Accelerating Equitable Achievement of the MDGs
Closing Gaps in Health and Nutrition Outcomes

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Countries with Special Needs
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Part I
Key findings

• Impressive but uneven progress
• Particular challenges in achieving health and nutrition targets
• Accelerated progress crucial for countries lagging behind
  – Large gaps in achievement across countries, which are widening in some cases
• National efforts also need to target disadvantaged population groups
  – Within-country disparities as large as cross-country disparities
• Eight-point strategy to close gaps
### Progress in achieving MDG targets: mixed picture

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**Source:** Staff calculations based on the United Nations MDG Database and World Population Prospects 2010; UNESCO Institute of Statistics for the education-related indicators under Goals 2 and 3, except ‘Reaching last grade’. 

Notes: "Early achiever" indicates that the target will be reached before 2015. "On track" indicates that the target will be reached in 2015. "Slow" indicates that the target will not be reached before 2015. "Regressing/No progress" indicates that the target will be worse in 2015 than in 2010.
Impressive progress

• Asia and the Pacific is an early achiever or is on-track for some targets:
  – Reduced the proportion of people living on less than $1.25 per day from 50 to 22 per cent
  – On gender, successfully reduced gender inequality in primary, secondary and tertiary education
  – On health, begun to reduce the prevalence of HIV and has stopped the spread of tuberculosis
  – On the environment, increased the proportion of land area that is covered by forests or has protected status, while also reduced the consumption of ozone-depleting substances
  – At the household level, more than halved the proportion of people without access to safe drinking water
On the other hand, the region is still lagging in some major areas particularly those related to health

• The region is behind schedule for ten of the 22 indicators assessed in this report.

• The region still needs to:
  – Eradicate hunger
  – Reduce child mortality
  – Improve maternal health
  – Extend basic sanitation sufficiently rapidly
  – Ensure that all children complete primary school
  – Reduce CO2 emissions.
On most indicators, because of the region’s large population it is also home to a high proportion of the world’s deprived people.
South Asia on and off track for the MDGs

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- **early achiever**: Blue dot
- **on track**: Orange triangle
- **slow**: Red square
- **regressing/no progress**: White square
There is still hope...

Reducing child malnutrition:

- 14 countries likely to miss target (halving the number of 1990) if business as usual (slow, no progress or regressing)

- All will meet target if progress accelerated by less than 2 percentage points per year

Source: Staff calculations based on the United Nations MDG database.
Part II
• Disparities are intrinsically unacceptable
• They also pose a threat to economic and social stability within countries
  – Wide differences in income and social attainments can lead to discontent and provoke social and political unrest
• Uneven development between countries can provoke friction between countries and undermine regional cooperation efforts
There are wide disparities in MDG outcomes between countries. This is evident from the figures below.
Disparities between countries over time

- In many cases, such disparities are widening over time
- This is true for extreme poverty, child hunger, child mortality, maternal mortality and TB incidence - as shown in the Table below

<table>
<thead>
<tr>
<th>Indicator</th>
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<th>Gini coefficient</th>
<th>Later Year</th>
<th>Gini coefficient</th>
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<td>1 $1.25 per day poverty</td>
<td>1997</td>
<td>0.426</td>
<td>2004</td>
<td>0.452</td>
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<td>2 Underweight children</td>
<td>1995</td>
<td>0.296</td>
<td>2005</td>
<td>0.454</td>
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<td>3 Under-5 mortality</td>
<td>1990</td>
<td>0.378</td>
<td>2009</td>
<td>0.387</td>
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<td>4 Maternal mortality</td>
<td>1990</td>
<td>0.579</td>
<td>2008</td>
<td>0.593</td>
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<tr>
<td>5 TB incidence</td>
<td>1990</td>
<td>0.405</td>
<td>2008</td>
<td>0.447</td>
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Source: Staff calculation based on the United Nations MDG database.
Contribution by sub-regions to disparities

- Disparities within sub-regions contribute more to overall disparities than disparities between sub-regions.
- This indicates that sub-regional cooperation efforts can play a big role in reducing disparities.

Source: Staff calculation based on the United Nations MDG database.
Why some countries do better – factors related to health sector

- Insufficient spending on health is a major cause of poor health outcomes, as demonstrated for child mortality below
- Lack of health staff is another crucial factor
- Ineffective public health spending is also responsible

Cross-country variation in child mortality explained by differences in health spending

Sources: United Nations MDG database for child mortality and World Bank, World Development Indicators online database for health expenditure per capita.
Why some countries do better – factors outside the health sector

- Differences in health outcomes also result from factors outside the health sector indicating need for a multi-disciplinary approach.
- For example, differences in access to basic infrastructure play a crucial role.
- Better roads improve the proportion of births attended by skilled health staff as shown below.

Births attended by skilled health personnel and the extent of paved roads

Sources: The World Bank, World Development Indicators online database for GDP per capita, electricity consumption, and percent of paved road networks; and the United Nations MDG database for skilled birth attendance, access to sanitation and safe drinking water.
Why some countries do better – other factors

• Countries doing better in health were associated with several other attributes such as
  – Effectiveness in controlling corruption and addressing other governance issues
  – High state of women’s development
  – Spread of education and literacy, particularly among women
  – Extent of access to clean water and improved sanitation, and
  – Access to reproductive health services
Gaps in MDG achievements among citizens within national borders can be as large as gaps between people from different countries.

Source: Demographic and Health Survey.
Reducing disparities and raising attainments: Same issue?

- Overall disparities tend to be larger in countries with relatively lower levels of attainment (large red bubbles)
- Attainments are generally higher with low disparities
Economic status as a marker of within-country disparities

- Child malnutrition less prevalent in urban than in rural areas
- Prevalence levels similar among children of same economic status
Additional drivers of within country disparities

• Education of mother
• For under-5 mortality
  – Breast-feeding reduces risk
  – High risk for girls in some countries
• Castes, ethnic and linguistic groups
  – Need to remove cultural and institutional discrimination
In conclusion: Tackling barriers is within reach

- Right to health is an essential ingredient of inclusive and equitable societies
  - benefits the private sector and economic growth
- Locally tailored approaches do better than generic strategies; yet much can be gained from cooperation and experience sharing
- The MDG Acceleration agenda—a timely reminder of the urgency to bridge persisting health deficits in this fast-growing region

THANK YOU ALL