



World Health
Organization

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**ways the World Health Organization
helps countries reach the Millennium
Development Goals**

WE CAN
END POVERTY
2015 MILLENNIUM
DEVELOPMENT
GOALS

WHO helps

- 1 ...increase** access to safe, effective, quality medicines and diagnostics. WHO has “prequalified” more than 250 medicines for HIV/AIDS, tuberculosis (TB), malaria, and reproductive health, and promotes the greater availability of generic essential medicines in the public sector. Generic medicines sold in the private sector cost on average six times more than their international reference price and branded products are even more expensive.
- 2 ...prevent** people from falling into poverty because they have to pay for health care themselves. WHO recommends replacing user fees with pooled, pre-payment financing systems such as taxation and/or insurance. Out-of-pocket payments for health care currently force 100 million people into poverty each year, and prevent many others from seeking care.
- 3 ...develop** strategies to address critical shortages of health workers. These include finding ways to improve training, manage migration, and enhance geographical distribution. Today, 57 countries have critical health workforce challenges.
- 4 ...improve** the availability, quality and analysis of health information. Working with partners, WHO tracks progress on the achievement of the MDGs and publishes updates in the annual *World Health Statistics*. WHO also reports on the availability of financial and human resources, and provides estimates of financing gaps and needs.
- 5 ...ensure** that sick children get quality health care within 24 hours of becoming ill, and provide safe, effective medicines for children. The Integrated Management of Childhood Illness (IMCI) strategy prioritizes prevention and treatment of the main diseases that kill children under five years, and is being implemented in more than 100 countries.
- 6 ...continue** to immunize children against measles and other vaccine-preventable diseases, and introduce new, life-saving vaccines such as those against pneumonia and rotavirus diarrhoea. The number of infants immunized against measles increased from 94 million to 107 million between 1990 and 2008 – a rise in coverage from 73% to 83% – or more than four out of five children worldwide.
- 7 ...reduce** deaths from pneumonia and diarrhoea, which together kill almost 3 million children under five years old each year. The *Global Action Plan for the Prevention and control of Pneumonia* guides countries on how to reduce risks such as indoor air pollution and improve access to treatment with antibiotics. Efforts to tackle diarrhoea focus on the use of oral rehydration salts solution and zinc for treatment, and access to safe water, sanitation and breastfeeding for prevention.
- 8 ...assess** children’s growth according to a global standard to identify cases of malnutrition in time to intervene effectively, and develop national nutrition plans and policies for infants and children. The percentage of underweight children is estimated to have declined from 25% in 1990 to 16% in 2010; but 104 million children still do not weigh what they should.
- 9 ...improve** essential antenatal and postnatal care for all mothers and babies, providing integrated services to address all maternity needs, and supporting care in the home. This includes training more skilled birth attendants and ensuring simple, life-saving measures such as active management of the third stage of delivery, early skin-to-skin contact, keeping the baby warm, and early and exclusive breastfeeding. Although use of antenatal care is improving, no more than 40% of mothers receive postnatal care.
- 10 ...increase** access to sexual and reproductive health services, including family planning, infertility services, prevention and treatment of sexually transmitted infections, and skilled care before, during and after pregnancy and childbirth. The proportion of women of reproductive age in developing countries who report using contraceptives increased from 50% in 1990 to 62% in 2005.

c o u n t r i e s

11 ...address gender inequalities that limit the ability of women and girls to protect their health, and provide a full range of health services for women of all ages – whoever they are and wherever they live. In high-income countries, women face a 6% risk of dying between the ages of 20 and 60. In Africa, that figure goes up to 37%.

12 ...reduce AIDS deaths, improve quality of life for people living with HIV, and reduce the number of new infections by providing comprehensive prevention, treatment and care services. In 2008, more than 4 million people were receiving antiretroviral therapy (ART) and the number of facilities offering HIV testing and counselling had increased by 35% (from 25 000 in 2007 to 33 600 in 2008).

13 ...promote a comprehensive approach to preventing mother-to-child transmission of HIV that integrates a full range of antenatal and postnatal services. In 2008, around 45% of the 1.4 million HIV-positive pregnant women in low- and middle-income countries received antiretroviral drugs to prevent transmission to their children.

14 ...reach national targets improving tuberculosis (TB) control, surveillance, and care. Between 1995 and 2008, 36 million people were cured and up to 6 million lives saved. But multidrug-resistant TB (MDR-TB) remains a serious concern. WHO supports 114 countries in assessing their cases of MDR-TB. More than 70 countries now have effective MDR-TB management programmes and provide discounted drugs to an estimated 30 000 people. The Stop TB Partnership, housed by WHO, has delivered more than 16 million TB treatments in low and middle-income countries since 2001.

15 ...increase survival rates of people with both TB and HIV. Between 2007 and 2008, 1.4 million TB patients were tested for HIV. Of those who tested positive, one third received anti-retroviral therapy and two thirds took co-trimoxazole to prevent the risk of fatal bacterial infections. It is estimated that one quarter of deaths from HIV are associated with TB.

16 ...improve local availability of effective antimalarial medicines (artemisinin-based combination therapy – ACT) and rapid diagnostic tests. Malaria can be cured if diagnosed and treated within 24 hours of the onset of symptoms. Access to ACT has increased but remains inadequate in all countries surveyed in 2007 and 2008.

17 ...curb the spread of malaria by promoting the use of insecticide-treated nets and integrated vector management – better water, sanitation, and irrigation management. Indications are that 38 countries are on course to meet the MDG target for reducing malaria.

18 ...monitor AIDS, TB and malaria prevention, treatment and care coverage via WHO's annual status reports and maternal and child health with the *Countdown to 2015* reports that track progress on MDGs 4 and 5. The reports enable countries to measure progress and identify emerging challenges. More than 5 million people who currently require ART are still not receiving it; TB kills 4500 people every day, malaria causes 1 in every 14 deaths in Africa, and 8.8 million children under five years are still dying every year.

19 ...prevent, eliminate or eradicate neglected tropical diseases (NTD). In 2008 alone, more than 650 million people were able to take preventive chemotherapy for one or more NTD. Guinea-worm disease (dracunculiasis) is now on the verge of eradication with only 4600 cases reported in 2008, compared with 3.5 million in the mid 1980s.

20 ...improve the availability of safe drinking water and sanitation. In 2008, 87% of the world's population could access safe drinking water. This is sufficient to reach the MDG target if the rate of improvement is maintained. However, 2.6 billion people have no access to a hygienic toilet or latrine.

W H O h e l p s c o u n t r i e s

In September 2000, 189 heads of state adopted the UN Millennium Declaration and endorsed a framework for development. The plan was for countries and development partners to work together to reduce poverty and hunger, and improve education, gender equality, access to clean water and environmental sustainability. They also set out to tackle ill-health by improving maternal and child health, and combating HIV/AIDS, malaria and other diseases.

They established eight Millennium Development Goals (MDGs), with targets set for 2015, and identified a number of indicators to monitor progress from 1990 levels. Several of these relate directly to health.

Much progress has been made. Countries and development partners can take pride in these achievements. But more efforts and investment are necessary to make further progress by 2015. Working with partners to support national efforts to achieve all the health-related MDGs is core business for the World Health Organization (WHO).

Our activities include setting prevention and treatment guidelines and other global norms and standards, and providing technical support to countries to implement them, as well as analysing social and economic factors and highlighting the broader risks and opportunities for health. If countries are to sustain and accelerate progress towards the MDGs, people need equitable access to a health system that can deliver high quality services, where and when they are needed. WHO assists national authorities as they develop health policies and plans, and helps governments work with development partners to align external assistance with domestic priorities. We also collect and disseminate data on health so countries can plan health spending and track progress.

For more information see:

World Health Statistics, 2010

<http://www.who.int/whosis/whostat/2010>

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