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Achieving the Millennium Development Goals for Health: So far, progress is mixed—can we reach our targets?

The Millennium Development Goals (MDGs), adopted by 147 heads of state in 2001, address the world’s most staggering health and poverty issues (see Table 1). Meeting the goals, or even substantial progress towards meeting them, would produce a healthier, more economically sound world. Some progress has been made, but it is lopsided – both regionally and within countries. Sub-Saharan Africa lags behind the rest of the developing world on most of the MDGs. Within developing countries in all regions, the well-off are improving their health at a faster rate than the poor. Interventions known to help meet the goals are not being used effectively, nor are health systems always capable of implementing them on the appropriate scale.

What’s the score?

THE GOOD:

- More than three-fourths (77 percent) of the developing world’s population lives in a country on track to meet the malnutrition target (MDG 1).
- In 38 percent of developing countries, the under-five mortality rate decreased in the 1990s (MDG 4).

- Nearly all countries in Europe and Central Asia and over half of Latin America and Caribbean countries are on track to meet the maternal health goal (MDG 5).

THE NOT-SO-GOOD:

- During the 1990s, the under-five mortality rate was reduced by a yearly average of 2.5 percent – good

Table 1 The Health-Related Millennium Development Goals	
<p>GOAL 1—eradicating extreme poverty and hunger. This goal includes as a target the halving between 1990 and 2015 of the proportion of people who suffer from hunger, with progress to be measured in terms of the prevalence of underweight children under five years of age. The target implies an average annual rate of reduction of 2.7 percent.</p>	<p>GOAL 6—combating HIV/AIDS, malaria and other diseases. The target is to halt and begin to reverse the spread of the diseases by 2015.</p>
<p>GOAL 4—reducing child mortality. The target is to reduce by two-thirds between 1990 and 2015 the under-five mortality rate, equivalent to an annual rate of reduction of 4.3 percent.</p>	<p>GOAL 7—ensuring environmental sustainability. This goal includes as a target the halving by 2015 of the proportion of people without sustainable access to safe drinking water.</p>
<p>GOAL 5—improving maternal health. The target is to reduce by three-quarters between 1990 and 2015 the maternal mortality ratio, equivalent to an annual rate of reduction of 5.4 percent.</p>	<p>GOAL 8—developing a global partnership for development. This goal includes as a target the provision of access to affordable essential drugs in developing countries.</p>

Source: United Nations Millennium Declaration, the United Nations Millennium Summit 2000.

progress, but far short of the 4.3 percent annual reduction needed to meet the goal.

- Sub-Saharan Africa is faring worse than other regions. Reductions of under-five mortality and underweight children were barely above zero in the 1990s. Maternal mortality fell on average by just 1.6 percent – significantly below the annual target rate of 5.4 percent.
- For the malnutrition target, while most of the world is making significant progress, only 15 percent of people in Sub-Saharan Africa live in a country that is on-track to reach the target.
- Progress within countries does not always mean progress for everyone. In many cases, the better-off are making progress towards the goals while the poor are being left behind. This disparity is most notable for under-five mortality.

What is the forecast?

Experts are not sure how countries will fare as the world approaches 2015. Political changes, economic difficulties, or natural disasters could easily derail countries that are currently on track to meet the MDGs. They can regain their momentum with a combination of strong leadership, good policies, and expanded funding of programs that address both the direct and underlying health determinants. If positive growth forecasts are correct, an economic boost will help accelerate progress, but only with the political will to implement proven, cost-effective interventions.

Gender gaps in education (MDG 3) are expected to narrow around the developing world and, in some countries, be eliminated. This will boost gains towards meeting the health MDGs as better educated women are more likely to raise

Table 2

MDG	Preventive Interventions	Treatment Interventions
Child Mortality	Breastfeeding; hand washing; safe disposal of stool; latrine use; safe preparation of weaning foods; use of insecticide-treated bednets; complementary feeding; immunization; micronutrient supplementation (zinc and vitamin A); prenatal care, including steroids and tetanus toxoid; antimalarial intermittent preventive treatment in pregnancy; newborn temperature management; nevirapine and replacement feeding; antibiotics for premature rupture of membranes; clean delivery	Case management with oral rehydration therapy for diarrhea; antibiotics for dysentery, pneumonia, and sepsis; antimalarials for malaria; newborn resuscitation; breastfeeding complementary feeding during illness; micronutrient supplementation (zinc and vitamin A)
Maternal Mortality	Family planning (lifetime risk); intermittent malaria prophylaxis; use of insecticide-treated bednets; micronutrient supplementation (iron, folic acid, calcium for those who are deficient)	Antibiotics for preterm rupture of membranes; skilled attendants (especially active management of third stage of labor); basic and emergency obstetric care
Nutrition	Exclusive breastfeeding for 6 months; appropriate complementary child feeding for next 6–24 months; iron and folic acid supplementation for children; improved hygiene and sanitation; improved dietary intake of pregnant and lactating women; micronutrient supplementation for prevention of anemia and vitamin A deficiency for mothers and children; anthelmintic treatment in school-age children	Appropriate feeding of sick child and oral rehydration therapy; control and timely treatment of infectious and parasitic diseases; treatment and monitoring of severely malnourished children; high-dose treatment of clinical signs of vitamin A deficiency

Source: Adam Wagstaff et al. 2006. "Millenium Development Goals for Health: What Will It Take to Accelerate Progress." In *Disease Control Priorities in Developing Countries*, 2nd ed., ed. D.T. Jamison, J.G. Breman, A.R. Measham, G. Alleyne, M. Claeson, D.B. Evans, P. Jha, A. Mills, and P. Musgrove, table 9.1. New York: Oxford University Press.

healthy (and better educated) children and seek out health care when needed.

Proven Interventions

Proven, cost-effective interventions are known, but their use has been too limited, particularly among the very poor, to accelerate the health gains needed to meet the goals. Scaling up these interventions could have an enormous impact. For example, if all the proven interventions for childhood illness were universally implemented, the number of under-five deaths would fall as much as 63 percent (see Table 2).

Coverage must increase to save lives and meet the goals

- Diarrheal diseases, pneumonia, and malaria account for 52 percent of under-five deaths worldwide, and at least one proven preventive and treatment intervention exists for each of these causes of death, all capable of being implemented in low-income areas. For diarrhea, the second-leading cause of child deaths, five preventive interventions and three treatment interventions are proven, cost effective, and available (see Table 2).
- Maternal mortality rates could be drastically lowered around the world. If coverage rates for all known cost-effective interventions were increased to 99 percent, an estimated 74 percent (or 391,000) of mothers' lives could be saved. Greater access to basic prenatal and emergency obstetric care at the primary level would have the greatest impact because lack of coverage accounts for more than one-half of all maternal deaths.
- Poorest groups lag behind, even when their countries are making progress overall. The poor are least likely to be fully immunized, have a trained birth attendant present at delivery, or have at least one prenatal care visit to a trained medical provider. All interventions need to reach the poor to lessen the gap.

What can countries do?

Countries can take steps to improve their health and make progress toward the MDGs. With reasonably good governance and a well-functioning health system, increased spending could greatly speed up progress towards the health MDGs,

especially the maternal mortality goal. Unfortunately, the amount of additional spending required to meet the goals is out of reach for most countries, although all countries can accelerate progress with sound policies and institutions.

Spending alone has less impact on under-five mortality than on maternal mortality. For example, if East Asia and Pacific (EAP) health expenditures grow in proportion to expected economic growth rates, the region should reach the underweight and maternal mortality MDGs, but would miss the under-five mortality goal. To reach the goal, the projected share of gross domestic product (GDP) spent on government health programs would have to increase to 3.7 percent in 2015, more than twice what it would be if the 1990s pattern of growth continued.

In Sub-Saharan Africa, the proportion of government spending on health would need to increase nearly six-fold to meet the targets, meaning that 12.2 percent of GDP would be spent on health, which is unrealistic.

But with limited resources, there are still steps countries can take to speed up progress towards reaching the MDGs.

- **Target spending to programs that have the greatest impact on the MDGs.** Immunization, use of insecticide-treated bed-nets, universal access to essential obstetric care, condom use, and case management with oral rehydration therapy are examples of interventions that bear great results at low cost.
- **Build efficient, streamlined institutions to ensure each dollar is spent productively.** Health systems are broad and there are many steps along the way where dollars can be wasted, particularly if programs with large overhead and administrative costs do not produce results. Efficient health systems will help ascertain dollars are spent where they are intended.
- **Improve health service delivery.** Better management, in both the public and private sectors, means greater accountability within organizations, weeding out inefficiencies, and creating a system of performance and reward. A more efficient health system means better use of resources, a focus on outputs, motivated staff, and improved client services.
- **Contract services.** When health systems are unable to provide basic services, or if a nongovernmental

organization or the private sector can provide better services, awarding contracts can be a successful option. Awarding nonprofit contracts to increase immunization coverage, for example, has borne significant results in Bangladesh and Haiti.

- **Employ public health professionals with core public health competencies.** Professionals with appropriate training can help develop efficient monitoring systems and emphasize health education, public information, health promotion, disease prevention, and social marketing of public health issues.
- **Provide essential services in clinics or health posts that reach the poor.** Within countries, the poor (often rural) populations consistently lag behind better-off urban populations. Targeted regional resource allocation can help lessen this gap, and is necessary to meet the health MDGs.
- **Invest more in programs that already work well.** DOTS for tuberculosis or the integrated management of infant and childhood illness (IMCI) are examples of programs that may yield high returns in low income settings. All successful programs have several factors in common: technical innovation, stakeholder consensus, strong political leadership, coordination across agencies, efficient management, effective use of information and financial resources, and community participation.
- **Avoid user charges, particularly for interventions that target the poor and have spillover benefits.** Many cost-effective interventions have spillover benefits for people that do not receive the intervention directly. For example, herd immunization, when a vast majority of a group is immunized, protects not only those that receive the immunization, but others in the community that do not. As long as the vast majority of a population is immunized against a particular disease, it is much more difficult for that disease to spread to the unimmunized portion of the population.
- **Educate people, especially girls and women.** Educated people are more likely to be healthier, to seek out care, and to spend their often limited resources wisely. Incorporating basic health lessons in the education system works. Lessons in hygiene that emphasize hand-washing and proper stool disposal could reduce diarrhea prevalence and associated child mortality.

- **Provide reliable and subsidized emergency transportation.** Women with complicated deliveries often require obstetric care unavailable at their local hospitals, but emergency transportation to district hospitals can be unreliable and expensive. Roads in disrepair, for example, make journeys dangerously long when every minute counts.

How will the world achieve the goals?

Studies estimate that anywhere from US\$20 billion to US\$75 billion per year of additional development assistance is required to meet the health MDGs – more than four times the current level. For country-level analysis, several methodologies have been developed for obtaining cost-estimates to reach the MDGs. One thing is certain: it will require a combination of more money from tax revenue and from donors, for countries to achieve the goals.

Currently, out-of-pocket spending pays for most health services in developing countries, making health services out of reach for many poor households. Such costs often force struggling families into poverty. Governments must not only increase their own spending, but also create a risk-pooling system to effectively protect the poor from spending all they have on necessary health care. They must determine whether current spending patterns are a result of low revenues or low allocations to health, and make adjustments to increase overall revenues and/or redirect funding to the health sector.

It is important that donor agencies provide financial support, and work with countries to help them become more self-sufficient. Financial support helps in the short term, but long-term reform is needed to generate more revenue, reallocate funds to health, and build more efficient health systems in order for countries to achieve the MDGs and make sustained health improvements.

For More Information

Adam Wagstaff et al. 2006. “Millennium Development Goals for Health: What Will It Take to Accelerate Progress.” In *Disease Control Priorities in Developing Countries*, 2nd ed., ed. D.T. Jamison, J.G. Breman, A.R. Measham, G. Alleyne, M. Claeson, D.B. Evans, P. Jha, A. Mills, and P. Musgrove, 181-194. New York: Oxford University Press.