

More Money or More Development: What Have the MDGs Achieved?

Charles Kenny and Andy Sumner

Abstract

What have the MDGs achieved? And what might their achievements mean for any second generation of MDGs or MDGs 2.0? We argue that the MDGs may have played a role in increasing aid and that development policies beyond aid quantity have seen some limited improvement in rich countries (the evidence on policy change in poor countries is weaker). Further, there is some evidence of faster-than-expected progress improving quality of life in developing countries since the Millennium Declaration, but the contribution of the MDGs themselves in speeding that progress is—of course—difficult to demonstrate even assuming the MDGs induced policy changes after 2002. The paper concludes with reflections on what the experience of MDGs in terms of global goal setting has taught us and how things might be done differently if there were to be a new set of MDGs after 2015. Any MDGs 2.0 need targets that are set realistically and directly link aid flows to social policy change and to results.

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1. INTRODUCTION

What have the MDGs achieved? And what might their achievements mean for any second generation of MDGs or MDGs 2.0? It is a lot to ask of one legally toothless document, silent on the necessary steps to achieve its declared goals, to dramatically and observably change the course of global development -- however grand the signatories. Perhaps this is particularly the case when specific targets in the Millennium Declaration largely repeated language fashioned at previous UN summits over the course of the 1990s (and some, including the goal of universal education repeated language from declarations as early as 1934). Nevertheless, a range of papers in the early 2000s estimated costs of achieving the MDGs, while some suggested the policy changes that might be required. And repeated MDG progress tracking exercises by the UN and the World Bank continue to utilize the MDGs as a tool to advance reform of aid and development policy. All of this suggests a widespread hope that the MDGs would make a real-world difference in speeding development progress, so it is not unreasonable to ask if such progress has been achieved.

There is widespread agreement that the MDGs have placed broad-based poverty reduction at the center of the development agenda at least in international discussions and policy discourse (Watkins, 2011). If the benchmark of success is the number of donor reports and poverty strategies written that include measures of MDG progress, or summit meetings that highlight the MDGs, the Goals have been overwhelmingly more successful than the UN development decades (Manning, 2009). More broadly, Figure 1 suggests that the MDGs have become a considerable topic of discussion at least in books written English. The figure reports on the number of times the phrases “GDP per capita” “Human Development Index” and “Millennium Development Goals” have been mentioned in books published between 1980 and 2006 as scanned by the Google Books project (which already includes more than five percent of the books ever published) (Michel et al., 2011). “GDP per capita” and “Human Development Index” are used as the ‘consensus development goals’ prior to the MDGs. As can be seen, GDP per capita still leads, but the phrase “Millennium Development Goals” has overtaken “Human Development Index” and, as of 2006, appears to be rapidly closing on GDP per capita. This is no small accomplishment in terms of framing the discussion –even while only five percent of Americans, six percent of Chinese and one quarter of Norwegians surveyed have heard of the MDGs, according to the World Values Survey (Manning, 2009).

At the same time, some of the constituent elements of the MDGs do not appear to be gaining in terms of attention paid in English-language books. Figure 2 suggests the terms “child mortality”, “maternal mortality”, “absolute poverty” or “school completion” have

become no more widely used since the MDGs were launched (for those viewing the figure in black and white, from top to bottom the lines in 1980 at the left of the chart run maternal mortality, child mortality, absolute poverty, and school completion).

Furthermore, the purpose of the MDGs was not merely or primarily to change thinking but to change policies and outcomes. They were designed to “encourage sustainable pro-poor development progress and donor support of domestic efforts in this direction” (Manning, 2009). Have they succeeded in this regard? Perhaps reflecting a greater impact on general aid and development dialogue than discussion of specific development topics, the evidence in favor of ‘donor support of domestic efforts’ is stronger than that in favor of ‘pro-poor development progress.’ Perhaps again this should come as no surprise, given the Goals were first compiled as OECD DAC targets (albeit DAC targets drawn from UN agreements of the 1990s).

In light of the likely debate on a second generation of MDGs, here we ask:

- a) Have the MDGs led to greater resource mobilization at both global and national level and policy change by donors and governments? (*ie more money*)
- b) What is the record on poverty reduction progress during the period of the MDGs? (*ie more development*)

Note this paper asks if the MDGs as agreed might have had an impact on progress in the areas covered. It does not discuss if the goals themselves were the right ones. There is a considerable debate as to whether there should have been goals covering growth, governance, violence or learning for example. There is no analysis of the potential negative spillover effects of any greater focus that the MDGs achieved on their target areas in terms of reduced attention to these other areas.¹ Nor does the paper discuss the level of ambition of the goals beyond a looking at the suitability of using ‘on track/off track’ measures as an indicator of MDG impact. These issues are analyzed in the sibling paper, which discusses some potential changes to the goals and a set of ‘straw-man’ targets for any MDGs 2.0 (see Kenny & Sumner, 2011b). Finally, we focus our analysis on the development goals actually enumerated in the Millennium Declaration:

“We resolve further: To halve, by the year 2015, the proportion of the world’s people whose income is less than one dollar a day and the proportion of people who suffer from hunger and, by the same date, to halve the proportion of people who are unable to reach or to afford safe drinking water... To ensure that, by the same date, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling and that girls and boys will have equal access to all levels of education.... By the same date, to have reduced

¹ Having said that, the last decade has seen a considerable decline in war deaths and the number of major civil conflicts ongoing worldwide suggesting the (unsurprising, perhaps) conclusion that the MDGs not mentioning civil conflict was not itself a significant spark for such conflict, at the least.

maternal mortality by three quarters, and under-five child mortality by two thirds, of their current rates... To have, by then, halted, and begun to reverse, the spread of HIV/AIDS, the scourge of malaria and other major diseases that afflict humanity....”

While (even) these targets listed in the citation above have no legal weight, at least they were in fact agreed by the heads of state –unlike the considerably longer list of targets and indicators appended to the MDG process over the course of the year or so that followed the declaration.² (Although one could make the case that the MDGs were informally endorsed at the UN Conference on International Financing for Development at Monterrey in 2002, because funding commitments made on the basis of the MDGs were made there). If it is difficult to find an impact on progress regarding these goals, it would surely be even harder with the targets and indicators.

We use a range of approaches towards evaluating change from the pre- to post-MDG period, including before and after comparisons in levels and changes, as well as before and after changes controlling for initial conditions. By and large the approaches are driven by the quality and extent of the data. And in all cases, we should emphasize at the outset that our ability to make strong causal statements is considerably limited. We do not outline a complete theory of change spanning from the Declaration at the UN through policy change to outcome, nor do we test that theory using comprehensive multivariate analysis. At the most, we can suggest if the pattern of data fails to contradict a story that suggests the MDGs led to more aid and/or policy change which in turn led to improved outcomes.

We argue that the MDGs may have played a role in increasing aid, that development policies beyond aid quantity have seen limited improvement in rich and poor countries alike, but that there is some evidence of faster progress towards quality of life in developing countries since the Millennium Declaration (a role for the MDGs themselves in speeding that progress is less straightforward to demonstrate). The paper concludes with reflections on the experience of the MDGs in terms of global goal setting and how things might be done differently if there were to be a new set of MDGs post-2015.

This paper is structured as follows: Section 2 reviews what has actually changed – the money or the policies. Section 3 assesses broad-based poverty reduction during the MDG era. Section 4 concludes.

2. INPUTS: MORE MONEY OR BETTER DEVELOPMENT POLICY?

In this section we discuss if the MDGs have led to greater resource mobilization at both global and national level.

² See for a detailed MDG history Manning (2009)

2A. GLOBAL RESOURCES MOBILIZED - AID

Despite the fact there was no target for aid flows enumerated in the MDGs (a subject of some criticism), given the MDGs' evolution in the halls of the Organization for Economic Cooperation and Development, it is unsurprising that the easiest case to make regarding the impact of the MDGs may be with aid flows. Figure 3 tracks the course of global ODA since 1990. As can be seen, the 1990s were a period of stagnation in aid flows while the period since the Millennium Declaration has seen resurgence in growth of aid flows. Between 2000 and 2009, ODA climbed from \$72 to \$128 billion (Levels were no higher than in 1991 measured as a percentage of rich country GDP, however).

Furthermore, aid flows shifted towards income groups and countries that faced some of the greatest challenges meeting the MDGs. Figure 4 illustrates per capita aid flows to low and middle income countries.³ As can be seen, the growth in global aid flows was focused on low income countries, with per capita allocations rising from \$27 to \$47 between 2000 and 2009. This reversed a dramatic decline in per capita flows to the poorest countries in the previous ten years (although it is likely to reflect in part the graduation to middle income status of some large countries with comparatively low per-capita aid receipts). Figure 5 shows how ODA to countries in sub-Saharan Africa in particular also reversed a trend of decline from 1990-2000 to 2000-2010. Aid to the region increased from \$12 billion to \$42 billion 2000-2009 –more than tripling.

Regression analysis on data from 1995 to 2009 also suggests that over that period smaller population countries have received more ODA as a percentage of total GDP when compared to larger countries.⁴ This would be consistent with a story that suggested donors were attempting to maximize the number of countries that would meet the MDGs.

The sectoral allocation of aid flows also suggests a greater focus on 'MDG priority areas.' Sumner and Tiwari note that absolute bilateral social sector ODA spending doubled 2000-2008 while productive sector ODA stagnated (see Figures 6 & 7) (Sumner & Tiwari, 2011). Figure 8, which includes multilateral flows, suggests a somewhat more nuanced picture with regard to health and education in particular, but still some evidence of an uptick in these sectors' share of total aid flows since 2000. Of course, aid is controlled by the same agencies that agreed the DAC targets, suggesting that it is possible the aid shift to social sectors might have occurred even absent the MDGs. Some evidence that the Goals themselves may have played a role is suggested by Figure 9, which suggests the timing of the uptick was post-

³ With countries defined by their low or middle income status in each year –so that the sample of countries in each category changes over the period.

⁴ The two years compared in the regression are 1995 and 2009. The log of population and the log of GDP per capita are used to predict ODA as a % of GDP in the given year. The coefficient on the log of population is negative with a greater magnitude in 2009 ($\beta=-0.037$) than in 1995 ($\beta=-0.019$) and nearly twice the magnitude for the log of GDP per capita from 1995 to 2009 ($\beta=-0.063$ and $\beta=-0.116$, respectively). All results are significant at a level of 0%. There are no controls applied.

MDG (2001), rather than earlier in response to the DAC targets. Furthermore, it is worth noting the creation and funding of institutions including the Global Alliance for Vaccines and Immunization as well as the US President's Emergency Fund for AIDS Relief does suggest there was increased donor attention to the MDG areas of child health and combating HIV/AIDS in particular over the last ten years (although the second was introduced by an administration with no love for the MDGs).

2B. NATIONAL RESOURCES MOBILIZED

The MDGs did not suggest or necessarily require an increase in national spending on social sectors (in that sense, the complaint about the lack of policy targets in MDG 8 applies to developing countries as well). Nonetheless, one measure of the impact of the MDGs on policies might have been an increase in such spending. Figures 10 & 11 look at changes in domestic spending on health and education as a percentage of GDP in low and middle-income countries. While it is hard to detect a trend, as GDP/capita grew in the vast majority of developing countries during the last decade, there will have been an increase in absolute per capita spending. One could also point to commitments made by African governments at Abuja in 2001 to spend 15% of total government expenditure and the 2006 Maputo Plan of Action on

Sexual and Reproductive Health Rights or more recently the AU's Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) in 2009 which seeks to increase the availability and use of health services.

The figures suggest that low income countries spend about 8% of their GDP on health and education. This equals about \$41 per capita (at market rates). Compare this to aid funding of around \$7.50 per capita for health and education in low income countries, it is clear that domestic financing decisions would dominate outcomes, all else equal.

At the same time, the total increase in aid flows was, interestingly, about the increase called for by MDG costing studies –which suggested that, were the MDGs to have been met by 2015, the effort would have cost around \$50 billion (Moss, 2010). The increase also tracked to MDG priorities, and had a focus on countries facing the biggest challenges in meeting the MDGs. This might be considered to provide a reasonably good test of the assumed centrality of aid resources to achieving the development outcomes outlined by the MDGs. If so, we will see that the picture is not terribly reassuring on the link.

2C. POLICY CHANGE

One indirect measure of donor policy change in order to further progress towards the MDGs is to look at how much their policy statements reflect MDG priority areas. In this regard, Fukuda-Parr (2010), p. 29, notes:

aid policy statements of major bilateral donors align with the MDG priorities only partially and in varying ways... While multidimensional poverty – including income poverty,

education and health – is the stated central policy objective of almost all the bilateral aid programs, some objectives such as maternal mortality and child survival receive surprisingly limited emphasis.

Table 1 lists the top 10 most commonly selected MDG priorities in review of 20 donor programmes. It is clear that there is a considerable adoption of MDG priority areas, however there is equal or higher adoption of priorities *not* in the MDGs (although these topics are mentioned in the broader Millennium Declaration). This might suggest that the impact of the MDGs on donor policy priorities may have been limited. In turn, this suggests that despite the fact that aid flows as a whole increased in the period after the Millennium Declaration, the impact of the MDGs themselves may have been more limited than a simple *post hoc ergo propter hoc* argument would suggest.

Table 1: MDG Priorities in Donor Program Strategies, 2003-2007

	Core priority
MDG 1 - Income poverty	13/21
MDG 2 - Education	15/21
MDG 3, 4, 5 - Health	14/21
MDG 7 - Water and sanitation	10/21
MDG 6 – HIV/AIDS and global diseases	12/21
MDG 7 - Environment	19/21
Other	
Human rights	17/21
Governance	15/21
Peace and Security	15/21
Democracy	14/21

Source: Fukuda-Parr (2008, p. 11-13). Notes: Review of 20 bilateral aid programmes and one multilateral (EU) via policy statements and MDG reports. See Fukuda-Parr (2010, p. 20-23) for full list of donor document reviewed. ‘Core priority’ defined as ‘whether it mentioned an MDG priority as: an important objective or a core strategic objective, such as constituting one of the “pillars” of the strategy; whether an action plan was developed and articulated in a section of the document; and whether numerical targets were set. This effort sought to distinguish rhetorical “priorities” from those that were actually being implemented’ (p.9).

Of course, as the language in MDG 8 makes clear, there is far more to developed country support for progress towards the Goals than aid alone. While Goal 8 is notably free of specific targets regarding rates of progress, it covers topics including trade, investment and finance. Have donor governments improved their policy performance in these areas since 2000? One way to examine this issue is to look at the CGD Commitment to Development Index, which rates donor countries on their policies that impact development prospects

across a range of areas including aid, trade, investment, finance and migration.⁵ Figure 12 presents the CDI for 2003 and 2010 weighted and unweighted by GDP. As can be seen, the trend is positive, especially for the larger countries in the index. One reason for this will be increased aid commitments, which are part of index scoring. Stripping out the aid component of the CDI, however, Figure 13 suggests that improvement has been more widespread than aid alone, and Figure 14, examining the trade component, suggests particular advances there.

On the side of developing countries, a recent UNDP/Columbia University study of 30 countries revealed that 25 had adopted and adapted the MDG goals or indicators (see examples from Africa in Table 2). The UNDP (2010, p. 8) is not clear why these 30 countries were chosen for the survey but does say each of the 30 countries 'had some form of national process or institutional framework in place that was concerned with formulating, implementing and/or monitoring programmes and policies in support of MDG achievement'. This would mean it was not a random sample, and even if it were, there can be considerable gaps between strategy articulation and policy implementation, of course. UNDP (2010, p. 10) also notes that in 118 countries, 86% of countries had adapted the one or more of the goals, their targets or associated indicators. In the sample of 30 countries, 25 had. Given the sample was chosen of countries with national MDG-related process this is not so surprising. In fact one might be surprised that all 30 had not adapted some of the MDGs in some manner.

We can consider measures of actual policy change as well as strategies to examine if the MDG period has been associated with improved policies in MDG priority areas. One measure is provided by the World Bank's Country Policy and Institutional Assessment (CPIA) process, which (inter alia) scores low-income countries on their development policies and the quality of their institutions, with scores from 0 (absent) to 6 (perfect). It does this against a consistent questionnaire instrument to reduce subjectivity in the scores. Figure 15 reports on regional average scores on the CPIA in 2005 (the earliest available year) and 2009 weighted by country population. The scores suggest minor improvement in scores for East Asia and Eastern Europe, but the broader story is one of stagnation –with no region seeing an improvement greater than 0.2 on a 0 to 6 scale. The Social Inclusion index of the CPIA is designed to measure policy efforts towards gender equality, equity of public resource use, building human resources, social protection and labor and policies and institutions for environmental sustainability. Figure 16 reports on regional scores and, once again, there is no evidence of strongly improved outcomes.

We have some measures of health sector effort that can complement these more general measures of policy quality with reference to the child and maternal mortality goals: they involve birth attendance by skilled health professionals (Figure 17) and vaccination rates (Figures 18 & 19). There has been a slight rise in skilled attendance –by about six percentage

⁵ See www.cgdev.org/section/initiatives/active/cdi/

Table 2. MDG national ownership in selected sub-Saharan African countries

Country	National processes of MDG localisation	Adaption of goals or targets	Adaption of indicators
Botswana	Country's Vision 2016 and National Development Plan for 2009-2016 matches the MDGs.	Y	
Ethiopia	National development plan, PASDEP (2005-2010) prioritises MDG achievements.		Y
Ghana	The GPRS II (2006-09) explicitly focuses on the MDGs, which also have been given a separate section in the annual budget statement; civil society prepared MDG shadow report.	Y	Y
Malawi	The Malawi Growth and Development Strategy (2006-2011) is a MDG-focused national plan; civil society is active in producing shadow MDG reports led by the Council of NGOs in Malawi.		Y
Mozambique	MDGs incorporated into the second PARPA (national poverty reduction strategy).		
Senegal	The President established a Special Presidential Adviser on the MDGs and appointed a national steering committee to coordinate the national response for MDG achievement.	Y	Y
Sierra Leone	The 2nd Growth and Poverty Reduction Strategy (GPRS) focuses explicitly on the MDGs, with the Office of the President leading its implementation and oversight.	Y	
Tanzania	MDGs mainstreamed into Development Vision 2025 and medium term plan MKUKUTA, and for Zanzibar.	Y	Y
Togo	Adopted a National Development Strategy based on the MDGs (2007).		Y

Source: Extracted from UNDP (2010) based on National MDG Reports.

points in low income countries between 2000 and 2008, for example-- there is insufficient data to look at long-term trends. The picture is more positive regarding immunizations –a stagnation in low-income vaccination rates in the 1990s has given way to a notable upward trend. This will be in part related to the considerable resources mobilized for worldwide vaccination programs through the Global Alliance for Vaccines and Immunizations, suggesting this may be a case where the causal chain from aid and policy to interventions to outcomes, at least, is comparably strong.

3. RESULTS: ASSESSING THE MDGS BY PROGRESS ON DEVELOPMENT

This section assesses poverty reduction progress under the MDGs via various different methods available. It is worth noting that we will not know until at least 2017-2019 which goals were met—and given the lack of baseline data we may never know for some goals. For example, we still lack poverty and hunger data to make up to date estimates of country progress in the MDG target areas in Sub Saharan Africa for nearly half of the region’s countries (World Bank/IBRD, 2011). At the same time, we are far enough through the MDG time frame with sufficient enough data to be able to make some preliminary estimates of global progress –in most cases we have data covering more than half of the period between the turn of the Millennium and the MDG target date of 2015.

As well as looking at the global level, we will also examine several ways to assess progress on the MDGs at the country level. A number of assessments emerged at the time of the September 2010 MDG summit. The first is Fukuda-Parr & Greenstein's (2010) comparisons of the rate of annual progress both before and after the introduction of the MDGs. The second is Leo & Barmer's (2010) construction of the Center for Global Development’s MDG Progress Index which assesses how far a country is above or below the trajectory to meet the MDGs. The third is ODI/UNMC's (2010) league tables based on annual improvement rates in absolute and relative terms. We will report on these exercises and add an approach of our own based on deviations from a model of historical change.

In this paper, we examine four questions: have MDG indicators improved? Have they improved fast enough for the world to be on track to meet the MDGs, have they improved faster than they did before the MDGs were agreed and have they improved faster than we would expect on the basis of historical patterns of change? One might question the need to go beyond asking ‘will we meet the MDGs?’ But from the point of view of ‘what have the MDGs accomplished’ the process would still have considerable value if it was (causally) associated with sustained or more rapid progress even without meeting the specific Goals laid out in 2000 and thereafter.

It is worth repeating here that correlation does not necessarily imply causation and that the different approaches can lead to markedly different conclusions. Table 3 provides country

examples using child mortality in this regard, comparing measures of ‘on-track/off-track’ to Fukuda-Parr and Greenstein’s approach of examining faster or slower progress since agreement of the MDGs. Many countries with declining rates of progress since 2000 remain ‘on track’ and many off-track countries have nonetheless increased rates of progress since the MDGs were agreed (See, for discussion, Pogge 2010).⁶

It is also worth noting that with country-level analysis of progress, it may be over simple to suggest countries are ‘failing’ if they are not meeting the global MDG target. MDG architects have pointed out that the MDGs are intended to be global goals (see, for example, Vandemoortele & Delamonica, 2010). Of course the goal of 100% for the primary education MDG would only be possible if all countries met 100% coverage. Furthermore, the DAC actually adopted exactly the same global and local targets for infant and child mortality in 1996. And Secretary General Annan’s ‘Road Map’ report to the UN General Assembly in 2001 suggested that “it is crucial that the millennium development goals become national goals” (Manning, 2009). Nonetheless, the targets associated with particular goal areas do become significantly more ambitious if universally applied at the country level, which has become the norm in reports on MDG progress from the World Bank and the UN.

The move from a global target of a halving of poverty or a two thirds reduction in child mortality to country-level monitoring on the basis that every country should achieve the MDG target reduction is, in effect, to ask for a dramatic acceleration of global progress. To understand why this is the case, examine Figure 20. In reaching a global target of a halving of poverty, for example, we would expect about half of all countries to more than halve poverty and half of countries to reduce poverty less than 50%. The average of leaders and laggards together is a 50% reduction. But if we move to the *country* level and suggest that every country needs to achieve a 50% reduction to avoid the stigma of MDG failure, this suggests we’ve shifted the distribution of outcomes considerably to the right. Put another way, if *every* country meets an MDG of 50% reduction, the average *global* reduction will be considerably higher than 50%.

We can conservatively estimate what this change from global to country targets implied for rates of progress at the country level by looking at the distribution of outcomes for countries currently on track to meet particular MDG targets (see Figure 21). Taking this distribution, which is bounded at the lower end by the MDG rate of progress, as a model for a

⁶ Furthermore, the Millennium Declaration did not in fact include a baseline year for the goals included therein and the full set of Goals was not even set out until a year after that Declaration. Pogge (2011) argues that the resulting Goals were under-ambitious compared to earlier commitments, but (*pace* Vandemoortele and Delamonica, 2010) many suggested a rate of progress more rapid than historical rates, as we will see. For some Goals (and in particular maternal mortality) there was insufficient data to make realistic estimates of potential progress. Regardless, international goals are necessarily political and usually ‘stretch targets’ –in this case set nearly half way through the time given to complete them. For example, Clemens notes that the goal of universal primary education has been set by international fora meeting on 9 occasions since the 1930s (1934, 1948, 1951, 1962, 1970, 1980, 1990, 1995 and 2000).

distribution in a world where every country meets the MDGs, we can estimate the average rate of global progress we would see if every country was at least meeting the MDGs.

The results of such a distribution of outcomes is presented in Table 4 below. The table suggests that, looking at average rates of progress for those countries that are on track to meet the MDG goals, over the 25 year goal period, we would expect an average decline of 65% in the prevalence of undernourishment (compared to a global goal of 50%), a 78% decline in the maternal mortality rate (compared to 75%), and a 71% decline in the child mortality rate (compared to 66%). It is also worth noting that the data suggests that countries on track to meet the MDGs show progress around one standard deviation above the average rate of progress for all countries on these three MDGs.

Note our results are based on unweighted country averages, so should be taken as illustrative.⁷ At the same time, this is a conservative estimate because it might be more logical to take the actual distribution of world outcomes and just ‘shift’ it by the gap between the slowest progressing country and the rate of progress required to meet the MDGs (the model illustrated in the right panel of Figure 20).

Regardless, given the MDGs were based on average global rates of progress and were then applied at the country level, our illustrative results suggest that the ‘on-track/off-track’ exercises are all based on the assumption of a *considerably increased* rate of global progress during the period of the MDGs. The logic underlying such an assumption is nowhere discussed in such exercises. And at the country level, some Goals are clearly over-ambitious compared to historical rates of progress. Easterly (2009, p. 29) and Clemens, et. al., (2007), both argued that the MDGs are ‘unfair’ to Africa as for some countries they would require progress at faster rates than any historical trajectory ever recorded.⁸

To return to the broader question of the impact of MDGs on rates of progress, it is important to emphasize here that it is not clear if the widespread adoption of MDGs as country goals has had any practical impact on policies or outcomes. We have seen that aid is flowing increasingly to smaller population countries where the ‘cost’ of meeting MDG targets will be lower (all else equal) –but we have no evidence of a causal link. So there are missing elements to a causal story from MDGs through policy change to more rapid progress.

⁷ Unweighted averages imply Vanuatu and China are as important to determining global average rates of progress. They are not. So if China had seen far more dramatic progress ahead of an MDG target than Vanuatu, our estimates of the gap would be too low (and vice-versa).

⁸ Another sleight of hand that the global development community has collectively undertaken is to measure ‘global’ progress using a developing country sample. We do the same here, despite the fact that excluding high-income countries has the effect of reducing the percentage of countries that are likely to reach any particular goal and altering the likely complexity of reaching ‘global’ goals –raising some (poverty) and reducing others (halving mortality).

Nonetheless, given that on/track/off track is at best a partial measure of the success of the MDGs, it is worth examining if the Goals may have been associated with the more modest target of speeding country progress in Goal areas from the period prior to their agreement. This has the added advantage that we are examining the impact of the Goals themselves on progress, rather than the impact of the Goals and ten years of policies and activities (1990-2000) before the Goals were agreed.

Table 3: On Track or Faster Progress as Measures of MDG Success

Country	Annual Under Five Mortality Change 1990-2000	Annual Under Five Mortality Change 2000-2007	Annual Change, Entire Period	UN MDG Monitor Classification	Post-2000 Change in Speed of Progress
Libya	-1.9	-0.57	-1.35	“On Track”	Decline
Mexico	-1.7	-1.14	-1.47	“Achieved”	Decline
Malawi	-3.9	-8.43	-5.76	“Possible to Achieve with Changes”	Improvement
Gambia	-2.2	-3.14	-2.59	“Off Track”	Improvement
Lesotho	+0.5	-3.29	-1.06	“Off Track”	Improvement
Nigeria	-2.3	-2.57	-2.41	“Off Track”	Improvement
Togo	-2.8	-3.14	-2.94	“Off Track”	Improvement
Tanzania	-1.4	-3.86	-2.41	“Possible to Achieve with Changes”	Improvement

Source: (Fukuda-Parr & Greenstein, 2012, forthcoming)

Table 4: How Fast Global Progress if All countries Meet the MDGs?

MDG indicator	Percent of countries on track (n=138)	Years of data	Average progress for countries on track over period of data availability	Average rate of progress for all countries	Standard deviation of rate of progress for all countries	Predicted average decline for countries on track (25 year period)	Global target
Prevalence of Under-nourishment	31%	14	-45%	-11%	36%	-65%	-50%
Maternal Mortality Rate	18%	18	-66%	-25%	43%	-78%	-75%
Child Mortality Rate	40%	18	-59%	-40%	22%	-71%	-67%

Tables 5 and 6 lay out the evidence regarding global and country-level progress towards the MDGs. At a global level, Table 5 presents evidence regarding the following questions: are the selected MDG indicators better than they were in 1990? how much of the distance to the MDGs has been achieved at the global level by 2008 according to the Global Monitoring Report? are we on track to meet the MDG target given global rates of progress 1990-2008? has the rate of progress increased from 1990-2000 to 2000-2008? and is the global rate of progress 2000-8 faster than would be predicted given historical patterns?

At the country level, Table 6 presents evidence regarding the following questions: what percentage of countries see selected MDG indicators better than they were in 1990? what percentage of countries are on track to meet the MDG target given country rates of progress 1990-2008? what percentage of countries have seen an increased rate of progress from 1990-2000 to 2000-2008? and what percentage of countries have seen a rate of progress 2000-8 faster than would be predicted given historical patterns?

Table 5: Global Progress

MDG	Improve- ment Since 1990?	GMR 'Distance progressed to Goal' (100% = goal attained)	On Track?	Faster Progress 2003-2008 compared to 1990-2001/2?	Faster than Historical Patterns?
Poverty	Y	80	Y	Y	
Under- nourishment	Y	77	N	N	
Primary Education	Y	90	N	Y	N
Gender Equality*	Y	96	Y	N	N
Child Mortality	Y	69	N	Y	Y
Maternal Mortality	Y	57	N	Y	Y
HIV/AIDS					
Drinking Water	Y	88	Y	N	

*Primary education Source: Leo and Barmester (2010), World Bank, 2011, authors' calculations.

Table 6: Country Progress

MDG	Leo and Barmeier % of countries making progress ¹	ODI % of countries making progress	Leo and Barmeier % of countries on Track ¹	GMR 2011 % of countries on Track	Fukuda-Parr and Greenstein % of countries Faster Progress	% of countries Outperforming Historical Pattern*
Poverty	63	66	49	47	51	
Under-nourishment	55	57	34	25		
Primary Education	75		46	55	35	68
Gender Equality	61		55	89/82**	46	56
Child Mortality	95	95	38	36	32	51
Maternal Mortality	83		19	30		33
HIV/AIDS	5			25		
Drinking Water	73	82	49	66	34	

Source: Leo and Barmeier (2010), ODI (2010), World Bank Global Monitoring Report 2011, & authors' calculations using World Development Indicators and Hogan et. al. (2010) data

1. % of countries with progress and on track are based on author's calculations using Leo and Barmeier (2010) methodology

*Represents the proportion of developing countries for which the appropriate data is available

**Gender Equality for primary and secondary education, respectively

3A. HAVE INDICATORS IMPROVED?

Starting with the simplest question, it is worth asking if the World looks better than it did in 1990? At the global level, the answer to that is a universal 'yes' for the indicators where we have data. Income poverty, undernourishment, child and maternal mortality are all rarer than they were in 1990 and primary completion (especially for girls) and access to clean water is more common.

The Global Monitoring Report suggests we are 80 percent of the way to reducing income poverty by half over 1990-2015, and 77 percent of the distance to halving under-nutrition (in other words, these figures are about 60 percent of their level in 1990). We have achieved 90 percent primary completion in primary education, and girls' enrollment is 96 percent of the level of boy's enrollment. We are two thirds of the way to a two thirds reduction in child mortality, and a little over half way towards reducing maternal mortality by three quarters. While the data is less comprehensive, however, it is also clear that we have yet to reverse the HIV/AIDS epidemic, at least in terms of prevalence and almost certainly in terms of new infections.

At the country level, Leo and Bartheimer's data suggests that progress is widespread across a range of indicators. Three quarters or more of countries have seen progress in poverty, undernourishment, mortality and provision of clean drinking water. Nearly two thirds of countries have seen progress in gender equality –and others will have had no progress to achieve, starting the period with parity in school enrollment by gender. Only six percent of countries have actually reduced HIV prevalence –although 25 percent report prevalence rates no higher than they were in the 1990s. We should note here that new infections is the preferred MDG target indicator, but data is more sparse. We should also note in the 2011 update of the MDG Progress Index, Leo and Thuotte (2001) note some changes and an underlying problem with the on-track/off-track exercise –considerable data revision. For example, Leo and Thuotte (2011, p. 6) estimate that as many as one-quarter of all countries or 31 of 76 countries *with data* revised their MDG 2 indicators for primary education completion rates:

Overall, primary education completion rate data (either for baseline or more recent years) was retracted for sixteen developing countries. In addition, there are widespread data revisions which also have impacted progress performance levels. By illustration, baseline year data has been revised for 31 developing countries (nearly one-quarter of all countries).

3B. "ON-TRACK" VS "OFF-TRACK"

Figures 22, 23, 24 and 25 present developing country aggregate data on the \$1.25 poverty rate, primary completion, under-five mortality and maternal mortality enabling us to measure progress at the global level. The diamonds present actual data, the thin grey line a fitted trend line over the entire period for which we have data and the thick red line an approximate indication of the trend line required to meet the MDG target for each of these goals.

We are on track to meet the first MDG on poverty –a casual look at the figure suggests that the target was actually quite conservative given historical trends. This finding is consistent with the The World Bank (2011b, p. 11) Global Monitoring Report, which noted that the incidence of income poverty at \$1.25 has fallen from 42% in 1990 to 25% in 2005 and is projected to fall to 14% in 2015. These figures represent a fall from 1.8bn poor people in 1990 to 1.4bn in 2005 and a projected 0.9bn in 2015 (See Bussolo, de Hoyos, & Medvedev,

2008).⁹ A more optimistic estimate is that of Brookings economists Chandy & Gertz (2011, p. 11) who come to more optimistic conclusions of 9.9% poverty incidence in 2015 (0.6bn poor people). Ravallion (2011) has noted, and as recognized by Chandy and Gertz themselves the assumptions of Chandy and Gertz concerning static inequality may overstate the extent of poverty reduction to 2015 as may the assumption that all of the economic growth recorded in the national accounts is reflected in households mean consumption. The former - static inequality - may well particularly understate poverty reduction to 2015 in the case of fast growing countries, which include many new MICs. Much of course depends on growth projections for individual countries (most obviously, what happens in China and India and other large populous countries like Pakistan, Nigeria and Indonesia) as well as the evolution of income distribution within each country; any re-evaluation of PPPs in each country (and influence on \$1.25 poverty) and population growth in individual countries (see discussion in Kanbur and Sumner, 2011). Nonetheless, the consensus position appears to be that we will certainly meet the MDG of halving the proportion of the World's population living on \$1.25 a day.

Regarding the other MDGs, the prognosis is patchy. At current rates of global progress, we should meet the goal for improved water and gender equality in basic education. But the world will not reach universal primary completion by 2015, and will miss the mortality and undernourishment goals.

At the country level, Leo and Barmester (2010) suggests that around half of all countries are on track for the income poverty MDG,¹⁰ gender equality in schooling, universal primary

⁹ This estimate takes the global income distribution in 2000, assembled using data from household surveys for 1.2 million households in 84 developing countries and makes assumptions based on projections for demography (aging and shifts in the skill composition of the population; changes in the sectoral composition of employment; and economic growth (including changes in relative wages across skills and sectors). With regard to overall progress, note, however (i) if China is removed, the reduction the total number of extreme (\$1.25) poor is less impressive. In 1990 there were 1.1bn poor people outside China; in 2005 there was actually 1.2bn but the projection is for 0.8bn poor people in 2015; (ii) If one uses the \$2 poverty line - the average poverty line for developing countries - there will be still 2bn poor people in 2015 or 1.8bn excluding China and this is about the same as 1990; (iii) The number of poor people rose slightly in South Asia, 1990-2005 although this should fall significantly by 2015 and the number of poor people in Sub-Saharan Africa increased from 300m in 1990 to almost 400m in 2005 and the 2015 projection is for 350m.

¹⁰ The most significant rates of poverty reduction, 1990-2005, have been achieved in East Asia and the Pacific with reductions of nearly 70% in the number of people living on less than \$1.25 and over 50% reduction in the number of those with less than \$2 a day. These positive trends are expected to continue to 2015 when the total number of people living below the \$1.25 poverty line in East Asia and the Pacific is estimated to be 119m – just 13% of the 1990 figure. In South Asia, progression out of poverty has been slower. Between 1990 and 2005 there was an increase in the number of people living below both the \$1.25 and \$2 a day poverty lines despite a decrease in proportional terms. The situation in this region is expected to improve by 2015. Poverty alleviation in sub-Saharan Africa has also been slow but is expected to improve by 2015. The number of people living on below \$1.25 a day and \$2 a day in sub-Saharan Africa grew between 1990 and 2005 to reach 388 and 557 million respectively.

completion and expanded access to drinking water. Only 19 percent are on track for the maternal mortality goal and around a third for undernourishment.¹¹

Table 7. Comparisons of poverty (US\$1.25) projections for 2015

	% poor		millions	
	Chandy and Gertz	World Bank	Chandy and Gertz	World Bank
East Asia	2.7	5.9	53.4	119.0
Europe and Central Asia	0.9	1.2	4.3	5.8
Latin America and the Caribbean	4.5	4.7	27.3	29.1
Middle East and North Africa	1.9	1.3	5.4	4.8
South Asia	8.7	22.4	145.2	379.3
Sub Saharan Africa	39.3	35.8	349.9	344.7
World (developing countries)	9.9	14.4	585.5	882.7

Source: Chandy & Gertz, 2011 (p. 11); World Bank/IBRD, 2011.

3C. IS PROGRESS FASTER PRE- OR POST- MDGS?

Figures 22, 23, 24 and 25 on developing country aggregate data suggest that in no case is there an obvious sign of a significant trend-break towards faster progress since 2000. Nonetheless, there has been somewhat faster global progress on income, primary completion rates, child and maternal mortality over the post-Declaration period.

Fukuda-Parr and Greenstein (2011) provide evidence on faster or slower than previous progress during the MDG period at the country level and the picture is, once again, mixed. They take data on MDGs indicators for the earliest year post-1990 that it is available, a mid-point year between 2000-2003 and the latest available data. They ask if progress has been more rapid or slowed down since the mid-point (Fukuda-Parr & Greenstein, 2010). As can

¹¹ Similarly, Hogan et al (2010) conclude that only 23 out of 181 countries they examine were on track to reach MDG5 as of 2008.

be seen, only for income out of these indicators has progress accelerated during the period of the MDGs for the majority of countries.

3D. IS PROGRESS FASTER THAN PREDICTED POST- MDGS?

An alternate way of looking at rates of progress during the period of the MDGs is to ask ‘are countries under- or over-performing compared to what would be expected given historical progress on MDG indicators at the cross-country level?’ Here, we use a very simple model of the determinants of historical progress:

$$Y_t = \beta_0 + \beta_1(Y_{t-1}) + \beta_2(Y_{t-1})^2 + \mu$$

where Y_t is the value of the indicator at any time t excluding the base year, and Y_{t-1} is the 10-year lag observation.¹² The squared term is entered to capture curvature in the historical path. β_1 and β_2 are the regression coefficients, μ is the error term, and β_0 the constant, which can be conceptually understood as the global trend in the indicator. Where the indicator is transformed to the log form (in the case of the child mortality rate and the maternal mortality rate), the square term is not entered into the estimation equation. (Lange and Klasen 2011) take a more sophisticated approach in a similar vein).

Figures 26, 27, 28 and 29 below show the values that would be predicted for 2008 or 2009 based on our model and actual values for 2000 relative to actual numbers for 2008 and 2009 (depending on the availability of data per indicator), based on analysis of data from 1970-2000 (also depending on the indicator). A predicted value for 2010 is then generated from the regression coefficients and the constant, and the applicable 2008 or 2009 predicted value extrapolated assuming constant change within each decade. The figures plot the actual value for the indicator in the end-line year against the predicted end-line value, wherein a data point on the 45-degree line represents a perfect prediction. Using this approach, 68 and 56 percent of developing countries are seeing faster than predicted progress on primary education and gender equality in education, respectively; but fewer than 50 percent of countries are outperforming historical expectations on maternal mortality. With regards to the child mortality rate, slightly more than half (51%) of countries are outperforming the historical pattern.

As can be observed in Table 8 below, for all indicators excluding the child mortality rate (CMR), unweighted averages suggest that progress has been faster than would have been predicted on the basis of historical norms. Moreover, the average CMR for developing countries is only one child below the predicted level for the most recent year available. Even more promising, the weighted averages for all four indicators suggest more progress: higher

¹² An OLS estimation model can also be carried out controlling for country and time fixed effects (that is, creating individual country (k) and decade (j) dummies for $k-1$ countries and $j-1$ decades). Including these additional controls, however, does not modify the strength of the model tremendously, and as such is not crucial to this simple analysis.

primary completion rates, gender parity closer to one, and lower child and maternal mortality rates¹³.

Table 8: Actual versus Predicted: Current Levels of the MDGs

MDG	Number of developing countries for which both values available	Unweighted Developing Country Average (Actual)	Unweighted Developing Country Average (Predicted)	Population Weighted Developing Country Average (Actual)	Population Weighted Developing Country Average (Predicted)
Primary education	69	83%	78%	81%	76%
Gender Equality	62	98%	96%	98%	96%
Child Mortality*	142	58	57	51	54
Maternal Mortality**	134	282	305	203	221

Source: World Bank WDI (2011) & Hogan et al. (2010). *CMR is per 1,000 under 5 age children. *MMR value is per 100,000 live births.

The results above should be interpreted with caution, since they represent a sub-sample in the entire grouping of countries for which predicted values were calculated. Coefficients on the lag variables were calculated using the entire sample of countries for which data was available, not only developing countries. As such, unweighted and weighted averages for primary education completion (for example) would suggest that countries should be doing better because the “curve” includes outliers on the high end, which in many cases were greater than one,¹⁴ and are pushing the predicted average further up (closer to 100% completion). Since these outliers are for the most part not included (these are typically developed countries), the averages across the sub-sample of developing countries is smaller.

¹³ MMR historical data from the World Bank and Hogan, et. al. (among other sources) is of course modeled, which would make a fitted model quite plausible.

¹⁴ Since the data set used for primary education completion is the gross completion rate, some values for the endline year (2008) and earlier years (2000) were greater than 1 (i.e., greater than 100% completion)

3E. DISTRIBUTION OF OUTCOMES

Beyond the gender-specific targets and a 100% primary completion goal that requires absolute equality of outcomes worldwide, the MDGs do not highlight the issue of inequality of outcomes within countries. It is clear that such disparities are large – Table 9 presents data on inequalities in inputs outcomes for some of the MDGs broken down by gender, location and income. For example, a national average of 42 per cent of underweight children in South Asia sits in contrast to 56 per cent of the children underweight in the poorest quintile. Gender differences are more complicated as UNICEF (2011) argues in a systematic disaggregation of gender data. For example, in some cases gender disparities are worse for boys (outside Asia, under-five mortality is usually higher among boys than girls) or the same at early ages and worsening during adolescence (nutrition and health indicators are – in general – about the same at early ages – but adolescent girls are less likely to be literate than boys for example) or there are more complex interaction of gender and poverty (gender parity in education is much less likely in the poorest 20% group).

The data is sparse to examine whether progress on MDG indicators has been faster or slower within countries for those groups previously furthest behind since the turn of the Millennium – this requires two nationally representative household surveys to have been conducted within a fairly short period. But looking at data from Vandemoortele and Delamonica (2010) on average versus poorest quintile rates of progress on child mortality for various countries during the first few years of the Twenty First Century (Table 10), just under half of countries saw faster progress (percentage drop) amongst the bottom quintile than average. This is a reasonably hopeful sign that progress has indeed been broad-based at least for this indicator.

A final note on the exercises looking at the presence and speed of progress in MDG indicators since 1990 or since the Millennium Declaration: even ignoring the very limited evidence of faster progress since 2000 in the average (unweighted) developing country, it is a considerable step from ‘more rapid progress’ to ‘the MDGs caused more rapid progress’. This is particularly the case when it comes to any indicator that includes ten years of change prior to the Millennium Declaration itself.

Given the comparatively weak evidence of country policy change beyond larger aid flows, and of improved outcomes, it is hard to see a clear causal chain from MDGs through policy change to more development. At the same time, we have no evidence against the counterfactual that progress may have been even slower absent the MDGs (and absent the additional aid flows).

Table 9: Selected MDGs and inputs: national averages vs women, rural populations and the poorest

	MDG 1 - Underweight prevalence in children under five (%) 2003–2009				Measles coverage %, 2008				Skilled attendant at delivery, 2003–2009			
	National Average	Women	Rural	Poorest 20%	National Average	Women	Rural	Poorest 20%	National Average	Women	Rural	Poorest 20%
Developing countries exc. China	23	24	28	40	81	64	61	51	63	-	50	28
Sub-Saharan Africa	22	21	25	29	72	58	55	45	46	-	36	24
South Asia	42	42	45	56	74	59	58	44	42	-	33	17
LDCs	28	27	30	34	76	65	62	56	38	-	29	24
China	6	7	8	n.a.	94	n.a.	n.a.	n.a.	98	-	97	n.a.
India	43	43	46	57	70	56	54	40	47	-	38	19

Source: UNICEF (2010, p. 51-63).

Table 10: Under-five mortality rates: Trend data of average versus poorest quintiles in selected Sub-Saharan African and Asian countries

Country (survey years)	National Average		Poorest 20%	
	1995-2000	2000-2005	1995-2000	2000-2005
Benin (1996/2001)	179	156	208	198
Burkina Faso (1998-9/2003)	219	190	239	206
Ethiopia (2000-2005)	187	130	159	130
Ghana (1998/2003)	105	108	139	128
Kenya (1998/2003)	101	110	136	149
Malawi (2000/2004)	200	156	231	184
Mali (1995-6/2001)	249	233	298	248
Mozambique(1997/2003)	208	172	278	196
Tanzania (1999/2004)	160	130	160	137
Uganda (2000-1/2006)	154	146	192	172
Bangladesh (1996-7/2004)	124	94	141	121
Cambodia (2000/2005)	117	101	155	127
Indonesia (1997/2002-3)	67	53	109	77
Nepal (1996-2001)	135	105	156	130
Viet Nam (1997-2002)	44	31	63	53

Source: Vandemoortele and Delamonica (2010).

4. CONCLUSIONS

The causal chain from international agreement to policy change to development outcomes is a long one with many confounding influences. Given that, it is impossible to say with any certainty what was the impact of the MDGs. Having said that, the evidence available fits a

story which suggests that the MDGs may well have played a role in increasing aid flows in the new Millennium, and that aid may have had some role in improving outcomes. At the same time, the weak available evidence suggests they may have had only a limited impact on policies in developing countries and on the course of global broad-based poverty reduction. Given their evolution as DAC Development Goals (albeit from UN agreements of the 1990s) and lack of legal authority, perhaps such a conclusion should come as little surprise.

At the same time, given the increase in aid which flowed disproportionately towards social sectors, and was of a scale commensurate with MDG ‘costing studies’ which attempted to calculate how much it would cost to meet the Goals, the evidence of only somewhat more rapid progress is a concern. On the positive side, aid may well have played a role. On the cautionary side, and as suggested by the more cautious of costing studies in the beginning, that role was partial, and had to involve changes in developing country policies as well.

What does this exercise suggest for any second round of MDGs? First of all, much of the confusion around progress related to the current set of MDGs may derive from choices made to include indicators for which data was very weak (not least maternal mortality), base target levels on politics not realistic assessment of potential progress and to translate global goals into country goals without recognizing how much higher this was raising the bar on rates of global progress. Any MDGs 2.0 thus need targets for which good historical data is available.

Second, as the most powerful impact of the MDGs appears to have been on aid flows, but the impact of that aid on outcomes is difficult to assess and plausibly muted, a new round might consider more directly tying aid flows to MDG outcomes. One approach would be cash on delivery –donors would commit to provide funding to countries which outperformed historical norms of progress equal to the estimated unit cost of that more rapid progress. This would add teeth to the MDG process, making it more than a global statement of intent.

Finally, the results of the original MDG process should instill a sense of humility. The MDGs have been a powerful force in framing debate and providing donors with a framework for action. But broad-based development is a complex, long-term endeavor. However high-level the conference that agrees it, there is only so much a declaration can do.

Figure 1

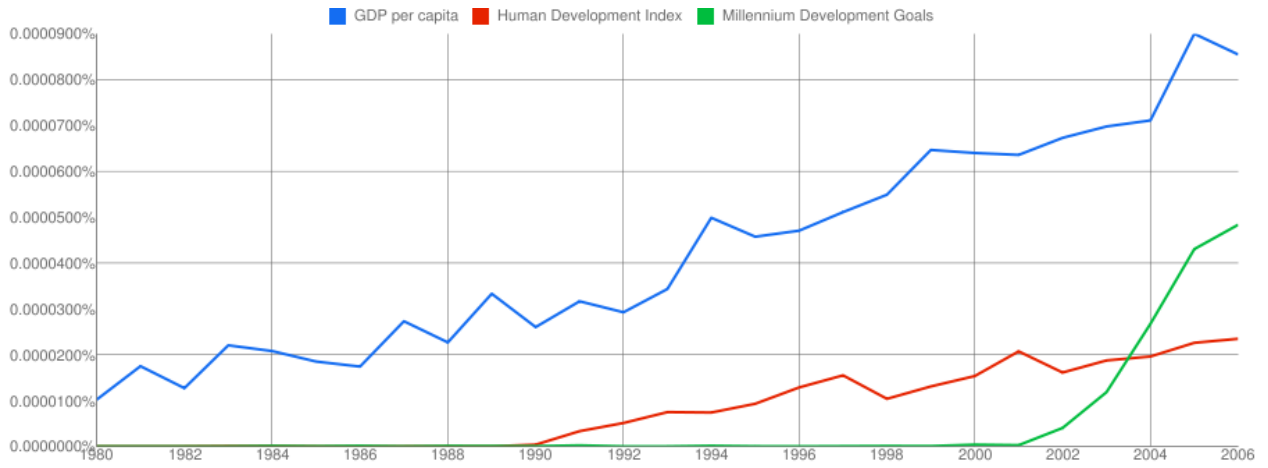


Figure 2

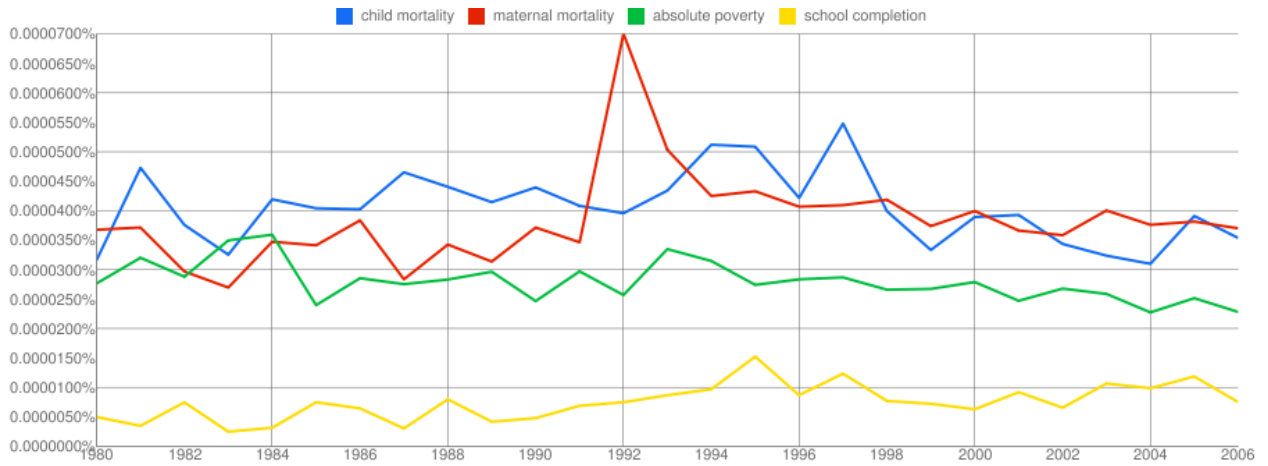


Figure 3

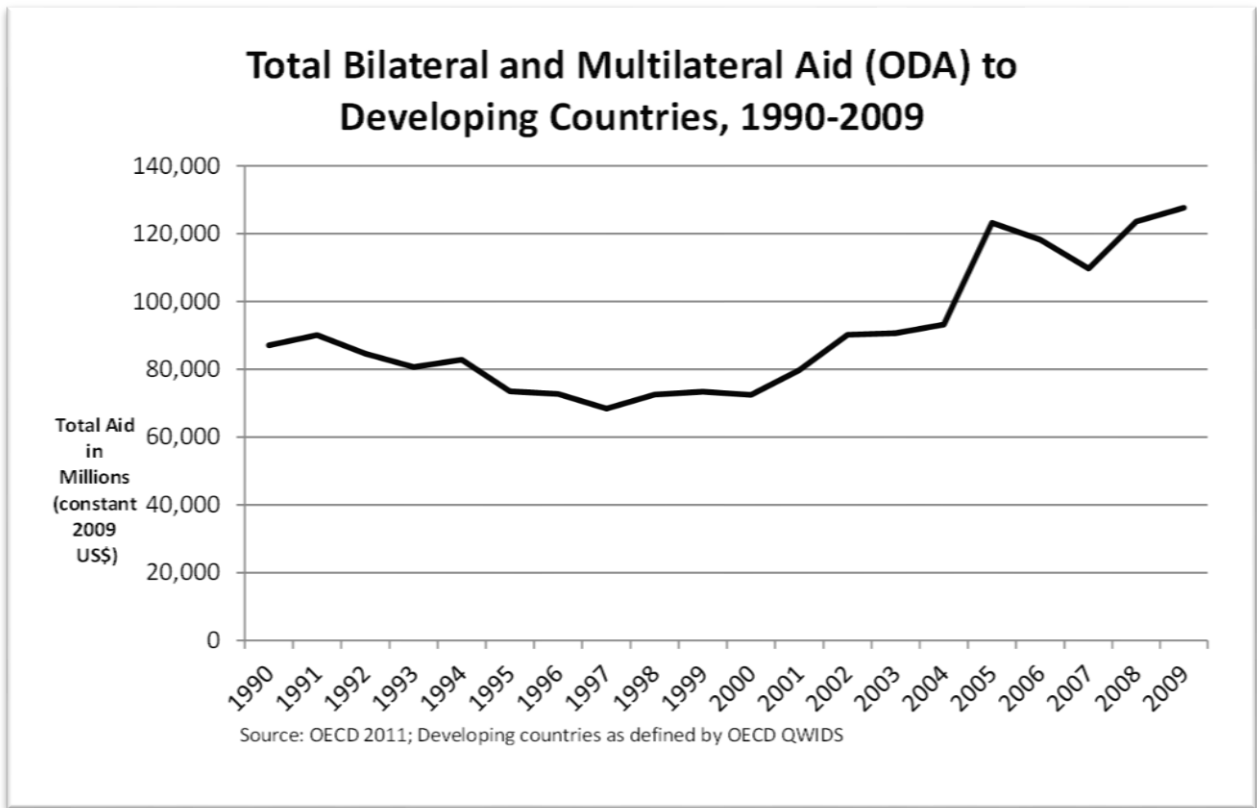


Figure 4

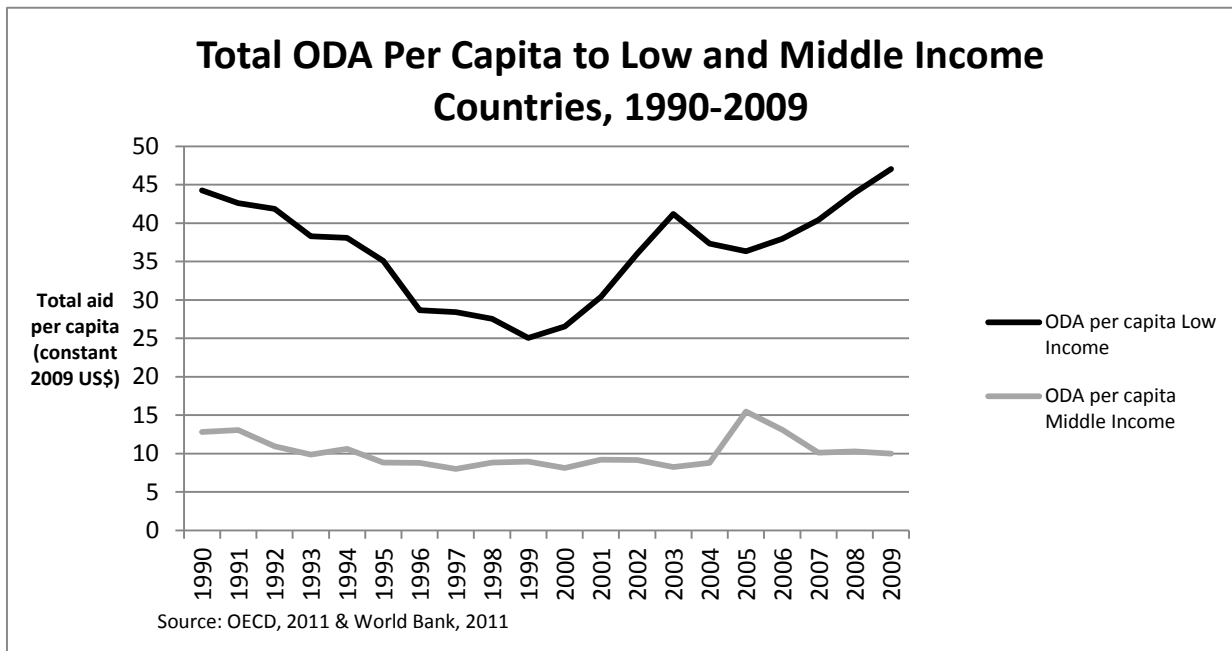


Figure 5

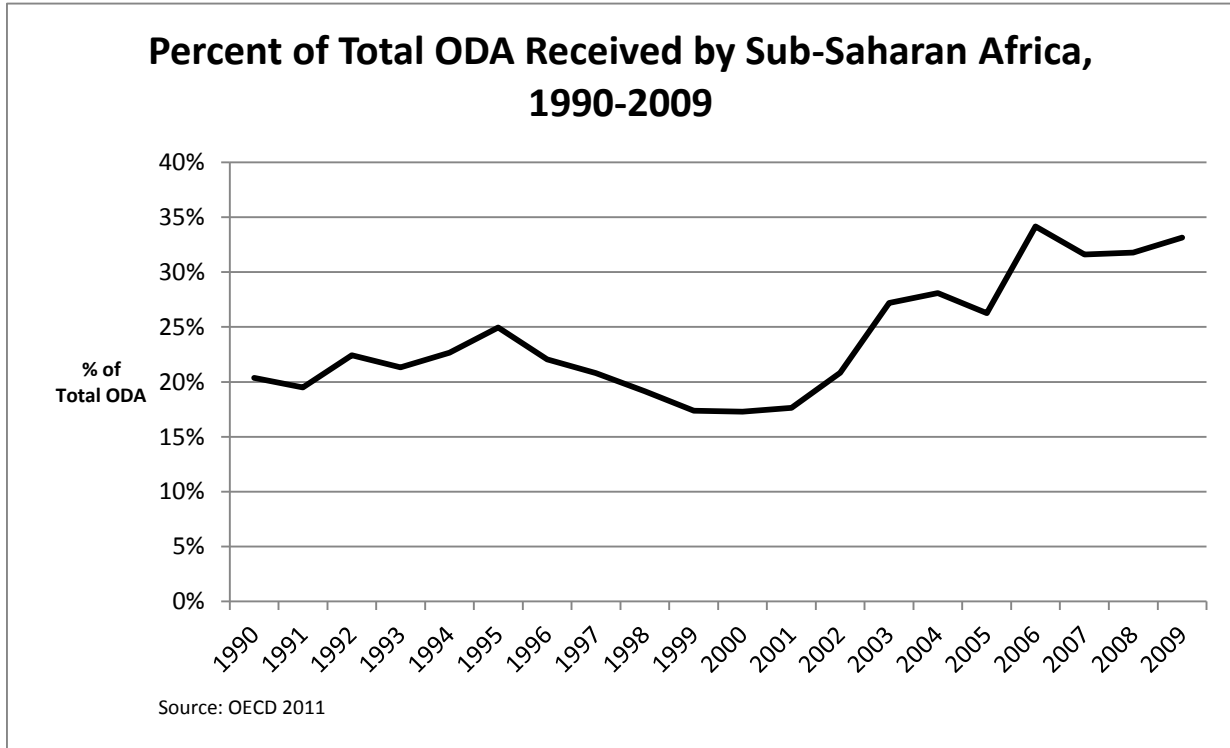


Figure 6

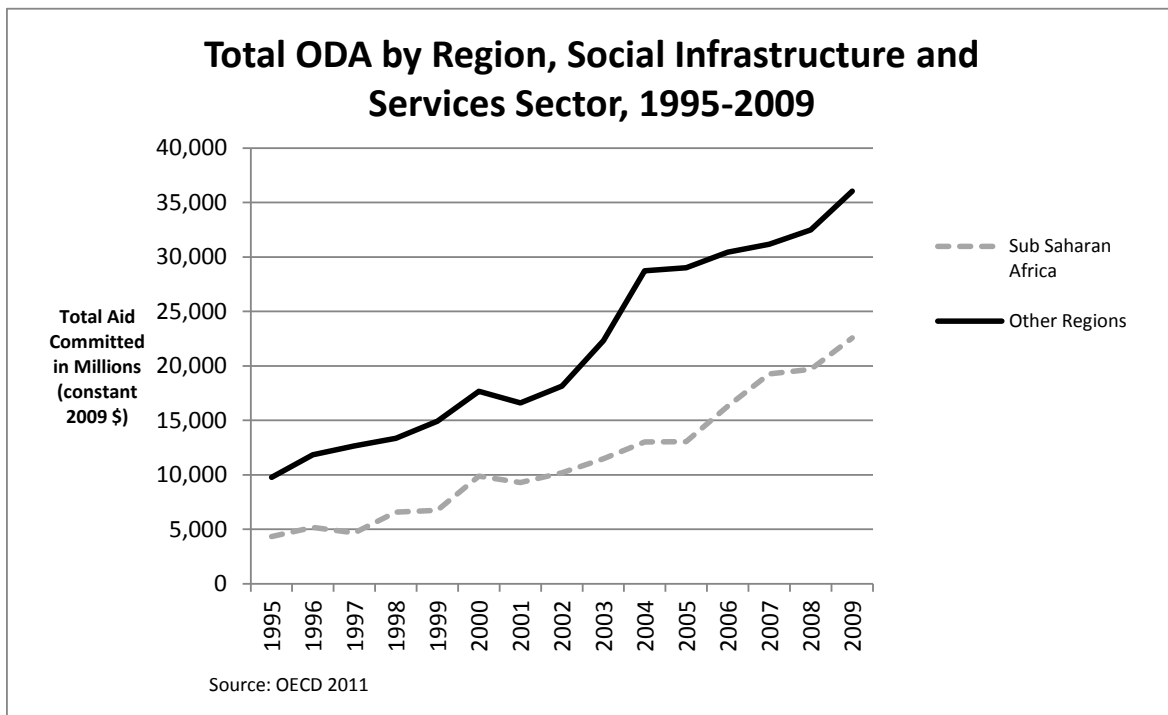


Figure 7

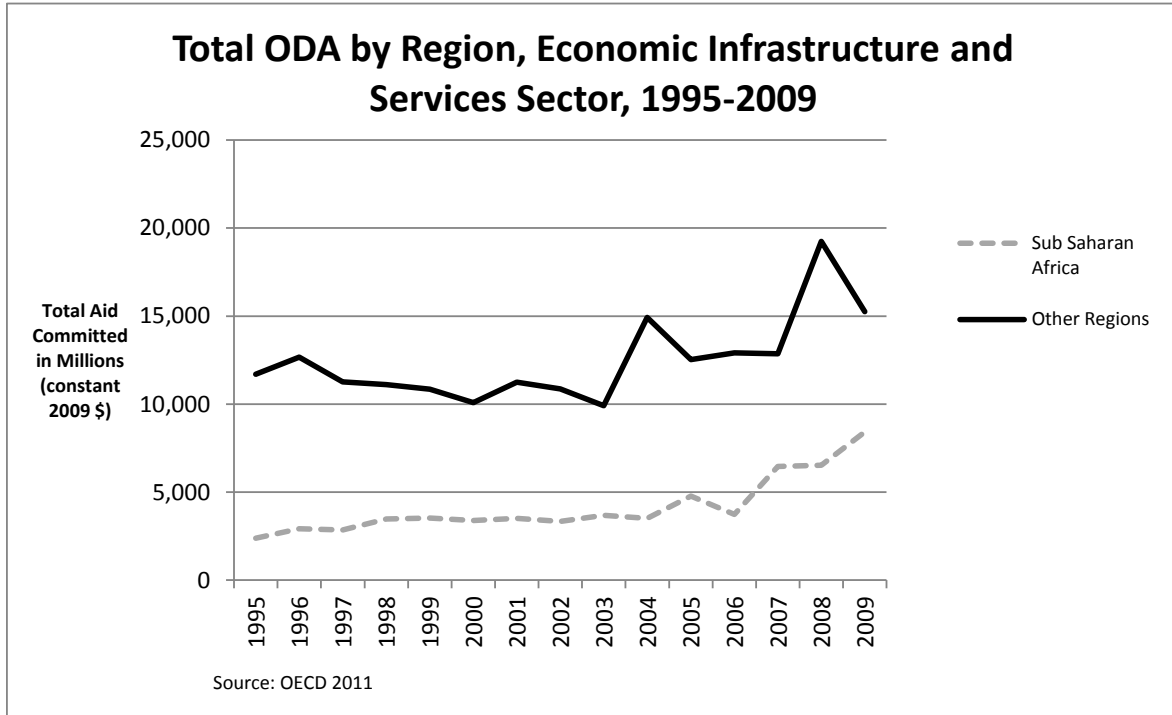


Figure 8

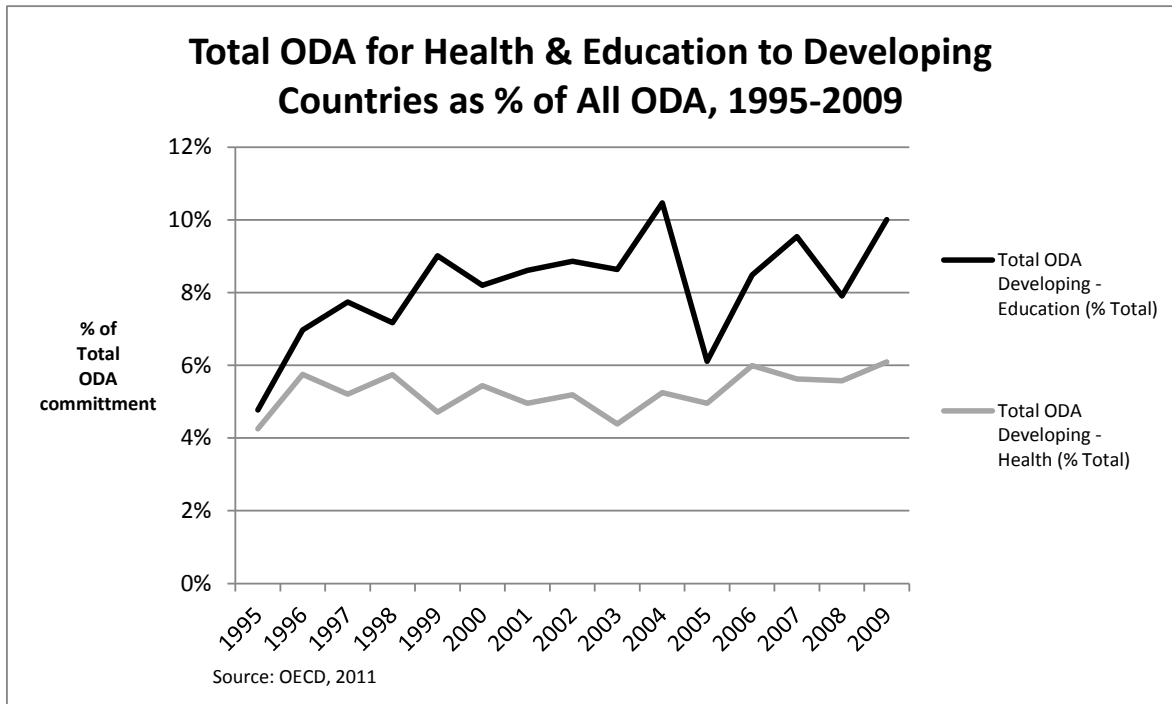


Figure 9

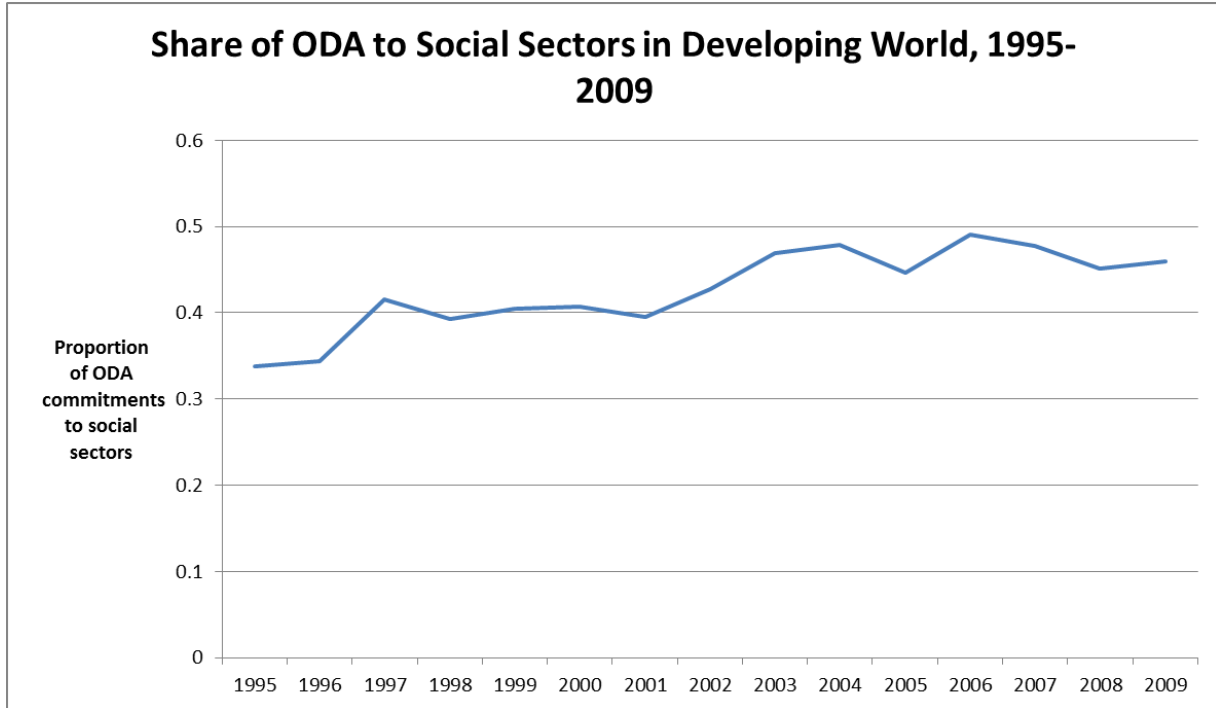


Figure 10

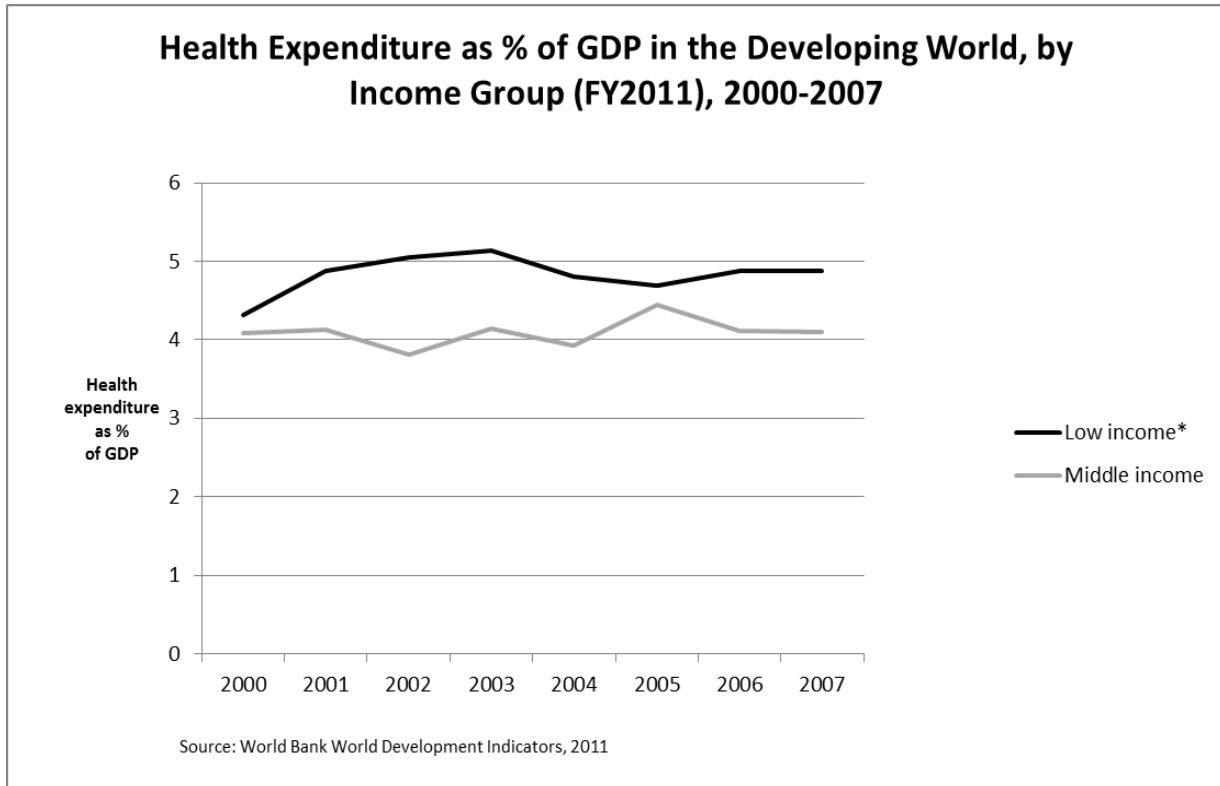


Figure 11

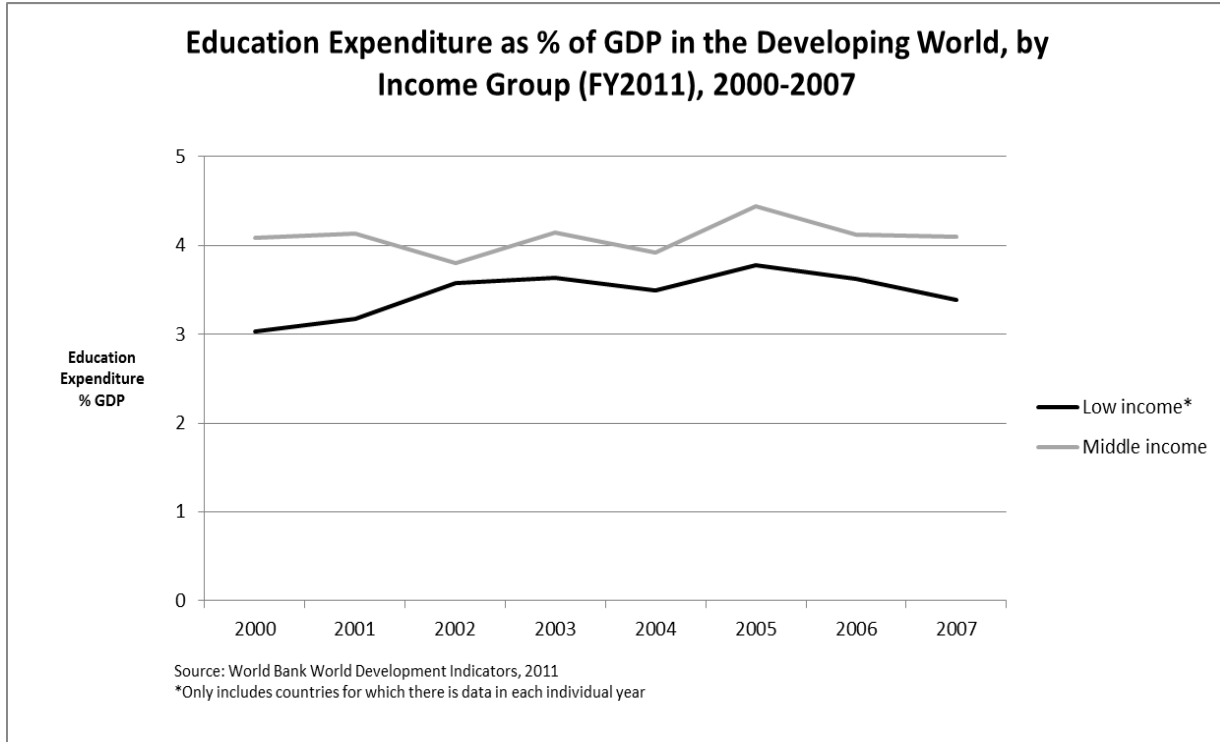


Figure12

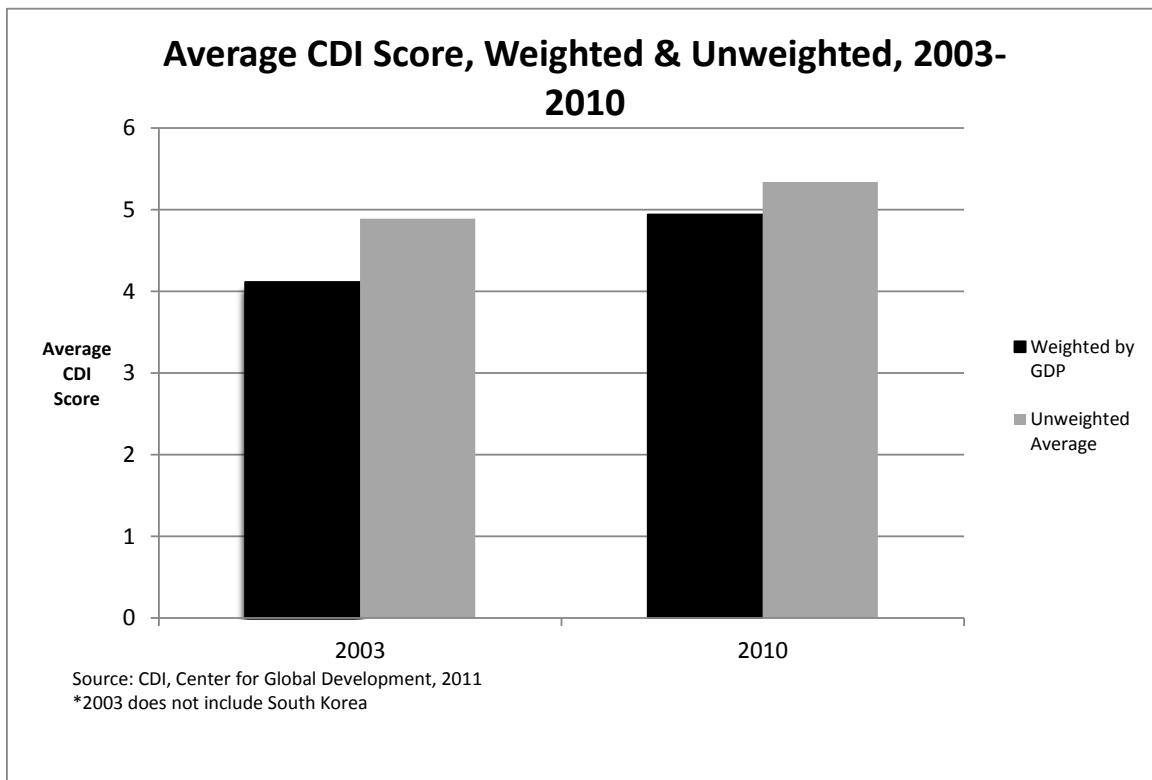


Figure 13

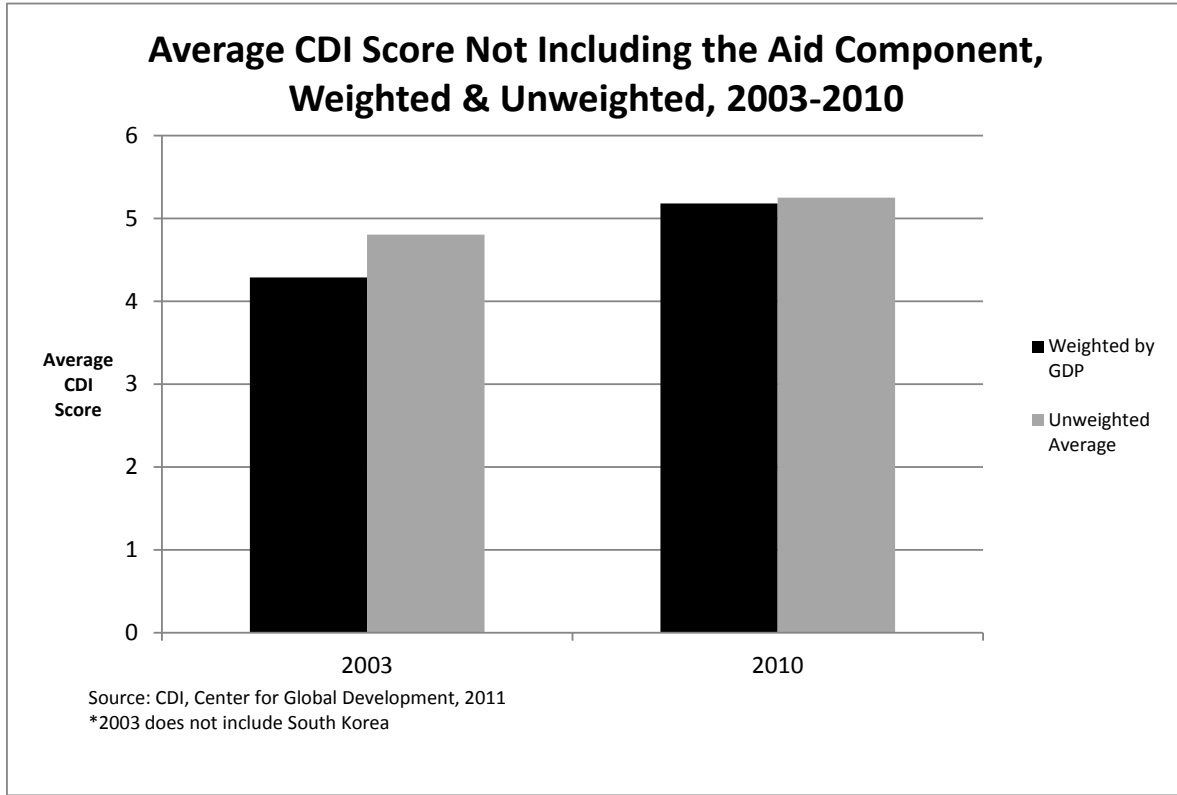


Figure 14

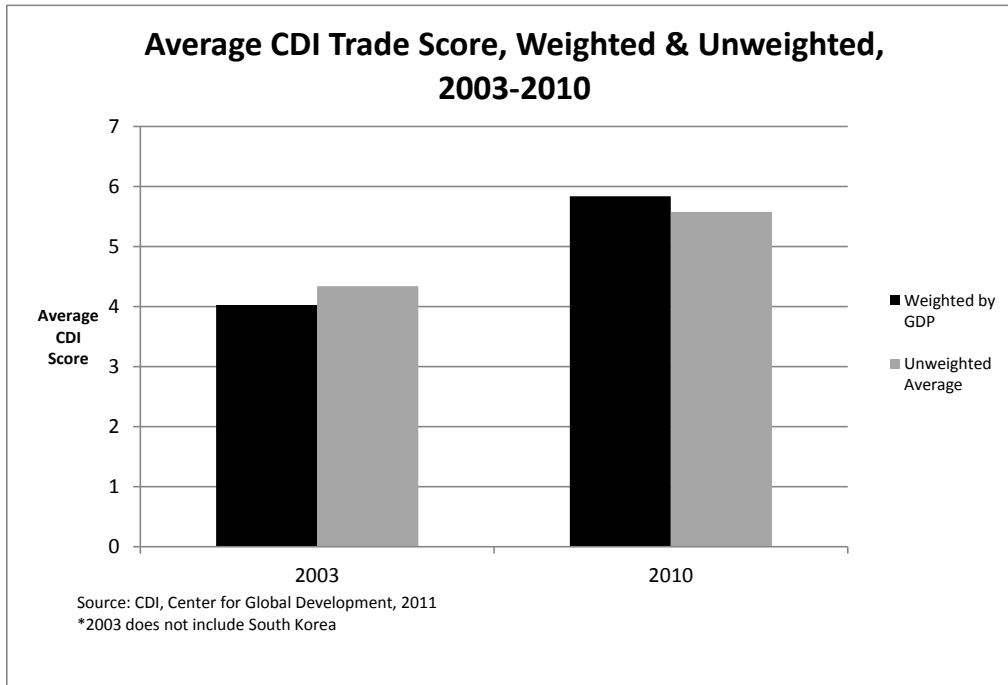


Figure 15

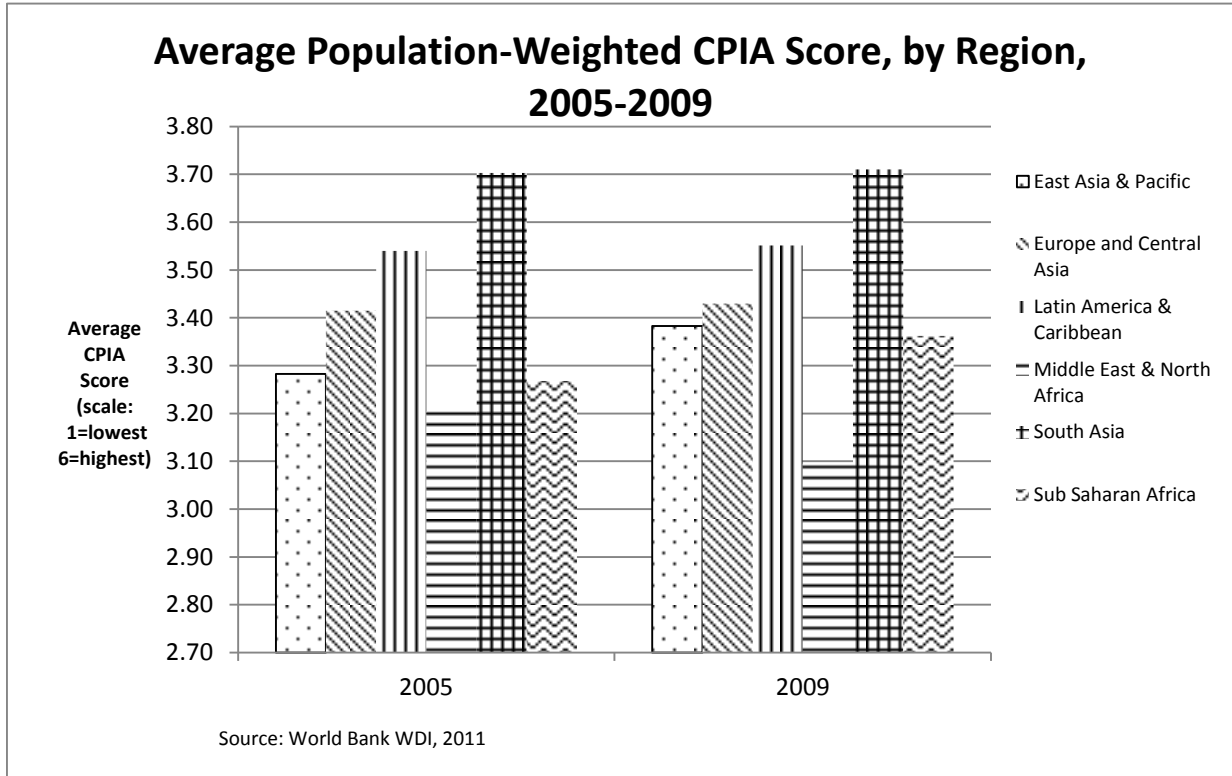


Figure 16

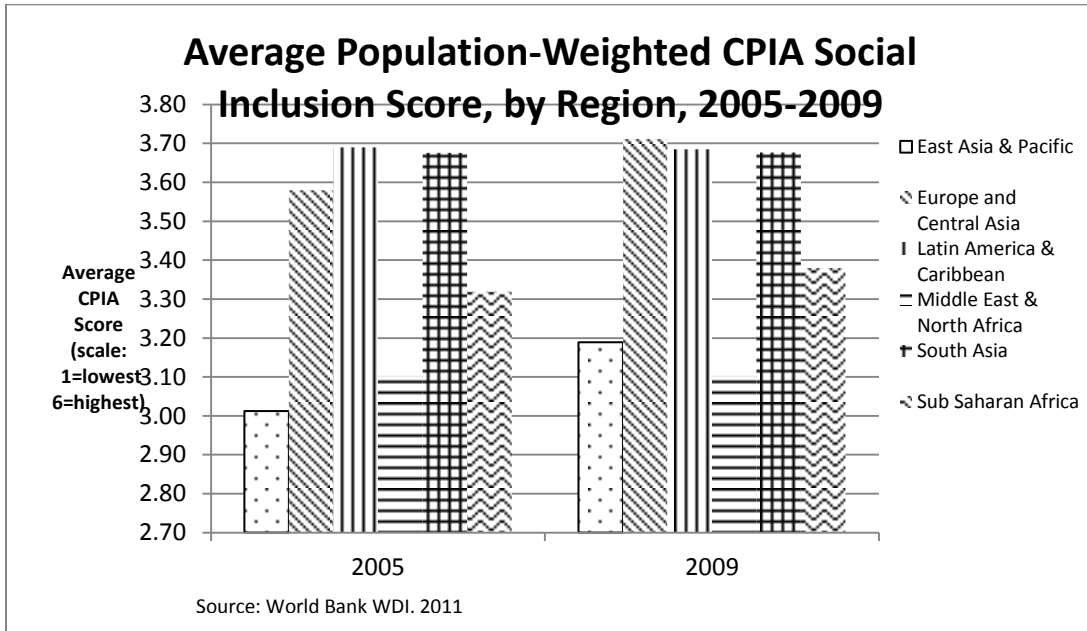


Figure 17

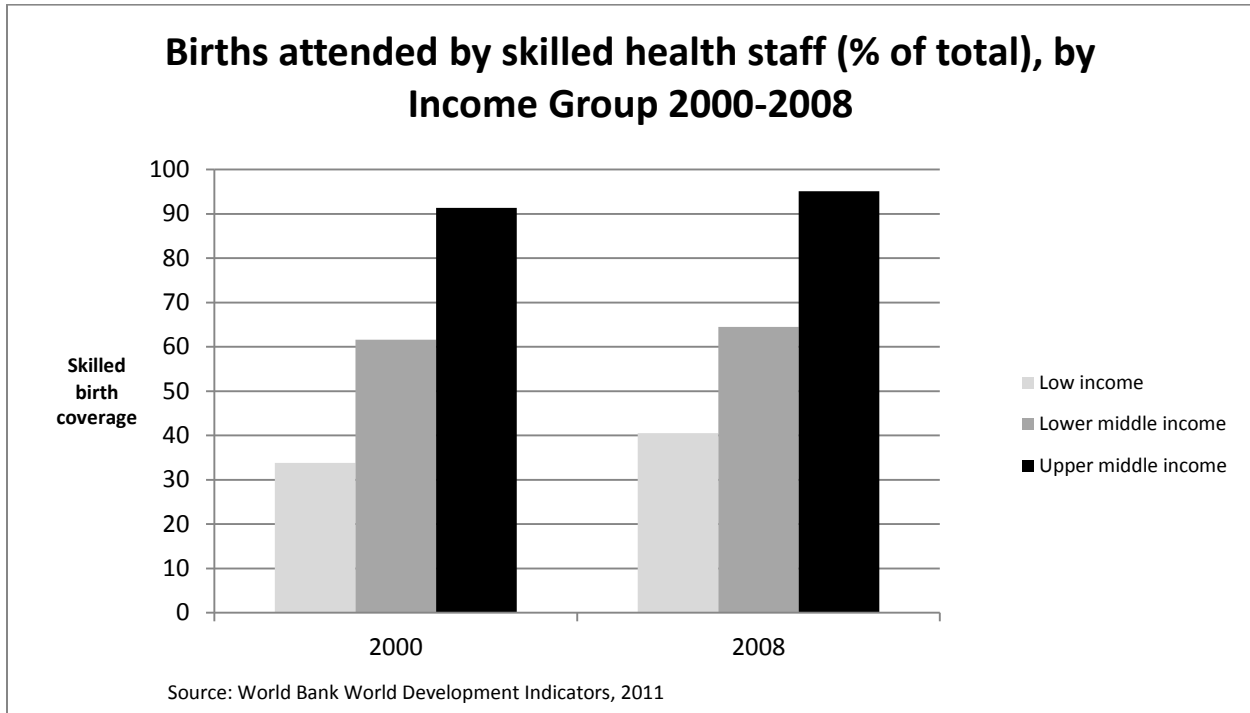


Figure 18

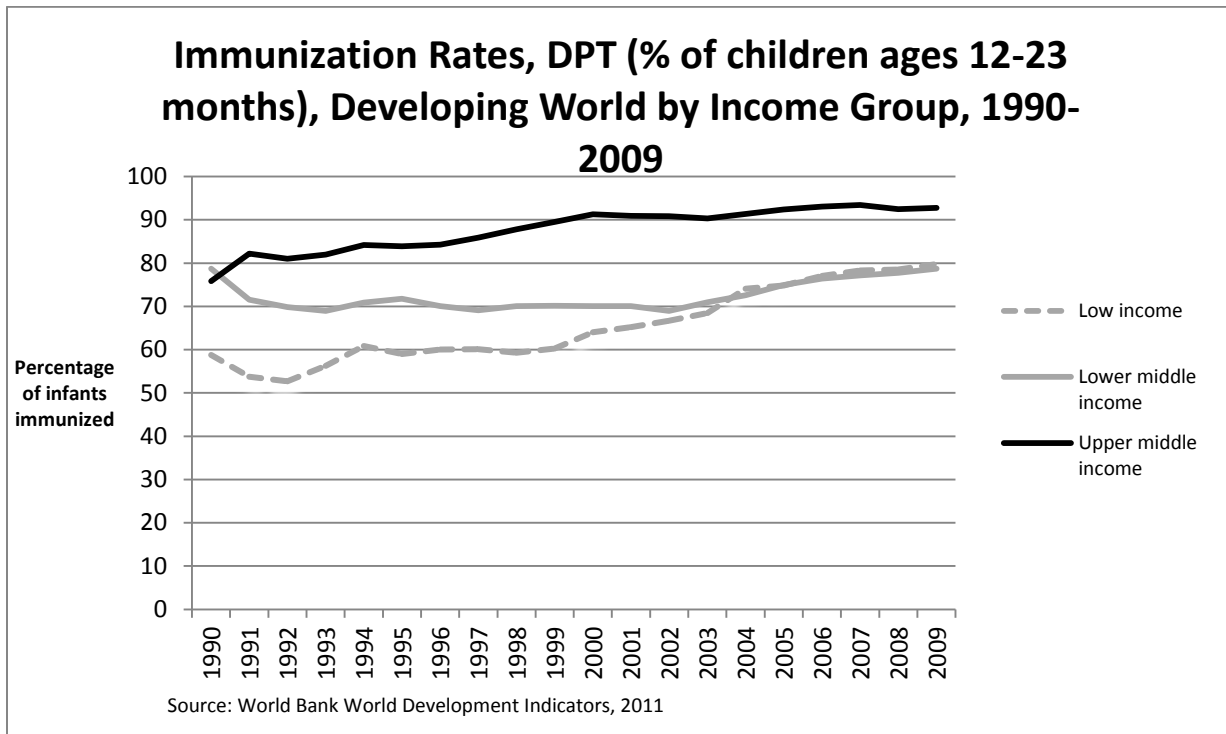


Figure 19

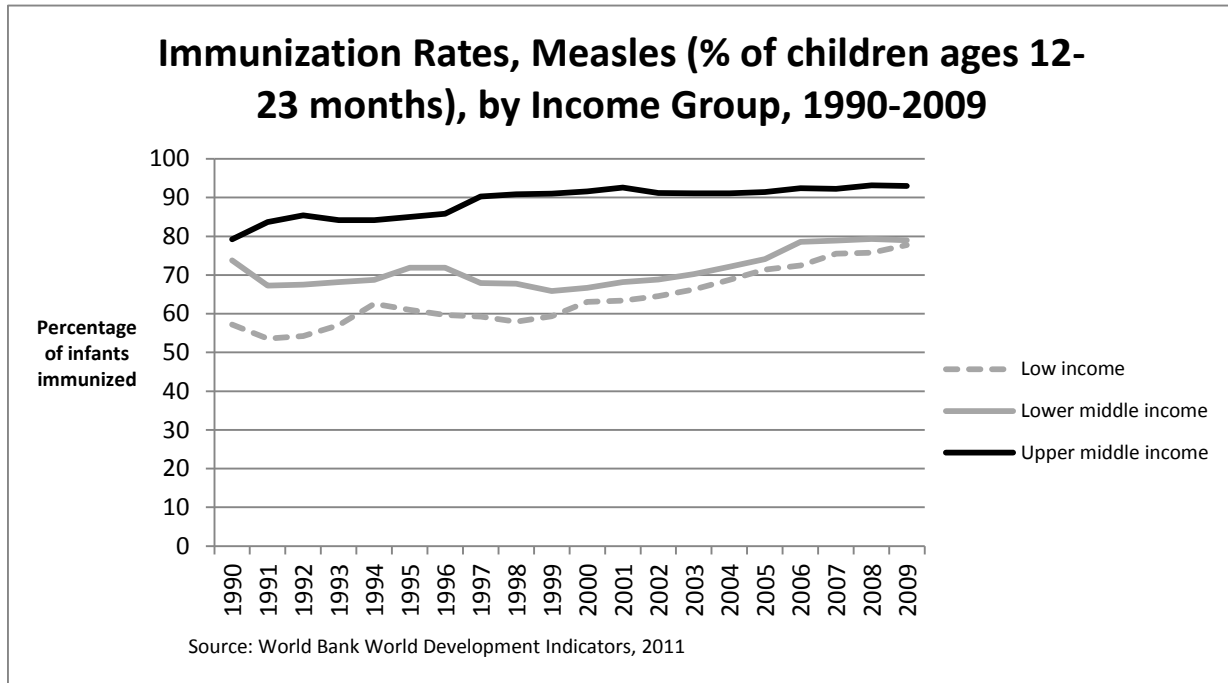


Figure 20

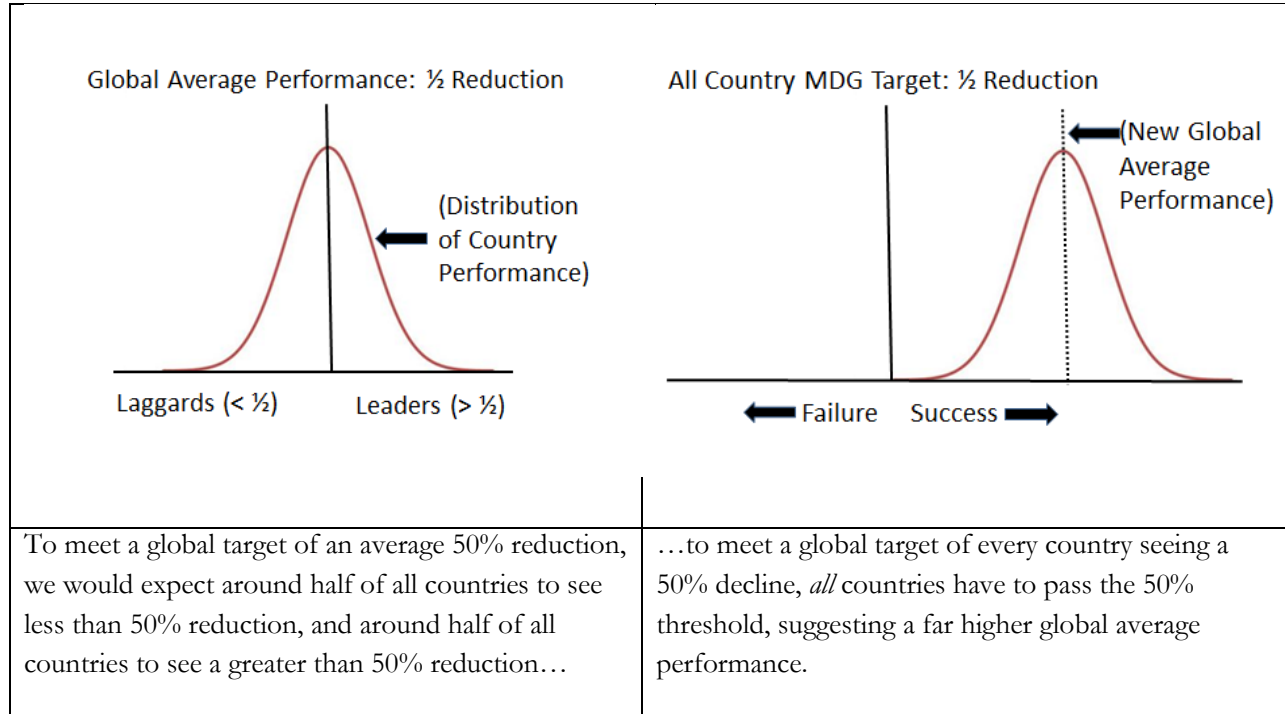


Figure 21

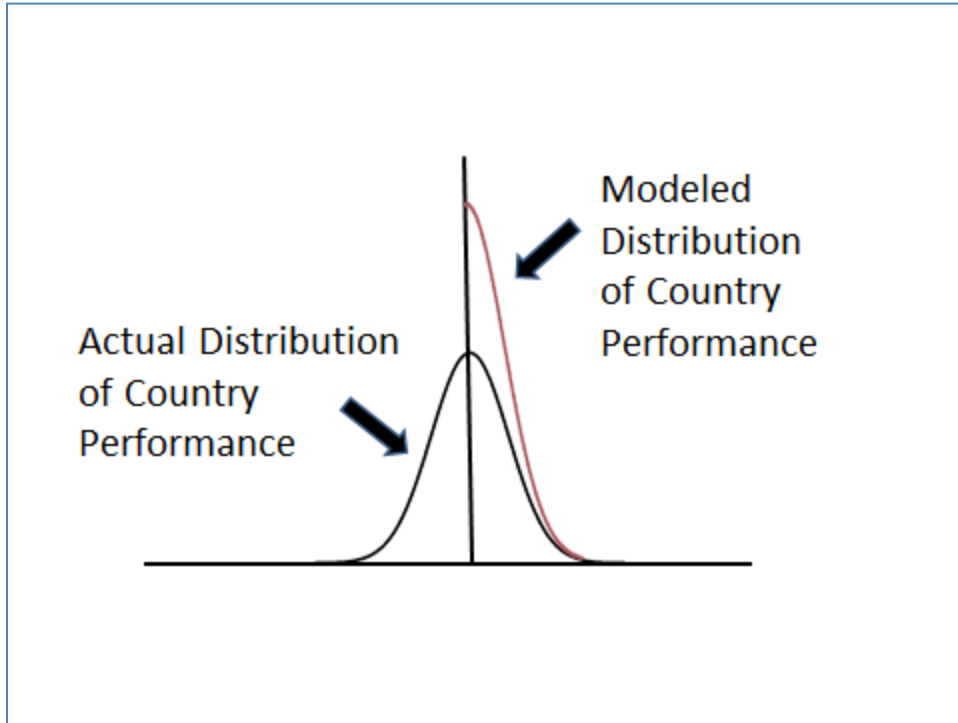


Figure 22

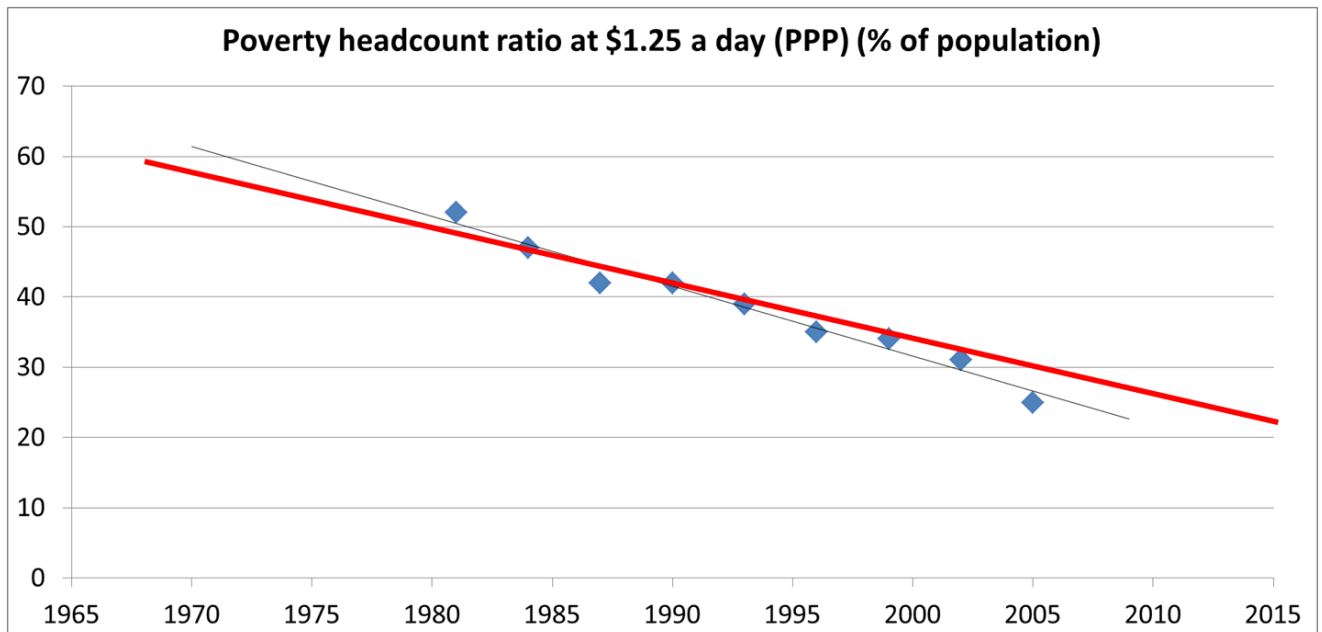


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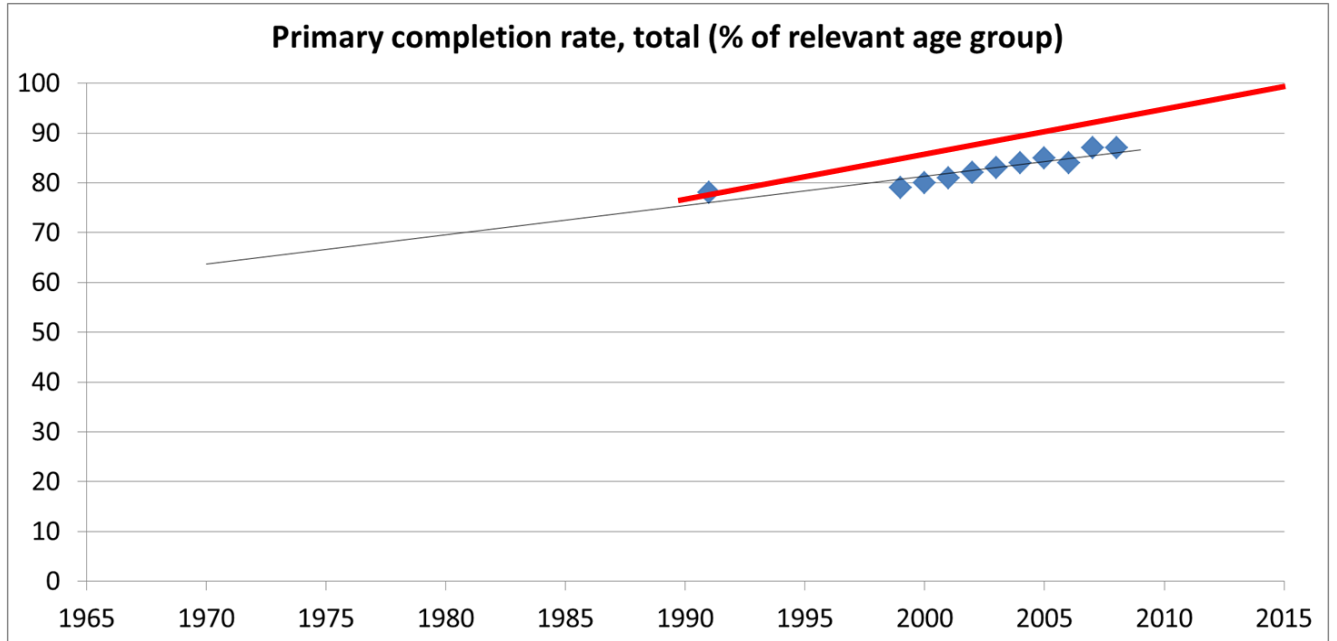


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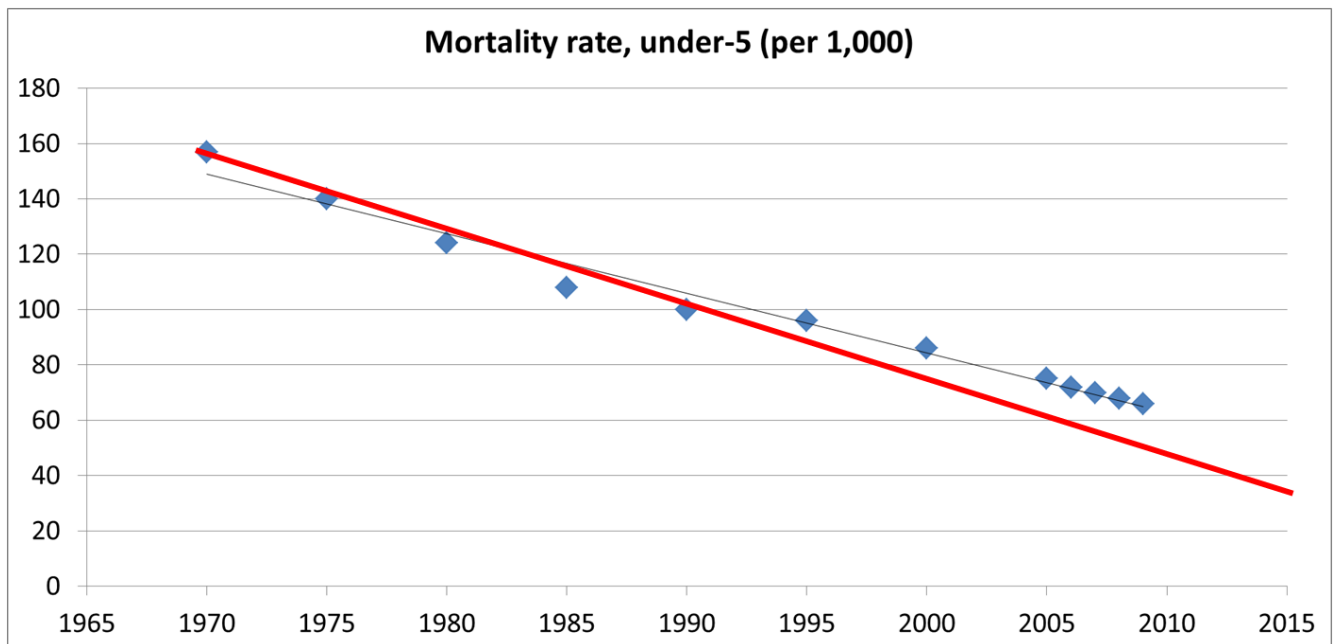


Figure 25

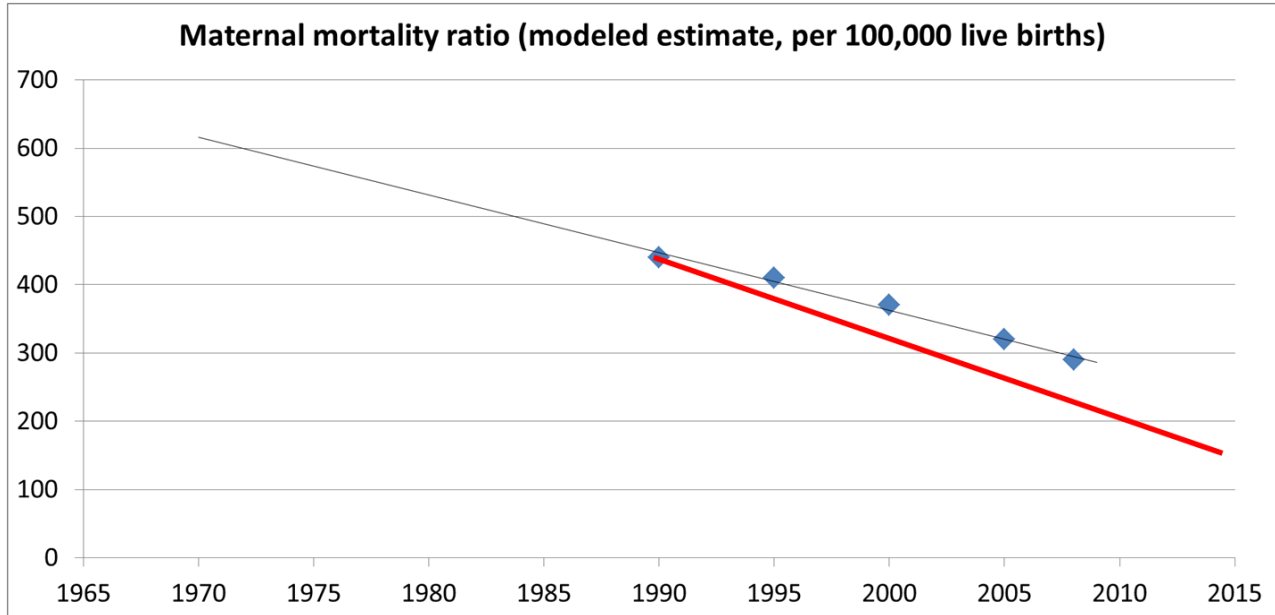


Figure 26

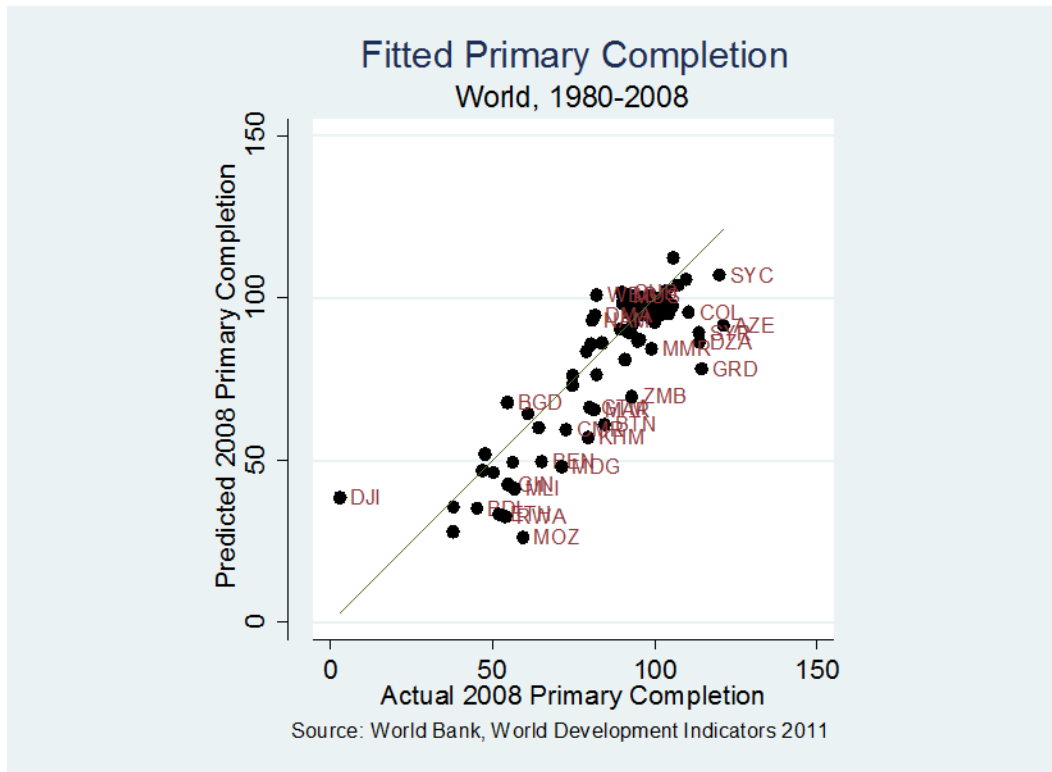


Figure 27

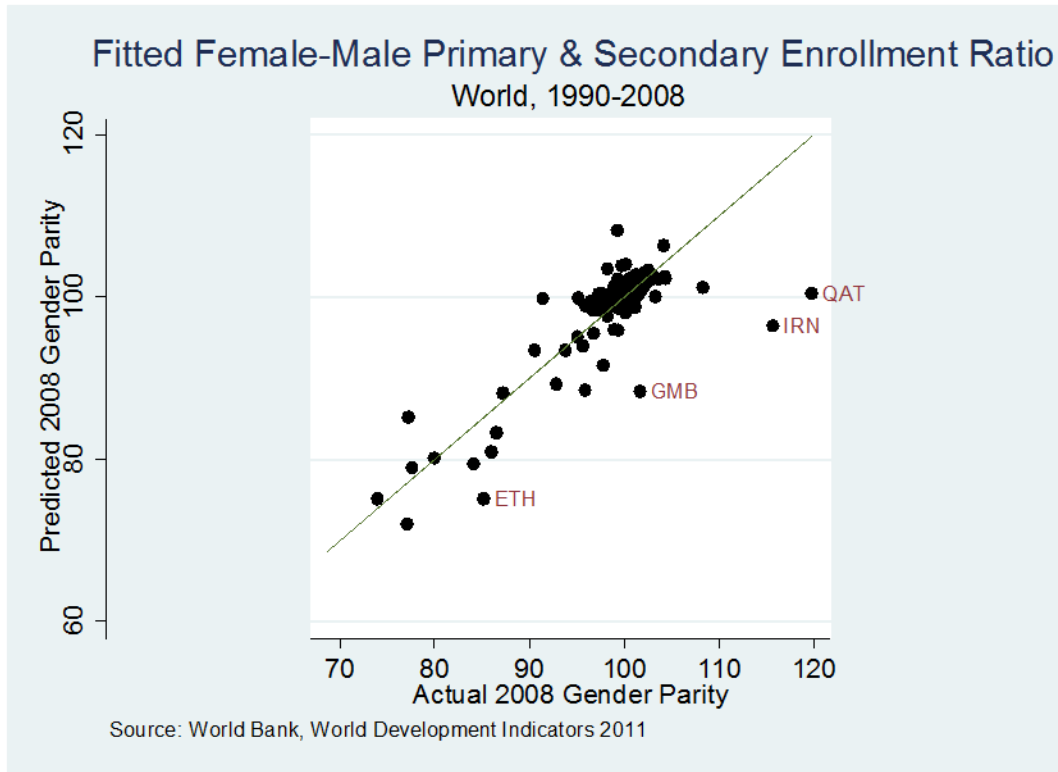


Figure 28

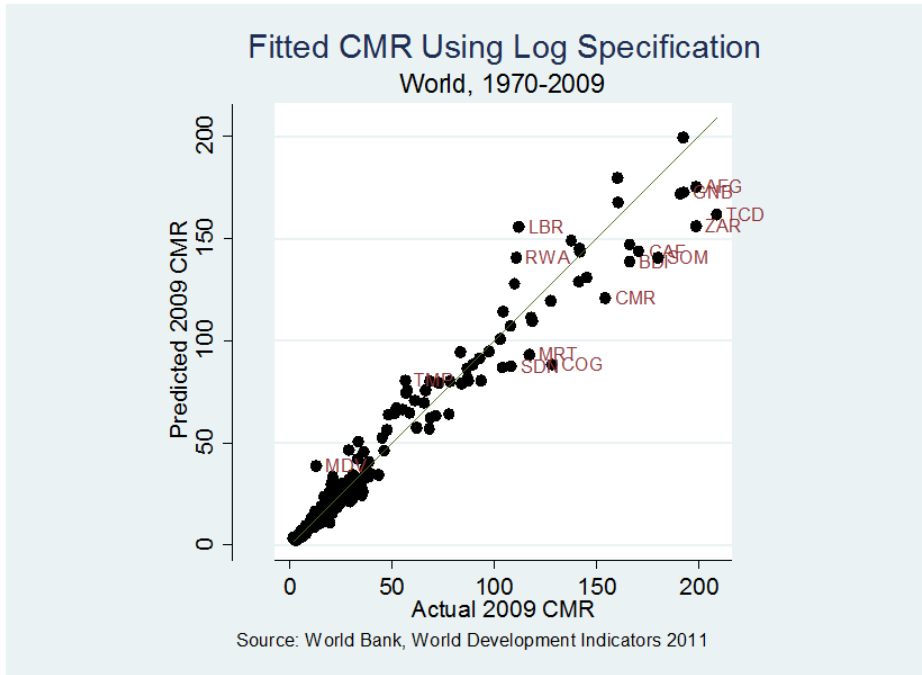
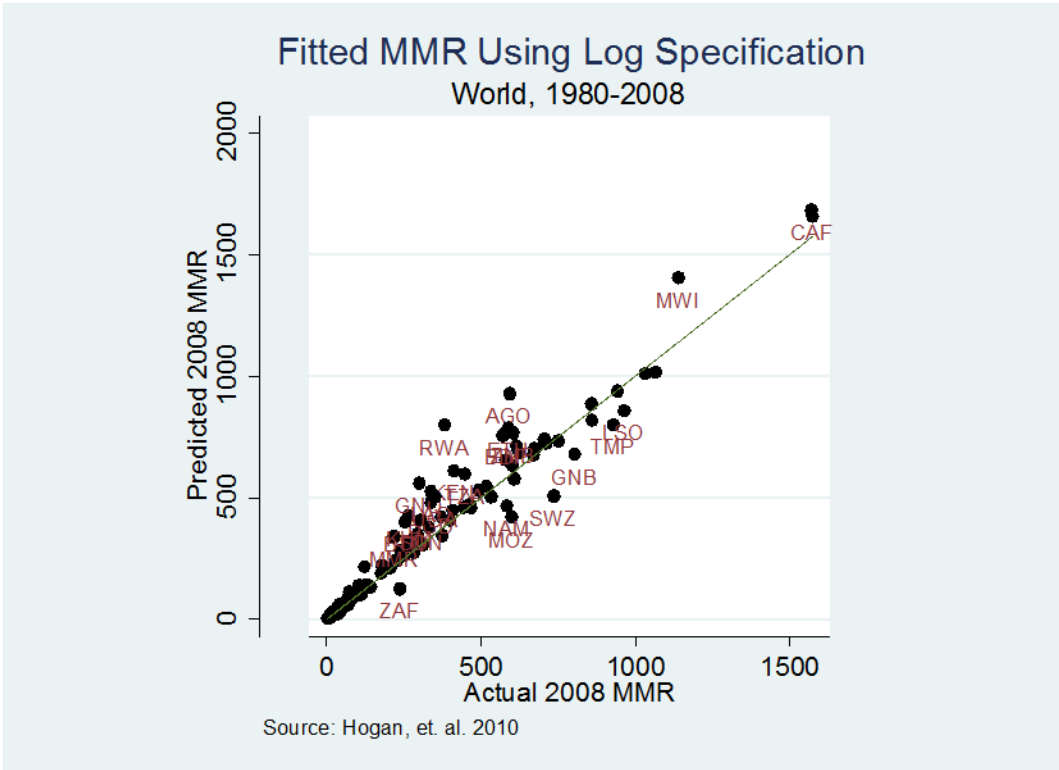


Figure 29



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