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2019年《目标守卫者报告：聚焦不平等》

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INTRO ESSAY / 盖茨夫妇开篇文章
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ENGLISH	中文
EXAMINING INEQUALITY	聚焦不平等
HOW GEOGRAPHY AND GENDER STACK THE DECK FOR (OR AGAINST) YOU	别让出生地和性别决定你的人生
Bill and Melinda Gates	比尔和梅琳达·盖茨
Co-chairs, Bill & Melinda Gates Foundation	比尔及梅琳达·盖茨基金会联席主席
We were born in a wealthy country to white, well-off parents who lived in thriving communities and were able to send us to excellent schools. These factors, among many others, put us in a great position to be successful.	我们出生在一个富裕的国家，父母都是境况良好的白人，他们生活在蓬勃发展的社区，把我们送进了一流的学校。种种这些因素让我们更有可能获得成功。
There are billions of people on the other side of these dividing lines, however. For hundreds of millions of people around the world, hardship is all but guaranteed.	然而，还有数十亿人生活在这条分界线的另一边。对于其中的几亿人来说，他们的人生注定充满艰辛。
For the past 20 years, we've invested in health and development in low-income countries, because the worst inequality we've ever seen is children dying from easily preventable causes. In the United States, we've invested primarily in education, because a good school is a key to success, but you're less likely to have access to one if you're low-income, a student of color, or both.	过去20年里，我们看到的最大的不平等现象是儿童死于通过简单干预即可预防的原因，于是我们对低收入国家的健康和发展领域进行投资。在美国，我们主要投资教育，因为好的学校是成功的关键。但如果你来自低收入家庭，或是有色人种，或者两种情况兼有，那么你上好学校的可能性就会很低。
Goalkeepers is our annual report card on the world's progress toward the Sustainable Development Goals (SDGs), 17 ambitious goals the	联合国各成员国承诺到2030年实现17个可持续发展目标（SDGs），我们每年一度的《目标守卫者报

member states of the United Nations committed to reaching by 2030. As we write, billions of people are projected to miss the targets that we all agreed represent a decent life. If we hope to accelerate progress, we must address the inequality that separates the lucky from the unlucky.	告》旨在追踪全球在这些宏大的目标上取得的进展。在我们撰写这篇文章时，全球仍有数十亿人预计无法达到这些目标，从而过上体面的生活。如果我们想要加速进步，就必须解决不平等问题，不再让运气决定人的一生。
LET'S TAKE A CLOSER LOOK AT THE LAYERS OF INEQUALITY	让我们来逐层审视不平等问题
1. THIS NARROW BAND near the top of Africa is the Sahel, where child mortality (along with most other kinds of suffering) is worse than everywhere else on the planet. We've visited many Sahel countries and met with government officials committed to improving life for their citizens. They've told us about their goals for their countries and also about the barriers that stand in the way.	1. 非洲大陆北部的狭窄地带 萨赫勒地区是全球儿童死亡率最高的地区（除此之外，那里还有很多其他苦难）。我们走访了萨赫勒地区的多个国家，与当地政府官员会面。他们承诺改善当地民众的生活，并和我们分享了各自国家的目标以及面临的阻碍。
2. NOW LET'S FOCUS ON A SINGLE COUNTRY WITHIN THE SAHEL We'll pick Chad, a country we've traveled to recently. A child in Chad is nearly 55 times more likely to die than a child in Finland, a ratio so lopsided that it starts to be incomprehensible.	2. 现在，让我们将目光聚焦在萨赫勒地区的一个国家。我们选择最近刚去过的乍得。一个乍得儿童的死亡机率几乎是一个芬兰儿童的55倍，差距悬殊到令人无法理解。
3. AND THIS IS A DROUGHT-PRONE REGION in the southwest of the country, which is becoming even more drought-prone — and therefore harder to farm — as the climate changes.	3. 这是乍得西南部干旱问题严重的一个区域，而气候变化致使干旱问题进一步加剧，土地因此更加难以耕种。
4. WITHIN THIS DRY REGION there is a traditionally marginalized ethnic group — one of many.	4. 在这一干旱地区内生活着一个一直以来被边缘化的族群，像这样的族群并非少数。
5. AND WITHIN THIS COMMUNITY, THERE IS A GIRL WHO IS TRAPPED by social norms dictating that her role in life is to serve her husband and bear him children.	5. 在这个族群中，有一个女孩儿被社会习俗深深禁锢，她在生活中扮演的角色就是服侍丈夫和生养孩子。
Each time we zoom, we see yet another layer of disadvantage. These disadvantages don't need to pile up on top of one another to make life hard —	我们每聚焦一次，都能发现新一层的不利因素。这些因素中的任何一个都足以让生活十分艰难。而当

but when they do, as for the marginalized girl in Chad, the effect is brutal.	它们累积起来，结果将变得无比残酷，就像这位被边缘化的乍得女孩所面临的那样。
What is her life like? The data says she has probably been close to starving to death several times. The odds are that she never got the nutrients her body and brain needed to develop fully. It is likely that she can't read or write, and that she will get pregnant well before she turns 20, although her body won't be ready for the rigors of childbirth.	她的生活到底是什么样的？数据告诉我们，她一生可能多次濒临饿死，很有可能从未获得过身体和大脑完全发育所需的营养。她很可能不会读书写字，不到20岁就怀孕生子，即便她的身体还没有准备好迎接分娩的考验。
And when the time comes, there is a good chance she will give birth alone.	而到了分娩的时刻，她也很可能需要独自面对。
She deserves a better life. And we believe she can have one, as long as the world understands the many challenges she faces and gets to work on addressing them.	她本应过上更好的生活，我们也相信这是可以实现的，但前提是我们了解她面临的种种困境并着手解决。
WHERE YOU ARE BORN IS MORE PREDICTIVE OF YOUR FUTURE THAN ANY OTHER FACTOR	在哪里出生是决定一个人未来的最关键因素
The series of charts that follow tell you a lot about geography and inequality.	接下来的一系列图表会揭示很多出生地和不平等问题之间的关联。
We plotted health and education because they are the key components of what economists call human capital, which we highlighted in last year's Goalkeepers Report as "the best way for a country to unlock productivity and innovation, cut poverty, create opportunities, and generate prosperity."	我们重点考察健康和教育两个方面，这是经济学家所谓的“人力资本”的关键组成因素。我们在去年的《目标守卫者报告》中也强调人力资本是“一个国家释放生产力、提升创新能力、减少贫困、创造机遇和实现繁荣的最佳途径。”
Investments in human capital today help people increase their incomes tomorrow. But without human capital— that is, for those who are unhealthy and uneducated—it is virtually impossible to escape poverty.	现在开始投资人力资本，会在未来提高人们的收入。但如果缺乏人力资本，也就是对于那些健康状况欠佳和没有接受过教育的人而言，摆脱贫困几乎是天方夜谭。
HEALTH AND EDUCATION ARE IMPROVING EVERYWHERE IN THE WORLD	全球各地的健康和教育水平都在改善
The first thing you can see is universal progress. Think of the most challenged country you can imagine. The people there are healthier and better educated than they used to be.	首先，你应该看到普遍的进步。即便在你能想象到的条件最差的国家，那里的人们也比以前更健康，受教育程度也更高。

INEQUALITY BETWEEN COUNTRIES HAS NARROWED BUT REMAINS LARGE	国家之间的不平等有所减少但仍然严峻
The second thing you see, however, is that in many countries, even though life is better, it is still bad. The gap between Chad and Finland is closing, but it remains enormous. More children die every single day in Chad than die in Finland in an entire year.	接下来你应该看到的是，虽然在很多国家人们的生活都有所改善，但仍然非常糟糕。乍得和芬兰之间的差距有所减小，但仍旧巨大。乍得每天死亡的儿童数量比芬兰一年还多。
THESE GAPS EXIST WITHIN COUNTRIES, TOO	这些差距在国家内部也同样存在
The third thing you see is that this pattern, big progress and big gaps, also holds true inside countries. For the first time ever, we have human capital data at the district level. (Different countries have different names for this political subdivision. In the United States, they are counties; in India, districts; and in Nigeria, local government areas, or LGAs.)	你看到的第三点是，这种巨大的进步和巨大的差距并存的现象也存在于国家内部。今年我们首次拿到了以区县为单位的人力资本数据（不同国家的行政区划方式不同。美国叫做郡；印度叫做县；尼日利亚叫做地方政府区域）。
Human capital has increased in more than 99 percent of districts in developing countries in the past 17 years. No matter how many times you hear the opposite, life is getting better, even for the very poorest.	过去17年里，发展中国家99%以上的行政区县的人力资本都得到了提高。无论你听到过多少反对的声音，但即使是全球最贫困的人口，生活也得到了改善。
However, the inequality between districts in countries is massive. Consider India. In Kollam district in Kerala state, 1 percent of young children die, and the average person has more than 14 years of education, almost comparable to the most developed countries in the world. By comparison, in Budaun district in Uttar Pradesh state, more than 8 percent of children die, and the average person has approximately six years of education. Budaun, by the way, is not small. Approximately 4 million people live there.	但国家内部区县之间依然存在着巨大的不平等。我们以印度举例，在喀拉拉邦的奎隆（Kollam）县，儿童死亡率为1%，人均受教育年限为14年，几乎与全球最发达国家相当。相比之下，北方邦的布道恩（Budaun）县的儿童死亡率则超过8%，人均受教育年限也只有6年。布道恩县并不是个小地方，那里有大约400万居民。
In Nigeria, the data says the same thing: world-class achievement juxtaposed to serious deprivation. For example, the average person in Ado-Ekiti, in Ekiti state, has more than 12 years of education, whereas the average person in Garki, in Jigawa state, has five. When we model these charts into the future, you see that the Chads,	尼日利亚的数据也同样证实了这一点：巨大的成就与严重的贫困并存。例如埃基蒂州的阿多-埃基蒂（Ado-Ekiti）县，人均受教育年限是12年，而在吉加瓦州的加尔基（Garki）县，这一数字只有5年。如果我们在这些图表基础上预测未来，你会发现乍得、布道恩和加尔基将无法赶上全球的发展。

Budauns, and Garkis of the world are not catching up fast enough.	
Districts are making steady progress	各个区县都在取得稳步进展
But inequality persists between districts	但不同区县之间仍然存在不平等
And many districts aren't on pace to meet the SDGs	并且很多区县都将无法如期实现可持续发展目标
GAPS PERSIST WELL INTO THE FUTURE	未来差距仍将存在
Very few developing countries are projected to meet the health and education SDGs. Nearly two thirds of the children in low- and low-middle income countries live in districts that, at their current rate of progress, won't reach the SDG target for child mortality by 2030. One third live in districts that won't even reach it by 2050.	几乎没有发展中国家能实现健康和教育方面的可持续发展目标。按现有进步速度，低收入和中低收入国家中有近三分之二的儿童生活在儿童死亡率到2030年仍无法达到可持续发展目标的地区，并且有三分之一生活在到2050年也无法达标的地区。
If we are serious about the SDGs, then we have to accelerate the fight against geographical inequality and make sure that more districts are excelling like Kollam and Ado-Ekiti.	如果我们下定决心实现可持续发展目标，就要加快消除地区间的不平等，保证更多的地区像奎隆和阿多-埃基蒂县一样表现出色。
NO MATTER HOW MANY TIMES YOU HEAR THE OPPOSITE, LIFE IS GETTING BETTER, EVEN FOR THE VERY POOREST.	无论你听到过多少反对的声音，但即使是全球最贫困人口，生活也得到了改善。
GENDER INEQUALITY STACKS THE DECK AGAINST HALF OF HUMANITY	性别不平等阻碍了全球一半人口的发展
Gender inequality cuts across every single country on Earth. No matter where you are born, your life will be harder if you are born a girl. If you are born in a poor country or district, it will be even harder.	性别不平等是全球普遍存在的问题。无论你出生在哪里，只要你是女孩，生活就会更加艰辛。如果你出生在贫困的国家或地区，则更是难上加难。
Adolescence is when girls' and boys' futures really start to diverge. Boys' worlds expand. They rely less on their parents, venture farther and farther from home, and enroll in high school or college or get a job, which puts them in contact with wider society.	进入青春期，女孩和男孩的未来会正式拉开差距。男孩的世界逐渐打开。他们对父母的依赖度逐渐降低，一步步离开家庭，上高中、读大学或者找工作，接触到更广阔的社会。
At the same time, girls' worlds contract. They transition, sometimes at a very young age, from being subservient to their parents to being subservient to their husbands. Although they	与此同时，女孩的世界却在缩小。她们可能在很小的时候就从父母的附属品转变为丈夫的附属品。虽然她们在上小学时享受到了一定的自由，但最终要

enjoyed some measure of freedom while attending primary school, they are expected to return to the confines of the home, to devote themselves to cooking, cleaning, and raising children.	回归家庭的牢笼，终其一生做着煮饭、打扫卫生和生养孩子这些事情。
The proportion of girls who do at least two hours per day of unpaid domestic work almost doubles after they reach the age of 15; by the time she is an adult, the average woman spends more than four hours every day doing unpaid work. Men, by comparison, average just over one hour per day.	女孩到15岁以后，每天至少从事两小时无偿家务劳动的比例几乎翻了一番；成年后，普通女性每天做超过4小时的无偿家务劳动。相比之下，男性每天只付出一小时多一点。
These obligations inside the home are just one example of social norms that conspire to limit girls' opportunities as they approach adulthood. Across sub-Saharan Africa, for instance, girls average two fewer years of education than boys. And even when girls are well educated, they are much less likely to translate their years of schooling into a job in the formal work force. Globally, there is a 24 percentage-point gap between men's and women's labor force participation.	这些家庭内的义务工作只是诸多限制女孩成年后发展机会的社会习俗之一。例如在撒哈拉以南非洲国家，女孩的平均受教育时间比男孩少两年。即使受过良好的教育，女孩们也难以借此找到正式工作。全球范围内，男性和女性的劳动力参与率存在 24% 的差距。
This lack of access to education and jobs is destructive for everyone. It keeps women disempowered, limits their children's life chances, and slows down economic growth.	缺少教育及就业机会对每个人都是毁灭性的打击。它剥夺了女性的权利，限制她们孩子的人生机会，也遏制了经济的增长。
LEARNING FROM EXEMPLARS	向榜样学习
The large and lingering gaps between countries, between districts, and between boys and girls prove that although the world's investments in development are working, the lives of the lucky and unlucky aren't converging fast enough. We believe the development community needs to start doing business differently. In last year's Goalkeepers Report, we argued that human capital is critical to economic growth in poor countries. This year, we argue that human capital investments should be designed to reach girls and prioritize those countries and districts that have to make up the most ground.	国家之间、区县之间，以及两性之间存在的巨大而持久的差距证明，尽管全球对发展的投资起到了一定作用，幸运与不幸的人们生活差距并没有快速弥合。我们认为，全球必须在发展问题上转变行动方式。 在去年的《目标守卫者报告》中，我们曾指出人力资本是贫困国家经济增长的关键。今年，我们强调人力资本投资应该向女孩倾斜，并优先投入到急需迎头赶上的国家和地区。

That's not an easy thing to do. Inequality, as we have said, is exceedingly complex. There is no silver bullet that will make geography, gender, and other random factors stop mattering. But guaranteeing that every single child has access to good health and education systems is a very good start in that direction. This is not just a moral aspiration; we believe it to be an achievable goal.	这不是一项简单的工作。我们曾经说过，不平等是极其复杂的问题。没有哪种一劳永逸的方法能够解决出生地、性别和其他随机因素导致的不平等问题。但确保每个孩子都能享有良好的健康和教育是一个良好的开端。我们相信这不仅是道德上的期望，更是一个可以实现的目标。
In the case of health, the priority needs to be primary care. If primary health care systems are well designed and fully funded, they reach everyone and address the vast majority of people's health needs.	在健康方面，初级卫生保健最为重要。如果初级卫生保健系统设计完善且资金充足，它能触及所有人并满足大多数人的医疗需求。
In this report, Githinji Gitahi, who runs the largest health NGO in Africa, describes what countries like Ethiopia, Rwanda, and Thailand are doing right when it comes to delivering basic care to all their citizens and explains what other countries can learn from their experience.	在本报告中，非洲最大的非政府卫生组织负责人基辛吉·吉塔西（Githinji Gitahi）描述了埃塞俄比亚、卢旺达和泰国等国家为全民提供基本医疗卫生服务的正确做法，以及其他国家可以从中学到的经验。
In the case of education, not that long ago, conventional wisdom held that poor children didn't really need to be educated. That idea has been discredited in every region in the world in the past 50 years, and most countries in the world are approaching universal primary school enrollment. The priority now is to make sure that all schools provide a high-quality education. There are proven approaches to teaching literacy and numeracy in a single classroom, but there is not yet consensus about what it will take to improve basic skills at the massive scale of every single child in every single school in every single country. Last year, this report highlighted promising innovations being tried in Côte d'Ivoire, India, and Zambia, as well as Vietnam's nationwide success.	在教育方面，不久之前的传统观念还认为贫困儿童不需要接受教育。过去 50 年里，这一观念在世界各地都遭到了质疑。现在全球多数国家都在努力实现小学教育的全民普及。现在的首要任务是保证所有学校都能提供优质教育。如何教一个班级的孩子识字算数已经形成了有效的方法，但就如何大规模地提升一个国家所有学校里的孩子的基本技能，目前还没有达成共识。在去年的报告里，我们介绍了印度、科特迪瓦和赞比亚进行的创新尝试，以及越南在全国范围内取得的成就。
ALL THE HUMAN CAPITAL IN THE WORLD, THOUGH, WON'T LEAD TO EQUALITY AND PROSPERITY IF HEALTHY, WELL-EDUCATED GIRLS ARE SUBJECT TO SOCIAL NORMS THAT DISEMPOWER THEM.	如果受过良好教育的健康女性仍然被社会习俗剥夺权利，那么全世界的人力资本加在一起也无法带来平等与繁荣。
Harmful norms can be hard even to see, much less change, but countries are taking steps to help women confront them.	很多有害的社会习俗并不容易被发现，想要改变就更加困难。但很多国家都在采取不同的措施帮助女性积极与之对抗。

A big part of the solution is policies that help women and girls carve out new paths for themselves. For example, in places like Peru, where women have the right to own land and other assets and have ready access to contraceptives so they can plan their families, women's labor force participation goes up. Later in the report, Arshi Aadil, an expert on digital financial inclusion, writes about policy reforms in India that are not only improving government services for the poor but also chipping away at the foundations of male supremacy.	一个重要的解决方案是制定相关政策，帮助妇女和女孩为自己开辟新的道路。例如在秘鲁，女性有权拥有土地和其他财产，并且随时可以获得避孕用品从而能够自主计划生育，这样女性的劳动参与率就会随之上升。在这份报告里，数字普惠金融专家雅希•阿迪尔（Arshi Aadil）介绍了印度的政策改革，这不仅改善了政府为贫困人群提供的服务，也在逐渐削弱男权至上的根基。
CHANGING THE ODDS	改变不平等
Goalkeepers addresses just a few ways to create a better, more equal world. Thankfully, so many advocates are thinking creatively right now about inequality and its solutions. No one has gotten to the bottom of it yet, but we are all getting closer.	目标守卫者报告只提出了几种方式来创造一个更美好而平等的世界。值得庆幸的是，还有很多倡导者在创造性地思考不平等及其解决方案。虽然还没有找到最终的答案，但我们正在逐步靠近。
In the meantime, we know one thing for sure. No one's life should be a roll of the dice. Were you born, as we were, with the odds in your favor? Or are you one of the billions of people born with the odds against you? Our goal is to even the odds for everyone.	与此同时，我们也深知一个道理：任何人的生活都不该是一场赌博。你是否像我们一样，从出生起就受到命运的眷顾？还是像其他的数十亿人一样，一出生就面临重重障碍？我们的目标是让每个人都拥有同等的机会。
When that happens, the future won't be predicted by random factors like where you're born or how many X chromosomes you have. In fact, it won't be predicted at all. It will be made—by people's dreams and hard work.	等那一天到来时，一个人的未来将不再由随机因素来决定，比如你出生在哪里或有多少 X 染色体。事实上，任何人的未来都不该被预设，它将完全取决于你的梦想和努力。

PRIMARY HEALTH CARE CHAPTER/初级卫生保健
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ENGLISH	中文
STORIES OF PROGRESS	进步的故事
PRIMARY HEALTH CARE	初级卫生保健
When we started our foundation, we focused on discovering and developing new tools and technologies. We quickly learned that we also	在基金会成立初期，我们主要致力于探索和开发全新的工具和技术。很快我们就意识到，如何将这些工具和技术交付到需要的人手中也至关重

needed to focus on delivering them to the people who need them. Primary health care is by far the most important health delivery system in the world. A strong primary health system reaches everybody, including the poorest and most vulnerable, and provides the vast majority of services a person needs to stay healthy. We know that, as governments invest more in primary health care systems, overall health outcomes improve, but unfortunately, low- and middle-income countries spend an average of just 36 percent of their health budgets on primary care. Some governments prioritize advanced health care for a minority of citizens, forcing the majority of citizens to pay out of pocket to meet their basic needs. This inequality feeds the vicious cycle of poverty and sickness. More—and more efficient—investment in primary care can help break it.	要。初级卫生保健是世界上迄今为止最重要的健康服务体系。一个强有力的初级卫生保健系统能够惠及所有人，包括最贫困、最脆弱的群体，并为他们提供保持健康所需的绝大多数服务。我们知道，政府对初级卫生保健的投入越多，国民整体健康水平就会越好。但遗憾的是，中低收入国家在初级卫生保健上的投入平均仅为整体医疗卫生预算的 36%。有些政府优先为少数公民提供先进的医疗保健，而大多数人因此不得不自掏腰包满足基本的健康需求。这种不平等加剧了贫困和疾病的恶性循环。只有更多、更有效地投资于初级卫生保健，才能打破这一困局。
Bill & Melinda	比尔和梅琳达
REGION FOCUS: AFRICA	关注地区：非洲
COUNTRIES: KENYA, ETHIOPIA, & RWANDA	国家：肯尼亚、埃塞俄比亚和卢旺达
DR. GITHINJI GITAH	基辛吉·吉塔西（Githinji Gitahi）医生
Global CEO, Amref Health Africa & Co-Chair UHC2030	非洲医学和研究基金会（Amref Health Africa）全球CEO，全民健康覆盖2030（UHC2030）联席主席
I SPEND A LOT OF MY TIME TRYING TO RECONCILE A BIG IDEA AND A SMALL NUMBER. The big idea is that health should not be a luxury—that all people should receive the care they need without suffering financial hardship. This is called Universal Health Coverage (UHC). The UN General Assembly adopted a resolution in 2012 calling on member states to prioritize UHC, and the idea has been gaining momentum ever since then.	我用了很长时间尝试弥合一个大想法和一个小数字之间的鸿沟。 这个宏大的想法是：健康不应是奢侈品——人人都应该获得所需的医疗服务，并且不会因此遭受经济困难。这就是全民健康覆盖（UHC）。2012年，联合国大会通过了一项决议，呼吁各成员国加快实现全民健康覆盖的进程。从那以后，这一想法得到了越来越多的支持。
The small number is 51. That's my own personal back-of-the-envelope calculation of how many dollars the average sub-Saharan African country would have available to spend on health care per person under ideal circumstances. (My definition of "ideal circumstances" is a country collecting 20 percent of its GDP in taxes and spending 15 percent	那个很小的数字是51美元。这是我个人对撒哈拉以南非洲国家在理想情况下的人均医疗支出的粗略估算。（我对“理想情况”的定义是一个国家的税收为国内生产总值的20%，并将15%的预算用于医疗卫生；但大多数非洲国家的现实情况与这一理想相差甚远。）

of its budget on health; the reality in most African countries is far from ideal.)	
To be clear, I am not saying most countries currently spend \$51 per person (they don't) or that, if they did, it would be enough (it wouldn't). I am merely demonstrating that compared to richer countries that can spend thousands of dollars per capita on health, sub-Saharan African countries have to figure out how to get by with very little.	需要说明的是，我并不是说大多数国家的人均医疗支出已经达到 51 美元（事实并非如此），也不是说达到就万事大吉（这还远远不够）。我想说的是，和人均医疗支出高达数千美元的富裕国家相比，撒哈拉以南非洲国家必须想方设法用极低的预算解决问题。
So, how do countries buy UHC when they have less than \$51 to spend? The answer is: by investing in primary health care—that is, basic services near where people live and work. A good primary health system is just and equitable, is easily accessible to everybody, doesn't make the poor pay anything out of pocket, and addresses the vast majority of people's lifetime health needs. Its goal is to keep people healthy, because sickness is expensive for the individual, the family, the community, and the state!	如果一个国家的人均医疗支出还不到 51 美元，如何才能实现全民健康覆盖（UHC）呢？答案是：投资初级卫生保健，也就是在人们生活和工作场所附近提供基本的医疗服务。一个完善的初级卫生保健系统应该做到公正、平等，人人都能享有服务，无需穷人自掏腰包，并且能满足人们一生中绝大多数的医疗卫生需求。它的目标是保证人们的健康，因为疾病对于个人、家庭、社区，乃至国家都是昂贵的负担！
When I think about primary health care, I remember walking hand in hand with my mum to our local dispensary in rural Kenya, which was about one kilometer away. That's where I got vaccinated. It's where my mum got prenatal care when she was pregnant with our last-born sister. And it's where everybody we knew went when they were sick and seeking advice or treatment.	说到初级卫生保健，我想到的是小时候在肯尼亚拉着妈妈的手走一公里才能到达的乡村诊所。那是我接种疫苗的地方，是妈妈怀着最小的妹妹时做产前护理的地方，也是我们认识的所有人生病时去咨询或接受治疗的地方。
Since the turn of the millennium, several African countries have invested in building far-reaching, high-quality primary health systems. Ethiopia and Rwanda, for example, have recruited tens of thousands of community health workers, women who are chosen by their neighbors and trained by the government to take care of people's health.	迈入新千年以来，很多非洲国家都在投资建立覆盖范围广且高质量的初级卫生保健系统。例如埃塞俄比亚和卢旺达招募了数万名女性社区卫生工作者。她们先由邻居推荐上岗，并在接受政府培训后负责照顾人们的健康。
Community health workers go to the people, instead of the other way around. And they don't interact with people only when they are sick. They also promote healthy behavior (like proper diet and hygiene) and provide or promote preventive care (like immunizations) to keep people from getting sick in the first place. And then, of course, they are trained to treat common illnesses (like diarrhea and	社区卫生工作者不会坐等病人上门，而是会主动出诊。她们不光在有人生病时提供帮助，平时也开展健康宣传（例如合理饮食及卫生习惯），提供或推广预防性保健护理（如免疫接种），帮助人们从源头上预防疾病。她们当然也会接受医疗培训，治疗常见疾病（例如腹泻和疟疾），提供基本的自主计划生育服务，并且在病人需要更复杂的治疗时协助他们联系医疗机构。

<p>malaria), provide basic family planning services, and refer patients to health facilities if they need more sophisticated care.</p>	
<p>As a result of these investments, Ethiopia and Rwanda are among the leaders in the region in reducing maternal and child mortality. And by the way, the GDP per capita in both countries is well below the regional average.</p>	<p>有了这些投资以后，埃塞俄比亚和卢旺达成为非洲地区降低孕产妇及儿童死亡率的佼佼者。需要提到的是，这两个国家的人均国内生产总值远低于非洲平均水平。</p>
<p>Many other African countries have yet to make the necessary investments. My own country, Kenya, is much richer than Ethiopia and Rwanda, but the primary care system is weaker (though there is finally high-level political commitment to strengthening it). What matters are the choices that politicians make.</p>	<p>很多其他非洲国家尚未进行这些必要的投资。我的祖国肯尼亚比埃塞俄比亚和卢旺达富裕得多，但那里的初级卫生保健系统却非常薄弱（尽管政府高层终于做出了加强初级卫生保健系统建设的承诺）。政府官员作出怎样的选择至关重要。</p>
<p>HERE ARE THREE CHOICES THEY CAN MAKE TO ACHIEVE BETTER HEALTH RESULTS WITH LIMITED BUDGETS</p>	<p>以下是利用有限的预算提供更好医疗服务的三种方案</p>
<p>1. SPEND A LITTLE MORE</p>	<p>1. 尽可能多投入一点</p>
<p>In 2001, all 54 member states of the African Union committed to spend 15 percent of their state budgets on health. A precious few have ever met that commitment, and those who meet it year after year can be counted on one hand. Governments must balance countless priorities, so finding more money for health is not easy. But when you are making do with such small budgets, every extra dollar counts. Kenya currently spends \$36 per person per year, or 7 percent of its budget, on health. If that went up to, say, \$51, the universe of the possible would expand significantly. At \$86, according to an analysis based on WHO data, governments of low-income countries could fully fund primary health care.</p>	<p>2001 年，非洲联盟的 54 个成员国承诺将其国家预算的 15% 用于医疗卫生。只有极少数国家履行过这一承诺，每年都能做到的更是屈指可数。政府必须在很多优先事项中做出平衡取舍，为医疗卫生筹集更多资金并非易事。当你只能用极低的预算勉强维持时，每一块钱都至关重要。肯尼亚现在每年的人均医疗卫生支出为 36 美元，占政府预算的 7%。如果能达到 51 美元，就能创造出更多的可能性。根据世界卫生组织（WHO）的数据分析，如果人均医疗卫生支出达到 86 美元，低收入国家的政府就有足够的资金投资初级卫生保健。</p>
<p>2. SPEND ON RIGHT PRIORITIES</p>	<p>2. 把钱花在正确的地方</p>
<p>Many countries spend more on what is known as secondary and tertiary care than on primary care. That makes sense in one respect, because MRIs, X-rays, and many other features of secondary and tertiary care are expensive. But</p>	<p>很多国家在二级和三级医疗服务上的投入超过初级卫生保健。从某种层面上看这是有道理的，因为核磁共振、X 光和很多其他二、三级医疗服务确实成本高昂。但非洲国家政府不能将大部分资金用于满足一些人的部分需求。作</p>

<p>African governments can't afford to spend most of their money to meet some of some people's needs. In Thailand, which has one of the best primary care systems in the world, the government temporarily reallocated all its health infrastructure spending to rural areas because the health gap between rural and urban areas was so big. Now there is at least one health center in every single Thai village. African governments need to say, "Until we are sure primary health care has the investment it needs, we'll make do with what we have for secondary and tertiary care." It's a difficult position to take, but it's what countries that care about UHC have to do when there is so little money available.</p>	<p>为拥有世界上最完善的初级卫生保健系统的国家之一，泰国政府考虑到农村和城市之间巨大的医疗水平差距，于是将全部的卫生基础设施支出重新分配到农村地区。现在，泰国的每个村庄都至少有一个卫生院。非洲各国政府需要作出这样的承诺：“我们要优先保证初级卫生保健所需的投入，在此之前，二、三级医疗服务可以维持现状。”坚持这个立场并不容易，但对于重视全民健康覆盖且资金十分匮乏的国家而言，他们别无选择。</p>
<p>3. SPEND MORE EFFICIENTLY</p>	<p>3. 更高效地花钱</p>
<p>Primary care systems can do a lot to stretch the dollars they spend. For example, they can invest in digital health, especially electronic medical records. Or they can focus on managerial innovation, like new ways for a continent with many countries and a large geographical area to pool purchasing and improve supply chains. This would ensure that the right products are available at the right prices and delivered to the right places at the right times.</p>	<p>初级卫生保健系统能够让投入的每一块钱发挥最大的效用。例如，我们可以把钱投资于数字医疗建设，特别是电子病例；或者专注于管理创新，在非洲的多个国家之间建立集中采购并改善供应链。通过这些做法，我们就能确保以合适的价格购买合适的产品，并在适当的时间送到需要的地点。</p>
<p>Finally, it is crucial to use data to answer two key questions about UHC: What and who?</p>	<p>最后，我们需要利用数据回答有关全民健康覆盖的两个关键问题：提供哪些服务？以及为谁服务？</p>
<p>When you know you can't provide every service, choices about what to provide make a big difference. For African countries, I boldly prescribe prioritizing sexual and reproductive health and rights. But you still have to decide where to put your resources, based not on generic global calculations but on actual conditions on the ground. For example, vasectomies may look cost-effective on paper, and they are good and encouraged, but the return will be less in a country where few providers can perform them, men are resistant, or the biggest challenge is a burgeoning adolescent population.</p>	<p>当我们无法提供所有服务时，选择提供哪些服务就变得非常关键。对于非洲国家而言，我想大胆地提出应该优先考虑性和生殖健康与权利。即便如此，我们仍然需要根据当地实际情况而非泛泛的全球统计数据来决定资源的去向。例如输精管切除术，尽管理论上因为成本效益高、效果好而被大力推荐，但对于缺少专业医生实施手术、男性抵触心理强，而且青少年人口快速增长的国家来说，它的投资回报率要大打折扣。</p>

Next, the who. To make sure no one suffers financial hardship, you need to subsidize the most marginalized and vulnerable, including women, children, and girls, as well as the indigent. However, in countries where most people work in the informal economy and data is unreliable, it's hard to know precisely who the indigent are. Kenya, with 80 percent of its population employed informally, is working on developing rigorous methodologies to target services more effectively. Ideally, as primary health systems begin to get the same results for less money, they'll invest what's left over in getting even better results.	接下来的问题是为谁服务。为了保证大家不陷入经济困难，我们需要为最边缘化和最脆弱的妇女、儿童、女孩和贫困人群提供补贴。然而，对于大多数人都从业于非正规经济且缺乏可靠数据的国家而言，要确切掌握贫困人口的信息非常困难。肯尼亚有80%的人口从事非正规工作，因此政府必须制定严谨的方法，从而更有效地提供针对性服务。理想情况是，初级卫生保健系统以更少的资金实现同等效果后，政府可以继续投入剩余资金，获得更好的结果。
When I was seven, the World Health Assembly announced its commitment to "health for all." The tragedy is that when it turned out to be hard to pay for, the world stopped thinking about it, even as a moral principle. Today I am 49, and we finally believe in health for all again. With the global dialogue about UHC, we are also thinking practically about how to achieve it. In other words, we have a second chance. Now leaders in Africa and around the world have to take advantage of it.	我七岁时，世界卫生大会提出了“人人享有卫生保健”的目标。不幸的是，当人们发现无力负担相应的投入时，就决定将其搁置，甚至不再把它当作一种道德准则。现在我已经 49 岁了，我们终于再次相信了“人人享有卫生保健”的重要性。全球正在积极开展关于全民健康覆盖的对话，我们也在思考实现这一目标的切实途径。换句话说，我们现在有了重新来过的机会，非洲和全球各国的领导人都必须牢牢把握。

DIGITAL INCLUSION CHAPTER/数字普惠
pg. 26-31

ENGLISH	中文
STORIES OF PROGRESS	进步的故事
DIGITAL INCLUSION	数字普惠
Some pessimists warn that technology will usher in a dystopian future. Some naïve optimists predict it will create a utopia. The truth lies somewhere in between. Technology is disruptive, and countries need to invest to maximize the positive disruptions and manage the negative ones.	有悲观主义者曾经警告说，科技将把人类带入反乌托邦式的未来；天真的乐观主义者则预测科技能创造出真正的乌托邦。我们认为真实情况介于两者之间。技术的确具有颠覆性，因此各国需要开展必要的投资，以保证最大程度利用科技创新带来的积极一面，同时也要控制可能的负面影响。
Few countries have been as innovative and thoughtful about using digital technology to make people's lives better as India. The government understood early on that technology made it possible to connect directly with citizens instead of	很少有国家像印度那样，在利用数字技术改善人民生活方面，既锐意创新又深思熟虑。印度政府很早就认识到，利用技术可以绕过层层官僚机构，直接触及民众。于是政府围绕数字技术制定

working through layers and layers of bureaucracy. Then it started creating smart policies built around digital technology that improved both the quality and reach of government services. This essay, which describes the reform of cooking gas subsidies, demonstrates how aligning technology and policy can create a surprising domino effect.	相关政策，提升政府服务的质量和覆盖范围。本文讲述了印度烹饪燃气补贴的改革过程，展示技术和政策如何实现相互协同，从而产生令人惊喜的多米诺效应。
Bill & Melinda	比尔和梅琳达
REGION FOCUS: ASIA	关注地区：亚洲
COUNTRY: INDIA	国家：印度
ARSHI AADIL	雅希•阿迪尔（Arshi Aadil）
Manager—Government and Social Impact, MicroSave Consulting	MicroSave 咨询公司政府与社会影响部门经理
THIS IS THE STORY OF THREE GENERATIONS OF COOKING GAS SUBSIDIES IN INDIA.	这是一个关于印度三代烹饪燃气补贴的故事。
But it's about cooking gas only in the narrowest sense. In a wider sense, it's about how digital technology helped the government of India design a series of innovative policies that have empowered 75 million marginalized women. In the very widest sense, it's about how governments can serve citizens better.	从最狭义的角度来看，这个故事的确在讲烹饪燃气；从广泛一些的意义上讲，这是个印度政府如何借助数字技术设计一系列创新政策，赋权给 7500 万被边缘化的女性的故事；从最广泛的意义上而言，它讲的是政府如何能够更好地服务公民。
For decades, Indian households bought the liquid petroleum gas they cooked with at a fixed, low price guaranteed by the government. This subsidy was poorly targeted, because everybody, including the rich, could receive it. (According to the IMF, the wealthiest 10 percent of Indian households received seven times more of the subsidy than the poorest 10 percent.) It was inefficient, because a lot of subsidized gas was sold in the black market to hotels, restaurants, and other businesses that should have paid market price. Finally, it was expensive; various gas subsidies could cost the government almost \$10 billion per year, depending on the global price of gas.	几十年来，印度家庭一直按照由政府担保的固定低价购买烹饪使用的液化石油气。这种方式并没有明确的补贴对象，每个人都能享受补贴，富人也不例外（根据国际货币基金组织的统计，印度最富有的 10% 的家庭比最贫困的 10% 的家庭获得的补贴多 7 倍。）。这样做的效率很低，因为大量的补贴燃气在黑市上出售给酒店、餐馆这些本应以市场价格购买燃气的企业。这样做的成本也很高。根据全球燃气价格计算，印度政府在全球燃气补贴上的投入接近 100 亿美金。
Now comes the turning point of this story: India's pioneering of what is known as "the JAM trinity." The J stands for Jan Dhan Yojana, an Indian government	接下来是这个故事的转折点：印度开创了所谓的“JAM 三位一体”的计划。“J”是金融普惠政策（Jan Dhan Yojana），印度政府鼓励贫困人口开设银行

<p>program to help poor people open bank accounts. The A stands for Aadhaar, a program to provide every Indian resident with a unique ID linked to biometric authentication like fingerprints. And the M stands for mobile phones, which are quickly becoming ubiquitous in India. Together, accounts, ID, and phones make it possible for the government to deposit money directly into people's bank accounts and verify the recipients' identity. This in turn enables the government to be much more precise and ambitious about policymaking.</p>	<p>账户；“A”指电子身份认证系统（Aadhaar），是根据指纹等生物特征为每位印度公民提供的独一无二身份认证；“M”代表迅速在印度普及起来的手机。现在只要把银行账户、身份认证和手机绑定起来，政府就能直接把钱打入人们的银行账户，并验证接收方的身份。这也反过来让政府在制定政策时更加精准、大胆。</p>
<p>Starting in 2012 and continuing through 2015, the government used the JAM trinity to shift gradually from subsidizing the price of gas to transferring cash directly into people's bank accounts after they had bought the gas at market price. The fully redesigned subsidy, launched nationwide under the name PAHAL in 2015, is the world's largest cash transfer program.</p>	<p>从 2012 年起到 2015 年，印度政府通过 JAM 三位一体计划，将实施燃气价格补贴逐渐过渡到现在的做法，即：政府在人们以市场价购买燃气后，将现金直接打入他们的银行账户。2015 年，印度在全国范围推出经过全面重新设计的、名为 PAHAL 的补贴方式，成为了世界上最大的现金转账项目。</p>
<p>PAHAL has addressed all three major problems with the old subsidy. Using Aadhaar, the government was able to remove 36 million duplicate or ghost recipients from the rolls, decreasing diversion to the black market and increasing overall efficiency. After a government campaign encouraging better-off people to stop claiming the subsidy, another 10 million Indians removed themselves from the rolls, improving targeting. As a result, PAHAL reduced the financial burden on the government: Although estimates vary, the government puts the savings at almost \$9 billion since the PAHAL launch.</p>	<p>PAHAL解决了原补贴方式导致的三大问题。政府利用Aadhaar删除了3600万个重复或影子接收人，减少了流入到黑市的补贴燃气并提高了整体效率。政府还开展了鼓励富裕人口停止申请补贴的宣传活动，促使1000万印度人主动移出了补贴名单，进一步提高了补贴的精准度。同时PAHAL也减轻了政府的财政负担。虽然不同的估算方法结果不同，但自PAHAL推出以来，印度政府节省了近90亿美元。</p>
<p>But the government hasn't just pocketed the savings. It's used them to create a brand new, third-generation cooking gas program, also powered by the JAM trinity, called Ujjwala. This program has been carefully designed to help poor women transform their lives in profound ways.</p>	<p>但政府并没有把省下的钱收入囊中，而是用这些钱设立了一个同样由JAM三位一体支撑，名为Ujjwala的全新第三代燃气计划。这一精心设计的计划旨在帮助贫困女性从根本上改善生活。</p>
<p>Most poor families, especially in rural areas, don't cook with gas; even if it's subsidized, it's still more expensive than building fires with wood or animal dung. However, wood and dung fires fill kitchens with hazardous smoke (household air pollution is responsible for nearly 500,000 deaths per year in India). To address this crisis, Ujjwala provides</p>	<p>印度大多数贫困家庭，特别是农村地区的贫困家庭，并不会使用燃气烹饪；即使有补贴，燃气还是比用木头或动物粪便生火更贵。但用木头和粪便生火会使厨房充满有害烟气（印度每年有近 50 万人死于室内空气污染）。为解决这一危机，Ujjwala 向符合条件的农村家庭提供 50%的补贴，</p>

qualifying rural households with a 50 percent subsidy to purchase a gas connection and stove. (The other 50 percent can be paid in installments.) So far, approximately 75 million women have benefitted from Ujjwala. The government is now considering additional reforms to encourage Ujjwala recipients to refill their gas canisters, which are not necessarily affordable enough or easy enough to get.	用于购买燃气接口和炉灶（另外的 50%可以分期付款）。目前已有约 7500 万女性从 Ujjwala 计划中受益。政府目前正考虑进一步的改革，鼓励 Ujjwala 计划的受益人给燃气罐充气，因为这对她们来说并不便宜，也绝不简单。
But Ujjwala's impact doesn't stop at health. The program is also helping women chip away at discriminatory social norms that have limited their horizons.	但Ujjwala计划影响的不只是健康，它还能帮助女性摆脱限制发展的歧视性社会习俗。
For example, the average Indian woman spends more than 40 hours per week doing domestic work, leaving precious little time for anything else. Using cooking gas saves women several hours per day they had been spending gathering firewood, building and managing fires that made them sick, and then cleaning up the ashes and dust.	例如，印度女性平均每周花在家务劳动上的时间超过 40 小时，只有极少的宝贵时间可以做其他事情。使用燃气可以每天为她们节省下拾柴、生火、看火、清理灰烬和灰尘的几小时时间，也不用担心因此生病。
Moreover, the government made an important decision about how the benefits would be disbursed that is disrupting traditional power dynamics in the home. Unlike with traditional benefits programs in India, it is women—and not their husbands—who are eligible for Ujjwala. To receive the gas subsidy, women need to sign up for a bank account.	此外，政府还做出了一项重要决定，采用别具一格的福利分配方式，从而打破传统的家庭权力结构。与印度传统的福利计划不同，Ujjwala的合格受助人都是女性，而不是她们的丈夫。女性需要注册银行账户才能得到燃气补贴。
Merely having and using a bank account changes women's lives, by giving them decision-making power over the family's finances. A randomized control trial of a different Indian social benefit program, a work guarantee program, found that when women received payments directly into their own accounts (instead of accounts in their husband's names) and received training on how to use the accounts, they worked more and earned more. Their husbands also said they were more comfortable with their wives working outside the home. In other words, helping women gain control over financial resources ends up changing everyone's sense of who they are and what they are capable of.	仅仅通过开设并使用银行账户就能改变女性的生活，这让她们将家庭财政大权掌握在自己手里。针对另外一项社会福利项目（一项工作保障计划）所做的随机对照测试发现，当女性从自己的账户（而不是从她们丈夫名下的账户）直接拿到钱，并接受如何使用账户的培训后，她们会完成更多的工作，获得更多的收入。她们的丈夫也表示更愿意接受妻子外出工作。换言之，帮助女性获得家庭财政的控制权，也改变了每个人对自我的定义和自身能力的认知。
There is yet another way that policies designed around the JAM trinity are empowering the poor—	JAM 三位一体的政策还让政府变得更加负责，从另一个层面赋权给贫困人口。例如，新的燃气补

by making government more accountable. For example, with the new cooking gas subsidy, government officials in 640 Indian districts receive daily progress reports on PAHAL, including enrollment, cash transfer, and error rates, so they can identify and address problems as soon as they arise.	贴政策推出后，印度 640 个行政区县的官员们每天收到有关 PAHAL 的进度报告，包括登记、现金转账和错误率等，这促使他们在第一时间发现并解决问题。
Various states are also experimenting with ways to proactively solicit citizens' input whenever they interact with government. In one state, for example, beneficiaries receive an automated call soliciting feedback on the quality of the service: Was the customer treated courteously? Did she receive the benefits she expected? Did she receive them without having to pay a bribe? Negative responses roll over into a human system to generate formal complaints.	印度的各个邦也在尝试不同的方法，主动征求民众的意见，促进他们和政府的交流。比如有一个邦会给受助人主动拨打电话，征求他们对服务质量的反馈：是否得到了礼貌对待？获得的福利是否与预期相当？是否需要给贿赂才能获得福利？负面反馈会直接转入人工服务系统，形成正式投诉。
On its own, the JAM trinity doesn't do much. It needs to be paired with smart, pro-poor policies and services built around digital technology. Even then, digitally powered policies and services by themselves won't end poverty and gender inequality. They need to be accompanied by analog reforms like changing discriminatory laws and policies. When all these pieces come together, though, the status quo can change fast.	单凭 JAM 三位一体计划本身无法发挥太大作用，它必须和利用数字技术支持、对贫困人口有利的良好政策和服务相结合。即便如此，数字驱动的政策和服务本身也无法消除贫困和性别不平等。我们还需要开展更多的改革，改变歧视性法律和政策。如果我们能做到这一切，现状可以快速发生改变。

CLIMATE ADAPTATION CHAPTER/气候适应
pg. 32-37

ENGLISH	中文
STORIES OF PROGRESS	进步的故事
CLIMATE ADAPTATION	气候适应
The global climate change debate is mostly focused on how to limit carbon emissions. We are still waiting for the big technology and policy breakthroughs we need. Meanwhile, the climate is already changing. It is a terrible injustice that the people who suffer the most are the poorest farmers in the world. They didn't do anything to cause climate change, but because they rely on rain for their livelihoods, they are at the front lines of coping with it. These farmers already have no margin for	全球气候变化的讨论核心是如何限制碳排放。在我们依然等待技术和政策上的重大突破时，气候已经开始变化。而最不公平的是，受气候变化影响最严重的恰恰是全球最贫困的农民。他们没有做任何导致气候变化的事，但因为自身生计依赖于雨水，导致他们会首当其冲。这些农民本来就没有任何失误的余地了。他们没有资源对抗干旱、洪水、牲畜突发的疾病，以及破坏庄稼的新型害虫。在埃塞俄比亚，政府和数百万农民正势如破竹地提高当地对气候变化的抵抗力，现已颇

error. They don't have the resources to adapt to droughts and floods, disease outbreaks among their herds, or new pests devouring their harvest. In Ethiopia, the government and millions of farmers have embarked on an impressive crash course in building resilience, and it is working. As State Minister Kaba writes, the 2015 drought didn't cause anywhere near the death or destruction of the infamous 1984 drought. Ethiopia's success offers hope. Worldwide, we need greater investment in developing and distributing improved crop varieties that tolerate stresses like extreme heat or floods. The world's agricultural research system needs more support.	见成效。如该国农业部国务部长卡巴所说，2015年的旱灾并没有像1984年那场史无前例的旱灾一样，带来大量死亡和破坏。埃塞俄比亚的成功带来了希望。放眼全球，我们需要进一步投资研发并推广能够抵抗极端高温和洪涝等灾害的作物品种。全球农业研究体系需要得到更多支持。
Bill & Melinda	比尔和梅琳达
REGION FOCUS: AFRICA	关注地区：非洲
COUNTRY: ETHIOPIA	国家：埃塞俄比亚
DR. KABA URGESSA	卡巴•厄吉萨博士
State Minister for Natural Resources and Food Security at the Ministry of Agriculture, Ethiopia	埃塞俄比亚农业部自然资源与粮食安全国务部长
THE 1984 FAMINE IS A DARK HISTORY THAT WE HAVE GONE THROUGH. But sometimes—although it feels strange to say—there's opportunity in crisis. Shortly after the famine, we established a disaster management policy and built up food reserves so that when droughts happened, we could at least save the lives of our people.	1984年的饥荒是埃塞俄比亚历史上的一段黑暗时光。 虽然这么说有些奇怪，但有时危机也能带来机遇。饥荒过后不久，我们就着手制定了灾害管理政策并加强粮食储备，确保旱灾再次发生时，我们至少可以挽救人民的生命。
As the years passed, we invested heavily in the productivity and resilience of our agriculture sector. We had to, because more than 80 percent of our people live in rural areas. In 2003, the African Union met in Maputo, Mozambique, and governments committed to spend 10 percent of their budgets on agriculture; we spend more than that. In 2015, we suffered a drought just as severe as the one that led to the 1984 famine, but the world never heard about it	多年来，我们对农业生产力和抵御灾害能力进行了大量投入。之所以这样做是由于80%以上的人口生活在农村地区，这使得我们别无选择。2003年，非洲联盟在莫桑比克的马普托举行会议，各国政府在会上承诺将预算的10%用于农业发展。我们的投入远超过这个比例。2015年，我们遭受了和导致1984年大饥荒一样严重的旱灾，但这并没有成为全球新

because we had built better systems to help farmers cope.	闻，因为当时我们已经建立了完善的体系，帮助农民应对危机。
Our thriving agriculture sector is part of why Ethiopia's overall economic growth has been so impressive, and why we are on track to become a middle-income country by 2025. But there is one thing that could derail us: climate change. Climate change is caused by the actions of richer countries, but the most vulnerable people in poorer countries are feeling it first.	蓬勃发展的农业是埃塞俄比亚整体经济快速增长的源泉之一，我们的国家也因此有望到 2025 年步入中等收入国家之列。但我们仍面临一个较大的风险，那就是气候变化。气候变化是由富裕国家的行为造成的，但贫困国家中最脆弱的人群往往要最先为此而买单。
Since I was a boy, the temperature here has increased by about 1 degree Celsius. But the rain is a much bigger problem. Overall, there is less of it—20 percent less in some places. What rain is left is less predictable. It comes late and leaves early. When it does come, it can come in destructive torrents. Every calculation a farmer makes is based on weather. Smallholder farmers are very good agronomists, but they have spent their lives learning things about a climate that is ceasing to exist.	从我的孩提时代算起，这里的气温已经上升了大约 1 摄氏度。但降水才是更大的问题。首先整体降水量有所下降，有些地区甚至减少了 20%。现在的降水也更加无常，总是来得晚，走得早。而且就算下雨，也总是破坏性的暴雨。农民的每个判断都要基于天气情况。小农户们都是非常优秀的农学家，但他们用一生时间学到的气候规律却在逐渐消失。
Fortunately, the work we've been doing for the past 20 years will help our farmers respond to the changing climate in the next 20. In 2005, we launched a very large program that pays people to work on agriculture-related public works projects. The impact is twofold: The poor have the means to purchase food and other necessities when emergencies strike, and they build community assets like bench terraces, bunds, check dams, deep trenches, and microbasins that conserve water, prevent soil erosion, and ultimately contribute to higher yields. Three years later, we launched another program to foster a mass movement around sustainable land management.	幸运的是，我们过去 20 年来的努力能够帮助农民应对未来 20 年的气候变化。2005 年，我们启动了一项庞大的计划，雇佣农民参与支持农业相关的公共项目。这一做法有两个好处：当紧急情况发生时，贫困人口有钱购买粮食和其他必需品；他们建造梯田、堤坝、节水坝、深渠和微型盆地等社区共用资产，从而节约水源、防止水土流失，并最终提高产量。三年后，我们启动了另外一项促进可持续土地管理的大型计划。
We have also hired one of the largest cadres of agricultural extension agents in the world. They are a source of timely information; for example, they provide early warnings about droughts and	我们还聘请了世界上最大的农业推广组织之一。他们能提供各类及时信息，例如旱灾的早期预警，并为农民提出相应的应对建议。

advice about how farmers might adjust. They also focus on longer-term education. Our network of extension agents is one reason why Ethiopian farmers are more likely to use fertilizer, improved seeds, or irrigation than farmers in many neighboring countries.	他们也关注长期教育。多亏了我们的技术推广网络，埃塞俄比亚的农民比很多邻国的农民更多地使用化肥、改良后的种子和灌溉技术。
We have no illusions about what we are up against. Several years ago, we launched our Climate Resilient Green Economy strategy, which recognizes that our future prosperity is riding on proper stewardship of our environment.	我们从不敢轻视目前面临的挑战。我们在几年前推出了气候适应型绿色经济战略，也是因为充分认识到未来的繁荣依赖于恰当的环境治理方式。
We cannot stop the droughts. We can flourish in spite of them.	我们无法阻止干旱的发生。但即便如此，我们仍然可以蓬勃发展。
MITSELAL TEKELE TEFAY	麦瑟拉•特克勒•特斯法伊（MITSELAL TEKELE TEFAY）
Farmer, Ethiopia	埃塞俄比亚农民
THE WEATHER IN OUR AREA IS THE WILL OF GOD. Twenty years ago, when I started farming this land, the weather was better. But it keeps getting hotter. July should be a cold month; this year it's much hotter than usual. And the rains are not dependable. One year there are good rains, and the next year there's drought. It usually begins raining in late May or early June. This year, it's already late July and it hasn't rained yet. We're still waiting. We try to sow at the best times, but we can't control the rain. If it doesn't start raining until July and stops before October, we won't get anything from our fields. If things get bad, I have some sheep I can sell or trade. I am thinking about investing in beehives for honey.	我们这个地区的天气全凭上帝做主。20年前我刚开始在这片土地耕种时，天气要好一些，但后来就越来越热。7月本应该凉爽一些，但今年还是比往年炎热得多。降水也变化无常。即便今年的降水不错，明年却可能闹旱灾。雨季通常在5月末或6月初开始，但今年到了7月底仍然没有开始。我们还在等待。我们必须最适合的时机播种，但却无法控制何时下雨。如果7月还没开始下雨，或是雨季在10月之前就结束，那么庄稼都可能颗粒无收。如果情况继续恶化，我可以卖掉一些羊，同时也在考虑买一些蜂箱来收集蜂蜜。
Even though the weather is worse, our farming is much better now. When I was growing up on my parents' farm, the land was destroyed. They didn't get any kind of help from the government.	虽然天气不断恶化，但我们的耕种能力却有很大的提高。我在父母的田地上长大，当时的土地遭到完全的破坏，他们也没能得到政

When the famine came in 1984, moving the family to Sudan was the only option.	府的任何帮助。 1984 年发生了饥荒，举家搬往苏丹是唯一的出路。
Now, we get information and education from agricultural experts who come to our community. Before, we didn't use modern seeds. Now I use the best wheat seeds. I plant wheat that's ready to harvest earlier, so it does better in a drought. Before, we didn't use fertilizer, herbicides, or pesticides. Now I can use all three. I know about weeding. I know how to protect my field from drying out in the sun. My yields have almost doubled.	现在，农业专家会来我们的社区提供重要的信息和培训。之前我们不用新型种子，现在我用的是最好的小麦种子。我种的小麦成熟得早，也更适合干旱的天气。我们以前不会用肥料、除草剂或杀虫剂，现在这三样我都用。我学会了正确的除草方法，也知道如何保护庄稼不被烈日晒干。我的收成几乎翻了一番。
This year, we were told that the rains would be less, and we received training about what to do. We harvest rainwater by collecting the runoff and storing it for later. With all our strength and ability, we try to keep the ground moist. We do that in many different ways: applying mulch, digging trenches, plowing, mending gullies. When a little rain starts to fall, every household works hard to make sure it stays in the soil. No one sits in the house if there is rain.	今年我们得知降雨会减少，并接受了相应的培训。下过雨后，我们将径流中的雨水收集起来，以备后续使用。我们尽可能地保持土地湿润，为此使用了很多方法，比如遮盖地面、挖沟、犁地、修补沟渠等等。每次下点几雨，家家户户都会尽力把雨水保留在土壤里。下雨的时候没有人待在家里。
We try to adapt to the conditions here and overcome. I want my children to get an education. I didn't get one when I was a child; I didn't go to school a day in my life. But all three of my children are enrolled. I must make sure that they are fed. If I grow wheat early this year, I will switch to barley during the next growing season because I want barley for my kids to eat. My children can't learn and study with empty bellies. Every decision I make is about what my family needs.	我们努力适应并尽力克服这里的气候状况。我希望我的孩子们能接受教育。我小时候就没有受过教育，一天学都没上过。但我的三个孩子都在上学。我要保证他们吃得饱。如果我今年提早种上小麦，就能在下一个种植季种些大麦给孩子吃。我不能让孩子们饿着肚子学习。我做的每个决定都是为了家人。
<i>Based on an interview</i>	文字根据采访整理

EXPLORE THE DATA /解读数据

Indicator Text

pg.38-53

ENGLISH	中文
EXPLORE THE DATA	解读数据

<p>We started writing the Goalkeepers Report to track progress toward the Sustainable Development Goals (SDGs). We believe that seeing where the world is succeeding will inspire leaders to do more, and seeing where the world is falling short will focus their attention. So we promised that, every year, we'd publish the most recent global data about the 18 indicators most closely related to the work our foundation does. This year, given our theme, we have tried to emphasize the role of inequalities in blocking the achievement of the SDGs. We have also explored maternal mortality, stunting, and neglected tropical diseases (NTDs) in more detail, because those stories provide insights about inequality and how to fight it.</p>	<p>我们撰写《目标守护者报告》的目的是为了追踪可持续发展目标（SDGs）的进展情况。我们相信，进步会激励领导者们做出更多的努力，不足则促使他们更加专注于需要解决的问题。为此，我们承诺每年发布与基金会工作关系最密切的 18 项指标的最新全球数据。鉴于今年的主题，我们希望强调不平等对可持续发展目标的实现所造成的阻碍。我们也会更具体地探讨孕产妇死亡、发育迟缓和被忽视的热带病（NTDs）等问题。这些故事能让我们更好地了解不平等问题，并寻找应对策略。</p>
<p>Bill & Melinda</p>	<p>比尔和梅琳达</p>
<p>STUNTING</p>	<p>发育迟缓</p>
<p>Stunting is complex. There is no single lever to pull to address it; you have to pull many at once to achieve significant progress. That may be why the global stunting rate has come down more slowly than some other indicators. But it's also why stunting reduction is a clear indication of good development.</p>	<p>发育迟缓是个复杂的问题，没有单一的解决办法，要想取得显著的成效，必须从多个方面同时努力。或许正是出于这一原因，全球发育迟缓率的下降速度比其他指标都要慢。但从另一个角度而言，如果发育迟缓率出现下降，则是对进步最有力的一个证明。</p>
<p>One way to accelerate progress is to study exemplars, the countries that have made impressive progress, like Nepal.</p>	<p>加快进步的方法之一是向榜样学习，尼泊尔就是取得了显著进步的榜样国家之一。</p>
<p>In 1996, two in three Nepalese children were stunted, the highest rate in the world. By 2016, it was about one in three. Underlying this progress were investments in health, nutrition, and education. For example, the percentage of pregnant women receiving prenatal care from a skilled provider has tripled since the turn of the millennium (to 84 percent), and primary school enrollment is now 97 percent.</p>	<p>1996年，尼泊尔有三分之二的儿童发育迟缓，是全球发育迟缓率最高的国家。2016年，这个数字下降到三分之一。这一进步的取得离不开尼泊尔对卫生、营养和教育的大力投资。例如，自新千年以来，接受专业人士产前护理的孕妇占比提高了2倍（达到84%），小学入学率现已达到97%。</p>
<p>A closer look at the data shows that although Nepal has decreased its stunting burden, it has not yet made it more equal. To the right, you see stunting plotted by wealth quintile between 1996</p>	<p>仔细观察这些数据不难发现，虽然尼泊尔的发育迟缓问题有所改善，但平等状况却没有得到提升。从右图可以看出，从1996到2016年，按财富状况划分的五个等级（按五分位</p>

and 2016. Although every quintile improved—by a lot—the richest improved more than the poorest. And there is now an even bigger gap between the poorest and everyone else.	计算)对应的发育迟缓演变情况。尽管每个等级都得到了显著改善,但最富裕的等级比最贫困的等级的改善更加明显。最贫困人口与其他等级间的差距甚至比原来更大。
For Nepal, the priority now is to close the gap. For guidance, Nepal can look to Peru.	尼泊尔现在的首要任务是缩小差距。为此,尼泊尔可以参考秘鲁的做法。
The same chart for Peru, an exemplar country whose stunting burden in 2000 was close to Nepal's now, shows that the gap between the poorest and richest quintiles shrank by half in just 15 years. This progress toward equality was by design: Peru's government created a health insurance system for the poor; implemented a conditional cash transfer program to encourage women in key areas to use health, nutrition, and education services; and targeted key health and nutrition interventions to ensure that the people who needed them most received priority.	秘鲁在2000年的发育迟缓状况与尼泊尔现在的状况相仿。从秘鲁的图中可以看出,秘鲁最贫困和最富裕的等级的差距在过去15年缩小了一半,这得益于秘鲁政府采取的一系列举措,包括为贫困人口设立医疗保险;为重点地区的女性提供有条件的现金奖励,鼓励她们使用卫生、营养和教育服务;以及有针对性地实行健康和营养干预措施,保证最需要的人被放到优先的位置。
Together, Nepal and Peru provide insights for countries at every stage of the fight against stunting.	尼泊尔和秘鲁的案例能给处在发育迟缓问题各个阶段的国家提供参考。
<i>SDG target: End all forms of malnutrition, including achieving, by 2025, the internationally agreed-upon targets on stunting and wasting in children under five. Target shown on chart is provisional and has been extrapolated based on existing 2025 target.</i>	<i>可持续发展目标:消除一切形式的营养不良,包括到2025年实现5岁以下儿童发育迟缓和消瘦问题的相关国际目标,图表上显示的是暂定目标,根据现有2025年的目标推断得出。</i>
MATERNAL MORTALITY	孕产妇死亡率
Most maternal deaths are preventable with tools we already have. The key is giving mothers high-quality care throughout their pregnancy and during childbirth.	现有的工具可以预防大多数孕产妇死亡。解决问题的关键是为妈妈们提供优质的孕期及分娩期护理。
Tragically, many mothers receive no care at all. One of the most searing images of inequality is a young woman giving birth alone.	不幸的是,很多妈妈根本没能得到任何照顾。一名年轻的女性独自一人分娩的画面最能反映不平等状况,也最令人痛心。
Fortunately, many governments and their partners are innovating to erase this image. For instance, our partner Jhpiego is reimagining the	幸运的是,很多政府和合作伙伴正在通过创新来消除这种状况。例如,我们的合作伙伴Jhpiego(约翰·霍普金斯大学下设的一个非营

way pregnant women interact with the health system.	利性机构）正在重新构建孕妇与医疗体系的互动方式。
Most pregnant women spend a few minutes receiving care from a nurse or midwife several times during their pregnancy. One-on-one attention sounds good, but these meetings tend to be impersonal and rushed.	大多数孕妇会在怀孕期间接受几次护士或助产士提供的护理，每次几分钟。一对一护理听起来很不错，但通常都进行得很匆忙且不够人性化。
So in 20 health facilities in Kenya and Nigeria, Jhpiego invited groups of 15–20 women at similar stages of pregnancy to attend a series of two-hour group antenatal sessions. They got more time (as much as 30 times more!) with a health provider who got to know them personally. What’s more, they got to know each other— and build a support network that lasted beyond the pregnancy.	所以Jhpiego邀请了几组处于相似怀孕阶段的女性，每组15到20名，来到肯尼亚和尼日利亚的20家医疗机构参加2小时的产前培训。她们现在有了更多的时间（这比原来的时间多30倍）与医护人员交流，医护人员也能更深入地了解每个人的情况。此外，孕妇之间也能相互认识，建立起一个支持网络，一直持续到孕期之后。
These group antenatal care (G-ANC) pilots achieved eye-popping results.	这些团体产前护理（G-ANC）试点产生了惊人的成果。
First, the care was simply better. In both Kenya and Nigeria, women in G-ANC were more likely to receive key interventions and information about how to care for themselves and their newborns.	首先，护理的质量提高了。接受团体产前护理的肯尼亚和尼日利亚女性更有可能了解关键干预措施和信息，从而更好地照顾她们自己和新生儿。
Second, the women felt better about the experience, which suggests they are more likely to keep on using the health system. Nigerian women who participated in G-ANC were much more likely to give birth at a health facility, where the staff can manage an obstetric emergency.	其次，女性更青睐这种体验，也更愿意继续使用这些卫生保健服务。参加了团体产前护理的尼日利亚女性更有可能在医疗机构里分娩，那里的专业人员可以处理分娩时发生的紧急情况。
Third, the women scored higher on an overall measure of empowerment, suggesting that G-ANC can affect not only maternal health but other important development priorities.	第三，接受此类护理的女性在女性赋权方面的综合评分也较高，这表明团体产前护理不仅改善了产妇健康，也对其他的发展事项产生了积极影响。
Although the project ended in 2017, all 20 test sites continued to offer G-ANC on their own, in part because the providers and mothers demanded it. The next step is to scale it up to other districts and countries so that the maternal mortality curve starts bending faster.	虽然该项目已于2017年结束，但在护理人员 and 产妇的要求下，全部20个试点场所都在继续自行提供团体产前护理。下一步是要将其推广到其他地区和国家，从而更快地降低孕产妇死亡率。

<p>One country that has effectively scaled up maternal health is China. Thirty years ago, women in rural China were more than twice as likely than women in urban areas to die in childbirth. Now, that gap has been almost completely closed. Meanwhile, the national mortality rate is less than 20 per 1000,000 live births, well below the SDG target of 70. China achieved this equitable progress by investing in maternal and child health as part of the primary care system, improving the insurance system so that more people are covered for more services, and launching a maternal and child health campaign targeted specifically at poor families in Central and Western China.</p>	<p>中国在大规模改善孕产妇健康方面取得了显著成效。30年前，中国农村女性因分娩死亡的机率是城市女性的两倍以上，现在这一差距几乎已经完全消失。与此同时，全国孕产妇死亡率下降到每十万例活产孕产妇死亡数量不到20例，远低于可持续发展目标提出的70例。中国的这一进展得益于对初级卫生保健系统的大力投资（孕产妇和儿童健康是其中的重要组成部分）、医保覆盖范围和服务种类的扩大，以及针对中国中西部贫困家庭推出的孕产妇和儿童健康项目等举措。</p>
<p>National maternal mortality rate 1990-2017 (1/100,000) keeps falling...</p> 	<p>表头：1990-2017年中国孕产妇死亡率（以十万分之一为单位）持续下降</p>
<p><i>SDG target: Reduce the global maternal mortality ratio to less than 70 per 100,000 live births.</i></p>	<p><i>可持续发展目标：使全球孕产妇每10万例活产的死亡率降至70人以下。</i></p>
<p>NEGLECTED TROPICAL DISEASES (NTDs)</p>	<p>被忽视的热带病</p>
<p>In the phrase “neglected tropical diseases” (NTDs), the adjective “neglected” refers to a group of approximately 20 diseases, but it could just as easily describe the 1.5 billion people affected by them. Winning the fight against NTDs requires learning how to meet the needs of people whose needs have never been met before.</p>	<p>在“被忽视的热带病”一词中，“被忽视的”一词指大约 20 种被忽视的疾病，但它也完全可以用来描述这些疾病影响的 15 亿人。想要战胜被忽视的热带病，必须了解这些人的需求，而他们的需求从来没有被满足过。</p>
<p>Consider onchocerciasis, a parasitic disease that causes horrific itching and, in severe cases, blindness (it’s also known as river blindness). Onchocerciasis is transmitted by black flies that breed near fast-flowing rivers. As a result, some of the poorest farmers in the world have been forced to abandon the best soil found in river basins and try to eke a living out of infertile land.</p>	<p>以盘尾丝虫病为例，这是一种能引发极度瘙痒，严重情况下甚至导致失明的疾病（也被称为河盲症）。盘尾丝虫病通过在湍急的河流附近繁殖的黑蝇传播。因此，世界上一些最贫穷的农民被迫放弃河流附近适合耕种的土地，转而到贫瘠的土地上耕作。</p>

<p>The good news is that onchocerciasis is treatable with ivermectin, a drug that Merck has been providing for free since 1987. Unfortunately, although ivermectin kills symptom-causing juvenile worms, it doesn't kill adult worms—which can keep reproducing for up to 15 years. Moreover, 200 million people in remote villages spread across sub-Saharan Africa are at risk of being infected.</p>	<p>好消息是伊维菌素可以用来治疗盘尾丝虫病，默克公司自1987年以来一直免费提供这种药物。不幸的是，尽管伊维菌素可以杀死导致疾病症状的幼虫，却不能杀死能够持续繁殖超过15年的成虫。此外，在撒哈拉以南非洲地区的偏远村庄里，仍有2亿人面临被感染的风险。</p>
<p>Given these challenges, onchocerciasis elimination is based on what is known as mass drug administration (MDA): Every year, volunteer health workers in tens of thousands of far-flung villages give ivermectin to every local resident. After approximately 15 years, if MDA coverage is consistently high, the adult worms in people's bodies die of old age and transmission is broken.</p>	<p>鉴于以上种种挑战，消除盘尾丝虫病需要依靠所谓的大规模药物管理行动（也称为“全民服药”）。每年，成千上万个偏远村庄中有大量志愿卫生工作者向每位当地居民发放伊维菌素。如果全民服药一直保持高覆盖率，那么大约15年后，人体内现有的成虫会自然衰老死亡，并因此阻断传播。</p>
<p>But the more successful we are, the harder the work gets. First, people who've taken a drug for 10 years in a row and probably don't feel sick are not eager to keep taking it. Second, diagnostic tests aren't sensitive enough to pinpoint where the disease is totally gone and where it's just at very low levels. Consequently, we don't know when it's safe to stop doing MDA.</p>	<p>但我们愈是成功，工作就愈加艰难。首先，连续服用了10年药物后，不再感到任何症状的人很可能会停止服用。其次，诊断测试不够灵敏，无法确定疾病是已经完全治愈，还是仅仅因为指标很低所以检测不出来。因此，我们无法确定何时可以安全停止全民服药。</p>
<p>We continue to invest in better diagnostics and drugs, yet we must rely on some of the most fragile health systems in the world to conquer the massive logistics of high-quality, widespread MDA campaigns year after year. Many are rising to the challenge. Onchocerciasis transmission has been interrupted in two Nigerian states and parts of Mali, Senegal, Sudan, and Uganda. Moreover, countries like Malawi and Sierra Leone, with GDP per capita below \$1,000, have exceeded 75 percent MDA coverage for multiple NTDs three years running.</p>	<p>我们还在继续投资寻找更好的诊断方法和治疗药物，但每年还是要依靠全球最脆弱的一些卫生系统来完成这一高质量、覆盖广的全民服药行动。很多人站出来直面挑战。在尼日利亚的两个州，以及马里、塞内加尔、苏丹和乌干达的部分地区，盘尾丝虫病的传播已被阻断。此外，马拉维和塞拉利昂等人均国内生产总值低于1000美元的国家，有多个被忽视的热带病已连续三年实现75%以上的全民服药覆盖。</p>
<p>The task now is for every country to achieve and sustain this kind of progress everywhere NTDs are endemic until they are either under control or completely eliminated.</p>	<p>现在的任务是让每个国家都在被忽视热带病流行的地区执行并维持类似的进步，直到这些病得到控制或被完全消除。</p>

<i>SDG target: End the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases.</i>	<i>可持续发展目标：消除艾滋病、结核病、疟疾和被忽视的热带病等流行病。</i>
POVERTY	贫困
The most concerning thing about this chart is the slope of the sub-Saharan Africa curve. Ideally, sub-Saharan Africa would follow the recent pattern of South Asia, with a precipitous drop in poverty; instead, progress in the region is projected to be relatively slow between now and 2030. The key to reducing poverty in sub-Saharan Africa over the long term is targeting investments in health and education so that they reach people who are usually missed.	这张图最令人担忧的是撒哈拉以南非洲的曲线斜率。理想情况下，撒哈拉以南非洲地区应该与南亚近年来的发展趋势相仿，即贫困直线下降。然而根据目前的预测，该地区从现在到 2030 年的进步速度反而会相对放缓。从长远来看，减少撒哈拉以南非洲地区贫困状况的关键是对健康和教育进行投资，从而惠及那些常被忽视的人群。
<i>SDG target: Eradicate extreme poverty for all people everywhere.</i>	<i>可持续发展目标：在全球所有人口中消除极端贫困。</i>
AGRICULTURE	农业
Previously, we've had to put "insufficient data" under agricultural productivity. This chart doesn't measure the SDG target per se, but it represents a breakthrough because for the first time we have relevant data that is comparable across countries. Although small-scale producers vastly outnumber large-scale producers in almost all these countries, they earn just a fraction of the income, because they lack access to financial services, improved inputs like seeds and fertilizer, agricultural knowledge, and efficient markets. In addition, both small- and large-scale producers tend to earn less in sub-Saharan Africa than in other regions.	过去我们只能在农业生产力这项指标下标注“数据不足”。这张图虽然没有衡量可持续发展目标，但却代表了一个突破。这是我们首次拥有多国之间可横向比较的相关数据。尽管在几乎所有这些国家中，小规模粮食生产者的数量远远超过大规模生产者，但他们获得的收入只占很小的部分，因为他们无法获得金融服务、没有更好的种子和化肥、缺乏专业知识，而且没有途径销售他们的农产品。此外，在撒哈拉以南非洲国家，无论是小规模还是大规模粮食生产者，两者的收入均普遍低于其他地区。
<i>SDG target: Double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists, and fishers.</i>	<i>可持续发展目标：小规模粮食生产者，特别是妇女、土著居民、农户、牧民和渔民，实现农业生产力和收入翻番。</i>
UNDER-FIVE MORTALITY	五岁以下儿童死亡率
Pneumonia is the leading infectious cause of child mortality and second only to neonatal disorders	肺炎是导致儿童死亡的第一大传染性疾病，在所有导致儿童死亡的因素中排名第二，仅

as a cause of overall child mortality. However, just 3 percent of global research and development spending and 6 percent of global foreign aid spending on infectious diseases goes to pneumonia. Globally, fewer than half of children are currently protected by the leading pneumonia vaccine. A less expensive vaccine may become available soon, which would enable more countries to protect more children and drive down the global child mortality burden.	次于新生儿常见疾病。然而全球针对传染病的研发支出中只有3%用于肺炎，而全球针对传染病的外国援助中也只有6%的支出用于肺炎。目前全球范围内只有不到一半的儿童接种了最先进的肺炎疫苗。一种更加便宜的疫苗可能很快会上市，让更多的国家能够保护更多的儿童，降低全球儿童死亡率。
<i>SDG target: End preventable deaths of newborns and children under age five, with all countries aiming to reduce under-five mortality to at least as low as 25 per 1,000 live births.</i>	<i>可持续发展目标：消除新生儿和5岁以下儿童可预防的死亡，各国争取将5岁以下儿童每1000例活产的死亡率至少降至25例。</i>
NEONATAL MORTALITY	新生儿死亡率
The number of children under five who die has declined steadily. The number of newborns (0–28 days old) who die has also declined, but more slowly. As a percentage of overall child mortality, therefore, newborn mortality is rising. Almost half of all child deaths now occur in the first 28 days of life. Future progress on child survival requires a renewed focus on newborn health. In addition to delivering a proven package of basic interventions, it is especially critical for low- and middle-income countries to make sure specialized care for small and sick babies is available in facilities where mothers give birth.	五岁以下儿童死亡人数稳步下降，新生儿（0–28天）的死亡人数也有所下降，但速度更慢。因此，新生儿死亡在儿童总死亡人数中的占比有所上升。现在，几乎有一半的儿童死亡都发生在宝宝出生后的前28天。若想未来在儿童生存方面取得进步，我们需要重新聚焦新生儿健康。除了提供一套切实有效的基本干预措施外，对于低收入和中等收入国家来说，确保母亲分娩的医疗机构可以提供针对体型过小和患病婴儿的专业护理尤为重要。
<i>SDG target: End preventable deaths of newborns and children under age five, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births.</i>	<i>可持续发展目标：消除新生儿和5岁以下儿童可预防的死亡，各国争取将新生儿每1000例活产的死亡率至少降至12例。</i>
HIV	艾滋病
Between ages 10 and 24, females are significantly more likely than males to contract HIV. (Over age 24, by the way, it's often just the opposite.) Young women are vulnerable for a variety of reasons. For example, a lack of power in relationships leads adolescent girls to engage in risky sex, and social stigma leads them not to seek (or not to receive) adequate reproductive health care. This gap is	10至24岁之间的女性感染艾滋病毒的可能性明显高于男性（顺便说一下，24岁以后的情况则恰恰相反）。多种原因导致年轻女性更容易受到伤害。例如，在一段关系中缺少主导地位会导致少女发生危险性行为，社会舆论的诋毁也会阻止她们寻求（或接受）足够的生殖保健护理。随着年轻人口激增，这种

especially worrying because of the youth bulge: The population of girls reaching the age at which they are most vulnerable keeps growing.	差距尤其令人担忧：达到最脆弱年龄的女孩数量在不断增长。
<i>SDG target: End the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases.</i>	<i>可持续发展目标：消除艾滋病、结核病、疟疾和被忽视的热带病等流行病。</i>
TUBERCULOSIS	结核病
The spike in TB cases in sub-Saharan Africa in the 1990s and 2000s offers yet more evidence of how devastating the HIV/AIDS epidemic was. HIV makes people more susceptible to TB, which explains why the region's TB incidence went up. However, the fact that it went back down just as sharply after 2008 is evidence of how successful Africa's HIV response has been. The next priority is for sub-Saharan Africa and South Asia to diagnose and treat all active cases of TB and close the gap with other regions.	1990 年代到 2000 年代期间，撒哈拉以南非洲地区结核病例激增，这进一步证明了艾滋病毒/艾滋病流行所带来的灾难性后果。艾滋病毒使人们更易感染结核病，从而导致该地区的结核病例数量上升。2008 年之后的急剧下降也证明非洲成功地应对了艾滋病危机。撒哈拉以南非洲和南亚地区的下一个重心是诊断并治疗所有的活跃结核病病例，同时缩小与其他地区的差距。
<i>SDG target: End the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases.</i>	<i>可持续发展目标：消除艾滋病、结核病、疟疾和被忽视的热带病等流行病。</i>
MALARIA	疟疾
These lines show why malaria is the poster child for global health inequality. Lower-income countries carry the global burden; there are nearly zero cases in higher-income countries. Within countries there are also significant differences in burden, with the hardest-to-reach, poorest communities suffering the most. Globally, the burden has declined steadily, but success will come only when malaria inequalities are addressed within and across borders. The places with the highest burden are also likely to be the last places to eliminate the disease, so the sooner we address inequalities, the closer we get to the goal of eradicating malaria from the face of the earth.	这些线证明了疟疾是全球健康不平等的典型代表。低收入国家承担了全球所有的疟疾负担，高收入国家的病例数几乎为零。国家内部也存在很大的差距，最难触及的最贫穷社区受到的影响最大。全球面临的疟疾负担已经稳步下降，但只有国家内部和国与国之间的疟疾不平等得到解决，才能最终取得成功。疾病负担最重的地区却很可能是最后才会消灭这种疾病的地区，因此我们越早解决不平等，就越能接近彻底消除疟疾的目标。
<i>SDG target: End the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases.</i>	<i>可持续发展目标：消除艾滋病、结核病、疟疾和被忽视的热带病等流行病。</i>

FAMILY PLANNING	自主计划生育
When it comes to family planning, sub-Saharan Africa is a region apart. By now, every other region in the world is clustered near the top of the chart; then there's a gap, and then comes the line for sub-Saharan Africa. The gap is projected to close, but only gradually. If just a handful of sub-Saharan African countries can speed up their improvement in family planning coverage, then the region will achieve its global targets for meeting women's needs for contraceptives and reproductive health.	在自主计划生育方面，撒哈拉以南非洲地区是完全孤立的。到目前为止，全球所有其他地区都已经聚集到了这张图的顶端；接下来有段空白；然后才是代表撒哈拉以南非洲地区的这条线。虽然目前看来差距有缩小的趋势，但非常缓慢。如果少数几个撒哈拉以南非洲国家能够加快提高自主计划生育的覆盖，那么该地区就能实现满足妇女对避孕药具和生殖健康的需求这一全球目标。
<i>SDG target: Ensure universal access to sexual and reproductive health care services, including those for family planning.</i>	<i>可持续发展目标：确保性健康和生殖健康保健服务的普及，包括自主计划生育。</i>
UNIVERSAL HEALTH COVERAGE	全民健康覆盖
With Universal Health Coverage (UHC), all people in a country have access to essential health services without risking financial hardship. Higher-income countries are more likely than lower-income countries to achieve UHC, but this graph shows that some lower-income countries get much better results than others. Although Rwanda and Ethiopia are poorer than the other countries, both have invested heavily in community-based primary health care. As a result, their UHC performance has improved dramatically.	通过全民健康覆盖，一个国家的所有公民都能获得基本医疗服务，并且不因此陷入经济困难。收入较高的国家比收入较低的国家更有可能实现全民健康覆盖，但这张图显示出一些收入较低的国家反而比其他国家更有成效。虽然卢旺达和埃塞俄比亚比其他国家更加贫困，但它们都向以社区为中心的初级卫生保健投入了大量资金。因此，这两个国家的全民健康覆盖得到了极大的改善。
<i>SDG target: Achieve universal health coverage for all.</i>	<i>可持续发展目标：实现全民健康保障。</i>
SMOKING	吸烟
In two thirds of sub-Saharan African countries, girls are more likely to smoke than adult women. Traditionally, smokers in Africa tend to be men, but that may be changing. Countries can reverse this disturbing trend by adopting proven tobacco control strategies. One of the most effective, especially for the young, is raising the price of cigarettes through increased tobacco taxes. These	在三分之二的撒哈拉以南非洲国家中，女孩吸烟的机率高于成年女性。以往，非洲的吸烟者多为男性，但这点可能正在悄然改变。各国需要采取经证实有效的烟草控制策略来扭转目前这一令人担忧的趋势。针对年轻人最为有效的方法之一是通过提高烟草税，进而提高香烟的价格。税收将限制吸烟行为，

taxes bring overall health costs down by limiting smoking while also generating revenue that governments can use to spend on other priorities.	从而降低整体医疗成本，政府也可将产生的收入用来解决其他重要问题。
<i>SDG target: Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries.</i>	<i>可持续发展目标：酌情在所有国家加强执行《世界卫生组织烟草控制框架公约》。</i>
VACCINES	疫苗
This year's U.S. measles outbreak was the worst in a generation. Globally, even larger outbreaks have occurred in Chad, the Democratic Republic of Congo, and Madagascar. Measles epidemiology makes it necessary to vaccinate an extremely high percentage of children, but as this map shows, more than half of one-year-old children in Africa live in districts where measles vaccination coverage is below 80 percent. However, the situation may be improving in critical geographies. According to preliminary data from the North West Zone of Nigeria, renewed government commitment to measles and other routine vaccinations has paid off with signs of rapidly increasing coverage over the past two years.	美国今年爆发了这一代最严重的麻疹疫情。全球范围内，乍得、刚果民主共和国和马达加斯加甚至爆发了更大规模的疫情。麻疹的流行特征要求必须有极高比例的儿童接种疫苗，但如地图所示，非洲有超过一半的一岁以上儿童生活在麻疹疫苗接种覆盖率低于80%的地区。但若干关键地区的情况可能有所改善。尼日利亚西北地区的初步数据显示，政府对麻疹疫苗重新做出的承诺和其他常规疫苗接种已经显现成效，疫苗覆盖率在过去两年迅速提高。
<i>SDG target: Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.</i>	<i>可持续发展目标：支持研发主要影响发展中国家的传染和非传染性疾病的疫苗和药品，根据《关于与贸易有关的知识产权协议与公共健康的多哈宣言》的规定，提供负担得起的基本药品和疫苗，《多哈宣言》确认发展中国家有权充分利用《与贸易有关的知识产权协议》中关于采用变通办法保护公众健康，尤其是让所有人获得药品的条款。</i>
EDUCATION	教育
The past generation has seen a huge increase in school enrollment. However, as more students enroll, it is proving challenging to provide a consistently good education. Today, more than half of sixth graders in 10 French-speaking African countries are not minimally proficient in math and	上一代人的入学比例大幅增加。然而，随着学生数量的增加，如何持续提供优质教育日益成为挑战。目前在10个讲法语的非洲国家中，超过一半的六年级学生无法达到数学和阅读的最低熟练水平。更糟糕的是这一情况还有恶化的趋势：如果不做出改变，到2030

reading. Worse, the trend is negative: Unless something changes, two thirds of students in school in 2030 won't master the basics. To change this, education leaders need to prioritize literacy and numeracy in the early grades.	年将有三分之二的学生连基础知识都无法掌握。为了改变这种状况，教育界的领导者们需要特别强调低年级的识字和算术教育。
<i>SDG target: By 2030, ensure that all girls and boys complete free, equitable, and quality primary and secondary education leading to relevant and effective learning outcomes.</i>	<i>可持续发展目标：到2030年，确保所有男女童完成免费、公平和优质的中小学教育，并取得相关和有效的学习成果。</i>
GENDER EQUALITY	性别平等
Globally, women do three times more unpaid care work than men. The gap is largest in Northern Africa and Western Asia, but it exists in every region. This work is currently valued at \$10 trillion per year, but even that huge number still doesn't capture the full extent of women's lost economic potential. In 2013, the international definition of "work" was refined to recognize unpaid care, and since then, our partners have been developing guidance to better capture women's work in surveys around the world. This is a crucial step toward addressing gender gaps in paid and unpaid work.	在全球范围内，女性从事无偿护理工作的时间比男性多三倍。每个地区都存在差距，但是北非和西亚的差距最大。目前这些无偿工作的价值约为每年10万亿美元，但这一庞大的数字仍不能充分体现女性无法实现的巨大经济潜力。2013年，国际上完善了对“工作”的定义并将无偿护理纳入其中。从那时起，我们的合作伙伴一直在制定相关指南，以更好地通过调查全面了解世界各地女性的工作情况。这是解决两性在有偿和无偿工作上差距的关键一步。
<i>SDG target: Recognize and value unpaid care and domestic work through the provision of public services, infrastructure, and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.</i>	<i>可持续发展目标：认可和尊重无偿护理和家务，各国可视本国情况提供公共服务、基础设施和社会保护政策，在家庭内部提倡责任共担。</i>
SANITATION	卫生
This chart shows the wrong thing: It suggests progress will only come from sewer connections, wastewater treatment plants, and other expensive infrastructure that is impractical in many places. The SDGs rightly established a new, "safely managed" sanitation goal to help track and improve sanitation systems used by billions in low-income countries. The challenge is that leaders don't yet have enough data to measure safely managed sanitation or target key areas for improvement. If countries are serious about SDG 6, it is critical that more of them start reporting to	这张图显示，只有建设下水道、污水处理厂以及其他昂贵的基础设施才能推动进步，这对很多地方来讲并不实际，因此这一信息是错误的。可持续发展目标设定了一个新的“安全可控的”卫生目标，来追踪并改善低收入国家中数十亿人口使用的卫生系统。但问题在于，各国领导者还没有足够的数据来衡量安全可控的卫生设施，也无法确定需要改进的关键领域。如果各国希望完成可持续发展目标的第六条，那么就需要越来越多的国家开始向联合国儿童基金会（UNICEF）和世界卫

the Joint Monitoring Project of UNICEF and the WHO.	生组织（WHO）的《饮用水供应和环境卫生联合监测规划》进行报告。
<i>SDG target: Achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.</i>	<i>可持续发展目标：人人享有适当和公平的环境卫生和个人卫生，杜绝露天排便，特别注意满足妇女、女童和弱势群体在此方面的需求。</i>
FINANCIAL SERVICES FOR THE POOR	普惠金融
Being able to prove who you are is key to accessing financial and social services as well as securing rights (like voting) and seizing economic opportunities (like registering your business). Yet 1 billion people lack basic proof of ID, and as many as half of the world's population lacks ID that authorities routinely trust and accept. Moreover, there is an ID gender gap in low-income countries, with only 55 percent of women able to prove their identity compared to 70 percent of men.	能够证明自己的身份是获取金融和社会服务、获得权利（如投票）并抓住经济机会（如注册企业）的关键。然而全球仍有10亿人口缺少基本的身份证明，更有多达一半的人口没有权威机构认可并接受的身份证明。此外，低收入国家在身份证明问题上存在性别差距，仅有55%的女性能够证明自己的身份，而对于男性而言这个比例是70%。
<i>SDG target: Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance, and financial services for all.</i>	<i>可持续发展目标：加强国内金融机构的能力，鼓励并扩大全民获得银行、保险和金融服务的机会。</i>