

**LOCATING MILLENNIUM DEVELOPMENT GOALS IN
THE UNITED NATIONS DEVELOPMENT DEBATE**

Dissertation submitted to the Jawaharlal Nehru University
in partial fulfillment of the requirements for
the award of the degree of

MASTER OF PHILOSOPHY

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2006**




July 28, 2006

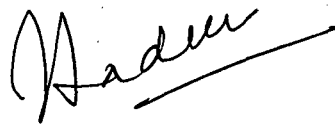
CERTIFICATE

This dissertation entitled “**Locating Millennium Development Goals in the United Nations Development Debate**” is submitted to the award of the degree of **Master of Philosophy** of this university. This dissertation has not been submitted for any other degree of this university or any other university and is my original work.


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We recommend that the dissertation be placed before the examiners for evaluation.


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ACKNOWLEDGEMENT

The last one year had been a very different experience for me. Belonging to a background of social sciences, which entailed me to work on the field, doing a secondary research study, was a learning experience for me. I would like to thank my guide Prof. Imrana Qadeer for helping me to clarify my concepts repeatedly until the end. It was she who taught me the finer details of doing a secondary research work. It was also she, who bore with me throughout when I tended to lose out, kept me on my toes and made me work. I will remain grateful for all the things I had an opportunity of learning from her.

I would like to thank Prof. K R Nayar, the chairperson, for agreeing to be my co-guide at the last minute. He had been encouraging me throughout the work and until the end.

My thanks are also due to the entire faculty including Dr.Ritu Priya, Dr. Sanghamitra Acharya, Dr. Rama Baru, Dr.Rajib Dasgupta, Dr. Sunita Reddy , Dr. Alpana Sagar and Prof. Mohan Rao for their encouragement and concern from time to time.

Throughout my literature review, I had taken the help of the United Nations library for materials and other relevant information. I would like to thank the library in charge and the other staff members for their cooperation.

The documentation unit at the centre had provided me with a lot of literature for my study. In this respect, I would like to thank Dinesh for procuring all the odd documents whenever I asked for. Thanks are also due for Mrs. Rastogi and Singh Sir.

My friends have always been a very important part of my life. They have always stood by me throughout. My sincere thanks to Prachin for standing by me and helping me out throughout this dissertation. I will always remember the fights that we had regarding my work that helped me in my clarity of thought. My thanks to Oommen, who taught me economics and rushed to help me in my last days of the completion of my work. He taught me to use the computer properly of which I hardly knew anything. Thanks you two for just being there when I needed you both.

There have been my other friends who have stood by me, silently, supporting me, encouraging me every time I got bogged down and helped me to pull myself up. My sincere thanks to Deboshri, Prabuddha, Joita, Sanjit, Sudip, Sushovan and Chiranjib. Thanks to you all. I know I would not have made it without you all being there.

Lastly, my gratitude to my parents, Mama and Baba, for believing in me and constantly supporting through all my stressful days. I cribbed, I complained, and they listened to me patiently, always supporting and guiding me through. I will always be indebted to you for all the sacrifices you both made for me.

There have been many others who have been silently helping me throughout with my work. My humble gratitude for them.

With all my limitations, this work is just a humble attempt to a much broader and wider area of research. For all the shortcomings in this work, it is me who is responsible for it.

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ABBREVIATIONS AND ACRONYMS

AFR	Africa Region
APL	Adaptable Program Loan
CAE	Country Assistance Evaluation
CAS	Country Assistance Strategy
CDF	Comprehensive Development Framework
CEM	Country Economic Memorandum
CMH	Commission for Macroeconomics and Health
DAC	Development Assistance Committee
DFID	Department for International Development
EFA	Education for All
GDP	Gross domestic product
GNP	Gross National Product
HIPC	Heavily Indebted Poor Countries Initiative
HNP	Health, Nutrition, and Population
IBRD	International Bank for Reconstruction and Development (World Bank)
ICR	Implementation Completion Report
IDA	International Development Association
IDTs	International Development Targets
LCR	Latin America and the Caribbean Region
MDGs	Millennium Development Goals
M&E	Monitoring and evaluation
NGO	Nongovernmental organization
OECD	Organisation for Economic Co-operation and Development
PRSP	Poverty Reduction Strategy Paper
SSP	Sector Strategy Paper
SWAP	Sectorwide approach
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNIHP	United Nations Intellectual History Project
USAID	U.S. Agency for International Development
WBI	World Bank Institute
WDR	World Development Report
WCED	World Commission on Environment and Development
WSP	Water and Sanitation Program

INTRODUCTION

During the United Nations (UN) Millennium Summit in 2000, 147 heads of states gathered and adopted the Millennium Development Goals (MDG) to address extreme poverty in its many dimensions- income poverty, hunger, disease, lack of adequate shelter and exclusion- while promoting education, gender equality, and environmental sustainability, with quantitative targets set for the year 2015. MDGs consist of eight goals, eighteen targets, and forty-eight indicators. The Millennium Development Goals (MDGs) represent the widest, and to some extent the *wildest*, international commitment in the modern era to address poverty and disease. It dreams of massive transforms of technology from the First to the Third World countries and of sowing the later with the same. Interestingly, even while they are called “unachievable” and “unfeasible” by many not only because of constraints in the basic MDG framework, but also due to the fact that it actually sustains the roots of income and health inequalities, majority of the development initiative of the twenty first century are inevitably linked up to the MDGs. They do so either by the course of action or by their objectives. This work tries to locate MDGs in the larger development debate within the UN, and analyses whether MDGs as an international commitment are relevant for the Third World especially India as is often claimed.

Three of the eight MDGs are directly related to health (reducing child mortality; improving maternal health and combating HIV-AIDS, Malaria, and the other diseases.). The ambitious nature of these goals- which are supposed to be achieved by 2015- coupled with the concern about the massive health challenges being faced by the world’s poorest countries, has led to a growing momentum within the field of global health. It has also legitimised the growing trade efforts in medical technology. The health objectives set out in the MDGs do not have any epidemiological rationality nor do they understand the problems of the poor people that should typify any such initiative with a global scope.

Chapter 1 is about the development thinking specifically in the context of the United Nations. It briefly discusses different schools of thought in the development discourse and explores on development thinking. It traces the role of United Nations as a development actor showing the contributions made by the UN to the development discourse and discusses how different forces like intellectuals, expert committee and commission reports, civil society organizations and international funding

organisations and global adhoc conferences affected the developmental thinking within the UN. While discussing the developmental thinking in the United Nations, it tries to show the shifts in priorities over time. While tracing this shift over different decades, the chapter discusses the important issues like Basic needs, New International economic order in relation to development while discussing the relationship between environment and development, the chapter navigates through the different important conferences and briefs sustainable development. The emergence and influence of structural adjustment Programme on 'Development' in Third World countries is discussed in the decade of 80s. While discussing the decade of 90s, the concept of human development and Sen's capability approach, the backbone of the concept of human development has been dealt with. Finally, the enrichment of human development approach has been briefed by tracing successive Human Development Reports.

The second chapter traces the origin of the Millennium Development Goals and discusses the core strategies for achieving them like Millennium project, Millennium Campaign, and Millennium Reporting. The hidden agenda of Commission on Macroeconomics and Health and Poverty Reduction Strategy Papers, the roadmaps for achieving MDGs etc. are discussed critically pointing out the underlying neoliberal ideology. How far developed G-8 nations have lived up to their commitments to achieving MDGs is shown by discussing their policies on trade, aid and debt relief. The second half of the chapter critiques the framework of MDGs. It examines how MDGs have fallen short of the human development approach, also accepted by the UN, by showing the absence of issues like human rights, political freedom, human agency and community strengthening. Belief in neoliberal ideas like economic growth as a panacea, by stakeholders like the World Bank is in fact reflected in the goals and targets of MDG, which are silent on the issue of public or private service delivery and the state of the dilapidated health service system in the developing countries.

One of the goals of the MDGs is reducing Maternal Mortality. The third chapter attempts to show the narrow and restricted understanding of the MDGs through the goal concerning Maternal Mortality. The chapter begins by tracing the maternal health services in India, right from the colonial period when the British women doctors came

to India to serve the women. There was a clear demarcation in the availability of the services to the rich and to the poor women. Even after independence, this distinction in provision of services exists. Post independence, health services for women have undergone a substantial change. The earlier notion of the broad understanding of women's health was now replaced by maternity health services, which placed family planning on its agenda. Thus, women's health was never a major area of concern for the health planners. Nevertheless, whatever public health services were available soon got replaced by market driven neoliberal policies. Markets with narrow techno centric interventions were supposed to be the answer to women's health problems and especially to curb the maternal mortality. The goal of MDG, which follows the typical neoliberal agenda has not surprisingly, found technical solutions to reduce maternal mortality through skilled birth attendants and emergency obstetric care. The holistic understanding of women's health has gone amidst all these developments. Completely undermining the socio cultural and economic factors along with power relations, which are so important in determining women's health. This chapter attempts to show pitfalls of MDGs through the goal of Maternal Mortality.

The fourth and the final chapter attempts to put these explorations together to argue that MDGs are a product of the larger global shifts from welfarism to neo-liberalism. It attempts to locate MDGs in the internal politics of the UN that has been forced to succumb to the demands of privatization, markets and techno centric approaches. It also uses the third chapter to specifically explain the process of distortion of the broader theme of women's health. Reviewing the literature, it attempts to show the flaws in the conceptualisation and the implementation of the MDGs by locating them in the UN development discourse. Through the example of reducing maternal mortality, an MDG, this study tries to capture the underlying currents.

In the present scenario, when health planning is uncritically accepting donor driven programmes and even the WHO is supportive of these, it is an attempt to lay bare the international vested interests that are influencing policies in the country today.

**The United Nations and Development Thinking:
A Brief History**

“We have for over a century been dragged by the prosperous West behind its chariot, choked by the dust, deafened by the noise, humbled by our own helplessness and overwhelmed by the speed. We agreed to acknowledge that this chariot-drive was progress, and the progress was civilization. If we ever ventured to ask, ‘progress towards what, and progress for whom,’ it was considered to be peculiarly and ridiculously oriental to entertain such ideas about the absoluteness of progress. Of late, a voice has come to us to take count not only of the scientific perfection of the chariot but of the depth of the ditches lying in its path.”¹

Rabindranath Tagore

As a social science, economics is concerned with the allocation of scarce resources among competing objectives, thus improving societal welfare. Nevertheless, what constitutes the good life is a perennial question, and hence economics involves values and value judgments. The very concern of promoting development represents an implicit value judgment about good (development) and evil (underdevelopment). However, as development may mean different things to different people, the nature and character of development and the meaning we attach to it must be carefully spelled out. This chapter seeks to explain the origins of particular ideas of development; to trace their trajectories within the United Nations and the discourse within; and to evaluate the impact of ideas on policy and action. The UN’s role is sought to be analysed as that of an intellectual actor. Ideas are analysed in this examination when they intersect with the UN — that is, when they appear as major thoughts or concepts in UN documents, conferences, policy decisions or guidelines for action.

TRENDS IN THE DISCOURSE OF DEVELOPMENT:

Development thinking is undoubtedly a child of the Enlightenment or the ‘modern project’, that is the increasing capacity to design societies in accordance with rationalist principles. The classical discourse had its roots in the 1940s and evolved in

¹ Tagore, Rabindranath (1996): In U.N. Human Development Report, New York, Oxford University Press

the 50s and the 60s. The relevant theoretical schools, competing but yet in dialogue, were modernization, structuralism, dependency and ‘another development’, all normatively concerned with the specific problem of national development in the so-called Third World.² The reconstruction of war torn Europe provided the model for state directed modernisation of the “new nations”. In this model, development was largely sociological and political in nature, and underdevelopment was defined in terms of difference between the rich and the poor nations. Development implied the bridging of gap by means of an imitative process, in which the less developed countries gradually assumed the qualities of developed ones. Marxist theory essentially shares this perspective. For structuralism, which dominated the early phase of economics, a certain amount of intervention was considered necessary, due to institutional conditions, which made growth in poor areas less automatic than it was assumed to be in the so-called developed countries.³ From the late 1960s modernisation theories and structuralism were challenged by the Latin American *Dependentia School*, which together with the more global *world system theory* articulated the weak structural position of Third World countries in the world system. The ‘dependentistas’ or ‘neo-Marxist’ asked for a radical political transformation within these countries, as well as a ‘delinking’ of their economies from the world market. With its focus on state driven industrialization, dependency theory did not differ much from the modernization and structuralist schools with respect to the content of development. In contrast, *another development*, a counterpoint to this modernist view, was defined as need-oriented, endogenous, self-reliant, ecologically sound and based on structural transformation. However, the main concern for this and subsequent ‘alternative’ approaches was the many problems created in the course of mainstream development, and what to do with people who were excluded from development. These interventionist approaches were challenged by the rise of neo-liberalism in the 1980s, a theoretical shift associated with a deepening of globalization and referred to as the ‘counter revolution’ in development economics.⁴ This was a purified neo- classical discourse, according to which development was an inherently universal and increasingly global economic process. Here, development problem was

² Hettne Bjorn(2002): “Current Trends and Future Options in Development Studies, in Desai, Vandana and potter, Roberts B., (eds) *The Companion to Development Studies*, Arnold Publishers, London, pp-7-12

³ *ibid*

⁴ Toye John (1987): *Dilemmas of Development: Reflections on the Counterrevolution in Development Theory and Policy*, Oxford, Basil Blackwell.

seen as primarily domestic, created by 'rent seeking' bureaucrats and corrupt politicians, with no blame at all put on the 'world system'. Globalization, as influenced by neoliberal economic policies, has become the new word for mainstream development. *Globalism* as a development ideology implies the growth of a world market, increasingly penetrating and dominating 'national' economies. In contrast with interventionist bias of classical discourse, globalists considered 'too much government' as a systemic fault. Good governance is thus defined as less government. In accepting this ideology, the state becomes the disciplining spokesperson of global economic forces, rather than protector against these forces.⁵

This new discourse has reached a hegemonic position and the classical ones ebbed away. None of the theories summarised above proved to be of much instrumental value for development in the poor countries. They were ultimately replaced by the policy of structural adjustment, a purified modernisation paradigm of disciplined economic development. After this, the world witnessed food riots and more traumatic forms of societal stress and violence. Post modernism has tried to accommodate new uncertainties like culture and identity in the developmental discourse.⁶ The cultural approach has implied deconstruction of 'development' and the 'Third world'. Post-modern theory, which dominates the cultural studies, is relativising the whole business of development theorising, thus making the project of 'development' rather senseless. Other theorists reject the relativism of post-modern thinking and look for a combination of political economy and cultural studies in order to get rid of the bath water without having to throw out the baby. The significance of culture and identity in development has to do not so much with cultural factors in the process of development as with abandoning Eurocentric development thinking, i.e. development as catching up an imitation, and instead conceiving and conceptualising development as an inclusive, liberating process, in which different worldviews are accommodated and constitute a dialogical process.⁷

⁵ Hettne Bjorn(2002), op. cit

⁶ ibid

⁷ Munck, Ronaldo and O'Hearn, Denis (1999): *Critical development Theory; Contribution to a New paradigm* (eds), London, Zed books.

THE CONCEPT OF DEVELOPMENT IN CONVENTIONAL ECONOMICS:

In mainstream economics, development has traditionally meant the capacity of a national economy, whose initial economic condition has been more or less static for a long time, to generate and sustain an annual increase in its Gross National Product (GNP) at rates more than five per cent. (A measure similar to GNP, known as the Gross Domestic Product (GDP), is also used as an alternative index of development, both of which when used in its per capita form, takes into account the ability of a nation to expand its output at a rate faster than the growth rate of its population.) Levels and rates of growth of the “real” per capita GNP are normally used to measure the overall economic well-being of a population, by means of calculating how much of real goods and services are available to an average citizen for either consumption or investment.⁸

Economic development in the past has been typically characterized by the alteration of the structure of production and employment so that agriculture’s share of both declines and that of the manufacturing and service industries increases. Development strategies have therefore usually focused on rapid industrialization, often at the expense of agricultural and rural development. Finally, these principal economic measures of development have often been supplemented by casual reference to non-economic social indicators: gains in literacy, schooling, health conditions and services, and provision of housing, for instance. On the whole, prior to the 1970s, development was nearly always seen as a solely economic phenomenon in which rapid gains in overall and per capita GNP growth would either “trickle down” to the masses in the form of jobs and other economic opportunities or would create the necessary conditions for the wider distribution of the economic and social benefits of growth.⁹ Problems of poverty, discrimination, unemployment, and income distribution were of secondary importance to “getting the growth job done”.¹⁰

The close link between economic development and economic growth is simultaneously a matter of importance as well as a source of considerable confusion. The early writings of development economics after the Second World War

⁸ Todaro, Michael P. and Smith, Stephen C (2004), *Economic Development*, Pearson Education, New Delhi.

⁹ Ruger, Jennifer Prah (2005), *The Changing Role of the World Bank in Global Health*, *American Journal of Public Health*, Vol. 95, No. 1.

¹⁰ Todaro et al., *op. cit.*

concentrated largely on ways of achieving economic growth, and in particular increasing the gross national product. In drawing a distinction between development and growth, a number of different sources of contrast have to be clearly distinguished from each other.¹¹ Firstly, as far as economic growth is concerned only with GNP per head, it leaves out the question of the *distribution* of that GNP among the population. It is, of course possible for a country to have an expansion GNP per head while its distribution becomes more unequal, possibly even the poorest groups going down absolutely in terms of their own real incomes. A second source of difference between growth and development relates to the question of *externality* and *non-marketability*. The GNP captures only those means of well-being that happen to be transacted in the market and this leaves out benefits and costs that do not have a price tag attached to them. It does not include non-material dimensions of development. Third, even when markets do exist, the valuation of commodities in the GNP will reflect the biases that the market may have. There are important problems in dealing with different relative prices in different parts of the world. Finally, it must be noted that GNP is, in fact, a measure of the amount of the *means* of well being that people have and it does not tell us what the people involved are succeeding in getting out of these means, given their ends. Ultimately, the assessment of development achieved cannot be a matter only of quantification of the *means* of that achievement. The concept of development has to take a note of the actual achievements themselves. If the real objective is human development, growth should be judged not by the abundance of commodities it produces, but by how it enriches the people's lives. Even from the earliest years, however, critics- in the North and in the South- argued that human beings should be the ends of development rather than mere means. Such ideas can be traced back through the writings of most major philosophers. Aristotle provides one example:¹²

“Wealth is evidently not the good we are seeking, for it is merely useful and for the sake of something else.”

Quoting Immanuel Kant;¹³

“So act as to treat humanityin every case as an end, never as a means only.”

¹¹ Sen Amartya(1988): “The Concept of Development” in *Handbook of Development Economics*, Vol.I, edited by H. Chenery and T.N.Srinivasan, Elsevier Science Publishers, B.V.

¹² Aristotle(1996): U.N. in Human Development Report, New York, Oxford University Press

¹³ Kant Immanuel(1996), *ibid*

The same concerns were the focus of such political economists as Adam Smith, Karl Marx, John Stuart Mill and Alfred Marshall.¹⁴

The period of fifties and sixties witnessed a substantially high level of economic growth; however, the living conditions of vast sections of the population remained unchanged. This prompted the realisation that there was something wrong with the narrow definition of growth-oriented development. Disturbing questions about absolute poverty, inequitable income distribution and rising unemployment were posed. The seventies saw a redefining of economic development in terms of reduction of poverty, inequity and unemployment and 'redistribution from growth' became the common rhetoric of the times. Dudley Seers posed the basic question about the meaning of development when he asserted:¹⁵

"The questions to ask about a country's development are therefore: what has been happening to poverty? What has been happening to unemployment? What has been happening to inequality? If all the three of these have declined from high levels, then beyond doubt this has been the period of development for the country concerned, if one or two of these central have been growing worse, especially if all the three have, it would be strange to call the results 'development' even if per capita income doubled."

A number of third world countries experienced relatively high rates of growth of per capita income during the sixties and the seventies but showed little or no improvement or even at times an actual decline in employment and real income of the bottom forty per cent of their populations. By the earlier growth definitions, these countries were apparently developing; by the newer poverty, equity and employment criteria, they were not. The situation in the eighties and the nineties worsened further as many third world countries faced the deadly impact of the structural adjustment policies along with the negative GNP growth rates and governments, facing mounting foreign debt problems, were forced to cut back on their already limited social welfare programmes. Simultaneously the perceived trickle down effect of the high growth rates were not yielding results in these countries. In the nineties, while the US and UK and other high income countries enjoyed a strong economic boom, the average

¹⁴ U.N.(1996), *ibid*

¹⁵ Seers Dudley(2004), *op. cit*

income, both among the poor in these countries as well as in sub Saharan Africa declined and the number living in extreme poverty(at less than \$1 per day) rose by some 50 million.¹⁶

However, the phenomenon of chronic underdevelopment is not restricted within the strict domain of economics, nor can it be measured solely through quantitative measurements like income, employment or inequity. Underdevelopment is a situation faced by more than three billion people in the world –a state of mind as much as a state of national poverty where there is absolute poverty, low consumption levels, ineffective health services, high death rates and morbidity and in general, exceedingly restricted freedom to choose among activities that satisfy human needs.¹⁷ Various authors have noted that underdevelopment is not an original condition but is historically generated in the process of the expansion of capitalism.¹⁸

The World Bank that was the initial advocate of the notion that economic growth was the key to development, has lately become one of the leading global health institutions by virtue of being the world's largest financial contributor to health-related projects. However, when development theory shifted to encompass more than economic growth and aimed at meeting individuals' basic needs, shifting the objective to provide all human beings with the opportunity for a full life, the language that the World Bank used evolved into something more broad-based.¹⁹ It in fact joined the chorus of observers taking a broader perspective when its 1991 World Development Report asserted:

“The challenge of developmentis to improve the quality of life. Especially in the world's poor countries, a better quality of life generally calls for higher incomes – but it involves much more: it encompasses as end in themselves, better education, higher standard of health and nutrition, less poverty, a cleaner environment, more equality of opportunity, greater individual freedom, and a richer cultural life.”²⁰

¹⁶Todaro et al., *op. cit*

¹⁷ *ibid.*

¹⁸ Preston, P.W. (2001), *Development Theory: An Introduction*, Blackwell Publishers, Oxford.

¹⁹ Ruger, Jennifer Prah (2005), *The Changing Role of the World Bank in Global Health*, *American Journal of Public Health*, Vol. 95, No. 1.

²⁰ World Bank (1991), *World Development Report*, The World Bank Publications, New York.

Development came to be perceived as a multidimensional process involving broader aspects of the society rather than a mere improvement of aggregative economic statistics. Development, in its essence, must represent the whole gamut of change by which an entire social system, tuned to the diverse basic needs and desires of individuals and social groups within that system, moves away from a condition of life widely perceived as unsatisfactory towards a situation or condition of life regarded as materially and spiritually better.

The concept of development has been constantly evolving all through the second half of the twentieth century. The movement from a narrowly economic understanding to a relatively wider one has been a slow one and the UN has been playing a not insignificant role in the synergy of ideas.

THE UNITED NATIONS AS A DEVELOPMENT ACTOR:

One question posed by the United Nations Intellectual History Project (UNIHP) was whether the UN has contributed anything new to development discourse that had not already been said by the classicists, and later by various economists, well before the birth of the UN.²¹ A number of economists and other developmental actors have been providing with inventory ideas on development, based on whom the UN have been providing development thinking since 1945, often assisted by outside consultants who later turned out to be intellectual giants in their own right. The initial developmental decades of the 50s, 60s and 70s have contributed significantly to the normative ideas in developmental discourse. These contributions include the early and innovative UN work on economic development and global income distribution, and the development of new perspectives on employment, the informal sector and basic needs in the ILO. The basic needs development strategy launched by the ILO in the 1970s was a path-breaking attempt to integrate economic growth and income distribution. It was not until the 1990s that another important breakthrough in development thinking made its mark, namely the human development approach elaborated in successive Human Development Reports.²²

²¹ Emmerij Louis (et al) (2005): "Economic and Social Thinking at the U.N. in Historical Perspective" in *Development and Change*, vol 36(2): Blackwell Publishing, 9600 Garington Road, Oxford, U.K., pp-211-235

²² Emmerij Louis (et al) (2005), op. cit

Toye and Toye trace the decline of the UN as a vibrant centre of thinking on issues of trade, finance and development, as well as the rise — particularly after 1980 — of a neoliberal consensus on these issues, orchestrated by the World Bank and the IMF.²³ The work of the UNIHP so far suggests that a great deal of vision and creative thinking emerged, especially from the first generation of UN leaders, and that the inputs of their colleagues and academic consultants were considerable. From its inception through to the 1970s, the UN has been a highly innovative body with ideas on terms of trade, the international dimension of economic development, centre–periphery analysis, and alternative development strategies.²⁴

In later decades, and particularly since the 1980s, the vision was less bold, the ideas more blurred, and the UN, at least in the development arena, often sidelined. This was less a question of political correctness than a failure to speak out with analytical boldness. From the beginning of the 1980s, the initiative shifted to the Bretton Woods institutions, not so much in terms of ideas but of influence and power. However, by 1990, the UNDP-sponsored human development approach had become an important alternative to the so-called Washington consensus. In the 1990s, with a new emphasis on human rights and human development, there was a revival of UN vision and intellectual creativity, and a new visibility often linked to the next generation of global conferences and summits. Economic backing and resources, however, remained concentrated in the Bretton Woods institutions, thereby limiting the application of many ideas. Yet funding for development has increasingly flowed to the latter and away from the UN.²⁵

*The UN has sometimes been a 'fount' (or original source) for ideas, but more frequently it has acted as a 'funnel' for outside ideas, a 'forum' where controversial ideas are debated and subsequently modified or a 'font' for their blessing. In addition, the UN has at times provided a 'fanfare' to announce them and at times the 'funeral' for their burial.*²⁶

²³ Toye, John and Richard Toye (2004); "The UN and Global Political Economy: Trade, Finance and Development". Bloomington, IN, Indiana University Press

²⁴ Emmerij Louis (et al) (2005), op. cit

²⁵ ibid

²⁶ ibid

The U.N. has been instrumental in changing the international public policy discourse and debate which has often resulted in helping the states to define or redefine their interests to be more inclusive of common concerns. The U.N. ideas have altered the thinking patterns of international development. A number of forces like different experts and intellectuals, expert committee reports, different commission report from civil society organisations and global adhoc conferences, have affected the developmental thinking in U.N., pressure.²⁷ These are discussed below.

It is important to note that experts and intellectuals like Jan Tinbergen, Ragnar Frisch, Gunnar Myrdal, Wassily Leontief, James E. Meade, W. Arthur Lewis, Richard Stone, Lawrence Klein, Theodore W. Schultz and Amartya Sen have spent a substantial part of their professional lives working as UN staff members and/or consultants contributing to the UN's ideas and activities. Notwithstanding such intellectual 'giants', it cannot be implied that most UN ideas and research under discussion emanate from the UN system itself or are directly commissioned by it.

UN agencies frequently organize expert groups to examine specific issues. High-level expert committee reports that were published by the U.N. like the *National and International Measures for Full Employment* (UN, 1949); *Measures for the Economic Development of Under-Developed Countries* (UN, 1951a); and *Measures for International Economic Stability* (UN, 1951b) helped define the future international development agenda. These pioneering reports contributed to new thinking about the situation and needs of the developing countries.

A particular type of international expertise through their commission reports have contributed to the U.N. developmental thinking. This technique was launched in 1969 with *Partners in Development*, the report of a commission chaired by Canadian Prime Minister Lester B. Pearson (Commission on International Development, 1969). The other commissions were on common security by Swedish Prime Minister Olav Palme (Independent Commission on Disarmament and Security Issues, 1982); on environment and development by Norwegian Prime Minister Gro Harlem Brundtland (World Commission on Environment and Development, 1987); on humanitarian problems by Iranian and Jordanian Princes Sadruddin Aga Khan and Hassan bin Talal (Independent Commission on International Humanitarian Issues, 1988) and on human

²⁷ ibid

security by Sadako Ogata and Amartya Sen, issued in 2003(Commission on Human Security, 2003). Through these commissions, the three purposes that were served were awareness and consciousness raising; advocacy for particular ideas; and lending legitimacy to programmes and ideas.

In the post war period, the sphere of activity of NGOs have grown considerably. Non-governmental organizations and other associations of what increasingly is called 'global civil society' are inserting themselves into a wide range of inter-governmental deliberations. NGOs have become an important part in the larger issue of global governance. They have tried to change the essential components of ideas by either pushing forward their own ideas or badgering governments to consider ones already on table. These NGO pressures have influenced even the IMF. The incorporation of social policies in financial mainstream was largely due to the pressure given by NGOs. They have also been influential though indirectly on the US congress and the British government as well as played a dominant role in international agencies like World Bank and even the U.N.²⁸ The institutional recognition did have a political aspect. The major donor organizations did see NGOs as a way of bypassing Third World state machines which they saw as inefficient or corrupt. The place of NGOs within the overall context of institutionalized development work is consequently somewhat ambiguous so far as recipient states are concerned.²⁹ Global, ad hoc conferences are seen as important occasions to push ideas, and there is no doubt that on issues like the environment, women, human rights, population and children, they have been of crucial importance.³⁰

Viewed from the vantage point of the beginning of the twenty-first century, it may be difficult to believe that as late as the 1960s environmental degradation, population growth, urbanization, and women's rights were being discussed in specialized circles but were largely invisible on the radar screen of international development. This changed during the 1970s, and one clear reason was that the UN system launched a series of global conferences on emerging global challenges.³¹ The major goals of

²⁸ *ibid*

²⁹ Preston, P.W. (2001), *op. cit*, pp-313

³⁰ United Nations(2005): *The Power of UN Ideas; The Lessons from the First Sixty Years*, UNIHP, New York

³¹ Schechter, Micheal(ed.)(2000):*United Nations- Sponsored World Conferences; "Focus on Impact and Follow up"*. Tokyo, UN University Press.

these conferences were to mobilize popular and elite consciousness; to mobilize public and official attention to and support for particular issues; to develop or cultivate support for particular responses to global problems; to bring the moral force of the U.N. to battle on societal abuses, and to generate and eventually implement mechanisms for coping with ongoing problems.³²

Through the years of its operation, the UN was instrumental in attainments like the eradication of smallpox in the 1970s, and securing access to clean water for tens of millions of people. Food dependency has been eliminated from many regions; the UN also provides the technical expertise and administrative oversight for an impressive range of international regulation, and global monitoring, from telecommunications to disease surveillance. Development has no clear boundaries and since many of the most fundamental human needs also find expression in human rights laws and norms—clearly embodied in the UN Charter and the Universal Declaration of Human Rights as well as in extensive international law—the UN embodies powerful and near-universal ideals. The UNDP’s annual *Human development Report* is as important in normative terms as its rankings are, in political terms. The eventual inclusion of ‘human liberty’ as a crucial indicator beside life expectancy, income and education is important in ensuring that measures of development are not confined to technical matters and aggregate statistics such as Gross Domestic Product. The United Nations also provides a focal point for new thinking, ‘bottom –up’ agenda setting and the articulation and dissemination of norms. UN summits have been central to the inclusion of human rights, the claims of indigenous people, the needs of children, gender issues, population control and environmental considerations as part of development. Through a combination of norm- setting, data gathering, and monitoring, the UN and its various agencies have been instrumental in such advances as improvements in agriculture, literacy and infant mortality rates in many parts of the world.³³

³² *ibid*

³³ Whitman, Jim (2002): “The Role of UN in Developing Countries” in *The Companion to Development Studies*, *op. cit.*

DEVELOPMENT THINKING IN THE UNITED NATIONS:

Development is one of the four pillars representing the United Nations' vision, the other three being peace, human rights and independence.³⁴ According to the UN, development is the idea that all countries, long independent or newly so, could purposefully pursue policies of economic and social advance, which over time would improve the welfare and living standards of their people. However, the suggested means of going about achieving this goal has undergone tremendous change in the last sixty years.³⁵ The United Nations, one of the main objectives of whose foundation was to promote cooperation in furthering social progress, has been making contributions to development thinking since 1945, often assisted by outside consultants.

As regards literature on development, the largely forgotten First United Nations Report of 1951 is considered to be a watershed since it set the tone and acted as a precursor for a great deal of subsequent debate. Since the focus of this time was the problem of backwardness of the underdeveloped countries, this report was an effort to deal with the same. It for the first time, contended that the living standards of the people in economically backward countries could be raised through active state intervention.³⁶

Initially, the four pillars were pursued more in parallel than in an integrated fashion. Development was taken to be economic development. Mapping out what was involved was largely left to economists as opposed to other social scientists. Over subsequent decades, the UN's vision of development shifted, moving from the narrowly economic to an apparently much broader and multidisciplinary perspective by the 1990s. Today, the UN gives an impression of great emphasis to poverty reduction and, 147 heads of state and government in 2000, have proposed the Millennium Development Goals (MDGs). These goals are set in the broader frame of the Millennium Declaration, a document that makes clear that the goals for poverty reduction are only part of a somewhat broader agenda for sustainable development. In the following chapter, the details of the politics of this process are discussed.

³⁴ United Nations (2001), *Ahead of the Curve: UN Ideas and Global Challenges*, UNIHP, New York.

³⁵ United Nations (2005), *The Power of UN Ideas: Lessons from the First 60 Years*, UNIHP, New York.

³⁶ Chakravarty, Sukhamoy (1993), *Selected Economic Writings*, Oxford University Press, New Delhi.

Shifting priorities over time:

The UN's initial focus on an economic process was in line with the thinking of that time that focused on long-term economic growth as the condition for achieving development. The priority for poor countries was seen as raising savings, investment, and thus the rate of economic growth. According to the first HDR;

“economic growth became the main focus after the Second World War—and the growth rate of per capita GDP became the sole measure of development—as GNP became the goal of development in 1950s and 1960s, the question of promoting individual well-being receded—in time, distribution was altogether forgotten, and the argument of "trickle down" was made to defend such neglect”³⁷.

By the 1960s when the United Nations' Decade of Development was in progress, the importance of economic development was rising on the UN agenda, greatly stimulated by the many newly independent countries that had or were about to become member states. *The UN Development Decade: Proposals for Action* was published in 1962. The “Foreword” by U Thant, then acting Secretary-General, made clear that even then a more subtle perspective was beginning to emerge. “Development is not just economic growth, it is growth plus change.”³⁸ In the early and mid-1960s, various UN agencies organized meetings on the role of women in community development, urban development, and national social and economic development. This was well ahead of other commissions and long before the central importance of women in economic development was realized. The late sixties had witnessed a rising disillusionment with the kind of development being practiced that was devoid of any notion of the distribution of national wealth. It was understood that despite the economic growth that was taking place in the developing countries, there was a widespread condition of absolute and relative poverty.³⁹ This dilemma prompted a response that a direct approach was necessary for the delivery of the welfare outcomes. The classical economists considered labour as just another commodity along side capital and manufactured goods. It had value only to the extent

³⁷ UNDP (1990), Human Development Report 1990, United Nations, New York, p. 104 [emphasis added].

³⁸ UN (2001), op. cit.,

³⁹ Elliot A. Jennifer(2002): “Development as Improving Human Welfare and Human Rights” in *The Companion to Development Studies*, op. cit. pp-45-49

that it produced profits, reducing people to means, serving the objective of greater production.⁴⁰ This period also witnessed a significant increase in unemployment. Many development theorists and practitioners turned their attention to 'jobs and justice'.

In practice, the concept of unemployment pertains only to industrial countries, where a worker, supported by social security benefits, can afford to spend time unemployed. Many workers in poor countries do not have that option. They must work at anything they can, no matter how unproductive, no matter how badly paid. Many work long hours for low rewards in the 'informal sectors'-a broad spectrum of generally unregistered workers as well as small scale producers. The problem was then redefined as 'working poor'. Among them, women were found to be even harder pressed than men, often working in agriculture or the informal sector while also working at home performing household duties. Given these difficulties, the focus of development debate shifted from formal employment towards income distribution.⁴¹ Subsequently what came to be known, as the basic needs approach, attracted theorists and practitioners from a range of traditions, academic centres and developmental institutions who tried to locate development in a more human centred environment with locally relevant processes and patterns. Hence, development under the basic needs approach, was redefined as a rather broad based, people centered, endogenous process that stood against the concept of modernisation and past development theory.

The basic needs development strategy launched by the ILO in the 1970s was a path-breaking attempt to integrate economic growth and income distribution.⁴² In the 1970s the ILO led the way in shifting the focus to employment, but it was embedded in a much broader exploration of the development conundrum. Underlying an apparent "lack of jobs," the ILO pointed to three distinct types of employment problems: open unemployment in the Western sense; the frustration of job-seekers unable to obtain the type of work they perceive as reasonable; and most important, an extremely low level of income resulting in the under-utilization and low productivity of both the male and female labour force. This definition of the employment problem created the

⁴⁰ United Nations(1996): Human Development Report; "growth as a means to Human development", New York, Oxford University Press. Pp-45

⁴¹ *ibid*, pp-47

⁴² Louis Emmerij, Richard Jolly and Thomas G. Weiss (2005), *op cit*.

link between employment, poverty, income distribution, and development. Over the 1970s, the path led to greater analysis and concern for poverty and to the ideas of redistribution with growth and basic needs. These formed the cutting edge for national development strategies, formally endorsed in the resolutions of the World Employment Conference in 1976. These ideas also had an important impact on the World Bank, where its president, Robert McNamara, and his chief economist, Hollis Chenery, had to strongly emphasise poverty reduction and, later in the 1970s, basic needs.

The basic needs approach was originally given much earlier by the noted Indian economist Pitamber Pant in 1950s. He said that development must be concerned with the meeting of minimum or basic needs. However, in the following decades the debate sometimes got lost in technical discussions on growth rates, saving ratios, capital-output ratios and so on, concentrating on the means, losing sight of the ends.⁴³ Basic needs have three main parts.⁴⁴ First was the increasing the income through efficient, labour intensive production for countries with labour surplus. Second, public services like mass education, safe water, family planning and health services were assigned a key role of reducing poverty. Third, it started to shift people's attention to participation- public services were to be financed by the government but their planning and delivery should take place with the participation of beneficiaries. In practice, however, many governments and agencies focussed on only delivery of basic public services. As a result, basic needs came to be criticised as a prescription to "count the poor, cost the bundle and deliver it to them".⁴⁵ It was also criticised for leaving out the less material dimensions of human well being and for not empowering the poor economically, since it did not stress their access to productive assets. Some developing countries regarded industrial countries' support for basic needs as a means to divert attention from the discussion of international policy and the need for a new international economic order. This would be elaborated further in the following section.

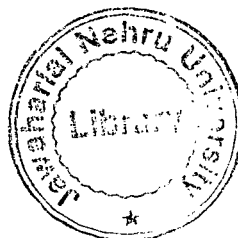
It would be apt here to add that India's promotion of the strategy of meeting 'minimum needs' in the early 1950s was one of the influences of the Basic Needs

⁴³ United Nations(1996) op. cit, pp-47

⁴⁴ ibid

⁴⁵ ibid

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Approach.⁴⁶Due to the huge influence of the basic needs approach, the 1970s saw a number of programmes being introduced that focussed on households and other aspects like health, education, farming and reproduction practices that were designed to create a minimum level of welfare for the weakest groups in society. Development practice became characterized by district and regional planning, by proliferating field bureaucracies and by development solutions through targeting (of social groups—particularly women and children, of sectors and of regions) to overcome the recognized inadequacies of the sixties. Concurrently, a series of social indicators for development appeared, most notably within annual reports for the World Bank and the UNDP, as concepts of absolute and relative poverty were redefined to include the distribution of access education and clean water, for example, in addition to income.

In the arguments of the advocates of basic needs approach, the politics of real world, involving patterns of power and economic advantage, tend to be presented as a problem for the planners. It is assumed that the problems of the poor are of such demanding urgency that a simple measure of attention on the part of established structures of power would be enough to ensure that action could be taken. However, it seems clear that matters of internal social, political and economic change cannot be treated in this oversimplified fashion. A substantive reality of the societies of the third world cannot be thus elided because making social reforms, the precondition of effective planning begs the question of how such changes might be brought about in the first place.⁴⁷

From very early on, the UN understood the significance of creating an international setting in order for national development policies to have more chance of success. In 1974, the conference at Bucharest saw the issue of population and that of development being linked up, largely at the behest of countries belonging to North. Groups led by the U.S. called for an enhanced role of U.N. and its member nations in efforts to limit population growth while the third world camp brought out a draft plan of action that included the principles of New International Economic Order. This action plan sought to change the focus of conference from the narrow issue of population to the far more politically sensitive question of the merits of a restructured world economy. In the early phase of the 1970s, there was a pronounced concern for

⁴⁶ United Nations (2005), op. cit

⁴⁷ Preston, P.W. (2001), op. cit, pp-247

the mutual interests of all those working within the global system, who consisted of the United Nations, NGOs, charities and pressure groups. The key idea that was presented during this period consisted of two major areas of concern:⁴⁸ first, calls for a New International Economic Order (NIEO); and second, a concern for the transfer of resources to the poor to meet the basic needs in development. The NIEO programme was meant to shift the balance of economic powers towards the countries of the third world. The NIEO included a series of issues; which included the following: trade reforms; monetary reforms; resource transfers; debt relief; and technology transfer. It was an ambitious programme to upgrade the economies of the poor countries and to integrate them as equal partners within the global system.

The presentation of the NIEO programme in the United Nations is a complex story in itself. The matter is summarized as follows: 'the declaration on the establishment of a New International Economic Order.....and the accompanying programme of action, which was adopted without a vote at the Sixth Special Session of the U.N. general assembly in may 1974 was confirmed in November 1974 in the charter of Economic Rights and Duties of States.'⁴⁹ After the presentation of the NIEO programme, the First and Third worlds manoeuvred for positions within the various institutional forums of the U.N. The reaction of the developed countries to all the proposals of the NIEO was initially strongly negative but the reaction was modified shortly thereafter when it was realised that suitably reworked, the proposals could be made to fit with the interests of the rich countries. Over the decade of the 70s, the debate continued within the U.N. and slowly the radicalism of the NIEO dwindled away to focus the attention to basic needs. The shift of attention to basic needs also undermined a key aspect of the NIEO programme, namely the concern to strengthen the countries of the Third world in relation to the First world, because the new strategy of focussing the attention of development agencies on the needs of the poorest entailed the submission of the countries of the Third world to greater external direction of their development efforts. As the NIEO programme implied a shift of power to the states of the Third world, so the basic needs programme implied a shift of power away from states towards development projects closely overseen by experts from the First world. However, though both the NIEO and the basic needs continued to be in action, it is

⁴⁸ *ibid*, pp-236-237

⁴⁹ Hoogvelt A(1982): *The Third World in Global Development*, Macmillan, London

the notion of basic needs which has received by far the greatest attention from development theorists in the First world.

ENVIRONMENT AND DEVELOPMENT:

The debate about environment dates itself from the 1960s. During this period a series of arguments were presented which ranged from relatively narrowly focussed and natural scientifically presented concern with pollution through to the wider anxieties of social critique in respect of the rationalization and dehumanisation of the world. At this time, the environmentalist movement tended to be an informally organised middle class concern within the First World. However, the composition of the movement has subsequently broadened and the campaigning has become well organised. In the early period of the presentation of the environmentalist arguments, an opposition between environment and development was supposed. Indeed much of the early environmentalist work was neo-Malthusian and was preoccupied with population growth in third world.⁵⁰ On the other hand, elite of the new nations of the third world were not well disposed to the environmental movement, as economic growth was a high priority. A series of attempts was made to resolve the tensions and draw the two areas of concern into a more positive relationship and in the 1970s, the concern of development and environment began to go together. The two issues began to be brought together under the auspices of the U.N. at the 1972 Conference on the Human Environment held in Stockholm. A linkage between the two areas of concern was forged here, when it was made clear that environmental problems and poverty were intermingled as the poor suffered the worst conditions and in their search for livelihood placed great stress on the environment.⁵¹ It was also made clear that environmental and developmental problems were global in their nature and could only be addressed within the context of the overall global system.

As the link between concern for environment and concern for development began to be made, the linkages of environmental damage to Third World poverty were explored. The marginal position of Third World poor entailed that they suffered most directly from the degradation of natural environment. There was a particularly strong

⁵⁰ Preston, P.W. (2001), op. cit, pp-305-306

⁵¹ ibid

concern for the third world population growth as the problem of development and environment were often taken to be exacerbated by the rapid increase in numbers.

The global aspect of the problems of development and environment was also made clear. It was argued that demands for resources of the industries of the first world placed heavy demands on the environment in both first world and the third world. It was argued that countries of the third world could not aspire to the levels of material consumption of the first world, as there were insufficient global resources to sustain such levels of living.⁵² In similar fashion, the problem of pollution was noted as it spilled over national boundaries within the first world and was an identifiable problem in the Third World. A key breakthrough in linking environment and development was made in 1987 when the Brundtland Commission reported to the U.N. and argued the case for a strategy of sustainable development.

Sustainable Development

The gradual emergence of the concept of sustainable development has also built on a range of other concepts, e.g. 'sustainable yield'. 'Eco-development', 'deep ecology'.

Whilst earlier literature discussed a wide range of issues around the emerging concept of sustainable development, the following statement from the World Conservation Strategy appears to be the first actual attempt to define sustainable Development:⁵³

"For development to be sustainable, it must take account of social and ecological factors, as well as economic ones; of the living and non-living resource base; and of the long-term as well as the short-term advantages and disadvantages of alternative action"

The World Conservation Strategy was frequently criticized for being concerned mainly with ecological sustainability rather than sustainable development *per se*. The most universally quoted definition is that produced in 1987 by the World Commission on Environment and Development (WCED), otherwise known as the Brundtland

⁵² *ibid*

⁵³ IUCN/UNEP/WWF (1980): The World Conservation Strategy; Living Resource Conservation for Sustainable Development. International Union for Conservation of Nature (IUCN), United Nations Environment programme (UNEP) and World Wide Fund for Nature (WWF), Gland, Switzerland.

Commission (after its Chairperson, Gro Harlem Brundtland, Prime Minister of Norway):

"Economic and social development that meets the needs of the current generation without undermining the ability of future generations to meet their own needs".

Despite the wealth of references to the Brundtland definition, it is not supported by professional consensus.⁵⁴ As Banuri observes, "there is considerable professional disagreement about this definition, mostly on how to put the idea of sustainable development into operation, but also to do with questions of definition and on its claims to synthesis".⁵⁵ This definition has been brought into service in the absence of an agreement about a process, which almost everybody think is desirable. However, the simplicity of this approach is deceptive, and obscures underlying complexities and contradictions.⁵⁶ From the definition of Brundtland Commission, it is clear that "needs" themselves change, so it is unlikely (as the definition implies), that those of future generation will be the same as those of the present generation. The question then is, where does 'development' come into picture? Obviously, development itself contributes to 'needs', helping to define them differently for each generation and for different cultures.⁵⁷ However, the U.N. mainstream now regards sustainable development as a proper way to reconcile the competing claims of the environmentalist moment and the concerns for growth within the Third world. The mainstream position was affirmed at the 1992 U.N. Conference on Environment and development in Rio de Janeiro, which was known as the Earth Summit.⁵⁸

The idea of sustainable development has been widely discussed and indeed has been criticized by some radical ecologist, market theorists and some Marxian thinkers. The problems in securing sustainable development include:⁵⁹

⁵⁴ Clayton D. Barry : "What is sustainable Development?", published by International institute for Environment and Development(IIED)

⁵⁵ Banuri Tariq (1999): Sustainable Development and Climate change, Policy matters No.4, Newsletter of the IUCN Commission on Environmental, Economic and Social policy (CEESP), CEESP Secretariat, IIED, London.

⁵⁶ Redclift Michael (2000): "Sustainable Development" in *The Companion to Development Studies*, op. cit. pp-275-279

⁵⁷ ibid

⁵⁸ Preston, P.W. (2001), op. cit, pp-307

⁵⁹ ibid

- a) The issue of access for people to resources as present patterns of development often pushes people to the margins where they have little choice but to degrade the environment in order to survive whilst at the same time the rich in the first and third world enjoy a privileged access to patterns of consumption, which have high resource requirements.
- b) The problem of temporariness of the retreat of poverty to the margins as the poor tries to utilize ecologically fragile land and perforce adopt environmentally damaging economic practices.
- c) The cost of present patterns of development to people and the environment as evidenced in the patterns of ill health, poverty, pollution and environmental degradation.

In the decade of the 80s, there was simultaneously a sharp turn towards market-based solution to development problems, which, in general, did not work, and there was a better appreciation of the complexities of the pursuit of development.⁶⁰ In this decade the problem of global interdependency were affirmed and at the local level the complexity of the pursuit of development was acknowledged. It was from this acknowledgement that an idea of sustainable development began to emerge, for it became clear that it was no use pursuing improvements in one sphere if the related spheres were neglected.⁶¹ The dramatic oil price increases of 1973 and 1979 triggered a slow down and then severe recession in the North and the world economy as a whole, and precipitated the so-called debt crisis in the South in 1981-82.⁶²

In the North, there was a profound disillusionment with the record of state involvement in economic and social life. State involvement in economy was held to be inefficient, bureaucratic and an unnecessary drain on public funds. It led to a simplistic and naïve belief in ‘the magic of market’ as the most efficient economic regulator.⁶³ This ideology, neo-liberalism, rapidly became the economic orthodoxy in the North and was exported to the global South via aid policies and measures formulated to address the debt crisis. In late 1981, Brazil and Mexico announced that

⁶⁰ *ibid*

⁶¹ *ibid*

⁶² Simon David (2002): “Neo-liberalism, Structural Adjustment and Poverty Reduction Strategies” in *The Companion to Development Studies*, op. cit. pp-86-91

⁶³ *ibid*

they could no longer service their official debts, triggering panic among creditor governments and transnational banks. In turn, the creditor governments and transnational banks feared the domino effect among debt-ridden countries that would drive creditors into bankruptcy and undermine the entire international financial system.⁶⁴

The IMF assumed the lead role in addressing the debt crisis. The problem of default was diagnosed as entirely the fault of debtor countries, because of their governments being corrupt, interventionist, blotted by bureaucracy and weighed down by inefficient, often loss making enterprises; they had also persuaded inappropriate policies. The dramatic interest rate increase was noted but was not regarded as sufficient explanation.⁶⁵ IMF's policy response, structural adjustment programme, was indeed geared to maximise the prospects for, and amounts of, repayment by debtor countries.

In this decade, the economic role of U.N. diminished and the IMF and the World Bank with strong support from the West set the core international agenda for development.⁶⁶ Stabilization measures of SAP consisted of freezing the public sector wages to reduce wage inflation and the government's salary bill, devaluation of currency to make exports cheaper and to deter imports, and reducing subsidies on basic food and other commodities, reducing investment in health and education to reduce government expenditure.⁶⁷ Restoring growth, an objective on paper, was rarely achieved in practice. Although these policies reduced deficits in some countries, they often did so at the cost of inducing recession. In short, they often balanced budgets by unbalancing people's lives.⁶⁸

Adjustment measures of SAP, implemented in second phase consisted of export promotion through incentives; down sizing the civil services for rationalizing of public sector and to reduce overstaffing; economic liberalization by relaxing and removing many regulations and restrictions on economic activity, both domestic and international; privatization of state enterprises especially loss making ones; tax

⁶⁴ ibid

⁶⁵ ibid

⁶⁶ U.N.(2005), op. cit

⁶⁷ Simon, D.(1995): "Debt, democracy and development in Africa in the 1990s", in D. Simon, W. Van Spengen, C. Dixon, and A. Narman, (eds.) *Structurally Adjusted Africa: Poverty, Debt and Basic Needs*, London and Boulder; Pluto, pp-5

⁶⁸ U.N.(1996), op. cit,pp-48

reductions to create incentives for individuals or business to save and invest.⁶⁹ Whether this was actually 'structural' was another matter. It excluded many measures previously identified as critical for changing social and economic structures-such as land reforms or a radical redistribution of power.⁷⁰

Progressively throughout the decade, basic human rights such as access to safe water and sanitation, which had been identified in the early 1980s as essential to bringing marginal groups into dominant cultures, became commodities subject to the rigours of the market. Donors, for example, came under increasing pressure to find new methods of financing and providing welfare both 'at home' and abroad. Governments of developing nations were also required to cut state expenditures under conditions for access to multi-lateral development finance. Whilst these pressures opened up spaces for new project types, processes and programmes in development, it has been suggested that the more radical aspects of the original basic needs approach philosophies were often devalued in practice, 'reducing them from agendas for change and empowerment into little more than shopping lists that are hawked to donors' than recipient priorities. Thus, SAP became a prerequisite for obtaining financial support. This economic conditionality was later on complemented with political conditionality also.⁷¹

Among the many voices raised in protest of structural adjustment policies, one significant voice was from ILO and UNICEF, which published *Adjustment with a Human Face* in mid eighties.⁷² While not questioning the need for some kind of adjustment, UNICEF called on the IMF and the World Bank to give more attention to poverty and to human concerns. Among a wide range of proposals, it argued for maintaining basic minimum services, especially for the most vulnerable, and for sharing the burden of adjustment more fairly. However, the underlying principle was that human concerns should not be 'added on' to an otherwise unchanged package of adjustment policies. Instead, they should be incorporated into a new, integrated framework of long term, people centred development.⁷³

⁶⁹ Simon David (2002) op. cit, pp-86-92

⁷⁰ U.N.(1996), op. cit,pp-48

⁷¹ Simon David (2002) op. cit, pp-86-92

⁷² Louis Emmerij, Richard Jolly and Thomas G. Weiss (2005), op cit

⁷³ U.N.(1996), op. cit

By 1990 the United Nations put forward a more active and comprehensive strategy, with the publication of the UN Development Programme of its first annual Human Development Report, proposing fundamental alternative to Bretton Woods orthodoxy.⁷⁴ The human development approach put forth that development is more than mere economics, more than macroeconomic aggregates and indicators, that human beings are not mere economic beings. They are also political, social, and cultural beings as well, and these affect their behavioural patterns in the economic domain. Therefore, what is needed to launch the development process on a sustainable basis is a holistic human development paradigm, not a narrow economic growth strategy. It was argued that while economic growth is important, it is insufficient to bring about a holistic sustainable human development.

Amartya Sen's capability approach acted as the theoretical backbone of the newly evolved approach of human development. As an alternative to the neoclassical position that saw investments in human beings as "an instrument for promoting economic growth and success",⁷⁵ Sen put forward a new concept called the human capability. The capability approach has argued that the intrinsic values of human capability should be valued more than the instrumental values. This approach reminds of the earlier integrated approach towards social and economic development.⁷⁶

In the capability approach, expansion of freedom is seen to be the primary end and the principal means of development. Central to this approach of development are concepts like functionings and capabilities. Functionings has been defined as the things that human being may value *doing* or *being*. According to Sen, "the valued functionings may vary from elementary ones, such as being adequately nourished and being free from avoidable disease, to very complex activities or personal states, such as being able to take part in the life of the community and having self-respect." Capabilities, on the other hand, signify the alternative combinations of the functionings that are possible to achieve. Capability is thus understood as the

⁷⁴ United Nations (2005), op. cit

⁷⁵ Amartya K Sen and Jean Dreze (2004), *India: Economic Development and Social Opportunity*, Oxford University Press, New Delhi.

⁷⁶ Amartya K Sen (1997), Editorial: Human Capital and Human Capability, *World Development*, Vol. 25, No. 12, pp. 1959-1961.

substantive freedom to alternative functioning combinations or in simpler terms, the freedom to achieve various lifestyles.⁷⁷

This kind of an understanding justifies that more medical attention, health care, education and other factors are responsible for the kind of effective freedom that people enjoy that in turn allows them to lead a more fruitful life.⁷⁸ Sen also talks of state activism whereby through government initiatives in general health care, basic education and land reforms, people are able to lead a life of wellbeing that they seek for.⁷⁹ According to him, expansion of health care, education, social security etc. would contribute directly to the expansion of human capabilities and the quality of life. He makes a point when he says that the highly labour intensive nature of health care and basic education would make these ideal for low-income countries in their initial stages of development.⁸⁰ Giving examples of inter-country comparisons and data from China, Sri Lanka and Kerala, he points out that life expectancy has a significantly positive correlation with the incomes of the poor and the public expenditure in health care.⁸¹

Amartya Sen puts forth a strategy of support-led security as an alternative to the traditional growth-mediated security strategy, as economic growth is seen as “an unreliable means of general advance of a community”.⁸² This kind of an approach calls for broad public interventions in employment generation, land reforms, income redistribution, health care, education and social assistance, irrespective of economic growth. He emphasises that efforts should be made so that national resources are used for making public services accessible for the needy, and even goes on to suggest that there should actually be a redistributive bias in the delivery of these public services.⁸³

⁷⁷ Amartya K Sen (2000a), *Development as Freedom*, Oxford University Press, New Delhi.

⁷⁸ *Ibid.*

⁷⁹ *Ibid.*

⁸⁰ Amartya K Sen (2000a), *op cit.*

⁸¹ Amartya K Sen (1999a), *Economics and Health*, *The Lancet*, Vol. 354, No. 4.

⁸² Amartya K Sen and Jean Dreze (2004), *Hunger and Public Action*, Oxford University Press, New Delhi.

⁸³ *Ibid.*

Sen's human capability approach has been criticised on the grounds that the word capabilities is used at least in two senses- one as the actual attainment of various components of the standard of living like income, health and education and the other, as the *potential* of the individuals to realise these capabilities.⁸⁴ Since policy advice based on the capability approach always included enhanced government intervention, there have been liberal thinkers who saw capability approach as being overtly paternalistic.⁸⁵ Some feminist critics have argued that the incidence of intra-household power disparities may impinge on the analyses based on this approach.⁸⁶ There have been criticisms about the complications in making the capability approach operational.⁸⁷ It has been observed by Vicente Navarro that Sen's work is inadequate for the reason that there is an absence of an analysis of the power relations that cause and propagate underdevelopment through prevailing political institutions. He also pointed out that Sen manoeuvres essentially within the classical economic tradition, without ever acknowledging the significance of individuals as collective agents in explaining domination or exploitation. According to Navarro, such depoliticisation of analysis could be termed as an overriding flaw in Sen's framework.⁸⁸

CONVERGING AGENDAS THROUGH THE 1990S AND AFTER:

Human Development Reports, the flagship publication of the United Nations Development Program from the nineties, have greatly been influenced by Amartya Sen's ideas. These reports brought into the development parlance, measures of welfare like Human Development Index, Human Poverty Index and Gender-Related Development Index, which are much broader than per capita GDP.⁸⁹ Over the years

⁸⁴ Cohen, 1993, 1993a cited in AK Bagchi (1999), *Capabilities, Freedom and Human Development: Amartya Sen's Human Science of Development: Part III, Frontline, Vol.16, No. 14.*

⁸⁵ John Rawls, cited in Ingrid Robeyns (2000), *An Unworkable Idea or a Promising Alternative? Sen's Capability Approach Re-examined, Center for Economic Studies Discussion Paper 00.30, University of Leuven.*

⁸⁶ See Vegard Iversen's paper in Bina Agarwal, Jane Humphries and Ingrid Robeyns (Eds.) (2003), *Feminist Economics: A Special Issue on Amartya Sen's Work and Ideas: A Gender Perspective, Vol.9, No.2.*

⁸⁷ Madoka Saito (2003), *Amartya Sen's Capability Approach to Education: A Critical Exploration, Journal of Philosophy of Education, Vol. 37, No.1, pp. 17-33.*

⁸⁸ Vicente Navarro (2000), *Development and Quality of Life: A critique of Amartya Sen's Development as Freedom, International Journal of Health Services, Vol. 30, No. 4, pp. 661-674.*

⁸⁹ UNDP (1999), *Human Development Report 1999, Oxford University Press, Oxford.*

HDI has become an important tool to measure human development and gained considerable attention.

Despite careful efforts to explain that the notion of human development is much broader than its measure, the HDI's message is that the essential human development objectives are to expand education, literacy, health and survival, and to raise incomes. The power of the HDI as a communications tool has proved difficult to moderate.⁹⁰ There has also been a tendency to imprison human development strategies and ideas within the human development index. Ironically, the success of the HDI has only served to reinforce the narrow interpretation of human development. Two flaws in the initial design of the HDI – the simplification of a complex idea, and the exclusion of references to political freedoms and participation – continue to haunt the concept.⁹¹

The authors of the *Human Development Reports* also have acknowledged that the biggest flaw in the HDI has been the lack of an indicator of political freedom.⁹² Serious efforts were made to develop a measure starting in 1990, with the human freedom index published in 1992 followed by the political freedom index in 1993 in respect to Human Development Reports. Unfortunately, these measures were technically flawed as well as politically unacceptable. They created bitter controversy and had to be discontinued.⁹³

Therefore, in spite of the human development emphasis on the importance of political and social freedom, these capabilities have never been given as much attention as basic capabilities – improved health, education and incomes. Part of the reason has to do with the complexity of measuring and monitoring such freedoms, a factor that is reflected in the assessment of trends in human development that forms a chapter in each *Human Development Report*. Similarly, the balance sheets of human development graphically display progress and deprivation in life expectancy, health, sanitation, food and nutrition, women, children, human security, environment – all essentially economic and social issues with no reference to political freedoms. Two

⁹⁰ Sakiko Fukuda-Parr(2001): “Rescuing the Human Development Concept from HDI: Reflections on a New Agenda”

⁹¹ ibid

⁹² ibid

⁹³ Polity IV.(2002): “Political Regime characteristics and Transactions, 1800-2000”. <http://www.bsos.umd.edu/cidcm/inscr/polity/index.htm>, july 2006

exceptions to this pattern are the 1995 and 2000 *Human Development Reports*, which explicitly recognize the significance of political freedom.⁹⁴

Throughout the nineties, the UNDP made a number of changes in its annual reporting of development progress, which have made important contributions to changing ideas on the meanings and goals of development and particularly in relation to non-income indicators of human well-being. Human development has been an evolving concept. Each year the *Human Development Reports* has re-examined it in the light of criticisms or analysed it in detail.⁹⁵ Successive reports broadened the development agenda by exploring what a truly human development approach would mean for several priority areas: the concept and measurement of development, development financing, global income distribution, human security, women's equality and gender, economic growth, poverty, consumption, globalization, human rights, and cultural diversity. Each of these became less an add-on to economic development than an enrichment of the concept of human development.⁹⁶

The following section gives a brief description of different Human Development Reports.

For example, the 1990, 1991 and 1992 *Human Development Reports* make strong assertions about the importance of human freedoms and contain serious attempts to develop composite measures of them.^{97 98 99}

Different Human Development Reports have dealt with human agency at an individual level by advocating investments in health and education *Human Development Report 1993*, on participation, broke ground in arguing for the importance of people's role in collective agency. It proposes two strategies – strengthening institutions of civil society and decentralizing power from capital cities

⁹⁴ Sakiko Fukuda-Parr(2001), op. cit

⁹⁵ U.N. (1996), op. cit

⁹⁶ United Nations (2005), op. cit.

⁹⁷ United Nations Development Programme (1990): Human Development Report, New York, Oxford University Press

⁹⁸ United Nations Development Programme (1991): Human Development Report, New York, Oxford University Press

⁹⁹United Nations Development Programme (1992): Human Development Report, New York, Oxford University Press

to regions and villages.¹⁰⁰ The 1995 and 2000 *Human Development Reports* also contend that through history, human rights, including women's rights, have not been won by technocratic planning but by social advocacy movements.

Another human-centred concept that has had considerable impact on public debates is the notion of human security. *Human Development Report 1994* calls upon policy makers and researchers to focus on the security of people rather than on the security of national borders. The implications of this concept are profound. It challenges the notions of foreign policy by proposing that countries protect people against serious harm and violations of human rights even when a state is unwilling or unable to do so. It indicates the need for national economic policies to set up measures against the catastrophic consequences of economic downturns and natural disasters.¹⁰¹

The *Human Development Report* of 1995 analyzed deprivations and inequalities by focusing on capabilities and choices rather than on material goods. It introduced a measure of human development that takes account of the gender inequalities (the gender-related development index, or GDI) and another on the disparities between women and men in participation and in decision-making processes (the gender empowerment measure, or GEM).¹⁰²

The *Human Development Report 1996* explores the relationship between development and growth further, revealing that there is no automatic link. Growth can be ruthless, rootless, futureless, voiceless and jobless – but when the links are strong, growth and human development are mutually reinforcing.¹⁰³

Human Development Report 1997 made an important conceptual breakthrough on poverty, defining it as deprivation in lives and choices rather than in material goods and income. The report introduces a concept of “human poverty” as distinct from

¹⁰⁰ United Nations Development Programme (1993): *Human Development Report*, New York, Oxford University Press

¹⁰¹ United Nations Development Programme (1994): *Human Development Report*, New York, Oxford University Press

¹⁰² United Nations Development Programme (1995): *Human Development Report*, New York, Oxford University Press

¹⁰³ United Nations Development Programme (1996): *Human Development Report*, New York, Oxford University Press

“income poverty.”¹⁰⁴ While the standard measure of poverty focuses on incomes or food consumption below a threshold, *Human Development Report 1997* debuts a measure focusing on human development achievements below a threshold level in human survival, literacy, nutrition and access to public income.

Human Development Report 1998 focuses on the impact on people, especially on the different burdens and needs of the under-consumers, who are not consuming enough even to meet basic needs, and the over-consumers, whose consumption is huge and growing. Not only do the over-consumers create more environmental stress, but also the under consumers are most likely to suffer from the environmental consequences, from air pollution to rising sea levels.¹⁰⁵ In addition, the report has taken new approaches to the consumption/environment debates, which have been dominated by concerns about economic growth and expansion in consumption as sources of environmental stress.

In considering globalization, for instance, *Human Development Report 1999* goes beyond the impact of trade and capital liberalization on economic growth. It focuses instead on the changing opportunities in people’s lives and raises concerns over new insecurities that are being created.¹⁰⁶

As *Human Development Report 2000* states, capabilities comprise “the *basic freedoms* of being able to meet bodily requirements, such as the ability to avoid starvation and under nourishment, or to escape preventable morbidity or premature mortality. They also include the enabling opportunities given by schooling...or the liberty and economic means to move freely and to choose one’s abode. There are also important ‘*social*’ freedoms, such as the capability to participate in the life of the community, to join in public discussion, to participate in political decision-making and even the elementary ability ‘to appear in public without shame’.”

¹⁰⁴ United Nations Development Programme (1997): *Human Development Report*, New York, Oxford University Press

¹⁰⁵ United Nations Development Programme (1998): *Human Development Report*, New York, Oxford University Press

¹⁰⁶ United Nations Development Programme (1999): *Human Development Report*, New York, Oxford University Press

Human Development Report 2000, in particular, afforded a major conceptual breakthrough in clarifying the relationship between human rights and human development.¹⁰⁷

The conceptual framework of *Human Development Report 2001* sees technology as a tool for promoting human development, not as a reward of higher incomes. This contrasts with growth-oriented studies of the current technology revolution, which deal primarily with impacts on the economy such as productivity increases, employment creation and stock market trends. The report looks at public policies to “make new technologies work for human development” – for example, by shifting priorities for research and development investment to tackle enduring problems such as tropical diseases, low agricultural productivity and lack of access to energy. The report introduces a new measurement tool, the technology achievement index, which focuses on how basic technologies are spread through a country.¹⁰⁸

Throughout the nineties, the UNDP made a number of changes in its annual reporting of development progress, which have made important contributions to changing ideas on the meanings and goals of development and particularly in relation to non-income indicators of human well-being

The 1990s generated much debate and ideas on how development could be achieved and indeed, on the meaning of development itself. In the 1990s after the end of the Cold War came the second round of global conferences and summits, reinforcing earlier priorities for environment, human rights, population, social development, gender equality, food security, and urban development. These culminated in 2000 in the Millennium Summit, which adopted a program focused on poverty reduction and the achievement of the Millennium Development Goals by 2015. There has been an interesting trend of late towards a closer collaboration between the Bretton Woods institutions and the UN. ‘Ownership’ of development projects and initiatives by developing countries themselves are now considered essential, but the driving force for economic policy still rests with the IMF and the World Bank following the

¹⁰⁷ United Nations Development Programme (2000): *Human Development Report*, New York, Oxford University Press

¹⁰⁸ United Nations Development Programme (2001): *Human Development Report*, New York, Oxford University Press

‘Washington consensus’ orthodoxy. This is true both of the Poverty Reduction Strategy Papers (PRSPs) and of actions in pursuit of the MDGs. The historical record of performance suggests that this is still too narrow an approach and at variance with what is required to achieve the MDGs.¹⁰⁹ in the next chapter, we would be looking at the Millennium development Goals, the levels of progress which are now seen as the indicators of development.

¹⁰⁹ Louis Emmerij, Richard Jolly and Thomas G. Weiss (2005), op cit

**A REVIEW OF THE MILLENNIUM DEVELOPMENT
GOALS**

INTRODUCTION:

Having looked at the dilemmas faced by the UN in the process of achieving global development, now we begin with a description of the Millennium Summit and its activities, which led to the concretization of the MDGs. We also analyze three related developments in the form of the Commission for Macroeconomics and Health (CMH), Poverty Reduction Strategy Papers (PRSPs), and the International Development Targets (IDTs) which provided the background material and inspiration for MDGs. In the third section, this chapter attempts to highlight various criticisms of the MDG approach, which is inherent in the HDI reports itself.

MILLENNIUM SUMMIT:

In September 2000, representatives from 189 countries, including 147 heads of state, met at Millennium Summit in New York to adopt the United Nations Millennium Declaration¹. This declaration was developed over months of deliberations with consideration given to regional hearings and millennium fora that allowed people's voices to be heard. The United Nations Millennium Declaration is considered a landmark document for the new century. This declaration set out the principles and values that should govern the international relations in the 21st century. The intention of proposing the Millennium Summit was to harness a symbolic power of the millennium to the real needs of the people everywhere.

The national leaders gathered in this summit made specific commitments in seven areas: peace, security and disarmament, development and poverty eradication, protecting our common environment, human rights, democracy and good governance, protection of the vulnerable, meeting the special needs of Africa and strengthening the United Nations². The fact of the matter is that the MDGs were not developed from scratch; they resulted from an incremental and sometimes piecemeal process of generating political consensus on the major relevance of development agenda-mostly through a series of world summits and international conferences of the nineteen

¹ U.N.(United Nations). 2000. "United Nations Millennium Declaration" A/RES/55/2, Section II. New York

² *ibid.*

nineties. The roadmap prepared following the summit established goals and targets to be reached by 2015 in each of these seven areas. The goals in the area of development and poverty eradication are widely referred to as Millennium Development Goals³. MDGs are the first international goals to recognize, at the global level, that the poverty in the poorest countries can be dramatically reduced only if developing countries put well-designed and well-implemented plans to reduce poverty-and only if rich countries match their efforts with substantial increase in their support. MDGs are formulated in a desperate attempt of doing something and taking action for attacking the crisis of extreme poverty without questioning the motivation behind this. The MDGs are projected as time bound and quantified targets addressing extreme poverty in its many dimensions-incomes, poverty, hunger, disease-while promoting gender equality, education and environmental sustainability. They also include commitments to reduce debt, increase technology transfer and development and build partnerships. For billions people living in extreme poverty, MDGs were seen as means to a productive life. For everyone on earth, the MDGs as given below, are seen as a key player to the quest for more secure and peaceful world⁴.

Goal 1: eradicate extreme poverty and hunger

Goal 2: achieve universal primary education

Goal 3: promote gender equality and empower women

Goal 4: reduce child mortality

Goal 6: combat HIV/AIDS, malaria and other diseases

Goal 7: ensure environmental sustainability

Goal 8: develop a global partnership for development

³ *ibid.*

⁴ UN Millennium Project. 2005. "Investing in development: A practical plan to achieve the Millennium Development Goals". New York, pp-2

The MDGs is a UN wide process with several bodies set up to report directly to the Secretary General. It is a complex and somewhat confusing set of arrangement that aim to follow the spirit of millennium declaration,2000 and to engage the UN agencies and Bretton Woods institutions as well as to open the door for outside expertise⁵. The UN core strategy for achieving MDGs has four components⁶.

- 1) The independent millennium project
- 2) Operational support by UN country teams at country level
- 3) Millennium reporting
- 4) Millennium campaign.

The millennium project is the research wing of MDG process. Prof.Jeffrey Sachs of Colombia University, who serves as special adviser to Secretary General on the Millennium Development goals, directs it. The millennium project conducts research on and analysis of the strategies needed to achieve MDGs. Over a period of three years, its ten task forces given below, have worked on operational priorities, organizational means of implementation and financing structures that is necessary to reach the goals.

UN MILLENNIUM PROJECT TASK FORCES:

1. Poverty and economic development
2. Hunger
3. Education and gender equality
4. Child and maternal health
5. HIV/AIDS, malaria, tuberculosis and access to essential medicines

⁵Harcourt Wendy (2005): Background paper on MDG and gender equality, unpublished paper.

⁶ WHO (World Health Organization). 2003. "Shaping the Future". Geneva, Switzerland.pp-367.

6. Environmental sustainability

7. Water and sanitation

8. Improving the lives of slum dwellers

9. Trade

10. Science, technology and innovation

Operational support for achieving the MDGs is provided by UN country teams. The MDGS have now become an integral part of the instrument- notably common country assessment and the UN development assistance framework- used by UN agency for planning and programming their work⁷.to b found out

In close collaboration with United Nations agencies and funds, the World Bank, IMF and OECD, the United Nations Statistics Division coordinates data analysis. It maintains database containing the series related to the 48 selected indicators, as well as other background series intended to supplement the basic 48 Millennium indicators, for more in-depth analysis. It is also responsible for issuing an annual report, based on the indicators of progress towards the MDGs that goes to the Secretary General and the UN agencies. The availability of data necessary to calculate the indicators in each country depends on the capacities of the National Statistical Services. In any instances, when country data are not available or are affected by serious quality problems, estimates are used to calculate the same. In addition, also an inter-Agency statistical group (with UN agencies and International Finance Institutions represents) has been reviewing the technical content of indicators and their appropriateness to the goals⁸.

The Millennium Campaign was set up specifically by Secretary General to coordinate throughout the UN systems and international and civil society partners through a series of advocacy and awareness building strategies. The primary focus is to galvanize public opinion and awareness of MDGs. The campaign aims to raise public

⁷ Background paper on MDG and gender equality, Wendy Harcourt, Limited citation

⁸ U.N.(United Nations) 2000. "Report of the international conference on financing for development" A/CONF.198/11 New York.

awareness of, and political commitment to the MDGs in both developed (to gain support for development assistance, goal 8) and developing (to build coalition for action, goal 1-7) countries.

Based on the two way relationship between development and health as highlighted by CMH on health- which advocates the importance of health in economic growth and development- health constitutes a major portion of the MDGs. MDGs were seen as a compact in which both rich and poor countries have responsibilities. This unprecedented joint commitment was not a one off affair. It was mainly a compact of G-8 and developed countries and the developing nations were forced to comply with what seemed to be a partnership between the rich and poor countries that was reaffirmed in November 2001, with the launch of the Doha round on International trade. This was further developed in early 2002, at the International Conference on Financing for Development in Monterrey at Mexico⁹. The framework established in the Monterrey consensus describes the nature and importance of new global partnerships as follows:

“Achieving the internationally agreed developmental goals, including those contained in the UN Millennium Declaration, demands a new partnership between developed and developing countries. We commit ourselves to sound policies, good governance at all levels, and the rule of the law. We also commit ourselves to mobilizing domestic resources, attracting international flows, promoting international trade as an engine for development, increasing international financial and technical cooperation for development, sustainable debt financing and external debt relief, and enhancing the coherence and consistency of the international monetary, financial, and trading systems”.(UN2002 a)¹⁰.

The Monterrey Conference outlined the need for better policies and increased assistance for more trade and more aid. Later on, in the same year (September 2002) UN member states gathered at the world summit on sustainable development held at

⁹ World Bank (The International Bank for Reconstruction and Development) 2003. “2002 Annual Review of Development Effectiveness Achieving Development Outcomes: The Millennium Challenge” Washington, New York. Pp-11

¹⁰ U.N.(United Nations) 2002a. “Report of the international conference on Financing for development” A/CONF.198/11. New York.

Johannesburg, South Africa where they reaffirmed the MDGs as time bound developmental targets and recognized that poverty reduction and achievement of MDGs were central to the sustainable development agenda¹¹. The MDGs were seen as a visionary challenge to help galvanize new energies and resources for the development agenda with a focus on outcomes.

The following section discusses the three main driving forces behind the conceptualization and implementation of the MDGs:

COMMISSION FOR MACROECONOMICS AND HEALTH:

The World Health Organization established the Commission on Macroeconomics and Health (CMH) in January 2000 to debate, research and reach conclusions about the role of health in economic development. The summary report of the commission begins by stating that investments in health are needed for economic development especially in developing countries. Giving the justification that ill health causes poverty; the commission recommends that the burden of diseases in poor and developing countries should be central to and a strategy for economic growth and comprehensive development.¹² Citing examples from low-income countries as well as from middle-income countries like China, the commission states that they have a far lower life expectancy and a far higher age adjusted mortality rates than the rest of the world. To reduce these high mortality rates, the commission suggests that the control of communicable diseases and improved maternal and child health should be the priorities of public health policy in these countries. According to the commission, the excess disease burden in the developing countries is due to a small number of identifiable conditions, each of which has a set of existing health interventions supposed to dramatically improve health and reduce the deaths associated with these conditions.

The commission recommends that more investments should be made keeping a focus on specific interventions. Justifying that globalization and transfer of technology are the ways in which these specific interventions can be achieved; the commission

¹¹ UN Millennium Project. 2005, op cit

¹² WHO (World Health Organization). 2001. "Macroeconomics and health: Investing in Health for Economic development. Report of the Commission on Macroeconomics and Health". Geneva.

recommends four main criteria in choosing these essential interventions¹³: (1) they should be technically efficient and should be successful. (2) The targeted diseases should impose a heavy burden on society, taking into account individual illness as well as social spill over. (3) Social benefits should exceed the cost of the interventions (like fewer orphans or faster economic growth!). (4) Needs of the poorer sections should be stressed. Further, the commission recommends that Research and Development work(R and D) should be done at the global level where the health researchers of the developed countries would determine what the poor countries suffer from and subsequently also formulate policies for these countries and their people. Finally, the developed countries would also determine the allocation and distribution of funds for various diseases according to what they think is best for the poorer countries.¹⁴ At the same time, the commission does not fail to bring in the role of the markets in the form of pharmaceutical industries who are supposed to procure medicines at reasonable costs for the developing countries. The basic assumption of the commission's report is that "improvements in health will translate into higher incomes, higher economic growth and reduced population growth."¹⁵ Even if we take this assumption for a moment, the commission should have been talking about meeting of basic needs- like access to good food, clean water, adequate sanitation and shelter, as major determinants of health. There has been several hundred years of public health experience to prove this. However, the commission hardly refers to these basic needs.¹⁶ Instead, Jeffery Sachs, the brain behind the commission, stresses on a relationship between economic growth and improvements in health, knowing fully well that such a relationship need not be necessary. He continues to present growth as the ultimate goal and the 'free' market as a way to achieve it. This very understanding of health as a prerequisite for economic development and therefore the justification for investments in it is by itself away from the Alma-Ata declaration where health is provided as a right and not as a means for economic growth.¹⁷ Deducing from the relationship between ill health and development, i.e. ill health limits people's ability to earn higher income and contribute to poverty; the

¹³ *ibid*, pp

¹⁴ Katz Alison (2004): "The Sachs Report: Investing in Health for economic Development- or increasing the size of the crumbs from the rich man's table? Part-I in International Journal of Health Services, Vol.34, No 4, pp-751-773

¹⁵ *ibid*, pp

¹⁶ *ibid*, pp

¹⁷ *ibid*, pp

commission formulates policy prescriptions, which are applied to the larger population.

At the individual and family level, ill health certainly pushes the people into a poverty trap, but at the macro level or national level, where there is a huge reserve of labour (unemployed) that is available, it certainly is not applicable. According to the commission report, health is achieved and health problems are solved through technical interventions delivered through health services.¹⁸ The report's recommendation to scale up access through focus on specific interventions does not recognize that the major interventions required for improvements in population health lie outside the health service sector. It very conveniently ignores the socio-economic, political and cultural variables determining the health levels of population. Technological interventions, for eg.drugs, bed nets, condoms and the like have been there long enough to show that these are unsustainable and merely stop-gap measures. The role of the pharmaceutical company is put forth as if they all want to give universal access to medicines for all developing nations. The profit driven pharmaceutical companies who actually deprive the poor of their medicines either through high cost drugs or patents are actively promoted throughout the commission's report.¹⁹

It is based on this report, that the MDGs were conceptualized as an expression of "humanitarian approach" towards solving of the world's health problems leading to development. The MDGs truly reflect the narrow and construed vision of the macroeconomic commission through its narrow, techno centric "magic bullet" like goals that is supposed to improve lives. Indeed, the commission's main assumption, "investments in health are going to translate into economic development" is therefore not a coincidence that it also is the basic assumption for the MDGs.

POVERTY REDUCTION STRATEGY PAPERS:

As shown in the previous chapter, the 90s witnessed a major shift in the developmental thinking, away from the emphasis on economic growth. Poverty reduction and many non-economic issues like health, education, nutrition,

¹⁸ WHO (2001): op.cit CMH pp 4

¹⁹ Katz Alison (2004): op.cit

environment, freedom, dignity, human agency, and community participation were included in the conception of human development. 90s also saw the emergence of new concept of human poverty as against the idea of income poverty.²⁰ Human poverty has been defined as deprivation in lives and choices rather than in material goods and income. UNDP's involvement in the poverty reduction activities dates back to the 1980s. During this period, the UNDP's role was limited to provide technical assistance and its activities were concentrated on projects through governments. It did not exercise much influence on policy issues and programmes.²¹ In the 90s, with the emergence of the concept of human development and HDI, the UN influenced the global policy debates, dialogues and its impact. After the 1995 world summit on social developments in Copenhagen-global commitments were made to wage a full-scale campaign against poverty. UNDP launched a multi donor Programme, Poverty Strategy Initiatives (PSI), to realize the pledges made at Copenhagen. PSI was meant to provide catalytic support to country level efforts of assessing, monitoring and combating poverty.²² In late 90s, especially since 1999, UNDP has had to respond directly to two global transformations in the policy framework of poverty reduction strategies. The first was the emergence of poverty reduction strategy papers (PRSPs) announced by the World Bank and the IMF in 1999. The second was the adoption of MDGs as a compliment to Millennium Declaration of 2001. PRSPs were considered as short term planning instruments (3years) while MDGs were considered as long term planning instruments (targeting 2015). UNDP's support has shifted from earlier national poverty reduction strategies (part of PSI) to the PRSPs.²³

In the year 1999, the IMF and the World Bank had announced a new set of conditions for debt relief and financial assistance whose main aim was supposed to be poverty reduction. These were supposed to be country driven strategy papers that should present a country's macroeconomic, structural and social policies to achieve economic growth and poverty reduction. The PRSPs were meant to learn from past assessments of failures and limitations of traditional approaches to development assistance. These assessments included concern over the tendency for aid to

²⁰UNDP(1997): Human development Report

²¹ McKinley Terry : "Overview of UNDP'S support to Poverty Reduction Strategies" in Bureau for Development Policy

²² ibid

²³ ibid, pp-15

undermine national capacity by creating parallel systems; the failure of policy conditionality to lead to the effective use of resources by recipient governments; and the need to refocus international assistance more firmly around poverty reduction. According to the World Bank and the IMF, the PRSP approach is based on six core principles²⁴:

- Result oriented, with targets for poverty reduction that are tangible and monitorable.
- Comprehensive, integrating macroeconomic, structural, sectoral and social elements.
- Country driven, representing a consensual view of what actions should be taken.
- Participatory, with all relevant stakeholders participating in formulation and implementation.
- Based on partnerships between government and other actors.
- Long term, focusing on reforming institutions and building capacity as well as short-term goals.

PRSPs consisting of assessment and monitoring of poverty and poverty reduction strategies were hailed for its participatory nature i.e. broad based consultation involving large segments of governments particularly parliament and local governments, civil society organizations and private sectors. However, this participation, though, has been broad, it has not been deep. Participatory process has not been combined with substantive work that identifies anti poverty actions and policies. Many civil society organizations, both national and international, have pointed out that such consultations have led to few changes in the content of strategies. This has been a case of voiceless participation. In some cases, in such

²⁴ Piron H. Laurae, Evans Alison (2004): “ Politics and the PRSP Approach: Synthesis Paper”. Working Paper237, London, UK, pp-3

economic policies, the choices have been made before PRSPs have been formulated.²⁵ Stewart & Wang [2003] also concluded, “PRSPs do not significantly empower poor countries.” Representatives from line ministries, trade unions, civil society and academia are beginning to feel that they are involved in a process of ‘Choiceless’ participation; all sense severe limitations for generating home grown strategies.²⁶

Despite many evidences showing, that economic growth is not equivalent to human development as growth strategies deal only with income poverty instead of focusing on human poverty. Even then, the growth strategies continue to form a crucial component of PRSPs that have not yet been structured to have an equitable impact or to explicitly channel resources to the poor. In most cases, growth is considered pro-poor if it significantly raises the income of poor-whether or not the income of the non-poor rises more rapidly. In such a case, containing the rise of inequality could accelerate poverty reduction. Explicitly targeting the reduction of inequality –so that relative position of the poor improves vis-à-vis the non-poor-has not been integrated into most PRSP growth strategies. These PRSPs are considered, as road maps for achieving MDGs. Policy recommendations of PRSPs should have flown logically from their poverty diagnosis, instead of being mechanically formulated on the basis of external advice. In most PRSPs, for eg. the impact of the latter seems to be stronger than the influence of the former.²⁷ UNDP has been well positioned to offer capacity development to governments to formulate and implement PRSPs. However, these strategies exhibit remarkably little variation in content across countries. Poverty reduction strategies continue to look strikingly similar, even for countries that face very different challenges. If they were genuinely home-grown, it would not be unreasonable to expect that anti-poverty strategies would look a lot more diverse and different. Actually, most of them are little different from the policy framework prescribed during the era of structural adjustment of the 1980s. Growth continues to be seen as the panacea, and macroeconomic stability, financial deregulation and trade

²⁵ McKinley Terry :, op.cit, pp-16

²⁶ Stewart F., M. Wang (2003): “Do PRSPs empower poor countries and disempower the World Bank, or is it the other way round?” University of oxford, Queen Elizabeth House, Working Paper No. 108.

²⁷ McKinley Terry :, op.cit, pp-16

liberalisation as its prerequisites.²⁸ However, not everybody shares the same faith in the power of economic growth.

Instead of being nationally derived (i.e. home grown) their context appears to be derived primarily from relatively uniform external advice. This indicates that poverty reduction strategies and PRSPs in particular, have been driven more by *donorship* than national ownership-namely by priorities recommended by external development partners. Even within governments itself, the active advocates of PRSPs are confined mostly to ministries of finance or economy. Other ministries such as planning, industry, labour, agriculture or health has often not been actively involved in the PRSP formulation. The result: lack of broad government ownership of strategies.²⁹ The policies of structural adjustment implemented during this period in many developing countries were often restrictive and oblivious of poverty reduction objectives. The economic strategies underlying the PRSPs remain concerned primarily with stabilization and with growth. Hence, while “pro-poor growth”, is a centerpiece of PRSP rhetoric, in practical policy terms, it has not been given proper attention. A reflection of this weakness is also in the lack of attention to employment generation in PRSPs.³⁰ Without creating widespread employment, decent wages, poverty reduction strategies will be unable to make much headway against income poverty, let alone human poverty, which remains a distant dream. These PRSPs were considered the roadmaps for achieving the MDGs, goals of human development.

INTERNATIONAL DEVELOPMENT TARGETS:

The decade of 90s witnessed several U.N. conferences and declarations. The cycle begins with the declaration on ‘Education for All’ adopted at World conference in Jomtien, Thailand, in 1990, which reaffirmed the right to education. This was followed by Earth Summit at Rio De Janeiro, which produced a rich harvest of agreements. Apart from declaration on environment and development, there were the U.N. framework Convention on Climate Change, the Convention on Biodiversity and

²⁸ Vandemoortele Jan(2004): “ Can the MDGs foster a new partnership for pro-poor policies?” UNDP, New York.pp-7

²⁹ McKinley Terry :, op.cit, pp-17

³⁰ ibid, pp-18

the Statement on Forest Principles. Then followed (in quick succession) the International Conference on Population and Development in Cairo; the World Summit on Social Development in Copenhagen and the International Women’s Conference in Beijing. Through these declarations and agreements, it became increasingly evident that goals and strategies often overlapped. This led to a initiative by the Organization for Economic Cooperation and Development (OECD) to cut through the thicket and organize the basic principles and agreements into a coherent and comprehensible list.

The first impulse for consolidation and systemization of the objectives of development came from the Development Assistance Committee of Organization of Economic Cooperation and Development (OECD). In 1995, OECD countries agreed to review past experience with development assistance and to prepare a blue print for more effective Programme of development assistance. The Development Assistance Committee report, “shaping the 21st century: contribution of development cooperation”, (OECD, 1996) was adopted in May 1996. This report included seven international targets (IDTs).³¹ These are as follows:

Table 1: International Development Targets

International Development Targets (IDTs)	
3	Reduce the proportion of people living in extreme poverty by half between 1990 and 2015.
3	Enroll all children in primary school by 2015.
3	Make progress toward gender equality and empowering women by eliminating gender disparities in primary and secondary education by 2005.
3	Reduce infant and child mortality rates by two-thirds between 1990 and 2015.

³¹ Carvalho Soniya (2003): “2002 Annual Review of Development Effectiveness. Achieving Development Outcomes; The Millennium Challenge”. World Bank, Washington, D.C. pp-59

3 Reduce maternal mortality ratios by three-quarters between 1990 and 2015.
3 Provide access for all who need reproductive health services by 2015.
3 Implement national strategies for sustainable development by 2005 so as to reverse the loss of environmental resources by 2015.

(Carvalho 2003: 61)

The IDTs were perceived as the initiative of the developed countries.³² Consequently, UN pushed for a fully participatory set of development objectives that could be endorsed by both developing and developed countries. The result was 2000 Millennium declaration and MDGs. The transition from IDTs to MDGs and the compromises required achieving broader consensus led to some changes in the goals of IDTs.³³ Goal 8 of the MDG, “Develop a global partnership for development” was added, while goal 6 of the IDTs was changed from “access to general health services including reproductive health services into safe and reliable family planning methods” in the IDTs to a performance indicator under the goal “combat HIV/AIDS, malaria and other diseases” in the MDGs. Otherwise, close similarities remained between IDTs and MDG targets.

³² *ibid.*

³³ *ibid*

Table 2: Comparison between MGDS and IDTS:

International Development Target (IDT)	MDG Target
Reduce the proportion of people living in extreme poverty by half between 1990 and 2015.	Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 per day. <i>New Target</i> Halve, between 1990 and 2015, the proportion of people who suffer from hunger.
Enroll all children in primary school by 2015.	<i>More Stringent Target</i> Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.
Make progress toward gender equality and empowering women by eliminating gender disparities in primary and secondary education by 2005.	Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015.
Reduce infant and child mortality rates by two-thirds between 1990 and 2015.	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.
Reduce maternal mortality ratios by three-quarters between 1990 and 2015.	Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.
Provide access for all who need reproductive health services by 2015.	Officially dropped from the MDGs; the UNFPA, the World Bank, and other partners include access for all to reproductive health services goal as part of the maternal health MDG. <i>New Goal and Targets</i> <i>New Goal:</i> Combat HIV/AIDS, malaria, and other diseases. <i>New Target:</i> Have halted by 2015 and begun to reverse the spread of HIV/AIDS. <i>New Target:</i> Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

(Carvalho 2003: 61)

In the late 90s, the OECD countries have brought in IDTs, a hallmark - consolidation and systematization of objectives of development in the framework of IDTs - in developmental thinking. During this period, developmental policy thinking was dominated by PRSPs and CMH. In the background of these IDTs, PRSPs and CMH came the Millennium Summit and MDGs. The newness of the MDGs lies in three main dimensions.³⁴ First by incorporating quantitative and time bound targets, the

³⁴ *ibid*, pp-xi

MDGs demand specificity in development actions and emphasize systematic measurement. Here the MDGs deviate from that of the previous IDT goals. Whereas the IDTs had given far more freedom to the individual countries by way of letting them identify their own strategies; the MDGs formulated strategies (of PRSPs and CMH) to be applied universally to all countries assuming that development process for all countries were the same. Secondly, by defining the goals in terms of outcomes- as distinct from inputs and outputs- the MDGs draw attention to the multisectoral determinants of outcomes. Third, by including goal 8, which aims at developing a global partnership for development, the MDGs emphasize the role of both, developed and developing countries. However, it has been observed through the Mexico conference that in reality the developed nations were not complying with the goal 8 of the MDG.

ROLE OF FIRST WORLD NATIONS IN MDGS:

Goal 8 aims at developing a global partnership for development. This goal makes the MDGs seem unique, marking them as a compact between rich and poor countries and making them explicit that progress in poor countries will depend on the actions of rich ones. Goal 8 represents the donor side of MDG bargain. This partnership for development was based on three key elements that were identified as Aid, trade and debt relief.³⁵ Indeed, it is interesting to note that there has been severe reluctance on the part of some developed countries to endorse the MDGs because of the very existence of goal 8.³⁶ Even with its targets and indicators that are not clearly defined or time bound, unlike the other seven MDGs, the developed countries seemed to find it difficult to comply with the MDG goal of development assistance. Most of the developed countries are not interested in debt relief and providing aid. What is more interesting is that even when they provide aid, they do so by attaching conditionalities, which are often not in favour of the developing countries.

³⁵ WHO (2005): "Health and the Millennium Development". WHO Press, 20 Avenue Appia, 1211, Geneva 27, Switzerland.pp-63

³⁶ WHO (2003): "The World Health Report: Shaping the future". WHO Press, 20 Avenue Appia, 1211, Geneva 27, Switzerland.pp-31-32

There were different meets and conferences (different WTO rounds of trade talks at Doha, Cancun and Mexico, the Monterrey Consensus for Development and Financing and Highly Indebted Poor Countries Initiative on debt relief) to deal with the three aspects of trade, aid and debt. Their importance have both substantive and symbolic elements: substantive because of the influence debt and development of assistance on national economies and symbolic because the need to build trust in an increasingly polarized debate between developed and developing countries around roles and responsibilities for development. The content of global partnership has been elaborated in various ways. The Monterrey consensus is seen to lay out the key elements. These include trade liberalization, private financial flows, debt, domestic resource mobilization and development assistance. Clearly, all these aspects have an important impact on the capacities of countries to achieve the first 7 MDGs. The above-mentioned three aspects of partnership for development are seen by most countries as being particularly important and offering the chance of progress, while goal 8, identifying the key elements for genuine global partnership, does not set specific quantified targets to measure donor country efforts. The lack of specific targets for action by rich countries is regarded as a major weakness of MDGs, especially by the developing countries.³⁷

TRADE: Five issues have been identified to dominate the trade and development agenda. Trade related aspects of Intellectual Property Rights (TRIPS) agreement and public health; trade in health services; tariffs and subsidies for agriculture and market access for non agricultural products; aligning special and differential treatment with national development priorities and capacity strengthening in least developed countries. The first two issues have a direct impact upon health.³⁸ However, since the neo liberal economic consensus has consolidated; free trade and commerce have spread through the globe. International free trade regime has robbed off people's control over their own resources. There has been a crashing of commodity prices that have marginalized the developing world procedures and have eroded their earning capacities. Trade has never been free or fair, as it has served the powerful nations as a way to control, oppress and exploit poor countries for centuries. The world's poorest economies are forced to export basic primary commodities, which results in a fall in the cash value

³⁷ ibid

³⁸ ibid, pp-9

of the exports and decreases in the income of the poor.³⁹ The rewards of the liberalizing world trade are meant precisely for the rich. The U.N. Secretary General's predictions that the high-income countries stood to gain U.S. \$ 141.8 billion while Africa stood to lose \$2.6 billion are being confirmed.⁴⁰ The U.N. Conference on Trade and Development has calculated that barriers to export from developing countries by the rich countries cost U.S. \$ 700 billion in lost export earnings, and in its 2002 report shows that market distortions and Northern protectionism keep one billion people in poverty.⁴¹

AID: Aid is one of the components of goal 8, (developing partnerships between developed and developing countries), which can determine the development of the developing countries. Though increased aid has been repeatedly called for to meet the MDGs, and have even been promised, yet it remains to be delivered. Aid has often been considered the only reliable alternative for public funds that run short of money to invest in social sectors.⁴² According to the Monterrey Consensus, the donor countries had committed to providing 0.7% of their income in providing for aid to the developing countries. However, it is noteworthy that currently, developed world contributes on an average 0.25% of their GDP to official development assistance. It has been calculated that 0.7% of GDP amounts to \$ 200 billion per year as compared to present aid flow of about \$ 70 billion per year. Even after several years, commitments have not been translated into disbursement.⁴³ However, international assistance is not designed to change the structure and dynamics of relations between Northern and Southern countries. On the contrary, it is integrated into the policies and terms of the international financial agencies and the developed nations. The institutions of international aid are the World Bank and the IMF, which are largely controlled by the G8 nations. Moreover, providing aid for them is just another way to control and govern domestic policies and terms of trade of the developing countries. It

³⁹ Action Aid International (2005), 'Whose Freedom? Millennium Development Goals as if People Matters', National Printing Press, Bangalore, pp-xxiii

⁴⁰ United Nations (2001): "Secretary General's Report to the UN committee on Financing on development", Geneva, Switzerland.

⁴¹ United Nations (1999): United Nations Conference on Trade and Development. Trade and Development Report." Geneva, Switzerland

⁴² Katz Alison (2005): "The Sachs Report: Investing in Health for economic Development- or increasing the size of the crumbs from the rich man's table? Part-II in International Journal of Health Services, Vol.35, No 1, pp-171-188

⁴³ Sachs, J.D, McArthur, J.W (2005): "The Millennium Project: A plan for meeting the Millennium Development Goals." *The Lancet*, Vol.365, pp-347-353

is no wonder then, that aid is always provided to these developing countries along with crippling conditionalities imposed upon them not only in the health sector but also in education, agriculture etc.⁴⁴ These are the same international agencies who promote policies like retreat of the state, privatization of national assets, deregulation that in effect removes key areas of the economy from democratic control and export oriented production at the expense of national self-sufficiency.⁴⁵ As conditionality has escalated and structural reforms have become more complex, donor countries have sought to dictate many of the day-to-day functioning of the government by specifying the detailed steps that countries must take to improve policies. The IMF and the World Bank work directly with the executives and the finance ministries in recipient countries to determine policy goals, leaving elected legislatures out in the cold further undercutting democratization. Aid is used as an “instrument to project powers beyond national borders, a tool of foreign policy.”⁴⁶ It is clear that foreign aid serves the donor interests, both commercial and political and together with conditionalities, it increases the stranglehold of powerful institutions and interests, all of which contribute to the net transfer of resources from the South to the North. The MDG goal urges to provide more aid to the developing countries but fails to talk about the negative consequences of conditionalities of aid for these countries.

DEBT: Debt comprises one of the crucial components of goal 8 of the MDGs. There has been time and again reiteration of cancellation of debt and providing for debt relief at the various conferences at Mexico, World summit on Sustainable Development in Johannesburg, S. Africa etc. By March 2003, only seven countries had reached their completion point, granting a 90% reduction in the net present value of their debt services from official creditors.⁴⁷ The MDGs view debt burden as a counterweight to development assistance and a major constraint to increase in domestic funding for human development. The MDGs have argued that providing of debt relief will save resources from government budgets in developing countries, which can then be invested in health and education. However, conditions for the poor

⁴⁴ Berret. Kochler, Williston, Vt. (2003): “Alternatives to Economic Globalization : A Better World is Possible”. International Forum on Globalization.

⁴⁵ Action Aid International (2005), ‘Whose Freedom? Millennium Development Goals as if People Matters’, National Printing Press, Bangalore.

⁴⁶ Katz Alison (2005), op cit

⁴⁷ WHO (2003), op cit, pp-10

countries continue to remain the same despite providing of debt relief. There are certain aspects to debt relief that needs to be highlighted. The third world debt amount represents only a tiny proportion of the total world debt. Hence, debt cancellation is entirely feasible for the third world countries.⁴⁸ Rather, debt is kept thriving by the international financiers for their own benefits. The political and economic leverage that debt provides for the developed countries is far too valuable for them to cancel the debt. Further, the debt and aid is a cyclic process in which whatever development aid is provided to the developing countries as aid is actually taken back through the process of debt repayments. In most of the times, the amount of debt repayment is even three times that of the aid given. In 2001, development aid stood at U.S.\$51 billion but the indebted countries had to pay out \$382 billion in debt repayment.⁴⁹ Recently, in July 2005, G-8 nations have announced they would cancel 100% of outstanding debts of eligible HIPC to the IMF, IDA and African development funds.⁵⁰ The MDG goal 8, while talking about providing debt relief never focuses on the politics of debt relief#. Instead, debt relief is provided as a charity to the developing nations.

A CRITIQUE OF THE FRAMEWORK OF MDGS:

HUMAN DEVELOPMENT

Economic growth can only be ruthless, rootless, futureless, voiceless and jobless- but when the links are strong, growth and human development are mutually reinforcing. In 1990s, conceptual and policy debates acknowledged that development is about more than the growth of material output and should serve broader objectives of human wellbeing. The annual HDR- published by UN have been one of the forces behind this shift, constituting one of the largest voice advocating attention to the non-income dimensions of human well-being, and increasing dissatisfaction with the notion that human well-being is to be advanced primarily through expanding incomes.⁵¹ Over a period, the concept of human development has evolved with

⁴⁸ Katz Alison (2005), op cit

⁴⁹ ibid

⁵⁰ WHO (2005), op cit, pp-62

⁵¹ Sakiko Fukuda-Parr (2001): "Rescuing the Human development Concept from HDI: Reflections on a New Agenda

different issues being attached to it. The following section critiques the MDGs through the framework of the issues involved in the concept of human development:

Capabilities Approach:

This approach has been a major force behind the policy debates of HDR as stated in its report 2000, “the basic freedom of being able to meet bodily requirements, such as the ability to avoid starvation and undernourishment, or to escape preventable morbidity or premature mortality. They also include the enabling opportunities given by schooling...or the liberty and income means to move freely and to choose one’s abode. Important social freedom includes capability to participate in life of the community, to join in public discussion, to participate in political decision making and even the elementary ability ‘to appear in public without shame’.”(Human Development Report, 2000).⁵²

The capabilities approach leaves open the priorities to be assigned to different capabilities. Public policy is about setting priorities among different capabilities. Hence, it is important to understand the kind of selection procedures for prioritizing the different capabilities. The range is infinite and the values that each individual assign to each capability vary from one person to another. While giving policy prescriptions for prioritizing capabilities at the macro level or global level, two criteria have been identified. Firstly, they must be capabilities that are valued universally and these capabilities must be basic to the life in the sense that their lack would foreclose many options. Four important capabilities for human development have been identified as basic: to be able to survive, to be knowledgeable, to have access to resources necessary for decent standard of living and to participate in the life of a community. Of the four, three are contained in the HDI: the last is not included citing that it is not measurable. Access to resources needed for a decent standard of living is a reflection of “all other capabilities” that are not captured by education and health.⁵³

⁵² UNDP (2000): Human Development Report 2000, New York; Oxford University Press

⁵³ Sakiko Fukuda-Parr (2001), op cit, pp-8

HDR have emphasized capabilities related to health and education as well as human centered approach to development challenges while paying much less attention to political and social freedom, participation and the importance of collective action.⁵⁴ This has fostered a widespread misconception of human development and concepts and strategies of human development have been imprisoned in the human development index in simplification of a complex idea that excludes reference to political freedom and participation. The success of HDI has served to reinforce a narrow interpretation of human development. The power of HDI as a communication tool has proved difficult to moderate.

As noted in HDR, 1990, capabilities that are important can change over time and from place to place. Therefore, it is not surprising that HDR initially emphasized education and health, and paid less attention to political and social freedom as well as underscored collective agency rather than individuals. In the present era of rapid globalization, economic and political liberalization have been shaping the context of development that has subsequently shifted priorities. Hence, it becomes even more important to develop the capabilities of participation and collective agency.⁵⁵

The capabilities approach has been given by the noted noble laureate, Amartya Sen who talks about increasing capabilities at individual level only. This is in line with the classical economic tradition, based on Adam Smith, in which, an individual is the subject and object of his analysis; collective agents and subjects such as social classes do not appear, nor does any analysis of what articulates these collective agents such as exploitation or domination.⁵⁶

While talking about development, Sen constantly refers to liberty and freedom without once referring to the political context that gives them a meaning. He constantly refers to democracy and democracy is indeed necessary to guarantee development. In most of the cases, expression of democracy takes place within a clear set of parameters established by the set of property relations.⁵⁷ When the property such as land, or knowledge, or organization is highly concentrated, one can predict a

⁵⁴ *ibid*, pp-9

⁵⁵ *ibid*

⁵⁶ Navarro Vincente (2000): "Development and Quality of Life: A critique of Amartya Sen's Development As Freedom" in *International Journal of health Services*, Vol.30, No.4, pp-661-674

⁵⁷ *ibid*

serious limitation of civil and political rights. Thus, specific types of property relations in democracies are a major handicap to democratic and human development. Sen comments that no democratic country has ever faced famine and the only countries that have faced famine have had dictatorships.⁵⁸ In a study of hunger and famine in Bangladesh (considered to be a democratic country), the *New York Times* goes directly to the root of the problem: the type of land ownership. It quotes,⁵⁹

The wealthiest 16.7 per cent of the rural population controls two thirds of the land and almost 60 per cent of the rural population holds less than one acre of property, up from 38 percent in 1975. This multitude of 45 million people- fully half of the population of Bangladesh-is as vulnerable to famine as it was in the mid-1970s.

The problem, therefore, is not a lack of resources but who has control over these resources. As the *New York Times* further quotes:⁶⁰

Bangladesh is producing enough food to provide an adequate diet for every man, woman and child in the country. And this agricultural potential of this lush green land is such that the inevitable population growth of the next twenty years could be fed by the resources of Bangladesh alone. American diplomats here tend to prefer the explanation that Bangladesh is a victim of a cataclysmic combination of exploding population and recurring disasters. But, most of the long time aid officials in Dacca strongly believe that hunger would not exist (and famine would not appear) in Bangladesh except for an inefficient, still largely feudal economic and social structure.

Thus, the matrix of power relations in each country and in the world is framed primarily but not exclusively by property relations. This is the context in which we need to evaluate the credibility of democracy and the validity and usefulness of economic institutions such as the market. Moreover, this is why understanding the

⁵⁸ Sen, A. (1993): *The Economics of Life and Death*. in *Scientific American*. May, 1993.

⁵⁹ Navarro Vicente (2000), op cit

⁶⁰ *ibid*

political context of economic development is so important to fully understanding human development. The absence of such political sensibility, when not silencing political analysis and discourse and absence of an analysis of power relations that causes and reproduces underdevelopment through national and international political institutions very seriously weakens Sen's scholarly project. Class power is also realized through the expression of political projects- and the absence of any discussion of this is the great omission in Sen.'s work, an omission that is particularly odd given the enormous importance he gives to democracy as an instrument and an end of development.

Despite the broad and complex nature of human development, an assumption has arisen that it is essentially about education and health, which adds little to concepts of human capital and basic needs. Human development is broader and richer than education and health because human capabilities extend beyond these areas and considers human beings as ends. Human development have differed from the other approaches like human capital, human resource development and basic needs approach. The ends and means relationship is reversed in the theories of human capital formation or human resource development and basic needs approach. The ends and means relationship is reversed in the theories of human capital formation in which human beings are treated as means to economic growth.⁶¹ Human development approach views investments in education and health as having intrinsic values for human lives, while the human capital approach stresses how education and health enhances productivity and have important values for promoting economic growth. The most obvious policy implications for this ends- means framework is that economic growth will not be enough to promote human development. Greater attention needs to be paid to other human development goals focusing on human lives as the end of development.

Freedom:

Human development is motivated by a search for freedom, well-being and the dignity of the individuals in all societies, concerns that are absent from the concepts of social development, human capital formation and basic needs. Freedom has constituted one

⁶¹ Haq ul Mahbub (1995): "Reflections on Human Development" Oxford University Press, New York

of the most important parts of developmental thinking and other concepts of human development since the 1990s (HDRs of 1990, 1991, 1992 make strong assertions about the importance of human freedom). Ironically, chapters on the progress of human development provides a detailed analysis of trends over time and across geographical area on life expectancy, education and basic income, nutrition, sanitation, women children and environment-all essentially economic and social issues with no reference to political freedom and human rights and participation or human agency.⁶²

Participation and human agency:

Intrinsic to human development approach is the notion of human agency. People cannot be considered as passive beneficiaries of economic and social progress-as in basic needs approach- but must be regarded as active agents or participants of the process of change. The human capital approach sees human beings as agents of change, the focus being on their productive capacity. Human development is also concerned with human agency in diverse areas, especially with regards to participation in the life of a community, in community decision making and in collective action to promote change.

What really matters is the empowerment of local people to identify their own priorities and to implement programmes and projects of direct benefit to them. That is, development should be seen as a process that is not just for people but a process organized, guided and undertaken by people. This in turn implies the active participation of people in the development process and the consequent need to construct institutions that permit and indeed encourage that participation. A vigorous civil society, in other words, is an essential component of a successful human development strategy.⁶³

⁶²Sakiko Fukuda-Parr (2001), op cit, pp-5

⁶³Action Aid International (2005), 'Whose Freedom? Millennium Development Goals as if People Matters', National Printing Press, Bangalore.

The strengthening of civil society need not imply a smaller role for government. Human development is partly about changing spending priorities not between the private and public sectors but within the public sector itself.⁶⁴

Some of the Human Development Reports have reflected upon issues related to individual and collective actions. In terms of the former, the reports have consistently stressed the importance of investing in education and health as a cornerstone of human development- a perception that human development is more or less the same as human resource development strategies (HDR 1991, focuses on investing in education and health to ensure equitable access to all). While looking at mobilizing human agency through collective action, importance of people's role in governance is given. (HDR, 1993) The two strategies of strengthening institutions of civil society and decentralizing power from capital cities to regions and villages have not found any place in any of the MDG goals and targets; have been proposed for collective action. Expansion of civil and political freedom empowers people to take collective action.

However, HDRs have placed more attention on human agency through individual action rather than through collective mobilization to empower communities to take part in the developmental processes.⁶⁵ MDGs fail to realistically engage with the question of people's own agency in shaping their future. There is no scope or space to respond to people's views or including them in decision making, in the top- down approach adopted in delivering the MDGs. This is why the process and methods have acquired the contours of a vision to be carried out by a benevolent few on behalf of the poor.⁶⁶

Human rights:

Seven kinds of freedom are inherent to both human rights and human development.⁶⁷ These span the sphere of social, economic, political and civil life including freedom from discrimination, from fear, of speech, of want to develop and realize one's human

⁶⁴ Griffin K., McKinley T.(1992): " Towards a human Development strategy". Occasional paper-6

⁶⁵ Sakiko Fukuda-Parr (2001), op cit, pp-7

⁶⁶ Action Aid International (2005), 'Whose Freedom? Millennium Development Goals as if People Matters', National Printing Press, Bangalore.

⁶⁷ UNDP (2000): Human Development Report 2000, New York; Oxford University Press

potential from injustice and violation of goal of law and to obtain decent work are the kind of rights that all human beings need.

Thus, considering the broader understanding of human development that had evolved over a period of time, the MDGs which are also a part of the UN agency, seems to fall short of the understanding on development at all levels of conceptualization of the goals and their implementation. A detailed analysis of the goals and the reasoning behind it, brings to light a number of flaws in trying to incorporate the broad based understanding of human development.

In 1969, for instance, the declaration on social progress and development proclaimed by U.N. General Assembly through resolution 2543(xxiv), had dealt with a canvas of issues : national and popular sovereignty over national resources, human agency and mass participation as the principal driving force of development, and the imperative that states safeguard rights and guarantee an enabling framework for development. The declaration on social progress and development referred to ‘respect for the sovereignty and territorial integrity of states’ and ‘permanent sovereignty of each nation over its natural wealth and resources’ as ‘primary condition of social progress and development’. It also emphasized the need for ‘active participation of all elements of society, individually and/or through associations, in defining and in achieving the common goals of development’. The 1969 Declaration also talked about basic entitlements such as access to food and adequate nourishment, health, education, shelter and social security as well as the assurance to everyone of the right to work and the free choice of employment. Back in 1986 also, the U.N. General Assembly through resolution 41/128, held that “ right to development is an inalienable human right by virtue of which every human person and all people are entitled to participate in, contribute to, and enjoy economic, social, cultural and political development, in which all human rights and fundamental freedom can be fully realized”.

The MDGs do not foreground the crucial issue of rights with sufficient clarity. Contrary to what they claim, the MDGs are not driven by imperative of assisting poor and excluded people to regain long denied rights and freedom. Instead, the dominant policy premises and prescriptions put forward by U.N. Millennium Project suggests that achieving MDGs would be a ‘burden’ borne mainly by policy makers and

economic mandarins in the North who would endeavour to 'lift the world's less fortunate out of poverty'.⁶⁸ The theme of human rights is not reflected in the MDGs. The overall theme of MDGs talks of reducing poverty by half but if this goal is viewed through the human rights framework; the target should rather have been to eliminate poverty, since rights by nature are universal. This is not just a point of fundamental principal; it has serious practical consequences. If people were to be agents of their own freedom from poverty, then modesty of ambition would imply that only half the people currently below poverty line would be empowered with means to raise themselves out of that state. This would in turn mean that state authorities and civil societies would be required to make an unwarranted and iniquitous choice between different groups of people living in poverty. If the choice of beneficiaries were to be left to political judgment or assessment, there would be a natural tendency to minimize costs and maximize achievements by targeting poverty where it is most easily addressed.

The notion of poverty explicitly endorsed by the Millennium Project is defined by income. Those subsisting on less than a dollar a day in purchasing power terms, are classified as poor. However, to view the state of poverty simply as a deficiency of dollars is to lose sight of its deeper impact, including the reality that a vast number of people are being denied the right and freedom to participate in the life of their community and nation. The very restricted definition of poverty underlies the entire strategy. The MDG poverty reduction targets are formulated in a way that depends on the economic growth process that follows an autonomous process in the choice of its beneficiaries.⁶⁹ Growth is conceived to drive the removal of poverty through the working of 'trickle-down' economics. The outcome could be a process of poverty reduction that is temporary and perhaps illusionary. The Millennium project's vision of poverty led to formulate a set of eight goals of equal priority.

The caveat is that poverty would have to be understood in its full dimensions, not merely as a dollar deficiency. If poverty is ultimately about the denial of rights to

⁶⁸ Action Aid International (2005), 'Whose Freedom? Millennium Development Goals as if People Matters', National Printing Press, Bangalore.

⁶⁹ *ibid*

nutrition, health, education, employment and clean environment, its elimination must involve their restoration.

Rights in turn confer power, which addresses the control that individuals, communities and nations may exercise over material, human, intellectual and financial resources. The crux of the problem of world poverty may lie in the highly skewed and unjust power relations that prevail today.⁷⁰ Its solution may lie in redressing the balance so that small farmers, landless agricultural workers and urban slum dwellers in the poorer countries can access the resources to help them migrate out of poverty. The Millennium Declaration and MDGs thus do not reflect the clear affirmation of rights that would challenge the multidimensional aspects of poverty. They fall short of declarations and covenants agreed within the U.N. framework in the preceding decades, for e.g. By having no mention of the right to work and sovereign rights of people and nations to their natural resources and endowments. In fact, the current international free trade regimes have led to erosion of people's control of their resources.

When considering the MDGs which are so technical and focused on targets, it is important to recall that they are founded on the millennium declaration which is a progressive rights based document. It contrasts with other trends in the international community (such as the UN global compact) that are merely focused on free trade, liberalization of economic growth as a way forward.⁷¹ It appears that 5 out of 7 goals (goals of development are directed at income (goal-1), education (goal-2), and health (goals 4, 5 and 6) form the components of the human development index (HDI). A number of evidences on literature have shown the limitations of HDI and even the UN has come to accept it. However, the HDI is considered the measurement of development and its value lies in attracting public attention and serves as a powerful communication tool.

Despite the recognition of the limitation of HDI, the latter have been widely used to conceptualize human development in the MDGs. The goals conceptualized are directed at improvements in HDI apart from the two goals, one directing at gender

⁷⁰ *ibid*

⁷¹ Harcourt, W (2005): "Background paper on MDGs and Gender Equality". Unpublished Article

and the other at environment. There is a total absence of the reference to issues like dignity, freedom, political, social, human agency (especially community participation and community strengthening as well as collective action) and human rights. These were the very factors that distinguished the concept of human development from other approaches like human capital, human resource development and basic needs approach which looks at human beings as means for economic growth and development. Though the Millennium Declaration claims that human beings are end in themselves, the very absence of the above-mentioned factors makes MDGs treat human beings as means for economic growth and development. The multiple stakeholders involved in the formulation and implementation of MDGs like the World Bank, IMF, and OECD sees trade, liberalization and economic growth as a way forward for development. The PRSPs, which are the roadmaps for achieving the MDGs, prepared by the IMF and World Bank advocates economic growth strategies involved in the PRSPs that treat human beings as productive means. This is reflected in the absence of the so-called unproductive population (elderly, physically and mentally challenged) in the MDG goals and targets.

Based on the MEC's two-way relationship between health and development, which justifies investments in health as means to economic growth and development, health has become an overpowering component in the MDGs. The overall tone of the MDGs is set by the first and most prominent of the 8goals- to eradicate extreme poverty and hunger is in line with the overall MDGs of poverty alleviation. The economic goals and associated targets of this goal call for improvements that would benefit mainly or exclusively the disadvantaged groups rather than call for national averages. However, health goals advocate improvements in national averages without particular reference to disadvantaged or vulnerable poor. Since the expanded health services typically reach the better off groups before the disadvantaged ones, poor people are unlikely to be the principal beneficiaries of efforts to accelerate the progress towards the MDGs by providing additional resources. More plausible is faster progress among the privileged group and a rise in the poor-rich health disparities.⁷² Thus, a different policy choice within the MDG agenda can produce very different social and health benefits.

⁷² Gwatkin R. Davidson (2005): "How much would the poor people gain from faster progress towards the Millennium Development Goals for Health?" *The Lancet*, Vol.365, pp-813-817

Among the health goals, are the infant mortality and maternal mortality to be discussed in the next chapter.

The third health goal of the MDG and its targets revolves around only three communicable diseases, a selection of which brings forth a number of doubts. Different regions face different health problems and communicable diseases continue to be a pressing problem claiming millions of lives in developing countries even today. However, the selection of these three diseases cannot be universally accepted. The diseases selected in this goal are the ones that have been advocated with specific technological interventions (requiring mainly medical treatment) as against the other communicable diseases like diarrhea acute respiratory tract infection and malnutrition, which are the major causes of death among children. These diseases require medical interventions but their control necessitates a large systemic intervention in the form of provision of water supply, sanitation and nutrition and health system. Investment in these aspects like water supply, sanitation and nutrition especially in rural areas requires huge resources. Investment in these areas will take care of many communicable diseases. However, these investments are considered unproductive, as they do not give back direct returns to the market or the pharmaceutical companies.

Selective emphasis on three diseases in MDGs would translate in vertical disease control programmes like the RNTCP and NACO, which run parallel to the general health system. The drive to produce results for MDGs has led many stakeholders to focus on their disease priority.⁷³ There is a concern that already weak health systems may be further compromised by over concentrating resources in specific programmes, leaving many other areas under resourced. Past experience of countries like India, have shown that vertical programmes sucks the resources from the general health service systems and are not sustainable for a longtime. Vertical health programmes are counterproductive to general health system.⁷⁴

Health related goals form a major portion of the MDGs, and general health service systems form the vehicle through which health of a population can be achieved.

⁷³ Travis P, Bennet. S(et all) (2004): "Overcoming health systems constraints to achieve the MDGs", *The Lancet*, vol.364, pp-900-906

⁷⁴ Banerji D.(1978): 'Health as a lever for Another Development' in *Development Dialogue*, vol 1, publisher, Dag Hammarskjold, pp-19-25

However, health systems find no place in the list of goals and targets for MDGs.⁷⁵ As Chen describes many developing countries as facing “double crisis” of devastating diseases and overwhelmingly failing health system.⁷⁶ The Lancet series on child survival have pointed out the critical need of strengthening general health service system to achieve child health gain.⁷⁷ The pressing need of time is not to evolve new medicines or technology for treatment but to evolve new ways of providing existing medicines and technology in an efficient way. Currently, a very small portion of the budget of research and development on health is spent on health systems research.⁷⁸ The health related targets will not be attained or more importantly sustained in the absence of significant strengthening of health system.

The very absence of health system in the MDGs is in tune with the neo liberal policies, which undermines the role of the state and gives more power to the markets. Thus on one side, the MDGs are advocating investment in health and on the other side the state is withdrawing from all social services including health through the structural adjustment Programme as advocated by the multiple stake holders involved in formulation of MDG. As expected, the health services (emerging health market) are taken over by the private players in the markets or the NGOs which themselves work at the discretion of the funding agencies. This is supplemented by the absence of human agencies in the form of community participation and collective action, issues involved in the concept of human development that would have served to create pressure on the state and government to strengthen and build the general health systems.

The Millennium Project maintains a neutral stance on whether public or private service delivery is most appropriate. On one hand, it states that it may be preferable for the state to confine its role to regulation of private service provision. On the other, Millennium Project recommends that public sectors subsidize impoverished households so that private sector can serve markets with guaranteed consumers. In

⁷⁵ WHO (2003), op cit, pp-34

⁷⁶ Chen L.C. (2004): “Harnessing the power of human resources for achieving the MDGs”. World Health Organisation, Geneva, Switzerland.

⁷⁷ The Bellagio Study Group on child survival knowledge into action for child survival. *The Lancet*, 2003; vol.362, pp-323-327

⁷⁸ Pronovost P. J. (2004): “How can clinicians measure safety and quality in acute care?” *The Lancet*, vol.363, pp-1061-1067

other words, Millennium Project appears to endorse a two-tiered service supply with the corporate sector focused on healthy and wealthy and an aid –dependent public sector focusing on poor and sick.⁷⁹ While the suggestion that the government should maintain a role in service delivery is positive, this particular model is likely to create differential rights of access to basic services. It would undermine any approach to poverty premised upon human rights.

The millennium campaign is limited to generating support of the people for the MDGs. However, it too gives a very limited interpretation of the capabilities in terms of health and education with the help of tools like the HDI aiming actually at human resource development. Thus the true essence of the broader concept of human development is never properly addressed. The absence of the issues like political and social freedom only supports the undermining role of the state in the era of neoliberal policies.

An honest search for a real solution to poverty and human development invariably leads to hard trade offs and tough policy choices which is never reflected in the MDGs. But the MDGs reflect the tendency of many stake holders to play safe by sticking to conventional wisdom and generalities, even latitude which is reflected in the deduction of MEC, growth oriented policy prescriptions of World Bank (PRSP) and human resource development oriented MDG listing.⁸⁰ The sector strategy suggested by World Bank for poverty reduction involves improving the investment climate to extend the reach of market or use market type mechanisms that are expected to provide greater job and income opportunity for poor people.⁸¹ The other strategy advocated by the World Bank along with the IMF is the financial assessment Programme that aims at reduction of financial sector vulnerability at both national and global level. This strategy is advocated sighting the reason that the poor are the hardest hit and are vulnerable in the financial sector. It raises the question whether it actually aims at protecting the poor or the corporate world.

⁷⁹ Action Aid International (2005), 'Whose Freedom? Millennium Development Goals as if People Matters', National Printing Press, Bangalore.

⁸⁰ Vandemoortele Jan 2004, op cit

⁸¹ Carvalho Soniya (2003), op cit

MDGs do not have any reference to inter-sectoral coordination, involving cooperation from different sectors like agriculture, transportation, animal husbandry etc., an important strategy of primary health care approach for achieving health for all in the Alma Ata declaration.

Advocacy for the poor by the multilateral institutions has not worked very well so far and there is no reason to believe that it will work any better in future. Before further tears are shed on behalf of the world's poor, it is necessary and vital to appreciate the economic environment they inhabit. Most of the world's poor are occupationally confined to primary sector. Most are dependent on agriculture, either as landless labourers or small holding peasants. The new strategy that must now be employed in order to map out the path to removing poverty is to make these people significant participants in the process of development, moulders of their own destiny.

**CONTRADICTIONS OF MDGS: A WINDOW THROUGH
THE CASE OF MATERNAL MORTALITY**

INTRODUCTION:

The prevalence of high Maternal Mortality has been time and again found to be due to poor infrastructure along with lack of attention given to women in general themselves affecting their nutrition, access to services and particularly their requirements during their pregnancy. Therefore, if we look into the history of Maternal Mortality, countries with integrated health systems have fared much better in terms of mortality rates than those who treat health systems and health problems including MMR in an isolated manner. The MDG goals in general and the goal of Maternal Mortality in particular have been doing the same. The case of Maternal Mortality is taken up to show the same.

MATERNITY HEALTH SERVICES IN INDIA:

Historically, in India, the State's social policy and concern for the welfare of its women, specially regarding women's health has been through an emphasis on maternity health.¹ These policies have been shaped by the interests of the developed countries, WHO's perception regarding health and illness as well as its dependence on developed nations for funds. However, it has also been shaped at the country level by its social dynamics and historical background.

There was a lot of focus on maternal and child health in British India. India's maternity health services were directed at the poor health conditions of the native women in the context of the British ruling class, where there was a lot of focused attention on maternal and child health. In 1885, the National Association for Supplying Female Medical Aid to the Women of India, popularly known as the Lady Dufferin Fund was established. Initially, women missionaries from the US, Britain and Canada came to India to open up dispensaries, hospitals and training schools for the midwives and nurses. Later on, by 1888, a considerable number of British women doctors were serving the Indian population. Thus, the colonial government encouraged the growth of institutionalized maternity care through these women doctors who were permitted to practice and run the hospitals and dispensaries. Nevertheless, their work was still considered a philanthropic activity. Thus, social

¹ Dhingra Saroj (2001): 'women doctors, Professionalism, policies and the emergence of Maternal health services in 19th century India'; Ph D thesis, CSMCH (SSS), New Delhi.

welfare (health) was still not a part of the direct government responsibility until the end of the 19th century. The British government made a name for itself, in the process, as a charitable and concerned government. Not only did the British gain good rapport with the local elites, who were only too eager to donate funds in order to gain respect from the natives, but their encouragement of the growing institutionalized maternity services became an opening for the western women doctors who found it difficult to break the male dominated professionals in their own countries. A number of women, unable to be into medical schools directly, first worked in India and later acquired their degrees and became eminent practitioners.²

The institutionalization of medical care in India also brought about a discrediting of the traditional systems and practices of dais who were portrayed as being ignorant, vicious and careless. Thus, the colonial fund management system for health, instead of preserving the strengths of the traditional practices and improving on them, rejected them outright and setup training programmes based on the British medical curricula. Meanwhile, the Dufferin fund's contribution was used in strengthening the British woman doctors instead of using it to improve the conditions of public services for maternity care. Thus, three kinds of health services came into being. One was the state patronized voluntary hospital and dispensary system, the other was the private maternity health services that were run by the doctors of the voluntary hospitals that were availed by the few upper class women who were able to afford it, while a huge section of the female population continued to depend on the traditional dais.³ Eventually, in 1911, the government of British India agreed to take some necessary action to provide adequate medical relief for large section of women. A huge grant was received by the Dufferin fund, which was however used to improve the salaries and working conditions of women professionals. Thus, even with increase in subsidies and the establishment of women medical services, the maternity services continued to be charity-based one as the provinces did not have adequate funds and the centre denied accepting the responsibilities. In 1942, a National committee was set up to examine the health issues in India. It strongly recommended the setting up of

² ibid

³ Qadeer Imrana (1998): 'Our Historical Legacy in MCH Programmes' in Krishnaraj Maithreyi, Sudarshan, Ratna M. and Abusaleh sheriff(ed.); Gender, Population and Development, Delhi, Oxford University press, pp-267-290.

exclusive maternity and child health services under the commission of Maternity and child health (MCH). This went on to become the basis on which independent India's maternity and child health services was established.⁴

SHIFTS IN THE MATERNITY HEALTH SERVICES IN INDIA:

The post independent India saw the Bhore and the Sokhe committee influencing the five-year plan documents in health planning.⁵ The Bhore committee was appointed by the Government of India in 1943, to make a broad survey of the then existing health conditions and statistics of ill health. Based on two broad principles, firstly, that the provision of health services was the responsibility of the state and secondly, that comprehensive health care was the right of all, irrespective of the ability to pay, the committee placed emphasis on the high incidence of morbidity and mortality among mothers and children and recommended that measures towards the reduction of these should be taken up by setting a high priority on prevention, promotive and curative care in maternal and child health.⁶ Similarly, the Sokhe committee, which was appointed in 1938, recommended a statutory body for the protection of motherhood and childhood, placing maternity and child health services over any other aspects of public health. The committee recognizing the importance of women's economic roles and concern for their health at their workplaces gave recommendations for working hours for women, including expectant mothers, establishment of crèches in factories and the formation of the maternity benefit act along with setting up of infrastructural health facilities that included a need for training paramedical workers and traditional dais to provide natal, antenatal and postnatal services. This infact became the basis for a maternity and child health focus within India's general health services.⁷

As a result, Maternity health services were given priority in health planning during the first two five year plans. However, soon after, the Programme of family planning was attached to the maternal and child health programmes as can be seen from the third

⁴ ibid

⁵ National Planning Committee, Sokhey Committee Report (1948): Sub Committee of the Indian National Congress, Bobmbay.

⁶Government of India (1946): Report of the health Survey and Development Committee, (Chairman Bhore), Delhi, Government of India Press, New Delhi.

⁷ Qadeer, Imrana(2002): 'women's health policies and programmes: A critical Review' in Towards comprehensive women's health programmes and policy (ed) Renu khanna, Mira Shiva, Sarala Gopalam, (SAHAT), New Delhi

five-year plan.⁸ The family planning Programme with its prime concern for population control recommended targets and incentives that became the center of the health system, and maternity services began to be assessed by the number of sterilizations achieved, and not by the number of maternal and infant deaths it prevented.⁹ It was only in the fifth five-year plan that efforts were made to integrate the family planning Programme, MCH and nutrition to provide a comprehensive welfare Programme.¹⁰ However, even before the trees of this welfare Programme could bear its fruits, the Emergency was imposed and inputs into Minimum Needs Programme including nutrition were curtailed severely and family planning got all the attention of the health planners. It is only with the utter failure of the Family Planning Programme together with the change in the government that the family planning Programme was announced as a voluntary Programme to be integrated in a comprehensive policy along with education, health, MCH and nutrition to become a Family Welfare Programme.¹¹ Subsequently, there was a small reduction in the resources for Family Planning Programme that was invested to strengthen the Programmes against the communicable diseases. The National health policy and the Planning Commission Expert Group emphasized that in order to be more effective and acceptable; the Programme of Family Planning should be integrated with maternity and child health services.¹² Even though they expressed concern for high maternal mortality, the focus remained as child survival as women's health was not considered important for population control.

Such was the powerful impact of the population lobby that the subsequent five-year plans brought back the FPP to the forefront while investments in the general health services were simultaneously again cutback. Attention to high mortality was not given importance until as late as 1992, with the launching of the safe motherhood

⁸ Government of India (1961), Third Five Plan, GOI press, New Delhi.

⁹ Qader Imrana (1998): 'Reproductive health; A Public health Perspective' in *Economic and Political Weekly*, October 10, 1998. pp-2675-2684

¹⁰ Government of India(Planning Commission) (1978c), Draft five year Plan, 1978-83, GOI Press, New Delhi.

¹¹ Rao, Mohan, (1994), An Imagined Reality: Malthusianism, Neo- Malthusianism and Population Myth, *Economic and Political Weekly*, January 29.

¹² Government of India(Ministry of Health and family Welfare) (1983): National Health Policy, GOI Press, New Delhi.

Programme.¹³ Under this scheme, nutrition, immunization and maternity care for pregnant women were consolidated and made a part of the government's child survival and safe motherhood Programme. Therefore, the initial conception of maternity health with its focus on communicable diseases and nutrition programs was never actually implemented. Maternal health programmes were actually catering to the demands of the family planning work even though the latter could hardly make a difference in the high levels of mortality. There have never been any great efforts put, to assess maternal mortality at the national level. This is reflected in the absence of data on Maternal Mortality, which continues to be estimated until today.¹⁴ The lopsided integration of family planning programmes within the general health services had two major implications for women; firstly on maternal mortality and secondly on communicable diseases. In 1938, the central advisory board of health appointed a special committee. The committee's report on maternal mortality rate was nearly 20, per thousand live births.¹⁵ Since then, however, there has been no national effort to assess the problem of MMR. From 1971 onwards, the model registration scheme provided insights into causes and time trends of maternal mortality in rural areas. It showed that over a period of 1970-1990, maternal mortality had remained relatively stagnant as a proportion of total female deaths. It had also shown that deaths due to puerperal sepsis and toxemia had consistently declined while deaths due to bleeding and anaemia had risen over time. It only revealed the poor state of the MCH services. While complications like sepsis was brought down with widespread use of antibiotics, anaemia that needed a rather simple intervention but a broad based one, continued to be the prime cause of maternal mortality.¹⁶

The impact of communicable disease on women's health is another evidence of the overpowering influence of the family planning programmes on the health services. It has been seen through the five-year plans that while proportionate resource input into family planning has increased steadily, the disease control programmes have suffered

¹³ Qadeer Imrana (1998): 'Our Historical Legacy in MCH Programmes' in Krishnaraj MAithreyi, Sudarshan, Ratna M. and Abusaleh sheriff(ed.); Gender, Population and Development, Delhi, Oxford University press, pp-267-290

¹⁴ Jhirad, J.(1959): 'Survey of trends in Maternal Mortality during the past 20 years', *Calcutta Medical Journal*, 56:1:59

¹⁵ Government of India (1946): Bhore Committee, Vol. 1

¹⁶ Soman, Krishna (1994): 'Trends in Maternal Mortality', *Economic and Political Weekly*, 29(44); pp-2859-2860

in relative terms. The national data has indicated that of all the deaths among women, 65% are caused due to the disease groups, which are predominantly infectious in nature whereas only 2.3% deaths are related to childbirth.¹⁷ Within the reproductive age group itself, deaths due to childbirth account for 12.5%. However, within this, around 4-6% of deaths are due to complications arising out of associated causes and not due to the process of childbirth itself. Among the associated causes are communicable diseases, anemia, rheumatic heart disease and diabetes that can fully be controlled by a strong general health service system alone.¹⁸ The difference in the proportion of deaths due to communicable diseases, between groups of total female and females of reproductive age group was due to two reasons.¹⁹ Firstly, among the reproductive group of females, deaths due to only major communicable diseases were taken into account. Secondly, the major portion of deaths and morbidity due to communicable diseases occurs among the younger population, especially girls.²⁰ Thus, the Family Planning Programme lets a huge proportion of young girls suffer, while concentrating on a small group of women in the reproductive age group. In the process it excludes, a large amount of morbidity and mortality in women who are not in the reproductive age group. Within the reproductive age group too, concentration on mortality associated with childbirth (12.5%) ignores nearly 85% mortality associated with causes not related to childbirth.²¹

In the process of its evolution, maternity health care, which was linked with the general health services, was overshadowed by the objectives of the population control. Consequently, while 'safe motherhood' strategies became a part of the broad based family welfare Programme, communicable disease control could never become a part of it. Thus, the child survival safe motherhood Programme existed in isolation, at the most tackling the problem of vaccine preventable communicable diseases through immunization only. Apart from this, there was always a shortage of women

¹⁷Qadeer Imrana (1998) op. cit

¹⁸ Qadeer Imrana (2002): "Women's health policies and programmes: A critical review" in Towards comprehensive women's health programmes and policy (ed) Renu Khanna, Mira Shiva, Sarala Gopalan, (SAHAJ), New Delhi

¹⁹Qadeer Imrana (2005): 'Maternal Mortality in South east Asia' in Development, Society for International development, Vol. 48(4) pp-120-126

²⁰ ibid

²¹ ibid

doctors in peripheral institutions, non-functioning CHCs and PHCs, poor referral services, lack of supply of drugs along with indifference of the senior health officials who were responsible for supervisory activities especially at the district and rural belts.²² All these limited the scope of other possibilities for women's health. The 90s saw the government policy acquire a different tone to solve the above problems. The term maternity health was replaced by 'reproductive health'.²³ The argument given for this shift was that maternity health encompassed within itself too narrow a range that needed to be broadened to include other aspects of women's health. The components of reproductive health identified were safe motherhood and child survival, contraceptive services to prevent unwanted pregnancies, legal abortions, prevention and treatment of reproductive tract infections and sexually transmitted diseases, reproductive health services for adolescents, care of gynecological problems including sterility, treatment of uterine and breast cancers and nutritional services. However, it was said that this package was too huge; therefore, a 'comprehensive package' was given as an alternative solution to the earlier. This 'comprehensive package' identified contraception, safe motherhood, child survival and reproductive tract infection and sexually transmitted diseases as the core services.²⁴ At the implementation level, reproductive health had focused on fertility control with no concern for other aspects of health and used contraception as a key to reduce maternal mortality. In the process, it left out a significant intervention for maternal health- nutrition along with a range of other reasons for morbidity.

MARKETS AND MATERNAL MORTALITY:

The health sector reforms, introduced in 1990s, affected the health systems of a large number of developing countries. These reforms, which were driven by the neoliberal policies of the international financing institutions like the IMF and the World Bank, brought in changes in the health sector like cut backs in health spending, reduction of public spending, more private financing, more focus on cost- effectiveness analysis, development of essential packages' for health care, contracting out of services,

²² Qadeer Imrana (1998)

²³ United Nations Population Fund (1996): 'Programme of Action Adopted at the International Conference on Population and Development, Cairo, 5-13 September, 1994; New York, United Nations.

²⁴ Qadeer Imrana (2001): 'A public health perspective for reproductive health of Women' in Focus, Vol.. IX

introduction of user fees etc. These changes were set into motion through free trade and free market systems. It has resulted in a gross marginalization of the poor especially in the developing countries whose access to health care facilities have been greatly diminished. Surveys have found that widespread cost recovery schemes and privatization of health care services have kept the poor away from hospitals and health centers.eg. Introduction of user fees have pushed 2% of the population below the poverty line.²⁵ Since women tend to be economically more disadvantaged than the men are, they also tend to suffer more from the impact of the health sector reforms and the dominant market. Neoliberal trade agreements have reduced the livelihoods and ability to access food, clean water, sanitation, decent housing, quality education and a healthy working environment for many women in the developing world. It has resulted in the rise of women's poverty and ill health. A large proportion of maternal and infant deaths in developing countries are due to very little or no accessibility of health services, dilapidated general health service system, under nutrition, anemia and communicable diseases, food, poverty and inequity. Data on IMR shows a stagnation in the rate of its decline over the 90s. Though no national statistics on time trends is available for MMR for the 90s, the aggressive Family Welfare Programme has affected lives negatively for many whose case reports have been recorded.(Health-Watch, UP- Bihar,2002)

- Chutki Devi of Barabanki district went to a health center for an abortion. She was instructed to take pills and was told that the pregnancy was still in an early phase, so the abortion would be safe. After two days of taking the pills, she developed severe abdominal pain and died on her way to the health center. The doctor at the district hospital said that she was four months pregnant and should not have undergone abortion.
- Leelawati, 29years, went to her district hospital at Kushinagar for sterilization. She died immediately after surgery, and the family ws refused a death certificate.

²⁵ Sagar A. and Qadeer I (2003):'health' in Alternative Economic Survey, Ranbow Publishers, Delhi pp-194

- Dhokia had her abortion and then a tubectomy at the Manikpur government hospital. Just after the operation, she was thrown out by the doctor and the nurse and also badly beaten as she was complaining. Her stitches became septic and she had to spend Rs. 1500 for treatment.

Hence, any amount of the supply of contraceptives cannot compensate for the ill health among women. In this respect, the Cairo Programme of Action, though did talk about reproductive rights of women, did so within the neoliberal market oriented policies that had already widened income disparities and mortality and morbidity gaps between countries and within them.²⁶ The only thing that the free market did was to take over our vertical health programmes that are managed through technological intervention and controlled by the [global] public –private partnership. These interventions consider technological input as the solution to any health problem. Thus, other factors, which are extremely important determinants of health, like access to water, food, housing, wages, employment etc, are sidetracked. This overemphasis on techno centric health interventions is due to the global politics, wherein through trade agreements and free markets, a huge market has been created in the developing countries for the powerful market forces to dump their technology. Hence advocates of reducing maternal mortality claim that managing emergency obstetric care is the most befitting way of reducing MMR.²⁷ Incidentally, these same advocates run the global markets. It is not only in the field of maternal mortality but also for other diseases that such technology driven interventions are being pushed forward even though their success is very limited. Interventions for diseases like polio, malaria, HIV/AIDS and tuberculosis, all have a very narrow techno centric approach. In order to establish the legitimacy of the techno centric programmes, concepts of ‘perfect markets’ have been used. This market seems to have a solution to any health problems irrespective of its applicability to health markets of the developing countries.²⁸

ICPD AND MDG:

²⁶ Qadeer Imrana (2005), op. cit

²⁷ Qadeer Imrana (2005) op. cit

²⁸ Qadeer Imrana (2005) op. cit

The 1994 UN international conference on population and development (ICPD) Cairo was considered as a leap forward and a paradigm-shift in the discourse on population and development.²⁹ It has been projected to be a comprehensive international policy document promoting the concept of reproductive rights and reproductive health. According to ICPD programme recommendation, women's fertility will not drop till children survive well beyond their infancy and childhood as well as men take up their responsibility for contraception and women have social and political rights concluding that the policy was a highly "rights based" one. However, it has been seen, that even after a decade have passed, the maternal mortality worldwide remains high. It is indicative of the fact that women still do not have social, political and cultural rights along with an access to comprehensive health services to help reduce their mortality. Even before the 1994 Cairo conference, influential policy makers such as the World Bank had advocated for changes in the role of the government in financing, providing and regulating health services etc. Advocating public health expenditure cuts, all they were doing was to create a "free market" in the health care sector. The World Bank's 1993 World development report, "Investing in health" proposed that the public sector should provide essential services only in the form of "clinical packages" and the rest of the services should be opened up for the market.³⁰ The intention of the World Bank is very clear. Through its narrowly defined packaged health services- whose main intervention strategy is solely through, technology- it conveniently sidelined the recognition of "health for all" a declaration once made at the Alma Ata in 1978.

The Cairo programme of action in a way consented with the World Bank approach.³¹ While accepting the neoliberal economic approach, which by itself was a detrimental factor to the "rights based" agenda, the programme urged countries to introduce user fees in health services and social marketing schemes aimed at distributing contraceptives. It also encouraged governments to set up private sector in health services and in the production and distribution of family planning commodities and contraceptives. In a way, this was actually supplementing those putting greater emphasis on only family planning services. There was a clear tone of neo

²⁹ United Nations Population Fund (1996) op. cit

³⁰ UN Millennium Project(2005): "Investing in development: A Practical plan to achieve the Millennium Development Goals", New York

³¹ Nair Sumati, Kirbat Preeti, Sexton Sara (2005): 'Population politics and women's health in a free market economy' in Development, Society for International development, Vol. 48(4) pp-43-51

Malthusianism in the way sexual and reproductive health and rights was being discussed.³² Therefore, it is not surprising that various women organizations differed in their opinions regarding the ways in which women and sexual rights agenda were put forth in the conference. There was a clear divide between the Northern feminist groups who argued for a certain limited definition of “women’s rights” while strengthen the neoliberal hold on the south and the southern feminist group who were undermining those “women’s rights” and battling against northern economic control.³³ Despite its shortfalls, the 1994 ICPD of action did create a framework for the universal realization of reproductive and sexual health and rights. Governments were asked to reject coercive measures regarding population control in favor a new approach that was aimed at meeting the needs of individual women to access a range of reproductive health services.

At a time when the political climate is harsh and bargains made especially for women are stringent, it was hoped that the gains made were laudable enough. The Cairo conference was centered on the gradual consolidation of the idea that human rights are central to the development discourse.³⁴ There has been a positive shift at the conceptual level regarding reproductive health, which has been talked about keeping the “rights” agenda at the center. This conceptual shift in the understanding of reproductive health around human rights agenda allowed for a much stronger political platform at the conference. However, one is reminded that the “rights” agenda is not a uniform one. Within governments and other women’s organizations, there has been a dichotomy and real confusion of agendas. Whereas the north stressed more on personal autonomy where the time was ripe for raising issues on personal choice of contraceptives, right over own body, abortion etc., the southern women’s struggle was more focused on wages, labour rights etc.

Therefore, debates revolving around the “rights” agenda among different women’s groups, especially among those in the north and the south, had very different implications, which cannot be generalized as such. Together with this, the ICPD while

³² Hartmann Betsy(2005): ‘Refuting Security Demographics: In Dialogue with Betsy Hartmann’, in Development, Society for International development, Vol. 48(4) pp-16-20

³³ *ibid*

³⁴ Correa, Sonia(2005): ‘Holding Ground: The challenges for sexual and reproductive rights and health: In dialogue with Sonia Correa’ in Development, Society for International development, Vol. 48(4) pp-11-15

concentrating on the “rights” based approach converted issues of women’s health into isolated issues of ‘safe abortion” and “reproductive rights” and therefore undermined the holistic concept of women’s health, which got translated into selective vertical programme like RCH and family planning. Thus, the epidemiological basis for reproductive health has never really been cared for. Neither has it been realized why certain sections of women have remained silent over their reproductive health problems.³⁵ It has been a continuous deprivation from their land rights, freedom from atrocities, food security, security system, minimum wages and communal harmony that have made these women silent on their reproductive health needs. In this restricted concept of reproductive health and rights, if one tries to perceive the conceptualization of the MDGs, one realizes how the latter even fails to live up to the narrowed right-based approach towards reproductive health of women, both conceptually and strategically.

MATERNAL MORTALITY VIEWED IN RESPECT OF MDG:

One of the MDG aim is to improve maternal health, with a target of reducing maternal mortality ratio by three quarters between 1990 and 2005. The goal is aimed to address the problems associated with reproductive health, safe motherhood and family planning.

GOAL 5	TARGETS	INDICATORS
Improve maternal health	Reduce by ¾, between 1990 and 2015, the maternal mortality ratio	Maternal Mortality Ratios Proportion of births attended by skilled health personnel

³⁵Qadeer Imrana (2005), op. cit

Maternal mortality has been considered to be one of the important indicators of a country's development, besides infant mortality rate. However, progress in this indicator remains painfully low among many developing countries. It is estimated that each year, some eight million women suffer pregnancy related complications and over 5 lakh women die, with 99% of these maternal deaths taking place in developing nations, mainly in sub Saharan Africa and South Asia.³⁶ There has also been a sharp contrast between the MMR of developed countries and that of developing countries. For eg. In developing countries, one woman in 16 is at the risk of dying of pregnancy related complications, whereas in developed countries the risk is one woman in 2800.³⁷

According to the World Bank, there are precisely, three rationales for investing in maternal health.³⁸ In line with that of Commission for Macroeconomics and Health, it is assumed that death or illness among women in the reproductive age group has serious implications for a country's productive capacity, labour supply and economic well being which in turn translates into economic loss and hardships at her family level. Poor maternal health, frequent and early pregnancies and the diseases associated with it contributes to her poverty. The second rationale given by the World Bank, for investment in maternal health is that now, since women's well-being is considered as an end in itself, deaths and illnesses associated with pregnancy and childbirth should be avoided as it undermines the human rights and social justice dimensions to it. The third rationale provided is that since a woman's health adversely affects that of the child (especially newborn), therefore the survival of the child depends to a large extent on the maternal health. Poor nutritional status of pregnant women contributes to low birth weights among children. Apart from this, since women are caregivers in the family and especially for children, their death leaves the children in a more critical condition. Thus, investing in maternal health (or is it only preventing maternal deaths!) has been justified in these ways and the appropriate intervention tactics have also been evolved with time. Maternal deaths have been

³⁶ WHO(2003): 'Shaping the future': The World Health Report, Geneva

³⁷ *ibid*

³⁸ WHO (World Health Organization). 2001. "Macroeconomics and health: Investing in Health for Economic development. Report of the Commission on Macroeconomics and Health". Geneva.

projected to be mostly due to obstetric complications and therefore strategies to combat it have been prioritized on skilled delivery care and management of complications to save women's lives. Skilled delivery care and management of complications have been tackled through technical interventions that include emergency obstetric care, skilled attendance, and management of unsafe abortions, focused antenatal care and family planning services.³⁹ Thus, it is quite evident from the above that the underlying assumption is that Maternal Mortality can be achieved by neat technical operational strategies. Hence, it is justified as a MDG goal as proposed by the World Bank. As a consequence, maternal health has been picked out in isolation from its roots, which lies in the socio-economic and political conditions of women in specific geographical areas apart from the health care services that they can access and placed in a highly medicalised environment where it is posed that it can be intervened best through technology.

The conceptualization of the formation of the maternal health goal has deeper flaws in it than a mere concentration of technology. At the very outset, it has to be remembered that the MDGs have been formulated and implemented in the context of structural adjustment programme.⁴⁰ The MDGs seek to address poverty and other development goals in the context of intensified trade liberalization. The current multilateral trading system is based on an unfair power imbalance between developed and developing countries that operates in a rather undemocratic and nontransparent manner and have a very unfriendly approach towards economic development, gender equality, human rights and environmental sustainability. In such a climate as this, efforts geared to economic, social or political empowerment including health rights of women are bound to be biased. Women and men are located differently with respect to key economic and social resources like education, land and technology as well as their access to and their voice in the decision making process.⁴¹ These asymmetries in gender go against the long-term social and economic empowerment of women in relation to men. Trade agreements at global level fail to critically examine the gender

³⁹ WHO (World Health Organization). 2001. "Macroeconomics and health: Investing in Health for Economic development. Report of the Commission on Macroeconomics and Health". Geneva.

⁴⁰ Qadeer Imrana (2005), op. cit

⁴¹ ibid

gaps and the consequent underpinning of trade and development.⁴² MDGs as a process, fails to critique these current multilateral trade regimes that undermine women's negotiation power within the trading system. In Agriculture for example, the push for shift from food to cash crops have made women I working in the informal sector to be thrown out of work. The skill of a women agricultural worker earlier needed for food crops are no more needed now. Similarly, privatization of services especially for the unorganized sector as well as changing of labour laws has weakened the position of women and their earning capacity is seriously impaired. Though the MDGs through millennium declaration affirms that a development agenda for economic and social goals cannot be separated from that of promotion and protection of human rights and gender equality, nevertheless, the highly technical approach aimed at economic growth to eradicate poverty does prove otherwise.

Reduction of hunger, improving of housing and health are mentioned without actually strategizing them. Their absence is often explained by the lack of rights and capabilities among the poor, thus diverting the issue of stratification, control over resources and power. Root issues like change that come about through transformation in power relations (specially economic and social) are never addressed within the MDGs. Rather a mere technical solution devoid of any alliances of power or politics makes the goal hardly impressive. It also explains why there is so much of a resistance in the area of gender equality as political commitment to change the power relations remain very difficult to attain.⁴³ In this respect MDG 3, which refers to the promotion of equality and empowerment of woman as development goal, at the surface, seem, to address a range of social issues like income, health, education and environmental sustainability, all of which is within a framework of gender equality. However, a critical analysis of the goal shows a clear division between political and civil rights with that of economic and social rights.⁴⁴ The indivisibility approach of this goal is clearly a detrimental factor for the achievement of gender equality and discrimination against women. The capacity of a women worker to enjoy her freedom

⁴² Williams Mariama(2003): 'The MDGs in the context of Gender and trade' in "Emerging perspectivesand approaches to Gender and Trade", Centerfocus, Center of Concern, Washington, D.C.

⁴³ Antrobus Peggy(2003): 'MDGs-The Most Distracting Gimmick' in contextualizing the MDGs www.mdgender.net

⁴⁴Williams Mariamamariama(2003): 'The MDGs in the context of Gender and trade' in "Emerging perspectivesand approaches to Gender and Trade", Centerfocus, Center of Concern, Washington, D.C.) op cit

to work, to earn an equal pay, to organize and be an active member in a worker's organization, is governed and restricted by the roles and obligations that she needs to play within her family and community. Her social expectations to fulfill her role as a wife, housewife and mother with the cultural sanctions that impose restrictions on her mobility and ability to interact on equal terms with her male colleague in public spaces are detrimental to enhancing her capacity to become a leader in the worker's movement.

Empowering women in any one of the above areas without recognizing the interlinkages with others will hardly make a difference to the empowerment related goal of the MDG. Hence a lot of feminist groups have rightly critiqued that in an ever expanding era of privatization and cuts in subsidies in the social sector together with a patriarchal model of maintaining power relations in the society, it is rather ironical that goals relating to universal primary education, maternal health and even child health are being placed in the context of women's empowerment.⁴⁵ It only leaves us wondering about the kind of narrow definition of empowerment that is being achieved through this process. Even within the goal of empowerment, MDG 3 targets set to achieve the goal along with its indicator prove insufficient. Emphasizing education (eliminating gender disparity in primary and secondary education) as a means to empower women has its inherent drawbacks. The goal assumes that higher levels of education will translate into empowerment of women. However, experience shows that education need not translate itself into empowering women as they are still denied higher access to employment, incomes, decision-making positions in private and public domains as well as political offices. In the absence of factors like access to and control of land, equality before the law, security against incidence of domestic violence and physical and sexual harassment and access to health and health services, the mere term "empowerment of women" remains only an ornamental one.

Another area in gender equity where the MDGS have fallen short surrounds the exclusion of internationally accepted ideas of reproductive rights acclaimed at ICPD. Though narrowly conceived at the ICPD, sexual and reproductive health are totally absent from the MDGs. Despite a widespread international recognition as well as efforts from governments, neither the MDGs nor their associated targets and

⁴⁵ *ibid*

indicators include specific mention of reproductive and sexual health and rights. A mere goal of maternal mortality without a mention of reproductive and sexual rights can be viewed as restricting and reducing the right to health of women as well as placing it within a purely biological role.⁴⁶ This specific exclusion of the goal of women's sexual and reproductive rights reflects the power of fundamentalist groups surrounding the ICPD conference that continued to gain strength in the context of the ongoing economic struggle of southern feminist groups against the spread of neoliberalism. This together with the backlash against women's rights accounts for the spread of economic control through the WTO enforced trade agenda.⁴⁷

A focus on the targets to improve maternal health as a goal of MDG reveals that it depends on a technical base, which is highly individualised in its approach.⁴⁸ Thus, the conceptualization of maternal health and its causes is devoid of any social and structural complexities of the problem. Higher level of maternal mortality in developing countries have a far more complex interlink ages with its socio economic and cultural dimensions than are portrayed through the MDGs which seems to pose the problem as that of typically medicalised one and therefore having interventions to control the situation medically. To further justify their point, for persisting with a narrow techno centric approach towards maternal mortality, experience of China, Sri Lanka and even Kerala within India are cited where it is argued that level of maternal mortality have diminished even where poverty levels are high.⁴⁹ However, what arguments like this steer clearly away from is that though pure obstetric causes can be tackled through emergency obstetric management and an improved antenatal care, long term results can only be obtained if the problem of maternal mortality is handled through economic, caste, religious, racial and gender inequality that perpetuates ill health among young girls and women.⁵⁰ A mere technical approach only suggests how the MDGs tries to simplify the complex phenomenon while trying to bring

⁴⁶ Qadeer Imrana (2005), op. cit

⁴⁷ Antrobus Peggy(2003), op. cit

⁴⁸ Abeyesekera Sunila(2000): 'Development and Women's human rights, Economic, Social and cultural rights, section 3, Module-4, International human Rights Internship Programme and forum Asia. www.mdgender.net

⁴⁹ Qadeer Imrana (2005), op. cit

⁵⁰ Sagar Alpana(2002): 'The Reproductive health Package-A chimera for Women's health' in Towards comprehensive women's health Programmes and policy,(eds) Renu Khanna, Mira Shiva,Sarala Gopalam, (SAHAJ),New Delhi

changes in the level of maternal mortality without addressing the need to have structural changes in the society. Whatever interventions have been called for at the social level, including legislation, family planning services, child care, improved access to health services for only some selected diseases and prevention of unsafe abortion does not take into account women's position in her family and society, her bargaining power vis-à-vis the men in the family and the social and cultural norms with which she is tied down to her family. There is also no mention about legislation pertaining to women's right to property, minimum wages as well as employment guarantee.⁵¹

Thus, the approach of MDG towards maternal mortality has been a fragmented and fractured one. Before we discuss the larger context of maternal health, the issues within maternal mortality need to be understood. Maternal Mortality constitutes around 12% of the female deaths in the reproductive age group. In addition, around 35% mortality in women of the reproductive age group and 40- 42% of deaths in girls under 14 years of age are due to infectious diseases with around 4-6% girls dying due to anaemia. It is evident from the above that maternal mortality constitutes a small proportion of deaths even within the reproductive age group, not to talk of women in the other age groups. Thus, the goal of maternal mortality in the MDGs actually narrows down the understanding of deaths among women in general.⁵²

Causes such as haemorrhage, sepsis and unsafe abortion though having a medical side to it, are rooted deeply in the social context of women.⁵³ It is the lack of care and support that women receive in patriarchal societies as well as their poverty-ridden conditions that are the contributing factors for the deaths. Post- partum haemorrhage is said to be caused by the high prevalence of anaemia among women with poor nutrition, which is again due to their secondary status within their family that restricts their access to food. Post-partum infections are also a product of lack of care and poverty. Similarly, social norms forces unwed mothers to take resource to unsafe

⁵¹ Qadeer Imrana (2005), op. cit

⁵² Qadeer Imrana (2005), op.p cit

⁵³ ibid

abortions. Side by side, abortions are also promoted as a means for family planning without ensuring adequate services.⁵⁴

Most young girls have critical morbid conditions that contribute to their mortality in their reproductive lives. Anaemia, malnutrition and infections are common among young girls in developing countries.⁵⁵ The MDG5 seems to bypass this social context and limits itself to strategies to detect high-risk pregnancies or emergency maternal care. While not denying the fact that these interventions may be necessary as an overall strategy to curb mortality, it becomes highly questionable when these become the only strategies to reduce mortality. The uncritical acceptance of these strategies only confirm the fact that that the international powers as well as the domestic ones are really not interested in talking about structural changes or power imbalances. They are rather providing for so-called feasible strategies within their domain of power. It is a clear case of the strategies being pushed in isolation without being bothered to realize whether these have a long-term impact on the development of the people especially when maternal mortality is an outcome of poor general health of women and socioeconomic constraints. There is definitely an inadequate conceptualization of the problem of maternal mortality as well as the legitimization of a partially effective biomedical approach to it. Addressing maternal mortality calls for a socially sensitive developmental strategy that recognizes women's role in production. Maternal mortality needs to be addressed as a part of women's overall health, which in turn is determined by her social and economic outcomes. Thus, a much more comprehensive strategy will be a strong primary health care along with necessary welfare services, employment, minimum wages and food security. It will not only help in reducing extreme poverty and hunger but will also address the very cause of the determinants of all mortality including that of maternal mortality.

⁵⁴ Abeysekera Sunila(2000) op. cit

⁵⁵ Sagar Alpana(2002)

DISCUSSION

Though the focus of this dissertation is MDGs and their location in the UN approach to development, it was necessary to look at the shifts in development itself to fully grasp the reasons for the emergence of the MDGs. The beginning of the 12th century witnessed the classical model of capitalism that was based on industrial revolution and the evolution of the bourgeois state. The capitalist empire spread throughout Africa, Asia, and China where through its colonization and appropriation of a lot of agricultural and mineral produce, it gained its hold.¹ While the colonies were still based on rural production, the more industrialized countries within the capitalist regime shifted to core manufacturing systems. This led to the ideology of *industrialization as liberation* that later on, between 1800 and 1945, helped in the formation of nation-states.²

After the Second World War, there were major upheavals in development thinking. It witnessed important changes in development theories, strategies, ideologies and actors. Allies led by U.S. attempted to rebuild shattered wartime economies and invented international institutions capable of restoring order to world politics. While these developments were unfolding, U.S.-Soviet relations were transformed as wartime cooperation gave way to a dangerous rivalry, cold war that rapidly overturned the political geography. During this period, key geographical designations like ‘First World’ and ‘Third World’ were developed by Western Social scientists in an attempt to highlight the profound social and political differences between advanced industrial countries and the recently decolonized states in Africa, Asia and the Middle East³. In this geopolitical setting, the systemic-ideological conflict with Soviet Union and the second world were then used by United States to justify either armed or economic interventions in the Third World.

¹ Qadeer, Imrana, (2005), “Population Control in the Era of Neoliberalism”, *Journal of Health and Development*, Vol.1, No.4.

² Amin Samir(2000):”The Future of Global Polarization in Schmidt, Johannes Dragsback and Hersh, Jacques (eds.) *Globalization and Social Change*, London, Routledge, pp-37-45

³ Dodds Klaus(2002): “The Third World, developing countries, the South, the poor countries” in Desai, Vandana and potter, Roberts B., (eds) *The Companion to Development Studies*, Arnold Publishers, London, pp. 3-7.

This later period witnessed a number of nationalist struggles that were fought to set up alternate political systems as against the capitalist model of development. It was in this period that within capitalist states, spending in welfare and state regulation of the markets were proposed as a solution to the impending crisis of capitalism to meet the problem of stagnation and under-employment. Financial, as well as political stability within capitalism has often been a function of large investment in 'production for wars, post-war reconstruction, and the subsequent cold war strategic competition'.⁴

The Third World, that was mostly ex-colonies, has been integrated into the world market predominantly as producers of raw materials and as potential markets.⁵ The unequal terms of trade guaranteed huge net transfers from the developing to the developed world, and the latter moved towards a growth projectile that was marked by full employment. This economic stability of the post-war era paved the way for large social investments in these countries and this era is often known as the Golden era of the Welfare State. However, with the 1974 oil crisis, the world economy was again facing an era of stagnation. The government policies of these times were marked by stark expenditure cuts, manifested in Reaganism and Thatcherism of the nineteen eighties, which marked a return to the neoliberal orthodoxy.

Despite the rise of neoliberalism in the eighties, the notion of Welfarism and Socialism had taken very deep roots in global thinking and it was not possible for the UN to keep that out even though it is well known that, its working had been constrained by the pressures of the financial institutions by the world's most powerful countries. These countries were attempting to change both the notion of development as well as the strategies of development. It has been argued that development involves a range of actors from international agencies, through the state, down to the individual, all of whom have a vested interest in how change and development are to proceed. Thus, all facets of development not only depend on political ideology, but on a moral and ethical prescription too.

⁴ Qadeer, Imrana, (2005), op cit.

⁵ ibid

In the process of economic and political reconstruction, the Truman administration had taken a particular interest in the condition of 'underdeveloped areas' based on 'great production (as) the key to prosperity and peace'. American administration prepared the foundation for the programme of active and sometimes aggressive intervention in the underdeveloped regions. Truman's vision of development rested in the assumption that western capital, knowledge and technical capability was essential for a transformation of 'underdeveloped' areas, the less fortunate should then emulate American style of democracy prosperity and peace.⁶ Currently, this American style of democracy, prosperity and peace is very conveniently imposed on Iraq and Afghanistan by the Bush administration. Successive administrations in Washington D.C. during cold war period justified such actions on the basis that Third World 'needed' to be protected from the 'evils' of communism. In Taiwan, and South Korea, for instance, the US administration provided substantial amount of financial and military aid (amounting to up to 10 per cent of the national income in the nineteen fifties) because they were regarded as significant elements in the geopolitical struggle against the then Soviet Union. In Latin America, the US administration invaded and destabilized countries thought to be vulnerable to socialism and had anti capitalist sentiments among their trade unions.⁷

Regardless of their ideological positions, the superpowers were actively seeking to influence and shape the political and economic complexion of developing countries. The 'hotting up' of the cold war in Latin America and south-East Asia, provoked some members of the Third World to create a Non Aligned Movement in 1961. The latter was intended to be an international organization composed mainly of recently decolonized states such as India and Indonesia, which sought not only to avoid dangerous politics of cold war, but also to articulate alternatives to modern development.⁸ Three years later, these non aligned states were joined by other Third World states in a movement of 'Group of 77' in order to pressurise 'Northern' states to acknowledge the linkage between welfare, war, external debt

⁶ ibid

⁷ ibid

⁸ ibid

and poverty. The demands for fundamental reforms in the world economy and international political structures were anyhow, ignored by the Northern states.

When the cold war ended, much hope was invested in UN peace keeping, occasionally to the detriment to development, as considerable resources were devoted to the demands of emergency humanitarianism. Even when peacekeeping was relatively successful, the demands for development have been typically complex, politically volatile, and indifferently funded. As the gap between rich and poor continues to widen, and as a spiral of poverty, environmental degradation and violent conflict become all but a way of life in some regions, the difference between what UN enshrines and what it is able to accomplish threatens its legitimacy.⁹ The operational budget for UN agencies most closely involved in the global welfare such as United Nations development Programme(UNDP), World Food Programme(WFP), United Nations High Commission for Refugees(UNHCR), are dependent upon the same superpowers, which means that their ability to move from relief to development is conditioned by immediate political and economic interests of these states. Their financial aid/budgets is in fact decreasing. In 1996-97, world aid declined from \$55.4 billion to \$47.6 billion; and aid to the poorest countries was at its lowest level for a decade.¹⁰

This trend has been furthered by a variety of globalizing forces- most notably the harmonization of international trade being ushered in by WTO. These trends make UN development initiatives all the more important, since the alleviation of human suffering, the empowerment of the dispossessed and the extension of universal norms to the marginal population is what gives development its moral force. If the human dimension is to show up fully in development policy decisions, the first and biggest battle lies between the corridors of the power of the developing countries. However, full awareness of the issue must also be woven into international decision-making and the programmes and practices of bilateral and

⁹ Whitman Jim(2002): "The role of the United nations in developing countries" in Desai,Vandana and potter, Roberts B., (eds) *The Companion to Development Studies*, Arnold Publishers, London, pp. 466-470

¹⁰ *ibid*

multilateral donors.¹¹ An annual review of the National Development Plans and coordinated advice on economic planning are currently considered the prerogative of the World Bank, IMF and the Regional Development banks. The UN 's specialized agencies dealing with micro human development issues- United Nations UNESCO, WHO, UNICEF, UNDP, UNFPA, ILO and so on-are normally denied this privilege. They are generally not invited to the consortiums and consultative groups to review country performance. If human development is to take centre stage, the World Bank and the regional banks will have to change their macroeconomic concerns with the Third World national income accounts and production planning to human development issues.¹²

International financial institute specifically, the World Bank has emerged as a major player in health. The policies the WB promotes (and imposes through other IFIs) - retreat of the state, privatization of national assets, deregulation (which in effect removes key areas of the economy from democratic control), and export oriented production at the expense of national self sufficiency- would all appear to be incompatible with 'sustainable' and 'emancipatory' development and indeed with democracy and human rights.¹³

In line with the neoliberal doctrine, the international health community has 'explained' the spread of AIDS - and the extremely high prevalence in sub-Saharan Africa - in terms of individual sexual behaviour. It has exaggerated the extent to which people control their lives and circumstances and ignored larger macroeconomic and political factors. Above all it has ignored poverty induced, population vulnerability in terms of seriously weakened immune systems.¹⁴

The insistence on analysing this colossal public health catastrophe in terms of individual behaviour has correspondingly restricted the response to action at the

¹¹ Haq ul Mehboob(1999): "Reflections On Human Development", Oxford University Press, New York.

¹² *ibid*

¹³ Katz, Alison (2005): Infiltration of neoliberal ideology in the World Health Organization: Effects on global public health policy and practice, www.cetim.ch, accessed on 7th July, 2006.

¹⁴ *ibid*

individual level, usually promotion of safer sex, condom use and education for prevention.

Individual behaviour cannot possibly account for this enormous difference, which would imply that people in some African countries have at least 250 and even 2500 times more unprotected/unsafe sex than people in Europe, the USA or Australia (even taking into account the exponential increases in areas where HIV spread widely and silently before action was taken).¹⁵ Neoliberal establishment has conveniently identified AIDS as the cause rather than the result of the poverty, hunger, devastation and chaos experienced in sub-Saharan Africa and elsewhere.

The infiltration of neoliberal ideology in WHO today is profound and this is despite WHO's Constitution and many founding and key documents since then, which are explicitly oriented towards social justice as a solution to health problems and a goal in its own right. There is disconnection, incompatibility and even clear contradiction between WHO's founding principles, as expressed in its Constitution, and the policies which have been implemented by current office holders and their predecessors over a 25 year period.

However, the fundamental principles, objectives and functions set out in the Constitution (1948) and above all in the Declaration of Alma Ata (1978), are still valid today.

WHO's constitution: health for all through social justice

*"Health is one of the fundamental rights of every human being
..."*

*"The health of all peoples is fundamental to the attainment of
peace and security . .*

*"Unequal development in different countries in the promotion
of health and control of disease, especially communicable
disease, is a common danger . . .*

*"Governments have a responsibility for the health of their
peoples".*

¹⁵ ibid

The Declaration of Alma Ata clearly identified social and economic root causes of avoidable disease and death, placed the debate squarely within international power structures and insisted on a broad public health perspective which addressed non-health sector determinants of health.

"Economic and social development based on a New International Economic Order is of basic importance to the fullest attainment of Health for All" . . .

"Primary Health Care is the key to attaining this target as part of development in the spirit of social justice." . . .

PHC involves "in addition to the health sector, all related sectors and aspects of national and community development. . . and includes promotion of food supply and proper nutrition, an adequate supply of safe water and sanitation . . ."

The Declaration has never been repudiated although its principles have often been disregarded and even betrayed during the period of neoliberal influence.¹⁶ PHC was soon replaced by "a selective, politically sanitized version reduced to a few high priority technological interventions determined not by communities but by international health experts". This allowed "governments and health professionals to avoid dealing with the social and political causes of poor health and thus to preserve the inequities of the status quo".¹⁷

Substantial and sustainable improvements in population health are achieved by meeting basic material needs for food, water, sanitation and shelter and basic social needs for education, employment, access to land, safety and security - addressing the root causes of avoidable disease and death.¹⁸ However, meeting basic needs for health requires redistribution of resources and a radical transformation of economic and political arrangements on earth. This is, of course, deeply threatening to powerful elites.

¹⁶ *ibid*

¹⁷ Werner, D. and Sanders, D. *Questioning the Solution: the Politics of Primary Health Care and Child Survival*. Healthwrights, California, 1997.

¹⁸ McKeown, T. *The Role of Medicine*. Blackwell, Oxford, 1979.

Furthermore, uncontrolled economic growth is incompatible with sustainable and equitable use of resources which itself is a prerequisite for peace, social justice and population health.¹⁹ The link between fair and sustainable use of the earth's resources and countries' capacities to meet people's basic needs for health is difficult to dispute, in ethical and common sense terms - and as the accumulated evidence shows.²⁰ Economic growth must be accompanied by fair distribution and sustainable use of resources as the assumption underlying economic arrangements for health and development. Economic growth has no necessary relationship with improvements in health nor for that matter with improvements in human welfare generally. However, the international health community continues to present growth - through the globalization of "free" market policies - as the aim with the vague assumption that benefits, including improved health, will "trickle down" to the population - even though such theories have long been discredited²¹. During the period of globalization of "free" market policies, not only have poverty and inequality between and within countries accelerated, but social progress, including population health, deteriorated. In India, decline in mortality rates among women in all age groups has become stagnant and in some instances there has been an increase in mortality rates in the decade of the 90s after the structural adjustment programme.²² Neoliberal triumphalism consistently fails to distinguish between the two periods, 1960-1980 and 1980 - 2000. In the latter period, there has been considerably a slower progress in life expectancy and infant and child mortality and these results cannot be explained by the AIDS pandemic.

In neoliberal thinking, health is achieved and health problems are solved by delivering technical interventions through health services. In an astonishing number of UN and WHO documents, there appears to be no recognition that the major interventions required for improvements in population health status lie outside the health sector. It would appear that classic public health lessons are not

¹⁹ World Health Organization. *Our Planet, Our Earth: Report of the WHO Commission on Health and Environment*. World Health Organization, Geneva, 1992.

²⁰Katz, Alison (2005) *op cit*

²¹ Todaro, Michael P. and Smith, Stephen C (2004), *Economic Development*, Pearson Education, New Delhi.

²² Qadeer Imrana(1998): "Reproductive health, A public Health perspective" in *Economic and Political Weekly*, October, 10, 1998, pp-2675-2684

regarded as applicable to poor countries today. The international health community has been recommending technologies to fight disease in developing countries for at least two decades - drugs, bed nets, condoms and the like - cosmetic, unsustainable, stop gap measures.²³ The neoliberal establishment never acknowledges that poor countries today might wish to rid themselves of the scourge of disease reliably once and for all, just as the rich countries did, rather than for a couple of months while supplies - acquired expensively from Northern pharmaceutical companies - last.

The U.S. has also influenced the policies advocated by the WTO that may force countries with national health services to dismantle these services in order to allow the operation of commercial health insurance companies or medical-business corporations. The WHO, through its collaboration with other international agencies, has been an active participant in the promotion of such policies. The WHO has submerged itself in a type of cultural and ideological environment in which privatization, deregulation, and marketization are common recommendations. Another example of the influence by the establishments of the North is the emphasis on categorical interventions (a disease-by-disease approach) that weaken the infrastructure of public health services. One should not assume that this is some kind of an unfortunate mistake. Like all the policies proposed for poor countries by the international financial institutions, such prescriptions reinforce the existing power balances and serve those who design them.²⁴

These neo liberal agendas penetrated welfare sector and prompted the International Health Community to succumb to its demands. MDGs are world's human developmental goals that have been formulated with the aim of reducing poverty and improving health. PRSPs, the roadmaps for achieving the MDGs, still reflect the neoliberal ideas and believe in economic growth as a panacea for human development. Similarly, the report on the Commission of Macroeconomics and Health, the force behind prioritizing health in MDGs, advocates for

²³ Katz Alison (2004): "The Sachs Report: Investing in Health for economic Development- or increasing the size of the crumbs from the rich man's table? Part-I in International Journal of Health Services. Vol.34, No 4, pp-751-773

²⁴ Vicente Navarro (2004): "The World Health Situation." In International Journal of Health Services, Volume 34, Number 1, Pages 1-10,

investments in health based on the two-way relation between poverty and health. Based on this two-way relationship, the commission calls for investments in health for increased production and growth. However it fails to recognize that the relationship between health and poverty is a two way one but is *not symmetric*. Poverty is the single most important determinant of poor health. However, poor health is very far from being the single most important determinant of poverty, at best, extensively; poor health may exacerbate existing poverty.²⁵ The MDGs do not reflect the different issues that are inherent to the human development concept given by UN's Human Development Report. Through the MDGs, the concept of human development has in fact been reduced to merely technological interventions in education and health. However, the concept of human development is broader and richer than mere education and health. Human development approach views investments in education and health as having intrinsic values for human lives, and treats human beings as ends. The human capital approach stresses how education and health enhances productivity and have important values for economic growth. The most obvious policy implication for this ends- means framework is that economic growth will not be enough to promote human development.

Human development is motivated by a search for freedom, wellbeing and the dignity of individuals in all society. Freedom has constituted one of the most important parts of human development thinking. Ironically, MDGs and the successive HDRs have failed to involve social and political freedom as their part. Intrinsic to the notion of human development is the notion of human agency. MDGs fail to realistically engage with the question of people's own agency in shaping their own future. Strategies of strengthening institutions of civil society and decentralizing power do not find any place in any of the MDG goals or targets. There is no scope or space to respond to people's views for including them in decision making, in the top down approach adopted in delivering the MDGs. Considering the broader understanding of human development that have evolved over a period of time, the MDGs which are also a part of the U.N. agency, seems to fall short of the understanding of development at all levels of conceptualization of goals and their implementation. Key areas such as nutrition,

²⁵ Katz, Alison (2005) op cit

livelihood, sanitation and housing are not addressed in the MDGs. A detailed analysis of the goal and the reason behind it brings to light a number of flaws in trying to incorporate a broad based understanding of human development.

The earlier recognition by UN of the permanent sovereignty of each nation over its natural wealth and resources as a primary condition for social progress and development²⁶ is in fact being undermined by the Bretton Wood's institutions and G-8 nations. They insert aid and debt conditionalities into the eighth goal of MDGs. MDGs do not foreground the crucial issue of 'human rights' with sufficient clarity. The notion of income poverty is still used in the MDGs despite the concept of the human poverty given by the UN itself. Though the Millennium declaration claims that the human beings are end in themselves, the very absence of the above-mentioned factors makes the MDGs treat human beings as means for economic growth and development. Millennium Project maintains a neutral stance on whether public or private service delivery is most appropriate. The very absence of health system, which is already in a very dilapidated condition in most of the developing countries, is in tune with the neoliberal policies, which undermine the role of the state, and gives more power to the markets. On one hand Millennium Project advocates for the states to confine their role to regulate the private service provision and on the other hand, it recommends that the public sector subsidize impoverished households through paying for it. Private sector can therefore serve the poor and the rich through markets with guaranteed paying consumers. It is advocating differential health service system for the rich and the poor in states that insist on providing primary healthcare by disengaging primary level care from secondary and tertiary care.

Over the years within the UN, the notion of development has changed over time and is still in a process of doing so. Together with the notion, the language used to define development has also undergone a tremendous change. The language used explains the concept of development and yet it fails to broaden the concept and make it richer. However, the understanding of human development has not evolved simultaneously. Instead, the understanding has actually reverted to the growth-oriented model of development where economic growth is an indicator for

²⁶ UN(1969): UN General Assembly Declaration on Social Progress and Development, Resolution 2543(xxiv).

human development. The present approach of MDGs views development through the capabilities approach, where individuals are considered important for development but it fails to recognize the importance of structural and political changes that will only be able to bring about true development for all. The goal of Maternal Mortality in MDGs proves the point.

At the outset, the MDGs claim to reduce the gender inequality. This claim should have been translated in concentrating on women's health. However, the focus has been merely on reducing of maternal mortality ignoring the non-reproductive dimensions of women's health and life. Concentrating only on maternal mortality reflects that pregnancy and peuperium period are the only living years in a women's life as a reproductive machine. Hence, the huge proportion of morbidity among women is totally left out. Even for Maternal Mortality, which constitutes a only 2-5% of the total women's death, the interventions proposed are too technological in nature. Without any reference to women's ability to access food, clean water, sanitation, decent housing, livelihoods, quality education and a healthy working environment as important factors influencing reductions in maternal mortality, the MDGs have chosen to identify trained health personnel and emergency obstetric care as the interventions. They also fail to link heavy morbidity load of the girl child who later enters the reproductive phase. The very absence of strengthening public health systems in the list of goals and targets leaves no option but to seek this 'emergency obstetric care' from private sectors. Thus, the approach to Maternal Mortality refuses to face the challenge squarely and link it to the nature of development. Maternal Mortality is addressed but only to the extent that it can be tackled within the overall prescription of health sector reforms and Structural Adjustment Policies, where cuts in the public sector expenditure on health and promotion of medical care is not to be compromised.

The Cairo conference, though restricted in its own way as we have seen already, could never manage to influence the MDGs. Rather, the Maternal Mortality goal has been more influenced by the Commission for Macroeconomics and Health in assuming women as means to economic productivity gains. Thus, reduction in maternal mortality becomes important only to the extent that it keeps women alive so that they can contribute to the country's growing economy, as a cheap source

of labour apart from the fact that they are held important because their health condition affects that of the child. It only shows the limited understanding of women's health.

It now remains to be seen whether the MDGs are able to fulfil the narrow goals that they have set for themselves. The odds against such an expectation of the MDGs as an answer to the world's poverty are many. The MDGs remain silent over the development of a public health system, promoting health improvements through market driven technology. Because of their perceived silence on the need of public provisioning, it could well be stated that MDGs, in the prioritisation of services for the population, involves a bias against the poor. With no mention of improving public health systems and the contextualization of MDGs strictly within the SAP paradigm, two types of health services are implicitly propagated; one is the secondary and tertiary level private care for those rich who can afford while the huge mass of people is left with a dilapidated public health service system that hardly caters to their health needs.

If development is meant for all, then these discriminatory and narrow means of delivering health or other social services is in total violation of human rights and ethos of public health as we have seen in the second chapter. If human needs have to be given priority, then an alternative against the growing powers of neoliberals both at the conceptual and at the ethical levels is required. Only then can goals like the MDGs be reworked.

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ANNEX A: MILLENNIUM DEVELOPMENT GOALS, TARGETS, AND INDICATORS

Goal 1: Eradicate extreme poverty and hunger	
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 per day.	<ol style="list-style-type: none"> 1. Proportion of population below \$1 per day 2. Poverty gap ratio (incidence x depth of poverty) 3. Share of poorest quintile in national consumption
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.	<ol style="list-style-type: none"> 4. Prevalence of underweight children (under five years of age) 5. Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.	<ol style="list-style-type: none"> 6. Net enrolment ratio in primary education 7. Proportion of pupils starting grade 1 who reach grade 5 8. Literacy rate of 15- to 24-year-olds
Goal 3: Promote gender equality and empower women	
Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education by no later than 2015.	<ol style="list-style-type: none"> 9. Ratio of girls to boys in primary, secondary and tertiary education 10. Ratio of literate females to males, 15- to 24-year-olds 11. Share of women in wage employment in the nonagricultural sector 12. Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.	<ol style="list-style-type: none"> 13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of 1-year-old children immunized against measles
Goal 5: Improve maternal health	
Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.	<ol style="list-style-type: none"> 16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel

<i>Goal 6: Combat HIV/AIDS, malaria, and other diseases</i>	
Target 7: Have halted by 2015, and begun to reverse, the spread of HIV/AIDS.	18. HIV prevalence among 15-to-24-year-old pregnant women 19. Contraceptive prevalence rate 20. Number of children orphaned by HIV/AIDS
Target 8: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases.	21. Prevalence and death rates associated with malaria 22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures 23. Prevalence and death rates associated with tuberculosis 24. Proportion of TB cases detected and cured under DOTS (Directly Observed Treatment Short Course)
<i>Goal 7: Ensure environmental sustainability</i>	
Target 9: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources.	25. Proportion of land area covered by forest 26. Land area protected to maintain biological diversity 27. GDP per unit of energy use (as proxy for energy efficiency) 28. Carbon dioxide emissions (per capita) [Plus two figures of global atmospheric pollution: ozone depletion and the accumulation of global warming gases]
Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water.	29. Proportion of population with sustainable access to an improved water source
Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.	30. Proportion of people with access to improved sanitation 31. Proportion of people with access to secure tenure [Urban/rural disaggregation of several of the above indicators may be relevant for monitoring improvement in the lives of slum dwellers]
<i>Goal 8: Develop a Global Partnership for Development</i>	
Target 12: Develop further an open, rule-based, predictable, nondiscriminatory trading and financial system. Includes a commitment to good governance, development, and poverty reduction—both nationally and internationally.	Some of the indicators listed below will be monitored separately for the least-developed countries, Africa, landlocked countries, and small island developing states. <i>Official Development Assistance</i>
Target 13: Address the special needs of the least-developed countries. Includes: tariff and quota free access	32. Net ODA as percentage of DAC donors' GNI (targets of 0.7% in total and 0.15% for least-developed countries) 33. Proportion of ODA to basic social services (basic education, primary health care,

for least-developed country exports; enhanced program of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction.	
Target 14: Address the special needs of landlocked countries and small island developing states (through Barbados Program and 22nd General Assembly provisions).	
Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.	
Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.	
Target 17: In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries.	
Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.	
	nutrition, safe water and sanitation)
	34. Proportion of ODA that is untied
	35. Proportion of ODA for environment in small island developing states
	36. Proportion of ODA for transport sector in landlocked countries
	<i>Market Access</i>
	37. Proportion of exports (by value and excluding arms) admitted free of duties and quotas
	38. Average tariffs and quotas on agricultural products and textiles and clothing
	39. Domestic and export agricultural subsidies in OECD countries
	40. Proportion of ODA provided to help build trade capacity
	<i>Debt Sustainability</i>
	41. Proportion of official bilateral HIPC debt cancelled
	42. Debt service as a percentage of exports of goods and services
	43. Proportion of ODA provided as debt relief
	44. Number of countries reaching HIPC decision and completion points
	45. Unemployment rate of 15-to-24-year-olds
	46. Proportion of population with access to affordable essential drugs on a sustainable basis
	47. Telephone lines per 1,000 people
	48. Personal computers per 1,000 people

Source: World Bank Web site, <http://sims/indj/December 08, 2002>.

