

## Millennium Development Goals 4 and 5 (MDG) in The Post-2015 UN Global Development Goals

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"Socioeconomic development is the best contraceptive," John D. Rockefeller III actually uttered the aphorism at a 1974 UN population conference in Bucharest. Overall development includes per capita income, literacy rate, standard of living, economic growth, availability of means of communication, employment rate, health etc. Health is the major key to development including reduction in child mortality (MDG 4) and improvement in maternal health (MDG 5). There has been important progress on both MDGs at global level, although it now appears that few countries will reach them by the target date of 2015. There are known and efficacious interventions to address most of the major causes of these deaths, but important gaps remain. The biggest challenge is to ensure that all women and children have access to life-saving interventions. Current levels of intervention coverage are too low, representing missed opportunities. Providing services at the community level is an important emerging priority, but preventing maternal and neonatal deaths also requires access to health facilities

Reduction in child mortality is millennium development goal (MDG) 4. High and preventable infant mortality rates are one of the biggest problems that are so easily preventable in the world today. Preventable diseases are the main causes of under-five deaths worldwide and appropriate actions need to be taken to address them. In most cases the use of vaccine can prevent the death of a child. The world today has many health issues that are globally very challenging to fix, however, early mortality rates have easy and implementable procedures that can reduce the number of deaths drastically. The issue of high

infant mortality rates needs to be addressed as part of the United Nations Global Development Agenda. Globally four out of every five deaths of children under five continue to occur in sub-Saharan Africa and Southern Asia. The Global Development Agenda seeks financing of prevalent solutions to global health issues. One way to see a decline in infant and child mortality rates is the financing of more vaccines and programs that educate communities on the need for vaccines. Immunization against measles helped prevent nearly 14 million deaths between the years of 2006 and 2012[1].

The millennium development goal-5 (MDG 5) on improvement of maternal health includes two targets: reducing MMR by 75% and universal access to reproductive health. Progress has been made, but the goal is still a long way from being achieved. For the post-2015 UN Global Development Goals, one recommendation is that this goal be put on the agenda again, but in a more ambitious version: Ensure universal sexual and reproductive health and rights (SRHRs)[2]. The leading causes of death among young women in low-income countries are complications from pregnancy and childbirth[3, 4]. It has furthermore been estimated that 98% of all stillbirths and 99% of all deaths occurring within the first 28 days of life takes place in low- and middle-income countries. The WHO estimated that the burden of disease due to sexual and reproductive ill health in 2004 represented 32% of the total for women of reproductive ages[3]. Maternal disorders are estimated to account for a total of 16,104,000 Disability-adjusted life years (DALYs) lost in 2010, while neonatal disorders resulted in the loss of 201,959,000 DALYs [5].

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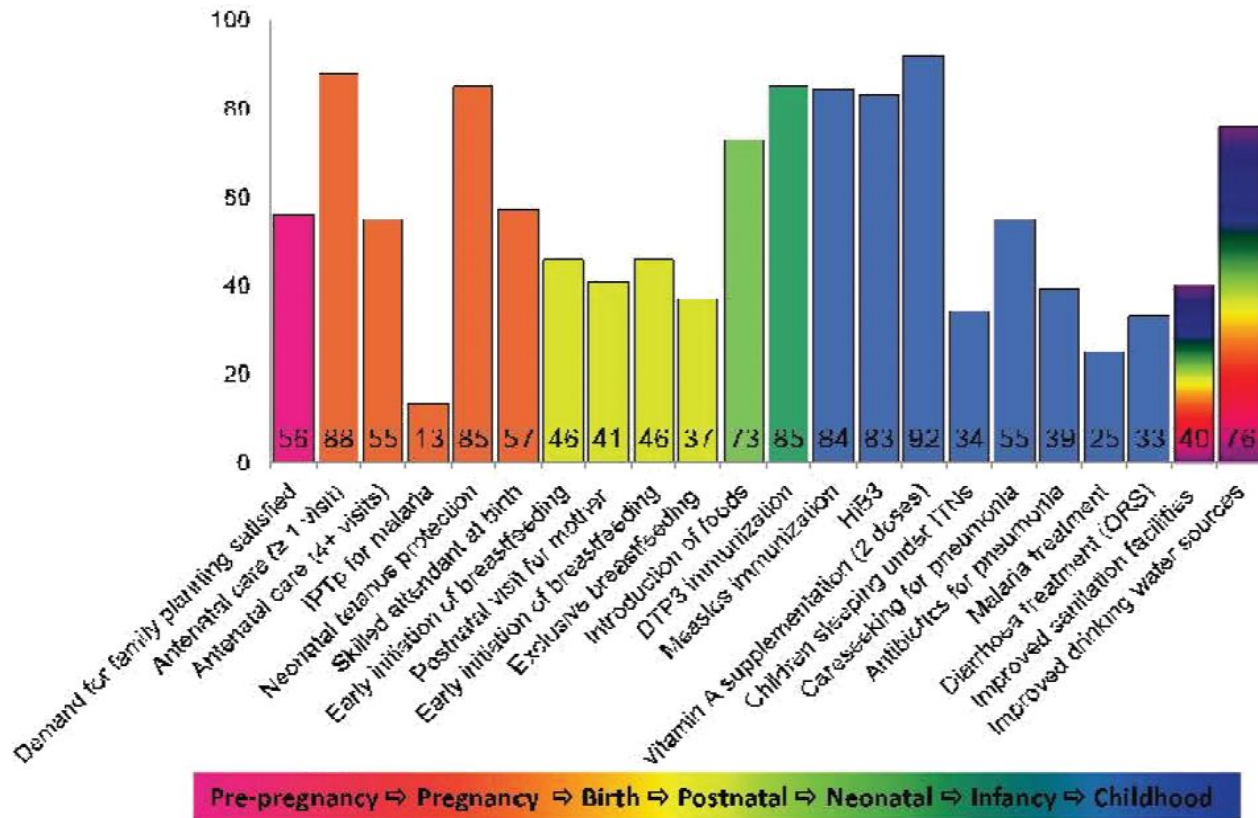


Figure 1 Intervention coverage and service contacts along the continuum of care. Median national coverage of interventions in Countdown countries based on the most recent measurement since 2006 (%). Source: Adapted from Countdown to 2015 for Maternal, Newborn and Child Survival, 2012.

The right to control one's sexuality and reproduction and to have access information and services relating to partnerships, marriage, and sexual relations are the ground pillars to achieve universal access to health for women. The promotion of universal access to SRHRs will save lives and improve health. It has been estimated that approximately 70% of maternal deaths and up to 25% of under-five deaths could be averted by providing access to reproductive health care. Serving all women in developing countries who currently have an unmet need for modern methods would prevent an additional 54 million unintended pregnancies, including 21 million unplanned births, 26 million abortions (of which 16 million would be unsafe) and seven million miscarriages; this would also prevent 79,000 maternal deaths and 1.1 million infant deaths [5].

Educational programs are needed as well as the actual vaccines. According to the World Health Organization "paradoxically, a vociferous anti-

vaccine lobby strives today in spite of undeniable success of vaccination programs against formerly fearsome diseases that are now rare in developed countries. There are very relevant sub-goals to a global vaccination program. "An eradicated pathogen cannot re-emerge unless accidentally or malevolently reintroduced by humans," according to WHO, if everyone is immunized against a disease at the global level. Smallpox is another evidence of cost effective method of eradication of one of the deadliest vaccine preventable diseases. Transmission of diseases to other countries is also a sub-goal. Measles is a good example. WHO reported "transmission no longer occurs indigenously and importation does not result in sustained spread of a virus" if vaccinations programs are successful. A third sub-goal is to eventually eradicate diseases in animals, such as rabies, at a global level. The success level of a vaccination program is not disputed in the medical world. WHO reported that "In the USA there has been a 99% decrease in incidence for the nine diseases for which vaccines have been recommended.

The promotion of universal access to SRHRs will also influence the advancement of many of the existing MDGs and is an important catalyst for global development. Reduction of poverty means birth spacing enables families to invest resources in each child, e.g. food and health, and it results in fewer

demands on households, community and environmental resources. Ensuring women's right to control their own sexuality and reproduction gives them the option of pursuing education and employment and thus, contribute to developmental and economic progress [6]. Universal access to primary education also leads to fewer children meaning thereby families and governments have more resources to spend on education per child, ensuring that more girls will receive an education. Gender equality and empower women: The promotion of SRHRs is a vital step to achieve women's equality [6].

There are list of more sub-goals to achieve the overall goal such as

- ◆ Improve neonatal care
- ◆ Provide universal access to family planning
- ◆ Eliminate unsafe abortion
- ◆ Reduce sexually transmitted infections
- ◆ Promote healthy sexuality and reduce harmful practices
- ◆ Another huge affect on child mortality rates, but one that is not as easy to fix, is malnutrition. According to a survey of developing countries, A Life Free of Hunger, produced by Save the Children Foundation, poor diets kills 2.6 million infants annually and stunt the growth of bodies and brains of 450 million more children each year. These numbers are staggering and education is one way to prevent these numbers to soar more. Proper financing of food distribution is also needed to combat this preventable mortality causer in young children worldwide.

#### *Reflections on political realism*

The eight millennium development goals (MDGs) – which range from halving extreme poverty to halting the spread of HIV/AIDS and providing universal primary education – have been a milestone in global and national development efforts. The framework has helped to galvanize development efforts and guide global and national development priorities. While three of the eight goals have been achieved prior to the final deadline of 2015 progress has been uneven within and across countries. Thus further efforts and a strong global partnership for development are needed to accelerate progress and reach the goals by 2015[6]. Sexual and reproductive health and rights (SRHR) has increasingly been put on the international agenda. Family planning was

recognized as a human right in Convention on the Elimination of all Forms of Discrimination Against Women CEDAW 1979, and neonatal and maternal are also increasingly seen as human rights concerns. However, this is an area of health where great cultural and political opposition remain. A major challenge will be to ensure that health systems do not compartmentalize and exclude SRHR[7]. Governments must be empowered to address the major causes of mortality in their context, but the lens should be expanded to include maternal morbidity, maternal and child nutrition and child development. The focus needs to be to reach to the unreached everywhere<sup>8</sup>.

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