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Equity: narrowing the gaps to push for achievement of the Millennium Development Goals

Concept paper prepared jointly by
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I. Introduction

1. The quest for building equitable societies is at the heart of human rights, and is an inspiring force behind the Millennium Declaration: "We have a collective responsibility to uphold the principles of human dignity, equality and equity at the global level". Many of the Millennium Development Goals (MDGs) reflect a fundamental concern for equity either in their formulation (as in MDG 3 on gender equality) or in targets and indicators aimed at improving equity or at universal coverage of services. Furthermore, the MDGs, by focusing on issues such as poverty, malnutrition and basic social services, address areas most relevant to improving progress for the poorest and most vulnerable populations.

2. The gains made towards realizing the MDGs are largely based on improvements in national averages. A growing concern, however, is that progress made on national averaging can conceal broad and even widening disparities in poverty and achievement of developmental goals among regions and within countries.

3. Participants in the United Nations High-level Plenary Meeting on the Millennium Development Goals (MDG Summit), held 20-22 September 2010, recognized the persistence and significance of inequalities. The outcome document, *Keeping the promise: united to achieve the Millennium Development Goals*, stressed that "policies and actions must focus on the poor and those living in the most vulnerable situations, including persons with disabilities, so that they benefit from progress towards achieving the Millennium Development Goals".

II. Progress but with inequity

4. Globally, income poverty has steadily decreased, and the world is expected to achieve Goal 1A by 2015 (UNDG, 2010). However, women are more likely than men to be poor and continue to have fewer decent work opportunities. There are approximately 1.44 billion people still living below the international poverty line of $1.25 per day, while the number of people living in multidimensional poverty -- measured by levels of health, education, and living standards -- is even greater, an estimated 1.75 billion (UNDP, 2010a).

5. About 75 per cent of the world's poor live in rural areas, where unemployment and underemployment rates are higher, opportunities are fewer, and social protection is often lacking (UNDG, 2010). In 1990, an estimated 93 per cent of the world's poor lived in low-income countries; in 2007, over 70 per cent of the estimated 1.3 billion people living in poverty were located in middle-income countries, and only around 30 per cent (370 million people) were living in the 39 low-income countries.

6. The current food and financial crises, linked in complex ways, affect food security, financial and economic stability and political security. Rural-urban disparities are readily reflected in hunger rates. Countries with the highest levels of hunger are also among the most vulnerable to the global downturn (IFPRI, 2009).

7. Undernutrition is common across all segments of the population in most parts of the world, but it disproportionately affects the poorest children. In developing countries, 40 per cent of children in the poorest wealth quintile are underweight, compared to 15 per cent in the richest

(UNICEF, 2010a). Children in rural areas, throughout the developing world, are twice as likely to be underweight as those in urban areas and are 50 per cent more likely to be stunted (UNICEF, 2010a).

8. Globally, enrolment in primary education has increased. Still, household wealth and area of residence have a great impact on school attendance. Data from 43 developing countries indicate that 90 per cent of children in the richest wealth quintile attend school, compared to 64 per cent in the poorest quintile. Net primary enrolment among rural children is 72 per cent, while among urban children it is 86 per cent (UNICEF, 2010a). Children with disabilities and those from minority-language groups are among those more likely to be out of school.

9. Persistent gender inequality in the spheres of education, empowerment and the labour market has a negative effect on global human development (UNDP, 2010a). When adjusted for gender inequality, the achievements recorded in the Human Development Index decline for every single country.

10. The majority of countries have achieved gender parity in primary education. However, girls are still at a disadvantage in many of them. This disadvantage is slightly more pronounced in rural areas and among the poorest households (UNICEF, 2010a). Across developing regions, women have a lower literacy rate (84.1 per cent) than men (90.3 per cent); this disparity is particularly pronounced in sub-Saharan Africa and South Asia (United Nations, 2010a). Only 1.4 per cent of women own a business with employees in developing regions, compared to 2.9 per cent of men (United Nations, 2010b). Employed women are still subject to a substantial wage gap in most regions, which reduces their overall power and household standing (United Nations, 2010b).

11. In 2009, over 8.1 million children died before the age of five (United Nations, 2010c). Under-five mortality rates for the poorest 20 per cent of households are, on average, more than twice as high as for the richest 20 per cent (UNICEF, 2010a). In 18 of 26 developing countries that reported a decline of 10 per cent or more in under-five mortality, the gap between the richest and poorest households either widened or stayed the same (UNICEF, 2010a).

12. The largest contributors to gender inequality in the world are uneven access and outcomes in the area of maternal and reproductive health – illustrated, for example, by the maternal mortality ratio, maternal nutrition, contraceptive use and adolescent fertility rates (UNFPA, 2010a and UNFPA, 2010b). Discrimination against women, as well as inequality based on other factors like poverty and ethnicity, undermines maternal health. Adding another dimension to the equity issue is the underlying gender inequality in food distribution within households, which contributes to poor maternal nutrition.

13. While some progress has been made in reducing maternal mortality since 1990, the rate of decline is far from adequate for achieving the goal. An estimated 358,000 maternal deaths occurred in 2008, for a global maternal mortality ratio of 260 maternal deaths per 100,000 live births (WHO, 2010). Many of these deaths could have been prevented if women had been attended by skilled health personnel during pregnancy and childbirth.

14. The coverage of skilled attendance at delivery has increased in all regions. However, women from the richest 20 per cent of households are more likely than those from the poorest 20 per cent of households to deliver their babies with the assistance of skilled health personnel. Improvements in antenatal care are skewed by residential location: 66 per cent of urban women are attended to at least four times during pregnancy, while only 34 per cent of rural women receive the recommended four visits (UNICEF, 2010a).

15. Education level has a significant impact on contraceptive use among women (UNFPA, 2010b). Data from 24 countries in sub-Saharan Africa show that 42 per cent of women who have completed a secondary education use some form of contraception, compared with only 10 per cent of women with no education (United Nations, 2010b). During 1990-2008, contraceptive use increased among women who completed primary education but remained unchanged for women with no education (UNFPA, 2010b). Similarly, women from rural areas or poorer households have lower contraceptive rates than those from urban areas and wealthier households.

16. Education level, residence and household wealth are also tied to large disparities in teenage pregnancies. For example, pregnancy rates are almost 1.5 times higher among adolescents with no education than among those with primary education, and are 4 times higher among these adolescents than among girls who have completed secondary education (UNFPA, 2010b).

17. Over 33.4 million people are living with HIV worldwide, and only 36 per cent have access to antiretroviral therapy. Stigma and social marginalization often prevent the most affected populations from being reached. If the spread of HIV is to be reversed, reaching vulnerable groups – sex workers, migrants, prisoners, transgender people, and injecting drug users, as well as men who have sex with men – must become a priority.

18. Significant progress has been made in combating malaria, but increased efforts are needed to ensure that the poorest children and those in rural areas benefit equally from interventions (UNICEF, 2010a). In sub-Saharan Africa, 46 per cent of children living in the richest households receive antimalarial drugs, while only 27 per cent of children from the poorest receive such treatments (UNICEF, 2010a). Children in rural areas are further disadvantaged: only 16 per cent of children under the age of five residing in rural areas receive antimalarial drugs, compared to 23 per cent in urban areas (United Nations, 2010a).

19. Access to improved drinking water has increased in the developing world, but the continuing disparities between urban and rural areas are striking. Of those who lack access to improved drinking water sources, 84 per cent (743 million people) live in rural areas (UNICEF, 2010a). While moderate progress in sanitation coverage has been made, in many countries the poorest households have seen very little of this progress. In sub-Saharan Africa, the richest 20 per cent of households are 5 times more likely than the poorest 20 per cent to use improved sanitation facilities (UNICEF, 2010a). Across developing regions, sanitation coverage is 70 per cent higher in urban areas than rural areas (UNICEF, 2010a), and the poorest 20 per cent of urban households are less likely than the richest 20 per cent to have access to improved drinking water and sanitation (UNICEF, 2010a).

III. Constraints

20. Knowledge exists on how to use technologies, policies and strategies to make equitable progress towards the Millennium Development Goals. The constraints pertain mainly to the policy environment, as well as societal factors that fuel discrimination or entrench exclusion and exacerbate problems related to access to basic social services and public delivery systems.

A. Policy environment and context

21. Policies and laws, in some instances, fail to help deprived populations gain access to services, markets and opportunities. For example, public resources, infrastructure and services often prioritize wealthier urban areas and regions with more economic potential in a country. Some macroeconomic and budgetary policies result in regressive fiscal schemes and insufficient allocation of resources to basic social services and other priority policies for the poor. Poor targeting of food subsidies and other safety net programmes often result in the wealthier capturing a greater share of the benefits than the poor. In some instances, the most deprived groups and communities are also unable to voice their concerns and influence major decisions that affect their communities. Conflict, vulnerability to natural disasters or political instability may further exacerbate these problems. Where effective policies are actually developed, their implementation is often constrained at various levels by limited institutional capacities or lack of political will.

B. Societal factors

22. Societal factors include norms and standards that are discriminatory against girls and women, ethnic or linguistic minorities, people living with HIV and persons with disabilities. Societal, cultural and linguistic barriers prevent these segments of the population, and the poor and vulnerable in general, from accessing services or from enjoying full social and economic opportunities. These barriers include, for example, lack of awareness, largely due to poor public information systems, and low education levels.

C. Services and systems

23. The systems in place to provide the most critical services required to reach the MDGs with equity are often affected by a number of bottlenecks, limiting their effectiveness and efficiency. In some instances, these bottlenecks are related to the 'supply' side: availability of essential commodities, adequate human resources and functioning infrastructure and resources. On the 'demand' side, beyond the above-mentioned societal factors, the poor and disadvantaged may not be able to access the services because of obstacles such as distance, user fees and other direct or indirect financial barriers. These barriers include transportation costs and income lost through absence from work in order to reach the services. Additionally, monitoring and reporting systems in key development sectors are generally not adequately geared to identifying the marginalized segments of the population.

IV Keeping the promise – a common platform for moving forward

A. The MDG Summit renewed commitment to achieving the MDGs with equity

24. The MDG summit concluded with a strong emphasis on giving priority to the poorest and most vulnerable communities in order to promote inclusive and equitable growth and development in meeting the Goals by 2015. The outcome document reaffirms the renewed commitment of world leaders to achieving the MDGs and sets out a concrete agenda of action for achieving them by 2015.

25. At the end of the Summit, the United Nations Secretary-General and a number of Heads of State and Government, from both developed and developing countries, along with representatives from the private sector, civil society, international organizations, foundations and research institutions, launched a Global Strategy for Women's and Children's Health – backed by pledges of more than $40 billion over the next five years – to accelerate progress in improving the health of children and women.

26. The Global Strategy for Women's and Children's Health outlines key areas where action is urgently required to enhance financing, strengthen policy and improve service delivery. These include the following:

(a) Support for country-led health plans, supported by increased, predictable and sustainable investment;

(b) Integrated delivery of health services and life-saving interventions – so that women and their children can access prevention, treatment and care when and where they need it;

(c) Stronger health systems, with sufficient skilled health workers at their core;

(d) Innovative approaches to financing, product development and the efficient delivery of health services; and

(e) Improved monitoring and evaluation, to ensure the accountability of all actors for results.

27. The Global Strategy emphasizes throughout the importance of having an equity focus. UNICEF is committed to working together with partner agencies in the H4+ group[1] and with other partners to strengthen technical assistance and programmatic support, helping countries scale up their interventions and build capacity of health-care workers and community-level workers.

[1] In 2008, the heads of four agencies – UNFPA, UNICEF, WHO and The World Bank (H4) – issued a Joint Statement on *Accelerating Efforts to Save the Lives of Women and Newborns* to accelerate support to countries for strengthening national capacity to implement effective maternal and newborn health interventions to achieve MDG5. With UNAIDS joining the effort, the five partner agencies are now known as the H4+ group.

B. The United Nations system working together at country level

28. The Millennium Development Goals provide a framework for the entire United Nations system to work coherently together towards a common end. Country analyses of the health-related MDGs show that an equity-focused approach would be more cost-effective than traditional approaches in terms of results and impact. Operating in virtually every developing country, the United Nations is uniquely positioned to advocate change, help countries draw on international knowledge and resources and coordinate broader efforts at the country level. As developing countries map out their paths to reach the MDGs, United Nations country teams are working closely with an expanding circle of partners to provide the countries with practical advice and assistance in designing and implementing pro-poor policies and programmes, building capacity and testing innovative solutions.

29. As a way of helping Member States achieve the MDGs by 2015, UNDG has called on United Nations agencies to integrate an equity-based approach into the work of the UNCTs:

(a) Strengthen national ownership of and commitment to the MDG Summit outcome document;

(b) Build on the interlinked nature of the MDGs, with each Goal underpinning the success of the others;

(c) Support equity-focused approaches in the design, implementation and monitoring of national development strategies;

(d) Improve the targeting of UNCT support to national counterparts, to address inequality, marginalization and discrimination;

(e) Identify good practices that contribute to solutions and promote knowledge exchange, especially effective strategies and programmes for reaching the marginalized;

(f) Enhance South-South and Triangular Cooperation, with a focus on strengthening equity-based plans;

(g) Provide special support to countries in crisis and post-crisis situations;

(h) Broaden partnerships for development;

(i) Give special and urgent attention to young people, especially those from marginalized communities, minorities and other excluded segments of the population.

C. Evidence of strategies and approaches that overcome bottlenecks in reaching deprived populations

30. Experience shows that it is indeed possible to accelerate progress towards goals by improving equity. Key to this ‘virtuous cycle’ approach is identifying the most appropriate strategies and policies to tackle the main bottlenecks and barriers that particularly affect

excluded and deprived populations. There is a growing body of literature on such an approach, with rigorous analyses of recent experiences in different country and regional contexts.

31. *What Will It Take to Achieve the Millennium Development Goals? – An International Assessment,* published by UNDP (UNDP, 2010b) ahead of the MDG Summit considers the concrete evidence of proven interventions that have accelerated progress towards the Goals, as well as the underlying positive factors and policy options that need to be pursued. Based on lessons gathered through 34 national MDG reports and a synthesis report, the assessment recommends that eight policies be pursued in order to achieve the MDGs:

(a) Support country-led development and effective governance;

(b) Foster inclusive and pro-poor economic growth;

(c) Increase public investments in education, health, water, sanitation and infrastructure;

(d) Invest in expanded opportunities for women and girls and advancing their economic, legal and political empowerment;

(e) Scale up targeted interventions, including social protection and employment programmes;

(f) Support climate adaptation, enhance access to energy and promote low-carbon development;

(g) Accelerate domestic resource mobilization to finance achievement of the Goals;

(h) Ensure the global partnership creates an enabling environment for the Goals.

32. The UNICEF report, *Narrowing the Gaps to Meet the Goals* (UNICEF 2010b) estimates what difference an 'equity-focused' option could make, in terms of impact and cost-effectiveness. The analysis, focusing on the health-related MDGs, proposes a model that can further accelerate progress, reduce disparities and lower out-of-pocket expenditures for the poor through three key sets of equity-focused measures:

(a) Upgrade selected facilities, particularly for maternal and newborn care, and expand maternity services at the primary level, including maternity 'waiting homes'. Such facilities have proven to be effective in countries as diverse as Peru and the United Republic of Tanzania;

(b) Overcome barriers that prevent the poorest from utilizing available services by significantly expanding outreach services, eliminating user charges, giving vouchers for specific services, such as antenatal care and child delivery in safe facilities, and extending cash transfers to the poorest to cover transport, subsistence and other household costs. To encourage adoption of healthy practices and foster the use of basic health care, the strategy also proposes to expand mass communication efforts and employ community-based promoters. Bangladesh has demonstrated the benefits of a voucher system for health services;

(c) Make greater use of community-based health workers to deliver basic health-care services outside of facilities ('task shifting'), whenever appropriate, and enhanced community involvement in promoting care-seeking and healthy practices.

33. The modelling of the equity-focused approach, compared to the 'current path', led to two significant initial results: (a) an acceleration of progress towards the health-related Goals; and (b) more cost-effective and sustainable outcomes, especially in low-income countries with higher mortality rates. The Millennium Development Goals Acceleration Framework encourages the use of disaggregated data and differentiated approaches to facilitate such interventions. This would be of particular relevance to countries that are performing well in terms of national averages but continue to face persistent pockets of poverty and inequalities.

34. The roll-out of the Millennium Development Goals Acceleration Framework in 10 pilot countries (UNDP, 2010c) built upon existing knowledge and experiences to identify targets showing slow progress and to propose systematic steps: (a) identification of necessary interventions to achieve the target; (b) identification of bottlenecks that impede the effectiveness of key interventions on the ground; (c) identification of feasible high-impact solutions to prioritized bottlenecks; and (d) formulation of an action plan, with defined roles for all development partners, that will help realize the solutions.

V. Priorities and implications

35. The United Nations system support to policy makers seeking to overcome entrenched barriers that affect the poorest and most vulnerable and marginalized groups should be guided by several measures, described below. The fundamental question to be answered is: what keeps deprived populations from accessing and utilizing available services?

A. Identify bottlenecks and barriers that exclude the poor and the most vulnerable and marginalized

36. The current investment strategies for achieving the Goals are heavily focused on removing barriers to the provision of services, including for the poor and marginalized, rather than on overcoming barriers to the utilization of these services. These barriers include discrimination, some social and cultural norms, the time and distance required to reach essential services, the uneven quality of health care systems, and low awareness about care among poor communities. Equity-focused measures help to scale up access to services (essential commodities and human resources) while at the same time encouraging poor families to seek and use essential services.

B. Promoting advocacy and awareness-raising

37. The United Nations system has a prime opportunity to help countries advance progress on their national goals at the national and local levels, advocating the inclusion of the most vulnerable, deprived and excluded segments of populations. For this effort to be successful, it is essential to identify the populations most deprived and advocate for the allocation of resources in the identified key priority areas. It is equally important to maintain the focus on sustaining results achieved on national goals and MDGs.

C. Influence policy and budgets and strengthen country capacity to overcome identified bottlenecks and barriers

38. Given the current global economic climate, judicious use of available resources to spur progress towards the Goals with equity is imperative. The work of the United Nations system needs to go beyond advocacy and advice on the allocation of resources for key priority areas; it needs to also support partners in pursuing cost-effective and sustainable strategies to reach and empower the most disadvantaged and to develop macroeconomic policies that generate opportunities for the poor and provide sufficient public resources.

D. Empower communities though community-focused initiatives

39. One of the most effective ways to improve lives in the most disadvantaged communities may be to enable families that are excluded from mainstream services to have access to alternative – outreach, mobile or community-based – services.

40. Community engagement is vital not only in the provision of services, but also in their utilization and in the promotion of improved practices and behaviours. Education, health, nutrition and appropriate hygiene practices at the household and community levels can have visible impact in reducing mortality and morbidity.

41. Engaging communities in health care, education and protection of their own members has benefits that go well beyond measurable improvements in development outcomes. Such partnerships with communities can also help address other entrenched and pernicious barriers, including discrimination on the basis of age (youth, elderly), gender, ethnicity, disability, HIV status or stigma. While community-focused programmes often begin tentatively and face significant challenges, especially in motivating and retaining staff, they have achieved numerous successes, particularly when supported by sustained participatory approaches.

42. Many initiatives across the developing world have demonstrated the enormous potential of community-focused and locally owned programmes. Most importantly, they prove that scaling up cost-effective interventions for the poor at the community level, complemented by social protection initiatives, has the potential to help build national programmes and improve monitoring, accountability and governance systems.

E. Maximize impact by leveraging partnerships with the private sector, foundations and civil society

43. In the final five-year window for achieving the MDGs, partnerships and collaborative relationships will be critically important, especially as they become more diverse and innovative in raising additional resources. Individually and collectively, United Nations agencies can bring an equity focus to the workings of many of these partnerships. Long-term integrated partnerships with civil society, the private sector, academia, foundations and others help achieve a greater return on investment. This is especially true when the partnerships focus on the most excluded and disadvantaged populations and support the acceleration of progress by scaling up proven, cost-effective, practical technologies and interventions and ensuring sustainability in their use.

44. The private sector can contribute to achieving the Goals with equity in several ways: (a) make long-term commitments and social investments benefiting populations and regions where the needs are greatest; (b) leverage core business competencies and best practices in management, operations, research, product development, human resources, marketing and innovation to help reduce costs, solve critical bottlenecks, reduce waste and promote efficiency in programme implementation and delivery; and (c) create opportunities for the most deprived and excluded.

F. The organizational response of UNDP, UNFPA, UNICEF and WFP

45. At the country level, the roles of UNDP, UNFPA, UNICEF and WFP will be tailored to the specific country context, and the synergy and mix of support will be based on the comparative advantages of the UN agencies in different situations.

46. UNDP led the development of the Millennium Development Goals Acceleration Framework in order to step up progress in achieving the MDGs by 2015. The framework is a flexible and robust tool that can be applied in different contexts by various actors, who can also draw on the tools and methodologies developed by other United Nations agencies. Once endorsed by the UNDG, the framework will be used to mobilize and coordinate the efforts and resources by various partners towards country-level acceleration initiatives under the leadership of United Nations country teams.

47. UNFPA's work is based on the Programme of Action of the International Conference on Population and Development (ICPD), which promotes a human rights-based approach and stresses the importance of addressing the needs and rights of vulnerable groups. UNFPA supports countries in identifying and reducing inequities in access to reproductive health, including family planning, maternal healthcare and HIV prevention. UNFPA takes a lead role in supporting the Global Strategy for Women's and Children's Health in countries with the highest rates of maternal and child mortality and morbidity. UNFPA joined the UN global vulnerability alert system and advocates a social protection floor to ensure access to basic social services and the allocation of public resources to target the most vulnerable. Through the United Nations Adolescent Girls Task Force, UNFPA is leading efforts to focus policy and programmatic attention on marginalized girls, especially those aged 10-14 years, to break the cycle of exclusion and exploitation. UNFPA focuses on engaging communities in policy dialogue so that the needs of marginalized populations are addressed in development and humanitarian policies and programmes. Finally, UNFPA's support to data collection and analysis assists countries in using the disaggregated data needed to identify and target the vulnerable, including populations affected by crisis.

48. UNICEF is promoting a renewed focus on equity throughout the organization, which involves a number of convergent programmatic strategies:

(a) Strengthen national capacities for the systematic production and analysis of disaggregated data on access to services and children's rights;

(b) Develop tools and strengthen the capacities of partners and its own staff to analyse the situation of children from an equity perspective. This involves identifying:

(i) Disadvantaged children (geographical location, gender, ethnicity, disability, age range or life stage);

(ii) Patterns and manifestations of deprivation in a country (high mortality, malnutrition, illiteracy, violence or lack of access to basic services);

(iii) Main causes and drivers of these deprivations (societal factors, problems in systems and services, policy and governance factors);

(c) Support the design and implementation of national and subnational policies and programmes to address these deprivations on the basis of existing evidence;

(d) Ensure that partnership strategies as well as advocacy, policy and programmes respond to the patterns, manifestations and causes of deprivation identified;

(e) Document best practices based on supporting programmes in diverse country contexts.

49. WFP is shifting its focus from food aid to food assistance. This requires being able to use the right tools at the right time to enable the poorest and hungriest people to have the best possible access to food. The focus increases the effectiveness of WFP in providing timely safety nets for the hungry, whether they are children in school, pregnant or lactating women, people living with HIV/AIDS or populations coping with natural or man-made disasters. Mandated to work with the most vulnerable and disadvantaged, WFP has continually refined its core vulnerability-mapping tools to increase their effectiveness. Using geographical information systems and small-area estimation techniques, WFP increasingly works to build the capacity of national governments to ensure that priority attention be given to the people most susceptible to hunger at the country level. It is also making sure, through its Purchase for Progress programme, that the poorest people are not forgotten when it comes to the challenges of climate change and building sustainable agricultural livelihoods. Recognizing the critical role of women in ensuring food and nutrition security for their families, WFP ensures that women are key players in its programmes.

50. The outlined approaches should build upon and strengthen existing processes of enhanced inter-agency collaboration at the country level and integrate ongoing initiatives from the different organizations under the leadership of the Resident Coordinator of the United Nations country team. The call for an equity-focused strategy for the Millennium Development Goals can strengthen the role of the United Nations agencies in catalysing the efforts of development partners towards a common agenda for inclusive and accelerated progress on development and the realization of human rights.

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