EUROPE

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Mixed progress towards the Millennium Development Goals in the WHO European Region

Millennium Development Goals

In September 2000, 189 countries unanimously adopted the Millennium Declaration,[1] pledging: "We will spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty, to which more than a billion of them are currently subjected.". The Declaration led to the articulation of eight Millennium Development Goals (MDGs), to be achieved between 1990 and 2015:

- eradicate Extreme Hunger and Poverty
- achieve Universal Primary Education
- promote Gender Equality and Empower Women
- reduce Child Mortality
- improve Maternal Health
- combat HIV/AIDS, Malaria and other diseases
- ensure Environmental Sustainability
- develop a Global Partnership for Development.

Achieving the MDGs in the WHO European Region

The European Region making is doing well with regard to the MDGs, if progress is judged by regional averages. A careful look at the national and subnational levels, however, reveals a much more inequitable picture: an observable pattern in the relationship between income level and progress towards the health-related targets of the MDGs. The higher-income countries in the European Union (EU) and south-eastern Europe show much more progress than the middle- and low-income countries in the Commonwealth of Independent States (CIS).

Despite the recent acceleration in economic growth, the eastern countries in the Region, particularly those in central Asia, still face difficulties in achieving many of the MDGs. The WHO European Region has already achieved three of the eight MDGs: those addressing poverty, education and gender. If the pace of progress stays the same, 8 countries in the Region are likely to achieve 5 of the 8 MDGs; 14 countries will probably achieve 7, and 1 country will not achieve any.

The new EU Member States have either already achieved all the MDGs or are likely to achieve more than 80% of them. Estonia, Latvia and Lithuania appear to face the greatest challenge in working towards MDG6 (curbing HIV/AIDS, malaria, tuberculosis and other diseases), mainly

[1] *Resolution adopted by the General Assembly 55/2. United Nations Millennium Declaration*. New York, United Nations, 2000 (http://www.un.org/millennium/declaration/ares552e.htm, accessed 16 September 2007).

owing to the increasing prevalence of HIV/AIDS. Estonia is unlikely to achieve MDG6, and whether Latvia and Lithuania will do so is uncertain. For the targets of MDG2 (school enrolment) and MDG7 (water access), not enough data are available to judge the progress achieved. These countries, however, are very likely to have already achieved the targets or to do so.

The south-eastern countries in the Region (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Romania, Serbia, The former Yugoslav Republic of Macedonia and Turkey) have achieved just over half of the MDGs. Progress towards MDG6 is rather slow in Albania, Bulgaria and Romania. Turkey's progress towards MDG3 (gender equality in schools) is not sufficient to achieve the target. Further, whether Albania and Romania will achieve MDG7 is uncertain.

Middle-income countries in the CIS (Belarus, Kazakhstan, the Russian Federation and Ukraine) will probably achieve more than 50% of the MDGs, but they will not reach 20% of the MDG targets. For the remaining 30%, either their achievement of the targets is uncertain or the data are not available to assess the progress made. The greatest challenges for these countries are related to MDGs 6 and 4 (child mortality).

Progress has been slowest in the low-income CIS countries: Armenia, Azerbaijan, Georgia, Kyrgyzstan, the Republic of Moldova, Tajikistan and Uzbekistan. Some of them will most probably miss more than four MDG targets. None will achieve MDG6 because of increasing levels of HIV/AIDS and tuberculosis.

Many believe that western countries in the European Region do not have to worry about the health-related MDGs, as they have already reached the targets or are well on track. While this is true in general, some countries show negative trends. For example, 10 western European countries were off-track on the maternal mortality target in 2000. The mortality rates in these countries were already quite low in 1990, compared to the average in the Region. MDG5, however, calls for a reduction of the maternal mortality ratio by three quarters between 1990 and 2015, irrespective of the baseline value. A comparison of statistics for 2000 and 1990 showed a slower reduction than needed to achieve MDG5 by 2015. It is fair to say that countries that already have very low maternal mortality rates may have difficulty in further reducing them, so achieving the 2015 target may not be realistic. In some of these low-mortality countries (such as France, the Netherlands, Norway, Switzerland and the United Kingdom), however, the maternal mortality rate actually increased between 1990 and 2000; this is certainly a matter for concern.

If current rates and historical trends continue, none of the middle- or low-income CIS countries is likely to achieve the targets for MDG6 (on HIV/AIDS and other diseases). Of the new EU Member States, only Estonia and Romania will not meet all the targets: Estonia will not achieve those for HIV/AIDS or tuberculosis, while Romania will not achieve that for tuberculosis.

Table 1 provides a more detailed picture of the progress towards seven MDGs in selected countries. (MDG8 is omitted due to the lack of data.) It shows clear disparities in progress towards achieving the health-related MDGs among countries in the European Region. Beyond these intercountry disparities, however, there are also significant socioeconomic inequalities within countries in relation to the MDG targets. Even in the Member States that are well on track and most likely to reach the MDGs, certain population groups' health indicators show much slower progress, or even deterioration, over time.

Table 1. Progress towards the health-related targets of seven MDGs in selected Member States in the WHO European Region

Country groups	MDG1 (poverty)	MDG2 (school enrolment)	MDG3 (gender equality in schools)	MDG4 (child mortality)	MDG5 (maternal mortality)	MDG6 (HIV/AIDS, malaria, and other diseases)	MDG7 (water access)
New EU members							
Bulgaria							
Czech Republic							
Estonia							
Hungary							
Latvia							
Lithuania							
Poland							
Romania							
Slovakia							
Slovenia							
South-eastern Europe							
Albania							
Bosnia and Herzegovina							
Croatia							
Montenegro							
Serbia							
The former Yugoslav Republic of Macedonia							
Turkey							
Middle-income CIS countries							
Belarus							
Kazakhstan							
Russian Federation							
Ukraine							
Lower-income CIS countries							
Armenia							
Azerbaijan							
Georgia							
Kyrgyzstan							
Republic of Moldova							
Tajikistan							
Uzbekistan							
Key							
	No data		Unlikely		Likely		Possible

Source: adapted from *Millennium Development Goals: progress and prospects in Europe and central Asia*. Washington, DC, World Bank, 2005 (http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/0,,contentMDK:20635333~pagePK:146736~piPK:146830~theSitePK:258599,00.html, accessed 16 September 2007).

Unfortunately, disaggregated statistics on MDG targets and indicators are not readily available in most countries in the Region, but ethnic minorities, people living in poverty, migrants and internally displaced people appear to be systematically disadvantaged in benefiting from the progress achieved. Obtaining figures for different ethnic groups and migrants, who are often marginalized and have limited access to health services, is particularly difficult.

Wherever data are available, however, the inequities are striking. One of the main reasons for socioeconomic inequalities in the achievement of the health-related MDG targets is limited access to health services. Family income is directly related to the percentage of people who do not seek health care when ill. A recent study in CIS countries showed that 61% of people in the lowest income quintile do not seek care when needed, in contrast to 33% in the highest income quintile. Such examples provide a reminder of the importance of making specific efforts to improve equity when promoting the achievement of the MDGs.

Need for better progress

Achieving the MDGs is proving more difficult than initially foreseen. Contrary to the intuitive expectation that money and other resources were the main requirement, if not the only one, progress in many cases is slow, if not absent. The fear that many of the MDGs will not be

achieved, especially in the countries where they are most needed, will become an unfortunately well-founded prediction, unless dramatic progress takes place in the next eight years.

As the world reaches the halfway mark to the MDG target date of 2015, the global data show increases in:

- the proportion of women attended by a skilled medical person during delivery in some regions, notably Asia, although from a low baseline;
- the use of insecticide-treated bed nets to prevent malaria; and
- the coverage of effective tuberculosis treatment.

Nevertheless, no region in the developing world is currently on track to meet the child mortality target, and there is evidence that declines in maternal mortality have been limited to countries with lower mortality levels, while countries with high rates face stagnating or even rising rates. All the above seem to result from a number of factors, including countries' low absorption capacity and difficulties in reaching the target populations.

The web site of the WHO Regional Office for Europe offers further information on the MDGs (http://www.euro.who.int/mdg).

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