

# **Monitoring of the achievement of the health-related Millennium Development Goals**

## **Report by the Secretariat**

1. With only five years remaining to 2015, there are signs of progress towards the achievement of the health-related Millennium Development Goals in many countries. In others, progress has been limited because of conflict, poor governance, economic or humanitarian crises, and lack of resources. The effect of the global food, energy, financial and economic crises on health is still unfolding, but action is needed to protect health spending by governments and donors alike.

### **CURRENT STATUS AND TRENDS**

2. **Undernutrition** is an underlying cause in more than one third of child deaths. Over the past year, rising food prices coupled with falling incomes have increased the risk of malnutrition, especially among children. Although the proportion of malnourished children under five years of age (according to the WHO Child Growth Standards) declined from 27% in 1990 to 20% in 2005, subsequent progress has been uneven. The prevalence of undernutrition has increased in some countries and stunted growth still affects 178 million children under five years of age globally.

3. Globally, **child mortality** continues to fall. In 2008, the global annual number of child deaths fell to 8.8 million, down by 30% from the 12.5 million estimated in 1990. The under-five-year-old mortality rate in 2008 was estimated at 65 per 1000 live births. Despite these encouraging trends, further efforts will be needed to achieve the target of a 66% reduction from 1990 levels by the year 2015, especially in countries facing economic crises or conflicts. Reducing child mortality increasingly depends on tackling neonatal mortality; globally, about 40% of under-five-year-old deaths are estimated to occur in the first month of life, most in the first week. Regional and national averages mask inequities: the greatest reductions in child mortality have been recorded among the wealthiest households and in urban areas.

4. Overall, coverage of some interventions to reduce child mortality is increasing; these interventions include immunization, insecticide-treated bednets, access to artemisinin-based combination therapies, treatment of severe acute malnutrition, provision of micronutrients, and efforts to eliminate disease due to *Haemophilus influenzae* type b infection. Progress is also a result of improved access to safe water and sanitation. Despite these gains, coverage of critical interventions such as oral rehydration therapy for diarrhoea and case management with antibiotics for acute respiratory infections remains inadequate and diarrhoea and pneumonia still kill more than three million children under five years old each year.

5. Half a million women, most of them in developing countries, die each year of complications during pregnancy or childbirth. Between 1990 and 2005, no region achieved the 5.5% annual decline in **maternal mortality** necessary to attain Target 5A of Millennium Development Goal 5 (Improve maternal health). The United Nations Eastern Asia Region comes closest with an annual decline of 4.2%, but in sub-Saharan Africa, the rate of decline is only 0.1%. Interventions to reduce maternal mortality include ensuring that all pregnant women have access to family planning services as well as skilled care during pregnancy, childbirth and postpartum including emergency obstetric care for the management of complications. Globally, the proportion of births attended by a skilled health worker has increased, but in the African and South-East Asia regions, fewer than 50% received such care. Fewer than half of pregnant women in the world have the minimum of four antenatal visits recommended by WHO. Yet antenatal care offers multiple opportunities to improve women's health; these include prevention and management of HIV and malaria, the detection and management of eclampsia, and iron and folate supplementation, this last being particularly important in low- and middle-income countries where micronutrient deficiencies are common.

6. **Contraceptive use prevalence rates** in developing countries increased from 50% in 1990 to 62% in 2005. In sub-Saharan Africa, 25% of women wanting to delay or stop childbearing do not use a family planning method. Levels of adolescent fertility remain high with 48 births per 1000 women aged 15–19 years in 2007, only a small decline from 51 per 1000 in 2000. Women's lack of decision-making power, and health services which do not meet women's needs, especially the needs of adolescent girls, are two examples of factors which contribute to a continuing unmet need for family planning.

7. In 2008, there were an estimated 247 million cases of **malaria** causing 863 000 deaths, mostly of children under five years old. Despite increases in the supply of insecticide-treated bednets, their availability in that year was far below need almost everywhere. The procurement of antimalarial medicines through public health services increased, but access to treatment, especially artemisinin-based combination therapy, was inadequate in all countries surveyed in 2007 and 2008. Although definitive evidence of impact is not yet available, there are indications that nine African countries and 29 countries outside Africa are on course to meet the targets for reducing the malaria burden by 2010.<sup>1</sup>

8. The number of incident **tuberculosis** cases per capita has continued to fall since 2004, declining slowly at under 1% per year. Prevalence and mortality rates are falling in all six WHO regions. Globally, the tuberculosis case-detection rate for smear-positive cases under the DOTS approach increased from an estimated 11% in 1995 to 61% in 2008. Data on treatment success rates for smear-positive cases under the DOTS approach indicate consistent improvement, with rates rising from 77% in 1994 to 87% in 2007. However, multidrug-resistant tuberculosis and HIV-associated tuberculosis pose challenges. There were an estimated 511 000 cases of multidrug-resistant tuberculosis in 2007, with 27 countries accounting for 85% of the total.<sup>2</sup>

9. New HIV infections have been reduced by 17% globally between 2000 and 2008, due, at least in part, to successful HIV prevention efforts. In 2008, 2.7 million additional people were infected with HIV and there were two million **AIDS**-related deaths. Availability and coverage of priority health sector interventions for HIV prevention, treatment and care have continued to expand. In 2008, of the 1.4 million HIV-positive pregnant women in need of treatment, more than 628 000 received antiretroviral therapy to prevent transmission of HIV to their children, and coverage increased by 10%

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<sup>1</sup> Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

<sup>2</sup> See document EB126/14 for more detailed information.

compared with 2007, to reach 45%. At the end of 2008, it is estimated that more than four million people in low- and middle-income countries were receiving antiretroviral therapy, an increase of more than one million compared with the end of 2007 and a 10-fold expansion in five years, with the greatest growth in sub-Saharan Africa. Nonetheless, more than five million of the estimated 9.5 million people in low- and middle-income countries needing antiretroviral therapy were without access to treatment.

10. More than 1000 million people are affected by **neglected tropical diseases**. In 2008, 496 million people were treated for lymphatic filariasis out of the 695 million targeted. In 2008, only 4619 cases of dracunculiasis were reported; in the mid-1980s the estimate was 3.5 million. At the beginning of 2009, there were a reported 213 036 cases of leprosy, down from 5.2 million in 1985.

11. The proportion of the world's population with access to **improved drinking-water** sources increased from 77% to 87% between 1990 and 2006 – sufficient to achieve the relevant target of Millennium Development Goal 7,<sup>1</sup> except in sub-Saharan Africa where, although coverage increased from 49% in 1990 to 58% in 2006, it remained well short of the 65% coverage rate needed to achieve the Millennium Development Goal target. On **sanitation**, however, current rates of progress are inadequate. In 2006, 1200 million people had no other choice than to defecate in the open, resulting in high levels of environmental contamination and exposure to the risks of microbial infections, diarrhoeal diseases, cholera, worm infestations, trachoma, schistosomiasis and hepatitis.

12. Although nearly all countries publish an **essential medicines** list, the availability of medicines at public health facilities is often poor. Surveys in about 30 low-income countries indicate that availability of selected generic medicines at health facilities was only 38% in the public sector and 63% in the private sector. Lack of medicines in the public sector forces patients to purchase medicines privately. In the private sector, generic medicines cost on average 610% more than their international reference price, while originator brands are generally even more expensive. Common treatment regimens can cost a low-paid government worker in the developing world several days' wages. WHO is working with partners to monitor changes in medicine cost and consumption as one way of tracking the impact of the economic crisis.

## The emerging health transition

13. **Noncommunicable diseases and injuries** caused an estimated 33 million deaths in developing countries in 2004 and will account for a growing proportion of total deaths in the future. Loss of health will also be caused by long-term chronic conditions, sensory and mental disorders and violence. Tackling risk factors such as tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol, and dealing with the socioeconomic impact of cardiovascular diseases, cancers, chronic respiratory diseases and diabetes depend not only on effective health-care services but also on actions in a variety of policy domains. Countries need to increase prevention efforts and improve access to services such as early detection and trauma care. Stronger surveillance systems will be critical. Efforts are under way to strengthen surveillance systems for noncommunicable diseases, including the identification of core indicators and use of standardized methods of data collection on risk factors and determinants, disease incidence, mortality by cause, health system indicators and coverage of key interventions.

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<sup>1</sup> Halve, by 2015, the proportion of people without access to safe drinking-water or basic sanitation.

## LEARNING FROM SUCCESS

14. Successful disease control programmes contribute to progress across multiple Millennium Development Goals. For example, the number of reported malaria-control successes in African countries is increasing. Malaria control is a component of poverty reduction (Millennium Development Goal 1), and contributes to better child (Millennium Development Goal 4) and maternal health (Millennium Development Goal 5), as well as to fewer malaria cases and deaths (Millennium Development Goal 6). Similarly, widening access to antiretroviral therapy for people living with HIV/AIDS is having a broad range of beneficial effects.

15. Many countries that have made rapid progress in child health outcomes are those where child mortality rates in 2000 were already relatively low (below 100 per 1000 live births). More recently, however, there are signs of faster progress in countries with some of the highest levels of child mortality, such as Ethiopia, Malawi, Niger and the United Republic of Tanzania, in each of which child mortality fell by 20% or more between 2000 and 2007.

16. Experiences from these settings can offer important lessons and draw attention to the importance of strengthening the health system so as to deliver an integrated package of services.

17. Without high-level political leadership and sustained support from development partners, this kind of integrated approach is unlikely to happen. Where such conditions do not pertain, or are constrained by economic hardship and poverty, conflict, weak governance, and socioeconomic inequities including gender inequality, progress is likely to be limited.

18. Improvements in health indicators are also closely related to other aspects of social and economic development. There is strong evidence that an increase in the education of girls and women is associated with improvements in health and reductions in child mortality.

## ACHIEVEMENTS AND CHALLENGES: THE AGENDA TO 2015

### Sustaining political momentum

19. The risk during recovery from the current economic crisis is that the world's attention is diverted from the goal of reducing poverty and achieving the Millennium Development Goals. Rich nations will question whether they can sustain official development aid spending in the face of mounting debt. Low- and middle-income countries will struggle as they cope with rising demand for publicly-funded health care but falling domestic revenues.

20. The issue is to meet new health challenges – not least those due to pandemic influenza (H1N1) 2009 and to recognize the growing health concerns related to climate change – while sustaining the political and financial momentum. The focus on health in the Annual Ministerial Review of the United Nations Economic and Social Council was a vital first step. The declaration of G20 nations in Pittsburgh, Pennsylvania, United States of America, in September 2009, which confirmed support to the Millennium Development Goals and adherence (for G8 members) to the commitments agreed for 2010 made at the Gleneagles summit in 2005, are encouraging in the lead-up to the summit to review the Millennium Development Goals in 2010.

### **More money for health ...**

21. Keeping to spending commitments requires action at national and international levels. While it is crucial not to cut levels of official development assistance at a time when it is most needed, it is also important that countries keep to agreed spending targets.

22. Since the last report to the Executive Board,<sup>1</sup> the Taskforce on Innovative Financing for Health Systems has completed its work. At the sixty-fourth session of the United Nations General Assembly in 2009, the Taskforce announced a series of new financing measures worth US\$ 5300 million in order to save millions of women and children in developing countries whose lives are under increased threat because of the global economic crisis.

23. These resources are badly needed as funding shortfalls remain, particularly for programmes needed to meet Millennium Development Goal 5 (Improve maternal health). Recent data on trends in per capita official development assistance for health for the 46 countries in the African Region indicate that funding has increased significantly for Millennium Development Goal 6 (Combat HIV/AIDS, malaria and other diseases), but has remained unchanged for the other goals. Moreover, one third of people living in absolute poverty reside in so-called fragile States that receive up to 40% less aid per capita than other low-income countries.

### **... More health for the money**

24. WHO will continue to support the implementation of the Paris Declaration on Aid Effectiveness (2005) regarding ownership, harmonization, alignment, results and mutual accountability, as well as the Accra Agenda for Action (2008). WHO's support for the international commitments to health system strengthening – the International Health Partnership and Providing for Health – will promote the elaboration and use of national health strategies and plans as a means of increasing alignment with national priorities, and the provision of more consistent advice on domestic financing policies.

25. WHO has also been working with the GAVI Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the World Bank to develop a common platform for health systems funding, in line with the recommendations of the High-Level Task Force on Innovative International Financing for Health Systems. A new mechanism, which will be tested in 2010, will seek to reduce transaction costs and streamline funding for national health strategies and plans.

### **Stronger health systems**

26. The need for stronger health systems has been a feature of past reports on the Millennium Development Goals. In addition to continuing concerns in relation to human resources for health, two other priorities emerge: (1) reducing reliance on direct payments at the point of service, and (2) replacing this with forms of prepayment and pooling. These will help the move to universal coverage to be accelerated. The financial and economic crisis has highlighted the need to increase the coverage of social health protection. People in need cannot access needed services or continue treatment if financial barriers remain high. Mechanisms to strengthen health systems also include improving services for diagnosis through national laboratory networks, better infection control in clinical settings and guidelines for the rational use of medicines.

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<sup>1</sup> Document EB124/10.

27. Information and communication technologies are expected to have a profound influence on health systems and health surveillance. Electronic information systems and e-health applications have the potential to provide wider access to better quality care through appropriate use of electronic health records and mobile devices. Those technologies are also changing the model of health information, prompting local ownership and access to data records at all levels of health systems. WHO will have a pivotal role in ensuring application of appropriate standards and progressive national policies in order that best use is made of these emerging opportunities.

### **Better information and intelligence**

28. Monitoring the impact of the economic downturn on health is constrained by the lack of regular and timely data covering vulnerable populations. Currently, conclusions have to be drawn by piecing together fragmentary information from administrative sources, rapid qualitative assessments and household surveys. Yet such information is essential, given the accumulating evidence of differential impacts for men compared with women and across different socioeconomic groups.

29. WHO will continue to report on the most recent estimates for health-related statistics in its annual publication, *World health statistics*. However, the quality of reporting depends critically on the quality of country health-information systems, which are weak in many settings. WHO is working with partners and the Health Metrics Network to support country efforts to enhance the availability and quality of data on the Millennium Development Goals and other indicators.

30. In November 2009, WHO published a report on women and health, which provides an overview of what is known about the health of women around the world across the life-course.<sup>1</sup> The report, one of the analytical and cross-cutting products of the WHO global health observatory, reflects the priority that the Organization places on the health of women. The report concludes that, despite considerable progress over the past two decades, societies are still failing women at key moments in their lives, and that these failures are most acute in poor countries, and among the poorest women in all countries. The report draws attention to the role of gender inequality in increasing exposure and vulnerability to risk and harmful practices, in limiting access to health care and information, and in adversely affecting health outcomes. It represents a contribution to Millennium Development Goal 3 (Promote gender equity and improve health) as well as to women's health in general and the health-related Millennium Development Goals in particular.

### **ACTION BY THE EXECUTIVE BOARD**

31. The Board is invited to note the report.

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<sup>1</sup> *Women and health: today's evidence, tomorrow's agenda*. Geneva, World Health Organization, 2009.