

## Goal 6: Combat HIV/AIDS, Malaria and other diseases

- Target 6A: Halt by 2015, and begin 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
- Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.



*At a Glance: One country has reversed the HIV epidemic and there is uneven progress towards MDGs in other countries.*

*With the exception of one country, the rest of the SEA Region continues to be at risk of malaria.*

*The SEA Region as a whole has already achieved a reversal in TB incidence.*

## Goal 7: Ensure environmental sustainability

- Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

*Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources. By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers.*

*At a Glance: SEAR countries have made important strides towards increasing water supply coverage during the last decade. However, more than 40% of the region still lack access to improved sanitation, as most countries are making slow progress.*

## Goal 8: Develop global partnership for development

- Target 8E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

*At a Glance: Access to essential medicines has been improved, and will continue to be a core element of health-care in the Region. Pharmaceutical companies will be important partners in the provision of essential medicines. Member Countries are bolstering their national medicinal drug policies (which are based on the Essential Medicines Concept), promoting rational use and ensuring quality, safety and efficacy.*



## Challenges in the implementation of the Health MDGs

- Need for accelerating actions for achieving HMDGs in the Region, particularly MDGs 1, 4 and 5;
- Need for strengthening health systems in the Region for achieving sustainable progress in HMDGs;
- Dearth of information for monitoring achievements of health-related MDGs by Member States and recognizing the need for continuous monitoring of health programmes included HMDGs; inadequate workforce in the health system and, in particular, in the area of Health Information System in the Region;
- Need to revitalize Primary Health Care as one of the main strategies of achieving HMDGs and due cognizance to social and cultural determinants of health;
- Build partnerships between governments, United Nations and various global health initiatives, academia, professional bodies, NGOs, the private sector, the media and civil society, to jointly advocate and effectively follow-up on all aspects of achieving the HMDGs in the Region.

## Future action

### Policy directives need to be issued at the national level to:

- Raise awareness of MDGs among high-level policy-makers and sustain high political commitment;
- Divert adequate resources to accelerate the implementation of MDGs;
- Considering that health is strongly influenced by social determinants, multi-sectoral and multi-disciplinary approaches should be fostered;
- Strengthen Health Information System (HIS) to collect, compile, analyse and present MDG-related data by gender, geographical distribution and by other relevant variables on a routine basis;
- Design focused interventions, implement and monitor the progress; and
- Prepare annual progress reports and disseminate the same among partners.

For more information please refer to:

'Status of WHO Core Indicators and MDG Indicators in the Asia Pacific' (2005)  
SEAR status report on MDGs in '11 questions for 11 countries' (2007)  
SEARO website - [www.searo.who.int](http://www.searo.who.int)

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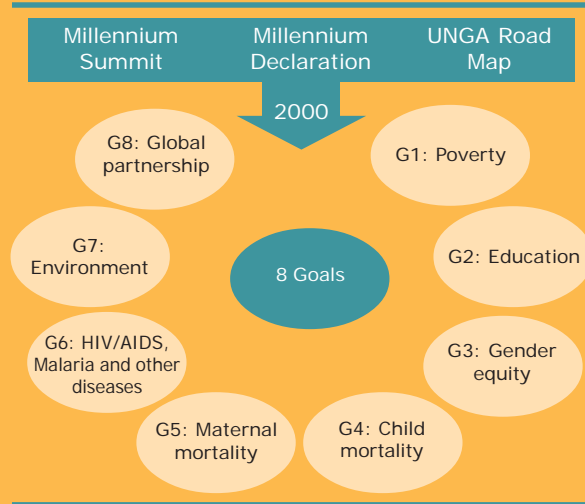


health  
MDGs in South-East Asia Region:  
at a glance

## UN Millennium Declaration

At the Millennium Summit in 2000, representatives from 189 countries committed themselves toward a world in which sustaining development and eliminating poverty would have the highest priority. The Millennium Development Goals (MDGs) summarize these commitments and have been commonly accepted as a framework for measuring development progress. They are an integral part of the "Road map towards the implementation of the United Nations Millennium Declaration". The Millennium Development Goals are assuming increasing strategic importance. They are being used to focus and reorient the work of individuals and programmes, and as a benchmark against which to assess overall country and organizational performance.

**Figure 1: Where do Millennium Development Goals come from?**

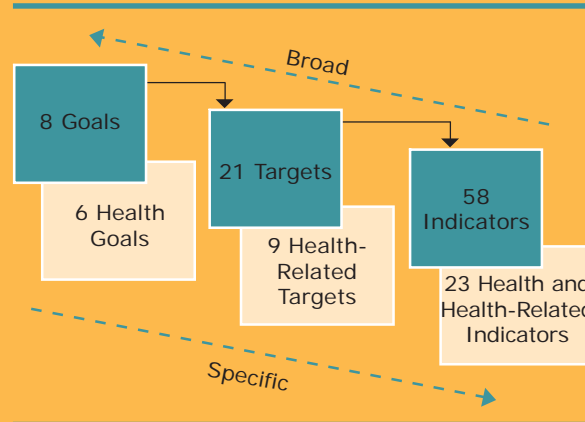


## Health in the MDGs

The MDGs highlight some of the priority areas that must be addressed such as extreme poverty, universal education, maternal and child health, epidemics of certain communicable diseases, water and sanitation, environmental pollution and partnerships. There are 8 Goals, 21 Targets and 58 Indicators. The MDGs give high prominence to health as health is an important contributor to several other goals. The significance of the MDGs lies in the linkages between them, they are a mutually reinforcing framework to improve overall human development.

Six out of the 8 Development Goals, 9 of the 21 targets and 23 of the 58 indicators relate directly to health. While the Development Goals are very broad and comprehensive, the targets are more specific to some extent and are more narrow, and the indicators even more so.

**Figure 2: How do MDGs link with the global health agenda?**



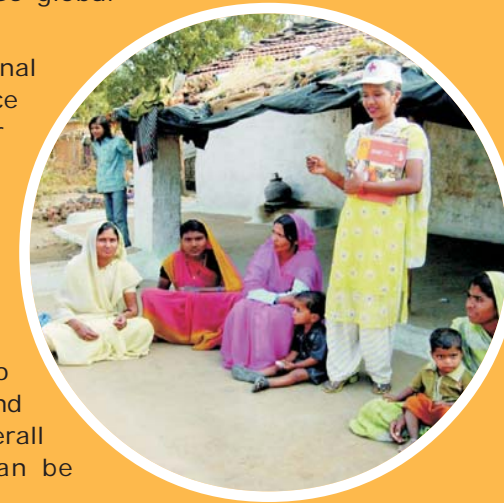
## WHO's support for achieving the MDGs

WHO's role is to primarily provide technical support, monitoring and reporting, mobilizing resources, and advocacy. In order to fulfill the role in a more effective, efficient and coordinated manner, a Task Force has been formed on health-related MDGs (HMDGs) in SEARO for the purpose of monitoring the progress by:

- Assessing current status of HMDGs in South-East Asia Region and review the progress made so far by member countries;
- Monitoring, reviewing and updating datasets, relevant HMDGs and WHO core indicators;
- Coordinating MDG monitoring activities with other technical units in the Regional Office as well as WHO Country Offices;
- Identifying issues, challenges and gaps (including both technical and resources) recommend the course of action to be taken by member countries to achieve the goals successfully;
- Making progress reports for Health Ministers Meeting and Regional Committee Meetings on the above;
- Contributing technically to the MDGs global monitoring team at HQ;
- Working with other global and regional partners to provide technical assistance and to mobilize resources for member countries.

In recognition of the pressing need to accelerate efforts to reach the HMDGs WHO will lay greater emphasis on the strategic approaches in its work-plans and budget. Although, HMDGs do not represent the entirety of WHO's work, they are central to the support it provides to Member States, and are milestones against which WHO's overall contribution to health development can be measured.

While at the **Country Office and Ministry of Health level** Country Cooperation Strategies have been developed incorporating MDGs to the development agendas, WHO's Secretariat will work closely with Member States on ways in which the HMDGs are operationalized in the WHO planning process and reflected in the proposed programme budget 2008-2009 and Medium Term Strategic Plan 2008-2013. The Eleventh General Programme of Work covers the period 2006-2015; chosen specifically to correspond to the date of 2015 for achieving the Goals.



## Goal 1: Eradicate poverty and hunger

- Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger



*At a Glance: 3 countries show good progress rate whereas 7 countries are making insufficient progress and 1 Member country is progressing considerably slower than the rest.*

## Goal 4: Reduce child mortality

- Target 4: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

*At a Glance: 8 countries have made palpable progress, however progress in reducing under-five child mortality is insufficient in 2 countries and 1 country shows very slow progress on this goal.*

## Goal 5: Improve Maternal Health

- Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
- Target 5B: Achieve, by 2015, universal access to reproductive health

*At a Glance: Efforts to achieve Goal 5 needs serious attention from all concerned as only 3 countries have made good progress while the rest have been very slow and are unlikely to achieve the targets by 2015 with their current rate of success.*

