Summary

Coordinated international efforts within the MDG framework has led to substantial improvements in the health of the world’s poor and most vulnerable.

The United States must maintain its strong commitment to the global health MDGs and scale up interventions for the goals that are currently progressing too slowly to be met by 2015.

The United States, in coordination with other governments, civil society, the private sector and other key stakeholders, should continue its leadership role in the formation and implementation of the post-2015 MDG development framework.

Overview

- In 2000, UN Member States endorsed the UN Millennium Development Goals (MDGs), setting targets to mark progress in eight critical development areas by 2015.

- The MDGs seek to reduce child mortality, improve maternal health, combat diseases such as HIV/AIDS and malaria, eradicate extreme poverty and hunger, achieve universal access to education, promote gender equality, ensure environmental sustainability, improve water and sanitation, and create a global partnership for development.

- The MDG framework has been successful in mobilizing and coordinating actors internationally around these eight goals. It has also proven to be an effective vehicle for aligning U.S. global health priorities with the development planning of foreign governments, which has enhanced the effectiveness of U.S. aid programs and increased community resilience and self-reliance.

- While there has been substantial progress in achieving the three global health MDGs related to child health; maternal health; and HIV/AIDS, malaria and tuberculosis (TB), the global community must accelerate its efforts to scale up interventions in these important areas, as well as reach the remaining five MDGs.

- A process is currently underway to develop a post-2015 development framework. Consultations on the future global health goals should highlight the need for increased sustainability and equity, including the improvement of health systems, ensuring access to vital quality health services, targeting specific health conditions and the emergence of new health priorities.

- As a member of the UN’s “High-Level Panel” in this process, the U.S. is in a unique position to engage in the formulation of the next round of development priorities.

- Fully engaging in the post-2015 consultations should be a priority of the United States to ensure future development frameworks reflect sustainability, efficiency and practicality, while reflecting the values and leadership of the United States.
GOAL 4 — Child mortality has declined by 35 percent in the developing world.\(^1\) Still, sub-Saharan Africa, the region with the highest under-5 mortality, is unlikely to reach the 2015 target reduction rate.\(^2\)

GOAL 5 — The rate of maternal deaths per 1,000 live births, decreased from 440 in 1990 to 240 in 2010.\(^3\)

GOAL 6 — New infections of HIV are declining and more people living with HIV/AIDS are receiving antiretroviral (ARV) therapy. However, the 2010 target of universal access to ARVs was not attained.\(^4\)

GOAL 6 — TB care over time saved the lives of 20 million people in 2011, and the target of a 50 percent reduction in mortality from TB will be reached by 2015.\(^5\)

GOAL 6 — Since 2000, there has been a 17 percent reduction in the incidence of malaria and a 25 percent reduction in malaria mortality rates globally.\(^6\) However, funding levels less than the required amount for tuberculosis and malaria interventions threaten these inroads.\(^7,8\)

U.S. Response and Strategy

The U.S. has invested much-needed resources towards achieving the health MDGs and has been a major catalyst behind the progress made to date. Through commitment to its global health programs, bilateral funding and support to UN agencies, the U.S. has demonstrated its longstanding commitment to compassionately caring for the poor and most vulnerable populations, and providing conditions that make the world safer and healthier for Americans. However, current U.S. budgetary constraints and the slow pace of progress on some MDGs threaten the gains made thus far. With only two years until the world evaluates the successes of the MDG framework, the U.S. cannot afford to scale down support for global health.

The U.S. has a key role in the post-2015 process, and strong U.S. engagement is needed to ensure that the new goals reflect U.S. global health priorities. Consensus-led development planning in the post-2015 consultation process is essential to ensuring sustainability of programs, as well as country ownership and the ability to advance essential global health programs and priorities. Given the focus of the post-2015 consultations on health systems strengthening, opportunities to encourage an approach to health that fosters sustainability and reduces aid dependency will be prevalent.
Recommendations

- Congress should sustain global health funding at the levels needed to continue the progress toward achieving the MDGs and ensure the achievements made to date in maternal and child health and control of HIV/AIDS, malaria and TB are not lost.

- Congress should scale up resources and programs towards the goals that have shown the slowest progress, such as maternal health, family planning and universal access to ARVs for people living with HIV/AIDS.

- The U.S. should take an active role in the post-2015 consultation process and recommend goals that are ambitious and inclusive, yet practical and measurable.

- The U.S. should contribute to the discussion on equitable access to health services, health equity and social determinants of health as a part of the post-2015 health systems strengthening goals.

- The U.S. must encourage meaningful and inclusive post-2015 consultations to ensure the perspectives of both Northern and Southern civil society are reflected in the new goals.

MDG and NCD Timeline

Source: International Diabetes Federation
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2 Ibid. Pg 27.
4 Ibid. Pg. 1.
6 Ibid. Pg. 42.
7 Ibid. Pg. 43.