



Working Paper 428

National MDG implementation:

Lessons for the SDG era

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Key messages

- In some countries it took up to 10 years for the MDGS (Millennium Development Goals) to take root in the form of institutional commitments.
- Countries investigated in this study responded to the MDGs in three ways: setting up new institutions; reflecting the goals in their national plans; and showing international leadership on MDG and SDG (Sustainable Development Goals) processes
- Countries are more likely to make progress on international development goals where they already have similar targets in place

Acronyms

CTESIODM	Specialised Technical Committee of the MDGs (Mexico)
EU	European Union
IMF	International Monetary Fund
LDHS	Liberian Demographic and Health Survey
LGDS	General Law for Social Development (Mexico)
LIC	Low-income country
MAF	MDG Acceleration Framework
MDG	Millennium Development Goal
MIC	Middle-income country
NEEDS	National Economic Empowerment and Development Strategy (Nigeria)
ODA	Official Development Assistance
ODI	Overseas Development Institute
OPEN	Overview of Public Expenditure in NEEDS (Nigeria)
OSSAP-MDG	Office of the Senior Special Assistant to the President on Millennium Development Goals (Nigeria)
PRSP	Poverty Reduction Strategy Paper
SDG	Sustainable Development Goal
SEDESOL	Ministry of Social Development (Mexico)
SPO	State Planning Organisation (Turkey)
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

Introduction

The Millennium Development Goals (MDGs)¹ gave low and middle-income countries across the world a framework against which to measure progress. A range of monitoring reports have shown which countries were on track to meet specific goals at different times,² but what MDG monitoring did not assess is the extent to which the goals themselves influenced national policy making and government action.

Neither the United Nations' Millennium Development Goal Report (UNDP, 2015), which is the final report on the MDGs, or previous similar studies by the UN and other commentators have been able to determine whether the goals drove national progress on the indicators or whether that progress would have occurred in their absence. In many cases progress has been made in MDG areas that were the focus of national government and international development efforts for many years before the advent of the goals. The focus here is not an evaluation of government effort or progress through the last few decades but discussion of the political and administrative processes that can be attributed to the existence and influence of the MDGs. Some governments may have made excellent efforts towards the achievement of the goals, but have been prevented from doing so because of extraneous factors.

The question of attribution has proved challenging to answer because of the nature of the research on the internal policy processes of each signatory country required. This paper employs five country case studies to make an exploratory foray into understanding the internal responses and processes by which an illustrative range of low and middle-income countries engaged with the MDGs, primarily by interviewing staff of the main ministries responsible in each country. While the data sources for this report cannot definitively answer the question on the role of MDGs in driving national progress on indicators, the report nevertheless aims to contribute to understanding of how they were implemented as national responses to international agreements. As we move towards implementation of the Sustainable Development Goals (SDGs), there may be valuable lessons to learn.

Scholarly work on the effect of international agreements on national strategies has been dominated by studies in international human rights law and global agreements on environmental sustainability (e.g. Victor, 1998; Ropp and Sikkink, 1999). Authors in these two domains recognise that compared to agreements with specific national targets (e.g. military regulations, arms control laws), implementation in the field of human rights law and environmental sustainability requires an extensive range of rules and regulations that affect a plurality of actors. Similarly, Miller-Dawkins notes in her review of MDGs that 'They are not a negotiated treaty and therefore will be, at best, a form of soft law' (2014: 8). As a result, implementation is a product of many complex factors, the most significant of which is the extent to which national governments decide to prioritise a non-binding and often non-enforceable agreement.

As signatories of the Millennium Declaration (UN, 2000), national governments were expected to put in place legislation to stimulate action in line with the MDGs as laid down in the 'Roadmap towards the implementation of the United Nations Millennium Declaration' (UN, 2001). In keeping with the commitments made by governments as signatories, implementation in this paper is understood to be the acts and activities undertaken by national governments (such as drafting laws or regulations and establishing state units) to bring the MDGs to fruition.³ The MDGs specified targets in areas such as health and education that are dependent on the work of sector specific government agencies. However, international commitments to the MDGs were made broadly by national governments rather than individual public agencies, although policy at the ground level was implemented by the latter.

The research question this report builds itself around is: *how did governments respond at the national level to the set of global development goals in the form of the MDGs?* The paper collates information for Indonesia, Turkey, Mexico, Nigeria and Liberia to reflect a mix of regions and income classifications as well as varying MDG performance.⁴ Three of the case studies (Indonesia, Turkey

1 The MDG framework has been extensively discussed in policy literature and commentary has ranged from the positive impact of a global goals in galvanising political will (Fukuda-Parr, 2004) to the disproportionate responsibility and focus of the goals on poorer countries and the limitations of the specific targets set by the goals (Clemens et al, 2007; Seyedsayamdost, 2014; Satterthwaite, 2013) .

2 A plethora of monitoring tools such as the UNDP MDG Progress Reports, the Centre for Global Development's MDG Progress Index (CGD, 2011) and ODI's MDG Scorecard and TAC Economics' MDG Tracker, were developed to report which indicators are on track or off track to achieve the Goals by 2015.

3 A broader definition of implementation would include the activities of non-states actors brought about by international policies and agreements.

4 An overview of overall progress across the MDGs for each country is given for each country case study. The data is extracted from the latest UN MDG progress report for each country.

and Mexico) are middle-income countries (MICS), while Nigeria and Liberia are low-income countries (LICs).⁵

The methodology for this review includes key informant interviews from the main ministry involved in MDG implementation in each country, analysis of country national development plans and relevant official documents as well as a literature review on policy implementation of international agreements. Material for each case study was based on oral interviews and email correspondence with officials from MDG-related departments. The achievements and lag for each goal are derived from the latest country UN MDG progress reports.

The rest of this section of the report provides an overview of the main findings, while Section 2 analyses how each country engaged with the MDGs. Section 3 concludes with a summary of findings and recommendations for future research in the arena on implementation, particularly with a view to evaluating the impact of goals and targets set under the SDGs in the post-2015 era.

Country responses: observable effects

The observable effects of MDGs over a 15 year period occurred through:

- establishment of government agencies and posts to oversee work done towards meeting the MDGs
- engagement with the language of the MDGs in policy discourse at the national level.
- participation and, in places, leadership of MDG or SDG dialogues or processes at the international level

In all country cases implementation has been a long process that has taken different paths and involved a variety of stakeholders. The sheer range of ways in which different countries have responded to MDGs reflects the complexity of national contexts and the different incentives that countries face in complying with international agreements. In the countries we look at, the MDGs gained traction in the policy discourse and political visibility only slowly. The period from 2000-2015 can be characterised into three phases as follows:

2000-2005: The MDGs were derived from the 2000 Millennium Declaration and later developed in the implementation document in 2001 known as the 'Road Map' (UN, 2001). In the five countries we have looked at in this paper, the first visible documentation of country work towards the MDGs was the production of the initial MDG progress report (in the period 2004-2005). In all cases, UN country offices coordinated the production of the reports in collaboration with nationally relevant government departments.

For Liberia and Turkey, the first report was an exercise in framing the goals within the national context and relating them to the contemporary situation of the country. The first report thus served as a data-gathering exercise on the goals and targets set under the MDGs but there is little evidence to show that any new programme was initiated to meet the targets. Implementation linked directly to the MDGs appears to have been limited.

2005-2010: During this period, UN partnerships with country governments on the MDGs gained strength as evidenced by the increase in the number of agencies involved in the production of UN MDG progress report produced for each country.⁶ Country governments expended significant efforts in collecting data from diverse decentralised sources to report goal by goal. In the second MDG progress report produced in each country there was greater emphasis on future efforts at improving survey and statistical efforts to monitor the goals.

The policy discourse in media and development plans around the MDGs was limited in MICs, and in Liberia it was restricted to mentions in PRSPs – which typically had high levels of donor involvement in their production. Most national development plans did not use the MDGs to set national goals or specific targets.

In Nigeria, however, the MDGs were discussed in both policy and public spheres. Nigeria differs from the other case studies since, in 2004, funds from its debt relief were publicly earmarked for expenditure on achieving the goals through the Office of the Senior Special Assistant to the President on Millennium Development Goals (OSSAP-MDGs).

2010-2015: As the timeline for achieving the MDGs drew closer, UN MDG country progress reports showed differing rates of success across countries. Between 2009 and 2010 the UN developed the MDG Acceleration Framework (MAF), designed to help countries on goals for which they were off-track. At the 2010 UN summit the MAF was approved for UN wide use and since then it has become part of the strategy of most UN country offices in accelerating progress on MDGs.

While none of the interviewees mentioned the use of the MAF strategies or methods, all the countries included in this briefing undertook institutional measures during this period to reinforce their commitment to MDGs. Such measures included establishing dedicated institutions to coordinate the work on the goals at the national level and strengthening centralised data collection to monitor progress on MDG targets. For example, in 2010 Mexico established the Specialised Technical Committee of the MDGs (CTESIODM), an inter-ministerial mechanism chaired by the Office of the President, with the national statistical office standing as technical secretariat. The Office of the President currently plays a central role in

5 This is according to the World Bank income classification series when the last UN MDG Progress Report was published for each country.

6 Indonesia produced four reports during this period, Liberia three, Mexico three, Nigeria five and Turkey two. Details of who collaborated on each report can be found here: www.undp.org/content/undp/en/home/librarypage/mdg/mdg-reports.html.

coordination of implementation of MDGs. Similarly, since 2012 the government of Nigeria has convened quarterly a committee comprising over 25 government officials, including state governors and heads of ministries, to discuss performance on national progress toward the MDGs.

It is difficult to ascertain whether these measures served purely as signalling devices to international donors to make a case for receiving MDG-linked development assistance (particularly in the LICs) or whether the measures were a consequence of national ownership of the international goals.⁷ Based on the interviews conducted for this report, it appears that while the recent emphasis on MDGs in MICs was due to a national focus on the goals as development objectives, the same does not apply to the LICs. In Liberia, recent emphasis on the MDGs continues to be led by the United Nations Development Programme (and personnel from UNDP who have joined the current government). In Nigeria, the budget for the MDGs was enforced under the debt relief process and its expenditure is sustained by a commitment made by the government to the Paris Club (whose membership comprises creditor countries that give loans to low income countries) to receive debt relief.

Country responses: motivations

There appear to have been two distinct motivations for countries engaging with the MDGs:

- Increased global visibility and influence and
- Increases in allocation of overseas development assistance (ODA)

In line with existing analysis (World Bank, 2010), the richer countries in our study have performed better across most goals compared to poorer countries in this study,⁸ but it is doubtful that performance is directly linked to the implementation of MDG targets. Put simply, the middle income countries (MICs) we considered did not need to implement the MDGs as they already had very similar goals in place, as well as having, in most cases, better starting conditions than the LICs we look at. The adoption of MDG standards required minimal policy work. This was the case with the two MICs we look at here in detail – Turkey and Indonesia. Yet the countries still made efforts on international platforms to engage with the MDGs (similar to poorer countries in the sample) by reporting progress on MDG indicators and institutionalising work on MDGs. Projection of relatively (compared to poorer

countries studied) high progress on MDG targets at the international stage has allowed countries such as Indonesia and Mexico to highlight their role as regional leaders on an international agenda. Similarly for Turkey, reporting progress on MDGs has sent a signal to the EU of the country's suitability for accession.

Poorer countries studied, however, engaged with the goals to meet conditions attached to aid packages and to attract more aid. This difference in motivation has also been documented in policy discourse and language by other commentators and analysts. For instance, Elham Seyedsayamdost's (2014) analysis of Poverty Reduction Strategy Papers (PRSPs) and non-PRSP development plans for 50 countries found a high level of correlation between income group, PRSP status, reliance on Official Development Assistance (ODA) and propensity to incorporate the MDGs in planning instruments: '...PRSP countries are more likely to have aligned [the language of their] their national plans with the MDGs. On the other hand, all the countries that have not aligned their plans with the MDGs belong to the middle-income countries and are least dependent on ODA' (2014: 1). As this paper goes on to show, the change in language does not necessarily correspond in practice to aligning national targets with MDGs; but as Elham (2014) notes it does serve as a signal to international agencies of government commitment to globally approved goals.

In the case of the two LICs we look at – Liberia and Nigeria⁹ – some goals have been implemented through the efforts of international development organisations (such as UN agencies or the World Bank) within national boundaries. In other cases implementation has been the result of linking overseas aid or debt relief to finance that is allocated and spent on development targets laid out in the MDGs – also known as conditionality. In these countries, national ownership of the goals over the ten-year period from 2000 to 2010 has been described by interviewees as tokenistic. That said, both Liberia and Nigeria have performed reasonably well¹⁰ on the MDGs in areas where policy interventions had been initiated before 2000, such as in reducing child mortality or the incidence of HIV and AIDs. It is also possible that governments craft and implement policies on areas addressed by the MDGs but do not identify those policies to be MDG-related because they are not viewed to be linked to the international framework. However interviewees did not make a distinction in their analysis during discussion.

7 Or indeed other possibilities.

8 Takeuchi and Samman (2015) have raised concerns about the tradition of measuring MDG progress in a way that disregards the starting points for countries. They show that taking into account starting points and accommodating non-linear performance could give rise to a significantly different accounting of performance across the MDGs.

9 Nigeria graduated to lower middle-income status in the updated classification for 2013. However for the purposes of this report – which relies on UN MDG Country Progress reports published before that time for Nigeria – we consider the classification used in the reports.

10 Neither is on track for the 2015 targets, but as Takeuchi and Samman (2015) show, a country's progress towards achieving a goal is significantly determined by its starting point. A country that started further from the target in 2001 may show a greater rate of progress than a country that started closer to the target.

Country case studies

Indonesia

In 2000, when Indonesia became a signatory to the Millennium Declaration, the country was still recovering from the 1997 financial crisis and was in the middle of a transition to a democratic government. The main implementing partner on the MDGs at the time was the Coordinating Ministry for People's Welfare. The ministry served as the reporting ministry for all government departments conducting work related to social services and the environment. As such, initial work towards the MDGs was coterminous with the priorities laid out by the government in existing laws on poverty, social safety and health.¹¹ National priorities were therefore already largely in line with the MDGs at a time when the Millennium Summit occurred in 2000.

National discussions on MDGs started soon after the Millennium Summit and were led by the State Ministry of National Development Planning (BAPPENAS).¹² According to Nindi Sitepu, the Programme Manager at the Office of the President's Special Envoy on MDGs until 2014, 'the first national discussion on MDGs initiated just after the goal[s] were] set in 2000. As a result, the MDGs were embedded in the Long Term National Plan of 2005-2025, in each of the Medium Term National Plan 2005-2009, 2010-2015, and in the Annual Workplan and Budget Documents.'

An overview of the plans demonstrates what Miller-Dawkins (2014) and Fukuda-Parr (2010) have noted as the discursive effect of MDG language. Indonesia's national plans have typically referenced achievement of MDG targets but have not used the international benchmarks to set national standards. The national plans in and of themselves did not have a direct relationship with implementation on the ground.

Consequently, decisions taken at the national level did not necessarily translate to identical priorities at the local level. Regional disparity in social development indicators across Indonesia also meant that local priorities were distinct across regions and would not have aligned automatically with national priorities.

At the same time, there is little evidence from our interviews and in secondary literature that in the

first decade there was any provincial-level focus on MDG priority areas. Sitepu notes that the relationship between the local and national government is in need of development, particularly for the implementation of the post-2015 agenda. She says: 'To show the local government the importance and also relevance of the MDGs – something that was basically done with a top-down approach – it needs continuous socialisation.'

This is echoed by a review of the MDG goals in Indonesia (Wisnu and Supiarso, 2015), which states:

The central government's goals to reduce maternal and infant mortality relied on the development of puskesmas (community health centres) and the development of a village midwife program. But after decentralisation, the funding for the infrastructure to facilitate these programs came from the local level. Following direct elections of the heads of districts and provinces, nearly all regions prioritised the creation of jamkesda (regional health assistance programs) over improving public facilities. As a result the central government's initiatives were far less effective than hoped.

From 2010 onwards, however, increased political interest in the MDGs by a president keen to situate Indonesia as the economic and social leader in South East Asia resulted in the institutionalisation of MDGs at the national level. While the State Ministry of National Development Planning continued to be actively involved in reporting progress related to the MDGs, the election of President Susilo Bambang Yudhoyono in 2004 raised the profile of the MDGs among cabinet members and within the public discourse. He attended a number of international MDG events and in 2010 issued a Presidential Instruction to provide added support for action on MDG targets. The decree was similar in spirit to the MDG Acceleration Framework in that it aimed to identify bottlenecks and mobilise government effort towards the goals.¹³

11 For example, the 2000 Presidential Instruction on Gender Mainstreaming and the country's National Development Plans.

12 The discussion included all the related ministries and departments including Ministry of Foreign Affairs, Ministry of Health, Ministry of Environment, and Ministry of Education, Ministry of Small and Medium Enterprise, and Social Ministry.

13 The Presidential Instruction was followed by further decrees in the aid of MDGs on sustainable forest management and the combatting of HIV/AIDS.

Box 1: Overview of country progress on MDGs for Indonesia

Indonesia has shown consistent progress on all goals except on two: the country has lagged on achieving gender equality (Goal 3) and maternal mortality (Goal 5) (UNDP MDG Progress reports 2004, 2005, 2007, 2010, and 2011).

Goal 1: Eradicate extreme poverty and hunger

Indonesia achieved Goal 1 in 2008 as the figure of poverty under \$1.25 a day decreased to 5.9% from 20.6% in 1990. Additionally, a reduction was observed in the proportion of people suffering hunger between 1989 and 2010 as the prevalence of under-five children with low weight went down from 31% to 17.9%.

Goal 2: Achieve universal primary education

The net enrolment rate for primary education was close to 100% in 2010 and the literacy rate was recorded at 99.47% in 2009.

Goal 3: Promote gender equality and empower women

In 2011, the net enrolment rate of girls to boys at primary school level was 98.8. The numbers of women in the workforce and in politics were increasing. An increase in females' contribution was observed in the labour market, notably in wage employment in the non-agricultural sector, which reached 36.67% in 2011 (from 29.24% in 1990). Additionally, the proportion of seats occupied by women in the parliament reached 18.4% in 2011 (from 12.50% in 1990).

Goal 4: Reduce child mortality

The mortality rate of under-five children decreased from 97 per thousand live births in 1991 to 44 in 2007. While Indonesia was reported to be on track to achieve the goal in 2011, the government recognised that there were regional disparities in the achievement of targets related to health because of differential access to health services across the country.

Goal 5: Improve maternal health

The maternal mortality rate reduced from 390 in 1991 to 228 per 100,000 live births in 2007, but Indonesia is not on track to achieve Goal 5 by the end of 2015.

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

While incidence of tuberculosis has reached the 2015 targets and the incidence of malaria has also decreased, the incidence of HIV/AIDS has increased.

Goal 7: Ensure environmental sustainability

The ratio of actual forest cover to total land area dropped, while CO2 emission (and the country was not considered to be on track for these indicators in its 2011 MDG progress report). However the proportion of households with sustainable access to safe drinking water went up, while those with proper sanitation also increased.

Goal 8: Global partnership for development

Indonesia signed the Jakarta Commitment with 26 development partners in 2009. The debt ratio of the country has continued to decline and the private sector has made major investment in the field of information and communications technology.

Note: The Jakarta Commitment outlines Indonesia's strategies to use international aid in line with the country's national development plan.

President Yudhoyono also appointed the President's Special Envoy on MDGs to strengthen and sustain efforts of ministries to integrate the MDGs into their programmes. In 2012 the President was appointed co-chair of the UN High Panel on the post-2015 Millennium Development Goals in large part due to his endeavour to raise the profile of Indonesia as a global player (Bellman, 2012; Saragih, 2012). Sitepu noted the increase in interest from around 2010:

Nearer to 2015, Indonesia realises that the health-related targets and indicators are lagging behind, and needs extra effort, namely maternal health, child health, and infectious diseases. This is followed by an increase in the state budget for health. In 2009, Indonesia Health State Law states that our budget for health must be at least 5% of total national budget and 10% of total district budget.

Box 2: Overview of country progress on MDGs for Liberia

Except for being on track to meet Goal 4 on the reduction of child mortality, Liberia has been unable to meet other MDG targets (UNDP MDG Country Progress Reports 2004, 2008 and 2010).

Goal 1: Eradicate extreme poverty and hunger

Although poverty in the country declined from 2000 to 2007, the number of people living on less than a dollar a day stood at 63.8% of the total population making it unlikely that the country will achieve the 2015 target.

Goal 2: Achieve universal primary education

Although Liberia has made progress through the institution of free and compulsory primary education and increased the net enrolment ratio, it will not achieve the 2015 target.

Goal 3: Promote gender equality and empower women

There are conflicting statistics on the ratio of girls to boys in primary education from the Liberian Demographic and Health Survey (LDHS) (which shows a ratio of 0.93 to 1) and the National School Census of the Ministry of Education (which shows a ratio of 0.88 to 1).

Goal 4: Reduce child mortality

Liberia is on track to reach the 2015 target. For both genders, under-five child mortality has declined from 220 per 1000 live births in 2009 to 75 per 1000 live births in 2012 (WHO, 2015).

Goal 5: Improve maternal health

The LDHS 2007 put the maternal mortality ratio at 994 per 100,000 live births; in 2010 the WHO and other UN agencies estimated the maternal mortality ratio at 770 per 100,000 live births.

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

The 2007 LDHS, the most recent report on HIV prevalence among the general population, shows a prevalence rate of 1.5% among persons aged 15-49, indicating a low-level, generalised epidemic.

Goal 7: Ensure environmental sustainability

The current rate of deforestation in Liberia is high and it is unlikely the country will achieve the 2015 target. Similarly Liberia was unlikely to achieve the target of having by 2015 the proportion of people without sustainable access to safe drinking water and sanitation.

Goal 8: Global partnership for development.

Liberia remains a recipient of international aid in the aftermath of a civil war. In 2007 Liberia's external debt as a percentage of GDP stood at 388.8%.

Indonesia eradicated extreme (\$1.25 a day) poverty by 2008, seven years ahead of the MDG target. Before the MDGs came into force the country already had a history of sustained poverty eradication efforts. During 1998 and 1999, Indonesia had begun to establish a series of new and expanded Social Safety Net programmes (*Jaring Pengaman Sosial*).

Indonesia made steady gains on most social development targets but has been slow to make progress on goals on maternal mortality and gender equality. Political commitment towards the MDGs has been high particularly near the end of the 15 year period.

Liberia

At the time of the Millennium Summit, Liberia was in the midst of a civil war that did not end until 2003. The country's engagement with social policies – ranging from basic infrastructure to social development goals in areas of health, education and employment – is heavily dominated by efforts at reconstruction and rehabilitation. In this context, Liberia has been keen to showcase its commitment to MDGs in its policy discourse at home and abroad. In practice, however, efforts on MDGs and associated targets have been led by the UN country team that has been working with the Liberian government since the end of the civil wars.

The first UNDP MDG progress report for Liberia was published a short time after the end of the Second Civil War. The conflict within the country had made it difficult for Liberia to take part in the Millennium Summit and affirm the Millennium Declaration at the event. The 2004 report reflected the nature of Liberia's transition to civilian government and the challenges the country faced in implementing the MDGs. The country government used its collaboration with the UN country office in the production of the report to unequivocally endorse all eight goals.

Subsequent UN MDG progress reports in 2008 and 2010 outlined government efforts and partnerships with global organisations to rebuild and invest in the Liberian economy and social services in the aftermath of the civil war. The policy work in the first decade after the civil war rested on the government's partnership with the United Nations country office and the International Monetary Fund (IMF) through its PRSP. The PRSP included a broad-based goal on social services that was envisioned to have an impact on poverty reduction, health, water, sanitation and education facilities: 'To rehabilitate infrastructure and rebuild systems to deliver basic services in order to create the conditions and linkages needed to achieve broad-based growth and poverty reduction.'

In Liberia the PRSP was officially used as a tool to achieve the MDGs. The PRSP for 2008-2011 (Government of Liberia, 2008) indeed reflected MDG language. It prioritised key development issues into four pillars: enhancing national security; revitalising the economy; strengthening governance and the rule of law; and rehabilitating infrastructure and delivering basic services. It said that: 'these pillars form the essential building blocks for the realization of an MDG-based recovery, reconstruction and development process' (UN, 2007).

In 2008, the country formed a national MDG Steering Committee that was, according to UNDP, designed to be responsible for the overall MDG agenda, according to Blamo Nimle, Grants Manager of Secretariat of the African Union High Level Committee on Post-2015 Development Agenda situated in Liberia. However, it is not clear that this is what in fact happened. Neither of the two government officials interviewed brought up the committee in their discussion of the national work on the MDGs. It is likely that the committee was formed either to signal to international development agencies that the country intended to focus attention on the MDGs, or to establish a presence in international discussion on both the MDGs and SDGs. Since 2013, Liberia has hosted the Secretariat of the African Union High Level Committee on Post-2015 Development Agenda, under the office of the President of the Republic of Liberia.

In 2012, Liberia initiated the process of drafting the National Vision for 2030 that was subsequently completed in 2012. The Vision does not reference the MDGs as potential targets and did not involve anyone from the committee that was established in 2008 to deal with the MDGs. Chris Wallace, the former Deputy Minister of Planning and Economic Affairs, Republic of Liberia says 'All the work [on MDG implementation] was led by UNDP. Liberia was coming out of a civil war ... All of this had definitely affected national priorities.' As a result, progress towards MDG targets in Liberia has to a large degree occurred through international donors both directly (through interventions designed by UN agencies) or indirectly (through international aid allocations). For example, the reduction in the under-five child mortality rate in Liberia has occurred through the work of various international organisations, such as WHO (WHO, 2014), ChildFund (ChildFund International, 2015) and UNICEF (UNICEF, 2003).

It is difficult to state with any degree of certainty that Liberia demonstrated national ownership of the MDG targets. Part of the explanation may lie in the point that countries in post-conflict situations will necessarily have a different relationship with international agreements and treaties compared to stable countries. OECD data indicated that in 2011 alone Liberia received \$765 million in official development assistance, which formed 73% of its gross national income (Glencorse, 2013). In summary, it would seem that Liberia's national response to the MDGs has juggled the domestic priorities of rebuilding politically and materially and the desire to maintain a presence on the international development stage (both Liberia and Indonesia co-chaired the High Level Panel on post-2015).

Mexico

Like Indonesia, Mexico's engagement with the MDGs was predicated on already-existing priorities that overlapped with the global goals.

The cornerstone of Mexico's social development objectives is a significant piece of legislation called the General Law for Social Development (LGDS). Officially promulgated in 2004, the LGDS promoted a national social development policy that focused on indicators of well-being other than income such as health, education, food assistance, employment and social security, among others. The LGDS legislation formed the basis for the creation of a number of public sector institutions that have coordinated efforts towards the implementation of social policy goals. While national effort on improving areas identified in the LGDS has been consistent over the last 15 years, the government's engagement with the international MDG framework was patchy until 2010, when (like

14 In Mexico while extreme poverty has decreased, the number of people living in poverty has increased due to an increase in population (Wilson and Silva, 2013). Since MDG 1 states reduction in extreme poverty, Mexico has been on track for the Goal because of a consistent decrease in the poverty rate over the 2010 to 2012.

Box 3: Overview of country progress on MDGs for Mexico

According to the UN MDG progress report for 2013 Mexico has met or is on track to meet all goals with the exception of the goals on maternal mortality, incidence of tuberculosis and most of the indicators on Goal 7 (UN MDG Country Progress Reports (2005, 2006, 2010 and 2013)).

Goal 1: Eradicate extreme poverty and hunger

9.3% of the population lived on less than \$1.25 a day in 1989, falling to 4.0% in 2012, with the MDG goal achieved three years before the anticipated date. The percentage of underweight children under five (low weight for age) declined by eight percentage points (from 10.8 to 2.8%) between 1988 and 2012.

Goal 2: Achieve universal primary education

In Mexico the proportion of pupils entering first grade and reaching sixth grade of primary education exceeds 96% and the literacy rate for the population aged 15 to 24 is close to 100%.

Goal 3: Promote gender equality and empower women

Over the 2012-2013 school period, Mexico reported the girls/boys ratio at 0.96 in primary education, 0.98 in secondary education, 1.01 in tertiary education, and 0.97 in higher education.

Goal 4: Reduce child mortality

Under-five child mortality decreased from 41.0 in 1990 to 16.7 in 2011.

Goal 5: Improve maternal health

Mexico has aimed to reduce its maternal mortality ratio (calculated by the WHO as the number of deaths during pregnancy or within 42 days after birth, per 100,000 live births) to 22 by 2015. In 2012 Mexico reported an incidence of 42.

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

The prevalence of HIV/AIDS in the adult population steadily increased from a range of 0.20-0.23% in 1990 to 0.23-0.28% in 2012.

Goal 7: Ensure environmental sustainability

Although the loss rate of forests and woodlands remains high, a significant reduction can be seen: whereas between 1990 and 2000 close to 354,000 hectares were lost per year, the decrease from 2005 to 2010 was 155,000 hectares per year. In 2010, the proportion of the population with sustainable access to improved water source reached 90.9%, a figure slightly higher than the Millennium Development Goal (89.2%) for 2015. Access to sewerage services increased by 29 percentage points from 58.6% in 1990 to 87.7% in 2010.

Goal 8: Global partnership for development

While Mexico has made advances on some targets of the goal (increasing coverage of telecommunications and internet across the country), it has not focused on increasing development assistance to LICs.

Indonesia) high-level political interest in the MDGs raised the profile of the goals within the country. It is therefore unlikely that government effort in areas related to the goals can be attributed to the existence of the MDGs.

Mexico's effort towards the MDGs was evinced in the production of the first monitoring report in 2004. The report was completed and issued in collaboration with the UN country office of Mexico in 2005, 'but that effort faded away after the end of President Fox government [2006]' notes Gabriel Rivera Conde y Castañeda, Chief of Strategic Projects at the Office of the Presidency.

Between 2004 and 2010, Mexico continued to implement a variety of social assistance programmes to ameliorate the effects of extreme poverty among the poorest households. Policy instruments that have helped Mexico reduce the rate of extreme poverty in the country (Goal 1)¹⁴ have included *Oportunidades* (Opportunities), *Apoyo Alimentario* (Food Support), *Abasto Rural* (Rural Basic Provisions), *Programa de Pensión para Adultos Mayores* (Pension for Older Persons Programme) and *Programa Seguro de Vida para Jefas de Familia* (Life Insurance Programme for Female Heads of Family). With the exception of *Programa Seguro de Vida para*

15 The Club manages repayments by debtor countries.

Box 4: Overview of country progress on MDGs for Nigeria

According to the latest UNDP MDG progress report for Nigeria published in 2013, the country is on track to achieve universal primary education and gender parity in enrolment but is unlikely to meet the remaining targets. There is contested evidence on whether the country will achieve the target for HIV/AIDS, but a majority of the sources show that it has made good progress on reducing the incidence in the country over the last two decades (UN MDG Country Progress Report 2004, 2005, 2006, 2007, 2010 and 2013).

Goal 1: Eradicate extreme poverty and hunger

In 2013, 62.6% of the total population was poor according to the \$1.25 a day measure, which made the country's aim of reaching the 21.4% goal by 2015 unlikely.

Goal 2: Achieve universal primary education

Nigeria is on track to meet the 2015 targets, although there is some dispute over the data. The country has achieved at least 80% in all the three indicators – net enrolment rate, gross enrolment rate and primary completion rate.

Goal 3: Promote gender equality and empower women

The 90% ratio of girls to boys in primary enrolment indicates that the country is on track to achieving gender parity in primary and secondary enrolment by 2015.

Goal 4: Reduce child mortality

At 61 deaths per 1000 live births, infant mortality lags behind the 2015 target of 30.3 per 1,000 live births. Similarly, at 94 deaths per 1000 live births in 2012, the under-five mortality rate lags behind the 2015 target of 63.7 per 1,000 live births.

Goal 5: Improve maternal health

The maternal mortality rate in 2013 was 350 per 100,000 live births against the target of 250 per 100,000 live births for 2015.

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

Different scorecards have provided an inconsistent picture of Nigeria's progress. The CGD Dev scorecard registers little progress on the HIV/AIDS target, while the TAC Economics MDG Tracker and the ODI MDG scorecard shows the HIV/AIDS target to be one of the few that Nigeria is on track to meet in the next few years. The UN MDG report records that the national rate of HIV/AIDS incidence has stabilised at 4.1%, but wide disparities exist across gender and states within the country.

Goal 7: Ensure environmental sustainability

Nigeria is off-track for the 2015 targets on access to clean water, improved sanitation and reduction of deforestation.

Goal 8: Global partnership for development

Official development assistance (ODA) per capita to the country has doubled since the early 2000s. In 2011, ODA per capita was \$9.20 compared to \$8.70 in 2008 and \$4.89 in 2005. 80% of the aid is directed towards human capital and social development while 10% goes towards governance and general administration.

Note: see www.mdgtrack.org/index.php?m=1&tab=map

Jefas de Familia, which was initiated in 2013, all other programmes have been in place in one form or another since 2001, making it unlikely that the country adoption of the MDGs had a direct impact in bringing about their implementation.

The Specialised Technical Committee of the MDGs (CTESIODM), established in 2010, has since played central role in MDG implementation, along with its technical secretariat, which was provided by the National Institute of Statistics and Geography – a structure that will continue with the SDGs. Rivera Conde explains that

16 According to Yemi Kale, Head of Statistics, Government of Nigeria, the OSSAP-MDG was initially nested under the National Planning Commission. However it was later removed and made to report directly to the President. The office was at the time headed by Amina J. Mohammed who is currently the United Nations Secretary-General Ban Ki-moon's Special Adviser on Post-2015 Development Planning.

‘Institutionalising [this] mechanism let us transcend political changes and different governments, in such a way that the MDG Committee resumed activities two months later after President Enrique Peña Nieto took office in December 2012.’

Enrique González Tiburcio, Coordinator of Special Advisors for the Social Development Ministry SEDESOL, says of the CTESIODM:

The majority of institutions that are part of the Committee participate in the definition, implementation and evaluation of public policy that have a direct impact on MDG achievement. The Committee is responsible for reviewing and selecting the best information sources available; reviewing and agreeing on the methodologies and technical procedures applicable on each case; integrating and updating the statistics required to generate indicators; as well as elaborating and presenting reports on Mexico’s progress in this area.

Congress, says Rivera Conde, has also been a key stakeholder in implementation, obliging the government to produce continuous reports on the status of the MDGs. Congress has ensured that the country’s national development plans have included targets on dealing with poverty, health and education indicators within the framework of the LGDS.

Nigeria

The government response to the MDG agenda, reflected both in secondary literature and in interviews, has been one of support. However, it is unclear given the data available whether there has been any real impact on achieving the targets set or whether Nigeria’s engagement has instead been dominated by political signalling. As this section shows, like other countries in this study, the visibility of MDGs increased around 2010 through the establishment of public institutions focused on coordinating the goals. While Nigeria had incorporated MDG language in its plans and policy pronouncements before this, the engagement appears to be driven through conditions attached to the country’s debt relief.

At the time the Millennium Summit was held, Nigeria was under a debt burden of \$35.9 billion, with over 85% owed to the group of creditor countries known as Paris Club.¹⁵ In 1999, the National Assembly in Nigeria, buttressed by civil society campaigns such as the Global Campaign Against Poverty, contended the payment of external debt that Nigeria owed debtor countries. President Olusegun Obasanjo and his Finance Minister, Dr. Ngozi Okonjo-Iweala, negotiated a deal and on the eve of 2005 the Paris Club cancelled \$18 billion from the debt. During the negotiations, concerns on the direction in which funds would be spent led to the establishment of the Office of the Senior Special Assistant to the President on MDGs

(OSSAP-MDG) to guide the resources that would be freed up from the debt deal to MDG-related projects and programmes, whilst at the same time tracking, monitoring and evaluating their progress.¹⁶

Preceding the establishment of OSSAP-MDG, the federal government in Nigeria had already launched a poverty reduction strategy known as the National Economic Empowerment and Development Strategy (NEEDS). After the establishment of the OSSAP-MDG, the government introduced a new component in the programme known as the Overview of Public Expenditure in NEEDS (OPEN) to tag and track expenditures aimed at meeting the MDGs. Since 2006, the federal government has incorporated the use of debt relief gains into the national budget through direction given by the OSSAP-MDG in areas of agriculture, education, road, energy, water and sanitation, youth, health, housing, environment and women’s affairs.

Despite the pronounced availability of funds for MDGs, an analysis conducted over 2009-2010 of public expenditure allocations on the goals by federal and state governments and local government authorities suggested that the annual funding gap for achievement of the MDGs was as high as \$17.7 billion. This finding tallies with commentary by interviewees that Nigeria’s work on the goals was driven by international development assistance. Language in the country’s planning documents indicates a reliance on ODA to fund planning targets relevant to the MDGs. The 2001 draft interim poverty reduction strategy paper (the precursor of NEEDS) states that ‘Nigeria has embarked on preparing its own PRSP as a requirement for concessional assistance from its development partners abroad, including the World Bank, the IMF, the bilateral donors and other sources of such assistance.’ Since 2004, the government has conducted with UNDP assistance the MDG Costing and Countdown Strategy (National Planning Commission, 2011), implemented a Conditional Grants Scheme¹⁷ using debt relief grants, and prepared an MDG acceleration priority action plan across all goals.

Only in 2012, says the government’s Head of Statistics Yemi Kale, has a committee comprising over 25 government officials including state governors and head of ministries started meeting every quarter to discuss the performance of the OSSAP-MDG office and National Planning Commission on achieving progress towards MDG targets. The meetings are meant to keep track of Nigeria’s progress on MDGs, which in 2009 were mainstreamed into its Economic Transformation Plan (also known as Vision 2020). The Plan (Nigeria Planning Commission, 2009) noted that:

Nigeria records gross under-achievement of the Millennium Development Goals (MDGs) with a significant amount of its population still living below the poverty line, and with food insecurity, high child/maternal mortality, among others. NV20:2020 recognises the critical need to

17 Through this scheme, matching grants are given to Local Government Areas (LGAs) to be used for funding approved projects and programmes geared to reducing poverty and improving education and health.

Box 5: Overview of country progress on MDGs for Turkey

Turkey has shown good progress on all goals with the exception of achieving gender equality and reducing the incidence of HIV/AIDS in the country. For some goals – reduction in the proportion of children under five who are underweight, under-five mortality per 1,000 live births and access to improved water source – the ODI Progress card has recognised Turkey to be among the top ten performers as measured by average annual rates of relative progress (UN MDG Country Progress Report, 2005 and 2010).

Goal 1: Eradicate extreme poverty and hunger

The proportion of the population living under \$1.25 a day, which was 1.1% in 1994 and 0.2% in 2002, was reduced to nil in 2006.

Goal 2: Achieve universal primary education

The net enrolment ratio has nearly reached 100%.

Goal 3: Promote gender equality and empower women

Between 2000 and 2014 the gender ratio in primary education rose from 89.7% to 98.9%. The ratio of wage-earning women working in non-agricultural sectors to the total non-agricultural employment has shown a slight increase over the years. However the involvement of women in the labour force and increasing seats for women in the parliament has been an area of focus that Turkey has recognised that it has made slow progress.

Goal 4: Reduce child mortality

According to the Turkey Demographic and Health Survey, the under-five child mortality rate per 1,000 live births, which was 60.9 in 1993, had declined to 23.9 in 2008. According to data of Ministry of Health of Turkey the figure stood at 10.3 in 2013.

Goal 5: Improve maternal health

Turkey has made slow progress on improving maternal health in the country. According to the data collected under the Maternal Mortality Monitoring Programme, the maternal mortality rate was 21.3% per 100,000 in 2007 and 19.4% per 100,000 in 2008.

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

At the end of 2011, the total number of HIV/AIDS cases in Turkey was 5,224, reflecting an upward trend in incidence in the last decade (Erbaydar and Erbaydar, 2012).

Goal 7: Ensure environmental sustainability

The land area covered by forests in Turkey increased from 26.6% in 1999 to 27.2% in 2005. However the rate of CO2 emissions in Turkey has increased between 2000 and 2015. Meanwhile the proportion of people without sustainable access to safe drinking water went down from 6.4% in 2002 to 2.2% in 2008. The proportion of the population using an improved sanitation facility is 89.5%.

Goal 8: Global partnership for development

Turkey has expanded the scope of its development assistance to developing countries in 2000s.

attain the MDGs which are aimed at reducing extreme poverty in its many dimensions (income poverty, hunger, disease, lack of adequate shelter, and exclusion) and promoting gender equality, education, and environmental sustainability, while setting out a series of time-bound targets with a deadline of 2015.

In common with other countries, much of the country's progress in MDG areas is based on targets that predated the goals. Kale says that progress on Goal 6 is likely to have occurred without the presence of the MDGs. Admitting that it was difficult to answer what would have happened without the MDGs, he said: 'Based on the fact that I don't

really think the funding in Nigeria's case was deployed locally in the right areas and it was mostly just cosmetic...I think the areas that have progress have very little to do with the MDGs themselves.' He also point to the dearth of data: 'For the MDG baseline we used data 5 to 10 years before, and then we started collecting data 10 years after the MDGs, so it is hard to say how progress has happened.'

Meanwhile, improvement has lagged on goals such as education where, despite the government's publicly expressed commitment, there has been a lack of corresponding commitment in implementation.

18 Experts interviewed for Turkey have asked for their comments to be anonymised.

In conclusion, Nigeria's engagement with the MDGs has been guided by external funding sources, through debt relief programmes and through the work of international development organisations. As a result, the language used by government in national development plans has been highly influenced by the language of the MDGs. It is unclear, though, whether the MDGs have been directly responsible for the creation or enactment of social development programmes. Goals that have been prioritised nationally showed consistent improvement even before the emergence of the MDGs as benchmarks for national achievement.

Turkey

Turkey's engagement with the MDGs has emerged as an exercise in framing national priorities in the language of MDGs for communication on the international stage. The MDG progress reports for Turkey have reported outcomes that are the results of policies formulated and implemented in order to meet the requirements for European Union (EU) accession rather than to meet international MDG targets. Public discussion around the MDGs in the media and civil society was muted in the first 10 years of the MDGs, which were initially promoted largely through the effort of the UN Country office. However, the goals have slowly gained political space in the policy sphere in relation to the negotiations and discussions around post-2015 SDGs.

The State Planning Organisation (SPO) was initially the main institution responsible for overseeing and monitoring the implementation and progress towards MDG targets. It designed the country's national development plans and reported directly to the Prime Minister. It was restructured in 2011 as Turkey's Ministry of Development, which since then has coordinated national work on the MDGs. One of the ministry's objectives is to ensure that the mandates that Turkey is a party to at the global and regional level are matched in the country's national development priorities. The other main stakeholders involved in implementing and monitoring the MDGs are the Turkish Statistical Institute (TurkStat) and the UNDP Country Office.

Public and civil society consultations played a minimal role in the national discussion around the MDGs. Interviews indicate that civil society did, however, play a role in supporting ground-level implementation of sector-specific programmes, particularly in health and education. Media discussion around the MDG goals has similarly been muted. The Post-2015 Data Test for Turkey noted in its analysis (based on meetings with government officials) that, 'The MDGs and Turkey's performance against them do not occupy significant places in the Turkish media,

governmental discourse or academic research' (Arda et al., 2015). By contrast, the process for the SDGs has been open to wider consultations with 1,260 stakeholders, although discussion has been led by the United Nations country office within the country rather than the government.

For the targets under the first six goals, the MDGs had a precedent in Turkey's development priorities in the guidelines and principles set forward as conditions of Turkey's accession to the European Union. Turkey applied to join what was then the European Economic Community in 1987 and was declared eligible to join in 1999. Formal accession negotiations started in 2005 and the financial assistance for accession from the EU has been made conditional on increasing employment, improving the quality of education and thus reducing poverty.

The MDGs thus are prioritised based on pre-existing national aspirations. A senior figure at Ministry of Development¹⁸ noted that:

Turkey does not prioritise between different goals... Based on the capacity of the institutions and based on the urgency of the issues, priorities are made and politicians and policymakers follow this line in the implementation of the MDGs – instead of deciding between the eight goals from the beginning.

A study of the country's development plans in the period preceding and following the emergence of MDGs shows that anti-poverty programmes were highly prioritised by the national government.

At the time the MDGs came into force internationally, Turkey's national priorities were already laid out in the Eighth Development Plan (2001-2005). Since then, the Ninth Development Plan (2007-2013) the Tenth Development Plan (2014-2018) have had a similar focus on reducing inequality and poverty through systems to administer the redistribution of income. The eighth and ninth plans did not specify any targets for reducing poverty but rather outlined general commitments; the tenth plan, by contrast, set a target of decreasing to less than 1% the number of people with a daily living expenditure of less than \$4.30 (the poverty headcount) by 2018. Like Indonesia and Mexico, Turkey has made good progress on social development targets that were national priorities before the advent of the MDGs but has struggled to make progress on goals related to women, such as gender equality in schooling (maternal mortality in the case of Indonesia and Mexico), to a large degree because deprivation in these indicators is concentrated in particular regions of the country and requires attention at the local level, while the MDGs in Turkey appear to have been discussed and accommodated at the national level of policy discourse.

Conclusion

The deadline for the achievement of MDGs comes in December 2015. The SDGs will then lead the global agenda on development for the next 15 years – or at least they are intended to. This report has taken an exploratory look at the associations and connections between the international MDGs and national responses to and engagement with them.

The main observations drawn from the five case studies feature some common trends and suggest lessons for the implementation of the SDGs.

The response of all five countries to the MDGs unfolded in similar ways over the period 2000-2015. While the discursive effect of MDGs on policy language occurred fairly quickly after 2001, institutional commitments to the MDGs became more visible around the 10-year mark. This was roughly the time Indonesia established the President's Special Envoy on MDGs to strengthen ministries' efforts to integrate the MDGs in national policy, Mexico established CTESIODM, and Nigeria formed a committee to report on MDG progress on a quarterly basis.

The 10-year gap could be attributed to a policy lag between international commitments and national adaptations, since countries were already working on targets they had set before 2000 and the MDGs only gained political traction once it was time for previous priorities to be renewed.

The greater visibility of MDGs may on the other hand have been the result of UN-led efforts that grew out of the MDG Acceleration Framework established in 2010 and adopted in country offices since then. In the case of LIC governments, it is clear that their external relationships with international donors and development partners have led them to invest in making the political signals that show an overt (if not accurate) interest in furthering MDG objectives. Similarly MIC governments have also invested in projecting commitment to MDGs internationally to further their regional standing.

These questions on the nature of national engagement with and adoption of MDGs cannot yet be definitively answered. Further qualitative work will be critical in shedding light on the relationship between international agreements, the role of national governments and the discretion available to decentralised local governments to engage with MDGs where their priorities differed from national ones. For instance the state is only one actor in the delivery and governance of the MDGs. The role of civil society, NGOs, and local think tanks was not evident in this work. However it is likely that their influence on the policy agenda is overlooked by government agencies

not directly in contact with principal actors from these various different stakeholders. In the absence of systematic monitoring of how the SDGs are implemented at national level, the question of causality and political traction will need to be further examined to guide their efficient and effective implementation.

Five lessons for the post-2015 era

1. Countries are more likely to succeed in those international goals where they already have priorities in place. MDGs in both low and middle-income countries have been used to reinforce existing policies. Scott and Lucci (2015) have noted that, for the SDGs, more work will be needed in areas that are highly politically contentious (such as climate change) to ensure that international targets are echoed in national targets.
2. Monitoring agencies will need to be realistic about how long it will be before SDG progress becomes visible. Countries already have plans in place that are unlikely to be superseded by international goals and the review in this paper has shown that national governments made serious arrangements to integrate the MDGs only after a 10-year time lag. Given that the development of the SDGs has been a broadly consultative process and countries have already been implementing MDGs, it is possible that the post-2015 era will see a much quicker implementation response. However, civil society organisations will have a significant job to keep up the pressure on national government, particularly given that the SDGs cover a wider range of targets than the MDGs.
3. Given how national priorities can and are often different from the needs of local areas, an important point of discussion is whether the MDGs would have had more political traction if engagement with the goals had been more localised. The cases of Indonesia, Mexico and Turkey demonstrate tensions between national and local engagement with MDG targets because of regional inequality in relation to different goals. It is possible that poorer and more deprived regions could use political language around the MDGs to mobilise resources from the centre to address the targets they have done less well on.
4. The motivations for MICs in adopting the MDGs is different from that of the LICs studied in this paper. MICs engaged with the MDGs to further strategic

regional interests. In the case of Turkey, MDG targets have coincided with the requirements for possible EU accession. Indonesia and Mexico showed deepening interest in establishing themselves as global leaders in South East Asia and Latin America, respectively. Meanwhile LIC governments' subscription to the language and process of the MDGs appears to be linked to accessing ODA linked to the MDG targets. For the SDGs this implies that international donors

need to engage in different ways accordingly, and that national civil society organisations will be important in furthering the SDG agenda.

5. There has been a dearth of research on the implementation of MDGs within national contexts. Monitoring the pace of and political drivers behind adoption and prioritisation of SDG targets on a regular basis would provide crucial data for reviewing and evaluating the SDGs.

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