THE MILLENNIUM DEVELOPMENT GOALS IN THE CARIBBEAN

Conceptual Issues and Methodological Challenges

By

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Prepared for presentation at ECLAC Sponsored Training Conference
Entitled

"Framework for Caribbean Integration and Analysis'
Trinidad and Tobago
24-25 May, 2004
I. Introduction

The Millennium Development Goals (MDGs), which emerged out of the Millennium Declaration of 2000 and which to a large extent encompass the main outcomes of the several UN global conferences held during the 1990s, seek to achieve the following objectives:

(i) the eradication of extreme poverty and hunger
(ii) the achievement of universal primary education
(iii) the promotion of gender equality and the empowerment of women
(iv) the reduction of child mortality
(v) improvement in maternal health
(vi) combating HIV/AIDS, malaria and other diseases
(vii) ensuring environmental sustainability and
(viii) the development of a global partnership for development

In addition to the eighth goals mentioned, there are eighteen corresponding targets and some fifty indicators designed to measure progress towards the achievement of the various goals during the period 1990-2015. A complete listing of the goals together with the corresponding targets and indicators are set out in the Annex.

The MDGs are seen as providing a new framework for development and, since their adoption, the United Nations system has sought to use them to influence the formulation of national development policy.

The goals and corresponding targets in fact provide a specific time bound framework for achieving a number of important social development objectives. However, notwithstanding the merit of doing so, some critics have argued that the approach has shifted the focus away from the structural aspects of development which had been the emphasis in traditional development policy. In the view of these critics, the achievement of the MDGs will need to be informed by a continuing commitment to policies which address the structural underpinnings of development.

In the case of the Caribbean a number of countries, namely, Guyana, Jamaica, Barbados and members of the Organisation of Eastern Caribbean States (OECS), have either completed or are in the process of preparing national development reports. In addition, a team from the University of the West Indies is in the process of finalising a regional report which is intended to indicate broad trends in the formulation and implementation of the MDGs.

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1 This presentation is in part, based on a Regional Study on the MDGs in the Caribbean carried out by a UWI Team of which the author was a member.
In early July 2003, UNDP in conjunction with the government of Barbados, organised a regional consultation in Bridgetown on the MDGs and Sustainable Development. The meeting which brought together a wide range of participants from government, the private sector, and the NGO community to exchange views on the subject, provided a number of important insights into the challenges faced by countries in promoting the MDGs in the region.

This presentation reviews the progress made towards the achievement of the MDGs in the Caribbean and also highlights some of the conceptual issues and methodological challenges involved in the process.

II. Status of the Millennium Development Goals and Targets in the Caribbean

With regard to the specific goals, in the case of the eradication of poverty and extreme hunger, despite the fact that a number of countries in the region have achieved a high rank on the human development index (HDI), there are still significant pockets of poverty in several countries, notably, Guyana, Haiti and Jamaica. The poverty profile of the region indicates that there is considerable variation and unevenness among the various countries. Moreover, with the exception of Barbados, the majority of the poor live in the rural areas. In addition, the Gini coefficient is relatively high in some countries indicating significant disparities in the distribution of wealth in these societies. The view has been expressed that poverty measurements in the region have tended to focus on the insufficiency of consumption and have therefore overlooked the subjective perceptions of people which often differ from the quasi-objective poverty line measure. However, the problem of hunger, as an extreme form of poverty, is not as severe as in many other parts of the world. It is felt therefore that the goal of halving poverty in the Caribbean by the year 2015 can be met with the required political will and the adoption of appropriate policies aimed at promoting economic growth and reducing income inequality.

If performance regarding access to universal primary education, is judged in relation to the resources provided, Caribbean countries perform better than many middle income countries. Nevertheless, there is clearly room for further improvement in the system. In particular, improvements in performance will require changes in the existing organisation of primary schooling, the level of teacher training, instructional technology and the provision of additional financial resources. However, efforts are continuing to improve the indicators required in order to ensure effective measurement of primary enrolment. Similarly, recommendations have been made based on technical surveys, for the English Speaking Coountries of the region to adopt common standards for reading at the primary level. It is felt that given the current trends in primary education, the MDG goal in this area will be achieved in the majority of countries in the Caribbean.
The unavailability in most instances of sex disaggregated data in the relevant age cohort (15-24 years) makes it difficult to document fully the measures of gender equality and women's empowerment. This not only hinders analysis but also points to the need for the adoption of a common approach on system structure, definitions of key indicators and, at a minimum, the mandatory collection of sex disaggregated data on an annual basis. However, based on the available data, with the exception of Belize, enrolment rates at the primary level favour boys, while at the secondary level they favour girls.

The ratio of literate females to males (indicator 2) among 15-25 year olds generally favours females, given the higher rate of female participation at the secondary levels of education.

Only in St. Lucia is there parity in the share of women in wage employment in the non-agricultural sector (indicator 3). In all other cases males have the larger share of employment, with the gap being widest in Suriname, Guyana and Trinidad and Tobago.

The proportion of seats held by women in national parliaments (indicator 4), in the seven countries for which data are available, is highest in the Upper House or Senate but, in the Lower House and in the cabinet, representation is well below the 30 percent minimum target proposed by the Commonwealth Ministers Responsible for Women's Affairs at their 1996 meeting in Trinidad and Tobago.

However, the indicators established under this Goal which deal with the elimination of gender disparity in primary and secondary education, preferably by 2005 and in all levels of education no later than 2015 are clearly inadequate as a measure of gender equality and women's empowerment. It will be necessary therefore to add more qualitative and relevant quantitative measures in order to contextualise the targets and indicators and thus make them more relevant to the realities of the Caribbean. For this reason, it is proposed that the following supplementary indicators be added in relation to each of the inequality domains, namely, completion rates in addition to enrolment rates for all levels of education; gender gaps in earnings in paid and self-employment, sex-disaggregated unemployment rates and occupational segregation; and prevalence of domestic violence in addition to the share of seats in parliament. However, the selection of criteria that are responsive to the Caribbean reality requires a radical shift away from the narrow focus on quantitative sex differentials in the three domains to a much greater concern with the qualitative dimension of the gendered experience of both sexes in their equality domains and therefore with issues of equity and empowerment. The inclusion of the broader set of indicators would not only facilitate a more responsive assessment of progress towards gender equality but their inclusion would also create an interface between gender equality and the other MDGs, all of which have gender dimensions.

In the important area of reduction of child mortality, no CARICOM country falls within the 'very high' category of Under Five Mortality Rates (USMR) (i.e. over 140 per 1000 births), and only Guyana and Haiti
fall within the 'high' category (i.e. between 71 and 140 per 1000 births). In this context, the lack of adequate access to health care is an important factor in the high U5MR in the region. It should be noted that in order to achieve a decrease in U5MR by two thirds in 2015, a minimum reduction of 27 percent between 1990 and 2000 would have been necessary. Five countries in the region, Bahamas, Dominica, Grenada, St. Kitts-Nevis and Suriname, for which data are available have achieved this goal. Extrapolating from this trend, these countries are therefore likely to achieve the target by 2015, provided they experience no major setback.

On the specific issue of infant mortality, as distinct from the broader category of child mortality, the countries with high IMRs are also those with high U5MRs and, correspondingly, the countries with the lowest IMRs are also those with the lowest U5MRs. However, most countries in the region have experienced a decline in death in this category in recent years.

**Immunisation from measles** is one of the targets established under the goal to eradicate communicable diseases in children. A majority of countries in the region have achieved the recommended level of immunisation, namely, a 90 percent rate of immunisation for children under one year. Of the three countries, (Haiti, Jamaica and St. Lucia) with rates less than 90 percent, two are well on the way with immunisation rates at 85 and 89 percent. Haiti with a very low immunisation rate of 53 percent was also the country with the highest U5MR and IMR, thus underlining the fact that inadequate access to health services is significant contributor to child mortality in these countries.

**Regarding maternal health**, among countries of the region with population in excess of 250,000, maternal mortality ratios in 2000 ranged from 60 in the Bahamas to 170/100,000 live births in Guyana. The major exception is Haiti with an estimated ratio of 680/100,000 live births. Of the countries with population less than 250,000, Antigua and Barbuda, Dominica, St. Lucia and St. Vincent and the Grenadines report mortality rates between 30 to 67/100,000 live births.

In order to achieve maternal mortality rates between 15-35/100,000 live births, significant investment in the training of both basic and specialised personnel and the upgrading of existing facilities are needed. However, resources will need to be directed towards underserved populations who contribute disproportionately to poor outcomes. Unless this is done, based on current estimates, some countries in the region may not achieve the MDG goal of reducing maternal mortality by 75 percent by 2015.

The Caribbean is seriously affected by HIV/AIDS with an overall prevalence rate of between 1.9 and 3.1 percent (at the end of 2003) and between 350,000 and 500,000 adults and more than 20,000 children throughout the region living with the disease. However, the statistics indicate a wide variation in
prevalence within the region, ranging from a high of 6.1 percent in Haiti to 1.2 percent in Barbados, Jamaica and Suriname.

The formulation of a Caribbean Regional Strategy Plan of Action for HIV/AIDS and the establishment of a Pan-Caribbean Partnership against AIDS (PANCAP) have enabled the region, with the support of external donors, to respond to the epidemic both in terms of education programmes and the introduction of effective therapies. Moreover, the region is continuing to negotiate lower prices for anti-retroviral drugs (ARVs). In addition, production facilities for the manufacture of these drugs are being established, notably in Guyana.

Some countries such as Bahamas, Barbados, Haiti and Jamaica are beginning to report progress towards the target to 'halt and begin to reverse the spread of HIV/AIDS, the incidence of malaria and other major diseases by the year 2015'. The last three countries are reporting a slowing of the rate of increase of HIV/AIDS cases, while the data from the Bahamas show a decline in the number of newly reported cases. However, if the region is to achieve the MDG target, further progress will need to be made in respect of the harmonisation of national and regional plans; the systematic strengthening of infrastructure and the development of the necessary human resources to execute operational plans; increased co-ordination among co-sponsors; and the improvement of communication among regional agencies.

*Malaria* remains endemic in the continental countries bordering the Caribbean Sea including Belize and Guyana, but has been eradicated from local populations in all other CARICOM countries, except Haiti. Eliminating malaria from the continental countries presents a special challenge because of the difficulty involved in ensuring effective mosquito control across vast land areas. However, with improved national programmes and increased international co-operation, containment of the disease by 2015 is possible.

The incidence and prevalence of *tuberculosis* vary widely across CARICOM, with the highest documented prevalence in Haiti and Guyana. The interaction between tuberculosis and HIV/AIDS makes it imperative for all Caribbean countries to develop operational plans to treat both diseases. The strengthening of surveillance systems as well as laboratory diagnostic and monitoring capacity is also a critical requirement for the achievement of the MDG target.

On the issue of environmental sustainability, the countries of the region face a number of important problems, including deforestation, watershed degradation, waste disposal and energy conservation, although there are marked variations among countries in respect of the severity of these problems. However, despite the importance of these issues, it is felt that the priorities to be tackled under the goal of environmental sustainability should focus on issues relating to climate change and the protection of coral reefs since they are considered critical to the continued viability to the countries of the region. It is
proposed therefore that the targets for this goal should be revised accordingly to take account of the realities of the region.

The establishment of a global partnership for development, is premised on an open, rule-based, predictable, non-discriminatory trading and financial system. While the Caribbean countries subscribe to increased liberalisation they have asserted in the various multilateral trade negotiations carried out within the World Trade Organisation (WTO), the ACP-EU Cotonou Agreement and the Free Trade Agreement of the Americas (FTAA) the need for special and differential treatment (SDT) to be accorded them in view of their small size and relative underdevelopment.

In the partnership, emphasis is also placed on an increased level of ODA, estimated at between US$50-$100 billion, to support the implementation of the MDGs. The reality is that total ODA in 2002 stood at $50.2 billion which was the lowest. However, although an increase in ODA is projected in 2004, it is extremely unlikely that this increase will be of a sufficient magnitude to reach the target. For this reason the proposal contained in 2003 UNDP Human Development Report for the establishment of a Commitment to Development Index (CDI) in order to monitor how well the developed countries and other international development partners live up to their commitment under the global partnership, is extremely timely.

Having summarised the progress made towards the achievement of the MDGs it is important to highlight some issues which have emerged from the exercise.

III. General Observations and Conclusions

First, there is general agreement that in order to be effective, MDGs must be integrated into the national planning framework and that there should be national ownership by the government concerned.

Moreover, the process should be participatory and should involve civil society in particular. There is also widespread consensus that the availability of adequate statistics is an essential precondition for the elaboration and promotion of MDGs. Given the weak statistical base in some countries in the region, considerable work will need to be done to strengthen data collection capability and also to ensure the preparation of suitably disaggregated data in these countries.

During the Barbados meeting to which reference was made earlier, working groups on each of the MDGs, or in some cases a combination of these goals, were established to assess strategies in key sectors and to identify gaps in the policy framework that would need to be addressed. In addition, a number of country specific Working Groups also met to examine the preparation of MDG Reports and the Setting of National
MDG Agendas. The reports of these Working Groups which identified issues, resulting challenges and the way forward provided the basis for the formulation of a comprehensive final report of the Conference with appropriate recommendations that were underpinned by solid analysis.

One important issue which has been highlighted is the need to effect more systematic linkages among the various MDGs since although they are listed separately, they are nevertheless closely inter-linked. In this context the UN Development Assistance Framework (UNDAF) provides a useful framework for ensuring a systematic linkage among the various goals.

More generally, a number of conceptual and methodological issues have emerged in the analysis of the MDGs.

It is recognised for example, that there is a lingering tension between the specifications in the Guidelines for the preparation of the MDG reports to the effect that the reports should be ‘descriptive’ rather than ‘prescriptive’ and those who feel that the reports could be enriched by improving their analytical content.

It has also been observed that data reflecting global trends could be misleading as a guide to the achievement of the MDGs in specific regions and countries. It is noted for example that while the overall global trend indicates a reduction in poverty, this is due largely to the poverty reduction achieved in East Asia, most notably China, whose population size has resulted in a skewing of the overall trend in poverty reduction. The reality is that notwithstanding the overall reduction at the global level, poverty has actually increased in Africa, notably, Sub-Saharan Africa, in recent years.

Caution should be exercised in adopting a linear projection of progress towards the achievement of MDGs since sustaining such progress depends to a large extent on appropriate policy interventions and investment in the productive sector as well as in economic infrastructure and social development. In the absence of such investment, countries could actually experience retrogression in their pursuit of the MDGs.

It is also agreed that in seeking to promote the MDGs, special emphasis should be placed on participation and good governance which in fact underpin the shift to the new development paradigm reflected in the adoption of the MDGs.

It is also recognised that in a Caribbean context, some of the goals will need to be modified to take account of the particular realities of the countries in the region. It is noted for example that with the exception of Haiti and Guyana, the benchmark of the proportion of people living on less than $1 (PPP) a day is inappropriate since the majority of countries have established poverty lines way above this mark. In this connection, it should be pointed out that countries such as Vietnam and others in Eastern Europe have
redefined some of the MDGs to suit their particular circumstances. Similarly, given the low level of births in the small countries of the Eastern Caribbean, it has been suggested (see the Downes report) that the status of maternal health (which is traditionally defined in terms of number of maternal deaths per 100,000), be calculated per 1000 births instead in the sub-region.

In promoting the MDGs in the Caribbean, it will be necessary to factor into the equation the vulnerability and ecological fragility of the region. However, it is recognised that in respect of the former, a distinction should be made between ‘structural vulnerability’, which derives from objective circumstances and ‘conjunctural vulnerability’ which is caused by the adoption of inappropriate policies. Moreover, in dealing with the susceptibility of the region to natural hazards such as hurricanes, earthquakes, volcanoes, floods etc, it will be important to shift the focus from disaster response to disaster reduction through the development of early warning systems, disaster resistant construction and avoiding the location of human settlements in unstable settings such as potential landslides and flood plains. The shift from disaster response to disaster reduction is most clearly reflected in the International Strategy for Disaster Reduction (ISDR) adopted by the UN General Assembly.

The role of regional analysis in highlighting cross-country and cross regional trends should also be emphasised. For example, the Latin American regional report on poverty reduction recently prepared by UNDP, points to the fact that, based on the application of isopoverty curves, income inequality had had a negative impact on poverty reduction since the poverty reduction elasticity of growth diminishes as income distribution worsens. A similar phenomenon was observed in the case of Africa.

A major challenge in formulating the approach to MDGs in the Caribbean is the need to articulate more clearly the relationship between national efforts and regional initiatives, bearing in mind the existence of a vibrant regional economic integration movement.

The importance of the linkage between national and regional objectives is underlined by current efforts to deepen the integration movement through the creation of a CARICOM Single Market and Economy (CSME) and also the decision by the Caribbean Heads of Government at their recent 24th Conference in Montego Bay to appoint a high level group of experts to identify the possibilities for promoting production integration in the region.

The regional dimension is also important for the Caribbean in view of the existence of the SIDS platform adopted at the Conference on the Sustainable Development of Small Island Developing States held in Barbados in 1994 and the proposed Barbados + 10 Conference to be held in Mauritius in 2004.
It should also be pointed out that the Council for Human and Social Development (COHSOD) has sought to elaborate a strategy for human and social development which is closely related to the MDGs. In fact, COHSOD has appointed a Futures Policy Group which is engaged in the elaboration of an overall strategy in human and social development. In this context the Group has identified the core, complementary and cross-cutting issues in respect of human and social development. In addition the Group will seek to identify best practices in the realm of human and social development that could be replicated in countries in the region. Finally, the Group is also seeking to identify the conditions necessary for the creation of a knowledge-based society.

Looked at critically, the MDGs relate in the main to the social development universe and would therefore need to be more closely linked to broader development processes if they are to be successfully pursued.

This raises questions regarding the relationship between the goals and the development framework advocated by the World Bank and other development institutions. For example, the framework adopted by the World Bank reflects a three dimensioned perspective, namely, macro-economic variables; capital investment, disaggregated between directly productive sector activities, namely, agriculture, industry, etc; economic infrastructure and social infrastructure; and the overarching administrative infrastructure (reflected in human resources and institutional capacities). Clearly, the framework is much more comprehensive than the focus embodied in the MDGs and thus underlines the limited nature of the objectives reflected in the Goals, even though the World Bank has increasingly sought to define its programmes in terms of the promotion of these goals.

At another level, some commentators have also raised the possibility of enriching the MDGs by incorporating elements which seek to capture the concept of ‘psychic income’ (or no-material rewards) which have been conspicuously overlooked in traditional development theory, but perhaps this is an issue that should be dealt with in the context of the formulation of the elements of the human development report.

It is clear that the formulation and implementation of the MDGs in the Caribbean will need to take account of these considerations as well as the specific Caribbean realities.

The insights which emanated from the Barbados meeting and the analyses carried out in the preparation of national and regional MDG reports should enable the various stakeholders in the region to pursue these goals with a greater appreciation of the prerequisites for doing so successfully.
## MILLENNIUM DEVELOPMENT GOALS, TARGETS AND INDICATORS

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| **Goal 1: Eradicate extreme poverty and hunger** | **Target 1: Halve, between 1990 and 2015 the proportion of people whose income is less than $1 a day** | • Proportion of population below $1 a day  
• Poverty gap ratio (incidence x depth of poverty)  
• Share of poorest quintile in national consumption |
| **Target 2: Halve, between 1990 and 2015 the proportion of people who suffer from hunger** | | • Prevalence of underweight in children (under five years of age)  
• Proportion of population below minimum level of dietary energy consumption |
| **Goal 2. Achieve universal primary education** | **Target 3: Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling** | • Net enrollment ratio in primary education  
• Proportion of pupils starting grade 1 who reach grade 5  
• Literacy rate of 15 to 24-year-olds |
| **Goal 3. Promote Gender equality and empower women** | **Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005 and in all levels of education no later than 2015** | • Ratio of girls to boys in primary, secondary, and tertiary education  
• Ratio of literate females to males among 15- to 24-year-olds  
• Share of women in wage |
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| Goal 4. Reduce child mortality | Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate | • Under-five mortality rate  
• Infant mortality rate  
• Proportion of one-year-old children immunized against measles |
| Goal 5: Improve maternal health | Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio | • Maternal mortality ratio  
• Proportion of births attended by skilled health personnel |
| Goal 6: Combat HIV/AIDS malaria and other diseases | Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS | • HIV prevalence among 15- to 24-year-old pregnant women  
• Contraceptive prevalence rate \(^b\)  
• Number of children orphaned by HIV/AIDS |
|  | Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases | • Prevalence and death rates associated with malaria  
• Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures  
• Prevalence and death rates associated with tuberculosis  
• Proportion of TB cases detected and cured under nonagricultural sector  
• Proportion of seats held by women in national parliament |
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| Goal 7: Ensure environmental sustainability | **Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources** | • Change in land area covered by forest  
• Land area protected to maintain biological diversity  
• GDP per unit of energy use  
• Carbon dioxide emissions (per capita) |
|                              | **Target 10: Halve by 2015 the proportion of people without sustainable access to safe drinking water.** | **Target 11: Have achieved by 2020 a significant improvement in the lives of at least 100 million slum dwellers.**  
• Proportion of population with access to improved sanitation  
• Proportion of population with access to secure tenure [Urban/rural disaggregation of several of the above indicators may be relevant for monitoring improvement in the lives of slum dwellers] |
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| Goal 8: Develop a global partnership for development | **Target12:** Develop further an open, rule-based, predictable, non-discriminatory trading and financial system (includes a commitment to good governance, development, and poverty reduction – both nationally and internationally) | • Net ODA as a percentage of DAC donors’ gross national income  
• Proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water, and sanitation)  
• Proportion of ODA that is untied  
• Proportion of ODA for the transport sector in landlocked countries |
| | **Target13:** Address the special needs of the least developed countries (includes tariff and quota-free access for exports, enhanced program of debt relief for and cancellation of official bilateral debt, and more generous official development assistance for countries committed to poverty reduction) |  |
| | **Target14:** Address the special needs of land-locked countries and small island developing states (through the Program of Action for the Sustainable Development of Small Island) | • Proportion of exports (by value, excluding arms) admitted free of duties and quotas  
• Average tariffs and quotas on agricultural products and textiles and clothing |
### Developing States and 22nd General Assembly provisions

**Target 15:** Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.

**Target 16:** In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.

**Target 17:** In co-operation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.

**Target 18:** In co-operation with the private sector, make available the benefits of new technologies, especially information and communications technologies.

- Domestic and export agricultural subsidies in OECD countries
- Proportion of ODA provided to help build trade capacity
- Proportion of official bilateral HIPC debt canceled
- Debt service as a percentage of exports of goods and services
- Proportion of ODA provided as debt relief
- Number of countries reaching HIPC decision and completion points
- Unemployment rate of 15- to 24-year-olds
- Proportion of population with access to affordable, essential drugs on a sustainable basis
- Telephone lines per 1,000 people
- Personal computers per 1,000 people

1. Some indicators, particularly for goals 7 and 8, remain under discussion. Additions or revisions to the list may be made in the future.

2. Only one form of contraception, condoms, is effective in reducing the spread of HIV.