

Conclusion: The opportunity to replicate success

It is clear that most countries will not reach the Millennium Development Goal targets by 2015. Yet there can still be dramatic improvements over the next five years – and beyond – if we take the opportunity to learn from the successes and find ways to replicate them.

In an era where demonstrating the effectiveness of development assistance for health is becoming increasingly important, following up this study with careful country case studies will be vital. Bursts of rapid improvement are possible, with countries such as Egypt and Tunisia achieving remarkable declines in both maternal and child mortality rates.

Country-specific research that focuses on the steps taken to achieve these rapid reductions could reveal the necessary formula for countries that are falling behind. We also need to know more about how interventions targeted at child and maternal health are working. To better understand child mortality reductions, we must examine how policy initiatives such as vaccine programs, insecticide-treated bed net distribution, or the scale-up of antiretroviral treatment are contributing to accelerated mortality declines.

Next steps could include exploring how levels and trends in child mortality are related to changes in the key drivers of child mortality, including income per capita, levels of maternal education, the HIV epidemic, and malaria. Studying these indicators will help us understand where country performance has been better than expected.

With hindsight, we can ask whether the targets set for MDG4 and MDG5 were realistic or overly ambitious. Looking past 2015, when a new round of health targets may be formulated, it will be important to ground the choice of targets in an informed discussion of the distribution of progress across nations.

