

Setting targets, achieving goals: can analysis of past progress help?



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The Millennium Development Goals (MDGs) have become key targets for the international community over the past 15 years. The MDGs have raised awareness, focused global efforts on agreed priorities, and empowered so-called development champions at country level. This progress was less straightforward than might appear now. A weakness of the MDG agenda, linked to its origins,¹ was the absence of previous analysis to find out whether the global goals and targets were actually achievable at country level. For many countries, particularly in sub-Saharan Africa, the MDGs were unattainable.

The Sustainable Development Goals (SDGs), which are currently under negotiation, are similarly expected to be used as key targets by the international community and national decision-makers to benchmark progress towards sustainable development. Therefore, analytical efforts, such as the assessment in *The Lancet Global Health* by Stéphane Verguet and colleagues,² are very welcome because they could prevent misunderstandings and future frustrations generated by unreachable or too ambitious targets. In their report, Verguet and colleagues focus on four major priorities for population health—declines in under-5, maternal, tuberculosis, and HIV mortality—and check whether the targets proposed by *The Lancet's* Commission on Investing in Health³ can be reached in 2030. Their projections and scenarios are based on their own analysis of rates of change in mortality actually achieved over the past 24 years in 109 low-income and middle-income countries.

The findings of Verguet and colleagues confirm that challenges will be high, particularly for child and maternal mortality. For example, based on aspirational best-performer rates of annual declines in mortality (ie, the 90th percentile), 50–64% of countries would achieve *The Lancet* Commission's target for under-5 mortality by 2030 and 35–41% of countries would reach the maternal mortality target.² We could—as the authors do—argue that this finding strengthens the case for accelerated scale-up of evidence-based drugs, vaccines, and diagnostic methods and augmented investment in the development of new technologies. No grand convergence will take place without high coverage levels of highly effective interventions.

But, should we not aim higher? One of the codesigners of the MDGs expressed his frustration with aid organisations abusing the MDGs to gain support for a specific development strategy, including so-called quick-impact models.⁴ We should not turn a blind eye to the need for substantial reforms at global, country, and health-system levels. Societal transformations can be key contributors to rapid improvements of the health status of populations, and vice versa.

Some of the findings of Verguet and colleagues seem to imply that societal improvements are indeed important. Several of the best country performers identified in the report² were those bouncing back after rather abrupt economic transitions, sometimes made worse by flawed policy advice. For example, former socialist countries in eastern Europe and central Asia (eg, Belarus and Uzbekistan) saw substantial improvements in under-5, maternal, tuberculosis, and HIV mortality. Very strong rates of improvement in mortality were also achieved by countries such as Cambodia and Rwanda, where societies are recovering from civil war and genocide. Having experienced the horrific outcomes of their previous societal model, these countries might now be more open to different kinds of innovations, including institutional ones.^{5,6} Obviously, every country has its story; one can only hope that other researchers will look carefully at the wealth of data produced by this study and, by contextualising them, might be able to provide further insight into the respective trajectories of countries and find explanations for the various rates of progress.

We should not delay the scale-up of interventions that have proved effective elsewhere. However, to make even more progress in reducing mortality, let us be ready to encourage transformative societal changes at all levels and in sectors addressing the social determinants of health (eg, education, water, and sanitation). Change will not be possible without an ambitious political battle at all layers of governance, including new global governance mechanisms, tackling issues such as inequity, tax havens, climate change, and other modern challenges that cannot be tackled in a technocratic way only. One of the implicit messages of the SDG agenda is that the progress made by humanity over past decades

is far more fragile than we think. A grand convergence by 2030 or 2035 is possible, but it will need much more effort, including new development models.⁷

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I declare no competing interests.

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