World Health Organization

SIXTY-FOURTH WORLD HEALTH ASSEMBLY **A64/11**
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Health-related Millennium Development Goals

Report by the Secretariat

1. The world's leaders met at the United Nations High-level Plenary Meeting of the General Assembly on the Millennium Development Goals (New York, 20–22 September 2010) to review progress and required actions.[1] The resulting outcome document is the latest Member State declaration that outlines consensus on ways to achieve the Millennium Development Goals.[2] This report reviews the latest trends concerning the health-related Goals.[3] Further, in line with the request in resolution WHA63.24, it assesses progress on the effort to reduce child mortality through prevention and treatment of pneumonia; and it provides an overview of WHO's engagement in the High-level Plenary Meeting on the Millennium Development Goals and follow-up actions.

CURRENT STATUS AND TRENDS

2. Progress towards the achievement of the health-related Millennium Development Goals varies from country to country and from Goal to Goal.

3. **Undernutrition** among children under five years of age remains prevalent: 115 million children worldwide, according to recent estimates. Evidence shows that global prevalence is decreasing, but that progress is uneven. In Africa, stagnation of prevalence coupled with population growth led to an increase in the number of underweight children, from 24 million in 1990 to 30 million in 2010. The highest number of underweight children, however, live in Asia: about 71 million in 2010.

4. **Child mortality** continues to decline worldwide. The total number of deaths of children under five years of age fell from 12.4 million in 1990 to 8.1 million in 2009. Mortality in children under five years of age has fallen from 89 per 1000 live births in 1990 to 60 per 1000 live births in 2009, representing a reduction of about one third, and the rate of decline has accelerated over the period 2000–2009 compared with the 1990s. Despite these figures, much more needs to be done to achieve Target 4.A, of a two-thirds reduction from 1990 levels of mortality by the year 2015. Pneumonia and diarrhoeal diseases are the two biggest killers of children under five years of age, with pneumonia accounting for 18% of all deaths, and diarrhoeal diseases, 15%. These rates include deaths that occur

[1] This High-level Plenary Meeting follows up on the Millennium Declaration and the Monterrey Consensus of the International Conference on Financing for Development (in Monterrey, Mexico, 18–22 March 2002).

[2] See United Nations General Assembly resolution 65/1 entitled "Keeping the promise: united to achieve the Millennium Development Goals".

[3] As requested, inter alia, in resolution WHA63.15.

during the neonatal period. Deaths in that period increasingly make up an important proportion of deaths among children under five years of age, accounting for about 40% of all deaths.

5. By 2009, measles immunization coverage was 82% globally among children aged 12–23 months, up from 73% in 1990. However, the coverage of crucial **child health interventions** against often fatal diseases remains inadequate. These interventions include oral rehydration therapy and zinc for diarrhoea, and case management with antibiotics for pneumonia. Most child deaths due to pneumonia could be avoided if effective interventions were implemented on a broad scale and if they reached the most vulnerable populations.

6. **Maternal mortality.** Estimates suggest that the number of women dying as a result of complications during pregnancy and childbirth has decreased by 34%: from 546 000 in 1990 to 358 000 in 2008, according to new United Nations estimates released in 2010. The progress is notable, but the annual rate of decline of 2.3% is less than half of the 5.5% needed to achieve Target 5.A, of reducing the maternal mortality ratio by three quarters between 1990 and 2015. Almost all (99%) maternal deaths in 2008 occurred in developing countries.

7. There have been improvements in the coverage of interventions to reduce maternal mortality, including family planning services and access of all pregnant women to skilled care during pregnancy, childbirth and the postpartum period. The latest estimates show that 63% of women in developing countries aged 15 to 49 years who were married or in a union were using some form of contraception. Although 78% of pregnant women received antenatal care at least once during the period 2000–2010, only 53% received the WHO-recommended minimum of four antenatal visits. The proportion of deliveries attended by skilled health personnel rose from 58% in 1990 to 68% in 2008.

8. A growing number of countries have recorded decreases in the number of confirmed cases of **malaria** and/or reported admissions and deaths since 2000.[1] Global control efforts have resulted in a reduction in the estimated number of deaths from almost 1 million in 2000 to 781 000 in 2009. The estimated number of cases of malaria rose from 233 million in 2000 to 244 million in 2005 but decreased to 225 million in 2009. A total of 11 countries and one area in the African Region showed a reduction of more than 50% in either confirmed malaria cases or malaria admissions and deaths between 2000 and 2009. In other WHO regions, the number of reported cases of confirmed malaria decreased by more than 50% in 32 countries.

9. The annual global number of new cases of **tuberculosis** continues to increase slightly, as slow reductions in incidence rates per capita are offset by population increases. In 2009, cases were estimated to be between 12 million and 16 million, and new cases were estimated at 9.4 million. An estimated 1.3 million HIV-negative people died from tuberculosis in 2009. Mortality due to this disease has fallen by more than a third since 1990. In 2009, 5.8 million cases were reported by national tuberculosis programmes. In 2008, the treatment success rate reached 86% worldwide, and 87% in countries with a high burden of disease – the second successive year that the target of 85% (first requested by the World Health Assembly in 1991)[2] has been exceeded. However, multidrug-resistant tuberculosis continues to pose problems.

[1] *World malaria report 2010.* Geneva, World Health Organization, 2010.

[2] See resolution WHA44.8.

10. In 2009, there were an estimated 33.3 million people living with **HIV**, 2.6 million new infections, and 1.8 million HIV/AIDS-related deaths. The number of people living with HIV worldwide continued to grow and was 23% higher in 2009 than in 1999. However, the overall growth of the global epidemic appears to have stabilized, with the annual number of new HIV infections steadily declining. In 2009, the estimated number of new HIV infections was nearly 20% lower than in 1999. The increasing number of HIV-positive people reflects in part the life-prolonging effects of antiretroviral therapy, which, as at December 2009, was available to more than five million people in low- and middle-income countries. Despite this progress globally, treatment-coverage rates remain low: in 2009, only 36% of people in need of treatment in low- and middle-income countries received it. In 2009, an estimated 1.4 million HIV-infected women gave birth and approximately 370 000 of their newborn children were infected during the perinatal and breastfeeding period, with most of such cases occurring in sub-Saharan Africa.

11. **Neglected tropical diseases** affect more than 1000 million people, primarily in poor populations living in tropical and subtropical climates. According to data received from 121 countries, the global prevalence of leprosy at the beginning of 2009 stood at 213 036, and the number of new cases detected during 2008 was 249 007. In 2009, lymphatic filariasis was endemic in 81 countries, 53 of which were implementing mass treatment programmes; the number of people treated increased from 10 million in 2000 to 546 million in 2007. Since 1989, the number of new cases of dracunculiasis fell from 892 055 in 12 disease-endemic countries to 3190 in four countries in 2009, a decrease of more than 99%.[1] Outbreaks of dengue, however, are increasing and spreading geographically; currently, dengue cases are reported in five of WHO's six regions.

12. The proportion of the world's population with access to improved **drinking-water** sources increased from 77% to 87% globally between 1990 and 2008. One component of Target 7.C of Millennium Development Goal 7 is to halve the proportion of the population without sustainable access to safe drinking-water. Given the current rate, it is likely that this will be met. Nevertheless, in 2008, some 884 million people still relied on unimproved water sources, 84% of whom were living in rural areas. The other component of Target 7.C is to halve the proportion of the population without sustainable access to basic sanitation. Current rates of progress towards the sanitation target are insufficient. In 2008, 2600 million people were not using improved sanitation facilities, of whom over 1100 million had no access to toilets or sanitation facilities of any kind. If current trends continue, this component of Target 7.C will not be met.

13. Developing countries continue to face low availability and high costs of **essential medicines**. Surveys in more than 40 mainly low- and middle-income countries indicate that selected generic medicines were available in only 42% of health facilities in the public sector and 64% of such facilities 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 630% more than their international reference price, while originator brands are generally even more expensive.

Pneumonia

14. Following the adoption of resolution WHA63.24 on prevention and treatment of pneumonia, several countries have introduced integrated community case management as one of the recognized strategies for increasing access to quality care. Countries such as Ethiopia and Malawi have

[1] See document EB128/15 for more detailed information.

demonstrated that such strategies can contribute to the reduction of mortality of children under five years of age.

15. UNICEF/WHO joint statements for managing children with diarrhoea and pneumonia have been used by a number of countries as a basis for initiating policy dialogue on increasing access to care. Such care can be provided by trained and supervised community health workers. Out of 68 countries being monitored by the Countdown to 2015 initiative,[1] 29 have changed policy to allow community-based management of pneumonia. Nepal and Senegal have expanded community programmes with positive results.

16. In order to support and facilitate the implementation of coordinated, expanded interventions for the control of pneumonia and diarrhoea among children under five years of age living in developing countries, WHO is planning four regional workshops (three in the African Region and one in the South-East Asia Region) for 2011–2012 in collaboration with health ministries, UNICEF and other partners. These regions carry the highest burden of mortality due to pneumonia and diarrhoea and encompass numerous countries that are not on track to achieving Millennium Development Goal 4 (Reduce child mortality).

17. An unprecedented number of countries in the African Region, the Region of the Americas and the Eastern Mediterranean Region are set to introduce pneumococcal conjugate vaccines during the coming year with support from the GAVI Alliance. Clinical trials in developing countries (along with experience in industrialized countries that have used the vaccine), indicate that these vaccines, together with *Haemophilus influenzae* type b vaccine already in use in these countries, will have a significant impact on morbidity and mortality caused by pneumonia. In 2010, Gambia and Rwanda, where the hepta-valent pneumococcal vaccine is in use, will switch to the newly-available 13-valent vaccine that protects against 13 pneumococcal serotypes, including those prevalent in developing countries. In early 2011, Kenya will introduce a deca-valent vaccine, while Guyana, Honduras and Nicaragua will introduce the 13-valent vaccine. Rwanda has already used the introduction of the pneumococcal conjugate vaccines to expand other pneumonia-control strategies and Kenya has plans to do the same. Other countries that are introducing the vaccines will be supported to do likewise. In 2011, Cameroon, Central African Republic, Congo, the Democratic Republic of the Congo, Mali, Sierra Leone and Yemen are preparing for the introduction of the 13-valent pneumococcal vaccine, while Benin, Burundi, Ethiopia, Madagascar, Malawi and Pakistan are scheduled to introduce the vaccines in 2012.

HIGH-LEVEL PLENARY MEETING OF THE GENERAL ASSEMBLY ON THE MILLENNIUM DEVELOPMENT GOALS – AND ITS FOLLOW-UP

18. The outcome document adopted by the United Nations General Assembly sets out a series of actions, which, if sufficiently expanded and fitted to country-specific situations, would lead to the achievement of the Millennium Development Goals. The High-level Plenary Meeting on the Millennium Development Goals also identified important commitments from the international community, including those represented in the outcome document, and advocated bold new initiatives, such as the United Nations Secretary-General's Global Strategy for Women's and Children's Health. That strategy, developed with the support and facilitation of the Partnership for Maternal, Newborn

[1] *Countdown to 2015 decade report (2000–2010): taking stock of maternal, newborn and child survival.* Geneva, World Health Organization and UNICEF, 2010.

and Child Health (of which WHO is a member), was initially discussed at technical briefings during the Sixty-third World Health Assembly in May 2010.

19. The outcome document is based on a decade of effort and progress, as well as on a series of World Health Assembly and United Nations General Assembly resolutions and reports endorsing prioritized actions that reflect consensus for a number of health-related Millennium Development Goals and underlying health system issues.[1] Findings of the Commission on Macroeconomics and Health, and on the Commission on Social Determinants of Health, guide WHO and country health efforts that reinforce links with health, poverty reduction, gender and human rights, and that tackle health inequities – actions further supported by the outcome document. According to its Constitution, WHO's objective is "the attainment by all peoples of the highest possible level of health". The achievement of this involves a series of technical interventions. In contrast, the implementation of health programmes relies on interconnections with other sectors and the resolution of issues familiar to foreign policy[2] and national decision-makers: economic and social development, humanitarian action, resource allocation, trade, technology transfer, intellectual property, aid effectiveness, mutual accountability, quality of governance, national sovereignty and concepts of human security. These actions help to ensure that health remains high on the political agenda. The 2009 and 2010 declarations of the Group of Eight nations confirmed support for the Millennium Development Goals and adherence to past commitments.

20. Specific actions undertaken by WHO directly related to the Goals are further identified in other documents submitted to the Health Assembly, including those on health system strengthening, the future of financing for WHO, the global health sector strategy for HIV/AIDS 2011–2015, malaria, global immunization vision and strategy, infant and young child nutrition and its comprehensive implementation plan, the eradication of dracunculiasis, and the safe management of drinking-water.[3]

21. WHO engaged extensively with other bodies in the United Nations system and the Secretary-General's Office in the preparations for the High-level Plenary Meeting on the Millennium Development Goals, and actively participated in more than 20 side events (a third of all that Meeting's side events were devoted to health), including several that set the stage for preparations for the high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases (scheduled to take place in September 2011).[4] Statements made in the General Assembly indicated that health issues remained high on national agendas.

Follow-up to the Secretary-General's Global Strategy for Women's and Children's Health

22. Before the United Nations High-level Plenary Meeting of the General Assembly on the Millennium Development Goals, at the request of the Office of the Secretary-General, WHO, UNICEF, UNFPA, UNAIDS and the World Bank (known as the H4+ group) facilitated consultations

[1] Including the Ministerial Declaration on the internationally agreed goals and commitments in regard to global public health from the United Nations Economic and Social Council 2009 Annual Ministerial Review.

[2] See, for example, United Nations General Assembly resolutions 63/33 and 64/108, and the report 64/365, that encourage greater engagement from the foreign policy community to support health, along with attention to greater coherence between health and foreign policy.

[3] Documents A64/12 and A64/13; A64/4; A64/15; A64/19; A64/14; A64/22; A64/20 and A64/24.

[4] See documents A64/21 and A64/21 Add.1.

on the draft global strategy for women's and children's health in 25 lowest-income countries with a heavy burden of mortality. The aim was to identify national commitments to the prioritized action on the agenda of women's and children's health, within the context of existing country-level processes and mechanisms for United Nations coordination. The H4+ group led discussions with governments and national stakeholders. The commitments identified were highlighted at that Meeting and annexed to the Global Strategy.

23. Following the High-level Plenary Meeting on the Millennium Development Goals, country-specific commitments for the 25 countries with a high burden of disease were compiled and analysed in order to identify the required actions, activities and support for their realization. The results are being used to guide WHO and other organizations in the United Nations system to determine their priorities for providing technical and other support to countries. The analytical framework will also serve to ensure accountability.

24. In the remaining 24 lowest-income countries, work has been initiated to identify specific commitments required for critical areas where additional attention and resources could yield significant results. An approach similar to that for the identification of commitments prior to the High level Plenary Meeting is being used.

Coherence and national health plans, policies and strategies

25. Achieving the Goals requires coherent global and national health policies. The Secretariat has provided further support to countries in improving the coordination of their national health strategies, policies and plans in order that the health system delivers an integrated package of services to combat all diseases and brings together the work of all stakeholders. Such an approach needs high-level political leadership and sustained support from development partners.

26. In anticipation of the Fourth High-Level Forum on Aid Effectiveness (scheduled to be held in Busan, Republic of Korea, 26 November – 1 December 2011), WHO will continue to support implementation of the Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action (2008). WHO's continued support for the international commitments to health system strengthening will promote the elaboration and use of national health strategies, policies and plans as a means of increasing alignment with national priorities, and greater consistency in advice on domestic financing policies. Similarly, WHO is working with the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the GAVI Alliance, to develop a common base for funding, in line with the recommendations of the High Level Taskforce on Innovative International Financing for Health Systems.

27. Work towards increased alignment and coherence at country level needs the collaboration of a broad range of stakeholders, as emphasized repeatedly in the outcome document. Accordingly, WHO is increasing its efforts in this respect, for instance through its work with the International Health Partnership Plus (IHP+) group and through its renewed commitment to primary health care.

Stronger health systems

28. Achieving the health-related Goals will depend heavily on the degree to which health programmes can be integrated and underlying health systems strengthened (notably in terms of health personnel, financing and the organization of service delivery). The Sixty-third World Health Assembly

adopted the WHO Global Code of Practice on the International Recruitment of Health Personnel,[1] which now must be implemented. Health-financing strategies are summarized in *The world health report 2010*.

29. Ensuring stronger national responses will require WHO country offices to have greater capacity and be more effective, particularly in their roles of convener, facilitator and provider of support to national authorities' efforts to place health higher up on the national agenda, coordinate multiple stakeholders, improve measurable national plans, and thereby increase policy coherence, coordination and collaboration.

30. WHO is working with various partners to find ways of increasing multisectoral action for health, including the use of indicators to monitor the impact of different strategies. The World Conference on Social Determinants of Health (scheduled to be held in Rio de Janeiro, Brazil, 19–21 October 2011) will provide a forum for identifying such strategies.

Securing required resources

31. Concerns remain with regard to raising the resources necessary for achieving the health-related Goals, meeting shortfalls in funding, and reinforcing the underlying health systems. 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 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 States that receive up to 40% less aid per capita than other low-income countries.

32. The High-level Plenary Meeting on the Millennium Development Goals has prompted several commitments towards reaching the health-related Goals. More than US$ 40 000 million has been pledged over a five-year period to support implementation of the Global Strategy on Women's and Children's Health. The High-level Plenary Meeting has also influenced the Global Fund to Fight AIDS, Tuberculosis and Malaria, through its Third Voluntary Replenishment at the Second Meeting (New York, 4–5 October 2010), at which donors pledged US$ 11 700 million for 2011–2013, the largest sum to date. The GAVI Alliance held a similar meeting. Initiatives such as UNITAID (which raises some US$ 300 million annually) and the International Finance Facility for Immunisation also contribute significantly to funding the health-related Goals.

Better accountability, information and intelligence

33. Given the importance of ensuring accountability for commitments made at the High-level Plenary Meeting on the Millennium Development Goals, the United Nations Secretary-General has asked the Director-General to lead the development of an accountability framework to track commitments and results for the Global Strategy on Women's and Children's Health. WHO is establishing a time-limited Commission on Information and Accountability for Women's and Children's Health composed of leaders and experts from Member States, the multilateral system, academia, civil society and the private sector, with information to be presented on progress at the Sixty-fourth World Health Assembly. The Commission will identify the principles of an effective global architecture for information and accountability for health. In addition, it will consider a

[1] See resolution WHA63.16.

framework for all countries to use that includes core indicators of health resources and expected results. The aim is not to create an entirely new reporting infrastructure and system, but to harmonize and align existing arrangements. The Commission will also identify opportunities for using innovative health information technologies in this context.

34. Health-information systems that function well are needed for monitoring progress towards the health-related Goals, as well as progress towards the other national health objectives and equity goals. Reviews of system performance are also needed so as to inform national and international decision-making processes. Health-information systems need data from multiple sources such as surveys, health facilities and administrative bodies. Some progress has been made in advancing health-information systems in many countries, through civil registration systems, as well as the recording of births, deaths and causes of death, but wide gaps remain, most notably in monitoring. 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 on other indicators.

35. WHO will continue to report on the most recent estimates for health-related statistics in its annual publication, *World health statistics*, which includes an assessment of progress towards the health-related Goals. The report provides comparative estimates for the main health indicators. However, the quality of global estimates depends on the availability and quality of country data, which are still inadequate for many indicators.

36. 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, promoting local ownership and allowing 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 to optimize use of these technologies.

37. At its 128th session in January 2011, the Executive Board discussed an earlier version of this report[1] and adopted resolution EB128.R1.

ACTION BY THE HEALTH ASSEMBLY

38. The Health Assembly is invited to adopt the resolution recommended by the Executive Board in EB128.R1.

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[1] See document EB128/2011/REC/2, summary record of the third meeting, section 3, and the fifth meeting.