

## What Do We Learn from Our Performance in MDGs?

### A Comparative Analysis of Selected High, Middle and Low income Countries

Siba Sankar Mohanty<sup>1</sup>  
Anurag Dash<sup>2</sup>

#### ABSTRACT

*In September 2000, the United Nations Millennium Declaration aiming at reducing extreme poverty was adopted by World leaders in New York. It introduced a series of eight-time-bound targets known as Millennium Development Goals (MDGs) to be achieved by 2015. This paper shows the performance of some selected countries in terms of MDGs. The study is based on secondary data. This study has used descriptive statistics to make a comparative analysis of achievements of MDGs across selected countries and also to know whether the efforts towards achieving MDGs have changed the development indicators in India. We have taken a sample of 35 countries out of 193 member countries of the UN and divided it into three categories high, middle and low-income groups. We have selected 10, 16 and 9 countries from each group respectively. The study found that, the progress towards achieving these goals has been unequal across the selected countries.*

**Keywords:** Targets under MDGs, Performance on MDGs, Economic development, Poverty eradication

#### Author Details:

1. Siba Sankar Mohanty (Corresponding Author) is Reader at the Department of Analytical and Applied Economics, Utkal University, Bhubaneswar, Odisha, India
2. Anurag Dash is Assistant Professor at Siksha O Anusandhan University, Bhubaneswar

#### I. INTRODUCTION

In September 2000, leaders from around the globe gathered in New York and adopted the United Nations Millennium Declaration, with the aim of reducing extreme poverty. This declaration outlined a set of time-bound targets, including eradicating poverty and hunger, ensuring universal primary education, promoting gender equality and empowering women, reducing child mortality, improving maternal health, combating HIV/AIDS, malaria, and other diseases, ensuring environmental sustainability, and fostering a global partnership for development.



#### Suggested Citation:

Mohanty, S. S. & Dash, A.(2024). What do We Learn from Our Performance in MDGs? A Comparative Analysis of Selected High, Middle and Low income Countries, *Journal of Studies in Dynamics and Change (JSDC)*, 11(2). 1-18.

DOI: <https://doi.org/10.5281/zenodo.10974862>

Published on: 01 April 2024

These targets, known as the Millennium Development Goals (MDGs), were to be achieved by 2015.

The primary objective of the MDGs is to improve the socio-economic conditions of the world's poorest countries through incentivized development efforts. These goals were derived from previous international development objectives and were formally established at the Millennium Summit in 2000, where leaders from 189 countries endorsed the UN Millennium Declaration.

The Millennium Summit was informed by the report of the Secretary-General titled "We the People: The Role of the United Nations in the Twenty-First Century." Additional input was provided by the Millennium Forum, which convened representatives from over 1000 non-governmental and civil society organizations across more than 100 countries. The Forum, meeting in May 2000, concluded a two-year consultation process covering issues such as poverty eradication, environmental protection, human rights, and the protection of vulnerable populations. The inception of the Millennium Development Goals emerged from the Millennium Summit.

The MDGs originated from the principles outlined in the Millennium Declaration, which asserts that every individual has the right to dignity, freedom, equality, and a basic standard of living. Consequently, the MDGs were crafted to operationalize these principles by setting targets and indicators to be achieved within a fifteen-year timeframe.

While the Millennium Declaration played a significant role in shaping the MDGs, they also drew inspiration from the Organisation for Economic Co-operation and Development (OECD), World Bank, and International Monetary Fund (IMF). Kofi Annan, the Secretary-General of the UN, recognized the need to address various economic issues coinciding with the 50th anniversary of the United Nations, leading to his report titled "We the People: The Role of the United Nations in the Twenty-First Century," which laid the groundwork for the Millennium Declaration. During this period, the International Development Goals (IDGs) were already established by the OECD. The merging of the IDGs with the UN's efforts resulted in the formation of the Millennium Development Goals at the World Bank's 2001 meeting.

The MDGs prioritize three key aspects of human development: enhancing human capital, improving infrastructure, and advancing economic, social, and political rights. This includes improving healthcare, nutrition, and education for human capital; providing clean water, modernizing transportation and communication, and ensuring energy access for infrastructure; and addressing issues such as violence, women's empowerment, political participation, equitable resource distribution, and property rights for economic, social, and political rights. These goals were selected with the intention of enhancing individual human capabilities and fostering pathways to a productive life.

Additionally, the Millennium Development Goals underscore the role of developed countries in supporting developing nations, as emphasized in Goal 8, which aims to establish a global partnership for development through debt relief, increased aid, access to affordable medicines, fair trade practices, and technology transfer. This

ensures that developing nations are not left to achieve the MDGs alone but are supported by developed countries in efforts to alleviate poverty.

## II. REVIEW OF LITERATURE

Despite various government programs and policies, many of the Millennium Development Goals (MDGs) remain unattained, with progress varying among countries. Understanding the factors contributing to differences in governance efficiency in achieving these goals is crucial.

India has shown progress in reducing undernutrition, child mortality, and maternal mortality rates, as well as in combating diseases such as HIV, TB, and malaria (Ramachandran & Kalaivani, 2016; Pandve, 2015; Nath, 2011). Achievements include providing safe drinking water in both rural and urban areas, though sanitation facilities remain lacking in rural regions. India has made significant strides overall but fell short of targets, such as halving the proportion of people suffering from hunger during 1990-2015 (Devi, 2017).

In other countries, China's economic development has led to achievements in clean drinking water access and poverty reduction (Vandemoortele, 2011; Parr, 2004). Less developed countries must address health system shortcomings and legislative oversight to meet MDGs, with low-income nations prioritizing MDG1. Disparities between donor and recipient nations have widened due to the global financial crisis, leaving MDG targets unmet in some regions, like Africa (Haines & Cassels, 2004; Lomazzi, Borisch and Laaser, 2014; Arlene & Ozanne, 2011).

Factors hindering MDG attainment include weak governance, conflict, environmental degradation, slow growth, resource scarcity, and corruption (Samy & Carment, 2011; Munoz, 2008; Joulaei et al., 2016). In India, challenges include corruption, misallocation of funds, inadequate infrastructure, and population growth (Devi, 2017; Chatterjee & Paily, 2011). Inter-state and intra-state disparities exist, necessitating tailored interventions (Kuppusamy & Rajarathinam, 2015). In Nigeria, legal and cultural barriers impede women's participation in national life, hindering MDG 3 (Okon & Ukwai, 2012).

Despite efforts, many MDGs remain unmet. The UN now focuses on Sustainable Development Goals (SDGs), a more ambitious initiative. While studies exist on why countries failed to achieve MDGs, few examine governance efficiency comparatively. This study aims to address this gap through a comparative analysis of governance systems' efficiency in MDG achievement.

## III. RESEARCH GAP

It is evident that most of these goals and targets have remained unachieved. The UN is currently focusing on SDGs which is an even more ambitious project. While there are studies on why many countries failed to achieve the MDGs, we don't find any comparative studies of attainment of MDGs across countries. The present study seeks to bridge this gap by suggesting a comparative analysis of achievements of MDGs across countries in high, middle and low-income groups.



#### IV. OBJECTIVES

- i. To undertake a comparative analysis of achievements of MDGs across countries in high, middle and low- income countries.
- ii. To study whether efforts towards achieving MDGs has changed the development indicators in India.

#### V. DATA AND METHODS

The study is based on secondary data. The data has been taken from World Development Indicators from the period 2000-2015. 35 countries have been taken out of 193 member countries of UN as sample. 10 from high income group, 9 from lower income group and 16 from middle income group. The selection of the countries is based on GDP, PPP (Constant International Dollar, 2017). High income group covers the countries like USA, Japan, Germany, France, UK, Italy, Canada, Spain, Saudi Arabia and Australia. Similarly, the low-income group covers the countries such as Ethiopia, Sudan, Democratic Republic of Congo, Afghanistan, Burkino Faso, Mali, Madagascar, Mozambique and Guinea. The Middle-income group includes countries like China, India, Russia, Indonesia, Brazil, Turkey, Mexico, Egypt, Thailand, Pakistan, Nigeria, Argentina, Bangladesh, Vietnam, South Africa, and Kazakhstan. In order to satisfy our objectives, the present study has used descriptive statistics.

**Table-1: List of Variables**

Sl. No.	Name of the Variables	Definitions as per WDI data set
1	Poverty head count ratio at \$ 1.90 a day (2011 PPP) (% of population)	Poverty headcount ratio at \$1.90 a day is the percentage of the population living on less than \$1.90 a day at 2011 international prices.
2	Net primary school enrolment	Net enrolment rate is the ratio of children of official school age who are enrolled in school to the population of the corresponding official school age. Primary education provides children with basic reading, writing, and mathematics skills along with an elementary understanding of such subjects as history, geography, natural science, social science, art, and music.
3	Share of women wage employment in non-agricultural sectors	Employment is defined as persons of working age who were engaged in any activity to produce goods or provide services for pay or profit, whether at work during the reference period or not at work due to temporary absence from a job, or to working-time arrangement. The industry sector consists of mining and quarrying, manufacturing, construction, and public utilities (electricity, gas, and water), in accordance with divisions 2-5 (ISIC 2) or categories C-F (ISIC 3) or categories B-F (ISIC 4).

		* The services sector consists of wholesale and retail trade and restaurants and hotels; transport, storage, and communications; financing, insurance, real estate, and business services; and community, social, and personal services, in accordance with divisions 6-9 (ISIC 2) or categories G-Q (ISIC 3) or categories G-U (ISIC 4).
4	Under five mortality rates	Under-five mortality rate is the probability per 1,000 that a new born baby will die before reaching age five, if subject to age-specific mortality rates of the specified year.
5	Maternal mortality ratio	Maternal mortality ratio is the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births.
6	CO2 emission (Kt)	Carbon dioxide emissions are those stemming from the burning of fossil fuels and the manufacture of cement. They include carbon dioxide produced during consumption of solid, liquid, and gas fuels and gas flaring.
7	Net ODA received (US \$)	Net official development assistance (ODA) per capita consists of disbursements of loans made on concessional terms (net of repayments of principal) and grants by official agencies of the members of the Development Assistance Committee (DAC), by multilateral institutions, and by non-DAC countries to promote economic development and welfare in countries and territories in the DAC list of ODA recipients; and is calculated by dividing net ODA received by the midyear population estimate. It includes loans with a grant element of at least 25 percent (calculated at a rate of discount of 10 percent).
8	Imports of goods and services (% GDP)	Imports of goods and services represent the value of all goods and other market services received from the rest of the world. They include the value of merchandise, freight, insurance, transport, travel, royalties, license fees, and other services, such as communication, construction, financial, information, business, personal, and government services. They exclude compensation of employees and investment income (formerly called factor services) and transfer payments.
9	Total debt service (% of export of goods and services, primary income)	Total debt service to exports of goods, services and primary income. Total debt service is the sum of principal repayments and interest actually paid in currency, goods, or services on long-term debt, interest paid on short-term debt, and repayments (repurchases and



		charges) to the IMF.
10	Prevalence of HIV, female (% ages 15-24)	Prevalence of HIV, female is the percentage of females who are infected with HIV. Youth rates are as a percentage of the relevant age group.
11	Prevalence of HIV, male (% ages 15-24)	Prevalence of HIV, male is the percentage of males who are infected with HIV. Youth rates are as a percentage of the relevant age group.

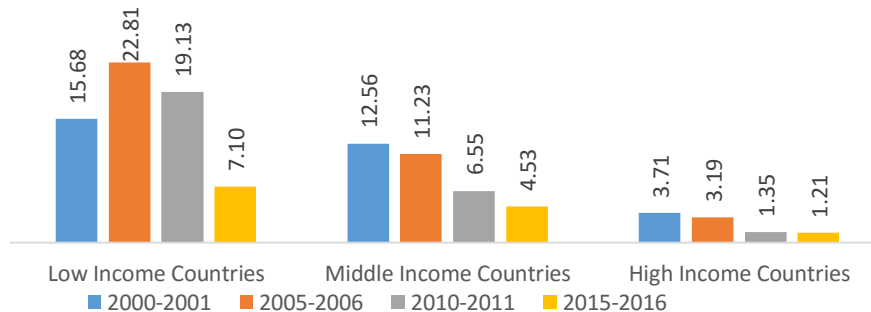
Source: WDI dataset, 2020-21

## VI. RESULTS AND ANALYSIS

### **Analysis of objective-1: To undertake a comparative analysis of achievements of MDGs across countries in high, middle and low-income groups.**

Poverty acts as an obstacle in the way of development of a country. The figure below shows that in the initial stage the poverty head count ratio in low income countries is higher than middle and high-income countries. From 2000-2001 to 2005-2006, the rate of poverty head count ratio sharply increased in low income countries. The main causes of poverty in low income countries are slow economic growth, poor agricultural activities, inequality and population growth, impact of 1991 liberalisation, etc. After that, the poverty head count ratio has declined because the governments of low-income countries have launched poverty eradication and employment generation programs. As the developed countries have already developed and middle -income countries are on the track of development, so the poverty head count ratio has declined in both the countries from the period 2000-2001 to 2015-2016 (Figure-1).

**Figure-1: Mean of Poverty head count ratio at \$ 1.90 a day (2011 PPP) (% of population)**

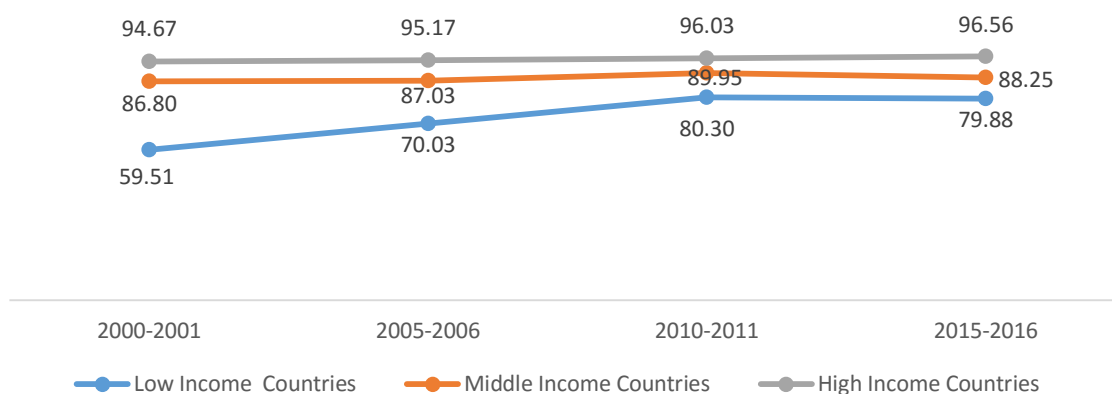


Source: WDI dataset, 2020-21

Figure 2 show the mean of net primary school enrolment from the period 2000-2001 to 2015-2016. Male-chauvinism, lack of school networks, low income of parents, lack of expertise, lack of teaching staff etc. act as an obstacle in the way of attainment of primary education in low income countries. Realizing this, the UNESCO and the governments of low- income countries have taken some awareness programs, as a result there was a sharp increase in net primary school enrolment ratio from the period 2000-2001 to 2010-2011 in comparison to middle and high-income countries. One of the important factors that affect enrolment in primary education is low birth rate. As per the theory of demographic transition

when a country attains the 3<sup>rd</sup> stage, the birth rate declines. For in this stage the economy is transforming from agrarian to industrialized economy; people are more conscious about the small size family. women are free from four corners of house and get employment in various sectors. The children are not by chance but by choice. So, birth rate has declined. Thus, there is a declining trend of net enrolment ratio in primary education in low and middle-income countries, as the middle-income countries are on the way of development and low- income countries are trying to develop.

**Figure-2: Mean Net primary school Enrolment**



Source: WDI dataset, 2020-21

**Figure-3: Mean of Share of Women in Wage Employment in Non-agricultural sectors**



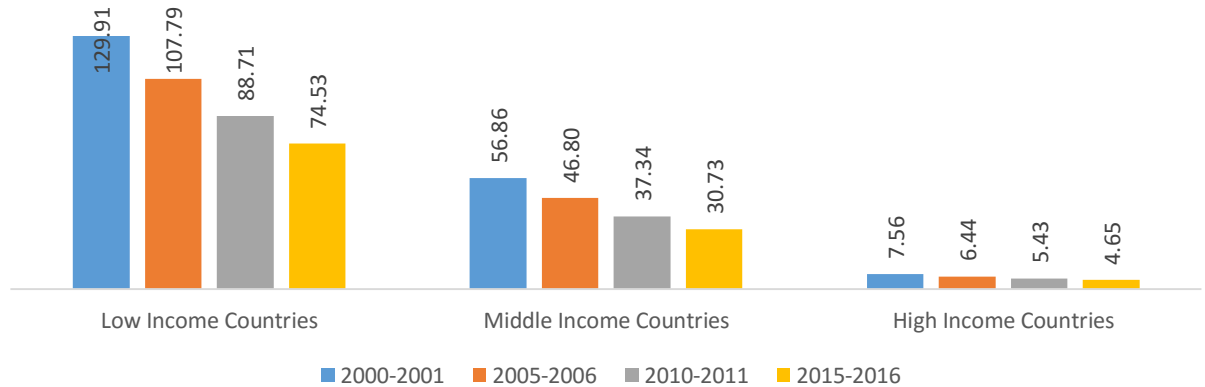
Source: WDI dataset, 2020-21

This figure shows the declining trend of share of women wage employment in non-agricultural sectors in low income countries as compared to high and middle-



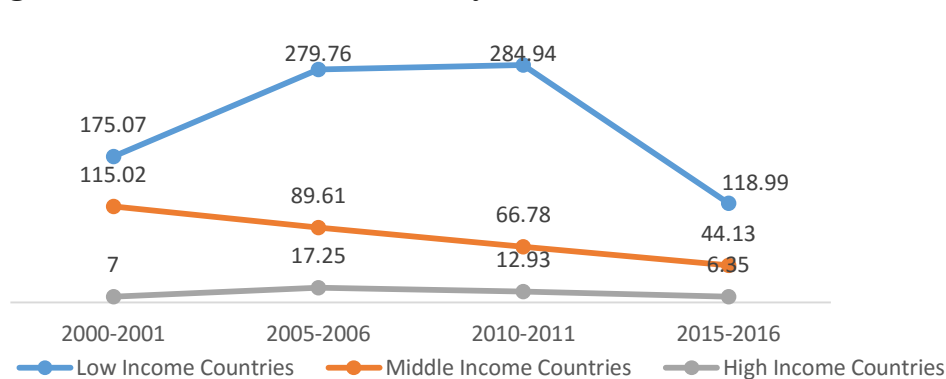
income countries from the period 2000-2001 to 2005-2006 due to its low economic base and on the other hand blind belief, tradition, custom etc. also add to the decline in the share of women in wage employment in non-agricultural sectors. In order to remove these traditions, customs and empowering women, the governments in low income countries have taken some initiatives. As a result, there was a sharp increase in share of women wage employment in non-agricultural sectors from the period 2005-2006 to 2015-2016. But there was a declining trend of share of women wage employment in non-agricultural sectors in middle and high-income countries, the application of modern technology may be the reason. From, feminism prospective, it requires further research.

**Figure-4: Mean of Under-five mortality rates**



Source: WDI dataset, 2020-21

**Figure-5 Mean of Maternal mortality ratio**



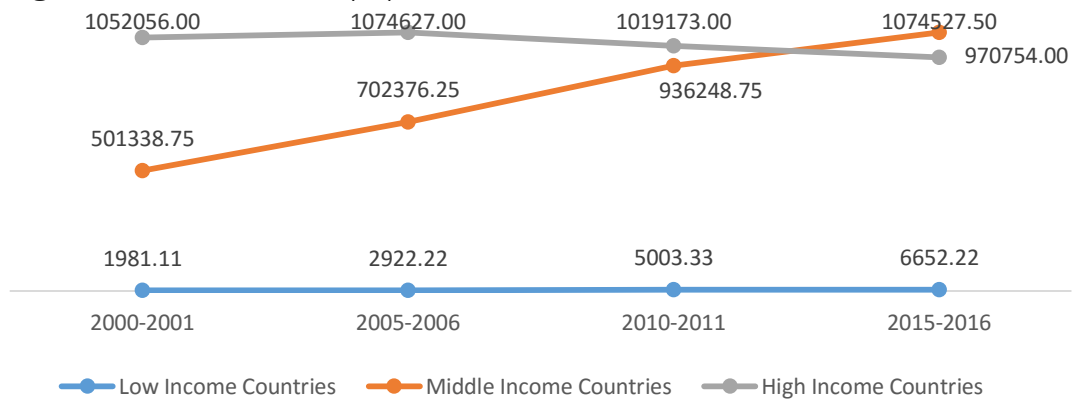
Source: WDI dataset, 2020-21

Health is the core of human development which is a basic ingredient for progress of a nation. Realising this the governments of low-income countries have taken some steps. The above figure shows the declined trends of under-five mortality rates in high, middle and low-income countries from the period 2000-2001 to 2015-2016, because of the availability of better medical facilities, immunizations against measles, DPT, access to nutrition etc.



Poverty, low socio-economic status of women and anaemia are the main causes of maternal mortality in low income countries. As a result, there was an increasing trend of maternal mortality ratio in low income countries from the period 2000-2001 to 2010. Keeping it in mind the governments of low-income countries have taken some initiatives to reduce maternal mortality. Thus, there was a sharp decline in maternal mortality ratio from 2010-2011 to 2015-2016 as compared to middle and high- income countries. This figure also shows that in high income countries there was an increasing of maternal mortality ratio from the 2000-2001 to 2005-2006 because of under-supply of maternity care and lack of postpartum support etc. After this period the maternal mortality ratio had declined because of their better economic position and higher expenditure on health. In middle income countries there was a sharp declining trend of maternal mortality ratio from the period 2000-2001 to 2015-2016. As the middle- income countries are on the way of development. So, they also spend more on health care facilities, create awareness among people etc. In addition to this, the impact of Beijing Conference, 1995 had played an important role in reducing maternal mortality in high, middle and low-income countries.

**Figure-6 CO2 Emissions (kt)**

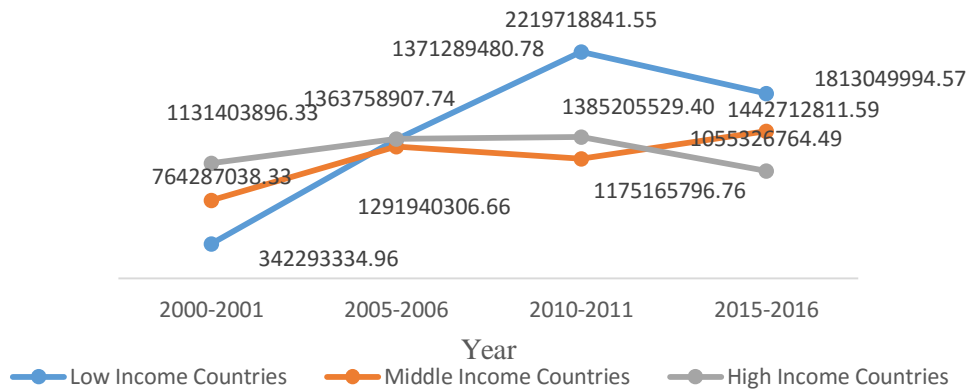


Source: WDI dataset, 2020-21

Industry is considered as a foremost sector to economic development of a nation on one hand and other hand it has some harmful effects on environment. Out of various gases emitted from industry, carbon dioxide is broadly considered as the most important anthropogenic greenhouse gas as it causes global warming. So, in order to protect the environment, carbon tax is introduced. This figure shows that there is an increasing trend of mean of CO2 emission in low, middle and high-income countries from the period 2000-2001 to 2005-2006. From above figure it is clear that, there is an increasing trend of mean of CO2 emission in middle and low-income countries from 2005-2006 to 2015-2016 as they are on the way of economic development but there was a decreasing trend of CO2 emission in high income countries during that period as the concept of “green GDP” is becoming very popular in these countries.



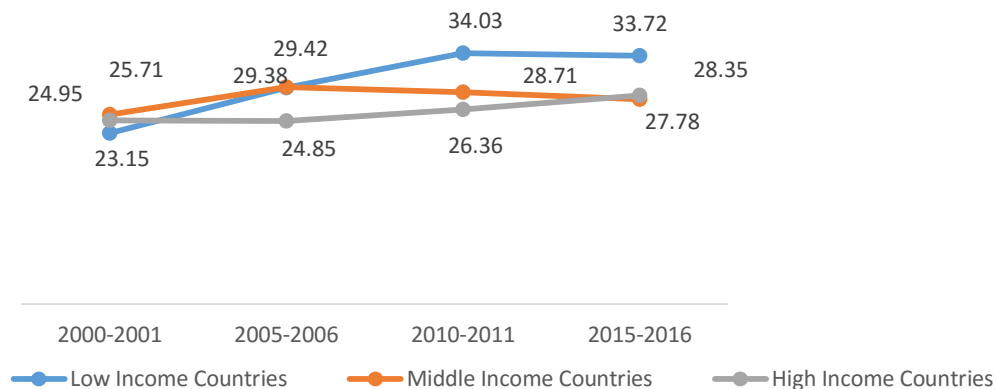
**Figure-7: Mean Net ODA Received (US \$)**



Source: WDI data set,2020-21

Official Development Assistance (ODA) is provided to accelerate the economic development in developing countries. Most of the low and middle-income countries are coming under this category. From above figure, it is clear that there was a sharp increasing trend of mean of net ODA of low- income countries as compared to middle and high -income countries from the period 2000-2001 to 2005-2006. This figure also shows that the ODA declined in low and high- income countries because of global financial recession during the period 2005-2006 to 2015-2016 , but during that period there was an increasing trend of ODA in middle income countries because many of the middle income countries are facing same kind of difficulties as low income countries. A large number of the world’s poor live in these countries and many are confronted with striking inequalities and weak governance, which threaten sustainability of their own development process.

**Figure-8: Mean of imports of goods and services (% of GDP)**

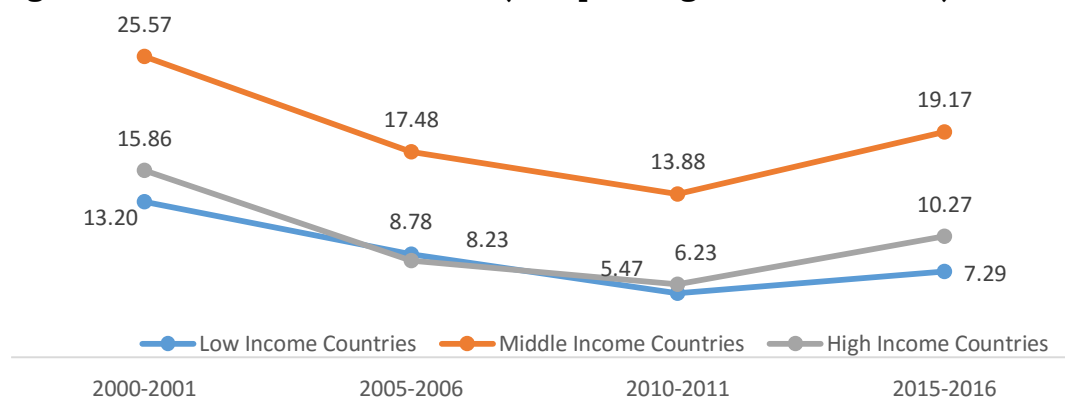


Source; WDI dataset, 2020-21

Now-a-days trade is considered as a peacemaker that enriches people and increases international understanding among the nations. The counties which are open to trade are growing faster and deliver higher income to their people. Generally, low

income countries export primary goods and import manufactured goods because of lack of industrialisation, primitive technology and slower economic growth. As a result, there was an increasing trend of import of goods and services from the period 2000-2001 to 2010-2011. After that period the less income countries slowly developed in order to fulfill the need of their people. So, they depend less on foreign countries. As a result, there was a decreasing trend of goods and services from the period 2010-2011 to 2015-2016. While the trend declined in high income countries from the period 2000-2001 to 2005-2006 because of global recession. In order to fulfill the demand of their people they also import goods and services from the low and middle-income countries. As a result, there was an increasing trend of goods and services in high income countries from the period 2005-2006 to 2015-2016. Initially, in order to meet the demand of their people, the middle-income countries import goods and services. So, there was an increasing trend of imports of goods and services from the period 2000-2001 to 2005-2006, as the middle-income countries are on the way of development. So, there was a decreasing trend of goods and services from the period 2005-2006 to 2015-2016.

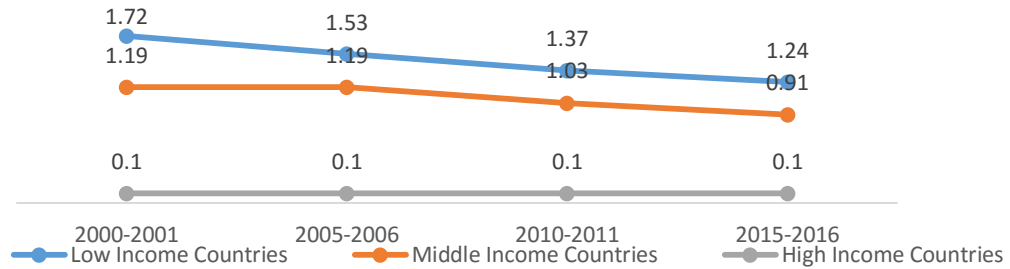
**Figure-9: Mean of total debt service (% export of goods and services)**



Source: WDI dataset, 2020-21

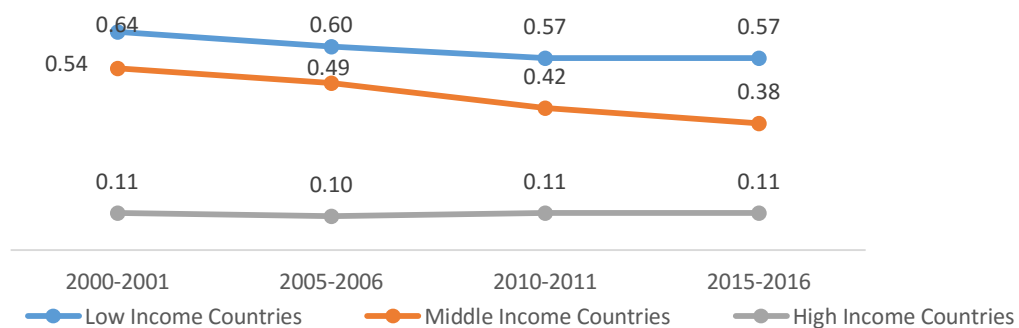
Debt is a double-edged weapon. On one hand it finances the growth of a country, on the other hand it creates burden on the government to repay it. From the above figure it is clear that, there was a sharp decline in the trends of mean of debt service in middle and high-income countries as compared to low income countries from the period 2000-2001 to 2005-2006 as the high-income countries are already developed and middle-income countries are on the way of development. This figure also shows that there was a decline in trend of total debt service of low-income countries during that period because due to lack of resources and low economic growth these countries are unable to fulfill their debt obligation. From above figure, there was an increasing trend of total debt services in high, middle and low-income countries because of the impact of global financial crisis. In order to bring their economy again to the track of development, these countries were borrowing from international organisations during that period. Thus, it is right to say that the countries borrow debt in order to finance their growth.



**Figure-10: Mean of Prevalence of HIV, female (% ages 15-24)**

Source: WDI dataset, 2020-21

Due to lack of medical infrastructure and information related to AIDS, illiteracy, poor people in developing countries are at a greater risk of HIV. Most of the low and middle-income countries are coming under this category. Generally, young women's bodies are more prone to Sexually Transmitted Diseases (STDs). Realising this, the governments in low and middle-income countries have taken some preventive measures as a result there was a decline in trends of prevalence of HIV among female from the period 2005 -2006 to 2015-2016. From the above figure, it is also clear that, there was a decline in the trend of prevalence of HIV among female in low income countries from the period 2000-2001 to 2005-2006. This indicates that the governments in low income countries have taken some curative steps. But there was a constant trend of prevalence of HIV among female in middle and high-income countries during that period. This figure also shows that, there was a constant trend of HIV among female population in developed countries from the period 2000-2001 to 2010-2016. It was possible because of better medical and education facilities, awareness among people related to AIDS etc.

**Figure-11: Mean of Prevalence of HIV, male (% ages 15-24)**

Source: WDI dataset, 2020-21

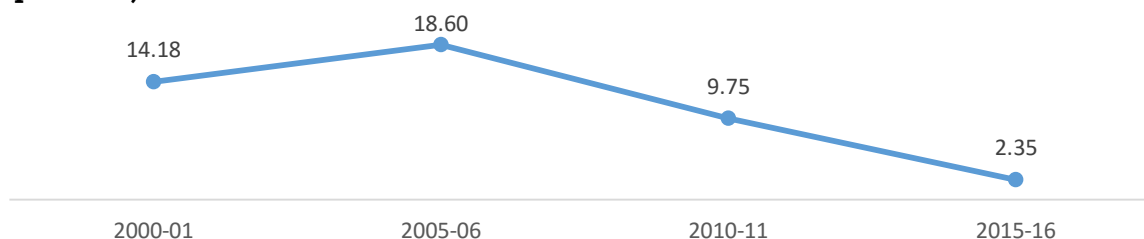
This figure shows that there was a sharp decline in the trend of mean of prevalence of HIV among the males in low and middle-income countries as compared to high

income countries from 2000-2001 to 2005-2006. After that the trends increased in high income countries till 2010-2011. But during that period there was a declining trend in middle and low-income countries. This indicates the governments of low and middle-income countries have provided better medical facilities and education to its people. It is also clear from the figure that, there was a constant trend of HIV among male in low and high-income countries from the period 2010-2011 to 2015-2016. As middle-income countries are already on the way of development, so there was a declining trend of HIV among male during that period.

**Analysis of Objective-2: To study whether efforts towards achieving MDGs has changed the development indicators in India**

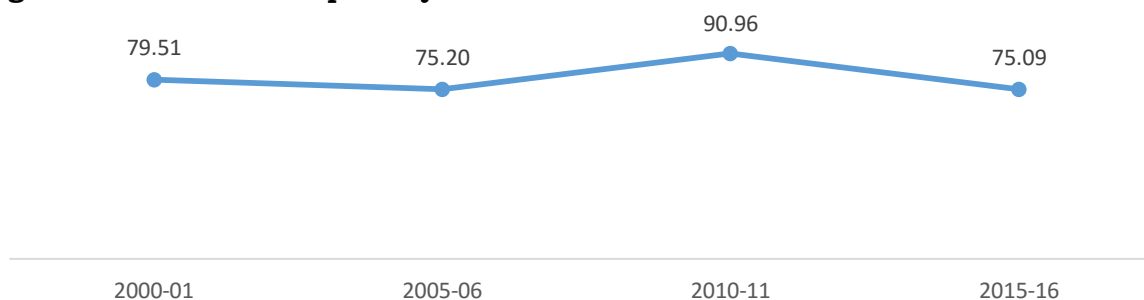
The figure below shows the trend of poverty head count ratio in India from 2000-01 to 2015-16. Population growth, decline in labour productivity across different sectors of the economy and decline in wage rate are the causes of increase in poverty in India during the period 2000-01 to 200-06. After that period, there was a sharp declining trend of poverty due to different poverty alleviation programmes launched by the government.

**Figure-12: Trends of Poverty head count ratio at \$ 1.90 a day (2011 PPP) (% of population)**



Source: WDI dataset, 2020-21

**Figure-13: Trends of net primary school enrolment**



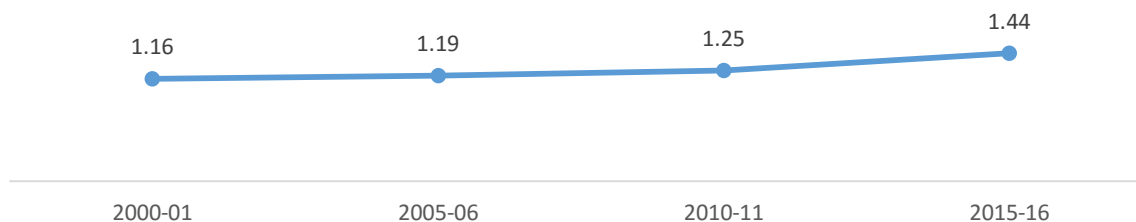
Source: WDI dataset, 2020-21

Figure-13 shows the trends of net primary school enrollment in India from the period 2000-01 to 2015-16. Lack of physical and human resources, teacher absenteeism, interest of parents due to increase their socio-economic status and negative opinion towards different aspect of government school etc. are the main causes of decline in net primary school enrolment in India. This figure also shows that there is an increasing trend of net enrolment from the period 2005-06 to 2010 because of some historical steps has taken by the government like National



Curriculum Framework, provide quotas for SC, tribes and socio- economically disadvantaged class etc. After that period there was a decreasing trend of net primary school enrolment due to drop out.

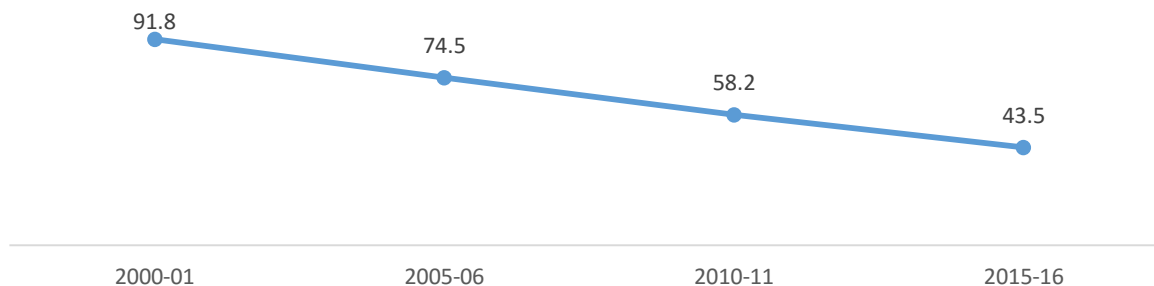
**Figure-14: Trends of share of women wage employment in non-agricultural sectors**



Source: WDI dataset, 2020-21

In order to eliminate gender inequality and empowering women, various women empowerment programmes have been launched by the government. As a result, there was an increase in the share of women in non-agricultural sectors during that period.

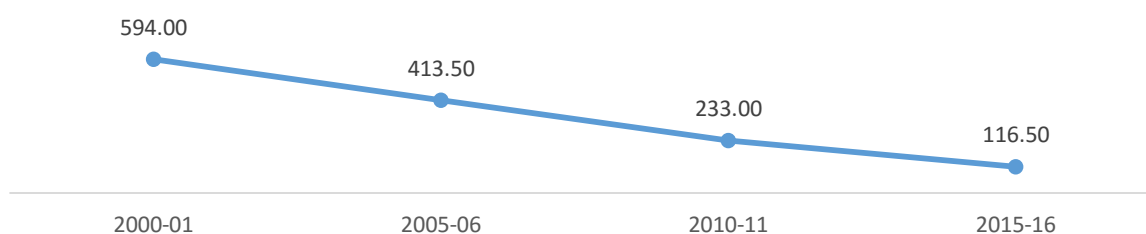
**Figure-15: Trends of under-five mortality rates**



Source: WDI dataset.2020-21

The above figure shows the declining trends of under-five mortality in India because of better medical facilities, immunization against measles, DPT and access to nutrition etc.

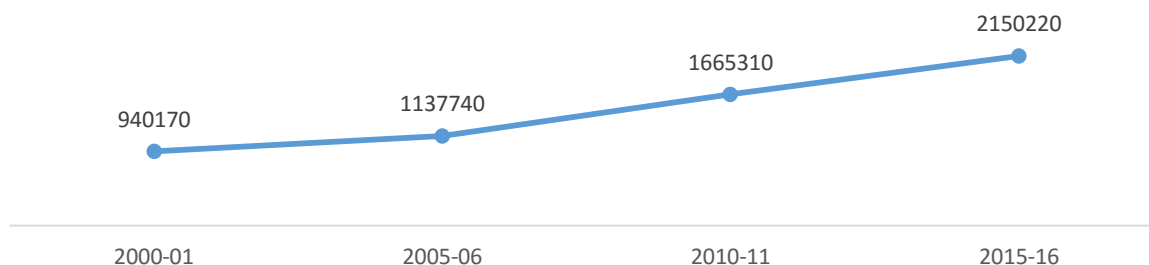
**Figure-16: Trends of maternal mortality ratio**



Source: WDI dataset, 2020-21

The impact of International Women Conference, Beijing,1995, better medical facilities and the awareness programmes launched by the govt. played an important role in reducing maternal mortality in India.

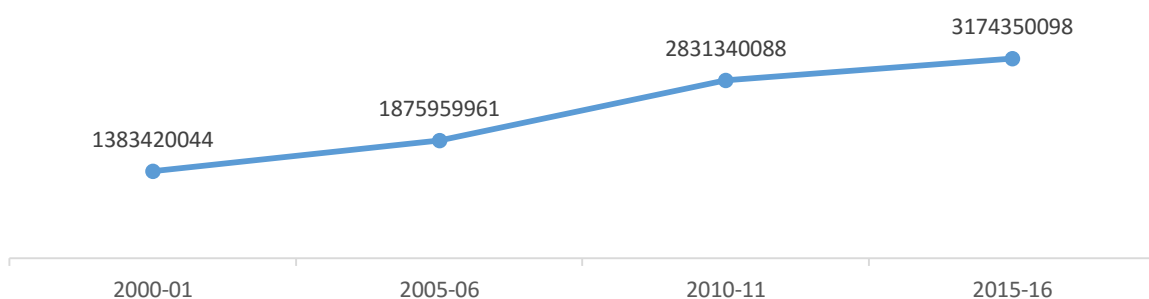
**Figure-17: Trends of CO2 emission (Kt)**



Source: WDI dataset, 2020-21

The above figure shows the increasing trends of CO2 emission in India from the period 2000-01 to 2015-16. Industrialization, deforestation, production of cement, burning of fossil fuels, etc. are the causes of increase in CO2 emission in India.

**Figure-18: Trends of net ODA received (US \$)**



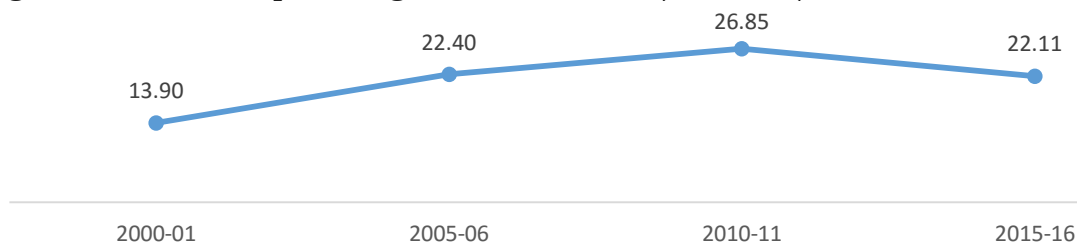
Source: WDI dataset, 2020-21

The above figure shows the increasing trend of net ODA received of our country from the year 2000-01 to 2015-2016. India received more ODA in order to eradicate poverty, to increase standard of living of people and to develop infrastructure. Figure shows the trends of imports of goods and services (% of GDP) in India from the year 2000-01 to 2015-16. India basically imports machinery, chemicals, pharmaceutical ingredients, automobiles, etc. due to poor industrialization and lack of advance technology. So, there was an increase in the trend of import goods and services from the year 2000-01 to 2010-11. After that there was a decline in the trend of import of goods and services as India is on the way of development and the implementation of export promotion and import substitution policy. Figure-20 shows the declining trends of total debt service in our country during the year 2000-01 to 2010-11 as our country is on the track of development. Due to the impact of great recession, the world economy continued to improve in 2010, but the pace of recovery was too weak and unequal across countries. India was not free



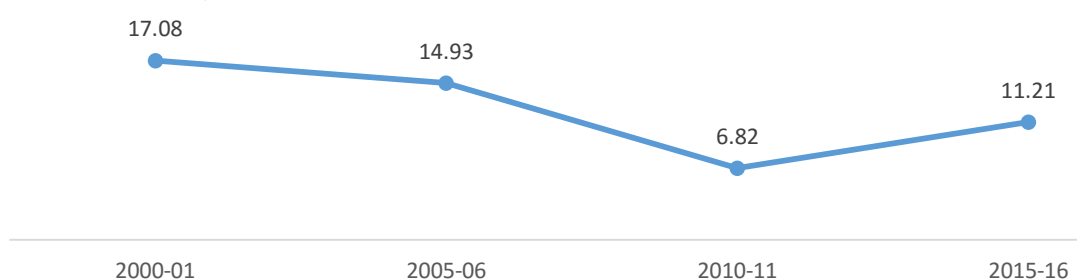
from this situation. Thus, there was an increase in trend of total debt service in India from the year 2010-11 to 2015-16.

**Figure-19: Trends imports of goods and services (% of GDP)**



Source: WDI dataset, 2020-21

**Figure-20: Trends of total debt service (% export of goods and services, Primary income)**



Source: WDI dataset, 2020-21

## VII. SUMMARY AND CONCLUSION

The proportion of people living below the poverty line was significantly lower in high-income countries compared to middle and low-income countries. Net primary school enrollment rates are higher in high-income countries compared to middle and low-income countries. The share of women in wage employment has steadily declined over the years in high-income countries, while fluctuations have been observed in middle and low-income countries. Under-five mortality rates have consistently declined in high, middle, and low-income countries. Maternal mortality ratios are lower in high-income countries, with a declining trend observed in middle-income countries and fluctuations noted in low-income countries. Low-income countries contribute negligibly to CO<sub>2</sub> emissions compared to middle and high-income countries. All three groups of countries receive Official Development Assistance (ODA), with low-income countries receiving more ODA compared to middle and high-income countries. Import dependency varies among the three groups, with low-income countries importing more goods and services compared to middle and high-income countries. Total debt service has declined in all groups of countries until 2010-11, after which it has increased. Prevalence of HIV among both males and females has declined in all three groups of countries.

In India, the proportion of people living below the poverty line has decreased. The share of women in non-agricultural sectors has increased gradually over the years



in the country. India has partially achieved the targets of reducing under-five mortality rates and maternal mortality ratios. CO2 emissions have been increasing over the years in India. India has received more funds from ODA to combat poverty, improve living standards, and develop infrastructure. India has achieved the target of controlling the spread of HIV among the male and female population aged 15-24. On the basis of the above analysis we conclude that while there has been an improvement in the targets for MDGs, the performance has remained far from being satisfactory. In India too, the performance in achieving the MDG goals have not been achieved significantly. Rather, on many counts the performance deteriorated in the years preceding the end of 2015.

### VIII. REFERENCES

- Arlene, L., & Ozanne, G. (2011). The Millennium Development Goals: Does Aid Help? *The Journal of Developing Areas*, 44(2), 27-39.
- Chatterjee, A., & Paily, V. (2011). Achieving Millennium Development Goals 4 and 5 in India. *British Journal of Obstetrics and Gynecology*, 118(2), 47-59.
- Devi, K. S. (2017). India's Performance in Millennium Development Goals: Eradication of Poverty and Hunger. *International Journal of Research in Social Sciences*, 7(4), 321-336.
- Drimie, S., & Kuwali, D. (2013). *Achieving the Millennium Development Goals in Africa*. Centre for Conflict Resolution.
- Evans, D. B., Adam, T., Edejer, T.T.T., Lim, S. S., Cassels, A., & Evans, G. T. (2005). Achieving the Millennium Development Goals for Health: Times to Reassess Strategies for Improving Health in Developing Countries. *British Medical Journal*, 331(7525), 1133-1136.
- Haines, A., & Cassels, A. (2004). Can the Millennium Development Goals Be Attained? *British Medical Journal*, 329(62), 394-397.
- Hodin, S. M., Caglia, J. M., Bassye, M., Bewa, J., Waiswa, P., & Langer, A. (2016). From MDGs to SDGs: Implications for Maternal Newborn Health in Cameroon. *International Journal of Reproductive Medicine*, 20(3), 26-28.
- Joulaei, H., Maharloue i, N., Tabrizi, R., & Lankarani, K. B. (2016). The Millennium Development Goals; A Global Assignment. *Shiraz E- Medical Journal*, 17(1), 1-6.
- Kumar, S., & Vivekadhish, S. (2016). Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs): Addressing Unfinished Agenda and Strengthening Sustainable Development and Partnership. *Indian Journal of Community Medicine*, 41(1), 1-4.
- Kuppusamy, K., & Rajarathinam, M. K. (2015). Tracking progress towards health-related millennium development goals in India. *International Journal of Medicine and Public Health*, 5(4), 253-258.
- Lahiry, S. (2014). India's Millennium Development Goals. *The journal of International Issues*, 18(3), 140-149.
- Lomazzi, M., Borisch, B., & Lasser, U. (2014). The Millennium Development Goals: experiences, achievements and what's next. *Global Health Action*, 7(1), 1-9.
- Munoz, E. (2008). The Millennium Development Goals: Facing Down Challenges. *Journal of Bread for World Institute*, 1-8.
- Nath, A. (2011). India's Progress Toward Achieving the Millennium Development Goals. *Indian Journal of Community Medicine*, 36(2), 85-92.



- Okon, D. E., & Ukwai, J. K. (2012). Challenges and Prospects of the Millennium Development Goals (MDGS) in Nigeria. *Global Journal of Social Sciences*, 11(2), 119-132.
- Pandve, H. T. (2015). Health- related Millennium Development Goals: How much India has Progressed? *Advances in Mathematics: Scientific Journal*, 3, 335-359.
- Parr, S. F. (2004). Millennium Development Goals: Why They Matter. *Global Governance*, 10(4), 395-402.
- Pejaver, R. K. (2015). Millennium Development Goals: regional perspectives-India. *British Medical Journal*, 100(1), 59-60.
- Poku, N. K., & Whitman, J. (2011). The Millennium Development Goals and Development after 2015. *Third World Quarterly*, 32(1), 181-198.
- Prachitha, J., Dhume, A., & Subramanian, S. (2019). India in Pursuit of Millennium Development Goals: Were the Targets Really Feasible? *Journal of Developing Societies*, 35(1), 105-133.
- Ramachadran, P., & Kalaivani, k. (2016). Millennium Development Goals (MDGs): India's Progress and Way Forward to Sustainable Development Goals. *Proceedings of the Indian National Science Academy*, 82(5), 1351-1365.
- Reddy, H., Pradhan, M. R., Ghosh, R., & Khan, A. G. (2012). India's Progress towards the Millennium Development Goals 4 and 5 on Infant and maternal mortality. *WHO South-East Asia Journal of Public Health*, 1(3), 279-289.
- Roy, D., & Datta, S. K. (2020). Analysis of Achievement of Selected MDGs. *The Bangladesh Development Studies*, 43(1), 79-108.
- Sachs, J. D., & Arthur, M. J. (2005). The Millennium Project: A Plan for Meeting the Millennium Development Goals. *Lancet*, 365, 347-353.
- Samy, Y., & Carment, D. (2011). The Millennium Development Goals and Fragile States: Focusing on What Really Matters. *The Fletcher Forum of World Affairs*, 35(1), 91-108.
- Vandemoortele, J. (2011). The Millennium Development Goals: Challenges, Prospects and Opportunities. *Third World Quarterly*, 32(1), 9-25.