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### Protecting Children and Their Mothers: The Millennium Development Goals Push Lofty Health Targets

Frank Pigott


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# PROTECTING CHILDREN AND THEIR MOTHERS:

THE MILLENNIUM DEVELOPMENT GOALS PUSH LOFTY HEALTH TARGETS

by Frank Pigott\*

The Millennium Development Goals (“MDGs”) contain two important health initiatives relevant to child and maternal welfare: 1) Goal Four calls for the reduction of child mortality by two-thirds; and 2) Goal Five appeals for the reduction of the maternal mortality ratio by three-quarters.<sup>1</sup> The daunting data on child mortality illustrates the need for action. According to the World Health Organization (“WHO”), over ten million children die each year in developing countries.<sup>2</sup> In addition, children under five in developing countries have a one in ten chance of dying, compared to a ratio of one in 143 in wealthier countries.<sup>3</sup>

The United Nations *Millennium Development Goals Report 2005* (“UN report”) shows that child mortality is strongly related to poverty level, as poor countries have less access to advances in child survival treatments than wealthier countries.<sup>4</sup> Five diseases are responsible for fifty percent of all deaths of children under five – pneumonia, diarrhea, malaria, measles, and AIDS.<sup>5</sup> The data suggests that nutrition is the most important preventative measure, because malnutrition weakens the immune system.<sup>6</sup> According to the UN report, safe water, better sanitation, education, and higher income levels can also increase a child’s life expectancy.<sup>7</sup> Other measures to reduce child mortality rates include breastfeeding, immunization, antibiotics for acute respiratory infections, oral rehydration for diarrhea, and use of insecticide-treated mosquito nets and drugs for malaria.<sup>8</sup>

Maternal health, the fifth MDG target, is particularly important because of its interrelation to the reduction in child mortality pushed by Goal Four. Unfortunately, for many pregnant women, giving birth often results in death – over 500,000 each year.<sup>9</sup> Mothers also face a life of disabling and painful complications developed during childbirth.<sup>10</sup> In sub-Saharan Africa, a woman has a one in sixteen chance of dying during pregnancy or childbirth, compared to a one in 3800 chance in a developed country.<sup>11</sup> Much of this difference is due to the disparity in family planning, pre-natal services, and obstetrics care between these two worlds. Thus, developing countries can reduce maternal mortality by providing women increased access to adequate reproductive health care.<sup>12</sup> For example, Egypt reduced its maternal mortality ratio by fifty percent in only eight years by instituting a comprehensive program to improve the quality of medical care through better management of obstetric complications, the presence of skilled attendants at births, and community support and family planning services for pregnant women.<sup>13</sup>

The disparity between developed and undeveloped country mortality rates for children under five and pregnant women demonstrates the need for a strong commitment to achieving MDG Goals Four and Five. As with other MDGs, the key to

achieving these goals is an increase in investments to the targeted regions (e.g. sub-Saharan Africa). The vaccines, nutrition, and proper care needed, though simple and taken for granted in developed countries, must be implemented in the developing countries to ensure equal opportunities for children and mothers. The United States, Great Britain, France, and other developed countries must stand behind their promises to achieve the MDGs and donate the necessary funds and supplies to the regions in danger of not reaching the MDGs. A child’s fate and that of his mother should not be detrimentally predetermined based on the country they live in.



Courtesy of Stuart Briggs (January 2005)

Children in South Africa

## ENDNOTES:

- <sup>1</sup> UN ECON. & SOC. COUNCIL (“UNESCO”), THE MILLENNIUM DEVELOPMENT GOALS REPORT 2005, 18-23, (May 2005), available at <http://unstats.un.org/unsd/mi/pdf/MDG%20Book.pdf> (last visited Oct. 30, 2005).
- <sup>2</sup> WORLD HEALTH ORGANIZATION, HEALTH AND THE MILLENNIUM DEVELOPMENT GOALS (2005), at 16, available at [http://www.who.int/mdg/publications/MDG\\_Report\\_revised.pdf](http://www.who.int/mdg/publications/MDG_Report_revised.pdf) (last visited Oct. 30, 2005).
- <sup>3</sup> WORLD BANK GROUP, Global Data Monitoring Information System, *Millennium Development Goals*, available at <http://ddp-ext.worldbank.org/ext/MDG/gdmis.do> (last visited Oct. 30, 2005).
- <sup>4</sup> See UNESCO, *supra* note 1, at 18.
- <sup>5</sup> See UNESCO, *supra* note 1, at 19.
- <sup>6</sup> See UNESCO, *supra* note 1, at 19.
- <sup>7</sup> See UNESCO, *supra* note 1, at 18.
- <sup>8</sup> See UNESCO, *supra* note 1, at 19.
- <sup>9</sup> WORLD BANK GROUP, *supra* note 3.
- <sup>10</sup> See WORLD BANK GROUP, *supra* note 3.
- <sup>11</sup> See UNESCO, *supra* note 1, at 22.
- <sup>12</sup> WORLD BANK GROUP, *supra* note 3.
- <sup>13</sup> UNESCO, *supra* note 1, at 23.

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