



DEVELOPMENT COMMITTEE
(Joint Ministerial Committee
of the
Boards of Governors of the Bank and the Fund
on the
Transfer of Real Resources to Developing Countries)



**SIXTY-SEVENTH MEETING
WASHINGTON D.C. – APRIL 13, 2003**

DC/S/2003-0003

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Statement by

Dr. Gro Harlem Brundtland
Director-General
World Health Organization

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1. The agenda for discussion by the Development Committee – agreeing on a framework for monitoring policies and action, and reviewing progress and critical next steps in implementing the MDGs – is also at the heart of WHO's development agenda.
2. Three of the eight MDGs, eight of the 18 targets, and 18 of the 48 indicators are health-related. A number of critical areas, including reproductive health and non-communicable diseases, are not explicitly mentioned. It is important not to lose sight of the intent of the MDGs to improve peoples' health and livelihoods overall, rather than just those aspects that are reflected in the specific goals, targets and indicators.
3. Recognising the interdependence of the goals is of critical importance: progress on one health goal will affect progress on others. Similarly, progress on health goals will have a positive impact on overall poverty, and efforts in health will have a mutually reinforcing relationship with efforts in education and water supply. Common to all these efforts is the need to address the systemic and institutional issues that limit progress in most low-income countries, and to adopt multisectoral approaches.
4. Progress towards the health goals and targets has been uneven across regions. Sub-Saharan Africa has the furthest to go. Because the health goals are expressed in terms of national averages rather than gains among the poor or disadvantaged, as other MDGs are, they could be reached without significant improvement in the poorest groups. Differential analysis of MDGs will be important to ensure that equity concerns are addressed.
5. The MDGs are assuming an increasing strategic importance, not just within the United Nations and the Bretton Woods Institutions, but in many development agencies. They are being used to focus and re-orientate the work of individuals and programmes, and serve as a benchmark against which to assess development impact and organisational performance.
6. A concerted effort to tackle the systemic constraints that hinder progress, on a scale commensurate with the size of the problem, is central to achievement of the health (and other) MDGs. The areas to be addressed are well known – with issues affecting the supply and distribution of human resources in health professions a key element. Other issues include: financial, physical and social barriers to access; safe and predictable supplies of affordable drugs and vaccines; systems for increasing

coverage through public-private partnerships; a policy and institutional framework that allows the state to act as an effective steward of the health system; systems for working across, and learning from other sectors; and so forth. Many of the specific actions required, particularly those designed to ensure that health care systems benefit the poor, will necessarily be shaped by local context. The 2003 *World Health Report* which has as its topic health systems and the MDGs, will focus on all of these issues.

7. Substantial increases in efforts of national governments and international agencies are needed for many countries to achieve the Millennium Development Goals. This is particularly true of the health-related goals and targets of the MDGs. The *Commission for Macroeconomics and Health* provides an indication of the level of increase that is needed. Increases in financing alone, however, will not be enough. Scaling-up work to address the systemic constraints that limit the effectiveness, with which resources are used, with a particular focus on addressing the needs of the poor, is equally important.
8. WHO is actively engaged with the World Bank and other development partners in defining and taking forward an agenda for accelerated action to achieve health, nutrition and population MDGs. The principles outlined in the background paper on accelerating progress reflect WHO's thinking and commitment to this agenda. Support for the achievement of MDGs should not be seen as a new or special initiative. To date, much external support for the MDGs from development partners has focused on clarifying and harmonising reporting procedures. There is an equal need to co-ordinate technical support for policies and strategies, and ensure a better fit between national development processes, particularly PRSPs and SWAPs, and global initiatives, such as the Global Fund for AIDS, Tuberculosis and Malaria.
9. The MDGs provide a new lens through which to assess existing programmes, and thus have the potential to provide the basis for new forms of accountability – both for governments and for international organisations. Internally, WHO is aligning its policies and procedures within the overarching framework of the MDGs. The directions outlined in WHO's corporate strategy link closely with the MDGs. WHO is also taking the MDGs into account in the preparation of the strategic programme budget for 2004-2005 and in formulating strategies for supporting countries as part of the process of drawing up *WHO Country Cooperation Strategies*.
10. WHO supports national efforts to achieve the MDGs through an extensive body of normative and technical support work in the areas of maternal health, communicable disease control, HIV/AIDS, access to medicines, water and sanitation, and environmental health. In addition, all countries can benefit from actions which strengthen national capacity to track progress and monitor outcomes in ways that avoid duplication of effort and ensure consistency and quality of data.
11. WHO has worked with other UN agencies and DESA to identify indicators associated with each health-related MDG and target, and is now collaborating closely to establish complementary and coherent reporting procedures for the MDGs.

12. WHO's work on MDG reporting is complementary to efforts to improve access to and reliability of country health data. A framework to ensure the quality of health statistics has been developed based on five criteria: validity, reliability, cross-population comparability, data audit trail and consultation with countries. The World Health Report 2003 will provide country results for the 17 MDG health indicators monitored by WHO, in addition to the core health indicators routinely published in previous reports.
13. There is also a growing body of literature on implementing poverty-focused health programmes that will help to achieve the MDGs. This month (April 2003), the OECD and WHO will jointly publish an important reference document called '*Poverty and Health*'. Building on the OECD's *Guidelines on Poverty Reduction*, the document sets out the essential components of a pro-poor health approach. It provides a framework for action within the health sector, but also looks beyond it -- to essential policies in other sectors, and to global action and initiatives that are necessary to improve health in poor countries and amongst the poorest in those countries.
14. Progress at national levels is fundamentally linked to international actions. From the perspective of health, these include trade agreements at global level that influence access to drugs and health services; international initiatives that affect migration and the health labour market; new approaches to research and development of technologies to address diseases that drive poverty; and international partnerships that can mobilise additional resources for health.
15. The MDGs represent an aspiration which will be difficult to attain in their entirety for some countries. Both for them, and for the countries well on their way, the enormous stimulus to action that the MDGs provide can bring about substantial and sustained progress that will transform huge numbers of lives.