

Advocating for the Millennium Development Goals

What are the Millennium Development Goals (MDGs)? In September of 2000, the United Nations Millennium Summit met and agreed to a set of *eight time-bound and measurable goals* to address major global issues of poverty and basic human rights. These common goals, agreed upon by all the nations at this UN summit, are a basis for worldwide collaboration on critical development issues. The steps taken to achieve these goals set for the year 2015 will drastically reduce poverty and hunger, increase basic freedoms for women and girls, and promote basic health and good governance. For the MDGs to succeed, it will require a concerted effort on the part of all developed and developing countries. "As the most broadly supported, comprehensive, and specific poverty reduction targets the world has ever established, the Millennium Development Goals are too important to fail."¹

Millennium Development Goals :: To be achieved by 2015

Goal 1: Cut Extreme Poverty and Hunger in Half—1.2 billion people still live on less than \$1 a day. However, 43 countries, with more than 60 percent of the world's people, have already met or are on track to meet the goal of cutting hunger in half by 2015.

Goal 2: Achieve Universal Primary Education—113 million children do not attend school, but this goal is within reach. As of 2005, five developing regions had achieved almost universal primary school enrollment, but sub-Saharan Africa lags behind with more than one third of children not enrolled in school.²

Goal 3: Empower Women and Promote Equality Between Men and Women—Two-thirds of those who are illiterate in the world are women, and 80 percent of refugees are women and children. Since the 1997 Microcredit Summit, progress has been made in reaching and empowering poor women, nearly 19 million in 2000 alone.

Goal 4: Cut the Mortality Rate of Children Under Five by Two Thirds—11 million young children die every year, but that number is down from 15 million in 1980.

Goal 5: Reduce Maternal Mortality by Three Quarters—In the developing world, the risk of dying in childbirth is one in 48. Virtually all countries now have safe motherhood programs and are poised for progress.

Goal 6: Reverse the Spread of Disease, Especially HIV/AIDS and Malaria—Killer diseases have erased a generation of development gains. Countries like Brazil, Senegal, Thailand, and Uganda have shown that we can stop HIV in its tracks.

Goal 7: Ensure Environmental Sustainability—More than one billion people still lack access to safe drinking water; however, during the 1990s, nearly one billion people gained access to safe water and as many to sanitation.

¹ Jeffrey Sachs, *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*, pg. 2.

² <http://unstats.un.org/unsd/mi/pdf/MDG%20Book.pdf>



Goal 8: Create a Global Partnership for Development, with Targets for Aid, Trade and Debt Relief—Too many developing countries are spending more on debt service than on social services. New aid commitments made in the first half of 2002 alone, though, will reach an additional \$12 billion per year by 2006.

How do the MDG's relate to the AIDS issue?

HIV and AIDS do not exist in a vacuum, but they are entwined with other global issues. Globally, HIV infections have higher prevalence rates in regions struck by poverty. **Poverty often prevents individuals from paying for basic medical care.** Often people living with HIV do not have money for medications to treat opportunistic infections or for antiretroviral drugs. Poverty often contributes to more risky lifestyles, such as prostitution, as people seek to gain money for food and other basic needs.

The spread of HIV often ties directly with gender inequality issues. In geographic regions of poverty, **women are the most vulnerable to HIV transmission**, mainly due to lack of decision-making power in the home and community as well as limited financial opportunities for women. In developing nations, women and girls have very little authority over their own sexuality, often with no right to refuse sex. Sexual activity and childbearing can begin very early, and without financial or cultural rights to access to proper medical care and education, women are placed at an even higher risk.

Lack of education contributes to the cycle of poverty. In many places people do not have access to primary education. While there may be schools present in the community, many poor families either cannot afford the basic school fees or must keep their children at home to help run the household. This is particularly the case when these households are sustained mainly through agricultural activities. Lack of basic education limits employment possibilities and fosters ignorance of health-related issues. An uneducated person simply may not know enough to protect themselves.

Every minute 20 children die somewhere in the world, and two-thirds of these deaths could be readily averted by existing preventive and therapeutic strategies to combat preventable deaths from poor nutrition, inadequate sanitation, and health care³. HIV and AIDS only exacerbate this.

The transmission of HIV from mother-to-child HIV transmission is preventable, but the lack of awareness about or access to drugs such as nevirapine, which can cut the chances of an HIV-positive mother passing the virus to her child in half during birth, increases the number of children who are born HIV-positive. The babies who do not contract HIV from their mothers during birth will often contract it during breastfeeding if the mother is not educated about safe feeding practices. Infants with HIV die of AIDS very quickly since they are more susceptible to opportunistic infections because of extremely weakened immune systems, especially when partnered with poverty, poor sanitation, and inadequate nutrition. Worldwide, at least 25 percent of newborns infected with HIV die before age one and up to 60 percent die before their second birthday. Most children infected with HIV die before age 5.⁴

The **spread of disease**, along with the lack of access to antiretroviral drugs in developing countries, **quicken the spread of HIV in the body**, resulting in AIDS and death very quickly. Securing environmental stability such as clean drinking water, sustainable farming practices and basic sanitation

³ Global Health Council, "Child Health" < http://www.globalhealth.org/view_top.php?id=226>

⁴ <http://www.avert.org/children.htm>

will improve the health of people living with HIV, reducing their exposure to opportunistic infection, improving nutrition and increasing overall quality of life.

Finally, **the benefit of a global partnership is clear.** If nations can pool their resources—human, material, and financial—there will be greater momentum behind the MDGs, resulting in a quicker and more thorough fulfillment. As these goals are achieved, poverty and the spread of disease will be reduced; education, life expectancy, women's rights and environmental stability will increase; and positive change will result.

How can you act on AIDS in response?

Many people are unaware of the MDGs or view them only as United Nations goals that are not relevant to the individual. As citizens of these nations, however, each person has a responsibility to educate and encourage others to achieve these goals. All systemic change is brought about by community and citizen response. For more information, please see our documents on advocacy. This toolkit provides excellent resources for expanding knowledge, promoting advocacy and building a biblical basis for action. As a grassroots movement, **Acting on AIDS is characterized by creative, student-led activism.** As a Christian movement, every action must be rooted in the hope of Christ and the hope to walk as He did. He is the inspiration for action, the source of strength and the giver of the outcome.

“... Yet for us there is but one God, the Father, from whom are all things and we exist for Him; and one Lord, Jesus Christ, by whom are all things, and we exist through Him.”

—I Corinthians 8:6 (NASB)