In 2000, to great fanfare, the United Nations agreed to the Millennium Declaration—a statement of where the world’s assembled presidents, princes, and potentates wanted the world to go over the next decade and a half. Part of that declaration committed the planet to dramatic progress against poverty and deprivation in health, education, and other essential needs. Alongside the rest of the world, a resurgent Africa over the past decade has made considerable inroads against poverty.

But the Millennium Goals were stacked against the region from the start, and the continent gets a dismal grade on meeting the commitments. Worse, those now formulating what will follow the Millennium Goals appear to be on the verge of making exactly the same mistake—setting Africa up to fail for another 15 years.

According to the Millennium Declaration, the number of people living on less than $1.25 a day—the measure of absolute poverty—was to be halved by 2015, the number of children who died before their fifth birthday slashed by two thirds, and the number of mothers who died in childbirth reduced by three quarters. AIDS and malaria were to be rolled back, slums improved, and every child was to complete primary education.

At the global level, we have seen some heartening progress toward these goals. Not least, absolute poverty was halved five years ahead of schedule—in 2010. But a year or so after the declaration, it was announced that the Millennium Development Goals (MDGs) would apply at the country level, over the period from 1990 to 2015. And thereby was Africa set up for failure.

What accounts for this failure? First off, the 1990s were a grim decade for Africa. From 57 percent of the region’s population living on less than $1.25 a day in 1990, the proportion actually climbed by a percentage point to 58 percent in 1999. And thanks to the growing AIDS crisis, life expectancy region-wide stagnated (it actually dropped in southern Africa). The region already lagged Asia and Latin America in terms of development progress; the 1990s merely cemented Africa in last place.

The 2000s were different: The proportion of Africans living on less than $1.25 a day dropped from 58 percent to 48 percent between 1999 and 2008. Life expectancy climbed by four years. The World Bank’s Gabriel Demombynes and Sofia Trommlerova estimate that the proportion of children who died before their fifth birthday in sub-Saharan Africa fell by more than 4 percent a year between 2000 and 2010. Progress at that rate is enough to cut mortality by two thirds over a quarter-century. In Senegal between 2005 and 2010, under-five mortality fell by two fifths.

But, sadly, this dramatically positive performance came too late to satisfy the MDGs, which—despite being agreed to in 2000 and codified in 2001—were based on levels of progress since 1990. What were optimistic goals for 25 years of progress between 1990 and 2015 were positively herculean goals for 15 years after 10 of stagnation. And what were herculean goals for 15 years for the average country were simply...
impossible for a region that started so far behind the average.

**Late Start**

Take child mortality. Patterns of historical change across countries suggest that a two-thirds reduction in mortality was likely to take 40 years rather than 25. Experience before the Millennium Declaration suggested that of the 109 countries for which we have data, only 33 would have met a goal of decreasing child mortality by two thirds in the quarter century of 1975–2000. And only one of those countries (Indonesia) started the period with low GDP per capita and high mortality. So the child health MDG was an ambitious goal for the planet. For Africa, especially given its lost decade of the 1990s and high initial mortality, it was not even a stretch goal—it was simply an implausible one.

Or look at income. If a country has median daily incomes well below the poverty line of $1.25, it is harder to halve poverty in a given period than if the country starts off with a median income of, say, $1.24. Given India’s mean annual income of $599 in 1997, Mark Misselhorn and Stephan Klasen of the University of Göttingen argue that each 1 percent change in mean incomes would reduce headcount poverty by 0.55 percentage points.

By comparison, Zambia had an average income of $344 in 1993, and each 1 percent change in mean incomes would reduce poverty by only 0.39 percentage points. Thanks to its fast growth and head start on incomes, India is almost on track for the poverty goal—it may miss it by just three percentage points. Zambia’s poverty rate actually increased between 1991 and 2006, and will be little lower today.

Enough African growth in the 1990s might have put mean incomes in the sweet spot by 2000—where growth would have the maximum impact on poverty rates. But we have seen that did not happen. That lost decade gave Africa a scant 15 years to turn things around. To be sure, some countries have made impressive strides nonetheless. The poverty headcount in Tanzania fell from 85 percent to 68 percent between 2000 and 2007, for example.

But like the child mortality goal, the poverty MDG set up Africa for failure. In 2004, the World Bank estimated that the typical African country would need to grow on average at least 7 percent annually for 15 years in order to halve poverty rates. In the world as a whole between 1985 and 2000, only five countries managed to sustain a 7 percent growth average.

Particularly egregious in its anti-Africa bias was the goal of universal primary education. This suggested that every country needed to get every child through every year of the primary school system. There has been a huge amount of progress toward this goal, but in 2010, more than a third of the 132 countries for which the World Bank provides data were at below 90 percent school completion. Most of those countries were in Africa. Burkina Faso was at just 45 percent, for example. This was close to a historically unprecedented performance, given that the country was at just 24 percent in 2000. But the MDGs grade Burkina Faso’s stunning development success as an utter failure.

**Brand and Stereotype**

Despite the MDGs being little known in the United States (about five percent of the population claims to have heard of them), they have a strong global brand. Surveys suggest most people in Europe and Africa know about them. And they have played a role in both motivating and directing aid flows. Since 2000, official development assistance has climbed by over $50 billion worldwide, and more of that money flows to education and health—and to Africa—than before.

More important, there is partial evidence that the MDGs may have helped speed progress—at least in health. Global child mortality, for example, is lower than might be expected on the basis of historical trends—an average of 5.1 percent in 2010, compared with the 5.4 percent that might be expected. That adds up to millions of children over the decades who are alive rather than dead—and millions of parents who have been spared unfathomable misery.

In further defense of the MDGs, sub-Saharan Africa has not been directly “punished” for apparently slow progress on the goals. If anything, it has benefited financially from increased aid.

Still, by branding Africa a failure, the MDGs play into a pernicious stereotype of the region as a basket case, too fragile for trade and invest-
ment, where aid funding is all that can help—but even aid does not help much. Goals are good, especially as a motivation for assistance and other pro-development policies. But they should be realistic—which the MDGs notably were not for Africa.

**THE ZERO BANDWAGON**

This experience matters right now, because the international community is gearing up to produce a new set of goals to underpin the post-2015 development agenda. And a lot of people are getting excited by the idea of “zero goals.” In their view, if the original MDGs said “halve poverty,” in 2015 we should say “end poverty.” If previously we aimed to reduce child mortality, this time let’s wipe out easily prevented child deaths worldwide.

In this year’s State of the Union address, US President Barack Obama jumped on the zero bandwagon. “The United States will join with our allies to eradicate extreme poverty in the next two decades,” he said—adding that his administration would support efforts to save the world’s children from preventable deaths and realize “the promise of an AIDS-free generation.”

The appeal of zero targets is obvious, but the risks should be obvious too. Africa is the region with the highest mortality and poverty. Set zero targets and they are most likely to be over-ambitious for Africa. It is already pretty clear that a number of proposed targets would be exactly that.

For example, reasonable growth forecasts suggest that Africa is likely to have 200 million to 500 million people living on less than $1.25 a day by 2030—far from zero. Likewise, based on historical trends, sub-Saharan Africa will have a child mortality rate of around 6.6 percent in 2030—more than twice the developing country average and considerably above the floated “zero target” of 2 percent. The UN is actually predicting African child mortality in that year will more likely be 8.5 percent.

The original MDGs did not speed progress by anything even close to what is being suggested by zero goal supporters. It is possible we could “bend the curve” of progress in some of these areas—the zero poverty goal might be achievable with sufficient financial transfers, for example. But in other areas, the kind of curve-bending called for is worthy of a spring factory.

Even if the countries with the highest under-five mortality in 2010 halved mortality between 2010 and 2020, and then did it again before 2030, 28 of those countries would still miss a 2 percent target for child mortality in 2030. A three-quarters decline is a rate of progress more rapid than suggested by the original MDGs, equal to the rate of improvement in the five high-mortality countries that achieved the greatest progress in 2000–10. It is about twice the rate that can be expected based on historical progress. And 26 out of the 28 countries that are pretty much guaranteed to be cast as failures by a child mortality zero goal are in Africa south of the Sahara.

**FANTASTIC TARGETS**

We have the technologies to reduce mortality—and deliver universal sanitation and achieve most of the other zero goals that have been suggested. Indeed, rich countries have already met or surpassed them. The challenge is that improving outcomes in the countries furthest away from zero, at the rate proposed, will take a combination of financing growth, behavior change, and institutional development that has rarely, if ever, happened so rapidly in the past.

So if we are going to bend the curve so dramatically, it will involve an unprecedented, and doubtless costly, new effort. Yet one thing that has not accompanied the discussion of zero goals to date is what this effort will look like in practice—and who will pay for it. President Obama’s inspiring language in his State of the Union has not been accompanied by a similarly uplifting budget request for US development agencies, for example.

You do not need zero goals if all you are interested in is targeting assistance for those countries with the highest mortality or lowest enrollment. You do not need an end date by when they should have caught up, either. Goals with targets and time frames are meant to push performance from the ordinary to the extraordinary. They will fail in this if it becomes apparent that they are not stretch goals but just fantastical targets. So until there is evidence of dramatic new aid flows or technologies or techniques to speed progress, let’s keep the fantasy out of the targeting when it comes to the post-2015 agenda.