



# WORLD HEALTH ORGANIZATION

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## **WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration**

### **Report by the Secretariat**

#### **BACKGROUND**

1. In September 2000, representatives from 189 countries (and 147 Heads of State) met at the Millennium Summit in New York to adopt the United Nations Millennium Declaration.<sup>1</sup> The Declaration set out principles and values that should govern international relations in the twenty-first century, and identified seven areas in which national leaders made a series of specific commitments: peace, security and disarmament; development and poverty eradication; protecting our common environment; human rights, democracy and good governance; protecting the vulnerable; meeting the special needs of Africa; and strengthening the United Nations.

2. After the Summit, the United Nations Secretary-General produced the "Road map towards the implementation of the United Nations Millennium Declaration", which sets out the specific goals in each of the seven areas, gives an overview of the current situation, and suggests strategies by which the goals can be achieved.<sup>2</sup> The goals in Section III – Development and poverty eradication – are now referred to as the Millennium Development Goals.<sup>3</sup>

3. The Millennium Development Goals summarize some of the key commitments made at the major United Nations conferences of the 1990s. They also build on the international development targets, first set out by OECD in 1996.<sup>4</sup> Specific targets for improving outcomes and indicators to measure progress, have been agreed for goals 1 to 7. (See the Annex for a list of health-related goals, targets and indicators.) Goal 8 is concerned with establishing partnerships for development to help meet the targets, recognizing that a variety of inputs from different partners in developing and developed countries contribute to this end.

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<sup>1</sup> United Nations General Assembly Resolution 55/2.

<sup>2</sup> Document A/56/326.

<sup>3</sup> WHO also contributes to and reports on some goals in other sections. The present report however, aside from information on reproductive health, is restricted to comments on WHO's work in relation to the Millennium Development Goals.

<sup>4</sup> Development Assistance Committee, *Shaping the 21st century: the contribution of development cooperation*. Paris, OECD, 1996.

4. The Millennium Development Goals give more prominence to health concerns than did the international development targets: five of the 18 targets relate directly to health; three more are health related and include indicators that will be monitored by WHO. However, unlike the development targets, the Development Goals have no specific target for reproductive health. Nor do they make direct reference to noncommunicable diseases or to functions of health systems.

5. The United Nations has established four activities to support achievement of the Millennium Development Goals.

- **Millennium reports** involve establishment of reporting mechanisms at country and global levels to monitor progress towards achievement of the goals. Global-level reporting is led by the United Nations Department of Economic and Social Affairs, whose work feeds into the United Nations Secretary-General's annual reports on progress achieved by the United Nations system and Member States towards implementing the Millennium Declaration.
- **The Millennium Campaign** aims to raise public awareness of, and commitment to, the Development Goals. It is still at an early stage of development.
- **The Millennium Project** will conduct research and analysis on the strategies and resources needed to achieve the Development Goals. It has established 10 task forces, a United Nations expert group, and a group of eminent persons to oversee the process.
- **Operational support at country level** is provided by United Nations system country teams for preparation of reports, which monitor country-level progress towards the Development Goals and complement the global reports of the United Nations Secretary-General. The country teams will also provide support for the creation of national millennium campaigns or movements.

## **WHO'S CONTRIBUTION TO ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS**

6. WHO's commitment to the Millennium Declaration was reaffirmed by resolution WHA55.19. Not only does WHO contribute to the collective effort of the United Nations, as described above, its work on the Development Goals is an integral part of its core activities.

### **Tracking progress and measuring achievements**

7. **Design of indicators.** WHO has worked with other organizations of the United Nations system and with the Department of Economic and Social Affairs to identify indicators associated with each health-related goal and target.

8. Several important questions have arisen during this process, including ways to incorporate in the Development Goals key international commitments that have been made since the United Nations Millennium Summit. For example, many are concerned that the goals, targets and indicators agreed at the special session of the United Nations General Assembly on HIV/AIDS have not been integrated into Goal 6. There is also continuing discussion about the extent to which the Development Goals adequately reflect the outcomes of the World Summit on Sustainable Development (Johannesburg, South Africa, August/September 2002).

9. On more specific points, WHO has questioned the use of disease-specific mortality as the best indicator to measure progress against malaria and other major diseases (Goal 6, target 8). It has proposed that a footnote should be added to this indicator noting that estimates of healthy life expectancy at birth should be used to permit monitoring of progress on other major diseases. One of the indicators currently used in relation to HIV/AIDS – contraceptive prevalence rate – has little relevance to HIV/AIDS and would be better associated with Goal 5 on improving maternal health.

10. The absence of indicators for noncommunicable diseases, chronic conditions, behaviour-related risk factors, mental health, occupational health, and health systems has also been noted. To help fill this gap, WHO has defined a strategy for long-term development of core health indicators to be reported on periodically in the statistical annex of *The world health report*. It will gradually identify essential indicators for health, health systems' performance, and those areas inadequately reflected in the Development Goals.

11. **Reporting.** WHO shares lead-agency responsibility with UNICEF for reporting on child mortality, maternal health, childhood nutritional status, malaria-prevention measures and access to clean water; WHO and UNAIDS collaborate in the achievement of HIV-prevention targets. Country consultation for the validation of data on Development Goals will take place in partnership with UNICEF, UNDP and UNFPA. The aim is to avoid directing multiple and potentially conflicting inquiries to countries and to engage in a single round of country consultations. WHO, as the lead authority for health content of the Development Goals within the United Nations system country team, will play an important role in the country consultative process and in ensuring that conflicting health data are not reported through parallel channels. All levels of the Organization will collaborate closely at each of the steps of the reporting process set out below.

- Setting data quality standards. WHO is taking the lead in implementing a validation process for health information that guarantees five quality criteria for core health indicators: validity; comparability across populations and countries; reliability; an audit trail; validation at country level.
- Developing measurement tools, maintaining a data-collection platform, and strengthening the capability to generate and use the information. WHO builds on ongoing work to improve local capabilities to conduct surveys and to analyse and use the data generated by the World Health Survey.<sup>1</sup> Other strategies include strengthening national health-information systems, in particular, their vital registration systems.
- Consulting within countries. Several country-consultation initiatives will merge in order to establish a consolidated WHO process for the validation of country-based data.
- Reviewing and validating the data. WHO will provide corporate support in the final analysis, inventory, cataloguing, validation and release of all WHO-generated data. WHO's validation of health data for the Development Goals will be undertaken through global peer review.
- Disseminating data. Data will be made available through WHO's country web sites and *The world health report*.

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<sup>1</sup> The World Health Survey can fully measure most of the indicators of the Millennium Development Goals, and partially measure three.

## **Implementing and operationalizing the Millennium Development Goals**

12. The Development Goals are assuming increasing strategic importance in many development agencies. They are being used to focus and reorient the work of individuals and programmes, and as a benchmark against which to assess overall agency performance. As WHO's mandate is broader than that covered by the Development Goals, they do not drive all aspects of the Organization's work. They do, however, provide an important focus and a framework for key aspects of WHO's interaction with Member States. They were taken into account in the preparation of the Proposed programme budget 2004-2005<sup>1</sup> and emphasized by the country focus initiative in its work to strengthen WHO's support at country level.<sup>2</sup>

## **HEALTH AND POVERTY**

13. The Development Goals help to shape WHO's work on health and poverty, which aims to identify pro-poor health interventions and to convince policy-makers of the benefits of investing in health, including reproductive health. WHO will provide support to countries for building capability to analyse data from all available surveys and to provide evidence on matters related to inequality and its determinants. Sound comparative data on the costs and benefits of interventions is needed for priority-setting and decision-making: at the microeconomic level, to estimate the costs of health care to individuals and families; at the macroeconomic level, to demonstrate the relationship between health interventions, poverty reduction and socioeconomic development.

14. WHO also promotes the inclusion of the Development Goals in the health component of relevant development frameworks and such instruments as Poverty Reduction Strategy Papers.

## **REPRODUCTIVE HEALTH**

15. Despite the exclusion from the Development Goals of a goal on reproductive health, work continues towards achievement of the goals and targets set at the International Conference on Population and Development (ICPD) (Cairo, 1994) and reaffirmed at the International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development (ICPD+5) (The Hague, 1999), in particular, the goal of providing access to reproductive health services.<sup>3</sup>

16. In response to resolution WHA55.19, a proposed strategy for accelerating progress towards attainment of international development goals and targets related to reproductive health is currently being drawn up for submission to the Board and the Health Assembly, in close consultation with WHO regional and country offices, and other key stakeholders. It will focus on five broad areas:

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<sup>1</sup> Document PPB/2004-2005.

<sup>2</sup> See document EB111/33.

<sup>3</sup> All countries should strive to make accessible, through the primary health care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. International Conference on Population and Development, Programme of Action, paragraph 7.6.

- generating strategic information at global and country levels, including efforts to refine the basic conceptual framework for measuring reproductive ill-health and research needed to produce data, using the five quality criteria for data validation outlined above;
- defining and prioritizing (through a major consultative process) a programme of research and technical collaboration in sexual and reproductive health for 2004-2009;<sup>1</sup>
- establishing links between reproductive health and poverty, and exploring the cross-sectoral impact of health-sector reform on the ability of countries to respect the commitments made at ICPD;
- creating synergies by tackling risk factors that cause poor sexual and reproductive health outcomes, and identifying and disseminating information on protective factors, with particular regard to young people;
- working collaboratively with a wide range of stakeholders to focus support on country level actions, in close cooperation with WHO's country focus initiative.

## **CONCLUSIONS**

17. There are early indications that the Development Goals are fostering greater collaboration and policy coherence between development partners through the initiatives and strategies of the United Nations system described above. These processes will require careful monitoring to ensure that they stay on track, and are coordinated with efforts to promote ownership of the Development Goals at country level. Many countries are making good progress towards achieving the goals, although concern remains that gains will not be evenly distributed, either globally or within countries.

18. There is growing recognition that achieving the Development Goals will require a significant increase in resources for health. WHO continues to be a strong and vocal advocate of additional resources for the health sector, and to provide estimates of the resource needs.

## **ACTION BY THE EXECUTIVE BOARD**

19. The Executive Board is invited to note the report.

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<sup>1</sup> This priority-setting exercise will be completed in mid-2003, coincidental with completion of the external evaluation of the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction.

## ANNEX

**HEALTH IN THE MILLENNIUM DEVELOPMENT GOALS***Goals, targets and indicators in the Millennium Development Goals focused on health*

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

Source: Implementation of the United Nations Millennium Declaration, Report of the Secretary-General. Document A/57/270 (31 July 2002).