

Do UN Global Development Goals Matter to the United States?

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Nellie Bristol¹

Executive Summary

In 2001, the UN Millennium Development Goals (MDGs) transformed what began as an effort to revitalize development aid in a post-Cold War world into a global compact to improve the human condition. Based on a 2000 declaration agreed to by 189 countries, the MDGs established measurable targets for eight global development priorities ranging from poverty eradication to environmental sustainability, most with an end date of 2015 (see appendix 1 for the official version of all targets and indicators).

The Millennium Development Goals

- MDG 1: Eradicate extreme poverty and hunger
- MDG 2: Achieve universal primary education
- MDG 3: Promote gender equality and empower women
- MDG 4: Reduce child mortality
- MDG 5: Improve maternal health
- MDG 6: Combat HIV/AIDS, malaria, and other diseases
- MDG 7: Ensure environmental sustainability
- MDG 8: Develop a global partnership for development

The United Nations had endorsed goals before, focused primarily on individual issues or specific populations such as women and children, but the MDGs represented a more comprehensive approach that included systematic efforts to monitor, implement, and finance them.² Unlike some efforts in the past, they also were succinct and relatively easy to understand. As a result, while attention to previous

UN goals tended to sputter and fade, to the surprise and delight of those involved in international development, the MDGs became perceived as a visible and effective tool for rallying resources for and attention to important development issues. They also spurred better measurement of disease burden, social progress, and aid effectiveness.

¹ Nellie Bristol is a fellow with the CSIS Global Health Policy Center. The author would like to thank the following for the time and insights they contributed to this paper: Ken Bernard, former National Security Council and White House staff and World Health Organization senior adviser; Colin Bradford, Brookings Institution; Andrew Cassels, World Health Organization; Nils Daulaire, U.S. Department of Health and Human Services; Matt Fisher, CSIS; Janet Fleischman, CSIS; David Hulme, University of Manchester; Jen Kates, Kaiser Family Foundation; Charles Kenny, Center for Global Development; Kamiar Khajavi, U.S. Agency for International Development; Betty King, U.S. ambassador to the United Nations in Geneva; Alisha Kramer, CSIS; Jason Lawrence, Office of the U.S. Global AIDS Coordinator; Ruth Levine, Hewlett Foundation; Peter Mamacos, U.S. Department of Health and Human Services; John McArthur, Brookings Institution; Michael Merson, Duke University; J. Stephen Morrison, CSIS; Phillip Nieburg, CSIS; John Norris, Center for American Progress; Tom Novotny, University of California, San Diego; Loyce Pace Bass, Livestrong Foundation; Minh-Thu Pham, UN Foundation; Donna Shalala, University of Miami; Sarah Jane Staats, Center for Global Development; Todd Summers, CSIS; Carol Welch, the Bill & Melinda Gates Foundation; and Sam Worthington, InterAction.

² David Hulme, "The Millennium Development Goals (MDGs): A Short History of the World's Biggest Promise," Brooks World Poverty Institute, University of Manchester, September 2009, <http://www.bwpi.manchester.ac.uk/resources/Working-Papers/bwpi-wp-10009.pdf>.

As 2015 approaches, the United States is joining other governments, development experts, NGOs, and civil society in deliberating what will come next. The process for creating “post-2015” development goals is dramatically more inclusive than it was for the original MDGs, involving multiple consultations at the regional, national, and international levels (see appendix 2). While welcoming the transparency, some feared it could result in goals that are too numerous and broad to be effective or so general as to be uninspiring.

While some European donors and eventually many developing countries came to see the MDGs as a valuable organizing framework, the goals have a more complex history in the United States. The Bush administration initially didn’t fully endorse them; and even though President Obama embraced the goals and they are cited in U.S. development documents, American programs still have tended to retain their individual identities and targets, rather than being specifically keyed to the MDGs. Meanwhile, in an important background consideration, the MDGs didn’t resonate with many members of the U.S. Congress or with the public, giving them little value as a promotional tool for expanding U.S. investments in international development. Nonetheless, the goals became useful for American policymakers in discussions with other donors, NGOs, and partner nations as the government sought to increase investments in areas long championed by the United States including child survival (MDG 4), maternal health (MDG 5), and combating infectious diseases (MDG 6).

As the post-2015 goal-setting process progresses, the U.S. government has an important stake in the outcome and is actively involved. If successfully advanced, the new goals could help define the next several decades of development, providing a unifying framework for the many actors now participating in the field. They could further align U.S. policies with those of its partners—including developing countries, international organizations, NGOs, and the private sector—making the most of limited resources. In global health specifically, the post-2015 goals could provide guideposts for U.S. policymakers as they consider how to address continuing unmet needs in the current MDGs³ as well as grapple with the next wave of global health priorities, including noncommunicable diseases, health system strengthening, and universal health coverage.

Global Development Goals Are Born

During the Cold War, traditional large donors including the United States and European nations had a powerful rationale for providing resources to the developing world: convincing countries to become allies instead of aligning with the communist bloc. With the collapse of the Soviet Union in the early 1990s, members of the Development Assistance Committee (DAC) of the Organization of Economic Cooperation and Development (OECD), a Paris-based forum for economically advanced countries, needed new grounds for supporting work in developing countries. The challenge was evident. Official development assistance (ODA), which had risen steadily through

³ While there has been progress on all the “health MDGs”—MDGs 4, 5, and 6—none is expected to achieve its 2015 target. While child mortality has fallen, progress is still too slow to meet the target in time. Maternal mortality has been cut in half, but the ratio is still far from what is needed to meet the three-quarters reduction target. For more information, see UN Development Program, “The Millennium Development Goals Report: 2012” (New York: United Nations, July 2012), http://www.undp.org/content/dam/undp/library/MDG/english/The_MDG_Report_2012.pdf.

the 1970s and 1980s, fell from a high of \$84 billion in 1992 to \$68 billion in 1997.⁴ Foreign assistance was in particular trouble in the United States. Rarely popular with Congress, aid was habitually pilloried by some lawmakers during the 1990s, including Senator Jesse Helms (R-NC), who chaired the Senate Foreign Relations Committee from 1995 to 2001. Helms was a staunch critic of the U.S. Agency for International Development (USAID) and said he had “long opposed foreign aid programs that have lined the pockets of corrupt dictators, while funding the salaries of a growing, bloated bureaucracy.”⁵ U.S. ODA peaked at \$15 billion in 1990, falling to just \$6 billion by 1997.⁶ Seeking to halt the slide, the DAC in 1995 established a task force to spell out a new vision for development aid. The group included representatives from the United States who argued for goals that were concrete, but also broader than a single call for poverty reduction. They pushed for inclusion of goals related to issues such as education and health to attract a wider range of support.⁷

In 1990, the World Summit for Children established time-bound development goals, most with a baseline of 1990 and a deadline of 2000.⁸ The summit called for reductions in child and maternal mortality, access to primary education, improvements in adult literacy, and access to safe water and sanitation. Other conferences during the decade highlighted poverty reduction, the environment, and family planning. The DAC drew on these and earlier efforts to combine the issues they addressed into seven international development goals (IDGs), announced in May 1996. The goals called for reducing the proportion of people living in extreme poverty by at least one-half by 2015. They set similar targets for universal primary education, women’s empowerment, reductions in child and maternal mortality, access to reproductive health services, and environmental sustainability.⁹

While the DAC goals reflected previous UN summits, low- and middle-income countries still viewed them as more of a donor manifesto than as a cooperative global compact with broad legitimacy for all nations.¹⁰ In fact, the *International Herald Tribune* in a news headline characterized the effort as: “Richest Outline a Plan to Help the World’s Poorest.”¹¹ Nonetheless, the goals were seen as shifting the focus of developing country progress from economic policy and infrastructure, such as roads and bridges, to social factors, such as education and health. They also focused on the tangible outputs of aid, rather than just measuring resource inputs—for example, how many students were educated, rather than how many schools had been built. The United Kingdom and several other European countries interested in making global poverty reduction a higher priority particularly embraced the IDGs.¹² The United Kingdom formulated plans that tied all foreign assistance specifically to achieving the goals.¹³ Other supporters

⁴ OECD, “Net ODA disbursements, Total DAC countries,” <http://webnet.oecd.org/dcdgraphs/ODAhistory/>.

⁵ Jesse Helms, “Towards a Compassionate Conservative Foreign Policy” (speech at the American Enterprise Institute, Washington, D.C., January 11, 2001), <http://www.aei.org/speech/foreign-and-defense-policy/towards-a-compassionate-conservative-foreign-policy/>.

⁶ OECD, “DAC Peer Review of the United States,” *OECD Journal on Development* 7, no. 4 (2008), http://www.keepeek.com/Digital-Asset-Management/oecd/development/part-ii-dac-peer-review-of-the-united-states_journal_dev-v7-art41-en.

⁷ Hulme, “The Millennium Development Goals (MDGs).”

⁸ UNICEF, “Goals for Children and Development in the 1990s,” <http://www.unicef.org/wsc/goals.htm>.

⁹ OECD Development Assistance Committee, “Shaping the 21st Century: The Contribution of Development Cooperation,” May 1996, <http://www.oecd.org/dac/2508761.pdf>.

¹⁰ Hulme, “The Millennium Development Goals (MDGs).”

¹¹ *International Herald Tribune*, “Richest Outline a Plan to Help the World’s Poorest,” May 8, 1996.

¹² Hulme, “The Millennium Development Goals (MDGs).”

¹³ *Ibid.*

included Norway, Germany, and the Netherlands.¹⁴ But the goals had broader appeal as well; the International Monetary Fund (IMF), the OECD, the UN, and the World Bank signed onto a version in June 2000.¹⁵

The UN and the New Millennium

In the late 1990s, UN secretary-general Kofi Annan began looking to the UN General Assembly's Millennium Summit, scheduled for September 2000, as a timely opportunity to revitalize the organization and make a strong push to address human development globally. In March 2000, he launched "We the Peoples: The Role of the United Nations in the 21st Century" as a core document for members to use in developing a "Millennium Declaration."

Negotiations over what would be in the document continued through the summer of 2000. OECD members wanted the IDGs to be part of it while others, including other member states, NGOs, civil society, and businesses, favored different priorities.¹⁶ For example, developing countries wanted firm commitments from donor countries in areas such as debt relief and assured contributions. Ultimately, the declaration drew from the IDGs and various consultations and compromises forged over that summer. The result was a nine-page pact that touched on everything from world peace to the "special needs of small island developing States." Reflecting the IDGs, it also included time-bound resolutions (most by 2015) related to poverty reduction, universal primary education, maternal and child mortality, infectious disease control, and improving the lives of slum dwellers.¹⁷ U.S. president Bill Clinton joined 148 heads of state in signing the declaration, which was endorsed by all 189 nations present at the summit.

The next challenge was turning the document's general statements into concrete development goals that would be measurable and simple to understand, a job tasked to technical groups under the UN, the World Bank, the IMF, and the OECD.¹⁸ The result was the "Road Map Towards the Implementation of the United Nations Millennium Declaration," a report issued by the secretary-general on September 6, 2001.¹⁹ The document distilled the declaration into 8 goals with 18 targets and 48 indicators. Goal 8, "develop a global partnership for development," proposed a number of methods by which developed countries could aid developing countries financially, including through improved trade and debt relief, and considering strategies to increase official development assistance to 0.7 percent of each donor's gross national product.

¹⁴ Ibid.

¹⁵ IMF, OECD, United Nations, World Bank Group, "A Better World for All: Progress Towards the International Development Goals," June 2000, http://paris21.org/sites/default/files/bwa_e.pdf.

¹⁶ Hulme, "The Millennium Development Goals (MDGs)."

¹⁷ United Nations "United Nations Millennium Declaration," September 8, 2000, <http://www.un.org/millennium/declaration/ares552e.htm>.

¹⁸ Hulme, "The Millennium Development Goals (MDGs)."

¹⁹ United Nations General Assembly, "Road Map Towards the Implementation of the United Nations Millennium Declaration," September 6, 2001, <http://www.un.org/documents/ga/docs/56/a56326.pdf>.

The MDGs and the Bush Administration

Between the passage of the Millennium Declaration and the development of the “road map,” the United States elected a new leader. George W. Bush’s presidency, especially his approach to foreign policy and development aid, was shaped largely by the September 11, 2001, terrorist attacks in the United States. As he led the United States to war in Iraq and Afghanistan, his administration also ushered in a heightened focus on “soft power.” The approach used foreign aid to address social and economic challenges in developing countries as a way to improve U.S. image abroad and enhance stability in “fragile states” that might harbor terrorists. As a result, attention to poverty and health in developing countries became part of U.S. national security. “A world where some live in comfort and plenty, while half the human race lives on less than \$2 a day, is neither just nor stable,” said the 2002 National Security Strategy of the United States of America.²⁰ “Including all of the world’s poor in an expanding circle of development—and opportunity—is a moral imperative and one of the top priorities of U.S. international policy.” The strategy called for a 50 percent expansion in “core development assistance,” increases to the World Bank, providing more aid through grants rather than loans, and funding to fight HIV/AIDS and other infectious diseases. Congress embraced the concept, resulting in a near tripling of U.S. ODA between 2000 and 2008 (\$9.95 billion to \$26.84 billion)²¹—the largest volume increase in foreign aid since the Marshall Plan.²²

Despite the shift in global development policy, and the significant increases in aid, the Bush administration remained ambivalent about the MDGs themselves. Officials stated that while the United States had endorsed the Millennium Declaration, there was no official UN vote on the resulting targets and indicators. “Based on the goals that UN member states have agreed to in the Declaration, the Secretariat formulated a set of goals and subsidiary targets and indicators and christened them ‘Millennium Development Goals,’” an April 2005 State Department memo reads. “They are solely a Secretariat product, never having been formally adopted by member states.”²³ The memo specifically criticizes the targets and indicators of goal 8. “Some of them are drawn from positions agreed by governments; some are Secretariat inventions,” it says. The memo adds that the United States “rejects” in particular the 0.7 percent foreign assistance indicator: “The United States has consistently opposed to [sic] numerical targets from their inception in the 1970’s.” The 0.7 percent figure and specific aid targets generally remain controversial in the United States and elsewhere.²⁴ The figure is not included in later versions of the MDGs although they list as an indicator contributions to least-developed countries based on donor countries’ gross national income (see appendix 1). Nonetheless, the target appears in other UN documents and some OECD countries use it as an aid measure.²⁵

²⁰ The White House, “The National Security Strategy of the United States of America,” September 2002, <http://www.state.gov/documents/organization/63562.pdf>.

²¹ Luisa Blanchfield and Marian Leonardo Lawson, “The Millennium Development Goals: The September 2010 UN High-level Meeting,” September 23, 2010, <http://fpc.state.gov/documents/organization/150194.pdf>.

²² Carol Lancaster, “George Bush’s Foreign Aid: Transformation or Chaos?” Center for Global Development, 2008, Washington, D.C., pg. 4, http://www.cgdev.org/files/16085_file_Lancaster_WEB.pdf.

²³ State Department memo, “The Millennium Development Goals—What Are They?” April 26, 2005, http://pdf.usaid.gov/pdf_docs/PCAAB560.pdf.

²⁴ See Michael A. Clemens and Todd J. Moss, “Ghost of 0.7%: Origins and Relevance of the International Aid Target,” September 2, 2005, Center for Global Development, http://www.cgdev.org/files/3822_file_WP68.pdf.

²⁵ While the United States has long been the largest provider of official development assistance (at \$30.5 billion in 2012, more than twice as much as the next highest, the United Kingdom, according to OECD

As a result of concern over goal 8 and other issues, the administration discouraged the use of the term MDGs, preferring instead the phrase “internationally agreed development goals, including those in the Millennium Declaration.”²⁶ But inconsistencies abounded. President Bush himself told attendees at a September 2005 UN plenary session that the United States is “committed to the Millennium Development Goals.”²⁷ In April 2008, a USAID document laid out “The United States Commitment to the Millennium Development Goals,”²⁸ which highlighted projects focused on good governance and addressing “failing and fragile states.” Reflecting the continuing uncertainty over the goals themselves, although the document used the term MDGs, it also continued to refer back to the Millennium Declaration. Despite the discomfort in some quarters of the administration, USAID worked with the MDGs, particularly as they evolved into a common language for development agencies throughout the world. They also became popular with many civil society groups and NGOs in the United States.

Although the MDGs had little direct effect in determining the course of U.S. foreign assistance, many of the Bush administration’s aid investments were targeted at global health issues also addressed by the goals. The most groundbreaking aid vehicle developed under Bush was the President’s Emergency Plan for AIDS Relief (PEPFAR), announced in his January 2003 State of the Union address. The program fit within the focus on soft power. It also responded to a coalition of AIDS activists, Christian conservatives, and celebrities calling for a bolder U.S. response to a disease that was decimating some countries, particularly in sub-Saharan Africa. The now \$46 billion initiative became the largest foreign aid program ever directed at a single disease. Since its launch, PEPFAR has contributed to providing lifesaving antiretrovirals to 5.1 million HIV patients.²⁹ In addition, the Bush administration launched the President’s Malaria Initiative in 2005, a \$1.8 billion increase in U.S. resources aimed at combating the mosquito-borne disease.³⁰ The program has treated millions of houses with insecticidal sprays and distributed 62 million insecticide-treated bed nets and 38 million diagnostic tests.³¹ Simultaneously, the United States maintained its longstanding support for programs to reduce child and maternal deaths, including the launch in 2001 of a newborn survival strategy developed by USAID.³² Beyond bilateral programs, the Bush administration increased U.S. contributions to multilateral development vehicles, including the Global Fund to Fight AIDS, Tuberculosis and Malaria starting in 2002. In another bold development move, Congress in 2004 approved the Millennium Challenge Corporation (MCC). Since its founding, the MCC has generated an additional \$8.4 billion in foreign

figures), its contributions fall far short of the 0.7 percent level, totaling just 0.19 percent of gross national income in 2012. Only five countries met or exceeded the 0.7 percent mark that year: Luxembourg, Sweden, Norway, Denmark, and the Netherlands. ODA in 2012 was 0.39 percent of OECD countries’ total gross national income.

²⁶ State Department memo, “The Millennium Development Goals—What Are They?”

²⁷ George W. Bush, “Remarks to the Plenary Session of the United Nations General Assembly in New York City,” September 14, 2005, <http://www.gpo.gov/fdsys/pkg/PPP-2005-book2/html/PPP-2005-book2-doc-pg1428-2.htm>.

²⁸ USAID, “The United States Commitment to the Millennium Development Goals,” April 2008, http://pdf.usaid.gov/pdf_docs/PDACL239.pdf.

²⁹ The United States President’s Emergency Plan for AIDS Relief, “World AIDS Day 2012 Update: Latest PEPFAR Results,” <http://www.pepfar.org/funding/results/index.htm>.

³⁰ The President’s Malaria Initiative, “Funding,” <http://www.pmi.gov/funding/index.html>.

³¹ The President’s Malaria Initiative, “Fast Facts,” April 2013, http://pmi.gov/resources/reports/pmi_fastfacts.pdf.

³² Kaiser Family Foundation, “The U.S. Government and Global Maternal, Newborn & Child Health,” January 15, 2013, <http://kff.org/global-health-policy/fact-sheet/the-u-s-government-and-global-maternal-newborn-and-child-health/>.

assistance.³³ Bush announced plans for the program in 2002 days before the International Conference on Financing for Development in Monterrey, Mexico, where donor countries made pledges toward financing global development. While international pressure may have had some bearing on U.S. funding increases, the MCC was a decidedly American construct. It had a corporate structure with a board of directors and established country-driven partnerships with nations that took steps to improve governance and reduce corruption. And while the consensus that emerged from the financing conference urged developed countries “to make concrete efforts toward the target of 0.7 per cent of gross national product (GNP) as ODA to developing countries,”³⁴ Bush continued to downplay specific aid levels in a speech at the event. “All of us here must focus on real benefits to the poor, instead of debating arbitrary levels of inputs from the rich,” he said.³⁵

The MDGs under the Obama Administration

President Barack Obama is a staunch proponent of both international development and multilateralism and has specifically stated his support for the MDGs. In his first campaign in 2008, he pledged to double foreign assistance to \$50 billion a year. But the global financial crisis and subsequent election to Congress of a large class of fiscal conservatives in 2010 dampened chances for any significant increases. While U.S. ODA rose to \$30.5 billion in 2012,³⁶ programs are struggling to maintain their current funding levels. To spur innovative approaches and leverage more resources, the administration increasingly is engaged in public/private partnerships, provision of technical assistance, and encouraging country ownership of programs.

The administration supports multilateral health aid through the Global Fund and other international organizations and has kept a strong focus on issues covered under the MDGs, including maternal and child health, poverty reduction, improvements in food security, and programs to reduce infectious diseases. It has spearheaded several high-profile development measures, including a proposal to encompass all U.S. global health programs in a six-year \$63 billion Global Health Initiative,³⁷ the \$3.5 billion Feed the Future program, and campaigns aimed at halting the spread of HIV and reducing preventable child deaths.

At the 2010 UN summit on the MDGs in New York, Obama announced the first U.S. Global Development Policy, which encouraged broad-based economic growth and democratic governance. It also included, he said, “the plan I promised last year and that my administration has delivered to pursue the Millennium Development Goals.”³⁸ Released in September 2010, the plan highlighted four “imperatives”—innovation, sustainability, tracking development outcomes, and mutual accountability—as pillars of the U.S. approach to development “and by extension, to

³³ Millennium Challenge Corporation, “About MCC,” <http://www.mcc.gov/pages/about>.

³⁴ United Nations, “Financing for Development: Monterrey Consensus of the International Conference on Financing for Development,” 2003, <http://www.un.org/esa/ffd/monterrey/MonterreyConsensus.pdf>.

³⁵ George W. Bush, speech, March 22, 2002, http://www.pbs.org/newshour/updates/march02/bush_3-22.html.

³⁶ OECD “Aid to Poor Countries Slips Further as Governments Tighten Budgets,” March 2013 <http://www.oecd.org/dac/stats/aidtopoorcountrieslipsfurtherasgovernmentstightenbudgets.htm>.

³⁷ The GHI was slow getting off the ground and had difficulty gaining support in Congress. It was merged in July 2012 into the Office of Global Health Diplomacy in the State Department.

³⁸ President Barack Obama, “Remarks by the President at the Millennium Development Goals Summit in New York, New York,” September 22, 2010, <http://www.whitehouse.gov/the-press-office/2010/09/22/remarks-president-millennium-development-goals-summit-new-york-new-york>.

the MDGs.” The plan continues: “By design, we do not treat the MDGs as if they were separate baskets but focus on the cross-cutting nature of the four imperatives. The purpose is to emphasize that the Goals are all connected, that they are critical indicators of our progress toward development more broadly, and that we must leverage cross-cutting synergies if they are to be achieved and sustained.”³⁹

More recently, while his 2013 State of the Union address did not mention the MDGs specifically, Obama reaffirmed U.S. support for combating global social and economic challenges prioritized by the goals: “The United States will join with our allies to eradicate...extreme poverty in the next two decades by connecting more people to the global economy; by empowering women; by giving our young and brightest minds new opportunities to serve, and helping communities to feed, and power, and educate themselves; by saving the world’s children from preventable deaths; and by realizing the promise of an AIDS-free generation, which is within our reach.”⁴⁰

While giving better backing to the goals, pointing to them more regularly in development documents, and joining in global campaigns around the MDGs, the Obama administration’s global health programs still do not use the goals as an explicit organizing framework. In contrast to Norway, for example, which spearheaded a Global Campaign for the Health MDGs, U.S. programs kept their own identities and targets including the AIDS-free generation campaign and the 2012 Child Survival Call to Action.

The desire to generate congressional support and funding for development aid may have discouraged the administration from directly invoking the MDGs in program promotion; some U.S. legislators tend to be wary of—and even hostile toward—the United Nations and multilateral efforts in general. Few bills have been advanced that address the goals.⁴¹ In addition, most Americans are unfamiliar with the MDGs and although foreign aid is only about 1 percent of the federal budget,⁴² it remains unpopular with the U.S. public.

Nonetheless, when asked specifically about U.S. efforts to combat poverty, untimely death, and disease in developing countries, the public is generally receptive. Kaiser Family Foundation public surveys on the U.S. role in global health show bipartisan support for U.S. government health investments, especially those that focus on clean water, children’s health, and nutrition. Further, Americans tend to support aid because “it’s the right thing to do,” rather than for more self-interested reasons such as increasing U.S. security or expanding markets for U.S. products. The American public also prefers a multilateral approach to foreign assistance, to help share the burden with other countries and provide better coordination.⁴³

“Americans are personally supporting the development agenda in record numbers,” noted John Podesta, chair of the Center for American Progress and a U.S. principal in the post-2015

³⁹ “Celebrate, Innovative and Sustain: Toward 2015 and Beyond: the United States’ Strategy for Meeting the Millennium Development Goals,” September 2010, <http://usun.state.gov/documents/organization/145899.pdf>.

⁴⁰ President Barack Obama, “President Barack Obama’s 2013 State of the Union Address—as delivered,” The White House, February 13, 2013.

⁴¹ Blanchfield and Lawson, “The Millennium Development Goals: The September 2010 UN High-level Meeting.” For examples of MDG-related legislation from more recent Congresses, see <http://thomas.loc.gov/foreignassistance.gov>, “Understanding the Data,” <http://foreignassistance.gov/aboutthedata.aspx>.

⁴³ Kaiser Family Foundation, “U.S. Global Health Policy: 2012 Survey of Americans on the U.S. Role in Global Health,” May 2012.

development goal process. He added, “I would go further to say Americans already do care about [global development goals] even if they don’t know what ‘MDG’ stands for.” The assertion is backed up by a 2010 public opinion poll conducted by the UN Foundation. It found that 89 percent of Americans had not seen, read, or heard much about the MDGs. But, after they heard a brief description of the goals, 87 percent said the United States should be very or somewhat involved in efforts to reach them by 2015.⁴⁴

Beyond the MDGs: Post-2015 Global Development Goals

The world has changed since the MDGs were established. Official development aid from rich countries is playing a smaller role in total resources flowing to developing countries, as private capital and philanthropy increase. More diverse actors are involved, including large philanthropies such as the Bill & Melinda Gates Foundation, a greater range of nongovernmental organizations, new donor countries, corporations, and multilateral organizations.

Further, country needs are changing. More nations have achieved middle-income status, thus diminishing their access to and need for ODA. But some of those countries, including Nigeria, Pakistan, and India, contain a vast population of poor people who still need assistance.⁴⁵ Efforts to address climate change have taken on new urgency. And many developing countries are facing an overwhelming increase in noncommunicable diseases (NCDs) such as cardiovascular disease, diabetes, and cancer that calls for more integrated health systems and a larger multisectoral response than can be provided by individual programs aimed only at single diseases or specific populations.

The ODA conversation in the United States has changed fundamentally as well. While coming off a major increase in global health spending in the first decade of the 2000s, support for foreign aid remains precarious in current political and fiscal environments. U.S. policies are focused increasingly on working cooperatively with a range of development partners, including countries themselves. While the MDGs are not a significant selling point for the American public and Congress, they provide a common set of expectations and metrics for U.S. participation in development policy discussions worldwide. They serve as a rallying point to increase focus on development issues in which progress is lagging. For example, as improvements in maternal and child health appeared to be falling behind other goals in recent years, donor countries, civil society, and international organizations created campaigns to highlight the issues and draw more resources to them. Further, international organizations and development groups are making a push for significant progress toward the MDGs in the last 1,000 days before their course expires at the end of 2015.⁴⁶

⁴⁴ Hart Research Associates, “United Nations Foundation—Index of Public Opinion on International Assistance and the Millennium Development Goals,” April 23, 2010.

⁴⁵ Laurence Chandy and Geoffrey Gertz, “Two Trends in Poverty,” May 17, 2011, Brookings, <http://www.brookings.edu/research/opinions/2011/05/17-global-poverty-trends-chandy>.

⁴⁶ UN News Centre, “1,000 Days and Counting: UN Calls for Accelerated Action on the Millennium Development Goals,” April 5, 2013, <http://www.un.org/apps/news/story.asp?NewsID=44571#.UZqRn5X5jao>.

The post-2015 development goals could be similarly galvanizing. If successfully crafted, they could ensure a continued focus on unmet MDG targets, while also addressing the expanded agenda now being confronted by all countries. They could provide a common script for the new, broader range of development participants and help hold all global actors accountable for shared priorities.

But ensuring the post-2015 goals are as succinct and measureable as the MDGs will be a challenge. Multiple processes are feeding into their creation, including rounds of consultations at international and regional levels, a 27-member High-Level Panel of Eminent Persons commissioned by UN secretary-general Ban Ki-moon, and a 30-member Open Working Group on sustainable development goals. The secretary-general will synthesize the voluminous input into a core document in September 2013 for consideration by UN member states.⁴⁷

While praising the inclusiveness, observers are concerned that the massive effort could compromise the final product. “I’m afraid there are too many cooks in the kitchen this time around and it will not work out that well,” warned Jan Vandemoortele, an independent researcher and former UN staffer who helped devise the MDGs.⁴⁸ So many voices could change the character of the goals, as varied development groups fight to ensure their issues are mentioned to ensure funding and attention in the coming years.

Even if the initial consultations result in workable reports from the secretary-general and the panels, some observers fear that member states’ parochial interests could complicate deliberations once they reach the UN General Assembly. “It would be an enormous setback if we don’t get it right,” said John Norris, an executive director at the Center for American Progress (CAP) involved with the High-Level panel. “It could have a real chilling effect if people looked at the UN and member states and said ‘you guys couldn’t even sort out an agreement on [development goals] when everybody loves them.’”⁴⁹

The United States is doing its part to move the process along. The White House is taking an active role in coordinating a cohesive position among the many U.S. agencies involved in global development and in formulating the post-2015 goal framework. In addition, CAP chair John Podesta, a former Clinton administration official and Obama transition team member, is the U.S. appointment to the High-Level Panel. He has been involved in consultations with U.S. agencies and is synthesizing those ideas, along with input from development experts, civil society, and other interested parties. As of now, the U.S. government is pushing to ensure the post-2015 goals align with U.S. concerns and strategies, motivating action around specific priorities like an AIDS-free generation, ending preventable child deaths, and empowering women. The U.S. government also is exploring ways to tackle broader topics such as NCDs and universal health coverage, two issues that are beyond traditional U.S. programming and are likely to be a harder sell politically. U.S. policymakers tend to favor programs that show specific accomplishments for dollars spent, for example, number of immunizations delivered or babies spared HIV through effective

⁴⁷ A report from the Open Working Group is expected in September 2014.

⁴⁸ Richard Jones, “‘Too Many Cooks in the Kitchen,’ Warns MDG Co-Architect,” Devex, April 26, 2012, https://www.devex.com/en/news/too-many-cooks-in-the-kitchen-warns-mdg-co/80799?source=MostPopularNews_2.

⁴⁹ John Norris, UN Foundation, Save the Children, InterAction event, “The Post-2015 Development Agenda,” April 3, 2013.

maternal interventions. NCDs require broader health systems and societal approaches that are harder to quantify. Universal health coverage aims to ensure access to care while protecting recipients from catastrophic financial losses. While it has the potential to eventually encourage self-sustained funding for country health systems, the issue could become confused with contentious U.S. domestic debates about expanding health insurance coverage.

Conclusion

U.S. participation in post-2015 goal setting is an important opportunity. As the largest provider of ODA, the United States should assert a strong voice in defining the future development agenda and ensuring global goals continue to reflect U.S. priorities. Shared goals would allow the United States and its international, private, civil society, and country partners to pool their strengths and maximize the impact of development dollars. Further, as the global health agenda increasingly includes areas such as noncommunicable diseases and universal health coverage that are outside traditional U.S. priorities, a global consensus on the way forward will help guide the U.S. approach. The response could entail more support for multilateral institutions like the World Bank and the World Health Organization that are better positioned to take a lead in those areas. U.S. involvement is off to a good start with strong White House participation and continuing interagency consultations that allow U.S. agencies to help shape the government's position. The United States should maintain a strong focal person who can synthesize the input of U.S. stakeholders, including civil society and program implementers. In addition, the U.S. government itself should present a cohesive position during the next months of deliberation to ensure the unfinished business in MDGs 4, 5, and 6 features prominently and that the new goals are as measurable and focused as were the MDGs.

Appendix 1. Official List of MDG Indicators⁵⁰

| Millennium Development Goals (MDGs) | |
|--|---|
| Goals and Targets (from the Millennium Declaration) | Indicators for monitoring progress |
| Goal 1: Eradicate extreme poverty and hunger | |
| Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day | Proportion of population below \$1 (PPP) per day ⁵¹ Poverty gap ratio Share of poorest quintile in national consumption |
| Target 1.B: Achieve full and productive employment and decent work for all, including women and young people | Growth rate of GDP per person employed Employment-to-population ratio Proportion of employed people living below \$1 (PPP) per day Proportion of own-account and contributing family workers in total employment |
| Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger | Prevalence of underweight children under five years of age Proportion of population below minimum level of dietary energy consumption |
| Goal 2: Achieve universal primary education | |
| Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling | Net enrolment ratio in primary education Proportion of pupils starting grade 1 who reach last grade of primary Literacy rate of 15–24 year-olds, women and men |
| Goal 3: Promote gender equality and empower women | |
| Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015 | Ratios of girls to boys in primary, secondary, and tertiary education Share of women in wage employment in the nonagricultural sector Proportion of seats held by women in national parliament |
| Goal 4: Reduce child mortality | |
| Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate | Under-five mortality rate Infant mortality rate Proportion of 1-year-old children immunized against measles |
| Goal 5: Improve maternal health | |
| Target 5.A: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio | Maternal mortality ratio Proportion of births attended by skilled health personnel |

⁵⁰ All indicators should be disaggregated by sex and urban/rural as far as possible. Effective January 15, 2008.

⁵¹ For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

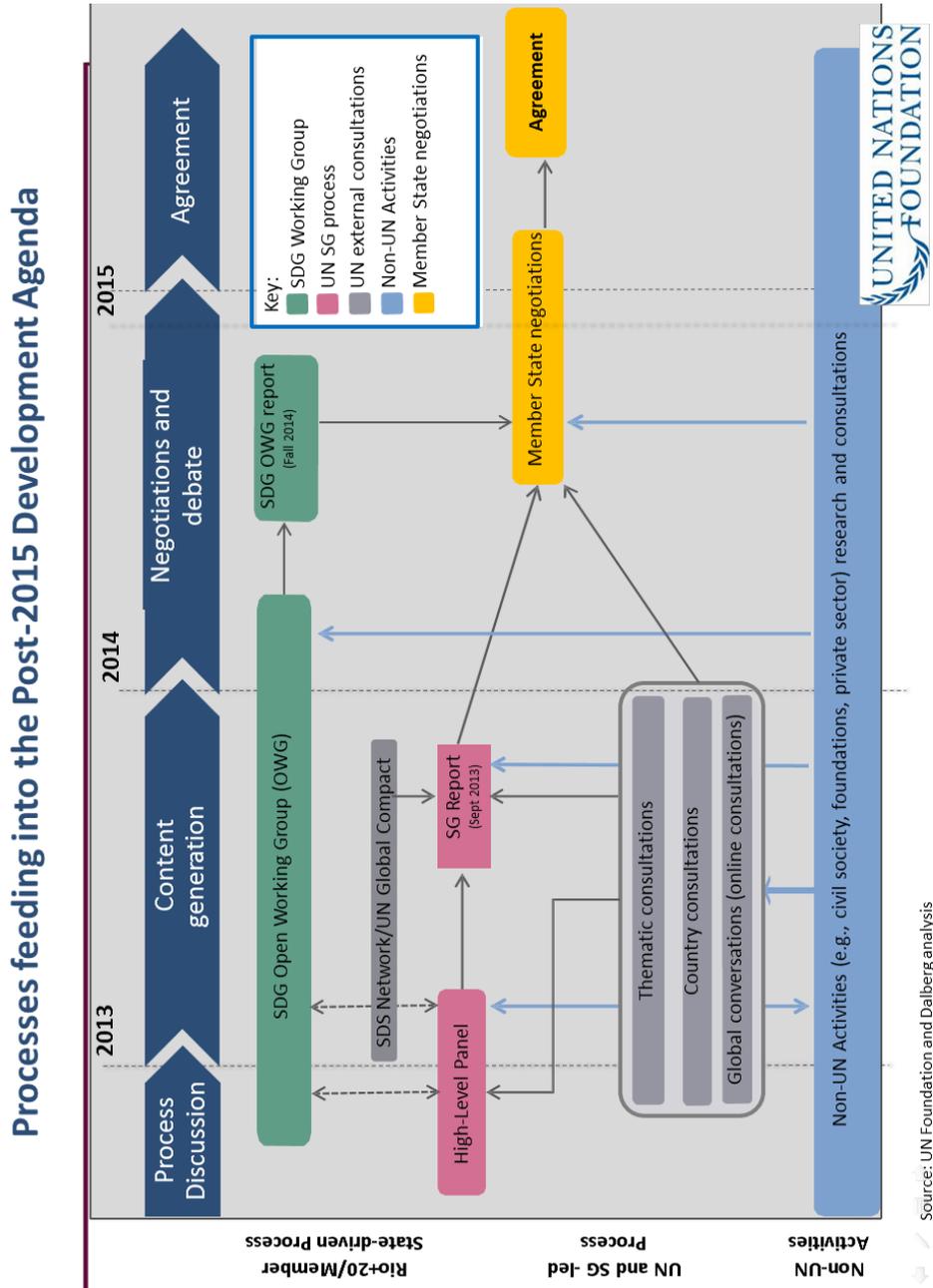
| | |
|--|---|
| Target 5.B: Achieve, by 2015, universal access to reproductive health | Contraceptive prevalence rate Adolescent birth rate Antenatal care coverage (at least one visit and at least four visits) Unmet need for family planning |
| Goal 6: Combat HIV/AIDS, malaria, and other diseases | |
| Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS | HIV prevalence among population aged 15–24 years Condom use at last high-risk sex Proportion of population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years |
| Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it | Proportion of population with advanced HIV infection with access to antiretroviral drugs |
| Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases | Incidence and death rates associated with malaria Proportion of children under 5 sleeping under insecticide-treated bed nets Proportion of children under 5 with fever who are treated with appropriate antimalarial drugs Incidence, prevalence, and death rates associated with tuberculosis Proportion of tuberculosis cases detected and cured under directly observed treatment short course |
| Goal 7: Ensure environmental sustainability | |
| Target 7.A: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources | Proportion of land area covered by forest CO2 emissions, total, per capita and per \$1 GDP (PPP) Consumption of ozone-depleting substances Proportion of fish stocks within safe biological limits |
| Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss | Proportion of total water resources used Proportion of terrestrial and marine areas protected Proportion of species threatened with extinction |
| Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation | Proportion of population using an improved drinking water source Proportion of population using an improved sanitation facility |
| Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers | Proportion of urban population living in slums ⁵² |
| Goal 8: Develop a global partnership for development | |
| Target 8.A: Develop further an open, rule-based, predictable, nondiscriminatory trading and financial | <i>Some of the indicators listed below are monitored separately for the least-developed countries (LDCs), Africa, landlocked developing countries, and small</i> |

⁵² The actual proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of the four characteristics: (a) lack of access to improved water supply; (b) lack of access to improved sanitation; (c) overcrowding (3 or more persons per room); and (d) dwellings made of nondurable material.

| | |
|--|--|
| system | <i>island developing states.</i> |
| Includes a commitment to good governance, development, and poverty reduction—both nationally and internationally | <u>Official development assistance (ODA)</u> Net ODA, total and to the least-developed countries, as percentage of OECD/DAC donors' gross national income |
| Target 8.B: Address the special needs of the least-developed countries | Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water, and sanitation) |
| Includes: tariff- and quota-free access for the least-developed countries' exports; enhanced program of debt relief for heavily indebted poor countries (HIPC) and cancelation of official bilateral debt; and more generous ODA for countries committed to poverty reduction | Proportion of bilateral official development assistance of OECD/DAC donors that is untied |
| Target 8.C: Address the special needs of landlocked developing countries and small island developing states (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly) | ODA received in landlocked developing countries as a proportion of their gross national incomes ODA received in small island developing states as a proportion of their gross national incomes |
| Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term | <u>Market access</u> Proportion of total developed country imports (by value and excluding arms) from developing countries and least-developed countries, admitted free of duty Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries Agricultural support estimate for OECD countries as a percentage of their gross domestic product Proportion of ODA provided to help build trade capacity |
| Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries | <u>Debt sustainability</u> Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) Debt relief committed under HIPC and MDRI Initiatives Debt service as a percentage of exports of goods and services |
| Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications | Proportion of population with access to affordable essential drugs on a sustainable basis |
| | Fixed telephone lines per 100 inhabitants Mobile cellular subscriptions per 100 inhabitants Internet users per 100 inhabitants |

The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of state and government, in September 2000 (<http://www.un.org/millennium/declaration/ares552e.htm>) and from further agreement by member states at the 2005 World Summit (Resolution adopted by the General Assembly—A/RES/60/1, <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N05/487/60/PDF/N0548760.pdf?OpenElement>). The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries “to create an environment—at the national and global levels alike—which is conducive to development and the elimination of poverty.”

Appendix 2. Processes Feeding into the Post-2015 Development Agenda



Note: SDG = sustainable development goals. SG = UN secretary-general. Rio+20 = UN Conference on Sustainable Development held in June 2012. SDS Network = Sustainable Development Solutions Network, headed by Jeffrey Sachs of Columbia University. UN Global Compact = a group for private-sector entities that support UN activities.

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