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Development-led Globalization Requires De-colonizing the MDGs

By Manuel Montes

The big attraction of the eight Millennium Development Goals (MDGs), or at least the first seven of these, was their near universal acceptability. It mobilized both resources and politics, both nationally and internationally, in pursuit of reducing poverty, hunger, gender inequality, malnutrition and disease.

Since they were introduced, the excitement over the MDGs fully occupied the space for development thinking. The MDG discourse – in international agencies and in national settings – appears to have crowded out the basic idea that development is about economic transformation.

The MDG discourse forgot that, while development can provide the means to reduce poverty and deprivation, development policies directed at reducing poverty do not necessarily lead to moving people permanently from less productive to more productive jobs. Poverty reduction is not the same as economic transformation. Economic development requires a new global deal which requires that countries have the policy tools to transform their economies. This is what development-led globalization entails.

Take the question of setting health targets. A debate has broken out about whether universal health coverage should be a goal. First of all, some developed countries, such as the United States, do not themselves have universal coverage as a goal in the health sector. Like many other facets of the global economy, such a goal would apply to developing countries but could exempt rich countries from a similar obligation.

Secondly, setting a goal of universal health coverage, even if possibly a basic human right, does not address the actual determinants of health outcomes, which include the usual indicators of deprivation including household poverty, but must also include affordable access to medicine and an effective domestic health care system.

The availability and cost of medicine, the overwhelming proportion of which is still sourced from developed countries, has been a sore point for developing countries for a long time. Moreover, too much (as compared to the afflicted population) research and medical production are oriented toward diseases and maladies in the developed countries. Should there be agreed global goals in terms for the "right" kinds of medicines and their affordability? Which parties should accept these goals as their obligation?

Building capabilities in producing medicines in developing countries could certainly be transformative - moving the labor from less productive to more productive jobs. But this will require developing countries to have affordable access to technology, which will require easing the monopoly rights over the use of technology now being granted to those recognized as their inventors.

Building effective domestic health systems will require upgrading domestic human resources and government capacities in building, maintaining, regulating, and financing the health sector. Historically, these new capabilities have involved many of the most important aspects of economic transformation. Otherwise these health systems must forever rely on the goodwill of foreign donors and private foundations.

At this point, it is really important to restore a genuine development discourse and the global community must seize this opportunity.

In fact, the idea that developed countries need only worry about poverty and the well-being of the populations in other countries, and not their development, dates from colonial times.

In the 1930s, as the scramble for colonies from the late 19th century ended, colonial powers sought to justify external control by proposing a new note of responsibility for “native welfare” which economist Arndt in 1987 described as “quite distinct from that of economic progress or development.” For example, the Colonial Development and Welfare Act adopted by the UK government in 1939 provided for minimum standards of nutrition, health, and education in territories and trusteeships. In the same analysis, Arndt refers to a W. Arthur Lewis critique of a World War II British economic plan for Jamaica, for a failure to distinguish between “social welfare” as raising the standard of living in the colony and “economic development.”

De-Colonizing the MDGs is necessary if the agreed post-2015 global goals are to be truly developmental. In the framework of development-led globalization, Africa is not just a continent whose extreme poverty the international community must focus on but a diverse set of countries, each with their own human and natural resources, which can be deployed toward their own development. This diversity creates enormous space for regional cooperation in pursuit of overcoming dependence on commodity exports - whose earnings are highly unstable - and establish domestic industries to provide productive jobs.

References

Arndt, H. W. (1987). *Economic Development: History of an Idea*. Chicago: University of Chicago Press.

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