



WORLD HEALTH ORGANIZATION

**EXECUTIVE BOARD
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Health-related Millennium Development Goals

Update after the high-level plenary meeting of the United Nations General Assembly (September 2005)

Report by the Secretariat

OUTCOME OF THE 2005 WORLD SUMMIT

1. The purpose of the 2005 World Summit (New York, 14-16 September 2005) – a high-level plenary meeting of the United Nations General Assembly – was to take decisions on development, security, human rights and institutional reform of the United Nations, and to take stock of progress towards the Millennium Development Goals.
2. The 2005 World Summit Outcome consolidates significant shifts in recent thinking and practice in international cooperation.¹ It reiterated Member States' determination to realize the development goals and objectives agreed at major United Nations conferences and summits, including those agreed at the Millennium Summit, described as the Millennium Development Goals. Central to this commitment was the call to countries to adopt, by 2006, and implement comprehensive national development strategies to achieve the internationally agreed development goals. Pledges by a number of donors to back these efforts with significant increases in aid, including by establishing timetables to reach the long-standing goal of 0.7% of gross national product for official development assistance, and to provide broad debt relief, were reaffirmed. The Outcome recognized the value of developing innovative sources of financing for development, including the International Finance Facility for Immunization, and a contribution on airline tickets for financing development projects.
3. Throughout discussions, Member States emphasized the central role of health as reflected in the Outcome, which contains a number of important direct and indirect implications for WHO and global health more broadly. The commitments on aid, if implemented, will provide the most favourable environment to date for scaled up action in key areas of development, in particular health and education. The availability of much higher levels of financing for health, provided in a sustained and predictable way, should demonstrate that progress towards achieving the health-related Millennium Development Goals is possible. This in turn should strengthen the case for increased financing for all the Goals and for a significant change in responding to the challenge of human poverty.
4. The commitment to create national development strategies will have ramifications for health-sector planning. Following the Summit, achievement of the Millennium Development Goals should be

¹ United Nations General Assembly resolution 60/1.

part of *all* national poverty-reduction strategies. As with previous such strategies, a strong link to sectoral action and budgets is crucial, and ministries of health may require support in order to strengthen planning and budgeting capacity. Use of a framework based on the Millennium Development Goals should produce more ambitious poverty-reduction strategies, breaking the cycle of modest national aims that lead to low levels of development assistance. In this regard, the preparation of scenarios on the results that could be expected from different levels of resources might be a useful exercise.

5. The Summit stressed the importance of increasing investment in health systems, including health workers, infrastructure, management systems and supplies, in order to achieve the health-related Millennium Development Goals. This provided political recognition of the need to have in place key systemic elements and capacities in order to tackle major threats to public health such as HIV/AIDS, severe acute respiratory syndrome, and avian and human influenza.¹

6. The Summit Outcome contained a number of additional commitments on health and on HIV/AIDS. These include achievement of universal access to reproductive health by 2015, essential for reducing child mortality (Millennium Development Goal 4) and improving maternal health (Millennium Development Goal 5); implementation of the International Health Regulations (2005) and support for WHO's Global Outbreak and Response Network; enhanced response to prevention and treatment of HIV/AIDS, coming "as close as possible" to the goal of universal access to treatment by 2010; implementation of the "Three Ones" principles at country level (one HIV/AIDS strategy, one HIV/AIDS national authority, and one monitoring mechanism); urgent action on tuberculosis and malaria, in particular in the most affected countries; and promotion of long-term funding for health research, including the development of new vaccines and microbicides, diagnostic kits, drugs and treatments to address major pandemics. Relevant extracts from the Outcome are attached at Annex.

7. Immediately after the World Summit, the 60th session of the United Nations General Assembly began its work on follow up and implementation. A resolution was adopted on capacity building in global public health (covering strengthening of health systems) and on the need for international cooperation to tackle avian and human influenza.²

8. As part of the United Nations Development Group, WHO is contributing to formulation of a common United Nations strategy and action plan to follow up the World Summit. Consideration will be given, in particular, to mobilizing support for those Member States that are drawing up ambitious plans to achieve the Millennium Development Goals. With its substantial country presence, WHO has a particular interest and responsibility in this process.

SUPPORT FOR THE MILLENNIUM DEVELOPMENT GOALS

9. The third High-Level Forum on the Health MDGs (Paris, 14 and 15 November 2005) brought together senior policy-makers – including ministers of health and finance from developing countries, heads of donor agencies, regional development banks and global health initiatives – to discuss challenges to achieving the health-related Millennium Development Goals. These include the crisis in human resources in health; the volatility of aid, and the difficulties this creates for expanding health-

¹ See also document EB117/INF.DOC./2.

² United Nations General Assembly resolution 60/35.

sector investment over a sustained period; and coordination between health actors at country level, and the role of global health partnerships. The challenges all have implications for rebuilding of health systems in “fragile” States. Several donors expressed their willingness to increase aid flows dramatically in a “first wave” of countries, and to provide new resources in flexible form (direct to government budgets) and over a long period (up to 10 years). This would allow countries, for example, to expand their health workforce, secure in the knowledge that the resources for salaries would be sustained. As part of the follow up to the Forum, WHO and the World Bank will together explore criteria for identifying “first wave” countries, and work with other partners to determine the best means of providing support to countries in planning for, and using, new resources. It was agreed that “fragile” States should be among those selected.

10. The Forum also reviewed best practice principles for global health partnerships. Based on the Paris Declaration on Aid Effectiveness (see paragraph 15 below), they cover the activities at country level of such partnerships as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunization (GAVI), Roll Back Malaria, and the Stop TB Partnership. A number of partnerships are in the process of gaining the endorsement of their boards for the best practices. Partnerships were encouraged to review their grants and work programmes, and align them accordingly.

11. As a contribution to achieving the goals of reducing child mortality and improving maternal health, the Global Partnership for Maternal, Newborn and Child Health was launched in September 2005. It brings together not only developing and donor countries, organizations of the United Nations system, professional associations, academic and research institutions, foundations, and nongovernmental organizations, but also previously separate initiatives, thereby helping to harmonize and intensify efforts. The Partnership is hosted by WHO.

12. WHO’s first report on the Millennium Development Goals provides a global statistical update on progress towards each of the Goals and targets related to health, and analysis of action needed to accelerate progress.¹ The report helped to shape intergovernmental discussions on health in preparation for the 2005 World Summit.

2005: “THE YEAR OF DEVELOPMENT”

13. In 2005 attention globally focused on development and the needs of poor countries. The report of the High-Level Panel on Threats, Challenges and Change, which underlined the importance of health for collective international security, was discussed by the United Nations General Assembly at its Fifty-ninth session.² The Panel recommended the rebuilding of public health capacity as an effective global defence against bioterrorism and outbreaks of deadly infectious disease.

14. The UN Millennium Project published its report, along with the findings of its 10 task forces.³ Calling on developing countries to start working on ambitious national plans to achieve the Millennium Development Goals, the report called for increased external assistance in the order of

¹ *Health and the Millennium Development Goals*. World Health Organization, Geneva, 2005.

² Document A/59/565.

³ *Investing in development: a practical plan to achieve the Millennium Development Goals*. New York, UN Millennium Project, 2005.

US\$ 195 000 million to developing countries between 2005 and 2015. Action to improve health was identified as central to helping countries escape the “poverty trap”. The United Nations Secretary-General drew on these two documents for his own report to the General Assembly, “In larger freedom: towards development, security and human rights for all”, in which he set out his proposals for institutional reform of the United Nations.¹

15. At the High Level Forum on Joint Progress Toward Enhanced Aid Effectiveness (Paris, 28 February to 2 March 2005), representatives from over 100 developing and donor countries, the United Nations, the World Bank, the OECD Development Assistance Committee and regional development banks signed the Paris Declaration on Aid Effectiveness, committing themselves to deliver and use aid more effectively, and agreeing on concrete targets and indicators to measure progress.² For example, by 2010, aid would be disbursed according to agreed schedules and on time; 66% of aid flows would be provided in the context of programme-based approaches; and donors would make greater use of countries’ own systems for procurement and monitoring.

16. At the G8 Summit (Gleneagles, Scotland, 6-8 July 2005) governments of high-income countries made commitments to increase aid, which should lead to an extra US\$ 50 000 million in development assistance for all developing countries, including a doubling of aid to Africa, by 2010. The Group further agreed to cancel 100% of outstanding debts of 18 eligible countries. Although health was not specifically earmarked within this amount, the Millennium Development Goals and HIV/AIDS featured prominently in the Summit communiqué.³ Ministers of finance and development at the World Bank and IMF annual meetings also reached agreement on comprehensive debt relief.

17. The International Finance Facility for Immunization was launched by the United Kingdom of Great Britain and Northern Ireland, France, Italy, Spain and Sweden in September 2005. This mechanism is expected to provide an additional approximately US\$ 4000 million over the next 10 years to support the work of the Vaccine Fund and GAVI to improve access to underused vaccines and to speed up the development and introduction of new vaccines in poorer countries. The Facility raises funds by borrowing against long-term, legally binding donor commitments.

ACTION BY THE EXECUTIVE BOARD

18. The Executive Board is invited to take note of the above report.

¹ Accessible at <http://www.unorg/largerfreedom>.

² Accessible at <http://www.aidharmonisation.org>.

³ Accessible at <http://www.g8.gov.uk/servlet>.

ANNEX

2005 WORLD SUMMIT OUTCOME¹

Extracts referring to health and health issues

HIV/AIDS, malaria, tuberculosis and other health issues

57. We recognize that HIV/AIDS, malaria, tuberculosis and other infectious diseases pose severe risks for the entire world and serious challenges to the achievement of development goals. We acknowledge the substantial efforts and financial contributions made by the international community, while recognizing that these diseases and other emerging health challenges require a sustained international response. To this end, we commit ourselves to:

- (a) Increasing investment, building on existing mechanisms and through partnership, to improve health systems in developing countries and those with economies in transition with the aim of providing sufficient health workers, infrastructure, management systems and supplies to achieve the health-related Millennium Development Goals by 2015;
- (b) Implementing measures to increase the capacity of adults and adolescents to protect themselves from the risk of HIV infection;
- (c) Fully implementing all commitments established by the Declaration of Commitment on HIV/AIDS²⁰ through stronger leadership, the scaling up of a comprehensive response to achieve broad multisectoral coverage for prevention, care, treatment and support, the mobilization of additional resources from national, bilateral, multilateral and private sources and the substantial funding of the Global Fund to Fight AIDS, Tuberculosis and Malaria as well as of the HIV/AIDS component of the work programmes of the United Nations system agencies and programmes engaged in the fight against HIV/AIDS;
- (d) Developing and implementing a package for HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it, including through increased resources, and working towards the elimination of stigma and discrimination, enhanced access to affordable medicines and the reduction of vulnerability of persons affected by HIV/AIDS and other health issues, in particular orphaned and vulnerable children and older persons;
- (e) Ensuring the full implementation of our obligations under the International Health Regulations adopted by the Fifty-eighth World Health Assembly in May 2005,²¹ including the need to support the Global Outbreak Alert and Response Network of the World Health Organization;

¹ United Nations General Assembly resolution 60/1.

²⁰ Resolution S-26/2, annex.

²¹ World Health Assembly resolution 58.3.

(f) Working actively to implement the “Three Ones” principles in all countries, including by ensuring that multiple institutions and international partners all work under one agreed HIV/AIDS framework that provides the basis for coordinating the work of all partners, with one national AIDS coordinating authority having a broad-based multisectoral mandate, and under one agreed country-level monitoring and evaluation system. We welcome and support the important recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors;

(g) Achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development, integrating this goal in strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration, aimed at reducing maternal mortality, improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty;

(h) Promoting long-term funding, including public-private partnerships where appropriate, for academic and industrial research as well as for the development of new vaccines and microbicides, diagnostic kits, drugs and treatments to address major pandemics, tropical diseases and other diseases, such as avian flu and severe acute respiratory syndrome, and taking forward work on market incentives, where appropriate through such mechanisms as advance purchase commitments;

(i) Stressing the need to urgently address malaria and tuberculosis, in particular in the most affected countries, and welcoming the scaling up, in this regard, of bilateral and multilateral initiatives.

Financing for development

23. [...]

(d) We recognize the value of developing innovative sources of financing, provided those sources do not unduly burden developing countries. In that regard, we take note with interest of the international efforts, contributions and discussions, such as the Action Against Hunger and Poverty, aimed at identifying innovative and additional sources of financing for development on a public, private, domestic or external basis to increase and supplement traditional sources of financing. Some countries will implement the International Finance Facility. Some countries have launched the International Finance Facility for immunization. Some countries will implement in the near future, utilizing their national authorities, a contribution on airline tickets to enable the financing of development projects, in particular in the health sector, directly or through financing of the International Finance Facility. Other countries are considering whether and to what extent they will participate in these initiatives;

Investment

25. [...]

(b) We will put into place policies to ensure adequate investment in a sustainable manner in health, clean water and sanitation, housing and education and in the provision of public goods and social safety nets to protect vulnerable and disadvantaged sectors of society;

Quick-impact initiatives

34. Given the need to accelerate progress immediately in countries where current trends make the achievement of the internationally agreed development goals unlikely, we resolve to urgently identify and implement country-led initiatives with adequate international support, consistent with long-term national development strategies, that promise immediate and durable improvements in the lives of people and renewed hope for the achievement of the development goals. In this regard, we will take such actions as the distribution of malaria bed nets, including free distribution, where appropriate, and effective anti-malarial treatments, the expansion of local school meal programmes, using home-grown foods where possible, and the elimination of user fees for primary education and, where appropriate, health-care services.

Sustainable development: managing and protecting our common environment

56. In pursuance of our commitment to achieve sustainable development, we further resolve:

(a) To promote the United Nations Decade of Education for Sustainable Development and the International Decade for Action, “Water for Life”;

[...]

(h) To assist developing countries’ efforts to prepare integrated water resources management and water efficiency plans as part of their national development strategies and to provide access to safe drinking water and basic sanitation in accordance with the Millennium Declaration¹ and the Johannesburg Plan of Implementation,³ including halving by 2015 the proportion of people who are unable to reach or afford safe drinking water and who do not have access to basic sanitation;

[...]

(k) To promote the sound management of chemicals and hazardous wastes throughout their life cycle, in accordance with Agenda 21 and the Johannesburg Plan of Implementation, aiming to achieve that by 2020 chemicals are used and produced in ways that lead to the minimization of significant adverse effects on human health and the environment using transparent and science-based risk assessment and risk management procedures, by adopting and implementing a voluntary strategic approach to international management of chemicals, and to support developing countries in strengthening their capacity for the sound management of chemicals and hazardous wastes by providing technical and financial assistance, as appropriate;

¹ See resolution 55/2.

³ Plan of Implementation of the World Summit on Sustainable Development (*Report of the World Summit on Sustainable Development, Johannesburg, South Africa, 26 August-4 September 2002* (United Nations publication, Sales No. E.03.II. A.1 and corrigendum), chap I, resolution 2, annex).

Gender equality and empowerment of women

58. [...]

- (c) Ensuring equal access to reproductive health;

Science and technology for development

60. [...] We therefore commit ourselves to:

- (a) Strengthening and enhancing existing mechanisms and supporting initiatives for research and development, including through voluntary partnerships between the public and private sectors, to address the special needs of developing countries in the areas of health, agriculture, conservation, sustainable use of natural resources and environmental management, energy, forestry and the impact of climate change;

Meeting the special needs of Africa

68. [...]

- (b) To support the African commitment to ensure that by 2015 all children have access to complete, free and compulsory primary education of good quality, as well as to basic health care;

[...]

- (i) To provide, with the aim of an AIDS-, malaria- and tuberculosis-free generation in Africa, assistance for prevention and care and to come as close as possible to achieving the goal of universal access by 2010 to HIV/AIDS treatment in African countries, to encourage pharmaceutical companies to make drugs, including antiretroviral drugs, affordable and accessible in Africa and to ensure increased bilateral and multilateral assistance, where possible on a grant basis, to combat malaria, tuberculosis and other infectious diseases in Africa through the strengthening of health systems.

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