

# Millenium Development Goals

Perspectives and paradigms

# Global Health Governance

- Global health governance has been defined as concerning 'the collective forms, from the sub-national to the global level, which address issues with global dimensions (Lee and Goodman, 2002:115)

# Statist vs globalist approaches

- ◉ Both statist and globalist perspectives agree on the utility of global health governance,
- ◉ Statists - utility of global governance in its capacity to co-ordinate states

# globalist

- Globalists - global health governance as *a new form of politics that transcends state sovereignty* and directs the focus on individual and their vulnerabilities
- In the post-Westphalian governance, **some non-state actors have the financial and political clout to shape international health agendas more than some government**
- (Davies, 2010:32)

# WHO

- ◉ International organization
- ◉ Creation of WHO was a two-year process of drafting what would become the 1946 constitution
- ◉ Signed 1948 by 61 countries (now 192)
- ◉ World Health Assembly (WHA)
- ◉

# WHO

- ◉ WHO mandate was to assist the attainment by all people of the highest possible level of health, defined as a state of complete physical, mental and social well-being
- ◉ And not merely the absence of disease or infirmity (WHA, 2006:1)
- ◉ WHA (2006): Constitution of the World Health Assembly. Geneva: World Health Organization.

# WHO

- ◉ WHO's contribution to global health policy has proceeded through 4 phases
- ◉ First phase - WHO establishment 1948- mid 70s, organization focused on technical matters

# Disease control, CHC

- ◉ Control of specific diseases
- ◉ Vs. comprehensive health care
  
- ◉ Vertical programmes- not integrated into health care systems



# WHO

- ◉ During this phase, emphasis was placed on reducing morbidity (disease) and mortality through massive vertical programmes
- ◉ According to this strategy, health care efforts would be directed at eradicating single diseases such as small pox or would focus on one primary health initiative such as nutrition (Davies, 2010:35)

# WHO

- ⦿ This was a period of medical marvels, penicillin prove to be a magic bullet, for most infections, while vaccine development was at it peak
- ⦿ Eradication of smallpox by a global programme let by WHO demonstrated the potential of medical advancement

# WHO

- Importantly for WHO, showed that international organizations were capable of leading large and multifaceted projects with immediate impact (Burci, podle Davies, 2010:35).

# Mahler

- ◉ A new director general **Halfan Mahler** (1973-1988)
- ◉ Made his tenure primarily about humanitarianism - using the offices of Who to advocate primary health care and health equity as the way to improve lives of millions around the world
- ◉ (Davies, 2010:35)

# Mahler

- Mahler sought to use the legitimacy that WHO had reated as a leader in the technical health matters to advocate for public health policies that would improve the health welfare of all humankind
- (Davies, 2010:35-36)

# Mahler

- In some respect, Mahler's position was a middle ground between those who want WHO to focus on primary health care and those who wanted to continue focusing on technical issues, which no doubt explains his widely acknowledged success as director-general
- (Davies, 2010:36)

# Alma Ata 1978

- ◉ Leading to the 1978 Alma Ata Declaration on Primary Health Care and the some arugen unrealistic Healt for all in teh year 2000 statement
- ◉ (Davies, 2010:36)

# GOBI

- ◉ At the same time Mahler sought to continue the organizations **technical focus wt pragmatic, low-cost intervention such as Gobi - growth monitoring to fight malnutrition in children**



# GOBI

- ◉ Oral rehydration techniques to defeat diarrheal diseases
- ◉ Breastfeeding to protect children and immunization with Unicef
- ◉ Mahled advocated international equality and rational use of resources

# Breast milk substitutes

- Along with UNICEF Mahler challenged the food industry promotion of infant formulas over breast milk, leading to the development of International Code on Breast Milk Substitutes

# Pharmaceutical companies

- ⦿ Raising questions about pharmaceutical practices and pricing which led to the creation of the **Essential Medicines List**
- ⦿ (Davies, 2010:36)

# Goals, targets and indicators

- ◎ The internationally agreed framework of 8 goals and 18 targets was complemented by 48 technical indicators to measure progress towards the Millennium Development Goals.
- ◎ These indicators have since been adopted by a consensus of experts from the United Nations, IMF, OECD and the World Bank.

# Millenium Development Goals

- Each indicator below is linked to millennium data series as well as to background series related to the target in question.

# Goal 1: Eradicate Extreme Hunger and Poverty

- **Target 1.** Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day
- **Indicators**
  1. Proportion of population below \$1 (1993 PPP) per day (World Bank) [a\\*](#)
  2. Poverty gap ratio [incidence x depth of poverty] (World Bank)
  3. Share of poorest quintile in national consumption (World Bank)

# Goal 1: Eradicate Extreme Hunger and Poverty

- ◉ Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger
- ◉ Indicators
  4. Prevalence of underweight children under five years of age (UNICEF-WHO)
  5. Proportion of population below minimum level of dietary energy consumption (FAO)

# Goal 2: Achieve Universal Primary Education

- **Goal 2: Achieve Universal Primary Education**
- **Target 3.** Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling
- **Indicators**
  6. Net enrolment ratio in primary education (UNESCO)
  7. Proportion of pupils starting grade 1 who reach grade 5 (UNESCO) [b\\*](#)
  8. Literacy rate of 15-24 year-olds (UNESCO)



# Goal 2: Achieve Universal Primary Education

- ◉ **Target 4.** Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015
- ◉ **Indicators**
  9. Ratio of girls to boys in primary, secondary and tertiary education (UNESCO)

# Goal 3: Promote Gender Equality and Empower Women

- 10. Ratio of literate women to men, 15-24 years old (UNESCO)
- 11. Share of women in wage employment in the non-agricultural sector (ILO)
- 12. Proportion of seats held by women in national parliament (IPU)

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# Goal 4: Reduce Child Mortality

- Target 5. Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
- Indicators
  - 13. Under-five mortality rate (UNICEF-WHO)
  - 14. Infant mortality rate (UNICEF-WHO)
  - 15. Proportion of 1 year-old children immunized against measles (UNICEF-WHO)

# Goal 5: Improve Maternal Health

- Target 6. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
- Indicators
  - 16. Maternal mortality ratio (UNICEF-WHO)
  - 17. Proportion of births attended by skilled health personnel (UNICEF-WHO)

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

- Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- Indicators**
  18. HIV prevalence among pregnant women aged 15-24 years (UNAIDS-WHO-UNICEF)
  19. Condom use rate of the contraceptive prevalence rate (UN Population Division) [c\\*](#)

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

- 19a. Condom use at last high-risk sex (UNICEF-WHO)
- 19b. Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (UNICEF-WHO) d\*
- 19c. Contraceptive prevalence rate (UN Population Division)
- 20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years (UNICEF-UNAIDS-WHO)



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

- Target 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases
- Indicators**
  - 21. Prevalence and death rates associated with malaria (WHO)

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

- 22. Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures (UNICEF-WHO) [e\\*](#)
- 23. Prevalence and death rates associated with tuberculosis (WHO)
- 24. Proportion of tuberculosis cases detected and cured under DOTS (internationally recommended TB control strategy) (WHO)

# Goal 7: Ensure Environmental Sustainability

- ◎ **Target 9.** Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources
- ◎ **Indicators**
  - 25. Proportion of land area covered by forest (FAO)
  - 26. Ratio of area protected to maintain biological diversity to surface area (UNEP-WCMC)

# Goal 7: Ensure Environmental Sustainability

- 27. Energy use (kg oil equivalent) per \$1 GDP (PPP) (IEA, World Bank)
- 28. Carbon dioxide emissions per capita (UNFCCC, UNSD) and consumption of ozone-depleting CFCs (ODP tons) (UNEP-Ozone Secretariat)
- 29. Proportion of population using solid fuels (WHO)

# Goal 7: Ensure Environmental Sustainability

- ◉ **Target 10.** Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
- ◉ **Indicators**
  - 30.** Proportion of population with sustainable access to an improved water source, urban and rural (UNICEF-WHO)

# Goal 7: Ensure Environmental Sustainability

- 31. Proportion of population with access to improved sanitation, urban and rural (UNICEF-WHO)
- **Target 11.** Have achieved by 2020 a significant improvement in the lives of at least 100 million slum dwellers
- **Indicators**
  - 32. Proportion of households with access to secure tenure (UN-HABITAT)

# Goal 8: Develop a Global Partnership for Development

- **Target 12.** Develop further an open, rule-based, predictable, nondiscriminatory trading and financial system (includes a commitment to good governance, development, and poverty reduction?both nationally and internationally)

# Goal 8: Develop a Global Partnership for Development

- Target 13. Address the special needs of the Least Developed Countries (includes tariff- and quota-free access for Least Developed Countries) exports, enhanced program of debt relief for heavily indebted poor countries [HIPCs] and cancellation of official bilateral debt, and more generous official development assistance for countries committed to poverty reduction)



# Goal 8: Develop a Global Partnership for Development

- **Target 14.** Address the special needs of landlocked developing countries and small island developing states (through the Program of Action for the Sustainable Development of Small Island Developing States and 22nd General Assembly provisions)

# Goal 8: Develop a Global Partnership for Development

- ◎ **Target 15.** Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term