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## List of Acronyms

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AAAA</td>
<td>Addis Ababa Action Agenda</td>
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<tr>
<td>ACSC</td>
<td>African Civil Society Circle</td>
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<td>AfDB</td>
<td>African Development Bank</td>
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<td>AU</td>
<td>African Union</td>
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<td>BOOT</td>
<td>Build, Operate, Own, Transfer</td>
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<tr>
<td>CARAC</td>
<td>Corporate Accountability and Risk Assurance Committee</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>CSR</td>
<td>Corporate Social Responsibility</td>
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<td>DNDi</td>
<td>Drugs for Neglected Disease Initiative</td>
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<td>EAC</td>
<td>East Africa Community</td>
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<td>ECA</td>
<td>Economic Commission for Africa</td>
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<td>ECOWAS</td>
<td>Economic Community of West African States</td>
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<td>FDI</td>
<td>Foreign Direct Investment</td>
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<td>FFD3</td>
<td>Third International Conference on Financing for Development</td>
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<td>GAVI</td>
<td>Global Alliance for Vaccines and Immunization</td>
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<td>ICSU</td>
<td>International Council for Science</td>
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<td>ICT</td>
<td>Information and Communications Technology</td>
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<td>IEG</td>
<td>Independent Evaluation Group</td>
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<td>IFC</td>
<td>International Finance Corporation</td>
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<td>LMICs</td>
<td>Low- and Medium-Income Countries</td>
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<td>MCC</td>
<td>Millennium Challenge Corporation</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>MoI</td>
<td>Means of Implementation</td>
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<td>NCDs</td>
<td>Noncommunicable Diseases</td>
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<td>NEPAD</td>
<td>New Partnership for Africa’s Development</td>
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<td>NGO</td>
<td>Nongovernmental Organization</td>
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<td>OAU</td>
<td>Organization of African Unity</td>
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<td>ODA</td>
<td>Official Development Assistance</td>
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<td>PIDA</td>
<td>Programme for Infrastructure Development in Africa</td>
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<td>PPP</td>
<td>Public-Private Partnership</td>
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<td>REC</td>
<td>Regional Economic Communities</td>
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<td>SADC</td>
<td>Southern African Development Community</td>
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<td>SAM</td>
<td>Sustainability Assessment Matrix</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>UHC</td>
<td>Universal Health Coverage</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNSC</td>
<td>United Nations Statistical Commission</td>
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<tr>
<td>VfM</td>
<td>Value for Money</td>
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## The Global Goals

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<th>SDG 1: No Poverty</th>
<th>End poverty in all its forms everywhere</th>
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<tr>
<td>SDG 2: Zero Hunger</td>
<td>End hunger, achieve food security and improved nutrition, and promote sustainable agriculture</td>
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<td>SDG 3: Good Health and Well-Being</td>
<td>Ensure healthy lives and promote well-being for all at all ages</td>
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<td>SDG 4: Quality Education</td>
<td>Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</td>
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<td>SDG 5: Gender Equality</td>
<td>Achieve gender equality and empower all women and girls</td>
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<td>SDG 6: Clean Water and Sanitation</td>
<td>Ensure availability and sustainable management of water and sanitation for all</td>
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<td>SDG 7: Affordable and Clean Energy</td>
<td>Ensure access to affordable, reliable, sustainable and modern energy for all</td>
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<tr>
<td>SDG 8: Decent Work and Economic Growth</td>
<td>Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</td>
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<td>SDG 9: Industry, Innovation and Infrastructure</td>
<td>Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation</td>
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<td>SDG 10: Reduced Inequalities</td>
<td>Reduce inequality within and among countries</td>
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<td>SDG 11: Sustainable Cities and Communities</td>
<td>Make cities and human settlements inclusive, safe, resilient and sustainable</td>
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<td>SDG 12: Responsible Consumption and Production</td>
<td>Ensure sustainable consumption and production patterns</td>
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<td>SDG 13: Climate Action</td>
<td>Take urgent action to combat climate change and its impacts</td>
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<td>SDG 14: Life Below Water</td>
<td>Conserve and sustainably use the oceans, seas and marine resources for sustainable development</td>
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<td>SDG 15: Life on Land</td>
<td>Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss</td>
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<tr>
<td>SDG 16: Peace, Justice and Strong Institutions</td>
<td>Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</td>
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<tr>
<td>SDG 17: Partnerships for the Goals</td>
<td>Strengthen the means of implementation and revitalize the global partnership for sustainable development</td>
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The Sustainable Development Goals

On September 25, 2015, over 150 world leaders gathered at the United Nations Headquarters in New York to formally endorse a new global agenda for the next 15 years. The 2030 Agenda for Sustainable Development, which includes the Sustainable Development Goals (SDGs), is the result of an exhaustive consultation process that lasted over two years. The agenda lays out an inspirational vision of the future, in which poverty and hunger are eliminated, gender equity and quality education are achieved, and the impacts of climate change are contained. Speaking in New York, Helen Clark, administrator of the United Nations Development Programme (UNDP) and former prime minister of New Zealand, said, “Ours is the last generation which can head off the worst effects of climate change and the first generation with the wealth and knowledge to eradicate poverty (UNDP, 2015).”

The roots of the SDGs extend back to the turn of the millennium, when world leaders also met in New York and approved the eight Millennium Development Goals (MDGs). The MDGs concluded in 2015, and the new SDGs are a natural evolution of the same idea. But the SDGs go much further. They expand the scope of the development agenda to include goals on economic growth, climate change, sustainable consumption, innovation, and the importance of peace and justice for all (UNDP, 2015). They also shift the focus from just LMICs to the whole world. Although like the MDGs the main thrust of the new goals is poverty alleviation, there are many specific goals with relevance to high-income countries. In short, the SDGs are the first universally agreed-upon secular plan for the future of the planet and all people. At their core, however, both the MDGs and the SDGs are the same: a belief that humanity—with sufficient determination and investment—has the ability to achieve sustainable development. That is, development that meets the needs of the present without compromising the ability of future generations to meet their own needs (ECA, 2015a).  

Indeed, 15 years of the MDGs have recorded significant and unprecedented achievements toward this vision. In 2010, five years before the deadline, the world met the first goal of cutting extreme poverty in half. This statistic is somewhat skewed by the rapid economic development that was already underway in China long before world leaders adopted the MDGs. However, the MDG framework likely did have a powerful effect on global poverty. Even when China is excluded from the data, the world’s share of impoverished people still fell from 37 percent in 1990 to 25 percent in 2008 (McArthur, 2013). Globally, the MDGs have also recorded significant achievements in

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1 This definition of sustainable development is taken from “Our Common Future,” also commonly known as the “Brundtland Report” after chairperson of its author commission, Norwegian Prime Minister Mrs. Gro Harlem Brundtland. Released in 1987, the Brundtland Report contains what is now the most widely recognized definition of sustainable development (ECA, 2015a).

2 Defined by the international benchmark of those living under $1.25 USD per day (UN, n.d.).
increasing primary school enrolment and health outcomes. The primary school net enrolment rate in developing regions reached 91 percent in 2015, up from 83 percent in 2000; the under-five mortality rate declined by more than half, dropping from 90 to 43 deaths per 1,000 live births between 1990 and 2015; the malaria incidence rate fell by an estimated 37 percent and the mortality rate by 58 percent (UN, 2015). These achievements seem to justify Bill Gates’ 2008 address to the UN General Assembly, where he called the MDGs, “the best idea for focusing the world on fighting global poverty that I have ever seen (McArthur, 2013).”

These benefits, however, have not been evenly distributed across the globe; a more granular approach to the data finds striking geographical inconsistencies. Within Africa, there are differences in progress made on the MDGs between regions. Countries in East, West, and Southern Africa have in general made better progress than those in Central Africa (English, English, & English, 2015). All together, South and sub-Saharan Africa succeeded in reducing poverty rates by 14 percent, from 56.5 percent in 1990 to 48.4 percent in 2010. Although significant, this decrease falls well below the MDGs established target of a 28.25 percent reduction for the region. Five years later, at the conclusion of the MDGs, overall poverty rates still frustratingly hovered around 48 percent (ECA, 2015a). Certain countries did record higher levels of success on this goal, led by the Gambia with a 32 percent reduction, and followed by Burkina Faso, Niger, Swaziland, Ethiopia, Uganda, and Malawi (ECA, 2015b). On the environmental front, Cabo Verde succeeded in increasing its forest cover by more than six percentage points, with millions of trees planted in recent years (ECA, 2015b).

Most African countries have shown steady progress in expanding access to basic education. In 2012, Algeria, Benin, Cabo Verde, Cameroon, Congo, Mauritius, Rwanda, South Africa, Tunisia, and Zambia all recorded a net enrolment rate of over 90 percent. However, across the continent, one third of pupils who start grade one today will likely not reach the last grade of primary education. With a 67 percent primary completion rate, Africa is still far from achieving the goal of primary school completion for all (MDG 2) (ECA, 2015b). Africa also remains the region of the world with the highest maternal mortality rate, despite significant progress. Only Cabo Verde, Equatorial Guinea, Eritrea, and Rwanda have reduced their maternal mortality ratio by more than 75 percent between 1990 and 2013 to meet MDG 5 (improve maternal health) (ECA, 2015b). Across Africa, the MDG areas that remain unfulfilled include: income poverty, hunger and malnutrition, maternal and child health, gender inequality, inadequate access to anti-retroviral drugs, and the MDG 8 targets, in particular those addressing international trade and financial systems that continue to be unfair and unstable (Akelyira, 2013).

In short, although the international community has lauded the MDGs as a success, results in Africa are mixed. The reformulation of the global agenda into the SDGs opens

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3 For further discussion on Africa’s successes and failures in pursuing the MDGs, see the Economic Commission for Africa’s assessment report [here](#).
a space to reflect on these successes and shortcomings, and to refocus development efforts for the next 15 years. Like the MDGs, the SDGs offer an opportunity to unify, galvanize, and expand efforts to improve the lives of the world’s poorest people (McArthur, 2013). But this focused effort will not happen automatically; it requires the conscious commitment of individuals working in every sector—government, civil society, and private enterprise.

**Focus on Africa**

A critique leveled at the original MDGs by many academics and organizations is that the process and the goals were fundamentally donor-led (Melamed & Scott, 2011). As such, the goals have been accused of penalizing the poorest countries, where initial conditions made achieving them more difficult (Easterly, 2009). Additionally, skeptics have pointed out that the MDGs paid little attention to locally defined and owned definitions of development and progress (Sumner, 2009). Mindful of these criticisms, African leaders, organizations, and negotiators have begun to develop a clear African position ahead of important international events (Ramsamy, Knoll, Knaepen, & van Wyk, 2014). This participatory process, now internationally recognized as the Common African Position (CAP), brings together stakeholders at the national, regional, and continental levels among the public and private sectors, parliamentarians, civil society organizations (CSOs)—including women and youth associations—and academia, in consultation to reach consensus on how to address the important challenges facing the continent. African stakeholders have elaborated the CAP on topics ranging from the world drug problem, to the UN review of peace operations, to the post-2015 development agenda. Beginning at the Busan High-Level Forum on Aid Effectiveness in 2011 and continuing into the formulation of the 2030 Agenda and the SDGs, African countries have pushed forcefully for their interests with remarkable success (Ramsamy et al., 2014). The Third International Conference on Financing for Development (FFD3), a conference to determine the magnitude and sources required to finance the post-2015 development agenda, was a resounding success for African negotiators (Lawan, 2015). The Addis Ababa Action Agenda (AAAA), adopted at the FFD3, makes specific mention of Agenda 2063 and the New Partnership for Africa’s Development (NEPAD)—policy instruments owned and led by Africa—as essential components of a successful post-2015 development agenda (AAAA, 2015).

The success of the CAP is further visible in the harmony between the SDGs and Agenda 2063, the African Union’s (AU) overarching vision for the continent. Agenda 2063 is not a planning document, but rather is made up of seven aspirations that outline, “the Africa you would like to have 100 years after the founding of the OAU [Organization of African Unity],” the continental body that morphed into the AU in 2002 (Ighobor, 2015). First among the AU’s aspirations is, “a prosperous Africa based on
inclusive growth and sustainable development,” in particular a seven percent growth rate—the same as SDG 8 (Ighobor, 2015). To outline the mutual support and coherence of Agenda 2063 and the SDGs, the AU has already created a table expressing the linkages between the two agendas (AU, 2016). If anything, Agenda 2063 is in most cases more specific on the targets to be achieved. Under-Secretary-General and Special Adviser on Africa Maged Abdelaziz, in an interview with Africa Renewal, said:

In education, for instance, the SDGs talk about achieving universal primary and secondary education, while Africa’s Agenda 2063, in addition to targets on primary and secondary education, sets a specific target of increase in tertiary education. Water security is another example. The SDGs call for a substantial increase, but Agenda 2063 calls for a specific increase. The same goes for other targets, including ICT. (Kuwonu, 2015)

There are, however, some aspirations of Agenda 2063 that do not have clear parallels in the SDGs. For example, the goal of a politically united Africa, the establishment of continental financial and monetary institutions, and the pursuit of an African cultural renaissance (AU, 2016). Additionally, some SDGs do not approach solutions from an African perspective. The agriculture sector, for example, is still mostly treated through the lens of hunger and malnutrition, rather than through agri-business and job opportunities for the youth (Lawan, 2015).

Nevertheless, to a large degree, African countries, speaking with one voice, managed to incorporate their vision and programs into the 2030 Agenda such that the SDGs are now in line with Africa’s strategic thrust. The SDGs are in many ways an opportunity for Africa to now take advantage of international attention, expertise, and financing to pursue an agenda that it has already set for itself.

Why Partnerships Matter for the SDGs

Although an oft-overlooked fact, domestic government revenue was actually responsible for 77 percent of spending toward the MDGs. In general, this domestic financing has been more stable, aligned with government priorities, predictable, recurring, and easier to implement than donor funding (GSW, 2015). Ideally the primary pathway for financing the SDGs, therefore, ought to be increasing government revenue. The SDGs’ financing needs, however, are enormous.

A rough estimate for the cost of a global safety net to eradicate extreme poverty (SDG 1) is around US $66 billion annually (Kumar, Kumar, & Vivekadhish, 2016). But this estimation is far from complete. The real eradication of poverty requires sustained, inclusive economic growth and job creation. The infrastructure required for this goal—in water, agriculture, ICT, power, transportation, buildings, the industrial, mining, forestry, and fishery sectors—will cost somewhere between US $5 to $7 trillion globally.
The UN estimates it will cost US $3.9 trillion each year to meet the SDGs in developing countries alone (Madsbjerg & Bernasconi, 2015). Today, public and private funding together cover only about US $1.4 trillion, leaving an annual shortfall of US $2.5 trillion—for context, that is more than double the entire 2015 GDP of sub-Saharan Africa (World Bank, 2016a).

Some scholars critique these cost estimates for the SDGs for not going far enough. They argue that the official US $1.25 per day measurement of extreme poverty is not actually sufficient for human subsistence (UN, 2009). To achieve a normal human lifespan, meet basic needs, and fulfill their full potential, people need closer to US $5 per day (Hickel, 2015). The AU’s stated vision of an “integrated, prosperous and peaceful Africa” most likely requires a level of investment more in line with this benchmark (AU, n.d.). The vision of a prosperous—and not simply subsistence—Africa, only widens the financing gap. Consequently, even with rapidly revitalized domestic taxation systems to provide a sustainable base of development funding, if the SDGs are to become anything more than a dream they must depend explicitly on the investments of business and civil society (Wall, 2015).

**Case Study 1: HealthPhone, India**

**Partners: The Indian Academy of Pediatrics (IAP) and Vodafone India**

Launched in 2015, HealthPhone is a digital video reference library and a repository of health and nutrition knowledge. To access HealthPhone, users insert a pre-loaded microSD memory card into any of the popular low-cost models of mobile phone available in India. Community health workers distribute these microSD cards to women in rural villages. No signal is required to watch videos, and there is no cost to download videos to the phone. Videos are available in 78 languages—pre-set to a user’s GPS coordinates, but changeable—and are also accessible to the illiterate. In line with SDGs 3 and 5, the specific development goals of HealthPhone are to address the status of women in India, to improve the care of pregnant mothers and children under two, and to encourage breast feeding and good nutrition.

When a child has diarrhea, the preparation of a simple oral rehydration solution (ORS) can save their life. Despite the simplicity of this intervention, diarrhea kills an estimated 1.5 million children each year. A similar pattern is true for malaria and bed nets, and for colds that develop into pneumonia. A simple and inexpensive health intervention is often the difference between life and death—but it must be received at the right time. HealthPhone videos address each of these health concerns and many more, giving families across India access to the knowledge they need to avoid these preventable deaths. The relatively small capital costs of HealthPhone mean that if the project is
proven a success, it could rapidly be scaled up. It also offers a platform for any organization to distribute information—the knowledge doesn’t have to be restricted to health.

HealthPhone is a true multi-stakeholder partnership of the kind envisioned in the SDGs. First, knowledge provided in the videos is based on priorities and research scripted by the Facts for Life publication, a trusted resource developed by 8 UN organizations: UNICEF, WHO, UNESCO, UNDP, UNAIDS, UNFPA, UNFP, and the World Bank. From there, the IAP and the national Ministry of Women and Child Development (WCD) spearheaded the project. One of the most popular and influential Bollywood actors, Aamir Khan, also joined the program as brand ambassador. The private entity in the partnership, Vodafone India, allows HealthPhone users to download videos for free on its network. Vodafone India has also pledged to send about 300 million awareness text messages to its subscribers encouraging them to view the videos. On a financial front, Vodafone India also provides a 10 rupee (US $0.15) talk-time credit to users who view the four introduction videos. Finally, Vodafone India will promote the initiative through a print, television and social media campaign.

Although the project was first conceived in 2009, it was not rolled out until 2015. As such, there not been an assessment report on the project. HealthPhone aims to reach 20,000 rural Indian villages within its first year, but measurement of its actual development outcomes will have to wait.

Sources: GKT, 2015; HealthPhone, n.d.; UNICEF India, 2015

However, the shape that these investments should take remains unclear. A major focus of FFD3 was parsing the different vehicles and financial structures that can contribute to sustainable development. The AAAA reached a consensus on three major areas that circumscribe the means of implementation (MoI) for the SDGs. First, official development assistance (ODA) and debt relief will continue to be important inputs for many countries (DESA, 2015). Second, developing countries need to mobilize more resources by rapidly enhancing taxation efforts, cutting subsidies, and fighting illicit capital flows (DESA, 2015). And finally, countries—individually or collectively—must tap into new and innovative sources of finance (Bhattacharya & Ali, 2014).

These innovative sources could encompass taxes on financial transactions and the dismantling of tax havens. Resources could be raised from capital markets by floating various medium- and long-term instruments. Global solidarity levies, such as a tobacco levy or a global carbon tax, could also be considered (Bhattacharya & Ali, 2014). On a more local level, public-private partnerships (PPPs) have the potential to play a principal
role in health, infrastructure, and urban development projects (Bhattacharya & Ali, 2014). However, MoI are not only financial. The private sector and CSOs will both play a decisive role in ensuring that trade in goods benefits the poorest countries, and that technology transfer aligns with the SDGs (Bhattacharya & Ali, 2014). Ultimately, a key ingredient to the success of each of these innovative MoI is coordination between the different sectors of society. To bridge the SDG financing gap, governments require the investment of business, and to ensure the social benefit of their activities, business requires the guidance of government. The mixed bag of policies and financing vehicles required to meet the SDGs requires partnerships at every level.

The AfDB has repeatedly emphasized that progress toward the SDGs will require the public and private sectors to work together in partnership (AfDB, 2016b). In April 2016 the AU held a high-level forum devoted to raising awareness of the synergies between the SDGs and Agenda 2063. Forum organizers were careful to stress that:

Achievement of these ambitious goals will require leveraging multi-stakeholder resources, both domestically and internationally, through partnerships with a wide range of actors, including African Governments, international development partners, and the domestic and global private sector. (“The Africa We Want in 2030, 2063 and Beyond,” 2016)

The ECOWAS Parliament and the EAC have also highlighted the crucial importance of partnerships and innovative financial mechanisms in pursuing the SDGs (Akosile, 2016; DI, 2015; Osiemo, 2015). Recent workshops with SADC and the UNDP have focused on aligning the SDGs with Agenda 2063, with a specific emphasis on replicating innovations in the health sector across countries (UNDP, 2016). Although the AU, the AfDB, the ECA, the regional economic communities (RECs), and national governments have all repeatedly stated the importance of partnerships, any kind of standardized formula for the structure of these relationships remains elusive.

What Exactly Are PPPs, Anyway?

In light of the emphasis given to PPPs in Addis Ababa as a pathway to financing the SDGs, it is important to examine the lineage of the concept, and the areas requiring further research. Although PPPs are currently in vogue as a way to increase efficiency, achieve greater value for money (VfM), and mitigate public risk, they are not a new idea. Concessions, the simplest form of PPP, in which a private company is granted exclusive rights to build, maintain, and operate a piece of public infrastructure, go back thousands of years. In the Roman Empire, concessions were used to construct roads, public baths, and to run markets (Jomo, Chowdhury, Sharma, & Platz, 2016). Another famous example comes from 1792 France, where the brothers Perrier were granted a concession to
distribute water in Paris (Pandian, Kumar, & Nagarajan, 2014). In Africa, concessionary companies formed the backbone of colonial European empires. In one illustrative example from the time, the Belgian Congo awarded Lever Brothers, the British soap maker, five concessionary zones to establish palm plantations and processing facilities in exchange for the company’s commitment to build roads, hospitals, and schools for its workers. Although at the time such arrangements were heralded as beneficial for the long-term development of the region, they did nothing to alter the fundamentally Eurocentric structure of the colonial economy (Nelson, 2015).

Case Study 2: The Dakar-Diamniadio toll road, Senegal
Partners: APIX, PPIAF, and the Eiffage Group

The new toll highway connected Dakar to the emerging business center of Diamniadio, opened in 2013 (the first driver on the road was the president—who paid the toll), is one of the first toll roads in sub-Saharan Africa financed with a PPP model. The private partner developed the Pikine-Diamniadio segment of the larger US $500 million project. The 20.4km PPP component of the project was awarded as a 30-year concession to Société Eiffage de la Nouvelle Autoroute Concédée (SENAC), a Senegalese special-purpose company owned by the Eiffage group, one of France’s main toll road operators. The construction of the highway is widely considered a success, reducing commute times from the city to its suburbs from two hours to less than 30 minutes.

There are a number of factors that allowed for the success of the highway’s PPP structure. First, a US $225,000 grant from the Public Private Infrastructure Advisory Facility (PPIAF), a multi-donor trust fund that provides technical assistance to governments, to the Senegalese National Agency for the Promotion of Investments (APIX) helped to pay for a thorough review of the contractual arrangements and for multiple seminars with different stakeholder groups. A similar project in Nigeria, the Lekki-Epe concession toll road, had to be purchased back from the concessionaire by the state government after rising political opposition to tolls. A subsequent review of that project indicated that better community stakeholder involvement from the outset could have avoided this failure.

Ultimately, the clear benefits to people have ensured the success of the project—the toll is relatively low; commuters save three hours a day; the road is safe, clean and offers a high quality ride. Economic activity along the highway has increased, with small women-owned farming businesses sprouting up to offer produce to passing drivers. There is also an alternative, free, older road, giving drivers the choice of which to use, an aspect that is crucial for public acceptance.
One could also measure the success of the project through an SDG lens. Reducing traffic congestion is a key component of SDG 9, and highway construction could also contribute directly to SDG 8 and SDG 11. However, as of yet there is no coherent framework to quantify these impacts. A defining component of the SDGs is that they do not just set independent goals, they also represent a coherent system to think about how diverse issues such as infrastructure development, poverty, and the environment fit together. Sometimes solutions to these diverse issues reinforce each other, and sometimes there are mitigating interactions. International agreements around the SDGs, however, often gloss over difficult trade-offs. For example, an infrastructure project such as the Dakar-Diamniadio highway offers direct economic benefits, which then indirectly influence social outcomes. However, construction necessarily requires the degradation of a terrestrial ecosystem (harming SDG 15). Can this project, through an SDG lens, therefore be considered a success? Any rubric to measure the success of partnerships with reference to the SDGs will have to take these interactions into consideration. In June 2016, the International Council for Science (ICSU) released a draft conceptual framework to think about these interactions. The framework is based on a seven point scale of SDG interaction ranging from “Indivisible” to “Cancelling,” and ideally can help policymakers identify development pathways that minimize negative interactions and maximize positive ones.


Since this early history, the PPP concept has evolved considerably, although there is still no universally agreed upon definition (Romero, 2015). The actual term “public-private partnership,” and the associated modern model of collaboration between the government and a private entity, emerged in the United Kingdom in the 1970s when neoliberal ideologies began to question the poor economic performance of state actors and the dominant Keynesian paradigm (Jomo et al., 2016). The earliest PPPs involved construction projects to develop and renew decaying urban areas. Since then, the concept of PPPs has expanded to encompass joint technology or ecological projects, as well as partnerships to deliver education and health services (Jomo et al., 2016; Roehrich, Lewis, & George, 2014). According to the term’s critics, PPPs have now evolved into a catch-all phrase for any type of collaboration between government and a private entity (Jomo et al., 2016).

In its broadest sense, the ideal PPP exploits synergies in the shared use of resources and in the application of management knowledge to optimally attain the goals of all parties involved (Jomo et al., 2016). In practice, PPPs vary considerably across the
degree of ownership and capital expenditure taken on by the private partner. On one end of the spectrum, with management contracts for public projects, the private entity has little to no capital expenditure. At the other end of the spectrum, with Build, Own, Operate, Transfer (BOOT) contracts, the private entity is responsible for all capital financing. In either case, the private partner generates profit either through direct payments from the government, or from user charges for delivering a service—or through both. Thus, there can be many variants of PPP schemes depending on the distribution of risk and asset ownership (Roehrich et al., 2014). According to one assessment, “the vast literature on PPPs reveals at least up to 25 different types of PPPs (Romero, 2015).” Not only do international organizations each have their own definitions of PPPs, but different countries are also using their own definitions of the term in national strategies and policies (Jomo et al., 2016). This bewildering variety of possible structures and the lack of clarity encompassed by the PPP concept is a major weakness in devising rigorous and transferable evaluation metrics on the success of partnership projects.

The volume of literature on partnerships is immense, and not all observers are convinced of their efficacy in serving the interests of development. Some authors have gone as far as to claim that PPPs, at their core, are a deceptive “Trojan horse” to advance a neoliberal agenda under the guise of sharing power with the poor and the state (Miraftab, 2004). Other authors have highlighted PPPs in the mining sector as a “new renewed imperialism (Dansereau, 2005).” Indeed, evidence on the success of PPPs in advancing development goals is highly mixed. Even more moderate researchers point out that, in many cases, PPPs have turned out to be more expensive than a purely public alternative, and have not provided any measurable benefit to efficiency or quality of service (Jomo et al., 2016). According to the Independent Evaluation Group’s (IEG) most recent assessment of the World Bank’s involvement in PPPs across the developing world, over two thirds of PPPs have been successful—according to the “development outcome rating of project evaluations.” But these evaluations are built primarily on the business performance of the PPPs. Metrics of access, pro-poor aspects, and quality-of-service are rarely measured (IEG, 2015). Consequently, national governments often cannot assess how much a project has benefited the poor, or even if it provided better VfM than an equivalent public project (Jomo et al., 2016).

### Trends in Infrastructure PPPs

As shown in Figure 1 below, the 1990s saw a steady rise in both the number of infrastructure projects in the developing world with private participation, and in private financial commitments to these projects. After a small two-year decrease beginning in 1998, both trends again rose until 2012 (Jomo et al., 2016). The average size of projects also increased from US $182 million in 2003 to US $322 million in 2013, but peaked in
2010 at $410 million (Jomo et al., 2016). The increasing size of projects is in line with a global shift to megaprojects in every sector (Flyvbjerg, 2014). Major infrastructure PPPs, with relevance to the SDGs, might include everything from transportation, water, and energy, to ICT, industrial processing plants, and mining (Flyvbjerg, 2014). However, it is important to note that despite the outsize attention given to the private sector, public financing for this infrastructure still dwarfs private involvement. Over the last decade in developing countries, private enterprise has contributed only between 15 to 20 percent of total infrastructure investment. Given that infrastructure investments make up a major component of the estimated SDG financing gap, private involvement in this sector will likely increase.


Despite their questionable historical legacy and mixed evidence of success in promoting development, African actors such as the AU and the AfDB have moved ahead in pinpointing PPPs as a key to the future agenda (AfDB, n.d.; Tumwebaze, 2016). This decision, of course, does not come without its own long lineage. The idea of partnering for development has been around since at least Agenda 21, an output of the 1992 Rio Earth Summit that championed the formation of multi-stakeholder “community partnerships” to drive change (UN, 1992). Ten years later, the World Summit on Sustainable Development in Johannesburg again stressed the limits to what governments
could achieve without bringing civil society, local government, academia, faith communities, trade unions and numerous other actors—including private enterprise—on board (Evans, 2015). With the formulation of the 2030 Agenda, expectations for a breakthrough in multi-stakeholder partnerships have reached new heights.

The remaining question, then, is what makes a PPP successful—and how can we measure its success or failure? Ultimately, PPP projects need to be commercially viable to attract private sector investment, and this impacts the sectors in which they are viable. In terms of the SDGs, PPPs are most appropriate for providing infrastructure (SDG 9 and SDG 11), and to deliver health services (SDG 3).

**Making Partnerships Work**

Diverse and rigorous partnerships are essential to bridging the funding gaps for pursuing the SDGs and Agenda 2063. The remainder of this brief will outline the available literature that recommends how different actors can contribute to building partnerships for sustainable development.

*Governments and PPPs*

Governments are the shepherds of the PPP process, giving them a joint responsibility. First, to create the enabling environment in which partnerships can emerge, and second, to develop sufficient regulatory and assessment capacity to ensure that projects actually provide a public good (Olsen, 2009). Although CSOs and business have crucial roles to play in delivering the post-2015 agenda, it is world leaders who signed the SDGs, and government has the mandate to meet development goals for their people. There are three activities for governments to undertake to ensure positive developmental outcomes from PPPs, and they all come down to sufficient capacity at the institutional level. First, governments must be able to correctly identify and select projects where PPPs may be viable (Jomo et al., 2016). Research shows that infrastructure PPPs often suffer from an “optimism bias,” as both sides of the partnership have an incentive to strategically overestimate demand for the project (Romero, 2015). For example, as part of a PPP in Tanzania the state-owned electricity company Tanesco signed a power purchasing agreement with Independent Power Tanzania Limited (IPTL). Three government officials approved the project without a proper feasibility study, which would have shown that the problem was not insufficient generating capacity, but a lack of gridlines (Romero, 2015).

**Trends in Health PPPs**

PPPs in the health sector arose against the backdrop of the public sector’s inability to
deliver on desired outcomes, owing to a lack of resources and management issues (Nishtar, 2004). PPPs in the health sector differ from infrastructure projects in that the private partner may be a non-profit organization. Partnerships with non-profit, private organizations (i.e. CSOs, NGOs, foundations, academic institutions) relax the overriding need for a project to be commercially viable, but impose their own set of complex ethical and procedural challenges (Nishtar, 2004). For example, such partnerships have been accused of fragmenting local health systems, redirecting national health priorities, and undermining social safety nets. In recent years, the picture has been clouded further with many non-profit foundations funding health initiatives that partner with for-profit providers, introducing many opportunities for conflicts of interest to arise (Nishtar, 2004). Many of the most visible global health initiatives—The Global Fund to Fight AIDS, Tuberculosis & Malaria; The Global Alliance for Vaccines and Immunization (GAVI); the Drugs for Neglected Disease Initiative (DNDi)—are partnerships of this nature (Ratzan, 2007).

PPPs between public health bodies and for-profit companies face the same tension between long-term sustainability and short-term profitability as infrastructure projects. In general, partnerships with for-profit enterprises tend to be susceptible to a selection bias known as “cream-skimming,” in which PPPs are more common in large and developed markets to allow faster cost recovery and more secure revenue streams. The result of this phenomenon is that private health investment tends to be focused in relatively affluent urban areas where sufficient resources for efficient and universal public health coverage are already available (Jomo et al., 2016). In Africa, for example, PPPs finance high-tech hospitals in a few urban centers where there are enough wealthy people to support private medicine, but not the universal networks of clinics or the salaries of staff needed to provide healthcare for the poor (Jomo et al., 2016).

The SDGs, however, will likely be a game-changer for global health funding. With a significantly broader focus than the MDGs, the SDGs could serve to reorient health governance and funding toward previously neglected areas such as noncommunicable diseases (NCDs) and universal health coverage (UHC) (Huang, 2016). The SDGs’ rights-based approach to healthcare provision will likely pit the developed and developing worlds against one another over patented NCD medications, increasing the complications of partnerships in this sector, and the trade-offs among health, trade, and intellectual property (Huang, 2016). While global financing partners such as the Gates Foundation are unlikely to shift their focus from malaria and HIV/AIDS in the near future, the SDGs may prompt the emergence of new health partnerships to focus on these new challenges.
Second, governments must have the ability to structure contracts that ensure appropriate pricing and transfer of risk to private partners (Jomo et al., 2016; Murphy, 2008). The nature of large PPP projects poses a considerable risk to governments. For example, in the health sector there is often a public perception that the state should ensure service delivery. If a project fails, which is not an infrequent occurrence, then government may be forced to rescue the project, shifting private debts onto the public books (Romero, 2015).

Finally, governments must establish comprehensive and transparent accounting and reporting standards for PPPs (Jomo et al., 2016). A key metric for governments to take into account when quantifying the success of a PPP in the health sector, for instance, should be its impact on public health outcomes (Taylor & Christian, 2016). The development of PPPs in-and-of themselves should not be seen as an outcome, but rather as a process and an output toward a social good (Nishtar, 2004). A similar principle applies to infrastructure PPPs; if the desired outcome is increased transportation access, for instance, then this is what should be measured, and not only the financial success of the partnership. Although social indicators are often difficult to quantify, they must be the ultimate indicator for the success of a project.

**Case Study 3: Africa50 Infrastructure Fund**

**Partners: AfDB, 20 African governments and central banks**

The AfDB estimates that Africa needs about US $95 billion per year to finance its infrastructure. After public sector contributions of US $30 billion, US $9 billion from the private sector, and US $6 billion from FDI, the continent has an infrastructure-financing gap of about US $50 billion each year. In 2012, African heads of state therefore issued a statement on the Programme for Infrastructure Development in Africa (PIDA) that called for the creation of “innovative solutions to facilitate and accelerate infrastructure delivery in Africa.” Africa50 is a direct response to this call.

Africa50 is an innovative finance vehicle created by the AfDB to deliver funding for important projects on energy, transportation, ICT, and trans-boundary water resources. Africa50 was formed as an autonomous commercial organization to overcome some of the common criticisms levelled at the AfDB, such as its lengthy working process between project approval and disbursement of funds. An overarching goal of Africa50 is to shorten the time between project idea and financial close from an average of seven years to less than three years. With angel investments from the AfDB and 20 African governments and central banks of US $830 million, Africa50 is now preparing a second closing that will be open to private investors both within and outside the continent to help reach its goal of US $3 billion in capital. Once Africa50 receives an A credit rating, it
will issue a bond to African pensions and other institutional funds. Africa50 is an entirely commercial financial institution with the goal of providing a return of 8 percent over 15 years to its shareholders. Executives with the fund have indicated that there are already over 10 priority projects in the pipeline, although they remain “highly confidential.”

Africa50 will act much like a development bank, taking into account both the financial viability and the social and environmental impacts of the projects it funds. However, according to former CEO Tas Anvaripour, despite its name, Africa50 is “not a fund, it is an infrastructure delivery platform… The capital needed to prepare a project to get it to the development stage is only about 10 percent of total budget. But the private sector is unwilling to fund it because it’s the most risky phase, and governments don’t have the cash. This is where Africa50 comes in—taking projects to the bankable stage.” In other words, Africa50 is a direct response to the common financing problems of large infrastructure projects.

Africa50 is an innovative, African-led initiative that falls well in-line with the narrative of Africa funding its own development and being the master of its own destiny. The coming decade will determine if it is successful or not.

Sources: Adams, 2015; AfDB, 2016a; Africa50, 2016

**CSOs and PPPs**

CSOs can play a crucial role in localizing development efforts, an area that is often a weak point for governments and businesses. As part of the rollout of SDG implementation plans, the African Civil Society Circle (ACSC) has identified six critical roles for CSOs. First, CSOs often have a closer connection to local people in their arena of operation, and structures in place to listen to the voices of those affected by development partnerships. CSOs can therefore provide a communications conduit between governments, businesses, and local people to ensure that the aims of specific projects and initiatives are clearly understood by their intended beneficiaries (ACSC, 2016). Second, CSOs have the capacity to translate the voices of the poorest and most marginalized members of society into powerful and well-reasoned arguments in the form of various reports. This role opens the communications conduit in the opposite direction, so that governments and businesses can accurately understand the effects of their activities on people’s lives (ACSC, 2016). Third, CSOs are well positioned to form relationships built on mutual trust with local governments. These relationships can help CSOs in their capacity as an intermediary between the government and people, to identify specific problems with project delivery and notify the appropriate official or institution (ACSC, 2016; Chitiga-Mabugu et al., 2014). Fourth, CSOs frequently understand the
development landscape through a human rights lens, and can call attention to groups whose rights have been infringed upon or who have been neglected by the development process (ACSC, 2016). Given the SDGs stated vision to “leave no one behind,” this capacity is of particular importance (Melamed, 2015). Fifth, CSOs can partner with other non-profit organizations to facilitate learning and the sharing of best practices. And sixth, CSOs can build the capacity and knowledge of the general populace through training and advocacy processes (ACSC, 2016). By focusing on these six goals, CSOs can position themselves as important partners in working toward the SDGs and Agenda 2063.

**Case Study 4: Queen Mamohato Memorial Hospital, Lesotho**

**Partners: The Lesotho Ministry of Health and Netcare**

At its launch in 2011, the World Bank heralded the Queen Mamohato Memorial Hospital (QMMH) in Maseru, the small capital city of Lesotho, as a new model for healthcare delivery in developing countries. Compared to the dilapidated, century-old Queen Elizabeth II Hospital that QMMH replaced, the new 425-bed, US $100 million facility was a clear improvement. Those writing on the project at the time called it a “spacious clinical oasis” and an “island of excellence,” with technologically advanced care units and comfortable, patient-friendly lounges.

Since the 1970s, the government of Lesotho had been contemplating options for a new national hospital. Dissatisfied with what they saw as chronic management and operational problems in the public health sector, the government decided in 2005 to pursue the option of a PPP. With the World Bank’s International Finance Corporation (IFC) acting as broker and providing extensive technical assistance, the government structured a complex PPP contract for the new national referral and gateway hospital and three primary care clinics in the area that together make up the Lesotho Health Network. Following an open bidding process, the contract was awarded to Netcare, the largest operator of private health care in South Africa and the UK, which promptly formed a consortium with local companies, becoming Tsepong. Almost immediately following the official QMMH announcement in 2008, criticism of the contract between Tsepong and the ministry of health arose. However, it wasn’t until 2012, after a change in government, that the full details of the contract were made public. Under the terms of the contract, Tsepong is to be paid a US $32.6 million annual charge for up to a maximum of 20,000 inpatient admissions and 310,000 outpatient attendances (or about a third of Lesotho’s total hospital demand). Beyond this cap, the consortium can bill extra for each additional patient. As for the initial construction funds, the Government of Lesotho contributed almost 40 percent, with almost 60 percent provided by the Development Bank of Southern Africa, and less than 4 percent provided by Netcare.
The improved management of QMMH over its predecessor, however, has had clear and documented benefits. The overall death rate at the new facilities fell by 41 percent; maternal deaths fell by 10 percent; the pediatric pneumonia death rate dropped by 65 percent between 2007 and 2012; the number of patients seen every day increased by 30 percent. The list goes on and on. A World Bank-commissioned study from Boston University estimates that compared to the previous facility, QMMH is 22 percent more cost efficient on a per patient basis. Additionally, anecdotal evidence points out that the high quality of the facilities and the professionalism of management has encouraged young physicians from Lesotho to pursue careers at home. Speaking of the old facility, the former Lesotho Finance Minister Timothy Tahane said, “We could not retain doctors due to the poor quality of the work environment.”

But all of this improvement has come at a cost—much of it unpredicted. Analysts with the UK-based charity OXFAM investigated the PPP contract in 2014 and found that QMMH absorbed more than half of the health ministries 2013/14 budget. Although health funding in Lesotho was already skewed toward urban areas, the OXFAM analysis charged that the PPP contract significantly exacerbated this problem. The analysis concluded that QMMH constituted “a dangerous diversion of scarce public funds from primary healthcare services in rural areas, where three-quarters of the population live.” Part of the problem stems from the fact that the high quality of the facilities and standard of care redirected demand from local primary care clinics to the new hospital. The result is that the agreed-upon patient numbers have been exceeded each year since the hospital opened: more than 27,000 inpatients and nearly 350,000 outpatients were treated in 2015 alone. However, as Lesotho provides universal health coverage for its citizens, people pay the same fees for care at QMMH and its clinics as they do at any other hospital in the country. Under the PPP contract, Tsepong may bill the health ministry for each additional patient treated above the cap, and the result is that payments to Tsepong have increased by almost 80 percent since 2008.

From the beginning of the process, both the health ministry and the IFC recognized that improved health services would increase patient demand, although the magnitude may have been underestimated. To counter this dynamic, QMMH was developed in tandem with a plan to refurbish primary care facilities across the country, with funding from the U.S. Millennium Challenge Corporation (MCC). However, there was a significant time gap between the health network PPP and these improved facilities coming online. Today, even though the health infrastructure has been improved outside of Maseru through MCC funding, there are inadequate numbers of specialists, equipment, and supplies, which continues to fuel demand for services through QMMH and its primary care clinics.
While some observe the improved care statistics at QMMH and praise the project as a success, others suggest that the IFC did the government of Lesotho a disservice by pushing forward with the PPP before focusing on the quality of the broader health system. In the words of Majoel Makhakhe, the now-retired head of the health ministry planning unit that negotiated the contract, “The IFC might have advised us to first renew the system, and then build the referral hospital.” This case study points to the primary importance of building capacity at the ministry level to negotiate contracts for the success of PPPs.

Sources: Marriott, 2014; Webster, 2015; World Bank, 2016b

The Private Sector and PPPs

The UN has identified private business as essential to the achievement of the 2030 Agenda. In part because the private sector offers an attractive source of funding for a plan that is well out of reach for national governments acting alone, and in part because the activities of private enterprise are entwined with the daily lives and development outcomes of people everywhere. To align themselves with the ambitious agenda put forward for Africa and the world, businesses must learn to go beyond philanthropy and voluntary corporate social responsibility (CSR) toward inclusive and sustainable businesses models—all while maintaining profitability (Neto & Riva, 2015). This is no small challenge.

The very first and simplest way that business can contribute to the post-2015 agenda is by following the principles of good business: obey the law, observe core human rights and labour standards, don’t pay bribes, pay taxes, and be transparent and accountable (Evans, 2015). Beyond these basic steps, it becomes useful to focus on specific examples of private sector involvement in the development process. PPP discussions are often too broad and abstract to be of any immediate use to business. Instead, dialogue between government agencies and businesses should concentrate on analyzing other existing partnerships, and how they might be adapted or learned from for current projects (Evans, 2015). The SDG Industry Matrix, compiled jointly by the UN Global Compact and the international consulting firm KPMG, provides a good example of the type of document that can help in creating PPPs in service of the SDGs. The Industry Matrix focuses on the healthcare and life sciences sector, and breaks each of the 17 SDGs down into opportunities for businesses operating in that sector, accompanied by concrete examples (UN Global Compact & KPMG, 2016). As just one example, the Industry Matrix shows that to contribute to SDG 2, a business in the healthcare and life sciences sector could increase their sourcing of plant, crop and animal products from LMICs—like Abbot’s new production facility in Jhagadia, India, that will source up to 80 percent of its ingredients from within the country (UN Global Compact & KPMG, 2016).
Examples such as this help to focus the discussion on partnerships, and fire the imaginations of those involved. Rigorous analysis of the opportunities available for businesses can help the private sector to incorporate sustainable development indicators into their own internal strategies. This should happen in partnership with governments and CSOs, who often have a clearer understanding of the SDGs and the development situation in their countries (IHRB, 2015).

Clear and universal accountability mechanisms can also go a long way to allay skepticism about whether companies will actually follow through on their sustainability commitments. As one negative example, at the 2006 Clinton Global Initiative Virgin Atlantic Chief Executive Richard Branson promised to spend US $3 billion to fight climate change but according to the activist and author Naomi Klein, by mid-2014 he had spent less than one-tenth of this amount (Evans, 2015). Companies, governments, and CSOs could jointly devise the metrics and mechanisms to report on social impact and resource footprint (IHRB, 2015).

SABMiller, the multinational brewing and beverage company, provides a positive example of cooperation between different sectors to design rigorous accountability metrics in line with the SDGs. In 2015, recognizing that the expectations for companies written into the SDGs are high, the board decided to integrate their existing CSR initiative, “Prosper,” into an SDG framework (Swaithes, 2016). Prosper identifies five “Shared Imperatives” that tackle the development challenges most material to the company’s activities. In their 2016 Sustainable Development Report, SABMiller demonstrates how these five Shared Imperatives directly align with 11 of the SDGs (SABMiller, 2016b). However, this alignment is only the first step. From there, performance on sustainable development is overseen by the corporate accountability and risk assurance committee (CARAC), a committee of the SABMiller board chaired by Dr. Dambisa Moyo, a non-executive director of the company, and Zambian-born international economist and author (SABMiller, 2016a). Under Moyo’s direction, regional CARACs meet twice each year to review progress measured by the company’s Sustainability Assessment Matrix (SAM). Transparency is also central to their approach. SABMiller commissioned PwC, a multinational professional services firm, to provide independent assurance over information contained in their 2016 Sustainable Development Report, including water and carbon efficiency, and gender diversity. Additionally, SABMiller asked key global CSOs and partners, such as WWF and CARE International, to supply commentary on the company’s initiatives, and to highlight areas for future collaboration. This level of transparency not only increases public confidence in the effectiveness of SABMiller’s SDG initiatives, but it allows the company’s strategy to act as a blueprint for other businesses and organizations that wish to develop accountability mechanisms.4

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4 For more information on SABMiller’s SDG initiatives and accountability mechanisms, see their full 2016 Sustainable Development Report [here](#).
Ultimately, however, it is important to remember that economic activity cannot be easily redirected to where the need is greatest. The private sector flourishes where the right conditions and opportunities exist, but if those are absent it will not drive inclusive growth (IHRB, 2015). Also, despite proclamations of support for the SDGs or Agenda 2063, companies are not beholden to any development agenda. Government can strongly encourage them, and often will have to oblige them, to adopt practices consistent with sustainable development. While the transformative potential of business is clear to all, other partners should be careful not to treat it as a silver bullet to achieving development. Many countries still lack the right kind political, economic, and social structures to make this transformation possible (IHRB, 2015).

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