



WORLD HEALTH ORGANIZATION

FIFTY-EIGHTH WORLD HEALTH ASSEMBLY
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Achievement of health-related Millennium Development Goals

Report by the Secretariat

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 Brasília 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 participated, with other partners, in preparations that started with the launch of the Millennium Project report in January 2005, and will 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. The subject of the Millennium Development Goals was discussed by the Executive Board at its 115th session.¹ During their discussion, Board members proposed that a resolution should be drafted on this topic. A draft resolution was made available to members for an electronic consultation in February and in March/April. A number of members proposed amendments; others supported the resolution as originally drafted. The draft resolution incorporating the amendments is set out below.²

ACTION BY THE HEALTH ASSEMBLY

20. The Health Assembly is invited to consider the following draft resolution:

The Fifty-eighth World Health Assembly,

Having considered the report on achievement of the health-related Development Goals;³

Recalling the commitments made in the United Nations Millennium Declaration adopted by the United Nations General Assembly in September 2000⁴ and the United Nations Secretary-General's road map towards its implementation;⁵

Recognizing that [the Goals included in the United Nations Millennium Declaration, the Millennium Development Goals] [the internationally agreed development goals including those contained in the United Nations Millennium Declaration] mark a turning point in international development, and that unlike previous development targets, they represent a powerful consensus between rich and poor nations, set clear priorities for action ~~and benchmarks against which to measure progress~~, and identify actions for developed and developing countries;

Recognizing that health is central to achievement of the Millennium Development Goals, and that the Goals create an opportunity to position health ~~[at the centre]~~ [as a core part] of the development agenda and to raise political commitment and financial resources for the sector;

Noting with concern that current trends suggest that ~~the~~ many low-income countries will not reach the health-related Millennium Development Goals by 2015, ~~equally~~ [that] many countries may achieve them only among their richer population groups, [which could broaden] broadening the equity gap, and that urgent action is needed;

Acknowledging that more rapid progress will require [a massive scaling up of] [more] effective interventions, greater investment of financial resources, adequately staffed and effective health systems, capacity-building in the public [and private sector[s]]; a clear focus on equity of outcomes, and collective action within and between countries;

¹ See document EB115/2005/REC/2, summary record of the third meeting, section 2.

² Proposed insertions are set in square brackets; proposed deletions are struck through. With regard to the electronic version made available to members of the Board, note that one member proposes to delete each reference to the "MDGs" and replace it with "the internationally agreed development goals, including those contained in the Millennium Declaration". In some cases, the reference would be to "health-related" internationally agreed development goals.

³ Document A58/5.

⁴ United Nations General Assembly resolution 55/2.

⁵ Document A56/326.

Recognizing that the Millennium Development Goals are synergistic, and cannot be achieved in isolation as health is central to the achievement of all the Goals, and that achievement of other goals will ~~[impact on]~~ [affect] health;

Recognizing the complementarity between the Millennium Development Goals and targets set by the Health Assembly, including those for HIV/AIDS, tuberculosis and malaria;

[Recalling resolution WHA55.19 which calls for an increase in investment in developing countries;]

~~[Recalling that OECD Member States are committed to allocating 0.7% of their gross national product as official development assistance, a commitment that was reconfirmed at the International Conference on Financing for Development (Monterrey, Mexico, March 2002), and that at the African Summit on HIV/AIDS (Abuja, 2001) African nations made a commitment to spending 15% of public expenditure on health];~~ [Recalling][Noting] that at the African Summit on HIV/AIDS (Abuja, 2001) African nations made a commitment to spending 15% of public expenditure on health;]

Noting that many countries have established dedicated intragovernmental mechanisms on health and development, which cover all levels of the administration (national, regional and district) and which have close and regular contact with civil-society programmes [faith-based institutions and the private sector];

Recognizing the importance of ~~parity between sexes and~~ action and empowerment at community level in bringing about more equitable and effective approaches to national development,

1. REQUESTS Member States:

(1) to reaffirm the Millennium Development Goals as critical for health development, ~~which may need to be complemented by other health goals, such as those agreed at other United Nations conferences, and other global targets and strategies contained in Health Assembly resolutions, which reflect countries' priority health needs;~~

(2) [to develop] in the context of existing policy and planning processes ~~[to develop]~~ nationally relevant "road-maps" that incorporate the following actions as a guide to accelerating progress towards achievement of the health-related Millennium Development Goals [and that give more attention to balanced development in order to realize all goals]:

(a) ~~to incorporate the Millennium Development Goals and targets within the objectives of national development and health plans, that should be led by national governments, with support from development partners, and take into account the overall health priorities of the countries concerned;~~

(b) to ensure that Poverty Reduction Strategy Papers, or their equivalent, reflect the health-related Millennium Development Goals, and that priorities for health and for poverty reduction are reflected in associated budgets and expenditure frameworks;

(c) to raise, in a well-monitored process, the level of funding for effective interventions that address health conditions relevant to the achievement of the Millennium Development Goals;

(d) to [strengthen intersectoral communication and coordination and] engage ministries of finance in discussion on resource allocation to the health sector with a view to increasing the share of overall government resources allocated to health and, where appropriate, to revise ceilings on public-sector spending to allow for increases in health spending financed from development assistance;

(e) ~~[in line with] noting the Declaration of Alma Ata, to ensure that work on strengthening the core functions of [public and private] health systems [in line with the Declaration of Alma Ata] so that they contributes to the delivery of better and more equitable health outcomes in areas relevant to all Millennium Development Goals;~~

(f) ~~to take urgent action~~ to address the growing crisis of human resources for health, particularly for primary care ~~services~~ in poor areas;

(g) to improve health information systems[, including the conduct of critical health-service research,] in order to inform policy-making, while avoiding an increase in the reporting burden and emphasizing the need for data disaggregated by age, socioeconomic quintile, sex and ethnicity; and to strengthen monitoring and evaluation systems that promote accountability, empowerment and participation;

(h) to ensure that health and development policies are underpinned by a gender analysis and to strive for gender equality and women's empowerment;

(i) ~~to make maximum use of human rights instruments in efforts to achieve the Millennium Development Goals, recognizing that a human rights framework can strengthen the focus on equity in development efforts and facilitate the empowerment and legitimate participation of the population in decision-making processes;~~

2. [URGES developed countries to make concrete efforts towards achieving the target of allocating 0.7% of gross national product as official development assistance to developing countries;]

3. [URGES developing countries to continue to build on progress made in ensuring that official development assistance is used effectively to help achieve development goals and targets;]

4. REQUESTS the Director-General:

(1) to ensure that priority actions to provide support Member States in accelerating progress towards the Millennium Development Goals are reflected in the Proposed programme budget 2006-2007, future strategic plans, and the Eleventh General Programme of Work;

(2) ~~[to increase the support provided by the Organization at global, regional and country levels to enable Member States]~~ [to provide support to Member States, at their request,]:

(a) to frame outcome-oriented ~~and adequately resourced~~ policies and strategies for health development;

(b) to strengthen ~~adequately staffed and financed~~ [public and private] health systems with the capacity to deliver equitable outcomes on a national scale ~~[and, in particular, to implement fully,]~~ [bearing in mind] resolution WHA57.19 on international migration of health personnel;

(c) to identify vulnerable groups with specific health needs and to devise equitable programmes to ~~[meet]~~ [address] those needs;

(d) to strengthen intersectoral linkages to address the social and environmental determinants of health;

(e) to engage in policy dialogue with international financial institutions; to lead harmonization and coordination processes among development partners in health; and to ensure alignment of support around country priorities;

(f) ~~[without adding to reporting burdens, to establish]~~ to use [appropriate] evaluation frameworks ~~that measure progress towards the health-related Millennium Development Goals in the short term [recognizing that measures of health outcomes change slowly] and [that help countries]~~ to determine which ~~[inputs]~~ [resources] are most likely to produce better health outcomes;

~~(g) [to carry out research in areas that promote achievement of the health-related Millennium Goals,]~~ [to carry out research in areas that promote the achievement of better health outcomes;]

(3) [as part of the Proposed programme budget 2006-2007, to develop a coherent and adequately resourced strategy, with clear goals and deliverable products, for advancing work in the above-mentioned areas and to report [biennially] to the Health Assembly on progress in implementing the strategy and in achieving specific goals, such as child and maternal health;]

(4) to ensure that due attention is devoted to the particular problems of countries emerging from conflict and other forms of crisis;

(5) to support actively and contribute to, in the context of reform of the United Nations system, heightening the impact and effectiveness of the United Nations Country Team; to simplify further, harmonize and coordinate procedures within the United Nations system and with other partners; and to improve alignment of the United Nations inputs with national priorities;

(6) ~~through WHO's involvement in the governance of global health partnerships and in forums such as OECD's Development Assistance Committee and the High-Level Forum on the Health MDGs, actively~~ to promote efforts that increase coherence and coordination

in development assistance for health, ~~which reduce transactions costs for governments, and which ensure that these initiatives provide~~ [so that] resources [that] effectively strengthen broad-based [public and private] health systems;

(7) ~~as part of the lead up to the forthcoming~~ to participate appropriately in the high-level plenary of the United Nations General Assembly on the outcome of the Millennium Summit (September 2005), ~~to collaborate with development partners and donor governments, including through the G8 and groupings of developed and developing nations, in order to provide support for implementation of the health-related Millennium Development Goals.~~

ANNEX



Health in the Millennium Development Goals

Millennium Development Goals, targets and indicators related to health

Health targets		Health indicators
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 at 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 one-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 pregnant women aged 15-24 years 19. Condom use rate of the contraceptive prevalence rate 20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
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 DOTS (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 and sanitation	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 population with access to improved sanitation, urban and rural
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, A/57/270 (31 July 2002), first annual report based on the "Road map towards the implementation of the United Nations Millennium Declaration", Report of the Secretary-General, A/56/326 (6 September 2001); United Nations Statistics Division, Millennium Indicators Database, verified in July 2004; World Health Organization.