

# Health as a priority in the Millennium Development Goals and the way towards the MDGs

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# Human development

Starting with a few definitions and some historical background

## → Human Development

- a value loaded definition raising the question of
- the relative place of **development**, of **health** and of the **economic sector**:
- which one(s) are **a mean**, which one(s) **a goal**?

# Human development

## Human development is :

- The empowerment of the individual
- thru education and access to basic needs
- in a society, a country and a world offering space for an improvement of one's lot at the individual and collective (community) levels
- The empowerment of the individual requires something along the line of the WHO health definition: a state of physical, mental and social welfare and wellbeing.

# Development

**Development in general** might mean in this context :

"all measures contributing to create and improve an **enabling environment for human development to unfold**".

Such measures would include :

◆ **Economic development:** creation of economic wealth is necessary in order to ensure **investment** (for the **future**) and **redistribution** (solidarity mostly in the **present**, in order, for societies to be inclusive avoiding exclusion and marginalisation); through employment, economic development also contributes to economic redistribution.

# Good governance

## ◆ **Good governance:**

Rule of law ensuring access to justice and offering a reasonable functioning of the public sector, making things possible at a reasonable cost for the society and eventually the individual.

Dialogue within the society trying to ensure that public sector investments are made for human development priorities.

Avoidance of corruption and other illegal use of public and private funds.

Offer protection to weak and the minorities;

Democratic processes : freely elected parliaments and legitimated governments, etc...

# Human rights

◆ **Human rights**, including gender balance.

*“Humanity will not enjoy security without development, it will not enjoy development without security, and it will not enjoy either without respect for human rights”*

UN-General-Secretary Kofi Annan:

*In Larger Freedom: Towards Development, Security And Human Rights For All, March 2005*

There are many scientific evidence showing that where human rights are not protected the health status of people is poorer.

# Equitable access - Absence of fear and violence

◆ **Equitable access** to basic services such as health and education

◆ **Absence of fear and violence:**

domestic peace (violence against women !), civilian peace, international peace;  
early recognition of conflicts and peaceful conflict resolution.

In his report "In Larger Freedom", the UNSG called them :

- Freedom from want,
- Freedom from fear and
- Freedom to live in dignity.

# Education - International solidarity

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- ◆ **Education** for peace and post conflict reconstruction
- ◆ **International solidarity** to help face emergencies such as natural disasters or pandemics, etc..



# Health

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## Health

The wrong debate would be :

- is health **an input for** or **an outcome of** development ?

Health should be promoted for its own merit as a **crucial element of human development.**

But a better health status (of an individual or of a society) is a consequence of several social and economical development factors, as it has been demonstrated in developed countries over the last 150 years.

# Historical perspective

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## Back to some historical perspective

Leaving aside the colonial period , and starting at the 60ties of last century, after the independence.

Whereas missionaries unfolded their assistance as part of their proselyte activities in developing countries, health becomes gradually a lay issue.

# Health becomes gradually a lay issue

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(health becomes gradually a lay issue :)

- ◆ Governments become the main partners
- ◆ Human resources planning and the beginning of health systems (with referral centres and decentralised health services) are put in place.
- ◆ Health services are often free of charge
- ◆ But international cooperation still supports projects.

# During the 80ties

## During the 80ties

- ◆ Comes the time of IMF imposed structural adjustments
- ◆ Public finance becomes a key component of governance, including in the health sector
- ◆ Budgets for health and education are often cut as these sectors had become costly as they were employing large number of staff and had also developed "bad habits" (civil servant spirit, sometimes lack of dedication and efficiency, no evidence of rational investments).
- ◆ These ministries (education, health) were politically weak : they became the first scapegoats of structural adjustments program.

# During the 80ties

- ◆ Cost recovery stops to be dirty words : free of charge access to health is challenged
- ◆ Simultaneously external assistance takes the shape of budgetary assistance (sector wide approaches / SWAPs), often beyond the sole health ministry
- ◆ Partnership is on the increase with ownership on the side of the government, but often joint responsibility for investment (accompanied by policy dialogue)
- ◆ Control no more at project level but sector audits
- ◆ More civilian society implications, in particular NGOs
- ◆ People participation on the increase through basic health schemes.

# End of 80ties and the 90ties

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Most of these trends still represent the basic pattern.

End of 80ties and the 90ties have seen a few new “additional” trends :

- ◆ Promotion of an holistic approach to health
- ◆ More intense work on the determinants and calculation of the burden of disease concept to help orient the investment
- ◆ Economic justification of the investment in health (J. Sachs “Macro-economics and Health”).

# WHO and the Millennium Development Goals

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## WHO and the Millennium Development Goals

- ◆ September 2000 : 189 Heads of State adopted the UN Millennium Declaration
- ◆ a roadmap setting out goals to be reached by 2015.
- ◆ 8 Millennium Development Goals (MDGs) set targets for developing countries to reduce poverty and hunger, and to tackle ill-health, gender inequality, lack of education, lack of access to clean water and environmental degradation.
- ◆ Three out of the eight goals relate directly to health :

# Goal 4: Reduce child mortality

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## ◆ **Goal 4: Reduce child mortality**

Some progress has taken place in specific countries. However, nearly 11 million children under the age of five die every year globally. In 16 countries, 14 of which are in Africa, levels of under-five mortality are higher than in 1990.



# Goal 5: Improve maternal health

Three out of the eight goals relate directly to health :

## ◆ Goal 5: Improve maternal health

There have been increases in the rate of attended deliveries in South-East Asia and North Africa. However, more than 500 000 women die in pregnancy and childbirth each year and maternal death rates are 1000 times higher in sub-Saharan Africa than in high income countries.

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

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◆ **Goal 6: Combat HIV/AIDS, malaria, and other diseases**

To take into account the worsening global pandemic and try and reverse the trend.

# Goals related to health

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Three out of the eight goals relate directly to health but, furthermore, health is an important contributor to the other poverty related goals such as :

- ◆ safer drinking water and sanitation,
- ◆ hunger target
- ◆ gender targets

# What is WHO's work on the MDGs?

## What is WHO's work on the MDGs?

### ◆ Help set strategic orientations

- WHO works with individual countries to help them develop and work towards a more complete set of health goals
- WHO is concerned with equity : promote the idea that the poor should share fully the progress towards the health-related MDGs.
- WHO to advocate for political commitment and promote regional coordination and exchanges among countries on the central importance to the MDGs.

# Normative and technical work

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## ◆ Normative and technical work

- WHO supports national and regional efforts to achieve the MDGs through an extensive body of normative and technical work (tracking systems to measure progress and achievement)

# WHO tracks progress and measures achievement

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## ◆ WHO tracks progress and measures achievement

- WHO works with other organizations of the United Nations system to identify indicators for each health-related MDG and target, often a difficult task as MDGs are often cross-cutting and complex monitoring and evaluation concept are needed.

# WHO reports on 17 of the health-related MDG indicators

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## ◆ WHO reports on 17 of the health-related MDG indicators

WHO also monitors core health indicators, as well as indicators for other areas of public health.

**◆ WHO, with the World Bank, coordinates the High-Level Forum on the Health MDGs**

A mechanism put in place to bring together senior officials from developing countries, ministers of health and finance, economic planning and local government, bilateral agencies, multilateral agencies, foundations, etc. with the aim to provide dialogue and identify opportunities for accelerating action on the health-related MDGs.

Keeping the MDG health agenda on the radar !



Thanking you for your attention

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Thanking you for your attention  
and happy to answer questions.