Millennium Development Goals

Agenda item 7.1 of the Advisory Committee meeting held in New Delhi from 30 June to 3 July 2008 dealt with the Millennium Development Goals and their implementation. Below are the recommendations of that meeting on this agenda item.

**Action by Member States**

1. Sustain high-level political commitment on strengthening the health system using the revitalized primary healthcare approach;

2. Allocate more resources to implement focused interventions to accelerate the progress towards achieving health-related MDGs;

3. Foster multisectoral and multidisciplinary approaches considering that health is strongly influenced by social determinants;

4. Generate additional or disaggregated information to enable the measurement of inequity across social determinants; and

5. Countries that have achieved MDGs already or reached indicators similar to those of developed countries must ensure and sustain the pace of achievement.

**Action by WHO/SEARO**

1. Monitor and report progress routinely;
Background

1. The Fifty-fifth World Health Assembly in 2002 reaffirmed its commitment to the UN Millennium Declaration and the related Millennium Development Goals (MDGs) through Resolution WHA 55.19. The Twenty-second Meeting of Ministers of Health of countries of the South-East Asia Region in September 2004 reviewed the progress made towards achieving MDGs in the Region and recommended that Member States should identify specific challenges and develop appropriate intervention programmes, with the support of all partners in health, that focus on the health needs of the underprivileged and poorest segments of the population.

2. A High-Level Forum on the MDGs in Asia and the Pacific met in Tokyo in June 2005 and reviewed the progress made and challenges faced by countries in Asia and the Pacific and highlighted actions that can be initiated at the country level. The Fifty-eighth World Health Assembly in May 2005 requested Member States to reaffirm the MDGs as critical for health development, and to develop nationally relevant “roadmaps” that incorporate the actions as a guide to accelerating progress towards achieving health-related MDGs. The work of WHO on MDGs has not only formed an integral part of its activities but has also contributed to the collective efforts of the United Nations.

3. Ten out of the 11 WHO South-East Asia (SEA) Region Member countries have submitted at least one country report on the progress in achieving MDGs to the UN Secretary-General.

4. The Inter-Agency and Expert Group on MDGs revised the monitoring framework of MDGs and some of their targets and indicators in November 2007 to facilitate better monitoring of progress in achieving MDGs (Annexure I).

5. Agenda Item 11.2 of the Sixty-first World Health Assembly was on monitoring of the achievements of the health-related Millennium Development Goals. Observing the slow progress in achieving health-related MDGs, the resolution on “monitoring of the achievements of the health-related Millennium Goals” was passed (Annexure 2).

6. The WHO SEA Region had participated in drawing up the “Delivering as One: Asia-Pacific Regional MDG Road Map 2008–2015” under the Regional Coordination mechanism. In collaboration with the WHO Western Pacific Region, it is also closely
coordinating its support with UN agencies primarily active in health to better support Member countries to achieve the health-related MDGs.

**Regional overview**

1. A review of the regional situation in achieving health-related MDGs at the midway point is important for Member countries to ascertain the progress achieved. It will also enable them to accelerate implementation if the progress is not satisfactory and to go beyond MDGs if it is satisfactory. The levels of progress in achieving MDGs in the Region vary from country to country. Ten countries in the Region have prepared at least one Millennium Development Goals Progress Report and three of them have prepared two reports. Bhutan has prepared three progress reports during this period.

2. The progress on Target 2 of Goal 1 (*reduction in numbers of underweight children*) needs to be accelerated as only three countries show a good progress rate. Seven countries are making insufficient progress, and one Member country is progressing considerably slower than the rest.

3. Goal 4 (*reduction of under-five mortality, infant mortality and immunization against measles*) shows better progress in the Region. Eight countries have made palpable progress in reducing under-five child mortality. However, progress in reducing under-five child mortality is insufficient in two countries, and one country shows no progress on this goal.

4. Efforts to achieve Goal 5 (*reduction of maternal mortality*) needs serious attention from all concerned as only three countries have made good progress, the rest have been very slow and are unlikely to achieve the targets by 2015 with their current rate of success.

5. There has been uneven progress with respect to targets 7, 8 and 9 set under Goal 6 (*combat HIV/AIDS, malaria and other diseases*) in most countries of the SEA Region. While the epidemic remains at a low level, overall with the regional prevalence of disease estimated to be 0.3%, five countries – India, Indonesia, Myanmar, Nepal and Thailand – are experiencing a high burden of HIV. Thailand is the only country in the
Region that has successfully reversed the HIV epidemic. There are early indications of a decrease in HIV prevalence in Myanmar and the southern states of India. Unsafe sex and injecting drug use are currently the main drivers of the epidemic in the Region. A scaled-up integrated package of prevention, care and treatment services is necessary to halt and reverse the epidemic and mitigate its impact.

(6) An estimated 1.2 billion people or 83% of the total population of the SEA Region lives in malaria risk areas. All countries except Maldives have indigenous malaria transmission, predominantly Plasmodium vivax. Sri Lanka is targeting eradication of local transmission of malaria by 2012, which will surpass MDG targets.

(7) Trends in the estimated TB incidence rates with reference to the baseline in 1990 indicate that the SEA Region as a whole has already achieved a reversal in TB incidence. The estimated tuberculosis prevalence and mortality rates similarly reflect a decrease in most Member countries, indicating that the expected reductions in prevalence and mortality will also be achieved by 2015. This is also supported by the current trends in treatment success and case detection rates.

(8) Goal 7 (enforce environmental sustainability: access to safe drinking water and improvement in sanitation) calls for further accelerated work in the area of sanitation. Available data indicate that the majority of SEA Region countries have made important strides towards increasing water supply coverage during the last decade. However, 14% of the population of the Region (approximately 212 million people) still lacks access to improved water supply, while as many as 900 million people lack access to improved sanitation.

(9) With regard to Goal 8 (develop global partnerships for development: access to affordable essential drugs) (Target: in cooperation with pharmaceutical companies provide access to affordable, essential drugs in developing countries), access to essential medicines has been improved, and will continue to be the core element of health care in the Region. Member countries are bolstering their national drug policies, promoting rational use and ensuring quality, safety and efficacy. With the expansion
of the private sector in health care, access to essential medicines has become an important issue.

Issues

(1) The analysed data suggest that Thailand has achieved all the MDG targets and goals and hence it is going ahead with “MDG Plus”. Maldives needs to achieve two targets from Goal 7, i.e. sanitation and use of solid fuel. Sri Lanka may achieve four goals and needs to work on Goal No. 1 and Target 8 of Goal No. 6, which envisages reduction of incidence of tuberculosis. All the other countries have revealed a mixed level of progress in achieving MDG targets and goals and need to make extra efforts to achieve all the goals. Those countries having registered good progress towards achieving MDGs need to reinforce the gains and make the extra effort to fulfil all other unaccomplished targets.

(2) Although the countries have attained different levels of progress with national level data, comparisons between regions, provinces and districts shows significant deviations from the mean national data. Analyses of disaggregated data by geographical regions and other variables reveals that some special geographical regions and population sub-groups need special assistance and interventions to reach health-related MDG targets and goals.

(3) Sustaining achievements beyond 2015 is an issue that needs proper attention. Effect of climate changes, vulnerability to natural disasters, world food crisis and the possibility of an avian influenza pandemic are the major threats that may reverse the achievement of the Millennium Development Goals in the Region. Careful, farsighted, intelligent measures need to be taken to avert these threats.

Strategic approaches/policy options to accelerate the progress of health MDGs

7. Slow progress can be overcome by adopting strategies to achieve MDGs through the primary healthcare approach, strengthening of health systems, massive scale-up of existing health programmes, substantially increased investments in the
social sector, and carefully planned focused interventions in specific areas. The following are some of the policy options available for consideration:

(1) Sustainable high-level political commitment and work with development partners is necessary towards strengthening the national health systems, including health information systems, for monitoring progress with the MDGs.

(2) A dedicated effort is required to mobilize resources for collective action for health. This means increased funding from national budgets, much higher levels of development assistance for health and harmonized and more effective approaches to delivering aid.

(3) Health needs are to be addressed within a broad developmental framework that prioritizes growth with equity, social cohesion, social protection, empowerment of the poor and protection of natural resources, particularly safe water for human consumption. Health strategies should, therefore, be firmly rooted in overall public policy, and its implementation should primarily aim at the reduction of poverty.

(4) Greater investment in public health and strengthened health systems are needed. 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. These include health programmes focusing on specific conditions or diseases and increased coverage and access that promote more equitable health outcomes, so long as they contribute materially to strengthening health systems.

(5) Health systems cannot function effectively without well-trained and adequately paid staff. The question of human resources for health involve multiple aspects but they relate essentially to shortages. 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 and the migration of health professionals.

(6) Gender concerns are fundamental to the MDGs. Efforts to achieve the goals must be informed by an understanding of gender inequities and also promote the empowerment of women.
(7) Health strategies and policies should incorporate equity concerns. The MDGs could even be achieved without necessarily improving the holistic health status of the poorest and most vulnerable people, who are typically the most difficult to reach. National averages may also not reveal huge disparities between the health status of different population groups. Addressing this challenge will require a more equitable health system, and a fairer distribution of good quality health services in particular, which are usually concentrated in urban centres serving populations that are economically better placed. The health system may itself be a cause for accentuating poverty. For example, health-care payments may push the poor or near-poor into destitution and lack of access to care may create life-long disability or impairment, which in turn may limit earning capacity.

(8) 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.

WHO’s support for achieving the MDGs

(1) In recognition of the pressing need to accelerate efforts to reach the MDGs, WHO will continue to pay greater emphasis on strategic approaches outlined above in its workplans and budget. Although the goals do not represent the entirety of the scope of work of WHO, they are central to the support it provides to Member countries and are also milestones against which the Organization’s overall contribution to health development can be measured.

(2) The WHO Secretariat will work closely with Member countries on ways in which the MDGs should be operationalized in the WHO planning process and reflected in the programme budgets and Medium-term Strategic Plan (MTSP) 2008–2013. The Eleventh General Programme of Work (GPW) covers the period 2006–2015. This time-frame was specifically chosen to correspond with the year of 2015, which is the target for achieving the goals.

(3) The WHO Secretariat will work with the UN Regional Coordination Mechanism for Asia and the Pacific, the United Nations Economic and
Social Commission for Asia and the Pacific, and UN agencies working in health in the Region to advocate and support synergistically the efforts of Member countries to achieve and document the MDGs in health.

(4) Technical units of the WHO Regional Office and country offices will assist Member countries in monitoring the MDGs, data analysis, problem identification, designing effective interventions and advocacy. WHO will also assist Member countries to implement recommendations of the Regional Consultation held in June 2008 on “Utilization of Health Information for Decision–Making” to strengthen the MDG monitoring mechanism in Member countries.

(5) The SEA Regional Office appointed a task force on Health MDGs with specific terms of reference to monitor the progress of the implementation activity. A high–level consultation to accelerate progress towards achieving maternal and child health–related Millennium Development Goals (MDGs 4 and 5) in South–East Asia is scheduled to be held at Ahmedabad, India, during October 2008.

Future action

8. Policy directives need to be issued at the national level to:

- Raise awareness of MDGs among high–level policy–makers;
- Divert adequate resources to accelerate the implementation of MDGs;
- Collect, compile, analyse and present MDG–related data by gender, geographical distribution and by other relevant variables;
- Design effective interventions, implement and monitor the progress; and
- Prepare annual progress reports and disseminate the same among partners.
Revised MDG monitoring framework including new targets and indicators, as noted by the 62nd General Assembly, and new numbering, as recommended by the Inter-agency and Expert Group on

MDG Indicators at its 12th meeting, 14 November 2007

(All indicators should be disaggregated by sex and urban/rural as far as possible.)

<table>
<thead>
<tr>
<th>Millennium Development Goals (MDGs)</th>
<th>Goals and Targets (from the Millennium Declaration)</th>
<th>Indicators for monitoring progress</th>
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</table>
| Goal 1: Eradicate extreme poverty and hunger | Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day | 1.1 Proportion of population below $1 (PPP) per day\(^1\)  
1.2 Poverty gap ratio  
1.3 Share of poorest quintile in national consumption |
|                                      | Target 1.B: Achieve full and productive employment and decent work for all, including women and young people | 1.4 Growth rate of GDP per person employed  
1.5 Employment-to-population ratio  
1.6 Proportion of employed people living below $1 (PPP) per day  
1.7 Proportion of own-account and contributing family workers in total employment |
|                                      | Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger | 1.8 Prevalence of underweight children under-five years of age  
1.9 Proportion of population below minimum level of dietary energy consumption |

\(^1\) For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.
## Millennium Development Goals (MDGs)

<table>
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<tr>
<th>Goals and Targets (from the Millennium Declaration)</th>
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<tbody>
<tr>
<td>Everywhere, boys and girls alike, will be able to complete a full course of primary schooling</td>
<td>2.2 Proportion of pupils starting grade 1 who reach last grade of primary&lt;br&gt;2.3 Literacy rate of 15–24 year-olds, women and men</td>
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### Goal 3: Promote gender equality and empower women

**Target 3.A:** Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

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<thead>
<tr>
<th>3.1 Ratios of girls to boys in primary, secondary and tertiary education&lt;br&gt;3.2 Share of women in wage employment in the non-agricultural sector&lt;br&gt;3.3 Proportion of seats held by women in national parliament</th>
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### Goal 4: Reduce child mortality

**Target 4.A:** Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

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<tr>
<th>4.1 Under-five mortality rate&lt;br&gt;4.2 Infant mortality rate&lt;br&gt;4.3 Proportion of 1 year-old children immunized against measles</th>
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### Goal 5: Improve maternal health

**Target 5.A:** Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

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<tr>
<th>5.1 Maternal mortality ratio&lt;br&gt;5.2 Proportion of births attended by skilled health personnel</th>
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**Target 5.B:** Achieve, by 2015, universal access to reproductive health

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<tr>
<th>5.3 Contraceptive prevalence rate&lt;br&gt;5.4 Adolescent birth rate&lt;br&gt;5.5 Antenatal care coverage (at least one visit and at least four visits)&lt;br&gt;5.6 Unmet need for family planning</th>
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### Goal 6: Combat HIV/AIDS, malaria and other diseases

**Target 6.A:** Have halted by 2015 and begun to reverse the spread of HIV/AIDS

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<tr>
<th>6.1 HIV prevalence among population aged 15–24 years&lt;br&gt;6.2 Condom use at last high-risk sex&lt;br&gt;6.3 Proportion of population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS</th>
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<td>6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years</td>
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<tr>
<td>Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it</td>
<td>6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs</td>
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<tr>
<td>Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</td>
<td>6.6 Incidence and death rates associated with malaria</td>
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<tr>
<td>6.7 Proportion of children under five sleeping under insecticide–treated bednets and Proportion of children under five with fever who are treated with appropriate anti-malarial drugs</td>
<td>6.8 Incidence, prevalence and death rates associated with tuberculosis</td>
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<tr>
<td>6.9 Proportion of tuberculosis cases detected and cured under directly observed treatment, short course (DOTS)</td>
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Goal 7: Ensure environmental sustainability

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<tr>
<td>Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</td>
<td>7.1 Proportion of land area covered by forests</td>
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<td>7.2 CO2 emissions, total, per capita and per $1 GDP (PPP), and consumption of ozone-depleting substances</td>
<td>7.3 Proportion of fish stocks within safe biological limits</td>
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<td>7.4 Proportion of total water resources used</td>
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<td>Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss</td>
<td>7.5 Proportion of terrestrial and marine areas protected</td>
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<td>7.6 Proportion of species threatened with extinction</td>
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<tr>
<td>Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation</td>
<td>7.7 Proportion of population using an improved drinking water source</td>
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<tr>
<td>7.8 Proportion of population using an improved sanitation facility</td>
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<tr>
<td>Target 7.D: By 2020, to have achieved a</td>
<td>7.9 Proportion of urban population living in</td>
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### Millennium Development Goals (MDGs)

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<tr>
<td>significant improvement in the lives of at least 100 million slum dwellers</td>
<td>slums$^2$</td>
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#### Goal 8: Develop a global partnership for development

**Target 8.A:** Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Includes a commitment to good governance, development and poverty reduction – both nationally and internationally

**Target 8.B:** Address the special needs of the least-developed countries

Includes: tariff and quota free access for the least-developed countries’ exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction

**Target 8.C:** Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)

**Target 8.D:** Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long

Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.

**Official development assistance (ODA)**

8.1 Net ODA, total and to the least-developed countries, as percentage of OECD/DAC donors’ gross national income

8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)

8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied

8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes

8.5 ODA received in small island developing states as a proportion of their gross national incomes

**Market access**

8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least-developed countries, admitted free of duty

8.7 Average tariffs imposed by developed countries on agricultural products and

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$^2$ The actual proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of the four characteristics: (a) lack of access to improved water supply; (b) lack of access to improved sanitation; (c) overcrowding (three or more persons per room); and (d) dwellings made of non–durable material.
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<tbody>
<tr>
<td>Term</td>
<td>textiles and clothing from developing countries</td>
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<td></td>
<td>8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product</td>
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<td></td>
<td>8.9 Proportion of ODA provided to help build trade capacity</td>
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<tr>
<td>Debt sustainability</td>
<td>8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)</td>
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<td>8.11 Debt relief committed under HIPC and MDRI Initiatives</td>
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<td></td>
<td>8.12 Debt service as a percentage of exports of goods and services</td>
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<tr>
<td>Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</td>
<td>8.13 Proportion of population with access to affordable essential drugs on a sustainable basis</td>
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<tr>
<td>Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</td>
<td>8.14 Telephone lines per 100 population</td>
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<td>8.15 Cellular subscribers per 100 population</td>
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<td></td>
<td>8.16 Internet users per 100 population</td>
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Annexure 2

Agenda item 11.12 Resolution on health–related MDG
Monitoring of the achievement of the health–related Millennium Development Goals

The Sixty–first World Health Assembly,

Recalling the 2005 World Summit Outcome and the commitments taken by the international community to fully implement the Millennium Development Goals;

Concerned by the relatively slow progress made, especially in the sub–Saharan African countries, in achieving the Millennium Development Goals, and in particular the health–related Goals;

Concerned by the fact that achievement of Millennium Development Goals varies from country to country and from goal to goal;

Concerned that the high rate of morbidity and mortality are underpinned by social determinants of health and high levels of malnutrition and noting that these social determinants of health may further undermine achievements of the health–related Millennium Development Goals;

Recalling the General Assembly resolution 60/265 dated 12 July 2006 on follow–up to the development outcome of the 2005 World Summit, including the Millennium Development Goals and the other internationally agreed development goals, and the WHO Medium–term strategic plan 2008–2013;

Welcoming the Secretariat’s report on Monitoring of the achievement of the health–related Millennium Development Goals;

Underlining in particular the need to build sustainable national health systems; strengthen national capacities; fully honour financing commitments made by national governments and their development partners in order to better fill many of the resource gaps in the health sector; to take concrete, effective and timely action in implementing all agreed commitments on aid effectiveness and to increase predictability of aid;
Reaffirming the commitments by many developed countries to achieve the target of 0.7% of gross national income for official development assistance by 2015 and to reach at least 0.5% of gross national income for official development assistance by 2010, as well as the target of 0.15% to 0.20% for least developed countries, and urge those developed countries that have not yet done so to make concrete efforts in this regard in accordance with their commitments.

1. **DECIDES:**

   (a) to include the monitoring of the achievement of the health–related Millennium Development Goals as a regular item on the agenda of the Health Assembly;

   (b) to support the United Nations Secretary-General's call to action, including the United Nations High–Level Event on the Millennium Development Goals (New York, 25 September 2008);

2. **URGES** Member States: to continue sustaining high–level political commitments and work with development partners towards strengthening the national health systems including health information system for monitoring Millennium Development Goals progress.

3. **REQUESTS** the Director–General:

   (a) to submit annually a report on the status of progress made, including on main obstacles and ways to overcome them, according to the new monitoring framework, in achievement of the health–related Millennium Development Goals, through the Executive Board to the Health Assembly;

   (b) to that effect, to continue to cooperate closely with all other United Nations and international organizations involved in the process of achieving the Millennium Development Goals in the framework of WHO's Medium–term strategic plan 2008–2013;

   (c) to work with all relevant partners to help to ensure that action on the health–related Millennium Development Goals is one of the main themes of the United Nations High–Level Event on the Millennium Development Goals (New York, 25 September 2008).