

Millennium Villages project shows coordinated efforts can accelerate progress towards MDGs and beyond

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The Millennium Villages Project aims to co-ordinate improvements across multiple sectors in health, agriculture, the environment, business, education, and infrastructure in villages in sub-Saharan Africa. New research published Online First by The *Lancet* shows that, three years after implementation, mortality in children aged under 5 years in Millennium Villages has fallen by a third compared with matched control sites, showing that accelerated progress towards the Millennium Development Goals (MDGs) is possible with improvements across a range of sectors. The research is by Professor Jeffrey D Sachs and Dr Paul M Pronyk, The Earth Institute, Columbia University, New York, USA, and colleagues.

In the project, village sites with high levels of poverty and [malnutrition](#), averaging 35 000 people per village, were selected from various rural areas in nine countries* to take part in the project. The annual cost of the intervention was projected to be US\$120 per person at 2006 rates. Baseline levels of MDG-related spending averaged \$27 per head, increasing to \$116 per head by year 3 of which \$25 was spent on health. After 3 years, reductions in poverty, [food insecurity](#), stunting, and malaria prevalence were reported across nine Millennium Village sites. Water supply and sanitation improved, as did access to many [maternal and child health](#) interventions.

The combined effects of these interventions saw [mortality rates](#) in

children younger than 5 years of age decrease by 22% in Millennium Village sites relative to baseline (absolute decrease 25 deaths per 1000 livebirths), and by 32% relative to matched comparison sites (absolute decrease 30 deaths per 1000 livebirths). This meant that the average annual rate of reduction of mortality in children younger than 5 years of age was three-times faster in Millennium Village sites than in the most recent 10-year national trends (7-8% vs 2-6%). This rate of decline was substantially higher than the 4.4% average annual reduction required to attain MDG4, which aims to reduce child mortality by two thirds from 1990 to 2015.

The authors conclude: "Our analysis suggests that the integrated delivery of interventions across many sectors is feasible for a modest cost, that substantial progress towards the MDGs can be achieved in a relatively short 3-year period, and that the combination of interventions can lead to reductions in child mortality at a pace sufficient to achieve MDG4 in areas of rural [sub-Saharan Africa](#). Although health-sector interventions such as immunisation and malaria control were potentially important drivers, efforts outside the health sector—such as agricultural inputs to improve food security and nutrition, interventions to reduce access barriers such as the elimination of user fees and the upgrading of roads, transport, and communication, and basic improvements in water and sanitation—probably contributed to the reported improvement in child survival."

In a linked Comment, Dr Grace Malenga, Kapanga village, Nkhota-kota, Malawi, (now retired, former Director of the Malaria Alert Centre in Blantyre, Malawi, and a consultant paediatrician in the national Queen Elizabeth Central Hospital, Malawi), and Dr Malcolm Molyneux, College of Medicine, Blantyre, Malawi, say: "A global opportunity now exists to learn and apply the lessons emerging from the Millennium Villages. Seizing this opportunity will be the joint responsibility of all of us, including individuals and governments of high-income countries, and

villagers and governments in developing countries...It is urgent and crucial that we turn the Millennium Villages project to good purpose. This project can be a catalyst for converting the MDGs from nice ideas into achievable objectives."

More information: Paper online:

www.thelancet.com/journals/lancet/article/PII

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