
Progress report on the achievement of the health-related Millennium Development Goals and global health goals after 2015

Introduction

1. This report summarizes the progress towards achievement of Millennium Development Goals 4, 5, and 6¹ in the Eastern Mediterranean Region.

Status and progress

Millennium Development Goals 4 and 5

2. The regional under-five mortality rate decreased by 40% for boys (from 102 to 61 deaths per 1000 live births) and by 42% for girls (from 95 to 55 deaths per 1000 live births) between 1990 and 2011, similar to global reductions of 41% each for boys and girls. In 2012, the average annual rate of reduction in under-five mortality in the Region was 2.5%, while the annual rate of reduction needed to achieve the target of MDG4 by 2015 was 14.1%.

3. Ten countries account for more than 95% of under-five deaths in the Region (Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Somalia, South Sudan, Sudan and Yemen) but they have wide variation in progress towards MDG4. The reduction in under-five mortality in individual countries between 1990 and 2011 ranges from almost no reduction in Somalia to 75% in Egypt. Six countries in the Region have passed the MDG4 target for under-five mortality (Egypt, Lebanon, Oman, Saudi Arabia, Tunisia and United Arab Emirates) and five more are on track to reach the target (Islamic Republic of Iran, Libya, Morocco, Qatar and Syrian Arab Republic).

4. Six countries of the Region have under-five mortality rates among the lowest in the world (Bahrain, Lebanon, Oman, Qatar, Saudi Arabia and United Arab Emirates), ranging between 7 and 10 deaths per 1000 live births, and Kuwait is close to achieving a similarly low under-five mortality rate.

5. Children born into the poorest households are almost twice as likely to die before age five as their wealthiest counterparts, and this risk is compounded when the child is born in a rural area or to an uneducated mother.² Conflict and political fragility are added risks to child health in many countries of the Region.

6. Scaled up and coordinated action is required to target the main causes of child deaths (pneumonia, diarrhoea, malaria and undernutrition). Twelve countries in the Region have introduced pneumococcal conjugate vaccines with support from the GAVI Alliance, and WHO has partnered with UNICEF and other stakeholders to increase the availability of oral amoxicillin for treatment of pneumonia and oral rehydration salts and zinc for diarrhoea. Implementation of the Integrated Management of Child Health (IMCI) strategy has proven to accelerate the rate of reduction of under-five mortality when the coverage reaches high levels, such as in Egypt. Coverage with IMCI has

¹ Specific targets for Goal 4, Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate; for Goal 5, Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio, and Target 5.B: Achieve, by 2015, universal access to reproductive health; for Goal 6, Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS, Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it, and Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

² *The Millennium Development Goals report 2013*. New York, United Nations, 2013. Available at <http://www.un.org/millenniumgoals/pdf/report-2013/mdg-report-2013-english.pdf> (accessed 16 July 2013).

reached 72% of primary health care facilities in 13 countries, and more than 60 medical schools in the Region have introduced IMCI into their educational curricula.

7. Neonatal mortality accounts for a considerable proportion of overall child mortality, with the share of neonatal deaths worldwide rising from about 36% of under-five mortality in 1990 to 43% in 2011.² The infant mortality rate in the Region decreased by 39% between 1990 and 2011 (from 72.5 to 44.1 deaths per 1000 live births), the same as global rates of decline during this period. Simple, low cost interventions such as postnatal home visits can be effective in saving newborn lives. Somalia and Sudan, with the support of WHO and in line with the IMCI strategy, have introduced initiatives for community-based care for sick children and for the prevention and control of pneumonia and diarrhoea.

8. Maternal mortality declined by 42% in the Region between 1990 and 2010. Globally, the maternal mortality ratio declined by 47% over the past two decades, from 400 maternal deaths per 100 000 live births in 1990 to 210 in 2010. Seven countries in the Region have a maternal mortality ratio of less than 25 per 100 000 live births (Bahrain, Islamic Republic of Iran, Kuwait, Lebanon, Qatar, Saudi Arabia and United Arab Emirates). A further seven countries are on track to achieve the targets of MDG5 (Afghanistan, Egypt, Morocco, Oman, Syrian Arab Republic, Tunisia and Yemen). However, the pace of progress is slow in the remaining countries, especially in the six countries (Djibouti, Iraq, Pakistan, Somalia, South Sudan and Sudan) which contribute to over 70% of total maternal deaths in the Region.

9. A high-level meeting on saving the lives of mothers and children: rising to the challenge was organized by WHO, UNICEF and UNFPA in 2013 and resulted in the Dubai Declaration, which outlines the path to accelerating progress in saving the lives of mothers and children, focusing on the ten countries in the Region with a high burden of maternal and child mortality. A framework on information and accountability for women's and children's health was launched by the Regional Office, and eight countries were supported in developing roadmaps to strengthen national accountability and action for improving women's and children's health. The management of severe malnutrition was strengthened in three countries (Afghanistan, Pakistan and Yemen) through establishing more than 60 training and stabilization units in the main paediatric hospitals and health centres.

Millennium Development Goal 6

10. While worldwide, the number of people newly infected with HIV is falling, dropping 21% from 2001 to 2011,² the proportion of newly infected people with HIV in the Region is the highest globally. Approximately 560 000 people are living with HIV in the Region, and AIDS-related deaths have almost doubled in the past decade among both adults and children, reaching a total of 38 400 in 2011. Estimated regional HIV treatment coverage is only 13%. Globally, HIV treatment coverage is 55%, with higher antiretroviral therapy coverage among women (63%) as compared to men (46%), and lower coverage among eligible children under age 15 (28%) in developing regions. The Regional Office, in collaboration with UNAIDS and other partners, has launched a regional initiative to 'end the HIV treatment crisis' with the aim of mobilizing countries to take urgent action to accelerate testing and treatment scale-up and move closer to global targets.

11. Between 2000 and 2010, mortality rates from malaria fell by more than 25% globally, resulting in an estimated 1.1 million deaths averted. An estimated 15 000 lives were lost to malaria in the Region in 2010. Six countries accounted for more than 99.5% of the confirmed cases in the Region in 2011 (Afghanistan, Pakistan, Somalia, South Sudan, Sudan and Yemen). A total of 6 789 460 malaria cases were reported, of which 16.8% were parasitologically confirmed. Within countries, the prevalence of malaria infections in children under five is highest among the poor and those living in rural areas. Iraq has achieved non-malaria-endemic status after three years with no reported local

transmission and the Islamic Republic of Iran and Saudi Arabia achieved the target of more than 80% coverage of malaria control and elimination interventions.

12. Progress has been achieved in coverage with malaria interventions such as long-lasting insecticidal nets (LLINs), but several countries have not yet reached the target of more than 80% coverage. In 2009, Sudan showed a significant increase in the proportion of households with at least one LLIN in comparison to 2005 (41% and 22% respectively) and 53% of people in South Sudan had at least one LLIN. By the end of 2012, operational coverage of LLINs in Sudan, based on the number of LLINs distributed to target populations, had increased to more than 50%. In Afghanistan, the proportion of households with at least one LLIN increased from 9.9% in 2009 to 43.4% in 2011. In the same period the proportion of children under 5 who had slept under LLINs the night before the survey increased from 2% to 32%. High burden countries face challenges in providing accessible and quality parasitological diagnosis and challenges are compounded by growing resistance to anti-malarial medicines in *P. falciparum* endemic countries. Insecurity, climate change and natural disasters are additional challenges for malaria control, as well weak surveillance, monitoring and evaluation and low compliance of private providers with national treatment guidelines.

13. A database on insecticide resistance for the Region is under development and support is being provided to strengthen the capacity of national programmes in malaria planning, management, microscopy and quality assurance, PCR and elimination. Initiatives are also under way on testing new screening tools for malaria infection in low endemic areas, in coordination with the malaria programme in the Islamic Republic of Iran and the Foundation for Innovative Diagnostics. Implementation of the regional framework of action on sound management of public health pesticides made good progress in Jordan, Lebanon and Tunisia and progress was made in implementing demonstration studies for sustainable alternatives to DDT in the Islamic Republic of Iran, Morocco, Sudan and Yemen and in strengthening national vector control capabilities in Djibouti, Egypt and Jordan.

14. The Region achieved a slight decline in the incidence of tuberculosis in 2011 compared to 2010. It is expected to halve mortality but not prevalence by 2015 compared to the 1990 baseline. The Region has achieved and sustained a treatment success rate target of 85% since 2006. The estimated number of prevalent tuberculosis cases in the Region was 1 million, including 600 000 new cases in 2011. The estimated deaths due to tuberculosis were 99 000 for the same year. In 2011, 11 countries in the Region achieved a tuberculosis case detection rate of 70%, and 13 countries achieved 85% treatment success rate.

15. Ten countries contribute to 95% of the tuberculosis burden in the Region, with Pakistan accounting for 62% of the regional burden. In 2011, the Region was able to detect 62% of estimated tuberculosis cases and the remaining cases are either underreported or underdiagnosed. Most of the estimated 16 000 cases of multidrug-resistant tuberculosis among notified patients in the Region are not being diagnosed and treated according to international guidelines.

16. Twelve countries completed their national strategic plans for 2011–2015. The laboratory network was expanded, especially for culture and drug susceptibility testing. Eight countries introduced rapid molecular tests during 2012. The electronic nominal recording and reporting system is now being used in five countries and a web-based surveillance system was introduced in several countries. The national tuberculosis control programmes were reviewed in Afghanistan, Iraq, Morocco, Palestine, Qatar and Saudi Arabia. Capacity-building was supported in monitoring and evaluation and surveillance of multidrug-resistant tuberculosis in several countries. Eleven countries received support in conducting surveys to assess the burden of drug-resistant tuberculosis. Pakistan and Sudan received technical support in implementing their disease prevalence surveys. Other countries received technical support to implement inventory studies to estimate the extent of underreporting of tuberculosis cases and tuberculosis burden.

Global health goals after 2015

17. It is critical that continuing and emerging public health challenges are strongly addressed in the post-2015 development agenda. In addition, the Regional Office needs to maintain and scale up its support to countries that face challenges in meeting the health-related MDGs. Member States are essential to driving the post-2015 development agenda and to highlighting the importance of continuing and expanding on the work of the MDGs.

18. A separate report³ on health in the post-2015 development agenda will be presented to the Sixtieth session of the Regional Committee.

³ Document no. EM/RC60/6