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The Millennium Development Goals: Considerations for a Post-2015 MDG Agenda for Africa¹

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Introduction

In September 2000, the United Nations Millennium Summit endorsed the Millennium Development Goals (MDGs) in what was called the Millennium Declaration. More than one hundred eighty countries were signatories to this declaration. The main objective of the Millennium Summit was to set quantifiable and time bound global development goals to end human suffering from hunger, destitution and diseases, mainly in developing countries. Since its inception, the MDGs have been embedded in several international and regional initiatives and have had an increasing influence on policy discourse throughout the developing world. The MDGs constitute 8 goals, 18 targets and 48 indicators. The MDGs in general are culminations of several international initiatives that took place since mid-90s sponsored by the United Nations.¹

With the 2015 deadline fast approaching, the international development community is assessing and taking stock of the current goals' successes and failures, in an attempt to shape and develop an inclusive and holistic post-2015 agenda. In order to articulate Africa's position on the Post-2015 agenda, UNECA is organizing a regional workshop that will be held in Accra, Ghana, from November 15-16, 2011.

As background information to the above mentioned regional workshop, the literature review below presents an overview of the following: a) MDG positive contributions, b) MDG challenges, c) The attainment of the MDGs in Africa, d) Considerations for moving forward, and lastly, e) Ongoing discussions on shaping the post-2015 agenda.

a) MDG Positive Contributions

The MDGs have focused attention on the poor

Without a doubt, the Millennium Development Goals (MDGs) have made significant contributions to the social and economic development of countries across the globe: first and foremost, these multi-dimensional and target-oriented goals are said to be “the first global development vision that combines a global political endorsement with a clear focus on, and means to engage directly with, the world's poor people” (Human Development Report, 2003). The goals have had unprecedented success in galvanizing international support and awareness not only from governments and inter-governmental bodies, but also from civil society, the private sector, charities, foundations, the media and academia, in order to focus on a common set of goals that seek to enhance human capabilities (Vandemoortele, 2009; Moss, 2010; Document on the Secretary General Report on Progress towards the Millennium Development Goals, 2011). Further, the MDG framework “...has helped raise global consciousness about the multiple dimensions of poverty and make the complexity of the development process more insightful to policy makers and the public at large” (Document on the Secretary General Report on Progress towards the Millennium Development Goals, 17). Global campaigns such as “Make Poverty History,” “End Poverty 2015,” and other numerous organized campaigns also contributed to enhancing MDG exposure around the world (Melamed

¹ The most notable are: Copenhagen UN World Summit for Social Development, 1995; Fourth UN Conference on Women, Beijing, 1995, UN International Conference on Population and Development, Cairo, 1994, UN Conference on Environment and Development, Rio de Janeiro, 1992 .

and Scott, 2011: 1). Since the adoption of the MDGs, developing countries prioritized poverty reduction more, embedding the MDGs into their respective national Poverty Reduction Strategies (PRS) and implementing MDG-focused policies (Polard et al., 2010, www.giz.de/). Lastly, according to a 2005 UNDG survey on 118 country responses to the MDGs, 86% had reportedly acted in response to the MDGs” (UNDG, 2005), which further illustrates the impact the MDGs have had, even at the country level.

The MDGs have been associated with increased funding

Secondly, while a causal relationship has not been definitively established, there is growing consensus that MDGs have improved and increased the targeting and flow of aid and other investments in development (Waage, Banerji et al, 2010; Moss, 2010; Bourguignon F, Benassy-Quere A et al., 2008). Between 1992 and 1997, total aid plummeted by more than 20 percent. At the time of the September 2000 UN Summit when the MDGs were adopted, total aid was around \$60 billion per year. However, by 2005, aid had doubled to roughly \$120 billion per year, and aid has remained at this level ever since (Moss, 2010: 218). Further, “OECD figures, between 2000 and 2006 [not only show that] total development assistance for health has more than doubled from US\$6.8 billion to \$16.7 billion,” but also that similar trends have been recorded for education as well (Waage, Banerji et al, 2010: 1). Despite falling short of DAC countries’ commitments, Official Development Assistance (ODA) is said to have increased to a current record of \$129 billion annually. Before the Millennium Declaration, ODA was at 0.22% of DAC countries’ GNI whereas by 2006, it had increased to \$104.4 billion, or 0.31% of DAC countries’ GNI (Bourguignon et al, 2008: 18). While this increase in ODA cannot perhaps be fully attributable to the MDGs, there is no doubt, that the MDGs played an instrumental role in targeting the flow of aid.

As explained in the World Bank’s 2010 Global Monitoring Report, there has been a significant increase in development financing over the last decade, particularly in response to health-related issues. For example “...during 2001 -05, aid commitments to HIV/AIDs programs rose almost 30% (\$ 4.75 billion) fueled by the establishment of the Global Fund and by philanthropic efforts by the Clinton Foundation, the Bill and Mellinda Gates Foundation and others...” (World Bank, 2010: 62). The U.S. President’s Emergency Plan for AIDS relief (PEPFAR) and UNITAID are examples of other financial mechanisms that were inspired by the MDGs.

“In 2008, public and private entities allocated \$15.8 billion for global HIV/AIDS programs, \$6.7 billion of it from bilateral and European Union contributions. Pledges to the Global Fund rose from \$2.5 billion in 2007 to \$3.0 billion in 2008, and then declined to \$2.6 billion in 2009. In the last funding cycle, demand from countries also fell. The U.S. PEPFAR program increased its contributions from \$4.5 billion in 2007 to \$6.2 billion in 2008 and has subsequently increased its annual budgets. The 2010 fiscal year allocation is just shy of \$7 billion, suggesting that U.S. support is continuing” (World Bank, 2010: 62).

The MDGs have ensured greater focus on results

As a third contribution, the MDGs successfully focused the international community on measurable outcomes, creating a shift in practice to tracking progress on intended targets rather than merely calculating inputs (Moss, 2010: 218). In other words, with specified

targets, the MDGs allow countries to track and report on specific indicators, therefore emphasizing the importance of data collection and analysis: "...the MDGs have stimulated an improvement in monitoring development programmes through data collection and analysis: Once the MDGs gained currency, a cascade of statistical and analytical work got underway" (Waage, Banerji et al., 2010: 6). This not only influences countries to adopt better data monitoring, evaluation and reporting systems, but also allows governments to create social and economic development policies that better reflect the reality of their countries.

b) MDG Challenges

The MDGs have been misinterpreted

A first critique of the MDGs is that "...while they were initially intended as global aspirations, they quickly became actual targets for countries" (Moss, 2010: 218). Consequently, they are wrongly expected to be achieved as countries individually, as opposed to globally. The MDGs have been "over-abstracted," "over-generalized," "over-simplified" and altogether misinterpreted as global one-size-fits-all targets, and furthermore, have been perceived as yardsticks against which countries' performance have been judged and measured. In fact, "the MDG agenda has overlooked differences in initial conditions and capacities of countries and as such, by using a uniform set of targets, could unfairly judge the efforts made by countries that started in more disadvantaged positions" (Document on the Secretary General Report on Progress towards the Millennium Development Goals, 2011: 19). It is for this reason that some (Vandemoortele, 2009; Hailu, D and R. Tsukada, 2011, Bourguignon et al, 2008; Moss, 2010) maintain that South Asian and Sub-Saharan African countries in particular, were not only initially set up to fail (Clemens et al., 2007; Easterly, 2009), but "still lag behind" in achieving the MDGs, further reinforcing the perception of Afro-pessimism among critics. "Given the vast disparity of starting points, and diversity of country capabilities, using a universal measuring stick seems not just simplistic, but absurd," (Moss, 2010: 219). Poorer countries that started from a higher poverty rate and a wider poverty gap are likely to take longer and/or require more effort to cross the poverty line (World Bank: 2010, 26). Especially because "...high initial poverty incidence slows progress against poverty at any given growth rate," (Ibid 2010: 22) some (Hailu and Tsukakada, 2011), now advocate for a more comprehensive method of assessing countries' performance: rather than monitoring *levels* of indicators, and how "on or off track" the MDGs countries are, they propose a new *rate of progress* methodology which evaluates the *commitment* of countries, as measured by their *effort* to accelerate MDG progress.

The MDGs often lack ownership and leadership

In addition, the MDGs are often critiqued for lacking clear ownership and leadership at both the national and international levels, as well as not assigning accountability to any one institution, party, or country. Because developing countries' involvement in the initial development of the MDG framework was minimal, national ownership tends to be poor. Although many low-income countries have linked their national strategies and PRSPs to the MDGs, their focus has often been found to be selective at best, which suggests that this compliance could be for mere "political correctness." In this context, an interesting development took place in 2005 at the Global Mid-Term Review of the MDGS. The outcome document urged low-income countries to develop MDG

consistent PRS/NDPs to more closely align national ownership to international goals. Although this has not fully rectified the ownership and accountability concerns, it did help accelerate progress towards the MDGs after 2005. Furthermore, at the international level, the fragmented and contested nature of institutional ownership over health-related MDGs for example, has complicated overall coordination and leadership. “Within the UN agencies, ownership of maternal health is split, causing a scarcity of leadership of MDG 5. Within WHO, maternal health is split between Making Pregnancy Safer, the Human Reproduction Programme, and ...the Department for Child and Adolescent Health...Among agencies with funds for implementation, both UNICEF and the UN Population Fund (UNFPA) have a role,” (Waage, Banerji et al, 2010: 12-13).

The MDGs are limited in scope

Critics of the MDGs caution that the goals either limit the scope of, or altogether, omit several important issues deemed indispensable for the enhancement of human development (German Watch, 2010), which include: the protection of human rights, gender equality, peace, security, and disarmament, environmental sustainability and climate change, (Vandemoortele, 2009; Document on the Secretary General Report on Progress towards the Millennium Development Goals, 2011).

The MDGs do not take into account inter-sectoral synergies

Another critique is that the MDGs are sector-specific and thus too narrow to realize synergies between sectors. “The MDGs were not a plan derived bottom-up from a broad, inter-sectoral conceptualization of development and prioritization of development needs, although superficially, they might seem to have been” (Waage, Banerji et al, 2010: 5).

The MDGs are weak on issues of quality

Additionally, the MDGs are critiqued for being too focused on quantity as opposed to quality: with regards to education in Africa for example, emphasis is often placed on increasing primary enrollment rates, when the overall quality of education remains a challenge (UNECA et al, 2011). It is also said that the MDGs promote a “money-metric” and “donor-centric” view of development (Vandemoortele, 2009) because until recently, development discourse overemphasized donor-funding, thus creating foreign aid-dependent countries and reinforcing an imbalanced partnership between recipient and donor countries.

Lack of data is a constraint to monitoring MDG performance

Lastly, an important obstacle to monitoring MDG performance in Africa has been the lack of timely and reliable high-quality data, as well as efficient monitoring and evaluation systems which have limited countries’ abilities to assess the impact of interventions in order to inform future policies (ECA et al., 2011).

c) The Attainment of the MDGs in Africa

Overall, progress towards the MDGs has been “patchy” and “uneven.” Although most progress in Africa has been made on the poverty and gender parity goals, most countries in all regions are off-track on most MDGs. Africa (excluding North Africa) is undoubtedly significantly behind other regions in all MDGs (Bourguignon et al, 2008: 6).

According to the 2011 ECA MDG report, 16 out of the 36 African countries with available data in 2009/2009 have already achieved net enrollment ratios of over 90% and the rest are progressing on the right track (ECA et. al., 2011). Primary completion rates as well as the quality of education, however, remain a concern. Almost all African countries have achieved gender parity in primary schools, and in some cases the number of girls exceeds that of boys. Although efforts to combat HIV/AIDs, tuberculosis, and malaria have led to significant advances in preventing new infections and treating the diseases, malaria remains a major cause of morbidity and mortality, and new commitments for malaria control appear to have waned. Progress to reduce child mortality and maternal health has also been particularly slow. Additionally, conditions for pregnant women and lactating mothers remain dire. Concerted effort is needed for scaled-up improvement on access to water and basic sanitation, as there is a large urban/rural divide with respect to this indicator. It is crucial to note that MDG progress in African countries has been characterized by great variance, not only across indicators and targets, but within and among countries as well (ECA et. al., 2011).

The 2011 ECA MDG report provides an overview of Africa's varied performance: for target 1A of MDG 1 which seeks to eradicate extreme poverty and hunger, for example, the proportion of Africans (excluding North Africa), living on less than 1US\$ a day marginally decreased from 58% in 1990 to 51% in 2005. Despite positive trends observed prior to 2006, the proportion of the population living below the poverty line in Africa (excluding North Africa), rose to 52.5% in 2008 as a result of the cumulative impacts of the food, fuel, and financial crises between 2006 and 2008. Nonetheless, countries such as Cameroon, Ethiopia, the Gambia, Ghana, Senegal, and Morocco successfully managed to make positive strides in this regard. Evidence from the IFAD 2011 Rural Poverty Report illustrates that rural poverty is still very high in Africa (excluding North Africa). Although Africa (excluding North Africa) reduced rural poverty by 5.1% between 1998 (64.9%) and 2008 (61.6%), Latin America and the Middle East and North Africa reduced poverty by a larger margin of 68.8% and 45.5 % respectively. This shows that other regions successfully managed to reduce more rural poverty than Africa did.

According to the 2006 WHO Africa Regional Report, widespread health inequity in African countries persists. With regards to delivery assistance by health professionals in Ethiopia, for example, almost 50% of women from the richest wealth quintile are able to access delivery assistance from a health professional, whereas less than 3% of women from the poorest wealth quintile have access to the same (ECA, 2009). While this is but one telling example that illustrates the range of variance in health inequity, it highlights the extent to which access to certain amenities can vary, even within the same country.

d) Considerations for Moving Forward

In order to accelerate progress on the MDGs, African countries, depending on country-specific conditions, could:

- **Address equity issues, and increase pro-poor targeting** to ensure that governments implement suitable policies to benefit the less privileged,

- **Institutionalize holistic social protection strategies and programs** that minimize the negative impact of various shocks on poor households. Experiences from numerous African countries illustrate that social protection schemes such as the old age pension in South Africa and Lesotho, or the National Health Insurance Scheme in Ghana, can contribute significantly to most MDGs,
- **Prioritize and engage in robust domestic resource mobilization** in order to reduce dependency on international donors. African countries should also continue to advocate for increased ODA disbursements, and insist that donor assistance be more closely aligned to national priorities, including the achievement of the MDGs. They should continue to allocate budgets to lagging MDGs in their respective countries to ensure that adequate resources are channeled to the areas that need buttressing,
- **Adopt country specific MDG Acceleration Frameworks (MAF) and continue to integrate MDGs into national development plans:** African countries should learn from the positive experiences of countries such as Ghana and Uganda that have already adopted MAFs, which provide national stakeholders with a systematic approach to identify and analyze bottlenecks that cause MDGs in respective countries to lag or advance slowly. Such experiences illustrate that when governments take the lead and have effective assistance from all partners, progress is possible.

In addition to the above, African countries could i) improve and achieve aid effectiveness through enhanced coordination and harmonization so as to reduce “donor fatigue”, and increase the predictability of aid, ii) recognize the importance of economic growth, but more so, strengthen institutions and policies, and create the right enabling domestic environments to ensure the effective use of aid, iii) increase donor selectivity so that based on actual recipient country-needs, donors provide either technical assistance, budget support or aid, iv) further enhance country ownership of the MDGs, v) pay more attention to issues such as climate change, international migration, as these could have crippling effects on Africa’s (excluding North Africa) achievement of the MDGS, and lastly vi) address the data gap to ensure accurate monitoring of progress and ensure evidence-based decision making on the continent and promote the movement to mainstream disaggregated data and monitoring (Vandemoortele, 2009; Waage, Banerji et al, 2010).

e) Shaping the Post-2015 Agenda

Now four years shy of the internationally agreed upon 2015 target for the MDGs, there has been a concerted effort to not only accelerate MDG achievement, but to rigorously assess and take stock of the current goals’ successes and failures, in an attempt to shape and develop an inclusive and holistic post-2015 agenda. The question is not whether there will be a set of international development goals post-2015, but rather, what the proposed framework will consist of. “A global strategy for development in 2015 will have to confront different challenges to those of the 1990s... [and will need to be] characterized by multiple crises and sources of instability including finance and climate change” (Sumner and Tiwari, 2010). In order to ensure country specificity and national level ownership, authors are calling for recipient-country led, diverse and broad multi-stakeholder consultations and intergovernmental debates between bilateral and

multilateral aid agencies, international NGOs, think tanks, and other key stakeholders (Abbe Pi re, 2004; Vandemoortele, 2009). “A broad development agenda arising from this process should be agreed internationally, but developed locally to ensure ownership of goals and their monitoring across society nationally, regionally, and globally (Waage, Banerji et al, 2010: 2).

A review of the available literature, inclusive of the document on the Secretary General Report on Progress towards the Millennium Development Goals, underscores five main schools of thought concerning potential post-2015 approaches: i) to keep the current MDGs but extend the deadline to enable fulfillment of the goals, ii) to introduce monitoring indicators to enable domestic policy makers and donors to evaluate why progress on specific goals in respective countries is slow or fast (Bourguignon et al, 2008: 29), iii) to take a completely different format in the post-2015 development agenda that will reflect the most pressing development problems, iv) to put forward a “compact” view of the MDGs, consisting of fewer goals and v) to agree on an “MDG-Plus agenda” that will incorporate some of the aforementioned socio-economic issues that were omitted in the current MDGs. It must be said that the latter option seems to be gathering the most momentum. Proponents stress the importance of restructuring the MDGs (Moss, 2010; Vandemoortele, 2009), and argue that failure to adapt the next round of international development goals to the current thinking on development and aid, that address current topics such as well being, decent work, equity, social protection and urbanization, will result in another set of purely well-meaning, but ineffective goals.

Discussion Questions for Participants

1. What are the key considerations and priorities that should guide Africa's policymakers, CSO's and development practitioners in deciding on the post 2015 development agenda?
 - a. Possible considerations include:
 - i. **MDG performance.** Should poor performance on the MDGs influence Africa's decision about the MDGs?
 - ii. **Relevance or lack thereof of the MDGs to Africa's development.** Are the MDGs still relevant for Africa's development?
 - iii. **Relevance of the goals and indicators.** Do the goals and indicators of the MDGs adequately reflect the development priorities/realities of Africa?
 - iv. **Overemphasis on outcomes.** Is the outcome-focused orientation of the MDGs appropriate for Africa? Or is a development agenda that focuses more on the enabling environment and less on development outcomes more relevant for Africa?
 - v. **Other considerations:**
 2. Based on the identified priorities, which of the following options should inform the post-2015 development agenda?
 - a. Retaining the MDGs in their current form but extending the deadline (i.e., **MDGs-plus 15**).
 - b. Augmenting the MDGs (**MDGs-augmented**) to take into account excluded but important goals and indicators.
 - c. Developing a more compact set of MDGs to focus on the most pressing development challenges (**MDGs-streamlined**).
 - d. Developing an entirely new framework to be developed (i.e., **MDGs-alternative**) that emphasizes enablers or preconditions for achievement of the MDGs?
 3. What specific elements would you like to see in an:
 - i. MDGs-augmented framework?
 - ii. MDGs-streamlined framework?
 - iii. MDGs-alternative framework?
 4. What is the rationale for retaining the MDGs in their current format?
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