# The Millennium Project: a plan for meeting the Millennium Development Goals

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This year marks a pivotal moment in international efforts to fight extreme poverty. During the United Nations (UN) Millennium Summit in 2000, 147 heads of state gathered and adopted the Millennium Development Goals (MDGs, panel 1) 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. The UN committed to reviewing progress towards the goals in 2005, recognising that by this time only a decade would be left to fulfil the MDGs.

We are now at the 5-year juncture with a stark realisation: many of the poorest regions of the world, most notably in sub-Saharan Africa, are far off-track to achieve the goals. Yet the MDGs are still achievable. The lives of hundreds of millions of people could be dramatically improved and millions could be saved every year, but only if the world takes bold steps in 2005. This essay is the first in a series summarising key conclusions of the UN Millennium Project, a 3-year independent advisory effort initiated by UN Secretary-General Kofi Annan to identify practical steps to achieve the MDGs in every country, especially in those currently far off-course in progress. The project was housed in and supported by the UN Development Programme.

The project established 10 task forces to identify strategies and means of implementation to achieve each MDG target, and each task force has produced a detailed report (panel 2). The task force coordinators also worked together to synthesise their findings into an overall integrated strategy. Additionally, the project has worked in several countries with government, international agencies, and civil society, to support detailed on-the-ground analyses of strategies and

financing needs to achieve the MDGs. On Jan 17, the UN Millennium Project delivered its reports to the UN Secretary-General.

#### Practical approaches to achieve the MDGs

This series of essays provides an overview of the practical approaches that UN Millennium Project has identified. The approaches are similar to, and in some cases built directly on, the series of five essays in *The Lancet* last year on child survival.<sup>2-6</sup> *The Lancet* studies demonstrated a core truth: there are known packages of effective and generally low-cost interventions in the area of public health that could make a decisive difference to child survival, if access to those interventions could be extended to the poor. As Jones and colleagues<sup>3</sup> wrote, "These findings show that the interventions needed to achieve the millennium development goal of reducing child mortality by two-thirds by 2015 are available, but that they are not being delivered to mothers and children who need them."

The UN Millennium Project, like the WHO Commission on Macroeconomics and Health during 2000-01, determined that the scarcity of financial resources is a critical constraint to scaling up these known and proven interventions in the poorest countries. Increased financing, linked to effective governance structures in low-income countries, can produce dramatic results. Fortunately, what is crushingly expensive for the poorest of the poor is shockingly inexpensive for the rich. Thus, increases in official development assistance totalling only a few tenths of one percent of donor-country income, if properly directed and integrated into national poverty reduction strategies, can reduce child mortality substantially. The same effect is true in other dimensions of poverty including hunger, lack of access to safe drinking water and sanitation, slum

#### Duranti nel assesso alcan ta a alciassa tha MDCa

#### Panel 2: 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
- 6 Environmental sustainability
- 7 Water and sanitation
- 8 Improving the lives of slum dwellers
- 9 Trade
- 10 Science, technology, and innovation

#### Panel 1: Millennium Development Goals

- 1 Reduce extreme poverty and hunger by half relative to 1990
- 2 Achieve universal primary education
- 3 Promote gender equality and empowerment of women
- 4 Reduce child mortality by two-thirds relative to 1990
- 5 Improve maternal health, including reducing maternal mortality by three-quarters relative to 1990
- 6 Prevent the spread of HIV/AIDS, malaria, and other diseases
- 7 Ensure environmental sustainability
- 8 Develop a global partnership for development

conditions in urban areas, or lack of schooling. Importantly, interventions to reduce one dimension of poverty almost invariably assist in reducing other dimensions.

The increased aid required to meet MDGs has been promised, though not yet delivered. In March, 2002, governments worldwide adopted the Monterrey consensus at the International Conference on Financing for Development, which strengthened the global partnership needed to achieve MDGs. In essence, the international community recognised the need for a new partnership of rich and poor countries based on good governance and expanded trade, aid, and debt relief, especially to help finance the infrastructure and human capital needed to attract private investment. Donor countries committed to providing the necessary resources by reaffirming their pledge to reach 0.7% of their income in official development assistance, compared with the current developed world average of about 0.25% of gross national product (GNP). With the combined donor-country GNP at roughly US \$30 trillion, 0.7% of GNP would be about \$200 billion per year compared with present aid flow at about \$70 billion per year. The UN Millennium Project's findings show that the additional \$130 billion per year would be more than enough to scale up the critical interventions needed to achieve the MDGs in well governed, developing countries.

The UN Millennium Project's final report<sup>1</sup> has four main parts. The first is a diagnosis of why the MDGs are not being achieved in many regions (and almost

worldwide in the case of some goals). The second identifies the key investments and policies that could make the difference in achieving the MDGs. The third outlines the international processes and policy changes that could help scale up the needed investments at country level, if backed by the necessary increases in development financing. The fourth estimates the costs and benefits, describing the tens of millions of lives that could be saved—and the hundreds of millions improved—at a cost clearly within the financial targets agreed upon in the Monterrey Consensus.

#### Diagnosis of the shortfall in achieving MDGs

Since the goals were set, the performance across countries has been very mixed. Many parts of the world are making very good progress. Improvements throughout east Asia and south Asia, home to more than half the world's population, have been especially remarkable. However, there are huge disparities. Sub-Saharan Africa is in pervasive crisis, with rising extreme poverty, shockingly high child and maternal mortality, and a trajectory that has many of the countries failing to meet most of the MDGs. Additionally, Latin America, the Middle East, and north Africa have made little headway in reducing the rates of extreme poverty in recent years. Even Asia remains home to hundreds of millions of people living in extreme poverty. Virtually all countries are failing in the goal of achieving environmental sustainability, and most lag severely on the goals for gender equality and maternal mortality (figure 1).

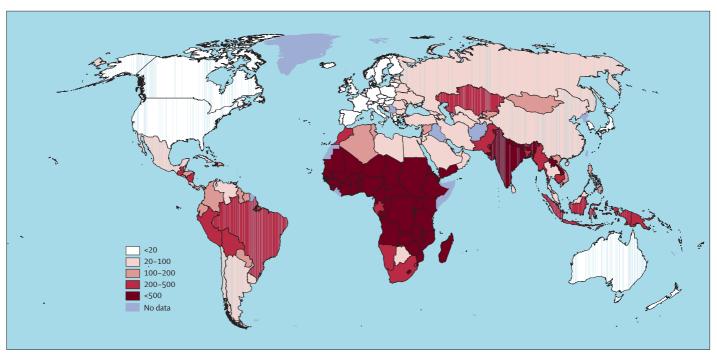


Figure 1: Maternal mortality ratio, 2000 (per 100 000 livebirths) Source: UN Development Programme (2004).

The UN Millennium Project identified four broad categories to explain why some regions are failing to meet MDGs and why some goals are falling short almost everywhere. First, not surprisingly, is the problem of poor governance. When governments in low-income countries fail to govern responsibly by abusing citizens, denying equal protection of the law, or victimising society with corruption, mismanagement, or economic irrationality, the MDGs are bound to fall short. Yet poor governance also arises when governments are well intentioned but lack the human resources management systems and infrastructure needed to run an efficient public administration. Throughout the developing world, weak but willing governments are also falling short of achieving MDGs.

Second, therefore, is the pervasive problem of poverty traps, in which poor people are simply too poor to carry out the investments needed to overcome hunger, disease, and inadequate infrastructure, and as a result are also unable to achieve sustained economic growth. These countries are caught in a vicious circle. Extreme poverty results in low saving rates (families are living at subsistence and therefore unable to save), low tax revenues (governments cannot provide the public investments and administration prerequisite to development and private-sector growth), low foreign investment (the lack of basic infrastructure makes the cost of running a business too high), high frequency of violent conflict (due to resource scarcity and other strains), brain drain (skilled workers emigrate in search of higher wages), rapid population growth (poor people have the highest fertility rates and less access to information and services to space or limit their pregnancies in accordance with their preferences), and environmental degradation (people living in extreme poverty are often unable to invest in the environment or limit damage to local resources). In turn, these factors all contribute directly to low or even negative rates of economic growth per person, and thereby to prolonged or worsened poverty over time.

Poverty traps are much more likely to occur when geographical conditions are unfavourable, as is especially true in sub-Saharan Africa. Adverse geographical conditions include: high transport costs (eg, landlocked areas or mountainous regions), adverse disease ecology (eg, high burden of tropical diseases such as malaria), and adverse conditions for agriculture (eg, dependency on rain-fed agriculture in subhumid or arid regions). The key to ending the poverty trap is for high-income countries to help developing countries make the necessary investments in health, education, and basic infrastructure. Once extreme poverty is reduced with the support of external assistance, low-income countries can begin to achieve self-sustaining economic growth on their own.

Third, many countries are failing to achieve at least some of the MDGs because of persistent pockets of poverty. This is especially characteristic of large middleincome countries with great regional and ethnic diversity, such as Brazil, China, and Mexico. In these instances, governments must ensure that the critical investments—in infrastructure, human capital, and improved public administration—are channelled to lagging regions (including slums) and to social groups excluded from the political process and economic benefits

Fourth, some of the goals are falling short almost everywhere because of policy neglect, where policy-makers are unaware of the challenges, unaware of what to do, or neglectful of core public issues. Throughout the developing world, neglect is especially common with respect to the environment and deprivation of girls and women—especially with regard to schooling, maternal mortality, legal protection against violence, and access to infrastructure.

# Identifying key interventions and policies

If governance is adequate, the key to achieving the MDGs is therefore a scaling up of investments in targeted sectors and regions. The key lesson from *The Lancet* series on child survival and from the UN Millennium Project task forces is that sound, proven, cost-effective interventions indeed exist that can ameliorate, and often eliminate, the underlying causes of extreme poverty. Some real breakthroughs are possible, if the existing technologies can be implemented, at scale, in the poorest parts of the world. Good science and practical experience have identified core technologies that can deliver increased food production, disease control, and access to basic infrastructure such as safe drinking water. When these basic investments are in place, it becomes much easier for the country's

#### Panel 3: Examples of quick wins in the health sector

- The training of large numbers of village workers in health, farming, and infrastructure (in 1-year programmes) to ensure basic expertise and services in rural communities
- Distribution of free, long-lasting, insecticide-treated bednets to all children in malaria-endemic zones to decisively cut the burden of malaria
- Elimination of user fees for basic health services in all developing countries, financed by increased domestic and donor resources for health
- Expansion of access to sexual and reproductive health, including family planning and contraceptive information and services, by closing existing funding gaps on contraceptive supplies, family planning, and logistics
- Expansion of the use of proven effective drug combinations for AIDS, tuberculosis, and malaria, especially in places where infrastructure already exists but finance is lacking

private sector to thrive, attract foreign investment, and improve the country's economy, thus creating jobs and raising incomes.

Of course, investments need to be accompanied by sound policies. Scaling up education systems for example, requires significant investments in schools, teachers, and supplies, but it also needs management systems that allow greater transparency to track budgets, policies that encourage parental involvement



and oversight, and more decentralised school-based management. Similarly, investments for gender equality need to go hand-in-hand with legislation to guarantee property and inheritance rights for women and girls and to protect them from violence.

The scale-up of interventions and policies required to meet the MDGs will demand long-term investments in management systems, training and retention of human resources, and infrastructure. For instance, a functioning district-level health system will be required to achieve and sustain many of the health goals. However, in some aspects of the MDGs, there are potentially huge quick wins (panel 3), in which simple interventions can make a profound difference to survival and quality of life, even before breakthroughs in public management, major expansions of professionals, or infrastructure. Soil nutrient replenishment, distribution of incesticide-treated bednets, expansion of locally produced school meals programmes to improve school attendance and performance, among others, can be accomplished rapidly and on a very large scale, similar to a bold immunisation campaign. The project urges an especially rapid scale up and financing of such quick wins in many different sectors. In many instances, non-governmental organisations will be best placed to deliver rapid scale-

# Creation of national-level processes for scaling up

The UN Millennium Project's core operational recommendation is that every developing country with extreme poverty should adopt and implement a national development strategy that is ambitious enough to achieve the MDGs. The country's international development partners-including bilateral donors, UN agencies, regional development banks, and the Bretton Woods institutions-should give all the technical and financial support needed to implement the country's strategy. In particular, official development assistance should be adequate to pay for the financing needs, assuming that governance limitations are not the binding constraint, and that the receiving countries are making their own reasonable efforts at domestic resource mobilisation. For many low-income countries, such a mechanism already exists that allows governments to work in collaboration with their development partners, as well as with civil society and the private sector in the design of a national strategy. The instrument is called a Poverty Reduction Strategy Paper (PRSP), which, albeit imperfectly, has helped focus the development efforts of governments and is the main country-level framework used by the international development agencies.

However, as the central strategy document at the country level, the PRSP must be aligned with the MDGs. In countries where the goals are already within reach, additional MDG-plus targets can be set. So far, most national strategies have not been ambitious enough to meet the MDGs, especially in low-income countries, and have instead planned around modest incremental expansions of social services and infrastructure on the basis of existing budgets and amounts of donor aid. Instead, MDG-based poverty reduction strategies should present a bold, 10-year framework aimed at achieving the quantitative target set in the MDGs. They should spell out a financial plan for making the necessary investments, then show what domestic resources can afford and how much will be needed from the donors. Although poverty reduction is mainly the responsibility of developing countries themselves, achievement of the MDGs in the poorest countries-those that genuinely aspire to the MDG targets-will require substantial increases in official development assistance to break the poverty trap. Importantly, we are not advocating new development processes or policy vehicles. We are simply recommending that the current processes be MDG-

The core challenge of the MDGs is in the financing and implementation of the interventions at scale—for two reasons. One is the sheer range of interventions that should be sequenced and integrated to reach the goals. The second is the need for national scaling-up to bring essential MDG-based investments to most of the

population by 2015. Scale-up needs to be carefully planned and overseen to ensure successful and sustainable implementation. The amount of planning is much more complex than for any one project, and requires a working partnership between government, the private sector, non-governmental organisations, and civil society. Previously, scaling up has been immensely successful when governments are committed to doing it, communities are encouraged to participate in the process and implementation, and long-term, predictable financing has been available.

## Mobilisation of global science

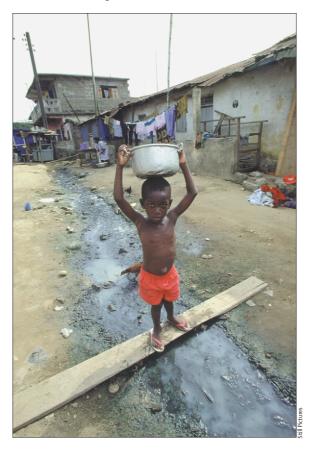
Advances in science and technology allow society to mobilise new sources of energy and materials, fight disease, produce crops, assemble and disseminate information, transport people and goods with greater speed and safety, restrict family size as desired, and much more. But these technologies are not free. They are the fruits of enormous social investments in education, scientific discovery, and targeted technological projects. Every successful high-income country makes special public investments to promote scientific and technological capacities.

The poor countries have largely been spectators, or at best, users of the technological advances produced in the high-income world. Developing countries have tended to lack large scientific and technological communities. Their scientists and engineers, chronically underfunded, emigrate for satisfying employment in scientific research and development. Moreover, private companies focus their innovation activities on the problems and projects of high-income countries, where the financial returns are likely.

Any strategy to meet the goals requires a special global effort to build scientific and technological capacities in the poorest countries. These efforts should focus on strengthening institutions of higher education. Efforts are also needed to direct research and development towards specific challenges facing the poor in disease, climate, agriculture, energy, and environmental degradation. Realistic prospects exist to develop new vaccines and medicines for malaria, HIV/AIDS, tuberculosis, and other killer diseases in developing countries. Improved sexual and reproductive health products-including microbicides, new female-controlled methods, and male contraceptives—could expand their use. Improved agricultural varieties and cropping systems can increase food productivity of rain-fed agriculture. Accurate environmental monitoring and forecasting can help focus actions with the greatest positive impact. Other examples abound.

The UN Millennium Project is therefore calling for a major effort for targeted science and technology development in high-priority areas, reaching \$7 billion every year by 2015. \$4 billion could be directed at public health, following the recommendations of the

Commission on Macroeconomics and Health. \$1 billion would go toward agriculture and improved natural resource management by more than doubling the current budget of the Consultative Group on International Agricultural Research (CGIAR). Roughly another \$1 billion would go toward improved energy technologies, and perhaps \$1 billion is needed for greater understanding of seasonal, interannual, long-term climate change.



# Global costs and benefits

How much will the goals cost to achieve? What share of total costs can be borne through increased domestic resources, and what must be provided by donors? These questions can be properly answered only through detailed needs assessments that must be undertaken at the country level. As a first attempt, the UN Millennium Project collaborated with local research organisations to prepare MDG needs assessments for five countries to quantify infrastructure, human resource, and financial needs. We found that Ghana, for example, required annual public investments for the MDGs totalling to \$80 per person in 2006 (compared with \$40 per person spent in 2002), scaling up to \$124 in 2015. Needs assessments for other low-income countries show similar amounts of investments required for the MDGs.

	2002	2006	2010	2015	
Baseline ODA for MDGs in 2002	28	28	28	28	
Incremental MDG investment needs	n/a	94	115	161	
Adjustment for non-qualifying countries because of inadequate governance	n/a	-21	-23	-25	
Reprogramming of existing ODA	n/a	-6	-7	-9	
Emergency and distress relief	4	4	5	6	
Other ODA*	34	36	34	35	
Total indicative net ODA needs for the MDGs†	65	135	152	195	
As % of OECD-DAC countries' GNI	0.23%	0-44%	0.46%	0.54%	
ODA to least developed countries (as % of OECD-DAC countries' GNI)	0.06%	0.12%	0.15%	0.22%	
Absolute increase in net ODA required (compared with 2002)	n/a	70	87	130	
Difference between total net ODA needs and existing commitments	n/a	48	50	74	

Data are in 2003 US\$ billion. Data for 2002 are estimates, data for 2006–2015 are projections. ODA=official development assistance. OECD=Organisation for Economic Cooperation and Development. DAC=Development Assistance Committee. GNI=gross national income. n/a=not applicable. \*Includes ODA that does not contribute directly to MDGs and operating expenditures of donor agencies. †This estimate does not include several important ODA needs, such as: response to crises of geopolitical importance (ie, Afghanistan or Iraq), protection of the impact of climate change, protection of biodiversity, and conservation of global fisheries, among others.

Table: Plausible ODA needs for achievement of MDGs

Even assuming a major increase in domestic resource mobilisation, our results suggest that in a typical low-income African country with an average income of \$300 per person in 2005, external financing of public interventions of about 10–20% of GNP will be needed. For these countries, the costs of achieving the MDGs will need to be split evenly between domestic finance and official development assistance. Meanwhile, most middle-income countries will be able to finance essentially all investments in the goals without resorting to external finance—unless excessive debt burdens constrain them or they require modest levels of official development assistance to redress especially difficult pockets of poverty.

According to our estimates, the total donor cost of supporting the MDG financing gap for every lowincome and middle-income country would be \$73 billion in 2006, rising to \$135 billion in 2015. In addition to these direct investments in the goals, there are added national and international costs-in emergency and humanitarian assistance, outlays for science and technology, enhanced debt relief, increased technical capacity of bilateral and multilateral agencies, and other categories of official development assistance. Moreover, projections of official development assistance must take into account the fact that some countries are unlikely to reach minimum thresholds of governance required to qualify for increased aid and that some existing funds can be reprogrammed to support the goals. If we take into account a substantial increase in domestic resource mobilisation in all developing countries, we project that overall official development assistance required during the next decade will be \$135 billion in 2006, rising to \$195 billion in 2015 (table<sup>1</sup>). These figures are equivalent to 0.44% and 0.54% of donor GNP, respectively, well within the long-standing 0.7% commitment. Notably, additional funds will be required to finance other needs such as measures to deal with climate change or to protect global

environmental goods, because of which reaching the 0.7% commitment will still be important. The required doubling of annual official development assistance pales beside the wealth of high-income countries—and the global military budget of \$900 billion a year.

Reaching the MDGs will bring tremendous benefits worldwide. If the goals are achieved, more than 500 million people will be lifted out of poverty in 2015 and tens of millions of lives will be saved, with a great proportion of the improvements taking place in Africa. More than 300 million will no longer suffer from hunger. With the MDGs, from now to 2015 roughly 30 million fewer children will die before their fifth birthdays, and about 20 million fewer will die compared with the current declining trajectory of child mortality (figure 2). More than 2 million mothers will be saved. Achievement of the goals will also mean safe drinking water for another 350 million people, and the benefits of basic sanitation to 650 million, allowing them to lead healthier and more dignified lives. Environmental degradation will be reversed and hundreds of millions more women and girls will be leading their

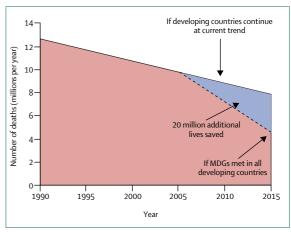


Figure 2: Global mortality of children under 5 years of age Source: UN Millennium Project (2005).

lives in freedom with more security and more opportunity. The achievement of MDGs could put the world on a path to ending absolute poverty, and—as recognised last month by the Secretary-General's highlevel panel on threats, challenges, and change—this accomplishment will be central to global security.

#### The importance of 2005

If the MDGs are to be met, 2005 must bring a major increase in effort. Fortunately, two world leaders, the UK's Tony Blair and France's Jacques Chirac, building on a far-thinking plan of Gordon Brown, the British Chancellor, have promised exactly that. They have pledged to make 2005 a breakthrough year, especially at the G8 summit, to be hosted by the UK in Scotland in July. To lay the groundwork, President Chirac commissioned Jean-Pierre Landau to report on the financing mechanisms for development. Prime Minister Blair appointed a high-level commission for Africa, which will issue a report in the spring of 2005. The Commission for Africa will probably concur that greatly increased donor assistance, well spent, is key to helping Africa break out of its poverty trap. Such agreement should be followed by a successful G8 summit in July, in which developed countries commit to at least doubling official development assistance in 2005-15, reaching nothing less than 0.5% of GNP by 2010 before 0.7% by 2015. This situation would provide the backdrop for world leaders at the UN General Assembly in September, 2005, to review progress on the Millennium Declaration. They would commit to a series of specific actions to lay the foundation for a decade of rapid growth and social improvements in the most impoverished places on the planet.

To ensure success, in 2005 the world must start building capacity, improving policies, and delivering the investments needed to meet the goals. This effort will need to be sustained at the global, national, and local level over the next decade. And only with immediate action can long-term environmental challenges, such as

climate change and fisheries depletion, be contained before they cause irreparable harm for the poor countries least able to protect themselves.

Urgent action is needed if we are to usher in a decade of high ambition to implement the goals. Developing countries need to make every effort to mobilise around the goals. Developed countries need to ask themselves if they should be more concerned with pointing the finger at the responsibilities of poor countries than with meeting their own commitments, as many of them are today. In 2005, the world needs desperately to follow through on its commitments, taking quick, practical steps at scale before the goals become impossible to achieve. The credibility and functioning of the international system is at stake. Without a breakthrough in 2005, well-governed, poor countries will not be effectively supported in pursuing an MDG-oriented strategy, and the already dwindling faith in international commitments to reduce poverty will probably vanish. If we do not act now, the world will live without development goals, and it will be a very long way to the next Millennium Summit in the year 3000.

#### Conflict of interest statement

We declare that we have no conflict of interest.

#### References

- UN Millennium Project. Investing in development: a practical plan to achieve the Millennium Development Goals. New York: January, 2005.
- Black RE, Morris SS, Bryce J. Where and why are 10 million children dying every year? *Lancet* 2003; 361: 2226–34.
- Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS, Bellagio Child Survival Study Group. How many child deaths can we prevent this year? *Lancet* 2003; 362: 65–71.
- 4 Bryce J, el Arifeen S, Pariyo G, et al. Reducing child mortality: can public health deliver? *Lancet* 2003; 362: 159–64.
- Victora CG, Wagstaff A, Schellenberg JA, Gwatkin D, Claeson M, Habicht J-P. Applying an equity lens to child health and mortality: more of the same is not enough. *Lancet* 2003; 362: 233–41.
- 6 Claeson M, Gillespie D, Mshinda H, Troedsson H, Victoria CG. Knowledge into action for child survival. *Lancet* 2003; 362: 323–27
- 7 Sachs JD, McArthur JW, Schmidt-Traub G, et al. Ending Africa's poverty trap. In: Brainard WC, Perry GL, eds. Brookings papers on economic activity 1. Washington, DC: Brookings Institution Press, 2004: 117–240.