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THE EFFICACY OF MDGS 2015 AND SDGS 2030: A Regional Comparison of Sub-Saharan Africa, Latin America, and the Euro Area

Noor ALAM*

Abstract

This study looks at the performance of nations in the Sub-Saharan African (SSA), Latin American and Caribbean (LAC), and Euro Area (EA) about the Millennium Development Goals (MDGs) 2015 and Sustainable Development Goals (SDGs) 2030 for the period from 2001 to 2022. It adopts a descriptive approach by using secondary data from World Bank Development Indicators through panel statistics of socioeconomic indicators. The SSA, LAC, and EA are selected for this study due to their varied experience in implementing the MDGs 2015 and SDGs 2030. The comparative analysis of SSA, LAC, and EA aims to shed light on propensities and disparities in socioeconomic progress in these regions to understand the worldwide development goals better. The paper highlights significant imbalances in health spending, undernourishment, access to basic amenities, and government investment in education between SSA, LAC, and the EA. While LAC and EA have made extensive improvements in these areas, SSA faces challenges, such as lower health spending as a percentage of GDP, inadequate access to clean water and sanitation, and lower investment in education. These inequalities may dissuade SSA's economic evolution and prolong poverty. To discourse these disparities, SSA needs to prioritise policy reforms and augment investment in health and education, drawing on the successes of LAC and EA. The paper recommends expanding future studies to include issues like employment rates, economic inequality, and environmental sustainability for a more comprehensive understanding of socioeconomic progress.

Keywords: Millennium Development Goals, Sustainable Development Goals, GDP per capita, Health Services, Education Services, Undernourishment, Access to Basic Amenities.
JEL Classification: O10, O19, F35, I30, Q01, R11.

I. Introduction

During the United Nations Millennium Summit in 2000, the Millennium Development Goals (MDGs) were created as part of a global initiative to solve urgent problems like poverty, health, and education by the target year of 2015. The MDGs sought to promote development partnerships and raise living standards globally, with pledges

* Associate Professor, Institute of Business Management, Karachi, Pakistan.

from 189 member states and multiple international organisations. The results of these initiatives, however, were not always favourable and showed notable regional differences, especially between the Euro Area (EA), Latin America and the Caribbean (LAC), and Sub-Saharan Africa (SSA). Due to its high poverty, illness, and political unrest rates, Sub-Saharan Africa had faced difficulties achieving the MDGs. According to critics, the objectives were frequently out of step with local realities and gave donor interests precedence over the unique requirements of African countries.

Henceforth, the Millennium Development Goals (MDGs) outcomes have varied significantly across regions and countries. Latin America has made the most progress, while Africa lags and Asia falls in between, though it has shown better progress in poverty reduction. Unfortunately, progress has generally not sped up significantly, with many countries experiencing stagnation rather than an acceleration in achieving the MDGs [Deepak (2011)]. It is also true that after more than a decade of focus on the Millennium Development Goals (MDGs), Africa still grapples with issues such as illiteracy, poverty, hunger, diseases like malaria and HIV/AIDS, unemployment, and insecurity. Various factors, including heavy reliance on foreign funding with stringent conditions, unfair global development partnerships, inadequate educational policies, lack of political will, and corruption among African leaders, contribute to this. Unfortunately, African political leadership has been largely passive in shaping the post-2015 global development agenda, raising concerns that it may favour Western and donor nations rather than addressing Africa's specific needs [Okeke and Nwali (2013)].

The Millennium Development Goals (MDGs) track history spells out that their implementation frequently performed badly in local and national settings and was meant to serve as global benchmarks. According to Gore (2010), this is a 'Faustian bargain', in which giving up national goals and oversimplifying intricate development processes was necessary in order to pursue a common international agenda. In addition, the majority of African nations found the Millennium Development Goal (MDG) targets to be overly ambitious, posing significant challenges to their achievement. Easterly (2009) draws attention to prejudices that exist when assessing MDG achievement in Sub-Saharan Africa (SSA). He points out that, compared to countries like Thailand, countries with lower per capita incomes need far faster economic growth to eradicate poverty, making it more difficult for countries like Tanzania to have greater baseline poverty rates. Therefore, evaluating nations about the MDG targets can be deceptive without considering their particular starting points. According to Clemens, et al., (2004), many African countries would not meet most of the targets even with a small amount of development. This is partially because of high expectations from MDG programs and overly straightforward costing analyses that failed to account for the more significant changes required for long-term success. Furthermore, there is an imbalance in the way different targets and goals are assessed and set. According to Easterly (2009), African countries suffer from using arbitrary standards to determine what constitutes success or failure.

While the MDGs provided a framework for addressing global poverty and promoting human dignity, their limitations, ranging from prioritising donor interests to the oversight of qualitative concerns, underscore the need for a more nuanced approach to development. As the global community moves toward the SDGs, it is imperative to critically assess the successes and failures of the MDGs. The path forward must prioritise inclusivity, sustainability, and local engagement to ensure that development efforts genuinely meet the needs of all people, particularly the most marginalised and vulnerable. The global community can foster a more equitable and sustainable future by learning from past critiques and challenges. In recent years, an extensive and dynamic series of international development discussions has focusing on poverty reduction and sustainability. These discussions have raised important concerns regarding the prioritisation and coordination of efforts aimed at achieving the objectives of both the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs).

The enduring efforts to accomplish the SDGs and the legacy of the MDGs validate the intricacy of global progress in many geographical locations. Each region, Sub-Saharan Africa, Latin America, the Caribbean, and the Euro area, had specific difficulties that affected their progress. While there was some development, the MDGs' reproaches highlight the requirement for a more inclusive and comprehensive approach for improvement. The move to the SDGs offers a fortuitous to handle these matters. However, active implementation will require commitment, collaboration, and prominence on long-term structural tunings to accomplish maintainable global development. The SDGs tend to have a more wide-ranging, comprehensive, and combined approach to global growth than the MDGs.

Along with social and economic concerns, they also tackle governance and environmental subjects. The SDGs epitomise a more inclusive visualisation for the future, concentrating on maintainable, equitable, and peaceful development for all countries, even if the MDGs made noteworthy advancements in reducing global poverty and enhancing health and education. Implementing the SDGs will take greater cooperation, creativity, and sustained dedication from all facets of society. Table 1 depicts trends in key socioeconomic indicators, including annual GDP per capita growth in (2022), access to basic drinking water services (2022), access to basic sanitation services (2022), life expectancy at birth (2022), prevalence of undernourishment (2021), current health expenditure as a percentage of GDP (2021), and government expenditure on education (2021) as a percentage of GDP.

The data portray substantial regional inequalities, with Sub-Saharan Africa (SSA) straggling behind in economic growth, healthcare, education, and access to essential services. In contrast, Latin America and the Caribbean (LAC) and East Asia (EA) have mostly attained the Millennium Development Goals (MDGs) and continue to make robust advancements toward the Sustainable Development Goals (SDGs). Hence, these disparities highlight the need for targeted policy interventions, investment in human capital, and strategic development initiatives to bridge the gap. This context presents

TABLE 1

Comparison of Socioeconomic Indicators Across Regions (SSA, LAC, EA)

Socioeconomic Indicators	SSA	LAC	EA
GDP per capita growth (annual %)	1.09	3.31	3.01
People using at least basic drinking water services (% of population)	65.12	97.60	99.86
People using at least basic sanitation services (% of population)	34.64	89.45	99.06
Life expectancy at birth, total (years)	60.76	73.75	80.80
Prevalence of undernourishment (% of population)	21.60	6.79	2.51
Current health expenditure (% of GDP)	5.10	8.30	11.32
Government expenditure on education, total (% of GDP)	3.42	3.97	5.010

Source: Authors' estimation based on data from WDI.

a comparative scrutiny of the performance of nations in Sub-Saharan Africa (SSA) on MDGs and SDGs, Latin America, the Caribbean (LAC), and the Euro Area (EA). Accordingly, this study concentrates on regional inequalities in economic growth, healthcare, education, and access to essential services among SSA, LAC, and EA. It scrutinises key socioeconomic indicators, evaluates historical and contemporary policy interventions, and explores socioeconomic and political factors shaping progress. While the main focus is on SSA's challenges, the study induces relative intuitions from LAC and EA to offer policy recommendations customised to SSA's unique context.

The organization of this paper is structured as follows: Section II provides a comprehensive review of the existing literature. Section III details the methodology, outlining the research design, data collection procedures, and analytical techniques employed in the study. Section IV presents the analysis, interpreting the results and highlighting key findings. Finally, Section V offers the conclusion, and suggesting directions for future research.

II. Literature Review

The Millennium Development Goals (MDGs) have eight international development goals and 21 targets established following the Millennium Summit of the United Nations in 2000 in Dakar conference, following the adoption of the United Nations Millennium Declaration. All 189 United Nations member states at the time and at least 23 international organisations committed to helping achieve the eight MDGs by 2015, which were linked with the objectives: (1) To develop a global partnership for development; (2) Raising peoples' living standards, i.e. incomes and consumption, food security, medical services, and education through relevant growth processes; (3) Creating conditions conducive for the growth of people's self-esteem through the establishment of social, political and economic systems and institutions which promote human dig-

nity and respect; and (4) Increasing peoples' freedom to choose by enlarging the range of their choice variables, e.g. varieties of goods and services. These objectives showed that the MDGs 2015 aimed to address global poverty and promote human dignity and equality. However, critics argue that they are often immaterial, prioritise donor benefits, and oversee wider qualitative apprehensions. Critics point out issues like inequality and environmental harm, while supporters argue they have clear goals. The main concerns are resource allocation, priorities, global partnerships, and sustainable growth.

Rapid population growth and high- persistence of inequality in certain countries elucidate a very sluggish decline in the level of extreme poverty [Odusola, et al., (2017)]. More measures are to be taken to deliver worldwide access to education, health, electricity, and potable water and to enhance the status of infrastructure. Literature in this context is unanimous that the development of Sub-Saharan Africa (SSA) is filled with challenges Since gaining independence, African nations have meaningfully enhanced their economic and social indicators, especially between 1960 and 1980, notwithstanding resource limitations and the negative consequences of structural adjustment programs in the 1980s and 1990s [Oya (2007)]. Nevertheless, it has been vibrant for some time that the MDGs will not be touched for most indicators in most SSA countries [Sahn and Stifel (2003)]. Recent reports validate such prognoses, specifically after considering the negative impacts of the global crisis since 2008 on the pathway to the MDG goals [World Bank and IMF (2010)].

According to Khoo (2005), the MDGs have created interest in measuring accomplishments, attempting present matters, including financial crises and the global recession, and thinking about possible future directions. Brett, et al., (2013) document that a few powerful nations and organisations created the MDG framework, resulting in inadequate attention to some development goals and indifference to others, like peace, security, and human rights. Some critics contend that the goals were driven by the interests of corporations and wealthy states and lacked input from developing countries. The framework's emphasis on specific targets, such as poverty reduction, was seen as oversimplified and unrealistic, ignoring issues like governance capacity and equity. However, additional developmental techniques must be essential to achieve these global targets because the SDGs are envisioned to be implemented at the country level [Moyer and Hedden (2020)].

In contrast to the Millennium Development Goals (MDGs), which were typically implemented by OECD member nations in its early periods, the 2030 Agenda aims to move beyond conventional progress dichotomies and encourage a more wide-ranging, international tactic. However, there are chief hindrances to development because of the failure of international partnership and confidence. The Sustainable Development Goals (SDGs) worldwide appropriateness, the inevitability of transdisciplinary collaboration, effective localisation, and the establishment of genuine ownership among all stakeholders are some of the main subjects facing the 2030 Agenda. For an agenda to be both appropriate and operational in an assortment of settings, each of these com-

ponents is indispensable. The SDGs' localisation is very significant. Nonetheless, it has numerous challenges, including a grim scarcity of data reliability and perplexing roles for different parties. As we approach 2030 and beyond, this spirit of collaboration is crucial to effectively activate resources, build capacity, and exchange knowledge, assuring that all countries, mainly those in the Global South, can contribute to and benefit from sustainable development initiatives [Keijzer (2023)].

Several studies draw attention to how economic disparity affects how these objectives are carried out. Since their GDPs are greater, the countries of the Euro Area have had more money to dedicate to these projects. Sub-Saharan Africa has trailed behind, regularly missing the essential financial infrastructure, while Latin American nations have advanced through regional partnerships [Moyo (2017) and UNDP (2020)]. There are noteworthy regional variances in the capability of institutions to carry out strategy. According to research, the Euro Area has robust governance frameworks that permit rapid adjustment to the MDGs and SDGs [Börzel and Risse (2018)]. On the other hand, poor governance, corruption, and an absence of accountability plague many Sub-Saharan African countries, encumbering their growth [Khan (2019) and ADB (2021)].

There have also been perceptible variances in global support. Funding and strategies from the European Union that sustain the MDGs and SDGs frequently benefit nations in the Euro Area. Notwithstanding getting targeted aid, Latin American countries face systemic challenges [OECD (2021)]. Instead, assistance flows and circumstances in Sub-Saharan Africa have been asymmetrical and recurrently do not correspond with local requirements [Easterly (2014) and Kharas and McArthur (2019)].

Addressing these disparities is vital for ensuring that the worldwide agenda for maintainable growth is both wide-ranging and unbiased. Findings of Dinka and Nyika (2024) presented that while insignificant positive growth was realised in the assessment period, more than half of SSA residents had no admittance to safe drinking water services, upgraded sanitation amenities, hygiene services and safe wastewater treatment. They finally recommend that SSA be water-maintainable and secure; member countries must couple these efforts with better community empowerment, correct data accessibility and use, and better governance and accountability. All stakeholders must immediately join forces to correct the current state of SDG 6 due to its implications on maintainable growth in the SSA region.

III. Methodology

This paper adopts a descriptive approach by using secondary data through panel data of socioeconomic indicators pertaining to Sub-Saharan Africa (SSA), Latin America and the Caribbean (LAC), and the Euro Area (EA). The World Bank Development Indicators is the data source. The SSA, LAC, and EA are selected for this study due to their wide-ranging skills with the MDGs 2015 and SDGs 2030. The comparative analy-

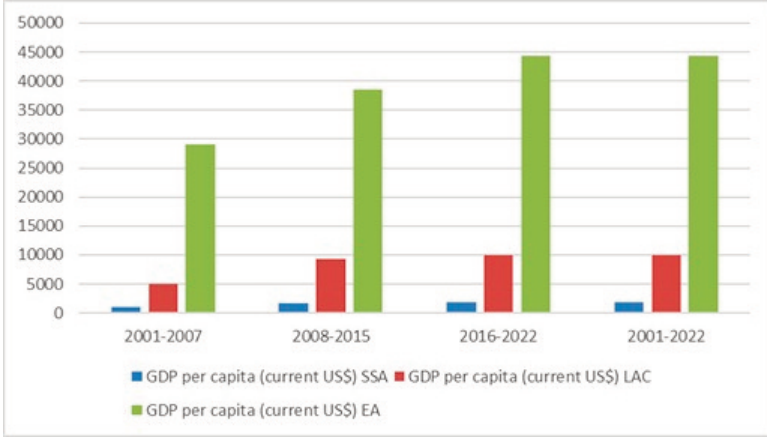
sis of SSA, LAC, and EA aims to provide insight into the propensities and disparities in socioeconomic progress in these regions in order to understand the worldwide development goals better. In order to examine the evolution of the selected socioeconomic variables over time, the study executes a trend analysis by splitting the entire time frame (2001–2022) into three separate phases. The analysis is carried out by looking at how important socioeconomic variables have changed over time, broken down into three stages, i.e., Phase 1 (2001–2007), early years of the MDGs; Phase 2 (2008–2015), the last years of the MDGs; and Phase 3 (2016–2022); the early years of the SDGs. The study also examines the full-time frame from 2001 to 2022 to understand the long-term effects. The socioeconomic indicators chosen in the analysis are GDP per capita, the prevalence of undernourishment, life expectancy, access to basic drinking water, sanitation, and government spending on health and education. Finding patterns and variations in the socioeconomic development of these areas is the aim, as is evaluating the success of international objectives such as the MDGs 2015 and SDGs 2030.

IV. Analysis

The analysis covers key socioeconomic indicators, namely GDP per capita, the prevalence of undernourishment, life expectancy, access to basic drinking water, sanitation, and government spending on health and education by putting these indicators within the framework of the Millennium Development Goals (MDGs) 2015 and the Sustainable Development Goals (SDGs) 2030, for a better understanding of how successfully these global initiatives are furthering progress. The MDGs and SDGs meaningfully influenced progress in socioeconomic indices, as shown by comparing three time periods. Despite improvement, glitches persevere, predominantly necessitating unbiassed admittance to indispensable amenities. Achieving the ambitious SDG goals and advancing global sustainable development will require firm commitment and a creative approach.

1. GDP Per Capita

Gross domestic product (GDP) per capita is an economic system of measurement that breaks down a country's economic output to a per-person allocation. Figure 1 shows a comparative trend in GDP per capita growth rates and disparities across Sub-Saharan Africa (SSA), Latin America and the Caribbean (LAC), and the Euro Area (EA) over the designated periods (2001-2007, 2008-2015, 2016-2022), as well as overall (2001-2022). As obvious from Figure 1, SSA's economic difficulties are highlighted, showing the region's lowest GDP per capita. Although LAC was doing much better, it still lags well behind EA. With a very high GDP per capita, EA had impressive economic development and progress, most probably as a consequence of industrialisation and booming export industries.



Source: Authors' estimation based on data from WDI.

FIGURE 1

Region-wise GDP per capita (current US$):
Phase 1 (2001–2007); Phase 2 (2008–2015);
Phase 3 (2016–2022); and Overall (2001-2022)

Over the passage of the three phases, Sub-Saharan Africa (SSA) experienced a sluggish upsurge in GDP per capita. Even though the region witnessed implausible progress between 2008 and 2015, continuing problems like political instability, insufficient infrastructure, and dependence on defective merchandise mired its overall performance. Latin America and the Caribbean (LAC) exhibited modest growth throughout all time periods. Robust commodity exports helped the region's performance, but political instability, social disparity, and lethargic economic changes stalled it. The region's economic retrieval was wedged for a long time by the COVID-19 pandemic. Because of its unique economic position, the Euro Area (EA) consistently had the highest GDP per capita among the three regions.

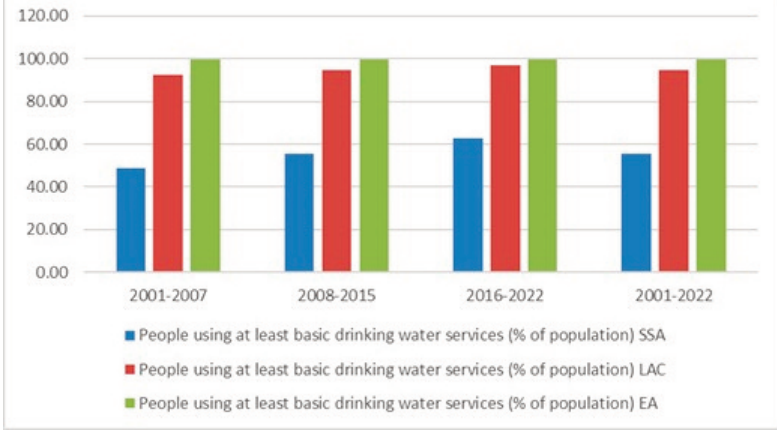
The Euro Area, which benefited from economic consolidation, fiscal synchronisation, and a steady macroeconomic environment, outperformed both SSA and LAC in terms of GDP per capita despite the fact that both areas witnessed positive growth in some periods.

2. People using basic drinking water

The percentage of the population with access to at least basic drinking water services refers to those who obtain water from an improved source, provided the total collection time does not exceed 30 minutes per round trip. This indicator encompasses people using basic drinking water services and those using safely managed drinking

water services. Improved water sources include piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water.[1] Sustainable Development Goal target 6.1 calls for universal and equitable access to safe and affordable drinking water.[2] The percentage of persons in SSA who have access to basic drinking water services has meaningfully increased (Figure 2). Nonetheless, the early low percentage specifies that admittance and infrastructure have upgraded over time. From the start, LAC displays firm attention with stable progressions. The percentage points to nearly universal access, indicating the region's effective distribution of water amenities. With only trivial progressions over time, almost everyone in EA can access basic drinking water amenities. This stipulates a durable infrastructure and effective water supply management. Although SSA has taken inspiring steps to gain admittance to basic drinking water amenities, there are still large gaps compared to LAC and EA.

Access to basic drinking water facilities was gradually augmented in Sub-Saharan Africa (SSA), increasing from 48.81 to 62.49 per cent. Throughout the three phases, access in Latin America and the Caribbean (LAC) upgraded from 92.27 to 96.84 per



Source: Authors' estimation based on data from WDI.

FIGURE 2

Region-wise People using at least basic drinking water services (% of population): *Phase 1 (2001–2007); Phase 2 (2008–2015); Phase 3 (2016–2022); and Overall (2001-2022)*

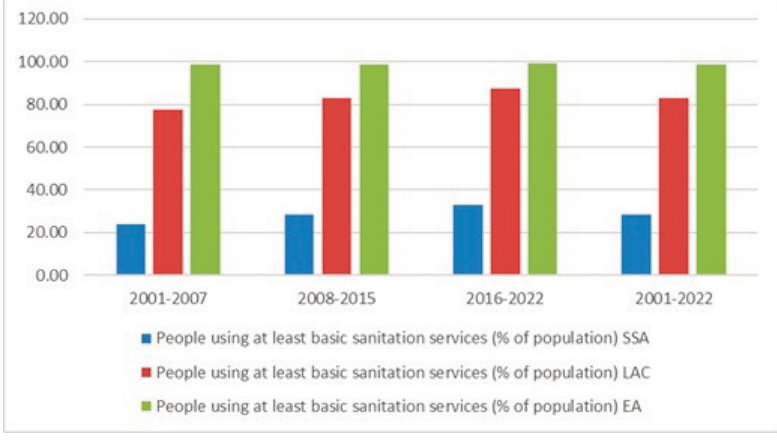
[1] The Global Health Observatory. World Health Organization. Explore a world of health data. https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4818.

[2] UN-Water. Summary progress update 2021: SDG 6 – water and sanitation for all. World Health Organization. https://www.unwater.org/sites/default/files/app/uploads/2021/12/SDG-6-Summary-Progress-Update-2021_Version-July-2021a.pdf.

cent. Near-total access was achieved by Euro Areas (EA), increasing from 99.71 to 99.86 per cent. In conclusion, while SSA has achieved remarkable development in increasing access to essential drinking water services, it still lags behind LAC and EA, which attained almost universal admittance between 2001 and 2007 and have subsequently upgraded even more.

3. People using at least basic sanitation services

The percentage of the population with access to basic sanitation services refers to those using improved sanitation facilities that are not shared with other households. This indicator includes individuals using both basic and safely managed sanitation services. Improved sanitation facilities include flush/pour flush toilets connected to piped sewer systems, septic tanks, or pit latrines, pit latrines with slabs (including ventilated pit latrines); and composting toilets.[3] Though the early share is low, Figure 3 demonstrates a stable increase in accessibility to basic sanitation amenities. Access to sanitation has meaningfully upgraded in LAC, approaching near-universal attention. The steady growth recommends that investments in sanitary infrastructure and public health programs are working. With almost universal coverage, EA upholds remarkably high levels of access to basic sanitary services. A percentage close to 100%



Source: Authosr' estimation based on data from WDI.

FIGURE 3

Region-wise: People using at least basic sanitation services (% of population)
Phase 1 (2001–2007); Phase 2 (2008–2015);
Phase 3 (2016–2022); and Overall (2001- 2022)

[3] https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4821. Retrieved on 19-08-2024.

indicates that data reporting or service definitions have improved. According to the data, SSA significantly lags behind LAC and EA regarding accessibility to basic sanitation amenities. Even while SSA is making advancements, there are still many hindrances to overcome. Improving access and health consequences requires public health programs and sanitary infrastructure funding. On the other hand, LAC and EA highlight the significance of enduring consideration to these areas for effective healthcare and well-being by providing illustrations of how persistent efforts can result in high levels of sanitation access.

The percentage of people in Sub-Saharan Africa (SSA) who use rudimentary sanitation facilities amplified from 23.98 per cent in 2001–2007 to 32.97 per cent in 2016–2022, demonstrating a progressive enhancement in access to these amenities. Access augmented gradually in Latin America and the Caribbean (LAC), rising from 77.61 per cent in 2001–2007 to 87.71 per cent in 2016–2022. While trivial gains were from 98.87 per cent in 2001–2007 to 99.00 per cent in 2016–2022, the Euro Area (EA) retained approximately unrestrained access. Future expansions in the Euro Area are possibly going to distillate on system efficacy, ecological sustainability, and attempting new glitches like wastewater management, even if the mainstream of the population already had access to basic sanitation services. Conclusively, even though it still lags far behind other regions, SSA depicted the utmost enhancement in access to basic sanitation services. While EA upheld virtually universal admittance with trivial progress, LAC made sturdy improvements, enduring to lessen the gap between urban and rural areas.

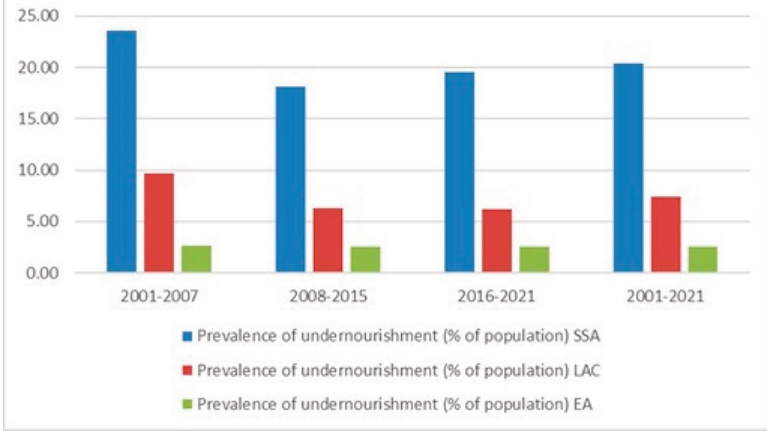
4. Prevalence of undernourishment (percentage of population)

The prevalence of undernourishment is the percentage of the population whose habitual food consumption is insufficient to provide the dietary energy levels that are required to maintain a normal, active, and healthy life. Data showing 2.5 percent may signify a prevalence of undernourishment below 2.5 per cent.[4] The evidence in Figure 4 demonstrates the incidence of undernourishment (as a percentage of the population) in these locations over three periods (2001–2007, 2008–2015, and 2016–2022). Undernourishment in Sub-Saharan Africa reduced from 2001–2007 (23.62 per cent) to 2008–2015 (18.17 per cent), then somewhat improved to 19.55 per cent in 2016–2022. Because of improved agricultural approaches, more foreign funding, and food support, there was a noticeable decline in undernourishment during 2001–2007 and 2008–2015. However, the upsurge in undernourishment from 2016 to 2022 recommends likely hindrances like climatic causes (such as droughts and climate change), unsteady political atmospheres, or worse socioeconomic environments in some nations.

[4] https://databank.worldbank.org/metadataglossary/world-development-indicators/series/SN.ITK.DEFC.ZS. Retrieved on 18-12-2024.

Undernourishment in LAC has meaningfully diminished from 2001–2007 (9.70 per cent) to 2008–2015 (6.26 per cent). Between 2016 and 2022, the trend fundamentally stays the same, reducing only somewhat to 6.19 per cent. The decline in undernourishment between 2001–2007 and 2008–2015 is an symbol of advancement, including better economic conditions in some nations, easier admittance to food, and successful government initiatives to fight starvation. The relatively sturdy undernourishment rate from 2008–2015 to 2016–2022 increases the likelihood that it may be more challenging to make further improvements in culminating starvation.

In the Euro Area, the incidence of undernourishment has endured low throughout time, changing just slightly (from 2.59 per cent in 2001-2007 to 2.52 per cent in 2016-2022). Europe's high degree of food safety, which is fueled by advanced economies, robust agricultural systems, and well-established social safety nets, is painted by the low levels of undernourishment in the continent of Europe. Given the prevailing low strata of starvation, the slight changes over time specify that Europe's food safety status is steady and has slight potential for perfection. In conclusion, SSA had enduring difficulties in lowering undernourishment, with some impediments in the latter years. While EA sustained to have tremendously low levels of undernourishment, LAC made noteworthy strides. Further enhancing food safety, particularly in SSA and LAC, would need continued agricultural, social policy, and climate resilience investments.



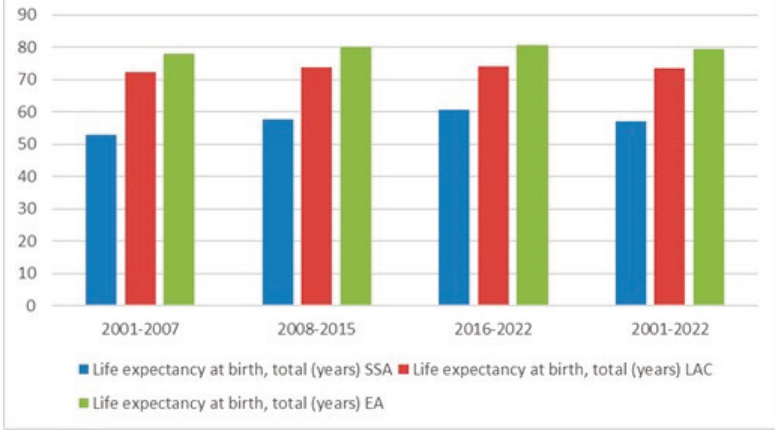
Source: Authosr' estimation based on data from WDI.

FIGURE 4

Region-wise: Prevalence of undernourishment (% of population)
Phase 1 (2001–2007); Phase 2 (2008–2015);
Phase 3 (2016–2022); and Overall (2001-2022)

5. Life expectancy at birth, total (years)

Life expectancy at birth indicates the number of years a newborn infant would live if prevailing patterns of mortality at the time of its birth were to stay the same throughout its life. It reflects the overall mortality level of a population, and summarises the mortality pattern that prevails across all age groups in a given year.[5] Figure 5 displays the total life expectancy in years at birth for three regions: the European Area (EA), Latin America and the Caribbean (LAC), and Sub-Saharan Africa (SSA) throughout the years 2001–2007, 2008–2015, and 2016–2022. During the three decades, life expectancy in Sub-Saharan Africa has gradually augmented. Noteworthy improvements in healthcare, economic growth, and international assistance, predominantly in the fight against communicable ailments like HIV/AIDS, malaria, and tuberculosis, as well as developments in maternity and child health, are responsible for the upsurge in life expectancy in SSA. Despite the inspiring improvements, life expectancy in SSA is much shorter than in the LAC and EA, specifying the region's tenacious hitches with poverty, unstable political systems, and limited admittance to healthcare.



Source: Authors' estimation based on data from WDI.

FIGURE 5

Region-wise: Life expectancy at birth, total (years)
Phase 1 (2001–2007); Phase 2 (2008–2015);
Phase 3 (2016–2022); and Overall (2001-2022)

[5] https://databank.worldbank.org/metadataglossary/world-development-indicators/series/SP.DYN.LE00.IN. Retrieved on 18-12-2024.

In LAC, the average life expectancy rose from 72 years in 2001–2007 to 74 years in 2008–2015 before levelling out and remaining 74 years in 2016–2022. Positive progressions in healthcare, cleanliness, and accessibility to medical facilities in the area are responsible for the initial upsurge in life expectancy. This aligns with the wider economic and social progressions experienced in a number of Latin American and Caribbean nations. Life expectancy in the European Areas has gradually increased throughout the three eras. Europe's progressively mounting life expectancy is a consequence of improved living conditions, enduring progressions in medical care, and enhanced healthcare infrastructure. Rudiments such as healthier lives, effective healthcare systems, and public health campaigns influence these inspiring trends. Europe's life expectancy is still among the utmost in the world, notwithstanding the decelerating rate of upsurge, which is a replication of the region's vigorous health arrangements and overall eminence of life.

Compared to Latin America, the Caribbean, and Europe, Sub-Saharan Africa has a meaningfully lesser life expectancy. This reveals the ongoing development gap as SSA endures to confront major hindrances in the areas of economic growth, healthcare, nutrition, and sanitation. While life expectancy has enlarged over time in all three regions, SSA has experienced the fastest rate of upsurge, which is symptomatic of substantial achievement in resolving the region's long-standing health glitches. Europe, where life expectancy is already high, and LAC both show sluggish, more steady surges. Though life expectancy has expanded meaningfully in Sub-Saharan Africa, the region is still vulnerable to impediments due to conflict, limited healthcare access, and new health crises.

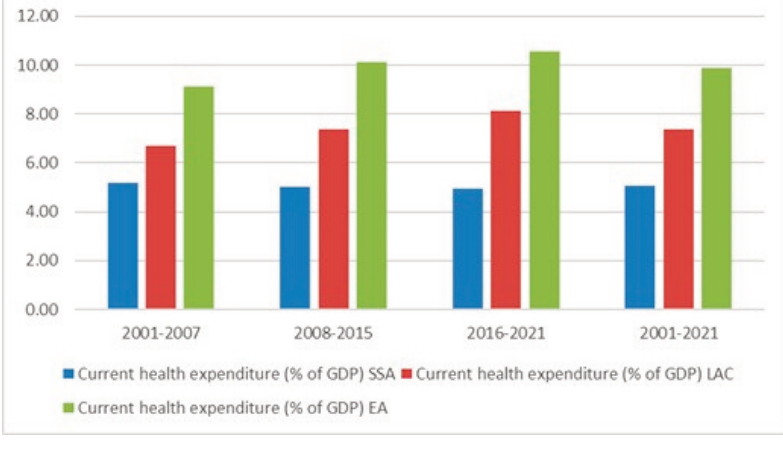
On the other hand, Europe has seen more persistent advances, though potential future growths may be constrained by the complications associated with an ageing population. The sluggishness in life expectancy in Latin America specifies that more work is essential to discourse the region's continuing health problems and inequalities. Data stipulate that SSA has made strides in determining numerous health-related issues, even if there is still much work to be done to increase life expectancy. EA continuously led in life expectancy, while LAC and EA exhibited more steady patterns. Overall, the patterns specify that although all areas have attained strides, Europe needs to address its problems with ageing and healthcare expenses. At the same time, Sub-Saharan Africa and Latin America are required to do more to uphold and advance these improvements.

6. Health Expenditure

Economic growth, income equality, and poverty reduction can all be achieved by government investment in health care and education [Barro (1991), Chu, et al., (1995) and Tanzi and Chu (1998)]. Hence, NGOs, philanthropists, and international financial institutions demand that the government spend more on health and education. Figure

6 shows the current health expenditure for SSA, LAC, and EA from 2001 to 2007, 2008 to 2015, and 2016 to 2022. One of the most vital metrics for gaging a region's financial assurance to healthcare is the ratio of health spending to GDP. It displays the share of the economy dedicated to enhancing public health, including facilities for prevention and treatment. The data demonstrate variations in health funding as well as geographical disproportions that are influenced by many social, political, and economic factors. Health spending as a percentage of GDP in SSA has remained typically persistent, decreasing very slightly from 5.17 per cent in 2001–2007 to 4.94 per cent in 2016–2022. Notwithstanding scarce resources, the overall increase to 5.53 per cent from 2001–2022 can be the consequence of trivial improvements in health financing. Nevertheless, the small decrease in more recent times highlights the insistent snags SSA has, including political instability, poor economic performance, and external debt loads, all of which could limit health spending.

Health spending in LAC has augmented meaningfully during the period, from 6.68 per cent of GDP in 2001–2007 to 8.14 per cent in 2016–2022. The overall increase to 8.03 per cent advocates that health spending is becoming more and more prioritised, most probably as an upshot of economic development and the need to meet growing health matters such as disparity, ageing populations, and chronic diseases. The Euro Area (EA) has the highest and most steady health spending out of the three regions. Health spending rose slowly from 9.11 per cent of GDP in 2001–2007 to 10.55 per cent in 2016–2022, attaining 10.82 per cent throughout that time. An ageing population,



Source: Authors' estimation based on data from WDI.

FIGURE 6

Region-wise: Current health expenditure (% of GDP)
Phase 1 (2001–2007); Phase 2 (2008–2015);
Phase 3 (2016–2022); and Overall (2001-2022)

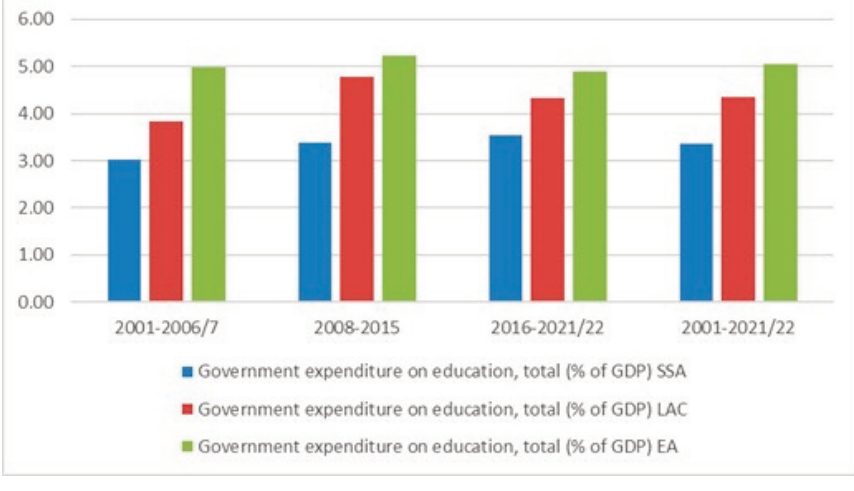
rising healthcare demand, and economic considerations like the aftermath of the global financial crisis (2008) are some of the reasons for the surge in health spending in the EA. There are noteworthy regional discrepancies in healthcare admittance and investment when linking health spending in SSA, LAC, and the Euro Area. Despite having the maximum health spending, the Euro Area meets problems with sustainability and population growth. The steady upsurge in LAC spending displays the need to address access inequality while also depicting increasing health priority. Although some improvement, SSA still faces major hindrances to improving health outcomes because of its low health spending.

Throughout the three periods, Sub-Saharan Africa (SSA) has continuously spent a relatively small proportion of its GDP on health, and this segment has slightly diminished. Though external aid and development assistance contributed to an insignificant increase in health expenditures, SSA's low fiscal capacity and insistent healthcare delivery problems prohibited a massive rise in health spending as a percentage of GDP. Health spending in Latin America and the Caribbean (LAC) grew gradually as a consequence of boosted economic performance and more funding for healthcare systems. However, impediments, including inflation, political instabilty, and healthcare access disparities, restricted the rate of increase in health spending. Robust healthcare systems and a commitment to public health are established by the Euro Area's (EA) continuous high GDP allocation to healthcare.

7. Government Expenditure on Education

The justification for public spending on basic education is based on the social rate of return. Studies have found that the social rate of return is highest for primary education, followed by secondary and tertiary education [Psacharopoulos (1994) and World Bank (1995)]. At the same time, evidence suggests that spending on tertiary education in many countries is excessively high [Sahn and Bernier (1993), Gupta, et al., (1998) and World Bank (1995)]. Government spending on education is a dynamic component of a nation's obligation to develop human capital, progress social justice, and inspire economic expansion. Figure 7 demonstrates how SSA's education spending amplified significantly between 2001 and 2015, specifying a growing pressure on education. While the increasing portion is still less than in the other regions, the slight rise from 2015 to 2022 stipulates that investment has been soothed, leading to unceasing difficulties in providing appropriate denomination for education. Besides, LAC confirms an expansion in education investment, topping around 2015. While the most recent period's insignificant decline can stipulate budgetary justifications or economic restrictions, overall investment is still high compared to SSA. Since it places a high importance on education as a catalyst for social and economic expansion, EA progressively dedicates the most to education. However, the overall investment is still robust; the slight decrease in recent years might be a symbol of an alteration in spending dominances.

Though Sub-Saharan Africa is making advancements in rising government spending on education, the region still tracks behind the Euro Area, Latin America and the Caribbean, according to the data. SSA must keep making education funding a top priority in order to improve inequalities and augment educational performance. In the meantime, LAC and EA's steady investment shows their commitment to education as a foremost development engine, setting an example for other areas to trail. Nurturing human capital and economic glory entails persistent and adequate investment in education across all regions. However, it continued to be the region with the lowest investment in relation to GDP; Sub-Saharan Africa (SSA) had sturdy upsurges in government spending on education. Despite continuous financial difficulties, initiatives to augment educational admittance and eminence are being reinforced by international aid and global development frameworks, as demonstrated by the modest rise in spending. Education spending in Latin America and the Caribbean (LAC) persisted rationally high despite a small declining in relation to GDP during the past few years. Economic challenges may be to blame for the fall, but education persisted as a top focus in the area despite insistent disproportions and eminence glitches. Notwithstanding a slight decline in spending as a percentage of GDP over time, the Euro Area (EA) unceasingly allocated a substantial portion of GDP to education.



Source: Authosr' estimation based on data from WDI.

FIGURE 7

Region-wise: Government expenditure on education, total (% of GDP)
Phase 1 (2001–2007); Phase 2 (2008–2015);
Phase 3 (2016–2022); and Overall (2001-2022)

V. Conclusion and Policy Recommendations

Sub-Saharan Africa (SSA), Latin America and the Caribbean (LAC), and the Euro Area (EA) show significant differences in health spending, access to basic drinking water, sanitation, undernourishment, and government investment in education. While SSA continues to face challenges in these areas, LAC and EA have made substantial progress in health investments and access to basic amenities. SSA's health spending as a percentage of GDP is still lower compared to LAC and EA, raising concerns about the adequacy of healthcare funding. Similarly, SSA faces issues with infrastructure and access to clean water and sanitation. Despite some increases in government investment in education, SSA still lags behind LAC and EA, which allocate more resources to education. These disparities may hinder SSA's long-term economic growth and perpetuate cycles of poverty. To reduce these inequalities, SSA must prioritise policy reforms and increase funding for health and education.

The literature also reveals that several studies highlight how economic disparity affects how these objectives are carried out. Funding and strategies from the European Union that support the MDGs 2015 and SDGs 2030 frequently benefit nations in the Euro Area. Notwithstanding receiving targeted aid, Latin American countries endure systemic challenges. On the other hand, assistance flows and circumstances in Sub-Saharan Africa have been asymmetrical and recurrently do not correspond with local requirements.

This study concludes that Sub-Saharan Africa's poor performance may worsen poverty and instability, which would then influence stability and economic development worldwide. It stresses the need for more balanced handling by highlighting the obvious inequalities in how the MDGs and SDGs are being executed in various regions, as earlier studies on the subject have shown. The paper acknowledges limitations in capturing the full spectrum of socioeconomic progress. It suggests that future studies expand the analysis to include factors like employment rates, economic inequality, and environmental sustainability.

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