MILLENNIUM DEVELOPMENT GOALS AND HEALTH TARGETS

Introduction

The Millennium Development Goals were endorsed by all United Nations Member States at the 2000 Millennium Summit, and provide an ambitious targets for reducing poverty.
Health is at the core of the MDGs. Three of the eight Development Goals, eight of the 18 targets, and 18 of the 48 indicators are health related[1]. (Annex 1). The MDGs do not provide a comprehensive list of health targets (for example, lacking indicators for reproductive health, reduction in non communicable disease, and HIV treatment). However, they are an important milestone in progress towards health for all.

Too many low income countries are not on track to achieve the health related MDGs. Recent assessments from the World Bank and UNDP based on national reports conclude that several goals will not be met by 2015 at current rates of progress, particularly child health and maternal mortality.

The World Health Assembly (WHA) and the UNGASS on HIV/AIDS have set several health related targets for 2005 that are closely linked to the MDGs and to some extent act as interim measures of progress. These include targets for HIV, tuberculosis, malaria. The WHA has also set targets to be reached by 2005 for other diseases that are not included as indicators in the MDGs, but are important measures of disease control. These include polio, leprosy, measles and tetanus. Health targets for 2005 are all for communicable diseases, and categorised in two groups; reduction in the burden of endemic disease, and elimination or eradication of disease. (Annex 2).

Value of targets

Time limited targets are valuable in facilitating coordinated action, mobilising resources, and promoting a sense of urgency. Failure to reach health targets means the economic, social and epidemiological burden of disease continues to exert a profoundly negative influence on communities and countries, and may lead to scepticism and fatalism in policy makers, donors and health workers. Targets tend to be more useful in promoting a change in action if they are challenging but feasible, and not to distant in the future.

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[1] Document A56/11

Catalytic impact of '3 by 5' and other health targets

Given the inadequate progress towards achieving several of the health-related MDGs, an urgent change is required to meet the challenges of introducing and scaling up effective public health interventions, and overcoming inequity in access and health outcomes. However, from this perspective, the MDGs are too distant to provide the impetus currently needed. Other more proximal health targets provide an opportunity to transform approaches to public health and augment the power of the MDGs.

The social and economic burden of HIV is the greatest health disaster for several centuries. The recent target recognised by the WHA to get 3 million people with HIV in developing countries onto ARV treatment by 2005 is catalysing changes in the way WHO works, and in public health more broadly. The target is ambitious but feasible, if adequate resources are raised, and health system develop and adapt to meet this challenge. Achieving the '3 by 5' target is essential to build confidence in the capacity of the global community to reach the MDGs by 2015.

The primary requirement for accelerated progress is adequate resources. Human and financial resources are the pillars of a health system, and lack of them is the main obstacle to progress. Health care budgets remain inadequate in most developing countries, and the financial burden on the poor is unacceptably high. Many skilled workers are leaving the public health services in search of better career prospects. Social sector spending ceilings have restricted the capacity of some Ministries of Health to mobilise and utilise recent increases in ODA for health. A realistic assessment of the resource needs for reaching '3 by 5' and other health targets demonstrates the actual short term needs.

The secondary requirement is development of health systems. Focussing on specific targets does not require a return to vertical approaches to disease control. However, inadequate investment in health and inappropriate implementation of health sector reform processes can have a detrimental effect on health systems. Planning for reaching health targets can assist in identifying health system needs.

(a) **Efficiency.** There are less than 26 months remaining to the end of 2005. Experience in health emergencies, and with the SARS epidemic, has demonstrated that the global community can respond effectively and urgently to meet a health crisis. These important lessons can be applied more widely to accelerate progress towards health related targets, and improve the efficiency and quality of public health interventions.

(b) **Health measurement and monitoring.** The primary measures of success of an effective health system are improved health outcomes for the poor. Improvement of tools and systems for measurement is needed, with increased use of these measures for management. A Health Metrics Network, made up of countries and partner organizations, is in development, hosted by WHO, and facilitate this process.

(c) **Integration.** Primary, secondary and tertiary care are frequently viewed as competing approaches for improving the health of populations, and are often competing for resources. It has been argued that spending money on ARV treatment will reduce investments in prevention. This argument fails to recognise how availability of

treatment increases uptake of counselling and testing services, and therefore strengthens prevention strategies.

(d) Coordination. Many new players are making a contribution to primary health care, including non government organisations, academic institutions, civil society organisations, and the private sector. Governments will continue to provide leadership in coordinating initiatives to meet health targets.

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Annex 1: Millennium Development Goals and Indicators

Goals, targets and indicators in the Millennium Development Goals directly related to health[2]

GOAL 1:	ERADICATE EXTREME POVERTY AND HUNGER	
Target 1:	Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	
Target 2:	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	**4.** Prevalence of underweight children (under five years of age) **5.** Proportion of population below minimum level of dietary energy consumption
GOAL 2:	ACHIEVE UNIVERSAL PRIMARY EDUCATION	
Target 3:	Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	
GOAL 3:	PROMOTE GENDER EQUALITY AND EMPOWER WOMEN	
Target 4:	Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015	
GOAL 4:	REDUCE CHILD MORTALITY	
Target 5:	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	**13.** Under-five mortality rate **14.** Infant mortality rate **15.** Proportion of 1-year-old children immunized against measles
GOAL 5:	IMPROVE MATERNAL HEALTH	
Target 6:	Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	**16.** Maternal mortality ratio **17.** Proportion of births attended by skilled health personnel
GOAL 6:	COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES	
Target 7:	Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	**18.** HIV prevalence among 15-to-24-year-old pregnant women **19.** Condom use rate of the contraceptive prevalence rate **20.** Number of children orphaned by HIV/AIDS
Target 8:	Have halted by 2015, and begun to reverse the incidence of malaria and other major diseases	**21.** Prevalence and death rates associated with malaria **22.** Proportion of population in malaria risk areas using effective malaria prevention and treatment measures **23.** Prevalence and death rates associated with tuberculosis **24.** Proportion of tuberculosis cases detected and cured under directly observed treatment short course
GOAL 7:	ENSURE ENVIRONMENTAL SUSTAINABILITY	
Target 9:	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	**29.** Proportion of population using solid fuels
Target 10[a]:	Have, by 2015, the proportion of people without sustainable access to safe drinking water	**30.** Proportion of population with sustainable access to an improved water source, urban and rural
Target 11:	By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers	**31.** Proportion of urban population with access to improved sanitation
GOAL 8:	DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT	
Target 12:	Develop further an open, rule-based, predictable, non-discriminatory trading and financial system	
Target 13:	Address the special needs of the least developed countries	
Target 14:	Address the special needs of landlocked countries and small island developing States	
Target 15:	Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	
Target 16:	In cooperation with developing countries, develop and implement strategies for decent and productive work for youth	
Target 17:	In cooperation with pharmaceutical companies provide access to affordable, essential drugs in developing countries	**46.** Proportion of population with access to affordable essential drugs on a sustainable basis
Target 18:	In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	

[a] At the World Summit on Sustainable Development, Member States adopted an equivalent target for sanitation: "to halve, by the year 2015, the proportion of people who do not have access to basic sanitation."

Note: For WHO's operational activities in monitoring and reporting, Development Goal health indicators representing more than one measure (i.e. for tuberculosis and malaria) have been broken down into their single measures. Additionally, HIV-related indicators have been reformulated to incorporate the corresponding footnotes of the initial indicator list.

Sources: Implementation of the United Nations Millennium Declaration, Report of the Secretary-General, document A/57/270 (31 July 2002). First annual report based on the "Road map towards the implementation of the United Nations Millennium Declaration", document A/56/326 (6 September 2001); World Summit on Sustainable Development: Plan of Implementation, September 2002.

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[2] Document A56/11

1. Targets to Reduce the Burden of Endemic Disease

Disease	Target
HIV/AIDS	Expand access to antiretroviral drugs to three million HIV-positive people in developing countries
	60% of countries have adequate surveillance of HIV/AIDS, sexually transmitted infections and related behaviours
	The proportion of infants with HIV will be reduced by 20%
	80% of reproductive health services will provide and promote the use of condoms
	90% of young people have access to the information, education and services they need to protect themselves and others from infection
	60% of people have access to HIV/AIDS testing and counselling services
	All injectable medicines and vaccines will be supplied with single use injection equipment
	All blood supplies will be screened for HIV
Tuberculosis	70% of people with infectious TB will be diagnosed, and 85% cured
Malaria	At least 60% of those suffering from malaria should be able to access and use correct, affordable and appropriate treatment within 24 hours of the onset of symptoms
	At least 60% of those at risk of malaria, particularly pregnant women and children under five, should benefit from suitable personal and community protective measures such as insecticide-treated mosquito nets
	At least 60% of all pregnant women who are at risk of malaria, especially those in their first pregnancies, should receive intermittent preventive treatment
Measles	Reduce the number of measles deaths worldwide by half

2. Targets to Eliminate or Eradicate Disease

Disease	Target
Poliomyelitis	Interruption of transmission of poliomyelitis (by end 2004)
Leprosy	Eliminate leprosy as a public health problem in all countries, ie, prevalence below one case per 10,000 population in each country
Maternal and neonatal tetanus	Elimination of maternal and neonatal tetanus as a public health problem (ie, to arrive at a rate of neonatal tetanus below 1 per 1000 live births per year at the district level)
Dracunculiasis (Guinea Worm)	Eradication (as soon as possible)

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