WORLD HEALTH ORGANIZATION
Regional Office for the Eastern Mediterranean
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منظمة الصحة العالمية
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Progress report on

Achievement of the Millennium Development Goals

Contents

1. Introduction

Reaching the Millennium Development Goals (MDGs) related to population health is crucial. Not only are these goals important in their own right, but improving population health is vital for the successful attainment of the other MDGs. This report focus on the health-related MDGs, namely the relevant targets of Goal 4 (reduce under-five mortality by two thirds between 1990 and 2015), Goal 5 (reduce the maternal mortality ratio by three quarters between 1990 and 2015) and Goal 6 (have halted by 2015 the spread of HIV/AIDS, malaria and tuberculosis).

Most countries of the Region are progressing well towards achieving the targets set for 2015. However, 10 countries, namely Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Palestine, Somalia, Sudan and Yemen, are not on track to achieve some or all of the health-related Goals. Table 1 shows progress towards achieving the MDGs in nine of these priority countries.

Compared with the progress in 2009, the security situation in Iraq has affected child mortality, and progress towards achieving the relevant target is now lagging. Expansion of the global tuberculosis control strategy has had a positive effect on progress in reducing the prevalence of tuberculosis in Egypt, Morocco, Pakistan, Sudan and Yemen. Improvements in AIDS case detection in Afghanistan have positively affected its progress in prevention and management of HIV/AIDS and related targets of Goal 6.

Complex emergencies in some countries of the Region, lack of commitment to maternal and child health, and inadequate allocation of human and financial resources are among the main challenges affecting efforts to achieve Goals 4 and 5. With regard to Goal 6, an acute shortage of timely and reliable epidemiological and behavioural data has long hindered a clear understanding of HIV-related dynamics and trends in countries of the Region. While the prevalence of HIV/AIDS continues to be relatively low, risks and vulnerability are high as the epidemic spreads. Malaria has been eliminated in Morocco and Egypt and is close to elimination in Iraq. In general the burden of malaria in the Region is decreasing in comparison with 2000. More than 98% of the estimated burden is in six countries, namely Afghanistan, Djibouti Pakistan, Somalia, Sudan and Yemen. Tuberculosis remains an important public health challenge in Afghanistan and Pakistan, and is among the most significant causes of death due to communicable disease in the Region.

WHO is continuing its support to strengthen national capacity and leadership towards achieving the health-related MDGs, focusing action on the poor and most vulnerable groups of the community, and is advocating for greater investment, intersectoral collaboration and partnership in moving towards the MDGs.

Table 1. Progress towards achieving health-related Millennium Development Goals in priority countries, 2010

Health issue (related Goal no.)	Afghanistan	Djibouti	Egypt	Iraq	Morocco	Pakistan	Somalia	Sudan	Yemen
Malnutrition (1)	L	L	P/L	L	NC	P/L	L	L	NC
Child health (4)	L	L	M	L	T	P/L	L	L	P/L
Maternal health (5)	NC	P/L	T	T	P/L	P/L	P/L	L	T
Tuberculosis (6)	P/L	L	M	L	M	T	P/L	P/L	M
Malaria (6)	P/L	P/L	M	M	M	P/L	P/L	P/L	P/L
AIDS (6)	P/L	P/L	P/L	P/L	P/L	P/L	P/L	P/L	P/L
Water/Sanitation (7)	L	L	T	L	P/L	P/L	L	P/L	L

L: lagging, P/L: progress but lagging, NC: no change, T: on track, M: met

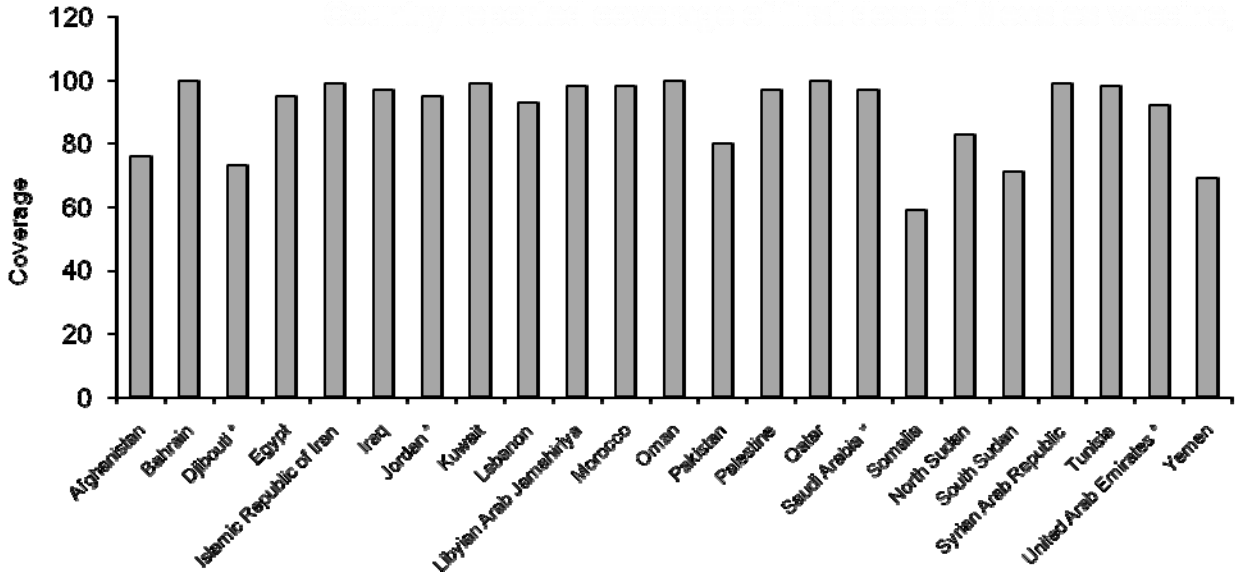
2. Progress in the priority countries

By the end of 2007, the regional under-5 mortality rate had dropped by 26% since 1990. However, efforts to achieve Goal 4 are compromised by many factors, including the issues faced by countries with complex emergencies, which are still far away from the target set for 2015, and the lack of commitment to child health reflected in the inadequate allocation of human and financial resources. If the same trend of mortality reduction continues over the next 5 years, the Region is expected to remain far below the target of Goal 4. Mortality gaps are evident between the poorest and richest quintiles, a sign of inequity in health.

The implementation of cost-effective interventions that address the main causes of death among children, namely pneumonia, diarrhoea, malaria and malnutrition, represented by the integrated management of child health (IMCI), have had a significant impact on reducing under-5 mortality. A study conducted in 2008 showed that universal coverage of IMCI in Egypt had a significant effect on reduction of under-5 mortality. Djibouti has 75% IMCI coverage. This evidence confirms the need to scale up the coverage of cost-effective interventions in order to accelerate the reduction of under-5 mortality. However, implementation of IMCI has been slow in many countries due to lack of human and financial resources.

Vaccine-preventable diseases contribute to around 25% of under-5 mortality. In 2000, measles was the major vaccine-preventable cause of death among children under five. This situation changed radically thanks to the successful measles control activities implemented by all countries of the Region, resulting in 93% reduction in measles mortality between 2000 and 2008 (reaching the target set for 2010 three years early). Invasive pneumoccoccal diseases and acute rotavirus gastroenteritis have since become the major vaccine-preventable causes of death.

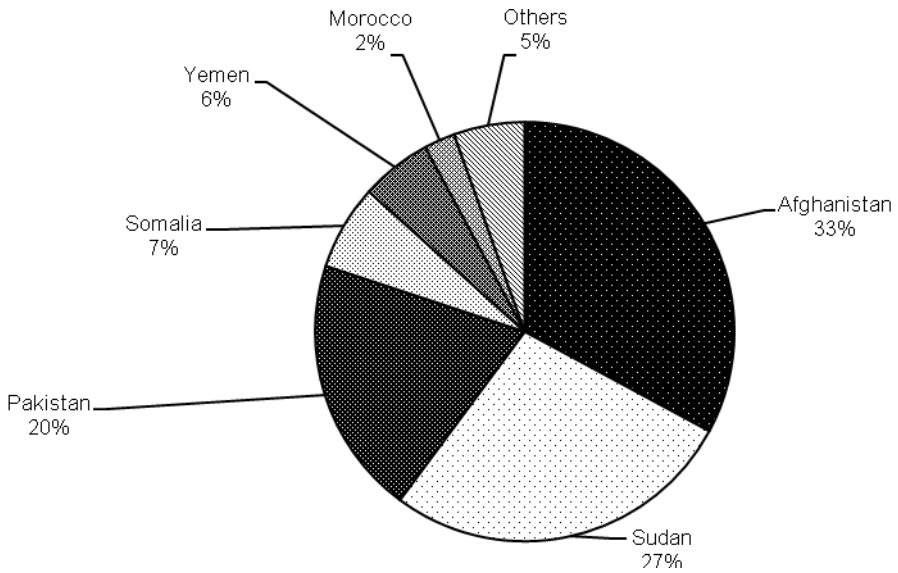
In order for national immunization programmes to fulfil their role in reducing under-5 mortality, tremendous efforts will be needed from all partners at global, regional and country level to help countries, in particular the low-income and middle-income countries, to gain access to the pneumococcal and rotavirus vaccines as soon as possible. Figure 1 shows the measles vaccine coverage in countries of the Region in 2009.



Source: Country reports

*2008 data

Figure 1. Coverage of first dose of measles vaccine, 2009



Source: WHO Making Pregnancy Safer database, 2009

Figure 2. Share of the regional maternal mortality ratio by country, 2009

With regard to Goal 5, it was estimated in 2008 that 58 300 women and 510 000 newborns died in the Region due to complications of pregnancy and childbirth. Three countries account for 80% of maternal mortality in the Region (see Figure 2). 50% of women and newborn babies are still delivered away from health care facilities in the Region, and 40% of them are left unattended by skilled health personnel. Only 31.1% of married couples are using modern contraceptive methods, with a total fertility rate as high as 4.2 children per woman.

Achieving Goal 6 is essential, since tuberculosis, malaria and AIDS account for the deaths of approximately 264 000 people annually in the Region. The regional HIV epidemic cannot be reversed without reaching out and providing preventive services to people who are most at risk due to high-risk sexual and drug injecting behaviours.

Access to antiretroviral treatment has become available in all countries of the Region, however most people living with HIV in the Region do not know that they are HIV infected and therefore do not access treatment services. Making voluntary and confidential HIV testing and counselling available to people at increased risk of HIV is of high priority in the Region.

Malaria remains endemic in six of the priority countries of the Region. These countries have adopted effective malaria treatment policies, including artemisinin-based combination therapies for falciparum malaria. Recent nationwide malaria surveys in three of the countries (Afghanistan, Sudan and Yemen) showed that ownership of insecticide-treated nets (ITNs) and access to effective treatment are increasing, though they are still far below the targets of universal coverage. This has resulted in significant reduction of malaria prevalence, and most areas have low transmission. The challenge is to expand quality parasitological diagnosis for confirmation of all cases and to adapt vector control strategies in low transmission areas in light of low usage of ITNs.

With regard to malaria elimination, the number of locally transmitted cases in Saudi Arabia dropped from 204 in 2005 to only 61 in 2008. Iraq adopted a malaria elimination strategy in 2005 and has achieved a significant reduction in the number of cases, with only 23 local transmissions reported in 2006, 4 in 2008 and zero local cases in 2009. The United Arab Emirates was certified

as malaria-free in 2007, and Morocco was certified as malaria-free in 2010. Figure 3 shows the estimated number of malaria cases in the Region.

Afghanistan and Pakistan rank 8th and 22nd, respectively, among the 22 countries of the world with highest tuberculosis burden. These two countries, along with Sudan, Somalia and Djibouti, contribute to 83% of the regional tuberculosis burden. Afghanistan reported a slower decline in prevalence and mortality rates compared to the other high-burden countries of the Region. Djibouti reported an increase in prevalence and mortality rates. Among the intermediate-burden and low-burden countries of the Region, 10 countries had halved or were close to halving the prevalence and mortality rates in 2008. The remaining countries vary in their progress towards the targets. However, all countries have adopted the expanded Stop TB Strategy and have made progress in its implementation.

Low tuberculosis case detection remains an important problem, with the case detection rate only 58% in 2008. Limited collaboration with different health care providers, particularly private health care providers in high-burden countries, is the main reason for the low case detection. Specific barriers to service access and use should be addressed and effective solutions should be designed to tackle problems, using local solutions for local problems. Figure 4 shows progress in reducing tuberculosis prevalence in countries of the Region between 1990 and 2008.

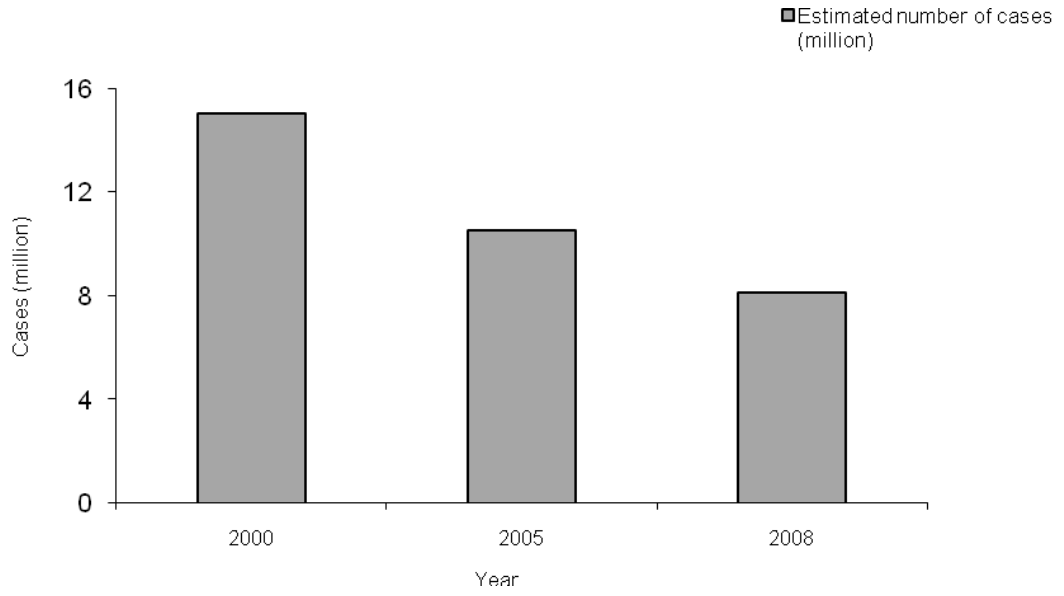


Figure 3. Estimated malaria cases in the Region

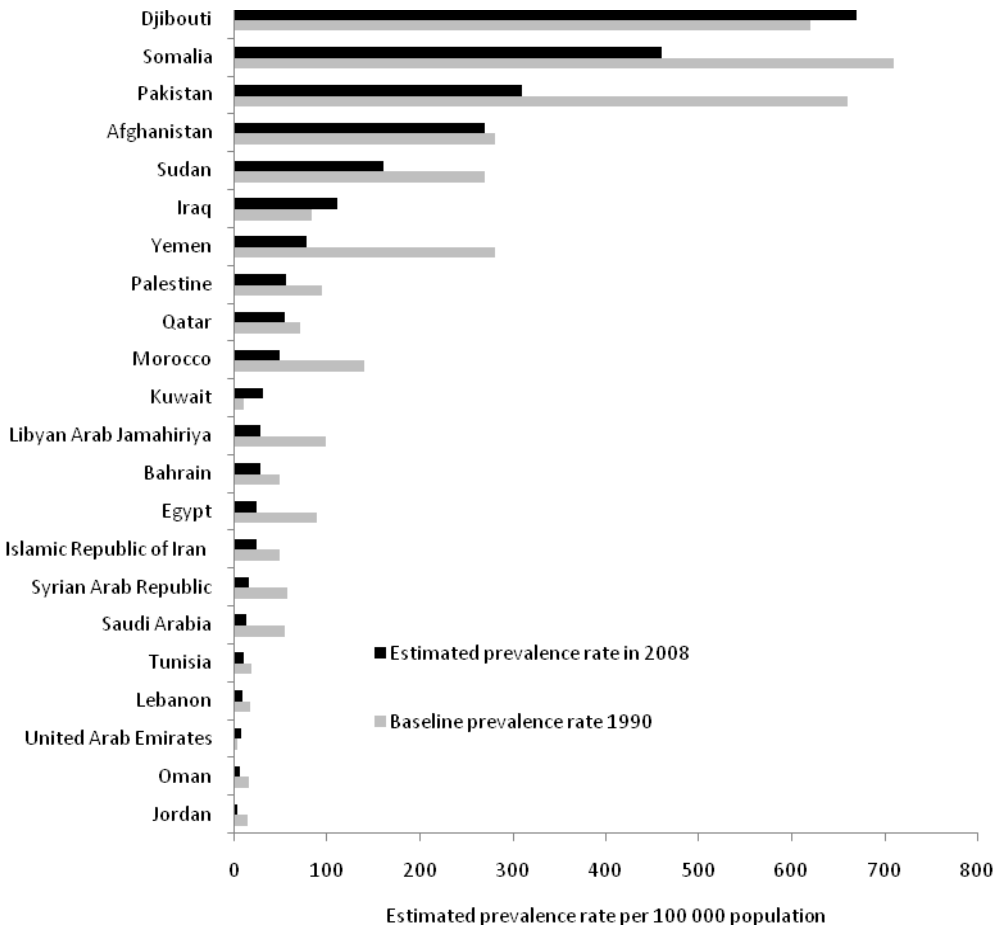


Figure 4. Tuberculosis prevalence in countries of the Region, 1990 and 2008

3. Challenges and conclusions

Inadequate political commitment, national capacity and leadership top the list of challenges facing efforts to achieve the MDGs. This is more evident in low-income countries, where the most vulnerable groups are living and experiencing higher morbidity and mortality. In addition, many of the health-related programmes are donor driven, particularly in developing countries which are faced with severe poverty and complex emergencies. Community components are often weak due to insufficient leadership and accountability. The weakness of health systems in terms of accessibility, efficiency, sustainability and accountability, coupled with insufficient human and financial resources, contribute significantly to these challenges. Some countries of the Region have developed one national plan to achieve the MDGs, for example the Islamic Republic of Iran, Pakistan and Sudan. In general, though, lack of a single comprehensive country plan to achieve universal coverage of cost-effective interventions, inadequate coordination between major stakeholders and poor monitoring and supervision are key challenges facing developing countries.

Well functioning information systems, regular health surveys and essential health system research are critical for monitoring the MDG-related targets. Many of the countries that suffer from a high burden of MDG-related health problems are those that have poor information systems. In such situations, monitoring progress towards the MDGs becomes an even greater challenge. Efforts

must be made to develop a strong evidence base of good quality data that can be used to measure results and inform policy change.

In conclusion, there is an urgent need to accelerate the global movement towards poverty reduction, as the current support to the poorest countries is not sufficient to change the situation on the ground. Strengthening health systems, engaging in effective partnership and streamlining monitoring and reporting mechanisms are necessary to move towards achieving the MDGs. In addition, if maternal and child mortality levels continue with the same trend, the Region remains far from achieving Goals 4 and 5. Mortality gaps are evident between poorest and richest quintiles. Measles mortality reduction has reached the target set for 2010, three years early. In 2008, a total of 397 726 tuberculosis cases were notified in the Region, representing only 58% of the estimated cases for that year. Meeting the malaria-related target of Goal 6 as a whole is heavily dependent on progress in 6 malaria-endemic countries, namely Afghanistan, Djibouti, Pakistan, Sudan, Somalia and Yemen, with total estimated cases of more than 8 million. Southern Sudan, Djibouti and some parts of Somalia are the areas of the Region most affected by HIV/AIDS. In other countries, HIV/AIDS is mainly affecting injecting drug users, men having sex with men, sex workers and the sexual contacts of these groups.

4. Next steps

Member States at the Sixty-third World Health Assembly, in resolution WHA63.15 (2010), stressed the importance of achiveing the health-related Millennium Development Goals, especially with the objective of ensuring socioeconomic development. Strong government commitment is needed to strengthen national capacity and leadership with focus on poor and most vulnerable groups of the community. Governments, in coordination with partners including WHO, should work together on advocating for greater investment on health, sustained intersectoral collaboration and partnership to achieve health MDGs. Pakistan, Sudan and Yemen are among countries where UN collaboration and partnership regarding the MDGs were successful during 2009. WHO will continue supporting UN collaboration at the country level in efforts to achieve the targets of the MDGs. The Regional Office will also work on accelerating the regional movement towards poverty reduction; support and facilitate joint efforts to strengthen health system in priority countries in line with the Qatar Declaration on Primary Health Care. Countries should focus on strengthening district health systems and streamlining health information systems to ensure good quality data, regular health surveys and essential health system research and regular MDGs monitoring and reporting mechanisms. WHO will support Member States to enhance effective partnership to achieve the MDGs and to support continuation of collaboration with the GAVI Alliance, Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank. It will assist countries in streamlining monitoring and reporting mechanisms and also in strengthening political commitment to achieve a stronger health sector response to HIV/AIDS and to reduce maternal and child mortality in the countries facing complex emergencies. WHO will also encourage all partners and UN agencies at the regional and country level to support a united effort to achieve the MDGs through the basic development needs approach, which is based on community empowerment and intersectoral action for health.