

Goal-based development and the SDGs: implications for development finance

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I. Introduction

The 193 member states of the United Nations have now adopted the Sustainable Development Goals (SDGs) for the period 2016–30 to follow the Millennium Development Goals (MDGs) that were in effect during 2000–15. The MDGs focused on reducing extreme poverty; the SDGs focus on sustainable development, meaning the holistic achievement of economic development, social inclusion, and environmental sustainability. These goals are valuable in so far as they push the world community to achieve quantified, time-bound objectives.

It is fairly easy to declare that we should fight poverty, hunger, and disease, or resist human-induced climate change. Such platitudes are easily stated, and alas, also easily ignored. It is quite a different thing to agree that the world should cut the rate of \$1.25-per-day poverty by half between 1990 and 2015 as in MDG 1, or reduce under-5 mortality rates to below 25/1,000 in all countries by 2030 as in SDG 3. It is the quantified, time-bound objectives that force us to think hard, plan in detail, mobilize additional resources, and implement a sound operational strategy.

I often hark back to the wise words of President John F. Kennedy: ‘By defining our goal more clearly—by making it seem more manageable and less remote—we can help all peoples to see it, to draw hope from it, and to move irresistibly toward it.’¹ That, in essence, is the job of the MDGs and SDGs. Let us define our goal—whether fighting poverty, or hunger, or illiteracy, or human-induced climate change—more clearly. Let us define a manageable path to achieve the goal. And by so doing, let us inspire more people around the world to appreciate the goal and to embrace it. The clarity of purpose helps to mobilize resources, talents, and plans to succeed.

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¹ This statement comes from President Kennedy’s famous ‘Peace Speech’ of 10 June 1963, as part of his successful campaign to achieve a partial nuclear test ban treaty with the Soviet Union. For background, see [Sachs \(2013\)](#).

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II. The success of the MDGs

I have been the United Nations (UN)'s advisor on the MDGs for almost 15 years, since Kofi Annan asked me to be his Special Advisor on the MDGs back in 2001; and Ban Ki-moon honoured me in 2007 by asking me to continue in that role when he became Secretary-General of the UN. Throughout these years I have watched how the MDGs have played the role they were assigned: to inspire a new global focus on fighting extreme poverty, and thereby to help marshal expertise, resources, and implementation plans in dozens of countries. Of course the MDGs did not fulfil all that was hoped. The world is indeed a noisy and easily distracted community; there have been plenty of major distractions, ranging from the wars in the Middle East to the post-2008 financial crisis. Attention to the world's poor is always fragile. Still, the MDGs had their important successes in focusing our attention on ending poverty and mobilizing resources and knowledge to that challenge.

Perhaps the biggest of these MDG successes has been in public health (see [UNICEF \(2015\)](#) for recent data). MDGs 4, 5, and 6 are all focused on health: fighting child mortality (MDG 4), maternal mortality (MDG 5), and epidemic diseases such as AIDS and malaria (MDG 6). There have been significant, if uneven, successes in all three goals. In all three challenges, expert communities were engaged, new financial resources were mobilized, and professional action plans were designed and implemented dozens of times over. The MDGs made a major difference to global health not only in the poorest countries, but also in middle-income emerging economies such as China, where the dramatic expansion of health coverage during the past decade was encouraged, at least in part, by the MDGs.

Successes in goals such as MDGs 4, 5, and 6 require the integration of expert knowledge (e.g. how to promote safe childbirth, or neonatal resuscitation, or malaria control) with increased financial resources and best-practice means of implementation. I have been involved with the 'policy value chain' from expert knowledge through planning to implementation for the past 15 years. During 2000–1, I chaired the World Health Organization (WHO) Commission on Macroeconomics and Health, which laid out the financial and operational case for investing in health as a key pillar of economic development; I worked with African governments in designing new scale-up programmes to fight AIDS, TB, malaria, and other killers; I worked with the healthcare industry to promote a supply chain of low-cost preventative and curative technologies; and I worked with the international community to design and implement new financing strategies such as the Global Fund to Fight AIDS, TB, and Malaria. This experience has enabled me to understand better the essence of goal-based development, and the special role of 'financing for development' within goal-based development.

III. Providing the necessary finance: backcasting within a targets-and-instruments framework

The MDGs were set in year 2000 for the year 2015 and called for countries to achieve certain rates of progress in areas such as reducing extreme poverty, reducing hunger, increasing the school enrolment and completion at the primary level, reducing child mortality, reducing maternal mortality, reducing disease transmission, increasing access to critical infrastructure such as safe drinking water and sanitation, etc. The MDGs

were addressed to the needs of the poorest people, and to the poorest countries, and my view is that when we adopted these goals back in the year 2000, we made it necessary to think through systematically how the goals should be achieved, not 'let's see how far we can get', 'let's make a guess', 'let's make an estimate', but rather how by the year 2015 could certain objectives actually be met.

One key to success in such goal-based development is 'backcasting', that is, starting from the time-bound, quantified goal, and designing a feasible pathway to achieve it. The pathway should include: the key interventions, their costs, their mode of financing, and the organization of the implementation strategy, e.g. through public and private investments. This kind of backcasting, roughly speaking, has been the method of success in scaling up the fight against malaria and AIDS, and child and maternal mortality.

In each case, specific interventions were identified (e.g. insecticide-treated bed nets and home-based delivery of diagnostics and curative medicines in the case of malaria). These interventions were 'costed', that is, the projected costs of scaled interventions were identified. Then a financing plan was made to identify how the costs could be covered given that the target population was often far too poor to pay for the needed interventions on their own, so that some form of public financing would be required. In turn, the needed incremental financing was divided between domestic resource mobilization and international development assistance. New institutions, such as the Global Fund, PEPFAR, and PMI (the US malaria initiative), were instituted to cover financing gaps. Implementation plans were set forth by governments and by the international community. Often there were big debates about how to proceed (e.g. should bed nets be freely distributed to target populations; could low-income people be treated with anti-retroviral medicines). The focus on time-bound, quantified goals was key to success.

In my training as an economist, the idea that you devote instruments to goals, or targets, was a natural framework. Viewing the MDGs as targets or at least as minimum outcomes to be achieved, and then asking what instruments one needs to achieve those targets also seems a natural exercise. We have been taught to think like this ever since Jan Tinbergen presented his targets-and-instruments framework.

If you look at one of these goals, and I am going to stay for a moment with the MDGs, you are presented with a very practical challenge. Say a country has a baseline child mortality rate of 120 per thousand in 1990, and the MDG says to reduce that by two-thirds by 2015. One is then posed with the challenge of moving the child mortality rate from 120 per thousand to 40 per thousand over the 15-year MDG period. Now this is an approachable problem because the mortality rate has a structural determination. There is almost a kind of production function for under-5 mortality that links the disease epidemiology and the public policy intervention to health outcomes. And with enough expertise and subtlety of modelling, it is possible then to make the link between public policy in the health sector and related sectors, say in water and sanitation, to the targeted outcomes. And by doing so, one can actually establish a kind of investment profile that answers with some sophistication the question of what it would take to achieve a particular objective, say this reduction of under-5 mortality, within a given period of time. I have been conducting this kind of analytical exercise for the past 15 years in many different contexts in advising the WHO, the UN Secretary-General, and many governments.

The challenge is that, say, health outcomes depend on policy interventions and public investments. To build health systems, train health workers, establish clinics, improve

water points and sanitation, for example, all require investments and these investments have to be financed. In the case of a primary health system, for a lot of reasons that we could discuss, most of that financing needs to be in the form of public financing. Then comes the question of the cost of those investments, their scale, their timing, their reach, and their prioritization in order to be able to move the health outcomes to the designated target and within the desired timeline. That can be analysed with some precision, even though there is a lot of uncertainty and a lot of learning by doing, as one scales up a health system, for example. The problem then comes that the public budgets that are required to achieve the desired outcomes are typically, in a low-income country, beyond the domestic resource mobilization capacities of the country.

This rather fundamental point is easily demonstrated if one cares to investigate each MDG thoroughly, which unfortunately the economics profession too rarely does. It turns out that to achieve the kind of health outcomes that the MDGs call for requires a level of investment in the primary health sector of somewhere between \$60 and \$100 per person per year in the low-income population being covered. But if one looks at the realistic magnitude of spending by the public sector in low-income countries, the amount of domestic resources that could be mobilized for this purpose might be closer to \$15–20 per person per year.

Thus there is a financing gap. To my mind, the subject of this issue of the *Oxford Review of Economic Policy*—financing for development—should include, as a high priority, identifying this financing gap for low-income countries and identifying the financial means to close it so that the target goal can actually be achieved as planned, as well as identifying the institutional means by which this financing might be delivered.

Let me continue with my example of the public-sector provision of health services. It is possible to run through some basic numbers. Take a country with a GDP *per capita* of \$500, for example, in low-income Africa. Typically, the International Monetary Fund (IMF) fiscal affairs department would say that such a country would be able to collect perhaps 20 per cent of its national income in government revenues. So that might be \$100 per person per year. Then, by virtue of the range of public investment needs that such a country faces, it might be able to devote 15 per cent of its overall budget to the health sector—because education, water sanitation, roads, infrastructures, public administration, and such other areas, will absorb the rest. (That share, 15 per cent, is indeed the so-called ‘Abuja target’ for health outlays.) Now, 15 per cent of the \$100 *per capita* implies, of course, an annual health budget outlay of \$15 per person, whereas the analysis says that to achieve the desired health outcomes, an investment of \$60–100 *per capita* per year is required. So, taking the mid-range estimate of \$80 *per capita*, there is a financing gap of \$65 per person per year. To achieve the MDGs, that sum should then be mobilized internationally through institutions such as the Global Fund to Fight AIDS, TB, and Malaria, the Global Alliance for Vaccines and Immunizations (GAVI), and other similar funding initiatives.

If we are serious about goal-based development—in other words, taking goals like the MDGs and the upcoming SDGs seriously—we would then have to work through the analytics of how to achieve the goals as a package (recognizing the synergies of interventions across the goals), the financing required to do it, the domestic resource mobilization that is possible in order to bring resources to bear, and then the financing gap for low-income countries that emerges from such an analysis. We would then have a far more systematic basis than we usually do for saying that there is such-and-such

need for international financial assistance for Ghana, or a similarly situated country, to be able to achieve its MDGs target for health services.

A key step in the analysis is to analyse how the international financing gap should be closed. Should the international financing be a grant or a loan, and, if a loan, what should be the interest rate and maturity? To answer these questions requires an inter-temporal analysis of the country's economy and finances. Such an inter-temporal financing analysis (akin to the IMF's 'debt sustainability analysis') can identify, at least roughly, the debt-carrying capacity of a low-income country, and therefore the needed proportions of international financing that should be delivered through grants versus loans. Then one would need to ask a series of institutional and microeconomic questions, and micro-political questions, about how such transfers and loans can be effected in a way that provides the right incentives and accountability so that the funds actually produce the targeted health care services rather than being lost to 'waste, fraud, and abuse'. This is the kind of understanding that is required in order to be able to identify and close the financing gap so that low-income countries can actually achieve the MDGs.

This approach involves taking the goals seriously and then agreeing on the means and mechanisms to achieve the goals. It means that the goals are not simply emotions or aspirations but are actually part of a rigorous, global policy process that identifies the interventions and financing needed to achieve the goals, and builds the mechanisms for making the required financial transfers and ensuring their effective use.

When I was confronted with a question of this kind 15 years ago, as Chairman of a Commission for WHO, I recommended a structure of financing that became the basis for the Global Fund to Fight AIDS, TB and Malaria. To achieve what was needed for MDGs 4–6, we needed an institution that could transfer resources at the required flow rate, with professionalism, and with the necessary amount of transparency and accountability. Such institutions are also necessary to achieve the new SDGs. The Global Fund provides a model for what can be accomplished for the SDGs, notably in education, health, and sustainable energy and other infrastructure.

IV. Weaknesses of the current international policy process

Yet this is not the kind of exercise that we normally undertake. There is a very faint glimmer of this kind of approach in the international system, but it is very faint. It was announced in Monterrey, Mexico, in March 2002, that in order to achieve the MDGs, there would need to be significant flows from rich countries to poor ones, and a target of 0.7 per cent of GDP in Official Development Assistance (ODA, or 'foreign assistance') by the donor countries was reiterated in paragraph 42 of the Monterrey Consensus. Yet this promise was not taken seriously and in fact was not honoured. Donor aid as of 2015 averages around 0.3 per cent of donor GDP, not 0.7 per cent. Only 5 countries (Denmark, Luxembourg, Norway, Sweden, and the United Kingdom) currently meet the 0.7 commitment made at Monterrey and reiterated on several other high-level occasions.

The detailed processes, and the necessary institutional structures, for delivering the needed global financing are generally neglected, both at the national and international

levels. At the national level, most governments lack the ability to plan and budget for the necessary processes on a 10–15 year time horizon, and they lack the articulated multi-sector modelling framework to be able to analyse what is needed with any care. There is, in short, a major shortfall of practical expertise. It is actually very hard for most governments to ask the question ‘what kind of instruments are needed in order to help move the economic system to the established targets’.

At the international level, this kind of planning is also quite foreign to the normal operations of governments and the international agencies. I don’t think the IMF or the World Bank has ever seriously asked a question like ‘How can country X achieve MDG Y?’—say, ‘How can Ghana achieve the goal of reduced child mortality rate?’ To my mind, questions like this should be the bread and butter of development economics and answering them should be a central part of the work of the international agencies. But this is very far from the normal approach, which instead asks, to take one example, ‘How can we help Ghana to achieve better health outcomes?’, rather than the much more focused goal-based question: ‘How can we help Ghana to achieve an under-5 mortality rate of, say, 35 per thousand as called for by the MDGs.’

Between 2002 and 2005, I led a process for Kofi Annan, who was then Secretary-General of the United Nations, to try to make calculations of the kind of financing that would be required in order for the low-income countries to achieve the MDGs. (The middle-income countries, by and large, could raise the requisite financing internally or internationally on a market basis.) I think my colleagues in economics were not overwhelmed by these calculations because of their lack of precision, and because of a lack of agreement about the cost of certain elements in the calculation. But frankly, I was underwhelmed by the way these calculations were neglected by the profession. The economics profession has not been in the business of making these estimates and it should be. It is simply part of a classical Tinbergen tradition, that of linking goals and policies, or targets and instruments. If we say that we have targets, and we have the instruments necessary to achieve them, then we need to understand the financing that is necessary in order to achieve these targets, and we need to understand how that financing will be delivered.

As I’ve emphasized, these are not simple calculations, and it is not easy to come up with precise answers, particularly since our profession has not focused enough on this critical task. Yet it is a necessary and very important part the development business. We are going to have to carry out these calculations in the coming years to achieve the SDGs. But I have to admit that almost none of the necessary international negotiations on the SDGs are actually being conducted with this kind of rigorous analysis in mind. The Financing for Development Summit in Addis Ababa in July 2015 enunciated some fine general principles for financing, but it did not press hard to identify financing gaps and how they could be closed. In general, the linkage between the new SDGs and the necessary financing to achieve them remains extremely weak.

V. The broad-ranging nature of the SDGs

The SDGs were finalized in the international negotiations in August 2015 and adopted in September 2015. There are 16 substantive SDGs and a 17th goal that calls for the

‘means of implementation’ (MOI) to achieve the 16 goals. Essentially this last goal recognizes what I have been arguing and says that we need to not just set out global goals but we must also decide on the means to implement them.²

The SDGs will continue the poverty-reduction efforts of the MDGs, and indeed they call for the end of extreme poverty (SDG 1) and hunger (SDG 2) by 2030. Yet they go far beyond ending extreme poverty and hunger. The new goals include universal health coverage (SDG 3), universal quality education at least through secondary level (SDG 4), access to modern energy services (SDG 7), decent work for all (SDG 8), sustainable infrastructure (SDG 9), reduced inequalities (SDG 10), and major efforts on environmental sustainability (in cities, SDG 11; production systems, SDG 12; climate change, SDG 13; marine ecosystems, SDG 14; and terrestrial ecosystems, SDG 15). Each of these broad goals has multiple, specific, and quantitative targets.

There are a number of high-minded principles embodied in the SDGs, but it is important to understand the challenges that they present. Unlike the MDGs, the SDGs are to apply to all countries. They are not only for the poor countries, though in general the rich countries have the domestic financial means to achieve the goals, so the problems for the rich countries are largely to do with problems of policy—and, of course, the need to draw upon government’s revenues and upon revenue from private financial markets. But the problems for the low-income countries really involve hard budget constraints, both annual and inter-temporal constraints, of the kind that I have been describing above. Will the financing gaps of the low-income countries be closed though international financing so that they can achieve the SDGs? We don’t know, but the experience with the MDGs provides reasons for deep concern.

Furthermore, the SDGs are much more complex than the MDGs because they are about sustainable development. They are not merely about ending extreme poverty. Even that one objective is, of course, rather a hard objective to achieve. But the SDGs are broader than the challenge of poverty reduction, and include the promotion of social inclusion and environmental sustainability.

It is possible to identify five categories of goals.

First, are a number of objectives that involve the direct provision of mainly public services. There is a call for universal health coverage (SDG 3). There is a call for universal access to pre-primary school and secondary education (SDG 4). There is a call for universal access to safe water and sanitation (SDG 6). There is a call for universal access to affordable, reliable, modern energy services (SDG 7). Each of these services has a production function. Each requires the deployment of technological systems. Each requires a financing strategy for the poorest recipients. And each requires an upgrade of public-sector service delivery.

Second, are objectives that are complex intermediate-level goals: for example, decent work for all (SDG 8). This is, of course, a far more complex objective to meet than the delivery of particular public services. To achieve SDG 8 requires extensive investments both by the public and private sectors, the former for education and skill training, the latter for hiring workers to meet market demands. Success will also require smart regulations, effective employment codes, good-faith collective bargaining by employers and workers, active labour-market policies promoting the transition from school to work,

² A list of the SDGs described in full can be obtained here: <https://sustainabledevelopment.un.org/post2015>.

effective criminal enforcement (e.g. against trafficking and forced labour), and other policies.

Third, are some very high-level economic goals: that extreme poverty should be ended by the year 2030 (SDG 1); that hunger should be ended by the year 2030 (SDG 2); that there should be reduced inequalities within nations (SDG 10). Some will say that these are naïve, idealistic, and utopian objectives. I disagree. They are indeed complex, but not utopian. They can be achieved as the product of many synergistic policies and actions, not via a ‘magic bullet’.

Fourth, are a number of transformational goals for environmental sustainability: reducing exposure to climate-related extreme events; combatting climate change through low-carbon energy systems (SDG 13); making food production environmentally sustainable (SDG 2); enhancing inclusive and sustainable urbanization; closing the waste cycle of industrial production (SDG 12); achieving sustainable management of marine and coastal eco-systems (SDG 14); and achieving sustainable management of terrestrial eco-systems (SDG 15). These goals call for the preservation of environmental (or natural) capital alongside economic development. This is a demanding requirement. New technological systems must ‘decouple’ economic growth from natural resource use, e.g. through energy efficiency and the shift to renewable energy sources.

Fifth, are the series of high-level social objectives: ending discrimination against women and girls (SDG 5); reducing all forms of violence, abuse, and exploitation of children (SDG 16); and promoting global citizenship and an appreciation for cultural diversity (SDG 4).

This is a lot, to be sure. But our global needs are big, too: to achieve sustainable development in a world community of 7.3 billion people, soon to be 8 billion and perhaps 9 billion, with 193 member states of the UN all facing the perils of growing environmental threats and global social and political instability. Yes, the agenda is bold and complex; yes, we need new ways of doing things; and yes, the SDGs help to define a massive intellectual, scientific, political, and social undertaking for our time. Contributions—human, financial, and political—will need to come from all three major sectors of society: the public sector, the private sector, and the civil sector (e.g. non-governmental organizations (NGOs), philanthropists, universities, and social enterprises).

VI. Financing the SDGs: establishing the necessary mechanisms

Success in meeting the SDGs will require the kind of backcasting that I have described above, within a targets and instruments framework. It will need to include serious planning and analytical efforts by local governments, national governments, and international organizations. This is not ‘central planning’, a false charge that was glibly and wrongly made about the MDGs. This is about thinking ahead, and mobilizing expertise in order to identify pathways to achieve time-bound and quantified global objectives. It is an adaptive, learning process, with plenty of feedbacks and with ample scope for creativity, innovation, and market forces. Businesses routinely plan ahead; and then continually readjust their plans in the face of new learning and new circumstances. Governments, civil society, and international organizations need to do the same. We

need plans and strategies, not as rigid straightjackets, but as guideposts for resource mobilization and implementation planning and operation. These plans will continually be refined and adjusted over time, according to learning by doing, feedback from experience, and advances in technologies and methods of implementation.

As I emphasized earlier, I believe that as part of this planning we will need new and more complex forms of financing for development.³ Financing for development means, after all, mobilizing the resources necessary for sustainable development and specifically for success in the SDGs. The SDGs will require literally trillions of dollars investments per year, most of which will be channelled within the private economy, e.g. in private-led investments in new energy systems and technologies. Still, such investments need to be guided by global goals and objectives, such as decarbonizing the world's energy system in order to end human-induced climate change this century.

Let me quickly outline some of the considerations regarding financing for development that will need to be dealt with. When it comes to the goals of universal health coverage (SDG 3), quality education for all (SDG 4), universal access to safe water and sanitation (SDG 6), and universal access to modern energy services for all (SDG 7), we face the still unmet global challenge of providing quality public services to low-income households who cannot afford these services out of their own resources. We are faced, therefore, with a question of public financing: how to mobilize public resources in order to meet the needs of the poorest people on the planet. I believe that we need serious costing analyses, country by country and at the global scale, to identify needs, budget gaps, and global resource mobilization that will be necessary to achieve these SDGs.

When such analyses are done, we are likely to confront the problem that faced the MDG architects back in the early 2000s. Success in meeting the SDGs will require new global institutions to provide effective, pooled financing for universal coverage of vital SDG-related interventions. Two such global institutions I have been advocating for are a new Global Fund for Education to meet SDG 4,⁴ building on the Global Partnership for Education, and a new Global Fund for Health Systems to meet SDG 3, building on the Global Fund to Fight AIDS, TB, and Malaria and the Global Alliance on Vaccines and Immunizations.

Other goals, such as ending human-induced climate change (SDG 13) require much greater efforts to direct private investments (e.g. in energy services) towards sustainable technologies (e.g. renewables) and away from unsustainable technologies (e.g. coal-fired power plants that lack carbon-capture and sequestration). In such cases, private investments need to be 'steered' by public regulation and corrective pricing, such as carbon taxation. Such efforts also need to be bolstered by new public-sector investments in research, development, demonstration, and diffusion (RDD&D) of new low-carbon technologies. In short, we have a highly complex public-private investment programme that involves the value chain from basic research to global-scale investments, and that bridges both the public and private sectors.

Such a complex investment challenge—to decarbonize the world's energy system within a few decades—may seem impervious to the kind of backcasting and

³ See the UN Sustainable Development Solutions Network (SDSN)'s work on this topic at <http://unsdsn.org/what-we-do/financing-for-sustainable-development/>

⁴ See my comment at <http://www.project-syndicate.org/commentary/financing-education-poor-children-by-jeffrey-d-sachs-2015-03>

targets-and-instruments planning that I am recommending. Yet this is not the case. The Deep Decarbonization Pathways Project by the UN SDSN, which I direct for UN Secretary-General Ban Ki-moon, has shown how it is possible to backcast from 2050 to today in order to identify feasible, low-cost transition pathways from today's fossil-fuel-based energy systems to the low-carbon energy systems that the world needs by 2050.⁵ While trillions of dollars per year of energy investments must be steered in the right direction, the incremental costs of decarbonization relative to the business-as-usual energy investments is likely to be modest, perhaps around 1 per cent of world output per year in incremental costs to achieve deep decarbonization, with societal benefits many times larger.

VII. Conclusion

In a nutshell, this is how I view these issues. I want us to take these goals—the SDGs and the associated climate objectives under the UN Framework Convention on Climate Change—seriously. If we do, sustainable development is within reach. We can end extreme poverty, ensure quality healthcare and education for all, and decarbonize the world's energy system, among other goals. To do this requires a plan of action, indeed countless plans across many sectors, levels of government, and political jurisdictions. These plans will continually evolve in the face of new lessons, technologies, and experiences. Such plans, taken globally, will require an internationally agreed financial strategy to help steer the roughly \$25 trillion per year of global savings towards the investments which are needed for sustainable development. Of course, the vast majority of those savings will continue to be channelled through the private sector into a few major public-sector programmes for health, education, and infrastructure.

I want us to view these goals as targets in a Tinbergen targets-and-instruments framework so that we ask the right questions: 'What instruments do we have, and at what scale do we need to apply them in order to achieve the goals, within the designated timeline?' Many of the instruments will be financial and fiscal instruments, because, to a significant extent, such instruments are what mobilize resources. To my mind the question of how to mobilize financial and fiscal resources to meet the SDGs is the core subject of the topic 'finance for development' which is being analysed in this important issue of the *Oxford Review of Economic Policy*.

As I have been emphasizing, much of the necessary finance will flow through private markets; some will come through philanthropy and not-for-profit businesses; and much of it will need to come through the public sector. We have to ask how we will ensure the required scale of flows, and effective policies and institutional structures to manage the flows. Only with clear answers to these crucial questions will we be able to achieve the new globally agreed targets. But by sharpening the answers to these questions we will show that the SDGs and associated climate objectives are indeed 'manageable' and 'less remote', in JFK's words. By doing this we will help all people to draw hope from them and to move irresistibly towards them.

⁵ See SDSN and IDDR (2014).

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