14 June 2011

Development Dialogue

Background

The General Assembly development dialogue mandated by GA resolution 60/265 establishes a "specific meeting focused on development, including an assessment of progress over the previous year, at each session of the General Assembly during the debate on the follow-up to the Millennium Declaration and the 2005 World Summit Outcome". Having undertaken a comprehensive assessment of progress made in the achievement of the MDGs at the beginning of the 65th session of the General Assembly at the High-level Plenary Meeting on MDGs in September 2010, this year's development dialogue will be an opportunity to discuss MDGs implementation and accountability, taking as an example the area of MDGs 4 and 5, and how to advance the UN development agenda beyond 2015.

An example of successful MDGs implementation and accountability

An important development in the implementation and accountability of MDGs 4 and 5 is the Secretary-General's Global Strategy for Women's and Children's Health. Since it was launched in April 2010, the initiative has substantially increased commitments and contributions, including financial contributions, towards advancing women's and children's health.

The initiative has also brought together all the key actors under one umbrella and integrated their objectives and programmes into one coherent approach to advance MDGs 4 and 5. A Commission on Information and Accountability has been established to track that resources for women's and children's health are delivered on time, are used appropriately and transparently, and that the desired results are achieved.

The progress made on the Global Strategy for Women's and Children's Health is in line with the commitment of Heads of State and Government in September 2010 to redouble efforts to reduce maternal and child mortality and to improve the health of women and children. As stated in the GA High-level Plenary Meeting outcome document, it is also a manifestation of greater transparency and accountability in international development cooperation, in particular on ensuring adequate and predictable financial resources as well as improving their quality and targeting.

Advancing the UN development agenda beyond 2015

Paragraph 81 of the outcome document of the High-level Plenary Meeting of the General Assembly on the Millennium Development Goals (A/RES/65/1) requests the Secretary-General to make recommendations for further steps to advance the United Nations development agenda beyond 2015. While a formal discussion on the MDGs beyond 2015 has yet to take place within the UN, this debate

has begun in the form of academic writings and discussion papers as well as internal workshops and seminars among civil society, academia, donor agencies, and elsewhere.

Discussions that have taken place on a post 2015 development framework have mapped out the strengths and challenges of the current MDGs and explored elements for a future framework. One of the issues that have been highlighted among the strengths of the MDGs is the success of the MDGs as an iconic United Nations brand for global development. The MDGs have been able to translate the complexity of development into simple clear goals and language to be easily understood by the public. This has mobilized political support and focused economic resources towards the achievement of the MDGs, resulting in many global development successes, particularly in reducing global poverty.

The MDG framework, however, has certain constraints: The MDGs focus more on human development and some claim do not give enough attention to the need for general economic development; they lack explicit references to important dimensions of development such as quality of education, human rights, and good governance; and they have lead in some cases to donor-driven development at the expense of national approaches to development. These limitations have contributed, among other things, to the uneven development progress among countries and between the goals themselves.

Understanding the strengths and challenges of the MDGs will be essential in mapping out a path towards a future development framework. As the global community faces new opportunities and challenges and as new economic powers emerge, determining the shape of a UN development agenda beyond 2015 will require a thorough discussion of all the issues.

It is imperative to ensure that discussions on the MDGs beyond 2015 do not divert attention or resources away from international commitments and efforts to achieving all the goals within the existing MDGs framework. At the same time, it must also be recognized that building ownership for an international development framework post 2015 will take time. Therefore, a first informal discussion on this issue will allow Member States to interact with the current thinkers on advancing the UN development framework post 2015.

Programme

The development dialogue will take place on Tuesday, 14 June 2011, in Conference Room 2 at the UN Headquarters in New York. The meeting will consist of two formal General Assembly meetings and two moderated informal panel discussions with high-level panelists. Member States will be given the opportunity to participate, to raise questions and share their views and other perspectives during the panel discussions.

Panel I "MDG implementation and accountability: women's and children's health as an engine for progress"

The first panel will look at the Secretary General's Global Strategy for Women's and Children's Health and discuss the strategy as an example of a successful effort for "a concrete on the ground strategy" on

MDG implementation and accountability. A Commission on Information and Accountability has been established to track commitments and ensure the timely delivery of services to the most vulnerable. Panelists may discuss the following issues:

- Key achievements and partnership successes related to the implementation of the Secretary-General's Global Strategy for Women's and Children's Health.
- Present the Accountability Commission's recommendations and offer these as examples of accountability efforts in the context of MDGs 4 and 5.

Panel II "Advancing the United Nations development agenda beyond 2015"

The second panel discussion will inform Members States about ongoing discussions outside the United Nations regarding a possible development framework post 2015. The discussion is not intended to take away current focus from reaching the MDGs by 2015, but recognizes that preparing for a post 2015 framework requires adequate time. Panelists may discuss the following issues:

- Strength and impact of the MDGs on international development – success of MDGs as a development brand; ability of the MDGs to mobilize political and public support towards development, particularly addressing poverty.
- Challenges and opportunities – new development challenges facing many countries such as climate change, rising food prices, increasing populations, and increasing disasters. Opportunities include new emerging players in the development process and advancements in technology.
- Issues that have been raised in the context of a possible development framework post 2015 – bridging human and economic development; addressing uneven development; and incorporating a strategy and not just goals in the post-2015 development framework such as adopting sustained, inclusive and equitable growth as a global strategy.

10:00 p.m.	*Opening remarks by:* **H.E. Mr. Joseph Deiss,** President of the General Assembly **H.E. Dr. Asha-Rose Migiro**, United Nations Deputy Secretary-General
10.20-1.00 p.m.	**Informal Plenary Meeting** **Panel Discussion I** *"MDG implementation and accountability: women's and children's health as an engine for progress"* Moderator: **H.E. Mr. Joseph Deiss,** President of the General Assembly Panelists: • **Hon. Juma Duni Haji,** Health Minister of Zanzibar**,** Tanzania

	• **H.E. Mr. Gilles Rivard**, Deputy Permanent Representative of Canada to the United Nations • **Mr. Babatunde Osotimehin**, Executive Director, UNFPA • **Ms. Donna J. Hrinak,** Vice President for Public Policy and Government Affairs, PepsiCo • **Ms. Nyaradzayi Gumbonzvanda**, General Secretary, World YWCA
1.00 – 3.00 p.m.	**Lunch**
3.00 – 5.00 p.m.	**Panel Discussion II** *“Advancing the United Nations development agenda beyond 2015”* Moderator: **H.E. Mr. Joseph Deiss,** President of the General Assembly Panelists: • **Mr. Richard Manning,** Independent Consultant on International Development • **Dr. Musimbi R.A. Kanyoro,** Director for Population and Reproductive Health Program, David and Lucile Packard Foundation • **Mr. Amitabh Behar,** Global Co-Chair for the Global Call to Action Against Poverty (GCAP)
5.00 – 6.00 p.m.	**Formal Plenary Meeting** • Statements by Member States *Closing remarks by:* - **H.E. Mr. Joseph Deiss,** President of the General Assembly

THE PRESIDENT
OF THE
GENERAL ASSEMBLY

7 June 2011

Excellency,

The United Nations General Assembly resolution 60/265 mandates a "specific meeting focused on development, including an assessment of progress over the previous year, at each session of the General Assembly during the debate on the follow-up to the Millennium Declaration and the 2005 World Summit Outcome". In accordance with the said mandate, I will convene a General Assembly development dialogue meeting on 14 June 2011 in conference room 2 at the United Nations Headquarters.

The meeting will be divided into a formal and informal plenary meeting. The informal plenary meeting will consist of two panel discussions entitled "MDG implementation and accountability: women's and children's health as an engine for progress" and "Advancing the United Nations development agenda beyond 2015". Member States will have the opportunity to interact with the panelists during the panel discussions as well as make formal statements during the formal part of the plenary meeting.

I am pleased to share with you the concept note and tentative programme of the General Assembly development dialogue meeting for your reference. Updated information about the event is available on the website of the President of the General Assembly.

Please accept, Excellency, the assurances of my highest consideration.

Joseph Deiss

All Permanent Representatives and
Permanent Observers to the United Nations
New York

UNITED NATIONS GENERAL ASSEMBLY 65TH SESSION
DEVELOPMENT DIALOGUE MEETING
Tuesday, 14 June 2011 · New York

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The initiative has also brought together all the key actors under one umbrella and integrated their objectives and programmes into one coherent approach to advance MDGs 4 and 5. A Commission on Information and Accountability has been established to track that resources for women's and children's health are delivered on time, are used appropriately and transparently, and that the desired results are achieved.

The progress made on the Global Strategy for Women's and Children's Health is in line with the commitment of Heads of State and Government in September 2010 to redouble efforts to reduce maternal and child mortality and to improve the health of women and children. As stated in the GA High-level Plenary Meeting outcome document, it is also a manifestation of greater transparency and accountability in international development cooperation, in particular on ensuring adequate and predictable financial resources as well as improving their quality and targeting.

Advancing the UN development agenda beyond 2015
Paragraph 81 of the outcome document of the High-level Plenary Meeting of the General Assembly on the Millennium Development Goals (A/RES/65/1) requests the Secretary-General to make recommendations for further steps to advance the United Nations development agenda beyond 2015. While a formal discussion on the MDGs beyond 2015 has yet to take place within the UN, this debate has begun in the form of academic writings and discussion papers as well as internal workshops and seminars among civil society, academia, donor agencies, and elsewhere.

Discussions that have taken place on a post 2015 development framework have mapped out the strengths and challenges of the current MDGs and explored elements for a future framework. One of the issues that have been highlighted among the strengths of the MDGs is the success of the MDGs as an iconic United Nations brand for global development. The MDGs have been able to translate the complexity of development into simple clear goals and language to be easily understood by the public. This has mobilized political support and focused economic resources towards the achievement of the MDGs, resulting in many global development successes, particularly in reducing global poverty.

The MDG framework, however, has certain constraints: The MDGs focus more on human development and some claim do not give enough attention to the need for general economic development; they lack explicit references to important dimensions of development such as quality of education, human rights,

and good governance; and they have led in some cases to donor-driven development at the expense of national approaches to development. These limitations have contributed, among other things, to the uneven development progress among countries and between the goals themselves.

Understanding the strengths and challenges of the MDGs will be essential in mapping out a path towards a future development framework. As the global community faces new opportunities and challenges and as new economic powers emerge, determining the shape of a UN development agenda beyond 2015 will require a thorough discussion of all the issues.

It is imperative to ensure that discussions on the MDGs beyond 2015 do not divert attention or resources away from international commitments and efforts to achieving all the goals within the existing MDGs framework. At the same time, it must also be recognized that building ownership for an international development framework post 2015 will take time. Therefore, a first informal discussion on this issue will allow Member States to interact with the current thinkers on advancing the UN development framework post 2015.

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1. Key achievements and partnership successes related to the implementation of the Secretary-General's Global Strategy for Women's and Children's Health.
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2. Challenges and opportunities – new development challenges facing many countries such as climate change, rising food prices, increasing populations, and increasing disasters. Opportunities include new emerging players in the development process and advancements in technology.
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Programme
Development Dialogue
14 June 2011, Conference Room 2 (NLB)

10:00	- *Opening remarks by:* **H.E. Mr. Joseph Deiss,** President of the General Assembly **H.E. Dr. Asha-Rose Migiro**, United Nations Deputy Secretary-General
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THE UNITED REPUBLIC OF TANZANIA

MDGs GOAL 4, 5 AND 6

MINISTRIES OF HEALTH, ZANZIBAR & MAINLAND

QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.

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JUNE 14, 2011

H.E Mr. Joseph DEISSS, PRESIDENT OF THE GENERAL ASSEMBLY,

H.E. Dr. ASHA –ROSE MIGIRO, UNTED NATIONS DEPUTY SECRETARY GENERAL,
H.E. MR. JOHN McNee, PERMANENT REPRESNTATIVE OF CANADA TO UNITED NATIONS,

H.E. BABATUNDE OSOTIMEHIN EXECUTIVE DIRECTOR, UNFPA

H.E. DONNA J. HRINAK, VICE PRESIDENT FOR PUBLIC POLICY AND GOVERNMENT AFFAIRS AT PEPSI CO.

Ms. NYARADZAYI GUMBONZVANDA, GENERAL SECRETARY, YWCA,

HONOURABLE DELIGATES,

EXCELLENCIES, LADIES AND GENTLEMEN,

Let me take this opportunity to convey best greetings and good wishes from His Excellency, The President of the United Republic of Tanzania Dr. Jakaya Mrisho Kikwete and Dr. Ali Mohammed Shein President of The Revolutionary Government of Tanzania Zanzibar of whom I am one of his Ministers in the Zanzibar Government of National Unity.

Permit me Mr. President to register my heartfelt congratulations to you, the Secretary General, Deputy Secretary General and the UN family for your dedication on championing the women and child health as one of the global agenda.

Frankly speaking I feel highly honoured and privileged to be part of this panel discussion and share our humble experience with you and the present delegates on MDG IMLEMENTATION AND ACCOUNTABILITY: WOMEN'S AND CHILDREN'S HEALTH AS AN ENGINE FOR PROGRESS.

Mr. President

The United Republic of Tanzania is striving to attain the Millennium Development Goals (MDGs) especially health related MDGs. Concentrated efforts to improve reduction Maternal, Newborn and Child Health care (MNCH) in Tanzania has resulted in a significant in child mortality and some progress in maternal and new born health. The MDGs directly related to the health sector concern child health (Goal 4), maternal health (Goal 5) and infectious diseases (Goal 6). This brief highlights progress on MDGs 4, 5 and 6 for Zanzibar and mainland Tanzania.

1. Child Survival

Goal 4. – Reduce Child Mortality
Target: Reduce by two thirds (baseline 1990) the mortality rate among children under five.
Indicators:
• 4.1 Under-five mortality rate
• 4.2 Infant mortality rate
• 4.3 Proportion of 1 year-old children immunized against measles

Zanzibar is on track to meet the country specific targets of MDG 4 and each of the sub goals. In a survey of child mortality conducted in 1998, UNICEF, reported an Under Five Mortality Rate of 202 per 1000 live births while the Demographic Health Survey (2004/5) reported 101 deaths per 1000 live births. Since then further improvement have been noted whereby the mortality rates of 79 and 73 per 1000 reported in 2008 and 2010 respectively. Similarly, the Infant Mortality Rate has reduced from 120 in 1990 to 51 in 2010, and hence it is on track to reach the target of 4.0 by 2015.

One of the key interventions put in place in Zanzibar is Expanded program for Immunization (EPI) of children against key children illnesses. Immunization of children less than one year against measles reports vaccination coverage of 94.5%. Zanzibar has focused on key cost effective and evidenced based interventions as follows.

Contributing interventions- child health

Table one: *Status of key evidence-based interventions in Zanzibar as of August 2010.*

Evidence-based intervention	***Status in Zanzibar***
Expanded Program on Immunization (EPI)	Increased coverage of childhood vaccine preventable diseases and the inclusion of new vaccines such as Hepatitis B (2002) and Hib (2009)
Vitamin A supplementation	Provided to 78% and 90% in Zanzibar and Mainland respectively.
De worming	Conducted during annual campaigns in all ten Districts of Zanzibar
Integrated Management of Childhood Diseases (IMCI)	Rolled out nationally which address the major causes of child mortality (diarrhea, pneumonia, malaria.)
Exclusive Breastfeeding	Increased significantly from 23% in 1992 to 50% in 2010 Community sensitization
Management of acute malnutrition	Health providers trained in all districts
Kangaroo Care	Kangaroo care is being piloted in the main tertiary hospital in Zanzibar.
TT vaccine for pregnant women	Provided to pregnant women at routine antenatal clinics and to women of reproductive age during the mass campaigns.

Furthermore, Routine data suggests that reported cases of malaria in children has reduced dramatically over the past five years. Zanzibar responded by revising its approach to malaria diagnosis and management of fever in children. Geographical access to all interventions has become a reality to Zanzibaris as over 95% of inhabitants live within five k.ms of a Primary Care Facility. The vast majority of roads are now tarmac, facilitating referrals to hospitals. A strong community focus, evident in the newly developed Community Health Strategy, extends services to community and household level

According to Demographic Health Survey (DHS) 2009/2010, under five mortality for Tanzania Mainland is 81/1,000 live births, infant mortality is 51/1,000 live births and New born mortality is 26/1,000 live births, New born babies is the major contributor of child mortality by causing more than one third of under five mortality.

In Mainland investments in mass distribution and voucher schemes for insecticide-treated nets to prevent malaria are now bearing fruit. The 2009/2010 DHS findings show that the percentage of children under five who slept under an insecticide treated net more than double in the last two years from 26% (THMIS 2007/2008) to 64% (DHS 2009/2010).

As it is done in Zanzibar, in mainland Tanzania, Vitamin A supplementation coverage has increased to over 90%, more than 92 % of children were immunized against measles in 2010, 91% received 3 doses of pentavalent and 94 % received 3 doses of polio vaccine. A commitment to this focused, co-ordinated and flexible approach will ensure MDG 4 targets are met in either part of the country.

2. Maternal Health

Goal 5. – Improve Maternal Health

Target 5a: Reduce by three quarters the maternal mortality ratio

5.1 Maternal mortality ratio

5.2 Proportion of births attended by skilled health personnel

Target 5b: Achieve, by 2015, universal access to reproductive health

5.3 Contraceptive prevalence rate

5.4 Adolescent birth rate

5.5 Antenatal care coverage (at least one visit and at least four visits)

5.6 Unmet need for family planning

There has been minimal change in maternal mortality since 1990 in Mainland. The current level of maternal mortality is estimated at 454 per 100,000 liver births (DHS 2009/2010) from 529 per 100,000 live births in 1996.

In Zanzibar Maternal Mortality Ratios were not concluded in the DHS of 1996/7 and 2004/ since the sample size used was not adequate to provide a statistically significant ratio. The data presented here and against which progress is measured is from a UNICEF led survey conducted in 1998 and data from intensive surveillance of

maternal deaths at all health facilities. The available data indicates a fall in the maternal mortality ratio in Zanzibar since 1998 and a dramatic decline between 2008 and 2009 from 422 to 279

Zanzibar has the lowest rate of teenage motherhood in Tanzania. Only nine percent of women age 15-19 in Zanzibar have already begun childbearing, compared to 27 percent on the Mainland. The overall unmet need for family planning is estimated at 25% (TDHS 2010).

Table two: *Progress towards MDG 5 sub targets (Zanzibar)*

Indicator	*MDG Target*	*Current status*
5.2 Proportion of births attended by skilled health personnel	90	54% skilled attendant (TDHS 2010)
5.3 Contraceptive Prevalence Rate	n/a	n/a
5.4 Adolescent birth rate	n/a	9% (TDHS 2010)
5.5 Antenatal care coverage (at least one visit and at least four visits)	n/a	99% (one visit) (TDHS 2010)
5.6 Unmet need for family planning	n/a	35% (TDHS 2010)

Contributing interventions- maternal health

A comprehensive strategic plan (the Road Map to Accelerate the Reduction of Maternal, Newborn and Child Mortality in Zanzibar 2008-15) has been developed by the Ministry of Health (MOH) in collaboration with supporting Development Partners. Strategic interventions to addess issues of governance and programme oversight through to community involvement and initiatives from family planning to post partum care are included in this strategic plan. All interventions included were based on available evidence and are cost effective. A summary of a few key interventions is presented in Table three.

Table three*: Status of key evidence-based interventions in Zanzibar as of August 2010.*

Evidence-based intervention	***Status in Zanzibar***
Maternal death audits	Introduced at all delivery centres
Misoprostol for the management of post partum haemorrhage	Introduced in selected sites
Improve skills of health care workers in management of complications of labour	Key health workers trained in management of Post Partum Haemorrhage and Eclampsia. Job Aids developed and distributed for health workers in maternal health. Partograms to monitor progress in labour are utilised at delivery centres.
Focused Antenatal Care	Available at all Primary Care Facilities, community leaders sensitized and annual coverage of at least one visit is 98%
Allocation of Human Resources to maternal health	Female nurses qualified to diploma level have one year midwifery training.
PMTCT	Services provided at all delivery centres
Birth planning	Introduced at all ANC clinics

A maternal mortality study conducted in 2006 found that only 60% of maternal deaths were being reported in the routine data. Efforts were made to identify and

report all maternal deaths occuring at the public health facilities. Maternal death audits in these facilities have been introduced. The audits are complimented by daily reviews of complicated cases and 'near misses' at the tertiary hospital where the majority of health facility deliveries take place. These reviews are comprehensive and cover human, mangement and logistical issues that arise in the maternity department on a day to day basis.

In Tanzania mainland early onset of pregnancy is particularly prevalent. More than half of all adolescent girls are pregnant or are already mothers.

The vast majority of women in Tanzania (over 95%) received antenatal care at least once during their pregnancy (DHS 2010) although those receiving four visits during each pregnancy is lower. The proportion of births attended by skilled health personnel (including clinical officers, nurses and MCH Aides) is 51%. The majority of women who delivers outside a health clinic (83%) do not receive postnatal check up 24 hours of delivery.

3. Infectious diseases

Goal 6. – Combat HIV/AIDS, malaria and other diseases
Target 6c: Halt and begin to reverse the incidence of malaria and other major diseases
6.6 Incidence and death rates associated with malaria
6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets
6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs

Malaria prevalence in Zanzibar stands at less than 1% as reported in 2007/08 surveys (RBM Indicator survey 2007/08 and THMIS 2007/2008). The results from a cross sectional survey conducted out between May and June 2009 in two sentinel sites revealed that there is further reduction of malaria prevalence from 0.8% in 2007 to 0.4% in 2008 and 0.19% in 2009.

Contributing interventions- malaria control

These encouraging results are primarily due to national implementation of three key evidenced-based strategies namely:

1. Improved early case detection and management of malaria case including control of malaria in pregnancy using Intermittent Presumptive Treatment (IPT)
2. Malaria surveillance and monitoring & evaluation including Malaria Early Epidemic Detection System (MEEDS) and Response.
3. Integrated Vector control and Management (Long lasting Impregnated Nets and Indoor Residual Spraying)

The MEEDS project reported an incidence rate of 1.7% based on screening of 332,300 out patients attending 52 Primary Health Care Units (Zanzibar MEEDS biannual

report, year – end 2009). Moreover, the routine monthly data collected by diseases surveillance tool in 2009 report a further decline in malaria incidence by 0.6% from the 2008 figures.

HIV & AIDS

From January to December, 2010, out of 57,323 estimated pregnant women, a total of 42,394 women (74%) have been tested, of whom 304 (0.7%) tested positive. Out of 304 positive women, 197 (67%) delivered in hospital, of whom 188 (97%) received ARV prophylaxis to prevent HIV transmission to their infants.

As of December 2010, services for PMTCT on Tanzania Mainland were being provided in ninety three percent (93%) of all health facilities that are providing reproductive and child health services.

This has made the HIV testing services to be universally accessible among pregnant women, as evidenced by the eighty five percent (85%) and seventy four percent (74%) on Tanzania Mainland and Zanzibar respectively of all pregnant women testing for HIV in 2010.

Advancing the UN Development Agenda beyond 2015: Bullet Points

Richard Manning

1. **What would be the purpose of any post-2015 UN 'development' agenda?**

    - Would it be to promote and measure a major project to end poverty (seen as a multi-dimensional issue)?
    - Or to encourage more sustainable management of the planet, part of which should of course be to tackle absolute poverty and indeed gross inequalities, but with a more explicit focus on global issues such as security, climate change, migration etc?

***Conclusion 1*: an early decision is needed on what the purpose of any new medium-term post-2015 UN agenda should be in a rapidly-changing world, taking account of all relevant processes (**eg Rio+20). Is a new wide-ranging Declaration needed, or some updating of the Millennium Declaration? If not, what drives the 'development' or 'sustainable planetary management' agenda?

2. **Does such an agenda require a set of MDG-type indicators?**

    - MDGs have shaped discourse
    - MDGs have had some traction in supporting the case for development investments by donor countries
    - MDGs appear to be having gradually increasing influence on local discussions about development (UNDP report on customisation; Millennium Campaign 'Stand up for the MDGs' initiative; signs of inter-country, inter-city and inter-provincial comparisons).

***Conclusion 2:* Indicators can (up to a point) change behaviour. So a post-2015 framework for results could be an important investment.**

***Conclusion 3*: The MDGs have had a good deal more traction than any multi-subject development framework the UN has set out before** (Development Decades, IADGs etc). Value of the core design: few goals, not too many targets, reasonably broad set of indicators, comprehensible language, medium-term target setting with common date, targets stretching but not impossible.

3. **What's wrong with the MDGs? What might be done better in future?**

    - Instead of one-size-fits-all targets which are 'imposed' from New York, it would be preferable to set some agreed minimum targets for key parameters to be achieved at global level, and positively encourage individual countries

or groups of countries to set their own targets for these (or additional) parameters, at regional or national level [Jomtien model: 'Countries may wish to set their own targets...in terms of the following proposed dimensions'.]. This would strongly encourage local ownership;

- The headline goals should be cast in terms of outcomes – so that for example minimum levels of educational achievement by a set age would replace 'output' goals such as school attendance; measurability of targets and indicators must be taken seriously.
- A clearer poverty focus should be built in to the design, so that targets cannot be achieved merely by shifting people just below some target level to just above it. Options include a weighting system, systematic disaggregation of reporting at least by gender and income, or setting targets explicitly for, say, the lowest quintile of the population. Look also at HDR multi-dimensional poverty index.
- The perception that the MDGs prioritise welfare over sustainable growth and access to infrastructure services should be tackled by setting targets for access not just for water and ICT but also for transport and energy. .

- Consistently with the Millennium Declaration, a new framework should take the human rights, empowerment and human security/freedom from violence dimensions explicitly into account; 'Voices of the Poor' showed that ending humiliation and disrespect is a key demand of the poor. Need to address some difficult indicator selection and measurability issues.

- The inadequate 'Goal 8' should be replaced by a set of 'enabling conditions' that would facilitate achievement of the new goals, and require action by governments of countries of every level of development, reflecting the huge changes that have taken place since 2001. This includes both policy actions (could cover a mix of relevant issues from trade and tackling insecurity to greater openness and accountability - civil society right to emphasise this) and provision of resources (drawing on the Monterrey consensus). On the latter, we need to create a synchronization between new MDGs and an appropriate resource framework [NB aid was the largest element of resource flow to developing countries in 1970, but now smaller than FDI, remittances etc, and much smaller than domestic revenue]. Should the 'enabling conditions' cover merely public action, or should action by the commercial private sector, philanthropy and civil society also be covered?

Conclusion 4: The present MDG structure has some important weaknesses, which must be addressed in any post-2015 framework.

4. **What Process is needed to reach a consensus on a post-2015 Agenda and Results Framework?**

    - Early decisions needed (this year's UNGA?) on **whether** to work on such an agenda and results framework and on its **purpose** (see above) and **broad structure** (eg period: 10-15 years? 'Pyramid' of goals targets and indicators? Scope for local customisation?)**.**
    - If it is agreed that a post-2015 framework IS required, **adequate period (1-2 years?) needed for discussion of coverage within these broad parameters and on smart goals, targets and indicators.** Need to involve wide range of actors through properly thought out consultative process. Must be open and transparent, participatory, and inclusive – but also manageable and efficient. Need to assess strengths and weaknesses of existing MDG framework. Results of consultative process needed by mid-2014 at latest. It will take at least 6 months from decision to have a consultative process to putting a credible process in place. Make use of existing processes (Rio+20; MDG summit 2013 etc) in a planned manner.
    - Set of clear proposals from UNSG, based on the results of the consultative process (will take at least 6 months to put together after receiving report of the consultations). Needed January 2015 at latest.
    - Thought out process for building consensus around these proposals (allow a year, leading to UNGA decisions December 2015). NB the status of existing MDGs – UNGA agreed in December 2001 that the UNSG's 'Road-Map', which included the original set of MDGs should merely be considered 'a useful guide'. Not impossible that similar constructive ambiguity may be needed again!

Conclusion 5: UNGA must not detract from need to achieve present MDGs, but wise to start thinking about post-2015 **now**.

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