

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

Progress in the achievement of the health-related Millennium Development Goals, and global health goals after 2015

Report by the Secretariat

1. In response to requests in resolutions WHA63.15 and WHA63.24, this report summarizes the latest trends in progress towards achievement of the health-related Millennium Development Goals and specific targets.¹ It also describes progress of the efforts to reduce child mortality through prevention and treatment of pneumonia, as requested in resolution WHA63.24, and to reduce perinatal and neonatal mortality. In addition, this report includes comments on the formulation of global health goals after 2015. An earlier version of this report was noted by the Executive Board at its 130th session.²

CURRENT STATUS AND TRENDS

2. In 2011, more than a decade after world leaders adopted the Millennium Development Goals and their targets, substantial progress has been made in reducing child and maternal mortality, improving nutrition, and reducing morbidity and mortality due to HIV infection, tuberculosis and malaria. Progress in countries that have the highest rates of mortality has accelerated in recent years, even though large gaps persist between and within countries. The current trends form a good basis for intensified collective action and expansion of successful approaches to overcome the challenges posed by multiple crises and large inequalities.

3. Childhood malnutrition is the underlying cause of death in an estimated 35% of all deaths among children under five years of age. The proportion of such children in developing countries who

¹ The relevant specific targets are: for Goal 1, Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger; for Goal 4, Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate; for Goal 5, Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio, and Target 5.B: Achieve, by 2015, universal access to reproductive health; for Goal 6, Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS, Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it, and Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases; for Goal 7, Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking-water and basic sanitation; and for Goal 8, Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.

² See document EB130/2012/REC/2, summary records of the third meeting, section 3, and the fourth meeting.

were underweight is estimated to have declined from 29% to 18% between 1990 and 2010. This rate of progress is close to what is required to meet the relevant target but is unevenly distributed between and within regions.

4. Globally, significant progress has been made in reducing mortality in children under five years of age. Between 1990 and 2010, under-five mortality declined by 35%, from an estimated rate of 88 deaths per 1000 live births to 57. The global rate of decline has accelerated in the past decade, from 1.9% per annum between 1990 and 2000 to 2.5% per annum between 2000 and 2010. The annual rate of decline more than doubled in the African Region, where almost half all child deaths occur, rising from 1.1% to 2.6% over the same periods. Yet, most countries in this Region are not likely to achieve the target of a two-thirds reduction from 1990 levels of mortality by the year 2015. Globally, 37 out of 143 low- and middle-income countries will have reached that target by 2015 if the pace of progress remains the same as during the period 2005–2010.

5. In 2010, global measles immunization coverage was 85% among children aged 12–23 months. More countries are now achieving high levels of immunization coverage; in 2010, 65% of Member States reached at least 90% coverage, and in half WHO's regions coverage of more than 90% was maintained. Between 2000 and 2010, the estimated number of measles deaths decreased by 74%, accounting for about one fifth of the overall decline in child mortality.

6. Nevertheless, nearly 20% of the deaths in children under the age of five years – mostly due to pneumonia and diarrhoeal diseases – continue to be preventable by vaccines. Efforts are being made to expand interventions against pneumonia, as called for by the Health Assembly in resolution WHA63.24 on accelerated progress towards achievement of Millennium Development Goal 4 to reduce child mortality: prevention and treatment of pneumonia, and against diarrhoeal diseases. A rapidly increasing number of countries in the African Region, the Region of the Americas and the Eastern Mediterranean Region have introduced pneumococcal conjugate vaccines in the past year with support from the GAVI Alliance. Joint statements by UNICEF and WHO on clinical management of children with diarrhoea and pneumonia have been used by several countries to formulate policies on increasing access to care through trained and supervised community health workers. By 2010, 30 out of 68 countries being monitored by the Countdown to 2015 initiative¹ had adopted the policy on community case management of pneumonia and eight other countries moved towards adopting the policy in the course of 2010.

7. Although the reduction in maternal deaths has been noteworthy, down to an estimated 287 000 in 2010 from 543 000 in 1990, the rate of decline is just over half that necessary in order to achieve Target 5.A: reducing the maternal mortality ratio by three quarters between 1990 and 2015. The rate of decline in the maternal mortality ratio between 1990 and 2010 globally was 3.1% per annum, with lower rates in the Region of the Americas and the Eastern Mediterranean Region (2.5% and 2.6% per annum, respectively). Approximately a quarter of the countries with the highest maternal mortality ratio in 1990 (≥ 100 maternal deaths per 100 000 live births) have made insufficient or no progress.

8. In order to reduce maternal deaths, women need access to effective interventions and good-quality reproductive-health care. For the period 2005–2010, 63% of women aged 15 to 49 years who were married or in a consensual union were using some form of contraception. The proportion of women receiving antenatal care at least once during pregnancy was about 81% for the period 2005–2011, but the figure dropped to around 55% for the recommended minimum of four visits or

¹ Countdown to 2015 for Maternal, Newborn and Child Survival (<http://www.countdown2015mnch.org/>, accessed 26 March 2012).

more. The proportion of births attended by skilled personnel – crucial for reducing perinatal, neonatal and maternal deaths – was above 90% in three of the six WHO regions for the period of 2005–2011. However, improvements are needed in regions such as the African Region, where coverage is still under 50%.

9. The total number of neonatal deaths fell from 4.4 million in 1990 to 3.1 million in 2010. Neonatal mortality rates declined from 32 per 1000 live births to 23 per 1000 live births over the same period – a 28% reduction. This is a slower decline than for child mortality overall, and the proportion of deaths in children under five years old that occur in the neonatal period increased from 37% in 1990 to 40% in 2010. Progress in developing regions has been uneven, ranging from a 19% decline in sub-Saharan Africa and Oceania and 33% in southern Asia to more than 50% in northern Africa, Latin America and the Caribbean, and eastern Asia. The estimated global number of stillbirths fell from 3.0 million in 1995 to 2.6 million in 2009, with the rate of stillbirths declining by about 15%, from 22 per 1000 births in 1995 to 19 per 1000 births in 2009.

10. Early postnatal care is crucial for the prevention and management of conditions that cause neonatal death. WHO and its partners are supporting the strengthening of the capabilities of health-care workers to prevent or manage the major perinatal and neonatal diseases, including home visits to newborn children. In addition, WHO is gathering more evidence on the most cost-effective interventions, including simpler antibiotic treatment regimens for treatment of neonatal sepsis.

11. About half the world's population is at risk of malaria, and an estimated 216 million cases of malaria led to 655 000 deaths in 2010, 86% of which concerned children under the age of five years. In the WHO African Region, a total of eight countries and one area showed a reduction of more than 50% in either confirmed malaria cases or malaria admissions and deaths. In other WHO regions, the number of reported cases of confirmed malaria decreased by more than 50% in 35 of the 53 countries with ongoing transmission between 2000 and 2010 and downward trends of 25%–50% were seen in four other countries. The estimated incidence of malaria fell by 17% globally between 2000 and 2010. Coverage with interventions such as the distribution of insecticide-treated bednets and indoor residual spraying has greatly increased and needs to be sustained in order to prevent resurgence of disease and deaths.

12. The annual global number of new cases of tuberculosis has been slowly falling since 2006. In 2010, there were an estimated 8.8 million new cases, of which about 13% involved people living with HIV, and 5.7 million of these cases were reported by national tuberculosis programmes. In 2010, an estimated 1.1 million HIV-negative people died from tuberculosis, and an additional 350 000 died from HIV-associated tuberculosis. Mortality due to tuberculosis has fallen by just over one-third since 1990. In 2009, the treatment success rate reached 87% worldwide, the third successive year that the target of 85% (first set by the Health Assembly in 1991) has been exceeded. All WHO's six regions are on track to achieve Target 6.C in terms of tuberculosis incidence rates falling by 2015. However, multidrug-resistant tuberculosis continues to pose problems.

13. Globally, in 2010, an estimated 2.7 million people were newly infected with HIV, 15% fewer than the 3.1 million people newly infected in 2001. In 22 countries in sub-Saharan Africa a similar rate of decline was observed during the past decade, but this region still accounted for 70% of all the people who acquired HIV infection globally. There were an estimated 34 million people living with HIV at the end of 2010, an increase from previous years. As access to antiretroviral therapy in low- and middle-income countries improves (16 times more people were treated in 2010 than in 2003), the population living with HIV will continue to grow since fewer people are dying from AIDS-related causes.

14. The term “neglected tropical diseases” covers a group of 17 diseases that are endemic in 149 countries,¹ affecting more than a billion people. With the exception of dengue and leishmaniasis, these diseases rarely cause outbreaks and thrive in the poorest, most marginalized communities, causing severe pain, permanent disability and death. WHO has reached a turning point in its efforts to overcome these diseases thanks to a coordinated and integrated approach, adopted since 2007, involving the simultaneous use of multiple safe and high-quality donated medicines. With fewer than 1100 cases reported in 2011, dracunculiasis is on the verge of eradication without the use of any medication or vaccine.

15. Work on drinking-water and basic sanitation is covered by Target 7.C namely: to halve, by 2015, the proportion of the population without sustainable access to safe drinking-water. The world has met the Target with respect to drinking-water; in 2010, 89% of the population used an improved source of drinking-water compared with 76% in 1990. Progress has been impressive, nevertheless disparities exist between WHO regions. Although coverage is above 90% in four of the six regions, it remains low in the African Region and Eastern Mediterranean Region. Based on the current rate of progress, these two regions will fall short of the 2015 target. With regard to basic sanitation, current rates of progress are too slow for the Target to be met, both globally and within WHO regions (with the exception of the Western Pacific Region). In 2010, 2500 million people lacked access to improved sanitation facilities and 72% of these lived in rural areas. The number of people in urban areas without improved sanitation is increasing because of rapid growth in urban populations.

16. Although nearly all countries publish an essential medicines list, the availability of medicines at public health facilities is often limited. Surveys in more than 70 mainly low- and middle-income countries indicate that the average availability of selected generic medicines at health facilities was only 42% in the public sector and 64% in the private sector. The availability of medicines for treatment of chronic, noncommunicable diseases is particularly poor when compared with the availability of medicines for acute illness. In a study of 40 countries, the mean public sector availability of generic medicines for chronic noncommunicable diseases was 36%, while in the same facilities availability of medicines for acute illness was 53.5%. Lack of medicines in the public sector forces patients to purchase medicines privately, with generic medicines in the private sector costing on average 610% more than their international reference price. Such low public-sector availability and high private-sector prices drive many families – particularly those with a member suffering from a chronic noncommunicable disease – into catastrophic poverty.

GLOBAL HEALTH GOALS AFTER 2015

17. With just four years to go before the end of 2015, it is clear that much work remains to be done if the health-related Millennium Development Goals are to be achieved. At the same time, the world faces new challenges that need to be reflected in the way in which progress is measured after 2015. The views of Member States can help to shape the debate on this subject.

¹ The diseases concerned are: dengue, rabies, trachoma, Buruli ulcer, endemic treponematoses, leprosy, Chagas disease, human African trypanosomiasis, leishmaniasis, cysticercosis, dracunculiasis, echinococcosis, foodborne trematode infections, lymphatic filariasis, onchocerciasis, schistosomiasis and soil-transmitted helminthiases.

18. **Unfinished business.** Reporting on achievements has improved, but it will still be some time before achievement of the existing Goals can be fully assessed. It is clear, nevertheless, that many countries – particularly the poorest – will need sustained efforts beyond 2015 to enable the original Goals to be attained. Moreover, as gaps in income levels within and between countries persist or even widen, the focus on inequities and their consequences for health will also become sharper. One way to accelerate progress has been to focus on specific areas where achievements lag behind expectation. Examples include the United Nations Secretary-General's Global Strategy for Women's and Children's Health, the recommendations of the United Nations Commission on Information and Accountability for Women's and Children's Health,¹ and the Political Declaration on HIV/AIDS: intensifying our efforts to eliminate HIV/AIDS.² The Rio Political Declaration on Social Determinants of Health³ specifically addresses the issue of inequity.

19. **New challenges to health.** All countries face common challenges relating to the health of their populations, many of which go beyond the health sector: rapid, unplanned urbanization; ageing populations; competition for scarce natural resources; economic uncertainty; migration; and the impact of climate on the fundamental requirements for health – clean air, safe and sufficient drinking-water; a secure food supply; and adequate nutrition and shelter. Epidemiological and demographic transitions impose an increasingly complex burden of infectious diseases in tandem with noncommunicable diseases, mental health disorders, injuries and the consequences of violence. Thus, while much unfinished business remains, countries have to face the growing challenges of chronic conditions. In September 2011, the United Nations General Assembly at its High-level Meeting on Prevention and Control of Non-communicable Diseases adopted a political declaration calling for a multipronged campaign by governments, industry and civil society to deal with the risk factors for major noncommunicable diseases.⁴ Specific indicators and targets to measure progress are under development.

20. **New approaches to development.** Thinking about development has changed. The Millennium Development Goals evolved, inter alia, through the series of United Nations thematic conferences in the 1990s when social goals were dominant. With the exception of Goal 8, they are primarily concerned with low-income countries. Many would now argue – in the face of challenges such as climate change and the impact of food and financial crises – that the goals need to be recast in ways that recognize development as a process that affects *all* societies, with indicators that can be used to measure overall global progress towards sustainable development.

21. **Defining new goals: the process.** The debate on development goals after 2015 has already begun and will feature prominently in forthcoming global meetings, in particular the Rio+20 United Nations Conference on Sustainable Development scheduled to be held on 13–22 June 2012. Within the United Nations system a Task Team, on which WHO is represented, is preparing a report to the Secretary General on the post-2015 development agenda. The Secretary will also appoint a High Level Panel to consider this issue after the completion of the Rio+20 Conference.

¹ *Keeping promises, measuring results: Commission on Information and Accountability for Women's and Children's Health.* Geneva, World Health Organization, 2011.

² See United Nations General Assembly resolution 65/277.

³ See document EB130/15, Annex.

⁴ See document EB130/6, Annex.

22. In defining new goals, it will be important to: identify measures of global progress towards sustainable development that go beyond the purely economic measures such as gross domestic product; give emphasis to the challenges of increasing employment and social protection; and create stronger links between economic, social and environmental policy (the three pillars of sustainable development). A broader conception of development should favour and not diminish the role of health. Health should therefore be cast as an important contributor to social, economic and environmental development, and, critically, as the benchmark for measuring the impact of policies in all areas.

23. **Learning from success.** The process of developing post-2015 goals that maintain a sense of focus while responding to new challenges will not be easy in the more complex political and institutional environment that exists today. In this regard, it is important to acknowledge the attributes of the current framework of the Millennium Development Goals that have contributed to its successes: a focus on a limited number of goals that resonate well with politicians and the general public, measurable indicators, and a defined timeline. Irrespective of the specific goals, similar attributes will be needed in the future if a new set of goals is to have the same degree of acceptance by a worldwide audience.

24. **The role of WHO.** Setting new health goals needs to be clearly linked with the process of WHO reform. WHO must be equipped to face new challenges and to complete unfinished business. The purpose of this report is to stimulate discussion among Member States about how future goals for global health should be framed and measured. The expression of a common voice on the part of the health sector will exert a powerful influence on what will inevitably be a difficult and complex debate between parties in numerous sectors. At the same time, there needs to be congruence between the goals that Member States advocate for the world and the overall priorities for the Organization itself. In other words, the next set of health-related Millennium Development Goals should closely match the priorities to be defined in the next General Programme of Work.

ACTION BY THE HEALTH ASSEMBLY

25. The Health Assembly is invited to note the report and to provide further guidance.

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