Journal of Human Development
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/cjhd19

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Published online: 22 Jan 2007.

To cite this article: Richard Jolly (2004) Global Development Goals: the United Nations experience, Journal of Human Development, 5:1, 69-95, DOI: 10.1080/1464988031000166021O

To link to this article: http://dx.doi.org/10.1080/1464988031000166021O

Journal of Human Development
Vol. 5, No. 1, March 2004

Carfax Publishing
Taylor & Francis Group

Global Development Goals: the United Nations experience

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Abstract This paper reviews experience since governments first began, through the United Nations, setting time-bound quantitative goals to serve as guidelines and benchmarks for national and international action and development assistance. It argues that, contrary to much opinion, many of these goals have had a major influence on subsequent action and many have been largely or considerably achieved. It discusses approaches to implementation adopted in the United Nations Development Decades as well as by the World Health Organization and the United Nations Children's Fund (UNICEF), and the Bretton Woods' structural adjustment programmes. It underlines the need for a more nuanced and critical approach to what is meant by goal achievement, drawing on the experience of the Water Decade and the child survival revolution. It examines the ways in which global goals were costed, and draws lessons for the pursuit of the Millennium Development Goals. Appendix 1 summarizes the wide range of goals, targets and results adopted and the results achieved.

Key words: Millennium Development Goals, United Nations, Development, Child mortality, Smallpox, Malaria, Polio, Water and sanitation decade, Bretton Woods Institutions, Economic growth

An overview of goals set by the United Nations

From the earliest days of the United Nations (UN), member governments have reached agreement on a wide variety of global goals to give quantitative expression to objectives that they have felt important, and to provide for their systematic implementation and monitoring of progress towards these objectives.[1]

Such goals have included: ending colonialism; acceleration of economic growth in developing countries; expansion of education; eradication of smallpox, malaria and other communicable diseases; expansion of immunization; improving the situation of children and women;[2] the adoption and

ISSN 1464-9888 print/ISSN 1469-9516 online/04/010069-27 © 2004 United Nations Development Programme
DOI: 10.1080/1464988310001660210

implementation of various instruments of human rights, most notably the Convention on the Elimination of all forms of Discrimination Against Women and the Convention on the Rights of the Child in the 1980s and 1990s;[3] and, most recently, the eight Millennium Development Goals (MDGs) adopted by heads of state at the Millennium Summit in 2000. The MDGs covered the halving of poverty and hunger by 2015, various other quantitative goals for reducing human deprivation, as well as goals on the environment, and for partnership between developed and developing countries in the pursuit of the goals.

Conventional wisdom has it that it is easy for governments to agree such goals and that, in consequence, they have little meaning, have rarely been taken seriously and have seldom been achieved. The eradication of smallpox in 1977, 11 years after the goal was set, is sometimes quoted as the exception that proves the rule.

A more careful assessment of the historical record proves otherwise. First, many of the goals have been most carefully constructed. They have usually been debated at length when first proposed — word by word, often syllable by syllable — in specific forums of the UN or in expert bodies. After this they have been being formally adopted in one or more responsible bodies of UN organizations or specialized agencies and, finally, usually confirmed in meetings of Economic and Social Council and the General Assembly. For example, the proposal for the eradication of smallpox was first proposed in the World Health Assembly in 1953, raised several times subsequently, and only finally agreed in 1966.[4]

It is true that, at the final stage, most global goals have been adopted by consensus. But even then, on a number of occasions, a few countries, most often developed countries, have registered a specific qualification — although this is less frequent than is often suggested. The classic case is the United States, which, alone among the industrial countries, has consistently registered its non-agreement with the 0.7% target for official development assistance.[5]

Second, although none of the goals have been achieved by the target date in *all* developing countries, several of the global goals have been achieved by developing countries as a group — for example, the economic growth target for the first Development Decade, the reduction of infant mortality to less than 120[6] by the year 2000, and the expansion of coverage of immunization within developing countries to 80% on average by 1990. In addition, as Table 1 makes clear, a considerable number of developing countries have individually achieved many of the goals by the target date or soon after. An even larger number of developing countries have accelerated action in the area or sector concerned, compared with previous trends, even if they have not reached the goal itself. And finally, a still larger number of countries have often prepared national plans of action for the implementation of the goals, in ways that have helped to raise national awareness of the importance of the issues and provided a focus for advocacy and mobilization by non-governmental organizations (NGOs) and other civil society groups. By these tests, the global goals have often had a considerable influence.

This underlines the need for a more nuanced and disaggregated analysis of the impact of global goals and, in particular, of the meaning of 'a global goal being achieved or not being achieved'. Indeed, the emphasis should in general be shifted to the *extent* of implementation and success to the various ways in which goals have had an influence. Gordon Conway of the Rockefeller Foundation has also suggested that the focus of monitoring should be shifted to the six or so critical actions, national or international, needed to ensure global progress towards each goal.[7]

The reasons why particular countries have failed to achieve particular goals also deserves careful analysis. In general, the countries that have performed least well in terms of achieving many of the global goals are among the group of least developed countries. Moreover, as the *Human Development Report 1996* showed, while it is possible to advance human development even in times when economic growth is low and even negative, sustained advance in human development seems to require economic growth that is sustained over the longer term. This raises questions as to the extent to which failure to achieve a global goal is the consequence of:

- economic constraints;
- lack of political support within countries;
- disruptions from civil and political conflict;
- failures of international support for the goals; and/or
- world recession and/or wider difficulties and setbacks in the international economic environment, especially as these have affected poorer developing countries.

Failures to achieve goals in individual countries, or in a group of countries, are often due to some combination of these factors, which in turn are the causes and consequences of others, leading to a downward spiral of economic and social and political performance — leading to the failure to achieve global goals and often a failure to achieve much else besides.

It is relevant at this point to note that most, if not all, of the global goals have been set in UN bodies rather than in the Bretton Woods Institutions (BWI) or the World Trade Organization (WTO). Until recently, the BWI bodies have generally opposed the concept of time-dated quantitative goals and often the goals themselves — the 0.7% target for Official Development Assistance (ODA) for instance, or even more specific goals such as for educational expansion or the reduction of child mortality.

In contrast, however, the BWI have been keen to negotiate with individual countries time-dated, quantitative economic targets as part of the conditionalities of adjustment programmes. These targets have typically focused on such variables as the public sector deficit, the balance of payments and the inflation rate — each of which are, of course, *means* to improving economic performance rather than *ends* of development, let alone goals of human development. More seriously, the single-minded focus of the BWI on economic variables has been driven by a narrow view of structural adjustment, which in turn has led, especially in the 1980s, to policies and actions that often diverted attention from the social dimensions of adjust-

ment, set back progress in the social sectors, and worked against the achievement of global goals in education, health and nutrition.

All this underlines the need to define more clearly what is meant by goal achievement, to review the record of the various goals and to analyse why or why not they have been achieved in the different senses identified as important, and to draw the correct range of lessons for future actions towards goal setting and goal achievement, including the need to build up a frame and flow of relevant statistics in each country to monitor progress, to guide corrective action, and to mobilize political attention and action towards the major global goals.

The record of achievement

Appendix 1 provides a comprehensive overview of the various global goals adopted and the results achieved, giving details of dates, numeric targets, and the extent of achievements. The results are highlighted in terms of four broad categories of achievement: largely, considerably or partly achieve, and failed. An element of judgement has been used in applying these categories, especially to give weight to countries where the target goal, although not fully achieved, had lead to a substantial improvement in performance in relation to the goal.

- *Goals largely achieved*. Those achieved by developing countries as a group and by a large majority of relevant countries individually: decolonization (85 countries became independent since the UN was founded); smallpox eradication; polio eradication; child immunization during the 1980s; reduction of child deaths from diarrhoea by one-half and diarrhoea incidence by one-quarter; reducing infant mortality to below 120 by 2000; eradication of guinea worm; earliest possible ratification of the Convention on the Rights of the Child.
- *Goals considerably achieved*. Those that have been reached or nearly reached by developing countries as a group, and by about one-half to two-thirds individually: acceleration of economic growth to reach a minimum of 5% by the end of the 1960s and to average 6% over the 1970s; raise the share of developing countries in global industrial production to 25% by 2000; raise life expectancy to 60 years at a minimum by 2000; reducing child mortality by one-third or to a maximum of 70 by 2000; one-third reduction of malnutrition; reduction of the proportion of babies born with low birth weight to less than 10%; reduced iodine deficiency disorders and vitamin A deficiency to tackle the hidden hungers of micro-nutrient deficiency; educational expansion from 1960 to 1980.
- *Goals partly achieved*. Those where real progress has been made and perhaps one-quarter or one-third of relevant countries have reached or nearly reached the goals: access to safe water and sanitation during the 1980s; ODA to reach 0.7% of the Gross National Product (GNP) in each developed country, from 1970 onwards; ODA for least developed countries (LDCs) to reach 0.15 of the GNP in the 1980s and 1990s.

- *Goals failed or almost totally failed*. Includes goals where little or no progress has been made, either in general or by a significant number of countries: economic growth of 7% or more in the 1980s and 1990s; LDCs to double their national income over the 1980s by achieving an average growth rate of 7.2% per annum in the 1980s; achievement of full employment by 2000; reduction of maternal mortality; halving of illiteracy by 2000 (illiteracy only reduced from 25% in 1990 to 20% in 2000); and eradicating malaria.

Five major conclusions can be drawn from these results. First, that the vast majority of global goals have been largely, considerably or partly achieved. Only a minority of UN global goals have been almost total failures. Second, most of the human-focused goals have been in the category of largely or considerably achieved, with a better record of achievement than the economic goals. Third, performance with respect to the economic goals was considerable and much better in the 1960s and 1970s but slipped badly in the 1980s and 1990s. Fourth, the countries that have experienced most failures are clustered in two groups (sub-Saharan African and LDCs) — two categories that overlap. The almost total failure of the goals for economic growth and development in the LDCs is particularly serious and has had repercussions for long-run advance in many other areas of development in these countries. Fifth, the goals relating to the developed donor countries fall mostly in the partly achieved category — and even this is something of a generous and debatable classification. This underlines the importance of developing new and more effective partnerships in the years ahead.

Approaches to implementation

Once adopted, the goals agreed by the UN have been followed up in very different ways. At one extreme, there are goals like those for accelerating economic growth during the (First) Development Decade, when the role of the UN has, for the most part, been limited to general advocacy and monitoring and periodically reporting back to the Economic and Social Council on performance. Perhaps the goals might also have been made a focus for UN technical assistance or more specific advocacy in a few countries, but I know of no records to confirm this.

At the other end, there are goals like those for the eradication of smallpox, expansion of immunization, and reducing infant and child mortality and improving child health and nutrition. In the first case WHO, and in the second case UNICEF and WHO, became actively involved in supporting country by country action by advocacy and assistance in the preparation of national plans of action, the provision of technical and financial resources, especially in catalytic ways, and monitoring progress regionally and globally, often helping to improve the process of national monitoring.

Of course, global goals have by no means been comprehensively or consistently implemented. The seriousness with which the different goals

have been treated by individual governments depends on a number of factors and institutions:

- The government itself, and the extent to which it judges implementation of the goals to be in its interest, which of course partly reflects the nature of the government and the extent to which it is or is not concerned with and feels popular pressures for such activities as poverty reduction and human development. Note, however, that the assessment of a government's own self-interest is a function of how it perceives the importance of the global goals to its own situation, which in part reflects how well the costs and benefits of the goals have been explained and publicly promoted, internationally as well as nationally. In this respect, advocacy behind the scenes by UN bodies has often been effective as well as more public advocacy. Naming and shaming for failures as well as praise for performance compared with other countries also can have an important impact.
- NGOs and other groups of civil society, national and international. Major international NGOs including Human Rights Watch, Amnesty International, the World Wildlife Fund, OXFAM, Save the Children and Medicins Sans Frontieres have all demonstrated capacity and effectiveness to influence as well as to support national action towards the adoption and implementation of global goals. At times this advocacy has been more outspoken and probably more effective than advocacy by the international agencies, most clearly in relation to HIV/AIDS.
- UN funds and specialized organizations. In some cases, strong institutional support from one or other of the UN funds or agencies — the UN Development Programme, UNICEF, the UN Population Fund, WHO, the International Labour Organization, the UN Educational, Scientific, and Cultural Organization (UNESCO), and even the Food and Agriculture Organization — has done much to encourage governments to take particular goals seriously. These agencies have often led the way in advocacy and subsequently in providing or mobilizing support for government action in favour of specific global goals. They have also built up support and momentum among other international donors and supporting groups. More generally, UN agencies have played a major role in encouraging and supporting the collection of the national data required for tracking progress and compiling and publishing the comparative international data required for rapid and regular monitoring of global progress.
- The attitude of the World Bank, the International Monetary Fund (IMF) and, more recently, the WTO. The BWI and the WTO have great power to support the pursuit of goals with funds and with policy advice, as well as to oppose or undercut progress towards the goals, by the nature and conditions of adjustment programmes. Currently the BWI are clearly committed to the MDGs. But in previous decades, their disinterest in goals has had serious effects on diverting attention and resources from many of the areas and actions required for poverty reduction.

There are a number of impressive, even spectacular successes with global goals, for which different parts of the UN have played a leading and

outstanding role in their achievement. These include the support of UNICEF and WHO towards the goals of reducing infant and child mortality, especially by the expansion of immunization to 80% coverage and the expansion of oral rehydration in the 1980s, as well as the support by the UN Development Fund for Women (UNIFEM) and the UN Population Fund for the widespread ratification of Convention on the Elimination of all forms of Discrimination Against Women (168 countries by 2000) and by UNICEF for the universal ratification of the Convention on the Rights of the Child in the 1990s.

There are lessons to be drawn from some of the significant failures. The lack of strong priority support by the Food and Agriculture Organization and the WHO for countries in preparing national nutritional plans of action, implementing actions or even, in the early years, monitoring of the goals set by the International Conference on Nutrition, held in Rome in 1992, contributed to some of the failure in achieving the nutrition goals. The adjustment programmes of the World Bank and the IMF seriously failed in restarting economic growth in the 1980s and 1990s and encouraging a process of human development in the majority of countries in sub-Saharan Africa and the countries in transition, in spite of two decades of effort. In this respect, it is worth noting that the World Bank and the IMF had, for most of this period, consistently kept their focus on means rather than ends, defining the goals of structural adjustment giving most weight to the adoption of certain policies rather than in terms of the economic or human ends achieved.

Defining achievement: what makes for success?

The question of whether of not a global goal has been achieved, or to what extent, raises several important issues: was the goal set unrealistically high for all or most or many countries (or, of course, too low)? Should achievement only be judged in relation to the number of countries that have achieved the goal quantitatively by the target date? What weight should be given to countries that, although failing to reach the goal by the target date, have achieved major advances in relation to the goal, perhaps by greater margins than many countries that achieved the goal? Should progress only be judged in relation to quantitative performance or taking account also of other dimensions — qualitative aspects, establishing institutional structures to ensure sustainability, and other factors? Two real examples may help to set the scene.

The International Drinking Water Supply and Sanitation Decade (1981–1990) was focused on the goal of universal access to safe water and sanitation by 1990. This decade has often been treated as a failure, since virtually no country achieved the goal in a precise statistical sense. Even today, apart from a few small islands, hardly any developing countries are recorded as having 100% access to water or 100% access to sanitation. Nevertheless, in the sense that the decade encouraged a major expansion of access in many developing countries, the decade must be considered a considerable success. More people got access during the decade than ever had access before 1980.

Over the 1980s, access to safe water increased by an estimated 1.3 times and to adequate sanitation by an estimated 2.6 times, both much higher numbers and higher proportions than in the 1970s or the 1990s. In spite of this, the decade is still too often dismissed as a failure, because 'the goal was not achieved'.[8]

The second example is the goal for Universal Child Immunization (UCI) set by UNICEF with WHO support in the mid-1980s. A goal for expanding immunization was originally set by the World Health Assembly in 1974, as success in the battle against smallpox began to come within sight. Smallpox was finally eradicated in 1977, an achievement formally confirmed 3 years later.

Immunization was enormously important for improving child health and for reducing child mortality, and from the beginning UNICEF provided strong support. But in September 1982, UNICEF moved from treating the goal as one of a number of desirable actions to adopting it as key component of 'GOBI', a set of four priority actions that were to be elevated to essential elements in all UNICEF country programmes, as part of what UNICEF began to promote as a Child Survival and Development Revolution: growth monitoring and promotion, oral rehydration to combat diarrhoea (which in the early 1980s accounted for some 4–5 million under-5 deaths per year), breastfeeding and better weaning practices, and immunization against the six vaccine preventable diseases (which also accounted for some 4–5 million deaths each year). There were three additional actions, recognized by UNICEF to be more difficult and more expensive: family planning and birth spacing, food supplementation, and female education. Together these became known as the 'GOBI-FFF' programme and all were to be promoted as much as possible in as many countries as possible as central priorities in all UNICEF country programmes. At the time, UNICEF had field offices in some 80 developing countries and country programmes in some 100 developing countries, so this was indeed widespread coverage.

Within 2 or 3 years, by 1984–1985, immunization rates had doubled or trebled in several countries. This gave Jim Grant, UNICEF's dynamic Executive Director, the vision of mobilizing on an even greater scale.

> So in June 1985, at [Jim Grant's] urging, the United Nations Secretary General, Javier Perez de Cuellar, wrote to the presidents and prime ministers of 159 member states, calling their attention to this important drive. A resolution in support of UCI was also passed at the 1985 General Assembly, joined by 74 governments and over 400 volunteer organizations.[9]

The goal of UCI was defined as reaching 80% coverage in each individual developing country for each of six antigens (against measles, diptheria, pertussis, tetanus, polio and tuberculosis) and achieving 80% coverage of these in developing countries as a whole.

Defining this goal precisely was not easy. The WHO argued that since every child needed to be immunized, and against all six diseases, the goal should be that 100% of all children under 5 would be immunized against all

six diseases. UNICEF argued that this was unnecessarily strict as well as so impractical as to be doomed to failure. In the first place, high levels of immunity in a country would produce herd immunity, thus cutting disease even among those not vaccinated. In the second place, since an individual vaccine was effective even without the others, to insist that only children vaccinated against all six diseases should be counted would be to underestimate the achievement. Separate coverage targets should therefore be set for each individual vaccine. Eventually, this was agreed to be 80% of all children under-5 adequately vaccinated against each of the six diseases by 1990. In operational terms, this meant each child having received one measles vaccination, three each of polio and DPT (diphtheria, pertussis, and tetanus), and one against tuberculosis. (For Africa, a pragmatic redefinition of the goal as 75% coverage was made in the late 1980s.)

By 1990, coverage on average among children in the developing world had — according to the best data available at the time — reached 80–82% for each of the six antigens. Some 72 individual countries had achieved or exceeded the 80% goal for each of the six antigens. It was estimated that as a result at least 3 million fewer children were dying each year. By 1995, total child deaths in developing countries had fallen to 12 million — and by the year 2000 to just over 10 million, in spite of an increase in the under-5 population by over one-third compared with 1980, when some 15 million children were dying.

There is, however, an important statistical sequel to the 1990 achievement. After 1990, UNICEF gave even more attention to goals, building on the 10 major goals set at the World Summit for Children in September 1990. As part of this, increased attention was given to the process of monitoring. This involved the development of low-cost (multi-indicator cluster surveys [MICS]) to collect sample survey data on a wide range of indicators. Eventually, MICS were available for some 66 countries, with Demographic and Health Surveys also providing data for some 35 countries.[10]

The development of sample survey data on children for a large number of developing countries made it possible to compare the results from different surveys with earlier administrative data on immunization coverage. This in turn led to the conclusion that, in general for developing countries, several points from a succession of sample surveys produced more accurate estimates of level and trend than did administrative data. When applied in retrospect to the immunization achievement in 1990, the estimates of coverage in that year were reduced from 80 to 82%, to 73% for DPT and 74% for measles.[11]

Even allowing for these corrections, UCI involved a three-fold or four-fold increase in immunization coverage, compared with 1980, and the International Drinking Water Supply and Sanitation Decade resulted in more than a doubling for water and something less that a trebling for sanitation. By any standards, these are impressive advances — yet the expansion of immunization was treated as an almost total success and the expansion of water and sanitation often as an almost total failure. These contrasting

reactions show the importance of defining goals in ways that combine realism with science, good management with public relations.[12]

Was immunization 'just an easy goal to achieve'?

In part because of its success it is sometimes said that the goal of immunization was really rather easy to achieve. Because of this, it is also claimed, the lessons of how the expansion of immunization was achieved have little applicability for the process of following up the MDGs.

Immunization, by this argument, was relatively easy because it was a top-down process, a 'one-off action', relatively cheap, and used a simple, well-established technology. In fact, all of these are considerable over-simplifications. Although initiation of the goal and its adoption country-by-country usually involved top-down advocacy, the process of implementation involved a major mobilization a wide variety of national actors — churches, women's groups, Rotary clubs, teachers, local government workers and the media, as well as the health system and health workers. Without this process of social mobilization, the high proportions of parents would never have been stimulated to bring their children for the six occasions required over the first 15 months of a child's life. In 1990, for example, this involved some 600 million visits to bring some 100 million children. Even more impressive, this process has continued every year since, with relatively small fluctuations and few declines, except in sub-Saharan Africa.

In short, reaching the goal of UCI was not simply top-down, nor was it cheap in terms of widespread human effort or a one-off exercise. Even in matters of technology, it was adoption of the goal of UCI that encouraged some of the process of simplifying technology, in particular developing better, less sensitive and more heat stable vaccines, which would maintain their potency even in situations where the cold chain was less than 100% effective. And by 1999, immunization coverage had increased in some 58% of countries (85), remained constant in some 7% (10 countries) and decreased in some 35% (51 countries).[13]

Looking at the other MDGs, and past experience, also shows that it is a mistake to treat the immunization success as easy and accelerating progress towards the other goals as much more difficult. Achieving the other goals in some respects may be easier, in some respects more difficult.

It is important to realize that, for the UN and individual UN agencies and organizations, success in supporting and meeting the global goals involves much more than efficient management in adopting the goals and organizing their own administration to carry them out as priorities. This is important, but perhaps even more important is to promote and mobilize national and international support, using the media, the churches, mosques and many other institutions of civil society in touch with public opinion and civil organization.

The lesson of social mobilization

Jim Grant, in his leadership of UNICEF, demonstrated many practical lessons of how mobilization for global goals could be pursued, beginning in a few

countries, whose examples could later be quoted and used to inform and motivate other leaders and countries. The strategy for social mobilization was consciously pursued but little known and practiced in other parts of the UN. The key lessons were summarised by Kul Gautam, the present deputy executive director of UNICEF, in an article he wrote entitled 'Ten Commandments of Jim Grant's leadership for development':[14]

1. Articulate your vision in terms of inspiring goals.
2. Break down goals into time-bound, doable propositions.
3. Demystify techniques and technologies.
4. Generate and sustain political commitment.
5. Mobilize a grand alliance of all social forces.
6. Go to scale.
7. Select your priorities and stick to them.
8. Institute public monitoring and accountability.
9. Ensure relevance to the broader development agenda.
10. Unleash the full potential of the UN system.

Each of these could be expanded and has been in the article by Gautam. The essence is to create a process of world-wide mobilization, built around vision and inspiration, rather than top-down, management by objectives. This is indeed close to one recent version of efficient corporate management, but for UN leadership it is almost the only system if there is to be global outreach and impact. The UN typically has no authority or capacity to issue detailed and specific instructions to governments but, as examples show, it can provide leadership and inspiration for a process of worldwide political and social mobilization. The aim of social mobilization is to build a process that goes far beyond governments and that mobilizes civil society within countries as well as internationally, even in situations where the government itself is reluctant or even unwilling. This is particularly relevant for many actions in relation to human rights where the UN has demonstrated a powerful potential for mobilizing awareness and action towards some of the goals for women and for children, and in such areas as health, education, HIV/AIDS and family planning.

These examples show the importance of the UN and of individual UN agencies making support for the achievement of a specific goal an explicit and high-profile corporate commitment. There are many ways this can be done and it can involve many forms of assistance. But among the most important seem to be the following:

- Making support for an individual global goal (or several goals) a clear priority both of headquarters and of every field office and staff member. This requires clearly relating the goals to priorities in the allocation of staff time within the agency and the allocation of its budgets at country level as well as internationally.
- Ensuring that all staff (not only professionals, national and international, but also, for instance, secretarial staff and drivers) are aware of the goals

and are prepared to promote awareness of them and adopt them in all aspects of their daily work and responsibilities.
- Serving as a mobilizer of donor funding and support as well as serving as a funder of last resort, both when donor interest for particular countries may be lacking and in the event of urgent financial needs when other support may not be available in time, if progress towards the goals is to be kept on track. Of course, to do this requires adequate financial resources.
- Ensuring support for national efforts of statistical monitoring, linked to regional and international systems for compiling and publicizing the results.
- Using the 'bully pulpit' of the agency and its senior staff, nationally as well as internationally, to promote awareness of the goals and to enlist support from political and opinion leaders.

Costs of action towards achieving the goals

This is an area where experience shows many mistakes have been made, especially in estimating the additional costs to meeting new goals. In the case of the goals for immunization, one early estimate was that it would cost about an additional $1200 million a year by 1990. In the event, UNICEF in that year spent $150 million. In the Board of UNICEF, cynics warned that this sum, about 15% of UNICEF's annual expenditure, would have to be maintained forever if the levels of immunization achieved in developing countries were not to fall. Experience showed otherwise. By 1995 UNICEF programme expenditure on immunization had been reduced to $79 million, while coverage in developing countries had been increased or maintained in almost two-thirds of developing countries.

Of course, the total cost of achieving a goal involves resources and costs far beyond those of an individual agency of the UN or even of all UN agencies taken together. No doubt there is value in trying to make an estimate of the total cost — ideally, of course, of the total opportunity cost. But here begin the problems.

In the first place, the opportunity cost for any individual country is, strictly speaking, defined as the cost of the resources used for the achievement of the goal evaluated in terms of their next best alternative use. However, the whole point of adopting many of the goals is to shift expenditure away from second or third best priorities, so the alternatives may not be easily assessed.

Second, there has often been a tendency in international agencies, and particularly in the World Bank, to make cost estimates based on their own project experience, much of which has involved inflated costs, or stand-alone projects costs, far beyond those that the government itself, let alone local NGOs or local communities, would need to pay for effective implementation of the goal concerned. The range of possible unit costs is thus large — and which is relevant depends greatly on who is involved in implementation.

Third, implementing the goals concerned often involves a focused, marginal addition to the costs of some service already being provided — adding immunization to a health structure already in place, increasing enrolments of girls in schools already built, sometimes in rural areas where teachers have small classes. Of course, such arguments can be overdone — but the point is that the marginal costs of expanding to achieve a goal are often much less than average costs. On the other hand, the marginal costs of pushing to the last 5% or 10% of coverage may often involve reaching out to more distant or otherwise disadvantaged communities, where marginal costs may be rising.

Fourth, and often most significant of all, the calculations of fully achieving a goal may reasonably be based on the assumption that all eligible countries will embark on the process. In contrast, experience shows that, for one reason or another, some countries, perhaps many countries, will not. To make the decision to adopt a global goal, or the international strategy to support it, dependent on the assumption of 100% compliance almost always involves a considerable over-estimate.

All the aforementioned relates to the technical process of calculating the probable cost, to governments, to the international agencies or, in some sense, to the global community as a whole, of achieving the goal. There are two less technical dimensions often involved. First is the process of bargaining and international negotiation. The contribution of the donor countries towards goal achievement often gets caught in a confrontational process of developing countries pressing for high levels of international financial support while the donors argue for the opposite. Typically, some reference to the need to move to the 0.7% target for international aid flows is incorporated in the resolution. The result is that, whatever the technical calculations, the pressures for pushing up or pushing down the estimates gets caught in a process of international bargaining, bearing little relation to any serious estimate of the costs of the action concerned.

The second relates to the bias of economists to estimate costs in terms of opportunity costs, with little attention to the wider realities of the situation, let alone to the public relations impact of such estimates. In the case of an immunization effort by UNICEF in Turkey in the mid-1980s, about three-quarters of the estimated cost of the immunization campaign was the opportunity cost of the free contribution of television advertising towards the process of national mobilization. This made the calculated cost per child of the immunization effort appear very high — but essentially reflected these estimated costs of television, which might otherwise have been promoting consumer goods of little social value.

The pros and cons of setting global goals

The pursuit of global goals has not been without controversy. The focus on global goals has been criticised by academics and development practitioners on several counts:[15]

- leading to a top-down process of planning and implementation, at the cost of bottom-up participation in which the community or other local groups set their own priorities for development;
- biasing the selection of development goals in favour of those that are internationally favoured by experts of donors, as opposed to those that make most sense in the national context of individual countries;
- leading to an excessive pre-occupation with quantitative achievement with the result that other dimensions of the issues get neglected, such as the quality of schooling or the broader issues of primary health care and nutrition;
- causing local or national officials to falsify statistics, rather than to admit failures or the non-availability of relevant data; and
- encouraging excessive optimism and thereby causing discouragement, despair and cynicism, when global goals are not achieved.

No doubt, at times, some of these criticisms have been justified. But rather than take them as arguments against goals as such, they are better treated as important concerns to be taken into account when setting goals or working on their implementation. To adopt the position that all global goals must be rejected is an extreme position, tantamount to rejecting the possibility of co-ordinated global action. Better is to frame global goals in ways that maximize their benefits and minimize their costs.

The need to plan for both partial success and partial failure

This is an important lesson of UN experience with goals. There is both a need to avoid giving hostages to fortune by encouraging exaggerated expectations just as there is a need to avoid starting with so much caution as to fuel exactly the initial sense of pessimism and discouragement that it becomes a self-fulfilling prophesy and leads to failure. This important but delicate balance needs to be carefully thought through at the early stages. What is the most probable outcome in the different dimensions of goal achievement and failure, what is probably the most that can be expected and what is likely to be the least? How can these possibilities be presented in the early stages, so as to encourage real effort and commitment, worthy of being treated as real success, without slipping into exaggerated expectations?

There are already reasons for concern with the MDGs. By expressing the goals in terms of halving the proportion of those in income poverty by 2015 and halving or reducing by an even larger proportion those failing to achieve some other goals, the poorest and most deprived countries face the biggest challenges. If economic performance in these countries continues as weak and often negative as it has been in the past two decades, failure to achieve most of the goals becomes very probable. What will be the probable outcome in terms of broader and further support for the goals and for the UN process behind it?

Here one must already be worried. Donors and the BWI over the past few years have stressed national ownership, notably with the Poverty

Reduction Strategy Papers (PRSPs), which themselves are now to be directly focused on the MDGs. This is in principle desirable and long overdue. But, as anyone close to the process knows, the end result is still enormously driven by what is judged by the IMF and the World Bank to be acceptable. More worrying still, success in implementation will be enormously influenced by external changes — prices of and access to markets for the major exports of a country, its receipts of aid and debt relief and, for some countries, inflows of private investment, not merely in quantity, but to the time-schedule as planned — and by unforeseeable domestic changes, such as floods or droughts, political upsets, and terrorist attacks. Already the threat of war and terrorist attacks in countries far away has had devastating effects on tourism in many parts of the world and on rises in the price of oil. All these disruptions affect progress and the possibilities of towards the goals in a number of countries. If and when such disruptions and set backs occur in the future, how will public support and Parliamentary support in the industrial countries be affected? Unless the ground is well presented in the early stages, there could be a dangerous backlash, not merely against the goals, but against aid and the UN effort more generally.

To prepare the ground, it is important now to plan in terms of *partial* success *and partial* failure, not for the extremes of either *total success* or *total failure*. What would this involve?

Planning for partial success would involve shifting the emphasis in mobilization, presentation and monitoring to the following:

- The number of countries individually achieving the goals or being on track, with the totals presented by region as well as by percentage of the world population covered. These measures have already been presented in the *Human Development Report 2002* and *Human Development Report 2003*, and should be continued.
- In addition, the number of countries showing some acceleration over past trends should be presented, even if they are not on track to achieve the goals. With respect to some goals like the reduction of maternal mortality rates, for which so little progress has been made over recent decades, even some reduction needs to be treated as a considerable and welcome advance.
- Progress by regions needs to be presented, not only in absolutes, but also relative to other countries in the region. Given the extreme difficulties being faced by many of the least developed countries in and beyond sub-Saharan Africa, acceleration in progress towards the goals in these countries usually represents greater and more committed effort than equivalent statistical progress in better off countries.

Partial failure must also be monitored on the international agency and donor side as well on the side of developing countries. This will require the following:

- Monitoring partnerships. This will require monitoring and analysing indicators of agency and donor performance, covering not only total financial

flows, but also such items as speed and adequacy of debt relief, speed and fulfilment of aid commitments, as well as changes in export prices and export volumes — and thus the net availability of foreign exchange resources.
- Some naming and shaming of the worst developing country performers has a place, as it has in the area of human rights. But double standards must be avoided. The process needs to be seen to be fair, not biased to the enemies of the major donors, nor too sparing of donor failures and inadequacies, especially when the latter are linked to failures of developing countries to achieve the goals.
- More analysis of the causes of country success and country failure, with attention to the common factors among countries succeeding and failing.

Conclusions and questions remaining

The setting of global goals in the UN and the experience of following them up has been more a more serious process and much more successful in its outcomes than often realized. But any assessment of success and achievement needs to take account of the wide diversity of goals that have been set over the years and the different ways in which different parts of the UN have been involved in follow-up, support and monitoring. Lessons from the positive examples need to be learnt and applied as well as those from the negative examples where the goals seem to have had little effect.

It is important to develop a more nuanced definition of the meaning of success in goal achievement. At least six specific aspects need to be adopted more generally:

1. The need for several degrees and dimensions of achievement, not just one.
2. A clear focus on the number of individual countries within each region achieving the various goals and the proportion of the population of developing countries involved. The Human Development Reports have established a good model in this regard.
3. In addition, the extent of advance toward each goal should be measured in all countries, with totals given for each region and for the developing world as a whole, also weighted by the total population to which the goal refers.
4. Particular attention needs to be given to progress in the poorer countries and those starting from low levels of achievement. Expressing goals only in terms of halving the distance between present levels and universal achievement by a fixed target date means that countries starting further behind face the bigger challenge and readily appear to be making the weaker effort. This could be modified by extending the target date or modifying the goal. Even without this, progress could be measured by giving more attention to the percentage advance in relation to the starting point and comparing rates of advance among countries with broadly the same starting point.

5. Such a multi-dimensional frame is also needed for analysing causes of success and failure and for drawing lessons for the future.
6. In setting global goals in the future, the impact of the way the goals are framed, defined and measured should be carefully thought through in advance. Particular attention should be paid to the real and the desirable objectives and what are the probable effects on public opinion of the way the goals are framed and promoted.

Even in the case of the MDGs for 2015, where the goals have already been set, it is not too late to elaborate the way progress and achievement will be measured and reported upon, taking account of the first four of these six points. Particular attention should be paid to the media, with efforts from the beginning to present a more nuanced approach to monitoring and assessment of progress. In the eventual assessment of achievement, one needs to make assessments in relation to each specific global goal and to avoid superficial all or nothing conclusions.

The past success of the UN in goal setting and achievement over four decades is worthy of more recognition. At a time when many question the practical impact of the UN, its considerable success in influencing country action and achievement deserves publicity, especially its achievements in those areas most closely related to human development.

In contrast, until recently the World Bank and the IMF have generally opposed medium to long-term goals in the sense of time-bound quantitative targets. Ironically, they have done this even while, in the economic sphere, they have insisted on individual countries adopting a profusion of short-term economic targets and used them for monitoring national performance in implementing adjustment programmes. Moreover, such targets have generally been narrowly economic ones, focused on the *economic means* to recovery, rather than indicators of human or more general development advance.

The implications of this past experience for future UN–BWI interaction and country support needs to be carefully considered. Pursuit of the MDGs could well be undermined in the future, as equivalent goals have been in the past, if there is no change in adjustment policies and if the goal of poverty reduction is treated entirely as a matter of reducing income poverty. Poverty reduction is not only a matter of accelerating economic growth rates, but also of changing the pattern and composition of economic growth as well as changing structures and institutions.

The way the international economic and political context constrains or supports each country's progress towards the goals also needs to be given more systematic attention and analysis. The global compact presented in *Human Development Report 2003* sets out a first view of the important issues involved in building effective partnerships. For the poorest countries and the LDCs new partnerships on a broader and bolder basis are essential if the goals are to be achieved. This is one of the most important lessons of development during the past 40 years.

Acknowledgements

The author is grateful for comments and suggestions from the Human Development Report Office team and from participants in the advisory committee for *Human Development Report 2003* as well as from Hans Singer, who drafted the 'Blue Book' containing the goals and details of the Development Decade (United Nations [1962] *The United Nations Development Decade*, United Nations, New York). Table 1 was prepared by Merja Jutila, Ph.D. candidate, The Graduate Center, The City University of New York, who has also helped to collect and check early UN material on goals and achievements. The author gratefully acknowledges her help — while stressing that responsibility for any errors and for all interpretation is his alone.

Notes

1 Goals, in this paper, are taken to mean quantitative, time-bound objectives. UN global goals are taken to cover all such goals set by the UN that were applied to a sizeable number of countries, mostly all developing countries or all developing countries within a particular region or groups of countries, like the least developed.
2 There was some duplication among the 33 goals agreed at the World Summit for Children: eliminating the duplication and removing those that could not be quantified produces the 21 goals listed in Appendix 1.
3 See the *Human Development Report 2000* for lists of the countries that have ratified the main conventions and the total numbers that have done so.
4 See the most careful account in Fenner *et al*. (1988).
5 Most recently, in the US closing statement at the World Summit in Johannesburg in 2002.
6 Strictly this goal was for the poorest countries, although by definition it was also achieved by 138 developing countries by 2000: all but TWELVE developing countries, including the poorest (see Appendix 1).
7 Gordon Conway's 'Policies and jigsaws: achieving the Millennium Development Goals' address to the Senior Management Group of the UN, 27 September 2002. This is an important idea but one that I would suggest be used as an addition to direct year by year monitoring of progress to the goal itself.
8 I have no quotable source for this, but the point has been made many times to me in my role as Chairman of the WSSCC, the Water Supply and Sanitation Collaborative Council, set up at the end of the Decade to coordinate follow-up action among the UN agencies, donors and many other professional and non-government groups.
9 A detailed, step by step account by Dr Nyi Nyi, then UNICEF Director of Programmes, is set out in Jolly (2001).
10 A brief description can be found in UNICEF (2001).
11 Data from UNICEF (2001). This comprehensive report describes the MICS as well as summarizing progress over the 1990s for all of the goals agreed at the World Summit for Children.
12 The 80% coverage in 1990 (estimated after careful review of all the data in 1991) was at the time believed to be a reliable estimate — sufficiently robust for the WHO to join UNICEF in publicly certifying the achievement of the 80% goals for each of the six antigens.
13 This is based on revised DPT data given in UNICEF (2001, pp. 22–23).
14 This will also be found in Jolly (2001).
15 Most of a whole issue of the *SCN News* on nutrition was devoted to the assessing the risks and disadvantages of setting global goals — perhaps, somewhat ironically, in view of the successful experience of global goals for nutrition, for instance in mobilizing global action towards the reduction of vitamin A and iodine deficiency. See UN System's Forum on Nutrition (2001).

References

Fenner, F., *et al*. (1988) 'Smallpox and its eradication', *History of International Public Health No 6*, World Health Organization, Geneva.

Jolly, R. (Ed.) (2001) *Jim Grant: UNICEF Visionary*, UNICEF, Florence.

UNICEF (2001) *Progress Since the World Summit for Children: A Statistical Review*, UNICEF, New York, September.

UN System's Forum on Nutrition (2001) *SCN News 22 Nutrition Goals and Targets*, World Health Organization, Geneva, July.

Appendix 1. UN economic and social goals, target dates and results achieved, 1960–2000

The goal	Key elements	Target date	Results
(First) Development Decade			
Rate of economic growth (1961)[a]	Developing countries (DCs) to increase growth rates to a minimum of 5% with each country setting its own target	1970	50 DCs (comprising about one-half of total DC population) exceeded the goal. GNP growth rate of DCs averaged 5.5% for 1961–1970
Second Development Decade			
Rate of economic growth (1970)[b]	GNP growth rate of DCs should average at least 6% GNP per-capita growth rate of DCs should average about 3.5%	1970s	35 DCs (with about one-fifth of the DC population) exceeded the target of 6% growth. The annual GDP growth of DCs averaged 5.6% in 1971–1980
Increase in DC share of world manufacturing production (1975)	DCs to achieve 25% share of total world industrial production	2000	DC share of world manufacturing rose from about 11% in 1975 to about 22% in 2000
Third Development Decade			
Rate of economic growth (1980)[c]	The average annual Gross Domestic Product (GDP) growth rate of DCs as a whole should be 7%, and in the early part of the decade as close as possible to this rate	1980s	15 DCs (with about 30% of the DC population) exceeded the 7% GDP growth rate for the decade. The overall growth in DCs averaged 4% annually during the 1980s, while per-capita growth was 1.9%
Increase in economic growth of LDCs (1981)	7.2% increase in the GDP to double national income of LDCs in a decade	1990	Three LDCs (with 0.6% of the LDC population) achieved the growth target. The average annual growth rate for all LDCs was 2.3% during 1980–1990
Structure of Production in LDCs (1981)	4% annual increase in agricultural production in the least developed countries and 9% annual increase in manufacturing output	1990	Seven LDCs achieved the agricultural production goal. The annual average growth rate for the LDCs as a whole was 1.7% in 1980–1990. The manufacturing growth rate was 2% with five LDCs surpassing the 9% goal
ODA to the LDCs (1981)	ODA to LDCs should be 0.15% of the GNP of the donor countries.		Eight Development Assistance Committee (DAC) countries allocated more than 0.15% of their GNI[d] to LDCs in 1990. The total for DAC was 0.09%

The goal	Key elements	Target date	Results
Fourth Development Decade			
Rate of economic growth (1990)	DCs to sustain GNP growth rate of 7%. Growth objectives to vary by country	2000	Seven DCs (with about 27% of the population) of all DCs and transition countries achieved the average annual growth of 7% for the 1990s. The annual average growth rate for DCs as a whole for 1990–1999 was 4.7%
ODA to LDCs (1990)	Donor countries to reach 0.15% of their GNP as ODA to LDCs	1995	Five out of 20 DAC countries exceeded the 0.15% goal in 1995
ODA to LDCs (1990)	Donor countries to reach 0.20% of their GNP as ODA to LDCs	2000	Five DAC countries achieved the goal in 2000. DAC average in 2000 was 0.05% of their GNIs, down from 0.09% in 1990
International Development Assistance (1960)[f]	The flow of international assistance and capital to reach 1% of GNP of the developed countries[g]	As soon as possible	Total flow of resources from the DAC countries in 1970 was 0.79% of the GNP. ODA was 0.34% of the GNP
Financial Resource Transfers to DCs (1970)[h]	Actual disbursements to be 1% of the GNP of each developed country at minimum	1975	Nine out of 17 DAC countries surpassed the goal in 1975. Total flow from the DAC countries in 1972 was 0.78% of the GNP, and 1.17% of the GNP in 1975. By 1980, total flow had fallen to 1.04% with 11 of the DAC countries exceeding the goal
	Each developed country to provide a minimum net amount of 0.7% of its GNP as ODA to the DCs	Mid-decade	The average net ODA from the 17 DAC countries was 0.36% of GNP in 1975. Only Sweden (0.82%) and The Netherlands (0.75%) exceeded the goal. By 1980, DAC countries' ODA was 0.38% of GDP with Norway and The Netherlands also exceeding the goal
Official Development Assistance (1980)	ODA by all developed countries should reach, and where possible surpass, the agreed international target of 0.7% of its GNP	1985	Net ODA fell to 0.33% of GNP in 1990 with only four DAC countries exceeding the 0.7% target
	'The target of 1% should be reached'	As soon as possible	
Key human goals			
Life Expectancy (1980)	'Life expectancy in all countries should reach 60 as a minimum'	2000	In 2000, at-birth life expectancy of 60 was achieved by 124 of the 173 countries. The overall life expectancy rate was 67 years globally, and 65 years on average in the DCs. In the LDCs, however, the overall life expectancy at birth was 52 years and only 49 years in the sub-Saharan region

The goal	Key elements	Target date	Results
Infant mortality rate (IMR) (1980)	In the poorest countries, infant mortality should be reduced to less than 120/1000 live births and 50/1000 as a maximum in all other countries	2000	At least 138 DCs had reached the goal and only 12 had not by the year 2000. Global IMR was 57 per 1000 while in DCs it was 63 per 1000. The sub-Saharan region fared worst with 106
IMR (1990)	Reduction of the IMR by one-third or to 50 per 1000 live births, whichever is less	1990s	IMR in the DCs declined from 70 in 1990 to 63 per 1000 live births in 2000
Under-5 mortality (1990)	Reduction of under-5 mortality by one-third or to 70 per 1000 live births, whichever is less		The under-5 mortality in the DCs declined from 103 in 1990 to 91 per 1000 live births in 2000
Low birth weight (1990)	Reduction of low birth weight (2.5 kg or less) to less than 10%	2000	57 DCs had low birth weight levels below 10% in 2000. Currently 14% of world's children are born underweight (18 million a year), 15% in both DCs and LDCs. South Asia, where 25% of children are born underweight, accounts for nearly one-half of all low-weight births
Reduction of maternal mortality rate (1990)	Reduction of maternal mortality rate by one-half between 1990 and the year 2000	2000	World MMR average in 2000 was down to 400 from 430 per 100,000 in 1990. Approximately one-half of the cases occur in sub-Saharan Africa where the MMR was 1100 deaths per 100,000 live births in 1995, resulting in a one in 13 life-time chance of dying in pregnancy or childbirth
Reproductive health care (1990)	'Access by all pregnant women to pre-natal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies'		In 2000, 70% of women in the world and 65% of the women in the DCs received antenatal care. Delivery care coverage in sub-Saharan Africa was 37% and 29% in South Asia
Malnutrition (1990)	Reduction of severe and moderate malnutrition by one-half among children under the age 5	1990s	Five countries achieved the goal and 13 additional countries reduced malnutrition at least by one-quarter. Overall underweight prevalence declined from 32% in 1990 to 28% in 2000
Hunger and malnutrition			
Hunger and malnutrition (1974)	'All governments should accept the removal of the source of hunger and malnutrition ... as the objective of the international community as a whole'	In a decade	The number of malnourished (underweight) children in DCs in 1980-1988 was 150 million

The goal	Key elements	Target date	Results
Hunger and malnutrition (1980)	'Hunger and malnutrition must be eliminated'	As soon as possible	During the 1990s malnutrition declined by 17% in DCs. In Africa, however, the estimated number of undernourished *rose* by 27 million during the 1990s
Famine (1990)	'The elimination of starvation and death caused by famine'	During 1990s	
Key health goals			
Eradication of Smallpox (1967)[i]	World-wide eradication of smallpox	Within 10 years	The last smallpox case occurred in Somalia in October 1977. On 8 May 1980 the World Health Assembly declared[j] that smallpox eradication had been achieved
Universal child immunization[k] (1977)[l]	80% of the DC's children to be immunized before their first birthday	By the end of 1990	The proportion of 1-year-old children immunized against measles in the world was 74% in 1990 and the coverage for the combined three-dose vaccine against diphtheria, pertussis and tetanus was 73% up from approximately 5% in the 1970s
Polio (1988)[m]	Global eradication of poliomyelitis	2000	Polio was reduced by 99% in the 1990s. 'By the end of 2001, wild poliovirus was endemic in just 10 countries'
Polio (1990)	Global eradication of poliomyelitis	2000	
Immunization (1990)	90% immunization coverage of one-year-olds	2000	The proportion of 1-year-old children immunized against measles in the world fell from 74% in 1990 to 72% in 1999. While the rates increased from 71% to 87% in Latin America/Caribbean, they fell from 55% to 46% in sub-Saharan Africa and 88% to 85% in east Asia/Pacific
Measles (1990)	Reduction of measles deaths by 95% and reduction of measles cases by 90% compared with pre-immunization levels	1995	Worldwide reported measles incidence declined by 40% between 1990 and 1999
Reduction of diarrhoea deaths (1990)	Reduce deaths due to diarrhoea in children under age 5 by one-half and reduce diarrhoea incidence rate by one-quarter	2000	The goal was achieved globally according to the WHO estimates
Iron deficiency anaemia (1990)	'Reduction of iron deficiency anaemia in women by one third of the 1990 levels'	2000	'Available evidence shows little change during the 1990s in the prevalence of anemia among pregnant women'
Iodine deficiency disorders (1990)	Virtual elimination of iodine deficiency disorders	2000	Approximately 70% of households in the DCs were using iodized salt in 2000, compared with less than 20% at the beginning of the decade"

The goal	Key elements	Target date	Results
Vitamin A deficiency (1990)	'Virtual elimination of vitamin A deficiency and its consequences, including blindness'	2000	More than 40 countries are reaching the large majority of their children (over 70%) with at least one high-dose vitamin A supplement per year. The DCs (excluding China) as a whole achieved 50% coverage and the LDCs 80% coverage in 1999
Breastfeeding (1990)	'Empowerment of all women to breastfeed their children exclusively for four to six months and to continue breastfeeding, with complimentary food, well into the second year'	2000	Exclusive breastfeeding rates increased by 10% over the decade, but only about one-half of all infants are exclusively breastfed for the first 4 months of life. In 1995–2000, 46% of infants in DCs and 37% in the LDC were exclusively breastfed
Neonatal Tetanus (1990)	Elimination of neonatal tetanus	1995	104 of 161 DCs have achieved the goal. Deaths caused by neonatal tetanus have declined by 50% between 1990 and 2000
Acute respiratory infections (1990)	Reduction by one-third in the deaths due to acute respiratory infections in children under 5		63% of children with acute respiratory infections in urban areas and 51% in rural areas are taken to a health provider in the DCs
Clean water and sanitation			
Water and sanitation (1980)	Safe water and adequate sanitary facilities should be made available to all in rural and urban areas	1990	Estimated drinking water supply coverage was 95% in urban areas and 66% in rural areas in 1990. The figures for sanitation were 82% in urban areas and 35% in rural areas
Safe drinking water (1990)	'Universal access to safe drinking water'	2000	Global coverage increased from 77% in 1990 to 82% in 2000. The biggest increase occurred in South Asia, where coverage increased from 72% in 1990 to 85% in 2000. Sub-Saharan Africa has the lowest regional average of 57%, up from 53% a decade earlier. However, 42% of the 1.1 billion people without access live in East Asia/ Pacific that has the regional average of 71%
Sanitation (1990)	'Universal access to sanitary means of excreta disposal'	2000	Global sanitation coverage increased from 51% in 1990 to 61% in 2000; in sub-Saharan Africa coverage declined from 54% to 53%
Guinea-worm disease (1990)	'Elimination of the guinea-worm disease (dranculiasis)'	2000	The number of reported cases has declined 88% from 1990 to 2000; 73% of the cases in 2000 were reported in the Sudan
Key educational goals			
Education in Asia and the Far East (1960)	Universal, free and compulsory primary education of at least 7 years' duration for all children in Asia	1980	The average rate for grade 1 enrolment completing primary school for the ECAFE member countries was 63% in 1975–1982, and the average net enrollment ratio in 1980 was 86%

The goal	Key elements	Target date	Results
Expansion of Education in Africa (1961)	Increasing primary school enrollment for the continent as a whole from 40% to 51%[a] and secondary school enrollment from 3% to 9%	1966	In 1965 only 12 out of 45 DCs in Africa had more than 51% of the relevant age group enrolled in primary level education; 20 countries exceeded 9% enrollment in the secondary level
	Universal, compulsory and free primary school enrollment, 23% secondary school attendance, and 2% attendance at higher educational institutions	1980	The gross enrolment ratio in primary education in Africa in 1980 was 80%, while enrolment in secondary education was 22% and that in tertiary education 3.7%
Education in Latin America (1962)	Completion of 6 years of primary education by all children in both rural and urban areas	1970	The average for grade 1 enrolment completing primary school for the countries with data available was 55% in 1975–1982, and the average net enrollment for the same countries in 1980 was 85%
	Eradication of illiteracy among persons over 15 years of age		26% of the population over the age 15 were illiterate in Latin America and the Caribbean in 1970
Universal Campaign Against Illiteracy (1963)[o]	Reduce illiteracy by two-thirds, or 350 million, of the estimated 500 million illiterate adults in Africa, Asia, and Latin America	Within a 10-year period	
Illiteracy (1990)	'Reduction of the adult illiteracy rate to at least half its 1990 level with emphasis on female literacy'	2000	Adult illiteracy lowered from 25% in 1990 to 20% in 2000. In 2000, 47% of world's illiterates were in South Asia
Primary education (1980)	'Closest possible realization of universal primary enrolment'	2000	The global enrollment increased from 80% in 1990 to 82% in 1999
Primary education (1990)	Universal access to basic education and completion of primary education by at least 80% of primary school-age children	2000	

Statistics compiled by Merja Jutila. The table draws on Richard Jolly's 'Global goals — the UN experience', a paper prepared for the *Human Development Report 2003*. The year the goal was adopted by the UN is given in parenthesis after the goal.

[a] General Assembly *Resolution 1710* (xvi), 19 December 1961.
[b] General Assembly *Resolution 2626*, 24 October 1970.
[c] General Assembly, *Resolution 35/56* and Annex, A/35/592/Add. 1, 5 December 1980.
[d] Gross National Income (GNI), developed for the 1993 System of National Accounts as an improved measure of GNP.
[e] 1 January 1991–31 December 2000. 'International Development Strategy for the Fourth United Nations Development Decade', A/RES/45/199, 71st plenary meeting, 21 December 1990.

[f] General Assembly *Resolution 1522*, 15 December 1960.
[g] This target was modified in 1964 at the first session of UNCTAD when the 1% ratio was applied to the more advanced countries individually. In the second session of UNCTAD in 1968 the term 'national income' was replaced by 'gross national product' (*World Economic Survey 1969–1970*, p. 161).
[h] General Assembly *Resolution 2626*, 24 October 1970, para. 42.
[i] *Intensified Smallpox Eradication Programme* launched on January 1967 at the request of the Twentieth World Health Assembly, Resolution WHA20.15.
[j] After the Global Commission on Smallpox had concluded that smallpox had been eradicated on 9 December 1979.
[k] The programme was originally initiated in 1974 in order to protect children from poliomyelitis, measles, diptheria, whooping cough, tetanus and tuberculosis. (http://w3.whosea.org/aboutsearo/milest-3.htm).
[l] Expanded Programme on Immunization, EPI,Thirtieth World Health Assembly, May 1977.
[m] Forty-first World Health Assembly, 13 May 1988, Resolution 41.28.
[n] The 51% total enrollment ratio will be the outcome of annual increase of 5% of the beginning school-age group.
[o] General Assembly, 11 December 1963. General Conference of UNESCO, 12 December 1962.
Sources: Goals, key elements and target dates compiled by Merja Jutila from the following:

ECLA (1963) Provisional Report of the Conference on Education and Economic and Social Development in Latin America, 15 January.

GA Resolution 35/56 and Annex, A/35/592/Add. 1 (1980) International Development Strategy for the Third United Nations Development Decade, 5 December.
GA Resolution A/RES/45/199 (1990) International Development Strategy for the Fourth United Nations Development Decade, 21 December.
UN (1990) Report of the Second United Nations Conference on the Least Developed Countries, Paris, 3–14 September.
UN (1975) Report of the World Food Conference Rome, New York, 5–16 November 1974.
UNICEF (1991) *The State of the World's Children 1991*, Oxford University Press.
UNCTAD (1975) Outline for a Substantial New Programme of Action for the 1980s for the Least Developed Countries, 13 February.
UNCTAD (1981) 'Substantial new programme of action for the 1980s for the least developed countries', United Nations Conference on the Least Developed Countries, Paris, 1–14 September.
UNESCO (1960) 'Plan for the provision of universal, compulsory and free primary education', meeting of UNESCO Asian Member States Karachi, January.
UNESCO (1962) Report of Meeting of Ministers of Education of Asian Member States Participating in the Karachi Plan, Tokyo, 2–11 April.
UNESCO & ECA (1961) 'Outline of a plan for African educational development', Conference of African States on the Development of Education in Africa, Addis Ababa, 15–25 May.
UNIDO (1975) 'Lima Declaration and plan of action on industrial development and co-operation', General Conference of UNIDO, Lima, 12–26 March.
Sources: Results found in or calculated from data in the following:
Fenner, F. and Henderson, D.A. (1988) *Smallpox and its Eradication*, WHO, Geneva.
OECD Development Assistance Committee, *Development Co-operation 1981, 1982*.
OECD, *Development Co-operation Report 1996, 2001*.
Report of the Secretary-General (2002) *Implementation of the United Nations Millennium Declaration*, UN A/57/270, 31 July.
Report of the Secretary-General (2001) *We the Children: End-decade review of the follow-up to the World Summit for Children*, A/S-27/3, 4 May.
UNCTAD (2002) *The Least Developed Countries Report 2002*, UN, New York and Geneva.

UNCTAD (1992) *Paris Declaration and Programme for Action for the Least Developed Countries for the 1990s*, UN, New York.
UNCTAD (1981) Substantial new programme of action for the 1980s for the least developed countries', United Nations Conference on the Least Developed Countries, Paris, 1–14 September.
UN Department of International Economic and Social Affairs, *World Economic Survey 1969–1970, 1972, 1981–1982*, United Nations, New York.
UN Department of International Economic and Social Affairs Statistical Office (1983) *1981 Statistical Yearbook*, United Nations, New York.
United Nations Development Programme, *Human Development Report 1990, 2002*, United Nations Development Programme,New York.
UNESCO (1999) *Statistical Yearbook 1999*.
United Nations Foundation, 'Promoting children's health and well-being', http://www.unfoundation.org/media_center/publications/pdf/Immunization_One_Pager_02.pdf
UNICEF, *The State of the World's Children 1985, 1991, 2001, 2002*.
UNICEF (2001) *Progress Since the World Summit for Children, A Statistical Review*, UNICEF, New York.
UNIDO Asia-Pacific Regional Forum (1999) Opening statement of the Director-General, Bangkok, Thailand, 23 September, http://www.unido.org/en/doc/4003
World Bank, *World Development Indicators 2000, 2002*, World Bank,Washington, DC.
WHO (2002) *Global Polio Eradication Initiative Summary Report of 2001*, WHO, Geneva.
WHO/UNICEF/WSSCC, *Global Water Supply and Sanitation Assessment 2000 Report*, WHO, Geneva.