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MONITORING THE IMPLEMENTATION OF THE HEALTH MILLENNIUM DEVELOPMENT GOALS

Report of the Secretariat

Executive Summary

1. Most countries in the African Region have made more progress in the new millennium than during the 1990s but are still not on track to achieve the health and health-related MDGs despite the commitments made by governments and partners. This situation stems from low level of implementation of effective interventions; weak health systems; and limited progress in addressing the broader social and environmental determinants of health. Of the 46 countries in the Region, only seven are on track to achieve the MDG4 target on child health and only two countries are on track to achieve the MDG5 target on maternal mortality. Two countries have antiretroviral treatment coverage of more than 80%. Progress in the malaria-related MDG target cannot be assessed for lack of adequate data, while two countries are on track to achieve the MDG target for tuberculosis. Twelve countries are on track to achieve the MDG7 target on safe drinking water supply while two countries are on track to achieve the target for basic sanitation.

2. A number of key and overarching challenges need to be addressed effectively if countries are to attain the goals. These challenges include inadequate internal and external resources allocated to the achievement of the MDGs; weak health systems including weak human and institutional capacity; persisting inequities in access to proven interventions particularly against maternal mortality and child mortality, HIV/AIDS, tuberculosis and malaria; low priority accorded to health in national economic and development priority setting and resource allocation policies; weak multisectoral response and poor progress in achieving the other MDGs; inadequate data and weak monitoring and evaluation capacity.

3. Progress is possible, however, if Member States mobilize additional resources from internal and external sources to strengthen health systems; improve the implementation of effective interventions; and effectively address the broader determinants of health.

4. The Regional Committee took note of this progress report and encourages countries to adopt the proposed actions as the way forward for attaining the MDG targets.

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ANNEXES

BACKGROUND

1. The MDGs constituted an unprecedented commitment by world leaders to comprehensively address issues of peace, security, development, human rights and fundamental freedoms. Three of the eight Millennium Development Goals (MDGs) are health goals: they are Goals 4, 5 and 6. Goals 1 and 7 are monitored through health-related indicators. In 2007, Goal 5 was expanded to include Target 5B on sexual and reproductive health. (see Annex 1 for an updated list).

2. Significant commitments to the MDGs have been made by countries of the WHO African Region.[1] Examples include the Abuja Declaration of 2001 requesting countries to allocate 15% of public expenditures to the health sector; the 2004 resolution on the Road Map for accelerating the attainment of the MDGs related to maternal and newborn health in Africa;[2] the 2004 Maputo Declaration of TB as an emergency; the 2005 WHO Regional Committee for Africa resolution on achieving the Millennium Development Goals;[3] the outcomes of the International Conference on Community Health in Addis Ababa in 2006; the declaration by African Ministers of Health of 2006 as *Year of Acceleration of HIV Prevention in the African Region*;[4] the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa;[5] the 2008 Libreville Declaration on Health and Environment followed by the Luanda Commitment in 2010; and the adoption of the *Brazzaville Commitment on Scaling up towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Support in Africa by 2010*.[6] In addition, there have been similar commitments by development partners through the United Nations Secretary-General's initiatives such as the MDGs Africa Initiative, the Global Strategy for Women's and Children's Health[7] and the Harmonization for Health in Africa mechanism.[8]

3. Despite these commitments, most countries in the African Region are not on track to achieve the health and health-related MDGs. This report sets forth the level of implementation of effective interventions to achieve the MDGs, provides an update on the progress made towards achieving the MDG targets; identifies the main challenges; and proposes the way forward.

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1 WHO, *Towards reaching the health-related Millennium Development Goals: Progress report and way forward* (AFR/RC59/3). Brazzaville, World Health Organization, Regional Office for Africa, 2009.

2 Resolution AFR/RC54/R9, Road Map for accelerating the attainment of the Millennium Development Goals relating to maternal and newborn health in Africa. In: *Fifty-fourth session of the WHO Regional Committee for Africa, Brazzaville, Republic of Congo, 30 August–3 September 2004, Final report,* Brazzaville, World Health Organization, Regional Office for Africa, 2004 (AFR/RC54/19), pp. 22–24.

3 Resolution AFR/RC55/R2, Achieving the health Millennium Development Goals: Situation analysis and perspectives in the African Region. In: *Fifty-fifth session of the WHO Regional Committee for Africa, Maputo, Mozambique, 22–26 August 2005, Final report,* Brazzaville, World Health Organization, Regional Office for Africa, 2005 (AFR/RC55/20), pp. 7–9.

4 Resolution AFR/RC55/R6, Acceleration of HIV prevention efforts in the African Region. In: *Fifty-fifth session of the WHO Regional Committee for Africa, Maputo, Mozambique, 22–26 August 2005, Final report,* Brazzaville, World Health Organization, Regional Office for Africa, 2005 (AFR/RC55/20), pp. 14–16, (http://www.afro.who.int/en/fifty-fifth-session.html, accessed on 25 February 2011).

5 Resolution AFR/RC58/R3, The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving better health for Africa in the new millennium. In: *Fifty-eighth session of the WHO Regional Committee for Africa, Yaounde, Republic of Cameroon, 1–5 September 2008, Final report*, Brazzaville, World Health Organization, Regional Office for Africa 2008 (AFR/RC58/20), pp. 13–15.

6 AU, WHO, UNAIDS, Brazzaville Commitment on Scaling up Universal Access to HIV and AIDS Prevention, Treatment, Care and Support in Africa by 2010, 08 March 2006.

7 http://www.un.org/sg/hf/Global_StategyEN.pdf last accessed 25 March 2011.

8 Investing in Health for Africa: The Case for Strengthening Systems for Better Health Outcomes, HHA agencies (AfDB, JICA, UNAIDS, UNPFA, UNICEF, USAID, WB, WHO), http://www.who.int/pmnch/media/membernews/2011/investing_health_africa_eng.pdf accessed 29 April 2011.

STATUS OF IMPLEMENTATION OF EFFECTIVE INTERVENTIONS AND PROGRESS TOWARDS ACHIEVING THE TARGETS

4. Progress towards the MDG targets depends on a number of factors including the level of implementation of interventions proven to be effective; strengthening of health systems; and effective action on broader social and environmental determinants of health. The analysis of progress toward the MDG targets is based on the primary MDG indicators from the UN Statistics Division (UNSD)[9] and data from World Health Statistics 2011.[10] These sources provide standardized and comparable estimates to enable valid and reliable comparisons between countries.[11] As a result of the standardization process, there can be discrepancies between these estimates and those reported by countries.[12] In cases where data are missing other sources have been used.[13] Trends are assessed on the basis of data between 1990 and the most recent year for which information was available as of February 2011. UN Member States agreed earlier to use the UNSD statistical database to monitor country progress towards reaching the MDGs. Methods developed by the UN interagency groups were used to classify countries.[14]

Health MDGs

5. *MDG 4: Reduce child mortality.* The key to making progress towards attaining MDG 4 is to reach every newborn and every child in every district with a limited set of priority interventions. These interventions are antenatal care, newborn care, appropriate infant feeding, immunization, management of common childhood illnesses including pneumonia and diarrhoea and use of insecticide-treated nets (ITNs).[15] Between 1990 and 2009, the average coverage of infants immunized against measles in the Region increased from 57% to 69%. In 2010, it was estimated that 35% of children under-five years of age slept under an insecticide-treated net (ITN). In the Region, coverage of pneumonia care seeking remains low at 43%, pneumonia cases receiving antibiotic treatment remains at 23%, diarrhoea cases receiving ORT are only 41% and only 34% of children with malaria receive antimalarial treatment. Several African countries are making encouraging progress in the treatment of children with severe acute malnutrition through Community Management of Acute Malnutrition (CMAM) programmes.

6. *Progress on Target 4A.*[16] Under-five mortality dropped from 179 per 1000 live births in 1990 to 127 per 1000 live births in 2009.[17] Seven countries[18] are on track to achieve this target; 27 countries are making progress, although it is insufficient; and 12 countries have made no progress (see Annex 2: Figure 1).

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9 http://mdgs.un.org/unsd/mdg/Data.aspx accessed 8 February 2011.
10 World Health Statistics 2011, WHO, Geneva, Switzerland, 2011.
11 Indicators for Monitoring the Millennium Development Goals: Definition, Rationale, Concepts and Sources., ST/ESA/STAT/SER.F/95 United Nations Development Programme, Department of Economic and Social Affairs-Statistics Division, United Nations, New York, 2003
12 WHO routinely consults countries before publishing data on the annual World Health Statistics Reports.
13 Global Health Observatory http://apps.who.int/ghodata/ accessed 8 February 2011 and African Health Observatory www.afro.who.int accessed 8 February 2011.
14 Countries are classified into three categories depending on their levels of progress as being on track; having insufficient progress, or showing no progress. The detailed definitions are shown as footnotes to the charts provided in the Annex.
15 WHO, *Child Survival: A strategy for the African Region* (AFR/RC56/13). Brazzaville, World Health Organization, Regional Office for Africa, 2006.
16 MDG *Target 4A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.*
17 Levels and Trends in child mortality, Report 2010, Estimates Developed by the UN Interagency Group for child mortality estimation; UNICEF 2010.
18 Algeria, Cape Verde, Eritrea, Liberia, Madagascar, Mauritius and Seychelles.

7. *MDG 5: Improve maternal health.* The key interventions for improving maternal health include increasing access to skilled birth attendance, combined with prompt referral for cases with complications (including caesarean section free of charge); scaling up emergency obstetric and newborn care (EmONC); strengthening family planning including reducing pregnancy in adolescents; and empowering women, families, and communities to make timely decisions.[19] [20] Coverage of these key interventions in order to achieve MDG5 is still low. In 2008, less than 50% of women received skilled care during childbirth. Eight countries had more than 80% of births attended by skilled health personnel between 2000 and 2009. The average caesarean section coverage in the Region is 3.6%, below the recommended figure of 5% - 15%.[21] From 2000 to 2010, the regional average percentage of women who received antenatal care from skilled health personnel at least once was 74% and at least four times during pregnancy was 44%. There remains a continuing unmet need for family planning as 24.8% of women in the Region wanting to delay or stop childbearing were not using any family planning method.[22] Eighteen countries are implementing the WHO Reproductive Health Strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health.

8. Progress on Target 5A:[23] The estimated maternal mortality ratio in the Region was 620 per 100 000 live births in 2008.[24] Equatorial Guinea and Eritrea are on track to achieve this target; 33 countries are making progress although it is insufficient; and seven countries have made no progress (see Annex 2: Figure 2). *Progress on Target 5B:*[25] Between 1990 and 2008, there was a 25% increase in access to contraceptives among currently married women. Contraceptive prevalence in countries ranged from 2.8% to 75.8% between 2000 and 2010, showing a little progress towards this target.

9. *MDG 6: Combat HIV/AIDS and achieve universal access to treatment for HIV/AIDS:* Priority interventions for HIV/AIDS prevention, treatment and care include Provider-initiated HIV testing and counselling; Client-initiated testing and counselling; preventing sexual and mother-to-child transmission of HIV; male circumcision; prevention and control of sexually-transmitted infections; and HIV prevention among young people; improving blood safety; prevention of illness; provision of treatment and care, such as antiretroviral treatment.[26] Progress reports from countries in the last few years demonstrate considerable expansion in quality testing and counselling and in mother-to-child transmission services through decentralization. The total number of health facilities providing HIV testing and counselling (HTC) services increased further in 2009 in 43 reporting countries. In a subset of 33 countries that did consistent reporting during 2007–2009, the number of health facilities providing these services rose by over 85% i.e. from 11 132 in 2007 to 20 740 in 2009. Following the adoption of 2006 as *Year of Acceleration of HIV Prevention in the African Region*, countries have intensified efforts to reduce the number of new infections. In 30 countries with comparable data, the proportion of HIV-infected pregnant women accessing antiretroviral medicines to prevent mother-to-child transmission increased from 15% in 2005 to 54% in 2009.

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19 Cleland J, et al. Family planning: the unfinished agenda. Lancet. 2006 Nov 18;368 (9549):1810–27.

20 Conde-Agudelo Agustin and Jose M. Belizan, Maternal morbidity and mortality associated with inter-pregnancy interval: cross sectional study, BMJ, 2000; 321:1255–1259 (18 November) shows that there is a strong relationship between birth intervals and maternal mortality and morbidity.

21 Count Down Report, 2008.

22 World Health Statistics 2011, WHO, Geneva, Switzerland, 2011.

23 MDG *Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio (MMR).*

24 Trends in Maternal Mortality: 1990 to 2008; Estimates developed by WHO, UNICEF, UNFPA and World Bank; WHO, 2010.

25 MDG *Target 5B: Achieve, by 2015, universal access to reproductive health.*

26 WHO, Priority interventions, HIV/AIDS prevention, treatment and care in the health sector, July 2010.

10. *Progress on Targets 6A and 6B:*[27] In 2009, the prevalence of HIV among people aged 15–49 years in the Region averaged 4.7%, ranging between 0.1% and 25.9%. Between 2001 and 2009, prevalence among people aged 15 to 49 years declined or stabilized in 29 countries. HIV/AIDS prevalence increased in twelve countries (see Annex 2: Figure 3). At the end of 2009, the average coverage of antiretroviral therapy (ART) was 37%.[28] Nineteen countries had coverage rates of more than 30% with Botswana and Rwanda having attained the universal access target of over 80% ART coverage. (Annex 2: Figure 4).

11. *MDG 6: Combat malaria:* Effective malaria preventive interventions include long-lasting insecticide-treated nets (LLINs) and indoor residual spraying of insecticides (IRS) using an integrated vector management approach; Intermittent preventive treatment of malaria in pregnancy (IPTp); and parasitological diagnosis and effective treatment for all age groups. Artemisinin-based combination therapy (ACT) is implemented in 41 of the 42 malaria-endemic countries with 20 countries implementing the policy country-wide. The proportion of fevers correctly treated with ACTs is increasing with progress in procurement and diagnosis. However, a significant number of fevers is still being treated with non-recommended antimalarials, including oral artemisinin monotherapies. A facility for subsidizing or providing malaria medicines free of charge was launched in seven countries to ensure access to quality ACTs. In some of these countries, home based care for malaria is provided free of charge. In 2009, 35 % of reported malaria cases were confirmed by diagnostic test compared with only 5% in 2000. By the end of 2010, all the 35 target countries were implementing Intermittent preventive treatment of malaria in pregnancy with 20 countries implementing the intervention country-wide. By 2010, 23 countries had adopted a policy to provide ITNs to all persons at risk of malaria and 289 million ITNs had been distributed to 77% of the population at risk of malaria in the Region. In 2010, it was estimated that 42% of households owned at least one ITN. Twenty-seven countries reported implementing Indoor Residual Spraying (IRS). The number of people thus protected increased from 13 million in 2005 to 75 million in 2009.

12. *Progress on Target 6C:*[29] Interpretation of trends in malaria incidence and deaths in the entire Region is difficult due to incomplete reporting and reliance mostly on clinical diagnosis. However, 12 countries recorded more than 50% reduction in malaria cases and deaths in health facilities.[30]

13. *MDG 6: Combat tuberculosis:* Effective interventions on tuberculosis include implementation of the Directly Observed Treatment, Short Course (DOTS) by ensuring adequate case detection through quality-assured laboratory testing, provision of supervised standardized treatment, effective drug supply system and monitoring and evaluation; and prevention and management of multidrug resistant tuberculosis (MDR-TB). Ten countries reached the target for TB case detection of 70% in 2009 and 15 countries reached the target for treatment success of 85% in 2008 while four countries reached both targets. The proportion of TB patients screened for HIV rose from 45% in 2008 to 53% in 2009.[31] Of those co-infected, 76% were able to access co-trimoxazole preventive treatment and 36% of those eligible were on antiretroviral treatment. Thirty-six countries received Global Drug Facility grants for first-line TB medicines. Thirty-eight countries notified cases of multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant TB (XDR-TB). Of these, 20 have MDR-TB

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27 MDG Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS; Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.

28 Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector. Progress report 2010; WHO-UNAIDS-UNICEF; WHO, 2010.

29 MDG *Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria.*

30 WHO: World Malaria Report 2010, Geneva, Switzerland, 2010.

31 WHO: Global Tuberculosis Control Report 2010, Geneva, Switzerland, 2010.

treatment guidelines and successfully applied to the WHO Green Light Committee for second-line TB medicines.

14. *Progress on Target 6C:*[32] In 2009, the estimated TB prevalence per 100 000 population showed that Comoros and Tanzania are on track to achieve the target for tuberculosis and 40 countries are not making progress, while three countries made insignificant progress. TB prevalence in the Region ranged between 40 and 1193 per 100 000 population in 2009 and showed an increase between 2000 and 2009 in 33 countries largely due to the HIV pandemic (Annex 2: Figure 5).

Health-related MDGs

15. *MDG 1: Eradicate extreme poverty and hunger.* In the last decade over 15 countries made encouraging progress with an increase in exclusive breastfeeding by 20%–50%. Five of these countries made significant achievements with more than 50% increase in exclusive breastfeeding. The number of countries that achieved over 80% coverage of vitamin A supplementation (VAS) more than doubled over the last five years. Seven countries achieved the universal salt iodization goal of 90% of households using iodized salt, while five countries made significant improvement in household use of iodized salt.

16. *Progress on Target 1C:*[33] Fourteen countries are on track to achieve this target; 15 countries are making progress although it is insufficient; and eight countries have made no progress. Trend data were not available in nine countries. Between 2000 and 2009, the proportion of children under five years who are underweight was 20.5% and this proportion varies in countries from 3.7% to 39.9%. (Annex 2: Figure 6).

17. *MDG 7: Ensure environmental sustainability:* A total of 17 countries have undertaken situation analyses and need assessments for the implementation of the Libreville Declaration. A number of these countries have begun to develop concrete multisectoral projects to expand the coverage of interventions such as provision of safe drinking water and adequate sanitation; chemical and waste management; and control of pollution in order to support the achievement of MDGs. In the 22 countries in Africa that are promoting the Household Water Treatment and Safe Storage (HWTS) approach, 18% of households treat water; of all those that treat water, only 10.6% use "adequate methods" (boiling, bleaching, filtering or use of solar systems). Ten countries have made some progress in implementation of Water Safety Plans (WSP) and five countries have provided training in WSP implementation. South Africa, for example, has incentive-based regulations and Nigeria has explicit regulatory requirements for WSP in its revised standards. Health Care Waste Management (HCWM) projects are implemented in 36 countries and six countries have established national regulatory frameworks for safe use of public health pesticides.

18. *Progress on Target 7C:*[34] Twelve countries are on track to achieve the safe drinking water supply target while 20 countries have made no progress. The proportion of the population using improved drinking water sources varied between 38% and 99% in 2008 (Annex 2: Figure 7) with a major disparity between urban areas (84%) and rural areas (48%). Algeria and Mauritius are on track

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[32] MDG *Target 6C: Have halted by 2015 and begun to reverse the incidence of tuberculosis.*
[33] MDG *Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.*
[34] MDG *Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.*

to achieve the target for basic sanitation, while 30 countries have made no progress. (Annex 2: Figure 8).

CHALLENGES

19. Available evidence indicates that most of the countries in the African Region have not made sufficient progress to achieve the MDG targets. A number of key and overarching challenges need to be addressed effectively if countries are to attain the goals. These challenges are: (a) inadequate internal and external resources devoted to the achievement of the MDGs including for addressing broader determinants of health; (b) the fact that external resources are unpredictable, non-sustainable and poorly aligned with country priorities; (c) inefficient use of existing resources; (d) weak health systems including inadequate health services (insufficient focus on quality of care); (e) weak human and institutional capacity, leading to low programme implementation capacity; (f) weak procurement and supply management systems resulting in stock outs and lack of laboratory services; (g) persistent inequities (e.g. by geographical area, by income and educational level) in access to proven interventions, particularly against maternal mortality and child mortality, HIV/AIDS, tuberculosis and malaria; (h) low priority accorded to health in national economic and development priority setting and resource allocation policies; (i) weak multisectoral response and low progress in achieving the other MDGs; (j) inadequate data and weak monitoring and evaluation capacity.

20. *MDG 4 and 5*: The main challenges and gaps reported in regard to the achievement of MDG4 and 5 include weak translation of commitments and resolutions into concrete actions at all levels; inadequate availability of essential health care or inability of many mothers and their children to access it; high maternal and child undernutrition and poor feeding practices; limited maternal education; limited access to contraception; inadequate provision of care where it is most needed; gap in the coverage and content of essential interventions across the continuum of care such as contraceptive prevalence, skilled birth attendance, postnatal care, and exclusive breastfeeding; inadequate quality assurance and missed opportunities. Other challenges include the development of policy for family planning; the funding of sexual and reproductive health (SRH) programmes; and outstanding issues to be addressed such as the elimination of congenital syphilis, the prevention of unsafe abortion, the repositioning of family planning and universal access to SRH services. The growing of HIV/AIDS pandemic also has a severe impact on maternal and child health.

21. *MDG 6:* The main challenges to reaching the target related to HIV/AIDS include slow uptake of HIV testing and counselling services, insufficient coverage in scaling up PMTCT interventions to eliminate vertical transmission of HIV, inadequate organization of health services to provide treatment, care and support for PLWHA including patient tracking and monitoring. Other challenges include weak systems of surveillance and monitoring of HIV and TB drug resistance and pharmacovigilance and lack of tools for measurement of incidence and impact.

22. The challenges to achieving the malaria targets include inadequate housing, poor living conditions and limited access to health care. Malaria causes catastrophic out-of-pocket spending in households, thereby fuelling the vicious circle of poverty. The private sector is usually not engaged or involved in the adoption of national policies on access to malaria prevention and treatment services. Continued use of artemisinin monotherapy, particularly in the private sector, is a major setback and can contribute to the emergence of resistance and the shortening of the useful therapeutic life of ACTs. To date only one class of insecticides (pyrethroids) has been approved for application

on ITNs. Emerging resistance to pyrethroids may already be reducing the effectiveness of ITNs under field conditions.

23. *MDG 1*: Putting nutrition issues on the national agenda and mainstreaming nutrition into national development action plans remain a major challenge. Other challenges include insufficient technical capacity of countries in the area of food safety and nutrition; lack of comprehensive communication strategy on food security and nutrition; inadequate cooperation, collaboration and coordination among key stakeholders; and inadequate financial investments by countries in food safety and nutrition.

24. *MDG 7*: Countries of the African Region face the challenge of integrated water resource management, especially between the water sector, the environment sector and the health sector in spite of the Libreville Declaration on health and environment that now provides a strategic framework for coordinating intersectoral action. Increasing the delivery of sanitation and drinking water services especially to unserved populations, both at national and subnational levels, remains a major challenge. Climate change is another major challenge that is already impacting negatively on water supply and sanitation through floods and droughts. Floods frequently disrupt basic water supply and sanitation infrastructure and spread human excreta and related health risks among communities. Droughts lead to falling groundwater tables and reduced surface water flows.

THE WAY FORWARD

25. In order to accelerate progress towards achieving the health-related MDGs, countries and their development partners should increase resources significantly and explore new and innovative ways leading to progress. In addition, they should strengthen existing structures and mechanisms for sustainable, effective and efficient mobilization and utilization of internal and external resources and ensure good coordination, at national, subnational and district levels.

26. Countries can strengthen health systems by fully implementing the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa to ensure increased accessibility and quality of health services; a strong health workforce; an effective health information system that integrates and strengthens the surveillance, monitoring and evaluation systems; equitable access to essential medical products, vaccines and technologies; a functioning health financing system; and a robust leadership and governance structure. Countries should intensively pursue policies to make health services available and affordable for all by making services free at the point of delivery and exploiting innovative financing strategies including prepayment and risk pooling mechanisms.

27. Countries should strengthen leadership and institutional capacity within ministries of health especially in macroeconomic analysis and strategic planning and budgeting. There is a need to increase dialogue between health and oversight ministries such as finance and planning. National efforts should adhere to the "Three Ones" principle of one national plan, one coordination mechanism and one monitoring and evaluation plan while striving to achieve the MDGs.

28. In addition, countries should improve their capacity at all levels with emphasis on district and local levels to: (i) acquire, generate, store, share and apply information, evidence and knowledge for better monitoring of progress towards achieving the MDGs; (ii) identify and implement effective interventions; (iii) involve and encourage the private sector to follow and implement national policies/priorities; (iv) evaluate the impact of interventions. In accordance with the Ouagadougou

Declaration and the Algiers Declaration, countries should consider establishing national health observatories linked to the African Health Observatory

29. *MDG 4 and 5*: Countries should improve the coverage of high-impact preventive and curative interventions proven to reduce maternal, newborn and child mortality and promote the integration of malaria, HIV/AIDS and family planning interventions in maternal and new-born health services. Emphasis should be placed on investment benefiting the poor, and promotion of community involvement.

30. *MDG 6*: Countries should scale up core interventions for HIV/AIDS prevention and treatment and update malaria policies and strategic plans in line with universal access and MDG commitments. They should promote universal access to quality DOTS services.

31. *MDG 1:* Countries should develop or revise: (i) multisectoral food and nutrition policies and costed food and nutrition strategies and action plans at all levels; (ii) comprehensive health promotion strategies fostering behaviour change and effective communication for the improvement of nutrition programmes that have positive impact on child health, child care and child development.

32. *MDG 7:* Countries should address major health and environment priorities such as the provision of safe drinking water and sanitation, the management of air pollution, chemicals, wastes, disease vectors, soil degradation and pollution in the context of national strategies for primary prevention. They should own and implement the Pan-African Programme for Public Health Adaptation to Climate Change.

33. Countries are encouraged to engage the pharmaceutical industry in order to ensure the availability of low-cost medicines and vaccines. Partners should also continue advocating for reduction of the prices of medicines and vaccines and support countries in this endeavour.

34. WHO and other partners should continue to support countries to strengthen their capacity to mobilize more resources; improve leadership and partnership; reform national health systems through the primary health care approach; scale up effective interventions to reduce maternal and child mortality; AIDS, tuberculosis and malaria; and to tackle the key determinants of health. They should also assist countries to improve their capacity to produce, share and use information for policy and decision making through the African Health Observatory and a network of national health observatories.

35. Unless current trends are drastically changed, most countries of the African Region are unlikely to achieve any of the health or health-related MDGs. However, progress is possible if Member States (i) mobilize additional resources from internal and external sources to strengthen health systems; (ii) improve the implementation of effective interventions; (iii) effectively address broader determinants of health.

36. The Regional Committee took note of this progress report and encourages countries to adopt the proposed actions as the way forward to achieve the targets of the Millennium Development Goals.

Annex 1: Official list of MDG indicators

Revised MDG monitoring framework to include new targets and indicators, as noted by the 62nd UN General Assembly. Health targets and indicators in gray. All indicators should be disaggregated by sex and urban/rural as far as possible.

Effective 15 January 2008

Millennium Development Goals (MDGs)	
Goals and Targets (from the Millennium Declaration)	**Indicators for monitoring progress**
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 [i] 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
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary 2.3 Literacy rate of 15-24 year-olds, women and men
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	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunised against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning
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	6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bednets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course

Goal 7: Ensure environmental sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.1 Proportion of land area covered by forest 7.2 CO2 emissions, total, per capita and per $1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used 7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums [ii]
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 term	*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 textiles and clothing from developing countries 8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product 8.9 Proportion of ODA provided to help build trade capacity Debt sustainability 8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) 8.11 Debt relief committed under HIPC and MDRI Initiatives 8.12 Debt service as a percentage of exports of goods and services
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13 Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14 Telephone lines per 100 population 8.15 Cellular subscribers per 100 population 8.16 Internet users per 100 population

The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of State and Government, in September 2000 (http://www.un.org/millennium/declaration/ares552e.htm) and from further agreement by member states at the 2005 World Summit (Resolution adopted by the General Assembly - A/RES/60/1, http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/60/1). The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries "to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty".

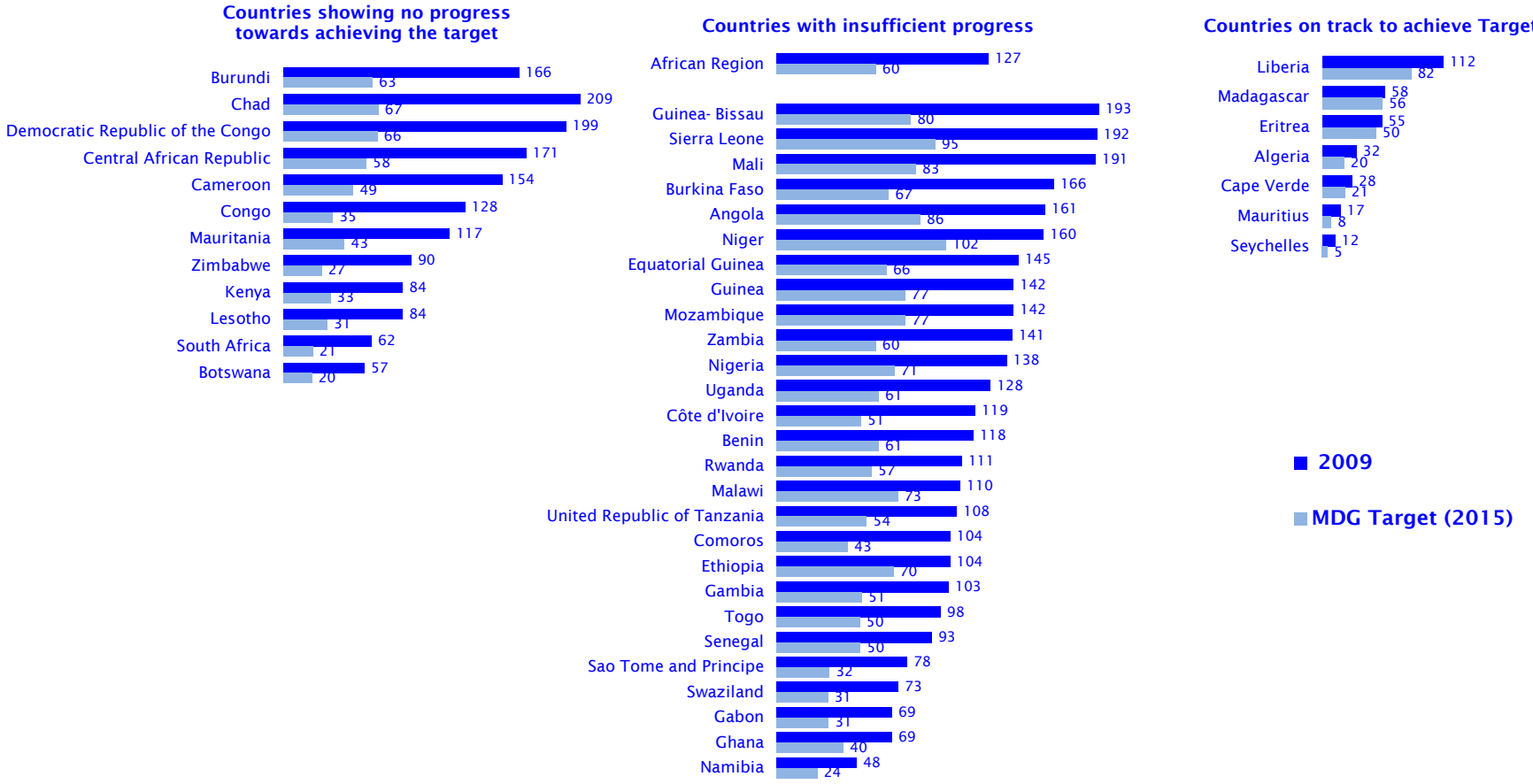
[i] For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

[ii] 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 (3 or more persons per room); and (d) dwellings made of non-durable material.

ANNEX 2: PROGRESS ON THE HEALTH AND HEALTH-RELATED MDGS

MDG 4 (Child health)

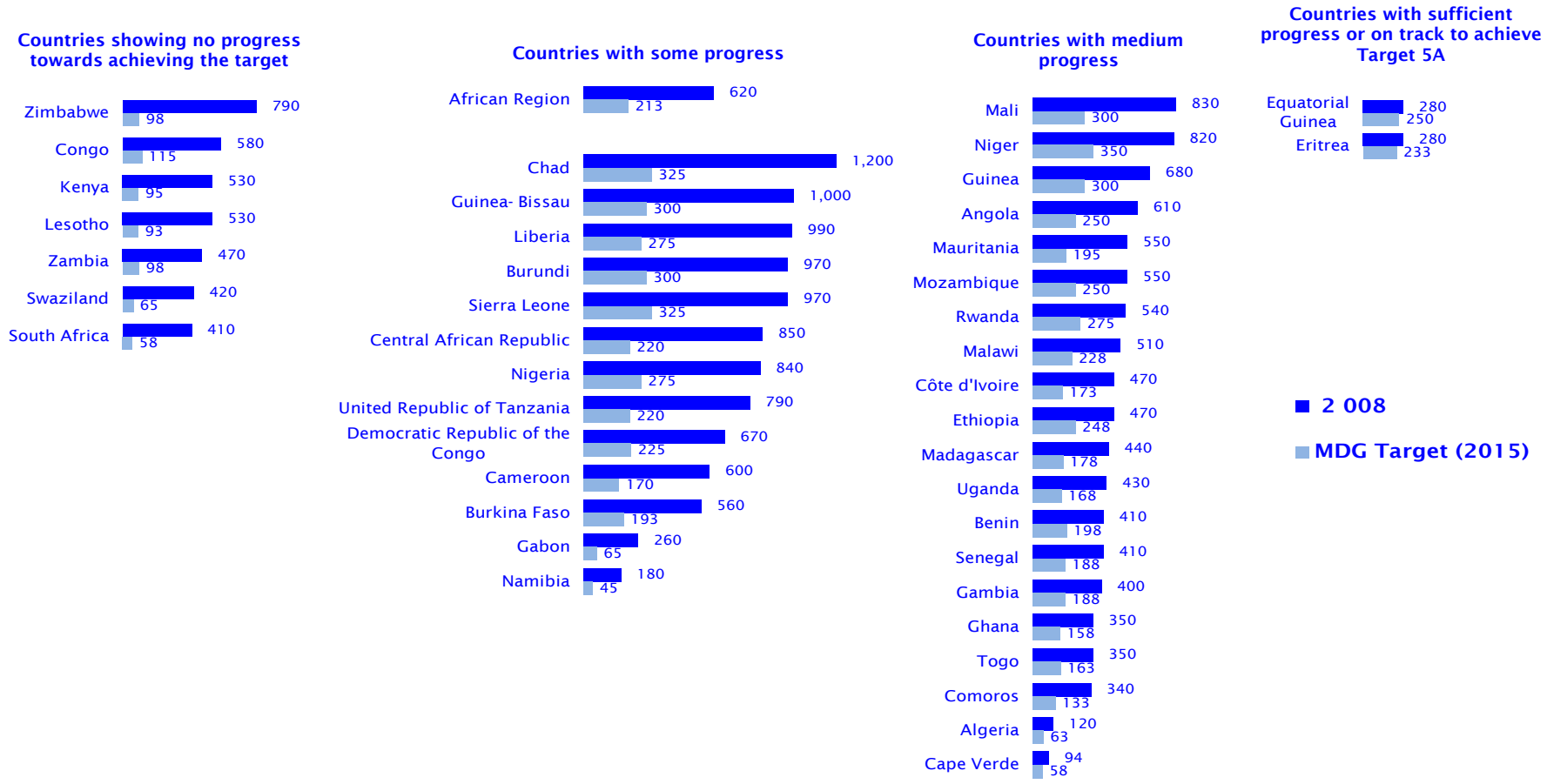
Figure 1 : Under-five mortality rate (per 1000 live births) in 2009 and MDG target in the African Region[35]



[35] Data Source: WHO, World Health Statistics 2011, Geneva, World Health Organization, 2011.
Country and regional assessments of progress towards MDG 4 are based on average annual rates of reduction (AARR) in U5MR observed for 1990–2008 and required during 2009–2015 in order to reach the MDG target of reducing U5MR by two thirds by 2015, according to the following thresholds: *On track*: U5MR is less than 40, or U5MR is 40 or more and AARR observed for 1990–2008 is 4.0 per cent or more. *Insufficient progress*: U5MR is 40 or more and AARR observed for 1990–2008 is between 1.0 per cent and 3.9 per cent. *No progress*: U5MR is 40 or more and AARR observed for 1990–2008 is less than 1.0 per cent.

MDG 5 (Maternal health)

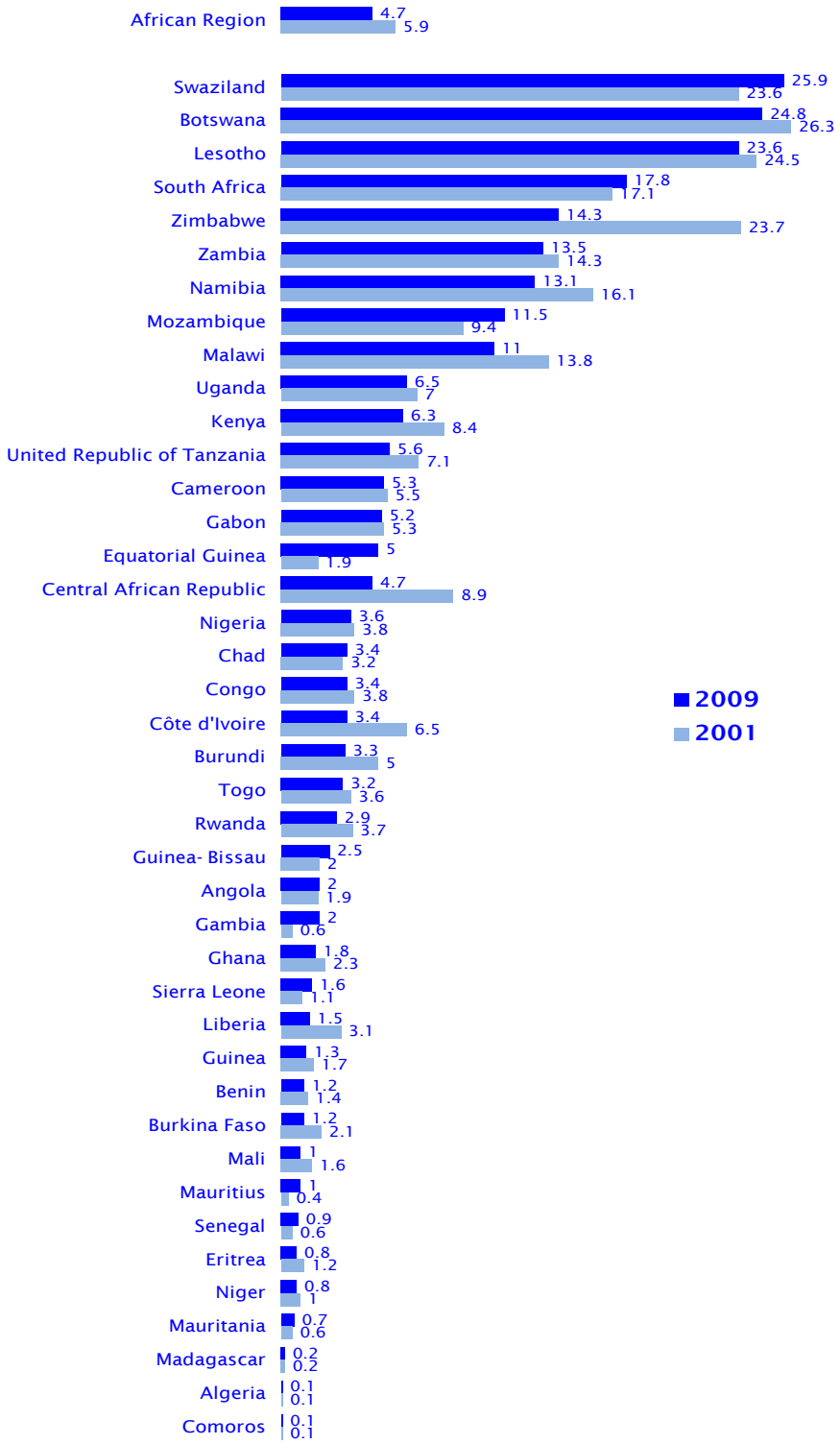
Figure 2**:** Maternal mortality ratio[36] (per 100 000 live births) in 2008 and MDG target in the African Region



[36] Data source: Trends in Maternal mortality:1990 to 2008: Estimates developed by WHO, UNICEF, UNFPA and the World Bank, WHO, 2010 and WHO, World Health Statistics 2011, Geneva, World Health Organization 2011.
Countries with MMR≥100 in 1990 are categorized as "on track or with sufficient progress" if there has been 5.5% decline or more annually; "medium progress" if MMR has declined between 2% and 5.5%; making "some progress" if MMR has declined by less than 2% annually; and having "no progress" if there has been no decline in MMR. Botswana and Mauritius with MMR<100 in 1990 are not categorized. No trend data available for Sao Tome and Principe and Seychelles.

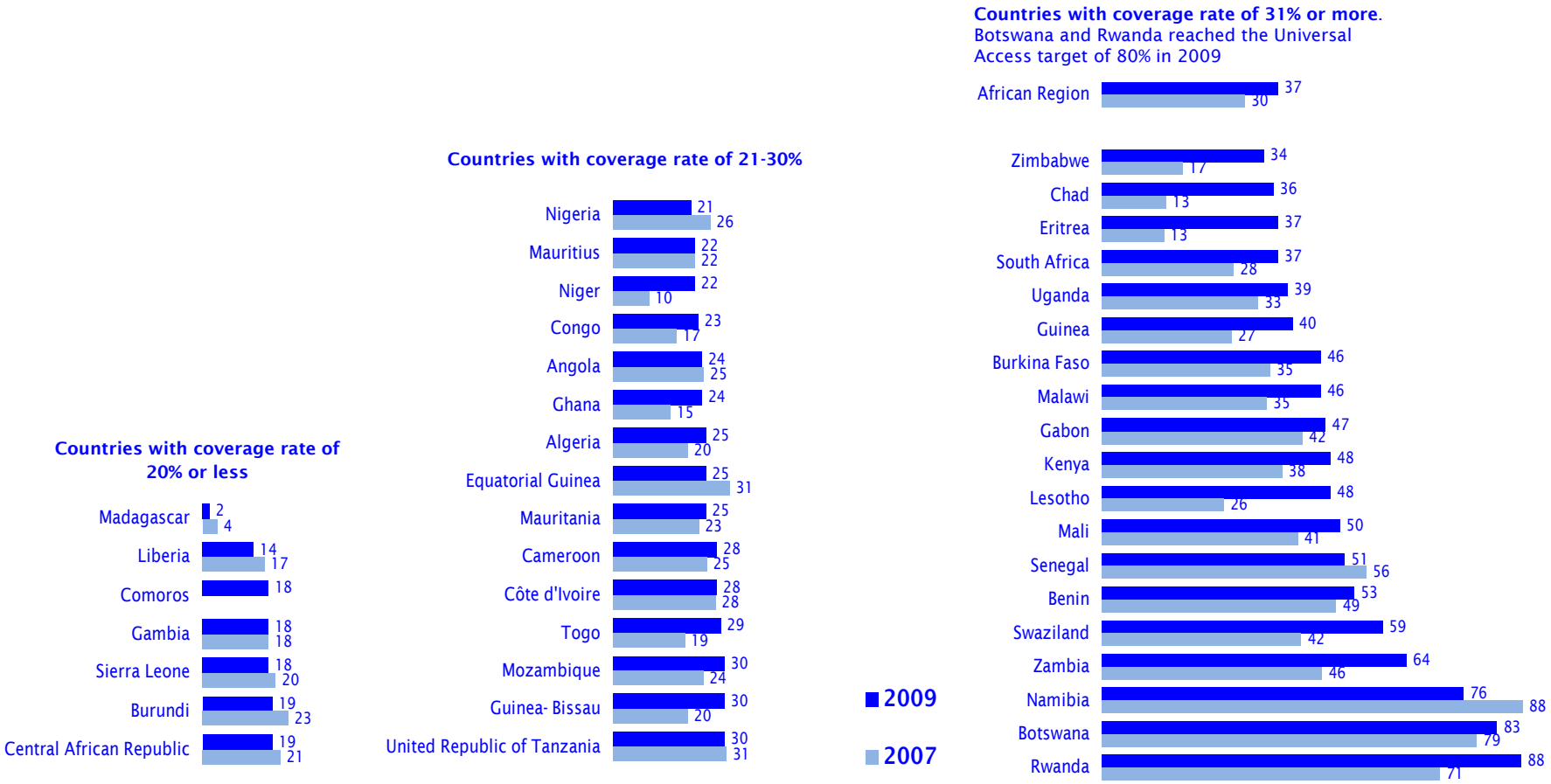
MDG 6 (AIDS, malaria and TB)

Figure 3: Prevalence of HIV among people aged 15–49 years in the African Region expressed as percentage[37]



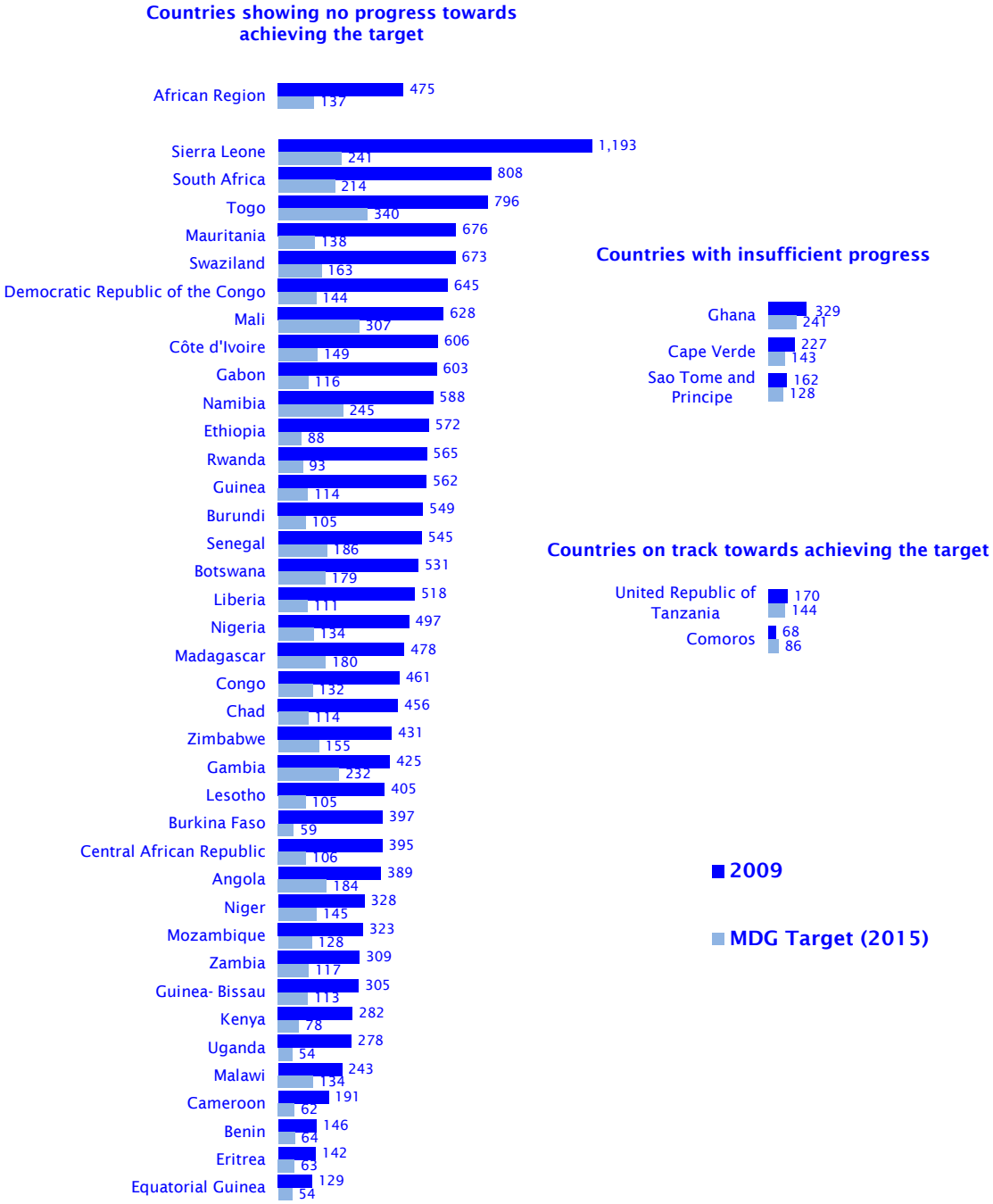
[37] No trend data available for Cape Verde, Democratic Republic of the Congo, Ethiopia, Sao Tome and Principe, and Seychelles.

Figure 4: Percentage of population in need of treatment with access to antiretroviral drugs[38] in 2009 and 2007 in the African Region[39]



[38] Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector. Progress report 2010; WHO-UNAIDS-UNICEF; WHO, 2010.
[39] No trend data available for Cape Verde, Democratic Republic of the Congo, Ethiopia, Sao Tome and Principe and Seychelles.

Figure 5: Prevalence of tuberculosis (per 100 000 pop) in 2009[40] and MDG target in the African Region[41]

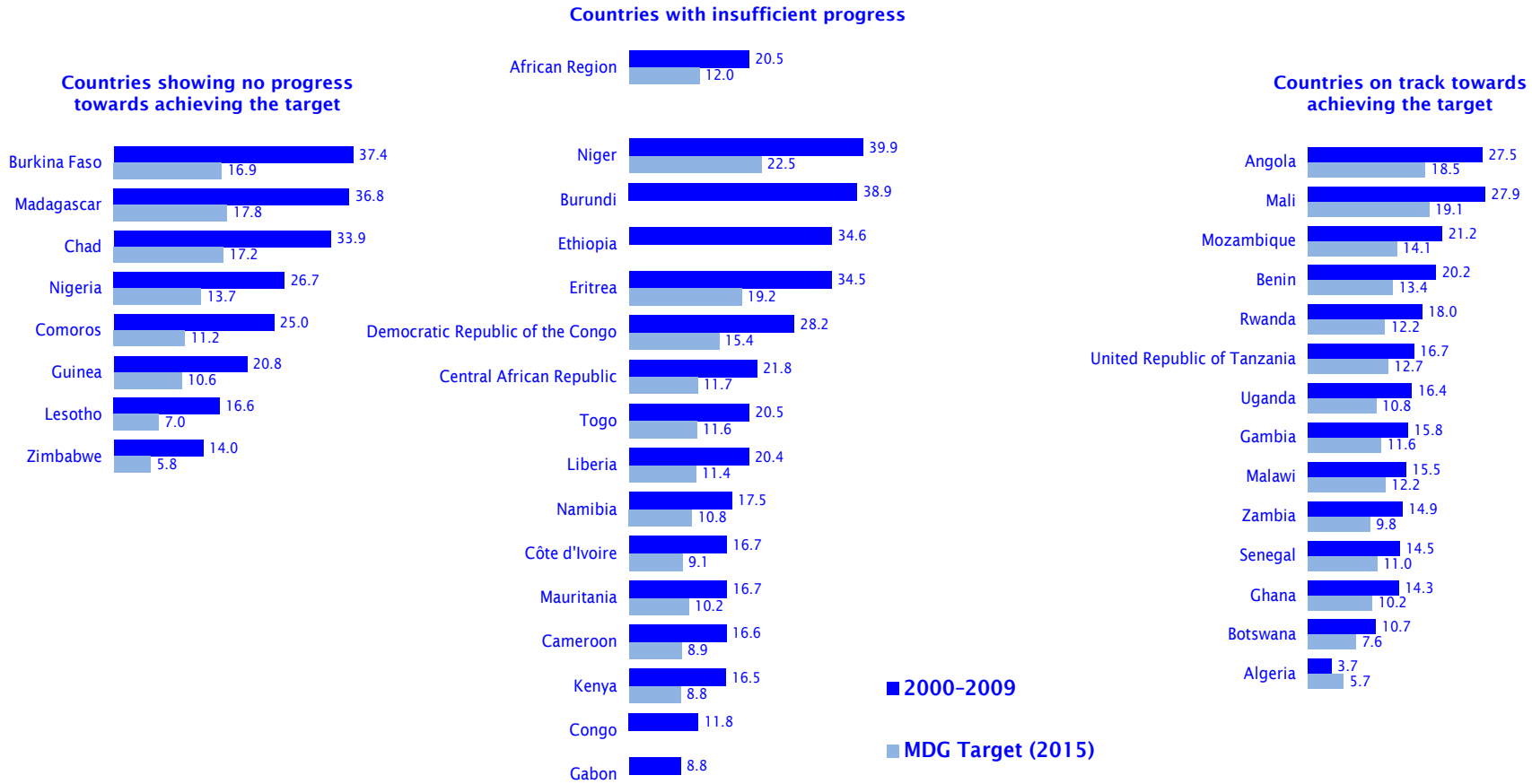


[40] Data source: WHO, World Health Statistics 2011, Geneva, World Health Organization 2011.

[41] Countries are classified as "On track" if average annual rate of reduction (AARR) is greater than or equal to 2.6%; "insufficient progress" if AARR is between 0.6% and 2.5%. "No progress" if AARR is less than or equal to 0.5%. Algeria, Mauritius and Seychelles with TB Prevalence of <100 in 1990 are not categorized.

MDG 1 (Malnourished children)

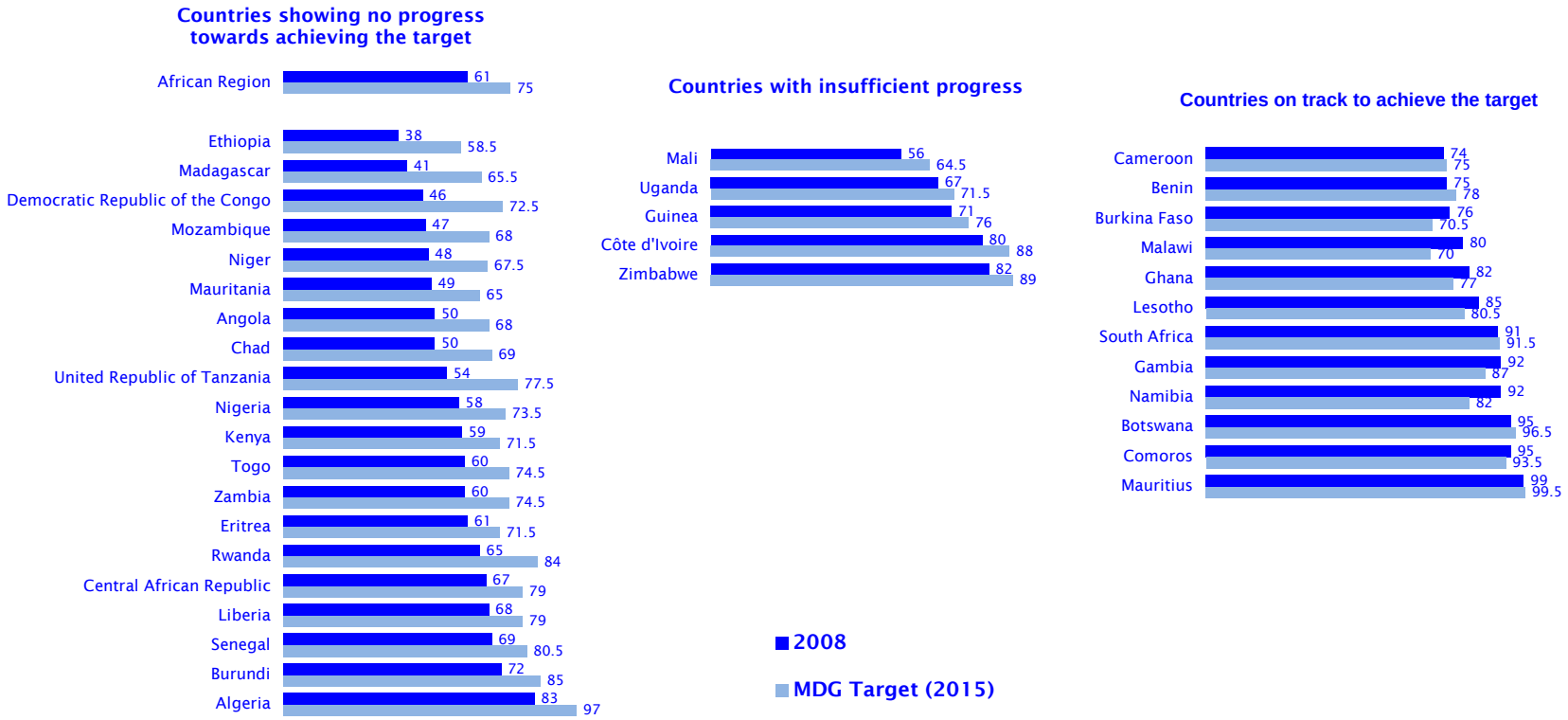
Figure 6: Percentage of underweight children under five years of age and MDG target in the African Region,[42] 2000–2009.



[42] Countries are classified as "On track" if average annual rate of reduction (AARR) is greater than or equal to 2.6%; "insufficient progress" if AARR is between 0.6% and 2.5%. "No progress" if AARR is less than or equal to 0.5%. No trend data available for Cape Verde, Equatorial Guinea, Guinea Bissau, Mauritius, Sao Tome and Principe, Seychelles, Sierra Leone, South Africa and Swaziland. Data source: WHO, World Health Statistics 2011, Geneva, World Health Organization 2011.

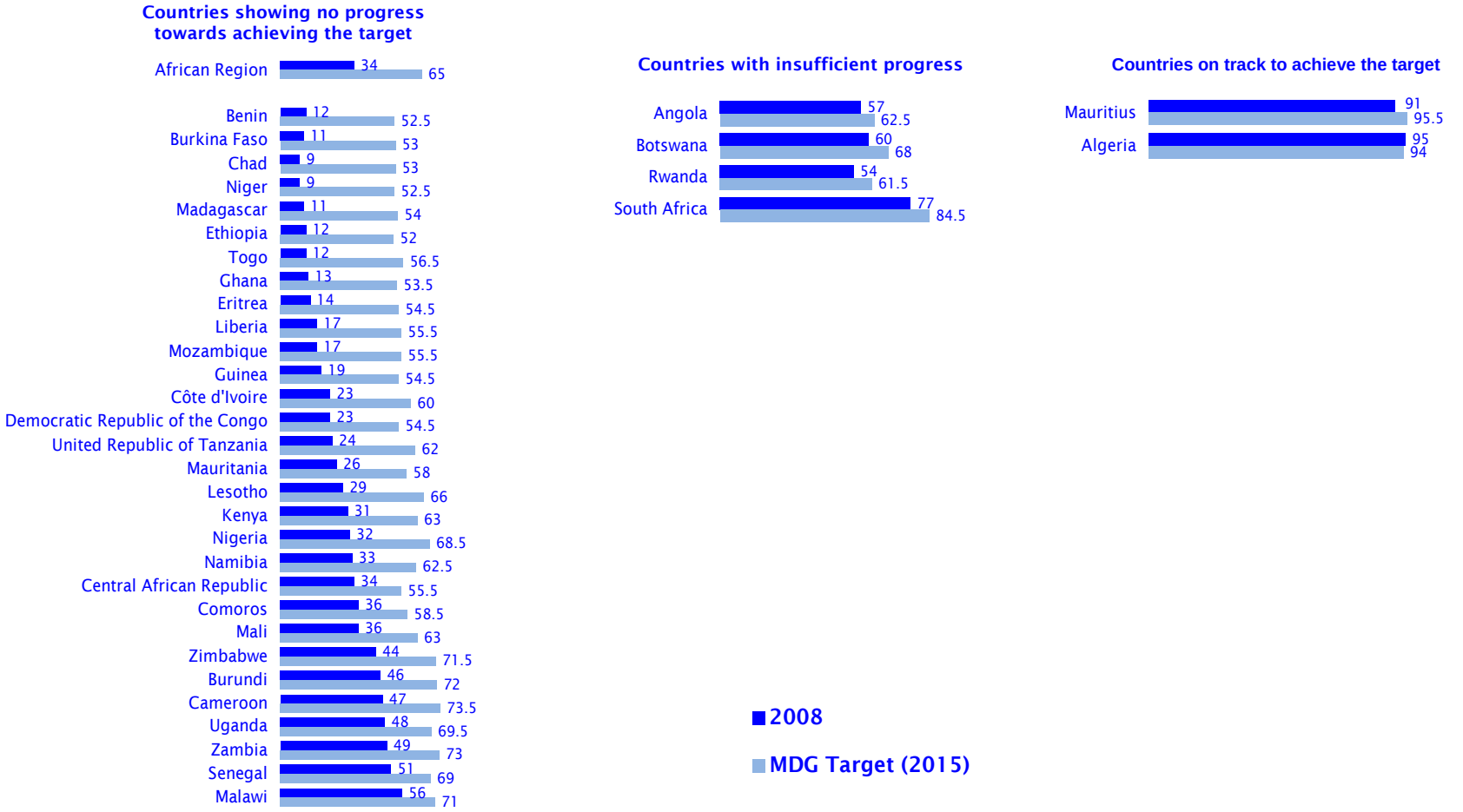
MDG 7 (Water and sanitation)

Figure 7: Percentage of the population using improved drinking water sources in 2008 and MDG target in the African Region[43]



[43] Countries were classified according to the following thresholds: "On track": Use of improved sources of drinking water in 2008 was less than 5% below the rate needed for the country/region to reach the MDG target, or use was 95% or higher. "Insufficient progress": Use of improved sources of drinking water in 2008 was 5% to 10% below the rate needed for the country/region to reach the MDG target. "No progress": Use of improved sources of drinking water in 2008 was more than 10% below the rate needed for the country/region to reach the MDG target, or the 1990–2008 trends shows unchanged or decreasing use. No trend data available for Cape Verde, Congo, Gabon, Guinea Bissau, Equatorial Guinea, Sao Tome and Principe, Seychelles, Sierra Leone and Swaziland.

Figure 8: Percentage of the population using improved sanitation facilities in 2008 and MDG target in the African Region[44]



[44] Countries were classified according to the following thresholds: "On track": Use of improved sanitation facilities in 2008 was less than 5% below the rate needed for the country/region to reach the MDG target, or use was 95% or higher. "Insufficient progress": Use of improved sanitation facilities in 2008 was 5% to 10% below the rate needed for the country/region to reach the MDG target. "No progress": Use of improved sanitation facilities in 2008 was more than 10% below the rate needed for the country/region to reach the MDG target, or the 1990–2008 trends shows unchanged or decreasing use. No trend data available for Cape Verde, Congo, Gabon, Gambia, Guinea Bissau, Equatorial Guinea, Sao Tome and Principe, Seychelles, Sierra Leone and Swaziland.