

The United Nations Millennium Development Goals Analytical Essay

Introduction

In September 2000, 191 members of the United Nations ratified a charter known as the United Nations Millennium Development Goals (MDGs). The MDGs established goals that were to be achieved by all UN member states by 2015. The goals were premised on the desire to improve healthcare by improving access to universal education, gender equality, eradication of poverty and hunger and international cooperation.

Summary of eight MDGs and their relation to health

The United Nations MDGs were ratified by member states to the United Nations and this signified the beginning of a journey to improve living standards by the end of 2015. First, member states made a commitment to eradicate poverty and extreme hunger from their countries.

The United Nations noted that most member states had more than half their population living below the poverty line. By 2000, it was estimated that over 1.2 billion people were exposed to extreme poverty, hunger and deplorable living conditions. Developing countries contributed a larger number of people living below the poverty line according to the United Nations (Piebalgs, 2010).

Under the Millennium Development Goals, members made a commitment to achieve specific goals aimed at reducing the level of poverty in their countries. Based on the first goal of the MDGs, member states made a commitment to lower the number of people earning less than a one dollar per day.

Under this goal, the member states committed to providing productive employment and proper working condition for all without gender or age discrimination. Nations that ratified the declaration also committed to reducing by half the number of people living in extreme poverty.

A poor nation cannot be able to support the healthcare needs of its people due to lack of adequate facilities. By improving the economic status of the people through poverty eradication, the Millennium Development Goals sought to ensure that everyone had equal access to universal healthcare (Vilsack, 2013).

Achieving access to universal primary education by 2015 was the second goal of the declaration. Member states made a commitment to ensure that all children have access to universal primary education irrespective of their social and economic status. Before the ratification of the declaration, most developing countries lacked adequate capacity to provide universal primary education to children.

With low literacy levels, residents of developing countries lack the capacity to control and manage infectious diseases. The high mortality and morbidity rates in Africa and some parts of Asia can be attributed to the low literacy levels (Vilsack, 2013).

The promotion of gender equality and access to employment opportunities, education and healthcare facilities was the third goal of the MDGs. Elimination of gender disparity within primary and secondary education in member states is essential in achieving other goals that are part of the declaration.

By 2015, signatories to the MDGs made a commitment to ensure that all its citizens have equal access to education and training opportunities irrespective of gender. The fourth goal of the declaration sought to reduce child mortality rates in member countries by two thirds (Kjorven, 2011).

In the developing countries, preventable diseases such as malaria, pneumonia and measles are the main causes of death in children under the age of five (Lomazzi & Laaser, 2014).

The fifth objective of the MDGs is to reduce by three quarter the number of maternal deaths across the globe. In 2013, the world health organization estimated 289,000 women died during childbirth. Though the level of maternal deaths in sub-Saharan Africa has remained high, current figure remain promising.

Combating HIV/Aids and other infectious conditions such as malaria, pneumonia and measles by 2015 is the sixth goal of the MDGs. Mortality cases arising from malaria and HIV/AIDS have remained relatively high due to lack of access to healthcare facilities and treatment. Under this principle, countries will be able to integrate principles of sustainability into their policies and programs.

Such an effort will reduce the loss of scarce environmental resources and introduce new ways for exploitation (Piebalgs, 2010). To eliminate infectious diseases, member states made a commitment to improve access to clean water and improve overall sanitation by 2015.

The seventh goal of the MDG sought to integrate sustainable development within the policies of different countries. Through this goal, the United Nations intends to improve the level of forest cover and reduce carbon dioxide emission. Finally, the eighth goal of the United Nations under the MDGs sought to enhance global partnership to ensure equitable development among member states.

Under this goal, nations will improve their cooperation to improve ICT development and provision of healthcare facilities to developing nations. For example pharmaceutical companies should cooperate with member states to improve access to quality drugs(Lomazzi & Laaser, 2014).

Feasibility of accomplishing the Millennium Development Goals

By the time the MDGs were introduced, countries had varying levels of development and capacity to achieve the goals within the set time limit. The eradication of poverty has remained elusive in different parts of the world especially Africa. By 2010, over a billion people were still exposed to extreme poverty according to estimates released by the United Nations.

The number of children suffering from malnutrition has also remained high despite the progress made in achieving these goals. With reports indicating that one in every five children suffer from

stunted growth in 2013, reducing poverty by half in 2015 will be impossible especially in developing countries (Lomazzi, 2012).

The push to achieve universal primary education by 2015 has slackened out despite the progress that has been made so far. Today, the high number of school dropouts has affected the achievement of this goal in different parts of the globe. With over 50% of school going children living in conflict prone regions, access to universal primary education will remain elusive.

Liberia, Brazil and other countries have women leaders today, a demonstration of the impact of the third goal of the MDGs. Most signatories to the declaration have enacted laws which ensure that women have equal access to elective and selective leadership opportunities (Lomazzi & Laaser, 2014).

The introduction of quotas in some countries has also enhanced the achievement of gender parity goal across the globe. However, this goal has remained elusive in predominantly Muslim nations, where women have low access to education and employment opportunities. To achieve this goal, member states must eliminate discriminatory religious and traditional laws.

Substantial progress has also been made in the desire to reduce child mortality rates across the globe. However, preventable disease still remains the major cause of child mortality in different parts of the globe. As a result, the world has failed to achieve this MDG target based on results published in 2012.

With infectious diseases still wreaking havoc in developing nations, achieving this target by 2015 will be impossible. Asia and sub-Saharan African remain major deterrents to achieving this MDG goal globally (Kjorven, 2011).

Maternal mortality is still high despite the progress that has been made this far by the member states. The inability to achieve the first and second goals makes this goal elusive to most countries.

Poverty and low access to quality education has increased the number of adolescent births and deaths according to a progress report released in 2014. Access to prenatal and postnatal care facilities is critical in achieving the fifth goal (Lomazzi & Laaser, 2014).

Through research, collaboration and increased sensitization, new HIV/AIDS infections have considerably reduced. Antiretroviral therapy (ART) is currently accessible to most HIV victims across the globe, thanks to the success of the eighth goal. Youths and women are currently enlightened on issues associated with HIV/AIDS infection and ways to control malaria.

Attaining sustainable development has remained elusive due to uncontrolled industrialization and intensive farming (Lomazzi, 2012). Large forest reserves are cleared every year to give way for agriculture and settlement. This has led to an increase in the level of global greenhouse gas emission.

Though the first seven goals have met significant challenges, global partnership has been enhanced. As a result, most developing countries have access to aid and grants to support their development agenda (Vilsack, 2013).

Summary

Though independent to a certain degree, the eight declarations are related to the desire to improve access to quality healthcare. Before the ratification of the declaration, most developing countries lacked adequate capacity to provide universal primary education to children.

With only one year left before the period established under the declaration ends, most countries have not achieved the goals as captured in the declaration. Despite the dismal performance this far, achieving the Millennium Development Goals will be possible if access to quality education and healthcare facility is enhanced.

References

- Kjorven, O. (2011). *Why so far the Millennium Development Goals have been a success*. Web.
- Lomazzi, M. (2012). The Millennium Development Goals survey. *Journal of public health policy*, 34(1), 1-22. Web.
- Lomazzi, M., & Laaser, U. (2014). Millennium Development Goals: How public health professionals perceive the achievement of MDGs. *Global health action*, 7(1), 243-252. Web.
- Piebalgs, A. (2010). *More and better aid needed for making Millennium Development Goals a success*. Web.
- Vilsack, C. (2013). *1000 days to reach the millennium goals*. Web.