OF ECONOMIC DEVELOPMENT CAN BE TRANSFORMATIVE

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There are significant changes in the global economy which provide both opportunities and challenges for LDCs. The movement towards greener models of economic development is gathering pace and will be immensely powerful. The connected upward trend in global food prices could make access to food more difficult or boost the livelihoods of the rural poor. Changes in energy markets, a growing bio-fuel industry and the increased food needs of emerging economies may well boost demand for agricultural production in LDCs. This could be a driver of poverty reduction among poor smallholder farmers. Conversely it could result in the poor being in competition for land and water resources with international energy sector investors or with well-off national interests wishing to take advantage of the economic opportunities. How much poor people benefit or lose from these global processes will depend on how well their interests are safeguarded and prioritised in green growth, energy and agriculture policies. In managing these important change processes Governments should design policies so as to maximise benefits for poor people through food security - both production and entitlement; control over livelihood assets; prices, productivity and markets; and revenue raising and financing public services.

SECTION FIVE

IRELAND'S RESPONSE

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Ireland will voice a strong re-commitment to the MDGs at the UN Summit in September, with a particular focus on the urgency of tackling the continuing global hunger crisis. We will recommit to achieving all the MDGs recognising that they are a set of interconnected goals and targets. Accelerating progress to eradicate hunger, income poverty and gender inequality is the critical measure for achieving all the MDGs and therefore constitutes the overarching priority between now and 2015. With almost another five years to go to reach the goals, an action-oriented agenda is needed to guide the international response to 2015.

GLOBAL HUNGER AND FOOD INSECURITY

The priority message for Ireland relates to hunger and livelihood security. With over 1 billion people in the world suffering from hunger and 92 million more people in extreme poverty in sub-Saharan Africa since 1990, MDG1 is far from being achieved and is impeding progress across the other MDGs. Ireland is committed to directing 20% of its ODA budget on hunger related actions by 2015.

We will support smallholder agriculture, livestock and other rural production through financing rural services and infrastructure. We will support the development and implementation of innovative public policies that have as their primary objective the rapid growth in the basic livelihood activities of poor people. We

will work to ensure that these policies and the programmes to implement them must specifically target and prioritise the productive activities and needs of women. We recognise that climate change will increase food deficits for the poor and will support smallholder farmers to adapt to climate change and increase the resilience of their livelihoods.

We will also work to ensure that real reductions in the experience of hunger will replace indirect estimates of income as a measurement of progress on MDG 1. This will require that representative household surveys of consumption and income are conducted in all LDCs which have not undertaken one since 2006.

ACCELERATING PROGRESS IN LAGGING REGIONS, COUNTRIES AND SECTORS OF THE POPULATION

The second key message for Ireland is that the MDGs are not delivering for the most vulnerable people. Reaching MDG5 will take 50+ years while poverty in sub-Saharan Africa, the focus of over 80% of Ireland's aid programme, is double the developing country rate. The challenges are most severe in least developed countries, with those countries in or emerging from conflict more likely to be poor and face greater constraints. Progress is slowest in those MDGs that are most critical to women.

Ireland will advocate for a focus on lagging regions and groups through increasing the proportion of its aid flows going to least developed countries including fragile states. We will focus on those groups that are most affected – in particular women and children. We will prioritise infant and child nutrition across all areas of public action. Innovative approaches to achieving nutrition results through existing programmes in other areas such as health, education, agricultural extension and public works are needed. We will support policies, capacities and systems to deliver national social protection programmes such as food or cash transfers and finance them both as a means of directly combating deprivation and as a conduit for supporting productive investment.

PROTECTING AND CONSOLIDATING PROGRESS ALREADY ACHIEVED

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Ireland's third priority is to protect and consolidate progress already achieved, recognising that the MDGs are only achievable as a collective set. In the ten years since the Millennium Summit, significantly increased investments in national capacity by developing countries and donor partners have increased the availability of, and access to, basic services.

HOW WE WORK

While the above are the key priorities for Ireland in advancing progress towards achieving the MDGs by 2015 we are also taking into consideration how we work in order to achieve these goals. Our commitment to action is only one side of the partnership. We recognise that commitment to action and to achieving the MDGs is made not only between and to Governments but primarily to our citizens and to those people living in poverty whose lives we have pledged to improve. We must

be accountable to them, and to each other, for the resources we have been entrusted with and for the results we deliver with them. Our efforts must therefore be through national policies and programmes that address the needs and priorities of poor people and are accountable to them through fair and transparent processes.

Ireland will improve the efficiency, results and accountability for the aid we provide. We will prioritise tracking the results we achieve together with our partners and will keep the global spread of the programme under review. We will support the exchange of experience and expertise between southern partners to build solidarity and long term partnerships which enhance sustainable development. And we will work with our partner countries and at an international level to strengthen accountability systems where partner countries hold donors accountable for their aid, and where they are themselves held accountable for development results and the management of resources by their citizens and democratic institutions.

MILLENNIUM DEVELOPMENT GOALS

EXAMPLES OF PROGRESS SO FAR¹²

GOAL	EXAMPLE OF PROGRESS
<p><u>GOAL 1</u> Eradicate extreme poverty and hunger</p>	In Malawi, 1.6 million smallholder farmers have been able to purchase fertiliser and improved seeds through the Government Farm Input programme. In 2009, only 10% of households had less than adequate food consumption, down from 38% in 2007.
<p><u>GOAL 2</u> Achieve universal primary education</p>	In Tanzania, enrolment in primary school increased from 59% to almost 100% between 2000 and 2007, while the number of girls receiving secondary education increased by 20% between 2008 and 2009.
<p><u>GOAL 3</u> Promote gender equality & empower women</p>	In Timor Leste, the promotion of gender equality was prioritised in the preparation of the Government's 2010 budget, and a new law was passed making domestic violence a public crime.
<p><u>GOAL 4</u> Reduce child mortality</p>	The number of children who die before their fifth birthday as a result of poverty has been reduced from 12 million in 1990 to under 9 million in 2008. That means 10,000 fewer children under five are dying every day.
<p><u>GOAL 5</u> Improve maternal health</p>	In Mozambique, 90% of women are now receiving ante-natal care from skilled personnel, compared with 79% in 2003.
<p><u>GOAL 6</u> Combat HIV/AIDS, malaria and other diseases</p>	In Uganda, the HIV prevalence rate in 2009 was 6.4% compared with 18% in the 1990s. 150,000 people are accessing antiretroviral treatment and 49,000 orphans are receiving community services.
<p><u>GOAL 7</u> Ensure environmental sustainability</p>	In the Tigray Region of Ethiopia, over 450,000 hectares of land were reforested and 185,000 households, many headed by women, benefited from additional irrigation in 2009.
<p><u>GOAL 8</u> Develop a global partnership for development</p>	Global partnerships in the health sector have led to dramatic improvements in child health. In sub-Saharan Africa measles-related deaths decreased by 91% between 2000 and 2007.

¹⁰For further details of Irish Aid's work see Irish Aid Annual Report 2009 and the annexes to this report.



Ireland's
commitment
to a world
without poverty
and hunger

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