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Global Goals – the UN experience

**Richard Jolly**

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## **Global Goals – the UN experience** **by Richard Jolly<sup>1</sup>**

Since the United Nations Development Decade of the 1960s, governments have agreed in the UN on a number of time bound quantitative goals to as guidelines and benchmarks to influence national and international action and development assistance. Contrary to much opinion, many of these goals have had a major influence on subsequent action and many have been largely or considerably achieved. This paper reviews this experience, summarises the wide range of goals adopted, underlines the need for a more nuanced and critical approach to what is meant by goal achievement and draws lessons for the process of pursuing the Millennium Development Goals (MDGs) and for the HDR 2003.

Goals, in this paper, are taken to mean quantitative, time-bound objectives. Global goals are taken to cover all UN goals which were applied to a sizeable number of countries, mostly all developing countries or all developing countries within a particular region or groups of countries, like the least developed. The paper has seven parts and an annexe:

1. An overview of goals set by the UN
2. An overview of achievements
3. Approaches to implementation
  - The UN Development Decade 1961-1970 and three subsequent decades
  - WHO and smallpox eradication 1966-77
  - UNICEF and priority support for child goals in the 1980s and 1990s
  - Bretton Woods and structural adjustment in the 1980s and 1990s
4. Defining achievement. What makes for success?
  - The Water Decade, 1981-90
  - UNICEF and the Child Survival Revolution 1982-90
5. Costs of action towards achieving the goals
6. The pros and cons of setting global goals
7. Conclusions and questions still remaining

The Annexe summarises the goals set by the UN, the date when first adopted, key elements, target dates and results, when available. It also provides references to the target dates, key elements and results achieved for all the goals referred to in this paper.

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The annexe for this paper has been prepared by Merja Jutila, PhD candidate, The Graduate Center, The City University of New York, who has also helped to collect and check early UN material on goals and achievements. I gratefully acknowledge her help – while stressing that responsibility for any errors and for all interpretation is mine alone.

## **1. An overview of goals set by the UN<sup>2</sup>**

From its earliest days, governments in the UN have reached agreement on a wide variety of global goals to give quantitative expression to objectives which they have felt important and to provide for their systematic implementation and monitoring of progress towards these objectives. Such goals have included:

- Ending of colonialism, a dominant political goal of the late 1940s to 1960s;
- Acceleration of economic growth in the developing countries supported by an increase in international assistance, the two major goals of the (First) UN Development Decade in the 1960s and central goals of the second, third and fourth development decades;
- Goals for economic growth of and special support for the Least Developed Countries set at the 1981 UNCTAD conference as part of the Substantial New Programme of Action for the 1980s for the Least Developed Countries (LDCs) and in the subsequent conferences on the LDCs in 1991 and 2001;
- Goals for the expansion of education 1960 to 1980, set regionally by a series of UNESCO regional conferences held between 1960 and 1962;
- Goals for the eradication of smallpox, malaria and other communicable diseases, set by WHO from the 1950s and 1960s;
- Goals for the expansion of immunization over the 1980s and 1990s set by WHO and UNICEF as a means to reduce child mortality and the incidence of measles, tetanus, pertussis, diphtheria and tuberculosis and for the eradication polio by 2000;
- Goals for improving the situation of children and women - ten major goals and seventeen supporting goals set at the World Summit for Children in 1990<sup>3</sup>;
- Goals for the adoption and implementation by countries of various instruments of human rights, occasionally in the 1960s and 1970s but notably with respect to the adoption of CEDAW (Convention on the Elimination of all forms of Discrimination Against Women) and the CRC (Convention on the rights of the Child) in the 1980s and 1990s<sup>4</sup>;
- The Millennium Development Goals adopted by heads of State at the Millennium Summit in 2000, for the halving of poverty by 2015 and the achievement of six other quantitative goals for reducing deprivation, two more general goals and one multi-dimensional goal for Partnership between developed and developing countries in the pursuit of all the goals over the years until 2015;

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<sup>2</sup> Achievements are summarized in section 2 of the paper and a full list of details and sources will be found in the Annexe table.

<sup>3</sup> There was some duplication among the 33 goals agreed at the World Summit and not all were quantified. Eliminating the duplication leads to the 27 goals referred to here and removing those which could not be quantified produces the 21 goals listed in the Annexe table.

<sup>4</sup> We have found it difficult to produce a simple quantification of progress made in ratifying and adopting these and other Human Rights Conventions. The Human Development Reports from 2000 onwards provide lists of the countries which have ratified the main Conventions and the total numbers which have done so.

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

A more careful review of the historical record proves otherwise.

1. Many of the goals have been most carefully constructed. They have usually been debated at length when first proposed - word by word, often syllable by syllable - in specific forums of the UN or in expert bodies, before being formally adopted in the responsible bodies of UN organizations or specialized agencies, usually confirmed in meetings of ECOSOC and the General Assembly. The proposal for the eradication of smallpox was first proposed in 1953, raised several times subsequently and only finally agreed in 1966.<sup>5</sup> It is true, that when finally agreed, most global goals have been adopted by consensus but even then on some occasions, a few countries, most often developed countries, have registered a specific qualification, but this is less frequent than is often suggested. The classic case is the United States, which, alone among the industrial countries, has consistently registered its non-agreement with the 0.7 per cent target for official development assistance<sup>6</sup>.
2. Though none of the goals have been achieved by the target date in *all* developing countries, several of the global goals have been achieved by developing countries as a group -for example, the economic growth target for the (first) Development Decade, the reduction of infant mortality to less than 120<sup>7</sup> by the year 2000 and the coverage of immunization within developing countries as a whole in 1990. As the annexe makes clear, *many* of the goals have been achieved by a *considerable number of developing countries* and by the target date *or soon after*. An even larger number of countries have accelerated action in the area or sector concerned, compared with previous trends. A still larger number of countries often prepared national plans of action for the implementation of the goals, which has often helped to raise national awareness of the importance of the issues and provided a focus for advocacy and mobilization by NGOs and other civil society groups.
3. All this underlines the need for a more nuanced and disaggregated analysis of the impact of the global goals and, in particular, of the meaning of a “global goal being achieved or not being achieved.” Rather the emphasis should be shifted to the *extent* of implementation and success in the various ways in which goals have

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<sup>5</sup> See the most careful account in Frank Fenner et al. *Smallpox and its eradication*, History of International Public Health No 6, (Geneva:WHO, 1988)

<sup>6</sup> Most recently, in the US closing statement at the World Summit in Johannesburg

<sup>7</sup> Strictly this goal was for the poorest countries – though by definition, this had also achieved by 138 developing countries -all but 12 developing countries, including the poorest - by the year 2000. See the Annexe table.

an influence. Gordon Conway of the Rockefeller Foundation has also suggested that the focus of monitoring should be shifted to the six or so critical actions, national or international, needed to ensure global progress towards each goal<sup>8</sup>.

4. The reasons why particular countries have failed to achieve particular goals also require more careful analysis. In general, the countries, which have performed least well in terms of achieving many of the global goals, are among the group of least developed countries. Moreover, as the Human Development Report 1996 showed, while it is possible to advance human development even in times when economic growth is low and even negative, sustained advance in human development seems to require economic growth over the longer term. This raises questions as to the extent to which failure to achieve global goals is the consequence of
  - economic constraints or lack of political support within countries
  - the total disruptions from civil and political conflict
  - failures of international support for the goals
  - world recession and wider difficulties and setbacks in the international economic environment, especially as these have affected poorer developing countries.

Often, of course, failures to achieve goals in individual countries, or in a group of countries, are due to some combination of these factors, which in turn have been causes and consequences of the others, leading to a downward spiral of economic and social and political performance – and leading to the failure to achieve global goals and usually the failure of much else besides.

5. It is important to note that most if not all of the global goals have been set in UN bodies rather than in the Bretton Woods Institutions (BWI) or the WTO. Until recently, the BWI bodies have generally opposed the concept of time-dated quantitative goals and often the goals themselves – the 0.7 per cent target for ODA for instance, or even more specific goals such as for educational expansion or the reduction of child mortality. In contrast, however, the BWI have been keen to negotiate with individual countries time dated, quantitative economic targets as part of the conditionalities of adjustment programmes. These targets have typically focused on such variables as the public sector deficit, the balance of payments and the inflation rate – each of which are, of course, *means* to improving economic performance rather than *ends* of development, let alone goals of human development. More serious, the single-minded focus of the BWI on economic variables has been driven by a narrow view of structural adjustment which in turn has led, especially in the 1980s, to policies and actions which often diverted attention from the social dimensions of adjustment, set back progress in the social sectors, and worked against the achievement of global goals in education, health and nutrition.

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<sup>8</sup> Gordon Conway, *Policies and Jigsaws: achieving the Millennium Development Goals*, address to the Senior Management Group of the UN, September 27<sup>th</sup>, 2002. This is an important idea but one which I would suggest be used as an addition to direct year by year monitoring of progress to the goal itself.

All this underlines the need:

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

## **2 The record of achievement**<sup>9</sup>

The annexe table provides a comprehensive overview of the various global goals adopted and the results achieved. The results are summarised here in terms of some broad categories of achievement: 1)goals largely achieved; 2)goals considerably achieved; 3)goals partly achieved; 4)goals failed or almost totally failed.

The first category includes goals which have been reached by developing countries as a group and which a large majority of relevant countries have individually achieved. The second includes goals which have been reached or nearly reached by developing countries as a group and which a considerable number of relevant countries, about half to two thirds or so, have achieved. The third includes goals towards which real progress has been made and which perhaps a quarter or a third of relevant countries have reached or nearly reached. The fourth category includes goals where little or no progress has been made, either in general or by a significant number of countries. An element of judgement has been used in applying these categories, especially to give weight to countries where the target goal, though not fully achieved, had lead to a substantial improvement in performance in relation to the goal.

### **1) Goals largely achieved**

#### Decolonisation

- 85 countries became independent since the UN was founded

#### Smallpox and polio eradication

- smallpox eradication achieved in 1977, 11 years after goal adopted; polio eradication now expected by 2006, six years after target date.

#### Child immunization during 1980s

- from a baseline of some 20% in 1980, the goal to reach 80 % 3W coverage in each of 6 antigens was achieved in some 64 developing and some 26 transition countries, with average DPT coverage reaching 73% and measles 74%. (Initially

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<sup>9</sup> Fuller details and sources are given in the Annexe table.

the official statistics of 3W coverage of DPT, polio and measles were suggested average was thought to have achieved the 80 % goal).

Reduction of child deaths from diarrhoea by half and diarrhoea incidence by one quarter

-WHO estimates that the goal was achieved during 1990s.

Reducing infant mortality to below 120 by 2000

-achieved in all but 12 developing countries

Eradication of guinea worm

- 88 % decline in cases, now endemic in the poorest villages of only 14 countries

Earliest possible ratification of the Convention on the Rights of the Child

-all but one country had ratified by the year 2000, within ten years of the summit goal being set. (By the same date, CEDAW had been ratified by 168 countries)

**2) Goals considerably achieved**

Acceleration of economic growth to reach a minimum of 5% by the end of 1960s and to average 6% over the 1970s

During 1960s, 50 countries (comprising about half of total development country population) exceeded the 5% goal and developing countries as a group averaged 5.5 per cent during 1960s;

During 1970s, growth was much more uneven but developing countries averaged 5.6 per cent, with 35 countries (comprising about one fifth of developing country population) exceeding 6% goal.

Raising the 3W share of global industrial production to 25% by 2000

- by year 2000, the 3W share had nearly reached 22%, including transition countries the share was over 22%.

Raising life expectancy to 60 years at a minimum by 2000

- achieved in 124 of 173 developed and developing countries, with the least developed countries and sub-Saharan Africa being the major exceptions.

Reducing child mortality by a third or to a maximum of 70 by 2000

- 63 developing countries reduced under-five mortality by the goal of a third or more during the 1990s. Over 100 developing countries cut under-five mortality rates by more than a fifth over the 1990s.

Reductions of malnutrition

-17 per cent decline in proportion of underweight children in 1990s, about half the goal of a one-third reduction. Latin America achieved a 60 % decline while SSA experienced severe increases.

Reduction of the proportion of babies born with low birth weight to less than 10%

In 2000, 57 developing countries had low birth weight below 10%.

Actions to reduce IDD (Iodine Deficiency Disorders) and Vitamin A Deficiency to tackle the hidden hungers of micro nutrient deficiency. By late 1990s, in countries where IDD had been a problem, 26 were iodising 90 % of all household salt, 14 over 75% and a further 14 over 50 per cent. In 78 countries where Vitamin A deficiency is a public health problem, 64 have adopted policies since 1990 and by 1996 half children were receiving Vitamin A capsules compared with one third in 1994.

Educational expansion 1960 to 1980



- unprecedented progress in Sub-Saharan Africa in 1960s. Primary enrolments expanded on average faster than had been projected – but universal access to primary education in 1980 was not achieved, in part because population growth was more rapid than originally estimated. Secondary and higher education both expanded faster than the goals originally set.

### **3) Goals partly achieved**

#### Access to safe water and sanitation during 1980s

- access to safe water increased an estimated 130 % and to basic sanitation by 260%, big increases and faster than in the 1970s and 1990s though of course far behind the goal of achieving universal access.

#### ODA to reach 0.7 per cent of GNP in each developed country, from 1970 onwards

-on average, performance has slipped over 30 years since the goal first adopted, though 4 countries still exceed it. The ODA goal is widely used by NGOs to press for more developed country support to developing countries, so it is counted as a partial achievement.

#### ODA for least developed countries to reach 0.15 of GNP in 1980s and 1990s

- achieved by only 8 out of 16 DAC donor countries in 1980s and by only 5 out of 20 in 1990s.

### **4) Goals failed or almost totally failed**

#### Economic growth of 7% or more in 1980s and 1990s

- Some 15 developing countries achieved this goal in the 1980s and only 7 in the 1990s. Because China was one of these in both decades, the population of countries achieving the goal comprised 30% of total developing country population in the 1980s and 27% in the 1990s. But on the whole, economic growth in developing countries in these two decades must be counted a failure. The 1980s were dubbed the lost decade for development in Sub-Saharan Africa and Latin America and the Caribbean.

#### Least Developed Countries to double their national income over the 1980s by achieving an average growth rate of 7.2 per cent per annum in the 1980s.<sup>10</sup>

-The economic growth rate per capita of the least developed countries 1975 to 2000 was only 0.3 per cent per annum and from 1990 to 2000 only 1.3 per cent per annum. Only 3 least developed countries achieved the growth target in the 1980s and 1990s.

Achievement of full employment by 2000 – few developing countries ( and few developed ones either) have achieved this goal.

#### Reduction of maternal mortality

- Only marginal reductions have been achieved

Halving of illiteracy by 2000 – illiteracy only reduced from 25 % in 1990 to 20% in 2000

Eradicating malaria – a major failure in 1960, with subsequent resurgence, especially in SSA.

<sup>10</sup> No quantitative goal was set in the 1991 Least Developed Country Conference of 1991. Instead a more general call was made for moving towards sustainable growth and sustainable development.

Five major conclusions can be drawn from this overview? First, that the vast majority of global goals have been largely, considerably or partly achieved. It is a minority of UN global goals which have been largely or total failures. Secondly, most of the human focused goals have been in the category of largely or considerably achieved, with a better record of achievement than the economic goals. Third, achievement of the economic goals was considerable in the 1960s and 1970s but has slipped badly in the 1980s and 1990s. Fourth, the countries which have experienced most failures are clustered in two groups of countries – Sub-Saharan African and the least developed countries, two categories which overlap. For this reason, the almost total failure of the goals to accelerate growth and development in the least developed countries is particularly serious. Fifthly, the goals which relate to the developed donor countries are those which are mostly in the partly achieved category (and which for the reasons given might be treated as a generous classification). This underlines the importance of developing a new and more effective partnerships in the years ahead.

### **3 Approaches to implementation**

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

At the other extreme, are goals like those for the eradication of smallpox, for the expansion of immunization and for broader actions for reducing infant and child mortality and improving child health and nutrition.. In the first case, WHO and in the second case UNICEF and WHO became actively involved in supporting country by country action by –

1. advocacy and support in the preparation of national plans of action
2. providing technical support
3. providing financial resources, especially for catalytic support and
4. monitoring progress regionally and globally, often providing country level support for improving the process of national monitoring.

Of course, global goals have by no means been comprehensively or consistently implemented. The seriousness with which the different goals have been treated by individual governments depends on a number of factors and institutions, namely:

- The government itself - the extent to which the government judges implementation of the goals to be in their interest, which of course, in part reflects the nature of the government and the extent to which it is or is not concerned with popular support for such activities as poverty reduction and human development.

Note however, that the assessment of their self interest as a government is not independent of how effectively the costs and benefits of the goals have been explained and publicly promoted, internationally as well as nationally, by the media and by other groups, including the UN and UN organizations like UNDP, UNICEF, UNFPA, WHO, ILO, UNESCO and even FAO. Advocacy behind the scenes has often been effective as well as more public advocacy, including at times, naming and shaming for failures compared with other countries.

- NGOs and other groups of civil society, national and international. Major international NGOs including Human Rights Watch, Amnesty International, the World Wildlife Fund, OXFAM, Save the Children and Medicins Sans Frontieres all have demonstrated capacity and effectiveness to influence as well as to support national action towards the adoption and implementation of global goals. Often advocacy by NGOs, both international and national, has been more outspoken and possibly more effective than advocacy by the international agencies, most clearly in relation to HIV/AIDS.
- UN funds and specialized organisations. In some cases, strong institutional support from one or other of the UN agencies has done much to encourage governments to take particular goals seriously. These agencies have led the way in advocacy and subsequently helped to provide or to mobilize support for government action in favour of specific global goals. They have also worked to build up support and momentum among other international donors and other supporting groups. More generally, UN agencies have played a major role in encouraging and supporting the collection of the national data required for tracking progress and compiling and publishing the comparative international data required for rapid and regular monitoring of global progress.
- The attitude of World Bank, the IMF and, more recently, the WTO. As already explained, the Bretton Woods Institutions have great power to support the pursuit of goals with funds and with policy advice, as well as to oppose or undercut progress towards the goals, notably by the nature and provisions of adjustment programmes. Currently the Bretton Woods Institutions are clearly committed to the MDG s. But in previous decades, their disinterest in goals has had serious effects on diverting attention and resources from many of the areas and actions required for poverty reduction.

There are a number of impressive, even spectacular successes with global goals, for which different parts of the UN have played a leading and outstanding role in their achievement. These include:

- the support of UNICEF and WHO towards the goals of reducing infant and child mortality especially by the expansion of immunization to 80 % coverage and the expansion of oral rehydration in the 1980s;

- the support by UNIFEM and UNFPA for the widespread ratification of CEDAW and by UNICEF for the universal ratification of the Convention on the Rights of the Child in the 1990s.

And there are lessons to be drawn from some significant failures:

- the failures of the FAO and WHO to provide active support for countries to prepare national plans of action, measures of implementation or even, in the early years, for monitoring of the goals set by the International Conference on Nutrition, held in Rome in 1992;
- the failures of the adjustment programmes of the Bretton Woods Institutions to restart economic growth in the 1980s and 1990s and to encourage a process of human development in the majority of countries in sub-Saharan Africa and the countries in transition, in spite of two decades of effort. In this respect, it is noteworthy that the World Bank and the IMF have consistently kept their focus on means rather than ends – with the goals defined in terms of economic means and with the adjustment process assessed mostly in terms of the adoption of certain policies rather than in terms of the ends achieved.

#### **4 Defining achievement. What makes for success?**

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

The International Drinking Water Supply and Sanitation Decade (IDWSSD: 1981-1990) was focused on the goal of universal access to safe water and sanitation by 1990. This decade has often been treated as a failure, since virtually no country achieved the goal in a precise statistical sense. Even today, apart from a few small islands, hardly any developing countries are recorded as having 100% access to water or 100% access to sanitation. Nevertheless in the sense that the decade encouraged a major expansion of access in many developing countries, the decade must be considered a considerable success. More people got access during the decade than ever had access before 1980. Over the 1980s, access to water increased by an estimated 1.3 times and to sanitation by an estimated 2.6 times, both much higher numbers and higher proportions than in the

1970s or the 1990s. In spite of this, the Decade is still too often dismissed as a failure, because “the goal was not achieved.”<sup>11</sup>

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

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

By 1984-85, immunization rates had doubled or trebled in several countries. Jim Grant, UNICEF’s dynamic Executive Director, had the idea of mobilizing on an even greater scale. Nyi Nyi, Director of Programmes in UNICEF at the time, summarizes the process,

“So in June 1985, at [Jim Grant’s] urging, the United Nations Secretary General, Javier Perez de Cuellar, wrote to the presidents and prime ministers of 159 member states, calling their attention to this important drive. A resolution in support of UCI was also passed at the 1985 General Assembly, joined by 74 governments and over 400 volunteer organizations.”<sup>12</sup>

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

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<sup>11</sup> I have no quotable source for this, but the point has been made many times to me in my role as Chairman of the WSSDD, the Water Supply and Sanitation Collaborative Council, set up at the end of the Decade to coordinated follow up action among the UN agencies, donors and many other professional and non-government groups.

<sup>12</sup> This is taken from a detailed, step by step, account by Dr. Nyi Nyi in *Jim Grant: UNICEF visionary*, edited by Richard Jolly, UNICEF, 2001.

Defining this goal precisely was not easy. WHO argued that since every child needed to be immunized and against all six diseases, the goal should be that 100% of all children under 5 would be immunized against all six diseases. UNICEF argued that this was unnecessarily strict as well as so impractical as to be doomed to failure. In the first place, high levels of immunity in a country would produce herd immunity, thus cutting disease even among those not vaccinated. In the second place, since there was no interdependence between the vaccines or the diseases, to insist that only children vaccinated against all six diseases should be counted, would be to underestimate the achievement. There should, therefore, be separate coverage targets for each individual vaccine. Eventually, this was agreed to be 80 per cent of all children under 5 adequately vaccinated against each of the six diseases by 1990 which meant having received one measles vaccination, three each of DPT (diphtheria, pertussis, and tetanus) and polio and one of BCG against tuberculosis.

By 1990, coverage on average among children in the developing world had – according to the best data available at the time - reached 80 to 82% for each of the six antigens and some 72 individual countries had achieved the goals. (For Africa, a pragmatic redefinition of the goal as 75% coverage had been made in the late 1980s). It was estimated that as a result at least three million fewer children were dying each year. By 1995, total child deaths in developing countries had fallen to 12 million – and by the year 2000 to just over 10 million, in spite of an increase in the under five population by over a third compared with 1980, when some 15 million children were dying.

There is however an important statistical sequel to the 1990 achievement. After 1990, UNICEF gave even more attention to goals, building on the 10 major goals set at the World Summit for Children in September 1990. As part of this, increased attention was given to the process of monitoring. This involved the development of low-cost (multi-indicator cluster surveys (MICS) to collect sample survey data on a wide range of indicators. Eventually MICS were available for some 66 countries with Demographic and Health Surveys providing also data for some 35 countries<sup>13</sup>.

The development of sample survey data on children for a large number of developing countries made it possible to compare the results from different surveys with earlier administrative data on immunization coverage. This in turn led to the belief that in general for developing countries several points from a succession of sample surveys produced more accurate estimates of level and trend than did administrative data. When applied in retrospect to the immunization achievement in 1990, the estimates of coverage in that year were reduced from 80 to 82%, to 73% for DPT and 74% for measles.<sup>14</sup>

Even allowing for these corrections, UCI involved a three or four-fold increase in immunization coverage, compared with 1980, and the IDWSSD more than a doubling for

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<sup>13</sup> A brief description will be found in UNICEF, *“Progress since the World Summit for Children: a statistical review”*, UNICEF, New York, September, 2001.

<sup>14</sup> Data from UNICEF, *“Progress since the World Summit for Children: a statistical review”*, UNICEF, New York, September, 2001. This comprehensive report describes the MICS as well as summarizing progress over the 1990s for all of the goals agreed at the World Summit for Children.

water and something less than a doubling for sanitation. By any standards, these are impressive advances – yet the expansion of immunization was treated as an almost total success and the expansion of water and sanitation often as an almost total failure. These contrasting reactions show the importance of defining goals in ways which combine realism with science, good management with public relations<sup>15</sup>.

### Was immunization “just an easy goal to achieve”?

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

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

In short, reaching the goal of UCI - universal child immunization- was not simply top-down, nor was it cheap in terms of widespread human effort or a one-off exercise. Even in matters of technology, it was adoption of the goal of UCI which encouraged some of the process of simplifying technology, in particular developing better, less sensitive and more heat stable vaccines, which would maintain their potency even in situations where the cold chain was less than 100 per cent effective. And over the 1990s, immunization coverage (according to revised data on DPT) increased in some 58 % of countries (85), remained constant in some 7% (10 countries) and decreased in some 35% (51 countries).

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

### Social Mobilization

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<sup>15</sup> The 80 per cent coverage in 1990 (estimated after careful review of all the data in 1991) was at the time believed to be a reliable estimate - sufficiently robust for WHO to join UNICEF in publicly certifying the achievement of the 80 per cent goals for each of the six antigens.

It is important to realize that for the UN and individual UN agencies and organizations, success in supporting and meeting the global goals involves much more than efficient management in adopting the goals and organizing their own administration to carry them out as priorities. This is important but perhaps even more is to promote and mobilize national and international support, using the media, the churches, mosques and many other institutions of civil society in touch with public opinion and civil organization. Once again, Jim Grant in his leadership demonstrated many practical lessons of how this could be done, beginning in a few countries, whose examples could then be quoted and used to inform and motivate other leaders and countries.

In support of this was a strategy for social mobilization, consciously pursued but little known and practiced in other parts of the UN. The key lessons were summarised by Kul Gautam, the present deputy executive director of UNICEF, in an article he wrote entitled, “Ten Commandments of Jim Grant’s leadership for development.”<sup>16</sup> These were:

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

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

These examples show the importance of an individual UN agency making support for the achievement of a specific goal an explicit and high profile corporate objective. There are

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<sup>16</sup> This will also be found in *Jim Grant: UNICEF visionary*, edited by Richard Jolly, UNICEF, 2001.



many ways this can be done and it can involve many forms of support. But among the most important, seem to be:

- making support for an individual global goal (or several goals) a clear priority both of headquarters and of every field office and staff member, with recognized and defined implications for priorities in the allocation of staff time within the agency and of the allocation of its country level as well as international budgets;
- ensuring that all staff, (not only professionals, national and international but also, for instance, secretarial staff and drivers), are aware of the goals, are prepared to promote awareness of them in all aspects of their daily work and are conscious that this is one of the daily responsibilities;
- Serving as a mobilizer of donor funding and support and itself as a funder of last resort, both when donor interest for particular countries may be lacking and in the event of urgent financial needs when other support may not be available in time, if progress towards the goals is to be kept on track;
- ensuring support for national efforts of statistical monitoring, linked to regional and international systems for compiling and publicising the results;
- Using the “bully pulpit” of the agency and its senior staff, nationally as well as internationally, to promote awareness of the goals and to enlist support from political and opinion leaders.

## **5 Costs of action towards achieving the goals**

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

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

In the first place, the opportunity cost for any individual country is, strictly speaking, defined as the cost of the resources used for the achievement of the goal evaluated against

their next best alternative use. The whole point of adopting many of the goals is to shift expenditure away from second or third best priorities.

Second, there has often been a tendency in international agencies, and particularly in the World Bank, to make cost estimates based on their own project experience, much of which has involved inflated costs, or stand alone projects costs, far beyond those which the government itself, let alone local NGOs or local communities, would need to pay for effective implementation of the goal concerned.

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

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

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

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

## **6 The pros and cons of setting global goals**

The pursuit of global goals has not been without controversy. The focus on global goals has been criticised by academics and development practitioners on several counts, for<sup>17</sup>:

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

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

### The need to plan for both partial success and partial failure.

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

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<sup>17</sup> Most of a whole issue of the SCN news on nutrition was devoted to the assessing the risks and disadvantages of setting global goals – perhaps somewhat ironically, in view of the successful experience of global goals for nutrition, for instance in mobilizing global action towards the reduction of Vitamin A and Iodine deficiency. See UN System's Forum on Nutrition, *SCN News 22 Nutrition Goals and Targets*, July, 2001, WHO, Geneva, 2001

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

Here one must already be worried. Donors and the Bretton Woods institutions over the last few years have stressed national ownership, notably with the PRSPs which themselves are to be directly focused on the MDGs. This is desirable and long overdue. But, as anyone close to the process knows, the end result is still enormously given by what is judged by the IMF and the Bank to be acceptable. More worrying still, success in implementation will be enormously influenced by external changes – prices of the countries major exports, receipts of aid and debt relief and, for some countries, inflows of private investment, not merely in quantity but to the time-schedule as planned – and by unforeseeable domestic changes, such as floods or droughts, declines in commodity prices, political upsets, and terrorist attacks. Already the threat of war and terrorist attacks in countries far away has had devastating effects on tourism in some parts of the world and the price of oil has been rising. All these disruptions affect progress and the possibilities of towards the goals in a number of countries. If and when such disruptions and set backs occur in the future, how will public support and Parliamentary support in the industrial countries be affected? Unless the ground is well presented in the early stages, there could be a dangerous backlash, not merely against the goals but against aid and the UN effort more generally.

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

Planning for Partial success would involve shifting the emphasis in mobilisation, presentation and monitoring to:

- The number of countries individually achieving the goals or being on track, with the totals presented by region as well as by percentage of the world population covered. These measures have already been presented in the HDR 2002 and should be continued.
- In addition, the number of countries showing some acceleration over past trends should be presented, even if they are not yet on track to achieve the goals. With respect to some goals like the reduction of MMR, for which so little progress has been made over recent decades, even some reduction needs to be treated as a considerable and welcome advance.
- Progress by regions needs to be presented, not only in absolutes but also relative to other countries in the region. Given the extreme difficulties being faced by many of the least developed countries in and beyond Sub-Saharan Africa, acceleration in progress towards the goals may often represent much greater and

more committed effort than equivalent statistical progress in richer and better off countries.

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

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

## **7 Conclusions and questions remaining.**

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

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

1. The need for several degrees and dimensions of achievement, not just one.
2. At the least, these should include the number of individual countries achieving the goals within each region and the proportion of the population of developing countries involved. HDR 2002 has established a good model in this regard.
3. In addition, the extent of advance toward each goal should be measured in all countries, with totals given for each region and for the developing world as a whole, also weighted by the total population to which the goal refers
4. Particular attention needs to be given to progress in the poorer countries and those starting from low levels of achievement. Expressing goals in terms of halving the distance between present levels and universal achievement by a fixed target date usually means that countries starting from further behind face a bigger challenge. This could be modified by extending the target date or modifying the goal. Even without this, progress could be measured by giving more attention to percentage

- advance in relation to the starting point and comparing rates of advance among countries with broadly the same starting point.
5. Such a multi-dimensional frame should also be used for analysing causes for success and failure and for drawing lessons for the future.
  6. In setting global goals in the future, the impact of the way the goals are framed, defined and measured should be carefully thought through in advance, in terms of what are the real and the desirable objectives and what are the likely effects on public opinion of the way the goals are framed and promoted.

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

The UN over four decades has taken the lead in setting a diversity of goals and has had considerable success in influencing country action and achievement, especially in those areas most closely related to human development. This point deserves to be strongly emphasised in HDR 2003.

In contrast, until recently the World Bank and the IMF have generally opposed medium to long term goals in the sense of time bound quantitative targets. Ironically, at country level in the economic sphere they have often insisted on the adoption of a considerable number of economic targets and used them for monitoring national performance in implementing adjustment programmes. Unfortunately, such targets have generally been economic ones, focused on the *economic means* to recovery, rather than indicators of human or more general development advance.

The implications of this past experience for future UN-BW interaction and country support also needs to be carefully considered. Pursuit of the Millennium Development Goals could well be undermined in the future, as it has been in the past, if there is no change in adjustment policies and if the goal of poverty reduction is treated entirely as a matter of reducing income poverty, which in turn is almost entirely a function of accelerating economic growth rates and not changing the pattern and composition of economic growth.

The way the international economic and political context of each country constrains or supports progress towards the goals and long run goal achievement needs to be given more systematic attention and analysis. At present, the debate over whether economic growth is or is not an essential condition for reducing poverty (and achieving the other MDG s) hides many complex interactions. The debate often focuses on a narrow range of macro measures of economic growth and neglects the diversity of ways in which policies and actions towards different types of goals are affected by broader economic and

political issues in each country, as well as changes in the international context in which they are set and by which they are influenced.

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