Piecing together the MDG puzzle: domestic policy, government spending and performance

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Key messages

- Policy-makers in most developing countries, particularly lower-income countries in Sub-Saharan Africa and East Asia and the Pacific, report that the Millennium Development Goals (MDGs) have been influential in setting priorities domestically.

- More detailed analysis for the education and health sectors suggests statements of MDG influence are not merely tokenistic, as countries reporting high influence have also seen increases in budget allocations. This holds particularly for the health sector; the data for education are limited.

- While many countries saw increases in government spending in the social sectors over the MDG period, the majority still spend less on education and health than what is recommended by internationally set benchmarks. As the Sustainable Development Goals (SDGs) step up the ambition, significant increases in governments' allocations to these sectors will be required.

- Policy-makers from most countries in our sample that have seen sizeable improvements in access to primary education and in reducing child mortality (many low-income countries in Sub-Saharan Africa) say the MDGs have been influential in shaping domestic priorities. This is consistent with the view that the MDGs have helped focus attention on social challenges in poorer countries.

- Better data on domestic use of targets, government spending, aid flows and performance will be needed to ensure it is easier to assess the influence of the SDGs. Importantly, the SDG focus on the 'Leave no one behind' agenda will require much more detailed and granular data to make it possible to monitor whether policy changes and funding allocations are reaching the most marginalised groups.

Acknowledgements

Acronyms

CSO	Civil Society Organisation
DAC	Development Assistance Committee
DFI	Development Finance International
EFA	Education for All
GDP	Gross Domestic Product
LIC	Low Income Country
LMIC	Lower-Middle Income Country
MDG	Millennium Development Goal
NDP	National Development Plan
NER	Net Enrolment Ratio
ODA	Official Development Assistance
ODI	Overseas Development Institute
OECD	Organisation for Economic Co-operation and Development
PRSP	Poverty Reduction Strategy Paper
SDG	Sustainable Development Goal
UIS	UNESCO Institute for Statistics
UMIC	Upper-Middle Income Country
UN	United Nations
UNESCO	UN Educational, Scientific and Cultural Organization
WASH	Water, Sanitation and Hygiene
WDI	World Development Indicators
WHO	World Health Organization

Introduction

With the Sustainable Development Goals (SDGs) now agreed, attention is turning to their implementation. It is surprising that, despite more than three years of consultations on this new set of goals, and many more years of experience in implementing the Millennium Development Goals (MDGs), we still know very little about how national governments have used international goals domestically, and the impact of this on policy change, budget allocations and outcomes.

Some studies show how aid flows, particularly for the social sectors, increased over the MDG period, suggesting this could have owed to the influence of the goals (Kenny and Sumner, 2011; Melamed, 2012). Others, like Fukuda-Parr (2008), explore the extent to which the MDGs have been used in Poverty Reduction Strategy Papers (PRSPs) for different purposes: to build consensus over priorities, to benchmark and monitor performance and as planning tools. In the case of the latter, she argues that donors and governments have often failed to adapt MDG targets and indicators to local contexts. In addition, Fukuda-Parr et al. (2014) analyse some of the intended and unintended consequences of global goals in shaping the priorities and actions of key stakeholders. The authors agree with the general consensus that the MDGs have had positive effects in terms of highlighting the importance of poverty reduction and the need for an urgent focus on human well-being. However, they also state that the emphasis on quantitative indicators neglected important development priorities such as equity, participation, transparency and accountability.

Recently, a few studies have turned their attention to the issue of how the MDGs have influenced national level policy-making (e.g. Sarwar, 2015; Seyedsayamdost, 2014). Sarwar's (2015) study is based on a series of five case studies built around interviews with policy-makers on how countries used the MDGs. She found there was a lag of about 10 years between MDG agreement and implementation. This was either because governments waited to the point where they needed to renew commitments made prior to the MDGs or because of revamped UN efforts to push the MDG agenda through acceleration frameworks. Seyedsayamdost (2014) looks at 50 countries' national development plans (NDPs) and PRSPs to assess the extent to which governments used MDG targets in their national policy-making and whether this varied by their income levels and dependency on aid. While the author finds that a majority of the countries in her sample adopted the MDGs in their planning documents, she did not find evidence that this was associated with changes in budget allocations for key MDG sectors.

Few studies have sought to bring different elements of the MDG puzzle together – that is, (i) the extent to which the MDGs had traction domestically and whether this appears to be associated with (ii) changes in national budgets signalling prioritisation of MDG-related spending and (iii) MDG performance – namely, better results. This is precisely the aim of our paper. More specifically, the questions we seek to answer are:

1. To what extent have the MDGs been influential in setting domestic priorities?
2. Is MDG influence on agenda-setting associated with increases in government spending for MDG sectors?
3. Is MDG influence on agenda-setting associated with improvements in performance on MDG targets?[1]

To assess MDG influence at country level, we undertake new analysis of AidData's 2014 Reform Efforts Survey. This survey asked policy-makers in over 100 developing countries how much influence the MDGs had on their government's reform priorities (referred to here as "agenda-setting influence") during the 2004-2013 period (Box 1). This is one of the most fundamental ways in which externally set priorities can exert influence – that is, in shaping the government's policy agenda and priorities.

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1   The logic underpinning the research questions ultimately reflects donors' approaches to the MDGs. Donors called on countries to incorporate the MDGs into their 'nationally owned' development plans, with the tensions inherent in this, and expected that planning documents would link to budgets as reflected in their support for instruments such as Public Financial Management Reforms and Medium-Term Expenditure Frameworks. In the end, the assumption was that more money would be allocated to priorities consistent with the MDGs, leading to better performance against those targets. In the case of middle-income countries (also included in our study) the overarching logic is similar, but of course donors' influence becomes less relevant. For this group of countries, we explore the extent to which the MDGs influenced agenda-setting, better captured by the prioritisation of budget allocations to MDG-related sectors.

In order to link agenda-setting influence with budget prioritisation and MDG performance, we focus our analysis on two sectors (education and health) and two related targets: enrolment in primary education and child mortality (Table 1). This selection of targets is based on (i) pragmatic considerations regarding the availability of data on sectoral spending and (ii) the relationship between public investment and performance in the social sectors, compared with other targets where the links may be more indirect (further, most other targets are cross-cutting, so it would be more difficult to link them to specific expenditure lines).

This Working Paper is structured as follows:

- Section 2 analyses the extent to which the MDGs have influenced domestic priorities generally and in the education and health sectors in particular;
- Section 3 examines whether MDG influence is associated with changes in government spending in education (particularly primary education) and health;
- Section 4 focuses on whether MDGs influence is associated with better performance;
- Section 5 concludes.

Table 1: Selected targets for analysis

MDG	MDG target	Indicator
MDG 2 Achieve universal primary education	Target 2.A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Net enrolment ratio (NER) in primary education
MDG 4 Reduce under-five mortality	Target 4.1 Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality rate

Source: UN Statistics Division (2015).

Box 1: About AidData's 2014 Reform Efforts Survey

AidData's 2014 Reform Efforts Survey seeks to understand the influence of development partners and external assessments on national policy change. Among other questions, the survey asks interviewees to rate the level of influence of external assessments, including the MDGs, at the agenda-setting stage of the policy-making process. Respondents give each assessment a score from 0 to 5 based on how much influence they think these have on their government's decision to pursue a set of reforms (where 0 indicates no influence at all and 5 indicates maximum influence; only interviewees acknowledging familiarity with such assessments, in our case, the MDGs, were asked this question). For the purposes of this Working Paper, we group MDG influence in three categories: 'High influence' (scores of 4 and 5); 'Medium influence' (scores of 3); and 'Low influence' (scores of 0, 1 and 2). Scores at country level are an average of responses given by all stakeholders interviewed.

A total of 126 developing countries and semi-autonomous territories are included in the survey (about 90% of all developing countries), reflecting a mix of income levels and regions. Of these, 36 are low-income countries, 47 are lower-middle-income countries and 37 are upper-middle-income countries. Regionally, 8 are from South Asia, 21 from East Asia and the Pacific, 20 from Europe and Central Asia, 10 from the Middle East and North Africa, 44 from Sub-Saharan Africa and 17 from Latin America and the Caribbean (see Note 1).

The population of interest includes those individuals who were knowledgeable about the formulation and implementation of government policies and programmes in developing countries at any point between 2004 and 2013. This is a highly relevant period to assess the influence of the MDGs as most implementation plans following the MDGs are likely to have been introduced with a lag from the time the Millennium Declaration was agreed in 2000.

The survey was conducted between May and August 2014, but the survey team spent close to five years constructing a sampling frame of approximately 43,000 host country government officials and other stakeholders (development partner officials, civil society leaders, private sector representatives and independent experts). Given our interest in the impact of the MDGs on national policy-making, we focus our analysis on responses from country government officials only. A total of 3,400 host government officials, including 49 heads of state, 67 chiefs of staff, 268 heads of government ministries and agencies, 144 vice-minister-level officials and 196 secretary-general-level officials, participated in the survey. Directors and heads of technical units and departments, technical specialists and programme managers accounted for nearly 51% of host government survey participants. Interviewees were also selected based on their sector of expertise. The survey had 23 policy sectors or domains, including health and education – the sectors we focus on in this study (See Note 2). This means that, in addition to results for all policy-makers, we can break down MDG influence scores for practitioners in our sectors of interest. Of course, this results in fewer observations per country (see Annexes 1 and 2 for further details).

Source: Authors' elaboration based on Parks et al. (2015).

Note 1: We excluded semi-autonomous territories from our analysis, as they are not included in the World Bank's classification of countries according to income levels and regions. While the split between income groups and regions in the survey sample is similar to actual proportions in the world, it slightly underrepresents upper-middle-income and Latin American countries.

Note 2: These 23 policy domains were aggregated into four broader policy areas: Economic; Governance; Social and Environmental (where the health and education policy domains featured); and General. While there was considerable variation in response counts across the survey participants' policy domain expertise, the team observed a roughly even distribution of survey participants across the four aggregated policy areas: Economic (25%), Governance (22%), Social and Environmental (22%) and General (31%).

MDG influence on setting domestic priorities

MDG influence in all sectors

Results from AidData's survey show the MDGs were fairly influential at the agenda-setting stage of the policy-making process. Policy-makers in 48 out of 116 countries (41%), on average, reported high MDG influence, 48 (41%) medium influence and only 20 (17%) low or no influence at all (Figure 1).

Most countries reporting low levels of agenda-setting influence were middle-income countries; only three were low-income countries (Afghanistan, Liberia and Mali). This is to be expected, given that the MDGs were a donor-led agenda introduced to facilitate aid allocation. Further, government officials in Sub-Saharan Africa and East Asia and the Pacific gave the MDGs higher average scores than policy-makers from other regions.

While there could be incentives for countries, particularly aid-dependent ones, to overstate the influence of the goals, other studies looking at whether the MDGs were included in NDPs and used as a planning tool reach similar findings. Seyedsayamdost (2014) finds that, of the 50 NDPs she reviewed, 32 (64%) referred to the MDGs in a meaningful way (i.e. adapted the targets and indicators to their own circumstances or included at least one MDG target in a planning document), whereas eight (16%) made general references to them and only 10 (20%) did not refer to them at all. She also found that most of the countries that aligned their development plans with the MDGs were in Africa and Asia and the Pacific.

Figure 1: MDG influence on agenda-setting, government officials (all sectors)
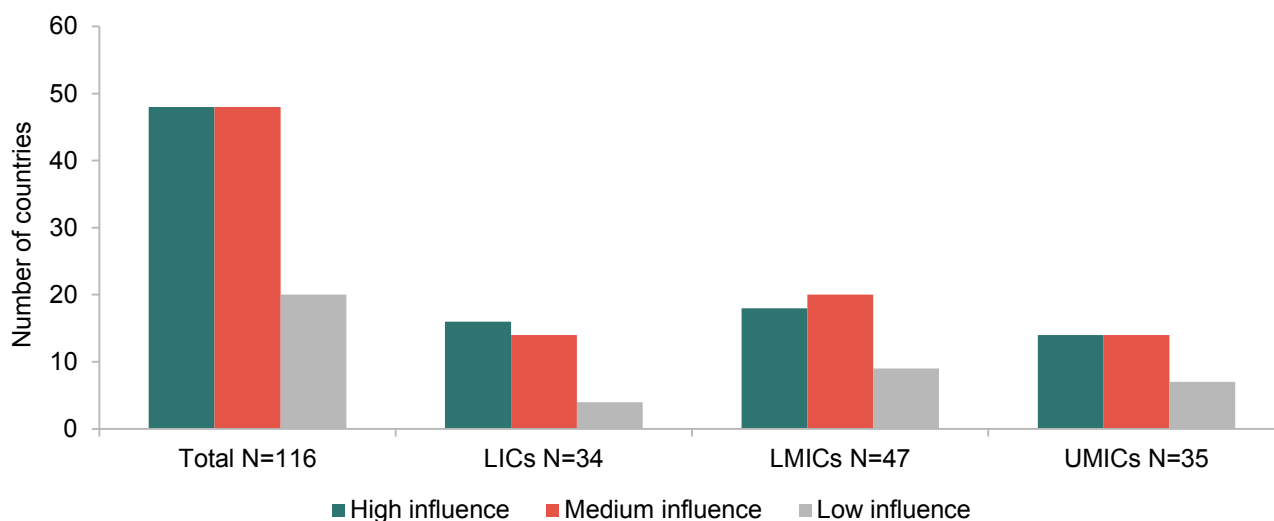
Note: While the N refers to the number of countries included, in many instances more than one government official was interviewed for each country, which means scores are an average of responses per country. High influence = average scores of 4 or 5; Medium influence = average scores of 3; Low influence = average scores of 0, 1 and 2.
Source: Authors' analysis based on AidData (2015).

As mentioned above, Sarwar's (2015) qualitative study in five countries (Indonesia, Mexico, Liberia, Nigeria and Turkey) provides more nuanced insights into national implementation of the goals. She finds that inclusion of the MDGs in policy language occurred fairly quickly after 2001 in all the countries in her study, to a large extent pushed by UN country offices. Visible national institutional arrangements and adaptation of commitments to the MDGs took much longer, however, around the 10-year mark (either because governments waited to the point where they needed to renew commitments made prior to the MDGs and/or, in some cases, because of revamped UN efforts to push the MDG agenda through acceleration frameworks). In the case of Liberia, the low-income country in her study, external relationships with international donors and development partners clearly encouraged national governments to invest in creating political signals showing an overt (if not always accurate) interest in furthering MDG objectives.

MDG influence in the education and health sectors

MDG influence on agenda-setting can also be broken down by responses given by policy-makers in education and health, the two areas of interest to our study. In the case of education, respondents in most countries (37 out of 56, or 66%, Figure 2) thought the MDGs were highly influential in terms of shaping reform efforts in the sector. This

proportion is much higher if only low-income countries are considered (19 out of 21, or 90%). This is to be expected, given that this group has lower starting points and is more aid-dependent. Again, Africa and East Asia and the Pacific were the regions that had the highest scores on average.

Similar findings apply to the health sector (Figure 3). One point to highlight is that a larger proportion of lower-middle-income countries (26 out of 30, or 87%) reported high MDG influence in the health sector compared with responses for the education sector (11 out of 19, or 58%). This result may owe to the small sample size, particularly for education, but may also be a result of global efforts linked to the health MDGs that have been particularly prominent (McArthur, 2013). There have been a number of global initiatives addressing the health MDGs (e.g. the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria), and these have also targeted some lower-middle-income countries.

Finally, it is worth pointing out that the proportion of countries reporting high MDG influence is larger for the health (70%, Figure 3) and education sectors (66%, Figure 2) than for all sectors (41%, Figure 1). This suggests that the MDGs were relatively more influential in these two sectors, which is consistent with results from other studies, such as Seyedsayamdost (2014). Of 41 NDPs Seyedsayamdost reviewed that had outcome-oriented targets, targets on education (primary schooling) and health (child health and maternal health), together with water and sanitation, were among those that featured more frequently (in about 80% of those she reviewed).

Figure 2: MDG influence on agenda-setting, government officials (education)
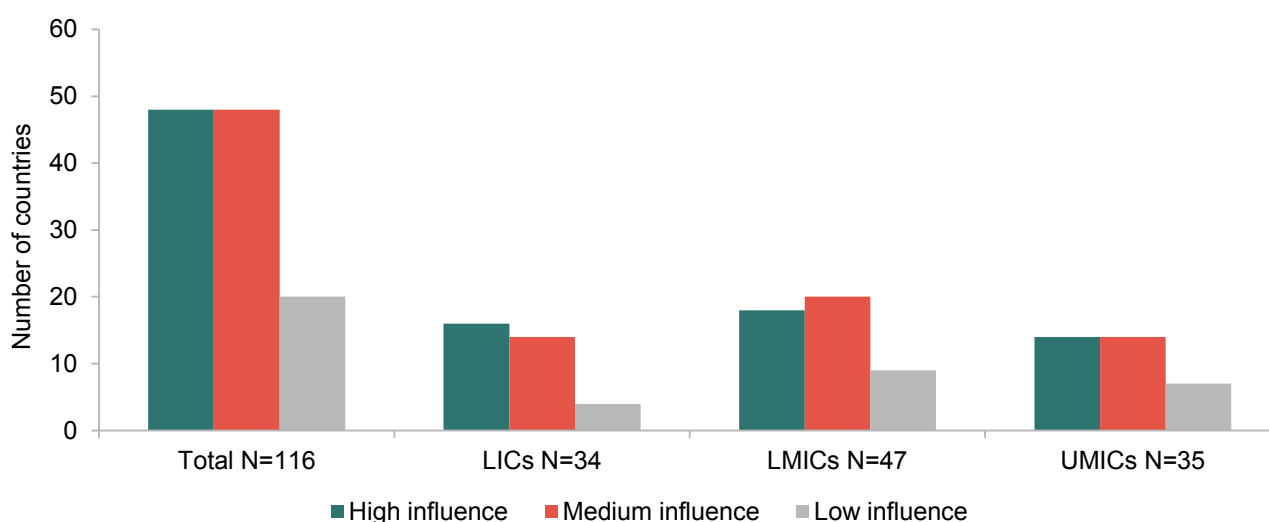
Source: Authors' analysis based on AidData (2015).
Note: 77 responses in 56 countries where government officials in the education sector answered this question.

Figure 3: MDG influence on agenda-setting, government officials (health)

Source: Authors' analysis based on AidData (2015).
Note: 128 responses in 74 countries where government officials in the health sector answered this question.

MDG influence and prioritisation of government spending

So far, we have found that most policy-makers, particularly in the education and health sectors, believe the MDGs have been influential in shaping their own reform efforts. But to what extent are government officials' perceptions of influence related to increases in budget allocations to these sectors?
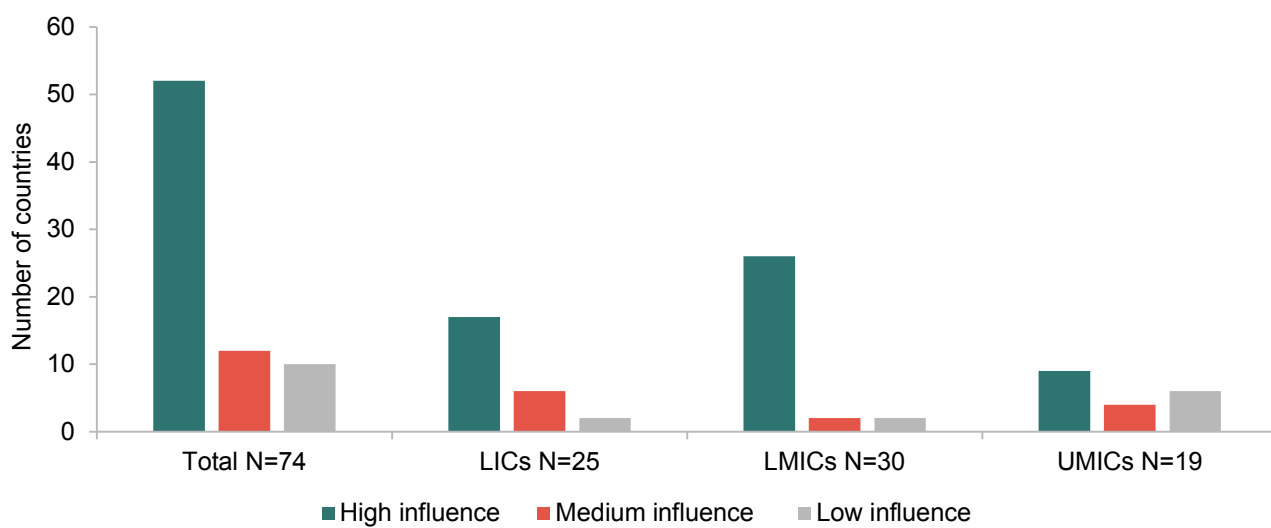
Below, we explore whether MDG influence is associated with larger increases in budget allocations to the education and health sectors. In undertaking this analysis, we faced a number of data limitations, which Box 2 discusses in more detail.

Box 2: The limitations of spending data

Data on countries' spending on the MDGs is a critical piece of the MDG puzzle, yet numerous limitations present challenges in tracking spending allocations related to specific targets. For the purposes of this study we relied on the World Bank's World Development Indicators (WDI) data (based on UN Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics (UIS) and the World Health Organization's (WHO's) National Health Accounts data) on sectoral government spending.

Here, we outline key gaps on spending data in terms of both its production and its presentation. We draw on our own experience using readily available cross-country spending data and on Martin and Walker (2015)'s account of some of the limitations they face collecting information from government sources directly for their Government Spending Watch. The latter examine budget spending data for seven MDG-related sectors (agriculture and food, education, environment, health, social protection, water, sanitation and hygiene (WASH) and women's rights) both by *source of funding* (government versus donor) and by *type of spending* (recurrent versus investment). They undertake this analysis in 66 low- and middle-income countries, whose development plans were more closely related to the MDGs.

Limited sectoral and sub-sectoral data

Countries agreed to set overall and sector-specific MDG spending targets as a percentage of Gross Domestic Product (GDP) and of total government expenditure. But data on sectors and sub-sectors are not easily found. This is because countries generally do not have budgetary classifications that align with the MDGs or national development objectives, but with ministries or agencies implementing the spending. In terms of readily available cross-country data, only data for the education and health sectors can easily be found; in the case of education, the number of observations available for some years is small. Government Spending Watch reports information for other MDG sectors for recent years but it does so by collecting its own data from government sources directly.

Sub-sectoral information is even harder to come by; only in the case of education were we able to find some information on spending for different education levels, although again the number of observations available was relatively small, limiting the robustness of the analysis. Data on who are being targeted with the spending targets – by sector, location or beneficiary – are also missing. For instance, in health, spending by type of disease or beneficiary is not available.

Limited time series data

For the purposes of this study, we needed two data points, one in the 1990s and one in the late 2000s, to cover the periods before and after the introduction of the MDGs to assess whether any changes in spending patterns coincided with the introduction of the goals (in both cases we used five-year averages to ensure data were not driven by events in one particular year). In the case of health, we were able to find data from 1995 to 1999; for education, we found data were available only from 1998 onwards, and the number of observations was smaller for earlier years. Therefore, our five-year average for education covered 1998-2002. While MDG implementation is likely to have lagged behind agreement of the goals, we are aware that data for the early 2000s could in theory already be capturing changes related to the MDGs.

Differentiating by spending source: domestic versus external resources

Cross-country government spending data includes on-budget external assistance rather than just domestic government funding. This limits our ability to state clearly whether MDG influence is associated with changes in *domestic* funding allocations.

In fact, donor reporting provides little information on how much aid goes through country budgets (i.e. 'on-budget' aid). Martin and Walker (2015) estimate this is likely to be about a third of total Development Assistance Committee (DAC) aid. There is also no breakdown of 'on-budget aid' by sector or type of spending.

Actual versus planned spending data

While information on 'actual' spending is more accurate than that on 'planned' expenditure, some countries do not publish 'actual' spending data by sector. Many countries face delays of two to three years in this regard because national audit courts need to approve final 'actual' spending data first. Further, in some cases, actual and planned spending are combined. For example, in the case of health spending, it has been noted that some of the data points may use *planned* data for health spending and *actual s*pending data for total spending, which is problematic as there can be significant variance between the two.

The quantity and quality of spending data in general and of MDG-related spending data are linked inextricably with countries' budgetary transparency and accountability. It is more feasible to track MDG spending data of high quality when countries have more transparent budgets. While there have been improvements in this area over recent years, more and better data are needed to ensure it is easier to track funding allocations for the SDGs.

Source: Authors' own elaboration based on Martin and Walker (2015).

Education

Time series data on education spending are available for only 20 of the 56 countries that had information on MDG influence as reported by policy-makers in the education sector (AidData, 2015; Annex 1). Table 2 provides details of our updated sample. Given that we are particularly interested in following funding allocations related to the education target on universal access to primary education, we focus on government spending on primary schooling, even if this means we have a smaller number of observations.[2]

Figure 4 presents data for primary education spending as a share of total education spending broken down by our different groups of MDG influence (high, medium and low). Note that this is the spending indicator that most clearly signals whether there have been shifts over the MDG period in the allocation of resources towards prioritising primary education in the education budget. Results suggest a weak association between MDG influence and shifts of education spending towards primary schooling. The figures also suggest a downward trend in the proportion of education spending allocated to primary education.[3]

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2   A look at total education spending could be misleading, as increases could owe to higher resources devoted to secondary or tertiary levels. Using total spending would increase our sample to 34 instead of 20.

3   Four out of the seven low-income countries in our sample have seen a decrease in spending on primary education (as a percentage of the education budget). While two of them had high NERs in 2010, the other two (Chad and Mali) had NERs of 68.4 and 74.5, respectively. In the case of the medium influence group, which has seen a 20% decrease in the spending allocated to primary education as a proportion of the total education budget, these are all upper-middle-income countries (Colombia, Namibia and South Africa), with high NERs in 2010.

Table 2: Sample of countries with data on MDG influence (as reported by education officials) and primary education spending

MDG influence	Low-income	Lower-middle-income	Upper-middle-income	Total
High influence	6	5	3	14
Medium influence	0	0	3	3
Low influence	1	1	1	3
Total	7 (out of 21)	6 (out of 19)	7 (out of 16)	20 (out of 56)

Source: Authors' analysis based on AidData (2015) and World Bank (2015a).

Figure 4: Percentage change in primary education spending, c2000-c2010
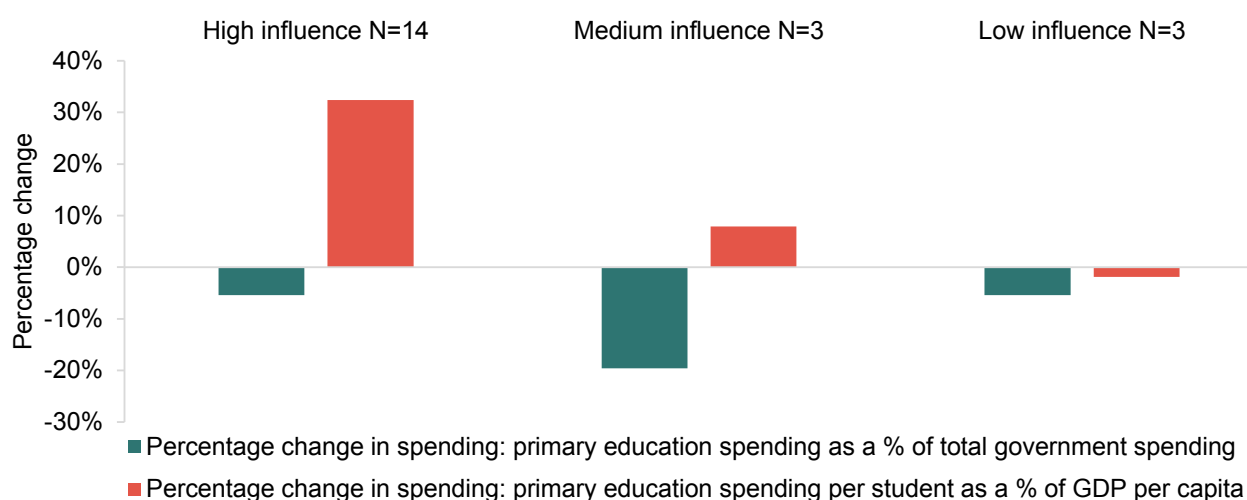
Source: Authors' analysis based on AidData (2015) and World Bank (2015b).
Note: N=20.

Table 3: MDG influence in the education sector and education spending, c2000 and c2010

MDG influence among education policy-makers	NER in primary (%)		Government spending on primary education (% of total expenditure on education)		Government spending on primary education per student (% of GDP per capita)		Total education spending (% of GDP)	
	c2000	c2010	c2000	c2010	c2000	c2010	c2000	c2010
High influence N=14	73.8	84.8	48.3	45.7	10.4	13.8	3.6	4.5
Medium influence N=3	90.0	87.5	49.2	39	15.6	16.8	5.4	6.3
Low influence N=3	73.8	85.1	47.3	44.8	10.7	10.5	3.1	4.3

Source: Authors' analysis based on AidData (2015) and World Bank (2015b).
Note: Averages for MDG influence groupings.

It is also worth considering more general trends in education spending. While most countries in our sample have seen increases in total spending on education as a percentage of GDP (last column of Table 3), many developing countries in our sample remain below the recommended international benchmark for spending on education of 6% of GDP (EFA and UNESCO, 2015). Only four countries of the 20 in our sample were above this benchmark (Box 3). This is a real concern, given that the SDGs are stepping up the level of ambition for the education targets. Countries will need not only to focus on the unfinished business of the MDGs but also to incorporate new targets, such as completion of secondary schooling, access to pre-primary education and ensuring good quality education at different levels, among others.

Finally, it is worth pointing out that, during the period under study, official development assistance (ODA) to both primary schooling in particular and the education sector in general increased significantly. ODA allocated to primary education rose from $1,496 million in 2002 to $2798 million in 2013, whereas aid to the education sector went up from $5,423 million in 2002 to $11,652 million in 2013 (OECD.Stat, 2015).[4] The increases observed in primary education spending per student as a percentage of GDP per capita and in total spending on education as a percentage of GDP could, in some cases, particularly for low-income aid-dependent countries, be related to increases in aid to the sector (as mentioned in Box 2, approximately a third of aid is on budget). Unfortunately, the limited available data do not allow us to disentangle the extent to which changes in the education spending indicators mentioned above may owe to increasing supply (i.e. more aid available for these sectors thanks to the MDGs) or rising demand (i.e. politicians wanting to spend more on education).

Box 3: UNESCO's 6% of GDP education target

Most countries in our sample are below the UNESCO target for educational spending, which recommends that 6% of GDP be spent on education to deliver on the MDGs. As Figure 5 shows, only Ghana, Belize, Swaziland and Namibia are above that benchmark – that is, only four out of 20 countries, or 25%.

A look at spending data available for all developing countries (not just the ones in our education sample) shows a similar picture. Only 22 out of 97 developing countries with data c2010, or 23%, show spending in education equal to or higher than 6% of GDP. The majority of these 22 countries are middle-income countries (three are low-income countries).

Figure 5: Education spending as percentage of GDP, c2010
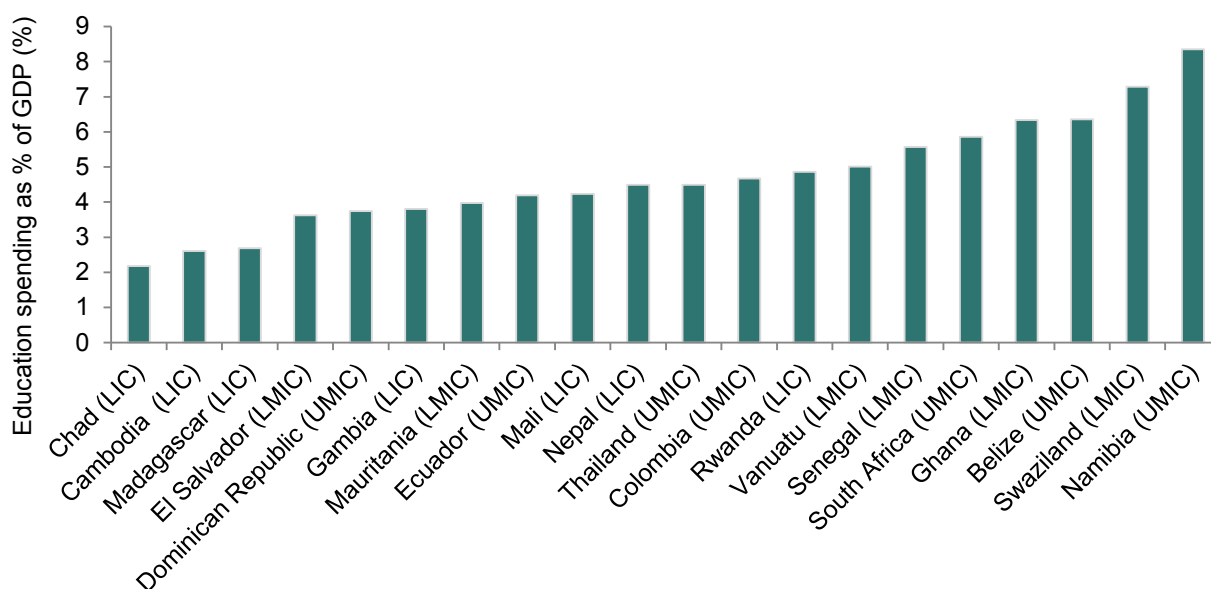
Source: World Bank (2015b). Note: N=20 (those used in our sample for this section, Table 2).

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4   Gross disbursements from all donors in 2013 US$. The percentage of education aid allocated to primary education ranged from 23% to 30% between 2002 and 2013.

Health

Availability of time series data for health spending is better than that for education, with only five countries in our sample of MDG influence missing spending information (AidData, 2015; Annex 2). Table 4 provides details of our sample. As Box 2 discussed, we were not able to access disaggregated information on health spending and therefore rely on data at the broad sectoral level.[5]

Table 4: Sample of countries with data on MDG influence (as reported by health officials) and health spending

MDG influence	Low-income	Lower middle-income	Upper middle-income	Total
High influence	16	26	9	51
Medium influence	4	1	4	9
Low influence	2	2	5	9
Total	22 (out of 25)	29 (out of 30)	18 (out of 19)	69 (out of 74)

Source: Authors' analysis based on AidData (2015) and World Bank (2015b).
Note: Averages for MDG influence groupings.

Figure 6: Percentage change in health spending, c1997-c2010
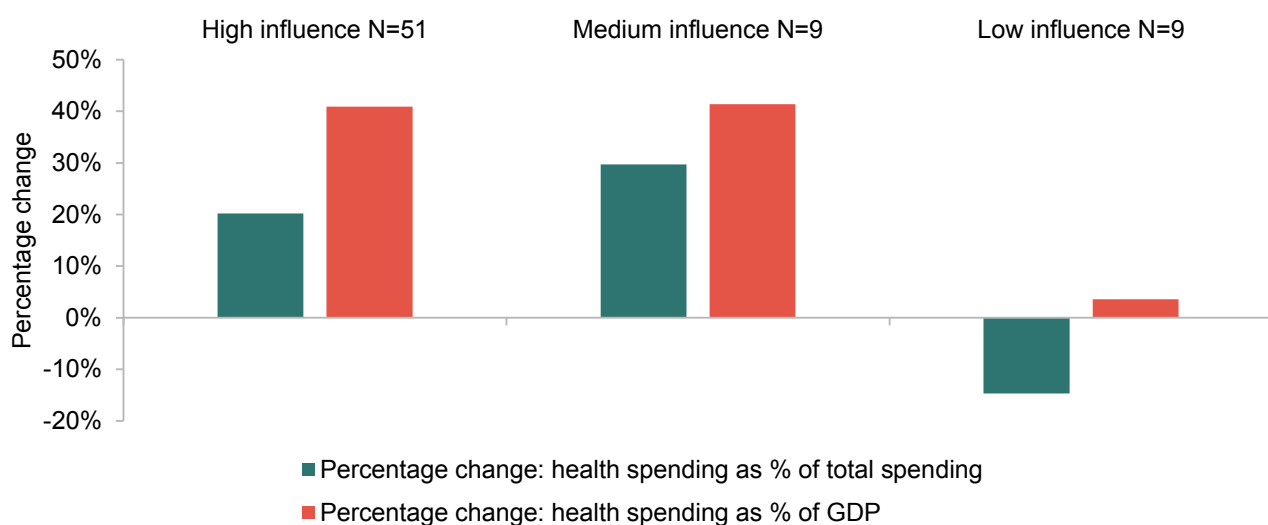
Source: Authors' analysis based on AidData (2015) and World Bank (2015b).
Note: N=69.

Table 5: Performance data on under-five mortality and spending data on health

MDG influence among health policy-makers	Under-five mortality (per 1,000 live births)		Government spending on health (% of total government expenditure)		Government spending on health (% of GDP)		Total government expenditure (% of GDP)	
	c1990	c2010	c1997	c2010	c1997	c2010	c1997	c2010
High influence N=51	117	60	9.4	11.3	2.2	3.1	23.2	27.8
Medium influence N=9	110	56	10.1	13.1	2.9	4.1	27.4	30.6
Low influence N=9	64	33	10.9	9.3	2.8	2.9	27.6	33.2

Source: Authors' analysis based on AidData (2015) and World Bank (2015b).
Note: Averages for MDG influence groupings.

As Figure 6 and Table 5 show, larger increases in health spending appear to be associated with MDG influence. Countries reporting high and medium MDG influence have seen, on average, a percentage change increase of 20% and 30%, respectively, in the proportion of total spending allocated to health. This compares with a 15% decrease for those reporting low influence (this group starts from a higher base: an average of 64 deaths per 1,000 live births). This spending indicator most clearly signals a prioritisation of resources towards the health sector. A similar picture emerges if we consider spending on health as a percentage of GDP (Figure 6).

More generally, despite some increases in average spending for countries reporting high and medium MDG influence, government spending on health remains below internationally set benchmarks, such as the Abuja estimate of 15%, applicable to African countries (Box 4). As in education, this is a worrying trend, given that the SDGs will be much more demanding: new targets include critical issues such as provision of universal health coverage, among others, which will require more resources (Greenhill et al., 2015).

Finally, as in the case of education, it is worth pointing out that, during the MDG period, aid to the health sector more than doubled, from $4,112 million to $11,871 million.[6] Unfortunately, with the available data, we cannot tell the extent to which on-budget aid drove increases in government spending on health or to which the increases were a consequence of politicians wanting to spend more on the sector (or a combination of both). Given the large increases in ODA to the health sector, in the case of aid-dependent countries it is likely that increases in health spending were driven by a supply effect – that is, more resources available through ODA thanks to the MDGs.

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6   Gross disbursements from all donors in 2013 US$.

Box 4: Abuja 15% health spending target

In April 2001, African Union countries meeting in Abuja, Nigeria, pledged to increase government funding in health to at least 15%, and urged donor countries to scale up support. Currently, of the 28 Sub-Saharan African countries in our sample, only seven have met this target: Ethiopia, Liberia, Malawi, Nigeria, Swaziland, Togo and Uganda (Figure 7).

Figure 7: Health spending as percentage of total spending, c2010
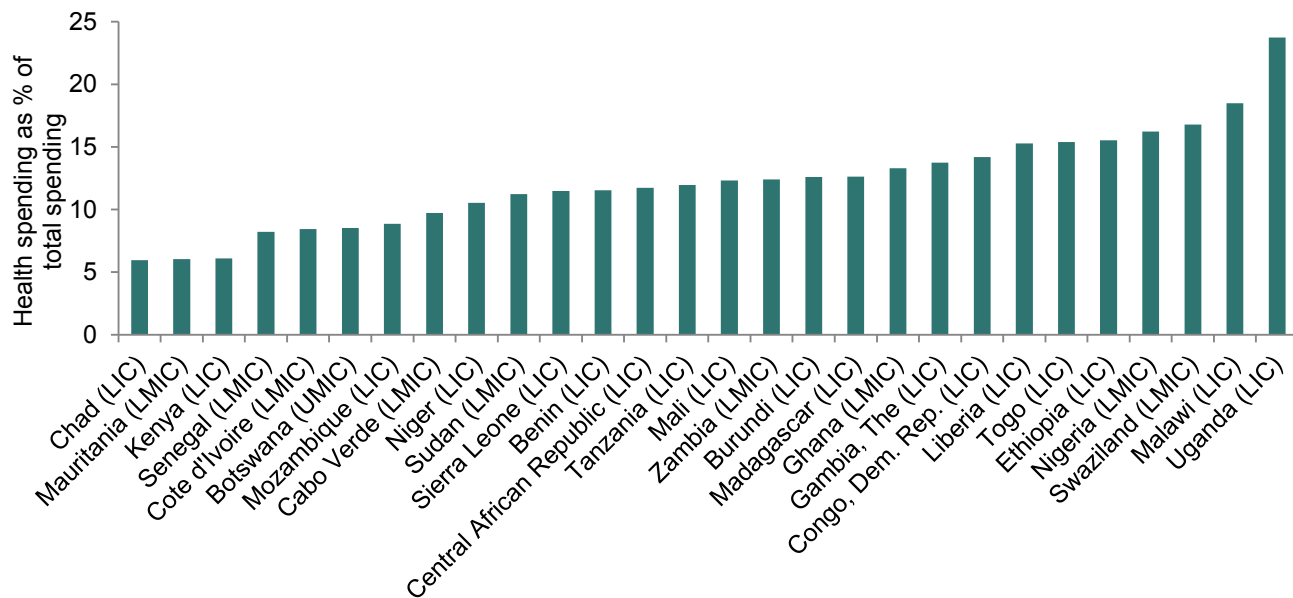
Source: World Bank (2015b).

Note: N=69 (African countries in our sample for this section).

MDG influence and performance

In this final section, we discuss briefly whether higher reported MDG influence is associated with improvements in MDG performance for our two key targets: increasing access to primary education and reducing child mortality. We would expect countries where the MDGs are seen as shaping domestic priorities perhaps to have relatively better results for our selected MDGs. Of course, MDG influence is just one factor that could affect performance (others could be starting points, political context or exogenous shocks) for key MDG targets and therefore it is expected that this relationship will be much more complex and nuanced.

Results on the links between MDG influence and performance for the education sector are mixed. Unfortunately, we are dealing with very small sample sizes, thus results need to be treated with caution. Table 6 singles out the countries in our sample that saw the largest increases in access to primary education over the

MDG period. Seven out of eight of these countries also report high MDG influence. Some of these countries are aid-dependent, confirming findings from other studies that the MDGs played a role in focusing attention on the social sectors in poorer countries.

Figure 8, showing average changes in net enrolment rates (both absolute and relative between 2000 and 2010) for our three different MDG influence groups, however, suggests a less clear relationship between MDG traction as reported by education officials and performance.

Table 7 identifies the countries in our sample that have seen the largest reductions in child mortality. As in the case of education, most of the top performers, eight out of 10, are countries where government officials working in the health sector report high MDG influence in terms of setting domestic priorities.

Table 6: Top performers in increasing access to primary education (by absolute change)

Countries	Absolute change c2000-c2010 (NER)	MDG influence score
Nepal	24.8	4
Chad	22.8	4
Ghana	20.2	1
Senegal	17.4	4
Mali	16.9	5
Rwanda	11.0	4
El Salvador	10.7	4
Cambodia	10.7	4

Source: AidData (2015) and World Bank (2015b).
Note: N=15. Those that increased access to primary education by more than 10 percentage points between c2000 and c2010.

Table 7: Top performers in reducing child mortality (by absolute change, number of deaths per 1000 live births)

Countries	Absolute change c1997-c2010	MDG influence score
Niger	-195	5
Liberia	-168	3
Malawi	-144	5
Mozambique	-135	4
Ethiopia	-123	5
Mali	-116	3
Sierra Leone	-112	5
Zambia	-110	5
Uganda	-110	4
Tanzania	-103	5

Source: AidData (2015) and World Bank (2015b).
Note: N=69. Those that reduced child mortality by over 100 deaths (per 1,000 live births) between c1997 and c2010.

In addition, Figure 9 suggests countries reporting high MDG influence have seen on average greater reductions in child mortality. The relationship between MDG influence and performance is clearer if we take into account absolute change, which does not penalise those with lower starting points. By contrast, using measures of relative change we find that all countries, irrespective of how influential they considered the MDGs domestically, have reduced child mortality by almost half.

Figure 8: Performance on net primary enrolment, c2000-c2010, by MDG influence
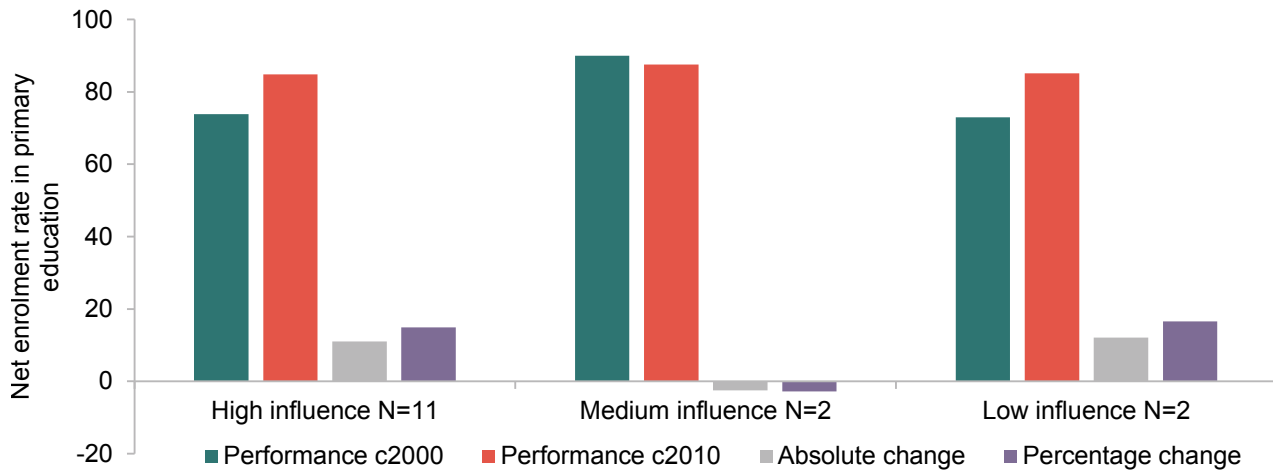
Source: World Bank (2015b).
Note: N=15. Average NER and change for each MDG influence group.

Figure 9: Performance on under-five mortality, c1990-c2010, by MDG influence
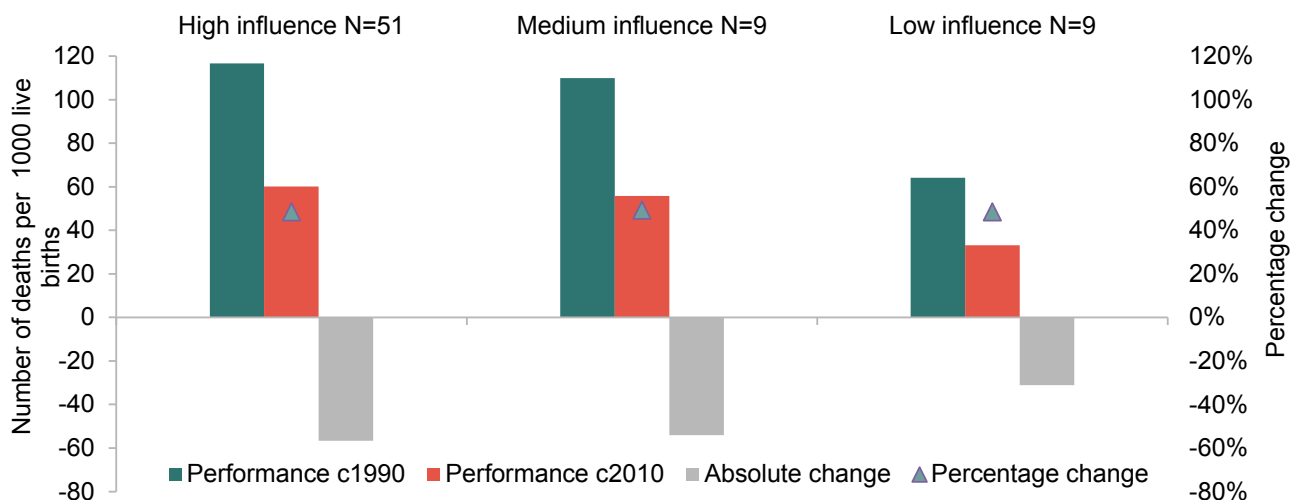
Source: AidData (2015) and World Bank (2015b).
Note: N=69. Average for each MDG influence group.

Conclusion

In this Working Paper, we have sought to contribute to an ongoing debate about how the MDGs have influenced national policy-making. Learning lessons from this experience is crucial so the SDGs have a more solid foundation to build on. Drawing on AidData's 2014 Reform Efforts Survey, we have carried out new analysis to assess (i) the extent of reported MDG influence and (ii) whether domestic traction of the MDGs among education and health officials is associated with increases in sectoral spending allocations and/or (iii) improvements in MDG performance in primary education and child mortality.

Summary of findings

- Most countries in our sample, particularly low-income countries in Sub-Saharan Africa and East Asia and the Pacific, report that the MDGs have influenced domestic priorities. The proportion of countries stating high MDG influence on agenda-setting is larger when we consider only responses from education and health government officials, suggesting high MDG influence in these sectors.
- More detailed analysis of the education and health sectors suggests reported MDG influence is associated with higher budget allocations, particularly in the case of health (the data for education are weaker).
- Our analysis also shows that, despite some increases in spending on education and health, most countries in our sample are still far below recommended spending benchmarks for these sectors. This is a cause for concern, given that the SDGs are ramping up the level of ambition for targets in these two areas.
- Countries that have seen the largest improvements in terms of access to primary education and reducing child mortality report high MDG influence on domestic agenda-setting. The majority of these countries are low-income countries in Africa. This is consistent with the view that the MDGs contributed to focused attention on the social sectors in the poorest countries.

However, it is difficult to report robust results given the numerous data limitations faced, particularly relating to spending data. Lack of sub-sectoral data, short time series, small sample sizes (the latter two particularly in the education sector) and lack of breakdown between domestic resources and on-budget aid are among some of the difficulties (see Box 2 for more details).[7]

To conclude, we set out recommendations on how to overcome these data limitations, with the SDGs in mind. Ideally all three elements of monitoring:

i. domestic use of targets,
ii. funding (domestic and external) allocated to SDG-related areas, and
iii. performance should come together with clear baselines prior to the introduction of the new goals.

Recommendations

- **Monitoring SDG influence at country level:** A survey could be introduced (e.g. carried out every three to five years) interviewing policy-makers, civil society organisations (CSOs) and citizens on how they use the SDGs. Policy-makers could provide information on the extent to which the SDGs influence policy agendas and budget allocations; CSOs could report on the extent to which goals are used to hold governments to account; and citizens could provide information on their awareness of this agenda. Further, as part of SDG monitoring processes (still to be firmed up), it would be useful to collect systematically information on governments' existing targets related to SDG areas to track whether and how these change after the introduction of the SDG targets. In fact, the Overseas Development Institute's (ODI's) Targets Tracker provides a platform for this process (provided government officials submit data on an on-going basis).[8]
- **Strengthening spending data related to the SDGs and the way they are presented:** Sub-sectoral spending data relating to particular targets are extremely patchy, lack standardisation and are difficult to come by for long time series. It is also challenging to disentangle sources of spending (e.g. breakdown between domestic commitments, on-budget and off-budget aid flows), which would have been extremely useful for the

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7   Given these limitations, we did not test the relationships analysed here more formally, for example through a regression model with MDG influence as one of many other independent variables and change in budget allocations and MDG performance as dependent variables.

8   http://targettracker.post2015.org/

purposes of this study. There are some promising developments (e.g. the World Bank's Open Budgets Portal), but more could be done to make the budgetary information governments are publishing more accessible and comprehensive. Improving the availability of information on domestic spending in SDG-related areas, ensuring more of donors' aid is on-budget and disaggregated by sector and type of spending and presenting this in a user-friendly manner could go a long way in terms of holding government to account on its promises and further proving the impact of the SDGs on actual budget allocation.

- **Improving the availability and granularity of data, fit for a 'Leave no one behind' agenda:** If anything, the SDGs, with their emphasis on leaving no one behind, will require much more detailed data in order to make it possible to monitor whether improvements are reaching the poorest groups. More disaggregated data will be needed, particularly on performance and funding for specific areas and groups of beneficiaries. Granular performance information would help in assessing needs for particular groups so governments can target policies and resources accordingly; detailed spending data would make it possible to show whether more resources are reaching marginalised groups and whether this is helping improve outcomes.

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Annex 1: List of countries in our sample, education sector (in order of MDG influence score, high to low)

	Country	World Bank Income group	World Bank Region	Average influence score	Standard error	Number of observations
1	Sierra Leone	Low income	Sub-Saharan Africa	5.0	0.00	1
2	**Belize**	**Upper middle income**	**Latin America & Caribbean**	**5.0**	**0.00**	**1**
3	Uganda	Low income	Sub-Saharan Africa	5.0	0.00	1
4	**Mauritania**	**Lower middle income**	**Sub-Saharan Africa**	**5.0**	**0.00**	**1**
5	**Ecuador**	**Upper middle income**	**Latin America & Caribbean**	**5.0**	**0.00**	**1**
6	Haiti	Low income	Latin America & Caribbean	5.0	0.00	1
7	Laos	Lower middle income	East Asia & Pacific	5.0	0.00	1
8	**Mali**	**Low income**	**Sub-Saharan Africa**	**5.0**	**0.00**	**1**
9	Fiji	Upper middle income	East Asia & Pacific	5.0	0.00	1
10	Tonga	Upper middle income	East Asia & Pacific	5.0	0.00	1
11	Jamaica	Upper middle income	Latin America & Caribbean	5.0	0.00	1
12	Guinea-Bissau	Low income	Sub-Saharan Africa	5.0	0.00	1
13	Lesotho	Lower middle income	Sub-Saharan Africa	5.0	0.00	1
14	Somalia	Low income	Sub-Saharan Africa	5.0	0.00	1
15	Liberia	Low income	Sub-Saharan Africa	5.0	0.00	1
16	Maldives	Upper middle income	South Asia	5.0	0.00	1
17	Kenya	Low income	Sub-Saharan Africa	4.5	0.38	2
18	**Gambia**	**Low income**	**Sub-Saharan Africa**	**4.5**	**0.38**	**2**
19	Burkina Faso	Low income	Sub-Saharan Africa	4.5	0.37	2
20	**Vanuatu**	**Lower middle income**	**East Asia & Pacific**	**4.5**	**0.40**	**2**
21	Mozambique	Low income	Sub-Saharan Africa	4.0	0.74	2
22	Timor-Leste	Lower middle income	East Asia & Pacific	4.0	0.00	1
23	**El Salvador**	**Lower middle income**	**Latin America & Caribbean**	**4.0**	**0.00**	**1**
24	Bhutan	Lower middle income	South Asia	4.0	0.00	1
25	Papua New Guinea	Lower middle income	East Asia & Pacific	4.0	0.00	1
26	Zimbabwe	Low income	Sub-Saharan Africa	4.0	0.00	1
27	**Cambodia**	**Low income**	**East Asia & Pacific**	**4.0**	**0.00**	**1**
28	**Rwanda**	**Low income**	**Sub-Saharan Africa**	**4.0**	**0.00**	**1**
29	**Chad**	**Low income**	**Sub-Saharan Africa**	**4.0**	**0.00**	**1**
30	**Senegal**	**Lower middle income**	**Sub-Saharan Africa**	**4.0**	**0.00**	**1**
31	Vietnam	Lower middle income	East Asia & Pacific	4.0	0.00	1
32	**Thailand**	**Upper middle income**	**East Asia & Pacific**	**4.0**	**0.00**	**1**
33	Bangladesh	Low income	South Asia	4.0	0.00	3
34	**Swaziland**	**Lower middle income**	**Sub-Saharan Africa**	**4.0**	**0.00**	**1**
35	Niger	Low income	Sub-Saharan Africa	3.6	0.37	5
36	Kyrgyzstan	Low income	Europe & Central Asia	3.5	0.38	2

	Country	World Bank Income group	World Bank Region	Average influence score	Standard error	Number of observations
37	**Nepal**	**Low income**	**South Asia**	**3.5**	**0.21**	**6**
38	**Namibia**	**Upper middle income**	**Sub-Saharan Africa**	**3.0**	**0.00**	**1**
39	Botswana	Upper middle income	Sub-Saharan Africa	3.0	0.00	1
40	Afghanistan	Low income	South Asia	3.0	0.00	1
41	Tunisia	Upper middle income	Middle East & North Africa	3.0	0.00	1
42	Nigeria	Lower middle income	Sub-Saharan Africa	3.0	0.00	1
43	**South Africa**	**Upper middle income**	**Sub-Saharan Africa**	**2.5**	**1.19**	**2**
44	**Colombia**	**Upper middle income**	**Latin America & Caribbean**	**2.5**	**0.38**	**2**
45	Egypt	Lower middle income	Middle East & North Africa	2.3	0.59	3
46	Kosovo	Lower middle income	Europe & Central Asia	2.0	0.00	1
47	**Dominican Republic**	**Upper middle income**	**Latin America & Caribbean**	**2.0**	**0.00**	**1**
48	Yemen	Lower middle income	Middle East & North Africa	2.0	0.00	1
49	**Madagascar**	**Low income**	**Sub-Saharan Africa**	**2.0**	**0.00**	**1**
50	Indonesia	Lower middle income	East Asia & Pacific	2.0	0.00	1
51	Jordan	Upper middle income	Middle East & North Africa	1.0	0.00	1
52	Montenegro	Upper middle income	Europe & Central Asia	1.0	0.00	1
53	**Ghana**	**Lower middle income**	**Sub-Saharan Africa**	**1.0**	**0.00**	**1**
54	Georgia	Lower middle income	Europe & Central Asia	1.0	0.00	1
55	Bosnia and Herzegovina	Upper middle income	Europe & Central Asia	1.0	0.00	1
56	Guatemala	Lower middle income	Latin America & Caribbean	0.0	0.00	1

Notes: Based on AidData (2015). 56 out of 126 countries and semi-autonomous territories (the latter were excluded from the analysis in this working paper). Average agenda-setting influence of the MDGs as reported by government officials working in the education sector. The score ranges from 0 (no influence) to 5 (maximum influence). Number of observations refers to the number of interviews carried out in each country with government officials in the education field. Countries in bold are those that had information on primary education spending in our analysis.

Annex 2: List of countries in our sample, health sector (in order of MDG influence score, high to low)

	Country	World Bank Income group	World Bank Region	Average influence score	Standard error	Number of observations
1	Azerbaijan	Upper middle income	Europe & Central Asia	5.0	0.0	1
2	Sierra Leone	Low income	Sub-Saharan Africa	5.0	0.0	1
3	Kiribati	Lower middle income	East Asia & Pacific	5.0	0.0	1
4	Zambia	Lower middle income	Sub-Saharan Africa	5.0	0.0	1
5	El Salvador	Lower middle income	Latin America & Caribbean	5.0	0.0	1
6	Indonesia	Lower middle income	East Asia & Pacific	5.0	0.0	1
7	Laos	Lower middle income	East Asia & Pacific	5.0	0.0	2
8	Peru	Upper middle income	Latin America & Caribbean	5.0	0.0	1
9	Ethiopia	Low income	Sub-Saharan Africa	5.0	0.0	1
10	Nicaragua	Lower middle income	Latin America & Caribbean	5.0	0.0	2
11	Honduras	Lower middle income	Latin America & Caribbean	5.0	0.0	1
12	Senegal	Lower middle income	Sub-Saharan Africa	5.0	0.0	2
13	Tanzania	Low income	Sub-Saharan Africa	5.0	0.0	1
14	Solomon Islands	Lower middle income	East Asia & Pacific	5.0	0.0	1
15	Niger	Low income	Sub-Saharan Africa	5.0	0.0	2
16	Malawi	Low income	Sub-Saharan Africa	5.0	0.0	3
17	Georgia	Lower middle income	Europe & Central Asia	4.7	0.3	3
18	Morocco	Lower middle income	Middle East & North Africa	4.5	0.4	2
19	Gambia	Low income	Sub-Saharan Africa	4.5	0.4	2
20	Myanmar	Low income	East Asia & Pacific	4.5	0.4	2
21	Ecuador	Upper middle income	Latin America & Caribbean	4.5	0.4	2
22	Sudan	Lower middle income	Sub-Saharan Africa	4.3	0.3	3
23	DRC	Low income	Sub-Saharan Africa	4.3	0.3	3
24	Ghana	Lower middle income	Sub-Saharan Africa	4.3	0.7	4
25	Madagascar	Low income	Sub-Saharan Africa	4.2	0.4	6
26	Cambodia	Low income	East Asia & Pacific	4.0	0.4	4
27	Maldives	Upper middle income	South Asia	4.0	0.8	2
28	Moldova	Lower middle income	Europe & Central Asia	4.0	0.0	1
29	Côte D'Ivoire	Lower middle income	Sub-Saharan Africa	4.0	0.8	2
30	Central African Rep.	Low income	Sub-Saharan Africa	4.0	0.0	1
31	India	Lower middle income	South Asia	4.0	0.0	1
32	Mozambique	Low income	Sub-Saharan Africa	4.0	0.0	2
33	Nigeria	Lower middle income	Sub-Saharan Africa	4.0	0.0	1
34	Uganda	Low income	Sub-Saharan Africa	4.0	0.8	2
35	Turkey	Upper middle income	Europe & Central Asia	4.0	0.0	1
36	Samoa	Lower middle income	East Asia & Pacific	4.0	0.0	1

	Country	World Bank Income group	World Bank Region	Average influence score	Standard error	Number of observations
37	Vanuatu	Lower middle income	East Asia & Pacific	4.0	0.0	1
38	Philippines	Lower middle income	East Asia & Pacific	4.0	0.0	2
39	Swaziland	Lower middle income	Sub-Saharan Africa	4.0	0.0	1
40	Yemen	Lower middle income	Middle East & North Africa	4.0	0.0	1
41	Papua New Guinea	Lower middle income	East Asia & Pacific	4.0	0.0	1
42	Benin	Low income	Sub-Saharan Africa	4.0	0.0	1
43	Chad	Low income	Sub-Saharan Africa	4.0	0.0	2
44	Guyana	Lower middle income	Latin America & Caribbean	4.0	0.0	1
45	Cape Verde	Lower middle income	Sub-Saharan Africa	4.0	0.0	1
46	Pakistan	Lower middle income	South Asia	3.5	0.5	4
47	Tunisia	Upper middle income	Middle East & North Africa	3.5	0.4	2
48	Botswana	Upper middle income	Sub-Saharan Africa	3.5	0.4	2
49	**South Sudan**	**Low income**	**Sub-Saharan Africa**	**3.5**	**0.4**	**2**
50	Belize	Upper middle income	Latin America & Caribbean	3.5	0.4	2
51	Thailand	Upper middle income	East Asia & Pacific	3.5	1.2	2
52	Burundi	Low income	Sub-Saharan Africa	3.5	0.4	2
53	**Afghanistan**	**Low income**	**South Asia**	**3.2**	**0.5**	**5**
54	Fiji	Upper middle income	East Asia & Pacific	3.0	0.0	1
55	Jordan	Upper middle income	Middle East & North Africa	3.0	0.0	1
56	Liberia	Low income	Sub-Saharan Africa	3.0	1.5	2
57	Serbia	Upper middle income	Europe & Central Asia	3.0	1.0	2
58	Mauritania	Lower middle income	Sub-Saharan Africa	3.0	0.8	2
59	Mali	Low income	Sub-Saharan Africa	3.0	0.9	3
60	Togo	Low income	Sub-Saharan Africa	3.0	0.0	1
61	**Zimbabwe**	**Low income**	**Sub-Saharan Africa**	**3.0**	**1.5**	**2**
62	Bosnia and Herzegovina	Upper middle income	Europe & Central Asia	3.0	0.0	1
63	Nepal	Low income	South Asia	3.0	0.0	1
64	**Kosovo**	**Lower middle income**	**Europe & Central Asia**	**3.0**	**0.0**	**1**
65	Montenegro	Upper middle income	Europe & Central Asia	2.0	0.0	1
66	**Iraq**	**Upper middle income**	**Middle East & North Africa**	**2.0**	**0.0**	**1**
67	Haiti	Low income	Latin America & Caribbean	2.0	0.0	1
68	Dominican Rep.	Upper middle income	Latin America & Caribbean	2.0	0.0	1
69	Iran	Upper middle income	Middle East & North Africa	2.0	0.0	1
70	Brazil	Upper middle income	Latin America & Caribbean	1.5	1.1	2
71	Sri Lanka	Lower middle income	South Asia	1.0	0.0	1
72	Kenya	Low income	Sub-Saharan Africa	1.0	0.0	1
73	Belarus	Upper middle income	Europe & Central Asia	1.0	0.0	1
74	Bolivia	Lower middle income	Latin America & Caribbean	1.0	0.0	1

Source: Based on AidData (2015).

Notes: 74 out of 126 countries and semi-autonomous territories (the latter were excluded from the analysis in this working paper). Average agenda-setting influence of the MDGs as reported by government officials working in the health sector. The score ranges from 0 (no influence) to 5 (maximum influence). Number of observations refers to the number of interviews carried out in each country with government officials in the health field. Countries in bold are those missing information on health spending in our analysis.

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