

Introduction

Doing great activities with a great educational content doesn't need to be difficult; we already have so many of them in CISV! So that everyone can benefit from them, the Education Content committee is building a database of all of our Peace Education activities. We need your help to collect a selection of activities from all our programmes. To ensure these activities are collected in a consistent way we are using an Activity Template, and there is one for each programme. This will make it easier for everyone to use and share activities. The database will be located online in 'The Library' and will be managed with help from each of the Programme Committees. The format of this template is based on the CISV Experiential Learning model.

1. Educational Content

Areas(s) of Peace Education: Please check the box which identifies the main focus of the activity.

	Human Rights		Diversity
X	Conflict and Resolution		Sustainable Development

Theme: A theme is used to connect a series of activities through a programme. What is the Theme of your programme and how does this activity fit into it?

Millennium Development Goals (MDGs) Development
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Educational Goals and Indicators: Please only check the ones your activity will focus on and collect evidence for.

	1	Develop intercultural awareness
	1a)	Share own culture with the camp
	1b)	Learn about at least two other cultures through different activities
	2	Develop leadership skills
	2a)	Receive training on how to plan and lead an activity , before and during the first days of camp
X	2b)	Participate in planning and running activities
X	2c)	Contribute during group discussion
X	2d)	Suggest solutions and solve problems objectively
	3	Develop self awareness
	3a)	Lead daily programme with minimal assistance from leaders
X	3b)	Contribute to debriefing by sharing personal feelings and thoughts
X	3c)	Express independent ideas to promote group development
	3d)	Increase self confidence
	4	Develop cooperative skills
X	4a)	Work together as a team in planning and leading activities
X	4b)	Help others feel included in the group

Evidence: How will you know if the participants have learned what the activity intended? Evidence should be matched to the indicators you identified for this activity.

- Contributions during group discussion
- Completed barometer at the end of group activity
- Personal barometer of success completed by every participant

2. Explanation

Do:

Explain how the activity will happen from the beginning to the end. Be sure to include the following things

(a) how the activity is introduced in relation to the Theme

(b) how the structure of the activity is explained, including group sizes and directions for what participants will do

(c) what the role of leaders is during the activity e.g. how will they collect evidence

Introduction (15-20 minutes):

Leaders are to ask the participants what they can remember about the Millennium Development Goals. See if anyone can remember and name all eight of them in front of the group, this person could receive some kind of prize for doing so. Ask the participants how they think the progress with the MDGs has been over the past 11 years in which they have been in focus. Which ones do they think would be showing more progress than others? Why is this? The large MDG symbols that have been printed out can be a great visual aid for this recap.

Personal Reflection (10 minutes):

Each participant is given a sheet with a barometer drawn on it [attached]. From their own knowledge and ideas, they are to draw the symbol for each MDG onto the barometer to complete their own personal barometer of success for the eight MDGs.

They are to place the separate goals onto a "barometer". The idea is that this barometer of success will be a good, clear visual representation of the way in which participants perceive the success of the MDGs. The MDGs placed at the hot end of the temperature scale will have been rated by the participants as having been very successful in the past 11 years, whereas those placed at the freezing end of the scale will be rated as unsuccessful, i.e. that the situation has actually got worse in the past 11 years. For MDGs placed on 0 degrees, this would indicate no visible change in the past 11 years. The symbols for the MDGs can be used to represent each goal on the barometer.

Group work activity (30 minutes):

Participants are to work in group of four to five members, there are to be eight groups in total.

Each group is assigned one MDG which they are to assess in terms of its success in the last 11 years. They will be given resources [attached] which they can read to help them determine how much progress that their goal is making, although obviously any prior knowledge that they themselves have will be really useful to them in this activity.

They are to work together and decide on where to place the MDG onto a large barometer, a large image of a temperature thermometer, a blown-up version of that on their hand outs, big enough to be visible to all participants.

The groups have half an hour each to discuss and research into their MDG. If internet access is available then this will be very useful as there is lots of information relating to MDGs online from the UN and its partners and other news sources.

Feedback to the group (40 minutes):

Each group is to have three minutes to place their MDG on the large barometer of success at the front, and to justify the position that they have given it. Other participants are encouraged to question the position of the MDG or ask the group anything about their decision and reasons behind it.

Conclusion (10 minutes):

Participants will be asked to consider how similar their barometer is to the one completed by their group, and all the other groups that they saw.

3. Debriefing

Reflect:

What questions will help participants reflect on what they experienced in the activity?

- How successful do you think the attempts to achieve your group's MDG have been?
- Why did you decide the place your MDG in its position on the barometer?
- Why do you think they have/have not been successful?
- Does having specific targets, as set out in the MDGs help in the fight against poverty?

Generalize:

What questions will help participants think about what they have learned and put their experience into a wider context?

- How can you prove if the attempts to achieve the MDGs have been successful or not?
- Why is it so difficult to solve problems that affect the world on a global scale?
- What conflicts prevent your MDG from having been achieved?
- What solutions could you think of to these problems?
- Is the world making positive steps towards the eradication of poverty?
- How do I know this?

Apply:

What questions will encourage the participants to think about how they can apply their learning in different contexts and situations?

- How can global goals such as those of the MDGs be achieved in a worldwide context?
- How can everyone play a part in the work towards these goals?
- What can I do to contribute towards these goals?

4. Materials and Background Preparation

Origin of Activity: Did you create this activity? If not, who did?

CISV International Office

Materials: List the materials and their quantities to do the activity.

- A large bit of cardboard on which to create a temperature thermometer, on which participants can place their MDG, should have enough space to fit all eight MDGs on, bearing in mind they could all be spaced out or clumped together.
- Resources about the success of the MDGs [attached]
- The MDG symbols, one of each, printed out large, to be stuck on to the barometer of success by the groups
- Access to the internet would be very useful
- Any other information about the MDGs collected by leaders
- Small reward

Time & Group Size: Suggest the ideal time scale and group size for this activity.

Time: 1 hour 50 minutes

Group size: 8 groups of 4/5, in other words one group per MDG.

Tips for facilitators: What tips do you have for anyone who wants to do this activity? Is there anything that they should be particularly aware of?

- This activity assumes prior knowledge of the MDGs. It could be used sometime in camp after an introductory activity to the MDGs such as "Millennium Development Goals: 11 Years On" to name an example, or any other activity relating to the MDGs.
- Check that the groups view a variety of sources before they decide where to place their MDG on the barometer; they want to know as much as they can before they make their decision.
- Check that everyone in the group makes contributions.

Activity Name: Each activity should have a name so it can be searched for in the database.

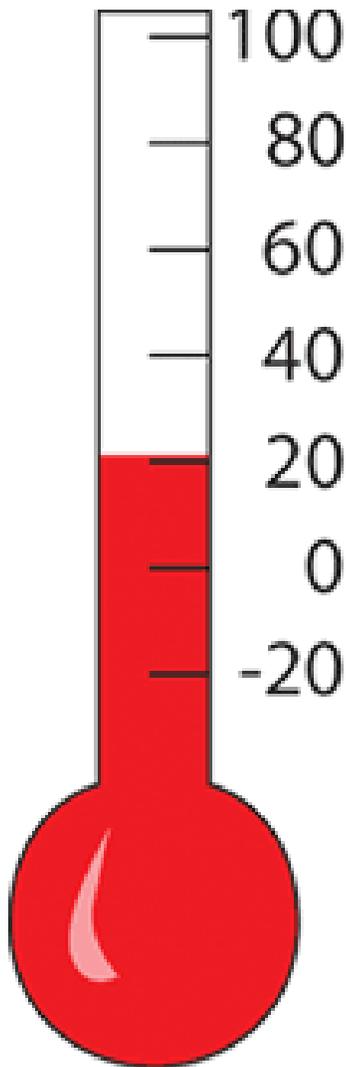
Millennium Development Goals: The Barometer of Success

5. Attachments:

a. *Barometer Sheet*

b. *MDGs Barometer Resources*

Place the symbol for each Millennium Development Goal onto the barometer. If you think that things are improving in terms of that goal, then place it high up the scale. If you think things are getting worse in terms of that goal, then place it in the minus section. For those goals where you think there has not been any change, place them at zero.



- | | |
|--|---|
|  | 1
Goal 1
Eradicate Extreme Hunger and Poverty |
|  | 2
Goal 2
Achieve Universal Primary Education |
|  | 3
Goal 3
Promote Gender Equality and Empower Women |
|  | 4
Goal 4
Reduce Child Mortality |
|  | 5
Goal 5
Improve Maternal Health |
|  | 6
Goal 6
Combat HIV/AIDS, Malaria and other diseases |
|  | 7
Goal 7
Ensure Environmental Sustainability |
|  | 8
Goal 8
Develop a Global Partnership for Development |

Information for MDGs

Each MDG has its own section in this document, where information is included about the success of the efforts to achieve each MDG in the past 11 years.

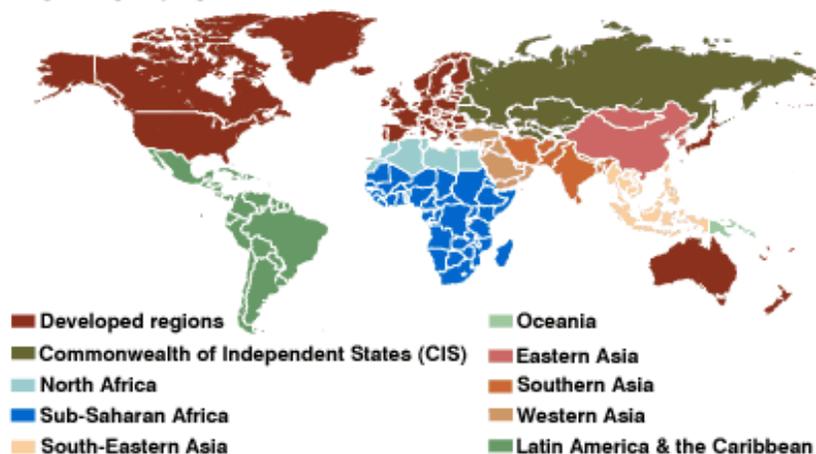
The information should be given to the relevant groups who can then use it and their own knowledge to judge the success of the MDG in question.

Goal 1: Eradicate extreme poverty and hunger

- **Target 1A: Halve the proportion of people living on less than \$1 a day**
 - *Proportion of population below \$1 per day (PPP values)*
 - *Poverty gap ratio [incidence x depth of poverty]*
 - *Share of poorest quintile in national consumption*
- **Target 1B: Achieve Decent Employment for Women, Men, and Young People**
 - *GDP Growth per Employed Person*
 - *Employment Rate*
 - *Proportion of employed population below \$1 per day (PPP values)*
 - *Proportion of family-based workers in employed population*
- **Target 1C: Halve the proportion of people who suffer from hunger**
 - *Prevalence of underweight children under five years of age*
 - *Proportion of population below minimum level of dietary energy consumption*

Poverty and hunger

Regional groupings



Target: Halve, between 1990 and 2015, the number of people living on less than \$1 per day.

In 2005, more than one billion people still exist on less than \$1 per day, while more than 800 million people do not have enough food to fulfil their daily energy needs.

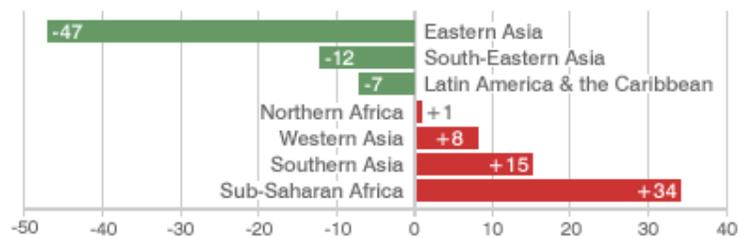
The overall global poverty rate has fallen over the last decade, mainly due to strong economic growth in Asia. Between 1990 and 2001, the number of people in the region living on less than \$1 per day fell by 0.25bn.

However war, drought and economic stagnation in sub-Saharan Africa have caused millions of people to become even poorer. Food production has not increased, and shortages have been exacerbated by growing populations.

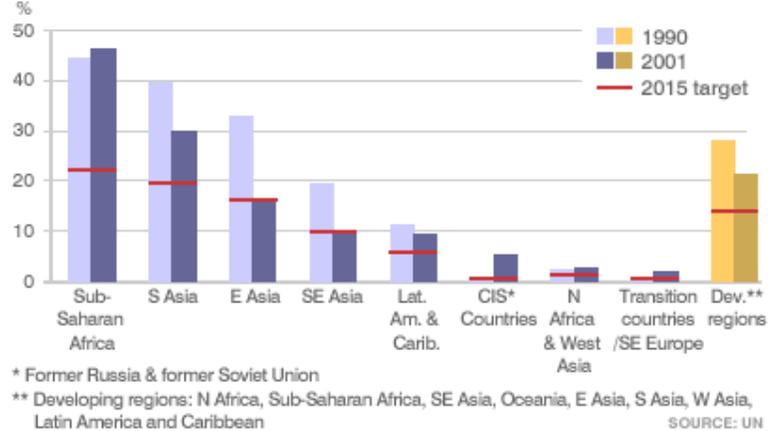
Source: The information here is taken from the UN's 2005 Millennium Development Goals Report. Data is shown for regional groupings as follows - Developing regions: N Africa, Sub-Saharan Africa, SE Asia, Oceania, E Asia, S Asia, W Asia, Lat. Am. and Carib; the Commonwealth of Independent States (CIS) in Asia and Europe; and Developed regions.

[Source: bbc.com]

Numbers of people with insufficient food 1990-2002 (millions)



Proportion of people living on less than \$1 a day, 1990 and 2001



Food Insecurity in Iraq Persists: Children Suffer

AMMAN/BAGHDAD, 11 May 2006 – Despite the laudable efforts of the Public Distribution System (PDS) of food baskets, many of Iraq's poorer households are still food insecure, according to a Food Security and Vulnerability Analysis launched today, based on the most recent data from 2005.

The study was successfully conducted by the Ministry of Planning and Development Cooperation and Central Organization for Statistics & Information Technology (COSIT) and the Ministry of Health/Nutrition Research Institute (NRI), supported by the United Nations World Food Programme (WFP) and UNICEF. It was sorely needed, both to answer questions arising from apparently conflicting reports on nutritional status and to support policy development and prioritization to deal with identified problem areas.

The survey was very comprehensive, covering 98 districts and 22,050 rural and urban households, and employed seven leading indicators: stunting, underweight, wasting, per cent of population who were extremely poor (spending less than US\$15 per month), PDS ration dependency rate, Coping Strategy Index, and income.

Roger Wright, UNICEF's Special Representative for Iraq, lamented that children were confirmed as the major victims of food insecurity. "The chronic malnutrition rate of children in food insecure households was as high as 33 per cent, or one out of every three children malnourished," he stated. Chronic malnutrition affects the youngest and most vulnerable children, aged 12 months to 23 months, most severely. "This can irreversibly hamper the young child's optimal mental and cognitive development, not just their physical development," he said. Acute malnutrition was also of concern, with nine per cent of Iraqi children being acutely malnourished. The highest rates (12-13 per cent) were again found in children aged under 24 months.

Continuing food insecurity in Iraq cannot be attributed to any one factor, but stems from several causes, including the lingering effects of war and sanctions, plus the ongoing conflict and insecurity. Their protracted and complicated interactions have resulted in increased unemployment, illiteracy, weakened infrastructure – power and water and sanitation in particular – and the direct loss of wage-earners for many families. Iraq's food insecurity is thus not simply due to lack of production of sufficient food nationally for the population, but more a failure to ensure access to sufficient food at the household level, the study suggests.

The PDS ration has represented by far the single most important food source in the diet and is still a major factor in stabilizing food security in Iraq, where 15 per cent of households are classified as Extremely Poor. Coping mechanisms that have had to be used by such households include consuming cheaper and poorer quality foodstuffs, reducing the number of daily meals and/or buying food on credit.

Educational levels have an impact on accessibility to food, with the more educated generally having greater ability to cope with difficult situations and a higher probability of employment. The study raises concerns about a growing drop-out rate among students under 15 years of age – 25 per cent of students under 15 who lived mostly in rural areas and were identified as extremely poor had dropped out of school, the main reasons for this being that households could no longer afford the expenses of schooling, that the schools were located too far away from home and that some children had to be sent to work to supplement household incomes.

[source: unicef.com]

World Hunger

There are 925 million undernourished people in the world today. That means one in seven people do not get enough food to be healthy and lead an active life. Hunger and malnutrition are in fact the number one risk to the health worldwide — greater than AIDS, malaria and tuberculosis combined.

Among the key causes of hunger are natural disasters, conflict, poverty, poor agricultural infrastructure and over-exploitation of the environment. Recently, financial and economic crises have pushed more people into hunger.

As well as the obvious sort of hunger resulting from an empty stomach, there is also the hidden hunger of micronutrient deficiencies which make people susceptible to infectious diseases, impair physical and mental development, reduce their labour productivity and increase the risk of premature death.

Hunger does not only weigh on the individual. It also imposes a crushing economic burden on the developing world. Economists estimate that every child whose physical and mental development is stunted by hunger and malnutrition stands to lose 5-10 percent in lifetime earnings.

Among the Millennium Development Goals which the United Nations has set for the 21st century, halving the proportion of hungry people in the world is top of the list.

Whereas good progress was made in reducing chronic hunger in the 1980s and the first half of the 1990s, hunger has been slowly but steadily rising for the past decade.

[Source: World Food Programme wfp.org/hunger]

Goal 2: Achieve universal primary education

- **Target 2A: By 2015, all children can complete a full course of primary schooling, girls and boys**
 - *Enrollment in primary education*
 - *Completion of primary education*
 - *Literacy of 15-24 year olds, female and male*

Education

Target: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

A primary education is seen as a fundamental human right – but an estimated 115 million children still receive no formal schooling, the UN says.

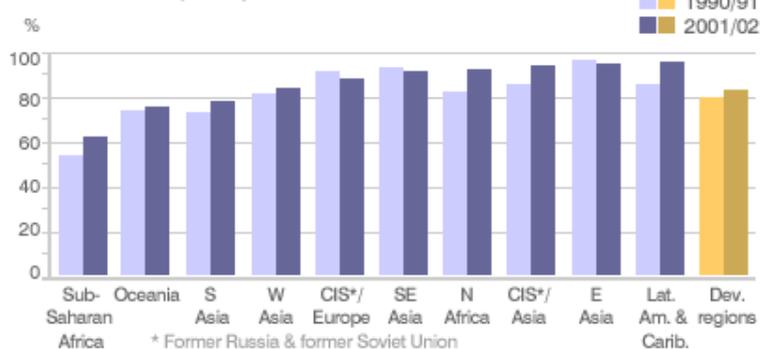
Education is seen as a vital factor in development, as it has social and economic benefits which help break the cycle of poverty.

Five of the world's regions are now close to attaining universal primary education. But much greater efforts will be needed in the remaining three regions – sub-Saharan Africa, Southern Asia and Oceania – to meet the 2015 target.

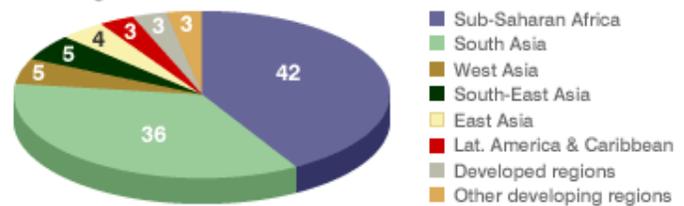
[source: bbc.com]

Numbers of children in primary education

Net enrolment in primary education, 1990/91 & 2001/02



Children receiving no formal education %



SOURCE: UN

Education for all in Zambia

This entry was posted by [Janine Woodward](#) on February 8th, 2011 at 12.37 pm

In the Copperbelt Province of Zambia, Oxfam works with local partner ZEDAO to deliver its education projects. After meeting with them, I can say without a doubt that the staff are enthusiastic, committed and extremely passionate about improving

education within community schools. We saw firsthand how their in-depth knowledge of what's needed, and their holistic approach to improving education, is playing out on the ground in fantastic ways.

As you might expect, ZEDAO often funds basic improvements in schools: upgrading buildings, adding toilets, providing resources. My favourite was the supply of sewing machines for afterschool clubs they run. These enable students to learn a skill, and what's made can be sold to generate additional income for the schools – win-win!

ZEDAO also improves the quality of teaching by funding places at teacher training school. It was great to meet Gabriel, a beneficiary of training who was bubbling with enthusiasm, and who told us how he now splits the class into different skill sets and uses different types of learning aids in his lessons.

But ZEDAO taught me there is more to *permanently* improving community education than this practical provision. Community schools are set up and run by local communities where there are no government schools. The community members running the school often have no formal education themselves. Without education and knowledge, how can they know how to register as a community school, or access support that the government should provide? The answer is they can't, unless they have training and support, which – you've guessed it – ZEDAO gives! As a mark of their success, every school they work in has themselves successfully applied for the government grant to which they are entitled.

ZEDAO also provides a powerful voice for communities to raise education issues, such as the government not paying grants on time, or not paying them the right amount. Meetings and phone in radio shows offer them the chance to raise such issues publicly. ZEDAO then lobbies on their behalf to get issues resolved and prevent the same problems from happening again.

So that's practical support, training, lobbying, and much more I can't fit into one blog post... all done by around six people in more than 30 schools which, as we found, are pretty difficult to access. And they have genuine ambitions to do more! I was amazed at the breadth and quality of the work that I'm proud that Oxfam funds.

But in reality, how far reaching is their success? Can they succeed in their vision to "have every child educated on the Copperbelt"? There are signs of hope. Parents and teachers all noted the massive improvement to their schools as a result of ZEDAO. And their pressure has led to the district government being more accountable. But everyone noted the huge amount of work still needed – in terms of infrastructure, resources, training and government commitment.

[Source: www.oxfam.co.uk]

How a lack of education adversely affects girls

August 1, 2008

"Education is a better safeguard of liberty than a standing army." said Edward Everett, the former US Secretary of State.

Education is power. It helps individuals to be aware of their rights, to make rational decisions and to protect themselves against abuse and oppression. However, millions of people around the world are being denied access to education and the vast majority are women.

UNICEF believes for every 100 boys that are out of school, there are 115 girls in the same situation across the world.

There are several deep rooted social, religious and cultural norms that serve to exclude women from receiving an education and thereby, occupying a position of power and authority.

Lack of education has an impact through out a woman's life cycle. Even before birth, female fetuses are killed in countries like India and China where the birth of a baby girl is not preferred. This is because a girl would lead to a greater financial burden on the family to get her married and virtually no income.

In the middle years, girls face another type of discrimination. They lack access to education. Many of them have to help out with the household work and take care of their siblings instead of going to school or playing. Although the rates of girls' primary education have improved in most countries, only 43 per cent of girls in the developing world attend secondary school.

Child marriage is another practice prevalent in South Asia and sub-Saharan Africa. Parents in these regions tend to get their daughters married off at a very young age to rid themselves of the burden of raising them. Early marriage and lack of knowledge about birth control leads to early pregnancy and parenthood. HIV is also a consequence of illiteracy. Lack of information about HIV and their sexual rights makes women more susceptible to HIV.

Adolescent mothers are less likely to seek medical attention as a result the rates of infant and maternal mortality are higher in these cases. Uneducated mothers are also not aware of the nutritional choices for their children. This leads to problems like malnutrition and anemia among the children. They are less likely to send their own children to school and often do not participate in the labor force or the political process. They rarely have any say in the household affairs. Men often control every aspect of their lives including their freedom, mobility and health care. As they grow into old age, women face the double discrimination of age and gender. They again, totally depend on men as they don't have any savings and security of their own.

The situation in Central American countries like Nicaragua is no different. UNICEF believes that poverty, lack of education and few opportunities epitomize the lives of many women in this region. The country has exceptionally high maternal mortality rate and adolescent mothers account for 1 in 4 births. Women constitute only 30% of the labor force and they also play a limited role in the political process.

Education is the only tool that can break this intergenerational cycle of oppression, abuse, and poverty of women. Education has the power to transform societies. Educated women are more aware of their rights. They are likely to have fewer and healthier children. They can protect themselves against diseases like HIV. They are more likely to send their children to school. A greater participation of educated women in the economy and political process would lead to a better world today as well as future generations.

Aristotle had once said "The educated differ from the uneducated as much as the living from the dead."

It is time for all the people and their governments across the world to realize this and join together to make education an international priority. It is the responsibility of all educated citizens of the world to help our fellow beings live better lives.

~ by **Shamala Pulugurtha**

[Source: <http://empowermentinternational.org/2008/08/01/how-a-lack-of-education-adversely-affects-girls/> Empowerment International]

Goal 3: Promote gender equality and empower women

- **Target 3A: Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015**
 - *Ratios of girls to boys in primary, secondary and tertiary education*
 - *Share of women in wage employment in the non-agricultural sector*
 - *Proportion of seats held by women in national parliament*

Gender equality

Target: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

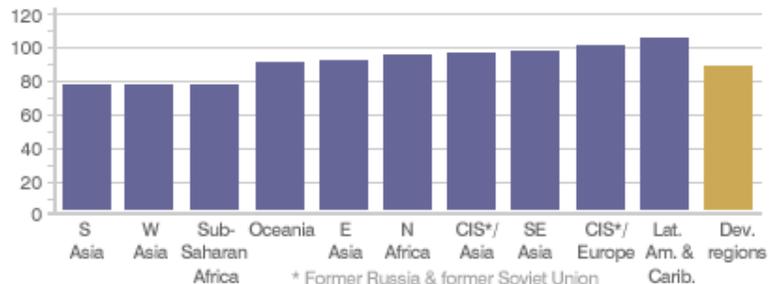
This goal aims to reduce the gap between men and women in education and employment. In many developing countries women receive little or no education. As a consequence, they can then only find temporary, poorly-paid or informal work, diminishing their economic potential and social status.

Poor, uneducated women are often disenfranchised at every level – from the household to government. Since 1990, female participation in national parliaments has slowly increased, but women still only occupy 16% of seats worldwide.

[source: bbc.com]

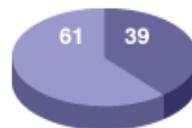
Gender gap

Girls per hundred boys in secondary school



Proportion of women in total employment by job status worldwide, 1990–2002

Wage & salaried workers



Employers



Unpaid family workers



■ Women ■ Men

SOURCE: UN

Gender equality 'is decades away'

Women are still decades away from attaining the same status as men in public life, research suggests.

The Equal Opportunities Commission says the pace of change in politics is very slow, and that it will be 200 years before equality reaches Westminster.

Women now make up nearly half the workforce, but the EOC research says only a minority attain senior positions in both the public and private sectors.

It says action must be taken now to remove the barriers to women's success.

David Conway, of social policy think-tank Civitas, said the findings were "categorically not" down to sex discrimination.

He said the results were due to women preferring to start families.

Mr Conway, the researcher and author of Free-Market Feminism, said: "The fact of the matter is that women are simply making different work-life choices.

"They prefer to be mums or to combine the two work and parenting roles."

In large companies, the judiciary and the police force, only about 10% of senior roles are held by women, the EOC study says.

'Action needed'

And while 20% of MPs are women, the rate at which they are progressing in politics is slower than in other areas. =

The commission says it will take 200 years for women to gain equal power in politics, unless the main parties make more effort to redress the balance. =

Watson said: "Thirty years on from the Sex Discrimination Act, it is time for us to face some stark facts.

"Women will not make it to the top in significant numbers unless action is taken to remove the barriers that stand in their way, and Britain will continue to miss out on women's skills and talents for another generation."

But Iain McMillan, of the Confederation of British Industry, said the EOC were "going overboard".

Flexible hours

"It's not realistic to aim for having 50% of men and 50% of women in every workplace because of people's life choices," he said.

"Some leadership roles in senior management require a lot of full-time dedication and simply won't accommodate work-shares or childcare breaks."

Other findings suggested it would take another 20 years before there was equality in the top management of the civil service and 40 years before women were treated equally at director level of FTSE 100 companies.

It would also be another 40 years until there was equality in the senior judiciary.

The research did point out that in some areas women were "reaching critical mass in some

areas, including as heads of professional bodies (33%) and national arts organisations (33%)".

The commission has called for a legal requirement on employers to promote sex equality - and for more senior women to be allowed to work flexible hours.

[Source: bbc.com]

A major cause of poverty

Gender discrimination, or the denial of women's basic human rights, is a major cause of poverty.

Women often have less recourse than men to legal recognition and protection, as well as lower access to public knowledge and information, and less decision-making power both within and outside the home. Women in many parts of the world frequently have little control over fertility, sexuality and marital choices.

This systematic discrimination reduces women's public participation, often increases their vulnerability to poverty, violence and HIV, and results in women representing a disproportionate percentage of the poor population of the world.

Gender equality gives women and men the same entitlements to all aspects of human development, including economic, social, cultural, civil and political rights; the same level of respect; the same opportunities to make choices; and the same level of power to shape the outcomes of these choices.

Gender inequality: key facts

- In 2009 women on average accounted for less than 18.4 % of members of parliament. At all levels and in all sectors fewer women than men are part of decision-making processes. (IPU)
- Over two-thirds of the world's 776 million illiterates are women and despite improvements, more than 55 percent of the 75 million out of school primary age children are girls. (UNESCO)
- Worldwide, women earn on average only 84 per cent of what men earn in formal waged work. However, large numbers of women are concentrated in informal and precarious work, associated with low and unstable earnings. (ITUC)
- Every year over 536,000 women die of pregnancy-related complications, and between 8 million and 20 million a year suffer serious injury or disability from the same causes. (WHO)
- Women are half the 31 million people living with HIV worldwide. More than three in four (77%) of adult women (15 years and older) with HIV globally live in Sub-Saharan Africa – that's an estimated 12 million out of the 15.5 million women infected with HIV worldwide. (UN)
- Between 10 and 69 per cent of women report abuse by their intimate partner in every country where reliable data exist. Systematic rape has left millions of women and adolescent girls traumatized, pregnant, or infected with HIV. (UN)
- 80 per cent of the world's 35 million refugees and IDPs are women and children. Men often represent the majority of casualties in conflict. However, in most humanitarian crises women's vulnerability increases, as well as the difficulties associated with discharging their reproductive responsibilities. (UN)

[Source: oxfam.org.uk]

Goal 4: Reduce child mortality rate

- **Target 4A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate**
 - *Under-five mortality rate*
 - *Infant (under 1) mortality rate*
 - *Proportion of 1-year-old children immunized against measles*

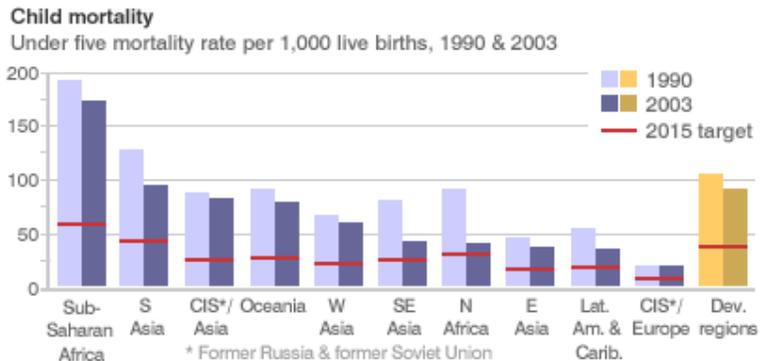
Child mortality

Target: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.

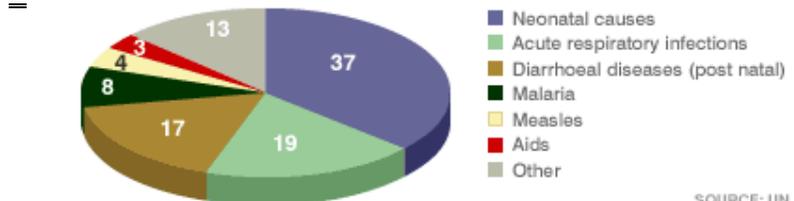
Progress in cutting the child mortality rate has slowed in the last decade. Some three million children die of treatable diseases such as pneumonia and diarrhoea every year. This is often due to a lack of basic healthcare, and many deaths could be avoided by implementing simple, inexpensive measures.

The UN emphasises the need for improved education and public services, but warns that the situation will not significantly improve without greater efforts to reach the people who need help the most.

[source: bbc.com]



Causes of deaths, children under age five 2000-2003 %



SOURCE: UN

Study finds big decrease in global child mortality

By Maggie Fox, Health and Science Editor
 WASHINGTON | Mon May 24, 2010 11:20am EDT

(Reuters) - Fewer children are dying around the world, with deaths among children under 5 falling in almost every country, U.S. researchers reported on Sunday.

Using a new method of calculating mortality that they say is more complete and accurate than previous methods, the team at the University of Washington says the number of deaths of children under 5 has plummeted from 11.9 million in 1990 to 7.7 million in 2010.

The findings are similar to a September report by the United Nation's children's fund that showed better malaria prevention and using drugs to protect newborns of AIDS-infected mothers lowered mortality from 12.5 million under-five deaths in 1990 to 8.8 million in 2008.

But the new estimates suggest that 800,000 fewer young children died than UNICEF estimates.

"Previous estimates had shown child deaths falling slowly and neonatal deaths nearly at a standstill," Julie Knoll Rajaratnam, who led the study, said in a statement.

"We were able to double the amount of data and improve the accuracy of our estimates to find that children are doing better today than at any time in recent history, especially in the first month of life."

Globally, the team says 3.1 million newborns died in the past year, 2.3 million infants and 2.3 million children aged 1 year to 4.

Writing in the Lancet medical journal, Knoll and colleague Christopher Murray said they found under-5 mortality is falling in every region of the world with increases in only Swaziland, Lesotho, Equatorial Guinea and Antigua and Barbuda.

Every year, mortality goes down more than 2 percent for children, they said.

"One of the biggest achievements of the past 20 years has been this incredible progress in countries that historically have had the highest child mortality in the world," Murray said.

Some findings, available [here](#):

* In Ethiopia, 202 per 1,000 children born died by age 5 in 1990, one of the highest rates in the world. By 2010, that rate has dropped by half to 101 per 1,000.

* Singapore had a child mortality rate of eight per 1,000 in 1990, but now has the lowest rate in the world with two under-5 deaths per 1,000.

* The United States ranks 42nd in the world with a 2010 under-5 mortality rate of 6.7 per 1,000.

* This is about the same as Chile, with a 6.5 per 1,000 mortality rate and far below [Portugal](#), with 3.3 and Sweden with 2.7.

In April, the same group reported that AIDS, smoking and obesity were reversing progress made in helping people live longer around with adult mortality rates worsening over the past 20 years in 37 countries.

[Source: Reuters <http://www.reuters.com/article/2010/05/24/us-deaths-children-idUSTRE64NOPM20100524>]

5,500 children die in Eastern and Southern Africa every day

Deaths are declining in Eritrea, Madagascar and Tanzania but, for most countries in eastern and southern Africa, Millennium Development Goal 4 remains elusive

NAIROBI, 15 July 2005 - A disproportionately heavy burden of child deaths weighs on families in eastern and southern Africa. Every day 5,500 children under the age of five die across the 21 countries of the region and the majority of the deaths are largely preventable.

That means that in the space of just two months more children's lives are lost in the region than were lost in the tsunami. This toll is followed by 330,000 more in the next two months, and every two months.

"More, much more must be done, and luckily can be done, to prevent these deaths," said Per Engebak, UNICEF Regional Director for Eastern and Southern Africa. "What we need now is for countries to make sure that life-saving health interventions get to the children who need them. These interventions aren't complicated, they aren't expensive and they work. We know what treated mosquito nets, immunization and vitamin A supplements, for instance, can do. With these and other simple measures in place, children just do not have to die."

The exceptions to the grim rule reinforce this point. Eritrea, one of the world's poorest countries and encumbered by a long-standing drought, has managed nevertheless to make excellent progress in reducing malaria deaths among children under five. Its many-sided approach includes increasing children's and pregnant women's access to treated mosquito nets and to effective community-based diagnosis and treatment.

In fact, Eritrea, Tanzania, Malawi and Zambia are all within reach of the important target of having 60 per cent of their children under five and pregnant women sleeping under treated mosquito nets this year and ensuring prompt access to effective treatment for those suffering from malaria. More children die from malaria in sub-Saharan Africa than from any other cause.

New statistics from Madagascar and Tanzania point to declines in infant and child mortality rates in recent years. Among the reasons are that Tanzania has boosted budget allocations to the health sector and has a national programme to get more babies and their mothers and young children under insecticide treated nets. Madagascar's integrated approach includes improving children's nutritional status, and reaching them with immunization and treated mosquito nets.

The recent African Union Summit in Libya early in July reaffirmed that body's commitment to improving children's survival and development prospects in Africa. The body urged all member states to replicate the successes being achieved and put in place the measures needed to reduce the death toll exacted among the continent's children. Strong national leadership and sustained international support can turn the tide.

As the Commissioner for Social Affairs said in Libya, "The means to attain MDG 4 [to reduce child mortality by two thirds between 1990 and 2015] are known, proven, cost effective and widely available. The opportunity to act has rarely been greater. The time to deliver is now!"

[Source: unicef.com]

Goal 5: Improve maternal health

- **Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio**
 - *Maternal mortality ratio*
 - *Proportion of births attended by skilled health personnel*
- **Target 5B: Achieve, by 2015, universal access to reproductive health**

- *Contraceptive prevalence rate*
- *Adolescent birth rate*
- *Antenatal care coverage*
- *Unmet need for family planning*

Maternal health

Target: Reduce by three quarters, between 1990 and 2015, the maternal mortality rate.

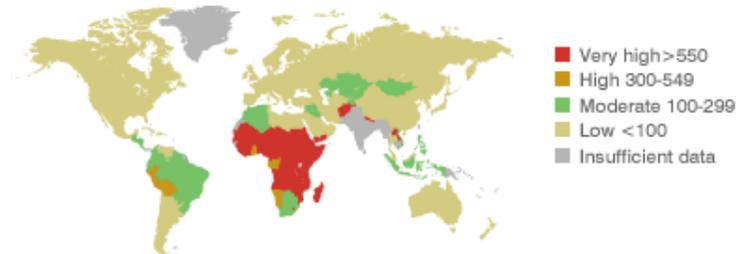
Each year an estimated 500,000 women die during childbirth and millions of others suffer serious injury or complications. Children whose mothers die during childbirth are more likely to suffer poverty and exploitation.

Some countries have recorded an improvement, but the UN warns that maternal death rates will not decrease much further without a renewed drive to provide better resources and more trained medical staff in developing countries.

Another aim is to provide reproductive healthcare to the estimated 200 million women worldwide who have no access to safe contraception.

[source: bbc.com]

Maternal mortality ratios per 100,000 live births, 2000



Deliveries attended by skilled health care personnel, 1990 & 2003



Maternal mortality rate down

Staff Correspondent

The maternal mortality ratio (MMR) has gone down to 194 per one lakh live births in the country in the last decade, a government survey shows.

The 40 percent drop in MMR has taken Bangladesh another step forward in achieving the United Nations' Millennium Development Goal (MDG)-5.

To achieve the MDG-5, the MMR should come down to 143 per one lakh live births by 2015.

The initial findings of Bangladesh Maternal Mortality and Health Care Survey 2010 were released at a city hotel yesterday.

The MMR was 322 per one lakh live births in 2001.

The situation has improved, as the number of pregnant women taking medical assistance has increased, speakers said at the programme.

Reduction in child marriage and increase in female education rate have also contributed to this achievement, they added.

They said the number of mothers taking medical assistance during pregnancy and delivery has doubled in the last nine years.

Health Minister AFM Ruhul Haque, the chief guest, expressed his determination in achieving the MDG-5 and said the government will do everything to keep up and advance this achievement.

The survey was conducted by the government covering 1,75,000 households with assistance from USAID, Australian Government Aid Programme, UNFPA, Measure Evaluation, ICDDR,B and NIPORT.

It reveals that far lesser mothers are dying from haemorrhage and eclampsia (high blood pressure during later stage of pregnancy) -- the two main reasons behind maternal death.

Experts, however, suggested strengthening family planning programme and increasing the number of skilled birth attendants.

Captain (retd) Mozibur Rahman Fakir, state minister for health, Modasser Ali, health adviser to the prime minister, Humayun Kabir, health secretary, and representatives from donor organisations also spoke on the occasion.

[source: <http://www.thedailystar.net/newDesign/news-details.php?nid=174170> The Daily Star]

Maternal mortality rate among worst in India

Snehlata Shrivastav, TNN, Feb 14, 2011, 04.26am IST

NAGPUR: "It is shameful that India, one of the fastest growing economies, is amongst the five countries with worst maternal mortality rate at 250-300 per lakh. The situation is unlikely to improve unless measures are taken on a war footing. This requires a planned strategy by the union government," said the Federation of Obstetrics and Gynaecological Societies of [India](#) (FOGSI) secretary general [Dr P K Shah](#).

He told TOI, "though we have launched a five year exercise of creating awareness as well as providing treatment facilities to women at all levels, real change will come only with involvement of the public health sector from villages to the metros. This can happen only with political will at highest level."

He is in city for the three-day state level conference of [Association of Maharashtra Obstetrics](#) and Gynaecologists Societies (AMOGS) being hosted by the Nagpur Obstetrics and Gynaecological Society (NOGS). He said that the Bill and Melinda Gates Foundation and the [International Federation of Gynaecology](#) and Obstetrics (IFGO) were supporting the Indian effort that aimed at conducting a maternal mortality audit in the states with worst scenario. "Situation is so grim that maternal deaths are not reported at all. Hence Fogsi has initiated an effort in two districts each in Rajasthan and Uttar Pradesh. The next worst hit states include Bihar, Madhya Pradesh, Orissa and some north eastern states," he added.

Dr Shah, the president elect for 2011, said that the federation had laid down its priorities clearly which would be taken up irrespective of the executive body's preferences. Some of the priorities included providing emergency medical and obstetric care (EMOC), conducting safe abortions, and save the girl child campaign, he added.

EMOC services basically aimed at training all medical officers in government set up in conducting deliveries at primary health centres, sub-centres and district hospitals. "At present, the MBBS doctors cannot conduct the deliveries as they are not qualified for the

same. But Fogsi will now be conducting certificate courses for them in conducting normal as well as caesarean sections to keep them out of any legal hassles," said Dr Laxmi Shrikhande, Fogsi vice-president from city. The training programme is on in only 11 states now but Fogsi planned to expand it to all states with government support.

[source: <http://timesofindia.indiatimes.com/city/nagpur/Maternal-mortality-rate-among-worst-in-India/articleshow/7490509.cms> The Times of India]

Goal 6: Combat HIV/AIDS, malaria, and other diseases

- **Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS**
 - *HIV prevalence among population aged 15–24 years*
 - *Condom use at last high-risk sex*
 - *Proportion of population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS*
- **Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it**
 - *Proportion of population with advanced HIV infection with access to antiretroviral drugs*
- **Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases**
 - *Prevalence and death rates associated with malaria*

- Proportion of children under 5 sleeping under insecticide-treated bednets
- Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs
- Prevalence and death rates associated with tuberculosis
- Proportion of tuberculosis cases detected and cured under DOTS (Directly Observed Treatment Short Course)

Combat disease

Target: Have halted by 2015 and begun to reverse the spread of HIV/Aids

Target: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

Some 39 million people around the world are living with HIV, while about 20 million have died of the disease since the early 1980s, the UN estimates.

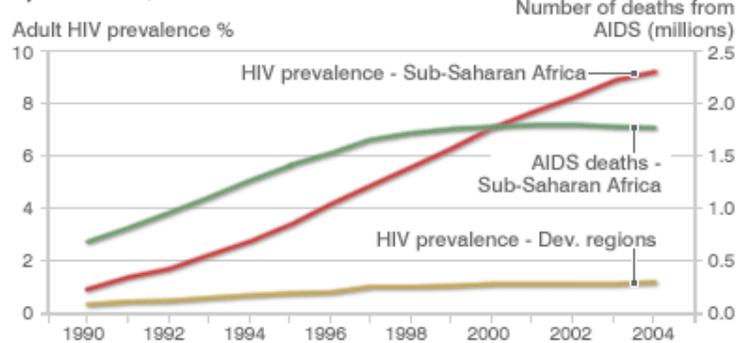
The worst-affected region is sub-Saharan Africa, where the death toll has caused massive damage to social fabric and economies of many countries.

However the UN says reduced infection rates in Thailand and Uganda, driven by vigorous political efforts in those countries, prove that the tide of the disease can be turned back.

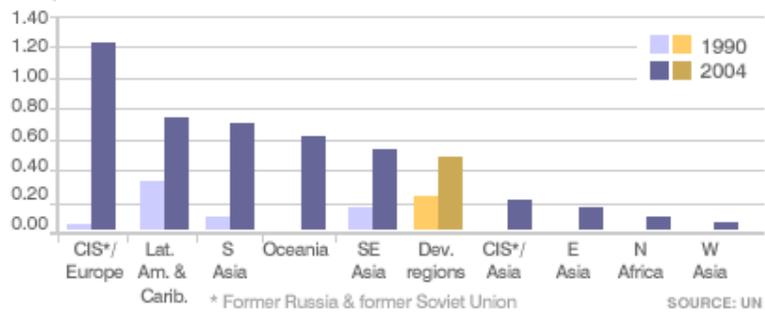
Malaria - which kills one million people every year, 90% of whom live in sub-Saharan Africa is also being targeted. Since 2000, death rates from have fallen in some countries, due to the UN's distribution of free insecticide-treated mosquito nets and more widely available preventative medicines.

In another positive move, more than \$290 million has been provided by the Global

Spread of HIV/Aids



HIV prevalence in adults 1990 & 2004 %



Fund to Fight HIV/AIDS,
Tuberculosis and Malaria in
80 countries.

[source: bbc.com]

Some 578 million Africans protected by anti-malaria nets, UN reports



Children sleep under an insecticide-treated net which repels, disables and/or kills mosquitoes

14 December 2010 – A massive scale-up in malaria control programmes between 2008 and 2010 has resulted in the provision of enough insecticide-treated mosquito nets (ITNs) to protect more than 578 million people at risk in sub-Saharan Africa, according to a United Nations report issued today.

But new commitments for malaria control appear to have levelled off in 2010 at \$1.8 billion, still far short of the estimated \$6 billion required for the year in the battle against a disease that kills a child in the world every 45 seconds, nearly 90 per cent of them in Africa, the **World Malaria Report 2010** says.

The survey by the World Health Organization (**WHO**) notes that indoor residual spraying protected 75 million people, or 10 per cent of the population at risk in 2009, and describes how the drive to provide access to anti-malarial programmes to all those who need them is producing results.

“The results set out in this report are the best seen in decades,” WHO Director-General Margaret Chan said. “After so many years of deterioration and stagnation in the malaria situation, countries and their development partners are now on the offensive. Current strategies work.”

But although significant, the recent gains are fragile and must be sustained. “It is critical that the international community ensure sufficient and predictable funding to meet the ambitious targets set for malaria control as part of the drive to reach the health-related Millennium Development Goals by 2015,” WHO said in a news release, referring to the ambitious targets set by the UN Millennium Summit of 2000 to slash a host of social ills, including malaria.

In Africa, a total of 11 countries showed a greater than 50 per cent reduction in either confirmed malaria cases or malaria admissions and deaths over the past decade, the report shows. A decrease of more than 50 per cent in the number of confirmed cases of malaria was also found in 32 of the 56 malaria-endemic countries outside Africa during the same period, while downward trends of 25 per cent to 50 per cent were seen in eight additional countries.

Morocco and Turkmenistan were certified by WHO in 2009 as having eliminated malaria. In 2009, the WHO European Region for the first time reported no cases of Plasmodium falciparum malaria, which has the highest rate of complications and mortality.

“The phenomenal expansion in access to malaria control interventions is translating directly into lives saved, as the WHO World Malaria Report 2010 clearly indicates,” **Secretary-General** Ban Ki-moon’s Special Envoy for Malaria Ray Chambers said. “The strategic scale-up that is eroding malaria’s influence is a critical step in the effort to combat poverty-related health threats. By maintaining these essential gains, we can end malaria deaths by 2015.”

Inexpensive, quality-assured rapid diagnostic tests are now available that can be used by all health care workers, including at peripheral health facilities and at the community level. Using these tests improves the quality of care for individual patients, cuts down the over-prescribing of artemisinin-based combination therapies (ACTs) and guards against the spread of resistance to these medicines.

While progress in reducing the burden of malaria has been remarkable, resurgences in cases were observed in parts of at least three African countries, Rwanda, Sao Tome and Principe, and Zambia. The reasons are not known with certainty but illustrate the fragility of malaria control and the need to maintain intervention coverage even if case numbers have been reduced substantially.

The report stresses that much work remains to attain international targets for malaria control. Financial disbursements reached their highest ever in 2009 at \$1.5 billion, but new commitments for malaria control appear to have levelled off in 2010, at \$1.8 billion.

In 2010, more African households (42 per cent) owned at least one ITN, and more children under five years of age were using an ITN (35 per cent) compared to previous years. Household ITN ownership reached more than 50 per cent in 19 African countries. The percentage of children using ITNs is still below the World Health Assembly target of 80 per cent partly because up to the end of 2009, ITN ownership remained low in some of the largest African countries.

By the end of 2009, 11 African countries were providing sufficient courses of ACTs to cover more than 100 per cent of malaria cases seen in the public sector; a further five African countries delivered sufficient courses to treat 50 to 100 per cent of cases. These figures represent a substantial increase since 2005, when only five countries were providing sufficient ACT to cover more than 50 per cent of patients treated in the public sector.

The number of deaths due to malaria is estimated to have decreased from 985,000 in 2000 to 781,000 in 2009. Decreases in malaria deaths have been observed in all WHO regions, with the largest proportional decreases noted in the European region, followed by the Americas. The largest absolute decreases in deaths were observed in Africa.

[Source: The UN:

<http://www.un.org/apps/news/story.asp?NewsID=37054&Cr=malaria&Cr1=>]

UNAIDS and WHO commend Viet Nam's progress in HIV and urge continued action

30 NOVEMBER 2010 / HANOI - Exemplary political commitment of the Government of Viet Nam in responding to its HIV epidemic over the past 20 years has led to solid results in scaling up prevention and treatment, including harm reduction among drug users and provision of life-saving treatment for people living with HIV, according to senior UNAIDS and WHO officials speaking at a joint press briefing for World AIDS Day.

Underlining the 2010 World AIDS Day theme of "universal access and human rights" Mr Steve Kraus, UNAIDS Asia-Pacific Regional Director and Dr Gottfried Hirschall, WHO's Director of HIV/AIDS Department urged Viet Nam to continue to expand and increase its efforts, particularly to ensure that the key affected populations in the country have access to comprehensive HIV services.

"We have seen significant progress in Viet Nam," said Mr Steve Kraus. "The rate of new HIV infections has stabilized and there are fewer people dying from HIV. But to sustain progress and reach universal access we must reach out further to key affected populations and ensure all programmes are firmly grounded in human rights

principles. People must be able to access HIV services where they feel safe and are ensured the best possible confidential care, without fear of stigmatization."

Viet Nam's HIV epidemic is concentrated among people who inject drugs, sex workers and men who have sex with men. Nearly one in five injecting drug users are living with HIV nationwide, and in some areas of the country HIV prevalence in this key population is more than 50%. A 2009 study found that HIV prevalence among female sex workers in 10 provinces was 8.5%, varying from 0.3% to 23%. Across Viet Nam, an estimated 243 000 people were living with the disease at the end of 2009.

In Viet Nam, an estimated 53.7% of people in need of antiretroviral treatment were receiving it in 2009. However, many mothers and children lack prevention of mother-to-child transmission services and tuberculosis (TB) and HIV burden is still high. Due to the epidemic concentrated among high-risk groups, increased and improved harm reduction services, methadone substitution therapy and sustained HIV treatment will be required in order to limit the spread of HIV in the country.

"Viet Nam's success in increasing antiretroviral treatment 16-times over the past five years is outstanding," said Dr Hirnschall. "We look forward to work with Viet Nam to implement WHO guidelines, including the new advice we are issuing today on vital TB prevention needed for people living with HIV. TB is the biggest killer for people living with HIV globally and we hope our new policy will help saving many more lives."

Noting current flat-lining of global funding on AIDS, the UN officials underlined how countries such as Viet Nam will increasingly be required to build sufficient resource bases to commit higher levels of funds domestically to AIDS. "Gains in the AIDS response are fragile—so our commitment to the response must remain strong. Domestic funding for the HIV response is a wise investment for the future well-being of Viet Nam, and must be a shared responsibility," said Mr Kraus.

"By working with the Government, and civil society and community organizations of the people living with HIV, we are committed to supporting Viet Nam in the development of its response over the coming decade," Dr Hirnschall said.

[source: World Health Organisation

http://www.who.int/hiv/mediacentre/vietnam_20101130/en/index.html]

Goal 7: Ensure environmental sustainability

- **Target 7A: Integrate the principles of sustainable development into country policies and programs; reverse loss of environmental resources**
- **Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss**
 - *Proportion of land area covered by forest*
 - *CO₂ emissions, total, per capita and per \$1 GDP (PPP)*
 - *Consumption of ozone-depleting substances*

- Proportion of fish stocks within safe biological limits
- Proportion of total water resources used
- Proportion of terrestrial and marine areas protected
- Proportion of species threatened with extinction
- **Target 7C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation (for more information see the entry on water supply)**
 - Proportion of population with sustainable access to an improved water source, urban and rural
 - Proportion of urban population with access to improved sanitation
- **Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum-dwellers**
 - Proportion of urban population living in slums

Environment

Target 1: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.

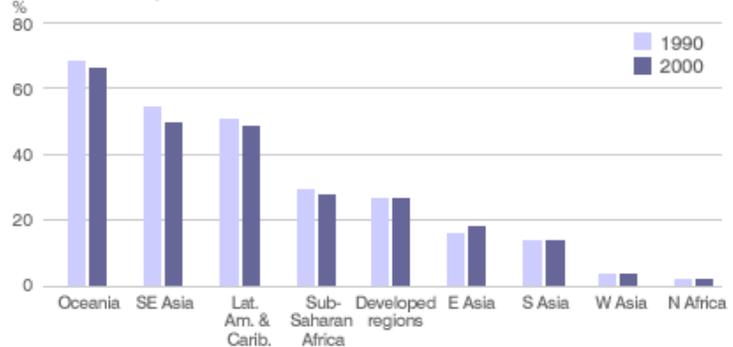
Target 2: Halve, by 2015, the proportion of the people without sustainable access to safe drinking water and basic sanitation.

Target 3: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum-dwellers.

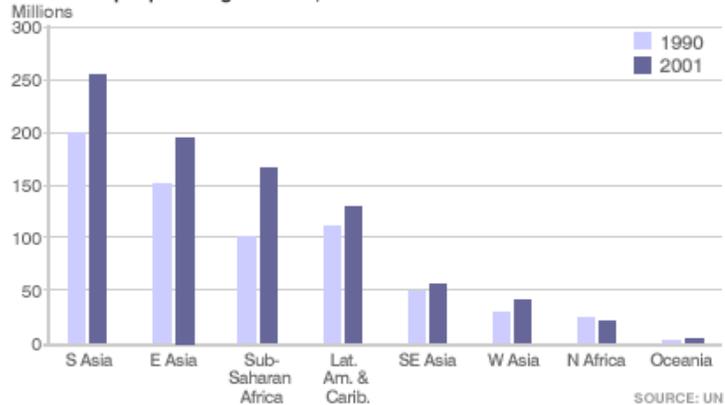
Sustainable development can only be achieved with careful management of resources and ecosystems – but scientists warn that rates of land degradation are increasing and plant and animal species are being lost.

Urbanisation in developing countries has seen billions of people move to cities in search of better opportunities. However, many find themselves living in poor conditions in vast slums on the margins of urban areas. Here they are likely to have little or no access to clean water or sanitation,

Land covered by forests, 1990 and 2000



Number of people living in slums, 1990 and 2001



SOURCE: UN

increasing the incidence of preventable water-borne disease.

[source: bbc.com]

The state of the planet is getting worse but for many it's still "business as usual"

PARIS/NAIROBI, 15 May 2002 - There is a growing gap between the efforts of business and industry to reduce their impact on the environment and the worsening state of the planet, a new report by the United Nations Environment Programme (UNEP) reveals today.

This gap, says UNEP, is due to the fact that in most industry sectors, only a small number of companies are actively striving for sustainability, i.e. actively integrating social and environmental factors into business decisions. And, secondly, because improvements are being overtaken by economic growth and increasing demand for goods and services: a phenomenon known as the "rebound effect."

The new findings appear in the UNEP overview report 10 years after Rio: the UNEP assessment. This overview report assesses progress to date by industry on sustainability issues. It draws on the 22 global sustainability reports written by different industry sectors ranging from accounting and advertising to waste and water management. This collection of reports is known as the Industry as a Partner for Sustainable Development series.

"Today, we are still confronted with worsening global trends related to environmental problems like global warming, loss of biodiversity, land degradation, air and water pollution," said Klaus Toepfer, UNEP's Executive Director. "Some companies have risen to the challenge. Such efforts need to be acknowledged and applauded."

"However," Toepfer continued, "The new reports clearly show that progress since Rio has been uneven within and amongst industry sectors and countries. Despite many good examples of how industries are reducing waste and emissions, becoming more energy efficient, and helping poor communities to meet their basic needs we have found that the majority of companies are still doing business as usual."

[source: UN Environment Programme UNEP.org]

Antarctic's ice 'melting faster'

A team of UK researchers claims to have new evidence that global warming is melting the ice in Antarctica faster than had previously been thought.

Scientists from the British Antarctic Survey (Bas) say the rise in sea levels around the world caused by the melting may have been under-estimated.

It is thought that over 13,000 sq km of sea ice in the Antarctic Peninsula has been lost over the last 50 years.

The findings were announced at a Climate Change Conference in Exeter.

Rising sea level

Professor Chris Rapley, director of (Bas), told the conference that Antarctica could become a "giant awakened", contributing heavily to rising sea levels.

Melting in the Antarctic Peninsula removes sea ice that once held back the movement of glaciers. As a result, glaciers flow into the ocean up to six times faster than before.

The other region in the continent affected by the changes is West Antarctica, where warmer sea water is thought to be eroding the ice from underneath.

In 2001, the Intergovernmental Panel on Climate Change (IPCC) predicted

the average global sea level would rise by between 11cm (4.3in) and 77cm (30.3in) by 2100 - but forecast that Antarctic's contribution would be small.

Ice chunks

Over the past five years, studies have found that melting Antarctic ice caps contribute at least 15% to the current global sea level rise of 2mm (0.08in) a year.

It is not known whether the melting is the result of a natural event or the result of global warming.

Professor Rapley said that if this was natural variability, it might be expected to be taking place in only a handful of places. However, studies had shown that it was happening in all three major ice streams in West Antarctica, he added.

Several major sections of Antarctic ice have broken off in the past decade.

The Larsen A ice shelf, which measured 1,600 sq km, broke off in 1995. The 1,100 sq km Wilkins ice shelf fell off in 1998 and the 13,500 sq km Larsen B dropped away in 2002.

[Source: bbc.com]

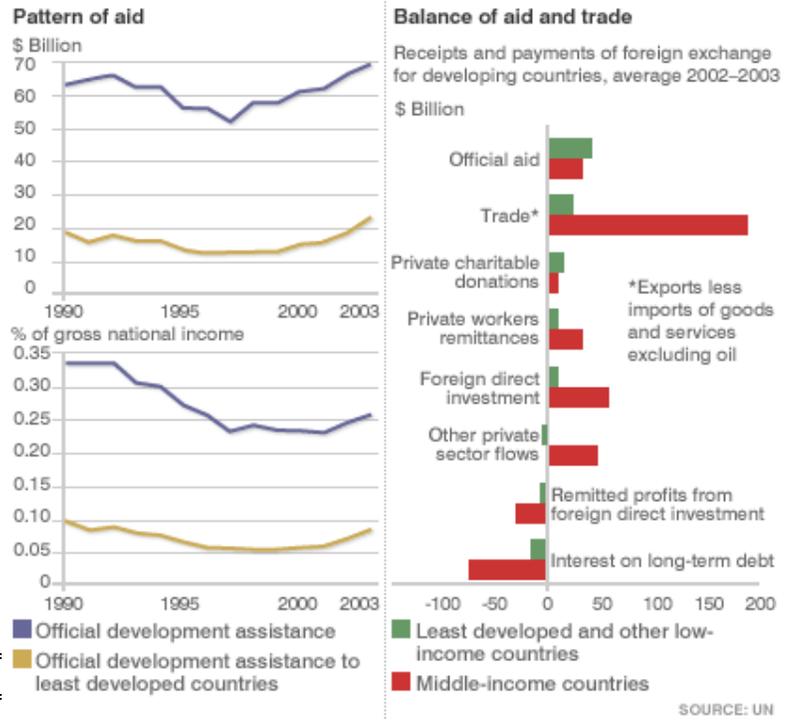
Goal 8: Develop a global partnership for development

- **Target 8A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system**
 - *Includes a commitment to good governance, development, and poverty reduction – both nationally and internationally*
- **Target 8B: Address the Special Needs of the Least Developed Countries (LDC)**
 - *Includes: tariff and quota free access for LDC exports; enhanced programme of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA (Overseas Development Assistance) for countries committed to poverty reduction*
- **Target 8C: Address the special needs of landlocked developing countries and small island developing States**
 - *Through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly*
- **Target 8D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term**
 - *Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.*
 - *Official development assistance (ODA):*
 - *Net ODA, total and to LDCs, as percentage of OECD/DAC donors' GNI*
 - *Proportion of total sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)*
 - *Proportion of bilateral ODA of OECD/DAC donors that is untied*
 - *ODA received in landlocked countries as proportion of their GNIs*
 - *ODA received in small island developing States as proportion of their GNIs*
 - *Market access:*

- *Proportion of total developed country imports (by value and excluding arms) from developing countries and from LDCs, admitted free of duty*
- *Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries*
- *Agricultural support estimate for OECD countries as percentage of their GDP*
- *Proportion of ODA provided to help build trade capacity*
- *Debt sustainability:*
 - *Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)*
 - *Debt relief committed under HIPC initiative, US\$*
 - *Debt service as a percentage of exports of goods and services*
- **Target 8E: In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries**
 - *Proportion of population with access to affordable essential drugs on a sustainable basis*
- **Target 8F: In co-operation with the private sector, make available the benefits of new technologies, especially information and communications**
 - *Telephone lines and cellular subscribers per 100 population*
 - *Personal computers in use per 100 population*
 - *Internet users per 100 Population*

Global partnership

Target 1: Address the special needs of the least developed countries, landlocked countries and small island developing states.
Target 2: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.
Target 3: Deal comprehensively with developing countries' debt.
Target 4: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.
Target 5: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.
Target 6: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.



The final goal is a comprehensive, conceptual objective aimed at finding a combined global strategy to fight poverty.

Rich countries should provide debt-relief, aid, financial stability and access to new technology for developing countries backed by a commitment to free trade and market access.

Poor countries should pursuing sound economic policies and improve their standard of governance and social and physical infrastructure.

[source: bbc.com]

Extra push needed on aid, trade and debt to meet global anti-poverty goals, UN reports

International development co-operation at a crossroads in 2010

NEW YORK, 16 SEPTEMBER 2010 – The United Nations warns today that shortfalls in meeting agreed actions on combating poverty and raising living standards are jeopardizing achievement of

the Millennium Development Goals (MDGs) – eight internationally agreed targets that aim to reduce poverty, hunger, maternal and child deaths, disease, inadequate shelter, gender inequality and environmental degradation by 2015.

As world leaders prepare to meet next week for a summit to boost MDG progress, a new UN report, *The Global Partnership for Development at a Critical Juncture*, finds serious gaps in the realization of commitments only five years away from the deadline for achieving the Goals.

Despite aid flows at an all-time high of \$120 billion in 2009, among the most urgent areas identified in the

report is a current shortfall of about \$20 billion in the annual level of aid as agreed five years ago by the

Group of Eight (G8). At their Gleneagles meeting, the G8 pledged that by 2010, they would increase official

development assistance (ODA) by \$50 billion and double aid to Africa by \$25 billion. Presently, the funding

gap on commitments to Africa alone is over \$16 billion.

Though ODA is expected to rise to \$126 billion in 2010, it will not be enough to meet the agreed target,

meaning that the Gleneagles pledges are unlikely to be met by the end of this year, when they are scheduled

to expire. As such, the report calls for a recommitment to the long-standing UN target of 0.7 per cent of gross

national income for donor countries to be devoted to ODA. The current gap in meeting this particular target

could be closed by 2015 through annual ODA increments of about \$35 billion for each of the next five years,

to reach a level of around \$300 billion by 2015.

In addition, the report notes that although aid transparency has improved, there is a need for further efforts

towards mutual accountability to ensure the effectiveness of ODA.

The UN report also acknowledges the increasingly significant role of non-traditional donor countries in

contributing to the MDG efforts of developing countries. Governments of developing and transition economies reported about \$9.6 billion of assistance in 2008, including through South-South financial and trade co-operation, exploring innovative sources of financing and collaborating on combating corruption and tax evasion.

“Tremendous progress has been made in strengthening [international] partnerships,” said UN Secretary-

General Ban Ki-moon. “But the agreed deadline of 2015 is fast approaching and there is still much to be done.”

The report was written by the Secretary-General’s MDG Gap Task Force, which brings together more than 20 UN agencies, the International Monetary Fund (IMF), the Organisation for Economic Co-operation and Development, the World Bank, and the World Trade Organization (WTO). It tracks progress on the global development partnership called for in MDG 8. At the Millennium Summit in 2000, world leaders pledged to “create an environment at the national and global levels conducive to development and to the elimination of poverty.”

US moves on third world debt

The United States House of Representatives has approved a foreign aid bill which includes four-hundred-and-thirty-five million dollars for some of the world's poorest countries.

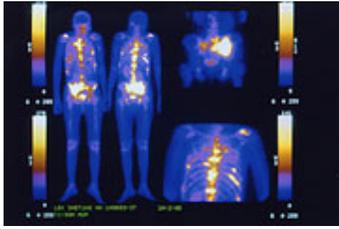
The bill will cover the US contribution to what's known as the Heavily Indebted Poor Countries HIPC initiative aimed at alleviating third world debt.

The international aid agency, Oxfam, has welcomed the move saying that Congress had decided that the richest country in the world could afford to forgive debts for the world's poorest people.

The bill now goes to the Senate for final approval.

[Source: bbc.com]

UN agency and pharmaceutical firm launch initiative to combat cancer in Africa



Whole body scan of patient being reviewed to assess the spread of cancer

28 April 2010 – The United Nations atomic energy agency and the pharmaceutical firm Roche today launched an initiative to help combat a growing cancer epidemic in sub-Saharan Africa.

The project, Education for Cancer in African Regions (EDUCARE), a novel joint effort by the International Atomic Energy Agency (**IAEA**) and Swiss-based Roche, is to be piloted in Ghana, Tanzania, Uganda and Zambia.

It will facilitate exchange of knowledge and skills, both at the healthcare provider and country-wide level. Training will be provided by an online training resource centre, known as the Virtual University for Cancer Control (VUCC), the first such platform for health workers across the continent.

It is linked with the IAEA's wider initiative to build regional training networks in cancer control and a Virtual University for Cancer Control (VUCCnet) in Africa. The IAEA is working in collaboration with the UN World Health Organization (**WHO**) and other international partners to develop the VUCCnet across Africa.

"As a leader in oncology, Roche believes that its strengths, expertise and resources can be used to improve the quality of oncology training and education in the poorest countries in the world," said Maturin Tchoumi, General Manager Roche South Africa. "There is a real lack of basic education in oncology in Africa. By contributing our skills and competencies on the ground, Roche can make a real and sustainable improvement," he added.

The new public-private partnership reflects a shared concern over the increasing cancer burden in sub-Saharan Africa, a region of the world where cancer rates are growing rapidly.

Cancer now accounts for 12.5 per cent of all deaths worldwide, more than HIV/AIDS, tuberculosis and malaria combined. By 2020, there are expected to be 15 million new cases of cancer every year, 70 per cent of which will be in developing countries.

The lack of trained health-care workers in oncology in sub-Saharan Africa has been cited as one of the key barriers to improved healthcare.

In addition to financial support, Roche and the IAEA will work towards utilizing the expertise and skills of Roche employees by facilitating and implementing the education and training initiative.

[Source: The UN un.org]