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THE CULMINATION OF THE MDG'S: A NEW ARENA OF THE SUSTAINABLE DEVELOPMENT GOALS

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The Culmination of the MDG's: A New Arena of the Sustainable Development Goals

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Abstract

Established in 2000; the Millennium Development Goals had played a major role in bringing back the developmental issues to focus. Nearing the end of the stipulated time when they had to be achieved and standing at the edge of establishing the Sustainable development goals, we must comprehend the limitations of the MDGs and formulate SDGs in a way that it overcomes them. This paper is an attempt to observe the trends that the major indicators for health and urbanisation had followed after the MDGs had been established. One of the major issues which is clearly seen in the background of the achievement of targets to reach MDG goals and which must be addressed immediately in the developing countries is: increasing rural-urban and rich-poor gap in these countries. Inclusive growth as a target in the upcoming SDGs does give some hope, however, it must be taken care that the SDGs are not reduced to simply achieving some numbers but they broaden the development narrative beyond the narrow growth perspective.

Keywords: *Millennium Development Goals, Sustainable Development Goals, Infant Mortality rate, Employment, Malaria, HIV/AIDS, Development*

JEL Codes: *O180, O5, I00, Y10, O530, Q01, O130*

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INTRODUCTION

With the end of the 20th century approaching; it had been realised that given the fact that most of the countries had become independent of colonisations which had given rise to new transition, underdeveloped and developing economies; the approach with which United Nations had been working had to change. Up until now, the UN had been entrusted with maintain peace and security among nations; but now an issue of development and equity had arisen. Hence, it was at Millennium Summit 2000, that a declaration concerned mainly about development was adopted the Millennium Declaration which gave rise to what came to be known as "the *Millennium Development Goals."* The Millennium Development Goals consisted of eight international goals with 21 measurable targets, and a series of measurable health and economic indicators for each target which were agreed upon by all member states and at least 23 international organisations to be achieved by 2015.

By the time MDG's had developed, more than ten years had passed from the baseline year. Again, the road map annexed to Kofi Annan's report was welcomed as 'a useful guide' but not formally endorsed. In fact MDGs were also formally endorsed by the general assembly in 2005. The MDG's achieved their purpose to rescue the Millennium Declaration from oblivion. They created a *momentum* that brought the issue of development back to international agenda, mobilized public attention and overcame the aid fatigue.

Originally the MDG's were meant to serve two purposes: Rescue Millennium Declaration from oblivion and broaden the development narrative beyond the narrow growth perspective. Almost two decades of nearly stagnating human development and rapidly spreading aid fatigue; the objective of the MDGs was to bring back the focus on social development. Though the MDGs were seen to be successful in first objective; they failed in the second objective, i.e. to broaden the vision

for development and hence, have been subject to a lot of criticism. (Rippin, 2013)

However, in the present scenario, a lot of controversies have emerged about the MDG's as a reliable measurement framework. It has been said that the MDG's lack strong objectives and indicators for within country equality; despite significant disparities in many developing nations. The International planning committee for Food Sovereignty, in its post 2015 thematic consultation document on MDG 1 states that "*The major limitation of the MDG's was the lack of political will to implement due to lack of ownership of MDG's by the most affected constituencies"*(Parr *et. al*., 2012)

LITERATURE REVIEW

Before the inception of Millennium Development Goals, few studies on changes in health and standard of living due to development concluded that contrary to popular belief that the urban areas had non-agricultural activities; due to improved facilities like transportation in South-east Asian countries, much of the rural populace could engage in non-agriculture activity and this kind of urbanisation had led to concentration of investment and of government attention in capital city, and to lesser extent to other cities low and insecure incomes from unprotected employment, highly inadequate housing, poor health and limited access to local services which had ultimately in poverty and inequality (Oberai, 1993; Jones, 1997). Webster (1995) mentioned that the main focus of population in South-east Asian countries was geographically immediate rather than global environment problem.

Moreover, the WHO report titled Health Situation in the Southeast Asia region (1998-2000) said that uncontrolled urbanisation, rapidly changing lifestyles and increased morbidity of population had brought along new issues. Where, HIV/AIDS was a continuing concern;

Tuberculosis had been the biggest killer among the three million cases of TB; moreover, no proper attention had been provided to *adolescent health* in the region. The adolescents faced dual problems- one, regarding early marriage and child-bearing.

Post the Inception of Millennium Development Goals

The research on urbanisation, health and wellbeing status now started to focus on the possibility of achieving the various goals and targets and how far they had been reached.

In the study by Mehta *et. al*. (2006) the use of solid fuels have been assessed and it has been argued that curbing the indoor air pollution would make substantial contributions to reducing child mortality (MDG 4) and improving maternal health (MDG 5). Bhandari *et. al*. (2012) mentioned that the countries in Southeast Asia have wide disparities in socioeconomic and health indicators. This region accounts for almost one-third of global mortality in neonates and children under 5 years of age, and many countries in this region are unlikely to attain MDG 4.

Stevens *et. al*. (2012) have estimated the trends in complete distributions of anthropometric indicators of child nutrition by country and to assess the countries' progress towards MDG 1. An important conclusion that the paper made was that despite improvements probability that developing countries as a whole would meet the MDG 1 target is less than 0.05 if post-2000 trends continue.

Further, Parr *et. al*. (2012) argue that MDGs can be used in two ways: one, as benchmarks in monitoring progress toward important objectives, and second, to communicate an important normative objective based on the shared values. Parr *et. al*. (2010), again mention that MDGs grew out of a political process that set out normative objectives, a consensus on what the world should look like. They were not conceptualised as planned targets. Hence, they provide an alternative

framework, treating MDGs as benchmarks of progress where the question asked is whether the pace of progress has improved since the 2000 commitments. They found that there was no convincing evidence of a marked post-MDG acceleration of improvement in reducing human poverty for world's countries as a whole. Only one-thirds of them achieved a faster pace of improvement post-MDGs, hence, there was not much difference to national efforts. Only 2 out of 24 indicators did not produce a worse effort.

A study by Shyu (2014) analysed the need to address access to electricity for the poor and secure minimum basic electricity needs, the issue of resolving energy poverty for access to modern cooking fuels or reducing the population dependent on traditional biomass when setting the MDG targets for post-2015 UN development agenda.

Objectives of the Present Study

On the basis of the history of the Millennium Development Goals and the literature on upcoming Sustainable Development Goals; this study aims to i) critically analyse the trends of selected indicators for achievement of various goals ii) Reach some conclusions about the Sustainable Development Goals which are to replace the MDG's. Instead of determining whether the current goals can be achieved or not, the paper seeks to observe the gaps left by the Millennium development Goals in the Developing countries and which should be a focus of the Sustainable development Goals.

DISCUSSION: THE ANALYSIS OF THE TRENDS IN SELECTED INDICATORS

Out of the 60 indicators that were collected initially (Table 1); a few indicators were selected to represent the background in which each of the goals were deemed to be achieved- except for the Goal 2, 3 and 8 for which the data was not available. For the Goal 1, employment to

population ratio was taken as a proxy as the data for the other variables was not available; subsequently, mortality rate, adolescent fertility rate, tuberculosis death rate and improved sanitation facilities for goals 4, 5, 6 and 7 respectively.

Table 1: The MDG Indicators and Targets

Goal 1: Eradicate extreme hunger and poverty
· Target 1A: Halve between 1990 and 2015, the proportion of people living on less than $1.25 a day
1. Poverty gap ratio (incidence x depth of poverty)
2. Share of poorest quintile in national consumption
· Target 1B: Achieve decent employment for Women, Men and young people
1. GDP growth per employed person
2. Employment rate
3. Proportion of employed population below $ 1.25 per day (PPP values)
4. Proportion of family-based workers in employed population
· Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger
1. Prevalence of underweight children under 5 years of age
2. Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education
· Target 2A: By 2015, all children can complete a full course of primary schooling, girls and boys
1. Enrolment in primary education
2. Completion of primary education
Goal 3: Promote gender equality and empower women
· Target 3A: Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015
1. Ratios of girls to boys in primary, secondary and tertiary education
2. Share of women in wage employment in non-agriculture sector

3. Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality rates · Target 4A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate 1. Under-five mortality rate 2. Infant (under 1) mortality rate *3.* Proportion of 1-year old children immunized against measles.
Goal 5: Improve maternal health · Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio 1. Maternal mortality ratio 2. Proportion of births attended by skilled health personnel · Target 5B: Achieve, by 2015, universal access to reproductive health 1. Contraceptive prevalence rate 2. Adolescent birth rate 3. Antenatal care coverage 4. Unmet need for family planning
Goal 6: Combat HIV/AIDS, malaria and other diseases · Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS 1. HIV prevalence among population aged 15-24 years 2. Condom use at last high risk sex 3. Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS · Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it 1. Proportion of population with advanced HIV infection with access to antiretroviral drugs · Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases 1. Prevalence and death rates associated with malaria 2. Proportion of children under 5 sleeping under insecticide treated bed nets

3. Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs
4. Incidence, prevalence and death rates associated with tuberculosis
5. Proportion of tuberculosis cases detected and cured under DOTS (Directly Observed Treatment Short Course)

Goal 7: Ensure environmental sustainability

- Target 7A: Integrate the principles of sustainable development into the country policies and programmes; reverse loss of environmental resources
- Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in rate of loss

1. Proportion of land area covered by forests
2. CO_2 emissions total, per capita and per $1 GDP (PPP)
3. Consumption of ozone depleting resources
4. Proportion of total water resources used
5. Proportion of species threatened with extinction

- Target 7C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation

1. Proportion of population with sustainable access to improved water source, urban and rural
2. Proportion of urban population with access to improved sanitation

- Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

1. Proportion of urban population with access to improved sanitation

Goal 8: Develop a global partnership for development

- Target 8A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system
- Target 8B: Address the special needs of the Least Developed Countries (LDCs)
- Target 8C: Address the special needs of landlocked developing countries and small island developing states
- Target 8D: Deal comprehensively with the debt problems developing countries through national and international measures in order to make debt sustainable in the long term
- Target 8E: In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries

1. Proportion of population with access to affordable essential drugs on a sustainable basis

- Target 8F: In co-operation with the private sector, make available benefits of new technologies, especially information and communications

Employment to Population Ratio, 15+, Female (percent)

The Employment to population ratio for female gives us some unexpected results like female population being high in underdeveloped countries like Lao PDR, Cambodia, Vietnam etc. which are generally ranked low in the Global gender gap report. Cambodia is one of the poorest countries with huge agriculture dependence. Though women comprise nearly half of the workforce, majorly hey are self-employed or unpaid family worker. Moreover girls aged between 15-19 is higher than boys, they constitute of uneducated and unskilled labour. Again, in Lao PDR, which is mostly agriculture based, unpaid family work is most common in the women; Vietnam follows a similar story with women being employed in vulnerable and unpaid family labour.

Another surprising fact is that the ratio is low for countries like Philippines, Brunei and Singapore- Brunei is ranked 24 out of 134 countries in global gender gap report in 2010 and Philippines and Singapore are ranked 9 and 59 in global gender gap index 2014. Philippines consist of significant underemployment and large informal employment sector. Women's earnings are more than 60 percent less than that of men. The high score in ranking owes to perfect score of 1 in the first two categories- health and survival; and educational attainment.

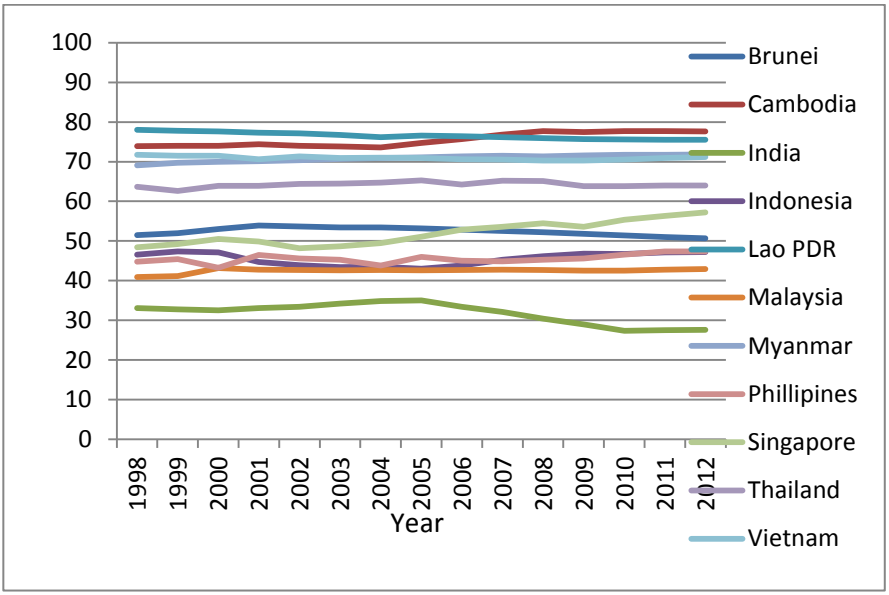

Figure 1: Employment to Population Ratio, 15+, Female (percent)

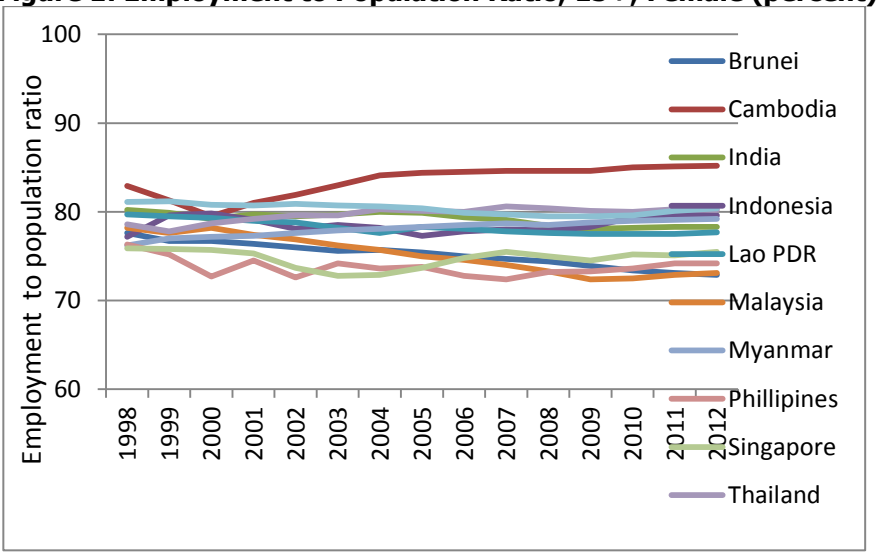

Figure 2: Employment to Population Ratio, 15+, Male (percent)

Employment to population ratio for men on an average in these countries has been around 80 percent which is expected; although more employment opportunities need to be created.

3.2 Mortality rate, infant (per 1,000 live births)

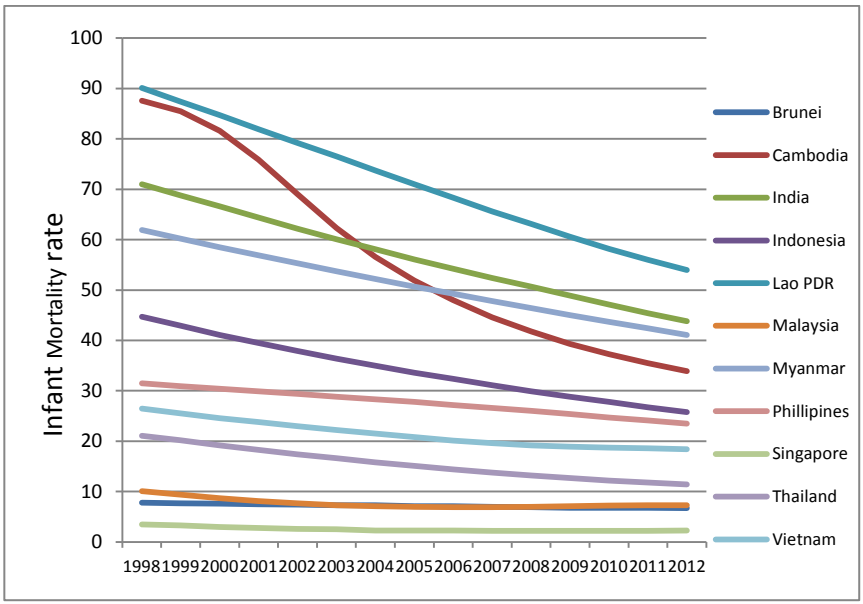

Figure 3: Mortality Rate, Infant (Per 1,000 Live Births)

Cambodia had till a long time highest mortality rates in the Southeast Asian region only less than Lao PDR but made a significant improvement around 2005. The main reasons for the same were- increasing vaccination rates, improving nutritional indicators. Other problems like stunting, underweight, measures of malnutrition have reduced, improving maternal health indicators. It was majorly done through national immunization programme, improved access to education and better health infrastructure.

However, the reductions in childhood mortality rate varied both geographically and by socio-economic groups. The reason has been

impact of financial, cultural and other barriers on access to health services for the poor. The cost of healthcare has been the single most important cause for impoverishment in Cambodia owing to high out of pocket expenditures. Strengthening of public health services has been central to Cambodia health policy.

Lao PDR has had the highest mortality rates as it is characterised by huge urban-rural differential since rural areas consist of difficult to access mountainous regions. The key root cause has been a health system with insufficient capacity to perform. Since 2005, health spending has been unchanged at about 3.5 percent of total government expenditures and out of pocket expenditures have often been the reason for impoverishment.

In India, the rates have not been as high as above-mentioned countries but the reduction has been really low. This is on account of four states- Uttar Pradesh, Rajasthan, Bihar and Madhya Pradesh which account for half of under-five deaths. This could be because of the increasing gap between the developed and underdeveloped states- economic growth at expense of inclusive growth.

Adolescent Fertility Rate (Births Per 1,000 Women Ages 15-19)

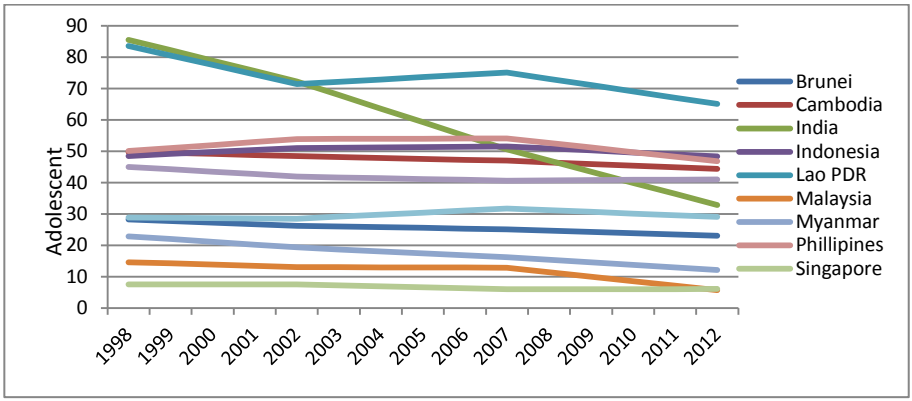

Figure 4: Adolescent Fertility Rate (births per 1,000 women ages 15-19)

The case for Fertility rates is not very bright in the Southeast Asian countries. Though, a large improvement can be seen in Adolescent fertility rates in India given the rise in mean age of marriage. The situation is still bad in Uttar Pradesh, Madhya Pradesh, Rajasthan, Karnataka and Bihar. There is a huge variation in fertility rates in India; at one extreme are West Bengal, Andhra Pradesh and Assam which has lower rates than the above mentioned states. Moreover it's below 20 births in states like Punjab, Himachal Pradesh, Kerala and Tamil Nadu. Rates in rural areas are again much higher than in urban areas. The only areas where the rural-urban differential is not much high are Tamil Nadu and Punjab.

In Lao PDR, the fertility rates are on a decline but still highest due to wide rural-urban disparities; and the disparities between women with higher education and omen with no education.

High rates in Philippines are again surprising being a country ranked high on gender equality. However, the high rates are mainly because of women who are poor; are denied access to proper healthcare during pregnancy because of state's stretched medical and health resources. Hence, a reform in healthcare sector is a must.

Tuberculosis Death Rate (Per 100,000 People) and Malaria Cases Reported

A significant improvement in reducing tuberculosis (as can be seen below in the figures) is observed in Myanmar and Cambodia.

Myanmar being a triple transition economy (from authoritarian military to democratic governance, centrally directed to market oriented and from conflict to peace); ambitious social and economic reforms were undertaken which have paid off quite well. Main reason could be nominal healthcare fee though they still lack in very basic healthcare facilities and equipment.

Again, in Cambodia; there has been a significant improvement owing to strong growth and strong progress is observed in communicable diseases; however, much needs to be done in the case of infectious diseases. Ratnakiri (a remote area in Cambodia) has worst health indicators confirming the existence of rural-urban differential. In Indonesia, communicable diseases still cause a lot of deaths; the major issue being human resource in health. India is comprised of what's called drug resistant Tuberculosis. The patients do not respond to medication very well. After observing a decrease in Malaria from 2000 to around 2005; it has been on an increase since then.

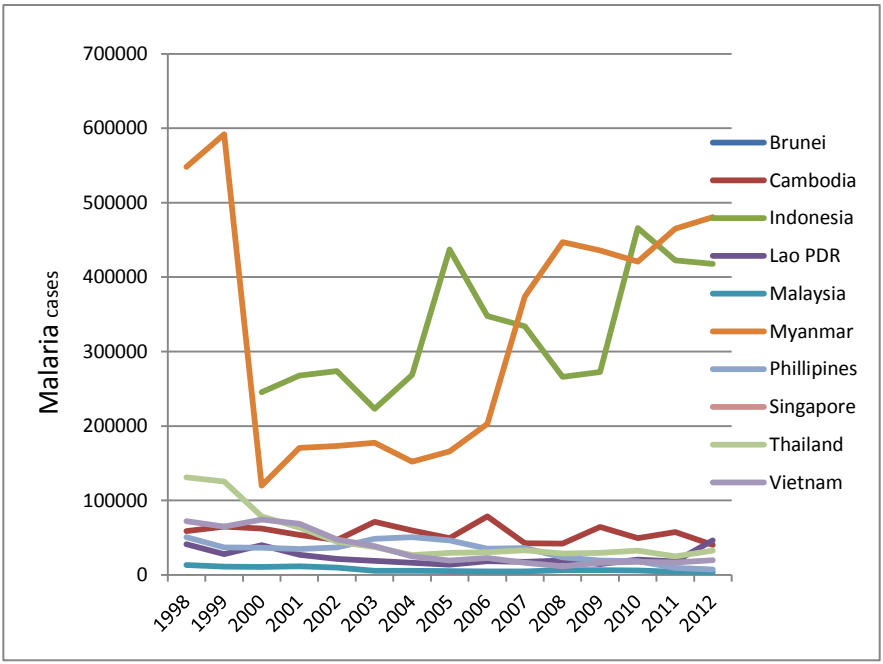

Figure 5: Malaria Cases Reported

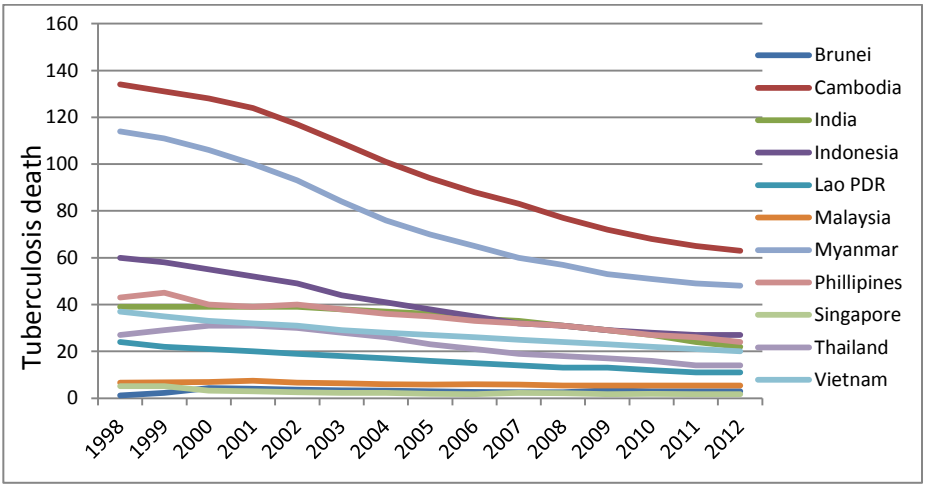

Figure 6: Tuberculosis Death Rate (Per 100,000 People)

Improved Sanitation Facilities (Percent of Population With Access)

Figure 7 for Improved Sanitation Facilities shows a great improvement for almost all the countries and presents a hopeful scenario. Southeast Asia had increased by 25 points in providing sanitation facilities. On an average, 67 percent population has the access to sanitation facilities.

Singapore has a proper success story. It had less than half population with access to water in 1965, however, by 1997 it was fully served by modern sanitation. Over the last 50 years, Singapore's national agency PUB has built a robust and diversified supply of water known as 'four taps'. PUB had embarked a new shift in Singapore water management. All the three resources (public, private and partnership) could take part in water management.

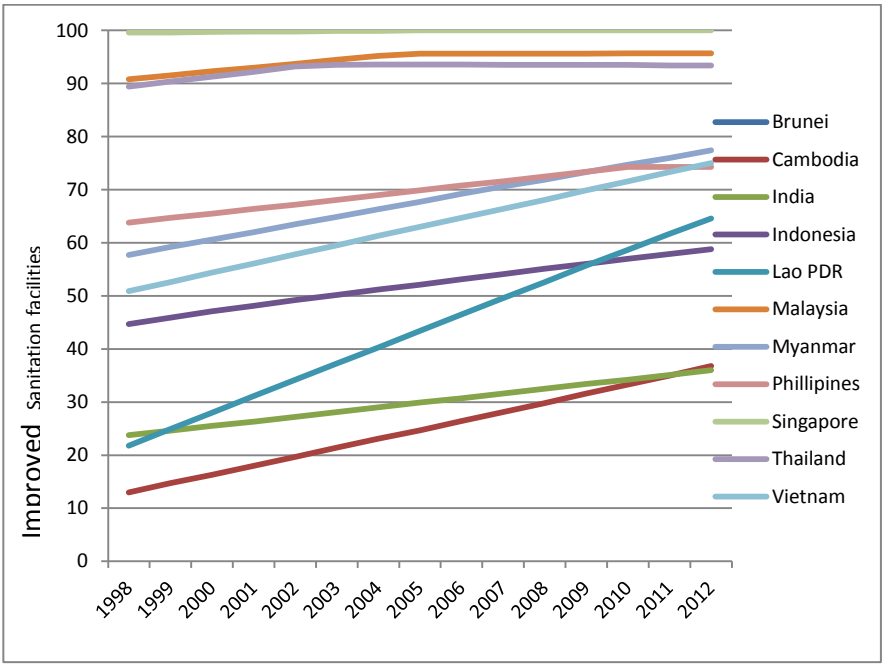

Figure 7: Improved Sanitation Facilities (Percent of Population With Access)

Moreover, it was Jack Sim who had found World Toilet Organisation and succeeded in building up toilet facilities in Singapore. A similar kind of improvement is being expected from the "Clean India Campaign" in India.

Improvement in Lao PDR should not be very surprising. It was initially low majorly because of underdevelopment but Lao PDR has more water resources than any country in Indi. However, less than half of the schools have proper access and much is required to be done. Also, the problem of wastewater pollution in urban areas has emerged with growing population. Again, in Thailand and Malaysia, the improvement was largely driven by the achievement of upper middle income country.

CONCLUSION: AN OUTLOOK FOR THE FUTURE

As the target date for the Millennium Development Goals is approaching, a debate on the framework for international development beyond 2015 has started. In this vein, 192 UN member states agreed at Rio+20 summit to start process of designing sustainable development goals, which are action oriented, concise and easy to communicate, limited in number, aspirational, global in nature and universally applicable to all countries while taking into account different national realities, capacities and levels of development and respecting national policies and priorities.
The Sustainable Development Goals (SDGs) are a set of 17 goals along with 169 targets set to replace the Millennium Development Goals. They had been formulated by conducting the largest consultation programme in its history to gauge an opinion about what the MDGs should include. Moreover, it included several thematic and national consultations along with door to door surveys. To include goals like *'Reduce inequality with and among countries'; 'make cities and human settlements inclusive, safe, resilient and sustainable'* and '*urgent action to combat climate change and its impacts'* are a few targets which require immediate attention, the first two especially in the developing countries: as we can conclude from the given review study. Most of the developing countries have shown a goo improvement in many of its indicators (mostly the health indicators) but the major problem they face now is- the rising inequality in the underdeveloped and developed regions within the same country which has resulted in increasing the rich-poor gap.

Finally, it must be emphasized that Sustainable Developmental Goals must fill the gap left by the MDGs- to broaden the development narrative beyond the growth perspective. This is the dire need of the world given the ineffectiveness of aid. As has been mentioned at various occasions, the health and standard of living situations in various developing and underdeveloped nations has not been improving majorly because all the developmental assistance and the benefits of economic

growth have accrued to only one part of the society and the other has been excluded from such benefits.

The study must be concluded by focussing that till there is a political will and effective employment of the developmental aid and government finances; the objective of development for all is hard to achieve.

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