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MILLENNIUM DEVELOPMENT GOALS AND HEALTH TARGETS: FINAL REPORT

Background

1. In September 2000, the United Nations (UN) adopted a series of broad goals for human development, to which all signatory countries committed support for the following 15 years. The Millennium Development Goals (MDGs) incorporated themes that the collective UN body deemed important to the future of human development: the elimination of extreme poverty, conservation of our natural environment, and protection and promotion of population health, among others.
 2. Many signatory governments and international organizations responded to the MDGs by building stronger partnerships and promoting knowledge management, South-South cooperation, and interagency and intersectoral work. As a result, the achievements under the MDGs can be assessed both in terms of progress toward the agreed targets and in terms of programming and capacity building within national governments and local, national, regional, and global organizations.
 3. All of the MDGs were related to health, whether directly or indirectly. The three goals specifically oriented toward health were MDG 4: Reduce child mortality; MDG 5: Improve maternal health; and MDG 6: Combat HIV/AIDS, malaria and other diseases. Because nutrition and the environment are highly relevant to health, PAHO has also tracked the Region's progress toward MDG 1: Eradicate extreme poverty and hunger, and MDG 7: Ensure environmental sustainability.
 4. In 2004, the 45th Directing Council adopted Resolution CD45.R3, Millennium Development Goals and Health Targets, urging Member States to prepare national plans of action, strengthen political commitment, prioritize action on national health and social development, foster partnerships, and support civil society involvement to attain the MDGs.
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5. Three updates on MDG progress were provided at previous Directing Councils: documents [CD51/INF/5-E](#) (2011), [CD52/INF/4-C](#) (2013), and [CD53/INF/6-D](#) (2014). The present update assesses progress in achieving the health-oriented MDGs during the entire MDG era (2000–2015).

6. The MDG era, which concluded in 2015, was followed by the 2030 Agenda for Sustainable Development. Lessons learned from the MDGs will inform the design and implementation of PAHO's approach to achieving the 17 Sustainable Development Goals (SDGs). Accordingly, it is a timely opportunity to consider lessons learned that might be applied to PAHO's SDG strategy.

7. Key among these is the importance of equity-sensitive data collection and analysis. Although the MDGs were realistic, easily communicated, and had a positive impact on national data systems, their focus on broad goals inadvertently encouraged countries to measure average progress at national levels, thus obscuring disparities among sub populations. Focusing on indicators that are sensitive to the divergence between needs and services accessible to vulnerable populations will enable PAHO to more appropriately address persistent gaps in coverage with the overall objective of leaving no one behind. The MDGs were also sector-driven and focused on targets for low- and middle-income countries, whereas the SDGs represent a more holistic, universal, and multi-sectoral approach of health and human development that applies to all countries.

Progress Achieved

8. Progress achieved by the end of the MDG era should be celebrated. The practical guidance offered by the MDGs has further strengthened global commitments to human development and health, galvanized unparalleled global responses, and generated innovative partnerships. Global mobilization behind the MDGs enabled populations living in vulnerable conditions to improve their lives and future prospects.

9. Resolution CD45.R3 (2004) set out a series of expectations and intentions to govern the support of the Pan American Sanitary Bureau (PASB) to Member States in achieving the MDGs. The Region as a whole has achieved most of the health-related MDG targets and made considerable progress in the others. (Table 1 elaborates on Regional progress related to specific targets) With respect to baseline data from 1990, countries of the Americas achieved significantly improved health outcomes, particularly with regards to reducing poverty and child mortality; combating HIV/AIDS, malaria, and tuberculosis; and improving water and sanitation. The significant progress of many of the LAC countries toward achieving the MDGs and their health targets also reflects advances in improved access to health services and universal health coverage, as well as intersectoral action on the social and environmental determinants of health.

10. While there is much to be celebrated, the unequal nature of the Region's progress should be noted and considered, particularly as PASB prepares to support Member States in achieving the SDGs. The UN has both monitored and reported on the Region's

progress in greater detail at various points throughout the implementation of the MDGs. Repeatedly, inequality emerged as a barrier to achievement of many targets. In LAC, for example, the ratio of women to men in poor households increased significantly between 1997 and 2012, despite an overall decline in poverty throughout the Region (1). However, the 2015 United Nations report observed some improvements to approaches that prioritize equity, such as 17 out of 20 countries in Latin America having sought data on indigenous people in their 2010 censuses; disaggregated data analysis is a core component of equity-focused interventions. It has also been widely noted that the recession of 2008 severely restricted national resources in many LAC countries, thereby presenting further challenges to achievement and making it more likely that interventions undertaken would focus on the less challenging options.

11. Consideration of the factors driving achievement of specific targets illustrates some of the broader points above. For example, achievement of the target for reduction of the under-five mortality rate may be attributed to three key elements: economic development that corresponds to better nutrition; expanded coverage of public services, such as safe drinking water and sanitation; and increased access to basic health services, such as family planning and maternal education, with vaccination, oral rehydration, and monitoring of child growth seen as instrumental. At the same time, an ongoing challenge in addressing the Infant Mortality Rate is that higher rates of mortality occur in rural areas and among indigenous groups, where access to high-quality health services is more limited (5).

12. Changes in how health is measured on a formal basis can also affect official progress, in some cases negatively: In LAC, antiretroviral therapy (ART) coverage was 56% of the eligible population in 2013. That same year, the World Health Organization (WHO) approved new guidelines that recommended earlier initiation of ART. As a result, the number of people receiving ART did not decline, but the number of people eligible for treatment increased, thereby yielding a lower proportion of coverage (11).

13. This update is based on data from the World Health Organization and UN agencies, which has been compiled in the forthcoming Final Report on the Health-Related Millennium Development Goals in the Americas, a comprehensive review of regional progress during the MDG era. It should be noted that with respect to some of the targets and indicators, it is only feasible to report progress in Latin America and the Caribbean (LAC), rather than in the entire Region.

Table 1. Achievements of Health-Related MDGs in the Region of the Americas

MDG 1: Eradicate extreme poverty and hunger	
Target	Indicator
1.C: <u>Halve, between 1990 and 2015, the proportion of people who suffer from hunger.</u> This target was ACHIEVED.	1.8 <i>Prevalence of underweight children under 5 years of age</i> In LAC, the proportion of underweight children under 5 years of age declined steadily, from 7.3% in 1990 to 2.7% in 2013 (a 63% reduction) (2).

	<p>1.9 Proportion of population below minimum level of dietary energy consumption</p> <p>The proportion of the population in LAC unable to meet minimum dietary requirements decreased from 15.3% (69 million people) in 1990 to 6.1% (fewer than 37 million people) in 2015 (a 60% reduction) (3).</p>
MDG 4: Reduce child mortality	
Target	Indicator
<p>4.A: <u>Reduce by two-thirds, between 1990 and 2015, the under-5 mortality rate.</u></p> <p>This target was ACHIEVED.</p>	<p>4.1 Under-5 mortality rate</p> <p>The under-5 mortality rate in the Region of the Americas decreased from 43 per 1,000 live births in 1990 to 15 per 1,000 live births in 2015 (a 66% reduction).</p>
	<p>4.2 Infant mortality rate</p> <p>The infant mortality rate (IMR) per 1,000 live births in the Region of the Americas (including the USA and Canada) was 34 in 1990, decreasing to 13 in 2015 (a 62% reduction) (4).</p>
	<p>4.3 Proportion of 1-year-old children immunized against measles</p> <p>In 1990, 76% of children in this age group had received at least one dose of the measles vaccine. In 2013, this percentage reached 92% (6). Since 2002, LAC has eliminated endemic measles as a cause of infant mortality. PAHO has identified a goal of 95% population immunization against measles in its Plan of Action for Maintaining Measles, Rubella and Congenital Rubella Syndrome Elimination in the Region of the Americas.</p>
MDG 5: Improve maternal health	
Target	Indicator
<p>5.A <u>Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio</u></p> <p>This target was NOT ACHIEVED.</p>	<p>5.1 Maternal mortality ratio</p> <p>According to UN estimates of the Americas, the MMR decreased from 102 to 52 per 100,000 live births between 1990 and 2015 (a 49% reduction) (21). Therefore, despite progress on maternal mortality, the goal of a 75% reduction was not achieved.</p>
	<p>5.2 Proportion of births attended by skilled health personnel</p> <p>There was a progressive increase in the proportion of births attended by skilled health personnel, from 74% in 1990 to 94% in 2014. Currently, 27 PAHO Member States have achieved the target of 90% (22)</p>
<p>5.B: <u>Achieve, by 2015, universal access to reproductive health.</u></p> <p>This target was NOT ACHIEVED, but there has been remarkable progress under some relevant indicators.</p>	<p>5.3 Contraceptive prevalence rate</p> <p>In 1990, the UN estimated that the overall prevalence of contraceptive use (any method) in LAC was 61.0%, while in United States and Canada it was 71.9%. By 2014, the rates were 73.1% and 75.1%, respectively.</p>
	<p>5.4 Adolescent birth rate</p> <p>Despite a general decline in the Region, the fertility rate among adolescents remains unacceptably high. In 2013, the</p>

	<p>worldwide adolescent fertility rate was estimated at 45.3 births per 1,000 women aged 15-19 years (having fallen from 65.4 per 1,000 in 1990), while in LAC, the comparable rate was 67.1 (having fallen from 83.7) (7).</p>
	<p>5.5 Antenatal care coverage (at least one visit and at least four visits)</p> <p>In LAC, the percentage of women who received antenatal care by skilled personnel has increased steadily since 1990. In 2015, close to 100% of pregnant women attended at least one antenatal visit (8). In 2014, 86.2% of pregnant women attended four or more antenatal visits (9).</p>
	<p>5.6 Unmet need for family planning</p> <p>There was a progressive decrease in the population with unmet need for family planning. Between 1990 and 2014, the rate fell from 17.3% to 10.6% in LAC, and from 7.6% to 6.6% in United States and Canada (8).</p>
MDG 6: Combat HIV/AIDS, malaria and other diseases	
Target	Indicator
<p>6.A: <u>Have halted by 2015 and begun to reverse the spread of HIV/AIDS.</u> This target was ACHIEVED.</p>	<p>6.1 HIV prevalence among population aged 15-24 years</p> <p>From 1990 to 2013, HIV prevalence among the population aged 15-24 years decreased in the Caribbean. However, little change was measured in Latin America after 2000 (10). Overall, HIV prevalence in LAC decreased from .28% in 1990 to .17% in 2015 (10).</p>
	<p>6.2 Condom use at last high-risk sex</p> <p>In half of the Region's countries, more than 50% of the population reported condom use at last high-risk sex.</p>
	<p>6.3 Proportion of population aged 15-24 years with comprehensive, correct knowledge of HIV/AIDS</p> <p>The proportion of young people with a comprehensive understanding of HIV infection steadily increased across the Region. Nevertheless, that proportion ranged from 17% to 86%, with a median of 38% among 26 reported countries (10).</p>
<p>6.B: <u>Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.</u> This target was NOT ACHIEVED, though significant progress was made.</p>	<p>6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs</p> <p>The number of persons on antiretroviral treatment in LAC continues to increase. At the end of 2013, an estimated 795,000 individuals were receiving treatment, equivalent to 44% of the total estimated population with HIV. Fifty-one percent of children under 14 years of age were receiving treatment (12); 95% of pregnant women in the Caribbean and 90% of pregnant women in Latin America were also receiving treatment (13).</p>
<p>6.C: <u>Have halted by 2015 and begun to reverse the</u></p>	<p>6.6 Incidence and death rates associated with malaria</p> <p>From 2000 to 2013, there was a 64% reduction in malaria</p>

<p><u>incidence of malaria and other major diseases.</u> This target was ACHIEVED for TB and malaria.</p>	<p>morbidity in the 23 endemic countries in LAC. During that same period, there were only 84 deaths from malaria, representing a 78% reduction (14). Thirteen countries in the Region reached the regional target of reducing confirmed cases of malaria by 75%, while five additional countries nearly achieved this target.</p>
	<p>6.7 <i>Proportion of children under 5 sleeping under insecticide-treated bednets</i></p> <p>The use of insecticide-treated mosquito nets (ITNs) in the Americas is comparatively low (except in Haiti), partly because the most common type of malaria in the Region, P. Vivax, is transmitted during the daytime, making ITNs less effective (15).</p>
	<p>6.9 <i>Incidence, prevalence and death rates associated with tuberculosis</i></p> <p>The WHO target – to reduce tuberculosis prevalence and mortality by more than half between 1990 and 2015 – was exceeded. In the Americas, incidence is projected to have declined from 56 cases per 100,000 population in 1990 to 26 cases per 100,000 in 2015 (16).</p>
MDG 7: Ensure environmental sustainability	
Target	Indicator
<p>7.C: <u>Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation.</u> This target was ACHIEVED for safe drinking water, and virtually achieved for sanitation (the proportion was reduced by 48.5%).</p>	<p>7.8 <i>Proportion of population using an improved drinking water source</i></p> <p>According to WHO and UNICEF estimates, as of 2015, about 95% of the people in LAC had access to potable water, surpassing the target of 91.5% (17). However, access continues to be significantly worse in rural areas and among poorer populations (18).</p>
	<p>7.9 <i>Proportion of population using an improved sanitation facility</i></p> <p>WHO and UNICEF estimated that 67% of the LAC population used improved sanitation in 1990, increasing to 83% in 2015. This represents a decrease of 48.5% of the population without access to improved sanitation, with considerably better access in urban than in rural areas (19).</p>

Action Necessary to Improve the Situation

14. The 2030 Agenda for Sustainable Development, which sets out 17 new goals to guide global health and development for the next 15 years (2016–2030), will sustain the momentum and carry forward the unfinished agenda of its predecessor. Though the 2030 Agenda has now superseded the MDGs, many of the targets under the SDGs are related to those of the MDGs. Nonetheless, the approach has evolved significantly, with the SDGs emphasizing equity, shared responsibility, and sustainability. In the Region of the Americas, addressing persistent health challenges throughout the SDG period will require

a more refined approach that considers the breadth of causality for mortality and morbidity, using strategic partnerships and resources to achieve long-term gains for health.

15. Although only one SDG is explicitly health-oriented (SDG 3), several aspects of other SDGs, such as better nutrition, water, and sanitation, have important implications for health. The health sector will be required to collaborate in innovative ways to achieve these aspirational goals, and multi-sectoral action for health will be particularly pertinent to address health issues stemming from inequality. Programming that focuses on the social determinants of health, which necessitates input from other sectors, has significant potential to tackle health inequalities and address factors in health outcomes outside the formal health service sector. These equality-focused approaches are especially relevant for the LAC Region and have spurred PAHO initiatives such as the Commission on Equity and Health Inequalities in the Region of the Americas and the broader work of the Cross-Cutting Themes Group.

16. Member States should be encouraged to prepare national plans of action for the attainment of the SDGs, strengthen the level of political commitment to their achievement, and foster innovative partnerships that both address the broader determinants of health and prioritize health equity.

17. The Bureau has embarked on the development of an institutional strategy to pursue the SDGs; support countries in developing national action plans in pursuit of the SDGs; incorporate the SDGs into PAHO's technical cooperation programming and results-based management; mobilize human and financial resources and networks to achieve the SDGs; and develop a plan to monitor national and regional advancement toward the SDGs, evaluate experiences, and share best practices among countries.

Action by the Directing Council

18. The Directing Council is requested to take note of this final report at the close of the MDG era. It is also asked to consider how the progress and challenges of the preceding period of global development may help identify future priorities and define the direction of the implementation of the SDGs.

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