Millennium Development Goals (MDGs) by 2015:

Did Juan Hit the Targets?

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Introduction

The Philippines, together with other members of the United Nations, committed to achieve the Millennium Development Goals (MDGs) between 1990 and 2015. The MDGs are a set of specific targets and milestones that will mark progress towards the elimination of extreme poverty and its accompanying development challenges.

The Department of Science and Technology - Food and Nutrition Research Institute (DOST-FNRI) included the measurements for the attainment of health-related Millennium Development Goals (MDGs) in the 2015 survey, Updating of the Nutritional Status of Filipino Children and Other Population Groups upon the request and support of the Department of Health (DOH) through the DOST-Philippine Council for Health Research and Development. These health-related MDGs include MDG 1 (to eradicate extreme poverty and hunger), MDG 4 (to reduce child and infant mortality), MDG 5 (to improve maternal health), MDG 6 (to halt or reverse HIV/AIDS), and MDG 7 (to ensure environmental sustainability).

The project aimed to evaluate 18 indicators of MDGs 1, 4, 5, 6 and 7 with tracking of national estimates from baseline levels and assessment of these indicators using different social equity lenses. Endline results would be critical benchmarks for the Sustainable Development Goals, successor of the MDGs, set from 2015 to 2030.

Materials and Methods

The project was conducted through a household-based population survey using the de jure approach in enumerating individuals or survey respondents based on their usual residence and adopted a stratified multi-stage sampling design which covered all 17 regions of the Philippines. A total of 42,310 sample households and 202,570 individuals were covered from July to November 2015.

Height and weight of children under-five years old were measured and one-day food weighing (from breakfast, lunch, supper, snacks and after supper meal) was done. Questionnaires were asked to the respondent through face-to-face interview. Questionnaires from Family Health Survey (FHS) and National Demographic and Health Surveys were adapted to measure health- and nutrition-related indicators while questionnaires from previous National Nutrition Surveys and Updating Surveys were updated, pre-tested and validated by DOST-FNRI.

Descriptive statistics were analyzed using Stata version 12.0 while the World Health Organization’s Anthro 3.3.2 were used to analyzed the nutritional status of children under-five years old. The calculations for maternal mortality ratio and childhood mortality rates were done using the short method or the direct calculation based on the given formula while the long method used the Census and Survey Processing System (CSPPro) which includes the jackknife method used in calculating the standard error of the estimates and the 95% confidence interval.
Results

Figure I. Trend in the proportion of children 12-23 months immunized against measles and fully immunized children: Philippines, 1990-2015

Figure II. Trend in the proportion of Filipino households with per capita intake below 100% dietary energy requirements: Philippines, 1993-2015

Figure III. Trend in early childhood mortality rate (death per 1,000 livebirths): Philippines, 1990-2015

Figure IV. Trend in the proportion of children 12-23 months immunized against measles and fully immunized children: Philippines, 1990-2015

Figure V. Trend in maternal mortality ratio: Philippines, 1993-2015

Figure VI. Trends in the proportion of currently married women, 15-49 years old, who used any contraceptive method, and with unmet need for family planning: Philippines, 1993-2015

Figure VII. Trends in the proportion of births delivered by skilled health personnel and traditional birth attendant, and births delivered in a health facility and at home: Philippines, 1993-2015

Figure VIII. Trend in the proportion of Filipinos, 15-24 years old, with comprehensive correct knowledge about HIV/AIDS: Philippines, 2003-2015
Results

Based on the 2015 survey, goals on child mortality reduction and access to safe drinking water and basic sanitation were met, but the MDGs on undernutrition, adequacy of energy intake, infant mortality, and maternal mortality were not achieved. Mothers with children 0-36 months or currently pregnant with at least one antenatal visit and at least four antenatal visits increased; and family planning targets of an increase in contraception use, and reduction in unmet need were achieved. However, child immunization coverage for measles and fully immunized children rate missed the targets. Childbirths attended by skilled health personnel and those delivered in a health facility were lower than the 100% target despite substantial increases. Also, adolescent birth rate continued to rise. As knowledge and awareness on HIV/AIDS declined, knowledge and attitude on tuberculosis slightly improved.

Conclusion and Recommendation

The health-related MDG endline results revealed that few targets were achieved. Some were of great concern because the indicators worsened than at baseline; these include adolescent birth rate, fully immunized children rate, and awareness on HIV/AIDS.

The MDGs term ended in 2015 but fighting poverty and malnutrition, attaining better health and protecting the environment are not yet over.

Endline results would be critical benchmarks for the Sustainable Development Goals (SDGs) set from 2015 to 2030. It is recommended to localize and translate the SDGs into local government-based measurements, to facilitate multi-stakeholders processes, and to enhance service delivery capacity at the frontlines.

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