Reproductive Health in the Millennium Development Goals

The Millennium Development Goals

At the United Nation’s Millennium Summit in 2000, world leaders agreed on a declaration that resulted in eight (8) Millennium Development Goals (MDGs), which together form a policy framework for reducing extreme poverty by 2015 while increasing education, gender equality, health and environmental sustainability.

Sexual and reproductive health and rights are essential to the achievement of the MDGs, and are included as a target under MDG 5.

Amongst the most severe impediments to achieving the Millennium Development Goals is the dual burden of Africa’s high population growth rate and the very poor reproductive health conditions of so many of the continent’s people. It is very clearly understood today that achievement of nearly all the MDGs depends upon success in achieving the principal goal of the landmark International Conference on Population and Development (ICPD) in Cairo, Egypt in 1994: universal access to reproductive health services.

Two in three Africans currently have no access to reproductive health services. As a result, women in sub-Saharan Africa have a 1 in 16 chance of dying from complications of pregnancy or childbirth during their lives; comparatively, the lifetime risk to women in developed countries is 1 in 3,800. High unmet need for family planning in most African countries means that rapid population growth outstrips economic growth and the availability of social services such as education and health.

“The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women’s rights, and greater investment in education and health, including reproductive health and family planning”

-- Kofi Annan, Statement to the Fifth Asian and Pacific Population Conference, December 2002

Lack of Global Progress for Maternal Health

Despite global progress on many of the MDGs, less than 1/10th of the distance to be covered to meet the MDG 5 of reducing maternal mortality has been made. This MDG will unlikely be met globally, and particularly in sub-Saharan Africa, without concerted efforts. If current trends continue, 13 countries in Africa will meet only one MDG, and 23 countries in Africa will not meet any of the goals. At the five year anniversary of the Millennium Summit in 2005, world leaders reaffirmed the centrality of the MDGs to international policy priorities and development discourse. Leaders also officially recognized that universal access to reproductive health is essential to achieve gender equality, combat HIV/AIDS, and reduce maternal and child mortality.

In 2006, Ministers of Health in African countries agreed to the Maputo Plan of Action (PoA) for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights 2007-2010. The Maputo Plan of Action argues that “African countries are not likely to achieve the Millennium Development Goals (MDGs)
without significant improvements in the sexual and reproductive health of the people of Africa.”

**Supporting Implementation**

Investing in reproductive health rarely ranks high on the list of national priorities, which usually emphasize creating jobs and raising incomes. This lack of attention is counterproductive. Prioritizing women’s reproductive health at the global, regional, and national levels would help accelerate progress toward achieving the Millennium Development Goals.

**Countries in Africa** should ensure that they have strategies and roadmaps for reducing maternal and infant mortality. Policy and programmes to achieve the MDGs should be reviewed to ensure that both population and reproductive health are integrated. Countries need to examine the cultural and political norms and legal frameworks that limit women’s ability to make informed choices about, and take appropriate actions to ensure, healthy sexual and reproductive lives. Countries should also advocate, raise additional resources, and invite civil society and the private sector to participate in national programmes.

**Members of Parliament**, as key stakeholders, must play their legislative, representative, budget appropriation, and oversight roles. They and other SRHR is included in development planning.

**Partners**, including international and national nongovernmental organizations (NGOs) and civil society organizations (CSOs) and other development partners, particularly donors, need to align their financial and technical assistance and cooperation plans with national and regional needs, in line with both the Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action (2008). Donors must strive to reach the goals of the Monterrey Consensus, which specifically urge developed countries to increase their official development aid (ODA) to the target of 0.7 percent of gross national product (GNP) to developing countries.

**All** groups must act to raise the necessary financial and human resources to achieve the MDGs. Most African countries require more and better-quality official development assistance (ODA) to finance public investments in the MDGs. Yet, while aid to sub-
Saharan Africa increased during the first few years of the Millennium, it has remained virtually unchanged since 2004.

Progress Against Targets to Meet the MDGs

Resources
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