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MDGs Progress and Post-MDGs Priorities in the Commonwealth

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Introduction

The Millennium Development Goals (MDGs) have dominated the development discourse since being adopted by governments at the turn of the century. The MDGs offer a clear agenda, with a roadmap, to achieve eight broad development objectives by 2015, on poverty and hunger, education and health, gender equality and women's empowerment, and the environment.

The MDGs agenda has undoubtedly impacted on the lives of people across the world. As noted in the 2013 report of the UN Secretary General's High Level Panel on the post-2015 Development Agenda (United Nations 2013a):

The 13 years since the millennium have seen the fastest reduction in poverty in human history: there are half a billion fewer people living below an international poverty line of $1.25 a day. Child death rates have fallen by more than 30%, with about three million children's lives saved each year compared to 2000. Deaths from malaria have fallen by one quarter. This unprecedented progress has been driven by a combination of economic growth, better policies, and the global commitment to the MDGs, which set out an inspirational rallying cry for the whole world.

The Commonwealth Secretariat commissioned a review of the status of MDGs achievement in Commonwealth member countries. The objectives of this review were to assess existing evidence on achievements in social progress and to identify key issues and linkages on the three critical social development sectors – health, education and gender.

The review also considered overarching themes that might underpin the multi-dimensional development of these three sectors post-2015. The intention is to inform the Commonwealth Secretariat's policy support for member countries, offer member governments inputs for policy improvement and provide analysis to help galvanise social development efforts in the post-2015 development era. This Discussion Paper presents the findings and recommendations of the review to inform the debate on the priorities for the Commonwealth in the post-MDGs world.

Uneven pace of progress

At the global level, several of the MDG targets have already been reached or are on course to being fulfilled. The MDGs 2013 report (United Nations 2013b) lays out the significant progress that the world has made in achieving the targets, as follows:

- The proportion of people living in extreme poverty has been halved.
- Over two billion people have gained access to improved drinking water.

Table 1. Summary of regional progress towards achieving the MDGs

Goals and Targets	Africa		Asia				Oceania	Latin America & the Caribbean	Caucasus & Central Asia
	Northern	Sub-Saharan	Eastern	South-Eastern	Southern	Western			
GOAL 1 | Eradicate extreme poverty and hunger									
Reduce extreme poverty by half	low poverty	very high poverty	moderate poverty*	moderate poverty	very high poverty	low poverty	very high poverty	low poverty	low poverty
Productive and decent employment	large deficit in decent work	very large deficit in decent work	large deficit in decent work	large deficit in decent work	very large deficit in decent work	large deficit in decent work	very large deficit in decent work	moderate deficit in decent work	moderate deficit in decent work
Reduce hunger by half	low hunger	very high hunger	moderate hunger	moderate hunger	high hunger	moderate hunger	moderate hunger	moderate hunger	moderate hunger
GOAL 2 | Achieve universal primary education									
Universal primary schooling	high enrolment	moderate enrolment	high enrolment	high enrolment	high enrolment	high enrolment	—	high enrolment	high enrolment
GOAL 3 | Promote gender equality and empower women									
Equal girls' enrolment in primary school	close to parity	close to parity	close to parity	parity	parity	close to parity	close to parity	parity	parity
Women's share of paid employment	low share	medium share	high share	medium share	low share	low share	medium share	high share	high share
Women's equal representation in national parliaments	low representation	moderate representation	moderate representation	low representation	low representation	low representation	very low representation	moderate representation	low representation
GOAL 4 | Reduce child mortality									
Reduce mortality of under-five-year-olds by two thirds	low mortality	high mortality	low mortality	low mortality	moderate mortality	low mortality	moderate mortality	low mortality	moderate mortality
GOAL 5 | Improve maternal health									
Reduce maternal mortality by three quarters	low mortality	very high mortality	low mortality	moderate mortality	high mortality	low mortality	high mortality	low mortality	low mortality
Access to reproductive health	moderate access	low access	high access	moderate access	moderate access	moderate access	low access	high access	moderate access
GOAL 6 | Combat HIV/AIDS, malaria and other diseases									
Halt and begin to reverse the spread of HIV/AIDS	low incidence	high incidence	low incidence	low incidence	low incidence	low incidence	low incidence	low incidence	intermediate incidence
Halt and reverse the spread of tuberculosis	low mortality	moderate mortality	low mortality	moderate mortality	moderate mortality	low mortality	high mortality	low mortality	moderate mortality
GOAL 7 | Ensure environmental sustainability									
Halve proportion of population without improved drinking water	high coverage	low coverage	high coverage	moderate coverage	high coverage	high coverage	low coverage	high coverage	moderate coverage
Halve proportion of population without sanitation	high coverage	very low coverage	low coverage	low coverage	very low coverage	moderate coverage	very low coverage	moderate coverage	high coverage
Improve the lives of slum-dwellers	moderate proportion of slum-dwellers	very high proportion of slum-dwellers	moderate proportion of slum-dwellers	high proportion of slum-dwellers	high proportion of slum-dwellers	moderate proportion of slum-dwellers	moderate proportion of slum-dwellers	moderate proportion of slum-dwellers	—
GOAL 8 | Develop a global partnership for development									
Internet users	high usage	moderate usage	high usage	high usage	moderate usage	high usage	low usage	high usage	high usage

The progress chart operates on two levels. The words in each box indicate the present degree of compliance with the target. The colours show progress towards the target according to the legend below:

- Target already met or expected to be met by 2015.
- Progress insufficient to reach the target if prevailing trends persist.
- No progress or deterioration.
- Missing or insufficient data.

* Poverty progress for Eastern Asia is assessed based on China's data only.

For the regional groupings and country data, see *mdgs.un.org*. Country experiences in each region may differ significantly from the regional average. Due to new data and revised methodologies, this Progress Chart is not comparable with previous versions.

Sources: United Nations, based on data and estimates provided by: Food and Agriculture Organization of the United Nations; Inter-Parliamentary Union; International Labour Organization; International Telecommunication Union; UNAIDS; UNESCO; UN-Habitat; UNICEF; UN Population Division; World Bank; World Health Organization – based on statistics available as of June 2013.

Compiled by Statistics Division, Department of Economic and Social Affairs, United Nations.

- Remarkable gains have been made in the fight against malaria and tuberculosis.
- The number of slum dwellers in the metropolises of developing countries is declining.
- The hunger reduction target is within reach.

There are significant differences, however, in the pace of progress across the world. Table 1 maps the targets that have been achieved or on-track in green, those that are off-track in yellow, and those where there has been no progress, or that have shown deterioration, in red. The data suggests that across regions, the best progress has been made in eliminating gender gaps in primary school enrolment, while maternal health, women's paid employment and political representation are performing worst.

At the global level there has been significant progress, but the pace differs from region to region

Sub-Saharan Africa, South Asia and Oceania, the three regions with the highest proportion of members of the Commonwealth, will miss most of the targets. This provides the rationale for a closer examination of the progress in achieving the MDGs in Commonwealth countries, especially in health, education, and gender equality and women's empowerment, which are the critical elements of social development. We examine each of these sectors separately and provide recommendations for the Commonwealth's post-2015 agenda.

Health (MDGs 4, 5 and 6)

MDGs 4 and 5 are concerned with maternal and child health. The former tracks infant and child mortality while the latter sets targets for reducing maternal mortality.

MDGs 4 and 5

Goal 4: Reduce child mortality
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
Indicators for monitoring progress:
4.1 Under-five mortality rate
4.2 Infant mortality rate
4.3 Proportion of 1-year-old children immunised against measles

Goal 5: Improve maternal health
Target 5.A: Reduce by three-quarters the maternal mortality ratio
Indicators for monitoring progress:
5.1 Maternal mortality ratio
5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health.
Indicators for monitoring progress:
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

The 'health MDGs' have been much debated in the development community due to the overarching emphasis on mortality and the problems in measurement, especially for MDG 5. While it is relatively easier to arrive at a benchmark for 1990 levels for MDG 4 – using, for instance, Demographic and Health Surveys (DHS) or country vital statistics records such as birth registration – there is considerable variation in the estimates for maternal mortality (Realizing Rights 2010). Analysis of data undertaken by various agencies, individually and collectively, show that maternal mortality dropped by a third between 1990 and 2008, with the annual number of deaths estimated at approximately 350,000. However, 99 per cent of

maternal deaths occur in developing countries, representing the largest health-related disparity between high and low income countries.

Significant progress has been made in reducing the under-5 mortality rate (U5MR). The number of under-5 deaths worldwide has declined from nearly 12 million in 1990 to 6.9 million in 2011. This means that 14,000 fewer children were dying every day in 2011 compared to 1990. But even with this reduction, 19,000 children under 5 still died every day in 2011 (UNICEF 2012). The worldwide under-5 mortality rate has dropped by 41 per cent – from 87 deaths per 1,000 live births in 1990 to 51 in 2011. According to UNICEF (2012):

The annual rate of reduction in under-five mortality has accelerated – from 1.8 per cent a year over 1990–2000 to 3.2 per cent over 2000–2011 – but remains insufficient to reach MDG 4, particularly in Oceania, sub-Saharan Africa, Caucasus and Central Asia, and Southern Asia.

The reduction in maternal mortality has fallen far short of the 5.5 per cent annual rate required to achieve MDG 5 by 2015

Among Commonwealth countries, estimates over the past two decades reveal that Sierra Leone had the highest estimated mortality rate of 268, 241 and 89 deaths per 1,000 births in 1990, 2000 and 2011 respectively. In 2011, the highest under-5 death rate of the Commonwealth advanced economies was estimated to be 4 per 1,000 live births, whereas in Commonwealth developing countries it peaked at 185 deaths per live births. The country-by-country analysis shows that only five Commonwealth countries – Antigua and Barbuda, Bangladesh, Singapore, St Kitts and Nevis and Vanuatu – have met the target of reducing the under-5 mortality rate by two-thirds.

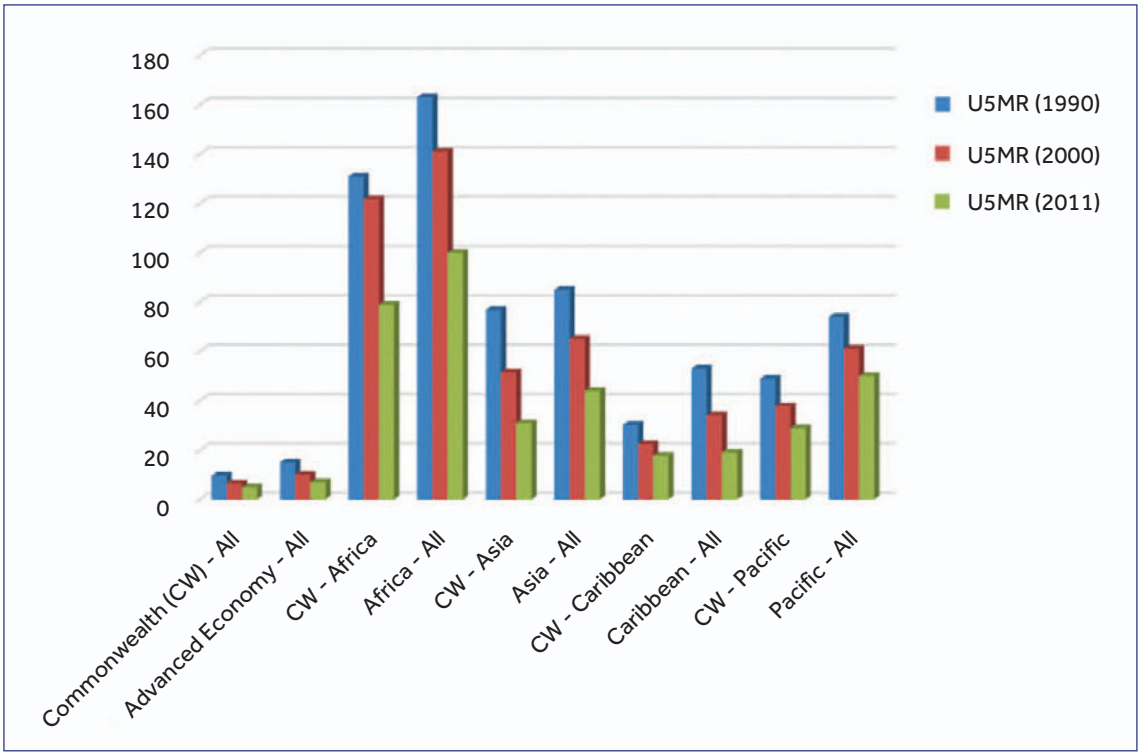
A regional comparison of the annual rate of reduction in under-5 mortality in Commonwealth countries (Figure 1) showed that Africa had the lowest reduction rate at 2.1 per cent, followed by the Pacific with 2.6 per cent. Commonwealth countries in Latin America and the Caribbean had an average reduction rate of 2.7 per cent while the advanced Commonwealth economies had an estimated average of 3.6 per cent. Asian Commonwealth countries had the highest mean estimate of 4.7 per cent.

There is a gap between the 2015 MDG target for U5MR and the actual achievement up until 2011 (Figure 2) that indicates most regions would require a significantly accelerated effort to reach it. The gap is relatively smaller for the Commonwealth sub-regional grouping, which signals they are doing better than their regional peers (Figure 1).

However, of all the MDGs, MDG 5 is the one furthest away from reaching its desired targets. This may be due to two factors. First, the target set was extremely ambitious and, second, the 'enabling environment' for maternal mortality reduction (namely, women's empowerment and social transformation) is a generational shift not easily achievable in the short timeframe. The decline has been both limited (well below the 5.5 per cent annual rate required to achieve MDG 5 by 2015) and unequal between countries and regions. Countries in sub-Saharan Africa, with an annual decline of only 0.1 per cent, have the highest mortality rates. About one quarter of countries with the highest maternal mortality ratio in 1990 (100 or more maternal deaths per 100,000 live births) have made no or insufficient progress (WHO 2013). The 'lifetime risk of maternal mortality', that is, the probability of a woman dying from complications during or after childbirth (Figure 3), shows that Commonwealth countries are doing better than their regional peers (lower figures indicate worse outcomes).

MDG 6 explicitly recognised the global impact of communicable and vector borne diseases, but focused on three major contributors in terms of

Figure 1. Under-five mortality rates (U5MR) regional comparison (1990, 2000 and 2011)



Source: *UN Inter Agency Group for Child Mortality Estimation 2012*

Figure 2. Commonwealth regional grouping of under-five mortality rates (U5MR) in 2011 versus MDG-2015 target

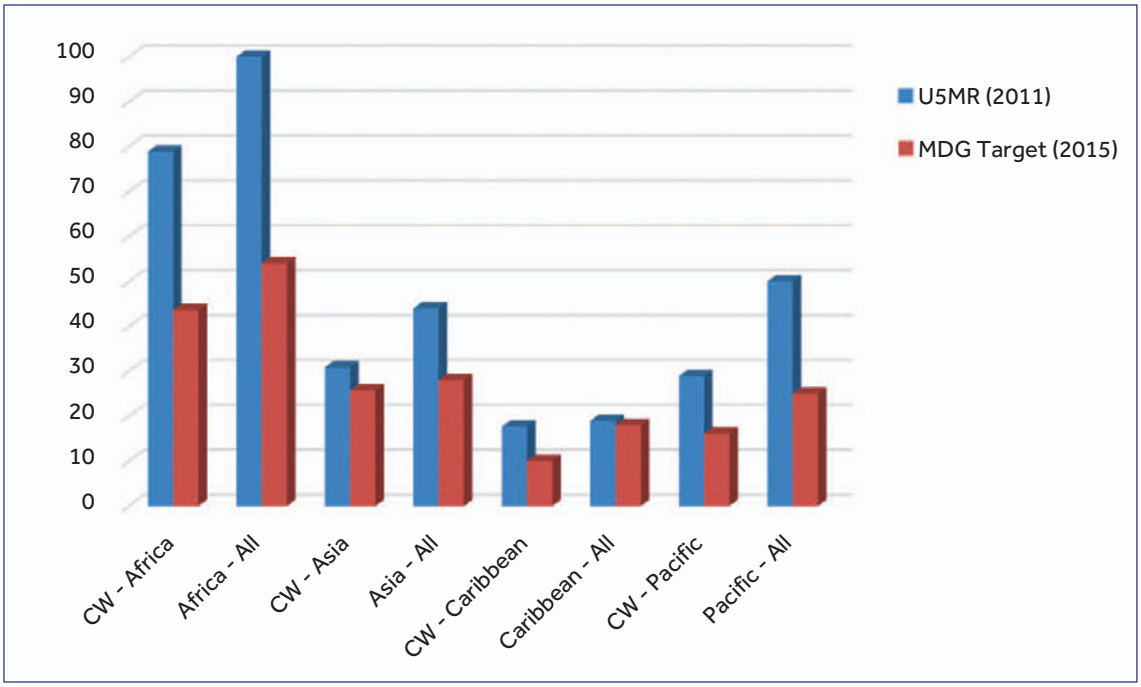
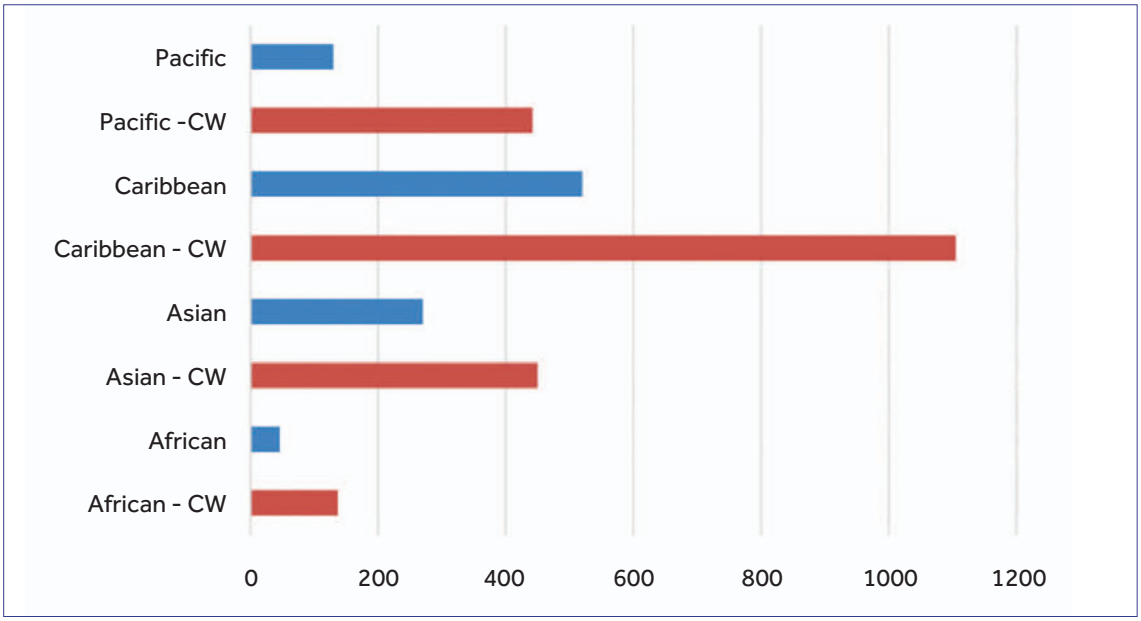


Figure 3. Lifetime risk for maternal mortality - regional vs. Commonwealth comparison



Source: WHO 2012b

mortality – HIV/AIDS, malaria and tuberculosis. The targets took into account the epidemiological evidence, medical and non-medical interventions and social determinants to combat the spread of the epidemics.

MDG 6

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

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Indicators for monitoring progress:

6.1 HIV prevalence among population aged 15-24 years

6.2 Condom use at last high-risk sex

6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS

6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Indicator for monitoring progress:

6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicators for monitoring progress:

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

6.9 Incidence, prevalence and death rates associated with tuberculosis

6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course

Progress on MDG 6 has been impressive. The 2013 MDGs Report (United Nations 2013b) notes the following:

- The number of people newly infected with HIV continues to fall – between 2001 and 2011 the number fell by 21 per cent globally, 25 per cent in Africa and 43 per cent in the Caribbean.
- There were 230,000 fewer children under 15 infected by HIV in 2011 compared to 2001, indicating substantive progress in rolling out interventions to stop mother-to-child transmission.
- Eight million people were receiving antiretroviral therapy in 2011, up from less than a million in 2001.
- In the decade 2000 to 2010, over 1.1 million deaths from malaria (more than half of them children) were averted using a combination of medicines and low cost interventions such as mosquito-treated bed nets.
- Treatment for tuberculosis saved more than 20 million lives between 1995 and 2011.

Commonwealth countries are leading in the achievement of universal access to antiretroviral treatment

All these figures are significant for the Commonwealth since member countries are among the largest contributors to the global burden of communicable and tropical diseases. This is especially true of HIV/AIDS; Commonwealth countries make up nearly two-thirds of infections worldwide. In spite of significant progress, there are still six million people who are not covered by antiretroviral therapy. The biggest challenge is to tackle HIV and TB co-infections, drug resistance, and second-line antiretroviral drugs, which would require substantially more resources, both human and financial.

Box 1.
Tuberculosis in Commonwealth countries

Data on tuberculosis (TB) incidence is available for 44 Commonwealth developing countries. The incidence has declined in 25 countries, with the highest drops in Zambia and Malawi. In the other 19 countries, the incidence has increased, with the highest rates occurring in Swaziland and South Africa. Since there is a strong link between HIV and TB, this can be attributed to the high prevalence of HIV in these countries. The high incidence of TB, especially in Commonwealth countries in sub-Saharan Africa, has also been linked to other factors such as poverty and poor living conditions including crowded and poor housing situations without proper ventilation. The incidence of TB is particularly high among vulnerable populations who have more difficulties coping with the impact of health issues.

In 16 of the 44 countries, the successfully treated cases of TB as a percentage of total registered cases declined over the period 2000 to 2007, with the sharpest declines in Guyana, Malaysia and St Lucia. This points to an increase in resistance to TB medicines as well as increases in the incidence of multi-drug resistant TB cases. Another cause for the decline could be the failure of drug programmes to monitor drug intake and administration effectively. Nonetheless, treatment has been highly successful in some countries (e.g. Brunei Darussalam, Ghana and Namibia), with the rates of successfully treated cases between 2000 and 2007 in the range of 20 to 26 per cent (Commonwealth Secretariat 2009, p. 9).

On the positive side, however, countries of the Commonwealth are also taking the lead in achieving universal access to antiretroviral treatment, and making significant progress in rolling out TB interventions (Table 1). All the five African countries with generalised epidemics that have achieved universal antiretroviral treatment access – Botswana, Namibia, Rwanda, Swaziland and Zambia – are in the Commonwealth. Going forward, there is considerable scope for co-ordination and sharing of good practices to achieve better outcomes among member countries.

Challenges

While much progress has been made in achieving the targets for MDGs 4, 5 and 6 over the last decade and a half, our analysis indicates that acceleration towards meeting the targets would require more attention on the following key constraints:

- **Weak, poor-functioning health institutions and systems:** Health systems lack the human and material resources necessary to provide effective healthcare. Two areas that need attention are the shortage of health workers, including skilled birth attendants, and the shortage or unavailability of medicines and vaccines, especially preventative and curative treatment for pneumonia, diarrhoea and malaria, as well as HIV and TB.
- **Barriers to accessing healthcare:** These include distance and cost of access to healthcare facilities, especially in rural areas; absence of healthcare workers from facilities; and discrimination on the grounds of gender, caste, ethnicity, religion or disability. These factors impose a dual burden – on the state for provision of services that are not properly utilised and on the individual, who ends up paying to access a service that should be free.
- **Under-nutrition:** Underweight children are more likely to die than average weight children. This could be avoided through health promotion initiatives such as breastfeeding, complementary feeding, micronutrient supplements and social protection mechanisms. However, the most significant determinant appears to be the health and nutrition of the mother before and after delivery. Conditional cash transfer programmes, such as PROGRESA in Mexico and Bolsa Familia in Brazil, have clearly demonstrated the impact of antenatal visits and postnatal care in achieving better nutritional outcomes.
- **Shortage of clean water and lack of safe sanitation** can exacerbate both water-borne diseases such as diarrhoea and dysentery and vector-borne diseases such as malaria and dengue, which are a particular threat to the lives of infants and children. Provision of safe water and sanitation is an intrinsic part of fulfilment of the health MDGs. The financing and policymaking of these two sectors are fragmented, however, which reduces the positive effect of complementarity in outcomes.

The way forward

The key to better health outcomes in the post-MDGs development context would depend on a combination of the following approaches:

- Recognition of the link between better health outcomes and sustainable development in all its dimensions – social, economic and environmental;
- Viewing health and access to universal healthcare as a human right, as enshrined in the Universal Declaration of Human Rights and the Covenants and Conventions that flow from it, including the Convention of the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW);
- Identifying linkages for an effective multi-sectoral approach, especially between health, nutrition, education, gender and environment;

- Allocating and utilising adequate resources, and ensuring its effectiveness is grounded in evidence;
- Generating timely and reliable data and using new technology, medical as well as ICT.

Education (MDG 2)

Arguably the most significant achievement among all the goals has been in MDG 2. It is a simple, universal goal, all countries agree on it in principle, and it has measurable indicators of progress.

MDG 2

Goal 2: Achieve universal primary education
Target 2.A: Ensure that, by 2015, children everywhere, girls and boys alike, will be able to complete a full course of primary schooling
Indicators for monitoring progress:
2.1 Net enrolment rate in primary education
2.2 Proportion of pupils starting grade 1 who reach last grade of primary school
2.3 Literacy rate of 15-24 year-olds, women and men

By 2012, 90 per cent of primary school age children were enrolled. This, however, also means that nearly 57 million children are still out of school, concentrated in two regions, sub-Saharan Africa and South Asia (United Nations 2013b). These out-of-school children are in the 'hardest-to-reach' category, which implies that conventional approaches to enrolment in schools may not be sufficient for addressing their needs. The incremental cost of reaching the universal education target to fulfil the MDG 2 commitment is likely to be substantially higher as well.

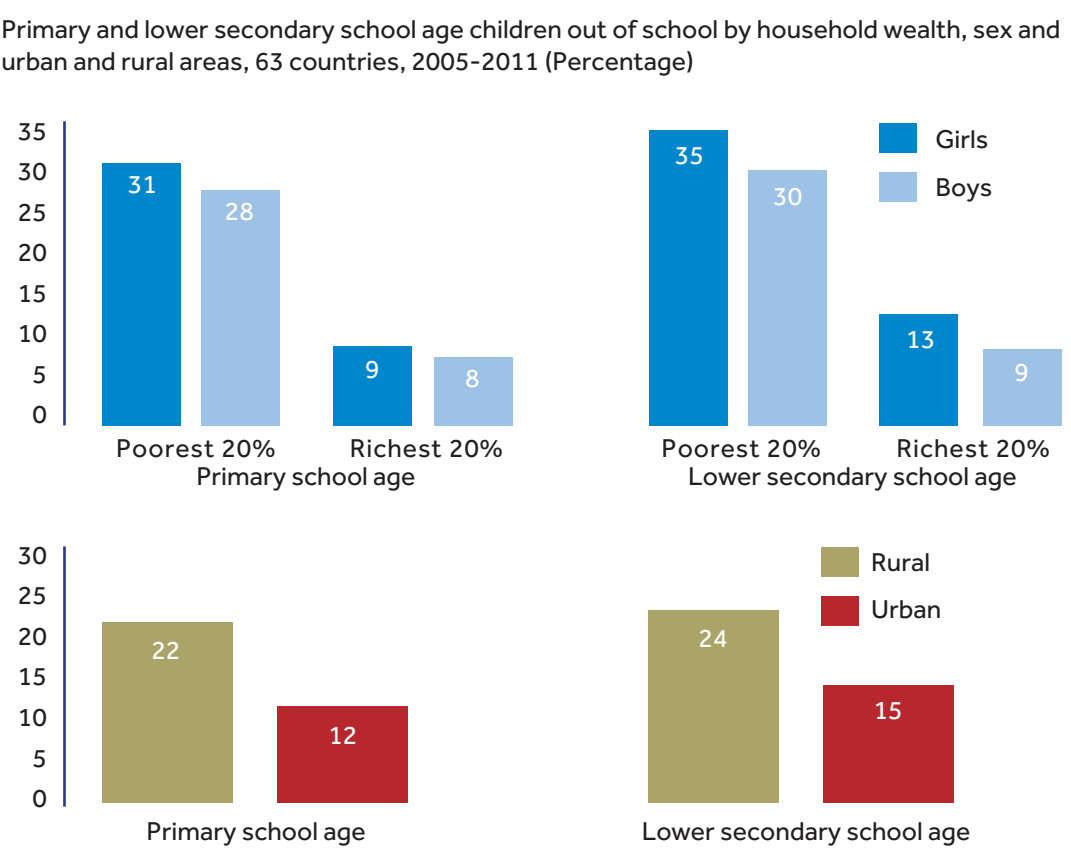
Disaggregating the out-of-school children population in terms of wealth, gender and residence, we find that children coming from the poorest 20 per cent of the population are three times more likely to be out of school than the richest 20 per cent, with girls more likely to be out-of-school than boys. This trend is the same for both primary and lower secondary education. Out-of-school children are also two times more likely to come from rural than urban areas, indicating the disparity that still exists between urban centres and rural areas in the provision of education.

Children may not be learning at age or grade level because the MDGs did not set a global learning target

One of the major critiques of the education MDG is that it did not explicitly set a global learning target. As a consequence, children are attending school but may not be learning at age or grade level. Surveys carried out by independent organisations in a few Commonwealth countries attest to this – for example, ASER in India and Pakistan, and Uwezo in Kenya, Uganda and Tanzania (Box 1). In India, recent data shows that there has actually been a decline in learning levels while enrolment has increased to over 95 per cent (ASER Centre 2013). The MDG Report 2013 (United Nations 2013b) estimates that globally, 123 million youth aged between 15 and 24 years lack basic reading and writing skills. Nearly 61 per cent (75 million) of them are women.

Other proxy indicators for quality (such as primary completion rates, secondary enrolment, percentage of trained teachers, gender parity, percentage of literate youth and adults as well as student teacher ratios) may provide an indication of quality when used together. However, these are not as effective as framing the debate and determining the real levels of learning gap, among children and young adults.

Figure 4. Profile of out-of-school-children by income, sex and residence



Source: United Nations 2013b

Box 2. A literacy and numeracy initiative with a public accountability approach

The Uwezo Initiative (2009–2013) was established in Kenya, Tanzania and Uganda to improve competencies in literacy and numeracy among children aged 6 to 16, both in and out of school, employing a public accountability approach to change.

The initiative includes easy access literacy tests undertaken at the household level including sample exercises to improve skills. The testing is performed annually, with immediate results and timed for input into the policy cycle so that government is able to use results to implement change.

In addition to assessment, there is an emphasis on communications through traditional and social media to encourage discussion, debate and action. Parents have come to understand their role and responsibilities in the education of their children leading to closer school-home connections. There is far greater public debate about quality of education, even after only two years of this initiative.

Initially, there was resistance to move discussion away from building and staffing schools to quality of education from government, policymakers and politicians. But within a short time, they were on board (Twaweza 2011).

Of the 53 countries in the Commonwealth, nearly 60 per cent have primary enrolment rates of 90 per cent or above. Only four countries (Lesotho, Nigeria, Pakistan and Papua New Guinea) have enrolment rates of less than 75 per cent. Although pre-primary schooling prepares children with the skills they need in primary school, there are no Commonwealth countries with higher pre-primary enrolment than primary enrolment. This would indicate that available resources are steered towards the provision of primary schooling rather than in early childhood education.

It is also of interest to note that in many countries, large numbers of students now attend private schools. For instance, 42 per cent of children in Bangladesh attend private school, 82 per cent in Belize, 77 per cent in Grenada, and 41 per cent in Malta (UNESCO Institute for Statistics 2013). Although still small as a share of total enrolment, private schools catering to the poor are gaining in prominence across many Commonwealth countries, especially in urban slums with migrant families.

This has significant implications for the achievement of MDG 2. The vast majority of children in these informal institutions are classified as 'out-of-school' due to inadequate child tracking systems, which do not capture student data in these settings. This could mean the global estimate for out-of-school children may be an over-estimate, although this is counteracted by the fact that many children in developing countries do not attend school regularly. This is particularly the case in large Commonwealth countries such as Bangladesh, India, Kenya, Nigeria, Pakistan and South Africa among others that make up the bulk of out-of-school population globally. This underscores the need for a two-pronged approach – mobilisation of parents and the local community to send children to school regularly, and administrative systems that track and follow up children who are not in educational institutions, whether government, private or informal.

Challenges

The singular focus of the education MDG has been to get all children into school and complete a full cycle of primary education. To achieve this target, the focus has been on closing the gap in infrastructure, appointment of teachers, and supply of educational inputs. However, two factors will be critical in achieving the MDG 2 target:

- Identifying the remaining 57 million out-of-school children and bringing them into the education system;
- Ensuring that children presently in school do not drop out due to the inadequacies in the delivery system.

The way forward

Going forward, the post-MDGs framework is already considering the next steps to further the global education revolution that has taken place over the last decade and a half. These include:

- **Focus on learning:** Quality education and articulation of concrete learning goals will re-focus attention on the ultimate purpose of getting children into school. Learning goals are difficult to universalise, but it is necessary to reach agreement on key metrics of reading and numeracy, and to set measurable targets so that no child is left without adequate competencies for post-primary education.
- **Remove social and economic barriers to schooling:** While it is undeniable that access has improved significantly over the last decade, many children, especially girls in rural areas, are denied the opportunity to continue education due to social norms such as sibling care, early marriage and the low value attached to girls education. With ever-increasing levels of rural to urban migration, economic factors also play an important role in limiting the opportunity for education.
- **Reform education systems:** In the coming decades, education systems will need to be

flexible in terms of the mode of delivery. This will likely create a hybrid system of private and public schools, especially in the rapidly urbanising countries of the Commonwealth, and the use of ICT.

- **Generate data and use strategic information:** Government and donor financing will be needed to create and manage large databases that can be used to identify strategic gaps in quality and access. Specifically, countries of the Commonwealth need to show greater willingness to invest in education systems and re-orient financing for achieving the post-MDG targets.

Gender Equality and Women's Empowerment (MDG 3)

The goal set out under MDG 3 – to promote gender equality and empower women – is also universal. The target calls for the elimination of gender disparity in primary and secondary education by 2005 and from all forms of education by 2015. This target has been criticised as being narrow and not grounded in a rights framework and the advances made by the women's rights movement after governments adopted the Beijing Declaration and Platform for Action at the 1995 Fourth World Conference on Women in China. In particular, it ignores the social determinants of gender disparity and the social transformation needed for women to realise their full potential.

The 2005 milestone for primary and secondary education was missed. But as Figure 4 shows there has been significant progress towards gender parity in primary education since then and the target will in all likelihood be met by 2015. However, both sub-Saharan Africa and Southern Asia, which constitute nearly three-quarters of large Commonwealth countries, are likely to miss the target for secondary and tertiary education.

Regarding the indicator of gender parity in the labour market, only 4 out of 10 persons in wage employment are women. Western Asia, Northern Africa, South Asia and sub-Saharan Africa are the worst performers in terms of women's share of non-agricultural wage employment (Figure 5). Within the Commonwealth, Malawi, Mozambique and Rwanda have posted levels of 80 per cent participation, while nine countries in the Africa region have levels of 60 per cent and above. At the opposite end, countries such as Malta and Pakistan have had consistently low levels of less than 40 per cent representation between 2005 and 2010. All Commonwealth countries in Asia have female labour participation rates below 60 per cent, while only The Bahamas, Barbados and Papua New Guinea have attained rates of 60 per cent (Commonwealth Secretariat 2012). In the rural areas of Commonwealth countries, women provide unpaid labour in the household and in agriculture, but this is not captured in any of the indicators under MDG 3.

The analysis of the women's political participation indicator in Commonwealth countries shows an interesting contrast among member states. Gender-based inequalities in decision-making power persist, and parliaments remain a primarily male domain. On average, women's representation is still below 20 per cent in the Commonwealth, 1 per cent lower than the global

MDG 3

Goal 3: Promote Gender Equality and Empower Women (MDG3)

Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all forms of education no later than 2015

Indicators for monitoring progress:

3.1 Ratio of girls to boys in primary, secondary and tertiary education

3.2 Share of women in wage employment in the non-agricultural sector

3.3 Proportion of seats held by women in national parliament

Figure 5. Gender parity in non-agricultural labour market

Source: United Nations 2013b

average of 21 per cent. It is particularly low in the Pacific Island States where more communal and traditional forms of power structures dominate.

On the other hand, 10 Commonwealth countries are in the top 40 countries globally for highest percentages of women in parliament: Grenada, Guyana, Mozambique, New Zealand, Rwanda, Seychelles, South Africa, Trinidad and Tobago, Uganda and United Republic of Tanzania. Recent statistics (Inter-Parliamentary Union 2013) show that three have more than 40 per cent women members of parliament: Rwanda (63.8 per cent), Seychelles (43.8 per cent) and South Africa (42.3 per cent). This suggests that increased engagement of women in politics is largely dependent on the country context and the national indicator may not reflect the actual status of political participation across countries. India, for example, has considerably more political participation by women at the grassroots level due to the reservation of one-third of the seats in local government, which is not captured in the MDG 3 indicators.

Challenge

Gender empowerment is a universal concept enshrined in human rights declarations, legal covenants and conventions. It is, however, a continuously evolving discourse, which challenges social norms, power structures and economic inequalities. It is therefore extremely difficult to quantify in terms of concrete measurable indicators as attempted with MDG 3.

The way forward

Going forward, the barriers against greater gender equality need to be considered building on the foundations of the MDGs that have attempted to address inequalities in health, education and labour participation. Three aspects of gender equality need particular attention:

- **Social empowerment:** Social norms are often the biggest barriers to a more gender-equitable process of development, especially in Commonwealth countries. Education is a very effective tool for addressing existing inequities, but is not an end in itself. The future development paradigm must challenge social norms such as violence against women and early marriage to have a meaningful impact on the objective of reducing poverty and increasing shared prosperity.
- **Economic empowerment:** Gender inequality also stems from women's lack of access to productive resources and restraints on their ability to make

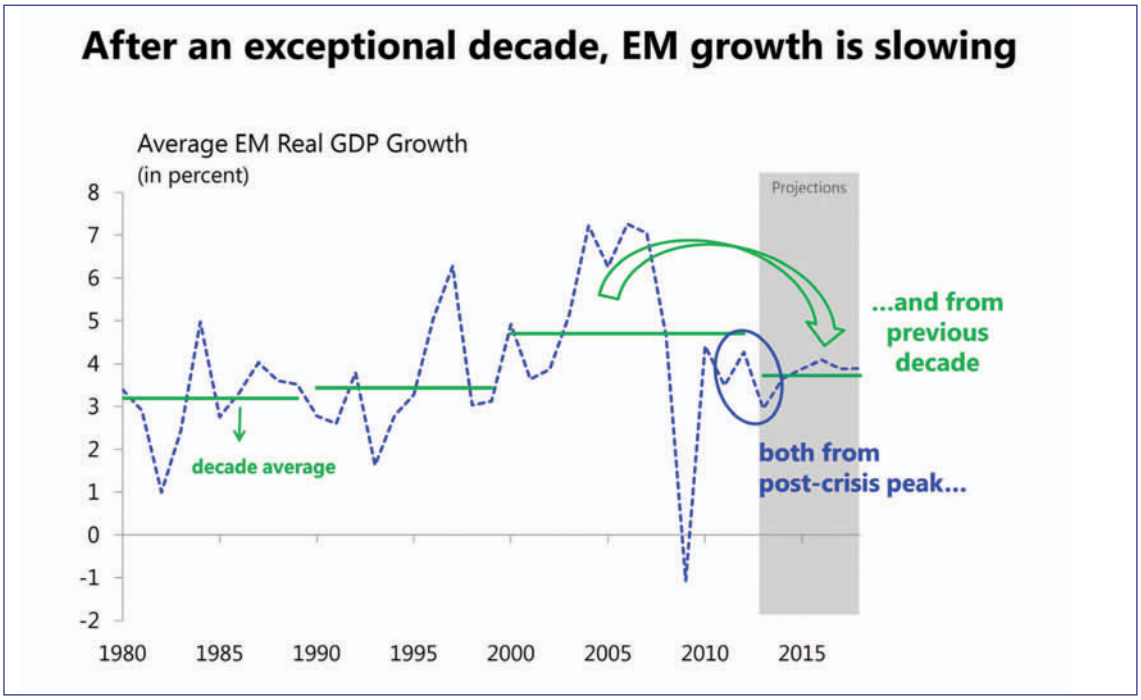
decisions on the nature of their participation in economic activities. Land, credit and agricultural input markets are male-dominated in most developing countries of the Commonwealth, and tenancy laws favour men over women. The division of labour within the household is also skewed against women who do most of this unpaid work, often care work that is uncompensated. Recognition and valuing of unpaid work would be a major initiative that the Commonwealth can push for in the post-MDGs discourse.

- **Political empowerment:** Women's participation in political life should be conceptualised in a holistic manner and not only through the prism of an elected representative. This is particularly true of Commonwealth countries with entrenched traditional forms of male-dominated governance, where women's voices are heard more in informal settings and less in decision-making. Political decentralisation and electoral quotas provide women with direct entry points into the governance structures, which need to be exploited whenever the opportunity arises. As one of the largest non-UN groupings of democratic countries, the Commonwealth has an important role to play in ensuring that women's political participation is at the centre of the gender empowerment discourse.

Key Recommendations for the Post-2015 Development Agenda

The global debate and discussions regarding the shape of the next development agenda is well and truly underway. The Millennium Declaration and the resulting MDGs have shown that with political commitment and action on the ground, seemingly intractable global challenges can be tackled and significant progress achieved within a relatively short period of time. However, the post-2015 discussions are taking place at a time of continuing economic uncertainty in the aftermath of the global financial crisis.

Figure 6. Slowdown in emerging market (developing country) growth rates



Source: Kochhar 2013

The debate is also being framed in terms of multiple dimensions of sustainability – social, economic and environmental – all of which are currently under some duress. Several countries that were 'low income' at the time of the Millennium Declaration have had a decade of high growth and are now graduating to 'middle income' status. This will have an impact on their ability to leverage donor resources, which are themselves diminishing as a result of fiscal crisis in the large donor countries. At the same time, the International Monetary Fund predicts that the growth momentum in emerging markets will slow in the second half of this decade (Figure 6). Slowing growth and rising inflation has already led to social unrest in several countries of Africa and Asia.

The other significant factor framing the post-2015 debate is climate change. The High-Level Panel's report on the post-2015 development agenda (United Nations 2013a) notes:

There is an urgent need for developed countries to re-imagine their growth models. They must lead the world towards solutions to climate change by creating and adopting low-carbon and other sustainable development technologies and passing them on to others. Otherwise, further strains on food, water and energy supplies and increases in global carbon emissions will be inevitable – with added pressures from billions more people expected to join the middle class in the next two decades. People still living in poverty, or those in near poverty, who have been the most vulnerable to recent food, fuel and financial crises, would then be at grave risk of slipping back into poverty once more.

The report identifies five transformative shifts as part of a universal post-2015 development agenda to build on the progress made towards achieving the MDGs:

- Leave no one behind;
- Put sustainable development at the core;
- Transform economies for jobs and inclusive growth;
- Build peace and effective, open and accountable institutions for all;
- Forge a new global partnership that will transform vision to action, using improved data and evidence of what works to guide implementation.

The critical enablers for this new strategy would be promoting peace, tackling inequality and empowering women and girls, taking into account the underlying processes of economic and social transformation, urbanisation and adaptation to climate change. Given this context, the review puts forward the following recommendations for Commonwealth consideration:

- Promote investment in human capital as a central goal of the post-2015 agenda. The context-specific concerns posed by economic and gender inequality and climate change should frame its engagement.
- Continue to improve multi-sectoral analyses and approaches towards addressing social development and gender equity agendas. Share best practices with member governments, focusing on research needs and analytical work for driving evidence based interventions while drawing on Commonwealth best practices.
- Continue to strengthen and facilitate consensus building among member states on design and sources for innovative funding strategies for health, education and equitable social development.
- Facilitate policy reforms and strengthen public systems to enhance capacity building of local government structures and civil society and community organisations in order to make them integral to human capital investment.
- Provide leadership in creating comprehensive and crosscutting indicators of social, economic and environmental sustainability and participate actively in the renewed Global Partnership on Development Data.

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