

Throughout the developing world and even in middle-income countries, maternal mortality ratios remain appallingly high. High maternal mortality and morbidity have a specific major remedy: access to emergency obstetric care. Despite its life-saving potential, there has been a pervasive underinvestment in this service and in the health systems to deliver it. Adolescents are also widely underserved for life skills, nutrition information, education and employment opportunities, and sexual and reproductive health information and services. Investments in child and neonatal health have also been grossly insufficient. All of these areas of neglect could be addressed through strengthening the management and service delivery of district-level health systems.

2 Country-level processes to achieve the Goals

To enable all countries to achieve the MDGs, the world must treat them not as abstract ambitions but as practical policy objectives. The practical steps to achieve the Goals in each country can and should be diagnosed, planned, and implemented with the proper focus and actions, combined with suitable support from the international community. Many well governed developing countries are poised to make dramatic progress beginning in 2005—if their development partners deliver on long-standing promises to increase assistance.

Designing a national strategy to achieve the Goals

In every country that wants to achieve the MDGs, the starting assumption should be that they are feasible unless technically proven otherwise. In many of the poorest countries, the Goals are indeed ambitious, but in most or even all countries they can still be achieved by 2015 if there are intensive efforts by all parties—to improve governance, actively engage and empower civil society, promote entrepreneurship and the private sector, mobilize domestic resources, substantially increase aid to countries that need it to support MDG-based priority investments, and make suitable policy reforms at the global level, such as those in trade.

It is crucial that technical constraints to meeting the Goals not be confused with financial constraints. Although poverty reduction is the primary responsibility of developing countries themselves, achieving the Goals in the poorest countries—those that genuinely aspire to achieve the MDG targets—will require significant increases in official development assistance to break the poverty trap. We urge all low-income countries to increase their own resource mobilization for the Goals by devoting budget revenues to priority investments. And in countries where governance is adequate but domestic resources are not, we call on donors to follow through on their long-standing commitments to increase aid significantly. In short, we call for co-financing the scale up of MDG-based investments. The rich countries must no longer delay on their side of the bargain.

Rather than strategies to “accelerate progress toward the Goals,” we need strategies to “achieve the Goals”

Our core operational recommendation is that each developing country with extreme poverty should adopt and implement a national development strategy ambitious enough to achieve the Goals. The country’s international development partners—including bilateral donors, UN agencies, regional development banks, and the Bretton Woods institutions—should give all the support needed to implement the country’s MDG-based poverty reduction strategy. In particular, official development assistance should be generous enough to fill the financing needs, assuming that governance limitations are not the binding constraint and that the recipient countries are making their own reasonable efforts at increasing domestic resource mobilization. If countries already have a Poverty Reduction Strategy Paper (PRSP), it should be revised so that it is ambitious enough to achieve the Goals. Where the Goals are already within reach and greater progress is sought, we suggest that countries adopt an “MDG-plus” strategy, with more ambitious targets. Where countries are in conflict or emerging from conflict, we suggest that development strategies be balanced with urgent humanitarian efforts, especially for displaced populations.

Working back from the 2015 targets and timelines

Serious implementation of the MDG targets and timelines implies a major shift in development practice. Low-income countries and their development partners now plan around modest incremental expansions of social services and infrastructure. We recommend instead a bold, needs-based, goal-oriented investment framework over 10 years aimed at achieving the quantitative targets set out in the MDGs. Rather than strategies to “accelerate progress toward the Goals,” we need strategies to “achieve the Goals.”

We recommend a four-step approach.

- First, each country should map the key dimensions and underlying determinants of extreme poverty—by region, locality, and gender—as best as possible with available data.
- Second, consistent with the poverty maps, each country should undertake a needs assessment to identify the specific public investments necessary to achieve the Goals.
- Third, each country should convert the needs assessment into a 10-year framework for action, including public investment, public management, and financing.
- Fourth, each country should elaborate a 3-to-5-year MDG-based poverty reduction strategy within the context of the 10-year framework.

This MDG-based poverty reduction strategy should be a detailed, operational document, attached to a medium-term expenditure framework which translates the strategy into budgetary outlays.

Crucially, the 10-year framework and 3-to-5-year poverty reduction strategy should include a public sector management strategy—with a key focus on transparency, accountability, human rights, and results-based management. They

Some Quick Wins could bring vital gains in well-being to millions of people and start countries on the path to the Goals

should also include a clear strategy for decentralizing target-setting, decision-making, budgeting, and implementation responsibilities to the level of local governments. Further, there should be a clear private sector strategy to promote economic growth and have countries “graduate” from donor assistance in the longer term.

Importantly, we are not advocating new development processes or policy vehicles. We are simply recommending that the current processes be truly MDG-oriented. We support the Poverty Reduction Strategy Papers as an important framework for the Goals. But these PRSPs urgently need revision to align them with the Millennium Development Goals. Very few PRSPs are ambitious or comprehensive enough to achieve the Goals, largely because they have been prepared in a context of insufficient donor assistance.

The process of developing an MDG-based poverty reduction strategy needs to be open and consultative, including all key stakeholders, domestic and foreign. Each country should convene an MDG strategy group chaired by the national government—but also including bilateral and multilateral donors, UN specialized agencies, provincial and local authorities, and domestic civil society leaders, including women’s organizations, which are traditionally underrepresented.

Priority public investments to empower poor people

Every country’s MDG-based poverty reduction strategy needs to outline the specific and practical steps required to reach the Goals. Fortunately, these steps are known. For example, we know how to prevent mothers from dying in pregnancy and childbirth. We know how to encourage girls to enroll in and complete a full cycle of basic education. We know how to triple African maize yields. We know how to provide rural clinics and hospitals with uninterrupted electricity. And we know how to increase tree coverage in deforested areas. The same is true for the other Goals as well. The task forces of the UN Millennium Project describe these proven investments and policies in considerable detail in their reports, essential accompaniments to this report.

At first glance the list of what is needed may seem long. Fighting hunger, for example, requires training farmers, providing fertilizer, improving roads and transport services, managing water resources more effectively, providing good nutrition, and many other things. There are comparable lists for health, education, water, sanitation, environmental management, and other areas of concern. Implementing the full set of interventions and policies will take time and work across many sectors. Fortunately, we have 10 years to reach the Goals. This is enough time for most countries, if not all. But we need to get started in 2005.

It is possible for developing countries to start implementing some elements of this package immediately and to see breathtaking results within three or fewer years. Although far from comprehensive, some Quick Wins could bring vital gains in well-being to millions of people and start countries on the path to the Goals. With adequate resources, the Quick Wins include:

**The Quick Wins
need to be
embedded in
the longer term
investment
policy
framework
of the MDG-
based poverty
reduction
strategy**

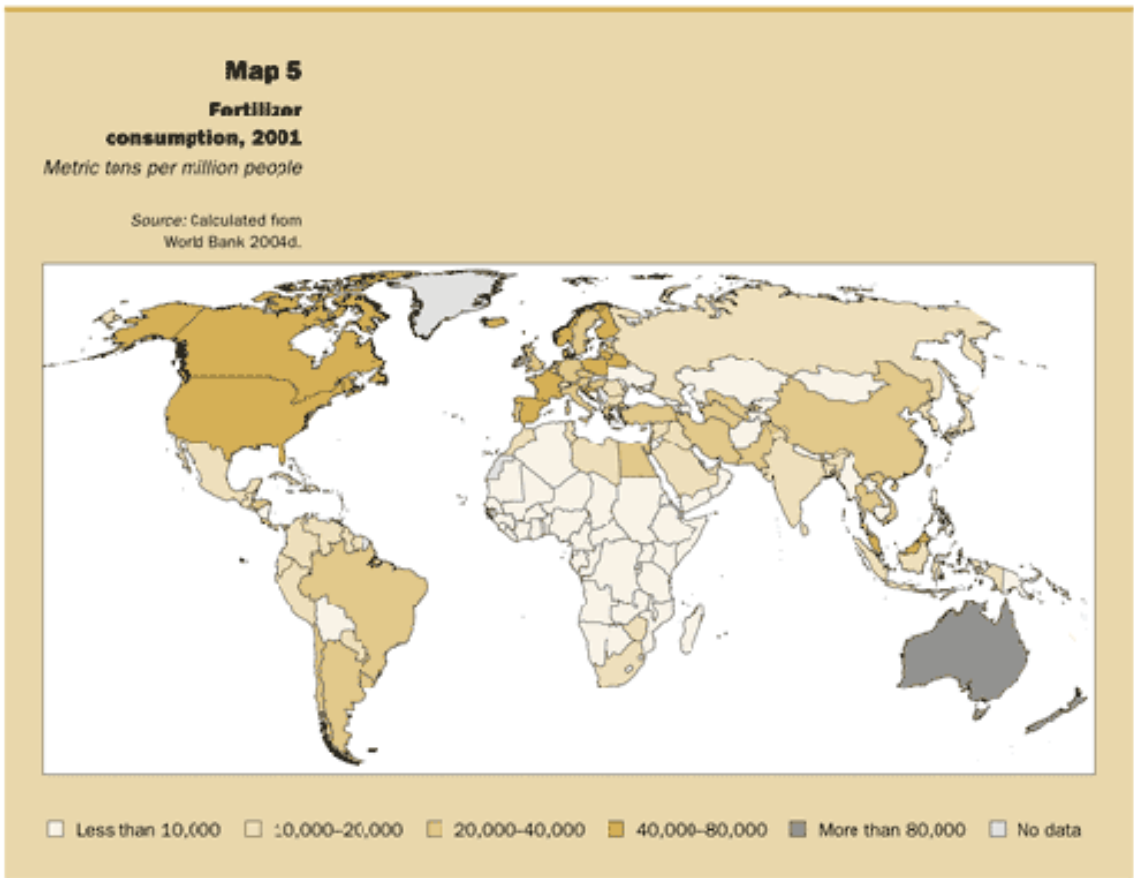
- Eliminating school and uniform fees to ensure that all children, especially girls, are not out of school because of their families' poverty. Lost revenues should be replaced with more equitable and efficient sources of finance, including donor assistance.
- Providing impoverished farmers in Sub-Saharan Africa with affordable replenishments of soil nitrogen and other soil nutrients.
- Providing free school meals for all children using locally produced foods with take-home rations.
- Designing community nutrition programs that support breastfeeding, provide access to locally produced complementary foods and, where needed, provide micronutrient (especially zinc and vitamin A) supplementation for pregnant and lactating women and children under five.
- Providing regular annual deworming to all schoolchildren in affected areas to improve health and educational outcomes.
- Training large numbers of village workers in health, farming, and infrastructure (in one-year programs) to ensure basic expertise and services in rural communities.
- Distributing free, long-lasting, insecticide-treated bed-nets to all children in malaria-endemic zones to cut decisively the burden of malaria.
- Eliminating user fees for basic health services in all developing countries, financed by increased domestic and donor resources for health.
- Expanding access to sexual and reproductive health information and services, including family planning and contraceptive information and services, and closing existing funding gaps for supplies and logistics.
- Expanding the use of proven effective drug combinations for AIDS, tuberculosis, and malaria. For AIDS, this includes successfully completing the 3 by 5 initiative to bring antiretrovirals to 3 million people by 2005.
- Setting up funding to finance community-based slum upgrading and earmark idle public land for low-cost housing.
- Providing access to electricity, water, sanitation, and the Internet for all hospitals, schools, and other social service institutions using off-grid diesel generators, solar panels, or other appropriate technologies.
- Reforming and enforcing legislation guaranteeing women and girls property and inheritance rights.
- Launching national campaigns to reduce violence against women.
- Establishing, in each country, an office of science advisor to the president or prime minister to consolidate the role of science in national policymaking.
- Empowering women to play a central role in formulating and monitoring MDG-based poverty reduction strategies and other critical policy reform processes, particularly at the level of local governments.
- Providing community-level support to plant trees to provide soil nutrients, fuelwood, shade, fodder, watershed protection, windbreak, and timber.

These Quick Wins are not the only interventions needed to reach the Goals—just the ones with very high potential short-term impact that can be immediately implemented. Other interventions are more complicated and will take a decade of effort or have delayed benefits. The world cannot afford to let another year go by without investing in these simple and proven strategies.

The Quick Wins need to be embedded in the longer term investment policy framework of the MDG-based poverty reduction strategy. The UN Millennium Project has identified “best practices” in seven investment-and-policy clusters that are key to achieving the Goals. The UN Millennium Project has also produced a companion *Handbook of Best Practices to Meet the Millennium Development Goals*.² Here are the seven main investment-and-policy clusters.

Rural development: increasing food output and incomes

Smallholder farmers and their families constitute perhaps half of the world’s people living with chronic hunger, and an even larger share in Sub-Saharan Africa. These farmers often do not have access to soil nutrient replenishment, such as chemical fertilizers (map 5) and agroforestry techniques. Their yields are therefore dramatically reduced. We recommend raising their productivity



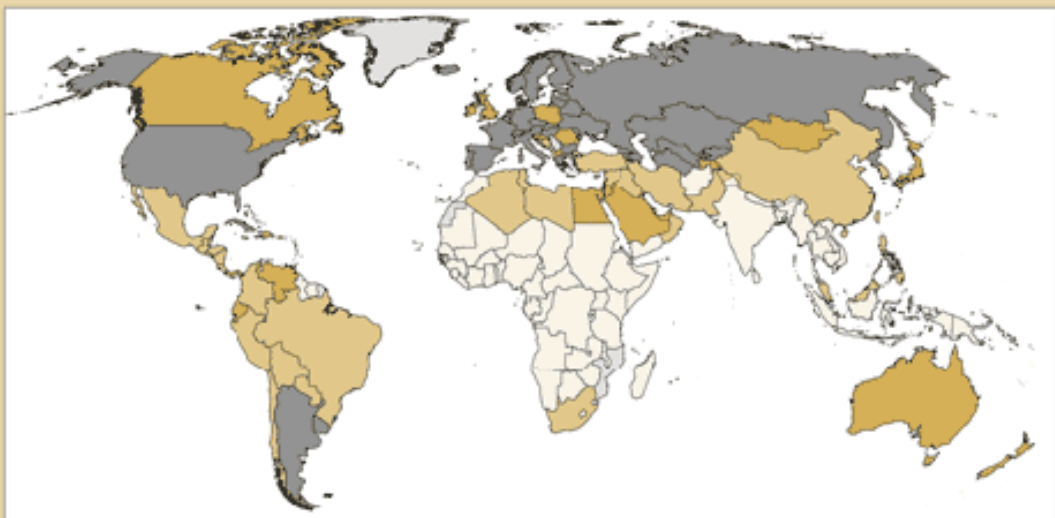
through a “Twenty-first Century African Green Revolution” to supply them with soil nutrients and related technologies. Investments are also needed to increase rural access to transport, information and communications, safe drinking water, sanitation, modern energy, and reliable water for agriculture and agriculture-related small and medium-size enterprises. All this can—and should—be done in an environmentally sustainable manner.

Urban development: promoting jobs, upgrading slums, and developing alternatives to new slum formation

The package of interventions should include improving the security of tenure for slum dwellers, supporting poor people’s own efforts to build decent new housing, strengthening urban planning with strong community and especially women’s participation, expanding core urban infrastructure services, reducing the pollution of air and water, and promoting special investment zones to attract private companies and promote indigenous enterprises. A central focus should be to strengthen the operational capacity of local governments, nongovernmental organizations (NGOs), women’s organizations, and other civil society groups, and to include them in the formulation of relevant national policies.

Map 6
Physicians per
1,000 people
 Most recent available year

Source: World Bank 2004d.



□ less than 0.5 □ 0.5–1.5 □ 1.5–2.5 □ More than 2.5 □ No data

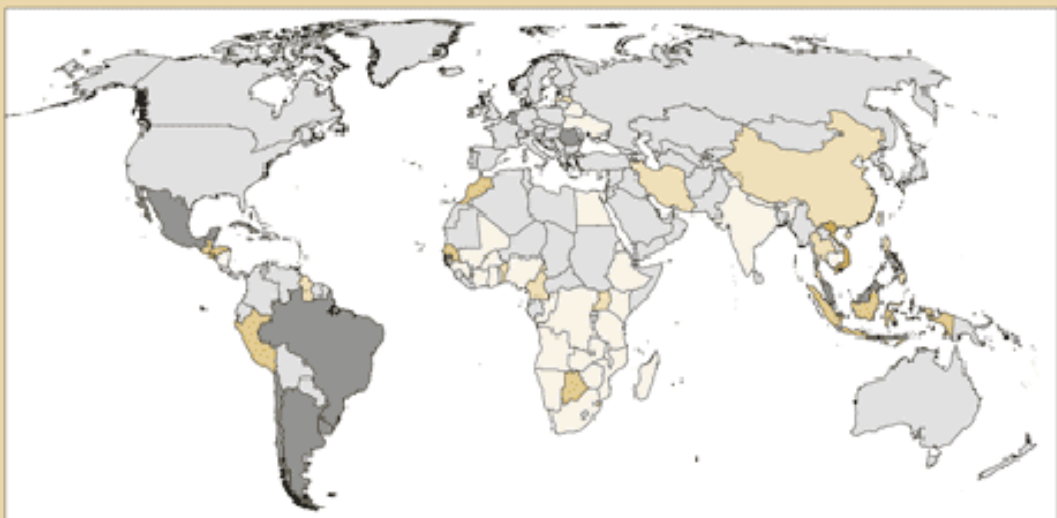
Health systems: ensuring universal access to essential services

Health interventions are best provided through an integrated district health system centered on primary care and first-level referral hospitals with special measures to ensure that the health system reaches all groups in the population, including the poor and marginalized. The number of doctors and the coverage of antiretroviral treatment for HIV/AIDS are exceedingly low in the places most affected by endemic diseases (maps 6 and 7). Practical investments and policies for a functioning health system include training and retaining competent, motivated health workers, strengthening management systems, providing adequate supplies of essential drugs, and building clinics and laboratory facilities. Eliminating user fees for essential health services, improving community health education, promoting behavior change, and involving communities in decisionmaking and service delivery are also critical measures. There is increasing international consensus, for example, that community workers should be trained to recognize and treat diarrhea, pneumonia, and malaria in children. Effective planning and management of

Map 7**Antiretroviral drug coverage**

Share of HIV-infected individuals in need of treatment who have access to antiretroviral drugs (%), 2003

Source: USAID and others 2004.



□ Less than 5% □ 5-15% □ 15-30% □ 30-60% □ 60-100% □ No data

Specific interventions to address gender inequality should be an intrinsic part of all MDG-based investment packages

district-level health systems requires an integrated monitoring, surveillance, and evaluation system.

Education: ensuring universal primary, expanded postprimary, and expanded higher education

Governments should ensure that every child, boy or girl, completes basic schooling of good quality, that a substantial proportion also completes postprimary education, and that a significant number are enrolled in tertiary education by 2015. In many countries, this will require political transformation to support an inclusive and egalitarian society and changes in the institutional and political incentives that now undermine the performance of school systems. As a start, governments should create and reinforce rules and rights that enable parents and communities to hold their local schools accountable; improve the content, quality, mode of delivery, and relevance of curricula while eliminating gender biases; build schools and train teachers where necessary; eliminate primary school fees; and institute special incentives to reach vulnerable out-of-school children. Governments should also recognize civil society organizations as legitimate partners in debates about the education system.

Gender equality: investing to overcome pervasive gender bias

Specific interventions to address gender inequality should be an intrinsic part of all MDG-based investment packages. They should also address systemic challenges such as protection of sexual and reproductive health and rights (including access to information and family planning services), equal access to economic assets such as land and housing, increased primary school completion and expanded access to postprimary education for girls, equal labor market opportunities, freedom from violence, and increased representation at all levels of governance. One essential step to addressing these systemic challenges is the collection of gender-disaggregated data for monitoring progress.

Environment: investing in improved resource management

Countries should integrate environmental strategies into all sector policies, promote direct investments in environmental management, promote regulatory and market reforms to reduce environmental degradation, and improve environmental monitoring. In each of these intervention areas, countries will need to consider their growing need to adapt to climate change. Examples of direct investments in environmental management are replanting forests, treating wastewater, curbing chemical pollution, and conserving critical ecosystems. Well designed sector strategies, including agriculture and infrastructure services, can use strategic impact assessments to minimize negative environmental tradeoffs. The removal of environmentally damaging subsidies can further improve environmental management.

The core challenge lies in financing and implementing the interventions at scale

Science, technology, and innovation: building national capacities

Sustainable MDG-based strategies require the buildup of indigenous institutions and skills to advance science, technology, and innovation. Practical measures to increase a country's scientific capacity include creating science advisory bodies to the national government, expanding science and engineering faculties in universities and polytechnics, strengthening development and entrepreneurial focus in science and technology curricula, promoting business opportunities in science and technology, and promoting infrastructure development as a technology learning process.

Interdependence of investment clusters

Each investment cluster depends on the others. To achieve any particular Goal, it is not enough to invest merely in the corresponding sector.³ Conversely, most interventions have effects on several Goals. For example, reducing gender inequality is essential for reducing hunger, containing HIV/AIDS, promoting environmental sustainability, upgrading slums, and reducing child and infant mortality. Ready access to clean water, electricity, and modern cooking and heating fuels are essential for ensuring that clinics and hospitals function, for reducing women's and girls' time burdens so that they can engage in productive economic activity and attend school, and so forth. Reaching the Millennium Development Goals thus depends on ambitious action across many sectors. This point must be kept in mind when evaluating MDG priorities in any country or region (box 5).

The key elements for rapid scale-up

The core challenge of the Goals lies in financing and implementing the interventions at scale—for two reasons. One is the sheer range of interventions that should be implemented simultaneously to reach the Goals. The second is the need to reach large proportions of the population. National scale-up is the process of bringing essential MDG-based investments and services to most or all of the population, on an equitable basis, by 2015.

Scale-up needs to be carefully planned and overseen to ensure successful and sustainable implementation. The level of planning is much more complex than for any single project. Scaling up for the Goals requires a working partnership within and between government, the private sector, NGOs, and civil society.

Scaling up works (box 6). But a close reading of success reveals that scale-up cannot begin without political leadership and clear government commitment. This is an absolutely necessary (though far from sufficient) condition. Once the government has committed to reaching the Goals, four specific actions are required:

- *Setting concrete objectives and plans of work.* Scaling up requires specific deliverables, work plans, and timelines. In sequencing investments

Box 5
MDG priorities
for each region

Each country has its own specific set of challenges, but some broad trends can be identified as priorities. One universal challenge is to ensure that ethnic minorities, regional pockets of poverty, and slums receive targeted investments for the Goals. Some regional priorities are highlighted below and discussed in more detail across the UN Millennium Project's series of final reports.

Sub-Saharan Africa. The standard diagnosis of Sub-Saharan Africa is that it is suffering from a governance crisis. This is too simplistic. Many parts of Africa are well governed considering the income levels and extent of poverty, yet are caught in a poverty trap. The region's development challenges are much deeper than "governance." Many countries require a big push in public investments to overcome the region's high transport costs, generally small markets, low-productivity agriculture, adverse agroclimatic conditions, high disease burden, and slow diffusion of technology from abroad.

An MDG-based strategy for Sub-Saharan Africa needs to focus on rural development for a Twenty-first Century African Green Revolution and strategies to make Africa's fast-growing cities much more productive, especially for labor-intensive exports. Africa's public health systems require major investments to address the pandemics of HIV/AIDS, tuberculosis, and malaria; to tackle the unconscionably high levels of child and maternal mortality; and to provide sexual and reproductive health services that will enable better timing and spacing of births and a voluntary reduction to desired family sizes. Education strategies need to focus on increasing the supply of infrastructure and human resources and the demand-side incentives for girls and vulnerable students. The continent also requires major investments in infrastructure for water resources management and energy. Mobilization of science and regional integration also need to be energized. In all aspects of development, Africa's strategies need to pay special attention to the situation of girls and women, who tend to face major legal, social, and political barriers and biases.

East and Southeast Asia. East and Southeast Asia have made tremendous progress toward many of the Goals, especially in reducing income poverty, hunger and gender inequality. China's economy has been growing rapidly, but it still requires large investments in public health systems, rural infrastructure, education, and environmental management, the latter to address some of the adverse consequences of rapid industrialization. The environmental challenges include managing forests and biodiversity and reducing the pollution of air and water. Other parts of East and Southeast Asia require similar investments in infrastructure, environment, and social services, plus a focus on public management systems and increased capacity for science and technology.

South Asia. South Asia is making rapid overall advances in poverty reduction, driven especially by dynamic growth in India. Yet extensive extreme poverty remains in both rural and urban areas. Priority investments include improved basic health infrastructure and services; increased access to high-quality schools; farm infrastructure (feeder roads, storage facilities); improved water management for agriculture (irrigation, water harvesting, management of groundwater supplies); slum upgrading; and improved public sector management. Investment programs should also focus on achieving gender equality, including reproductive health and rights, and integrating marginalized populations, including low-caste and out-caste communities, and tribal populations.

CIS, Central Asia. Countries of Central Asia have suffered from the multiple effects of post-Soviet economic collapse, unfavorable landlocked geography, and insufficient investments in transport infrastructure to link the region to world markets. After a decline in many human development indicators during the past 15 years or more, a broad suite of investments is needed in basic transport and energy infrastructure, improved water and sanitation facilities, and more effective health and educational systems. Countries need to strengthen

Box 5
MDG priorities
for each region
(continued)

public sector management capacity, reduce corruption, and increase cross-border cooperation to improve regional integration and environmental management. Moreover, many countries need to improve the policy environment for private sector development.

CIS, Europe. Many of these countries are still recovering ground lost after the collapse of the Soviet Union, but overall the region is on track to achieving the Goals. Investment strategies should focus on capacity in public management systems, resources for strained health and education systems, and environmental management and planning. Many transition countries also need to target services toward excluded and marginalized groups.

Middle East and North Africa. This region is moving in the right direction on most indicators, but overall progress needs to be accelerated to achieve the Goals. Priorities include interventions to support gender equality, a major expansion of quality health services, and programs to address desertification and water scarcity. Other priorities are to expand educational and employment opportunities for young people, improve rural livelihoods, and invest in indigenous science and technology development.

Latin America and the Caribbean. Latin America, the most developed of the developing regions, has seen limited progress toward the Goals. Inequalities are extreme, often linked to ethnic divisions, and economic growth challenges remain particularly severe in the Andean, Central American, and some Caribbean countries. Throughout the region, improving environmental management and health systems are top priorities, especially in Caribbean countries where HIV/AIDS is prominent or threatening. With a majority of the region's poor people living in urban areas, urban infrastructure and slum upgrading are major needs. Countries must also make significant investments in basic rural infrastructure, targeting marginalized areas and populations. Major public investments are needed to spur local scientific innovation and technological development.

Least Developed Countries. The Least Developed Countries require special assistance because they cannot meet their basic needs from domestic resources regardless of their own policies or quality of governance. Support for them should be consistent with the United Nations Brussels Programme of Action, which outlines key areas to help break the Least Developed Countries' poverty trap, including human resource development, investments in supply-side constraints, environmental protection, and investments for food security.

Landlocked developing countries. Landlocked countries have a unique need for transport infrastructure, regional market integration, and harmonized trade procedures. Many relevant issues are outlined in the 2003 Almaty Programme of Action. Major improvements in rail, road, energy, and communication infrastructure are needed to reduce transport costs.

Small island developing states. Concentrated in the Caribbean and Oceania, these states face challenges posed by size and geography that limit possibilities for economic diversification and leave them highly vulnerable to environmental risks. The 1995 Barbados Programme of Action for small island developing states should receive global financial and political support. In addition to the needed MDG-focused investments, small island developing states are vulnerable to rising sea levels and coral bleaching from climate change. They will require targeted investments to adapt to the effects of global warming.

Countries vulnerable to natural hazards. Countries highly vulnerable to natural hazards (such as severe weather events, droughts, earthquakes, volcanoes, flooding, and pests) require special investments in social safety nets, disaster-mitigating infrastructure, early warning systems, precrisis emergency and contingency planning, and postcrisis emergency support. These investments need to be in place well before disasters strike, both to anticipate and mitigate disasters and to react to them in the immediate aftermath, when lives are most at stake.

Box 6**Scaling up success**

Source: Mkapa 2004;
WHO 2002.

Nationwide scale-ups of intervention programs generally require several key factors, ranging from political commitment to sequenced work plans and to long-term predictable funding. There are innumerable instances where developing countries harnessed these elements to deliver interventions that have dramatically improved the lives of the poor at a national scale.

- *Viet Nam's success in fighting malaria.* In 1991 Viet Nam suffered from an intense malaria epidemic that infected more than a million people. In response, the government made malaria one of its national priorities and dedicated significant funding to its control. It distributed insecticide-treated bed-nets for free, provided preventive malaria treatment for pregnant women, and developed and distributed new artemisinin-based malaria drugs. It also created 400 mobile teams to supervise health workers in malaria-endemic areas and mobilized volunteer health workers at the community level. As a result of these and other efforts, malaria mortality declined by 97 percent, morbidity by 60 percent, and the incidence of epidemics by 92 percent.
- *Tanzania's plan to achieve universal basic education by 2006.* In 2001 Tanzania increased the education budget by 130 percent and eliminated school fees. The number of children in primary school is up 50 percent. Net enrollments have risen from 59 percent to nearly 90 percent. There are as many girls enrolled as boys. More than 30,000 new classrooms have been built. About 18,000 new teachers have been recruited. And more than 9,000 science-teaching kits have been supplied to schools.

These examples highlight the key success factors of a nationwide scale-up:

- High-level political vision and commitment—Viet Nam's political focus and leadership on combating malaria.
- A significant increase in funding—Tanzania's 130 percent increase in the education budget.
- The abolition of user fees—Tanzania's elimination of school fees.
- A focus on upgrading human resource and infrastructure capacity—Tanzania's recruitment of new teachers and construction of new classrooms.
- Coordination among the government, community organizations, international agencies, and the private sector.

the focus should initially be on implementing the list of Quick Win investments and on building long-term capacity to deliver basic services to the entire population.

- *Building national and local capacity in public management, human resources, and infrastructure.* Expanding each country's capacity to deliver services at scale will require up-front investments in strengthening public sector management (such as training, information technology, and higher salaries for civil service workers), building and renovating infrastructure (roads, clinics, schools), and critically, training and retaining adequate numbers of workers (community health workers, teachers) to deliver services on the ground. Decentralized training efforts based on open distance learning, radio, and computer-assisted education are key to a massive build-up of human resource capacity at the local level.

Many of the world's poorest countries lack the resources to run the public sector effectively

- *Adopting replicable and locally appropriate delivery mechanisms.* Scalability is significantly aided by choosing highly replicable service protocols where possible. Thus TB treatment protocols (DOTS) are typically standardized, as are malaria control measures, family planning programs, and fertilizer combinations. Standardization also enables comparison of performance across regions, enhancing quality control.
- *Monitoring to measure progress and allow for mid-course corrections.* Improving the flow of information within the government is critical for fighting corruption and increasing program effectiveness. Investments in statistical services are required to provide the data needed for results-based planning, management, and assessment of the equity of program impacts. Communities and civil society organizations are ideally positioned to report on the impact of investments and the flow of funds, and should actively participate in monitoring.

Two other conditions necessary for scale-up are involvement and ownership of communities and long-term predictable donor funding and technical assistance. Communities should be both architects as well as recipients of the scaling-up process, by participating in the design of programs and services. The participation of women in community planning activities is essential for success. Community members can also play an important role in implementation of these programs, either as paid workers or volunteers. Long-term and predictable funding and technical assistance from donors is crucial to provide countries with the means to proceed. Financing needs to be both increased and predictable over the period 2005–15, covering both capital and recurrent costs, including civil service salaries. Technical assistance will also be required to reinforce local management and service delivery skills.

Good governance to achieve the Goals

Discussions of governance in development typically confuse inputs and outcomes. The outcome of “poor governance” has two very distinct underlying causes. One is genuinely “corrupt” leadership where political power is held by larcenous or brutal leaders. The state may be run for the personal plunder of a narrow elite, or a particular interest group or ethnic group. In some of the worst cases this corruption becomes endemic over many years. These are the cases where there is no will of the leadership to achieve broad-based development goals, and there is little hope for major reductions in poverty.

The second cause, at the other end of the spectrum, is governance that is weak not because of the ill will of the leaders, but because the state lacks the financial resources and technical capacity to manage an efficient public administration. Many of the world's poorest countries lie closer to this second category, where governments lack the resources to run the public sector effectively. The key in such cases is to invest in improving governance. The following areas should be targeted:

- *Promoting the rule of law.* Legal and administrative systems require a properly resourced and adequately staffed legislature, judiciary, and executive branch of government.
- *Promoting political and social rights.* The Goals reflect human rights norms, which can be supported at the country level through a human rights assessment that checks MDG-based strategies for their national commitments to human rights principles.
- *Promoting accountable and efficient public administration.* Better governance depends on the systems of political and bureaucratic accountability, transparency, and participation, especially by poor people.
- *Promoting sound economic policies.* Government actions—such as macroeconomic management, proper investments in infrastructure, and corruption-free delivery of public services—are key to private sector development, as outlined in the report of the Commission on Private Sector and Development and *World Development Report 2005*.
- *Supporting civil society.* Governments have a special responsibility to provide civil society with the political freedom to express its views, a policy voice to participate in the planning and review of MDG-based strategies, and institutional space to support the implementation of public investment strategies.

3 Recommendations for the international system to support country-level processes

Fixing the aid system

The development aid system has the potential to help countries achieve the Goals, but it needs a much more focused approach to do so. Here are the 10 main problems with the system today (table 4).

Lack of MDG-based aid processes

The system lacks a coherent MDG-based approach to reducing poverty. For example, the Bretton Woods institutions should do much more to help countries design and implement MDG-based poverty reduction strategies. International Monetary Fund (IMF) program design has paid almost no systematic attention to the Goals when considering a country's budget or macroeconomic framework. In the vast number of country programs supported by the IMF since the adoption of the Goals, there has been almost no discussion about whether the plans are consistent with achieving them.

In its country-level advisory work, the UN Millennium Project has found that multilateral and bilateral institutions have not encouraged the countries to take the Millennium Development Goals seriously as operational objectives. Many low-income countries have already designed plans to scale up their sector strategies, but due to budget constraints could not implement them. In