

“What will the next MDGs say about health?”

MDGS

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<http://www.youtube.com/watch?v=eQsM6u0a038>

Outline

- What are the MDGs
 - History
 - How well has the world done?
 - Health MDGs
 - Weaknesses of the current set
 - Proposals on the table for post 2015
 - Kumanan Rasanathan (UNICEF)
 - Discussion

History

The 1990s: a decade of faltering progress

- progress continued
 - ... but too slowly to reach agreed targets
 - ... and slowing down
 - ... and arguments about the approach
 -structural adjustment vs. people centered approaches
 -markets will save us.....markets will ruin us...

Monday

KOFI ANNAN

U.N. Secretary-General

C-SPAN 2

History

September 2000, world leaders at the United Nations Millennium Summit:

“ recognized a collective responsibility to work toward a more peaceful, prosperous and just world”

It was different because:

- It set specific targets to be met by 2015 and using numerical indicators to measure progress.

- Focused on outcomes avoiding the arguments about how to get there.

History: MDG development process

Millennium Declaration crafted by Secretary General

- MDGs crafted by “elite technocrats” without usual UN process
 - Adhere to the Millennium declaration
 - Keep it as short as possible (ignore special interest lobbying)
 - List indicators which have available data sets.

History

MDGs were set by all government leaders

All UN organisations decided to be guided by MDGs in their future actions

Leaders pledged to strive, individually and collectively, towards these goals through international, regional and national action, coordinated by the UN.

The life of a global “Norm”

Table 1. Life cycle of an international norm

	Stage 1: Norm emergence	Stage 2: Norm cascade	Stage 3: Norm internalisation
Actors	Norm entrepreneurs with organisational platforms	States, international organisations, networks	Law, professions, bureaucracy
Motives	Altruism, empathy, ideational commitment	Legitimacy, reputation, esteem	Conformity
Dominant mechanisms	Persuasion	Socialisation, institutionalisation, demonstration	Habit, institutionalisation

Source: Finnemore and Sikkink, 1998.

What helped the MDGs Norm?

- They referred directly to the human condition that people could identify with
- Quantified , time bound targets, that could be monitored, and could be achieved
- Short list so could be remembered

MDGs: 8 goals, 18 targets, 48 indicators

Goal 1. Eradicate extreme poverty and hunger

Goal 2. Achieve universal primary education

Goal 3. Promote gender equality and empower women

Goal 4. Reduce child mortality

Goal 5. Improve maternal health

Goal 6. Combat HIV/AIDS, malaria and other diseases

Goal 7. Ensure environmental sustainability

Goal 8. Develop a Global Partnership for Development



1

ERADICATE
EXTREME POVERTY
AND HUNGER



2

ACHIEVE UNIVERSAL
PRIMARY EDUCATION



3

PROMOTE GENDER
EQUALITY AND
EMPOWER WOMEN



4

REDUCE
CHILD MORTALITY



5

IMPROVE MATERNAL
HEALTH



6

COMBAT HIV/AIDS,
MALARIA AND OTHER
DISEASES



7

ENSURE
ENVIRONMENTAL
SUSTAINABILITY



8

A GLOBAL
PARTNERSHIP FOR
DEVELOPMENT

Health MDG Goals and Targets

MDG 1: eradicate extreme poverty and hunger

Target 1C. Halve, between 1990 and 2015, the proportion of people who suffer from hunger

MDG 4: reduce child mortality

Target 4A. Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

MDG 5: improve maternal health

Target 5A. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Target 5B. Achieve, by 2015, universal access to reproductive health

MDG 6: combat HIV/AIDS, malaria and other diseases

Target 6A. Have halted, by 2015, and begun to reverse the spread of HIV/AIDS

Target 6B. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Target 6C. Have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases

MDG 7: ensure environmental sustainability

Target 7C. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

MDG 8: develop a global partnership for development

Target 8E. In cooperation with pharmaceutical companies, provide access to affordable essential medicines in developing countries

How well has the world done?

Extreme poverty is falling in every region; target met

- the number of people living in extreme poverty and poverty rates fell in every developing region—including in sub-Saharan Africa, where rates are highest.

How well has the world done?

The world has met the target for access to improved sources of water

- Between 1990 and 2010, over two billion people gained access to improved drinking water sources, such as piped supplies and protected wells.

How well has the world done?

Exceeded the target for slum dwellers -Improvements in the lives of 200 million slum dwellers

- share of urban residents in the developing world living in slums declined from 39 per cent in 2000 to 33 per cent in 2012. More than 200 million gained access to either improved water sources, improved sanitation facilities, or urable or less crowded housing. But the number of slum dwellers increased.



How well has the world done?

The world has achieved parity in primary education between girls and boys

- The ratio between the enrolment rate of girls and that of boys grew from 91 in 1999 to 97 in 2010 for all developing regions.

How well has the world done?

Child survival progress is gaining momentum

Despite population growth, the number of under-five deaths worldwide fell from more than 12.0 million in 1990 to 7.6 million in 2010.

Access to treatment for people living with HIV increased in all regions

At the end of 2010, 6.5 million people were receiving antiretroviral therapy for HIV or AIDS in developing regions. The 2010 target of universal access, however, was not reached.

The world is on track to achieve the target of halting

and beginning to reverse the spread of **tuberculosis**

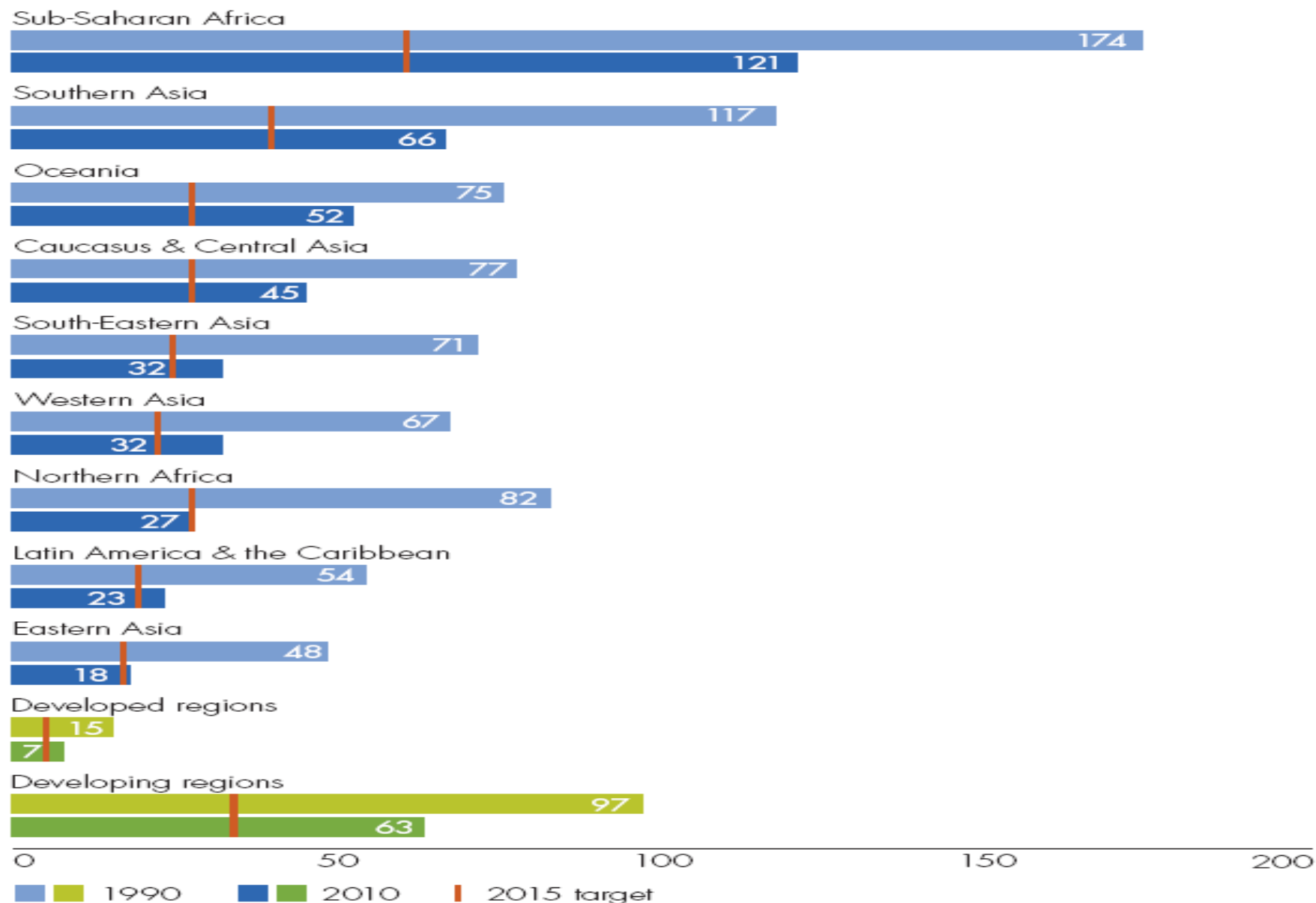
Globally, tuberculosis incidence rates have been falling since 2002, and current projections suggest that the 1990 death rate from the disease will be halved by 2015.

Global malaria deaths have declined by 17 per cent since 2000.

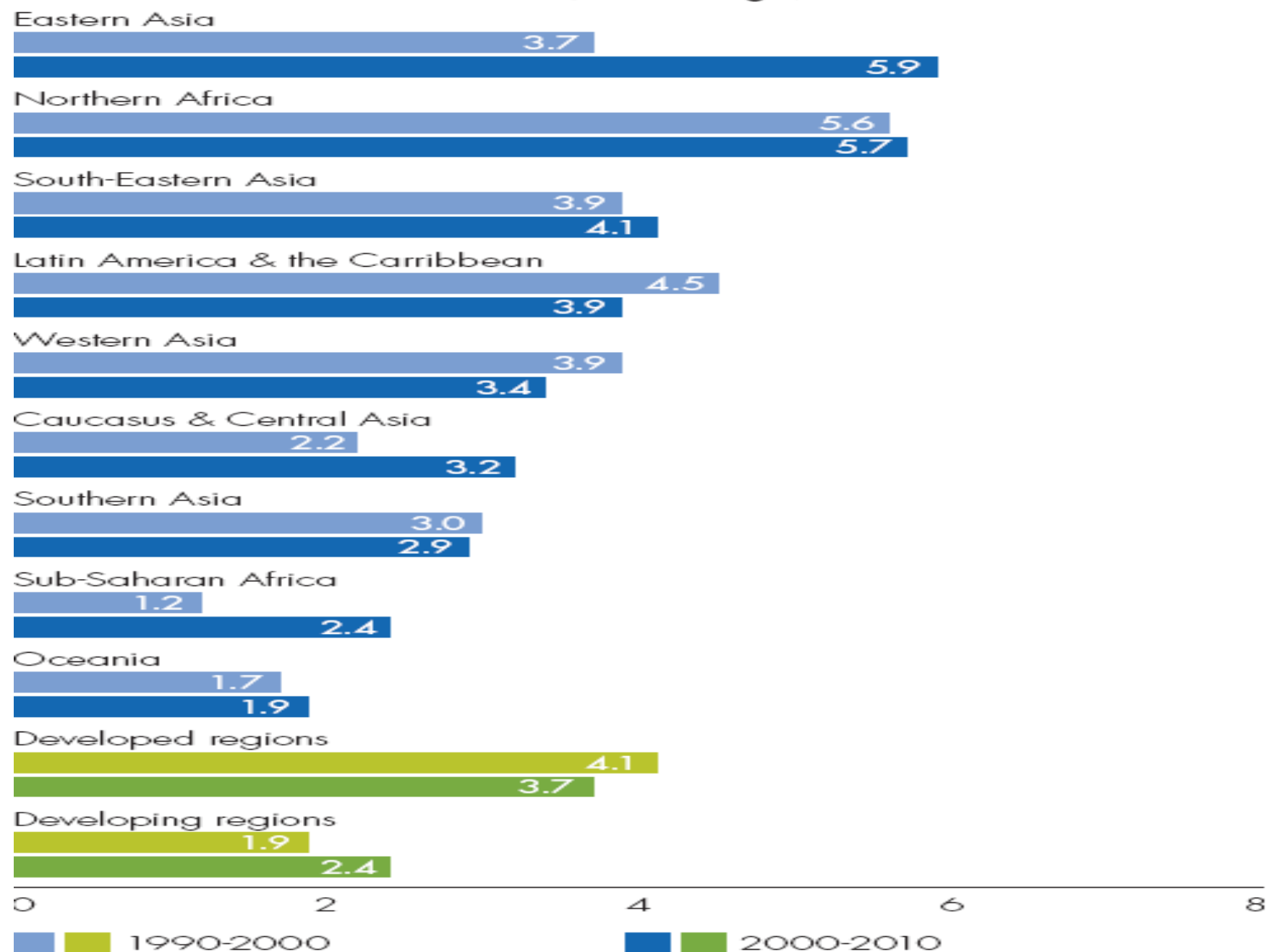


Child mortality falls by more than one third, but progress is still too slow to reach the target

Under-five mortality rate, 1990 and 2010 (Deaths per 1,000 live births)

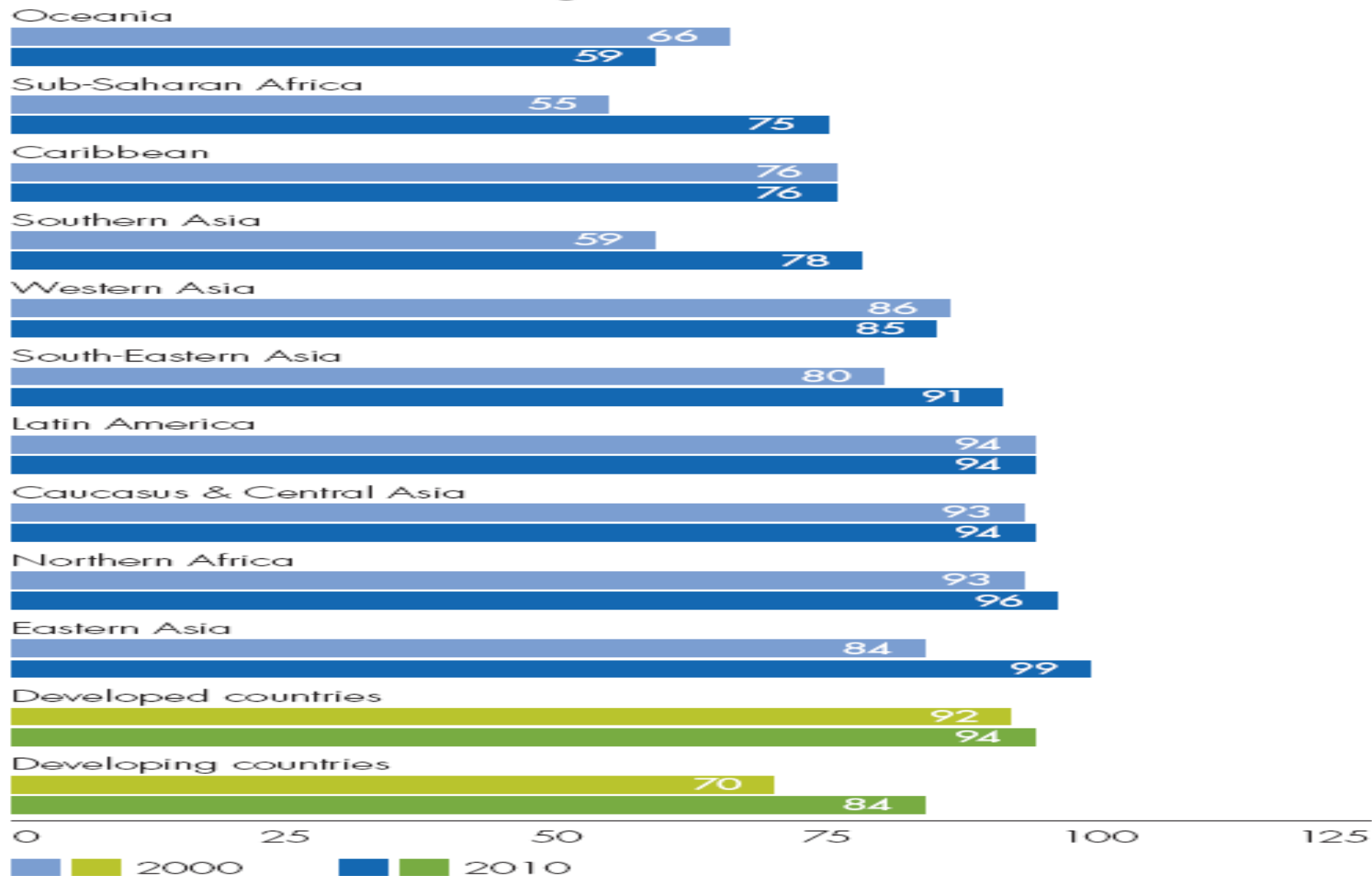


Annual rates of reduction in under-five mortality, by region, 1990-2000 and 2000-2010 (Percentage)



Improved measles immunization coverage is saving lives, but not all regions have advanced since 2000

Proportion of children in the appropriate age group who received at least one dose of measles-containing vaccine, 2000 and 2010 (Percentage)



How well has the world done?

The bad news

- **Inequality is detracting from these gains, and slowing advances in other key areas**
- Vulnerable employment has decreased only marginally over twenty years
- Decreases in maternal mortality are far from the 2015 target
- Use of improved sources of water remains lower in rural areas

How well has the world done?

Hunger remains a global challenge

- 850 million living in hunger
- 15.5 per cent of the world population.
- This continuing high level reflects the lack of progress on hunger in several regions, even as income poverty has decreased.

Number and proportion of people in the developing regions who are undernourished 1990-92, 1995-97, 2000-02 and 2006-08

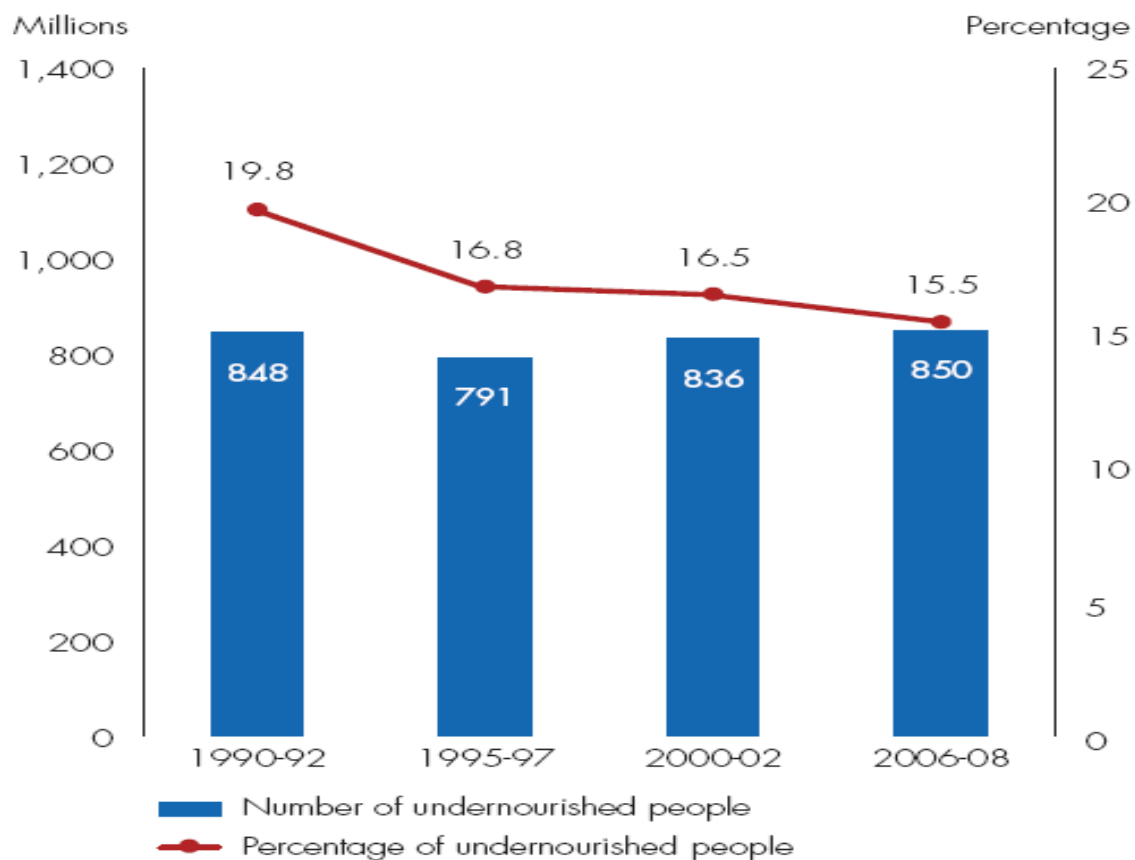
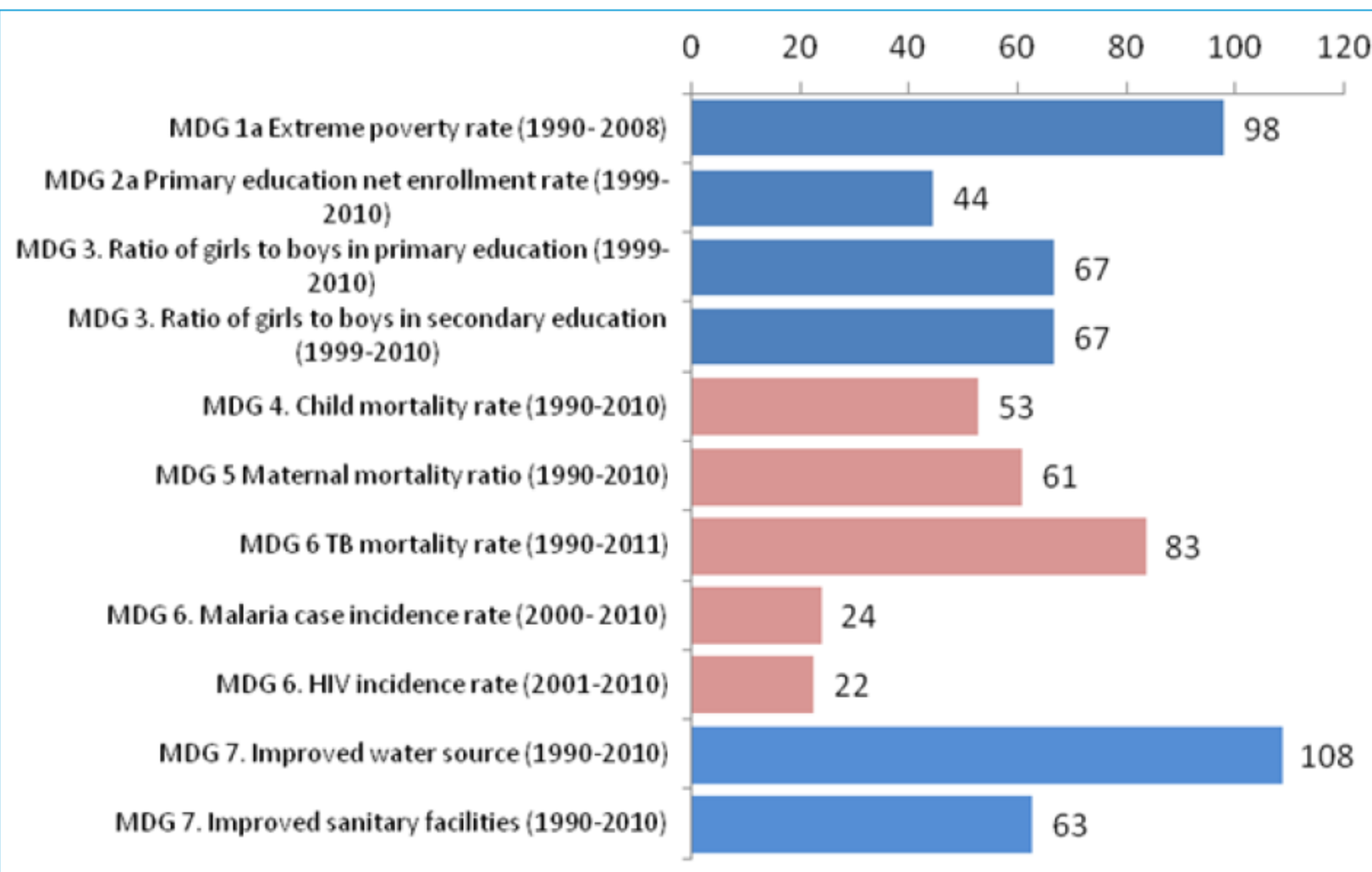


Figure 3: Percent improvement in relation to MDG target for selected indicators in developing countries (100% means target is met)



Sources: UN Statistical Division, The Millennium Development Report 2012. New York. 2012. WHO. World Health Statistics 2013. Forthcoming.

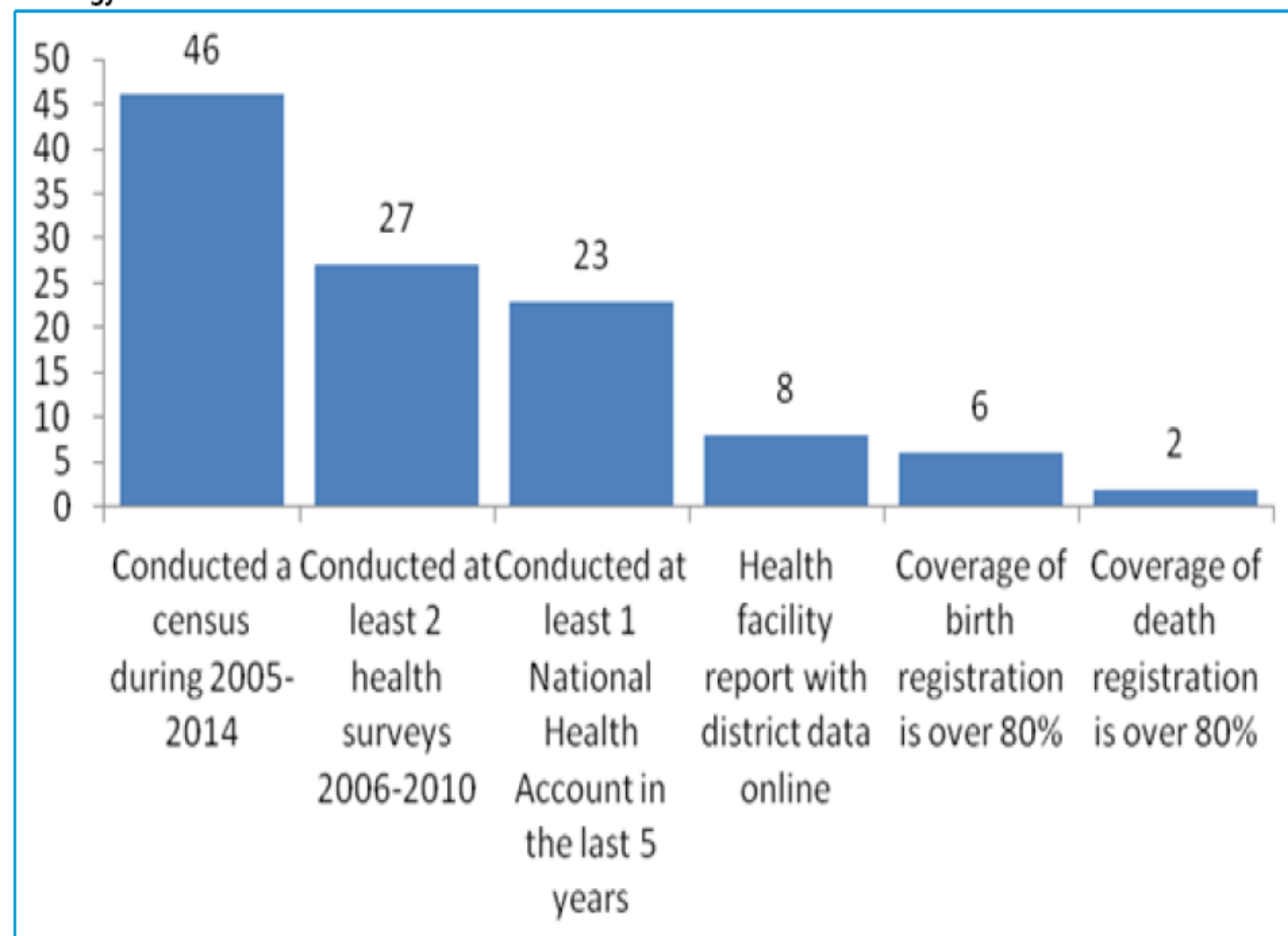
What's Hot about MDGs?

- Raised the profile of health in global development
- Increased development assistance for health
- Improved health outcomes in low and middle income countries
- Increased use of information with a focus on on results, resources and accountability.

What's not

- MDGs in some instances made equity worse,
 - As they call for national averages, incentivizing services to the easier to reach.
- Concerns about process, lack of developing country engagement
- Encouraged vertical approaches, rather than whole system, or wider determinants/ health in all policies approach
- Weak on rights and gender
- Blunt starting point, did not take into account fragile states with very limited governance capacity.

Figure 1: Health information situation in the 49 lowest-income countries listed in the UN global Strategy for Women's and Children's Health





Post – 2015

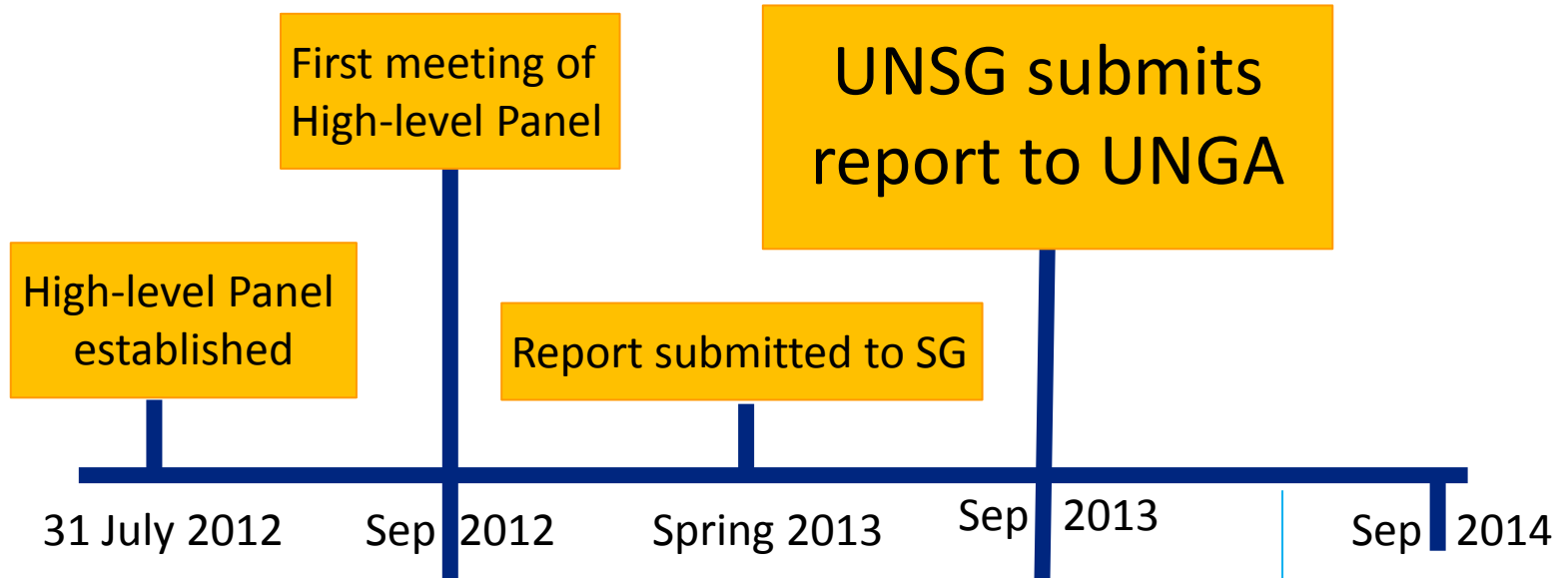
Kumanan Rasanathan, UNICEF



Timelines

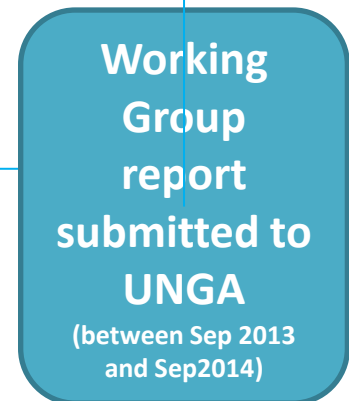
Post-2015 Framework

Mandated by 2010 MDG Summit



SDG Process

Mandated by Rio+20 Outcome Doc



What is being suggested post 2015

- Build on the current MDGs
- Universal, applicable to all countries
- Equity
- Country ownership and adaptability
- Keep intelligibility of MDGs with clear outcome goals
- Key areas for health:
 - “MDG +”, new targets for MDG 4-6, more focus on sexual and reproductive health
 - Adolescents
 - NCDs
 - Universal Health Coverage
- Challenges: disability, mental health, injuries, morbidity

Proposed

- More MDG like goals:
 - End preventable maternal (<50) and child deaths (<20) and morbidity
 - Eliminate malaria
 - Eliminate MTCT of HIV
 - Reduce child stunting
 - Reduce NCD mortality by 25% by 2025 (WHA target)
 - Universal access to sexual and reproductive health and protection of sexual and reproductive rights
- Universal Health Coverage
 - Access
 - Quality
 - Effective coverage
 - Financial protection
- Equity
 - Disaggregated targets
 - Targets for closing gaps
- Healthy life expectancy
- Health targets under other goals to address determinants
 - E.g. target to eliminate indoor air pollution under environment goal

Discussion



Reference Material

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