
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 45% (from 103 to 57 deaths per 1000 live births) between 1990 and 2012, similar to global reductions of 47%. The current average annual rate of reduction in under-five mortality in the Region is 2.7%, while the rate of reduction needed to achieve the target of MDG4 by 2015 is 7.6%.²

3. Nine countries account for 93.6% of under-five deaths in the Region (Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Somalia, Sudan and Yemen) with wide variation in progress towards MDG4. The reduction in baseline under-five mortality between 1990 and 2012 ranges from 17% in Somalia to 81% in Saudi Arabia. Seven countries in the Region have achieved the MDG4 target for under-five mortality (Egypt, Islamic Republic of Iran, Lebanon, Oman, Qatar, Saudi Arabia and Tunisia). Five more Member States have already reduced under-5 child mortality rate to 15 or less per 1000 live births (Bahrain, Kuwait, Libya, Syrian Arab Republic and United Arab Emirates).

4. Neonatal mortality is a driving factor in overall child mortality, with the share of neonatal deaths worldwide rising from about 38% of under-five mortality in 1990 to 46% in 2012. The infant mortality rate in the Region decreased by 42% between 1990 and 2012 (from 76 deaths to 44 deaths per 1000 live births).

5. Maternal mortality declined by 50% in the Region between 1990 and 2013. Globally, the maternal mortality ratio declined by 45% over the same period, from 380 maternal deaths per 100 000 live births in 1990 to 210 in 2013. Lebanon and Oman have already achieved the MDG5 target for maternal mortality reduction. Nine Member States have a maternal mortality ratio of less than 25 maternal deaths per 100 000 live births (Bahrain, Islamic Republic of Iran, Kuwait, Lebanon, Libya, Oman, Qatar, Saudi Arabia and United Arab Emirates). All Member States with high burden of maternal mortality, where 96.3% of this problem takes place are making progress in achieving the target of MDG5 (Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Sudan and Yemen), except Somalia.

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 Levels and Trends in Child Mortality: Report 2013. Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation. The United Nations Children's Fund, 2013.

6. Egypt, Iraq, and Morocco are middle-income countries and face fewer constraints in meeting the targets of MDGs 4 and 5 than the remaining Member States with high burden of maternal and child mortality. Egypt, for example, has achieved the targets of MDG4 and is on track to achieve those of MDG5, and Morocco is on track to achieve the targets of both MDGs. The remaining high burden countries face difficulties in meeting MDG 4 and 5, in particularly lack of resources, political instability and complex development challenges.

7. To scale up efforts to improve maternal and child health in the Region, an initiative on Saving the Lives of Mothers and Children was launched by WHO, UNFPA and UNICEF jointly with Member States in a high-level meeting held in Dubai, United Arab Emirates, in January 2013. The meeting concluded with the Dubai Declaration, in which Member States expressed their commitment to: develop and implement maternal and child health acceleration plans; take measurable steps to strengthen their health systems related elements; establish sustainable financing mechanisms, mobilize domestic and international resources through traditional and innovative approaches; and improve coordination and accountability between all partners. The Declaration was endorsed by the 60th session of the WHO Regional Committee for the Eastern Mediterranean in October 2013.

8. The Regional Office initiated intensive technical support to the high-burden Member States, in collaboration with UNFPA, UNICEF and country offices. Maternal and child health acceleration plans were developed by all Member States with a high burden of maternal and child mortality and are being implemented. Joint WHO/country workplans and budgets for 2014–2015 have been aligned with the maternal and child health acceleration plans. National authorities in the nine eligible countries have allocated funds to cover the cost of some planned activities. UNFPA, UNICEF and other stakeholders and donors have also funded some of the activities.

9. The maternal and child health acceleration plans address issues that are critical in reducing morbidity and mortality among mothers and children, including immunization and nutrition, using effective evidence-based interventions at community, primary health care and the first referral levels.

Millennium Development Goal 6

Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

10. The overall number of new HIV infections in the Region is still increasing. There were an estimated 63 165 new infections in 2012, compared with 39 593 in 2002.³ The overall prevalence of HIV remains low.

11. The HIV epidemic in the Region continues to be characterized as emerging, and it is heavily concentrated in parts of the population at higher risk. Concentrated epidemics are confirmed among people who inject drugs in Afghanistan, Egypt, Islamic Republic of Iran, Libya, Morocco and Pakistan. Such epidemics are also observed among men who have sex with men in Egypt, Sudan and Tunisia. Concentrated HIV epidemics are registered among sex workers in Djibouti, Morocco, Pakistan and Sudan. Targeted interventions addressing high risk populations have been successful but the coverage of such programmes is still insufficient.

12. Most people living with HIV in the Region are unaware of their status, and are not reached by interventions. The low prevalence in the general population, and the stigma associated with behaviours that put people at increased risk, make it challenging to offer testing and counselling services to those who would benefit most.

³ UNAIDS estimates 2013

Target 6B: Achieve, by 2010, universal access to treatment to HIV/AIDS for all those who need it

13. The number of people accessing lifesaving antiretroviral treatment has increased rapidly in the Region, but access to treatment is increasing slower than the need. Between 2006 and 2013 there was a 7-fold increase in the people receiving ART, reaching 39 101.⁴ However, by 2012 only Tunisia reached 50% coverage of ART for the estimated eligible population, and regional coverage remains at 15%.⁵

14. Reflecting the overall picture of the epidemic, the number of cases of mother-to-child transmission of HIV is still increasing in the Region. In 2012, the Regional Office, in collaboration with UNICEF, UNAIDS and UNFPA, launched a regional framework for the elimination of mother-to-child transmission of HIV (eMTCT).

15. To address the low HIV testing and treatment coverage, in 2013 WHO launched a regional initiative to end the HIV treatment crisis. The aim of this initiative is to catalyse HIV treatment acceleration in priority countries. Furthermore, WHO and UNAIDS developed a joint advocacy report for treatment acceleration that was presented to the 60th session of the Regional Committee. The ministers of health issued a resolution urging Member States to set ambitious annual HIV testing and treatment targets and to take urgent action to accelerate treatment access and requesting the support of WHO. The Regional Office has developed tools and guidance to help countries conduct test–treat–retain cascade analysis, followed by the development of treatment acceleration plans.

Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

16. About 45% of the regional population lives in areas at risk of contracting malaria infection. The estimated regional burden of malaria in 2012 was 13 million cases with 18 000 deaths. The regional trend showed a gradual decline in the estimated malaria incidence during the period 2000–2012, from more than 30 cases per 1000 population in 2000 to less than 20 per 1000 population in 2012.

17. Pakistan and Sudan account for more than 80% of the burden of confirmed cases; the remaining cases are from Afghanistan, Somalia and Yemen. Of these countries, Afghanistan is on track for achieving the malaria-related targets of MDG 6, with a reduction of more than 50% in confirmed cases in 2012 compared to 2000. Malaria data from the remaining countries are inconclusive with regard to case reduction.

18. Four countries (Iraq, Morocco, Oman and Syrian Arab Republic) have eliminated malaria in the past decade and two countries are making good progress towards elimination (Islamic Republic of Iran and Saudi Arabia).

19. There has been a significant increase in malaria funding in the Region in recent years, from less than \$100 million in 2008 to close to \$250 million in 2012, mainly from donor resources. The increase in funding has resulted in improved access to long-lasting insecticide-treated nets (LLINs), diagnostics and treatment; however, coverage is still far from universal.

20. Weak diagnostic systems are the main challenge for malaria control in the Region: approximately 80% of reported cases are not confirmed by microscopy or rapid test. Health information and malaria surveillance systems are also weak in many countries; currently such systems detect only 10% of estimated cases. Low compliance of private providers with treatment guidelines is a major challenge contributing to the spread of resistance to anti-malarial drugs and to insecticides.

⁴ UNAIDS, WHO. Global AIDS Response Progress Report 2014 data tool, unvalidated

⁵ Calculated based on WHO/UNAIDS estimates

Other challenges to malaria control include poor health infrastructure, especially in remote and border areas, growing risk due to sociopolitical and environmental factors, and reliance on unsustainable external resources.

21. WHO will continue to support Member States in building national capacity for malaria elimination. Efforts will be accelerated in line with the WHO global draft technical strategy for 2016–2025.

22. Regional deaths due to tuberculosis have decreased, from 34 deaths per 100 000 population in 1990 to 16 deaths per 100 000 in 2009 (53%). Estimated tuberculosis incidence has also declined, from 121 cases per 100 000 population in 1990 to 109 per 100 000 population in 2012 (9%). In summary, the MDG6 targets of reversing tuberculosis incidence and halting tuberculosis mortality have already been achieved at regional level.

23. The decline in tuberculosis prevalence has been more notable, dropping from 268 cases per 100 000 population in 1990 to 180 cases per 100 000 population in 2012 (32.8%).

24. In 2012, out of an estimated 616 591 tuberculosis cases in the Region, a total of 430 789 cases were notified. The Region contributed to 7% of notified tuberculosis cases globally.

25. Afghanistan, Pakistan, Morocco, Somalia and Sudan contribute to 84.5% of the regional tuberculosis burden, with Pakistan alone accounting for 63% of the burden.

26. The Region was able to maintain the treatment success rate for smear-positive pulmonary tuberculosis at 88%, above the global target for the sixth consecutive year.

27. The tuberculosis incidence in several countries (Bahrain, Egypt, Lebanon, Oman, Saudi Arabia) in the Region is approaching the threshold for tuberculosis elimination (tuberculosis incidence of 10–20 cases per 100 000 population), while some other countries already have a tuberculosis incidence of less than 10 per 100 000 population (Jordan, occupied Palestinian territory, United Arab Emirates). The remaining countries need further support to eliminate tuberculosis by 2035.

28. The main challenge to reaching the targets of MDG 6 related to tuberculosis is the suboptimal detection of tuberculosis cases. This is mainly the result of limited uptake of new technology and access to diagnostic services, and to outdated regulatory environments. As well, more focus is needed on high-risk groups, including patients with multidrug-resistant tuberculosis and tuberculosis–HIV co-infection, contacts of tuberculosis patients and children with tuberculosis.

29. The aim of the global tuberculosis control strategy is to detect missed tuberculosis cases through a multi-pronged approach: ensuring rapid uptake of new diagnostics; strengthening involvement of all tuberculosis stakeholders in tuberculosis control and care; improving the regulatory environment with regard to tuberculosis notification and rational use of tuberculosis medicines; and strengthening tuberculosis management among high-risk groups including mobile populations, children, contacts and patients with multidrug-resistant tuberculosis and tuberculosis–HIV co-infection.

Global health goals after 2015

30. WHO will support Member States to maintain high level of commitment, invest in close partnership and coordination with UNFPA and UNICEF and key stakeholders, and support resource mobilization efforts to address gaps in supporting maternal and child health acceleration plans. Such support includes strengthening country capacity to launch and follow up the implementation of these plans, ensuring the achievement of optimal outcomes and applying coordination mechanisms with partners to monitor progress and address bottlenecks.

31. It is critical that continuing and emerging public health challenges are strongly addressed in the post-2015 development agenda. The role of Member States is essential in driving the post-2015 agenda debate to ensure that priority issues are addressed.