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REFLECTIONS ON THE MILLENNIUM DEVELOPMENT GOALS

1. A story from Anglican Experience as an example of working towards the MDGs

Christ Church Aden is the only Anglican (and in fact only official Protestant) church in Yemen. As well as providing worship services for the small Christian community in Aden the church also runs a medical clinic that serves people from the local area. In a small but significant way the clinic is working towards a number of the MDGs.

Obviously the objective of any medical clinic is to combat disease (MDG 6). Ras Morbat Clinic ("RMC") at Christ Church does this through the work of its two departments. There is a general department that serves the community living in the vicinity of the clinic, one of the poorer areas of Aden. There is a small laboratory in the general department which means that tests for malaria and other diseases can be conducted on site, leading to rapid diagnosis and treatment of patients. There is also a pharmacy at the clinic and drugs are provided free of charge to patients. In 2010 an experienced Korean obstetrician/gynaecologist joined the general department and is providing advice and treatment to the pregnant women who come to the clinic (MDG 5).

The second department is an eye department which is staffed by optometrists and ophthalmologists. Eye problems, and particularly cataracts, are prevalent in Yemen and patients are welcomed from all over the country. The clinic charges a small fee to register and a fee for operations, but the fees at RMC are significantly cheaper than the government hospitals or other private clinics. In 2009 RMC became an Implementing Partner of UNHCR and is engaged to provide eye health care to the large Somali refugee population in Aden.

RMC is also modelling MDG 3. A large proportion of the staff are women, including all 4 of the local doctors (notable in a country where the adult female literacy rate is 35% and only 30% of eligible girls are enrolled in secondary school). The clinic actively supports the training and development of the staff and currently 2 of the doctors are enrolled on diploma courses at Aden University. In addition there are women employed as nurses, a lab technician, pharmacists, office assistant and cleaners.

2. Evidence in the local context of gaps and failures in responding to one or more of the MDGs

There is a large amount of commentary and analysis about Yemen on the UNDP website, and I feel unqualified to comment in depth about the issues facing Yemen and the reasons why it is not meeting the MDGs.

However I will share some of my observations of the situation. Yemen is facing problems on many fronts. Natural resources are dwindling, the cost of living is increasing, corruption is rife at all levels of society, unemployment is high, there is an on-off civil war in the north, a secessionist movement in the south, and pressure from the West to deal with the Al Qaeda presence in the country. With so many concerns for the government it is easy to see why the MDGs might not be a priority.

According to UNDP statistics 45% of the population is still living on less than US\$2 per day. It is increasingly expensive to buy food and essential items as most goods are imported and the Yemeni Rial is losing value against the dollar. Over the past month the price of electricity and water has increased dramatically without warning in Aden (50% for residential properties, 90% for commercial properties). There is a diesel shortage and there are long queues of vehicles at fuel stations, with some drivers sleeping on their vehicles overnight as they wait. There do not appear to be new employment opportunities; I haven't seen any evidence of new businesses or industries opening up over the last year. It is difficult to see how poverty will be reduced over the coming years given the current situation.

Local people tell me that government funds are often diverted to the benefit of the few rather than for the general good. There are large numbers of people on the civil service payroll who do not actually do any work for the civil service. In fact in the villages outside Aden I have heard of cases where the doctor does not attend his clinic, despite being on the payroll, and so villagers do not have access to healthcare even though they have the clinic building locally.

In Aden I have observed that the majority of people value education and take advantage of the free education on offer. However children have told me that there are large numbers of students (from 55 to 100 children) in their primary and secondary school classes. Across Yemen as a whole most girls do not go to secondary school. In Aden, however, girls do tend to go to secondary school but it is still a small minority that continue onto higher education.

As I said at the beginning of this section more analysis can be found on the UNDP website. I hope that these reflections provide a helpful overview of the situation in Aden, and more generally in Yemen.

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