



WORLD HEALTH ORGANIZATION

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Achievement of the health-related Millennium Development Goals: status report

1. If trends observed during the 1990s continue, most poor countries will not meet the health-related Millennium Development Goals. No region of the developing world is currently on track to meet the child-mortality target. For maternal mortality, evidence indicates that declines have been limited to countries with lower levels of mortality; countries with high maternal mortality are experiencing stagnation or even reversals. However, data on coverage of health interventions are more encouraging: measles immunization is on the rise in many countries; the proportion of women who have a skilled health worker with them during delivery has increased rapidly in some regions, especially Asia, albeit from a low baseline; and use of insecticide-treated bednets has risen.

KEY STRATEGIC DIRECTIONS FOR ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS

2. Slow progress can be overcome, but only with a massive scale-up of existing health programmes, substantially increased investment in the social sectors more generally, and complementary efforts in the areas of energy and communications.

- A dedicated effort is required to mobilize **collective action for health**. This means increased funding from national budgets much higher levels of development assistance for health, more harmonized and effective approaches to delivering aid, and greater South-South cooperation. The Millennium Development Goals, as a compact between North and South, and the Monterrey Consensus of the International Conference on Financing for Development (March 2002), both acknowledge the need for such collective action.
- Health needs to be addressed within a **broad developmental framework** which prioritizes growth with equity, social cohesion, social protection, empowerment of the poor, and protection of natural resources, in particular safe water for human consumption. Health strategies should therefore be firmly rooted in overall public policy and its implementation aimed at reduction of poverty.
- **Greater investment in public health** and strengthened health systems are needed. Universal access to broad-based health systems would ensure 60% to 70% of the Millennium Development Goals related to child mortality, and 70% to 80% of those related to maternal mortality. Effective and equitable health systems are a prerequisite to meet and sustain the Goal related to combating HIV/AIDS, malaria and other diseases, and targets associated with immunization and safe motherhood. Health programmes focusing on specific conditions or

diseases can increase coverage and access – and thereby promote more equitable health outcomes – so long as they contribute materially to strengthening health systems.

- Health systems cannot function effectively without well trained and adequately paid staff. The question of **human resources for health** has different aspects, but they relate essentially to shortages. In parts of sub-Saharan Africa shortages are so acute that they limit the potential to scale up programmes aimed at achieving health-related Millennium Goals including the roll-out of treatment for AIDS. Action is needed in relation to salaries and incentives, investment in pre- and in-service training, adjustment of staffing and skill mix, filling of immediate gaps in service delivery, harmonization of donor-led initiatives, provision of care and treatment for health personnel affected by HIV/AIDS, and the migration of health professionals.
- **Gender** concerns are fundamental to the Millennium Development Goals. For example, sex selection and female infanticide will affect progress towards reducing child mortality in some regions. Early marriage and violence against women have an impact on maternal health, and unwanted or forced sex increases the risk of HIV infection. Efforts to achieve the Goals must be informed by an understanding of gender inequities and promote empowerment of women.
- **Equity** concerns should underpin health strategies and policies. The Millennium Development Goals could be achieved without necessarily improving the health status of the poorest and most vulnerable people – who are also typically the most onerous to reach. National averages may hide huge disparities between the health status of different population groups. Addressing this challenge will require a more equitable health system, in particular fairer distribution of good-quality health services, which are usually concentrated in urban centres serving relatively better-off populations. The health system may itself be a cause of poverty, for example if health-care payments push the poor or near-poor into destitution, or if lack of access to care creates life-long disability, limiting earning power.
- Attention needs to be given to **environmental factors** that have an impact on human health in order to limit the exposure of populations, in particular poorer groups, to natural hazards and destruction or degradation of natural resources.
- **Fragile States**, including countries emerging from conflict and those with weak governance, require specific and increased attention. Millions of people live in such countries and the Development Goals will not be achieved without addressing their specific Millennium needs. New approaches to health development in these settings are urgently required; they should recognize real needs, and strike a balance between strengthening government capacity and rapidly improving access to basic health services, for example, through the contribution of nongovernmental actors.

WHO'S SUPPORT FOR ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS

3. An outline of WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration was provided to the Fifty-sixth World Health Assembly and noted in

The world health report 2003.¹ In recognition of the pressing need to accelerate efforts to reach the Millennium Development Goals, WHO will lay greater emphasis on the strategic directions outlined above in its workplans and budget. Although the Goals do not represent the entirety of WHO's work, they are central to the support it provides to Member States, and are milestones against which the Organization's overall contribution to health development can be measured.

4. WHO's Secretariat will work closely with Member States on ways in which the Millennium Development Goals should be operationalized in WHO planning processes and reflected in the Proposed programme budget 2006-2007. Further, the Eleventh General Programme of Work will cover the period 2006 to 2015; this time frame was chosen specifically to correspond to the date of 2015 for achieving the Goals.

Focusing on countries

5. Health needs to be firmly rooted in countries' own strategic vision and planning process in order to achieve the Millennium Development Goals. It needs to be incorporated in poverty-reduction strategies and budgets. Efforts to improve social cohesion, frame public policy and improve governance should also reflect the Goals. WHO's Secretariat will therefore increase its efforts to support building capacity within ministries of health to engage in macroeconomic debates, to lead intersectoral action for health, and to contribute to the elaboration of poverty-reduction strategies (including Poverty Reduction Strategy Papers). It is particularly important to ensure that health priorities are reflected in national expenditure plans and allocations. Ceilings on social-sector spending are an issue on which ministries of health will require consistent advice and support in their discussions with ministries of finance and the international financial institutions. WHO's Country Cooperation Strategy provides a framework for this work.

6. WHO recognizes that the eight Millennium Development Goals form a unique and unprecedented "package" of internationally agreed goals and targets, endorsed in their entirety by rich and poor nations. However, efforts to reach the specific health-related Goals need to be underpinned by broader health strategies which take account, in a local context, of equity, ethnicity and gender, as well as the major determinants of ill-health, including the burden attributable to injuries and noncommunicable diseases.

7. The efforts of WHO's Secretariat to support achievement of the Millennium Development Goals at country level will be harmonized within the relevant collective planning instruments of the United Nations, including the Common Country Assessment and the United Nations Development Assistance Framework. The Secretariat will work actively within the context of current United Nations reform for increased impact and effectiveness of the United Nations system, especially within the United Nations country team and the resident coordinator system.

Tracking, monitoring and reporting

8. WHO has an important role to play in ensuring the integrity and quality of reporting on health-related Millennium Development Goals. This requires a solid understanding of the strengths and limitations of different approaches to data collection, and guidance is often needed in the interpretation of results derived from different sources. Working with partners, including the Health Metrics

¹ Document A56/11; *The world health report 2003: shaping the future*. Geneva, World Health Organization, 2003.

Network – a global collaborative effort to generate and streamline support to country health-information systems – WHO promotes the application of sound principles and practices for data generation, analysis, dissemination and use.

9. WHO's Secretariat provides support to Member States in their efforts to place the Millennium Development Goals and targets in the national context. Target-setting should always be ambitious, and ensure that maximum resources and efforts are applied to reaching health goals. Many countries are adding locally relevant targets to their reporting, particularly on reproductive health and, in some cases, on noncommunicable diseases. The challenge will be to build upon the strength of the existing process for monitoring progress towards the Millennium Development Goals – with consensus around a limited set of indicators – while maximizing local relevance and capturing the main health trends over the next decade.

10. In order to provide support for reporting and information for health policy-making, health information systems need to be strengthened, better coordinated, integrated with the national statistical system, and more oriented towards country priorities. Greater collaboration with national statistics offices, responsible for monitoring Millennium Development Goals related to other areas, is particularly important. Greater harmonization of donor reporting requirements is needed in order to avoid duplication and distortion of fragile information systems and to ensure that information systems serve national and subnational policy-making.

11. Efforts to strengthen health-information systems should also stress the need for disaggregated data – by sex, socioeconomic group, ethnicity, geographical area, etc. – which are essential for elaborating health strategies targeted at the most vulnerable population groups.

12. WHO's Secretariat also has a key role to play in tracking the volume and use of resources for the health sector, at both global and national levels. There are major weaknesses in existing resource-tracking systems. Donor contributions to health may be too highly aggregated, not reported on in a frequent and timely manner, or lack information on disbursement (in addition to commitment) and on private flows. Information on domestic health-financing tends to be inconsistent (making cross-country comparison difficult) and incomplete, particularly in relation to allocations and expenditures. Even though individual programmes, such as tuberculosis control, have been successful in tracking resource flows, policy-makers are limited in their ability to describe, track and analyse the full range of resources available to the sector as a whole. The Global Health Resource Tracking Working Group, which brings together expertise from WHO, World Bank, OECD and donors, is preparing recommendations on ways to reform the architecture of resource-tracking systems for health.

Working together

13. At regional level, the Millennium Development Goals offer an opportunity for new partnerships and provide WHO an entry point in regional development and political forums such as the New Partnership for Africa's Development, the Southern African Development Community, the Association of Southeast Asian Nations, and regional development banks. Further, WHO is involved in interagency regional efforts related to the Goals and in processes such as that leading to the Brasilia Declaration: Proposal for Implementing the Millennium Development Goals (November 2003). That process brought together heads of government, parliamentarians, international financial institutions and development agencies to agree on the ways to attain political consensus on implementing the Goals in Latin America and the Caribbean. An Asian regional high-level forum on the health-related Millennium Development Goals will be held in 2005.

14. WHO will participate fully in global efforts to develop more effective and harmonized approaches to aid delivery, bringing to this debate the specific experience and needs of the health sector. The volume of official development assistance for health has grown significantly in recent years, with much new money being allocated to prevention and treatment of HIV/AIDS. The rise is associated with the emergence of new health initiatives and partners, many with their own mandate, priorities and administrative processes, which makes an increasing demand on country systems. Development assistance for health should therefore accord priority to strengthening existing institutions, management structures and processes, and development partners need to work towards more harmonized approaches, aligned around country systems.

15. WHO's Secretariat will work with partners in the United Nations system to build international partnerships for health. The Secretariats of WHO and World Bank have jointly convened meetings of the High-level Forum on the Health MDGs (Geneva, January 2004 and Abuja, December 2004) which brings together ministries of health and finance, and bilateral and multilateral development partners with the aim of developing consensus on what is needed to achieve the health-related Goals and of catalysing action. WHO's Secretariat has also contributed to the work of the Millennium Project, including its task forces on the health-related Goals and its report to the United Nations Secretary-General.

16. Goal 8 calls for the development of an open, rule-based, predictable, non-discriminatory trading and financial system. Trade can affect health directly (for example, when diseases cross borders together with people and goods), or indirectly (for example, when lower tariffs reduce the price of medical equipment and products). International rules on patent protection may affect access to essential medicines; an opening of trade in health services may affect national health systems and the availability of health personnel. WHO's Secretariat provides support to Member States in monitoring the impact of international trade agreements on public health and promoting coherent trade and health policies for human development.

17. Efforts to provide equitable access to health facilities, goods and services are supported by the right to health, as elaborated and underpinned by respective human rights instruments.¹ Although subject to gradual realization, the right to health requires taking deliberate steps to making health facilities, goods and services more available, accessible and of better quality, paying particular attention to vulnerable population groups. It imposes immediate obligations, such as freedom from discrimination which requires generation of disaggregated data and establishment of mechanisms to ensure comprehensive participation of individuals and communities in decision-making on health.

18. The year 2005 not only marks the fifth anniversary of the Millennium Summit, but is generally recognized as a unique opportunity to forge a new global consensus in support of stronger international cooperation and action. Throughout 2005 a series of events will be held, aimed at further enhancing the commitment of the international community to achieving the Millennium Development Goals. WHO's Secretariat will actively participate, with other partners, in preparations that start with the launch of the Millennium Project report in January 2005, and culminate in a high-level plenary on the outcome of the Millennium Summit, to be convened at the start of the sixtieth session of the United Nations General Assembly (September 2005).

¹ "Right to health" is an abbreviated form of "the right to the enjoyment of the highest attainable standard of physical and mental health".

19. Following the debate and decisions that might be taken at the high-level plenary, WHO's Secretariat intends to report to the Executive Board at its 117th session and to the Fifty-ninth World Health Assembly on further steps WHO might take to assist in achieving the health-related Millennium Development Goals.

ACTION BY THE EXECUTIVE BOARD

20. The Executive Board is invited to comment on the above report.

ANNEX

HEALTH IN THE MILLENNIUM DEVELOPMENT GOALS

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

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: Halve, 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	

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.