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PROGRESS TOWARDS THE ACHIEVEMENT OF THE HEALTH-RELATED MILLENNIUM DEVELOPMENT GOALS IN THE AFRICAN REGION

Report of the Secretariat

EXECUTIVE SUMMARY

1. Countries in the African Region have made more progress over the past 10 years but are still not on track to achieve the health and health-related MDGs despite the commitments made by governments and partners. In continuation of the previous reports that have been providing updates on the progress towards achieving the Millennium Development Goals (MDGs), this third report of the WHO Regional Director for Africa provides an update of the latest progress towards achieving of MDGs in the Region. Of the 47 countries, the number of countries that are on track to achieve or that have achieved each target is 16 for target 4A; four for target 5A; seven for target 5B; 34 for target 6A; 10 for target 6B; 12 for target 6C; 11 for target 1C; and 23 for target 7C.

2. In general, great strides have been made towards achieving the health-related MDGs in the Region. However, data and trends show that the progress is not sufficient to ensure full achievement by 2015. Challenges mainly arise from weaknesses of integrated country health systems, availability and management of financing, multisectoral response, and coordination. Furthermore, untimeliness and limited quality of data for monitoring and evaluation have hindered the effectiveness of follow-up.

3. At one year away from the deadline, progress is still possible and countries should improve financial mobilization and management; strengthen health systems; improve the implementation of effective interventions; and effectively address the issue of coordination. They also need to prepare for the transition which requires anticipation by proper planning, based on the current evidence available.

4. The Regional Committee is requested to take note of this progress report and adopt the actions proposed as the way forward to achieve the MDG targets.

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ANNEXES

BACKGROUND

1. In 2000, world leaders made the United Nations Millennium Declaration and set eight Millennium Development Goals (MDGs),[1] all to be achieved by 2015, the year by which the related targets must be reached. The MDGs constituted an unprecedented commitment by world leaders to comprehensively address the issues of peace, security, development, human rights and fundamental freedoms.

2. Actions to achieve the MDGs have had an impact on health; and three of them are directly related to health. They are: Goal 4 – Reduce child mortality; Goal 5 – Improve maternal health; and Goal 6 – Combat HIV/AIDS, malaria and other diseases. 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 (see Annex 1 for an updated list of MDG indicators).

3. Countries of the WHO African Region have passed a number of resolutions at various forums and made commitments towards achieving the MDGs.[2] The commitments include the 2001Abuja Declaration on Public financing of the health sector; the Ouagadougou, Algiers and Libreville declarations in 2008, respectively on Primary Health Care and Health Systems in Africa; research for health; and health and environment. Regional Economic Communities (RECs) such as ECOWAS, ECSA-HC, SADC, ECCAS[3] have also contributed largely to the implementation of these commitments.

4. There have also been specific commitments by the UN Secretary-General and development partners. They include the Global Strategy for Women's and Children's Health[4] and its Commissions on "Information and Accountability for Women's and Children's Health" (CoIA)[5] to ensure that promises of resources for the health of women and children are kept and that results are measured; and "Life-Saving commodities" to increase access to life-saving medicines and health supplies for the world's most vulnerable people.[6] Another major commitment is the Harmonization for Health in Africa mechanism to accelerate the implementation of MDGs through health systems strengthening.[7]

5. At the global level, WHO governing bodies (World Health Assembly, Executive Board) and global initiatives have greatly helped the African Region to accelerate efforts towards achieving the MDGs. These initiatives include the High-level forum on the health MDGs in 2004,[8] and the Muskoka Initiative on maternal, child and newborn health, a funding initiative launched in 2010 to accelerate the reduction of maternal, newborn and child mortality.[9] Other

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1 http://www.un.org/millenniumgoals/: accessed on 5 February 2014.

2 Resolutions AFR/RC54/R9; AFR/RC55/R2; AFR/RC55/R5 and AFR/RC55/R6 in WHO/AFRO. Compendium of public health strategies. Volume 1: WHO Regional Committee for Africa 48th–61st Sessions (1998–2011), P97 http://afrolib.afro.who.int/documents/2013/9789290232001.pdf: accessed on 20 November 2013.

3 ECOWAS: Economic Community of West African States; ECSA-HC: East, Central and Southern African Health Community; SADC: Southern African Development Community; ECCAS: Economic Community of Central African States.

4 http://www.who.int/entity/pmnch/topics/maternal/20100914_gswch_en.pdf: accessed on 7 March 2014.

5 http://www.who.int/woman_child_accountability/about/coia/en/, accessed on 7 March 2014.

6 Life-saving Commodities – Improving access, saving lives —https://lifesavingcommodities.org/ accessed on 7 March 2014.

7 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: 7 March 2014.

8 High-level forum on the health Millennium Development Goals. http://www.who.int/hdp/hlf/en/ accessed: 7 March 2014.

9 The Muskoka Initiative: Background. http://www.acdi-cida.gc.ca/acdi-cida/acdi-cida.nsf/eng/FRA-119133138-PQT. Accessed: 7 March 2014.

important initiatives that have supported the implementation of MDG-related activities include GFATM, GAVI, UNITAID, BMGF and the African Union summit on MDGs 4, 5 and 6.[10] Recently, in April 2014, African ministers of health, at their gathering in Luanda, endorsed Universal Health Coverage as a means to achieve and sustain the health MDGs and recognized it as an essential part of the post-2015 sustainable development agenda.[11]

6. Despite these commitments by countries and partners, few countries in the African Region are on track to achieve the health and health-related MDGs (Annex 2, Table 1). This report, the third of its kind, is a follow-up to the previous reports as it highlights the progress made compared with the status in earlier reports. It provides an update on the current status and the progress made towards achieving the MDG targets, identifies the main challenges and proposes the way forward including highlighting the need for a post-2015 development agenda.

PROGRESS MADE

7. Data on the progress made towards achieving the MDG targets was obtained from the UN Statistics Division (UNSD)[12] and World Health Statistics 2014,[13] and supplemented by some WHO programme data. Methods developed by the UN interagency groups were used to classify countries (Annex 2). Analysis of the levels of implementation of effective interventions is based on indicators agreed upon for monitoring progress on the MDGs. Trends are assessed on the basis of comparison between baseline (1990 or the year for which data is available) and 2013 or 2014 when data is available.

8. In general, countries are classified into three categories for assessing progress, depending on their levels of performance, as being on track; having made insufficient progress; or showing no progress. A fourth category was considered as having achieved the MDG target. A summary of MDG progress is presented in Annex 2, and some definitions of progress classification are provided in Annex 3.

9. *Target 4A: Reduce under-five mortality by two thirds, between 1990 and 2015*. In 2012, the under-five mortality rate in countries varied between 13 and 182 per 1000 live births, with four countries[14] having achieved this target and 12 countries[15] being on track to achieve it. Furthermore, 25 countries are making insufficient progress and six countries[16] have made no progress.

10. *Target 5A: Reduce maternal mortality ratio by three quarters, between 1990 and 2015*. In 2013, four countries[17] had achieved this target. However, 32 countries are making progress and nine countries have made insufficient progress.[18]

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10 GFATM: Global Funds to fight Aids, Tuberculosis and Malaria; GAVI: Global Alliance for Vaccines and Immunization. UNITAID: An organization cooperating with WHO and other agencies on the Millennium Development Goals. BMGF: Bill and Melinda Gate Foundation.

11 First meeting of African ministers of health jointly convened by the AUC and WHO. "*Universal Health Coverage in Africa: From Concept To Action"*. April 2014. AUC/WHO/2014/Doc.1. Available at: http://www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=9158&Itemid=2593. Accessed: 10 June 2014

12 http://mdgs.un.org/unsd/mdg/Data.aspx. Accessed: 7 March 2014.

13 WHO. World Health Statistics 2014, World Health Organization, Geneva, 2014.

14 Ethiopia, Liberia, Malawi and United Republic of Tanzania.

15 Algeria, Cape Verde, Eritrea, Madagascar, Mauritius, Mozambique, Namibia, Niger, Rwanda, Seychelles, South Sudan and Uganda.

16 Botswana, Congo, Democratic Republic of Congo, Lesotho, Swaziland and Zimbabwe.

17 Cape Verde, Equatorial Guinea, Eritrea and Rwanda.

18 Cameroon, Central African Republic, Cote d'Ivoire, Democratic Republic of Congo, Kenya, Lesotho, South Africa, Togo and Zimbabwe.

11. *Target 5B: Achieve universal access to reproductive health by 2015.* No country has achieved this target. The prevalence of contraceptive use among married women (15–49 years old) was 20.2% in 2000 and 26.9% in 2012.[19] The data available shows that only seven countries[20] had contraceptive prevalence higher than 50% while 25 countries had a prevalence rate less than 33% between 2006 and 2012.

12. *Target 6A: Have halted and begun to reverse the spread of HIV/AIDS by 2015.* There was 53.3% reduction in the regional average incidence of HIV between 2001 and 2012. In the 34 countries with a decreasing trend, reduction in incidence is significant.

13. *Target 6B: Achieve, by 2015, universal access to treatment for HIV/AIDS for all those who need it*. By the end of 2012, 63% of eligible people living with HIV were receiving antiretroviral therapy (ART), representing an increase of more than 70% since 2009. Most countries in the Region have scaled up access to ART, but only six countries[21] have attained the target of 80% coverage while Zambia and Zimbabwe reached 79% coverage. Data was not available for five countries[22] and 16 countries had coverage rates between 50% and 79%.

14. *Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.* The incidence of malaria in the African Region dropped between 2000 and 2012 by 31% and is expected to decrease by 39% in the Region by 2015, if the current annual rate of decrease is maintained. Out of the 43 malaria-endemic countries in the Region, eight countries[23] and the island of Zanzibar[24] have achieved at least 75% reduction in malaria incidence or malaria admission rates. Eritrea is on track to achieve at least 75% reduction in malaria admission rates by 2015, while Madagascar and Zambia are projected to achieve reductions in malaria by 50%–75% by 2015. All the other countries do not have sufficiently consistent data to enable assessment of trends.

15. Between 2000 and 2012, the regional TB case detection rate (CDR) increased from 39% to 59%. Between 2000 and 2011, the treatment success rate (TSR) for smear-positive cases increased from 71% to 82%, with a wide variation between countries. Available data shows that nine countries[25] had reached the 70% CDR target by 2012 and 19 countries[26] had achieved the target of 85% TSR by 2012. Furthermore, between 2000 and 2012, the incidence of tuberculosis decreased in 30 countries while it increased or stabilized in 17 countries.[27]

16. *Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger:* Between 2006 and 2012, five countries[28] achieved the target for this indicator; eight countries made progress and 30 countries made no progress. Data were not available for four countries. During the same period, the proportion of underweight children under five years of age was 24.6% for the Region, varying between 0% and 60% in countries.

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19 Atlas of African Health Statistics, 2014.

20 Algeria, Botswana, Cape Verde, Namibia, Rwanda, Swaziland and Zimbabwe.

21 Botswana, Cape Verde, Namibia, Rwanda, South Africa and Swaziland.

22 Algeria, Central African Republic, Comoros, Equatorial Guinea and Seychelles.

23 Algeria, Botswana, Cape Verde, Namibia, Rwanda, Sao Tome and Principe, South Africa and Swaziland.

24 In United Republic of Tanzania.

25 Angola, Botswana, Gabon, Ghana, Kenya, Lesotho, Malawi, Seychelles and Tanzania.

26 Algeria, Benin, Burundi, Democratic Republic of Congo, Eritrea, Ethiopia, Gambia, Ghana, Kenya, Liberia, Malawi, Mauritius, Nigeria, Rwanda, Senegal, Sierra Leone, Togo, Tanzania and Zambia.

27 Algeria, Angola, Chad, Congo, Democratic Republic of Congo, Gambia, Equatorial Guinea, Guinea-Bissau, Lesotho, Liberia, Mauritania, Mozambique, Sierra Leone, South Africa, Swaziland, Togo and Zimbabwe.

28 Cape Verde, Comoros, Eritrea, Madagascar and Seychelles.

17. *Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.* The safe drinking water supply target has already been achieved by 14 countries,[29] five countries are on track to achieve it and four countries are making progress. Meanwhile, 19 countries are making insufficient progress and two countries have made no progress. The proportion of the population using improved drinking water sources varied among countries, between 46% and 100% in 2012, with a major disparity between rural areas and urban areas. Algeria has reached the target for basic sanitation while seven countries are on track to achieve it. Thirty-one countries are making insufficient progress and five countries have made no progress. Data were not available for three countries.

18. The overall progress made by the Region towards achieving the health-related MDGs is encouraging, yet insufficient. A number of key challenges outlined below remain to be addressed.

CHALLENGES

19. Available evidence indicates that many countries in the African Region are unlikely to achieve the MDG targets, due to the following major challenges:

(a) Financing: (i) inadequate funds to meet government plans to achieve MDGs;(ii) over-reliance on external resources to implement programmes, although the resources may be unpredictable and non-sustainable while the programmes are, in many cases, poorly aligned with country priorities; (iii*)* inefficient and ineffective use of existing resources; (iv) low priority accorded to health in national investment plans.

(b) Other health system challenges: (i) inadequate health service delivery largely due to insufficient focus on quality and coverage; (ii) weak human and institutional capacity, leading to low programme implementation; and (iii) weak procurement and supply management systems, resulting in stock-outs of commodities and lack of laboratory services.

(c) Persistent inequities (e.g. by gender, by income and by educational level) in access to proven interventions, particularly for maternal and child health, HIV/AIDS, tuberculosis and malaria.

(d) Weak multisectoral response in addressing the causal factors.

(e) Inadequate data and weak monitoring and evaluation capacity, limiting the ability to effectively track progress of some of the MDGs.

(f) Existence of multiple partner agencies that are not well coordinated.

(g) Neglected Tropical Diseases (NTDs) that largely contribute to the perpetuation of poverty among the poor.

20. The target of 2015 is now a year away but much work remains to be done. It therefore becomes a challenge to focus on what can be efficiently addressed within the limited time remaining.

THE WAY FORWARD

21. Countries should focus on areas where progress has been limited and explore innovative and quick means to ensure improvement without losing the gains already made. They should invest adequately to translate the commitments made into concrete actions and strengthen coordination mechanisms through robust leadership and good governance.

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[29] Botswana, Burkina Faso, Gabon, Gambia, Ghana, Guinea-Bissau, Malawi, Mali, Mauritius, Namibia, Sao Tome and Principe, South Africa, Swaziland and Uganda. Data were not available for three countries.

22. Countries should reallocate resources to meet the 2001 Abuja target of allocating at least 15% of the national budget to the health sector and take measures to improve the functioning of their health financing system. In addition, they should strengthen existing structures and mechanisms for sustainable, effective and efficient mobilization and utilization of internal and external resources. Partners should improve the predictability and harmonization of resource allocation to country priorities as spelled out in the Paris Declaration on aid effectiveness and harmonization.

23. Countries should accelerate the implementation of the 2008 Ouagadougou and Algiers declarations by improving access to, and the quality of, health services. They should guarantee the quality and quantity of the health workforce and ensure equitable access to essential medical products, vaccines and technologies.

24. Countries and their partners should sustain the gains and scale up interventions to reach the necessary reductions in maternal and under-five mortality, as well as further reductions in the burden of HIV/AIDS, malaria and tuberculosis. They should address major health and environment priorities such as the provision of safe drinking water and sanitation, and should own and implement the Pan-African Programme for Public Health Adaptation to Climate Change.

25. Ministries of health should proactively participate in the policy dialogue for the development of priority setting, especially in macroeconomic analysis and strategic planning and budgeting. There is a need to increase dialogue between the ministry of health and oversight ministries such as finance and planning, collaboration between the public sector and the private sector, and South-South collaboration.

26. In collaboration with all stakeholders and international partners, countries should: (a) improve the frequency, quality and efficiency of national health surveys; (b) strengthen birth and death registration; (c) improve the availability of demographic data, surveillance and service statistics; (d) enhance monitoring of health systems strengthening; and (e) strengthen the analysis, evaluation and use of data for decision-making. Countries should also consider establishing national health observatories linked to the African Health Observatory to strengthen their national health information systems.

27. Unless the current situation changes drastically, most countries of the African Region are unlikely to achieve all health-related MDGs. Therefore, Member States should plan to improve Universal Health Coverage which should include the unfinished agendas of the MDGs.

28. The Regional Committee is requested to take note of this progress report and adopt the proposed actions as the way forward to achieve the Millennium Development Goals and plan for post-2015 development.

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 are in grey. All indicators should be disaggregated by sex and by urban/rural areas, as far as possible.

Effective 15 January 2008

Millennium Development Goals (MDGs)	
Goals and Targets (Goals and Targets (from the Millennium Declaration)	**Indicators for monitoring progress**
Goal 1: ERADICATE EXTREME POVERTY AND HUNGER	
Target 1A: 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 1B: 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 1C: 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 2A: 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 3A: 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 4A: 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 5A: 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 5B: 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 6A: 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 6B: 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 6C: 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 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources. Target 7B: 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 7C: 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 7D: 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 8A: 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 8B: 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 8C: Address the special needs of landlocked 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 8D: 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 8E: 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 8F: 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".

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[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: Classification of countries of the WHO African Region based on progress for selected MDG targets and indicators (details of progress classification are shown in Annex 3)

Health Related Goal	Regional progress	High-performing countries for selected targets and indicators
Goal 4: Reduce child mortality	Off-track	Target 4A: Algeria, Cabo Verde, Eritrea, Ethiopia, Liberia, Malawi, Madagascar, Mauritius, Mozambique, Namibia, Niger, Rwanda, Seychelles, South Sudan, Uganda, United Republic of Tanzania.
Goal 5: Improve maternal health	Off-track	Target 5A: Cabo Verde, Equatorial Guinea, Eritrea, and Rwanda. Target 5B: Algeria, Botswana, Cabo Verde, Namibia, Rwanda, Swaziland and Zimbabwe.
Goal 6: Combat HIV/AIDS, TB, malaria and other diseases	*6 A, : On track* *6 B: Off track* *6CMalaria:* On-track *6C-TB: Off track*	Target 6A: Benin, Botswana, Burkina Faso, Burundi, Cameroon, Chad, Congo, Côte d'Ivoire, Democratic Republic of Congo, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea-Bissau, Kenya, Lesotho, Liberia, Malawi, Mali, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Zambia and Zimbabwe. Target 6B: Botswana, Cabo Verde, , Namibia, Rwanda, South Africa, Swaziland, Zambia and Zimbabwe. Target 6C– *Malaria*: Algeria, Botswana, Cabo Verde, Eritrea, Madagascar, Namibia, Rwanda, Sao Tome and Principe, South Africa, Swaziland, Tanzania (specifically Zanzibar), and Zambia.
Goal 1: Eradicate extreme poverty and hunger	Off-track	Target 1C: Algeria, Cabo Verde, Comoros, Eritrea, Ghana, Malawi, Madagascar, Mauritania, Rwanda, United Republic of Tanzania and Seychelles.
Goal 7: Ensure environmental sustainability	Off-track	Target 7C – *Safe drinking water*: Benin, Botswana, Burkina Faso, Cameroon, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Malawi, Mali, Mauritius, Namibia, Sao Tome and Principe, Seychelles, South Africa, Swaziland and Uganda. Target 7C – *Basic sanitation:* Algeria, Angola, Botswana, Cabo Verde, Mauritius, Rwanda, Seychelles, and South Africa.

Source: WHO Regional Office for Africa, 2014.

ANNEX 3: Definitions of progress classification

Classification for target 4A

Country and regional assessments of progress towards MDG 4 are based on average annual rates of reduction (AARR) in under-five mortality rate (U5MR) observed for the period 1990–2012 and required during 2013–2015 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 1990–2012 is 4.0 per cent or more. Insufficient progress: U5MR is 40 or more and AARR observed for 1990–2012 is between 1.0 per cent and 3.9 per cent. No progress: U5MR is 40 or more and AARR observed for 1990–2012 is less than 1.0 per cent.

Classification Target 5A

Countries with maternal mortality rate (MMR) ≥100 in 1990 are categorized as "on track or with sufficient progress" if there has been 5.5% decline or more annually; "making progress" if MMR has declined between 2% and 5.5%; making "insufficient progress" if MMR has declined by less than 2% annually; and having made "no progress" if there has been no decline in MMR. No data were available for Seychelles. Mauritius with MMR<100 in 1990 is not categorized.

Classification for Target 7C

In order to reach the MDG target of halving, by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation, an average annual rate of reduction (AARR) of 2.7% is required. Countries are classified as: *On track,* if the use of improved sources of drinking water or sanitation is less than 5% below the rate needed for the country to reach the MDG target or the use is more than 95%. *Insufficient progress* means the use is between 5% and 10% below the rate needed to reach the target. *No progress* means the use is more than 10% below the rate needed to reach the target.