

EDITORIAL

Beyond the Millennium Development Goals deadline: what next?



In September 2000, leaders from 189 countries met at the United Nations offices in New York, USA, and endorsed the Millennium Declaration in which they committed to build a safer, more prosperous and equitable world. At that summit, they pledged to eight time-bound measurable goals within a 15-year timeframe (2000-2015), known as the

Millennium Development Goals (MDGs). The goals were to:

- Eradicate extreme poverty and hunger.
- Achieve universal primary education.
- Promote gender equality and empower women.
- Reduce child mortality.
- Improve maternal health.
- Combat human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), malaria and other diseases.
- Ensure environmental sustainability.
- Develop a global partnership for development.

In as much as the ethos of the MDGs are laudable, and great strides have been made globally with achieving some of the goals, we are about to reach the end of the 15-year deadline, and it is important to take account of what has been accomplished in South Africa, specifically with respect to the two health-related MDGs. This editorial will focus primarily on MDGs 4 and 5 as the national Department of Health committed substantial resources to achieving these goals.

In terms of the MDG 4 goal of reducing child mortality, the country reduced mortality in children under the age of five (under-five child mortality) from 61 per 1 000 live births in 1990 to 45 per 1 000 live births by the end of 2014. However, the target of 20 per 1 000 live births, which would have reduced under-five child mortality by two thirds is unlikely to be met when the global leaders meet later in 2015 to determine the MDG achievements and challenges. Preventable diseases, such as HIV/AIDS, which account for 17% of deaths in children aged five years and younger, remain the most common causes of under-five child mortality, while pneumonia accounts for 14% despite the availability of the pneumococcal vaccine in the routine Expanded Programme on Immunisation.¹

A review of the data on improving maternal health (MDG 5) reveals that the goal was to reduce maternal mortality by three quarters by 2015. Available data on maternal deaths in South Africa reveal a minimal drop from 150 per 100 000 live births in 1990 to 140 per 100 000 live births by the end of 2014, against the expected target of 38 per 100 000 live births by October 2015. The latter has been one of the most difficult health-related MDGs for South Africa to achieve, despite various initiatives to manage the causes of maternal mortality, including nationwide training on Essential Steps in the Management of Obstetric Emergencies. The risk of maternal mortality remains highest in adolescent girls aged 15 years and younger. Complications in pregnancy and childbirth are the leading causes of death in adolescent girls in developing countries.² A significant proportion of maternal deaths in South Africa occur in teenage pregnancies, which account for 36% of maternal deaths.¹ Globally, major complications which account for nearly 75% of all maternal deaths, are severe bleeding (mostly bleeding after childbirth), infections (usually after childbirth), high blood pressure during pregnancy (pre-eclampsia and eclampsia), complications from delivery and unsafe abortion.³

The public health system in South Africa should be able to deal with most of the major complications associated with maternal health as a high percentage of expected deliveries occur in health facilities. Junior doctors, especially interns, need more training as they are at the forefront of managing obstetric referrals from midwives and nurses during pregnancy, delivery and post-delivery. As we move beyond the October 2015 deadline, South Africa has to double its efforts to ensure that these two MDGs goals are achievable as a country within the next five years, considering the available resources at its disposal. We may have missed the targets for the two health-related MDGs. Bearing in mind the inequality of access to health care which still exists in the country, we should not be despondent as we are on the right track to achieving these goals, albeit over a longer period.

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References

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