Hit or miss?

Women’s rights and the Millennium Development Goals
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Executive summary

In summer 2007, Prime Minister Gordon Brown signalled the importance of global poverty to his premiership. Speaking at the UN he issued a ‘call to action’ to governments, business, faith groups and civil society to confront what he described as a growing ‘development emergency’. This emergency, he argued, is reflected in the fact the international community is massively off track to meet its very own Millennium Development Goals (MDGs) – a set of eight commitments to reduce poverty and hunger, and to improve health, education, water and sanitation by 2015.

These commitments provide the benchmark against which the world’s governments asked to be judged when they were adopted in 2000. Yet three years after the unprecedented international attention focused on Africa at the Gleneagles G8 summit, the world’s poorest region is failing to make sufficient progress on any of the MDGs. On many of the key goals, from maternal mortality to hunger and sanitation, other regions and countries are also lagging behind what is needed.

At the mid-way point towards 2015, Gordon Brown’s UN initiative to mobilise political commitment and accelerate progress towards the MDGs is timely and urgent. In September 2008, political, civil and business leaders will gather round the table at the UN in New York to agree on what each will bring to a renewed effort to achieve the goals. The G8 summit in Japan and European Union meetings will provide crucial opportunities for progress in the run-up to the September meeting.

But these discussions will succeed only if they start with the recognition that the ‘development emergency’ is first and foremost an emergency for women and girls. As this report shows, it is women and girls who are most likely to be poor, hungry, illiterate or sick.

- Women and girls account for roughly half of the world’s population, but form the majority of poor and hungry people. In south Asia, women are getting a shrinking share of income as the economy grows.
- Ten million more girls than boys are out of primary school; two thirds of the world’s illiterate young people are women.
- In Pakistan and India, girls have a 30-50% higher chance of dying between the ages of one and five than boys.
- In Africa, women now account for 75% of all young people living with HIV and AIDS.
- Women and children in Africa spend 40 billion hours collecting water per year – equivalent to a year’s labour for France’s entire workforce.

The disproportionate impact of poverty on women and girls is not an accident, but the result of systematic discrimination.
Advancing the rights of women and girls is not only the most effective route to achieving the 2015 goals. It is also a moral necessity.

The disproportionate impact of poverty on women and girls is not an accident, but the result of systematic discrimination. The implications are clear. Unless the specific barriers that prevent women and girls from escaping poverty are tackled, progress towards the goals cannot be accelerated.

- On current trends, the goal of halving hunger won’t be met until 2035 – 20 years late.
- 40 countries, including Nigeria and Vietnam, risk not achieving equal school enrolments for girls and boys until after 2025.
- The current progress in cutting maternal mortality rates is less than one fifth of what is needed to achieve the goal.
- The total number of AIDS infections in 2007 was 33 million, its highest ever level, and global prevalence rates are static.

ActionAid believes that the current dismal progress towards the MDGs is attributable in large part to the widespread failure by the international community to recognise, and then act on, the hard facts of discrimination against women and girls. Tackling this discrimination is a matter of justice as much as it is about effectiveness.

Yet poor past performance need not determine future action – there are strong examples of success waiting to be built on. For example, Bangladesh, one of the poorest countries in Asia, has made dramatic strides in increasing girls’ access to education and improving women’s health, through a mix of targeted policies and high-level political commitment. In Rwanda, women have won a strong political voice, and now account for almost half of all parliamentarians. These and other cases point to a potentially positive agenda, waiting to be implemented by the international community.

It’s this agenda that the UK government must place at the heart of the MDG call to action when it meets with developing and developed countries, the private sector and civil society at the UN in New York this September.

If the call to action is going to realise its potential, Gordon Brown and other leaders must:

- Set more ambitious and specific targets on women and girls within the existing MDG framework.
- Bolster the UN’s capacity to tackle discrimination against women.
- Monitor progress with better data.
- Make aid a more effective tool in achieving equality and women’s empowerment.

Advancing the rights of women and girls is not just the most effective route to achieving the 2015 goals. It is also a moral necessity. If Gordon Brown rises to this challenge, 2008 will go down as the turning point in the response to the global development emergency.
Introduction

A development emergency
In 2000, governments north and south committed themselves to a set of poverty reduction goals, including halving poverty and hunger, providing every child with primary education, tackling disease and cutting maternal mortality by the year 2015. These Millennium Development Goals, or MDGs, are the yardstick by which the international community has asked to be judged on its progress towards economic and social development.

By its own measure, the international community is failing. The overall picture is one of slow progress – delaying the achievement of these goals to after 2015 – or of no progress at all. The situation is bleakest for sub-Saharan Africa where, despite movement by individual countries on some goals, the region as a whole is on course to miss almost all the goals.

It is true that important gains have been made in reducing the proportion of people living on less than US$1 a day. There are also encouraging indicators for education and HIV and AIDS. Although progress is patchy, it demonstrates that failure isn’t inevitable. Preventing failure, however, hinges on action.

Gordon Brown, speaking in New York in summer 2007, described the slow progress towards the goals as a ‘development emergency’ that demands a commensurate response from the international community. We agree. 2008 provides a series of opportunities which, taken together, represent the best chance since the Gleneagles G8 summit in 2005 to get the world back on track to achieve the MDGs.

The summer 2008 meetings of the European Union and the G8 will be crucial in getting agreement among rich countries as to how they will respond. In September, a wider meeting at the UN will bring together developed and developing countries, business, faith groups and others to gauge progress and intensify their efforts.

Women’s rights are a central component of all the goals
However, these efforts will be hindered unless those gathering in New York recognise a key reason for limited progress towards the goals: the systematic and persistent discrimination against women and girls that disfigures societies and denies millions of people their most basic rights.

As this report shows, women and girls are fundamentally disadvantaged in terms of access to education, healthcare and other basic services that are critical to reaching the goals. Where progress towards the MDGs is inadequate, entrenched inequality between women and men is a major cause.
Despite the recognition in MDG 3 – on gender equity in education, and economic and political participation – that this is the case, global development efforts have failed to address women’s rights as a central component of all the goals. The MDG ‘call to action’ being issued by Gordon Brown must respond to this failure, and push for the rights of women and girls to be at the forefront of national and international poverty reduction strategies.

Tackling the structural inequalities that lead to a woman dying in childbirth every minute, one in three women experiencing violence in her lifetime, and over 60% of out-of-school children being girls is a complex and long-term challenge. Discrimination takes place on many fronts, and social, economic, political and cultural rights are interlinked.

Given this, the current MDG targets for tackling gender inequality are too narrowly focused, and omit critical issues such as women’s access to land and violence against women. And given the centrality of women’s empowerment to achieving all the goals, the limited ambition of the MDG targets on gender equality has also curtailed progress overall. The Prime Minister’s call to action must make clear that while the MDGs provide a foundation in terms of making progress, they should not be the upper limit of the international community’s ambitions.

The Beijing Platform for Action, agreed at the UN Summit on Women in 1995, provides a strong basis for an expanded vision of the goals. It covers 12 areas of ‘critical concern’ – poverty, education, health, violence, conflict, the economy, political power, advancement of women, human rights, media, environment and ‘girl children’ – and provides a broader assessment of progress towards the third MDG of promoting equality and empowering women. Implementing the Beijing commitments would help ensure that the MDGs don’t promote too narrow an agenda, or start to distort policy – a concern voiced by some development and women’s organisations.

**The UK’s role**

In recent years, the UK government has positioned itself as a moral and political leader on development issues, spearheading initiatives from debt relief to education for all. However, the critical link between gender equality and poverty has been lost, and leadership has been missing. 2008 provides the UK government with an opportunity to remedy this, by making progress on women’s rights a marker for progress on eliminating poverty overall.

The Prime Minister’s pledge to help accelerate progress towards universal education will not be possible unless the obstacles to girls’ attendance are addressed. Number 10’s new health-strengthening International Health Partnership initiative can only be deemed successful if it has an impact on the scandalous rates of maternal mortality – the MDG on which there has been the least progress – and provides women with access to the safe sexual and reproductive health services they are entitled to. Eliminating poverty will not be possible without removing the barriers that prevent women from participating in and benefiting from economic growth.

This report takes each of the Millennium Development Goals in turn. It summarises the current state of progress, where possible disaggregated by sex, and identifies some of the main ways in which continued violations of women’s rights are holding back further advances. It concludes by recommending actions by governments north and south to ensure that the MDGs are met for everyone, women and men, girls and boys.
In south Asia, women are getting a shrinking share of income as the economy grows.

Millennium Development Goal 1
Eradicate extreme poverty and hunger

Target
Halve the proportion of people living on less than US$1 a day by 2015.
Halve the proportion of people who suffer from hunger by 2015.

Progress
980 million people – one fifth of the world’s population – are estimated to live on less than US$1 a day, down from 1.25 billion in 1990.¹

Women produce up to 80% of food in developing countries, but are more likely to be hungry than men, and are often denied the right to own land.²

The world is off track on halving hunger. Since 1990, the number of hungry people in developing countries has decreased by just 3 million to 820 million.³
A garment factory worker in the free-trade zone, Katunayake, Sri Lanka.
Tackling poverty and hunger is central to the challenge the international community set itself when it adopted the MDGs. It is widely accepted that women and girls are disproportionately represented among the world’s poorest people, so dealing with their poverty and hunger is crucial in meeting this goal.4

Globally, there has been a marked reduction in the proportion of people living on less than US$1 a day – the measure of ‘extreme poverty’ used widely by the UN since 1990. According to the UN, 980 million people are now living in extreme poverty, down from 1.25 billion in 1990. The global data on extreme poverty is not sex-disaggregated, so it is difficult to monitor how much of this progress benefits women and girls.

The fall has been particularly dramatic in Asia, where the proportion of people in poverty has fallen from 41% to 29%. In Africa, the progress has been much slower, with 41% of people still counted as extremely poor, down from almost 47% in 1990.5

At first glance, progress on the income poverty MDG, especially in Asia, appears spectacular. However, recent revisions to calculations of the size of the Chinese and Indian economies have pushed the poverty headcount in China from 100 to 300 million, and in India from 400 to 800 million.6 The fact that even small revisions can change the poverty headcount so dramatically reflects the large numbers of people living just above the poverty line. This underscores the importance of tackling vulnerability to poverty, as well as poverty itself, in order to achieve the MDGs.

In addition, there are reasons to question how much of this progress is benefiting women and girls. Although the global data on extreme poverty is not sex-disaggregated, national data shows that women are more likely to be poor and indicates that in some countries they are getting poorer. For example, in the ten year review of the Beijing Platform for Action, it was reported that in South Africa, 68% of female-headed households were poor, compared to 31% of male-headed households. In Malawi, it was reported that in 2003, women constituted 75% of the poor, an increase of 5% since 1995.7 Evidence shows that women and girls are more vulnerable to poverty because of the systematic discrimination they face, which means they have less access to education and healthcare, and fewer assets than men and boys.8

Furthermore, despite high rates of economic growth in Asia, evidence suggests that women’s income rises more slowly than that of men. In India, for example, men’s average earned income increased 26% between 2003 and 2005, but for women this figure was just 3%. Likewise in Pakistan, while men’s average earned income rose by 17%, women’s income went up by less than 1%.9 These statistics raise doubts about the extent to which the benefits of economic growth automatically accrue to the poorest people.

**Women are more at risk of hunger**

Data on hunger is not sex-disaggregated, so it is not possible to measure progress for women and girls. However, many studies show that women are more likely to experience hunger than men, despite the fact that they produce the vast majority of food in developing countries.10

One of the indicators on hunger is the proportion of underweight children. In 1990 close to one third of the world’s children under the age of five were underweight or
Although the official data isn’t available, numerous household-level surveys – especially from south Asia and China – show that women are often more likely to experience ‘chronic energy deficiency’ than men. In parts of south Asia, surveys show men and boys consuming twice as many calories as women and girls, despite the fact that women in the region are often engaged in heavy manual work.

Given these biases, meeting the hunger MDG demands an approach that prioritises women’s rights. This has been lacking in many government and donor strategies, particularly in south Asian countries where discrimination against women in relation to food distribution is widespread.

Interventions are also needed to enable women and men to grow more of their own food, including better access to land, water, inputs such as fertilisers, credit and agricultural support services. Action is needed to enable hungry people to secure a viable income from the food they produce, or from their labour. This will often require changes to how markets work, for women as well as men, that result in a greater share of the value in supply chains reaching poor people. Finally, actions are needed that provide a food safety net, without jeopardising livelihoods with free or subsidised food that undercuts local producers.

There is strong evidence that reducing gender disparities in all these areas has potentially big benefits. In Burkina Faso, it has been estimated that giving women the same access to fertiliser and labour as men (e.g. from within the family or through hired help) could boost household agricultural output by 10 to 20%.

Verdict

Looking at absolute numbers of people experiencing hunger, the picture is even more disturbing. Since 1990 there has been a decline of just 3 million in the number of people who are undernourished in developing countries – down to 820 million. In Africa, the numbers of people experiencing hunger have risen substantially, from 169 to 206 million.

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While there have been substantial improvements in income poverty, in Asia women are benefiting less than men. Progress on hunger has stalled. Even though women and girls make up the majority of poor and hungry people, MDG1 does not include any targets that address the specific challenges they face. To accelerate progress, interventions on poverty and hunger must be focused on achieving women’s rights, including secure and equitable access to land.
Millennium Development Goal 2
Achieve universal primary education

**Targets**
Achieve universal primary education by 2015, ensuring that all boys and girls complete a full course of primary schooling (MDG 2).
Eliminate gender disparities in primary and secondary education, preferably by 2005, and no later than 2015 (MDG 3).

**Progress**
Since 1990, the total number of children out of school has fallen from 125 million to 72 million.\(^{22}\)
The 2005 target of parity in primary education – the first test of the MDGs – was missed in 62 countries. Three quarters of African countries missed the target.\(^{23}\)
Globally, 10 million more girls are out of school than boys.\(^{24}\)

41 million girls worldwide are still denied a primary education.
Caroline Lekeh [centre right] and friends on her way to school in Bweyale, Uganda, as part of the universal primary education scheme.
Education is often described as an enabling right that unlocks progress on a range of other issues, from political participation to child survival. It is also key to unlocking women’s and girls’ empowerment. Yet despite substantial progress, including in some of the world’s poorest countries, there is huge unfinished business.

Both MDG 2 and 3 have targets on girls’ education. Eliminating gender disparities in primary and secondary education, preferably by 2005, is the only target included within MDG 3. Perhaps as a result of this, education has arguably been the area with the greatest success in reducing gender inequality.

Box 2 Violence against girls in school – a major obstacle to progress
Research shows that violence against girls in and around schools is common, and takes many different forms, including sexual violence and harassment, intimidation and the threat of violence.31 It is difficult to obtain a true measure of the extent of the problem, because official data is scarce, but also because violence against girls is massively under-reported. This is linked to cultural and societal attitudes that often see violence against women as the norm.

Violence against girls manifests itself in low enrolment of girls in schools, poor performance, high drop-out rates, teenage pregnancy, early marriage and increasing rates of HIV and AIDS in young women. Girls are vulnerable to violence in the classroom, the schoolyard, but also on the way to and from school.

ActionAid has worked with partners to establish girls’ forums in schools, which provide a safe space for girls to talk about the problems they face and report violence. Training teachers to understand and address gender equality issues, and to challenge stereotypes, is another important part of the solution. As well as tackling the underlying attitudes that justify violence, this would also improve the quality of education that both girls and boys receive. Building HIV and AIDS awareness and sex education into the curriculum, with a strong emphasis on gender and power relations, is also essential.

From a situation in the early 1990s where two thirds of out-of-school children were girls, the figure now stands at 57%. The achievements in reducing the overall number of out-of-school children have been due in significant part to the attention paid to increasing girls’ enrolment and attendance.

However, 41 million girls worldwide are still denied a primary education. Because many countries were starting from such a low base, 62 countries failed to achieve gender parity in enrolments by 2005. Of these, 14 countries are likely, on current trends, to achieve gender parity by 2015, plus eight more by 2025. But 40 countries, including Vietnam, Kenya and Nigeria, are at risk of not achieving the target even by 2025.25

The challenge at primary level is now increasingly concentrated in two regions: in sub-Saharan Africa, where 2.6 million more girls than boys are out of primary school, and in south and west Asia, where this figure is 5.4 million.26

Much further to go on girls’ education
However, these statistics on enrolment tell only one part of the story. The MDGs actually refer to universal completion of primary education, with enrolment simply a first step towards achieving this objective.

When this is taken into account, current progress looks much less impressive, particularly for girls. The completion rate27 is worst in sub-Saharan Africa (63%) followed by south and west Asia (79%). Indeed, only two thirds of children in Bangladesh finish primary school, and fewer than half reach their final year in countries including Benin, Malawi and Uganda.

While sex-disaggregated completion data is available for very few countries, it is clear that in countries with large disparities in enrolments, girls face the double injustice of being more likely to be withdrawn early in the cycle, before they have spent sufficient time in school to achieve any meaningful learning.28

The widespread donor assumption that gender disparities would diminish as enrolments increased has had to be revisited. It is increasingly clear that unless the specific reasons why girls often fail to go to (or stay in) school are addressed, progress towards universal education will be slowed.
Some of these barriers lie in the education system itself – such as the lack of toilets and women teachers, and the threats to girls’ safety (see box 2). Others lie in wider society, such as the impact of marriage customs on willingness to invest in girls, and the expectation that girls will take on time-consuming domestic chores from an early age. These norms can get reflected in the content and method of teaching, with textbooks, curricula and teacher attitudes often reinforcing gender stereotypes.

However, these challenges are no reason for despondency or inaction – targeted interventions can have a major impact on improving girls’ attendance in schools, as the experience of countries such as Bangladesh shows (see box 3).

Secondary education is a particular challenge
The disparities between boys and girls persist and often widen in secondary education – as graph 2 illustrates. This matters because of the wasted human potential it represents, and because of the evidence suggesting that post-primary education has the biggest impact on women’s empowerment – greater earning capacity, an increased ability to bargain for resources within the household and greater control over family planning.

Adult literacy is an indicator of MDG 3, but without a specific target. Not surprisingly, educational inequalities at primary level are reflected in literacy rates among adults. Two thirds of the 137 million illiterate youths in the world are women and in the case of Afghanistan, there are just 36 literate young women for every 100 young men.

Verdict
A key reason for the progress made on this goal has been the focus on girls’ education. The achievements of very poor countries such as Bangladesh show what can be done with an approach emphasising women’s and girls’ rights. However, there is no room for complacency and much further to go, especially on secondary education for girls and women’s literacy.
Millennium Development Goal 3
Promote gender equality and empower women

Indicators (no targets)
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Share of women in wage employment in the non-agricultural sector.

Proportion of seats held by women in national parliaments.

Progress
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Fewer than one in six parliamentarians are women. While women’s representation in Rwanda is 49%, ten countries have no women in parliament.\(^{37}\)

Up to 90% of workers in global supply chains are women.\(^{38}\)

Data on key aspects of women’s empowerment, including school attendance, violence against women and wages is only available in around a quarter of countries.\(^{39}\)

Women are excluded from power, making up only 17% of parliamentarians worldwide.
Parvati Davi, a community leader in Faraia, Mothari, India.
Women are making progress in employment

Despite the failure to prioritise these areas, women are making progress. Over the past 50 years, women’s participation in the labour force has been increasing in all developing regions. A strong body of evidence shows that women’s entry into paid work can bring major benefits in terms of their autonomy, status and ability to negotiate and make decisions within the household.

However, it is equally clear that these gains are not automatic, and depend heavily on the terms on which they access these resources. The MDG indicator does not measure the quality of employment opportunities, including closing gender gaps in employment earnings, occupational segregation and importantly, decreasing women’s reliance on casual work in the informal sector.

Recent ActionAid research shows that women now make up a large proportion of the workforce in global supply chains, fulfilling demand for cheap, flexible labour to pick, pack and stitch goods for markets in rich countries. The research demonstrates that empowerment gains for these women are often limited by low pay, dangerous conditions, and discrimination and harassment in the workplace. As noted in section 1, despite their substantial contribution to economic growth, women’s income is growing at a much slower rate than that of men.

The indicator on economic participation also fails to touch on the ‘double burden’ of paid employment and care work faced by many women. Despite women’s increasing participation in the formal economy, they still do the majority of unpaid domestic work, from collecting food and water (see section 7) to food preparation and care in the home. In countries severely affected by HIV and AIDS this burden of care can become especially heavy for women (see section 6).

While men need to move towards taking equal responsibility for domestic and care work, there is also a growing recognition that governments themselves need to take steps to
make it easier for women to choose to become economically active outside the household, by providing child care and welfare safety nets.\textsuperscript{45}

**Women are widely excluded from political power**

The state of women’s political participation mirrors their economic status. While it is evident that not all women parliamentarians advocate on behalf of women, there are a growing number of studies that show that many issues of importance to women and their families would not reach parliamentary agendas without the backing of women legislators.\textsuperscript{46}

Increasing women’s representation in local politics is also important for bringing about change. For many poor women, local politics has a more direct impact on their lives than policy at national level. Research in India found that, where a third of leadership positions in village councils were reserved for women, there was a smaller than average gender gap in school attendance, improved roads and better healthcare facilities.\textsuperscript{47} Although local politics can be easier to take part in, cultural norms, local hierarchies and inequitable division of labour within households often conspire against women participating.\textsuperscript{48}

The Beijing Platform for Action recommended that governments set a target of 30% of seats for women in national parliaments. But the MDGs have so far failed to live up to this ambition: globally, women make up just 17\% of parliamentarians, and on current trends, the Beijing target will not be met until 2068.\textsuperscript{49}

Progress on political representation has been made since 1990, albeit slowly and from a very low level, with all regions except Europe and central Asia increasing the proportion of seats in national parliaments that are held by women.\textsuperscript{50} Countries such as Rwanda, which has the highest level of women’s representation in the world at 49\%, have led the way. But in ten countries there are no women parliamentarians, and in 40 others, women account for fewer than one in ten elected representatives.\textsuperscript{51}

**Verdict**

MDG 3 is particularly important because women’s rights are central to achieving all the other goals. Over and above education, governments and donors must be much more ambitious in setting targets that capture the many different facets of women’s empowerment if the goal is to be reached. Setting targets on women’s employment and political representation would be a good start. Collecting sex-disaggregated data would also facilitate progress and demonstrate some of the political will required.
Millennium Development Goal 4
Reduce child mortality

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

Progress
Every region has made progress on this goal since 1990, but on current trends, MDG 4 will not be reached until 2045.52

One in six children in the least developed countries dies before their fifth birthday. In industrialised countries, the figure is one in 167.53

In Pakistan and India, a girl has a 30-50% higher chance of dying than a boy between the age of one and five.54

In Asia, girls are significantly more likely to die before their fifth birthday than boys.
Binu Thapa, 21, and her baby daughter Binita, in Khadi Phaka, Nepal.
The fourth MDG has one simple target – to cut the child mortality rate by two thirds, against a 1990 baseline. The child mortality rate measures the number of children per 1,000 live births who die before their fifth birthday. In the UK, this figure is six. Globally, 72 children in every 1,000 die before their fifth birthday. In order to reach the MDG, the global rate of child mortality would need to fall to 31.

Most deaths among under-fives are the result of a disease or a combination of diseases that could be easily prevented or treated, such as diarrhoea, pneumonia or malaria. Hunger also plays a crucial role, with about half of all child deaths thought to have under-nutrition as an underlying cause.

Tackling discrimination against women and girls is central to achieving the MDG on child mortality for two main reasons. Firstly, the data clearly shows that girls in some parts of Asia are significantly more likely to die before their fifth birthday than boys. Evidence shows that this is caused by neglect of girl children, who are often given less access to food and healthcare compared to their brothers. Secondly, since women are the primary caregivers for children, there is strong evidence that the causes of child mortality are intimately linked with the rights of women.

In terms of progress, as with the other MDGs, there are huge regional variations. In sub-Saharan Africa, roughly 4.8 million children – one in six – die before they reach five years. In the UK, this figure is around 4,000. While Africa’s child mortality rate has fallen from 187 in 1990 to 160 today, if progress continues at this rate the region won’t achieve the goal until 2064.

The greatest inroads on child mortality have been in Latin America and east Asia, with both regions having reduced under-five child mortality by around half between 1990 and 2006. South Asia, with much lower average incomes, has also made substantial progress, reducing the mortality rate by one third.

**Millions of missing women in Asia**

However, despite the overall progress in Asia, the data shows that girls’ mortality is substantially higher than that of boys. This is particularly worrying because girls have in-built physiological advantages that typically lead to better survival rates compared to boys. So while in Africa boys are 8% more likely to die before their fifth birthday than girls, in Asia this is reversed, with girls 3% more likely to die than boys. In Pakistan, girls are 11% more likely to die than boys before their fifth birthday, and in China there is an increased likelihood of 37% (see graph 4). In both countries, the disparity in survival rates has actually increased in recent years.

In some Asian countries, the systematic neglect of girls in their early years is contributing to a highly distorted sex ratio in the general population. In parts of the Indian subcontinent, the ratio has fallen as low as 770 women for every 1,000 men.

In many societies, sons are strongly preferred to daughters, who are considered to be an economic liability and a financial burden. On the basis of demographic trends, the Nobel economist Amartya Sen has estimated that 60 million women are ‘missing’, mainly from south and east Asian populations.

There are several factors behind these missing millions: the use of sex-selective abortion, neglect and discriminatory access to

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**Graph 4: Girls in Asia are less likely to reach their fifth birthday than boys**

Source: UNFPA 2007
The causes of child mortality are inextricably linked with the health, wellbeing and rights of women. Food and medicine all play a significant role. For example, research shows that girls in India are five times less likely to be fully immunised and to have a nutritious diet than boys.66

**The link between women’s rights and child mortality**

In all regions of the world, women remain the primary caregivers for children, so the causes of child mortality are inextricably linked with the health, wellbeing and rights of women.67 While empowering women is an end in itself, reaching the MDG on child mortality will also depend on securing women’s rights. For example, globally, four million babies die each year in the first four weeks of life (the neonatal period), but three quarters of these deaths could be prevented if women were adequately nourished and received appropriate care during pregnancy, childbirth and the postnatal period.68

Likewise, sexual and reproductive health and rights are essential in themselves, but also from the point of view of cutting infant deaths: one in seven neonatal deaths is caused by untreated syphilis in pregnancy. In South Africa, a middle-income country, the under-five mortality rate has increased 13% since 1990, mainly as a result of HIV – 57% of child deaths are now associated with AIDS.69

More positively, Nepal provides a strong example of where improvements in the status of women and girls have gone hand-in-hand with a substantial cut in child deaths. In the past 15 years, the country has nearly halved its child mortality rate. At the same time, Nepal has made substantial progress towards gender parity in primary education, with the ratio of girls to boys’ enrolment moving from 0.78 in 1999 to 0.87 in 2004.70 At 44%, the country has one of the highest levels of contraception use among women of any poor country. Specially trained female community health workers have also played a key part in reducing deaths from diseases such as diarrhoea and pneumonia.71

**Verdict**

While there is progress on reducing child mortality in every region, the least developed countries are off track to meet the goal by 2015. Reaching the goal will require a strong focus on fulfilling the rights of women and girls. Progress in Asia is overshadowed by disturbingly high mortality rates among girls, which are contributing to skewed male to female ratios in the general population. Tackling this trend, a sign of deeply entrenched gender discrimination, requires a broader drive to empower women and challenge institutions and traditions that encourage parents to place a lower value on girls than on boys.
## Millennium Development Goal 5

### Improve maternal health

<table>
<thead>
<tr>
<th><strong>Target</strong></th>
<th><strong>Progress</strong></th>
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</thead>
<tbody>
<tr>
<td>Reduce the maternal mortality ratio by three quarters of its 1990 level.</td>
<td>Maternal mortality is the most off track of all the MDGs – the current rate of progress is less than one fifth of what’s needed to hit the target.72</td>
</tr>
<tr>
<td></td>
<td>99% of maternal deaths occur in developing countries, with women continuing to die of pregnancy-related causes at the rate of one a minute.73</td>
</tr>
<tr>
<td></td>
<td>Only one third of births in the poorest countries are attended by skilled health personnel.74</td>
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</tbody>
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**Improving maternal health is the most off track of all the goals.**
Aishatsu Kamara, 21, Freetown, Sierra Leone
Maternal mortality is overwhelmingly an issue of poverty and discrimination. In rich countries the risk to women of death from pregnancy-related causes is extremely low, but in many developing countries pregnancy is a potentially fatal gamble, with more than half a million women dying every year. The contrast between the UK, where a woman’s lifetime risk of maternal death is 1 in 3,800, and Niger, where it is 1 in 7, starkly illustrates the scale of the problem.

On current trends, no region in the developing world is likely to meet the target to reduce maternal mortality by three quarters by 2015. Globally, maternal mortality has been declining at a rate of less than 1% per year since 1990. Reaching the MDG requires global annual reductions of 5.5%.

In absolute terms, there has been no significant drop in the number of maternal deaths: in 2005, 536,000 women died of maternal causes, compared to 576,000 in 1990. In addition to deaths caused directly by pregnancy-related causes, between 8 and 20 million women are affected by severe pregnancy-related complications, which induce high levels of morbidity and long-term disability.

Most of the limited progress towards the goal has been made in countries that already have low or moderate levels of maternal mortality. Meanwhile in sub-Saharan Africa and parts of south Asia, mortality rates remain particularly high. In some countries, including Sierra Leone, Pakistan and Guatemala, the latest available maternal mortality rates are higher than for 1990.

**Low value is placed on saving women’s lives**

The dismal rate of progress towards MDG 5 reflects a number of factors. As the UN Population Fund (UNFPA) argues, “limited progress on maternal mortality… attests to the low value placed on saving women’s lives and the limited voice women have in setting national priorities”. Efforts to reduce maternal deaths need to be rooted in a strengthening of women’s political influence over health policy and spending.

At present, the lack of access to skilled birth attendants is perhaps the greatest single barrier to reducing maternal deaths. Four fifths of deaths are the result of complications that could be prevented by the presence of skilled birth assistance or emergency obstetric care. Yet just one third of all births in the poorest countries involve skilled health personnel.

Women from poor and rural households are especially unlikely to receive such care. In Bangladesh, skilled health personnel attend more than 40% of births among the richest fifth of the population; among the poorest fifth this figure falls to just 3.5% (see graph 5). Often, a combination of low economic and social status inhibits women from seeking urgently needed medical support.

More broadly, the weakness of health systems in many of the poorest countries, the absence of effective services, and the widespread demand for out-of-pocket payment for treatment at the point of delivery have created barriers to ante-natal health care. The focus of Gordon Brown’s new International Health Partnership on strengthening health systems is therefore vitally important.

One element of this effort must be a focus on sexual and reproductive health, given that 74,000 deaths every year – or one in seven of all maternal deaths – are caused by unsafe abortion in developing countries. Beyond
The lack of access to skilled birth attendants is perhaps the greatest single barrier to reducing maternal deaths. Access to safe abortions, cutting maternal mortality also demands that women have access to family planning services and the contraception they need to prevent unwanted pregnancies. UNFPA has estimated that one in three deaths related to pregnancy and childbirth could be avoided if women who wanted effective contraception had access to it.\(^{85}\)

**Sexual and reproductive rights are vital to making progress**

Women's access to reproductive and sexual healthcare and services underpins the ability of women to control their own bodies and their fertility. Put simply, if a woman cannot control who she has sex with, and under what circumstances, many other fundamental rights will also be curtailed. The international community has signed up to a number of UN commitments in this area, including the 1994 Cairo Consensus, which placed women's reproductive health and rights at the centre of women's economic and social development.\(^{86}\)

While the MDGs did not originally include any targets on women's sexual and reproductive health and rights, last year the UN General Assembly adopted a set of indicators to track progress towards a new target, universal access to reproductive health by 2015, which includes addressing contraceptive prevalence and unmet need for family planning.\(^{87}\)

It is now crucial that donors and governments provide sufficient funding to make this target a reality. Since 2001, funding for sexual and reproductive health has risen considerably, but this has been driven mostly by the response to HIV and AIDS. During the same period, funding for basic reproductive health services has remained static, while funding for family planning services has declined.\(^{89}\)

**Verdict**

It is no coincidence that the maternal mortality MDG, the most off track goal, is also the one that depends most heavily on improving the status of women. The international community’s failure to prioritise women’s rights is starkly demonstrated by the lack of progress in this area. Women’s rights must be put at the centre of efforts to strengthen health systems and provide universal access to sexual and reproductive services if the scandal of maternal mortality is to be tackled.
Millennium Development Goal 6
Combat HIV and AIDS, malaria and other diseases

Target
Halt and to have begun to reverse the spread of HIV and AIDS, malaria and other major diseases by 2015.

Progress
The total number of AIDS infections in 2007 was 33 million – its highest ever level.89

Women account for a growing number of people with HIV and AIDS, and three quarters of all young adults living with HIV in Africa.90

More than 1 million people die of malaria every year, mostly infants, children and pregnant women in Africa.91

Three quarters of young adults living with HIV in sub-Saharan Africa are women.
The female general medical ward of Kamazu Central Hospital, Malawi
HIV and AIDS present one of the greatest threats to poverty reduction, especially in sub-Saharan Africa, the worst affected region. HIV is being ‘feminised’, as women and girls increasingly bear the brunt of the pandemic.

Progress towards the HIV goal is mixed. At 33 million people, the absolute numbers living with HIV are greater than ever before. Yet the global proportion of adults living with HIV and AIDS has remained stable since 2001. However, the number of deaths has fallen, from 2.1 million in 2001 to 1.7 million in 2007. This fall is mainly the result of the growing availability of anti-retroviral drugs. In Africa, which accounts for two thirds of global cases and three quarters of deaths, the prevalence rate has also fallen – from 5.8% in 2000 to 5% in 2007.92

These aggregate trends offer some encouragement. While the reduction in prevalence partly reflects natural trends in the cycle of the pandemic, it also demonstrates that progress can be made with the right mix of policy, funding and political commitment from national governments and donors.

However, the aggregate story masks some deeply disturbing trends which, left unchecked, threaten to jeopardise progress on MDG 6. In particular, women are increasingly at the centre of the AIDS pandemic and in Africa now account for 61% of people living with the virus (see graph 6). Among 16–24 year olds in the region, 75% of AIDS infections are among women. In the Caribbean, the percentage has risen from 37% in 2001 to 43% in 2007.93

Discrimination against women is driving the HIV pandemic

The reasons for the feminisation of HIV and AIDS are complex, but discrimination and the violence that often stems from structural inequalities between women and men are key drivers (see box 5). These same violations of rights often lead to women and girls carrying many of the burdens associated with the pandemic, such as care for sick relatives, and filling the gaps left by inadequate health systems. This work is seldom paid and rarely recognised.

Recent research by ActionAid and VSO has shown that health and safety net systems typically do a poor job of meeting women’s needs, and that prevention measures often fail to engage adequately with issues of discrimination and violence against women.94 It is therefore essential that national AIDS plans and strategies, as well as global initiatives such as the International Health Partnership, invest in consultation with organisations representing women and girls living with HIV and AIDS, and reflect their needs in interventions promoting prevention, treatment and care.

Specific policies such as investing in female-controlled prevention methods, and training for health professionals to address violence against women, need to be accompanied by broader legal and political efforts to challenge and stop the discrimination that is helping to drive HIV and AIDS.95

International progress on tackling malaria, like HIV, has been patchy. Every year, half
Verdict
There is evidence that some progress is being made on halting the spread of HIV. However, this progress is under threat as the pandemic is increasingly feminised, driven by systematic violations of women’s rights. Efforts to achieve women’s rights and to tackle endemic violence against women must be a central part of donor and government responses to HIV, if MDG 6 is to be reached.

Box 5 How violence against women is spreading HIV and AIDS
Violence is both a cause and consequence of HIV infection. Up to 30% of women in some countries report that their first sexual experience was forced, which is one of the reasons that infection rates are so high among young women. Once infected, women often face violence from their partners and communities as a result of stigma and discrimination. Poverty, limited access to education and information, and ingrained gender inequalities fuel these problems.

The Women Won’t Wait coalition, of which ActionAid is a part, is campaigning for action to address this often deadly intersection between violence against women and HIV. Despite the evidence that systematic violations of women’s rights are a driver of the pandemic, the MDGs are silent on this issue.

For pregnant women without immunity, there is a 60% risk of miscarriage and a 10% risk of mortality, rising to 50% mortality among those in severe cases. For pregnant women with some immunity, malaria carries a high risk of anaemia and low growth in the foetus. There is also growing evidence that HIV positive women are at a heightened risk. As with other diseases, tackling malaria and reducing its impact demands an approach that addresses its effect on women in particular.

Women are increasingly at the centre of the AIDS pandemic, and in Africa they now account for 61% of people living with the virus.
Millennium Development Goal 7
Ensure environmental sustainability

Targets
Integrate the principles of sustainable development into country policies and programmes; reverse loss of environmental resources.
Reduce by half the proportion of people without sustainable access to safe drinking water and basic sanitation.
Achieve significant improvement in the lives of at least 100 million slum dwellers by 2020.

Progress
The world as a whole is on track to halve the proportion of people without access to safe drinking water, but sub-Saharan Africa is off track. More than 1 billion people lack drinking water.99
It is estimated that African women and children spend 40 billion hours fetching water every year, equivalent to a year’s labour for the entire workforce of France.100
1.6 billion more people need access to improved sanitation to reach the MDG, but on current trends the target will be missed by 600 million people.101

African women and children spend 40 billion hours fetching water every year.
Collecting water from a kiosk run by the Dalocha water project, Ethiopia.
The seventh MDG recognises that progress in reducing poverty and hunger, and making advances in health and education, depend on the sustainable management of collective resources, especially forests and energy sources. MDG 7 also sets targets on water and sanitation. Although the MDGs fail to make direct reference to climate change, with its far-reaching implications for poverty, the indicators do include per capita carbon dioxide emissions.

The data on water and sanitation is not sex-disaggregated, but provision of both has specific implications for poor women and girls. The impact of climate change on poor women’s lives has not yet reached policy agendas and has not been widely researched, but as a recent ActionAid report shows, women in south Asia have very clear priorities for climate change adaptation efforts (see box 6).

In the case of water, most regions have seen an increase in the proportion of the population with access to improved sources, with a global rise from 78% in 1990 to 83% in 2004 (see graph 7). Yet as with many of the Millennium Development Goals, there are big regional disparities, with sub-Saharan Africa lagging on progress towards the goal. Lack of progress combined with rapid population growth in the region means that the number of people without access to improved water sources has risen by 23% since 1990.

Access to water through a household connection is 16% across sub-Saharan Africa, and provision is especially poor for rural households, who are five times less likely to have access to safe water than their urban counterparts.

Women and girls are responsible for water collection

While water supply issues affect whole households and communities, women and girls are widely assigned responsibility for its direct provision. It is estimated that African women and children spend 40 billion hours fetching water every year, equivalent to a year’s labour for the entire workforce of France. A study in three African countries found that women spent more than 700 hours a year on water provision in Ghana, 500 hours in Tanzania and 200 hours in Zambia.

This is often one of the most time- and energy-consuming household tasks, especially in rural areas where water supplies can be distant. Reducing the time spent collecting water can have large benefits for women, freeing up time for other activities and boosting productivity and income. Access to clean water also has a major impact on enrolment and attendance, especially of girls, in school.

Even though women and girls usually collect water, it is men who are often the key decision-makers when it comes to the management and safeguarding of water supplies. Ensuring that women’s and girls’ needs and priorities are clearly articulated will be vital if the goal of equitable access, including for poor and rural populations, is going to be achieved.

Like clean water, improved sanitation can also offer dramatic benefits in terms of broader human development. Yet over 600 million people in towns and cities, and over 2 billion people in rural areas, currently have no access, putting a major brake on efforts to improve global health. On current trends the goal will be missed, falling short by 600 million people.
As with water, sanitation can also have a significant impact on women’s and girls’ rights in other areas. Survey data from schools in many developing countries shows that the absence of latrines often deters female attendance, especially once girls reach puberty. Where latrines are the exception, as in much of rural Asia and Africa, women are often expected to wait until it is dark, which can present risks of rape and harassment.112

Verdict
On current trends, the world is on track to meet the MDG 7 target on water, but off track on sanitation. Despite progress, access to water through a household connection is still available to only 16% of people across sub-Saharan Africa. For millions of women and girls, this means hundreds of hours spent collecting water and less time to go to school or earn an income. Governments and donors must address the fact that since climate change is hitting the poorest first and hardest, it is having a disproportionate impact on women and girls.

Box 6 Women and climate change
Women play a critical role in the management and safeguarding of natural resources, yet they tend to be marginalised in the formal decision-making processes that decide how these resources get used. The gap between women’s roles and their political voice poses particular challenges in responding to climate change. Climate change is affecting everyone, but poor, vulnerable and excluded people, particularly poor women, are most severely affected. This is because women on average have poorer access to assets such as land, have less education, and often have less mobility in terms of where they work and what kind of work they can do. This makes it more difficult for women to adapt to the impacts of climate change.

Recent ActionAid research in Bangladesh, India and Nepal shows that, despite the challenges they face, women in poor areas are starting to adapt to these impacts, and can clearly articulate what they need to secure their livelihoods. Priorities include safe places to store harvests and livestock during the monsoon season, agricultural support services, information about alternative livelihoods and access to affordable credit. Yet at the moment, donor adaptation strategies appear to take little account of the specific challenges facing women, and the voices of poor women are conspicuously absent from inter-governmental negotiations on climate change.

Much greater efforts are needed from donors and governments to reflect poor women’s voices in the design and implementation of climate change adaptation financing. Among other things, this requires much stronger gender-sensitive data in order to monitor how women are targeted by – and benefit from – adaptation efforts, greater participation by women in the management of funds, and sufficient flexibility in official funding to tailor responses to rapid and often unpredictable changes in climate. These efforts need to be part of a wider drive to create an enabling environment for women’s rights, through legislative and institutional reform.102

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To meet the first seven MDGs, a true global partnership for development must prioritise women’s rights.
Isabel Cruz, 56, on a women’s rights march in Guatemala City.
The final MDG is the most wide-ranging and the least defined. It includes targets on trade and finance, debt relief, aid, youth employment, access to affordable drugs and to new technologies. By calling for a global partnership for development, MDG 8 recognises the role that all countries have in eliminating poverty.

This report has argued that progress towards women’s rights lies at the heart of achieving all the MDGs. To meet the first seven goals, a true global partnership for development must also be an alliance to realise women’s rights.

Recommendations to achieve a global alliance for women’s rights

1  Make achieving women’s rights central to reaching the MDGs

This report has shown that progress towards meeting the MDGs has been limited. Where sex-disaggregated data exists, it shows that women and girls are being left behind. The key reason for this is the failure to tackle violations of women’s and girls’ rights. Because gender inequality cuts across each goal, this failure is holding back progress on all of the MDGs.

For example, halting and reversing the HIV pandemic will only be possible if the feminisation of the disease, driven by violations of women’s rights, is addressed. Universal primary education will only be achieved if the factors that keep girls out of school, including the violence they face in and on the way to the classroom, are tackled. Appalling levels of maternal mortality won’t be reversed unless policy initiatives to strengthen health systems, including the International Health Partnership, are tailored to the realities of women’s lives.

If Gordon Brown is serious about stepping up the international community’s response to poverty and inequality, then global leadership is badly needed on women’s rights.

2  Set more ambitious targets on women’s rights

The third MDG, to promote gender equality and empower women, is ambitious. But despite this ambition, the targets the international community has set on tackling discrimination against women are either inadequate or wildly off track. Girls’ education is vital, but it is only one element of efforts to empower women and girls, and there is virtually no progress on maternal mortality.

MDG 3 includes indicators on women’s economic empowerment and political participation, but has no targets against which governments and donors can be measured. The MDGs are silent on key areas such as women’s access to land and violence against women, despite clear evidence that these issues have huge impacts on women’s lives.

Given the centrality of women’s rights to achieving all the goals, the limited scope of MDG targets on gender equality have inhibited overall progress. The World Bank has proposed an expanded set of indicators for MDG 3, but these do not go far enough.

In setting more ambitious targets that recognise the need for action on a much broader range of issues, the international community needs to look no further than the landmark agreements on women’s rights that most countries have already signed, in particular, the 1979 Convention for the Elimination of all Forms of Discrimination Against Women (CEDAW) and the 1995 Beijing Platform for Action.

3  Collect more and better sex-disaggregated data

In many poor countries, there is a lack of good sex-disaggregated data. This makes it difficult to monitor progress and hold political leaders to account. It also hampers gender-sensitive policy-making and focused interventions.

Methodological challenges are often cited as a barrier – it is easier to collect data in areas such as primary school enrolment than it is on sensitive issues such as violence against women. Availability of data impacts on what targets are set, but without targets, there are fewer incentives to collect good data.

However, there are also wide disparities in investment in data-gathering between
different issues, raising questions about political commitment. As has been pointed out, inflation statistics are difficult to collect, but they are deemed sufficiently important to be available even in the poorest countries.114

The UK Department for International Development (DFID) has made a commitment to disaggregate their statistics on the MDGs, and to press for this data to be available ‘within the international system’.115 To ensure high quality sex-disaggregated data is available requires political will and adequate resources, which donors must play a strong part in providing.

4 Strengthen UN capacity on women’s rights
The UN has historically played a vital leading role in setting standards on women’s rights, and must be a key player in marshalling the international effort to make them a reality. However, UNIFEM, which is the only existing UN gender body with any in-country presence, is a fund, not an independent operational agency. It reports to the UNDP Administrator and does not have a seat on high-level decision-making bodies. Its total income in 2006 was US$63.3 million — little more than one hour’s worth of US military spending.116

The UN High Level Panel on System Wide Coherence recommended that a reformed UN should include a “dynamic UN entity focused on gender equality and women’s empowerment”. By combining the existing UN gender bodies,117 it was recommended that the new body should have a “stronger normative and advocacy role, combined with a targeted programming role” and it should be “ambitiously funded”.118

As well as being well resourced in terms of funding and expertise, it is essential that the new body is led by an under-secretary general, to ensure that women’s voices are heard at the highest levels of UN decision-making.

5 Recognise women’s rights as central to aid-effectiveness
Given that women make up the majority of poor people, aid cannot be deemed effective unless it tackles gender inequality and the issues that make and keep women and girls poor. Working with other progressive donors, the UK government must ensure that gender equality is achieved as part of efforts to increase development effectiveness.

In 2006, more than US$103.9 billion flowed from bilateral and multilateral funding agencies to developing-country governments. OECD data for 2004–5 indicates that funding for aid programmes with gender equality as a significant or principal objective accounts for a total of US$7.5 billion, or just 7% of the total.119 At the same time, women’s rights organisations report that funding for their work has declined.120

In September 2008, heads of governments, donors and civil society will gather in Accra, Ghana for the Third High Level Forum on aid effectiveness. The Forum will assess progress in implementing the five principles on aid effectiveness outlined in the Paris Declaration, signed by donors and governments in 2005. Although a great deal of international attention is being paid to aid effectiveness, the importance of addressing gender inequality through aid and governance has not been adequately recognised in the largely technical agenda of the Paris Declaration. Yet the five ‘Paris principles’ offer substantial scope.

The principle of ownership must mean genuine democratic ownership by citizens in poor countries, including by poor women. On alignment, donors who have signed up to the MDGs and other agreements on gender equality should align with the gender equality commitments and policies of partner governments. These agreements can also form the basis of mutual accountability frameworks. Donors who take a rights-based approach should ensure that in working with other donors and institutions on harmonisation, a gender equality perspective is retained. Finally, on managing for results, gender equality indicators must be included in all assessments of aid effectiveness, and progress in this area should be seen as a key indicator of progress overall.121
Endnotes

4. The figure usually cited is that women and girls make up 70% of people living in extreme poverty, although the statistical basis of this is disputed. The fact that the extent of women’s poverty is unknown underlines the need for better sex-disaggregated data.
8. Ibid, p.27
23. Ibid.
27. The completion rate refers to the proportion of children reaching the final year of primary school.
37. Data from the Inter-Parliamentary Union database on ‘Women in National Parliaments’, see www.ipu.org/ wmn-e/classif.htm (accessed 29/01/08).
40. Ibid.
42. Esplen, E. Putting Gender Back in the Picture:
Rethinking Women’s Economic Empowerment, BRIDGE, IDS, December 2007, p1.


51 Data from the Inter-Parliamentary Union database on ‘Women in National Parliaments’, see www.ipu.org/wmn-e/classif.htm (accessed 29/01/08).


54 Fikree, F. ‘The role of gender in health disparity: the South Asian context’, *British Medical Journal*, 2004; 328:823-826 (3 April), see www.bmj.com/cgi/content/full/328/7443/823#REF2 (accessed 2/2/08).


63 *Ibid*.

64 Sharma, DC. ‘Widespread concern over India’s missing girls’, *The Lancet* 2003;362: 1553, cited in Fairyl, F. Fikree, F. ‘The role of gender in health disparity: the South Asian context’, *British Medical Journal*, 2004; 328:823-826 (3 April), see www.bmj.com/cgi/content/full/328/7443/823#REF2 (accessed 2/2/08).


73 *Ibid*.

74 *Ibid*.

75 *Ibid*.


79 In these countries the maternal mortality ratio (MMR) is higher in the latest available figures, than in 1990. See www.unfpa.org/profile/sierraleone.cfm, www.unfpa.org/profile/pakistan.cfm, www.unfpa.org/profile/guatemala.cfm (all accessed 30/01/08).


82 *Ibid*.


85 *Ibid*.


87 Countdown 2015 Europe Strategic options for greater European investment in reproductive health supplies, November 2007.

88 *Ibid*.
Hit or miss? Women’s rights and the MDGs

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98 Ibid.
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105 Ibid.
109 WaterAid, A gender and development approach to water, sanitation and hygiene programmes, September 1999.
111 Ibid.
112 WaterAid, A gender and development approach to water, sanitation and hygiene programmes, September 1999.
We’re ActionAid. We’re people who are dedicated to ending the extreme poverty that kills 28 children every minute of every day. We’re a charity and much more. We’re a partnership between people in poor countries and people in rich countries – all working together to end poverty for good.