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**PROGRESS ON HEALTH-RELATED MILLENNIUM DEVELOPMENT GOALS AND
THE POST 2015 HEALTH DEVELOPMENT AGENDA**

Report of the Secretariat

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BACKGROUND

1. In 2000, world leaders adopted the United Nations Millennium Declaration and the eight millennium development goals (MDGs), setting September 2015 as the cut-off date for reaching all the MDG targets. Progress has been made towards achieving the health-related MDGs in the African Region, with a number of countries having achieved or on track to achieving some of the targets. Despite the progress made, it has become clear that the MDG targets will not be achieved in most countries.
2. In 2010, at the High-level Plenary Meeting of the General Assembly on the MDGs, UN Member States gave a mandate to the United Nations Secretary-General (UNSG) to initiate discussions on developing a post-2015 development agenda. This was followed by the UN Conference on Sustainable Development in 2012, which provided guidance on how the process of preparing for the post-2015 UN development agenda should proceed.
3. At the sixty-third session of the WHO Regional Committee for Africa (RC63, 2013), Member States reaffirmed their commitment to sustain and accelerate their efforts to achieve the health-related MDGs. They further discussed the UN post-2015 development agenda and called for health to be prominent on the agenda.¹
4. At the first meeting of ministers of health jointly convened by WHO and the African Union Commission in Luanda, Angola, in April 2014, the ministers of health made a number of commitments, including on universal health coverage and ending preventable maternal and child deaths by 2035. All these commitments are in line with the discussions on the post-2015 development agenda.
5. Subsequently, the sixty-seventh World Health Assembly (WHA67, 2014) further requested the WHO Director-General to remain actively engaged in the post-2015 discussions to ensure the centrality of health in all relevant processes.² Since WHA67, the dialogue on the agenda has been spelt out in the Secretary-General's synthesis report published in December 2014.
6. This document summarizes current progress towards attainment of the MDGs and consolidates the regional position on the post-2015 development agenda. It also highlights lessons learnt and proposes the course of action to be followed to ensure progress on the Sustainable Development Goals (SDGs) when implementation starts in 2016.

PROGRESS MADE

Progress in achieving the health-related MDGs

7. Data included in this document on the progress made towards achieving the MDG targets was obtained from World Health Statistics 2015, the Global Tuberculosis Report 2014 and the World Malaria Report 2014. Definitions developed by the UN Interagency Group on Mortality Estimation were used to assess and classify countries' level of attainment of MDG4 and MDG5. Trends were assessed by comparing the baseline data for 1990, or the year for which data is available, with the data for 2013. In general, when assessing progress countries were classified in five categories, namely: achieved; on track; making progress or substantial progress; having made insufficient progress; and showing no or limited progress. Countries that have achieved or are on track to achieve the targets are presented in Annex 1.

¹ Document AFR/RC63/INF.DOC/5, Health in the Post-2015 UN Development Agenda. Draft paper for WHO regional committees. Sixty-third session of the WHO Regional Committee for Africa, Brazzaville, Congo, 2-6 September 2013.

² Resolution WHA 67.14 (2014).

8. As of end-2013, progress made by Member States of the African Region towards attainment of health and health-related MDGs (refer to Annex 1) showed that six countries had achieved MDG target 4A of reducing under-five mortality by two thirds while an additional 10 were on track. In relation to MDG target 5A of reducing maternal mortality ratio by three quarters, four countries have achieved this target. Concerning MDG target 5B on achieving universal access to reproductive health, no country has achieved the target of 100% coverage of at least one antenatal care visit, but 15 countries are able to achieve $\leq 95\%$.

9. Regarding MDG target 6A of having halted and begun to reverse the spread of HIV/AIDS, 37 countries have achieved this target. Although a few countries have made progress on MDG target 6B of ensuring universal access to treatment for HIV/AIDS for all those who need it, no country in the Region has achieved or is on track to achieve this target. This is in part due to changes in the eligibility criteria for commencement of antiretroviral treatment resulting from the increase in the denominator from 15 to 19 million people. With regard to MDG target 6C, 9 countries have halted and begun to reverse the incidence of malaria.

10. The number of countries that have made progress towards achieving other health-related MDGs is 6 for target 1C of halving the proportion of people who suffer from hunger (based on nutrition data) and MDG target 7C of halving the proportion of people without sustainable access to safe drinking water and basic sanitation, 14 for the target relating to safe drinking water and 1 for the target relating to basic sanitation.

Progress in formulating the post-2015 development agenda

11. Dialogue on the post-2015 agenda has been spelt out in the Secretary-General's synthesis report³ of 2014 which includes a vision for sustainable development that UN Member States can take forward in negotiating and adopting the post-2015 development agenda.

12. The synthesis report identifies six essential elements supported by the three pillars of sustainability, namely: economic development, environmental protection and social equity. The six elements focus on ending poverty and tackling inequalities; improving people's lives and well-being; ensuring inclusive economic transformation; promoting just, safe and peaceful societies; protecting the planet for current and future generations; and building bold and lasting partnerships for a sustainable future. The post-2015 development agenda includes 17 Sustainable Development Goals (SDG) and 169 associated targets (refer to Annex 2).

13. Health is covered under SDG-3: "*ensure healthy lives and promote well-being for all at all ages*". Nine targets have been proposed for this goal: three related to the unfinished business of the health-related MDGs, three on noncommunicable diseases and injuries, one on universal access to sexual and reproductive health care services, one on universal health coverage, and one on environmental pollution and contamination (refer to Annex 3). While this single health goal captures the key aspects of achieving good health, health is closely linked to other proposed goals. For example, health is a contributor to, and a beneficiary of, poverty reduction, hunger relief and nutrition, safer cities, lower inequality, affordable and clean energy, management of toxic chemicals, clean water and sanitation, efforts to combat climate change, and conservation of aquatic and terrestrial ecosystems. In addition, health statistics are key metrics of progress towards sustainable development.

³ Document A/69/700. The road to dignity by 2030: ending poverty, transforming all lives and protecting the planet. Synthesis report of the Secretary-General on the post-2015 sustainable development agenda. United Nations General Assembly, 4 December 2014
https://sustainabledevelopment.un.org/content/documents/5527SR_advance%20unedited_final.pdf (Accessed 5 March 2015)

14. In a stocktaking meeting held in January 2015, Member States agreed on the need to clearly communicate what the post-2015 agenda seeks to achieve. They agreed that the means of implementation such as financing, capacity building and technology transfer should match the ambitions of the SDGs and targets and that the September 2015 outcome should incorporate a political declaration, the SDGs and associated targets, the means of implementation, and a framework for monitoring and accountability.

15. Subsequently, further consultations were held between February and May 2015 on the draft declaration on the post-2015 development agenda, the SDGs and targets, the means of implementation, the global partnership for sustainable development and follow-up and review of progress. The intergovernmental consultative process continued until the final three sessions in July 2015. Discussion on the proposed SDGs will be concluded at the UN Special Summit on Sustainable Development to be held in September 2015. At this Summit, world leaders are expected to agree on a far-reaching 15-year programme of work aimed at reducing poverty and transforming lives while protecting the planet.

CHALLENGES

16. Without significant additional investment, most countries of the African Region are unlikely to achieve the health-related MDGs. The main reasons for not achieving the MDGs include inadequate national resources and unpredictable and non-sustainable external resources.

17. Other challenges include: weak health systems, particularly insufficient access to, and poor quality of, health services; limited human and institutional capacity; inequities in access to proven interventions; low priority accorded to health in national economic and development policies; and weak multisectoral response.

18. The large number of SDG indicators has raised concerns among Member States, as it will place an excessive burden on national reporting. Furthermore, the process of choosing key indicators is unlikely to be finalized before the March 2016 session of the Statistics Commission, although December 2015 has been mentioned as a target date for setting the core indicators. Hence, this may cause delays in moving forward with the implementation of the SDGs.

19. Another major challenge is to align financing to the achievement of SDGs at both the global and national levels. The question of how to finance the new sustainable development agenda will be a key consideration for Member States, and the focus of further discussions at the third International Conference on Financing for Development was held from 13–16 July 2015 in Addis Ababa, Ethiopia.

PROPOSED ACTIONS

20. Member States should plan to adapt and implement the post-2015 programme of work which includes the unfinished agenda of the MDGs. The lessons learnt from implementation of the MDGs suggest that progress on the health-related SDGs will be contingent on countries taking effective actions on several fronts.

21. Countries should improve health sector financing and allocate at least US\$ 44 per person per year⁴ for health care. They should increase domestic investments (from public and private sources) in both health systems and broad determinants of health.

⁴ Taskforce on Innovative International Financing for Health Systems. Constraints to scaling up the health Millennium Development Goals: costing and financial gap analysis. Working Group 1 Report. 2010. Geneva.

22. Countries should also maintain dialogue with health development partners and consider a predictable, harmonized and aligned increase in investment.
23. Countries should strengthen their health systems to ensure sustainable health development. They should improve the monitoring of progress towards achieving the SDG targets by strengthening their national health information systems in which national statistics offices play an important role, with a particular focus on national health surveys and on surveillance, services and mortality statistics.
24. Member States should ensure that the proposed SDG indicators take into consideration the unfinished MDGs business. They should reach consensus on the key SDG indicators and propose solutions to ensure that the number of indicators covers the key areas without over-burdening the country reporting systems.
25. Countries should ensure that non-health sectors adopt a health-focused approach in planning as a strategy for assuring health in all policies and sectors. They should prioritize SDGs by adopting a multisectoral and comprehensive approach. Lastly, they should ensure the effectiveness of decentralization and strengthen coordination at national and subnational levels.
26. WHO and development partners should support countries to sustain focus on health-related SDGs post-2015. This means accelerating actions to address communicable diseases and reducing HIV/AIDS; building on the progress made in reducing child deaths, saving women from dying in childbirth and addressing women's health more broadly. They should also ensure that noncommunicable diseases remain high on the national health agenda.
27. WHO and partners should continue to provide support to countries in articulating their approach to health in the post-2015 development agenda.⁵ They should increase their investment in the SDGs and improve alignment of resources to country priorities, in line with the Paris and Busan declarations on aid effectiveness.
28. The Regional Committee took note of this report and adopted the proposed actions for the post-2015 development agenda.

⁵ Resolution WHA 67.14 (2014).

Annex 1: Progress on the health-related MDGs in the African Region

Health-related MDG	MDG target	Countries' progress
Goal 4: Reduce child mortality	Target 4A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	Achieved ¹ (n=12) Eritrea, Ethiopia, Liberia, Madagascar, Malawi, Mozambique, Niger, Rwanda, Senegal, United Republic of Tanzania, Uganda and Zambia.
Goal 5: Improve maternal health	Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	Maternal mortality ratio Achieved ¹ (n=2) Cabo Verde and Rwanda. NB: 12 countries were able to reduce their maternal mortality ratio by 50% between 1990 and 2015.
	Target 5B: Achieve, by 2015, universal access to reproductive health	Antenatal care coverage (%) of at least one visit, 2001- 2014 Achieved (n=0) NB: 15 countries were able to achieve ≤ 95%.
Goal 6: Combat HIV/AIDS, TB, malaria and other diseases	Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Percentage reduction in HIV incidence, 2001-2013 Achieved ¹ (n=37) Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of Congo, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, South Africa, Swaziland, United Republic of Tanzania, Togo, Zambia and Zimbabwe
	Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	Achieved ¹ (n=0) NB: Many countries have made substantial progress; however, there is no cut-off value that defines the level of attainment for progress in this target.
	Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Achieved ¹ (n=9) — Decrease incidence of malaria. Algeria, Botswana, Cabo Verde, Eritrea, Namibia, Rwanda, Sao Tome and Principe, South Africa and Swaziland. Percentage reduction in mortality rate of tuberculosis >50% Achieved ¹ (n=19) Benin, Botswana, Burkina Faso, Central African Republic, Côte d'Ivoire, Ethiopia, Ghana, Guinea, Madagascar, Malawi, Mauritania, Mauritius, Namibia, Niger, Sao Tome and Principe, Sierra Leone, Uganda, United Republic of Tanzania and Zambia
Goal 1: Eradicate extreme poverty and hunger	Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Children aged <5 years who are underweight (%) Achieved ¹ (n=6) Algeria, Angola, Equatorial Guinea, Mali, Mauritania and Rwanda
Goal 7: Ensure environmental sustainability	Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Percentage of the population without access to improved drinking- water source. Achieved ¹ (n=14) Botswana, Burkina Faso, Gabon, Gambia, Ghana, Guinea-Bissau, Malawi, Mali, Mauritius, Namibia, Sao Tome and Principe, South Africa, Swaziland and Uganda.
		Percentage of the population without access to improved sanitation. Achieved ¹ (n=1) Algeria

NB: This table was developed based on data from the Global Health Observatory downloaded on 10 December 2015; IGME 2015 Report; World Malaria Report 2015; World Health Statistics 2015.

¹ **Achieved:** Indicates that the relative target reduction has already been met. Hence: (a) *MDG target 4A*: reduction in under-five mortality is 67% or more; (b) *MDG target 5A*: reduction in maternal mortality is 75% or more; (c) *MDG target 5B*: antenatal care coverage is 100% of at least one visit; (d) *MDG target 6A*: percentage reduction of HIV incidence is > 0; (e) *MDG target 6B*; (f) *MDG target 6C Malaria*; (g) *MDG target 6C — TB*: reduction in mortality rate of tuberculosis (among HIV-negative people) is 50% or more; (h) *MDG Target 7C – Safe drinking water*: Proportion of the population without access to improved drinking-water source has reduced from 50 or more; (i) *MDG 7C — Basic sanitation*: Proportion of the population without access to sanitation facility has reduced from 50% or more; and (j) *MDG target 1C*: reduction in the number of children aged <5 years who are underweight is 50% or more.

Annex 2: Proposed Sustainable Development Goals²

- Goal 1** End poverty in all its forms everywhere
- Goal 2** End hunger, achieve food security and improved nutrition, and promote sustainable agriculture
- Goal 3** Ensure healthy lives and promote well-being for all at all ages
- Goal 4** Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- Goal 5** Achieve gender equality and empower all women and girls
- Goal 6** Ensure availability and sustainable management of water and sanitation for all
- Goal 7** Ensure access to affordable, reliable, sustainable and modern energy for all
- Goal 8** Promote sustained, inclusive and sustainable economic growth, full and productive employment, and decent work for all
- Goal 9** Build resilient infrastructure, promote inclusive and sustainable industrialisation, and foster innovation
- Goal 10** Reduce inequality within and among countries
- Goal 11** Make cities and human settlements inclusive, safe, resilient and sustainable
- Goal 12** Ensure sustainable consumption and production patterns
- Goal 13** Take urgent action to combat climate change and its impacts*
- Goal 14** Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- Goal 15** Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification and halt and reverse land degradation, and halt biodiversity loss
- Goal 16** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- Goal 17** Strengthen the means of implementation and revitalise the global partnership for sustainable development

* Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change

² Document A/69/700. The road to dignity by 2030: ending poverty, transforming all lives and protecting the planet. Synthesis report of the Secretary-General on the post-2015 sustainable development agenda. United Nations General Assembly, 4 December 2014
https://sustainabledevelopment.un.org/content/documents/5527SR_advance%20unedited_final.pdf (Accessed 5 March 2015).

Annex 3: Sustainable Development Goal, SDG-3: Ensure healthy lives and promote well-being for all at all ages

Proposed Targets

3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births
3.2	By 2030, end preventable deaths of newborns and children under five years of age
3.3	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
3.4	By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
3.6	By 2020, halve the number of global deaths and injuries from road traffic accidents
3.7	By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
3.8	Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all
3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
3.a	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
3.b	Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
3.c	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing states
3.d	Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks