

Millennium Development Goals in Venezuela

Beyond 2015

1 Eradicate Extreme Hunger and Poverty



2 Achieve Universal Primary Education



3 Promote Gender Equality and Empower Women



4 Reduce Child Mortality



5 Improve Maternal Health



6 Combat HIV/AIDS, Malaria and other diseases



7 Ensure Environmental Sustainability



Plataforma Venezolana
de Redes de OSC





Beyond 2015

Has Venezuela met the Millennium Development Goals?

In June 2013, Sinergia, supported by the The Venezuelan SCO Network Platform (SCO), submitted a national query and a national deliberation process to assess compliance with Millennium Development Goals (MDGs) and advises improvements upon the development framework beyond 2015.

The Venezuelan SCO Network Platform is an initiative that seeks to coordinate the actions of Venezuelan civil society and promote living spaces that encourage democracy strengthening.





Millenium Development Goals

- 1 Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day.
- 2 Halve, between 1990 and 2015, the proportion of people who suffer from hunger.
- 3 Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.
- 4 Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.
- 5 Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.
- 6 Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.
- 7 Have halted by 2015 and begun to reverse the spread of HIV/AIDS.
- 8 Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.
- 9 Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources.
- 10 Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.
- 11 Have achieved by 2020 a significant improvement in the lives of at least 100 million slum dwellers.

1 A. Extreme Poverty B. Hunger



Government indicates

- A. Met
- B. Met

Alternative sources indicates

- A. Met, non-sustainable reduction
- B. Met. Alert: inflation, poor internal food production, scarcity

2 A. Universal Primary Education



Government indicates

- A. On our way, it will be met

Alternative sources indicates

- A. It won't be met. Stagnation and decline rate primary enrolment first degrees

3 A. Gender Equality



Government indicates

- A. Met on education. On our way economic autonomy

Alternative sources indicates

- A. Met on education. No attack the structural causes to achieve economic autonomy. No participation in parliament meet

4 A. Child Mortality



Government indicates

- A. On our way. Reduction of 46% up to 2009

Alternative sources indicates

- A. It won't be met. Pace of reduction below the required

5 A. Maternal health (Mortality)



Government indicates

- A. It won't be met

Alternative sources indicates

- A. It won't be met. Minimum decline rate. Current value five times higher than goal

6 A. HIV-AIDS B. Malaria C. Dengue D. Tuberculosis



Government indicates

- A. Supply medications guaranteed
- B. Possibility to meet this goal
- C. Won't be met: rate on the rise
- D. It will be met, rate has been reduced by 17.5% up to 2009

Alternative sources indicates

- A. Won't be met. Spread growing. Problems in coverage and medication supply
- B. Epidemic on the rise. Record of cases in 2012
- C. Won't be fulfilled: current value five times greater than goal
- D. Public health problem. Reemerging Disease

7 A. Environmental Sustainability B. Sanitation and water for all



Government indicates

- A. Arrested reduction of surface covered by forests
- B. Goal was met in 2001 (drinking water). Sanitation goal was met in 2005

Alternative sources indicates

- A. Natural ecosystems intervention, increased 84% in the last 20 years. Deforestation rate 10%, among the highest in the world.
- B. Coverage met. Polluted sources and reservoirs of drinking water. Failures in regular supply. Poor waste water management.

Some critical and emerging issues related to the MDGs

- * Failure to comply with ALL HEALTH GOALS (lack of monitoring and control).
- * The highest teenage pregnancy rate in Latin America (accessibility failure).
- * Poor education quality, infrastructure deficit (little expertise).
- * VIOLENCE in all its forms accompanied by IMPUNITY.
- * Teenage population without major training and job options.
- * Centralization affects quality and access to programs and services.
- * Social programs exclusion due to political reasons affecting universality.
- * Limitations on access to information prevent citizen monitoring.

What SCO recommend?

MDGs in Venezuela are still relevant, but it is essential to consider the quality of access to full compliance assess. Moreover SCO have been playing a role of vital importance for development effectiveness and will increase their performance Beyond 2015, this requires:

- * Increased participation of civil society in advancing the post-2015 framework: generating improved management models, providing relevant information that permits amplitude and impartiality on available data, monitoring process of the proposed impact indicators.
- * Thoroughly incorporate Human Rights in all MDGs. Bet where State and Civil Society in assume compliance in conjunction.
- * Go for eradication of poverty, rather than reducing it. Consider other actions where state and civil society face actions from a rights perspective, which, in the Venezuelan case is relevant to address the quality of the MDGs.
- * Promote public policy design containing the vision of sustainability and therefore incorporate as mandatory results of environmental impact studies and vulnerability (risk).