

The Millennium Development Goals and Sri Lanka

H.D. Pavithra Madushani¹

Abstract

The Millennium Development Goals (MDGs) are targeted at eradicating extreme hunger and poverty in the 189 member countries of the United Nations (UN). Whilst the deadline for achieving the MDGs looms large, the outcomes so far have been mixed. Sri Lanka seems to be among the countries which will be able to achieve several of the MDGs, due to the heavy emphasis on social development investments. Therefore we should have given attention to MDGs that Sri Lanka would have achieved and the future plans under the MDGs. This article examines progress of Sri Lanka, steps that should be taken for achieving MGD goals and comparing Sri Lanka's position with other South Asian countries.

Keywords: *MDGs, Sri Lanka, South Asia*

Introduction

The world community planned a set of targets to achieve by 2015, aiming to reduce social deprivation held at the United Nation Millennium Summit in 2000. Those targets were named as the Millennium Developments Goals. 189 United Nation member states and 23 international organizations help in achieving the MDGs by 2015. There are eight goals with 21 targets, and a series of measurable health indicators and economic indicators for each target. The MDGs are: end poverty and hunger, achieve a universal primary education for all, promote gender equality and empower women, reduce child mortality, improve maternal health, combat HIV/AIDS malaria and other diseases, ensure environmental sustainability and promote a global partnership for development.

¹ Social Statistics (Special) First Year, Pavithra.hdm@gmail.com

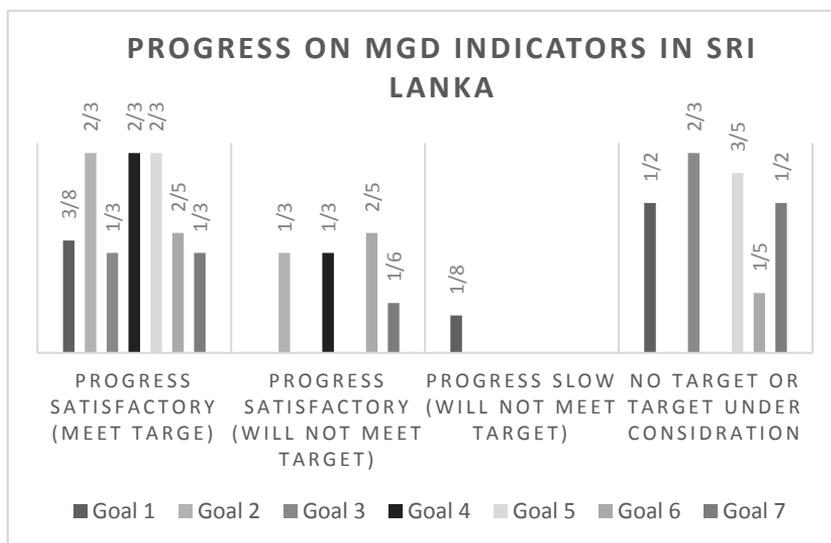
A considerable progress has been made by the world in achieving many of the goals. An average overall income increased by 21% during 1990 to 2000. The number of people in extreme poverty went down by 130 million. Child mortality rate decreased from 103 to 88 deaths per 1000 live births a year. Life expectancy age range extended from 63 year to 65 year and 8% to 15% of the developing countries get opportunity to have pure water and sanitary (United Nations, The Millennium Development Goals Report, 2010). But most of the MDGs failed down in Sub Saharan Africa. Among that are continuous food insecurity, increasing extreme poverty, maternal mortality. Even developing countries such as Latin America, Middle East and North Africa fail to achieve some of the goals, Asia has shown the fastest progress. For example, we can see the net enrolment ratio in primary education all over the world. We can identify the progress is not uniform across the world due to huge disparities within countries. Urban poverty is growing but underreported by traditional measure (see appendix 1).

So the target of this article is to describe the progress of Sri Lanka, the steps that should be taken in achieving MDGs and compare Sri Lanka's position with South Asian countries.

Where do Sri Lanka Stand

Sri Lanka seems to be among the countries which will be able to achieve several of the MDGs, due to the heavy emphasis on social development investments from the 1930s. Eradicating hunger and extreme poverty, universal primary education, etc. were achieved well before the target dates. Therefore we should have given attention to MDGs that Sri Lanka would have achieved and the future plans under the MDGs.

Table 02: Progress on MGD Indicators in Sri Lanka



Source: Based on MDG Country Report, Sri Lanka, 2008/09 and Central Bank Report, Sri Lanka, 2013.

All the MDG targets will be achieved by Sri Lanka by 2015. According to the Second Country Report, countries next attempt should be to move from the national-level to MDG localization at provincial and district levels, giving priority to geographically isolated and deprived regions.

Let's review the progress of individual targets in Sri Lanka in detail.

We can see the Sri Lanka's progress in statistically from the below chart.

MDG 1: Eradicate Extreme Poverty and Hunger

Poverty in Sri Lanka declined from 26% in 1990/91 to 15% in 2006/07 (Statistical Abstract, 2011/ MDG Country Report) and the country is on course to attain the MDG target of halving poverty by 2015, though there are considerable regional disparities across districts and sectors. Sri Lanka could do better in achieving the

targets under Goal 1 if, both social and economic infrastructure facilities improved further in the less developed regions; suitable strategies are developed to adequately spread the growth outside the Western Province so as to reduce regional disparities; targeting in welfare programs is improved further; and suitable strategies are developed to reduce inequality.

MDG 2: Achieve Universal Primary Education

Sri Lanka's success in providing near-universal access to primary education is well-known internationally. It has almost achieved the universal primary education target with net enrolment rate reaching 97.5% in 2006 for both males and females, and at this rate is likely to achieve the MDG target well before 2015. The proportion of pupils starting Grade 1 who reach Grade 5 has increased to almost 100% in 2006/07 (Statistical Abstract, 2011/ MDG Country Report). This achievement is universal, including in the estate sector and the Eastern province, which is remarkable. Literacy level of 15-24 year olds in all regions has also increased during 2003-2006/07 and has crossed 95% across all sectors and for both males and females, and making further progress towards 100% is likely to be slow (Statistical Abstract, 2011/ MDG Country Report). Sri Lanka is well on track in achieving universal primary education. What is now important is to focus on improving the quality of education and improving education outcomes, particularly in the remote areas and in the districts in the Northern and Eastern provinces, which had been affected for more than 20 years due to terrorist activities.

MDG 3: Promote Gender Equality and Empower Women

Sri Lanka has almost reached gender parity in primary education with the 'ratio of girls to boys in primary education' reaching 99% in 2006. In secondary and tertiary education, the proportion of girls to boys exceeds 100%. There has been only a marginal increase in the share of women in wage employment in the non-agricultural sector from 30.8% in 1993 to 32.2% in 2006

(Statistical Abstract, 2011). The rate of unemployment for women is twice the rate for men and for educated women, the rate is around three times the rate for men. The picture is different, however, with women's political representation.

The proportion of women members in the National Parliament has increased from 3% in 1947 to only 5.8% at (Statistical Abstract, 2011). As the representation of women in the state legislature is very low, there is a need to encourage more women representation in the political system in Sri Lanka. Strategies need to be developed to increase employment opportunities for women with secondary and higher levels of education in all districts. Better working conditions and protection are needed for women working in the Free Trade Zone, Middle East and in the plantation sector. As the representation of women in the political system is still very low it may be necessary to encourage the political parties to field more women candidates at elections.

MDG 4: Reduce Child Mortality

Sri Lanka has been extraordinarily successful in reducing child mortality over the last half century. At its current level of 11.3 infant deaths per 1,000 live births (Statistical Abstract, 2011/ Central Bank Report), the Infant Mortality Ratio (IMR) is lower than that achieved by countries considerably wealthier than Sri Lanka. There have been similar sharp reductions in the under-5 mortality rate and the MDG child mortality targets are well within reach. In spite of the overall reduction, there are regional disparities in mortality rates across the country. Future reductions in infant mortality in Sri Lanka will be driven largely by reductions in neonatal mortality, which is considerably more difficult and expensive to attain. Most children's deaths are a result of neonatal causes and communicable diseases, in particular malaria, acute respiratory infections, diarrhea and epidemics such as dengue fever or meningitis, which are not fully covered under vaccinations programs at present.

MDG 5: Improve Maternal Health

Sri Lanka has achieved considerable success in reducing Maternal Mortality Ratio (MMR) consistently since the 1940s. With near-universal access to health care, and 98% (Statistical Abstract, 2011) institutional deliveries, the country is on-track to meet the MDG on improving maternal health. Long-term efforts are needed to strengthen capacities for comprehensive routine reporting of births and deaths. It is necessary to improve service delivery for pregnant mothers, especially those in remote villages, plantations, and in the Northern and Eastern provinces, in order to improve their health and well-being.

MDG 6: Combat HIV/AIDS, Malaria and Other Diseases

Sri Lanka still remains as one of the few countries in the region with a low-level HIV epidemic. Even though the spread of the malaria occurs mainly in the dry zone of Sri Lanka, the situation is improving significantly. Sri Lanka may have to launch special programs to achieve the target of halving the incidence and death rate due to tuberculosis. The Government has developed a national multi-sectorial strategy to combat HIV/AIDS, and the majority of sectors have progressed satisfactorily. Malaria control efforts in Sri Lanka are decentralized and early detection and prompt treatment has become the mainstay of disease control. The DOTS has been successfully implemented to reduce morbidity and mortality from Tuberculosis.

MDG 7: Ensure Environmental Sustainability

Over the years, there has been a noticeable deterioration of environmental quality in Sri Lanka. Nearly 85% of households have sustainable access to improved drinking water in 2006/07 compared to 68% in 1990. Sri Lanka has recorded substantial improvements in sanitary conditions in all districts within the past decade and has already achieved the MDG target on access to

improved sanitation. The Estate sector needs special attention regarding safe drinking water, as nearly 40% of the households do not have sustainable access to safe drinking water.

MDG 8: Develop a Global Partnership for Development

A number of developed countries have imposed harsh tariffs on goods from Sri Lanka thereby adversely affecting the growth of a non-discriminatory trading system. Sri Lanka's export share to developed countries reduced from 91.7% in 1992 to 68.7% in 2006 (Statistical Abstract, 2011/ MDG Country Report) even though developed countries continued to be the major export destinations for Sri Lankan goods. Garment exports continue to constitute above 40% of total exports of the country. There has been a rapid increase in access to telecommunication services in Sri Lanka since 1999. There is a declining trend in allocation for the agriculture sector as well, from the total Official Development Assistance (ODA) granted for Sri Lanka. These are the two important sub sectors of the economy which need to have more attention, in respect of these ODA allocations and also to have faster growth in the Economy.

Sri Lanka's position with south Asian countries

With only one year left to the 2015 deadline this article is an attempt to measure the progress of Sri Lanka and Sri Lanka's position among the South Asian countries towards the MDGs. The South Asian region contains huge diversity and contrasting group of countries; Sri Lanka, India, Bangladesh, Nepal, Pakistan, Maldives, Bhutan.

2011 Human Development Index, ranking 97th out of 187 countries, the highest in South Asia. Sri Lanka's Human Development Index (HDI) value for 2012 is 0.7151 placing the country in the high human development category for the first time and positioning the country at 92 out of 187 countries and territories (Human Development Reports, 2013 and UNDP Sri

Lanka). Sri Lanka is well positioned to achieve the MDGs by 2015. Following table indicates some of the MDGs achieved successfully by Sri Lanka.

Table 01: MDGs achieved successfully by Sri Lanka

Country	2 nd Goal		3 rd Goal		4 th Goal		5 th Goal	
	Universal primary Education		Promote gender equality and empower women		Reduce child mortality rate		Improve maternal health	
	Schooling rate grade 1-5	Literacy rate between 15-24 age	Primary education rate of girls to boys	Labor force participation rate of women (Except agricultural sector)	Child death rate below age of 5 into 1000 live births	Child ratio of vaccination of measles	Maternal mortality ratio into 100000 live births	Infant delivery ratio of with the Skilled health assistant
Sri Lanka	99.6	95.8	99	32.2	13.47	97.1	19.7	98.5
Bangladesh	72	72.1	103	23	69	81	570	20
China	-	99.3	100	-	24	93	45	98
India	86	82.1	91	18	76	59	450	47
Nepal	76	79.3	93	-	59	85	830	19
Pakistan	62	-	78	10	97	80	320	31

Source: Department of Census and Statistics, Sri Lanka / Central Bank Report

According to (Table 01), improving education in South Asia is likely to accelerate the attainment of the other MDGs as well. It is however important to note that quality, as well as quantity, of schooling matters, teacher and school quality, access to textbooks, time in school and class size have all been shown to have a

significant positive effect on educational attainment . South Asian countries have made good progress in education. Sri Lanka has gained a fair progress in achieving Goal 2 among the other countries of South Asia. There has been only a marginal increase in the share of women in wage employment in the non-agricultural sector from 30.8% in 1993 to 32.2% in 2006 in Sri Lanka. But among the other countries Sri Lanka Performed well.

South Asian countries suffer from the second highest child mortality rates in the world, with over 7% of children dying before their 5th birthday. The progress over the last twenty years has been of insufficient speed to achieve the target of reducing by two thirds the child mortality rate by 2015. The other indicator of child health relates to the proportion of children receiving the measles vaccine. Every country with the exception of India, has seen huge improvements in regards to this indicator. But among South Asian countries Sri Lanka has gained good progress. South Asia is one of the most dangerous regions to give birth in the world. Not only is the maternal mortality rate the second highest in the world (490 per 100,000 in 2005) after Sub-Saharan Africa. But Sri Lanka placed better position than other Countries. The low numbers of births attended by a health care professional in South Asia as a whole there have been some success stories at the individual country. Sri Lanka's performance is the only bright spot, with 98.5% of births being attended respectively According to official figures South Asia does not suffer from a high incidence of Malaria, with just over 1% of the population contracting malaria in 2008 and less than 0.001% of the population dying as a result. Sri Lanka and Nepal, where despite very low malaria incidence rates the mortality rates remain proportionately high. Sri Lanka suffer from the second lowest People living with HIV (15-49 years) ratio in South Asia. It is 0.101%. There is no changes between 2001 and 2006.

Sri Lanka has gained a fair progress in achieving Goals 2, 3, 4, and 5. Maternal mortality rate and child death rate are very low

when compared with other regional countries and Sri Lanka has been identified as a country with the lowest H.I.V /AIDS affected patients in relative to other countries in the region. Overall Sri Lanka is in a good position among the South Asian countries.

Conclusion

In January 2010, Sri Lanka achieved a middle-income country status, and has done well, with the highest Human Development Index rank in South Asia in 2011. It has strategically exploited development opportunities and or utilized its resources well, despite formidable obstacles. The country has achieved relatively high human development for a developing country, based on basic human development measures, and is at the edge of a new stage of development.

Sri Lanka has taking steps to eradicate extreme poverty such as conduct social security systems and incentive programmes, bringing back social and economic status of war refugees to normal. Taking steps to reduce exceeding 15% child malnutrition in every district, designing programs to supply well targeted health services at low cost, taking steps to identify HIV/AIDS patients, planning and taking actions to avoid spreading diseases like HIV/AIDS, malaria and launching programs to educate public about tuberculosis, are some of actions that government should have taken to empower the health of people. To empower the social and economic condition in country government should take actions to promote equality and empower women in accordance with international standards and need mutual attempt of world community to meet social and economic status of developing countries.

It seems that Sri Lanka has achieved MDGs fairly well especially among South Asian countries, Eradicating extreme poverty and hunger, achieving universal primary education and promoting health services have achieved well before the target dates.

References

- Chamara, S. (2013). *Sri Lanka has achieved many Millennium Development Goals*. The Nation, 8 – 17.
- Department of Census and Statistics. (2013). *Statistical Abstract Sri Lanka*, Colombo: Department of Census and Statistics.
- Department of Census and Statistics, *Selected millennium development goals (MDG) indicators Sri Lanka*, Colombo: Department of Census and Statistics.
- Department of Census and Statistics. (2010). *the Millennium Development Goals Report*, 2010 United Nations.
- Institute of Policy Studies of Sri Lanka. (2013). *MDG country report. (2008/09)*.
- Central Bank of Sri Lanka. (2014). *Economic and Social statistics of Sri Lanka 2013*

