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Health and the Millennium Development Goals



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Foreword

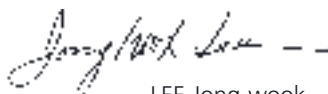
The eight Millennium Development Goals represent a unique global compact. Derived from the Millennium Declaration, which was signed by 189 countries, the MDGs benefit from international political support. As such, they reflect an unprecedented commitment by the world's leaders to tackle the most basic forms of injustice and inequality in our world: poverty, illiteracy and ill-health.

The health-related MDGs do not cover all the health issues that matter to poor people and poor countries. But they do serve as markers of the most basic challenges ahead: to stop women dying during pregnancy and child birth; to protect young children from ill-health and death; and to tackle the major communicable diseases, in particular HIV/AIDS. Unless we can deal with these fundamental issues, what hope is there for us to succeed in other, equally important areas of health?

2005 is a critical year, with the MDG target date of 2015 only 10 years away. The evidence so far suggests that while there has been some progress, too many countries - particularly the poorest - are falling behind in health. This is likely to affect other areas, including education, gender equality and poverty reduction. In short, the MDG vision - to create a better and fairer world - will fail unless we can do more to improve the health of poor people.

This report explains some of the reasons for the slow progress, and suggests solutions. It looks beyond the statistics to discuss strategic and policy areas where change is needed and support should be provided. As such, it summarizes WHO's contribution to debates on the MDGs and to the 2005 World Summit in September.

Much faster progress in health is possible and we have many success stories to draw on. We have the knowledge and tools, and the resources are attainable. What is required is political will and commitment to dramatically scale up our efforts. If we are to succeed, we must start now. Few challenges are more profound, or more urgent.



LEE Jong-wook
Director-General
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Introduction



2000, the global community made an historic commitment: to eradicate extreme poverty and improve the health and welfare of the world's poorest people within 15 years. The commitment was set forth in the Millennium Declaration (1) and derived from it are eight time-bound goals, known as the Millennium Development Goals (MDGs, see chart).

The MDGs have gained widespread acceptance in rich and poor countries alike. They are seen to provide an overarching framework for development efforts, and benchmarks against which to judge success. With the MDG target date of 2015 just 10 years away, now is the time to review progress, take stock of achievements, and address challenges. From the perspective of health, the MDGs are important in at least five ways.

First, the MDGs provide a common set of priorities for addressing poverty. This unprecedented level of agreement between national governments, international agencies, and the United Nations system brings both political momentum and focus to development efforts.

Second, health is at the heart of the MDGs - a recognition that health is central to the global agenda of reducing poverty as well as an important measure of human well-being. Health is represented in three of the eight goals, and makes an acknowledged contribution to the achievement of all the other goals, in particular those related to the eradication of extreme poverty and hunger, education, and gender equality. Importantly, the health goals also focus on problems which disproportionately affect the poor.

Third, the MDGs set quantifiable and ambitious targets against which to measure progress. These provide an indication of whether efforts are on track, and a means of holding decision-makers to account.

Fourth, it is possible to calculate what it would cost to achieve the MDGs. This in turn draws attention to the massive funding gap between available and needed resources, thus providing additional support to long-standing calls from the health sector that funding needs to be dramatically increased.

Fifth, goal 8 calls for a global partnership for development. This unique feature of the MDGs recognizes that there are certain actions rich countries must take if poor countries are to achieve goals 1 to 7. Goal 8 is a reminder that global security and prosperity depend on a more equitable world for all.



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Importantly, the MDGs have also helped to crystallize the challenges in health. As developed and developing countries begin to look seriously at what it would take to achieve the health MDGs, the bottlenecks to progress have become clearer. These challenges - again, we have identified five - are the subject of this report. They also represent core elements of WHO's strategy for achieving the goals.

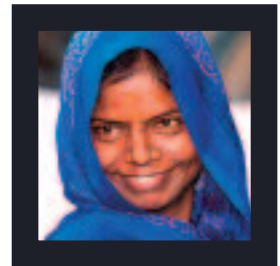
The first challenge is to strengthen health systems. Without more efficient and equitable health systems, countries will not be able to scale up the disease prevention and control programmes required to meet the specific health goals of reducing child and maternal mortality and rolling back HIV/AIDS, TB, and malaria. Chapter 2 outlines an agenda of action to improve health systems and to make them more responsive to the needs of the poor.

The second challenge is to ensure that health is prioritized within overall development and economic policies. This means looking beyond the health system and addressing the broad determinants of ill-health - low levels of education, poverty, unequal gender relations, high risk behaviours, and an unhealthy environment - as well as raising the profile of health within national poverty reduction and government reform processes. Chapter 3 looks at the practical implications of addressing health within the context of poverty reduction, and makes the point that within the group of developing countries there are very different experiences and needs. Fragile states, and those emerging from conflict, require particular attention.

The third challenge is to develop health strategies that respond to the diverse and evolving needs of countries. This means designing cost-effective strategies which address those diseases and conditions which account for the greatest share of the burden of disease, now and in the future. In addition to the priorities reflected in the MDGs, reproductive health interventions will be essential in all countries. Efforts to reduce violence and injuries - as well as noncommunicable diseases such as those related to cardiovascular disease and tobacco use - are important almost everywhere. As discussed in Chapter 4, the MDGs indicate desirable outcomes in terms of overall improvements in human well-being. The means of reaching those outcomes will necessarily encompass a broad range of activities - including a wide range of health actions.

The fourth challenge is to mobilize more resources for health in poor countries. Currently, low-income countries cannot 'afford' to achieve the MDGs, and aid is not filling the gap. Chapter 5 looks at how much it would cost to achieve the health MDGs, while Chapter 6 examines how aid (development assistance) for health could be delivered more efficiently and equitably.

The fifth challenge is that we need to improve the quality of health data. Measuring country progress towards the MDGs is a key responsibility of national governments, and global monitoring is one of the most important functions performed by the United Nations system. Such monitoring is instrumental in



informing global and national policy-making. At the global level, demonstrating progress can help to generate further resources and sustain political momentum. At country level, reliable information can help to ensure that policies are correctly oriented, and targeted at those most in need. Problems include paucity of data, weaknesses in health information systems, over-analysis of data, and the challenge of generating disaggregated information which is needed to look at differences between men and women, rich and poor. Chapter 7 examines some of the difficulties involved in monitoring the MDGs, and suggests some solutions. By examining these five challenges, this report focuses on policy issues of relevance to the health sector as a whole. Accordingly, it does not focus on any particular technical area, nor look at progress towards the MDGs on a country-by-country basis. However, Chapter 1 does provide a global overview of progress towards the health MDGs to date, identifying areas where there has been success, and many others where progress has been slower than hoped.

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Tackling diseases and conditions which disproportionately affect the poor is central to WHO's work. Efforts to achieve the MDGs are thus part of WHO's core business. WHO has extensive programmes to assist countries in their efforts to tackle HIV/AIDS, TB, and malaria; improve child and maternal health and nutrition; and scale up access to essential medicines. As a reflection of this, WHO's commitment to the Millennium Declaration has been reaffirmed by its governing bodies (2, 3) and WHO's next General Programme of Work will cover the period 2006 to 2015 - a time frame that was chosen specifically to correspond to the MDG target date of 2015. So while the MDGs do not reflect the entirety of WHO's work, they are central to its agenda in assisting Member States, and represent important milestones against which the Organization's overall contribution to health development can be measured.

Governments of rich and poor countries, development organizations, and civil society groups look to WHO for leadership and guidance in achieving the health MDGs. This report lays out the essential elements - the strategies and inputs - that will help the international community, working collectively, to tackle the health crisis facing many poor countries and, in so doing, contribute to poverty reduction.

The issues covered in this report were identified at a WHO interregional meeting held in Costa Rica in November 2004. Representatives from all six WHO regions, along with staff from headquarters and some country offices, came together to discuss the key, overarching challenges to achieving the MDGs. The result was a paper prepared for the Executive Board and a resolution approved by the Fifty-eighth World Health Assembly in May 2005 (4, 5). Both documents set forth what WHO believes to be the core strategic directions for achieving the health MDGs. This report goes into detail, reflecting more fully the wealth and depth of the discussions in Costa Rica.

1 - United Nations Millennium Declaration. New York, NY, United Nations, 2000 (A/RES/55/2; <http://www.un-ngls.org/MDG/A-RES-55-2.pdf>, accessed 22 April 2005).

2 - Resolution EB109.R3. WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration. In: *109th Session of the Executive Board, Geneva, 14-21 January 2002. Resolutions and decisions*. Geneva, World Health Organization, 2002 (EB109.R3; http://www.who.int/gb/ebwha/pdf_files/EB109/eeb109r3.pdf, accessed 22 April 2005).

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5 - Resolution WHA58.30. Accelerating the achievement of the internationally agreed health-related development goals including those contained in the Millennium Declaration. In: *Fifty-eighth World Health Assembly, Geneva, 16-25 May 2005*. Geneva, World Health Organization, 2005 (WHA58.30; http://www.who.int/gb/ebwha/pdf_files/WHA58/WHA58_30-en.pdf, accessed 1 June 2005).

Health in the Millennium Development Goals

Health Targets	Health Indicators
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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
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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
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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
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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, Department of MDGs, Health and Development Policy (HDP).