ICPD AND THE HEALTH-MDGs

World Health Organization

A. INTRODUCTION

The eight Millennium Development Goals derived from the Millennium Declaration mark a turning point in the history of development. Unlike previous approaches, they represent a genuine global compact, with Goal 8 identifying actions that developed countries must take if targets are to be achieved. Pulling together targets from various UN conferences throughout the 1990s—including the International Conference on Population and Development (ICPD)—the MDGs look beyond income to other dimensions of poverty and thereby explicitly acknowledge the contribution of health to poverty reduction. Moreover, it is recognized that they are a package of synergistic goals and cannot be achieved individually.

The Programme of Action of the ICPD adopted by 179 countries in 1994 continues to be highly relevant for international development and, consequently, also for the achievement for the MDGs. Halfway through the Programme of Action's 20-year programme, the picture on the ICPD goals is mixed: while many countries have made significant progress, there was little or no change in others. Not coincidentally, the picture looks very similar when looking at progress on the MDGs.

While the MDGs do not include the ICPD goal of universal access to quality reproductive health services, three of the MDGs are directly related to health and strongly reflect key ICPD issues: reducing child mortality; reducing maternal mortality; and combating HIV/AIDS, malaria and other diseases. In addition, the goals on education, gender equality and the empowerment of women are equally important for achieving health outcomes and the reduction of poverty in general. As has been emphasized frequently, the implementation of the ICPD Programme of Action and renewed commitment by the international community remains essential for the achievement of the MDGs. While the MDGs represent—both in format and content—a very condensed framework for human development expressing commitments to outcomes ("the what"), the ICPD Programme of Action contains commitments to many of the strategies and policies that will help achieve those outcomes ("the how").

The purpose of this paper is to respond to a request by the organizers of the seminar to report on how the implementation of the Programme of Action of the ICPD contributes to the achievement of the MDGs. WHO was asked to focus in this paper specifically on target 8 of Goal 6.

B. GOAL 6, TARGET 8 OF THE MDGS AND THE ICPD PROGRAMME OF ACTION

"Have halted by 2015 and begun to reverse
the incidence of malaria and other major diseases"

Chapter VIII of the ICPD Programme of Action on "Health, Morbidity and Mortality" refers to the large numbers of people at "continued risk of infectious, parasitic and water-borne diseases, such as tuberculosis, malaria and schistosomiasis" (para. 8.2). It also set targets for improved life expectancy at birth and also adopted the goals set at the World Summit for Children held four years earlier with targets for reductions in infant and under-five mortality rates. Actions described to achieve these targets include improved access to basic health care and health promotion, universal primary health care, the recognition of women as primary custodians of family health, community participation in health policy planning; capacity-building and technology transfer and reform of the health sector and health policies.

In the context of child health, the Programme of Action pointed out that the morbidity and mortality reductions achieved during the 1980s were (and still are) in danger of being eroded without broad-based health-delivery systems in the countries most affected. Furthermore, it calls for "additional resources to strengthen the primary health-care delivery system, child survival programmes, emergency obstetrical care and broad-based programmes for the control of sexually transmitted diseases, including HIV/AIDS, as well as the humane treatment and care of those infected with sexually transmitted diseases/HIV/AIDS, among others" (para. 13.17).

1. *Malaria*

Each year, malaria causes at least one million deaths and more than 300 million acute illnesses, the majority of which occur in the world's poorest countries. Ninety per cent of these deaths occur in Africa south of the Sahara where malaria is the most important cause of death of young children accounting for about 20 per cent of under-five mortality; worldwide, malaria is the cause of about 10 per cent of under-five deaths. Malaria is a major burden on health systems in Africa, as 20 to 50 per cent of out-patient consultations and hospitalizations are attributed to this disease. In addition to young children, pregnant women are also at high risk of malaria. In areas of moderate to intense malaria transmission, as is found in most of tropical Africa, the principal impact of malaria in pregnancy is anaemia in the mother and low birth weight. Malaria thereby becomes an important cause of poor infant survival and development. It is estimated that malaria during pregnancy causes between 75,000 and 200,000 infant deaths in Africa per year. The impact of malaria in pregnancy is aggravated when the pregnant woman is also infected with HIV, as the risk of anaemia and low birth weight becomes even higher.

The control of malaria in sub-Saharan Africa is based on three core interventions: protection of vulnerable groups with insecticide-treated nets; intermittent preventive treatment for pregnant women; and prompt, effective treatment. According to the Africa Malaria Report 2003 (issued by WHO and UNICEF), however, the coverage rates of the three core interventions were still limited in 2000-2002—only 2 per cent of young children were protected by treated nets, while 42 per cent received early (though often ineffective) treatment. At least two-thirds of women in most African countries use ante-natal care services, but so far the uptake of intermittent preventive treatment and insecticide-treated nets through these services has been limited, although it is growing.

Given the very high childhood mortality caused by malaria, it is also expected that effective malaria control in Africa will have an important, positive impact on attitudes to family planning, thereby contributing to the achievement of ICPD goals. Conversely, ICPD goals on reducing the spread of HIV/AIDS, improving ante-natal and reproductive care, and strengthened health-care delivery systems will also contribute significantly to the achievement of the MDG target on malaria, as well as other targets.

2. *Tuberculosis*

Tuberculosis (TB) is one of the top killers of women in developing countries. Tuberculosis infection spreads and mortality is greatest in environments where there is poverty, over-crowding, malnutrition and disease, social and economic crisis—but also in the context of rapid urbanization or migration. Furthermore, as observed by the ICPD already in 1994, there are strong links between the prevention of HIV infection and the prevention and treatment of tuberculosis. In fact, the resurgence of TB in the context of HIV/AIDS has led to situations in many countries where TB is the leading AIDS-related killer with as many as three-quarters of people with HIV also having TB.

Tuberculosis is a major public health threat across the globe, in low-income as well as in economically-advanced countries. Asia carries the greatest absolute burden of disease, while the highest

TB rates per population are in sub-Saharan Africa. The TB epidemic is worsening rapidly in the latter region, given its fundamental relationship with the HIV/AIDS epidemic. For all of the above reasons, international, national and community-level action to reduce poverty, enable improved reproductive health, and the empowerment and development opportunities for women and children will be supportive of stopping TB. Similarly, reducing the TB burden in poor communities can help reduce the risks of impoverishment and family disintegration. There are large and untapped areas for collaboration across these fields of development and public health.

Goals for TB control adopted by the World Health Assembly, including the achievement of interim targets by 2005 of detection of 70 per cent of infectious TB patients under DOTS (the recommended global TB control strategy), and successful treatment of 85 per cent of these patients, are closely related to the MDG target of halving of TB-related mortality and prevalence by 2015.

3. *Other diseases*

The ICPD Programme of Action refers further to "infectious, parasitic and water-borne diseases, such as tuberculosis, malaria and schistosomiasis". The latter is considered the second most important parasitic infection after malaria in terms of public health and economic impact. While the MDG targets mention HIV/AIDS and malaria specifically (as well as using tuberculosis indicators to measure progress) they also include a reference to "other major diseases"; this helps ensure the relevance of these global goals and targets in countries undergoing the demographic transition and with a very high (and often increasing) burden of non-communicable diseases (NCDs) and accidents.

The rapid rise of chronic non-communicable diseases represents one of the major health challenges to global development. NCDs currently account for some 60 per cent of global deaths and almost half of the global burden of disease. It is estimated that by 2020 over 70 per cent of the global burden of disease will be caused by NCDs (especially cancer, diabetes, cardiovascular diseases and chronic respiratory diseases), as well as mental health disorders, and injuries and violence. The majority of deaths, disability and morbidity caused by NCDs currently occur in low- and middle-income countries. These diseases are seen disproportionately in poor and marginalized populations and are contributing to widening health gaps between and within countries, resulting in enormous human suffering and increased threat to the socio-economic development of many countries.

4. *Child and adolescent health*

The ICPD Programme of Action addresses the special situation and needs of children and adolescents in detail. In particular, the Programme stresses the need for countries to develop integrated approaches to the special nutritional, general and reproductive health, education and social needs of girls and young women, "as such additional investments in adolescent girls can often compensate for earlier inadequacies in their nutrition and health care" (para. 4.20). Underlying the recommendations in this area is the recognition that adolescents are particularly vulnerable in most countries because of their lack of information and access to relevant services.

Adolescent pregnancy is common in developing countries and entails a higher risk of maternal and newborn death (up to five times for maternal mortality than for women older than 19 years). The main problems are pre-term delivery and low birth weight. Much can be done to mitigate these with appropriate community and health facility action. Current practice is designed for women older than 19 years, and does not meet the special needs of pregnant adolescents. Infants born to adolescent mothers are more likely to be delivered prematurely and at low birth weight and are more likely to die in the first month of life. More than one million infants die each year in the developing world because young girls are marrying and having children before they are physically ready for parenthood. ICPD goals relating to

the reproductive health for adolescent girls are therefore important in reducing that portion of child and maternal mortality related to adolescent pregnancy.

In order to address the international goals of relevance to adolescents, both normative and technical support work is undertaken to strengthen the health sector's response capacities. The health sector has a role in both the prevention of unsafe (and unwanted) pregnancy among adolescents and care of pregnant adolescents. WHO activities, including the Making Pregnancy Safer initiative, involve making pregnancy, newborn, abortion, and emergency obstetric care more responsive to and accessible to adolescents.

5. *HIV/AIDS*

Reducing the incidence and spread of HIV and sexually transmitted infections as part of a comprehensive public health response to the pandemic is a key objective both for ICPD and the MDGs. HIV/AIDS education, condom distribution, and optional diagnostic testing are three of the most important interventions against HIV and sexually transmitted infections (STIs). They must be integral components of all reproductive health services.

ICPD emphasized the need to provide specialized training in prevention, detection, counselling, and treatment of STIs and HIV/AIDS, especially in women and youth. As the Programme of Action stated, the "objective is to prevent, reduce the incidence of, and provide treatment for, sexually transmitted diseases, including HIV/AIDS" (para. 7.29). Thanks to the significant progress made in HIV research since 1994, the debate is not any longer on the "if" but the "how" of providing access to treatment. With close to 40 million people living with HIV globally, half of them women, there is urgent need to mobilize all available resources. WHO and its partners are committed to extending care and treatment for 3 million people in clinical need of antiretroviral therapy by December 2005 (the "3 by 5" target).

6. *Health information*

Regarding health information, the Programme of Action notes that "valid, reliable, timely, culturally relevant and internationally comparable data form the basis for policy and programme development, implementation, monitoring and evaluation" (para. 12.1). The Programme of Action urges Governments and technical assistance organizations to strengthen their "national capacity to carry out sustained and comprehensive programmes on collection, analysis, dissemination and utilization of population and development data" (para. 12.3). It also advocates for, *inter alia*, the creation or strengthening of "[D]emographic, socio-economic and other relevant information networks…" (para. 12.7) and for "[T]raining programmes in statistics, demography and population and development studies…" (para. 12.8).

Ten years after Cairo, the need for sound and timely data on which to base decision-making in health remains acute. On the positive side, there is increased interest in sound monitoring and evaluation, stimulated in large measure by the unprecedented global drive to address poverty and global development strategies such as the focus on the MDGs. However, an unintended negative effect of the increased focus on time-bound goals, targets and performance-based results, has been a veritable storm of demands on countries for data. Different development partners, donors, disease-focused programmes and initiatives establish separate mechanisms which often overlap and further weaken already fragile country health information systems. Critical basic building blocks for health information are still not in place. For example, complete counting of births and deaths—the basic elements of population dynamics—is the exception rather than the rule in developing countries.

In 2003, countries, multilateral and bilateral donors, development agencies, donors and technical experts came together to formulate strategies that would help strengthen country capacity to generate and use sound data while also meeting the needs of donors for monitoring development results. The resulting global collaboration, the Health Metrics Network (HMN), which is hosted by WHO, seeks to catalyze the development of country health information systems, thereby increasing the availability and use of timely and sound health information in support of decision-making at the national and global levels.

The development phase of HMN has galvanized country, regional and global efforts to achieve greater coherence in data collection, analysis and dissemination. For example, work on reconciling child mortality estimates derived from different sources resulted in agreement to work towards a single set of estimates that will be used by all international agencies. The foundation will be a common database and uniform, transparent estimation methods. Considerable progress has been made in addressing the complex challenge of causes of child deaths, information that is critical for determining programmatic interventions. Similar efforts are under way for other ICPD indicators, notably maternal mortality, prevalence of HIV/AIDS, and access to primary health care services.

A particular focus of the Programme of Action is on measuring the equity dimension in health and development. Data disaggregated by key demographic and socio-economic stratifiers can improve the targeting of interventions and enhance the sensitivity of programmes to clients' needs. HMN will focus special attention on generating data disaggregated by sex, wealth, geography and ethnicity.

C. Achieving and Sustaining International Goals in Health

The Programme of Action of the ICPD emphasizes key elements generally required by all international and national approaches to achieve—and sustain—significant progress in health outcomes. These have been further developed in ongoing efforts to achieve the health MDGs and represent important items on the political agenda and in the considerations of global partnerships, such as the High Level Forum on the Health MDGs which brings together ministries of health and finance and bilateral and multilateral development partners with the aim of developing consensus on what is needed to achieve the health MDGs and catalyzing action.

Health systems: While the MDGs do not (and were not meant to) include detailed references to inputs and strategies needed in order to achieve their targets, the importance of strengthening integrated health systems as emphasized by ICPD is recognised by ongoing efforts to reach the health MDGs. WHO estimates that universal access to broad-based health systems could meet 60 to 70 per cent of the child mortality and 70 to 80 per cent of the maternal mortality MDGs. Effective and equitable health systems are considered an absolute requirement to meet and sustain the MDGs of TB, malaria and HIV treatment and care, as well as goals associated with immunization and safe motherhood. Health programmes focusing on specific conditions or diseases can increase coverage and access—and thereby promote more equitable health outcomes—if they contribute materially to strengthening health systems.

Human resources for health: Health systems cannot function effectively without well trained and adequately paid staff. The problem of human resources for health takes many forms, but in parts of sub-Saharan Africa, for instance, acute shortages are reaching crisis proportions and limit the potential to scale up MDG-related health programmes, including the roll-out of treatment for AIDS.

Health information systems: In order to support better health policy-making, health information systems need to be strengthened, become better coordinated and integrated with the national statistical system, and be more orientated towards country priorities. Greater collaboration with national statistical offices, responsible for monitoring the MDGs, ICPD and other goals, is particularly important. There is a need for

greater harmonization of donor reporting requirements in order to avoid duplication and distortion of fragile information systems and to ensure that information systems serve national and sub-national policy-making. The Health Metrics Network (see section B.6, above) is a global collaboration to generate and streamline support for national health information systems.

Equity: Health strategies and policies need to be underpinned by equity concerns. As has been observed, the MDGs could be achieved without improving the health status of the poorest and most vulnerable—who are also typically the hardest and most expensive to reach. National averages often hide huge disparities between different population groups. Addressing this challenge will require a more equitable health system and, in particular, a fairer distribution of quality health services, which are typically concentrated in urban centres serving relatively better-off populations.

Right to health: One of the key aspects of the ICPD Programme of Action is its strong emphasis on a human rights-based approach, focusing especially on the rights of women and girls. In recent years, the right to health has been increasingly elaborated and underpinned by human rights instruments. This emphasis on the right to health is supporting global efforts to provide equitable access to health facilities, goods and services. Making the right to health a reality requires taking concrete, deliberate and targeted steps towards making health facilities, goods and services more available, accessible and of better quality, paying particular attention to vulnerable population groups. It imposes immediate obligations, such as freedom from discrimination, that requires generation of disaggregated data and the establishment of mechanisms to ensure the active and informed participation of individuals and communities in health decision-making processes.

These key elements are also integrated into and emphasized by WHO's first global strategy on reproductive health, adopted by the 57th World Health Assembly in May 2004. It sets out the major discrepancies between global goals and realities, describes the principal barriers to progress and lays out a strategy based on and guided by international human rights principles. The overarching objective of WHO's first global strategy on reproductive health is to accelerate progress towards meeting internationally agreed reproductive health targets and, ultimately, to attain the highest achievable standard of reproductive and sexual health for all. The WHO strategy proposes five key areas for action:

- Strengthening health systems capacity, including human resources for health
- Improving information for priority setting
- Mobilizing political will
- Creating supportive legislative and regulatory frameworks
- Strengthening monitoring, evaluation and accountability.

C. CONCLUSION

Health must be addressed within a broad developmental framework which requires that health strategies be firmly rooted in efforts to strengthen overall public policy and the capacity for its implementation aimed at the reduction of poverty. The eight MDGs form a unique and unprecedented "package" of internationally agreed goals and targets—providing a rare opportunity for health and human development in general. While the MDGs present a powerful framework oriented towards results, strategies and necessary inputs need to be identified separately. To achieve this the discussions and outcomes of the ICPD continue to be valuable. A decade after the ICPD and 10 years before the year 2015, the deadline for reaching the MDGs, the commitments of Cairo are still valid and important for international development. There can be no doubt that the implementation of the ICPD Programme of Action remains central to the achievement of the MDGs, including and in particular Goal 6.

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