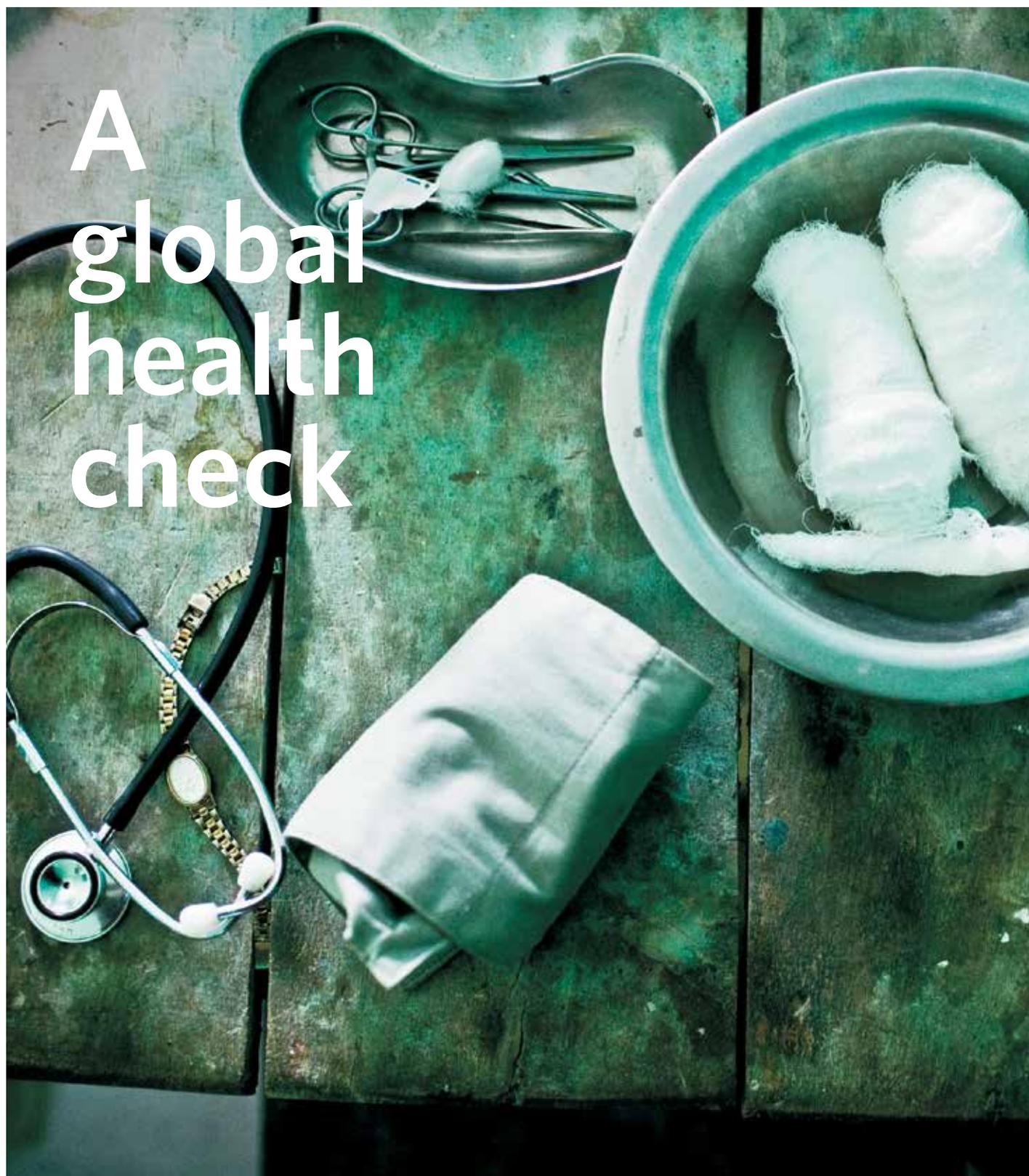


New World



Bringing news and comment on the UN to the UK

Autumn 2014 // £3.00



A global health check

WITH [Elhadj As Sy](#) on tackling Ebola / [Gregory Barrow](#) on achieving zero hunger / [Linda-Gail Bekker](#) discusses HIV/AIDS / [Sophie Biernaux](#) on a new malaria vaccine / [Charles Clift](#) assesses WHO / [Viv Williams](#) on a UN success story

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- Influence decision-makers and opinion-shapers to promote UN goals
- Stimulate debate and action on ways to make the UN more effective



A train in Kandy, Sri Lanka
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Autumn 2014 // www.una.org.uk
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From the field: South Sudan
A photo story

The global challenge of antimicrobial resistance
Sally Davies, Chief Medical Officer, Simon Howard, Public Health England

Dying from lack of healthcare
Leigh Daynes, Doctors of the World UK

Syria's chemical weapons
Keith Hindell, UNA London & Southeast region

Ending sexual violence in conflict
Andrew Long, Foreign & Commonwealth Office

Mental health and the SDGs
Jessica Mackenzie, Overseas Development Institute

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UNA-UK

3 Whitehall Court, London SW1A 2EL / www.una.org.uk
+44(0)20 7766 3454 / info@una.org.uk

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Chairman – Sir Jeremy Greenstock
Executive Director – Natalie Samarasinghe
Head of Finance & Governance – Steve Donnelly
Head of Outreach – Richard Nelmes
Communications & Campaigns Manager – Ben Donaldson
Policy & Advocacy Officer – Hayley Richardson
Peace & Security Programmes Officer – Alexandra Buskie
Administrative Assistant – Natalie Saad

New World is published by UNA-UK

Editor – Hayley Richardson
Editor-at-large – Natalie Samarasinghe
Sub-editor – Cormac Bakewell, Soapbox
Advertising – richardson@una.org.uk

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Cover photo: Medical supplies for a midwife in Nepal. © Bill & Melinda Gates Foundation/Toni Greaves

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A problem shared

Hayley Richardson asks: is health a global or local issue?

At first glance, health appears to be a truly global issue. Good health underpins the development of communities and countries. It is also an issue which undeniably affects us all in some shape or form – it comes in second in the UN's MY World project, a survey of global priorities with over five million votes cast (education came first).

The UN, primarily through the World Health Organization (WHO) as well as a range of other programmes, funds and agencies (see our feature on pages 10–12 for more information), steers much of the global health agenda. WHO's regulatory and technical support coordinates medical interventions in countries around the world, whilst dedicated initiatives fight some of the deadliest known diseases.

This global system is not immune to shocks. As Sir Jeremy argues on the opposite page, much greater emphasis is needed on building the resilience of developing countries. Unpredictable events like the recent Ebola outbreak can collapse entire healthcare systems within just a few months (see page 13). And we're only just beginning to understand the potential ramifications of our growing resistance to antibiotics (read our online exclusive from England's Chief Medical Officer, Dame Sally Davies).

Unfortunately, funding to strengthen the capacity of health systems themselves, as opposed to tackling the ailments they treat, is badly lacking. According to the Institute for Health Metrics and Evaluation, in 2011, just four per cent of all aid spending on health went to health sector support.

That's not to say more money means fewer problems. Spending on the famously problematic US healthcare system – the world's biggest – accounted for a whopping 17.9 per cent of the country's GDP in 2012 (the global average was 10.2 per cent). Here in the UK, growing demand for services and flat levels of funding means it is estimated that the NHS will have a deficit of £30bn by 2020. In both countries,



A man is tested for tuberculosis in Andhra Pradesh, India
©Bill & Melinda Gates Foundation

healthcare is a major political fault line and a key campaigning issue.

Efforts must be vastly accelerated if we are to cure ourselves of these ills altogether

Putting this into context, someone born in the UK in 2012 can expect to live 82 years, whereas a child born in Sierra Leone will live on average just 45 years – the world's lowest life expectancy. According to the UN report *World Health Statistics 2014*, 70 per cent of all years of life lost in WHO's African Region are due to infectious diseases and maternal, neonatal

and nutritional causes. In high-income countries, these causes account for only eight per cent. By almost all measures, the disparities between high-income and low-income countries are stark. The principles of healthcare may be global, but in practice it is decidedly local.

As this issue of *New World* sets out, the world has made exciting progress in some areas – malaria, HIV/AIDS and polio to name but a few – but efforts must be vastly accelerated if we are to cure ourselves of these ills altogether. For all our advances, it remains true today that how long and healthy your life is depends on the country in which you are born. As the only body with the universal scope and worldwide expertise required to tackle these issues, the UN should aspire to bridge this outmoded divide. ●

Get in touch

UNA-UK welcomes your thoughts and comments on this issue of *New World*, or your suggestions for future issues.

You can email the editor, Hayley Richardson, at richardson@una.org.uk, tweet us @UNAUK or write to **UNA-UK, 3 Whitehall Court, London SW1A 2EL.**

New World – required reading for global citizens from all walks of life.



A long time coming

Sir Jeremy Greenstock, UNA-UK Chairman, on overcoming the barriers to universal health coverage

I have long believed that education and health are the two sectors most likely to deliver a multiplier effect from international development efforts. While slow in producing results for the short term, they raise the capacity of people to improve the quality of life in their own communities. They are also sectors where NGOs and foundations have a good achievement record, though the problem of delivering at scale remains.

This edition of *New World* majors on health, with articles on a number of important aspects of the sector. I have an abiding interest in the provision of better basic healthcare to poorer communities and in the raising of standards of practice in local clinics. This stems partly from a sense of the obvious requirement, but also from an appreciation of what my father-in-law, an orthopaedic surgeon by training but for a while a colonial General Surgeon, was able to achieve in Tanzania in the 1950s and 60s and later in the New Hebrides (now Vanuatu).

Access to treatment for resolvable medical problems saves innumerable lives, bolsters thriving communities and raises living standards

He ran clinics in a number of stations in a 14-year stint, determined to instil fundamental good practice and hygiene, insistent on passing skills on to the Africans he worked with and committed to eradicating leprosy in his area. Access to treatment for resolvable medical problems saves innumerable lives, bolsters thriving communities and raises living standards. What one man could accomplish (in the days when a Briton was welcome in such an activity) could be replicated a million times if properly organised in the modern context.

The provision of healthcare is nonetheless a very political business. Health systems in every country are largely centralised, because they cost a lot and affect the image of governments. Both donor institutions and NGOs have to work through health ministries to deliver programmes, which means getting caught up in awkward bureaucracy, contentious politics or both.

The World Health Organization has been working hard on the global level to persuade governments to support, and then to assist them in delivering, universal health coverage (UHC). The provision of good basic healthcare is popular, and therefore something that any government should welcome. At the local level, where the intrusion of outside agencies may be resisted, smaller NGOs or local projects supported by businesses or foundations can work wonders in raising standards.

An organised division of roles between public and private sectors in this respect should be a natural way forward, and yet such cooperation is still, after seven decades of international development experience, too rarely attempted. NGOs, UN agencies and governments need to temper their dislike of working closely together in such areas, and must be prepared to cooperate with each other more extensively in establishing accessible and competent clinics for the whole population.

I am not saying that headline initiatives such as the eradication of polio and malaria, the treatment of HIV/AIDS and the improvement of maternal and infant care should be downgraded. The aim is to realise ways of attaining UHC, something that ought to be agreed in the UN's next set of development goals. It is a goal much easier to express than to meet, but one in all our interests to afford and achieve. It is now time to make prosaic, everyday healthcare a headline issue, and see how its achievement will benefit both national economies and political cohesion in the emerging world. ●

● **UN mobilises for Ebola response**

Facing what the World Health Organization has described as a health emergency unprecedented in modern history, the UN is mobilising a system-wide response to the Ebola outbreak.

UN Secretary-General Ban Ki-moon announced the deployment of the first-ever UN emergency health mission to West Africa, where over 3,000 people have been killed by the disease at the time of writing. The UN has estimated that nearly \$1 billion will be required for global efforts to combat Ebola.

The UN Security Council also held an emergency meeting on the issue, and passed a resolution sponsored by 131 states – reportedly the highest ever number of co-sponsors. This was just the third time the Security Council has met to consider a health concern, the other two being on HIV/AIDS in 2000 and 2011.

Aid agencies have also warned of a wider humanitarian emergency in affected countries such as Guinea and Liberia, due to the damaging impact the virus is having on already over-stretched healthcare systems. It has been reported that access to other routine services has been severely limited.

For more on the international Ebola response, read Elhadj As Sy's article on page 13

● **Conflict erupts in Gaza Strip**

Since *New World* last went to press, hostilities between Hamas and Israel erupted in Gaza City, lasting 50 days and leaving more than 2,100 Palestinians and 70 Israelis dead.

Following several humanitarian ceasefires, an open-ended ceasefire negotiated by Egypt came into force on 27 August. Egypt also re-opened the Rafah crossing into Gaza for the first time in seven years, allowing a World Food Programme aid convoy to go through.

The UN's Special Coordinator for the Middle East Peace Process, Robert Serry, announced a UN-brokered agreement



Flares from Israeli forces light up the night sky over Gaza City during hostilities ©UN Photo/Shareef Sarhan

between Israel and the Palestinian Authority (PA) on reconstruction in Gaza. It allows the PA to lead efforts to rebuild the city, with UN monitoring providing Israel with assurances that materials will not be diverted for military use.

Turn to pages 20-23 to find out how UNA-UK and its members responded to the latest Gaza crisis

● **Ozone layer recovering**

A recent report by the UN Environment Programme and World Meteorological Organization (WMO) has found that the ozone layer – the protective covering of gas that shields the earth from harmful ultraviolet rays – is beginning to show signs of thickening.

Damaging substances released into the atmosphere created a hole in the ozone layer which appears to have now stopped growing. The Montreal Protocol on Substances that Deplete the Ozone Layer, which entered into force in 1989 and is universally ratified, has been credited as the catalyst for this progress.

WMO Secretary-General Michel Jarraud said of the findings: "This should encourage us to display the same level of urgency and unity to

tackle the even greater challenge of climate change".

● **Fresh turmoil in Libya**

Armed Libyan militias have taken over government ministries in Tripoli and forced parliament to seek refuge in a Greek car ferry moored at the port of Tobruk, in the east of the country. Prime Minister Abdullah al-Thinni has resigned his position in a bid to end the unrest which has gradually deteriorated since the ousting of Muammar Gaddafi in 2011. French President Francois Hollande has called for the UN to give Libya "exceptional support".

"It's a little strange that it's taken us this long"

Ambassador Sylvie Lucas of Luxembourg commenting on the Security Council's record number of female representatives. Currently six out of a total of 15 ambassadors are women, hailing from Argentina, Jordan, Luxembourg, Lithuania, Nigeria and the US

● **UN introducing new rules on debt restructuring**

The UN General Assembly has passed a resolution that will begin negotiations for "a multilateral legal framework for sovereign debt restructuring processes". This is intended to prevent financial speculators, or "vulture funds", from profiting from sovereign debt crises. The resolution was passed with 124 votes in favour, with the UK one of 11 to vote against it.

● **World hunger on the decline**

The UN's latest *State of Food Insecurity* report has shown that the number of hungry people in the world is steadily declining. 805 million people are defined as chronically undernourished – down 100 million from 10 years ago, and down 209 million from 1990 levels. Whilst it is unlikely that the the Millennium Development Goal target of halving the proportion of undernourished people by 2015 will be met on the global level, there are variations on the national level. The report states that 63 developing countries have already met this goal.

These figures were published shortly after the Food & Agriculture

Organization (FAO) announced that global food prices have reached their lowest levels since September 2010. The FAO's food price index registered decreases for all food stuffs with the exception of rice and meat, whilst global stocks of cereals such as wheat and maize are at a 15 year high.

To find out more about the UN's work on hunger turn to page 26 to read New World's interview with the World Food Programme's Gregory Barrow

● **Deadly flooding in Kashmir**

Monsoon rains in India and Pakistan have resulted in some of the worst flooding in recent decades. Partitioned Kashmir has been the worst affected, with over 200 killed on the Indian side of the border, and more than 300 on the Pakistani side. In total, more than 500,000 have been evacuated.

As the waters recede there are concerns that water-borne diseases may cause further losses. In India-administered Kashmir there has already been criticism over what local residents describe as a slow government response. Many are still stranded and unable to access essential assistance.

● **Warnings over Mediterranean boat crossings**

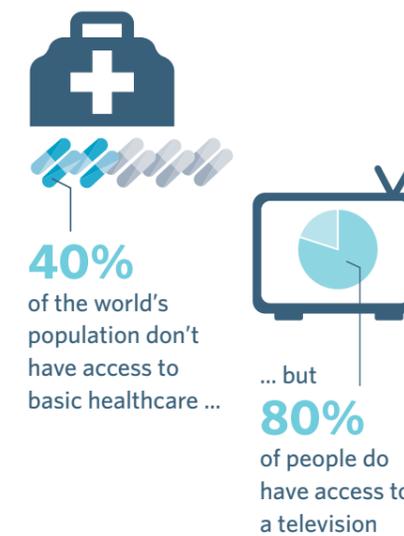
The UN Refugee Agency (UNHCR) has spoken out over the alarming number of migrant deaths caused by unsafe boat crossings in the Mediterranean. Over 2,500 migrants have died so far this year – 2,200 of these since June – whilst attempting to escape instability in the Middle East and North Africa via small, overcrowded boats. UNHCR has called for greater collective action from European states to address the crisis.

● **Territory seized in Iraq**

The UN has declared Iraq a "level 3" emergency – the highest possible level of humanitarian crisis – in response to the country's worsening security situation. Although Iraq has been dangerously unstable for some time, the current crisis was triggered by the seizure of swathes of territory in northern Iraq by militants belonging to the Islamic State (IS), which has also been active in Syria.

To date, 1.8 million have been internally displaced, including tens of thousands of Syrian refugees. As the violence has spread there have been numerous reports of the massacre of civilians, sexual violence and abductions, including the high-profile execution of western hostages.

The UN Security Council has held a number of sessions on the crisis, including a high-level meeting on the problem of foreign fighters travelling to Iraq and Syria to join IS. Meanwhile parliament has voted to allow the UK to join an international coalition, led by the US, in undertaking air strikes against the militants.



Source: ILO, ITU



Linda-Gail Bekker outlines the practical steps that could make HIV/AIDS a thing of the past

Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), made a bold statement to the 20th International AIDS Conference in July. The UN, he told delegates in Melbourne, Australia, was committed to ending AIDS by 2030.

He predicted that this would be achieved through the 90/90/90 campaign, where 90 per cent of all people infected with HIV should be diagnosed, 90 per cent of these should be placed on treatment, and 90 per cent of these should have an undetectable viral load (where the levels of HIV in the blood stream are so low it is below testable levels).

Mr Sidibé went on to explain that if this goal could be achieved, 73 per cent of people living with HIV will have undetectable viral load by 2020, enabling their immune systems to recover, which will lead to better health for them, greatly reduced HIV transmission to uninfected partners and a substantial fall in deaths from AIDS.

It is hugely exciting to think we can envision a world without AIDS but it must also be said, this is an ambitious goal.

As more people step forward for testing and diagnosis we have an urgent need to make testing far more accessible. Self testing, home testing, couples testing, testing outside of health facilities where people congregate – all these need to become the new norm.

We also need to be able to measure viral load accurately. Many regions in Africa do not have easy access to testing facilities, and even where they exist, high costs have made the test an infrequent event. Viral load monitoring that is quick, cheap and accessible is urgently needed to help meet the UN's 2030 target.

We have made amazing strides in treatment coverage, but worldwide just 37 per cent of people living with HIV are receiving treatment, and coverage varies widely between countries. In Nigeria for example, the vast majority of individuals in need of antiretroviral therapy (the drugs which suppress the HIV virus) are unable to access it.



A local public health advisory promotes the use of condoms to prevent HIV infection in Andhra Pradesh, India © Bill & Melinda Gates Foundation

For the first time we also have feasible prevention methods that people may choose to use to protect themselves. In the toolbox, besides old friends (like male and female condoms, lubricants, sexually transmitted infections treatment, education and information, partner reduction and partner testing) we can now add voluntary medical male circumcision and post- and pre-exposure prophylaxis – a course of antiretroviral drugs that reduces the risk of infection after exposure. And there is a host of other novel ideas in development.

Described as the “prevention revolution”, we can now liken the process of HIV risk reduction to selecting from an a la carté prevention menu. We cannot and must not rely simply on the treatment of HIV positive individuals as the only way to reduce transmission in the world today. Those most vulnerable to infection need more protection and have largely been left behind in the international response – not only in the provision of programmes, but also in funding, policy and research.

Vulnerable groups include, people who sell sex, men and transgendered women who have sex with men, those who use and inject drugs, those who are detained or

incarcerated and young women in Africa. Many of these groups are disempowered by policies, laws, prejudices and gender power imbalances. Disempowerment leads to poor access to information and basic services, including health and social services. This in turn leads to undiagnosed HIV, untreated HIV, lack of prevention and increasing infections and AIDS deaths.

It really feels like we are at a crossroads in 2014. There is currently an AIDS funding gap of yawning proportions globally and that means we are faced with a choice. We can either allow HIV/AIDS funding to continue to flatline and miss this critical tipping point. Or we can step up the pace in terms of resources, energy, passion and ingenuity, and so move towards the goal of ending AIDS. I'll be in my 60s by 2030 – a great time to look back and think about the dark place from whence we have come. ●

Linda-Gail Bekker is a Professor of Medicine and the Deputy Director of the Desmond Tutu HIV Centre at University of Cape Town and Chief Operating Officer of the Desmond Tutu HIV Foundation



Heather Barclay argues for much greater emphasis on sexual and reproductive health and rights

For many of us in the sexual and reproductive health and rights (SRHR) community, the Millennium Development Goals (MDGs) were a missed opportunity.

Although the first iteration of the MDGs recognised the importance of addressing maternal mortality, the crucial issue of reproductive rights and health, including family planning, access to contraceptives and comprehensive sexuality education, was omitted.

It was not until the inclusion of MDG 5B in 2007 – concerning universal access to reproductive health – that there was adequate support for these issues. Prior to this, women around the world were still not able to access life-saving contraception or exercise control over their bodies and family size.

Even after the inclusion of MDG 5B, political prioritisation was weak and little progress on access to reproductive health was made. It was too little, too late, and progress towards reaching the target has stalled.

There has been only a 12 per cent decline in adolescent pregnancy since

1990 and a three per cent decrease in unmet need for contraception. Today, there remain 222 million women who do not have access to family planning in the developing world. Globally, disparities in access to sexual and reproductive health are widespread and they contribute to growing inequality between and within countries.

SRHR can have profound implications for human development and economic growth. At an individual level, access to sexual and reproductive health services enables people, particularly women, to participate in social life and have access to education. But in some countries, the majority of females are married when they are still girls – at 15 years or younger. They have no chance to decide their lives for themselves, often with tragic consequences.

Women with access to these services are able to exercise autonomy over their bodies and reproductive health, and are more likely to delay marriage and pregnancy and to have fewer children. As a direct consequence of this, girls are more likely to enter and stay in education

and this has a positive impact on their future earnings and participation in the labour market.

This issue has an impact on the global level too. Several of the world's sustainability problems, including those related to the consumption of non-renewable resources, are exacerbated by the lack of access to family planning for millions of women and men.

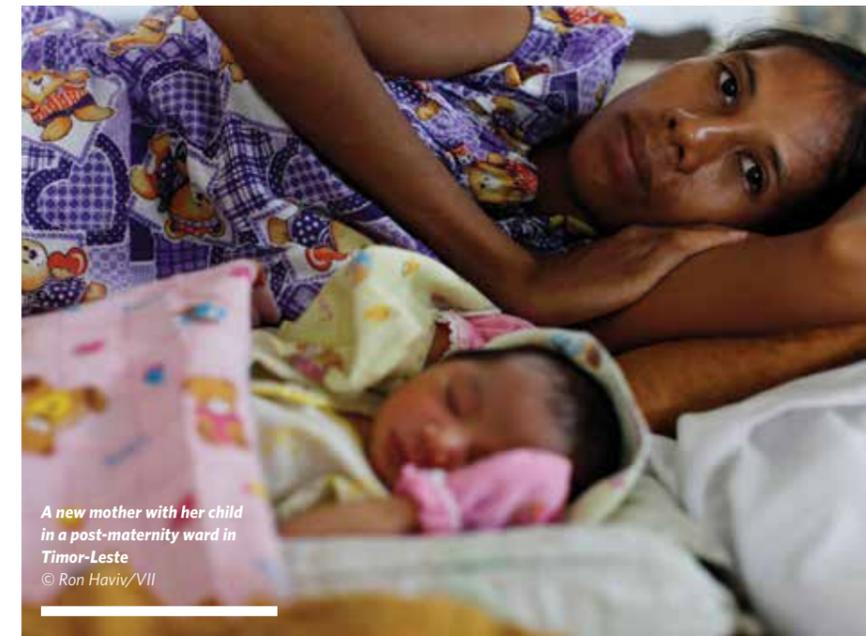
It is no surprise that denying families the information and services required to make sustainable choices about how quickly they grow their own family can result in rapid population growth rates, adding to already serious environmental pressures.

Reducing consumption, particularly by high-income countries, is the most effective way to mitigate the effects of climate change. Yet many countries also identify that improving sexual and reproductive health services and comprehensive sexuality education are two factors that could help their efforts to increase sustainability.

If sexual and reproductive health and rights are not established as a centrepiece of the next development framework, the gains made to date will not be protected, progress towards other sustainable development goals will be compromised, and women and men around the world will be unable to realise a range of basic human rights related to sex, reproduction, family life and participation in social, economic and public spheres.

Governments, civil society and private sector actors have a collective duty to ensure that the new set of goals, targets and indicators continue to make progress towards unfulfilled targets, and address the MDGs' gaps and failures. Guaranteeing sexual and reproductive health and rights for all must be at the heart of the world's response to the challenge of sustainable development. ●

Heather Barclay is a human rights specialist and leads the International Planned Parenthood Federation's engagement with the post-2015 process



A new mother with her child in a post-maternity ward in Timor-Leste © Ron Haviy/VII

Vital signs: the UN and global health

The UN has long promoted the principles of good health. It is not only the first responder, providing life-saving assistance in humanitarian emergencies, but also works to find solutions to the assorted health challenges people around the world face every day – from breastfeeding and access to medicines to HIV/AIDS and tuberculosis. Here New World sets out the UN's major global health initiatives

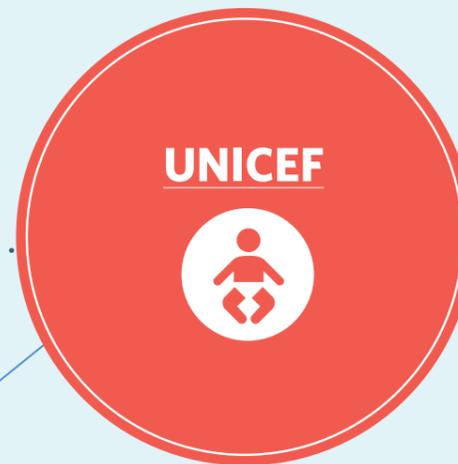


World Health Organization

As the UN's lead health agency, WHO provides international leadership and coordination on public health issues, sets international medical standards and offers technical support in 150 countries. Its stated priorities are:

- Universal health coverage: ensuring access to basic services and financial protections for those taken ill
- International Health Regulations: preparing the global system to respond effectively to public health emergencies
- Access to medical products: ensuring medicines are safe, affordable and effective
- Social, economic and environmental factors: working to reduce the causes and drivers of diseases
- Non-communicable diseases: coordinating a coherent response on the global, regional and national levels
- Health-related Millennium Development Goals (MDGs): providing countries with support in meeting these targets

WHO also helps raise awareness of critical but often neglected issues. In recent months it has shone a spotlight on global rates of suicide, worsening antibiotics resistance and the unmet need for end-of-life care, as well as coordinating the response to the Ebola epidemic in West Africa.



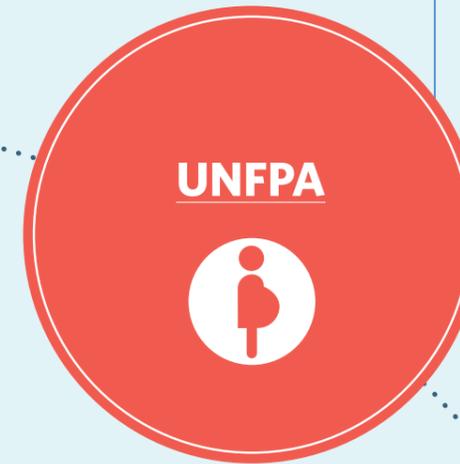
United Nations Children Fund

Improving the health of the world's children is a core objective for UNICEF. Its work has saved countless lives over the years, particularly in relation to:

- Immunisation
- Oral rehydration for infants with severe diarrhoea
- Preventing HIV infection in newborns
- Micronutrient supplements
- Health education and training
- Using insecticide treated mosquito nets

UNICEF also works to improve services provided by government and health ministries. It recently held a workshop in Liberia on improving healthcare for newborn babies, and in 2013 ran a campaign in China calling for improved public facilities for breastfeeding mothers.

In humanitarian emergencies, UNICEF works to protect the rights, dignity and well-being of children and their families. It provides immediate, life-saving interventions such as vaccinations and stocks of essential household items, as well as ensuring children undergo as little disruption as possible to their long-term education.

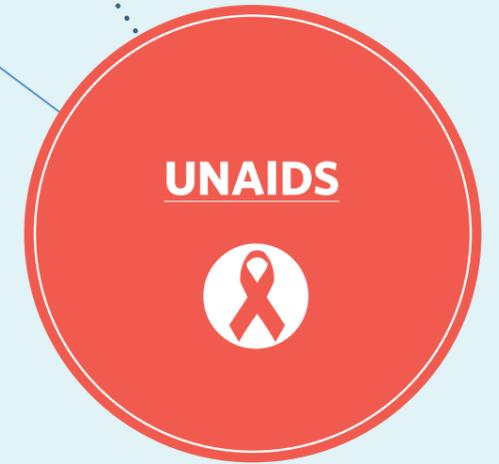


United Nations Population Fund

Dedicated to improving sexual, reproductive and maternal health, UNFPA works in 150 countries, "delivering a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled". The challenge is vast: 800 women die in pregnancy or childbirth every day, and the MDG on maternal health is unlikely to be met by the 2015 deadline.

UNFPA's work focuses on practical interventions, such as training healthcare workers in family planning services, supplying contraceptives in emergency situations and humanitarian crises, and providing comprehensive sexuality education to young people.

UNFPA also works with communities to challenge sensitive cultural norms that govern various social practices, such as gender roles related to providing care in the home, female genital mutilation/cutting and the treatment of sex workers.



Joint UN Programme on HIV/AIDS

UNAIDS is the lead organisation for the international response to the HIV/AIDS epidemic. It coordinates the efforts of 11 UN bodies, and describes its current strategy as getting to zero – "zero new HIV infections, zero discrimination, zero AIDS-related deaths".

This is broken down into a number of key objectives, including targeting at risk groups, such as men who have sex with men, reducing the number of tuberculosis deaths (TB is the biggest killer of people living with HIV/AIDS) and increasing the

availability of antiretroviral therapy (the HIV-suppressing drugs), which currently only reach 40 per cent of those who need them.

UNAIDS collates and analyses global data on the epidemic, making vital recommendations on how best to tackle the disease. Despite recent gains (see next page), UNAIDS's *Gap Report* warns against complacency, estimating that if prevention and treatment efforts remain at 2013 levels, the number of new infections will reverse course and begin to rise.



UN Environment Programme

Addresses a range of environmental risks to human health, such as air pollution, oil spills and waste management.



UN Development Programme

Contributes to global health by working to raise people out of poverty and improve their overall quality of life.



WBG

World Bank Group

Provides financing and support to help countries to reduce poverty levels and expand their healthcare services.

World Food Programme and the Food and Agriculture Organization

Both focus on tackling food security, hunger crises and improving nutrition worldwide.



HIV/AIDS

Progress in the fight against HIV/AIDS has been dramatic in recent years: AIDS-related deaths have fallen by 35 per cent since 2005 and new infections have fallen 38 per cent since 2001.

There are, of course, regional variations. Sub-Saharan Africa accounts for nearly 25 million of the total of 35 million people living with HIV, but infections there have declined by 33 per cent since 2005. While new infections are on the decline globally, they have risen by four per cent and seven per cent in Eastern Europe and Central Asia and the Middle East and North Africa respectively.

In addition to this, more than half of people living with HIV do not know their status. Three out of five people with HIV are not receiving treatment. Prevalence is particularly high among key at-risk populations: for example, prisoners are 50 times as likely to have HIV than the rest of the population. Clearly much more remains to be done if the world is to meet UNAIDS's goal of ending the epidemic.

To meet this challenge, resources worth \$19bn were available for combatting HIV/AIDS in 2013, significantly higher than the \$3.8bn spent in 2002.

FACTS

Since 1995, providing HIV-suppressing drugs (ART), has averted

7.6 million deaths globally, including

4.8 million deaths in sub-Saharan Africa alone



Providing ART to pregnant women with HIV has prevented **900,000** new infections amongst children since 2009



Sexual, reproductive and maternal health

Sexual, reproductive and maternal health has featured prominently on the international agenda since the landmark 1994 International Conference on Population and Development in Cairo. Efforts made since then to link health with women's rights are still considered controversial. For many, however, the focus of MDG 5 – to reduce maternal mortality by three quarters and achieve universal access to reproductive health – was disappointingly narrow.

Yet despite these seemingly uncontentious targets, progress has been lacking. The reasons are simple: women do

not have access to crucial healthcare services during childbirth. In 2011, over a third of live births took place without a healthcare professional present.

This situation is inextricably linked to women's low status in many societies. The UN estimates that improved access to family planning alone would avoid unintended pregnancies and cut maternal deaths by up to a third. It also recognises the importance here of "social barriers including women's limited autonomy ... early marriage; and women's constrained reproductive and sexual choices".

FACTS

Maternal deaths are down

45% from 1990 levels – far from the **75%** MDG target



Nurses and midwives per **10,000** people



Child survival

Child mortality, like maternal mortality, received a standalone goal in the MDGs. In this case, there has been only marginally more progress toward the target of reducing under-five deaths by two thirds (MDG 4).

The vast majority of child deaths are due to largely treatable and preventable conditions, including pneumonia, diarrhoea and measles. Many of these could be prevented with low-cost, targeted interventions and improved health facilities, such as vaccinations and

the provision of specialised care in the first 24 hours after birth. And when children survive these illnesses, they can still suffer malnutrition, stunted growth and other long-term development problems.

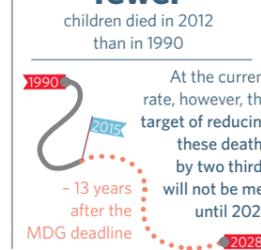
Child and maternal mortality are, understandably, often tackled in unison. The UN's "Every Woman, Every Child" campaign seeks to mobilise and coordinate the various funds, agencies, governments, business and civil society working to achieve MDGs 4 and 5.

FACTS



The child mortality rate has been **halved** since 1990

6 million fewer children died in 2012 than in 1990



Universal health coverage

WHO's priority goal of universal health coverage (UHC) is a modest one – everyone should be able to obtain the health services they require without suffering financial hardship. WHO Director-General Margaret Chan has called UHC "the single most powerful concept that public health has to offer". Unfortunately for many, this remains a lofty aspiration, with healthcare either out of reach or prohibitively expensive.

UHC is expected to be included in the successor to the MDGs – the Sustainable Development Goals – to be adopted at the UN next year. Achieving this relies on strengthening the capacity of governments, but it also requires increased healthcare investment, reducing the current global shortfall of over 10 million health workers and ensuring that health services are both integrated and available throughout the different stages in people's lives.

FACTS

40% of the world's population has no healthcare coverage, and in low-income countries this can rise to **90%**



When people do have access to health services, they may still have to pay. It is estimated that **40%** of global health expenditure is borne by the sick themselves

Opinion



Elhadj As Sy *praises the efforts of local volunteers to tackle Ebola but says global action is also required*

An inevitable part of humanitarian work is going into areas of crisis, but when I told my family I would be going to Guinea and Sierra Leone, instead of the usual proud encouragement, I received a timid: "Please stay safe." Ebola inspires this kind of fear. It is also a fertile ground for rumours, stigma and discrimination.

I had to go to fight this stigma and discrimination, on the side of the hundreds of thousands whose lives or livelihoods are threatened. I had to go to be with Red Cross volunteers at the frontline, helping communities to respond to the multiple challenges that Ebola poses.

I knew before coming to the International Federation of Red Cross and Red Crescent Societies that our volunteers, embedded in vulnerable communities around the world, and often risking their lives to save lives, are an expression of humanity in action. Even so, my trip was a revealing one.

My first stop was Guinea where the outbreak began, taking the local population and the humanitarian community by surprise. Ebola was unknown in this region; it had previously been confined to the remote forests of the Democratic Republic of the Congo and Uganda. Now in Guinea it is killing doctors and their patients, and the already weak health systems cannot cope.

Meeting with the President of Guinea, the Prime Minister, Minister of Health and other officials, I was reassured of their commitment to spare no effort to respond effectively to the disease. Some progress has been made, but more vigilance, a greater sense of urgency and a scaled up response are needed to preserve the hard-won health and development gains.

Thousands of Red Cross volunteers are currently working in five affected countries – Guinea, Sierra Leone, Liberia, Nigeria and Senegal. The Red Cross takes advantage of its strong community presence to create awareness about the best ways to prevent the spread of the disease. This presence also creates the



IFRC Secretary General Elhadj As Sy is welcomed by more than 200 volunteers at the Guinea Red Cross national headquarters
© Benoit Matsha-Carpentier/IFRC

kind of deep trust within communities that we need to handle some of the toughest jobs, most notably finding those at risk after contact with an Ebola patient, or adjusting traditional burying practices to prevent transmission.

I also travelled to Sierra Leone, where, in addition to community mobilisation, we are setting up a field hospital near Kenema, one of the epicenters of the outbreak, to provide care to quarantined patients. This was done at the request of the country's Minister of Health and the World Health Organization.

This is not part of our usual mandate, but exceptional times call for exceptional measures. The capacities of the government and aid agencies are already stretched, and the virus continues to spread.

Here, Red Cross volunteers are also handling body management. It is high-risk work as the bodies are extremely infectious. When volunteers of the Sierra Leone Red Cross were asked if they were ready to take this responsibility, their answer was simple: "If we don't do it, who will?" Again, I felt gratitude and immense respect for the people who put themselves at risk in the service of others.

One thing has become abundantly clear. Ebola reveals the fragility of a country's

health system. We cannot afford to lose nurses, doctors and other healthcare workers, especially where there are already so few. Yet they were the first victims of the epidemic. As a result the crisis is much deeper than Ebola deaths: virtually almost all healthcare has come to a halt. This makes the challenge even greater.

We cannot do this alone. It requires commitment from the leadership of affected countries and other countries at risk, as well as from governments, corporations and aid organisations worldwide. We also need a critical mass of support on the ground and active community engagement. Collaboration at both community and global levels is the only way that we will prevent the spread of Ebola.

We need to act fast, learn faster and be flexible to adapt to a quickly evolving situation. And as it may take months to tackle the challenge, we need sustained attention: do not let this become another silent disaster. ●

Elhadj As Sy is the Secretary General of the International Federation of Red Cross and Red Crescent Societies, and has previously worked for the Global Fund to fight AIDS, TB and malaria as well as for UNAIDS and UNICEF



Residents of a fishing community in Bamako queue up to receive free medical consultations from the UN Multidimensional Integrated Stabilization Mission in Mali © UN Photo/Marco Dormino

Leading the way in global health?

Charles Clift of Chatham House asks what does the World Health Organization do and could it do it better?



Charles Clift is a Senior Consulting Fellow at the Centre on Global Health Security at Chatham House and recently published "What's the World Health Organization For?", a report offering recommendations for serious reform of WHO's core functionality, governance and financing

The World Health Organization (WHO) was founded in 1948 during the flush of idealistic enthusiasm that followed the ending of the Second World War. Its constitution is notable for its scope and breadth, setting out 22 functions for WHO covering almost every conceivable activity linked to the promotion of health. Health is broadly defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

Much like the UN itself, most people agree that if WHO did not exist it would be necessary to invent it. A topical example is the recent Ebola outbreak in West Africa, declared by WHO to be an international public health emergency. Even if there have been some criticisms about the way WHO has handled it, how would the international response be led and coordinated in the absence of a body such as WHO? Combatting the international spread of infectious diseases remains one of the organisation's most important functions. Its authority to do so stems from the first international convention on public health in 1892, related to the spread of cholera. And of course the eradication of smallpox in the 1970s is widely regarded as one of WHO's greatest achievements.

In addition to this high-profile work, WHO performs a number of essential but less visible functions of importance to global health. It helps to set norms and standards to guide healthcare work around the world, using its unique position to draw on the knowledge of leading experts worldwide. For example, in light of the latest evidence, WHO regularly updates its treatment guidelines on HIV/AIDS, malaria and other diseases.

Developing countries, particularly those with weak healthcare systems, also benefit from WHO's technical support. With 150 country and six regional offices, it should be well placed to offer technical assistance to those that need it. For many countries, the issuing of new treatment guidelines is helpful, but working out how to implement them is another matter. The support of WHO, as well as other agencies, could be invaluable in helping them to do so.

So could WHO do better? This is the hard part. WHO has about 7,000 permanent staff – only one quarter of whom are based in Geneva – and many thousands more contracted staff around the world. WHO is by some distance the largest UN specialised agency, other than the World Bank. It has an annual budget of \$2bn, of which just a quarter comes from member state mandatory contributions. The remainder comes from

voluntary contributions from high-income countries, usually earmarked for particular activities they favour, and increasingly from foundations. In 2013, the single largest contributor to WHO was the Bill and Melinda Gates Foundation, which gave more than \$300m.

This financing model makes WHO exceedingly complex to manage – it is estimated that one third of its budget goes on management and administration. And it undermines WHO's existing governance structure because it is the voluntary funders, not WHO member states collectively, that mainly determine how resources are directed.

There is also no stable funding base for WHO's important regulatory and normative activities, many of which are not attractive to funders who prefer the immediate and visible results of project work. As part of its current reform programme that began in 2010, WHO is attempting to square this circle through a "financing dialogue" with its voluntary contributors, aimed to persuade them to direct their funding in accordance with the budget approved by WHO's governing body. But it remains to be seen whether this can really change the underlying contradictions in the way WHO is financed.

WHO is exceedingly complex to manage – it is estimated that one third of its budget goes on management and administration

Moreover, WHO is unique among UN agencies in that it is the regional member states that elect the directors of the six regional offices. Each regional director is effectively beholden to the regional member states, not to their nominal chief, the Director-General, currently Margaret Chan. In turn, this means that she can only seek to persuade her six regional directors to act as she wants – she cannot exert her authority or replace them if they fail to perform. As a result, the common saying is that there is not one but seven WHO's. And this is another reason why WHO's administrative costs are so high.

But it is precisely because of this supposedly democratic structure and the unusual financing model that WHO's reform programme fails to address important questions in any meaningful way. The politics of WHO means that it is very difficult to discuss whether the >>

>> organisation actually needs 150 country and six regional offices to perform its functions. Is there not possibly some fat there? Could these resources be put to more effective use elsewhere? Is the seven WHO's structure immutable?

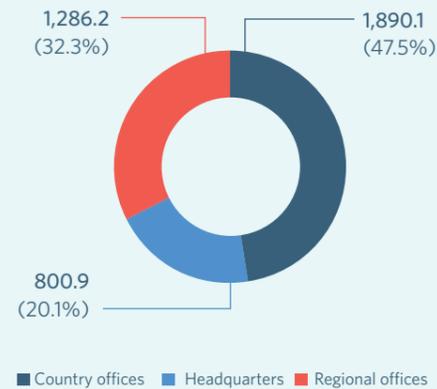
The large majority of WHO's member states pay far less in contributions than they get back in terms of benefits. Thus all low- and middle-income countries together annually pay in a little over \$60m while it is they who mainly benefit from the \$1.3bn WHO spends each year in its country and regional offices alone. In such circumstances these countries can hardly be blamed for not looking a gift horse in the mouth. Moreover, WHO's regional and country office structure opens up opportunities for government officials to obtain employment on UN salary scales – an attractive incentive for any country that hosts WHO.

For their part, the high-income countries and other voluntary contributors, while footing most of the bill, and paying lip service to the need for reform, seem happy with this way of managing WHO, whatever its faults and inefficiencies. It is therefore not surprising that there is reluctance on the part of member states to question seriously the status quo.

So can WHO be reformed? The main message from this analysis is that the political preconditions for any fundamental reform of WHO do not exist. The current WHO reform programme meanders on but not in a way that will transform the organisation – it is more about adaptation to changing external circumstances. Some influential voices are therefore asking whether there are other organisations that could do some or all of WHO's work better and more efficiently. ●

WHO in numbers

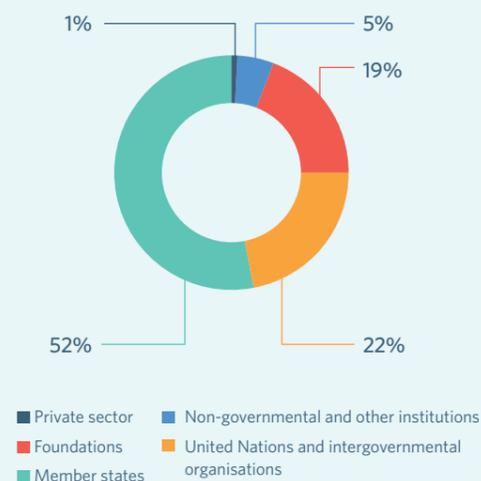
Expenditure by office for 2014/15 (\$ million)



Distribution of country staff by income group in 2013

| Country income group | Number of staff | % of staff |
|----------------------|-----------------|------------|
| Low | 1,445 | 42.5 |
| Lower-middle | 1,294 | 38.1 |
| Upper-middle | 586 | 17.2 |
| High | 75 | 2.2 |
| All country offices | 3,400 | 100.0 |

Voluntary contributions in 2012/13 by source (%)



Top 10 voluntary contributors in 2012 (\$ million)

| Contributor | Contribution (\$ million) |
|----------------------|---------------------------|
| Gates Foundation | 271.2 |
| United States | 237.5 |
| United Kingdom | 131.7 |
| Canada | 99.6 |
| GAVI | 92.6 |
| Australia | 67.9 |
| European Commission | 65.7 |
| Norway | 57.8 |
| UNCERF | 54.9 |
| Rotary International | 42.9 |
| Total | 1,122.0 |

Source: Clift, C. What's the World Health Organization for? Chatham House, 2014

Talking points

The drugs don't work

The debate around the world's drug laws has gained momentum in recent years. A new report by the Global Commission on Drug Policy, made up of former diplomats and world leaders, has declared that "the international drug control regime is broken".

In 2016, the UN will hold a General Assembly Special Session on the issue (brought forward three years at the behest of Guatemala, Mexico and Colombia), which is expected to come up with possible alternatives to the current system.

In light of this, *New World* asks, is it time to reconsider the global prohibition on drugs?

A woman smokes heroine with her husband and son in a small cave area in Islam Qala, Afghanistan
© UN Photo/Eric Kanstein

Yes

- » Overemphasis on penalising those who take drugs rather than those who supply them has led to a skewed system where the users are neglected and producers get rich.
- » Drug use, or more specifically drug dependence (defined by the UN as a chronic disease affecting the brain) is, first and foremost, a health issue that requires medical treatment.
- » Fear of arrest and imprisonment discourages drug dependants to seek treatment. According to the World Health Organization (WHO), on average just one in six problem drug users access treatment.
- » Criminalisation also encourages high-risk behaviour, such as sharing needles, which has in turn severely exacerbated other serious health concerns, such as HIV/AIDS and Hepatitis C. A 2014 WHO report on the prevention of HIV transmission called for the decriminalisation of drug use by injection.
- » State regulation of the drugs market could make the drugs themselves safer by guaranteeing they are not mixed with other harmful substances and by reducing the associated risks, e.g. by providing clean needles.
- » The global drugs market, valued at over \$330bn a year by 2005 data, would also provide a valuable source of tax revenue. Colorado, one of two US states to have recently legalised recreational marijuana, raised \$2m in additional sales taxes in the first month after the prohibition was lifted.
- » Decriminalisation would mean that the billions of dollars currently spent on enforcing prohibition could be redirected elsewhere, particularly vital for freeing up resources for development in low-income countries.
- » Those calling for reform agree that the "war on drugs" has failed. Despite major global efforts, supply and demand for drugs has soared in the 50 years since the first UN narcotics convention – global opium production alone has increased 380 per cent since 1980 – and security in affected countries has worsened.
- » As was the case with alcohol in the US in the 1920s, ending the prohibition on drugs would disarm organised crime groups that rely on the illicit trade for money and influence.

No

- » Drugs are illegal because they are inherently dangerous to a person's health and therefore should not be sanctioned or sold by the state. According to the UK Office for National Statistics, 2,955 people died from taking drugs in England and Wales in 2013.
- » Legal does not necessarily mean safe. The proliferation of so-called "legal highs" (new substances not yet covered by domestic laws), has been linked with dozens of deaths. So too have tobacco and alcohol, on an even greater scale.
- » There has been very little research into the practicalities of a state regulating the drugs market. Uruguay has recently legalised cannabis but regulating the entire market would be an enormous undertaking. Nor has it been considered whether all governments would have the capacity to do so.
- » Taking over the drugs market would not wholly eliminate the revenues of organised crime groups. There would inevitably be a competitive black market, offering cheaper alternatives, with the same associated crime and violence.
- » The drugs trade cannot be seen as an isolated problem with a single solution. It is inextricably linked with global corruption, money laundering and human trafficking, and any efforts to tackle the issue should be coordinated with other organised crime and global security initiatives.
- » Countries such as Afghanistan, which is badly affected by the global heroin trade and where state institutions are notably weak, demonstrate why it is so important that the production and distribution of drugs must be stopped. It is estimated that the opium trade earns paramilitary groups on the Afghanistan/Pakistan border up to \$500m a year, helping to destabilise the entire region.
- » While legalisation of drugs could potentially weaken organised crime groups, they won't simply disappear. In Mexico, where the government has stepped up efforts to tackle the drugs trade, resistance has been fierce. It is estimated that 60,000-100,000 people have died in drug-related violence since 2006. These groups will never be stopped without tough punitive enforcement measures.



Sophie Biernaux calls for more ammunition for the fight against malaria

Next year marks the final year of the United Nations Millennium Development Goals initiative. As we near this milestone, there is some cause for celebration. Thanks to the goal galvanising efforts to defeat malaria, deaths from this mosquito-borne disease have dropped by 42 per cent since 2000. Fighting malaria has made a positive impact on other goals too, including that to reduce child deaths.

With the funding, resources and scale of the global health community trained on malaria, increasing use of bed nets, anti-malarial treatments and insecticide sprays have all helped to push the disease back. Reducing cases can help ease the economic burden of malaria – particularly in sub-Saharan Africa, where up to 40 per cent of healthcare spending goes on fighting the disease.

Despite this progress, there is no room for complacency. Malaria is insidious. It still claims more than 600,000 lives each year, mostly those of young children in Africa, where every minute, a child dies from malaria. Rising resistance to treatments and insecticides and potential funding cuts mean that any foothold against the disease is fragile.

If we are to defeat malaria for good, new interventions that complement our existing methods – such as bed nets and medicines – are needed. To control malaria, we need more ammunition, and that could come in the form of a vaccine.

Currently, no vaccine exists against malaria – or any human parasite. Finding ways to overcome the malaria parasite's defence mechanisms is extraordinarily challenging. But for the last 30 years, GlaxoSmithKline (GSK) has been striving to unlock these secrets and develop a vaccine. Now we are closer than ever to fulfilling that goal.

In July this year, we filed a regulatory application for our malaria vaccine candidate – RTS,S – to the European Medicines Agency (EMA). This follows a large-scale, late-stage study of RTS,S in over 15,000 children across seven countries in Africa. Results showed that

after 18 months of follow-up – on top of the use of bed nets – RTS,S almost halved the number of malaria cases in young children aged 5–17 months (at first vaccination) and reduced cases by almost a quarter in babies aged 6–12 weeks (at first vaccination).

Although the vaccine candidate has only partial efficacy, given the huge public health burden and economic cost of malaria in Africa, it could make a significant impact on the health and wealth of the continent.

Submitting a file to the EMA marks the first step in the regulatory process towards making RTS,S available as an additional tool to help prevent malaria in African children. The agency will now thoroughly review the evidence collected, in collaboration with the World Health Organization (WHO).

If, after its scientific evaluation, the EMA gives a positive opinion, WHO indicated it would consider introducing a policy recommendation for RTS,S by the end of 2015. This would pave the way for national regulatory applications in Africa and for African countries to embed the vaccine in their immunisation programmes, if they decide to do so.

As well as the scientific challenge of developing a vaccine, there are economic challenges too. Ultimately, RTS,S would be used by young children in Africa – who could never be expected to pay for it. That is why, should RTS,S be recommended, African countries and international organisations should be able to purchase the vaccine at a level so that it can be free at the point of delivery for those children who need it.

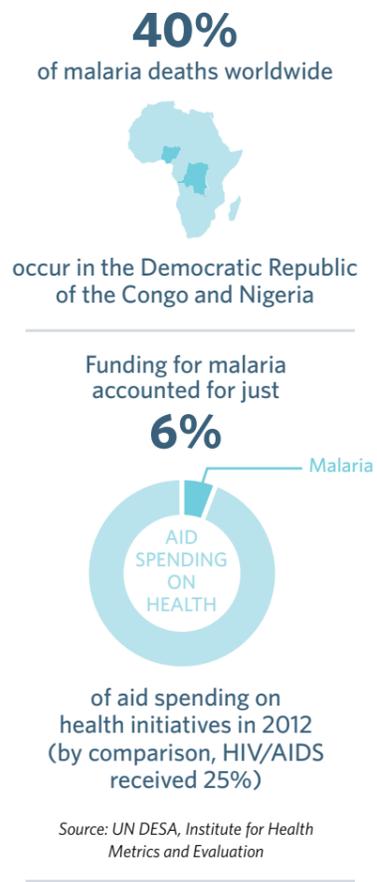
For its part, GSK has said that the eventual price of RTS,S will cover the cost of manufacturing together with a small return of five per cent that will be reinvested in research and development for next generation malaria vaccines or vaccines against other neglected tropical diseases.

Reaching this point has not been straightforward. We have only got this far thanks to our partners – the PATH Malaria Vaccine Initiative – and research

centres across Africa that have helped enable the roll-out of late-stage trials. Looking ahead, more global and local partners will be needed to help realise broad and timely access to RTS,S across sub-Saharan Africa.

These partnerships could form a blueprint for future, similar projects. Whether or not the candidate vaccine is recommended, the fight against malaria will continue and the quest for new ammunition will go on. No single intervention is a silver bullet. More advanced vaccines, treatments and other methods will be needed if we are to finally suppress malaria. ●

Sophie Biernaux is head of the malaria vaccine franchise at GSK



UN insider

The latest news and views on the United Nations

● **Candidates announced for UN Security Council elections**

Elections for five non-permanent Security Council seats will be held at the General Assembly this month, though just one of the four regions are being competitively contested. The declared candidates on the ballot are:

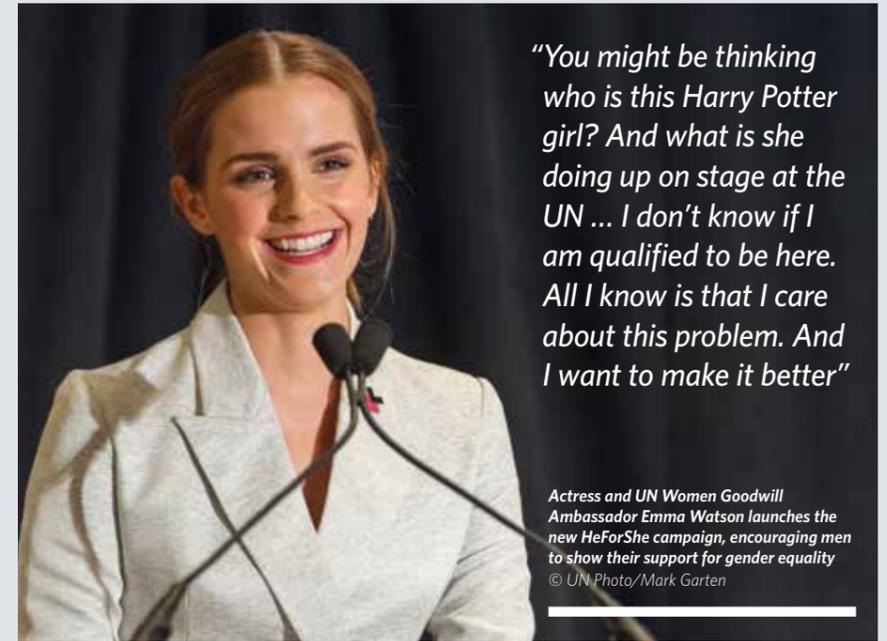
- **Angola** – running uncontested in the African Group
- **Malaysia** – running uncontested in the Asia-Pacific Group
- **Venezuela** – running uncontested in the Latin American and Caribbean Group
- **New Zealand, Spain and Turkey** – competing for two available seats in the Western European and Others Group

Anticipation around these elections is building, with particular focus on Venezuela's bid, though states are remaining typically tight-lipped about their preferences. Outside observers are, of course, able to speak more freely. Philippe Bolopion, UN director at Human Rights Watch said: "Venezuela's tendency to side with abusive governments makes it a less than ideal candidate to help manage the many human rights tragedies the Security Council is facing."

● **Human rights chief takes up role**

Prince Zeid Ra'ad Al Hussein of Jordan has taken up the position of UN High Commissioner for Human Rights. Approved by the General Assembly in June, Prince Zeid succeeds Navi Pillay, whose term ended in August.

A veteran diplomat, Prince Zeid has served as Jordan's Permanent Representative to the United Nations since 2010. His experience also includes time spent as President of the Assembly of States Parties to the Rome Statute of the International Criminal Court, and as Advisor to the Secretary-General on Sexual Exploitation and Abuse, when he



"You might be thinking who is this Harry Potter girl? And what is she doing up on stage at the UN ... I don't know if I am qualified to be here. All I know is that I care about this problem. And I want to make it better"

Actress and UN Women Goodwill Ambassador Emma Watson launches the new HeForShe campaign, encouraging men to show their support for gender equality © UN Photo/Mark Garten

addressed the issue of accountability in peacekeeping operations.

Prince Zeid's appointment has been broadly welcomed by the human rights community. However, commenting on the challenges faced by those who hold the role, David Petrasek of the Graduate School of Public and International Affairs at the University of Ottawa, noted that to date no High Commissioner for Human Rights has completed the maximum term of eight years.

● **Race is on to be the next UN Secretary-General**

The race to decide who will succeed Ban Ki-moon as the next UN Secretary-General is firmly underway, with various media reports speculating on candidates. According to the informal practice of regional rotation, many believe it is Eastern Europe's turn to take over the 38th floor of the Secretariat building when Mr Ban steps down in 2016.

A number of names have been circulating. The Bulgarian Government has given its backing to Irina Bokova, the current Director-General of UNESCO. Meanwhile, Ján Kubiš has announced he will be stepping down as the UN's top official in Afghanistan, and has been named as a potential candidate by the *Economist*, as has Danilo Türk, former President of Slovenia.

Meanwhile, the global campaign to improve the Secretary-General election process, of which UNA-UK is a part, is growing, with countries such as Brazil and Liechtenstein joining the call for reform. But the EU, led, apparently,

by the UK and France, voted against a modest proposal this summer for formal selection criteria to be used for the role.

● **69th session opens in renovated General Assembly hall**

Diplomats from around the world gathered last month for the opening of the 69th session of the General Assembly (GA). Adding to the excitement was the unveiling of the newly completed GA hall, the product of seven years of major renovations. Similar in style to the 1950s version (though minus the ashtrays) the new hall will also have room to grow, with extra space added to accommodate up to 204 states, should the need arise.

As well as the grandiose declarations from member states at the general debate, a number of other meetings were held on the sidelines, including a climate change summit hosted by Secretary-General Ban Ki-moon and a high-level meeting of the Security Council, chaired by US President Barack Obama, on the international terrorist threat.

● **New Syria envoy appointed**

Ban Ki-moon has named Staffan de Mistura as his new Special Envoy for Syria. Replacing Lakhdar Brahimi who stood down earlier this year, Mr de Mistura has previously acted as head of UN missions in Afghanistan and Iraq. He conducted his first visit to Syria last month, during which he held what he described as a "long and useful" meeting with President Assad.

UNA-UK lobbies Prime Minister on situation in Gaza

In response to a number of letters, emails and Policy Inbox submissions from concerned UNA-UK members (see pages 22–23), UNA-UK Chairman Sir Jeremy Greenstock wrote to Prime Minister David Cameron expressing the membership's "horror and helplessness" over the situation in Gaza.

Sir Jeremy stated that while Hamas has to bear some responsibility for the violence, Israel holds the greater responsibility as long-term occupier and as a democracy that pledges to uphold human rights. The letter went on to call for the following concrete measures from the UK:

- Suspend the granting of future arms export licences and revoke existing arms export licences to Israel and the Occupied Palestinian Territories (OPT)
- Strongly support UN efforts to investigate alleged war crimes and encourage accountability on both sides
- Continue to facilitate economic development in the OPT, and call for the removal of restrictions not justified on security grounds
- Push for a greater role for the United Nations in seeking a sustainable peace

UNA-UK urged its members and supporters to share these concerns with their MPs, many of whom were supportive of such action (see box on facing page).

W The letter and the Prime Minister's response can be read in full at www.una.org.uk

"We seem to have forgotten that prevention is better than cure ... The Council was designed to be a smoke detector, not just a fire extinguisher"

UK Ambassador to the UN Sir Mark Lyall Grant speaking at a Security Council debate on conflict prevention

UNA-UK launches foreign policy debate at UN Forum 2014

On 28 June UNA-UK held its bi-annual UN Forum event at Westminster Central Hall. Some 1,000 people from across the UK gathered to debate major global issues and asked, can Britain still cut it on the world stage?

Participants heard from a range of expert speakers, including Baroness Valerie Amos, head of the UN's Office for the Coordination of Humanitarian Affairs, broadcaster and activist Jon Snow and Dr Danilo Türk, former President of Slovenia.

The event also marked the start of a year of campaigning ahead of the UK's general election in 2015. Find out more about UN Forum and UNA-UK's new foreign policy manifesto in the accompanying Special Issue of *New World*.



Jon Snow and Valerie Amos take questions at UN Forum 2014 © UNA-UK

Departures and arrivals at the Foreign & Commonwealth Office

One unexpected result of the recent hostilities in Gaza was the resignation of Foreign & Commonwealth Office (FCO) minister Baroness Sayeeda Warsi. Her resignation letter stated: "As the minister with responsibility for the United Nations, the International Criminal Court and human rights, I believe our approach in relation to the current conflict is neither consistent with our values, specifically our commitment to the rule of law, and our long history of support for international justice."

David Cameron has since named Baroness Joyce Anelay as her replacement at the FCO. Baroness Anelay, who was previously Chief Whip in the House of Lords and is a former president of the Citizens Advice Bureau, will take over as the FCO minister with responsibility for the UN and human rights.

The month before, a planned cabinet reshuffle heralded change at the top of the FCO as William Hague announced he was stepping down as Foreign Secretary and would not seek re-election to the House of Commons at the general election next year. He was replaced by former Defence Secretary Philip Hammond.

Parliamentarians discuss Syria's chemical weapons

In June the All-Party Parliamentary Group (APPG) on the United Nations held a joint meeting on Syria's chemical weapons with the Global Security and Non-Proliferation APPG and UNA London and Southeast region. Speaking at the meeting were Dr John Walker, senior principal research officer at the FCO's Arms Control and Disarmament Research Unit, and arms expert and UNA-UK member Richard Guthrie.

Participants were updated on the destruction of Syria's stockpile of chemical weapons, currently being undertaken at great risk by the Organisation for the Prohibition of Chemical Weapons (OPCW). To date 96.7 per cent of these weapons have been removed and destroyed.

W For more information about OPCW's work in Syria go online to read our web exclusive from Keith Hindell

Busy General Assembly opening for the UK at the UN

UK Prime Minister David Cameron addressed the General Assembly last month, setting out his position on what

he described as "the mortal threat" from militants who are part of the Islamic State. Mr Cameron called for the UN to establish a new Special Representative on extremism and announced that the UK parliament would be recalled to vote on air strikes in Iraq (see page 7).

During his time in New York, the Prime Minister also held bilateral meetings with UN Secretary-General Ban Ki-moon, Egyptian President Abdul Fattah el-Sisi, Nigerian President Goodluck Jonathan and Iranian President Hassan Rouhani – the first meeting between the heads of government of the UK and Iran since 1979.

Other members of the UK's delegation included FCO ministers Tobias Ellwood, who spoke at a high-level meeting on Libya, and James Duddridge, who attended a meeting on Ebola. The Foreign Secretary also co-hosted a ministerial meeting on Syria with the Syrian National Coalition.

UK arms exports criticised

Calls have been made for the UK Government to take "a more cautious approach" when considering granting arms exports licences to authoritarian

regimes. Parliament's Committee on Arms Export Controls has published a report condemning the UK's arms sales to countries identified by the FCO as having serious human rights concerns. It estimates that these arms transfers are worth around £12bn a year.

UNA-UK joined a number of other NGOs in demanding that, in light of the recent hostilities in the Gaza Strip, the UK should put in place a full arms embargo on the transfer of military equipment to all involved parties. UK arms transfers to Israel and the OPT make up two thirds of the £12bn identified by the committee. This includes licences for the export of anti-riot gear, equipment for military combat vehicles, sniper rifles and unmanned aerial vehicles.

MPs support making 0.7 per cent aid target legally binding

A private members bill making its way through parliament, which would legally enshrine the UK's commitment to spending 0.7 per cent of gross national income on foreign aid, is a step closer to becoming law. Last month MPs voted overwhelmingly to allow the bill to continue to committee stage.

During a lengthy House of Commons debate, former Prime Minister Gordon Brown spoke in favour of the bill, saying "if we can be a catalyst for other countries, if we can make a long-term commitment to aid and if we can honour our promises, we have a chance ... of influencing the rest of the international community".

All parties pledged to make the target legally binding at the 2010 general election, and it was also part of the coalition agreement established between the Conservatives and Liberal Democrats. Amid very little publicity, the UK first met the UN-backed target in April this year, spending £11.4bn on aid – up from £2.9bn in 2000. The only other countries to have done so are Denmark, Luxembourg, the Netherlands, Norway and Sweden.

Round up of UNA-UK monthly actions

UN Forum

In June and July we urged as many of you as possible to attend UN Forum and join the biggest debate on the UN in the UK in recent decades. Check out our Special Issue for a full report.

Support for Gaza

In August we urged all our members and supporters to join UNA-UK's calls for a sustainable solution to the situation in Gaza (see details on page 20). Your response was fantastic. UNA-UK has since received copies of lobbying letters addressed to nearly 50 MPs and was forwarded seven personal replies. In addition to this, UNA Newbury participated in a public meeting with Richard Benyon MP, where they were able to convey the membership's concerns directly to their local representative.

Members on the march

Our most recent action was in support of our partners at The Climate Coalition (formerly Stop Climate Chaos). We called on you to show your support for UN action on climate change by joining us on a peaceful march through central London. Many thanks to those of you who were able to take part.

Notices & correspondence

Forging UN reform

Congratulations on raising in such a clear way issues relating to UN reform (*New World*, Summer 2014). I was especially impressed with Christine Cheng's and Natalie Samarasinghe's two suggestions for the UN reform wish list. Their suggestions would warm the heart of that devoted UN activist and employee, the late Erskine Childers, who did so much to promote ideas that would involve citizens in a much more active way in the life of the UN.

I have a number of copies of the booklet "Reform proposals – for a democratic United Nations and the rule of law". Including many of Childers' reform proposals, it was published in 2012 by the Dag Hammarskjöld Foundation and UNA Sweden. If any reader would like to have a complimentary copy please get in touch with me at brucel@uk2.net.

Bruce Kent
London

What appears to be on everyone's minds within UNA-UK, or rather should be at least, is reform of the UN Security Council. For international organisations to survive and thrive for the future, they must reform and evolve. The situation in the Security Council is far from ideal, and the permanent five, as we know them, are outmoded. Small wonder that David Hannay (*New World*, Summer 2014) fears it could be broken beyond repair.

We must try to be optimistic about its future but this can only be facilitated by extensive reforms. What may have been alright in 1945, is no longer a viable option if the UN is to reach its centenary. This necessary change is no more important than it is now and we must embrace reform for the UN's very survival.

Fiona Johnston
Suffolk

Middle East crises

The current very volatile situation in the Middle East is a matter of serious concern, and the UN must make a concerted

Nominations sought for four UNA-UK Trustees

In April 2012, four Trustees were elected to the UNA-UK Board to represent the different geographic areas of England. Their three-year term will end in April 2015. We are therefore seeking nominations for candidates to replace them. (Please note that separate election processes are in place for Trustees representing Northern Ireland, Scotland and Wales.)

Nominations forms are available from www.una.org.uk/trustees and the deadline for submission is **30 January 2015**.

Ballot papers will be available from February 2015, with a submission deadline of 10 April 2015.

Detailed information on this process has been sent with this issue of *New World* to all paid-up and honorary members of UNA-UK who reside in England. It is also available from www.una.org.uk/trustees.

If you are a UNA-UK member without internet access who resides in England and you have not received the enclosed information, please contact Steve Donnelly, Company Secretary, on donnelly@una.org.uk or 020 7766 3455.

effort to bring calm to the region. In my opinion, the spark that ignited the fuse which has spread across the region was the Bush and Blair decision to initiate the Iraq War. The conflict between Israel and Palestine and the Syrian civil war makes this a lethal cocktail with global dimensions.

A conference should be held, under the auspices of the UN, with representatives of all the countries in the Middle East to discuss ways in which peace can be restored. The UN must also be much more proactive in the field of conflict prevention: there is usually an awareness of the issues that may develop into more dangerous situations.

And once again, the need is highlighted for reform of the Security Council, which is somewhat like a tiger without teeth! There is more to security than passing resolutions and issuing statements of condemnation. Members of the Security Council should not be playing politics with people's lives.

David J Thomas
Porthcawl

Given the continuing illegal occupation of Palestinian land, human rights abuses

against the Palestinian civilian population and the defiance of repeated UN resolutions, the UK Government and the EU must, as Professor Avi Shlaim argues in the *Guardian* (7 September 2014), put much more diplomatic pressure on Israel's authorities to seek a just and peaceful resolution to the ongoing problems. Israel needs to be saved from itself.

In the longer term, this may mean that the EU should seriously consider a policy of boycott, divestment and, ultimately, sanctions against Israel if the intransigence of its policies continue. The present situation is helping to feed growing anger in Muslim countries and communities.

Neville Grant
London

The UK Government should take action under the Responsibility to Protect to put a stop to Israel's continuous violation of international law and human rights in Gaza. The massacre of civilians and their imprisonment as a form of collective punishment can never be justified by a sovereign state and member of the United Nations.

Joyce Edmond-Smith
Brighton

UNA Policy Conference 2015 – save the date!



The Procedure Committee is pleased to inform you that **UNA Policy Conference 2015** will

be held on Saturday 16 May 2015 at Resource for London, 356 Holloway Road, London N7 6PA.

More details, including booking information and how to submit discussion topics, will be provided in the next issue of *New World* and on the UNA-UK website. For now, please note the date in your diaries and start thinking about what policy topics you'd like to discuss.

Don't forget that Policy Conference is just one of three ways members can input into UNA-UK's policy work. The other two are:



Policy Advisory Group

Consisting of experts from a range of fields, the Group advises the Board and staff on policy matters and acts as a sounding board for suggestions from the wider membership. The Chair of the Policy Conference is a member of the Group. More information can be found at: www.una.org.uk/content/policy-advisory-group.



Policy Inbox

This online tool is available to help members to have input into our policy-making on an ongoing basis. Submissions are reviewed regularly and when there is a critical mass of support for a particular action or issue, we will endeavour to address this in our work. Visit www.una.org.uk/policy-suggestion to find out more.



Richard Nelmes, UNA-UK's Head of Outreach, on making the UN an election issue through united action

UNA-UK's networks are strikingly diverse. As members and supporters we live all over the UK. Some call this country home and others are just passing through. At our events, young people who are just starting out rub shoulders with those whose memories stretch back to the founding of the UN itself.

As individuals, our motivations for getting involved in the first place are equally varied with every new member and supporter driven to join by a unique mix of global passions and interests. Our collective campaigns see the work of social media activists complementing that of letter-writing stalwarts. I, for one, am proud of being part of a group of people known as much for our wide range of passions and concerns as for the famous blue logo.

Given the host of different causes that we bring to the Association, what is it that draws us to UNA-UK instead of a single-issue charity, lobby group or NGO? Perhaps it's the sense that the UN can give a voice to all our individual areas of interest. Maybe there's an element of being part of a bigger community; a camaraderie gained through swapping stories, information and advice at our forums and conferences. It could be that we simply see the UN as valuable in itself and wish to support its work and values. Undoubtedly, there is truth in all of the above, but I think the real answer is much more profound.

What unites us is the shared recognition that a strong United Nations is the essential ingredient in solving the issues closest to our heart, no matter what those issues are. We understand that every issue is related and that a global perspective is needed. We refuse to daydream about a better tomorrow. Instead, we invest our time, energy and resources in the United Nations knowing that it's the only organisation that can solve the problems we face today, problems that are some of the most complex and deep-rooted in human history.

Are we, people who think and act like this, a minority? Well ... yes. Are we a minority that has influence? Also, yes. Over the coming months, UNA-UK will use this influence and the backdrop of the general election to drive home the importance of the UN in the national debate, and I want all of us to participate.

The starting point and anchor for this work is our foreign policy manifesto. Published for the first time in the Special Issue accompanying this magazine, this document takes forward ideas generated at UN Forum and focuses on 10 areas of national and international significance.

The manifesto is just the start. In early 2015 we will be launching an election hustings pack, so get ready to organise a local event to quiz your candidates on international issues. Every month we will email our members and supporters with a different campaign to take part in, so please make sure you're receiving these emails and ready to take action. We've also relaunched our local UNA outreach grants for projects that involve communities on these issues, so if you're part of a local UNA, consider what projects you would like to develop.

There is hard work ahead – national and local issues often dominate general elections at the expense of foreign policy – but the prize of mobilising and energising communities across the country and engaging them with the UN is far too big to ignore. We, your UNA-UK team, are ready for the challenge, but we need the backing of every single one of our 14,000 members and supporters. Are you willing to join us?

Make sure you receive our updates at www.una.org.uk/support and tell me what you think via Twitter: @nelmes or email: nelmes@una.org.uk.

UNA-UK Members



Viv Williams hails what promises to be a United Nations success story

With all the criticisms aimed at the United Nations it is really great to be able to recount a real success story. Since the 1980s the UN's World Health Organization (WHO) has been working tirelessly to eradicate polio, and in conjunction with UNICEF, the Centers for Disease Control and Prevention and Rotary International formed the Global Polio Eradication Initiative. The infection rate has been reduced by more than 99 per cent in that time and the final push to put polio into the same category as smallpox – completely eradicated – is now under way.

The Americas were certified polio free in 1994, Western Pacific in 2000 and Europe in 2002. It used to be said that it would never be possible to eradicate polio in India but in March this year India and the whole South East Asia Region was declared polio free by WHO.

The pockets of infection that still remain are mainly in Afghanistan, Nigeria, Pakistan and Syria. The difficulty in eradicating the disease in these places is largely political as certain factions, in particular the Taliban in Pakistan, have barred children from being immunised because they contend that the vaccination is in fact a sterilisation programme being carried out by the West. It can also be very dangerous. Recently, a number of people carrying out immunisation have been murdered.

WHO has been responsible for the campaign for eradication and has provided the vaccine, the organisation and the majority of the funds to make it possible. This has not come cheap. Over \$12bn has been spent on these efforts since 1988. Of this amount, Rotary International has contributed over \$1.2bn.

Rotary has also provided much of the manpower required on the ground to physically vaccinate the millions of children involved, which, in a country like India, is, of course, a huge operation. Teams of volunteers from all over the world have travelled to the countries concerned, at their own expense, to aid the programme. More recently, the Bill and Melinda Gates Foundation has donated some \$315m to



A twelve-year-old victim of polio is carried by his sister at their home in Kano, Nigeria – one of just four countries where polio still exists
© Bill & Melinda Gates Foundation

Rotary's campaign and is now contributing \$2 for every \$1 put up by Rotary. This alone has closed the funding gap by one third and makes the final push a reality.

This partnership model is now being duplicated elsewhere, and gives an opportunity to demonstrate what can be achieved when the UN and civil society work together on a project.

With this funding now in place, and an amazing amount of energy and enthusiasm finally to eradicate the disease, this problem is one that the United Nations themselves should be more than capable of addressing.

Closer to home, UNA Chichester & District branch has worked alongside the Rotary Club of Havant, in cooperation with

the local mayor, and held a speaker evening with Niall Fry, who worked with WHO in monitoring the results of the immunisation programme. A fascinating evening with over 100 people in attendance was informative and raised a total of £7,500, which when tripled by the Bill and Melinda Gates Foundation produced a fantastic £22,500 for the programme.

Rotary clubs in the UK are passionate about their involvement with the polio eradication initiative, providing a real opportunity for local UNAs to combine forces on a local basis and help publicise what is a remarkable story of cooperation. ●

Viv Williams is a UNA-UK Trustee and Chair of UNA Chichester & District

UNA-UK Youth



Katy Ho and Philip Young explain why young people across the world should play a bigger part in international affairs

The world is changing at an exceptional rate. We have seen the meteoric rise of social media and social movements, online campaigning and an explosion of citizen journalism. There are more voices and ideas to be heard and more ways to hear them than ever before.

Despite these rapid changes, decision-making within international affairs and diplomacy still lies largely in the hands of traditional elite groups, who are presumed to have a better understanding of the complex geopolitical and economic challenges that we face. Put simply, it's the age-old notion that we should leave it to the people who know best.

But this idea is becoming increasingly outdated. Diplomacy is in drastic need of new life, fresh thinking and innovation. For young people, now is the best opportunity we have ever had to work together with decision-makers to build the future we want.

Our generation

For the younger generation, the international community is not just a network of governments working on global issues. It is now defined by our increasing interconnectedness, which has exposed people from all walks of life to new ideas and possibilities outside of their own communities.

It is not only big business and government officials who dictate domestic, regional and international politics. There are close to 1.8 billion people in the world aged between 15 and 29, and they are at the beating heart of emerging political and social movements, as well as sharing information at a scale never before seen.

Young people need to use these connections to build better channels of communication with decision-makers and governments. It is down to us to help them listen by offering a sensible, legitimate and credible voice that shows we can be part of the conversation too. Far too often young people's ideas are put aside as separate to the real policy discussions, or worse still, as merely a box that needs to



Youth for Change was an event held for youth, by youth, at the Department for International Development
© Flickr/UK Department for International Development

be ticked. It is only through young people's participation that governments can begin to understand our priorities, concerns and ideas for the future and ignite new ways of thinking about the key challenges facing the world today.

It's your voice

This autumn, UNA Youth will be leading the way with a campaign exploring attitudes to young people's involvement in foreign policy. The 45 Youth branches at universities across the UK will use a collection of posters with controversial statements to engage people at their freshers' fairs.

Posters with statements like "You should leave foreign policy to the grown-ups" are clearly tongue-in-cheek but will, we hope, provoke people to challenge such ideas. Positive statements such as "Your idealism is matched by your intelligence" will serve as a counter to the negative posters, opening the way to some genuine debate.

Students will be asked to sign a pledge to get more involved with the work of

the UN, and to participate in UNA-UK's campaigns and events throughout the coming year and beyond.

And at Future Foreign Policy we will be working with international affairs experts, senior diplomats and a number of foreign policy think tanks from around the world. We give a voice to bright young people between the ages of 18 and 29 and offer practical experience in preparing and presenting research, creating policy papers and interacting with the right people in the right way through our events, online and offline debates, research programmes and career advice.

So don't wait – get involved today and put some innovation into international politics. ●

Katy Ho and Philip Young are the co-founders of Future Foreign Policy, an international affairs think tank for young people. You can contact them at info@futureforeignpolicy.com or find them on Twitter – @FutureFP – to learn more

The last word



Greg Barrow from the World Food Programme talks to New World about the UN's efforts to achieve "zero hunger"

Tell us about your work

I am the Director of the World Food Programme (WFP) London office where I work with a small specialised team, dealing with media relations, campaigns and the management of WFP's key partnerships with both the private sector and government institutions.

What do you love most about your job?

It is great to have the opportunity to be an advocate for an organisation that is doing such amazing work on the frontlines of hunger around the world. Last year, WFP fed more than 80 million people in 75 different countries and as well as saving lives, we are helping to build resilience



With support from the World Food Programme, Timor-Leste's Ministry of Education is providing schoolchildren with mid-morning meals
© UN Photo/Martine Perret

in communities so that they are better able to cope themselves the next time disaster hits.

And what's the most challenging part?

There are so many pressing issues in the world that it can be a real challenge to ensure that all of them get the attention they deserve. Of course, at WFP, we firmly believe that the food needs of the 842 million people who go hungry every day should be a global priority, but we are also mindful that other issues such as education, sanitation and shelter all need attention if we are going to improve the lives of the most vulnerable.

What is WFP's role in responding to emergencies such as in Iraq or Syria?

WFP has been at the forefront of the humanitarian response in Syria and the wider region since the very start of the latest crisis. Every month, we feed between three and four million people inside Syria and close to two million refugees who have fled across the border to neighbouring countries. The recent upsurge in conflict in Iraq has seen WFP escalate its response to provide assistance to Iraqis fleeing internal conflict, and WFP has assisted more than one million people since June.

Outside of the Middle East, international observers fear impending famines in Somalia and South Sudan. Who actually decides what constitutes a famine?

The presence or absence of famine is determined by rigorous analysis of evidence compiled by a partnership of humanitarian agencies and analytical organisations that use a set of tools known as the Integrated Food Security Phase Classification (IPC). Famine is declared by the IPC only once clear evidence has been gathered that shows that food shortages and their impact in terms of mortality among the general population have passed a particular threshold.

Many of the 80 million people who receive WFP support aren't facing a humanitarian crisis but live in countries that are food insecure. Tell us about this work.

Most of the world's hungry are facing what we call chronic hunger. This means they are unlikely to die as a result of their lack of nutritious food, but they are likely to suffer consequences as a result of malnutrition. The impact of malnutrition on young children is of particular concern as this can have a long-term impact on physical and intellectual development. In some regions of the world, such as sub-Saharan Africa, where child malnutrition is particularly prevalent, studies have also shown an economic impact which results in reduced levels of GDP. WFP is working to ensure that more children have access to the right kind of nutritious food that will help them realise their full physical and intellectual potential and allow them to contribute fully to the economies of the countries where they live.

And how does this contribute to the UN's wider global health efforts?

It is often said that malnutrition kills more than AIDS, tuberculosis and malaria combined. At WFP, we see the push for zero hunger as a gateway that will help us move closer to achieving so many of the UN's wider aims, either through the Millennium Development Goals that will conclude in 2015, or their successor Sustainable Development Goals which will set new targets for the future.

What are your hopes for the future?

Our goal is quite simple: to end hunger in our lifetimes. ●

Greg Barrow has worked for WFP for the past 10 years, in London and at the programme's headquarters in Rome. Before joining WFP he had a career as a journalist and BBC foreign correspondent in sub-Saharan Africa and the United States

"The United Nations is more than a humanitarian agency and international peacekeeper. It is more than a platform for discussion and a champion for the voiceless. Simply put, the UN stands for a better life for us all."

UNA-UK's work in bringing the UN to people in the UK has never been more important. We are, all of us, citizens of the world, and it is in our interests to support an effective UN that delivers global solutions to global problems."

SIR PATRICK STEWART

*Actor and UNA-UK Patron
Keynote speaker, UN Forum 2012*

UNA-UK is the UK's leading source of independent analysis on the UN and a vibrant grassroots movement campaigning for a safer, fairer and more sustainable world



UNA-UK

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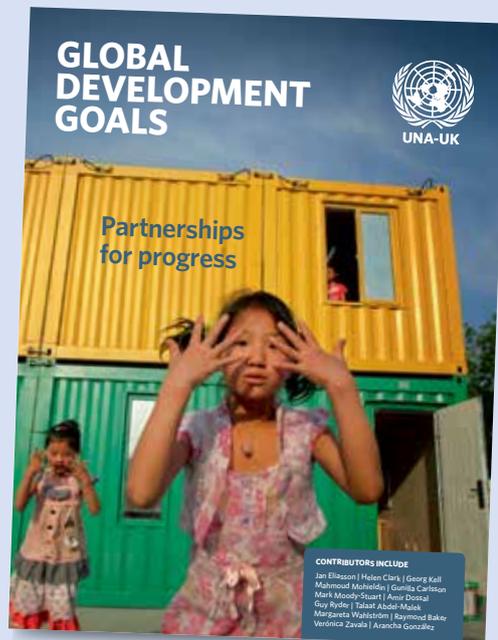
GLOBAL DEVELOPMENT GOALS



To coincide with the 2014 UN General Assembly, the United Nations Association - UK has released its second major publication on the Millennium Development Goals (MDGs) and the future of international development.

Global development goals: Partnerships for progress builds on the 2013 edition, setting out recommendations for the final year of the MDGs, and for the intergovernmental negotiations on the post-2015 framework.

Aimed at policy-makers, practitioners and interested observers, the publication focuses on the practicalities of achieving the existing Goals and ideas on the content and delivery of programmes in the next era of international development.



Contributors are drawn from the world's leading authorities, including:

- **Jan Eliasson**, UN Deputy Secretary-General
- **Georg Kell**, Executive Director, UN Global Compact
- **Helen Clark**, Administrator, UN Development Programme and former Prime Minister of New Zealand
- **Gunilla Carlsson**, UN High-Level Panel on the Post-2015 Development Agenda
- **Mahmoud Mohieldin**, World Bank Corporate Secretary and President's Special Envoy on the Millennium Development Goals and Financial Development
- **Talaat Abdel-Malek**, former chair, OECD/DAC Working Party on Aid Effectiveness

If you would like to receive a copy of the publication, please contact sara.aru@witanmedia.com



Global development goals: Partnerships for progress is an official UNA-UK publication, published by Witan Media