1.2 Analysis of the MDGs

Since the initiation of the MDGs in 2000 much work has gone in to assessing countries progress in relation to achieving the goals and targets, however few studies have attempted a cross-sectoral analysis of the implementation of the MDGs. In 2010 a consortium of institutions at the London International Development Centre (LIDC, comprising Birkbeck, Institute of Education, London School of Hygiene and Tropical Medicine, School of Oriental and African Studies, Royal Veterinary College and the School of Pharmacy) and including universities of Malawi, South Africa, India, Zambia and Thailand did just that. The commission, published as a special edition of *The Lancet* (2010), brought together a group of disciplines to consider the challenges posed by the MDGs. This interdisciplinary study examines the goals themselves rather than a country-by-country analysis of progress. It looks at the formulation of the targets, their implementation, interpretation, and the appropriateness of the indicators across the spectrum of disciplines and sectors which the MDGs encompass. The following section provides a brief overview of some of the conclusions from that report.

Despite some major challenges posed by the MDGs, the report argues that their existence has contributed to four positive outcomes:

1. Brought attention to main issues of development and poverty encouraging a broad global political consensus
2. Provided a focus for advocacy
3. Improved the targeting and flow of aid
4. Improved the monitoring of development projects
5. A further important contribution made by the MDGs is the inclusion of gender into aid packages.

However, with these positives are accompanied with challenges. It has been argued that the very elements of the MDGs which make them successful have also been the cause of major challenges. These challenges have been presented under the following headings;

Conceptualisation and execution

Conceptually, there are a number of problems identified with the various goals. For example, the conceptualisation of poverty is considered to be too narrowly focused on income. Education goals focus only on primary education and do not adequately consider the importance of post-primary education or the quality of learning. Similarly the health targets focus on maternal mortality, child mortality and a limited number of diseases. Gender equality focuses primarily on education, employment and parliamentary presence but says nothing about rights such as freedom from violence and adult literacy (Waage *et al* 2010 p. 7).

Other problems relate to the indicators, some of which suffer from ambiguity and difficulty in finding appropriate or indeed accurate measures. For example, measuring hunger has met with methodological problems and the indicator of prevalence of HIV/AIDS does not adequately account for the effect of antiretroviral therapy in its measurement. Indicators of gender equality do not consider the informal sector nor do they measure wage levels for example. The problems associated with the measurement and monitoring of indicators are further compounded by inadequate and incomplete data collection.

Fragmentation

Fragmentation has also been identified as a challenge. The fragmentation of goals, targets and indicators has resulted in gaps and a lack of attention to the linkages which exist between the many issues and sectors dealt with in the MDGs. Whilst poverty and hunger are interlinked in Goal 1, there is an underestimation of the relevance of malnutrition, not only to infant disease and maternal health but also to education. The focus on child mortality, maternal health and HIV/AIDS and other diseases has resulted in a narrow perception of the problems facing national health systems and has limited the resources available to other sectors of the system. There has also been a focus of investment in the vertical organisation of planning, monitoring, procurement etc to the detriment of horizontal planning and thus failed to be integrated into the broader national health system. Again, this narrow focus has also resulted in agencies and departments competing for funding resulting in efficiency losses.

1.2.1 Vertical and horizontal planning

Vertical planning generally refers to specific interventions within a specific sector, for instance the health sector. An example of this would be the provision of specific resources such as medical equipment, staffing, training, and evaluation in a particular area of health.

Horizontal planning refers to interventions that may cut across a number of sectors that interlink. For instance, the linkages between the health sector and sanitation or indeed the links between treating disease and disease prevention. Horizontal planning integrates these sectors both at the planning, intervention, and evaluation stages of a programme. Thus horizontal planning (and financing) may cut across more than one sector.

Source: unit author

Contested ownership and interpretation

Although governments around the globe pledged support for the MDGs, they were strongly driven by the large number of multilateral and bilateral agencies resulting in fragmented and in some cases contested ownership between departments and agencies. Examples of this have been observed with respect to the MDG 5 - maternal health, whereby leadership is distributed between different departments within WHO, although UNICEF is charged with the responsibilities of antenatal and postnatal care and UNFPA with delivery care. It has been found that in practice all three organisations have different approaches, resulting in management issues.

Furthermore, the donor led agenda has also marginalised voices from civil society as well as placing pressure on national governments to appear to be satisfying donor targets when in fact they are not considered a priority. The mismatch between what is an acceptable target globally and what is acceptable nationally has been cause of ineffectiveness. A further problem has been result of interpreting the global MDG targets as national ones. National targets for the MDGs have not been set leading to vast discrepancies between countries success rates. African countries for example consistently fall dramatically short of achieving any of the targets, which do not reflect the continent's context and which ignore differences in technical and financial feasibility (Waage *et al* 2010 p. 14).

Equity

Inequity is an issue at the heart of the formulation of the MDGs, however it is also proving to be one of the most challenging elements mainly because inequity is conceived in economic terms and therefore measures wealth quintiles based on material assets. This does not provide an adequate picture for example, inequalities in education and healthcare may be more a function of ethnic origin or geography than of wealth disparities, and furthermore, the indicators for inequality do not tell us how inequality is distributed within a household or community.

Finally, almost all the targets focus on improving the lives of a proportion of people rather than all, for example reducing the maternal mortality rate or the proportion of people living on less than a $1 a day. The approach of the MDGs does not attempt to address (nor do the indicators describe) structural inequality but merely strive to achieve a 'specific minimum standard for a portion of the world's people' (Waage *et al* 2010 p. 17). The report argues that a pro-poor human rights approach together with a closely interwoven set of principles should be taken to ameliorate this challenge. These principles are holism, equity, sustainability, ownership and global obligation.

Act

For further study please read The Millennium Development Goals: a cross-sectoral analysis and principles for goal setting after 2015 (Waage *et al* 2010, see weblink in the Further Readings listing).