

National adoption, governance and institutions of MDGs: Lessons and implications for post-2015 *

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1. Introduction

The importance of governance and institutional settings, their processes and policies for the MDGs cannot be stressed enough. There is evidence that developing countries that have started MDG implementation with good policies and institutions have done better in achieving these goals (Go and Quijada, 2011). This paper draws from developing countries' experiences to first discuss the strategic relevance of governance and institutions for adopting the goals at the individual country level, and subsequently with regard to implementing these goals at the national and subnational levels. The discussion is supported by specific country-examples and cross-country analyses of available indicators, and draws extensively from MDG progress reports (MDGRs) of developing countries, among other reports and empirical studies.¹ Lessons for post-2015 are drawn against this backdrop.

At the stage of national adoption of the MDGs, governance, prompted by good political leadership, was strategic in starting the national ownership of the goals. There is broad consensus that national ownership of initiatives, policies, and strategies, supported coherently by partners at all levels (global, regional, national, and subnational), has been crucial for countries in making progress towards the MDGs. While facing similar development bottlenecks, most countries have found solutions appropriate to their contexts for pursuing the MDGs. It is therefore critical to take note of the different processes of adoption of these goals and their modalities as observed in practice, drawing upon concrete country cases.

Governance and institutions have also been fundamental enablers of the policy coherence needed in countries to pursue the MDGs for three reasons. First, they facilitate setting policy objectives and determining which objectives take priority if there are incompatibilities between policies. At the stage of adoption and ownership of the MDGs, it was necessary for countries to “internalize”, “localize” and “contextualize” the MDGs, in order to balance ambition with realism, and achieve better alignment with respect to their national planning and financing frameworks. Countries also found it necessary to transform some internationally-agreed goals and targets into national goals and targets and prioritize efforts towards some MDGs over others. These tasks required political leadership expressed at the highest levels and backed by the definition of policies that translate commitment into action, as well as working with a number of partners (NGOs, UN agencies, civil society, and the private sector) to raise public awareness and build broader public support. Secondly, policy coordination mechanisms require institutions and governance. These mechanisms have also been critical for MDG implementation; for example, for resolving conflicts or

¹ MDGRs have been reviewed for a sample of 40 focus countries. The sample has been defined on the basis of a ranking of countries per MDG indicator (see Annex). Countries have been selected either because they have made fast headway towards one or more MDGs—without necessarily making progress in all MDGs, or because they are large and populous countries with potential to drive global MDG progress, or both. Some countries that meet the selection criteria have been excluded from the list to keep the number of focus countries manageable. However, the list includes countries that belong to all UN developing country groups, with fairly good representation of low income countries, including Least Developed Countries (LDCs) and land-locked countries (LLCs). References to MDGRs are not presented repeatedly throughout the paper, though, because of the relatively large number of reports. Those reports from which concrete examples have been extracted are listed as part of the paper's bibliography. However, reference to specific MDGRs is sometimes made when these reports are unique in some way, although these are a limited number of instances.

inconsistencies between policies, for guaranteeing fiscal envelopes and financing for implementation, and for a smoother navigation through the complex politics of policy processes, particularly for coordination within government. Thirdly, once policies are in place, effective systems for monitoring, analysis and reporting are required. Effective MDG implementation has required intensive data collection and monitoring to compile evidence about the impact of policies, analyse the data collected, as well as understand the impact of policies, and report back to parliament and the public. This aspect of the policy coherence provides the evidence base for accountability and for well-informed policymaking and politics.

Against this backdrop, the analysis of this paper is geared towards validating lessons and establishing stylized facts covering three major areas in MDG implementation at the country level: (i) adoption of MDGs in section 2; (ii) governance, institutions and coordination in section 3; and, (iii) monitoring, evaluation and reporting in section 4. The paper subsequently identifies and summarizes best practices and lessons that should be relevant for implementation of the post-2015 development agenda in section 5.

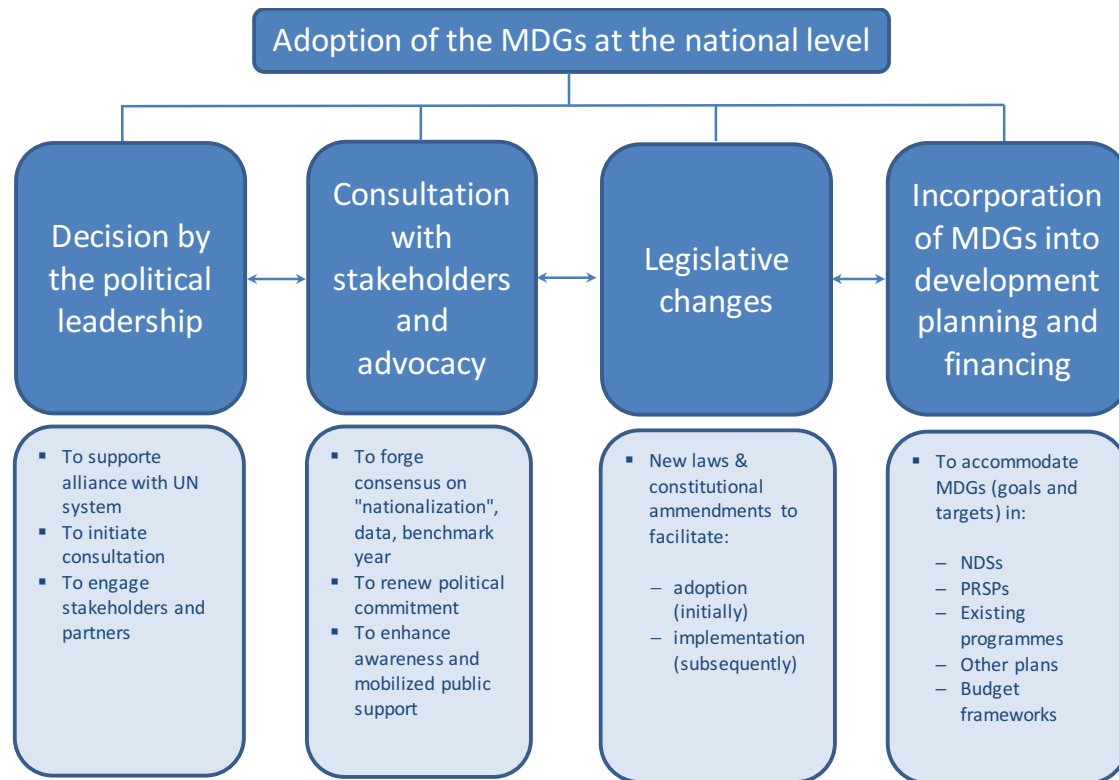
2. Adoption of MDGs at the national level

After countries endorsed the Millennium Declaration, a few years passed before the MDGs began to gain momentum at the country level. Between 2000 and around the middle of the decade, the international development system and national governments encountered challenges to actively support and participate in the adoption of the goals. Advocacy and awareness were well underway to rally political and public support for the goals mostly at the international level. At the time, advice from the UN system to countries with regard to concrete policies that could drive substantive success towards the goals was only slowly emerging. Hence, practitioners on the ground found it challenging to define a strategy to best push the MDG agenda and internalize it, prior to translating it into programmes for implementation at the country level.

The International Conference on Financing for Development held in Monterrey in 2002 made some headway in noting the dramatic shortfalls in resources required to achieve the internationally-agreed development goals, including the MDGs. However, it was not until around 2004-2005 that the adoption of the MDGs began to gain traction at the country level. This was the result of UN agencies' concerted steps to promote the goals in countries through a top-down mobilization effort aimed at the elaboration of the first MDGRs in countries—which, as explained below, later on became a critical tool for monitoring and reporting progress at the country level. UN offices started directing substantial resources to work with governments in taking initial stock of MDG progress. This prompted many governments to undertake a number of processes to adopt the goals (see Figure 1). First of all political leaders critically decided to collaborate with the UN system in adopting the goals at the country level. Political leadership was also essential to forge consensus on a common set of adoption and implementation issues, including through wide consultation with stakeholders at all levels (top decision-makers, parliamentarians, UN agencies, NGOs, civil society, and the

private sector). Subsequently, if not simultaneously in some cases, changes in legislation as well as incorporation of the goals into development planning and financing frameworks became critical enablers of MDG adoption at the country level.

Figure 1: Processes and objectives of MDG adoption at the national level



Source: Authors' construction.

2.1. Leadership, consultation and advocacy

The decision by the political leadership to endorse the MDGs and adopt them as part of the country's development priorities was critical for the MDG implementation to come (see below). It further prompted a process of consultation to seek consensus on a number of fronts: the transformation of internationally-agreed goals and targets into national goals and targets, the data cited in the first MDGR—and subsequent reports for monitoring and evaluation purposes, and the approach towards the report as a whole. Consultation was usually pursued through the organization of workshops leading to action plans developed jointly by all stakeholders for the preparation of the MDGR. Stakeholders were usually divided into technical working groups or taskforces, which in some cases were facilitated by a UN agency with the relevant mandate. The process proved effective to forge partnerships and renew political commitment towards the MDGs.

Adaptation of goals and targets

Adoption of the MDGs also entailed adaptation of goals and targets. In most cases adaptation was necessary to better reflect countries' contexts and required the incorporation of additional goals, targets, and indicators, as well as adjustments to the benchmark year and timelines. The consultation with stakeholders was critical to arrive at an initial consensus in terms of "internalizing," "localizing" or "contextualizing" the MDGs. It was necessary to take this step in order to balance ambition with realism and have better alignment with respect to the national development planning and financing framework. Some countries added a 9th MDG; for example, Afghanistan adopted the goal of enhancing security; Mongolia and Albania adopted a goal on human rights and/or democratic governance; and, Cambodia and Laos adopted a goal to remove unexploded ordnance, to name a few examples. A number of countries added national targets to MDG 3, including Albania, Armenia, Tajikistan, and Colombia (which added a target on combatting domestic violence) (UNDP, 2010a).

New targets and indicators were also adopted. For example, because of the challenges that a country like Afghanistan was facing in reducing the mortality ratio at the time of adopting the MDGs, this country added targets for reducing the country's high fertility rate (which was acting as a deterrent to MDG progress) and increasing the proportion of women receiving antenatal care. Pakistan, as part of efforts to improve gender equality, particularly in education, adopted a target for youth literacy gender parity.

Adaptation of benchmark year

The benchmark year from which the MDGs would be monitored was also decided through consultation. In many cases, the same benchmark year has not been assigned to all MDGs because of the quality and acceptability of available data. There are also cases of "late-entrants" in MDG implementation that required adjustment of the time line. Because of its 23 years of conflict before the MDGs, Afghanistan signed the Millennium Declaration in 2004—not 2000. As a consequence, after broad consultations and international endorsement, the country adopted its "Vision 2020" for meeting most goals. Other countries have extended the MDGs as part of longer development time-lines. Rwanda and Tanzania respectively adopted Vision 2020 and Vision 2025 as their planning frameworks.

In addition, given the breadth of the MDG targets as well as the efforts required to meet them, some countries have focused efforts on particular goals as a priority. Zimbabwe's official MDGRs highlight goals 1, 3 and 6 as the country's main priorities. For this country the effects of this particular focus have so far been mixed with goals on track to be achieved coming from both priority and non-priority groups, while some priority goals, particularly goal 1 are not expected to be achieved by 2015. Another example is Brazil, where initially much of the efforts were spent on MDG 1 (eliminating hunger and poverty) as part of the *Fome Zero* programme. As a result, the country made fast progress towards goal 1 but, at the

same time, headway towards goal 6 (particularly with regard to reducing the proportion of people who suffered from malaria and tuberculosis) was significantly less.²

Awareness campaigns

Following the consultative process, or sometimes simultaneously, advocacy and awareness campaigns were developed at national and subnational levels. This process aimed at enhancing awareness and sensitizing the general public as well as mobilizing social support for the MDGs. These campaigns called for both governments and ordinary citizens to play a role in meeting the goals. Different means have been used to reach out to people. Orientation workshops (including at the provincial level), media, short films, radio programmes, summaries and fact sheets in local languages are amongst the most common tools used to connect with the population. Other more atypical initiatives have also been used; for example, the use of a logo to reach the illiterate population (Afghanistan), a MDG song sung by popular singers and various sports and cultural events with appropriate MDG themes organized for youth (Bhutan). There have also been efforts to raise issues in parliaments as well, as in the Chilean MDG working groups' contribution to Parliamentary debates. In Zambia and Uganda, there have been efforts to ensure that politicians discuss issues of HIV/AIDS in order to reduce stigmata around the subject. The engagement of national stakeholders was also pursued through international efforts; for example, the UN Millennium Campaign worked to advocate and articulate the MDG agenda while engaging civil society organizations to hold governments accountable (Pizarro, 2013).

2.1. Legislative changes

In a number of countries reforms to legislation have proven to be a fundamental vehicle to enable the process of adoption and ownership of the MDGs—as well as the implementation of the goals later on. Political leaders in some countries found it most imperative to enact new laws at the early stage of adoption of the goals in areas pertinent to women in particular—as shown in a number of MDGRs. In Afghanistan, for example, the adoption of the MDGs was accompanied by the removal of severe discriminatory laws against women. Bangladesh's government also enacted two laws in the early 2000s to address the complex problem of violence against women. Pakistan has introduced a series of new laws throughout the MDG period, pertaining to healthcare, employment and harassment and domestic violence. Uganda has developed strong HIV/AIDS legislation that has enabled the implementation of policies.

There have also been constitutional amendments in a number of countries, as early as in 2001, in order to increase women's participation in parliament or the number of seats reserved for women in proportion to parliamentary representation. Examples of countries that

² Some countries have decided to prioritize the pursuit of specific MDGs during implementation rather than during adoption of the goals, in order to “unlock” progress in particular areas. For example, Pakistan, after national and sub-national consultations, chose to prioritize MDG 2 as part of their MDG Acceleration Framework (MAF), as a result of which the country has achieved good results in terms of boosting enrolment and retention. It is not clear at this point the degree to which this diverted resources away from other MDGs, although the country has made progress on targets in MDGs 1 through 4.

amended their constitutions are Bangladesh, Burundi, Ghana, Rwanda and Kyrgyzstan, among others—according to countries’ MDGRs and UNDP (2010b). In other instances, some countries have amended their constitutions to recognize particular development visions they have adopted or changed legislation to strengthen monitoring and evaluation in public administration.

At the time of adopting the MDGs, some developing countries already possessed MDG-enabling laws. The most typical example of such laws relates to legislature providing free and compulsory primary education, which many developing countries passed before the MDGs were formulated. Tanzania, for example, enacted such laws since the 1970s. More recently, since the early 2000s, Bhutan has already been regarded as a relatively “gender-balanced” country in the Southern Asian region where gender inequalities persist. Under Bhutanese law, women have already enjoyed equal rights and equal status for a long time, even before the MDGs. This has facilitated Bhutan’s fast progress towards the goal of gender equality. Sri Lanka’s government had addressed women’s participation in the labour market by passing maternity protection laws since 1992. These laws were revised and expanded in 2002 and late 2011 (UNICEF, 2013).

The issue is that although many of the countries have passed new laws for enabling human development progress, at the same time they have also faced problems in enforcing such laws. For example, the legal age of marriage in Bangladesh is 18 years for women as established in the Child Marriage Restraint Act of 1984. However, a large proportion of marriages still take place before the legal age in Bangladesh, which exerts upward pressure on the country’s high fertility rate with possible adverse impacts on MDGs. Enforcement of the law will ultimately depend on institutions and governance capacity, as further discussed below.

2.3. MDGs and development planning and financing

Success stories of global development goals before the MDG period indicate that those goals were meaningful when they effectively mobilized international and national action for implementation. National action plans that identify locally adapted targets for different stakeholders have been the most effective at the country level (UNDP, 2003; Jolly et al., 2004). In the process of MDG adoption, consultations with stakeholders and advocacy and legislative reforms followed; in some cases, those actions were simultaneously accompanied by the incorporation of the MDGs in development planning and financing frameworks. Different frameworks have been used. In most cases, the goals and targets were initially fully or partially accommodated in either a Poverty Reduction Strategy Paper (PRSP)³ or a National Development Strategy (NDS), although there were also other frameworks such as existing programmes and specific development plans.

³ PRSPs were introduced in 1999 by the World Bank and the IMF as a new framework to enhance domestic accountability for poverty reduction reform efforts; a means to enhance the coordination of development assistance between governments and development partners; and a precondition or access to debt relief and concessional financing from both institutions’ Heavily Indebted Poor Countries (HIPC) Initiative.

Incorporation of MDGs in PRSPs

The MDGs were taken as a framework for setting development, planning and monitoring norms and targets, especially in most PRSPs. Nonetheless, it is less clear whether these goals were intended to become planning targets at the national and local levels for resource allocation purposes. Ownership of the goals was initially challenged by a lack of real adaptation of the goals and targets to local conditions and priorities. Planners in governments (and even donors), especially in financing agencies, initially did not have a consistent and effective approach to follow for the local incorporation of MDGs into national planning and priority setting. Fukuda-Parr (2008) presents evidence of this problem in a review of 22 PRSPs—of which 15 were for 2005-2008 and one (Rwanda's) was for 2008. Almost all the PRSPs reviewed stated a commitment to the MDGs and almost all the key MDG priority areas were included, with few exceptions. However, of the 22 PRSPs examined, 13 used MDGs as a planning framework in a limited way, apparently because not all MDG targets were included in the PRSP planning and monitoring targets. By 2008, only 2 countries, Cambodia and Malawi, had demonstrated concrete steps towards local adaptation of MDGs. According to Fukuda-Parr, other countries did not achieve local adaptation of the goals for numerous reasons. For example because their MDG targets were used in combination with other strategic frameworks such as “Vision 2025” in Tanzania and “Vision 2020” in Rwanda. Or because PRSP targets either exceeded MDG targets—as they possessed a shorter time period compared with the MDGs—or were less ambitious than the MDG targets.

These findings show that by 2008, adaptation of goals and targets to local conditions and priorities as reflected in PRSPs was in most cases partial. There are four important considerations to make, nevertheless. *Firstly*, the PRSPs reviewed by Fukuda-Parr were elaborated at a stage when many countries were still forging consensus in terms of adapting their goals and targets to national contexts. More decisive steps towards local adaptation of MDGs were taken after 2008, if not later than 2010 when Heads of State and Government adopted a General Assembly resolution to reaffirm their resolve to step up efforts towards the achievement of the MDGs. *Secondly*, the fact that PRSP targets exceeded or fell behind MDG targets is not strong reason to rule out countries' adaptation of goals and targets to their own contexts. If anything, implementation of PRSPs with targets exceeding the MDGs' may have actually accelerated MDG progress, or using less ambitious PRSP targets than the MDG targets may have been a necessary move for countries to balance ambition with realism. *Thirdly*, Fukuda-Parr's study focused on PRSPs (and donor policy documents), which mostly covered the poorest and most indebted countries, leaving out of the analysis more recent MDGRs of developing countries. It points out that some countries have used MDG targets in combination with other strategic frameworks or visions to 2020 or 2025, and implies that this may not be enough to achieve local adaptation of the MDGs. A more thorough review of MDGRs for more recent years and a larger number of developing countries conducted for this paper indicates that there have been genuine country efforts to adapt the MDGs and their targets, benchmark years and timelines. Some countries have even gone beyond mere adaptation and towards adding new goals, targets and indicators, as noted above. In addition to PRSPs, NDSs as well as other existing programmes and specific development plans have also been tuned with MDG targets (see below). *Fourthly*, a critical area where Fukuda-Parr

rightly raises concerns that are still valid is resource allocation. Even today it is difficult to identify a large number of countries that can effectively incorporate MDGs in the national development planning process while at the same time consider a budgetary framework (see below). The last two considerations are further discussed as follows.

Incorporation of MDGs in NDSs and other development frameworks

MDGs have also been adopted by incorporating them in NDSs, existing programmes or specific development plans. In this way, the objectives of development strategies, programmes and plans of many countries have not merely been aspirational but have had clear operational targets that matched or were closely aligned with those of the MDGs. In Botswana, for example, the seven pillars of this country's Vision 2016 plan as well as the 2010-2016 National Development Plan match the MDGs (UNDP, 2010a). Similarly, the 7th National Socio-Economic Development Plan (NSEDPlan), covering 2010 through 2015, became the focal document detailing how Laos PDR would aim to achieve the MDGs—while graduating from LDC status by 2020 (World Bank, 2010).

Some NDSs also set goals that were more ambitious than the MDGs, partly out of the necessity to attempt to achieve similar goals over a shorter time frame—as also observed for PRSPs. It is often the case that when development plans' targets exceeded national MDG commitments, realizing the plans' development targets have also translated into early achievement of the MDGs or even surpassing these goals in certain areas, as has happened in a number of other countries (i.e., Bhutan, etc.). India's 11th National Plan (2008-2012) contains 27 monitorable targets, many of which are consistent with, or even more ambitious than the MDGs' (UNDP, 2010a)—particularly in the case of employment, making more likely the achievement of goal 1.

Development plans of many countries have also included targets not directly matching those of the MDGs but whose achievement have also resulted in MDG progress. Bhutan's Ninth Five Year Plan (2003-2008), for example, emphasized the need for improvements in the overall nutritional status of the population. The sectoral policy of this plan specifically identified a target for reducing protein-energy malnutrition in under-five children and eliminating micronutrient deficiencies by 2007, aspirations that have significantly increased the likelihood of meeting the MDG target for under-five mortality in that country.

Another framework for incorporating the MDGs into national development policies has been through adding MDG targets to existing programmes. This has been the case in Zambia and Zimbabwe, for example, with regard to the adoption of targets for MDG 6 related to HIV/AIDS—as reported in these countries' MDGRs. Both countries had programmes in place since 1986 with more or less success in combatting the epidemic. Along with adopting the MDG targets, the partnerships promoted through the MDG process helped to catalyse progress through the already existing frameworks by channelling resources into already operational, but underfunded, programmes. Ethiopia's integration of MDGs into its agricultural development-led industrialization strategy is an important example in that regard.

Existing efforts to modernize the agricultural system have had important effects on poverty alleviation, employment and food security.

Fiscal envelopes for development policy

While PRSPs and NDSs in some cases enabled the incorporation of the MDGs in national development planning, they did not necessarily guarantee a requisite fiscal envelope for implementation of development goals. This often required coherence and alignment between development priorities, as laid out for example in a PRSP or NDS, and a resource allocation or budgetary framework, as laid out in a needs assessment or Medium Term Expenditure Frameworks (MTEF). Coherence and alignment between these frameworks would require that most of the sectors identified in NDSs, PRSPs, and MTEFs addressed the MDGs in some form or the other, not least by identifying policies and programmes that would drive progress towards the goals. However, a lack of coherence between MDG-prompted national development planning processes and existing budgetary or resource allocation frameworks is perhaps one of the critical factors that have prevented adaptation of MDG goals and targets to local conditions and priorities.

Fukuda-Parr (2008) points to a number of PRSP countries where governments with UN Millennium Project support estimated the investment needed to meet MDG targets in education, health, and water and sanitation. None of the countries' PRSPs referred to these cost estimates. These estimates were not fully incorporated into the countries' planning and budgeting basically for three reasons: (i) resources could not be mobilized, (ii) the reliability of the estimates themselves was not exempt from criticism and (iii) the potential macroeconomic impact on public expenditure ceilings and aid dependence raised concerns. There are success stories in this regard, nonetheless. For example, to further facilitate mainstreaming the MDGs into its Tenth Five Year Plan, Bhutan aligned national budgetary outlays with resource requirements for meeting the MDGs. This was done through a detailed costing exercise—as reported in the Bhutan Millennium Development Goals Needs Assessment and Costing (2006-2015) Report in 2007. This exercise was based on the UN Millennium Project model. Another example is Nigeria where Medium-Term Sector Strategies (MTSSs) were developed to guide the preparation and implementation of a MTEF. In 2006, this framework earmarked about 57 per cent of total capital expenditure for MDG-related sectors (Nigeria's MDGR for 2010).

MTEFs predate the MDG process, as many countries—especially in sub-Saharan Africa—encountered the triple challenges of large fiscal deficits, rising public sector debt and poor development outcomes. Starting from the mid-1990s and against the backdrop of weak public financial management in many sub-Saharan African countries, the World Bank—along with other multilateral development institutions—started advising governments to move away from Single Year Budget Frameworks (SYBFs) to MTEFs, primarily to improve fiscal discipline, reduce ad hoc, discretionary spending and political manipulation of budgets; and enhance predictability, transparency and accountability in public finance (World Bank, 1998). MTEFs received renewed attention in the context of the formulation of PRSPs in the early 2000s. At the same time, the adoption of the MDGs in the early 2000s, and the

universal quest for larger fiscal envelopes to realize the goals and improve fiscal efficiency and effectiveness, acted as new impetus for countries to move to MTEFs. The number of countries that adopted an MTEF increased from 11 in 1990 to 132 by the end of 2008 (World Bank, 2013). It was argued that poverty reduction strategies required increased allocative and technical efficiencies in public expenditures and that a government may achieve these efficiencies by integrating policy objectives in the budgetary process through establishing clear links between fiscal inputs and expected development outcomes as well as costing and multi-year financing (and possibly sequencing) of various fiscal outlays. MTEFs, when properly executed, could be an ideal tool for incorporating NDSs and PRSPs into a coherent, multi-year public expenditure framework.

There is strong evidence that adoption of MTEFs improves fiscal discipline and spending efficiency. A cross country empirical study by the World Bank (2013) found a significant positive effect of MTEFs on fiscal discipline and that MTEFs increased the fiscal balance at least by between 0.9 and 2.8 percentage points of GDP—with the most advanced MTEFs achieving even larger improvements in fiscal balances. In some countries there is also evidence of the impact on debts.⁴ However, it is less clear how MTEFs affect allocative and technical efficiencies. A cross-country panel data estimation by Vlaicu et al. (2014) finds that MTEFs improve allocative efficiency measured as the volatility of health expenditures to total expenditures, with reduced volatility in health expenditure and increase in aggregate health expenditure. The effect is larger as the country goes from an MTFF to a Medium Term Budget Framework (MTBF). However, their results on technical efficiency—how MTEFs affect programme level outputs and outcomes such as life expectancy or infant mortality—are at best mixed. It is therefore far from clear that adoption of MTEFs in a large number of developing countries directly contributed to the achievement of MDGs.

This is largely because it has been difficult for most developing countries to operate fiscal policy with full completion of all the stages involved in an MTEF.⁵ It has also been observed that MTEFs alone were not delivering improved public expenditure management in countries in which other key aspects of budget management, notably budget execution and reporting, remained weak (Le Houerou and Taliencio, 2002). Furthermore, if actual budget disbursement remained unpredictable—as it did in many developing countries—MTEFs merely became a conceptual framework and stakeholders lacked confidence in their medium-term projections. Also, MTEFs often failed to improve spending efficiencies without ensuring accountability of the budget actors—minister, parliamentarians and public officials. It also remained a challenge to ensure accountability as the bulk of aid financing remained outside the purview of MTEFs, making programme budgeting extremely difficult for countries dependent on foreign aid. Similarly, MTEF efforts to achieve transparency in the allocation of resources to specific activities often became futile where overall sector policies remained unclear, inconsistent or unrealistic (Oxford Policy Management Review, 2000).

⁴ Gleich (2003) and Yläoutinen (2004), for example, find that MTEFs in Central and Eastern Europe alleviated the deficits and debts that emerged in the second half of the 1990s. Moreover, Fabrizio and Mody (2006) find positive correlation between MTEFs and primary fiscal balance (as a per cent of GDP).

⁵ For a comprehensive description of all six stages forming a comprehensive MTEF see World Bank (1998).

At the same time, MTEFs have also been viewed as too restrictive and inadequate for fostering development and contributing to poverty reduction and MDG achievement. Part of the reason for this is that in spite of the existence of an MTEF, fiscal outlays generally remained *ad hoc*, unpredictable and volatile. While PRSPs and MDGs often justified moving to multi-year and programme-based MTEFs, few countries fulfilled the expectation from MTEFs. That is, only a handful of countries managed to achieve a policy budgeting framework, with adequate linkages between policies and outcomes and outputs. Even if only a handful of developing countries have succeeded in implementing developing policies within a budgetary framework, a large number of countries have stepped up public social expenditures since the MDGs were adopted, as is further shown below.

3. Governance, institutions and coordination

Governance and institutions are duly acknowledged in the Millennium Declaration; however, these issues were left out in the formulation of the MDGs, partly because they were considered contentious, and partly because they were deemed to be difficult to measure. Nonetheless, the MDG experience reveals the relevance of governance and institutions for attainment across all of these goals' targets. This is expected because in the political and social context in which governance and institutions are located, their role and capacity always determine the way in which public policies and strategies are formulated, debated, decided, legitimized and implemented. They also determine the effectiveness of how these policies and strategies, especially in service delivery, are attained and evaluated. Therefore, a clear understanding of governance and institutions, their structure, what they are and their importance for development, is necessary to identify concrete ways by which they have influenced MDG implementation.

3.1. Governance and development

Governance is not uniquely defined. In the early-1990s the World Bank defined it as the method through which power is exercised in managing a country's political, economic and social resources for development (World Bank, 1993). This definition was put forth at a time when the World Bank had realized that most of the crises seen in developing countries resulted from governance issues. Since the early-1980s the World Bank had supported stabilization and structural adjustment packages that overwhelmingly focused on civil service retrenchment and privatization, as part of state reforms. But the early-1990s saw a change of focus as new adjustment packages prompted by the World Bank emphasized governance issues such as transparency, accountability and judicial reform. On the other hand, the United Nations Development Programme, in a 1997 policy paper, defined governance as "the exercise of economic, political and administrative authority to manage a country's affairs at all levels. According to this definition, governance includes the mechanisms, processes and institutions through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations and mediate their differences" (UNDP, 1997). This definition

was endorsed by the Secretary-General's inter-agency sub-task force to promote integrated responses to United Nations conferences and summits.

Some key words emanate from these definitions: for example, power/authority and management/administration. The exercise of power/authority in administering public services makes sense for development only if it is prompted by effective and responsible leadership, which, when combined with effective public administration, enables the type of governance that fosters development. With or without financial and material resources, countries that lack the requisite public administration and leadership—as well as the human and institutional capacities, as discussed below—face serious difficulties in making substantive progress towards development goals. Concrete cases show that with leadership, commitment and determination, plans and strategies could be put in place to implement policies and programmes that have proven to be important for the MDGs, even in contexts of inadequate financial and material resources.

For example, a number of political leaders have played important roles in ensuring that policies are successful, such as Brazil's President Luiz Inácio Lula da Silva who has been instrumental in implementing the country's *Fome Zero* programme, describing it as his life's mission to ensure that every Brazilian has three meals a day. A special ministry for food security connected to the office of the president was created and political leaders reached out to NGOs to fill in funding gaps (Da Silva et. al, 2011). In China, Deng Xiaoping's "reform and opening" initiated in 1978 enacted a series of political and economic changes that resulted in a massive reduction in poverty. Deng's guiding hand in dismantling the commune system, developing closer relations with foreign countries and introducing market reforms in rural areas played an important role in the success of these policies (Du, 2006). Similarly, Paul Kagame, President of Rwanda, has repeatedly voiced his support for women's empowerment and mainstreamed women in leadership positions (Debusscher and Ansoms, 2013). The country has a ministry within the Prime Minister's office that is tasked with supporting gender equality which has supported elections for Women's Councils. There is also a constitutional requirement that 30 per cent of decision making posts be occupied by women and, for more than a decade, over two-thirds of cabinet positions have been occupied by women.

Next to political leaders public administrators are the other key internal actors of governance. Public administration defines the formulation, implementation, evaluation, and modification of public policy (Heady, 2001). Public policy making relies on human and institutional capacities whose role is essential for governments to deliver two types of services: (i) military and (ii) civil. *Military service* can play an important role for development, particularly in contexts where it contributes to peace and stability and facilitates humanitarian aid. On the other hand, *civil service*, the focus of this paper, consists of branches of social and other services that are critical for development. Civil service encompasses two different levels of governance: (i) national and (ii) local.

Moreover, because governance is broader than government, there are external actors of governance to be considered, particularly in the context of development. According to Pierre (2000), "governance refers to sustaining coordination and coherence among a wide

variety of actors with different purposes and objectives”. Such actors may include political actors (leaders) and institutions, interest groups, civil society, non-governmental and transnational organizations. This definition illustrates that while the government of a traditional state has to cope with both internal and external challenges from the above actors, some of the functions previously the preserve of government may be taken over by some other actors. Partnerships with said actors at the national and subnational levels are a fundamental aspect of governance for implementation of development policies and strategies.

The MDG experience confirms that initiatives, policies, and strategies aimed at the achievement of these goals have required support by partners at all levels (global, regional, national, and subnational). These partners include the private sector, non-profit organizations (NGOs), civil society organizations (CSOs), and regional and international organizations. Some of the country examples presented below clearly show that success in meeting MDGs has required a successful combination of leadership efforts in government, civil society and the private sector.

3.2. National government

National governments possess the main role in implementing MDG policies and programmes at the country level. They are comprised of ministries and numerous institutions, each with a specialised field of public service provision. Within these institutions, there is an important number of departments, agencies, bureaus, commissions or other smaller executive, advisory, managerial or administrative organizations. In some countries the task of monitoring and implementing policies for the MDGs has been entrusted to a particular institution, although this varies from country to country. For example, in Lao PDR the government has set a MDG’s secretariat, chaired by the director-general of the Department of International Organizations in Ministry of Foreign Affairs (Lao PDR’s MDGR for 2013). In Nigeria, the National Planning Commission (NPC) is the focal institution for the MDGs and the government established specialized MDG offices in all states at the sub-national level (Nigeria’s MDGR for 2010). Additional examples of institutions that have been given concrete monitoring and reporting roles with regard to MDG implementation are also presented in section 4. The effectiveness of government institutions to implement policies relies to a large extent on their coordination, the capacity to execute development budgets, and human capacity (see below).

Coordination between national government institutions

Coordinating such a wide range of government institutions is challenging, but it is a necessary task in order to achieve a clear division of roles and responsibilities and identify areas for collaboration in the implementation of national development strategies and plans. It is vital to avoid duplication of efforts and use scarce resources more efficiently. High-level political leadership and support is necessary to prompt effective coordination of these institutions. Ministries are usually subordinated to the cabinet, a prime minister, a president or chancellor who has the authority to prioritize the issues of the policy agenda.

National ministries vary greatly between countries. In one way or the other, most ministries possess relevance for the MDGs; although, as mentioned earlier, some countries have entrusted a particular institution with the task of monitoring and implementing policies for the MDGs. A planning ministry, commission, department or authority has been a key institution for the MDGs as it is typically tasked with designing, orientating and evaluating public policies, managing and allocating public investment, and defining frameworks for the realization of government plans, programmes and projects. The important mission of defining and promoting the establishment of a country's strategic vision in the economic, social, and environmental sectors is typically in the hands of such government entity. Next to it the Ministry of Finance is also of paramount importance because of its role in managing government finances, and in some cases economic policy and financial regulation.

Key sectoral ministries which would typically be engaged in the coordination of MDG business include those responsible for welfare/social protection (related to shelter, economic assistance, and other supports), education, health, women/gender issues, water and sanitation (sometimes also in the domain of environmental affairs), community affairs/local government, and others.

Line ministries of a broader nature also play critical roles for MDG implementation, both because of their responsibilities and the necessary coordination with sectoral ministries. For example, the role of preserving peace and stability, one of the key enablers of development in conflict-affected countries, falls to a large extent within the domain of a Ministry of Defence. Ministries of Foreign Affairs are key players in UN system intergovernmental affairs leading to the formulation of internationally-agreed goals. They are a vital conduit between the UN system and countries' governments and leaders. Moreover, coordination between a ministry responsible for justice (prosecution, legal assistance, and so on) and sectoral ministries with regard to legislative reforms and effective enforcement of the law have become a necessity to enable MDG implementation; for example, on issues such as violence against women and other abuses, as well as corruption that hampers adequate delivery of public services.

There is no unique blueprint for coordinating these institutions; the way coordination is exercised may vary from country to country, from sector to sector within countries, and its effectiveness relies to a large extent on leadership. It is then useful to take into account examples of coordination and integration of programmes at varying levels within governments that have enabled a better environment for MDG implementation. Coordination between national and local governments is also very important as further explained below.

Coordination within national government has particularly become a requisite for many sub-Saharan African countries in order to succeed in meeting the goal of combating diseases such as HIV/AIDS, malaria and tuberculosis (MDG 6), as shown in Global AIDS Response Country Progress Reports for 2014. Nigeria, for example, has a number of different systems in place, such as the National Agency for the Control of AIDS, which also has state-level counterparts and Technical Working Groups comprised of various ministries, departments and agencies at the national (and state) levels. Tanzania has also taken significant steps to integrate programmes across different levels of government through the

National Multi-Sector Strategic Framework for HIV/AIDS (NMSF). At the parliamentary level, for example, there is collaboration between the Standing Parliamentary Committee responsible for HIV/AIDS and Drug Abuse and other sector-specific committees that oversee and govern strategies that impact on the NMSF, such as Finance and Economic Affairs, Industry and Trade, Health and Social Welfare, Community Development, Gender and Children, and Agriculture. In support of the Cabinet, the Inter-Ministerial Technical Committee (IMTC) oversees and governs all ministries, departments and agencies to ensure proper collaborative efforts across all types of projects, not just those related to HIV/AIDS.

Examples of coordination efforts within government cover other MDG areas as well. For example, Uganda has succeeded in improving water service delivery through collaboration between the National Water and Sewerage Corporation (NWSC), the Ministry of Water and Environment (MWE), the Water Policy Committee and other related ministries, such as the Ministry of Finance, Planning and Economic Development and the Ministry of Local Government. The country is on track to meet the water and sanitation targets of the 7th MDG, partly through those efforts as well as important steps in combatting corruption in the water sector (UNDP, 2011a).

Fiscal frameworks as instruments of coordination

Coordination between sectoral ministries, and planning and financing authorities possesses a distinctive importance: it has been a requisite in countries' attempts to achieve coherence among various overlapping, if not conflicting, development policies associated with different sectors, by embedding these policies in an over-arching strategic framework. This coordination is important for the effective implementation of policies that have become critical to make headway towards MDGs, especially multi-sector interventions. The translation of national development strategies and plans into public expenditure programmes within a coherent multiyear macroeconomic and fiscal framework, in particular, has required challenging coordination efforts, not least because expenditure management alone plays a critical role. As noted earlier, while NDSs and PRSPs in some cases ensured a certain degree of policy coherence, they did not necessarily guarantee a requisite fiscal envelope for implementation of development goals. Only a handful of developing countries have succeeded in implementing developing policies within a budgetary framework, as discussed earlier.

In spite of this limitation, it is fair to say that national governments in developing countries have made significant efforts to mobilize resources and step up public spending towards the MDGs, some in the face of fiscal constraints and turbulent economic times, although with varying degrees of success. Recent spending increases after the global financial crisis explain the rapid progress towards the MDGs in an important number of countries (Government Spending Watch, 2013).⁶ However, there are two problems. The first is that even under the assumption that public spending would continue to grow at the same rates as

⁶ This Government Spending Watch is perhaps the first ever report on MDG spending, covering 52 low- and lower-middle income countries, with data compiled by Development Finance International (DFI) and Oxfam.

in the past, these public spending policies would not be enough to achieve all MDGs. This observation is supported by country studies documented in Sánchez and Vos (2013) for 9 countries in Africa, Asia and the Middle East, and Sánchez et al. (2010) for 18 Latin American and Caribbean countries. These studies present alternative scenarios to such business-as-usual paths and estimate that additional public spending requirements for meeting a number of MDG targets—related to primary education, health, and water and sanitation—by 2015 would range from less than one per cent of GDP to a high of 10 per cent of GDP. The second problem is that, as Government Spending Watch (2013) observes, the increasing pattern of MDG spending seems to be reverting lately for a number of reasons. Part of the problem is that aid came too little and too late to fill the fiscal holes created by the global economic crisis in a number of countries. As a result, a non-negligible share of extra spending for development goals in those countries has been funded by borrowing, including expensive domestic and external commercial bonds, as well as risky and expensive off-budget private financing initiatives for infrastructure. Higher debt burdens and risks are increasingly being cited as a reason to cut spending. Against this backdrop, coordination within government will not effectively translate into implementation of development policies and strategies should fiscal space not increase adequately for countries to spend enough to achieve the MDGs—as well as other development goals after 2015.

3.3. Local governments

The process through which powers, functions, responsibilities and resources are transferred from national or central governments to local governments and other decentralized entities, or decentralization, has long been considered critical for implementation of development policies. It can be both a means to improve the efficiency and effectiveness of public services as well as a way to promote the broader values of pluralistic, participatory democracy (Cheema et al., 1983). The majority of countries across developing regions have opted for a highly decentralized approach to service delivery at the sectoral level with varying degrees of success (Treisman, 2007; Manor 1999). Such an approach is justified particularly for countries that exhibit high interregional inequality in levels of development. Nonetheless, decentralization can make coordination more challenging also.

Enlisting local government efforts has proven necessary both for engaging communities and for enabling more transparent governance for MDG implementation. In Bangladesh, for example, progressive approaches to local governance—involving elections at the sub-district level in some cases—have begun to change the nature of the relationship between citizens and governments, creating a friendlier environment for MDG implementation at the rural/regional local level. An analysis for Indonesia, for example, reveals that four years after switching to direct elections at the district level, directly elected district officials have become more responsive to local needs—at least in the area of health (Skoufias et al., 2014).

Decentralization has also proven to be a necessity to address the huge gap in the delivery of services between rural and urban areas, and for unlocking MDG progress at localized levels. A cross country panel regression study for a large number of sub-Saharan

countries found that decentralization has a much more positive effect on rural provision of water and sanitation than other factors such as sectoral aid and corruption (see, e.g., Wolf, 2009). In Central Java, decentralized plans prompted by the MDG Acceleration Framework (MAF) have been implemented to specifically address the apparent plateauing of the maternal mortality rate that this populous Indonesian province has seen over the last few years as well as the wide variation of this rate across districts and towns of the province. The experience of these plans also shows that decentralized complementary actions to improve service quality, referral and access to emergency care are now essential to drive progress in further reducing maternal mortality more evenly across districts and towns (UNDP, 2013). Evidence from the provision of Nigeria's Conditional Grant Scheme (CGS) by means of partnerships between local, sub-national and national governments has shown that local and state governments are better positioned to implement development projects while the federal government should concentrate on planning, coordination and monitoring and evaluation (Zamba and Oboh, 2013). The aforementioned National Multi-Sector Strategic Framework for HIV/AIDS (NMSF) in Tanzania also relies on the Local Government Accounts Committee to oversee local government activities.

In spite of the virtues of decentralization, the implementation of programmes by local governments makes coordination more challenging. Securing a fiscal envelope for implementation of policies and programmes at the local level is more cumbersome than securing it at the central government level. The efficiency of intergovernmental transfers is essential for development results, as well as the mobilization of resources by decentralized government agencies themselves. In spite of the challenges, however, there are encouraging examples of coordination in this regard. Ethiopia is a country that primarily manages the delivery of basic services at the district (woreda) level and provides an example of local governments' contributions to achieving development goals. A recent report for this country indicates that basic services primarily managed at the district level are mainly financed by inter-governmental fiscal transfers; yet, some districts do raise their own revenues, including through development partners (World Bank, 2014a). In this particular case, this is done through the Promotion of Basic Services (PBS) programme, which provides development partner resources for service provision and supports a variety of measures designed to improve service quality as well as local government capacity, which are critical for success. The programme also supports the direct voice of citizens by emphasizing transparency and governance for the block grants through a variety of measures. This study shows that district-level spending has been a very effective way of pushing Ethiopia forward to attaining its MDG goals.⁷

The efficiency of intergovernmental transfers depends to a large extent on the flexibility in subnational borrowing. This is particularly the case in times of fiscal stress. Drawing lessons from the 2008–2009 crisis in Brazil, China and India, Fardoust and

⁷ Econometric results of this study show that a US\$1 increase in district health spending per capita could be associated with increases in the contraceptive prevalence rate of 6.4 percent, in the percentage of births delivered by skilled birth attendants of 11.3 percent, and in coverage of antenatal care by 3.6 percent. Child and maternal mortality rates can be reduced as a result. With regard to education, an increase of US\$1 per capita in district-level education spending is associated with a 3.6 percent increase in the net primary enrolment rate within that district.

Ravishankar (2013) conclude that, because fiscal stress varies widely across subnational entities, central transfers alone cannot prevent pro-cyclicality of a subnational fiscal response to a recession. Thus, there is a need for flexibility in subnational borrowing within a sustainable fiscal framework. These authors observe that many Indian states were able to maintain or accelerate their spending during the crisis thanks to the additional borrowing permitted in 2009-2010. In comparison, limited borrowing capacity and lack of flexibility in federal grants restricted the contribution of Brazilian states to fiscal stimulus. Legal prohibition of subnational borrowing induced China's provinces to finance additional investments through extra-budgetary borrowing by nongovernment entities, with significant fiscal risks on account of contingent liabilities.

3.4. Quality of service delivery

There are other constraints to good governance in addition to coordination problems within national governments and between national and local government. Civil servants, their quantity and geographical distribution as well as their qualifications and expertise determine, to a large extent, governments' capacities to deliver services. There is evidence that a number of developing countries (i.e., Indonesia, Tajikistan, Ghana, Tanzania, Uganda and others) continue to suffer from serious challenges in the number and distribution, and in particular the quality of public servants in education and health services (see., e.g., Darvas and Balwanz, 2014; World Bank 2011c, d; Rokx et al., 2010).

Human capacity constraints

Lack of technical capacities of the available personnel is a serious constraint that needs to be addressed if the MDGs are to be realized, particularly in sub-Saharan Africa (Ogujiuba and Jumare, 2012). There is also strong evidence—from a study covering 118 countries—that countries with small populations, small Pacific Islands for example, face severe and permanent challenges in accessing an adequate range and depth of technical skills to fulfil all functions associated with public financial management (Haque et al., 2012). Lack of adequate public servants (teachers, doctors, nurses, and so on) both in terms of quantity/distribution as well as skills/training results in both poor quality and inequity in the delivery of public services, particularly in rural or remote areas. It may result in overcrowding of classrooms and health facilities. Furthermore, service delivery is also affected by low execution of the development budgets in many developing countries whose governments do not manage to spend all budgeted expenditures. The low execution rate stems from several factors among which weak human and institutional capacity plays a critical role, particularly in formulating and executing investment projects.⁸

It is the case that often low compensation as well as limited staff development opportunities provide little incentives for sustained quality services. A health workers cohort

⁸ Another important factor previously referenced is poor integration between development planning and budget frameworks. Moreover, in aid-recipient countries the misalignment of donor priorities and funding cycles with those of the government also plays a role in defining low executing rates.

study for Ethiopia suggests that about 80 percent of the health professionals surveyed (i.e., 90 doctors and 219 nurses) were either “unsatisfied” or “very unsatisfied” with their salary at the time of the survey (Serra et al., 2010). The same study shows that health workers’ satisfaction with their career choice and economic situation had deteriorated between 2004 and 2007. In addition to low compensation and limited staff development opportunities, another major cause of poor quality of services is a lack of routine supportive supervision and monitoring.

Corruption and malpractice

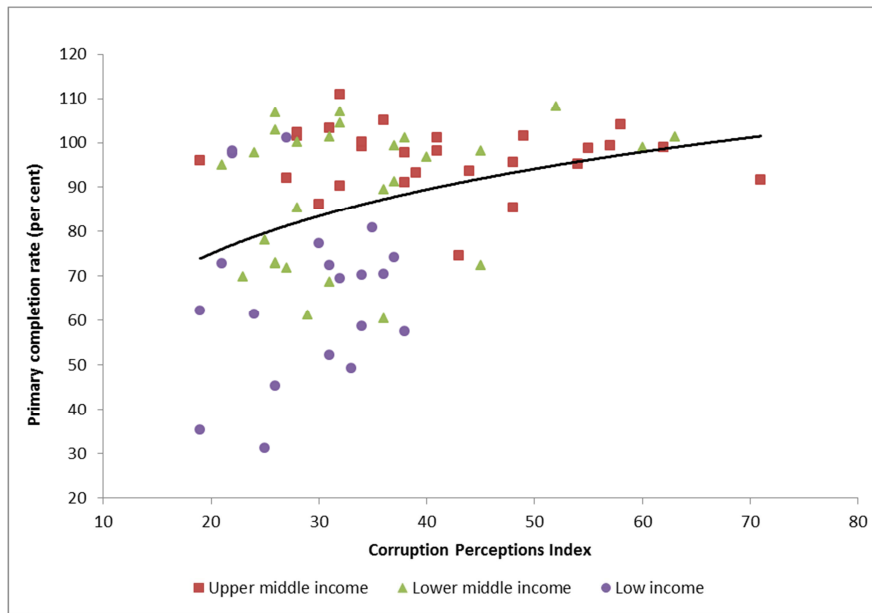
The aforementioned inadequacies with regard to compensation, development opportunities and so on may result in corruption and other malpractice by civil servants, thus seriously constraining the achievement of development goals. Ogujiuba and Jumare (2012) have observed that not even high levels of GDP per capita growth in sub-Saharan Africa have been sufficient to meet MDG targets where there is corruption and mismanagement of funds.

The Corruption Perceptions Index (CPI) of Transparency International, which has been widely credited with putting the issue of corruption of countries’ public sectors on the international policy agenda, is useful to shed light on the possible association of corruption and MDGs. This index ranks countries on a scale from 100 (very clean) to 0 (highly corrupt), and covers a number of different sectors that are pertinent to the MDGs (i.e., poverty and development, education, health, water, and others). It is expected that the more transparent the country (as reflected in a high CPI), the stronger and more effective the governance in implementing adequate social policies—hence the more human development the country achieves. As shown in Figures 2-4, more boys and girls complete primary education, fewer mothers die, and more people have access to improved drinking water sources in countries with high CPI scores.⁹ These figures show that low income countries in most cases tend to perform less satisfactorily in terms of the social indicators presented, while perceptions of corruption are also higher for those countries.¹⁰ Furthermore, the CPI is also found to be more strongly correlated with health and water sector indicators compared with education indicators, suggesting that corruption could spread more easily through the operations, projects and funding of the health and water sectors—although this hypothesis is not evaluated in this paper.

⁹ Although not shown in the figures for simplicity, countries also generally perform better in regard to a number of other MDG indicators when the perception of their corruption is relatively lower.

¹⁰ High-income countries have been excluded from these figures because the public provision of certain social services, certainly that of primary education and drinking water, is mandatory under the law of most, if not all of these countries. When including them in the figures, they tended to be clustered at the top or the bottom along the horizontal axis depending on the social indicator included in the figure. That is, these countries’ social indicators showed very little variation whereas the CPI displayed important dispersion across them.

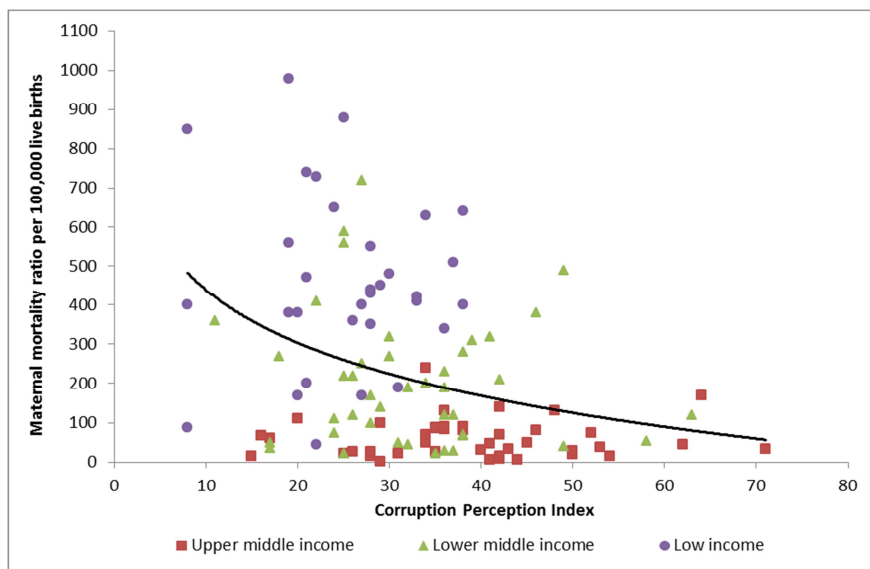
Figure 2: Corruption and primary completion, 2012



Note: Primary completion rate is the gross intake ratio to last grade of primary education; that is, the total number of new entrants in the last grade of primary education, regardless of age, expressed as percentage of the total population of the theoretical entrance age to the last grade of primary.

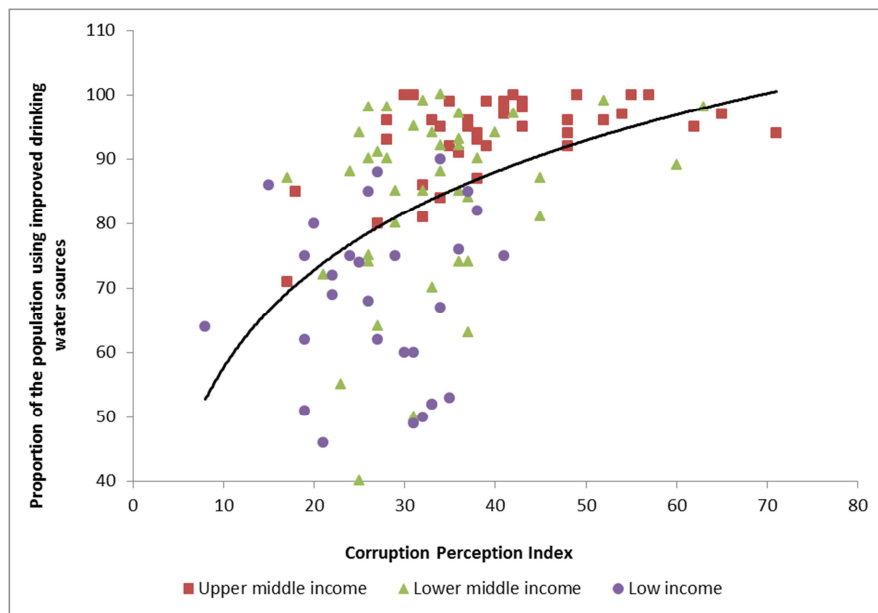
Source: Authors' construction based on Transparency International (Corruption Perception Index) and UN Statistics Division database for MDGs.

Figure 3: Corruption and maternal mortality, 2013



Source: Authors' construction based on Transparency International (Corruption Perception Index) and UN Statistics Division database for MDGs.

Figure 4: Corruption and access to drinking water, 2012



Source: Authors' construction based on Transparency International (Corruption Perception Index) and UN Statistics Division database for MDGs.

Initiatives against corruption and malpractice

Addressing corruption to improve and make governance more transparent requires a multiplicity of changes, driven by effective political leadership. Decentralization of service delivery and numerous partnerships have been useful mechanisms to achieve more transparent governance during MDG implementation (see below). There have also been a number of concrete efforts to tackle corruption, recognizing that this problem hampers human development aspirations. Bangladesh's government, for example, formed the Anti-Corruption Commission in 2004. Starting in 2007, the Commission began an active partnership with Transparency International Bangladesh to jointly undertake various anticorruption programmes. Bangladesh also acceded to the UN Convention against Corruption in 2007. These initiatives have helped improve Bangladesh's relative rank in the Transparency International Corruption Perception Index over the last few years.

Another example is Mauritius, whose Independent Commission against Corruption implemented a Public Sector Anti-Corruption Framework (PSACF) at the Civil Status Division (CSD) and the Mauritius Police Force (MPF) in the year 2010. The initiative has led to the development and adoption of anti-corruption policies—earning international recognition as a winner of a United Nations Public Service Award for 2012-2013 (UN/DESA, 2014). As a result, corruption levels went down in Mauritius, resulting in fewer public complaints, and the practice has spread across government. Similar examples can be identified for other developing countries; however, the overall scores of many countries which have tried to address corruption highlight that this problem still remains pervasive. As

shown in Figures 2-4, few low income and lower middle-income countries record a CPI that is greater than or equal to 50.

The civil service remains a long-term reform priority in many countries due to corruption, lack of accountability and the absence of merit based appointments. Countries that have made fast headway towards the MDGs have given greater focus to public sector reform both at national and subnational levels. Bangladesh, among others, has addressed promotions, transfers and placement policies and other initiatives to strengthen the civil service, thus improving governance notably.

Low compensation remains a critical concern, although there are possible solutions to be proposed during the post-2015 era. A multi-country study shows that “pay flexibility”, for example, improves public sector performance and works most strikingly in changing managerial behaviour (World Bank, 2014b). Pay flexibility in said study comprises performance-related pay (PRP), which allows for pay to differ for apparently similar workers doing the same job across agencies, career groups, and geographical locations by linking a portion of pay to the achievement of performance targets. It can work with, rather than instead of, long-term career incentives. The same study points to a large and growing empirical literature on PRP in education that finds positive results in developing countries.

More concrete examples of these schemes can be provided. The introduction of a performance-based funding mechanism in Rwanda, within one year, boosted deliveries in health centres by 107 percent, while deliveries referred to hospitals also rose by 221 percent. A similar trend is also observed for family planning patronage (Eichler, 2006). A total review of the incentive structures was also put in place in Malawi in order to be able to attract, retain, redeploy and train health workers. This included giving a 52 per cent salary enhancement and establishing improved housing and in-service incentives. Other incentives included expanding training facilities by 50 percent, attracting unemployed and retired health workers to work in hard to reach localities, and using expatriate workers where necessary (Ergo et al., 2010).

3.5. Partnerships

In many countries, the absence of effective governance or at least the perception that governments are unable or unwilling to be responsive to citizens’ needs and transparent in their decision making, has converted partnerships into a necessity. Civil society and communities have found it necessary to develop the ability to build consensus, advocate for their own interests, or partner with the government (and the private sector) to pursue these interests. A number of initiatives and results at the country level, both national and subnational, reveal that strong well-managed policies and strategies for the MDGs have been supported coherently by partners at all levels, involving communities that work with local governments. While allowing for broad participation, some of these initiatives not only have contributed to improving governance but also to enhancing the effectiveness of government service delivery. This is because the public interventions that have been implemented in

partnership with communities have permitted reaching out to marginalized groups and groups who live in remote areas, as well as taking advantage of spill-over effects and synergies.

Some examples of partnerships for MDGs

As part of the efforts to combat HIV/AIDS in Zambia, the country established the National AIDS Council (NAC), which developed strategic intervention plans designed to coordinate the efforts of the government, the private sector, religious groups and civil society organizations—as described in the country’s MDGRs. Tanzania, through the aforementioned National Multi-Sector Strategic Framework for HIV/AIDS (NMSF), has also taken significant steps to integrate programmes across different levels of government as well as between government and the private sector, civil society organizations, NGOs and development partners. Another example is Bhutan, a country that has successfully carried out several community-based nutrition initiatives including promoting school agriculture and household kitchen gardens, and enhancing livestock rearing and food production. At the same time, there has been widespread introduction of community schools across the country, for which the government has provided the building materials and recurrent costs of teacher salaries and text/stationery expenditures. Community schools in Bhutan, Indonesia and other countries have reduced walking distances to schools considerably, thus addressing parental concerns for the wellbeing and safety of daughters. In the case of Indonesia, there is evidence that school committees holding democratic elections for members has proved to be an effective way to get parents more involved in their children’s schoolwork (Word Bank, 2012). These community-based interventions and partnerships with the government have contributed to strengthen governance. At the same time, they have enabled faster progress towards the goals of reducing poverty and hunger, universal access to primary education, elimination of gender disparities in education and, more indirectly, improving the health of children and mothers.

Cooperation between governments (both national and local) and CSOs is of paramount importance for MDG implementation in general as well as for implementing multi-sector interventions that take advantage of spill-over effects and synergies in particular. An analysis of the factors necessary for delivering a national multi-sectoral response to reduce maternal mortality and child malnutrition in six countries (Bangladesh, Brazil, Ethiopia, India, Peru and Zambia) suggests that political and institutional structures are essential to stay on track to reach the MDG nutrition target (Mejia Acosta et al., 2012). These structures include direct involvement of the Executive Branch, the establishment of bodies set up to coordinate nutrition actions, mainstreaming of nutrition within the national development plan, delivering of nutrition services at the local level, and support to civil society groups to develop accountability mechanisms.

It has also been observed that sustainable provision of water to underserved populations, for example, requires adequate policy and legal frameworks, community participation, and effective water management. These elements necessitate the development of democratic processes and the upgrading of technical skills of people in charge of water provision (Bos, 2006). The case of inter-institutional coordination within Uganda’s

government for improving water service delivery was noted above. Likewise, China has remarkably increased the proportion of the population using improved drinking water sources and improved sanitation facilities.¹¹ This satisfactory outcome has been associated with the scaling up of water supply and sanitation, as a result of the country's rapid economic growth. But other factors have also enabled scaling up water supply and sanitation, particularly in rural areas. In this respect, Shuchen et al. (2004) underscore, in the context of China, the importance of well-developed administrative and management arrangements, strong demand from local governments and rural residents, and decentralized and participatory mechanisms to deliver services, among others. These authors also observe that the simultaneous implementation of rural water supply, sanitation and health education for rural residents has called for governments at different levels to organize cross-sectoral collaboration of health bureaus, water resources bureaus, etc., for its implementation.

Additional roles of the private sector

The private sector is also of paramount importance for development in other ways; notably, it is the most critical source of employment and income generation. Supply of and demand for private education, health, sanitation and other services are also critical for most countries' development. However, neither the private sector nor the public sector can be expected to shoulder the burden of directly providing the needed services for development alone. Public-private partnerships have been necessary to ensure critical basic services are provided and for transparency and effectiveness in meeting MDGs. The degree of involvement of each of these two sectors may vary from country to country. In some contexts, the provision of and the demand for education and health services may not be viable for private enterprises and households, not even with subsidies or other government assistance. For example, public action has been necessary to supplement private expenditure to attain desirable quantities of services in education and health in Armenia, Cambodia, Ethiopia, and Mongolia (Khan, 2005).

In various country contexts, governments unavoidably need to rely more heavily on the private sector to achieve necessary improvements; especially in critical social areas such as health. Private providers already play a significant role in the health sector in Africa, serving all income levels across sub-Saharan Africa's health systems. A comprehensive World Bank study identifies five domains of engagement between the government and the private health sector in sub-Saharan Africa (World Bank, 2011c).¹² Policy and dialogue are critical domains to set out roles and responsibilities of different actors. Information exchange is also essential to broaden the coverage of the national health management information systems and disease surveillance. The regulation domain focuses on the ability of the

¹¹ By 2005 this proportion had gone up to 86 and 55 per cent, respectively—from 67 and 24 per cent in 1990, and from that point onwards it continued to rise steadily, reaching 92 and 65 per cent in 2012.

¹² For this study a team of researchers collected data through interviews, supplemented by desk research, in 45 sub-Saharan African countries. More than 750 in-person interviews were conducted with key stakeholders in each country: senior government officials; private sector representatives, including practicing doctors and nurses; and independent experts. The results highlight those places where public-private collaboration is working well and those where it is not.

government to design and implement a regulatory framework for the private health sector. Financing is the mechanism that allows poor people to have access to services and it is the domain in which public funds buy value for money from either public or private services. Last but not least, the public provision of services domain focuses on how governments use the direct production of health care inputs and health services to collaborate with the private health sector.

Furthermore, public-private partnerships can work effectively, particularly to unlock progress towards the MDGs. For example, MAF-prompted action plans have led to an improvement in economic outcomes for women in Cambodia and for people with disabilities in Costa Rica, with the private sector acting as a crucial partner of the public sector in both cases (UNDP, 2013). Even global initiatives have seen public-private partnerships as a vehicle for MDG progress at the country level. For example, the “Global Partnership for Girls’ and Women’s Education” was launched in May 2011 to set up several innovative partnerships, especially with the involvement of the private sector, for concrete country-level efforts to increase learning opportunities for adolescent girls and women, especially in Africa and Asia. As a result, Senegal, for example, has seen the number of girls and young women systematically increase through the provision of literacy and life skills.

Cooperation with international organizations

There have also been important instances of cooperation between national governments and international organizations. Most of these have been geared to build capacity and strengthened governments’ abilities to achieve progress on MDG targets, as further explained in the next section. Moreover, aid management is another key factor for effective governance of MDGs within aid-dependent countries. Because coherence between priorities and capabilities at different levels of government needs to be achieved, better coordination between recipient and donor countries can improve aid governance and institutional building. A number of reforms in Indonesia, for example, have brought together foreign donors and national authorities and engaged them in activities beyond information sharing, including joint funding and implementation issues (Edi and Setianingtias, 2007).

4. Monitoring, evaluation and reporting

Monitoring and evaluation (M&E) is a process aimed at improving current and future management of outputs, outcomes and impact. It is mainly used to assess the performance of projects, institutions and programmes set up by governments as well as international and non-governmental organizations (UNDP, 2002). The importance of M&E for implementation of policies and programmes for development goals cannot be stressed enough. MDG monitoring, in particular, has contributed to improving statistical capacity and data availability, laying out the foundations of a whole statistical architecture to draw upon for development goal formulation and implementation after 2015. Furthermore, it has driven policy decision making for successful MDG implementation in a number of countries.

Prior to the implementation of programmes or projects, the assessment of performance in M&E requires the selection of indicators which will permit the rating of the outputs and outcomes targeted. According to UNDP (2002), an outcome indicator possesses a baseline and a target: the former establishes the situation before the programme or project begins, the latter defines the expected situation at the end of the programme or project. An output indicator does not have any baseline as the purpose of the output is to introduce something that does not exist yet. The MDGs possess these types of indicators and monitoring and reporting the progress of these have become a fundamental exercise for implementation of the goals.

4.1. M&E systems

As noted earlier, making incentives more appealing for public servants is one of the measures countries have put in place to confront corruption and other malpractices. At the same time, adequate M&E systems also need to be put in place. Even today and likely after 2015 as well, governments will continue to face a tight fiscal environment. As a consequence, they will have to make significant efforts to ensure that their policies and programmes are as effective, and as efficient, as possible. An emphasis on government performance is unavoidable for development goal implementation. This concern has led a number of governments to upgrade and create formal systems for monitoring and evaluating their performance on a regular, planned, and systematic basis during the MDG period.

Experiences of countries whose M&E systems have produced encouraging results are documented in a volume edited by Lopez-Acevedo et al. (2012). These systems are implemented by different agents (i.e., individual agencies, entire sectors, or the government as a whole) and provide unique information about the performance of government policies, programmes, and projects at the national, sector, and sub-national levels. Two examples are seen in Mexico and Chile, countries that have already met some MDG targets and are poised to meet most of them. Mexico's M&E system, known as *Sistema de Evaluación del Desempeño* (SED), started to be developed in 2000. Line ministries, planning and evaluation units, budget offices, public management administrators, and the legislative branch of government joined forces to implement it. The necessary push towards systematic evaluation was provided by a budget law which compelled federal programmes involving subsidies, cash or in-kind transfers, and some infrastructure, health, and education services to carry out annual external evaluations. The system possesses three key components: performance indicator monitoring, evaluation, and feedback mechanisms. Evaluation of programmes is particularly comprehensive; it covers design, process, consistency and results and involves impact and specific performance assessments.

Chile's Management Control and Evaluation System (*Sistema de Evaluación y Control de Gestión*) is internationally regarded as an example of how M&E can be successfully put into practice. This system originates in a series of reform efforts initiated in the 1990s, where the "first generation" tools were developed to be subsequently put in place in 2000-2010. The range of M&E tools is as large and as comprehensive as Mexico's, although the Chilean system seems to aim at reaching out to citizens more comprehensively

through management reports. Good results of the systems in both countries include, among others, a “measurement”-oriented culture across central government, ministries and agencies; and the use of data produced by the various tools to inform budgetary and other policy and management decisions. The latter characteristic is of particular interest as it can be used to strengthen the policy-budget interface of which reference has been made in previous sections.

4.2. Capacity constraints and assessments

A focus on capacity development is a necessary precondition for a successful implementation of M&E systems. At the same time capacities should simultaneously be developed to enhance transparency and effectiveness in service delivery. In small developing countries, in particular, it is important to prioritize public management capacity toward areas that represent binding constraints to development, adopt public management tailored to each country context, and consider options for accessing external capacity to support public financial management systems on a long-term basis, from regional agencies, the private sector, or donors (Haque et al., 2012). It will also be critical for most developing countries to foster a constructive engagement between end users and the providers (and financing organizations). This has been found to be a key component in models of scaling up key public services for MDG implementation, especially in health (Subramanian et al., 2011).

Many of the capacity constraints will also have to be addressed at the global level, considering that international organizations, centred in the United Nations, will coordinate and guide the implementation of the post-2015 development agenda. In this setting, it will continue to be critical for governments to engage with international organizations to address all these capacity constraints drawing upon the MDG experience. For example, the World Health Organization (WHO) has collaborated with the government of Tanzania (as well as other countries) to reform the regulatory bodies related to drugs and medicines. The WHO helped with the separation of the Pharmacy Board into the Pharmacy Council and the Tanzanian Food and Drug Authority (TFDA). The creation of the TFDA has improved transparency and better quality control. The WHO has also assisted with capacity development within the TFDA, which has contributed to reductions in corruption within the health sector (UNDP, 2011b).

Another example is Indonesia’s Minimum Service Standards (MSS), a measurement for evaluation of the local government performance in the implementation of obligatory functions related to basic services. The combination of obligatory functions and the development of government capacity to cost and implement MSS in regions, aims to provide access for citizens at the minimum level of quality at a given time. This initiative of the Government of Indonesia (Directorate General Bangda, MoHA) has been implemented since 2000 in cooperation with the Decentralization Support Facility administered by the World Bank (World Bank, 2011a). The analysis of factors underlying the successful implementation of MSS and possible relationships with the achievement of MDGs is amongst the objectives of this programme.

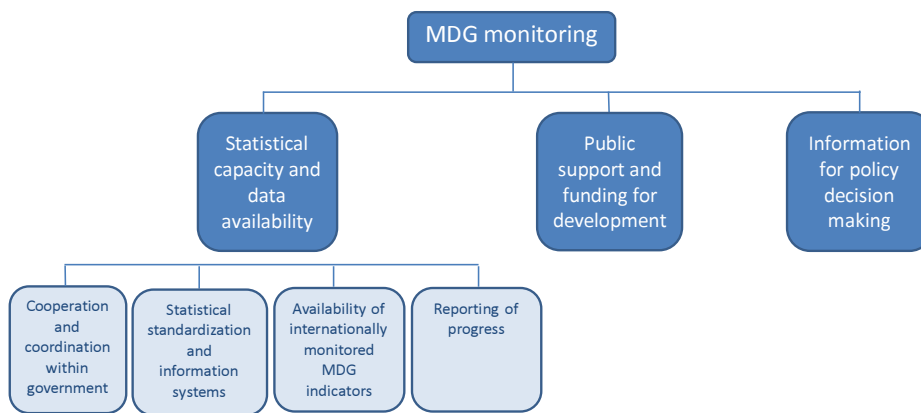
The institutional capacity building required to implement M&E systems and improve service delivery often relies on capacity assessments, which have frequently been undertaken by means of collaboration between UNDP and country ministries. These assessments were important for the implementation of all MDG-related programmes, including monitoring and evaluation measures (UNDP, 2008). As further explained below, they have also been instrumental in the context of developing countries' ability to assess data capacity and improve it for monitoring purposes. Some assessments have even contributed to delineating the adoption of MDGs more in accordance with countries' realities. The UNDP Oslo Governance Centre has undertaken a number of studies of countries' governance through their Global Programme on Democratic Governance Assessments. These assessments are focused on country-led and country specific assessments (UNDP, 2010b). Mongolia and Albania gathered information from these surveys that prompted the adoption of a ninth MDG on democratic governance. The nature of these assessments has harnessed broader participation of national constituents as well as addressing accountability issues within democratic practice. In addition, there are other multi-lateral initiatives such as the African Peer Review Mechanism that promote multi-stakeholder dialogue and mutual adherence as part of the monitoring and reporting on the MDGs in Africa (Sanga, 2011).

4.3. Statistical development and reporting

In many developing countries, the need to track MDG progress gave national statistical systems the opportunity to develop their capacity to produce and deliver the necessary information. Nonetheless, taking advantage of such an opportunity has been quite challenging for many countries. Developing countries possessed limited statistical capacity in the initial phases of MDG implementation. The multitude of MDG targets required different statistical methodologies as well as data collection by multiple ministries or departments which were often not readily in place. There were a number of reasons for the limited statistical capacity of many developing countries such as a lack of funding and other resources for statistical agencies, including necessary staff and technology; low priority of statistics and statistical agencies in government budgeting; weak institutional capacity in a variety of other government agencies tasked with statistical matters, such as ministries of agriculture; lack of independence of statistics collection agencies; corruption related to data collection and interpretation; and poor infrastructure hampering the ability of statistical personnel to collect and disseminate statistics. In Africa, for example, many country statistical offices are still seriously underfunded and understaffed; as a result, their statistical capacity is well below what is necessary for informed decision making (Jerven, 2013). For these reasons, many developing countries relied on the UN system or other outside agencies in order to collect the appropriate statistics to set their benchmarks at the early stages of MDG implementation. For example, the initial data to assess the prevalence of HIV/AIDS in Zimbabwe for the first MDG report came from UNAIDS. Countries such as Brazil, among other upper middle income countries, possessed serious data collecting deficiencies in terms of maternal mortality ratio early into the MDG period (Brazil's MDGR for 2004).

Nonetheless, there have been apparent improvements in statistical capacity and data availability over time, as governments have recognized the need for quality data and donors have pushed for quantitative assessments of various programmes. Efforts have come from within countries as well as from the international statistical community. There is evidence of contributions of the MDG monitoring framework including: (i) helping to improve statistical capacity and data availability, (ii) providing public support and funding for development, and (iii) driving development policy decision making (see Figure 5).

Figure 5 The three legacies of the MDG monitoring framework



Source: Authors' construction based on United Nations (2013, pp. 3-4; 2014, pp. 6-7) and MDGRs for selected countries (see bibliography).

Statistical capacity and data availability

In terms of statistical capacity and data availability, the results are encouraging in three respects. First of all, cooperation between government offices has improved and national statistics offices have strengthened their coordination roles. In Mexico, a specialized technical committee has been set up to coordinate the integration of the MDG indicators into the National Development Plan. All ministries are involved in the process, providing basic data and reviewing and updating metadata. The National Institute of Statistics and Geography was assigned the role of coordinator. Data on HIV/AIDS in Zimbabwe are now collected by the Zimbabwe Democratic Health Survey (ZDHS), the Ministry of Health and Child Welfare (MoHCW) and the National AIDS Council. Similarly, collaborations between ministries have shown to be effective in Zambia's measurements of HIV/AIDS related issues with data quality rated as strong. The Central Statistical Office and the Central Board of Health undertook the data collection in collaboration with the administration of the Zambia Demographic Health Surveys (ZDHS).

Secondly, statistical standardization and information systems have improved. In Cambodia, for example, the implementation of MDG monitoring has facilitated the development of common statistical standards on core indicators across the national statistical

system. A repository for development indicators and the development of a metadata handbook have been established to further promote agreed standards and to create greater transparency for users of the data. In Bangladesh, a central data repository for the monitoring of MDGs has been created based on a Database Management System (DBM) with the adoption of DevInfo, a database tool for monitoring development progress. A DBM deals with gathering information, creation of a database with the proper software, provisions to update the database, and links to the associated software in analysing data and presentation of the data through appropriate tools. In 2003, the Albanian Parliament passed a resolution encouraging all stakeholders to measure and monitor progress through national monitoring and evaluation systems. Albania was amongst the first countries to develop sub-national MDG targets and indicators with the aim of using this information for planning and developing regional strategies, including the use of DevInfo.

Thirdly, data availability for the majority of the internationally monitored MDG indicators has improved. An analysis of a subset of 22 MDG indicators showed that the number of developing countries that had two or more data points for at least 16 of those indicators rose from 4 countries in 2003 to 129 countries in 2013 (United Nations, 2014, p. 7). For instance, barely half of the countries in developing regions had at least one data point available to measure skilled attendance at birth accurately in 1990-1994, whereas 90 per cent of those countries had this type of data available by 2005–2009.

Role of the international statistical community

The international statistical community has helped to improve methodologies, produce guidelines, and define priorities and strategies to support countries in data collection, analysis, and reporting on MDGs. The United Nations Inter-Agency and Expert Group on MDG Indicators (IAEG-MDG), consisting of international agencies, regional organizations and national statistical offices, has been responsible for the global and regional monitoring of progress towards the MDGs. As mandated by the United Nations Statistical Commission (UNSC), the IAEG-MDG also helps to improve data and methodologies for the monitoring of the MDGs and define priorities and strategies to support countries in data collection, analysis and reporting on MDGs. The IAEG-MDG has worked efficiently over little more than ten years to ensure that the monitoring of development goals has been firmly grounded in statistically sound principles and has provided the latest and most reliable data from official statistical sources (United Nations, 2014).

More specifically, the international statistical community has supported national authorities in their undertaking of household surveys such as the Demographic and Health Surveys (DHS), the Multiple Indicator Cluster Surveys (MICS), and the International Comparisons Programme, and the Living Standard Measurement Surveys (LSMS). There has been an increase in the administration of these surveys since the adoption of the MDGs. These surveys have enabled developing countries to produce statistically sound and internationally comparable estimates on most MDG indicators. They have been one of the primary sources of data for monitoring MDG progress (Chen et al., 2013). Yet, the administration of these surveys has varied. For example, in India the surveys are conducted

by national authorities, whereas in Ghana prior to 2000, the only existent surveys were conducted by donors and co-sponsors. Subsequently, statistical capacity and collection in Ghana have improved somewhat with additional surveys and national participation in some of the surveys. UN agencies have also supported the use of DevInfo in a number of countries, at both national and subnational levels.

Even at this stage, nonetheless, a significant portion of the data in the UN MDG database is either the result of global monitoring (some key poverty statistics for MDG 1) or estimated at the country level (most of the statistics for MDGs 2, 3, and 4) (ibid, table 1). For this reason, outside assistance and initiatives at the international level continue to be essential for supporting governments, not only in building statistical capacity but also in assessing existing capacity. For example, while being useful for monitoring and evaluation measures, the aforementioned capacity assessments in the framework of collaboration between UNDP and country ministries have also been instrumental in assessing capacities and building new ones as a result. In this context, an assessment of the General Economic Division of the Ministry of Planning of Bangladesh in a number of areas, at the request of the Government, resulted in a capacity development strategy which aimed to improve “internal strategy building and coordination [and] proactive engagement with other government agencies in coordinating, planning, data analysis and monitoring of MDG and PRSP targets” (UNDP, 2008).

On a broader scale, there have been important steps at the international level to assess countries’ statistical capacities with an eye towards upgrading their ability to collect and analyse the appropriate data. One of the most prominent of these initiatives is the National Strategies for the Development of Statistics (NSDS) conducted by the Partnership in Statistics for Development in the 21st Century (PARIS21). The goal of this programme is for all countries to have data for the MDGs that is produced and owned by country institutions. A significant number of developing countries have undergone these assessments and the vast majority of them are currently implementing or designing a strategy, or awaiting adoption (PARIS21, 2013). NSDS cover all aspects of a country’s statistical operation, from ensuring an independent and reliable director of the national statistical office to the development of a proper M&E framework, among many other areas.

Reporting of progress

Because statistical capacity and data availability have improved significantly, the reporting of MDG progress has become a well-established practice at the country, regional and international levels. Some internationally driven initiatives have been adopted at the individual country level to report on MDG progress. As noted above, the first MDGR prepared in countries was particularly important for initial stock taking of MDG progress; furthermore, the process towards its elaboration also became crucial to agree on issues of goal adoption, ownership, monitoring and evaluation. MDGRs have been produced periodically since the start of the MDGs, with most beginning in 2004. Over 400 MDGR had been prepared by 2013 (UNDG, 2013). These reports have been an important catalyst for a number of important advances such as the development of capacities and methodologies for

measurement of MDG targets; increased collaboration between national governments, international organizations, NGOs and CSOs; and as a driving force for increased efforts to achieve the MDGs. The MDGRs are collaborative efforts that initially relied to a high degree on UNDP, relevant UN agencies, and other international partners, such as the World Bank, to provide the bulk of the monitoring and analysis. Over time this has shifted in many countries as monitoring and analysis capacity has improved and greater numbers of indicators are collected via locally administered surveys and assessments.

In addition, there have been National Voluntary Presentations (NVP) of various countries to ECOSOC on their progress towards internationally agreed upon goals, including the MDGs.¹³ At the national level there have also been various efforts to introduce systems of reporting to national authorities, although these differ by country. For example, in Kenya, the Ministry of State Planning, National Development and Vision 2030 has been involved in publishing Needs Assessments and Costing Reports as well as MDG Status Reports. A Parliamentary Caucus has also been organized to undertake efforts to monitor progress at the constituency level. In Nigeria, a secretariat that reports to the President was established to monitor and report on the management of funds allocated to MDG related programmes, while a standing committee on the MDGs was created in the Lower House (of Parliament) to produce oversight reports (Inter-Parliamentary Union and the Millennium Campaign, 2010).

In the Philippines government agencies involved in MDG related projects have been required to “submit annual reports on allocations and spending and the accomplishments made for the implementation of programmes and projects for the MDGs. The [National Economic and Development Authority] NEDA consolidates the reports to produce information about the government’s financial investment in the MDGs” (Morales-Capones, 2013). An important factor to note here is that the Philippines already had in place a well-functioning statistical system, which was able to “institutionalize MDGs as a framework for statistical co-ordination and generation across stakeholders for compiling data on different levels” (Reyes and Abejo, 2006, cited in Chen et al., 2013).

Other legacies of the MDG monitoring framework

Next to helping develop statistical capacity and data availability, MDG monitoring has two other important legacies: on one hand, it has generated public support and funding for development, and on the other, it has informed development policy decision making (see Figure 5). Funding for HIV programmes, in particular, has more than tripled in 2014 compared to a decade ago, and about ten million people living with HIV accessed antiretroviral treatment in 2012. This mobilization of funds is partly explained by the monitoring of HIV and AIDS at the country level. In fact, the number of Member States

¹³ At the international level there are also regional and global MDG reports produced by UNDP and other collaborating organizations, including the UN Regional Commissions, the regional development banks, and regional governing bodies. The World Bank also produces annual MDG global monitoring reports to track progress on implementing policies and related development outcomes. There are also numerous reports related to individual MDGs and targets, such as the Global AIDS Progress Reports (GARPR) produced at the country level by national organizations in collaboration with UNAIDS to detail countries’ progress in combatting HIV/AIDS.

submitting country progress reports to the Global AIDS Response Progress Reporting (GARPR) increased from 102 in 2004 to 186 in 2012 (United Nations, 2014, p. 6).

In addition, the availability of reliable and timely data has permitted better targeting of policies. Likewise, the availability of more disaggregated data has made it easier to identify problems in local areas and specific population groups, thus making policy interventions more effective. An interesting example was the expansion of the National Integrated Database for Civil Registration in Mongolia, which made important steps in improving the government's ability to collect population data.¹⁴ This initiative not only developed electronic connections between the capital and regional and district offices; it also built the capacities of local government officials in using the system. Furthermore, the new system improved the distribution of a cash transfer programme (UNDP, 2009). Another example is the comprehensive, MDG-based poverty-monitoring system established by the Government of Tanzania, whose indicators and trends prompted the government to increase funding to agriculture in order to address rural poverty and food security; fully meet the budgetary requirements for primary education and basic health; and abolish primary school fees and other related costs. Disaggregated data have helped to track progress more accurately in local areas and across marginalized and disadvantaged groups to map out inequalities. For example, household surveys in Bosnia and Herzegovina found that only 32 per cent of the lowest income quintile of the Roma population had access to an improved drinking water source, compared to 82 per cent of the lowest income quintile of the general population (United Nations, 2014, p. 7).

Remaining gaps to bridge

The positive legacies of MDG monitoring are well supported by the evidence. Yet, in some developing countries data are either still missing in various important areas or existing data are underutilized, thus hampering effective development policy making. The UN Millennium Development Goals Report 2014 identifies these gaps. For example, basic development indicators—such as the number of births and deaths or the number and quality of jobs, among others—are still missing in many developing countries, especially in sub-Saharan Africa. Household survey programmes for poverty monitoring still need to be strengthened in many countries, especially in small States and countries and territories in fragile situations where institutional, political, and financial obstacles have seriously hampered data collection, analysis, and public access. In other instances, key indicators are available albeit not systematically. Between 2000 and 2012, malaria reporting improved in many of the 103 countries with ongoing cases of malaria transmission. However, in 41 countries where 85 per cent of the estimated number of malaria cases had occurred, national health information systems generated incomplete or inconsistent data, making it difficult to assess trends in malaria occurrence over time. Surveillance systems and case detection rates also remain weak in countries where the disease burden is the highest. In 2012, according to the same UN Millennium Development Goals Report 2014, routine health information systems detected

¹⁴ This initiative was undertaken in the context of the UNDP Democratic Thematic Trust Fund (DGTTF), which has funded a number of projects related to governance in a variety of countries.

only 14 per cent of the world's malaria cases. On the other hand, data available has not implied a full utilization of the information either. The wealth of information available from population censuses and household surveys, such as MICS and DHS, has not been fully exploited. Limited efforts have been made to fully analyse and effectively use these data sources, especially information disaggregated by wealth quintile, sex, specific population groups and place of residence, which would be helpful in addressing persistent inequality issues in a society.

5. Lessons and implications for post-2015

The post-2015 development agenda will comprise sustainable development goals (SDGs) that are global in nature and universally applicable. At the same time, these goals will take into account different national realities, capacities and levels of development and respect for national policies and priorities. After 2015, each country will continue to have primary responsibility for its own economic and social development; in fact, the role of national policies, domestic resources and development strategies will be at the forefront of SDG implementation. The discussion of modalities of goal adoption as well as governance and institutional frameworks of countries during MDG implementation presented above, offers useful insights to draw lessons for the transition to and implementation of the emerging post-2015 development agenda.

5.1. Early adoption and fast-tracked implementation

MDG implementation took time to gain traction; SDGs should not. Countries should adopt the SDGs quickly, building on the foundation laid by their MDG efforts and seeking to complete unfinished MDG business, while also responding to broader development challenges. Countries that seriously pursued the MDGs are in an advantageous position to avoid shortcomings that delayed MDG adoption and the subsequent implementation of the policies and programmes towards the goals. The expectation is that SDG-related policy implementation should be relatively immediate after 2015, given the different starting positions compared with the period when MDGs were adopted.

Prompted by political leadership, serious advocacy and awareness to rally political and public support for the new goals will need to be well underway from the outset at the country level. A first SDG baseline report, or post-MDG status report, will be necessary in order to take initial stock of where countries stand in the different areas covered by the goals, as well as to define next steps, while also hopefully prompting governments to undertake the processes of goal adoption that proved useful for the MDGs. The elaboration of progress reports on a regular basis is a desirable practice seen during the MDG period that should be continued.

The engagement of stakeholders at all levels will initially be critical to arrive at a consensus on various fronts, especially on the transformation of internationally-agreed sustainable development goals and targets into national goals and targets. It should also lead

to concrete action plans for implementation. New changes in legislation will also be required in view of the more challenging development aspirations. Drawing on the MDG experience, the main challenge will be to ensure that existing and new laws that contribute to an enabling environment for the SDGs are not just passed but effectively enforced.

Moreover, SDG implementation need not start from scratch. It will be important to ensure continuity between existing MDG programmes and new SDG programmes. Some countries already have development plans that extend beyond the MDG period which may result in overlap between potentially different development agendas. Countries will need space to continue existing programmes deemed successful—including for addressing MDG unfinished business—while integrating new programmes into NDSs to promote ownership as well as ensure that the appropriate agencies integrate the agendas into their planning processes aiming at policy coherence.

5.2. Deeper and more creative and integrated adoption

The SDGs will be broader in nature compared with the MDGs; they will integrate all the key dimensions of sustainable development. Furthermore, these goals will be accompanied by a larger number of targets and will be further elaborated through indicators focused on measurable outcomes. The targets will be defined as aspirational global targets that are not legally-binding constraints because action will be left in the hands of countries. As a consequence, the process of adoption of the SDGs will have to be deeper and more creative compared with the process of adoption of MDGs. Countries will have to set their own national targets guided by the global level of ambition but at the same time taking national circumstances into account.

The MDGs were more a silo phenomenon; implementation of policies and programmes for the SDGs will require more integration. The incorporation of the SDGs into integrated development planning and financing frameworks will be necessary. This should take place through the integration of the goals and targets into NDSs or other comprehensive development frameworks. This will be an unavoidable step to take because the new goals and targets will integrate economic, social and environmental aspects, recognizing their inter-linkages in achieving sustainable development in all its dimensions. In this way, the objectives of development strategies, programmes and plans will not stay merely aspirational but will require clear operational targets that match or closely align with the SDGs.

Newly adapted targets will be meaningful if they are adequately owned and identified in national development plans. A shortcoming of the early stages of MDG implementation was that planners in governments (and even donors) did not have a consistent and effective approach to follow for the local incorporation of MDGs into national planning and priority setting. Later, during MDG implementation, PRSPs and NDSs enabled the incorporation of these goals in national development planning in some cases; however, this did not necessarily guarantee a requisite fiscal envelope for implementation of development goals. Repeating these inadequacies will only curtail the adaptation of SDG goals and targets to local conditions and priorities.

Adoption and implementation of SDGs will also require coherence and alignment between development priorities as laid out in NDSs, on one hand, and a budgetary framework, on the other. Fully implemented budgetary frameworks could become the mechanism to lay out the fiscal envelop of development policies for implementation. Coordination efforts within government will be particularly necessary for translating national development strategies and plans into public expenditure programmes within a coherent multiyear macroeconomic and fiscal framework. Aspects of budget management, notably budget execution capacity will be important to ensure timely channelling of resources to social sectors in the post-2015 era.

5.3. Braking uneven patterns of development through decentralization

Although they make coordination more challenging, local governments will play a critical role for SDG implementation. Decentralization will be crucial for braking uneven patterns of development at the level of districts and towns, and unlocking progress in particular areas. Based on the MDG experience, decentralization shall allow governments to engage communities, thus creating a friendlier and more transparent local environment for development goal implementation. Elections of governments at the district and sub-district level should be a mechanism for ensuring legitimacy of local governments implementing policies towards SDGs. It has been the case that directly elected district officials in the context of decentralization efforts have become more responsive to local needs. The efficiency of intergovernmental transfers to finance local governments will be critical for development results; at the same time, local governments should step up their own resource mobilization efforts, provided that sub-national borrowing is flexible and belongs to a sustainable fiscal framework.

5.4. Greater engagement of external actors of governance

Because governance is broader than government, external actors will be strategic players in governance post-2015 too. Governments possess the main role in implementing development policies and strategies, but there is evidence that improving governance and the effectiveness of human development interventions has required effective engagement of NGOs, CSOs, the private sector, and regional and international organizations at the national and subnational levels. The engagement of these actors needs to be deeper after 2015, without necessarily weakening the capacities and legitimacy of the national government. SDG implementation will rely on partnerships for expanding human, institutional and financial resources available to pursue the goals and improving the effectiveness and transparency of governance. Engaging communities will be a fundamental vehicle to reach out to marginalized groups and people who live in remote areas, as well as underserved populations in general. The MDG experience shows that CSOs, which in some cases are represented by democratically elected members, have helped in operating community kitchens and schools as well as volunteering food stuffs and labour, resulting in positive results for a number of MDG areas. Furthermore, cooperation between governments (both national and local) and CSOs will be of paramount

importance for implementing multi-sector interventions that can take advantage of spill-over effects and synergies during SDG implementation.

Public-private partnerships shall also be critical in other respects. In some contexts, governments will unavoidably need to rely more heavily on the private sector to achieve necessary improvements, especially in critical social areas such as health in poor countries. MAF-prompted action plans and other initiatives show that the private sector can be a key partner of government in unlocking development progress, by improving education and economic outcomes for women and people with disabilities, among other groups.

5.5. Enhanced M&E are a necessity to improve service delivery

At the end of the MDG period a number of constraints still prevent governments from effectively and transparently delivering services that are critical for development goals. Constraints with regard to compensation and development opportunities of employees, in particular, reduce incentives for sustaining quality services and sometimes result in corruption and other malpractices. Building effective and transparent institutions for SDG implementation will require new anticorruption programmes as well as a greater focus on public sector reform to strengthen the civil service and the association of public servants' payments with performance. These efforts should be embedded within the broader scope of M&E systems.

M&E systems will require upgrading and improvements, and will perhaps have to be newly designed altogether in some countries. Some developed and developing countries have M&E systems internationally regarded as examples of how monitoring and evaluation can be successfully put into practice. These systems can be replicated in other countries aiming at creating a “measurement”-oriented culture within governments and incentivizing the use of data produced by M&E tools to detect corruption and inform budgetary and other policy and management decisions. Customization of these systems will be necessary, nonetheless, especially in the context of small developing countries where public management capacity needs to be primarily strengthened in areas that represent binding constraints to development.

A key lesson is that M&E systems have been characterized as “good intentions” only when there has been a limited vision of the institutional capacity required to implement them. A focus on capacity development will be a necessary precondition for a successful implementation of M&E systems going forward into post-2015, ensuring enhancement of transparency and more effectiveness in service delivery. Country led and country specific assessments, conducted on a regular basis, will be necessary to improve capacities for monitoring purposes and delineate the adoption of SDGs more in accordance with countries' realities. It will be critical for governments to engage with international organizations in addressing their capacity constraints, including further development of statistics and indicators for monitoring purposes.

5.6. Bridging important gaps in data development

One of the critical contributions of the MDG monitoring framework has been that it helped to improve statistical capacity and data availability. Compared with the MDG implementation period, today most developing countries should be in a better position to rely less on the UN system or other outside agencies in order to collect the appropriate statistics to set benchmarks at the early stages of SDG implementation and to report progress. However, there is no reason for complacency. Collaboration with the international statistical community should still continue to play a fundamental role not only in building statistical capacity but also in assessing existing capacity.

The challenges ahead are further heightened by the growing demand for better, faster, more accessible, and more disaggregated data for bringing poverty down and achieving sustainable development. In response to this demand, the Report of the High Level Panel of Eminent Persons on the Post-2015 Development Agenda has called for a “Data Revolution”. Country ownership and government commitment to increasing resources for the statistical system and building statistical capacity, with the support of the international community, will be a requisite of said “Data Revolution”.

Unfinished MDG business, in particular, will require continued reinforcement of the existing data infrastructure to bridge important data gaps noted above. The fact that most sub-Saharan African countries and many other developing countries still lack complete civil registration systems is a worrisome example. These systems can be the basis for the reporting on births and deaths. It is estimated that nearly 230 million children worldwide under age five have never been registered—approximately one of every three children under age five (United Nations, 2014, p. 7). Children unregistered at birth or lacking identifying documents are often excluded from access to education, health care and social security, which represents a serious bottleneck for development. Some countries still have limitations in assessing trends in malaria occurrence over time mainly because their national health information systems generate incomplete or inconsistent data. Malaria cases also remain under-detected where disease burden is the highest because of a lack of effective surveillance systems.

5.7. Making the most of the data legacy

It will be critical for post-2015 that statistical capacities continue to be built, not only to improve the availability of high-quality data, but also to enhance the analytical capacities to use these data for analysis and planning purposes. Data are more widely available nowadays; yet, this contribution of the MDG monitoring framework has not implied a full utilization of the information available. The wealth of information from population censuses and household surveys, such as MICS and DHS, has not been fully exploited. Limited efforts have been made to fully analyse and effectively use these data sources, especially the use of disaggregated information by wealth quintile, sex, specific population groups and place of residence. Analysis of data at this level of disaggregation will be essential to address persistent inequality issues going forward into post-2015.

Another issue with monitoring that will be increasingly important as we move into the SDG implementation period is the projection of possible achievement of various goals. In the majority of cases, the expectations that a country will meet a goal are based on linear projections of current trends of progress. While this may work for some indicators, there are frequently significant non-linear trends depending on local circumstances, including the types of policies enacted, the timing of the policies and the time lags with regard to policy effectiveness. The issue of timing can be significant as it can have different effects depending on the policy, with effects that are shown quickly, but then fade away; effects that are persistent or take time to appear, but then move up rapidly, for example. These projections may then either overstate or understate potential achievements with consequent effects on the effectiveness of related policies. If policymakers believe that existing policies are adequate to achieve a goal based on these projections, then efforts and funds are likely to be shifted towards those goals that appear to be falling behind. These issues point to the need for further efforts to expand countries' capacities for data analysis so that they can make more detailed and evidence-based projections.

The use of the available statistics for analysis and planning purposes is a logical following step as national statistical agencies develop their capacities. This is also important for exercises such as budgeting and programme development as well as assessment of potential spill-over effects. Only a handful of developing countries have made efforts to use statistics and data available for more profound analyses and modelling of costing scenarios since the MDGs were adopted.¹⁵ The use of modelling tools to produce scenario analyses with all the available data and information should be established as a standard practice for SDG monitoring and evaluation. This should include regular reporting of said scenario analyses. A good practice in post-2015 would be to submit annual reports to national authorities on allocations, spending and the accomplishments made for the implementation of programmes and projects for the MDGs, as already seen in some developing countries (Kenya, the Philippines, and others). But the reporting should also include an outlook of the target year under alternative allocation and spending scenarios.

Another, perhaps more simple solution for improving statistical assessments of the SDGs will be to take advantage of the increasing amount of data that is being collected at the country level and ensure that it is properly incorporated into the international statistical system. Currently there is significant room for improvement in communications between national and international statistical agencies. Additional efforts to ensure that national data and international data comply with similar standards, definitions and computation methods would also allow for the use of a wider variety of national sources. There are also significant issues that could be resolved with regard to reconciliation between differences in national data and international agencies, the United Nations included. Programmes such as DevInfo

¹⁵ An example is Bangladesh, whose government applies a sophisticated econometric model to simulate the rates of growth required for relevant indicators to achieve the MDGs and for monitoring purposes. It includes costing by sector under different scenarios of population growth. Furthermore, it has used the Sustainable Human Development (SHD) modelling system for monitoring and planning purposes. The Royal Government of Bhutan has also used the Simple Marco-economic Framework (SMF) to evaluate necessary fiscal strategies and options of financing the MDGs.

can be helpful, but more concrete steps must be taken at the national and international level to ensure compatibility.

5.8. Independent statistical agencies without constraints

Finally, as has been the case in some countries, ensuring the independence of statistical agencies and statistics collection within other public departments will continue to be vital for the proper assessment of development progress, and as well as for more realistic goal and target setting. Further efforts will be needed to develop the governance structures that allow statistical agencies to operate without constraints and produce accurate pictures of the state of the country and the real space and capabilities to meet development goals and targets. This holds true for all countries, not just developing countries, as true estimates of development related indicators are important for participatory governance and development at all levels. As part of this, governments and policy makers must take steps to both ensure statistical independence by defining the appropriate legal frameworks for statistical collection and analysis and also by raising the profile of statistical offices in the government and statistical funding within budgets. This issue has been raised and efforts to boost its profile has been put in evidence in events such as the African Statistics Day initiatives launched by UN-ECA.

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Annex

List of countries for detailed review of MDG Progress Reports

Country ^{a/}	Focus MDGs ^{b/}	Focus target/indicator ^{c/}
Afghanistan	4, 5	4.A (562, 563), 5.A (553, 570), 5.B (730, 761)
Angola	4, 5	4.A (562), 5.A (553, 570)
Bangladesh	1, 2, 3, 4, 5	1.C (566), 1.C (559) 2.A (589, 743, 656), 3.A (611, 613), 4.A (562, 563), 5.A (553, 570), 5.B (761)
Bhutan	1, 2, 3, 5, 6	1.A (580), 1.B (773), 2.A (589, 591, 743), 3.A (611, 613, 773), 5.A (553, 570), 5.B (730, 761), 6.B (789)
Botswana	6	6.A (803)
Brazil	4, 5	4.A (562), 5.A (570)
Burkina Faso	6	6.A (803, 741, 742)
Burundi	2, 6	2.A (589, 656), 6.A (803), 6.B(765)
Cambodia	3, 4, 5	3.A (611, 613, 773), 4.A (562, 563), 5.A (553, 570), 5.B (730, 764, 761)
Central African Rep.	6	6.B (789)
China	1, 3, 5, 6	1.A (580), 3.A (613, 614), 5.A (553), 6.B (789)
Congo	2, 6	2.A (589), 6.A (803), 6.B(765)
Equatorial Guinea	5	5.A (553, 570)
Ethiopia	2, 4, 5	2.A (589, 743, 656), 4.A (562, 563, 646), 5.A (553), 5.B (730, 764)
Fiji	1	1.A (580), 1.B (773)
Gambia	1, 3	1.A (580), 3.A (611, 613)
India	2, 3, 4, 5, 6	2.A (656), 3.A (611, 613), 4.A (562), 5.A (553), 5.B (761), 6.A (741)
Indonesia	1, 5	1.A (580), 5.A (570)
Kenya	6	6.A (803, 742), 6.B(765)
Lao PDR	3, 5, 6	3.A (611, 613, 722), 5.A (553, 570), 5.B (730, 764), 6.B (789)
Liberia	3, 4	3.A (611, 613, 614), 4.A (562)
Malawi	1, 4, 6	1.A (580), 1.B (758), 1.C (566), 4.A (562, 646), 6.A (803), 6.B(765)
Maldives	1	1.A (580), 1.B (773), 1.C (559)
Mali	1, 3	1.A (580), 1.B (758), 1.C (566), 1.C (559), 3.A (611, 722), 4.A (562)
Mozambique	4, 5	4.A (562, 646), 5.A (553)
Nepal	1, 2, 3, 4	1.A (580), 1.B (758), 1.C (559), 2.A (589, 743, 656), 3.A (611, 613), 4.A (562, 563)
Niger	1, 3, 4	1.A (580), 1.B (758), 1.C (566), 3.A (611, 613, 722), 4.A (562, 563)
Nigeria	6	6.A (741)
Pakistan	1, 2, 3, 4	1.A (580), 2.A (589, 656), 3.A (611, 613), 4.A (562, 563)
Rwanda	5, 6	5.A (553, 570), 5.B (730, 764), 6.A (803, 741, 742), 6.B (789)
South Africa	6	6.B(765)
Senegal	3	3.A (611, 613, 773)
Sierra Leone	5	5.A (553, 570), 5.B (761)
Timor-Leste	2, 4	2.A (589, 591), 4.A (562)
Uganda	4, 6	4.A (562, 563, 646), 6.A (803), 6.B (789)
United Rep. of Tanzania	2, 4, 6	2.A (589), 4.A (562), 6.A (803), 6.B (789)
Viet Nam	1	1.A (580), 1.B (773), 1.C (566), 1.C (559)
Yemen	2, 3, 5	2.A (589, 656), 3.A (611, 613, 773), 5.A (570), 5.B (730, 764)
Zambia	6	6.A (803), 6.B (789)
Zimbabwe	6	6.A (803), 6.B(765)

Notes:

^{a/} This list includes 40 developing countries that have made rapid progress towards meeting at least one MDG target (by one indicator or more of the indicators used in the UN MDG Progress Reports for 2013 and 2014). It includes some of the most populated developing countries and covers countries from all UN country groups (although not proportionally). There are also at least two national MDG reports for each of these countries (one for around 2004 and a recent one).

^{b/} Goal or goals for which country ranks well in achievement. The list excludes MDG 7 as this was not used to elaborate the ranking of countries.

^{c/} Indicators are shown in brackets and are included for countries that belong to the top 20% of the corresponding ranking of progress for each indicator. Countries have generally been selected when they show rapid progress in more than one target/indicator with some necessary exceptions (i.e., countries that only show very rapid reduction of HIV/AIDS incidence).

Goals/targets/indicators:

Goal 1 Eradicate extreme poverty and hunger

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day (580) Population below \$1 (PPP) per day, %

Target 1.B: Achieve full and productive employment and decent work for all, including women and young people

(758) Employment-to-population ratio, %

(773) Proportion of own-account and contributing family workers in total employment, women, %

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

(566) Population undernourished, %

(559) Children under 5 moderately or severely underweight, %

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

(589) Total net enrolment ratio in primary education

(591) % of pupils starting grade 1 who reach last grade of primary

(743) Primary completion rate

(656) Literacy rates of 15-24 years old, %

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

(611) Gender Parity Index in primary level enrolment

(613) Gender Parity Index in secondary level enrolment

(614) Gender Parity Index in tertiary level enrolment

(722) Share of women in wage employment in the non-agricultural sector

(773) Proportion of own-account and contributing family workers in total employment, women, %

Goal 4 Reduce child mortality

Target 4.A Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

(562) Children under five mortality rate per 1,000 live births

(563) Children 1 year old immunized against measles, percentage

(646) Children under 5 with fever being treated with anti-malarial drugs, percentage

Goal 5 Improve maternal health

Target 5.A Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

(553) Maternal mortality ratio per 100,000 live births

(570) Births attended by skilled health personnel, %

Target 5.B Achieve, by 2015, universal access to reproductive health

(730) Current contraceptive use among married women 15-49 years old, any method, %

(764) Unmet need for family planning, total, %

(761) Adolescent birth rate, per 1,000 women

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

(803) HIV incidence rate, 15-49 years old, percentage (lower bound) (803)

(741) Men 15-24 years old with comprehensive correct knowledge of HIV/AIDS, %

(742) Women 15-24 years old with comprehensive correct knowledge of HIV/AIDS, %

Target 6.B Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

(765) Antiretroviral therapy coverage among people with advanced HIV infection, %

Target 6.C Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

(789) Tuberculosis incidence rate per year per 100,000 population (lower bound)