PROOF

Contents

List of Tables and Figures viii

Acknowledgements xiii

Notes on the Contributors xiv

List of Abbreviations xvi

Foreword by Anthony Shorrocks xviii

1 **The Millennium Development Goals: Overview, Progress and Prospects** **1**
Mark McGillivray
Introduction 1
The MDGs and progress towards them 2
Volume structure and contents 14

2 **Projecting Progress Towards the Millennium Development Goals** **20**
Howard White and Nina Blöndal
Introduction 20
Approaches to making projections 20
Income poverty 23
Mortality 28
Education 34
Nutrition 39
HIV/AIDS 42
Conclusions 43
Appendix: projection methods 45

3 **Achieving Health, Wealth and Wisdom: Links between Aid and the Millennium Development Goals** **55**
David Fielding, Mark McGillivray and *Sebastián Torres*
Introduction 55
A brief literature review 57
Data definition and measurement 60

PROOF

Empirical analysis 65
Conclusion 84
Appendix 86

4 Achieving the Water and Sanitation Millennium Development Goal 90
P. B. Anand
Introduction 90
Hypotheses, methodology, data and limitations 92
Analysis 95
Conclusions and further issues 111
Appendix 113

5 Measuring Pro-Poor Progress Towards the Non-Income Millennium Development Goals 123
Melanie Grosse, Kenneth Harttgen and Stephan Klasen
Introduction 123
The concept of pro-poor progress 125
Methodology 126
Data 127
Results 129
Conclusion 144

6 Links between Childhood Mortality and Economic Growth and Their Implications for Achieving the Millennium Development Goals in India 150
Sonia Bhalotra
Introduction 150
Why growth? 151
Related research 153
Data 156
Descriptive statistics 157
The econometric model 160
Results 164
Conclusions 169

7 Achieving the Millennium Development Goal for Primary Schooling in India 174
Sonia Bhalotra and Bernarda Zamora
Introduction 174
Data and definitions 175
Related literature and contributions 179

PROOF

Analytical approach 182
Empirical model 182
Results 184
Decomposition and simulation 194
Conclusions 199
Appendix 200

8 The Burden of Government Debt in the Indian States: Implications for the MDG Poverty Target 208
Indranil Dutta
Introduction 208
Debt and MDGs 210
Methodology 212
Results and analysis 214
Simulation 223
Conclusion 226

Index 229

PROOF

1

The Millennium Development Goals: Overview, Progress and Prospects

Mark McGillivray

Introduction

The international community has over the years embraced various campaigns that have aimed to achieve certain development goals, variously defined. These include the United Nations 'Education for All' and 'Health for All' campaigns adopted in 1978 and 1990 respectively. Education for All aimed to achieve universal worldwide access to primary education by the year 2000. Health for All aimed to provide universal primary education and universal access to healthcare by the same year. Unanimously adopted by all member states at the United Nations Millennium Summit in September 2000, the Millennium Development Goals (MDGs) are to date the most ambitious and comprehensive developmental undertaking ever embraced by the international community.

The MDGs involve the eradication of extreme income poverty and hunger, achieving universal primary education, promoting gender equality and empowering women, reducing child mortality, improving maternal health, combating HIV/AIDS and other major diseases, ensuring environmental sustainability and developing a global partnership for development. In most cases the corresponding targets are to be achieved by 2015. A key component of the United Nations strategy to achieve these highly ambitious goals is the doubling of official development assistance (ODA) from its 2003 level, to approximately $US135 billion per year by 2006 and to further increase it to $US195 billion per year by 2015 (United Nations Millennium Project 2005). The official donor community certainly appears to be taking both these calls and the MDGs seriously, to the extent that it has responded both with enthusiastic words at the 2002 Monterrey Conference on Financing for Development and, more importantly, with substantial increases in ODA in subsequent

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years. Many core activities of a number of key international organizations (OECD, UNDP, the World Bank and others within the United Nations system) have also been geared towards the MDGs, and civil society worldwide has embraced the goals. There was also the Second United Nations Millennium Summit in September 2005, at which the international community reaffirmed its commitment to achieving the MDGs.

The preceding factors should not be taken to imply that the MDGs have been enthusiastically embraced by all concerned or that they have not been the subject of criticisms, valid or otherwise. Among the criticisms of the MDGs is that they reflect a poor level of analysis, hide more than they reveal about global development challenges, carry the potential to distort meaningful intellectual and research agendas and could serve as a harmful vehicle for a realignment of the political economy of development at the global level (Saith 2006). These factors do, however, combine to suggest that one should not reject the MDGs as merely another symbolic or hollow gesture of the international community, the apparent failure of the Education for All and Health for All campaigns notwithstanding.

Achieving the Millennium Development Goals aims to provide analytical insights into how the MDG targets might be achieved. It does this by presenting original and rigorous empirical analyses of key behavioural relationships and how they are likely to impact on progress towards the MDGs. A key recognition is that most of the MDG targets are casually related in one way or another. No one goal can be looked at in isolation from the others, nor from key macroeconomic outcomes not built directly into or recognized within the MDGs. Central to achieving the MDGs is a recognition of these interpendencies, and any robust and insightful analysis of them must take this into account. This first chapter has two remaining aims. The first is to outline briefly each MDG and the progress made towards the targets on which it is based. To this extent, it provides a broad informational context for the remaining chapters. The second is to provide an overview of the volume and briefly to outline the contents of those chapters.

The MDGs and progress towards them

The MDGs

The United Nations General Assembly, at the 2000 United Nations Millennium Summit, adopted unanimously what is known as the Millennium Declaration. The MDGs were a component of this Declaration.The Declaration itself is much broader than the MDGs, containing *inter alia*

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statements of principle relating to freedom, equality, solidarity, tolerance, respect for nature and shared responsibility (United Nations 2000). The MDGs actually emerge from the section of the Declaration addressing development and poverty eradication. They can be seen largely as a response by the international community to the intolerably low levels of wellbeing experienced by so many people living in developing countries, and the growing gaps in living standards achieved between the richest developed and poorest developing countries. It should come as no surprise, therefore, that seven of the eight MDGs focus on achieving living standards or wellbeing outcomes primarily in developing countries. These MDGs, MDG1 through to MDG7, can be interpreted as intrinsic, in that they involve outcomes worth achieving in their own right. Nor should it come as a surprise that the remaining goal, MDG8, mainly has instrumental roles vis-à-vis these outcomes, calling on certain actions from developed countries.

The articulation of each MDG is a statement of broad principle or intent that at best is open to interpretation or at worst vague without clear and precise meaning. MDG1, for example, is to 'eradicate extreme poverty and hunger'. For most goals this vagueness is removed by one or more targets with which each is associated. Each target and the MDG to which it corresponds are outlined in Table 1.1. There are 18 targets in total. Some of them address long-held priorities of the UN, for which strategies have been in place for some time, such as addressing the needs of the least-developed countries, landlocked countries and small island developing states (MDG8, Targets 8.2 and 8.3). The target for MDG2, ensuring that by 2015 all children complete a full course of primary schooling, builds on the above-stated aim of the UN Education for All campaign. Ten of the MDG targets are time-bound and defined in reasonably precise quantitative terms. Nine targets are intended to be achieved by 2015, and one, improving the lives of at least 100 million slum-dwellers (Target 7.3), is to be achieved by 2020. The main goal, that which receives most attention and emphasis, is the income poverty reduction target. This target is to reduce by 2015 the proportion of people whose income is less than one dollar per day, measured in terms of international purchasing power dollars ($PPP), to half of what it was in 1990. It follows that the measure of extreme income poverty on which MDG1 is partly based is the World Bank poverty headcount threshold of $PPP1 per day.

The remaining eight MDG targets are more qualitative in nature and are perhaps better described as statements of principle or intent. With the exception of Target 7.1, which corresponds to MDG7, all of these

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Table 1.1 The Millennium Development Goals

MDG1: Eradicate Extreme Poverty and Hunger
Target 1.1: halve, between 1990 and 2015, the proportion of people living on less than a dollar a day.
Target 1.2: halve, between 1990 and 2015, the proportion of people who suffer from hunger.

MDG2: Achieve Universal Primary Education
Target 2: ensure by 2015 that all boys and girls complete a full course of primary schooling.

MDG3: Promote Gender Equality and Empower Women
Target 3: eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education by 2015.

MDG4: Reduce Child Mortality
Target 4: reduce by two thirds, between 1990 and 2015, the mortality rate among children under five.

MDG5: Improve Maternal Health
Target 5: reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

MDG6: Combat HIV/AIDS, Malaria and Other Diseases
Target 6.1: halt by 2015 and begin to reverse the spread of HIV/AIDS.
Target 6.2: halt by 2015 and begin to reverse the incidence of malaria and other major diseases.

MDG7: Ensure Environmental Sustainability
Target 7.1: integrate the principles of sustainable development into country policies and programmes and reverse loss of environmental resources.
Target 7.2: halve, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.
Target 7.3: to improve the lives of at least 100 million slum dwellers by 2020.

MDG8: Develop a Global Partnership for Development
Target 8.1: develop further an open, rule-based, predictable, non-discriminatory trading and financial system, including a commitment to good governance, development, and poverty reduction both nationally and internationally.
Target 8.2: address the special needs of the least developed countries, including tariff and quota free access for least developed countries' exports; enhanced programme of debt relief for HIPCs and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction.
Target 8.3: address the special needs of landlocked countries and small island developing states.
Target 8.4: 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 8.5: in cooperation with developing countries, develop and implement strategies for decent and productive work for youth.
Target 8.6: in cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.
Target 8.7: in cooperation with the private sector, make available the benefits of new technologies, especially information and communications.

Source: United Nations (2007).

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qualitative targets correspond to MDG8, 'Developing a Global Partnership for Development'. Target 8.2, for instance, involves 'more generous ODA for countries committed to poverty reduction'. Putting aside the issue of recipient-country commitments to poverty reduction, there are various ways 'more generous ODA' can be interpreted. For example, it could involve donors giving larger proportions of their gross national incomes (GNIs) as ODA. Likewise, more generous ODA might simply be interpreting in absolute rather than relative volumes or in terms of more aid provided in the forms of grants rather than loans. Each of these interpretations points to obvious measures on the basis of which quantitative targets could be defined, such as the level of ODA as a percentage of donor gross national income. This measure is the basis of the well-known and longstanding 0.7 per cent target, to which there is no reference in the Millennium Declaration. The international community could have easily adopted precise, quantitative targets for each of the areas addressed in MDG8 had there been the commitment to do so. Such commitment is lacking, it seems.

Progress towards the MDGs

The MDGs, as mentioned, are a response to the intolerably low living standards of so many of the world's population. The vast majority of these people – practically all, according to some indicators – live in developing countries. With the possible exception of tackling the spread of HIV/AIDS and tuberculosis, which are essentially global epidemics, achieving the first seven MDGs is essentially about progress in these countries. It therefore follows that tracking performance towards them, and establishing in which parts of the world the greatest challenges will be faced, requires us to focus on the developing world. Now we have made these points, it is clear that of effort required to meet the MDGs is very unevenly distributed across the regions of the developing world. Most of these regions will achieve most of the MDGs. But achieving most of the MDGs in sub-Saharan Africa (SSA) is unlikely in the extreme, it seems, based on a simple examination of the relevant data. Indeed, if the developing world as a whole does not achieve some MDGs, it will be due to a lack of progress in SSA. A lack of progress in South Asia will also play a part in this outcome.

Figures 1.1 and 1.2 help illustrate the comments just made regarding overall developing-country and SSA progress towards the MDGs. We return to the progress in South Asia later. All data shown in these figures, and those appearing later in the chapter, have been either taken from or calculated using information in UNAIDS (2006), OECD (2007a; 2007c),

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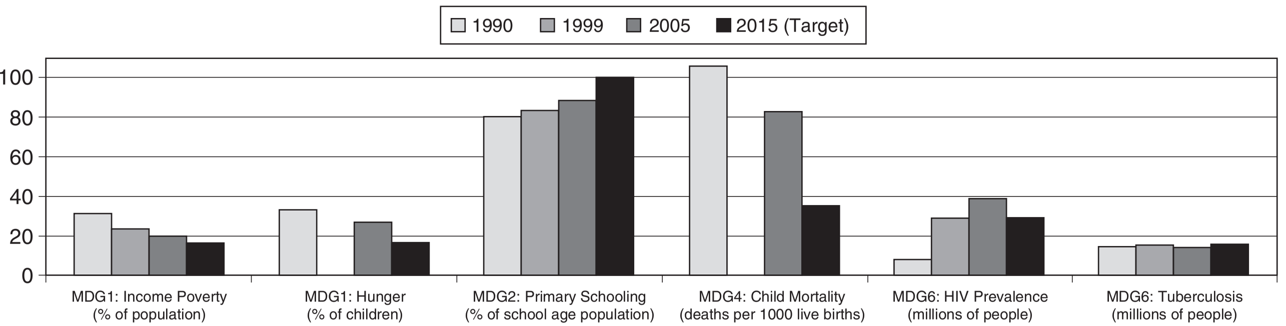

Figure 1.1 Progress towards MDG1, MDG2, MDG4 and MDG6

Notes: (i) Data on MDG1, MDG2 and MDG4 are for developing regions only, while data for MDG6 are for the world. (ii) 2005 data for income poverty and child mortality are actually for 2004. (iii) Hunger and child mortality data are not available for 1999.

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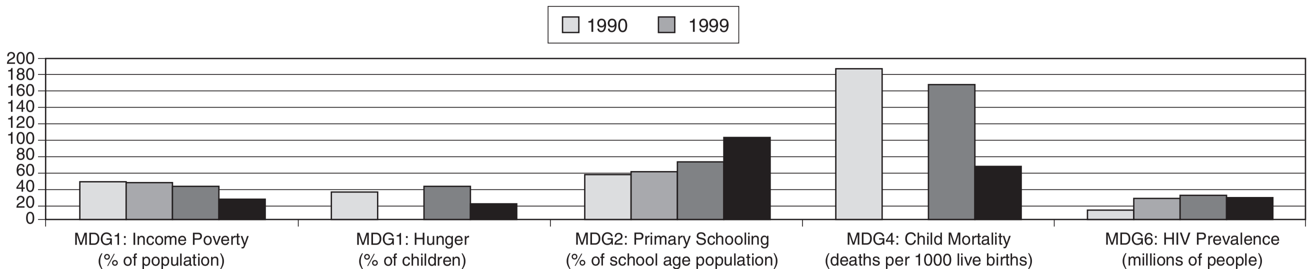

Figure 1.2 MDG progress in sub-Saharan Africa

Notes: (i) 2005 data for income poverty and child mortality are actually for 2004. (ii) Hunger and child mortality data are not available for 1999.

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UN (2007), World Bank (2007) and WHO (2007). Only progress towards those targets for which sufficient statistical data are available are shown. The targets shown in these figures have been calculated directly from published 1990 data or, in cases where the target is not precisely articulated, have been inferred. The income poverty target, for instance, has been calculated by taking 50 per cent of the number of people living in poverty worldwide according to the information reported in UN (2007). Likewise, the child mortality target has been obtained by taking one-third of the 1990 child mortality rate reported in this source. The official targets for MDG6 are a little vague in that they simply mention halting and beginning to reverse the spread of the diseases in question. The MDG6 targets shown in Figures 1.1 and 1.2 are inferred, therefore, being premissed on the possibly generous assumption that 'halting and beginning to reverse the spread' involves keeping the incidence of these diseases at their 1999 levels.

Consider first the income poverty target. The income poverty data shown in Figures 1.1 and 1.2 are for the percentage of the world and SSA population living on less than $PPP1 per day. In developing regions as a whole, this percentage fell by 13 points, from 32 in 1990 to 19 in 2004. Such a fall corresponds to the number of people living on less than this income dropping from 1.25 billion in 1990 to 980 million in 2004 (UN 2007). The target is 16 per cent by 2015 and, if this progress continues, the MDG1 income poverty target will, in all probability, be met in the developing world as a whole. Africa's march to the income poverty target is much less certain. In 1990, 47 per cent of the population in SSA lived below the $PPP1 per day poverty line. This percentage fell to 41 in 2004. But meeting the income poverty target requires a reduction of 18 percentage points, to 23 per cent, which on face value would appear unlikely given the trend since 1990.

Similar scenarios exist with respect to the hunger target for MDG1, and the targets for MDG2, MDG4 and MDG6, as Figures 1.1 and 1.2 demonstrate. The hunger data relate to the percentage of children underweight, which is interpreted as an indicator of hunger and is used by international agencies to monitor progress with respect to the second MDG1 target. A 10 percentage point reduction between 2005 and 2015 is required if the developing regions as a whole are to reach the hunger target. A 12-point reduction over the same period is required in SSA. Developing regions collectively need to achieve a further 12 percentage point increase in primary school enrolments if MDG2 is to be achieved.[1] A 20-point increase is required in SSA. A seemingly unlikely 48-unit reduction in the child mortality rate is required between 2004 and 2015

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if MDG4 is to be achieved in developing countries as a whole. A seemingly impossible 104-unit reduction is required over the same period in sub-Saharan Africa.

The most striking trends are those in HIV prevalence. While all other target variables shown in Figure 1.1 show progress, albeit not apparently sufficient in some cases to achieve the corresponding target, the number of people worldwide with HIV continues to rise. Between 1990 and 2005, the number of people worldwide with HIV increased from 8 million to 39 million. Keeping the spread of HIV at its 1999 level is clearly not happening, as its global prevalence rose by almost 10 million people between 1999 and 2005. A close inspection of Figure 1.2 shows that the majority of the world's HIV-infected people are actually in SSA. While this region's contribution to world infections has declined over time, 64 per cent of people in the world with HIV are in SSA. Little more needs to be said about these numbers. This is clearly a problem of enormous magnitude. Better news, not shown in Figure 1.1, is that the global rate of increase in HIV prevalence among 15-to-49-year-olds has begun to taper off in recent years. While rising from 0.3 per cent in 1990 to just under 1 per cent in 2002, since 2003 it has remained at 1 per cent. A similar trend is evident in SSA, where 6 per cent of those in the 15-to-49-year age group are infected with HIV (UNAIDS 2006). Similar news applies to tuberculosis, as Figure 1.1 suggests. While an estimated 8.8 million new cases were reported in 2005, the prevalence of tuberculosis fell from 16.6 million people in 1999 to 14.4 million in 2005 (UN 2007; WHO 2007). If the target for tuberculosis is interpreted as maintaining its incidence at the 1999 level, then the target will be achieved, provided its incidence can be kept at its current level or slightly higher.

It is widely recognized that the MDGs will be hardest to achieve in SSA, consistent with the evidence just presented. This should not imply however that there will be little or no difficulty in reaching some MDGs in other parts of the world. There are, indeed, widespread concerns that a number of MDGs may not be met in South Asia, as was alluded to above. Figure 1.3 helps explain why. There are some concerns about whether the income poverty target will be achieved, and a recognition that progress in India is important in this regard (UN 2007). The most profound concerns are for the MDG1 hunger and MDG4 child mortality targets. There has been comparatively little progress towards the first of these targets. As Figure 1.3 shows, the proportion of children underweight fell by 7 percentage points between 1990 and 2005. A further drop of 25 percentage points, from 46 to 21 per cent, is required if the MDG1 hunger target is to be reached. Child mortality fell by 44 deaths per 1000 live

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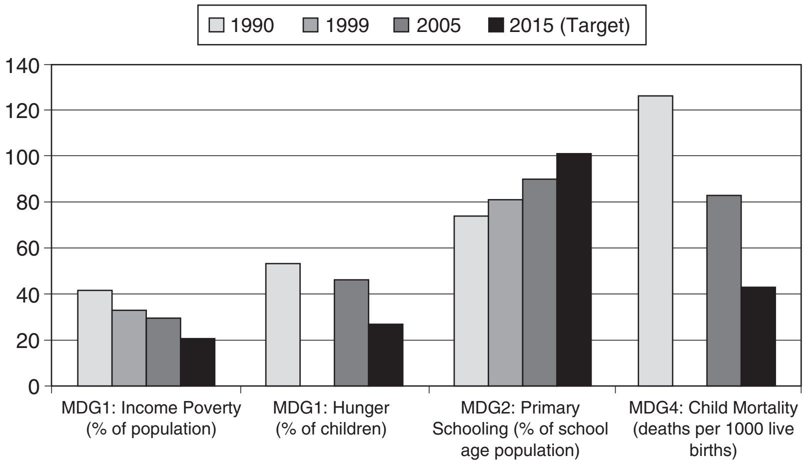

Figure 1.3 MDG progress in South Asia

Notes: (i) 2005 data for income poverty and child mortality are actually for 2004. (ii) Hunger and child mortality data are not available for 1999.

births between 1990 and 2005. This fall is substantial, but it comes from a very high base of 126 deaths per 1000 live births, and a seemingly improbable further decline of 42 deaths per 1000 live births is required by 2015 if MDG4 is to be achieved.

Progress with respect to MDG7 and MDG8 is shown in Figures 1.4 and 1.5. Progress in the context of these goals is necessarily vague, given the absence of clearly specified targets. The exception is the MDG sanitation target, which is specified precisely. On face value, progress towards this target needs to be accelerated if it is to be reached. What can be said about the remaining MDG7 and MDG8 targets? While falling between 1990 and 1999 in overall volume terms, the level of ODA provided by countries that are members of the OECD Development Assistance Committee (DAC) is higher in 2005 than in 1990. This is shown in Figure 1.5. This applies to total ODA and to that allocated to least-developed countries (LDCs). It is evident that developing-country access to developed-country markets increased between 1999 and 2005; the debt of developing countries fell between 1990 and 2005, and both youth unemployment and the use of new technology increased between 1999 and 2005 (see Figure 1.5). While the proportion of slum-dwellers has decreased, a less pleasing picture emerges for the remaining MDG7 target variables (see Figure 1.4). This is to the extent to which deforestation has remained virtually constant between 1990 and 2005.[2]

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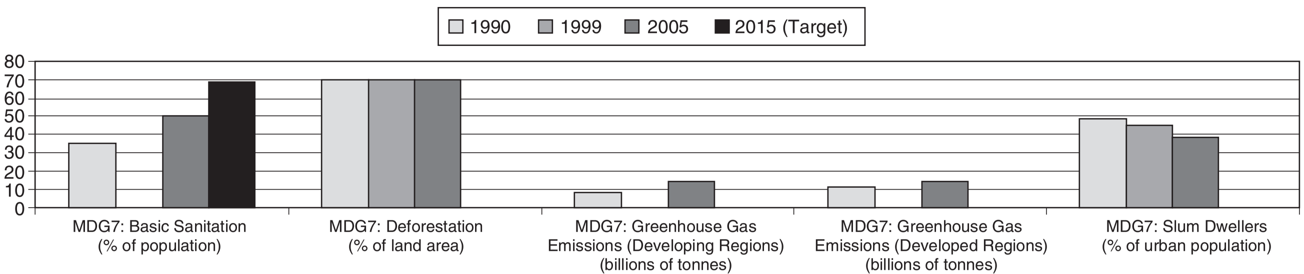

Figure 1.4 Progress towards MDG7

Notes: (i) 2005 data for basic sanitation and greenhouse gas emissions are actually for 2004. (ii) Sanitation and greenhouse gas emission data are not available for 1999.

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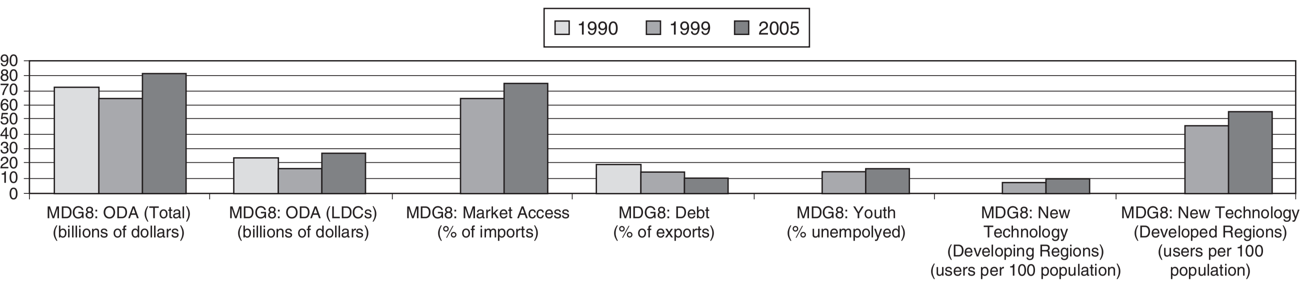

Figure 1.5 Progress towards MDG8

Notes: (i) 2005 youth unemployment data are actually for 2006. (ii) Youth and new technology not available for 1990.

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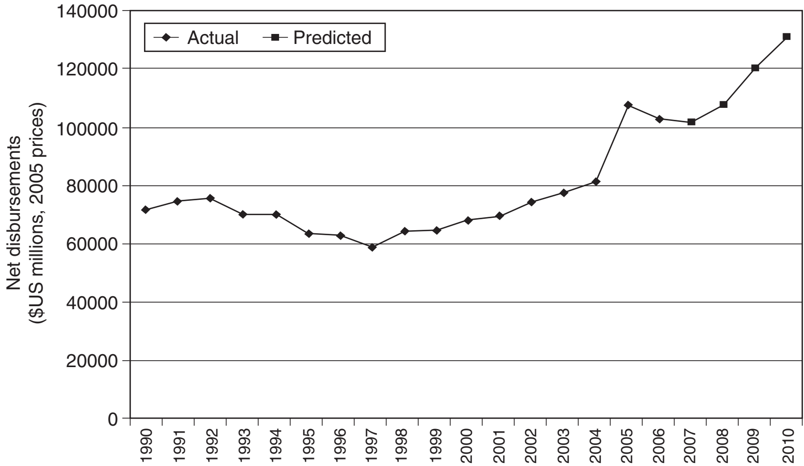

Figure 1.6 Total ODA from DAC member countries, 1990–2010

It was mentioned at the outset of this chapter that a key component of the strategy to achieve the MDGs is the doubling of ODA from its 2003 level to approximately $US135 billion per year by 2006 and to further increase it to $US195 billion by 2015. It was also mentioned that the UN has called on donors to actually provide these levels of ODA. Further information on the level of ODA is provided in Figure 1.6, which shows the actual annual levels of global aid from 1990 to 2006 as well as anticipated or projected levels, based on donor pledges and forward commitments, to 2010. The ODA data shown in Figure 1.6 have been obtained from OECD sources (2007a; 2007b; 2007c). A scaling up of ODA is clearly evident and the level of these flows in 2005, which amounted to $US107 billion, is the highest ever provided by OECD DAC members. The scaling up did not, however, result in the hoped-for doubling of ODA by 2006. In fact the level of ODA in 2006 fell back from its 2005 level, albeit slightly, to $US104 billion. This in part reflects the nature of the very much increased ODA in 2005, which was driven largely by increases in debt forgiveness that do not wholly reflect a high real allocation of public funds to aid budgets. If the trend in anticipated levels is sustained and if anticipations are correct, with donors fully delivering on pledges and commitments, ODA will reach in 2005 prices somewhere between $US160 billion and $US170 billion by 2015. This is clearly well short of the call from the UN for ODA to reach $US195 billion by 2015. The implications of this shortfall for obtaining the MDGs remain to be seen.

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Finally, having examined 'progress towards the MDGs' it would be remiss, at this stage of the chapter, not to consider what this actually means. What does 'progress towards the MDGs' or for that matter 'MDG achievement' actually mean? The preceding discussion has, to some extent, been vague with respect to these questions. Answers to them logically follow from each other, so let us focus on the meaning of the second question. There are three possible interpretations for any given goal: (i) achievement in all countries and therefore worldwide; (ii) achievement in all regions of the world but not necessarily achievement in each country within each region; or (iii) achievement in the world as a whole but not necessarily in each region or country. The second and third scenarios could be interpreted as referring to average achievements, in that overachievement in some countries compensates for failure to achieve the goals in others.

Some associated with the design and implementation of strategies to achieve the MDGs have recently sought to provide clarification on precisely what 'MDG achievement' actually means. One position is that assessing whether progress is 'on track' for meeting the 2015 targets can be done only at the global level and cannot, therefore, be done for any specific region or particular country. This corresponds to interpretation (iii) above. Vandemoortele (2007:6) adopts this position, specifically asserting that 'it is erroneous ... to lament that sub-Saharan Africa will not meet the MDGs'. The current chapter does not seek to resolve this issue, but one point is worth making. To be educated, to be healthy and to have an adequate material standard of living reflects universal human values. They are identified in the United Nations Charter on human rights: each is, in fact, a universal, unalienable human right. This is why most of the MDGs can be viewed as having intrinsic value. These recognitions, which are reflected in the Millennium Declaration, provide a case for defining the MDGs as targets that are to be met within each country. To claim, for instance, that the MDGs have succeeded in eradicating extreme poverty and hunger when at the same time these conditions persist across an entire region or in a number of countries would appear to be inconsistent with the spirit of the Millennium Declaration. Put differently, relying purely on global aggregates seems inconsistent with the principles on which the MDGs are founded and would appear to be reflecting somewhat shaky ethical grounds.

Volume structure and contents

Achieving the Millennium Development Goals consists of seven more chapters, each of which examines or uses empirical research methods.

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Chapters 2 to 5 look at generic issues that are notnecessarily specific to any single country or developing-country group. Among the issues considered are projections of progress towards the goals, the impact of aid and interrelations between goals, the attainment of the targets relating to water and sanitation, and pro-poor growth measurement in non-income dimensions of poverty. Chapters 6 and 7 examine the health and education outcomes on which the MDGs focus – in particular child mortality and school enrolment in particular – using household data for Indian states. Chapter 8 looks at links between efforts within Indian states to service foreign debt and progress toward the MDG income poverty reduction target. More detailed descriptions of each chapter follow below. These descriptions highlight the main finding or findings from each chapter, in particular those that are policy-relevant.

Why do three of this volume's eight chapters focus on India, especially given that the greatest challenges in meeting the MDGs are in sub-Saharan Africa? There are four reasons for this. First, in the early 2000s roughly a quarter of the world's poor – those living on less than $PPP1 per day, lived in India. Approximately 850 million Indians – 80 per cent of the country's population – lived on less than $PPP2 per day in the early 2000s (UNDP 2006). Second, despite India's considerable economic progress in recent years, there are widespread concerns that India will not achieve some of the MDGs. This point was partly alluded to above, when reference was made to the slow progress towards the MDG1 hunger target and MDG4 in the South Asian region as a whole. The rate of progress towards these goals in India is a factor contributing to this, due in part to the size of the Indian population. Third, much of the country- or region-specific research on the MDGs has tended, rightly, to focus on SSA. Comparatively little research has been undertaken for other parts of the world. But achieving the MDGs in other regions of the world is important and here there is an apparent void in the literature. Fourth, data sets relating to living conditions in India are much better than those for most other developing countries. More rigorous investigation into achieving the MDGs is thus possible for India, and many questions can be addressed.

Chapter 2 assesses progress towards the millennium development goals. Since the adoption of the International Development Targets, and their successors the MDGs, a growing number of publications have presented estimates of development outcomes in 2015 which, as mentioned, is the target year for most of the goals. What most of these projections show is that the developing world as a whole is 'off track' with respect to a number of targets and many countries will fall far short. Chapter 2 examines the soundness of these somewhat dire projections. On the

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basis of this examination, it concludes *inter alia* that many of the gains achieved in the outcomes targeted by the MDGs will continue into the new millennium, although not usually fast enough to achieve the ambitious targets set by goals. Neither the goal for income poverty reduction nor that for lower mortality will be met in the vast majority of countries. Attaining universal primary education is the one area where the goal looks achievable in many countries, though by no means all. The chapter warns, however, that these projections are based on various assumptions, including the assumption of business as usual and that various adverse shocks may result in far worse scenarios.

Chapter 3 examines aid and the MDGs in terms of health, wealth and education. It uses a relatively new cross-country data set to estimate: (i) the strength of the links between a number of MDG target and related variables, including health, educational status and access to water and sanitation; and (ii) the extent to which aid impacts on these variables. The chapter differs from previous studies of links between wellbeing variables and investigations of aid effectiveness by analysing data for different population subgroups in each country, thus avoiding a number of drawbacks of using national-level data. Among the chapter's findings is that child mortality is the central variable, where decreases lead to the largest beneficial changes in the other MDG or MDG-similar variables under consideration. It is also the variable on which aid has the largest quantitative impact. This implies that if aid flows are to achieve the maximum benefit, donors should prioritize primarily the MDG4 target for child mortality. The authors also find that while aid is effective overall, the poorest subgroups within each country are typically not the principal beneficiaries of these inflows. This suggests that if the wellbeing of these groups and inequality reduction are priorities, donors need to try harder to target these groups more effectively. Failure to do so will result in a more inequitable world, even if the MDGs are achieved.

Chapter 4 uses cross-country regression analysis to develop models to forecast the projected proportion of population with access to water and sanitation in 2015, based on current variables. This study also revisits the issue of whether per capita GDP, levels of human development and governance impact on access to water and sanitation. Further, an attempt is made to explore whether the synergy effect is significant in a statistical sense. This involves examining whether the countries that have made significant progress with one target are more likely to make significant progress with other related targets, and whether and to what extent the achievement or lack of progress on these two targets can impinge on performance in relation to other MDGs or targets. The author finds that on

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current trends the water target will be either just barely achieved or else narrowly missed in the majority of countries, while the sanitation target will be missed in the great majority of countries. The chapter also points to a strong relationship between access to water and sanitation and child mortality, which suggests that the international community needs to address more seriously the prospect that the MDG7 might not be met.

Chapter 5 looks at the non-income-related MDGs. As noted above, all but one of the MDGs involve a target that is not defined in terms of income. While there are plenty of measures designed to track progress in incomes, there are no corresponding measures for tracking the distribution of progress in non-income dimensions of poverty, and thus the distribution of progress towards MDGs 2–7. Chapter 5 proposes to extend the pro-poor growth measurement to non-income dimensions of poverty, particularly health and education. It illustrates empirically the proposed approach for Bolivia and shows that it allows a much more detailed assessment of progress towards MDGs 2–7 by focusing on the distribution of progress. Furthermore, this extension also allows an explicit assessment of the linkage between progress in MDG1 and MDGs 2–7 as well as extending traditional incidence analysis by quantifying outcomes in non-income dimensions of poverty along the income distribution.

Chapter 6 links childhood mortality and economic growth in India. As such, it addresses MDG4 and picks up on the concerns that South Asia might not achieve this goal. Using state-level data obtained from the Indian National Family Health Survey (INFHS), the chapter investigates the extent to which the decline in child mortality in India over the last three decades can be attributed to economic growth. In doing this, it exploits the considerable variation in growth over this period, across states and over time. Empirical estimates reported in Chapter 6 are then used to produce a crude estimate of the rate of economic growth that would be necessary to achieve the MDG of reducing the under-5 mortality, by the year 2015,to a third of its level in 1990. The main conclusion is that while growth does have a significant impact on mortality risk, growth alone cannot be relied upon to achieve the goal.

Chapter 7 addresses achievement of the MDG for primary schooling in India, and uses two large repeated cross-sections, one for the early 1990s and one for the late 1990s, to describe growth in school enrolment and completion rates for boys and girls, and to explore the extent to which enrolment and completion rates have developed over time. The data are also taken from the INFHS. It decomposes this growth into one component due to changes in the characteristics that determine schooling, and a second associated with changes in the responsiveness of

PROOF

schooling to given characteristics. The chapter's analysis performs illustrative simulations relevant to the question of whether India will be able to achieve the universal primary education target by the year 2015. The simulations suggest that India will achieve universal attendance, but that primary-school completion rates will not exhibit much progress.

Chapter 8 explores what impact, if any, Indian state government debts have on achieving the income poverty target of the MDGs. To fulfil this and many of the other MDG targets, national governments, especially in the developing world, have to undertake major investments in the social sector; but how much they will really be able to do so will depend on the conditions of their finances. The chapter finds that government investment in the social sector is extremely important for the Indian states in reducing poverty, but the government's debt burden is actually stopping several states from attaining the poverty target. Specifically the chapter finds that while the impact of the debt on poverty is not very harmful in the medium term, it has significant negative impact in the longer run. The chapter's main conclusion is, therefore, that for policy purposes, reductions in debt should be given priority.

The topics covered in this book address important issues relating to the achievement of the MDGs, both in India and elsewhere. They also attempt to give some insight into the state of MDG-relevant research. While the chapters are useful in their individual focus, it is also hoped that they will stimulate further discussion aimed at better, more effective progress towards worldwide achievement of the MDG targets and, more generally, towards a more equitable and stable world.

Acknowledgements

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Notes

1. The primary school enrolment data shown in Figures 1.1 and 1.2 are the number of students of primary school age, enrolled in either primary or secondary school, as a percentage of the total population in that age group. See UN (2007) for further details.
2. The market access data shown in Figure 1.5 are the percentage of imports (excluding arms and oil) from developing countries admitted duty-free to developed countries. Debt data are external debt payments as a percentage of export revenue. New technology data are the number of internet users.

PROOF

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PROOF

Index

Key: **bold**=extended discussion; f=figure; n=note; t=table.

Addison, T. xiii, 120, 169, 206
Addison, T., *et al.* (2005) 86(n4), 87
Mavrotas, G. 87
McGillivray, M. 87
adults 128, 130, 131t, 146(n12)
literacy rate 87(n9)
underweight 39t, 39–40
Afghanistan 121(n4)
Africa xv, 8, 25, 28, 29, 32f, 33–5, 40–1, 44
'*africa*' (variable) 64, 68t, 69, 70–1t, 74, 75
HIV/AIDS 42f, 42–3
poverty **44**
age 9, 22, 131n, 133t, 136t, 137, 147(n14), 156–7, 163, 176–7, 188t, 197t, 206(n1–2)
6–11 years 183, 185t, 199, 200–3t
7–11 years 178t, 181, 200t
12 years 189–91t, 199, 203–5t
ageing population 34, 45
agencies 86(n1)
agriculture 41t, 41, 49, 154, 163, 199
Ahlburg, D. 57
aid 105t
efficient intra-country allocation 55
impact on categories of government expenditure 59, 86–7(n6–8)
'OA' (other aid) 105t
as percentage of GDP 106–7t, 108, 109–10t
targeting 16
well-being outcomes 59–60, 87(n8–9)
see also ODA
'*aid*' (variable) 64, 65, 67, 68t, 69, 70–1t, 72t
aid effectiveness xv, 16, 55, **58–60**, **86–7(n4–9)**, 85
aid and growth literature 58–9, 87(n8)
aid impact **78–84**, 87(n14)
aid and MDGs: achieving health, wealth, wisdom 15, **16**, **55–89**
assumptions 67, 85
correlations 66t
'critical [most important] finding' 85
cross-country asset measure 62–4, 84
data deficiencies 60, 73, 74, 87(n10–11)
data definition and measurement 60–5, 87(n10–11)
data set 55, 56
data sources for conditioning variables 86t
descriptive statistics 65–7, 72–3t, 77
determinants of cross-country wellbeing achievement and aid effectiveness 55
econometric results 72–3t
empirical analysis 55, 56, 57, 58, 65–84, 87(n12–14)
endogenous well-being variables 61–5
exogenous conditioning variables 64, 67
further research required 75, 85
impact of aid 78–84, 85, 87(n14)
interdependencies 76
literature review 57–60, 65, 85, 86–7(n1–9)
model structure 67–9, 87(n12)
policy implications 55
quantitative importance 56
quintiles 56, 61–9, 72–3t, 75–84
regression R^2 statistics 72t, 75
regression results 69–76, 87(n13)
regression results: implications 76–8
residual correlations 72–3t
search for pivotal variable 55–6, 58, 84–5
shocks 76t, 76–8
simultaneous equation system 84
standard deviation/standard errors 62t, 62, 64, 66t, 68, 69, 70–2t, 75, 76t, 77, 81, 82–3t, 87(n13)
structural model 56

PROOF

aid and MDGs: achieving health, wealth, wisdom – *continued*
  summary statistics 66t
  theory 86(n2)
  t-ratio 69, 70–1t
  variables 56
aid received (explanatory variable) 94
Albania 114t, 117t
Alderman, H., *et al.* (2003) 193, 206
  Hoddinott, J. 206
  Kinsey, B. 206
Algeria 117t
Anand, P. B. **xiv**, 92, 113, 121(n7), **121**, 146(n4), 151
Anderson, E. 53(n23), 135
Andhra Pradesh 158t, 159f, 160t, 161f, 166t, 180t, 220t, 222t, 224–5t, 226
Angola 114t, 120t
antenatal care 153, 154, 156
anthropometric measurement 39
Argentina 114t
Armenia 33, 87(n10), 117t
arms 18(n2)
Arulampalam, W. 157, 169
Asia xv, 25, 29, 32f, 33–4, 41, 43t, 51(n7), 91, 154, 170(n9)
  HIV/AIDS 42–3
Assam 158t, 158, 159f, 160t, 161f, 166t, 180t, 188t, 220t, 221, 222t, 223, 224–5t
Atkinson, A. 126, 146(n6)
Atkinson inequality measure 146(n6)
Australia xv, 30t, 36t
Austria 114t, 117t
auto-correlation 165t
Azerbaijan 116t, 118t

Bagchi, A. 210
Banerjee, A. 182
Bangladesh 21, 25, 51(n3), 61t, 79t, 103, 106t, 116t, 119t
Barbados 117t
'basic needs multiplier' (White) 53(n25)
BCG [bacillus of Calmette and Guérin] 147(n16)
Becker, G. 174
Behrman, J. 182
Belize 114t, 119t
Benin 61t, 79t, 106t, 114t, 120t
Berg, G. van den, *et al.* (2006) 154, 173
Besley, T. 157, 193n, 206(n4), 209
Bhalotra, S. **xiv** 145, 153–4, 156–7, 159, 163–5, 167, 169, 170(n11), 171(n12), **171**, 175–6, 188, 195, 206–7, 227
Bhattacharya, R. 227
Bhutan 118t
Bihar 156, 158t, 159f, 160t, 161f, 166t, 180t, 206(n1), 220t, 221–6
birth attendance rate 130–2, 133–4t, 136t, 141, 142f, 144–5
Black, R., *et al.* (2003) 169–70(n2), 171
  Bryce, J. 171
  Morris, S. 171
Blinder, A. 195
Blöndal, N. **xiv**
  see also White and Blöndal
Bloom, D., *et al.* (2004) 57, 87
  Canning, D. 87
  Sevilla, J. 87
Bloom, G. 51–2(n10)
Blossner, M. 53
Bolivia 17, 61t, 79t, 119t
  DHS data 127–8, 146–7(n12–14, n18)
  distribution of progress towards MDGs 130–2
  GIC (1989, 1998) 132, 135f
  health sector reform 129
  household surveys (LSMS) 129, 147(n18)
  income growth rates (pro-poor, 1990s) 129
  non-income achievements by income decile (1989, 1998) 133–4t
  pro-poor growth towards MDGs **123–49**
  pro-poor growth and pro-poor progress (1989–98) 136t
  progress towards MDGs 130, 131t
Bonn Conference (2002) 121(n1)
Boone, P. 60
Borghi, E. 53
Bosnia & Herzegovina 114t, 117t
Botswana 114t, 119t
Bourguignon, F. 146(n5)
boys 17, 38t, 51(n3); 175–7, 177–8t, 181–3, 185–8t, 188–94, 196–9, 200–5t
  see also 'children/not in school'
Brandolini, A. 126, 146(n6)
Braun, J. von, *et al.* (2005) 39, 49, 54

PROOF

Brazil 61t, 79t, 103, 118t
Breusch–Pagan test 214, 215t, 215
Brikke, F. 122
Bryce, J. 171
Bulgaria 114t, 117t
Burgess, R. 157, 193n, 206(n4), 209
Burkina Faso 61t, 79t, 116t, 120t
Burnside, C. 58
Burundi 116t, 120t
bush latrine 61–3, 93
business climate 209

California 153
calories 41t
Cambodia 61t, 79t, 81, 116t, 120t, 121(n4)
Cameroon 61t, 79t, 106t, 116t, 119t
Canada 114t
Canning, D. 87
capacity-building 65
Cape Verde Islands 119t
capital flight 211
capital to labour ratio 86(n2)
capital markets 57
Caribbean 26t, 30t, 36t
case studies 112
caste 169, 175, 183, 187t, 191t
centiles 132, 136, 141
Central Africa 25, 26t, 29, 30t, 34, 36t
Central African Republic (CAR) 61t, 79t, 105t, 115t, 120t
Chad 61t, 79t, 114t, 120t, 121(n4)
Chakravarty, S. 146(n5)
change in mean (CHIM) 127, 135–6, 136t, 137, 140–1
Chauvet, L. 58
Chen, S. 123, 126
Chevalier, A., 174
child demographics 197t
child mortality (under-five years old) 1, 6–7f, 8–10, 22, **28–34**, 43, 44, 46, 49, 51–2(n9–10), 57, **63–85**, 87(n14), 104, 106t, 109–10t, 110, 112, 130, 131t, 136t, 144, 210, 211
  'central variable' 16
  de-trended 159, 162f
  definition 51(n9)
  different estimates **28**, 29t, 51(n9)
  income elasticity 152
  individual data versus state-level average 164
  MDG: annual rate of decline required to meet 150, 169(n1)
  MDG: feasibility of achieving **155–6**
  predictors 155–6, 157
  regression-based estimates 28
  rural versus urban **32–3**, 51–2(n10)
  subregional and country data **29**, 30t, 31f
  trends **29**, **32**
  unconditional income elasticity 151
  vulnerable group 169
  water supply 33, 34t
  White and Blöndal's projections 29t
  see also infant mortality
child mortality: links with economic growth (implications for achieving MDG in India) 15, **17**, **150–73**
  alternative sets of control variables 165t
  assumptions 151, 156
  data deficiencies 154, 156, 170(n4–5)
  descriptive statistics 157–60, 161–2f
  differences in income elasticity across states 165–6, 170(n10)
  dynamics 160
  econometric model 150, 160–4, 170(n8)
  economic growth: distributional impact 153
  economic growth: effect on child mortality 151–3, 169–70(n2–4)
  empiricism 167
  further research required 153
  growth elasticities and fixed effects by state 166t
  income elasticity (post-reform era) 166–7, 168t, 170(n11)
  key relationship 159
  literature 153–6, 163, 170(n3–7)
  'no evident relation of growth and mortality' 159
  panel data 150, 152, 154, **156–7**, 159, 165
  policy implications 169
  research: feasibility of attaining MDG for mortality 155–6
  research: impact of economic growth on childhood mortality 153–5, 170(n5–7)
  results 164–8, 170(n9–12)

PROOF

child mortality: links with economic growth – *continued*
  simulation to MDG target 167–8, 171(n12)
  standard deviations 158t
  state fixed effects 151
  systems estimator 160–2
  trend variation (captured) 163
  website 159n
  year effects 151
child mortality rate 128, 147(n15)
child nutrition 170(n2)
child survival rates 132, 133–4t, 140, 140f, 147(n15)
childbirth
  deliveries outside the home 154
  delivery complications 152, 169–70(n2)
children
  aged 12 in *de facto* population (household size) 177t
  birth-order 157
  first-born 169
  health versus educational attainment 193
  not in school 35, 37f, 177t, 206(n1)
  not in school: White and Blöndal's projections 36t
  not in school: projections (2015) 38t
  premature death 44
  rural 183
  'street children' 22, 45
  stunted 128, 130, 131n, 133t, 134n, 136t, 136, 137f, 144, 146(n11)
  underweight 9, 39t, 39–40
Chile 114t, 117t
China 50, 51(n10), 103, 106t, 116t, 119t
  predicted to meet MDG poverty target 25
  western provinces versus eastern seaboard 51–2(n10)
Christians 178t, 187t, 190t, 202t, 204t
  '*chrs*' (variable) 64, 68t, 70–1t, 74, 86t
CIA 86t
civil society xiv, 2
Clark, J. 167
Clemens, M., *et al.* (2004) 86(n4), 88
  Guillaumont, P. 88
  Radelet, S. 88
Clements, B., *et al.* (2003) 227(n3), 227
  Bhattacharya, R. 227
  Nguyen, T. Q. 227
climate 58, 152, 163
Collier, P. 58
Colombia 61t, 79t, 118t
Comoros 61t, 79t, 81, 120t, 121(n5)
computable general equilibrium (CGE) models 21, 49, 50t
conflict/conflict zones 25, 45
Congo Democratic Republic (Congo-Kinshasa) 120t
Congo Republic (Congo-Brazzaville) 114t, 120t
Congress Party 167
constant time trend projections **46–7**, 52(n18–20)
consumption 129, 145–6(n2), 180t, 181
  rural versus urban 193t, 193–4
consumption goods 86(n2)
contraception 69
corruption 106t, 163
Costa Rica 114t, 117t
Côte d'Ivoire 61t, 79t, 119t, 121(n5)
countries 28, 45, 50, 59
  number expected to reach MDGs 25, 26t, 29, 30t, 32
covariance matrix 67
credit markets 182
cross-country regressions 16, 23, 47, **90–122**
Cuba 117t
culture 60, 64, 163
Cutler, D., *et al.* (2006) 151, 171
  Deaton, A. 171
  Lleras-Muney, A. 171
Cyprus 117t
Czech Republic 32

Dalgaard, C., *et al.* (2004) 58, 88
  Hansen, H. 88
  Tarp, F. 88
data
  administrative 176
  cross-country 16, 151, 164
  cross-sectional 181
  historical 46
  national-level (drawbacks) 16
  sub-national 56, 59
  time-series 170(n4), 184
  see also household surveys
data sets 57–8

PROOF

Datt, G. 163, 172, 214
death/'proximate' versus 'underlying' causes, 169–70(n2)
Deaton, A. 146(n2), 151, 153, 163, 170(n9), 171
debt 10, 18, 18(n2)
  domestic and external 227(n3)
debt burden (Indian states) **208–28**
  impact on economic growth **210–22**
debt elasticity of poverty 217
debt forgiveness 13
debt overhang 210–11, 227(n3)
debt ratio 214–17, 219t, 222–6
debt relief 4t
debt trap 208, 227(n2)
deciles 132, 133–4t, 146(n6)
decreasing returns to labour 86(n2)
decreasing returns to scale 57
deforestation 10, 11f
Dehejia, R. 153
DeLong, J. B. 167
demand 211
Demery, L. 46, 48, 49, 51(n5)
demographic accounting identities 46
demographic change 156
Demographic and Health Survey (DHS) data 22, 32, 51(n10)
  Bolivia 127–9, 131n
demographic models 46
demographic transition 34, 45
demographic variables 163, 165
demographics 129, 157, 183, 186t, 189–91t, 192
Denmark: Royal Ministry of Foreign Affairs xiii
De Onis, M., *et al.* (2004) 39, 52(n18)
  Blossner, M. 53
  Borghi, E. 53
  Frongillo, E. A. 53
  Morris, R. 53
nutrition outcomes 39t, 39–40, 52(n18), 53
Deolalikar, A. B. 154, 170(n6–7), 176, 179, 206(n3)
developed countries 3, 11f, 38t, 43, 18(n2)
  'high-income countries' 38t
  times of depression 211
  see also OECD
developing countries xviii, 5, 8, 9, 10, 11f, 15, 18, 18(n2), 25, 34, 39t, 41t, 43, 56, 58, 85, 87(n9), 95t, 151–2, 154, 163, 176, 208
  'highly-indebted poor countries (HIPCs)' 4t, 211
  'low-income countries' 45, 93
  'off track' 20
  relevance of Keynesianism 211
  small islands 3
development 3, 113
  global challenges 2
  socioeconomic 44
diarrhoea 111, 152, 169–70(n2)
disabilities 45
discrimination 196
distribution 48, 51
distributional issues 48
Dixon, J. 86t
Djibouti 119t
Dollar, D. 52–3(n23), 58
Dominica 118t
Dominican Republic 61t, 79t, 118t
donor agencies/reports 86(n1)
diphtheria, pertussis and tetanus (DPT) 131n, 147(n16)
Drèze, J. 175
drugs (medicines) 4t
Duclos, J. 126
durables index 178t, 185–6t, 188, 189t, 200–1t, 203–4t
Dutta, I. **xiv**

East Africa 25, 26t, 30t, 36t
East Asia 39t, 40f, 41t, 41f, 90
  'East Asia and Pacific' 24t, 24f, 26t, 29t, 33t, 33, 34–5t, 38t
  'Eastern Asia' 26t, 28, 30t, 36t
Easterly, W. 64, 71
Eastern Europe 26t, 30t, 36t
  'Eastern Europe and Central Asia' 38t
  'Eastern Europe and CIS' 24t
econometrics xv, 57, 67
economic cycle 170(n5)
economic development 111
economic growth 16, 17, 20–1, 22, 28, 49, 52–3(n23), 113, 123, 146(n5), 175, 209, 211
  cyclical nature 51(n7)
  distribution-neutral 48
  distributional impact 123, 152
  effects on health 'more uncertain' 153
  hampered by debt burden **210–12**
  impact on childhood mortality **153–5**, 170(n5–7)

PROOF

economic growth – *continued*
  links with childhood mortality (implications for achieving MDGs in India) **150–73**
  literature 58–9, 87(n8)
  per capita 58
  performance 28
  recent performance 51(n7)
economic growth rate 94, 104, 112
economic liberalization (India) 150, 166–7
economic performance 35
Economic Survey of Delhi 2001–2 213
economic theory 211
economics
  terminology 52(n19)
economies of scale 74, 93
Ecuador 118t
education 14, 17, 20, 28, **34–8**, 52(n11–12), 53(n25), 57–61, 65, 86(n2), 87(n7), 124, 127, 130, 131t, 144–5, 146(n5, n8), **152**, 157, 164, 211
  access to school 182
  attitudes (historically determined) 183
  curricula 199
  effect on longevity 153
  'elementary' (lower and upper primary) 206(n2)
  female 46, 48, 69
  gender dimension **35**, 38t
  gender equality 210
  gender gap 129, 133t, 175, 199
  India 17–18, **174–207**
  literacy **36**, 38t, 52(n12)
  'lower primary' 176, 206(n2)
  net enrolment rates 2015 (naïve projections) 37f
  numbers out of school (2015 projection) 36t, 38t
  'partly a state subject' (India) 176
  progress versus initial distribution 124
  ratio of women to men 136t, 137, 139f
  secondary 18(n1)
  subregional primary enrolment rates (NER, 2015 projection) 36t
  summary **36**
  'upper primary' or 'middle school' 206(n2)
education programmes 208
educational attainment 56, **62–84**
  adult 181, 183, 197t
  female adult 178t, 184, 186t, 189t, 191, 201t, 204t
  higher castes versus Muslims 175
  highest-educated adult in household 177–8t, 184, 186t, 188, 189t, 191, 201t, 204t
  inequalities (India) 175
  inter-generational correlation 174
  maternal 156, 169
  parental 157, 163, 164, 174
  paternal 165
  upper limit 127
  see also years of schooling
educational status 55, 147(n14)
efficiency 210
Egypt 32, 61t, 79t, 114t, 118t
El Salvador 118t
elasticities 22, 23, 25, 27f, 47, 49–50, 53(n24), 96, 150–3, 164–7, 168t, 170(n6), 181, 196, 199
  'elasticity of debt ratio on poverty' 216
  elasticity of mortality with respect to income 154, 160, 165t, 170(n6, n8)
  income elasticity of demand 93
  outcome-income elasticity 20–1
electoral competition 169
electricity 178t, 179, 184, 185–6t, 189t, 200t, 203t
electricity consumption 212, 214, 218
electricity supply 61, 87(n11), 156
electrification 179t, 181, 187t, 190t, 205t
elementary schools 179, 193t, 194
emerging markets 210
employment 130, 131t, 211, 214
  decent and productive 4t
  women 137, 139f, 140, 144, 178t, 184
environmental catastrophe 45
environmental Kuznets curve (EKC) 93
environmental sustainability xviii, 1
equations
  reduced form 45, 49, 52(n16)
Equatorial Guinea 119t
Eritrea 87(n10), 91, 114t, 120t

PROOF

Ethiopia 49, 61t, 79t, 91, 116t, 120t, 121(n4)
ethnic minorities 44
ethnicity 157, 163, 182, 197t
ethno-linguistic fractionalization index (variable, '*ethno*') 64, 68t, 69, 70–1t, 86t
Europe and Central Asia 24f, 26t, 29t, 33–5t, 38t
'exit' option 112
export revenues 18(n2)
export access 4t

factor productivity 87(n12)
family 63, 91, 199
famine 91, 193
Feeny, S. 89
Fernandez, R. 57
fertility (human) 21, 56–7, 86(n2), 129, 156, 159, 163, 188t
  variable ('*fer*') 62–84, 87(n14)
Feyzioglu, T., *et al.* (1998) 59, 88
  Swaroop, V. 88
  Zhu, M. 88
Fielding, D. **xiv**
Fiji 119t
Filmer, D. 129, 163
Finland 114t, 117t
Finland: Ministry for Foreign Affairs xiii
fiscal deficit
  distinguished from 'debt' 218
fiscal reform 152, 154, 210, 212
Flegg, A. 164
food availability 41, 42
food consumption 41
  per capita (1964–2015) 41t
food subsidies 193
France as colonial power (variable) 64, 68t, 70–1t, 73, 86t
Franco-Rodriguez, S., *et al.* (1998) 59, 88
  McGillivray, M. 88
  Morrissey, O. 88
Frongillo, E. A. 53
Fuchs, V. R. 151

Gabon 61t, 79t, 82, 114t, 119t, 121(n5)
Gambia 119t
Gang, I. N. 59
gender 157, 163, 182–3, 188–9t, 193t, 197t
  primary education **35**, 38t
  see also women
gender equality xviii, 1, 130, 131t, 136t, 137, 140, 210
gender gap
  education 175, 199
  primary school completion 192
  'tends to increase with age' (education) 188
generalized least squares (GLS) xvi, 170(n5)
generalized method of moment (GMM) xvi, 170(n5)
Geneva 145
geography 64
Georgia 116–17t
Gini coefficients 51(n6), 146(n6, n8), 194
Gini index 106t, 107t, 108, 109t, 110t, 165t
girls 17, 38t, 45, 51(n3), 169, 175–7, 178t, 182–3, 185–8t, 188–94, 196–9, 200–5t
  crimes (kidnappings) against 181
  not in school 177t
Girma, S. 88
Global Economic Prospects (World Bank) 21, 23, 50t
Global Monitoring Report (World Bank, 2005) 23, 28, 46, 54, 92, 122
Goldin, I. 93
Gomanee, K., *et al.* (2005a) 60, 88
  Girma, S. 88
  Morrissey, O. 88
Gomanee, K., *et al.* (2005b) 60, 88
  Morrissey, O. 88
  Mosley, P. 88
  Verschoor, A. 88
good governance 4t, 16
government debt
  distinguished from 'fiscal deficit' 218
  implications (Indian states) **208–28**
  ratio to GSDP 213
government expenditure *see* public expenditure
Government of India: Department of Education 214
Government of India: website 227(n1)
Grenada 117t
Grimm, M. 146(n9)
Grimm, M., *et al.* (2002) 146(n4), 148
  Guénard, C. 148
  Mesplé-Somps, S. 148

PROOF

gross domestic product (GDP) 154, 212
  de-trended 159, 162f
  explanatory variable 92–5, **96–8**, 99f, 100t, 100–1f, 104, 106–7t, 108, 109t, 110, 112, 121(n6)
  growth 52(n22)
  link with access to water and sanitation 16, 93
  per capita 16
  PPP 47
gross national income (GNI) 5
gross state domestic product (GSDP)
  per capita 214–17
  ratio of debt to 213
  see also net state domestic product
Grosse, M. **xiv**, 147(n18), 149
Grosse, M., *et al.* (2005) 129, 148
  Klasen, S. 148
  Spatz, J. 148
Grosse, M., *et al.* (2008) 124, 126, 127, 145(n1), 146(n8)
  Harttgen, K. 148
  Klasen, S. 148
growth incidence curve (GIC) (Ravallion and Chen) 123, 126, 132, 135f
growth rate in mean (GRIM) 126, 127, 135–6, 136t, 140, 148(n21)
growth-based estimates 22
GTZ (Deutsche Gesellschaft für Technische Zusammenarbeit) xv
Guatemala 61t, 79t, 105t, 114t, 118t
Guénard, C. 148
Guillaumont, P. 58, 88
Guinea 61t, 79t, 116t, 120t
Guinea-Bissau 116t, 120t
Gujarat 158t, 159f, 160t, 161f, 166t. 180t, 220t, 221–5
Guyana 118t

Haddad, L., nutrition outcomes 39t, 39–40, 49
Haiti 61t, 79t, 105t, 114t, 119t
Ham, J. 182
Hamilton, K. (1996) 86t
Hanmer, L. 24t, 28, 29t, 47, 49, 51(n4)
Hanmer, L., *et al.* (1997a, 1997b) 23, 53
  Jong, N. de 53
  Kurian, R. 53
  Mooij, J. 53
Hanmer, L., *et al.* (2000) 53(n24), 53
  Healey, J. 53
  Naschold, F. 53
Hanmer, L., *et al.* (2003) 22, 53
  Lensink, R. 53
  White, H. 53
Hansen, H. 58, 86(n4), 88
Harttgen, K. **xv**, 147(n18), 148
Haryana, 158t, 159f, 160t, 161f, 166t, 180t, 220t, 221–6
Hausman test 219t, 219, 227(n7)
headcount poverty 136n, 213
Healey, J. 53
health 14, 56–65, 69, 86(n2), 87(n7), 106–7t, 112–13, 124, 129–30, 131t, 141, 146(n5), 174–5, 179, 199, 211–12
  feedback to income through productivity effects 151–2
  India 17, **150–73**
  upper limit 127
  see also public expenditure
health programmes 208
health services 28
health technology 158–9, 163, 169
health, wealth, wisdom 16, **55–89**
healthcare 128–9
Heller, P. S. 59
Hemming, R. 210
Hermes, N. 89
Hesslebarth, S. 122
heteroscedasticity 165t, 183, 193n
Hill, A. 164
Hill, K. 167
Himachal Pradesh 220t, 221–3, 224–5t
Hindus 195
history 49, 64, 163
HIV/AIDS xviii, 1, 5, 6–7f, 9, 20, 28, **42–3**, 46, 49, 52(n14–15)
HNP (health, nutrition, poverty)
  World Bank data set 60, 63
Hoare, R. 86t
Hoddinott, J. 206
Hoeffler, A. 58
Honduras 106t, 118t
house (*pucca*) 178–9t, 185t, 189t, 200t, 203t
house flooring 61–2 62t
household assets 60, 189t, 191t, 192, 197t
household consumption 180t, 181
household data 23
household demographics 188t, 197t

PROOF

household living standards 163–4, 179
household mobility 127
household size 73, 184, 189t, 191–2
  females/males 178t, 186t, 190t, 201t, 204t
household surveys 47, 52(n22), 56, 60–4, 87(n10), 127–8, 146(n10), 175–6
households 93, 131n, 148(n20), 152, 183
  Bolivian 124–5
  child survival rates 147(n15)
  children aged under five 192
  female head 178t, 184, 186t, 190t, 191, 201t, 204t
  income per capita (real) 134n, 136n
  principal female working, 178t, 184, 186t, 190t, 191, 197t, 201t, 204t
  rural 164
  socio-economic status 183
  variables 194
Hudson, J. 58, 89
human capital 57, 86(n2), 144, 174, 182, 214
human development 16, 111, 175
Human Development and Capability Association xv
human development index (HDI) 60, 87(n9), 97–9, 100t, 100–1f, 106t
  access to water and sanitation 97–8, 100t
Human Development Report: China (1997) 51(n10)
Human Development Report (UNDP) 51(n2), 52(n21)
human rights xiv, 14
Hungary 114t
hunger xviii, 4t, 6–7f, 8, 9, 10f, 14, 15, 47, 136t, 210

ICT 4t
IMF 211
IMF Economic Forum: Health, Wealth, Welfare (2004) 86(n3)
IMF website 86(n3)
immunization 34, 43, 154
income 28, 46, 50, 58–9, 93, 129, 145–6(n2), 147(n18), 147–8(n20), 151–2, 170(n6)
  absolute change 135f
  aggregate 152, 160
  initial distribution 124
  per capita 48, 57, 86(n2), 87(n8), 180t, 192, 193t, 202t, 205t, 212, 218
  private **152**
'*income*' ('real net state domestic product per capita' variable) 157–68
income distribution 58, 132, 144
income elasticity of demand 93
income growth 21, 126
income inequality 22, 130
income poverty xviii, 8, 9, 10f, 20, 22, **23–8**, 51(n4–8), 123, 124, 154, 170(n3)
  calculation 52(n17)
  estimates 47, 52(n22)
  forecasts 24t, 51(n7)
  percentage of population 26t, 27f
  projections 47
  reduction 44
  rural versus urban **25**, 26t, 51(n8)
  sub-regional estimates **25**, 26t, 27f
income shocks 176, 199
income-based models 50t
income-based projections 47–8, 52–3(n21–4)
India viii, 9, 35, 44, 61t, 79t, 91, 103, 105t, 119t, 121(n5)
  childhood mortality and economic growth (implications for achievement of MDGs) 17, **150–73**
  country-specific analysis (water) 92, 121
  difficulty of achieving MDGs 15
  effect of recessions on health 153–4
  focus on 15
  impact of growth on poverty (literature) 170(n3)
  population, poverty, child mortality (share of world total) 150
  post-reform era (1981–98) 150–1
  predicted to meet MDG poverty target 25
  primary schooling 17–18, **174–207**
  rural 184
  state government debt versus MDG income poverty target 18, **208–28**
  trends in under-5 mortality and state-income (population-weighted averages) 159, 162f

PROOF

Indian constitution 209, 227(n1)
concurrent list 176
Indian National Family Health Survey (INFHS) xvi, 17
Indian States 160, 163–7, 169, 171(n12), 182–3, 195, 198t, 199
changes in under-5 mortality and income (1970–94) 158, 160t
debt and poverty MDGs 212–13
dummy variable (education) 192
income 150, 183, 184, 199
level and change of under-5 mortality and income (1970–98) 157, 158t
poor 181
poor versus non-poor 156
real income per capita 166–7
relationship of under-5 mortality and state income (quadratic fit) 159, 161f
trends in real log income (1970–98) 156, 161f
trends in under-5 mortality 158, 159f
variables 194, 202t, 205t
Indian States: government debt (implications for achieving poverty MDG) 15, **18**, **208–28**
assumptions 208
data 213–14, 227(n4–5)
data deficiencies 213, 214, 226
debt and MDGs 210–12, 227(n3)
empiricism 210, 212, 221, 227(n3)
fixed-effect regression 212, 216t, 216–17
further research required 226–7
impact of debt on achieving poverty MDG 225–6
justification for state-level analysis 209
linear interpolation 214
literature 209–10, 210–12, 213, 227(n5)
log-linear models 221, 223
MDG: 2007 and 2015 217–23, 227(n6–7)
methodology 212–13
panel data 212, 214
policy implications 215, 226
predicted values 219–23
p-value Breusch–Pagan 215t, 215
R^2 215t, 215, 219t
random-effect regression 212–13, 214–16, 217, 218–19
results and analysis 214–23, 227(n6–7)
robust standard errors 215t, 216t
simulation 223–6
'simultaneity bias' issue 217–19, 227(n6–7)
state-specific effects 217
website 227(n4)
Indonesia xiv, 25, 32, 61t, 79t, 81, 103, 116t, 118t
industrialization 218
inequality 28, 41–2, 47–8, 53(n24), 97, 104, 123, 126–7, 163, 174, 184
explanatory variable 105
initial 23, 51(n6)
90:10 ratio 130, 132, 133–4t, 134n
inequality measures 146(n6)
infant mortality 28–9, 30t, 32f, 32–4, 44, 51(n9), 58–9, 130, 131t, 136t, 144, 147(n15), 154, 156, 167
definition 51(n9)
microdata 163
see also child mortality
infant mortality rate 60, 63, 128
infant survival rate 133–4t, 140, 141f
infectious disease 1, 93, 152, 170(n2)
inflation 163, 164, 211
infrastructure 211–12
Institute of Social Studies (ISS) 23, 51(n4–5)
institutional mechanisms 91, 112–13
institutions 58, 101, 163, 209
'inter-generational multiplier' 53(n25)
interdependencies **xviii**, 2, 16–17, 55, 76, 90, 92, 94, 110–11, 124–5
interest rates 211
International Development Targets 15, 20
international dollars 97n
International Food Policy Research Institute (IFPRI, USA) xvi, 39, 40, 49, 52(n13)
International Institute for Population Sciences (IIPS, India) xvi, 172
and ORC Macro 156
internet users 12f, 18(n2)
interviews 156, 176
investment 210, 211–12
public (education) 174
Iran 117t
Iraq 118t
Israel 114t, 117t

PROOF

Jacoby, H. 176
Jalan, J. 152
Jamaica 118t
Jamison, D. 86(n3)
Jammu 180t
Japan 114t, 117t
Jolly, R. 92
Jong, N. de 53
Jordan 61t, 79t, 117t

Kakwani, N. 164
Kanbur, R. 145
Karnataka 92, 158t, 159f, 160t, 161f, 165, 166t, 180t, 220t, 222t, 224–5t, 226
Kazakhstan 87(n10), 118t
Kenya 61t, 79t, 116t, 119t
Kerala 157, 158t, 159f, 158, 159f, 160t, 161f, 165, 166t, 180t, 220t, 222t, 224–5t, 226
Keynesian approach 211
Khan, H. A. 59
Kiel 145
King, E. 164
Kinsey, B. 206
Klasen, S. **xv**, 125, 127, 145(n1), 146(n4), 147(n18), **148–9**
  pro-poor growth typology **125–6**
Klasen, S., *et al.* (2007) 129–30, 147(n17, n19), 148(n22), 149
  Grosse, M. 149
  Lay, J. 149
  Spatz, J. 149
  Thiele, R. 149
  Wiebelt, M. 149
Knowles, J. 182
Kochar, K. 209, 212
Korea (South) 118t
Kosack, S. 60
Kraay, A. 52–3(n23)
Krain, M. 86t
Kurian, N. J. 210
Kurian, R. 53
Kuznets effect 93, 98, 108, 113
Kyrgyz Republic/Kyrgyzstan 87(n10), 95, 116–17t

La Porta, R., *et al.* (1998) 86t, 88
  Lopez-de-Silanes, F. 88
  Shleifer, A. 88
  Vishny, R. 88
labour (opportunity cost) 86(n2)
labour demand 182
labour productivity 57
labour supply (women) 154
Lahiri, A. 212
land (agricultural) 87(n12)
landlocked countries 3
  '*coast*' (variable) 64, 68t, 69, 70–1t, 75
landowners 178t, 185–6t, 189t, 200–1t, 203t
Lao PDR 91, 116t, 119t, 121(n4)
Latin America xiv–xv, 28, 129
  'Central America' 25, 26t, 30t, 36t
  'South America' 25, 26t, 28, 30t, 36t
Latin America and Caribbean (LAC) 24, 26t, 29t, 29, 32–5, 38–41, 43t, 48
Lay, J. 149
least-developed countries (LDCs) 3, 10, 12f
least-squares dummy variables method (within-group) 161, 163
Lebanon 114t, 117t
Lensink, R. 53, 89
Lesotho 115t, 119t
Levine, R. 64, 71
Liberia 120t
Libyan Arab Jamahiriya 95, 117t
life expectancy 43, 59, 87(n9), 97, 129, 154
  rich countries versus poor countries 151–2
literacy 22–3, **36**, 38t, 49, 52(n12), 59, 87(n9), 129, 130, 131t, 137, 138f, 146–7(n13–14), 199, 217
  female versus male 180t, 202t, 205t
  'illiteracy' 175, 180t, 184, 192, 193t, 202t, 205t
literacy rate 128, 131n, 133t, 136t, 214
livestock-owner (variable) 178t, 185–6t, 189t, 200–1t, 203–4t
living standards 5, 14, 85, 145(n2), 154, 163
  gaps 3
  rural versus urban 194
Lleras-Muney, A. 153, 171, 174
loans 5
local governments 112
log-linear equations 69
log-linear form 64
logistic regression equations 87(n13)
Lopez-de-Silanes, F. 88

PROOF

macroeconomic imbalances 210
macroeconomic policy 212
Madagascar 61t, 80t, 106t, 116t, 119t
Madhya Pradesh 156, 158t, 159f, 160t, 161f, 166t, 180t, 206(n1), 220t, 222t, 223, 224–5t
Maharashtra 157, 158t, 159f, 160t, 161f, 165, 166t, 180t, 220t, 222t, 222, 224–5t
malaria 111, 112, 152, 169(n2)
Malawi 61t, 80t, 92, 105t, 116t, 119t
Malaysia 114t
Maldives 118t
'*malfal*' (fraction of population at risk from malaria) (variable) 64, 68t, 69, 71t, 75, 86t
Mali 61t, 80t, 116t, 120t
malnourishment 107t, 108
malnutrition 41–2, 52(n18)
Maquette for MDG Simulations (MAMS, World Bank) 21, 49, 52(n16)
market access 12f, 18(n2)
marriage 148(n22)
maternal health xviii, 136t, 141, 152, 170(n2), 211
maternal healthcare 130, 131t
maternal mortality 4t, 22, 49, 111, 112
Mauritania 61t, 80t, 116t, 119t
Mauritius 117t
Mavrotas, G. 87
maximum likelihood 182
McArthur, J. 86t
McGillivray, M. **xv**, 86(n6), 87, 88, 120, 169, 206, 227
McGillivray, M., *et al.* (2006) 86(n4), 89
  Feeny, S. 89
  Hermes, N. 89
  Lensink, R. 89
measles 131n, 147(n16), 169(n2)
measuring pro-poor growth in progress towards non-income MDGs 15, **17**, **123–49**
  assumptions 125, 147(n18)
  comparability issue 128
  concept of pro-poor progress 125–6, 145–6(n2–6)
  'conditional' versus 'unconditional' assessments 124
  'crucial question' 123
  data 124, 127–9, 146(n9–18)
  data deficiencies 125, 128, 129, 131n, 146(n10, n12–13)
  descriptive statistics 129–32, 133–4t, 147–8(n19–20)
  empiricism 125, 127, 135
  further research required 145, 147(n18–19)
  government policies (Bolivia) 144–5, 148(n22)
  inequality (90:10 ratio) 130, 132, 133–4t, 134n
  interdependencies 124, 125
  literature 123, 125, 146(n4–5)
  methodology 126–7, 129, 144, 146(n7–9)
  'new insights' 144
  pro-poor progress towards non-income MDGs 132, 135–43, 148(n21)
  results 129–43, 147–8(n19–21)
  stochastic error term 129, 148(n18)
  terminology 126
  theory 125
medical progress 152
Melanesia 30t, 36t
men 146–7(n12–14), 147–8(n20), 195
  see also gender
Mensbrugghe, D. van der 53
Mesplé-Somps, S. 148
Mexico 118t
microdata 154, 157, 163–5
microlevel analysis 112, 113
Micronesia 30t, 36t
Middle East and North Africa 24t, 24f, 26t, 29t, 33t, 34t, 35t, 35, 36, 38t, 41t
Miguel, C. 122
Millennium Declaration (2000) **2–3**, 14, 121(n1)
Millennium Development Goals (MDGs)
  aid **55–89**
  childhood mortality and economic growth (India) **150–73**
  China versus rest-of-world 50
  criticisms 2
  debt and **210–12**, 227(n3)
  'dire predictions' (assessed) 15–16, **20–54**
  empiricism xviii
  failure to achieve targets (projected) **44**
  hardest to achieve in SSA 9
  India **150–73**

PROOF

interdependencies 55
lack of commitment to quantitative ODA targets 5
non-income 15, **17**, **123–49**
poverty (implications of debt burden of Indian states) **208–28**
primary schooling (India) **174–207**
target variables: core determinants xviii
targets **3–5**, **14**, 16, 90, **128–9**
water and sanitation **90–122**

Millennium Development Goals: MDG1 to MDG8
MDG1 (poverty and hunger) 8, 9, 10f, 15, 17, 123, 125, 128; progress towards 6f, 7f; targets 3, 4t
MDGs1–7 3, 128
MDG2 (primary education) 3, 4t, 6, 7f, 8, 10f, 18(n1), 128–9, 137, 138f
MDGs2–7 123
MDG3 (gender equality) 4t, 128–9, 137, 139f
MDG4 (child mortality) 4t, 6, 7f, 8–9, 10f, 10, 15, 16, 17, 128, 129
MDG5 (maternal health) 4t, 128, 129
MDG6 (diseases) 4t, 6, 7f, 8, 129
MDG7 (environment) 3, 4t, 10, 11f, 17, 90, 129
MDG8 (global partnership for development) xviii, 1, 3, 4t, 5,10, 12f
see also individual subject headings

Millennium Development Goals: overview, progress, prospects **1–19**
assumptions 8, 16
data deficiencies 6–7n, 8, 11–12n, 16
empiricism 2, 14, 17
further research required 15
interdependencies 2, 16–17
literature 15
outline 2–5
progress towards 5–14, 18(n1–2)

Millennium Development Goals: projecting progress towards **15–16**, **20–54**
approaches to making projections 20–3, 51(n1–3)
assumptions 20, 21, 46, 48, 49, 50, 51, 51(n2), 52(n12, n20)
base year (1990) 23, 28
baseline data 22
caveat 21
data deficiencies 21–2, 23, 25, 26n, 35, 43, 44, 47, 49, 51(n2), 52(n14–15, n21)
determinants 20, 25, 45, 47, 50
'dire projections' assessed 20
education 34–8, 52(n11–12)
HIV/AIDS 42–3, 52(n14–15)
income poverty 23–8, 51(n4–8)
level of disaggregation 21
mortality 28–34, 51–2(n9–10)
nutrition 39–42, 52(n13)
parameterization 20, 46, 50t, 50
policy simulations 50t
projection methods 45–51, 51(n1), 52–3(n16–25)
'right policies' 21

Millennium Indicators Database (UN) 22, 94, **121(n3)**
Millennium Project Task Force (MPTF) 111
gender 38t
primary education 38t

Millennium Project Task Force on Education (MPTFE) 34, 35t, 35
Millennium Summit (New York, 2000) xviii, 150
Mizoram 214
Moldova 32, 118t
Mongolia 116t, 118t
monitoring 92, 123
Monterrey Conference on Financing for Development (2002) 1
Montserrat 32
Mooij, J. 53
Morocco 61t, 80t, 118t
Morris, R. 53
Morris, S. 171
Morrissey, O. 86(n4, n6), 88
mortality 16, 20–1, 145
Mosley, P. 58, 88
Mosley, P., *et al.* (2004) 60, 89
Hudson, J. 89
Verschoor, A. 89

Mozambique 61t, 80t, 116t, 120t
Mukherjee, D. 146(n5)
multi-equation models 21, **49**, 50t, 52(n16), 53(n25)
multivariate probit analysis 156, 179, 181

PROOF

Munasinghe, M., *et al.* (2001) 93, 122
  Miguel, C. 122
  Sunkel, O. 122
Muslims 175, 178t, 187t, 188, 190t, 195, 201t, 204t
  '*mus*/*musl*' (variable) 64, 68t, 70–1t, 74, 86t
mutlicollinearity 107n
Myanmar 103, 105–6t, 118t

'naïve projections' 20–2, 28, 29t, 34n, 35–9, 50t
  constant time trend **46–7**, 52(n19–20)
Namibia 61t, 80t, 91, 105t
Naschold, F. 24t, 28, 29t, 47, 49, 53(n24), 53
national family health survey (NFHS, India 1998/9) **156–7**, 163, 175–6, 181, 184, 185–91t, 198n, 200–5t
national governments 18, 94, 112, 208
National Sample Survey (NSS), India 179, 181, 206(n1), 213
natural resource capital value ('*natres*') (variable) 64, 68t, 70–1t, 87(n12), 86t
Near East and North Africa 39t, 40f
neonatal sepsis 170(n2)
neonatal tetanus 169(n2)
Nepal 61t, 80t, 119t, 121(n5)
net enrolment rate (NER) 22, 34, 35, 36t, 37f, 51(n3), 52(n11), 54
net state domestic product 192, 193t
  per capita 180t, 202t, 205t
  real per capita ('*income*' variable) 157–68
  see also GSDP
Netherlands 114t, 117t, 154
new public management 113
New Zealand 30t, 36t
Newey–West standard errors 165t, 168n
newspapers 63
Nguyen, T. Q. 227
Nicaragua 61t, 80t, 106t, 118t
Niger 61t, 80t, 81, 116t, 120t
Nigeria 61t, 80t, 103, 116t, 120t
nomads 22, 44, 45
non-agricultural sector 128
non-governmental organizations (NGOs) 91, 94, 112
non-income growth incidence curve (NIGIC)
  absolute 135f, 135, 136, 137–43f
  absolute smoothed 137–43f
  calculation 126, 146(n7)
  conditional 124–7, 132, 136, 137–43f, 148(n21)
  smoothed 137–43f
  unconditional 145(n1)
non-income indicators xviii, 146(n8)
'non-income progress' 126
'non-income progress incidence curves' 146(n7)
normal cumulative density function 67
North Africa 30t, 36t, 175
Northern America 30t, 36t
Northern Europe 26t, 30t, 36t
Norway: Royal Ministry of Foreign Affairs xiii
nutrition 20, **39–42**, 49, 52(n13), 153, 170(n2), 175, 193
  alternative estimates of under-nourishment 39t
  inequality **41–2**
  trends **40–1**
  see also HNP
nutritional status 128
  'genetic noise' 146(n11)

Oaxaca, R. 195
obesity 45
Oceania 91
OECD xv, 2, 5, 13
OECD Development Assistance Committee (DAC) 10, 13f, 13
  online database 64, 65
official development assistance (ODA) xvi, 1–2, 4t, 10, 12f, 13f, 13, 105t
  disbursements (ratio to GDP) 64
  '*discom*' (disbursement-commitment) ratio 65, 67, 71t
  lack of commitment to quantitative targets 5
oil 18(n2)
Oman 114t, 117t
ordinary least squares
  two-stage (2SLS) estimation 218–19, 227(n6–7)
  three-stage (3SLS) 67
Orissa 158t, 159f, 160t, 161f, 166t, 180t, 220t, 221–6
  government debt 209
Ortega, O. 155

PROOF

Overseas Development Institute (ODI) 23, 51(n4–5)
Ozler, B., *et al.* (1996) 157, 172
  Datt, G. 172
  Ravallion, M. 172

p-value 215t
Pack, H. 59
Pack, J. R. 59
Pakistan 61t, 80t, 91, 103, 119t
Palma 145
Palmer-Jones, R. 228
Panama 118t
Panayotou, T. 93
Pande, R. 209
Papua New Guinea 119t
Paraguay 61t, 80t, 91, 105–6t, 118t
parents 45, 53(n25), 182
Parikh, A. 228
Paxson, C. 153, 154, 163, 170(n9)
Pebley, A. 167
Peru 33, 51(n10), 61t, 80t, 118t
Philippines 61t, 80t, 82, 118t
physicians 49
polio 131n, 147(n16)
political economy 183
  'part of explanation' (health differences, India) 169
  public service delivery 152
political stability 58
Polynesia 30t, 36t
poorest people 55, 58–9, 60, 124, 132
  'not benefiting from increased government debt' 214–15
  'not principal beneficiaries of aid' 57
Popli, G. *et al.* (2005) 227(n5), 228
  Palmer-Jones, R. 228
  Parikh, A. 228
population (explanatory variable) 105, 109t
population growth 49, 57, 86(n2)
population growth rate 106t, 107t, 108, 109t
  explanatory variable 94
population size 15
population sub-groups 16, 55, 56, 60
Portugal 32
possessions (radio, television, refrigerator, car) 61, 62t
poverty 58, 61, 81, 97, 129, 163–4
  changing character **44–5**
  debt elasticity 217
  elasticity 23
  extreme 14, 130, 131t, 135, 136t, 140
  'extreme' versus 'moderate' 131n
  global (regional share, 1990–2015) 24f
  health expenditure elasticity of 221, 222
  MDG: implications of government debt (Indian states) **208–28**
  moderate 136n, 140
  multidimensional concept 124, 125, 146(n3, n5)
  non-income indicators 132
  rural versus urban 180t, 194
  see also HNP; income poverty
poverty alleviation 193, 208
poverty disease trap 91
poverty elasticity 23, 51(n6)
poverty eradication 3
poverty gap 128, 130, 131t, 193t
poverty gap index 165t, 180t, 194, 202t, 205t
poverty headcount 128, 130, 131t, 135, 212, 214, 215t, 215, 216t, 219–20t, 220, 222t
poverty lines 47, 50, 131n, 135, 136n
  one dollar a day 3, 4t, 8, 15, 24t, 24f, 24, 28, 44
  two dollars a day 15, 24, 28
poverty reduction xv, xviii, 5, 6–7f, 16, 18, 22, 123, 140, 146(n5), 151, 174, 194
  Bolivia 147(n19)
  MDG targets 3, 4t
progress **43–4**
preventive medicines 128–9
primary education 1, 3, 10f, 16, 17, 18(n1), 46
  attendance rate (India, 1998/9) 175
  net enrolment rate (NER) 22, 34, 35, 36t, 37f, 51(n3)
  number of schools per thousand children 181
  progress towards 6f, 7f
  universal (UPE) xviii, 36t, 43–4, 129, 130, 131t, 136t, 181, 210, 211
primary school age: definition 176
primary school attendance 185–8t, 200–3t
  determinants 188
  predictors 184
primary school completion 189–91t, 203–5t

PROOF

primary school completion– *continued*
  determinants 188
  gender gap 192
primary school completion rates
  Bolivia 128, 130–2, 133t, 136t, 137, 138f
  India 175, **176**, 177t, 177, 178–9t, 181–4, 188–99, 203–5t
primary school enrolment
  female 28
  gross rate 87(n9)
  rate (India) **176**, 177t, 178–9t, 179, 181–8, 191–9, 200–3t
  'last 5 per cent' 35, 36, 45
primary school teachers 180t, 202t, 205t
primary schooling (India): achieving the MDG 15, **17–18**, **174–207**
  analytical approach 182
  assumptions 181, 182, 196, 199, 206(n3)
  data and definitions 175–9, 180t, 181, 193n, 206(n2)
  data deficiencies 176, 177t, 182, 183, 184, 195
  decomposition and simulation 194–9, 206(n5)
  empirical model 182–4, 185–91t, 210(n4)
  F-tests 188t, 188n, 191t
  further research required 199
  initial conditions 183
  linear probability model 194–9, 200–5t
  linear probability model of school attendance for children aged 6–11 200–3t
  linear probability model of school completion for children aged 12 years 203–5t
  literature 179–81, 206(n1, n3)
  means and standard deviations 177, 178–9t
  parameters 181, 184, 195–6, 199
  policy implications 183, 192, 193
  pooled model 196, 206(n5)
  probit estimates of school attendance (children 6–11) 185–8t
  probit estimates of school completion (children aged 12) 189–91t
  probit model 182–4, 185–91t, 194, 196
  pseudo-R^2 183, 188t, 191t
  puzzle 194
  R^2 203t, 205t
  reasons for Indian case-study 175
  regression of state fixed assets on state-level variables 192–3, 193t
  results 184–94
  sample size 176, 177t
  scenarios 179, 181
  standard errors 183, 193t, 198n
  state fixed effects 183–4, 210(n4)
  t-tests 177, 178–9t, 203n
  Wald Chi^2 188t, 191t
  z-statistics 188n
Pritchett, L. 57, 129, 154, 163–4, 170(n5)
private goods 93
private sector 4t, 91, 94, 112
pro-poor change (PPCH) 127, 135–7, 140–1
  PPCH-CHIM 132
pro-poor growth xiv, xviii, 17, 48, 52–3(n23), **123–49**, 153, 166, 167, 170(n3), 174
  definition 125
  Klasen's typology **125–6**
  relative 125–6, 127, 137, 140, 141, 144, 146(n8)
  strong absolute 125, 126, 127, 135, 137, 141, 145
  weak absolute 125, 126, 132, 136, 137, 140, 141, 144
pro-poor growth rate (PPGR) 126, 127, 135–6, 136t, 140, 147(n17), 148(n21)
  PPGR-GRIM 132
pro-poor progress 148(n21)
  concept 125–6, 145–6(n2–6)
Probit form 64, 69
'problem groups' 35, 36
productivity 57, 86(n2), 93, 151–2, 174
projection methods **45–51**, 51(n1), **52–3(n16–25)**
  addition of explanatory variables 48–9
  constant time trend: naïve projections 46–7, 50t, 52(n18–20)
  equations 45–7
  income-based projections 47–8, 50t, 52–3(n21–4)
  level of analysis **49–50**
  model specification 45, 50t

PROOF

multi-equation models **49**, 51, 52(n16), 53(n25)
parameterization 46, 50t, 50
projections of independent variables 45
summary 50t, **50–1**
property rights 93
public expenditure/public spending 85, **152**, 163, 170(n4), 215
aid-augmented 59
determinants 59
development 180t, 192, 193t, 193, 202t, 205t
education 60, 87(n7), 176, 179, 180t, 181, 184, 192, 193t, 202t, 205t
'government expenditure' 64–5, 214–17
health 60, 87(n7), 106t, 107t, 108–12, 151–2, 156, 164–5. 165t, 169, 170(n6), 192–3, 212, 214, 218–26
health (per capita) 215t, 215, 216t, 216–17
health, education, water 64–5
health, famine relief, food subsidies 192
Orissa 209
quality 212
social sector 112
targeted 124
twofold disaggregation 87(n7)
public health 44
public sector 59, 91
public service delivery 163
Punjab (India) 158t, 158, 159f, 160t, 161f, 166t, 180t, 220t, 221–3, 224–5t
pupil–teacher ratio 181
pure public goods 93

quality of life 113, 209
questionnaires 175–6
quintiles 146(n6)
poorest 65, 75, 81, 85
richest 65, 75

R^2 48, 97t, 98–104f, 105t, 107t, 108–11, 215t, 215, 219t
Radelet, S. 88
rainfall 163
rainfall shocks 150, 159, 162
Rajasthan 156, 158t, 159f, 160t, 161f, 166t, 180t, 220t, 221, 222t, 224–5t, 226
Ramadas, K., *et al.* (2002) 52(n18), 53
Mensbrugghe, D. van der 53
Wodon, Q. 53
RAND 169
Raney, L. 164
Rangarajan, C. 209
Ravallion, M. 123, 126, 146(n4), 151–2, 163, 170(n3), 172, 214
recessions
effect on health 153–4
recipient country policies 58
regional tabulations 51(n5)
regions 45
Reher, D. 155
religion 157, 163, 175, 182–3, 187t, 190–1t, 197t, 202t, 204t
Rens, T. van 57
reproductive health services 129
Research Committee on Development Economics 145
respiratory infections 152
rich groups 58
developing countries 60
rich–poor gap 56, 85, 127, 145
roads (*pucca*) 156, 177–9t, 181, 187t, 190t, 202t, 204–5t
Rockefeller Foundation 51
Rogerson, R 57
Romania 116t, 118t
Rosenzweig, M. 174
Roubini, N. 210
Ruhm, C. J. 153
Ruohonen, A. xiii
rural areas
distance to nearest town 177–8t, 187t, 190t, 202t, 204t
India 176, 178t, 183–8, 188–91t, 193–6, 197t, 200–5t
water and sanitation 91
rural development 211
rural infrastructure 187t, 190–1t
rural–urban differences 22–3, 147(n18)
Bolivia 129
child mortality **32–3**, 51–2(n10), 157
consumption 180t, 193t, 193–4, 202t, 205t
incidence of HIV/AIDS 43, 52(n15)
income poverty **25**, 26t, 51(n8), 89
living standards 194
poverty **44**, 194
prices 163
water supply 33, 34t, 34

PROOF

Russian Federation 43n, 114t, 117t
Rwanda 61t, 80t, 116t, 120t

s-curve 34
Sachs, J. 86t
Sahn, D. 129
St Kitts & Nevis 117t
Saint Lucia 117t
sample selection 156
sanitation 4t 10, 11f, 16–17, 55, **61–84**, 129, 152, 156, 178–9t, 185t, 189t, 200t, 203t, 211
  MDG after-thought 121(n1)
  see also water and sanitation
São Tomé and Príncipe 120t
Saudi Arabia 114t
savings 211
Schady, N. 154
scheduled castes/tribes (India) 165, 178t, 186t, 188, 190t, 192, 201t, 204t
science and technology 175
Sen, A. 145, 146(n3–4), 175
Senegal 91, 116t, 119t
separate room for cooking 178t, 184, 185–6t, 189t, 200–1t, 203t
Serbia and Montenegro 118t
Sevilla, J. 87
Shafik, N. 93, 96
Shleifer, A. 88
shocks 16, 45, 150, 159, 162–3, 176, 199
Shordt, K., *et al*. (2004) 92, 122
  Brikke, F. 122
  Hesslebarth, S. 122
  Wijk, C. van 122
Shorrocks, A. xiii, **xviii**
Sida 2015 project 23, 24t
Siddiqui, S. 57
Sierra Leone 116t, 120t
Simulations for Social Indicators and Poverty (SimSIP) xvii, 48–9
simultaneity bias **217–19**
'*size*' (country surface area) (variable) 64, 68t, 69, 70–1t, 86t
Skoufias, E. 176
Slovakia 117t
slum-dwellers 3, 4t, 10, 11f
Smith, L. C.
  nutrition outcomes 39t, 39–40, 49
smoking 45
social expenditures in total government spending (explanatory variable) 94
social indicators 48, 49
social sector
  government investment 18
Society for Study of Economic Inequality 145
Soest, A. van 167, 169, 171, 195
Solomon Islands 119t
Somalia 120t, 121(n4)
South Africa 61t, 80t, 118t
South Asia 15, 17, 24t, 24f, 24, 26t, 28, 29t, 33–5t, 35, 36, 38–9t, 40f, 40, 41t, 41f, 90, 92, 129, 175, 209
  difficulty in reaching MDG targets 9
  lack of progress towards MDGs 5
South-Central Asia 26t, 30t, 36t
South-East Asia 26t, 30t, 36t
Southern Africa 26t, 30t, 35, 36t, 36
Southern Europe 26t, 30t, 36t
Spatz, J. 148, 149
Sri Lanka 91, 95, 106t, 116t, 117t
Srivastava, D. K. 209
standard deviation/standard errors 62t, 62, 64, 66t, 68, 69, 70–2t, 75, 76t, 77, 81, 82–3t, 87(n13), 158t, 177, 178–9t
standard incidence analysis 124
Standing, H. 51(n10)
Stata 206(n5)
state, the 98
state fixed effects **183–4**, 187–8t, 191t, 192–4
state role 93
statistical methodologies 57–8
Stifel, D. 129
stipend schemes 51(n3)
structural adjustment 167, 168t, 170(n11)
structural vulnerability 58
Strulik, H. 57
stunting (*z*-score) 128, 130, 131n, 133t, 134n, 136t, 136, 137f, 144, 146(n11)
sub-Saharan Africa (SSA) xv, 15, 23–4, 26t, 28, 29t, 33t, 33–6, 38t, 39t, 40f, 40–2, 43t, 90–2, 110t, 129, 144
  HIV 9
  MDG4 9
  MDGs 'hardest to achieve' in 9
  poverty 8
  progress towards MDGs 7f
  'unlikely to achieve MDGs' 5, 14

PROOF

water and sanitation 101–2, 103, 105t, 111
Subbarao, K. 164
subsidies 209
Sudan 114t, 119t
Summer, A. 146(n5)
Summers, L. H. 57, 154, 164, 170(n5)
Sunkel, O. 122
supply and demand 182
Suriname 117t
Swallow, A. xiii, 227
Swaroop, V. 88
Swaziland 119t
Sweden 114t
Swedish International Development Cooperation Agency (Sida) xiii
Switzerland 114t, 117t
synergies 16, 93, 99, 102t, 112
Syrian Arab Republic 32, 114t, 118t

t-statistics 69, 70–1t, 97n, 165–6t, 168t
Tajikistan 116t, 119t
Tamil Nadu 158t, 159f, 160t, 161f, 165, 166t, 180t, 220t, 222t, 224–5t, 226
Tandon, A. 154, 155, 170(n9)
Tanzania (United Republic) 61t, 80t, 105t, 116t, 119t
Tarp, F. 58, 86(n4), 88
taxation 210
teachers/teaching staff 211
feminization (effect on primary completion rates) 194
male versus female (primary education) 193t, 194
primary school 193t
technical assistance 65
technocracy 112
technology 10, 12f
television sets (rural areas) 179t, 184, 187t, 191t, 195, 202t, 205t
'*temp*' (temperature) (variable) 64, 68t, 69, 71t, 86t, 87(n12)
terms of trade 163
tetanus toxoid immunization 156
Teulings, C. 57
Thailand 117t
Theil inequality measure 146(n6)
Thiele, R. 149
time 3, 17, 34, 45, **46–7**, 50, 52(n18–20), 94–6, 98, 100–1f, 101, 132, 147(n18), 150–1, 154, 157–8, 160, 163–5, 166n, 168–9, 170(n8), 181–3, 193t, 194–6, 199, 212–18, 219t, 221
forecasts based on historical trends 20
opportunity cost 153
time-series analysis 47, 52(n21), 170(n4), 184
time trend 49, 50t
Timor-Leste 120t
Togo 61t, 80t, 81, 114t, 120t
Tomes, N. 174
Tonga 117t
Torres, S. **xv**
trade 49
trading and financial system 4t
Trinidad & Tobago 117t
tropical diseases 29
tuberculosis 5, 6f, 9, 131n, 147(n16), 170(n2)
Tunisia 32, 118t
Turkey 87(n10–11), 103, 118t
Turkmenistan 116t, 118t
Twelfth Finance Commission of India 210, 213

Uganda 61t, 80t, 119t
Ukraine 117t
unconditional assessments 124, 145(n1)
undernourishment 41
definition 39
undernutrition 146(n10), 152
United Nations system 2, 8, 13, 18(n1), 46, 146(n5)
UN Charter 14
UN DESA: Population Division 52(n14)
UN 'Education for All' campaign (1978–) 1, 2, 3
UN FAO **39–42**, 49, 54
UN General Assembly 208
UN 'Health for All' campaign (1990-) 1, 2
UN Millennium Project Task Force on Water and Sanitation 91
UN Millennium Summit (2000) xviii, 1, 2, 175
UN Population Database (2004 Revision) 22
UN Second Millennium Summit (2005) 2
UN World Population Prospects (2004 revision) 28–32
UNAIDS 5, 42, 54

PROOF

United Nations system – *continued*
UNDP xiv-xv, 2, 51(n2), 92, 97
UNESCO xiv-xv
UNFPA 42
UNICEF xiv
UNIDO xv
see also IMF; WHO; World Bank
unemployment 174, 182
United Kingdom 153, 163, 170(n9)
'*britain*' (UK as colonial power) (variable) 64, 68t, 70–1t, 73, 74, 75, 86t
United Kingdom: Department for International Development xiii
United Nations University: World Institute for Development Economics Research (UNU-WIDER, Helsinki) xiv-xv, 120, 169, 206
'MDGs: Assessing and Forecasting Progress' (research project) xiii, xviii
project meeting (Helsinki, 19–20 August 2005) 120, 145, 227
United States of America 43n, 153, 163, 170(n9)
universal human values 14
universities xiv–xv
upper middle income countries 38t
urban areas 23, 44
water and sanitation 91
urban population 110t, 111
urbanization 23, 45, 49, 51(n8)
Uruguay 114t, 117t
US Census Bureau: HIV/AIDS Surveillance Database 52(n15)
US Virgin Islands 87(n10)
Utrecht 154
Uttar Pradesh 156, 157, 158t, 159f, 160t, 161f, 165, 166t, 180t, 206(n1), 220t, 222t, 224–5t
Uzbekistan 87(n10), 118t

vaccinations 127, 131t, 132, 133–4t, 136t, 141, 142f, 147(n16)
Vandemoortele, J. 14
Vanuatu 32, 119t
variance inflation factor (VIVE) 107n
Venezuela 118t
Verschoor, A. 88, 89
Victora, C. G., *et al.* (2003) 167, 173
Vietnam/Viet Nam 25, 32, 61t, 80t, 116t, 119t
village/s 176, 183, 190t, 195, 197t
bank 179t, 187t, 191t, 202t, 205t
children not in school 206(n1)
infrastructure 183
post office 179t, 187t, 191t, 202t, 205t
school 179t, 182, 184, 187t, 188, 191t, 196, 202t, 205t
Virmani, A. 167
Vishny, R. 88
'voice' option 112

Wald test 215t, 219t
Walton, M. 46, 48, 49, 51(n5)
war 45, 91
water 4t, **33**, 34t, 34, 43, 55–6, 65, 87(n14), 129, 152, 178t, 185–6t, 189t, 200–1t, 203t, 211
conflict 90
contested resource 112–13
lack of access 'largely rural phenomenon by 2015' 33
sources 90, 121(n2)
water and sanitation xviii, 130, 131t, 132, 133–4t, 136t, 141, 143f, 144–5
see also sanitation
water and sanitation: achieving the MDG 15, **16–17**, **90–122**
access to sanitation (forecasts for 2015) 117–20t
access to water (forecasts for 2015) 114–16t
access to water and sanitation: state of progress 95–6, 121(n4–5)
analysis 95–111, 121(n4–7)
collinearity diagnostic 107t, 109t
cross-country comparisons 92, 94, 111, 113
data 92, 94–5, 121(n3)
data deficiencies 94–5, 105
development agenda 91
endogeneity 94
equations 113
forecasting 108–10, 114–20t
further issues 111–13
further research required 112–13
F-value 97t, 100t, 102t, 104–5t, 107t, 109t
hypotheses/questions 92–4, 113
interdependencies 90, 92, 94, 110–11
lag effect 99
legacy 94, 100–8, 109t, 112

PROOF

likelihood of achieving MDG 91–2, 110, 112, 140–20t
mean and standard deviation 95t
methodology 94, 108, 111, 113
multiple regression analysis 105, 107t
parameters 86, 97t, 100t, 102t, 104t, 107t, 109t, 110t
per capita GDP 96–8, 99f, 100t, 100–1f, 121(n6)
policy 94, 100–8, 109t, 112
policy implications 94
progress (dependence on starting point) 100–8, 112
quintiles 96t
R^2 97t 102t, 104t
R^2 adjusted 105t, 107t, 108, 109t, 110t, 111
R^2 linear 98–104f
regional disparities 101–2
regional level 92
significance 110–11, 121(n7)
simple linear regression models 96, 97t, 98, 100t
standard error 107n
summary statistics 95–6t
synergy between water supply and sanitation 93, 99, 102t, 112
t-statistics 97t, 103–4
wellbeing xv, xviii, 3, 16, 56–7, 85, 112, 144
cross-country determinants 55
cross-country measure (*'ass'*) **61–83**, 87(n12)
dimensions 58–9, 86(n5)
material 60
outcomes 59
West Africa 25, 26t, 29, 30t, 34, 36t
West Bengal 158t, 159f, 160t, 161f, 165, 166t, 180t, 220t, 221–6
government debt 209, 227(n2)
Western Asia 26t, 30t, 36t
Western Europe 30t, 36t
White, H. **xv**, 53(n23, n25), 53, 135
White and Blöndal
income poverty estimates 25, 26t
income poverty forecasts (for 2015) 24t, 25
projections 38t
projections (primary enrolment rate, 2015) 35t, 35
WHO 8, 170(n2)
WHO-UNICEF (author) 90, 91, 92, 95, 111, 116n, 120n, 121(n2–3)
Wiebelt, M. 149
Wijk, C. van 122
Winters, L. 93
Wodon, Q. 53, 126
Wolcott, S. 167
women 63, 86(n2), 127, 147–8(n20), 153, 163, 193t, 195, 199
'better-off benefit more' 140
crimes (kidnappings) against 181
empowerment xviii, 1
labour supply 154
literacy 128, 131n, 133t, 136t, 137
married 156
pregnant 156
wage employment 128, 130–2, 133–4t, 136t, 137, 139f, 140, 178t, 184
see also gender
World Bank xiv, xv, 2, 49, 51(n5)
author/data source 8, 21–3, 28, 46, 50t, 59, 60, 92–3, 96, 146(n4–5), 154, 155–6, 168, 170(n7, n10), 176, 179, 181, 206(n3)
income poverty forecasts (for 2015) 24t
poverty headcount threshold 3
World Bank SimSIP project 52(n18), 53
World Development Indicators (World Bank) 22, 52(n21)
World Summit for Sustainable Development (Johannesburg, 2002) 121(n1)

years of schooling 128, 181
gender equality 130, 131t, 132, 147–8(n20)
see also educational attainment
Yemen 61t, 80t, 81, 91, 119t
youth 4t
youth unemployment 10, 12f
Yun, M.-S. 196

z-score (stunting) 128, 130, 131n, 133t, 134n, 136t, 136, 137f, 144, 146(n11)
Zambia 61t, 80t, 116t, 119t
Zamora, B. **xv**, 175, 188, 195, 207
Zhu, M. 88
Zimbabwe 61t, 80t, 119t