

## **Millenium Development Goal 4 in Indonesia: Achieved (not) for all children?**

### **Introduction**

In the year 2000, 189 countries join their hands on agreement and make a universal framework for their development, the Millenium Development Goals (MDGs). MDGs have 8 goals and 18 specific targets which lead to one destination, a better future for all. MDGs have given the world an outline in which development should be in concordance with and a scale to measure the achievement. Although only three of the goals are directly related to health (MDG-4, 5 and 6) and only one directed to children (MDG-4), all of the other goals are closely related and interdependent with health and particularly with children (WHO, 2003; UNICEF, 2005; Dodd & Cassels, 2006).

This paper would focus on MDG-4, to reduce child mortality. The first part will give a description of MDG-4 followed by the exact goal and targets. Then it will discuss the possibility of MDG-4 to be achieved in one specific country, Indonesia and also the relation of MDG-four with community health improvement and end with a conclusion.

### **Millenium Development Goal 4 and its indicators of achievement**

According to the United Nations, every minute, there is approximately 20 children age 5 years or less are dying in the world and most of them from preventable causes (UN, 2007). In 2005 alone, 10.1 million children age 5 years or less die and half of these numbers were caused by malnutrition and lack of safe water and sanitation. This means that children are dying from preventable causes and the interventions needed to deal with them do exist, but not accurately delivered to the one in need (Bryce et al, 2003; Fay et al, 2005; UNICEF, 2006; UN, 2007). MDG-4 deals specifically with child mortality, the goal is to reduce the under-five mortality rate (U5MR) by two thirds, between 1990 and 2015 (Jones et al, 2003; Attaran, 2005; UN, 2007). There are three indicators for this goal, the U5MR, infant mortality rate (IMR) and the proportion of 1-year-old children immunized against measles (WHO, 2003; UNICEF 2005).

The world U5MR in 1990 is 95/1000 live births and by 2015, this number should be reduced to 32/1000 live births. The percentage of measles immunization among 1 year-old children in 1990 is 73% and the target is to immunized 90% of children age 12-23 months old nationally and a minimum 80% for every district by 2010. The world IMR in 1990 is 65/1000 live births (UN, 2007).

According to World Health Organization (WHO) in 2003, among all three health-related goals, MDG-4 is the furthest one from being achieved. Murray et al present that the numbers of U5MR in the world has decreased from 110/1000 children in 1980 to 72/1000 children in 2005 and if this rate continues, the world under-5 mortality will only decrease by 27% from 1990 to 2015, while the target is 67% (2007). In another journal, Bryce et al present the Child Survival Countdown, which is “a worldwide effort to monitor coverage of key child-survival interventions in 60 countries with the world’s highest numbers or rates of child mortality”. Out of 60 countries, only seven of them are actually on track to meet the goal and one of them is Indonesia (2006).

### **Indonesia and its achievement on MDG-4**

Indonesia rank in the fourth place for population number in the world, with approximately 231.6 million lives. The most recent numbers of MDG-4 indicators in Indonesia are as follows, U5MR is 38/1000 live births, IMR 33/1000 live births and the measles' immunization coverage is 76% in 2004 (GoI, 2005). The annual percentage of U5MR decline in Indonesia is currently 6,2% while to achieve MDG-4 Indonesia would only need to maintain the percentage of 2,1%. If the sustainability of the ongoing program can be assured, then Indonesia would definitely reach the goal (Bryce et al, 2006).

This major progress was achieved because of several factors; the first one is the commitment of Government of Indonesia (GoI) to achieve MDGs and for this reason, they combine their national development strategies to fit within the framework of MDGs. The second one is the ongoing process of fitting MDGs into local and provincial planning and enhancing statistical data for the purpose of monitoring (UNDP, 2007). The third one is because Indonesia has successfully implemented several intervention and treatment strategies, both individual and integrated, all of which lies under the National Program for Indonesian Children (PNBAI). These programs consist of social safety net program (routine maternal and child health services), reduction of oil subsidy compensation program, the outreach program of basic health services for the poor and vulnerable groups who live in remote rural areas (RED= Reach Every Districts), Integrated Management of Childhood Illnesses (IMCI), basic obstetric care, immunization, nutrition improvement by the revitalization of food and nutrition surveillance system and also revitalization of integrated health service post (POSYANDU). Other preventions to reduce the U5MR are the provision of safe water, education about hygiene and basic sanitation at individual, family and community level, eradication of protein energy malnutrition and development of other community-based health activities (GoI, 2005; GoI&UNDP, 2006).

Another factor that supports this success is the Law no.40/2004 regarding the National Social Security System, which ensure that the poor will be able to access health centers, village midwives and third-class hospital treatment using insurance card whose premium was paid by the GoI. The 2004-2009 Medium-term Development Plan also focused on the improvement of availability, accessibility and affordability of health services, enhancing the quality of health centers, medical personnel and insurance systems particularly towards the poor (GoI, 2005).

Several publications mention that the success of MDG-4 achievement are influenced by several factors like overcoming the cause of under-5 deaths and the current life threatening diseases in particular countries like HIV/AIDS or malaria, reducing the number of births, the trends in fertility, socioeconomic status, level of education, conflicts and many more (Black et al, 2003; Murray, 2007). This is probably another aspect which supports the success of Indonesia, because Indonesia –with its family planning program- has successfully increase the use of contraceptive prevalence from 57.4% in 1997 to 60.3% in 2003 and hence, the total fertility number decline from 5.6 to 2.6 children within 32 years (1971-2003) (GoI, 2005).

At country level, the Government of Indonesia realizes the drawback that this success was counted in the national level, while the distribution in every region is unequal (GoI&UNDP, 2006). The obvious picture of this uneven distribution is in the coverage of basic health services for children. There is even a huge discrepancy in the availability of services between various stages of a child's life (UN, 2007). In a similar way with most developing countries, the highest achievement was made in regions with either the highest quintile of socio-economic status, urban

areas or where most of the mothers are educated (Jones et al, 2003; BSGCS, 2003; UN, 2007). For instance, UNICEF in 2005 presents that only 8% of the poorest children in Indonesia received the interventions compare to 54% of the least poor children.

### **MDG-4 and the improvement of population health**

A better health would give people a new circle of improvement, healthier people will be able to bring in better incomes and have better access to health care and vice versa, ill people will earn less income thus constraints their access to health care services (WHO, 2003). According to The United Nations, one of the important numbers to evaluate the level of health and also development in one country is child mortality (UN, 2007). It seems that child mortality have greater influence on the improvement of population health than ever thought before. Along with the reduce number in child mortality, the level of health and development in Indonesia will increase. This fact will also bring many advantages in other sectors of development.

An important point to note about the MDG is that all of the goals along with the targets are interlink one another. Successful intervention strategies for one goal will definitely affect the successfulness of others. For example, it is known that low level of hygiene and insecurity in an environment heightens the risk of child death. Approximately 88% of diarrhoea-related deaths are caused by a child's access to unsafe water intake, bad hygiene and sanitation (Black et al, 2003; Fotso et al, 2007). When Indonesia implements integrated prevention strategies to reduce diarrhoea by building new wells for clean-water resource, together with educating the mother and community about the importance of hygiene and basic sanitation, it also benefit the whole family and even the whole population because there is a reduction in diarrhea and other water-borne diseases.

A few challenges that Indonesia is facing right now are how to maintain the sustainability of the ongoing programs including the financial and technical resources to do so, improve the coverage of these programs, and make the disparity of regional development disappear by reducing geographical constraints (GoI, 2005). Another important thing is how to improve the country's statistical ability. Black et al highlight the significance of a country's complete epidemiological profile and a stable health system before putting any strategies into practice (Black et al, 2003; Sachs & McArthur, 2005). A good and valid data is needed to evaluate the interventions. After the evaluation, we can gain knowledge from regions that successfully reduced their number and implement their strategies to those that were lacking behind to reach the target (Bryce et al, 2006; Murray et al, 2007).

Is achieving MDG-4 in the surface enough for Indonesia or should they go further and make the child survival intervention available, affordable and accessible for all children regardless of their whereabouts or socioeconomic status?

### **Conclusion**

According to WHO, among all three health-related goals in the Millenium Development Goals, MDG-4 - which target is to reduce the under-five mortality rate (U5MR) by two thirds, between 1990 and 2015- is the furthest one from being achieved; however, it is not impossible. All countries, despite their economic well being, must work together on this matter. This long-time-realized cooperation can and should be achieved not only to meet MDG 4, but to meet all

the MDG targets. Every country should stick up to their commitment to work together and bring out the power to achieve all the goals.

The success gained by Indonesia so far, showed us that successes are still there and possible to be accomplished, however more actions and policies need to be implemented. Indonesia still have many challenges to overcome, but with the combination of good governance, a better health system, sustainable health programs, improvement on its statistical capability, good financial and technical support inter and within countries, further success is definitely on its way. The most important thing to remember is what the MDGs propose in the first place, that is instead of fulfilling all the specific goals and targets, they aimed for a better future for all.

## **References**

- Attaran, A. (2005). An immeasurable crisis? A criticism of the Millenium Development Goals and why they cannot be measured. *PloS Mes*, 10, e318.
- Black, R. E., Morris, S. S. & Bryce, J. (2003). Where and why are 10 million children dying every year? *Lancet*, 361, June, 2226-34.
- Bryce, J., El Arifeen, S., Pariyo, G., Lanata, C. F., Gwatkin, D., Habicht, J. et al. (2003). Reducing child mortality: can public health deliver? *Lancet*, 362, July, 159-64.
- Bryce, J., Terreri, N., Victora, C. G., Mason, E., Daelmans, B., et al. (2006). Countdown to 2015: tracking intervention coverage for child survival. *Lancet*, 368, September, 1067-76.
- (BSGCS) The Bellagio Study Group on Child Survival. (2003). Knowledge into action for child survival. *Lancet*, 362, July, 323-7.
- Dodd, R. & Cassels, A. (2006). Health, development and the Millenium Development Goals. *Annals of Tropical Medicine & Parasitology*, 100(5), 379-87.
- Fay, M., Leipziger, D., Wodon, Q. & Yepes, T. (2005). Achieving child-health-related Millennium Development Goals: the role of infrastructure. *World Development*, 33(8), March, 1267-84.
- Fotso, J., Ezeh, A. C., Madise, N. J. & Ciera, J. (2007). Progress towards the child mortality millennium development goal in urban sub-Saharan Africa: the dynamics of population growth, immunization, and access to clean water. *BioMed Central Public Health*, 7(218), August, 1-10.
- (GoI) Government of Indonesia. (2005). *Indonesia Progress Report on the Millenium Development Goal (Online)*. Available at: [www.undp.or.id/pubs/imdg2005/index.asp](http://www.undp.or.id/pubs/imdg2005/index.asp). (Accessed April 1, 2008).
- (GoI & UNDP). Government of Indonesia & United Nations Development Programme. (2006). *Country Programme Action Plan, Indonesia*. Jakarta: Government of Indonesia & United Nations Development Programme.
- Jones, G., Steketee, R. W., Black, R. E., Bhutta, Z. A., Morris, S. S. & the Bellagio Child Survival Study Group. (2003). How many child deaths can we prevent this year? *Lancet*, 362, July, 65-71.
- Murray, C., Laakso, T., Shibuya, K., Hill, K. & Lopez, A. (2007). Can we achieve Millenium Development Goal 4? New analysis of country trends and forecasts of under-5 mortality to 2015. *Lancet*, 370, 1040-54.
- Sachs, J.D. & McArthur, J. W. (2005). The Millenium Project: a plan for meeting the Millenium Development Goals. *Lancet*, 365, 347-53.

(UN) The United Nations. (2007). *The Millenium Development Goals Report 2007* (Online). Published by the United Nations Department of Economic and Social Affairs. Available at: [http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2007/UNSD MDG Report 2007e.pdf](http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2007/UNSD_MDG_Report_2007e.pdf). (Accessed April 1, 2008).

(UNDP) United Nations Development Programme. (2007). *MDG Monitor: Tracking the Millenium Development Goals, Indonesia* (Online). Available at: [www.mdgmonitor.org/country\\_progress.cfm?c=IDN&cd=360](http://www.mdgmonitor.org/country_progress.cfm?c=IDN&cd=360). (Accessed April 1, 2008).

(UNICEF) The United Nations Children's Fund. (2005). *Tracking Progress in Child Survival. The 2005 Report*. New York: The United Nations Children's Fund.

(UNICEF) The United Nations Children's Fund. (2006). *The Millenium Development Goals* (Online). Available at: [http://www.unicef.org/mdg/28184\\_28230.html](http://www.unicef.org/mdg/28184_28230.html). (Accessed April 1, 2008).

(WHO) World Health Organization. (2003). *Millenium Development Goals: path to the future. The World Health Report 2003*. Geneva: World Health Organization.