THE MDGs: A LOOK AT GOALS 4 AND 5

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The Millennium Development Goals (MDGs), part of the Millennium Declaration by 189 countries in September 2000, marked a strong commitment to the right to development, to the eradication of the many dimensions of poverty, and to gender equality and the empowerment of women. The Declaration mainstreams into the global development agenda eight mutually reinforcing goals, to be achieved by 2015, i.e. , next year, that are driving national development and international cooperation.

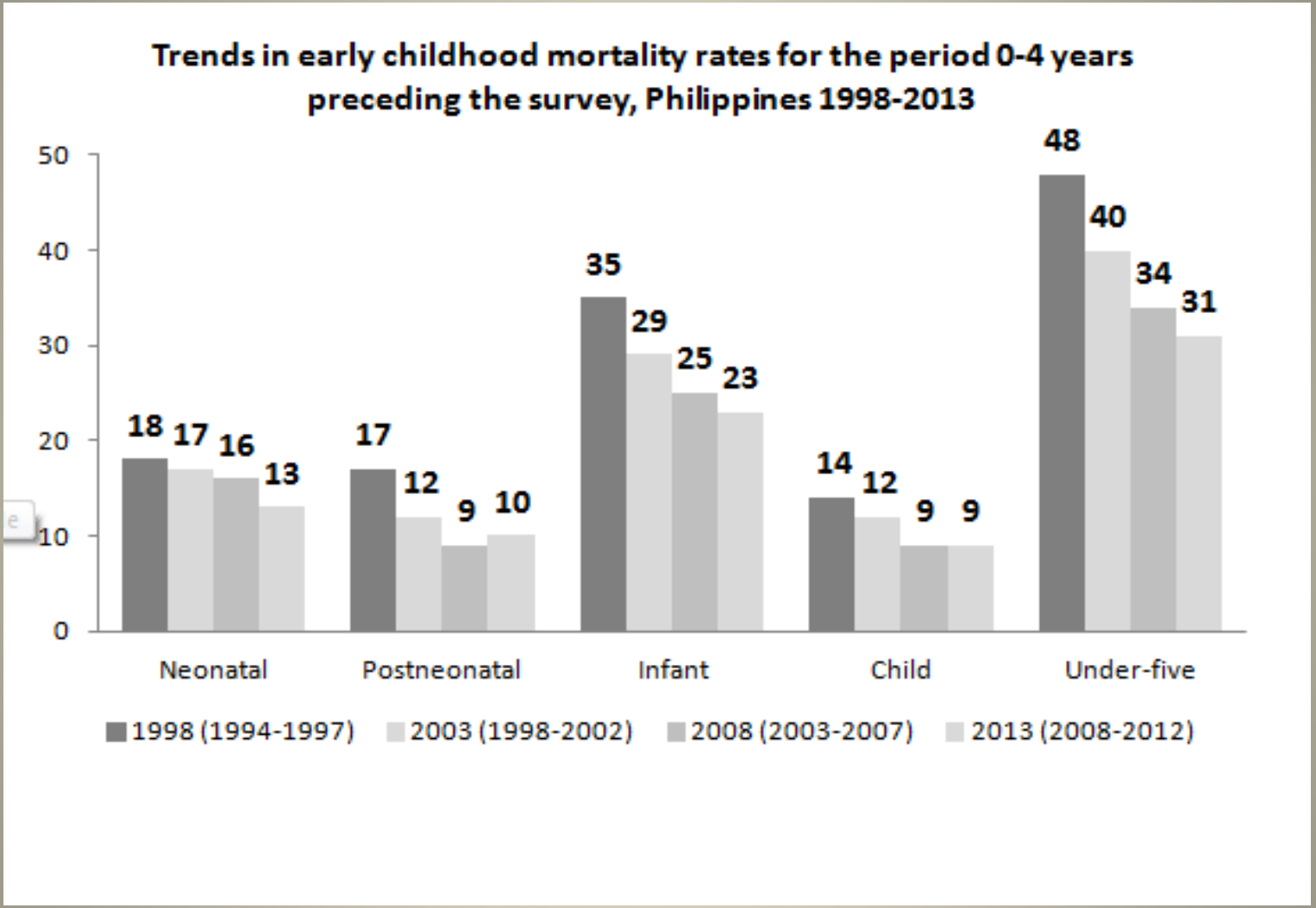
In the following slides, progress toward meeting Goal 4 on reducing child mortality and Goal 5 on improving maternal health will be reviewed.

MDG 4: Reduce Child Mortality by Two-Thirds between 1990 and 2015

Indicator 4.1: Under-Five Mortality Rate – the probability of dying between birth and fifth birthday

Indicator 4.2: Infant Mortality Rate – the probability of dying before the first birthday

Indicator 4.3: Proportion of one-year old children immunized against measles



Source: Figure 4. Philippine Statistics Authority. 2014. Preliminary Findings from the 2013 NDHS.

Immunization

RA 10152 – Mandatory Infants and Children Health Immunization Act

- **The 2011 FHS showed that 90.0 percent of children were already immunized.**

- **Data also revealed that in 2011, 93.6 percent of children were already immunized against measles. Compare this proportion with previous levels – 81.4 percent in 1993; 79.8 percent between 1998 and 2003; and 84.5 percent in 2008.**

  However, the 2013 NDHS revealed only 78.2 percent of children aged 12-23 months at the time of the survey received the measles vaccine by 12 months of age. Only 57.6 percent of mothers could show a vaccination card.

Progress Report for MDG 4

Significant reduction in child mortality has been made due to:

- Intensified government programs in health
- Adoption of the life cycle approach in ensuring continuum of care

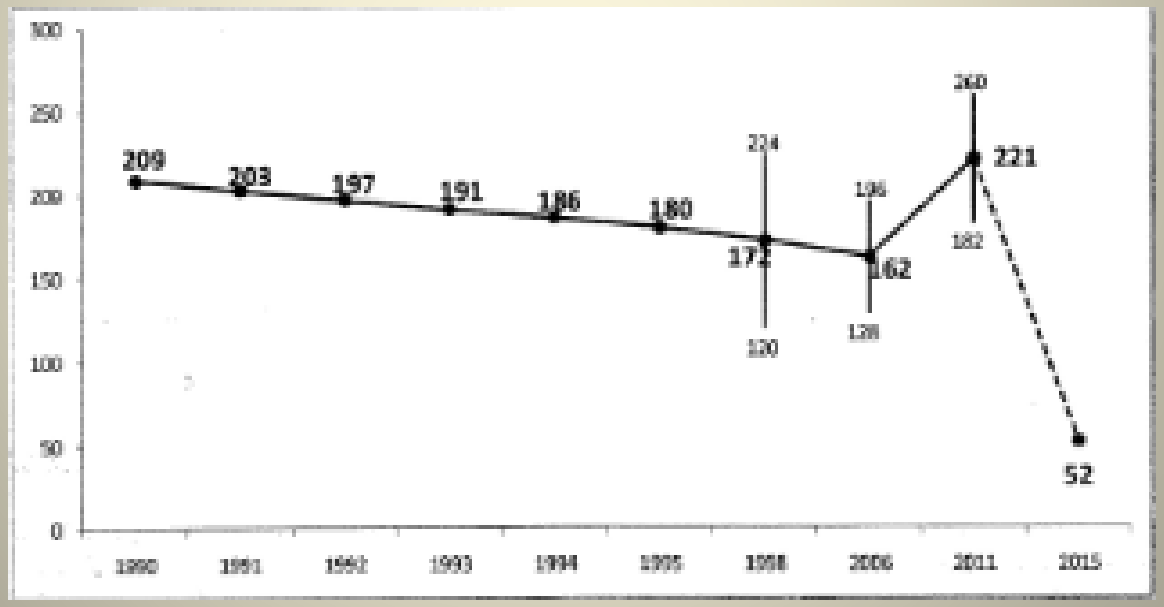
DOH Strategies for Achieving MDG 4:

- Skilled birth attendance
- Essential newborn care
- Integrated management of sick children
- Micronutrient supplementation
- Immunization
- Breastfeeding
- Birth spacing

MDG 5: Improve Maternal Health

Target 5-A: Reduce by three-quarters between 1990 and 2015 the maternal mortality ratio (MMR)

Indicator 5.1: Maternal mortality ratio



Sources: NSCB (1990-1995); NDS, NDHS, FPS-NSO (1998-2011); USAID (2011)

MDG 5: Improve Maternal Health

Indicator 5.1: Proportion of births attended by skilled health personnel

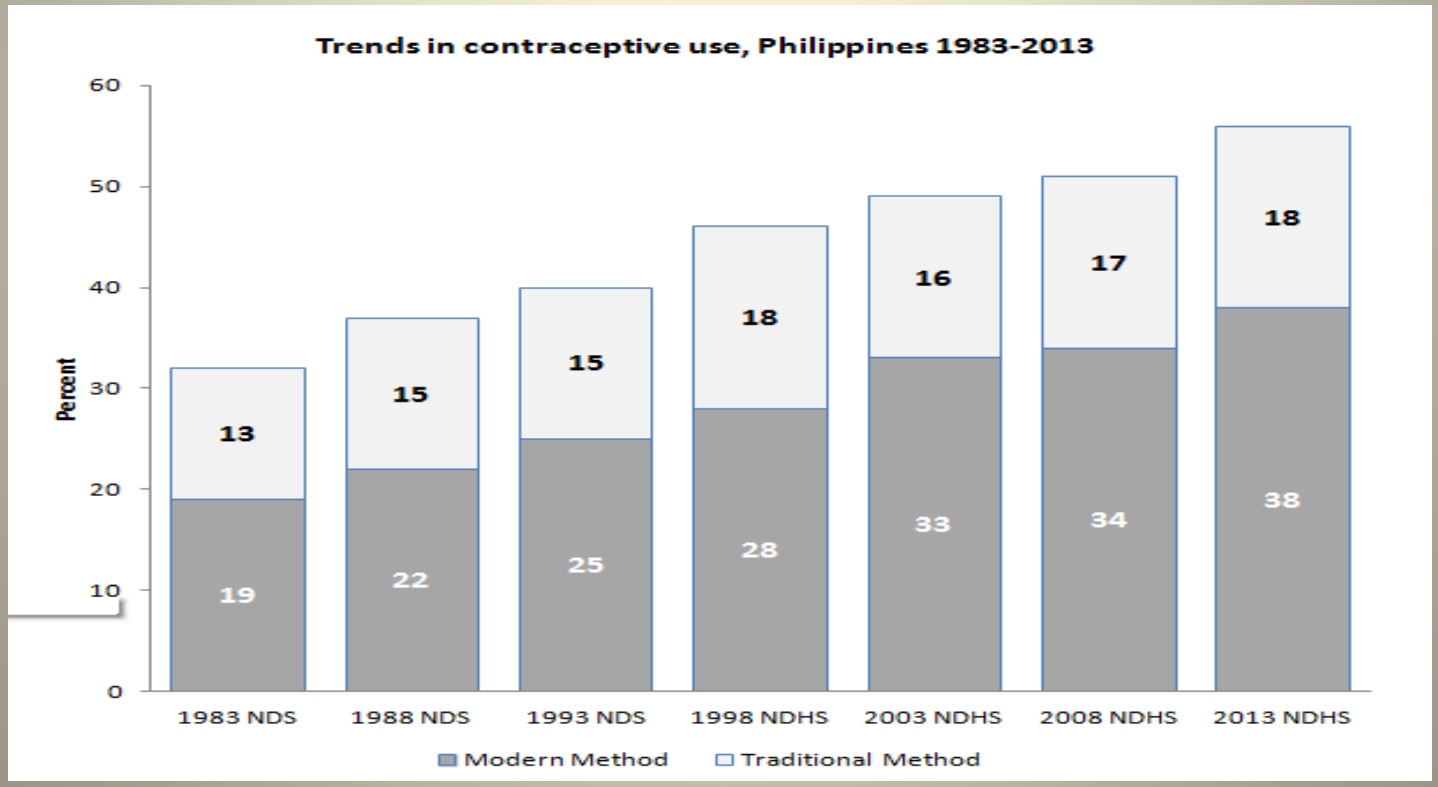
	2006	2008	2011	2013
Delivered in a Health Facility	42.4	44.2	55.2	59.8
Attended by a Health Professional	62.3	62.2	72.2	72.8

Sources: FPS (2006); NDHS (2008); FHS (2011); NDHS (2013)

MDG 5

Target 5-B: Achieve by 2015 universal access to reproductive health

Indicator 5.3: Contraceptive prevalence rate



Source: Figure 3. PSA. 2014. Preliminary Findings from the 2013 NDHS.

MDG 5

Indicator 5.5a: Antenatal coverage of at least one visit

Indicator 5.5b: Antenatal coverage of at least four visits

The DOH recommends that all pregnant women have at least four ANC visits during each pregnancy. The 2013 NDHS shows that four in five women (80 percent) who had a live birth in the five years preceding the survey had the recommended number of ANC visits during the pregnancy for the last live birth. Twelve percent of mothers had fewer than four visits while two percent had one visit, and four percent none at all.

MDG 5

Indicator 5.6: Unmet needs for family planning

Total unmet need for FP is substantially greater among women considered poor (25.8 percent) compared to non-poor women (16.6 percent). In particular, 13.1 percent of poor women as compared to 9.4 percent of non-poor women have unmet need for spacing, and 12.6 percent of poor women as compared to 7.2 percent of non-poor women have unmet need for limiting births.

Progress Report for MDG 5

Addressing high unmet need for family planning

High unmet need for FP was brought about by the largely high cost associated with practicing contraception. But not only costs discourage women from availing FP methods. Non-monetary costs which include health, social, and emotional factors also deter women in accessing and availing FP services. These factors include the following: (1) perceived effects on the health of husbands and wives; (2) husband's fertility preference; (3) strength of fertility preference; and (4) couple's acceptance of FP. The perceived effects on contraception on health have indeed resulted to low contraceptive use. One of the reasons for high unmet need cited from the 2011 Family Health Survey is related to exposure to contraceptives, including fear of side effects.

Philippine Data Sources

Survey and Census	Administrative/Policy Data
•National Demographic and Health Survey (NDHS) *q 5 years* •Maternal and Child Health Survey (MCHS) *q 1 year* •Family Planning Survey (FPS) *q 5 years* •Census of Population and Housing (CPH) *q 10 years*	• DOH – Philippine Health Statistics (PHS) through the Field Health Information System (FHSIS), Health Management Information System (HMIS) • NSO Civil Registry • Philhealth

Possible Sources of Data Gaps

Form

- Failure to register or submit forms
- Incomplete/inaccuracies in filling out the forms

Personnel/ Resources

- Inadequate training
- Lack of appreciation on the importance of accurate data
- Lack or inadequate IT/software infrastructure

Quality

- Inaccuracies
- Erratic, fragmented or irregularities with other data

Key Bottlenecks

The high levels of maternal mortality ratio can be attributed to delays in: (a) deciding to seek medical care; (b) reaching appropriate care; and (c) receiving care at health facilities.

Mothers do not seek help from health facilities because of (a) unaffordability; (b) lack of transportation; (c) no information on the benefits of Philhealth insurance; and (d) unavailability or inaccessibility of health facilities.

Priorities for Action

- **Accelerating Efforts to Improve Access and Delivery of Quality Services** – provision/upgrading of facilities and services; ensuring a good referral system; addressing socioeconomic and cultural barriers; and full implementation of the RH Law

- **Strengthening LGU Capacities** – upgrading of technical capacities in conducting regular maternal and neonatal death reviews; strengthening the vital registration system at the local level; and making LGUs responsible for a sustained operation of the local health system

- **Communication/Advocacy for Behavior Change**, particularly on the health-seeking behavior of women and mothers;

- **Full and Proper Implementation of the RH Law**, now declared by the Supreme Court as not unconstitutional