



PROGRESS ON THE HEALTH-RELATED MDGs IN THE AFRICAN REGION

Progress towards the achievement of the health-related MDGs in the African Region is slow. Currently six African countries are on track to achieve the MDG target of reducing child mortality. There is no progress on the MDG target on reducing maternal mortality. Eleven countries have started to observe declines or stabilization in HIV prevalence trends among the 13 countries that have complete trend data. A third of the population with advanced HIV infection had access to antiretroviral drugs in 2007. There were increases in the proportions of children under five sleeping under insecticide treated bednets between 1999 and 2006 in all 18 countries with trend data, although coverage rates were lower than 50%. Few countries have shown sufficient progress on targets related to reducing hunger, use of improved water and sanitation facilities. Countries and their partners should increase resources significantly to strengthen health systems; maternal and child health services; combat HIV/AIDS, malaria, and TB; tackle the broader determinants of health. Measures to monitor country progress towards the MDGs should also be improved by a major effort at strengthening data sources and capacity for data management.

Derege Kebede
Edoh William Soubey-Alley
Emil Asamoah-Odei
Paul-Samson Lusamba-Dikassa
Luis Gomes Sambo

World Health Organization, Regional Office for Africa

Corresponding author:
Derege Kebede
Email: kebeded@afro.who.int

RÉSUMÉ

Les progrès en vue de la réalisation des OMD concernant la santé dans la région africaine sont lents. Actuellement, six pays africains sont sur la bonne voie pour atteindre l'objectif des OMD sur la réduction de la mortalité infantile. Par contre, il n'y a pas de progrès sur la cible de l'OMD sur la réduction de la mortalité maternelle. Parmi les 13 pays qui ont des données complètes sur les tendances, onze pays ont commencé à observer une baisse ou la stabilisation des tendances de la prévalence du VIH. En 2007, un tiers de la population souffrant d'une infection avancée du VIH a eu accès aux médicaments antirétroviraux. Entre 1999 et 2006, bien que les taux de couverture aient été inférieurs à 50%, dans les 18 pays disposant de données de tendance, on a enregistré une augmentation du pourcentage d'enfants de moins de cinq ans dormant sous moustiquaires imprégnées d'insecticide. Peu de pays ont montré des progrès suffisants sur des cibles liées à la réduction de la faim, à l'utilisation de l'eau et d'installations sanitaires de meilleure qualité. Les pays et leurs partenaires devraient augmenter les ressources de manière significative afin de renforcer les systèmes de santé et les services de santé maternels et infantiles, combattre le VIH / sida, le paludisme et la tuberculose et s'attaquer aux plus grands déterminants de la santé. Afin d'améliorer aussi les mesures visant à surveiller les progrès du pays pour atteindre les OMD, un effort important devrait être fait en renforçant les sources de données et la capacité de gestion de celles-ci.

SUMÁRIO

O progresso no alcance dos ODM relacionados com a saúde na Região Africana é lento. Neste momento seis países africanos estão a caminho de atingir a meta dos ODM relacionada com a redução da mortalidade infantil. Não há progresso na meta dos ODM relacionada com a redução da mortalidade materna. Dos treze países que apresentaram dados completos sobre tendências, onze começaram a registar uma redução ou uma estabilização na tendência de prevalência do HIV. Em 2007, um terço da população com infecção por HIV em estado avançado teve acesso a medicamentos anti-retrovirais. Entre 1999 e 2006, verificou-se um aumento na percentagem das crianças menores de cinco anos que dormem sob uma rede de protecção tratada com insecticidas em todos os dezoito países com dados sobre tendências, apesar das taxas de cobertura serem inferiores a 50%. Poucos países apresentam avanços suficientes em relação às metas para reduzir a fome e aumentar a utilização de água tratada e de instalações sanitárias. Os países e os seus parceiros deviam aumentar significativamente os recursos para reforçar os sistemas de saúde; os serviços de saúde maternos e infantis; o combate contra HIV/SIDA, a malária e a TB; abordar os factores determinantes de saúde mais amplos. As medidas para monitorizar o progresso no sentido de alcançar os ODM também deviam ser melhoradas através um esforço maior de aperfeiçoamento das fontes de dados e na capacidade de gestão de dados.

In 2000, world leaders adopted the United Nations Millennium Declaration and the millennium development goals (MDGs), setting the year 2015 as the date for reaching the targets.

The MDGs constituted an unprecedented commitment by world leaders to comprehensively address peace, security, development, human rights and fundamental freedoms. Three of the eight MDGs are health goals: they are Goal 4, Reduce child mortality; Goal 5, Improve maternal health; and Goal 6, Combat HIV/AIDS, malaria and other diseases. Several other MDGs are monitored through health-related indicators; they include Goal 1, Eradicate poverty and hunger; Goal 7, Ensure environmental sustainability; and Goal 8, Develop a global partnership for development.

Significant commitments to the MDGs have been demonstrated by countries of the WHO African Region. Examples of these commitments include the Abuja Declaration of 2001 requesting countries to allocate 15% of public expenditures to the health sector; the 2005 WHO Regional Committee for Africa resolution on achieving the millennium development goals;¹ and the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa.² Similar commitments have been demonstrated by development partners through the United Nations Secretary-General’s MDGs Africa Initiative and the Harmonization for Health in Africa mechanism.

THIS REPORT PROVIDES AN UPDATE ON THE PROGRESS MADE TOWARDS THE ACHIEVEMENT OF THE HEALTH AND HEALTH-RELATED MDGs; IT FURTHER IDENTIFIES THE MAIN CHALLENGES AND PROPOSES THE WAY FORWARD.

ASSESSING PROGRESS

The analysis of progress is based on data from the UN Statistical Division (UNSD) and data from World Health Statistics³ when not available in UNSD. It focuses on agreed MDG targets and indicators. Trends are assessed on the basis of data between 1990 and the most recent year for which information was available as of July 2009.⁴ UN Member States earlier agreed to use the UNSD statistical database⁵ to monitor country progress towards reaching the MDGs.

HEALTH MDGs

TARGET 4 A

Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.

The African Region has the highest under-five mortality rate compared to other WHO Regions (Figures 1a). Six countries are on track to achieve this target (Algeria, Cape Verde, Eritrea, Malawi, Mauritius and Seychelles); 23 countries are making progress, although it is insufficient; and 16 countries have made no progress. In 2006, the mortality rate varied between 16 and 262 per 1000 live births (Figures 1b).

Figure 1a: Under Five Mortality Rate per 1,000 live births, WHO Regions



Figure 1b: Under Five Mortality Rate per 1,000 live births, countries of the African Region

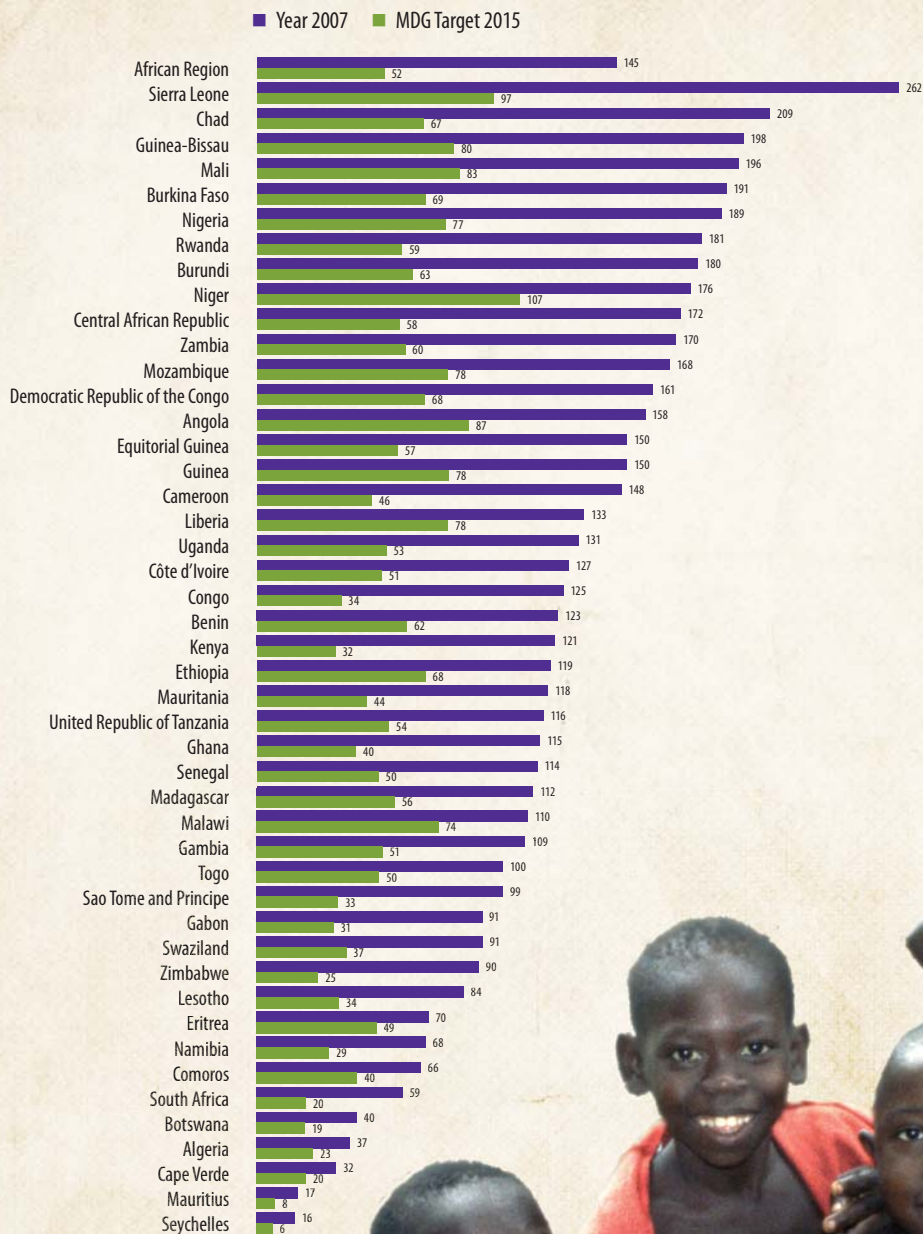


Photo © WHO



TARGET 5A

Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

MMR estimates for 2005 show that the Region has made no progress towards achieving this target.⁶ A total of 13 countries⁷ had maternal mortality ratios less than 550 deaths per 100 000 live births; 31 countries had very high MMRs of 550 or higher; and 12 countries had ratios of 1000 or higher. MMR estimates were not available for two countries (Figure 2a and 2b).

Figure 2a: Maternal Mortality Ratio per 100,000 live births, WHO Regions

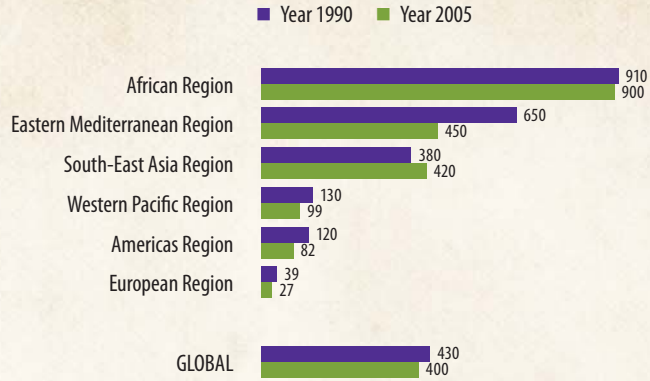
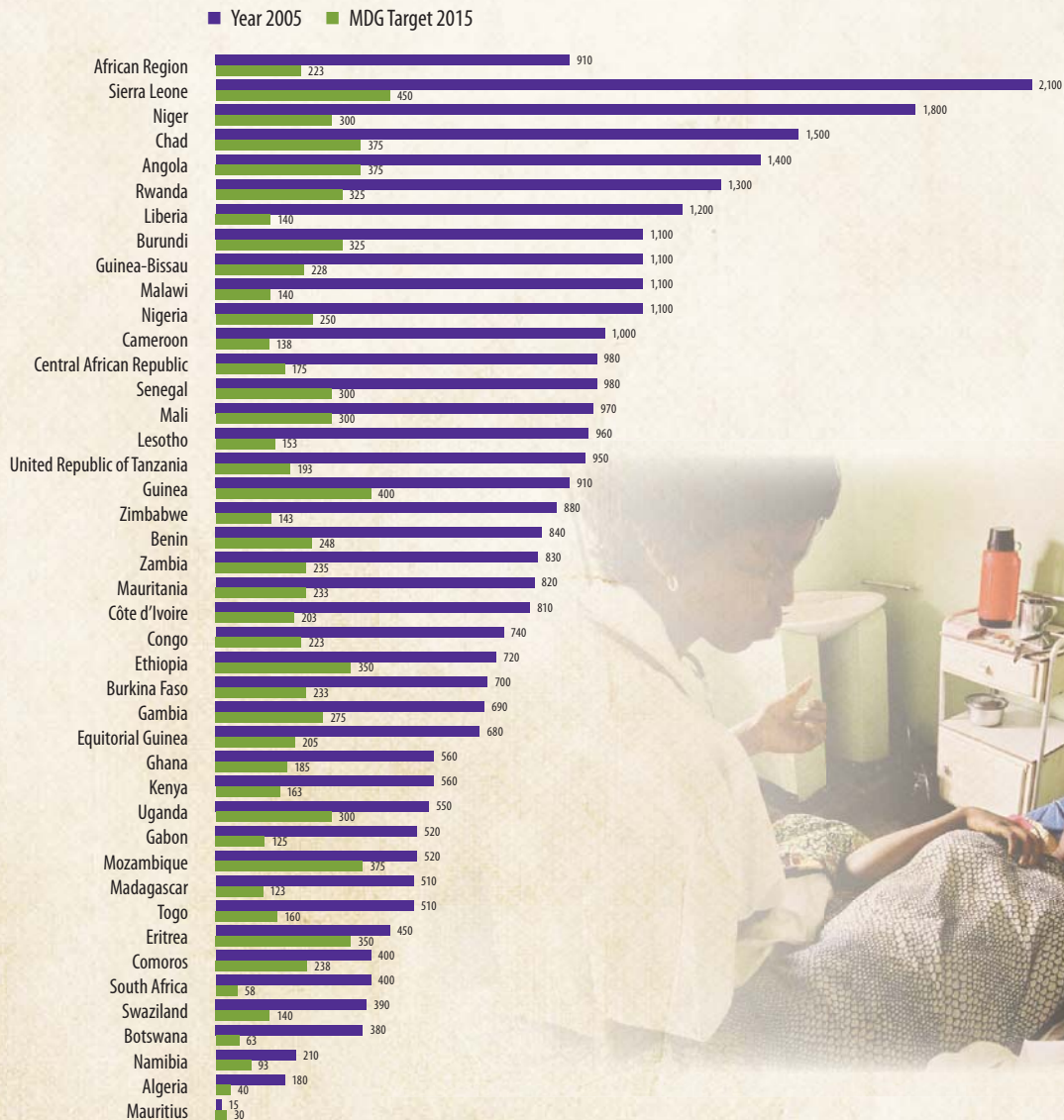


Figure 2b: Maternal Mortality Ratio per 100,000 live births, countries of the African Region



TARGET 5 B

Achieve, by 2015, universal access to reproductive health.

Between 1990 and 2007, there was a 30% increase in access to contraceptives in the Region among currently married women. The prevalence of contraceptive use among currently married women (15–49 years old) varied from 75% to 5% in 2007. Only five countries had contraceptive use rates higher than 50% (Algeria, Cape Verde, Mauritius, South Africa and Zimbabwe), while 27 countries had usage rates less than 33%. Trend data were not available for nine countries.

TARGET 6 A

Halt and begin to reverse, by 2015, the spread of HIV/AIDS.

Among the 13 countries that have complete trend data, 11 have started to observe declines or stabilization in HIV prevalence trends among pregnant women aged 15–24,⁸ HIV/AIDS prevalence has increased in two countries (Burundi and Malawi). The most recent prevalence estimates in the 13 countries ranged between 1.7% and 27.1%.

TARGET 6 B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.

Only a third of the population with advanced HIV infection in the Region had access to antiretroviral medicines in 2007 (Figure 3a and 3b). Three countries had coverage rates of more than 70% (Botswana, Namibia and Rwanda), while 39 countries had coverage rates below 50%. Trend data were not available for four countries.

Figure 3a: Percentage of population living with advanced HIV infections who are receiving antiretroviral therapy, WHO Regions, 2007

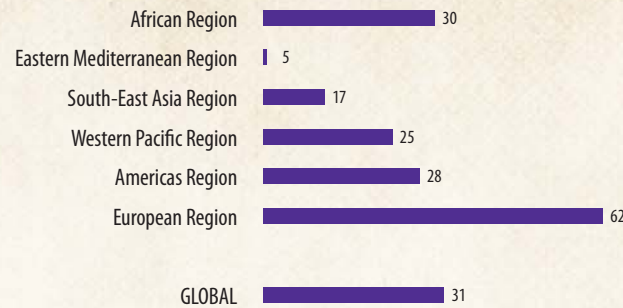
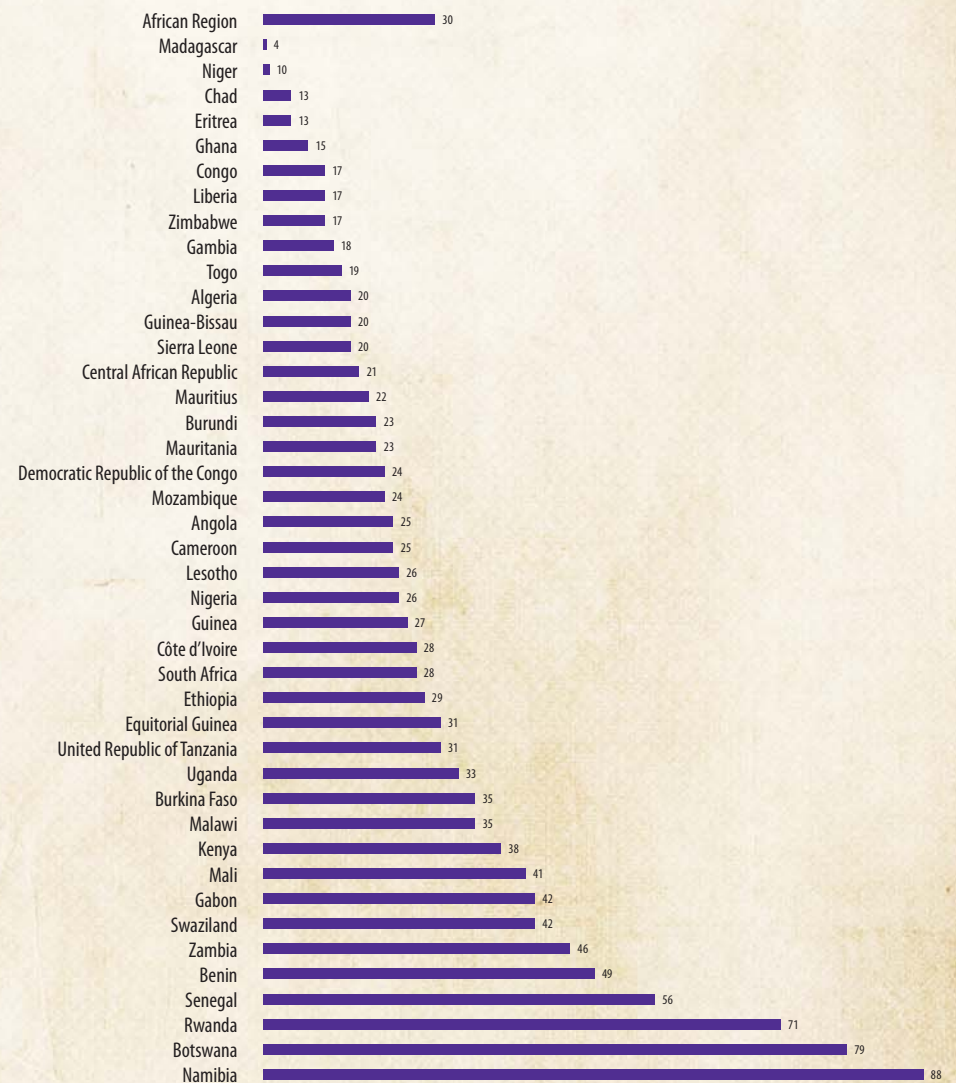


Figure 3b: Percentage of population living with advanced HIV infections who are receiving antiretroviral therapy, countries of the African Region, 2007



HEALTH-RELATED MDGs

TARGET 6C

Halt and begin to reverse, by 2015, the incidence of malaria and other major diseases.

Interpretation of the trends in malaria incidence and deaths using available data is difficult in the African Region due to incomplete reports, non-standardized reporting and reliance mostly on clinical diagnosis. Indicators of ITN and antimalarial coverage are preferred to measure progress toward the MDG targets. There were increases in the proportions of children under five sleeping under insecticide-treated bednets between 1999 and 2006 in all 18 countries with trend data, although coverage rates were lower than 50%. The use of antimalarial medicines for treating children with fever decreased between 1996 and 2006 in 14 countries out of 19 with complete trend data. This decrease is due to the shift from chloroquine treatment to the implementation of artemisinin-based combination therapy policy.

Five countries (Angola, Comoros, Eritrea, Seychelles and Zambia) are on track to achieve the target for tuberculosis, while eight countries⁹ have shown insufficient progress. Of the 33 countries that are making no progress, 14 have prevalence of 500 or more per 100,000 population; between 1990 and 2007, estimated prevalence increased in 27 countries due to the HIV pandemic. The prevalence ranged between 39 and 941 per 100 000 population per year.

TARGET 1C

Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

Only eight countries are on track to achieve this target.¹⁰ Although 18 countries are making progress, their progress is insufficient; 12 countries have made no progress. The proportion of malnourished children in these 38 countries varies from 3% to 44%. Trend data were not available in eight countries.

TARGET 7C

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

Nine countries¹¹ are on track to achieve the safe water target. Six countries are making progress although it is insufficient, while 19 countries have made no progress. The proportions of population using improved drinking water sources varied between 42% and 100% in 2006. Trend data were not available for 12 countries. Of the 36 countries with trend data, 34 countries have made no progress to achieve the target for basic sanitation while two countries are on track (Algeria and Mauritius).

TARGET 8E

In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.

The indicator for this target is the proportion of population with access to affordable essential medicines on a sustainable basis. The method for collecting data on this indicator was introduced only recently. Thus, adequate trend data were not yet available to assess countries' progress on this target.



THE WAY FORWARD

The available evidence indicates that most of the countries in the African Region have not made sufficient progress towards the MDG targets. A number of key challenges need to be addressed effectively if countries are to attain the goals by 2015. These challenges include:

- ➔ inadequate internal and external resources devoted to the achievement of the MDGs;
- ➔ external resources which are unpredictable, non-sustainable, and not aligned to or in harmony with country priorities; existing resources which are inefficiently utilized;
- ➔ weak health systems, particularly inadequate access to, and quality of, health services;
- ➔ weak human and institutional capacity;
- ➔ persisting inequities in access to proven interventions, particularly against maternal mortality, but also against child mortality, HIV/AIDS, tuberculosis and malaria;
- ➔ low priority accorded to health in national economic and development policies;
- ➔ weak multisectoral response, and the poor progress in achieving the other MDGs;
- ➔ inadequate trend data for a number of indicators, global reporting often being based on imputations and estimations using statistical techniques rather than on empirical and timely data collection.



Progress on the goals of the health-related MDGs is mostly very slow in the African Region. Countries and their development partners should increase resources significantly and explore new and innovative ways to ensure progress.

Countries should allocate at least 15% of public expenditure to the health sector as set out in the 2001 Abuja Declaration (very few countries have achieved the target). In addition, they need to strengthen existing structures and mechanisms for sustainable, effective and efficient mobilization and utilization of internal and external resources.

Countries can strengthen health systems by fully implementing the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa to ensure better access to,

and quality of, health services; a strong health workforce; an effective health information system; equitable access to essential medical products, vaccines and technologies; a functioning health financing system; and a robust leadership and governance structure.

It is necessary for countries to increase their attention to areas where progress has been limited, particularly to improve maternal health, by providing sufficient financing to strengthen maternal and other reproductive health services.

Both countries and partners should build international partnerships, sustain the gains achieved and scale up interventions to achieve the necessary reductions in under-five mortality as well as combat HIV/AIDS, malaria and tuberculosis.

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 follow the “Three Ones” principle of one national plan, one coordination mechanism and one monitoring and evaluation plan while striving to achieve the MDGs.

Countries can improve the monitoring of progress towards the MDGs in collaboration with all stakeholders and international partners by:

- (a) improving the frequency, quality and efficiency of national health surveys;
- (b) strengthening birth and death registration;
- (c) improving the availability of demographic data by completing the 2010 census round;
- (d) improving surveillance and service statistics;
- (e) enhancing monitoring of health systems strengthening; and
- (f) strengthening the analysis, evaluation and use of data for decision-making.

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 countries work with development partners to devote more resources, strengthen health systems, including the data sources for monitoring MDG progress, and improve access to proven interventions. ☑



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- 8 Benin, Botswana, Eritrea, Ethiopia, Ghana, Lesotho, Namibia, Rwanda, Swaziland, Zambia and Zimbabwe.
- 9 Cape Verde, Ghana, Guinea-Bissau, Mali, Mauritius, Namibia, Sao Tome and Principe, and South Africa.
- 10 Algeria, Botswana, Republic of Congo, Ghana, Guinea-Bissau, Malawi, Mauritania, and Sao Tome and Principe.
- 11 Botswana, Burkina Faso, Cote d'Ivoire, Ghana, Guinea, Malawi, Mauritius, Namibia and South Africa.